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: 16 June 2023
Time: 1030-1230
Venue: MSTeams

Agenda

No.	Agenda Item	Lead	Purpose	Time
	Opening Actions			
1.	Welcome, Introductions and Apologies	Alison Borrett Chair		1030-1035
2.	Core Purposes of Integrated Care Systems: • **improve outcomes** in population health and healthcare • **tackle inequalities** in outcomes, experience and access • **enhance productivity** and value for money • help the NHS support broader **social economic development**	Chair		
3.	Relevant Persons Disclosure of Interests • Register of Interests	Chair	Note changes / approve	
4.	Approval of Minutes and Matters Arising			
4.1	Minutes 17 March 2023		Approve	
5.	Review of Action Tracker 17 March 2023		Note changes / approve	
6.	Questions from the Public	Chair		
	Strategy & Integration - Assurance			
7.	Pharmacy, Optometry and Dental (POD) and Primary Care Medical Services Delegation updates and proposed stakeholder briefing	Liz Eckert POD Transition Lead	Note	1035-1045
8.	BLMK Fuller Programme - progress update An ambitious and joined up approach to prevention	Craig Lister Associate Director Prevention Lead	Note	1045-1055

No.	Agenda Item	Lead	Purpose	Time
8.1	Building Additional Capacity for Primary Care Workforce	Hannah Baker Primary Care Workforce Transformation Manager	Note	1055-1105
	Operational - Assurance			
9.	Primary Care (Medical) Services Contracting Assurance Update	Lauren Sibbons Senior Contract Manager	Note	1105-1115
10.	GP Alternative Provider Medical Services Contracts re-procurement update	Jill White Senior Primary Care Contracting Manager	Note	1115-1125
11.	Quality and Outcomes Framework (QOF) 2022-23	Nina Hannagan Primary Care Contract Support Manager	Note	1125-1135
12.	Universal Offer Personal Medical Services (PMS) reinvestment proposal update	Amanda Flower Associate Director of Primary Care Commissioning and Transformation	Note	1135-1145
13.	Primary Care Directorate and Primary Care Digital Risk Registers	Jill White Senior Primary Care Contracting & Development Manager Mark Peedle Head of Digital Delivery	Note	1145-1155
14.	Primary Care Estates Report from Estates Working Group	Nikki Barnes Head of System & ICB Estates	Note	1155-1205
15.	Primary Medical Services Budgets 2023-24	Roger Hammond Associate Director of Finance	Note	1205-1215
	Governance			
16.	Annual Review of Committee Effectiveness	Head of Governance	Discuss / Note	1215-1225
17.	Annual Cycle of Business 2023-24	Chair	Discuss / Note	1225-1230
18.	Communications from the meeting	Chair	Discuss	
	Closing Actions			
19.	Any Other Business	Chair	-	
20.	Date and time of next meeting: 15 September 2023 ▪ at 1030-1230 ▪ MSTeams	Chair	-	

Trust Respect Integrity Accountability Care and Compassion

Item 3. Extract from Register of Conflict of Interests - Primary Care Commissioning & Assurance Committee as at 2 June 2023

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

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Borrett	Alison	Non Executive Member	No									21/06/2022
Cox	Felicity	Chief Executive, BLMK ICB	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
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
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
Stanley	Sarah	Chief Nurse Director	No									08/09/2022

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
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
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	No									05/12/2022
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
Cartwright	Sally	Director of Public Health, Luton Council	No									22/06/2022
Dalton	Lynn	Associate Director Primary Care Development	No									06/12/2022
Flower	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.	19/09/2018	Ongoing	Declare the interest / exclusion from meetings/decision making where applicable	09/12/2022
Garnett	Fiona	Associate Director and Head of Medicines Optimisation	No									02/11/2022
Harrison	Michael	Co-Chief Executive Ofrficer 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
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Sibbons	Lauren	NHS England aligned staff - Senior Contract Manager, Primary Care	No									08/12/2022
Turner	Philip	Chair, Healthwatch Luton	No									06/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			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			Trustee, Milton Keynes Christian Centre	01/10/2019	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

Item 4.1

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 17 March 2023

Time: 1445-1700

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
Dean Westcott	Chief Finance Officer BLMK ICB	DW
Felicity Cox	Chief Executive Officer, BLMK ICB	FC
Lauren Sibbons	Senior Contract Manager NHSE	LS
Lynn Dalton	Associate Director of Primary Care Development BLMK ICB	LD
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
Maxine Taffetani	Chief Executive Officer, Healthwatch Milton Keynes	MT
Mike Harrison	Co-Chief Executive, Bedfordshire & Hertfordshire LMC Ltd	MH
Nicky Poulain	Chief Primary Care Officer BLMK ICB	NP
Phil Turner	Chair, Healthwatch Luton	PT
Dr Sarah Whiteman	Chief Medical Director BLMK ICB	SW
Dr Tayo Kufeji	Primary Medical Services Providers Partner Member, BLMK ICB	TKU

Apologies:		
Alexia Stenning	Associate Director of Primary Care Commissioning &Transformation BLMK ICB	AS
Cartwright, Sally	Director of Public Health, Luton Council	SC
Diana Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire	DB
Elizabeth Learoyd	Chief Executive, Healthwatch Bedford Borough	EL
Fiona Garnett	Associate Director of Medicines Optimisation BLMK ICB	FG
Mahesh Shah	Primary Medical Services Providers Partner Member BLMK ICB	MS
Manjeet Gill	Non-Executive Member BLMK ICB	MG
Dr Matt Mayer	Chief Executive Officer, Berkshire, Buckinghamshire & Oxfordshire LMCs	MM
Sarah Stanley	Chief Nursing Director BLMK ICB	SS
Tracy Keech	Deputy CEO, Healthwatch Milton Keynes	TK

In attendance:		
Geoff Stokes	Interim Programme Director - Governance	GS
Jill White	Senior Primary Care Contracting & Development Manager BLMK ICB	JW
Nikki Barnes	Head of System & ICB Estates BLMK ICB	NB
Roger Hammond	Associate Director of Finance BLMK ICB	RH
Sarah Watts	Head of Quality (Central Beds) & Primary Care & Community Strategic Lead BLMK ICB	SWA
Susi Clarke	Primary Care Workforce Programme Lead & Primary Care Training Hub Lead BLMK ICB	SC

No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies (Chair)** The Chair welcomed everyone to the meeting. The apologies were received and noted. 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. No questions had been received. Members of the public attending could 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. The meeting was confirmed as quorate.	
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)** The Register of interest declarations for each member of the committee were shared with the papers and confirmed as accurate and up to date. There were a few members still to be added which will be completed by the next meeting. No declarations were made prior to or at the meeting for any offers of Gifts and Hospitality received in the last 28 days that had not been registered with the Governance & Compliance team, or to relevant interests relating to matters on the agenda.	
4.	**Approval of Minutes and Matters Arising (Chair)** The Committee confirmed that the minutes of 9 December 2022 and 11 January 2023 were an accurate record of the meetings.	
5.	**Review of Action Tracker (Chair)** The action tracker was reviewed, and the following updates agreed.	
13	Terms of Reference in progress for the BLMK Fuller Stakeholder Collaborative Group. MC agreed to be the public health representative. Action to remain on tracker for June meeting.	AF, AS & MC
14	Prevention priorities discussed and agreed but will continually be reviewed – Digital Weight Management Programme, Stop Smoking and Tobacco Control, Immunisations and Vaccinations, Healthchecks (NHS Health Check Programme, SMI and LD), National Screening Programmes and secondary prevention. The Chair requested regular updates on the topics identified.	Closed AS & MC
6.	**Questions from the Public (Chair)** The Chair confirmed that no questions were raised by members of the public prior to the meeting or under this item.	

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7.	**Transition of Delegated Community Pharmacy, Optometry and Dental (POD) contracts to the ICB (Lynn Dalton)**	

A progress update was presented to the Committee on the planning and preparation for the delegation of Community Pharmacy, Optometry and Dental contracting to the ICB in line with the regulations set out in the Health & Social Care Act. The ICB will take over 169 Community Pharmacy contracts, 148 Dental contracts (two acute and two specialist community dental services), and 86 Optometry providers. The services will transition from NHS England (NHSE) to the ICB from 1 April 2023 subject to a safe delegation approval process.

The ICB teams have linked with regional and national colleagues to fully understand the requirements and ensure processes are in place. It has engaged with Pharmacy, Dental and Optometry contractors through meetings with their representative committees which has provided the ICB with an opportunity to be a part of the plan for transition.

An NHSE team will transfer to the ICB to facilitate Dental contracting. The GP contracting team currently aligned to the ICB since delegation in 2022 will also transfer. Pharmacy and Optometry teams will be hosted by Hertfordshire and West Essex ICB to work across the region under a Memorandum of Understanding. The ICB's HR team are working with NHSE to plan and prepare for the transfer of staff.

The Safe Delegation Checklist is the mechanism for joint assurance between the ICB and NHSE. The ICB also commissioned its internal auditors to review the programme of work to determine if there were any further actions the ICB could take to mitigate any risks identified. There are outstanding actions and risks that remain at the end of March 2023, but these are not enough to delay the ICB taking on the delegated functions.

The governance arrangements and proposed ways of working from 1 April 2023 have been reviewed and are in the process of being finalised. LD confirmed to MC that there was still an opportunity to provide feedback or questions to the ICB.

The ICB and NHSE have done as much work as is reasonably possible to prepare for the transition. The ICB raised the outstanding risks and concerns to NHSE in January 2023 which resulted in a letter of comfort outlining the ongoing support available to the ICB.

MH questioned if there were potential financial implications within primary care or to other parts of the system if these contracts overspend in 2023-2024.

Any element of an ICB overspend would be overset by system discussions and underspend elsewhere. The Dental budgets are ringfenced; the pressure on community pharmacy budgets is being discussed at a national level and the ICB awaits final details on all three contracts in terms of uplifts for 2023-2024.

Pharmacy, Optometry and Dental will be transferred to the ICB with the current staff costing and budget. The ICB await clarification if savings from this budget are part of the 30% reduction in running cost allowance for ICBs or subject to a 30% reduction in its budget. The risk is low due to the numbers transferring but both the Committee and the ICB Board need to be aware of the risk.

The members **noted**:

- the work ongoing to progress the safe delegation of Community Pharmacy, Optometry and Dental contracting from NHS England to the ICB from 1 April 2023

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	- the outstanding risks and view of internal audit, and support a recommendation of a side letter to the Delegation Agreement which sets out the ICB concerns and limitations in relation to the readiness for delegation - the new governance arrangements for POD from 1 April 2023. The members **approved**: - the recommendation to the ICB Board to accept delegation from 01 April 2023 - the recommendation to delegate pharmacy regulatory decisions to the Pharmaceutical Services Regulatory Committee (PSRC), which is a designated statutory committee for decisions in relation to the pharmaceutical regulations - the Memorandum of Understanding (MOU) and associated Standard Operating Procedure (SOP) with Hertfordshire and West Essex ICB for the management of Pharmacy and Optometry contracts and hosting the staff that will continue to support the six ICBs.	
8.	**BLMK Fuller Programme – Progress update (Amanda Flower)** The report summarised the approach to collaboratively develop and design the BLMK Fuller ambition and programme with an emphasis on the importance of Place Boards in the delivery of the plan. The draft roadmap for the delivery of integrated primary care had been presented to the BLMK ICB Board on 24 February 2023 for a focused session on primary care led by Professor Claire Fuller and supported by wider partners. The report summarised the place-based table discussions held, the key themes that emerged and the actions agreed. The outputs from the ICB Board session are being considered and developed further at future Place Boards, the Fuller Collaborative Stakeholder Group and reported to the Board via the PCC&AC. The BLMK Fuller Framework for Shared Action provided the Committee with the full details of the programme and the positive progress against key ICB and ICS actions. Progress reports and evidence against the key requirements will be presented to the Committee. Each Local Authority is currently considering their geographical area to define valid neighbourhoods for effective integrated neighbourhood working that would help residents to receive a seamless service from multiagencies (health, care, CVSE, police, fire etc). The established Primary Care Networks would 'lean in' to neighbourhoods. This approach can provide a modern and effective primary care offer for place and neighbourhood that meets resident's needs. A clear understanding of community and neighbourhood assets will be developed in each 'place'. PCNs would not be asked to change their geographical area but practices do have the opportunity to change networks each year through an approval process if they believed it added value to residents to do so. Members **noted** the feedback from the ICB Board workshop, the priority for each place to define their neighbourhoods and the importance of the Place Boards to drive local implementation.	
8.1	**Primary Care Workforce Programme - Highlight Report (Susi Clarke)** The primary care workforce programme has been reviewed over the last six months to identify the synergies and opportunities to link and build into the Fuller workforce recommendations for integrated neighbourhood teams.	

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	The following key areas and exciting developments were highlighted to the Committee: - PCN Training Teams established in 12 PCNs through the Health Education England (HEE) initiative to develop PCN training teams across 50% of BLMK networks. PCNs have scoped out actions plans for this year, recruited to teams and are reviewing opportunities in terms of Educator and Student placement expansion at a multi professional level. A best practice event for all PCNs to be held in September 2023. As part of the approval process PCNs provided the detail and ambition of how they would link into neighbourhood teams and their plan to link to other initiatives. - Over 50% of practices are training practices with another four to be approved by year end. There are currently two learning organisation PCNs which are approved to take multi professional student placements with another three-four PCNs to go through that process. - An emergency support package was put in place to support eight GP trainees with an extension to their training. All the trainees have been placed and now have the capacity to finish their training on the programme. - The Shine project to train front line clinicians in the use of the Shiny Mind App for their own wellbeing and resilience and how to prescribe it for patients is on cohort 3. 19 practices, 4 PCNs, 62 members of staff have completed the programme. The project will continue to be evaluated for the rest of the year with results presented to the Committee. - There are risks around the capacity to maximise the opportunities for apprenticeships in primary care. SC confirmed to NP that the low take up of the video group consultations training places and intensive support offer was due to winter pressures and the PCNs lack of capacity to participate in the programme. The training support will be re-offered to the PCNs. NP suggested working with Healthwatch partners to publicise the programme to support primary care access. SC confirmed to the Chair that learning was taken from different organisations on apprenticeships and innovative ways to showcase careers in primary care were being assessed. The Chair requested an update at a future meeting. Members **noted** the progress outlined in the primary care workforce highlight report.	
9.	**Primary Care (Medical Services) Contracting Assurance Update (Lauren Sibbons)** The report provided the Committee with assurance that the correct contractual processes had been followed. The Committee were asked to note the following updates: - the recommendation for a partial list closure at Leagrave Surgery to be presented to the Primary Care Delivery Group (PCDG) on 4 April for decision. - a signed caretaking contract was in place between the ICB and Queens Park Group Surgery on behalf of the Village Medical Centre. - the ICB received an application for incorporation and a novation at Malzeard Road Medical Centre. The ICB will apply the national Commissioner Assessment Framework process with the contractor. The contracting, quality and finance teams will ensure due diligence is undertaken prior to a formal submission for incorporation by the contractor in May 2023 for approval by the ICB at the PCDG.	

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	- Ashcroft Surgery to move to business-as-usual contractual monitoring and visits further to a follow up visit by the CQC and by the ICB contract, quality and place teams. The PCDG noted in February that a decision was made not to issue a further remedial or breach notice as the ICB wished to support the practice and recognise the progress made to date. - all asylum seekers and refugees in BLMK have access to primary medical services and are receiving the support they require. LS, BC and Jack Upton to discuss outside of the meeting details of the new asylum seeker accommodation venue to open in Milton Keynes. - the ICB have received the BLMK position on the statutory annual eDEC. The contracts team are analysing the responses and will work with place teams, practices, PCN Clinical Directors, and the LMCs where contractual breaches are highlighted. A report will be presented to the PCDG. The Committee **noted** the updates and received assurance that the required contractual, governance, patient and practice considerations and actions had been followed and applied.	
9.1	**Cauldwell Medical Centre – contract extension** The Committee were asked to approve the recommendation to extend the current APMS contract for a further two years to 31 March 2025 for East London Foundation Trust (ELFT) to continue at Cauldwell Medical Centre. MH questioned if the ICB could be limiting its options at the end of the two years due to its sensible strategy to not reprocure practices with a list size below 10,000 patients as standalone APMS contracts and to look at alternative models. The practice currently had a list size of 9560 and with population growth would exceed 10,000 in two years. The contract was awarded in the peak of covid and ELFT had inherited a significant programme of work and had worked with the ICB to address those issues. The ICB believed that for sustainability and continuity of services for patients the contract should be extended. The ICB's plan is always, where it can, to look at practices under a 10,000-list size to be a potential branch of a GMS contract but this can also be at risk of legal challenge. The ICB is hoping for more flexibility through changes to the Public Contracts Regulations which might enable the approach to offer out as a GMS contract. The Committee **approved** to extend the Cauldwell Medical Centre contract for a further two years from April 2023 to March 2025.	
9.1	**Ivel Medical Centre contract resignation (Lynn Dalton)** Ivel Medical Centre is a five partner GP Practice located in Biggleswade which holds a General Medical Services (GMS) contract. One partner resigned from the partnership with notice to finish on 31 March 2023. The remaining partners reviewed their position and made the decision to terminate their GMS contract giving the required 6 month notice period. The practice explored and declined an opportunity to merge with a known practice and therefore the ICB needed to undertake an emergency procurement to secure a new provider. In this case, the ICB tested the market with its approach for a caretaker contract for 18 months with the option to extend to stabilise the service before a full commercial procurement for a longer-term APMS provider. The caretaker to be BLMK based as they would be required to be able to mobilise quickly, have established relationships, understand clinical systems and bring	

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stability to practice and its staff. The report outlined the procurement options should this approach be challenged.

The ICB joined the meeting on 16 January to provide support and assurance when partners advised practice staff of their decision to terminate the contract. The ICB met with the PPG Chair on the same day and the PPG on 19 January. The ICB are meeting regularly with partners and staff to support them through this programme of work

Communications have been released to patients, media and stakeholders and further meetings and briefings will be prepared as required. The ICB has met with Healthwatch to discuss their concerns and actions have been agreed.

The ICB are in the process of evaluating the procurement bids and should be able to move to contract award at the beginning of April with a six-week mobilisation period after the ten-day mandatory standstill period.

The Committee were advised of the closure in Biggleswade of the Lloyds Pharmacy based in Sainsburys approved by NHSE. The ICB to meet with the public health consultant at Central Bedfordshire Council to request a refreshed Pharmaceutical Needs Assessment is undertaken to determine the pharmacy provision in the town.

The Committee were advised of a significant amount of work to do with this practice, but that the ICB were confident that a new contractor would be in place by 1 June 2023. The current practice team are being supported and will transfer to the new contractor. Both clinical care and access are good at this practice and the ICB are working to retain the GPs within BLMK.

The Chair questioned if the ICB were at risk of challenge by stipulating BLMK contractors only. The ICB recognised there is always potential risk and had three options as mitigation. The prior information notice was issued to the market with no challenge, so the ICB has continued with this approach. If a challenge had been received the ICB would have reverted to the Pseudo-Dynamic Purchasing Scheme purchasing scheme (framework of contractors pre-approved by NHSE). If that had delayed timelines, then from 1 May the ICB could have applied regulation 32 of the Public Contracts Regulations to enter discussions with another practice to go to emergency contract award.

The Committee were asked to approve for the Chair to take Chairs Action on the contract award to the preferred provider as a result of the procurement. The Chairs Action Group would consist of the Chair of the PCC&AC, Chief Finance Officer and the Primary Care Officer to approve a recommendation.

Committee discussed and **approved** for the Chair (Alison Borrett) to take Chairs Action on the recommendation for contract award to the preferred provider, assuming that they are above the bar on scorings and weightings and the ICB are confident under clinical management, performance and finance to make that recommendation.

The Chair requested full details at the next Committee meeting (16 June 2023) for formal approval.

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10.	**Winter Resilience for Primary Care** **Acute Respiratory Infection Hubs 2022/23 (Amanda Flower)** In December 2022 the ICB received funding from NHSE to mobilise hubs to provide additional capacity for 15 weeks (7 days per week) to support winter demand and the increased incidence of respiratory illness in the paediatric and adult population. This was completed in line with the released specification with BLMK adopting a locally designed mixed approach to delivery. Bedford, Luton and Milton Keynes providers launched hub models and Central Bedfordshire had a hybrid approach where PCNs delivered that additional capacity supported by BEDOC and Evexia. The feedback has been positive from patients who were able to access same day face to face appointments and from professionals on the support the additional capacity offered during the winter period. The funding was time limited (winter funding), and the services will cease on 31 March 2023. The ICB and providers are undertaking a full evaluation with an NHSE template. The learning will be used to form a key part of future winter planning with the intention, subject to funding, to mobilise the resource earlier and for a longer period to maximise the impact for the population and the system. Healthwatch Milton Keynes received positive feedback on the available same day services. TKU stated it was a fantastic model of primary care working together at scale in different places. He questioned if the learning could be used to develop BLMK primary care /same day access and not just winter resilience. AF confirmed that the ICB has facilitated that discussion on the future transformation of same day access at the last Primary Care Provider Forum. NP thanked everyone involved in mobilising and running the hubs and the Primary Care Provider Forum who were both supportive and informative. The Chair noted that this good news story should be shared with partners and patients. From mobilisation to the 5 March 2023 the hubs delivered an additional 4,809 face to face appointments. The Committee **noted** the progress update and next steps for ARI Hubs.	
11.	**Universal Offer Update (Amanda Flower / Lynn Dalton)** **Personal Medical Services (PMS) reinvestment proposal and principles for 2022-2024/2025** The Committee were asked to note the progress and approach to date on the Universal Offer and to support the schedule of services to allow continuation to next steps in terms of implementation. The Universal Offer has been designed utilising the £5.37m primary medical services funding. A core clinical group, a stakeholder group and an implementation group were instrumental in designing the schedule of services. The ICB worked closely with LMC colleagues who provided constructive feedback and helpful challenge in terms of designing and developing the offer.	

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	The Committee were asked to support or question the four components of the offer which are: 1. Treatment Room Services, 2. Long Term Condition Recovery and Transformation, 3. Focus on Phlebotomy and the delivery by practices and 4. addressing the variation and gaps in service delivery for spirometry through respiratory diagnostic hubs and ear wax removal in primary care. There are a range of payment methods proposed for those four approaches. The ICB will continue to work with stakeholders to finalise the service schedules, the proposed transitional and phased approach to mobilisation that is supportive to practices and to outline the remaining steps to achieve delivery and coverage of the Offer. A webinar will be held for each place to describe the Offer in detail and to socialise the schedule of services. The Chair was assured by AF and MH that good attendance was expected at the webinars due to the notice given, timing and the enthusiasm of the practices to discuss. The Offer was designed to consider how to report centrally, and AF will link to Dominic Woodward-Lebihan's (Deputy Director of System Assurance and Corporate Service) review of general reporting to ensure patient whole pathways of care are linked. The Committee **noted** the status update of the programme of work; provided **support** to proceed with services for inclusion at the price proposed within financial schedule and **noted** the next steps to achieve delivery of the Universal Offer.	
12.	**Primary Care Directorate Risk Register (Jill White)** **Primary Care Digital Risk Register** The risks for the directorate and digital were outlined in the registers provided to the Committee as part of the relevant programmes of work. The Committee were asked to note a reduced number of risks on the digital register due to project cycles coming to an end. The risk of 111 capacity and resilience is owned by the Primary Care Directorate but also sits on the Corporate Risk Register (CRR 76) as it requires organisation wide support to address the issue. Two additional risks have been added since the last meeting to cover the industrial action (R9) and the Ivel Medical Centre contract resignation (R10). A comprehensive review of the risks will be undertaken to assess if they can be closed or require a refocus and to ensure that the register reflects directorate wide issues that impact the work of primary care and how they are mitigated. JW assured the Chair that risks are monitored regularly through a monthly review meeting with all directorates who link into primary care, a bimonthly report to the Primary Care Delivery Group and the quarterly report to PCC&AC. Registers are also checked across the directorates by the Deputy Head of Organisational Resilience. NP reminded the Committee that the register is everyone's responsibility. The Committee **noted** that risks relating to the primary care directorate are being identified and managed appropriately. All risks continue to be logged and monitored in the 4Risk system.	

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13.	**Primary Care Estates** **Report from Estates Working Group (Nikki Barnes)** A key focus of the primary care estates work is the delivery of the recently prioritised schemes. The report provided an update on 14 of the 23 schemes. - The North Bedford project / reprovision of De Parys Surgery is still awaiting feedback and approval from NHSE on the full business case submitted by the ICB in September 2022. The delay has increased the risks associated with the scheme. The ICB continue to escalate the challenges at a regional and national level. - The ICB are working through viability concerns raised by the developer for the Biddenham scheme with the NHSE national team and District Valuer and remain hopeful to reach an agreeable position for all parties. - The East Milton Keynes expansion project is progressing well due to external funding secured by Milton Keynes Council. The work is expected to start on site in late June 2023 with the facility opening in Autumn 2024. - The ICB are in discussion with Bedford Borough Council to establish a formal governance structure for the reprovision of King Street Surgery premises in Kempston and for the planning to procure professional support to develop the outline business case. - The building of the Grove View Hub in Dunstable has been completed and handed over to the Council. Priory Gardens Surgery are expected to move in at end of April 2023. The last elements around occupation and the legal agreement are being finalised. - Several business cases were recently approved including s106 improvement works for both Asplands premises, the continuation of three PCN estates arrangements and the relocation of Hatters PCN. - The designs and cost planning are being worked through including extra space at Kempston Health Centre for Kings Street Surgery as an interim measure, extra clinical space at Ampthill Health Centre which will benefit both practices in the building and extra space at London Road Surgery which will benefit both the surgery based there and East Bedford PCN. - The PCN Estates Toolkit work that commenced in Luton has now been extended to all Bedfordshire and Milton Keynes PCNs. - The ICB has received funding for a pilot scheme for Energy Assessments across GP Premises to improve premises Energy Ratings. - There is a requirement from NHSE for ICBs to assess that primary care premises do not contain any Reinforced Autoclave Aerated Concrete (RAAC). The Estates Team continue to mitigate the risks associated with the more complex estates schemes. The members **noted** the report from the Estates Working Group.	
14.	**Primary Medical Services Delegated Primary Care Financial Report (January 2023) (Roger Hammond)** The Committee were presented with a high-level summary of the Month 10 (January) financial position, a summary of the delegated year to date and the forecast position at 31 March 2023. The Primary Care Delivery Group received and reviewed a detailed financial report on 7 March 2023.	

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	The year to date and forecast position are currently showing an overspend primarily due to Additional Roles recruitment as the PCN's pay costs now exceed the baseline allocation. The £1.3m excess expenditure is recoverable from NHSE and will correct the position in the next report. Additional pressures include backdated rent reviews, increased dispensing fees, prior year claims from practices and short-term support to practices, some of which are offset by prior year benefits and reserves. The Local incentive scheme position is activity undertaken / below budget levels. GP IT increasing monthly run rate costs and additional IT due to expanding roles and the need to support their IT requirements. GP investments includes GP access, workforce and training allocations and is underspent overall. Additional allocations are anticipated in Month 11/12 to offset the areas of overspend with other allocations phased to be spent in the latter part of the year. Prescribing is forecast to overspend by £7m at year end due to supply issues and pricing adjustments. Noted that this is a national issue and the ICB have limited control or discretion over some of those payments. RH confirmed that the overspend risk was being managed across the ICB and the system and was mitigated by other services and reserves across the system. The members **noted** the January 2023 primary care financial position.	
15.	**Communications from the meeting to all partner organisations (Chair)** MC informed the Committee that the Democratic Services Officer at Milton Keynes Council had confirmed that the report 'NHS General Practice and Dental Services in Milton Keynes' shared by MT will go through their formal process to take the recommendations forward. The Committee did not identify any additional communications required from this meeting to all or some partner organisations.	
16.	**Review of meeting effectiveness (Chair)** The Committee **confirmed** to the Chair that the time allowed and taken on each agenda item and the presentation of the papers was sufficient.	
17.	**Any other Business (Chair)** The Chair advised the Committee that the Cycle of Business was in development for 2023-2024 and would be circulated upon completion for their feedback.	
18.	**Date and time of next meeting**: 16 June 2023 at 1030-1230 via MSTeams.	

Approval of Minutes:		
Name	Role	Date
Alison Borrett	Chair	01.05.23.
Primary Care Commissioning & Assurance Committee		

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ITEM 5

Primary Care Commissioning & Assurance Committee (PCC&AC) meeting held in Public - Action Tracker

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
13	09.12.22.	BLMK Fuller Programme - progress update	Discuss and agree public health representation at the BLMK Fuller Stakeholder Collaborative Group	Amanda Flower & Marimba Carr	17.03.23.	16.06.23.	Update 16.06.23. Marimba Carr confirmed as the public health representative. Action Closed.	**COMPLETE:** **Propose closure at next meeting (16.06.23.)**

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 16 June 2023
7. Pharmacy, Optometry and Dental (POD) and Primary Care Medical Services Delegation updates and proposed stakeholder briefing

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	Liz Eckert, POD Transition Lead
Date to which the information this report is based on was accurate	31 May 2023
Senior Responsible Owner	Nicky Poulain, Director of Primary Care

The following individuals were consulted and involved in the development of this report:
Lynn Dalton, Associate Director of Primary Care Development
This report has been presented to the following board/committee/group:
N/A

Purpose of this report - what are members being asked to do?
The members are asked to **note** the following: A) Progress made with POD delegation B) Progress made with Primary Medical Services delegation C) The content of the NHS Confederation report on POD delegation and the BLMK response to this.

Executive Summary Report

1. Brief background / introduction:

The slides presented provide an update on the progress with Pharmacy, Optometry and Dental (POD) contracting delegation from NHS England (NHSE) which took place on 01 April 2023. The slides also capture the progress with Primary Care Medical Services (GP) contracting re-delegation which took place on 01 July 2022 in continuation of the previous delegation. The POD and GP contracting teams have now been transferred to the ICB and the required changes to governance are being embedded.

NHS Confederation have recently published a report on the lessons learned from the POD delegation early adopter sites. This raises specific issues with the national contracts for POD, in particular Community Dentistry, which needs to be resolved at a national level in order to improve access and address inequalities. The report mirrors the risks we had identified locally and adds to the importance of managing expectations around the pace and scope of change that we can achieve at the ICB level. We have therefore prepared a response to the report which will be circulated to key stakeholders. This is also presented to the committee for information.

2. Summary of key points:

2.1 The POD and Primary Care Medical Services delegation has proceeded as planned and the teams have transferred to the ICB
2.2 The required governance changes are being implemented
2.3 Lessons learned from the delegation process are being captured and will be shared in preparation for any future transfers
2.4 The NHS Confederation report in to the early adopter sites reflects our concerns and will be a useful tool for stakeholder management
2.5 To note the primary care contracting team work programme has increased from the current 93 GP contracts to include 162 pharmacy (subject to change with closures), 148 dental (includes 2 acute and 2 SCDS) and 86 Optometry contracts.

3. Are there any options?

N/A

4. Key Risks and Issues

The risks in relation to the transition of the delegated functions include:
Financial, complaints functions and staffing resource.

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 the delegated budgets for Primary Care Medical, Pharmacy, Optometry and Dental Services. The ICB is currently waiting for the transfer of the running costs resources supporting POD to be transferred to the ICB, which is anticipated to be received in June 2023.

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

Click to view Green Plan

N/A

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

The delegation offers the ICB the opportunity to work more closely with providers across Pharmacy, Optometry and Dental in partnership with Local Authority Public Health colleagues to understand and address local inequalities, although there are limitations through the national contracts.

8. Next steps:

As set out in the slides.

9. Appendices

Appendix A – Primary Care Pharmacy, Optometry and Dental (POD) delegation update
Appendix B – Primary Care Medical Services (GP) delegation update
Appendix C - Briefing for stakeholders: Delegation of POD Commissioning and Recommendations for Integrated Care Boards.

10. Background reading

Link to NHS Confederation report: https://www.nhsconfed.org/publications/delegation-integration

Item 7 Appendix A

NHS

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Primary Care Pharmacy, Optometry and Dental (POD) Delegation update

Primary Care Commissioning and Assurance Committee
16 June 2023

Transition update

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

ICB update

- The delegation process has been completed with staff TUPE transferred successfully and processes now embedding
- Joint working with Pharmacy and Optometry team hosted by Hertfordshire and West Essex still requires some development to feel more integrated
- The responsibility for responding to complaints transferred, with resource transition planned for July 2023
- Future plans for the NHS England Transformation Team are to be confirmed, but this has left a commissioning and transformation support gap at the ICBs
- The ICB inherited four large dental procurements that will need take place, but we are currently reviewing the position with legal and procurement advice alongside other ICBs in the region to agree an approach and timeline – decision to be made by 30 September 2023.

National context

- A recent NHS Confederation report highlights the same issues and risks as we had identified around POD commissioning challenges including limitations of the contracts, funding, workforce issues and others – we are sharing this with stakeholders to help to manage expectations
- This was further reinforced through the recent Hewitt Report which highlighted that change is needed that can only be enacted at national level.

Governance

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- POD governance is being finalised – separate POD-specific Primary Care Delivery Group to run in 2023/24 with a view to combine with the existing group once the processes have embedded
- PCCAC will receive the proposed Terms of Reference for new group before being submitted to ICB Chair for approval
- Both Primary Care Delivery Groups will update PCCAC, along with assurance from the Pharmaceutical Services Regulations Committee (region-wide)
- We will work with the chair of PCCAC to develop agendas which provide necessary assurance across primary care and POD
- 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)
- The ICB also plans to develop a Local Dental Steering Group to work on local needs and priorities with local authorities and other partners, either on the ICB footprint or with neighbouring ICB(s) depending on the outcome of discussions
- The ICB has already secured additional local clinical support to support on specific clinical contractual issues.

Engagement with contractors and stakeholders

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- We have already commenced engagement with local pharmacy, dental and optometry committees
- Dental provider engagement will be a priority of the Local Dental Steering Group development
- The regional Local Dental Network and Managed Clinical Network will continue through 2023/24 and will then be reviewed in line with the discussions that are needed on a regional rather than ICB footprint
- Public Health and Local Council engagement around POD has commenced and we are ensuring compliance with statutory and regulatory requirements alongside improving the visibility of what we're all doing
- We are planning an ICB-wide dental provider event in June 2023 which will be co-produced with Local Dental Committee
- We have commenced meeting with providers on specific contractual issues and queries
- We are implementing regular meetings with HealthWatch to ensure effective feedback on local issues and exploring how to engage them in the governance framework.

Lessons learned process

- Meetings to capture the key lessons learned with the internal ICB transition team have started – overarching principle lessons have been identified
- There will be an opportunity for staff that transferred from NHS England to the ICB to engage and feedback as part of the lessons learned process – initial feedback has been very positive
- NHS England are undertaking a national lessons learned process which we will review and feed in to our ICB level process
- With lessons learned needing to inform future service transition, including the potential for Specialised Commissioning which the ICB may host, we are working with the team involved to pass on formal learning and soft intel to inform the programme from the earliest stages.

Next steps

- We will be sharing some communications with key stakeholders to add local context along with the NHS Confederation report, as we feel that there are important messages in the report to manage expectations
- The new POD Primary Care Delivery Group will meet in June for its first meeting
- Co-produced Local Dental Committee and ICB dental contractor event late June
- Re-procurement planning discussions with other ICBs in the region to develop a proposed approach
- Collaboration on the development of the delivery plan for recovering access to primary care which will involve enhancing community pharmacy provision and scope of delivery
- Completion and sharing of lessons learned process.

Item 7 Appendix B

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Primary Medical Care Services (GP) Delegation update

Primary Care Commissioning and Assurance Committee
16 June 2023

Transition update

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- Primary Medical Care (GP) contracting was delegated from NHS England in 2018 and re-delegated in July 2022 to ICBs
- This built on a number of years of relevant commissioning organisations supporting the GP contracting programme
- The ICB is now responsible for the additional functions previously managed by NHSE until April 2023 as follows:
  - Complaints management
  - Gateway process implementation
  - Management of QOF and CQRS at a local level
  - e-Dec annual contractual requirement
  - Management of the Directed Enhanced Services (DES) includes Primary Care Network DES and others
- The team of 4 staff to support this function has now transferred to the ICB from NHS England.

Governance

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- The existing Primary Care Delivery Group will continue as the Primary Care (Medical Services) Delivery group to run in parallel with a separate POD-specific Primary Care Delivery Group in 2023/24 with a view to combine the groups once the processes have embedded
- PCCAC will receive the proposed Terms of Reference for new group before being submitted to ICB Chair for approval
- Both Primary Care Delivery Groups will update PCCAC
- We will work with the chair of PCCAC to develop agendas which provide necessary assurance across primary care (medical services) and POD.

Lessons learned process

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- The lessons learned process will be combined with the Pharmacy, Optometry and Dental process to inform future transfers
- There will be an opportunity for staff that transferred from NHS England to the ICB to engage and feedback as part of the lessons learned process – initial feedback has been very positive
- NHS England are undertaking a national lessons learned process in early June which we will review and feed in to our ICB level process
- With lessons learned needing to inform future service transition including early discussions on the transfer of section 7A services vaccinations and immunisations from April 2024 and screening services in 2025
- Also includes the potential for Specialised Commissioning which the ICB may host, we are working with the team involved to pass on formal learning and soft intel to inform the programme from the earliest stages.

Next steps

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- The GP contract re-issue process has been transferred from NHSE to the ICB and this will be completed to ensure that all contractors have contemporaneous contracts
- Collaboration on the development of the delivery plan for recovering access to primary care which will involve enhancing community pharmacy provision and scope of delivery
- Completion and sharing of lessons learned process.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

June 2023

Briefing for stakeholders: Delegation of POD Commissioning and Recommendations for Integrated Care Boards

Dear colleague,

I am writing to provide you with an update on the delegation of pharmaceutical, ophthalmic and dental (POD) commissioning from NHS England (NHSE) to Integrated Care Boards (ICBs).

Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) accepted delegation from NHSE as of 1 April 2023.

A recent report released by the NHS Confederation sheds light on the lessons learned during the early adopter phase and highlights the challenges and opportunities associated with delegation.

This helpful report aligns with the challenges we in BLMK identified during the transition, such as governance, access to data, understanding population needs, and issues within the provider landscape, including workforce, capacity, contracts and funding.

Importantly, however, the report highlights the opportunities of delegation and emphasises the importance of building stronger local links with providers to maximise the impact on our populations including more focus on prevention initiatives.

Since delegation, we have been actively establishing the necessary governance structures including the first POD-specific Primary Care Delivery Group planned for the end of June 2023. We are also developing engagement events for POD providers in partnership with the relevant Local Committees. Further information will be shared with providers in due course.

It is important to note that – in line with recommendations in the report – the ICB has determined that 2023/24 will be a year focused on learning and embedding effective commissioning practices for these services. As such, no major changes will be implemented during this year. In 2024/25, our focus will shift towards addressing unmet needs and inequalities in access, followed by broader transformation from 2025 onwards.

Given the need to reduce running costs in the ICB whilst also needing capacity to transform services and to manage the contracts, we must explore how to build effective relationships with all partners and stakeholders to develop a clear strategy for improvement.

The known challenges of the current dental contract were sighted in the report, which will need to be addressed at a national level. We will continue to work with our neighbouring ICBs and regional colleagues to influence this.

Lists of recommendations for both ICBs and NHSE from the “From delegation to integration” report can be found below, and you can also access the full report online here: https://www.nhsconfed.org/publications/delegation-integration

These recommendations aim to support the successful implementation of delegated commissioning and improve the quality of care delivered. They cover aspects such as realistic timescales, provider relationships, empowerment, governance, data access and analysis, dentistry capacity, and flexibility within the dentistry contract.

Recommendations for integrated care boards	**BLMK ICB response**
1. **Timescales**. While systems should rightly be ambitious in trying to deliver change and improvement in POD services, all system partners need to be realistic about the pace of change. During early delegation, ICBs have needed time to assume and adapt to POD commissioning before they are ready to begin transforming services. ICBs should be honest with providers, patients and the public about the pace of change and manage expectations.	This is very much in line with our thinking. We are planning for use 2023/24 as a year of STABILISATION to: • Embed NHSE teams in to ICB and refine existing and new processes • Monitor budget and develop a detailed understanding of spend and activity • Develop relationship with POD contractors and improve understanding of issues 2024/25 will focus on ACCESS to work on: • Public Health and data driven approach to informing improvement plan • Work with providers to create joint improvement approach • Track improvements to access and explore additional initiatives 2025/26 will see us beginning to TARGET INEQUALITIES through: • Public Health inform planning to highlight areas of inequality and related population health outcomes • Working with providers, set out a strategy to address priority areas • Track improvements and change in population health outcomes e.g., reduction in incidence of diabetes, improvements in mental health During 2023/24 we will work with stakeholders to develop our approach and methodology ensuring that we maximise opportunities for co-production.
2. **Provider relationships**. The rationale and benefits of system working are premised on different partners involved in delivering services working closely together to drive improvement. Within the constraints imposed on their capacity, ICBs should invest time in building relationships with POD providers who can help to drive and lead service transformation, including but not limited to harnessing the expertise within provider committees. This is important to laying the groundwork for using delegation to improve care. POD providers, for their	We have commenced engagement with our Local Committees to determine how best to work with POD providers as integral partners in our place-based approach building on the Fuller Report. We are implementing a POD-specific Primary Care Delivery Group which will consider the local priorities across POD and will report to the Primary Care Commissioning Assurance Committee. We are keen to build on existing working relationships that are in place between the ICB and POD providers and ensure that the opportunity of this new way of working is maximised.

part, should be prepared to step up with ideas for change and play a role in collaborative system leadership.	
Recommendations for NHS England	
1. Empowerment. Delegation of formal functions is just the start of enabling local transformation. NHS England should seek to empower systems as much as possible with the flexibility to take new approaches and innovate. Central support should focus on building ICBs' capacity and intelligence without being too prescriptive.	
2. Governance. While robust governance is essential to ensure the quality and safety of services commissioned, governance requirements should be proportionate so they do not consume excessive capacity. NHS England should seek to further streamline governance requirements around transition, so systems can spend more time planning and designing service transformation work.	
3. Data. Timely and sufficient data, together with the capability to analyse it, is essential to strategic commissioning, enabling ICBs to identify unmet need in their populations and ensure the quality of services. Early adopters of delegated POD commissioning felt they need improved access and ability to analyse data. NHS England should support ICBs to access and analyse data from different sources to identify population need and oversee service quality.	
4. Dentistry capacity. Challenges with accessing dentistry services are well documented. ICBs are eager to use the opportunity of delegation commissioning to transform pathways and address these challenges, improving experience for patients. However, doing so will require investment of time and effort by ICBs. NHS England should consider opportunities to provide ICBs' increased capacity to lead dentistry transformation.	
5. Dentistry contract. There is variation between ICBs on the extent to which they feel they can exercise flexibility within the existing dentistry contract to drive improvement. An effective feedback loop between systems, regions and the centre can identify and address barriers to transformation. NHS England should set up a working group with ICBs and NHS regional teams to improve understanding of what flexibilities already exist within the dentistry contract and where flexibility may be required.	

Yours sincerely,

Nicky Poulain

Chief Primary Care Officer

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 16 June 2023
8. BLMK Fuller Programme - progress update – An ambitious and joined up approach to prevention

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 Prevention Lead
Date to which the information this report is based on was accurate	06/06/23
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
Faith Haslam, Prevention Programme Manager Amanda Flower, Associate Director, Primary Care Commissioning & Transformation
This report has been presented to the following board/committee/group:
BLMK ICB 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) This is a plan in progress with first draft due by 31/07/23 B) The prevention plan will take a Population Health Management (PHM) approach while focused on primary care C) There is an intention to engage our population in communications about responsibilities.

Executive Summary Report

The prevention of ill health developing in the first instance or worsening due to lack of care, together with the reduction and eventual removal of health inequalities is at the heart of the prevention delivery plan. The plan focuses specifically on primary and secondary prevention within primary care (GPs, pharmacy, optometry, dentistry), while taking a population health management approach.

It is clear that while the pressures on acute services are significant and often appear to take all our attention, without an ambitious, joined up approach to prevention, those services will eventually become overwhelmed.

The Global Burden of Disease study found the top six risk factors driving mortality and morbidity in England were tobacco, high blood sugar levels, high body mass index, dietary risk, high blood pressure and alcohol use. As well as screening and other established processes, this plan proposes a strong focus on reintroducing habitual levels of physical activity as a principal component of the prevention goal.

1. Brief background / introduction:

The prevention of ill health developing or worsening, together with the reduction and eventual removal of health inequalities is at the heart of the prevention delivery plan. The plan focuses specifically on primary and secondary prevention within primary care (GPs, pharmacy, optometry, dentistry), while supporting a population health management approach.

Although variation exists across primary care with some areas of excellent achievements, levels of avoidable disease and are rising, in line with national trends, and this is placing significant pressures on primary care.

Given this, while it is clear there are constant pressures on acute services that often appear to take all our attention, without an ambitious, joined up approach to prevention, these services will eventually become overwhelmed despite our best efforts.

The introduction of a truly Integrated Care System (ICS) gives us the first real opportunity to consider the breadth of the wider determinants of health and how these impact on primary care. Working with colleagues across public health and the VCSE, this plan will embed a joined-up approach to prevention, sharing skills and knowledge (within General Data Protection Regulations (GDPR)) and aligning communication and messaging.

Between 10-30% of BLMK GP consultations are accounted for by musculoskeletal (MSK) conditions, with between 20-26% of those patients also reporting depression or anxiety. Concerted effort to reduce this cohort would reduce pressure on primary care and therefore improve access, this is one worked example of how an ambitious, joined up prevention approach can support improved access to primary care.

We are currently working with a wide range of colleagues across the Integrated Care Board (ICB) and the wider ICS to develop a developed draft of this plan by the end of July.

In addition to the currently identified areas of cardiovascular disease (CVD) and cancer screening, serious mental illness (SMI) & learning disability (LD) health checks, the long-term plan, Covid and flu vaccinations

and reducing inequalities, this plan will seek to activity promote significantly increased habitual levels of physical activity as part of the prevention agenda. It will use the Better Health brand Better Health - NHS (www.nhs.uk) and established programmes such as Parkrun, Green Gym, dance and sports clubs etc., to promote this across primary care.

As part of this programme, it is our intention to engage our population in communications about personal and shared responsibilities.

2. Summary of key points:

2.1 Primary care is under significant pressure and without an ambitious, joined up prevention plan the pressure will become overwhelming
2.2 This is a truly collaborative plan with colleagues from within the ICB and across the ICS
2.3 We will use the Better Health brand as the primary vehicle for communication and behavioural nudge.

3. Are there any options?

Not at this time.

4. Key Risks and Issues

The principal risk is from communications about personal and shared responsibilities and how this will land.

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

We have not yet modelled this risk but will do so with the release of the first draft of the plan.

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

By improving the prevention of a range of avoidable conditions, trips to primary care will be reduced and there is potential to reduce medicines use.

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

The conditions covered within the prevention delivery plan are disproportionately felt by those within the lowest socio-economic deciles, therefore, this plan will aid enhanced identification and support for these groups, reducing inequalities.

8. Next steps:

Continue development of the draft for review by 31/07/23.

9. Appendices

Appendix A - Integrated Neighbourhood Working – Fuller Programme
Take an ambitious and joined up approach to prevention.

10. Background reading

Integrated Neighbourhood Working – Fuller Programme

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Planning Update - Pillar 4

Take an ambitious and joined up approach to prevention

Natural forces within us are the true healers of disease
Hippocrates

Trust

Respect

Integrity

Accountability

Care and Compassion

Integrated neighbourhood working: An ambitious and joined up approach to prevention

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- Maximise offer and take up in primary care for COVID vaccinations, annual flu campaign and all age immunisations (delegation of vaccinations)
- Facilitate access to and the offer of cancer screening, health screening and case finding of (cardio vascular disease (CVD)) for long term conditions
- Delivery of the NHS Long Term Plan - Tobacco Dependency Programme and Digital Weight Management Programme*
- Promoting the role of reducing inactivity and enhanced physical activity as a principle prevention intervention
- Having a strong focus on reducing inequalities with targeted support

Forging the joined up approach

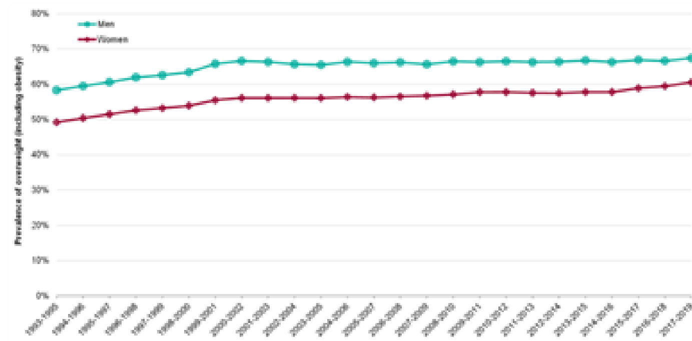
NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- Working closely with public health in BMK and Luton and supporting development of the integrated health and wellbeing service
- Developing plans with national teams on physical activity and obesity
- Working with national team leading on Better Health to enhance patient engagement
- Working with colleagues across BLMK to re-energise the Active Partnerships
  - Live Longer Better Revolution, Be Active work with the Active Partnership from Milton Keynes
- Working with Sonal and others to reinforce and ideally enhance the relationship with the VCSE
- Taking a Population Health Management (PHM) approach
  - PHM is a partnership approach across the NHS and other public services including councils, the public, schools, fire service, voluntary sector, housing associations, social services and police. All have a role to play in addressing the interdependent issues that affect people's health and wellbeing.

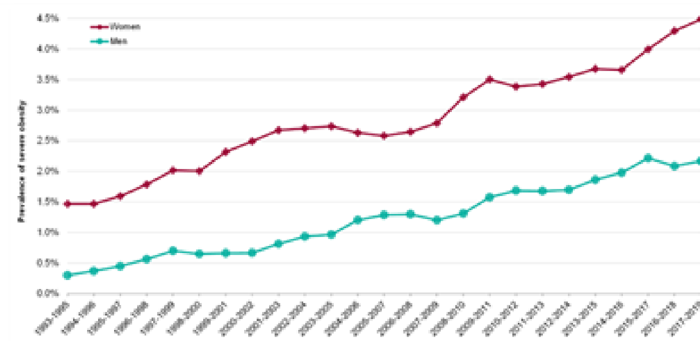
Obesity interventions have not worked…

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Prevalence of overweight (including obesity)
Health Survey for England 1993 to 2019*
(three-year averages)



Prevalence of severe obesity
Health Survey for England 1993 to 2019*
(three-year averages)



(PHE data)

Obesity interventions have limited, time bound impact, despite 10’s of £m of public money being spent

In the last 30 years there have been four strategies and 689 policies to counter obesity, as well as the creation and later abolition of 14 different bodies to oversee progress

It is more likely that we will see a meaningful impact within a reasonable timeframe from a focus on reducing inactivity and increasing physical activity (and social connectedness), rather than focusing on obesity as a priority

- **Obesity interventions should focus on macro policies rather than at an individual level***

PA, no less necessary than food…

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

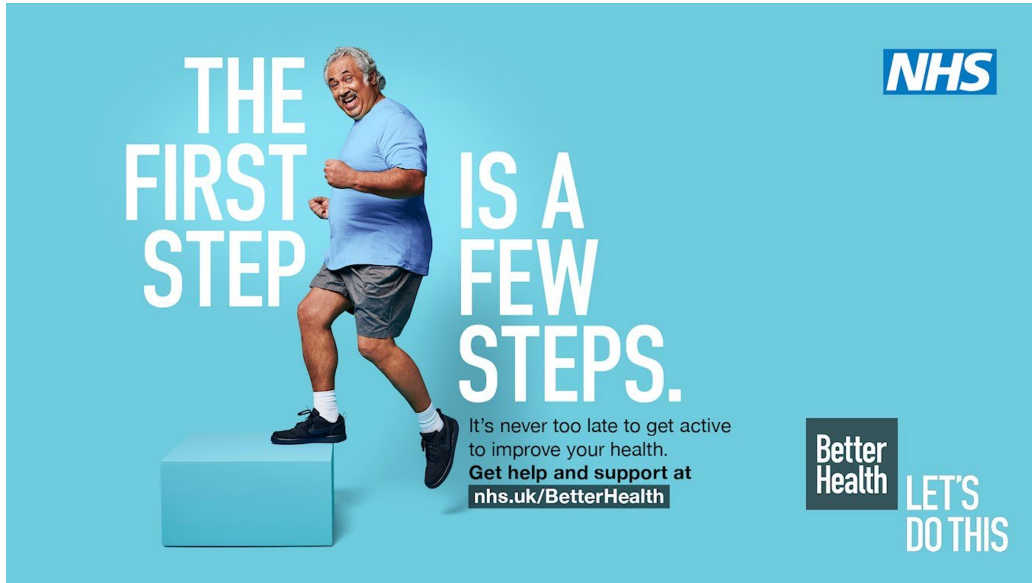
- Habitual persistent PA has a positive impact on the following **independent from any weight change**:

  - Metabolic variables (i.e. HbA1c (longer term measure of blood glucose, Systolic Blood Pressure, C-Reactive Protein etc.,), haemodynamics & mitochondrial density
  - Mood and wider mental health issues
  - Strength, Bone Mineral Density, reduced likelihood of falls, reduced likelihood of musculoskeletal issues
  - Enhanced endocrine functions involved in body weight regulation, low-grade inflammation, insulin sensitivity, suppression of tumour growth, and improvement of cognitive function[1]
  - Energy balance
  - Improved sleep (sleep is recognised as an independent factor in good health and weight regulation)
  - Some cancers (i.e., colon, prostate and breast) > quality of life and outcomes before, during and after treatment.[2]

- Many proteins produced by skeletal muscle are dependent upon contraction. Therefore, it is likely that myokines may contribute to mediate the health benefits of exercise[4]

Better Health

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board



We have in principle authority to adapt the Better Health brand and may get national support for a pilot

> **"The system isn't orientated to support habitual physical activity, but with the right leadership, system approach and stakeholders it could be achieved at scale".** *Prof Paul Gately via personal correspondence, with permission*

Challenges

- We are genetically more attracted to inactivity than activity
- Increase in long term sickness (ONS) aligned with the population level move to chronic inactivity
- There are large numbers of people who have never been habitually active
- YouGov conducted research for World Cancer Research Fund on barriers to physical activity (PA):
  - 38% of polled respondents said lack of motivation was main barrier
  - 35% said tiredness
  - 25% said cost of exercise, suggesting a misunderstanding of what healthy PA looks like
- Significant removal of obligatory PA due to changes in working practices as a function of the pandemic, leading to increased inflammatory processes and poorer mental health
- People/patients often expect an immediate response that doesn’t require their participation

The benefits

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- Discussion around increasing PA is a far easier sell, less emotive and provides earlier wins
- Increasing PA and reducing inactivity has a wider impact than focusing on obesity
- There are health care professionals (HCP) living with obesity – Making every contact count (MECC) evidence tells us people tend not to believe their HCP if they don't think the HCP believes/embraces the position themselves, this approach reduces that potential block
- >PA can manage people on waiting lists, improving surgical outcomes or even removing need for surgery
- The beneficial metabolic outcomes of PA can reduce the need for prescribed drugs that affect weight gain such as glucocorticoids and some antidepressants

Reintroduce Personal responsibility

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

"It's not your fault, but it is your responsibility to do something about it, and I will help you do that."

Input/output, one worked example:

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Circa 10-30% of BLMK GP consultations are accounted for by MSK conditions

20-26% of patients in the Local Authorities in BLMK who report a long-term MSK problem also report depression or anxiety^

MSK conditions often begin with and/or are exacerbated by habitual inactivity*

MSK conditions are often exacerbated by and/or cause higher BMI levels (≥ $30kg.m^2$)

Working conditions since the pandemic are more sedentary and more pro-obese

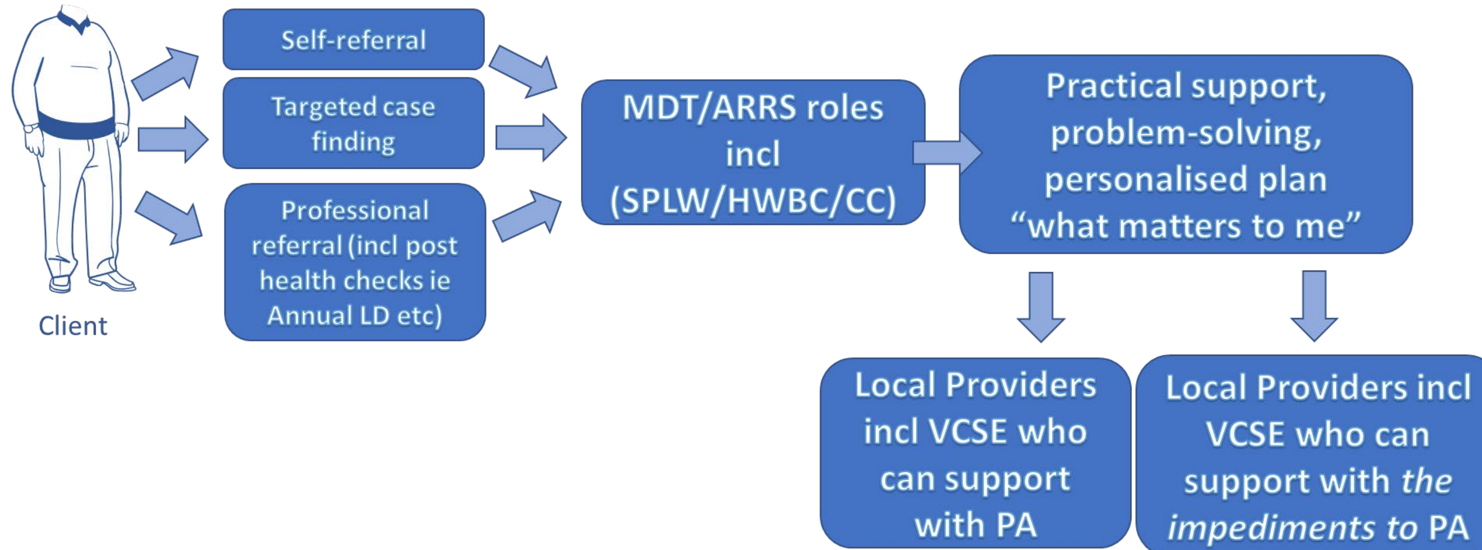
Increasing habitual PA would mitigate MSK and MH issues**, therefore, reduce MSK originated PC visits and therefore, improve access to PC

*Separate to any known pathology

**NICE level evidence on >PA (+ green spaces) and reduction in mild to moderate depression and anxiety

Social prescribing + the VCSE

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board



A study of social prescribing in areas of deprivation, reported that improvements in MH, HRQOL, and PA were more likely to be reported when patients saw a link worker at least 3 times.

To make a difference to a sizeable cohort of patients, we would need to:

- Financially support VCSE's and unlock the potential of sole traders to increase capacity
- Work closely with current PCN's/nascent neighbourhoods
- Work with VCSE and provider partners to coordinate provision & share best practice

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 16 June 2023
8.1 Building Additional Capacity for Primary Care Workforce

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, Primary Care Workforce Programme Lead, Primary Care Training Hub Lead
Date to which the information this report is based on was accurate	8/6/2023
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:
Primary Care Delivery Group

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

The members are asked to **note** the programme of work in place to build additional capacity for the Primary Care Workforce.

Executive Summary Report

1. Brief background / introduction:

Building additional capacity within the Primary Care workforce is critical to meet growing patient demand, improve access, aid recruitment and retention, prevent burnout and maximising utilisation of the extensive resource available for 2023-24 through the Additional Role Reimbursement Scheme.

Driving the development of integrated neighbourhood working, involving all partners, will help to build additional capacity, skills and resources required to improve access, reduce demand and workload.

Releasing capacity is also essential through review of skill mix and the use of digital solutions such as prescription of the Shiny Mind App to patients with low level mental health problems which is already producing excellent results in terms of reduced demand and staff retention.

2. Summary of key points:

We are working to build additional capacity through the following workstreams;

Supply

- Quality & Placement Expansion Programme. Increasing trainee placements and learning organisations (Practice level & PCN Training Teams)
- Nursing Associate Apprenticeship Programme
- Student Pharmacist Summer Placement Programme
- Rotational Paramedic Student Placement Programme (UoB – Medics PCN)
- Development of non-clinical Apprenticeships
- Partnership working with local authorities to showcase Primary Care at community careers fairs and employability days

GP Recruitment Programme

- BLMK wide GP recruitment drive, attraction masterclasses, 3 x GP careers fairs, matching vacancies, flexible bank of staff retained in BLMK.
- Development of GP portfolio career opportunities via New to Practice Fellowships, VCSE & Acute partnership working

Practice Nurse Development

- Increase recruitment & retention via New to Practice Fellowship
- Senior Practice Nurse Leadership Development (retention initiative)
- Partnership working with Cambridgeshire Community Services to recruit 8 International General Practice Nurses

Additional Roles Reimbursement Scheme

- Support to PCNs with workforce planning based on population health needs, maximising utilisation of ARRS funding to ensure skill mix in place to meet needs
- Showcasing benefits to PCNs of recruiting Nursing Associates, GP Assistants sharing innovative models devised by mature PCN Training Teams to manage supervisory capacity
- Share learning from PCNs that have maximised recruitment budget and employed a variety of roles
- Facilitate discussion with system partners to consider alternative employment models and hosting arrangements for ARRS staff

Integrated Neighbourhood Working

- Appointment of 3 Community Pharmacy Leads aligned to the PC Training Hub focussed on driving integration between PCN & Community Pharmacy
- Support to Community Pharmacists with health & wellbeing (Shiny Mind App offered to all)
- Promoting roles such as Personalised Care roles, Nursing Associate Apprenticeships, Admin & Clerical apprenticeships, Physician Associate & Pharmacy Technician Apprenticeships to local communities so we recruit and train in our neighbourhood
- Working with system partners to build supervisory capacity for new roles and newly qualified
- Building an alumnus of frontline system-wide leaders driving the cultural change to embrace integration, neighbourhood & system working
- Creating the foundations for a learning system where staff can train, learn and work together and have an infrastructure in place that supports them to do so (e.g., digital staff passport, system values leadership programme, leadership endorsement)
- Share learning from case studies of Integrated Neighbourhood Working and impact on capacity
- Working with Place Boards to understand supply, training, education and workforce planning requirements at neighbourhood-level

Flexible Working

- Maximise utilisation of the Primary Care digital staff bank across all professions
- Raising awareness of the correlation between flexible working and retention, showcasing best practice examples from across the system in partnership with the ICB Retention Lead.

3. Are there any options?

N/A

4. Key Risks and Issues

Risks	Mitigations
Estates constraints	Encourage PCNs to consider alternative hosting / employment arrangements Consider neighbourhood assets to place staff / digital ways of working
Retention of staff	Support to fully understand supervision & road map requirements, embed flexible working & health and wellbeing practices Support with succession planning, workforce planning & consideration to legacy roles Ongoing promotion of Training Hub initiatives
Capacity to supervise	Share best practice supervisory models initiated within PCN training teams Working with system partners to map out supervisory capacity Promote alternative supervisory models e.g., virtual / place based / legacy roles
Supply of staff	Encourage practices & PCNs to become learning organisations to increase placement expansion and ‘grow their own’ Attract, recruit & train from local communities and voluntary sector
ARRS allocation underutilised	Commence workforce planning processes early to understand estimated place level potential underspend Consideration to how any underspend could be further utilised at place, discussion with place partners.

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

Click to access system		

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

Potential underspend of final year ARRS allocations
Training Hub capacity to extend to support workforce elements of Integrated Neighbourhood Working
Financial implications of ensuring PCN Training Teams are sustainable in the long term.

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

Click to view Green Plan

Innovate and adopt new models of care and ways of working
Maximising opportunities to provide digital placements.

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

Maximise staffing levels within Primary Care to ensure breadth of skill mix and capacity to increase access & levels of personalised care.

8. Next steps:

Ongoing progress with workstreams outlined above.

9. Appendices

10. Background reading

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee (PCCAC) 16 June 2023
9. Primary Care (Medical) Services Contracting Assurance 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	Lauren Sibbons Senior Contract Manager – General Practice
Date to which the information this report is based on was accurate	02 June 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
This report has been presented to the following board/committee/group:
This report has been presented to the Primary Care (Medical Services) Delivery Group and updates and outcomes (***highlighted in blue type***) from previous contracting papers presented to the Primary Care Medical Services Delivery Group (PCDG) and PCCAC.

Purpose of this report - what are members being asked to do?
Note the updates and take assurance that required contractual, governance patient and practice considerations and actions have been followed and applied in any decisions that have been made and implemented.

Executive Summary Report

This report is a standing agenda item to provide members of the Primary Care Commissioning & Assurance Committee (PCCAC) with assurances that the correct processes required contractually, to fulfil our statutory responsibilities have been made available to PCDG to enable a fair and equitable decision to be made in compliance with contractual regulations and considering patient and practice circumstances.

For ease of reading to recap items that are still in progress, updates will be shown in blue text if it is a follow up position being reported.

New and existing items will be in black text, this is for ease of reading and interpretation and identification of in progress items and new items.

1. Brief background / introduction:

Bedford Luton and Milton Keynes ICB is the responsible commissioner for primary medical care (GP) Contracts. This fully delegated role for the **93 GP contracts** transitioned to BLMK ICB from 1July 2022 on the passing of the Health and Care Act 2022. Health and Care Act 2022 (legislation.gov.uk)

It is to be noted that the Health and Care Act 2022 means that NHSE transferred all primary care contracts to ICBs. From 1 April 2023, BLMK ICB has delegated commissioning responsibility for Community Pharmacy, Optometry and Dental contracts in addition to those already held for General Practice.

Total Portfolio of Contracts on 1 April 2023 for BLMK ICB is as follows:

Discipline	Contract Numbers
General Practice	93
Community Pharmacy	162
Optometry	86
Dental*	148
Total portfolio	**489**

Includes two acute trust services and two specialist community dental providers
Considerable amounts of work are being undertaken with NHSE and HR teams within BLMK and NHSE on the transfer of the portfolio of contracts to ensure that BLMK as commissioner have a record and copy of all contracts.

2. Summary of key points:

2.0	Applications for list closure(s) • No new practice requests received however we have received a request for a form to further extend a closure (Cobbs Gardens, in Olney, Bucks).
2.1	Boundary change requests • Ashfield Medical Practice (East MK PCN)
2.2	Caretaking arrangements 1. Queens Park on behalf of the Village Medical Centre (TVMC) – Update and actions taken since previous PCDG 2. Malzeard Road on behalf of Ivel Medical Centre (IMC) – Update on Contract award and mobilisation
2.3	Novation Application(s) Malzeard Road Medical Centre, update and actions taken since previous PCDG
2.4	Proposed Mergers Oliver Street & Lea Vale Cobbs Gardens
2.5	Electronic Practice Declaration e-DEC update on contractual breaches
2.6	General Practice Update 1. Name Change 2. Contract re-issue project position statement

3. Are there any options?

As set out in body of paper for each item.

4. Key Risks and Issues

As set out in body of paper for each item.

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

There are no new risks to add.

5. 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 under-served 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 Inequalities Health Impact Assessment (IQIA) undertaken.

8. Next steps:

The Primary Care Medical Contracting team will continue to provide assurance to PCCAC that due process has been followed or flag any issues and proposed solutions with PCCAC.

9. Appendices

None.

10. Background reading

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

2. Practices with closed lists and further applications for list Closures

2.1 The table below was shared with the PCDG and shows an overview of practices that currently have closed lists within the ICB along with dates and or actions to support reopening.

Figure 1 – Approved List Closures

Practice	Date Approved	Actions Required	Conditions	Date to re-open
Leagrave Surgery Luton	02.05.2023	1. To work with the training hub 2. To work with the place team for support 3. To work with the Estates team.	**1.** closure of the patient list for up to 12 months with regular reviews at 3 monthly intervals or until the estates team have supported with additional capital funded work at the Linden Road site	01.05.2024 subject to 3 monthly reviews

			until the Biddenham scheme has completed and subject to the Practice: **2.** working with the PCN to identify if there are options available in terms of clinical space or collaborative clinics accessible to patients and **3.** ensuring family members of existing patients can register with the practice.	
Cobbs Gardens Milton Keynes	21/12/2022	1. To work with the training hub for workforce support 2. To work with the place team for patient communication due to the rurality aspect of the practice	1. Whilst the list is closed, the practice may only accept an application for inclusions on the list from a person who is an immediate family member of a registered patient.	5th June 2023 **Update:** Ongoing dialogue is taking place with the practice and GP partners to inform future arrangements for changes in the current partnership. A verbal update to be provided on the changes. A potential merger is being considered with another MK practice this is subject to partnership changes and also due diligence by both practices prior to submitting a merger application. One partner is pursuing the option of new premises with a third-party developer, this will be subject to a business case and the premises being cost neutral to the ICB. Partners informed of process.

				The request for an extension to September 2023 was approved by the PCDG at the meeting on 6 June 2023
Greensands (Ampthill) Bedfordshire	21/12/2022	1. To work with the training hub 2. To work with the place team for support 3. To work with the Estates team.	1. Whilst the list is closed, the practice may only accept an application for inclusions on the list from a person who is an immediate family member of a registered patient.	3rd April 2023 **Update:** The practice list has now reopened

Figure 2 – Requests for List Closure Application Forms – In progress

No new requests have been received in April or May 2023

Practice	Date Received by ICB	Comments
Dr Mirza & Partners Luton	N/A – clock will restart on re-submission of completed form	• Application initially rejected due to being incomplete (March 2023) • Dr Mirza is working with the place team and may resubmit following advice on the process and initial reasons for submission as the impact on patient registration was not as expected initially

Update: No further applications have been received albeit we have received an application for an extension to Cobbs Garden. Assurance is given that timeframes will be met.

2.1 Boundary change requests

Ashfield Medical Practice (East MK PCN)

Ashfield Medical Practice has applied to extend its boundary on 3.3.2023 to include the Following areas:

- Wavendon
- Broughton
- Conniburrow

Engagement is underway with stakeholders and patients with a full paper going to PCDG in July 2023 for decision when the preparatory work and engagement has been completed and the practice provides its proposed expanded boundary map.

Assurance is given to PCCAC that due process and contractual requirements are being undertaken to involve all stakeholders in any proposal that may impact on neighbouring

practices due to a potential loss of income, it does however need to be borne in mind that there is housing development taking place within the locality.

No new requests received in May 2023.

2.2 Caretaking Arrangements –

I. Queens Park on behalf of the Village Medical Centre

Update: There is now a fully signed contract in place between Queens Park Group and the ICB for the caretaking arrangements delivered by Queens Park for TVMC patient list.

Assurance can be given to the PCCAC that patients have the stability of access to general practice, and we have a formal contracting agreement in place. The ICB continue to work with Queens Park to remedy the losses that the practice incurred due to the delivery of a one-year GMS contracting arrangement that they delivered. Assurance is given that this work is taking place between the practice accountants and the ICB finance team. Once complete the aim is to disperse the Village Medical Centre list to Queens Park General Medical Services (GMS) contract in perpetuity and terminate the caretaker APMS contract.

II. Malzeard Road on behalf of Ivel Medical Centre (IMC)

Following a competitive tender exercise, Malzeard Road have been awarded a caretaker APMS contract for Ivel Medical Centre following the resignation by the previous partners GMS Contract in December 2022. The initial contract award period is eighteen months which the potential to extend for a further six months to enable a full procurement exercise to be undertaken.

The contract mobilised on 1 June 2023 and assurance is given to the PCCAC that the ICB have a dedicated contract team present and daily/weekly touch points with the provider on supporting the caretake with the mobilization process. Early feedback is positive with improved number of appointments, patients able to book appointments in person, by telephone and online. To note in line with the Pharmaceutical Services Regulations (2013) when the GMS contract terminated the dispensing pharmacy services also terminated. The ICB contracting and medicines optimisation team worked with the partners to ensure a safe transfer of patients using this service to alternative pharmacies to ensure continuity of care for the small percentage of patients using the practice dispensary service.

2.3 Novation Application(s) - Malzeard Road Medical Centre

Work is ongoing with the completion of the Commissioner Assessment Framework and ICB due diligence checks. The applicant is progressing the legal and insurance requirements required along with further documentation requested to provide the assurance and documentation needed for PCDG to make an informed decision on the application. A paper will be presented to PCDG in July 2023 for discussion and decision.

2.4 Potential Merger – Oliver Street and Lea Vale

The contract team received notification that the Lead Partner and only GP to the Oliver Street contract has resigned. This has prompted dialogue with Lea Vale and a merger of the two

practices has been agreed by both parties subject to due diligence and the Legal requirements being in place.

It is anticipated that the merger will go live on 1 July 2023. Communication and engagement are place with patients and practice staff to ensure that they are aware of the changes albeit there will only be a change of clinician as Oliver Street will continue to operate as a branch surgery.

Dialogue is actively taking place with IT to ensure that clinical systems will be ready and the ICB has assurances that mobilisation will be immediate. Assurance is given to PCCAC that National guidance and due process are being followed in undertaking this arrangement with a final decision being made by PCDG in June 2023 following receipt of the practices formal application to merge.

2.5 Annual e-DEC – Remedial Breach Notices & Next steps

The annual e-DEC process is a contractual obligation on all GMS and APMS contractors to complete and submit centrally to NHSE on an annual basis. The national portal for submissions of e-decs takes place each year between October and November. The results of the e-DEC are released to ICBs in spring each year.

As this is a contractual obligation the PCDG gave agreement to issue remedial breaches to practices that did not comply with their contract obligation. The ICB has taken a pragmatic approach and issued remedial notices allowing practices 28 days to respond as opposed to a breach notice.

Prior to issuing remedial notices letters were shared with LMC colleagues as agreed. Following which, remedial breach notices were issued to all practices that did not submit their e-Declaration as required on 25.05.23 with the required 28-day notice period to enable practices to remedy the issue.

Remedial breach notices were issued to the three practices that declared half day closure on 26.05.23 with the required 28-day notice period to enable practices to remedy the issue. Remedial breach notices were also issued to the eight practices that did not submit an e-declaration.

As part of the wider access to primary care programme further work needs to be undertaken to define reasonable needs of patients, national guidance is being sought on this and the approach will be discussed as part of the wider access and transforming general practice programme.

To provide PCCAC with assurance this has already been discussed internally and a panel including Contracts, Place, Quality and the LMC will review all submissions and agree next steps collectively with a paper for endorsement going to PCDG in July 2023.

2.6 General Practice General Updates

1. Name change request - Dr K Marsden Practice

Dr Marsden retired a few years ago and therefore practice want to update their name to reflect that change, the practice will be known as Woodland Avenue going forward, patients have been notified and no objections raised. The contracts team are working with PCSE and NHS Digital to ensure that all required changes are reflected regarding the name change.

3. Contract Re-issue project update

The ICB has inherited the contact reissue programme (CRP) from NHSE. The regional team implemented the CRP following identifying that not all GP contractors had contemporaneous contracts in either electronic or paper format. To support this work practices were asked to complete and return a data request template giving 28 days' notice to do so.

Upon receipt of the information NHSE commissioned Attain to issue new GMS contracts, the work was not completed prior to the ICB moving to full delegation.

The primary care team have reviewed the position and will continue to progress the CRP to ensure that all contractors have contemporaneous contracts in place. Those practices that had new contracts reissued before April 2023, have also been issued with the 2023 contract variation notice. NHSE has released the new GMS and APMS contracts 2023 which includes all variations to previous contracts and this version will be issued to the remining contractors following submission of the data information template.

A number of practices have not completed and returned their data requests, and these are being followed up on an individual basis by the GP contract team and have been sent either 1st or 2nd reminders.

Table 1 - Position Update as at 01.06.2023

Position update - CRP

Complete returned contracts	31	29 annual variations issued 5/5/23 & 2 issued 17/05/2023
Annual variations returned out of the 31 sent	25	
Contracts issued and not yet returned	24	
Data requests sent and not returned	15	
Queries on contracts	3	
APMS and cohort 2	21	

To Note:
- Hilltops Med Centre – PM away from practice until 05/06/2023
- Sailsbury House – PM away from practice until 06/06/2023
- 1st Reminder sent 05/05/2023
- 2nd Reminders sent on 23/05/2023 & 25/05/2023

Assurance is given to PCCAC that this work is reported on a weekly basis and escalated internally as and when required.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 16 June 2023
10. GP Alternative Provider Medical Services Contracts Reprocurement 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	Jill White Senior Primary Care Contracting Manager
Date to which the information this report is based on was accurate	6/6/23
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 for Primary Care Development
This report has been presented to the following board/committee/group:
NA

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

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

A) Outcomes of recent procurement exercises
B) Commissioning intentions for upcoming procurements
C) Contract award for the managed PCN services APMS contract for 2023-24
D) Plans for East MK branch surgery opportunity.

Executive Summary Report

This paper is to assure the PCCAC of ongoing progress on the BLMK primary medical services procurement programme. Procurements for 5 practices have recently concluded.

1. Brief background / introduction:

BLMK ICB is undertaking a programme of reprocurement for its general medical practices currently being provided under APMS (Alternative Provider Medical Services) contracts. These contracts are time limited and thus require periodic reprocurement.

The ICB has made a strategic decision not to reprocure practices with a list size below approximately 10,000 patients as stand-alone APMS contracts and to look at alternative contracting models. This is intended to ensure robust, resilient and high-quality services for the long term, and larger contracts which are more able to deliver the high quality of care which is expected for our population will remain as APMS.

The current APMS contracts are summarised in the table below, together with each practice's current status in the procurement cycle.

Practice Name	Place	Contract end date	List size Mar 23	Procurement outcome
Brooklands	M Keynes	30/6/2023	20,474	Procurement for a core hours contract concluded successfully
Kingsway & Bramingham	Luton	30/6/2023	18,420	Procurement for a single contract on core hours concluded successfully
Neath Hill	M Keynes	30/6/2023	4,033	Contract award as a branch of another APMS practice
Ivel Medical Centre	C Beds	30/11/24	13,503	Caretaking contract procured & mobilised successfully
				Commissioning intention 2023-24
Kingfisher	M Keynes	30/9/2023	5,816	Extend current contract for 2 years
Putnoe	Bedford	31/3/2024*	17,164	Reprocure
Town Centre (inc UTC)	Luton	31/3/2024*	12,769	Reprocure GP practice separately
				No procurement activity
Cauldwell	Bedford	31/3/2025	9,498	NA – ongoing contract management
Whitehouse	M Keynes	31/8/2028	8,166	NA – ongoing contract management

*Contract extension up to 30/9/24 has been approved

In addition, the following procurement activity is taking place:

- Following confirmation of the practices not signing up to this year's PCN DES, direct award of the contract for the PCN managed services
- Planning underway for an expression of interest exercise for a branch surgery in the East MK development.

2. Summary of key points:

See Appendix 1 for a summary of the overall work plan with projected timelines.

2.1 Brooklands Health Centre

The procurement process has now concluded with contract award to One Medical Group as the successful bidder. Due to some delays encountered during the procurement process, the current provider (Operose Health) has agreed to a contract extension to 31 August 2023 to allow sufficient time for a safe and seamless transition of services. Opening hours will change to core hours (8.00-18.30 Monday to Friday) from 1 July 2023 as previously advertised to patients.

2.2 Kingsway Health Centre and Bramingham Park Medical Centre

The procurement process has now concluded with contract award to the successful bidder to be announced on Monday 12 June.

Following notification of the outcome to bidders, a potential challenge was received by one of the unsuccessful bidders which resulted in a significant delay to the process. This challenge has now been dropped following extensive engagement with our legal advisors. Due to the delay caused, the current provider (Operose Health) has agreed to a contract extension to 30 September 2023 to allow sufficient time for a safe and seamless transition of services to a new provider. Opening hours will change to core hours (8.00-18.30 Monday to Friday) from 1 July 2023 as previously communicated to all registered patients.

2.3 Neath Hill Health Centre

A procurement exercise was undertaken to find a GMS practice to take on Neath Hill as a branch surgery, however we were unfortunately unable to appoint following the conclusion of the procurement. Another local APMS provider, One Medical Group, who already hold the contract for Whitehouse Surgery in Milton Keynes, have agreed to take Neath Hill on as a branch surgery to Whitehouse. This contract variation will take effect from 1 July 2023.

2.4 Ivel Medical Centre

Following the contract resignation by the GP partnership who held the GMS contract for this surgery, an emergency procurement exercise to secure a new provider from 1 June has taken place. The successful bidder was Malzeard Road Medical Centre and following a 6-week mobilisation period, the new contract started successfully on 1 June 2023.

2.5 Kingfisher Surgery

This is a stable practice with satisfactory patient experience and outcomes and as a result, the intention is to enact the 2-year extension which is an option within the current contract. It is recognised that a longer-term solution for this practice does need to be considered as the contract does not allow for any additional extensions so planning for the future will take place as part of our ongoing procurement cycle.

2.6 Putnoe Medical Centre and Luton Town Centre Surgery

Procurement planning will begin imminently to enable providers to be identified for when the current contracts come to an end in September next year.

2.7 PCN managed services

This contract to provide PCN managed services on behalf of the four practices who had opted out of the PCN DES in 2022-23 has been held by Lea Vale Medical Group for the past year. It has now been confirmed that Greensands Medical Practice in Potton and Ivel Medical Centre in Biggleswade will not be participating in a PCN this year and therefore it falls to the ICB to commission these services for their registered populations. Lea Vale has agreed to continue the current contract for another year covering just these two practices.

2.7 East MK development

As part of the development east of Milton Keynes, MK Council is funding the development of a community hub which will include space for a GP surgery. As the site has been planned to allow for a patient list size of up to 10,000, it has been deemed most suitable to offer this opportunity as a branch site to existing practices. A local expression of interest exercise to determine which provider would be best placed to take this opportunity on will be taking place in the upcoming months.

3. Are there any options?

No other options other than those outlined above and in the appendices are considered viable or desirable.

4. Key Risks and Issues

Risk	Mitigation
Lack of adequate bidders coming forwards in procurement exercises	Provider events held to stimulate the market; recent experience has shown there is interest
Challenge by the market where contracts are being extended	Maximum transparency to the market to remain within public contract regulations framework
Challenge by the market where an innovative approach is being taken e.g. advertising as a branch with patient list	Robust justification for the approach developed. Specialist advice sought to ensure alignment with public contract regulations

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

These risks are managed as part of the project plans relating to the procurements.

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

Savings in cases where APMS premium is reducing compared to previous financial package.

Potential mobilisation costs for any new providers in the first year.

The procurement programme also takes up a large amount of staff resource since members of multiple teams and directorates are part of the project team.

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

Click to view Green Plan

As part of all procurements, bidders are asked to describe how they will deliver / promote sustainable development. Those appointed will be expected to follow through on the plans laid out in their responses.

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

By ensuring continuity of primary care services, particularly in areas of higher deprivation.

8. Next steps:

To continue with the workplan outlined in Appendix 1.

9. Appendices

Appendix 1 – APMS procurements work plan 2023-24

10. Background reading

None

Appendix 1 APMS procurements work plan 2023-24

The procurements work plan showing current timelines.

<table>
<tr><th></th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th></tr>
<tr><td>Ivel Medical Centre
(caretaker APMS)</td><td colspan="2">New provider mobilisation</td><td colspan="3">New contract start</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Neath Hill
(branch w pt list)</td><td>Proc'mnt</td><td colspan="2">New provider mobilisation</td><td colspan="3">New contract start</td><td></td><td></td><td></td></tr>
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(reprocure APMS)</td><td colspan="2">Procurement exercise</td><td colspan="3">New provider mobilisation</td><td colspan="3">New contract start</td><td></td></tr>
<tr><td>Kingsway & B'ham
(reprocure APMS)</td><td colspan="3">Procurement exercise</td><td colspan="3">New provider mobilisation</td><td colspan="3">New contract start</td></tr>
<tr><td>Kingfisher
(extend 2 years)</td><td colspan="4">Ongoing contract management</td><td colspan="2">Enact 2 yr extension</td><td colspan="3">Contract continues</td></tr>
<tr><td>Luton Town Centre
(reprocure APMS)</td><td colspan="6">Ongoing contract management</td><td colspan="3">Start to prep for reprocurement by Oct24</td></tr>
<tr><td>Putnoe
(reprocure APMS)</td><td colspan="6">Ongoing contract management</td><td colspan="3">Start to prep for reprocurement by Oct24</td></tr>
<tr><td>East MK
(EOI branch surgery)</td><td colspan="9">Timings still to be confirmed</td></tr>
</table>

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee (PCCAC) 16 June 2023
11. Quality and Outcomes Framework (QOF) 2022/23

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):	N/A		

Report Author	Nina Hannagan, Primary Care Contract Support Manager
Date to which the information this report is based on was accurate	24th May 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 Development	
This report has been presented to the following committee:	
This report is to provide the committee with assurance on the Quality and Outcome Framework achievement for 2022/23.	
Purpose of this report – what are members being asked to do?	
The report is to provide members with oversight and assurance and **note** the achievement of the Quality and Outcomes Framework (QOF) for 2022/23	

1. Brief background/introduction

Quality and Outcome Framework (QOF) is a nationally set framework and an optional element of the General Medical Services and Alternative Providers of Medical Services contracts introduced in 2004 with the new GMS contract. It is a system designed to remunerate general practices for providing evidence based clinical care to patients and to help fund work to further improve the quality of healthcare for patients.

QOF was suspended during Covid to allow practices to concentrate on supporting covid activity. It was reinstated for 2021/22 with changes to immunisations and vaccines, cancer care and serious mental illness indicators. The biggest change was to move towards a £10.06 Item of Service (IoS) payment model for immunisations and vaccines. The lower threshold for achievement was set at 87% to 90% and upper threshold was set at 95%. Practices were affected by the new thresholds and the inability to carry out personalised care adjustments (exception reporting) which resulted in lower immunisations and vaccinations achievement.

2. Summary of key points:

QOF for 2022/23 was based on the indicator set already agreed for 2021/22 with the only changes being the introduction of two new quality indicators. Full reinstatement of QOF from 01/04/2022 was central to supporting plans for recovery from covid and for long-term condition management.

2022/23 QOF retained the same points as for 2021/22 at 635 points and the value of each QOF point was set at £207.56 with the national average practice population figure set at 9,374. There were no other changes to QOF indicators or payment thresholds for 2022/23

The summary of domain areas and indicators for 2022/23 are:

- Clinical domain = 401 points
- Public health domain = 160 points
- Quality improvement domain = 74 points
- Public health – additional service sub-domain = 11 points

Key Achievements for 2022/23

- 100% of practices completed their QOF submission by 31/03/2023
- 100% of practices have declared their achievement by deadline of 20/05/2023
- 58 practices out of 93 achieved a higher QOF achievement compared to 2021/22
- Practices were written to in December 2022 advising that consideration would be given to apply local discretion on a case-by-case basis for any appeals to QOF achievement – there have been two practices who have submitted evidence to appeal their QOF achievement
- Quality Improvement (QI) domain – each practice was asked to submit a template for each of the two areas of the QI domain – Prescription drug dependency and Access to general practice. The overarching aim of the QI module was to lead improvements in relation to specific aspects within each area. Practices were expected to evaluate and identify specific areas for improvement. They then were expected to create an improvement plan with clear aims, improvement measures and change ideas which were to be shared within PCNs for peer review meetings. QI templates were then submitted to the ICB as written evidence that the quality improvement activity had been undertaken.
    - 89 practices submitted templates for both areas
    - 3 practices submitted templates for one area – access to general practice
    - 1 practice did not submit templates for either area
- 100% of practices have accepted QOF for 2023/24
- Total cost to ICB for QOF for 2022/23 is £12,618,952.4

The QOF achievement is better than had initially been anticipated, due to winter pressures and Streptococcus A infection in 2022/23. The attached letter (Appendix A) was issued to practices in to provide

a summary of services and support provided by the ICB and the approach that would be taken if required at year end. Whilst GP practices have worked hard to on their QOF achievement, the ICB has benefitted from members of the regional NHSE team transferring to the ICB, whilst this formally took place in April 2023, the staff were aligned to work specifically for BLMK and our QOF lead this year was able to focus purely on BLMKs QOF as opposed to QOF for 6 ICBs, the impact of this being a local approach and oversight and close working with the place-based team has enabled the ICB to provide direct support to GP contractors. As noted there are 2 GP practices that have appealed the outcome of their QOF achievement and the ICB will be applying appeals process and will engage with the LMCs when considering the appeals.

QOF 2023/24

In 2023/24, all the QOF register indicators points will be awarded to practices, based on 2022/23 outturn once finalised, releasing £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%). In 2023/34 the value of a QOF point is £213.43. There are 635 available QOF points available. The Contractor Population Index (CPI) is 9639, an increase of 265 from 9374 in 2022/23.

QOF QI modules for 2023/24 will focus on workforce wellbeing and optimising demand and capacity in General Practice with an emphasis on using data to analyse potentially avoidable appointments and build on care navigation and use of wider workforce or local services to reduce pressure on general practice.

3. Are there any options?

N/A

4. Key Risks and Issues

N/A

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?

Total cost to the ICB for QOF for 2022/23 is £12,618,952.40

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

Click to view Green Plan

N/A

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

N/A

8. Appendices

Appendix A – Letter GP Practice – Summary update of winter support 22-23

9. Links to further reading

Quality and Outcomes Framework guidance for 2022/23 (england.nhs.uk)
Quality and Outcomes Framework guidance for 2023/24 (england.nhs.uk)
General Medical Services Statement of Financial Entitlements Directions 2023 (publishing.service.gov.uk)

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

10 February 2023

BLMK ICB
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The Mall, Luton
LU1 2LJ
Tel: 0800 148 8890
Email: blmkicb.pccc@nhs.net
www.bedfordshirelutonandmiltonkeynes.icb.nhs.uk

Dear Colleagues,

Re: GP Practice – Summary update of winter support 2022/23

As you may be aware, the ICB has engaged with NHS England to make certain the support offered to our practices is in line with the ICBs delegated authority for commissioning of primary medical services.

The ICBs aim is to provide as much support as we can, to help with the increasing demand on general practice. The winter support has therefore, been informed through discussion with the region and builds on the NHS England letter (September 2022). NHS England » Supporting general practice, primary care networks and their teams through winter and beyond

1. Winter Relief Support:

Proposal	Detail
Quality and Outcomes Framework (QOF)	• To support practice resilience and help to manage workload pressures, the ICB will look to utilise any flexibilities available within the QOF regulations • Practices should continue to risk stratify patients, focus on their most vulnerable patients, and carry out LTC reviews where needed • The ICB recognises that such an approach may, despite practices' best endeavors, see an adverse impact on practices' 2022/23 QOF scores should some thresholds be narrowly missed. • Once QOF achievement for 2022/23 is available, the ICB will assess practice outcomes and, working with the practices, consider applying any local discretion on a case-by-case basis.
Impact & Investment Funding (IIF)	• PCNs should continue to work towards maximizing their IIF performance where resources and more urgent demands on their services allow • Where practices and PCNs agree that resources need to be redirected to meet urgent demand and are too limited to cover all patients under IIF, PCNs and practices should use their professional judgement to risk stratify their populations and priorities' these high priority people for IIF. • PCNs will continue to be paid for IIF achievement in line with the national IIF contract for 2022/23

<table>
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- If PCNs do not achieve sufficient IIF targets to receive at least 70% of the available funding for 2022/23 the ICB will calculate the difference between actual achievement and 70% achievement.
- To enable these payments PCNs must submit to the ICB their plan for how they redirected resources, with the support of the member network practices and specifically what resources were redirected in Quarter 3 & 4 for consideration by the ICB.

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<tr><td>BLMK Prescribing incentive scheme antibiotic targets</td><td>

NHSE has confirmed that national antibiotic targets will not be changed for the 2022/23 financial year.

In view of the increased usage of anti-biotics, the ICBs Prescribing Committee has supported taking a historic approach, used in previous years of waiting until the end of the financial year and reviewing the entire years data and adjusting targets with the oversight of a full year's data to support making a fully informed decision that will balance guarding income for GP practice*es and a continued focus on safe and appropriate prescribing of the following:

- Annual antibiotic Items Per STAR-PU - (12 month rolling average) – antibiotic prescribing is currently higher than previous years. Review once 2022/23 data available and adjust based on pressures impact as required.

- Proportion of Co-amoxiclav, Cephalosporin & Quinolone Items as a proportion of all oral antibiotics - (12 month rolling average) – broad spectrum antibiotics not recommended for strep A sore throat. remain reserved for specific indications so unlikely to have a positive impact due to hight use of first line antibiotics. Review once 2022/23 data available and adjust based upon winter pressures impact as required.

</td></tr>
<tr><td>Enhanced Hours Access (EHA)</td><td>

PCNs were offered the option to provide flexible Enhanced Access appointments until 31 January 2023.

- Move away from delivery to all population, as required in the specification to ring fencing some capacity specifically for children
- To provide more face-to-face appointments to assess children through a reduction in the overall minutes to be delivered.
- The ICB is also currently considering the feasibility to enable urgent appointments to be booked into EHA (on Saturdays)

if PCNs are under on their delivery of clinical minutes in a month they are able to make this up in the current month or the following month which gives them some flexibility in 2023/23

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Acute Respiratory Infection Hubs (ARI Hubs)	• NHS England has provided the ICB with additional winter funding of £658k to commission ARI Hubs until 31 March 2023. The ICB has commissioned ARI Hubs across each of the four BLMK places. • The intention of the hubs is to reduce flow into secondary care, but primarily to also release time for core general practice to support those patients who will benefit from the continuity of care that seeing their local GP Practice Clinical Professional brings.
Primary Care Network (PCN) Development Funds	• The ICB has allocated an additional £460,000 of funding available to our 23 PCNs. The ethos of the funding is to provide time-limited support to 31 March 2023. The ICB will make the first payment to PCNs in February 2023 following receipt of completed Memorandum of Understanding and plan on how PCNs will utilise the funding

Additional Long Term Condition Support to Practices:

1. Optimisation of CVD

Funding provided to 20 (deep end) practices to support optimisation of CVD for secondary prevention, reducing health inequalities – total of £100,000 across twenty practices

2. Funding to support BP recording in people with hypertension in GP systems

The ICB provided 3,000 blood pressure monitors to practices last year, this was an additional investment of over £180,000. BLMK is now investing additional funding in 2022/23 to support practices with BP recordings in people with hypertension as outlined in appendix 1. Payment will be at least £3.55 to £5.52 per patient depending on the practice postcode and deprivation score. This additional funding will be paid to practices at the end of this financial year. No reporting required; this will be undertaken centrally to reduce workload on practices. This funding is available to all practices unless they advised the ICB they did not want to participate and opt out.

3. Supporting diabetes care processes

Funding provided to all practices to support diabetes care processes. This is an additional £260,000 across all practices, if 80% or more of their population with diabetes are recorded as having all eight care processes completed in 2022/23 financial year, practices will receive £8 for each person who received all 8 care processes.

4. Respiratory management

Funding support across 3-10 PCNs – Sentinel plus project to improve outcomes for adult asthma patients through identification of SABA over-reliance and appropriate implementation of a MART based strategy. A total of £143,000 across 3-10 PCNs.

5. Community lipid clinics
The ICB has mobilised community lipid clinics in each of our four places provided by Evexia, Bedoc and Milton Keynes Urgent Care Service.

In summary

General Practice is currently operating under significant and sustained pressure, and we trust this update will offer assurance to practices and PCNs that your voice is being heard.

Thank you again for all the expert care and commitment, that you and your teams continue to give to our patients at this remarkably busy time.

Yours sincerely

Dr Sarah Whiteman
Chief Medical Officer

Nicky Poulain
Chief Primary Care Officer

Appendix 1

BLMK Hypertension scheme letter (December 2022)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

5th December 2022

To Practice Managers, Primary Care Clinicians, Practice CVD Clinical Leads

Dear Colleagues,

Additional funding to support BP recording in people with hypertension in GP systems

Following the provision of thousands of blood pressure monitors to practices last year, BLMK ICB is investing additional resources to support practices with BP recording in people with hypertension.

Performance in both recording and management of hypertension has fallen compared to pre-pandemic years and are lower than the national average. In BLMK in 19/20, 87.7% of patients with hypertension had a BP recorded compared to 77.4% in 21/22 (England average in 21/22 was 78.5%) and treatment to target (in people aged < 80) reduced from 78.4% to 53.4% (England average in 21/22 was 57.0%).

Furthermore the gradient between the most deprived and least deprived quintiles has grown wider, increasing from an absolute difference of 2% to 3% for monitoring of hypertension and from 5.1% to 6.3% for treatment to target. These are all considerably in excess of the gradient seen nationally between most and least deprived populations of 0.5% and 1.5% for monitoring and management of hypertension respectively.

To support recording of blood pressure in people with hypertension in GP systems, BLMK ICB are therefore providing additional payments in the financial year 22/23, weighted by deprivation, as follows:

- To start qualifying for payment, a practice must have reached 65% of patients with hypertension having had a BP recorded this financial year (1st April 2022 to 31st March 2023)
- After the 65% threshold has been passed, the practice will receive a payment for each additional patient with hypertension who has a BP recorded this financial year, until they have reached 90% achievement.
- Any activity between the 65% and 90% thresholds that has already taken place this year will qualify for payment.
- Clinic BP readings, average home readings or BP measurements from other settings (such as community pharmacy) are suitable and qualify for this scheme/payment as long as they are recorded on the GP clinical system
- For clarity, only activity within the 65% and 90% thresholds will count for payment. After the 90% threshold has been reached by a practice, no further incentive payments can be gained under this scheme this financial year
- This payment will be at least £3.55 to £5.32 per patient, depending on the practice postcode deprivation score

Given the late stage in the financial year, the majority of practices have already reached 65% of people with hypertension having had a BP recorded so far, meaning they have already qualified to receive payment.

Payments will be made at the end of the financial year based on achievement. No reporting is required by practices as this will be done centrally. Deprivation weighting is based on the deprivation score of the practice's postcode, weighted to provide a 50% uplift for the practice with the greatest deprivation score. The minimum incentive payment per qualifying patient for each practice is detailed in Appendix B. These payments may be increased above the minimum stated depending on overall performance across BLMK.

Further detail on the scheme is attached at Appendix A and B. If you do not want to participate, please opt out by emailing matthewdavies@nhs.net by 19th December 2022.

Yours sincerely,

Dr Chirag Bakhai	Amanda Flower	Matt Davies
Primary Care Strategic Clinical Lead, LTCs	Associate Director, Primary Care Commissioning and Transformation	Lead CVD Pharmacist Implementation Lead

Appendix A **Summary of Scheme** **Percentage of patients aged 18 and over with GP recorded hypertension, who have had a blood pressure reading within the preceding 12 month**	
Rationale for inclusion	BLMK ICS is one of the poorest performing systems for hypertension management within England. Hypertension management within BLMK is strongly associated with health inequalities, with a significant gradient in proportions of people with hypertension treated to target between the most deprived and the least deprived quintiles of the population. Practice-level data on people with hypertension in BLMK shows a strong correlation between % of blood pressures checks completed with % of patients treated to target. This suggests that increasing the % of blood pressure checks completed by a practice will lead to improved identification of uncontrolled hypertension, resulting in improved management
Running Period	1st April 2022 – 31st March 2023
Denominator	Number of patients with coded hypertension as of 31st March 2023.
Numerator	Percentage of patients aged 18 and over with GP recorded hypertension, who have had a blood pressure reading within the preceding 12 months as of the 31st March 2023.
Exclusions	Patients on palliative care register
Thresholds	65% (Lower Threshold), 90% (Upper Threshold)
Payment	Minimum of £3.55 to £5.32, depending on deprivation score associated with the postcode of the practice. See Appendix B below for details per practice. Non recurrent funding for the period to 31st March 2023.

Appendix B

Incentive payment per patient for each practice

Place	PCN	Practice	Min. Incentive
Bedford	CARITAS MEDICAL PCN	Ashburnham Rd surgery	£4.85
Bedford	EAST BEDFORD PCN	Cauldwell Medical Centre	£4.63
Bedford	UNITY (BEDFORD) PCN	Goldington Avenue Surgery	£4.08
Bedford	UNITY (BEDFORD) PCN	Goldington Road Surgery	£4.43
Bedford	UNITY (BEDFORD) PCN	Great Barford Surgery	£3.88
Bedford	UNITY (BEDFORD) PCN	Harrold Medical Practice	£3.72
Bedford	CARITAS MEDICAL PCN	King Street Surgery	£4.16
Bedford	EAST BEDFORD PCN	Linden Road Surgery	£4.54
Bedford	EAST BEDFORD PCN	London Road Health Centre	£4.50
Bedford	UNITY (BEDFORD) PCN	Priory Medical Practice	£3.99
Bedford	EAST BEDFORD PCN	Putnoe Medical Centre	£4.18
Bedford	CARITAS MEDICAL PCN	Queens Park Surgery	£4.48
Bedford	UNITY (BEDFORD) PCN	Sharnbrook Surgery	£3.72
Bedford	NORTH BEDFORD PCN	The De Parys Group	£4.17
Bedford	CARITAS MEDICAL PCN	The Village Medical Centre	£3.84
Bedford	CARITAS MEDICAL PCN	Wootton Vale & Shortstown Surgery	£4.00
Central Beds	CHILTERN HILLS PCN	Caddington Surgery	£4.03
Central Beds	HILLTON PCN	Dr A Sulakshana and Partners	£3.72
Central Beds	IVEL VALLEY SOUTH PCN	Dr Baxter and Partners	£3.71
Central Beds	LEIGHTON BUZZARD PCN	Dr Henderson & Partners	£3.86
Central Beds	IVEL VALLEY SOUTH PCN	Drs Carragher Neal & Akhtar	£3.55
Central Beds	CHILTERN HILLS PCN	Eastgate Surgery	£4.05
Central Beds	IVEL VALLEY SOUTH PCN	Flitwick Surgery	£3.68
Central Beds	HILLTON PCN	Greensand Surgery	£3.68
Central Beds	LEA VALE	Greensands Medical Practice Potton	£3.70
Central Beds	HILLTON PCN	Houghton Close Surgery	£3.67
Central Beds	TITAN PCN	Houghton Regis Medical Centre	£4.48
Central Beds	LEA VALE	Ivel Medical Centre	£3.87
Central Beds	CHILTERN HILLS PCN	Kingsbury Court Surgery	£4.11
Central Beds	CHILTERN HILLS PCN	Kirby Road Surgery	£4.07
Central Beds	IVEL VALLEY SOUTH PCN	Larksfield Surgery Medical Partnership	£3.59
Central Beds	LEIGHTON BUZZARD PCN	Leighton Road Surgery	£3.81
Central Beds	LEA VALE	Marston Forest Healthcare	£3.72
Central Beds	CHILTERN HILLS PCN	Priory Gardens Surgery	£4.20
Central Beds	Sandhill	Saffron Health Partnership	£3.83
Central Beds	LEIGHTON BUZZARD PCN	Salisbury House Surgery	£3.88
Central Beds	Sandhill	Sandy Health Centre	£3.93
Central Beds	LEA VALE	The Oliver Street Surgery	£3.74
Central Beds	TITAN PCN	Toddington Medical Centre	£3.74
Central Beds	CHILTERN HILLS PCN	West Street Surgery	£4.09
Central Beds	TITAN PCN	Wheatfield Surgery	£4.51
Luton	MEDICS PCN	Barton Hills Medical Group	£4.09
Luton	MEDICS PCN	Bell House Medical Centre	£4.72
Luton	eQUALITY	Blenheim Surgery	£4.66
Luton	PHOENIX SUNRISERS PCN	Bramingham Park Medical Centre	£4.17
Luton	HATTERS HEALTH PCN	Bute House Medical Centre	£4.72
Luton	OASIS PCN	Castle Medical Practice	£4.46

Luton	PHOENIX SUNRISERS PCN	Conway Medical Centre	£4.70
Luton	HATTERS HEALTH PCN	Dr Mirza & Partners	£4.72
Luton	MEDICS PCN	Gardenia Practice	£4.71
Luton	PHOENIX SUNRISERS PCN	Kingsway Health Centre	£4.77
Luton	eQUALITY	Larkside Practice	£4.29
Luton	LEA VALE	Lea Vale Medical Group	£4.69
Luton	HATTERS HEALTH PCN	Leagrave Surgery	£4.43
Luton	HATTERS HEALTH PCN	Lister House Surgery	£4.58
Luton	PHOENIX SUNRISERS PCN	Malzeard Road Medical Centre	£4.79
Luton	PHOENIX SUNRISERS PCN	Neville Road Surgery	£4.30
Luton	HATTERS HEALTH PCN	Oakley Surgery	£4.48
Luton	PHOENIX SUNRISERS PCN	Pastures Way Surgery	£4.65
Luton	OASIS PCN	Stopsley Village Practice	£4.26
Luton	HATTERS HEALTH PCN	Sundon Medical Centre	£4.17
Luton	eQUALITY	Ashcroft Practice	£4.28
Luton	MEDICS PCN	The Medici Medical Practice	£4.72
Luton	OASIS PCN	Town Centre Surgery	£4.85
Luton	PHOENIX SUNRISERS PCN	Wenlock Surgery	£4.62
Luton	MEDICS PCN	Woodland Avenue Practice	£4.34
Milton Keynes	EAST MK PCN	Ashfield Medical Centre	£5.22
Milton Keynes	ASCENT PCN	Asplands Medical Centre	£3.73
Milton Keynes	SOUTH WEST PCN	Bedford Street Surgery	£4.12
Milton Keynes	THE BRIDGE MK PCN	Brooklands Health Centre	£3.80
Milton Keynes	EAST MK PCN	CMK Medical Centre	£4.38
Milton Keynes	CROWN PCN	Cobbs Garden Surgery	£3.59
Milton Keynes	ASCENT PCN	Fishermead Medical Centre	£4.54
Milton Keynes	WATLING STREET NETWORK PCN	Hilltops Medical Centre	£3.86
Milton Keynes	THE BRIDGE MK PCN	Kingfisher Surgery	£3.77
Milton Keynes	EAST MK PCN	Milton Keynes Village Practice	£3.74
Milton Keynes	NEXUS MK PCN	Neath Hill Health Centre	£4.17
Milton Keynes	THE BRIDGE MK PCN	Newport Pagnell Medical Centre	£3.77
Milton Keynes	NEXUS MK PCN	Oakridge Park Medical Centre	£4.28
Milton Keynes	SOUTH WEST PCN	Parkside Medical Centre	£4.17
Milton Keynes	NEXUS MK PCN	Purbeck Health Centre	£4.41
Milton Keynes	CROWN PCN	Red House Surgery	£4.21
Milton Keynes	NEXUS MK PCN	Sovereign Medical Centre	£4.10
Milton Keynes	NEXUS MK PCN	Stonedean Practice	£3.75
Milton Keynes	WATLING STREET NETWORK PCN	Stony Medical Centre	£3.80
Milton Keynes	NEXUS MK PCN	The Grove Surgery	£5.32
Milton Keynes	ASCENT PCN	Walnut Tree Health Centre	£3.88
Milton Keynes	WATLING STREET NETWORK PCN	Watling Vale Medical Centre	£3.80
Milton Keynes	SOUTH WEST PCN	Westcroft Health Centre	£3.79
Milton Keynes	SOUTH WEST PCN	Westfield Road Surgery	£4.56
Milton Keynes	CROWN PCN	Whaddon Medical Centre	£4.13
Milton Keynes	WATLING STREET NETWORK PCN	Whitehouse Surgery	£3.94
Milton Keynes	NEXUS MK PCN	Wolverton Health Centre	£4.50

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Report to the Primary Care Commissioning & Assurance Committee 16 June 2023
12. Universal Offer ***Personal Medical Services (PMS) reinvestment proposal 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	Amanda Flower Associate Director of Primary Care Commissioning & Transformation
Date to which the information this report is based on was accurate	09.03.2022
Senior Responsible Owner	Nicky Poulain Chief Primary Care Officer

This report has been presented to the following board/committee/group:
Primary Care Delivery Group verbal update on 6th June 2023.
Purpose of this report - what are members being asked to do?
The members are asked the following: 1) **Note** the status update of the programme of work – Appendix 1

1. Brief background / introduction & summary:

The Personal Medical Services (PMS) re-investment proposal has been approved by the ICB Primary Care Delivery Group (PCDG) in October 2022 and previously brought to the Primary Care Assurance Committee (PCAC) in November 2022 and March 2023.

The attached slide deck provides an update to the Committee on both the Universal Offer specification and the agreed method of payment in 2023/24.

2. Are there any options?

The ICB intention is to commission the new universal offer directly from GP practices. Practices will have the option to sign up to the service, deliver at practice level or they may want to consider providing on a PCN basis. If there are any gaps in provision, the ICB will need to consider alternative commissioning arrangements.

3. Key Risks and Issues

- GP Engagement – requires joint working with practices, PCNs and LMCs – a collaborative task and finish group is being established to continue developing the Universal Offer and reviewing the commissioned enhanced services.
- Timeframe for delivery - mitigation - a phased approach to mobilising the Universal Offer specification is being taken.

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

N/A

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

The PMS re-investment budget is included in the baseline delegated budget. There is a commitment to spend the PMS budget, to support a universal offer.

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

Click to view Green Plan

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

- Focusing PMS reinvestment on supporting primary care access to vulnerable groups to address inequalities
- By being evidence based to provide better outcomes for population and improve the health & wellbeing of the population.
- To enhance patient experience, quality, and access to care particularly for more vulnerable patients and those with chronic and long-term health conditions.

7. Next steps:

- Establish the Universal Offer/Enhanced Services collaborative task and finish group
- QIA to be undertaken for services out of scope and review the outcome.

8. Appendices

Appendix 1 – Universal Offer Update for PCCAC

9. Background reading

N/A

Item 12 Appendix 1

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Implementing the Universal Offer Framework

An update to the Primary Care Assurance Committee
9/6/23
Amanda Flower

Background

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- Personal Medical Services investment was ringfenced for 5 years, 3 different legacy schemes in BLMK from previous CCGs, with ‘protection’ in last 2 years (21/22 & 22/23) to limit activities required under COVID/recovery arrangements
  - Milton Keynes £1,416,576
  - Bedford and Central Bedfordshire £3,036,507
  - Luton £851,437
- Plans for change communicated throughout 22/23 - *levelling up*
  - a **Universal Offer (UO) for BLMK offer from April 2023**
  - to commence a **review** of **Enhanced Services**

Update

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- The Universal Offer scheme will be offered for 3 years with an annual review process
- Proposing fixed/block income approach in 23/24 to reduce impact on practice stability (financial)
- The 23/24 offer is funding at the same level as PMS in return for 'best endeavors' to deliver the Universal Offer Specification, this is based on feedback from practices that other options have the potential to destabilise practices/income
- Offered initially for 6 months (Apr-Sept 23) to provide a check point for sign up / activity delivery but will not change for those practices signed up and mobilising / delivering
- The offer in 23/24 is not protection – so if practices do not sign up to the UO then the funding will not continue to be available to that practice
- We are not proposing a move to the UO activity/performance approach for second half of 23/24
- April and May payments have been made and monthly payments will now continue for practices signed up/mobilising
- 23/24 important year to transition / mobilise and establish a true picture of activity baseline
- Committed to a mid year review of the UO specification in September 23
- MDT arrangements in CB & B will continue to be supported
- Enhanced Services impacted by the Universal Offer (MI, Suture Removal, Phlebotomy and Diabetes Care Plans) – 6 months notice and income protection for April-Sept 2023
- Contractual letters have been prepared for distribution to practices
- Agreement to establishing a task group with a GP and Practice Manager from each place to lead further development of the UO and Enhanced Services – Terms of Reference to follow.

Finance

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

SUMMARY	A 2022-23 Payment	B Potential Income under Universal Offer	C Share of Budget on capitation	D Block contract - share of budget on capitation with 50% pace of change
Bedfordshire	3,036,507	2,538,915	2,515,322	2,775,915
Luton	851,437	1,222,371	1,232,798	1,042,118
MK	1,416,576	1,543,234	1,556,399	1,486,487
TOTAL	**5,304,520**	**5,304,520**	**5,304,520**	**5,304,520**

Notes:
A - 22/23 – income under PMS at place – proposed for 23/24 in return for mobilisation of the UO
B –UO Potential Income – caveats/difference due to potential of activity delivery and known constraints
C – Capitation as basis for a block contract to deliver activities in specification (not protection)
D – Capitation as a basis for a block contract - with a 50% pace of change phasing applied which mitigates impact - to deliver activities in specification (not protection).

Schedule of Services

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Service name	Service requirements	
Component 1-Treatment Room Services		**Pop based inc**
Wound Dressings	Delivery of direct evidence-based wound care assessment and treatment	£657.58
Ulcer dressings inc doppler	Assessment and triage for initial and ongoing management, including doppler	£91.07
Sutures and Staples	To carry out the removal of sutures and staples related to third party procedures on request	£589.27
12 Lead ECGs	Practices will provide 12-lead ECGs to their patients	£357.38
LTC Proactive Care	Identification of people with unmet clinical need and requiring further optimisation	£400.00
Component 2-Long Term Conditions		**Achievement**
Diabetes Structured Education	Encourage attendance (and recording of attendance) of structured education	Achievement related
Gestational Diabetes	Improve glycaemic monitoring and follow-up for women with previous gestational diabetes	
Diabetes 8 Care Process	To encourage all 8 care processes to be completed for people living with diabetes	
Hypertension Monitoring	To support recording of blood pressure in people with hypertension	
Asthma management	Reduce the proportion of people with asthma and potential SABA overuse	
Component 3		**Price per activity**
Phlebotomy	To provide a phlebotomy service; all blood sampling for investigations and follow up	£2.50
Component 4-Working at scale		
Spirometry Hubs	To undertake spirometry/FeNO testing	Spirometry £43.00 FeNO £18.00
Ear Wax Removal	Assessment and treatment of ear wax removal	£19.34

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Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 16 June 2023
13. Primary Care Directorate and Primary Care 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.
☒	**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 ☒

Report Author	Jill White Senior Primary Care Contracting Manager
Date to which the information this report is based on was accurate	07/06/23
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 monthly at the Primary Care Interconnectivity Meeting and bi-monthly at the Primary Care Medical Services Delivery Group. The risks associated with the transition work for community pharmacy, optometry, and dental (POD) delegated commissioning are included. It has recently been reviewed in detail with each risk lead as the new financial year starts and a number of changes made which can be seen on register itself.		
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 attachment.		
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 13 Appendix A Primary Care Directorate Risk Register

Risk Ref	Created Date	Risk Owner	Risk Lead	Risk title	Risk Description	Escalate to Corporate RR	Initial Score	Risk Control	Current Score	Action Required	Target Score
CRR 76 Corporate risk register	23/07/2021	Nicky Poulain	Amanda Flower	111 capacity and resilience	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.	Yes	I = 4 L = 4 16	• Fuller programme - urgent and same-day primary care workstream in BLMK • National integrated urgent care (IUC) modelling work is ongoing to support demand profiling • Local IUC modelling and forecasting as part of annual contract planning • Collaborating with commissioners across HUC footprint to identify 111 call demand management schemes and IUC efficiencies • Monthly provider/commissioner meetings with national IUC team Control Owner: Amanda Flower	I = 4 L = 3 12	Planning assumptions to be challenged with providers focusing on finding efficiencies and reviewing investment - contract review meeting taking place with HUC on 30/9 to discuss these issues. Completed: 22/23 contract negotiations now settled. Providers to continue to recruit call handlers to increase capacity COMPLETED: 111 call handling capacity at contracted levels by end Mar 23. Implementation of 111 single virtual call centre (regional call management) - planned go live anticipated May 23 tbc Continue to address variation in same-day access to GP practices Develop the implementation plan to deliver step change required for same day access in general practice as per the Fuller recommendations Map urgent and same-day demand and capacity and current activity flows to inform future commissioning of services Scope & develop a system-wide self-care approach to support our populations with alternatives which will reduce reliance on commissioned services. This will include the development of MiDOS in each place that will be accessible to the population and health and care professionals. Person Responsible: Steve Gutteridge To be implemented by: 30th September 23	I = 3 L = 2 6
R 1	06/03/2021	Nicky Poulain	Lynn Dalton	GP practice resilience	As a result of the multiple factors impacting on BLMK general practices (including fuel bills, national contract negotiations, the increased needs of patients and other demands), there is a risk that practices will become increasingly more vulnerable and less resilient, which may result in access issues, referral variation, reduced morale, reduced workforce, restriction of services delivered, impacted CQC ratings, an increase in acute care access with its resulting financial impact to the CCG, as well as an inability to transform in line with ICS priorities.	No	I = 4 L = 4 16	Workforce Development Programme ARRS recruitment and retention initiatives Releasing Time for Care programme Estates and technology development - working with the national team for offers of phone system to practices/PCNs Further primary care network development GP Resilience Programme Place-based teams RCGP support Digital development with supported training schemes for staff and patients Facilitating practice merger support Pre/post-CQC support PC Quality Dashboard to monitor individual practices which are struggling Focused clinical leadership for access to embed practices'/PCNs' engagement to drive the access task group's work Working with PPGs/Health Watch and ward & town councillors to improve understanding and support for practices who are struggling to meeting patient demand Control Owner: Lynn Dalton	I = 3 L = 3 9	Ongoing use of controls to support general practice across BLMK. CLOSED This risk has partially materialised through a number of contract hand-backs or mergers, access issues and increased use of resilience funding by practices. Elements of the risk remain current - see new risk R 12 Person Responsible: Lynn Dalton To be implemented by: 1st June 2023	I = 2 L = 2 4
R 2	13/03/2021	Nicky Poulain	Lynn Dalton	Practices' capacity to host students Recommend closing - see new risk line 18	As a result of the current resilience issues facing multiple BLMK practices, there is a risk that some practices will not have the resource and capacity to maintain or expand their training / mentorship provision, which may result in a reduction in the number of students training in general practice and impact on the development of the future workforce and the capacity of general practice to innovate and transform in line with ICS strategy.	No	I = 3 L = 4 12	BLMK Training Hub schemes and leads Continued assessment of capacity/support needed Technology has been implemented with ongoing training opportunities Clinical leads in post to support with PC development Training hub placement expansion workstream in partnership with the primary care school Control Owner: Susi Clarke	I = 2 L = 3 6	Continued assessment of situation and use of controls as listed. Ongoing review with primary care school and programme directors Cross reference with estates programme regarding premises capacity CLOSED This risk has materialised and practices are struggling to maintain or expand their training and mentorship provision. This issue continues to be managed via controls identified and feeds into the wider risk of GP practices' ability to transform (R 12). Person Responsible: Susi Clarke To be implemented by: 31 Mar 2023	I = 2 L = 1 2
PCN 1	13/03/2021	Nicky Poulain	Amanda Flower	Variations in patient experience of services across PCNs	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.	No	I = 3 L = 3 9	Place based team support Effective use of ARRS roles Maturity Matrix/BLMK dashboard assessment Clinical leadership support and development training Population Health Management/Business Intelligence outputs Primary Care Strategy ICP, ICS, Partnership Board PCN enhanced access provision from 1 Oct Control Owner: David Picking / Beth Collins	I = 3 L = 2 6	Identify areas of variation and provide targeted support across BLMK: - Matrix working across ICB teams and with HCP partners - BLMK Access Group to share best practice and facilitate peer support - Review to compare and contrast outcomes of maturity matrix - Review outcomes of DES priorities Person Responsible: Place leads To be implemented by: 31 March 2023	I = 2 L = 2 4

PCN 2	13/03/2021	Nicky Poulain	Lynn Dalton	Recruitment to ARRS roles	As a result of system-wide workforce challenges and complications around employment there is a risk that PCNs may struggle to recruit to PCN DES reimbursable roles resulting in patients not benefitting from the additional capacity and PCNs having less capacity to deliver the PCN DES specifications.	No	I = 3 L = 4 12	• Support and relationship management from PC team including resources (materials/ skills/ expertise) available from training hub • Continued work with wider provider partners to offer scaled and resilient solutions • Support from CCG to work up PCN workforce plans • Primary Care Careers commissioned to support all PCNs with recruitment processes • Encourage PCNs to diversify workforce profile • PC training hub supporting onboarding, CPD and FCP roadmap • Increasing supply chain eg nursing associates, student clinical pharmacists Control Owner: Lynn Dalton	I = 3 L = 3 9	Continued support provided as per controls Work with regional team to review trust rotational models Month on month place WTE reporting CLOSED This risk has materialised and PCNs are struggling to recruit to the full range of staff roles. This issue continues to be managed via controls identified including work to transform the way services are delivered and feeds into the wider risk of GP practices' ability to transform delivery of services (R 12). Person Responsible: Susi Clarke To be implemented by: 31 Mar 2023	I = 2 L = 2 4
R 3	11/05/2021	Nicky Poulain	Lynn Dalton	Potential GP staff staff burnout Recommend closing - see new risk line 18	As a result of the increasing asks of general practice across BLMK and post-lockdown backlogs to be addressed there is a risk that there will be an increasing level of staff 'burnout' resulting in increasing resilience issues with practices, low morale and a rising level of vacancies.	No	I = 4 L = 3 12	BLMK Primary Care Team support and representation at system level Primary care involvement in system transformation Training Hub engagement and support Communications campaign CCG/LMC meetings Access Group Acute Trust Clinical Forums supported by Clinical Transformation Directors Primary care health and wellbeing project well embedded Control Owner: Susi Clarke	I = 3 L = 3 9	Continued implementation of controls Support from place based teams and senior team to address avoidable asks of primary care on an ongoing basis. CLOSED This risk has materialised and GP practices are seeing increasing levels of 'burnout' leading to staff sickness and increasing vacancy rates. This issue continues to be managed via controls identified including a well-established staff wellbeing programme and feeds into the wider risk of GP practices' ability to deliver services more generally (see line 18). Person Responsible: Susi Clarke To be implemented by: 1st June 2023	I = 2 L = 2 4
PCN 3	02/07/2021	Nicky Poulain	Nikki Barnes	Accommodation for ARRS roles	As a result of there not yet being any formally agreed national policy on the funding stream for space to accommodate staff recruited into the PCN ARRS, there is a risk that the CCG will enter into agreements to lease accommodation to alleviate this premises issue, which may result in an impact on the revenue budget, or PCNs may experience operational issues including recruitment & retention challenges relating to inadequate premises capacity which could reduce the value of the ARRS investment funding. **UPDATE Oct 2022** Announcement of national capital funding has been made but does not include recurrent revenue funding so does not alleviate this risk	No	I = 4 L = 3 12	BLMK estates workstream to identify possible solutions for addressing individual PCN needs 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 Ongoing discussions within ICB around management of this risk, including Board seminar 24/02/23 Control Owner: Nikki Barnes	I = 3 L = 3 9	Continue to progress work plan following outcome of prioritisation panel Work closely with place teams to support PCNs to manage operational pressures and explore innovative solutions to constraints CLOSED This risk has materialised as no national funding has been identified for estates provision for ARRS roles. Ongoing associated risks are now managed as part of the wider ICB primary care estates risk - see R11 Person Responsible: Nikki Barnes To be implemented by: 30 Apr 2023	I = 1 L = 1 1
R 4	06/09/2021	Nicky Poulain	Amanda Flower	Access to primary care - rising patient demand	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 of unwarranted variation in access to services at some BLMK practices. This may result in negative patient experience and 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. • 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. • On 24th Nov GP access data was published by the govt. This included total number of appts, number of appts face-to-face, number of appts with a GP/other professionals & number of same-day appts provided.	No	I = 4 L = 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 teams 2. Provision of same day (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. Using a data driven approach our specific access areas of focus are: - Communications campaign (placed based comms to explain current primary care offer launched in Nov 22) • Bespoke support for practices with the most significant access challenge, including access to the NHSE/I acceleratory programme • Supporting workforce recruitment and retention (Training Hub) • Digital/telephony • Community Pharmacy GP Referral Scheme • Facilitating a 'learn and share' approach through the provision of webinars; and the development of a 'top tips' to support practices in delivering access • Work to support the primary/secondary care interface Control Owner: Amanda Flower	I = 3 L = 3 9	Implementation of the Delivery Plan for Recovering Access to Primary Care (PRN00283) in partnership with regional team. Take a transparent data driven approach - develop a dashboard using the national data that is benchmarked Facilitate discussions with practice/PCN/primary care providers to deliver the step change required to improve same day primary care access Support practices/PCNs to implement "modern general practice access" - as stipulated in the DPforRAPC document Continuation of monthly place based communications campaign/approach explaining primary care/general practice Continuation of learn and share events through regular webinars and sharing top tips with practices A programme of practice visits to establish best practice to share to support developments across BLMK Provide bespoke support to practices with most significant challenge including access to national access programmes (intensive, intermediate, universal) Person Responsible: Amanda Flower To be implemented by: 30 November 2023	I = 3 L = 2 6

POD 1	22/04/2022	Nicky Poulain	Lynn Dalton	PC team capacity to take on POD commissioning	As a result of the delegation of primary care pharmacy, optometry and dentistry to CCGs, there is a risk that capability and capacity of the primary care team will be inadequate resulting in a failure to properly manage and monitor the contracts and a possible overspend on the CCG's running cost allowance	No	I = 3 L = 4 12	• AD of Primary Care Development working closely with NHSEI regional team through the transition period • ICB Chief Exec has signed off national delegation agreement for GP contracts from end of year; POD agreement to be signed later this year. • First draft of ICB pharmacy strategy has been developed and circulated to system partners for comment • Optom & pharmacy contract teams to be kept together and hosted by H&WE ICB on behalf of all system ICBs. All remain employed by NHSE at this time. • Dedicated programme management support now in place through regional funding provided to all ICBs • Allocation of dental commissioning staff now confirmed • Collaborative working & reporting MOU has been finalised for pharmacy & optom to underpin commissioning team arrangements from April 2023. • Application of RCA reductions in relation to POD as yet not confirmed by NHSE. Control Owner: Lynn Dalton	I = 3 L = 2 6	Refresh of primary care strategy to encompass commissioning of POD - awaiting ICB clinical strategy Once the dental team have transferred to the ICB: • Mapping of primary care team members' previous knowledge and experience to understand who may already have some relevant skills and knowledge • Review current running cost allowance to ensure adequate capacity within team for this new workstream • Clinical dental advisor advice & support will be required by the ICB Person Responsible: Liz Eckert To be implemented by: 30 September 2023	I = 2 L = 2 4
R 11	21/07/2022	Nicky Poulain	Nikki Barnes	GP premises constraints	As a result of population growth and increased demand for services, along with budget constraints for the ICB and a lack of dedicated estates funding for additional PCN roles, 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 an 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	No	I = 3 L = 4 12	Primary Care Estates Strategy identifies projects likely to be required to ensure adequate primary care premises capacity across BLMK Number of premises projects underway at various stages (delivered / under construction / at planning stage / not yet started) Heads of PC at place maintain good working relationships with local authority partners and provide assurance to overview & scrutiny committees. 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. Ongoing discussions within ICB around management of this risk, including Board seminar 24/02/23 Control Owner: Nikki Barnes	I = 3 L = 3 9	Continue to progress work plan following outcome of prioritisation panel Work closely with place teams to support practices with operational pressures, and support them to explore innovative solutions to constraints Person Responsible: Nikki Barnes To be implemented by: ~~30 April 2023~~ 31 Mar 2024	I = 3 L = 3 9
R 6	22/06/2022	Nicky Poulain	Lynn Dalton	Supervision of new non-medical staff in practices & PCNs	As a result of the increased number of new staff requiring supervision coupled with estates challenges, there is a risk that practices & PCNs will not have enough capacity & capability to provide the support required, which may result in negative impacts on staff retention and patient care.	No	I = 3 L = 3 9	Workforce development programme, specifically: • Additional capacity in training hub team to support practices / PCNs to understand supervision requirements • Personalised care & ACP leads to help drive improvements and increase understanding • 3 primary care nursing legacy roles to help recruitment, induction, mentorship and retention • Quality and expansion programme to increase number of supervisors and educators • Funding for training to become supervisors Control Owner: Susi Clarke	I = 3 L = 3 9	Support to practices to increase supervisory capacity & capability COMPLETED Support to new staff with mentorship, peer support & road map navigation COMPLETED Continued implementation of the controls CLOSED This risk has materialised as practices are struggling with the capacity to provide adequate supervision. This issue continues to be managed via controls identified to ensure patient safety is not compromised and feeds into the wider risk of GP practices' ability transform delivery of services (R 12). Person Responsible: Susi Clarke Deadline: 31 March 2023	I = 3 L = 2 6
R 7	22/06/2022	Nicky Poulain	Amanda Flower	Resilience of out of hours services in Luton & Beds	As a result of the out of hours provider in Beds and Luton struggling to find enough GPs to fill shifts, there is a risk of inadequate out of hours provision to meet patient need, which could result in inappropriate use of urgent and emergency services or patients failing to seek help at all.	No	I = 4 L = 3 12	HUC have been working to improve relationships with GPs and build trust so there is an increased willingness to work for them A programme of additional actions is underway to address root causes of the problem including safety concerns amongst GPs regarding working at the Luton town centre GP out of hours base Control Owner: Amanda Flower	I = 3 L = 2 6	• Examine staffing mix in clinical assessment services to take a more multi-disciplinary approach & free up GP capacity • Assess 111 pathways to safely reduce reliance on clinical assessment. • Look to agree consistent rate escalation processes and rate caps between providers • Use ICB comms channels to raise awareness of OoH opportunities with local GPs • Develop training & mentorship, through PC Training Hub with OoH providers, for interested GPs who may not be confident in OoH work • Increase opportunities for GP trainees to receive their OoH training with local OoH services to improve recruitment and retention • Facilitate closer collaboration between providers to reduce system risk of inequitable access to urgent & same day care • Encourage transparency with OoH pay rates and escalation processes • Use ICB People Directorate experience and resource to build trust between providers and implement plans • HUC to implement GP out of hours modernisation plan across the HUC footprint (rationalisation of workforce and estate) CLOSED As a result of the mitigating actions being completed, in particular enhancement of pay rates in Nov 22, OoH shift fill is now more robust and the risk score has reduced to the target level. This will continue to be managed as business as usual. Person responsible: Steve Gutteridge Deadline: 31 March 23	I = 3 L = 2 6

POD 2	18/11/2022	Nicky Poulain	Lynn Dalton	Quality of POD contracts and processes	As a result of a lack of visibility of the quality of the POD contracts that support the contractual and regulatory management and a lack of contemporaneous contracts, there is a risk that there is more work to remedy the position than the current team transferring can undertake which could result in additional resourcing needs in the short term to rectify, but potentially a greater long term resourcing requirement to manage the contracts in line with the standards of the ICB.	No	I = 3 L = 4 12	AD of Primary Care Development working closely with NHSEI regional team through the transition period Discussions to ascertain the quality of contracts and processes are underway and looking for assurance from NHSE that the issue around contemporaneous contracts will be resolved before the responsibility transfers. Control Owner: Lynn Dalton	I = 3 L = 3 9	Develop a detailed understanding of the quality and process of POD contract management. COMPLETE Ensure that the risk of this is reflected in the MOU for the P&O contracting team so that the risk to the ICB is understood. COMPLETE Review the situation at point of transfer to understand what is outstanding to be addressed. Understand whether the gap in expectation is as a result of capacity or capability and consider how this might be addressed through training. Person Responsible: Liz Eckert To be implemented by: 31 May 2023	I = 2 L = 2 4
R 9	01/12/2022	Nicky Poulain	Lynn Dalton	Industrial action	As a result of industrial action in many parts of the health service, there is a risk that primary care services will be put under additional pressure, which could lead to an inability to meet patients' needs. To note: nurses and other health professionals are direct employees of GP practices, and under the terms of the GMS contract practices are not obliged to offer Agenda For Change terms pay and conditions. The national position is that the GMS global sum does not provide the funding to employ on this basis. Two additional risks have been identified: • impact on the delivery of primary care transformation projects as meetings need to be cancelled when consultants are covering for junior doctors • urgent care providers requesting additional funding to cover the AfC uplift which has been agreed nationally.	No	I = 3 L = 3 9	The majority of nurses who will be on strike are not employed by GP practices as only 2 practices offer AfC to their employees. EPRR teams are working at a regional level to manage the response and includes primary care representation. ICB clinical leads (mainly GPs or their staff) have been asked to use their ICB time to support their practices on strike days to ensure there is plenty of primary care capacity to reduce numbers potentially attending A&E. Enhanced access providers asked to provide additional capacity over the strike days & recovery. AfC pay deal has been accepted by majority of unions. Transformation project timetables have been adjusted to ensure can take forward meaningfully Beds and Luton IUC provider increased staffing to manage additional 111 demand Control owner: Beth Collins / Steve Gutteridge	I = 3 L = 3 9	Continue to link in with the regional response and monitor potential impact on our area Carry out impact assessment of activity levels in primary care on strike days COMPLETED 20/3 and indicates activity levels in primary care not significantly higher than expected Assess requirement for additional urgent care capacity on a case by case basis (some strikes do not significantly impact BLMK). Person Responsible: Beth Collins / Steve Gutteridge To be implemented by: 30 June 2023	I = 2 L = 2 4
R 10	16/01/2023	Nicky Poulain	Lynn Dalton	Ivel Medical Centre contract resignation	As a result of the notice to terminate their contract by the current GP partners, there is a risk that it will not be possible to find a new provider in the current timescales (by 1 June 2023). This could result in the 13,500 patients currently registered with the practice not having access to primary medical services.	No	I = 4 L = 3 12	Procurement plans have been put in place and PIN notice published asking for EOIs for caretaker provider - 4 responses Contingency plans also made Wellbeing and workforce support offered to practice from PC Training Hub Procurement process now complete and new provider mobilising at pace Control owner: Lynn Dalton	I = 3 L = 2 6	Work through procurement project plan and continue to adapt as needed to respond to any new developments COMPLETE Training hub to put paramedic lead in touch with practice ECPs COMPLETE Weekly meetings with outgoing and new providers to ensure smooth transfer of services Person Responsible: Jill White To be implemented by: 31 May 2023	I = 2 L = 2 4
R 12	01/04/2023	Nicky Poulain	Amanda Flower	GP practices' resilience and ability to transform NEW	As a result of multiple factors including: • increasing cost pressures • recruitment & retention challenges • difficulties in maintaining training and mentorship provision • increasing demand from patients (cf R4) • estates pressures (cf R11) 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.			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 Support from quality team including: • Pre/post-CQC support • PC Quality Dashboard to monitor individual practices which are struggling Estates and technology development in line with local and national priorities (including cloud-based telephony) Focused clinical leadership for access to embed practice/PCN engagement and drive the access task group's work Workforce Development Programme including more innovation and transformation, recruitment & wellbeing support Control Owner: Amanda Flower		Ongoing review of controls as outlined in workplans for all teams identified. Person Responsible: Amanda Flower By Mar 24	

Item 13 Appendix B Primary Care Digital Risk Register

IM&T Risk Register

Generated Date	08 Jun 2023 09:13
Risk Criteria	
Project	LIVE - Risk
Risk Lead	Peedle, Mark

IT Services

Prefix	ICB Priorities	Risk Detail	Initial Priority	Controls Detail	Current Priority	Actions Action Details	Target Priority
ITS0001	Growth, Live Well, Reduce Inequalities	Risk Title: Cyber Cause: 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	High (4:3=12)	All Anti-virus and malware patching is complete and up to date All operating systems are regularly updated to the latest version, the latest windows 10 version on 202h and the upgrade... HBL have Geolocation enabled on the firewalls, RU Ukraine and Chinese domains and IP addresses are blocked... HBL ICT ensure all perimeter controls (firewalls on HSCN connections) are in place, fully operational and compliant. All desktop and laptop devices are upgraded to Windows 10 (from legacy operating systems)	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)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee 16 June 2023
14. Report from Estates Working Group

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, Head of System & ICB Estates
Date to which the information this report is based on was accurate	5th June 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 key primary care estates activities/developments.

Executive Summary Report

1. Brief background / introduction:

This report provides a summary of activities and developments. Members of the Primary Care Commissioning & Assurance Committee are asked to note the report.

2. Summary of key points:

2.1 Good progress across a range of schemes, including go-live of the new primary care premises within Grove View Integrated Health & Care Hub.
2.2 PCN Estates Toolkit programme, RAAC assessments and Energy Efficiency Assessments all on track.

3. Are there any options?

N/A

4. Key Risks and Issues

- Risks to delivery of Biddenham new surgery scheme, due to financial viability issues. Escalation plans underway.
- Risks for North Bedford scheme (reprovision of De Parys Group) if there are delays in relocating current tenants from the ESC. Risks being managed within Executive-level Programme Board.
- Risk of loss of S106 funding for Lower Stondon scheme due to practice delays. The practice are aware of the risk.

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

E2, E7, E8.

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

No new financial implications.

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

Click to view Green Plan

Replacement of poor-quality old buildings with modern compliant premises, which will result in improved energy efficiency
Travel planning for each scheme, with a focus on sustainable transport modes as far as possible
The energy efficiency assessments pilot which is underway will support practices to identify options for reducing energy usage (and potential for cost savings for practices).

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

Supports delivery of the primary care strategy, which includes greater focus on prevention, targeting reductions in inequalities, targeted Population Health Management approaches.

8. Next steps:

Continued delivery of the prioritised primary care Estates schemes within BLMK.

9. Appendices

N/A

10. Background reading

N/A

HIGHLIGHT REPORT FROM ESTATES WORKING GROUP

25TH MAY 2023

1.0 INTRODUCTION

This report provides a summary of activities and developments relating to Primary Care Estates. Members of the Primary Care Commissioning & Assurance Committee are asked to note the report.

2.0 BLMK-WIDE DEVELOPMENTS

2.1 PCN Estates Toolkit – Clinical Strategies finalised for all 17 of the PCNs who took part in the pilot. Estates Plans developed for four of these (Medics, Hatters, Lea Vale and Phoenix Sunrisers). Work commencing on the Estates Plans for the remaining PCNs involved in the Clinical Strategy work now that the next tranche of funding has been approved by NHS England.

2.2 RAAC (Reinforced autoclaved aerated concrete) Assessments - Funding arrangements now confirmed. Preferred supplier identified and contacted, and a programme of surveys has been agreed with practice engagement. Purpose of assessments is to provide assurance that none of our primary care premises contain this form of concrete, now known to have structural weaknesses.

2.3 Energy Efficiency Assessments - Funding arrangements now confirmed. Preferred suppliers identified and programme of works has commenced. Surveys commenced on 23rd May with positive feedback from practices so far. Objective of pilot is to provide baseline assessment of energy efficiency for the 12 premises involved at this stage, and advice around actions which could be taken to improve energy efficiency (and with the potential to save running costs for the practices).

2.4 Rent Reviews – ICB took on delegated responsibility for managing the rent review process from 1st April. BLMK Process agreed between Estates and Finance team and endorsed by Estates Working Group. Change of responsibility and new contact details have been shared with all practices.

3.0 PLACE UPDATES

3.1 Bedford Borough

3.1.1 North Bedford Programme / Reprovision of The De Parys Group – Business case approval now received from NHS England/DHSC. Key activities underway include:

- Procurement of works, with key interface with Community Diagnostics Centre programme also agreed for Gilbert Hitchcock House
- Continuation of relocation planning for services currently based within Enhanced Services Centre building
- Remobilising legal and sign-off processes for release of the capital funding.

Targeting commencement of works November 2023, with project completion August/September 2024. Time-scales to be finalised once procurement is complete and programme agreed with contractor by Autumn 2023.

3.1.2 Kempston Programme / Reprovision of King Street Surgery – First drafts of governance structure for programme and specification for procurement of specialist resources to develop OBC have been produced. Quote for additional resource within Estates team to oversee the development of the OBC has been obtained. Initial comments now need to be reflected in next version for further review and comment from partners. Funding for procurement has previously been transferred to the Council.

3.1.3 King Street – Kempston Health Centre Scheme - Costings and designs have been received via the NHS Property Services (PS) Construction team. Awaiting change in occupancy charging information from NHSPS and have started process for release of Section 223 funding and finalising PID (mini business case).

3.1.4 Great Barford - Governance structure for project being developed jointly with Bedford Borough Council, details of professionals with experience of designing primary care premises, and specifications shared with Council colleagues. Funding for procurement has previously been transferred to the Council.

3.1.5 Biddenham - Risk remains due to financial viability challenges, due to economic changes last year. District Valuer undertaking appraisal analysis, report was expected late April but not yet received. Revised appraisal has been received from developer but does not meet ICB expectations. Further discussions taking place with partners.

3.1.6 Wixams – Awaiting revised costings from developer's agent for health facility inclusion in town centre reserved matters planning application, with the potential to fund using S106 money to help prepare the project for delivery at a later stage.

3.2 Central Bedfordshire

3.2.1 Grove View Integrated Health & Care Hub – Priory Gardens Surgery moved into Grove View over the weekend of 28th April and started seeing patients on 2nd May. Patients are reported to be very happy with the new location.

Lease negotiations are continuing between Chiltern Hills PCN and the Hospital Trust, with a view to the PCN taking up occupation early June.

3.2.2 Ampthill Health Centre – Greensand Surgery/Oliver Street - Costings and designs have been received via the NHSPS Construction team. Awaiting change in occupancy charging information from NHSPS and have started process for release of Section 223 funding and finalising PID (mini business case).

3.2.3 Leighton Buzzard Feasibility Study – Feasibility Study now complete and has been shared with stakeholders. Public-facing summary and press release was published on 17th May. Next steps will be agreed with local and national partners at the follow-up meeting mid-June.

3.2.4 Shefford Health Centre – Discussions are continuing with NHSPS and the practice around reallocation of rooms within the building to enable the practice to effectively swap administrative space for more clinical space within the existing cost envelope.

3.2.5 Asplands - Practice obtaining updated costs from contractor, to ensure full project can be completed within S106 available funding. Practice and project team have met and updated costs are expected very soon. Practice plans to start the internal re-configuration work in July with preparatory groundwork commencing in June.

3.2.6 Lower Stondon – The business case to use S106 for extension and re-configuration of Lower Stondon surgery was approved in August 2022. There was expectation this project would move forward at pace because of the Practice, Parish Council and resident pressure on the ICB to sign off approval for the proposal.

Post approval engagement attempts with the practice were challenging. In February 2023 the ICB received written confirmation that because of some wider business changes taking place in the practice, the practice had engaged a surveying company to market the surgery to investors, with a specific remit for the new owner/Landlord to extend the surgery using S106 monies.

Lease draft Heads of Terms (HoTs) are now with the District Valuer. In due course a sale and leaseback proposal will be submitted to the ICB.

There are risks of losing some significant amounts of S106 that the Council earmarked for, but not formally allocated to the project, due to Practice delay in committing to the project. Additionally, the extension/reconfiguration planning permission expires 11th June 2023, with the Surveyor stating they will address the permission issue.

An updated PID/business case to reflect the change in circumstances has been requested from the Practice.

3.2.7 Cranfield New Surgery – Negotiations around proposed lease arrangements continuing, with further information provided to Central Bedfordshire Council around expected treatment of S106 funding towards the scheme, and impact on rent abatement in line with Premises Cost Directions.

3.3 Luton

3.3.1 Hatters PCN - Have provisionally moved in to Sundon Park Health Centre (SPHC). Meeting on 04/04/23 agreed provisionally that the funding for the repairs and slight reconfiguration would be funded through NHSPS Capital funding for 2023/2024 and this should be authorised within the next 2/3 weeks, although this is still awaited. Once confirmed, work can begin and the contract for lease finalised.

Further patient comms to go out confirming that the site has not closed and the PCN will now operate from the SPHC site.

3.3.2 Medics and Phoenix PCNs - Estates Team supporting both PCNs to extend their occupation arrangements, as per approved business cases.

3.4 Milton Keynes

3.4.1 East MK Scheme - Monitoring Surveyor has reviewed detailed drawings and provided comments back to ICB and MKC/Design Team. Commencing planning for Expression of Interest process with Primary Care Contracts team. High level estimates for service charges expected from MKC early June to facilitate this work.

3.4.2 Watling Vale PCN – Following on from the Estates Team site visit on 29/03/23 with NHSPS, Contractor Builders and PCN/Practice representatives to look at void space for re-configuration to Clinical rooms (4) designs and costings were received back from contractor, Costs for works are to come from Section 106 (West Northants). PID partially completed. Process started for release of Section 106 once authorised. NHSPS need to provide change in occupancy costs before PID completion.

3.4.3 Water Eaton – ICB supporting Practice to agree to terms for taking on void space in building. Site visit in April confirmed rooms were already in Occupation by the Practice, but with no formal notification due to disputes with NHSPS on Charges and Services.

3.4.3 Westfield Road Extension - Practice in liaison with MK Council around available S106 funding. Links to a wider discussion about how the S106 available for the Bletchley area is prioritised. Awaiting further discussions with MK Council. In the meantime, the practice has indicated they will need to draw down S106 funding in tranches to support professional fees.

4.0 Risks

The key Primary Care Estates risks for noting by the Committee are as follows:

- Risks to delivery of Biddenham new surgery scheme, due to financial viability issues. Escalation plans underway.
- Risks for North Bedford scheme (reprovision of De Parys Group) if there are delays in relocating current tenants from the ESC. Programme is also running with significant delays and cost pressures due to the delays in FBC approval. Risks being managed within Executive-level Programme Board.
- Risk of loss of S106 funding for Lower Stondon scheme due to practice delays. The risk is outside the control of the ICB; the practice are aware of the risk.
- Risk around ability to agree a satisfactory lease proposal for the Cranfield new surgery. Negotiations are continuing with partners.

5.0 Recommendations

Members of the Primary Care Commissioning & Assurance Committee are asked to note the Estates report.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 16th June 2023
15. Primary Medical Services Budgets 2023-24

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	24th May 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), Amanda Flower (Associate Director, Primary Care Commissioning & Transformation) and Stephen Makin (Deputy Chief Finance Officer)
This report has been presented to the following board/committee/group:
Primary Care (Medical Services) Delivery Group (PCDG) on 6th June 2023

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

A) The members are asked to **note** the Primary Care (Medical Services) Delivery Groups approval of the Primary Care Budgets for the 2023-24 financial year.
B) The members are asked to **note** the risks to delivery of a balanced financial position.

1. Brief background

A more comprehensive General Medical Services 2023-24 budget paper was presented to the Medical Services Delivery Group for discussion at its meeting on 6th June 2023. The following is a summary of that paper.

The ICB GMS Delegated Allocation for 2023-24 has recently been published together with the details behind the General Medical Services Contract and Primary Care Network payments for the coming year. The ICB allocation is £173,457k and includes additional investment committed within the General Practice Forward View five-year plan.

Indicative allocations have also been published for non-recurrent Primary Care Service Development Funds (SDF) and the ICB planning round has prepared budgets for other primary care services.

Some risks have been identified in maintaining a balanced position. It is expected that these can be managed through close budgetary monitoring and other mitigations including efficiencies and slippage. A particular risk is on prescribing. The ICB is aware and will need to manage this risk across the full ICB financial position.

Pharmacy, Ophthalmic and Dental (POD) services were delegated to the ICB this year and allocations have now been received. A full budget paper will be presented to the POD Delivery Group on 26th June.

In summary the 2023-24 budgets are:

ICB EXPENDITURE ANALYSIS	Budget £000	Of Total ICB %
Primary Care		
Co-Commissioing	173,457	9%
Service Delivery Funds (SDF)	3,201	0%
Other (GPIT, LIS, etc)	8,617	0%
Same Day Access	23,515	1%
Total GMS	**208,790**	**11%**
Prescribing	143,172	7%
Primary Care (POD) Services		
Pharmacy	16,166	1%
Ophthalmic	9,238	0%
Dental	59,772	3%
Total POD	**85,176**	**4%**

2. Summary of key points:

2.1 Budgets have been set to fully utilise primary care allocations or to meet the ICB's 2023-24 financial plans.
2.2 Except for prescribing, it is anticipated that financial risks to overspending will be manageable across the primary care services.
2.3 A significant risk exists around prescribing. Should this materialise, the ICB will need to manage the overspend across its entire service expenditure.

3. Are there any options?

None

4. Key Risks and Issues

Whilst it is expected that the majority of primary care expenditure for 23-24 will be managed within allocations and budgets set, a significant risk of overspending against prescribing budget remains. The ICB will need to manage this risk within its entire expenditure portfolio. The prescribing position will be monitored closely.

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?

None at present. Budgets have been set consistent with the balanced ICB financial plan submitted to NHS England in May 2023.

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 primary care budgets for 2023-24.

9. Appendices

A: Budget Setting for 2023-24.

10. Background reading

None.

Proposed 2023-24 Primary Care Services' Budgets

1.0 Introduction

1.1. Allocations for the ICB 2023-24 have been confirmed and published. BLMK ICB Delegated Primary Care baseline allocation is £173,457k which includes additional funding to reflect the General Practice Forward View (GPFV) five-year commitment to increasing investment in primary care services.

1.2. Indicative allocations have also been published for non-recurrent Primary Care Service Development Funds (SDF) and the ICB planning round has prepared budgets for other primary care services.

1.3 Pharmacy, Ophthalmic and Dental (POD) services allocations totalling £85,176k have also been received.

2.0 Delegated Primary Care Budget 2023-24

Broad Planning Assumptions

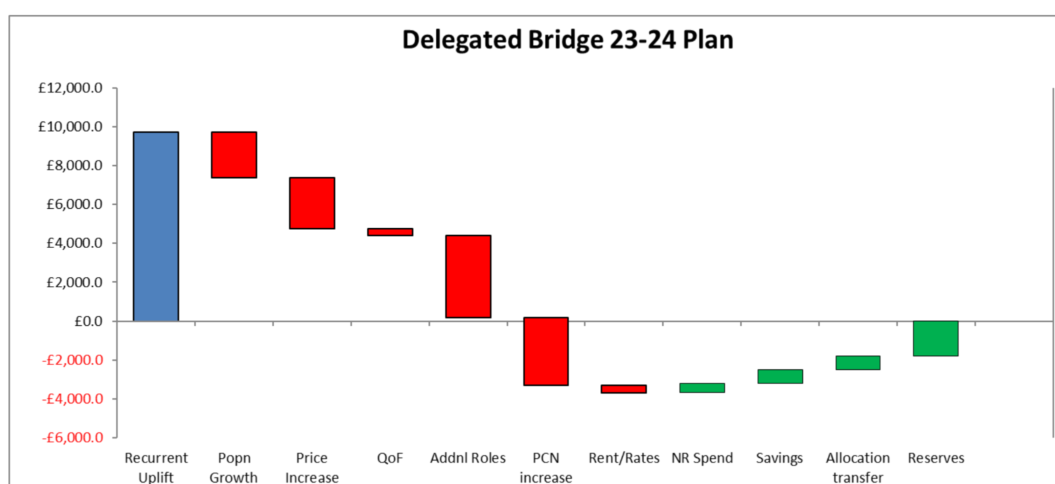
2.1 The 2023-24 primary care budget has been prepared based on 2022-23 expenditure trends and the recently published requirements of the 2023-24 General Medical Services (GMS) contract and Primary Care Network (PCN) payments.

2.2 Whilst the allocation represents a 6% (£9.7m) on last year's rebased allocation, there are some stepped changes between the years. Additional funding has been given to reflect the full year impact of PCNs taking on enhanced access services and the further investment in Primary Care Network Additional Roles. The GMS contract allowed for a general uplift of 2.7% on global sum. Weighted list size increases on last year and other pressures (e.g., rent reviews, rate revaluation) added further financial pressures.

2.3 The national GMS contract settlement and pressures outlined above has made setting a budget within the allocation difficult. Whilst some budgets have been set at maximum entitlement, it is anticipated that some slippage will arise in year. Consequently, a negative reserves budget has been required in anticipation of such slippage.

2.4 Some small savings were available from non-recurrent spend and contract re-procurements.

2.5 The chart below shows the uplift received and the main application of funds to achieve a balanced budget.



2.6 Applying the national GMS contract settlement gives rise to the BLMK budget summarised below.

BLMK Wide Budget 23-24

Main Description	BLMK £'000
GMS Global Sum	92,605
APMS Contract	13,429
Primary Care Networks	33,267
Direct Enhanced Services	1,235
Premises inc rent, rates, water	12,601
Primary Care Other-mat,sickness leave etc	1,514
Quality & Outcomes	12,989
Prescribing-inc Dispensing	2,694
Other - Universal Offer	5,405
Central Costs inc Sterile products	193
Reserves	(2,493)
Total Expenditure	**173,438**

2.7 NHSE has committed the full investment in PCN Additional Roles but has not transferred all the funding available to the ICB. The budget reflects the baseline resource received (£14.6m) compared to the full funding of £23.1m (up from £16.7m last year) available to BLMK PCNs. The remaining £8.5m for 23-24 is retained centrally by NHSE. ICBs are required to spend their current baseline allocation and once fully utilised, may seek additional funding from NHSE.

2.8 Against the allocation, the BLMK total delegated budget is shown as fully committed and represents 9% of the total ICB planned expenditure.

Delegated Risks and Mitigations

2.9 The more significant financial risks to delivering the full year proposed budget are considered to be:

- **Frailty of general practice:** General practice continues to be under pressure as it emerges from responding to the pandemic and improving access for patients, increasing patient lists, difficulties in recruiting staff and reliance on locum cover. This may lead to practices requesting additional financial support above known and budgeted commitments.
- **Rent reviews.** Good progress was made last year to bring these reviews up to date and increased rents have been budgeted for where known. A few reviews are still to be finalised and there may be others due for review in year. A reduced financial risk compared with last year remains.
- **Additional Accommodation:** PCNs are seeking support for any premises costs associated with their increasing numbers of additional roles staff. The need for additional premises is recognised and supported as is a general pressure on premises. The ICB undertook a premises prioritisation review which required additional investment over the next three years. Actual impact for 23-24 is being assessed but at the moment, any new expenditure in year will need to be funded through non-recurrent means.
- **In Year Slippage:** where slippage on some budgets is anticipated, this may not materialise.
- **Unknowns or Unpredictable Expenditure:** some expenditure (e.g., contract/partner changes, practice mergers, sickness, maternity) is unpredictable and the budget set is therefore an estimate.

2.10 There are some potential mitigations against the risks outlined above:

- **Robust Budget Management**: Identifying in-year slippage as early as possible and forecasting on a prudent basis.
- **Prior year benefits**
  (a) some accruals were made in 22-23 for as yet unknown payments (e.g., Investment and Impact Fund) where the achievement and payment to be made will not be known until July. There is no risk of an overspend/pressure into the current year but may give an in-year benefit once the actual position is known;
  (b) Transfer of some administrative services from NHSE (e.g., rent and rates payments) is suggesting that there may be some non-recurrent prior year repayments due to the ICB for rating appeals. This is being clarified.

3.0 Service Development Funding

3.1 Primary Care Service Development Funding (SDF) allocations have been notified. Whilst some full year funding has been received, other allocations are indicative (e.g., Supporting Mentors) where Q1 has been provided and further funding will be available as expenditure is incurred above Q1. Several individual funds given last year have been merged into a single Primary Care Transformation allocation (£2.8m) to enable the ICB some flexibility to best utilise and target this funding. This has been apportioned out to specific schemes.

Table below summarises the SDF 2023-24 plan.

Service Development Funds	2023-34			
	Full Year Alln £000	Received £000	ICB Budget £000	Purpose of Allocation
Fellowships Gp				
Fellowships Nurse				
Fellowships Total	£589	£147	£147	
Supporting Mentors Scheme	£139	£35	£35	
IT Infrastructure and Resilience	£215	£215	£215	
PRIMARY CARE TRANSFORMATION				
PCN Development Funds			£460	Supports develeopment of PCNs.
Digital First Support			£238	Support team and video consultaion sotware to support delivery of health equality by increasing awareness of existing services that will increase digital inclusion
GP Transformational Support			£0	
Local GP Retention			£197	
Flexible Staff Pools			£65	Lantum is a workforce management platform that makes it easier for healthcare providers to mobilise their workforce, and for clinicians to work more flexibly.
Practice Resilience			£132	
Training Hubs			£644	Team costs attached for 2023-24 for the support of the training hub initiatives
Online Consultation Systems			£300	On going support to practices' systems
Estates Planning & Business Case			£0	
Practice Nurse Measures			£0	
Leadership & Management			£710	To transfer to Delegated budget
Other			£58	
	£2,804	£2,804	£2,804	
TOTAL	**£3,747**	**£3,201**	**£3,201**	

3.2 No significant risks to overspending have been identified at present. Budget management throughout the year will ensure that all funding is utilised as fully as possible.

4.0 Health Education Funding (HEE)

4.1 Last year HEE allocated some funds to help with the workforce programme but this year HEE has been subsumed within NHSE. There has been no indication of extra funding to be provided by HEE/NHSE.

5.0 Prescribing

5.1 2022-23 saw significant financial pressures emerging due to drug price changes, supply issues and increased volume of prescriptions. Increased energy costs impacted upon the Home Oxygen Service. The extent to which these will continue into 23-24 is unclear and nationally NHSE has anticipated that these pressures will start to decrease.

ICB EXPENDITURE ANALYSIS	Budget £000
Doctors Drugs	136,006
Central Drugs	4,993
Home Oxygen Service	2,173
Total Prescribing	143,172

5.2 The ICB planning round has attempted to balance the 22-23 run rate and risk of the pressure continuing against the national planning assumptions and guidelines. Apart from a general inflationary uplift, the ICB has made some additional funding available to mitigate pressures seen last year. However, a significant risk of expenditure exceeding the budget available remains. The ICB is aware of this and will be required to manage this risk across the entirety of the ICB budgets.

6.0 Other GMS Primary Care Services

ICB EXPENDITURE ANALYSIS	Budget £000
Local Incentive Schemes (LIS/LES)	2,459
Primary Care IT	4,479
Primary care Investments	41
Other GP Commissioned Services (includes PLT and training, Safeguarding reports and Social Prescribing budgets)	1,638
Same Day Access (inc Urgent Care Centres, Walk in Centres, Out of Hours and NHS 111)	23,515
Total Primary Care (Other)	32,132

6.1 Budgets have been prepared based on last year's levels of expenditure and, in some cases, anticipated additional activity or costs. Discussions with providers to finalise Same Day Access values for the coming year have yet to be concluded.

6.2 At present, no significant risks to overspending have been identified. Budget management throughout the year will ensure that all funding is utilised as fully as possible.

7.0 Pharmacy, Ophthalmic and Dental (POD) Services

7.1 POD services were delegated to the ICB from 1st April 2023 and allocations received total £85,176k. Aspects of the 23-24 budgets and commitments were undertaken by NHSE prior to 1st April handover. Detailed budgets are being refined and clarity being sought from NHSE on these planning assumptions, particularly any impact across financial years where transactions may relate to prior year. A full budget paper is being prepared for the POD Delivery Group later this month but in summary, the budgets are:

ICB EXPENDITURE ANALYSIS	Budget £000
Primary Care (POD) Services	
Pharmacy	16,166
Ophthalmic	9,238
Community Dental	7,316
Primary Care Dental	40,780
Secondary Care Dental	11,676
Total	**85,176**

7.2 The budgets shown fully commit the allocation and represents 4% of the total ICB planned expenditure.

8.0 Recommendation

8.1 The members are asked to **note** the Primary Care (Medical Services) Delivery Groups approval of the Primary Care Budgets for the 2023-24 financial year. The members are asked to **note** the risks to delivery of a balanced financial position.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Primary Care Commissioning and Assurance Committee 16 June 2023
16. Annual Review of Committee Effectiveness

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	Geoff Stokes, Interim Programme Director – Governance Gaynor Flynn, Governance and Compliance Manager
Date to which the information this report is based on was accurate	3.5.2023
Senior Responsible Owner	Maria Wogan, Chief of System Assurance and Corporate Services

The following individuals were consulted and involved in the development of this report:
Secretariat for Primary Care Commissioning and Assurance Committee via Committee Updates, Attendance Register and Committee Effectiveness forms.
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:
A) **Discuss** the Annual Review of Committee Effectiveness report.
B) **Discuss** any proposals for changes to be made to the Committee terms of reference or ways of working.
C) **Note** that this report will go to the Audit & Risk Assurance Committee alongside reports from other Committees to provide an overall assessment of committee effectiveness.

Executive Summary Report

1. Brief background / introduction:

It is good practice, and part of the ICB's constitution that all Board committees should carry out an annual self-assessment of their effectiveness. Although the Committee has only been in existence since July 2022, it is appropriate to carry out this review immediately after the end of the financial year, so any learning can inform the workings of the Committee for the coming year. This also will enable the Audit and Risk Assurance Committee to take an overview of committee effectiveness (including its own).

2. Summary of key points:

2.1 Appendix B and C have been included in the ICB's draft Annual Report Q2 to Q4 2022/23.

2.2 Also included, as appendix D, are summaries of the discussions held by Committee members under the 'Review of Meeting Effectiveness' item on each agenda.

2.3 Committee members are invited to discuss the report and identify any areas of learning they wish to address for the Committee. In particular, Committee members may wish to compare the report with the terms of reference (included as appendix A), especially in relation to the duties and responsibilities of the Committee to determine if these have been fulfilled.

2.4 Topics for consideration by the Committee should include the following.
- The relevance of the key items covered by the Committee to its terms of reference.
- Membership and attendance at Committee meetings (appendix C).
- Any actions needed from the 'Review of Meeting Effectiveness' items raised at each meeting (appendix D).
- Whether any of the above would result in a recommendation for the Committee's terms of reference to be changed by the Board.

2.5 At its July meeting, the Audit and Risk Assurance Committee will review the output from this item (via an extract from the minutes) for all committees.

3. Are there any options?

A further questionnaire could have been issued to Committee members seeking feedback on effectiveness in 2022/23.

4. Key Risks and Issues

None identified.

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 no direct financial implications.

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

Click to view Green Plan

This report does not directly help to address the Green Plan commitments, however, poorly run committees may miss opportunities to address them.

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

This report does not directly help to address the inequalities. however, poorly run committees may miss opportunities to address them.

8. Next steps:

A collated report from all committees will be taken to the Audit and Risk Assurance Committee in July 2023.

9. Appendices

Appendix A – Terms of Reference for the Primary Care Commissioning and Assurance Committee
Appendix B – Work of the Committee during 2022/23
Appendix C – Committee Member attendance during 2022/23
Appendix D – Feedback provided under 'Review of Committee Effectiveness'.

10. Background reading

Item 16 Appendix A

Primary Care Commissioning and Assurance Committee Terms of Reference V4.0

1.0 Constitution

1.1 The Primary Care Commissioning and Assurance Committee (the Committee) is established by the Integrated Care Board (ICB) as a Committee of the Board of the ICB (the Board) in accordance with its Constitution.

1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The Committee is a non-executive chaired Committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Primary Care Commissioning and Assurance Committee is accountable to the ICB and shall report to the Board on how it discharges its delegated primary care commissioning functions for primary medical services from July 2022 and primary community, pharmacy, optometry and dental services from April 2023.

2.2 The ICB holds only those powers as delegated in these Terms of Reference as determined by the NHS England Commissioning Board.

3.0 Purpose

3.1 The Committee exists to scrutinise and provide assurance to the ICB that there is an effective system of primary care services including medical, pharmacy, optometry and dental services commissioning that supports it to effectively deliver its statutory and strategic objectives and provide sustainable, high quality primary care.

3.1.1 The Committee acknowledges in exercising the ICB's functions (including those delegated to it), it must comply with the statutory duties including:

a) Management of conflicts of interest (section 14O).
b) Duty to promote the NHS Constitution (section 14P).
c) Duty to exercise its functions effectively, efficiently and economically (Section 14Q).
d) Duty as to improvement in quality of services (section 14R).
e) Duty in relation to quality of primary medical services (section 14S).
f) Duties as to reducing inequalities (section 14T).
g) Duty to promote the involvement of each patient (section 14U).
h) Duty as to patient choice (section 14V).
i) Duty as to promoting integration (section 14Z1).

j) Public involvement and consultation (section 14Z2).

k) Delivery of the ICB & Health & Care Partnership strategic objectives for primary care commissioning.

3.1.2 The Committee acknowledges that it is subject to any directions made by NHS England or the Secretary of State to the ICB.

3.2 Role of the Committee

3.2.1 The Committee has been established in accordance with the above statutory provisions to enable the members to, for example, make collective decisions on the review, planning and procurement of primary medical services, dental services and review pharmacy market entry requests through the regional Pharmaceutical Services Regulatory Committee (PSRC) in Bedfordshire, Luton and Milton Keynes under delegated authority from NHS England.

3.2.2 The role of the Committee shall be to carry out the functions relating to the commissioning of primary care services including primary medical, pharmacy, optometry and dental services under section 83 of the current NHS Act.

3.2.3 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Bedfordshire, Luton and Milton Keynes ICB which will sit alongside the delegation and Terms of Reference.

3.2.4 The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.

3.2.5 NHS Bedfordshire, Luton and Milton Keynes to receive assurance from the regional Pharmaceutical Services Regulatory Committee (PSRC) in relation to community pharmacy services including market entry requests

4.0 Membership and attendance

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint no fewer than eight members of the Committee including two who are a Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

4.3 When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

Chair and Deputy Chair

4.5 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If the Chair has a conflict of interest, then the co-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

4.7 Members with Voting rights:

a) Non-Executive Member (Chair)
b) Non-Executive Member
c) ICB Chief Primary Care Officer
d) ICB Chief Finance Officer
e) ICB Chief Nursing Director
f) ICB Chief Medical Director
g) At least three Clinical Representatives who have primary care leadership experience delivering either primary medical, primary dental and primary ophthalmic services or services that may be provided as pharmaceutical services, following appointment of the ICB Partner Members or clinical lead roles. One of these members will be the Deputy Chair of the Committee.

4.8 Other attendees – non-voting

4.8.1 The following non-voting attendees will be invited to attend the meetings of the Primary Care Commissioning and Assurance Committee, as subject area specialists and as pertinent to Agenda items:
a) Associate Directors of Primary Care and Transformation (2)
b) Associate Director of Primary Care Development
c) Associate Director of Medicines Optimisation
d) One representative from each Health Watch (4)
e) One representative from each Local Medical Committee (2)
f) One representative from the Local Pharmaceutical Committees
g) One representative from the Local Optometry Committees
h) One representative from the Local Dentistry Committees
i) One representative from each Health and Wellbeing Boards
j) One or more Public Health Representatives

5.0 Meeting Quoracy and Decisions

5.1 The Primary Care Commissioning and Assurance Committee shall meet in private and public on a quarterly (four times per year) basis (to be determined

by the ICB). Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

5.1.1 Meetings of the Committee shall be held in public, subject to the application of a).

a) The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for the other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Quorum

5.2 There will be a minimum of one Non-Executive Member - Chair or nominated deputy for the meeting, ICB Chief Primary Care Officer or ICB Chief Medical Director, ICB Chief Finance Officer plus one other ICB Executive Board Member.

5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

Decision making and voting

5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

5.5 Only voting members of the Committee, or deputies for members required for quoracy, may vote. Each voting member is allowed one vote and a majority will be conclusive on any matter.

5.6 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

6.0 Responsibilities of the Committee

6.1 The responsibilities of the Primary Care Commissioning and Assurance Committee will be authorised by the ICB Board. It is expected that the Committee will:

a) Review and approve recommendations made by the Primary Care Delivery Group to include:
   i. GMS and APMS contracts (including the design of APMS contracts, performance of contracts, appropriate contractual action such as issuing branch/remedial notices and removing a contract) has been applied.
   ii. The commissioning of newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services").
   iii. Decision making on whether to establish new GP practices in an area.
   iv. Approving practice mergers.
   v. Approving primary medical services incorporation applications.
   vi. Making decisions on discretionary payments.
   vii. Making decisions relating to Primary Care Estates issues.
   viii. Making decisions relating to Primary Care Digital issues.
   ix. Making decisions relating to Primary Care Workforce.

b) Utilise local clinical knowledge to influence the development of and investment in general practice to improve access to services and taking a population health management approach.
c) Develop and commission end to end care and increased autonomy to shape future primary care services including medical, pharmacy, optometry and dental services.
d) Take an active role in driving forward the NHS Long Term Plan.
e) Provide assurance on and manage the budget for commissioning of primary medical services including pharmacy, optometry and dental services (from 2023) in Bedfordshire, Luton and Milton Keynes.
f) Plan, primary medical care, pharmacy, optometry and dental services in the BLMK area in response to population health assessments.
g) Undertake reviews of primary care services in the BLMK area, including primary medical services, community pharmacy, optometry and dental services.
h) Co-ordinate a common approach to the commissioning of primary care services generally.
i) Ensure collaborative working on monitoring and addressing issues of quality in primary care based on the principle of continuous improvement.
j) Agree and put forward the key primary care priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities in care.
k) Oversee and monitor delivery of primary care related ICB key statutory requirements.
l) Review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to primary care, and high-risk

operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner.

m) Oversee and scrutinise the ICB's response to all relevant (as applicable to primary care) Directives, Regulations, national standards, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies (e.g., Care Quality Commission, National Institute of Clinical Excellence), to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
n) Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites.
o) Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place.
p) Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services.
q) Oversee the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
r) Have oversight of and approve the Terms of Reference and work programmes for the group reporting into the Primary Care Commissioning and Assurance Committee (Primary Care Delivery Group).
s) The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.
t) Provide assurance on delivery of the Primary Care Strategy through the BLMK Fuller Neighbourhood Programme.

7.0 Behaviours and Conduct

ICB Values

7.1 Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and Diversity

7.2 Members must consider the equality and diversity implications of decisions they make.

Declarations of Interest

7.3 All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

8.0 Accountability and reporting

8.1 The Primary Care Commissioning and Assurance Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board after each meeting and provide a report on assurances received, escalating any concerns where necessary.

8.2 The Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

8.3 The Committee will receive scheduled assurance report from its delegated group the Executive led Primary Care Delivery Group which will include quarterly assurance reports from the Primary Care Workforce & Education Network Training Hub Steering Group, the Estates Working Group and the Primary Care Contracting Panel. Any delegated groups would need to be agreed by the ICB Board.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members’ appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

10.0 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

10.3 The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

11.0 Responsibilities of the Committee to provide assurance of Delegated Functions

11.1 The Primary Care Commissioning and Assurance Committee is responsible for providing the ICB with assurance in relation to its decisions for the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

i) Decisions made in relation to Directed and Local Enhanced Services and Local Incentive Schemes (including the design of such schemes).
ii) Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices.
iii) Decisions made about 'discretionary' payments.
iv) Decisions about commissioning urgent same day access.

a) Ensuring robust planning for primary medical care services in the area, including carrying out needs assessments.
b) Undertaking reviews of primary medical care services in the area.
c) Providing assurance on contractual compliance and decision making in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the Care Quality Commission where the Care Quality Commission has reported non-compliance with standards (but excluding any decisions in relation to the performers list).
d) Providing assurance and oversight of the management of the delegated primary medical services funds in the area.
e) Ensuring compliance with the Premises Costs Directions (PCD) functions.
f) Co-ordination of a common approach to the commissioning of primary care services with other commissioners in the area where appropriate; and
g) such other ancillary activities as are necessary to exercise the Delegated Functions.
h) Providing assurance on contractual compliance and decision making in relation to the management of poorly performing dental, pharmacy and optometry services including, without limitation, decisions and liaison with the Care Quality

Commission where the Care Quality Commission has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

i) Ensuring robust planning and integration of primary, community and acute dental care services in the area including the utilisation of the Public Health Dental Needs Assessment (DNA).

j) Ensuring robust planning and integration of community pharmacy services including the utilisation of the Public Health Pharmacy Needs Assessment (PNA).

k) Assurance of the integration of pharmacy, optometry and dental services including utilising public health prevention flexibilities within the contractual/framework to support.

Item 16 Appendix B – Extract from ICB Annual Report Q2 to Q4 2022 23

The work of the committee during this reporting period has included:

- Discussed and reviewed the safe delegation checklist and ongoing work to progress the delegation of community pharmacy, optometry and dental contracts to the ICB from 1 April 2023;
- Review of payment and cashflow issues for practices and outlined actions taken by ICB;
- Discussed and assurance provided for primacy care access to refugees, evacuees and asylum seekers placed in BLMK;
- Received assurance that risks relating to the primary care directorate are being identified and managed appropriately;
- Discussed digital and estates risks and received assurance that these are being monitored;
- Received regular primary care estates reports including on the estates prioritisation process and the process, criteria and timeline agreed by the Estates Working Group and agreed the prioritisation of primary care estates schemes;
- Received an update on the progress against the primary care workforce programme strategic workstreams;
- Endorsed progress on relocation of the De Parys Group practice;
- Endorsed the proposed BLMK Fuller Programme to implement national recommendations; supported the approach for the principle of subsidiarity;
- Received primary care transformation plans and updates to drive the integration of primary care within the health and care system;
- Held an extraordinary meeting to review the outcome of the primary care estates prioritisation process as it relates to the primary care revenue budget and for the Committee to decide how best to take this work going forward. The meeting was well-attended with over 80 members of the public in attendance. The process for prioritisation and the outcomes of the process were explained and it was noted that the limited budget currently available to the ICB means that some schemes cannot currently be supported. The Committee:
  - Approved the recommended indicative budget of £1.95m to invest recurrently in primary care estates. £1.54m of this cost relates to schemes already committed / operational;
  - Supported the alternative funding approach for the £1m revenue shortfall for the schemes as outlined by the Chief Financial Officer in the meeting and that primary care budget will be spent on primary care;

- Approved the recommended list of schemes to be supported in principle, including the schemes with marginal revenue impact, even though the scores for some of these were lower than others, noting that individual business cases are required for final approval to be given and should the revenue impact become higher than expected it may not be possible to ultimately approve the business case for these schemes;
- Noted that these proposals enable circa £468k and £472.5k of the business as usual capital to be directed towards primary care estates in 2022/23 and 2023/24, respectively (but note the risk that delays to concluding the prioritisation process may cause some slippage with capital spend between years);
- Requested the Board and Finance and Investment Committee of the ICB to consider making additional revenue available for primary care estates as part of the 2023/24 resource allocation process, noting that a Board seminar on primary care and the development of Fuller neighbourhoods will include discussion of primary care estates as an enabler of neighbourhood working and is planned for 24 February 2023; and
- Recognised that there are other primary care providers with estates needs who are not within the 23. We are committed to working with them and system partners on their needs. We welcome the support and interest from all our partners on this issue and commit to working with all partners at a system and place level and we will continue to escalate the need for additional funding for primary care nationally.

Item 16. Appendix C – Extract from ICB Annual Report Q2 to Q4 2022 23

Members and their attendance are listed in the table below.

Number of meetings between 1 July 2022 and 31 March 2023		4
Role	**Name**	**Attended**
Chair - ICB Non-Executive Member	Alison Borrett	4/4
Deputy Chair - Primary Medical Services Providers Partner Member	Mahesh Shah	2/4
Chief Executive Officer	Felicity Cox	2/4
Non-Executive Member	Manjeet Gill (From 30 August 2022)	3/4
Primary Medical Services Providers Partner Member	Dr Omotayo Kufeji	3/4
Chief Primary Care Officer	Nicky Poulain	4/4
Chief Nursing Director	Sarah Stanley[1] (From 12 September 2022)	3/4
Chief Finance Officer	Dean Westcott	3/4
Chief Medical Director	Dr Sarah Whiteman	3/4

[1] Anne Murray acted as Interim Chief Nursing Director and attended meetings until the Chief Nursing Director commenced with the ICB on 12 September 2022

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Item 16 Appendix D

Summary of Feedback from 'Review of Meeting Effectiveness' Item

Primary Care Commissioning and Assurance Committee

9 December 2023
Papers were very clear, well laid out and presented to the Committee.

11 January 2023
The Chair confirmed that the ICB would undertake a lessons learned review in terms of process and engagement for the decision making on this matter with partners invited to participate. The review to be shared with the ICB Board and fed into a review of ICB governance and its approach to working with partners, members of parliament and the public.

17 March 2023
The Committee Members agreed that the time allowed / taken on each agenda item was sufficient.

Item 17. Primary Care Commissioning & Assurance Committee (PCC&AC) - Meeting held in Public. Annual Cycle of Business 2023/24

	Accountable Person	Author/s	Date of meeting 16.06.23	Date of meeting 15.09.23.	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/Liz Eckert	✓	✓	✓	✓
Integrating Primary Care in the ICS (Fuller Stocktake recommendations/BLMK Fuller Programme)	Associate Director Primary Care Commissioning & Transformation	Amanda Flower	✓	✓	✓	✓
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	Head of System & Estates	Nikki Barnes	✓	✓	✓	✓
Primary Care Digital Programme	Head of Digital	Mark Peedle		✓		✓
Operational - Assurance						
APMS Contracts Re-procurement Plan	Senior Primary Care Contracting & Development Manager	Jill White	✓	✓	✓	✓
Contractual assurance update	Senior Contracts Manager	Lauren Sibbons	✓	✓	✓	✓
Delegated Primary Care Financial Report	Associate Director of Finance	Roger Hammond	✓	✓	✓	✓
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	✓	✓	✓	✓