AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	4th August 2023
Chair	Dr Niti Pall	**Time**	9.30 a.m.
Minute Taker	Mrs Chris Billingham	**Venue/ Location**	Virtually via Microsoft Teams

A=Approval R=Ratification S=Assurance D=Discussion I=Information

Reference	Agenda Item	Presenter	Purpose	Paper	Time
PCCC 23-08.41	Apologies for absence	Dr Niti Pall	I	Verbal	9.30
PCCC 23-08.42	Declarations of Interest	Dr Niti Pall	S	Verbal	
PCCC 23-08.43	Minutes of the Meeting held on 2nd June 2023	Dr Niti Pall	A	Enc. No. 1	
PCCC 23-08.44	Actions Raised from Previous Meetings and	Dr Niti Pall	A & S	Enc. No. 1A	
	Items Requiring Decision/Ratification				
PCCC 23-08.45	Lantum Contract (Flexible Pools) Renewal	Phil Morgan	A	Enc. No. 2	9.50
	Standing Agenda Items				
PCCC 23-08.46	Finance Report	Jill Price	A	Enc. No. 3 / 3A	10.05
PCCC 23-08.47	Workforce Report: • Results of GP Surveys • Results of Primary Care Ethnic Diversity Survey • NHS Long Term Workforce Plan – implications for General Practice	 Phil Morgan Phil Morgan Sara Edwards	A	 Enc. No. 4/4A Enc. No. 4B Enc. No. 4C	10.20
PCCC 23-08.48	GP Access:- • GP Access Recovery Plan – progress update • GP Patient Satisfaction Survey results 2023 • GP Access Performance Report – May 23 data	 Emma Pyrah Emma Pyrah Alec Gandy	 A A	 Enc. No. 5 / 5A Enc. No. 5B Enc. No. 5C	10.40
PCCC 23-08.49	Risk Register (General Practice)	Emma Pyrah	A	Enc. No. 6	11.00
PCCC 23-08.50	Any Other Business	Niti Pall	I	Verbal	11.10
	For information items				

PCCC 23-08.51	Primary Care Team Work Programme Progress Report	Emma Pyrah	I	Enc. No. 7	11.15
	Date of Next Meeting: Friday 6 October 2023 **Time:** 9.30 a.m.				
	To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Section 1(2) Public Bodies (Admission to Meetings) Act 1960.				

NHS Shropshire, Telford and Wrekin
Primary Care Commissioning Committee Part 1 Meeting

Friday 2 June 2023 at 9.30 a.m.
Via Microsoft Teams

Present:

Mrs Niti Pall	**Non-Executive Director (Chair)**
Mr Nick White	**Chief Medical Officer (Deputy Chair)**
Mr Gareth Robinson	**Executive Director of Delivery & Transformation**
Mrs Claire Skidmore	**Chief Finance Officer**
Mr Roger Dunshea	**Non-Executive Director**

Attendees:

Ms Emma Pyrah	**Associate Director of Primary Care**
Dr Julian Povey	**Primary Care Partner Member**
Dr Ian Chan	**Primary Care Partner Member**
Mr Masood Ahmed	**Chief Digital Information Officer & Deputy Chief Medical Officer**
Mrs Jill Price	**Finance Business Partner**
Mrs Janet Gittins	**Partnership Manager**
Mr Alec Gandy	**Partnership Manager**
Ms Jane Sullivan	**Senior Quality Lead**
Ms Sara Edwards	**Lead & Programme Manager, Training Hub**
Mrs Bernadette Williams	**Primary Care Lead for Contracting & Delegated Commissioning**
Mrs Vanessa Barrett	**Chair, Healthwatch Shropshire**
Mrs Chris Billingham	**Corporate PA; Minute Taker**

Apologies:

Ms Alison Bussey	**Chief Nursing Officer**
Ms Alison Smith	**Director of Corporate Affairs**
Mrs Julie Garside	**Director of Planning & Performance**
Ms Claire Parker	**Director of Partnerships & Place**
Ms Angharad Jones	**Finance Business Partner**

Minute No. PCCC 23-06.28- Apologies for Absence

1.1 Apologies received were as noted above.

Ms Pyrah introduced Mr Alec Gandy who had joined the Primary Care team as a Partnership Manager. Mr Gandy replaced Tom Brettell and would be taking over a portfolio of Practices and PCNs.

Minute No. PCCC 23-06.29 – Members' Declarations of Interests

2.1 Members had previously declared their interests, which were listed on the ICB's Register of Interests and were available to view on the website at: Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

2.2 Mrs Pall declared that she works in her professional capacity with digital providers across many countries including the UK.

Minute No. PCCC-23.06.30 – Minutes of Meeting held on 3 February 2023

3.1 The minutes of the meeting held on 3 February 2023 were approved as a true and accurate record of the meeting.

Minute No. PCCC-23.06.31 – Actions Raised from Previous Meetings and Matters Arising

4.1 The Action Tracker was reviewed and updated as appropriate.

PCCC-22.10.19 Extension to Practice Boundaries
The ICB must ensure that patients who are out of a Practice boundary area have access to a GP. The commissioner can allocate a patient to a GP Practice who does not reside within their boundary. This is currently not an issue and occurs only occasionally.

Dr Povey advised the meeting that there are two different services. One service is where Practices can register patients out of their Practice area as out of area patients. DMS regulations state that they must provide in-Practice services but do not have to visit patients. A second service is nationally commissioned whereby Practices can opt to visit patients who are registered as out of area patients with other Practices but reside within their Practice area. This is a national enhanced service, and it must be established whether any Practices have signed up to that service. If not, Practices need to be reminded that when they accept out of area patients there is an onus on the Practice to make sure that patients who are registered out of area are aware of how to get a visit when they need one.

This item relates to patients who are registered as out of area patients with Shropshire Telford & Wrekin (STW) Practices, and how home visits are provided in hours to those patients. An enhanced service payment must be made to a Practice if a home visit is required for a patient who does not reside within the boundary.

ACTION: Ms Pyrah and Mrs Williams to pick up the action relating to Practice boundaries and out of area patients and update the next meeting.

PCCC-22.10.23 Supporting PCNs Through Winter
Mr Robinson to check that both these actions are complete.

PCCC-22.10.24 GP Survey Results
Mr White advised that the issue at both the UEG Clinical Advisory Group and LMC was around how this information will be held within the newly established System Control Centre.

Mrs Pall confirmed that the item is closed but should be brought back to a future meeting as an Agenda item to update the Committee.

ACTION: Ms Pyrah to place an update regarding GP Survey Results on a future PCCC Agenda.

PCCC-22.10.26 Finance Update
Mrs Skidmore advised that the discussion between Dr Pall and Angharad Jones regarding Primary Care financial reporting has taken place. Action to be closed.

Regarding the action related to performance information, Dr Garside had spoken to Roger Eades in the Finance team about what is required. She will now speak to the Primary Care and BI teams to establish how the report can be developed. However, that will take some time as there are issues around both access to data, and around constructing a report that is meaningful for the Committee.

PCCC-22.12.36 Ethnically Diverse Staff Survey
Ms Pyrah confirmed that the survey will be discussed at the August meeting.

PCCC-22.12.38 PCN Maturity Survey Results and Output from the King's Fund OD Work
Item to be closed.

PCCC-23.02.05 Proposal to Change PCCC Agenda Structure
This item related to the strategic transformation discussions around Primary Care and where they should be held. This meeting had agreed that it should not be here. Conversations had taken place with Cathy Purt, Chair of the Strategy Committee and Deputy Chair of Shropcom around these issues either being discussed within Strategy Committee or feeding into Strategy Committee.

Dr Pall requested that if these discussions were to take place at Strategy Committee, members of this Committee must be able to feed into them.

PCCC-23.02.06 Albrighton Medical Practice – Application to Reduce Practice Boundary
Mrs Williams confirmed that contact had been made with colleagues in South Staffs and the Primary Care team is working with Sarah Jefferey at South Staffs & Stoke ICB. Conversations have taken place with a Practice about extending their boundary to include those patients in the housing development in Perton, and a meeting has now been scheduled. The housing development is not yet complete, and we are trying to ensure that a South Staffs Practice will take those patients to avoid our Practice in Albrighton being impacted by an influx of newly registered patients that are out of their area.

ACTION: Mrs Williams to check with colleagues in South Staffs the anticipated date of completion of the new housing development in Perton and requests being received for GP access by those residents and advise Committee members by email as soon as possible.

PCCC-23.02.07 2022/23 Month 9 Primary Care Financial Position
No update.

PCCC-23.02.08 Workforce Report
Strategies included in June Committee papers. Close item.

PCCC-23.02.09 Performance and GP Access Improvement Plan
There is no capacity in the Primary Care team to carry out another survey in addition to the national GP survey. We now have the GP Access Recovery Plan which will provide answers as to what we are doing about it. Item on today's Agenda. Action can be closed.

PCCC-23.02.12 Delegation of Pharmacy, Optometry and Dentistry
Ms Pyrah confirmed that this will be work in progress as we gain an understanding of what POD delegation means for the ICB and the Primary Care team. There must be a balance between not duplicating the hosted service commissioning responsibilities that we are paying for and also making sure we harness the opportunities of integration locally. Item to be closed.

Minute No. PCCC-23.06.32 – Ratification of Approvals given by Committee since the last Formal Meeting

5.1 Ms Pyrah highlighted the decisions approved by Committee since the previous meeting in February to ensure that those decisions are recorded in the minutes of the meeting.

5.2 The decisions were taken virtually, on-line, and via email between meetings.

5.3 The decisions taken were: -

- 3-month caretaking contract award for Dr Allen, Highley Medical Practice
- Contract award of Highley Medical Practice to Bridgnorth Medical Practice following a formal procurement exercise.
- In principle approval to allocate £150,000 of the Primary Care BAU (Business As Usual) capital budget as the ICB's contribution to the funding necessary to reconfigure part of the Severn Centre, Highley, to accommodate Highley Medical Practice (subject to a viable business case being produced).
- Revenue rental funding to support Shrewsbury PCN to increase their estate to accommodate ARRS staff – Ground Floor, Morgan Place, Shrewsbury Business Park, top floor of the Tannery Building, Town Centre. Approval for Tannery Building comes with the caveat that this is only progressed once all options for space in the Severn Fields building have been exhausted.

The Committee confirmed ratification of the decisions taken.

5.5 Dr Povey expressed concern regarding the length of time since the last meeting in February which was a result of the March meeting being cancelled and queried the process for cancellation of meetings. PCCC currently meets bi-monthly, therefore when a meeting is missed, the time between meetings is considerable. He suggested that in future, a meeting should be rescheduled as opposed to being cancelled.

5.6 Mr White advised that the March meeting was cancelled because it was not quorate. Some of the decisions that were to be made were taken outside of the meeting by email exchange, a course of action which was entirely appropriate.

Mr White suggested that it may be more appropriate for this to sit with Mr Robinson as much of the sign-off in Primary Care falls within his portfolio. Much of the discussion feeds into Integrated Delivery Committee and some of the business cases there.

5.7 Mr Robinson agreed with the points made, and in particular the reference to rescheduling a Committee as opposed to cancelling it. He stressed the importance of pre-meets to enable himself and Mr White to discuss Agenda items with the Chair and suggested that the pre-brief and the post-meeting session should be arranged. The Committee meetings were already in diaries.

5.8 Mr Robinson referred to the contract award of Highley Medical Practice to Bridgnorth Medical Practice following a formal procurement exercise. He thanked Ms Pyrah and her team for their hard work in delivering this outcome for the people of Highley.

Minute No. PCCC-23.06.33 – Digital Update

6.1 Mr Masood Ahmed, Chief Digital Information Officer & Deputy Chief Medical Officer for the ICB was in attendance accompanied by Antony Armstrong, Primary Care IT & Digital Manager and John Gladman IT & Digital Strategic IT Advisor.

6.2 Mr Gladman advised that the paper was originally written in March 2023 and was still up to date, except with regard to the progress made in development of the system level strategy which would be outlined in Mr Ahmed's update.

6.3 Mr Gladman highlighted key points within the report.

6.4 Mr Ahmed then updated the meeting regarding development of the Digital Strategy which had presented significant challenges. The Strategy had been shared with provider colleagues in the first instance to obtain their feedback and input.

6.5 Mr Ahmed reviewed a slide deck which included a general introduction, an overview of the current position, and brief details of our system.

6.6 Inputs were clearly referenced, for example the Front-Line Digitisation Plan and the Hewitt Review. Mr Ahmed advised the Committee that he was a member of the Digital & Data Workstream for the Hewitt Review.

6.7 Mr Ahmed provided a brief overview of the remaining slides which included embracing collaboration and culture, embracing digital into our culture, governance, and relationships.

6.8 The Chair thanked Mr Ahmed for his excellent work.

6.9 Mr Dunshea observed that funding would be difficult. He suggested that this Committee should discuss organisational changes that can be brought about such as integrating the IT development functions across the Trusts, risks, and investment.

He referred to the final slide in the presentation which outlined the number of websites that exist across the organisation and believed that an integrated portal would make it easier for patients and the public to refer to.

6.10 Mrs Skidmore believed it was important that the profile of the digital agenda was raised. She referred to constraints around funding which will only be overcome by prioritising this work.

The work currently being done to raise the profile of the strategy and getting into the detail of the operating plan is the crucial next step to enable costings to be created that allow us to make a much stronger case in that prioritisation process.

6.11 Dr Pall agreed that it was absolutely crucial that the financial plan follows to assist vital decisions made by the ICB.

6.12 Dr Povey agreed that the system was not well placed with regard to IT because of long term lack of investment, lack of co-ordination about how IT is progressed, and being considerably behind in delivering the interlinkages between different areas.

The issue for Primary Care is the data controller issue, which is one of the biggest issues in terms of access to medical records. The solution may need to be a national decision.

Huge investment will be required to bring our hospitals and community services up to the same level of IT usage.

6.13 The meeting discussed the new model which would mean a digital triage front door to Primary Care which then goes into care navigators who navigate patients away to other alternative sources of care. This will be a huge challenge to implement in Shropshire.

6.14 There were no further comments or questions from Committee members and the Chair thanked Mr Ahmed, Mr Gladman and Mr Armstrong for an excellent piece of work.

The Committee ratified the plan for the year and the budget allocation but not the strategy as it was not yet complete.

Minute No. PCCC-23.06.34 – Hodnet Medical Practice: Request for Boundary Change

7.1 Mrs Williams highlighted key details of her report regarding Hodnet Medical Practice who had applied to reduce the Practice boundary in two areas – one in the north at Tern Hill and one in the south at Crudgington. This is mainly due to housing developments.

Dr Mehta from Hodnet Medical Practice attended the meeting.

7.2 In Hodnet village there are 45 new houses, in Crudgington 256, and in Tern Hill 750. The Practice is concerned about patient list size increasing, hence their application to reduce the Practice boundary.

It is not known where these patients will choose to register. Various options have been explored to support the Practice.

7.3 Options discussed included a rota system, a list cleanse exercise - although this may only reduce the list by a small number - and closing the list to new patients for a specified period of time.

7.4 Mrs Williams had made a recommendation to decline the application to reduce Practice boundaries on the basis that it would reduce patient choice in a rural area. Currently, patients in the north can register with Market Drayton and Hodnet but if Hodnet reduce their boundary then those patients will only be able to register with Market Drayton.

7.5 The Chair invited comments from Dr Povey and Dr Chan.

7.6 Dr Povey expressed concerns regarding the list size increasing which could have profound implications on the ability of the Practice to sustain a safe service.

7.7 Dr Chan believed that refusal of the request is not a viable option long term and queried whether a PCN could become involved to support the increasing population.

7.8 Vanessa Barrett referred to the involvement of the ICB with Shropshire Council's Planning Department as to how they will liaise with the ICB regarding delivery of Primary Care. Many of their proposals will result in large increases in people living in new estates and will place additional pressure on already stretched Primary Care services and Practices.

7.9 Ms Pyrah advised that Darren Francis, the Estates Lead in Primary Care, has good relationships with Council colleagues and tracks proposed housing developments.

7.10 Dr Mehta advised that Hodnet currently has a list of 3,700 and is traditionally a two doctor Practice. The current developments would increase this up to 6,200 if those patients register with Hodnet. The Practice is on a limited site – the footprint cannot increase and capacity in all departments would need to be doubled to accommodate the increase.

Dr Mehta was the sole partner. The Practice had been trying to recruit a part time doctor for two years but have been unsuccessful because of their location. Dr Mehta indicated that if the application was declined and there was a significant influx of patients wishing to register then that would put the practice at significant risk of having to hand their contract back.

7.11 The Chair invited comment from Mr White who suggested that a further series of conversations should take place outside of this meeting, in particular what support the ICB and PCN could provide.

7.12 Dr Pall confirmed that the Committee would be unable to make an immediate decision in relation to reducing the Practice boundary.

ACTION: Ms Pyrah and Mrs Williams to discuss Hodnet offline to establish possible solutions to the issues surrounding the Practice boundary and provide Dr Pall with an update report halfway between this Committee and the next.

Minute No. PCCC-23.06.35 – Locally Commissioned Service (LCS) for Near Patient Testing for C Reactive Protein (CRP): Commissioning Options Paper

8.1 Mrs Gittins, Partnership Manager and Clare Stallard, Senior Lead - Medicines Management, spoke to their paper on the CRP Locally Commissioned Service for which they were requesting a decision from the Committee.

8.2 Mrs Gittins highlighted key points of the paper.

- Point of care testing for CRP was set up as a pilot for Telford practices in 2016 to improve the anti-microbial stewardship which has been rolled forward since that date.
- There is a £25k restricted budget available that goes towards funding this scheme.
- All of the Telford Practices have Afinion devices to help them deliver the service. However, these devices are no longer in warranty and require both internal and external quality assurance processes which are now in place, funded from the budget. This also requires clinical oversight which is an issue and is temporarily being provided by the Medicines Management team.

8.3 The pilot was not as well managed, monitored, or evaluated as it could have been. It is difficult to conclude from this situation whether the impact from the CRP testing through this locally commissioned service has had a direct impact on antibiotic prescribing or if these improvements have been to the many other local and national initiatives that have been put in place around this work.

8.4 A draft paper was submitted to the GP Board for discussion and the comments can be seen in the paper.

8.5 Telford Practices using the CRP devices are finding them useful to help triage patients. They are in support of the national evidence which states that point of care CRP testing for targeted intervention wider than respiratory is beneficial.

8.6 Also to note in the paper is item 6 regarding the LCS requirements and criteria. As an ICB now stretching across Shropshire Telford and Wrekin we are looking for locally commissioned services that add value and are equitable, with good clinical evidence and governance, that are affordable and within budget.

8.7 Mrs Stallard clarified for the Committee that funding was available to purchase machines in 2016. It was a new service as opposed to a pilot that was introduced and not evaluated effectively.

8.8 The Chair requested a recommendation from Mrs Gittins and Mrs Stallard.

8.9 Mrs Gittins referred to Part 1 of her paper which related to the review and outlined three options.

- The first option is to do nothing, which does not meet the criteria.
- The second option is to open it across the whole area, an option which is not viable because there is no funding.
- The final option is to decommission the LCS based on all of the information within the report and the complexity around the devices.

If Committee agreed that the service can be decommissioned, Part 2 of the report outlined the next steps.

8.10 Dr Pall summarised that from the information provided and subsequent discussion, there was no evidence on the rollout to support wider antimicrobial stewardship.

8.11 Mrs Stallard advised that there is national evidence to support use in respiratory conditions only.

8.12 Discussion followed regarding the governance supporting the pilot, and local implementation. Dr Povey and Dr Chan agreed that if there is no funding available then unfortunately the only solution that meets the criteria is option 3 - decommissioning of the service.

The Committee ratified the decision outlined at option 3 in the paper to de-commission the service.

8.13 Discussion focused on Part 2 of the paper relating to use of the budget. Mrs Gittins advised that there is currently £25k in the budget. Options are: -

- Option 1 - re-pilot the CPL LCS with the highest prescribing Practices across STW.

- Option 2 - consider using the funds elsewhere within the ICB which would not meet the informal agreement currently in place with Practices to ring fence LCS and to ensure that we continue to invest in Primary Care.

- Option 3 - recycle the CRP budget into wider LCS usage to ensure that those funds are used to support General Practice with other locally commissioned services by increasing in the uplift agreed with Practices for 2023/24.

8.14 Mrs Skidmore intimated that she could not support this option. She was nervous of the description of an informal arrangement that precluded the funds being used elsewhere in the ICB. In the current deficit position, the informal arrangement may have to be revisited.

Her main concern was the suggestion of recycling the budget into the uplift. The paper stated that a 5% uplift had already been provided to the LCS budget this year. That option only increases the inflation amount but provides no additional work or added value.

Mrs Skidmore supported the option to de-commission the service on the basis that it is not value for money. The funding Would remain in the LCS budget to counter any potential overspend at year end. If no overspend, then the amount will go to the bottom line.

The Committee ratified the decision to de-commission the LCS scheme and utilise the funds elsewhere in the ICB.

Minute No. PCCC-23.06.36 – Finance Report

9.1 Jill Price attended the Committee on behalf of Angharad Jones.

9.2 She reviewed key points of the Finance report relating to the M12 position outlined within the paper.

9.3 The Co-Commissioning budget was underspent by slightly less than £3m, based on a non-recurrent benefit whereby a level of accruals was set in the previous year and the actual expenditure was lower. That benefit had been taken within the 2022/23 accounts. There is a small underspend of £0.5m.

9.4 The non-delegated Primary Care budgets had issues throughout the year with prescribing. There has been a £3.7m overspend.

9.5 A level of efficiencies within prescribing had been delivered and a small over-delivery of £200k. Capital had been broadly on plan. Several minor withdrawals were made from the Improvement Grant scheme.

9.6 Ms Price referred to the 2023/24 plan. As a system the ICS had submitted a £60m deficit of which the ICB deficit was £14.7m. Within that there are efficiency plans in excess of 6.7% which highlights how challenging our efficiency plans as a system are this year.

9.7 Several non-recurrent items are impacting in-year planning. The full allocation of the co-commissioning budget was being spent but in year an element of non-recurring benefit of £1.1m is expected.

9.8 A table within the paper illustrated what delegated budgets were being spent on and planned efficiencies, predominantly in prescribing.

9.9 Ms Price drew the Committee's attention to the transfer of Pharmacy, Optometry and Dental services, and a potential deficit in expected expenditure compared to the allocation.

For planning purposes, we have been asked to assume expenditure to the level of the plan. All organisations across the country have varying levels of imbalance between allocation and expenditure, ranging between 0.2% and 7.8%. For STW, it is 3.41%. The attention of the Committee is drawn to the risk around the level of expenditure that we may incur on a recurrent basis.

9.10 Details contained within the report have been published on the ICB website.

9.11 Dr Povey referred to the plan for next year and the sum of almost £100k being put aside for new premises development. He queried whether this figure was adequate, given there are Practices in Shropshire Telford & Wrekin that may need Practice development this year that is currently unplanned and unfunded.

Ms Pyrah confirmed that it was not sufficient. Once the Primary Care Estates Strategy is available the organisation can consider the capital and revenue consequences. The £100k is a nominal figure because when estate is improved there are revenue

consequences such as rent increases, etc. It is an estimated amount rather than a forecast actual amount.

9.12 Both Dr Povey and Mr Robinson questioned whether the Committee felt able to sign off the Financial Plan.

Mr Robinson stated that the Committee needed to be very clear as to the risk related to signing off the plan.

ACTION: Ms Pyrah to place the risk relating to sign off of the Financial Plan on the Risk Register.

9.13 Mr Dunshea supported the plan but requested that in future, consideration was given to development of a first, second, third year plan because if the intention is to move resources into Primary Care, early consideration must be given to how that will be done.

He suggested provision of data within the report, not only financial and budgetary data but also activity levels and workforce levels.

9.14 Mrs Skidmore advised that the Finance team were commencing a work programme to develop the medium-term integrated model for the system. Finance activity and workforce will be part of that model.

Mrs Skidmore requested that the risk entry sits with Ms Pyrah and her team. It is a broader risk around the need for that development with Finance being one of the elements for mitigation.

9.15 Dr Pall queried how the financial plan and the capital spend linked to population health management. Mrs Skidmore advised that she would discuss this with Dr Garside.

ACTION: Mrs Skidmore to discuss with Dr Garside the inclusion of population health management in the Financial Plan.

The Committee accepted the recommendations within the report and: -
Noted the 2022/23 outturn position for the delegated budgets
Noted the 2022/23 outturn position for non-delegated primary care and the volatility seen in the prescribing budget driven by factors outside of the ICB's control
Noted the 201k overachievement against Primary Care Efficiency Schemes
Noted the slight underspend of £42k against the ICB Capital allocation

Minute No. PCCC-23.06.37 – Workforce Report

10.1 The Chair made a decision to delay the Workforce report which she requested should be an Agenda item at the August Committee.

Minute No. PCCC-23.06.38 – GP Access

GP Access Improvement Plan

11.1 Ms Pyrah's report provided an overview of NHS England's recently published GP Access Recovery Plan.

11.2 The GP Access Recovery Plan is a clear and very focused attempt to improve GP access and improve patients' experience of accessing their local Practice. It places GP recovery on the same national priority footprint as urgent and elective and emergency care and the organisation will be held to account and scrutinised for what is done in terms of delivery. It is a combination of several funding streams as opposed to being a tranche of new funding.

11.3 Slide No. 8 of the Appendix to the report provided details of a national support improvement programme in the form of a universal offer, an intermediate offer, and an intensive offer, but the downside and challenges for Practices in participating is that they are time resource heavy. The intermediate is a 12-week programme; the intensive is 26 weeks. There is no backfill for Practices in terms of funding.

Currently, three Practices have signed up for the intensive offer and one has signed up for the intermediate Phase 1.

11.4 The Primary Care team are currently mapping all elements of the recovery plan in order that a baseline assessment can be carried out.

A decision is required as to where progress should be reported. It is not only about Primary Care – there is considerable emphasis on the interface between secondary care and primary care. In addition, Community Service is impacted by the self-referral pathway requirement. A discussion is required in order to understand where the plan sits within system governance.

11.5 Dr Povey referred to the time commitment required, which will have a huge impact on patient access. Workforce recruitment and retention was also an issue.

Dr Chan was uncertain whether some of the key pledges within the plan would be deliverable.

Mr Robinson agreed with the points made by Dr Povey, particularly around workforce, which is a topic the GP Board intends to take forward.

ACTION: Mr Robinson and Ms Pyrah to conclude the issues regarding GP access and governance of the 5-year plan and update the August PCCC.

GP Access Performance Report

11.6 Ms Pyrah summarised key points of the report.

- More appointments are available than before the pandemic.
- Demand outstrips supply.
- 7 out of 10 patients are seen face to face.
- More use is being encouraged of the CPCS and other online tools.

Minute No. PCCC-23.06.39 – Pharmacy, Optometry and Dentistry Report

12.1 Ms Pyrah highlighted key points of the report:-

- We are currently trying to understand roles and responsibilities of both the hosted services and the ICB.

- ICB data is work in progress.

- There is no standard operating framework with the hosted service. This is also work in progress.

12.2 Ms Pyrah will continue to provide the Committee with updates.

Minute No. PCCC-23.06.40 – Risk Register (General Practice)

13.1 Ms Pyrah's report highlighted changes to the Risk Register.

13.2 The risk around the Financial Plan will be added to the Register as a result of today's discussions.

For Information Items

Primary Care Team Work Programme Progress Report

14.1 Ms Pyrah's report was provided for information to advise the Committee of the entire programme of work currently being undertaken.

Shrewsbury Health & Wellbeing Hub Progress Update

Dr Pall stepped down as Chair for this item as she was involved in the national Cavell programme. Mr Dunshea acted as Chair of the meeting for this item.

15.1 Mr Robinson reviewed key points of the paper.

15.2 Committee members were familiar with the January position from the national Estates Team which requested that all local programmes were to be paused and no further expenditure incurred as a result of developing local business cases.

15.3 It was determined locally that certain pieces of work were so integral to the continued future success of the programme that they would be continued until completion of the sites options appraisal during April.

However, following guidance from professional services organisations a decision was taken not to complete that options appraisal process because once a final option was determined, it would inevitably reach the public domain. The options appraisal process was therefore paused.

15.4 The National Estates team indicated to us that they would clarify the way forward by May but that has yet to happen. We have no further insight as to how the national programme is likely to proceed, despite many requests via different channels.

15.5 We now believe the risk of non-progression is significant and must plan accordingly. All current work has been paused and all stakeholders and the public have been briefed through the Oversight & Scrutiny Committee and the Stakeholder Reference Group that the project has been paused pending further direction.

15.6 I am formally reporting into PCCC that a decision has been taken to pause all work pending future clarification from the Estates team nationally.

15.7 That decision creates issues for the six Practices involved and alternatives are being discussed. We are not in a position to be able to report what those are because the Cavell Centre was subject to £40m of investment; any alternative proposals will not have investment attached to them therefore options are being considered on a Practice-by-Practice basis.

It is doubtful whether an update can be provided to the next Committee in terms of the Cavell Hub as a whole. The alternative options need to be worked through and a decision taken regarding the appropriate mechanism for updating the Committee.

15.8 Mr Robinson wished to recognise the hard work that the entire team have put into this project.

Any Other Business

There was no other business.

Date of Next Meeting

The next Primary Care Commissioning Committee will take place on Friday 4 August 2023.

Shropshire Telford and Wrekin ICB Primary Care Committee Action Tracker
Part 1 Meeting – 4 August 2023

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-22.10.19 Extension to Practice Boundaries	Ms Parker to pick up the issues around out of area patients with the Primary Care team and provide an update to the December Committee.	Ms Parker	December 2022 meeting	**December Update:** Mrs Williams has prepared a brief for Ms Parker which she had not yet shared with her. Update to be provided to February Committee. **March 2023 update**: Mrs Williams is waiting for further information from GMAST colleagues in relation to the GMS regulations and if there is still a requirement for commissioners to offer an out of area service. **June 2023 update:** Whilst commissioners may not be mandated to have an ES OOA scheme in place, they are responsible to ensure there are arrangements in place for those patients who register as out-of-area patient without home visits. Therefore, the obligation to arrange primary medical services sits with the commissioner. **August Update:** Replaced by June meeting action. **Close item**.

PCCC-22.10.21 Implementation Plans – Enhanced Access from 1 October 2022	Mrs Williams to investigate solutions to the issues around digital including costs and information as to how this enhanced service will help towards the virtual ward and update a future Committee.	Mrs Williams	December 2022 meeting	**December Update:** Issues around digital are ongoing. Our digital solution does not fully support the requirements in the DES. An example is online booking should be made available, but the digital solution does not support that for enhanced access. NHSE are aware and are linking with the digital supplier which for NHS STW is EMIS. The capability is not available to enable a patient to book online through the new clinical services hub. The supplier is working on the issue. NHSE colleagues have regular meetings with the supplier and are pressing them for a solution. **March 2023 update:** NHS E continue to work with system suppliers on the capability issues. **June 2023 update:** As above, there are no further updates.
PCCC-22.10.23 Supporting PCNs Through Winter	Mr Robinson to share the paper relating to winter planning submitted to Integrated Delivery Committee with PCCC members. Local Care Programme representatives to attend a future Committee to provide an update as to what the programme offers in terms of alleviating the pressures on ED and A&E and moving services into primary community.	Mr Robinson Mr White Gareth Robinson / Betty Lodge	December 2022 meeting February 2023 meeting	**December update:** Ongoing piece of work – there are frequently multiple conversations taking place. A formal presentation from the Local Care Programme would be useful. Mr White will pick up this action and arrange for a formal paper to be submitted to February Committee. **March update:** given the agreement to only deal with delegated function matters in PCCC, this action to be transferred to the proposed Primary Care Development Group when established. **June Update:** Mr Robinson to check that both these actions are complete. **August Update: Close item.** However, UEC Winter Plan to be shared with PCCC once complete.

		Emma Pyrah / Chris Billingham		Local Care Programme representatives (via Lisa Kerslake) to present latest position to a future PCCC. **Close Item.**
PCCC-22.10.26 Finance Update	Mrs Skidmore and Ms Jones to discuss with the Performance team inclusion of performance data in the Finance report.	Mrs Skidmore / Ms Jones	December 2022 meeting	**December Update:** Mrs Pall and Ms Jones will discuss the format and content of the Finance report going forward. Not yet actioned due to Mrs Pall's absence abroad. **June Update:** Dr Garside spoke to Roger Eades in the Finance team and was very clear about what is required. She now needs to speak to the Primary Care and BI teams to establish how the report can be developed. That will take some time as there are issues around access to data and also about constructing a report that is meaningful for the Committee.
PCCC-22.12.36 Ethnically Diverse Staff Survey	The results of the Ethnically Diverse Staff Survey to be brought back to PCCC to highlight and inform workforce implications.	Mr P Morgan	Future meeting – June 2023	**March update:** Verbal update on progress as part of March Workforce and Training Hub report with analysis of survey, key themes and proposed actions planned for June PCCC meeting in the form of a full report. **June Update:** The survey was completed in late April 2023 with a summary of the findings presented to a workshop on May 9th. A working group is being established to draft an action plan to address the issues raised in the survey. A full report on the findings, along with the action plan, will be presented to the August PCCC.
PCCC-23.02.05 Proposal to Change PCCC Agenda Structure	Mr White and Ms Pyrah to implement the recommendations regarding establishment of a Primary Care Transformation Committee, identifying membership of that Committee and preparing Terms of Reference.	Mr White / Ms Pyrah	March 2023 meeting	**March update:** Currently under development particularly around wider, inclusive membership. **June Update:** Mr White to provide a verbal update to a future Committee.

PCCC-23.02.06 Albrighton Medical Practice – Application to Reduce Practice Boundary	Mr Robinson to speak to his counterpart in South Staffordshire to try and find a mutually acceptable solution Make Shropcom and Public Health aware of possible implications for cross border working for District Nurses and Health Visitors.	Mr Robinson Berni Williams	March 2023 Meeting March 2023 meeting	**June Update:** Mrs Williams to check with colleagues in South Staffs the anticipated date of completion of the new housing development in Perton and requests being received for GP access by those residents and advise Committee members by email as soon as possible.
PCCC-23.02.07 2022/23 Month 9 Primary Care Financial Position	Mr Dunshea and Ms Jones to liaise regarding audit trails around the contents of the monthly Finance reports. Ms Jones to liaise with Dr Garside and the BI team to establish who the nominated lead will be to provide the data information going forward. Mr Robinson to pick up the Council's request for information in ICB Board papers relating to GP access that is easier to understand with Dr Garside and the BI team.	Mr Dunshea / Ms Jones Ms Jones Mr Robinson	March 2023 Meeting March 2023 Meeting March 2023 meeting	**March update:** AJ, BW and CL met with RD and went through information/finance etc and BW followed this up with an email to RD with some website links that explain GP payments etc. JG suggested meeting with CL as there is no identified Primary Care Performance Lead within her team. AJ with CL to go through what is available in terms of the data they hold and is aiming to add some performance data within the finance report for March report. **June Update:** No update. **August Update:** GP Access Data revised and submitted via UEC Delivery Board to IDC. **Close Action.**
Minute No. PCCC-23.06.31 – Actions Raised from Previous Meetings and Matters Arising	*22.10.19 Extension to Practice Boundaries* Ms Pyrah and Mrs Williams to pick up the action relating to Practice boundaries and out of area patients and update the next meeting.	Ms Pyrah / Mrs Williams	August 2023 meeting	
Minute No. PCCC-23.06.34 – Hodnet Medical Practice: Request for Boundary Change	Janet Gittins and Mrs Williams to discuss Hodnet offline to establish possible solutions to the issues surrounding the Practice boundary and provide Dr Pall with an update report halfway between this Committee and the next.	Janet Gittins / Mrs Williams	August 2023 meeting	

Minute No. PCCC 23.06.36 – Finance Report	Ms Pyrah to place the risk relating to sign off of the Financial Plan on the Risk Register. Mrs Skidmore to discuss with Dr Garside the inclusion of population health management in the financial plan.	Ms Pyrah Mrs Skidmore	August 2023 meeting August 2023 meeting	**August Update:** Complete. **Close item.**
Minute No. PCCC-23.06.38 – GP Access	Mr Robinson and Ms Pyrah to conclude the issues regarding GP access and governance of the 5-year plan and update the August Committee.	Mr Robinson / Ms Pyrah	August 2023 meeting	**August Update:** Internal governance being developed in line with the recently published regional and national governance structures. Meetings to be scheduled from August 2023.

Integrated Care System
Shropshire, Telford and Wrekin

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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 23-08.45
Meeting date:	4th August 2023
Paper title	Proposals for use of NHSE "Flexible Pools" funding
Paper presented by:	Phil Morgan
Paper approved by:	Emma Pyrah
Paper prepared by:	Phil Morgan
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):										
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information		
A										

Previous considerations:	

1. Executive summary and points for discussion

The ICB has been in receipt of a ring-fenced allocation from NHSE for the past two years called "Flexible Pools" which has been used to commission an online locum booking platform ("the Platform") from Lantum.

A large number of GPs, along with a small but growing number of other clinicians, have joined the Platform which is available to be used at no charge by all 51 practices.

NHSE workforce funding for 2023/24 includes a nominal allocation for "Flexible Pools" which ICBs are required to use to increase the "use of digitally enabled flexible staff/locum pools".

The current contract with Lantum ends in December 2023, meaning that the ICB must decide whether to re-commission Lantum, or to seek an alternative approach, to ensure compliance with the NHSE requirement.

Although, based on current usage, the current contract does not demonstrate value for money, the ICB believes that the Platform provides a robust and practical solution to meeting the NHSE requirement (i.e., assisting practices in booking GP locums and other sessional clinicians) and, with the reduction in contract value negotiated by the ICB from £90k to £49,380 plus booking fees (max £10k), should, therefore, be re-commissioned.

Which of the ICB Pledges does this report align with?

Improving safety and quality	Y
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	Y
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	Y

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Primary Care Commissioning Committee is asked to:

- Note the reduction in the proposed cost of the Platform from December 2023 negotiated by the ICB (and described below), based on the relatively low take-up of the Platform by STW practices to date.
- Note the continuing work being carried out by Lantum and the ICB to increase the usage of the Platform.
- Approve the extension of the contract for another year at the reduced rate with the remainder of the available budget given to the bottom line non recurrently this year
- Agree to further, ongoing monitoring reports on usage and value for money to be provided to the Committee.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

4. Appendices

None

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Improved access to GPs and other clinicians
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	

Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	Agree the recommendations above		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

1. Background

- NHSE provided ICBs (CCGs before that) with ring-fenced funding ("Flexible Pools") for 2021/22 and 2022/23. This funding, £120k for each year, had to be used to provide a digital approach to assisting local Primary Care providers with securing the workforce that they need to deliver their services.
- STW CCG carried out a survey in 2021 of practices to assess their interest in using such a digital locum booking platform which resulted in a positive response. Engagement also took place with the Shropshire Sessional GP Network who were, initially, less positive about the need for a digital solution to GP locum booking but did agree to work with the CCG to explore the issue further.
- Following a robust procurement exercise in 2021 STW ICB used the funding to commission Lantum, one of the nationally approved suppliers (commissioned by 18 ICBs), to provide the GP Locum Platform, at no cost, for the 51 STW practices.
- Specific features of the Lantum Platform, which benefit practices and locums, include:
  - All DBS checks and other relevant documentation is checked by Lantum, meaning practices don't have to do this
  - Locums get free, next-day payment
  - PCNs are able to roster their ARRS staff across local PCN practices
- Take-up of the Platform in 2021 and 2022 by practices was very good with all but 6 of the 51 practices signed-up by the end of the first year's contract. The number of GPs who had decided to register on the Platform also gradually increased during this period (see below for current numbers)
- However, despite the interest from both practices and GPs, the level of usage of the Platform by practices remained relatively low. Engagement with practices indicated that this was not, primarily due to the functionality of the Platform, which was generally thought to be good, but to most practices being able to secure GP locums via more traditional means.

- A report to PCCC in October 2022 recommended that the contract with Lantum was extended for a further 12 months from December 2022 at a cost of £90k. This was agreed to by the committee, with the proviso that value for money of the Platform would need to be improved if a further extension were to be agreed. This costing included two additional functions of the Platform in addition to the "normal" ability of practices to secure locums:
  - A PCN functionality, allowing PCNs to use the Platform to plan staffing rosters for extended hours clinics
  - A remote consultation functionality, allowing practices to book GPs for remote consultations (as opposed to face-to-face sessions)

2. Report

2.1. Strategic/National Position for Funding

- The provision of funding for workforce initiatives from NHSE for 2023/24 includes what is now called a generic "Primary Care Transformation" fund which includes, among other things, a requirement to "increase capacity in primary care by…. embedding and increasing use of digitally enabled flexible staff/locum pools"
- The key difference between this funding and previous years' funding is that the £120k that was previously ring-fenced is now part of the wider pool of funding, enabling the ICB to use only part of the funding for "digital pools", using the rest for other workforce initiatives.

2.2. Current levels of usage of the Platform in STW

- All but three (48) of the STW practices have signed up to the Platform
- The current levels of usage of the Lantum Platform across the 51 STW practices is set out in the tables below:

Numbers of Clinicians Approved on the Platform – July 2023

Staff Group	No. of Approved Staff	Comments on Trends
GPs	78	This has grown significantly over the past 12 months
Nurses/ANPs	2	There are another 10 staff who have registered but whose details have yet to be approved
Other Clinicians	2	There are another 6 staff who have registered but whose details have yet to be approved

Usage Levels of the Platform

Measure	Jan 23	April 23	June 23
No of Practices Posting Sessions	4	4	5
No. of hours filled	57	46	102
No. of Clinicians booked	4	5	4

Additional Functionality

- The remote consultation function of the Platform referred to above have not been taken up by practices to the level that was anticipated in November 2022, i.e. it has not been used frequently to justify further investment
- The PCN extended access functionality has not been used frequently to justify further investment
- Only two of the eight STW PCNs have used the Lantum PCN functionality for rostering ARRS staff
- Given this, the ICB requested Lantum to provide a quote for a contract extension that included only the basic licence costs for each practice plus four PCN licences for ARRS staff rostering – the two that are currently using this plus anticipated growth of two others (see "improvements in VFM and proposed costs" section below for details).

2.3. Actions designed to increase usage

- It is clear from the recent survey of Practices as GP Employers (see report on PCCC agenda) that practices continue to struggle to attract GP Locums:
  - 85% of respondents reported problems in engaging locums. The problems were listed in order of priority as:
    - 95% availability
    - 68% price
    - 27% terms of working and
    - 23% level of expertise/experience
- The ICB Primary Care Team has been working with Lantum in designing and implementing the following actions and activities:
  - Increasing the usage of the Platform by practices: Lantum have offered a number of incentives to practices including discounts on the costs of using GP locums
  - Identifying interest from practices in using the Platform for other clinicians: anecdotally it's clear that, whereas most practices have their own, local arrangements for securing GP locums, such arrangements are not in place for other clinicians, especially nurses/ANPs. A survey has recently been carried out with 19 practices stating that they would find use the Lantum Platform if it was possible to book the full range of practice staff – i.e. ANPs, GPNs, HCAs and Admin/Clerical staff. If committee agreed to extend the current contract the ICB will work with Lantum to provide information and assistance for these staff groups on the practicalities of working as a Locum
  - Utilising the recently appointed "STW ICS GP Locum Champion" (Dr Jon Cramphorn) to work with both practices and GP Locums to increase usage of the Platform
  - Linking up the Lantum account manager with the relevant Training Hub facilitators (covering Clinical Pharmacists, Paramedics, Physician Associates, FCPs, HCAs, Nurses and Advanced Practitioners) with a view to increasing the number of staff from these cohorts who have signed up to the Platform
- It is anticipated that these initiatives, which are accompanied by in-person engagement by Lantum staff, will result in increased usage of the Platform

2.4. User comments

- The following comments have been sent to the ICB from local practices following their use of the Lantum Platform:

"At Dawley Medical Practice we have used the Lantum Platform successfully to recruit locum GPs over Winter pressure and more recently to cover 12 months maternity leave. We've been really pleased with the locums and with the Platform, which was easy to use after a brief training session. Importantly, as we're all busy, the Lantum Platform has saved me a lot of time because all the pre-employment checks have been done for you. You can access all the documents you need to satisfy the pre-employment checks, such as GMC membership, licence to practice, CV, professional indemnity, training certificates and qualifications from the Platform. The Lantum Platform has now become our go-to when we're looking for locum clinical staff." Denise Hallett, Practice Manager, Dawley Medical Practice

"Lantum has helped manage our extended hours rota and has made it much easier for our locums to keep track of their upcoming shifts and invoices". Melissa Roberts, Patient Services Care Co-ordinator Manager, Shrewsbury PCN

"My experience of using Lantum on the whole was a positive one, I phoned them in the morning saying we needed a GP for an afternoon session for that day, and I was helpfully guided through the booking portal…. we had a booking made within 3 hours of the notice going out. We would book with Lantum again". Jenni Green, Practice Manager Prescott Surgery.

2.5. Improvements in VFM and proposed costs

- Given the relatively low level of usage of the Lantum Platform by STW practices and the need for STW ICB to demonstrate improvements in value for money the ICB has been in discussions with Lantum to identify savings in the cost of the contract.
- These discussions have resulted in a reduced cost to the ICB, if Lantum are re-commissioned the costs are as follows:

Service	Monthly Cost	Quantity	Months	Total Cost pa
Flexible Pool – Practice Licence	£65	51	12	£39,780
Flexible Pool – PCN licence (ARRS rostering)	£200	4	12	£9,600
Practice Booking Fees*	?	?	12	?
Total Cost to STW ICB			**£49,380**	

*practice booking fees were included in the 22/23 contract price – should committee agree to re-commission Lantum these fees will need to be added to the above price and would be charged dependent on usage. It is estimated that, with a growth in the usage of the Platform, these fees might total £10k during the 12 months of the contract.

- This reduced figure, compared to the cost for the 22/23 contract of £90k, is a consequence of the reduced functionality – i.e. the ending of the PCN enhanced access function and the remote consultation functionality, leaving the Platform offering a basic staff/locum booking function for practices and PCNs

2.6. Working arrangements with Lantum

- Throughout the length of the contract with Lantum the ICB (CCG) PC workforce lead has worked very closely and constructively with staff from Lantum.
- Lantum staff have provided an excellent level of customer service and support to the ICB, have responded quickly and efficiently to all requests for data/information and, on occasions, visited the ICS to meet and present to practices staff
- The ICB believes that this level of engagement and the consequent development of a strong, professional relationship, is a valuable part of any ongoing contract and should be taken into account when making a decision about use of the NHSE funding

3. Conclusions

- Given the continuing requirement from NHSE on the ICB to utilise funding for the provision of a digital workforce solution, the steady but growing usage of the platform and the excellent relationship between the ICB and Lantum, continuation of the current contract, with the reduced costs set out above, would improve value for money for local residents.

4. Recommendations

- Note the reduction in the proposed cost of the Platform from December 2023 negotiated by the ICB (and described below), based on the relatively low take-up of the Platform by STW practices to date.
- Note the continuing work being carried out by Lantum and the ICB to increase the usage of the Platform.
- Approve the extension of the contract for another year at the reduced rate with the remainder of the available budget given to the bottom line non recurrently this year
- Agree to further, ongoing monitoring reports on usage and value for money to be provided to the Committee.

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Primary Care Commissioning Committee Part 1 – 4th August 2023

Agenda item no.	**PCCC 23-08.46**
Meeting date:	**4th August 2023**
Paper title	**2023/24 Month 3 Primary Care Financial Position**
Paper presented by:	**Jill Price** **Associate Director of Finance**
Paper approved by:	**Claire Skidmore** **Chief Finance Officer**
Paper prepared by:	**Angharad Jones** **Finance Business Partner**
Signature:	C Skidmore .
Committee/Advisory Group paper previously presented:	**N/A**

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	X		

Previous considerations:	**Not applicable**

1. Executive summary and points for discussion

Financial Position – Month 3, June 2023:

The non delegated and delegated GP services budgets are underspent by £1m year to date with a forecast outturn of a £1.1m underspend. The driver for this relates to a non-recurrent favourable variance in prescribing. Now that Month 12 data has been received, the final expenditure in prescribing for 22/23 was £1m less than the value accrued.

The delegated POD budgets are overspent year to date by £187k. This is a known variance which is planned to be addressed at month 4 through transfer of allocation. Further information is available in this report.

The ICB has a small capital allocation of £883k for GP Services, split between Primary Care IT and GP Improvement Grants. The 2023/24 STW Capital Plan is now published on the ICB website. The planned spend for these schemes is phased into the latter part of the financial year and is forecast to be spent in full.

The Primary Care Efficiency Schemes are overachieving by £82k year to date with a forecast achievement of savings over plan of £330k.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	X
Workforce	

3. Recommendation(s)

The committee is asked to:

- **Note** the 2023/24 year to date and forecast position for primary care budgets
- **Note** the 2023/24 STW capital position and that the plan is published on the ICB website
- **Note** the year to date and forecast overachievement against Primary Care Efficiency Schemes
- **Note** the identified risks associated to the primary care budgets

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

N/A

5. Appendices

1. M3 Financial Detail

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	A sound understanding of the financial position and its drivers is necessary to support decision making about prioritisation of commissioned services
Quality and Safety	As above
Equality, Diversity, and Inclusion	No impact
Finances and Use of Resources	Risks to delivery of the financial plan are highlighted in this paper
Regulation and Legal Requirements	No impact
Conflicts of Interest	No impact
Data Protection	No Impact

Transformation and Innovation	No impact
Environmental and Climate Change	No impact
Future Decisions and Policy Making	The 23/24 recurrent exit position forms the basis of long term financial planning
Citizen and Stakeholder Engagement	No impact

Request of Paper:	**Note** the 2023/24 year to date and forecast position for primary care budgets. **Note** the 2023/24 STW capital position and that the plan is published on the ICB website. **Note** the year to date and forecast overachievement against Primary Care Efficiency Schemes **Note** the identified risks associated to the primary care budgets.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

2023/24 Month 3 (June 2023) Financial Position

Introduction – System Context

NHS STW ICB has a 23/24 deficit plan of £11.8m. This is part of an overall system deficit plan of £57.1m and in the context of a NHSE requirement to break even. At month 3 the ICB overall is performing at £158k favourable against the year-to-date plan. The full year forecast outturn remains in line with the full year plan.

Primary Care Services – Non Delegated & Delegated GP Services

M3 YTD £1,066k favourable variance
FOT £1,138k favourable variance

The main variance in the year-to-date position relates to a non-recurrent favourable variance in prescribing. Now that Month 12 data has been received, the final expenditure in prescribing for 22/23 was £1m less than the value accrued.

Similar to last year, there is an equal and opposite planning adjustment shown between ICB core primary care budgets and primary care delegated commissioning budgets. This is due to the total co commissioning allocation being fixed. As part of financial planning, proposed non recurrent efficiencies in the delegated budget could not be captured in that section of the plan and therefore the finance team made an expenditure budget adjustment to match total allocation with the benefit of this underspend then being pushed into and reported in the non-delegated budget area.

Primary Care Services – Pharmacy, Optometry and Dental (POD) Delegated Services

M3 YTD £187k adverse variance
FOT break even

From April 2023 the ICB has taken on responsibility for commissioning of POD services and therefore this budget has transferred across from NHSE.

For POD Delegated budgets transferred from NHS England, there is a net imbalance of 0.42% for the whole of the West Midlands when budget is distributed based on 2019/20 recurrent outturn and expenditure plans are based on 2022/23 contract levels and outturn, and Primary Care Dental contracts assumed at 100% delivery in 2023/24 plans. The STW share of that equates to a 3.41% deficit which is the 2nd highest deficit across the West Midlands ICBs. For the purpose of the plan submission, an adjustment was made to reserves at an ICB level to ensure a breakeven position was presented. For STW ICB this was a negative reserves adjustment of £1.7m. The negative reserve is sat within Pharmacy and Primary Dental and is the reason for the year to date overspend.

There is a risk share mechanism for POD budgets which captures risk share across both West and East Midlands. At month 3, this has not been actioned but we anticipate sign off imminently and allocations to be moved between ICBs. The transfer is due to be actioned in month 4 and will remove the negative reserve.

Optometry has overperformed for both April & May. Until there is a better understanding of the driver of the over activity it is too early to suggest changes to the forecast.

Overall, POD services are forecast to break even. There is likely to be an underspend on dental services as activity catches up post COVID but the dental budget has been ringfenced by NHSE so that allocation can be clawed back centrally.

Capital

The ICB has a small capital allocation of £883k for GP Services, split between Primary Care IT and GP Improvement Grants. These assets sit on the NHSE Statement of Financial Position (balance sheet) and do not appear in the ICB accounts or asset register.

As per the requirement of The Health and Care Act 2022, the 2023/24 STW Capital Plan is now published on the ICB website. The planned spend for these schemes are phased into the latter part of the financial year.

At this stage, we anticipate that we will achieve our capital programme for 2023/24 and the funding will be spent in full.

Efficiency

The ICB has a very challenging efficiency plan of £26m to deliver. At M3 overall ICB efficiency plans are being exceeded by £591k mostly due to over delivery in Individual Commissioning. Primary Care related schemes are overperforming by £82k year to date, with an overperformance forecast of £330k.

The main driver of the year to date and forecast overachievement is due to the Local Commissioned Service (LCS) rebasing of budgets scheme. A full review of all LCSs has been enacted to assess for in year likely performance and consider value for money. This has resulted in a non recurrent efficiency in year which has helped to reduce the ICB overall unidentified efficiencies gap.

		Month 3 YTD			Month 3 Forecast		
Category	Scheme Name	YTD Plan £'000s	YTD Actual £'000s	Variance £'000s	2023/24 Plan £'000s	Forecast £'000s	Variance from Plan £'000s
Medicines Management	DOAC	60	97	37	220	220	0
	DOAC Generic Switch	0	0	0	1,100	1100	0
	Primary Care PDS (NR)	0	0	0	75	75	0
	Drug switches	63	145	82	150	150	0
	Scriptswitch	126	127	1	500	500	0
	Optum	301	0	-301	710	710	0
	Optum Vitamin D	1	0	-1	10	10	0
	Specials	0	160	160	40	160	120
	ONS (Oral Nutrituinal Suppliment)	16	0	-16	165	165	0
	PDS Clawback	18	87	69	80	87	7
	Insulin Biosimilar	0	0	0	98	98	0
	Total	**585**	**616**	**31**	**3,148**	**3275**	**127**
Primary Care Services	GP Rebates (NR)	0	0	0	200	200	0
	Primary Care (NR) Rent Reductons	174	174	0	700	700	0
	Primary Care QOF (NR)	50	50	0	200	200	0
	LCS rebasing of budget	0	51	51	-	203	203
	Total	**224**	**275**	**51**	**1,100**	**1,303**	**203**
	GRAND TOTAL	**809**	**891**	**82**	**4,248**	**4,578**	**330**

Risk

Currently there are no significant risks emerging within the delegated GP services budgets and there is confidence that small risks can be mitigated and managed within budget.

There is a risk to the prescribing budget given that data is always two months in arrears and in the latter part of 22/23 we saw an escalating pressure due to Cat M and NCSO pricing.

It is felt that, within reason, this can be mitigated in year if this arises. Other ICB's within the Region are flagging cost pressures in prescribing, and therefore this is being monitored closely.

There is further risk to the Prescribing efficiencies schemes, the DOAC £1.1m is dependent on the outcome of a court case requiring Edexoban to be reclassified as a generic drug, if it is ruled in favour of becoming generic, savings will be achieved, otherwise the medicines management team will look to move to first line switching of an alternative drug which will not result in equivalent savings. Another risk of note is with the Optum scheme. Plans are in place to achieve £710k in year through a third party, but the team have experienced delays in preparing to go live which the management team are working to address.

Within POD delegated budgets there is a small risk in relation to Optometry overperformance of activity for April & May. The POD team are investigating the driver for this overspend; however it is too early to indicate anything other than a breakeven position at this stage.

The negative reserves adjustment on POD budgets has only been applied on a non-recurrent basis and therefore we must not lose sight of the recurrent risk for the ICB if the overall recurrent position is not revised across all ICBs. This is being worked through at the relevant delegated budget commissioning forums at which the ICB CFO and CEO are present.

Conclusion

Non delegated and Delegated GP services combined budgets are showing an underspend both year to date and as a forecast. This is due to the non-recurrent favourable variance in prescribing.

POD Delegated budgets are showing a year to date overspend of £187k with a forecast of breakeven. The risk share agreement transfer is due to be actioned in month 4, which will reduce the year-to-date variance.

The ICB has a small capital allocation of £883k for GP Services, split between Primary Care IT and GP Improvement Grants. This is anticipated to be spent in full.

The Primary Care Efficiency Schemes are overachieving by £82k year to date with a forecast overachievement of £330k.

Financial risks are highlighted in this report but at this stage, it is not anticipated that these budget areas will spend beyond the plans submitted.

Primary Care Non Delegated Budget

EXPENDITURE	Month			YTD			Full Year		
Primary Care Services	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k
Prescribing	6,980	6,956	24	22,980	21,876	1,103	90,402	89,305	**1,097**
Central Drugs	199	161	38	657	619	38	2,633	2,633	**0**
Oxygen	99	119	(20)	296	293	3	1,183	1,183	**(0)**
Out of Hours	503	510	(6)	1,510	1,517	(6)	6,041	6,041	**(0)**
Enhanced Services	340	362	(22)	1,122	1,135	(13)	4,489	4,489	**0**
Primary Care Pay	289	322	(33)	823	862	(39)	3,291	3,273	**18**
Primary Care Other	0	0	0	0	0	0	0	0	**0**
Primary Care IT	221	221	0	662	660	2	2,648	2,649	**(1)**
Primary Care Transformation SDF	24	24	0	257	257	(0)	1,027	1,027	**0**
Primary Care Planning Adjustment	(92)	0	(92)	(275)	0	(275)	(1,100)	0	**(1,100)**
Primary Care Services Total	**8,564**	**8,675**	**(110)**	**28,032**	**27,218**	**814**	**110,615**	**110,599**	**15**

SUMMARY:

- In month position is an adverse variance of £110k and is due to the Primary Care Planning Adjustment which is offset in primary care delegated budgets.
- YTD favourable variance is £814k, is as a result of non recurrent prescribing benefit linked to Prior year balance, where the actual cost was less than the year end accrual in relation to Feb and Mar23 data. This is partially offset by the Primary Care Planning adjustment which is linked to Delegated Co Commissioning.
- Full year positive variance of £15k is as a result of the non recurrent Prescribing benefit, offset by the Planning Adjustment.

KEY POINTS OF NOTE:

- April Prescribing data came in slightly under plan, however May & June accruals have been increased slightly over plan due to the risks associated with delivery of the efficiency schemes, and the volatility of the Cat M/NCSO costs.
- The Primary Care Planning Adjustment is similar to the adjustment applied in 22/23 budgets due to the delegated expenditure budget plan having to match the incoming allocation for co commissioning. After setting an expenditure plan for the delegated budget, this is £1.1m less than the allocation. The finance team therefore make an expenditure budget adjustment to match total allocation with the benefit of this underspend then being pushed into and reported in the non delegated budget area.

RISKS & OPPORTUNITIES:

- Prescribing EPACT information is two months in arrears, therefore it is difficult to predict any forecast away from plan at this early stage of the financial year.
- Although initial figures released for M1-3 for Cat M & NCSO show a decrease in cost compared to the latter part of 22/23, it is an increase on the same period of 22/23 of over £460k, and therefore should be noted as a risk if expenditure continues to rise.
- Enhanced Services Payments currently paid on account are based on 19/20 activity levels and this is being reviewed, as in 23/24, Qtrly reconciliations will be made. This could result in either an under or over performance.

Primary Care Delegated - Co Commissioning

EXPENDITURE	Month			YTD			Full Year		
Co-Commissioning	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k
General Practice - GMS	4,496	4,478	18	13,487	13,433	54	53,950	53,940	**10**
QOF	662	662	0	1,986	1,986	(0)	7,943	7,943	**0**
Enhanced Services	1,738	1,713	25	4,669	4,655	15	17,968	17,938	**30**
Premises Cost Reimbursements	620	636	(16)	1,861	1,849	12	7,444	7,476	**(32)**
Dispensing & Prescribing	268	281	(13)	804	821	(16)	3,218	3,188	**30**
Other GP Services	43	81	(38)	137	174	(37)	550	564	**(14)**
Co Commissioning Planning Adjustment	75	0	75	225	0	225	900	(200)	**1,100**
Co-Commissioning Total	**7,903**	**7,851**	**52**	**23,170**	**22,918**	**252**	**91,974**	**90,850**	**1,123**

SUMMARY:

- In Month position is a favourable £52k
- YTD position is a favourable £252k
- FOT position is a favourable £1,123k.
- The main reason for these positive variances is the £1.1m planning adjustment line, which is explained below.

KEY POINTS OF NOTE:

- The Primary Care Planning Adjustment is similar to the adjustment applied in 22/23 budgets due to the delegated expenditure budget plan having to match the incoming allocation for co commissioning. After setting an expenditure plan for the delegated budget, this is £1.1m less than the allocation. The finance team therefore make an expenditure budget adjustment to match total allocation with the benefit of this underspend then being pushed into and reported in the non delegated budget area.
- The £1.1m forecast variance is non recurrent in nature based on income expected from Rates Rebates (£200k), a lower than planned QOF achievement (96% achievement v 98% plan), and a one off actual rent saving due to a prior year accounting adjustment.
- The position does not reflect the true Additional Roles Reimbursement Scheme (ARRS) forecast. The reported forecast (as instructed by NHSE) is based on the allocation received within the baseline budget (£7.7m), however it is predicted that a further £1.5m will be required from the central allocation held by NHSE.

RISKS & OPPORTUNITIES:

- There is a risk to the £200k planning adjustment aligned to the QOF achievement. The QoF plan was originally set at 98% achievement, however the budget now assumes 96% achievement, with £200k moved into the Planning Adjustment line. If practices were to achieve an average of more than 96% this would result in an overspend on the delegated budget.

Primary Care Delegated – Pharmacy, Optometry & Dental

EXPENDITURE	Month			YTD			Full Year		
Pharmacy, Optometry & Dental	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k
Opthalmic	470	528	(58)	1,405	1,455	(49)	5,748	5,748	0
Pharmacy	752	801	(48)	2,256	2,402	(146)	9,595	9,595	0
Community Dental	336	336	0	979	979	0	3,914	3,914	0
Primary Dental	2,057	2,014	44	5,707	5,701	6	21,778	21,778	0
Secondary Dental	722	721	1	2,102	2,099	3	8,406	8,406	0
Property Costs	26	26	0	79	79	0	318	318	0
Primary Care IT	1	1	0	3	3	0	14	14	0
Pharmacy, Optometry & Dental Total	**4,365**	**4,427**	**(62)**	**12,531**	**12,717**	**(187)**	**49,774**	**49,774**	**0**

SUMMARY:

- In Month adverse variance of £62k
- YTD adverse variance of £187k
- Key driver for in month and year to date variances within the Pharmacy category is due to the negative budget set in the plan. Further explanation is included in the section below.
- Optometry has overperformed for both April & May. Until there is a better understanding of the driver of the over activity it is too early to suggest changes to the forecast.
- Full year forecast of breakeven against plan.

KEY POINTS OF NOTE:

- For POD Delegated budgets transferred from NHS England, there is a net imbalance of 0.42% for the whole of the West Midlands when budget is distributed based on 2019/20 recurrent outturn and expenditure plans are based on 2022/23 contract levels and outturn, and Primary Care Dental contracts assumed at 100% delivery in 2023/24 plans. The STW share of that equates to a 3.41% deficit which is the 2nd highest deficit across the West Midlands ICBs. For the purpose of the plan submission, an adjustment was made to reserves at an ICB level to ensure a breakeven position was presented. For STW ICB this was a negative reserves adjustment of £1.7m. The negative reserve is sat within Pharmacy and Primary Dental and is the reason for the year to date overspend.
- There is a risk share mechanism for POD budgets which captures risk share across both West and East Midlands. At month 3, this has not been actioned but we anticipate sign off imminently and allocations to be moved between ICBs. The transfer is due to be actioned in month 4 and will remove the negative reserve.

RISKS & OPPORTUNITIES:

- The negative reserves adjustment has only been applied on a non recurrent basis and therefore is a recurrent risk for the ICB.
- Pharmacy data is three months in arrears, at month 3 it is assumed breakeven.
- Ophthalmic activity was over plan across the Midlands Region for April & May 23, it is assumed the activity will come back in line with plan in later months of the year.
- Given the dental ringfence target there is a risk that any underspends against the target will lead to allocation clawback from the national teams. This could be mitigated by investing any slippage in dental services non recurrently. There could however be a further risk if other ICBs have planned to use dental underspends to offset other budgets and this funding is not available

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 23-08.47
Meeting date:	4th August 2023
Paper title	Findings from the Research into GPs across STW
Paper presented by:	Phil Morgan
Paper approved by:	Emma Pyrah
Paper prepared by:	Phil Morgan
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):										
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information		
A										

Previous considerations:	

1. Executive summary and points for discussion

This report provides a summary of the findings from a programme of work, commissioned by the STW ICB PC Team and carried out by Primary Care Commissioning (PCC), aimed at providing an evidence base for the revision of the STW ICB GP Strategy (which was approved by this committee in the summer of 2022).

The work consisted of the design and implementation of a series of surveys as follows:

Cohort Surveyed	**Purpose/Aim of Survey** – to understand:
Final year medical students	the factors in choosing GP as a career
Foundation year doctors	the factors in choosing GP as a career
GP Trainees	the challenges facing GP trainees in their post-CCT transition
Qualified GPs	the range of challenges facing GPs of all ages and roles
Practices as GP employers	the recruitment and retention challenges facing practices

The overall aim of this work is to improve the recruitment and retention of GPs across the 51 STW practices and thereby address the overall reduction in the number of GPs:

STW GP Cohort	**Sept 15**	**Sept 17**	**Sept 19**	**Sept 21**	**Sept 22**	**May 23**
FTE GPs	285	261	251	254	245	242
FTE GP Partners	229	199	187	171	162	164

A summary of the key findings from each of the above surveys is set out below, with detailed reports for each survey found in the appendices.

The overall finding is that there is a significant amount of work to be done if the steady decline in the number of GPs is to be reversed. This work will be set out in the revised STW ICB GP Strategy which will be presented to this committee in October 2023. The revised Strategy will be supported by a detailed Action Plan with SMART actions and targets.

This work, which will be led by the ICB Primary Care Workforce Lead, will be supported by the recently recruited team of GP leads who have all contributed to the work set out in this report (recruitment of this team was an objective in the 2022 GP Strategy):

Role	Name	Purpose of Role
Female GP Lead	Dr Nikki Harrison	Addressing key issues around recruitment and retention for female GPs
Locum GP Champion	Dr Jon Cramphorn	Supporting GP locums and practices in working with GP locums
Ethnically Diverse GP Champion	Dr Gideon Eyitemi	Supporting GP trainees and qualified GPs from minority ethnic backgrounds
Older GP and Career Break GP Lead (shared role)	Dr Tim Lyttle Dr Adam Pringle	Providing advice and support for older GPs and those wishing to take a career break
GP Marketing Lead	Dr Rachel Sissons	Reaching out to colleges, medical schools and FY doctors to market the role of GPs
Differential Attainment GP Lead	Dr Rachael Hayhurst	Working with IMG VTS doctors who need support in passing final exams

The revision of the GP Strategy will take full account of the specific issues relating to GPs that are included in the NHS Long Term Workforce Plan . This work will also reflect the gradual shift to more multi-disciplinary teams in the STW practices and, in particular, to the growth in the number of advanced practitioners who are able to prescribe. Although this is a welcome trend it is unlikely to reduce the importance of focusing on the recruitment and retention of GPs.

Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	Y
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	Y
Workforce	Y

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Primary Care Commissioning Committee is asked to:

- Note the summary of the findings from the five surveys.
- Agree that the findings should form the basis for a comprehensive revision of the STW ICB GP Strategy which will be presented to this committee in October 2023

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

4. Appendices

1. PCC report on findings from survey of qualified GPs
2. PCC report on findings from survey of medical students
3. PCC report on findings from survey of foundation year doctors
4. PCC report on findings from survey of GP trainees
5. PCC report on findings from survey of GP practices as employers of GPs

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Improved access to GPs
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	• Note the key findings from the research • Approve the recommendation for the ICB to review and update the STW ICB GP Strategy		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

1. Background

- Primary Care Commissioning Committee approved, in the summer of 2022, the first STW GP Strategy which set out the key challenges facing the recruitment and retention of GPs in the STW area.
- Although the Strategy, which was primarily written by the ICB Primary Care Workforce Lead, did have input from a small group of GPs and PMs, it was not informed by a robust dataset. This was acknowledged at the time, with one of the recommendations in the Strategy being that a comprehensive piece of research should be carried out to provide an evidence base for a subsequent review of the Strategy.
- As a consequence the ICB commissioned PCC, a CIC, to carry out a series of surveys designed to give the ICB a detailed picture of the challenges and issues facing the system in recruiting and retaining GPs. The design and content of the surveys was informed by detailed engagement with a wide range of local stakeholders including GPs, Shropdoc, the LMC, the Shropshire Sessional GP Network and a number of Practice Managers.
- The surveys were conducted in April and May 2022 and sent to the various cohorts as follows:

Cohort Surveyed	Who was the survey sent to/how was it delivered?
Final year medical students	all 5th year medical students at Keele University, with the cooperation of the medical school
Foundation year doctors	all foundation year doctors working in secondary care in the STW ICB
GP Trainees	all GP trainees on the STW VTS
Qualified GPs	all qualified GPs working in STW via: Practice Managers, Senior Partners, Shropdoc, Shropshire Sessional GP Network, STW First 5 GP Network, usual ICS comms routes
Practices as GP employers	all Practice Managers and Senior Partners

- The emerging/draft findings were shared at a series of Teams “drop-in” sessions for GPs and PMs during May and June, and also at the two PLTs held in June.
- The detailed reports for each of the cohorts surveyed are set out as appendices to this report
- The key findings along with a proposed set of recommendations are set out below – it should be noted that the recommendations are those proposed by PCC and are designed to assist the ICB in revising the GP Strategy. Therefore, committee members are not being asked to formally approve the recommendations at this point, although members’ views are sought on them to input to the review of the Strategy.

2. Report

This part of the report consists of the key findings and proposed set of recommendations from each of the five surveys – further detail is set out in the appendices to this report, including commentary on the response rate for each survey.

Final Year Medical Students – responses: 9

Key Findings	Proposed Recommendations
• Of the 9 respondents, 3 stated that they are likely to want to train as a GP, 3 are unlikely and 3 are unsure. • No respondents said they would be continuing their training in the Shropshire, Telford and Wrekin area. • The top factor attracting this cohort to general practice is the ability to work flexibly. • The top factor that might put students off working in general practice was morale within General Practice. • When asked what would be helpful to make general practice more attractive, the top response was clarity on the future of General Practice and operational model changes, including Partnerships, PCNs, equity and estate.	• To proactively engage with medical students at all stages of their education, particularly in their final year, to encourage them to consider becoming a GP • To create more opportunities for medical students to gain experience of working in general practice including an insight into Partnership • For the STW ICS GP Marketing lead to consider how best to achieve the above two recommendations, working with relevant stakeholders in the ICS and the local region

Foundation Year Doctors – responses: 8

Key Findings	Proposed Recommendations
• 2 respondents said they would be continuing to work in the Shropshire, Telford and Wrekin area, 3 said they would not, and 3 were undecided. • The top factor attracting this cohort to general practice is the ability to work flexibly. • The top factor that might put FY doctors off working in general practice was morale within General Practice. • When asked what would be helpful to make general practice more attractive, the joint top responses were positive promotion of General Practice as a career during Medical School, and improved continuity of care between primary and secondary care interfaces.	• To proactively engage with Foundation Year doctors, to encourage them to consider becoming a GP • To create more opportunities for Foundation Year doctors to gain experience of working in general practice including an insight into Partnership • For the STW ICS GP Marketing lead to consider how best to achieve the above two recommendations, working with relevant stakeholders in the ICS and the local region

NB – the low rates of response for the above two surveys were anticipated due to the fact that this was the first time that the ICB had engaged with these cohorts. The STW ICS GP Marketing Lead will be working with HEIs, and the Foundation Year programme leads, to improve overall engagement which, it is anticipated, will lead to significantly higher response rates should this survey be repeated in following years.

GP Trainees – responses: 51

Key Findings	Proposed Recommendations
• Of 22 ST3 respondents, 68% reported that they would stay in the Shropshire, Telford and Wrekin area. • 13 respondents reported that they planned to do some locum work once qualified. 5 respondents reported that they would be taking some time out after CCT • 8 respondents reported that they had a Tier 2 Visa, 6 of whom reported that they would need support to extend their visas to enable them to continue work in the UK • When asked about future career plans over the next 1,5 and 10 years, the average number of sessions per role reduces over time for Salaried GPs and Locums, and the average number of sessions planned increases over time for Partners and other specialist roles. • The top factor attracting this cohort to general practice is the ability to work flexibly (90% respondents) • The top response which might put this cohort off working in general practice is work-related stress (74% respondents). • When asked what could be changed to make general practice more attractive, the top response was a reduction in workload and intensity (72% respondents).	• To proactively engage with GP Trainees to encourage them to remain in the STW ICS area following their CCT • To support and facilitate GP Trainees to secure employment, post-CCT, in the STW ICS area as either a Partner, Salaried GP or Locum • In order to achieve the above two recommendations, and to work through the detailed findings from the survey, the ICB should liaise with one or more of the VTS TPDs to identify how the current VTS arrangements and course content could facilitate more GP Trainees to remain in the area and secure employment

Fully Qualified GPs – responses: 117

Key Findings	Proposed Recommendations
• 38% of respondents are considering a change in the next 12 months, and 27% respondents are considering a change in the next 2-3 years. This gives a total of 65% of respondents considering a change in the next 3 years. • The biggest percentage of respondents planning to make a change were planning to retire. The majority of others considering change reported that they were planning to reduce sessions or develop a portfolio career in order to manage their own wellbeing. • Only 1% respondents reported that they were planning to secure a partnership. • The top reason for wanting a change in current role was due to workload pressures. • Most GPs are working 6 sessions a week – i.e. less than full-time. This reflects the overall trends of GP numbers in STW over the past seven years, with roughly the same number of GPs in the area but working fewer hours. • There is a mixed picture around satisfaction levels: 42% are satisfied or highly satisfied with their current role, but 40% said they are not/partially satisfied. Satisfaction levels were highest among Locum GPs, slightly higher among female GPs and the lowest amount older GPs. GPs from ethnically diverse backgrounds expressed a wider range of levels of satisfaction than other groups. • The key issues raised by GPs are: ➢ A large increase in administrative work, taking up more of their time ➢ Being asked "to do more with the same resources" ➢ The importance of a healthy work life balance, and the challenges in achieving this ➢ Resistance to the idea that "one-size-fits-all" when it comes to the role of a GP ➢ Many GPs are looking for alternatives to the basic GP role including: working as a Portfolio GP, carrying out some locum work and seeking more flexibility in their hours	• The findings from this report, along with those from the other four surveys, will be taken forward into a review of the STW ICS GP Strategy. Without prejudging that review, some of the key issues that will be considered that are within the gift of the ICS are: ➢ The need to improve the image of GPs via focused comms and marketing ➢ Making Partnership more attractive, particularly to younger GPs ➢ Enabling GPs to work more flexibly with a variety of roles and working arrangements ➢ Improving the operational links between Primary and Secondary Care • A number of other issues raised in the report relate to issues that the ICS should raise at a regional and/or national level, including improvements to overall funding and pensions.

Practices as Employers of GPs – responses: 34

Key Findings	Proposed Recommendations
• A total of 85% respondents have tried to recruit over the last 12 months. 78% tried to recruit into salaried GP posts, with 7% recruiting to a Partner role. • 76% respondents reported experiencing challenges on recruitment. • 79% respondents would appreciate support with recruitment, and 70% would appreciate other support that would assist with recruitment and retention. • 62% respondents reported engaging locums frequently. 85% of respondents reported challenges in engaging locums, and 73% of respondents said they would appreciate support in engaging locums.	• Identify practical solutions to the recruitment challenges identified by practices • Identify practical solutions to the retention challenges identified by practices • Share good practice on the recruitment and retention of GPs • Encourage the use of Lantum by practices as a way of addressing the challenges of engaging GP Locums • Identify practical solutions to the issues identified by practices in working with GP Locums • For all of the above, seek volunteer PMs/Partners to join a task-and-finish group to work up a series of SMART actions • For those issues relating to GP locums the STW ICS GP Locum Champion will engage both with practices as employers of locums, and with locums themselves to develop mutually beneficial solutions

3. Conclusions

- It is clear from the work carried out by PCC which led to the findings and recommendations set out above, that a significant amount of work is needed in order to recruit and retain more GPs in the STW ICS.
- This work will initially consist of a review and revision of the STW ICB GP Strategy which will be presented to PCCC in October 2023. This review will be led by the ICB Primary Care Workforce Lead and assisted by the team of GP Leads set out above. The aim of including the GP leads in this work is to enable them to “own” the specific part of the GP Strategy and linked Action Plan that relates to their cohort/area of interest.

4. Recommendations

- Note the summary of the findings from the five surveys.
- Agree that the findings should form the basis for a comprehensive revision of the STW ICB GP Strategy which will be presented to this committee in October 2023

GP PATIENT SURVEY

SHROPSHIRE, TELFORD AND WREKIN ICS

Latest survey results

2023 Survey

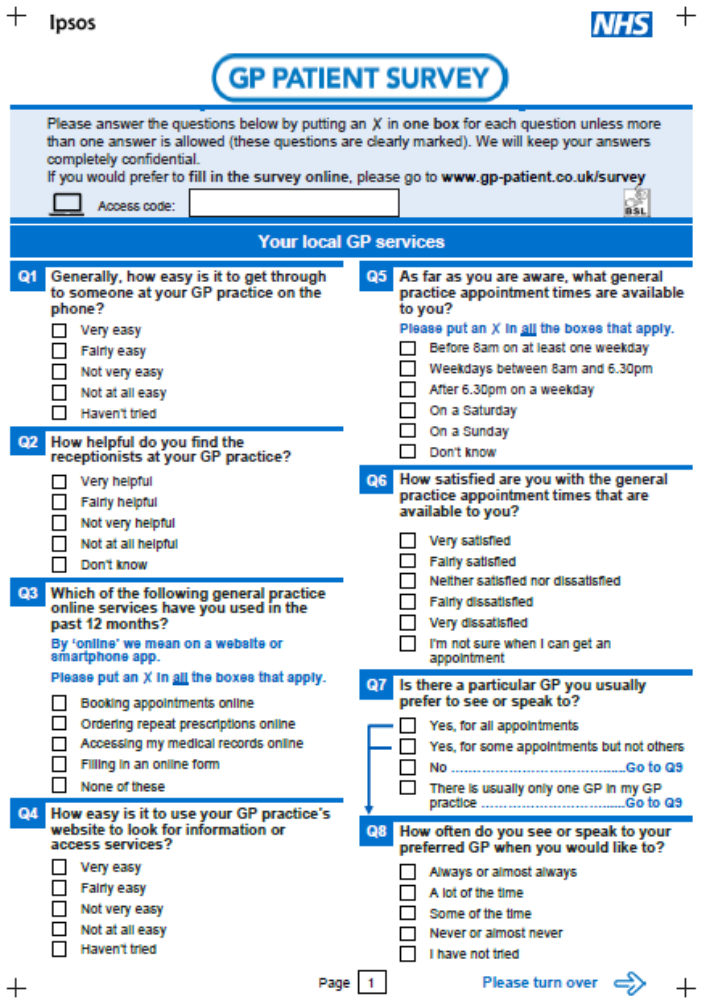
Ipsos

Contents

Background, introduction and guidance

Introduction

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- This slide pack presents some of the key results from the 2023 GP Patient Survey for **SHROPSHIRE, TELFORD AND WREKIN ICS (Integrated Care System)**.
- In **SHROPSHIRE, TELFORD AND WREKIN ICS, 15,236** questionnaires were sent out, and **6,194** were returned completed. This represents a response rate of **41%**.
- Where available, packs include trend data beginning in 2020. Where questions have changed significantly for the 2023 questionnaire, data will not be comparable to previous years.



Ipsos NHS

GP PATIENT SURVEY

Please answer the questions below by putting an X in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.
If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey

Access code:

BSL

Your local GP services

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?
- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

Q2 How helpful do you find the receptionists at your GP practice?
- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Don't know

Q3 Which of the following general practice online services have you used in the past 12 months?
By 'online' we mean on a website or smartphone app.
Please put an X in all the boxes that apply.
- Booking appointments online
- Ordering repeat prescriptions online
- Accessing my medical records online
- Filling in an online form
- None of these

Q4 How easy is it to use your GP practice's website to look for information or access services?
- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

Q5 As far as you are aware, what general practice appointment times are available to you?
Please put an X in all the boxes that apply.
- Before 8am on at least one weekday
- Weekdays between 8am and 6.30pm
- After 6.30pm on a weekday
- On a Saturday
- On a Sunday
- Don't know

Q6 How satisfied are you with the general practice appointment times that are available to you?
- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- I'm not sure when I can get an appointment

Q7 Is there a particular GP you usually prefer to see or speak to?
- Yes, for all appointments
- Yes, for some appointments but not others
- No ..... Go to Q9
- There is usually only one GP in my GP practice ..... Go to Q9

Q8 How often do you see or speak to your preferred GP when you would like to?
- Always or almost always
- A lot of the time
- Some of the time
- Never or almost never
- I have not tried

Page 1 Please turn over

Background information about the survey

GP PATIENT SURVEY

- The GP Patient Survey (GPPS) is an **annual** England-wide survey about **patients' experiences of their GP practice** and is administered by Ipsos on behalf of NHS England.
- The survey covers a range of topics including:
  - **Your local GP services**
  - **Making an appointment**
  - **Your last appointment**
  - **Overall experience**
  - **COVID-19**
  - **Your health**
  - **When your GP practice is closed**
  - **NHS Dentistry**
  - **Some questions about you (including relevant protected characteristics and demographics)**
- The survey provides data at **practice level** using a consistent methodology, which means it is comparable across organisations. The survey also provides data at **Primary care network** (PCN), **Integrated care system** (ICS) and **National** level.
- Minor changes were made to the questionnaire in 2023 to ensure that it continued to reflect how primary care services are delivered and how patients experience them.
- The effect of the pandemic should be taken into account when looking at results over time.
- The latest 2023 questionnaire including past versions, and the Technical Annex for further information about the survey can be found here: https://gp-patient.co.uk/surveysandreports.
- Survey considerations:
  - Sample sizes at practice level are relatively small.
  - The survey is conducted annually and provides a snapshot of patient experience at a given time.
- Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice in order to identify potential improvements and highlight best practice.

The next slide suggests ideas for how the data can be used to help to improve services.

Ipsos

How to use this data for improvement

GP PATIENT SURVEY

The data in this slide pack can be used and interpreted to help to improve GP services, in the following ways:

- **Comparison of an ICS against the national result**: this allows benchmarking of the results to identify whether the ICS is performing well, poorly, or in line with the national picture. The ICS may wish to focus on areas where it compares less favourably.
- **Analysing trends in an ICS's results over time**: this provides a sense of the direction of the ICS's performance. The ICS may wish to focus on areas which have seen a decline in results over time.
- **Comparison of PCN's results within an ICS area**: this can identify PCNs in an area that seem to be over-performing or under-performing compared with others. The ICS may wish to work with individual PCNs: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.

An interactive dashboard providing more detail at PCN level can be found here: https://www.gp-patient.co.uk/pcn-dashboard.

Please note PCNs have been aligned to the ICS based on the Lead Sub ICB Location identified by the NHS Digital ePCN mapping file, accessed via the NHS Digital organisation data service. There were a very small number of PCNs which crossed ICS boundaries – if this is the case, this will be noted below.

Ipsos

Interpreting the results

- The number of participants answering each question (the unweighted base) is stated for each question.
- All comparisons are indicative only. Differences may not be statistically significant.
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.

- Note on the presentation of the data:
  - A * represents a percentage greater than 0% but less than 0.5%
  - There are cases where percentages for each of the different responses to a question do not add to the combined percentage totals (e.g. ‘Very good’ and ‘Fairly good’, compared with the combined total ‘Good’), or where results do not sum to 100%. This may be due to computer rounding, the rounding of weighted data, or where questions allow for multiple responses.
  - In cases where fewer than 10 patients have answered a question, the data have been suppressed and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.
  - Please note on pie charts where the results are 2% or less, these labels are not shown. Hovering over the segment on the pie chart will show the percentage.

- Trends:
  - 2023: refers to the 2023 survey (fieldwork 3 January to 3 April)
  - 2022: refers to the 2022 survey (fieldwork 10 January to 11 April)
  - 2021: refers to the 2021 survey (fieldwork 4 January to 6 April)
  - 2020: refers to the 2020 survey (fieldwork 2 January to 6 April)
- Where available, ICS trends start from the 2020 survey. When looking at the results over time, please bear in mind that ICSs have developed as organisations during this period, including some boundary changes.
- For further information on using the data please refer to the end of this slide pack.

Overall experience of GP practice

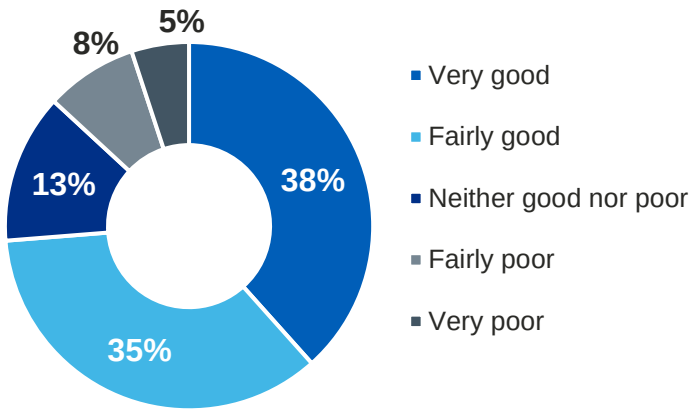
Overall experience of GP practice

SHROPSHIRE, TELFORD AND WREKIN ICS

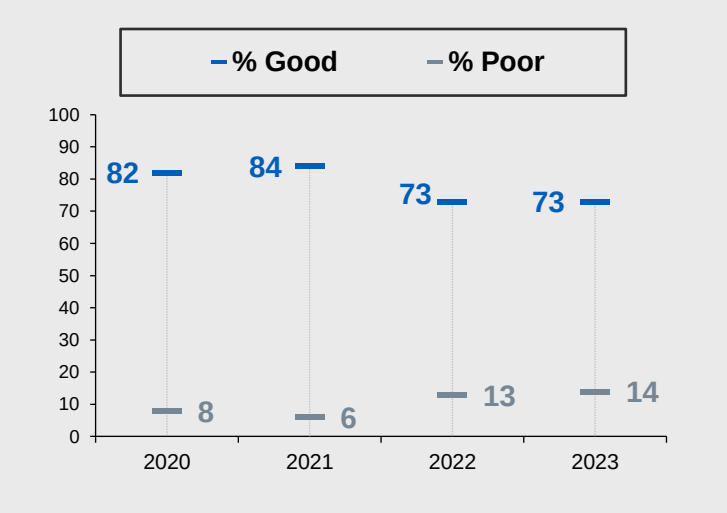
GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?

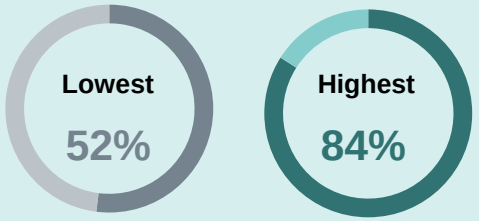
ICS result



ICS result over time



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
73%	14%	71%	14%

%Good = %Very good + %Fairly good
%Poor = %Very poor' + %Fairly poor

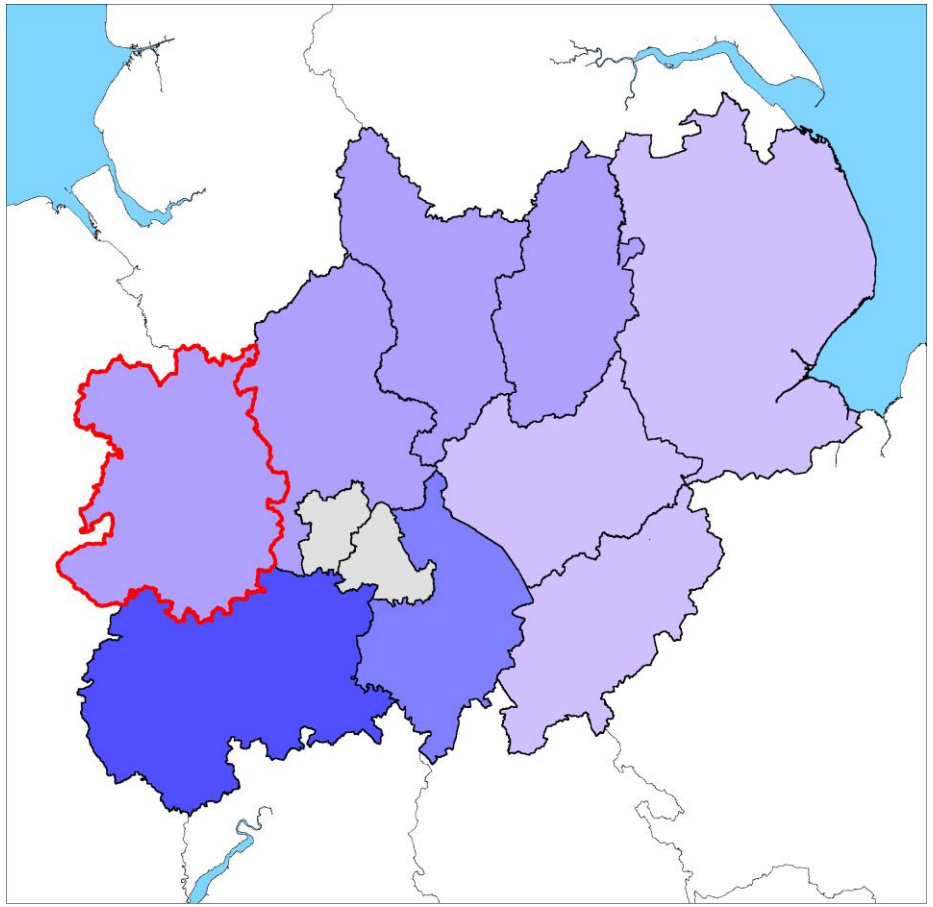
Base: Asked of all patients. National (749,020); ICS 2023 (6,116); ICS 2022 (6,015); ICS 2021 (6,933); ICS 2020 (6,107); PCN bases range from 233 to 1,756

Ipsos

Overall experience: how the ICS results vary within the region

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?



Overall experience of GP practice
% Good

- 75.6 to 80.1
- 73.1 to 75.6
- 71.2 to 73.1
- 68.0 to 71.2
- 62.6 to 68.0

Results range from

63%

to

76%

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

Base: Asked of all patients. ICS bases range from 6,116 to 46,211

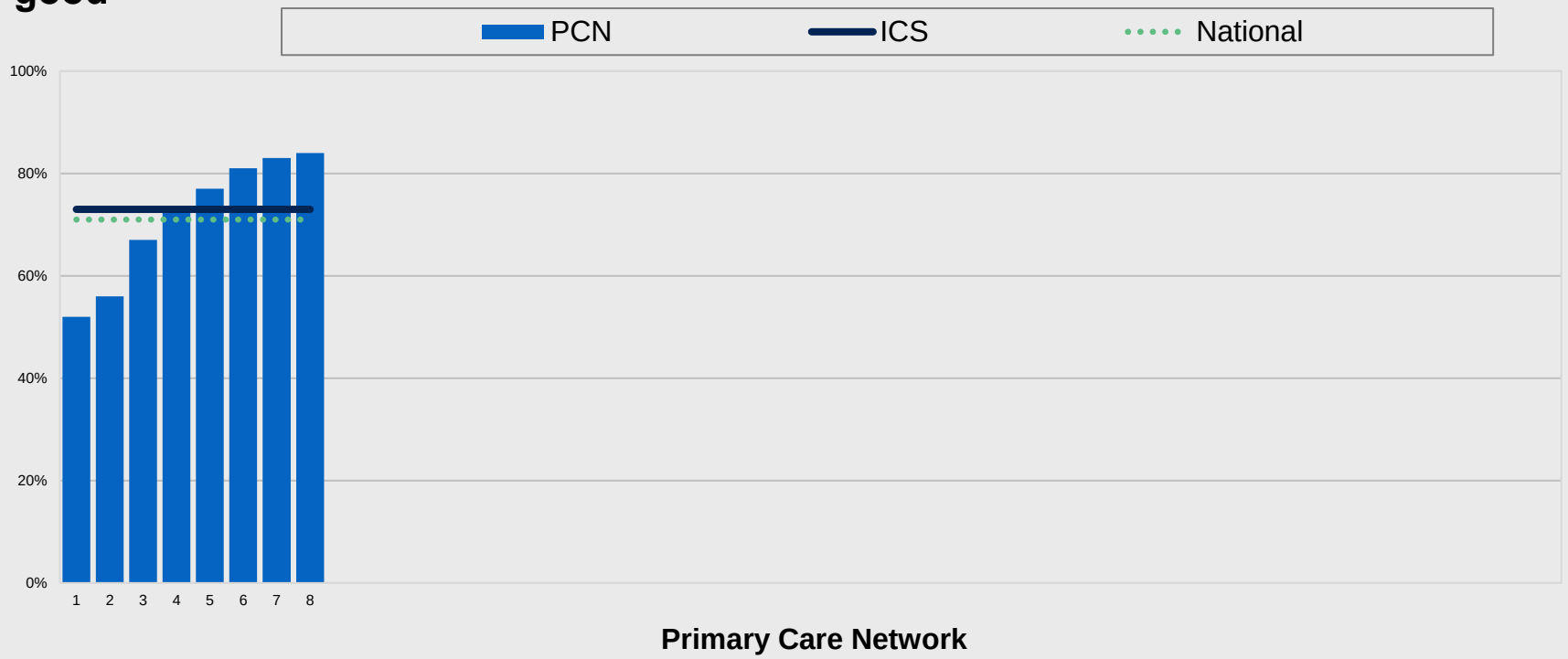
Ipsos

Overall experience: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying their overall experience of their GP practice was 'good'



Base: Asked of all patients. National (749,020); ICS 2023 (6,116); PCN bases range from 233 to 1,756

PCN	Name
1	WREKIN PCN
2	TELDOC PCN
3	SOUTH EAST TELFORD PCN
4	NORTH SHROPSHIRE PCN
5	NEWPORT AND CENTRAL PCN
6	SHREWSBURY PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

Ipsos

Local GP Services

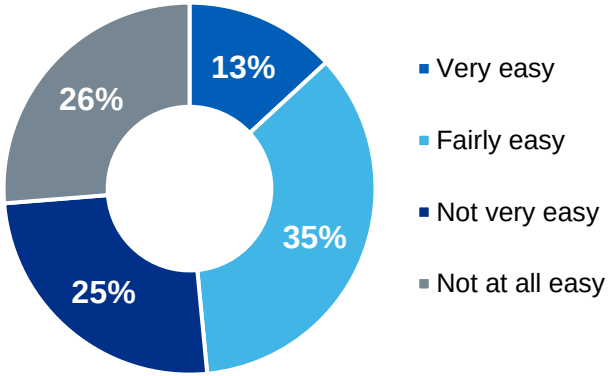
Ease of getting through to GP practice on the phone

GP PATIENT SURVEY

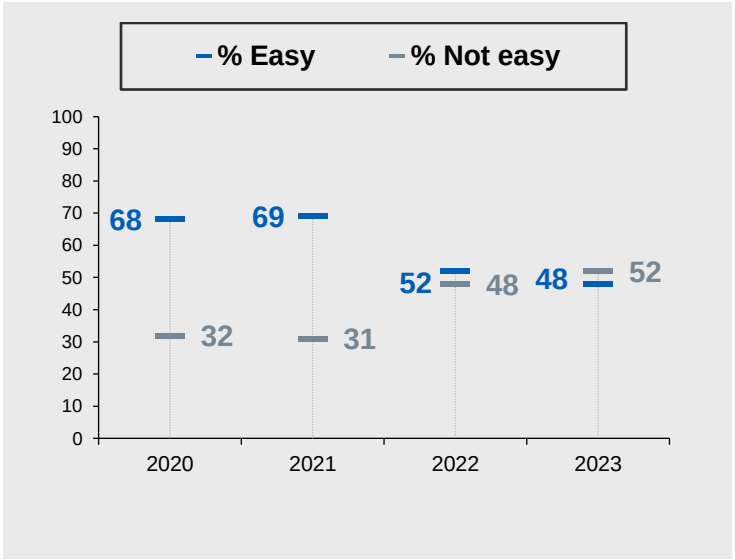
SHROPSHIRE, TELFORD AND WREKIN ICS

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

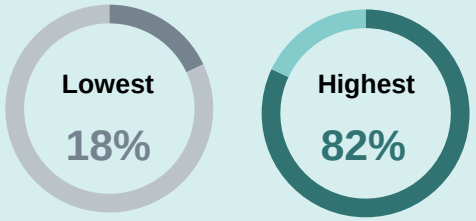
ICS result



ICS result over time



PCN range within ICS – % **Easy**



Comparison of results

ICS		National	
Easy	Not easy	Easy	Not easy
48%	52%	50%	50%

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded. National (726,640); ICS 2023 (5,937); ICS 2022 (5,781); ICS 2021 (6,703); ICS 2020 (6,035); PCN bases range from 225 to 1,699

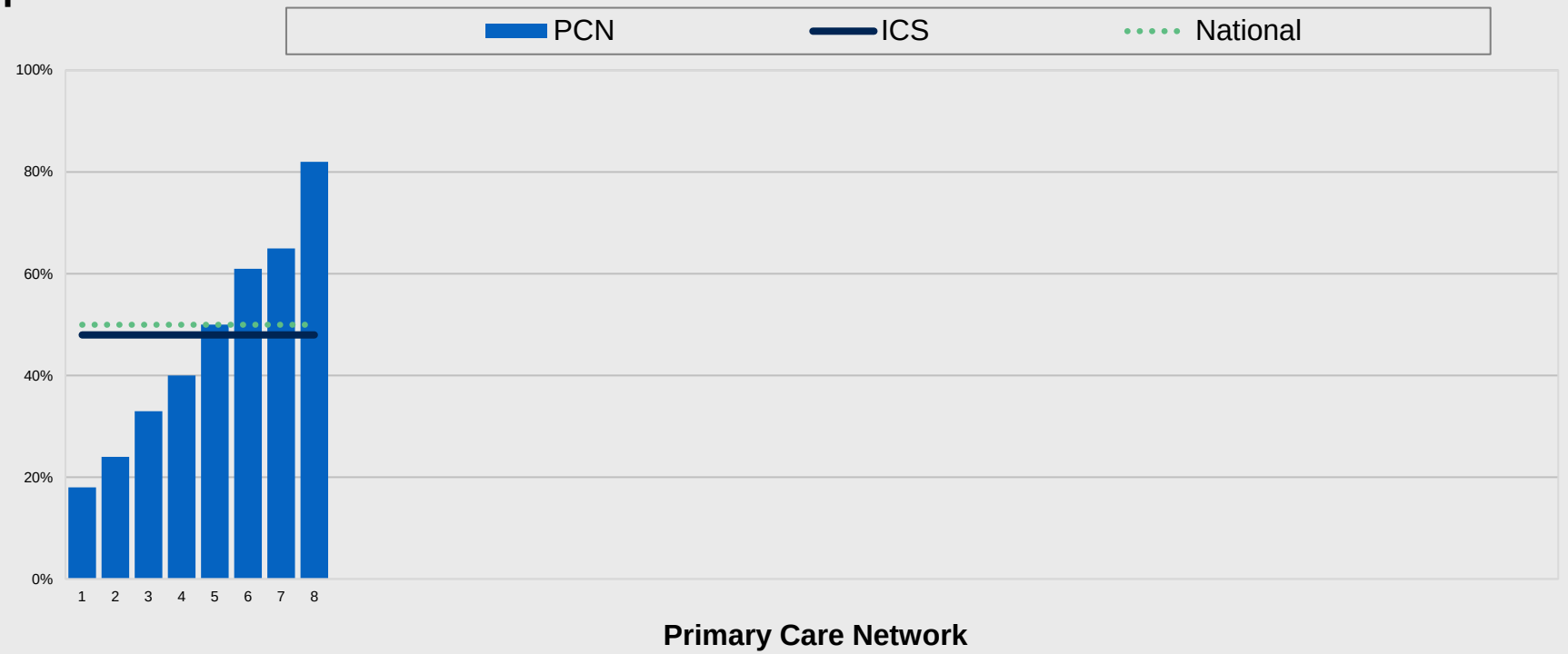
Ipsos

Ease of getting through to GP practice on the phone: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is ‘easy’ to get through to someone on the phone



Base: Asked of all patients. Patients who selected ‘Haven’t tried’ have been excluded. National (726,640); ICS (5,937); PCN bases range from 225 to 1,699

PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	SOUTH EAST TELFORD PCN
4	NEWPORT AND CENTRAL PCN
5	NORTH SHROPSHIRE PCN
6	SHREWSBURY PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Comparisons are indicative only: differences may not be statistically significant

%Easy = %Very easy + %Fairly easy

Ipsos

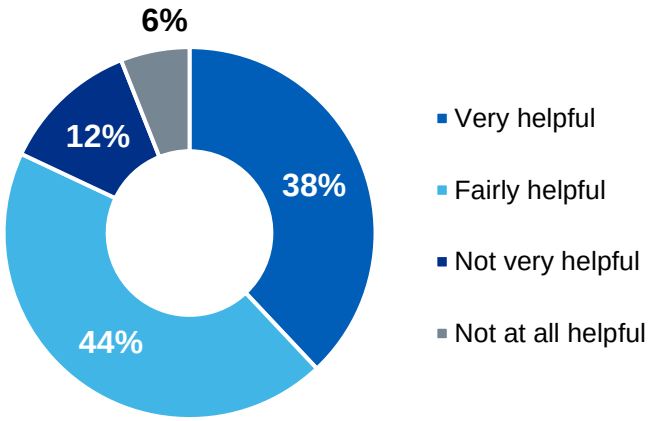
Helpfulness of receptionists at GP practice

GP PATIENT SURVEY

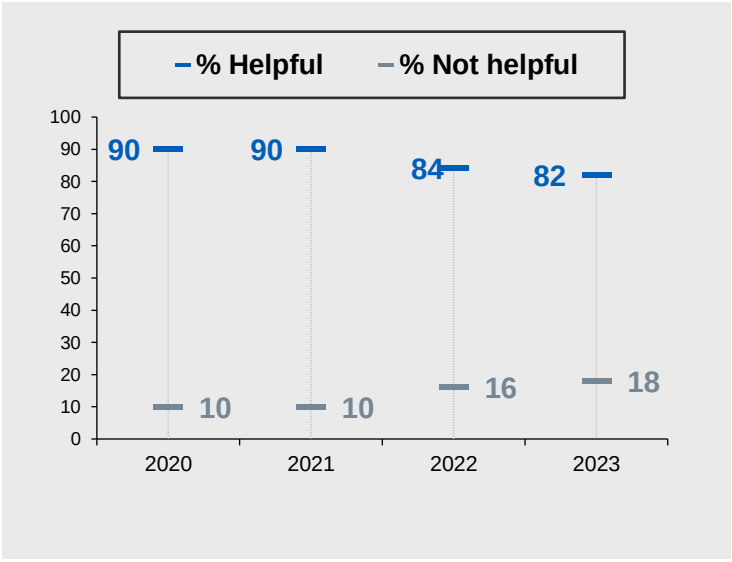
SHROPSHIRE, TELFORD AND WREKIN ICS

Q2. How helpful do you find the receptionists at your GP practice?

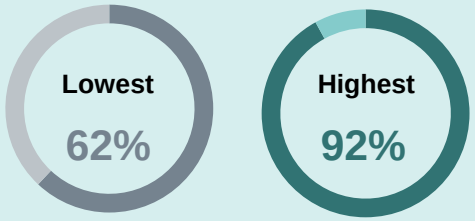
ICS result



ICS result over time



PCN range within ICS – % **Helpful**



Comparison of results

ICS		National	
Helpful	**Not helpful**	**Helpful**	**Not helpful**
82%	18%	82%	18%

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

Base: Asked of all patients. Patients who selected 'Don't know' have been excluded. National (731,343); ICS 2023 (5,961); ICS 2022 (5,759); ICS 2021 (6,727); ICS 2020 (6,138); PCN bases range from 226 to 1,717

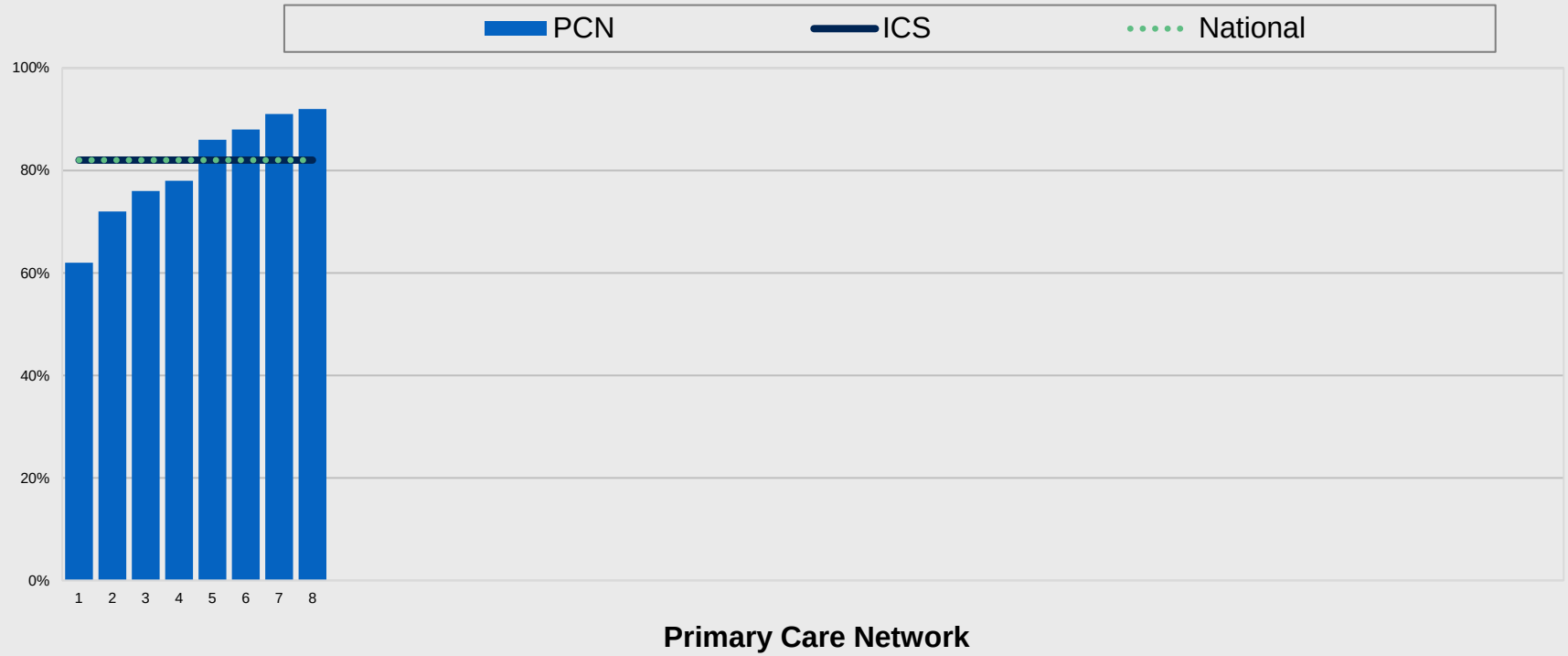
Ipsos

Helpfulness of receptionists at GP Practice: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



Base: Asked of all patients. Patients who selected 'Don't know' have been excluded. National (731,343); ICS 2023 (5,961); PCN bases range from 226 to 1,717

PCN	Name
1	WREKIN PCN
2	TELDOC PCN
3	SOUTH EAST TELFORD PCN
4	NEWPORT AND CENTRAL PCN
5	NORTH SHROPSHIRE PCN
6	SHREWSBURY PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Comparisons are indicative only: differences may not be statistically significant

%Helpful = %Very helpful + %Fairly helpful

Ipsos

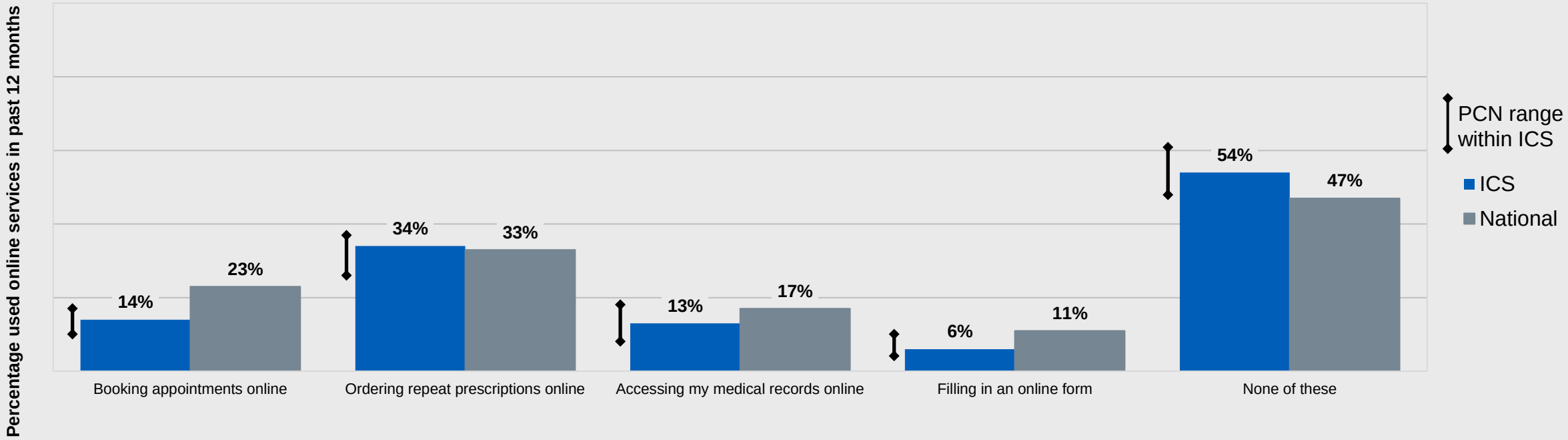
Use of online services

Online service use

SHROPSHIRE, TELFORD AND WREKIN ICS

GP PATIENT SURVEY

Q3. Which of the following general practice online services have you used in the past 12 months?



Base: Asked of all patients. National (750,344); ICS 2023 (6,111); PCN bases range from 234 to 1,753

Comparisons are indicative only: differences may not be statistically significant

Ipsos

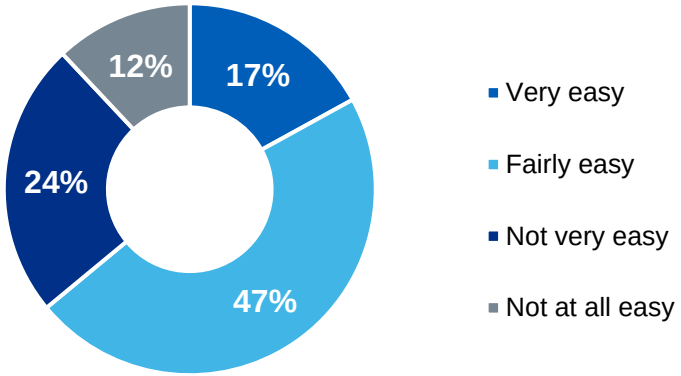
Ease of use of practice website

SHROPSHIRE, TELFORD AND WREKIN ICS

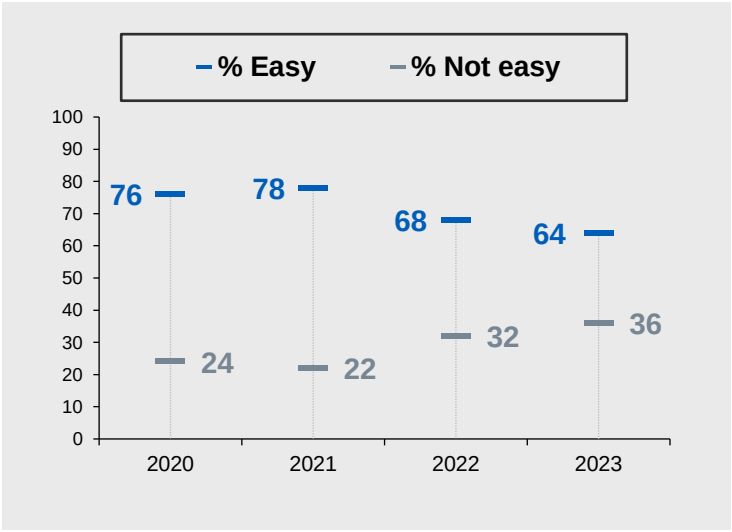
GP PATIENT SURVEY

Q4. How easy is it to use your GP practice's website to look for information or access services?[1]

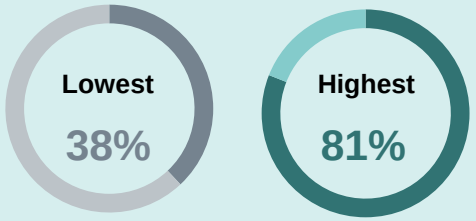
ICS result



ICS result over time



PCN range within ICS – % **Easy**



Comparison of results

ICS		National	
Easy	Not easy	Easy	Not easy
64%	36%	65%	35%

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

[1]Excluding those who said 'Haven't tried' (52%)

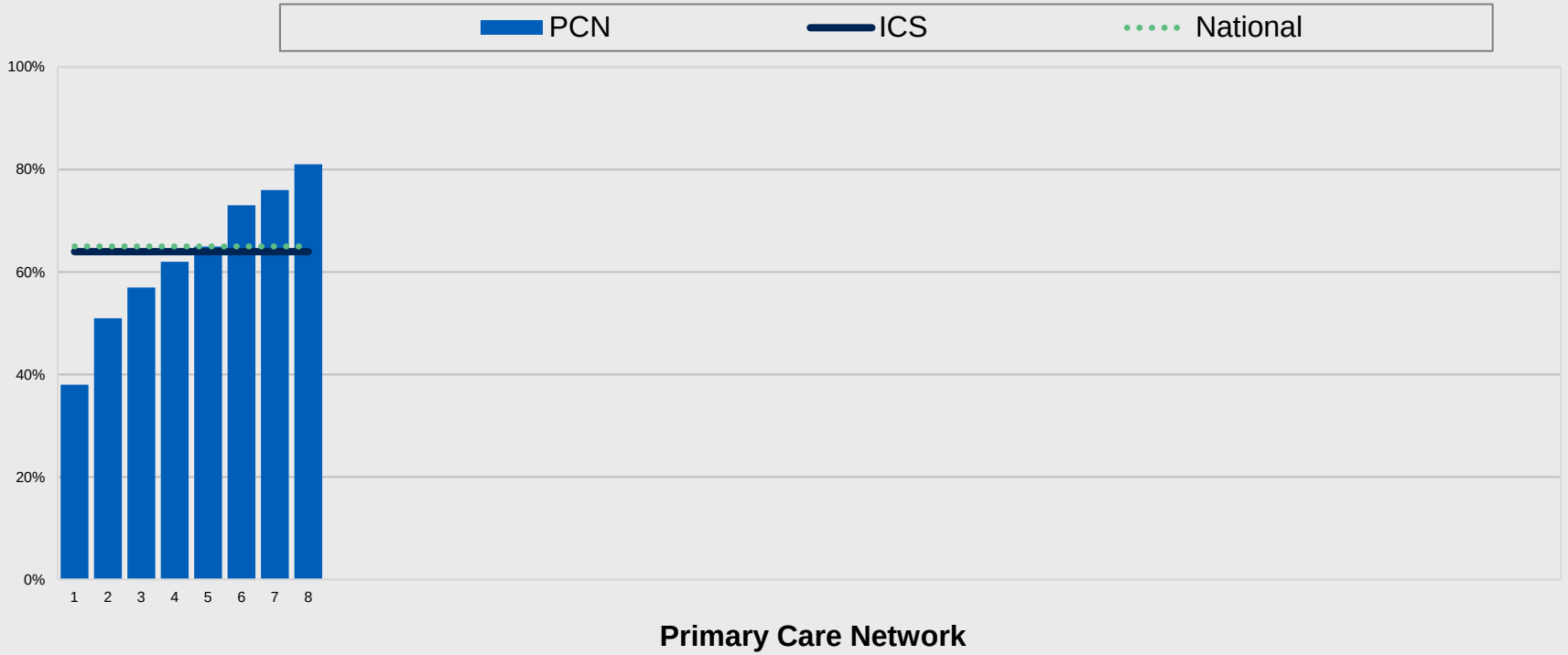
Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded. National (405,797); ICS 2023 (2,682); ICS 2022 (2,637); ICS 2021 (2,734); ICS 2020 (1,989); PCN bases range from 127 to 754

Ease of use of practice website: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q4. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded. National (405,797); ICS 2023 (2,682); PCN bases range from 127 to 754

PCN	Name
1	WREKIN PCN
2	TELDOC PCN
3	NEWPORT AND CENTRAL PCN
4	SOUTH EAST TELFORD PCN
5	NORTH SHROPSHIRE PCN
6	SHREWSBURY PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Comparisons are indicative only: differences may not be statistically significant

%Easy = %Very easy + %Fairly easy

Ipsos

Making an appointment

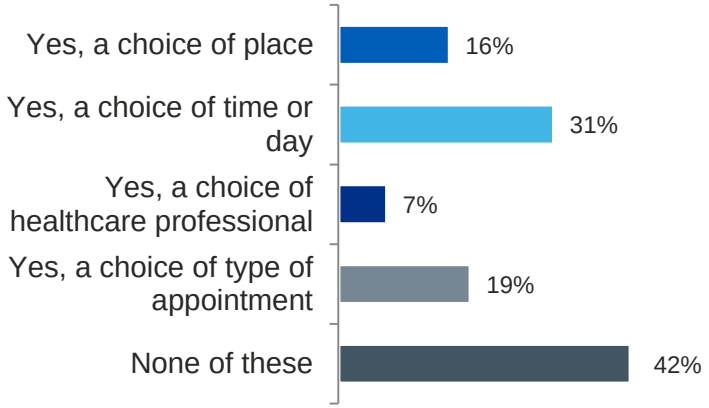
Choice of appointment

GP PATIENT SURVEY

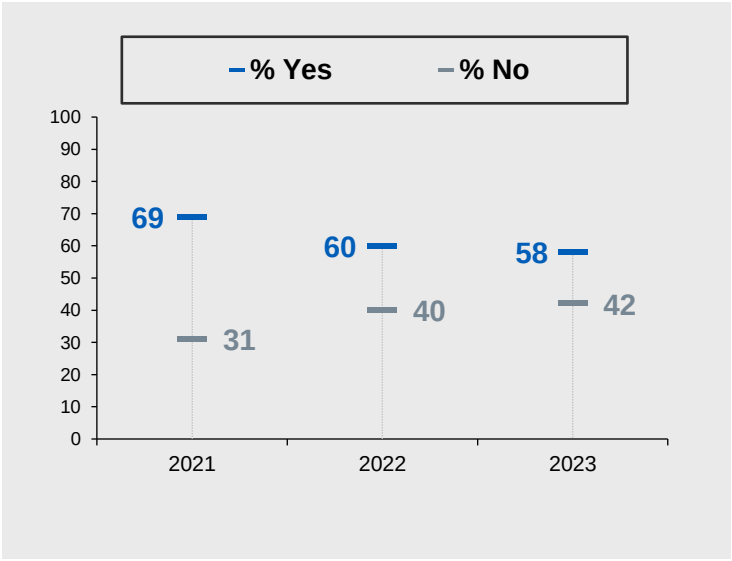
SHROPSHIRE, TELFORD AND WREKIN ICS

Q15. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

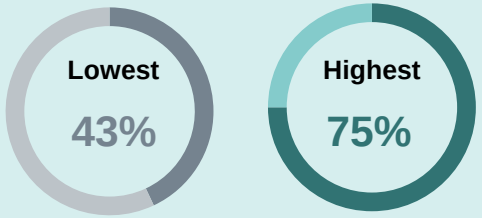
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	**No**	**Yes**	**No**
58%	42%	59%	41%

%Yes = %A choice of place + %A choice of time or day + %A choice of healthcare professional + %A choice of type of appointment

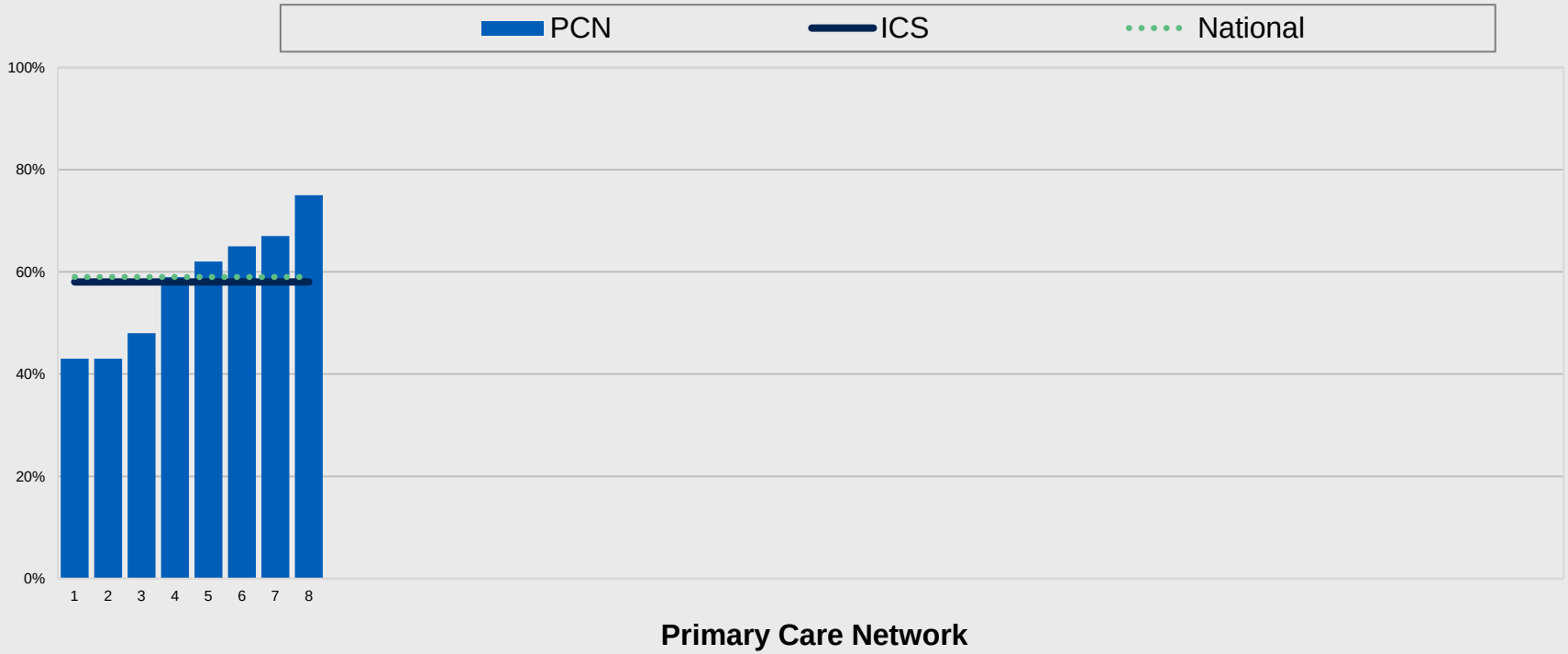
Base: Asked of patients who have tried to make an appointment since being registered with current GP practice. Patients who selected 'I did not need a choice' or 'Can't remember' have been excluded. National (565,787); ICS 2023 (4,582); ICS 2022 (4,351); ICS 2021 (4,733); PCN bases range from 186 to 1,291

Choice of appointment: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q15. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment



PCN	Name
1	WREKIN PCN
2	TELDOC PCN
3	SOUTH EAST TELFORD PCN
4	NEWPORT AND CENTRAL PCN
5	NORTH SHROPSHIRE PCN
6	SE SHROPSHIRE PCN
7	SHREWSBURY PCN
8	SW SHROPSHIRE PCN

Base: Asked of patients who have tried to make an appointment since being registered with current GP practice. Patients who selected 'I did not need a choice' or 'Can't remember' have been excluded. National (565,787); ICS 2023 (4,582); PCN bases range from 186 to 1,291

Comparisons are indicative only: differences may not be statistically significant

%Yes = %A choice of place + %A choice of time or day + %A choice of healthcare professional + %A choice of type of appointment

Ipsos

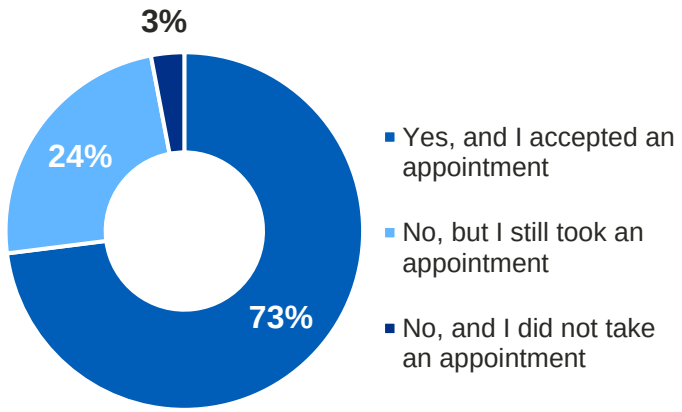
Satisfaction with appointment offered

SHROPSHIRE, TELFORD AND WREKIN ICS

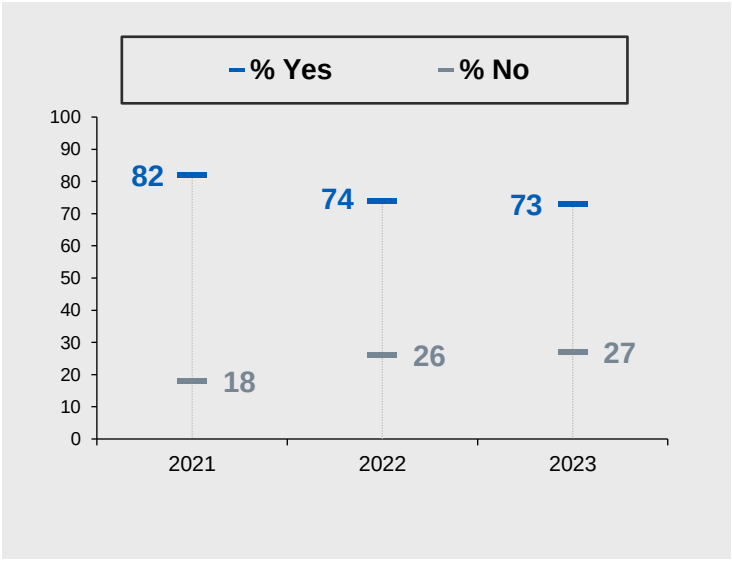
GP PATIENT SURVEY

Q16. Were you satisfied with the appointment (or appointments) you were offered?[1]

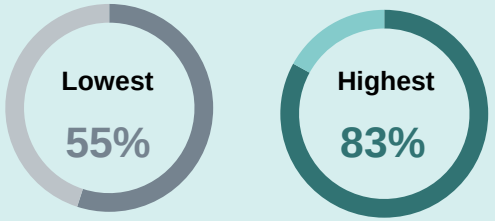
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS

Yes, took appt	No, took appt	No, didn't take appt
73%	24%	3%

National

Yes, took appt	No, took appt	No, didn't take appt
72%	24%	4%

[1]Excluding those who said 'I was not offered an appointment' (13%)

Base: Asked of patients who have tried to make an appointment since being registered with current GP practice. Patients who selected 'I was not offered an appointment' have been excluded. National (631,214); ICS 2023 (5,278); ICS 2022 (5,050); ICS 2021 (5,928); PCN bases range from 185 to 1,551

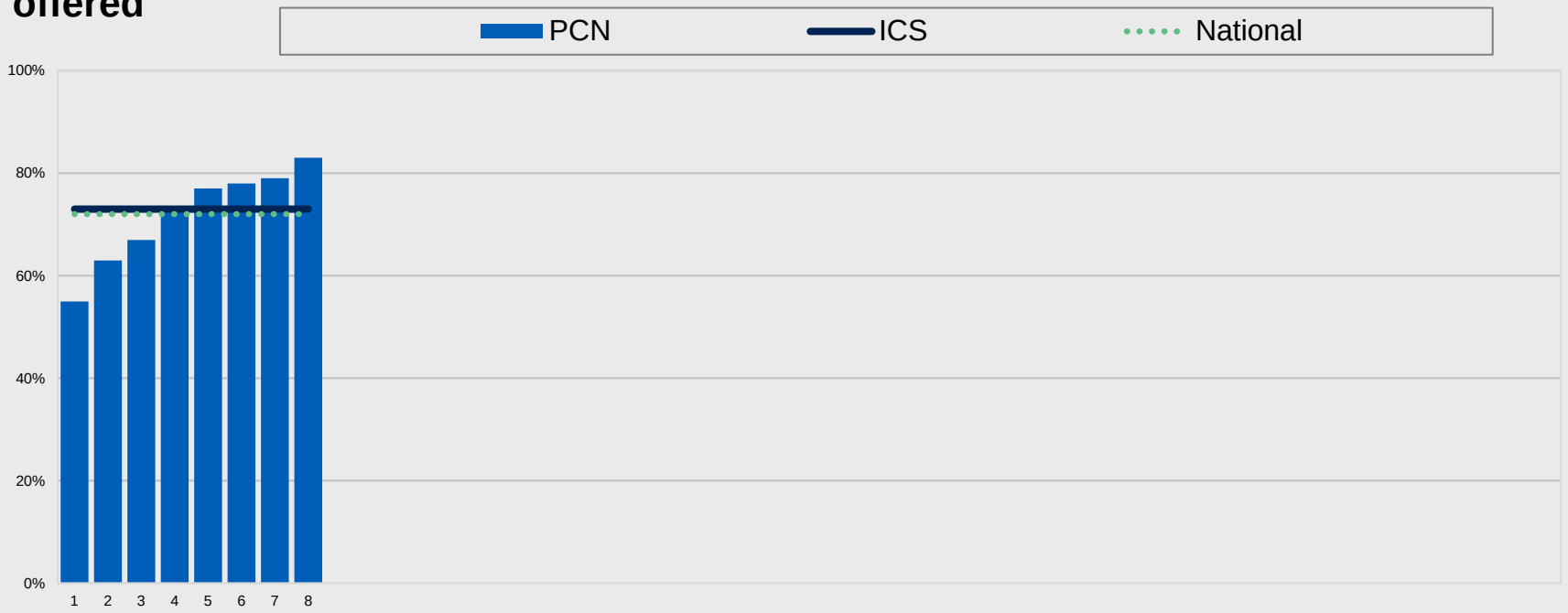
%Yes = %Yes, and I accepted an appointment

Satisfaction with appointment offered: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q16. Were you satisfied with the appointment (or appointments) you were offered?

Percentage of patients saying ‘yes’ they were satisfied with the appointment offered



PCN	Name
1	WREKIN PCN
2	TELDOC PCN
3	SOUTH EAST TELFORD PCN
4	NORTH SHROPSHIRE PCN
5	SHREWSBURY PCN
6	NEWPORT AND CENTRAL PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Base: Asked of patients who have tried to make an appointment since being registered with current GP practice. Patients who selected ‘I was not offered an appointment’ have been excluded. National (631,214); ICS 2023 (5,278); PCN bases range from 185 to 1,551

Comparisons are indicative only: differences may not be statistically significant

%Yes = %Yes, and I accepted an appointment

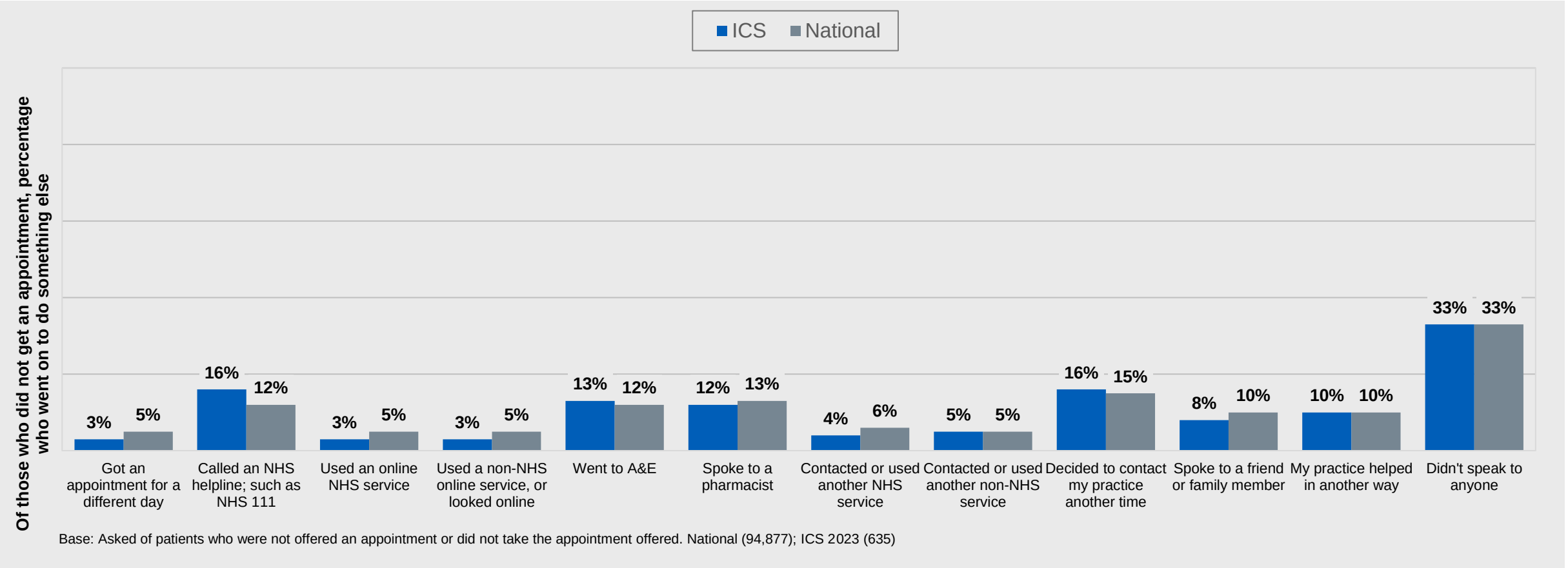
Ipsos

What patients do when they did not get an appointment

GP PATIENT SURVEY

SHROPSHIRE, TELFORD AND WREKIN ICS

Q18. What did you do when you did not get an appointment?



Base: Asked of patients who were not offered an appointment or did not take the appointment offered. National (94,877); ICS 2023 (635)

Comparisons are indicative only: differences may not be statistically significant

Ipsos

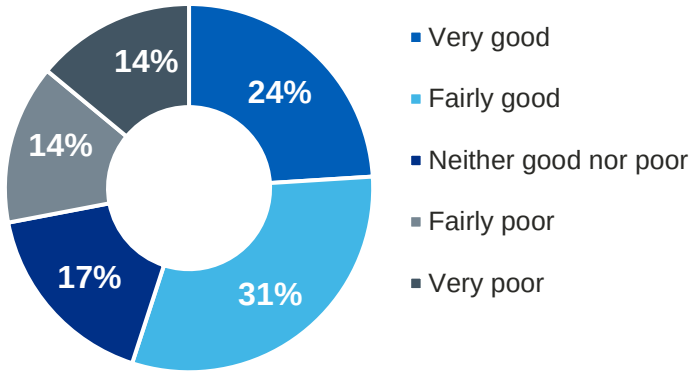
Overall experience of making an appointment

GP PATIENT SURVEY

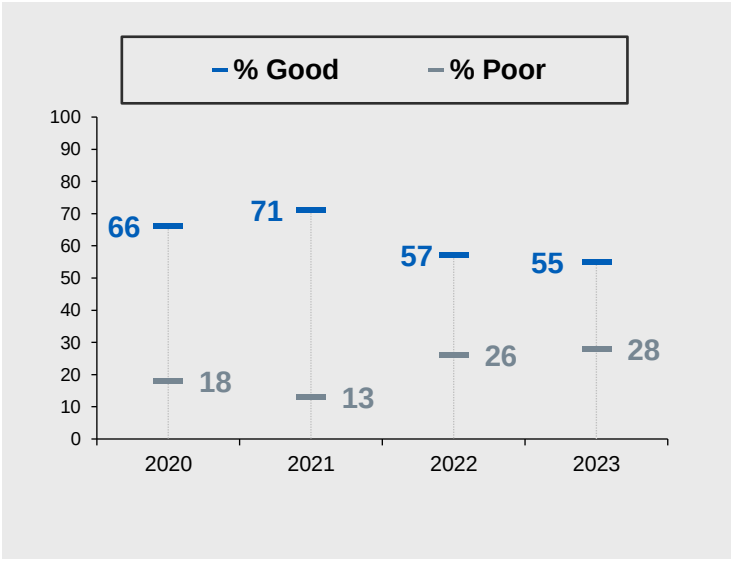
SHROPSHIRE, TELFORD AND WREKIN ICS

Q21. Overall, how would you describe your experience of making an appointment?

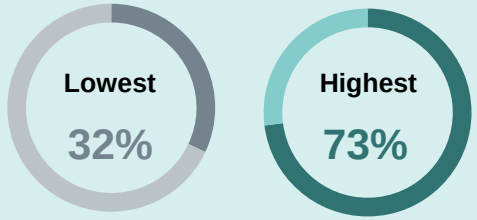
ICS result



ICS result over time



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
55%	28%	54%	28%

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

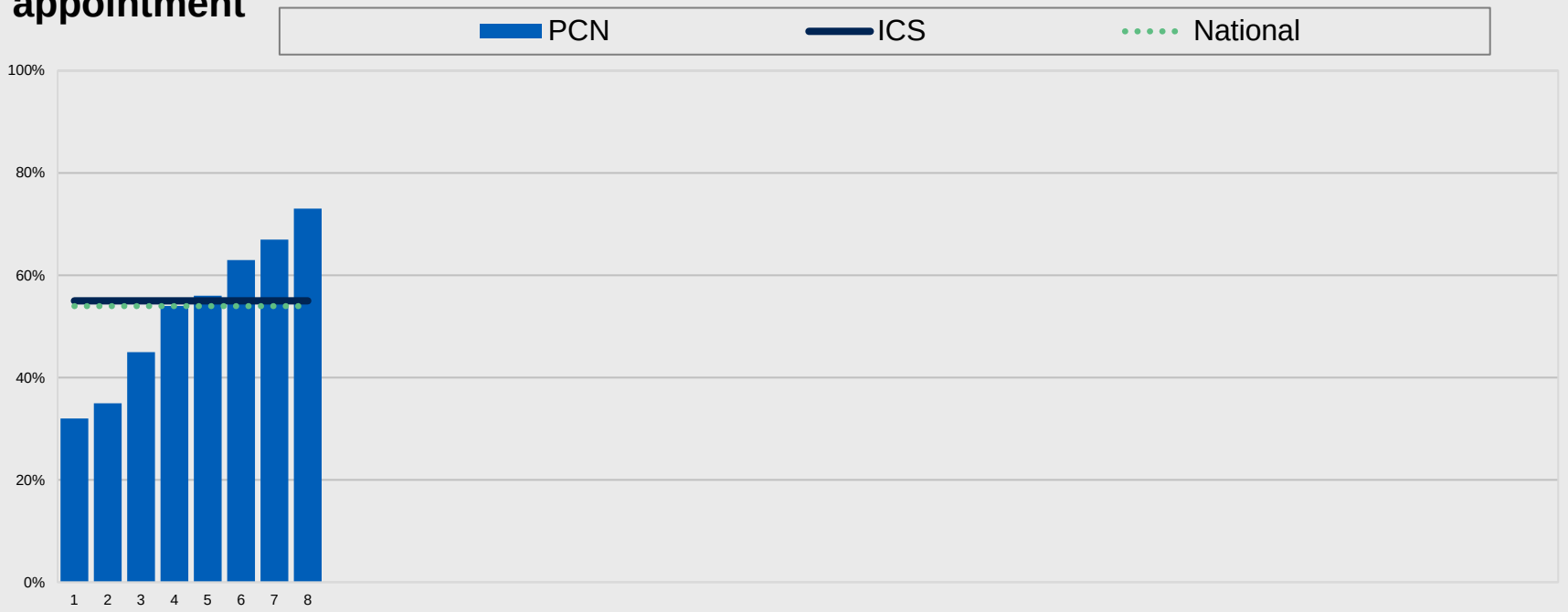
Base: Asked of patients who have tried to make an appointment since being registered with current GP practice. National (710,610); ICS 2023 (5,800); ICS 2022 (5,603); ICS 2021 (6,388); ICS 2020 (5,690); PCN bases range from 224 to 1,654

Overall experience of making an appointment: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q21. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



Base: Asked of patients who have tried to make an appointment since being registered with current GP practice. National (710,610); ICS 2023 (5,800); PCN bases range from 224 to 1,654

PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	SOUTH EAST TELFORD PCN
4	NEWPORT AND CENTRAL PCN
5	NORTH SHROPSHIRE PCN
6	SHREWSBURY PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

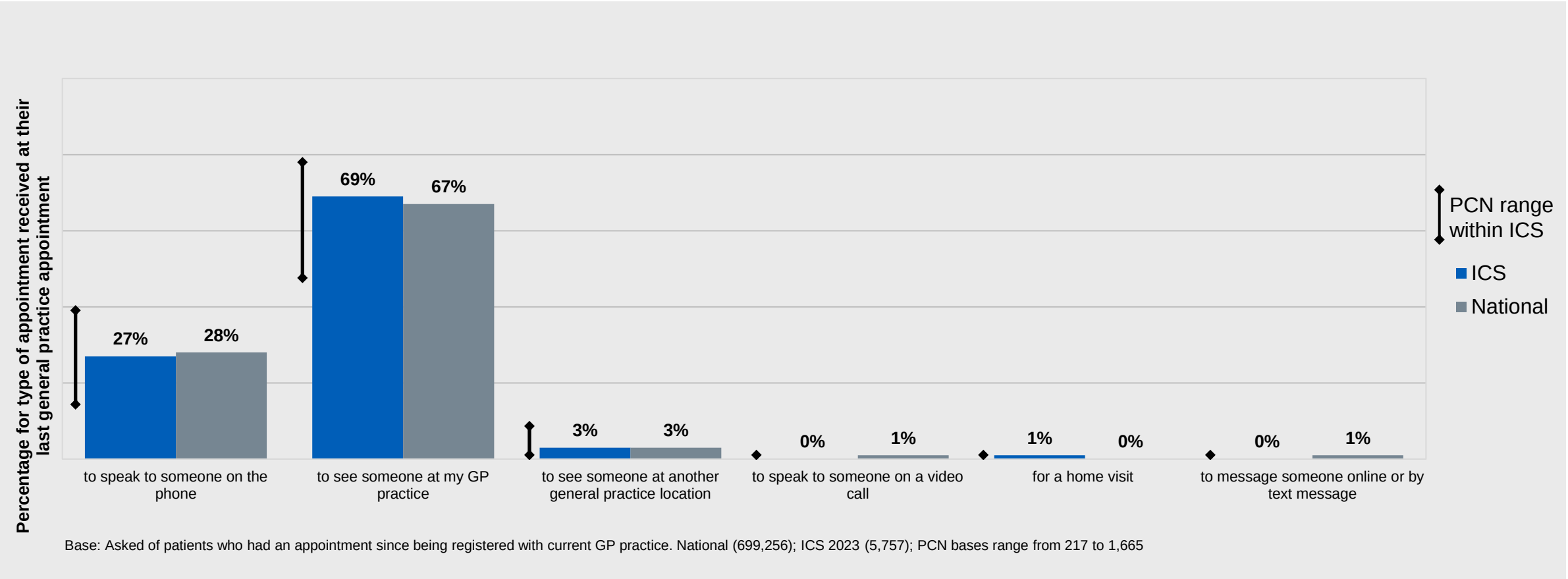
Ipsos

Type of appointment

SHROPSHIRE, TELFORD AND WREKIN ICS

GP PATIENT SURVEY

Q23. What type of appointment was your last general practice appointment? An appointment…



Base: Asked of patients who had an appointment since being registered with current GP practice. National (699,256); ICS 2023 (5,757); PCN bases range from 217 to 1,665

Comparisons are indicative only: differences may not be statistically significant

Ipsos

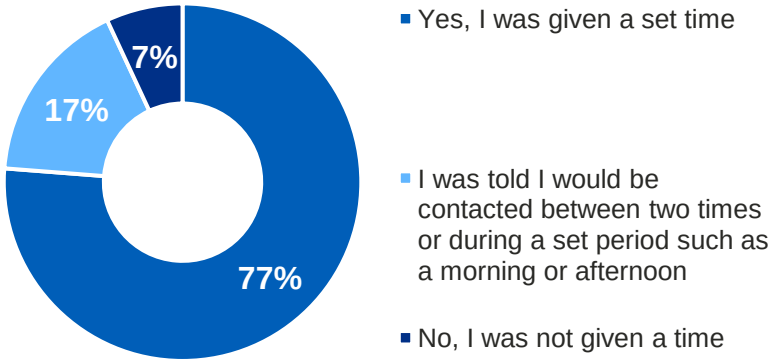
Given a time for appointment

SHROPSHIRE, TELFORD AND WREKIN ICS

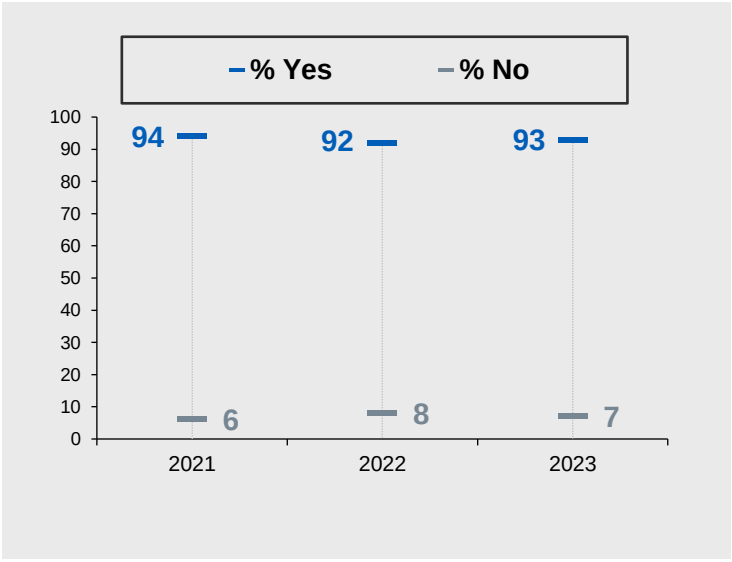
GP PATIENT SURVEY

Q24. Were you given a time for the appointment?

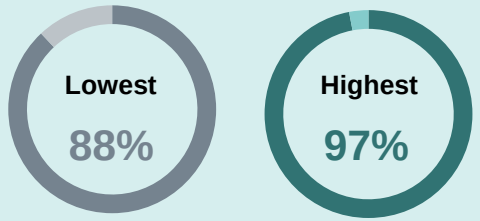
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
93%	7%	91%	9%

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period such as a morning or afternoon

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Can't remember / don't know' have been excluded. National (678,212); ICS 2023 (5,610); ICS 2022 (5,489); ICS 2021 (6,182); PCN bases range from 213 to 1,611

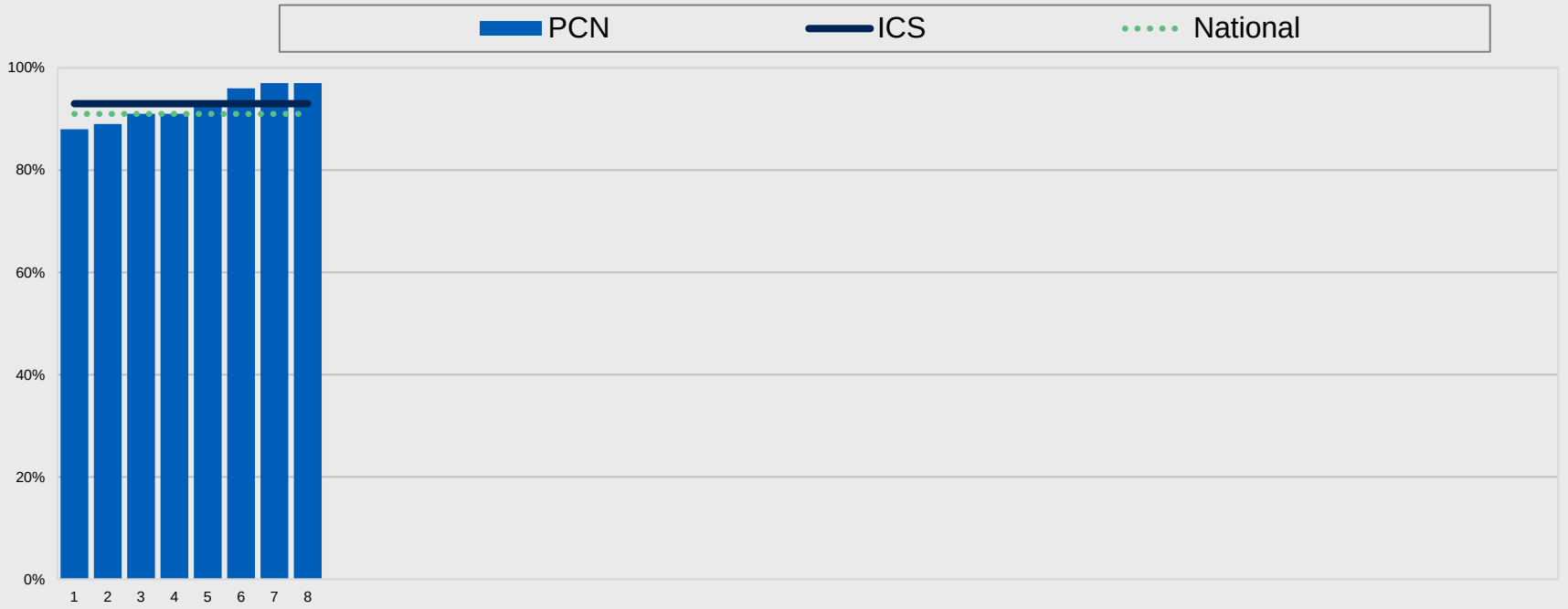
Ipsos

Given a time for appointment: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q24. Were you given a time for the appointment?

Percentage of patients saying ‘yes’ they were given a time for their appointment



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected ‘Can’t remember / don’t know’ have been excluded. National (678,212); ICS 2023 (5,610); PCN bases range from 213 to 1,611

PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	NORTH SHROPSHIRE PCN
4	SOUTH EAST TELFORD PCN
5	NEWPORT AND CENTRAL PCN
6	SW SHROPSHIRE PCN
7	SE SHROPSHIRE PCN
8	SHREWSBURY PCN

Comparisons are indicative only: differences may not be statistically significant

%Yes = %Yes, I was given a set time + % I was told I would be contacted between two times or during a set period such as a morning or afternoon

Ipsos

Satisfaction with general practice appointment times

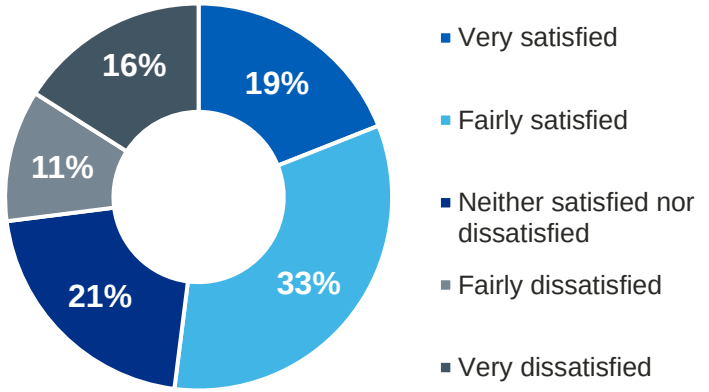
Satisfaction with appointment times

GP PATIENT SURVEY

SHROPSHIRE, TELFORD AND WREKIN ICS

Q6. How satisfied are you with the general practice appointment times that are available to you?[1]

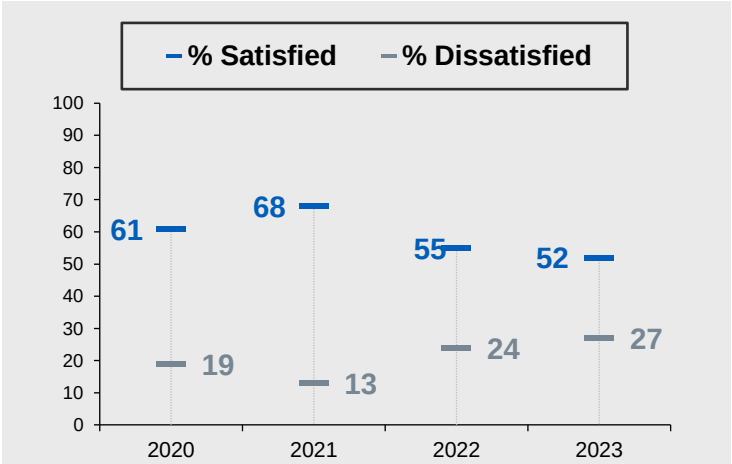
ICS result

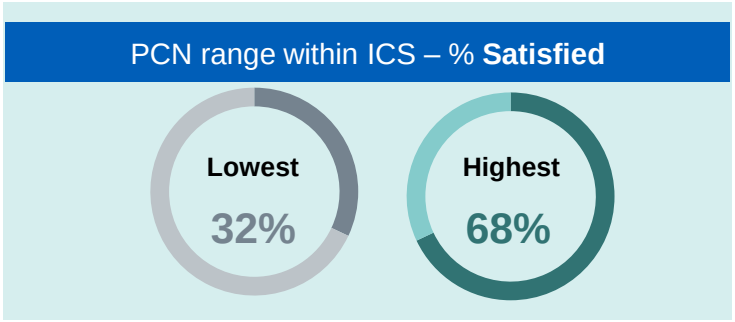


[1]Excluding those who said 'I'm not sure when I can get an appointment' (8%)

Base: Asked of all patients. Patients who selected 'I'm not sure when I can get an appointment' have been excluded. National (641,571); ICS 2023 (5,196); ICS 2022 (5,018); ICS 2021 (6,014); ICS 2020 (5,624); PCN bases range from 187 to 1,503

ICS result over time





Comparison of results

ICS		National	
Satisfied	Dissatisfied	Satisfied	Dissatisfied
52%	27%	53%	26%

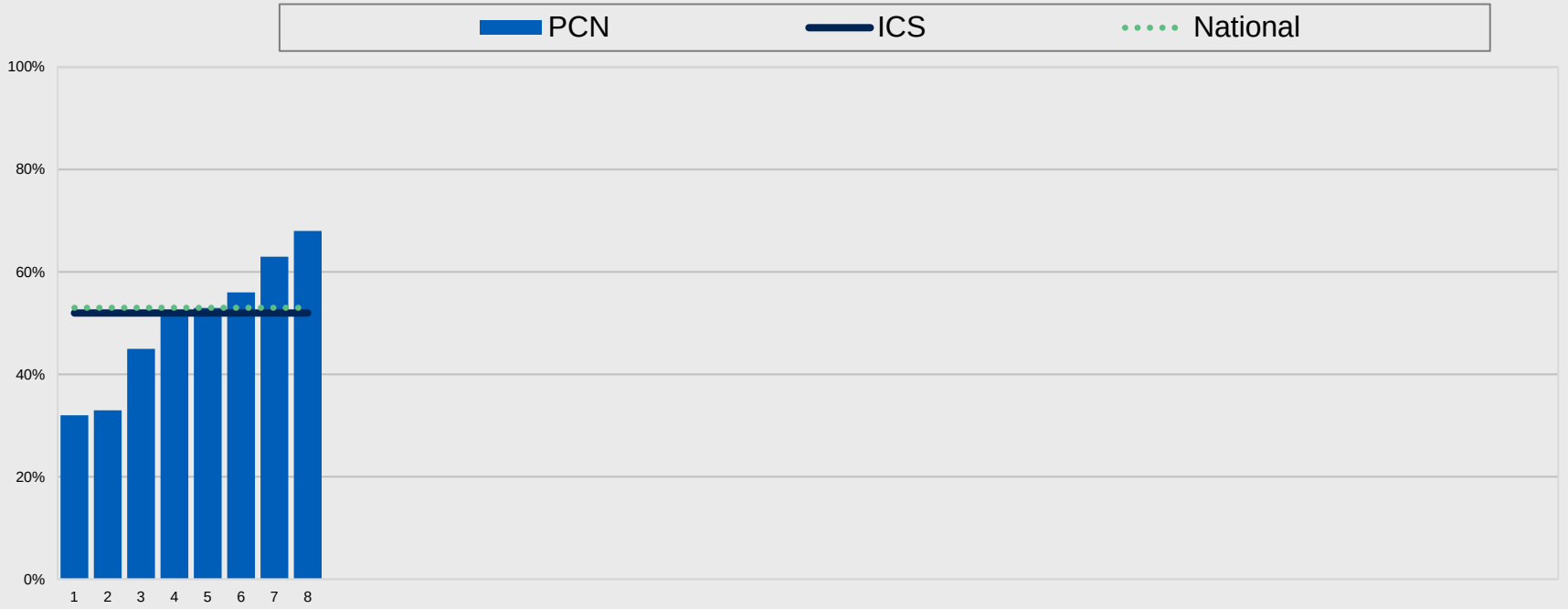
%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q6. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are ‘satisfied’ with the appointment times available



Base: Asked of all patients. Patients who selected ‘I’m not sure when I can get an appointment’ have been excluded. National (641,571); ICS 2023 (5,196); PCN bases range from 187 to 1,503

PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	SOUTH EAST TELFORD PCN
4	NORTH SHROPSHIRE PCN
5	NEWPORT AND CENTRAL PCN
6	SHREWSBURY PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Comparisons are indicative only: differences may not be statistically significant

%Satisfied = %Very satisfied + %Fairly satisfied

Ipsos

Perceptions of care at patients' last appointment

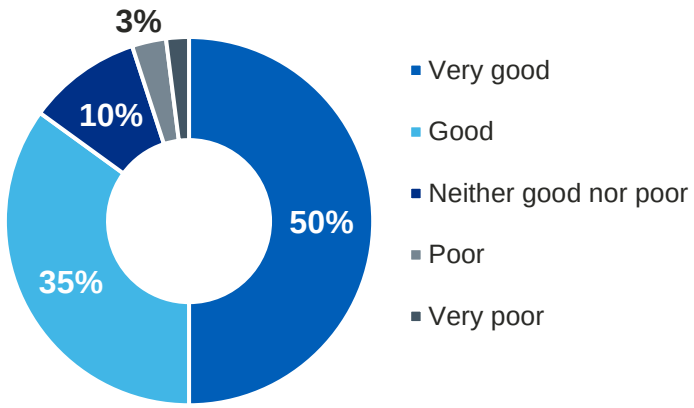
Given enough time by healthcare professional at last appointment

SHROPSHIRE, TELFORD AND WREKIN ICS

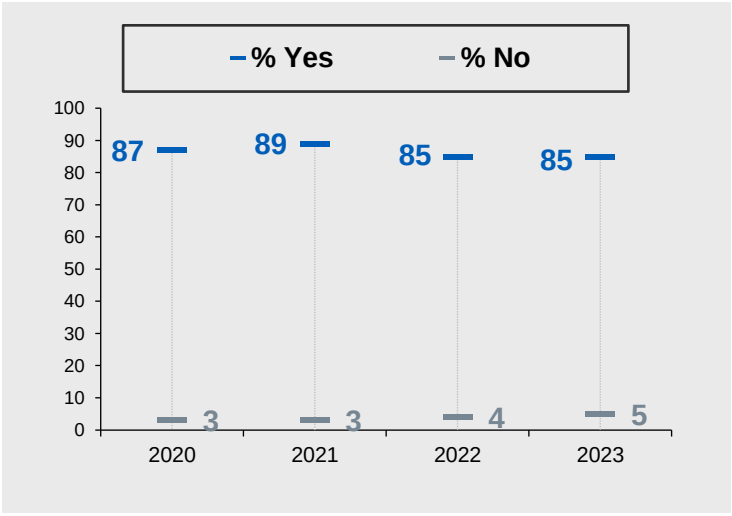
GP PATIENT SURVEY

Q27a. Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?

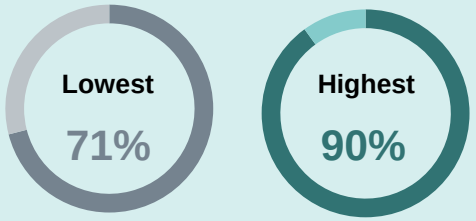
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
85%	5%	84%	5%

%Good = %Very good + %Good
%Poor = %Very poor + %Poor

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Doesn't apply' have been excluded. National (699,079); ICS 2023 (5,761); ICS 2022 (5,619); ICS 2021 (6,404); ICS 2020 (5,835); PCN bases range from 218 to 1,665

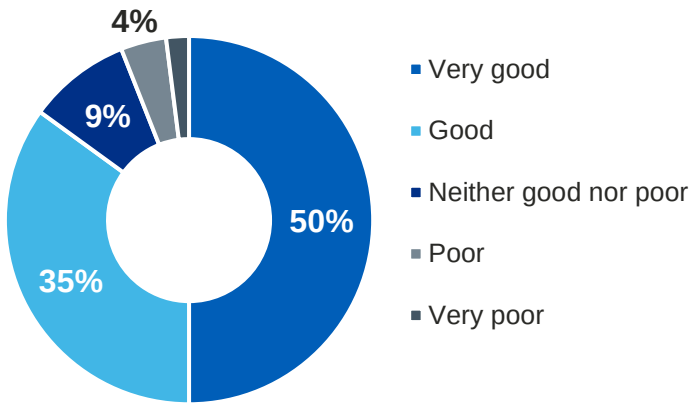
Listened to by healthcare professional at last appointment

GP PATIENT SURVEY

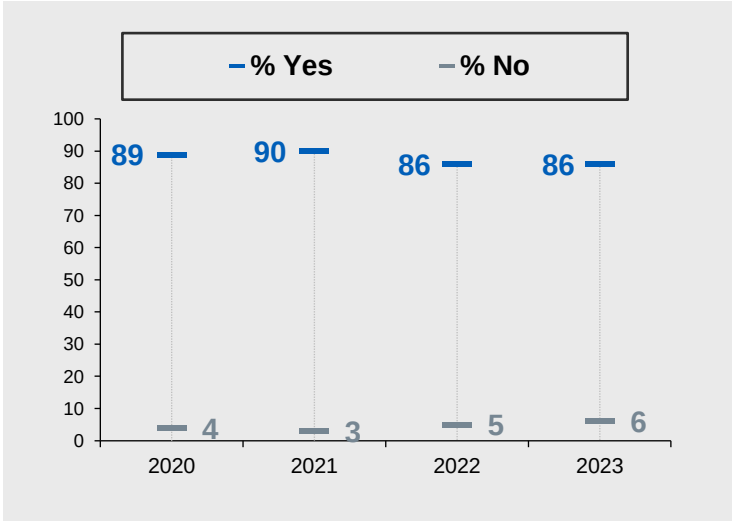
SHROPSHIRE, TELFORD AND WREKIN ICS

Q27b. Last time you had a general practice appointment, how good was the healthcare professional at listening to you?

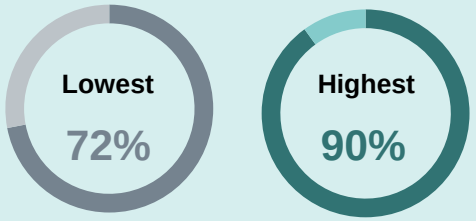
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
86%	6%	85%	5%

%Good = %Very good + %Good
%Poor = %Very poor + %Poor

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Doesn't apply' have been excluded. National (689,523); ICS 2023 (5,667); ICS 2022 (5,543); ICS 2021 (6,261); ICS 2020 (5,800); PCN bases range from 216 to 1,641

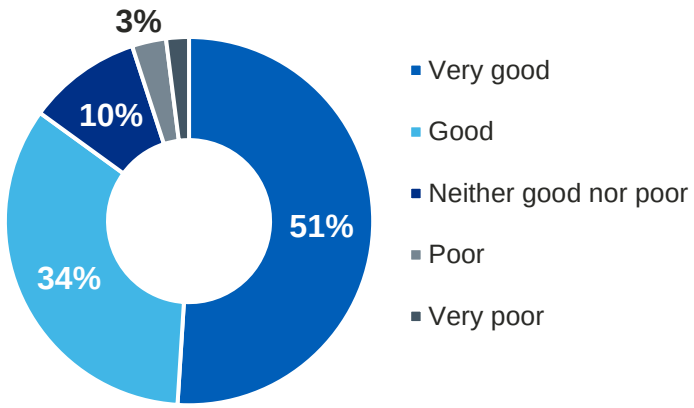
Treated with care and concern by healthcare professional at last appointment

GP PATIENT SURVEY

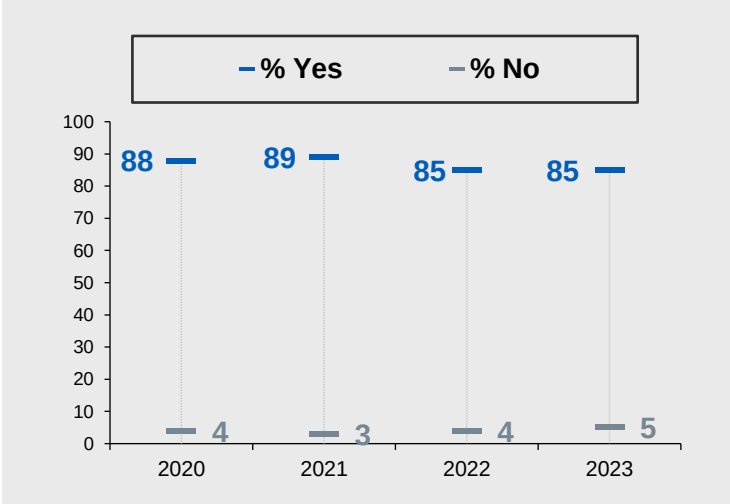
SHROPSHIRE, TELFORD AND WREKIN ICS

Q27c. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?

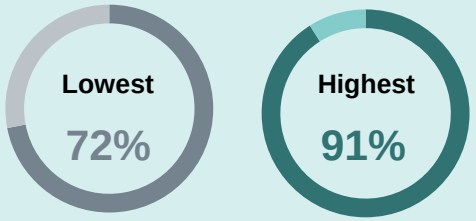
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Good	**Poor**	**Good**	**Poor**
85%	5%	84%	6%

%Good = %Very good + %Good
%Poor = %Very poor + %Poor

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Doesn't apply' have been excluded. National (675,108); ICS 2023 (5,541); ICS 2022 (5,397); ICS 2021 (6,347); ICS 2020 (5,813); PCN bases range from 210 to 1,602

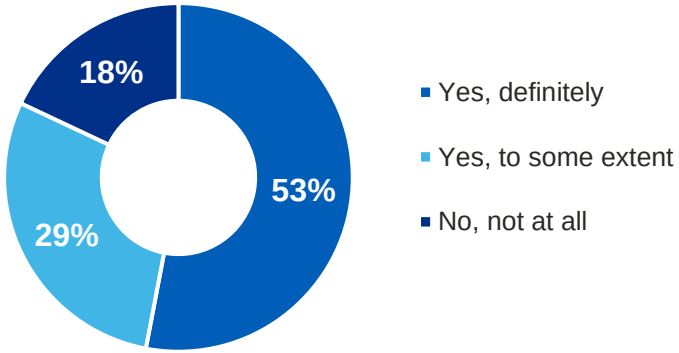
Mental health needs recognised or understood by healthcare professional at last appointment

SHROPSHIRE, TELFORD AND WREKIN ICS

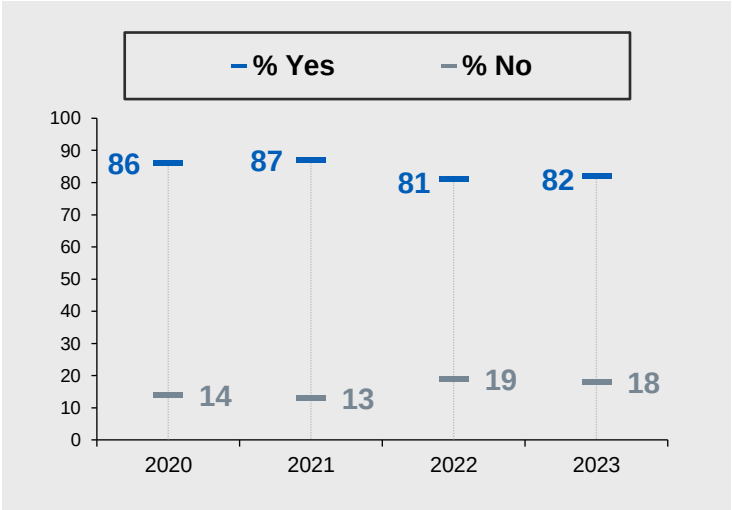
GP PATIENT SURVEY

Q28. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

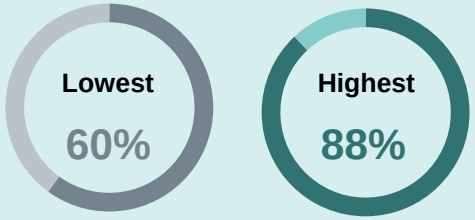
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
82%	18%	81%	19%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I did not have any mental health needs' or 'Did not apply to my last appointment' have been excluded. National (310,113); ICS 2023 (2,291); ICS 2022 (2,334); ICS 2021 (2,611); ICS 2020 (2,210); PCN bases range from 82 to 662

%Yes = %Yes, definitely + %Yes, to some extent

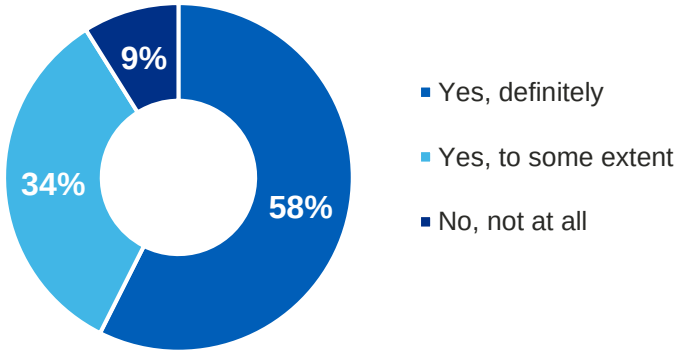
Involved in decisions about care and treatment at last appointment

SHROPSHIRE, TELFORD AND WREKIN ICS

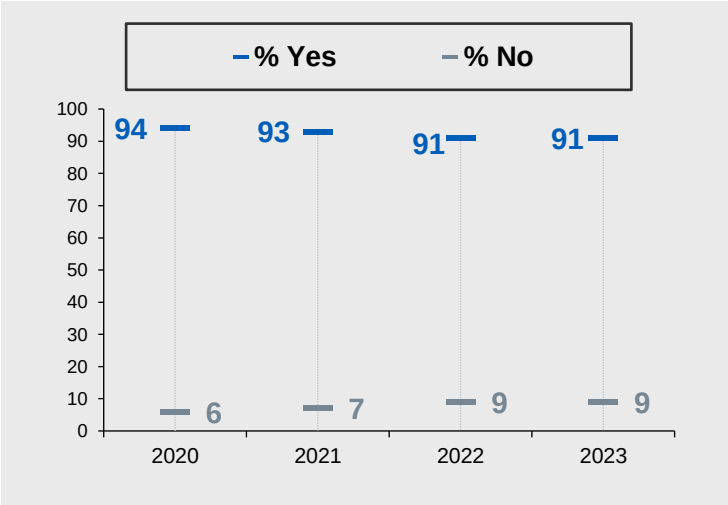
GP PATIENT SURVEY

Q29. During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

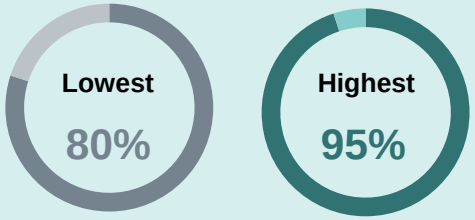
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
91%	9%	90%	10%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / doesn't apply' have been excluded. National (622,446); ICS 2023 (5,149); ICS 2022 (4,980); ICS 2021 (5,712); ICS 2020 (5,226); PCN bases range from 195 to 1,497

%Yes = %Yes, definitely + %Yes, to some extent

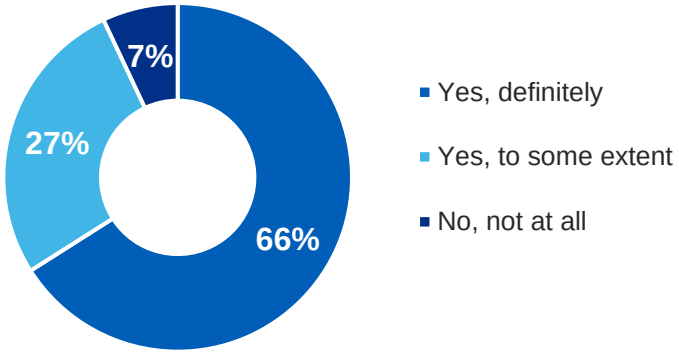
Confidence and trust in healthcare professional at last appointment

SHROPSHIRE, TELFORD AND WREKIN ICS

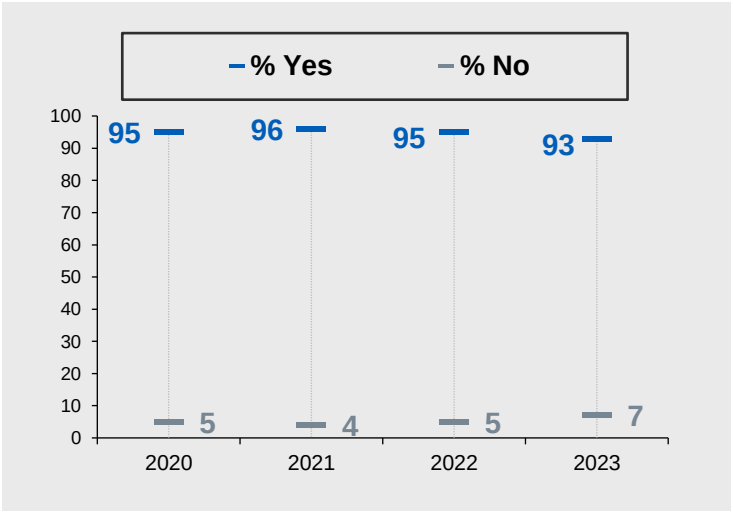
GP PATIENT SURVEY

Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

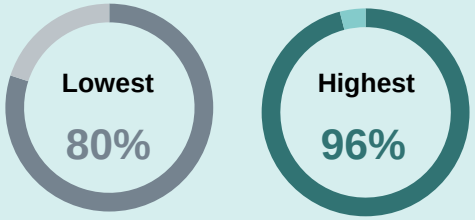
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
93%	7%	93%	7%

%Yes = %Yes, definitely + %Yes, to some extent

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / can't say' have been excluded. National (686,133); ICS 2023 (5,712); ICS 2022 (5,560); ICS 2021 (6,322); ICS 2020 (5,762); PCN bases range from 214 to 1,653

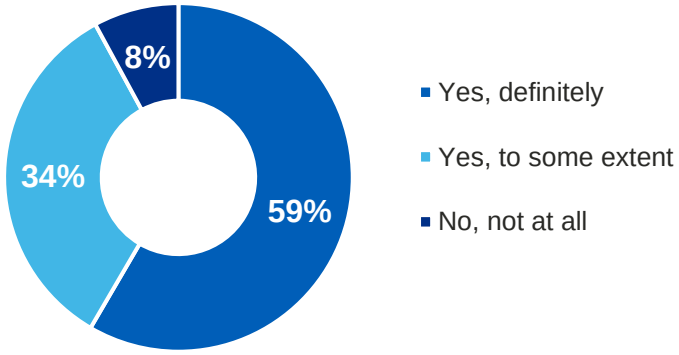
Needs met at last appointment

GP PATIENT SURVEY

SHROPSHIRE, TELFORD AND WREKIN ICS

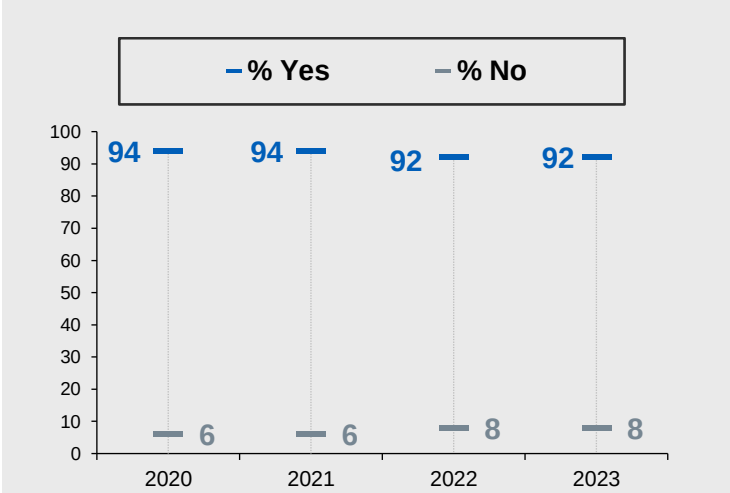
Q31. Thinking about the reason for your last general practice appointment, were your needs met?

ICS result

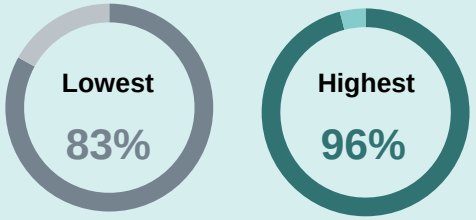


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / can't say' have been excluded. National (688,092); ICS 2023 (5,713); ICS 2022 (5,588); ICS 2021 (6,370); ICS 2020 (5,743); PCN bases range from 214 to 1,647

ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
92%	8%	91%	9%

%Yes = %Yes, definitely + %Yes, to some extent

Care and concern

Care and concern – in detail

GPPS can be used to look at how experience varies among different patient groups.

To demonstrate **one example** of this, the following three slides break down the results by a selection of key demographic variables for the question: “Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?”.

- The charts present a summary result of % Good: a combination of ‘% Very good’ and ‘% Good’.
- The answer options for each of the demographic questions are displayed in the order they appear in the questionnaire.

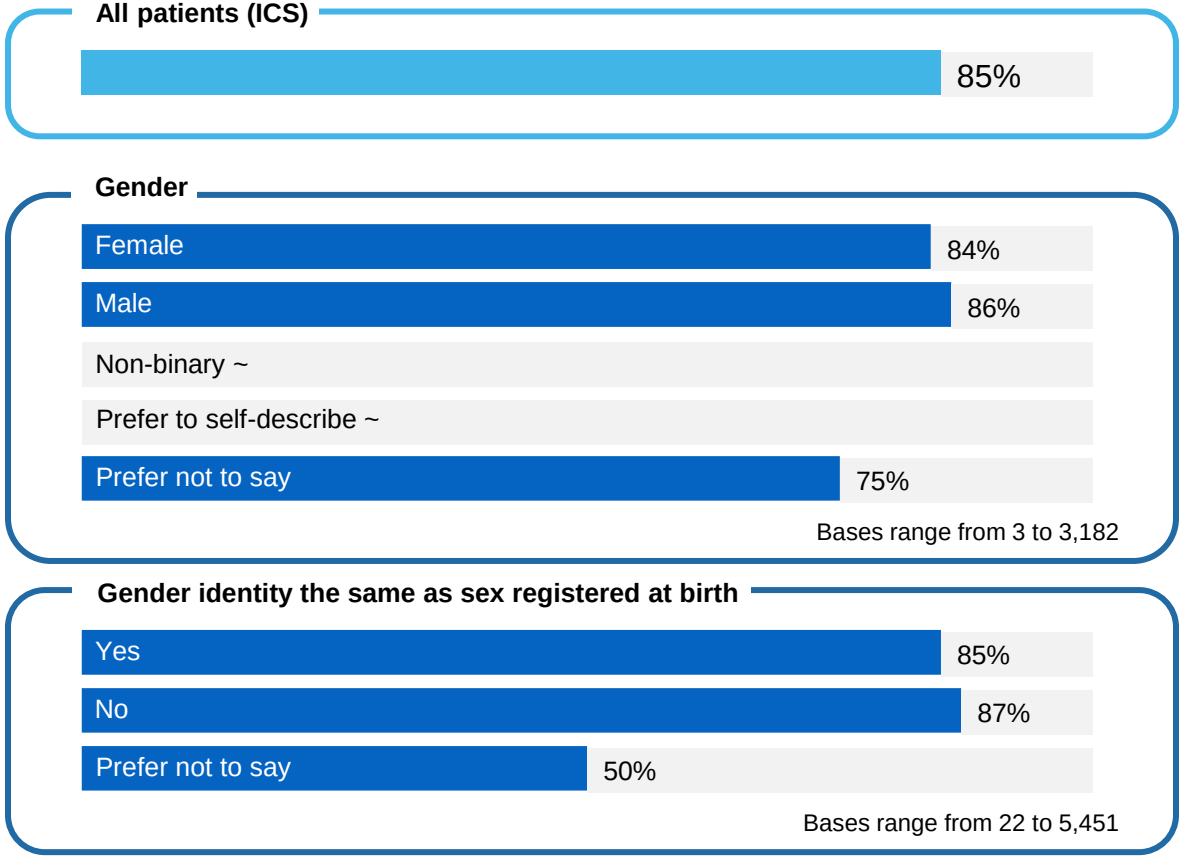
Please note all comparisons are indicative only. Differences in experience between different groups of patients may not be statistically significant and may be influenced by other factors.

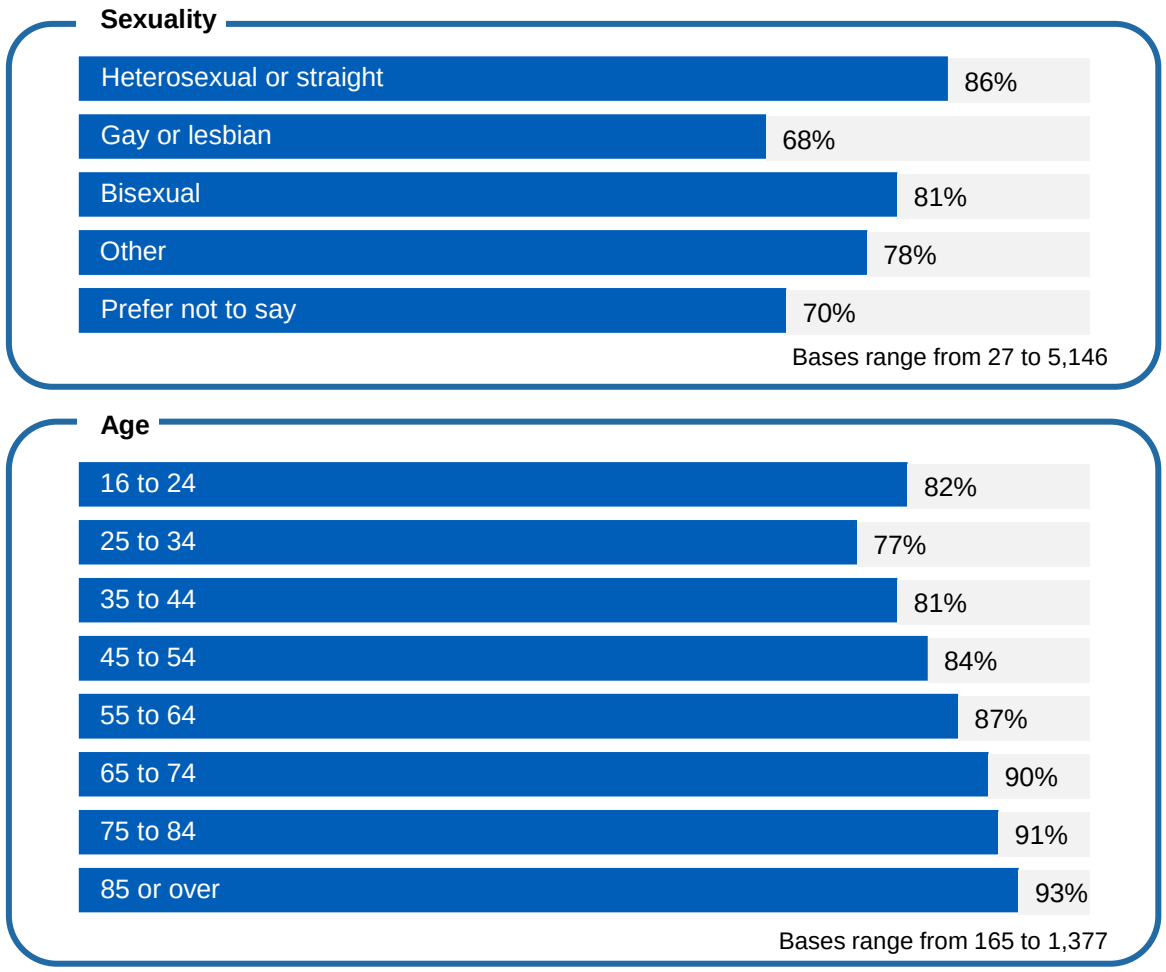
To break down the survey results by patient demographics for **all other questions** at national, ICS, PCN and practice level, go to https://gp-patient.co.uk/analysistool.

Q27. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern? % Good[1] (total)

SHROPSHIRE, TELFORD AND WREKIN ICS

GP PATIENT SURVEY





[1]Good = Very good % + Good %
Base: Asked of patients who had an appointment since being registered with their current GP practice. Patients who selected 'Doesn't apply' have been excluded. ICS 2023 (5,541).

Q27. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?
% Good[1] (total)

SHROPSHIRE, TELFORD AND WREKIN ICS

GP PATIENT SURVEY

All patients (ICS)

85%

IMD deprivation quintiles

Most Deprived

1	81%
2	82%
3	87%
4	84%
5	89%

Least Deprived

Bases range from 421 to 1,536

Disability[2]

Yes	82%

Base: 1,954

Long-term condition

Alzheimer's disease or other cause of dementia	82%
Arthritis or ongoing problem with back or joints	85%
Autism or autism spectrum condition	80%
Blindness or partial sight	95%
A breathing condition, such as asthma or COPD	81%
Cancer (diagnosis or treatment in the last 5 years)	87%
Deafness or hearing loss	90%
Diabetes	87%
A heart condition, such as angina or atrial fibrillation	87%
High blood pressure	88%
Kidney or liver disease	82%
A learning disability	82%
A mental health condition	81%
A neurological condition, such as epilepsy	83%
A stroke (which affects your day-to-day life)	87%
Another long-term condition or disability	80%
I do not have any long-term conditions	85%

Bases range from 36 to 1,569

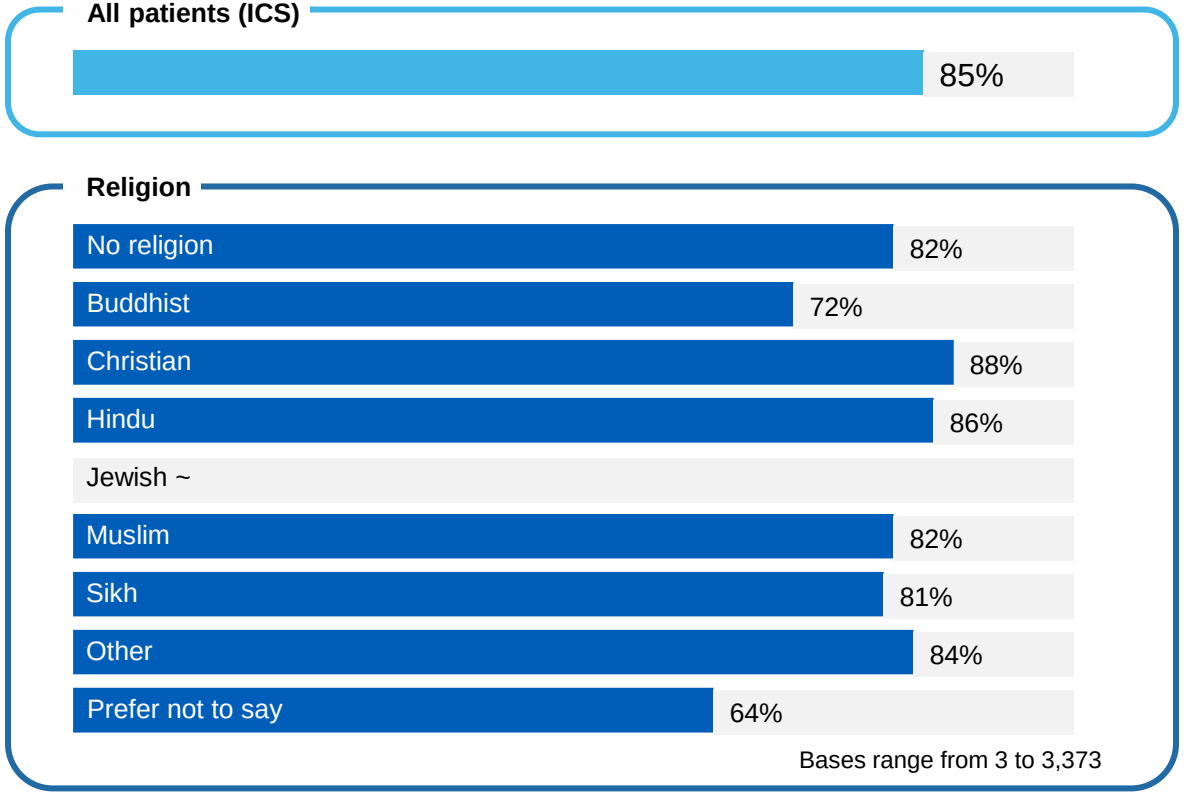
[1]%Good = %Very good + %Good
[2]Disability = 'Yes, a lot' + 'Yes, a little' at Q38. Do any of these conditions or illnesses reduce your ability to carry out your day-to-day activities? for patients identified as having a long-term condition, disability or, illness expected to last 12 months or more.
Base: Asked of patients who had an appointment since being registered with their current GP practice. Patients who selected 'Doesn't apply' have been excluded. ICS 2023 (5,541).

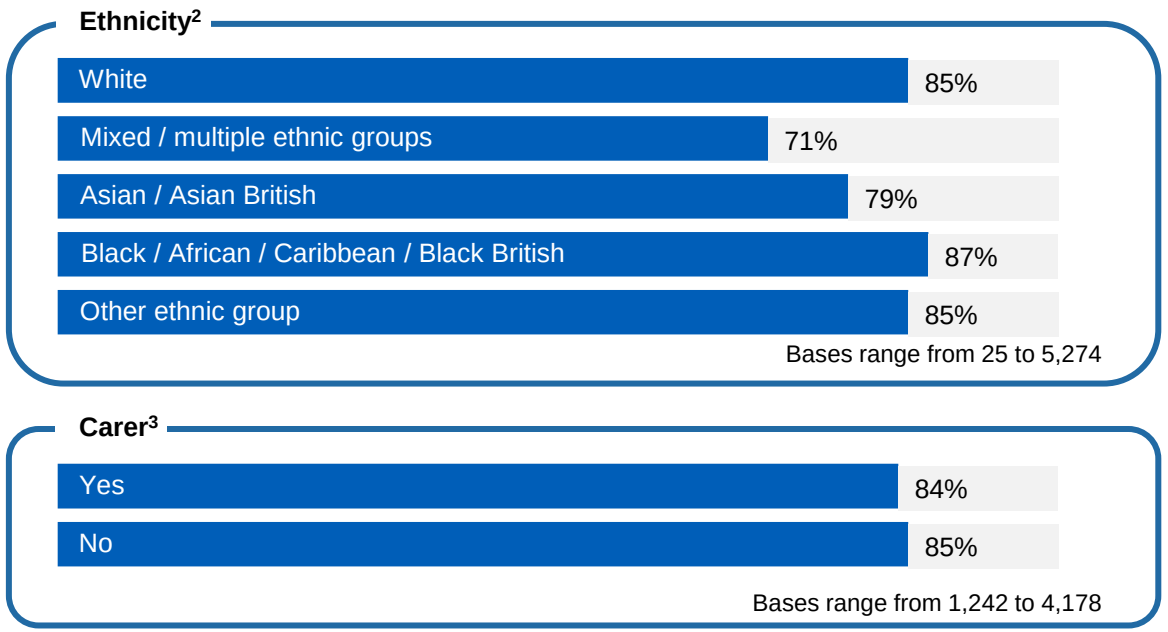
Ipsos

Q27. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?
% Good[1] (total)

SHROPSHIRE, TELFORD AND WREKIN ICS

GP PATIENT SURVEY





[1]Good = Very good % + Good %
[2]A more detailed ethnicity breakdown is available, but individual base sizes may be too small for robust analysis
[3]Carer = Any 'yes' at Q58. Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical or mental ill health / disability, or problems related to old age?
Base: Asked of patients who had an appointment since being registered with their current GP practice. Patients who selected 'Doesn't apply' have been excluded. ICS 2023 (5,541).

Managing health conditions

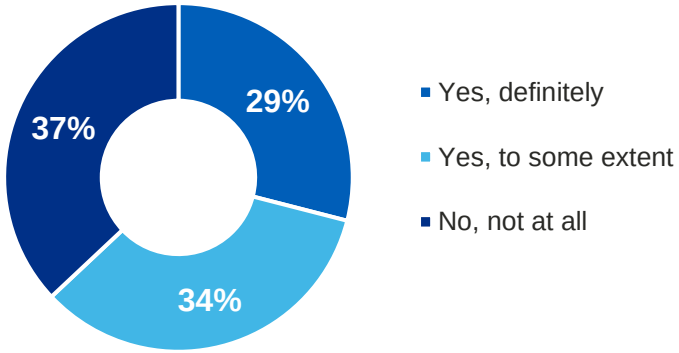
Support with managing long-term conditions, disabilities, or illnesses

SHROPSHIRE, TELFORD AND WREKIN ICS

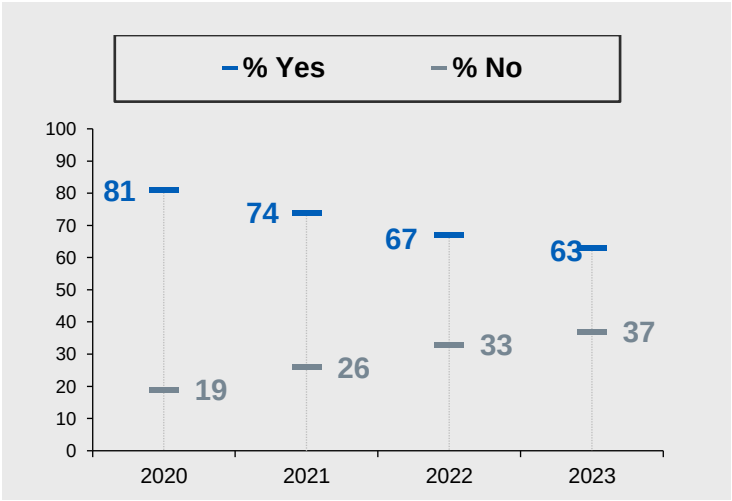
GP PATIENT SURVEY

Q40. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

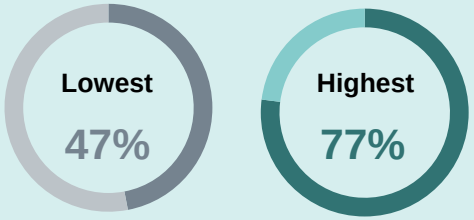
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
63%	37%	65%	35%

Base: Asked of patients with a long-term condition, illness, or disability. Patients who selected 'I haven't needed support' or 'Don't know / can't say' have been excluded. National (293,843); ICS 2023 (2,381); ICS 2022 (2,189); ICS 2021 (2,591); ICS 2020 (2,439); PCN bases range from 108 to 646

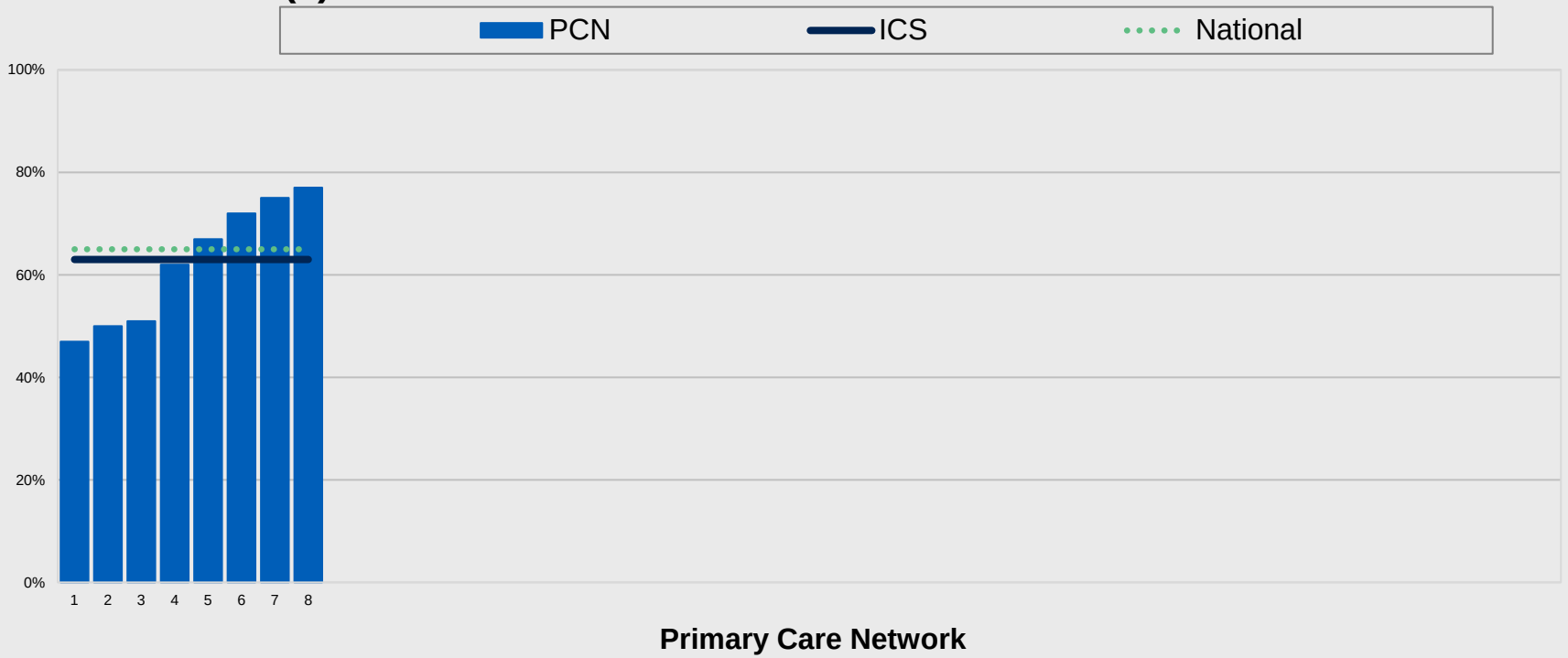
%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q40. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Percentage of patients saying 'yes' they have had enough support to manage their condition(s)



PCN	Name
1	WREKIN PCN
2	TELDOC PCN
3	SOUTH EAST TELFORD PCN
4	NEWPORT AND CENTRAL PCN
5	SHREWSBURY PCN
6	NORTH SHROPSHIRE PCN
7	SE SHROPSHIRE PCN
8	SW SHROPSHIRE PCN

Base: Asked of patients with a long-term condition, illness, or disability. Patients who selected 'I haven't needed support' or 'Don't know / can't say' have been excluded. National (293,843); ICS 2023 (2,381); PCN bases range from 108 to 646

Comparisons are indicative only: differences may not be statistically significant

%Yes = %Yes, definitely + %Yes, to some extent

Ipsos

Services when GP practice is closed

These questions are only asked of those people who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at PCN level. The PCN range within ICS has therefore not been included for these questions.

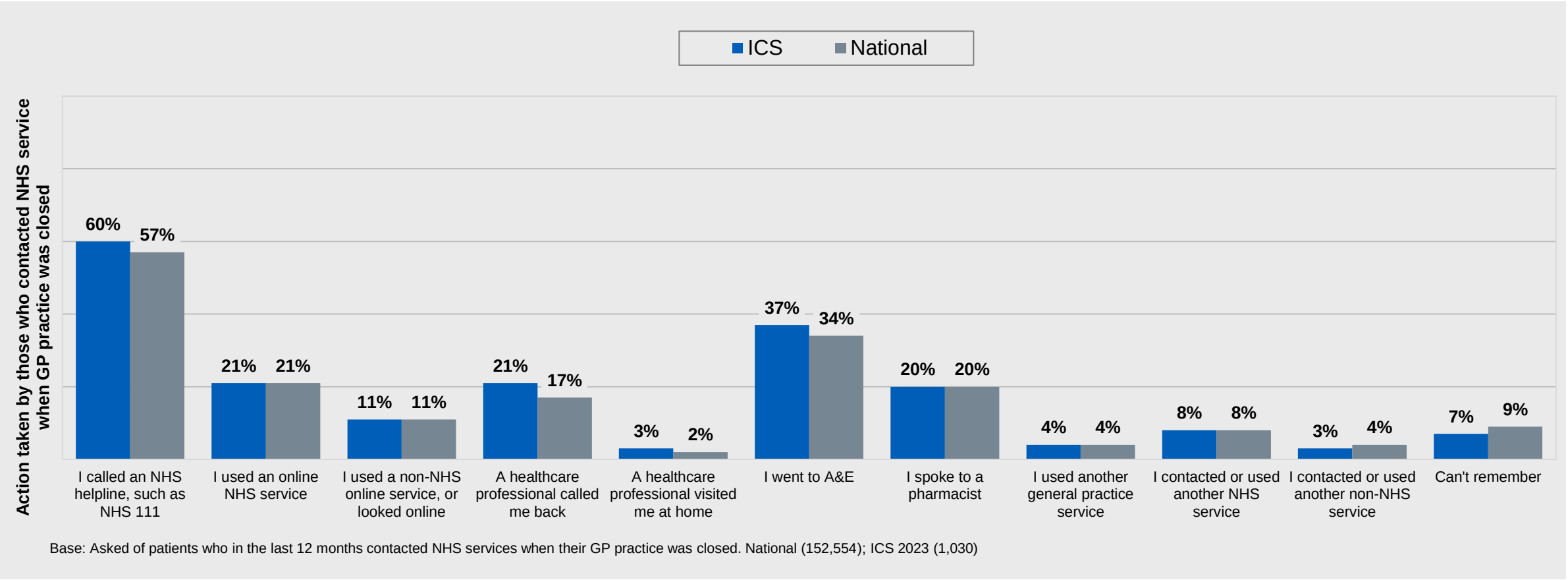
Please note that patients cannot always distinguish between these services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.

Use of services when GP practice is closed

GP PATIENT SURVEY

SHROPSHIRE, TELFORD AND WREKIN ICS

Q45. Considering all of the services you contacted, which of the following happened on that occasion?[1]



Base: Asked of patients who in the last 12 months contacted NHS services when their GP practice was closed. National (152,554); ICS 2023 (1,030)

Comparisons are indicative only: differences may not be statistically significant

22% of patients in the past 12 months contacted an NHS service when they wanted to see a GP but their GP practice was closed.

Ipsos

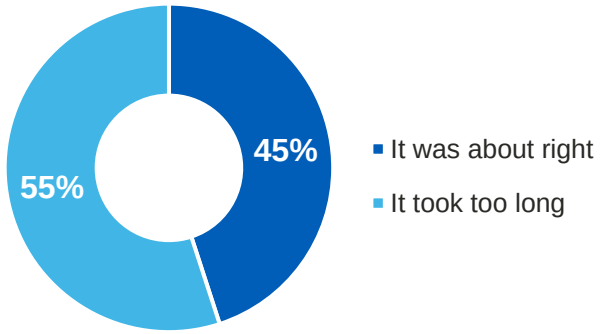
Time taken to receive care or advice when GP practice is closed

GP PATIENT SURVEY

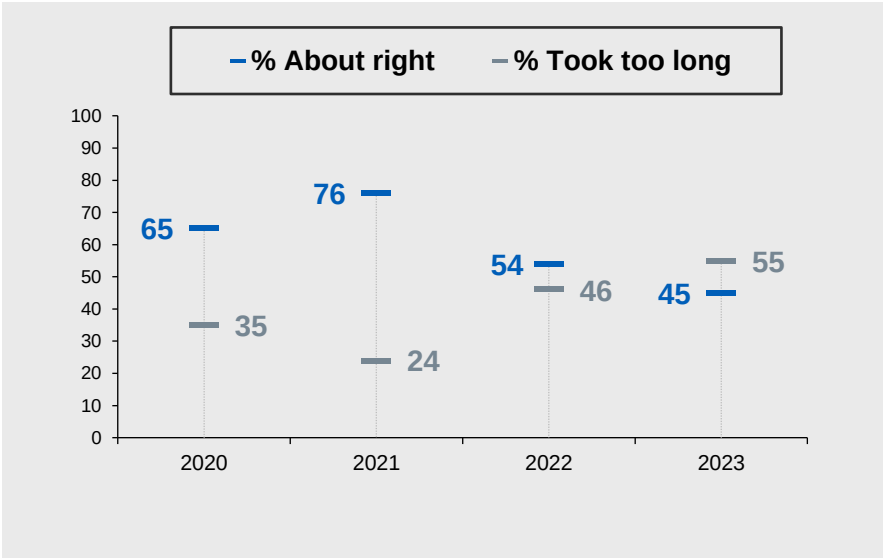
SHROPSHIRE, TELFORD AND WREKIN ICS

Q46. How do you feel about how quickly you received care or advice on that occasion?

ICS result



ICS result over time



Comparison of results

ICS		National	
About right	Took too long	About right	Took too long
45%	55%	46%	54%

Base: Asked of patients who in the last 12 months contacted NHS services when their GP practice was closed. Patients who selected 'Don't know / doesn't apply' have been excluded. National (138,720); ICS 2023 (967); ICS 2022 (894); ICS 2021 (923); ICS 2020 (1,006).

Ipsos

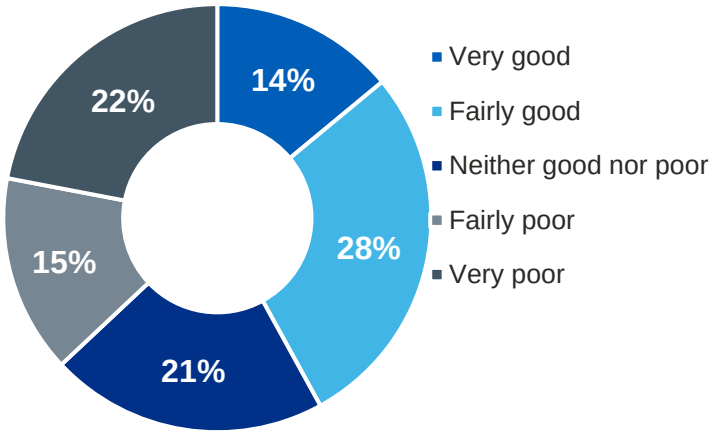
Overall experience of services when GP practice is closed

GP PATIENT SURVEY

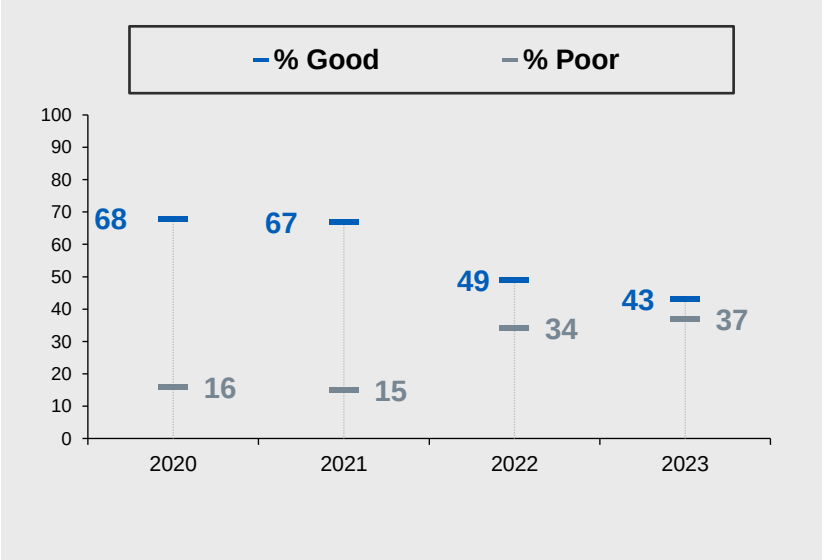
SHROPSHIRE, TELFORD AND WREKIN ICS

Q47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

ICS result



ICS result over time



Comparison of results

ICS		National	
Good	Poor	Good	Poor
43%	37%	45%	35%

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Base: Asked of patients who in the last 12 months contacted NHS services when their GP practice was closed. Patients who selected 'Don't know / can't say' have been excluded. National (145,323); ICS 2023 (989); ICS 2022 (921); ICS 2021 (948); ICS 2020 (1,024).

Statistical reliability

Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”).

However, we can estimate the true value by considering the size of the sample on which results are based, and the number of times a particular answer is given.

The confidence with which we make this estimate is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

This table gives examples of what the confidence intervals look like for an ICS and PCN with an average number of responses, as well as the confidence intervals at the national level, based on weighted data. Confidence intervals will be wider when results are based on a smaller number of responses.

An example of confidence intervals (at national, ICS and PCN level) with an average number of responses.

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	759,149	0.10	0.15	0.17
ICS	17,122	0.66	1.00	1.09
PCN	592	3.23	4.94	5.39

For example, taking an ICS where 17,122 people responded and where 30% gave a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had taken part in the survey) will fall within the range of +/-1.00 percentage points from that question’s result (i.e. between 29.00% and 31.00%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has taken part in the survey).

Want to know more?

Further information about the survey

GP PATIENT SURVEY

- The survey was sent to around **2.6 million patients aged 16 or over** registered with a GP practice in England.
- The overall response rate to the survey is **28.6%,** based on **759,149** completed surveys.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The GP Patient Survey is conducted on an annual basis and has been since 2017.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of eligible patients and the patients who actually complete a questionnaire. The weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- For more information about the survey please visit https://gp-patient.co.uk/.
- For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/faq.
- Further information about the methodology and technical information including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: https://gp-patient.co.uk/surveysandreports.

2.6 million

Surveys sent to patients aged 16 or over registered with a GP practice in England

759,149

Completed surveys in the 2023 publication

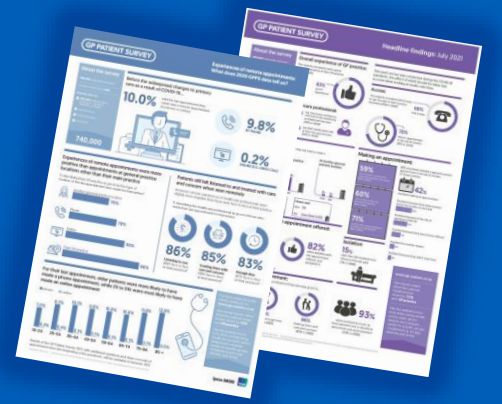
28.6%

National response rate

Ipsos

Where to go to do further analysis …

- For reports which show the results broken down by ICS, PCN and Practice for all questions, go to https://gp-patient.co.uk/surveysandreports - you can also see previous years' results here.
- To look at this year's survey data using the interactive analysis tool, go to https://gp-patient.co.uk/analysistool. Data can be analysed at national, ICS, PCN, or practice level.
- The analysis tool allows users to filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare results by different participant 'subgroups'.
- To look at results over time, go to https://gp-patient.co.uk/analysistool/trends.



For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 23-08.47
Meeting date:	4th August 2023
Paper title	Results from Survey of Ethnic Diversity Issues in Primary Care
Paper presented by:	Phil Morgan
Paper approved by:	Emma Pyrah
Paper prepared by:	Phil Morgan
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	
A									

Previous considerations:	The committee previously approved the carrying out of the above survey.

1. Executive summary and points for discussion

The ICB recently surveyed staff across all 51 practices, asking for their views on a range of ethnic diversity issues.

The findings from the survey, based on 216 responses, indicate that there are significant issues to be addressed to improve the working experiences of colleagues from minority ethnic backgrounds.

The survey clearly shows that many staff from these backgrounds:

- Experience racism in their professional life
- Don't think that racism is dealt with appropriately in workplace settings
- Are not confident in speaking up on issues of racism
- Have felt that they have been treated differently due to their ethnic background
- Experience discrimination and inappropriate behaviour/comments from both colleagues, and from patients

Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	Y
Enhanced engagement and accountability	Y
Creating system sustainability	
Workforce	Y

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin PRIMARY CARE COMMISSIONING COMMITTEE is asked to:

- Note the findings of the report, indicating that there are significant issues to address across the 51 practices around issues of ethnic diversity.
- Approve the set of Objectives set out in the Appendix, and plans to develop an Action Plan

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

4. Appendices

Set of Objectives for Primary Care, linked to those developed across the ICS to take issues of ethnic diversity and discrimination.

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Increased challenge from practice staff in cases of racism/the use of racist and/or discriminatory language and/or actions
Quality and Safety	
Equality, Diversity, and Inclusion	A reduction in the incidence of racist and/or discriminatory language and/or actions experienced by PC staff from minority ethnic communities

	An improvement in the overall culture and approach to challenging and tackling racist and/or discriminatory language and/or actions
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	• Note the findings of the report, indicating that there are significant issues to address across the 51 practices around issues of ethnic diversity. • Approve the set of Objectives set out in the Appendix, and plans to develop an Action Plan		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

1. Background

- Following the establishment of the Primary Care Ethnically Diverse Staff Network in 2022 it was agreed by the Network that a survey should be carried out across all of the STW 51 practices on a range of ethnic diversity issues.
- The Network agreed that the survey should be on the subject of/about ethnic diversity and that all staff should be encouraged to complete it – i.e. it shouldn't be a survey solely for staff from minority ethnic groups
- A survey was designed, based on a successful model that had been developed and used by Humberside LMC (a GP representative from Humberside LMC spoke at the ED Staf Network inaugural event in May 2022).
- The Primary Care Workforce Lead worked with the ICS Clinical Lead for EDI (Dr Priya George), the chair of the PC ED Staff Network (Dr Mary Ilesanmi) and the STW ICS Comms team to make necessary changes to the survey to ensure that it was relevant to local STW issues
- The survey was launched in the spring of 2023 with a range of comms to encourage staff to complete it
- A linked piece of work, carried out at an ICS level, was a report on "Rural Racism" in STW. This report led to a series of objectives being agreed across the ICS – i.e. system objectives which are being addressed at a system level.

- It was agreed by the PC ED Network Chair and the ICS Clinical Lead for EDI that recommendations from the PC ED Survey should be based on these system-wide objectives (see appendix)
- The ethnic make-up of the staff working across the STW 51 practices at 31st March 2023 was as follows (the balance of 100% relate to non-disclosure):

Staff Group	% "White"	% "Non-White"
GPs	65	21
Nurses	87	1
Direct Patient Care	83	5
Admin/Non-Clinical	86	2

2. Report

- The survey was responded to by 216 staff members – 34% of whom were admin/reception staff, 29% GPs, 14% Practice Managers and 23% Direct Patient Care staff.
- 85% of respondents identified as 'White'
- The key findings from 216 responses are as follows:
  - 67% of Asian/Asian British respondents, and 50% of African/Caribbean/Black British respondents said that they had been the subject of racism in their professional life.
  - 75% of those who had experienced racism in their professional life felt that it had not been dealt with appropriately.
  - 28% of all respondents had witnessed a colleague being the subject of racism, of which less than half (45%) felt that it had been dealt with appropriately.
  - 87% of respondents feel empowered to speak up or say the right thing when they experience or witness racism – however, only 33% of African/Caribbean/Black British respondents felt confident in speaking up.
  - 33% of African/Caribbean/Black British respondents, and 44% of Asian/Asian British respondents said that they had received patient complaints related to their ethnicity and/or culture.
  - Many respondents from minority ethnic backgrounds said that they were treated differently, made to feel like an outsider and/or had been made to feel that their medical knowledge was sub-standard as result of where they studied.
  - 70% of Muslims who responded stated that their role created a barrier to them practising their faith.

- Some of the key direct quotes from the survey are as follows:

  - The patient was uneasy once he saw me, he sat down said he'd rather not speak to me and would prefer to 'speak to a white' and walked out of the room
  - It was a cultural norm, and not seen to be a problem. (It was) an unpleasant and bigoted racist place
  - The colleague wasn't taken to task, and everything was brushed under the carpet
  - I feel the system is not set up to address these concerns. The reporting process is bureaucratic thus people are put off by it

- For a reception team it is very difficult to tackle lower-level racism directed towards non-White GPs from patients on the telephone
- I think we need more allies to speak up for us. It is difficult to raise concerns as you are seen as a troublemaker and alienated
- As a qualified GP now, I have enough confidence to speak out. As a junior trainee there were many roles in which I felt my opinion or concern would not matter or be taken seriously
- The micro aggressions I faced have been quite traumatic and made me have PTSD and caused me severe physical problems and Disabilities”
- I have had a patient complain about my training and how she felt not up to UK standards even though there was no clinical issue
- Patients wishing to have an "English" doctor is fairly frequent”
- Patient complained that they could not understand one of our clinical members and didn’t wish to see them again
- Is this how things are done in the jungle you come from?

3. Conclusions

- It is clear from the survey that there are serious issues to address around racism and ethnic diversity across the STW 51 Practices
- It is also clear that these issues are similar to those identified at a system-level and that, therefore, a joined-up approach with system colleagues is needed in order to tackle them.
- To this end a task-and-finish group will be set up with volunteers from across the 51 practices, supported by members of the PC ED Staff Network. This group will use the set of Objectives in the appendix to develop and implement an Action Plan

4. Recommendations

- Given the similarities to system-wide issues it is recommended that the response to the survey is linked to the wide system work on racism and ethnic diversity
- Therefore, committee is asked to approve the set of Primary Care objectives linked to the system objectives, set out in the appendix to this report

Appendix: Addressing Ethnic Diversity Issues in Primary Care
Primary Care Objectives linked to System Objectives

System Objective	Detail	Primary Care Objectives
Develop a Comms strategy for STW ICS	• Poster Statement: Development and endorsement of a standardised poster for STW to be used by all providers about Racism- this should be targeted at patients and also colleagues with a flow chart of what to do for bystanders and victims of Race crimes. • Visible Leadership: Comms to develop messaging from our executive leaders across all providers and the ICB - video, podcast etc which can be shared widely via social media.	• Input into the production of a system poster to ensure that it reflects/captures Primary Care delivery issues • Ensure that comms messaging includes comments from appropriate Primary Care leaders and that it is able to be shared by practices via their PPGs
ICB board development session for our exec leads	• To include the report and the Race equality action plan. EDI Steering group to contribute to the shaping of this session. This could then be replicated to all provider board development sessions.	• Ensure that appropriate Primary Care leaders are involved in the ICB Board development session and are, as necessary, briefed about specific Primary Care EDI issues
FTSUG forum for STW	• Work in progress for setting up of a forum for FTSUGs across the system chaired by a NED	• Ensure that Primary Care has a voice/involvement in the FTSUG forum
Cultural focus	• Embracing diversity and inclusion by organising focussed activities and engagement events via our ICS Steering group	• Any organised focused activities to include specific Primary Care EDI issues and made available to as many PC staff as possible to attend
Bystander and Allyship training	• for all staff	• PC Training Hub to be involved in the roll-out of Bystander and Allyship training for PC staff
EDI training packages	• to include system live events/conference on inclusivity and belongingness	• Ensure that EDI training packages reflect specific PC EDI issues • PC Training Hub to be involved in the roll-out of training packages
FTSUG in primary care	• Establish and promote FTSUG in primary care with clear governance structure	• Seek FTSUG champions with appropriate funding to enable them to provide a robust service to PC staff

System Objective	Detail	Primary Care Objectives
System Anti-Racist strategy	• to include standardised Policies and clear pathways for escalation of concerns	• Encourage all practices and PCNs, as employers, to adopt the system anti-racist strategy
Standardised induction package	• to include EDI components including challenges faced by our international colleagues, ethnic minority colleagues with a message of non -tolerance of poor behaviour.	• Encourage all practices and PCNs, as employers, to use/incorporate the standardised induction materials in their own induction processes
Cultural Ambassador Programme	• full refresh of the programme with development of an STW forum	• include PC in the Cultural Ambassador Programme by seeking expressions of interest
Staff Networks	• Refreshing and increase empowerment of Networks with executive sponsorship.	• Ensuring that the PC ED Staff Network is provided with both leadership and operational support
Focused Training for Managers	• To encourage ongoing conversations about recognising and tackling racism and other forms of discrimination	• PC Training Hub to be involved in the roll-out of focused training for managers
Leadership and Development programmes	• Increase this offer particularly targeting our ethnic minority groups	• Encourage PC staff from minority ethnic groups to access leadership and development programmes
Role Modelling	• Increase representation of minority ethnic colleagues at senior levels.	• Encourage applications from minority ethnic colleagues for senior roles in the management of PC
EDI representation at recruitment panel	• to be the norm	• Encourage and assist PC employers to have EDI representation at recruitment panels
Inclusion of EDI objectives in all staff Appraisals	•	• Assisting PC employers to include EDI objectives in staff appraisals via the provision of examples and pro-formas
Reverse Mentoring	• at board levels starting with the ICB boards and replicating this to all provider boards.	• Encourage senior PC managers to undertake reverse mentoring

System Objective	Detail	Primary Care Objectives
Staff Lived experiences	• Involve international staff and ethnic minority colleagues in sharing their experiences more widely across the system and beyond the sector e.g. local Council staff in other service areas ; patient participation groups, community links etc	• Encourage and enable minority ethnic staff working in PC to share their experiences across both PC and the wider STW ICS
Inclusive Health and Wellbeing offers	• Our H&W offers should be available to all of our staff in an accessible way. It should also offer trauma support and pastoral care for those affected by discrimination and bullying	• Ensure that all PC staff, particularly those from minority ethnic groups, are able to access relevant system H&WB offers
Governance structure	• Actively review our boards and governance structure - to ensure there is adequate representation, diversity of voice is heard and a 'safe space' is created.	• Review relevant ICB boards and governance structures to ensure that diversity of voice is heard

Integrated Care System
Shropshire, Telford and Wrekin

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Primary Care Commissioning Committee 4 August 2023

Agenda item no.	**PCCC 23-08.47**
Meeting date:	**4 August 2023**
Paper title	**Workforce and Training Hub Update – Focus on NHS Long Term Workforce Plan and implications for ICB**
Paper presented by:	**Sara Edwards**
Paper approved by:	**Gareth Robinson**
Paper prepared by:	**Sara Edwards**
Signature:	SR Edwards
Committee/Advisory Group paper previously presented:	

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information	
Previous considerations:											

1. Executive summary and points for discussion

This report provides committee with a high-level overview of the recently published NHS Long Term Workforce Plan (the Plan) and the impact on Primary Care. Points of note:

- Expansion of Multi-Disciplinary Team, Pharmacy, Dentistry, GP **training** as well as an increase in **apprenticeship** routes to clinical roles.
- Increase in training places resulting in need for increased **learner placement capacity** in general practice.
- **Pharmacy, Optometry and Dentistry** as additional areas potentially requiring support in relation to the above.

2. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the content of the report and areas of impact for STW Primary Care as well as the opportunity to further integrate ICB workforce functions into the ICS People programme to support delivery of the Plan at all system levels.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

4. Appendices

Appendix 1 Summary of the three key areas in the NHS Long Term Workforce Plan.

5. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	Ensuring residents are served by a primary care workforce with the right capability and with the appropriate capacity.
Quality and Safety	Training, education and development of clinical workforce to ensure quality patient care.
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	No implications
Conflicts of Interest	No implications
Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

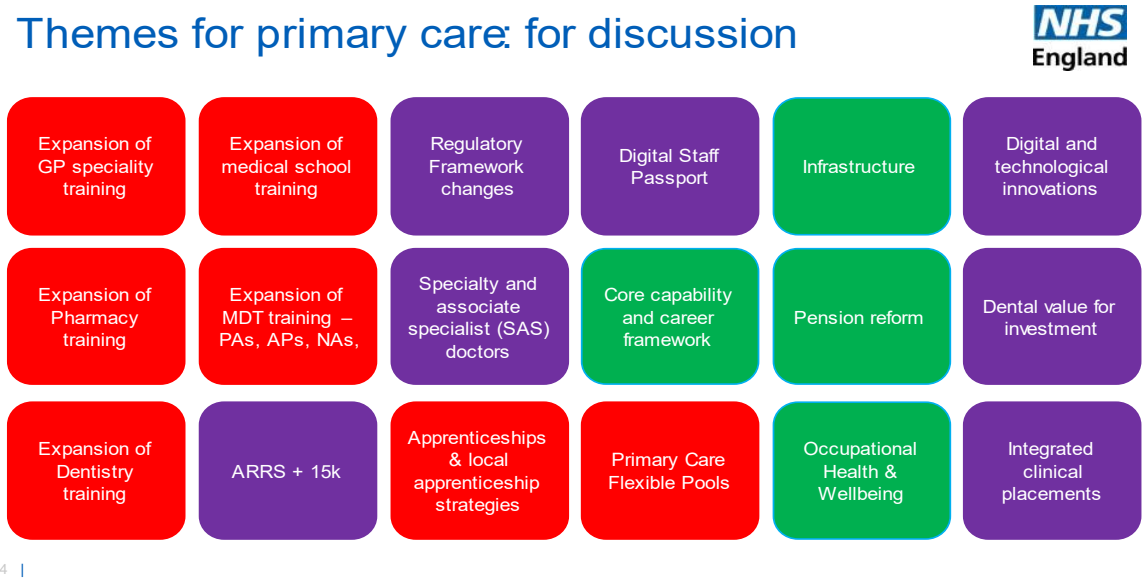
1. Background

1.1 NHSE published their 151-page Long Term Workforce Plan in June 2023 in order to:

- Plan NHS workforce in a co-ordinated way.
- Address the impact of the COVID-19 pandemic and the new demands on services and unprecedented pressures on staff.
- Model NHS workforce demand and supply over a 15-year period and the resulting shortfall (without action) the NHS workforce gap will be 260,000–360,000 staff by 2036/37.

Actions in the plan are backed by £2.4 billion in Government funding up to 2028/29.

1.2



2. Report

2.1 The Plan focuses on three priority areas:

- **Train**: significantly increasing education and training, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care

- **Retain:** ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.

- **Reform:** improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

(See Appendix 1 for further detail)

2.2 STW infrastructure and capacity challenges to support delivery of the Plan

The ICB Workforce and Training Hub team's key areas of work which support recruitment, retention and quality of patient care cover:

- **Supporting Workforce Planning** - supporting PCNs, aligning with system initiatives and population health intelligence, administering the ARR Scheme.
- **Supporting Training and Education Programmes** – managing and commissioning a comprehensive Training, Education and Development offer across all staff groups.
- **Apprenticeships –** supporting access to clinical apprenticeship routes and system levy share finance.
- **Expanding learner placement capacity** - progressing the quality learner environment framework across STW primary care organisations to support creating capacity for all learner types. Facilitators support student placements for their professions.
- **Increasing capacity and capability of Educators**
- **Embedding new roles in primary care as part of ARRS** - enable, support and embed new roles into primary care. Clinical Facilitators delivery of enabling package supporting access to supervision, funding, preceptorship programmes, peer support, training and development opportunities.
- **GP and GPN Strategy** delivery of initiatives supporting the retention and recruitment of these staff groups.

The Plan indicates an acceleration and widening of all of the above areas.

2.3 Key areas and implications

To highlight some key areas which will have implications in supporting the delivery of the Plan:

- The significant expansion of training and development programmes will impact on general practice in terms of ability to both release and support staff groups as well as the management and delivery of an expanded training and education offer.
- The significant training expansion and workforce growth outlined in the Plan implies sufficient physical capacity for staff to be trained in and work in. The quality and capacity of physical and digital infrastructure is highlighted as essential to enable an expansion of trainee placements. Furthermore, a significant amount of resource is required to place learners both within general practice as well as the support required to facilitate.
- The addition of Pharmacy, Optometry and Dentistry as areas potentially requiring elements of support such as training, placements and clinical supervision will require further capacity to manage.

The ICB Workforce and Training Hub team, sitting within the Primary Care Team, comprises 4 FTE staff, of which 3 FTE are funded currently via a Training Hub Contract between NHSE and STW ICB. Whilst there are clinical roles in place to support some of the above areas (7 GP Lead roles and 9 ARRS and Nurse role specific Facilitators) all are employed on fixed-term contracts via non-recurrent funding, many of which will end in March 2024 on current funding allocations.

3. Conclusion

As the ICS People Team further develop their thinking on system approaches to workforce planning, centralised education and commissioning of training, student placements, new roles, career pathways and pipelines and OD and leadership, there should emerge further opportunities to integrate and align more of the Primary Care Workforce and Training Hub workstreams. This will potentially create capacity to support delivery of the NHS Long Term Workforce Plan as STW system partners agree an approach on how to use resources most effectively, what people activities can best be delivered and at what scale.

In conclusion, Committee is asked to note the implications of the delivery of the NHS Long Term Workforce Plan for STW Primary Care and the opportunity for further system level alignment.

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Appendix 1

The NHS Long Term Workforce Plan considers the challenges facing the workforce over the next 15 years and sets out actions to address them

The first ever NHS Long Term Workforce Plan sets out supply and demand scenarios and projections for key workforce groups and professions. The plan then focus on the three areas where we will take action to ensure that the NHS has the workforce it needs for the future:

Recruit: Grow the workforce

By significantly expanding domestic education, training and recruitment, we will have more doctors, nurses and other healthcare professionals working in the NHS. We will:

- Double the number of undergraduate medical school training places to 15,000 by 2031 with more medical school places in areas with the greatest shortages to level up training.
- Increase the number of GP training places by 50% to 6,000 by 2031.
- Almost double the number of adult nurse training places by 2031, with 24,000 more nurse and midwife training places a year by 2031
- increase the number of advanced practitioners, independent prescribers, and Allied Health Professionals acting as senior decision-makers in appropriate settings.
- Increase the proportion of training for clinical staff through apprenticeship routes by 2030,. This will ensure we train enough staff in the right roles and help widen access to opportunities for people from all backgrounds.
- Launch a new medical degree apprenticeship.
- Expand dentistry places and consider how to incentivise dentists to offer more work to the NHS.
- Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment.

Retain existing talent: Embed the right culture and improve retention

By improving culture, leadership, and wellbeing, we will ensure fewer staff leave the NHS over the next 15 years. We will:

- Build on the actions from the NHS People Plan, to make the NHS People Promisea reality for our staff.
- Work to deliver the actions set out in the NHS equality, diversity and inclusion plan.
- Back plans to improve flexible opportunities for prospective retirees and work with government to deliver the actions needed to modernise the NHS pension scheme.
- Ensure NHS organisations across the country, from day one of employment offer people flexible working and the best possible start to an NHS career
- Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential.
- Reform how the NHS recruits staff, so that we offer a much better candidate experience, and support local jobs

Reform: Working and training differently

Working differently means staff can spend more time with patients, harnesses digital innovations and enables new and innovative ways of working. Training will be reformed, to give learners a better experience. We will:

- Take advantage of digital and technological innovations, such as AI, speech recognition, robotic process automation and remote monitoring to support the NHS workforce.
- Focus on expanding enhanced, advanced and associate roles to offer modernised careers, with a stronger emphasis on the generalist skills needed to care for patients with multi-morbidities, frailty or mental health needs.
- Encourage and support clinically-led work to consider how to make best use of new roles in clinical teams as they are brought on stream, to ensure they are a valued part of the wider multidisciplinary team.
- Explore measures such as tie ins to encourage dentists to spend a proportion of their time delivering NHS care.
- Work with the NMC, GMC and others to reform education and training that learners have a good experience of training that prepares them for work in the NHS.
- Work with medical schools and the GMC to introduce four-year degree programmes and pilot a medical internship programme which could shorten undergraduate training time.

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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 23-08.48
Meeting date:	4th August 2023
Paper title	GP Access Recovery Plan – Progress Update
Paper presented by:	Emma Pyrah
Paper approved by:	Gareth Robinson
Paper prepared by:	Emma Pyrah
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information	
A									
Previous considerations:									

1. Executive summary and points for discussion

This report provides Committee with an overview of progress with the local implementation of the NHSE GP Access Recovery Plan published in May 2023.

Which of the ICB Pledges does this report align with?

Improving safety and quality	x
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Primary Care Commissioning Committee is asked to:

The Committee are recommended to note the contents of this progress report and that at this point the only area within the plan where there are concerns of non-achievement by national deadlines is expansion of self-referral pathways.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

4. Appendices

Appendix 1 – proposed local governance structure
Appendix 2 – Monthly action tracker and risk register
Appendix 3 – Summary of PCN Capacity and Access Improvement Plans (CAIP)

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Improved access to GPs and other clinicians
Quality and Safety	As above
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:			
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

GP Access Recovery Plan – Progress Update

1. Purpose of the Report

1.1 The purpose of this report is to provide Committee with an overview of progress with the local implementation of the NHSE GP Access Recovery Plan published in May 2023 and share details of the proposed regional and local governance arrangements.

2. Governance

2.1 This plan has equivalent status in NHSE priority as elective and urgent and emergency care recovery. Therefore, national governance arrangements with an associated board has been established which has been mirrored in structure at regional level. An Executive level Primary Care Board has been established regionally which meets monthly. It is chaired by one of the region's ICB Chief Executives. The first meeting was held on 21st July 2023. Gareth Robinson is STW member.

2.2 The proposal is for our local governance structure to mirror the regional and national structure. It will mirror the 7 national workstreams each with a named lead. It will report into the Primary Care Commissioning Committee and the system Integrated Delivery Committee. The chair of the local board is to be determined. Once they are confirmed, monthly meetings will be put in the diary. (See Appendix 1)

2.3 The Primary Care Team have developed a set of monitoring templates incorporating all elements of the recovery plan. Named leads have been identified, a baseline starting position for May 2023 established and monthly action tracking commenced. A risk register has been established.

2.4 A set of metrics to measure progress in implementing the requirements of the plan have been established eg how many practices are on cloud based telephony, how many practices have signed up for the national improvement support programme. Nationally a set of 13 impact metrics is proposed. These and any additional local priority impact metrics will be incorporated into the local monitoring arrangements and form the heart of future GP Access Performance reports to PCCC from the next meeting.

3. Delivery Progress Update

3.1 The current delivery status including RAG rating for each of the requirements in the GP Access Recovery Plan are provided at Appendix 2

3.2 Key progress to date include:

a) Requirement: PCN Capacity and Access Improvement Plans are signed off by the ICB by 31st July 2023

All 8 PCNs have established their baseline assessment starting points in line with the national template and submitted improvement plans. These are being presented to Executive Team on 25th July with the recommendation that all are signed off. See following section for further detail.

b) **Requirement: All practices not on cloud based telephony or requiring buy out of evergreen contract sign up to the national digital support offer in July**
16 practices signed up, £479k funding for STW confirmed on 19.7.23. The remainder of practices are already on cloud-based telephony.

c) **Requirement: Practices are encouraged to sign up for the national GP Improvement support programme**
The Primary Care Team continue to promote these offerings through a number of established communication routes. STW have 3 practices already started on the Phase A intensive programme (26 weeks) and one practice on the intermediate (13 weeks). A small number of practices have expressed an interest in Phase 2 but are yet to sign up officially. One of the barriers to sign up is that these programmes are resource intensive on the practice in terms of releasing key staff and there is no ring fenced budget for backfill. The national guidance indicates that the repurposed 70% IIF monies should be the source of this funding where required or any additional funding from the ICB. There is no additional source of funding available from the ICB as there is no unallocated source of funding in the Primary Care budget.

d) **Requirement: Introduce self-referral for 6 specified pathways by September 2023 in line with the NHS Long Term Plan**
NHSE baseline assessment completed and returned 18.7.23. Two pathways are on track, two will deliver but not to the timescale and for 2 there are no plans in place (community equipment and wheelchairs for example). The lead for this work sits outside of the primary care team and with the Director of Elective Care and Transformation and the Director of Strategic Commissioning.

e) **Requirement: Develop a plan to ensure the transfer of secondary care work done in primary care back to secondary care (Eg onward referrals, call backs, fit notes)**
A constructive meeting held with SATH Medical Director and members of the GP Board and LMC on 5.7.23. Next steps agreed, paper going to GP Board on 2.8.23. One of the key take away messages was the importance of establishing formal and informal opportunities for dialogue between primary and secondary care clinicians to share issues and develop collaborative solutions.

f) **Requirement: Support PCNs to utilise their full Additional Roles entitlement in 2023/24 –** For STW this is c£12m compared to c£8m in 2022/23. Full achievement is important not just to increase workforce capacity but the ARRS funding will go in the baseline from 2024/25. The amount will be based on spend by year end and not the amount originally allocated. PCNs are contractually obliged to submit their workforce plans by the end of August 2023. All have been reminded of the importance of this and the need to spend their full allocation. Challenge is securely sufficiently suitably qualified and competent applicants in a system with significant workforce challenges across the board.

g) **Requirement: Agree and distribute the national transition and transformation funding (c£13.5k per average practice size, although actually paid on weighted population size)** Following receipt of national guidance, process and template developed to support practices to apply for this transition funding which is designed to be used at go live point for additional capacity required to enable transition from one operating model to another. Six practices have indicated that they will be applying for the funding for use in the next few months.

3.3 PCN Capacity and Access Improvement Plans (CAIP)

3.3.1 At the end of March 2023 NHSE published the new Network Directed Enhanced Services contract which included changes related to GP Access Recovery and in particular the introduction for 2023/24 of a PCN Capacity and Access Payment (CAP).

3.3.2 The aim of the CAP funding is to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

3.3.3 For 23/24 the number of IIF indicators have been significantly reduced from over 30 to 5 and the released funding has been repurposed to fund the CAP. The CAP consists of two parts:

- National Capacity and Access Support Payment: 70% of funding will be unconditionally paid to PCNs in 12 equal monthly instalments. For STW this equates to a total of £1.378m.
- Local Capacity and Access Improvement Payment**:** conditionally paid - part or all of the 30% remaining funding will be paid based on commissioner assessment of a PCN's improvement in the three below areas over the course of 2023/24:-
    1. patient experience of contact;
    2. ease of access and demand management; and
    3. accuracy of recording in appointment books

3.3.4 The guidance requires ICBs, PCNs and member practices to co-develop and co-own a local improvement plan setting out the changes they intend to make. These local improvement plans should: -

- address any identified barriers to improvement or wider support required
- link to local support offers for integrated primary care, and
- where commissioner support is required, commissioners should commit to providing that support

3.3.5 National requirements included the following steps:

- Step 1 – establish the baseline starting point against a set of national metrics across the PCN and by each practice in the PCN.

- Step 2 – develop a PCN and individual practice improvement plan addressing the 3 key areas in 1.3 above.

- Step 3 – Primary Care Team works with PCNs to monitor their improvement against their current position during 2023/24

3.3.6 A summary of each individual PCN CAIP is provided at Appendix 3. All 8 CAIPs meet the minimum requirements set out in the national guidance and are being submitted to Executive Team on 25.7.23 with a recommendation to sign off. However, it should be noted that the standard of the submissions ranged from acceptable to excellent. Some PCNs have used the opportunity of the additional CAP funding to pilot new ways of managing same day non-complex demand e.g., coughs, sore throats etc.

This variation is not unexpected as all PCNs are at different stages of maturity and have differing levels of leadership and management capacity as this funding is calculated based on population size allowing the larger PCNs the opportunity of greater infrastructure capacity.

3.3.7 All plans demonstrated a correlation between the areas which their practices scored lower on or were non-compliant with in their baseline assessment and the actions in their plan.

3.3.8 The Primary Care Team will hold touch point meetings with individual PCNs in October 2023 and February 2024. The purpose of these meetings is for the PCNs to share details on progress with implementing their plans, any particular successes and challenges and barriers which either they need to overcome or need ICB support with.

3.3.9 It has been agreed with the PCNs that the year-end assessment of improvement linked to the improvement payment will be via an ICB panel to which each individual PCN will present their evidence of improvement.

3.3.10 Challenges and barriers to implementation

a) The GP Access Recovery Plan does not adequately address the underlying core problem that demand in primary care outstrips supply. Changing operating models and expanding patient access routes and expanding the community pharmacy offer will provide some of the solution but it will not solve the capacity issue. When all appointments on any given day are gone, they are gone.

b) The PCN support payment is non-recurrent which makes implementing long term solutions difficult.

c) Many of STW GP Practices scored higher than the national average in last year's GP Patient Survey access related questions, some significantly. This is repeated in the recently published 2023 results. Making 'significant improvement' as described in the national guidance is therefore difficult.

d) Increasing usage of digital patient access routes is difficult where digital infrastructure/ broadband capability is low. This is particularly the case in our more rural areas.

e) Patient reluctance to embrace digital consultation modes or to see alternative health care professionals.

f) Time and capacity of staff to support change.

g) Funding for additional staff and infrastructure.

h) Difficulties in recruiting staff especially clinicians.

i) Estate issues – lack of space for additional staff to work in.

3.3.11 Areas of ICB support identified by PCNs

- Patient education comms
- Estates
- IT/digital infrastructure

- Funding

4. Risk Register

The current risk register for the GP Access Recovery Plan is provided as a tab in Appendix 2.

5. Recommendation

The Committee are recommended to note the contents of this progress report and that at this point the only area within the plan where there are concerns of non-achievement by national deadlines is expansion of self-referral pathways.

Appendix 3

Summary of PCN CAIP

PCN:	**Newport and Central**
Number of practices:	4
Total PCN population:	58,814
PCN CD:	Stefan Waldendorf
PCN Manager:	Amanda Lloyd

Improvement Plan	RAG Rating
PCN has provided a detailed improvement plan which covers the required improvement areas of navigation, triage and workload management processes/patient journeys through online and telephony routes. For the majority of actions all practices will be implementing them. There are specific actions for the practices who scored significantly less than the national average of the GP Patient Survey results Key areas of focus:- • Improving telephony functionality • Improving website functionality and ease of navigation • Improving care navigation skills and competencies • Mapping pathways and identifying blocks and pinchpoints • Introducing an Acute Capacity Overspill Service • Maximising the utilisation of the full online messaging and consultation functionality offered by AccuRX • Expand the use of the Community Pharmacy Consultation Service (CPCS) • Patient Comms campaign to promote digital access routes	

PCN:	**Shrewsbury**
Number of practices:	15
Total PCN population:	128,374
PCN CD:	Charlotte Hart
PCN Manager:	Caroline Brown

Improvement Plan	RAG Rating
Shrewsbury PCN have provided a written narrative plan as well as completing the detail in the excel template spreadsheet provided to them. This clearly articulates the areas for targeted improvement and specifically what the PCN will do and what the practices will do and how improvement will be measured. Key areas of focus:- • Improve ease of use and functionality of websites • Improve availability and uptake of Friends and Family test • Introduce a care navigation digital desktop aid to standardise and improve care navigation in all Practices including supporting training • Work with the local CPCS team to increase useage • Provide tailored local content promoting access routes to replace national communications on waiting room screens • Provide additional support from the PCN Management team to the two lowest performing practices, with shared learning from the two highest performing practices	

• Provide standardised communication materials for Practices to share with their PPGs to increase public knowledge and understanding of access routes • Improve uptake of online consultation access route • Explore opportunities to move to a fully integrated cloud based telephone system via the Better Purchasing Framework • Begin to develop a network level demand data dashboard to capture and compare practice level demand for all access routes including telephone, online and in person, and unmet demand. • Improve appointment mapping data quality Shrewsbury Primary Care Network is proposing four additional projects to run alongside their Access Improvement Plan 1. <u>A.C.O.S (Acute Capacity Overflow Service)</u> With an initial focus on respiratory conditions, pilot a centralised service to provide additional support to practices from the autumn bringing additional acute capacity into Primary Care. 2. <u>Digital Triage Hub</u> Working with a small number of pilot Practices, to provide additional clinical and administrative staff to handle weekend digital triage requests (currently turned off). 3. <u>Back Office Centralisation</u> Commencing with notes summarising, employ staff at a PCN level to standardise and centralise certain administrative functions to release capacity in Practices. 4. <u>Pharmacist led Virtual longer term condition clinics</u> Roll out of end-to-end management of patients with chronic long terms conditions including medication reviews and subsequent treatment changes to provide additional capacity in Practices to focus on those for whom a virtual review is not appropriate.	

PCN:	**South West Shropshire**
Number of practices:	6
Total PCN population:	37,241
PCN CD:	Deborah Shepherd
PCN Manager:	Debbie Davies
Improvement Plan	RAG Rating
Key areas of focus are: ○ Ensure making use of all digital functionality of telephone systems. ○ Engage with Patient Participation Groups to help understand the challenges patients face and what we are doing to address them. ○ Monitor friends and family data and endeavour to increase response rate to improve quality. ○ All practices will use NHSE supplied website audit tool and toolkit for website improvement to ensure websites are easy to access and navigate, and encourage use of online consultation routes, appointment booking etc.	

○ Enable one member of staff from each Practice to attend NHSE supported care navigation training and develop a care navigation resource pack ○ Increase the number of patients registered with the NHS App in all Practices. ○ Practices in the PCN are compliant with national guidance on appointment mapping. ○ Purchase of digital dashboard to allow real time performance data monitoring of capacity and access and other performance indicators across the PCN. ○ Increase the uptake of online consultations	

PCN:	**North Shropshire**
Number of practices:	6
Total PCN population:	91,554
PCN CD:	Tim Lyttle
PCN Manager:	Vacant

Improvement Plan	RAG Rating
Key areas of focus: • Ensure full cloud based digital telephony functionality is utilised • Ensure that telephony data is routinely reviewed to inform impact and areas for further improvement • Increase the uptake of online consultations working with PPGs to champion usage and promote via digital and other comms routes • Improve the standard, content and ease of use of websites • Ensure all are compliant with Friends and Family requirement • Establish a workforce subcommittee to aid with identifying clinically high pressure areas, practices under pressure and overall clinical mix requirements. The workforce committee will support the PCN management team with staff recruitment, induction, appraisals (including personal development plans) and the organisation of staff wellbeing support. • Purchase digital support system (Ardens) collectively as a PCN which will report on and collate appointment data, working closely with GPAD to ensure appointment data is correctly mapped and will therefore meet contractual requirements and the PCN can address appointment usage, wastage and efficiency. • Explore the potential for the PCNs systems, management team and processes to align and comply with the SCC systems. The aim is that the PCN and its practices will have sufficient real-time data management systems to proactively manage peaks in Primary Care demand, and these will be continuously developed and considered when looking at workforce, recruitment and rotas. • Working with external partners and agencies to create a remote Pharmacy Technician service for the PCN that supports the practices with medicine reconciliation through their Docman systems, general medicines related tasks and the increasing burden of sourcing alternatives for patients.	

PCN:	**SE Telford**
Number of practices:	3
Total PCN population:	38,204
PCN CD:	Nitin Gureja, Melanie Thompson, Clive Elliott
PCN Manager:	Ruth Float

Improvement Plan	RAG Rating
A very detailed and thought through action plan has been submitted with the majority of practices undertaking each action, it is stated where something is more relevant for a particular practice due to performance or telephony/IT issues etc. Key areas of focus:- • Making the practice website user friendly, encouraging patients to use this as one of their default methods to access GP services, easing demand at the front door and on the phone. • Monitor patient experience using patient surveys. • Create a process within the PCN to analyse and act on feedback. • Increase online appointments • Implement Patient Triage across the PCN • Utilise GP community pharmacy consultations to reduce demand for minor ailments • Standardise and map appointment slots correctly, for improved reporting and monitoring, across the PCN • Collate and analyse PCN practice level GPAD data and review appointments monthly to ensure appointments are mapped to the most appropriate appointment category to improve accuracy of data	

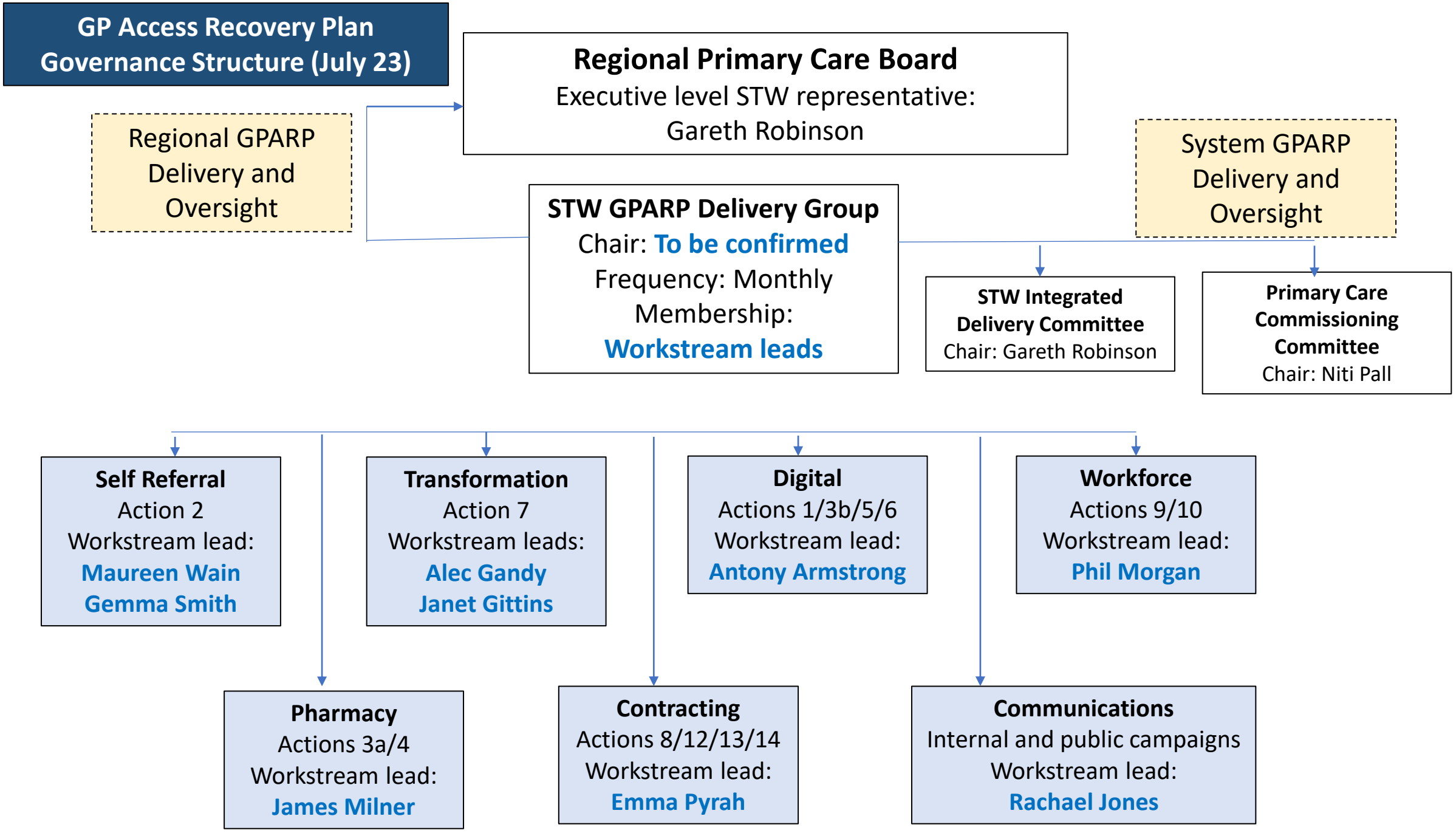
PCN:	**Wrekin**
Number of practices:	3
Total PCN population:	31,845
PCN CD:	Rohit Mishra, Navneet Singh, Dez Ebeneezer
PCN Manager:	PCN does not have a PCN manager role

Improvement Plan	RAG Rating
A plan submitted with detail included where actions are Practice specific. Some good detail around how actions are measurable and timescales to manage this. Key areas of focus:- • Recruit care navigators to help with QOF recalls etc so patient do not need to call practice to make appt i.e. reduced phone incoming volumes. • Refresher training on care navigation for admin team to ensure that patients are seen by the most appropriate member of the clinical team • Recorded welcome message to divert callers to website. See soft divert script below awaiting upload by RC. • Improved signposting and care navigation support proposed for Practice reception/ admin teams.	

• **Hollinswood** - Noted poor satisfaction with practice website on the last GP patient survey. To make improvements to the website to improve satisfaction. • **Dawley** - Working with NHSE on intensive GP Improvement Programme looking at appointment appropriateness, smoothing patient flow • **Dawley** - Introduction of a cloud based telephony system with upfront messaging and options to divert patients to appropriate service/department. • Increased use of clinical streamer to deal with each contact. Will be rolling out Floery linked staggered and escalating invites for QOF registers so patient don't need to call practice to make appt. • **Dawley** - Introduction of an urgent care hub to work with Duty Doctor and to support call handlers. • **Wellington** - WMP - Using hybrid of e consults to divert phone traffic. Also prerecorded message to divert to E consults. Awaiting Redcentric Call back system to be initiated.	

PCN:	**Teldoc**
Number of practices:	1
Total PCN population:	63,217
PCN CD:	Ian Chan, Rashpal Bachu
PCN Manager:	Elaine Edwards (Director of Quality)

Improvement Plan	RAG Rating
A plan submitted with more details added once a review meeting was undertaken with Teldoc to understand their action plan Key areas of focus:- • PPG (Teldoc; S&P) to conduct patient survey with specific focus on experience of telephone contact; website ease of use • Exploit Website to increase range and number of contact options/conversion rate • Benchmark website conversion - review Feb 2024; User satisfaction to be included as part of survey; trend of 'access' related complaints to be monitored. • Increase on the day bookable appointments • Test call queueing options against volume/band width • Full review of appointment mapping across the PCN to improve access to appointments	


GP Access Recovery Plan Governance Structure (July 23)
Regional Primary Care Board
Executive level STW representative: Gareth Robinson
Regional GPARP Delivery and Oversight
STW GPARP Delivery Group
Chair: To be confirmed
Frequency: Monthly
Membership:
Workstream leads
System GPARP Delivery and Oversight
STW Integrated Delivery Committee
Chair: Gareth Robinson
Primary Care Commissioning Committee
Chair: Niti Pall
Self Referral
Action 2
Workstream lead:
Maureen Wain
Gemma Smith
Transformation
Action 7
Workstream leads:
Alec Gandy
Janet Gittins
Digital
Actions 1/3b/5/6
Workstream lead:
Antony Armstrong
Workforce
Actions 9/10
Workstream lead:
Phil Morgan
Pharmacy
Actions 3a/4
Workstream lead:
James Milner
Contracting
Actions 8/12/13/14
Workstream lead:
Emma Pyrah
Communications
Internal and public campaigns
Workstream lead:
Rachael Jones

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PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 23-08.48
Meeting date:	4th August 2023
Paper title	GP Patient Satisfaction Survey Results
Paper presented by:	Emma Pyrah
Paper approved by:	Gareth Robinson
Paper prepared by:	Emma Pyrah
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance		D=Discussion	x	I=Information	
A									
Previous considerations:									

1. Executive summary and points for discussion

1. Background

1.1 The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices. In STW 15,236 questionnaires were sent out, and 6,194 were returned completed. This represents a response rate of 41%.

1.2 NHSE published the results for 2023 on 13th July 2023 which incorporates field work undertaken between January and April 2023.

1.3 Results are available at national, ICS, PCN and practice level.

1.4 Survey considerations:

- Sample sizes at practice level are relatively small.
- The survey is conducted annually and provides a snapshot of patient experience at a given time.

2. Key points from the ICS level analysis

2.1 A summary of comparison performance to the previous year at an ICS/PCN level is provided at Appendix 1. Key findings are:-

- Compared to 2022 ICS results – **small % decline in c50% of questions**
  - 8 questions scored the same or higher (42%)

- 9 questions scored <5% lower (47%)
- 2 questions scored >5% lower (these 2 questions related to services accessed when the patient's GP practice was closed) (11%)

- Compared to the 2023 national average – **STW generally perform better**
  - 12 questions scored the same or higher (63%)
  - 7 questions scored <5% lower (37%)

2.2 As with previous year's performance both locally and nationally, generally scores related to access and appointments score much lower than those related to the quality of care received.

2.3 Results for STW related to access remain significantly below the highest score in the 4 year comparison. The effect of the pandemic should be taken into account when looking at results over time.

2.4 Shropshire PCNs scored significantly higher than the national average for the majority of the questions. T&W PCNs scored significantly less than the national average for the majority of questions (data not available on all questions). Differences in demography and levels of deprivation between the 2 areas will be a contributory factor.

2.5 The full summary of STW results is provided at Appendix 2. The link to the survey results portal is GP Patient Survey Results 2023

3. Next Steps

3.1 The survey results for the access related questions will form the baseline in the PCN Capacity and Access Improvement Plans from which improvement achievement will be monitored.

3.2 The 2 Primary Care Partnership Managers have analysis at PCN and practice level which will be **one of the criteria** to inform practice/quality visits and targeted dialogue to encourage these practices to join the national GP Access Improvement Support Programme.

Which of the ICB Pledges does this report align with?

Improving safety and quality	x
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Primary Care Commissioning Committee is asked to:

Note the outcome of the GP Patient Survey results for STW and how this information is being used to inform targeted improvement.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

4. Appendices

Appendix 1 – Summary of NHS STW survey results
Appendix 2 – Full STW GP Patient Survey results report

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Improved access to GPs and other clinicians
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:			
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

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Appendix 1

Shropshire, Telford & Wrekin - Summary Comparison Overview of GP Patient Satisfaction Survey Results 2023

Survey question	2023	2022	Variance	2023 national average	STW score vs 2023 national average	Highest score in 4 year comparison	Score range	No. of PCNs who scored less than the national average	Name of PCNs
Overall how would you describe your experience of your GP practice	73	73	0	71		84	52-84	3	Wrekin, Teldoc, SET
Generally, how easy is it to get through to someone at your GP practice on the phone?	48	52	-3	50		69	18-82	4	Teldoc, Wrekin, SET, Newport & Central
How helpful do you find the receptionists at your GP practice?	82	84	-2	82		90	62-92	4	Wrekin, Teldoc, SET, Newport and Central
How easy is it to use your GP practice's website to look for information or access services?	64	68	-4	65		78	38-81	4	Wrekin, Teldoc, Newport & Central and SET
On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment? % Yes	58	60	-2	59		69	43-75	3	Wrekin, Teldoc, SET
Were you satisfied with the appointment (or appointments) you were offered? % Yes	73	74	-1	72		82	55-83	3	Wrekin, Teldoc, SET
Overall, how would you describe your experience of making an appointment? % Good	55	57	-2	54		71	32-73	3	Teldoc, Wrekin, SET
Were you given a time for the appointment? % Yes	93	92	1	91		94	88-97	2	Teldoc, Wrekin
How satisfied are you with the general practice appointment times that are available to you? % Satisfied	52	55	-3	53		68	32-68	3	Teldoc, Wrekin, SET
Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time? % Good	85	85	0	84		89	71-90		
Last time you had a general practice appointment, how good was the healthcare professional at listening to you? % Good	86	86	0	85		90	72-90		
Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern? % Good	85	85	0	84		89	72-91		
During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had? % Yes	82	81	1	81		87	60-88		
During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment? % Yes	91	91	0	90		94	80-95		
During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? % yes	93	95	-2	93		96	80-96		
Thinking about the reason for your last general practice appointment, were your needs met? % Yes	92	92	0	91		94	83-96		
In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)? % Yes	63	67	-4	65		81	47-77	4	Wrekin, Teldoc, SET, Newport and Central
How do you feel about how quickly you received care or advice on the occasion you contacted another services when your practice was closed? % About right	45	54	-9	46		76			
Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? % Good	43	49	-6	45		68			

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Primary Care Commissioning Committee

Agenda item no.	PCCC 23-08.48
Meeting date:	**4th August 2023**
Paper title	Performance and GP Access Improvement Report
Paper presented by:	Emma Pyrah, Associate Director of Primary Care
Paper approved by:	Gareth Robinson, Executive Director Delivery and Transformation
Paper prepared by:	Alec Gandy, Primary Care Partnerships Manager
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information	

1. Executive summary and points for discussion

The purpose of this report is to provide the Committee with the latest General Practice performance data and trends.

We continue to see a steady increase in appointments being offered in Primary Care and above that of pre-covid. This can be seen early on in the report with a constant increase in the monthly trend line since 2019.

Another positive area is that not only are overall appointments increasing but also, our ability to offer remote appts and patients being able to see a non-GP clinician, are also consistently increasing over time.

As a region we are in line with the National average on patients seen with 2 weeks at 83.83% with 52.65% being seen before the next day. We are keen to increase our usage of CPCS, although this month wasn't our highest on referrals it continues to increase over time while looking at the yearly trend line.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	X
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the contents of this report.

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

5. Appendices

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

GP Access Performance Report – 2 June 2023

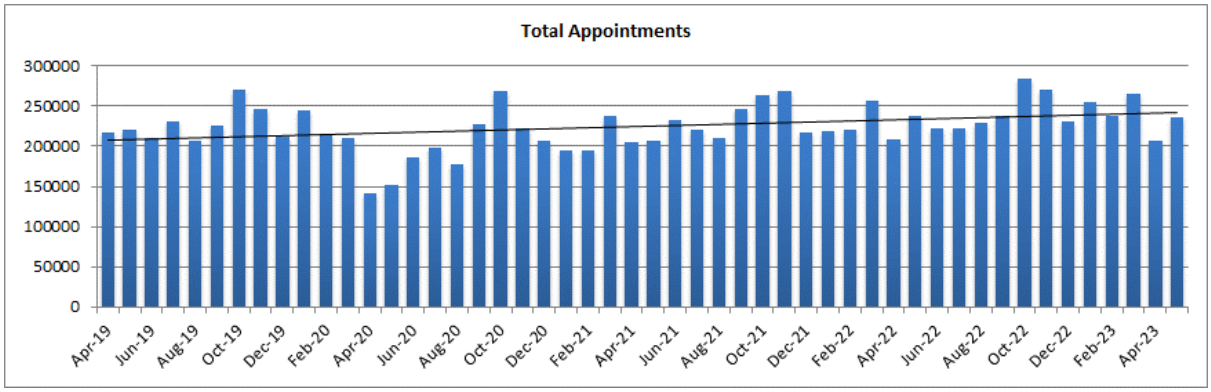
1. GP Appointments

1.1 The most recent data for GP appointments is for May 2023[1] when there were 236,126 appointments recorded (figure1).

1.2 When comparing to April 2019-March 2020, June to May 2023 data shows:

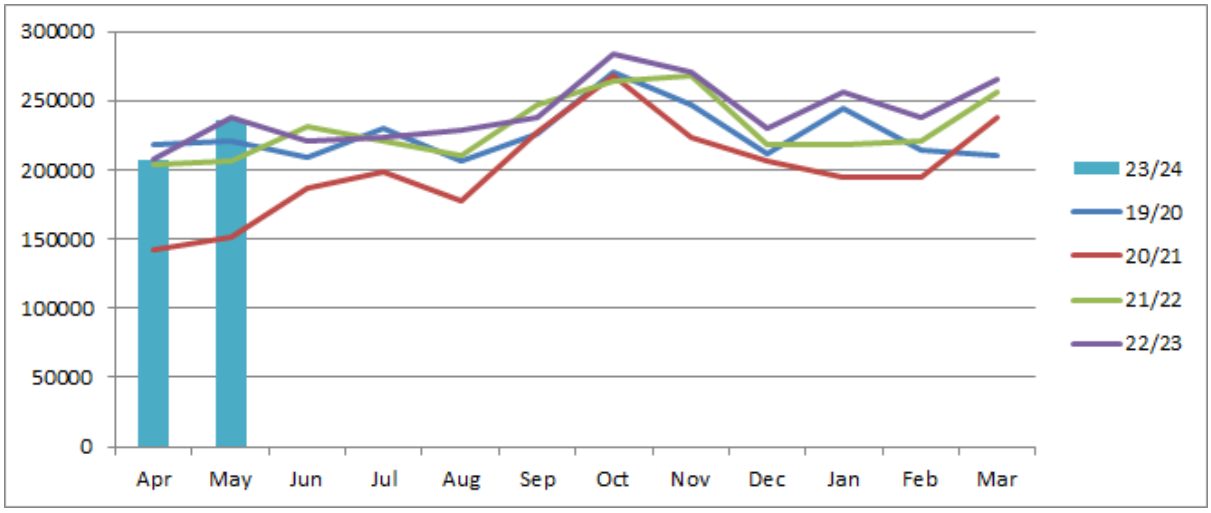
- 190,642, additional appointments (7.04% increase).
- 7.3 out of 10 patients seen face-to-face

Figure 1 – April 2019 to May 2023 – Total all appointments.



1.3 Comparison shows a steady increase on appointments offered since the turn of 2023 and higher than pre covid. (figure 2).

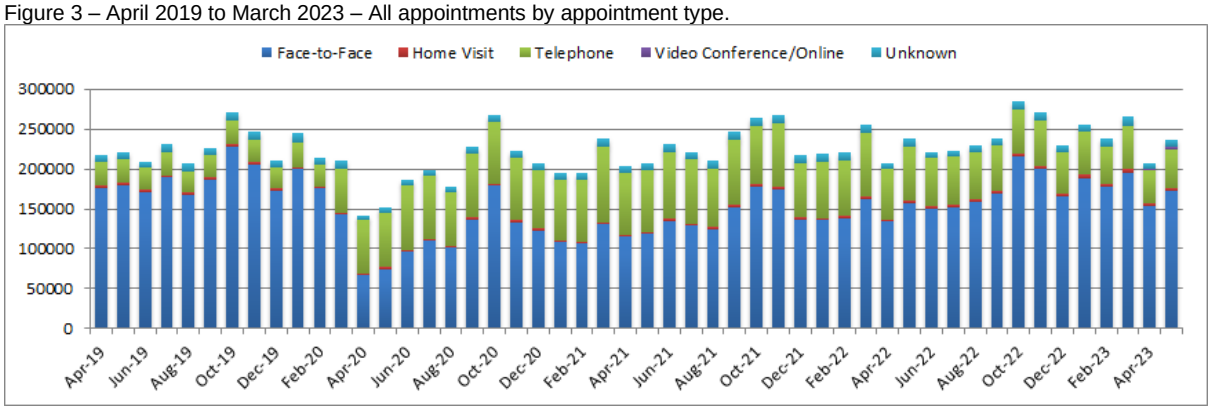
Figure 2



1.4 There has been 76% increase in remote access (Telephone/Video) - 366,608 in April 2019-March 2020 Vs 645,947 in June 2022-May 2023 (figure 3).

[1] Appointments in General Practice report - NHS Digital

Figure 3 – April 2019 to March 2023 – All appointments by appointment type.



1.5 The number of appointments by GP and other healthcare professionals is greater now than it was for the same period, pre-pandemic however when expressed as a percentage they are similar apart from an increase in other practice staff. (figure 5).

Figure 4 – appointment by professional

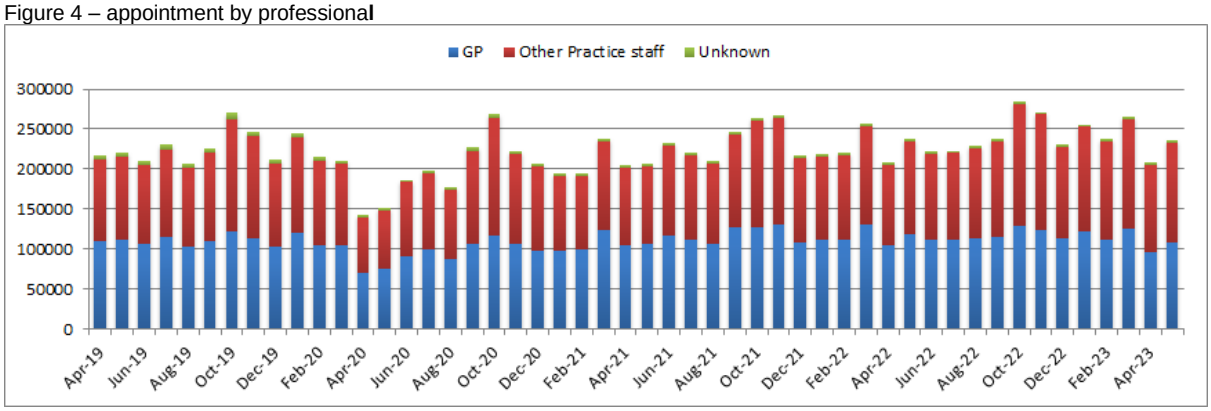


Figure 5 – appointment by professional numbers and percentage.

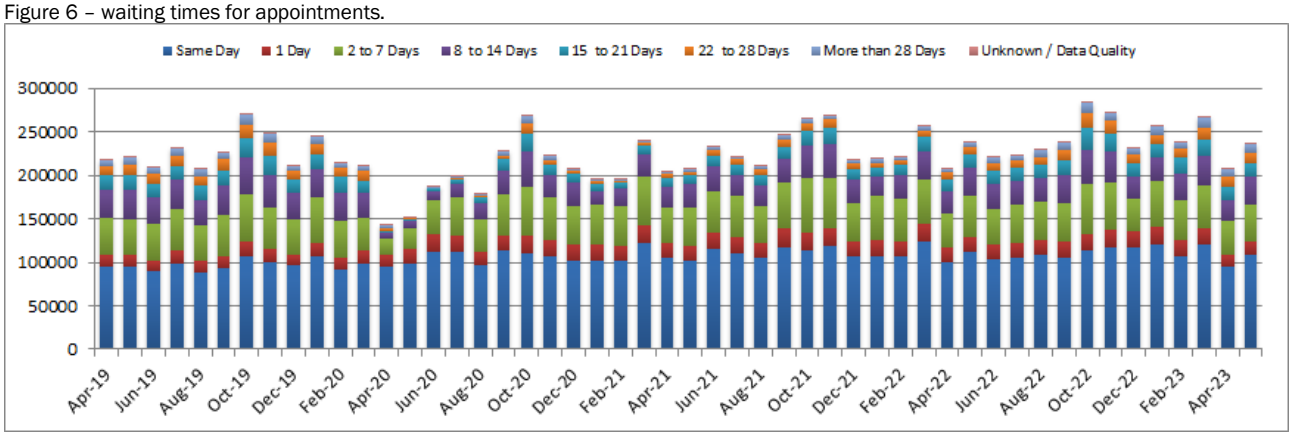
	GP	Practice Staff	Unknown	Grand Total
	111715	103224	5460	220399
May-19	50.69%	46.84%	2.48%	100%
	75948	72643	2836	151427
May-20	50.15%	47.97%	1.87%	100%
	106849	96741	3123	206713
May-21	51.69%	46.80%	1.51%	100%
	119085	115142	3301	237528
May-22	50.14%	48.48%	1.39%	100%
	108986	123422	3718	236126
May-23	46.16%	52.27%	1.57%	100%

1.6 The graph below shows the waiting times for appointments. This indicates that:-

- 52.65% of patients are seen same day/next day
- 83.83% of patients are seen within 2 weeks (figure 6).

1.7 The number of practices that have restored to pre-pandemic levels is 47/51. The team have worked with practices to ensure the appointment mapping and data quality are correct.

Figure 6 – waiting times for appointments.



1.8 Benchmarking our performance with the other systems in the region, shows that STW is on par or is doing more favourably e.g. face to face. The heatmap below shows how ICBs compare across several different metrics using the March 2023 GPAD data and the England and Midlands average for each metric. The heatmap reflects a snapshot in time and provides an overview of the current data being captured via appointment books. The metrics are not aligned to national targets.

System	Appts Per 10,000 weighted patients	Recovery to 2019 levels (WD)	% Face to Face *		% Appts with a GP that are Face to Face	% GP Appointments	% Same Day	% within 14 Days	% DNAs
Birmingham and Solihull ICB	4,432	119%	71%	↑	63%	54%	50%	87%	6%
Black Country ICB	4,259	115%	73%	↑	67%	51%	46%	86%	6%
Coventry and Warwickshire ICB	4,514	120%	64%	↑	54%	55%	52%	89%	5%
Derby and Derbyshire ICB	4,789	113%	75%	↑	71%	46%	40%	76%	3%
Herefordshire and Worcestershire ICB	5,668	115%	63%	↑	51%	50%	46%	84%	4%
Leicester, Leicestershire and Rutland ICB	5,790	121%	75%	↑	69%	44%	42%	79%	4%
Lincolnshire ICB	5,255	122%	70%	↑	61%	35%	45%	80%	3%
Northamptonshire ICB	4,760	111%	68%	↑	60%	45%	47%	84%	3%
Nottingham and Nottinghamshire ICB	4,765	115%	72%	↑	64%	46%	42%	77%	4%
Shropshire, Telford and Wrekin ICB	4,493	112%	73%	↑	66%	46%	46%	84%	4%
Staffordshire and Stoke-on-Trent ICB	4,233	119%	73%	↑	68%	47%	47%	86%	4%
Midlands	**4,764**	**117%**	**71%**	↑	**63%**	**47%**	**45%**	**83%**	**4%**
England	**4,631**	**118%**	**70%**	↑	**62%**	**48%**	**44%**	**83%**	**4%**

* Indicator is comparison to May 22

Favourable

Less Favourable

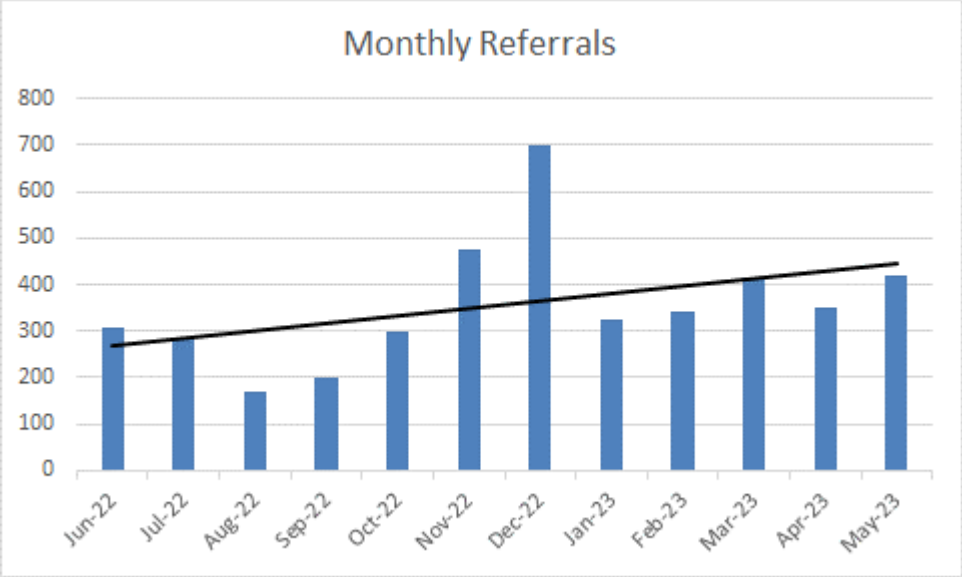
Other access modes

2. Community Pharmacy Consultation Service (CPCS)

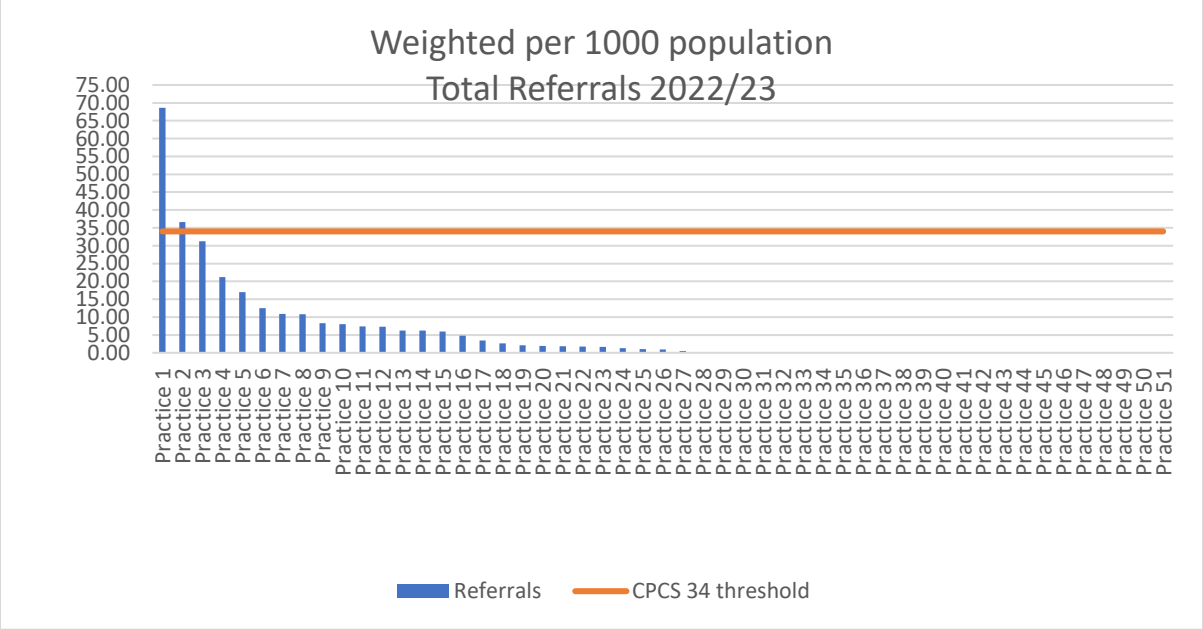
2.1 General Practices and Community Pharmacies in STW continue to provide access to patients with a minor ailment. The table below shows the number of referrals into the service; Although May 2023 isn't the highest month for referrals it is above the average from the last 12 months.. The primary care team will be working with the newly appointed ICS Community Pharmacy Clinical Lead to improve our referral rates.

Month	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Referrals	306	287	171	199	301	476	698	324	342	414	352	418

2.2 The graph below shows the monthly referrals into the CPCS.



The historic IIF target was 0.65 referrals per 1,000 patients per week and the payment threshold was 0.034 which is 34 referrals per 1,000. The graph below shows the referral rate per 1,000 patients by practice however for 2023/24 this is no longer an IIF indicator.



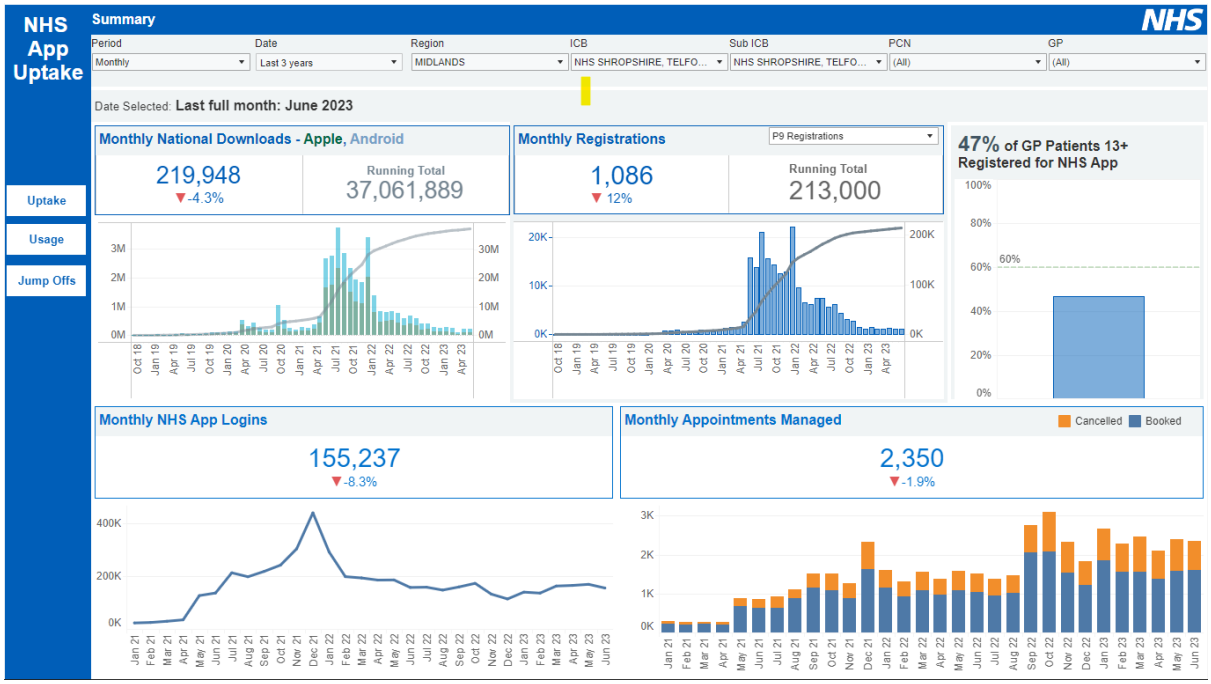
2.3 The historic target is not included as a requirement in the IIF; however, there is a reference in the new GP contract 2023/24 for the GP recovery plan. There is a substantial section in the plan about the expansion of the range of service offered by community pharmacy as an alternative to General Practice.

3. NHS App

3.1 The NHS App is a simple and secure way to access a range of NHS health services online. Full access will allow patients to order repeat medications, book appointments, view their health record and if the GP or hospital offers other services, patients may be able to:

- Message their GP surgery or healthcare professional online,
- Consult a GP or healthcare professional through an online form and get a reply.

3.2 The graphic below shows the NHS App uptake data. 47% of patients in STW (219,948) are registered users. In June 2023 STW had 2,350 appointments managed via the NHS App.



3.3 There are potential cost savings to be made due to reduction in SMS messages or letters if more patients move to using the NHS App.

4. On-line consultations

4.1 Patients are able to contact the GP practice using a secure and confidential online form on their website. An online form is a quick and easy way of letting the GP practice know what's wrong or raise a concern. It can be more convenient for some people, e.g. people that do not like to use the phone.

4.2 The reporting and collation for online consultation data is currently a resource heavy manual exercise.

Shropshire, Telford & Wrekin GP Access Recovery Delivery Plan 2023/24 - Progress Tracker

Item	Title	Responsible Person	Primary Care Team lead if different	BASELINE POSITION MAY 2023		CURRENT RAG RATING	Summary of actions taken/outcomes achieved in month	Summary of actions taken/outcomes achieved in month	Summary of actions taken/outcomes achieved in month
				BASELINE RAG RATING	Is there a plan in place to deliver this requirement? Y/N	Red: High Amber: Medium Green: Low Blue: Complete	May 23 update	June 23 update	July 23 Update
Checklist 1	Establish the following self-referral pathways as set out in 2023/24 guidance		Emma Pyrah						
	Selected community MSK services	Richard Fallows		WIP - on track	Yes		Baseline position established		Direct non GP referral pathways to access physio, OT and therapies is part of Phase 1 of the MSK Programme (MSST) and should be live from August 23
	Audiology for older people including hearing aid provision,	Marie Claire Wigley		WIP - off track	Yes - but will not deliver by LTP deadline of Sept 23				Requires resource for full review and redesign of audiology to include non GP referral pathways - not an active project at this time. Currently commissioning an adult hearing loss service and the selected provider will be asked and expected to work towards implementing non GP referral systems.
	Community Podiatry	Fiona Smith		Not started	No			Fiona Smith doesn't have responsibility for this commuity podiatry title however she will talk to the community podiatry team to gain further info	Partially in place. Currently offer self-referral for patients who have been seen within the last 6 months, but not for new referrals. No other plans to develop this further yet.
	Falls Response	Alison Massey		Not started - no start date	No				Partially in place. At this point in time there are no plans for Direct Access referral to the Falls service. However, we have committed to jointly working with the local authorities and our health partners to look at an end to end falls pathway during 2023-24 so self referral will be included in this model. Timescales looking at end of Q1 2024-25 for implementation
	Wheelchairs	Beth Rhodes		Not started - no start date	No - not feasible			The possibility of a self-referral pathway has been discussed at the National Wheelchair Managers' Forum and they are all in agreement that it is not a viable option. The initial referral needs to come from a health professional to ensure that it is appropriate and in the best interests of the patient. The criteria for wheelchairs are quite tight and there are only two referrals per week from GPs out of the 50 or so received, so the impact of a self-referral pathway would be minimal in comparison to the additional resource required within the service to manage the influx of (potentially) inappropriate and/or incomplete referrals.	as previous - not feasible
	Community Equipment	Beth Rhodes		Not started - no start date	No - new jointly commissioned with the local authorities community equipment model will not be implemented until April 2024				Before any equipment is issued it needs to be assessed for and ordered by an authorised prescriber, usually an OT, physio or district nursing professional. The CES only supplies the equipment that is prescribed by AHPs so having a self-referral pathway into this service wouldn't achieve anything. I'm not aware that any GPs or primary care professionals prescribe any community equipment, so not sure what impact self-referral would have in this respect. New jointly commissioned with LA community equipment model will not be implementd until April
	Weight Management	Penny Bason		Work in progress - off track	Yes - T&W No - Shropshire Council developing a			In place in T&W. Shropshire Council Weight Management Strategy formal consultation started	As previous month
	Ensure pathways are in place between community optometrists and ophthalmology	Barrie Reis Seymour		Work in progress - off track	Yes - but will not meet national LTP deadline of Sept 23				This is planned and on track, mainly as part of rolling out electronic eye care referrals from September this year that will enable direct optometry referrals that do not require GP input.
Checklist 2	Sign up practices ready to move from analogue to digital telephony, and co-ordinate access to specialist procurement support through NHS England's commercial hub	Antony Armstrong	Alec Gandy				4 practices identified as 'critical' on the NHSE return. Practices obtaining updated exit costs 3 confirmed to date who wish to be included in the upgrade. A further 5 sites are showing as labelled as 'evergreen contracts' on their return NHSE have asked that we include these in the return and also label as critical. Engaging with these sites to confirm their contract statuses as well as from their provider on their existing setup. Return due back to NHSE on the 16th June. Follow Scale approach as Leeds - To discuss with Emma/Alec - AA will setup a meeting. Had tried this previously when had Redcentric funding but circa 40% of the estate moved to an alternative provider when their contract was up. This was when we were also funding the ongoing costs of their phone system for 3-years	Baseline questionnaire follow-up's carried out with remaining practice yet to provide contract details/exit costs and contract type.	Baseline return submitted and verified with NHSE. MOU has now been shared and signed off by the ICB prior to the deadline 21/07/23. 16 practices confirmed as signed up for the nationa digital telephony support funding - 4 are analogue to digital the remaining are for exit costs from evergreen contracts. £459 STW national funding confirmed 19.7.23.
	Determine whether ICB wants to follow scale approach to telephony (see Leeds case study on p23 in Delivery Plan for Recovering Access to Primary Care)	Antony Armstrong	Alec Gandy						
	Use peer networks and demonstrations with practices/PPGs/PCNs to help practices and PCNs identify and adopt digital telephony		Alec Gandy						
Checklist 3	Select digital tools from the Digital Pathway Framework lot on DCS product catalogue (published in August), using user research and preview to be published by June. ICBs to work with PCNs and practices to decide which tools will best enable them to shift to the Modern General Practice Access model.	Antony Armstrong	Alec Gandy				Digital Tools in place across STW include - AccuRX SMS 2-way messaging used by all practices. All practices also have Video Consultation capability. We are near completion of our roll out of AccuRX Patient Triage as the Online Consultation product following a procurement. Those practices not wishing to migrate will remain with EMIS Online Consult or eConsult. AA to arrange a meeting with JGladman/EP/AG to discuss additional telephony functionalities such as 'call-back', Clinical system integration around costs/funding		
	Determine whether ICB wants to follow scale approach to digital products	Antony Armstrong	Alec Gandy						
	Use peer networks and demonstrations with practices/PPGs/PCNs to help practices and PCNs identify and adopt the most usable software		Alec Gandy						
Checklist 4	Develop and implement a process for undertaking the diagnostic Support Level Framework with the aim being for all practices to have had a facilitated discussion using the SLF in the next 18 months (requires 2 facilitators and x 1 3 hour online session) Facilitator training required and provided nationally	Janet Gittins	Janet Gittins	WIP - on track	No - in development		Quotes for outsourcing obtained Internal discussions about other options for PCT to deliver utilising practice visits Request to finance to confirm if non recurrent budget available to fund outsourcing	Insufficient capacity in the Primary Care Team to deliver this work. Too expensive to buy in external provider and no identified source of funding Options discussed at GP Board and feedback provided Mandated for ICB to have a process, not mandated for practices to engage	Discussion at LMC - Local plan shared. GP Support team (GPST) recommended option as they are already comissioned and experts in this type of QI work and are known to the practices 20 targeted practices invited to engage. No. of practices that can be accommodated in this financial year will depend on their willingness to engage and the capacity of the GPST.
	Nominate practices and PCNs for national intensive and intermediate transformation support matched to needs using the Support Level Framework where possible to understand support needs. Prioritise practices with greatest challenges, and with data from digital telephony already in place, and nominate further practices as they implement digital telephony (ICBs should	Alec Gandy Janet Gittins	Janet Gittins	WIP - on track	Yes		PCT contacted targeted practices to encourage them to be nominated Phase A Intensive support.confirmed as Donnington, Belvidere and Dawley. Phase A intermediate confirmed as Woodside	Phase B information shared. Spreadsheet set up for local monitoring uptake	Phase 3 open, information shared 4 participating in Phase A 6 expressed an interest in Phase B but yet to formally sign up
	Confirm with region STW population appropriate share of nominations	Janet Gittins	Janet Gittins	Complete	Complete		6 intensive and 3 intermediate and 3 PCN confirmed	NA	NA
Checklist 5	Fund or provide local hands-on support to 850 practices nationally (ICBs should work with regions to determine population appropriate share of target). We would expect the level of support to be similar to the national intermediate offer, and offered alongside wider or ongoing support for practices and PCNs where required, using the outputs of the SLF to help guide specific support needs	Alec Gandy	Alec Gandy	Not started - start date not reached	No				
Checklist 6	Agree and distribute transition cover and transformation support funding (£13.5k / qualifying practice) to support practice teams seeking to implement Modern General Practice Access model Guidance on distribution to be published soon	Alec Gandy Janet Gittins	Alec Gandy	Not started - start date not reached	No			National guidance pubished late June and shared with practices. This funding is support transition from one operating model to another at the time of go live not to support backfill for planning work or participation in the national improvement support programme	Nominal maximum fair shares allocation per PCN per year £379k. Needs to be managed over 23/24 and 24/25. Practices asked to confirm if they wish to access this funding this year so the team can manage the budget as it is not sufficient to support 51 practices in one year. Application template developed to aid ICB decision making and ensure consistency and shared with practices expressing interest
Checklist 7	Confirm with region STW population appropriate share of nominations	Janet Gittins	Janet Gittins	Not started - start date not reached	No - awaiting guidance from NHSE on how to		Allocation confirmed 6 intensive, 3 intermediate, 3 PCNs		
	Co-ordinate nominations and allocations to:	Alec Gandy Janet Gittins							
	care navigator training		Laura Kinsey	Not started - start date not reached	Awaiting national offer		Action plan in place. Confirming local budget available to add to the national offer		National offer shared with practices - 1 place per practice
	digital and transformation PCN leads training		Janet Gittins	WIP - on track	Yes		Information shared with practices. Confirming with PCNs if they have nominated.	PCNs confirm timing is not good for this initial cohort in London. Request made to region for details of the next cohort and for this to be midlands area - TBC.	
	leadership improvement training		??????	Not started - start date not reached	No - awaiting further information from NHSE				
Checklist 8	Understand and sign off PCN/practice capacity and access IIF CAIP baseline using guidance	Emma Pyrah Alec Gandy Janet Gittins	Emma Pyrah Alec Gandy Janet Gittins	WIP - on track	Yes			Process for internal review agreed. Checklist to support consistent and robust plan review assessment developed Dates for meeting individually with PCNs to talk through their plans being put in the diary in July Sign off will be via presentation to Execs at the end of July Template for GPARP element developed and sent to PCNs - deadline for return 7.7.23 All 8 PCNs submitted plans by the deadline of 20.6.23	Plans reviewed by Primary Care Team and written feedback given Individual meetings with all 8 PCNs to talk through and understand their plans and provide final feedback. Paper to Execs 25.7.23 recommending ICB sign off
Checklist 9	Agree with practice/PCN support needs (digital telephony, online tools, training, capacity backfill, intensive support, etc)	Alec Gandy Janet Gittins	Alec Gandy Janet Gittins	Not started - start date not reached	No - need to complete SLF diagnostic sessions with practices to inform this				

Checklist 10	Co-develop and sign off PCN/practice access improvement plans leveraging example practice access improvement plans published by NHS England by 9 June	Emma Pyrah Alec Gandy Janet Gittins	Janet Gittins/ Alec Gandy	WIP - on track	Yes - but awaiting publication of example from from NHSE 9th June to share with PCNs				As line 29	As line 29
Checklist 11	Assess improvement and pay 30% CAP IIF funding at the end of year using progress against baseline and access improvement plans, as well as improvement activity across all three areas over the year as per template in guidance & further guidance to be issued by 30 June	Agreed Panel Process	Emma Pyrah	Not started - start date not reached	Yes - but awaiting publication of further guidance by NHSE 30th June			The process for this was agreed with PCNs in April 2023. Will be via ICB panel, PCNs will present their evidence of improvement	This action scheduled for completion in April 2023 so not applicable	This action scheduled for completion in April 2023 so not applicable
Checklist 12	Set up process for practices to inform of diversion to 111 and monitor exceptional use when over capacity	Alec Gandy	Alec Gandy	Not started - start date not reached	No					
Checklist 13	Develop system level access improvement plans which include summary of practice/PCN improvement plans, challenges, wider support needs and barriers and ICB actions (including leading local improvement communities, leveraging and promoting universal support offer, and improving the quality of core digital patient journeys for patients and staff and usability of practice websites supported by the national website audit tool). * Guidance/example system level access improvement plan to be published by 31 July * Guidance/example board report on plan and progress to be	Emma Pyrah	Emma Pyrah	Not started - start date not reached	No - Awaiting submission of PCN plans end June Awaiting publication of further NHSE guidance July and August 2023			Not applicable awaiting national guidance end of July and end of August	Not applicable awaiting national guidance end of July and end of August	
Checklist 14	Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal	Phil Morgan	Phil Morgan	WIP - on track	Yes			Those PCNs who have not yet completed their 23/24 workforce plan have been reminded to do so. Further reminders given about the need to update NWRS	PCNs are contractually obliged to complete 23/24 ARRS recruitment plans on a national Portal by the end of August. As part of this they should ensure alignment with NWRS - all 8 PCNs have been reminded of this.	Nothing further to update
Main report	Further expand GP speciality training (pending NHS workforce plan)	Phil Morgan	Phil Morgan	WIP - on track	Yes			Ongoing liaison with GPVTS doctors, attendance at Leavers Event, commencement of the roles of the GP Differential Attainment Lead and the ED GP Champion - both will be supporting GPVTS doctors. Also, further work to support practices becoming sponsoring employers.	Attended VTS Leavers Event - promoted the GP Fellowship. Two new GP leads have started to work with Trainees with early successes in terms of retaining trainees. Additional practices successfully applied to be a sponsoring employer - now over half of all 51 practices.	
Main report	Encourage experienced GPs to stay in practice through the pension reforms /create simpler routes back to practice for the recently retired	Phil Morgan	Phil Morgan	WIP - on track	Yes			Creating of workplan and "offer" from the Older GP lead and the GP Careers Break lead.	Older GP and Career Breaks GP "offers" sent out to GPs.	
Main report	Ensure the ICB is maximising the opportunities to access Section 106 and CIL monies related to housing developments to improve primary care estates/infrastructure	Darren Francis	Darren Francis	WIP - on track	Yes - ongoing work			Details of housing development requested 1x s106 application submitted	Housing info received from Shropshire council. 2x s106 applications submitted	T&W housing development plan information received 19th July. Need to buy in external capacity/expertise to progress further s106 / CIL this year £20k - submitted to finance for approval, awaiting response
Checklist 15	Report in public board updates and plans for improving the primary–secondary care interface (four focus areas below)	Emma Pyrah Gareth Robinson Nick White	Emma Pyrah Gareth Robinson Nick White	Not started - start date not reached	Not started - start date not reached			Not applicable - milestone for reporting in November 2023	Not applicable - milestone for reporting in November 2023	
	ICB chief medical officers to establish the local mechanism, which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with LMCs, and to tackle the high-priority issues including those in the AoMRC report.	Nick White/ Emma Pyrah	Emma Pyrah					Preliminary discussions with Nick White and Gareth Robinson regarding approach. Needs secondary care providers buy in.	Planning meeting scheduled with SATH Medical Director and COO, GR, NW, EP and LMC rep 5th July 2023 Seeking advice from Tracey Jones on the best way to progress with MPFT List of priority issues being compiled via the GP Board	Meeting with SATH held 5.7.23. Agreed 2 key actions 1. The report of Association of Medical Royal Colleges - General Practice and secondary care working better together will be used a set of initiatives in that report will be prioritised for first phase action. 2. Re-establish the Grand Round - joint pc/sc forum of clinicians where cases can be discussed, supper and chat Proposal to GP Board 2.8.23 for approval of the above way forward. Still to determine a process with MPFT
	1) Onward referrals: if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them,			WIP - on track	No - planning meetings with providers being scheduled					
	2a) Complete care (fit notes and discharge letters): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need,			WIP - on track						
	2b) Providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically.			WIP - on track						
	3) Call and recall: for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments.			WIP - on track						
	4) Clear points of contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly:			WIP - on track						
Checklist 16	Co-ordinate system comms to support patient understanding of the new ways of working in general practice including digital access, multidisciplinary teams and wider care available. This messaging should include system specific services and DoS (Directory of local services). **Needs to link to planned national comms campaign**	Rachael Jones	Janet Gittins	WIP - on track	Yes			Task logged on ICB comms plan.		
Checklist 17	Maintain an up-to-date DoS	Sam Goodman	Janet Gittins	WIP - on track	Yes			Baseline information requested	The maintenance of the DoS is an ongoing task. Reports are analysed and changes made to strive for service improvement and accuracy.	The maintenance of the DoS is an ongoing task. Reports are analysed and changes made to strive for service improvement and accuracy.
	Deliver training to all practices/PCNs on DoS.	Sam Goodman	Janet Gittins	WIP - on track	Yes				Contacted the national team regarding training materials, if the team are unable to provide this, the DoS team will look at a standardisation of this training across the West Midlands.	
Main report	Encourage practices to sign up for the easy-to-use online patient registration service	Rachel Rogers	Janet Gittins Alec Gandy	WIP - on track	Yes			Information collated on the process and what action is needed to adopt.	Two local webinars held, Teamnet & Intradoc page created, comms issued to PM's, follow up with NHS Digital regularly to check for new practices who have registered	
Main report	Support Practices to enable prospective online access for patients to their records	Janet Gittins Alec Gandy	Janet Gittins Alec Gandy	WIP - on track	Yes			This is a contractual requirement for practices to achieve by 31st October 2023. At May 2023 five practices remain with bulk coding to 104. 44% practices correctly configured. 32 practices yet to opt in. ICB in communication with practices to understand current position and to confirm plans to reach October deadline. Webinars 20,21 and 22/6 offered to practices	Practices advised of webinars x 3. recording of webinar to be shared when available. Action plan drafted. 70% now correctly configured. No new practices opted in Those practices not correctly configured contacted individually to highlight errors Comms to be prepared to assist practices understand requirements	Low numbers of practices currently compliant. A reducing number of national deadlines to opt in for automatic go live which is of concern as practices who miss these opportunities will have to manual enable each individual record to be available. Primary care team continue to communicate the importance of this development and promote the uptake of the automated opt in.
Main report	Allocate System Development Funding in line with guidance published 22.5.23. NHSE expects systems to use a large part of this to support primary care transformation.	Emma Pyrah		Complete	Complete			NHSE guidance received and reviewed. STW allocations are in line with guidance	Complete	Complete
Main report	Launch Pharmacy First, subject to consultation completion	James Milner Darrell Jackson	Janet Gittins	Not started - start date not reached	No - awaiting outcome of national consultation and confirmation of additional funding			Establishing closer working links with PCT and James Milner	Community Pharmacy update: Continuing to promote the usage and uptake of Midlands Extended care service which will eventually trasition into Pharmacy First. Contractors resigned SLAs, currently working with NHS Midlands on producing up to date list of providers.	
Main report	Expand the number of community pharmacies on the blood pressure check advanced service	James Milner Darrell Jackson	Janet Gittins	Not started - start date not reached	No - awaiting confirmation of additional funding				GP BP Service - Seeking feedback from contractors on barriers to delivery for ABPM checks. Promoting the availability of service to practices an PCNs. Developing SOP to build practice referrals into BAU for hypertension work.	
Main report	Expand the number of community pharmacies managing ongoing oral contraception (subject to findings of initial pilots and consultation)	James Milner Darrell Jackson	Janet Gittins	Not started - start date not reached	No - awaiting confirmation of additional funding				Contraception- Soft launch with contractors due to PSNC national stance. Working with cntractors who have signed up to ensure barriers are removed. Socialising the service with practices	
Main report	Support practices and community pharmacies to increase the number of referrals to CPCS	James Milner Janet Gittins	Janet Gittins	WIP - on track	Yes			referrals and practices are continuing to increase. but not all are signed up and not who are signed up are referring high numbers	Review of action plan drafted. Review of implentation approach, roles and responsiblities and defined actions and ownership identified. Progress and action tracker developed to ensure focused and planned approach which can be monitored. Agreement of draft to be agreed with LPC. Practice feedback is that they find the process	
Main report	Practice digital telephony systems are utilising call back, queuing and call routing, and integration with clinical systems features	Antony Armstrong	Alec Gandy							
Main report	All practices are providing on line consultations	Antony Armstrong	Janet Gittins Alec Gandy	WIP - on track	Yes			Confirmed position		
Main report	Practices offer accessible and easily usable websites. Implement 'what good looks like' guidance using the NHSE tool to review sites, identify best practice examples in their systems, and target areas for improvements.	Antony Armstrong	Alec Gandy	WIP - on track	No - but meeting scheduled with IT team on 9th June with the company who carried out the last audit to			Meeting scheduled with IT 16.6.23 to determine if more specialist support can be commissioned to support practices with this work		Most, if not all of the PCN Capacity and Access Improvement Plans include audits and improvements to the practice websites

STW GP Access Recovery Plan Risk Register

							Initial Risk Score						Target Risk Score					
Risk ID	Date Opened	Risk Owner	Risk and Description	Existing Key Controls	Existing Sources of Assurance	Gaps in Controls or Assurance	L	C	Score	Action Plan / Cost / Target Date / Sufficient Mitigations	L2	C2	Score 2	Responsible Director	Added to Forum / Risk Register	Amendments incl. Name and Date	Status
GPARP-01	30.6.23	Janet Gittins/ Alec Gandy	**Lack of backfill funding for practice/PCN participation in the national improvement support programmes** risks non engagement/low numbers signing up and those already signed up in the first phase pulling out	National position is that the 70% PCN repurposed IIF funding is for this purpose			4	4	16	Continue to encourage practices to sign up Signpost to PCNs to access backfill funding via PCN Capacity and Access Payment	4	4	16	Emma Pyrah			Open
GPARP-02	30.6.23	Janet Gittins/ Alec Gandy	**Lack of backfill funding and capacity within the primary care team** risks lack of engagement from practices and not achieving the national aim of all having undertaken the Support Level Framework by the end of March 2024			Mandated for ICB to have a process in place, but not mandated in the GP contract for practices to have to participate	4	3	12	GP Support Team to undertake the work as already funded and have a relationship with most practices Target top 20 initially to complete by March 2024	4	2	8	Emma Pyrah			Open
GPARP-03	30.6.23	Barrie Reis Seymour	**Elective Recovery does not happen quickly enough** risks demand continuing to outstrip supply perpetuating access				3	3	9	Elective recovery programme in place	3	**3**	9	Gloria Onwumbale			Open
GRARP-04	30.6.23	Emma Pyrah	**Primary / secondary care interface** - SATH do not have the capacity to take back all the secondary care work in primary care risk General Practice refusing to do this work overnight and SATH being overwhelmed				3	4	12	Planning meeting with SATH Medical Director 5.7.23 to discuss and agree next steps to a collaborative approach to the transfer of this work	3	3	9	Gareth Robinson			Open
GPARP-05	30.6.23	Lead commissioners	**Self referral pathway -** Insufficient capacity and funding in the commissioning team to take all the self referral pathway requirements to implementation				4	4	16		4	4	16	Gloria Onwumbale/Gemma Smith			Open
GPARP-06	30.6.23	Alec Gandy	**Digital telephony - call back and call queuing functionality** - no recurrent funding for any additional costs for practices of enabling this functionality risks non-achievement				4	4	16		4	4	16	Emma Pyrah			Open
GPARP-07	21.7.23	Emma Pyrah	**Public perception of GP access does not change despite the improvement plan**	National and local comms campaign to provide consistent messaging about the changes and the appropriateness of alternatives to GP and face to face as an access route		Capacity in local comms teams to support	4	4	16	National comms campaign action plan awaited Local comms is a workstream as part of the local governance arrangements	3	4	12	Emma Pyrah			Open
GRARP-08	21.7.23	Emma Pyrah	**Addressing the underlying causes of GP Access problems -** The elements of the GP Access Recovery Plan will not address the underlying issues contributing to problems with accessing practices such as workforce capacity and estates - risks disenfranchising General Practice and raising public expectation beyond what these developments can deliver as a solution			No additional funding at individual practice level for additional capacity No source of national funding for primary care estates development for practices and PCN ARRS staff to expand into	4	4	16	Continue to encourage PCNs to recruit to their full ARRS allocation Explore options with the council to secure capital Ensure we maximise the opportunities for accessing capital funding via housing development council s106 and CIL funding	4	4	16	Emma Pyrah			Open
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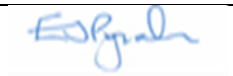
Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Primary Care Commissioning Committee

Agenda item no.	PCCC 23-08.49
Meeting date:	**4th August 2023**
Paper title	Risk Register Part 1
Paper presented by:	Emma Pyrah, Associate Director of Primary Care
Paper approved by:	Emma Pyrah, Associate Director of Primary Care
Paper prepared by:	Emma Pyrah, Associate Director of Primary Care and Project Director for the Shrewsbury Hub
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):										
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information		

1. Executive summary and points for discussion

The purpose of this covering sheet is to provide Committee members with a summary of the key changes to the risk register for ease of reference since the last submission.

Amendments to existing risks
STW-02 – **Workforce** – general update of the long standing risk to reflect the wider workforce risks to include other professions than only doctors and the corresponding mitigating actions
STW-17 – **Highley Medical Centre** – narrative updated to reflect that 2 out of the 3 funding streams have been confirmed. Awaiting Council decision on CIL funding, panel meeting scheduled for 31.7.23

New risks
STW-18 – **Finance** – new risk added as agreed at the last meeting. Relates to the risk of signing off an affordable financial plan if the exact requirements for capital and associated revenue funding cannot be quantified at this time.
STW-19 – **Asylum seekers** – new risk. There is the potential for a significant increase in the number of asylum seekers to be accommodated in STW. Whilst this is not confirmed, should it be enacted this risk relates to local practice's capacity and willingness to sign up to the LES to support their initial health assessment and the lack of a TB screening service. Both risk the increase in TB and communicable diseases if not resolved.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the changes to the Part 1 Risk Register

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

5. Appendices

None

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Primary Care Risk Register (Public) - Shropshire, Telford and Wrekin CCG

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Risk ID	**Objective**	**Opened / added by**	**Risk and description**	**Opportunity**	**Existing key controls**	**Existing sources of assurance**	**Gaps in controls or assurances**	**Risk score (consequences x likelihood)**	**Action plan / cost / action lead /(target date) /sufficient mitigation**	**Target risk score for end of financial year**	**Executive Lead and Risk Owner**	**Amendments: name and date**	**Status**
Active Risks													
STW-02		STW	**Workforce** There is a risk that the system fails to recruit and retain workforce clinical staff, reflecting the challenge nationally. This will impact on general practice workload, service delivery, quality of patient care and the delivery of transformational primary care in STW.	1. Primary Care development funding supports practices to recruit and retain both new and existing roles in primary care further supporting the system EDI priority area. 2. The Training Hub is providing a pivotal training and education service to primary care medical and other health professionals to support recruitment and retention as well as the health inequalities agenda. 3. ARRS funding is enabling additional roles to support PCNs in their service delivery and address population health needs.	1. Primary care workforce funded projects are in place. 2. Delivery board and operational groups in place to support delivery in line with system workforce priorities. 3. Workforce and Training Hub report to system People Board to give system oversight and to ensure that primary care is linked into ICS workforce initiatives and opportunities. 4. Teams of clinical/medical support/facilitator roles are in place.	1. PCN assurance meetings 2. PCN workforce plans aligned to priorities 3. Recruitment in line with ARRS financial envelope 4. Training Hub Board and group reporting to People Board. 5. Regional and national representation and STW KPI delivery.	1. PCN Workforce plans do not use full resource envelope. 2. The 'back office' workforce and training/education infrastructure are under- resourced to deliver fully against the NHS Long Term Workforce Plan and support the challenges in primary care. 3. Non-recurrent funding supports the fixed-term contracts for the clinical/medical support/facilitator team.	3x3=9 Moderate	1. Ensure close working with PCNs and practices to maximise workforce support and opportunities. 2. Integration of clinical staff/representation on the operational workforce groups 3. Attendance at regional and system workforce groups to share learning and ensure collaborative working. 4. Report to People Board and ensure system understanding of primary care workforce issues and capacity to support. 5. Implement workforce transformation strategies.	3x3=9 Moderate	Exec: G Robinson Owner: S Edwards	26/11/2020 C. Ralph Reviewed 1 04 21 T Jones Amended C Parker June 2021 Updates by Phil Morgan 24.01.22 GP and GPN Strategies approved and being implemented E Pyrah 22.9.22 Updates by S. Edwards 17.7.23	Open
STW-10		E Pyrah 7.7.22	**GP Access -** Patients experiencing delays in getting through to their practice on the telephone and getting a timely appointment risks increasing the demand on urgent and emergency care services and poorer patient outcomes, patient experience		Access rates are monitored by the Primary Care Team Practices with poor access rates are targetted/prioritised for quality visits GP Survey results 2023 GP Access Improvement Plan requirements changes to GP Contract and PCN DES - inclludes a particular focus on digital and telephony	PCN capacity and access and improvement plans ICB required to report to Board in early Autumn on the ICB GP Access Improvement Plan Primary Care Team will have 2 touchpoint meetings with individual PCNs to review progress against their improvement plan (Sept and Jan)	Practices are autonomous businesses with their individual service delivery models	3 x 3=9 Moderate risk	PCNs required to develop a practice level access and capacity improvement plan for ICB sign off by 30 June 23	3 x 3=9	Exec: G Robinson Lead: E Pyrah	18.3.23 E Pyrah	Open
STW-11		E Pyrah 7.10.22	**PCN ARRS recruitment -** PCNs do not recruit to their full Additional Roles allocation. Risk we do not maximise the increase in the workforce this can deliver and March 2024 the ARRS funding will be baselined on the basis of actual spend rather than funding allocation available, so will be lost to the system if not fully spent		Regular monitoring of PCN plans and spend Maximum flexibilities on the application of the roles criteria PCNs reminded to ensure they record all ARRS roles in the national workforce database to ensure it fully reflects the local picture	PCN Development Meeting		3 x 2 LOW		2 x 2 = 4 LOW	Exec: G Robinson Lead: E Pyrah		Open
STW-12		E Pyrah 17.11.22	**Covid Backlog -** Changes in working practice in other parts of the system and the impact of the elective backlog adding estimated 25-30% additional demand in primary care - risk demand outstrips supply adversely impacting on GP Access		Maximise recruitment/retention initiatives to ensure optimise workforce available Develop a better primary/secondary care interface so that they can better understand each others pinch points Communicate better what is core GMS work and what is not			4 x 4 = 16 (HIGH)	Telephone Access Improvement Plan GP Access Improvement Plan	3 x 4 = 12 HIGH	Exec: G Robinson Lead: E Pyrah	E Pyrah 17.1.23 update to action section	Open
STW-13		E Pyrah 17.11.22	**Shrewsbury Hub** - No alternative site is identified in the rerun of the site options appraisal - risks GP practice viability as no other viable solution to providing the 6 GP practices with sustainable fit for purpose premises		Long list of sites sourced from a variety of avenues to ensure every option is on the table for consideration Work with the Council to ensure all Council owned suitable sites are on the list			5 x 3 = 15 (HIGH)		5 x 2 = 10 (MODERATE)	Exec: C Parker Lead: E Pyrah		Open
STW-15		E Pyrah 19.1.23	**Charlton Medical Practice** - an 'orphan' practice as not a member of a PCN - risk is there patients do not have access to the PCN DES services if another PCN/practice will not agree to provide		Dialogue with surrounding PCNs taken plan without success Contract in place with Hollinswood to provide all but Enhanced Access		Extended Access not covered by another practice No PCN has agreed to take the practice in as a member THe other practice indicating they do not wish to continue with the sub contract arrangement indefinitely	5x4 = 20 HIGH	Continue dialogue with surrounding PCNs to take the practice Seek alternative solution for Enhanced Access (but no additional source of funding) Last resort - ICB can allocate the practice to a PCN	5x4 = 20 HIGH	G Robinson Lead: E Pyrah		Open

STW -17		E Pyrah 18.3.23	**Highley Medical Practice - Long term premises solution** - risk that insufficient capital can be secured to reconfigure the interior of the Severn Centre to accommodate the GP practice meaning that the practice has to continue indefinitely from a portacabin whilst an alternative permanent premises solution can be found		Multi-stakeholder project group Multi stakeholder support for the long term plan Regular updates to PCCC				Multiple funding streams are being applied for to maximise potential to secure sufficient funding. 2 out of 3 funding streams confirmed - awaiting confirmation from Council of CIL funding approval	3x3 = 9 Moderate	G Robinson Lead: E Pyrah	E Pyrah 14.7.23 update to action section	Open
STW-18		E Pyrah 14.7.23	**Capital and Supporting Revenue funding** - lack of identified primary care capital and supporting revenue funding stream risks signing off an unaffordable primary care financial plan for 23/24		Regular meetings with finance Forecast planning wherever possible Use of unplanned non-recurrent allocations when they arise if necessary Reports to PCCC		No PCN/Primary Care Estates Strategy to inform priorities and forward planning	3 x 4 = 12 (HIGH)	Individual PCN Estates Strategies in development. These will be complete by early Autumn and will be consolidated to produce an ICB Primary Care Estates strategy, which will then need to be incorporated into an ICS Estates Strategy	3 x 3=9	G Robinson Lead: E Pyrah		Open
STW-19		B Williams 19.7.23	**GP/screening services for Asylum Seekers -** Increasing numbers of Asylum seekers being placed in hotels in Shropshire, Telford and Wrekin will impact primary medical care providers including TB service at SaTH. Risk of pressure on one T&W GP practice and transmission of TB and other communicable diseases (scabies)		1. Local authority challenging the home office on the size of the numbers. 2. Process in place with T&W GP practice and Serco to assist the residents accessing healthcare. 3. Process in place with Shrewsbury PCN for residents accessing healthcare.	Scheduled fortnightly multi agency meetings (LA, POLICE, FIRE, Health)	Currently no TB screening service in place. If numbers increase significantly other practices will have to be found to sign up to the LES.	3 x 4 = 12 (HIGH)		3 x 4 = 12 HIGH	Exec: G Robinson Lead: B Williams		Open
Closed Risks													
S-02		PCCC 03/19	There is not an agreed process for the completion of practice visits. There is a risk therefore that there may be emerging issues affecting quality that the CCG is not aware of/cannot support improvement. This means that there is a potential for variation/poor quality of care or inefficient systems and processes.	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Maintain and build relationships with GP practices to monitor quality standards. 2. Update quality dashboard regularly. 3. Primary Care to develop a dashboard and process for more effective monitoring of Primary Care Quality.	1. CQC reports and regular meetings with CQC. Regular liaison with NHSE/I. 2. Quality dashboard updated and presented to PCCC quarterly. 3. Regular reporting to Quality and Audit Committee on risks and achievements	1. Infrequent opportunities to review/work with practices 2. Inconsistent opportunities - levels of engagement with practices	3x3=9 Moderate	1. Maintain focus to identify triggers/early signs of issues 2. Triangulate data from multiple sources 3. Close liaison with other professionals/agencies 4. Review complaints/GPPS 5. Work to standardise practice visit approach across the emerging new CCG	3x3=9 Moderate	Exec: Z. Young Owner: S.Ellis/C. Ralph	26/11/20 Actions updated Request for this to be closed with new risk identified for Practice visits which incorporates work across STW CCG.	Closed
STW-01	T+W 4+5 Shrop	C/F Telford 24/06/19 C. Ralph	**Primary Care Networks (PCN)** These new organisations will have to establish how they will work together as a network and share resources. There is a risk of potential delay and/or conflict as the new roles and the new ways of working are established. This would mean that their is inconsistent development of PCNs across the CCG which may affect service provision and access to our patients.	1. There is a potential opportunity for PCNs to create additional competition in the market for services traditionally provided by acute/community services. 2.Opportunity to increase the resilience of practices by sharing resources and effort overtime	1. National guidance for PCN development and the associated network agreements signed by all practices 2. Clinical leadership identified by members of each PCN PCNs to follow guidance from NHSE in regards to their establishment. 3. Guidance on the delivery of DES' for 2020 released 4. 8 PCNs now exist within STW CCG - only one practice remains as an orphan practice but patients are allocated	Notes of PCN meetings/assurance meetings - PCN Development meetings re-established, PCN delivering vaccination programme through existing Enhanced services, PCN development feeding into refreshed single CCG governance. Regular formal and informal meetings in place to engage, collaborate and deliver shared working arrangements. PCN's engaged at place	None	3x3=9 Moderate	1. Take opportunities to seek out the views of practices on the PCN development processes (ongoing) 2. Establish regular meetings with CDs to enable monitoring of progress by August 2020 3. Support PCNs to complete/re-visit baseline assessments as part of the developmental programme by September 2020	1x3=3 Low	Exec: C. Parker Owner: S.Ellis/C. Ralph	Reviewed 1 4 21 Tjones Covid has impacted upon planned development work however risk remains low as new ways of working together arising form Covid opportunities Agreed CLOSE at PCCC June 2021	Closed
STW 06 Previously S-04		PCCC 12/20	Primary Care Services in Whitchurch are under increased pressures due to difficulty in recruiting staff and managing services across several unsuitable small sites. There is a risk that Churchmere Medical Group hand back their contract if the situation continues. The planned closure of Dodington Surgery at end March 2021 adds to this pressure.	To secure the future of Primary Care services in Whitchurch by building a purpose built health care facility - The Pauls Moss Development proposal..	1. GMS Contract in place. 2. Pauls Moss programme proposals in place, although currently awaiting judicial review decision. 3. CCG agreed a transformational funding package to support Churchmere Medical Group to merge with Dodington Surgery and to manage services across 3 sites.	1. Regular contact with Churchmere senior partners. 2. NHSE support with merger and ETTF monies for expansion space costs. 3. Flexible use of new ARRS roles to increase clinical capacity, 4. Judicial review against Pauls Moss development was not upheld there fore the build will now go ahead		2x1=2 Very low	1. Ensure regular contact with CMG to identify issues early. 2. Ensure close liaison with Pauls Moss Development partners to be alerted to judicial review decision and any further appeals. 3. Explore CCG options should a new contract holder be needed	2x1=2 Moderate	Exec: C. Parker Owner: C Parker	Reviewed 1 4 21 Tjones Amended C Parker June 21 Recommend for closure as further risks incorporated into financial risks	Closed

STW - 04		Jane Sullivan 04/21	**Quality Visits** Due to Covid 19 pandemic scheduled Practice Quality Visits have been paused since March 2020. Although remote monitoring has continued a Practice Quality Visit allows for further exploration of subjects and conversations between CCG and Practice to gain assurance and understanding. There is a risk that practices not receiving quality visits may be rated inadequate or RI by CQC without the support of the quality and primary care team as part of the practice visit programme due to Covid-19 outbreaks	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Primary care and Quality Lead continue to meet quarterly with CQC to share intelligence. 2. Continue to monitor Practice performance using existing sources of assurance and speak to Practices individually if concerns identified.	1. CQC intelligence 2. Significant event reporting to CCG by Practices 3. Monitoring of Patient experience - PALs/Healthwatch/MP letters/ complaints shared with CCG by NHSE/GP Patient Survey/FFT/N2N 4. Quarterly Quality report submitted to Quality and Performance committee 5. EDEC	1. Missed opportunities during visits to explore specific areas with Practices in further depth. 2. Missed opportunities to share good practice and learning with CCG which discussions during a visit can generate.	3x2= 6 low	1. Proposal to establish a Task and Finish Group to re-establish Practice Quality Visits from Autumn 2021 with identified agenda and terms of reference to provide a unified approach across the CCG. 2. Data and intelligence will be reviewed prior to visit to ensure that they are individual to each Practice and target areas for assurance.	3 x 2 = 6 Low	Claire Parker Zena Young	Newly added 1 4 21 T Jones Amended C Parker June 21 Recommended for closure. A Task & Finish Group was arranged to agree visits to concerning areas. Visits have taken place with only January's planned visits postponed due to system level 4.	Closed
STW 07		PCCC 06/21 C Parker	**Covid Expansion Fund** Allocation of practice Covid expansion fund was incorrectly calculated in the national guidance and left a shortfall of 1.2m for the allocation received which was absorbed into the CCG baseline		1. Funding not utilised as part of the pulse oximetry service was put back into the baseline circa £200k		1. In ability to take any funding from primary care to ensure services are funded appropriately	3x3=9 Moderate		3x3=9 Moderate	Exec: C Parker & C Skidmore	New risk added June 2021	Closed
STW 08		Tom Brettell 26/01/22	**Highley Practice CQC Rating** Risk to delivery of continuity of care to due adverse CQC rating for Highley Medical Practice. If CQC registration is revoked this will result in termination of GMS contract therefore options need to be worked through. Patient concern likely to lead to significant number of representations and the potential for patients to seek registration elsewhere.	1. an improved / safe service for patients (if actions addressed). 2. review of contingency planning. 3, PCN pilot opportunity	1 - ICB primary care, Quality and Meds man teams supporting the practice to address the actions required to support improvement. 2 - Formal action plan agreed with practice and CQC- meeting weekly to monitor and provide assistance	1 - Action plan 2 - Regular contact with practice 3 - Feeding back progress to CQC 4- CQC visit to review actions taken to address 2 warning notices has confirmed improvement 5 - Feedback on improvement work to key partners, patients and wider community	If the CQC registration is revoked the ICB will need to consider options such as; caretaking arrangements; procurement; list dispersal. Options appraisal complete and ready for deployment.	C = 4 L = 2 TOTAL: 8 Moderate risk	1) Develop a contingency plan to ensure arrangements are in place should redistribution of practice care be required. In place	C = 4 L = 1 TOTAL: 4 Low risk	Exec: C Parker Lead: E Pyrah	Close risk, practice have given notice to terminate their contract - new risk in this regard added E. Pyrah 17.11.22	Close
STW-03		07/10/20 C. Ralph	**COVID-19** There is a risk that the COVID-19 pandemic will increase the demand on practices and may also increase the levels of sickness. This means that practices may not be able to maintain access to their services/or to deliver high quality clinical care. This includes ability to manage the backlog and manage staff shortages either through positive tests or self isolation	1. Pressures promote practices and the system to collaborate more effectively.	1. Changes in contractual requirements to relieve practices/support service delivery 2. Additional investment	1. information through newsletters and locality meetings, contact with partnership managers 2. refresh of weekly calls to be undertaken to get information to practice managers 3. Support for the national guidance on the return to work processes	1.Limited formal SITREP reporting 2. Demand and activity modelling needs to be done to show system pressure 3. electronic locum support service including all professions	4x4=16 High	1. Support practices to review business continuity plans 2. Support practices to link plans together/buddy practices 3. Commence work to develop SITREP 4. ICB to identify thresholds and triggers for system response 5. ensure access to IPC and public health support 6. ensure IMT under new national return to work guidelines are in place	3x3=9 Moderate	Exec: C. Parker Owner: C Parker	26/11/2020 C. Ralph Reviewed 1.04.21 T Jones Amended C Parker June 21	Cllose
STW 05 (Previously S-03)		PCCC 04/19	**Forecasted Expenditure** There is a risk that forecasted expenditure in relation to estates and other delegated functions will adversely affect the ICBs ability to deliver financial balance within the primary care directorate	1. To ensure the financial stability of practices by ensuring rent reviews and completed on time 2. to ensure that opportunities for pilots such as the 'Cavell' project is used to the benefit of the population in the ICB	1. Premises Cost Directions 2. Scheduled programmes of rent reviews 3. Clear approvals process for new business cases 4. Project boards with risk management and mitigation for each of the projects held at least monthly	1. Accurate record keeping 2. Regular contact/liaison with NHSE (GMAS team) 3. Project board oversight for each of the new builds	1. Changes in the primary care team at NHSE 2. Triple lock process for ICB 3. Links to One Public estate	3x4=12 High	1. Ensure the completion of a review of estates and the completion of estates strategy 2. Ensure business cases in development contain innovation to change models of care to deliver a return on investment. 3. Ensure pro-active record keeping/review of rent reviews. 4. To have clear records and monitoring systems that set out when abatements are ending predicting the impact on budgets.	3x4=12 High	Exec: C Parker Owner: E Pyrah	1 04 21 Risk reviewed T Jones Amended C Parker June 21	Closed
STW 09		E Pyrah 17.11.22	**Highley Medical Practice Termination of Contract** - risk unable to reprocure a suitable replacement service which would mean dispersing the list putting further pressure on existing surrounding practices and adversely impacting on patient experience and outcomes	Opportunity to design a new model of integrated service provision	Core project team established to oversee Range of conversations underway with key stakeholder partners and PCN ICB Policy being enacted Regular updates to PCCC Action plan in development			4 x 3 = 12 (MODERATE)		4 x 1 = 4 (LOW)	Exec: C Parker Lead: E Pyrah		Closed

STW-14		E Pyrah 17.11.22	**Shrewsbury Hub** - Delays to the project timeline risk may become unacceptable to NHSE risking withdrawal of their support for us to continue as a pilot site		Regular dialogue with Council colleages Regular dialogue with NHSE Project Board monthly Pro-active problem solving to minimise level of delays Buy in additional capacity as required		Some of the delays are outwith the control of the project	5 x 3 = 15 (HIGH)		5 x 3 = 15 (HIGH)	Exec:G Robinson Lead: E Pyrah		Closed
STW-16+A12:I12		B Williams 9.1.23	**GP Occupational Health Service** - SHT given notice to end contract from 1st April 2023 - a new service provider is being negotiated to start 1st May 2023 this will leave a month where there is no contracted provider.		Regional contract framework for providers already in place			4x4=16 High	NHS England leading on securing a new provider - ICB PC contracting lead involved with negotiating an interim service.	3 x 4 = 12 HIGH	G Robinson Lead. B Williams		Closed

Audit Committee Meeting - Appendix B

RISK MANAGEMENT MATRIX

	Likelihood				
Consequence	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
1 Negligible	**1 VERY LOW**	**2 VERY LOW**	**3 VERY LOW**	**4 LOW**	**5 LOW**
2 Minor	**2 VERY LOW**	**4 LOW**	**6 LOW**	**8 MODERATE**	**10 MODERATE**
3 Moderate	**3 VERY LOW**	**6 LOW**	**9 MODERATE**	**12 HIGH**	**15 HIGH**
4 Major	**4 LOW**	**8 MODERATE**	**12 HIGH**	**16 HIGH**	**20 EXTREME**
5 Catastrophic	**5 LOW**	**10 MODERATE**	**15 HIGH**	**20 EXTREME**	**25 EXTREME**

	1 – 3	Very Low risk
	4 – 6	Low risk
	8 – 10	Moderate risk
	12 – 16	High risk
	20 – 25	Extreme risk

	Consequence score (severity levels) and examples of descriptions				
Domains	**1. Negligible**	**2. Minor**	**3. Moderate**	**4.Major**	**5. Extreme**
Impact on the safety of patients, staff or public (physical/psychological harm).	**Minimal injury or illness, requiring no/minimal intervention or treatment.** **No time off work.**	**Minor injury or illness, requiring minor intervention.** **Requiring time off work for >3 days.** **Increase in length of hospital stay by 1-3 days.**	**Moderate injury requiring professional intervention.** **Requiring time off work.** **Increase in length of hospital stay by 4-15 days.** **RIDDOR/agency reportable incident.** **An event which impacts on a small number of patients.**	**Major injury leading to long-term incapacity/disability.** **Requiring time off work for >14 days.** **Increase in length of hospital stay by >15 days.** **Mismanagement of patient care with long-term effects.**	**Incident leading to death.** **Multiple permanent injuries or irreversible health effects.** **An event which impacts on a large number of patients.**
Quality/complaints/audit	**Peripheral element of treatment or service suboptimal.** **Informal complain/injury.**	**Overall treatment or service suboptimal.** **Formal complaint.** **Local resolution.** **Single failure to meet standards.** **Minor implications for patient safety unresolved.** **Reduced performance rating if unresolved.**	**Treatment or service has significantly reduced effectiveness.** **Formal complaint.** **Local resolution (with potential to go to independent review).** **Repeated failure to meet internal standards.** **Major patient safety implications if findings are not acted on.**	**Non compliance with national standards with significant risk to patient if unresolved.** **Multiple complaints/independent review.** **Low performance rating.** **Critical report.**	**totally unacceptable level or quality of treatment/ services.** **Gross failure of patient safety if findings not acted upon.** **Inquest/ombudsman inquiry.** **Gross failure to meet national standards.**

Human resources/organisational/ development/staffing/ competence	Short term low staffing that temporary reduces services quality (1< day).	Low staffing level that reduces the services quality.	Late delivery of key objectives/service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/key training.	Non-delivery of key objectives/service due to lack to staff. On-going unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an on-going basis.
Statutory duty/inspections	No or minimal impact or breach or guidance/statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	single breach in statutory duty. Challenging external recommendation/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severity critical report.
Adverse publicity	Rumours. Potential for public concern.	Local media coverage. Short term reduction in public confidence. Elements of public expectation not being met.	Local media coverage - long-term reduction in public confidence.	National media coverage with >3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions raised in the House). Total loss of public confidence.
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget. Schedule slippage.	5-10 per cent over project budget. Schedule slippage.	Non-compliance with national 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.

Finance including claims	Small loss. Risk of claim remote.	Loss of 0.1 - 0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25-0.5 per cent of budget. Claim (s) between £10,000 and £100,000.	Uncertain delivery of key objective/loss of .5 - 1.0 per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objectives/loss of >1 per cent of budget. Failure to meet specification/slip page. Loss of contract/payment by results. Claim(s) > £1 million.
Service/business interruption/environmental impact	Loss/interruption of >1 hour. Minimal or no impact on the environment.	Loss/interruption of >8 hours. Minor impact on environment.	Loss/interruption of >1 day. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Catastrophic impact on environment.

Primary Care Commissioning Committee – Friday 4th August 2023

Agenda item no.	PCCC 23-08.51
Meeting date:	Friday 4th August 2023
Paper title	Primary Care Update Report
Paper presented by:	Emma Pyrah
Paper approved by:	Gareth Robinson
Paper prepared by:	Janet Gittins, Alec Gandy, Bernadette Williams, Darren Francis, Rachel Rogers and Antony Armstrong
Signature:	EPyrah
Committee/Advisory Group paper previously presented:	N/A

Action Required (please select):												
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	I
Previous considerations:	N/A – this is a monthly update report from the Primary Care team

1. Executive summary and points for discussion

The purpose of this report is to provide Committee with a summary overview of the activities and developments across the portfolio of primary care workstreams. More detailed reports are provided as separate agenda items where this is required.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	X
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	
Workforce	

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

Note the contents of the report and the work currently being undertaken by the Primary Care Team in relation to these areas.

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

This paper is solely to provide the Committee with an update on the work happening in the Primary Care Team. It is for information only; any items which do require decisions to made will be presented to the Committee as a separate paper and this question answered alongside the respective paper.

5. Appendices

N/A

6. What are the implications for:

This paper is solely to provide the Committee with an update on the work happening in the Primary Care Team. It is for information only; any items which do require decisions to made will be presented to the Committee as a separate paper and this question answered alongside the respective paper.

Shropshire, Telford and Wrekin's Residents and Communities	N/A
Quality and Safety	N/A
Equality, Diversity, and Inclusion	N/A
Finances and Use of Resources	N/A
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	N/A
Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	N/A

Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Partnership Managers Update – Janet Gittins & Alec Gandy

Diabetes Transformation Programme and Foot Pathways

Diabetes Transformation is one of the 6 System Priorities for 23/24. There has been a Clinical Advisory Group set up which is being Clinically Led by Dr Syed Gillani from Donnington Medical Practice to give expert advice and support on designing the new pathways for our people in STW with Type 1 and Type 2 Diabetes. There have been 5 pathways prioritised which will help inform the Diabetes Strategy which include:

- Type 1 Pathway – Led by Dr Syed Gillani
- Type 2 Pathway – Led by Dr Sarah Farr
- Foot Pathway – Led by Dr Melanie Thompson
- CYP Transition – Led by Fiona Smith
- Prevention – TBC

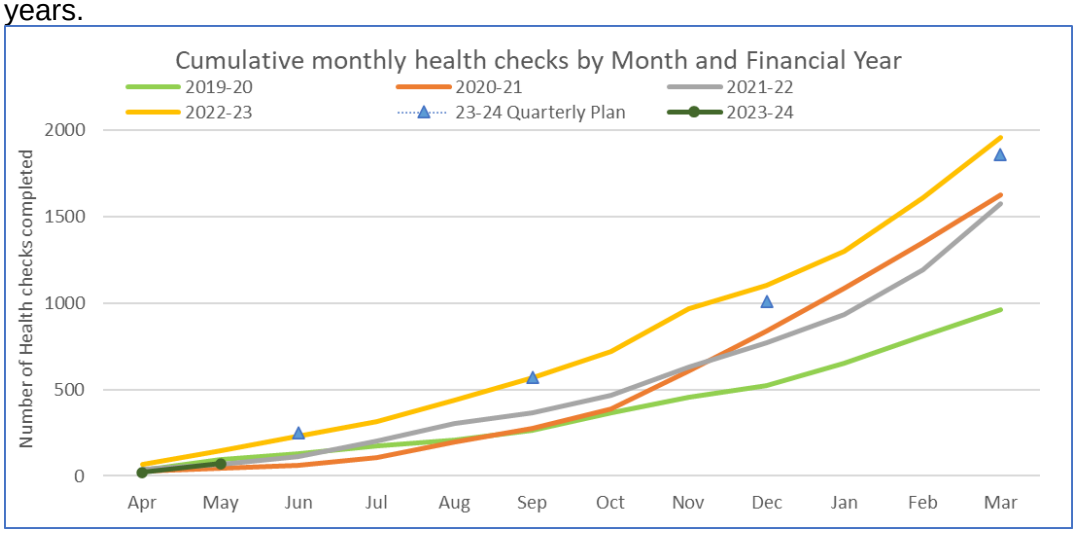
The ICB is very conscious that low-risk foot screening has been an issue for some of our Diabetes patients, with some patients not having been screened since 2020. An interim Locally Commissioned Service remains in place providing practices with a payment of £7 per % of low-risk diabetes patients on practices diabetes register (63% as per national average) while the transformation work on the Diabetes pathways is completed.

The Committee should be aware that there is considerable frustration from General Practice that low risk diabetic foot screening sustainable solution has not been found replacing the interim LCS. This has been a topic of discussion via the GP Board. The GP Board and LMC view is that low risk diabetic foot screening is non-core GMS work and therefore should be a separately commissioned and appropriately reimbursed service.

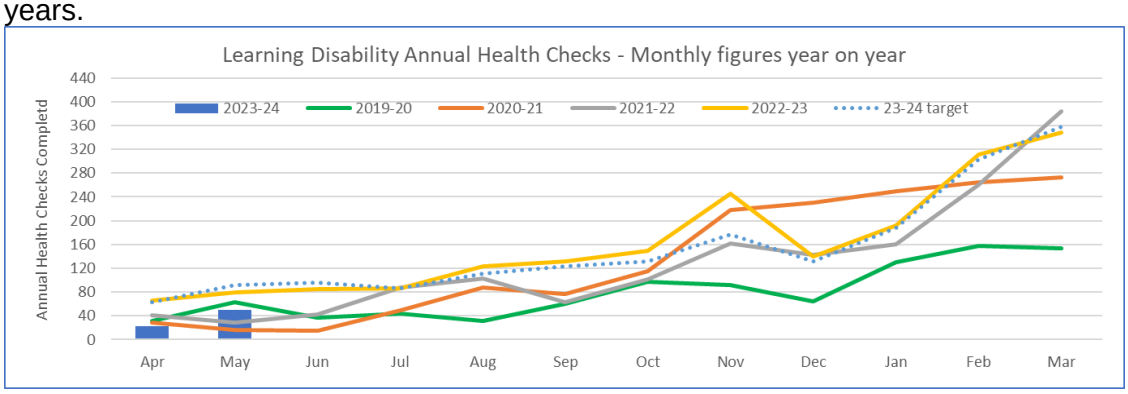
Learning Disability Annual Health Checks (LDAHCs)

Practices are showing low levels of LDAHCs completed in April and May 2023 following the end of year push to complete LDAHCs in 2022-23. This is understandable and in line with other years as Q1 and Q2 show lower activity compared to Q3 and Q4. As patient recall is annual, this is difficult to change.

The graph below shows the cumulative monthly health checks in comparison to previous years.



The graph below shows the actual activity data with a monthly comparison against previous years.



The 2023-24 LDAHC Improvement Plan has now been finalised with key actions to continue to improve local data and the quality of LDAHCs delivered in 2023-24.

Macmillan Community Care Pilot Project

The Macmillan Community Care Pilot ended on 31 May 2023. The team worked with STW practices to deliver holistic Cancer Care Reviews (CCRs) alongside the clinical element, completed by practices, to people living with cancer within 12 months of their diagnosis. At the end of the pilot 1,065 CCRs had been completed using the Macmillan Health Needs Assessment tool across 20 STW practices.

Macmillan Pilot Evaluation Highlights

- There is widespread belief across STW from both clinicians and patients that the pilot has significantly improved the quality of CCRs, and that the service is a demonstrable invaluable success.
- Within the practices that participated in the programme, CCRs were consistently being offered to all patients in a timely manner.
- Patients received high quality personalised care, from a warm and knowledgeable team of Macmillan Community Care Coordinators who have successfully integrated into the GP practices that they work within. There had been challenges reaching this position, however the project leadership and Community Care Coordinator team have worked hard to achieve it.
- The evaluation showed that people living with cancer clearly valued the individualised care and having time to talk about potentially life changing diagnosis.
- The highest concerns raised by people living with cancer were related to physical issues. The top three being feeling tired, exhausted or fatigued; sleep problems; and dry, itchy or sore skin/ pain or discomfort. This was followed by emotional concerns including worry, fear or anxiety and practical concerns related to money, travel and transport.
- Three of the team are now working as Cancer Care Coordinators for local PCNs.

Next Steps

- A new cancer training offer for general practice staff throughout 2023-24, funded by NHSE/HEE coordinated through the STW training hub.
- Conversations with Macmillan to bid for new funding for an integrated project across the STW system offering support to the the most complex cancer patients to improve cancer outcomes.

Primary Care Network – Cancer Work

Cancer leads from the eight PCNs continue to meet bi-monthly in a peer support capacity to share good practice, news and discuss issues. Work in PCNs is ongoing to deliver the requirements of the DES, with work focused on inequalities and screening uptake and improving performance and processes. PCNs recently discussed audits caried out on late cancer diagnosis to identify any learning and share good practice.

Practices have been asked to share their LD Register contacts with NHSE for those within the eligible age for the national bowel cancer screening for those with LD programme. This is to allow targeted easy read communications and follow up to improve cancer screening rates.

Weight Management Enhanced Service
At the time of writing, June data was not available for all services, so a full picture of Q1 is not yet available. Data for the services below are for April and May 2023.

- National Diabetes Prevention Programme (NDPP)

270 referrals were made, against a profile of 310, reaching 87% of our target.

- Digital Weight Management Programme (DWMP)

STW were the highest performer in the region, with 18% of our eligible referral target being reached by 31st May 2023. This equates to 348 eligible referrals in two months.

- Local Authority Tier 2 Healthy Lifestyles (Telford & Wrekin residents / workers only)

The Healthy Lifestyles (HLS) Team at Telford & Wrekin Council have received 143 referrals. We do not have access to data from comparable services in other systems and there is no set target for referrals to this service, however, when comparing the same period in 2022, there has been an increase of 22 referrals.

The referral data above indicates a positive start for 2023-24.

Severe Mental Illness (SMI) Health Checks
The current position for SMI shows that, as of 31 May 2023, practices are at 53% against the 65% target to ensure that people on the SMI register receive the six key checks as part of an annual review.
Bi-weekly meetings with MPFT continue to explore ways to improve this rate, and to ensure that the six core fields of the Health Check are completed and recorded on EMIS by the MH Practitioners who support Primary Care with this work.

General Practice Quality Visits 2023-24
STW ICB is currently working with practices to arrange visits to take place summer/autumn 2023. The aim of the visits is to provide support and assistance to practices while gaining assurance in quality and care improvement which can be used as evidence by the practice to support any CQC review or inspection. An overview of current data and informal intelligence is reviewed to help choose practices to visit. This includes complaints and comments from NHSE, STW ICB and CQC, Patient Survey 2022, GP Appointment Data and attendance at ED.

Locally Commissioned Services (LCS) Review

No update this month

CVD/ Hypertension Delivery
No update this month.

Veteran Friendly Practices
There are 32 practices (64%) practices now accredited as Veteran Friendly with the aspiration to achieve 100% by the end of 2023/24. A targeted plan is currently being developed with partners to promote and inspire interest and support of the programme that will take full advantage of and consolidate the extensive range of information and evidence available.

Remote Monitoring Project
No update this month.

Accelerating Citizen Access to GP Data
- 14 (28%) practices are currently live and offering full prospective access.
- 3 Webinars were offered to practices ensuring awareness of requirements which 24 practices attended.
- A STW bulletin was issued to all practices with a focus on immediate tasks required and to address areas of emerging confusion along with links to above webinar and other relevant information.
- 70% of practices are now correctly configured a rise of 26% since May through targeted contact and support.
- Focus is now concentrated on those practices correctly configured that have yet to opt-in to switch on prospective access.

Estates Update – Darren Francis

Whitchurch – ETTF New Build
- On site works underway and construction continues. Project still on target for completion by September 2024

Shifnal – ETTF New Build
- Construction has now begun on site. Significant progress already made, and completion is expected by Jan 2024 (latest)

Capital Funding for Estates Projects
- All 2022/2023 BAU claims now completed
- Call for bids for 2023/2024 round of BAU capital funding has been sent to practices with a deadline for responses to be received by 21 July 2023
- No bids received yet but if there is an oversubscription against annual allocation a paper will then be taken to the August PCCC for approval of bids received and approval of any prioritisation process, if required
- Section 106 applications work progressing with Councils to generate pipeline of capital funding for practices in absence of any national schemes being available
    - Current amount secured for future developments from Shropshire Council so far is more than £2.4m

- Telford Council currently do not accept s106 applications and nor does it have a CIL set up (Community Infrastructure Levy) - there is a wider system-wide initiative being developed to put pressure on Telford Council for s106/CIL funding in future - PC team has submitted a s106 application for a Telford development and a plot of land has been secured on a separate development in Priorslee for building a new surgery (if needed)
- Future applications planned for Bridgnorth (Tasley Garden Village), Priorslee, The Hem, Iron Masters Way, Allscott, Preston on Weald Moors, Lawley and Lightmoor

Estates Strategy Revision

- Primary Care Commissioning (PCC) completing the work on the PCN clinical strategies before moving on to the estates strategies – per national funded programme
- Most PCNs have now either completed their clinical strategies or they are in final draft form
- All estates strategies due for completion of final drafts by end July 2023 with completed versions ready by end August (latest) - currently awaiting housing development data from Telford Council before the 4x Telford PCNs can proceed further
- Once PCN work completed, the output will be combined into a single Primary Care Estates and Workforce Strategy – 1st draft expected in late September 2023

Contracting Update – Bernadette Williams

STW Contract changes

Contract variations have been requested for the following practices and are being processed by General Medical Advise Support Team (GMAST):

Practice name	Details
Bridgnorth Medical Practice	Addition of a partner (RR)
South Hermitage Surgery	24hour retirement of partner (YS)
Wellington Road Surgery (Newport)	Addition of a partner (PA)

Highley Medical Practice

Following a successful procurement process, Bridgnorth Medical Practice are now the contract holder for primary medical care service in Highley. A General Medical Services (GMS) contract has been signed by the partners of Bridgnorth; the service commenced at the existing premises on the 3rd of July 2023 pending the installation of a portacabin on the Severn Centre car park in early August.

GP Occupational Health

NHSE have secured an interim provider following Shropshire Community Health Trust giving notice on the contract to provide GP Occupational Health. The service ceased at the end of

March 2023. Royal Wolverhampton Trust are currently providing the service in the interim. It is expected that Team Prevent will become the new service provider for the longer term in August 2023.

GP IT Update – Antony Armstrong

The Digital Lead/Partnership Managers within the ICB meet weekly with the MLCSU IT Project Team, to discuss on-going projects, progress reports and any risks and issues through the Digital Operational Group meeting.

Network rationalisation Project
Redcentric who provide our practice HSCN broadband connectivity and Wi-Fi have been commissioned to implement a 'multi-service' broadband connection across our estate. The work will allow us to decommission excessive circuits and move Wi-Fi traffic to the resilient backup link. This will allow the IT team to remove excess network equipment from within the comms cabinets. 12 sites have migrated currently to this technology. Work continues to be scheduled by the project lead during practice lunch periods to avoid disruption.

Notes Digitisation
Project is now around 50% complete with practices having the majority of their patient notes sorted, collected, scanned and quality assured, and are now in the process of being uploaded by the clinical system provider.
NHSE have indicated that future funding streams for the Notes Digitisation Project will be through a 'scan on demand' service whereby all notes are held centrally. A meeting has been scheduled the end of April to discuss the existing pilots within the region as well as more details on the 'scan on demand' future project.
At present the Lloyd George envelopes must be retained post scanning of the patient notes as they are the property of the Secretary of State and cannot be destroyed without their approval.
NHSE is in the process of securing Secretary of State permission to allow their destruction once scanned but until this is announced the envelopes needs to be retained.

N365 (Office 365) Apps for Enterprise / SharePoint / OneDrive
N365 Apps for Enterprise has been pushed out to all desktops giving access to the latest Microsoft Office suite. Proposal has been reviewed to implement SharePoint and OneDrive across the first phase of practices and discussions with the Digital & Transformational leads is taking place early July to identify the first cohort. The ICB await final sign-off from NHSE to commence this project that will run over 2-years and remove the need for local file storage.

Online Consultation Procurement
38 of 42 sites are now live with the recently procured Online consultation product. Engagement and onboarding have progressed with the remaining sites. The provider is working closely with practices to assist in the onboarding and website content.

Winter Monies
The MLCSU project team are about to commence the final phase deployment of the winter monies. The project team have commenced engagement with practices who are receiving equipment to replace old.

Comms cabinet refresh
The ICB had submitted a capital bid for funding to support the refresh of old comms cabinets

and cable management within practices. We should know the outcome of this bid later in July. In the interim the priority sites have been identified by our IT provider and a proposal for this project has been shared.