

NHS Lincolnshire Integrated Care Board - Public Primary Care Commissioning Committee

Date: Wednesday 15th February 2023

Time: 11.40 am – 12.45 pm

Location: MS Teams

AGENDA

ITEM NUMBER		ACTION	ENC/ VERBAL	LEAD
STANDING ITEMS				
1.	Welcome, Introduction and Apologies for Absence: Professor Van-Tam, Sarah Starbuck,	-	Verbal	Dr Gerry McSorley
2.	Declarations of Pecuniary and Non-Pecuniary Interests and Conflict of Interests	-	Verbal	Dr Gerry McSorley
3.	To approve the minutes of the last Public Primary Care Commissioning Committee meeting dated 21 st December 2022	Approve	Enc	Dr Gerry McSorley
4.	To consider matters arising not on the agenda.	-	Verbal	Dr Gerry McSorley
GENERAL ISSUES/PROGRESS UPDATE				
5.	To receive an update from the Director of Primary Care, Community and Social Value	Receive	Enc	Sarah-Jane Mills
STRATEGIC ISSUES				
6.	To receive an update in relation to System Planning	Receive	Verbal	Sarah-Jane Mills
SERVICE DELIVERY AND PERFORMANCE				
7.	No issues to escalate			
FINANCE				
8.	No issues to escalate			

QUALITY				
9.	To receive an update in relation to Quality, Patient Safety, Experience and Effectiveness	Receive	Enc	Wendy Martin
GOVERNANCE AND ASSURANCE				
10.	To receive the Risk Register	Receive	Enc	Nick Blake
MINUTES FROM COMMITTEES AND ESCALATION REPORTS				
11.	None noted			
INFORMATION				
12.	Any New Risks	Note	Verbal	Dr Gerry McSorley
13.	Items of Escalation to the ICB Board	Note	Verbal	Dr Gerry McSorley
INFORMATION				
14.	The next meeting of the Public Primary Care Commissioning Committee will take place on Wednesday 26 th April 2023 at 11.40 am	Note	Verbal	Dr Gerry McSorley

Please send apologies to: Sarah Bates, ICB Deputy Board Secretary via email at: s.bates@nhs.net

The quorum of the Committee is a minimum of four voting members. This must include the Chair or Vice Chair.

Membership

Name	Position
Dr Gerry McSorley	Non-Executive Member (Chair)
Professor Sir Johnathan Van Tam	Non-Executive Member
Julie Pomeroy	Non-Executive Member
Martin Fahy/Nominated Deputy	Director of Nursing and Quality
Sarah-Jane Mills	Director of Primary Care, Community and Social Value
Sandra Williamson	Director of Health Inequalities and Regional Collaboration
Emma Rhodes	Assistant Director of Finance
Anna Nicholls/Bal Dhami /Gary Lucking	NHSE/I
Councillor Sue Woolley	Health and Wellbeing Board Representative
Dean Odell	HealthWatch
Dr Reid Baker/Kate Pilton	LMC
Wendy Martin	Associate Director of Nursing
Dr John Parkin	Clinical Leader

***Definition of a Conflict of Interest**

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out of hours commissioning and involvement with integrated care organisations, as clinical commissioners may here find themselves in a position of being at once commissioner and provider of primary medical services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

Interests can be captured in four different categories:

Financial interests:

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company, partnership or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A shareholder (of more than [5%] of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A consultant for a provider;
- In secondary employment (see paragraph 52-53)
- In receipt of a grant from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

Non-financial professional interests:

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.
- GPs and practice managers sitting on the governing body or committees of the ICB should declare details of their roles and responsibilities held within member practices of the ICB.

Non-financial personal interests:

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- A member of a political party;
- Suffering from a particular condition requiring individually funded treatment;
- A financial advisor.

Indirect interests:

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:

- Spouse/partner
- Close relative e.g., parent, [grandparent], child, [grandchild] or sibling;
- Close friend;
- Business partner.
- Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB.

NHS Lincolnshire Integrated Care Board - Public Primary Care Commissioning Committee Minutes of the Meeting held in Public on 21st December 2022

Present:	Dr Gerry McSorley	Non-Executive Member - Chair
	Ms Sarah-Jane Mills	Director of Primary Care, Community and Social Value
	Mrs Julie Pomeroy	Non-Executive Member - Vice Chair
	Mrs Emma Rhodes	Assistant Director of Finance
	Mr Terry Vine	Deputy Director of Nursing and Quality (for Mr M Fahy)
	Mrs Sandra Williamson	Director of Health Inequalities and Regional Collaboration
In Attendance:	Ms Sarah Bates	Deputy Board Secretary
	Dr Reid Baker	Medical Director, LMC
	Mr Nick Blake	Acting Programme Director for Primary Care
	Mrs Shona Brewster	Head of Transformation
	Mrs Jacqui Bunce	Programme Director – Strategic Estates, Partnerships & Planning
	Mrs Sarah Button	Head of Transformation
	Mr Kev Gibson	Senior Communications & Engagement Manager
	Mrs Sarah Starbuck	Head of Transformation
	Dr John Parkin	Clinical Leader
	Councillor Sue Woolley	Chair – Health and Wellbeing Board
Apologies:		
22/111	Mr Martin Fahy	Director of Nursing
	Ms Wendy Martin	Associate Director of Nursing and Quality
	Mr Dean Odell	HealthWatch
	Sir Jonathan Van-Tam	Non-Executive Member

Dr McSorley welcomed members to the Public Primary Care Commissioning Committee meeting. Dr McSorley advised that the Committee is a meeting that is held in public and that members of the public have the facility to ask or raise queries through the chat function and that these will be responded to after the meeting. Dr McSorley requested that if members of the Committee were asked to speak or presenting reports that they introduce themselves beforehand.

22/112 DECLARATIONS OF INTEREST PECUNIARY OR NON-PECUNIARY

Dr McSorley reminded members of the importance in the management of Conflicts of Interest and asked members to consider each item carefully as the meeting progressed in order to identify any risk or conflicts that may arise during the course of the meeting. Members were also asked to consider if an interest required declaring before, during or after the meeting that relevant steps are taken to ensure that plans are in place to mitigate the risk.

There were no declarations of interest raised at the meeting.

22/113 ICB PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE MEETING MINUTES DATED 19TH OCTOBER 2022

The minutes of the ICB Public Primary Care Commissioning Committee Meeting minutes dated 19th October 2022 were received and approved. The Public Primary Care Commissioning Committee agreed to:-

- Approve the minutes.

22/114 MATTERS ARISING NOT ON THE AGENDA

22/059 – Primary Care Work Programme – it was noted that the Primary Care Work Programme is work in progress and that an update would be presented at a future meeting.

GENERAL ISSUES/PROGRESS UPDATE**22/115 PROGRESS UPDATE**

- ***Sidings Procurement Update***

Mr Blake advised that the mobilisation issues have now been resolved and that the contract has moved into the business as usual and contract monitoring phase. It was noted that Omnes the provider, has submitted proposals to expand the current service provision. Mr Blake stated that there will be regular meetings with Omnes between now and the end of March 2023 of which will transition into the usual quarterly contract monitoring processes.

- ***Spalding Update***

Mrs Brewster provided an update following the Expression of Interest Process and advised that a managed list dispersal process will now be undertaken following a change to the initial process with the patient list being transferred to three providers instead of one.

It was highlighted that there had been some challenges with the processes of which the ICB apologised for and that patient communications will be issued in the New Year. The three Practices involved in the dispersal process are:- Gosberton, Munroe of which will re-open the Branch Practice in Pinchbeck in January and Beechfield of which is also due to open a Branch Practice in February. Members of the public were reminded to continue to utilise the Practice as normal to access services until such further notification has been issued.

The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

22/116 PRIMARY CARE NETWORK DEVELOPMENT UPDATE

Mrs Button provided an update on the progress made in the last month and advised that meetings have taken place with the PCN's to understand their current position and priorities and how the ICB can provide support. In addition, a recent Time Out session took place with the PCN Managers. It was noted that work is ongoing in terms of population health management.

An update was provided on the work being undertaken to support the Additional Roles Scheme and how these are being utilised to support winter planning initiatives particularly admission avoidance and 2023/24 workforce planning. Discussions took place regarding the Additional Roles Scheme of which includes 15 roles including Clinical Pharmacists, First Contact Physiotherapists, Occupational Therapists, Social Prescribers, Non-Clinical Care Coordinators and Health Coaches that support the primary care team.

It was noted that work continues with the PCN Alliance and that a recruitment process is currently underway for two Deputy Chairs. In addition, work is ongoing within the Alliance on becoming a legal entity by the end of March 2023. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

STRATEGIC ISSUES

22/117 GP APPOINTMENTS DATA PUBLICATION

Ms Mills reported that the GP appointments data had been published in November 2022 of which highlights that there continues to be an ongoing increase in demand for GP access appointments of which has risen by 30% since 2019. In terms of the provision for same day GP access provision in Lincolnshire this has increased by 46.4% since 2019.

Discussions took place regarding the variation of access across the County of which predominantly relates to workforce constraints. It was noted that there are a number of alternative services available including guidance on self-care, the NHS App, community pharmacies, 111 and on-line resources.

Ms Mills advised that performance updates will be shared at the Committee and that work will be required to take place with the population to ensure that the services reflect the patient need and the utilisation of resources across the wider spectrum. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

22/118 WINTER PLANNING UPDATE

Mrs Brewster advised that the System Plan has now been signed off by the Urgent and Emergency Care Partnership and that this focusses on capacity, demand management and patient flow. In terms of the operational requirements and demand there has been an increase in the acuity of patient admissions, paediatrics with respiratory conditions, Strep A and associated antibiotic shortages. It was noted that work is taking place across primary and community care with the risk stratification of patients with a particular focus on those patients that are high intensity users. In addition, work is taking place to simplify admission avoidance options and the Same Day Emergency Care Pathway has recently been shared with PCN's as a reminder and of the ongoing work with system partners.

Mrs Brewster provided an update on the additional funding that has been received which has supported additional sessions for enhanced access of which 294 sessions have been made available across the PCN's. Furthermore, medical cover for transitional care rehab and recovery beds and the provision of an additional 60 beds in the community has been supported. In addition to this there has been an opportunity to apply for further funding and the following PCN initiatives have been supported:-

- K2 Federation and the work taking place with Paramedics and the Urgent Care Team.
- South Lincoln Healthcare and care co-ordination and personalised care planning.
- Deepings and enhanced access to support the over 75's, under 5's and respiratory patient cohorts.

It was discussed that the Winter Planning is an iterative process and that there are a number of reporting mechanisms in place. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

22/119 SYSTEM PLANNING UPDATE

Ms Mills stated that a yearly stock take takes place on the progress made including a focus on the priorities for the forthcoming years. It was highlighted that for primary care there is a focus on GP access, PCN development and the development of services across the Pharmacy, Optometry and Dental services which will be delegated to the ICB in April 2023. It was noted that the main change for 2023/24 will be the way that services are delivered and bringing care closer to home. It was agreed that an update would be brought back to the April meeting. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.
- Update to be provided at the April 2023 meeting.

SERVICE DELIVERY AND PERFORMANCE

22/120 No issues to note.

FINANCE

22/121 No issues to note.

QUALITY

22/122 LAKESIDE MEDICAL PRACTICE UPDATE

Mr Vine advised that the Practice had initially been inspected by the CQC in June 2021 and rated as Inadequate with a further re-inspection in March 2022 and rated as Requires Improvement and the Practice placed in Special Measures.

It was noted that the Practice was again re-inspected in November 2022 and the ICB are awaiting the publication of the report. The initial feedback has highlighted that the Practice has made significant improvements and it is hoped that the position will be improved. The ICB and LMC (Local Medical Committee) continue to support the Practice. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

22/123 HAWTHORN MEDICAL PRACTICE CQC INSPECTION

Mrs Starbuck advised that the CQC had re-visited the Practice on 14th December as an interim visit and that progress had been noted in terms of infection, prevention and control standards and dispensary. It was discussed that there are a number of actions in progress and work is taking place to address these and that the ICB and LMC continue to support the Practice. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

GOVERNANCE AND ASSURANCE

22/124 RISK REGISTER UPDATE

Mr Blake provided an update on the Risk Register and advised that the risk in relation to staffing and the associated changes with the move from Federations to PCN's had been reviewed and that mitigations have been put in place between now and March 2023 and therefore the risk has been subsequently reduced.

It was noted that two new risks had been identified relating to Group A Streptococcus concerns and antibiotic supply and energy supply outages for health providers. It was noted that there are controls in place for all the risks identified on the Risk Register. It was discussed that the 111 service had seen a 232% increase in the number of contacts recently made and that these predominantly related to Group A Streptococcus concerns. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

22/125 TERMS OF REFERENCE

Dr McSorley advised that the initial Terms of Reference had been presented at the first Committee meeting in July 2022 where it was agreed that these would be reviewed after a six-month period. Discussions took place regarding the Terms of Reference, and it was agreed to approve these noting that a further review will be required to take place in the Spring following the delegation of the Pharmacy, Optometry and Dental services. The Public Primary Care Commissioning Committee agreed to:-

- Note and adopt the current Terms of Reference.
- Terms of Reference to be reviewed in the Spring 2023 following the delegation of the Pharmacy, Optometry and Dental services.

MINUTES FROM COMMITTEES AND ESCALATION REPORTS

22/126 None noted.

INFORMATION

22/127 **ANY NEW RISKS**

None noted.

22/128 **ITEMS OF ESCALATION TO THE ICB BOARD**

Hawthorn Medical Practice.

22/129 **DATE AND TIME OF NEXT MEETING**

Dr McSorley wished members a Happy Christmas and thanked colleagues for their support and contribution.

Wednesday 15th February 2023 at 11.40 am – 12.45 pm.

Not Delivered/Off Track
In Progress
On Track to Deliver
Delivered

NHS Lincolnshire Integrated Care Board
Public Primary Care Commissioning Committee Action Log Dated 21st December 2022

Minute Number	Meeting	Item	Action Required	Responsible Officer	Date to be Completed By	Progress as at Month/Year	Status
22/119	21.12.22	System Planning Update	Update to be brought back to the April 2023 meeting.	MS Mills	April 2023		
22/125	21/12/22	Terms of Reference	Terms of Reference to be reviewed in the Spring following the delegation of the Pharmacy, Optometry and Dental services.	Dr McSorley/ Ms Mills	Spring 2023		

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 15th February 2023
Location: MS Teams

Agenda Number:	5
Title of Report:	Director of Primary Care, Communities and Social Value report
Report Author:	Sarah-Jane Mills, Director of Primary Care, Communities and Social Value
Appendices:	PCN performance report

1.	Key Points for Discussion:
<p>The increase on primary care appointments.</p> <p>Consideration of the performance report.</p>	
2.	Recommendations
<p>Members of the Primary Care Commissioning Committee are asked to note the content of this report</p>	
3.	Executive Summary
<p>The Director of Primary Care, Community and Social Care report is a new report.</p> <p>The purpose of the report is to provide an overview of key areas of focus for the primary care team. It should be considered alongside other reports provided to the committee.</p> <p>Service Delivery</p> <p>During 2022, General practice delivered 4,752,844 appointments this is 1,039,684 (28%) more than in 2019</p> <p>The table below provides the position to date regarding delivery of primary care services across Lincolnshire. Appendix 1 shows the position by PCN.</p>	

Indicator	Standard / Target	Period	YTD Target	YTD Performance
CQC				
Number of practices rated as Inadequate by CQC	0	Latest	0	2
Number of practices rated Requires Improvement by CQC	-	Latest	-	3
Access:				
GP appointments - % seen by a GP	34%	Dec-22	-	36.3%
GP appointments - % seen face-to-face	67%	Dec-22	-	70.8%
GP appointments – booked appointment: same day	42%	Dec-22	-	49.9%
GP appointments – booked appointment: within 14 Days		Dec-22	-	83.3%
Mins of Enhanced Access per 1000 adj pop	60	Dec-22		44.4
Enhanced Access Utilisation Rate	80%	Dec-22		74.9%
Health Conditions:				
LD Health Check Delivery rate (Year End Target)	85%	Dec-22	2,095	2107 47.7%
SMI Health Check Delivery rate	60%	Feb-23	2,457	2376 49.3%
CVD - hypertension (Year End Target)	50%	Dec-22	-	31.5%
Diabetes – 8 care processes (Year End Target)	58.90%	Jan 2022 - Jun 2022	-	19.9%
Asthma – NCD 105	72.10%	Dec-22	-	70.3%
Dementia Diagnosis Rate	67%	Sep-22		62%
Weight management - obesity register	88,177	Dec-22	-	89591
Weight Management - referrals	-	Dec-22	-	6,025
% Weight Management - referrals		Dec-22		6.7%
Prescribing:				
Polypharmacy and SMRs - percentage with severe frailty with SMR	-	Dec-22	-	33%
High dose opioids for non-cancer pain (Pre-gab/Gabapentin/100 patients)	63.6	Sep_Nov22	-	112.1
MH prescribing - Benzo as hypnotics ADQ/100 STAR PU	141	Sep_Nov22	-	192.2
Antibacterial items/100 Star PU	21.7	Sep_Nov22	-	28.0
Social Prescribing Patient Referrals		Dec-22	-	2715
CPCS utilisation (same day access) - referrals		Dec-22		3,376
Workforce				
GP fte/100,000	52	Nov_22	-	56.0
Nurses FTE/100,000	26	Nov_22	-	41.3
ARRS funding utilisation	100%	Nov-22	-	72%
Systems:				
Livi utilisation (same day access)	100%	Oct-22	-	53%
POMI - registered for at least one online service		Dec_22	-	49%
POMI Online Access to Detailed Medical Record - Enabled		Dec_22		16%
National ERS Rate per 1000 Pop		Dec-22		
% of Practices in PHM Linked Dataset		Current		85.4%
Online consultation (digital)	81	Latest	-	84.1%
Ardens (digital) - % practices active	100%	Latest	-	90.2%

Of note:

Access performance remains positive with the majority of patients receiving a face-to-face appointment, a significant proportion (c.50%) seen on-the-day and 83% seen within two weeks of contact. Access data is sourced from the GPAD system and data quality is under review, there is some variation in the data reporting approach across practices - the current data provides a guide only.

Delivery of LD and SMI health checks is expected to increase over February and March, both are above or close to the YTD target – an incentive scheme to support SMI health check delivery has been introduced with 41 practices signed up at 6 February.

Diabetes eight care process delivery performance is significantly off-target – remedial actions are under review. These will consider what actions can be taken during February/ March to improve performance and in planning for 23/24.

Workforce data shows PCN level variation in GP capacity – further review is needed but the initial indication suggests a correlation between PCN resilience and GP capacity as well as patient access performance.

Work is underway to further develop primary care metrics and performance reporting, a focus over the next month will be to develop trajectories and month-to-month tracking for key metrics.

From April 2023, reporting re GP access will be aligned to the financial rather than clinical year and will include progress against the key targets detailed in the operating planning guidance for 23/24.

Practice specific

Branston and Hawthorn practices are rated as Inadequate by the CQC, both practices have action plans in place. The ICB Quality and Primary Care teams are monitoring and supporting the practices to address the issues identified by the CQC.

The dispersal of patients from the Spalding GP practice is ongoing. At the time of writing patients have been transferred to Gosberton and Beechfield. The transfer of patients to Munro will take place between the 8th and 9th February. The remaining 56 patients who registered address is outside of the Spalding area have been contacted and asked to register with a practice close to their home address.

The Omnes team have responded positively to address concerns raised with regards service provision and the changes to the staff team. The primary care team are working closely with the practice team to support/oversee the management of the improvement plan.

In the last month the primary care team have been contacted by a number of practices highlighting increased risk with regards practice resilience. The key themes include increased demand, increased costs particularly with regards energy and staff pay and the high cost of locum cover. The team are currently working to support the individual practices and bringing together a full report re the picture across GP. The feedback from practices in the Lincolnshire area is consistent with feedback from other ICB colleagues. The issues are also being discussed by the GMC as they are highlighting concerns re practice resilience during 23/24 as the initial offer is no uplift re cost of living increases and the 5 year contract settlement review is scheduled to come into force from April '24.

PCN Development

ARRS is forecast £2.5m underspend but plans are in place via the PCNA to optimise recruitment during 23/24 so that Lincolnshire utilises the full allocation. This will include a significant focus on the development of GP assistant roles. In addition to facilitate strengthened working PCN colleagues have developed a number of principles with regards recruitment to ARRS roles that they would seek to adopt when working with system partners to develop greater alignment with community provision.

Delegation of commissioning for Community Pharmacy, Dental & Optometry

The primary care team are finalising plans for the transfer of Community Pharmacy, Dental and Optometry to the ICB from April 2023. The key areas of focus are working with ICB partners across the Midlands to establish the governance to facilitate the joint committee arrangements and the integration of community pharmacy, dental and optometry into the primary care work programme.

System Planning

The national system planning process has been confirmed with a reduced submission in February of a limited set of parameters; mainly planned care, cancer services and urgent care. Primary Care submission at this stage consists of general practice and PCN workforce plans for 2023/24, general practice appointment activity for 2023/24 and general practice direct access (to other services).

General practice activity is based on the general practice appointment diary (GPAD) activity plus the plan for COVID vaccinations.

Workforce plans have been shared with the Primary Care People Group and the Lincolnshire People Team.

The two-year UEC recovery plan was published on the 30th January 2023. The primary care team are working closely with the urgent care team to ensure alignment that will facilitate delivery.

The primary care recovery plan is due to be published imminently.

4. Management of Conflicts of Interest

None.

5. Risk and Assurance

This section should identify known or potential risks and how these are being mitigated, including conflicts of interest.

Please state if the risk is on the ICB Risk Register.

Yes		No	X
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6. Financial/Resource Implications

Primary care colleagues have highlighted the need for additional investment to secure the provision of primary care services as the foundation of the local NHS.

GP colleagues have indicated that there is a high risk that the impact of inflation and final settlement re pay awards will lead to less resilient primary care provision which could in turn result in reduced primary care capacity and / or a loss of GP provision.

7. Legal, Policy and Regulatory Requirements

The ICB is required to ensure the effective provision of Primary Care.

8. Health Inequalities implications

The development of PCN footprint plans will facilitate improved understanding of health inequalities across primary care and inform future planning

9. Equality and Diversity implications

N /A

10.	Patient and Public Involvement (including Communications and Engagement)
	Ongoing
11.	Report previously presented at
	N/A
12.	Sponsoring Director/Partner Member/Non-Executive Director
	<p>Sarah-Jane Mills Director of Primary Care, Community & Social Value West Locality NHS Lincolnshire ICB</p> <p>sarah-jane.mills1@nhs.net</p> <p>Tel: 01522 513355 Mob: 07870 898428</p>

Indicator	East					South			South West		West				
	Boston	East Lindsey	First Coastal	Meridian Medical	SOLAS	Four Counties	South Lincolnshire Rural	Spalding PCN	Grantham and Rural	K2 Healthcare Sleaford	Apex	Imp	Lincoln Health Partnership	South Lincoln	Trent Care
CQC															
Number of practices rated as Inadequate by CQC	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
Number of practices rated Requires Improvement by CQC	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0
Access:															
GP appointments - % seen by a GP	24.9%	35.0%	41.5%	39.1%	45.9%	37.8%	40.4%	23.0%	38.4%	29.0%	45.6%	39.4%	31.5%	39.7%	33.0%
GP appointments - % seen face-to-face	81.6%	78.1%	67.8%	68.1%	63.3%	45.8%	57.8%	67.0%	69.1%	86.7%	83.1%	77.9%	58.6%	72.4%	81.6%
GP appointments – booked appointment: same day	46.8%	46.7%	54.9%	43.8%	48.3%	50.5%	57.4%	48.5%	56.8%	49.2%	45.1%	46.5%	43.3%	45.1%	53.0%
GP appointments – booked appointment: within 14 Days	82.4%	82.9%	79.0%	83.5%	77.6%	91.9%	87.9%	84.7%	82.9%	81.1%	83.9%	80.7%	81.0%	81.7%	80.8%
Mins of Enhanced Access per 1000 adj pop	38.55	55.21	54.95	31.91	34.14	0.00	0.00	109.51	51.02	50.24	57.81	55.17	50.06	50.23	56.95
Enhanced Access Utilisation Rate	81.4%	62.6%	83.3%	85.5%	83.5%	0.0%	0.0%	82.1%	63.0%	66.5%	90.1%	44.6%	78.3%	94.8%	84.5%
Health Conditions:															
LD Health Check Delivery rate (Year End Target)	55.0%	40.5%	39.4%	65.3%	62.8%	51.5%	29.5%	52.2%	44.4%	65.7%	69.7%	50.5%	20.8%	27.2%	30.5%
SMI Health Check Delivery rate	49.9%	59.2%	47.2%	38.9%	45.6%	53.5%	39.1%	37.1%	57.5%	63.2%	58.7%	44.6%	45.7%	45.3%	47.8%
CVD - hypertension (Year End Target)	26.4%	34.6%	22.4%	29.1%	31.4%	32.1%	37.8%	28.4%	40.6%	38.3%	36.6%	27.6%	24.5%	24.1%	37.5%
Diabetes – 8 care processes (Year End Target)	22.4%	21.0%	25.6%	17.5%	23.0%	14.7%	20.7%	6.1%	22.2%	16.3%	19.7%	26.5%	19.0%	13.9%	20.2%
Asthma – NCD 105	68.3%	73.3%	73.8%	77.7%	71.7%	64.9%	68.5%	72.3%	71.5%	72.8%	63.3%	68.8%	59.5%	67.7%	67.8%
Dementia Diagnosis Rate															
Weight management - obesity register	8319	6667	8001	3103	3300	2884	11170	4922	8282	7937	5432	6118	3180	4468	5808
Weight Management - referrals	535	508	140	531	127	509	846	327	553	377	286	302	225	170	589
% Weight Management - referrals	6.4%	7.6%	1.7%	17.1%	3.8%	17.6%	7.6%	6.6%	6.7%	4.7%	5.3%	4.9%	7.1%	3.8%	10.1%
Prescribing:															
Polypharmacy and SMRs - percentage with severe frailty with SMR	48.5%	38.3%	26.9%	27.9%	36.5%	34.1%	9.0%	26.2%	42.9%	68.5%	45.1%	32.1%	72.8%	44.6%	36.8%
High dose opioids for non-cancer pain (Pre-gab/Gabapentin/100 patients)	90.3	125.4	215.8	132.0	134.9	80.9	117.1	95.3	83.0	105.9	103.1	108.9	85.4	87.6	137.1
MH prescribing - Benzo as hypnotics ADQ/100 STAR PU	189.7	184.7	223.2	264.0	235.4	200.1	182.7	85.3	121.3	139.7	195.8	220.8	285.3	201.9	257.5
Antibacterial items/100 Star PU	24.0	27.4	34.7	26.8	24.6	25.5	32.5	25.8	27.2	30.7	27.6	28.6	21.9	28.5	25.8
Social Prescribing Patient Referrals	142	690	75	65	49	215	654	84	59	100	102	265	94	108	13
CPCS utilisation (same day access) - referrals	124	130	63	8	352	0	81	78	25	62	267	923	150	643	470
Workforce															
GP fte/100,000	47.0	54.3	44.3	59.7	82.0	61.6	72.5	33.8	63.3	64.3	67.8	60.4	28.0	43.8	43.0
Nurses FTE/100,000	37.4	53.3	36.4	48.9	50.1	36.8	42.5	35.7	40.4	53.3	41.3	37.6	29.6	39.2	38.0
ARRS funding utilisation															
Systems:															
Livi utilisation (same day access)															
POMI - registered for at least one online service	41.3%	46.6%	48.0%	49.2%	41.6%	49.4%	56.5%	52.5%	44.6%	55.3%	56.2%	45.7%	47.7%	53.1%	49.3%
POMI Online Access to Detailed Medical Record - Enabled	12.9%	11.1%	14.6%	9.1%	12.8%	12.9%	34.1%	16.1%	12.3%	11.4%	21.1%	11.4%	8.3%	15.2%	21.5%
National ERS Rate per 1000 Pop	15.3	22.5	22.2	22.5	20.6	19.2	26.2	15.0	16.9	17.8	20.1	18.1	16.9	21.2	18.7
% of Practices in PHM Linked Dataset	83.3%	100.0%	100.0%	75.0%	50.0%	50.0%	77.8%	66.7%	100.0%	100.0%	100.0%	66.7%	100.0%	85.7%	100.0%
Online consultation (digital)	83%	63%	33%	100%	50%	100%	78%	100%	90%	100%	75%	100%	100%	86%	100%
Ardens (digital) - % practices active	100%	63%	0%	100%	100%	100%	89%	67%	100%	100%	100%	100%	100%	100%	100%

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 15 February 2023
Location: MS Teams

Agenda Number:	9
Title of Report:	Quality Update Report
Author:	Wendy Martin, Associate Director of Nursing & Quality
Appendices:	nil

1.	Key Points for Discussion:
<p>The purpose of this report is to highlight any general quality concerns for General Practice with information on any mitigating actions.</p> <p>The ICB Locality & Quality Teams continue to work to support Practices and to receive assurance on required improvements being taken to address areas of concern and ensure measures to improve safety, quality of care and patient experience are implemented.</p>	
2.	Recommendations
<p>To ensure the PCCC are aware of any significant Quality concerns for General Practice, where Quality covers the domains of patient experience, patient safety and clinical effectiveness. The Committee to receive assurance on the mitigations in place to address the highlighted concerns.</p>	
3.	Executive Summary
<p>Quality surveillance of each General Practice is undertaken by the ICB Nursing & Quality and Locality Teams. Wide ranging Quality information pertaining to each Practice is considered in detail through the Locality Primary Care Quality & Operational Assurance Groups that usually meet monthly. This enables a Quality Risk Register to be constructed for each of the ICB General Practices, which highlights the issues, but also the actions being taken by the ICB, in conjunction with the relevant Practice and associated Primary Care Network, to mitigate any concerns.</p> <p>Higher risk Practices are also considered at the county wide Primary Care Quality and Performance Oversight Meeting, which meets monthly, to further assure the mitigation of any significant concerns. The ICB GP Clinical Leads also regularly meet together and with the wider GP cohort through Clinical Forums, which also enables risks/concerns to be highlighted and addressed.</p>	

There are known and ongoing significant quality issues with a few of our General Practices which rate higher on the ICB Quality GP Risk Register. The ICB locality and quality teams and the LMC work to support any General Practices with required improvements. An enhanced level of support is provided to our higher risk Practices with assurance secured by the ICB that Practices are progressing required improvement actions promptly. To note below specifically:

Lakeside Stamford Practice currently rated Requires Improvement overall by the CQC, with Inadequate in the Safety domain, had a re-inspection at the end of November 2022, the outcome of that re-inspection is awaited. The ICB and LMC are satisfied that improvements are progressing well, there is a particular focus on continuing to improve access as there continue to be concerns raised by patients in this area, albeit less prolifically.

Hawthorn Practice in Skegness had a CQC inspection in August 2022 and was rated as inadequate overall and placed in special measures. The outcome of a follow up inspection by the CQC in December 2022 is also awaited. The Practice has been making steady progress with required improvement actions.

Branston Practice had a CQC inspection in November 2022 and was rated as inadequate overall and placed in special measures. Immediate improvement actions have been progressed to address the areas of concern identified. A recent CQC re-inspection occurred in January 2023 and the outcome of this review is currently awaited. The report from the November 2022 inspection is now available via [Branston Surgery - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/branches/branston-surgery).

Spalding Practice has a Requires Improvement CQC rating. List dispersal for this Practice is currently underway to neighbouring Practices. While that occurs the ICB and Lincolnshire Community Health Services, who currently run this Practice, continue to have robust oversight to ensure safe care during the list dispersal.

Trent Valley Practice has a Requires Improvement CQC rating post CQC inspection in September 2022. The ICB is satisfied that appropriate improvement actions are underway.

4. Management of Conflicts of Interest

ICB PCCC members, particularly General Practitioners may have a direct or indirect conflict of interest for some of the Practices which will need to be declared if attending the Public PCCC. Chair will determine the management of the conflict dependent on the nature of the interest

5. Risk and Assurance

All General Practices are risk rated via our Quality Assurance Process previously described. High Risk Practices are reported to PCCC and included on the ICB Risk Register

5. Financial/Resource Implications

Where required additional funding has been provided by the ICB to facilitate additional support to vulnerable practices as appropriate, where not covered via existing funding routes.

6. Legal, Policy and Regulatory Requirements

Maintaining good quality Primary Care including General Practice provision across Lincolnshire

7.	Health Inequalities implications
	Nil relevant to note
8.	Equality and Diversity implications
	Nil relevant to note
9.	Patient and Public Involvement (including Communications and Engagement)
	Patient & Public engagement processes, including Listening Clinics as appropriate, are utilised to secure patient experience information for each Practice that informs the Quality Risk Rating and Quality Improvement actions.
10.	Report previously presented at
	Nil applicable
11.	Sponsoring Director/Partner Member/Non-Executive Director
	Martin Fahy, Director of Nursing m.fahy@nhs.net

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 15 February 2023
Location: MS Teams

Agenda Number:	10
Title of Report:	Public Primary Care Commissioning Committee Risk Register
Report Author:	Sarah-Jane Mills, Director of Primary Care, Community & Social Value, NHS Lincolnshire ICB
Appendices:	

1.	Key Points for Discussion:
<p>The Primary Care Risk Register provides the current assessment of risks that may impact on the delivery of Primary Care services across Lincolnshire.</p>	
2.	Recommendations
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> Consider the Risk update and plans to mitigate identified risks. Note that the management of a number of key risks will only be achieved through the development of a comprehensive Primary Care strategy. The foundation of the Primary Care strategy requires the rapid development of Primary Care Networks. 	
3.	Executive Summary
<p>The Risk Register has been reviewed and updated by the risk owners. The following is a summary of the reviews by risk with a 'Current Risk Rating' score of 12 and over.</p> <p>18 - Paediatric Referrals <i>This risk has been maintained. Current risk rating is 12.</i> Paediatric Referrals can take up to 2 years. This impacts on patient outcomes but is outside of primary care control.</p> <p>20 - Data Sharing <i>This risk has been maintained. Current risk rating is 12.</i> Variation in GP practice sign up to data sharing arrangements to support data flow.</p> <p>The majority of practices are signed up to DSAs (74) - work with remaining practices is ongoing, with the number of practices yet to sign up reducing month-on-month.</p>	

24 - Energy Costs

This risk has increased - current risk rating is 20 (increased from 12 to 20).

High energy costs are affecting GP practice resilience and financial viability. National support for businesses ends in April 2023 with potential impact on practice finances.

25 - Secondary Care Referrals

This risk has been maintained. Current risk rating is 12.

Increased waiting times for diagnosis and care in acute settings is affecting patient outcomes but outside of primary care control.

System planning work includes workstreams that should improve wait times - this will be kept under review.

26 - Resettlement Programme

This risk has decreased to a current risk rating of 12 (decreased from 16 to 12).

Primary care capacity to respond to the health needs of people under the resettlement programmes or asylum seekers. Additional national funding is not indicated currently.

23 - Lack of Spirometry Provision in Primary Care

This risk has been maintained. Current risk rating is 16.

Lack of Spirometry provision in primary care resulting in delayed diagnosis and access to appropriate treatment for managing COPD.

22 - Leg Ulcer Service Provision

This risk has been maintained. Current risk rating is 12.

Variation in access to leg ulcer management may impact on patient outcomes.

29 - Energy supply interruption

This risk has been maintained. Current risk rating is 12.

The EPRR team have advised on the potential risk of power supply interruption across the health system and in relation to GP practices.

An LRF exercise in March has been announced. Organisational response currently being worked through. Primary care is linked in.

30 - Demand Pressures on GP Practices

This is a new risk. Current risk rating is 16.

Demand on GP practices has been high over the winter period with a combination of respiratory infections, flu, covid and streptococcus increasing activity – this has a potential impact on practice resilience.

21 - Oral Anticoagulation

This risk has increased - current risk rating is 12 (increased from 9 to 12).

Delivery of anticoagulation services in primary care is fragile.

Risk rating updated from 9 to 12 given 2 x practices giving notice and 3rd practice considering giving notice to cease delivering the service.

Results of the PCN Warfarin audit collated where majority of practices responded. There was a mixed response for delivering at PCN / Practice level which suggests a hybrid delivery may be required. Discussed in Jan 2023 CRG meeting.

28 - Group A Streptococcus concerns and antibiotic supply

This risk has been reduced. Current risk rating is 9.

Presentations by concerned patients and parents at GP practices has increased significantly in December and fulfillment of antibiotic prescriptions where required has been raised by GP practices.

The immediate issue regarding antibiotic supply have reduced although medication supply is an ongoing issue. LIMPs team advise that supply has stabilised but will be kept under review.

4. Management of Conflicts of Interest

None.

5. Risk and Assurance

This section should identify known or potential risks and how these are being mitigated, including conflicts of interest.

Please state if the risk is on the ICB Risk Register.

Yes	X	No	
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6. Financial/Resource Implications

Risk mitigation is likely to require significant investment.

7. Legal, Policy and Regulatory Requirements

The ICB is required to ensure the effective provision of Primary Care.

8. Health Inequalities implications

Impacts on primary care capacity due to, long waits for paediatric services and variability data sharing arrangements may exacerbate existing health inequalities. These risks will be reviewed and monitored with the Health Inequalities programme.

Improving GP sign up to data sharing will support monitoring and addressing health inequalities and the development of effective Population Health Management approaches.

9. Equality and Diversity implications

Longer referral times for children and young people is an equality issue and likely to adversely impact on patient outcomes and experience.

Primary care workforce capacity may affect people with more complex health care needs or those who require additional support to access primary care services.

10. Patient and Public Involvement (including Communications and Engagement)

The development and review of the risk register reflects the feedback from key stakeholders.

Arrangements to ensure that feedback from HealthWatch are incorporated into the review of the Risk Register have been established.

11.	Report previously presented at
	Risk issues have been previously reviewed at the Primary Care Senior Managers' Group and the Primary Care, Communities and Social Value Steering Group.
12.	Sponsoring Director/Partner Member/Non-Executive Director
	<p>Sarah-Jane Mills Director of Primary Care, Community & Social Value sarah-jane.mills1@nhs.net</p> <p>Tel: 01522 513355 Mob: 07870 898428</p>