

AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	Date	6 th October 2023
Chair	Dr Niti Pall	Time	9.30 a.m.
Minute Taker	Mrs Chris Billingham	Venue/ Location	Virtually via Microsoft Teams

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
PCCC 23-10.52	Apologies for absence	Dr Niti Pall	I	Verbal	9.30 a.m.
PCCC 23-10.53	Declarations of Interest	Dr Niti Pall	S	Verbal	
PCCC 23-10.54	Minutes of the Meeting held on 4 th August 2023	Dr Niti Pall	A	Enc. No. 1	
PCCC 23-10.55	Actions Raised from Previous Meetings and Matters Arising	Dr Niti Pall	A & S	Enc. No. 1A	
	Items Requiring Decision/Ratification/Ad hoc items				
PCCC 23-10.56	Changes to Primary Care Commissioning Governance	Nick White	A	Enc. No. 2	9.45 a.m.
PCCC 23-10.57	GP Occupational Health Service – Direct Award of Contract	Nuala Woodman/ Berni Williams	A	Enc. No. 3	9.55 a.m.
PCCC 23-10.58	Asylum Seeker Update	Berni Williams	S	Enc. No. 4	10.05 a.m.
PCCC 23-10.59	Prioritisation process for PCN Estates Strategy Capital Programme	Darren Francis	A	Enc. No. 5 / Enc. No. 5A	10.15 a.m.
PCCC 23-10.60	Practice Patient Participation Group Audit and Improvement Action Plan	Alec Gandy	S	Enc. No. 6 / Enc. No. 6A	10.30 a.m.
	Standing Agenda Items				
PCCC 23-10.61	Finance Report	Angharad Jones	S	Enc. No. 7 / Enc. No. 7A	10.40 a.m.
PCCC 23-10.62	Workforce and Training Hub Report	Sara Edwards/ Phil Morgan	S	Enc. No. 8	10.50 a.m.
PCCC 23-10.63	GP Access a) Recovery Plan b) Latest Performance data	Emma Pyrah Alec Gandy	A	Enc. No. 9 Enc. No. 9A	11.00 a.m.
PCCC 23-10.64	Risk Register (General Practice)	Emma Pyrah	A	Enc. No. 10 Enc. No. 10A	11.10 a.m.
	For information items				
PCCC 23-10.65	Primary Care Team Work Programme Progress Report	Emma Pyrah	I	Enc. No. 11	11.20 a.m.

PCCC 23-10.66	Any Other Business	Niti Pall	I	Verbal	11.25 a.m.
	Date and Time of Next Meeting:- Friday 1 December 2023 Time: 9.30 a.m.				
	To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Section 1(2) Public Bodies (Admission to Meetings) Act 1960.				

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

Friday 4 August 2023 at 9.30 a.m.
Via Microsoft Teams

Present:

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

Attendees:

Mr Simon Whitehouse	Interim Chief Executive Officer
Mrs Laura Clare	Deputy Director of Finance
Ms Emma Pyrah	Associate Director of Primary Care
Dr Julian Povey	Primary Care Partner Member
Mrs Janet Gittins	Partnership Manager
Mr Alec Gandy	Partnership Manager
Mr Phil Morgan	Primary Care Workforce Lead
Ms Jane Sullivan	Senior Quality Lead
Ms Sara Edwards	Lead & Programme Manager, Training Hub
Mrs Bernadette Williams	Primary Care Lead for Contracting & Delegated Commissioning
Mrs Lynn Cawley	Chief Officer, Healthwatch Shropshire
Mrs Chris Billingham	Corporate PA; Minute Taker

Apologies:

Mrs Claire Skidmore	Chief Finance Officer
Mrs Julie Garside	Director of Planning & Performance
Ms Claire Parker	Director of Partnerships & Place
Dr Ian Chan	Primary Care Partner Member
Ms Angharad Jones	Finance Business Partner

Minute No. PCCC 23-08.41- Apologies for Absence

1.1 Apologies received were as noted above.

Minute No. PCCC 23-08.42 – Members' Declarations of Interests

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

Minute No. PCCC-23.08.43 – Minutes of Meeting held on 2 June 2023

- 3.1 The minutes of the meeting held on 2 June 2023 were approved as a true and accurate record of the meeting provided the following amendments are made: -

References to DMS within the report should be replaced with GMS.

Page 11 – Reference to Mrs Skidmore saying “intimated” should say “stated”.

Page 12 – There was an inaccuracy regarding the statement that “the Committee decision was to utilise the funds elsewhere in the ICB”. Mrs Skidmore believes that the Committee did not agree that decision and the statement should stop after the statement “It was agreed to decommission the service”.

Minute No. PCCC-23.08.44 – Actions Raised from Previous Meetings and Matters Arising

- 4.1 The Action Tracker was reviewed and updated as appropriate.

PCCC-22.10.19: Extension to Practice Boundaries: Item to be closed.

PCCC-22.10.21 Implementation Plans – Enhanced Access from 1 October 2022: No August updates.

PCCC-22.10.23: Supporting PCNs Through Winter: Item to be closed.

PCCC-22.10.26: Finance Update: No August update.

PCCC-22.12.36: Ethnically Diverse Staff Survey: Findings and action plan presented to August Committee.

PCCC-23.02.05: Proposal to Change PCCC Agenda Structure:

August Update: Mr White advised that this is a continuing piece of work around governance of the Primary Care Commissioning Committee (PCCC), where the Committee sits in the structure, and how people on the call can be best utilised, particularly with regard to what may constitute conflicts of interest.

There is no requirement for PCCC to be a stand-alone Committee – it can be part of another Committee. The organisation has an Elective Care Board, a UEC Board, and needs a Primary Care Board.

The meeting discussed the work being done by the Good Governance Institute (GGI). Mr Whitehouse advised that GGI have mapped out the numbers of meetings and where those meetings report to, highlighting areas of confusion and areas that work well. They will be working with us for the rest of this financial year, carrying out development work with the Chairs of our formal Committees.

PCCC-23.02.06 Albrighton Medical Practice – Application to Reduce Practice Boundary: Update provided.

PCCC-23.02.07 2022/23 Month 9 Primary Care Financial Position: Close Action.

PCCC-23.06.31 Actions Raised from Previous Meetings and Matters Arising:

Dr Povey referred to out of area patients and visits, advising that Practices can choose to accept patients who are registered outside their boundaries. That is part of the GMC contract. There is a requirement on NHS England to provide visits to patients who are registered in Practices as out of area patients because that requirement does not fall on the Practice they are registered with. Most people would be dealt with out of hours via 111 and Out of Hours but it must be acknowledged that there is a gap in what we commission as an ICB as we do not commission a home visiting service for in hours requirements for out of hours registered patients and that needs to be acknowledged as a risk.

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

PCCC 23.06.36 – Finance Report: Item complete and will be closed.

PCCC-23.06.38 – GP Access: Update provided. Item ongoing.

Minute No. PCCC-23.08.45 – Lantum Contract (Flexible Pools) Renewal

- 5.1 One of the requirements from NHS England regarding the workforce allocation received by the ICB via the System Development Funding (SDF) is to procure a system or process that enables the ICB to increase the use of digitally enabled, flexible staff local pools. There is an element of discretion about how the funding can be used but we must be able to show how we are enabling staff to work flexibly, for locums to be able to work, and for Practices to be able to identify locums.
- 5.2 Lantum was commissioned several years ago. The end of the second year of the contract is approaching and this paper sets out the current position regarding that contract and is recommending – notwithstanding some concerns that we have – that Lantum is recommissioned.
- 5.3 The current contract ends in December 2023. The data set out in the paper clearly shows that there is a challenge as to whether this is value for money. Updated data from July suggests that usage has increased but this could be due to summer holiday period where staff leave increases therefore more need for locum cover.
- 5.4 The contract value for this current year was circa. £90k. Negotiations took place with Lantum to reduce the cost of the contract for December 2023 - December 2024 to circa. £50k plus booking fees.
- 5.5 The nominal funding we receive from NHSE is £120k. The suggestion is that we spend less than half of that.
- 5.6 Lantum is a nationally approved supplier used by 18 ICBs across England, including a number of our fellow ICBs in the Midlands. The platform provides good functionality for both Practices and locums and significantly reduces the administration carried out by Practices. Practices do not pay for use of the platform.

Nearly all NHS STW Practices are signed up to the platform and a significant number of GPs are authorised and approved to work on the platform. However, the challenge has been to increase usage.

The low usage is probably because the majority of Practices in our system have, and continue to have, their own local arrangements for sourcing locums which work well. Although Practices were keen to use Lantum, it was not a significant challenge for them to identify locums therefore the service has been viewed by most Practices as an additional help rather than their first port of call, hence the usage has not been as high as we would have wished.

- 5.7 The ICB has a significant number of GPs and a small but growing number of nurses, ANPs and other clinicians who are approved to work on the platform therefore in terms of supply of staff there is not an issue.
- 5.8 5.9 A survey of Practices was carried out and Practices expressed interest in using the platform to book nurses and ANPs.
- 5.9 A GP Locum Champion, Dr John Cramphorn, was recently appointed and part of his role is to try to increase usage of the platform.
- 5.10 Details of ways in which to improve value for money are outlined within the report and the proposed quote from Lantum of circa. £50k includes a licence for each Practice costing £65 per month.
- 5.11 Mr Whitehouse asked whether budget and resource was available. If not, then renewal of the contract must be agreed through internal funding mechanisms. Mr Morgan confirmed that funding and resources are in place.
- 5.12 Mrs Clare confirmed that the funding is available via an allocation from NHSE. However, she expressed certain concerns.

She questioned whether this service was necessary if Practices do not utilise it as their first option, and it is being used as a result of a directive received from NHSE. She noted from the paper that the funding is now not ring-fenced and queried whether the funds could be put to better use.

She also expressed concern regarding the procurement risk and queried whether that risk has been assessed. If the Committee agrees that the contract with Lantum should be renewed, we must satisfy ourselves that there is no risk around that direct award.

- 5.13 Dr Povey agreed with Mrs Clare's concerns regarding a direct award being made to Lantum without a procurement exercise, especially if certain features of the contract were being changed. In addition, he made the following points: -
- He requested clarification of paragraph 2.1 within the report which stated that excess funding will be spent on other workforce initiatives.
 - Lantum had a data breach in June where 3,200 personal records were breached. He queried whether this had been raised with them to establish any actions taken as a result.
 - If only 8 Practices are using the platform, a possible option may be to ask Practices whether they wish to "opt in" to use it. Paying a monthly licence fee for 51 Practices

to have access to a system which is only being utilised by 8 Practices does not represent value for money. It would seem more sensible to give Practices the opportunity to “opt in” or “opt out”.

Mr Whitehouse left the meeting at 10.00 a.m.

- 5.14 Mr White also expressed concerns around value for money and whether the uptake in usage during August was sustainable. He queried whether the decision to renew the contract must be taken today or whether it could be deferred for a short time to see whether usage continues to increase.
- 5.15 Mr Dunshea supported all of the comments made during the discussion and also referred to the importance of triangulation between the Executive team, the Finance function and the relevant departmental team to make sure that such points are covered before a paper is submitted to Committee.
- 5.16 Ms Pyrah confirmed that the data breach had been raised with Lantum who have confirmed that remedial action was taken. The breach related to data that was held before the ICB entered into a contract with Lantum, therefore our data was unaffected. This has been shared with our Chief Information Officer who was comfortable that all necessary action had been taken.
- 5.17 Discussion took place regarding the above points, key outcomes of which were: -
- The contract did not represent value for money. However, a decision must be made as to how it is decommissioned in light of NHSE’s request that we have a digital platform.
 - If the funding is not ring-fenced money, consideration must be given as to whether it is utilised elsewhere, e.g., workforce and improving GP access.
 - Dr Pall confirmed the decision of the Committee was to decommission this service subject to obtaining NHSE support for the ICB not having a digital platform.

Minute No. PCCC-23.08.46 – Finance Report

- 6.1 The Finance report as at Month 3 was taken as read.

Mrs Clare asked Committee members to note that the format of the report had changed slightly to match it to overall ICB Finance reporting.

- 6.2 At Month 3, there is an approximate £1m year-to-date underspend in Primary Care in its entirety, mainly due to a non-recurrent favourable variance in prescribing. At the end of every financial year, the Finance team must estimate what the prescribing costs will be for that year as the data is two months behind. That information is now included in the forecast.

The ICB has taken over responsibility for Podiatry, Optometry and Dentistry budgets (POD). At Month 3 there is a small overspend, mostly due to a technical issue around allocations.

That overspend is expected to disappear in future months as the allocations are agreed at Chief Executive level. There is however a small overspend on Optometry year to date and this will be monitored as additional data is received.

The capital plan is currently on track. £883k of Primary Care capital is split between IT projects and GP improvement grants for estates projects across Primary Care. The efficiency schemes linked to Primary Care are over-achieving by £82k per year to date and it is forecast that they will over-achieve by the end of the year. Again, that is predominantly down to prescribing.

6.3 Mrs Clare invited questions.

6.4 Mr Dunshea referred to the layout of the report and suggested that it might be useful to separate risks and opportunities.

He referred to page 35 of the pack relating to enhanced service payments paid on account based on 2019/20 activity levels and queried the risk in terms of it being reviewed in 2023/24.

Ms Pyrah replied that an amount is paid every month to protect cash flow in Practices and any under or over payment is reconciled at the end of the month based on actual activity. The payment is still at 2019/20 levels but will be re-based for next year as we return to business as usual.

Mr Dunshea then referred to page 36 of the pack which referred to the Additional Roles Reimbursement Scheme and a £1.5m additional requirement. He queried the risk of not getting that money.

Mrs Clare confirmed that in previous years, provided the expenditure could be evidenced, the funding was released by NHSE. We are currently forecasting that all of the predicted spend in ARRS will be funded through NHSE. The situation will be monitored on a monthly basis and any concerns that the funding will not be forthcoming will be drawn to the attention of the Committee.

Mr Dunshea asked whether this report could be enhanced to include activity data. Mrs Clare confirmed that Dr Garside was working with her team regarding activity and performance data that can be added into the report. Mrs Clare will pick this up with Dr Garside.

ACTION: Mrs Clare to liaise with Dr Garside regarding the inclusion of activity data in the Finance report.

6.5 Dr Pall suggested that it would be useful for the next Committee to see the prescribing budgets for the following year to understand this year where the underspend came from and also any pressures on prescribing that may arise next year, particularly with regard to high-cost drugs.

ACTION: Mrs Clare to speak to Angharad Jones and the Medicines Management team in order to provide detail around prescribing budgets in the next report to PCCC.

Minute No. PCCC-23.08.47 – Workforce Report

7.1 Results of GP Survey

Mr Morgan's report summarised the work undertaken in the Spring by Primary Care Commissioning, a company who carried out 5 surveys on behalf of the ICB.

In July 2022 the General Practitioner Strategy was approved by the Committee. One of the key recommendations of that strategy was that more needed to be known about the challenges facing GPs. The results of the surveys were summarised in the report. The information gathered will help to refresh and re-launch the GP Strategy using the data gathered from the surveys.

A survey of trainees was carried out to which over half of GP trainees responded. The survey was designed to establish whether they wanted to stay, whether they were interested in becoming a partner, where they were going to work as a locum and any issues about work/life balance.

The main survey was of fully qualified GPs with approximately one third of GPs responding.

The final survey was of Practices as employers of GPs. Results showed that many Practices were struggling to recruit GPs.

The overall recommendation from the report was to ask Committee to note that the surveys had uncovered many issues, challenges, and recommendations. The Committee were asked to agree that those findings should form the basis of a comprehensive review of the GP Strategy which will be presented to PCCC in October.

Discussion took place regarding the desire of many GPs to have portfolio careers which includes GPSI, educational work, management, etc. and steps being taken to encourage that portfolio work to retain our doctors in a different kind of way. Locations such as Gloucestershire have been partnering with universities to start establishing certain portfolios.

Mr Morgan confirmed that the main objective of one of the GP Lead roles shared by Dr Tim Lyttle and Dr Adam Pringle is to offer advice and support to GPs to develop portfolio careers. Their role is to build up a resource database to share with other GPs. However, those GP Leads are only funded one day a month therefore there is a limit to what they can do.

Mr Dunshea referred to information within the report that GPs typically work 6 sessions a week, or approximately 3 days a week. Dr Povey clarified that that was the normal working pattern for GPs. The 6 sessions were clinical sessions. GPs will be working further sessions in a week but that would be for administrative and professional development.

Discussion took place regarding the issues in Primary Care, and highlighted the following key points which may drive GPs away from working 5 days a week: -

- Workload and pressures have both risen dramatically.

- The job is overwhelming and there are many tasks performed by GPs that could be done by automation or carried out by other people.
- More consideration should be given to how women are encouraged to stay within the workforce.

In response to comments raised during the discussion, Mr Morgan confirmed that: -

- The ICB has a GP female Lead, Dr Nicky Harrison, who is actively considering how to support female GPs.
- The full time / part time issue is a trend across the country. None of our newly qualified GP Fellows are working full time - all are choosing to work part time. There are many reasons for that, but it *is* a trend.
- Job advertisements are an issue and could be of a better standard.
- There is only sufficient funding for the GP Leads for one day a month and it is non recurrent, so they are on fixed term contracts. In October when the revised Strategy and action plan is brought to Committee, members will be made aware of several initiatives it is hoped to develop over the next 12 months.

ACTION: Mr Morgan to research the GP portfolio work carried out by Gloucestershire.

7.2 **Results of Primary Care Ethnic Diversity Survey**

The survey was developed by Humberside LMC and was used with their permission. It was carried out in the Spring of this year with all Primary Care staff and General Practice staff.

It was made clear that the survey was about ethnic diversity, not just staff from ethnic minority groups. The survey had 216 responses. Key points of the survey were: -

- Many staff from ethnic minority backgrounds had experienced racism. They do not think it is always dealt with appropriately and they are not necessarily confident in speaking up about it.
- Staff believed that they have been treated differently due to their ethnic background and have experienced discrimination and inappropriate comments from both colleagues and patients.
- It is clear that there are issues to address both in terms of patient and colleague views and experiences. Within the appendix, the system objectives illustrate issues that Dr Priya George is taking forward across all providers. In this report, Primary Care objectives linked to system objectives are identified.
- One of the challenges that we have not yet been able to address is encouraging and creating a working group that is owned and staffed by Practice staff. Mr Morgan has agreed with Dr George that one of the key challenges is to develop a working group made up of Practice Managers and possibly GPs and other staff to review the Primary Care objectives and how they are used to create an action plan.

Discussion followed regarding the extent of the problem, and a suggestion was made that Practices should be encouraged to treat racism in the same way they treat physical violence and de-register patients who are racist.

Dr Pall referred to the ICB's duty of care to the people it represents and suggested that pastoral care should be in place for staff together with an action plan for those affected to access that care.

Committee members agreed that this subject should be escalated to Board level to make the public fully aware of our concerns in this area.

Mr Robinson suggested that a discussion should take place with colleagues from Healthwatch but wished there to be no doubt that this is the ICB's responsibility to drive forward. We must ensure that this is linked into the Board's programme of work on equality, diversity, and inclusion to avoid separate programmes of work taking place but addressing similar issues. This is a local, national and system issue and we must ensure that any work done within Primary Care is consistent with that.

However, he did not think that the report quite set out the actions required and believed that it is incumbent on himself, Ms Pyrah and Mr Morgan to consider actions to be taken with the capacity available within the confines of the system work already under way. Discussion should also take place with Healthwatch colleagues as to whether there is a role in this for them.

Mrs Cawley confirmed that she had already discussed this with Dr George and was supportive of this issue. A page has been added to the Healthwatch website providing information as to how staff can speak to a Freedom to Speak Up Guardian.

ACTION: Mr Morgan to submit a report detailing the action points from his August report to a future Committee.

7.3 ***NHS Long Term Workforce Plan – Implications for General Practice***

Sara Edwards' report highlighted the implications of the long-term workforce plan published in June, and the implications for Primary Care.

Government funding of £2.4m is attached to delivery of the long-term plan which is based around three pillars – train, retain and reform. Further details are contained in the appendix of the report.

The ICB workforce and training team currently supports many of the elements within the plan which indicates a large acceleration of most areas, plus a widening of them. The challenges around this are many.

Estates to accommodate the plans will be key. Creating learning environments for all new learners will be a challenge and will put pressure on the number of educators and supervisors required to support the plan. Support will also be required in terms of administration, project support, IT, etc. which will be a challenge in terms of capacity.

It is hoped that further alignment with the ICS People team, their resource, and programme of work will be possible to create additional capacity.

Mr White observed that key to this is making sure that all the training is carried out within Shropshire. Evidence suggests that people stay where they train or return to where they trained.

Minute No. PCCC-23.08.48 – GP Access

8.1 GP Access Recovery Plan – Progress Update

Ms Pyrah's report was taken as read.

The first chapter of the report describes the governance arrangements being put in place which will mirror the national and regional governance. Consideration is being given to introducing a Primary Care Improvement and Transformation Board which will have the same priority status in the ICB as Elective and UEC Boards. The remit of the Board would be GP Access Recovery, Transformation and oversight of Pharmacy, Optometry and Dentistry which was delegated to the ICB from 1st April 2023.

The report then describes specific actions being taken and progress of some of the key asks within the plan.

All the PCN improvement plans have been received and signed off. However, further conversations are required with one PCN to improve the detail of their plans. Our allocation of funding for moving to cloud based telephony has been confirmed. The Practices have been named and Anthony Armstrong, ICB Digital Lead, is actively working with those Practices to make sure that the work is completed by the deadlines in the national plan.

We continue to encourage GP Practices and PCN'S to sign up to the national improvement support programmes.

A self-assessment has been carried out and submitted to NHSE against the six specified pathways in the NHS long term plan. Plans are in place for some, but for the majority of them we have no plans. Further work is required, and Ms Pyrah is liaising with the Director of Elective Care and the Director of Strategic Commissioning.

Work has commenced on the primary/secondary care interface and creation of a plan to transfer secondary care work carried out in primary care back into secondary care. Discussions have taken place, but further work is required.

Mr Morgan is working with PCNs to make sure that they have plans in place for spending their ARRS money, recruiting people into those roles, and ensuring that their allocation is used by the end of March.

The Primary Care team is working with Practices regarding their application for the national transition and transformation funding, which supports them with additional capacity to move from one operating model to another in terms of accessing General Practice.

Information is contained within the report regarding access improvement plans. A summary of the plans is contained in the appendix to the report together with details of the monitoring report and the risk register.

Earlier this week, the national team published the system improvement plan guidance. Primary Care must submit a system improvement plan to the Board in November and the aim is to have a first draft available early in September.

Discussion took place regarding the PCN improvement plans which appeared to be different in some areas in terms of their ambition.

The Committee queried how consistent PCNs had been in preparing their plans. Mr Dunshea referred to the rag rating and the plans currently all being rated Green, and queried how sustainable that would be.

Ms Pyrah replied that the PCNs had all taken a different approach because each Practice and PCN must consider their own individual population and practice needs. There is a difference in their approach, but they do comply with the national ask.

There is always a possibility that the rag ratings may change. That depends on the demands placed on Practices and PCNs during the winter but at the moment she was confident that they will do what they have said they will do.

Dr Povey referred to the national GP support programme. The programme is about moving to a model of total triage where all patients are triaged in electronic form either by filling in the form themselves or by the Care Co-ordinator filling in the form and then a Care Navigator signposting patients either to alternative places to be seen or to members of our team to be seen.

However, many patients will not like this approach and many doctors do not feel comfortable with it. In Shropshire there are a limited number of places to send patients to which will impact on patient satisfaction because it is not the model that patients want. The backfill and the capacity to carry out the programme is quite limited in Shropshire, and patient complaints about lack of continuity and not seeing their preferred doctor will increase.

Mr Dunshea referred to governance of the process and asked Ms Pyrah to ensure that future reports provide financial data to advise Committee of the costs of the programme and asked if the GP Board has a role in this.

Ms Pyrah confirmed that the GP Board *will* have a role. Recruitment is currently taking place to a two-year position to chair the GP Board and it is intended that the Chair of the GP Board is part of the governance of the Primary Care Improvement and Transformation Board and oversees the improvement and transformation, and/or a nominated member of the Board.

8.2 GP Patient Satisfaction Survey Results 2023

The results for this year were informed by field work undertaken between January and April.

The report showed a comparison between this year and last year. Compared to the national average NHS STW are on par or better than, but when considered at individual PCN level there is a stark difference between Shropshire and Telford and Wrekin in terms of performance, and the Primary Care team will be using that information to work with those individual Practices and PCNs. A decline has been noted in certain areas, which is a concern.

Dr Pall asked if any triangulated data exists on health outcomes in the areas where there is lower patient satisfaction.

Mr White confirmed that the data could be made available.

A conversation had taken place at ICB Board regarding health outcomes as part of a discussion around population health management and he was tasked with presenting to the ICB Board in September. Activity around triangulation has commenced and consideration can then be given to what interventions and outcomes are not happening.

8.3 GP Access Performance Report – May 2023 Data

Mr Gandy's report was taken as read.

A call has been arranged at the end of September for himself, Mr Robinson, Ms Pyrah and Mrs Gittins to review the report to make it more meaningful. A considerable amount of work is being done around access which must be included in the report. Main points to note are: -

- Appointments are increasing.
- Remote appointments and people who are seeing non-GP clinicians is also increasing.
- NHS STW is in line with the UK average. 83.83% of patients are seen within 2 weeks and 52.65% are seen within 2 days or by the next day.
- Referrals to the Pharmacy service are gradually increasing.

Mr Gandy invited questions.

Mr Dunshea observed that the report needed development in terms of presentation and suggested that if Mr Gandy wished to circulate some draft ideas, he would be happy to consider them.

Mr Robinson commented that presentationally, the report was excellent. The discussion taking place at the end of the month will be more focussed upon what we do differently as a result of the insight this information provides.

ACTION: Mr Robinson to update a future Committee regarding GP access after the discussion at the end of the month has taken place and an action plan is in place.

Minute No. PCCC-23.08.49 – Risk Register (General Practice)

- 9.1 Dr Pall referred to the Risk Register which contained red risks and asked whether they needed to be discussed at today's meeting.
- 9.2 Ms Pyrah intimated that there has been no material change to the risks, which had existed for some time. There have been no changes since the last time they were reviewed by PCCC and there are no new red risks.
- 9.3 Dr Pall asked the Committee to note the risks and direct any questions they may have to Ms Pyrah via email.

Minute No. PCCC-23.08.50 – Any Other Business

- 10.1 There was no other business.

For Information Items

- 11.1 The Primary Care Team Work Programme Progress Report was submitted to the Committee for information.
- 11.2 Prior to the Part 2 meeting taking place, Mr White referred to the conversations that usually took place with Dr Chan and Dr Povey regarding conflicts of interests.
- 11.3 If Dr Chan was present, he would be required to exclude himself because of a conflict with one of the papers. Dr Povey was invited to attend Part 2 unless he chooses to exclude himself as he had no conflicts of interests for any of the papers to be discussed.



**Shropshire Telford and Wrekin ICB Primary Care Committee Action Tracker
Part 1 Meeting – 6 October 2023**

Agenda Item	Action Required	By Whom	By When	Date Completed
<p>PCCC-22.10.21 Implementation Plans – Enhanced Access from 1 October 2022</p>	<p>Mrs Williams to investigate solutions to the issues around digital including costs and information as to how this enhanced service will help towards the virtual ward and update a future Committee.</p>	<p>Mrs Williams</p>	<p>December 2022 meeting</p>	<p>December Update: Issues around digital are ongoing. Our digital solution does not fully support the requirements in the DES. An example is online booking should be made available, but the digital solution does not support that for enhanced access. NHSE are aware and are linking with the digital supplier which for NHS STW is EMIS. The capability is not available to enable a patient to book online through the new clinical services hub. The supplier is working on the issue. NHSE colleagues have regular meetings with the supplier and are pressing them for a solution.</p> <p>March 2023 update: NHS E continue to work with system suppliers on the capability issues.</p> <p>June 2023 update: As above, there are no further updates.</p> <p>October 2023 update: EA IT plan will not be released until 23/24, national team are developing a letter/comms to support this.</p>

<p>PCCC-22.10.26 Finance Update</p>	<p>Mrs Skidmore and Ms Jones to discuss with the Performance team inclusion of performance data in the Finance report.</p>	<p>Mrs Skidmore / Ms Jones</p>	<p>December 2022 meeting</p>	<p>December Update: Mrs Pall and Ms Jones will discuss the format and content of the Finance report going forward. Not yet actioned due to Mrs Pall's absence abroad.</p> <p>June Update: Dr Garside spoke to Roger Eades in the Finance team and was very clear about what is required. She now needs to speak to the Primary Care and BI teams to establish how the report can be developed. That will take some time as there are issues around access to data and also about constructing a report that is meaningful for the Committee.</p> <p>August Update: No update.</p>
<p>PCCC-23.02.05 Proposal to Change PCCC Agenda Structure</p>	<p>Mr White and Ms Pyrah to implement the recommendations regarding establishment of a Primary Care Transformation Committee, identifying membership of that Committee and preparing Terms of Reference.</p>	<p>Mr White / Ms Pyrah</p>	<p>March 2023 meeting</p>	<p>March update: Currently under development particularly around wider, inclusive membership.</p> <p>June Update: Mr White to provide a verbal update to a future Committee.</p> <p>August Update: As outlined in the minutes of the Part 1 meeting.</p> <p>October Update: Changes to PC governance structure is an agenda item</p>
<p>PCCC-23.02.06 Albrighton Medical Practice – Application to Reduce Practice Boundary</p>	<p>Mr Robinson to speak to his counterpart in South Staffordshire to try and find a mutually acceptable solution.</p> <p>Make Shropcom and Public Health aware of possible implications for cross border working for District Nurses and Health Visitors.</p>	<p>Mr Robinson Berni Williams</p>	<p>March 2023 Meeting March 2023 meeting</p>	<p>June Update: Mrs Williams to check with colleagues in South Staffs the anticipated date of completion of the new housing development in Perton and requests being received for GP access by those residents and advise Committee members by email as soon as possible.</p> <p>August Update: Of the proposed 220 new dwellings at Wrottesley Park Road, Perton the first 12 dwellings are nearing completion with a hand-over date for the first tranche of houses expected within the next two months.</p>

				<p>Of the remaining 208 being built these will be completed and handed over on a rolling programme with all 220 properties hopefully fully completed by around December 2025.</p> <p>Staffordshire and Stoke on Trent ICB have confirmed that Lakeside Medical Practice in Perton will be extending their practice boundary to cover the area where the new housing development is. Albrighton Medical Practice have been informed of this.</p> <p>October Update: <i>Item Closed.</i></p>
<p>Minute No. PCCC-23.06.31 – Actions Raised from Previous Meetings and Matters Arising</p>	<p>22.10.19 Extension to Practice Boundaries Ms Pyrah and Mrs Williams to pick up the action relating to Practice boundaries and out of area patients and update the next meeting.</p>	<p>Ms Pyrah / Mrs Williams</p>	<p>August 2023 meeting</p>	<p>August Update: No update provided.</p> <p>October Update: Julian Povey and Simon Whitehouse discussed at the August meeting. A home visiting service is not required for out of area patients. <i>Item Closed.</i></p>
<p>Minute No. PCCC-23.06.34 – Hodnet Medical Practice: Request for Boundary Change</p>	<p>Janet Gittins and Mrs Williams to discuss Hodnet offline to establish possible solutions to the issues surrounding the Practice boundary and provide Dr Pall with an update report halfway between this Committee and the next.</p>	<p>Janet Gittins / Mrs Williams</p>	<p>August 2023 meeting</p>	<p>August Update: No update provided.</p> <p>October update: An update is provided as agenda item.</p>
<p>Minute No. PCCC-23.06.38 – GP Access</p>	<p>Mr Robinson and Ms Pyrah to conclude the issues regarding GP access and governance of the 5-year plan and update the August Committee.</p>	<p>Mr Robinson / Ms Pyrah</p>	<p>August 2023 meeting</p>	<p>August Update: Internal governance being developed in line with the recently published regional and national governance structures. Meetings to be scheduled from August 2023. <i>Item ongoing.</i></p> <p>October update: Proposal to establish a Primary Care Improvement and Transformation Board approved by Integrated Delivery Committee in September. GP Access will be a core part of this Board work programme. Meeting dates to be diaried.</p>

<p>Minute No. PCCC 23.08.46 Finance Report</p>	<p>Mrs Clare to liaise with Dr Garside regarding the inclusion of activity data in the Finance report.</p> <p>Mrs Clare to speak to Angharad Jones and the Medicines Management team in order to provide detail around prescribing budgets in the next report to PCCC.</p>	<p>Mrs Clare</p> <p>Mrs Clare</p>	<p>October 2023 meeting</p> <p>October 2023 meeting</p>	
<p>Minute No. PCCC 23.08.47 Workforce Report</p>	<p>Results of GP Survey Mr Morgan to research the GP portfolio work carried out by Gloucestershire.</p> <p>Results of Primary Care Ethnic Diversity Survey Mr Morgan to submit a report detailing the action points from his August report to a future Committee.</p>	<p>Mr Morgan</p> <p>Mr Morgan</p>	<p>October 2023 meeting</p> <p>October 2023 meeting</p>	
<p>Minute No. PCCC 23.08.48 GP Access</p>	<p>GP Access Performance Report – May 2023 Data Mr Robinson to update a future Committee regarding GP access after the discussion at the end of the month has taken place and an action plan is in place.</p>	<p>Mr Robinson</p>	<p>October 2023 meeting</p>	

Primary Care Commissioning Committee – Part 1

Agenda item no.	PCCC 23-10.56								
Meeting date:	6th October 2023								
Paper title	Changes to Primary Care Governance								
Paper presented by:	Gareth Robinson, Executive Director Delivery and Transformation								
Paper approved by:	Nick White, Chief Medical Officer								
Paper prepared by:	Nick White, Chief Medical Officer								
Signature:									
Committee/Advisory Group paper previously presented:									
Action Required (please select):									
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>

1. Executive summary and points for discussion

Changes to Primary Care Commissioning Governance

Introduction

In October 2022, the Committee received a report proposing the streamlining of the items that come to Primary Care Commissioning Committee to include only contractual/commissioning and assurance related items and that all strategic and service redesign items were channelled through other ICB/S forums whether new or established.

Earlier this year the ICB commissioned the Good Governance Institute to review its governance structure and make recommendations for improvement as it was recognised that the current governance structure is overly complicated and not fit for purpose.

Since that original proposal in October, NHSE have published the GP Access Recovery Plan which puts GP access recovery on the same national priority status as elective and urgent and emergency care. There is a requirement on ICBs to ensure that their governance arrangements for delivering GP access are sufficiently robust.

Given the above 2 developments, we have taken the opportunity to review options for improving and streamlining primary care governance and share below a proposed revision which will be going to Board in November for ratification.

Proposed Changes to Primary Care Commissioning Governance

It is proposed that the current PCCC is dissolved and that the delegated functions related to primary care are delivered through the following 3 forums as set out in Appendix 1.

These changes will ensure that primary care commissioning, contracting, strategy development and improvement and transformation delivery are enacted through integrated system processes rather than in isolation and that the governance for GP access recovery is equivalent to that already in place for elective and UEC.

The terms of reference for the proposed new Primary Care Improvement and Transformation Board is provided at Appendix 2.

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

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

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Approve the proposed changes to the primary care delegated commissioning governance arrangements

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

No

5. Appendices

None

6. What are the implications for:

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

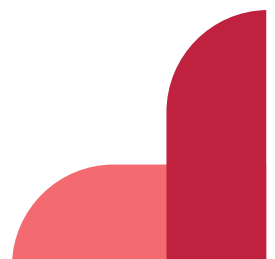
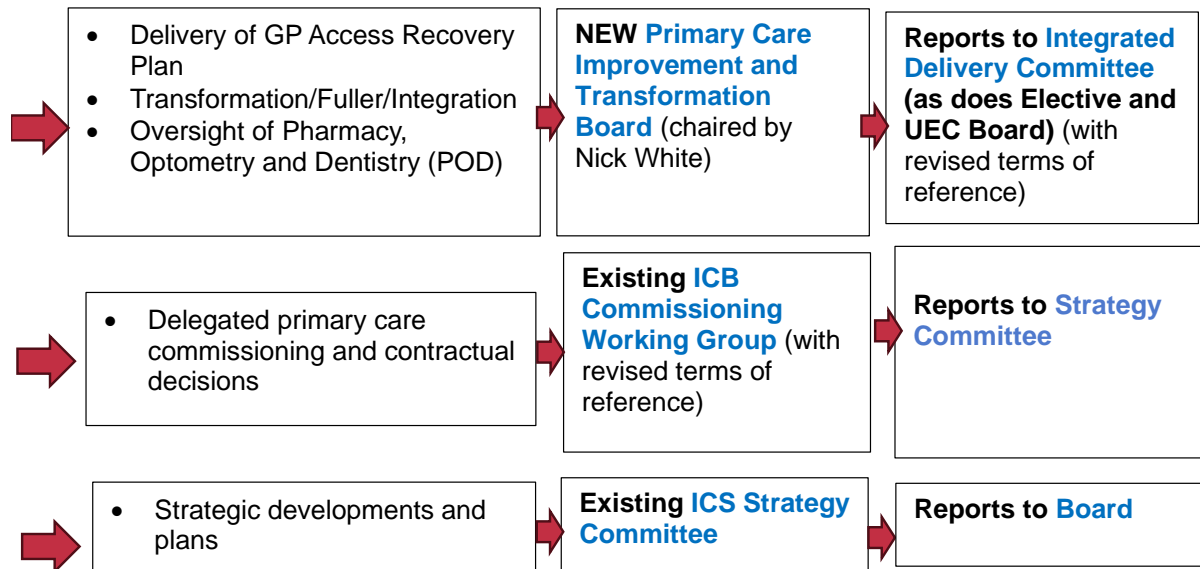
Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	

Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

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



Proposed Primary Care Commissioning Governance



Primary Care Improvement and Transformation Board (PCITB)

Terms of Reference

1. Role and responsibilities

The Primary Care Improvement and Transformation Board (PCITB) will provide oversight of delivery of STW Primary Care Improvement and Transformation Programmes aligned to delivery of commitments within the NHS Long Term Plan, the Government's mandate to NHS England, Delivery Plan for Recovering Access to Primary Care and the Fuller review including ensuring integration and alignment with emerging key national Primary Care Policy. Primary care in the above context includes General Practice, Pharmacy, Optometry and Dentistry.

The PCITB will:

- Oversee the implementation of the 'Delivery Plan for Recovering Access to Primary Care' (May 2023) and progress against key deliverables and milestones.
- Assure (with workstream leads) the ICS Integrated Delivery Committee of overall progress towards targets and deliverables.
- Shape, monitor and maintain strategic direction for the products and services delivered under the programme.
- Support and monitor the delivery of the objectives of the Primary Care Access Recovery Plan and its seven workstreams.
- Ensure alignment across multiple programmes, products and workstreams, removing blockers and resolving tensions.
- Oversee digital delivery against and alignment with core policy initiatives.
- Oversee delivery of the Fuller recommendations 'Next steps for integrating primary care' in line with national policy and ensure alignment with other STW transformation programmes where appropriate.
- Oversee the implementation of local strategies, plans and integration of pharmacy, optometry and dentistry.
- Ensure cohesive communications and messaging to senior internal and external stakeholders.



- Oversee the financial position of the delivery plan for recovering access to primary care.
- Identify and resolve dependencies and issues across portfolios and the wider system.
- Review escalated risks and issues and assure and agree plans for mitigation.
- Act as a collaborative vehicle to bring views together across STW and to co design integrated approaches to Primary Care.
- Prioritise key deliverables and co-ordinate internal and external demands e.g. prioritisation and pipeline.
- Receive briefings from other teams and programme boards on key changes.
- Ensure the continuous improvement of services through the identification of learnings and implementation of good practice.

2. Membership

- Chair: ICB Chief Medical Officer
- Co Chair: ICB Executive lead for Primary Care
- ICB Associate Director of Primary Care
- GP Access Recovery Workstream leads x 7
- GP Board nominated member
- PCN nominated representative
- Primary Care Finance Business Partner
- ICB Quality lead for primary care
- ICB BI lead for primary care
- Local Network representation for Pharmacy, Optometry and Dentistry

Other representatives as agreed with the Chair as required by agenda items.

3. Cadence and reporting

- Meetings will be held once every month (day/time to be confirmed).
- The agenda will be split into 2 parts. The first part will be dedicated to oversight of the implementation of the General Practice Access Recovery plan. The second part will be dedicated to primary care transformation programmes and key updates and developments in pharmacy, optometry and dentistry.
- The agenda and supporting papers will be circulated to all members ahead of the meeting; with the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.
- The PCITB will report directly to the ICS Integrated Delivery Committee; a Chair's summary will be presented to each Committee.
- The PCITB shall make whatever recommendations to the Integrated Delivery Committee it deems appropriate on any area within its remit where action or improvement is needed.

- These Terms of Reference are subject to review at least annually on the understanding they need to be dynamic and respond to change in the external environment as we move forward.

5. Administrative Support

- The Associate Director of Primary Care and the Chief Medical Officer's PA will be responsible for the effective running of the Board.

6. Supporting Workstreams

The Board will be supported in delivering its work programme via 7 workstreams each with an identified workstream lead. Details of the workstreams and their respective leads are set out in Appendix 2. An organogram of the governance structure is set out in Appendix 3.

Workstream 4 – Contracting includes one key area of focussed action outside of General Practice which is improving the interface between primary and secondary care. More specifically it requires the ICB to put in place processes where interface issues can be discussed and resolved and to develop a plan with secondary care providers to take back specific secondary care work that is currently being done in General Practice. This work will be achieved through a new Primary Care/Secondary Care Oversight Group. This will meet monthly and be chaired by the ICB Chief Medical Officer. Representation will be from the Medical Director/or Deputy from SATH, RJAH, MPFT and Shropcom, plus 2 nominated members of the GP board and a nominated LMC representative. The Oversight Group will have 4 standing agenda items as follows:-

- Soft relationship building opportunities eg consultant GP exchange scheme, Grand Round etc.
- Current interface issues and themes for resolution (ordering blood tests, letters re changing medications – the sorts of things that get raised via GP Board or LMC)
- Latest publications potentially impacting the primary /secondary care interface eg NHSE Letters, Royal College reports
- Ongoing local transformation programme work – issues and barriers for resolution to move forward to full implementation

The effective running of the Oversight Group will be provided by the Primary Care Team. Administrative support is to be confirmed.

Date: August 2023

GP Access Recovery Plan Workstreams and Leads

These workstreams will be as follows:-

Workstream 1 – Self referral pathways

Workstream Lead – Commissioning lead: Gemma Smith

Action:

- ICBs to expand specified self-referral pathways by September 2023 (Selected community MSK, Community Podiatry, Weight Management, Wheelchairs, Community Equipment, Optometry, Audiology, Falls Response)

Workstream 2 – Pharmacy

Workstream Lead –ICB Community Pharmacy Development lead, James Milner

Actions:

- Subject to national consultation/negotiation expand the community pharmacy service offer prewinter
- Link community pharmacy and GP systems for record management

Workstream 3 – Transformation

Workstream Leads – ICB Primary Care Partnership Managers – Janet Gittins/Alec Gandy

Action:

- Create and rollout the various strands of the GP Improvement Support Programme which aims to enable practices to transition to the Modern General Practice Access Model

Workstream 4 – Contracting

Workstream Lead – Associate Director of Primary Care – Emma Pyrah

Action:

- Improve the primary-secondary care interface – transfer secondary care work done in primary care back to secondary care

Workstream 5 – Digital

Workstream Lead – Primary Care Digital Lead – Antony Armstrong

Actions:

- NHS app rollout 90% core functionality
- Support practice transition from analogue telephony to cloud based digital telephony
- Digital telephony systems enabled to offer call back, call queuing and messaging
- Support and fund digital tools for online assessment and messaging
- Practices offer easily accessible and usable websites

Workstream 6 – Workforce

Workstream Lead – Primary Care Workforce Lead – Phil Morgan

Actions:

- Expand GP specialty training
- Offer support programmes to retain GPs
- Support the PCNs to utilise their full Additional Roles allocation in 2023/24

Workstream 7 – Communication

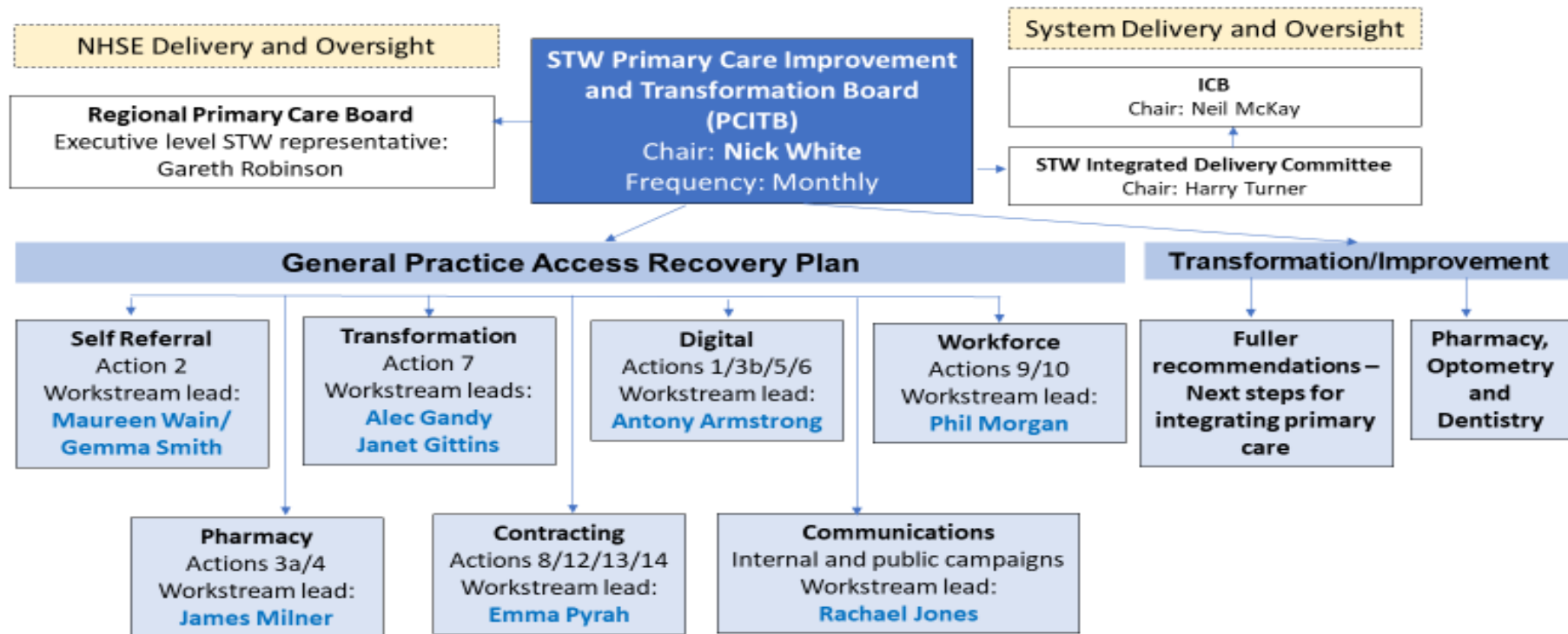
Workstream Lead – Primary Care Communications Lead – Rachael Jones

Actions:

- Develop and implement an internal and public communication plan



STW ICB Primary Care Improvement and Transformation Governance Structure (Aug 23)



APPENDIX 1

Proposed new primary care commissioning governance



	Agenda Item: PCCC 23-10.57	
Report to:	STW Primary Care Commissioning Committee	
Report Date:	18 th September 2023	
Meeting Date	6 th October 2023	
TITLE:	Primary Care Contractors Occupational Health Service – Direct Award to Team Prevent - Shropshire	
Presenting Officer(s):	Nuala Woodman - Deputy Head of Primary Care Commissioning	
Report written by:	Nuala Woodman - Deputy Head of Primary Care Commissioning	
ICBs impacted:	<input type="checkbox"/> Birmingham & Solihull ICB <input type="checkbox"/> Black Country ICB <input type="checkbox"/> Coventry & Warwickshire ICB <input type="checkbox"/> Herefordshire & Worcestershire ICB <input checked="" type="checkbox"/> Shropshire Telford & Wrekin ICB <input type="checkbox"/> Staffordshire & Stoke on Trent ICB	
Previous Tier 3 governance approval meeting and date:		
<input type="checkbox"/> Pharmacy: West Midlands Pharmacy Governance Group <input type="checkbox"/> Optometry: West Midlands General Ophthalmic Group <input type="checkbox"/> Dental: West Midlands Dental Assurance & Information Group <input checked="" type="checkbox"/> N/A		

Purpose:
<p>Note for PCCC Members: This report has been prepared by the Office for the West Midlands and is going to the hosted service Tier 2 Director Level Joint Commissioning Group on 27th September advising of the necessary direct award actions taken for the Pharmacy, Optometry and Dentistry elements. There is a requirement, however, for the GP related decision to go through appropriate ICB governance arrangements which in our case is Primary Care Commissioning Committee.</p> <p>This paper is to provide an update on progress to secure a new independent sector provider (Team Prevent) to replace Shropshire Community Healthcare Trust as Occupational Health provider for Shropshire primary care contractors.</p>

1. Executive Summary:

- The interim provider Royal Wolverhampton Trust were unwilling to extend their temporary cover beyond the end of September 2023.
- There has been dialogue with the national team about how the national specification should be used post delegation and the responsibilities of each commissioning organisation.
- Due to the urgency of the situation a direct award has been made to Optima Health (Team Prevent) so they can start immediate mobilisation of services.
- As the previous funding is tied up in the block financial envelope for the previous provider, finance have agreed to allocate a small budget from reserves to cover expected in year spend for Shropshire.
- Feedback from the previous meeting that ICB are unwilling to fund the NHS England statutory element of the service linked to the Medical Director's role has been acted on and the specification amended accordingly.

2. Recommendation to West Midlands Joint Committee

PCCC is invited to:

- Note the actions taken (with agreement of the two relevant Heads of Primary Care) so as to ensure continuity of service for occupational health provision for primary care contractors.

3. Report Body

3.1 Background and context

A paper was brought to the previous POD Joint Commissioning Group meeting in August outlining some of the complexities post delegation related to commissioning of occupational health services for primary care.

Feedback was that ICBs were not keen to pick up and fund those aspects of the specification that were linked to responsibilities of the Medical Director linked to the Performers List regulations. There has been dialogue with the national team to further define the different commissioner responsibilities post delegation and the specification has been amended accordingly. Medical Directorate can still use this service but will be billed directly for those elements in Schedule 1A.

3.2 Key Actions

An attempt was made to extend the interim service but the trust were unwilling and have written to contractors already to say they are no longer accepting referrals. RWT are being asked to give assurance about plans for any patients still in their care. Team Prevent have agreed to mobilise immediately – in particular to provide cover for needlestick injuries using their existing base in Stoke on Trent. The introduction of a site in Shropshire will take longer.

SLAs have been drawn up and signed for each ICB following agreement with the two Heads of Primary Care.

Communications for contractors in both ICBs have been prepared to be issued immediately the services are in place.

Notification of these actions are being sent through dual routes – Joint Commissioning Group for the Pharmacy, Optometry and Dental element and through individual ICB Primary Care Committees for the GP element.

3.3 Further Plans

To set up ongoing monitoring of this contract through the GMAST team in the Office of the West Midlands

To use information on actual spend during Q3 to inform budget setting for next year.

3.3 Risk analysis

Risk Rating	Category of Risk	Description of Risk	Mitigation
Low	Legal	Risk of challenge due to award outside the framework	Accept this risk
Risk Rating	Category of Risk	Description of Risk	Mitigation
Low	Financial	Risk of overspend to variable nature of costs	Budget has been set to ensure this risk is minimised pending

3.4 Public Contract Regulations (PCR) 2015 assessment

Advice has been taken from the Crown Commercial Service with respect to the requirements of undertaking a framework award. The least risky option was to conduct a short expressions of interest process with all providers on the framework prior to further pursuing a contract award with Team Prevent.

In this case the award has been progressed outside the framework due to the urgency of securing continuity of provision. This is considered to be a low risk strategy. Team Prevent already provide occupational health services in Staffordshire to the ICB and to NHS Trusts. The total value of the award is unknown as most elements are funded directly by contractors. The value of the award for the spend related to each ICB is low and within the limits set out within the relevant SFI.

3.5 Finance

There are currently no separately assigned budgets for Occupational Health as all spend since 2020/21 has been on block arrangements to Trusts through post COVID contracting arrangements as part of an overall financial envelope. The original budget for Occupational Health was historically held by the Medical Directorate in NHS England but has been delegated by default to ICBs.

Costs are variable and only part is payable by commissioners/medical directorate (see Appendix 1). The estimated likely spend for 23/24 based on invoices supplied during 2019/20 is shown in Table 1. Costs have had to be estimated as no spend was identified in 19/20. The needlestick cases are more expensive and seem to make up the bulk of total costs, based on information from detailed invoices in another area. Spend is variable and billed based on set pricing for actual referrals managed.

Table 1 – Estimated Spend for Occupational Health 2023/24

Area	PROVIDER	19/20 Includes MD spend	23/24 Needlestick Only Part Year	24/25 Needlestick only Full Year
Shropshire	Team Prevent	£6,317	£2,500	£5,000

3.6 Quality

Ensuring contractors and their staff have access to the appropriate occupational health support is a key plank in the Patient Safety strategy.

3.7 Health Inequalities

This proposal ensures staff are supported to continue to provide wider primary care services covering the entire population.

3.8 Equality Impact Assessment

Ongoing provision of these services is necessary to support contractors in maintaining their workforce to safely deliver NHS Services.

Appendix 1: Service Schedule Summary

Schedule IA - ICB Commissioned and NHS England Funded Service

Enhanced Occupational Health Assessment NPL Doctors and Dentists	Virology, vaccinations and immunisations NPL practitioners	Specialist tier for the management of those performers that have Blood Borne Viruses All staff working in Primary Care settings (including trainees)
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Schedule IB – ICB Commissioned and Funded Service

Urgent and longer term advice on exposure to potential Blood Borne Viruses All staff working in Primary Care settings (Including trainees)
--

Schedule II – Self-funded by applicants to the national performers list

Occupational Health screening/clearance for entry to the performers list Doctors and Dentists only (see footnote 2 p3)	Virology, vaccinations and Immunisation as part of application to the performers list Doctors and Dentists only
--	---

Funded by the applicant

Schedule III –Occupational Health service made available to independent primary care contractors in support of their employees

Occupational Health screening/assessment Health Care Workers (HCWs) working in NHS Primary Care	Virology, vaccinations and Immunisation HCWs working in NHS Primary Care	Employer referrals HCWs working in NHS Primary Care
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Funded by the employer

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 23-10.58								
Meeting date:	6 th October 2023								
Paper title	Asylum seekers in Shropshire, Telford and Wrekin contingency hotels - Update								
Paper presented by:	Bernadette Williams. Primary Care Lead – contracting								
Paper approved by:	Gareth Robinson, Executive Director Delivery and Transformation								
Paper prepared by:	Bernadette Williams. Primary Care Lead – contracting.								
Signature:	<i>B Williams</i>								
Committee/Advisory Group paper previously presented:	N/A								
Action Required (please select):									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>
Previous considerations:									

1. Executive summary and points for discussion

In Shropshire, Telford and Wrekin there are three hotels that the Home Office has set up as contingency hotels for Asylum seekers. There is one in Shrewsbury, two in Telford and Wrekin. Two hotels are accommodating single males, the third is for families.

This report is to provide the committee with an update on local arrangements to ensure these asylum seekers have access to the necessary local health services and make Committee aware of any risks and issues identified.

Key points from the report: -

- STW has no influence over the decisions made by the Home Office in terms of the number/location of the hotels and the number/type of asylum seekers that are allocated to them.
- There are circa 350 asylum seekers in STW who have access to General Practice within their local area of the contingency hotels.
- It is a national requirement that all asylum seekers receive an initial health check on registration with a GP practice and onward referrals to other required services are made where appropriate. One of the key areas for screening within the health check is tuberculosis as there is a higher prevalence rate in the countries from which the asylum seekers originate.
- The ICB receives national funding for the health check and has an Enhanced Service in place (approved by PCCC) with a unit price of £150 per health check.

- There is a cost pressure for the ICB in relation to the funding for the GP initial health check as the way in which our allocation from NHS England is calculated has changed and is not sufficient to meet the expenditure.
- Local TB services are not adequately resourced to deal with the additional demand.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

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

Note the contents of the report.

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

4. Appendices

[2023/24 Primary care service funding support for Integrated Care Boards with temporary hotels to house asylum seekers and refugees.](#)

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Ensures this vulnerable cohort have access to primary medical care.
Quality and Safety	Vulnerable group who need support and continuity of care.
Equality, Diversity, and Inclusion	Ensures access to primary medical care.
Finances and Use of Resources	An allocation is made twice a year based on fair shares across the region.
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	

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

Meeting:	
Meeting date:	
Agenda item no.	
Paper title	

Introduction

This briefing is to update the committee about the current position in relation to asylum seekers being placed by the Home Office in the Shropshire, Telford and Wrekin (STW) area.

Background

In Shropshire, Telford and Wrekin there are three hotels that the Home Office has set up as contingency hotels for asylum seekers. There is one in Shrewsbury and two in Telford and Wrekin. Two hotels are accommodating single males, the third is for families.

STW has no influence over the decisions made by the Home Office in terms of the number/location of the hotels and the number/type of asylum seekers that are allocated to them.

Serco are the managing agent appointed by the Home Office; they lead on the fortnightly multi agency meetings where alongside Health other stakeholders; Local Authority, Fire service, Police and Education are briefed on any new arrivals; changes in the numbers at the hotels and if there are any concerns.

On arrival at the contingency hotels the asylum seekers are registered with a local GP practice who provide a health check, issue medications if needed and make any necessary referrals to other services. The hotels and local GP practices are detailed in table 1.

Table 1

Hotel name and information.	No of residents*	PCN / GP practice registration	Health checks completed	TB symptom check (not latent TB screening)
The Telford Whitehouse, Wellington.	167 – single males	Wellington Medical Practice.	110 checks (GP and	GP refers resident depending on the answer to the

Since April 2023. 90 rooms, max capacity 170 (multiple occupancy).			nurse attended site)	completed TB questionnaire. LA Health protection have provided a priority list of the countries with the highest TB incidences.
The Lion, Shrewsbury. Since Nov 2022. 60 rooms	97 – single males	Shrewsbury PCN. Residents are registered with 6 Shrewsbury town centre GP practices.	61 claims for health check made.	GPs identify symptoms and refer into secondary care, TB nurses.
Madeley Court. Madeley. Since 10 th September 2023. 49 rooms	**79 people (families) 6 have moved on. 40 more due soon.	Court Street Medical Practice	TBC	TBC

*the number of residents can change on a daily basis. ** arrived on 11th September.

Finance

In 2022/23 Integrated Care Boards (ICBs) were able to submit claims to NHS England based on the number of new arrivals. The ICB could claim £150.00 per person for the provision of a health check which was commissioned via an Enhanced Service agreement with general practice; the payment was transacted through a service specification.

The same service specification and payment value has been carried over into this year however the funding from NHS England has changed. It is now an allocation based on a fair share using Home Office data on the number of asylum seekers in the hotels in the ICB area relative to other ICB areas. The full briefing can be viewed as an appendix A.

For the first half of this year spend vs allocation results in a £7,600 cost pressure. We await our Oct-Mar allocation but there is a significant risk that this will be less than the forecast spend of £19,350.

It has proven difficult to secure GP sign up to take these patients on and undertake the health checks and therefore mitigating the cost pressure by reducing the GP payment is not considered an option.

The Primary Care Team are aware of the ICB requirement that all unplanned in year spend over £10k needs to go through a central approval process. However, Committee are asked to note that the ICB has a duty of care to these vulnerable people and therefore no choice but to incur the related costs.

Finance colleagues are in discussion with the Primary Care Team to forecast the likely year end cost pressure in the absence of notification of the ICBs actual allocation figure for the second half of the year.

Table 2

2023-24	Amount	Claims received	Claims expected	Difference
Apr-Sep	£11,000	£18,600 to date	-	-£7,600
Oct-Mar	TBC	TBC	£19,350	-

Risk and Issues

- The funding allocation will not be sufficient to pay GP practices for the health checks they provide.
- Potential for increased cost for translation services.
- Additional risk around the adequate provision of Tuberculosis (TB) services in secondary care. GP practices are completing a TB screening questionnaire and referring any potential cases to secondary care however the TB department have indicated that they are not resourced to deal with the numbers of patients coming through. STW is not an area of high incidence of TB therefore has been set up according to demand.

2023/24 Primary care service funding support for Integrated Care Boards with temporary hotels to house asylum seekers and refugees.

26 June 2023, Version 1.0

Introduction

This briefing is for NHS England regional teams and Integrated Care Boards (ICBs). It details:

- the additional funding arrangements that support ICBs primary care response to Home Office use of temporary hotels used to house asylum seekers,
- changes to the process for allocating funds in 2023/24, including confirming initial ICB allocations.

An update is also included on the 2023/24 funding arrangements relating to the health response for individuals and families relocating under the Afghan relocation scheme.

Background

All ICBs are responsible for delivering on their statutory and delegated duties to provide access to NHS healthcare services for newly arrived asylum seekers in their area and supporting targeted approaches to minimise health inequalities, working within their NHS budgets.

Since 2021/22 NHS England has administered a contingency fund to support ICBs manage the additional primary care access needs arising from the Home Office's increasing use of temporary hotels to house asylum seekers.

This contingency fund nationally is not linked to the number of hotels, hotel residents or forecast arrival numbers, meaning as a fixed annual budget a decision has been required each year to determine how best to distribute these funds in support of ICBs. In 2022/23 the

£5.6m contingency fund supported a payment of £150 per new arrival into temporary hotels.

This contingency funding is however:

- separate from additional funding streams that support the provision of NHS services to newly arrived asylum seekers in more permanent or higher risk Home Office accommodation settings i.e. Initial Accommodation Centres, (new Large Accommodation Sites); and hotels for unaccompanied asylum seeking children.
- on top of ICB baseline funding, which itself continues to be weighted to take account of and support measures to address health inequalities, with asylum seekers a recognised cohort within Core20PLUS5.

There have also been additional funding arrangements to support the primary care response at Home Office bridging hotels for individuals and families relocating under the Afghanistan Relocation Schemes¹.

Contingency fund - move to fair shares funding allocation

With continuing and increasing pressures in the asylum seeker system presenting in the continuing use of temporary hotels for the foreseeable future, there is an increasing need for NHS England to take a view on the equitable distribution of the contingency fund to better support all ICBs and manage the risks on this fund.

In 2023/24 the contingency fund will be distributed to ICBs on a fair shares basis using Home Office data on the number of asylum seekers in temporary hotels in their area relative to other ICB areas.

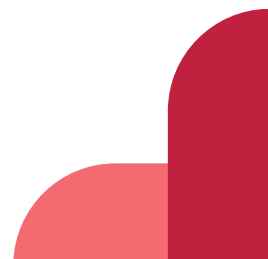
This will be a bi-annual allocation with 50:50 split in the allocation of the £5.6m contingency fund. The timing of the first allocation will be matched to the stable “start” position ahead of anticipated new arrivals each year, the second and final allocation falling with the anticipated “peak” of new arrivals.

For 2023/24 this means:

- **First ICB allocations** will be made in **July 2023** (using June 2023 Home Office data). Individual ICB allocations are **detailed in the annex**.
- **Second and final ICB allocations** will be made in **October 2023** (using September 2023).

In addition to replacing the previous bureaucratic quarterly claims process, it is intended this allocation method will provide greater clarity on the additional funding available through this route, supporting more local commissioning decisions.

¹ <https://www.england.nhs.uk/wp-content/uploads/2021/09/20210827-Afghanistan-Relocations-and-Assistance-Policy-letter-to-CCGs-and-MDROs.pdf>



NHS England continues to engage with Government Departments on the additional funding needs for health services in support of temporary hotels for housing asylum seekers.

Use of funding

This funding is to contribute to ICBs additional costs in supporting the ongoing delivery of their statutory and delegated duties to their local population in areas co-located to temporary hotels housing asylum seekers.

This funding should be invested in additional primary care. The priority for ICBs is expected to be to increase additional GP registration capacity to support asylum seekers entitlement to register with local GP services and/or the provision of initial health assessments to support the identification and management of newly arrived asylum seekers active and/or additional health needs: see Migrant Health guide: <https://www.gov.uk/government/collections/migrant-health-guide/>.

However, ICBs are free to determine how the funds are invested in their local primary care response but should be able to demonstrate how it has been used to support primary care for the local communities co-located to temporary hotels.

Afghan Relocation Schemes

With plans announced and now underway to move Afghan families and individuals out of “bridging” hotel accommodation and into permanent homes across the UK, the funding support for wraparound primary care services at those bridging hotels has ended and will not apply in 2023/24.

All ICBs are reminded that first year health costs for relocated Afghan families and individuals moved into permanent accommodation can be claimed directly from the Home Office (up to £2600 per person).

Updated Home Office funding instructions will be published here:

<https://www.gov.uk/government/collections/funding-instruction-on-uk-resettlement-programmes>

Annex

2023/24 Primary care service funding support for Integrated Care Boards with temporary hotels to house asylum seekers

ICBs first contingency fund allocations - July 2023

NHS England Region	ICB	Home Office confirmed contingency hotel population as at 21.06.23	% of total England contingency hotel population	Funding fair shares calculation	First allocation (rounded to nearest £000)
East of England	Hertfordshire and West Essex	2,141	4.3%	£122,005	£122,000
East of England	Bedfordshire Luton and Milton Keynes	1,388	2.8%	£79,095	£79,000
East of England	Cambridgeshire and Peterborough	535	1.1%	£30,487	£30,000
East of England	Norfolk and Waveney	492	1.0%	£28,037	£28,000
East of England	Suffolk and North East Essex	536	1.1%	£30,544	£31,000
East of England	Mid and South East Essex	295	0.6%	£16,811	£17,000
London	North West London	6,575	13.3%	£374,677	£375,000
London	North Central London	4,105	8.3%	£233,924	£234,000
London	North East London	3,010	6.1%	£171,525	£172,000
London	South East London	1,961	4.0%	£111,748	£112,000
London	South West London	1,157	2.3%	£65,932	£66,000

Midlands	Birmingham and Solihull	1,685	3.4%	£96,020	£96,000
Midlands	Herefordshire and Worcestershire	1,035	2.1%	£58,980	£59,000
Midlands	Leicester Leicestershire and Rutland	1,190	2.4%	£67,812	£68,000
Midlands	Coventry and Warwickshire	982	2.0%	£55,959	£56,000
Midlands	Northamptonshire	497	1.0%	£28,322	£28,000
Midlands	Black Country	716	1.5%	£40,801	£41,000
Midlands	Lincolnshire	528	1.1%	£30,088	£30,000
Midlands	Derby and Derbyshire	501	1.0%	£28,550	£29,000
Midlands	Nottingham and Nottinghamshire	461	0.9%	£26,270	£26,000
Midlands	Staffordshire Stoke on Trent	1,359	2.8%	£77,443	£77,000
Midlands	Shropshire Telford and Wrekin	189	0.4%	£10,770	£11,000
North East and Yorkshire	Humber and North Yorkshire	952	1.9%	£54,250	£54,000
North East and Yorkshire	West Yorkshire	1,394	2.8%	£79,437	£79,000
North East and Yorkshire	North East and North Cumbria	1,015	2.1%	£57,840	£58,000
North East and Yorkshire	South Yorkshire	653	1.3%	£37,211	£37,000
North West	Cheshire and Merseyside	1,981	4.0%	£112,887	£113,000
North West	Greater Manchester	2,046	4.1%	£116,592	£117,000

North West	Lancashire and South Cumbria	928	1.9	£52,882	£53,000
South East	Sussex	1,728	3.5	£98,470	£98,000
South East	Buckinghamshire Oxfordshire and Berkshire West	1,327	2.7	£75,619	£76,000
South East	Surrey Heartlands	989	2.0	£56,358	£56,000
South East	Frimley	983	2.0	£56,016	£56,000
South East	Kent and Medway	322	0.7	£18,349	£18,000
South East	Hampshire and Isle of Wight	535	1.1	£30,487	£30,000
South West	Devon	483	1.0	£27,524	£28,000
South West	Dorset	657	1.3	£37,439	£37,000
South West	Bristol North Somerset and South Gloucestershire	880	1.8	£50,147	£50,000
South West	Bath North East Somerset Swindon and Wiltshire	454	0.9	£25,871	£26,000
South West	Gloucestershire	437	0.9	£24,902	£25,000
South West	Somerset	253	0.5	£14,417	£14,000
Total		49,355	100.0%	£ 2,812,500	£ 2,812,000

Primary Care Commissioning Committee – Friday 6th October 2023

Agenda item no.	PCCC 23-10.59
Meeting date:	Friday 6 th October 2023
Paper title	Primary Care Estates Strategy – Capital Programme Project Prioritisation Process
Paper presented by:	Darren Francis, Primary Care Estates Lead
Paper approved by:	Gareth Robinson
Paper prepared by:	Darren Francis
Signature:	
Committee/Advisory Group paper previously presented:	N/A
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
S=Assurance	<input type="checkbox"/> D=Discussion
I=Information	<input type="checkbox"/>
Previous considerations:	

1. Executive summary and points for discussion

The development of the PCN Estates Plans is nearing completion and, once approved by the PCNs, the ICB will need to add a summary to the plans which will give an overview and Executive Summary of the findings across all PCNs as well as providing an overall prioritised list of all of the projects that are being proposed within each of the individual PCN plans.

We know that the capital requirements of the PCN plans will be considerable against a backdrop where there is currently no access to NHS capital at the scale required to extend existing practices or undertake new builds. Therefore the ICB will need to prioritise where any available capital monies is targeted.

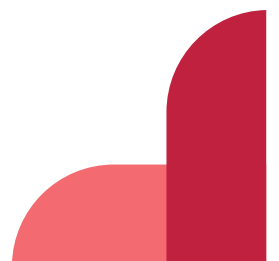
A prioritisation matrix and scoring system has been developed so that an ICB panel of contributors can score the projects to support prioritisation and an overall ranking of the projects from an ICB perspective.

The purpose of this paper is to request approval for the proposed scoring and prioritisation process.

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

Improving safety and quality	
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	X
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:

Approve the proposed scoring and prioritisation process to be used to rank Primary Care Estates Projects which are part of the ICB General Practice capital programme informed from the PCN Estates Strategies.

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

Estates Prioritisation Matrix v4.xlsx

6. What are the implications for:

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:	



Background

The current Primary Care Estates Strategies were completed in 2020 as individual strategies for the then separate CCGs.

Work has been ongoing on the development of the next revision of the Primary Care Estates Strategy – this time focussed on an individual PCN basis rather than on an individual practice basis and taking into consideration the PCN plans related to clinical and non-clinical workforce and the impact of the additional roles staff.

The PCN plans will contain a list of projects prioritised by the PCNs according to which projects they feel are of most urgent need.

This work is now nearing completion and, once the ICB has received all of the individual PCN plans, it will be necessary to prioritise any projects being proposed by the PCNs into an overall list of projects prioritised from the perspective of the ICB (and taking into account the prioritisation set by the PCNs).

The prioritisation of the PCN plans and the projects within is important because:-

- we know the amount of capital and revenue to support them is limited and therefore needs to be targeted based on need and urgency
- enables the ICB to make informed decisions when capital business cases come forward rather than on a first come first served basis
- enables the ICB to describe a rationale and process to stakeholders and the public in relation to investment decisions

In order for the ICB to prioritise these projects, a scoring system and prioritisation matrix has been developed and is submitted to Committee for approval.

This is also an important piece of work which will need to feed into the system Estates and Infrastructure Strategy which is to be delivered by the end of March 2024.

Proposed Scoring System and Prioritisation Matrix

A proposed list of 4 main criteria has been created, each containing a number of questions. The main criteria will be as follows:

Criteria	Description
1	Population Benefit
2	Operational Benefit
4	Value for Money
5	Deliverability

A panel of contributors – to be confirmed but to include, ICB Executive and Non-Executive representation, ICB Primary Care Team – will then score each of the projects, up to a maximum score of 10, based on the following criteria:

Score	Descriptive Guide
0	No evidence provided to be able to score
1	Insufficient: Only very partial evidence that criterion is met
↓	Partial: Some elements of the criteria are addressed but clear gaps/issues
	Good: Majority of criterion met but with some gaps/issues
10	Outstanding: Criterion fully met with very strong evidence

Final Scoring and Weighting Process

Once the individual projects have been scored by the various contributors, a weighting will then be applied based on the 4 main criteria above to give a total weighted score for each proposed project.

Based on the final weighted score for each project, the projects can then be ranked according to which are most important from an ICB perspective.

Until the final costs are known for each project and a business case has been submitted for each project, the projects should score low for the “Value for Money” section.

However, once a business case has been submitted for a project, the scoring in the “Value for Money” section can then be revisited and projects re-prioritised based on those projects still remaining (ie in the interim between initial scoring and submission of the business case, some projects may have already been given approval to commence so those should then, from a scoring perspective, be taken out of the remaining mix of projects still to complete).

A copy of the proposed scoring and prioritisation matrix is attached at Appendix 1 for reference.



PCN Estates Plans - ICB Prioritisation Matrix

No.	Criteria	Question	Score (Fixed)
0	Pre-Qualification Criteria	Does the proposed project address significant and immediate operational delivery challenges such as the fragility of a practice/PCN?	250
No.	Criteria	Question	Score (up to Maximum)
1	Population Benefit	Is there evidence that the project addresses local population health needs and will improve outcomes for patients?	10
		Is there evidence that the project will reduce health inequalities?	10
		Does the project align with revised Council Local Housing Development Plans?	10
		Is there a high level of planned population growth?	10
		Does the proposed project clearly demonstrate increased use of digital technology to improve access?	10
2	Operational Benefit	Does the age and condition of current premises make them an absolute priority for improvement?	10
		Does the proposed project align with the ICB strategy for Primary Care services delivery?	10
		Does the proposed project align with the PCN Estates Strategy?	10
		Is there evidence that the additional space is required?	10
		Does the project demonstrate an approach to system working that allows organisations to work collaboratively to deliver and transform services?	10
4	Value for Money	Does the project demonstrate good value for money in terms of capital, recurrent and non-recurrent revenue?	10
		Could the same additional capacity and benefits be provided more cost-effectively (ie via annual round of BaU capital funding allocation)?	10
		Have all opportunities been explored to fully utilise and optimise existing space?	10
		Is the project affordable from an ongoing revenue perspective?	10
		Does the proposed project align with the current NHS (GMS - Premises Costs) Directions 2013CN Estates Strategy? <i>If Yes, score 10, otherwise 0</i>	10
		If current premises are leased what is the cost of early exit from the lease, if any? <i>If premises are GP Owned, score 10</i>	10
		If NHSPS property are there any implications in terms of ICB having to pay void costs following exit? <i>If void costs likely, score 1</i>	10
		Has the practice received BaU capital funding in the past and if so has the abatement period ended? If not, how long does the abatement still run for? <i>If <12 months, score 10, if >12 months score 1</i>	10
Has the project already secured any capital funding and if so from what source (s106, CIL, UKSPF, Deanery Funding, etc)? <i>If have secured some funding, score 10, if no funding secured score 1</i>	10		
4	Deliverability	Is the proposed project feasible and able to be successfully completed within suggested timescales?	10
		Are there any major constraints that are likely to threaten delivery of the project (ie. assurance that there are no major planning approval impediments such as easements, covenants, rights of way or appropriations)?	10

Scoring Guide (please use the full range of scores as appropriate)

Score	Descriptive Guide
0	No evidence that the criterion is met
1-2	Insufficient: Minimal evidence that criterion is met
3-4	Partial: Some elements of the criterion are addressed but clear gaps/issues apparent
5-6	Good: Majority of criterion met but with some gaps/issues
7-8	Majority of the criterion met with supporting evidence
9-10	Outstanding: Criterion fully met with very strong evidence

Primary Care Network - Prioritisation Matrix

Ranking - Capital Prioritisation Panel Scoring

Instructions: All PCN estate schemes should be assessed against the 5 criteria and scored 0 - 5 using the scoring guide shown below.

Table below to be inserted into PCN Toolkit Output Slides

Project Title	PCN	Criteria and Raw Scores (0=None 5= High) - Use Full Range				Raw Total (Max 25)	Weighted Total	Ranking
		1	2	3	4			
		Population Benefit 35%	Operational Benefit 25%	Value for Money 25%	Deliverability 15%			
Project 1	xxx PCN	41	45	58	11	155	#REF!	#REF!
Project 2	xxx PCN	36	20	36	9	101	#REF!	#REF!
Project 3	xxx PCN	28	10	24	5	67	#REF!	#REF!
Project 4	xxx PCN	45	18	31	8	102	#REF!	#REF!
Project 5	xxx PCN	20	28	71	15	134	#REF!	#REF!
Project 6	xxx PCN	10	43	68	16	137	#REF!	#REF!
Project 7	xxx PCN	18	30	45	10	103	#REF!	#REF!
Project 8	xxx PCN	28	41	69	8	146	#REF!	#REF!
Project 9	xxx PCN	43	36	54	5	138	#REF!	#REF!
Project 10	xxx PCN	30	28	42	16	116	#REF!	#REF!

Primary Care Commissioning Committee

Agenda item no.	PCCC 23-10.60						
Meeting date:	6 th October 2023						
Paper title	GP Patient Participation Group – Review and Improvement Report						
Paper presented by:	Alec Gandy, Primary Care Partnership Manager						
Paper approved by:	Gareth Robinson, Executive Director Delivery and Transformation						
Paper prepared by:	Alec Gandy, Primary Care Partnerships Manager						
Signature:							
Committee/Advisory Group paper previously presented:							
Action Required (please select):							
A=Approval	R=Ratification	S=Assurance	x	D=Discussion	I=Information		

1. Executive summary and points for discussion

The purpose of this report is to provide the Committee with the outcome of a recent review of General Practice patient participation groups status. Under the GMS contract, it is a contractual requirement that all practices have a patient participation group.

14 out of 51 practices were found to not have a PPG.

5 existing PPGs were found to be near folding due to negative relationship with the practice

The report also includes details of the related Primary Care Team improvement plan.

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	
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3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the contents of this report.

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

No

5. Appendices

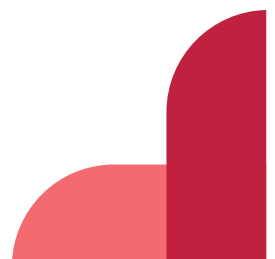
Appendix 1 – Practice PPG Resource Pack

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	Practices use patient feedback to improve their service offer
Quality and Safety	Practices use patient feedback to improve quality and safety
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	It is a contractual requirement that all practices have a PPG
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

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



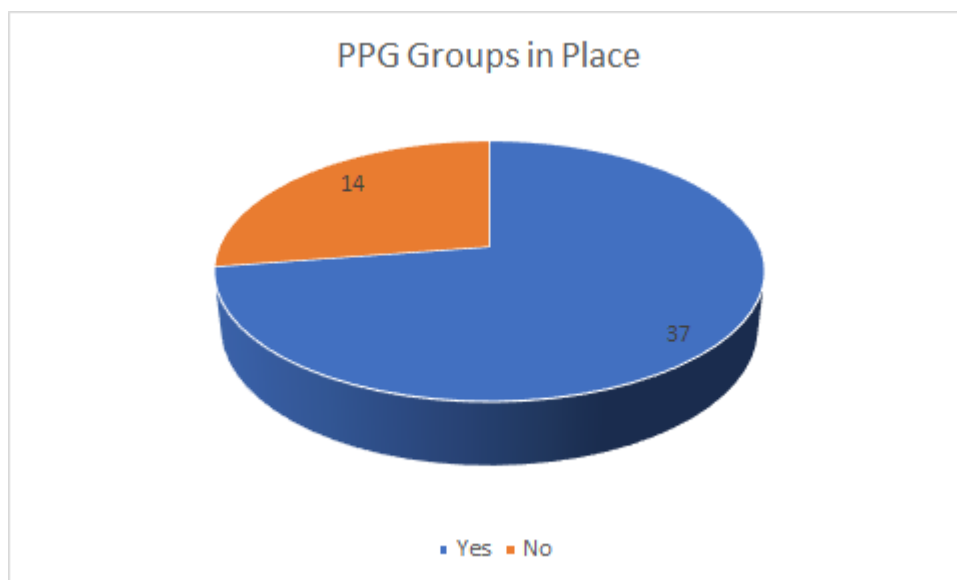
GP Patient Participation Group Review and Improvement Plan Report – 6th October 2023

1. Patient Participation Group (PPG) Overview

- 1.1 A Patient Participation Group (PPG) is a group of volunteer patients, carers and GP practice staff who meet regularly to discuss and support the running of their GP practice. PPGs look at the services the practices offer, patient experience and how improvements can be made for the benefit of patients and the practice. Each PPG is different, but they all have the aim of making sure that the GP practice puts the patient, and improving health, at the heart of everything it does.
- 1.2 A PPG is open to every patient on the GP practice list. People of all genders, ages, ethnicities, and those with health conditions and disabilities are encouraged to join. There are no membership requirements except that patients must be registered with the practice. PPG members should as far as possible, be representative of the practice population.

2. Patient Participation Groups in STW

- 2.1 Currently across the 51 Practices we have identified 14 that do not currently offer a PPG to their patients. As it is a contract requirement we are working with these practices and PPG representatives to ensure all PPGs are in place.



- 2.2 Out of the 14 practices that don't currently have PPGs we have identified some potential causes for this, and the three most received responses are:

- Lack of a PPG Chair
- PPG folded during Covid and hasn't been re-started
- Capacity in the practice

2.3 As an ICB, we wanted to get an idea of how current practices advertise and raise awareness of their PPG so that we can be in a better position to support practices to set up their own. Although 18% of the practices identified 'Word of mouth' as the biggest way they promote the PPG, some other popular ways were as follows:

- Dedicated page on the Practice website
- During registration of a new patient
- Practice leaflet
- Noticeboard in the waiting room
- Via social media

2.4 We have spoken to the Practices that have PPGs to find out what they are currently working on. Nearly 50% explained that a large proportion of the PPGs are keen to work on the services offered to patients and improving access to the Practice but other popular workstreams within the PPGs were:

- Updating Practice leaflets
- Completing additional patient surveys to gain feedback
- Increasing members within the PPG
- Improving communication to non-PPG patients in the Practice

3. Identified issues with PPGs

3.1 We have been working closely with PPG representatives across STW to try and identify where things are working well and where there are potential issues within current PPGs so we can avoid the Practices without PPGs increasing. During these conversations we have identified 5 practices with negative experiential feedback from their PPG reps. In some cases, the feedback is that PPG reps are considering disbanding. The feedback we have received includes: -

- Lack of engagement with PPG
- PPG members not able to raise concerns or contribute 'Any Other Business' at the end of the meeting
- Lack of flexibility on times for PPGs to meet
- Not allowing PPGs to use practice rooms for a pre meet to prepare for the actual PPG meeting

3.2 The priority for the Primary Care Team in the short term is to ensure that existing PPGs do not fold. The Primary Care Team Partnership Managers will meet with the 5 practices to discuss their current PPGs and how the relationship can be improved. The overarching Primary Care Team improvement plan includes visits to PPGs that are going well in their Practice to gain insight into what works well which can be shared with other practices.

3.3 Our second workstream is to meet with the 14 Practices currently without a PPG over the next 2 months. We will be discussing in more detail the reasons behind there being no PPG and then work with them as well as the patient reps across STW to get a PPG in place across all 51 Practices by end of Q4 2024.

4. Practice PPG Resource Pack

4.1 To support practices to both set up or ensure their PPG is working effectively, the Primary Care Team recently developed a practice PPG Resource Pack. This has been shared with all practices. It provides a useful range of resources including:-

- What are PPGs?
- Four ways PPGs can operate
- A guide to what PPGs can do
- Setting up your PPG
- Ongoing recruitment and promotion
- Establishing roles within the PPG
- Communication needs
- Useful contacts and information sources
- Example terms of reference and ground rules
- Example roles and responsibilities
- Extract from GP contract
- Digital screen graphic
- Poster
- Patient leaflet

4.2 We have also shared it with both Shropshire and Telford Healthwatch and both Shropshire and Telford Patient Groups. We await feedback from Healthwatch but have received some great feedback from the Chair of Telford Patient group (see below):

Denise Hallett, PM at Dawley, has shared the PPG Support Pack of materials with Lynn and myself. It's great to see that something is now being done by the ICS to remind practices of their contractual obligation to support an active PPG and to encourage practices to promote and support patients in setting up a new or reinvigorating existing PPGs that are struggling at the moment. Do like the poster, patient leaflet and screen display versions which I hope PMs will use in house to set up an active PPG and will share with their existing PPG members and to also encourage new blood.

4.3 We are also working very closely with the T&W Scrutiny Committee who have chosen GP Access as a topic for specific continued focus this year. At their July meeting, Scrutiny Committee raised their concerns about the lack of responses they had had from both practices and PPGs when they invited them to participate when their review started last year. The Primary Care Team have provided an update to scrutiny committee based on the contents of this report and will continue to keep them apprised of further developments.

Patient Participation Group (PPG)

Support pack for GP practices - some useful guidance to help set up and maintain a PPG



Contents

Page 3. What are PPGs?

Page 4. Four ways PPGs can operate

Page 4. A guide to what PPGs can do

Page 6. Setting up your PPG

Page 7. Ongoing recruitment and promotion

Page 7. Establishing roles within the PPG

Page 8. Communication needs

Page 9. Useful contacts and information sources

Page 10. Appendix A - Example terms of reference and ground rules

Page 11. Appendix B - Example roles and responsibilities

Page 12. Appendix C - Extract from GP contract

Page 13. Appendix D - Digital screen graphic

Page 14. Appendix E - Poster

Page 15. Appendix F - Patient leaflet

What are PPGs?

A PPG is a group of people who meet on a regular basis to discuss their practice and is usually made up of patient volunteers and practice staff.

PPGs provide a forum for two-way communication between the practice and group members, giving patients the opportunity to influence decision making and support planning and delivery of practice initiatives.

In order to be valuable, PPGs must have the confidence to challenge the practice in line with the critical friend ethos. A critical friend provides constructive feedback, without prejudice or negativity, to enable a service or function to develop positively.

PPGs generally have their own terms of reference, agreed between the practice and the founder members, and should act as representatives of their patient population.

PPGs are also able to influence the commissioning of services within their wider community through ongoing communication and active engagement with the local Integrated Care Board (ICB) - also known as NHS Shropshire, Telford and Wrekin.

What is not a PPG?

- A forum for complaints. Clear ground rules are needed to ensure that PPG members do not use the PPG as a vehicle to resolve their own personal issues.
- A time-consuming activity for practice staff. Some effort is required to get PPGs going, but thereafter they should be self-organising and patient-led and will often undertake activities that save the practice time.



Four ways in which PPGs can operate

- Have regular meetings with members attending (this may need to be controlled depending on available space).
- Have people signed up and taking an interest in the PPG from a distance. This means they do not have to attend meetings but should be engaged through newsletters, consultation documents or be involved in other aspects of the PPG. The use of technology may help this, such as discussion boards/chat rooms on websites. They could be termed 'involved members'.
- Have a virtual PPG. This means that the practice will deliver their 'PPG' remotely, which some groups have been doing more of since the COVID-19 pandemic and may wish to continue.
- Have a combination of a 'real' and 'virtual' group. The virtual group could support the work of the main group and offer a variety of perspectives from the wider patient population.

A guide to what PPGs can do

Escalate practice issues

The PPG can help share issues with practice staff. PPG are not about single issues repeatedly coming to the meeting but may be able to highlight recurrent themes.

Escalate wider commissioning issues

Commissioning is about commissioners becoming much closer to patients. PPGs should fit into a wider structure that allows experiences, views or concerns to reach the right people at the centre of the communities.

Share learning with patients and practices

Feedback on outcomes and liaise with other practices.

Work with other PPGs across Shropshire, Telford and Wrekin

Do you want your PPG to link in with others? This would be a good way for best practice to be shared and ideas to be formed across a larger area (such as a Primary Care Network).

A guide to what PPGs can do (continued)

Help with fundraising

There are examples of PPGs helping practices with events that help with fundraising or support events (i.e. Open Days).

Improve communication

The PPG must be a conduit for improving communication between patients, the practice and the role of commissioners.

Help the practice deliver change

Where changes are required in the practice, either as a result of the local survey or some other initiative, the PPG can help staff communicate the idea to patients.

Become a hub for social networking

The group could be more than something that just meets to discuss the practice, it could be an opportunity to social networking as well.

Key speakers

Inviting 'key speakers' to the meetings to discuss specific issues, e.g. representatives from local voluntary organisations, council staff etc.

Help develop a local patient survey

PPGs can work with the practice to agree local patient surveys. The survey will need to:

- Identify and prioritise issues
- Be shared with as many patients as possible
- And analysed fully, once the results have been collected
- Agree an action plan with patients on how they want to respond- including a timetable
- Publish the results of the survey in a prominent way (e.g. on the practice website).

Promote education and self help

If practices promote campaigns or self-help initiatives, the PPG could help support and improve take up. They could also help the practice understand what areas are of particular interest for patients, or link in with other organisations who need volunteers (such as bereavement services). These can be recruited from the practice population.

Inspections

PPGs may be asked to contribute to Care Quality Commission (CQC) inspections at the practice.

Setting up your PPG

- ✓ **Decide on a lead for the PPG**
- ✓ **Set up the first meeting**
- ✓ **Promote the group**
- ✓ **Build the group and establish roles**
- ✓ **Share ideas with other PPGs in the area and learn from others**

From 2016 the GP contract stipulates that practice should have an active PPG. Please see Appendix C for full details.

The first stage is to give people an opportunity to find out that there is a PPG, plans to set up the group and to arrange a first meeting. The first meeting will provide an opportunity to agree the overall purpose of the group and, once this is understood, the Terms of Reference for the group can be developed, which will set out objectives and guide activities. Roles and responsibilities for each group member can be agreed to steer the work of the PPG.

It is recommended that a member of staff is appointed as the PPG lead for the practice. They can be the first point of contact for the PPG.



Promoting the group

- Advertise in the waiting area and website, although, this will not work in solitude. (For example poster, please refer to Appendix E).
- Invite specific individuals that you know may be interested in getting more involved in practice issues e.g. people who have made suggestions about the practice, or asked questions, or 'expert patients'.
- It's important to ensure we encourage an inclusive group that represents the local population - think about ways to encourage people of different ages, races and ethnicities to join your PPG.
- Talk to patients in the waiting room to invite them to join the group.
- Ask existing members to talk to others to encourage them to join the group.
- Advertise in the local press and local voluntary sector newsletters.
- If possible, offer a range of times for the group to meet and opt for the time that most people can attend.
- Identify which patients would prefer to be part of a virtual group or be 'involved' through electronic information etc.

Establish roles within the PPG

- Agree roles for the meetings and whether these will be fixed or rotational. (Please see Appendix B for example roles).
- Confirm contact details and agree the best means for communication with the group. Include consent for this information to be shared with PPG group members to enable them to organise communications.
- Agree the role of practice staff relating to the PPG. You will need to agree the attendance of practice staff, who will attend, and how regularly.
- Discuss any training requirements for the group members.
- A 'PPG Information Pack' for new members is also available from your ICB.



Communication needs

It is essential that confidentiality is maintained when dealing with any queries from patients. Confidentiality forms should be signed by PPG members along with a consent form for their own contact details to be shared with PPG members.

Communication elements to consider:

- ▶ A PPG suggestion box can support patients to put comments/suggestions/queries to PPGs.
- ▶ Role of the PPG to take up general queries/issues on behalf of patients – it is important to maintain confidentiality where these are raised.
- ▶ If individuals raise personal issues to the PPG they should be referred to the Practice Manager or PALS, as the PPG is not an advocacy service for individual issues.
- ▶ If possible, the practice could provide office space for the PPGs.
- ▶ A PPG representative could attend part of the practice staff meetings to maintain two-way communication.
- ▶ Induction Pack - it is important to explain the role of the PPGs to all new members.
- ▶ Use of social media and online platforms to promote the work of the PPG and further engage patients.
- ▶ Providing information in an accessible format.
- ▶ If people have special requirements, ask them to contact the practice so that reasonable adjustments can be made to enable them to join and be part of the group.
- ▶ If a patient's first language is not English and they would like to join the PPG, ask them to speak to the practice to see if using an interpreting service is possible.

Useful contacts, support and information

The organisations below can provide lots of useful information about setting up and running PPGs, including examples of work in other areas.

National Association for Patient Participation

www.napp.org.uk

NHS Shropshire, Telford and Wrekin

stw.communications@nhs.net

www.shropshiretelfordandwrekin.nhs.uk

GP Patient Survey website

Results of patient surveys

www.gp-patient.co.uk



Appendix A - Terms of Reference

Title of the Group

The group will be known as: _____

Aim of the Group

- To promote co-operation between the practice and the patients to the benefit of both To provide a patient's perspective to the practice
- To provide a forum to discuss issues relevant to the practice
- To enable patients to influence local healthcare services
- To promote good health by arranging/supporting health awareness events
- To network with other PPGs to share good practice and ideas

Membership of the Group

- The membership is open to all patients who are registered with (insert practice name) Membership will be on a voluntary basis
- Committee members will be elected from the membership for a term of 1/2 years
- Committee members will be made up of a Chair, Secretary and Treasurer

Meetings

- The PPG will meet *quarterly/monthly/bimonthly (*delete as appropriate)
- The PPG will consider both face to face and virtual meetings based on the needs of the group
- There will be an agenda produced for each meeting which will be co-developed between the practice and the group
- Minutes of the meeting will be produced and agreed/verified by the PPG attendees during the meeting
- The practice will make meeting documentation available for all patients to access from their practice premises or via their website
- The practice will ensure that a representative from the practice attends PPG meetings

Ground rules

- All views are valid and will be listened to
- To respect each person's opinion even though they may differ from our own
- To allow people to speak out if there is something they don't understand
- Individual complaints/issues will not be discussed at this forum. These should be raised through the practice's complaints process
- All information discussed by PPG members will remain confidential
- Members will demonstrate a commitment to delivering results as a group
- Being a member of the PPG does not entitle individuals to preferential treatment above other patients
- Mobile phones should be on silent or off during meetings

Confidentiality and data protection

- No patient identifiable information will be shared or discussed at PPG forums
- Members will be required to complete a 'Considered Consent' form. The form will give members the opportunity to give permission for their contact details to be shared with other PPG members to enable the group to communicate effectively. This will be for the specific purpose of PPG work only
- All members will be required to fill in a 'Confidentiality and Data Protection' form. The form is to inform members of their duty to adhere to confidentiality rules

Objectives

- Objectives for the group will be jointly agreed between the practice and the PPG members
- A record of the objectives will be documented separately from the Terms of Reference
- Objectives will be SMART (Specific, Measureable, Achievable, Relevant and Timely)
- An evaluation of the PPG will take place annually to ensure effectiveness of the group - this will be done by the group itself

Appendix B - Roles and Responsibilities

Key responsibilities for each role include:

Group members

- Giving time to attend meetings
- Attending as many meetings as possible
- Acting in the best interest of the PPG
- Understanding the purpose and workings of the PPG
- Listening to other PPG members and remaining non-judgemental
- Being aware of health and safety requirements of selves and others Being aware of the PPGs ground rules and abiding by these
- Keeping in mind the goals of the PPG

Chair

- Chairing the meetings
- Steering discussions and keeping to the agenda
- Contacting and negotiating with relevant organisations to support the work of the PPG
- Listening to PPG members and remaining non-judgemental
- Providing leadership in deciding actions
- Planning specific meeting dates with the secretary and agreeing a suitable location for meetings
- Ensuring action plans are implemented
- Preparing agendas for meetings, with the support of the Secretary

Secretary

- Circulating meeting papers - agendas, minutes etc.
- Taking minutes/delegating minutes to a specified minute-taker if applicable Advising people of the location and content of meetings
- Taking apologies and checking quorum of meetings (enough people to make decisions)
- Working with the Chair to support production of progress reports
- Supporting the Chair to monitor action plans
- Keeping the members list up to date
- Preparing and filing correspondence

Appendix C - Extract from 2016 GP Contract

Part 5 Patient Participation

2.The following is inserted as a new clause 5.2:

“5.2. Patient Participation

5.2.1. The Contractor must establish and maintain a group known as a “Patient Participation Group” comprising of some of its registered patients for the purposes of — Choose an item. 7(a) obtaining the views of patients who have attended the Contractor's practice about the services delivered by the Contractor; and (b) enabling the Contractor to obtain feedback from its registered patients about those services.

5.2.2. The Contractor is not required to establish a Patient Participation Group if such a group has already been established by the Contractor pursuant to any directions about enhanced services which were given by the Secretary of State under section 98A of the 2006 Act before 1st April 2015.

5.2.3. The Contractor must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.

5.2.4. The Contractor must
(a) engage with its Patient Participation Group, at such frequent intervals throughout each financial year as the Contractor must agree with that group, with a view to obtaining feedback from the Contractor's registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the Contractor; and
(b) review any feedback received about the services delivered by the Contractor, whether pursuant to clause 5.2.4(a) or otherwise, with its Patient Participation Group with a view to agreeing with that group the improvements (if any) which are to be made to those services.

5.2.5. The Contractor must make reasonable efforts to implement such improvements to the services delivered by the Contractor as are agreed between the Contractor and its Patient Participation Group.

5.2.6. In this clause 5.2 “financial year” means the 12 month period beginning on 1st April each year and ending on 31st March the following year.

Appendix D - Digital screen graphic

The below digital graphic can be used on screens in GP practice waiting rooms. This will be available to access via both TeamNet and IntraDoc.



Appendices E and F

Please see below for printable PDF versions of:

Appendix E - poster to be used in practices (Optimum size: A4)

Appendix F - leaflet for patients (Optimum size: A5 double sided - two pages)

Get involved at your local GP practice

Become a voluntary member of your local Patient Participation Group and you can...



- Meet with other patients and practice staff
- Influence decision making about NHS services
- Work in partnership with the practice to explore new ideas
- Provide constructive feedback on practice services



**Ask your GP practice team for more information
on joining your Patient Participation Group**

Do you want to get involved at your local GP practice?



Become a voluntary member of your Patient Participation Group (PPG)



**Integrated
Care System**
Shropshire, Telford and Wrekin

NHS

**Shropshire, Telford
and Wrekin**

What is a PPG?

A PPG is a group of people who meet on a regular basis to discuss their General Practice and is usually made up of patient volunteers and practice staff.

What does a PPG do?

PPGs provide a forum for two-way communication between the practice and group members, giving patients the opportunity to influence decision making and support planning and delivery of practice initiatives.

Why join a PPG?

Become a voluntary member of your local PPG and you can:

- Meet with other patients and practice staff
- Influence decision making about NHS services
- Work in partnership with the practice to explore new ideas
- Provide constructive feedback on practice services



To join your local PPG, ask your GP reception team or visit your GP practice website.

Primary Care Commissioning Committee Part 1 – 6th October 2023

Agenda item no.	PCCC 23-10.61					
Meeting date:	6 th October 2023					
Paper title	2023/24 Month 5 Primary Care Financial Position					
Paper presented by:	Claire Skidmore					
Paper approved by:	Claire Skidmore Chief Finance Officer					
Paper prepared by:	Roger Eades Management Accountant					
Signature:						
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 2023:

The combined non delegated and delegated GP services budgets are overspent by £0.8m year to date with a forecast outturn of a £5.4m overspend.

The main driver for the adverse performance in M5 relates to Prescribing. Prescribing data for M3 shows an 18% increase compared to 22/23 - this has led to the M4/5 accrued position increasing in line with M1-3 data. Prior to M3 the increased spend was offset by higher BSA budget profiling in early months and prior year benefits. Central Drugs have also increased.

The overall impact of the above cost pressure has been partly mitigated by a non-recurrent prior year balance of £1m and also in year savings on pay linked to vacancies.

The delegated POD budgets are underspent year to date by £165k. The underspend is mainly due to under delivery of dental activity which is partially offset with overspends in both Ophthalmic and Pharmacy services. The forecast remains a break-even position as up to date information is still limited in this area.

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

The Primary Care Efficiency Schemes are underachieving by £186k year to date with a forecast achievement of savings over plan of £484k.

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

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

3. Recommendation(s)

The committee is asked to:

Note the 2023/24 year to date and forecast position for primary care budgets

Note the 2023/24 STW Capital Plan is now published on the ICB website

Note the year to date and forecast overachievement against Primary Care Efficiency Schemes

Note the identified risks associated to the primary care budgets

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

N/A

5. Appendices

A. M5 Financial Detail

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	23/24 recurrent exit position forms the basis of long term financial planning
Citizen and Stakeholder Engagement	No impact

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



2023/24 Month 5 (August 2023) Financial Position

Introduction

NHS STW ICB has a 23/24 deficit plan of £11.8m. This is part of an overall system deficit plan of £57.1m.

At M5 the ICB is reporting a £10.5m deficit which is a £3.8m adverse position against the year-to-date plan. The full year forecast outturn remains in line with the full year plan but with significant risk to delivery reported. The ICB is in discussion with NHSE around agreeing a realistic forecast outturn position for the year and enacting the FOT change protocol.

One of the key reasons for the adverse performance in M5 relates to Prescribing costs.

Further information is provided at Appendix A.

Primary Care Services – Non Delegated & Delegated GP Services

*M5 YTD £790k adverse variance
FOT £5,388k adverse variance*

The main reason for the adverse performance in M5 relates to Prescribing costs. Prescribing data for M3 shows an 18% increase compared to 22/23 - this has led to the M4/5 accrued position increasing in line with M1-3 data. Prior to M3 the increased spend was offset by higher BSA budget profiling in early months and prior year benefits.

This significant change has been partly mitigated by a non-recurrent favorable £1m variance in prescribing linked to 22/23 accruals which has been factored into the position since Month 2 and current year savings linked to Primary Care Pay as a result of vacancies.

The growth seen in prescribing costs is also being experienced across the region and nationally. See Appendix A for further information on prescribing costs.

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

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

*M5 YTD £165k favorable variance
FOT break even*

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

The delegated POD budgets are underspent year to date by £165k. The underspend is mainly due to under delivery of dental activity which is partially offset with overspends in both Ophthalmic and Pharmacy services. The forecast remains a break-even position as up to date information is still limited in this area.

The year to date and forecast position of each POD area are as follows:

Pharmacy - Activity is a reflection of the latest EPACT2 figures and reasons for over delivery are currently being explored by the hosted team. The hosted team are advising a break-even forecast until further data is available.

Optometry – The overperformance is based on two months data and the regional team are seeking a national update as to why this is occurring. Until there is a better understanding of the drivers of the over activity it is too early to suggest changes to the forecast break-even position.

Primary Dental – The year-to-date savings relate to dental activity performance claw back and contract adjustments. With regards to the forecast, there is likely to be an underspend on dental services as activity catches up post COVID. Guidance from NHSE nationally suggests that any dental underspends will be clawed back centrally but this is currently being discussed with NHSE to see if dental underspends can be retained by ICBs to mitigate against other risks in overall financial positions. At the moment the forecast assumes no benefit from dental underspends to the ICB.

Capital

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

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

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

Efficiency

The ICB has a very challenging overall efficiency plan of £26m to deliver. At M5 overall ICB efficiency plans are under delivering by £0.4m mostly due to the unidentified efficiency target not having schemes fully identified and delivering.

Primary Care efficiency schemes are under delivering YTD by £186k but forecasting over delivery by year end of £484k as further schemes have been identified.

In Medicines Management efficiencies there is a £286k adverse variance in YTD savings which is mainly due to a delayed start in the Optum programme requiring IG sign off, this programme has now commenced and is forecast to achieve full planned savings of £710k by M12. 15 out of 16 national medicines optimisation priorities are being addressed and there is confidence that the Medicines management efficiency plan will deliver in full by M12.

Month 5 Position - ICB										
Category	Scheme Name	2023/24 Plan			Month 5 YTD			M5 Forecast		
		Year Gross Plan	Investment	Year Plan (Net)	YTD Plan	YTD Actual	Variance	Forecast	Variance from Plan	
Medicines Management	DOAC	220		220	60	131	71	407	187	
	DOAC Generic Switch	1100		1100	137	0	-137	1100	0	
	NR	Primary Care PDS (NR)	75		75	75	0	75	0	
		Drug switches	150		150	95	175	80	200	50
		Scriptswitch	500		500	209	207	-2	500	0
		Optum	710		710	455	81	-374	710	0
		Optum Vitamin D	10		10	3	0	-3	10	0
		Specials	40		40	0	160	160	160	120
		ONS (Oral Nutritional Supplement)	165		165	49	0	-49	165	0
	NR	PDS Clawback	80		80	31	87	56	87	7
		Insulin Biosimilar	98		98	13	0	-13	0	-98
		Total	3148	0	3148	1127	841	-286	3414	266
Primary Care Services	GP Rebates (NR)	200		200	0	0	0	200	0	
	NR	Primary Care (NR) Rent Reductons	700		700	290	290	0	700	0
	NR	Primary Care QOF (NR)	200		200	83	83	0	200	0
	NR	LCS rebasing of budget	0		0	0	85	85	208	208
		Oxygen Baywater contract	0		0	0	15	15	15	15
		Total	1100	0	1100	373	473	100	1318	218
Grand Total		4248	0	4248	1500	1314	-186	4732	484	

Risk

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

At Month 5 the Prescribing forecast was updated to reflect average expenditure seen year to date continuing to the end of the year. This results in an overall forecast overspend on GP primary care budgets of £5.4m.

The forecast is being reviewed with the medicines management team to ensure that the latest information is reflected around predicted changes in NCSO and Cat M pricing and that all efficiencies expected in the latter months are reflected.

A risk is included in the overall ICB risk flagged to NHSE that corresponding mitigations will not be found and therefore the overall ICB plan will not be delivered. The ICB is in discussion with NHSE around agreeing a realistic forecast outturn position for the year and enacting the FOT change protocol.

Within POD delegated budgets there is a small risk in relation to both Ophthalmic and Pharmacy overperformance, and the POD team are investigating the driver of the Ophthalmic overspend; however, it is too early to indicate anything other than a breakeven position at this stage, due to limited information being available.

Conclusion

Non delegated and Delegated GP services combined budgets are now showing an overspend both year to date and as a forecast. This is due to a significant change in the prescribing costs to M3 and the projection for the remainder of the year.

POD Delegated budgets are showing a year-to-date underspend of £165k with a forecast of breakeven.

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

The Primary Care Efficiency Schemes are underachieving by £186k year to date with a forecast overachievement of £484k.

Financial risks are highlighted in this report, but the main area of concern is around GP prescribing budgets.



Primary Care Non Delegated Budget

EXPENDITURE	Month			YTD			Full Year		
	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k
Primary Care Services									
Prescribing	7,437	9,833	(2,396)	38,176	39,100	(924)	90,412	96,202	(5,790)
Central Drugs	214	282	(68)	1,083	1,156	(73)	2,633	2,797	(164)
Oxygen	99	80	19	493	473	20	1,183	1,183	(0)
Out of Hours	503	503	(0)	2,517	2,524	(6)	6,041	6,041	(0)
Enhanced Services	374	372	2	1,870	1,843	27	4,500	4,500	0
Primary Care Pay	282	238	44	1,410	1,232	178	3,384	2,801	583
Primary Care Other	0	(0)	0	0	(0)	0	0	1	(1)
Primary Care IT	221	218	2	1,103	1,087	16	2,648	2,618	30
Primary Care Transformation SDF	86	86	(0)	428	428	0	1,027	1,027	0
Prescribing Incentive Schemes	0	0	0	0	0	0	0	0	0
Primary Care Planning Adjustment	(92)	0	(92)	(458)	0	(458)	(1,100)	0	(1,100)
Primary Care Services Total	9,124	11,614	(2,490)	46,622	47,842	(1,220)	110,729	117,171	(6,442)

KEY POINTS OF NOTE:

- Prescribing data for M3 shows an 18% increase compared to 22/23 - this has led to the M4/5 accrued position increasing in line with M1-3 data. Prior to M3 the increased spend was offset by higher BSA budget profiling in early months and prior year benefits. CATM/NCSO indicators do not indicate any easing of this cost growth in the coming months. This is a national issue and there has been an overall increase of 15% in cost YTD compared to the same period in 22/23. The primary drivers behind this are a significant increase in GP and hospital patient appointments, the fact patients seem to be less well, possibly as a result of Covid delays, inflationary factors in cost, and general drug shortages.
- Linked to this cost pressure the Medicines Management team have been completing audits of GP Practices which have seen significant growth, but no issues have been identified in this work, just the increased demand referenced above.
- Finally, we believe this volatility could remain in the coming months, but the year-on-year growth should even out, as we witnessed a significant increase in prescribing costs in the second half of 22/23.
- The Primary Care Planning Adjustment is similar to the adjustment applied in 22/23 budgets due to the delegated expenditure budget plan having to match the incoming allocation for co commissioning. After setting an expenditure plan for the delegated budget, this is £1.1m less than the allocation. The finance team therefore make an expenditure budget adjustment to match total allocation with the benefit of this underspend then being pushed into and reported in the non delegated budget area.

SUMMARY:

- In month position shows an overspend of £2,490k. This deterioration is related to prescribing where we have seen a significant increase in the M3 EPACT figure, which was 18% above the 22/23 one and this impact has then been reflected for M4 & M5 accruals as indications are that this increase is not a one off. Central Drugs have also increased in M3. Other significant in month variances are on PC pay which is linked to pay savings re unfilled vacancies, and the Primary Care Planning adjustment which is linked to Delegated Co Commissioning.
- The YTD negative variance of £1,220k is linked to the M5 cost pressure in prescribing costs as noted above. Other variances are in line with previous months, e.g. P.C. Pay associated with vacancies and the Primary Care Planning adjustment which is linked to Delegated Co Commissioning.
- The FOT for M5 now shows a significant increase based on the information known to date. This figure will be carefully monitored as further data is received from the BSA and the BSA FOT view is updated.

RISKS & OPPORTUNITIES:

- The full year position is based on the M1-5 figures as it is assumed the year on year growth will stagnate as the ICB incurred significant cost pressure in the second half of 22/23. This assumption is based on limited information however as EPACT has not yet produced a FOT figure.
- Enhanced Services Payments currently paid on account are based on 19/20 activity levels and this is being reviewed, as in 23/24, Qtrly reconciliations will be made. This could result in either an under or over performance.

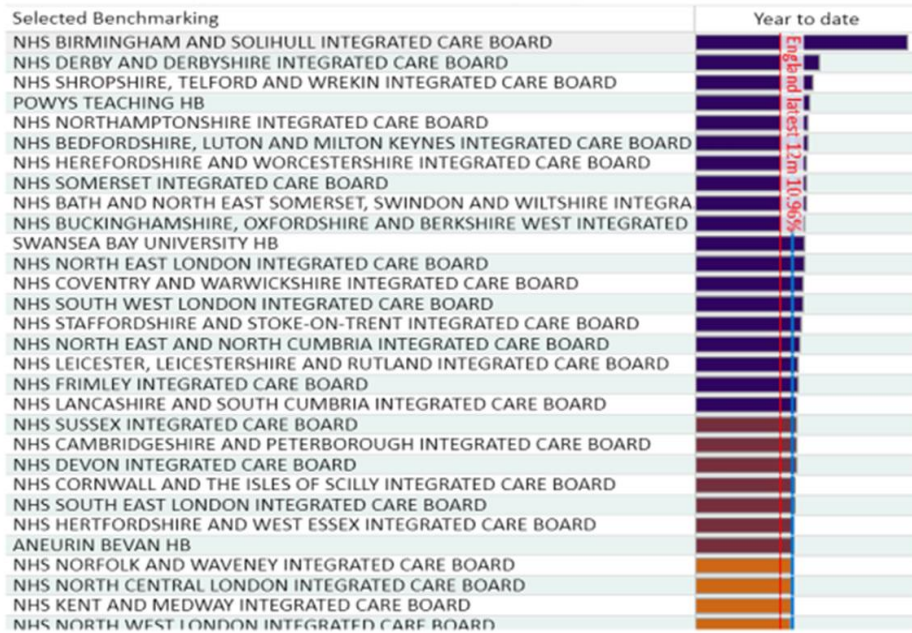
Month	Items	Net Ingredient cost	Net Ingredient cost per Item	Year on Year Growth (Costs)	Year on Year Growth (Items)	Year on Year Growth (Cost per Item)
April	793,439	7,974,336	10.05	13%	3.70%	9.10%
May	856,419	8,741,286	10.21	13%	3.70%	9.00%
June	851,981	8,628,969	10.13	17%	8.00%	9.00%



Prescribing



Bar charts showing growth in cost Year to date by Integrated Care Board



PATIENTS

PATIENTS % GROWTH
1.1%

1,577,998	1,560,855	17,143	1.1%
THIS YEAR	LAST YEAR	CHANGE	% CHANGE

ACTUAL COST OF PRESCRIBING

ACT COST % GROWTH
15.2%

£23,804,019	£20,664,036	£3,139,983	15.2%	13.0%
SPEND THIS YEAR	SPEND LAST YEAR	£ CHANGE	% CHANGE	NATIONAL

ITEMS PRESCRIBED

ITEMS % GROWTH
5.1%

2,492,375	2,371,420	120,955	5.1%	3.0%
ITEMS THIS YEAR	ITEMS LAST YEAR	CHANGE	% CHANGE	NATIONAL

Prescribing growth is being seen across the country. At M5 the ICB year on year growth is 15% , the national average is 13% and the West Midlands average is 14%. Growth is made up of an increase in patients, increase in items prescribed and an increase in costs of prescribing due to issues with NCSO and Cat M price increases.



Primary Care Delegated - Co Commissioning

EXPENDITURE	Month			YTD			Full Year		
	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k
Co-Commissioning									
General Practice - GMS	4,496	4,497	(1)	22,479	22,427	52	53,950	53,947	3
General Practice - PMS	0	0	0	0	0	0	0	0	0
QOF	579	662	(83)	3,226	3,308	(81)	7,743	7,743	0
Enhanced Services	1,482	1,475	7	7,816	7,790	26	17,784	17,798	(14)
Premises Cost Reimbursements	620	619	2	3,102	3,093	9	7,444	7,480	(35)
Dispensing & Prescribing	268	260	8	1,341	1,372	(32)	3,218	3,218	0
Other GP Services	53	53	(0)	265	268	(3)	636	636	0
Pensions	0	(5)	5	0	0	0	0	0	0
Co Commissioning Planning Adjustment	158	0	158	458	0	458	1,100	0	1,100
Co-Commissioning Total	7,656	7,560	97	38,688	38,258	429	91,875	90,821	1,054

SUMMARY:

- In Month position is a favourable variance of £97k
- YTD position is a favourable variance of £429k
- FOT position is a favourable variance of £1,054k.
- The main reason for these positive variances is the £1.1m planning adjustment line, which is explained below.

KEY POINTS OF NOTE:

- The Primary Care Planning Adjustment is similar to the adjustment applied in 22/23 budgets due to the delegated expenditure budget plan having to match the incoming allocation for co commissioning. After setting an expenditure plan for the delegated budget, this is £1.1m less than the allocation. The finance team therefore make an expenditure budget adjustment to match total allocation with the benefit of this underspend then being pushed into and reported in the non delegated budget area.
- The position does not reflect the true Additional Roles Reimbursement Scheme (ARRS) forecast. The reported forecast (as instructed by NHSE) is based on the allocation received within the baseline budget (£7.7m), however it is predicted that a further £4.5m will be required from the central allocation held by NHSE. This is reported in the monthly submission and is expected in line with previous years. This is constantly reviewed each month to ensure any risks are mitigated.

RISKS & OPPORTUNITIES:

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



Primary Care Delegated – Pharmacy, Optometry & Dental

EXPENDITURE	Month			YTD			Full Year		
	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k	Budget £'k	Actual £'k	Variance £'k
Pharmacy, Optometry & Dental									
Ophthalmic	552	652	(99)	2,415	2,561	(147)	5,748	5,748	0
Pharmacy	818	834	(16)	3,769	3,883	(115)	9,718	9,718	0
Community Dental	326	326	0	1,631	1,631	0	3,914	3,914	0
Primary Dental	1,865	1,527	338	9,226	8,814	413	22,579	22,579	0
Secondary Dental	701	700	1	3,503	3,498	5	8,406	8,406	0
Property Costs	26	26	0	132	132	0	318	318	0
Primary Care Other	9	8	2	47	39	8	113	113	0
Pharmacy, Optometry & Dental Total	4,297	4,072	225	20,722	20,558	165	50,797	50,797	0

SUMMARY:

- In Month positive variance of £225k. Pharmacy actuals for April – May 2023 are now included in the position ,var are as follows:
- The Ophthalmic variance is due to Activity Increase which the regional team is seeking clarity as to reasons why.
- *Pharmacy variance reflects position from EPACT2,*
- *Primary Dental savings relate to performance clawback accrual and contract adjustments.*
- The YTD £165k positive variance reflects the issues noted above.
- Full year forecast of breakeven against plan. Until there is a better understanding of the driver of the over and under activity within each budget category it is too early to suggest changes to the forecast.

KEY POINTS OF NOTE:

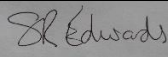
- For POD Delegated budgets transferred from NHS England, there is a net imbalance of 0.42% for the whole of the West Midlands when budget is distributed based on 2019/20 recurrent outturn and expenditure plans are based on 2022/23 contract levels and outturn, and Primary Care Dental contracts assumed at 100% delivery in 2023/24 plans. The STW share of that equates to a 3.41% deficit which is the 2nd highest deficit across the West Midlands ICBs. For the purpose of the plan submission, an adjustment was made to reserves at an ICB level to ensure a breakeven position was presented. For STW ICB this was a negative reserves adjustment of £1.7m. The negative reserve is sat within Pharmacy and Primary Dental and is the reason for the year to date overspend.
- There is a risk share mechanism for POD budgets which captures risk share across both West and East Midlands. At month 5, this has not been actioned however has been agreed. The transfer is due to be actioned in month 6 and will remove the negative reserve.

RISKS & OPPORTUNITIES:

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



Primary Care Commissioning Committee 6 October 2023

Agenda item no.	PCCC 23-10.62				
Meeting date:	6 October 2023				
Paper title	Workforce and Training Hub Update				
Paper presented by:	Sara Edwards				
Paper approved by:	Emma Pyrah				
Paper prepared by:	Phil Morgan, Sara Edwards & Laura Kinsey				
Signature:					
Committee/Advisory Group paper previously presented:					
Action Required (please select):					
A=Approval	R=Ratification	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	I=Information
Previous considerations:					

Executive summary and points for discussion

This report provides committee with current workforce data and description on progress against STW Primary Care Workforce and Training Hub (WTH) workstreams.

1) Workforce Data

a) **Practice/GMS-funded staff**

The table beneath shows the changes in the number of GMS/Practice employed staff between March and July 2023.

Profession	March 2023		July 2023	
	Headcount	FTE	Headcount	FTE
GPs (fully qualified)	316	242	312	242
GP Partners	189	163	189	164
Practice Nurses	161	106	151	99
ANPs	69	54	71	56
Direct Patient Care	216	150	218	152
Admin	886	648	914	688
Totals	1837	1363	1855	1401

- Stable numbers of fully qualified GPs.
- Stable numbers of GP partners, although these numbers represent a significant drop (21% headcount and 28% FTE) compared to September 2015.
- A drop in the number of GPNs.
- A slight increase in the number of Advanced Practitioners.
- A steady number of Direct Patient Care staff– this includes HCAs, Clinical Pharmacists, Paramedics etc (not ARRS).
- A slight increase in the number of Admin staff.

b) PCN/ARRS-funded staff

- The vast majority of the ICB's 22/23 Additional Roles Reimbursement Scheme (ARRS) funding was utilised by the 8 PCNs.
- Based on the recruitment plans produced by the 8 PCNs the ICB is on track to spend all of the ARRS allocation for 23/24.
- Due to the increased effort made by PCNs on recruitment, the number of staff (headcount and WTE) claimed for, each month, under the ARRS by STW PCNs has increased as follows:

	March 2023 FTE	July 2023 FTE
The number of staff claimed for under ARRS	199	234

2) The points below provide a high-level description of progress made against key areas of work and which are summarised under the headings relating to the three priority areas outlined in the recently published NHS Long Term Workforce Plan: **Train, Retain and Reform:**

- a) **Train:** significantly increasing education and training, as well as increasing apprenticeships and alternative routes into professional roles. Key points are summarised below:

Learner Placement Capacity – increasing the development of and expanding high quality clinical placements for all learners. This area supports workforce supply and the creation of multi-disciplinary teams through student/trainee placement in primary care. Exposure to general practice at this stage can result in learners choosing a career in primary care.

- A Multi-Professional Education Quality Lead is in post to progress the quality learner environment framework across STW primary care organisations. A more streamlined audit system for placement providers will support creating capacity for all learner types.
- Clinical Facilitators support student placements for their professions liaising with HEIs.
- 41 placements facilitated in Q1 (excluding medical) of mainly student nurses and trainee advanced practitioners.

Apprenticeships – providing training for staff through apprenticeship routes

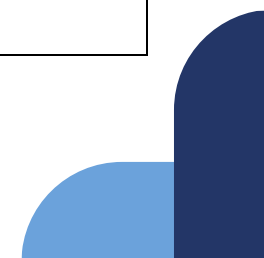
- 12 Nurse Associate Apprenticeships in progress across general practice resulting in £276,000 investment into primary care workforce planning through system levy share and NHSE funding support.

- Developing offer for apprenticeship routes for MSc in Advanced Clinical Practice and Physician Associates.
- b) **Retain:** ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers. Supporting the retention of the primary care workforce across all key transitions and through training, education and development programmes. Key points are summarised below:
- The GP and GPN Strategy Delivery Plans provide the detail of initiatives supporting these staff groups and are embedded in the paper below.
 - NHSE funded GP retention initiatives continue to be developed – mentoring, Fellowships and support roles for specific GP groups.
 - Return to regular PLT for GPs and Advanced Practitioners. 5 PLT sessions organised for 23/24.
 - Upskilling - a comprehensive 2023 Training, Education and Development offer is available across all staff groups (see embedded document in the table below for detail).
- c) **Reform:** improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most. Key points are summarised below:
- Enabling, support and embed new (additional) roles into primary care: Clinical Facilitators are recruited until March 2024 (Clinical Pharmacist, Physician Associate, First Contact Practitioner MSK, Advanced Practitioner, Nurse, Paramedic and Personalised Care Roles) The enabling package includes supporting access to supervision, funding, preceptorship programmes, peer support, training and development opportunities.
 - Supporting Advanced Practice pathways 23/24 –10 clinicians to date this year have been supported to access the MSc programme bringing a further £111,000 investment to STW primary care this year.
 - Newly qualified into roles – the STW GP Fellowship scheme supports over 20 newly-qualified GPs and 4 newly-qualified GPNs in their first two years in post.
 - Education and Training provided aligns with ICB Health Inequalities Implementation Plan incorporating key priority areas for health inequalities into the 23/24 education and training offer which has included Cancer and Diabetes focussed PLT sessions, supporting WMAHS cardiovascular disease workshops and Mental Health training for clinical and non-clinical staff.

Further detail on the workstreams, challenges and forward plans on all of the above can be found in the table below.

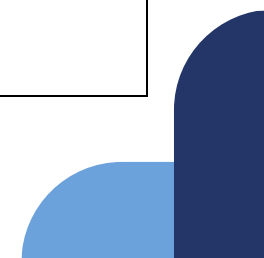
1. Learner Placement Capacity Current Position/Challenges	Forward Plan
<p>Supports supply and recruitment. Training Hubs (THs) are required to facilitate all learner placements in primary care (non-medical). Current activity focuses on student nurses, Trainee Nurse Associates, Physician Associates and Paramedics. Non-medical numbers are generally low across STW with clinical capacity an issue to support students. An additional challenge is facilitator resource to support increasing placement capacity and internal supervisor and assessor capacity.</p>	<p>Long term strategy is to support all professions into primary care placements. This is underpinned by compliance with regulatory standards and NHSE's Quality Framework. A Multi-Professional Education Quality Lead has been recruited to help move this agenda forward and develop our approach.</p> <p>Facilitators work closely with universities in relation to the provision of placements for their professional groups in STW. All activity in relation to this will be aligned now with the Education Quality Lead who will have oversight.</p> <p>A more robust system is being developed to collate data on learner types and numbers for 23/24.</p> <p>Next steps include piloting NHSE Quality Framework approach with a PCN to assess impact and initiatives to increase supervisor roles.</p>
2. Workforce Planning Current Position/Challenges	Forward Plan
<p>PCNs/ARRS</p> <p>All of STW 8 PCNs have submitted plans setting out their recruitment intentions for their ARRS staff from April 23 to March 24. This data is being used to assess the extent to which the ICB will be utilising the overall 23/24 ARRS budget. The latest data suggests that, unlike previous years, the 8 PCNs will be close to fully using the ICB allocation. This is being closely monitored to ensure that there is no overspend and suitable funding to meet this demand has been agreed with NHSE.</p>	<p>The ICB will be working with the PCNs to monitor their ARRS staff recruitment (plans and actual recruitment) during 2023/24. This will include continuing to enable them to access relevant Population Health data so that they are able to assess which of the ARRS roles, would be of most use to them and link in to support around recruitment and retention.</p>

<p>GMS Practice Workforce</p> <p>Unlike the PCNs, who are contractually obliged to submit workforce plan, there is no contractual requirement on the 51 practices to provide the ICB with recruitment intentions. However, engagement takes place on an ad hoc basis with individual practices to assist with their own recruitment plans where requested.</p> <p>NHS Workforce Regional Planning</p> <p>Each year the ICS is required to submit data on anticipated workforce numbers. In order to complete this request for the 8 PCNs the ARRS data referred to above is used. For the practices the forward planning figures are based on what the ICB knows about current trends around recruitment for different cohorts of staff.</p>	<p>One of the key challenges with practice data is to ensure its accuracy. Practices will be asked to review their process for updating their workforce records on the NHS National Workforce Reporting System.</p> <p>In order to improve the ICB's ability to report to NHSE on projected practice workforce numbers, further engagement will take place with practices to develop an approach that is designed to provide more accurate workforce planning data. This work has not yet taken place but will be commenced as soon as resources allow.</p>
<p>3. Recruitment of Primary Care Workforce</p> <p>Current Position/Challenges</p>	<p>Forward Plan</p>
<p>GP Trainees</p> <p>The ICB works with the local GPVTS to encourage and enable as many of the GP trainees as possible to secure employment once they are fully qualified. For the summer 2023 cohort of newly qualified GPs practices that are interested in recruitment this cohort were asked to submit adverts which have been shared with the soon-to-qualify GP Trainees. This has resulted in a number of newly qualified GPs being recruited locally.</p> <p>Recruitment Support</p> <p>Practices are able to advertise their vacancies on the Workforce and Training Hub website, in addition, individual clinicians are able to advertise their availability and interest in work.</p>	<p>The ICB will continue to work with the VTS TPDs to provide information to soon-to-qualify VTS doctors to encourage and enable them to work in STW practices following their qualification.</p> <p>The ICB will continue encourage practices to become sponsoring employers to enable them to recruit International Medical Graduate (IMG) doctors following their CCT (over half of the GPVTS Doctors are IMGs). The number of such practices has gradually increased over recent years with now over half of the 51 practices being able to recruit IMG doctors.</p>



<p>Clinical Facilitators also support PCNs to recruit into ARRS and nursing roles linking in to HEIs to access soon- to- be-qualified or newly- qualified clinicians.</p> <p>A suite of preceptorship programmes also support recruitment making coming to work in STW more attractive for newly-qualified clinicians.</p> <p>Lantum GP Locum Platform</p> <p>The ICB is continuing to work with Lantum who have been commissioned to provide a digital locum booking platform. There are 83 fully approved GPs on the Platform and a small, but growing, number of nurses, ANPs and other clinicians. Use of the Platform by practices has been low but is gradually growing. A detailed report on the use of this Platform was provided to the August meeting of PCCC which resulted in a decision being made to re-commission the service for the remainder of the 2023/24 financial year, thereby fulfilling the NHSE requirement to have a digital solution to GP locums.</p>	<p>Ongoing engagement will take place with practices to increase take-up of the Lantum platform over the remainder of the 23/24 financial year.</p>
<p>4. Enable New Roles in Primary Care Current Position/Challenges</p>	<p>Forward Plan</p>
<p>STWTH is working with Practices/PCNs to identify the training needs of Additional Roles Reimbursement Scheme (ARRS) staff, ensuring they are aware of training and development opportunities available to staff groups.</p> <p>STWTH supports the delivery of the local Personalised Care Programme in partnership with Shropshire Council. In addition, training programmes specific to developing Personalised Care Roles have been commissioned and delivered. Since the start of the Programme in 2021, 297 colleagues across the STW Primary Care system have benefitted from Personalised Care Training delivered as part of the Programme.</p>	<p>Clinical Facilitators to further develop and maintain existing support packages which include supporting access to supervision, funding, preceptorship programmes, peer support, training and development opportunities.</p>

<p>Multi-disciplinary Clinical Supervision Model of Practice training has been offered to PCNs to support new roles and existing professions post-qualification and beyond preceptorship year.</p>	<p>Clinical Supervision model of practice training has been delivered to two cohorts of clinicians. Plans to be developed around creating a suite of resources for practices and PCNs for a multi-disciplinary clinical supervision framework and policy template which practices and PCNs can use as a standard. Currently need to identify resource for this area.</p>
<p>5. Workforce Retention Current Position/Challenges</p>	<p>Forward Plan</p>
<p>Local GP Retention</p> <p>In order to effectively utilise the NHSE allocation “Local GP Retention” a GP Strategy was developed in 2022 and signed off by Committee. The key pieces of work designed to implement this strategy, and funded by the allocation, were as follows:</p> <ul style="list-style-type: none"> • Commissioning an external provider (PCC) to carry out two pieces of linked work: an extensive piece of work to gather data and intelligence on the experiences, challenges and concerns of our GPs, and a survey of practices as employers of GPs. Five surveys were carried out: Medical Students, Foundation Year Doctors, GP Trainees, Fully Qualified GPs and Practices as GP Employers. The results of these surveys were presented to the August PCCC meeting and have been used to review and refresh the STW GP Strategy and Action Plan. The final versions of the Strategy and Action Plan will be presented to the November meeting of the ICB’s Strategy Committee • Recruiting a number of GP lead roles to champion different specific sub-cohorts of GPs. Appointments have been made to all 7 advertised roles: Female GP lead, Older GP lead, Career Breaks GP lead, GP Locum Champion, Ethnically Diverse GP Champion, GP Marketing lead and a Differential Attainment GP lead (working with IMG doctors on the VTS). All of these GPs are working to 	<p>The ICB is using the findings of the PCC work to better focus future funding with a view to retaining more of the GP workforce. The findings will also be used to assist practices in improving their approach to recruitment, induction and retention of their GPs.</p> <p>The refreshed GP Strategy and Action Plan, based on the findings of the PCC work, will be used by the ICB to:</p> <ul style="list-style-type: none"> • Better focus future funding with a view to retaining more of the GP workforce. • Help the team of GP leads to identify relevant projects, initiatives and programmes of work. • Assist practices in improving their approach to recruitment, induction and retention of their GPs. <p>Draft GP Strategy Action Plan (to be finalised in September/October 2023)</p> <p>GPN Key Deliverables Action Plan (to be reviewed autumn 2023)</p>



action plans and KPIs which will be reported at the end of the 23/24 financial year.

- The ICB continues to run the GP Fellowship scheme which is funded by NHSE. This is a two-year scheme for newly qualified GPs to access training and development. There are currently just over 20 GPs on this scheme with applications from five others to join as the next cohort in August/September 2023. There are also four newly qualified GPNs on the scheme.
- STW GPs are able to access free, confidential mentoring, provided by a trained, local team of mentors. Funding for this is provided by NHSE.

GPN Retention

- Clinical Supervision training opportunity delivered.
- Development of a career pathway for HCAs from Care Certificate level through to Nurse Associate Apprenticeship and opportunities to progress to registered nurse qualification.
- Supporting development of registered nurses new to general practice/newly qualified through the Fundamentals programme.
- Broad CPD offer to upskill with opportunity for career progression to Advanced Practice.
- GPN/AP peer network active including supervision, updates and trainee MSc Advanced Practitioners away days.
- Supporting flexible working via accessing short term cover enabling staff to be retained within STW.

PLT

Face-to-face GP and Advanced Practitioner (APs) PLT sessions cover Diabetes, Cancer and Personalised Care for 23/24.

Shrewsbury and North Shropshire PLT that took place on 7th September was attended by 130 GPs and APs. PLT session for

Training and Education

PLT	Dates	Area
Summer PLT 1 JUNE 2023 Diabetes	Wednesday 14 June 2023	Shrewsbury & North Shropshire
	Thursday 22 June 2023	Telford & South Shropshire
Autumn PLT 2 SEPTEMBER 2023 Cancer	Thursday 7 September 2023	Shrewsbury & North Shropshire
	Wednesday 27 September 2023	Telford & South Shropshire
Winter PLT 3 NOVEMBER 2023	Wednesday 22 November 2023	Shrewsbury & North Shropshire
	Thursday 30 November 2023	Telford & South Shropshire
Spring PLT 4 MARCH 2024	Thursday 7 March 2024	Shrewsbury & North Shropshire
	Wednesday 13 March 2024	Telford & South Shropshire

Training is generally commissioned for the year ahead. See attached document.

Nurses and HCAs covering various topics also attended by 60 staff. Telford and North Shropshire PLT is taking place on 27th September.

Training Hub Funding has also supported 1 PCN (30 Non-clinical staff) with Care Navigation Training and 120+ non-clinical staff to attend a wellbeing/resilience seminar as part of the September PLT.

Clinical and Non-clinical Workforce Retention – Upskilling and development

100% of the Primary Care Workforce (both clinical and non-clinical staff groups) have been offered training provided by STWTH.

100% of eligible staff (nurses and allied health professionals) have been offered training using NHSE CPD monies. STWTH were allocated £84,667 CPD Investment monies in June 23/24. Training commissioned using these monies will provide upskilling opportunities for GPNs and AHPs working in general practices across STW.

CPD funding expenditure on the 1st of September was 40% utilised. To date 52 Nurses and APs have received CPD funding in 23/24.

A total of 237 General Practice staff (clinical and non-clinical) have access training/development opportunities in Q1 23/24 that was funded via STWTH through various funding streams. STWTH also supported 46-wider system staff to access training and education in Q1 23/24.

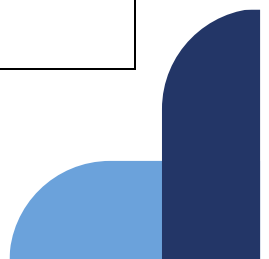
Some challenges around staff being able to access or attend training due to capacity issues around their release.

STWTH continues to support primary care colleagues with funding for individual training requests and bespoke development opportunities where possible. STWTH have received no NHSE Workforce

Development of a Training and Education Newsletter to include training and education data that can be shared with PCNs and Practices. Resource to be identified to support.

A CPD investment plan was submitted to NHSE in July with a review to take place later this year.

An annual Training Needs Assessment being sent to practices/PCNs will help inform future commissioning of training and further utilisation of CPD funding.



Development Funding for 23/24 limiting our ability to support non-CPD eligible staff groups with funding for training and development opportunities.

Continued work with system partners to ensure there is a joined-up approach towards the development of the Primary Care workforce with our out of hospital partners.

STWTH are leading on the National Care Navigation Training Programme, as part of the GP Access Recovery Plan. This programme started in May 2023 and uses the Care Navigation competency framework developed by NHSE to ensure practices identify patients who would like or benefit from continuity. As at end of July 2023, STW ICB coverage was reported at 4 PCNs and 24 practices having signed-up/accessing this training. As part of a local offer, STWTH are also supporting practices/PCNs by offering fully funded training in Active Signposting, Care Coordination or similar topics. This has supported an additional 39 staff to attend such training.

Peer support groups and forums managed by the Clinical Facilitators provide an additional element in assisting retention.

STWTH have recently developed an in-house Training Dashboard that provides granular data on access to training including uptake specific to role-type and practice/PCN

1. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the content of the report for assurance purposes.

2. 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

3. Appendices

GP Strategy (draft September 2023)

[GPN Strategy 21-23 PDF](#)

4. 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	Multi-disciplinary teams are in place with the right skill mix to serve population health needs.
Quality and Safety	Training, education and development of clinical workforce to ensure quality patient care.
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	Full use of NHSE funding
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:	
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		If unable to approve, action required:	
Signature:		Date:	

STW ICS General Practitioner Strategy - Action Plan September 2023.

Strategy Theme	No.	Actions	Intervention Stage(s)	Priority H/M/L	Lead Responsibility	Output Measurement	Timescale	Outcome/Impact Measurement	Funding issues (none unless stated)	Comments
Marketing the Role of the STW GP	1	Liaise with six-form leads/career advisors to develop information for "A" level students considering applying to medical school	1	M	GP Marketing Lead	Information agreed and produced	Mar-24	Increased level of interest in medicine from sixth form students		
	2	Identify and liaise with key contacts at all relevant medical schools	2	H	GP Marketing Lead	List of key contacts in all local medical schools, not just Keele	Oct-23	Improved levels of liaison and communication		
	3	Produce marketing comms materials for use at medical schools to inform students of the role of the GP	2	H	GP Marketing Lead	Marketing materials agreed and produced	Dec-23	Increased level of interest in the role of the GP among medical students		
	4	Develop and roll-out an information and marketing approach to all STW GP Practices with the aim of increasing the number of Practices taking medical student placements	2	H	GP Marketing Lead	Information and marketing approach agreed and rolled-out	Dec-23	Increased number of practices taking medical students		
	5	Repeat the survey of Medical Students with a wider number of medical schools	2	M	Phil Morgan	Survey agreed and delivered in all local medical schools	May-24	Increased number of medical students responding to the survey	Dependent on continued funding in 2024/25 - tbc	
	6	Work with a small group of GPs to identify and subsequently share good practice in medical student placement in practices	2	M	GP Marketing Lead	Good practice developed and shared with practices	Mar-24	Improved levels of satisfaction from medical students in their placement experience		
	7	Liaise with FY Programme leads at SaTH to understand and address the barriers to promoting the role of the GP as a career to FY doctors	3	H	GP Marketing Lead	List of barriers and levers to address them agreed with SaTH FY leads	Dec-23	Increased levels of interest from FY doctors in joining the STW GPVTS		
	8	Create an information pack for FY Doctors on the positive aspects of working as a GP, including as a GP Partner	3	H	GP Marketing Lead	Information pack produced	Mar-24	Increased levels of interest from FY doctors in joining the STW GPVTS		
	9	Develop and roll-out an information and marketing approach to all STW GP Practices with the aim of increasing the number of Practices taking FY Doctor placements	3	H	GP Marketing Lead	Information and marketing approach agreed and rolled-out	Dec-23	Increased number of practices taking FY Doctor placements		
	10	Work with a small group of GPs to identify and subsequently share good practice in FY Doctor placement in practices	3	H	GP Marketing Lead	Good practice developed and shared with practices	Mar-24	Improved levels of satisfaction from FY Doctors in their placement experience		
	11	Repeat the survey of FY Doctors	3	M	Phil Morgan	Survey agreed and delivered to all FY Doctors	May-24	Increased number of FY Doctors responding to the survey	Dependent on continued funding in 2024/25 - tbc	
	12	Together with the West Mids Deanery, create and share with practices, an information pack designed to increase the number of training practices and GP trainers	4	M	Phil Morgan	Information Pack produced and shared with practices	Mar-24	Increased number of Training Practices and GP trainers		
	13	Develop and roll-out a mechanism to capture the experiences and feedback from GP Trainees	4	H	GP Differential Attainment Lead & Phil Morgan	Mechanism agreed and shared with GP Trainees	Mar-24	Qualitative information from survey used to inform improvements in GP Trainee experiences		
	14	Develop and distribute specific marketing materials designed to increase the number of female GPs in STW	4	H	Female GP lead	Marketing materials agreed and produced	Mar-24	Increased number of Female GPs in STW		
	15	Providing information and guidance to secondary care clinicians on the opportunities of joining the STW VTS	4	L	GP Marketing Lead	The provision of agreed information to secondary care clinicians	Jun-24	Increased number of secondary care clinicians joining the STW VTS	Dependent on continued funding in 2024/25 - tbc	
	16	Work with relevant SaTH managers to monitor the develop of the "Primary Care Doctor" proposals in the NHSE Long Term Workforce Plan	5	L	Phil Morgan	Production of information on the "PC Doctor" initiative	Mar-24	Improved understanding of the "PC Doctor" initiative		
Supporting the Recruitment and Deployment of	17	Develop a more consistent and formal approach to providing GP Trainees with information on GP vacancies across STW practices including a single site for advertising jobs	4	H	Phil Morgan	Webpage on the TH Website developed, along with comms for GP Trainees and Practices	Dec-23	Improved ability of Practices to recruit/GP Trainees to find jobs in STW practices		
	18	Encouraging practices to become "sponsoring employers" (meaning they can employ GPs on Skilled Worker Visas)	4 & 5	H	Phil Morgan	Information flyer produced and information on TH Website	Dec-23	Increased number of practices who are sponsoring employers		
	19	Providing information, support and guidance to GP trainees on Skilled Worker Visas who wish to remain in STW post-CCT.	4 & 5	H	Ethnically Diverse GP Champion	Information and guidance produced and on TH Website	Dec-23	Increased number of IMG doctors retained in STW		
	20	Produce and share with practices good practice on the recruitment of GPs, including developing job adverts, induction packages and specific actions to attract IMG GPs	5 to 8	M	Phil Morgan	Suite of documents produced to support practices in the recruitment of GPs	May-24	Increased ability of practices to recruit GPs	Dependent on continued funding in 2024/25 - tbc	
	21	Produce and share with practices good practice on developing succession strategies for GPs	5 to 8	L	Phil Morgan	Suite of documents produced to support practices in developing succession strategies for GPs	Jun-24	Improved approach to succession issues for GPs in STW practices	Dependent on continued funding in 2024/25 - tbc	
	22	Produce and share with practices good practice on developing flexible contract for GPs including, among other things, hours, location, admin time, workload etc.	5 to 8	L	Phil Morgan	Suite of documents produced to support practices in developing flexible contracts for GPs	Jun-24	Improved levels of satisfaction among GPs in the content of their contracts	Dependent on continued funding in 2024/25 - tbc	

Deployment of GPs	23	Identify the need for a "recruitment event" for practices, GP trainees and other doctors	4 & 5	H	Phil Morgan	Survey carried out of practices to identify need	Dec-23	Use of survey results to arrange recruitment event resulting in more effective recruitment		
	24	Provide detailed information to newly-qualified GPs/ST3s on working as a Locum	4 & 5	H	GP Locum Champion	Detailed information on TH Website and shared with newly-qualified GPs and ST3s	Dec-23	More resilient newly-qualified GP locums		
	25	Develop a user guide for practices and locums on locums working in STW practices, including: terms and conditions, levels of experience, practice culture, minimum expectations, admin work, supervision of trainees etc.	5 to 8	H	GP Locum Champion	User guide produced, in conjunction with group of PMs and Locums, and shared with all PMs and Locum networks	Mar-24	Improved working relationships between practices and locums - higher satisfaction levels among both groups		
	26	Providing locums with contact details for practices when seeking work	5 to 8	H	GP Locum Champion	Information provided on the TH Website and other relevant network sites	Dec-23	Improved access to work opportunities for GP Locums		
	27	Reviewing the current arrangements for practices to identify and secure locums with a view to developing a more efficient and effective process	5 to 8	H	GP Locum Champion & Phil Morgan	Development of and roll-out of a survey of practices, with the findings used to inform next steps	Mar-23	Improved efficiency of the process for practices to identify and secure locums		
Engaging and Networking	28	Continue to fund the STW GP First 5 Network, including the development of a "First 5 +" for GPs in their early-to-mid career	6	H	GP First 5 Network Lead and Phil Morgan	Funding in place for 24/25, approach agreed for "First 5+"	Jan-24	Increased number of First 5 Network members reporting greater resilience and job satisfaction	Dependent on continued funding in 2024/25 - tbc	
	29	Continue with the development of an STW Female GP Network, including Trainees, including social and information events/initiatives	4 to 8	H	Female GP Lead	Quarterly newsletter, creation of a portfolio support panel, child friendly coffee mornings	Ongoing	Increased satisfaction and retention of Female GPs		
	30	Utilise the knowledge, experience and views of female GPs across the STW ICS to identify, and address, key issues and challenges facing this cohort which currently adversely impact on recruitment and retention	4 to 8	H	Female GP Lead	Host local engagement event. Develop a virtual practice to support GPs, create support/information web pages, facilitate menopause support	Ongoing	Increased satisfaction and retention of Female GPs		
	31	Developing, subject to demand, a Network of GPs who are interested in "career change"	7 & 8	H	Refreshed GPs Lead	Network set up with membership, information provision and support offered	Dec-23	Increased number of GPs able to access support around "career change"		
	32	Developing, subject to demand, a Wise 5 Network of GPs i.e. for GPs near the end of their career	8	H	Refreshed GPs Lead	Network set up with membership, information provision and mutual support provided	Dec-23	Increased number of end-of-career GPs able to access support share their experiences with colleagues		
	33	Working with the Shropshire Sessional GP Network, develop a more structured and funded suite of support for locum GPs	5 to 8	H	GP Locum Champion	Strategy produced setting out overall approach to supporting Locum GPs in STW	Mar-23	Increased resilience of Locum GPs		
	34	Continue with the development of an STW Ethnically Diverse GP Network, including social and information events/initiatives	4 to 8	H	Ethnically Diverse GP Champion	Structure developed for the Network including events etc.	Ongoing	Increased resilience of ethnically diverse GPs		
	35	Support the work of the VTS IMG Reps	4	H	GP Differential Attainment Lead	Agreed detail of support from GP DA Lead to the VTS IMG reps	Dec-23	Increased retention of IMG VTS doctors in STW		
	36	Explore the need for, and interest in, a Partner Network to address the challenges facing the reducing number of GP Partners	5 to 8	M	Phil Morgan	Short survey to partners to gauge level of interest in a Network	Dec-23	A Partner Network should increase resilience among GP Partners		
	37	Across all Networks, liaise with regional and national colleagues to learn from their experiences and, as relevant, adopt any successful approaches and initiatives that they have developed	1 to 8	M	All GP Leads and Phil Morgan	Collation of experiences and notable practices from other systems.	Ongoing	Improvements in the work of the STW GP Leads team		
38	Further engage with Shropdoc to ensure a joined-up approach to comms and information provision for locum/sessional GPs	5 to 8	L	GP Locum Champion & Phil Morgan	Improved comms and information provision for Shropdoc Locum/sessional GPs	Mar-24	Increased level of satisfaction by Locum GPs with information provision in STW			
39	Strengthen existing liaison and networking between GP Leads Team and the other three Primary Care Contractor Groups	5 to 8	L	Phil Morgan	Agreed contact routes and sharing of information	Jun-24	Improved information sharing between PC contractor groups resulting in fewer issues for GPs			
Ensuring that	40	Provide bespoke support to IMG doctors on the GP VTS	4	H	GP Differential Attainment Lead	Analysis of/report on the extent and nature of support provided to IMG doctors	Dec-23	Reduced number of IMG doctors failing VTS exams (increase in number passing)		
	41	Work with the STW GP Education leads to ensure that the development of PLT content is informed by the GP Leads Team	4 to 8	H	GP Education Leads Phil Morgan	PLT agenda/programme that reflects the work of the GP leads team	Ongoing	Increased satisfaction among GP attending PLTs		
	42	Encourage newly-qualified GPs to join the STW GP Fellowship scheme	4 & 5	H	Phil Morgan	Increased number of newly-qualified GPs joining the STW GP Fellowship scheme	Ongoing	Increased resilience of newly-qualified GPs leading to improved retention		
	43	Increase the amount of training/information sessions for GPs led by secondary care consultants	4 to 8	M	GP Education Leads	Content of future PLTs to include sessions led by secondary care consultants	Ongoing	Increased satisfaction among GP attending PLTs		
	44	Develop a prospectus for GPs interested in developing a "portfolio career"	5 to 8	M	Refreshed GPs Lead	Prospectus produced and shared with GPs, - including both options/types of work and practical steps for GPs	Mar-24	Increased ability of GPs to choose portfolio working - increase in number of GPs opting to work as a portfolio GP		

Ensuring that Professional Development is available	45	Provide funded opportunities for locum GPs to undertake mandatory training	5 to 8	H	GP Locum Champion & Phil Morgan	Programme of funded mandatory training in place for Locum GPs	Mar-24	Increased resilience and retention of Locum GPs	Dependent on continued funding in 2024/25 - tbc	
	46	Provide opportunities for GPs to train as GP Mentors (depending on need for mentors)	5 to 8	L	GP Mentor Leads	Advert/comms provided for GPs interested in training as a Mentor	Mar-24	Improved retention of those GPs choosing to become Mentors		
	47	Commission supervision training skills for GPs	5 to 8	M	Training Hub	Agreed programme of training with previous or new supplier	Mar-24	Improved retention of GPs receiving supervision skills	Dependent on continued funding in 2024/25 - tbc	
	48	Produce information for GPs on becoming an appraiser	6 to 8	L	STW Appraisal Lead	Information available on TH website	Mar-24	Improved retention of GPs choosing to become an appraiser		
	49	Work with individual PCNs to develop PCN CD succession strategies	6 to 8	M	Phil Morgan	CD succession plans in place for each PCN	Mar-24	Improved resilience of PCNs and increased retention of GPs becoming CDs	Subject to NHSE PCN Funding post April 24	
	50	Develop an information and development package on Partnership issues	5 to 8	H	GP Leads & Phil Morgan	Package designed and advertised to both current Partners and those GPs considering becoming a Partner	Mar-24	Increased number of new GP Partners and improved retention of existing GP Partners	Dependent on continued funding in 2024/25 - tbc	
Ensuring that Personal Support is available	51	Ensure that the STW GP Mentoring service is advertised and available to all GPs in STW	4 to 8	H	GP Mentor Leads	Clear information and comms on the TH Website	Dec-23	Increased number of GPs requesting mentoring		
	52	Ensure that the NHSE coaching service is advertised and available to all GPs in STW	4 to 8	H	Phil Morgan	Clear information and comms on the TH Website	Dec-23	Increased number of GPs accessing the NHSE coaching service		
	53	Develop a more structured approach to the provision of pastoral support for IMG doctors on the VTS	4 to 8	H	Ethnically Diverse GP Champion	Production of information for IMG doctors on pastoral issues	Dec-23	Increased retention of IMG VTS doctors in STW		
	54	Review the affordability and utility of the national GP Retention scheme	7 & 8	L	Phil Morgan	Feedback from GPs on the scheme, and their practices, used to develop recommendations to PCCC	Mar-24	Improved value for money of the national GP Retention scheme		
	55	Develop clear communication channels for GPs to be able to raise concerns about all forms of discrimination	4 to 8	H	Ethnically Diverse GP Champion & Phil Morgan	Agree protocols in place	Mar-24	Increased confidence among GPs that discrimination will be addressed		
	56	Ensure that GPs have access to clear information on tax and pensions	4 to 8	M	Refreshed GPs Lead	Information on tax and pensions available on the TH Website	Mar-24	Increased retention of GPs		
	57	Develop good practice guidance around Maternity Leave, Childcare and women's health issues, for practices to adopt	4 to 8	H	Female GP lead	Guidance produced and shared with practices	Mar-24	Increased levels of wellbeing among Female GPs - particularly those on maternity leave	RR: This could be simple if we pinch with pride from areas that are very good at this. Could we survey female staff who have had a baby and ask them about their experience and suggestions?	
	58	Ensure that GPs are aware of the support available in the ICS for improved Wellbeing and work/life balance	4 to 8	H	PC Team	Provision of information on the TH website and any other suitable forums	Dec-23	Increased levels of wellbeing among all GPs	RR: There is a page on Teamnet & Intradoc, but isn't updated regularly. A more dynamic way of sharing would be good.	
	59	Develop information for GPs on the practical issues linked with part-time working	4 to 8	L	PC Team	Provision of information on the TH website and any other suitable forums	Jun-24	Increased retention of GPs working part-time		
60	Provide information and, where needed, support to GPs around the Appraisal/Ravalidation processes	5 to 8	L	STW Appraisal Lead and Phil Morgan	Production and distribution of relevant information	Jun-24	Increased confidence in GPs going through the appraisal and/or revalidation process			
Developing New Ways of Working	61	Ensure that GPs are effectively represented on relevant ICB decision-making bodies	5 to 8	M	PC Team	Clear plan/approach to ensuring effective GP representation	Dec-23	Improved ability of GPs to input into relevant, strategic and operational issue affecting GPs	RR: how do we ensure that we have different GPs represented so it is not always the same handful? Do we need to make this more explicit?	
	62	Provide clear information to GPs about the shift from Primary to Community Care	4 to 8	H	PC Team	Process for information provision agreed	Dec-23	Better informed GPs, likely rise in retention	RR: As an ICB are we clear on it first and foremost? Personally, I am not. To support them, we need to be 100% clear.	
	63	Improve the communication and operational arrangements between Primary and Secondary Care to reduce unnecessary process for GPs	4 to 8	H	PC Team	Process agreed with relevant stakeholders	Mar-24	Better informed GPs, likely rise in retention	RR: Can an opportunity arise out of the newly establish primary / secondary care interface oversight group or should this be separate? Keep it simple with groups / meetings	
	64	Work with secondary care senior managers and consultants to challenge and reverse the combative and divisive relationship, perceived by many GPs, between Primary and Secondary Care	4 to 8	H	PC Team	Process agreed with relevant stakeholders	Mar-24	Better informed GPs, likely rise in retention	RR: Can an opportunity arise out of the newly establish primary / secondary care interface oversight group or should this be separate? Keep it simple with groups / meetings	
	65	Develop and deliver a comms strategy to counter the negative image of GPs often found in mainstream media	4 to 8	H	PC Team and ICB Comms Team	Comms campaign designed and delivered	Mar-24	Increased levels of GP Retention	RR: Comms to lead, PC to support?	
	66	Develop and distribute specific information for patients to explain the different roles with an MDT - i.e. FCPs, Paramedics, CPs, ANPs, PAs etc.	4 to 8	H	PC Team and ICB Comms Team	Information produced and shared with practices and PPGs	Mar-24	Better informed patients, likely to lead increased levels of GP retention	RR: Comms to lead, PC to support?	
	67	Ensuring that the specific estates/property challenges linked to an increased GP workforce are taken account of in relevant ICS estates strategies	4 to 8	M	Phil Morgan & Darren Francis	Completion of current PCN estates/workforce project and any other relevant work	Mar-24	Improvements in the space available for GPs, Trainees, FY doctors and Medical Students should lead to increased levels of retention		

The Eight Key Intervention Stages

In order to understand what specific actions are needed against each of the themes listed above, this Strategy identifies eight “Key Intervention Stages” within the lifecycle of a GP’s career.

- 1 **School/sixth-form students choosing medicine courses at universities**
- 2 **Medical Students**
- 3 **Foundation Year Doctors**
- 4 **GP Trainees on the STW VTS**
- 5 **Newly-Qualified GPs**
- 6 **First5 GPs**
- 7 **Mid-Career GPs**
- 8 **Late-Career GPs**

GENERAL PRACTICE NURSE STRATEGY OPERATIONAL PLAN 2022/2023

Update history

Date	Update completed by
4.8.22	JS & SE
15.12.22	JS, SE, PC, HM

Key:	
Green- achieved	Amber: In progress, on track
Red: Delayed and mitigating actions agreed	Blue: Not due

2022/2023					
Objective	Milestones	By when	Lead role	Progress/evidence	RAG status
Embed Preceptorship programmes across Primary Care Networks	Continued attraction of newly qualified nurses to Primary Care Continued offer of fellowships programme and fundamentals courses	ongoing	TH	<p>4.8.22 Funding in relation to GPN and other system funding for pc has not yet been confirmed. As a result this has impacted on recruitment support packages for NQN to PC.</p> <p>Continued promotion of student placement and attendance at careers fairs.</p> <p>Fellowships offer being utilised for 3 NQNs across STW.</p> <p>Fundamentals offer for 22/23 being progressed with 6 starting in Sept 22 with some candidates being NQNs. 15.12.22 Additional fundamentals places booked for January 2023.</p>	
Encourage Student Placements to be shared across PCN footprint	Increase in number of Practices hosting student nurses PN placements shared across PCN which could attract more Practices	April 23	Practice placement facilitators	<p>4.8.22 current resource 0.2 FTE ICS Placement Facilitator until 31 Aug 22. Joint HEI/TH meetings to expand capacity with Delivery Plan. TH KPIs also for increasing placement capacity.</p> <p>Activity directly with HEIs and practices to fill placement requests. Currently 12 active placement providers with 5 developing.</p>	

				<p>15.12.22 Additional NHSE funding used to create placement facilitator role after previous resource finished – out to advert. without the facilitator there has been a challenge to find capacity to support increasing student placements.</p>	
Employ lead for TNA/NA and HCA development	Recruitment into the lead roles	December 22		<p>28/04/2022 Post had been advertised but no applications, to readvertise 4.8.22 HCA Facilitator appointed on fixed-term contract for one year. Linking Practices and HCAs with STW Academy. 15.12.22 HCA facilitator supported by additional hours of PCNF support staff and promoting the TNA role to practices.</p>	
Support GPN's and HCA across PCN footprints to work at different organisational levels.	Support for HCA award programme Appointment of HCA lead Continue support for leadership programmes and masters courses for ANP	April 23	TH PCNF HCA Lead AP Lead	<p>4.8.22 5 HCA candidates for Staffs Uni Award for Sept 22. HCA Lead appointed. Leadership and MSc programme promoted to all. 15.12.22 ongoing</p>	
Promote engagement with research and development in primary care to improve services and care.	Nurses involved in research programmes	April 23	PNCF AP Lead	<p>4.8.22 AP Lead currently developing plan for APs, plan for MSc students and supporting four pillars.</p>	

				tACP away days to focus on clinical supervision and research base/audit Promote further research opportunities for ACPs and GPNs 15.12.22 funded ANP and PN training including women's health	
Promotion of ANP role and work to dispel the myths associated to underutilisation of ANPs		ongoing	AP lead	4.8.22 ACP forums and developing a strategy to focus on ACP roles. Working with STW ICS Clinical Leads to expand the VTE USS pilot and CXRAY referrers numbers 15.12.22 ongoing	
Promote the GPN role via marketing and engagement with local school, colleges and universities.	Attendance at local career events Promotion directly with local schools and colleges	ongoing	PCNFs	4.8.22 H+S care Carers event STW ICS June 24 th 2 x Wolves Uni Career events School Leavers Career event March 22 Springpod to schools careers webinar event	
Explore the development of a GPN Nurse bank in conjunction with local GP locum bank	Work with ICB Primary Care workforce lead to explore opportunity for creation of local GPN bank alongside work to establish a local GP locum bank.	December 22	TH	28/04/2022 Being investigated as part of the GP Lantern Locum platform Locum PN to be added to Lantern as a pilot 4.8.22 Lantum platform now live and being promoted to GPNs and other staff groups. 15.12.22 Nurses now enrolled onto lantum to offer bank shifts	

Develop and support local GPN education forums.	Ongoing forums continuing External PLTs for PNs	ongoing	TH QL PCNF	4.8.22 Ongoing forum including ERIC training and external speakers. At least 2 x a month. External speakers planned for PLT events and ACP forum 15.12.22 Autumn PLT event	
Investigate the role of a lead GPN's for Primary Care Networks If achievable to support funding for the role	Engage with ANPs/PNs to see what they envisage a role might entail Scope role of lead GPN for PCNs Share with Primary care for comments Create JD/PS Look at funding opportunities	April 23	TH QL AP Lead PCNF	4.8.22 Lack of notification about funding restricting possibility of lead PCN nurse sessions 15.12.22 as above	
Encourage nurses to engage with digital technology and to become Digital Champions Promote the use of Virtual Group Consultations in service delivery for the management of Long-Term Conditions	Delivery of a local programme to train primary care staff in virtual group consultations. Aim for at least one practice per PCN initially. Utilise local digital nurse champions to support roll out.	March 2023	PCNF Training hub Quality Lead CCG	28/10/21 3 Practices signed up, continuing to promote 27/04/2022 3 Practices signed up for intensive package for VGC Delayed due to pandemic 4.8.22 Ongoing promotion with Practices but no further engagement at present. 15.12.22 continue to promote but no new uptake	
Support the implementation of	Completion of questionnaire to gain baseline for current			27/04/2022 Delayed due to Covid	

<p>clinical supervision within general practice either face to face or electronic means. PNA model</p>	<p>clinical supervision and ascertain preferred method of supervision. Creation of local best practice guidance/SOP for PN clinical supervision Explore PNA model</p>			<p>Identified outside facilitator to lead the creation of a strategy and provision of MDT training which is in development. To be carried forward to 2022/23. Investigation of role of PNA in primary care</p> <p>4.8.22 Working with Katherine Yates for MDT clinical supervision model of Practice which has a GPN arm to it. Awaiting dates to provide to Practices.</p> <p>15.12.22</p>	
<p>Implement a workforce plan which focuses on recruitment and retention.</p>	<p>Use STP wide initiatives such as People Plan to direct Primary Care specific initiatives</p>	<p>March 23</p>	<p>Training Hub Quality Lead CCG</p>	<p>28/10/21 PLAN: understand nurses coming up for retirement Identify vacancies across PCN Support for Practices in recruitment of new nursing staff</p> <p>27/04/2022 Part of strategy Training and development for specific roles such as HCA/TNA and fellowship programme for newly qualified PNs</p>	

				<p>4.8.22 Awaiting ICS workforce plan and how this will link into GPN.</p> <p>15.12.22 as above</p>	
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Key Deliverables 2021/22 and 2022/23

Domain	2021/2022				2022/2023				Ongoing
Recruit	Continue to develop workforce review and training needs analysis	Increase number of Newly-qualified nurses: Linking Year 3 students to practices looking to recruit and with Fundamentals Programme in Q3.	Implement a workforce plan which focuses on recruitment and retention.	Develop and promote student placements to practices including placements for those on Return to Practice programmes.	Embed Preceptorship programmes across Primary Care Networks	Encourage Student Placements to be shared across PCN footprint	Employ lead for TNA/NA and HCA development		Promote the GPN role via marketing and engagement with local school, colleges and universities.
Retention	Supporting GPN's to identify and unlock their	Develop and promote opportunities for nurses to advance in	Support the development of Health Care Support Workers,	Support/ Promote increasing the number of Assessors	Support GPN's and HCA across PCN footprints to work at	Promote a range of support for GPNs such as Motivational	Promote engagement with research and development	Promoting and encouraging staff to attend	Explore the development of a GPN Nurse bank in conjunction

	leadership potential.	their role at all levels.		and supervisors	different organisational levels.	interviewing, coaching and managing change.	ent in primary care to improve services and care.	MECC courses	with local GP locum bank
Retention	Support the implementation of clinical supervision within general practice either face to face or electronic means.	Create opportunities for GPNs to maintain clinical and professional development and share good practice or learning when incidents occur.							Develop and support local GPN education forums.
Reform	Develop a CCG wide GPN Newsletter and promote the responsible use of social media to facilitate communication by peers.	Encourage nurses to engage with digital technology and to become Digital Champions	Ensure prevention is embedded within GPN / HCA role Link into personalised care programme	Promote the use of Video Group Consultations in service delivery for the management of Long-Term Conditions	Promotion of ANP role and work to dispel the myths associated to underutilisation of ANPs	Triage training programme			Develop and facilitate working relationships for GPN's across Primary Care Networks and the CCG.

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DRAFT






Shropshire, Telford & Wrekin
Primary Care Training Hub





2023 Training & Education Calendar for Shropshire, Telford & Wrekin Primary Care Staff

Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
January 2023	Diabetic Foot Screening	4 th January 13:30-15:00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/384/-/diabetic-foot-screening	https://www.eventbrite.co.uk/e/460680707397
	Sexual Health & Contraception FSRH Essentials	19 th January 09.30-16:45	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/363/-/sexual-and-reproductive-health-essentials-training-fully-booked	https://www.eventbrite.co.uk/e/458289445067
	Conflict Resolution & Conversational De-escalation	25 th January 09.00-12.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/387/-/conflict-resolution-and-conversational-de-escalation-training-for-non-clinical-staff	https://www.eventbrite.co.uk/e/479788258597
	Prescribing in Mental Health – Shared care to Integrated Care	26 th January 18.30-20.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/406/-/integrated-to-shared-care-workshop	https://www.eventbrite.co.uk/e/490425484827
	Mental Health Training for Non-Clinical staff	31 st January 09.00-12.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/388/-/mental-health-training-for-non-clinical-staff-in-primary-care	https://www.eventbrite.co.uk/e/490425484827
	Chaperone Training For Non-Clinical Staff	31 st January 13:30-16.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/390/-/chaperone-training-for-non-clinical-staff-delivered-via-ms-teams	https://www.eventbrite.co.uk/e/479790244537
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
February 2023	Diabetic Foot Screening	1 st February 09.30-11.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/385/-/diabetic-foot-screening	https://www.eventbrite.co.uk/e/460680707397
	Motivational Interviewing	7 th February 09.00- 16.00	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/360/-/motivational-interviewing	Please email stw_traininghub@nhs.net to book




	Train the Trainer for GP Fellows	13 th February & Monday 6th March (2 days) 09.30-16.30	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/410/-/teaching-the-teacher-training-for-gp-fellows-2-days	https://www.eventbrite.co.uk/e/486873861827
	Vitamin B12	16 th February 09.30-11.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/408/-/vitamin-b12-training	https://www.eventbrite.co.uk/e/vit-b12-for-healthcare-professionals-shropshire-telford-and-wrekin-only-tickets-491802122387
	Telephone Triage Training for Clinical Staff	22 nd February 13:30-15:30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/392/-/telephone-triage-training	https://www.eventbrite.co.uk/e/479811899307
	GP Clinical Supervision Course	28 th February 14:00-16:30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/411/-/clinical-supervisors-course-for-gp-s	https://www.eventbrite.co.uk/e/487776511677
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
March 2023	Diabetic Foot Screening	1 st March 13.30-15.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/386/-/diabetic-foot-screening	https://www.eventbrite.co.uk/e/460680707397
	Medical Terminology for Non-Clinical Staff	2 nd March 13.30-3.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/396/-/medical-terminology-training-for-non-clinical-practice-staff-via-ms-teams	https://www.eventbrite.co.uk/e/479843253087
	First Contact Practitioner MSK Event	8 th March 09.30- 16.30	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/397/-/fcp-msk-face-to-face-event	https://www.eventbrite.co.uk/e/469082417137
	Ear Care Foundation	14 th March 09.30-16.30	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/412/-/ear-care-foundation-training	https://www.eventbrite.co.uk/e/479848107607
	ILM Leadership Management Award (Level 3) for Clinical and Non-Clinical Staff	15 th March- September 2023	MS Teams	 STW Training Hub ILM Level 3 - March 2	Please send any Expressions of Interest to stw.traininghub@nhs.net
	Breakaway training for Health Care Professionals	16 th March 13:00-16:00	Face to Face		https://www.eventbrite.co.uk/e/479897565537
	Immunisation Foundation Training for HCAs	22 nd & 23 rd March (2-day course) 09.30-16.30	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/401/-/hca-immunisation-foundation-course-2-days	https://www.eventbrite.co.uk/e/479851738467
	Sexual Health & Contraception FRSH Essentials	28 th March 09.30-16.45	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/365/-/sexual-and-reproductive-health-essentials-training	https://www.eventbrite.co.uk/e/458424168027
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
April 2023	Travel Health Update Training by Health Academy online	4 th April 9.15am - 4.30pm	Zoom	Travel Health Update Training - Virtual (Zoom) (stwtraininghub.co.uk)	https://www.eventbrite.co.uk/e/552625837757
	Heart & Lung Examination & Assessment Masterclass for APs	4 th & 5 th April (2-day course) 09.15-16.30	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/413/-/heart-and-lung-examination-assessment-masterclass-for-aps-2-days	https://www.eventbrite.co.uk/e/488662080437




	EDEN Complement Plus Diabetes Trainign for HCPs	16 week programme starting 11 th April	e-learning	Eden Complement Plus 16-week Programme for Healthcare Professionals (stwtraininghub.co.uk)	Eden Complement Plus 16-week Programme for Healthcare Professionals Tickets Eventbrite
	Gynaecology Examination and Assessment Training for APs	11 th & 12 th April (2-day course) 09.00-16.00	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/403/-/gynaecology-assessment-examination-for-aps-2-days	https://www.eventbrite.co.uk/e/481550278847
	Sexual Health & Contraception FSRH Essentials	27 th April 09.30-16:45	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/438/-/sexual-and-reproductive-health-essentials-training-fully-booked	https://www.eventbrite.co.uk/e/512061448577
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
May 2023	Vitamin B12	3 rd May 09.00-11.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/409/-/vitamin-b12-training	https://www.eventbrite.co.uk/e/vit-b12-for-healthcare-professionals-shropshire-telford-and-wrekin-only-tickets-491808511497
	Conflict Resolution & Conversational De-escalation for Non-Clinical Staff	10 th May 09.00-12.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/415/-/conflict-resolution-and-conversational-de-escalation-training-for-non-clinical-staff	https://www.eventbrite.co.uk/e/490408985477
	Mental Health Training for Non-clinical staff	10 th May 13.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/416/-/mental-health-training-for-non-clinical-staff-in-primary-care	https://www.eventbrite.co.uk/e/490413268287
	Travel Health Update Training by Health Academy online	12 th May 9.15am - 4.30pm	Zoom	Travel Health Update Training - Virtual (Zoom) (stwtraininghub.co.uk)	Travel Health Update Training - Virtual (Zoom) Tickets, Fri 12 May 2023 at 09:15 Eventbrite
	Immunisation Update	31 st May 12.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/427/-/immunisation-update	https://www.eventbrite.co.uk/e/490377330797
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
June 2023	First Aid for Mental Health (for clinical and non-clinical staff)	5 th June 09.00-4.00pm	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/436/-/level-2-first-aid-for-mental-health-1-day-training-course	https://www.eventbrite.co.uk/e/511609215937
	Gynaecology Examination and Assessment Training for GPNs	14 th & 15 th June (2-day Course) 09.00-16.00	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/404/-/gynaecology-assessment-examination-for-gpns-2-days	https://www.eventbrite.co.uk/e/481552425267
	NESPEC initial sample Taker Cytology Training	14 th & 15 th June		 Cervical Sample Taker Flyer - West Mic	Please send any Expressions of Interest to stw.traininghub@nhs.net
	Clinical Medication Reviews	14 th June 1.30-2.30pm	MS Teams	CMR Training use coupon code: STWCMR100OFF	Live Events Clinical Pharmacist (clinicalpharmacistsolutions.co.uk)


	Shrewsbury & North Shropshire PLT	Wednesday 14 th June 2023	Virtual offer (non-clinical)	"The Right to say No- Improve your leadership skills"- 15 spaces for non-clinical staff	Shrewsbury & N'Shropshire Non-Clinical PLT offer- "The Right to Say No" Tickets, Wed 14 Jun 2023 at 14:00 Eventbrite
	Wolverhampton University Initial Sample Taker Cytology Training	15 th June		 Marketing Information Stand Alc	Please send any Expressions of Interest to stw.traininghub@nhs.net
	Immunisation Foundation Training for Registered Nurses	21 st June 09.30-4.30	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/417/-/immunisation-foundation-course-for-registered-general-practice-nurses	https://www.eventbrite.co.uk/e/490377330797
	Telford & South Shropshire PLT	Thursday 22 nd June 2023	Virtual offer (non-clinical)	"The Right to say No- Improve your leadership skills"- 15 spaces for non-clinical staff	Telford and S'Shropshire Non-Clinical PLT offer- "The Right to Say No" Tickets, Thu 22 Jun 2023 at 14:00 Eventbrite
	Immunisation Update 27th June	27 th June 12.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/428/-/immunisation-update	https://www.eventbrite.co.uk/e/490370741087
	Motivational Interviewing	20 th June 2023 09:30 -16:00	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/478/-/motivational-interviewing	https://www.eventbrite.co.uk/e/622415129407
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
July 2023	Basic Wound Care	5th July 09.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/414/-/basic-wound-care-training	https://www.eventbrite.co.uk/e/490401563277
	Sexual Health & Contraception FSRH Essentials	Friday 7 th July 09.30-16:45	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/456/-/sexual-and-reproductive-health-essentials-training	https://www.eventbrite.co.uk/e/591067467707
	HEST BLS CPR for ACPs	10 th July 09.00-2.00pm	Face to Face Trinity Centre, Meole Brace Shrewsbury	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/491/-/basic-life-support-cpr-training-for-advanced-clinical-practitioners	https://www.eventbrite.co.uk/e/basic-life-support-cpr-training-for-advanced-clinical-practitioners-tickets-650801373427
	Shropcom Leg Ulcer Assessment & Management (Doppler & Compression Practical)	11 th July 09.30-4.30pm	Telford FC	 Leg Ulcer Assessment & Manag	Please email denise.taylor1@nhs.net to book
	Recognising and Managing Acute Skin Conditions in Primary Care (APs only)	17th July 10.00-4.30pm	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/487/-/recognising-and-managing-acute-skin-conditions-in-primary-care-online-course	https://www.eventbrite.co.uk/e/recognising-managing-acute-skin-conditions-in-primary-care-online-course-tickets-650726710107
	Active Signposting / Care Navigation	19 th July	Virtual	A 3-hour PMA workshop that is fully-funded via the training hub (limited places available) Workshop Book Slot - PMA (pmauk.co.uk)	To express an interest in this workshop and to see if funding is available, please complete the training agreement & send it to stw.traininghub@nhs.net

	Immunisation Update	19 th July 12.30-4.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/429/-/immunisation-update	https://www.eventbrite.co.uk/e/490370741087
	MSK Multi-Disciplinary Training Event	20 th July 2023 11:45-17:15pm	HYBRID face to face @ university Center Shrewbury Or MS Teams	Face to face - MSK MSK Multi Disciplinary Training Event (stwtraininghub.co.uk) Virtual - MSK Multi Disciplinary Training Event - VIRTUAL (stwtraininghub.co.uk)	Face to Face MSK Multi Disciplinary Training Event Tickets, Thu 20 Jul 2023 at 11:45 Eventbrite Virtual MSK Multi Disciplinary Training Event - VIRTUAL Tickets, Thu 20 Jul 2023 at 11:45 Eventbrite
	Managing Medicines at End-of-Life	20 th July 12:15-1.00pm	MS Teams	 End of Life- Medicines Managemme	End of Life Forms Education Sessions Tickets, Thu 20 Jul 2023 at 11:30 Eventbrite
	Shropcom Diabetic Foot Screening	26 th July 1.00pm-3.00pm	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/498/-/diabetic-foot-screening	https://www.eventbrite.co.uk/e/diabetic-foot-screening-tickets-671507766807?aff=oddtcreator
	Immunisation Update	27 th July 12.30-4.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/430/-/immunisation-update	https://www.eventbrite.co.uk/e/490370741087
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
August 2023	Heart Failure Education session for Primary Care	2 nd August 2:00-4.00	MS Teams	 Advert STW HF Workshops 2.8.23 anc	https://www.eventbrite.co.uk/e/671465390057
	Managing Medicines at End-of-Life	3 rd August 12:15-1.00pm	MS Teams	 End of Life- Medicines Managemme	End of Life Forms Education Sessions Tickets, Thu 3 Aug 2023 at 11:45 Eventbrite
	Managing Medicines at End-of-Life	17 th August 12:15-1.00pm	MS Teams	 End of Life- Medicines Managemme	End of Life Forms Education Sessions Tickets, Thu 17 Aug 2023 at 11:45 Eventbrite
	Shropcom Diabetic Foot Screening	23 rd August 1.00pm- 3.00pm	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/499/-/diabetic-foot-screening	https://www.eventbrite.co.uk/e/diabetic-foot-screening-tickets-671507766807?aff=oddtcreator
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link

September 2023

NESPEC Initial Sample Taker Training	w/c 4th September 2023 for Distance Learning content, plus face-to-face on either 13th or 14th September 2023 at [West Bromwich Venue TBC]		 Cervical Sample Taker Flyer - West Mic	Please send any Expressions of Interest to stw.traininghub@nhs.net
Shrewsbury & North Shropshire GP & AP PLT	7 th September, 13:30 – 17:30	Face to Face @ Shrewsbury Town FC	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/501/-/autumn-2023-plt-for-shrewsbury-and-north-shropshire-gps-aps-cancer	https://www.eventbrite.co.uk/e/682136979067?aff=oddtcreator
Shrewsbury & North Shropshire GPN PLT	7 th September 13:30 – 17:00	Face to Face @ Shrewsbury Town FC	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/503/-/autumn-2023-plt-for-shrewsbury-and-north-shropshire-practice-nurses-hcas	https://www.eventbrite.co.uk/e/698874200547?aff=oddtcreator
First Aid for Mental Health for Clinical and Non-clinical staff	11 th September 09.00-4.00	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/437/-/level-2-first-aid-for-mental-health-1-day-training-course	https://www.eventbrite.co.uk/e/511609215937
Shropcom Leg Ulcer Assessment & Management (Doppler & Compression Practical)	12 th September 09.30-4.30pm	Face to Face	 Leg Ulcer Assessment & Manag	Please email denise.taylor1@nhs.net to book
Immunisation Update	14 th September 12.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/431/-/immunisation-update	https://www.eventbrite.co.uk/e/490370741087
Heart Failure Education session for Primary Care	19 th September 2:00-4.00	MS Teams	 Advert STW HF Workshops 2.8.23 anc	https://www.eventbrite.co.uk/e/671465390057
Immunisation Foundation course for HCAs	19 th September & 20 th September (2-day course) 09.30-4.30pm	MS Teams & Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/418/-/hca-immunisation-foundation-course-2-days	https://www.eventbrite.co.uk/e/490372927627

	Cancer focused Motivational Interviewing	20 th September 09.15-16.00	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/489/-/motivational-interviewing-with-a-view-on-cancer	Motivational Interviewing Training - With a focus on Cancer Tickets, Wed 20 Sep 2023 at 09:15 Eventbrite
	Telford & South Shropshire GP & AP PLT	27 th September 13:30 – 17:30	Face to Face @ AFC Telford United	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/502/-/autumn-2023-plt-for-telford-and-south-shropshire-gps-aps-cancer	https://www.eventbrite.co.uk/e/698874200547?aff=oddtcreator
	Telford & South Shropshire GPN & HCA PLT	27 th September 13:30 – 17:00	Face to Face @ AFC Telford United	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/504/-/autumn-2023-plt-for-telford-and-south-shropshire-practice-nurses-hcas	https://www.eventbrite.co.uk/e/490370741087
	Immunisation Update	28 th September 12.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/432/-/immunisation-update	https://www.eventbrite.co.uk/e/490370741087
	GP Hot Topics	30 th September 09:30 – 13:00	Online	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/506/-/hot-topics-update-autumn-2023-live-webinar-for-gps-and-aps	https://www.eventbrite.co.uk/e/698874200547?aff=oddtcreator
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
October 2023	CBT Plus for Lifestyle Issues affecting mental and physical wellbeing	2 nd -4 th October (3-day course) 10.00-16.00	Zoom	In collaboration with MPFT, Shropshire Telford and Wrekin Training Hub have commissioned a closed, local cohort for the below training delivered by APT.  CBT plus, for Lifestyle Issues affecting mental	To express your interest in this course, please complete the Training agreement below and email it to stw.traininghub@nhs.net  STW TH Training and Education Agreement
	Shropcom Leg Ulcer Assessment & Management (Doppler & Compression Practical)	10 th October 09.30-4.30pm	Telford FC	 Leg Ulcer Assessment & Manag	Please email denise.taylor1@nhs.net to book
	Immunisation Update	18 th October 12.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/433/-/immunisation-update	https://www.eventbrite.co.uk/e/490370741087
	Immunisation Update	19 th October 12.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/434/-/immunisation-update	https://www.eventbrite.co.uk/e/490370741087

	Sexual Health & Contraception FSRH Essentials	Monday 30 th October 09.30-16:45	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/457/-/sexual-and-reproductive-health-essentials-training	https://www.eventbrite.co.uk/e/591079072417
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
November 2023	Ear Care Foundation	1 st November 09.30-16.30	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/419/-/ear-care-foundation-training	https://www.eventbrite.co.uk/e/490456387257
	Ear Care Update (required every 3 years)	7 th November 09.30-13.00	Face to Face	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/420/-/ear-care-update-course	https://www.eventbrite.co.uk/e/490459697157
	Shropcom Leg Ulcer Assessment & Management (Doppler & Compression Practical)	7 th Novemeber 09.30-4.30pm		 Leg Ulcer Assessment & Manag	Please email denise.taylor1@nhs.net to book
	Recognising & Managing Acute Skin Conditions in Primary Care	8 th November 10.00-4.30pm	Zoom	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/494/-/recognising-and-managing-acute-skin-conditions-in-primary-care-online-course	https://www.eventbrite.co.uk/e/recognising-managing-acute-skin-conditions-in-primary-care-online-course-tickets-652823712297
	Medical Terminology for Non-clinical Staff	13 th November 13:30-15:30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/421/-/medical-terminology-training-for-non-clinical-practice-staff-via-ms-teams	https://www.eventbrite.co.uk/e/490471542587
	Renal Medicine and the use of SGLT2's	14 th November 1-2.00pm	MS Teams	This course will also explain to Primary Care colleagues the appropriate use and interpretation of the Kidney Failure Risk Equation	https://forms.gle/i77hdUF1MppU2FDe6
	HEST Train the Trainer BLS CPR	18 th November 09:00-14:00 (TBC)	Trinity Centre, Meole Brace (Face to Face)	FULLY BOOKED	FULLY BOOKED
Triage Training for Clinical Staff	22 nd November 13:30-15.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/422/-/telephone-triage-training	https://www.eventbrite.co.uk/e/490448423437	
Month	Training/Course	Date & Time	Delivery	Course/Training Information	Direct Booking Link
December 2023	Chaperone Training for Non-clinical staff	6 th December 13.30-16.00	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/424/-/chaperone-training-for-non-clinical-staff-delivered-via-ms-teams	https://www.eventbrite.co.uk/e/490467701097
	Basic Wound Care	11 th December 09.30-16.30	MS Teams	https://stwtraininghub.co.uk/training-hub/training-education-and-cpd/training-events-calendar/eventdetail/425/-/basic-wound-care-training	https://www.eventbrite.co.uk/e/490406347587

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**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Shropshire, Telford & Wrekin ICS General Practitioner (GP) Strategy

October 2023 (Refreshed Version)

Contents



Contents

1. Introduction

- Why do we need a GP Strategy?
- The National Picture
- Local Context – GP numbers
- Diversity
- Key Stakeholders

2. The Elements and Themes of the Strategy

Three Elements:

- Attract, Recruit, Retain

Six Themes

- Marketing the Role of the STW GP
- Supporting the Recruitment of GPs
- Engaging and Networking
- Ensuring that Professional Development is available
- Ensuring that Personal Support is Available
- Developing New Ways of Working



3. The Eight Key Intervention Stages – Current Position and Challenges

- Sixth-form students choosing medicine courses at universities
- Medical Students
- Foundation Year Doctors
- GP Trainees on the STW VTS
- Newly-Qualified GPs
- First 5 GPs
- Mid-Career GPs
- Late-Career GPs

4. Action Plan

- Key actions
- Links to Intervention Stages
- Priorities
- Responsibilities
- Timescales
- Measures

5. Governance

- Monitoring progress against the Action Plan
- Reporting progress against the Action Plan

1. Introduction



Why do we need a GP strategy?

As with most parts of the country, NHS Shropshire, Telford & Wrekin (STW) has struggled over recent years to increase the number of GPs.

Unlike some of the other roles in General Practice, there has not, until recently, been a strategic approach to the **Attraction, Recruitment** and **Retention** of GPs in STW. Many individual projects, initiatives and workstreams are in place, including links with our local medical school Keele University, and a thriving GP Fellowship Scheme, but these are only recently becoming properly planned and integrated.

Decisions about recruitment and retention of GPs are taken by each of the individual General Practice businesses meaning that, traditionally, the ICS has not had a specific role in this area. However, a more pro-active approach is now being taken, working with various stakeholders (see list on slide 10) to, among other things, increase the profile of the GP role among local schools and colleges and to support newly-qualified GPs.

Since the first version of this Strategy was published in 2022 three developments have led to the need for this refreshed version:

1. The recruitment by STW ICS of a [Team of GP Leads](#) (more detail on this in subsequent slides and the Action Plan)
2. The publication of the [NHSE Long Term Workforce Plan](#) (more detail on this in slide 6) which has been used to inform the refreshed Action Plan
3. The completion of a series of surveys to inform the refresh of this Strategy covering: Medical Students, Foundation Year Doctors, GP Trainees, Qualified GPs and Practices as Employers of GPs (detailed reports on the findings from all these surveys, which have been used to inform the refreshed Action Plan. are available on request from the ICB)

Despite the growth in the number of other clinical roles, there is still a need for a large GP cohort to provide direct care to patients and to supervise other clinicians. This is particularly true in STW where the traditional model of relatively small, partner-led practices, still predominates.

One of the key issues facing our local area is the need to ensure that the GP workforce is, as far as possible, as diverse as possible in terms of ethnicity, age and gender. There has not, until recently, been a focus on these issues across our system (more detail on this on slide 9)



The National Picture

Since the launch of the GP Forward View in 2016 there has been a strong, central government push for an increase in the number of GPs. However, despite various national and local initiatives, the number of fte GPs continues to fall – nationally there were 512 (1.8%) fewer FTE fully qualified GPs in April 2023 compared to April 2022.

The national response to this is the [NHSE Long Term Workforce Plan](#) which contains a range of actions and initiatives which impact on the refreshed version of this Strategy:

- An increase in the number of medical school training places
- An increase in the number of GP training places by 50% to 6,000 by 2031/32
- Modernisation of the NHS Pension Scheme
- Enabling doctors, other than GPs, to work in Primary Care
- Ensuring that Foundation Doctors have at least one, four-month placement in Primary Care
- Ensuring that everyone working in the NHS has a positive experience
- Understanding the reasons that students leave training
- Reducing the administrative workload for GPs

Specific actions to address these issues are set out in the Action Plan



Local Context – GP numbers @ June 2023

Despite a relatively steady number of GPs (headcount) in STW the number of FTE GPs has been in decline for over eight years, albeit levelling off in recent months.

GP Workforce Dashboard Staff Group Trend

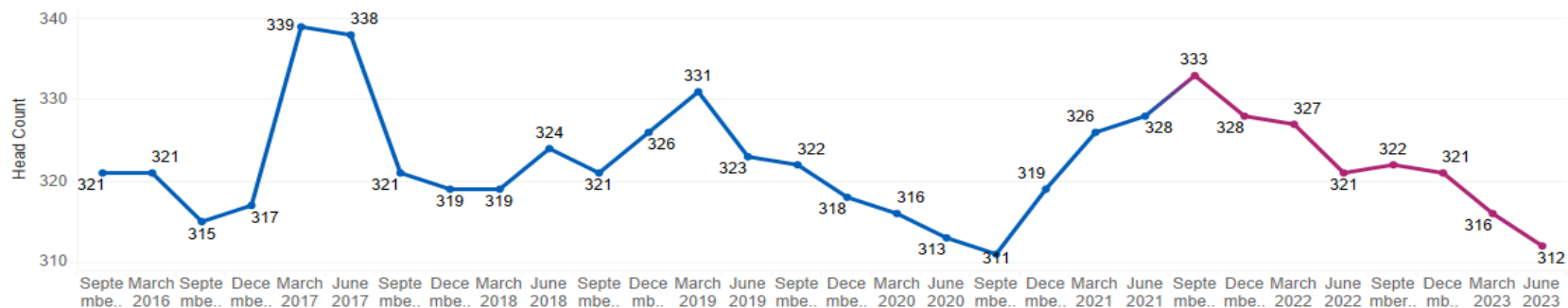


Clear All

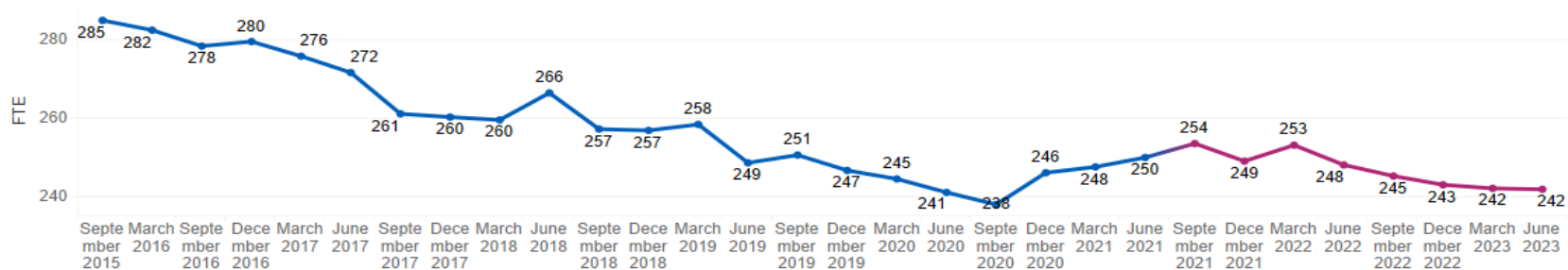


Region Name: All ICB Name: All Sub-ICB Name: NHS Shropshire, Telford and ... Staff Group: GP (excl GPs in Training Grade) Staff Role: All Date Controller: Quarterly Dates

Headcount - GP (excl GPs in Training Grade) - All - June 2023



FTE - GP (excl GPs in Training Grade) - All - June 2023



Change in colour denotes move from quarterly to monthly publications by NHS Digital
Please note that selecting all Staff Group options will result in an incomplete time series due to NHS Digital limiting historic publications for some Staff Groups before September 2017



Local Context – GP Partner numbers @ June 2023

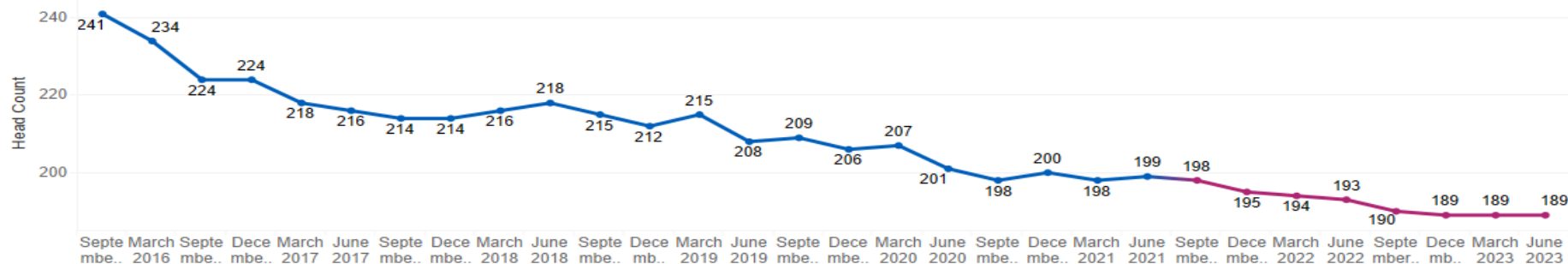
The number of GP Partners in STW has declined markedly over the past eight years, both in terms of headcount and FTE. However, this decline appears to have levelled out in recent months.

GP Workforce Dashboard Staff Group Trend

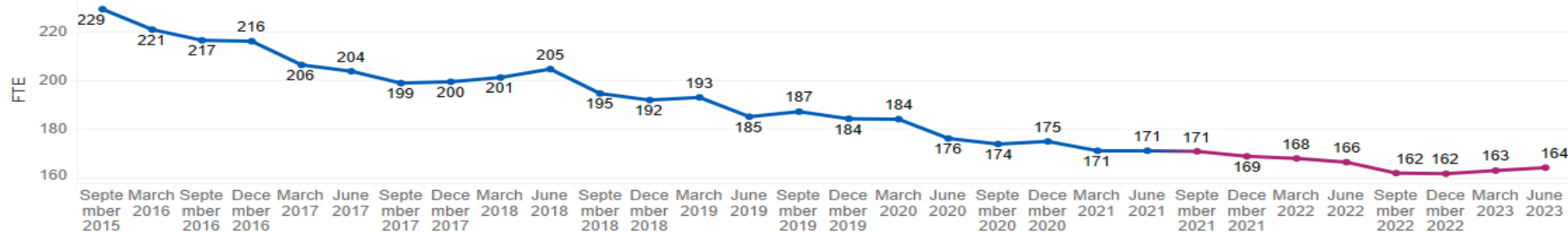


Region Name: All | ICB Name: All | Sub-ICB Name: NHS Shropshire, Telford and ... | Staff Group: GP (excl GPs in Training Grade) | Staff Role: GP Partners | Date Controller: Quarterly Dates

Headcount - GP (excl GPs in Training Grade) - GP Partners - June 2023



FTE - GP (excl GPs in Training Grade) - GP Partners - June 2023



Change in colour denotes move from quarterly to monthly publications by NHS Digital
Please note that selecting all Staff Group options will result in an incomplete time series due to NHS Digital limiting historic publications for some Staff Groups before September 2017



Diversity of the GP workforce (@ June 2023 unless stated)

- The percentage of STW GPs who are aged 55 or over is slightly lower than the national average – 21.8% compared with 23.1%
- The gender mix of GPs in STW is as follows (August 2022 data)
 - Female GPs – 170 headcount, 119 FTE
 - Male GPs – 147 headcount, 125 FTE

Although there are more female GPs (headcount), they are more likely to work part time compared to male GPs

- The latest data on the ethnicity of GPs is as follows:

	Asian/Asian British	Black/African/Caribbean/Black British	Mixed/Multiple Ethnic Groups	White	Other ethnic group	Not recorded
No.	45	25	5	240	15	50
%	12	7	1	63	4	13

NB: The high percentage of those not recording their ethnicity (a higher percentage than the other staff groups) could alter the balance of these figures. To put the GP data into context, 82% of the full Primary Care workforce is white.

- The proportion of international medical graduate (IMG) doctors on the STW VTS is over 60%.
- The ICB doesn't have any data on any of the other protected characteristics
- This data has been shared with the GP Leads Team and will continue to help shape specific initiatives in the Action Plan



Key Stakeholders and Resources

This slide lists local, regional and national organisations, resources and individuals who are key to the implementation of the actions under-pinning this strategy.

Where relevant, these stakeholders are referred to in the Action Plan.

- Local Secondary schools' careers advisors and work experience leads
- Sixth Form Colleges, including leads for mature students
- Local Universities/HEIs
- STW GPVTS – both the Trainees and the TPDs
- STW Local GP Practices
- [Royal College of GPs](#)
- NHSE/I Regional Medical Directorate, Workforce leads, GP Deans etc.
- [Shropshire Sessional GP Network](#)
- [Shropshire Doctors Cooperative](#)
- The Local Medical Committee
- STW ICS Medical Director and Clinical Leads
- [STW ICS GP Education Co-Lead](#)
- [STW ICS GP Education Co-Lead](#)
- [STW ICS GP Mentor Leads](#)
- [STW ICS Ethnically Diverse GP Champion](#)
- [STW ICS GP Locum Champion](#)
- [STW ICS Female GP Lead](#)
- [STW ICS Refreshed GP Leads](#)
- [STW ICS GP Marketing Lead](#)
- [STW ICS GP Trainee Differential Attainment Lead](#)
- Secondary Care consultants
- Retired GPs (with experience and knowledge of STW General Practice)
- Local MPs
- Local press and media
- [Patient Participation Groups](#)
- [The STW Training Hub](#)
- [NHSE Futures GP Career Support Hub](#)
- [HEE WM GP School](#)
- [NHS Digital Workforce Data](#)



2. The Elements and Themes of the Strategy



The Elements and Themes of the Strategy

This Strategy is based around three, main elements:

- **Attracting** – encouraging/persuading people to become GPs
- **Recruiting** – enabling the recruitment of qualified GPs across STW
- **Retaining** – ensuring that those GPs who are recruited, choose to stay

Although the issues in this Strategy relate specifically to GPs (who are one of the few clinical groups to be almost exclusively found only in General Practice) there are several Attracting, Recruiting and Retaining projects and initiatives being carried out by the ICS People Team which are relevant to GPs including international recruitment and retention. The ICS' Primary Care Team is represented on ICS working groups and the linkages and relevant responsibilities are detailed in the Action Plan below.

In order to make the **Attract**, **Recruit** and **Retain** elements relevant for General Practice, and for General Practitioners more specifically, the following **themes** will be used in this Strategy to provide more detail around intended actions:

- *Marketing the Role of the STW GP*
- *Supporting the Recruitment and Deployment of GPs*
- *Engaging and Networking*
- *Ensuring that Professional Development is available*
- *Ensuring that Personal Support is available*
- *Developing New Ways of Working*



3. The Intervention Stages of this Strategy



The Intervention Stages

In order to understand what specific actions are needed against each of the themes listed above, this Strategy identifies eight “Key Intervention Stages” within the lifecycle of a GP’s career.

1. *School/sixth-form students choosing medicine courses at universities*
2. *Medical Students*
3. *Foundation Year Doctors*
4. *GP Trainees on the STW VTS*
5. *Newly-Qualified GPs*
6. *First5 GPs*
7. *Mid-Career GPs*
8. *Late-Career GPs*

The following slides provide a summary of current Attract, Recruit and Retain activities, projects and interventions in each of the eight intervention stages and identifies some challenges. The Action Plan sets out specific actions designed to address these challenges.



Intervention Stage	Summary of Current STW Position	Challenges/Comments
1. School/sixth-form students choosing medicine courses at universities	<ul style="list-style-type: none"> Several local GPs have worked with some of our secondary schools and further education colleges to raise the profile of the role of the GP. However, until recently, there has been no coordinated approach to working with these institutions to promote the GP role in STW. The recently appointed GP Marketing Lead is developing a more strategic approach to this area of work with the intention to provide information and resources to help six-form/FE students to make informed decisions about medical education options 	<ul style="list-style-type: none"> Schools/colleges may need convincing of the merit of engagement The resource implications of this work are significant and will need to be prioritised with the other aspects of the GP Marketing Lead's work In order to ensure best use of resources, and therefore maximum impact, this work should be joined-up with similar work across the ICS
2. Medical Students	<ul style="list-style-type: none"> Promotion of the GP role in our local area with medical students is carried out by several senior, local GPs who work as lecturers at Keele University. These GPs work with practices to increase the number of practices willing and able to take medical students – most of our practices are currently accepting students At present there are no formal links with other local medical schools The recently appointed GP Marketing Lead is developing links and communication channels with relevant leaders in local HEIs 	<ul style="list-style-type: none"> Although the work at Keele, including the placement of medical students, is effective in raising the profile of the role of the GP for students, similar work with other medical schools may be beneficial. The resource implications of this work are significant and will need to be prioritised with the other aspects of the GP Marketing Lead's work There are increasing challenges for practices to take medical students including the lack of space, supervision time and, for the students themselves, issues involving accommodation and transport
3. Foundation Year Doctors	<ul style="list-style-type: none"> Many STW practices take Foundation Year placements (FY2). However, there has not been a coordinated, local approach to liaising with the FY doctors and practices to understand their experience and discuss their career choices. The recently appointed GP Marketing Lead is working with relevant colleagues at SaTH to, among other things, provide STW Practices with better information on the benefits of taking FY doctors on placement 	<ul style="list-style-type: none"> The resource implications of this work are significant and will need to be prioritised with the other aspects of the GP Marketing Lead's work Some of the challenges in convincing STW Practices to take FY doctors on placement include the lack of space and supervision time Increased number of FY doctors on placement in STW Practices should lead to more of these doctors choosing to move onto the GPVTS, thereby increasing the pool of locally-based GPs
4. GP Trainees on the STW VTS	<ul style="list-style-type: none"> Many STW practices take GP Trainee placements (ST1, ST2 and ST3). Although Trainees have individual supervisors, and link with the TPDs, there is no coordinated approach to liaising with them and their practices to discuss their experiences and their career choices Although two of the recently appointed GP Leads have responsibilities in this area (the Ethnically Diverse GP Lead and the Differential Attainment GP Trainee Lead), there is no overall Lead for working across/with all the doctors on the VTS 	<ul style="list-style-type: none"> There would need to be engagement with both the GP Trainees, and their placement practices It would require a significant time input, but the impact would almost certainly be consistent with the potential impact in terms of retaining the trainees in STW practices A specific challenge would be to understand more about trainees' placement in secondary care – i.e., what are they learning about General Practice when they are on placement

Intervention Stage	Summary of Current STW Position	Challenges/Comments
<p>5. Newly-Qualified GPs</p>	<ul style="list-style-type: none"> The PC Team runs the nationally-funded GP Fellowship Scheme, currently supporting 25 newly-qualified GPs via training and development opportunities, including the provision of mentoring Further support is provided to these GPs by relevant GP Leads – i.e., the Female GP Lead, and the Ethnically Diverse GP Lead. The latter has a particular role in assisting GPs on skilled worker visas to remain STW, working at one of the ICS’s sponsoring practices Feedback from those GPs who have completed the Fellowship scheme indicate strongly that it significantly helps in GP retention 	<ul style="list-style-type: none"> The challenge with this scheme is to maintain the momentum built up over the past two years Further liaison with the VTS, specifically with ST3s, should help to maintain the comparatively high number of GPs joining this scheme. This will be helped by the fact that two of the GP Leads are, themselves, GP Fellows An area not well developed to date is an assessment of specific skills that new GPs need which might not be adequately covered on the VTS – e.g., time management, risk management, and continuity of care
<p>6. First5 GPs</p>	<ul style="list-style-type: none"> The ICS funds the STW First 5 GP Network, led by a local GP The network has around 80 members and, among other things, commissions training for its members and arranges social events to encourage and support networking 	<ul style="list-style-type: none"> Given the successes of this Network key challenges include continuing the current level of funding and to support those GPs who now fall outside of the “First 5” definition. Further improvements in the impact the Network has are being achieved by improved links and communication with relevant GP Leads – i.e., the Female GP Lead and the Ethnically Diverse GP Lead Finally, the Network aims to help the transition into general practice from being a registrar and providing a supportive collaborative network
<p>7. Mid-Career GPs</p>	<ul style="list-style-type: none"> In previous years practices have been invited to bid for funding to help retain mid-career GPs The current focus is on providing one-to-one, bespoke support to individual mid-career GPs from relevant GP leads – i.e., the Female GP Lead and the Refreshed GP Leads As with all other GPs, this cohort is able to benefit from free mentoring from the team of locally trained GP Mentors 	<ul style="list-style-type: none"> This cohort of GPs is less able than others to access structured funding streams, therefore the challenge is to maximise the impact for those GPs who request support National data suggests that many GPs in this cohort, particularly female GPs, choose either to reduce their hours and/or leave the profession entirely Improved awareness of the assistance that can be provided by the relevant GP Leads is crucial in supporting this cohort of GPs
<p>8. Late-Career GPs</p>	<ul style="list-style-type: none"> In previous years practices have been invited to bid for funding to help retain late-career GPs The current focus is on providing one-to-one, bespoke support to individual late-career GPs from relevant GP leads – i.e., the Female GP Lead and the Refreshed GP Leads As with all other GPs, this cohort can benefit from free mentoring from the team of locally trained GP Mentors 	<ul style="list-style-type: none"> This cohort of GPs is less able than others to access structured funding streams, therefore the challenge is to maximise the impact for those GPs who request support National data suggests that many GPs in this cohort, particularly female GPs, choose retire early – meaning that advice around retirement options is a crucial part of the support that should be offered to this cohort Improved awareness of the assistance provided by the Refreshed GP Leads

4. Action Plan



The Strategy Action Plan

An Action Plan has been developed, designed to ensure implementation of the GP Strategy.

It contains a series of Actions, grouped around the six themes – for each Action, the plan identifies:

- which of the **Intervention Stages** the action is addressing (see previous slides)
- the **Priority** of the action
- which person or organisation has overall **Responsibility** for delivering the action
- the ideal **Timescale** for the action to be delivered
- how success in delivering the action is to be **Measured**

The Action Plan is a dynamic document, with the initial version embedded here:



Microsoft Excel
Worksheet

If you have any comments about any of the actions please contact Phil Morgan, Primary Care Workforce Lead, on philip.morgan3@nhs.net.



5. Governance



Overall arrangements

- This Strategy will, initially, be reviewed and approved by the STW ICS Strategy Committee.
- Further reviews of the Strategy, together with approvals of changes/developments in content, will be the responsibility of the relevant ICB committee
- Operational responsibility for delivering the action plan will rest with the STW ICS Primary Care Team, led by the Primary Care lead for Workforce, working with colleagues on the Training Hub Delivery Group.

Monitoring the Action Plan

- Monitoring reports will go to the Training Hub Delivery Group

Reporting progress against the Action Plan

- Progress reports will be provided to the relevant ICB





**Integrated
Care System**
Shropshire, Telford and Wrekin



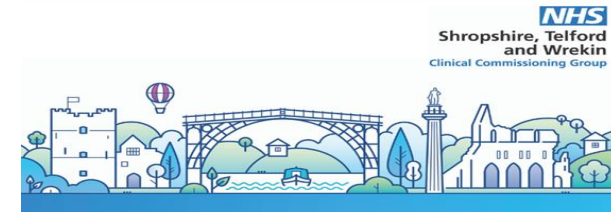
**Shropshire, Telford
and Wrekin**

Shropshire, Telford & Wrekin ICS General Practitioner (GP) Strategy

October 2023 (Refreshed Version)



General Practice Nurse Strategy 2021 - 2023



Shropshire, Telford and Wrekin GPN Strategy

<p>CPD Programmes accessible to all</p>	<p>Standardised approach to Advanced clinical practice education and mentorship</p>	<p>Leadership and Management Programmes</p>
<p>Embedding prevention in clinical practice</p>	<p>Peer support networks and clinical supervision</p>	<p>Preceptorship Programmes for newly- qualified nurses and nurses new to General Practice</p>
<p>Increasing Student Nurse and Return to Practice Placements in Primary Care Supporting Supervisor and Assessor roles</p>	<p>Digital Nursing Development</p>	<p>Nursing Apprenticeships and HCA development</p>

Version	Date	Amendment History
Final Draft July 2021	10/08/2021	Updated following PCCC, STW ICS People Board
GPN Strategy Final version	12/10/2021	

Reviewers

This document has been reviewed by:

Name	Title/Responsibility	Date	Version
Zena Young	Executive Director of Nursing & Quality	17/06/2021	GPN Strategy Draft 20210617
		04/08/2021	GPN Strategy Final Draft July 2021
Claire Parker	Director of Partnerships	04/08/2021	GPN Strategy Final Draft July 2021
Victoria Rankin	ICS Workforce Lead	09/08/2021	GPN Strategy Final Draft July 2021
Heidi Davis	HEE GPN Lead WM	09/09/2021	GPN Strategy Final Draft July 2021
Helen Abbott	ICS AP Lead Primary Care	30/03/2021	GPN Strategy Draft 20210325

Approvals

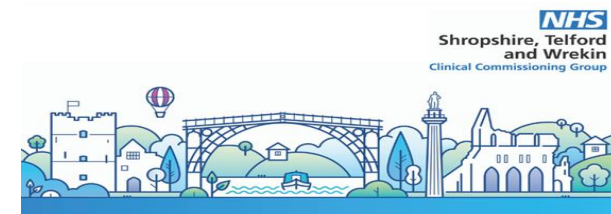
This document has been approved by:

Group/Committee	Date	Version
STW CCG Primary Care Commissioning Committee	04/08/2021	GPN Strategy Final Draft July 2021
STW ICS Training Hub Delivery Group and Board	21/07/2021	GPN Strategy Final Draft July 2021
STW ICS Transformation Board and People Board	09/08/2021	GPN Strategy Final Draft July 2021

Distribution

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CONTENTS

Introduction to the Strategy	5
Context	6
Policies and Drivers	8
Our Vision	11
Strategic Aims	16
• Domain 1 - Recruitment	16
• Domain 2 - Retention	17
• Domain 3 - Reform	20
Key Deliverables	22
Operational Delivery Plan	24
References	24



INTRODUCTION TO THE STRATEGY FROM SHROPSHIRE, TELFORD AND WREKIN CCG EXECUTIVE DIRECTOR FOR QUALITY

General Practice Nurse development has been seen by Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS) as an area of focus in order to retain an agile workforce to support the needs of the population.

Investment from Health Education England and NHS England/Improvement has enabled us to begin our journey of GPN development and this strategy builds on this over the next 2 years whilst locally the landscape evolves to encompass Primary Care Networks and Integrated Care Systems.

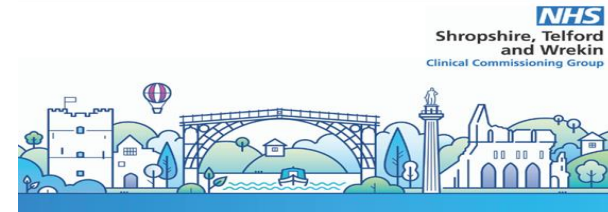
This strategy is based on the 3 overarching principles from the GPN 10 Point Action Plan – Recruit, Retain, Reform and explores local opportunities to achieve these ambitions. It also reflects the need to ensure the nursing workforce has opportunities to continue with professional development and is able to deliver safe, harm free care.

We are all conscious of the increasing demands on all health care sectors and this has been shown more clearly in 2020 with the added pressures the Covid-19 pandemic has brought. Primary Care has always been at the forefront of delivery of healthcare to the population and nurses and Health care Assistants are key to this delivery as they continue to take on more varied and challenging roles. The shortfall of nurses coming into the NHS needs to be addressed so this strategy aims to map out career opportunities for nurses to join Primary Care including those who have had a career break, how we can ensure they remain, and how nurses can be at the forefront of new innovations such as the use of digital technology.

It is an exciting program of work to develop the skills of our nurses working in primary care, whilst addressing healthcare priorities and needs of our system and we look forward to implementing this over the next 2 years

Zena Young

Executive Director of Nursing & Quality, Shropshire, Telford and Wrekin CCG



CONTEXT

General Practice Nursing has been steadily emerging in primary care since 1960s. With big changes in the General Practice contracts both in 1990 and 2004 leading to the role of General Practice Nurse (GPN) developing and growing and GPNs taking on more responsibility for the management of patients living with long term conditions. As the diversity of the role develops to include new emerging roles such as Nursing associates and continued increase in nurses using advanced clinical skills this continues to highlight that additional training and support is required to maximise opportunities for nurses to work beyond traditional treatment room tasks.

Following on from this, the GPNs role has progressed and developed far beyond those early days to become autonomous professionals, able to diagnose, treat and refer where required. With the introduction of the Advanced Nurse Practitioner along with development of Health Care Assistant roles and the introduction of the new role of Nursing Associate, GPNs continue to play a vital role in driving innovation to meet the changing needs of people in their communities.

Investment in support and development of GPNs remains central to the provision of high-quality care within Primary Care.

The general practice nursing workforce continue to hold a place at the forefront, leading change by delivering better health outcomes in primary care, and by making primary care 'the place to be' for ambitious nurses who deliver quality care and empower our population to live well.

The more recent creations of Primary Care Networks have led to opportunities for working and resourcing training at scale, giving GPNs and Primary Care even more opportunities to develop, diversify and grow as professionals and as a speciality.



GPNs across the ICS were given an opportunity to review this document and as a result of this consultation the Strategy was endorsed and the following quotes were given as feedback.



Love the themes

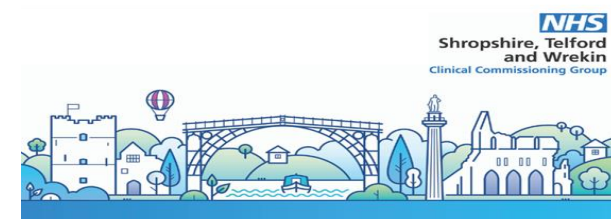
Makes me enthusiastic for the future of GPNs in STW

Good accessible document



I feel like GPNs should be recognised more and this strategy really reinforces our position in Primary Care and our role in its future

This strategy highlights that our profession's future depends on students and our own professional development and really builds on these themes



POLICIES AND DRIVERS

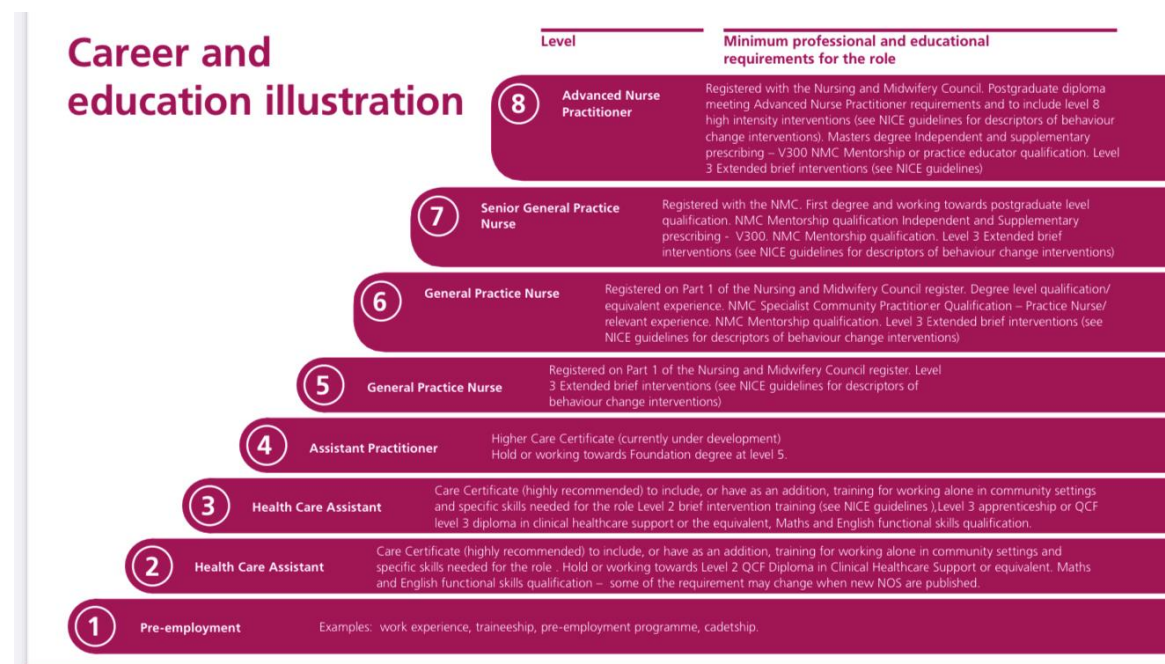
The strategy has aligned the content to reflect and support the actions within national and ICS documents such as;

- GPN 10 Point Action Plan
- NHS Long Term Plan
- NMC Standards of Proficiency for Registered Nurses
- HEE District Nursing and General Practice Nursing Services Education and Career Framework
- RCGP GPN Competency Framework
- RCGP General Practice Advanced Nurse Practitioner Competencies
- QNI Transition to General Practice Nursing Resource
- ICS People Strategy

“The Future of Primary Care – Creating Teams for Tomorrow” (Primary Care Workforce Commission, July 2015) identified that community and general practice nurses often did not have the same career structures or training development opportunities as Medical staff within Primary Care. This was quickly followed by the publication “District Nursing and General Practice Nursing Service – Education and Career Framework (HEE, October 2015) which outlines a clear framework to start building nursing careers in primary care, which considered pre-registration entry requirements and pathways, considering alternatives to traditional routes, such as Nursing Apprenticeships and shaping the future nursing workforce.



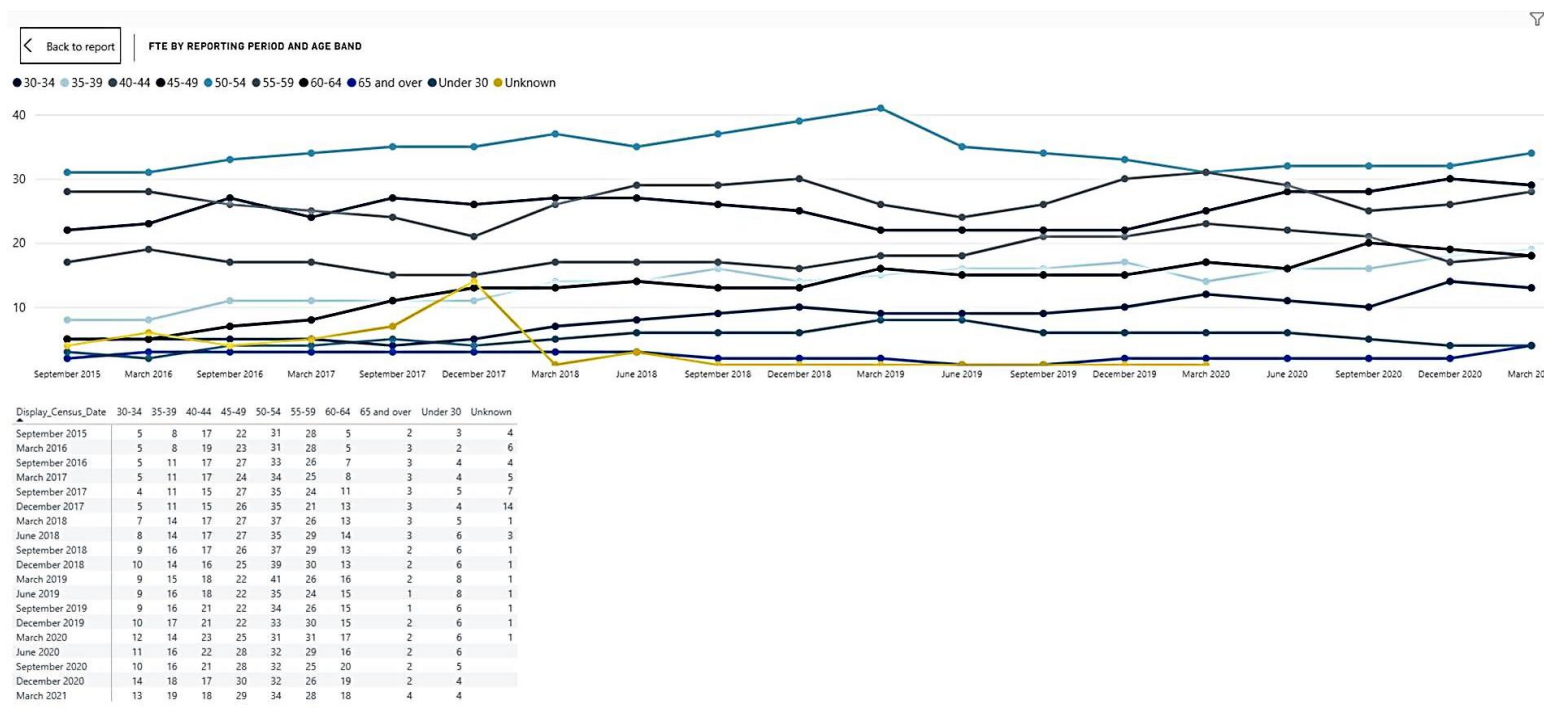
General Practice – Developing confidence, capability and capacity. A ten-point action plan for General Practice Nursing (NHSE 2017) described the nursing element of the GPFV and supports nurses and health care support workers to focus on the 3 gaps outlined in the FYFV. These being Health and Wellbeing, Care and Quality and Funding and Efficiency.

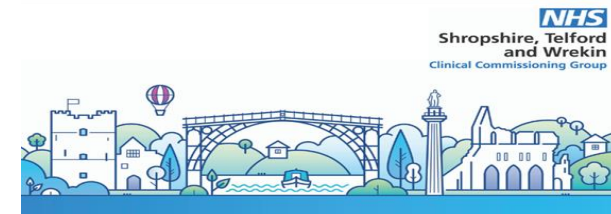




The 2015 Queen’s Nursing Institute Practice Nurse survey findings indicated that 33.4% of General Practice Nurses (GPNs) were due to retire by 2020 and 43.1% did not feel their nursing team had the appropriately qualified and trained staff to meet the needs of patients. In terms of support for education only 53% reported their employer supported their professional development and 27% of employers offered placements for pre-registration nursing students, compared to 61.5% offering placements to medical students. Only 35% felt that their salary reflected their role (which varied widely) within the practice as did employment terms and conditions.

Locally across the STW GPN workforce age demographics as of March 2021 (and relating to FTEs) are:





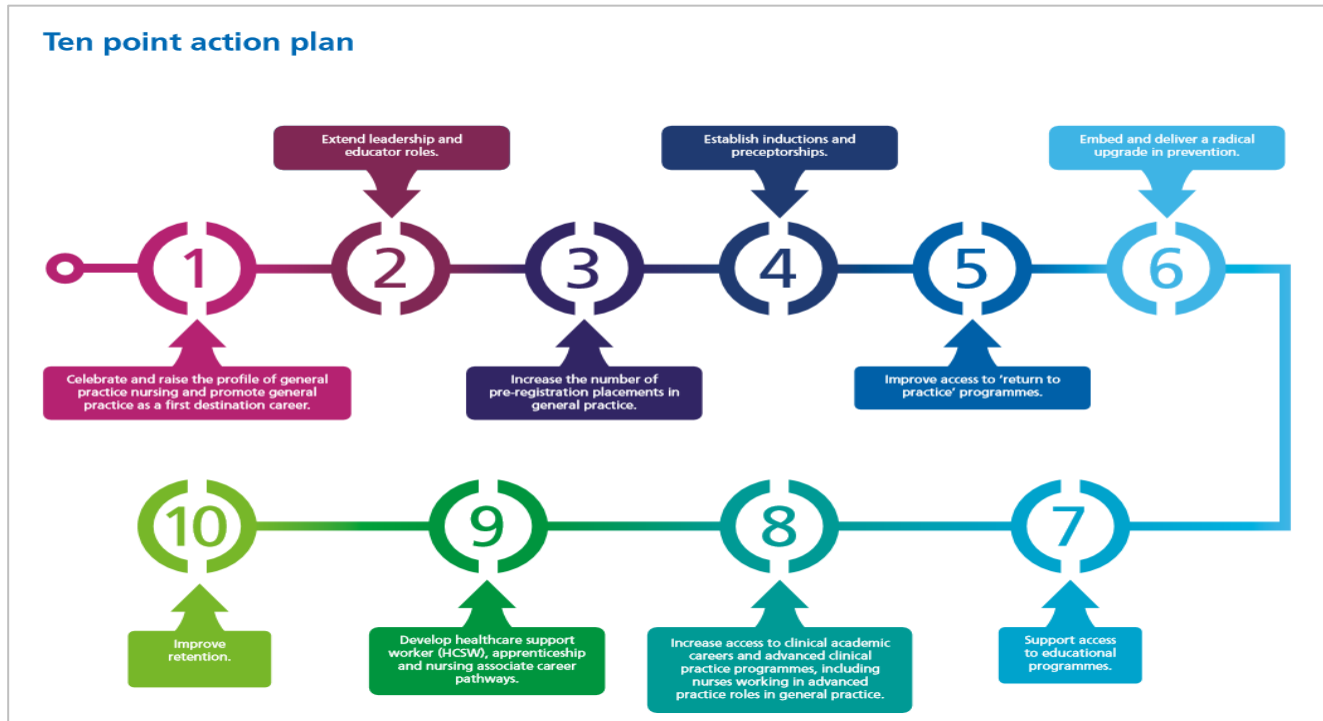
The NHS Long Term Plan and the GP Framework Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan, both published in 2019, strengthened the work to date of General Practice Nursing and supports future developments in line with this strategy.

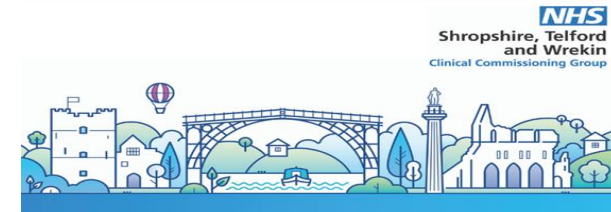


OUR VISION

This strategy is a response to the “General Practice-Developing confidence, capability and capacity: A ten point plan for General Practice Nursing” (NHSE 2017) and the success is dependent on working collaboratively with stakeholders and becomes part of the wider ICS strategy. It will give direction for General Practice Nurse development across Shropshire, Telford and Wrekin CCG to become confident and skilled Nurses, drawing on their already existing skills to achieve their potential whilst responding to the needs of the local workforce.

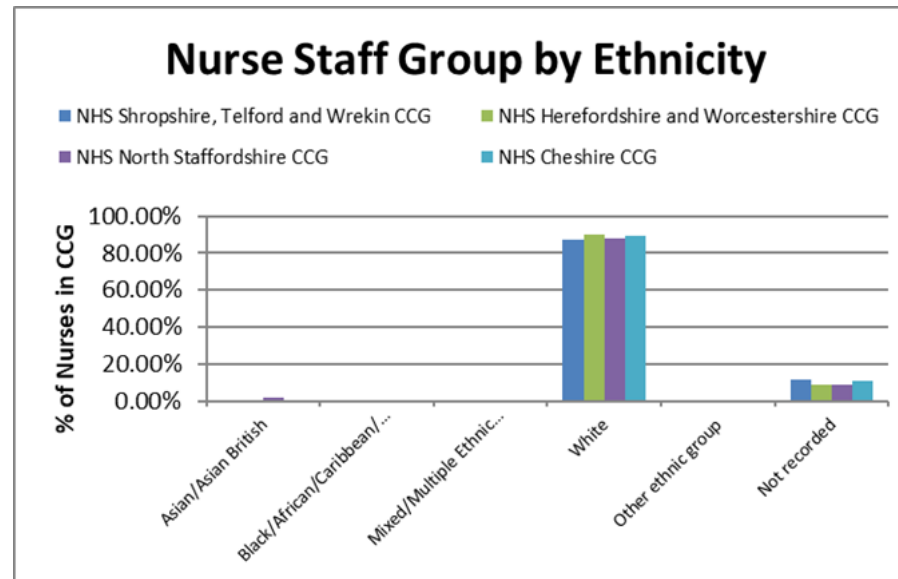
This strategy will support a consistent and visionary response to challenges faced by the General Practice Nursing workforce and support implementation of the national GPN 10 Point Plan





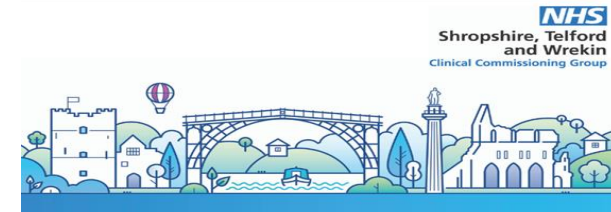
Equality, Diversity and Inclusion (EDI)

GPN Strategy acknowledges the continued need to support both the local statement of intent and pledges and national commitment to EDI within the nursing workforce which across Shropshire, Telford and Wrekin is made up as illustrated below for all Providers within the ICS area:



<https://stwics.org.uk/key-documents/248-racial-equality-pledges-for-stw-ics/file>

We will continue to work with local system partners, via the ICS Equality, Diversity and Inclusion Group, to explore ways of increasing the diversity of our GPN workforce. We see this as an important step to making our workforce more representative of the



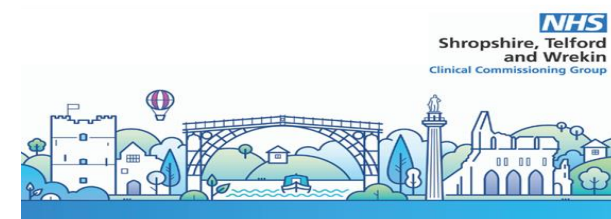
communities which we serve. One development which may assist in this, and which is being launched in October 2021, is the launch of the STW Primary Care Ethnically Diverse Network. This new group should provide all Primary Care staff, including GPNs, with an opportunity to consider and address some of the challenges to increasing the diversity of the workforce.

LINKS TO OTHER STRATEGIES

Although the overall focus of this document to define key deliverables to achieve the ambition to recruit, retain and reform General Practice Nursing across Shropshire, Telford and Wrekin it is acknowledged that this cannot be achieved alone and the strategy is linked to other local initiatives including:

Shropshire, Telford and Wrekin ICS People Plan – The GPN Strategy aligns with the ambitions of the ICS People plan including their focus on;

- Nursing Programmes
 - UCS offer Nurse Degree
 - Develop nursing offer with Wolverhampton University @ Priorslee
 - Increase numbers of Nurse Associates
 - Introduce Nursing Apprentices (Health and Care)
- ARR
 - Joint recruitment processes – ensuring system offer and EDI
 - Retention action plan
 - Development
 - Nursing development and leadership offer improvement.



ICS Nursing and Health care Support Worker Council

The purpose of the ICS Nursing & Health Care Support Workers Council (N&HCSWC) is to:

- Work in partnership to provide strategic leadership and accountability to develop and deliver in year priorities as set out in the approved ICS people plan - “focus on nursing ‘
- Proactively lead, influence, shape and advise on nursing, HCSW and other related aspects of the ICS clinical and workforce strategies and transformation agenda.

Allied Health Professional (AHP) Strategy

The purpose of the AHP Strategy is to:

- Provide a simple and clear framework for all AHPs to align and contribute to the work of STW ICS and its ambition.
- Maximise the impact AHPs have in delivering on the NHS Long Term Plan (LTP), People Plan (PP), the STW 6 ticket item transformation themes strategic workforce priorities, and implementation of new National AHP Strategy AHPs Listen.
- Provide a workforce that meets the needs of service users by ensuring there is a sustainable supply of AHP registered and unregistered workforce.



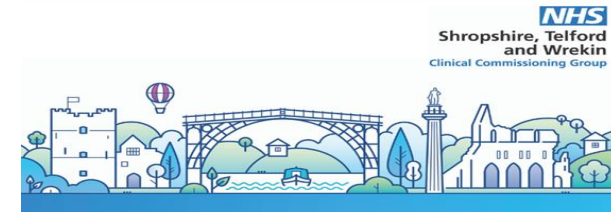
STRATEGIC AIMS

Domain 1: Recruitment

Workforce; Having the right staff in the right place at the right time

Practice Nursing is a core profession within Primary care and has evolved to provide diverse and highly skilled roles. As Primary Care continues to change in the services offered and a workforce which is multidisciplinary to meet these new requirements there is a need to continue to offer developmental opportunities across all grades of staff, ensuring we ‘grow our own’ workforce from pre-registration interest in nursing through to highly specialist roles.

To achieve these aims the ICS and CCG will;	Aligns to:
<ul style="list-style-type: none"> • Develop and implement a workforce plan which focuses on recruitment and retention. • Embed Preceptorship programmes across Practices and Primary Care Networks. • Continue to develop workforce review and training needs analysis to ensure effective management of nursing resources and the development and placement of existing and new roles. • Promote the GPN role via marketing and engagement with local school, colleges and universities. • Develop and promote student placements to practices including placements for those on Return to Practice programmes. Encouraging the role of Practice Nurse to routinely include Practice Supervisor and Assessor functions. • Develop and promote opportunities for nurses to advance in their role at all levels. 	<p>GPN 10 Point Action Plan – 1; 3; 4; 5; 7; 8; 9; 10</p>



- | | |
|--|--|
| <ul style="list-style-type: none">• Support the development of Health Care Support Workers, including the promotion of level 2 and level 3 Nursing Associate and Registered Nurse apprenticeships.• Identify how to support the EDI local and national drivers and intentions – see above | |
|--|--|

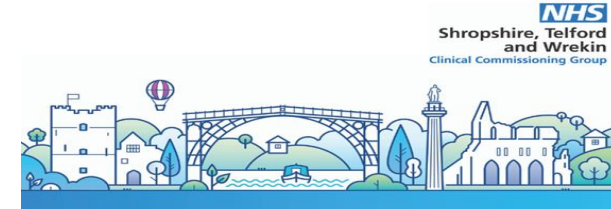
Domain 2: Retention

Education, Development and Support

As the pace of change in Primary care accelerates and the pressures on Practice Nurses increase there is a need to ensure a robust support system is in place to maintain a sense of belonging and ensure retention of staff. In these particularly difficult times during a pandemic alternative to face-to-face contact needs to be sought to ensure Practice nurses maintain their clinical and professional development and have opportunities to share their thoughts, ideas and concerns with others.

Leadership

With the changes to Practice nurse structures with increased opportunities to move to advanced roles nurses need to continue to develop their roles within the workforce to ensure they have the skills to become leaders within Primary care. With the advent of Primary care Networks (PCNs), nurses need to be equipped to seek out and move into leadership roles when opportunities arise.



Excellence in care

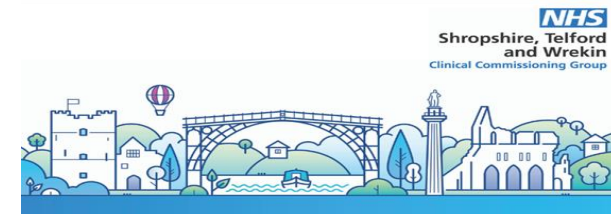
Facilitating provision of the best care possible is central to everything the ICS does. Continual improvement requires care to be underpinned by best practice evidence, research with measurable outcomes, ensuring right thing is done at the right time. This domain should be considered in conjunction with ICS and CCG patient and carer engagement programmes and local work around patient safety and improvement.

To achieve these aims the ICS and CCG will;	Aligns to:
<ul style="list-style-type: none"> • Develop and support local GPN education forums. • Develop mentors and increase student placement opportunities in primary care taking into account capacity. • Invest in the future workforce through engagement with apprenticeships at all levels from HCA to Registered Nurse. • Support access to HEE sponsored programmes in advanced clinical practice and specialist nursing. • Ensure that nurses at all levels receive a strong induction, with on-going preceptorship where possible and have the support and opportunity to develop their careers. This will be implemented via the Induction Framework and the Retention Programme • Develop new ways of working to help nurses to develop within the profession and retain nurses in general practice. • Maintain strong collaborative working with the Shropshire, Telford and Wrekin Training Hub to ensure wider provision of free and accessible training to nurses at all levels. • Support the implementation of clinical supervision within general practice by a variety of means. • For all GPNs to feel they have a collective voice and can contribute to the future of health care 	<p>GPN 10 Point Action Plan – 2; 4; 6; 7; 8; 9</p>



across Shropshire and Telford & Wrekin CCG.

- Create opportunities for GPNs to maintain clinical and professional development and share good practice or learning when incidents occur.
- Facilitate access to formal leadership programmes via the Training Hub.
- Promote and encourage applications to the Queens Nursing programmes to lead in projects locally in primary care.
- Supporting GPNs to identify and unlock their leadership potential.
- Support GPNs to work at different organisational levels.
- Listen to, value and learn from patient opinions and their experiences.
- Encourage nurses and HCAs to be actively involved in programmes that promote the patient and carer voice e.g. Friends and Family Test, Patient Participation Groups, “Friends of” groups.
- Continually listen and involve patients to help inform our own learning needs e.g. via patient testimonial for revalidation.
- Encourage engagement with local and national guidelines e.g. NICE as examples of best practice.
- Promote engagement with research and development in primary care to improve services and care.
- Ensure that all patients have their communication needs met appropriately.



Domain 3: Reform

Communication including use of digital technology

Due to the pandemic, we have seen significant changes in the way Primary care communicates both with patients and with staff with some opportunities to work at home. Although the changes were made due to necessity it is now opportune to reflect and consider how these alternative communications can be used in the future to improve patient experience and support staff work-life balance.



To achieve these aims the ICS and CCG will;	Aligns To:
<ul style="list-style-type: none"> • Encourage engagement with digital platforms to connect with peers. • Encourage nurses to engage with digital technology and to become Digital Champions enabling them to promote patient focused technologies to deliver nursing care that enhance quality care delivery. • Develop and maintain communication methods such as intranet web and global communication e mails. • Develop a CCG wide GPN Newsletter and promote the responsible use of social media to facilitate communication by peers. • Develop and facilitate working relationships for GPN's across Primary Care Networks and the CCG. • Support and promote Video Group Consultation and Triage Training. • Personalised Care. 	<p>GPN 10 Point Action Plan – All action points</p>



KEY DELIVERABLES

Domain	2021/2022				2022/2023				Ongoing
Recruitment	Continue to develop workforce review and training needs analysis.	Increase number of Newly-qualified nurses: Linking Year 3 students to practices looking to recruit and with Fundamentals Programme in Q3.	Implement a workforce plan which focuses on recruitment and retention.	Develop and promote student placements to practices including placements for those on Return to Practice programmes.	Embed Preceptorship programmes across Primary Care Networks.	Encourage Student Placements to be shared across PCN footprint.	Employ lead for TNA/NA and HCA development.		Promote the GPN role via marketing and engagement with local school, colleges and universities.
Retention	Supporting GPNs to identify and unlock their leadership potential.	Develop and promote opportunities for nurses to advance in their role at all levels.	Support the development of Health Care Support Workers.	Support/Promote increasing the number of Assessors and supervisors.	Support GPNs and HCAs across PCN footprints to work at different organisational levels.	Promote a range of support for GPNs such as Motivational interviewing, coaching and managing	Promote engagement with research and development in primary care to improve	Promoting and encouraging staff to attend MECC courses.	Explore the development of a GPN Nurse bank in conjunction with local GP locum bank.



						change.	services and care.		
Retention	Support the implementation of clinical supervision within general practice either face to face or electronic means.	Create opportunities for GPNs to maintain clinical and professional development and share good practice or learning when incidents occur.							Develop and support local GPN education forums.
Reform	Develop a CCG wide GPN Newsletter and promote the responsible use of social media to facilitate communication by peers.	Encourage nurses to engage with digital technology and to become Digital Champions.	Ensure prevention is embedded within GPN / HCA role. Link into personalised care programme.	Promote the use of Video Group Consultations in service delivery for the management of Long-Term Conditions.	Promotion of ANP role and work to dispel the myths associated to underutilisation of ANPs.	Triage training programme.			Develop and facilitate working relationships for GPN's across Primary Care Networks and the CCG.

GPN STRATEGY OPERATIONAL DELIVERY PLAN

A separate document has been created to allow the monitoring of the key deliverables identified in the GPN strategy.



GPN Strategy
Operational Delivery I

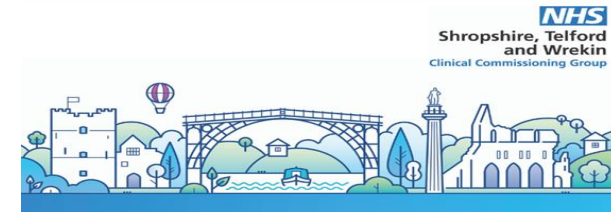
REFERENCES

GPN 10 Point Action Plan

<https://www.england.nhs.uk/publication/general-practice-developing-confidence-capability-and-capacity/>

NHS Long Term Plan

<https://www.longtermplan.nhs.uk/>



NMC Standards of Proficiency for Registered Nurses

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

HEE District Nursing and General Practice Nursing Services Education and Career Framework

https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

RCGP GPN Competency Framework

<https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2015/RCGP-General-Practice-Nurse-competencies-2015.ashx?la=en>

RCGP General Practice Advanced Nurse Practitioner Competencies

<https://sybwg.files.wordpress.com/2017/02/rcgp-np-competencies.pdf>

QNI Transition to General Practice Nursing Resource

<https://www.qni.org.uk/wp-content/uploads/2017/01/Transition-to-General-Practice-Nursing.pdf>

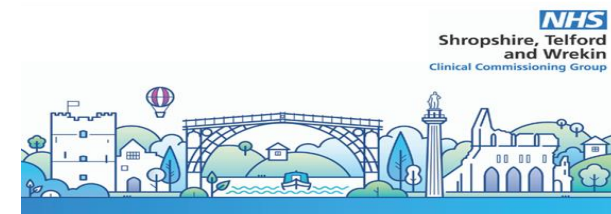
STW ICS Local People Plan 20-21



20-21 STW Local
People Plan.pptx

STW ICS commitment to Equality, Diversity and Inclusion Statement of Intent

<https://stwics.org.uk/key-documents/248-racial-equality-pledges-for-stw-ics/file>



Zena Young – Executive Director of Nursing & Quality, Shropshire, Telford and Wrekin CCG

Patricia Clifton – Shropshire, Telford and Wrekin Practice Nurse Facilitator

Sara Edwards – Shropshire, Telford and Wrekin Training Hub Programme Manager

Helen McAlinden – Shropshire, Telford and Wrekin Practice Nurse Facilitator

Jane Sullivan – Senior Quality Lead, Shropshire, Telford and Wrekin CCG

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda item no.	PCCC 23-10.63						
Meeting date:	6 th October 2023						
Paper title	GP Access Recovery Plan – Progress Update						
Paper presented by:	Emma Pyrah, Associate Director of Primary Care						
Paper approved by:	Gareth Robinson, Executive Director Delivery and Transformation						
Paper prepared by:	Emma Pyrah						
Signature:							
Committee/Advisory Group paper previously presented:							
Action Required (please select):							
A=Approval	R=Ratification	S=Assurance	x	D=Discussion	I=Information		
A							
Previous considerations:							

1. Executive summary and points for discussion

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

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

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

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

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

No

4. Appendices

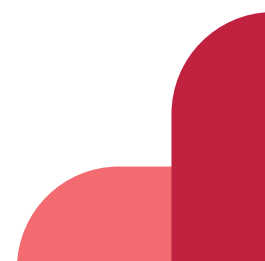
Appendix 1 – Monthly action tracker and risk register

5. What are the implications for:

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

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

Meeting:	
Meeting date:	
Agenda item no.	
Paper title	



GP Access Recovery Plan – Progress Update

1. Delivery Progress Update

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

1.2 Key progress to date include:

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

All 8 PCNs plans were signed off by Executive Team. Further work is ongoing with one PCN to get their plan from acceptable to good.

b) Requirement: All practices not on cloud based telephony or requiring buy out of evergreen contract sign up to the national digital support offer in July RAG

All 17 of our practices not on cloud based telephony have successfully signed up to receive the national funding support. They are currently going through the procurement process. Procurement must be carried out through the national new 'Better Purchasing Framework' (9 providers currently). 11 of the 17 practices are currently in discussions with procurement. The ICB primary care digital lead is in contact with the remaining 6 to support them to commence procurement. The non recurrent allocation must be spent in year and to note that ongoing costs remain a practice expense

c) Requirement: Practices are encouraged to sign up for the national GP Improvement support programme RAG

The Primary Care Team continue to promote these offerings through a number of established communication routes. STW sign up for the 4 national programme phases of improvement support delivery are:-

Phase A – 3 intensive (26 weeks), 1 intermediate (13 weeks)

Phase B – None

Phase C – 2 intermediate

Phase D – 2 intermediate

Key challenge to increasing uptake is capacity in General Practice to participate without funded backfill.

d) Requirement: Introduce self referral for 7 specified pathways by September 2023 in line with the NHS Long Term Plan RAG

The 2023/24 Operational Planning Guidance asked systems to ensure self-referral routes are in place for 7 named pathways by September 2023, the Delivery plan for recovering access to primary care reiterates this ask and estimates 50% more patients could be self-referring by March 2024.

Current indications are that there are only plans to deliver self referral pathways in MSK and Optometry. Optometry goes live in September 2023, as an early adopter we are the first ICB to get this far and is really good news as it will shorten patient waits by c3 weeks and it will take work off General Practice as currently all referrals

go through the GP. MSK will be progressed as part of the Phase 2 Transformation programme from January 2024. Gemma Smith, Director of Strategic Commissioning who is the lead for self referral pathways has been asked for a plan and timeline for all the remaining pathways. NHSE have asked for a second self referral pathway assessment to be completed and submitted by 3rd October 2023. Gemma Smith, Director of Strategic Commissioning is the lead Director for self referral pathways.

e) Requirement: Develop a plan to ensure the transfer of secondary care work done in primary care back to secondary care (Eg onward referrals, call backs, fit notes) RAG

GP Board have approved the proposal to establish a General Practice/Secondary Care Interface Oversight Group, chaired by ICB CMO and with membership from secondary care provider Medical Directors or Deputies, GP Board and LMC. A regular diary slot for these meetings is being explored so that this work can get underway. Likely date for first meeting of this group is November.

f) Requirement: Support PCNs to utilise their full Additional Roles entitlement in 2023/24 RAG

All 8 PCNs submitted their workforce plans by the end of August 2023. Indications are that, subject to successful recruitment, the PCNs aim to spend their full allocation by financial year end. As at July 2023, ARRS roles have expanded the STW GP MDT by 234 full time equivalents. The 2023/24 plans will increase this number to 260 by the end of March 2024.

g) Requirement: Agree and distribute the national transition and transformation funding) RAG

This NHSE funding is to support practices with additional capacity at time of go live to transition from one operating model to the Modern General Practice Access model. 15 practices have successfully bid to the ICB for this funding in the first wave. Second wave of funding application requests launched by the Primary Care Team in September to ensure that the full allocation is utilised in year.

h) Requirement: Develop system level access improvement plans which include summary of practice/PCN improvement plans, challenges, wider support needs and barriers and ICB actions RAG

NHSE published detailed guidance on the requirements for the system level plans. A first working draft was completed by the beginning of September and sent out to workstream leads to provide the local plans and data. The aim is to have the next iteration of the draft document complete by the end of September. Checkpoint meetings have been put in the diary with all PCNs in October for the Primary Care Team to get a detailed update on progress with plans/successes and challenges so that this information can be included in the system plan which will go to Board in November 2023.

i) Requirement: Ensure the ICB is maximising the opportunities to access Section 106 and CIL monies related to housing developments to improve primary care estates/infrastructure RAG

PCN Clinical and Estates Strategies drafts are being shared and discussed with PCNs during September. Aim is that a consolidation of these plans will form the ICB Estates Strategy which will come to ICB Strategy Committee in November/December. It is expected that the requirement for capital investment to meet need will be considerable and will require an internal prioritisation process which is

presented for approval to this PCCC meeting. There is currently no identified source of NHS capital available to the ICB to support such investment.

Additional non recurrent funding invested by the ICB to buy in subject matter expert capacity to ensure that all opportunities to secure s106/CIL monies for investment in health infrastructure from housing developers via local authority planning processes.

The reason for this requirement to be RAG is that Telford & Wrekin Council do not currently support s106/CIL as a route to funding. The ICB wrote to the Senior Manager in T&W Council Planning Team in August 2023 asking them to revisit their s106/CIL policy. We are pleased that this is a route of questioning of the Council from their Overview Scrutiny Committee. A response from the planning team in the council is awaited.

- j) **Requirement: Develop and implement a process for undertaking the diagnostic Support Level Framework with the aim being for all practices to have had a facilitated discussion using the SLF in the next 18 months (one off 3 hour online session) RAG**

The national guidance requires that the ICB either provides these sessions from its existing resources or commissions external additional resource. The aim is that these diagnostic sessions will help inform where practices would best target change. There is no spare capacity in the Primary Care Team nor is there any unallocated funds therefore a pragmatic approach has had to be taken.

The ICB already commissions the GP Support Team, this is a regional legacy commissioning arrangement. They are a semi-independent multi disciplinary team who are very experienced in working with practices diagnostically and support with quality improvement planning. As they are already commissioned and known to the practices, the GP Support Team are being used to deliver the SLF work. An original list of 20 targeted practices was provided by the Primary Care Team but uptake was low so the invitation has been widened to any practice. There is no mandate on practices to participate with the SLF.

As at 18th September, 11 practices have agreed to engage with SLF. Sessions are booked in with 5 of these starting week 11 September. In addition, 3 SLFs completed by the national team because those practices are participating in the national GP improvement support programmes.

- k) **Requirement: Co-ordinate system comms to support patient understanding of the new ways of working in general practice including digital access, multidisciplinary teams and wider care available. This messaging should include system specific services and DoS (Directory of local services). Needs to link to planned national comms campaign RAG**

Comms plan signed off at the beginning of September which mirrors national and regional plans and timescales.

- l) **Requirement: Encourage practices to sign up for the easy-to-use online patient registration service RAG**

As at 14th September we have the highest % enrolment of practices in the region, with 33.3% of practices signed up which already exceeds the calendar year end national target of 32%. National average is currently 22.3%

2. Financial Summary

At the last meeting Committee requested that a financial section be added to the GP Access Recovery report which is provided below.

1. PCN (unconditional support payment) Total: £1.378m (70% of the repurposed IIF monies, non recurrent paid over 12 equal instalments)

A breakdown of this payment by PCN is in the table below. The Primary Care Team are currently awaiting detailed breakdowns from PCNs/practices of their expenditure plans.

PCN	Total unconditional support payment £
Shrewsbury	336,431
SW Shropshire	110,066
SE Shropshire	171,000
North Shropshire	244,594
Teldoc	161,358
Newport and Central	151,550
Wrekin	91,050
SE Telford	112,132

2. PCN (conditional) Improvement Payment: Total: £590,000 (30% of the repurposed IIF monies, non recurrent)

- Paid at financial year end.
- This funding will be allocated based on commissioner assessment (via an ICB panel) of a PCN's improvement in the three required areas set out in the national guidance.
- PCNs must demonstrate achievement in all three areas to secure their full proportional allocation.

3. Transformation and Transition Funding: Total: £379,000 (indications are we will receive similar allocation next year)

- First phase of applications approved. These total £226,993 leaving £152,007 uncommitted.
- Second wave of applications invited September 2023.
- National expectation that this money will be spent in year.

4. Digital Telephony Funding: Total: £479,000 (non recurrent)

- 17 practices will receive this money to support transition from analogue to cloud based digital telephony or exit costs for evergreen contracts.
- The primary care IT lead is currently working with the practices to determine how much they each need, some will need more than others depending on their current situation.

5. Digital Tools Funding: Total: £488,000 (non recurrent) (indications are we will receive another allocation next year)

This allocation relates to the national requirement '*Select digital tools from the Digital Pathway Framework lot on DCS product catalogue (published in August), using user research and preview to be published by June. ICBs to work with PCNs and practices to*

decide which tools will best enable them to shift to the Modern General Practice Access model.'

The allocation is based on 0.93p per patient.

Frameworks are not yet live and current indications are that they will not be live until December/January.

These frameworks are expected to support with tools such as online assessments, messaging, websites, Digital Journey Planner and Community pharmacy integration Digital Services for Integrated Care consists of 4 frameworks:-

- Foundation Solutions and Additional Opportunities Framework (FSAO)
- Tech Innovation Framework (TIF)
- Primary Care Support Services (PCSS) Framework
- Digital Pathways Framework (DPF)

Our existing GPITF allocation (£886k) for core systems now falls into the frameworks FSAO, TIF and PCSS. Whereas the PCARP allocation is to be utilised within the PCSS and Digital Pathways Framework (DPF).

As a preliminary step to the national frameworks going live, the Primary Care Team are seeking the views of the PCNs and practices on what would be most beneficial to invest this funding in.

5) PCN Additional Roles Funding: Total: £12m (compared to £8m in 22/23) (indications are that what is spent by year end will recurrently go into the baseline for future years)

- PCN plans indicate this allocation will be fully utilised (subject to successful recruitment)



Primary Care Commissioning Committee

Agenda item no.	PCCC 23-10.63				
Meeting date:	6th October 2023				
Paper title	GP Access Performance Report				
Paper presented by:	Alec Gandy, Primary Care Partnership Manager				
Paper approved by:	Gareth Robinson, Executive Director Delivery and Transformation				
Paper prepared by:	Alec Gandy, Primary Care Partnerships Manager				
Signature:					
Committee/Advisory Group paper previously presented:					
Action Required (please select):					
A=Approval	R=Ratification	S=Assurance	x	D=Discussion	I=Information

1. Executive summary and points for discussion

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

We continue to see a steady increase in appointments being offered in Primary Care and above that of pre-covid. This can be seen from a constant increase in the monthly trend line since 2019 with us consistently achieving above the National average for patients seen on the same day and within 2 weeks.

Latest data continues to show that appointments are increasing which includes remote appointments and patients being seen by a clinician other than a GP

The trend line on referrals to CPCS continues an upward trajectory.

As a region we are in line with the National average on patients seen with 2 weeks at 85% (National – 83%) with 45% being seen on the same day.

The Primary Care Team are working with the Business Intelligence team to develop a new General Practice Access Improvement Dashboard in line with the national dashboard. Once developed this new dashboard will replace the performance report attached.

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

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

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the contents of this report.

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

No

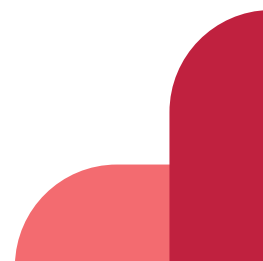
5. Appendices

6. What are the implications for:

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

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

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



GP Access Performance Report – 6 October 2023

1. GP Appointments

1.1 The most recent data for GP appointments is for July 2023¹ when there were 232,678 appointments recorded (figure1).

1.2 When comparing to a full year against pre covid and last year we found:

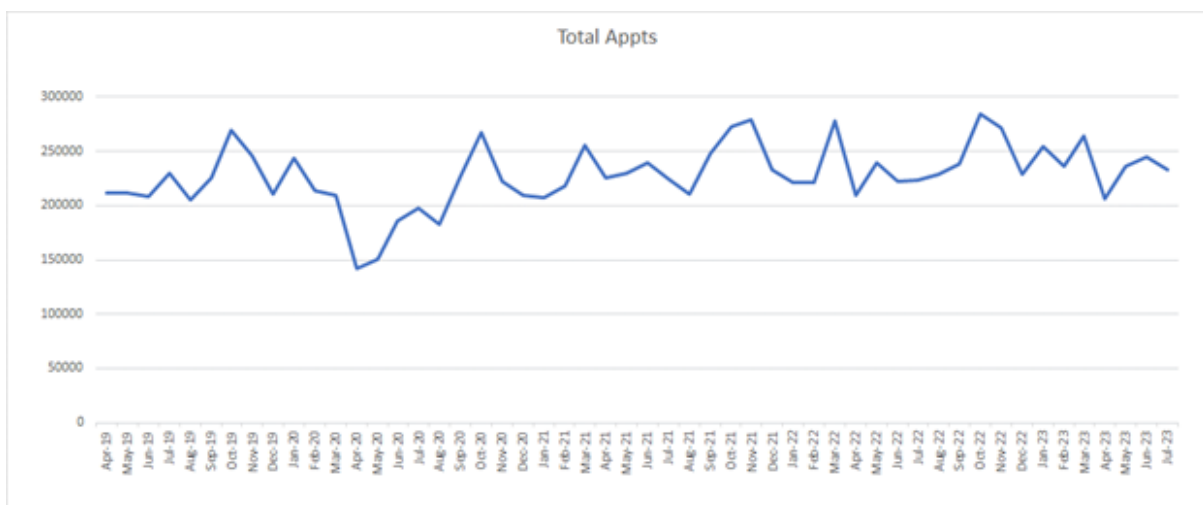
August 19 – July 20 (Pre Covid) vs August 22 – July 23:

- 426,266 additional appointments which is an increase of 17.05%

August 21 – July 22 (Last Year) vs August 22 – July 23:

- 69,399 additional appointments which is an increase of 2.43%
- 7.3 out of 10 patients seen face-to-face

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

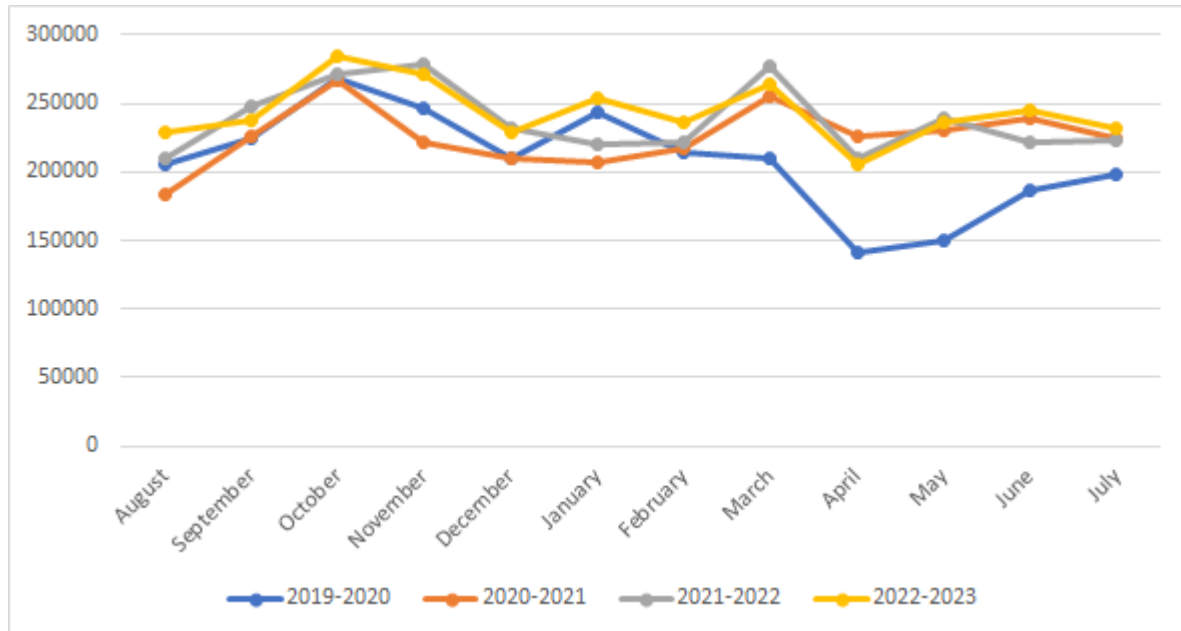


1.3 Comparison shows a steady increase on appointments offered since the turn of 2023 and higher than pre covid. (figure 2).

¹ [Appointments in General Practice report - NHS Digital](#)

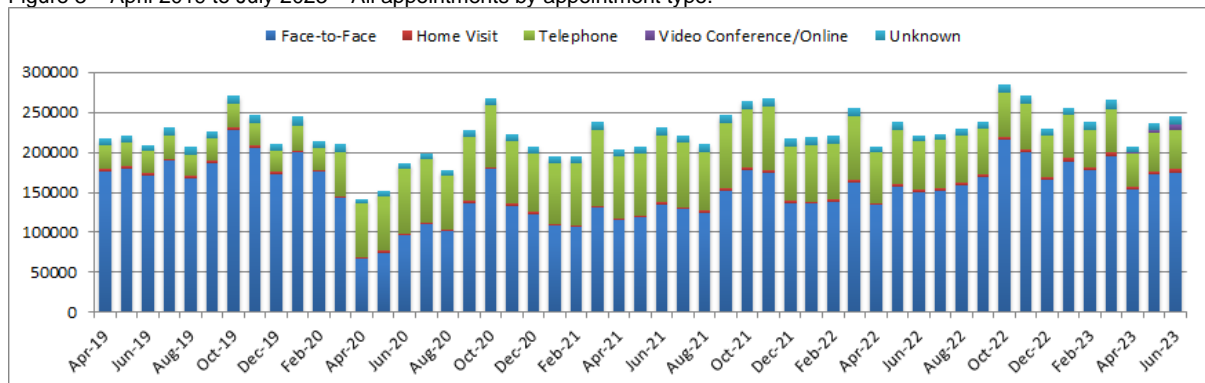


Figure 2



1.4 There has been a steady increase in face to face appointments now returning back to pre covid level as shown in the below chart (figure 3)

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



1.5 The number of appointments by GP and other healthcare professionals is greater now than it was for the same period, pre-pandemic however when expressed as a percentage they are similar apart from an increase in other practice staff. (figure 4).

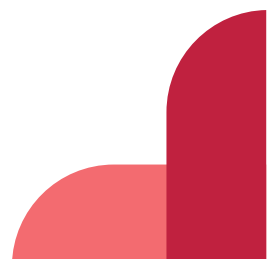
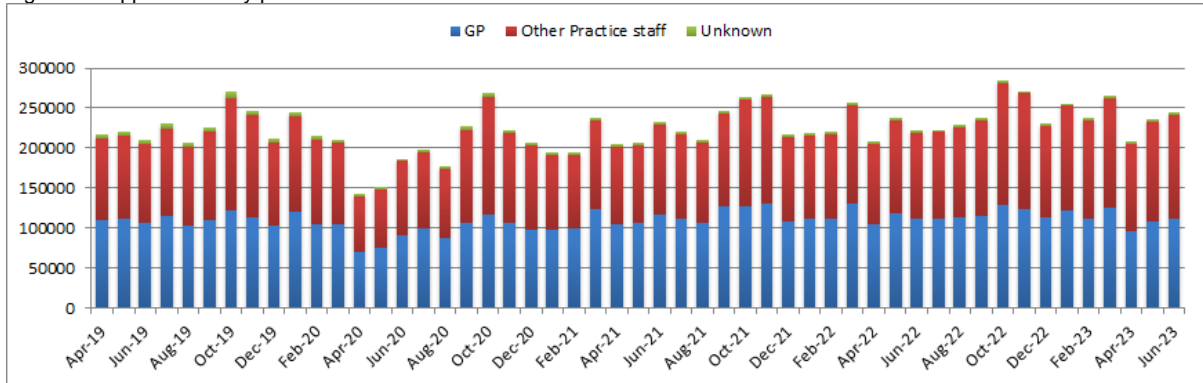


Figure 4 – appointment by professional

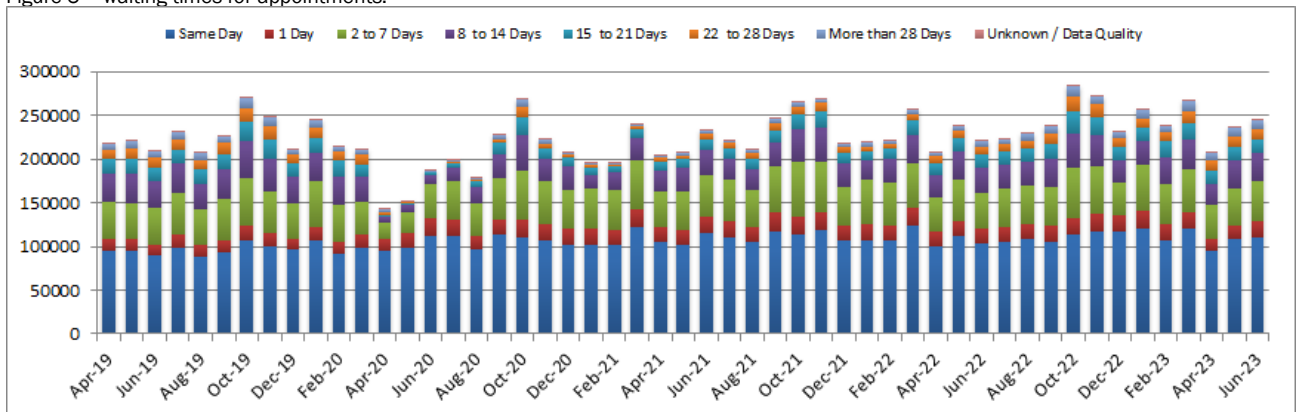


1.6 The graph below shows the waiting times for appointments. This indicates that:-

- 45% of patients are seen on the same day
- 85% of patients are seen within 2 weeks (figure 5).

1.7 The number of practices that have restored to pre-pandemic levels is 49/51. The team have worked with practices to ensure the appointment mapping and data quality are correct.

Figure 5 – waiting times for appointments.



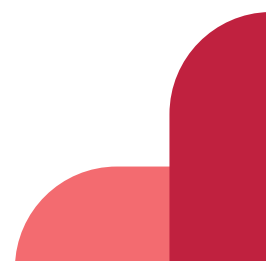
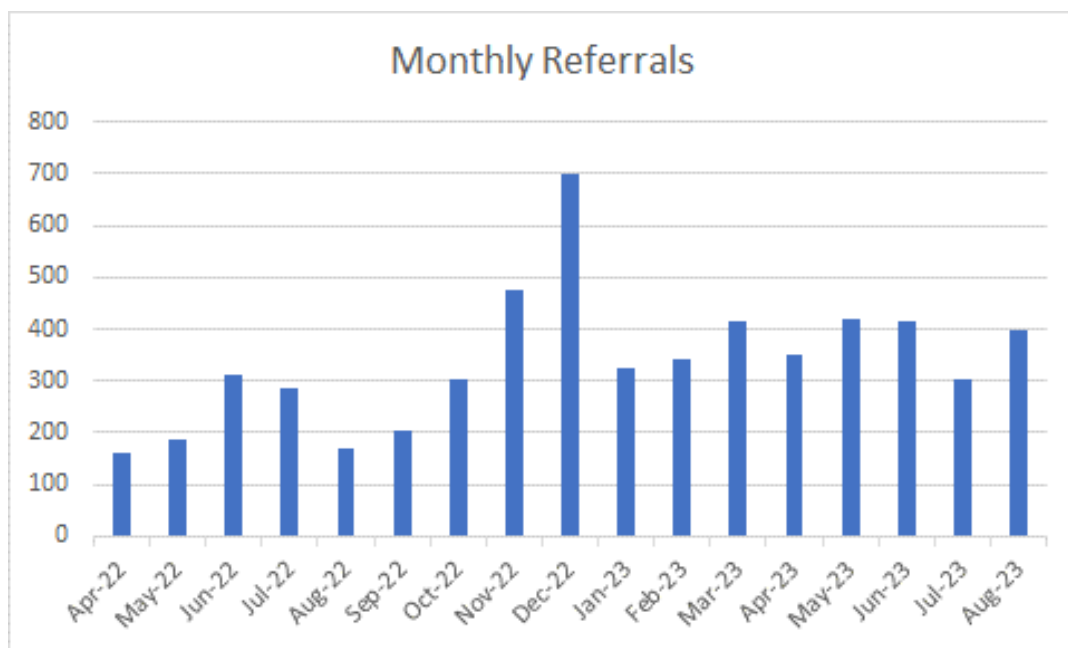
Other access modes

2. Community Pharmacy Consultation Service (CPCS)

2.1 General Practices and Community Pharmacies in STW continue to provide access to patients with a minor ailment. The table below shows the number of referrals into the service; Although August 2023 isn't the highest month for referrals it is above the average from the last 17 months shown below, the average is 339. The primary care team will be working with the newly appointed ICS Community Pharmacy Clinical Lead to improve our referral rates.

Referrals	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
STW	162	187	314	287	171	205	302	476	698	324	342	415	352	419	414	302	396

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

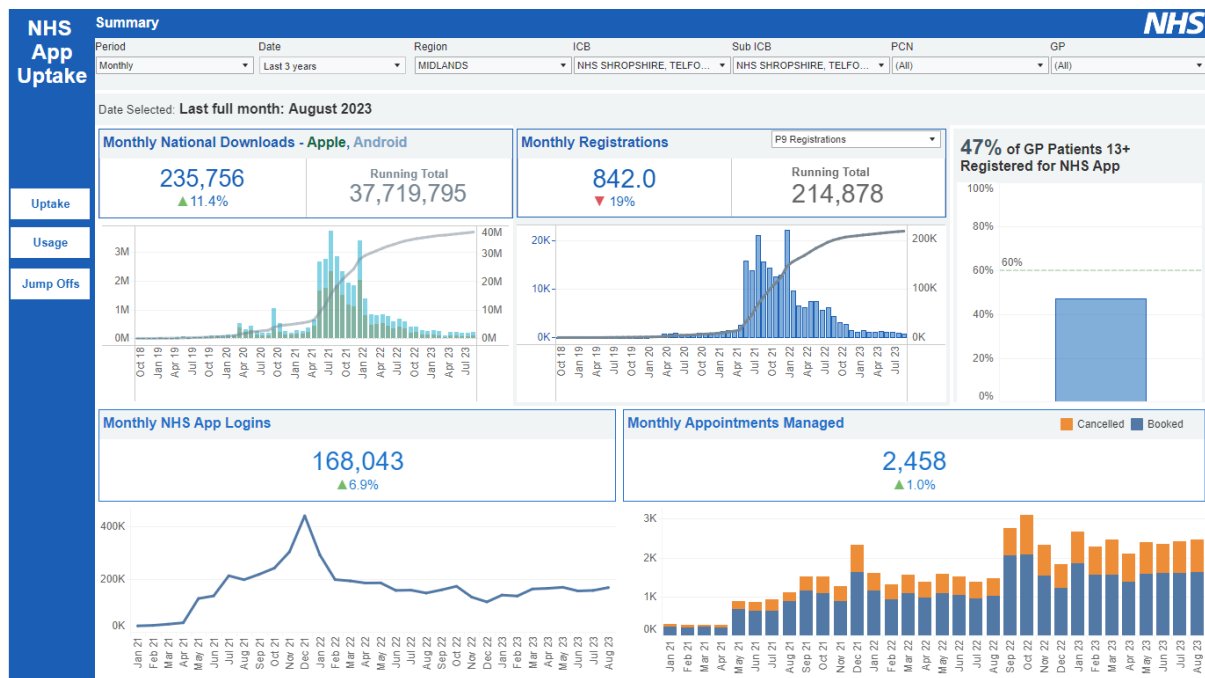


3. NHS App

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

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

3.2 The graphic below shows the NHS App uptake data. 47% of patients in STW (214,878) are registered users. In August 2023 STW had 2,458 appointments managed via the NHS App.




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

4. On-line consultations

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

Primary Care Commissioning Committee

Agenda item no.	PCCC 23-10.64								
Meeting date:	6 th October 2023								
Paper title	Risk Register Part 1								
Paper presented by:	Emma Pyrah, Associate Director of Primary Care								
Paper approved by:	Emma Pyrah, Associate Director of Primary Care								
Paper prepared by:	Emma Pyrah, Associate Director of Primary Care								
Signature:									
Committee/Advisory Group paper previously presented:									
Action Required (please select):									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>

1. Executive summary and points for discussion

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

Amendments to existing risks

STW-10 – **GP Access** – update to action section

STW-11 – **ARRS** – update to action section

STW-17 – **Highley Long Term Premises Solution** - closed

New risks

STW-20 – **Winter monies** – The General Practice bid for system winter monies 23/24 was unsuccessful this year. There was a very limited pot of money and a significant number of provider bids so difficult decisions had to be made by the decision panel. Last year General Practice received £220k which delivered over 20k of additional same day appointments. The risk created by the unsuccessful bid is that any additional capacity created by the GP Access Recovery Improvement work is cancelled out by the usual increase in demand in GP practice in the winter.

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

Improving safety and quality	<input type="checkbox"/>
Integrating services at place and neighbourhood level	<input type="checkbox"/>
Tackling the problems of ill health, health inequalities and access to health care	<input type="checkbox"/>
Delivering improvements in Mental Health and Learning Disability/Autism provision	<input type="checkbox"/>
Economic regeneration	<input type="checkbox"/>

Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the changes to the Part 1 Risk Register

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

No

5. Appendices

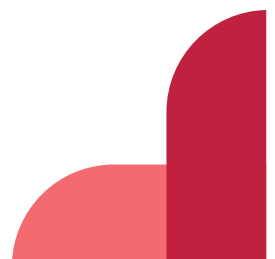
None

6. What are the implications for:

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

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

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



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Risk ID	Objective	Opened / added by	Risk and description	Opportunity	Existing key controls	Existing sources of assurance	Gaps in controls or assurances	Risk score (consequences x likelihood)	Action plan / cost / action lead / (target date) / sufficient mitigation	Target risk score for end of financial year	Executive Lead and Risk Owner	Amendments: name and date	Status
Active Risks													
STW-02		STW	Workforce There is a risk that the system fails to recruit and retain workforce clinical staff, reflecting the challenge nationally. This will impact on general practice workload, service delivery, quality of patient care and the delivery of transformational primary care in STW.	1. Primary Care development funding supports practices to recruit and retain both new and existing roles in primary care further supporting the system EDI priority area. 2. The Training Hub is providing a pivotal training and education service to primary care medical and other health professionals to support recruitment and retention as well as the health inequalities agenda. 3. ARRS funding is enabling additional roles to support PCNs in their service delivery and address population health needs.	1. Primary care workforce funded projects are in place. 2. Delivery board and operational groups in place to support delivery in line with system workforce priorities. 3. Workforce and Training Hub report to system People Board to give system oversight and to ensure that primary care is linked into ICS workforce initiatives and opportunities. 4. Teams of clinical/medical support/facilitator roles are in place.	1. PCN assurance meetings 2. PCN workforce plans aligned to priorities 3. Recruitment in line with ARRS financial envelope 4. Training Hub Board and group reporting to People Board. 5. Regional and national representation and STW KPI delivery.	1. PCN Workforce plans do not use full resource envelope. 2. The 'back office' workforce and training/education infrastructure are under- resourced to deliver fully against the NHS Long Term Workforce Plan and support the challenges in primary care. 3. Non-recurrent funding supports the fixed-term contracts for the clinical/medical support/facilitator team.	3x3=9 Moderate	1. Ensure close working with PCNs and practices to maximise workforce support and opportunities. 2. Integration of clinical staff/representation on the operational workforce groups 3. Attendance at regional and system workforce groups to share learning and ensure collaborative working. 4. Report to People Board and ensure system understanding of primary care workforce issues and capacity to support. 5. Implement workforce transformation strategies.	3x3=9 Moderate	Exec: G Robinson Owner: S Edwards	26/11/2020 C. Ralph Reviewed 1 04 21 T Jones Amended C Parker June 2021 Updates by Phil Morgan 24.01.22 GP and GPN Strategies approved and being implemented E Pyrah 22.9.22 Updates by S. Edwards 17.7.23	Open
STW-10		E Pyrah 7.7.22	GP Access - Patients experiencing delays in getting through to their practice on the telephone and getting a timely appointment risks increasing the demand on urgent and emergency care services and poorer patient outcomes, patient experience		Access rates are monitored by the Primary Care Team Practices with poor access rates are targeted/prioritised for quality visits GP Survey results 2023 GP Access Improvement Plan requirements changes to GP Contract and PCN DES - includes a particular focus on digital and telephony	PCN capacity and access and improvement plans ICB required to report to Board in early Autumn on the ICB GP Access Improvement Plan Primary Care Team will have 2 touchpoint meetings with individual PCNs to review progress against their improvement plan (Sept and Jan)	Practices are autonomous businesses with their individual service delivery models	3 x 3=9 Moderate risk	PCN improvement plans signed off by Exec Team in July 23. System Improvement Plan in development to come to Board in November 23 17 practices successfully signed up for the national programme to fund transition to cloud based telephony or exit evergreen contracts. Once complete all practices will be on digital telephony	2 x 3=6 LOW	Exec: G Robinson Lead: E Pyrah	25.9.23 E Pyrah	Open
STW-11		E Pyrah 7.10.22	PCN ARRS recruitment - PCNs do not recruit to their full Additional Roles allocation. Risk we do not maximise the increase in the workforce this can deliver and March 2024 the ARRS funding will be baselined on the basis of actual spend rather than funding allocation available, so will be lost to the system if not fully spent		Regular monitoring of PCN plans and spend Maximum flexibilities on the application of the roles criteria PCNs reminded to ensure they record all ARRS roles in the national workforce database to ensure it fully reflects the local picture	PCN Development Meeting		3 x 2 LOW	PCNs have submitted their recruitment plans to the ICB. Indications are they will spend their full allocation subject to successful recruitment	2 x 2 = 4 LOW	Exec: G Robinson Lead: E Pyrah	25.9.23 E Pyrah	Open
STW-12		E Pyrah 17.11.22	Covid Backlog - Changes in working practice in other parts of the system and the impact of the elective backlog adding estimated 25-30% additional demand in primary care - risk demand outstrips supply adversely impacting on GP Access		Maximise recruitment/retention initiatives to ensure optimise workforce available Develop a better primary/secondary care interface so that they can better understand each others pinch points Communicate better what is core GMS work and what is not			4 x 4 = 16 (HIGH)	Telephone Access Improvement Plan GP Access Improvement Plan Elective Recovery Plan	3 x 4 = 12 HIGH	Exec: G Robinson Lead: E Pyrah	E Pyrah 17.1.23 update to action section	Open
STW-13		E Pyrah 17.11.22	Shrewsbury Hub - No alternative site is identified in the rerun of the site options appraisal - risks GP practice viability as no other viable solution to providing the 6 GP practices with sustainable fit for purpose premises		Long list of sites sourced from a variety of avenues to ensure every option is on the table for consideration Work with the Council to ensure all Council owned suitable sites are on the list			5 x 3 = 15 (HIGH)		5 x 2 = 10 (MODERATE)	Exec: G Robinson Lead: E Pyrah		Open
STW-15		E Pyrah 19.1.23	Charlton Medical Practice - an 'orphan' practice as not a member of a PCN - risk is there patients do not have access to the PCN DES services if another PCN/practice will not agree to provide		Dialogue with surrounding PCNs taken plan without success Contract in place with Hollinswood to provide all but Enhanced Access		Extended Access not covered by another practice No PCN has agreed to take the practice in as a member The other practice indicating they do not wish to continue with the sub contract arrangement indefinitely	5x4 = 20 HIGH	Continue dialogue with surrounding PCNs to take the practice Seek alternative solution for Enhanced Access (but no additional source of funding) Last resort - ICB can allocate the practice to a PCN	5x4 = 20 HIGH	G Robinson Lead: E Pyrah		Open

STW-18		E Pyrah 14.7.23	Capital and Supporting Revenue funding - lack of identified primary care capital and supporting revenue funding stream risks signing off an unaffordable primary care financial plan for 23/24		Regular meetings with finance Forecast planning wherever possible Use of unplanned non-recurrent allocations when they arise if necessary Reports to PCCC		No PCN/Primary Care Estates Strategy to inform priorities and forward planning	3 x 4 = 12 (HIGH)	Individual PCN Estates Strategies in development. These will be complete by early Autumn and will be consolidated to produce an ICB Primary Care Estates strategy, which will then need to be incorporated into an ICS Estates Strategy	3 x 3=9	G Robinson Lead: E Pyrah		Open
STW-19		B Williams 19.7.23	GP/screening services for Asylum Seekers - Increasing numbers of Asylum seekers being placed in hotels in Shropshire, Telford and Wrekin will impact primary medical care providers including TB service at SaTH. Risk of pressure on one T&W GP practice and transmission of TB and other communicable diseases		1. Local authority challenging the home office on the size of the numbers. 2. Process in place with T&W GP practice and Serco to assist the residents accessing healthcare. 3. Process in place with Shrewsbury PCN for residents accessing healthcare.	Scheduled fortnightly multi agency meetings (LA, POLICE, FIRE, Health)	Currently no TB screening service in place. If numbers increase significantly other practices will have to be found to sign up to the LES.	3 x 4 = 12 (HIGH)	Further increase in the number of asylum seekers placed in STW in Sept 23	3 x 4 = 12 HIGH	Exec: G Robinson Lead: B Williams		Open
STW-20		E Pyrah	System Winter Monies - General Practice bid for additional same day appointment capacity for system winter monies was unsuccessful. Risks any improvements in access capacity created by the GP Access Improvement Plan are cancelled out by increase in demand in winter				T&W practices have had access to Winter Capacity LCS funding since 2019	4 x 4 = 16 (HIGH)		4 x 4 = HIGH	Exec: G Robinson Lead: E Pyrah		Open
Closed Risks													
STW -17		E Pyrah 18.3.23	Highly Medical Practice - Long term premises solution - risk that insufficient capital can be secured to reconfigure the interior of the Severn Centre to accommodate the GP practice meaning that the practice has to continue indefinitely from a portacabin whilst an alternative permanent premises solution can be found		Multi-stakeholder project group Multi stakeholder support for the long term plan Regular updates to PCCC				Multiple funding streams are being applied for to maximise potential to secure sufficient funding. 2 out of 3 funding streams confirmed - awaiting confirmation from Council of CIL funding approval	3x3=9 Moderate	G Robinson Lead: E Pyrah	E Pyrah 14.7.23 update to action section	Closed
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 from Covid opportunities Agreed CLOSE at PCCC June 2021	Closed
STW 06 Previously S-04		PCCC 12/20	Primary Care Services in Whitchurch are under increased pressures due to difficulty in recruiting staff and managing services across several unsuitable small sites. There is a risk that Churchmere Medical Group hand back their contract if the situation continues. The planned closure of Dodington Surgery at end March 2021 adds to this pressure.	To secure the future of Primary Care services in Whitchurch by building a purpose built health care facility - The Pauls Moss Development proposal..	1. GMS Contract in place. 2. Pauls Moss programme proposals in place, although currently awaiting judicial review decision. 3. CCG agreed a transformational funding package to support Churchmere Medical Group to merge with Dodington Surgery and to manage services across 3 sites.	1. Regular contact with Churchmere senior partners. 2. NHSE support with merger and ETTF monies for expansion space costs. 3. Flexible use of new ARRS roles to increase clinical capacity, 4. Judicial review against Pauls Moss development was not upheld there fore the build will now go ahead		2x1=2 Very low	1. Ensure regular contact with CMG to identify issues early. 2. Ensure close liaison with Pauls Moss Development partners to be alerted to judicial review decision and any further appeals. 3. Explore CCG options should a new contract holder be needed	2x1=2 Moderate	Exec: C. Parker Owner: C Parker	Reviewed 1 4 21 Tjones Amended C Parker June 21 Recommend for closure as further risks incorporated into financial risks	Closed

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

STW-14		E Pyrah 17.11.22	Shrewsbury Hub - Delays to the project timeline risk may become unacceptable to NHSE risking withdrawal of their support for us to continue as a pilot site		Regular dialogue with Council colleagues Regular dialogue with NHSE Project Board monthly Pro-active problem solving to minimise level of delays Buy in additional capacity as required		Some of the delays are outwith the control of the project	5 x 3 = 15 (HIGH)		5 x 3 = 15 (HIGH)	Exec:G Robinson Lead: E Pyrah		Closed
STW-16+A12:112		B Williams 9.1.23	GP Occupational Health Service - SHT given notice to end contract from 1st April 2023 - a new service provider is being negotiated to start 1st May 2023 this will leave a month where there is no contracted provider.		Regional contract framework for providers already in place			4x4=16 High	NHS England leading on securing a new provider - ICB PC contracting lead involved with negotiating an interim service.	3 x 4 = 12 HIGH	G Robinson Lead. B Williams		Closed

Audit Committee Meeting - Appendix B

RISK MANAGEMENT MATRIX

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

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

Domains	Consequence score (severity levels) and examples of descriptions				
	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/slippage. 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.
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Primary Care Commissioning Committee – Friday 6th October 2023

Agenda item no.	PCCC 23-10.65						
Meeting date:	Friday 6 th October 2023						
Paper title	Primary Care Update Report						
Paper presented by:	Emma Pyrah						
Paper approved by:	Gareth Robinson						
Paper prepared by:	Janet Gittins, Alec Gandy, Bernadette Williams, Darren Francis, Rachel Rogers and Antony Armstrong						
Signature:	EPyrah						
Committee/Advisory Group paper previously presented:	N/A						
Action Required (please select):							
A=Approval	R=Ratification	S=Assurance	D=Discussion	I=Information			
Previous considerations:	N/A – this is a monthly update report from the Primary Care team						

1. Executive summary and points for discussion

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

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

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

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

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

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

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

5. Appendices

N/A

6. What are the implications for:

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

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

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

Partnership Managers Update – Janet Gittins & Alec Gandy

Diabetes Transformation Programme and Foot Pathways

Work continues on Diabetes, with planned pathway development for Type 1, Type 2 and Feet.

Fiona Smith, Transformation and Commissioning Partner for Community, and ICB lead for Diabetes has requested support from Chief Medical Officer Nick White to bring colleagues in Primary Care, Secondary Care, Contracts and Finance together and for dedicated Project Support resource.

A discussion between ICB Directors, Clinical & GP Leads for Diabetes around the future for Diabetes Transformation, including how low-risk foot screening and CGM are delivered, is scheduled week commencing 25th September.

Diabetes at STW is on NHSE's current risk register.

The annual Shropshire Diabetes Foot Conference took place on 14th September and was well attended (150 attendees) from General Practice, Community and Secondary Care.

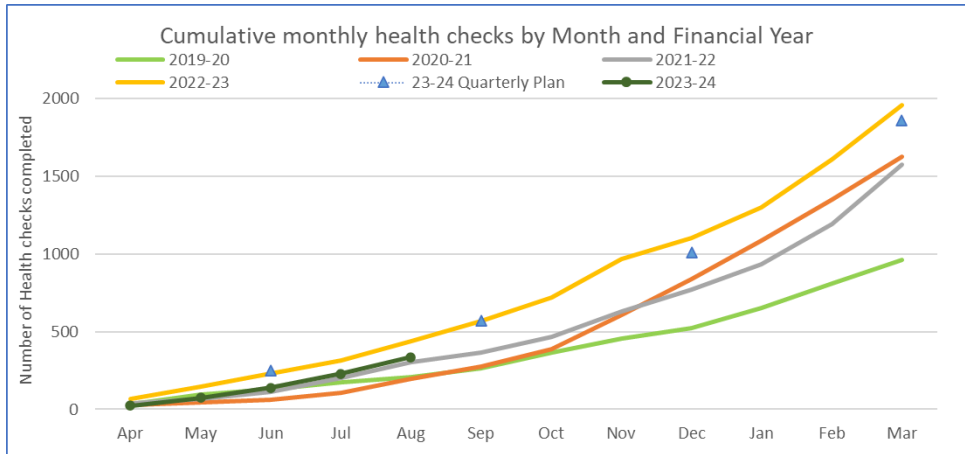
Currently 11/38 Shropshire and 1/13 T&W practices have not managed to achieve 50% of QoF indicator DM012 in the proceeding 12 months. There is a meeting between the directors and GP Clinical Leads for Diabetes to discuss how this can be resolved.

Current achievement regarding Continuous Glucose Monitoring is sitting at 63% for prescribable is CGM/rtCGM, and at 18% for high cost rtCGM. A NICE TA is due to be released soon regarding Hybrid Closed Loop Insulin Pumps, which will mean that approximately 60-85% of our Type 1 population will be eligible for these pumps.

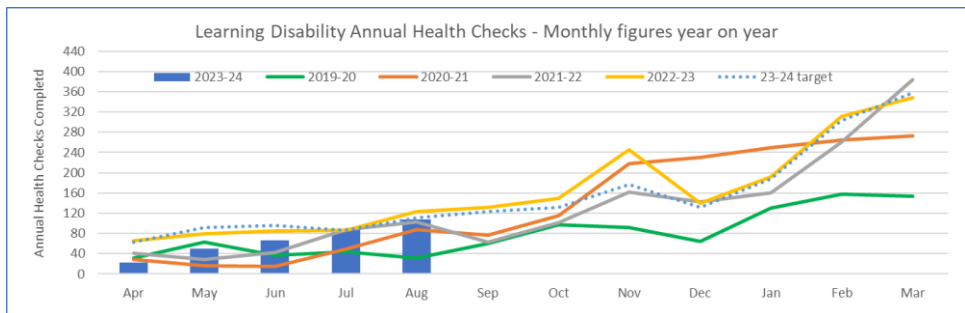
Learning Disability Annual Health Checks (LDAHCs)

As in previous years, practices are showing low levels of LDAHCs completed in Q1 and for Q2 so far. This is to be expected considering the efforts put in by practices to complete LDAHCs in Q3 & Q4 each year which means that appropriate recall will again be towards the later part of the year. This does mean that STW are currently below trajectory and are at 13.0% against the 75% annual target.

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



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



The 2023-24 LDAHC Improvement Plan contains key actions to support the continued improvement to local activity data and the quality of LDAHCs delivered throughout 2023-24.

Primary Care Network – Cancer Work

Cancer leads from the eight PCNs continue to meet bi-monthly in a peer support capacity to share good practice, news and discuss issues. Work in PCNs is ongoing to deliver the requirements of the DES, with work focused on inequalities and screening uptake and improving performance and processes. At the recent meeting, PCN representatives discussed audits carried out on late cancer diagnosis sharing learning and ideas to make improvements.

Weight Management Enhanced Service

- National Diabetes Prevention Programme (NDPP)

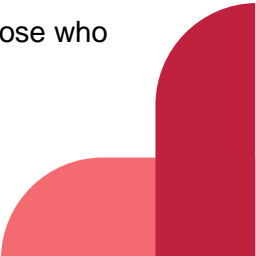
At the time of writing, national data is available for Q1, which shows we are close to our referral profile at 92%, however, only reaching 66% of our profile for converting those referrals into an MS1 achievement (attending first session).

Contact has been made with LWTC, the provider of this programme, for suggestions on how we can improve this, using their other ICB areas for examples.

- Digital Weight Management Programme (DWMP)

At the time of writing, data is available up to 31st July 2023. STW are the fourth best performing ICB nationally, achieving 37% of our target so far and exceeding the minimum quality target of 85% by 3%.

83% of Practices have made referrals into the programme, with plans to contact those who have yet to do so.



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

The Healthy Lifestyles (HLS) Team at Telford & Wrekin Council have received 344 referrals between April – August 2023. We do not have access to data from comparable services in other systems and there is no set target for referrals to this service, however, when comparing the same period in 2022, there has been an increase of 95 referrals.

The referral data above indicates a positive H1 for 2023-24.

Severe Mental Illness (SMI) Health Checks

The current position for SMI shows that, as of end August 2023, practices are at 50% against the 65% target to ensure that people on the SMI register receive the six key checks as part of an annual review.

Bi-weekly meetings with MPFT continue to explore ways to improve this rate, and to ensure that the six core fields of the Health Check are completed and recorded on EMIS by the MH Practitioners who support Primary Care with this work. A backlog of secondary care SMI checks has been identified and reported to general practice for them to update patient records.

General Practice Quality Visits 2023-24

STW ICB aims to visit 12 practices in 2023-24. Practices have been chosen by reviewing current data alongside informal intelligence. This includes complaints and comments from NHSE, STW ICB and CQC, patient experience through the patient survey and FFT (Friends and Family Test), GP Appointment Data and attendance at ED.

To date, two practice visits have taken place with six more scheduled for October. The aim of the visits is to provide support and assistance to practices while gaining assurance in quality and care improvement which can be used as evidence by the practice to support any CQC review or inspection.

Locally Commissioned Services (LCS) Review

LCS review work continues to be on hold.

CVD/ Hypertension Delivery

No update this month.

Veteran Friendly Practices

No update this month.

Remote Monitoring Project

No update this month.

Accelerating Citizen Access to GP Data

Work continues liaising with practices on the required configuration settings needed to fulfil this contractual requirement by 31 October 2023. In the first week of September, four practices still have actions to complete and have been contacted individually with instruction to rectify these.

Estates Update – Darren Francis

RAAC Investigations

- Surveys being undertaken across all GP premises to establish level of risk due to RAAC (Reinforced Aerated Autoclaved Concrete). The vast majority of our estate is built either before or after the period when RAAC was being widely used so level of risk is low. At the time of writing this report we have received 20x responses from practices – which includes 7x of the 28x buildings constructed during the period in question. Of the 21x remaining, only 2x are thought to be at risk (Stirchley and Wellington). The Primary Care Estates lead has written to the outstanding practices again to remind them of the urgent need for them to complete the surveys.

Whitchurch – ETTF New Build

- On site works underway and construction continues. Project still on target for completion by September 2024

Shifnal – ETTF New Build

- On site works underway and construction continues. Project was ahead of target but impact of current cost of living crisis and increase in cost of materials has now delayed project slightly. Completion is still on target for January 2024 (latest)

Capital Funding for Estates Projects

- All 2022/2023 BAU claims now completed
- All but two of the bids for the 2023/24 round of BAU funding have now been sent to NHSE for final approval. One of the other bids is awaiting practice signatures. The other bid is pending ongoing project discussions but likely to get final signatures in October/November. Once signatures have been gathered the other two bids will be sent to NHSE for final approval
- Section 106 applications work progressing with Councils to generate pipeline of capital funding for practices in absence of any national schemes being available
 - Current amount secured for future developments from Shropshire Council so far is more than £2.5m
 - Telford Council currently do not accept s106 applications and nor does it have a CIL set up (Community Infrastructure Levy) - there is a wider system-wide initiative being developed to seek support from Telford Council to change their approach to s106/CIL funding in future - PC team has submitted a s106 application for a Telford development and a plot of land has been secured on a separate development in Priorslee for building a new surgery (if needed)
 - Future applications planned for Bridgnorth (Tasley Garden Village), Priorslee, The Hem, Iron Masters Way, Allscott, Preston on Weald Moors, Lawley and Lightmoor
 - Use of any s106/CIL funds will be prioritised dependent on the outcome of the PC Estates Strategy revision

Estates Strategy Revision

- Primary Care Commissioning (PCC) completing the work on the PCN clinical strategies before moving on to the estates strategies – per national funded programme

- Housing data now received from Telford & Wrekin Council and all estates strategies now due for completion of final drafts by end September 2023 for discussion with PCNs
- Once PCN work completed, the output will be combined into a single Primary Care Estates Strategy – 1st draft expected in October 2023

Contracting update – Bernadette Williams

STW Contract changes

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

Practice name	Details
Albrighton Medical Practice	24hour retirement of a partner (JB)
Alveley Medical Practice	24hour retirement of a partner (JR)
Churchmere Medical Group	Addition of a partner (KV)
Claremont Bank	Resignation of a partner (MP)
Linden Hall Surgery	Addition of a partner (TK)
Riverside Medical Practice	Resignation of a partner (RS)
Pontesbury and Worthen	24hour retirement of partner (JP and KM)
Wellington Medical Practice	Resignation of a partner (TO)

National Contract Variation

NHSE issued a national contract variation in August 2023 to reflect the changes for;

- New telephone contract or arrangement
- Contact with the practice
- Patient online services: provision of online access to coded information in medical record and prospective medical records

Highley Medical Practice

Bridgnorth medical practice are now delivering services to the patients of Highley from the portacabin. The practice manager has advised; *“You can’t believe how good it feels to have patients thank you for an improved service – we’re already getting thank you cards!”*

GP Occupational Health

NHSE are presenting an item on the PCCC agenda today.

IT Update – Antony Armstrong

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

Network rationalisation Project

Redcentric who provide our practice HSCN broadband connectivity and Wi-Fi have been commissioned to implement a ‘multi-service’ broadband connection across our estate. The

work will allow us to decommission excessive circuits and move Wi-Fi traffic to the resilient backup link. This will allow the IT team to remove excess network equipment from within the comms cabinets. 27 of the 70 sites have migrated currently to this technology. Work continues to be scheduled by the project lead during practice lunch periods/practice closures to avoid disruption.

Notes Digitisation

Two practices (Ditton Priors and Portcullis) have now fully completed the process of notes being collected and moved to the provider depot to be sorted and scanned. Quality assurance carried out and signed off by practices based on a cohort of scanned records. The digital notes were then transferred to EMIS to complete the upload back into the EMIS clinical system. Six further sites are progressing through the above process at various stages of having notes scanned into a digital format or further along with the Quality assurance checks being carried out.

The programme has received confirmation from the Department of Health and Social Care that Lloyd George envelopes that have been scanned and electronically stored in line with national standards can now be securely destroyed.

Online Consultation update

42 practices have implemented AccuRX Patient Triage for their chosen Online Consultation product a small number of the remaining practices are utilising EMIS Online Consult or eConsult as their product.

Over 23,000 Online consultations have been submitted this financial year through the AccuRX platform with 80% actioned within 48 hours.

Winter Monies

Phases 3 and 4 are well underway with the implementation of new computers, LCD screens and scanners. Within phase 3 there are 16 sites and to date 6 have been completed. Phase 3 is being handled via the project team and resource specifically for this deployment. Phase 4 there are 19 sites in total and 15 have now been completed by the BAU IT engineering team. On completion of phases 3 and 4 the MLCSU IT team are working through their asset management tool to identify out of warranty/support Brother consulting room printers, and these will be replaced ad-hoc by our BAU IT engineers in the coming months.

PCARP Cloud-based Telephony

NHSE have provided ICB's an allocation to support their practices that are still on analogue phone systems or are in 'ever green' contracts. Financial support is being provided to assist practices in upgraded to a cloud-based telephony system via the new 'Better Purchasing Framework'. Support is being provided with exit costs of existing suppliers as well as support with implementation and training costs of a new system via the new framework.

17 practices qualify for funding support in Shropshire, Telford & Wrekin and the ICB Primary Care IT Manager is supporting those practices/PCN's through procurement that is being provided by the national procurement hub. The new cloud-based system must be procured before the end of the financial year 23/24. All other practices that have cloud-based systems already in place must renew via the Better Purchasing Framework when their contract expires. Providers who are on this framework have been through vigorous processes with NHSE and are providing the required assurances.

GPIT Capital Schemes 23/24

Comms cabinet refresh

The ICB have been successful in securing capital funds to focus on the next identified priority comms cabinet replacements. Work has been ongoing with the CSU networking team and our 3rd party network cabling contractor to cost up replacement/relocations of these existing cabinets. The sites scheduled to be upgraded in 23/24 are shown below with the project due to kick-off in the next couple of weeks:

- Muxton Medical Practice
- Stirchley Health Centre
- Wellington Medical Practice
- Leegomery Medical Practice
- Hollinswood Medical Practice
- Madeley Medical Practice
- Holliwell Medical Practice
- Priorslee Medical Practice

N365 (Office 365) SharePoint / OneDrive

Our 23/24 GPIT Capital schemes have now been approved by NHSE. Building on from the managed domain and N365 Apps for Enterprise the ICB/CSU will be working on a multi-year project commencing with 20 practices in 23/24. This work will involve migrating practice home drives and shared drives to the secure cloud and giving the ability of being able to access these from outside of a practice. The CSU project team is being stood up and will be reaching out to practices in the coming weeks.

GPIT Hardware refresh

As a continuation on from the winter monies project that is nearing completion the IT team are in the process of identifying out of warranty/specification devices to replace through the hardware replacement refresh project. Through growth and ARRS within Primary Care there has been an increase of circa new 300 devices that will need to be added to our rolling programme of hardware refresh.

