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 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: 09.12.22.
Time: 1515-1700
Venue: MSTeams

Agenda

No.	Agenda Item	Lead	Purpose	Time
	Opening Actions			
1.	Welcome, Introductions and Apologies	Alison Borrett Chair	-	1515
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 and approve	
4.	Approval of Minutes and Matters Arising			
5.	Review of Action Tracker			
	Strategy & Integration - Assurance			
6.	BLMK Fuller Programme • Progress Update	Nicky Poulain Chief Primary Care Officer Amanda Flower / Alexia Stenning Associate Directors of Primary Care Commissioning and Transformation	Note	1525
7.	Winter Resilience for Primary Care	Amanda Flower Associate Director of Primary Care Commissioning and Transformation	Note	1555

No.	Agenda Item	Lead	Purpose	Time
8.	8.1 Primary Care Workforce Programme • Highlight report 8.2 PCN Workforce Plans	Susi Clarke Primary Care Workforce Programme Lead Primary Care Training Hub Lead	Note Note	1615
Operational - Assurance				
9.	Primary Medical Services Delegated Primary Care Financial Report (September 2022)	Roger Hammond Associate Director of Finance	Note	1635
Governance				
10.	Communications from the meeting	Chair	Discuss	1645
11.	Review of meeting effectiveness	Chair	Discuss	
12.	Annual Cycle of Business	Chair	Discuss	
Closing Actions				
13.	Any Other Business	Chair	-	1655
14.	Date and time of next meeting: ▪ 17.03.23. at 1415-1615 ▪ MSTeams Deadline for papers will be: ▪ 02.03.23.	Chair	-	-

Trust | Respect | Integrity | Accountability | Care and Compassion

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

ITEM 3

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

Extract from Register of Conflicts of Interest
Primary Care Commissioning & Assurance Committee
as at 29.11.22

				Type of Interest								
Surname	**Forename**	**Position within, or relationship with the ICB**	**Interests to Declare**	**Financial Interest**	**Non-Financial Professional**	**Non-Financial Personal**	**Indirect**	**Description of Interest**	**Date From**	**Date To**	**Actions to be taken to mitigate risk**	**Date Declared**
Borrett	Alison	Non Executive Member	No									21/06/2022
Cartwright	Sally	Public Health Representative, Luton	No									22/06/2022
Cox	Felicity	Chief Executive	Yes		Y			I am a registered pharmacist with the GPC (General Pharmaceutical Council) 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 Hospitals FT	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
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Keech	Tracy	Healthwatch MK	No									23/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Director of Clinical Transformation, BLMK CCG	04/08/2020	44742	Role ended N/A	29/07/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			The Bridge PCN Clinical Director	01/04/2021	45016	Exclusion from direct decisions affecting PCNs	11/05/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, NHS Confederation Primary Care Network	07/07/2019	Current	Exclusion from direct decisions affecting PCNs	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, National Association of Primary Care (NAPC) Council	01/10/2020	Current	Exclusion from direct decisions affecting PCNs	08/09/2022
Poulain	Nicky	Chief Primary Care Officer	No									30/06/2022
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	01/11/1988	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	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, 62 Calverton Rd, Luton LU3 2SZ, 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 Station road, North Harrow, HA2 7SL, co 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

				Type of Interest								
Surname	**Forename**	**Position within, or relationship with the ICB**	**Interests to Declare**	**Financial Interest**	**Non-Financial Professional**	**Non-Financial Personal**	**Indirect**	**Description of Interest**	**Date From**	**Date To**	**Actions to be taken to mitigate risk**	**Date Declared**
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 PCN, 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
Westcott	Dean	Chief Financial Officer	Yes				Y	Wife is Senior Mental Health Transformation Manager at West Essex CCB	01/06/21 on joining CCG	Ongoing	Email 15/6/22 - "Should there be any Mental Health links with West Essex (unlikely)I would of course withdraw from any discussions/decision making	14/06/2022
Westcott	Dean	Chief Financial Officer	Yes		Y			Chair of Board of Trustees - Association of Chartered Certified Accountants Pension Scheme	01/06/2021 on joining CCG	Ongoing	Email 15/6/22 - "The ACCA interest is completely outside of the NHS and will finish at the year end in any event"	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes				Y	Civil partner, Advanced Nurse Practitioner (Walnut Tree Health Centre, Milton Keynes)	2010	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			Stonedean, Practice - Former Partners and current sessional GP	01/06/2007	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				GMC (General Medical Council – Associate – Assessor medical performance	2012	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				AKESO (coaching network) – coach – Executive and Performance Coach	01/02/2020	Ongoing	To be addressed as required	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NHSE – Appraiser (Summative & Formative discussions)	2010	Ongoing	To be addressed as required	14/06/2022

ITEM 4

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 27.09.22.

Time: 1515-1700

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
Alexia Stenning	Associate Director of Primary Care Commissioning &Transformation BLMK ICB	AS
Amanda Flower	Associate Director of Primary Care Commissioning &Transformation BLMK ICB	AF
Dean Westcott	Chief Finance Officer BLMK ICB	DW
Helen Terry	Chief Executive, Healthwatch Bedford Borough	HT
Lynn Dalton	Associate Director of Primary Care Development BLMK ICB	LD
Mahesh Shah	Primary Medical Services Providers Partner Member BLMK ICB	MS
Manjeet Gill	Non-Executive Member BLMK ICB	MG
Marimba Carr	Deputy Director Public Health, Milton Keynes Council	MC
Nicky Poulain	Chief Primary Care Officer BLMK ICB	NP
Parul Karia (Dr)	Medical Director, Beds & Herts LMC	PK
Phil Turner	Chair, Healthwatch Luton	PT
Sarah Stanley	Chief Nursing Director BLMK ICB	SS
Tayo Kufeji (Dr)	Primary Medical Services Providers Partner Member, BLMK ICB	TKU
Tony Medwell	Head of Primary Care Contracting BLMK ICB	TM
Tracy Keech	Deputy CEO, Healthwatch Milton Keynes	TK
Sarah Whiteman (Dr)	Chief Medical Director BLMK ICB	SW

Apologies:		
Cartwright, Sally	Director of Public Health, Luton Council	SC
Diana Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire	DB
Felicity Cox	Chief Executive Officer, BLMK ICB	FC
Fiona Garnett	Associate Director of Medicines Optimisation BLMK ICB	FG
Lauren Sibbons	Senior Contract Manager NHSE	LS
Matt Mayer	Chief Executive Officer, Berkshire, Buckinghamshire & Oxfordshire LMCs	MM
Mike Harrison	Co-Chief Executive, Bedfordshire & Hertfordshire LMC Ltd	MH
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire & Milton Keynes Councils	VH

In attendance:		
Jill White	Senior Primary Care Contracting & Development Manager BLMK ICB	JW
Nikki Barnes	Associate Director of Estates Head of System & ICB Estates BLMK ICB	NB
Roger Hammond	Associate Director of Finance BLMK ICB	RH
Susi Clarke	Pc Workforce programme lead BLM KICB	SC

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No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies (Chair)** Chair welcomed everyone to the meeting. Apologies were received and noted. Chair explained the purpose of the committee was to seek assurance on the commissioning of primary medical services for the people of Bedfordshire, Luton & Milton Keynes. It would have oversight of the decision-making processes, challenge, assess and ensure that any risks are appropriately managed with the controls and mitigations in place to do so. Chair informed the committee that this was a meeting held in public and not a public meeting and therefore any questions were requested beforehand. No questions had been received. Members of the public attending could ask questions via chat in relation to the item being presented or under item 14. The meeting would be recorded for the purpose of the minutes. Members of the public were advised to mute speakers and as the meeting was being recorded, they may wish to turn cameras off. The meeting was confirmed as quorate.	
2.	**Relevant Persons Disclosure of Interests (Chair)** In future meetings the actual register for individual members will be shared but these are currently being collated by the Governance Team. Chair asked members to note: 1. any offers of gifts and hospitality in the last 28 days not registered with Governance & Compliance Team and 2. to declare any relevant interests relating to matters on the Agenda. No offers of gifts and hospitality or interests were declared prior to or at the meeting.	
3.	**Approval of Minutes 08.07.22. and Matters Arising (Chair)** **Committee approved the minutes.**	
4.	**Review of Action Tracker 08.07.22. (Chair)** Chair advised that all actions from the first meeting about the governance of the committee were completed or on the agenda today. **Committee noted the update on 08.07.22. actions.**	
5.	**Terms of Reference (Draft) (Chair)** **5.1 Primary Care Delivery Group (PCDG) & 5.2 Primary Care Commissioning & Assurance Committee (PCC&AC)** At its meeting on 08.07.22. the PCC&AC requested the development of Terms of Reference (TOR) for its executive led sub-group the Primary Care Delivery Group. The development of this TOR led to updates being required to the PCC&AC TOR. Updates approved by the Committee will be subject to approval by the Board. SW and NP agreed to discuss with MG how the Group aligns with the Health and Care Senate. **Committee approved the current draft PCDG Terms of Reference, updates to the PCC&AC Terms of Reference, and noted that both sets of terms will continue to be developed during 2022-23.**	
6.	**Primary Care Workforce Programme & Highlight report (Susi Clarke)** Update on progress against the programme's strategic workstreams; Wellbeing, Education, Training & Development, Retention, Career Development & Equality, Diversity & Inclusion, Leadership & Organisational Development and Attraction, recruitment, planning & supply.	

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Report provided financial allocations, RAG rating and highlighted the critical success factors and risks or challenges for each of the projects / workstreams.

1. Shine Project phase 1 to use the ShinyMind App to support staff and patients. Piloted small cohort utilising the App to train up multi professional teams within practices to have a comprehensive understanding of how this health and wellbeing, resilience and psychotherapeutic App would work with view to prescribing to patients.

   Results of phase 1 pilot were very impactful both in terms of staff wellbeing and retention and positive impact on patients. Business case to go to TILT and progress into phase 2. Health Education England (HEE) have agreed to fund nearly £500k to support roll out of project which would potentially impact 30 practices, 90 staff and over 15,000 patients. Mid to long term evaluation of the project will be shared with the committee.

2. Primary Care Networks (PCNs) currently updating workforce planning submissions. PCNs worked with ICB to review and ensure affordability. Final draft to be submitted next week. To note:
   - NHSE introduced more flexibility to the Additional Roles Reimbursement Scheme (ARRS). PCNs can now also utilise that funding to recruit GP Assistants and a Digital and Transformation Lead.
   - Additional HEE funding to increase First Contact Practitioner (FCP) supervisory capacity and extend number of hours for Paramedic Lead and Physiotherapy Lead.
   - PCNs supported to recruit roles and this capacity, expertise and experience on the frontline will provide wrap around support to engage, embed and retain staff.
3. There is funding to work with two PCNs to develop community pharmacy integrated lead posts – details being worked up.
4. Successful bid to support all primary care workforce with health and wellbeing pilot; also linked in with Dental Committee and community pharmacists and optometrists at an evening event. Plans for workforce team to visit dental practices as part of support.
5. ICB Primary Care Team supporting and sharing resources with urgent primary care providers for recruitment, retention and staff development; also ensuring access to staff digital platform and all commissioned services to support with recruitment.
6. Student pharmacist summer placement programme is in its third year and been so successful it has been adopted regionally. BLMK want to replicate across other professions. Secured 3-4 of pharmacists who completed placements in BLMK.

Challenges/risks in workforce programme:
- need to increase GP Trainee capacity to meet requirements of GP growth; particular challenges in Bedford Borough and team working hard to increase educative capacity
- workload demand and impact on retention and health and wellbeing of frontline staff
- estates capacity: ability to host new roles in practice and across PCNs.

- SC confirmed to PT that the Digital and Transformation Lead role was a Band 8a and capped at one role per PCN. GP Assistant role was a Band 4 and region to quantify numbers available to recruit per PCN.

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	▪ SC confirmed to MG that the apprenticeship strategy group would revisit discussions to broaden the approach on providers gifting of the levy. Red rating reflected capacity of team to progress but noted work with local government on nursing associate apprentices. ▪ Workload and capacity have limited the interest in the Post Graduate Diploma for General Practice Nursing which is funded by Continuing Professional Development Programme for existing staff. Team working with Martha Roberts, Chief People Officer to focus on securing workforce from BLMK community and raising awareness of training offers / careers available. ▪ Due to limited funding the focus of the Shine project at this stage is specifically for general practice (three staff within each practice who are using prescribing platform for patients). All app licences opened to the system and enabled social care colleagues to access. Intention to do at scale with interest from different providers but need time to gather evidence base first. MC stressed need to ensure those who benefit most or whose patients benefited the most are prioritised. ▪ SC and NP confirmed to TKU (i) no guidance yet on recruitment of GP Assistants, e.g., could be recruited from outside existing workforce or via apprenticeship route dependent on needs and workforce aspirations of PCNs and (ii) that additional two roles were within PCN allocation but provided flexibility to use that funding whilst PCNs refresh workforce plans. **Committee noted the Progress outlined in the highlight report and that the Primary Care Delivery Group would be the forum to establish proactively collaboration to facilitate primary care enabled by the Primary Care Training Hub.**	
7. 7.1	**Primary Care Estates (Nikki Barnes)** **North Bedford Hub – Summary of Patient Engagement** Plan to relocate patient facing services from four of De Parys Medical Groups current sites to nearby Bedford Health Village to consolidate their team and service offer at a key hub facility and fully realise benefits of their merger to deliver significant benefits to patients. De Parys are the largest GP practice in BLMK with just under 40,000 patients and a PCN in their own right. Report describes patient engagement process undertaken to support development of full business case for the hub and provide assurance on the active engagement with patients. Survey ran from 25.05.22. to 20.07.22. with 11% of patients responding. Two key themes emerged from useful feedback received: (1) current levels of access for patients and (2) concern over future levels of parking provision and cost. One of the key objectives for relocation is to enable the practice to achieve efficiencies by operating from one site to reduce duplication, increase clinical capacity, offer more appointments and improved access. De Parys have a presence on site already and will be relocated to a larger facility (Enhanced Services Centre, ESC). Currently 18 parking spaces (staff and patients) to be relocated nearer to ESC; working with the practice on priority use of spaces. Transportation strategy developed for this scheme and for wider site which identified 257 spaces. Based on activity modelling for the hub and other services it should be manageable to operate within those spaces with additional supporting measures put in place. Leaflets to be sent to all De Parys patient households showing all available parking provision on site and nearby (free road parking) and bus and cycle routes.	

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Equitable staff permit system to be established with other ICS partners based on site incorporating responsibility to encourage sustainable modes of transport where appropriate.

Commitment to the practice to carry out joint robust review on access and parking within first six months of hub being open. Potential mitigations considered if issues are identified with parking of two large paid for car parks nearby.

Potential negative impacts for patients analysed by feedback, particularly for disadvantaged groups which found a small number of patients felt negatively impacted which warrants further work and engagement to be carried out.

All feedback incorporated into plans and ICB and partners will continue to review and listen throughout the project and beyond to ensure that the scheme delivers benefits for patients.

- Chair questioned designation of parking spaces between staff and patients? Spaces are not designated and are equally available for staff and patients. Utilisation of spaces will be monitored as part of the review.
- NB assured TK that the ICB continued to work closely with site partners to monitor parking and impact for patients to consider mitigations if required through the Bedford Primary Care Hub Programme Board.
- MG suggested 'champions' to look at services once build complete to ensure there aren't teams working separately within a capital build.

Members noted the progress made on the North Bedford Hub project, the outcome and response rate to the Patient Engagement exercise and the actions being taken to mitigate the concerns of the population in relation to the availability and cost of parking.

7.2 **Report from Estates Working Group – Prioritisation Update (Nikki Barnes)**

Due to a significant number of primary care estates schemes across BLMK the ICB need to prioritise to ensure targeted investment resource where it will be most impactful including addressing inequalities and an affordable strategy.

Paper sets out detailed criteria and process developed by the Estates Working Group (EWG) which is shared with the committee for visibility and assurance of process. Discussed and approved at the Primary Care Delivery Group (PCDG) today. Recommendation of a two stage criteria based on level of need, achievability and value of proposed solutions which is built on best practice and the national PCN prioritisation matrix tool.

This will be part of a wider prioritisation process underway across the Integrated Care System (ICS) and will feed into multi-agency hub schemes. System to review estates utilisation to understand how public sector assets are currently being used.

Panel meeting to be held in mid-October to rank order of prioritisation of schemes and review affordability with the finance team. Plan to work within primary care delegated budget; in exceptional circumstances where there may be a need to spend more than affordable within budget it would be raised with the BLMK Finance & Investment Committee. Outcomes of panel to be ratified by PCDG in November and fed back to this committee for awareness.

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Committee discussed and raised following questions / points:

- Members of the Panel will be members of EWG and workforce team. NB asked for suggestions on how to have clinical engagement and manage potential conflicts of interest? LMC supported process and offered clinical input; PK and NB to discuss involvement required. SS, MS and SW also offered clinical support.
- DW supported recommendations and the need to ensure (i) all capital projects were aligned to clinical and operational strategies and affordable from a capital and revenue perspective going forward and (ii) transparency and equity across the system.
- Estate's strategy (2018) to be refreshed as primary care landscape significantly changed.

Committee noted the process, criteria and timeline agreed by the Estates Working Group for prioritising primary care estates schemes and the offer from PK, SS, MS and SW to either provide clinical representation to the Prioritisation Panel or discuss further management of any potential Conflicts of Interest for any clinical representatives.

8. **Proposed BLMK Fuller Programme to implement the national recommendations (Nicky Poulain)**

ICB Board agreed that PCC&AC would have oversight of the programme with the four respective place Boards critical to tactical and operational elements. Importance of the report outlined:

- thriving integrated primary care systems built as locally as possible drawing on the insights, resourcefulness and innovations of residents, patients and their carers, local communities, local government, all NHS teams, CVSE providers and wider system partners, to successfully achieve the four aims of the Integrated Care System (ICS). Place Boards are pivotal with all 23 PCNs aligned to the four places
- move towards a more psychosocial model of care and realignment of health and care system to a population-based approach to address inequalities
- alleviating system pressures – highest priority to agree scaled and streamlined model to deliver urgent same day primary care. Working with Place Boards, PCNs, community and mental health providers, integrated urgent care providers and community pharmacists to improve access offer to patients
- access programme is multi-operational and includes digital, telephony, health and care teams using shared patient notes (total operability by March 2023), improved communications and engagement with patient guides, implementing community pharmacy GP consultation service, improved co-operation with integrated urgent, emergency and 111/999 providers to manage category 3 & 4 calls
- further development of multidisciplinary health/care teams to work with GPs to provide continuity of care to people with more complex needs (proactive and personalised offer)
- integrated neighbourhood (Fuller) teams from PCNs, wider primary care providers, secondary care teams, social care teams, domiciliary and care staff working together to improve health and wellbeing of local communities and tackling health inequalities
- emphasised importance of work at place level but where makes sense have one system view (estates, workforce, digital etc.)
- full plan to be shared at the next meeting and a refreshed and refocused primary care strategy to be developed.

Committee discussed and raised following points:

- Confirmed to TK that all patient records would be accessible across BLMK from March 2023 and that some were already accessible. Digital strategy, information governance and protecting individual's information was key and was shared with ICB public board.

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	Committee noted the proposed programme approach and supported the approach for the principle of subsidiarity. Committee to be kept up to date with the implementation as a standing item.	
8.1	**Report from Primary Care Access Oversight Group (Amanda Flower)** Presented BLMK Access Oversight Group's report to provide assurance and as part of the fuller workstream for access. BLMK on average seeing higher activity and appointments in general practice than pre pandemic and ranks highly in terms of percentage of face-to-face appointments delivered to its population. GP Patient Survey (July 2022) provides areas of focus on patient experience where improvement required. BLMK ICS below national percentage of population rating themselves as having good experience at practice and has a higher percentage of population who describe having difficulties getting through by telephone compared to national average. Data and indicators used as part of the programme include total no appointments offered; % face to face appointments; total number 111 calls from registered population in and out of hours; total A&E attendances. Committee updated on key points of programme: - Dr Monjour Ahmed appointed as BLMK Strategic Clinical Lead for access programme - each place has included a place clinical lead role to focus on access who will work with Dr Ahmed and each other to network and support the programme - multi-pronged approach to support practice access through the place team, ICB management team and practices through place-based arrangements - major communications focus to describe the offer of general practice to the population and stakeholders; monthly briefing with place focus using available data. Engaging with clinicians to provide videos and insights into workings of primary care to support communications - significant part of Fuller recommendations is how to improve access to urgent same day care. Developing transformation plan with clinical leaders and stakeholders for how we deliver offer provided by general practice and commissioned services (111, out of hours services, urgent treatment centres) - programme built around data driven approach and other sources of information on offers practices making to population and how they utilise offers of support (local and NHSE) - developing clear plans for practices with significant challenges (workforce, estates etc) and how they can be supported - GP patient survey: summarised reports shared at place meetings; practices and PCNs reviewing to consider improvements to be made locally and how they can be supported - facilitating sharing of good practice with practice teams through webinars and events chaired by clinicians to launch in October - collaborative working with Training hub to support recruitment and shift fill of clinical roles - continue to work locally to develop GP Community Pharmacy Consultation service (GPCPCS) and engage practices - all work overseen by fortnightly oversight group (ICB management team plus subject matter experts). Bimonthly stakeholder group has representatives from across wider system and takes a deep dive approach on areas discussed - Regular updates through the developed place board structure. ▪ MS questioned scope to consider direct CPCS rather than via GP or 111. It was noted that BLMK ICB comply with the national programme specification. The ICB believe there is an	

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opportunity to consider how we support the population to access directly thereby supporting self-management which is a crucial part of access programme and a part of work taking place with region on what potentially could be done once ICBs have responsibility for pharmacy in 2023. LD to share regional level thinking with MS and colleagues.

- AF to share system comparison using East of England average for indicators where data available in next report.
- Recognised that telephony systems is a priority area for improvement in BLMK. Range of interventions supporting practices with existing phone systems to ensure functionality plus benefit of national programme to introduce advanced telephony. Confirmed to HT not possible to measure repeat/drop out calls on older systems. NHSE have requested ICBs to report back on whether cloud-based telephony in place and proportion of practices with it. Focus on digital developments for telephony and wider digital offer to be presented to the committee.
- Data available for analysis of how and why population trying to access GPs and types of intervention requested. NP confirmed areas of analysis undertaken on mental health, children and frailty and interventions already in place with 111 for direct numbers for care homes and mental health.

Committee noted the primary care access oversight group update and next steps.
ACTION9: Focus on digital developments in terms of telephony and wider digital offer as future agenda item for the Primary Care Delivery Group.

9. **Primary Care and Digital Risk Registers (Jill White)**
Risk registers for the primary care directorate and the digital transformation programmes are shared for assurance that risks have been correctly identified and are being suitably managed.

Updates since paper written:
- Corporate Risk Register 76: System response to 111 resilience and capacity. Monitored by Primary Care register as responsible for implementing majority of actions with system support.
- 600 (practices who do not belong to a PCN) and 601 (change in FCP competency criteria) closed. Implemented all mitigations and reduced risk; managed as business as usual.
- 258 (impact of covid vaccination programme on business as usual) closed. Community pharmacies are now main provider for programme and part of normal business rather than emergency response for GP practices.
- Four new risks 619, 620, 621 and 623 reflect discussions held under today's agenda items.
- 621 closed. Issue resolved by hospital system to enable Evexia to interface on blood results with practices and PCNs.

Committee noted that risks relating to the primary care directorate and digital transformation programme were being identified and managed by the relevant teams and that all risks continue to be logged and monitored in the 4Risk system.

10. **Primary Medical Services Delegated Primary Care Financial Report (July 2022) (Roger Hammond)**
Report for assurance provided a high-level summary of July 2022 delegated primary care financial position.

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	It is the role of the Committee's subgroup Primary Care Delivery Group) to scrutinise finances, discuss risks and make informed decisions in overseeing the delegated budget to promote increased quality, efficiency, productivity and value for money across primary care services. Chair stated that where risks rated red the Committee required understanding and assurance that controls and mitigations were in place. RH explained red rating triggered by overspend and where this was under the control of the ICB and where outside its remit. Red ratings invariably offset by sufficient contingency to manage any unexpected movements in expenditure as the year progresses. This is monitored month on month and any changes would be discussed at the Delivery Group and Committee made aware. **Committee noted the July 2022 delegated primary care financial position.** **ACTION10: Committee to confirm if format and detail were sufficient for assurance or a different approach was required.**	
11.	**Annual cycle of business (draft) (Chair)** **ACTION11: Committee were asked to review and feedback back to LB.**	
12.	**Communications from the meeting to all partner organisations (Chair)** Committee did not identify any additional communications required from this meeting to all partner organisations. Chair confirmed communications discussed under agenda items: Item 7.1. North Bedford Hub: Patient engagement report discussed and will be made available online and shared with all who requested a copy including key local stakeholders and Item 7.3 Estates prioritisation update: estates team will communicate with practices/PCNs for additional scheme information and will update them by the end of September. **Committee noted there were no additional communications to be shared.**	
13.	**Review of meeting effectiveness (Chair)** Chair asked members to feed back on whether the quality of the papers was sufficient to allow them to discharge their duties and the expectations of each paper? **ACTION12: Members to feed back to Chair / LB.**	
14.	**Questions from the Public (Chair)** No questions received from the Public prior to or at the meeting.	
15.	**Any other Business (Chair)** No other business was raised.	
16.	**Date and time of next meeting**: 09.12.22. Meeting held in Public 1515-1700 via Teams.	

Approval of Minutes:		
Name	Role	Date
Alison Borrett	Chair	20.10.22.

DRAFT

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
9	27.09.22.	8.1 Report from Primary Care Access Oversight Group	Focus on digital developments in terms of telephony and wider digital offer as future agenda item for the Primary Care Delivery Group.	Mark Peedle Head of Digital		09.12.22.	Advanced telephony presented to the Primary Delivery Group 08.11.22. & remains part of BLMK Fuller Programme standing item at the meetings.	**COMPLETE: Propose closure at next meeting 09.12.22.**
10	27.09.22.	10. Primary Medical Services Delegated Primary Care Financial Report	Committee to confirm if format and detail were sufficient for assurance or a different approach was required.	All		26.10.22.	No additional feedback received. Format to continue as set.	**COMPLETE: Propose closure at next meeting 09.12.22.**
11	27.09.22.	11. Annual cycle of business (draft)	Committee were asked to review and feedback back to LB.	All		26.10.22.	No additional feedback received. Remains as standing item for ongoing feedback.	**COMPLETE: Propose closure at next meeting 09.12.22.**
12	27.09.22.	13. Review of meeting effectiveness	Members to feed back to Chair / LB	All		26.10.22.	No additional feedback received. Remains as standing item for ongoing feedback.	**COMPLETE: Propose closure at next meeting 09.12.22.**

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report of the Primary Care Commissioning and Assurance Committee
6. BLMK Fuller Programme – Progress 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 Authors	Amanda Flower, Associate Director Primary Care Commissioning & Transformation Nicky Poulain, Chief Primary Care Officer,
Date to which the information this report is based on was accurate	30.11.22
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer.

The following individuals were consulted and involved in the development of this report:
Engagement with the four place boards is underway. BLMK PCN Clinical Directors. BLMK Access Stakeholder Group.
This report has been presented to the following board/committee/group:
As above.

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

1. Brief background / introduction:
The BLMK Fuller Programme is a system programme with the aim of anchoring transformation around our neighbourhoods utilising the 'Place Boards' to implement the recommendations of the Fuller stocktake at place.
2. Summary of key points:
The programme is supported by the ICB Primary Care team and the ICB PMO Team and framed using the following 4 pillars: 1. The development of neighbourhood teams aligned to local communities 2. The provision of streamlined and flexible access for people who require same day urgent care 3. The provision of proactive personalised care and support for people with complex needs and co-morbidities 4. An ambitious and joined up approach to prevention. The BLMK Fuller Programme is accountable to the Primary Care Commissioning and Assurance Committee and will also be overseen by the ICB Fuller Programme Working Group and the BLMK Fuller Stakeholder Collaborative Group. The ICB Fuller Programme Working Group will track progress, resolve escalated issues, and ensure system connectivity including workforce, digital technology, any identified organisational barriers. The BLMK Fuller Stakeholder Collaborative Group will ensure the programme is 'Place' and neighbourhood sensitive, adopting the principle of subsidiarity and meeting the needs of local people to enabling and embed place-based transformation.
3. Are there any options?
These will be identified during the development of the local implementation plans.
4. Key Risks and Issues
These will be identified through implementation.

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?
These will be identified during the development of the local implementation plans.
6. How will / does this work help to address the Green Plan Commitments? Click to view Green Plan
The implementation will work on digital first where appropriate and any estates will be built in line with the Green Plan.
7. How will / does this work help to address inequalities?
Implementation will provide continuity of care for those in Core20plus5.

8. Next steps:
Continue to develop the BLMK Fuller Programme Plan with system partners.
9. Appendices
Appendix A – Map to show Collaboration and Connectivity Appendix B – Plan on a Page.
10. Background reading
NHS England » Next steps for integrating primary care: Fuller stocktake report

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

BLMK Fuller Programme – Progress Update

30 November 2022

1. Background

Following the publication in May 2022 of 'Next steps for integrating primary care: Fuller stocktake report' and the previous discussion at the Primary Care Commissioning & Assurance Committee this report provides an update of our BLMK Fuller programme.

It has been recognised locally and nationally that the Fuller report, whilst not necessarily providing 'new' concepts, provides an extremely useful framework from which resilient, integrated and appropriately scaled primary care can be developed. Strong and stable general practice is the foundation of primary care at scale, system working and the wider NHS.

To support the development of 'Place and Neighbourhoods the BLMK Fuller Programme is being collaboratively designed with system partners, using expertise from the ICB PMO Team, to capture and align the core primary care transformation priorities with the wider system transformation schemes.

Socialising the 'Fuller' report's recommendations has taken place across our system with stakeholders exploring how the recommendations should be applied at system, place, and neighbourhood.

The Health and Social Care Select Committee's report published in October 2022, exploring the future of general practice, highlighted that General Practice at a national level is operating in an extremely unstable environment, which is negatively impacting the development of PCNs and the ability of primary care to play an effective and meaningful role in their local place and system.

Contrary to this national report, all 23 PCNS in BLMK are actively engaged with their respective Place Boards, the Bedfordshire Care Alliance (BCA) and the MK senior Leadership Team.

Although BLMK has proportionately less GPs per head of population we are recognised regionally as implementing local and innovative solutions to attract and retain local GPs and we are also very proactive to develop training PCNs to build multi-disciplinary health and care teams around PCN populations.

2. Scope

Our BLMK Fuller Programme is constructed using 4 pillars:

2.1. The development of neighbourhood teams aligned to local communities

2.2. The provision of streamlined and flexible access for people who require same day urgent care

2.3. The provision of proactive personalised care and support for people with complex needs and co-morbidities

2.4. An ambitious and joined up approach to prevention.

2.1. The development of neighbourhood teams aligned to local communities

The Place Boards are pivotal to developing neighbourhood teams as they provide a central point for collaborative planning and mobilising integrated care; keeping the voice of our residents and patients central to everything we do. Building 'teams of teams', sometimes virtually, around primary care network (PCN) populations or cohorts of people with similar needs retaining a focus to address inequalities is our goal. Prior to and at pace during the pandemic 'virtual' teams have evolved consisting of Voluntary, Community and Social Enterprise (VCSE), and health and care providers. From these developments we have a fantastic opportunity to learn and share and develop.

Examples of embryonic and developing neighbourhood teams include working together to ensure there are 'warm spaces' for residents most affected by fuel poverty; the integrated approach at 'The Lakes Estate in Milton Keynes'; 'Place Based Vaccines in Luton', 'Working Together' in Leighton Buzzard; and the Bedford Primary Care Hub programme.

The ongoing development of neighbourhood teams will include all parts of the health and care and VCSE system in BLMK.

The key milestones that form the foundation of the BLMK Programme Plan for this pillar are:

1.	Map current neighbourhood team 'ways of working' / structures (embryonic or developed) by PCN/Place	Q2 & Q3 - 2022/23
2.	Develop vignettes of current arrangements to demonstrate the potential/opportunity – what does good look like	Q2 & Q3 – 2022/23
3.	Undertake a full stakeholder/provider analysis at place/PCN to identify who will contribute to neighbourhood team	Q3 & Q4 - 2022/23
4.	Map community health service provision around PCN populations to identify unwarranted variation and risks to neighbourhood delivery	Q3 & Q4 - 2022/23
5.	Triangulate the PCN maturity matrix with Fuller Neighbourhood vision to establish readiness	Q3 & Q4 – 2022/23
6.	Agree with partners the blueprint for neighbourhood teams in BLMK that can be used to support place/PCN development/implementation.	By 31st March 2023

2.2. The provision of streamlined and flexible access for people who require same day urgent care

The 'Same Day Urgent Primary Care' (incorporating our Access Programme) pillar of Fuller is well established and developed and has the benefit of dedicated clinical leadership.

It is evident that access to same day urgent care has changed during the pandemic and is continuing to change. 93 practices in BLMK manage flow according to the capability of their infrastructure and their individual capacity. Consequently, this variation impacts the utilisation of 111 and the integrated urgent care offer (clinical assessment service and out of hours service) and activity in Urgent Treatment Centres, Urgent GP Clinics, and 111 and A&E is unpredictable. There are now considerably more calls to 111 during 08.30 - 18.30, when GP practices are open, than pre pandemic and there is continued increase in demand, outside core practice hours.

In November we have launched our 'GP Access communication campaign' across the BLMK system to explain what primary care is and how it is operating with an embedded data driven approach to help our communities understand the true picture. Clinical leadership has been central to this campaign.

On Thursday 24th November the Government launched GP Access Data to the public. This data provides by practice the total number of appointments, the number of same day appointments, the number of appointments face to face and the number of appointments provided by GPs (%'s are also utilised). Our own dashboard is being reviewed and developed given this recent national development.

Discussions have been held, and are ongoing, with PCN Clinical Directors and Primary Care Clinical Leaders and Providers to support the identification of the right approach to a scaled model to provide same day care for the population when they require urgent episodic access.

The key milestones that form the foundation of the BLMK Programme Plan for this pillar are:

1.	To continue dialogue with PCNs and Place Board regarding access to same day urgent primary care.	Q2, Q3 & Q4 - 2022/23
2.	To identify and review current activity, flow, and build a picture of capacity and demand	Q3 - 2022/23
3.	Gap analysis to ensure national specifications are commissioned	Q2 & Q3 - 2022/23
4.	To agree with partners the same day urgent primary care transformation plan across BLMK and present proposals for implementation.	By 31st March 2023

2.3. The provision of proactive personalised care and support for people with complex needs and co-morbidities

Providing the population who are at risk of adverse health outcomes with a named clinician to coordinate the continuity of care they need is quite well developed in parts of BLMK. The developments have focused on those living with Long Term Conditions (including children with neurological conditions), and/or those living with Frailty, those living with and after Cancer, and those known to be in the last 12 months of their life.

As an initial priority we propose to fully map the plethora of current initiatives in the system relating to 'complex care', including a review of their purpose and an assessment of impact on patient outcomes.

The key milestones that form the foundation of the BLMK Programme Plan for this pillar are:

1.	Map current multi-disciplinary team arrangements by PCN that support frailty and complex care in BLMK	Q2 & Q3 - 2022/23
2.	Develop vignettes of current arrangements to demonstrate the potential/opportunity – what does good look like	Q2 & Q3 – 2022/23

3.	Use PHM data to articulate the opportunity to provide personalised care and support to those at risk of adverse outcomes in each PCN	Q3 & Q4 - 2022/23
4.	Map (proactive care) delivery against the national specification for anticipatory care in BLMK and identify/share current good practice	Q3 - 2022/23
5.	Identify the system support required for MDT working using PHM data and PCN priorities – establish dialogue with partners regarding MDT resource and models for delivery.	Q4 – 2022/23

2.4. An ambitious and joined up approach to prevention

Primary Care including Primary Medical Services (GPs), Community Pharmacy, Dental and Ophthalmology all have an essential role to play in preventing ill health (through a Making Every Contact Count approach) and tackling health inequalities.

The initial priority for this pillar is to work with GP Practices and Community Pharmacists to

(i) maximise the offer and take up for Covid and flu vaccinations and an all-age immunisation workstream
(ii) facilitate access to and the offer of cancer screening, health screening, case finding of CVD for long term conditions
(iii) delivery of the NHS Long Term Plan (LTP) tobacco dependency programme and digital weight management programme
(iv) embedding PCN inequalities priorities, to seek partners support, at Place through Place Boards.

The key milestones that form the foundation of the BLMK Programme Plan for this pillar are:

1.	Establish partnership working with staff Public Health teams and staff in the ICB to design a local approach for place-based prevention plans. Support the four place Boards to work with system partners especially VCSE achieve this.	Q2 &Q3, - 2022/23
2.	To map PCN inequality and prevention plans with LA Public Health plans to collaborate to jointly target resources to 'place agreed' priorities.	Q2 & Q3 - 2022/23
3.	Assess variation across PCN populations of low health screening rates, low immunisation rates and how prevalence of primary CVD risk factors.	Q2 & Q3 - 2022/23
4.	Implementation of agreed 'Place' prevention plans with aligned outcome measures.	By 31st March 2023

Further Opportunity - delegation of the Pharmacy, Ophthalmology and Dental contracting function

The delegation of the Pharmacy, Ophthalmology and Dental contracting function from NHSE to ICBs from April 2023 brings with it opportunities in relation to place. Although the contracts will remain nationally negotiated, there will be flexibility for us to add locally commissioned services which deliver services that are aligned to the specific needs of local communities, for example by linking in with neighbourhood teams and improving signposting to local pathways for things like hypertension, diabetes, healthy eating, and smoking cessation. It also gives us more influence in optimising the opportunities set out in the national contracts around prevention and the initiatives they are already delivering in relation to addressing health inequalities through working with them as a system partner.

In summary we intend to use our collective expertise to understand what factors lead to poor health and wellbeing and to work together to tackle these together to have greatest impact.

3. Ensuring a system approach to maximise collaboration and connectivity

The BLMK Fuller Programme aims to facilitate and enable the Place Boards to shape and work with our communities and partners to develop neighbourhood teams.

The Primary Care Commissioning and Assurance Committee will have oversight of the BLMK Fuller Programme and the Programme delivery and integration is supported by both the ICB Fuller Programme Working Group and a BLMK Fuller Stakeholder Collaborative Group. The Terms of Reference for these groups are currently being finalised with partners.

- The ICB Fuller Programme Working Group will track progress, resolve any escalation issues, and facilitate system connectivity.
- The BLMK Fuller Stakeholder Collaborative Group aims to champion and inform the system programme enabling and embedding place-based transformation.

Appendix A is an illustration of the programme arrangements and system connectivity.

The comprehensive programme plan will be available by the end of November 2022 and is being constructed to provide a monthly report that can be categorised by place and workstream. Appendix B provides the current ‘Plan on a Page’ from the current version of the full plan. At future meetings the committee will receive a highlight report(s) to demonstrate achievements against the programme plan.

4. Recommendations for the PCCAC

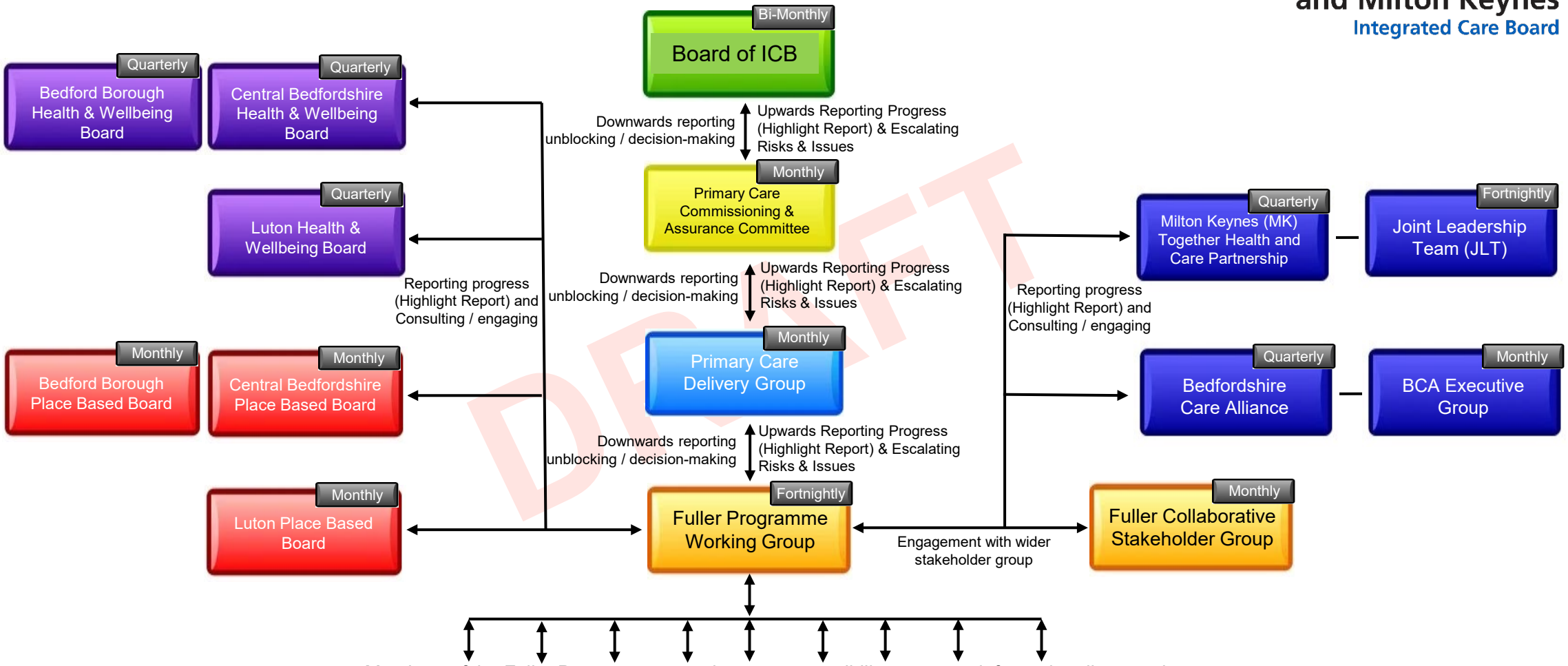
The PCCAC is asked to:

1. Note the proposed BLMK Fuller Programme approach and progress.

BLMK Fuller Programme – Collaboration & Connectivity

Item 6 Appendix A

Bedfordshire, Luton and Milton Keynes Integrated Care Board



DRAFT

Members of the Fuller Programme team have a responsibility to ensure information discussed within the team is appropriately disseminated to interested or influential stakeholders/groups. Equally members also have a duty to feed information back into the Fuller Programme Team from any interested or influential stakeholders/groups, for example the Primary Care Access Group

Item 6 Appendix B

BLMK Fuller Programme - Plan on a Page (updated on Thu 01/12/22)

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

ID	Task Name
1	**BLMK Fuller Programme**
2	**(1) Develop neighbourhood teams aligned to local communities**
3	Lakes Estate pilot expanded to focus on patients with high prescription drug dependency, Stop smoking intiatives and Health Checks
4	Appropriate recruitment of ARRS roles within each PCN accrosss the system
5	PCN Maturity analysis complete for all 23 PCNs
6	Lessons learn gathered in from existing neighbourhood pilots (e.g. Lakes Estate)
7	Stakeholder mapping complete to understand which organisations in each place want to be involved in neighbourhoods
8	Map community health service provision around PCN populations to identify unwarranted variation and risks to neighbourhood delivery
9	Neighbourhood Blue Print developed with system partners
10	Neighbourhood Blue Print Agreed
11	Develop an implementation plan to deliver neighbourhood teams around all 23 PCNs
12	Final neighbourhood Implementation plan
13	Phased approach to neighbourhood implementation across place
14	Neighbourhood teams in operational in each of the 23 PCNs
15	Grove View (Dunstable) Integrated Health & Care Hub open
16	North Bedford Primary Care Hub open
17	Biddenham Primary Care (Mini) Hub open
18	
19	**(2) Streamlined and flexible access for people who require same day urgent care**
20	Develop Urgent Same Day Primary Care Transformation Plan
21	Enable Direct Booking of Appointments into PCNs Enhanced Access services
22	Increase the percentage of 111 contacts that result in a Directly Booked Appointment with their GP
23	Develop MiDoS content
24	Implement pilot of ED Virtual Waiting Room for both A&Es in BLMK
25	Enable Direct Booking of Appointments into Luton Urgent GP Clinic via 111
26	Ensure all UTC's meet the UTC Standards and Principles Guidance
27	Implement 999 to 111 pilot
28	Implement 111 Single Virtual Contact Centre
29	Home First fully implemented in BLMK
30	Mapping of prescribing pharmacists
31	
32	**(3) Proactive personalised care and support for people with complex needs and co-mobidities**
33	Continue to deliver the Enhanced Health in Care Homes programme (Ageing Well)
34	Improvements in Cardio Vascular Disease provision, including hypertension treatment and reducing the prevalence gap for atrial fibrillation
35	Improvements in Respiratory provision including the development of Diagnostic Respiratory Hubs, restarting diagnostic spirometry and introducing FeNO testing in PCNs.
36	Strengthen the Diabetes Prevention Programme and increasing access to Structured Education
37	MDT - Map current multi-disciplinary team arrangements, develop vignettes of current arrangements and use PHM data to articulate the opportunity
38	Increasing Social Prescribing - rolling out of Total Wellbeing Luton High Impact Use Project to Bedfordshire
39	Multiple improvements in Personalisation including additional Full Time Wellbeing Practioners and Social Prescribing Service Enhancements
40	Roll out of a number of Social Care Digitalisation pilots including Whazan Blue Box, Acoustic Monitoring, DOCCLA Onboarding remote monitoring, MiiCare, Razier Chairs and Proxy Access
41	Virtual Wards - 65 beds in MKHCP and 175 beds in BCA open by end of December 2022
42	Virtual Wards - 124 beds in MKHCP and 191 beds in BCA open by end of March 2024
43	
44	**(4) An ambitious and joined up appraoch to prevention**
45	Establish partnership working with Public Health teams and ICB teams to design a local approach for place based prevention plans
46	Mapping PCN inequality and prevention plans with Public Health plans to collaborate to jointly target resources to 'place agreed' priorities.
47	Assess variation across PCN populations of low health screening rates, low immunisation rates and how prevalence of primary CVD risk factors
48	Implementation of agreed 'Place' prevention plans with aligned outcome measures
49	Maximise offer and take up of vaccinations / immunisations (COVID, Flu, MMR)
50	Improve cancer screening uptake (Bowel, Breast, Cervical) addressing CORE20PLUS5 priority areas
51	Reducing Health Inequalities - Luton cancer outcomes project
52	Suporting PCNs to deliver cancer early diagnosis DES requirements with a focus on improving early diagnosis in areas with high deprivation through improving their referral practice
53	Ensure delivery of health checks to our eligible SMI population
54	Delivery of the NHS Long Term Plan Tobacco Dependency programme and Digital Weight Management Programme
55	Improvements in Falls Prevention at place, including Mobilissation of additional falls offers and Integrated Falls Services

Project: BLMK Fuller Programm
Date: Thu 01/12/22

Task, Split, Milestone, Summary, Project Summary, Inactive Task, Inactive Milestone, Inactive Summary, Manual Task, Duration-only, Manual Summary Rollup, Manual Summary, Start-only, Finish-only, External Tasks, External Milestone, Deadline, Progress, Manual Progress

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee
7. Winter Resilience for Primary Care

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**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, Primary Care Commissioning & Transformation BLMK ICB
Date to which the information this report is based on was accurate	30 November 2022
Senior Responsible Owner	Nicky Poulain, Chief Officer Primary Care

The following individuals were consulted and involved in the development of this report:
PCN Clinical Directors BLMK General Practice Teams NHSE/I
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) The current Primary Care specific winter preparation and resilience approach
B) The Primary Care schemes as part of the system winter resilience plans.

1. Background:

1.1 On 26 September a letter **'Supporting general practice, primary care networks and their teams through winter and beyond'** was released. This letter set out 3 key areas of focus designed to bolster primary care capacity and resilience during the Winter months as follows:

I. An ICB framework to rapidly identify needs of practices/PCNs that could be practically supported through the Winter months. These high-level interventions were summarised and submitted to the regional team on 21st October as requested. However, to date there has been no further confirmation of additional winter funding to support taking these schemes forward at pace. The high-level summary of the schemes – a mixture of estates initiatives (16 schemes) and localised digital and transformation schemes (12 schemes) is attached as Appendix A to this paper. Most of the schemes these will be progressing anyway however not at the pace they may have done with the benefit of additional winter funding.

II. Immediate changes to the Network Contract DES

- Introducing further flexibility into the Additional Roles Reimbursement Scheme (ARRS) to develop further capacity through Winter including the addition of a GP assistant role to help reduce administrative burden for GP teams, and a digital and transformation lead role to support patients and practice teams to optimise digital tools and embed transformation.

- Retiring or deferring to 2023/24 four investment and impact fund (IIF) indicators which *recycled* c0.62p per patient for PCNs to utilise specifically to bolster Winter capacity. PCNs have been asked to summarise, by 30th November, their plans to the ICB regarding how this funding will be utilised. To date details of emerging plans include both utilisation of locums and additional hours worked by permanent staff to provide additional appointments to support minor illness management; to provide additional sessions for same day demand; to support patients in care homes; to provide additional capacity for home visiting; and to provide additional capacity for clinics for patients with long term conditions. PCNs have also been asked to confirm by 30th April that this funding provided capacity as per their plans or if this had to be adjusted what was provided and how much additional capacity (clinics/appointments were created. The approach has been 'light touch' as intended to minimise additional administrative burden for PCNs.

- Reducing the thresholds of two IIF indicators and changing the definition of a further two IIF indicators to make them easier to achieve.

- And finally, to reduce the burden for PCNs the requirement for all clinical staff to attend the Personalised Care Institutes e-learning refresher training for shared decision making was removed and the requirement for PCNs to provide their plans for anticipatory care was also deferred until after April 2023 (previously by December 2023).

III. Reducing bureaucracy and primary/secondary care interface.

ICBs were provided with details of key areas of focus where improvements to the primary / secondary care interface would be supportive to patients and general practice. Through the proactive Bedfordshire Clinical Interface Forum (recognised as good practice) this work is being progressed and focus to date has been on improved communication from secondary care to patients and practices; a review of the Trusts access policy to ensure patient access, including DNAs, are appropriately managed; and a review of several processes and pathways which ultimately improve the patient journey and experience and reduce unnecessary tasks for general practice. At Appendix B to this paper is a Draft 'BLMK Consensus Statement' which sets out principles of how primary care and secondary care will work together in our system. Whilst this is being championed by the Bedfordshire Clinical Interface Forum currently this is expected to be adopted and implemented for BLMK (with a 'launch' from January 2023 planned) and the Milton Keynes interface forum, that had been paused during the pandemic, is in the process of relaunching. This work is supported by both LMCs.

1.2 System Winter Planning Assurance Framework

The following transformation schemes are being reviewed and augmented to support primary care and system winter resilience:

- Urgent Community Response (UCR) – increase 2-hour UCR provision by maximising referrals from the ambulance service and other appropriate providers, with the ambition of at least 70% of 2-hour UCR demand to be seen within two hours.

- Maximise coverage of High Intensity User (those who have 12 plus A&E attendances in the previous 12 months) schemes from existing proactive primary care approaches to include referral routes from ambulance, the emergency department, and other relevant providers.

- Ensure the Directory of Service (for 111) is adequately profiled for mental health support / services.

- To ensure that the commissioned Urgent Treatment Centres are working consistently to the maximum national specification.

- Community-based falls response service in place between 8am and 8pm 7 days per week for people who have fallen at home including care homes.

- All UCR services are accepting falls referrals, and that there is full geographic coverage 0800-2000, 7 days a week, of the 9 clinical conditions/needs set out in the national 2-hour guidance.

- Implement the Going Further for Winter Specification for support to Care Homes (through the Enhanced Health in Care Homes framework) and to address unwarranted variation in ambulance conveyance rates from care homes.

- Consider the right approach to implement Acute Respiratory Infection Hubs in BLMK (currently scoping the introduction of 1 per place) - to introduce additional capacity to manage episodic respiratory infections in the community and reduce flow into secondary care.

- To actively engage and support General Practices and Community Pharmacies with seasonal preparedness and operational delivery.

- To support PCNs working with each other and other providers to develop collaborative models to manage specific winter pressures (for example oximetry monitoring for COVID; winter hubs; community and VCS led support for vulnerable).

- To offer intensive hands-on quality improvement support to practices working in the most challenging circumstances (such as areas of high deprivation, areas with highest need or workforce challenges) via the national 'Accelerate' support programme available.

- Promote the use of the following community pharmacy services - the expansion of Community Pharmacy Consultation Service to divert demand away from general practice into community pharmacies – and the Discharge Medicines Service to help prevent readmissions to hospital

- Ensure that eligible patients in their system continue to have timely access to community-based COVID-19 treatment, in line with the requirements set out in the commissioning framework.

All the above schemes are in the later stages of development and implementation, with the exception of Acute Respiratory Infection Hubs, or are fully implemented in BLMK.

A Standard Operational Procedure for Acute Respiratory Infection Hubs is currently being developed with clinical leaders and PCN Clinical Directors. It is likely that 4 Hubs will be developed across BLMK (1 in each place) to introduce additional capacity to manage episodic respiratory infections. This approach is intended to reduce flow into secondary care and release time for core general practice to support those patients who benefit most from the continuity of care that seeing their 'usual' GP/clinical professional brings (In line with the four pillars of the Fuller Programme). The utilisation of this additional capacity by practices will be closely monitored by the ICB team and PCNs.

2. Summary of key points:

2.1 Note the progress in response to 'Supporting general practice, primary care networks and their teams through winter and beyond'.
2.2 Note the progress of transformation in relation to the system winter plan.

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 ☒

'Winter' is not specifically recorded on the primary care risk register however risks pertaining to primary care access generally are included.

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

N/A

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

Click to view Green Plan

Ensuring reduced patient travel burden and that patients are seen first time in the right place by the right professional.

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

Supporting access across our system for the population.

8. Next steps:
To continue to progress transformation schemes to support resilience in primary care/the system throughout winter and beyond.
9. Appendices
Appendix A – Summary of proposed schemes for winter funding Appendix B – Draft BLMK Consensus statement.
10. Background reading
N/A

Item 7 Appendix A

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

BLMK Primary Care Winter Schemes - Supporting Primary Care Winter Resilience

Amanda Flower, AD Primary Care Transformation

High level digital and transformation schemes submitted on 21st Oct

Proposal	Outline/summary of the planned project
Cloud Based Telephony	Cloud based telephony is in place at 48% of BLMK practices, the system is the x-on surgery connect product, 33 practices have migrated as part of the NHSx sponsored 'Advanced Telephony Pilot' the remaining practices had previously purchased the system themselves.
Additional security at Luton Town Centre Practice	The Luton Town Centre practice is also a base for the urgent treatment centre. Security for both patients and staff particularly during the winter months has been challenging due to both the location of the site and the local environment. Patient and staff safety would be improved by increasing security cover for the site to ensure staff are kept safe.
Enhanced Access	Additional appointments to be made available on Sundays and bank holidays throughout the winter period to provide more capacity to meet primary care needs.
Home Visiting Service	Provide capacity to support a same day primary care visiting service for patients in the community
Increasing support for vulnerable patients in the community	To use local voluntary organisations and social prescribers working in collaboration with GP practices to "check in" with vulnerable patients and those who have recently been discharged from hospital. This would be via the phone and in person based on risk stratification/need.

High level digital and transformation schemes submitted on 21st Oct

Proposal	Outline/summary of the planned project
Training for reservists for 111 / OOH	Herts Community Trust has a number of reservists on their list willing to work as call handlers & clinicians for the 111/OOH. Proactive training in preparation currently takes 6 weeks and as they are not employed is currently done at the person's own cost. Backfill for them to undertake this training now would release staff to support 111 & OOH over the Winter period.
Proactive patient management in areas of deprivation	Communication lead per place to support practices with communications with patients. Also dealing with aggressive patients with the support of our SAS provider & linked to our Health & Wellbeing programme offer
Supporting Operation Yarrow national initiative	Operation Yarrow - national resilience strategy planning for e.g. major electricity outtage. The ICB is currently planning for this potential risk and is considering utilising 1 GP practice in each of our 4 place based areas to be the central point for primary care provision in the event of operation Yarrow having to be implemented.
Scale up the High Intensity User offer	The current HIU service is a proactive non medicalised model for patients who have had 12+ A&E attendances in the previous 12 months. Plans to reduce the clinical criteria to allows access for patients with fewer A&E attendance but demonstrating a high level of need. (aspiration for direct referrals from professional across the system - including A&E).

High level digital and transformation schemes submitted on 21st Oct

Proposal	Outline/summary of the planned project
Additional spirometry/feno capacity to support winter resilience	Supporting a scaled model (PCN Hubs) to deliver quality assured diagnostic spirometry and feno to address the backlog (Paused in COVID as an aerosol generating procedure) and ensure a sustainable model for the future. Confirmed diagnosis will lead to improved management of patients and potentially reduced A&E attendance and admissions.
Increased practice resilience (through skills training)	Increase upskilling of primary care staff including - Clinical Coding, Care Navigation / Co-ordination, Clinical Administration & Workflow Optimisation.
Maximising the flexibilities of the new ARRS guidance (physicians assistants)	Additional capacity to support Clinical Directors to assess patient demand according to population health needs and review skill mix & utilisation of ARRS roles in response to identified need across the PCN.

Feedback to : Amanda.flower@nhs.net

Estates schemes

Proposal name	Outline/summary of the planned project
East Bedford PCN Premises capital	One admin room and one clinic room in London Rd Health Centre for the PCN
Caritas PCN / Queens Park Health Centre	Progressing availability of two vacant administrative spaces in Queen's Park Health Centre. Costs estimated at this stage.
Caritas PCN / King Street Surgery	Partitioning of large hall on ground floor of Kempston Health Centre, plus installation of secondary means of escape to first floor of Health Centre, to create three additional clinical rooms and 4 additional admin rooms for PCN/practice. Early stage of scoping - costs estimated at this stage.
Ivel Valley South PCN	Proposal to take on some of vacant dental space in Shefford Health Centre for the PCN
Hillton PCN	Proposal to reconfigure space in Houghton Close surgery to create additional clinical rooms for ARRS staff. Early stage of scoping - costs estimated at this stage.
Sandhills PCN	Proposal to secure space at Sandy Health Centre being vacated by ELFT & at Shannon Court. Some light refurbishment required

Estates schemes

Proposal	Outline/summary of the planned project
Leighton Buzzard PCN	Extension to mini-Hub arrangements - 2 clinical rooms and admin base for ARRS roles - in Leighton Buzzard Health Centre
Lea Vale PCN	PCN to lease vacant office space in town centre, freeing up rooms in practice demise to convert to clinical use. Capital and revenue costs
Oasis PCN	PCN to take on exclusive use of sessional space in Wigmore Lane Health Centre
Hatters Health PCN	See Oakley Surgery above. Alternative is relocation of PCN to Redgrave Gardens building for medium term.
Medics PCN	Extension to PCN Hub base arrangements at Marsh Farm Health Centre
Phoenix Sunrisers PCN	Extension and expansion of PCN Hub base arrangements at Bramingham Health Centre
The Bridge PCN	Proposal for PCN to take on space within Shipley Court as a base for ARRS roles. Costs estimated at this stage.

Estates schemes

Proposal name	Outline/summary of the planned project
Nexus MK PCN	Proposal to upgrade IT provision at Deanshanger Surgery to enable greater utilisation by ARRS roles
South West PCN	Fit-out of non-GMS area of Parkside Surgery for PCN use
Watling Street PCN	Proposal to take on additional space at Stoney Health Centre for PCN use (along with Nexus MK PCN). Reconfiguration of admin space to provide additional clinical space. Costs estimated at this stage.

Feedback to : nikki.barnes1@nhs.net

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Consensus on the Primary and Secondary Care Interface

Contents

This document was recreated with permission from the Cheshire and Merseyside system and the following groups and organisations:

- Cheshire and Merseyside System Pressures Task and Finish Group
- Cheshire and Merseyside Trust Medical Directors Group
- Cheshire and Merseyside Primary Care Providers Forum
- Local Medical Committees

Foreword

This document is the result of constructive discussions between clinicians across Primary, Community and Secondary Care. At the heart of all such debate is patient welfare and improved outcomes. I hope that the suggested principles and responsibilities make sense in this context and that we can continue to talk about how we do things better to make things better for everyone we care for and about.

Dr Sarah Whiteman

Chief Medical Director | BLMK Integrated Care System

Introduction

The Covid-19 pandemic has led to significant excess demand across the entire NHS system. It is imperative we work together while tackling increasing presentations and lengthening waiting lists. The Bedfordshire Clinical Interface Forum brings together clinical leaders in primary and secondary care and to discuss how patient experience can be improved and how clinicians can minimise unintended consequences and impact on other parts of the system.

The following principles are supported by clinical leaders in both Primary and Secondary Care. They are not rules to follow and there will be exceptions.

Clinicians are trusted to make appropriate decisions based on the individual circumstances they face. The underlying intent of this document is to improve relationships between colleagues, remove unnecessary administrative burdens and bring about a more efficient system for the benefit of all of the patients we serve.

Please note: any examples given are not intended to be exhaustive.

This document should be used as a starting point for us all to consider our own behaviours and initiate conversations across the system. We are aware that further work will now need to be undertaken particularly at *place* to define what some of these principles mean in reality – can we fully implement and truly work in this way?

Principles for all

Treat all colleagues with respect.

Remember to keep the patient at the centre of all we do.

There is an underlying principle that clinicians should seek to undertake any required actions themselves without asking other teams or services to do this.
Clinicians will, of course, need to operate within the limits of their professional competency and are only able to undertake actions if they have access to the relevant investigations or treatments.

Whoever requests a test is responsible for the results of that test.
This includes 'chasing' the results, receiving the results, actioning the results/determining the management plan, and informing the patient of the results.
There may be some exceptions where shared care arrangements are in place and potentially for A&E requested tests. However EDs should refrain from asking GPs to chase investigation results, if the ED requests an investigation, it should be responsible for chasing the results.
It is recognised that transfers of care from A&E attendances are a particular area of potential difficulty and would suggest that local solutions are put in place and clearly communicated to Primary and Secondary Care clinicians in line with Royal College of Emergency Medicines Guidance.

Consideration needs to be given to the management of incidental findings, whether these need further investigation and if so, by who. Again this requires careful consideration and supporting pathways to avoid duplication, inappropriate investigation, or failure to further investigate where appropriate. As a general rule the requesting clinician should take responsibility for informing the patient of the findings and dealing with these, if within their competency. If urgent action is required this should not be passed to another clinician unless this is agreed clinician to clinician.

Ensure robust systems are in place for patients to receive results of investigations, and that they understand what is going to happen next.
Clinicians requesting tests should not direct patients to other parts of the system for the result.
It is the responsibility of the clinician requesting a test to review the result.

Ensure patients are kept fully informed regarding their care and 'what is going to happen next'.
This includes how they should raise concerns about clinical deterioration that should avoid directing them to other services (unless appropriate such as directive to attend ED when clinically required).

Ideally this should be in a written format and referenced within the discharge summary.

Always telephone a clinical colleague to discuss cases where there is 'doubt'.
There are systems in place to facilitate clinician to clinician conversations such as Advice and Guidance and the use of bypass numbers. Some consideration may need to be given as to whether the arrangements sufficiently facilitate clinician to clinician dialogue.

Consider a process of 'Waiting Well' for patients referred to secondary care.
Ensure patients on waiting lists are communicated with so they know their referral has been received, how long the wait may be, and what to do in the event of deterioration in their condition.

The clinician who wishes to prescribe medication for the patient should undertake appropriate pre-treatment assessment and counselling.
The initiating clinician is always responsible for communicating the rationale for treatment, including benefits, risks & alternatives, arranging any follow-up requirements that might be necessary, and documenting all of this in any related correspondence.

Try not to commit other individuals or teams to any particular action or timescale.

Principles for Primary Care

When referring to secondary care please ensure you are clear in your 'ask'

- ✓ Why are you referring this patient? Are you looking for advice, diagnosis, treatment?
- ✓ Please ensure your referral contains adequate supporting information to judge urgency and appropriate services eg for Children provide information on previous and up to date growth measures and assessments by Health Visitor / community services. Do not assume these are visible to secondary care.
- ✓ Please describe the reason for referral, and don't just put 'please see GP summary/consultation'
- ✓ Ensure an up-to-date medication list is available along with investigations to date
- ✓ What are the patient expectations?
- ✓ If referring looking for a diagnostic procedure, please check local pathways for open access opportunities (this could include endoscopy, cardiology investigations or paediatric blood tests)
- ✓ Please avoid using abbreviations and acronyms. These may be commonplace within your team but may not be understood in Secondary Care.
- ✓ Place based systems should ensure that access to community phlebotomy/diagnostics is available and understood by clinicians and patients

When referring to secondary care please ensure appropriate Primary Care assessments have been made and other routes to access advice have been utilised where appropriate

- ✓ Check local pathways for pre-referral criteria and potential investigations
- ✓ Consider consultant advice and guidance
- ✓ Consider other sources of help and guidance (these may differ at place – such as GP Liaison in Luton)
- ✓ Consider when face to face assessment may add value before referral (both elective and emergency)
- ✓ Remember, it can be helpful to have a face-to-face conversation with a patient who requires a Rapid (2 week wait) Referral to ensure their understanding of the pathway being used and to record physical/frailty status of the patient

When referring to secondary care please clearly communicate to the patient who you are referring them to, for what and what to expect (if known)

- ✓ At this current time as we recover from the impact of the Covid-19 Pandemic please advise patient that waiting lists may be long and that first contact may be a remote consultation.
- ✓ Consider the use of Easy Read patient leaflets (where available) to inform about their condition.
- ✓ Should Primary care judge that a sooner appointment is clinically necessary please ensure any request to expedite the appointment contains adequate

clinical/social information to enable secondary care to judge the necessary priority – high levels of referrals marked urgent compromise flow and fair waiting

When referring with the expectation that an operative procedure may ultimately be required, please consider optimising any Long-Term Conditions

- ✓ BP control for hypertensives, glycaemic control for those with diabetes etc.
- ✓ Please do empower patients to optimise their own health in the waiting period utilising smoking cessation advice, weight advice etc
- ✓ These interventions will reduce the impact of last-minute cancellations in pre-op clinic

When a patient is waiting for their first secondary care appointment or is seen in primary care between secondary care appointments please highlight any changes in medication and reasons for any changes.

When a patient is being followed up in secondary care, please ensure access to Primary Care review, where appropriate, continues between appointments.

Principles for Secondary Care

Ensure clear and timely communication to the GP following patient contacts.

- ✓ This applies to both Outpatient encounters as well as on discharge from admission and A&E.
- ✓ Please highlight any changes in medication and reasons for any changes.
- ✓ Please avoid using abbreviations and acronyms. These may be commonplace within your team but may not be understood in Primary Care.
- ✓ Be clear about what follow up is required, how it will be provided and how any outstanding test results will be reviewed.
- ✓ Be explicitly clear about any requests/actions for the GP -
    - ✦ If you want the GP to 'monitor' U&E for example, please say why, how often, for how long and what your expectations are if results are/remain abnormal.
    - ✦ If you need a repeat test within a short period of time e.g., 2 weeks, please arrange this to avoid potential delays.

Avoid asking General Practice to organise specialist tests.

- ✓ If you want the patient to have their blood test closer to home, provide the blood form to enable community phlebotomy.
- ✓ If you wish the patient to have further tests prior to next review arrangements should be made for this to happen.

If patients need a fit note (sick note) then please provide one.

- ✓ Please also ensure this is for an appropriate period (if you know they need 3 months off work don't issue a 2 week note).
- ✓ Please issue fit notes from Out-Patients if these are required rather than sending back to the GP (Trusts should ensure fit notes are available for colleagues in Out-Patients).

If immediate prescribing is required from Outpatients, please prescribe.

- ✓ For longer term medications please prescribe an initial course of at least 14 days.

Discharge medications for longer term medications should cover an initial period of at least 14 days, or longer as locally agreed.

Make use of the Discharge Medicines Service, nationally commissioned from community pharmacy.

- ✓ This should be used for all appropriate patients to ensure they benefit from this essential service and that safety improvements are realised upon transfer of care.
- ✓ Ensure all electronic referrals made under this system contain the nationally agreed dataset and use the electronic platform commonplace across the system.
- ✓ The toolkit references both high risk medicines and high risk patients appropriate to send information on – this should be the minimum.

When recommending ongoing prescribing from the GP please check locally agreed Prescribing Formulary first.

- ✓ Important to check that the suggested medication is appropriate for the GP to prescribe.
- ✓ Check the Prescribing Formulary which will detail appropriateness of prescribing and by whom.

Refer all patients discharged on a smoking cessation pathway from secondary care to the appropriate smoking cessation service.

Please put follow up plans in place for patients who self-discharge.

- ✓ By definition these patients are thought to be unwell and vulnerable. They may have chosen to decline in-patient treatment, but they are still in need of our care; which may mean appropriate follow up in clinic is arranged.
- ✓ This also includes providing appropriate discharge care and medication.

Please ensure any DNAs are not automatically discharged without clinical review.

- ✓ Please ensure any discharge is communicated to patient and GP with reason why.
- ✓ If patients are transferred to patient initiated follow up (PIFU) or seen on symptoms pathways, please ensure you clearly reference the criteria for the patient to access a further appointment where required.

Please arrange onward referral without referring back to the GP where appropriate.

- ✓ A hospital clinician should be expected to arrange an onward referral if:
  - ✦ The problem relates to the original reason for referral. E.g., patient referred to respiratory with breathlessness and respiratory consultant thinks it is a cardiac problem, the respiratory consultant should do the referral to cardiology.
  - ✦ A serious and very urgent problem comes to light. E.g., CT chest shows a renal tumour. Respiratory consultant should arrange the urgent referral to renal.
- ✓ If the problem is unrelated to the original reason for referral, this can be passed back to the GP to consider, with the patient, the appropriate management. e.g, patient in respiratory clinic describes abdominal symptoms.

Reference documents used to inform these principles

- GMC Good Medical Practice
  - https://www.gmc-uk.org/ethical-guidance/ethical-guidance-fordoctors/good-medical-practice

- GMC Good Practice in Prescribing and Managing Medicines and Devices
  - https://www.gmc-uk.org/ethical-guidance/ethical-guidance-fordoctors/good-practice-in-prescribing-and-managing-medicines-anddevices

- GMC Good Practice in Delegation and referral
  - https://www.gmc-uk.org/ethical-guidance/ethical-guidance-fordoctors/delegation-and-referral/delegation-and-referral

- BMA guidance on Primary and Secondary Care working together
  - https://www.bma.org.uk/advice-and-support/nhs-delivery-andworkforce/primary-and-secondary-care/primary-and-secondary-careworking-together

- NHS England guidance on Improving how Secondary Care and General Practice work together
  - https://www.england.nhs.uk/publication/improving-how-secondary-careand-general-practice-work-together/

- Professional Behaviours & Communication Principles for working across Primary and Secondary Care Interfaces in Northern Ireland
  - https://www.rcgp.org.uk/-/media/Files/RCGP-faculties-and-devolvednations/Northern-Ireland/2019/RCGP-principle-leaflet-2019.ashx?la=en

- Royal College of Emergency medicine Guidance when discharging patients to General Practice
  Discharge_to_General_Practice_011221.pdf (rcem.ac.uk)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee
8.1. Primary Care Workforce Programme – Highlight Report

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

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

Report Author	Susi Clarke, Primary Care Workforce Programme Lead
Date to which the information this report is based on was accurate	30/11/22
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
N/A
This report has been presented to the following board/committee/group:
BLMK ICB People Board.

Purpose of this report - what are members being asked to do?
The members are asked to **note** the following: A) Progress outlined in the Primary Care Workforce Programme highlight report.

Executive Summary Report

1. Brief background / introduction:
This paper includes an update on the Primary Care Workforce Programme via the highlight illustrating progress against the programme's strategic workstreams; - Wellbeing, Education, Training & Development - Retention, Career Development & Equality, Diversity & Inclusion - Leadership & Organisational Development - Attraction, recruitment, planning & supply. In addition to a progress update, the report provides financial allocations, a RAG rating and highlights the critical success factors and risks or challenges for each of the projects / workstreams.

2. Summary of key points:
- Additional funding received to establish Training Teams in 50% of Primary Care Networks - Additional funding received to establish Integrated working project with two Community Pharmacies - Quality & Expansion programme recognised regionally as performing to a high standard - Shine Project shortlisted for Health Business Awards - Training & Development Manager, ACP Strategic Lead & Personalised Care Lead appointed to support work programme.

3. Are there any options?
N/A

4. Key Risks and Issues
- Insufficient capacity & resource within the current team to deliver against all NHS E/I & HEE priorities in addition to local priorities and need - Primary Care staff workload and potential burnout impacting on ability / capacity to engage with training & development initiatives - Primary Care staff workload & potential burnout impacting on retention - Estates constraints impacting ability to grow workforce, embed new ARRS roles and increase student placement capacity.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☐
Recorded on the Primary Care directorate risk register.		

5. Are there any financial implications or other resourcing implications, including workforce?
All financial detail for initiatives is included in the Primary Care Highlight Report.

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

Click to view Green Plan

- Supporting innovative new ways of working and new models of care
- Embedding sustainability into workforce
- Green wellbeing offers e.g. Allotment project & BLMK Walking Group
- Digital innovation e.g. Shine Mind App and digital prescriptions via Shine Project
- Virtual delivery of training & development reducing travel.

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

All initiatives and activities within the Primary Care Workforce Programme consider how they can address inequalities within their delivery.

8. Next steps:

- Development of strategy to progress Fuller Report workforce recommendations
- Preparation for workforce, education & training implications of POD contracts moving to the ICB from April 2023.

9. Appendices

Appendix 1. Highlight report.

10. Background reading

N/A

ITEM 8.1 Appendix A Primary Care Workforce Programme - Highlight Report Nov-22

SRO: Nicky Poulain

Programme Lead: Susi Clarke

People Plan Priorities	Strategic Workstream	Project Overview: Deliverable	Project/s	Responsible Person	Potential Allocation / Investment	Metrics	Status	Critical Success Factors	Progress Update - August 2022: Key Progress This Month	Risks / Challenges / Comments	Key Activities Planned for Next Month	Last Updated
A - Looking after our People	Wellbeing, Education, Training & Development	1. Continuing Professional Development	**CPD Programme**	Jay Willett	139K	All places & funding fully utilised		- Full utilisation of HEE CPD programme budget - Rollout of programme positive uptake of training places offered	Cohort one of programme launched New Training & Development Manager in post to support implementation	Capacity in general practice to release time for staff to attend training Challenge with staff attending / committing to longer courses e.g. diplomas	Ongoing promotion of funded places Consideration for priorities for next year's funding	Nov-22
			ACP development & scoping	Jo Finney	Funding for 1 ICS ACP strategic Lead & 2 x AP Supervision Leads	All places & funding fully utilised		Full utilisation of training places offered by HEE	Strategic ACP in post & scoping need Priority area for support identified as Primary Care Funding received from HEE for ACP qualifications	Capacity/appetite for practices to set up digital apprenticeship account to access levy fees to pay for ACP MSc course fees. Access to apprenticeship levy to fund ACP places Limited interest for PG GPN Diploma - entry criteria broadened and to also include as part of N2P programme offer	- Support practices with setting up a digital apprenticeship account and facilitating levy transfer with HEE and HEIs for ACP MSc - Support practices with ACP requirements for CQC - Support practices & PCNs with training & development requirements for ACP - Development of ACP Forum - Recruit to 2 x ACP supervisors	Nov-22
			HCA Training Programme	Hannah Baker / Kirsty Shanley	15k	All places & funding fully utilised		Engagement with staff & full utilisation of training places	Programme Plan in place T&D Manager in post	Engagement / release of staff to attend training Capacity within team to facilitate programme delivery	Ongoing provision & roll out	Nov-22
			PCN Pilot Project	Hannah Baker				Approval of Pilot sites as PCN Learning Environments and transfer of responsibility from HEE to the TH	1st PCN Learning Environment approval visit undertaken 1st Panel of backlog reapprovals undertaken GP Educator role extended to 31st March 2024 in line with other clinical leads	Different processes continue to be in place for EOE and Thames Valley Primary Care Schools so variation between MK and Bedfordshire (incl Luton)	Actively manage quality concerns 2nd panel for reapprovals backlog Planning for yearly cycle of panels needed to assess applications 2 further PCNs going through approval process to be Learning Organisations in Nov 22	Nov-22
		2. PCN Learning Environment Development	**Student Pharmacist & Physician Associate Summer Placement Programme**	Rajiv Nandha / Lydia Jacks	35k	Number of Student Pharmacists placed & retained in BLMK		Uptake from students and practices. Students increased ambition to work in Primary Care and more practices/PCNs wishing to take on students and PAs/Pharmacists	2022 cohort complete with excellent feedback and engagement. 2 students offered jobs in MK Programme so successful Clinical Pharmacist Lead is supporting 2 other systems in EOE to roll out Joint celebration day with C&P and SNEE	Ensuring recurrent funding in place to maintain programme	Project Evaluation & planning for 2023 cohort	Nov-22
			PCN Training Teams	Susi Clarke / Jay Willett	570k	50% of PCNs establish a training team		Take up from all 50% of PCNs Capacity within PCN to maximise opportunity	EOI out to all PCNs deadline 9th December	PCN capacity to maximise opportunity and if engaged maintain engagement Sustainability if non-recurrent funding	Panel to review EOI Work with successful PCNs to establish baselines	Nov-22
		3. Student Education, Supervision & Placement	**Expanding Supervisory Capacity**	Hannah Baker		Increase supervisory capacity & support to PCNs from baseline		Sufficient supervisory capacity to support all professions in Primary Care with a key focus on support to FCPs and ACPs through their verification of competencies.	Number of FCP Supervisors increased to 15	Capacity in Primary Care to support additional roles with Supervision and to create capacity where Supervision may not already be active Capacity in team to progress at pace	New dates for FCP supervisor training released, actively encouraging take up Working with clinical leads to develop model to support with increased supervisory capacity Advertising & offering funding for ACPs to train to Tier 3 Educational Supervisors	Nov-22
			Expanding Student Placement Capacity	Hannah Baker	£26k	22 additional GP student placements in 22/23 27 in 23/24 and 27 in 24/25 Increase of 30 GP Educators and 10 Learning Organisations by Aug 22		Engagement from practices, PCNs & wider system to increase placements Retention of existing placements & Educators	Expansion Capacity Leads group established, Educator Expansion Lead appointed Actively tracking against targets - met target for Bedford Borough where greatest challenge Funding advertised for second cohort of educators to be ready by Feb 24 adding to the existing 24 ready by Aug 23 Backfill for Educators to attend ARCP days and maintain requirements	Capacity in Primary Care to increase the number of students in placement. Estates challenges. Capacity of Primary Care staff to take on additional Education roles / responsibilities.	Delivering SSSA training in conjunction with UoB to increase Nurse Assessor & Supervisory capacity Delivering clinical supervision training to increase number of clinical supervisors	Nov-22

		4. AHP Roadmap Development	**Support to FCPs & PCNs with Roadmap navigation**	Hannah Baker / Tom McNally / Matt Cooper	£60k			All PCNs / Practices / FCPs aware of requirements. Each FCP access to a supervisor and plans in place to support through the requirements.	Ongoing support from AHP leads to FCPs HEE funding to provide 11 grants to enable FCP supervisors to support trainees Additional funding allocated to increase AHP Lead hours / appoint further support	Capacity of Practices / PCNs to provide the required supervision. No additional funding currently to support supervision. Awareness of the FCP role. Response from NHSE on ARRS requirements.	Plan for roll out of grants and additional capacity	Nov-22
		5. Wellbeing, coaching & mentoring support	**Health & Wellbeing Pilot**	Lydia Jacks / Rajiv Nandha / Janet Thornley	175k	Increased uptake of Shiny Mind App (1,300) All webinar places fully utilised H&WB Survey - 81 responses (02/02)		Effective and far-reaching communication. Engagement with entirety of workforce Capacity to engage	RISE programme well embedded with excellent take up of virtual health & wellbeing sessions Allotment group and open garden space in place, 1 practice already utilised for health & wellbeing sessions Targeted H&W Being sessions in-house with practices on mindfulness, meditation & teambuilding BLMK Book Club & Walking Group established	Workforce burnout & overloaded not accessing support when needed	Ongoing roll out of targeted face to face sessions Student Pharmacists tasked with spreading H&W being programme & resources across placement practices	Nov-22
			Shiny Mind App rollout	Janet Thornley / Nora Donohoe		Uptake measured monthly		All members of the BLMK Primary Care Workforce to download and utilise the Shiny Mind App to support in their health and wellbeing.	Currently there are 1857 users from the BLMK Primary Care Workforce utilising the app. App has been offered to all CCG staff & Bedford Hospital Nurses & AHPs undertaking App development project GPN Strategic Lead offering sessions on utilisation of the App	Challenges with comms with the workforce.	Ongoing promotion via all staff meetings & ongoing provision of Shiny Mind Live programme	Nov-22
			Coaching & Mentorship Training	Helen Worthington-Smith		No. coaches & mentors trained per annum		Retention of experienced Medical and Clinical professionals through coaching and mentoring training opportunities including Coaching ILM7 Certificate and Diploma and ILM5 Certificate and Diploma, Coaching by AKESO and Mentoring support by the LMC	4 Supporting Mentor GPs appointed, 20 expressions of interest received to access mentoring Legacy nurse appointed to support Primary Care Nurses Ongoing provision of Coaching via Akeso with good uptake	Challenges with individuals dropping out of the programme due to work demands as a result of COVID	Two further rounds of applications to be Mentors - Sept 22 & Feb 23 3 x GPN Legacy nurses to be appointed Sept 22	Nov-22
			Peer support network development	Janet Thornley / Kirsty Shanley / Tom McNally / Matt Cooper / Mehreen Shafiq / Rajiv Nandha		No of staff supported via TH clinical leads		Engagement with networks	Networks established and consistently expanding	Ensuring comms are effective and streamlined Capacity to respond to all requests for support	Further development of networks & joint activities planned	Nov-22
									GP Educator Fellow in post and planning GP Educator & VTS away days	Workload balance	Support to Beds & Luton VTS	Nov-22
		1. Multi-professional retention strategy	**BLMK Local Fellowships**	Helen Worthington-Smith	45k	Uptake & retention of GPs		Recruitment & retention to posts				
			Flexible Pool Scheme	Susi Clarke	120k	Utilisation of platform x no of practices X no of locums signed up		System-wide engagement & agreement on BLMK solution Sustainability of funding	Contract extended to Feb 23 - 45 practice signed up to platform 161 locums signed up Platform available to Urgent & Unscheduled Primary Care Providers	Practices signing up BLMK Locums signed up to platform Ability to fill shifts 'poaching' clause other agencies	Ongoing encouragement of practices to sign up to platform DBS checked funded for Locums Targeted engagement with local locums to sign up in prep for Winter	Nov-22
			International Medical Graduates	Hannah Baker				Retention of IMGs graduating in BLMK. Sufficient Tier 2 practices to employment opportunity. IMGs supported as needed through visa and reimbursement processes.	Requirements now more understood.	Access to data on the IMGs in our area. Out of date national resources advising on processes and guidance.	Some individuals expected to CCT in August will provide support as requested by the IMG. Ongoing support to practices to become Tier 2 sponsors	Nov-22
			GP Retention Scheme (Retainer)	CCG lead	TBC	Increased uptake of scheme		Awareness & engagement with the scheme	Budget & internal process for approval identified and established Closer working relationship with Thames Valley scheme 1 further Retainer approved	Lack of awareness at practice level of scheme	System-wide promotion of scheme	Nov-22
B. Belonging in BLMK	**Retention, Career Development, Equality, Diversity**		**Mentorship Programme**	Helen Worthington-Smith	133k	Increased uptake of scheme No GPs receiving mentoring/number mentoring sessions delivered		Attraction of at least 5 suitable mid-late career GPs wanting to take on mentoring. Completion of ILM5 qualification and retention of Mentors beyond first 12 months.	4 experienced GP mentors providing mentorship 10 further applications to become mentors received	Insufficient number of New to Practice and Early Career GPs interested in mentoring support to ensure that Mentors time is utilised effectively	Interview cohort 2 new applications	Nov-22

	& Inclusion		**International GPs**	Hannah Baker		Retention of all IRGPs		Retention of IGPR pilot GPs on Programme until signed off independently, increasing the number of GPs in BLMK.	5/6 IGPs complete and on performers list	Ongoing support & retention	Ongoing pastoral support to IGPs and tracking progress through the programme.	Nov-22
			Portfolio Career Opportunities	Helen Worthington-Smith		No of individuals & PCNs engaged		Retention of experienced members of the workforce. Projects to collaborate and work across a PCN to introduce improvement to population health management	On pause subject to available budget	Insufficient number of applications received from the workforce due to current work demands.	On pause subject to available budget	Nov-22
		2, Career Development, Work Experience & Legacy opportunities	**Mid-late career package**	Nina Pearson	45k	Retention of Vital Third GPs		Retention of mid-late career workforce	GP Retention strategy & principles devised Commissioning Phoenix Leadership development programme	Engagement Capacity within team to facilitate	Launch Phoenix Leadership programme GP Lead networking within existing forums to promote offers	Nov-22
			Coaching Faculty Development	Helen Worthington-Smith		No of professionals in BLMK Faculty		This opportunity will bring together individuals that have had coaching training to build a faculty to support, share learning and build resilience in Primary Care	Strategy agreed for development of alumni	Retention of coaches trained, engagement from workforce to access coaching	Proposal agreed for future strategy & plans	Nov-22
			Quality & Differential Attainment programme	Hannah Baker / Kirsty Shanley / Sadaf Javed		No of trainees supported to complete training		Improved attainment for those at risk of Differential Attainment. Support programmes available to all those that need it. Transfer of responsibility from HEE to the TH for the remaining areas of quality including management of student placements and associated tariffs.	QDA roles well embedded and working with PC School to support trainees in need	No access to programmes currently for Clinical students (fact finding ongoing). Lack of clarity of roles and responsibilities between HEE and TH posts.	Continue scoping DA provision for Clinical students and start to look at support that may need to be developed.	Nov-22
			Clinical Pharmacist Network development	Rajiv Nandha / Lydia Jacks		No of clinical pharmacists engaged		Retention of Clinical Pharmacists within Primary Care	Clinical Pharmacist network day well attended and successful Peer support networks established Clinical Pharmacist Lead providing 121 support to newly appointed CPs in practice	Adequate supervision & induction in place to retain Clinical Pharmacists	Ongoing development of training & networking opportunities	Nov-22
C. New Ways of Working	**Leadership & Organisational Development**	**3. Equality, Diversity & Inclusion**	**Primary Care EDI Strategy**	Shankari Maha / Lydia Jacks		Number of practices engaged in agenda		Engagement & ongoing participation	Primary Care representation on system EDI network and PM lead developer Pride in Practice accreditation programme match funded for every practice to access Agreement to host EDI Training Programme Director on behalf of EOE aligned to Anti-racism team	Capacity within team to progress Capacity within general practice to take on board actions required	Launch EDI network & understand best practice that can be shared across general practice	Nov-22
		1. Leadership Development	**CARE Leadership Programme**	Janet Thornley / Nina Pearson	£50k	Number of staff engaged with programme		Engagement & ongoing participation	Further two cohorts of CARE Leadership programme in planning for Autumn 22 - multi-professional & specifically focussed on supporting newly qualified & experienced nurses	Capacity for staff to fully engage & participate	Ongoing planning	Nov-22
			RCGP Practice Manager Accreditation	Hannah Baker	£27k	Uptake and completion		Engagement & uptake	Advertised offer to fund all practices to put their PM forward to undertake the accreditation	Capacity for PM to take up offer	Ongoing promotion	Nov-22
		2. Culture & Change Management	**Personalised Care**	Helen Worthington-Smith	30K	Personalised care roles fully supported via peer networks and opportunities for development		Engagement and staff released to attend training	Personalised Care Lead appointed	Engagement and ability to release staff for training Overwhelming amount of training available Difficulty reaching Social Prescribing Link Workers due to their employment via voluntary organisations therefore low takeup of this training	Once in post lead will develop peer support networks, inform training requirements & develop Action Learning Sets	Nov-22
			Video Group Consultations	Helen Worthington-Smith				Utilisation of 150 training places and intensive support offer across PCNs.	PCNs now engaging & taking up places on intensive programme Roll out of Menopause circles utilising Group Consultation methodology	Capacity of PCNs to participate in programmes	Ongoing promotion of remaining places	Nov-22
		3. Digital Workforce Strategy	**Support to PCNs with Workforce Plans & data analysis**	Susi Clarke / Place-based leads				PCNs review workforce plans in relation to population health needs Supply to enable recruitment to plans	All PCN workforce plans submitted on time. Analysis undertaken	Workforce supply Capacity within PCN to successfully recruit and retain	Targeted support to PCNs in relation to roles recruiting	Nov-22
		1. PCN Workforce Data & Planning	**New to Practice Programme**	Helen Worthington-Smith / Shankari Maha / Bethany Buddery	900k	No. new GPs signed up, no. new GPNs signed up		Increase the uptake of GPs and GPNs accessing the programme and are retained and engaged for a future career in Primary Care. Increase in practices seeing the benefit of the programme in their recruitment and retention of early career GPs and GPNs.	Recruitment of Early Careers GPN Clinical Lead who is leading on the New to Practice Programme for GPNs Review of all current participants and re-engagement to ensure uptake of educational programme and appropriate use of backfilled hours	Lack of uptake from newly qualified GPs and GPNs. Lack of engagement from some participants and participants leaving the programme or general practice without informing programme team leading to funding needing to be recouped from practices	Ongoing support to programme via clinical leads and new PM	Nov-22

D. Growing for an integrated workforce	**Attraction, recruitment, planning & supply**	**2. Support to recruitment, induction & embedding**	**In reach schools & HEIs**	Janet Thornley / Kirsty Shanley / Mehreen Shafiq				Ongoing connectivity with schools & HEIs Visible supply of students into Primary Care settings	Ongoing engagement with schools New GPN lead recruited to support Central Beds	Practice capacity to engage Ensuring appropriate supervision & retention of students	Plan resources to support understanding of General Practice Working with national website team to include detail on Primary Care careers for 16-18 year olds Linking with Beds Health & Care Academy to promote careers in Primary Care	Nov-22
			Roll out PC Apprenticeships - In scoping	TBC				Gifting of Apprenticeship Levy from partner organisations	SNAs supported to undertake Nursing Associate programme, levy gifted by CNWL and supported by TH	Reliant on gifting of levy not sustainable	Linking with ICS Apprenticeship group to understand further support for Primary Care	Nov-22
			Digital Student Nurse Placements	Kirsty Shanley / Hannah Baker	£30k	Increased number of digital student nurse placements		Adequate support provided for students during placements	Developing digital placements for 18 students from Feb 23 SSSA training undertaken with 25 nurses to support and increase capacity	Recruiting to placements Ensuring adequate support	Ongoing implementation	Nov-22
			Pipeline into Nursing	Kirsty Shanley / Janet Thornley		Increase pipeline of nurses into Primary Care		Engagement & uptake	KS working with Horizon to support interactive functional skills assessments KS now trained admin of platform Developing access course for HCAs before joining Nurse Associate Apprenticeship	Engagement, uptake and retention	Engagement events planned for new potential recruits and those supporting them - Autumn 22	Nov-22
			Student Nurse Associate Project	Kirsty Shanley / Helen Worthington-Smith		No. NA apprentices currently completing a course, no. new NA apprentices recruited in 2022/23		Practices/PCNs are supported to understand the apprenticeship pathway and the benefits of training their own Nursing Associates rather than recruiting from the existing limited pool. Current NA apprentices are supported on their programmes	We currently have 8 NA apprentices enrolled at the UoN and UoB. Plans have been put in place for re-advertising the opportunity for 2 cohorts with the UoB in 2022 (June and September). Practice engagement events arranged and expressions of interest currently being taken. 8 Expressions of interest received to date	Decreased uptake from general practice due to change in funding arrangements. This year there is low likelihood of levy's being gifted and therefore practices will need to take up the government co-investment offer and pay for the 5%. This may not be financially viable for practices especially if they are not funding their SNA through ARRS funding.	Ongoing advertising of the opportunity, take expressions of interest, deliver practice engagement events, support.	Nov-22
		3. Flexible & rotational opportunities	**ACP development & scoping**	Hannah Baker/ Ray Tariq	£6,000 per student £9,000 survey incentive			Commissioned placements taken up with full supervision support provided by employer. All current ACPs supported through the recognition process.	ACP survey developed and agreed. Supporting document being developed and will be communicated with PCNs with a general comms about the ACP requirements. Will be working closely with the CCG place leads on collation of survey. Regional HEE webinar taking place.	Capacity in Primary Care to provide Clinical Supervision. Access to Apprenticeship Levy to support new ACP students. Duplication of pathways for AHPs alongside the Roadmap requirements. Current awareness in Primary Care of the requirements. ACP Clinical Lead not in place.	HEE will be requesting names for 21/22 commissioned places. Collection of information from surveys to inform requirements for supported programmes for existing ACPs requiring recognition.	Nov-22
		4. Apprenticeships										

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee
8.2. PCN Workforce Plans

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
Date to which the information this report is based on was accurate	30/11/22
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
N/A
This report has been presented to the following board/committee/group:
N/A
Purpose of this report - what are members being asked to do?
The members are asked to **note** the following: A) The analysis of the final Primary Care Network Workforce Plans submitted to NHS England on 31st October 2022.

1. Brief background / introduction:

The purpose of this report is to update the committee on the final Primary Care Network indicative workforce plans (2022-23) submitted to NHS England on 31st October 2022.

Appendix A provides a breakdown of the Workforce Plans by PCN and place, outlining the forecast spend of the Additional Role Reimbursement Scheme allocation and planned growth in workforce for 2022-23.

The Primary Care Training Hub team will work with each PCN to support their recruitment plans and provide advice and expertise on the induction, training, supervision and development requirements for each of the different staff groups.

It is important to note that these plans are indicative and recruiting to these planned numbers will be challenging for PCNs in the current climate, particularly clinical roles due to lack of adequate supply. Therefore, there is likely to be a significantly higher underspend against this allocation than the Plans indicate.

The committee are also asked to note the risk to system partner organisations raised by the plan to recruit a further 13 Paramedics, 11 Clinical Pharmacists and 11 Pharmacy Technicians. However, the planned recruitment of 71 non-clinical personalised care and GP Assistant roles provides a real opportunity to recruit and train our local population to pursue a career in general practice and Primary Care.

The Network Contract DES requires Primary Care Networks to submit their workforce plans under the Additional Role Reimbursement Scheme (ARRS) to NHS England on an annual basis. First draft Primary Care Network (PCN) workforce plans for 2022-23 were submitted in August 22 and reviewed by the Primary Care Workforce team with feedback provided on affordability and viability of the plans. The Primary Care Workforce & Place-based teams then supported PCNs to amend plans where necessary and resubmit a final version to NHS England by 31st October 2022. PCNs were able to submit their workforce plans for 2022-23 and 2023-24 although not all chose to submit the data for 2023-24.

At the end of September 2022 NHS England announced the inclusion of two new roles under the Additional Role Reimbursement scheme:

- GP Assistant
- Digital and Transformation Lead

PCN plans in relation to the recruitment of these roles is included in Appendix A.

Appendix A provides an analysis of the PCN workforce plans by place, the financial position and the roles PCNs plan to recruit.

2. Summary of key points:

2.1 The Committee are asked to note the financial implications of the PCN workforce plans
2.2 The Committee are asked to note the recruitment and workforce growth implications of the PCN workforce plans.

3. Are there any options?

N/A

4. Key Risks and Issues

- Supply of clinical roles
- Impact of planned recruitment of clinical roles e.g. Pharmacists & Paramedics on System Partner organisations
- Inability to recruit to plans therefore significantly higher underspend and loss of extra capacity
- Retention if appropriate induction, supervision & ongoing support is not provided
- New roles such as the Digital & Transformation Lead role not maximising the opportunities afforded
- Sufficient training places available for Trainee Nursing Associates.

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

Recorded on the Primary Care directorate risk register.

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

Additional resourcing implications relate to PCNs' capacity & capability to effectively recruit, induct, supervise and retain the staff outlined in their workforce plans.

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

Click to view Green Plan

Supporting innovative new ways of working and new models of care
Embedding sustainability into workforce.

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

Increasing multi-professional capacity across Primary Care Networks to focus on individual PCN population health need. Creating a diverse range of skills and experience to support the PCN population. A variety of new roles that can be promoted to the local community to consider a career in Primary Care.

8. Next steps:

- Ongoing support to PCNs with their recruitment processes via Primary Care Careers
- Ensure all new recruits are aware of and have access to Training Hub multiple support packages and the support offered by our multi-professional clinical leads
- Ongoing support to PCNs with staff retention, health & wellbeing and supervision
- Build peer support networks & forum opportunities for all staff groups
- Training Hub Clinical Leads will actively target PCNs that planning to recruit clinicians in their staff group e.g. Paramedics, Physiotherapists, Pharmacists to offer their support
- Campaign to raise local community awareness of non-clinical opportunities e.g. via Reservists career fair.

9. Appendices

A) Analysis of PCN workforce plans
Slide 1: Summary of indicative spend and variance from allocation by place
Slide 2: Summary of indicative spend & % planned growth by PCN
Slide 3: Summary of indicative workforce plans (actual vs plan) by PCN, % recruited and % left to recruit
Slide 4: PCN indicative workforce plans by role

10. Background reading

N/A

BLMK Integrated Care System

Summary of final indicative PCN Workforce Plans - October 2022

Place	Planned recruitment 2022-23 (WTE)	Allocation 2022-23	Planned spend 2022-23	Planned variance 2022-23
Bedford Borough	96	£3,163,224	£3,185,050	£ -£21,826
Central Beds	99	£4,253,944	£2,892,663	£ 1,361,281
Luton	115.99	£3,800,991	£3,647,340	£ 153,651
MK	142	£4,918,979	£4,713,304	£ 205,674
Total	452.99	£16,137,138	£14,438,357	£1,698,780

BLMK
Integrated Care System

PCN Workforce Plan Submissions October 2022 - First Draft Analysis

Place	PCN	Allocation	Forecast Spend 22-23	Variance	Actual WTE in post Q2 22-23	Planned WTE in post by Q4 22-23	% Planned growth Q3-Q4 22-23	Actual WTE as at M07	Variance to Q2	Per M06 Schedule received from PCT
MK	Crown	£ 720,280.80	£ 782,305.50	-£ 62,024.70	16.80	19.8	18	17.84	1.04	
MK	Ascent	£ 485,947.50	£ 481,659.80	£ 4,287.70	11.44	13.44	17	10.52	(0.92)	
MK	East MK	£ 829,491.70	£ 726,361.80	£ 103,129.90	14.00	22	57	14.00	0.00	
MK	The Bridge	£ 649,271.20	£ 633,051.80	£ 16,219.40	11.85	18.4	55	14.00	2.15	
MK	South West MK	£ 708,977.00	£ 651,998.00	£ 56,979.00	6.25	27	332	6.33	0.08	
MK	Watling Street	£ 641,791.00	£ 644,620.00	-£ 2,829.00	10.60	17.25	63	11.54	0.94	
MK	Nexus	£ 883,220.00	£ 793,308.00	£ 89,912.00	9.94	24.53	147	9.21	(0.73)	
Total		**£ 4,918,979.20**	**£ 4,713,304.90**	**£ 205,674.30**	**80.88**	**142.42**	**76**	**83.44**	**2.56**	**81.74**
Luton	Phoenix Sunrisers	£ 657,452.00	£ 717,373.00	-£ 59,921.00	16.26	17.26	6	17.24	0.98	
Luton	Medics	£ 924,243.00	£ 869,246.00	£ 54,997.00	19.35	21.95	13	21.47	2.12	
Luton	Oasis	£ 591,051.00	£ 587,902.00	£ 3,149.00	5.53	18.53	235	6.60	1.07	
Luton	Equality	£ 438,630.00	£ 301,407.00	£ 137,223.00	2.00	19	850	6.00	4.00	
Luton	Hatters	£ 737,695.00	£ 704,269.00	£ 33,426.00	12.09	27.3	126	23.33	11.24	
Luton	Lea Vale	£ 451,920.00	£ 467,143.00	-£ 15,223.00	10.55	11.95	13	11.17	0.62	
Total		**£ 3,800,991.00**	**£ 3,647,340.00**	**£ 153,651.00**	**65.78**	**115.99**	**76**	**85.81**	**20.03**	**81.77**
Central Beds	Chiltern Hills	£ 918,817.00	£ 351,453.00	£ 567,364.00	11.00	21	91	13.06	2.06	
Central Beds	Hillton	£ 553,283.00	£ 564,853.00	-£ 11,570.00	8.77	16.77	91	9.52	0.75	
Central Beds	Sandhills	£ 497,083.00	£ 366,102.00	£ 130,981.00	6.00	13	117	5.93	(0.07)	
Central Beds	Leighton Buzzard	£ 768,800.00	£ 434,097.00	£ 334,703.00	10.00	22	120	9.80	(0.20)	
Central Beds	Ivel Valley South	£ 971,410.00	£ 677,362.00	£ 294,048.00	12.00	23	92	10.16	(1.84)	
Central Beds	Titan	£ 544,551.00	£ 498,796.00	£ 45,755.00	8.60	16.3	90	6.60	(2.00)	
Total		**£ 4,253,944.00**	**£ 2,892,663.00**	**£ 1,361,281.00**	**56.37**	**112.07**	**99**	**55.07**	**(1.30)**	**55.07**
Bedford Borough	East Bedford	£ 853,985.00	£ 762,000.00	£ 91,985.00	12.44	28.24	127	12.85	0.41	
Bedford Borough	Unity	£ 760,736.00	£ 877,212.00	-£ 116,476.00	21.74	23.74	9	20.42	(1.32)	
Bedford Borough	Caritas	£ 910,669.00	£ 913,286.00	-£ 2,617.00	18.99	26.59	40	17.92	(1.07)	
Bedford Borough	North Bedford	£ 637,834.00	£ 632,552.00	£ 5,282.00	12.61	18.35	46	16.57	3.96	
Total		**£ 3,163,224.00**	**£ 3,185,050.00**	**-£ 21,826.00**	**65.78**	**96.92**	**47**	**67.76**	**1.98**	**68.94**
Overall Total		**£ 16,137,138.20**	**£ 14,438,357.90**	**£ 1,698,780.30**	**£ 268.81**	**£ 467.40**	**74**			

PCN Indicative Workforce Plans (Actual vs Planned)

Place	PCN	Total Actual in post September 2022 WTE	Planned total 22/23 WTE	Difference WTE	% of total recruited	% to recruit
Bedford Borough	Caritas	18.99	26.59	7.6	71.4	28.6
Bedford Borough	East Bedford	12.44	28.24	15.8	44.1	55.9
Bedford Borough	Unity	21.74	23.74	2	91.6	8.4
Bedford Borough	North Bedford	12.61	18.35	5.74	68.7	31.3
Total		**65.78**	**96.92**	**31.14**	**67.9**	**32.1**
Central Bedfordshire	Chiltern Hills	17	21	4	81.0	19.0
Central Bedfordshire	Sandhills	6	13	7	46.2	53.8
Central Bedfordshire	Hillton	8.77	16.77	8	52.3	47.7
Central Bedfordshire	Ivel Valley South	12	23	11	52.2	47.8
Central Bedfordshire	Leighton Buzzard	10	12	2	83.3	16.7
Central Bedfordshire	Titan	8.6	16.3	7.7	52.8	47.2
Total		**62**	**102**	**40**	**61.1**	**47.2**
Luton	Lea Vale	10.55	11.95	1.4	88.3	11.7
Luton	eQuality	2	19	17	10.5	89.5
Luton	Hatters	12.09	27.3	15.21	44.3	55.7
Luton	Medics	19.35	21.95	2.6	88.2	11.8
Luton	Oasis	5.53	18.53	13	29.8	70.2
Luton	Phoenix Sunrisers	16.26	17.26	1	94.2	5.8
Total		**66**	**116**	**50**	**56.7**	**43.3**
Milton Keynes	South West	6.25	27	20.75	23.1	76.9
Milton Keynes	Ascent	11.44	13.44	2	85.1	14.9
Milton Keynes	East MK	14	22	8	63.6	36.4
Milton Keynes	Nexus	9.94	24.53	14.59	40.5	59.5
Milton Keynes	The Bridge	11.85	18.4	6.55	64.4	35.6
Milton Keynes	Crown	16.8	19.8	3	84.8	15.2
Milton Keynes	Watling Street	10.6	17.25	6.65	61.4	38.6
Total		**81**	**142**	**62**	**56.8**	**43.2**

PCN Indicative Workforce Plans by role (2022-23)

	Total Actual in post September 2022	Planned total 22/23	Difference	% of total recruited	% to recruit
Pharmacy Technicians	18.98	29.98	11	63.3	36.7
Clinical Pharmacists	67.19	78.9	11.71	85.2	14.8
Clinical Pharmacist (Advanced Practitioner)	0.21	3.21	3	6.5	93.5
Dietitians	1.13	4.73	3.6	23.9	76.1
Dietitian (Advanced Practitioner)	0	0	0	0.0	0.0
First Contact Physiotherapists	19.37	28.27	8.9	68.5	31.5
First Contact Physiotherapist (Advanced Practitioner)	0	1	1	0.0	100.0
Occupational Therapists	4.16	5.6	1.44	74.3	25.7
Occupational Therapist (Advanced Practitioner)	0	0	0	0.0	0.0
Paramedics	16.6	30.2	13.6	55.0	45.0
Paramedic (Advanced Practitioner)	0.75	4.75	4	15.8	84.2
Podiatrists	1	2.25	1.25	44.4	55.6
Podiatrist (Advanced Practitioner)	0	0	0	0.0	0.0
Physician Associates	9.2	26.7	17.5	34.5	65.5
Care Co-Ordinators	60.99	87.99	27	69.3	30.7
Health and Wellbeing Coaches	23.65	32.4	8.75	73.0	27.0
Social Prescribing Link Workers	25.97	31.81	5.84	81.6	18.4
Nursing Associates	1.11	5.61	4.5	19.8	80.2
Trainee Nursing Associates	15	24.8	9.8	60.5	39.5
GP Assistants	0	29.5	29.5	0.0	100.0
Digital & Transformation Lead	0	13.2	13.2	0.0	100.0
Adult Mental Health Practitioner	9.5	13.5	4	70.4	29.6
Children and Young Persons Mental Health Practitioner	0	3	3	0.0	100.0

NHS
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Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee
9. Primary Medical Services Delegated Primary Care Financial Report (September 2022)

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	26th October 2022
Senior Responsible Owner	Nicky Poulain Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
Nicky Poulain (Chief Primary Care Officer) and Stephen Makin (Deputy Chief Finance Officer)
This report has been presented to the following board/committee/group:
Primary Care Delivery Group 08.11.22.
Purpose of this report - what are members being asked to do?
The members are asked to **note** the following: A) September 2022 primary care financial position.

1. Brief background / introduction:

The Primary Care Commissioning & Assurance Committee seeks assurance from the Primary Care Delivery Group that the financial position is being reviewed and managed appropriately. The Primary Care Commissioning & Assurance Committee has delegated authority to the ICB Chief Primary Care Officer (Nicky Poulain) to lead a Primary Care Delivery Group.

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

2. Summary of key points:

The Delivery Group reviewed the month 6 (September 2022) report at its meeting on 8th November 2022. A high-level summary of the September 2022 primary care financial position is shown below. The report covers the period from 1st July 2022 to date along with estimated forecast to 31st March 2023.

The table below summarises the BLMK ICB delegated Year to Date and forecast position as at 30th September 2022.

BLMK

CCG EXPENDITURE ANALYSIS	Year to Date			
	Plan £000	Actual £000	Variance £000	Variance %
GMS Contracts	22,158	22,132	26	0.1%
APMS/PMS Contracts	3,284	3,288	(4)	(0.1%)
Primary Care Networks	5,523	5,629	(106)	(1.9%)
Enhanced Services	308	315	(7)	(2.3%)
Premises	3,006	3,126	(120)	(4.0%)
Primary Care Other	331	339	(8)	(2.4%)
QoF	3,252	3,237	15	0.5%
Prescribing & Dispensing	529	545	(16)	(3.0%)
PMS Re-investment	1,362	1,364	(2)	(0.1%)
Other	52	56	(4)	(7.7%)
Reserves	(65)	(674)	609	936.9%
Primary Care Delegated	39,740	39,357	383	1.0%

CCG EXPENDITURE ANALYSIS	Forecast Net Expenditure			
	Plan £000	Actual £000	Variance £000	Variance %
GMS Contracts	67,136	67,120	16	0.0%
APMS/PMS Contracts	9,506	9,496	10	0.1%
Primary Care Networks	18,978	19,234	(256)	(1.3%)
Enhanced Services	1,012	1,023	(11)	(1.1%)
Premises	8,981	9,216	(235)	(2.6%)
Primary Care Other	1,075	1,098	(23)	(2.1%)
QoF	9,754	9,754	-	0.0%
Prescribing & Dispensing	1,654	1,730	(76)	(4.6%)
PMS Re-investment	4,087	4,087	-	0.0%
Other	157	163	(6)	(3.8%)
Reserves	(126)	(673)	547	434.1%
Primary Care Delegated	122,214	122,248	(34)	(0.0%)

The vast majority of delegated primary care spend (circa 85%) is contractual and predictable, (e.g. baseline practice contract and primary care network payments). Areas of uncertainty such as sickness and maternity, where it is not unusual for practices to submit late claims, will not materially affect the reported position and, at present, have been forecast to budget in anticipation of claims to be received later in the year. Quality and Outcome (QoF) and Investment and Innovation Fund (IIF) are paid after the year end when achievement can be established. These have also been shown to budget.

YTD shows an improvement from the last report presented to the Development Group primarily due to the IIF 2021/22 position having been validated and paid to practices. Payments were less than accrued in March 2022 and the benefit has been released against the YTD position. The forecast is effectively breakeven and whilst some pressures are being seen YTD (rent reviews and additional roles estate costs) and carried through to forecast, some areas are phasing and timing issues.

In summary, whilst some fluctuations are being seen against the various categories of expenditure, these are not considered material at this point and sufficient contingency and prior year benefit is thought to be available to manage any unexpected movements in expenditure as the year progresses.

Other Primary Care Services

The table below summarises other primary care expenditure for the BLMK ICB.

CCG EXPENDITURE ANALYSIS	Year to Date			
	Plan £000	Actual £000	Variance £000	Variance %
Local Incentive Schemes	726	595	131	18.0%
GP IT	921	779	142	15.4%
GP Investments	2,029	1,808	221	10.9%
Prescribing and Drugs	34,370	36,261	(1,891)	
Total Primary Care (Other)	38,046	39,443	(1,397)	(3.7%)

CCG EXPENDITURE ANALYSIS	Forecast Net Expenditure			
	Plan £000	Actual £000	Variance £000	Variance %
Local Incentive Schemes	2,152	1,945	207	9.6%
GP IT	2,805	2,887	(82)	(2.9%)
GP Investments	4,317	3,896	421	9.8%
Prescribing and Drugs	104,092	106,658	(2,566)	(2.5%)
Total Primary Care (Other)	113,366	115,386	(2,020)	(1.8%)

Local Enhanced Service position is activity being lower than anticipated in Q1 and continued through Q2. GP Investments arises from extended hours costs being lower than allocation received.

Prescribing information runs two months behind the reporting month. The position shown primarily arises from May and June actual costs being higher than originally estimated, the net impact being recognised in the ICB reporting period. The National Profile for prescribing expenditure has been revised which added an additional £1m into YTD spend from previous position. The forecast includes an estimate for a new service that is expected to commence later in the year.

3. Are there any options?

Not applicable.

4. Key Risks and Issues

Delegated: None at the present time and given prior year benefit is available to mitigate any unexpected pressures that may emerge. Any emerging risks will be considered and assessed as part of the on-going monthly reporting cycle.
Other Primary Care services: potential risk for prescribing expenditure from drug supplies costs. Further work underway to assess financial impact. Impact also raised with NHSE.

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.

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 underway to develop a universal offer to patients by primary care to address historic inequity of access to primary care services.

8. Next steps:

Committee is asked to comment on any changes it may wish to see in future reports.

9. Appendices

None.

10. Background reading

None.

	Accountable Person	Author/s	Date of meeting 09.12.22.	Date of meeting 17.03.23.
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				
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		✓
Integrating Primary Care in the ICS (Fuller Stocktake recommendations/BLMK Fuller Programme)	Associate Director Primary Care Commissioning & Transformation	Amanda Flower	✓	✓
Primary Care Digital Programme	Head of Digital	Mark Peedle	✓	
Winter Plan	Associate Director Primary Care Commissioning & Transformation	Amanda Flower	✓	
Transition of Delegated Functions to the ICB 2022-23	Associate Director Primary Care Development/Programme Manager	Lynn Dalton/Liz Eckert	✓	✓
Operational - Assurance				
Primary Care Risk Register	Senior Primary Care Contracting & Development Manager	Jill White	✓	✓
Delegated Primary Care Financial Report	Associate Director of Finance	Roger Hammond	✓	✓
Governance - Assurance				
Role of PCCAC / Terms of Reference	Chair / Chief Primary Care Officer / Associate Director Primary Care Development	Governance / Alison Borrett / Nicky Poulain / Lynn Dalton		
Audits 2022/23 - subject to agreed by Audit Committee (before March 2023)	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	✓	✓
Closing Actions				
Any Other Business	Chair	-	✓	✓