AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	7 October 2022
Chair	Dr Niti Pall	**Time**	8.30 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 22-10.14	Apologies for absence	Dr Niti Pall	I	Verbal	8.30 am
PCCC 22-10.15	Declarations of Interest	Dr Niti Pall	S	Verbal	
PCCC 22-10.16	Minutes of the Meeting held on 6 July 2022	Dr Niti Pall	A	Enc. No. 1	
PCCC 22-10.17	Actions Raised from Previous Meetings and Matters Arising	Dr Niti Pall	A & S	Enc. No. 1A	
	Delegated Functions				
PCCC 22-10.18	Terms of Reference	Dr Niti Pall	A	Enc. No. 2 / Enc. No. 2A	8.35am
PCCC 22-10.19	Extension to practice boundaries to mitigate patient choice/access issues where there are gaps	B Williams	A	Enc. No. 3	8.50am
PCCC 22-10.20	Shrewsbury Health and Wellbeing Hub – progress update	E Pyrah	I	Enc. No. 4	9.10am
	PCN Development				
PCCC 22-10.21	Implementation Plan – Enhanced Access from 1st October 2022	B Williams	I	Enc. No. 5	9.15am
PCCC 22-10.22	PCN Development Workshop – 31st October 2022	P Morgan	I	Verbal	9.25 am
PCCC 22-10.23	Supporting PCNs Through Winter	E Pyrah	D	Enc. No. 6 Enc. No. 6A	9.35
	Quality				
PCCC 22-10.24	GP Survey Results 2022	E Pyrah	S / I	Enc. No. 7	9.45am
PCCC 22-10.25	Risk Register	E Pyrah	S / I	Enc. No. 8	9.55am
	Primary Care Team updates				
PCCC 22-10.26	Finance Update	Angharad Jones	S / I	Enc. No. 9	10.05am
PCCC 22-10.27	Primary Care Team Update Report	E Pyrah	I	Enc. No. 10	10.15am

PCCC 22-10.28	Any Other Business	Dr Niti Pall	I	Verbal	10.25am
PCCC 22-10.29	Date of Next Meeting: 2 December 2022 at 9.30 a.m.				

22-10.29	Time: 10am				
	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

Wednesday 6 July 2022 at 11.00 a.m.
Via Microsoft Teams

Present:

Mr Nick White	**Chief Medical Officer; Deputy Chair**
Mrs Claire Skidmore	**Chief Finance Officer**
Mr Gareth Robinson	**Director of Delivery & Transformation**
Ms Nicola Dymond	**Director of Strategy & Integration**

Attendees:

Dr Deborah Shepherd	**Deputy Chief Medical Officer**
Mrs Julie Garside	**Director of Planning & Performance**
Ms Claire Parker	**Director of Partnerships & Place**
Ms Emma Pyrah	**Associate Director of Primary Care**
Ms Angharad Jones	**Finance Business Partner**
Mr Tom Brettell	**Partnership Manager**
Ms Jane Sullivan	**Senior Quality Lead**
Mrs Bernie Williams	**Primary Care Lead for Contracting & Delegated Commissioning**
Mr Phil Morgan	**Primary Care Lead for Workforce**
Mrs Vanessa Barrett	**Chair, Healthwatch Shropshire**
Mrs Chris Billingham	**Corporate PA; Minute Taker**

Apologies:

Mrs Niti Pall	**CCG Lay Member – Primary Care (Chair)**
Ms Alison Bussey	**Chief Nursing Officer**
Dr Ian Chan	**Primary Care Partner Member**
Dr Julian Povey	**Primary Care Partner Member**

1.1 Mr White, Deputy Chair, welcomed Primary Care Commissioning Committee members to the meeting.

1.2 Ms Parker confirmed that the new Delegation Agreement effective from 1 July 2022 had been signed off by the ICB Board and returned to NHS England.

1.3 Mr White advised that Mrs Niti Pall, Non-Executive Director of the ICB would be chairing the meeting going forward. However, she was unable to be present for the Part 1 session and he was chairing the meeting in her absence in his capacity as Deputy Chair. Mrs Pall hoped to join the meeting for the Part 2 Confidential session.

Minute No. PCCC-22.07.001 – Apologies

2.1 Apologies were as noted above.

Minute No. PCCC-22.07.002 – Members' Declarations of Interests

3.1 Members had previously declared their interests, which were listed on the ICB's Register of Interests and was available to view on the website at:

Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

3.2 Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items. No further conflicts of interest were declared.

Minute No. PCCC-22.07.003 – Minutes of Meeting held on 4 May 2022

4.1 Mr White reminded members that the May Committee was held under the auspices of the CCG. For continuity, it was necessary to approve the minutes of the previous meeting at today's meeting.

4.2 Dr Shepherd referred to the last paragraph on Page 2 and the first paragraph on Page 3 which referred to Optometry. This wording should not refer to Optometry but to Optum, the prescribing support service. She requested that the previous minutes should be amended to reflect this change.

4.3 The Committee approved the minutes of the meeting held on 4 May 2022 provided the amendments requested above were made.

ACTION: Mrs Billingham to amend the minutes of the previous meeting held on 4 May 2022 to reflect the requested changes.

Minute No. PCCC-22.07.04 – Actions Raised from Previous Meetings and Matters Arising

5.1 The Action Tracker was reviewed and updated as appropriate.

Minute No. PCCC-22.07.05 – Terms of Reference

6.1 Mr White stated that as this was the first meeting of the ICB Primary Care Commissioning Committee, it was likely that the Terms of Reference would be revised as the Committee progresses.

6.2 Mr White would discuss the Terms of Reference with Mrs Pall and Ms Parker prior to the next meeting. Emphasis would be placed on membership and quoracy.

ACTION: Ms Parker to present a definitive Terms of Reference and proposals regarding membership to the next meeting.

6.3 Dr Shepherd requested that she is listed as a formal attendee going forward as she is the Lead for Primary Care PCNs and Place.

6.4 Ms Dymond stated that her own role and accountabilities were not currently included in the Terms of Reference and suggested that they should be factored into the Terms of Reference when the document is updated.

RESOLVE: ***Primary Care Commissioning Committee Members NOTED the content of the report.***

Minute No. PCCC-22.07.06 – Finance Update

7.1 Ms Jones' Finance paper relating to Month 2 2022-23 was taken as read. However, she highlighted the following key points:

- Co-Commissioning budget (or Delegated budget) is currently underspent by £63k with a reported Q1 forecast of £58k underspend. Primary Care Services (or Non-Delegated) has a year to date and Q1 forecast underspend of £1.7m. The main driver of this underspend is prior year benefit in relation to Prescribing and Enhanced Services which is non-recurrent in nature.

- In terms of Efficiency Schemes, £315k planned in relation to Rates Rebates is phased in Q4 of the financial year. Prescribing efficiencies over-achieved by £31k year to date, with a full year overachievement forecast of £185k.

- There has been a further submission of the 2022-23 Plan. £600k non-recurrent slippage has been identified against non-delegated budgets and has been allocated against the system deficit reduction.

7.2 Ms Jones invited questions.

7.3 Mrs Skidmore provided context regarding Ms Jones' report for the benefit of new Committee members, advising that whilst this Committee focuses on the delegated aspects of the Primary Care budget, it also provides information relating to the non-delegated budget which in the context of Primary Care work is also extremely important.

RESOLVE: ***Primary Care Commissioning Committee Members NOTED the content of the report.***

Minute No. PCCC-22.07.07 – Primary Care Update Report

8.1 Mr Brettell's report was taken as read.

8.2 There were no questions from members of the Committee.

RESOLVE: ***Primary Care Commissioning Committee Members NOTED the content of the report.***

Minute No. PCCC-22.07.08 – Primary Care Appointments: Report to Governing Body June 2022

9.1 Ms Pyrah introduced her report which provided an overview of the position on GP access for Shropshire Telford and Wrekin and in particular GP appointments.

9.2 The report had been submitted to June Governing Body and was also being submitted to the July Health & Wellbeing Boards.

9.3 A presentation containing more detailed information would be provided in the Part 2 Confidential meeting.

9.4 Key messages were:

- As at end of March, there were 16% more appointments than the previous period pre-pandemic despite there being less GPs.

- Most appointments are face-to-face – 6 out of 10. This is less than pre-pandemic when face-to-face appointments were 8 out of 10, but this has been more than offset by other modes of appointment delivery such as telephone and on-line.

- Complaints and feedback are still received from patients regarding access to GP appointments. A recurring issue is telephone access to Practices and patients being unable to get through on the telephone, long waits for telephones to be answered, and abandonment rates. The ICB is unable to access this data as telephone information is held at Practice level.

9.5 Ms Parker proposed that concerns around GP access should be recorded on the Risk Register. She suggested that the ICB should be more proactive in providing figures as to how the system is losing GPs, GP Partners and how NHS Shropshire Telford and Wrekin activity compares to regional and national figures.

9.6 The Committee agreed that the data relating to telephone activity would be useful and discussion took place regarding the process for obtaining that data in order to gain the confidence of members of the public that the issue is being dealt with.

9.7 Dr Shepherd advised that most Practices could collect the data at Practice level through their telephony systems. However, the issue is ownership of that data, which belongs to the Practices and whether Practices would be prepared to share the data with the ICB. She suggested that to reach the correct people, more use could be made of the Patient Participation Groups and the Comms team.

9.8 Ms Parker believed that engagement should take place with the wider community and a piece of work will be implemented. Poor-performing Practices have been identified and receive support. In certain Practices the telephone system and the access system is particular to their business and they will also receive full support. A certain amount of IT/digital work is required to the telephone system. Communication with Practices could be improved, and action plans implemented as issues are identified.

The Committee discussed the challenges experienced by GP colleagues, for example with GPs, with the system, and with capacity. However, there was doubt as to whether the ICB as an organisation is clear as to what the overall challenges are and the plan for dealing with those challenges.

ACTION: Ms Parker to lead a discussion offline as to how to improve communication, understand, and monitor for signs of improvement, the challenges and issues around GP access and discuss with Primary Care colleagues.

RESOLVE: ***Primary Care Commissioning Committee Members NOTED the content of the report and APPROVED the recommendation as stated above.***

Minute No. PCCC-22.07.09 Update on General Practice Nurse Strategy

10.1 Ms Sullivan provided background information in relation to the General Practice Nurse Strategy which had been written in conjunction with Practice Nurses, General Practice Nurse Facilitators, and the Training Hub.

10.2 The Strategy was created as part of a two-year plan to identify key deliverables in developing Practice Nurses, other Practice Nurse roles, and healthcare support workers within Primary Care and the action required to utilise part of the funding that had been made available. Confirmation of funding is still awaited from NHS England and Health Education England regarding Practice Nurses and Healthcare support workers.

10.3 The Strategy is now available on the Training Hub Delivery Group website.

10.4 The purpose of Ms Sullivan's report was to update PCCC on what had been achieved for 2021/22 on the key deliverables, which were set in July 2021 but had been impacted by Covid. As we move into the ICB and Primary Care faces new developments and new challenges, the key deliverables will be reviewed, and new deliverables added.

10.5 Ms Sullivan invited questions.

10.6 Mr White requested information as to how much variation existed in the number of healthcare support workers and GP Nurses between Practices, and how that compared nationally between Shropshire Telford and Wrekin and other parts of the country in terms of the numbers of staff.

10.7 Ms Sullivan confirmed that there had been a decline in Practice Nurse numbers across the ICB which is the reason why Healthcare support workers were being supported to become Nursing Associates. Across Regions, many nurses are approaching retirement and the Training Hub has been working to support new-to-Practice Nurses who are entering Primary Care via the Fellowship Scheme.

10.8 Mr Morgan was unaware of the details of the variation referred to by Mr White, but advised that the data was available and could be analysed if required.

RESOLVE: ***Primary Care Commissioning Committee Members NOTED the content of the report.***

Minute No. PCCC-22.07.10 Ukrainian Support

11.1 As the meeting was not quorate it was agreed that the paper would be discussed, and a recommendation made. Approval would be made either electronically or by Chair's action.

11.2 Mr Brettell's paper was provided to update the Committee as to work the Primary Care team had been carrying out to support the system's response to the crisis in Ukraine.

11.3 Since the end of March 2022, STW ICS has been a key partner in the local response to supporting refugees from Ukraine and their host families. This work is being led by the two Local Authorities via focused working groups with membership from key departments across various organisations including the Shropshire Supports Refugees Charity.

11.4 The Primary Care team has led on ensuring that there is appropriate and structured health and wellbeing support for the refugees and their host families with a focus on Primary Care as the main point of access.

11.5 The team also monitor information regarding arrivals and postcodes of where those people are residing, as a result of which the team has been able to advise Practices of arrivals in their Practice area.

11.6 Across Shropshire there are currently 529 refugees; 437 are yet to arrive. A total of 966 people will enter our system in the coming months. Of those, just over 400 are under 18 years old and partnership work with schools will be extremely important.

11.7 Committee members were asked to consider the content of Mr Brettell's report and agree the detail of the proposed LES to enable immediate implementation.

11.8 Dr Shepherd fed back information from the recent LMC meeting where this draft service specification had been discussed and shared for comment. The LMC intend to reply formally by letter.

11.9 Concerns exist that the LCS specification would be viewed as discriminatory because race and nationality are protected characteristics and it is not felt appropriate to specify that this only applies to refugees of Ukrainian origin. The system also has refugees from Afghanistan, Syria, and other countries and it is discriminatory to have an LCS purely for refugees from one place. The LMC plans to escalate this further.

11.10 Other issues existed around refugees including the definition of refugee (which is not the same as migrant), proof of nationality, and proving the immunisation status of children.

11.11 Mrs Williams replied to the points raised by Dr Shepherd as follows:-

- The LCS is not purely for Ukrainians. Enhanced services are in place which can be offered out further.
- The term "refugee" refers to anyone who is fleeing a conflict.
- The issues relating to the immunisation status of children have been raised with NHS England colleagues. Mrs Williams will chase a response.

11.12 Mrs Skidmore referred to the £150 cost of each health check which, for 966 people would require £145k to be found from within the existing baseline. A decision to proceed would be a risk in terms of its financial impact.

11.13 Mrs Williams confirmed that a discussion had taken place between herself and Ms Jones and a source of funding had been identified. However, the figure identified was not sufficient and a discussion would be required as to how to rectify the shortfall.

11.14 Ms Jones advised that the QAF achievement final figures for the current month had released some prior year funding which would cover the shortfall and has been added to the forecast for Month 3. As it is a non-recurrent expense, the money released would be sufficient.

11.15 Mrs Skidmore confirmed her agreement to the funding as outlined above by Ms Jones.

RESOLVE: ***Primary Care Commissioning Committee Members NOTED the content of the report and APPROVED the recommendation as stated above. Mrs Pall, Chair of the Committee, would be contacted to approve the decision taken by those present.***

ACTION: Ms Williams to check the amount neighbouring systems are paying Practices for health assessments as part of the Ukrainian LES.

Mrs Williams to chase NHS England for a response regarding issues relating to the immunisation status of Ukrainian children.

Mr Brettell to monitor the LMC's concerns and prepare a report in an appropriate format.

Minute No. PCCC-22.07.11 Risk Register

12.1 Ms Parker advised that the issues surrounding GP access and monitoring would be added to the Register.

12.2 Mrs Skidmore referred to reports being submitted to PCCC bearing her name as the joint Executive owner, an issue she had referred to in a previous meeting. Her name was currently against Risks 5 and 7 on the Register. As she does not initiate the actions to manage the financial risks, she would prefer her name to be removed from these risks unless there is a specific ownership action required by her.

12.3 Mrs Skidmore asked a question relating to Risk No. 7 – Covid Expansion Fund – which at the time was very much related to the previous financial year. She wished to query whether there is still an ongoing risk relating to this item.

12.4 Ms Parker will review this risk before the next PCCC as there could now be a recommendation of closure.

Minute No. PCCC-22.07.12 PCCC Process

13.1 For the benefit of new Committee members, Ms Parker explained that the Primary Care Operational Group chaired by Emma Pyrah provides detail around the finances, the risks, details around quality, etc.

13.2 A Primary Care Development Group also meets comprising the Primary Care team and the Primary Care Network Clinical Directors. This group considers the DES, OD, development, leadership etc. and feeds into this Committee.

13.3 The wider Primary Care will be reviewed as the team take on the Pharmacy, Optometry and Dental work.

13.4 Dr Shepherd referred to membership of the Committee. In the past, an independent GP had been a member of this Committee to ensure there is a GP view when member GPs from the ICB are conflicted and asked whether, going forward, that should be considered for this Committee.

13.5 Mr White confirmed that the TOR and membership of the Committee would be reviewed going forward.

RESOLVE: ***Primary Care Commissioning Committee Members NOTED the content of the report.***

Minute No. PCCC-22.07.13 Date and Time of Next Meeting

Time, date and modality of the next meeting will be confirmed nearer the time.

There were no further matters to report.

12.10 p.m. Meeting Closed.

NHS Shropshire, Telford and Wrekin Primary Care Commissioning Committee RESOLVED 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 on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)

SIGNED …… DATE ……

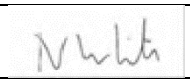
Shropshire Telford and Wrekin ICB Primary Care Committee Action Tracker
Part 1 Meeting – 6 July 2022

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC 22-05.35 Results of GP Patient Survey 2020/21	Ms Pyrah to prepare a full report regarding the results of this year's GP Patient Survey to take forward to the new Primary Care Commissioning Committee.	Ms Pyrah	Next meeting	**July Update:** GP Patient Survey will be submitted to the next meeting once this is known. **October Update:** October Agenda item.
PCCC 22.07.03 Minutes of Meeting – 4 May 2022	Mrs Billingham to amend the minutes of the previous meeting held on 4 May 2022 to reflect the requested changes.	Mrs Billingham	October meeting	
PCCC 22-07.05 Terms of Reference	Ms Parker to present a definitive Terms of Reference and proposals regarding membership to the next meeting.	Ms Parker	October meeting	
PCCC 22-07.08 Primary Care Appointments: Report to Governing Body June 2022	Ms Parker to lead a discussion offline as to how to improve communication, understand, and monitor for signs of improvement, the challenges and issues around GP access and discuss with Primary Care colleagues.	Ms Parker	October meeting	
PCCC 22-07.10 Ukrainian Support	Ms Williams to chase NHS England for a response regarding issues relating to the immunisation status of Ukrainian children. Mr Brettell to monitor the LMC's concerns and prepare a report in an appropriate format.	Mrs Williams Mr Brettell	October meeting October meeting	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 22-10.18
Meeting date:	7 October 2022
Paper title	Committee Terms of Reference for Review
Paper presented by:	Nicholas White, Chief Medical Officer
Paper approved by:	Nicholas White, Chief Medical Officer
Paper prepared by:	Alison Smith, Director of Corporate Affairs
Signature:	
Committee/Advisory Group paper previously presented:	Committee terms of reference were presented to the Board on 1st July 2022 for approval as part of the Governance Handbook.
Action Required (please select):	
A=Approval	R=Ratification / S=Assurance / D=Discussion / I=Information
Previous considerations:	The Board approved all committee terms of reference at its meeting on 1st July 2022 and also agreed that each Committee would review its respective terms of reference to ensure that they accurately described the responsibilities and membership.

1. Executive summary and points for discussion

The Board approved all committee terms of reference at its meeting on 1st July 2022. The Board also agreed that each Committee would review its respective terms of reference at the first committee meeting, to ensure that they accurately described the purpose, responsibilities and membership.

The Committee is asked to review the terms of reference attached as appendix 1 to this report and to agree any proposed amendments.

The Committee is asked to avoid making changes to the presentation and headings of the terms of reference if at all possible, in order that uniformity and consistency of content can be maintained across all committee terms of reference.

All proposed amendments will be collated into a report by the Director of Corporate Affairs to the Board at its next meeting on 28th September for consideration and approval.

Which of the ICB Pledges does this report align with?

Improving safety and quality	X
Integrating services at place and neighbourhood level	X
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	X
Climate change	X
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	X
Workforce	X

2. Recommendation(s)

The Committee is asked to review the attached terms of reference and agree any proposed amendments for approval by the Board.

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

There are no specific risks related to Committee terms of reference.

4. Appendices

Appendix 1 – Committee Terms Of Reference

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	None identified
Quality and Safety	None identified
Equality, Diversity, and Inclusion	None identified
Finances and Use of Resources	None identified
Regulation and Legal Requirements	None identified
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	None identified
Environmental and Climate Change	None identified
Future Decisions and Policy Making	None identified
Citizen and Stakeholder Engagement	None identified

Request of Paper:	To agree any proposed amendments to the Committee terms of reference.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

NHS Shropshire, Telford and Wrekin

Primary Care Commissioning Committee (PCCC)

Terms of Reference

1.Introduction

1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England/Improvement has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Shropshire, Telford and Wrekin (NHS STW)

The delegation is set out in Schedule 1.

1.2 NHS STW has established the NHS Shropshire, Telford and Wrekin Primary Care Commissioning Committee (PCCC) ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

1.3 It is a committee comprising representatives of the following organisations:

- NHS Shropshire, Telford and Wrekin

2 Statutory Framework

2.1 NHS England/Improvement has delegated to NHS STW authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

2.1.1 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and NHS STW.

2.1.2 Arrangements made under section 13Z do not affect the liability of NHS England/Improvement for the exercise of any of its functions. However, NHS STW acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- Public involvement and consultation (section 14Z2).

2.2 NHS STW will also need to specifically, in respect of the delegated functions from NHS England/Improvement, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.2.1 The Committee is established as a committee of the Board of NHS Shropshire, Telford and Wrekin (the Board or NHS STW) in accordance with Schedule 1A of the "NHS Act".

2.3 The members acknowledge that the Committee is subject to any directions made by NHS England/Improvement or by the Secretary of State.

3 Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Shropshire, Telford and Wrekin under delegated authority from NHS England/Improvement.

3.1 In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS

England/Improvement and NHS Shropshire, Telford and Wrekin, which will sit alongside the delegation and terms of reference.

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

3.2.1 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.3 This includes the following:

- Decisions in relation to the commissioning and management of Primary Medical Services;
- Planning Primary Medical Services in the Area, including carrying out needs assessments;
- Undertaking reviews of Primary Medical Services in respect of the Area;
- Management of the Delegated Funds in the Area;
- Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and
- Such other ancillary activities that are necessary in order to exercise the Delegated Functions.

4 Geographical Coverage

4.1 The Committee will comprise the NHS Shropshire, Telford and Wrekin area.

5 Membership

5.1 The Committee shall be constituted in accordance with the following:

5.2 Voting members:

- Non Executive Director for Digital (who is the Chair of the Primary Care Commissioning Committee)
- A second Non Executive Director for Remuneration
- Chief Executive Officer (or deputy)
- Chief Finance Director (or deputy)
- Executive Director for Delivery and Transformation (or deputy)

- Director for Strategy and Integration (or deputy)
- Chief Nursing Officer (or deputy)
- Chief Medical Officer (or deputy) (Vice Chair)

5.3 Attendees:

- 2 Primary Care Partner Members of NHS STW (one selected from those General Practice contract holders located in Shropshire and one selected from those general practice contract holders located in Telford and Wrekin)
- Director of Planning and Performance (or deputy)
- Director Of Partnerships (or deputy)
- Shropshire Healthwatch representative
- Telford and Wrekin Healthwatch representative
- Shropshire Council Health and Wellbeing Board representative
- Telford and Wrekin Health and Wellbeing Board representative

5.4 The Chair of the Committee shall be a Non-Executive Director of NHS STW with a focus for Digital and appointed by NHS STW.

5.5 The Vice Chair of the Committee shall be NHS STW Chief Medical Officer.

5.6 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number Chair the meeting.

5.7 Where the Committee considers items of business that due to the confidential nature of the business to be transacted, excludes members of the public, the Chair may invite some internal attendees to remain. The decision of the Chair is final.

5.8 In exceptional circumstances, where urgent action is required, the Chair is authorised to take urgent action with prior discussion with one other committee member. A report should be made to the full committee at the earliest next opportunity.

6 Meetings and Voting

6.1 The Committee will operate in accordance with NHS STW's Standing Orders as set out in Standing Order 4.1. The Secretarial support to the Committee will

be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.1.1 Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

7 Quorum

7.1 The Committee's quorum will include 4 of the voting members outlined in section 5.2. above, one of which must be a Non-Executive member and one an Executive member.

7.2 If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

7.3 If the committee is not quorate, the meeting may;

- proceed if those attending agree, but no decisions may be taken; or
- may be postponed at the discretion of the Chair.

7.4.1 Decisions deemed by the Chair to be 'urgent' can be taken outside of the meeting via email communication, and with the agreement of a quorate number of members.

8.Frequency and notice of meetings

8.1 The Committee will meet as required, but at least 4 times per year and a schedule of meetings will be agreed upon by the Committee at the start of each year.

8.2 Meetings of the Committee shall:

- be held in public, subject to the application of 8.2(b) below;

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

8.3 Draft minutes will be produced by the minute taker within 7 days of the meeting and circulated to the Chair of the committee for comment within 5 days. They will be presented to the next meeting for committee for approval and the chair will then sign them within 5 days.

8.4 Extraordinary meetings may be held at the discretion of the Chair. A minimum of seven working days' notice should be given when calling an extraordinary meeting.

8.5 With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.

9.Conduct of the Committee

9.1 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

6.1 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with NHS STW's Constitution, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

6.2 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

6.3 Members of the Committee shall respect confidentiality requirements and codes of conduct as set out in NHS STW's Constitution

6.4 NHS STW will also comply with any reporting requirements set out in its constitution. The Committee will also present its minutes to NHS England /Improvement on bi-monthly basis.

6.5 It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England/Improvement may also issue revised model terms of reference from time to time.

10 Accountability of the Committee

10.1 The budget and resource accountability arrangements and the decision-making scope of the Committee will be agreed pursuant to the delegation and delegation agreement with NHS England/Improvement.

10.2 For the avoidance of doubt, in the event of any conflict between the terms of the Delegation or Delegation agreement and these Terms of Reference, Standing Orders or Scheme of Financial Delegation, the terms of the delegation will prevail.

10.3 The Committee will make allowance for consultation with members of the public and other ICBs.

10.4 The Committee will provide an annual report to NHS STW to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.

10.5 The Committee will conduct an annual review of its effectiveness to inform the report.

11 Procurement of Agreed Services

11.1 The detailed arrangements regarding procurement of primary care services will be set out in the delegation agreement entered into between the Group and NHS England/Improvement.

12 Decisions

12.1 The Committee will make decisions within the bounds of its remit.

12.2 The decisions of the Committee shall be binding on NHS England/Improvement and NHS Shropshire, Telford and Wrekin.

13. Review

13.1 The Committee will review its effectiveness at least annually.

13.2 These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval: 1st July 2022

Date of review: 30th June 2023

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

PRIMARY CARE COMMISSIONING COMMITTEE – OCTOBER 2022

Agenda item no.	22-10.19
Meeting date:	7th October 2022
Paper title	Update on extension to STW practice boundaries.
Paper presented by:	Bernadette Williams. Primary Care Lead - contracting
Paper approved by:	Emma Pyrah, Associate Director of Primary Care
Paper prepared by:	Bernadette Williams. Primary Care Lead – contracting.
Signature:	*B Williams*
Committee/Advisory Group paper previously presented:	

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

Previous considerations:	

1. Executive summary and points for discussion

During 2021/22 the primary care team undertook an exercise to ensure that all geographical areas of Shropshire Telford and Wrekin are covered by a GP practice boundary; this was following several requests from patients in rural areas wanting to change their GP practice. Ten areas were identified as not being covered by a practice boundary. Practices that were geographically aligned to that area were asked if they would increase the boundary; three practices agreed to change.

In February 2022 the committee received a report and were informed that the following practices agreed to extend the practice boundary.

- Alveley
- Cambrian
- The Meadows

Following the approval of the boundary change, the relevant documentation was sent to the practices to complete to instigate the changes formally. Cambrian Medical practice advised that after discussions with partners they had changed their minds and no longer wanted to proceed.

As the Primary Care Team have been unable to secure any other practice agreements to extend their boundaries, the only viable solution is to assign patients on a case by case basis. There are no contractual obligations on boundary changes on practices so these cannot be imposed, however, if we are unable to negotiate registration of a patient, the ICB is able to assign patients to a practice .

The number of enquiries from patients have diminished so the need to allocate/negotiate with practices is less. Despite the identified areas not having full practice coverage, patients do have access to primary medical care.

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	
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 contents of the report and support the approach to assignment of patients when it is required.

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 A: Report to PCCC from February 2022

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Ensures residents have access to primary medical services.
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	No implications
Data Protection	No implications

Transformation and Innovation	
Environmental and Climate Change	No implications
Future Decisions and Policy Making	

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

Meeting:	
Meeting date:	
Agenda item no.	
Paper title	

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG**
Primary Care Commissioning Committee in PUBLIC
Meeting held on 2 February 2022

Item Number:	Agenda Item:
	GP Practice Boundary Extensions.

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships	Bernadette Williams – Primary Care Lead Contracting

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

History of the Report :		
Committee	**Date**	**Purpose (A,R,S,D,I)**
N/A		

Executive Summary :

The purpose of the report is to:

- Provide the committee with progress update on work undertaken by the Primary Care Team
- Seek approval or the change of boundaries for Cambrian Medical Centre, Alveley Medical Practice, The Meadows Medical Practice.
- Seek committee views on additional actions required to extend the boundaries for patients not covered by the practices listed above.

Following recent requests from patients who reside in rural areas of Shropshire wanting to change GP practice, it became apparent there were gaps in the coverage of GP practice boundary mainly across the Shropshire border.

The CCG identified eleven areas that didn't have formal practice boundary stated; the practices within the proximity were contacted to request that the practice extended its boundary. This is unusual, as most times it would be the practice that would submit a request to the CCG to increase or decrease the boundary area.

When any changes are made to the practice boundary this results in a contract variation; this will be undertaken by NHS E/I – General Medical Advice and Support Team (GMAST), GP practices will also need to update the details of the new practice area within their information leaflet, on their website and their annual eDeclaration.

Recommendations/Actions Required:

Primary Care Commissioning Committee is asked to:

- Note the contents of the report and the actions by the Primary Care Team to date.

- To agree to formalise the extended boundaries for; Cambrian, Aveley and The Meadows (areas 1, 7 and 10).
- Where there is no agreement; discuss alternative solutions.

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication? *GMS funding cove*	No
3.	Is there a risk to financial and clinical sustainability?	No
4.	Is there a legal impact to the organisation?	No
5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities.	Yes
2.	To identify and improve **health outcomes** for our local population.	Yes
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money.	Yes
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System.	Yes
5.	To achieve **financial balance** by working more efficiently.	Yes

Purpose

The purpose of the report is to:

- Provide the committee with progress update on work undertaken by the Primary Care Team
- Seek approval or the change of boundaries for Cambrian Medical Centre, Alveley Medical Practice and The Meadows Medical Practice.
- Seek committee views on additional actions required to extend the boundaries for patients not covered by the practices listed above.

Introduction

Shropshire, Telford & Wrekin (STW) Clinical Commissioning Group (CCG) has a statutory obligation (legal duty) to ensure all STW residents are able to access primary medical care services.
The CCG has identified a number of geographical areas in STW where there are gaps in GP practice coverage.

Background

Due to a number of recent requests from patients in rural areas requesting to change their GP practice; it became apparent there were gaps in coverage. Twelve areas across STW have been identified that do not have formal coverage by a GP practice boundary (patient registration area).

Using Shape[1] Place Atlas mapping tool the CCG was able to find these areas; see map in appendix 1.

The CCG has contacted a number of practices in the adjacent and surrounding areas to request expanding their boundary to formally take on the identified areas; see table 1.

To date, three practices have agreed to extend their boundaries; Cambrian for area 1, Alveley for area 7 and The Meadows for area 10. Five practices have declined to extend their boundaries and eight have not responded.

NHS England Policy Guidance Manual (PGM) v3

STW CCG will follow the points in the PGM;

- Any changes to the practice area (main and outer boundary) must be considered a variation to the contract and the definitions of these areas amended under a variation notice. The contractor must notify the Commissioner of its intent to vary its area in writing setting out the reasons for the change and full details of the proposed practice area, with any additional supporting evidence that may assist the Commissioner in reaching its decision (a template application notice is set out in Annex 13 A).
- The contractor and the Commissioner must engage in open dialogue concerning the circumstances that have led to the request to change their boundary and discuss the possible implications of the action, i.e. a reducing patient register, an expanding patient register, the financial implications of both and any possible alternative actions that may be taken by either party to enable the practice to maintain its existing practice area.
- Commissioners must consider the application having regard to other practices' boundaries, patient access to other local services and other health service coverage within a location and may seek to involve the public to seek their views.
- Once a decision is reached on whether to accept or reject the application, the Commissioner should notify the contractor of its decision in writing.

Next Steps

For the practices that have agreed to extend; the CCG will need to formalise the changes to the practice boundaries in line with the application process set out in the NHS England Primary Medical Care Policy and Guidance Manual v3 February 2021 Section 7.14 Boundary Changes. The required template (Annex 13 A) has been drafted (in appendices).The CCG will need to follow up with the remaining practices to remind them of the request and where there is no agreement to extend, alternatives should be discussed.

[1] Shape Atlas: https://shapeatlas.net/

The committee is asked to note that the patients living in the affected areas are registered with a GP practice and receiving primary care services. The aim of this exercise is to ensure full boundary coverage by STW practices thus reducing the number of registration queries from patients and GP practices.

Considerations

There is a correlation with patient assignments and out of area patients;

In October 2020 the GMS and PMS regulations were amended to include the following;

Patient assignment in instances where the relationship between a practice and patient has broken down:
An amendment to the arrangements for patients whose relationship with their practice has broken down and who need to be reassigned to another practice. These patients can now be assigned to a patient list of a practice in whose CCG area the patient resides. In making these assignments, contractors will not be required to provide home visits outside their practice area so it may be necessary to register these patients as an out of area registered patient.

Out of area patient registration where patients have been assigned:
Amendment to allow the provisions for out of area registration to apply to a new patient who has been assigned to a practice in circumstances where that patient resides outside of a practice's area but within the CCG area of which it is a member, and the practice elects to accept that patient as an out of area patient.

Appendix 1

Map depicts the current situation;

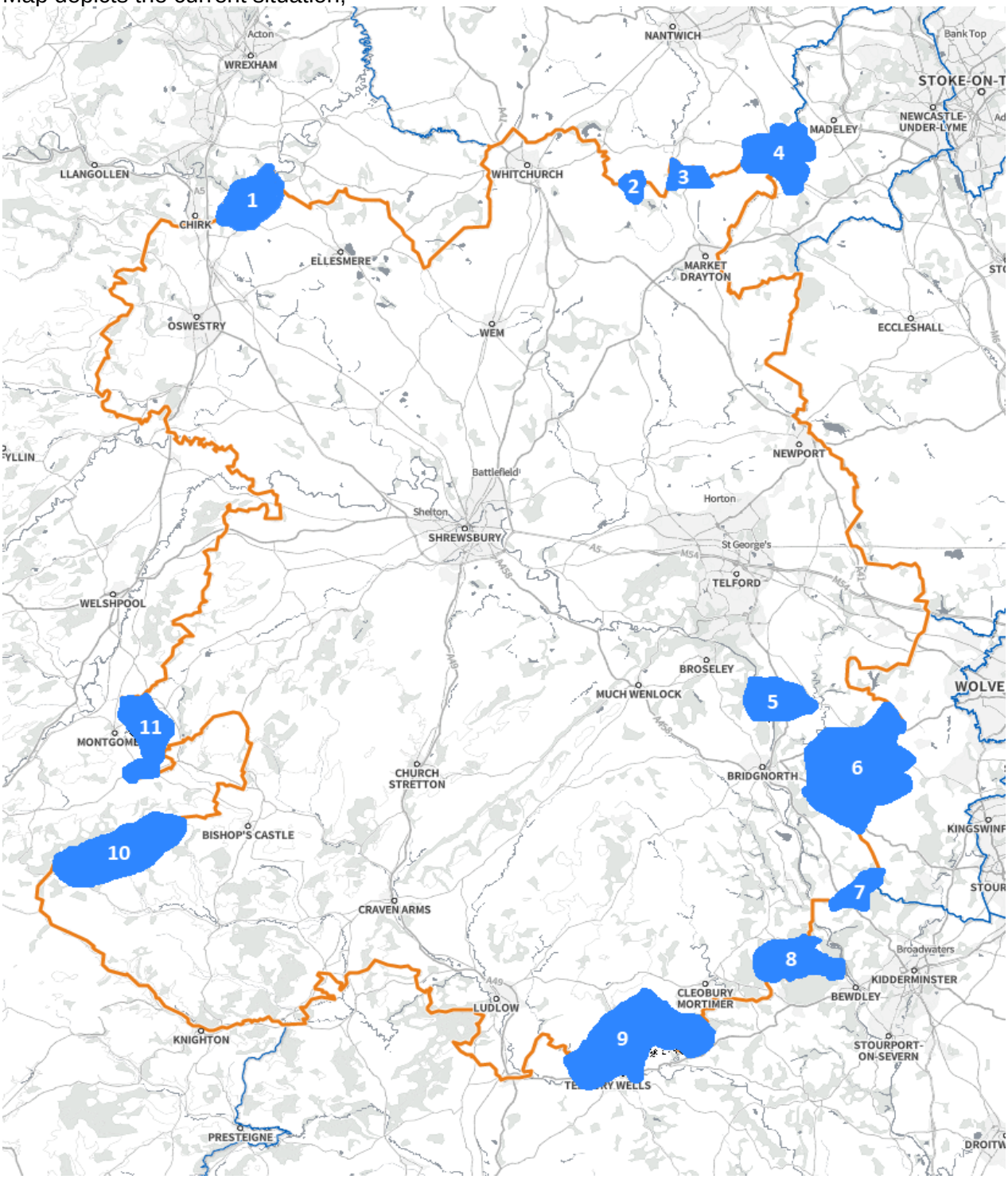


Table 1

Map Area	Practice	No of patients not residing in a GP practice bounday	LSOA	Comments
1	Churchmere	1050		Looking at map. Partners declined.
	Cambrian	210		Cambrian said yes.
	The Caxton	157		
	Plas Fynnon	150		
2	Market Drayton	938	*Proportion of area*	*Partners do not wish to expand inner boundary..*
	Churchmere	335	*Proportion of area*	Partners declined
	Wem	135	*Proportion of*	Sent 23/09
3	Market Drayton	938	*Proportion of*	Partners do not wish to expand inner boundary
	Churchmere	335	*Proportion of*	Partners declined.
	Wem	135	*Proportion of*	Sent 23/09
4	Market Drayton	385		Partners do not wish to expand inner boundary. No other practice to ask. Approached Wem 23/09.
5	Albrighton	979		Practice declined.
	Bridgnorth	535		Request sent 23/09.
	Shifnal	437		
	Stirchley	420		
6	Bridgnorth	570		Sent request 07/09 – to discuss. Claverley is in S Staffs?
	Albrighton	444		
	Alveley	35		
7	Alveley	961		Sent maps as follow up 1/10. Agreed 5/10/21
	Bridgnorth	574		

Map Area	Practice	No of patients not residing in a GP practice bounday	LSOA	Comments
8	Cleobury	746		Request sent 07/09. Practice declined as distance too great.
	Brown Clee	604		Sent 23/09 – response 1/10 partners not able to expand.
	Highley	68		
	Alveley	0		Asked as near practice – over river so difficult.
9	Cleobury	2592		Could take on some of area 9? Need to make contact to discuss further.
	Station Drive	275		
	Portcullis	220		
10	The Meadows	1407		Practice said yes 04/08
11	Bishops Castle	202		Sent request 04/08. Sent map on 23/08.

KEY:
Highlighted practices have agreed to extend their boundary.

Annex 13A

Template Application to Change the Practice Area

[*date*]EXAMPLE

Dear Head of Primary Care, Shropshire, Telford and Wrekin CCG

Application to Change the Practice Area

Please provide the information below to the Commissioner no less than 28 days before the requested contract variation.

1. Affix practice stamp: M82026 - Cambrian Medical Centre	
2. Provide full details of the proposed practice area:	The proposed area is rural and on the Shropshire and Welsh border – see map area 1.
3. Explain the reasons for the change of practice area:	The identified area is without formal GP coverage. The practice has been asked to extend the practice boundary to cover up to the welsh border.
4. Provide any additional supporting evidence that may be relevant (e.g. current capacity, challenges or underutilised capacity, patient distributions, future service development plans (including knowledge of local developments such as housing):	[insert information]

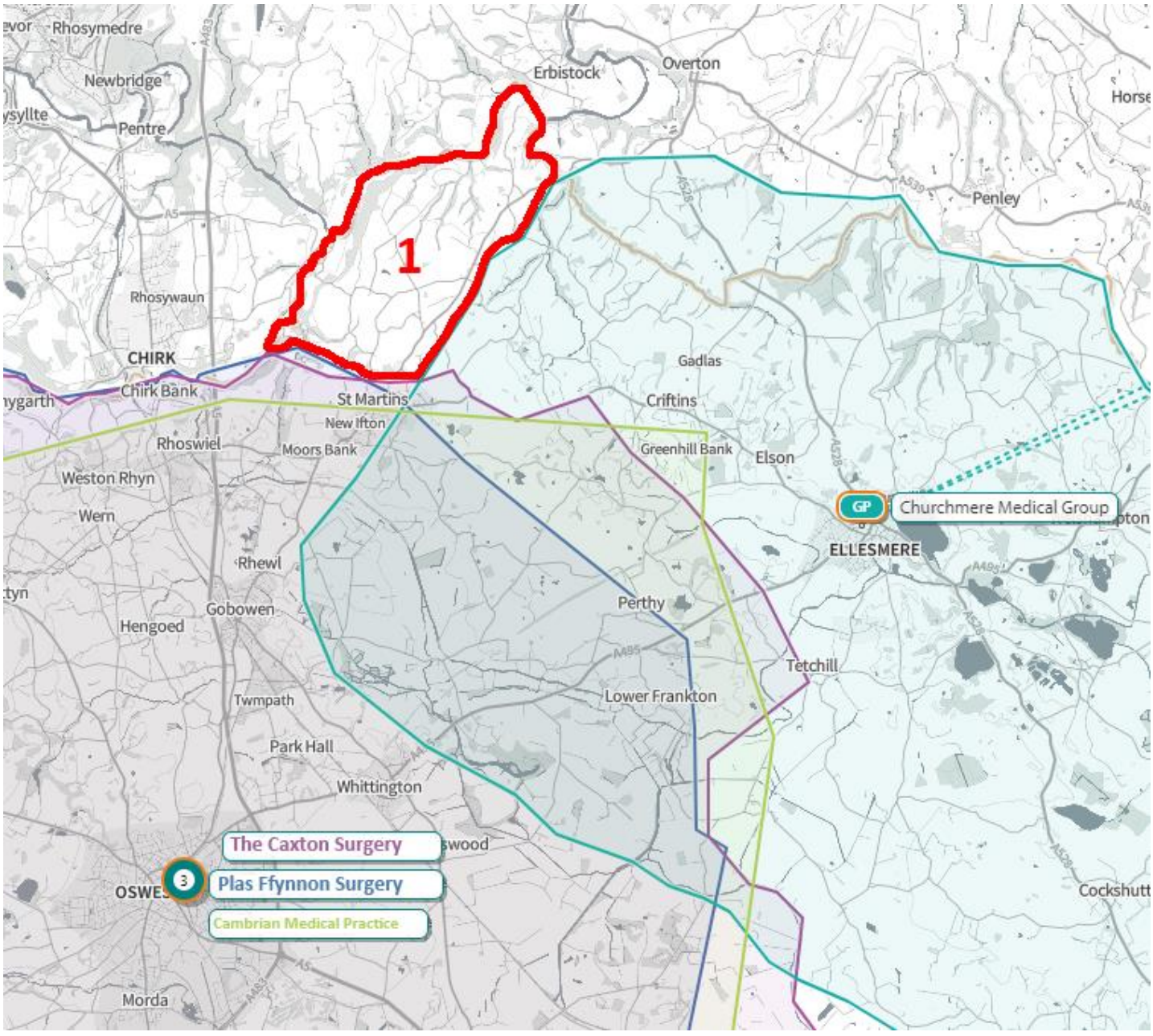
Signed by [insert name] _____

Date _____

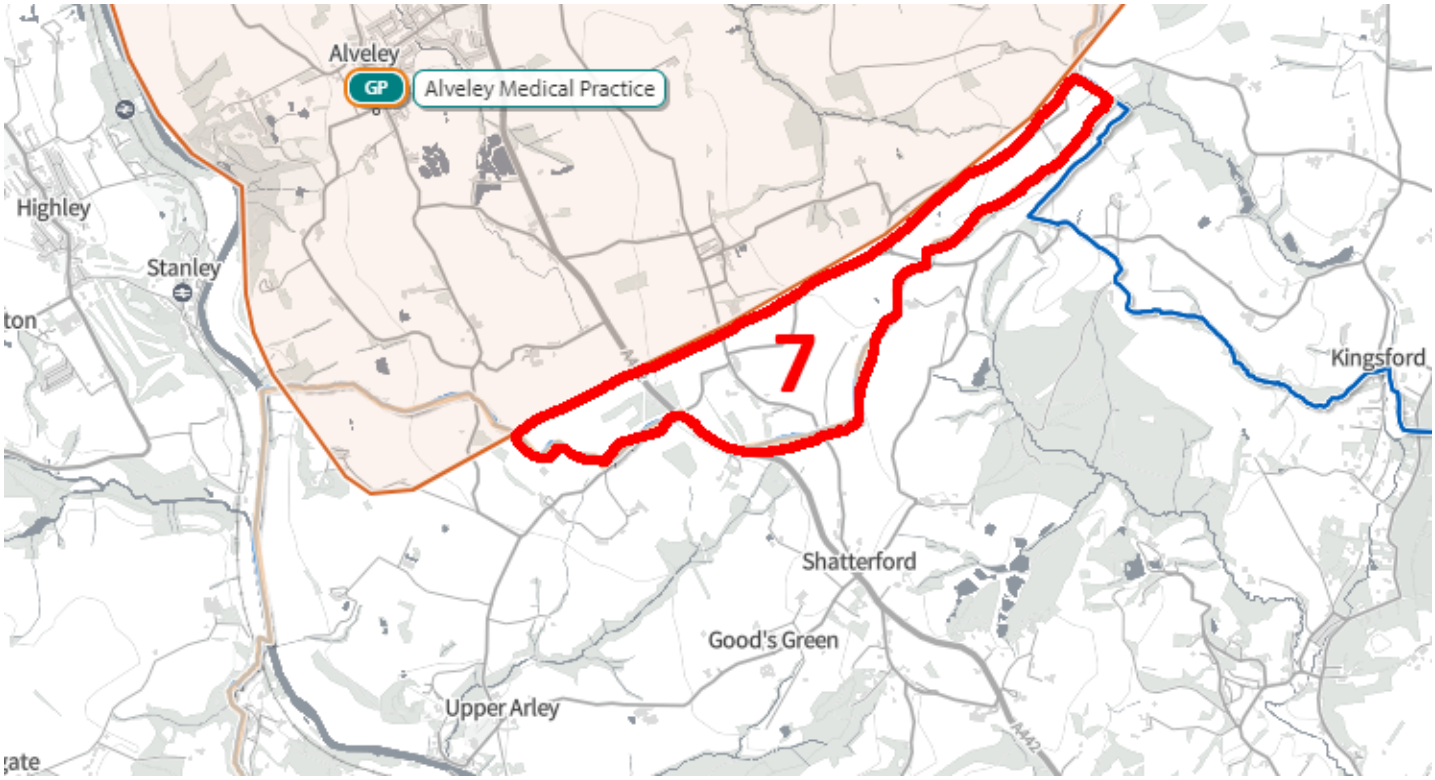
[All persons who constitute the contractor must sign this notice. Please add further signatures lines as necessary]

Please note that this application does not impose any obligation on the Commissioner to agree to this application.

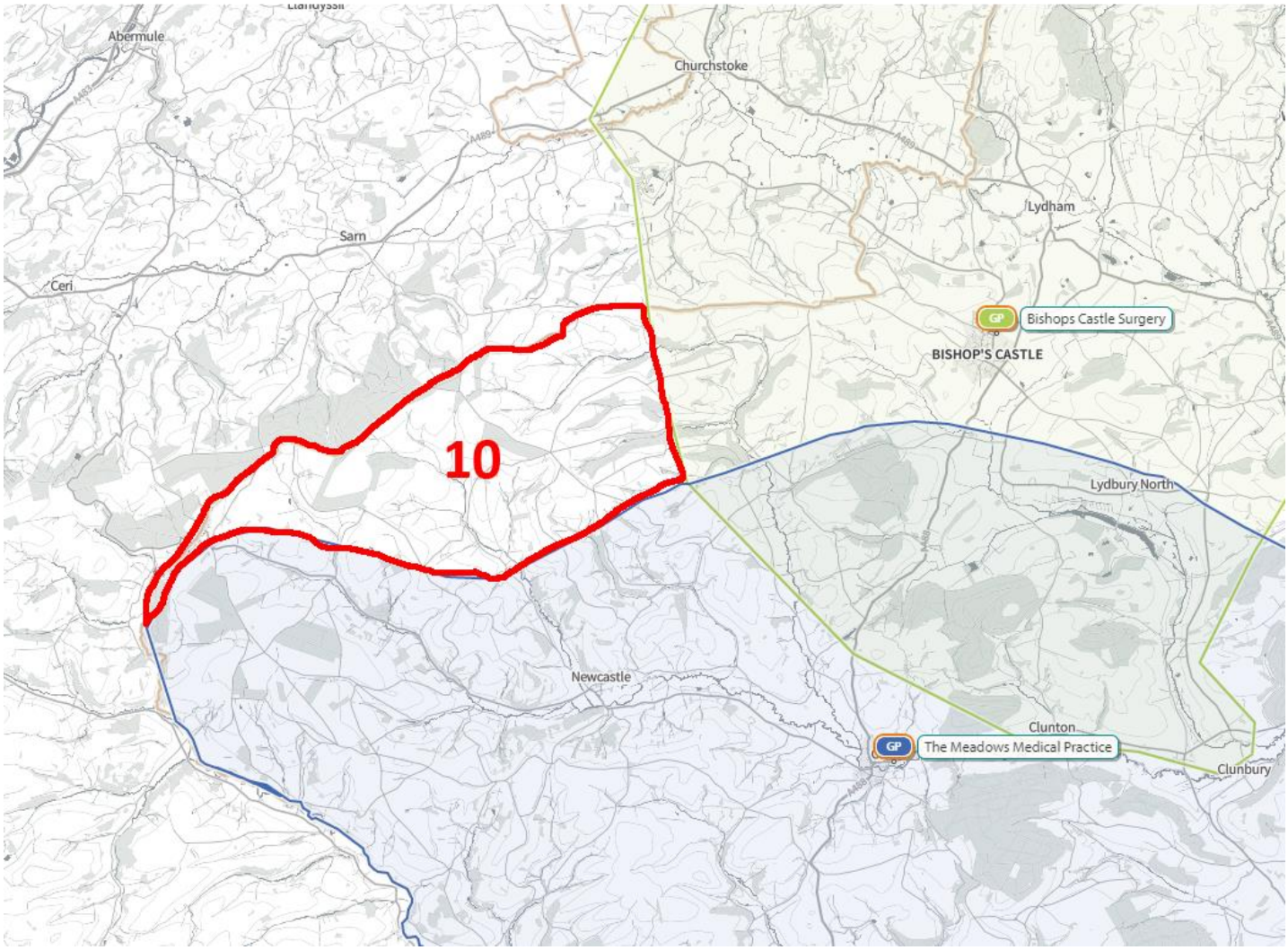
Map area 1. (Cambrian to extend)



Map area 7. (Alveley agreed to extend)



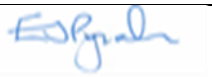
Map area 10. (The Meadows agreed to extend)



Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Primary Care Commissioning Committee 7th October 2022

Agenda item no.	**PCCC 22-10.20**
Meeting date:	**7th October 2022**
Paper title	**Shrewsbury Health and Wellbeing Hub (SHWBH) Development – progress update**
Paper presented by:	**Emma Pyrah**
Paper approved by:	**Emma Pyrah**
Paper prepared by:	**Emma Pyrah**
Signature:	
Committee/Advisory Group paper previously presented:	

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

1. Executive summary and points for discussion

Background

SHWBH is part of the NHS Cavell Programme which are in-community health and wellbeing buildings, offering a range of joined-up health and social care services, closer to home. The Centres form part of a national estates programme and are designed around a core primary care offering. They will promote the colocation of community services, outpatients, diagnostics and other NHS health services, in addition to third sector and Local Authority services (for example, social care and housing support), helping to support the wider determinants of health.

Shropshire, Telford and Wrekin CCG have received approval from NHSE/I to develop a business case for a Health and Wellbeing Hub in Shrewsbury - one of six pilots within England. The ICB has selected Shrewsbury as the target area for the Hub and in particular the southern area. The project is system led and the building will be owned by the system. If our Final Business Case is approved by NHSEI in October 2023 this development will bring significant additional capital investment to the county.

Current status of the project

The programme launched in May 2021 and is currently in Phase 1 Preferred Option/ Outline Business Case development which was due for completion September 2022.

The ICB has received NSHEI funding for the necessary enabling work to get develop the Outline Business Case and Full Business Case.

6 practices have confirmed they wish to relocate to the hub. These are Claremont Bank, South Hermitage, Marden, Marysville, The Beeches and Belvidere.

Mytton Oak and Radbrook practices have decided not to relocate to the hub but have the option to deliver extended services from the hub if required.

Archus (business case writers) have completed the first draft of the Outline Business Case. This work is now paused awaiting the outcome of the site options appraisal.

The architects have completed the phase 2 design work. This is now paused awaiting the outcome of the site options appraisal.

The building will be ICB owned which will release the practice Partners from the financial liabilities of building ownership/lease making general practice as a career a more attractive option and will also free up GP time for clinical work rather than running a building.

This development has in recent months been the subject of town councillor/public concerns. This has been particularly heightened since the announcement of the preferred site at Oteley Road. It has understandably caused public concern about accessibility in general but specifically in relation to public transport. At the end of August it was announced that the project team and the council would work together to identify if there are any other suitable alternative site options. This work commenced on 12th September and is estimated to take 6-8 weeks.

The revisiting of site options will delay the programme timeline as the outline business case cannot be completed until the preferred site has been confirmed. It will also delay the timeline for the commencement of the planned formal consultation as the travel impact assessment required for the Integrated Impact Assessment cannot be undertaken until the site is known. The project team will aim to complete the alternative site options appraisal as by the end of October and will ensure that there is open and transparent information sharing with stakeholders in relation to the appraisal process and decision making through the Stakeholder Reference Group which includes councillors.

A preferred high level future service model was presented to Project Board in August 2022. This has been developed through significant provider stakeholder engagement, including structured interviews and 3 facilitated workshops over May/June 2022, to determine the type of services and clinical pathways to co-locate with the 6 GP practices. This work has been informed by what the public told us was important to them in the public engagement activities. There are more expressions of interest for service inclusion than there is physical space available to accommodate. The Project Board agreed that any decision about service configuration and inclusion/exclusion needs to be informed by public engagement and consultation and therefore the formal consultation will be used to seek feedback from the public on what is important to them to help inform final decision making on the final service configuration to go forward to Full Business Case stage.

A stakeholder reference group consisting of councillors, practice managers, patient participation group members has been set up which will have a core role in receiving the outcomes of the options appraisal process. The reference group had its first briefing meeting in August to confirm purpose and terms of reference.

Next Steps

4th October – Town Council Extraordinary Public Meeting – Project Team to attend with Shropshire Council to respond to public concerns and answer questions.

6th October – Stakeholder Reference Group – project team to talk through the process and detailed outcome of the options appraisal which has resulted in the Hub being the only viable option.

20th October – Stakeholder Reference Group – project team to provide an update on the site options appraisal.

17th November – Stakeholder Reference Group – project team to talk through the process and detailed outcome of the site options appraisal

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

Improving safety and quality	x
Integrating services at place and neighbourhood level	x
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	x
Workforce	x

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the contents of the 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

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	Improves patient choice through wider service offer
Quality and Safety	Improves GP access through improved recruitment and retention
Equality, Diversity, and Inclusion	Will be determined as part of IIA
Finances and Use of Resources	NHSE capital funding available subject to approval of business case. Revenue consequences will need to be picked up by ICB. Building will be owned by the ICB

Regulation and Legal Requirements	No implications
Conflicts of Interest	No implications
Data Protection	No implications
Transformation and Innovation	Provides opportunities for increase use of digital/technology solutions.
Environmental and Climate Change	Building is designed to be Carbon Neutral and environmentally sustainable (Passivhaus design)
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	Comms and engagement plan in place

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

PRIMARY CARE COMMISSIONING COMMITTEE – OCTOBER 2022

Agenda item no.	**PCCC 22-10.21**
Meeting date:	**7th October 2022**
Paper title	**Primary Care Network Enhanced Access.**
Paper presented by:	**Bernadette Williams**
Paper approved by:	**Emma Pyrah, Associate Director of Primary Care**
Paper prepared by:	**Bernadette Williams – Primary Care Lead Contracting**
Signature:	**B Williams**
Committee/Advisory Group paper previously presented:	

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

1. Executive summary and points for discussion

The purpose of this report is to provide the committee with information on the Primary Care Network (PCN) Enhanced Access service and to advise on the process used for the approval of the PCN enhanced access plans.

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	
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 the 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

N/A

5. Appendices

Appendix A – table 1 details the PCNs delivery modes.

Appendix B – the tables detail the current service provision and new EA provision capacity.

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	PCNs to provide a consistent service offer for all.
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	Service is funded from the finances
Regulation and Legal Requirements	No implications.
Conflicts of Interest	No implications.
Data Protection	No implications.
Transformation and Innovation	Combining two services into one
Environmental and Climate Change	No implications.
Future Decisions and Policy Making	No implications.
Citizen and Stakeholder Engagement	PCNs to engage with their populations.

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

1. Introduction

1.1 In March 2022, as part of the Primary Care Network Directed Enhanced Service (PCN DES, NHS England published the new model of Enhanced Access for General Practice. The new service brings together the existing extended hours (£1.44 per head) and the improved access service (£6 per head) and sets out to offer a more standardised consistent approach for patients across the country with Enhanced Access appointments available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays. This period of time is to be known as the 'network standard hours'.

1.2 It is important to note that this PCN service is not additionality in terms of appointment capacity in primary care. As mentioned in the previous paragraph it consolidates the 2 previously separate but similar service offers into one consistent service offer. It is not possible to directly calculate the difference in appointment capacity between the old systems and this new one as the currency used is different, The improved access service currency is x number of 15 minute appointments per thousand head of population, the PCN DES is 60 minutes of appointments /1000 head of population. Detailed in appendix 2.

1.3 In preparation for the delivery of the Enhanced Access service, PCNs have been working with Shropshire, Telford and Wrekin (STW) primary care colleagues to produce EA plans that meet the PCN DES contract specification and which are ready to operationalise from 1st October 2022. PCNs were required to submit their plans to the primary care team by the 31st July, and the plans signed off by commissioners by 31st August.

1.4 An Enhanced Access panel was established with representatives from primary care, Medical Director, Digital, Quality and communications and engagement to review the submitted plans. The LMC has been informed of the panel review process.

2. Background

2.1 The new Enhanced Access (EA) arrangements aim to remove variability across the country by putting in place a more standardised and better understood offer for patients. They will bring the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently into the offer and support PCNs to use the EA capacity for delivering routine services. There is an opportunity to develop an improved blend of appointment modes including taking advantage of a more digitally enabled offer, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services including, screening and vaccination.

2.2 PCNs are required to provide 60 minutes per 1,000 PCN adjusted population, across their PCN and within that time there are a range of primary

care appointments provided by the PCN's multidisciplinary team. The majority of these appointments are planned to be delivered within the' network standard hours', however appointments can be delivered during core contract hours and outside of network standard hours to make sensible shift patterns as well as being in line with patient feedback. In addition, within the resource, some PCNs are planning to provide additional hours beyond that of the core contract and network standard hours. It should be noted that for some PCNs this change means that a previously provided Sunday service will cease and those appointments provided within the PCN DES core hours.

2.3 Specific requirements that PCNs have to deliver within their EA service plans are:

- A mixture of in-person face to face and remote (telephone, video or online) appointments
- Delivered by a multi-disciplinary team of healthcare professionals.
- Same day or pre-booked appointments to be offered.
- Any unused appointments to be made available on the day for use by NHS111.
- PCNs need to agree with the commissioner the blend of appointment types which would best meet the needs of their patient population and they should be able to show how recent engagement has informed their proposals.
- PCNs must ensure appropriate senior clinical cover and supervision are always in place for the multi-disciplinary team.

2.4 The mode of patient appointment can include the following:

- GP face to face, telephone and online.
- Advanced Nurse Practitioner routine and same day appointments.
- ARRS role, e.g. clinical pharmacist, physiotherapy.
- Cervical screening
- Contraceptive services
- Immunisation services
- General nursing services
- Phlebotomy
- Chronic disease management clinics
- Health checks, including carer health checks

2.5 Patient engagement is a key aspect within Enhanced Access. PCNs are required to engage with their population to develop their EA plans through surveys, reports, posters, texts and Patient Participation Group consultation. Communication with patients about the new service will be key to enable patients' understanding of the options of care available to them.

2.6 The submitted plans include a range of models including a single PCN working to provide all the additional appointments themselves and a rotating hub delivery model. GP IT interoperability is an important element to ensure the plans can be enacted and the Primary Care Team are supporting PCNs

with funding for the Digital aspect for the first year, after which the PCNs will fund. Six PCNs will be using the new EMIS PCN clinical services module, the other two will have workarounds to meet the digital requirements. ICB colleagues have supported PCNs ranging from simple conversations to acquiring external resource to assist with clinical system set up and data sharing agreements.

2.7 The role of the commissioner within EA includes supporting the development of EA plans; assure and sign off the plans. The EA panel reviewed the 8 PCNs plans during August 2022. Some required further work but ultimately all were approved. The ICB has submitted the relevant returns to NHS E

2.8 The roll out of EA within Primary Care is a requirement of the Network Contract. If there is a GP practice not within a PCN, it is the commissioner's responsibility to provide an EA service for the population of that practice. There are currently three practices in STW who are not within a PCN. The patients of 2 of these practices will be covered by PCN subcontracting arrangements. It has not been possible to find a sub-contracting arrangement for Charlton Medical Practice and therefore Charlton will provide their own EA but at a reduced number of hours (not a Saturday service). This is not a satisfactory arrangement for Charlton's patients but the primary care team has exhausted every possible option with neighbouring PCNs. As reported previously Charlton Medical Practice want to join a PCN but no PCN will agree to take them in.

3. Resource / finance implications

The resource for the Enhanced Access service is ring-fenced from NHS E.

Appendices
Primary Care Commissioning Committee should be aware of the following supporting information

Appendix A

Table 1

PCN name	Plan approved in full (meets all contractual requirements)	Plan covers all Network Standard Hours (weekdays 6.30pm - 8pm, Saturday 9am – 5pm)	Model of delivery	Appointment type being offered	Outside of Network Standard Hours
Newport & Central	✓	✓	Practice/PCN model	F2F, T/V, R, O	7am – 8am
North Shropshire	✓	✓	Practice/PCN model	F2F, T/V, R, O	
Shrewsbury	✓	✓	Practice/PCN model	F2F, T/V, R, O	7am – 8am Sunday mornings 8.30am – 12.30pm
South East Shropshire	✓	✓	Practice/PCN model	F2F, T/V, R, O	
South East Telford	✓	✓	Practice/PCN model	F2F, T/V, R, O	
South West Shropshire	✓	✓	Practice/PCN model	F2F, T/V, R, O	
Teldoc	✓	✓	Practice/PCN model	F2F, T/V, R, O	
Wrekin	✓	✓	Practice/PCN model	F2F, T/V, R, O	Alternate Sundays

Appointment type key	
Face to Face	F2F
Telephone / Video	T / V
Remote	R
Online	O

Appendix B

Table2

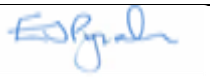
Current services up to 30/09/2022		Number of Hours
GPFV commissioned (calculated on ONS population)	30 mins per 1,000 population	243
DES Extended Hours (calculated on PCN population)	30 mins per 1,000 population	248
TOTAL		**491**
Potential number of appointments based on 15 min appts = 1,961		

Table 3

New Enhanced Access service from 01/10/2022		Number of Hours
EA (calculated on PCN adjusted population)	60 mins per 1,000 population	499 **514**
****Potential number of appointments based on 15 min appts = 2,056**		

**The new EA service doesn't specify an appointment duration. PCNs will be offering core services during the EA times therefore a coil fitting/removal appt could be 30 mins, a telephone call could be 5 mins.

PRIMARY CARE COMMISSIONING COMMITTEE – OCTOBER 2022

Agenda item no.	**PCCC 22-10.23**
Meeting date:	**7th October 2022**
Paper title	**Primary Care Winter Planning/Investment**
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**
Signature:	
Committee/Advisory Group paper previously presented:	**First presentation**

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

Previous considerations:	

1. Executive summary and points for discussion

The purpose of this report is to provide the committee with information on national and local requirements on primary care for winter planning and any associated funding streams.

There are both national and local sources of funding available to support winter. The details are set out in this report.

Plans are in development and the committee will be provided with further updates on progress at future meetings.

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

Improving safety and quality	x
Integrating services at place and neighbourhood level	x
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	x
Enhanced engagement and accountability	x
Creating system sustainability	x
Workforce	x

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:
Note the contents of the report and request a progress update at the next meeting.

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

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	Improve access to primary care
Quality and Safety	More robust and integrated services
Equality, Diversity, and Inclusion	Improve access to primary care
Finances and Use of Resources	Additional/repurposed funding
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	Integration of primary care
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 Winter Plans and Funding 2022/23

1. Purpose of the Report

The purpose of this report is to provide the committee with information on national and local requirements for primary care for winter planning and any associated funding streams.

There are currently 2 streams of winter monies available to primary care:-

2. ICS winter monies

A system-wide bidding process was employed again this year with providers submitting bids against a set of criteria which had to be met in order for the bid to proceed to system evaluation panel. Primary care submitted a bid for £440k for additional winter primary care appointment capacity by the deadline of 15 July 2022. This is the same funding level that was made available to primary care by the system last winter. The primary care bid proposal was developed with and approved by PCN CDs.

The evaluation panel considered 32 proposals received using the agreed evaluation process. Due to the high number of proposals that far exceeded the available budget the evaluation panel had to make decisions on which proposals would be fully funded, which proposals could be offered partial funding and which would not be able to be funded via this route.

On 16th September the ICB Planning Department confirmed that the Urgent Care Board had accepted the evaluation panel recommendation to partially fund the primary care proposal to the value of £216,271. Their rationale for this partial funding being analysis of the winter scheme last year indicated the following:

- Some practices had poor utilisation
- Utilisation decreased for most practices in March
- Only some practices showed improvements in low acuity ED/MIU/UTC attendances

The panel agreed to provide partial funding with the caveat that the funding is targeted to practices who will have the greatest impact over winter. The letter indicated that a member of the Urgent Care Team would be in touch to complete the next steps in the process including the criteria for how the practices would be targeted. At the time of writing this report no such contact has been made despite repeated requests. Given the need to mobilise the spending of this money, the primary care team are identifying particular practices to target to receive the funding and begin those discussions to develop individual plans.

Clearly this is not an ideal situation as the better performing practices will not receive any of this funding and feel they are being penalised.

3. National winter monies

Until 28th September 2022, there had been no indication from NHSE that there would be additional funding for primary care in support of winter pressures this year. Last year this system received £2.2m national funding under the Winter Access Fund (WAF) although we were only able to mobilise initiatives to the value of £1.4m. On 28th September 2022 all systems received a letter from NHSE *'Supporting general practice, primary care networks and their teams through winter and beyond'*.

This letter confirms NHS England commitment to take action to boost capacity ahead of winter. This includes the scaling up of additional roles in primary care, increasing the

flexibility for primary care networks (PCNs) to do this, and taking further action to support general practice.

The letter contains a set of actions to support both practical, rapid improvements for practices, as well as help the NHS move closer to its vision for integrated primary care as set out in Dr Claire Fuller's Next Steps for Integrating Primary Care report. The key actions are:-

3.1 **Completion of ICB framework for supporting general practice**
The purpose of this framework is to support integrated care boards (ICBs) and practices/ PCNs to determine where investment can be best targeted to enable rapid improvement in patient and staff experience in general practice, and to ensure that existing good practice is identified so that it can be built on and shared across the system.

The first part of the framework is to be completed by ICS teams and be used to inform scoping for how any additional capital funding which may be available later in the year for primary care could be used, as described below, and to help identify how other resources (eg System Development Fund (SDF) should be targeted.

The second part of the framework covers areas where support may be needed to help improve patient access and staff experience over the longer term, with the aim of building an ongoing quality improvement support process within primary care, supported by ongoing SDF or other transformation funding.

ICBs are not required to submit the detail on any specific practice or PCN to NHS England. ICBs will collect thematic feedback which will be used to inform NHS England policy, procurement of resources and development of ongoing solutions to help primary care.

3.2 Additional capital requirements
Identify where additional capital – should it be made available via ICBs later in the year, alongside usual revenue funds (system development funding [SDF]) – could be used to make a difference to primary care delivery and resilience over winter.

3.3 Immediate changes to the Network Contract DES
Following on from lessons learned through last winter and the pandemic to support practice capacity and PCN development, the following changes are being made:

- Further flexibilities in ARRS and the addition of 2 new roles
- Retiring or deferring to 2023/24 four investment and impact fund (IIF) indicators, and repurposing this funding under a direct monthly payment to PCNs for the purchase of additional clinical services or workforce to increase access to core services this winter.
- Changing the thresholds on 2 IIF indicators to make them easier to achieve

3.4 Reducing bureaucracy and primary/secondary care interface
The Department of Health and Social Care (DHSC) and NHS England have worked to jointly identify areas to reduce workload in primary care. On 23 August 2022, DHSC published the Bureaucracy Busting Concordat, with seven principles to reduce unnecessary burdens on general practice. They now plan to go further. The Academy of Medical Royal Colleges (AoMRC) has been commissioned to identify actionable insights during the next three months where closer clinical collaboration at the interface would have most impact in managing upcoming winter pressures and beyond.

3.5 Next steps locally

The Primary Care Team are currently working up a plan to complete the framework with PCNs and practices over the coming weeks. This will inevitably be some form of survey but in order to reduce the burden on primary care, it will ask for them only to fill in as much information as they are able and the primary care team will make the offer of a structured telephone/in person interview rather than the practices/PCN having to fill the survey in themselves online.

3.6 National sources of funding

As mentioned previously, funding to support PCNs to increase winter capacity and improve access will be through the repurposing of some IIF indicator monies to a direct monthly payment made to PCNs.

The letter above refers to the ICB Framework as a source of intelligence to inform decisions on where to target the System Development Funding (SDF).

NHSE Primary Care Group provides Primary Care SDF to health systems each year under the Long Term Plan. Systems are being encouraged to use Primary Care SDF to build an expanded and resilient workforce supported by an underpinning coordinated approach to Primary Care improvement and development. SDF is grouped into two overall themes – Transformation (which includes digital transformation) and Workforce. The overall intention is to ultimately improve peoples' access, experience, and outcomes in Primary Care.

Dr Clare Fuller's report published in May 2022 'Next Steps for Integrating Primary Care' sets out ambitious commitments to support primary care by taking a system-led approach to drive improvements and an ambition to develop Integrated Neighbourhood Teams (INTs) that move beyond PCNs as a fundamental building block of an ICS. Delivery of this ambition will require primary care leadership, support, and system-led investment in transformation capacity.

The Primary Care SDF guidance indicates that ICSs should support general practice and PCNs to:

1. understand the type and intensity of support needs of their general practices and distribute resource to where it is needed most
2. retain and expand staff capacity (e.g. making full use of ARRS roles and supporting retention of existing staff)
3. strengthen staff skills and capability to lead change, and build high performing teams
4. improve ways of working that support timely access for patients and carers to Primary Care – particularly by enabling:
5. effective matching of demand and capacity,
6. provision of inclusive and equitable access routes,
7. effective use of digital tools and use of triage and navigation processes to route people to the right person or service (including community pharmacy or self-referral options)
8. improved continuity for those people where it would be most beneficial,
9. improvements in operational efficiency,
10. reduced unwarranted variation and spread good practice (e.g. through accessing and analysing relevant data taking a population health management approach)
11. support for integrated working at neighbourhood and place level (e.g. establishing hubs, enhanced access provision)

Understanding different practice needs, challenges and contexts will be fundamental to providing support. Practices and PCNs will require a diverse range of support such as organisational development (OD), quality improvement (QI), analytics, digital, service design etc. ICSs will need to create the right conditions and culture for change, including creating time for practices to participate in improvement activities.

It is a requirement that throughout the design of all Primary Care SDF spending, there should be strong engagement with PCNs and practices as partners in the ICS. The aim is to agree the best use of funds and how improvement support can be best delivered - aiming for full spend of 2022/23 funding by Q4. This should include investing in organisational development of PCNs to enable their active participation in wider ICS planning and improvement activity.

Confirmation of our allocations for 2022/23 has only been received in September 2022. Our SDF allocations this year are:-

Scheme/Programme	22-23 Funding	Are there plans in place for this funding?
1. GP Transformation Support/Primary Care Network Development including digital	Share of £674,000	No, will be informed by ICB framework completion and the outcome of the work commissioned from the Kings Fund (using 21/22 monies) to work with each PCN to develop a PCN development plan
2. Practice Resilience	£69,000	No, last year we allocated it on a fair shares basis and practices determined what they would use it on.
3. Additional Roles Reimbursement Scheme	£8,809,000 (max)	Yes, all PCNs have submitted a plan and are recruiting. Aim is for 200 ARRS in post by the end of March 2023. These plans utilise only 80% of the maximum allocation.
4. GP/GPN Fellowships	£372,000	Yes
5. Supporting Mentors	£73,000	Yes
6. Local GP Retention	£104,000	Yes, informed by the GP Strategy
7. Flexible Staff Pools	£120,000	Yes, continuation of contract with Lantum online booking system
8. Training Hubs	£104,000	In progress
9. New to Partnership	Held centrally	Not applicable
10. International GP recruitment	Held centrally	Not applicable

Recommendation

The Committee are recommended to note the contents of this report and request a progress update on the development of the plans at the next meeting.

Classification: Official

Publication reference: PR1998

To:
- GP practices
- Primary care network leads

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26 September 2022

Dear Colleagues,

Supporting general practice, primary care networks and their teams through winter and beyond

To support the NHS during this period of sustained significant pressure, NHS England has taken action to boost capacity ahead of winter. Recognising the fundamental importance of primary care in underpinning NHS services, a critical part of this plan is to increase capacity outside of acute trusts, which includes the scaling up of additional roles in primary care, increasing the flexibility for primary care networks (PCNs) to do this, and taking further action to support general practice.

To enable this, we are taking several steps over the next few weeks to support the expansion of general practice capacity and reduce both workload and administrative burden. The measures will help general practice focus on access pressures and facilitate system collaboration, working with local providers to manage urgent demand and help address workload challenges.

These actions, listed below, will support both practical, rapid improvements for practices, as well as help the NHS move closer to our vision for integrated primary care. Dr Claire Fuller's Next Steps for Integrating Primary Care outlines our ambition for driving towards integrated neighbourhood teams (INTs) that move beyond PCNs as a fundamental building block of an integrated care system (ICS).

1. An ICB framework for supporting general practice

This framework will support ICS teams to rapidly assess the needs of their practices/PCNs, building on local knowledge, and identify the practical and supportive interventions that would be most appropriate in the short term to boost resilience and patient access. ICBs should prioritise resources where they are most needed.

We are also seeking to identify where additional capital – should it be made available via ICBs later in the year, alongside usual revenue funds (system development funding [SDF]) – could be used to make a difference to primary care delivery and resilience over winter. The annexes to this letter set out this framework and give more detail on scoping for how any capital could be used.

2. Immediate changes to the Network Contract DES

Following on from lessons learned through last winter and the pandemic to support practice capacity and PCN development, the following changes are being made, which are set out in more detail in annex 4:

- Issuing a variation to the Network Contract DES to make several changes:
  - Introducing further flexibility into the Additional Roles Reimbursement Scheme (ARRS) [see annex 4 for full list] including the addition of a GP assistant role to help reduce administrative burden for GP teams, and a digital and transformation lead role to support patients and practice teams to optimise digital tools and embed transformation.
  - Retiring or deferring to 2023/24 four investment and impact fund (IIF) indicators, worth £37m, and allocating this funding to PCNs via a monthly PCN capacity and access support payment, for the purchase of additional clinical services or workforce to increase access to core services this winter.
  - Reducing the thresholds of two IIF indicators and changing the definition of a further two IIF indicators to make them easier to achieve.
  - Removing the personalised care requirement for all clinical staff to undertake the Personalised Care Institute's e-learning refresher training for shared decision making (SDM) conversations.
  - Making changes to the anticipatory care requirements to support PCN capacity over the winter, and to reflect the revised national approach of phased implementation of this model of care from April 2023.

In line with the recommendations of Dr Fuller's stocktake report, NHS England is committed to supporting the long-term development of neighbourhood multi-disciplinary teams in primary care. Staff recruited via the ARRS are central to this ambition.

In 2020, NHS England advised that ARRS-recruited staff will be treated as part of the core general practice cost base beyond 2023/24 (Update to the GP Contract Agreement 2020/21-2023/24 para 1.20), and so permanent contracts where appropriate could be

offered by PCN employers. We encourage PCNs to continue to recruit, making full use of their ARRS entitlement to improve access to care and support for patients, with the knowledge that support for these staff will continue.

3. Reducing bureaucracy and primary/secondary care interface

As part of the public commitment made in *Update to the GP Contract Agreement,* the Department of Health and Social Care (DHSC) and NHS England have worked to jointly identify areas to reduce workload in primary care. On 23 August 2022, DHSC published the Bureaucracy Busting Concordat, with seven principles to reduce unnecessary burdens on general practice.

We now plan to go further. The Academy of Medical Royal Colleges (AoMRC) has been commissioned to identify actionable insights during the next three months where closer clinical collaboration at the interface would have most impact in managing upcoming winter pressures and beyond. There are already tools and support available to help systems, including:

- A briefing document for clinicians and managers on why managing the primary / secondary care interface is important.
- A practical toolkit with practical steps that ICSs can take to improve this interface.
- Supporting principles for effective professional behaviours and communications principles for working across the interface.

DHSC and NHS England will continue to engage with stakeholders to assess impact on GP teams' workload burden.

The measures outlined above represent the beginning of a longer journey to support transformation of place-based primary and community care services into integrated neighbourhood teams, while providing a supportive environment to practices and alleviating some capacity pressures to make a tangible difference to patients.

Yours sincerely,

Dr Amanda Doyle OBE MRCGP
National Director, Primary Care and Community Services

The annexes attached to this letter sets out the detail of these different initiatives and the requirements from systems, PCNs and practices to access the support being made available.

- Annex 1 – ICB framework for supporting general practice
- Annex 2 – SDF for primary care
- Annex 3 – Scoping for use of any additional capital funding for primary care
- Annex 4 – Further support for general practice and PCNs during winter 22/23

Annex 1 – ICB framework for supporting general practice

The purpose of this framework is to support integrated care boards (ICBs) and practices/ PCNs to determine where investment can be best targeted to enable rapid improvement in patient and staff experience in general practice, and to ensure that existing good practice is identified so that it can be built on and shared across the system.

Many ICBs will already have some local intelligence and data on the points covered and can use this existing knowledge to complete the framework.

The first part of the framework should be completed by ICS teams and will be used to inform scoping for how any additional capital funding which may be available later in the year for primary care could be used, as described below, and to help identify how other resources (eg SDF) should be targeted. ICS teams are encouraged to return submissions for possible areas of use for capital funding as soon as possible, and by 21 October at the latest.

Completion of this framework should also feed into ICB submissions against the Board Assurance Framework[1] as outlined within the Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter publication.

The second part of the framework covers areas where support may be needed to help improve patient access and staff experience over the longer term, with the aim of building an ongoing quality improvement support process within primary care, supported by ongoing SDF or other transformation funding.

Please note: ICBs will not be required to submit the detail on any specific practice or PCN to NHS England. ICBs will collect thematic feedback which will be used to inform

[1] assurance-framework.xlsx (live.com) Aligning Demand and Capacity 1.6 Primary Care

NHS England policy, procurement of resources and development of ongoing solutions to help primary care.

ICB framework: conversation between ICS teams and practice/PCN

Potential key lines of enquiry for ICS to assess where immediate investment and support may be required **Section 1**
i. Patient contact
• Is cloud-based telephony in place, over what proportion of your practices, for how long, and what functionality do you have? (To note, this data collection will support the development of a national framework for cloud-based telephony for general practice).
ii. Use of data for improvement
• What, if any, business intelligence (BI) tool(s) do your practices use? • How many practices have no access to a BI tool? • How do they use it to understand demand, activity and capacity?
iii. Operational efficiency
• What business functions have practices automated, if any? eg document workflow, certain pathology results, vaccine recall systems
iv. Clinical and administrative workspace
• Do your PCNs have the estates/facilities to optimise use of clinical/admin teams? • If not, what are the expected costs and realistic timelines – including business case approvals, procurement and building works completion – to resolve identified estates/facilities challenges
v. Enhanced access
• Have the PCNs' plans been signed off to deliver a minimum of 60 minutes of appointments per 1,000 PCN adjusted populations per week during the network standard hours? • Do your PCNs have interoperability capability to work as a PCN/enable EA? – If yes – are there any plans to support other hub type working eg respiratory winter hubs? – If no, interoperability of IT systems then escalates via return to regional team to consider support for capital / other funding.

Equipment

- Do general practice staff have sufficient equipment to carry out their roles effectively? (eg laptops, screens, headsets, webcams, phones, etc)
- Do PCN/ARRS staff have sufficient equipment to carry out their roles effectively?

General

- Have your PCNs implemented any other interventions to manage workload, optimise clinical capacity or improve patient access in general practice?
- If so, what were they and have you measured/quantified the improvement? eg establishing PCN hubs

Section 2: Support areas

i. Patient contact

- How is cloud based telephony being used to improve patient access, and how is good practice shared?

ii. Patient communication

- How does the ICS support practices to ensure patients can easily find and understand accessing the following on practice websites: (see checklist for 'highly usable websites' outlined in the Creating a highly usable and accessible GP website for patients' guidance)
  - The online consultation system
  - Opening times
  - Phone number for the practice
  - Self-care information and community pharmacy options
  - Online services via the NHS App or other similar service eg repeat prescriptions

iii. Use of data for improvement

- How does the data on use of 111 services during 8-6.30pm compare (using calls per 1000 patients) when benchmarked to local practices?

iv. Operational efficiency

- How does the ICS support spread and adoption of automation of business functions?
- How does the ICS support the sharing of good practice and the impact of automation?
- Does the ICS plan to support further automation of practice functions?

v. Appointment allocation

- Do practices have effective systems in place for care navigation?
- What support does the ICS provide to monitor and support this to ensure it is safe and effective (eg training)?
- How many practices and PCNs use a system of clinical triage for appointment requests?
- What ARRS staff are in place across PCNs?
- How could the ICS support PCNs to ensure ARRS roles are working as effectively as they could to help meet demand?
- Where there is a High Intensity User scheme locally in ED, consider where a PCN could utilise a SPLW (social prescribing link worker(s)) or Care coordinator(s) recruited through the ARRS scheme to support.

BP@Home and LTC remote monitoring

- Are PCNs able to make effective use of BP@Home/LTC remote monitoring to support patients to manage their blood pressure?
- Awareness of community pharmacy BP checks and promotion for patients?
- What support is required to make good use of this service?
- What improvements have been delivered as a result of BP@Home or LTC remote monitoring?

vi. Clinical and other capacity

- What are the vacancy levels across clinical/admin teams?
- How many of these have been open for more than two months?
- What strategies does the ICS team have in place to support workforce challenges?

Annex 2 – System development funding for primary care

The primary care SDF enables systems to continue to deliver critical primary care transformation and workforce projects that will strengthen services and deliver improvements. The funding should also be utilised to support the programmes of work identified via the framework process outlined in annex 1.

ICSs should prioritise resources where they are most needed. For example, practices/PCNs working in the most deprived areas, in areas with the highest health inequalities or with the most serious recruitment challenges.

Along with using SDF funding to support framework plan implementation, ICSs should support general practice and PCNs to continue with existing work-plans that:

a. identify the type and intensity of support needs of their general practices and distribute resource to where it is needed most

b. retain and expand staff capacity (eg making full use of ARRS roles and supporting retention of existing staff)

c. strengthen staff skills and capability to lead change and build high performing teams.

Full details of the Primary Care SDF can be found here

Annex 3 – scoping for any additional capital funding for primary care during 22/23

We are interested in urgently scoping where any additional capital investment in primary care would make a difference to front-line service delivery and support resilience over winter and beyond.

We have listed below some initial ideas around investment on areas/tools that would deliver change most quickly and easily, with a view to improving the experience of both patients and staff. Work to date and feedback from ICS and practice teams suggests that the following types of investment may be most valuable in the short term:

- Digital interoperability and other tools to support cross PCN working, including delivery of enhanced access services at PCN level.
- Rapid improvements in primary care estates, especially to support optimal use of ARRS roles eg creation of additional consulting rooms.
- Increasing use of automation of business/back office functions in general practice.

Collated returns of section 1 of the framework above and feedback from ICSs via regional teams will support the national team to identify where capital might be spent, should funding become available later in the year. For any identified areas for capital investment, systems will need to consider whether the revenue impact can be locally absorbed or be clear where that is not possible.

Annex 4 – Further support for general practice and PCNs during winter 22/23

Updates to the ARRS

1. Introduce a general practice assistant (GPA) role in the ARRS. The role will offer clinical and administrative support to GPs, freeing up clinical time to focus on patient care. The role will be subject to a maximum reimbursement equivalent of an Agenda for Change Band 4 level and the outline will be based on the HEE competency framework.

   PCNs can immediately start recruiting to the role, predominantly through trainee positions. Staff can be trained in-practice, with on-the-job training and development led by GPs, in line with the role outline. Trainee GPAs will also have the opportunity to complete HEE's structured, accredited training route, aligned to the competency framework, equipping them with formal certification of their learning.

2. Introduce a digital and transformation lead, to support increased access to care for patients, by supporting the adoption and/or optimisation of new technology and other initiatives to improve the care offer, and enabling PCN staff to work more effectively to support the sustainability of general practice services. The role will be capped at one per PCN and maximum reimbursement will be equivalent to an Agenda for Change band 8a. It will include delivery of a combination of the following responsibilities:

   a. Improve adoption and/or optimisation of new technology to enhance patient access and experience and increase PCN productivity

   b. Build relationships and facilitate collaboration between practices and the wider system to support the delivery of care to patients (including shared appointments between practices to aid delivery of enhanced access)

   c. Lead an improvement approach to change including building capability for quality improvement within the PCN and system wide approaches to problem solving

   d. Review and improve the PCN's digital maturity

   e. Use data, and improve data quality, to:

      i. understand demand, capacity and activity and drive improvements in:

         1. patient experience of access

2. operational efficiency including better matching capacity to need
3. staff experience at work.

ii. support population health management

iii. support understanding of the type and intensity of support/training needs of the PCN and coordinate this support, including through OD programmes

iv. facilitate clinically led innovation and the effective adoption of improvement initiatives, including integrated working at neighbourhood and/or place level to improve access to services for patients.

3. Increase the current cap on hiring advanced practitioners (APs) through the ARRS, from one per PCN to two (double for those with over 100,000 patients). APs are able to supervise members of the multidisciplinary team (MDT) and see undifferentiated patients, supporting workload reduction from GPs.

4. Reimburse training time for nursing associates to become registered nurses who work in general practice, enabling PCNs to develop their nursing workforce and providing a career path for nursing associates. For April 2023 onwards, we will also consider support for senior nurses within PCNs.

5. Increase the ARRS maximum reimbursement rates for 2022/23 to account for the Agenda for Change uplift.

6. Remove the minimum 0.5 FTE restriction on clinical pharmacists once they have completed their required 18-month training course or have been granted equivalence/exemption from the PCPEP pathway.

7. Contractually permit equivalent entry routes to PCPEP for clinical pharmacist role. This will formalise the exemptions that PCPEP apply to some clinical pharmacists who already have the requisite skills.

Updates to the PCN service specifications

8. Update the anticipatory care requirements to better reflect system-level work on anticipatory care. Replace the current specification with:
    a. 8.9.1. ICSs have responsibility to design and plan anticipatory care for their system, of which the following PCN requirements form a part.

b. 8.9.2. PCNs must contribute to ICS-led conversations on the local development and implementation of anticipatory care working with other providers with whom anticipatory care will be delivered jointly.

9. Remove the personalised care requirement for all clinical staff to undertake the Personalised Care Institute's 30-min e-learning refresher training for SDM conversations.

Updates to IIF incentives

10. Defer the following indicators to 2023/24:
    a. ACC-02: Number of online consultation submissions received by the PCN per registered patient.
    b. EHCH-06: Standardised number of emergency admissions on or after 1 October per care home resident aged >= 18.
    c. IIF ACC-08: Percentage of patients whose time from booking to appointment was two weeks or less.

11. Retire IIF ACC-05: By 31 March 2023, make use of GP Patient Survey results for practices in the PCN to (i) identify patient groups experiencing inequalities in their experience of access to general practice, and (ii) develop, publish and implement a plan to improve patient experience and access for these patient groups, taking into account demographic information including levels of deprivation.

12. In total, the above equals £37m of funding to be released to PCNs as a PCN Support Payment. The PCN Support Payment will be paid on a monthly basis and will be based on the PCN's Adjusted Population. In line with the reinvestment commitment relating to IIF earnings, the PCN capacity and access support payment must be used to purchase additional workforce and increase clinical capacity to support additional appointments and access for patients.

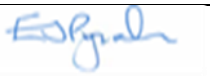
13. Amend the thresholds of the following indicators to better reflect operational realities:
    a. IIF CVD-02: Increase in percentage of registered patients on the QOF Hypertension Register: This indicator is closely linked to IIF CVD-01 which recognises PCNs for following up elevated blood pressure readings to confirm or exclude hypertension. Reduce the 22/23 thresholds to from 0.6/1.2 to 0.4/0.8 percentage point increase.
    b. IIF PC-01: Percentage of registered patients referred to a social prescribing service. Reduce 22/23 thresholds from 1.2%/1.6% to 0.8%/1.2%.

14. Amend the wording of the following IIF indicators based on feedback from the first half of the year to make them easier to achieve:

    a. CAN-01, which recognises PCNs for ensuring that lower gastrointestinal fast-track referrals for suspected cancer are accompanied by a faecal immunochemical test or FIT – change permissible time between FIT result and referral from seven to twenty-one days.

    b. CVD-04, which recognises PCNs for referring patients with high cholesterol for assessment for familial hypercholesterolaemia – expand list of success criteria to include diagnoses of secondary hypercholesterolaemia, genetic diagnoses of familial hypercholesterolaemia, and assessments for familial hypercholesterolaemia, in addition to referral for assessment for familial hypercholesterolaemia.

Primary Care Commissioning Committee – 7th October 2022

Agenda item no.	**PCCC 22-10.24**
Meeting date:	**Friday 7th October 2022**
Paper title	**GP Practice Patient Survey (GPPS)**
Paper presented by:	**Emma Pyrah, Associate Director of Primary Care**
Paper approved by:	**Emma Pyrah, Associate Director of Primary Care**
Paper prepared by:	**Alexandra Mace, Project Support Officer** **Rachel Rogers, Project Support Officer**
Signature:	
Committee/Advisory Group paper previously presented:	**Primary Care Operational Group (PCOG)** **Wednesday 14th September 2022**

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

Previous considerations:	**Primary Care Operational Group (PCOG) 14th September 2022**

1. Executive summary and points for discussion

The purpose of this report is to inform Primary Care Commissioning Committee (PCCC) of the results of the General Practice Patient Survey (GPPS) 2022.

Key issues or points to note:

- The report summarises the overall results of the survey for Shropshire, Telford & Wrekin Integrated Care System (ICS), compared against:-
    - 2021 results
    - 2022 national results
    - 2022 ICB results for the system.
    - results at both PCN and GP Practice level against the 2022 GPPS.
- Overall, GP Practices across Shropshire, Telford and Wrekin have scored equal to or above national averages, however, local results compared to the 2021 survey show a reduction on patient satisfaction against all criteria. The largest reduction in results relate to the front door of General Practice and patients ease of accessing the service. This compares to only a small reduction in satisfaction with the quality of patient experience during a consultation.
- Although overall average scores across the system are in line with or exceeded the national average, individual practice scores range widely in some areas.
- The Primary Care and Quality Teams will work with the GP Practices that scored below the national average on multiple domains of the GPPS or where scores are particularly

low in one or more domain. Practice level data will also be incorporated into the planning of future practice visits carried out by the Primary Care Team and will be an area of focus where required.

- Access to online services remains a key area for improvement. The Primary Care Team is working with NHSEI on an improvement programme in conjunction with relevant teams within the ICB.

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	X
Creating system sustainability	
Workforce	

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the 2022 GPPS results, in particular the very high scores achieved by the majority of practices against the challenges of the preceding 12 months.
- Agree to receive an update from the Primary Care Team at a later date on progress with those practices that scored lowest in this year's GPPS.
- Agree to receive updates from the Primary Care Team on work to support performance across specific domains e.g. online consultation, telephone access.

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 report provides assurance that although there are recognised challenges in some GP practices to restore access rates to pre-pandemic levels, patients are reporting average satisfaction levels for STW in line with or exceeding the national average.

5. Appendices

Appendix 1 – STW ICS Slide Pack.

Appendix 2 – PCN Results

Appendix 3 – GP Practice Results

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	Individual practice level scores for some practices in relation to some of the questions are low. This indicates that some STW patient populations have a poor patient experience particularly of accessing their practice
Quality and Safety	As above
Equality, Diversity, and Inclusion	As above
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:**	

NHS Shropshire, Telford and Wrekin
General Practice Patient Survey 2022

Background

- Ipsos MORI (on behalf of NHS England and Improvement) undertakes an annual, national GP Practice Patient Survey (GPPS) which provides data about patients' experiences at their GP Practice.

- The 2022 GP Patient Survey measured patients' experiences across a range of topics, including:
    - Overall experience
    - Your local GP services
    - Making an appointment
    - Your last appointment
    - Your health
    - When your GP practice is closed
    - NHS Dentistry
    - COVID-19
    - Some questions about you (including relevant protected characteristics and demographics)

- Minor changes were made to the questionnaire in 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them. This followed more substantial changes in 2021. The effect of the pandemic should be taken into account when looking at results over time.

ICS Slide Pack

- The ICS Slide Pack includes trend data beginning in 2020. Where questions have changed significantly for the 2022 questionnaire, data will not be comparable to previous years.

- The ICS Slide Pack this report is based on is included as **Appendix 1**. Further data can be viewed on the GP Patient Survey website[1] (at practice level, ICB level and national level).

[1] https://gp-patient.co.uk/surveysandreports

Survey Results

- The table below summarises the key information provided within the Appendices:

Question	2021 STW CCG Results	2021 to 2022 score variance	2022 STW ICB average score	2022 National average score	Range of PCN scores	No. of PCNs scoring < national average	Range of practice scores	No. of practices scoring < national average
Satisfaction with overall experience of GP practice rated "Good"	84%	-11%	73%	72%	56% - 89%	3	51% - 98%	16
Ease of getting through to GP practice on the telephone	69%	-17%	52%	53%	23% - 83%	5	5% - 100%	16
Helpfulness of receptionists at GP Practice	90%	-6%	84%	82%	73% - 93%	4	60% - 100%	13
Patients who had not accessed GP online services in the past 12 months*	65%	-9%	54%	45%	46% - 63%	n/a*	39% - 75%	10
Ease of practice website for finding information / accessing services	78%	-10%	68%	67%	48% - 85%	3	38% - 92%	19
Patients who were offered choice of appointment	69%	-9%	60%	59%	39% - 79%	2	35% - 97%	15
Patients were satisfied with appointment offered	82%	-8%	74%	72%	51% - 87%	2	43% - 99%	17
Overall experience of making an appointment	71%	-14%	57%	56%	32% - 80%	3	29% - 96%	15
Patients who were provided with a set appointment time	94%	-2%	92%	90%	86% - 97%	4	73% - 100%	9
Satisfaction with appointment times available	68%	-13%	55%	55%	30% - 73%	3	24% - 96%	26
Patients felt the healthcare professional gave them enough time during the appointment*	89%	-3%	85%	83%	72% - 93%	n/a*	68% - 99%	13
Patients felt they were listened to during their appointment*	90%	-4%	86%	85%	73% - 93%	n/a*	68% - 98%	14
Patients felt treated with care and concern*	89%	-4%	85%	83%	72% - 93%	n/a*	67% - 99%	13
Mental health needs recognised and understood*	87%	-6%	81%	81%	67% - 92%	n/a*	61% - 99%	13
Patients felt involved in decisions about their care and treatment*	93%	-2%	91%	90%	76% - 97%	n/a*	75% - 99%	8
Patients had confidence and trust in the healthcare professional*	96%	-1%	95%	93%	92% - 96%	n/a*	81% - 100%	10
Patients felt their needs were met*	94%	-2%	92%	91%	80% - 95%	n/a*	78% - 100%	13
Enough support from local services to help manage your condition	74%	-7%	67%	65%	45% - 80%	2	44% - 93%	11

*Where questions are marked with * no PCN level data was availability in the ICB Slide Pack provided.

- A further breakdown of GPPS results at PCN and GP Practice level can be found in **Appendix 2** and **Appendix 3.**

Summary

- In Shropshire, Telford and Wrekin's (STW) Integrated Care System (ICS), 15,345 questionnaires were sent out to patients and 6,087 were returned completed. This represents a response rate of 40%. This represents 1.3% of the total population of STW that completed and returned their survey. The total registered patient population across STW as at 1st January 2022 was 518,272. Nationally, 2.47 million questionnaires were sent out to patients and circa 720,000 were returned, representing a response rate of 29.1%.

- Overall, GP Practices across STW have scored equal to or above national average in all but one of the GPPS questions, the exception being 'ease of getting through to the GP Practice on the telephone' where STW ICS scored 56% slightly lower than the national average of 57%.

- Although average scores across the ICS have met or exceeded the national average, individual practice scores ranged widely. Across all the GPPS questions in the above table, a minimum of 8 practices and maximum of 26 practices scored below national average. At least 18 of those practices scored below national average in at least 5 questions or more.

- When exploring GP Practice level data, Telford & Wrekin Practices appear to score lower in the majority of questions than Shropshire practices. This is highlighted in **Appendix 3**.

- Overall average ICS scores have reduced when compared with 2021 GPPS results (as shown in the table above). This reduction can be seen continually since 2019 (Pre-Pandemic), as seen in **Appendix 4.** This suggests that reduced scores are linked with the Covid-19 Pandemic and its impact on access to services.

- It is difficult to calculate the variance between STWs 2019 and 2022 scores. This is due to NHS Shropshire CCG and NHS Telford & Wrekin CCG being dissolved and the new single commissioning organisation being established in 2021. We have instead looked at the variance between the national average scores between 2019 and 2022 (also seen in **Appendix 4)**, which highlights that there has been a reduction in national average scores since the start of the Covid-19 Pandemic.

- The above listed GPPS questions focus on two themes; Access and Quality of Care. All quality of care related questions received overall ICS scores equal to or above average, however, there are key areas of improvement for those related to access:
    - Telephone access scored below national average at 52% (against 53%). In total 6 practices scored below national average, with the lowest practice score at 5%.

    - 54% of respondents claimed to have **not** accessed online services in the preceding 12 months. This is however a better result when compared with the

national average, national average where the percentage of patients who had **not** accessed online services in the preceding 12 months was much higher, at 65%.

- Patients were also asked questions about use of NHS services when they wanted to see a GP, but their GP practice was closed. A higher number of patients (59%) called an NHS helpline such as NHS111, rather than access online services (compared to the national average of 56%).

- Despite the above areas for improvement, overall experience of making an appointment remains above national average at 57% (compared to 56%).

Conclusion

- The survey report demonstrates that patient satisfaction with access to their GP practice across Shropshire, Telford and Wrekin ICS is, overall, in line with or above national average scores.

- Individual practice scores ranged widely. The majority of practices achieved good patient satisfaction ratings, however a number of practices have consistently scored below the national average.

- A practice priority list will be created, and action plans developed for and with each practice in the priority list.

- Data will be reviewed at practice level and included as part of ICB quality visits where appropriate. It will also be considered if practice visits need to be brought forward.

- Where an ICB quality visit may not be appropriate, alternative arrangements will be made with individual practices

- Access to services remains an area for improvement for the ICS overall and further work is underway to address this that will be reported to PCCC separately.

- High performing practices will be congratulated and learning shared with all practices.

Recommendations

Primary Care Commissioning Committee (PCCC) are asked to:

- Note the 2022 GPPS results, in particular the very high scores achieved by the majority of practices against the challenges of the preceding 12 months.

- Agree to receive an update from the Primary Care Team at a later date on progress with those practices that scored lowest in this year's GPPS.

- Agree to receive updates on focussed programmes of work to address the findings of the GPPS, such as online and telephone access

Appendix 1 – Shropshire, Telford & Wrekin Integrated Care System (ICS) Slide Pack

Appendix 2 – PCN Results

Appendix 3 – GP Practice Results

Appendix 4 – STW GPPS Results Year on Year Comparison 2019 – 2022

GP PATIENT SURVEY

Shropshire, Telford and Wrekin Integrated Care System

Latest survey results

2022 Survey

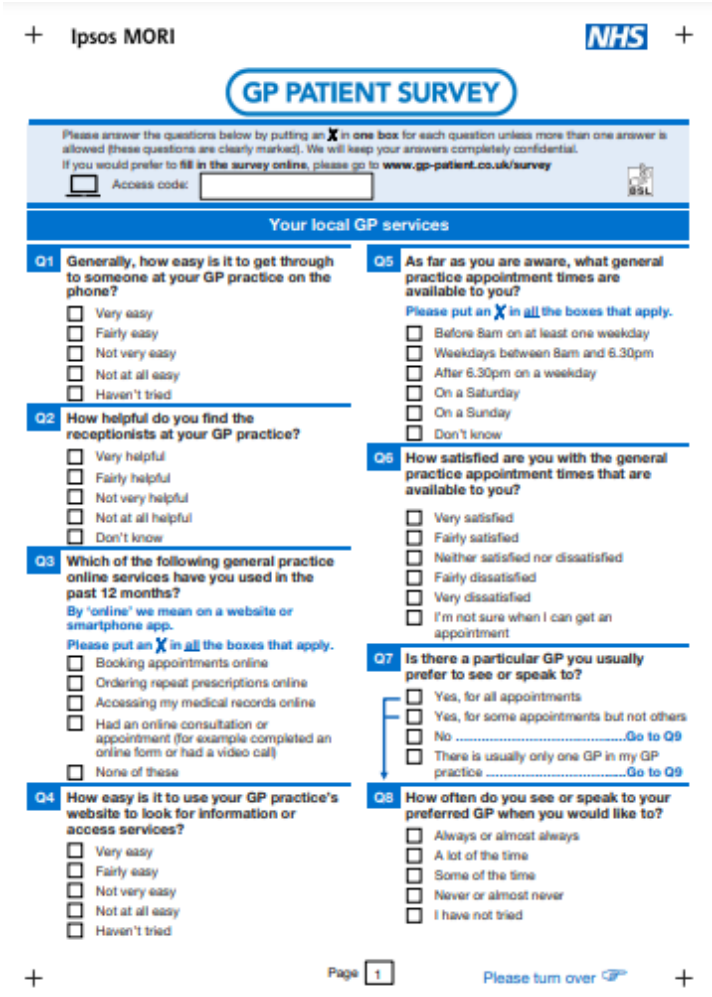
Ipsos

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 2022 GP Patient Survey for **Shropshire, Telford and Wrekin Integrated Care System**.
- In **Shropshire, Telford and Wrekin Integrated Care System, 15,345** questionnaires were sent out, and **6,087** were returned completed. This represents a response rate of **40%**.
- Where available, packs include trend data beginning in 2020. Where questions have changed significantly for the 2022 questionnaire, data will not be comparable to previous years.



Ipsos MORI 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:

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
- Had an online consultation or appointment (for example completed an online form or had a video call)
- 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 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them. This followed more substantial changes in 2021.

- The effect of the pandemic should be taken into account when looking at results over time.

- In 2018 the questionnaire was redeveloped in response to substantial changes to primary care services as set out in the GP Forward View.

- The latest 2022 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 does not include qualitative data which limits the detail provided by the results.
  - 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 report providing more detail at PCN level can be found here: https://www.gp-patient.co.uk/pcn-report.

Please note PCNs have been aligned to the ICS based on the Parent CCG 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.

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Interpreting the results

- The number of participants answering each question (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- 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. ‘Good (total)’), 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:
  - 2022: refers to the 2022 survey (fieldwork 10 January to 11 April 2022)
  - 2021: refers to the 2021 survey (fieldwork 4 January to 6 April 2021)
  - 2020: refers to the 2020 survey (fieldwork 2 January to 6 April 2020)
- For further information on using the data please refer to the end of this slide pack.

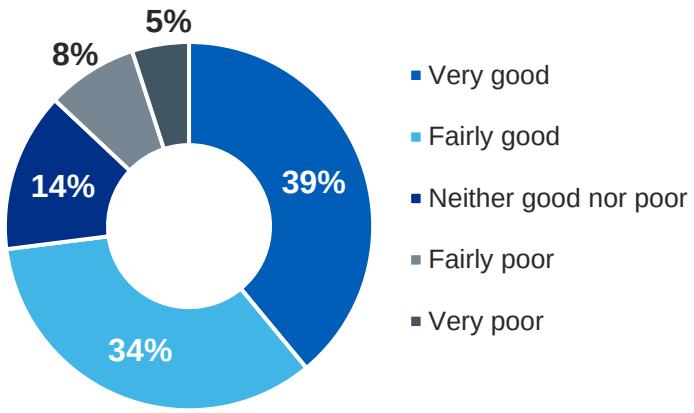
Overall experience of GP practice

Overall experience of GP practice

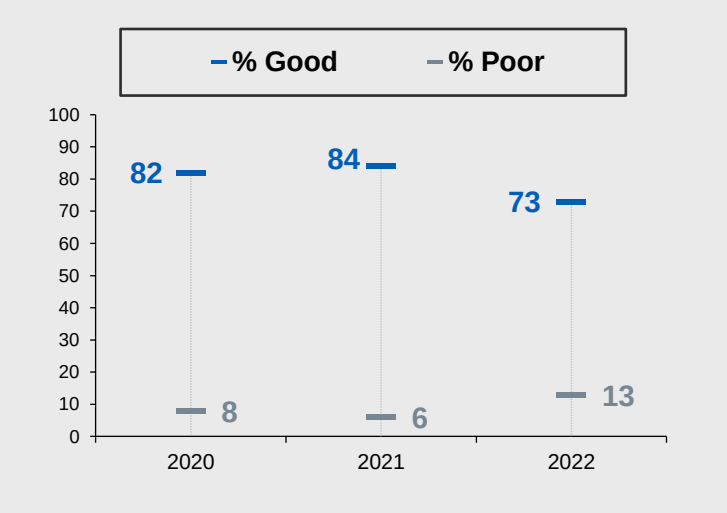
GP PATIENT SURVEY

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

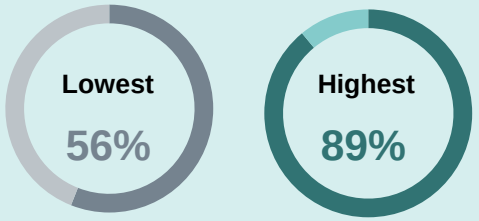
ICS result



ICS result over time



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	**Poor**	**Good**	**Poor**
73%	13%	72%	14%

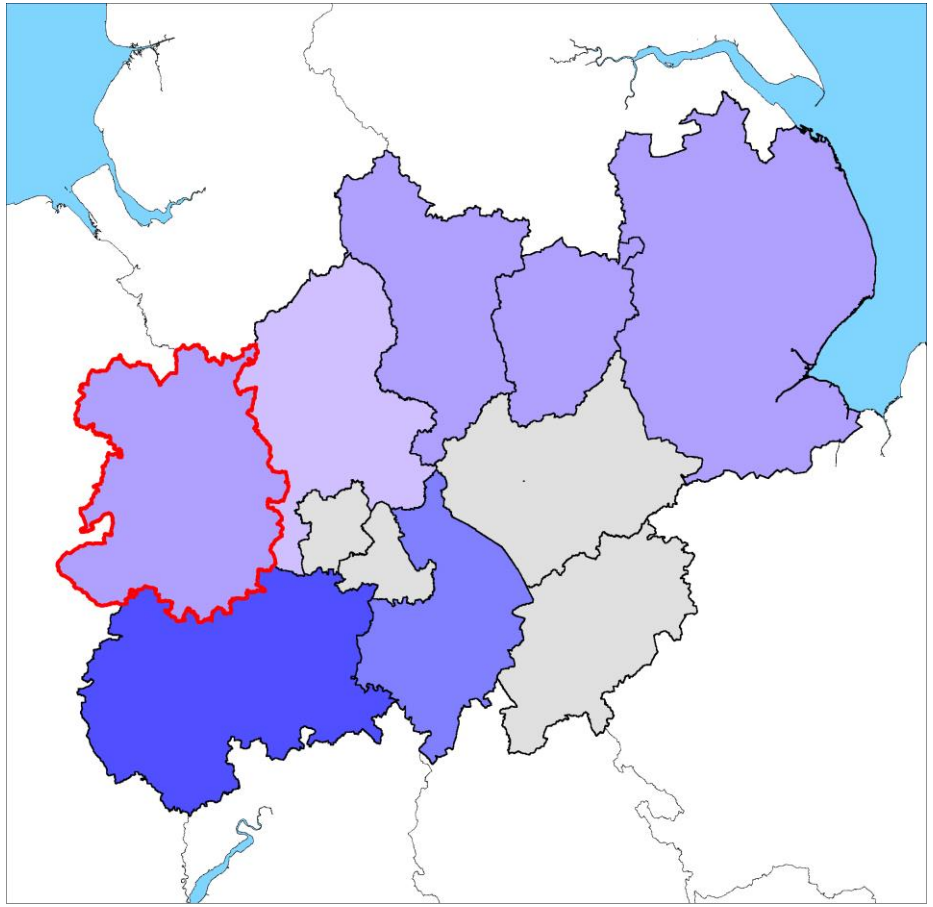
Base: Asked of all patients: National (709,235); ICS 2022 (6,015); ICS 2021 (6,933); ICS 2020 (6,107); PCN bases range from 293 to 1,851

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

Overall experience: how the ICS result compares to other ICSs within the region

GP PATIENT SURVEY

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



July 2022 Overall experience of GP practice
% Good

- 78.0 up to 80.9
- 75.0 up to 78.0
- 72.0 up to 75.0
- 70.0 up to 72.0
- 63.4 up to 70.0

Results range from

63%

to

79%

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: All those completing a questionnaire: ICS bases range from 6,015 to 44,352

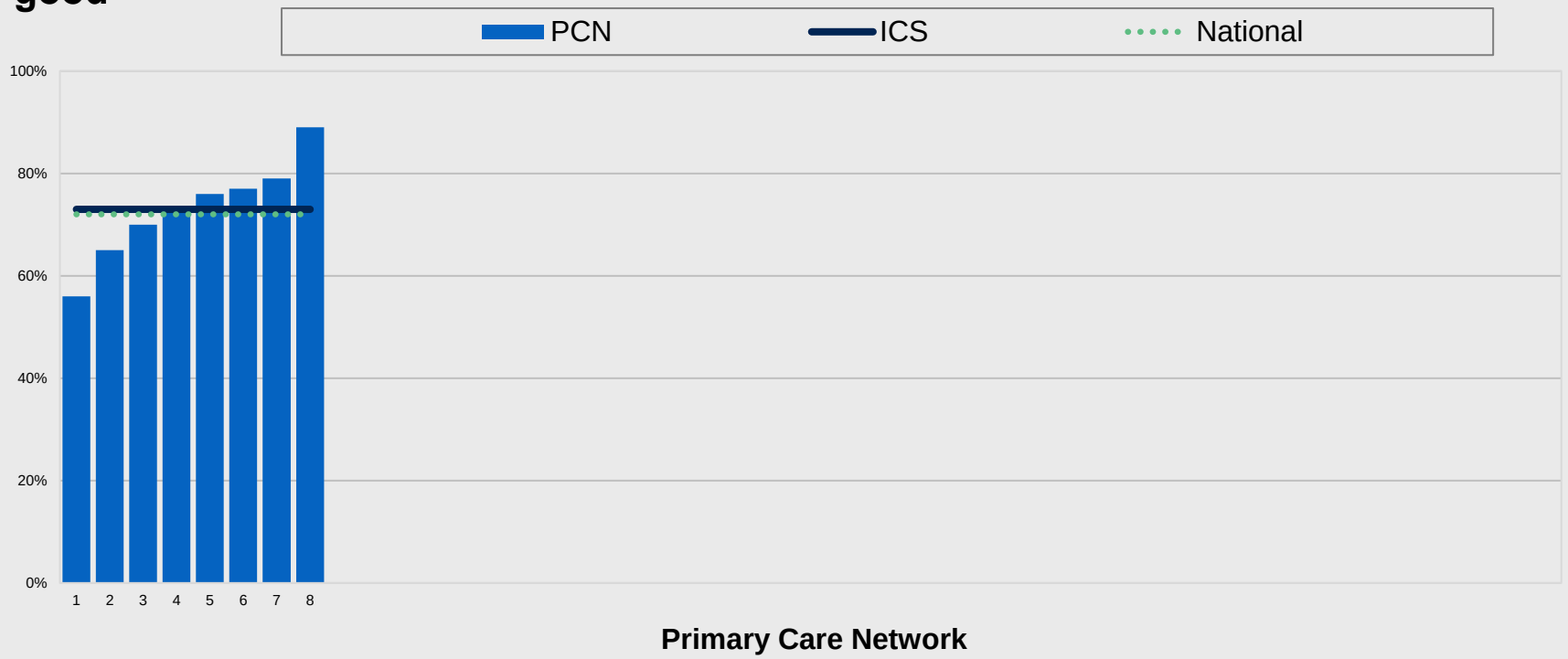
Ipsos

Overall experience: how the PCNs within the ICS compare

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 (709,235); ICS (6,015); PCN bases range from 293 to 1,851

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

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

Ipsos

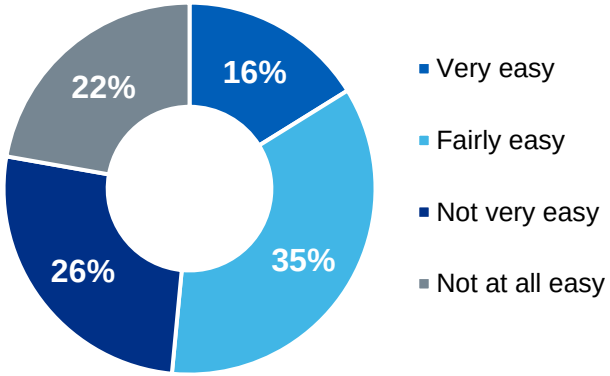
Local GP Services

Ease of getting through to GP practice on the phone

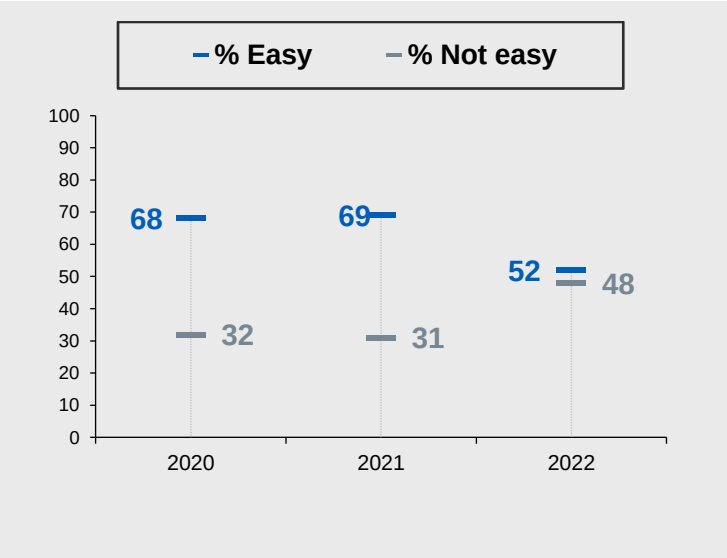
GP PATIENT SURVEY

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

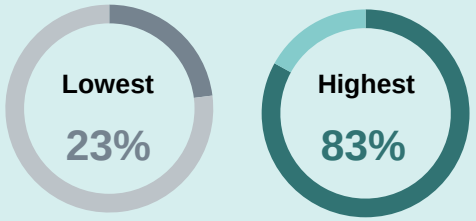
ICS result



ICS result over time



PCN range within ICS – % **Easy**



Comparison of results

ICS		National	
Easy	Not easy	Easy	Not easy
52%	48%	53%	47%

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

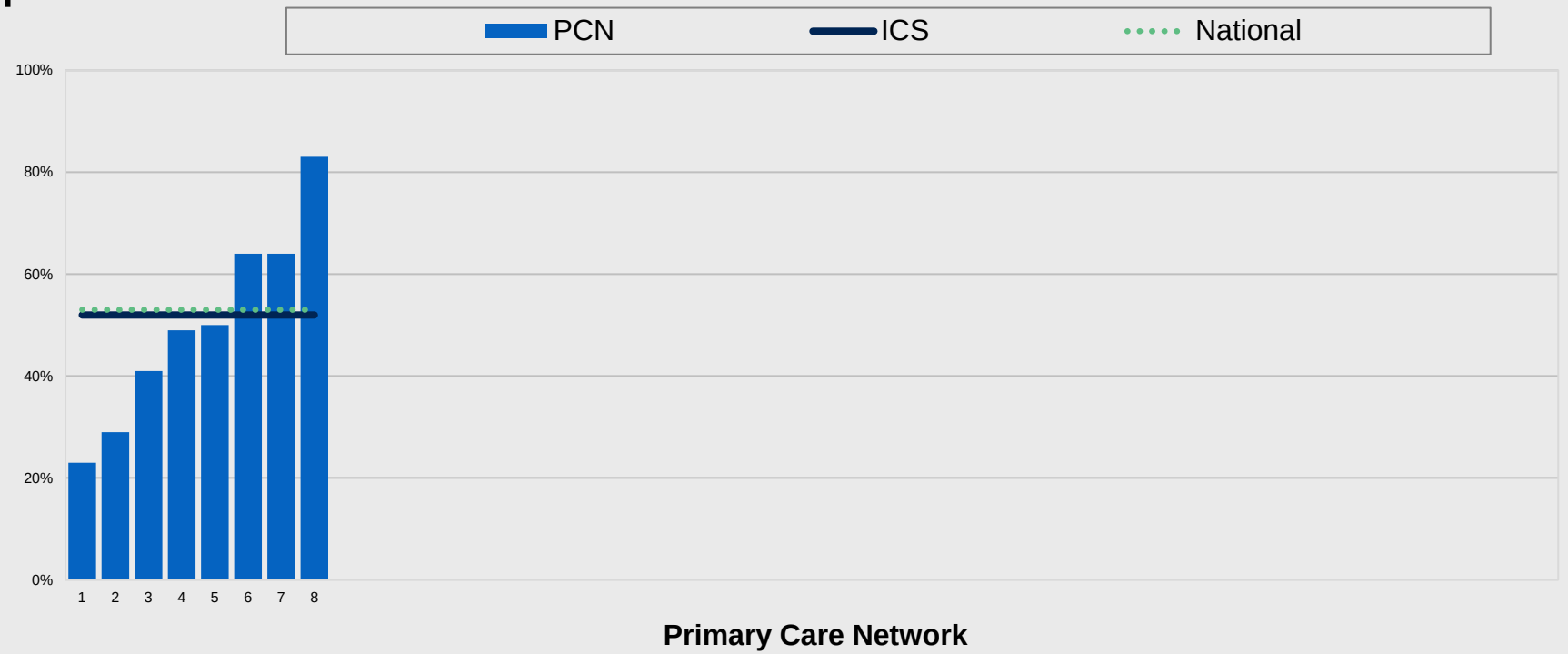
Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded: National (687,159); ICS 2022 (5,781); ICS 2021 (6,703); ICS 2020 (6,035); PCN bases range from 284 to 1,770

Ease of getting through to GP practice on the phone: how the PCNs within the ICS compare

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 (687,159); ICS (5,781); PCN bases range from 284 to 1,770

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

Comparisons are indicative only: differences may not be statistically significant

%Easy = %Very easy + %Fairly easy

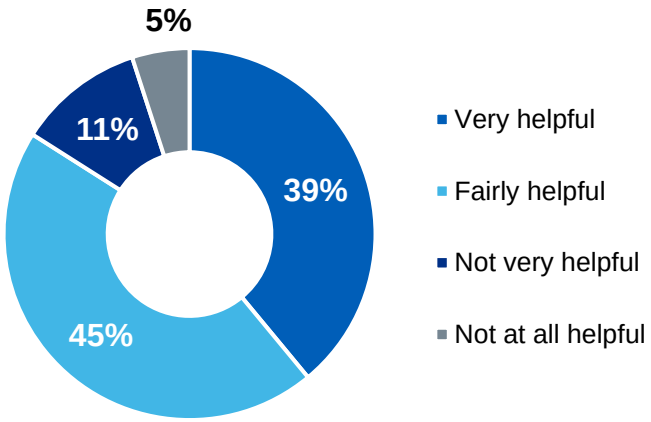
Ipsos

Helpfulness of receptionists at GP practice

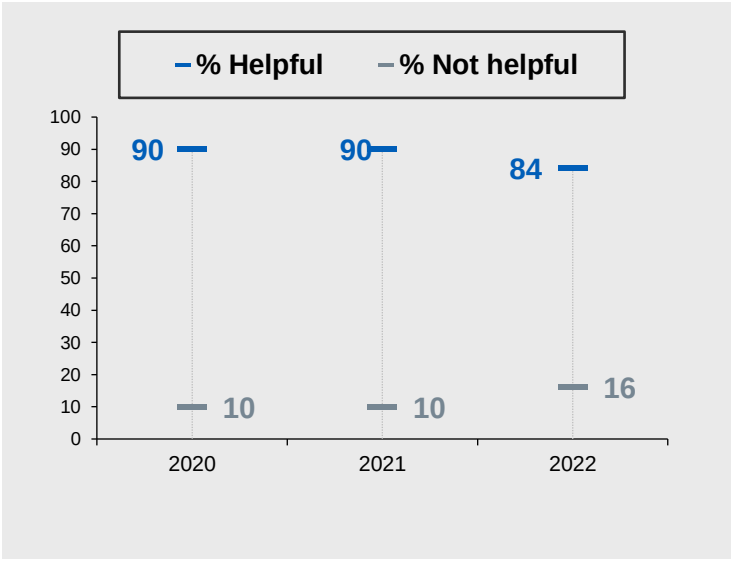
GP PATIENT SURVEY

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

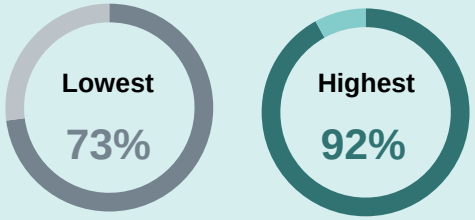
ICS result



ICS result over time



PCN range within ICS – % **Helpful**



Comparison of results

ICS		National	
Helpful	**Not helpful**	**Helpful**	**Not helpful**
84%	16%	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 (685,426); ICS 2022 (5,759); ICS 2021 (6,727); ICS 2020 (6,138); PCN bases range from 279 to 1,780

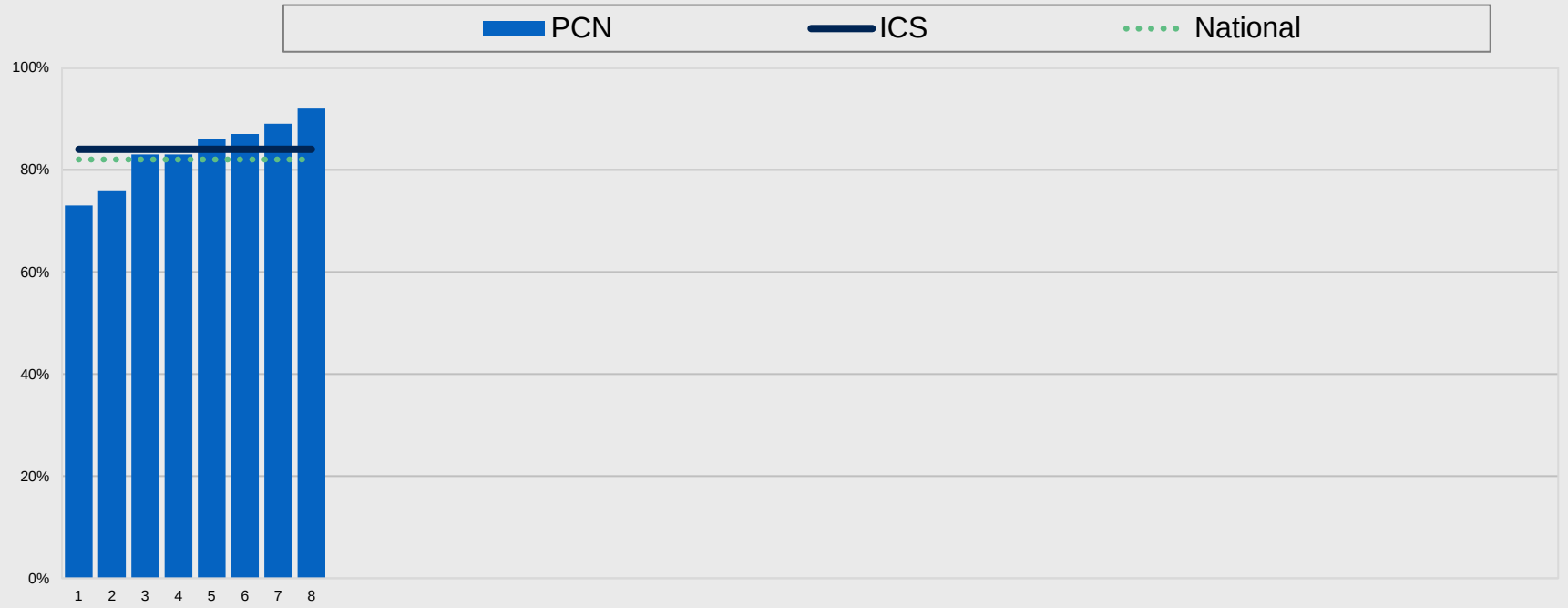
Ipsos

Helpfulness of receptionists at GP Practice: how the PCNs within the ICS compare

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 (685,426); ICS 2022 (5,759); PCN bases range from 279 to 1,780

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

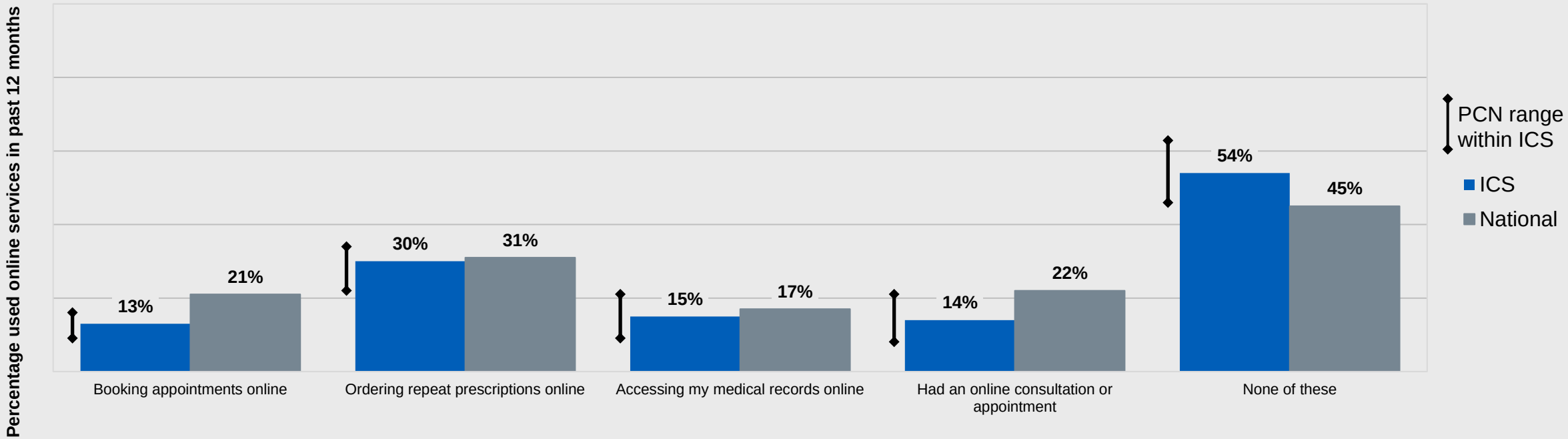
Ipsos

Access to online services

Online service use

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 (706,605); ICS 2022 (5,973); PCN bases range from 289 to 1,829

Comparisons are indicative only: differences may not be statistically significant

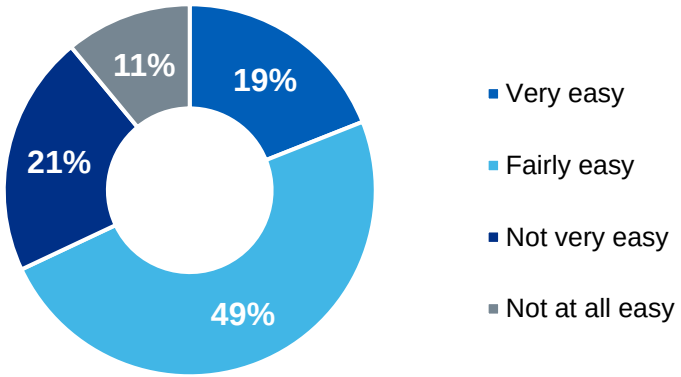
Ipsos

Ease of use of practice website

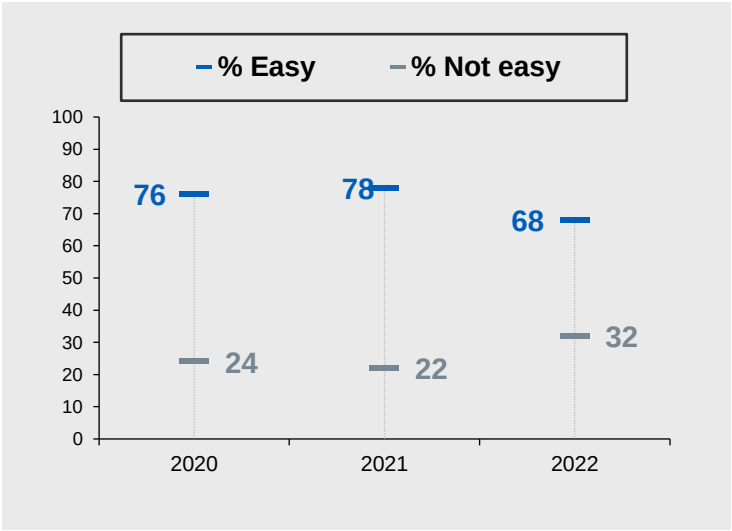
GP PATIENT SURVEY

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

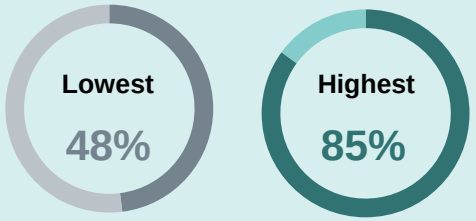
ICS result



ICS result over time



PCN range within ICS – % **Easy**



Comparison of results

ICS		National	
Easy	Not easy	Easy	Not easy
68%	32%	67%	33%

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

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

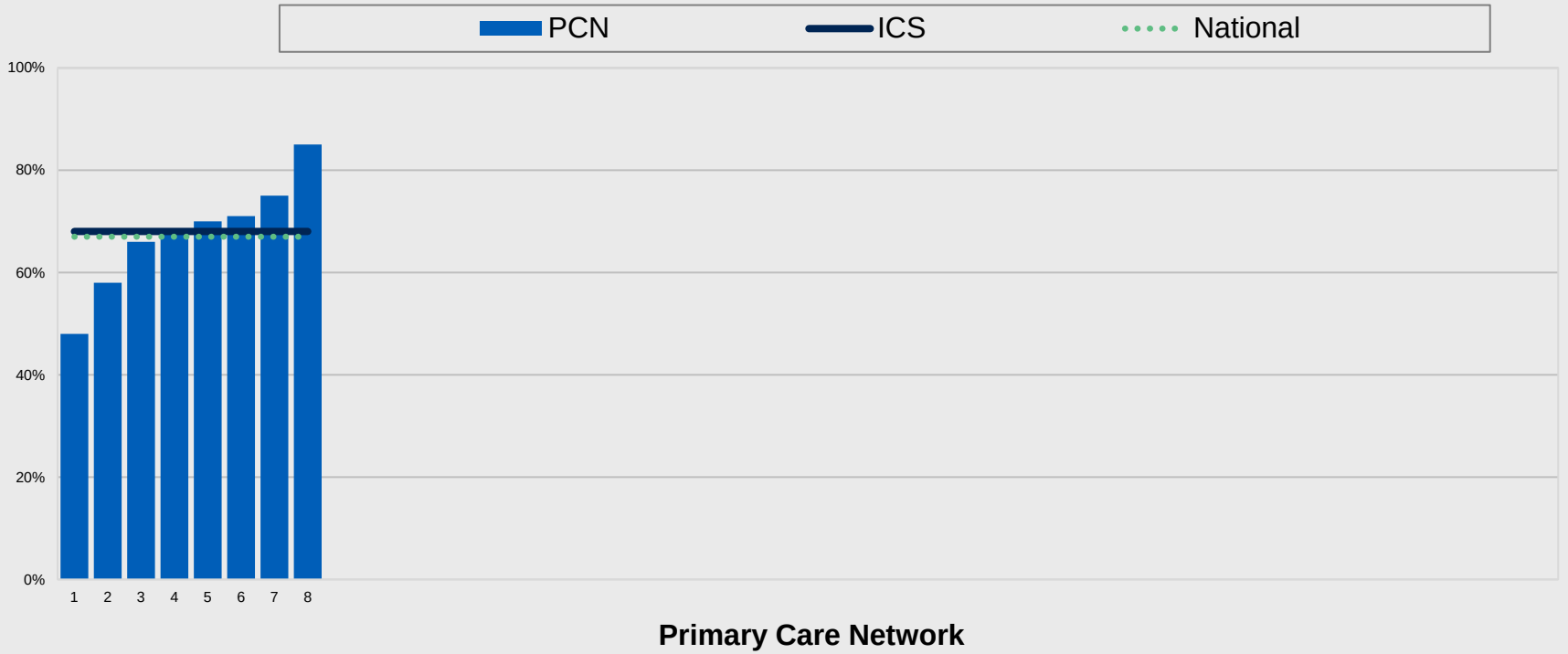
Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded: National (381,986); ICS 2022 (2,637); ICS 2021 (2,734); ICS 2020 (1,989); PCN bases range from 124 to 802

Ease of use of practice website: how the PCNs within the ICS compare

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 (381,986); ICS 2022 (2,637); PCN bases range from 124 to 802

PCN	Name
1	TELDOC PCN
2	WREKIN 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

Comparisons are indicative only: differences may not be statistically significant

%Easy = %Very easy + %Fairly easy

Ipsos

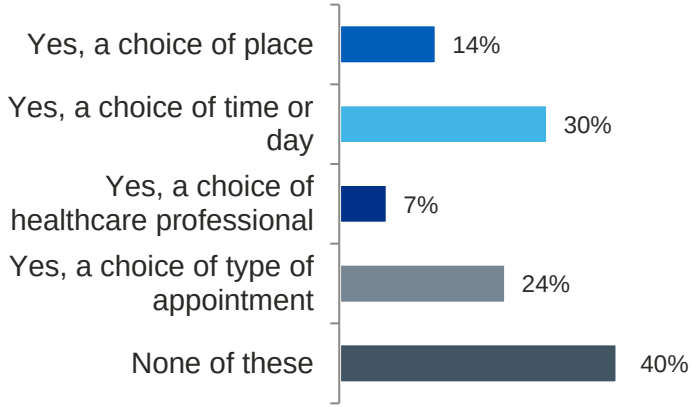
Making an appointment

Choice of appointment

GP PATIENT SURVEY

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

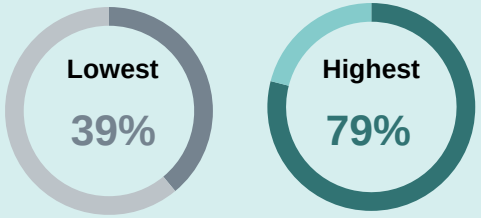


Comparison of results

ICS	
Yes	**No**
60%	40%

National	
Yes	**No**
59%	41%

PCN range within ICS – % **Yes**



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 (530,428); ICS 2022 (4,351); PCN bases range from 233 to 1,306

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

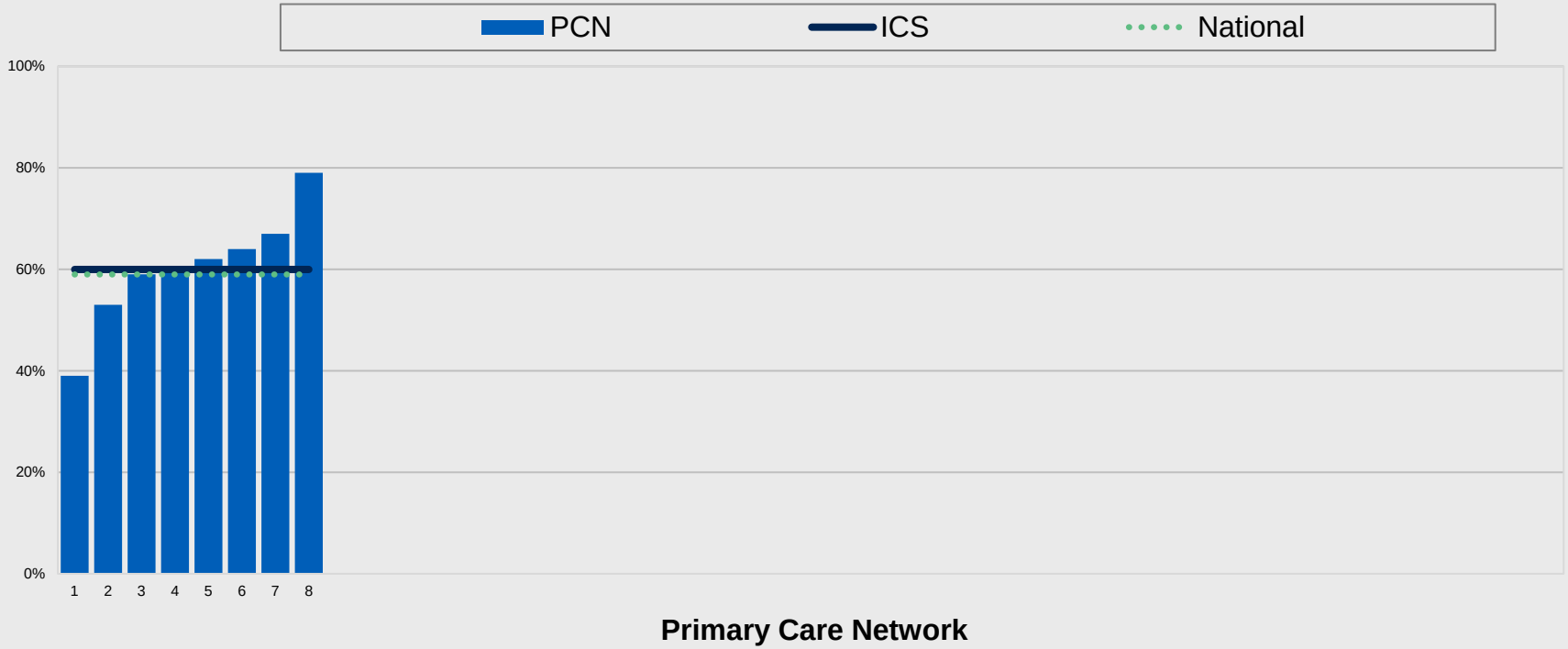
Ipsos

Choice of appointment: how the PCNs within the ICSs compare

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	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

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 (530,428); ICS 2022 (4,351); PCN bases range from 233 to 1,306

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

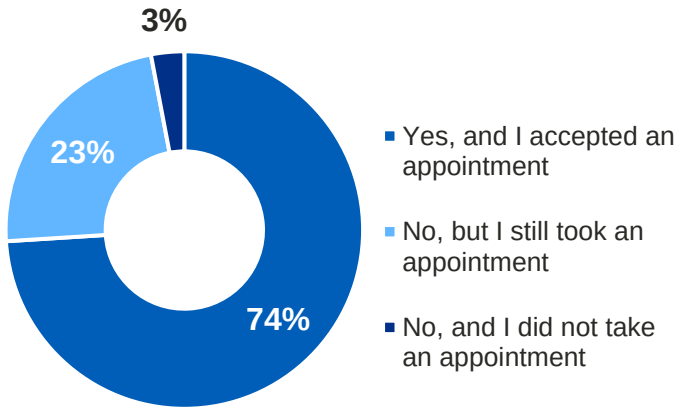
Ipsos

Satisfaction with appointment offered

GP PATIENT SURVEY

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

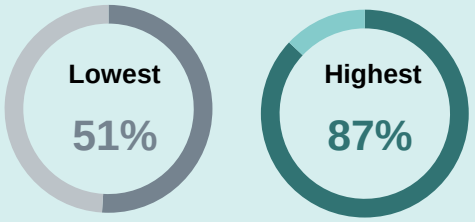
ICS result



Comparison of results

ICS			National		
Yes, took appt	No, took appt	No, didn't take appt	Yes, took appt	No, took appt	No, didn't take appt
74%	23%	3%	72%	24%	4%

PCN range within ICS – % **Yes**



%Yes = %Yes, and I accepted an appointment

[1]Excluding those who said 'I was not offered an appointment' (12%)

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 (594,163); ICS 2022 (5,050); PCN bases range from 233 to 1,586

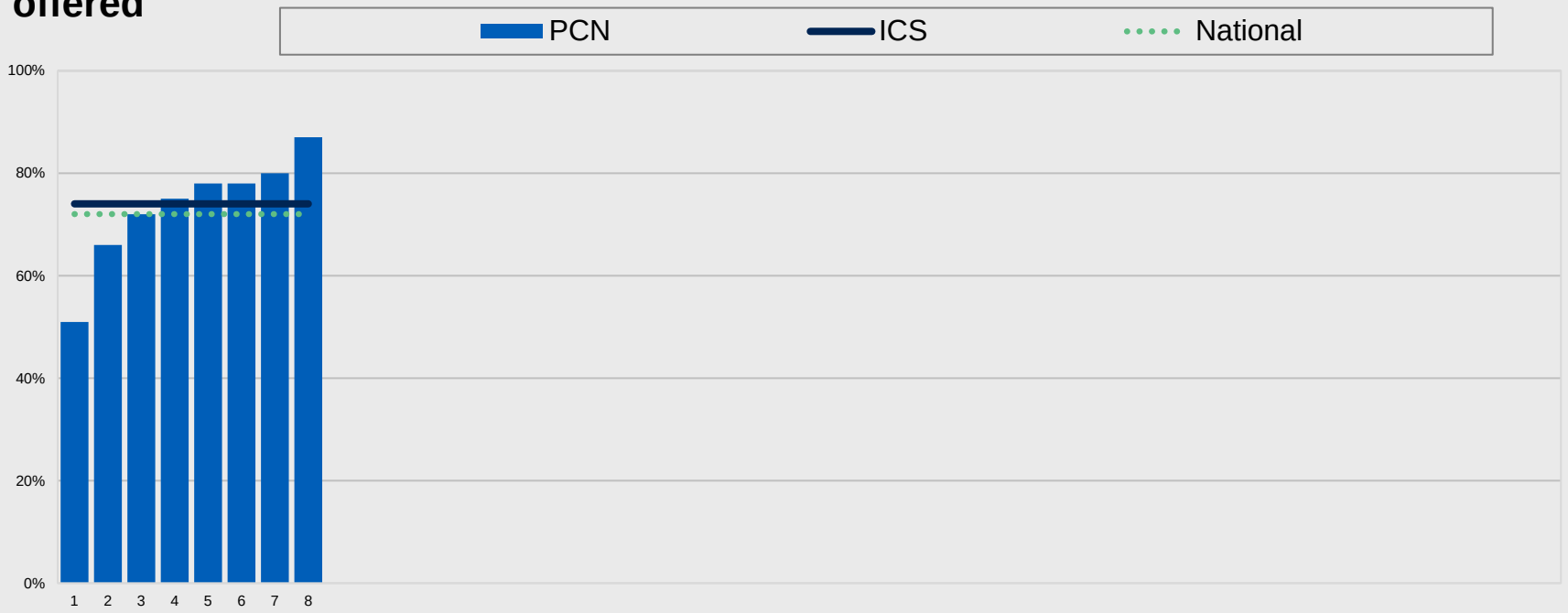
Ipsos

Satisfaction with appointment offered: how the PCNs within the ICS compare

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	TELDOC PCN
2	SOUTH EAST TELFORD PCN
3	WREKIN 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 (594,163); ICS 2022 (5,050); PCN bases range from 233 to 1,586

Comparisons are indicative only: differences may not be statistically significant

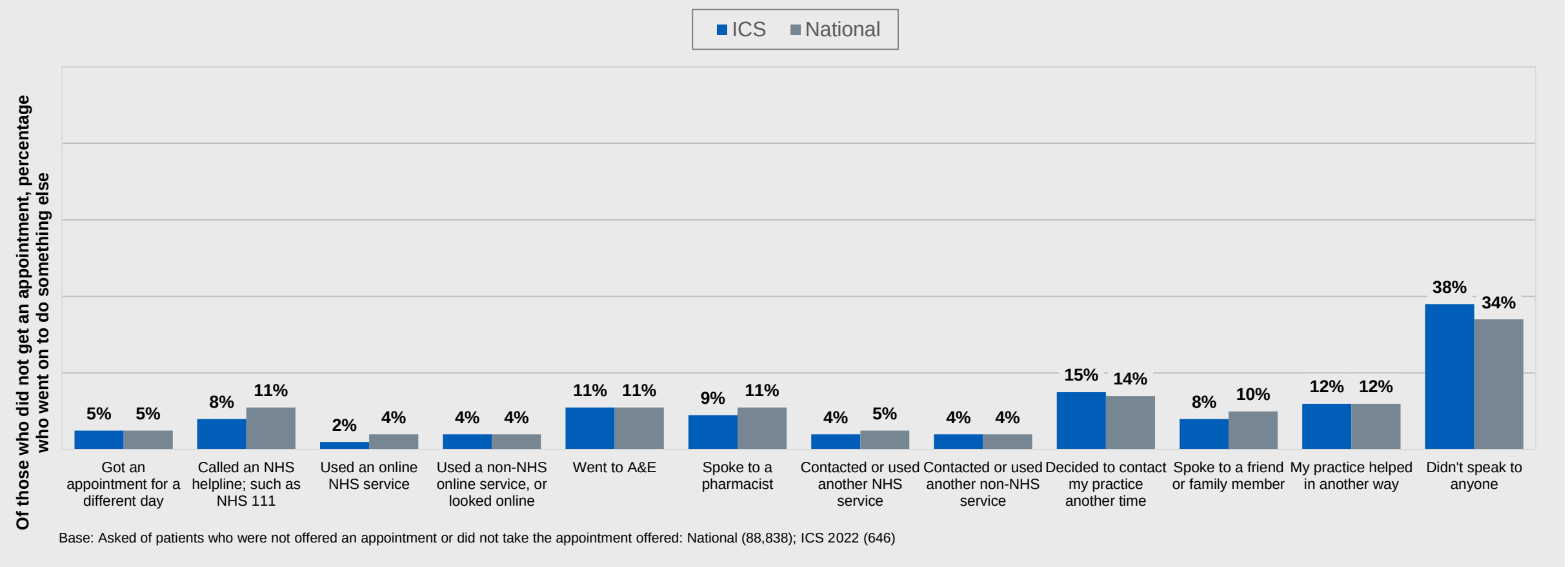
%Yes = %Yes, and I accepted an appointment

Ipsos

What patients do when they did not get an appointment

GP PATIENT SURVEY

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 (88,838); ICS 2022 (646)

Comparisons are indicative only: differences may not be statistically significant

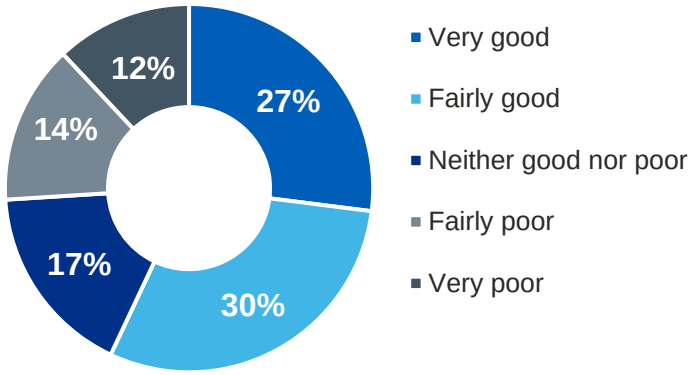
Ipsos

Overall experience of making an appointment

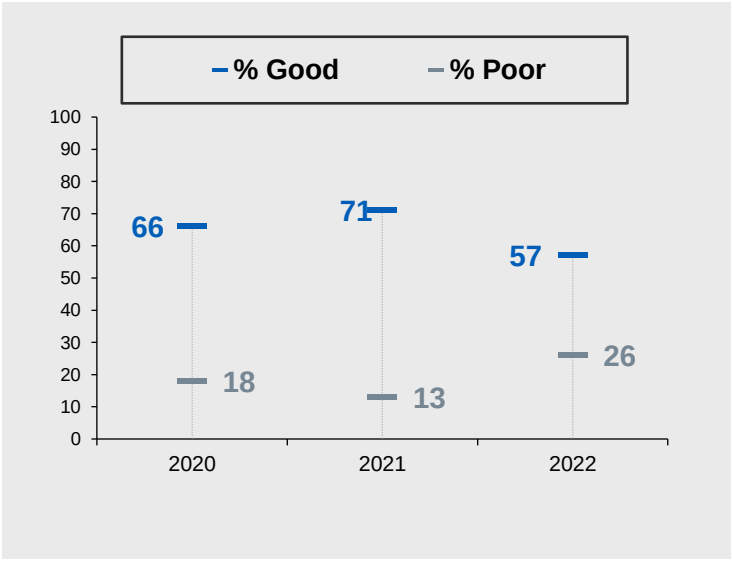
GP PATIENT SURVEY

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

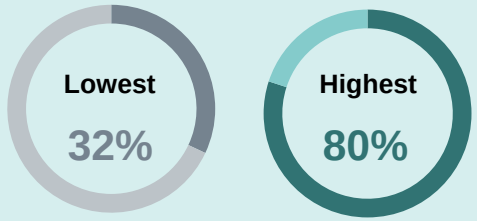
ICS result



ICS result over time



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
57%	26%	56%	26%

Base: Asked of patients who have tried to make an appointment since being registered with current GP practice: National (667,699); ICS 2022 (5,603); ICS 2021 (6,388); ICS 2020 (5,690); PCN bases range from 274 to 1,712

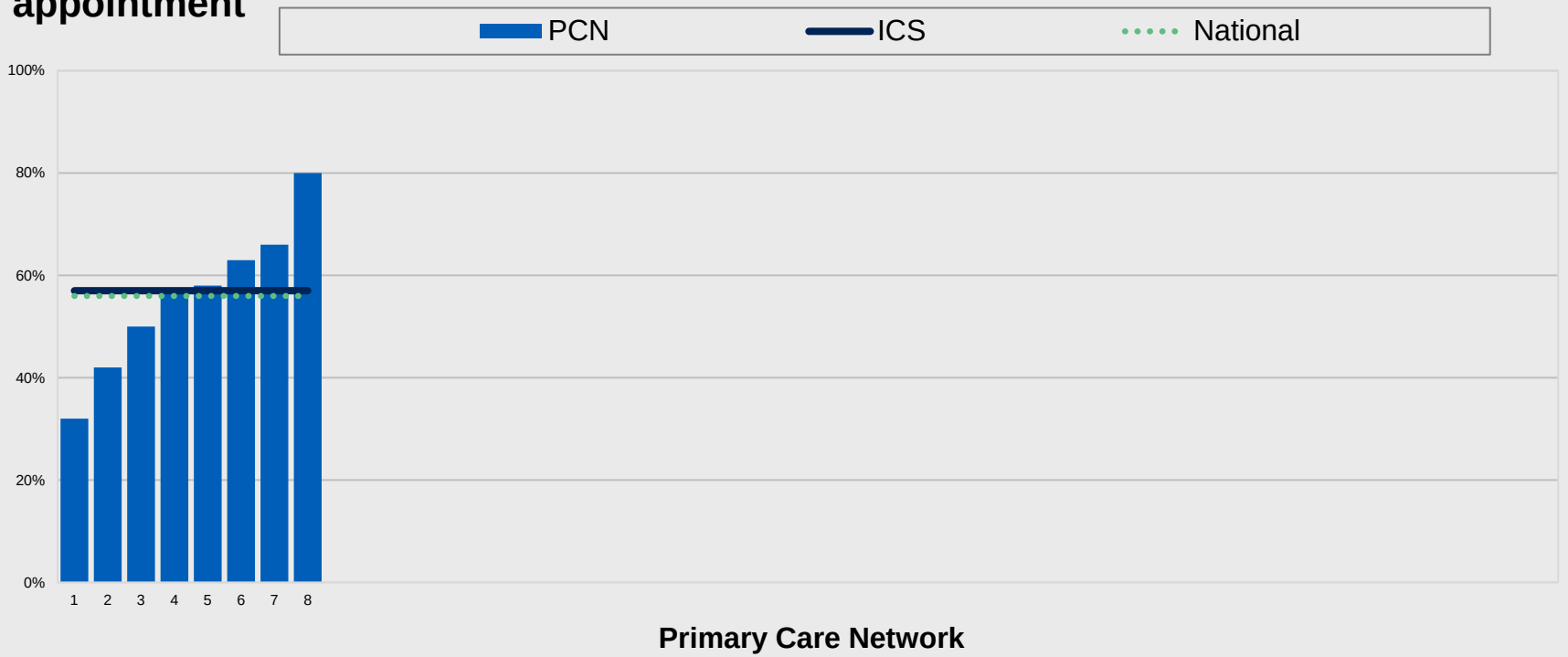
%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience of making an appointment: how the PCNs within the ICS compare

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 (667,699); ICS 2022 (5,603); PCN bases range from 274 to 1,712

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

Comparisons are indicative only: differences may not be statistically significant

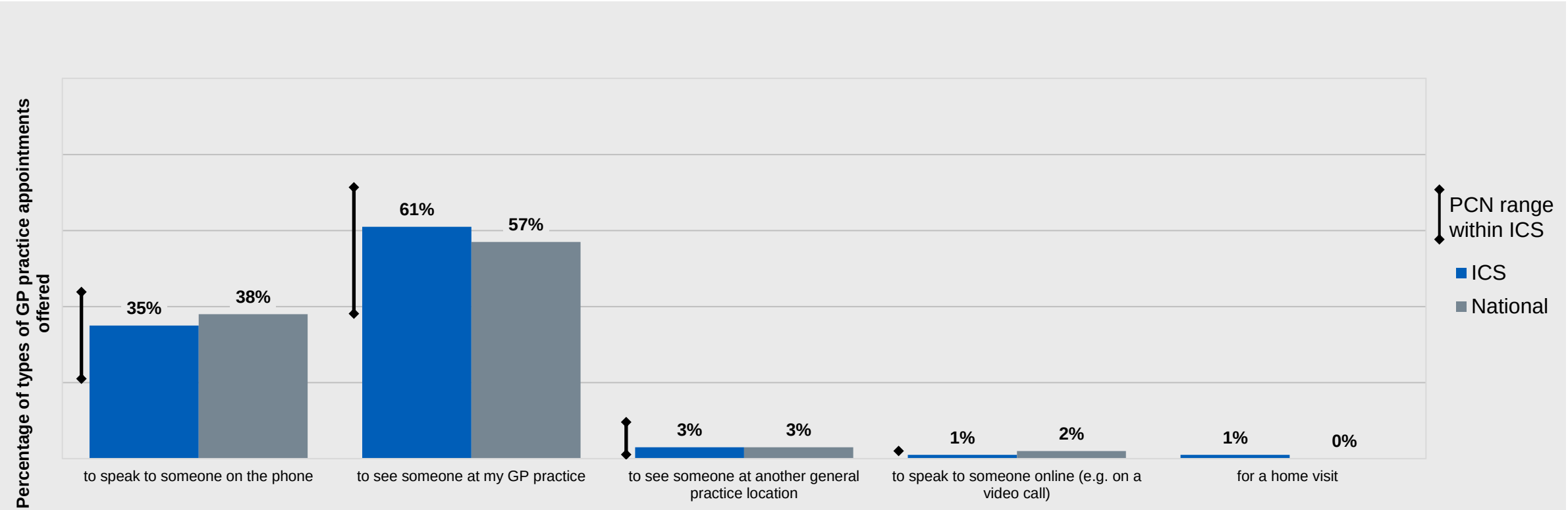
%Good = %Very good + %Fairly good

Ipsos

Type of appointment

GP PATIENT SURVEY

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



Base: Asked of patients who were not offered an appointment or did not take the appointment offered: National (663,867); ICS 2022 (5,620); PCN bases range from 270 to 1,734

Comparisons are indicative only: differences may not be statistically significant

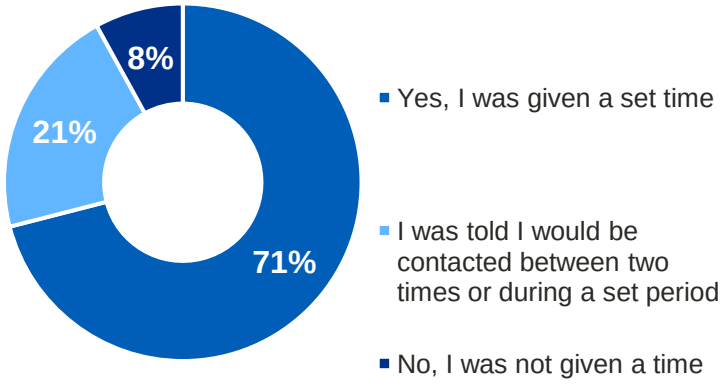
Ipsos

Given a time for appointment

GP PATIENT SURVEY

Q24. Were you given a time for the appointment?

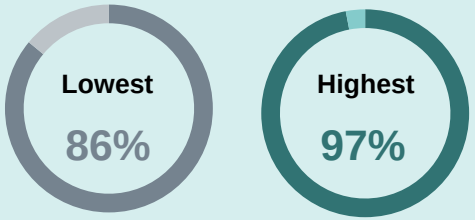
ICS result



Comparison of results

ICS		National	
Yes	No	Yes	No
92%	8%	90%	10%

PCN range within ICS – % **Yes**



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 (640,472); ICS 2022 (5,489); PCN bases range from 264 to 1,699

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

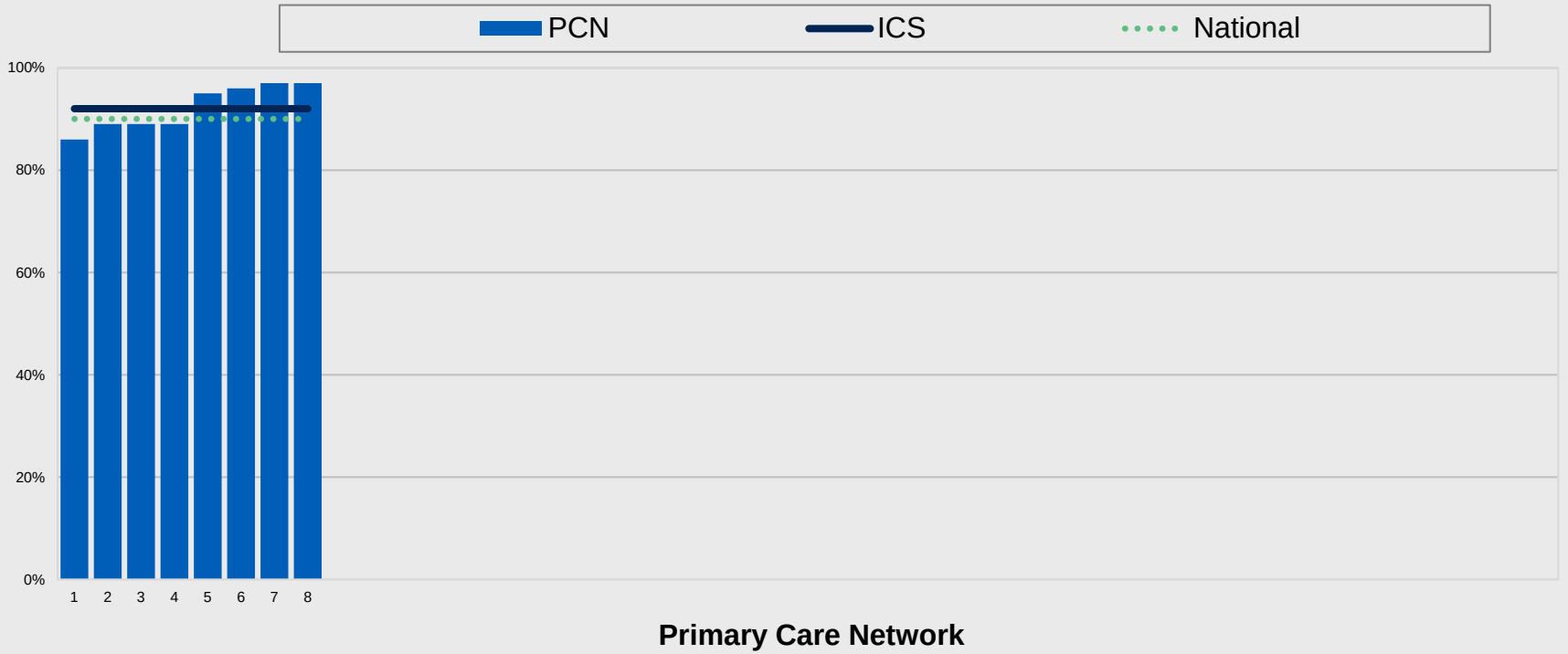
Ipsos

Given a time for appointment: how the PCNs within the ICS compare

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



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

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 (640,472); ICS 2022 (5,489); PCN bases range from 264 to 1,699

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

Ipsos

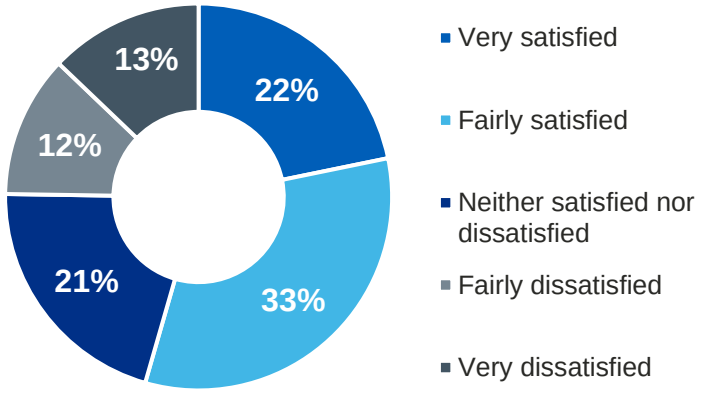
Satisfaction with general practice appointment times

Satisfaction with appointment times

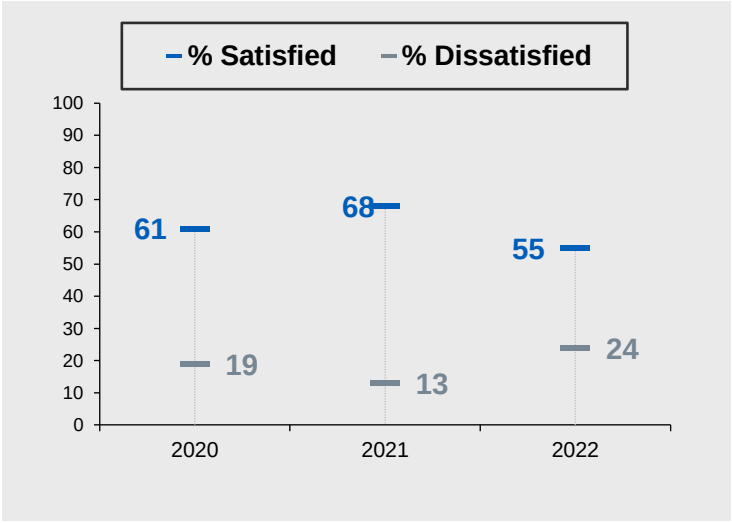
GP PATIENT SURVEY

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

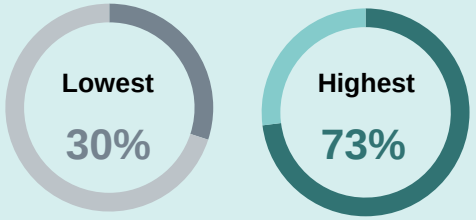
ICS result



ICS result over time



PCN range within ICS – % **Satisfied**



Comparison of results

ICS		National	
Satisfied	Dissatisfied	Satisfied	Dissatisfied
55%	24%	55%	23%

[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 (600,933); ICS 2022 (5,018); ICS 2021 (6,014); ICS 2020 (5,624); PCN bases range from 220 to 1,539

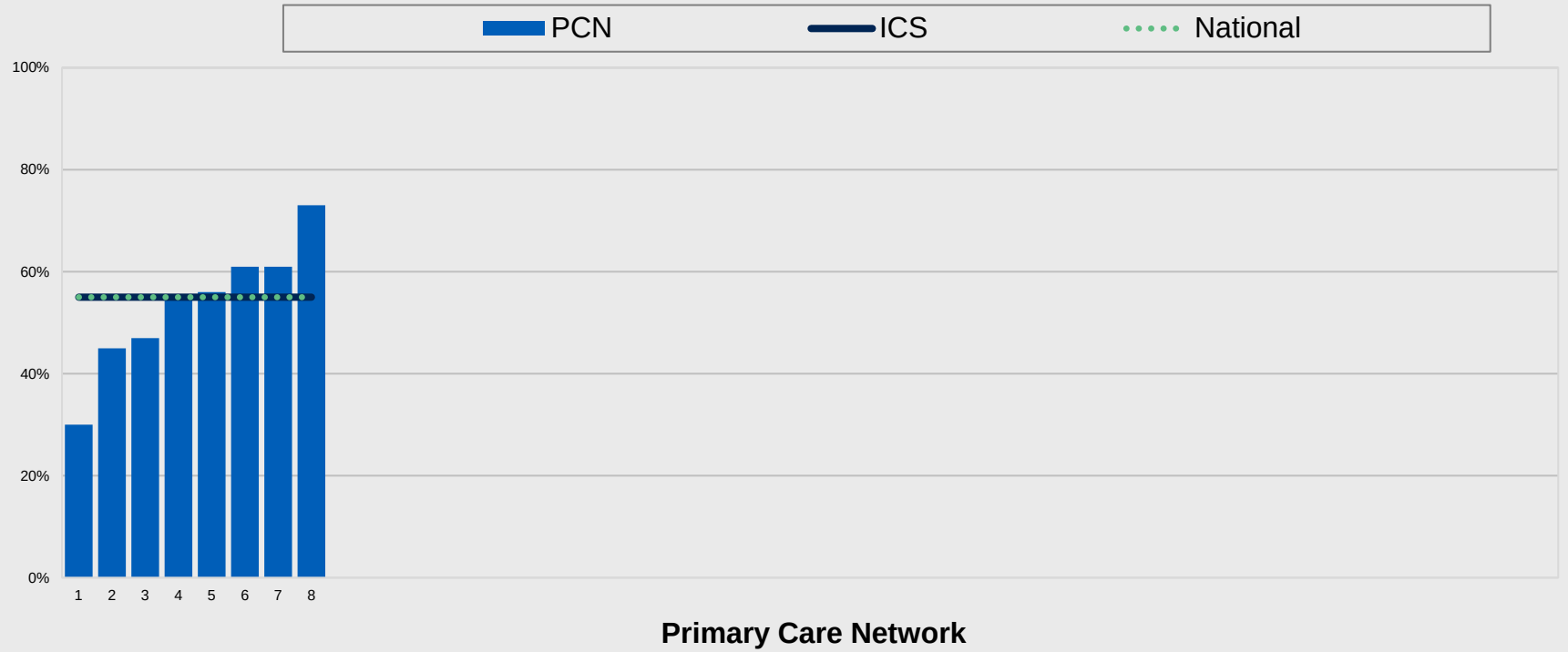
%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the PCNs within the ICS compare

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 (600,933); ICS 2022 (5,018); PCN bases range from 220 to 1,539

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

Comparisons are indicative only: differences may not be statistically significant

%Satisfied = %Very satisfied + %Fairly satisfied

Ipsos

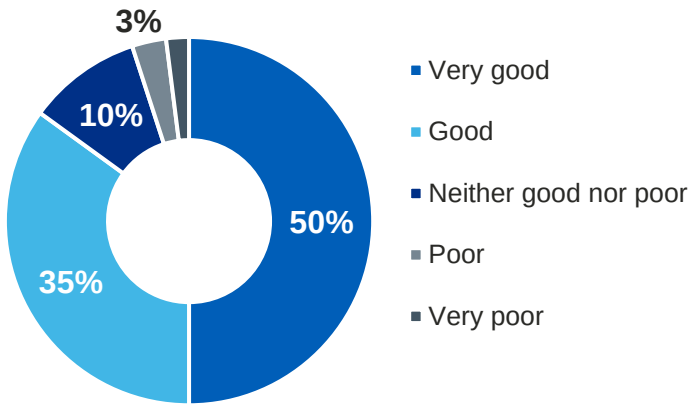
Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

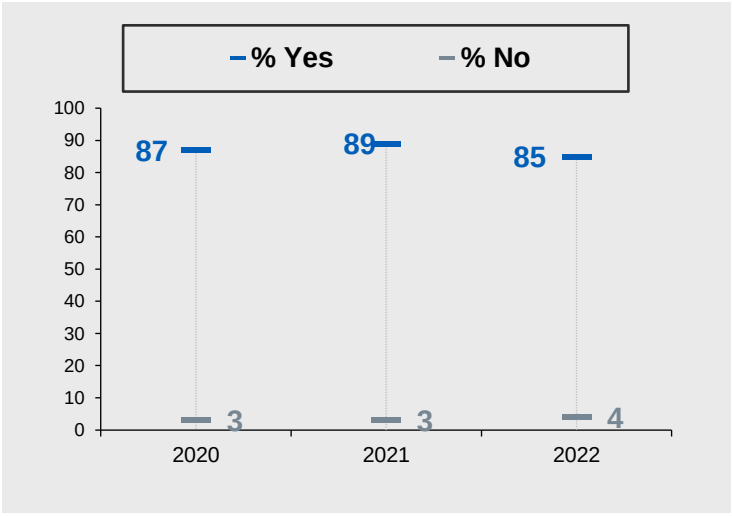
GP PATIENT SURVEY

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

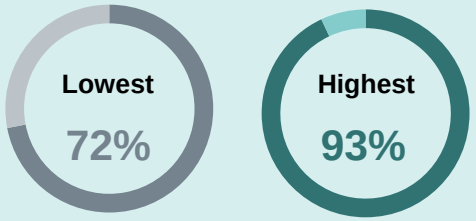
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
85%	4%	83%	5%

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 (663,252); ICS 2022 (5,619); ICS 2021 (6,404); ICS 2020 (5,835); PCN bases range from 267 to 1,744

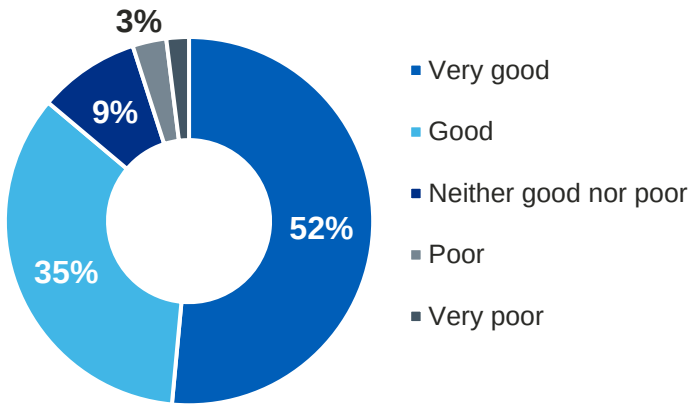
%Good = %Very good + %Good
%Poor = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

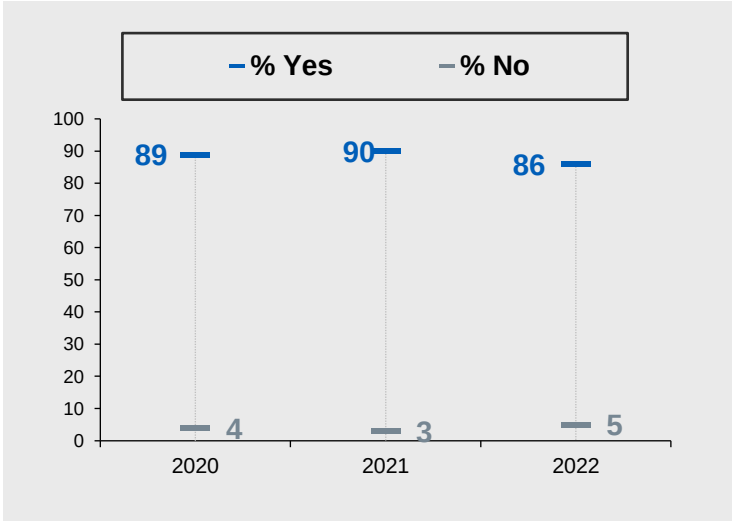
GP PATIENT SURVEY

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

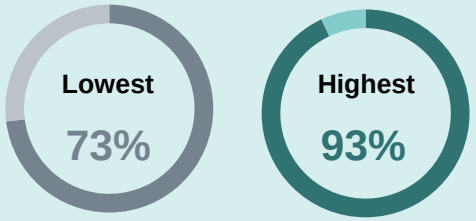
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
86%	5%	85%	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 (652,716); ICS 2022 (5,543); ICS 2021 (6,261); ICS 2020 (5,800); PCN bases range from 264 to 1,716

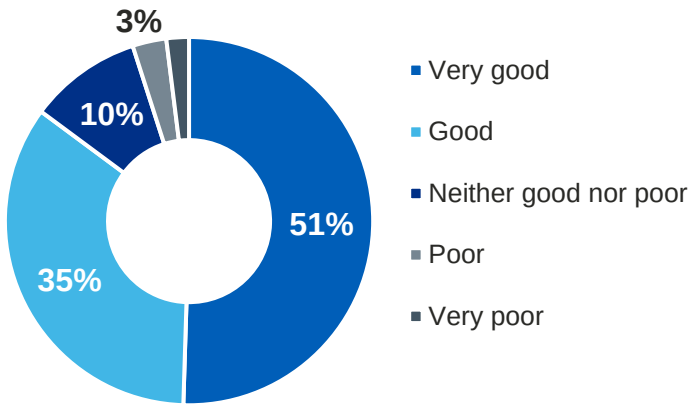
Ipsos

Perceptions of care at patients' last appointment with a healthcare professional

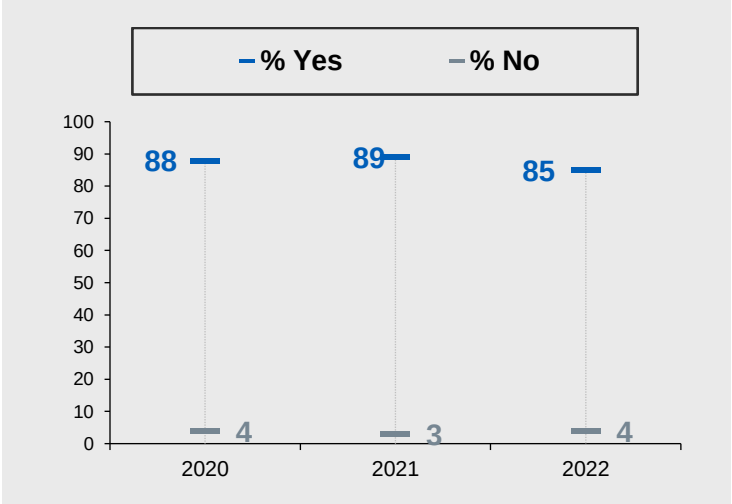
GP PATIENT SURVEY

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

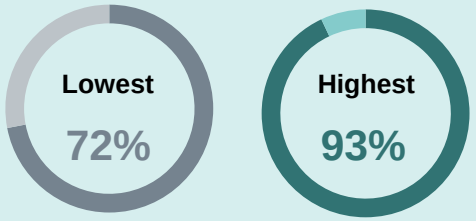
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
85%	4%	83%	6%

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

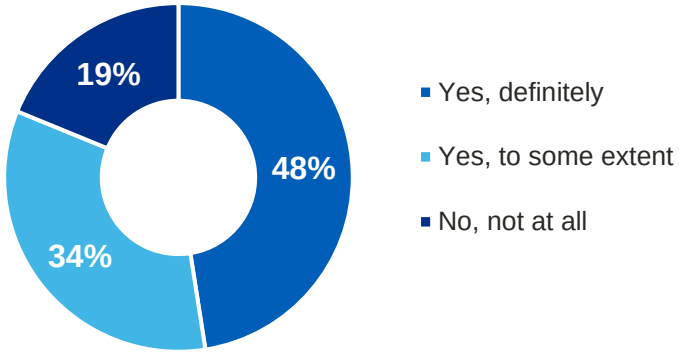
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Doesn't apply' have been excluded: National (640,504); ICS 2022 (5,397); ICS 2021 (6,347); ICS 2020 (5,813); PCN bases range from 261 to 1,671

Mental health needs recognised and understood

GP PATIENT SURVEY

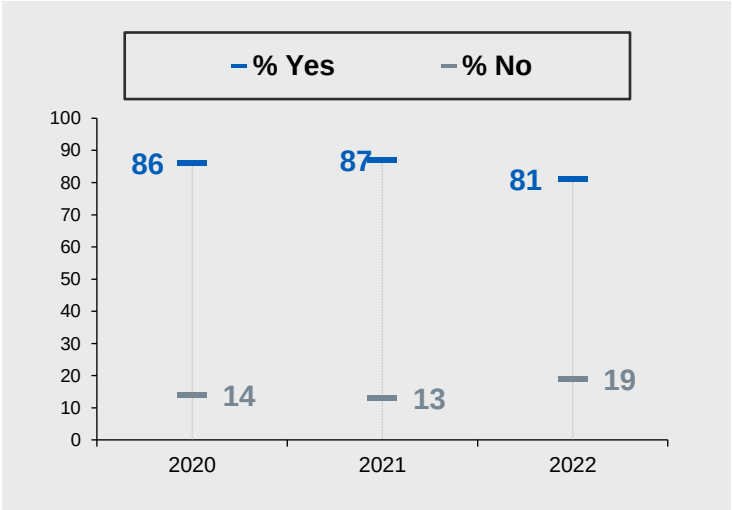
Q28. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

ICS result

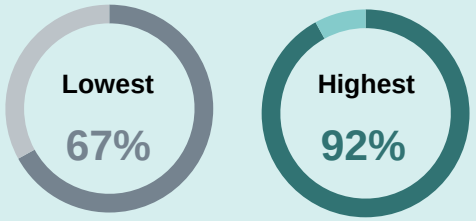


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I did not have any mental health needs' or 'Did not apply to my last appointment' have been excluded: National (297,429); ICS 2022 (2,334); ICS 2021 (2,611); ICS 2020 (2,210); PCN bases range from 110 to 713

ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
81%	19%	81%	19%

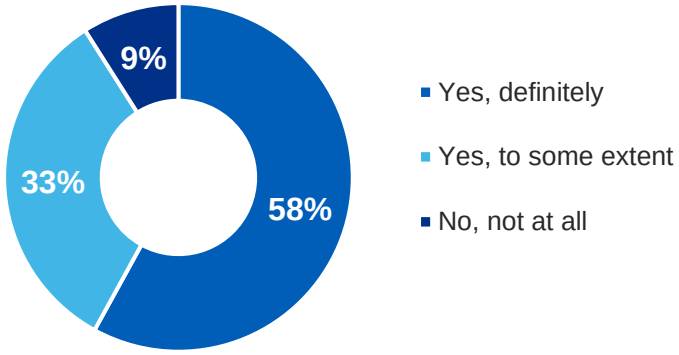
%Yes = %Yes, definitely + %Yes, to some extent

Perceptions of care at patients' last appointment with a healthcare professional

GP PATIENT SURVEY

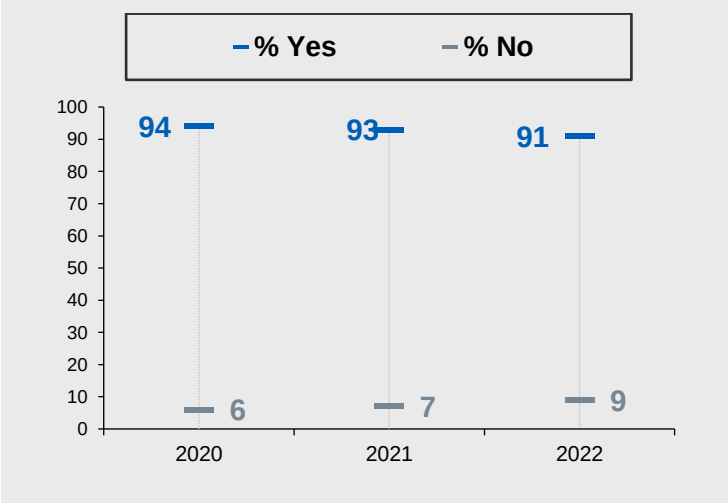
Q29. During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

ICS result

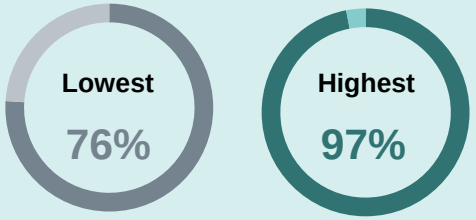


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / doesn't apply' have been excluded: National (587,718); ICS 2022 (4,980); ICS 2021 (5,712); ICS 2020 (5,226); PCN bases range from 234 to 1,555

ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

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

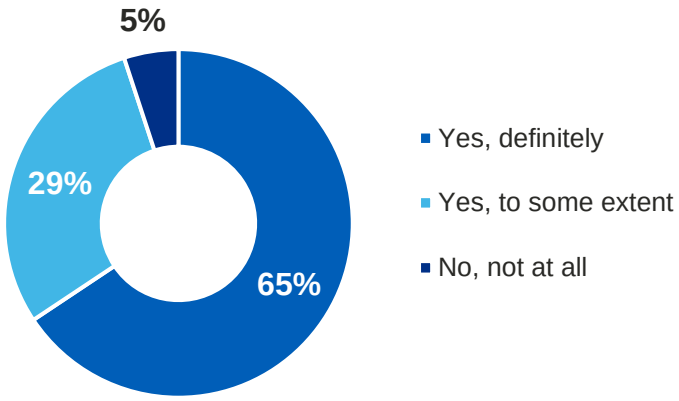
%Yes = %Yes, definitely + %Yes, to some extent

Perceptions of care at patients' last appointment with a healthcare professional

GP PATIENT SURVEY

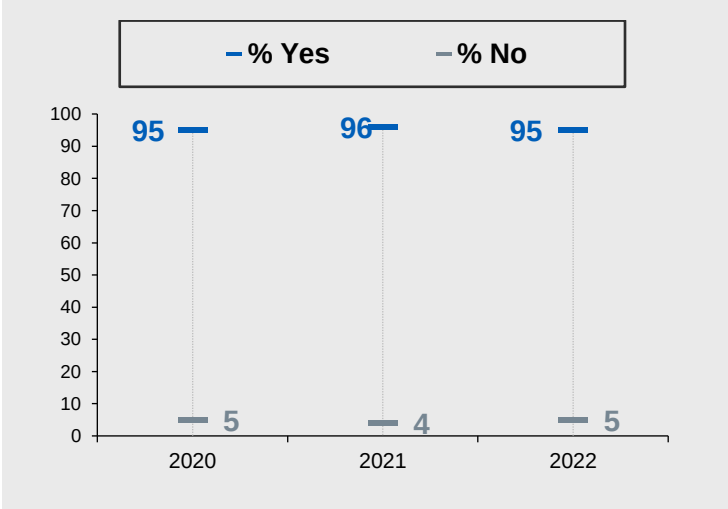
Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

ICS result

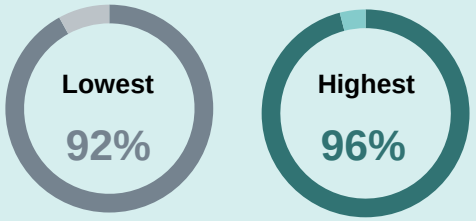


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / doesn't apply' have been excluded: National (650,855); ICS 2022 (5,560); ICS 2021 (6,322); ICS 2020 (5,762); PCN bases range from 265 to 1,720

ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
95%	5%	93%	7%

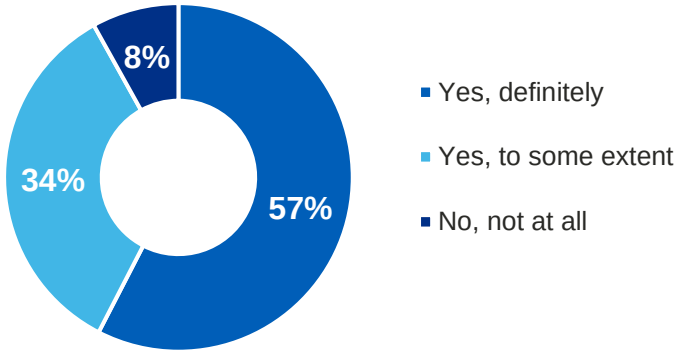
%Yes = %Yes, definitely + %Yes, to some extent

Perceptions of care at patients' last appointment with a healthcare professional

GP PATIENT SURVEY

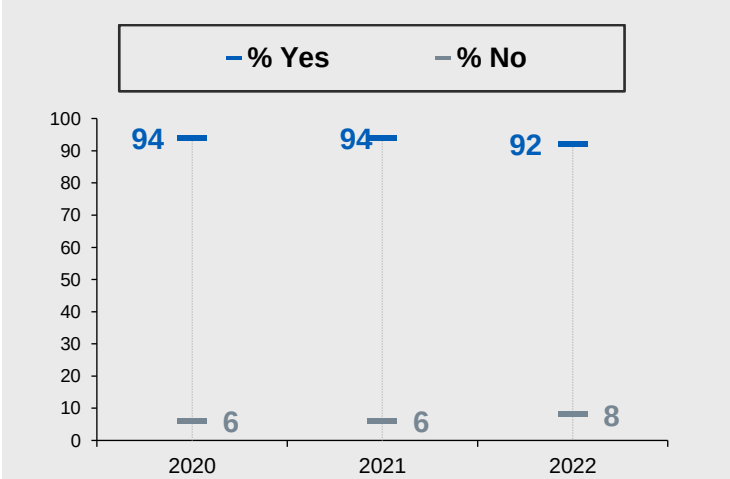
Q31. Thinking about the reason for your last general practice appointment, were your needs met?

ICS result

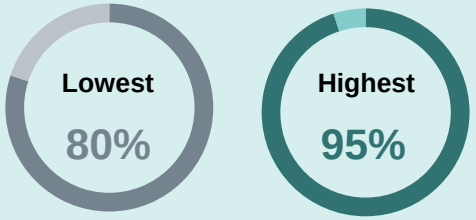


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / doesn't apply' have been excluded: National (652,557); ICS 2022 (5,588); ICS 2021 (6,370); ICS 2020 (5,743); PCN bases range from 270 to 1,722

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.

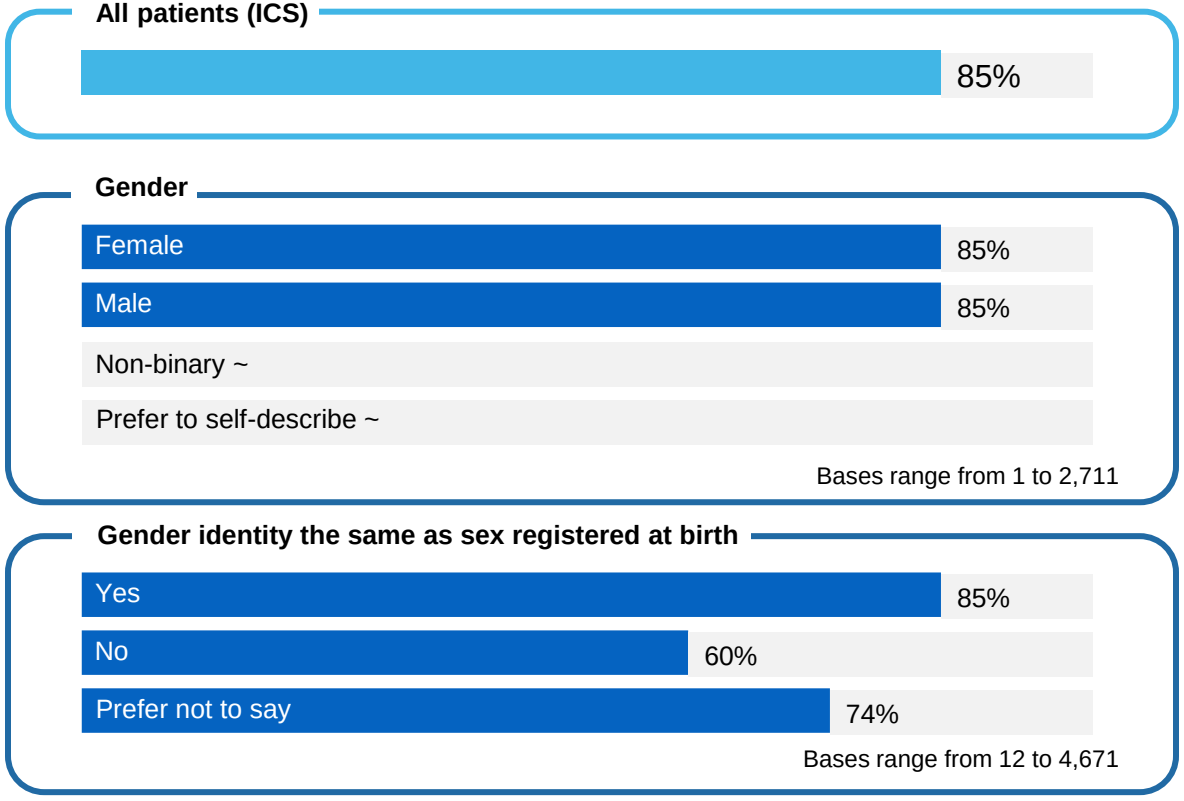
Please note all comparisons are indicative only. Differences in experience between different groups of patients may not be statistically significant and may be influenced by other factors.

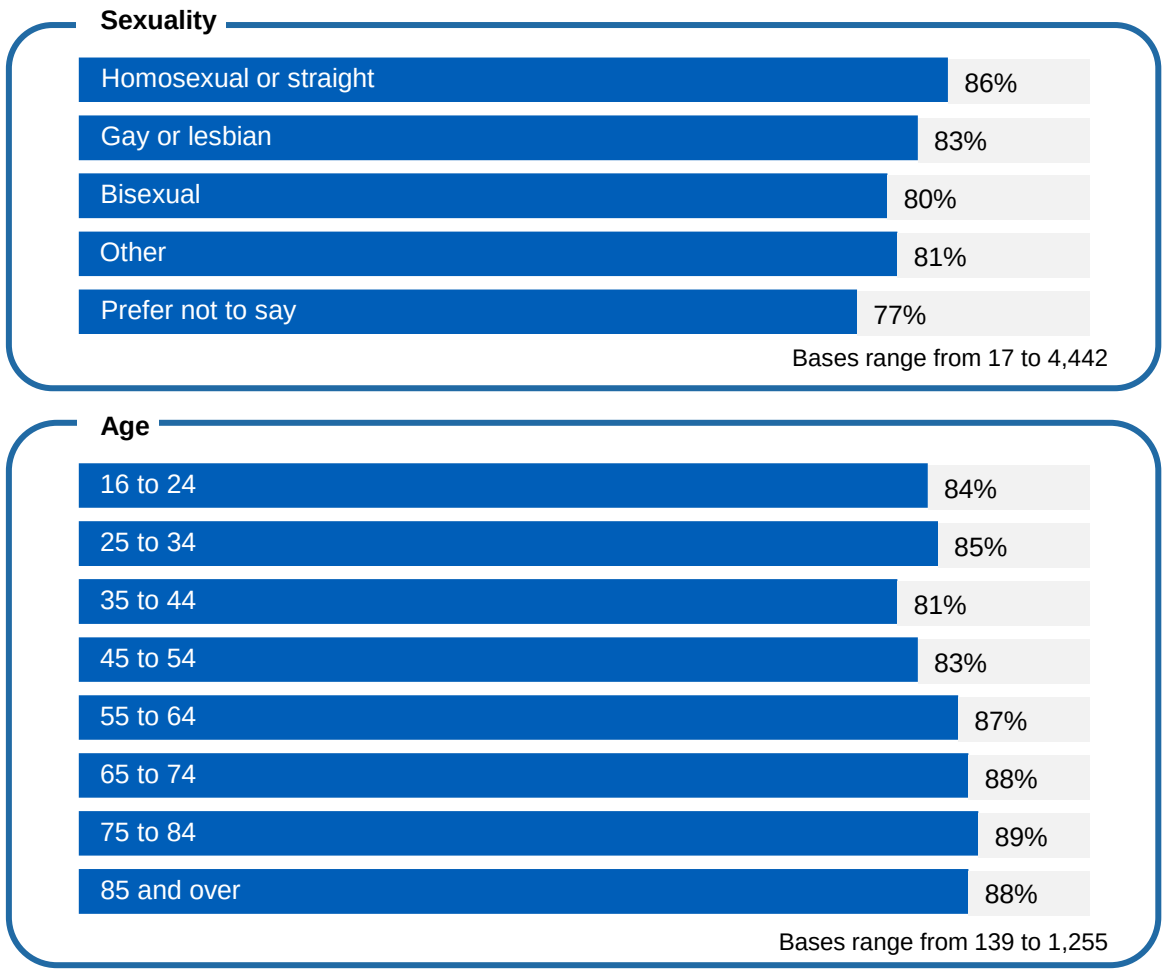
To break down the survey results by patient demographics for **all other questions** at national, PCN and practice level, go to https://gp-patient.co.uk/analysistool or https://gp-patient.co.uk/surveysandreports.

For more information about demographic breakdowns at ICS level please contact the GP Patient Survey team at gppatientsurvey@ipsos.com.

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)

GP PATIENT SURVEY





[1]Good = Very good % + Good %
~ Data suppressed due to receiving fewer than 10 responses
Base: asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'doesn't apply' have been excluded: ICS 2022 (4,761).

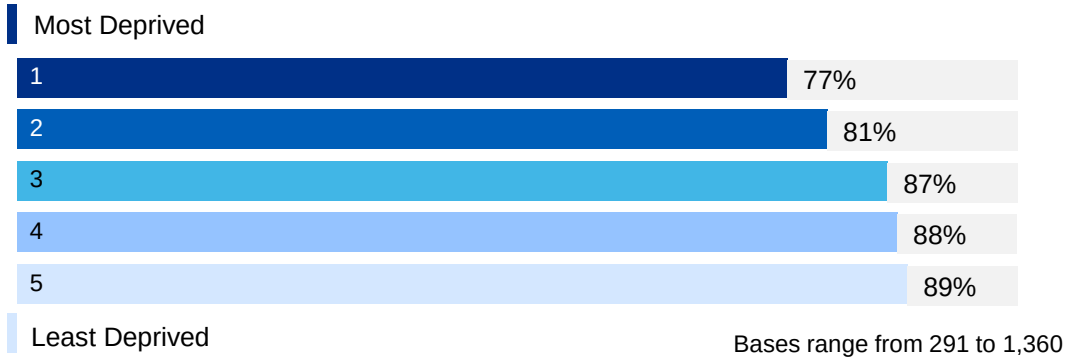
Q27. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern? % Good[1] (total)

GP PATIENT SURVEY

All patients (ICS)

85%

IMD deprivation quintiles

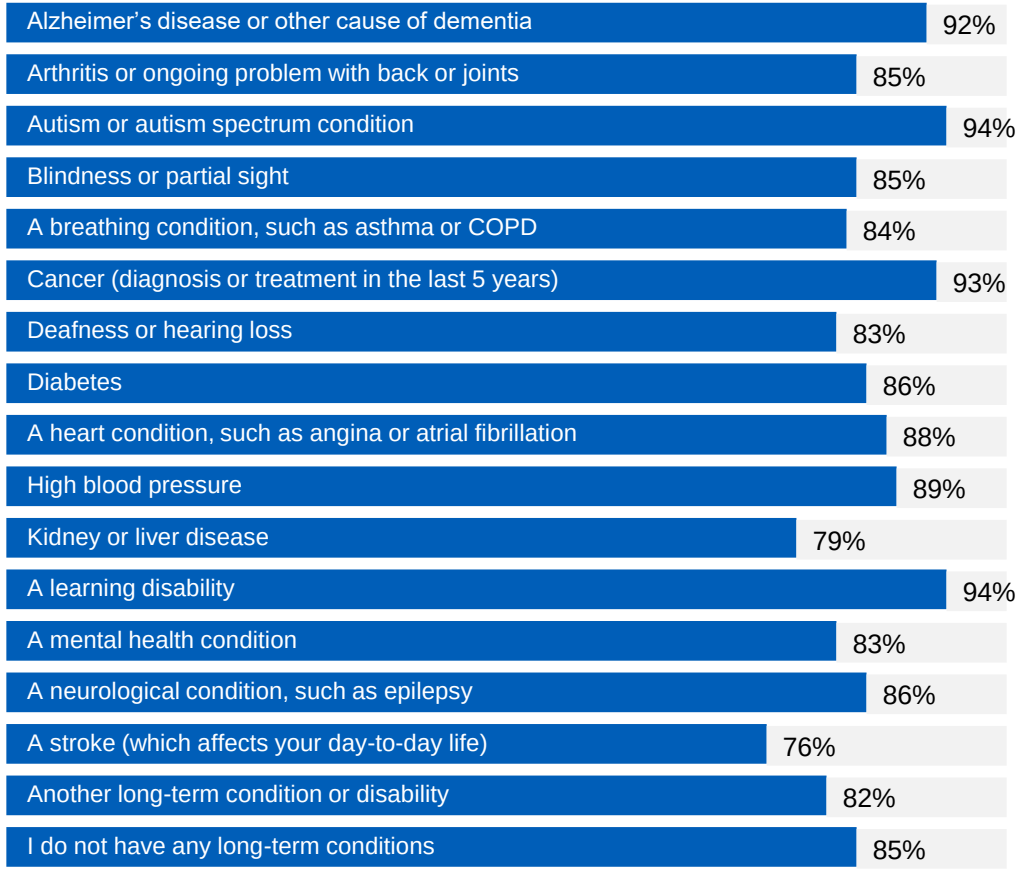


Bases range from 291 to 1,360

Disability[2]

Base: 1,465

Long-term condition



Bases range from 29 to 1,397

[1]%Good = %Very good + %Good
[2]Disability = 'Yes, a lot' + 'Yes, a little' at Q38. Do any of these conditions reduce your ability to carry out your day-to-day activities?
Base: asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'doesn't apply' have been excluded: ICS 2022 (4,761).

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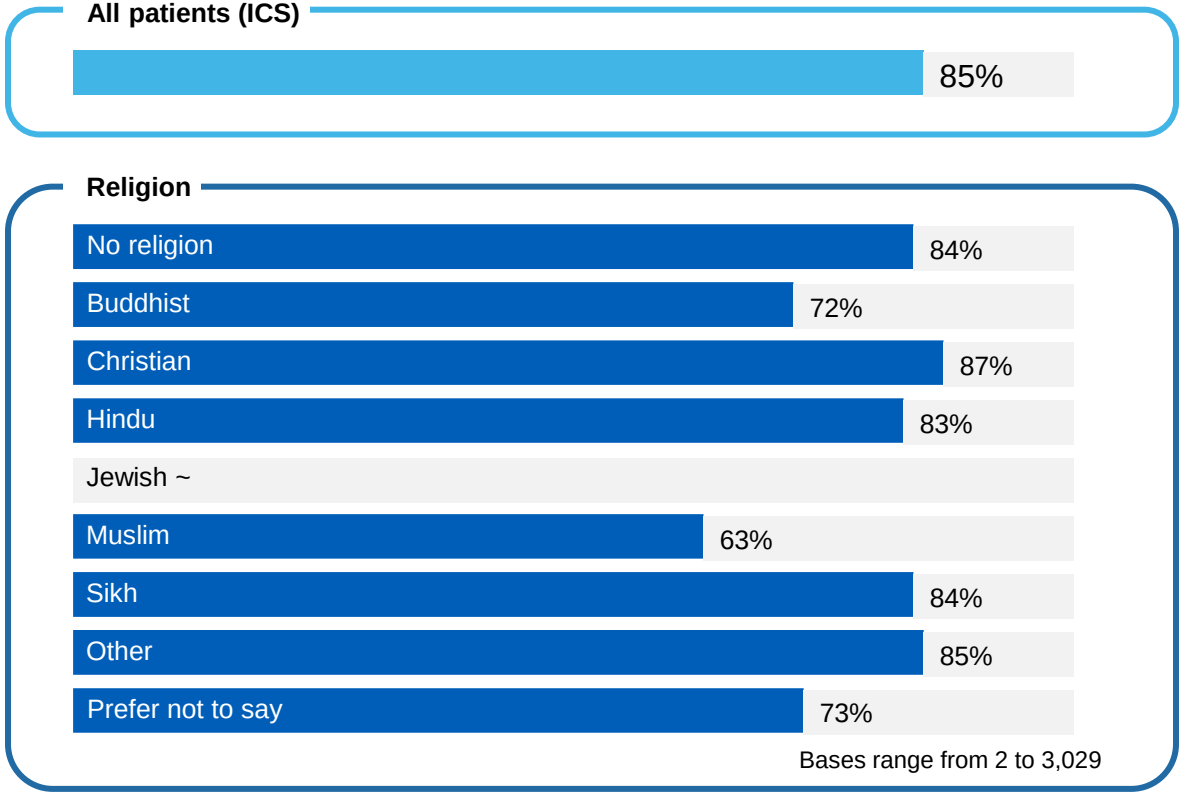
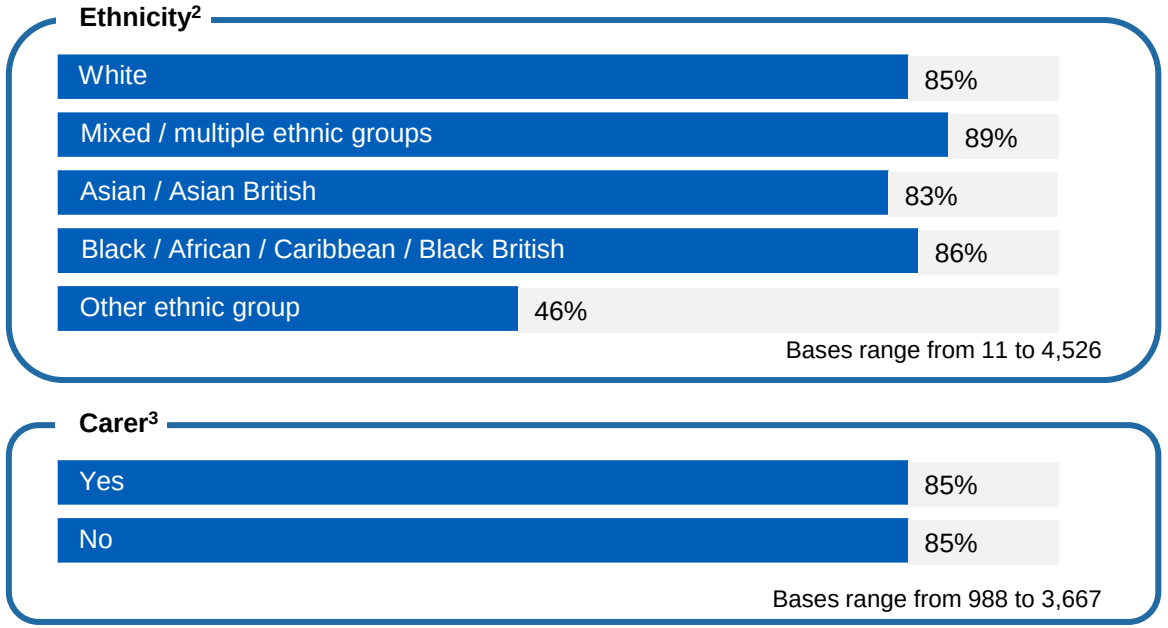
Q27. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern? % Good[1] (total)

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?
~ Data suppressed due to receiving fewer than 10 responses
Base: asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'doesn't apply' have been excluded: ICS 2022 (4,761).

Ipsos

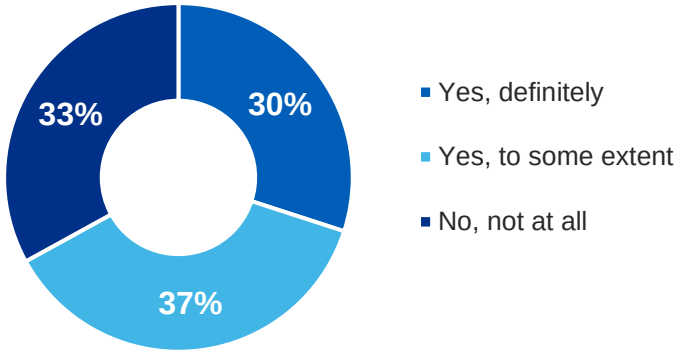
Managing health conditions

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

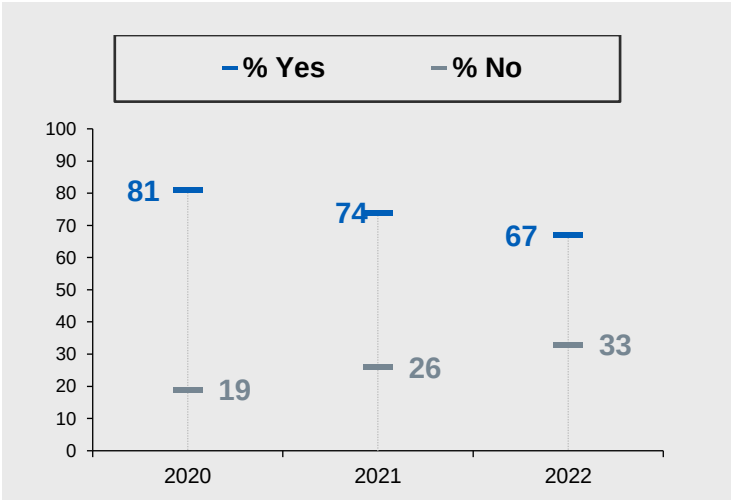
GP PATIENT SURVEY

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)?

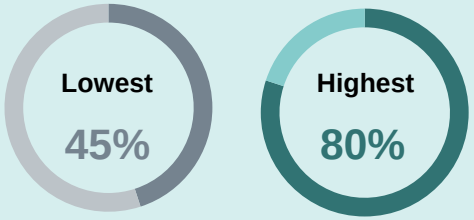
ICS result



ICS result over time



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
67%	33%	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 (267,139); ICS 2022 (2,189); ICS 2021 (2,591); ICS 2020 (2,439); PCN bases range from 108 to 658

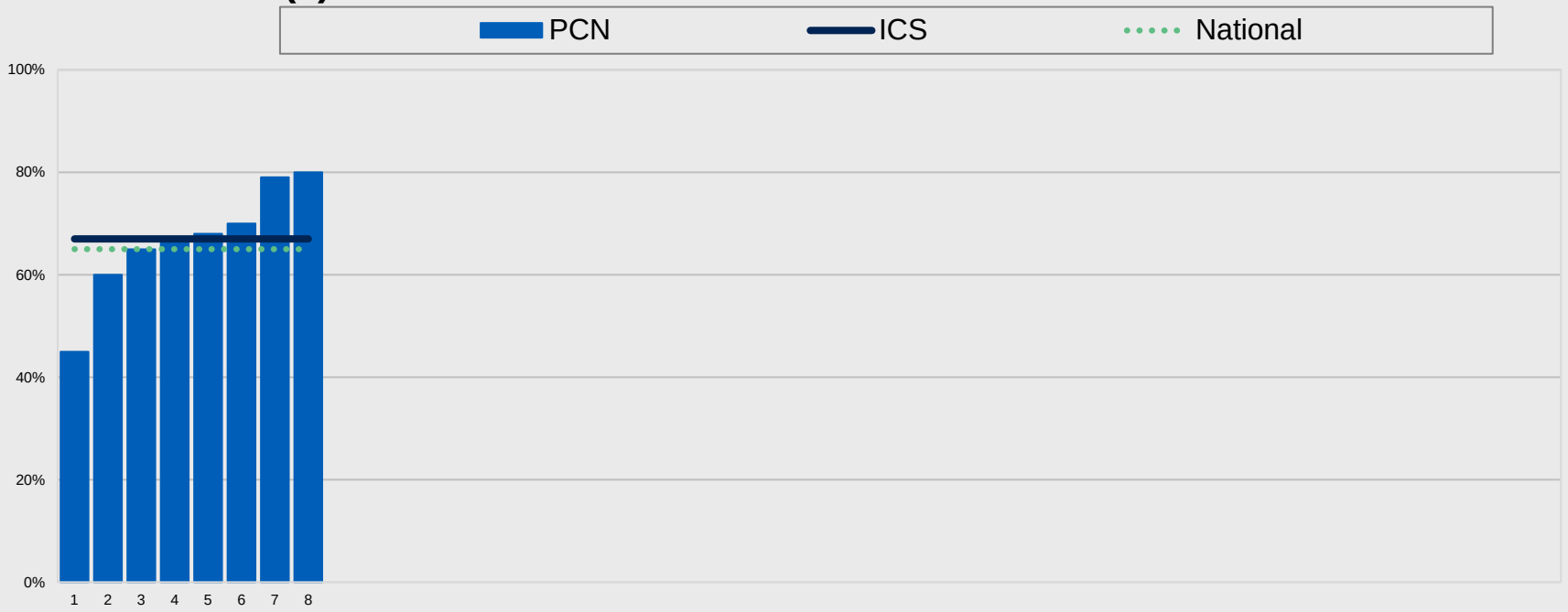
%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the PCNs within the ICS compare

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	TELDOC PCN
2	SOUTH EAST TELFORD PCN
3	WREKIN PCN
4	SHREWSBURY PCN
5	NEWPORT AND CENTRAL PCN
6	NORTH SHROPSHIRE PCN
7	SW SHROPSHIRE PCN
8	SE 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 (267,139); ICS 2022 (2,189); PCN bases range from 108 to 658

Comparisons are indicative only: differences may not be statistically significant

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

Ipsos

Services when GP practice is closed

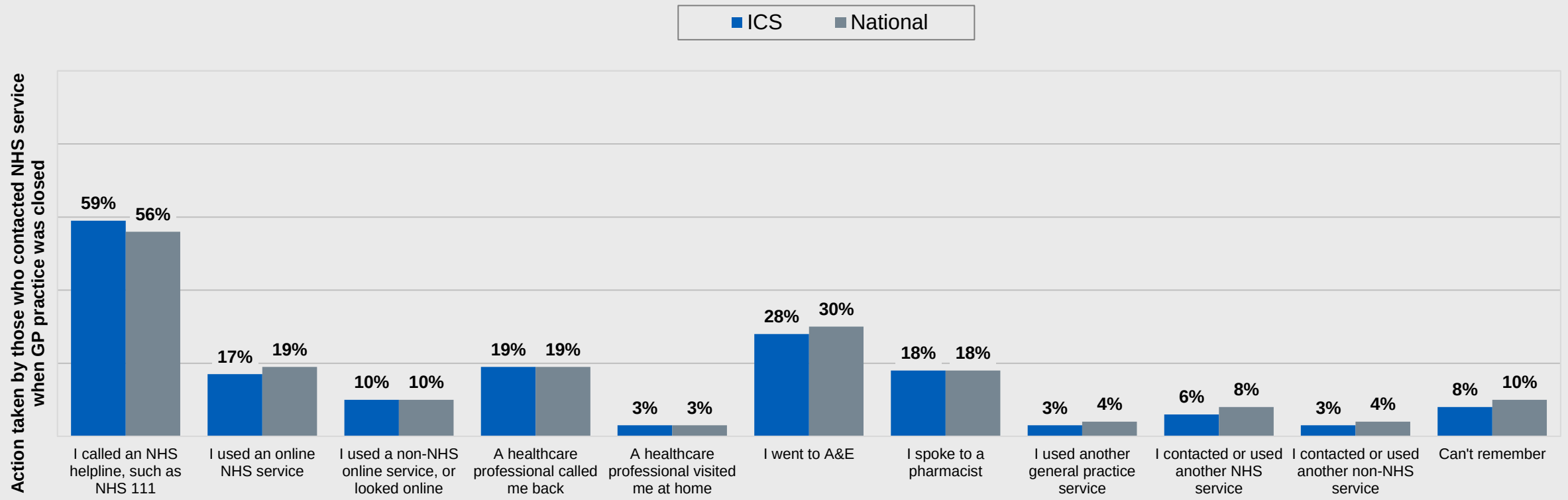
These questions are only asked of those people who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at PCN level. The PCN range within ICS has therefore not been included for these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

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



Base: Asked of patients who in the last 12 months contacted NHS services when their GP practice was closed: National (136,441); ICS 2022 (977)

Comparisons are indicative only: differences may not be statistically significant

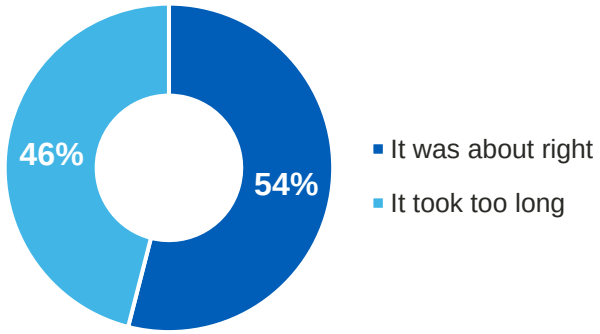
Ipsos

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

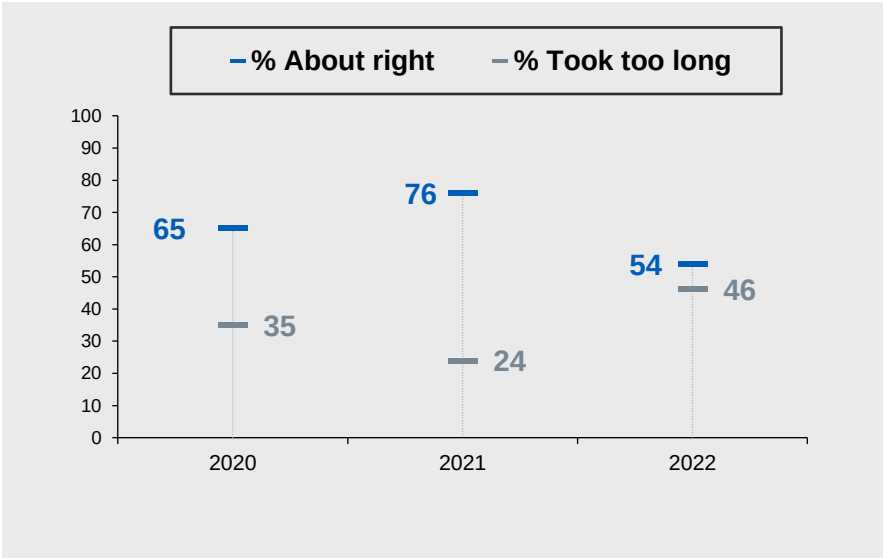
GP PATIENT SURVEY

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
54%	46%	53%	47%

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 (123,066); ICS 2022 (894); ICS 2021 (923); ICS 2020 (1,006)

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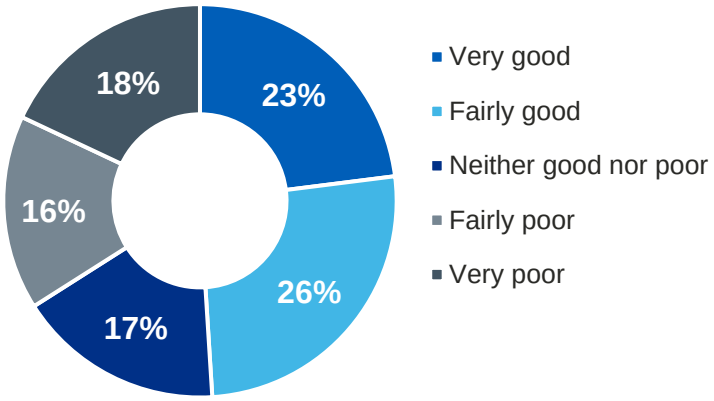
Overall experience of services when GP practice is closed

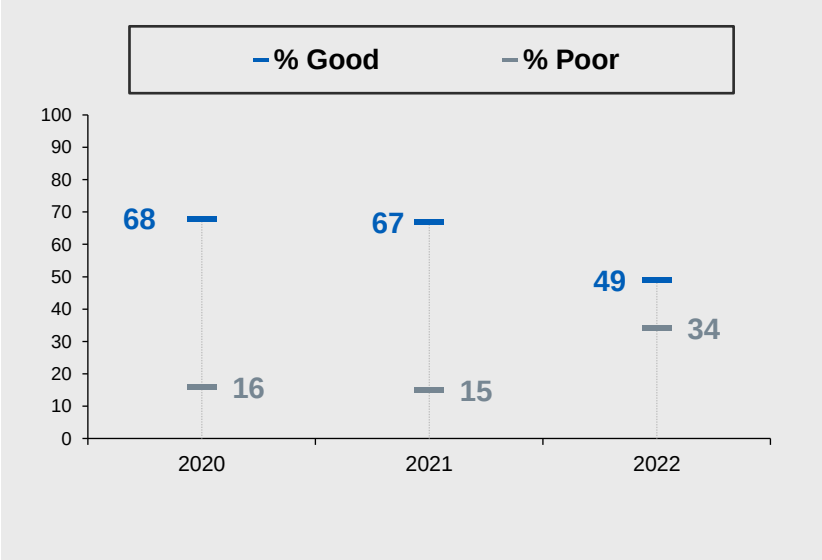
GP PATIENT SURVEY

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
49%	34%	50%	30%

%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 (129,751); ICS 2022 (921); ICS 2021 (948); ICS 2020 (1,024)

Ipsos

Statistical reliability

Statistical reliability

GP PATIENT SURVEY

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.

An example of confidence intervals (at national, ICS and PCN level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”

	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	719,137	0.10	0.16	0.17
ICS	17,122	0.65	0.99	1.08
PCN	566	3.35	5.06	5.52

For example, taking an ICS where 17,122 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-0.99 percentage points from that question’s result (i.e. between 29.01% and 30.99%).

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 been interviewed).

Confidence intervals will be wider when results are based on smaller numbers e.g. practices where 100 patients or fewer responded to a question.

Ipsos

Want to know more?

Further information about the survey

GP PATIENT SURVEY

- The survey was sent to **c.2.5 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire,** also with the option of completing the survey online or via telephone.
- Past results dating back to 2007 are available for every practice in the UK. From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit https://gp-patient.co.uk/.
- The overall response rate to the survey is **29.1%,** based on **719,137** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey 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.

c.2.5m
Surveys to adults registered with an English GP practice

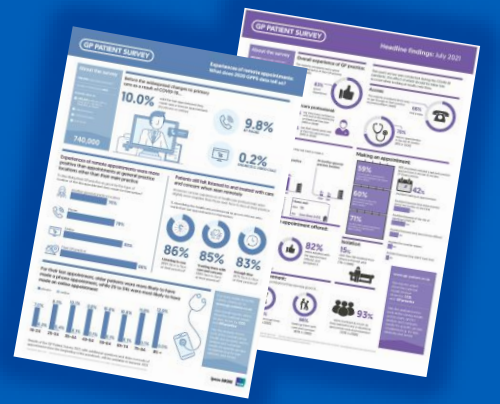
719,137
Completed surveys in the 2022 publication

29.1%
National response rate

Ipsos

Where to go to do further analysis …

- For reports which show the results broken down by ICS, PCN and Practice, go to https://gp-patient.co.uk/surveysandreports - you can also see previous years' results here.
- To look at this year's survey data at a national, PCN or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to https://gp-patient.co.uk/analysistool/2022.
- To look at results over time, and filter on a specific participant group, go to https://gp-patient.co.uk/analysistool/trends.
- For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/faq.



For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI 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.

GP Practice Patient Survey 2022 Results
Primary Care Network Average Scores
Shropshire, Telford & Wrekin

Question	Newport and Central	North Shropshire	Shrews bury	South East Shropshire	South East Telford	South West Shropshire	Teldoc	Wrekin	National Average	Range of Practice Scores	No. and % of Practices below National Average: Number	No. and % of Practices below National Average: Percentage	No. and % of Practices Equal to or Above National Average: Number2	No. and % of Practices Equal to or Above National Average: Percentage2
Satisfaction with overall experience of GP practice	76%	73%	79%	77%	70%	89%	56%	65%	72%	56% - 89%	3	42.86%	5	71.43%
Ease of getting through to GP practice on the telephone	49%	50%	64%	64%	29%	83%	23%	41%	53%	23% - 83%	5	71.43%	3	42.86%
Helpfulness of receptionists at GP Practice	83%	86%	87%	89%	83%	92%	76%	73%	82%	73% - 92%	4	57.14%	4	57.14%
Ease of practice website for finding information / accessing services	68%	70%	75%	71%	66%	85%	48%	58%	67%	48% - 85%	3	42.86%	5	71.43%
Patients who were offered choice of appointment	60%	62%	64%	67%	59%	79%	39%	53%	59%	39% - 79%	2	28.57%	6	85.71%
Patients were satisfied with appointment offered	78%	75%	78%	80%	66%	87%	51%	72%	72%	51% - 87%	2	28.57%	6	85.71%
Overall experience of making an appointment	58%	57%	66%	63%	42%	80%	32%	50%	56%	32% - 80%	3	42.86%	5	71.43%
Patients who were provided with a set appointment time	89%	89%	95%	96%	97%	97%	89%	86%	90%	86% - 97%	4	57.14%	4	57.14%
Satisfaction with appointment times available	56%	55%	61%	61%	45%	73%	30%	47%	55%	30% - 73%	3	42.86%	5	71.43%
Enough support from local services to help manage your condition	68%	70%	67%	80%	60%	79%	45%	65%	65%	45% - 80%	2	28.57%	6	85.71%

	Above National Average
	Highest Result
	Below National Average
	Lowest Result (only highlighted where practices are below national average)

	Over half of PCNs are equal to, or above national average
	Half of PCNs are equal to, or above national average
	Half of PCNs are below national average

Shrop PCN	4
T&W PCN	3
STW PCN	**7**

GP Practice Patient Survey 2022 Results
Summary of Scores against National Average
Shropshire, Telford & Wrekin

Category	Questions	National Average Score	Overall ICB Score	Range of Practice Scores	Average Practice Score*	No. of Practices below National Average	No. of Practices Equal to or Above National Average	% of Practices Equal to or Above National Average
Overall	Satisfaction with overall experience of GP practice rated "Good"	72%	73%	51% - 98%	75%	16	35	69%
Access	Ease of getting through to GP practice on the telephone	53%	52%	5% - 100%	53%	16	35	69%
	Helpfulness of receptionists at GP Practice	82%	84%	60% - 100%	80%	13	38	75%
	Patients who had not accessed GP online services in the past 12 months	45%	54%	39% - 75%	57%	9	42	82%
	Ease of practice website for finding information / accessing services	67%	68%	38% - 92%	65%	19	32	63%
	Patients who were offered choice of appointment	59%	60%	35% - 97%	66%	15	36	71%
	Patients were satisfied with appointment offered	72%	74%	43% - 99%	71%	17	34	67%
	Overall experience of making an appointment	56%	57%	29% - 96%	63%	15	36	71%
	Patients who were provided with a set appointment time	90%	92%	73% - 100%	87%	9	42	82%
	Satisfaction with appointment times available	55%	55%	24% - 96%	60%	26	25	49%
Quality of Care	Patients felt the healthcare professional gave them enough time during the appointment	83%	85%	68% - 99%	84%	14	37	73%
	Patients felt they were listened to during their appointment	85%	86%	68% - 98%	83%	14	37	73%
	Patients felt treated with care and concern	83%	85%	67% - 99%	83%	13	38	75%
	Mental health needs recognised and understood	81%	81%	61% - 99%	80%	13	38	75%
	Patients felt involved in decisions about their care and treatment	90%	91%	75% - 99%	87%	8	43	84%
	Patients had confidence and trust in the healthcare professional	93%	95%	81% - 100%	91%	10	41	80%
	Patients felt their needs were met	91%	92%	78% - 100%	89%	13	38	75%
	Enough support from local services to help manage your condition	65%	67%	44% - 93%	69%	12	39	76%

*average practice score differs slightly to the overall ICS score provided by NHSEI. This is due to NHSEIs data including Y02495 Urgent Treatment Centre

Shrop Practices	38
T&W Practices	13
STW Practices	51

GP Practice Patient Survey 2022 Results
Complete Table of Practice Results
Shropshire, Telford & Wrekin

Shropshire Practices
Telford & Wrekin Practices

Above National Av
Highest Result
Below National Av
Lowest Result (onl

*RAG rating indicates a lower result

PCN	Practice Code	Practice Name	Satisfaction with overall experience of GP practice rated "Good"	Ease of getting through to GP practice on the telephone	Helpfulness of receptionists at GP Practice	Patients who had not accessed GP online services in the past 12 months*	Ease of practice website for finding information / accessing services	Patients who were offered choice of appointment
Teldoc	M82038	Shifnal and Priorslee	46%	5%	62%	46%	48%	35%
Wrekin	M82039	Wellington Medical	51%	20%	60%	57%	55%	43%
Newport & Central	M82012	Donnington	52%	19%	64%	56%	38%	42%
South East Shropshire	M82031	Highley	57%	80%	84%	54%	69%	67%
North Shropshire	M82010	Market Drayton	57%	32%	77%	74%	55%	51%
Shrewsbury	M82032	Severn Fields	58%	39%	70%	63%	61%	46%
Teldoc	Y01929	Teldoc	58%	28%	79%	46%	48%	40%
n/a	M82007	Charlton	58%	19%	77%	38%	60%	45%
South East Telford	M82042	Woodside	59%	20%	74%	75%	62%	52%
North Shropshire	M82035	Wem & Prees	62%	39%	82%	39%	67%	58%
South East Shropshire	M82019	Much Wenlock & Cressage	67%	69%	83%	58%	66%	69%
South East Shropshire	M82004	Bridgnorth	68%	31%	88%	55%	65%	54%
North Shropshire	M82025	Churchmere Medical Group	69%	25%	79%	44%	62%	49%
Shrewsbury	M82002	Mytton Oak	69%	36%	81%	60%	59%	52%
South East Shropshire	M82606	Ironbridge	70%	69%	78%	37%	68%	50%
South East Telford	M82003	Stirchley	71%	20%	84%	55%	62%	60%
n/a	n/a	National Average	72%	53%	82%	45%	67%	59%
Shrewsbury	M82006	Riverside	73%	68%	93%	58%	80%	70%
South East Telford	M82616	Court Street	75%	70%	88%	51%	83%	63%
Newport & Central	M82028	Wellington Road	75%	30%	77%	63%	57%	62%
Shrewsbury	M82047	Marden, Shrewsbury	76%	55%	86%	53%	64%	59%
Wrekin	M82009	Dawley	76%	47%	85%	73%	56%	64%
Shrewsbury	M82030	Pontesbury and Worthen	79%	54%	84%	60%	83%	70%
Wrekin	M82057	Hollinswood	79%	83%	84%	60%	72%	62%
South East Shropshire	M82601	Alveley	80%	85%	88%	63%	88%	76%
Shrewsbury	M82016	Radbrook Green	81%	47%	86%	47%	66%	64%
Shrewsbury	M82048	Belvidere	82%	75%	86%	59%	75%	62%
North Shropshire	M82026	Cambrian	82%	66%	90%	42%	81%	80%
Shrewsbury	M82040	Marysville	83%	85%	89%	39%	87%	60%
South West Shropshire	M82008	Church Stretton	84%	60%	86%	41%	83%	78%
Shrewsbury	M82018	The Beeches	85%	80%	92%	72%	80%	69%
Shrewsbury	M82011	Shawbury	85%	67%	95%	67%	75%	55%
n/a	M82058	Hodnet	85%	91%	98%	48%	77%	64%
South East Shropshire	M82021	Albrighton	86%	54%	95%	63%	69%	71%
Shrewsbury	M82013	Westbury	87%	88%	96%	54%	80%	60%
Newport & Central	M82056	Linden Hall	87%	72%	96%	58%	91%	67%
South East Shropshire	M82051	Broseley	87%	80%	86%	70%	62%	57%
Shrewsbury	M82060	South Hermitage	87%	80%	92%	43%	82%	74%
South West Shropshire	M82043	Ludlow - Portcullis	87%	85%	88%	41%	88%	71%
South West Shropshire	M82046	Craven Arms	88%	94%	89%	66%	88%	75%
Shrewsbury	M82023	Prescott	88%	75%	81%	67%	83%	67%
North Shropshire	M82005	Plas Ffynnon	89%	82%	97%	55%	65%	61%
South West Shropshire	M82620	The Meadows	89%	100%	96%	52%	82%	78%
Newport & Central	M82059	Shawbirch	89%	76%	94%	50%	83%	71%
South West Shropshire	M82033	Bishop's Castle	90%	97%	98%	71%	87%	87%
North Shropshire	M82022	The Caxton	91%	82%	97%	58%	88%	89%
Shrewsbury	M82017	Clive	92%	77%	91%	46%	75%	62%
South East Shropshire	M82041	Cleobury Mortimer	94%	96%	99%	51%	85%	90%
South West Shropshire	M82014	Station Drive	94%	82%	94%	45%	85%	83%
Shrewsbury	M82034	Claremont Bank	95%	90%	100%	47%	91%	85%
Shrewsbury	M82020	Knockin	96%	97%	98%	44%	89%	93%
South East Shropshire	M82024	Brown Clee	98%	100%	99%	65%	92%	97%

Above National Average
Highest Result
Below National Average
Lowest Result (only highlighted where practices are be

*RAG rating indicates a lower result as a negative, with the exception of

GP Practice Patient S
Complete Table of P
Shropshire, Telford &

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ly highlighted where practices are below national average)

as a negative, with the exception of question re access to online services as the lower percentage is a positive.

GP Patient Satisfaction Survey Questions

PCN	Practice Code	Patients were satisfied with appointment offered	Overall experience of making an appointment	Patients who were provided with a set appointment time	Satisfaction with appointment times available	Patients felt the healthcare professional gave them enough time during the appointment	Patients felt they were listened to during their appointment	Patients felt treated with care and concern	Mental health needs recognised and understood
Teldoc	M82038	43%	32%	94%	24%	73%	79%	81%	72%
Wrekin	M82039	73%	37%	73%	32%	68%	70%	71%	62%
Newport & Central	M82012	62%	29%	89%	30%	78%	79%	77%	74%
South East Shropshire	M82031	68%	55%	94%	55%	69%	68%	69%	61%
North Shropshire	M82010	71%	49%	88%	39%	79%	90%	85%	73%
Shrewsbury	M82032	69%	48%	93%	46%	77%	84%	80%	82%
Teldoc	Y01929	53%	33%	87%	31%	72%	71%	70%	66%
n/a	M82007	70%	36%	90%	41%	87%	87%	83%	82%
South East Telford	M82042	64%	37%	97%	44%	71%	72%	73%	46%
North Shropshire	M82035	77%	46%	94%	37%	87%	83%	83%	82%
South East Shropshire	M82019	67%	56%	93%	43%	89%	90%	89%	85%
South East Shropshire	M82004	77%	46%	99%	42%	86%	80%	82%	72%
North Shropshire	M82025	58%	37%	82%	49%	88%	83%	86%	78%
Shrewsbury	M82002	62%	53%	93%	52%	91%	92%	86%	87%
South East Shropshire	M82606	59%	45%	94%	43%	85%	82%	82%	82%
South East Telford	M82003	68%	39%	97%	43%	85%	93%	88%	88%
n/a	n/a	72%	56%	90%	55%	83%	85%	83%	81%
Shrewsbury	M82006	74%	64%	98%	61%	79%	82%	75%	82%
South East Telford	M82616	61%	56%	100%	56%	75%	85%	79%	80%
Newport & Central	M82028	79%	56%	81%	59%	82%	86%	86%	81%
Shrewsbury	M82047	73%	64%	95%	50%	94%	94%	92%	90%
Wrekin	M82009	73%	59%	96%	60%	88%	88%	90%	84%
Shrewsbury	M82030	86%	65%	98%	51%	82%	86%	77%	92%
Wrekin	M82057	67%	69%	98%	62%	73%	71%	67%	62%
South East Shropshire	M82601	86%	75%	92%	69%	90%	95%	90%	94%
Shrewsbury	M82016	79%	74%	97%	68%	94%	95%	94%	89%
Shrewsbury	M82048	71%	67%	94%	57%	90%	92%	87%	83%
North Shropshire	M82026	80%	75%	85%	66%	92%	90%	93%	76%
Shrewsbury	M82040	86%	69%	95%	64%	90%	91%	90%	80%
South West Shropshire	M82008	81%	68%	100%	69%	88%	89%	91%	93%
Shrewsbury	M82018	75%	66%	96%	65%	94%	96%	93%	94%
Shrewsbury	M82011	92%	73%	93%	68%	91%	87%	88%	89%
n/a	M82058	82%	77%	85%	65%	86%	88%	90%	93%
South East Shropshire	M82021	90%	71%	93%	74%	98%	95%	92%	99%
Shrewsbury	M82013	88%	68%	79%	66%	94%	90%	93%	88%
Newport & Central	M82056	80%	69%	95%	63%	91%	93%	93%	83%
South East Shropshire	M82051	70%	62%	96%	66%	92%	93%	92%	95%
Shrewsbury	M82060	79%	73%	99%	62%	89%	81%	88%	86%
South West Shropshire	M82043	87%	76%	97%	71%	91%	91%	91%	90%
South West Shropshire	M82046	87%	80%	98%	70%	91%	94%	93%	90%
Shrewsbury	M82023	77%	64%	99%	63%	92%	94%	92%	95%
North Shropshire	M82005	84%	68%	90%	54%	92%	96%	90%	87%
South West Shropshire	M82620	84%	80%	97%	79%	99%	91%	91%	88%
Newport & Central	M82059	86%	76%	90%	70%	92%	88%	91%	90%
South West Shropshire	M82033	94%	92%	92%	82%	95%	98%	96%	94%
North Shropshire	M82022	89%	82%	96%	84%	94%	94%	92%	88%
Shrewsbury	M82017	81%	71%	100%	79%	97%	96%	95%	95%
South East Shropshire	M82041	91%	92%	100%	85%	94%	97%	97%	96%
South West Shropshire	M82014	89%	84%	97%	70%	95%	94%	95%	93%
Shrewsbury	M82034	89%	93%	93%	89%	93%	96%	95%	88%
Shrewsbury	M82020	91%	91%	99%	88%	99%	98%	99%	96%
South East Shropshire	M82024	99%	96%	99%	96%	98%	98%	98%	99%

low national average)

question re access to online services as the lower percentage is a positive.

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PCN	Practice Code	Patients felt involved in decisions about their care and treatment	Patients had confidence and trust in the healthcare professional	Patients felt their needs were met	Enough support from local services to help manage your condition
Teldoc	M82038	90%	91%	90%	60%
Wrekin	M82039	82%	95%	96%	73%
Newport & Central	M82012	93%	92%	88%	53%
South East Shropshire	M82031	75%	84%	83%	56%
North Shropshire	M82010	89%	96%	86%	65%
Shrewsbury	M82032	87%	93%	85%	51%
Teldoc	Y01929	72%	93%	78%	53%
n/a	M82007	91%	91%	92%	64%
South East Telford	M82042	80%	81%	78%	75%
North Shropshire	M82035	92%	92%	91%	61%
South East Shropshire	M82019	94%	96%	91%	85%
South East Shropshire	M82004	88%	93%	91%	73%
North Shropshire	M82025	91%	92%	88%	66%
Shrewsbury	M82002	92%	94%	94%	65%
South East Shropshire	M82606	94%	90%	91%	72%
South East Telford	M82003	95%	94%	95%	77%
n/a	n/a	90%	93%	91%	65%
Shrewsbury	M82006	93%	94%	92%	67%
South East Telford	M82616	91%	95%	89%	68%
Newport & Central	M82028	94%	90%	89%	71%
Shrewsbury	M82047	92%	95%	98%	66%
Wrekin	M82009	94%	97%	96%	68%
Shrewsbury	M82030	93%	97%	95%	68%
Wrekin	M82057	85%	90%	80%	50%
South East Shropshire	M82601	99%	100%	98%	77%
Shrewsbury	M82016	98%	100%	98%	70%
Shrewsbury	M82048	94%	95%	95%	72%
North Shropshire	M82026	96%	95%	96%	75%
Shrewsbury	M82040	99%	96%	95%	71%
South West Shropshire	M82008	98%	98%	96%	91%
Shrewsbury	M82018	99%	97%	95%	70%
Shrewsbury	M82011	94%	91%	94%	53%
n/a	M82058	95%	97%	90%	81%
South East Shropshire	M82021	93%	97%	97%	93%
Shrewsbury	M82013	95%	97%	97%	81%
Newport & Central	M82056	93%	99%	98%	44%
South East Shropshire	M82051	96%	97%	95%	93%
Shrewsbury	M82060	94%	96%	88%	56%
South West Shropshire	M82043	98%	93%	96%	68%
South West Shropshire	M82046	96%	98%	98%	74%
Shrewsbury	M82023	96%	99%	97%	69%
North Shropshire	M82005	94%	98%	94%	67%
South West Shropshire	M82620	94%	94%	92%	77%
Newport & Central	M82059	95%	94%	94%	55%
South West Shropshire	M82033	97%	99%	97%	81%
North Shropshire	M82022	97%	98%	99%	87%
Shrewsbury	M82017	98%	100%	95%	83%
South East Shropshire	M82041	99%	97%	100%	77%
South West Shropshire	M82014	98%	97%	94%	84%
Shrewsbury	M82034	96%	98%	98%	82%
Shrewsbury	M82020	99%	99%	99%	78%
South East Shropshire	M82024	99%	100%	100%	90%

GP Practice Patient Survey 2022 Results
Shropshire Results

		Shropshire																									
		M82021	M82601	M82018	M82048	M82033	M82004	M82051	M82024	M82026	M82008	M82025	M82034	M82041	M82017	M82046	M82031	M82058	**M82606**	M82020	M82043	M82047	M82010	M82040	M82019	M82002	M82005	M82030
Category	**Questions**	**Albrighton**	**Alveley**	**The Beeches**	**Belvidere**	**Bishop's Castle**	**Bridgnorth**	**Broseley**	**Brown Clee**	**Cambrian**	**Church Stretton**	**Churchmere Medical Group**	**Claremont Bank**	**Cleobury Mortimer**	**Clive**	**Craven Arms**	**Highley**	**Hodnet**	**Ironbridge**	**Knockin**	**Ludlow - Portcullis**	**Marden, Shrewsbury**	**Market Drayton**	**Marysville**	**Much Wenlock & Cressage**	**Mytton Oak**	**Plas Ffynnon**	**Pontesbury and Worthen**
Overall	**Satisfaction with overall experience of GP practice rated "Good"**	86%	80%	85%	82%	90%	68%	87%	98%	82%	84%	69%	95%	94%	92%	88%	57%	85%	70%	96%	87%	76%	57%	83%	67%	69%	89%	79%
Access	**Ease of getting through to GP practice on the telephone**	54%	85%	80%	75%	97%	31%	80%	100%	66%	60%	25%	90%	96%	77%	94%	80%	91%	69%	97%	85%	55%	32%	85%	69%	36%	82%	54%
	Helpfulness of receptionists at GP Practice	95%	88%	92%	86%	98%	88%	86%	99%	90%	86%	79%	100%	99%	91%	89%	84%	98%	78%	98%	88%	86%	77%	89%	83%	81%	97%	84%
	Patients who had not accessed GP online services in the past 12 months*	63%	63%	72%	59%	71%	55%	70%	65%	42%	41%	44%	47%	51%	46%	66%	54%	48%	37%	44%	41%	53%	74%	39%	58%	60%	55%	60%
	Ease of practice website for finding information / accessing services	69%	88%	80%	75%	87%	65%	62%	92%	81%	83%	62%	91%	85%	75%	88%	69%	77%	68%	89%	88%	64%	55%	87%	66%	59%	65%	83%
	Patients who were offered choice of appointment	71%	76%	69%	62%	87%	54%	57%	97%	80%	78%	49%	85%	90%	62%	75%	67%	64%	50%	93%	71%	59%	51%	60%	69%	52%	61%	70%
	Patients were satisfied with appointment offered	90%	86%	75%	71%	94%	77%	70%	99%	80%	81%	58%	89%	91%	81%	87%	68%	82%	59%	91%	87%	73%	71%	86%	67%	62%	84%	86%
	Overall experience of making an appointment	71%	75%	66%	67%	92%	46%	62%	96%	75%	68%	37%	93%	92%	71%	80%	55%	77%	45%	91%	76%	64%	49%	69%	56%	53%	68%	65%
	Patients who were provided with a set appointment time	93%	92%	96%	94%	92%	99%	96%	99%	85%	100%	82%	93%	100%	100%	98%	94%	85%	94%	99%	97%	95%	88%	95%	93%	93%	90%	98%
	Satisfaction with appointment times available	74%	69%	65%	57%	82%	42%	66%	96%	66%	69%	49%	89%	85%	79%	70%	55%	65%	43%	88%	71%	50%	39%	64%	43%	52%	54%	51%
Quality of Care	**Patients felt the healthcare professional gave them enough time during the appointment**	98%	90%	94%	90%	95%	86%	92%	98%	92%	88%	88%	93%	94%	97%	91%	69%	86%	85%	99%	91%	94%	79%	90%	89%	91%	92%	82%
	Patients felt they were listened to during their appointment	95%	95%	96%	92%	98%	80%	93%	98%	90%	89%	83%	96%	97%	96%	94%	68%	88%	82%	98%	91%	94%	90%	91%	90%	92%	96%	86%
	Patients felt treated with care and concern	92%	90%	93%	87%	96%	82%	92%	98%	93%	91%	86%	95%	97%	95%	93%	69%	90%	82%	99%	91%	92%	85%	90%	89%	86%	90%	77%
	Mental health needs recognised and understood	99%	94%	94%	83%	94%	72%	95%	99%	76%	93%	78%	88%	96%	95%	90%	61%	93%	82%	96%	90%	90%	73%	80%	85%	87%	87%	92%
	Patients felt involved in decisions about their care and treatment	93%	99%	99%	94%	97%	88%	96%	99%	96%	98%	91%	96%	99%	98%	96%	75%	95%	94%	99%	98%	92%	89%	99%	94%	92%	94%	93%
	Patients had confidence and trust in the healthcare professional	97%	100%	97%	95%	99%	93%	97%	100%	95%	98%	92%	98%	97%	100%	98%	84%	97%	90%	99%	93%	95%	96%	96%	96%	94%	98%	97%
	Patients felt their needs were met	97%	98%	95%	95%	97%	91%	95%	100%	96%	96%	88%	98%	100%	95%	98%	83%	90%	91%	99%	96%	98%	86%	95%	91%	94%	94%	95%
	Enough support from local services to help manage your condition	93%	77%	70%	72%	81%	73%	93%	90%	75%	91%	66%	82%	77%	83%	74%	56%	81%	72%	78%	68%	66%	65%	71%	85%	65%	67%	68%
	AVERAGE PRACTICE SCORE Across all questions	85%	86%	84%	80%	92%	72%	83%	96%	81%	83%	68%	90%	91%	85%	87%	69%	83%	72%	92%	84%	78%	70%	82%	77%	73%	81%	79%

Above National Average
Highest Result
Below National Average
Lowest Result (only highlighted where practices are below national average)

*RAG rating indicates a lower result as a negative, with the exception of question re access to online services as the lower percentage is a positive.

GP Practice Patient Survey 2022 I
Shropshire Results

Category	Questions	M82023 Prescott	M82016 Radbrook Green	M82006 Riverside	M82032 Severn Fields	M82011 Shawbury	M82060 South Hermitage	M82014 Station Drive	M82022 The Caxton	M82620 The Meadows	M82035 Wem & Prees	M82013 Westbury	National Average	Range of Practice Scores	Number of GP Practices below National Average	Number of GP Practices Equal/Above National Average
Overall	Satisfaction with overall experience of GP practice rated "Good"	88%	81%	73%	58%	85%	87%	94%	91%	89%	62%	87%	72%	57% - 98%	9	29
Access	Ease of getting through to GP practice on the telephone	75%	47%	68%	39%	67%	80%	82%	82%	100%	39%	88%	53%	31% - 100%	7	31
	Helpfulness of receptionists at GP Practice	81%	86%	93%	70%	95%	92%	94%	97%	96%	82%	96%	82%	70% - 100%	6	32
	Patients who had not accessed GP online services in the past 12 months*	67%	47%	58%	63%	67%	43%	45%	58%	52%	39%	54%	45%	37% - 74%	8	30
	Ease of practice website for finding information / accessing services	83%	66%	80%	61%	75%	82%	85%	88%	82%	67%	80%	67%	55% - 92%	10	28
	Patients who were offered choice of appointment	67%	64%	70%	46%	55%	74%	83%	89%	78%	58%	60%	59%	46% - 97%	9	29
	Patients were satisfied with appointment offered	77%	79%	74%	69%	92%	79%	89%	89%	84%	77%	88%	72%	58% - 99%	9	29
	Overall experience of making an appointment	64%	74%	64%	48%	73%	73%	84%	82%	80%	46%	68%	56%	37% - 96%	8	30
	Patients who were provided with a set appointment time	99%	97%	98%	93%	93%	99%	97%	96%	97%	94%	79%	90%	79% - 100%	5	33
	Satisfaction with appointment times available	63%	68%	61%	46%	68%	62%	70%	84%	79%	37%	66%	55%	37% - 96%	19	19
Quality of Care	Patients felt the healthcare professional gave them enough time during the appointment	92%	94%	79%	77%	91%	89%	95%	94%	99%	87%	94%	83%	69% - 99%	6	32
	Patients felt they were listened to during their appointment	94%	95%	82%	84%	87%	81%	94%	94%	91%	83%	90%	85%	68% - 98%	8	30
	Patients felt treated with care and concern	92%	94%	75%	80%	88%	88%	95%	92%	91%	83%	93%	83%	69% - 99%	6	32
	Mental health needs recognised and understood	95%	89%	82%	82%	89%	86%	93%	88%	88%	82%	88%	81%	61% - 99%	6	32
	Patients felt involved in decisions about their care and treatment	96%	98%	93%	87%	94%	94%	98%	97%	94%	92%	95%	90%	75% - 99%	4	34
	Patients had confidence and trust in the healthcare professional	99%	100%	94%	93%	91%	96%	97%	98%	94%	92%	97%	93%	84% - 100%	4	34
	Patients felt their needs were met	97%	98%	92%	85%	94%	88%	94%	99%	92%	91%	97%	91%	83% - 100%	6	32
	Enough support from local services to help manage your condition	69%	70%	67%	51%	53%	56%	84%	87%	77%	61%	81%	65%	51% - 93%	5	33
	AVERAGE PRACTICE SCORE Across all questions	83%	80%	78%	68%	81%	81%	87%	89%	87%	71%	83%	73%			

GP Practice Patient Survey 2022 Results
Telford & Wrekin Results

		Telford & Wrekin																
		M82007	M82616	M82009	M82012	M82057	M82056	M82059	M82038	M82003	Y01929	M82039	M82028	M82042				
Category	Questions	Charlton	Court Street	Dawley	Donnington	Hollinswood	Linden Hall	Shawbirch	Shifnal and Priorslee	Stirchley	Teldoc	Wellington Medical	Wellington Road	Woodside	National Average	Range of Practice Scores	Number of GP Practices below National Average	Number of GP Practices Equal/Above National Average
Overall	Satisfaction with overall experience of GP practice rated "Good"	58%	75%	76%	52%	79%	87%	89%	46%	71%	58%	51%	75%	59%	72%	51% - 89%	7	6
Access	Ease of getting through to GP practice on the telephone	19%	70%	47%	19%	83%	72%	76%	5%	20%	28%	20%	30%	20%	53%	5% - 83%	9	4
	Helpfulness of receptionists at GP Practice	77%	88%	85%	64%	84%	96%	94%	62%	84%	79%	60%	77%	74%	82%	60% - 96%	7	6
	Patients who had not accessed GP online services in the past 12 months	38%	51%	73%	56%	60%	58%	50%	46%	55%	46%	57%	63%	75%	45%	37% - 75%	1	12
	Ease of practice website for finding information / accessing services	60%	83%	56%	38%	72%	91%	83%	48%	62%	48%	55%	57%	62%	67%	38% - 91%	9	4
	Patients who were offered choice of appointment	45%	63%	64%	42%	62%	67%	71%	35%	60%	40%	43%	62%	52%	59%	35% - 71%	6	7
	Patients were satisfied with appointment offered	70%	61%	73%	62%	67%	80%	86%	43%	68%	53%	73%	79%	64%	72%	43% - 86%	8	5
	Overall experience of making an appointment	36%	56%	59%	29%	69%	69%	76%	32%	39%	33%	37%	56%	37%	56%	29% - 76%	7	6
	Patients who were provided with a set appointment time	90%	100%	96%	89%	98%	95%	90%	94%	97%	87%	73%	81%	97%	90%	73% - 100%	4	9
	Satisfaction with appointment times available	41%	56%	60%	30%	62%	63%	70%	24%	43%	31%	32%	59%	44%	55%	24% - 70%	7	6
Quality of Care	Patients felt the healthcare professional gave them enough time during the appointment	87%	75%	88%	78%	73%	91%	92%	73%	85%	72%	68%	82%	71%	83%	68% - 92%	8	5
	Patients felt they were listened to during their appointment	87%	85%	88%	79%	71%	93%	88%	79%	93%	71%	70%	86%	72%	85%	70% - 93%	6	7
	Patients felt treated with care and concern	83%	79%	90%	77%	67%	93%	91%	81%	88%	70%	71%	86%	73%	83%	67% - 93%	7	6
	Mental health needs recognised and understood	82%	80%	84%	74%	62%	83%	90%	72%	88%	66%	62%	81%	46%	81%	62% - 90%	7	6
	Patients felt involved in decisions about their care and treatment	91%	91%	94%	93%	85%	93%	95%	90%	95%	72%	82%	94%	80%	90%	80% - 95%	4	9
	Patients had confidence and trust in the healthcare professional	91%	95%	97%	92%	90%	99%	94%	91%	94%	93%	95%	90%	81%	93%	81% - 99%	6	7
	Patients felt their needs were met	92%	89%	96%	88%	80%	98%	94%	90%	95%	78%	96%	89%	78%	91%	78% - 98%	7	6
	Enough support from local services to help manage your condition	64%	68%	68%	53%	50%	44%	55%	60%	77%	53%	73%	71%	75%	65%	44% - 77%	7	6
	AVERAGE PRACTICE SCORE Across all questions	67%	76%	77%	62%	73%	82%	82%	59%	73%	60%	62%	73%	64%	73%			

Above National Average
Highest Result
Below National Average
Lowest Result (only highlighted where practices are below national average)

*RAG rating indicates a lower result as a negative, with the exception of question ?? reaccess to online services as the lower percentage is a positive.

GP Practice Patient Survey 2022 Results
Comparison of Shropshire and Telford & Wrekin Results

Category	Questions	National Average Score	Score Range		No. and % of Practices below National Average				No. and % of Practices Equal to or Above National Average			
			Shropshire	T&W	Shropshire		T&W		Shropshire		T&W	
					No.	%	No.	%	No.	%	No.	%
Overall	Satisfaction with overall experience of GP practice rated "Good"	72%	57% - 98%	51% - 89%	9	24%	9	69%	29	76%	4	31%
Access	Ease of getting through to GP practice on the telephone	53%	31% - 100%	5% - 83%	7	18%	7	54%	31	82%	6	46%
	Helpfulness of receptionists at GP Practice	82%	70% - 100%	60% - 96%	6	16%	1	8%	32	84%	12	92%
	Patients who had not accessed GP online services in the past 12 months	45%	39% - 74%	46% - 75%	8	21%	9	69%	30	79%	4	31%
	Ease of practice website for finding information / accessing services	67%	55% - 92%	38% - 91%	10	26%	6	46%	28	74%	7	54%
	Patients who were offered choice of appointment	59%	46% - 97%	35% - 71%	9	24%	8	62%	29	76%	5	38%
	Patients were satisfied with appointment offered	72%	58% - 99%	43% - 86%	9	24%	7	54%	29	76%	6	46%
	Overall experience of making an appointment	56%	37% - 96%	29% - 76%	8	21%	4	31%	30	79%	9	69%
	Patients who were provided with a set appointment time	90%	79% - 100%	73% - 100%	5	13%	7	54%	33	87%	6	46%
	Satisfaction with appointment times available	55%	37% - 96%	24% - 70%	19	50%	8	62%	19	50%	5	38%
Quality of Care	Patients felt the healthcare professional gave them enough time during the appointment	83%	69% - 99%	68% - 92%	6	16%	6	46%	32	84%	7	54%
	Patients felt they were listened to during their appointment	85%	68% - 98%	70% - 93%	8	21%	7	54%	30	79%	6	46%
	Patients felt treated with care and concern	83%	69% - 99%	67% - 93%	6	16%	7	54%	32	84%	6	46%
	Mental health needs recognised and understood	81%	61% - 99%	62% - 90%	6	16%	4	31%	32	84%	9	69%
	Patients felt involved in decisions about their care and treatment	90%	75% - 99%	80% - 95%	4	11%	6	46%	34	89%	7	54%
	Patients had confidence and trust in the healthcare professional	93%	84% - 100%	81% - 99%	4	11%	7	54%	34	89%	6	46%
	Patients felt their needs were met	91%	83% - 100%	78% - 98%	6	16%	7	54%	32	84%	6	46%
	Enough support from local services to help manage your condition	65%	51% - 93%	44% - 77%	5	13%	#VALUE!	#VALUE!	33	87%	#VALUE!	#VALUE!

Shrop Practices	38
T&W Practices	13
STW Practices	**51**

Over half of practices are equal to, or above national average
half of practices are equal to, or above national average
Under half of practices are equal to, or above national average

GP Practice Patient Survey (GPPS) 2022 Results
Year on Year Comparison of GPPS Results (2019 to 2022)
Shropshire, Telford & Wrekin

Question	2019 (Pre-Pandemic)			2019 to 2020 Variance		2020			2020 to 2021 Variance**		2021		2021 to 2022 Variance	2022 (Post-Pandemic)		2019 (Pre-Pandemic) to 2022 (Post-Pandemic) Variance in National Average Scores
	Shrop CCG	T&W CCG	National Score	Shrop CCG	T&W CCG	Shrop CCG	T&W CCG	National Score	Shrop CCG	T&W CCG	STW CCG Results	National Score	STW	ICB average score	National average score	
Satisfaction with overall experience of GP practice rated "Good"	88%	77%	83%	-3%	-2%	85%	75%	82%	n/a	n/a	84%	83%	-11%	73%	72%	-11%
Ease of getting through to GP practice on the telephone	81%	55%	68%	-4%	-3%	77%	52%	65%	n/a	n/a	69%	68%	-17%	52%	53%	-15%
Helpfulness of receptionists at GP Practice	92%	86%	89%	0%	-1%	92%	85%	89%	n/a	n/a	90%	89%	-6%	84%	82%	-7%
Patients who had not accessed GP online services in the past 12 months*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	65%	56%	-9%	54%	45%	n/a
Ease of practice website for finding information / accessing services	82%	66%	77%	-1%	2%	81%	68%	76%	n/a	n/a	78%	75%	-10%	68%	67%	-10%
Patients who were offered choice of appointment	65%	51%	62%	-4%	-1%	61%	50%	60%	n/a	n/a	69%	69%	-9%	60%	59%	-3%
Patients were satisfied with appointment offered	79%	66%	74%	-3%	2%	76%	68%	73%	n/a	n/a	82%	82%	-8%	74%	72%	-2%
Overall experience of making an appointment	74%	56%	67%	-2%	-1%	72%	55%	65%	n/a	n/a	71%	71%	-14%	57%	56%	-11%
Patients who were provided with a set appointment time*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	94%	91%	-2%	92%	90%	n/a
Satisfaction with appointment times available	69%	59%	65%	-3%	-5%	66%	54%	63%	n/a	n/a	68%	67%	-13%	55%	55%	-10%
Patients felt the healthcare professional gave them enough time during the appointment	92%	81%	87%	-3%	13%	89%	94%	86%	n/a	n/a	89%	89%	-3%	85%	83%	-4%
Patients felt they were listened to during their appointment	92%	85%	89%	-1%	2%	91%	87%	88%	n/a	n/a	90%	89%	-4%	86%	85%	-4%
Patients felt treated with care and concern	92%	84%	87%	-2%	1%	90%	85%	87%	n/a	n/a	89%	88%	-4%	85%	83%	-4%
Mental health needs recognised and understood	90%	83%	86%	-2%	0%	88%	83%	85%	n/a	n/a	87%	86%	-6%	81%	81%	-5%
Patients felt involved in decisions about their care and treatment	96%	92%	93%	-1%	-2%	95%	90%	93%	n/a	n/a	93%	93%	-3%	91%	90%	-3%
Patients had confidence and trust in the healthcare professional	97%	93%	95%	-1%	1%	96%	94%	95%	n/a	n/a	96%	96%	0%	95%	93%	-2%
Patients felt their needs were met	97%	93%	94%	-1%	-1%	96%	92%	94%	n/a	n/a	94%	94%	-2%	92%	91%	-3%
Enough support from local services to help manage your condition	85%	74%	78%	-2%	5%	83%	79%	77%	n/a	n/a	74%	74%	-7%	67%	65%	-13%

*data is unavailable pre-2021 as questions were introduced in the 2021 GPPS.

** it is not possible to provide a variance in of results between 2020 and 2021 as NHS Shropshire CCG and NHS Telford & Wrekin CCG were dissolved on 31st March 2021 and a new single commissioning organisation, NHS Shropshire, Telford & Wrekin CCG was formed on 1st April 2021.

Increased score since the previous year

Score remained the same

Reduced score compared to the previous year

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		Shrop 19/01/19 T+W 18/05/19	**Workforce** There is a risk that the system fails to recruit and retain workforce clinical staff, reflecting the challenge nationally. This will impact on local GP workload and the delivery of transformational primary care in Shropshire.	1. Primary Care Transformation monies enables practices to create new creative roles 2. The Training Hub is providing a pivotal training service to primary care medical and other health professionals 3. ARRS funding is enabling additional roles to support PCN's	1. Primary care workforce funding projects are in place. 2. Delivery board and operational groups in place to support delivery in line with practice priorities. 3. Workforce and training hub are reported to system People Board to give system oversight and to ensure that primary care is looped into the workforce issues	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 fro system	1. PCN Workforce plans do not use full resource envelope.	3x3=9 Moderate	1. Promote PCNs to have staff responsible for workforce. 2. Integration of clinical staff/representation on the operational workforce groups 3. Attendance at regional workforce groups to share learning. 4. Report to people board and ensure understanding of primary care workforce issues 5. Implement GP Strategy	3x3=9 Moderate	Exec: C. Parker Owner: C Parker	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	Open
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	Open
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	Open
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	Following detailed support work as outlined in column 6 the CQC has reviewed actions relating to the 2 warning notices served and has confirmed improvements made and areas for further action. Full re inspection. July 2022 rating changed to requires improvement. LMC offered support. GP Support Team offered support. Deputy CMO visit 5th October . E. Pyrah 22.9.22	Open

STW-09		E Pyrah 7.7.22	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	Practice improvement plans Practice visits	Practices are autonomous businesses with their individual service delivery models There are no KPIs in the national GP contract for response times to answering the telephone or timeframe for offering a GP appointment Telephone answering data is the property of the practice, ICB does not have access to this data to monitor performance	3 x 3=9 Moderate risk	Schedule of prioritised practice visits Redesign plan in response to national Fuller report	3 x 3=9	C Parker		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

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.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Primary Care Commissioning Committee Part 1 - 7th October 2022

Agenda item no.	**PCCC 22-10.26**
Meeting date:	**07/10/2022**
Paper title	**2022/23 Month 5 Primary Care Financial Position**
Paper presented by:	**Angharad Jones** **Finance Business Partner**
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 5, August 2022:
Co-Commissioning budgets (those delegated to the ICB from NHSE) are currently underspent by £381k with a reported full year forecast underspend of £1,051k. This is mainly in relation to some prior year benefits where expenditure has been slightly less than 21/22 year end estimates, an in year underspend on ARRS (Additional Roles Reimbursement Scheme) and expected income in relation to the rates rebates efficiency scheme.

For information, other Primary Care budgets (those that form part of the ICB's core budget) have a year-to-date underspend of £2,768k and a full year underspend forecast of £914k. The main driver of this underspend is prior year benefit in relation to Prescribing and Enhanced Services which is non recurrent in nature.

Both the delegated and non-delegated primary care areas are currently anticipated to deliver expenditure less than plan this year. This is predominantly driven by taking the benefit of accruals set in 2021/22 that are no longer required now that actual costs have been accounted for. The finance team are working to review the underlying position in this area as whilst there is a benefit in 22/23, there is a risk that there will be an underlying pressure in the recurrent budget which would be carried into future years and will need to be addressed.

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 year-to-date financial position and risk associated with delivery of the financial plan.

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

N/A

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Availability of funding impacts on prioritisation of commissioned services.
Quality and Safety	Availability of funding impacts on prioritisation of commissioned services
Equality, Diversity, and Inclusion	No impact
Finances and Use of Resources	Risk highlighted to delivery of financial plan
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	22/23 recurrent exit position forms the basis of long term financial planning
Citizen and Stakeholder Engagement	No impact

Request of Paper:	To note the year-to-date financial position and risk associated with delivery of the financial plan.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

20212/23 Month 5 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 5 – August 2022.

Delegated Budget

Table 1: M5 Reported Position Delegated

Primary Care Delegated	Budget Year To Date £'000	Actual Year To Date £'000	Variance Year To Date £'000	2022/23 Budget £'000	2022/23 Forecast £'000	Forecast Variance £'000
General Practice - GMS	21,808	21,509	299	52,721	52,436	285
General Practice - PMS	0	0	0	0	0	0
QOF	3,231	3,286	(56)	7,845	7,900	(55)
Enhanced Services	3,836	4,533	(697)	10,571	11,297	(726)
Premises Cost Reimbursements	3,478	3,973	(494)	7,651	7,747	(96)
Dispensing & Prescribing	1,241	1,046	195	2,955	2,593	362
Other GP Services	701	185	516	1,428	764	664
Reserves	618	0	618	618	0	618
Total Primary Care Delegated	**34,912**	**34,531**	**381**	**83,789**	**82,738**	**1,051**

2. The table above shows the position reported in the CCG ledger (Q1 22/23 only) and the ICB ledger combined. In month 4, work was undertaken to realign the budget at category level after an extensive review of expenditure areas in light of the new GP contract. Unfortunately, we have been unable to backdate this budget realignment into the CCG ledger which is now closed. The table below sets out the impact on individual budget lines of the full adjustment (noting that expenditure distribution remains unaffected).

Table 2: M5 Realigned Budget Position Delegated

Primary Care Delegated	Budget Year To Date £'000	Actual Year To Date £'000	Variance Year To Date £'000	2022/23 Budget £'000	2022/23 Forecast £'000	Forecast Variance £'000
General Practice - GMS	22,080	21,509	571	52,993	52,436	557
QOF	3,296	3,286	10	7,911	7,900	11
Enhanced Services	4,811	4,533	279	11,547	11,297	250
Premises Cost Reimbursements	2,980	3,973	(992)	7,153	7,747	(594)
Dispensing & Prescribing	1,225	1,046	179	2,939	2,593	346
Other GP Services	519	185	334	1,246	764	482
Total Primary Care Delegated	**34,912**	**34,531**	**381**	**83,789**	**82,738**	**1,051**

3. General Practice GMS - The year to date and forecast variance is due to Qtr 2 list size growth being lower than originally planned. The Global Sum payment is recalculated each quarter based on the latest list size data which is released on a quarterly basis.

4. QOF - There has been a prior year benefit in relation to 21/22 QoF achievement for which final payments have been lower than the accrual made. This benefit is reflected in the "Other GP Service" row.

5. Enhanced Services – The year to date and forecast variance is due to an underspend on ARRS. The ARRS baseline budget is set on a National calculation based on PCN list sizes. Locally PCNs have historically struggled with recruitment into posts, however the

latest workforce plans submitted by PCNs forecast an increase in the number of posts filled towards the end of the financial year.

6. Premises Cost Reimbursements – Analysis of premises costs was carried out at Month 5 and has highlighted a shortfall in the budget set for this category. The forecast overspend is lower than the year to date reported overspend as income is expected in the latter part of the year from the rates rebates efficiency scheme. The overall forecast overspend on this row is currently offset by underspend on other budget rows.

7. Dispensing and Prescribing – As there is now 5 months expenditure captured in the ledger, we have refined our forecast based on average spend per month. This has resulted in an underspend both year to date and forecast.

8. Other GP Services – The year to date and forecast underspend is partly in relation to prior year benefits (the largest associated with QoF), where the estimated achievement reported in the 21/22 accounts was more than the actual achievement paid to practices in 22/23. The remaining variance is driven by Locum spend being less than originally anticipated and budgeted for.

Non Delegated Budget

Table 3: M5 Reported Position Non-Delegated

Primary Care Non Delegated	Budget Year To Date £'000	Actual Year To Date £'000	Variance Year To Date £'000	2022/23 Budget £'000	2022/23 Forecast £'000	Forecast Variance £'000
Prescribing	35,068	33,693	1,375	84,707	84,003	703
Central Drugs	1,015	1,030	(15)	2,436	2,528	(92)
Oxygen	382	410	(27)	917	949	(31)
Prescribing Incentive Schemes	157	157	0	377	377	0
Out of Hours	1,028	974	54	4,391	4,384	7
Enhanced Services	2,127	1,050	1,077	5,651	4,455	1,196
Primary Care Pay	1,178	1,064	114	3,000	3,174	(174)
Primary Care Other	164	124	40	164	124	40
Primary Care IT	935	943	(8)	2,244	2,303	(59)
GP Forward View	1,321	1,161	160	3,306	3,168	139
A& E Streaming	0	0	0	0	0	0
Primary Care Planning Adjustment	0	0	0	(815)	0	(815)
Total Primary Care Non Delegated	**43,374**	**40,606**	**2,768**	**106,378**	**105,465**	**914**

9. The year-to-date position is an underspend of £2.768m, the main driver for the reported underspend is the release of prior year benefits in relation to Prescribing and Enhanced Services.

10. The forecast underspend is £914k. The reduction in the forecast from the year-to-date underspend is due to the adverse variance of £815k on the planning adjustment line, this offsets against a favourable variance in Co Commissioning. Due to the plan having to match the allocation for co commissioning, planned underspends in co commissioning were budgeted for within the non-delegated area (there is an opposite and equal entry).

Efficiency

Table 4: M5 Efficiency Schemes

Efficiency Scheme	M5 YTD Plan £'000	M2 YTD Actual £'000	M5 Variance £'000	Full Year Plan £'000	Full Year Forecast £'000	Forecast Variance £'000
DOAC	320	24	(296)	884	200	(684)
Optum	191	270	79	247	394	147
Prescribing Decision Support	210	246	36	500	560	60
Procurement of Decision Support Tool	0	28	28	0	28	28
VAT Rebate on Decision Suport Tool	0	45	45	0	45	45
Switch Programme	95	128	33	150	150	0
Unidentified	0	0	0	0	405	405
Total	**816**	**741**	**(75)**	**1,781**	**1,781**	**0**

11. The ICB has a number of efficiency schemes to be delivered from prescribing budgets which are detailed in table 4 above. These contribute to the 1.6% system efficiency 'ask' that all system partners have agreed.

12. At month 5 an under achievement of £75k is reported, with a forecast position of breakeven. The underachievement is due to the DOAC (Direct-acting oral anticoagulants) scheme and is due to a number of factors including a slow uptake of switching to Edoxaban in primary care (due to competing priorities) and secondary care continuing to use alternative DOACs. Local initiation guidance is being developed by the Medicines Management team to encourage clinicians to adopt Edoxaban as first line medication and general practices are being supported with implementation.

13. Forecasts are reviewed monthly and it is likely that other programmes of work will exceed plan which will help offset the £405k currently at risk.

Risks

14. Currently there are no significant risks emerging within the delegated budgets and we are confident that small risks can be mitigated and managed within budget.

15. There is a risk of £1m within the non-delegated budgets. This is specifically in relation to Prescribing due to the volatility in forecasting based on recent data. (at month 5 only 3 months data has been released Apr-Jun).

Conclusion

16. Both the delegated and non-delegated primary care areas are currently anticipated to deliver expenditure less than plan this year. This is predominantly driven by taking the benefit of accruals set in 2021/22 that are no longer required now that actual costs have been accounted for. The finance team are working to review the underlying position in this area as whilst there is a benefit in 22/23, there is a risk that there will be an underlying pressure in the recurrent budget which would be carried into future years and will need to be addressed.

Primary Care Commissioning Committee – Friday 7 October 2022

Agenda item no.	PCCC 22-10.27
Meeting date:	Friday 7 October 2022
Paper title	Primary Care Update Report
Paper presented by:	Emma Pyrah
Paper approved by:	Emma Pyrah
Paper prepared by:	Janet Gittins, Tom Brettell, Bernadette Williams, Darren Francis, Phil Morgan & Antony Armstrong
Signature:	*EPyrah*
Committee/Advisory Group paper previously presented:	Primary Care Operational Group – Wednesday 14th September 2022

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 Primary Care Team continues to manage a complex and demanding workload.

The Team is managing this demand well and is on track/ target across all workstreams- there are currently no significant deliverability concerns.

This paper highlights work on Estates, IT, Workforce and Contracts however additional reports will continue to be provided to PCCC meetings to provide members with assurance of the plans and progress of the work of the Partnership Managers and wider Primary Care Team.

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	
Creating system sustainability	
Workforce	X

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

NA

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

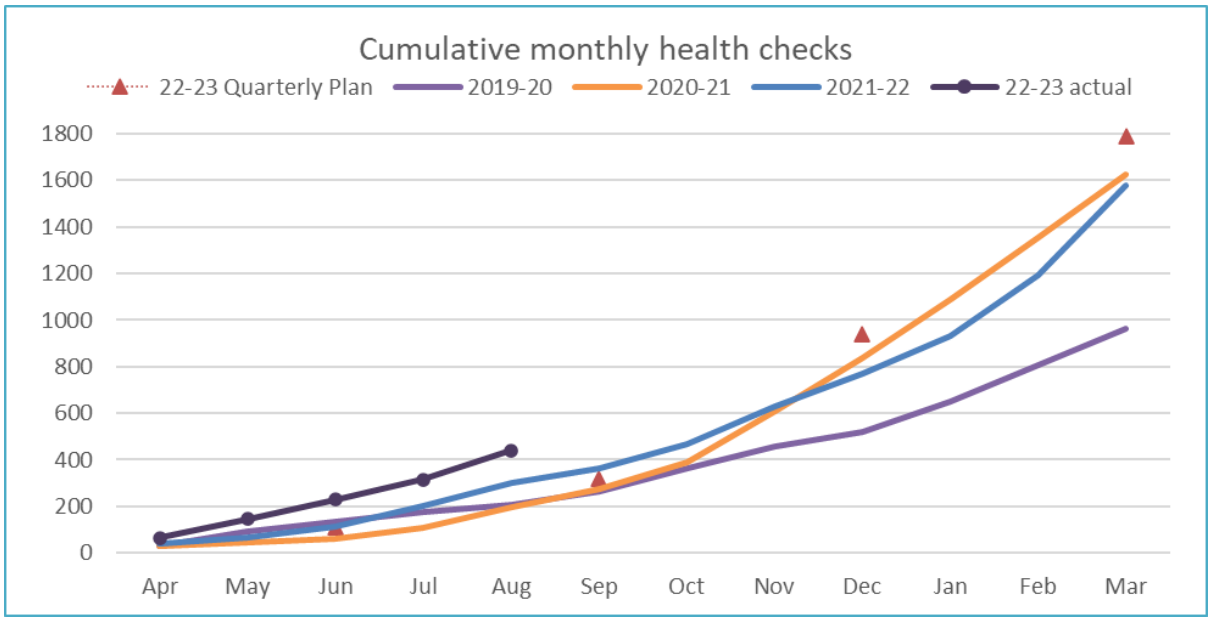
Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Partnership Managers Update – Janet Gittins & Tom Brettell

Learning Disability Annual Health Checks (LDAHCs)

Recovery Plan: In line with the national directive, practices are asked to ensure that those who are overdue their LDAHC from 2021-22 are called into practices as soon as possible. STW were successful in gaining an additional £20,000. to help with this work which is being used to provide additional capacity through the community MPFT team over September and October 2022. The MPFT team are able to do carry out patient observations, contact DNAs and do home visits targeting people who are overdue their health check.

At the end of August 2022 STW practices are showing an increase in the number of LDAHCs completed in comparison to previous years. At end of August STW has completed 439 LDAHCs compared to 303 in 2021-22 and is currently above trajectory at 17.8% against the 75% annual target as shown in the cumulative comparison below. The majority of LDAHC activity continues to take place during quarters 3 and 4 each year.



Macmillan Community Care Project (MCC)
The Macmillan Team are currently working with nine STW practices to deliver holistic Cancer Care Reviews alongside the clinical element completed by practices, to people living with cancer within 12 months of their diagnosis. Phase two of the pilot has been an offer out through PCNs to engage with the project.
Current Status

- 7 original STW practices engaged in the pilot, 4 or which are in Shropshire.
- 339 Cancer Care Reviews completed by the Team at end August 2022.
- Phase 2: 2 new Telford practices started in June/July 2022.
- A number of practices from Shrewsbury PCN and SE PCN are in discussions to start in September/October.
- A bid is being made to Macmillan for additional funds to align the team contract end dates giving a pilot project end of 12 May 2023.
- A patient feedback survey was launched in June 2022. Initial findings are very positive and will be shared shortly.
- Workload and capacity of primary care to engage with the pilot remains a challenge.
- Planning is taking place for an independent evaluation for the pilot project.

National Diabetes Prevention Programme
Local face to face lifestyle change sessions have restarted across STW with the team encouraging practices to refer in patients who are at risk of developing type 2 diabetes on a geographical basis to ensure groups are a good size. This replaces the online sessions which were held due to the covid-19 pandemic. A digital offer is still available to those who wish to participate in this way.
Across STW current referral figures are 440 YTD (April-July 2022) against an annual target of 2520. As referral figures have been gradually decreasing the communications plan will be relaunched with targeted comms to both practices and in the community to raise awareness of the programme. Low performing practices are also being contacted by the Primary Care Team to understand any issues or barriers preventing referrals and to work through these.

Digital Weight Management Programme - Enhanced Service (DWMP ES)
There are currently 45/51 practices (35 Shropshire and 10 Telford & Wrekin) signed up to the national DWMP ES for 2022/23. At the end of August 2022, 592 referrals have been made against a target of 1332, reaching 44% of our annual target.
The Shropshire Local Authority Tier 2 weight management offer ends mid-September when the funding ceases. From this time support offers to Shropshire patients will then only be through the DWMP or universal NHS weight loss offer. Telford patients continue to have access to the Healthy Lifestyle Service.

Practice Visits
Since April 2022, three new practice visits have taken place with Woodside, Teldoc, and Churchmere with ongoing support and visits with Highley Medical Practice. One further visit is scheduled in September and dates are being finalised with three other practices to schedule visits this autumn. A structured agenda and template have been formulated to enable a focused but standardised approach. Close relationships with CQC are in place and quarterly meetings are held to discuss good practice, complaints, and concerns.

Locally Commissioned Services (LCS) Review
Detailed assessment of three specific service areas continues; working with NHS STW colleagues, Practice reps, LMC reps and Local Authority colleagues.

- Safe prescribing has been signed off by Commissioning Working Group and has now been offered to all practices for implementation. The LMC have recommended

that practices don't sign until this is amended significantly sharing concerns about the current DMARDs and rheumatology service.

- Demand Management and Minor Injuries- a proposal for the way forward is on target for presentation at Commissioning Working Group in October
- C&CC's- engagement work with practices and partner organisations is nearly complete; a business case for any service change will then be produced ready for Commissioning Working Group in November

Review/redesign work on specific LCS (phlebotomy, spirometry and ear irrigation) continues and is complementary to this broader work.

CVD/ Hypertension Delivery
The system working group is supporting PCN's and practices to deliver the requirements of the PCN DES to target cardiovascular disease, including the blood pressure monitoring programme. An individual resource pack has been sent out to each GP practice to assist them with their work and a learning session held with key delivery partners at the end of July. Work to support individual PCN's with focused delivery will be the priority over the coming weeks.

Veteran Friendly Practices
26 Practices are now Veteran Friendly Accredited, which is significant progress over the last few months. We are being aided by a Veteran who has been contacting each practice individually and encouraging them to become accredited. Further promotion is planned in the coming weeks with the aim to encourage all practices to be accredited by the end of March 2023. We have had some initial feedback from Veterans who have welcomed their practice becoming accredited and becoming more systematic and proactive in supporting veterans' health and wellbeing.

Remote Monitoring Project
A new organisation has been appointed to project manage this programme. This has brought fresh energy and focus to the work which we hope will accelerate uptake across care homes and then in the management of specific conditions.

Asthma
Work continues on the childhood asthma programme with a range of resources being promoted as part of Childhood Asthma Week (w/c 12th Sept).

Estates Update – Darren Francis
Below is a brief update on the ongoing key estates projects and related activity. Where noted, papers are being taken to Primary Care Commissioning Committee and are attached or due to be submitted nearer the date for the next Primary Care Commissioning Committee.

Shawbirch – ETTF New Build

- Build completed in mid-July 2022 and practice now fully relocated from old premises
- Old premises in process of being sold so will not be available for use in the system

Whitchurch – ETTF New Build

- On site works commenced – starting with demolition and site clear up

- Primary Care Centre on target for completion by September 2024

Shifnal – ETTF New Build

- Groundworks on site have now started
- Expected completion due August/September 2023

Shrewsbury Health and Wellbeing Hub (formerly Cavell Centre)

- Work progressing on Clinical Modelling and schedule of accommodation
- Latest phase of public engagement activity (May-August) now completed – awaiting start of 2nd phase of patient engagement/consultation in Q3 2022
- As a result of significant concern raised by councillors and the public in relation to the preferred site option on Oteley Road, at the end of August the Council stated that they would work with the project team to identify if there are any other alternative suitable site options. This work commenced in September and will form part of the next phase of engagement to ensure openness and transparency in decision making around the preferred site.
- Business Case writer was due to deliver first draft of Outline Business Case in Sept 2022 – however this timeline is now delayed until the rerun of the site options appraisal referred to above is complete.
- First stage architectural and design works near completion – Schedule of Accommodation being finalised – all 6 GP Practices have signed off the designs for their clinical space – Stage 2 design and architectural works to commence in Q3 2022
- A high level future service model has been produced following structured interviews and 3 workshops with all key service providers. This has been informed by what the public told us was important to them in the public engagement activity. There are more expressions of interest for service inclusion than available accommodation. The final decision on service inclusion will be informed by the outcome of the planned public consultation.

Teldoc Estate Rationalisation Programme

- Teldoc have now expanded their Call Centre and Admin Hub into Towergate House in a move to increase capacity and improve access for patients (following negative feedback they had received over recent months)
- Paper for wider estates rationalisation now expected to come to PCCC in December 2022 – practice has appointed a business case writer to complete this work

Capital Funding for Estates Projects

- Bids received from practices by end of April deadline – approvals given – practices have commenced works which are all due for completion by end December 2022
- Section 106 applications work progressing with Councils to generate pipeline of capital funding for practices in absence of any national schemes being available – Shropshire Council have already agreed £915k for Ironbridge development – further applications for Bridgnorth (£450k) and Shrewsbury (£750k) are in process – future applications planned for Bridgnorth (Tasley), Priorslee, The Hem, Allscott, Preston on Weald Moors, Lawley and Lightmoor

Estates Strategy Revision

- Community Health Partnerships (CHP) and Primary Care Commissioning (PCC) working with all 8x PCNs to formulate Workforce and Estates Plans – per national funded programme

- Once above completed an updated Primary Care Estates and Workforce plan will be drafted – estimated in Q4 2022 – Final version available from April 2023

Contracting Update – Bernadette Williams

STW Contract changes
Contract variations have been requested for

Practice name	Details
Belvidere Medical Practice	Resignation of partner
Claremont Bank	Addition of a partner and Resignation of a partner
Shawbirch Medical Practice	Change of practice address
Shawbirch Medical Practice	Resignation of partner

These are being processed by General Medical Advise Support Team (GMAST).

Application for practice boundary change

Practice name		Details
Albrighton Medical Practice		Application submitted to decrease the practice boundary.

Community Pharmacy Consultation Service
There are 30 of 51 practices engaged and referring to CPCS. The Local Pharmacy Committee implementation lead, and Primary Care Commissioning continue to support practices to engage and increase referrals. Participation in the CPCS is incentivised in the PCN DES as an IIF.

CPCS activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
SHROPSHIRE AND TELFORD & WREKIN	40	112	211	155	239	306	287	171	

CQRS Local – Ukrainian health checks service
To support the primary care team and GP practices to undertake the claim process for the Ukrainian health check LES, the team will be using the CQRS local system. 87 users have been added to the system to date and there will be several training sessions to show practices how to make claims and access reports. The team will monitor and obtain user feedback with a view to onboarding other services in the future.

Please refer to Appendix A for an introduction to the system.

Workforce Update – Phil Morgan

GP/GPN Fellowships
The GP Fellowship part of this scheme is well advanced. We have 25 Fellows on the scheme with a few more due to join in the coming months. We are delivering against all 10 components – the highlight being a commissioned Leadership/Quality Improvement Programme – an online suite of development tools which the Fellows can access both in their own time and via action learning sets. Our Clinical lead for this programme, Dr Priya George, is working with us on all aspects of the programme, but particularly in supporting those Fellows who will be leaving the scheme later this year. Following feedback from the Fellows, we are providing more support for those Fellows working on projects with our local PCNs.

The coming months will see a focus on Induction for new Fellows and a review and leaving event for the first Fellows now completing the two-year programme. This event is being planned as a face-to-face leadership workshop including networking time and we hope to capture useful learning to inform the programme development and support other prospective Fellows.

The GPN Fellowship part of this scheme has been developed more slowly than the GP part – this is due to the significant differences between the two parts of the scheme, which are understood nationally. However, we have managed to recruit four GPNs to our local scheme and have a good level of interest from practices to recruit newly qualified Nurses later this year

Supporting Mentoring Scheme
Funding is available to:

- Train GPs to be mentors, and
- Pay them for delivering mentoring sessions to other GPs

From April 2022 we have 10 trained mentors who are providing mentoring to GPs across our system, mainly focusing on the GP Fellows (see above).
There is significant scope to expand and publicise this scheme once the new arrangements are embedded.
Recent work includes this embedding of arrangements. Documenting and developing systems and procedure for the GP Mentoring service is underway, to create a strong framework and ensure good governance.

Local GP Retention
We have reported to NHSE on the use of our 21/22 Local GP Retention Funding which included a range of individual initiatives and projects in around 30 practices. We are still waiting for confirmation of our 22/23 funding. We have developed a range of projects and initiatives that will need funding from the Local GP Retention Fund – these are set out in the action plan to the recently approved STW GP Strategy.

Online Staff Booking Platform
Since the launch of the Lantum online staff booking platform the number of practices signed up to the practices has grown to 47. The number of GPs and other clinicians has also increased – there are now 48 approved GPs on the platform with another 33 waiting to be approved. In recent months we have extended the platform to other clinicians and there are now over 30 ANPs, GPNs and HCAs either approved or waiting to be approved. In addition to the regular face-to-face booking facility we are trialling an online consultation process for GPs.

GP IT Update – Antony Armstrong

The Digital Lead/Partnership Managers within the CCG 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.

Domains

A single domain across STW will secure the Primary Care estate and mitigate against the very real threat of cyber-attack faced by Primary Care and other health and care sector organisations.

Through a fully Midlands & Lancashire CSU (MLCSU) 'managed' GP domain infrastructure, the IT provider will replace all GP Practice and branch Practices existing standalone configurations. This would include installation of a central core infrastructure at Halesfield and replacement of existing local GP EMIS servers with new servers to provide domain, file/print services and EMIS spoke services. Also, a new perimeter edge firewall device will be installed at each site to provide an enhanced layer of security.
Delays caused by the pandemic and teething issues at the early adopter sites have delayed the project from the originally agreed timescales.

Further engagement is currently being sought by the CCG to assist the CSU with practices who are yet to engage, highlighting the importance of a fully managed domain, being cyber compliant and providing assurance on the IG DSP Toolkit return. These practices have been contacted by the locality managers and good progress is being made.

16 sites were completed in phases 1 and 2 of the project. Phase 3 is the final phase, and we have 37 sites live on the new Zeus Domain. The final 18 sites within this phase have migration dates booked in or are under review to resolve comms cabinet/dispensing dependencies.

All 55/55 firewalls have been installed locally to date on this final phase.

Notes Digitisation

Project kick-off meeting held first week of September. Practice engagement sessions currently pencilled in for 21st September 2022 for the 8 pilot practices. Project plan due to be shared imminently.

NHSEI 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.

Digital Dictation

The provider has been engaging with practices and our MLCSU IT team on pre-requisites regarding the software installs and has recently commenced deployment of the cloud-based dictation solution. 24 sites live and go-live dates scheduled in for more practices in September/October.

N365 (Office 365) Apps for Enterprise

25 practices within this phase have so far had Apps for Enterprise deployed post Zeus domain migration.

Enhanced Access
EMIS Clinical Services has been ordered for 6 of the 8 PCN's. Prescribing codes are currently being set up and configured for each of these systems. In the background, EMIS are creating the EMIS CDB's and work is on-going with the support of James Harley who is supporting ICB's with their setups.

Appendix A

Introducing CQRS Local

CQRS Local is a claim management system designed to support the management of Local Enhanced Schemes (LES) and Directed Enhanced Services (DES) between Commissioners and Primary Care Providers.
CQRS local provides flexibility in managing schemes through an online payment tool that leads to prompt payments for primary care organisations.
The system is a one-stop-solution for providers and commissioners to claim and manage locally driven schemes that reflect local priorities. The system can make payments without the need for practices to submit invoices following the approval of a claim.

NHS England has commissioned a collaboration of Commissioning Support Units (CSUs) to develop CQRS Local on their behalf. The CSUs are arms-length bodies of NHSE, providing system support services to health and care systems. Working in collaboration enables the very best system development and support teams to partner together and provide a system which suits the needs of commissioners and providers across the country. The CSU Collaborative are able to bring the benefits of working at scale whilst making the most of the trusted working relationships and knowledge they each have at a local level.

There are a number of key drivers behind the introduction of CQRS Local – all of them have technology, efficiency and reducing bureaucracy at their heart. The General Practice Forward View highlights the need for new ways of working to reduce administrative overhead in general practice and streamline processes. The Five Year

Forward View supported the need for efficiency savings and outlined the need for services to be commissioned, provided and paid for in new ways. These two key strategies are further supported by the ‘Next Steps on the NHS Five Year Forward View’ and ‘Refreshing NHS Plans for 2018/19’: both strengthening the need for new place-based commissioning models.

The CQRS Local system will be live from 1 June 2021 with first claims being made from the 1 July 2021 for the preceding month and quarter.

Benefits

There are a number of benefits for the ICB:

- A reduction in time spent developing and administrating the local payment via spreadsheets
- A standard and consistent approach to system configuration and administration
- Easily tracked and auditable data submissions
- A single, central point of access
- More secure access to data
- Ability to view variations in practice/uptake across local Providers to inform decision-making
- Access to external system support teams
- Integrated, seamless participation management
- Increased reporting functionality
- Easier integration with other Commissioning organisations, if required, in future.

There are lots of benefits to the practice adopting CQRS Local:

- A single point of access for local and national claims
- Payment direct to the practice bank account, in the same way as national payments
- A reduction in the administrative overhead of submitting excel based claims
- Easier reconciliation of payment
- The ability to track all stages of the process following submission
- Enhanced reporting capability.

This exciting new product will bring multiple benefits to commissioner and provider users including a reduction in time spent on administration, prompt payment and more secure access to data, to name but a few. There are no costs involved for either ICBs or providers as this will be funded by NHSE/I.