NHS
Lincolnshire
Integrated Care Board

NHS Lincolnshire Integrated Care Board - Public Primary Care Commissioning Committee

Date: Wednesday 20th December 2023
Time: 11.40 am – 12.30 pm
Location: MS Teams

AGENDA

ITEM NUMBER		ACTION	ENC/ VERBAL	LEAD
STANDING ITEMS				
1.	Welcome, Introduction and Apologies for Absence: Sandra Williamson, 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 18th October 2023	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.	None noted			
SERVICE DELIVERY AND PERFORMANCE				
7.	To receive a presentation in relation to the Primary Care Access Recovery Plan	Receive	Presentation	Nick Blake
8.	To receive an update in relation to the Delegation of the Pharmacy, Optometry and Dental Services	Receive	Verbal	Nick Blake
QUALITY				
9.	To receive a presentation in relation to Quality, Patient Safety, Experience and Effectiveness	Receive	Presentation	Wendy Martin

FINANCE				
10.	None noted			
GOVERNANCE AND ASSURANCE				
11.	To receive the Risk Register	Approve	Enc	Nick Blake
MINUTES FROM COMMITTEES AND ESCALATION REPORTS				
12.	None noted			
INFORMATION				
13.	Any New Risks	Note	Verbal	Dr Gerry McSorley
14.	Items of Escalation to the ICB Board	Note	Verbal	Dr Gerry McSorley
INFORMATION				
15.	The next meeting of the Public Primary Care Commissioning Committee will take place on Wednesday 20th December 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)
Julie Pomeroy	Non-Executive Member
Anita Day	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 ccommissioners 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

NHS Lincolnshire Integrated Care Board - Public Primary Care Commissioning Committee Minutes of the Meeting held in Public on 18th October 2023

Present:	Mrs Julie Pomeroy	Non-Executive Member – (Chair)
	Mr Nick Blake	Acting Programme Director for Primary Care
	Mrs Anita Day	Non-Executive Member
	Ms Sarah-Jane Mills	Director of Primary Care, Community and Social Value
In Attendance:	Ms Sarah Bates	Deputy Board Secretary
	Dr Reid Baker	Medical Director, LMC
	Mr Kevin Gibson	Senior Communications & Engagement Manager
	Ms Wendy Martin	Associate Director of Nursing and Quality
Apologies:	Mrs Jacqui Bunce	Programme Director – Strategic Estates, Partnerships & Planning
23/098	Mr Martin Fahy	Director of Nursing
	Dr Gerry McSorley	Non-Executive Member - Chair
	Mr Dean Odell	HealthWatch
	Dr John Parkin	Clinical Leader
	Mrs Emma Rhodes	Associate Director of Operational Finance
	Mrs Sarah Starbuck	Head of Primary Care Commissioning and Development
	Mrs Sandra Williamson	Director of Health Inequalities and Regional Collaboration
	Councillor Sue Woolley	Chair – Health and Wellbeing Board

Mrs Pomeroy welcomed members to the Public Primary Care Commissioning Committee meeting. Mrs Pomeroy 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. Mrs Pomeroy requested that if members of the Committee were asked to speak or presenting reports that they introduce themselves beforehand.

23/099 DECLARATIONS OF INTEREST PECUNIARY OR NON-PECUNIARY

Mrs Pomeroy 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.

23/100 ICB PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE MEETING MINUTES DATED 21st JUNE 2023

The minutes of the ICB Public Primary Care Commissioning Committee Meeting minutes dated 21st June 2023 were received and approved. The Public Primary Care Commissioning Committee agreed to:-

- Approve the minutes.

23/101 MATTERS ARISING NOT ON THE AGENDA

- ***23/089 – Primary Care Recovery Plan*** – it was noted that the action in relation to the update on the 16 Practices signing up to advanced telephony was complete. ***Action closed.***

GENERAL ISSUES/PROGRESS UPDATE

23/102 DIRECTOR OF PRIMARY CARE, COMMUNITY & SOCIAL VALUE

Ms Mills reported that from a performance perspective there are no new concerns to note. It was noted that focused work is taking place on the dementia diagnosis rates target.

In terms of the WebV system the Team are currently working towards all Practices using WebV to the end of October, however, support will be available through November if required.

An update was provided on supporting digital inclusion within primary care of which includes the installation of digital health kiosks within ten Practice sites and making tablets available on loan to patients to support access to digital health opportunities.

In terms of communications - a new intranet is being developed in SharePoint to share key information from the ICB with primary care providers which is planned to be launched in October.

In relation to winter planning, it was reported that there is no national winter pressure funding available to support primary care this year, the focus for GP Practices and PCNs will be on recovering access through the work of the Capacity and Access Improvement Plans.

It was noted that three Acute Respiratory Infection Hubs are now live, the services are operating seven days a week and are being provided by the South Lincolnshire Rural PCN, The Welby Group and LADMS.(Lincolnshire and District Medical Services).

It was reported that good progress is being made with the Covid and Influenza vaccination programme. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

STRATEGIC ISSUES

23/103 No items to note.

SERVICE DELIVERY AND PERFORMANCE

23/104 PRIMARY CARE ACCESS RECOVERY PLAN UPDATE

Mr Blake provided an update on the Primary Care Access Recovery Plan and the progress being made. It was reported that there are four main elements to the Plan which include:-

1. Empowering patients.
2. Modern GP access.
3. Building Capacity.
4. Cutting Bureaucracy.

It was noted that work is taking place on the provision of access to patient records via the NHS App with 32 Practices enabling this. The requirement is for all Practices to have access enabled with no more than 50% of patient's exemption coded. It was noted that some concerns had been highlighted in relation to the associated implications and that for some patients safeguards will need to be put in place.

An update was provided on the Community Pharmacy Consultation Scheme and that uptake remains low, rurality and location of pharmacies alongside the high proportion of dispensing practices are two key issues in relation to this. Discussions are ongoing with NHSE on how to improve performance and learn from other areas is ongoing.

In relation to the self-referral pathways six of the seven have been implemented. Discussions are ongoing regarding the MSK pathway due to the anticipated demand and that there are currently limited providers in place.

Work is taking place with the PCNA (Primary Care Network Alliance) on optimising the use of ARRS (Additional Roles Reimbursement Scheme) it is forecast at Month 6 that there is currently an underspend.

Discussions are taking place with the Care and Clinical Directorate to agree an approach to managing the Cutting Bureaucracy workstream such as issuing fit notes and ensuring that discharge medications are available. The Primary Care team are monitoring and collating feedback from GP Practices. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

FINANCE

23/105 Item not discussed.

QUALITY

23/106 QUALITY, PATIENT SAFETY, EXPERIENCE AND EFFECTIVENESS UPDATE

Ms Martin provided an update in relation to the following Practices:-

- ***Branston Practice*** – had been rated as Inadequate by the CQC. A follow up inspection took place in June 2023 and the report is now with the Practice for factual checking.
- ***Caskgate Practice*** – had also been rated as Inadequate by the CQC. Good progress is being made against the Action Plan and support is being provided to the Single Partner.
- ***Richmond Medical Practice*** – the CQC report had recently been published. The Practice had been issued with warning notices prior to the publication and action has been taken to address these.
- ***Hawthorn Practice*** – has recently been re-inspected and the ratings improved to Requires Improvement.
- ***Trent Valley Practice*** - has recently been re-inspected and moved out of Special Measures.

The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

GOVERNANCE AND ASSURANCE

23/107 RISK REGISTER UPDATE

Mr Blake provided an update in relation to the Risk Register and advised of the following:-

- Refugee and Resettlement Scheme and impact on primary care has been increased.
- Spirometry risk has been decreased as there is a new commissioning approach now in place.

The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

23/108 PHARMACY, OPTOMETRY AND DENTAL UPDATE

Mr Blake advised that a high-level overview continues and work is taking place to embed governance processes and structures for these areas both regionally and locally.

It was noted that good progress is being made on the dental strategy and that dental access recovery is starting to be seen across the region and that there has been some targeted investment and innovative solutions put in place to support this.

In relation to the community pharmacy workstream it was reported that there has been changes to the contract in relation to the 100-hour provision. Work is taking place on developing a Pharmacy Strategy.

It was noted that for Optometry the roll out of the electronic eye care referral form has taken place which allows Optometrists to refer direct into acute pathways. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

MINUTES FROM COMMITTEES AND ESCALATION REPORTS

23/109 None noted.

INFORMATION

23/110 ANY NEW RISKS

None noted.

23/111 ITEMS OF ESCALATION TO THE ICB BOARD

- Primary Care Access Recovery Plan.

23/112 DATE AND TIME OF NEXT MEETING

Wednesday 20th December 2023 at 11.40 am

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

NHS Lincolnshire Integrated Care Board
Public Primary Care Commissioning Committee Action Log Dated 18th October 2023

Minute Number	Meeting	Item	Action Required	Responsible Officer	Date to be Completed By	Progress as at Month/ Year	Status
No actions identified.							

NHS
Lincolnshire
Integrated Care Board

PRIMARY CARE COMMISSIONING COMMITTEE
LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	5
Meeting Date:	20 December 2023
Title of Report:	Director of Primary Care, Communities & Social Value Report
Report Author:	Sarah-Jane Mills Director of Primary Care, Communities & Social Value; Nick Blake Programme Director – Primary Care
Presenter:	Sarah-Jane Mills Director of Primary Care, Communities & Social Value
Appendices:	Appendix 1: Primary Care Performance Charts

To approve ☐	For assurance ☐	To receive and note ☒	For information ☐
Recommendation or particular course of action, e.g. approve the strategy, endorse the direction of travel.	**Assure the Board/Committee that controls and assurances are in place.**	**Receive and note implications, may require discussion to help share/develop item.**	**Note, for intelligence of the Board/Committee without in-depth discussion.**

Recommendations

The Committee is asked to note the contents of this report.

Summary

SERVICE DELIVERY

Brant Road and Springcliffe Practice public engagement

Brant Road and Springcliffe practice are engaging with the public on a proposal to close the Springcliffe branch site with all services provided from Brant Road. The engagement period is due to close on 22 February 2024, there are three engagement events planned over that period. A report will be prepared with any formal proposal to close the branch due to come to the Primary Care Commissioning Committee (PCCC) in March 2024.

CURRENT PERFORMANCE

Following feedback from PCCC in November, discussions on developing the performance report are underway. This will be informed by a directorate time-out session on 13 December to review and integrate the total work programme, including identifying and defining impact and outcome measures.

There are no significant performance issues or risks issues to flag to the Committee this month. The table below is being developed further but provides a performance overview of key metrics. Further detail on GP Access metrics and health checks performance can be found in Appendix 1 – Primary Care Performance Charts.

					Trend	
Programme	Indicator	Standard/Plan	Period	Performance	Sparkline	Variation
LDHC	Cumulative Learning Disability Healthchecks (ICB)	1322	Oct-23	1591		
SMIHC	SMI Health Checks (ICB)	3487	Oct-23	2412		
Weight Management	Weight Management referrals	5923	Oct-23	4737		
Diabetes	Diabetes - % patients with 8 care processes	58.9%	22/23	54.8%		
CVD	CVD Hypertension	50.0%	Sep-23	19.5%		
Respiratory	Asthma - NCD105	72.1%	Jul-23	68.9%		
Ageing Well	Dementia diagnosis rate	67.0%	Aug-23	64.0%		
Patient Experience	Patient experience of GP services (ICB)	-	2023	70.9%		
GP Quality and Access	Primary Care CQC- number of practices rated as 'Inadequate' by CQC	0	Dec-23	2		
	Primary Care CQC- number of practices rated as 'Requires Improvement' by CQC	-	Dec-23	3		
	GP Appointments- percentage seen by a GP	32.5%	Oct-23	31.3%		
	GP Appointments Mode- percentage seen face to face	69.1%	Oct-23	72.7%		
	GP Appointments- time from booking to appointment same day	40.0%	Oct-23	36.9%		
	GP Appointments- time from booking to appointment < 2 Weeks	85.0%	Oct-23	70.7%		
	Enhanced access provision per 1000 of the PCN adjusted population (ICB)	60	Oct-23	86.8		
	The percentage of available GP enhanced access appointments utilised (ICB)	80%	Oct-23	75.8%		
		Standard/Plan key:		Year-To-Date target		
				Comparison to last year		
				Rolling target		

Measure	Description
CVD	% of patients for whom there is evidence of clinically appropriate follow-up to confirm or exclude a diagnosis of hypertension by 31 March 2023
Diabetes	% of Type 1 & Type 2 Diabetic patients who have received 8 Diabetic Care Processes – including blood pressure, serum cholesterol, body mass index, kidney checks - which includes urine albumin and serum creatinine, smoking and patient's feet must be examined on a regular basis.
Asthma	The number of Patient on the Asthma Register who received three or more inhaled corticosteroid (ICS, inclusive of ICS/LABA) prescriptions over the previous 12 months.
LD	% of LD patients 14+ who have received a Health Check since 01 Apr 22 (working toward end of year position)
SMI	% of Patient who have received all 6 Physical Health Check elements in the last 12 Months (rolling Value)

Quality – CQC ratings

Rating	Number of practices	Comments
Outstanding	5	Abbeyview, Nettleham, Caythorpe and Ancaster, New Springwells, Bourne Galletly
Good	71	
Requires Improvement	3	Trent Valley, Hawthorn, Lakeside Stamford
Inadequate	2	Richmond, Caskgate

It is worth noting that some Care Quality Commission (CQC) inspections are historic, the CQC do monitor a range of data to inform a risk based inspection schedule but some inspections were carried out some time ago e.g. three of the five Outstanding ratings are from 2016.

Bourne Galletly were inspected recently with their report and Outstanding rating published on 8 December 2023.

Access

Please see Appendix 1 for performance charts covering current GP access indicators, GP appointment indicators have dipped over September and October and are below target – this is an annual trend and possibly relates to practices providing flu vaccination clinics over these months.

Enhanced access provision and utilisation in October partly reflects use of capacity to provide some vaccination appointments. Data quality for enhanced access is limited currently – work is ongoing with NHSE to improve data flow and accuracy. Average appointment availability over the last 12 months and outside of the vaccination programmes (November 2022 to August 2023) probably gives a more useful view of delivery and is slightly below the contractual requirement of 60 minutes per 1000 patients.

Health Conditions

There are no significant changes to health conditions metrics to report, work is ongoing to improve delivery.

ENHANCED SERVICE POSITION UPDATE

Spirometry

The revised service specification for a GP spirometry service to support diagnosis and management of respiratory conditions alongside funding information and an expression of interest form for delivery of the service have been issued on a Primary Care Networks (PCN) footprint basis. The aim is to roll out the service across the County from 1 January 2024 although some PCNs are expected to need longer to mobilise the service and there is flexibility.

NHS Lincolnshire Integrated Care Board (ICB) is starting to meet with PCNs to discuss roll out. The Lincolnshire Local Medical Committee (LMC) has fed back that recurrent funding levels make the service non-viable to deliver and advising practices to review the proposal carefully.

ENABLER WORKSTREAMS

Digital

All practices moving from analog to digital telephony have selected a supplier ahead of the 15 December deadline, supporting practices to ensure contracts are signed and submitted before the deadline is a priority.

Discussion with regional ICBs and NHS England (NHSE) around improving proactive patient access to patient records are ongoing – data governance issues remain a concern for some practices.

Communications

The GP intranet is now being rolled out using the Sharepoint system -this aims to improve communication and sharing of information with GP practices.

WINTER PLANNING

There is no national winter pressure funding available to Primary Care this year. Three schemes are being developed – two locally funded (Acute Respiratory Infection (ARI) hubs, frailty and contingency capacity and one regionally funded through the Urgent and Emergency Care (UEC) programme). The UEC programme is prioritising the roll out of a system wide Single Point of Access (SPA) for health professionals to – there is active engagement with GPs to ensure the approach supports General Practice.

A weekly working group including GP leaders (PCN clinical leads, the LMC and Primary Care Network Alliance (PCNA)) has been set up to inform the development and implementation of plans.

Same Day Access Hubs

Three Same Day Access (SDA) clinics are being established to build additional capacity into primary care to help with winter pressures and ensure patients are seen in primary care without needing to attend A&E or be admitted to Hospital.

SDA clinics will operate 5 days a week (excluding bank holidays) and see patients of any age with acute/chronic respiratory symptoms/conditions, adults aged over 75, children under five and any patient outside these cohorts where a clinician feels they would benefit from being seen in the SDA clinic.

East Lindsey and South Lincoln PCNs have rolled out their clinics, IMP PCN withdrew and discussions with Lincoln Health Partnership to provide the third clinic are underway.

ARI Hub Update

All three Acute Respiratory Infection Hubs are now live, the services are operating 7 days per week. These are being provided by:

- South Lincolnshire Rural PCN
- The Welby Group
- LADMS

Utilisation is positive with work to promote the service and expand usage ongoing including improving referrals from NHS 111 and the Clinical Assessment Service to provide more integration with UEC pathways. All patients seen in ARI hubs have a unique coding flag entered into their records. This will allow the impact of the ARI hubs on ED activity to be quantified, with reporting on impact for October delivery expected in the third week of December.

Proactive frailty care

Additional funding to support GP practice proactive supporting people with frailty over the winter period has been made available. Funding is available at practice level and has been allocated based on expected frailty populations by applying the Electronic Frailty Index (eFI) to practice patient lists. Practices have been asked to indicate which of the ten interventions set out in the ICB Frailty Strategy they will be using the funding to deliver, the interventions included are:-

- Identification and risk stratification using eFI.
- Validation (and coding) of frailty using the Clinical Frailty Scale (Rockwood).
- Education and support to self-manage.
- Lifestyle advice and support (diet, exercise, alcohol, smoking).
- Connecting with community/interests.
- Mental health assessment and support.
- Carer identification and support.
- Personalised care and support planning.
- MDT working and support.
- Comprehensive Geriatric Assessment.

System SPA

The system Single Point of Access (SPA) is now open to GP practices and work is ongoing to promote the use of the service.

COVID AND FLU VACCINATION POSITION STATEMENT

Progress on delivery of covid boosters is positive with Lincolnshire ahead of national and regional performance by patient cohort and has delivered well to people living in more deprived localities.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	Work across the primary care programme aims to support practices and PCNs engage with improved population healthcare and outcomes.
Aim 2: Tackle inequalities in outcomes, experience and access.	Access, patient experience and tackling inequalities are priorities within the directorate work programme.
Aim 3: Enhance productivity and value for money.	Delivery of the Access Recovery Plan and supporting primary care resilience improve productivity and value for money.
Aim 4: Help the NHS support broader social and economic development.	Social value remains a central theme within the development of modern primary care service and Integrated Neighbourhood Care.
Conflicts of Interest	**Summary of conflicts**
No conflict identified	

Risk and Assurance
Risks are highlighted within the body of the report.

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Yes, these are highlighted within the body of the report.
Does the report highlight any quality and patient safety implications?	Yes, these are highlighted within the body of the report.
Does the report highlight any health inequalities implications/	Yes, these are highlighted within the body of the report.
Does the report demonstrate patient and public involvement?	Yes, these are highlighted within the body of the report.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No.

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒

Report previously presented at:
Not applicable.

Is the report confidential or not?
Yes ☒ No ☐

Appendix 1 - Primary Care Performance Charts

ICB PowerPoint PC performance Dec 23.p

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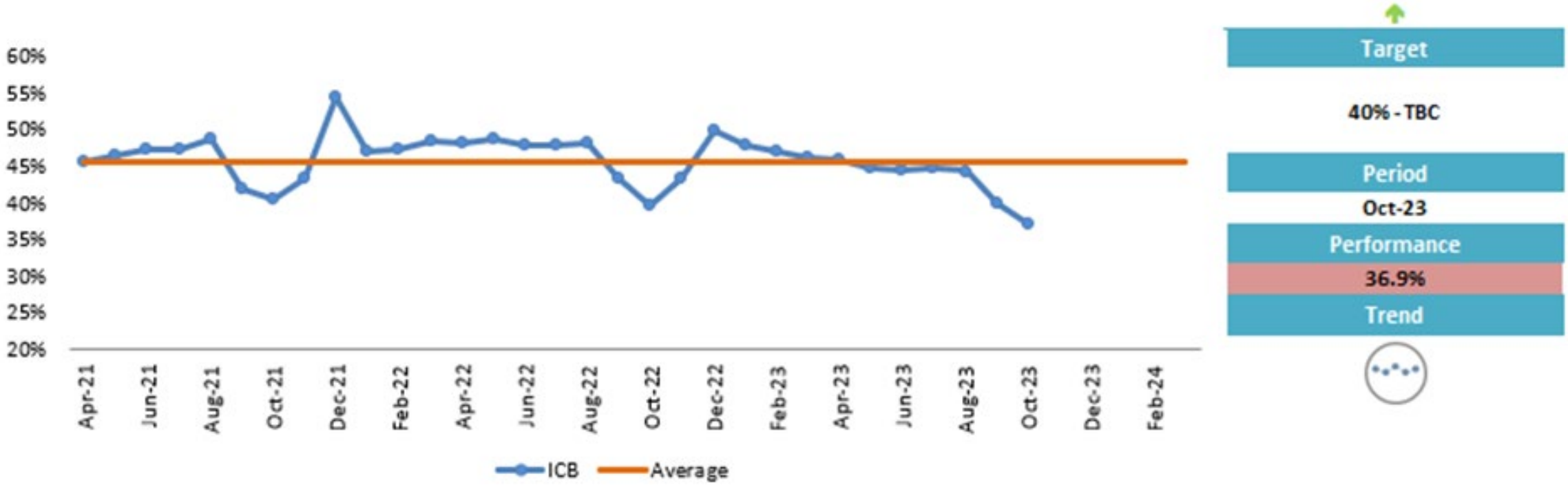
Primary Care Performance

13 December 2023

Overview

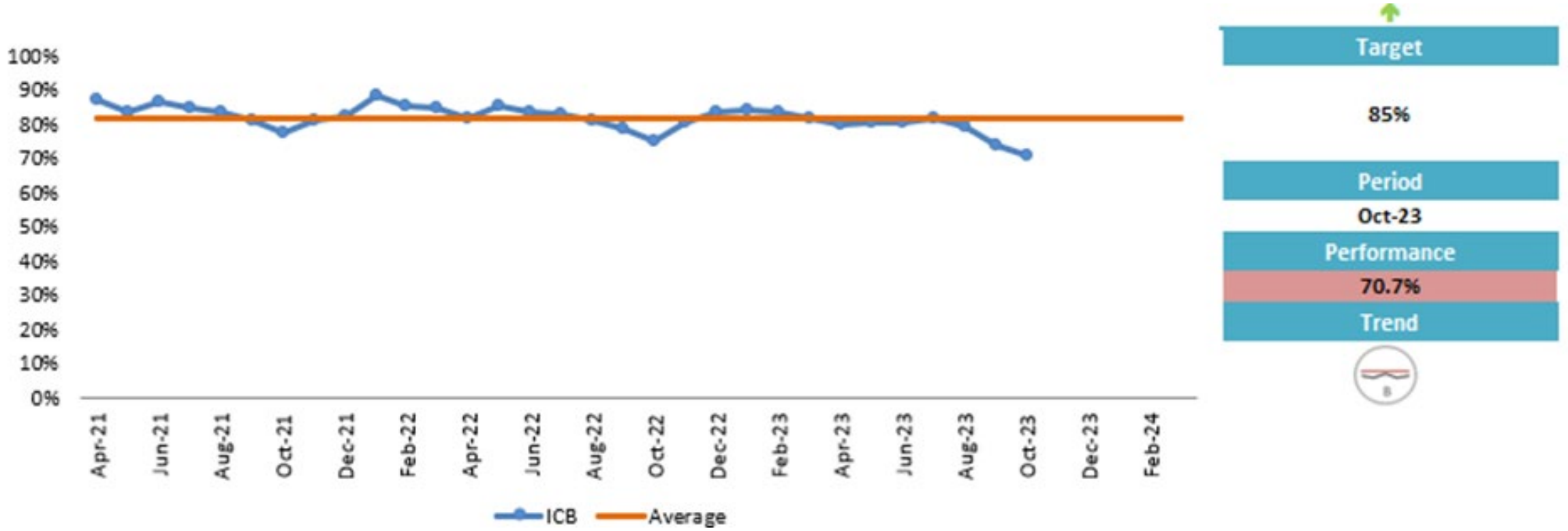
- Further development of the Primary Care Performance report is under way – this version builds on the existing report but takes on board feedback from PCCC to include performance over time to give a view on trajectory and variation.
- It is worth noting the GP appointment data quality requires further improvement. The ICB is working with practices to support improvements in completeness and quality.
- A dip in GP appointment performance (same day and within two weeks) is seen over September and October each year – this coincides with seasonal vaccination campaigns
- An increasing percentage of appointments are being seen face-to-face
- Enhanced access appointment utilisation is variable – raising awareness of the service should improve uptake

GP appointments – same day



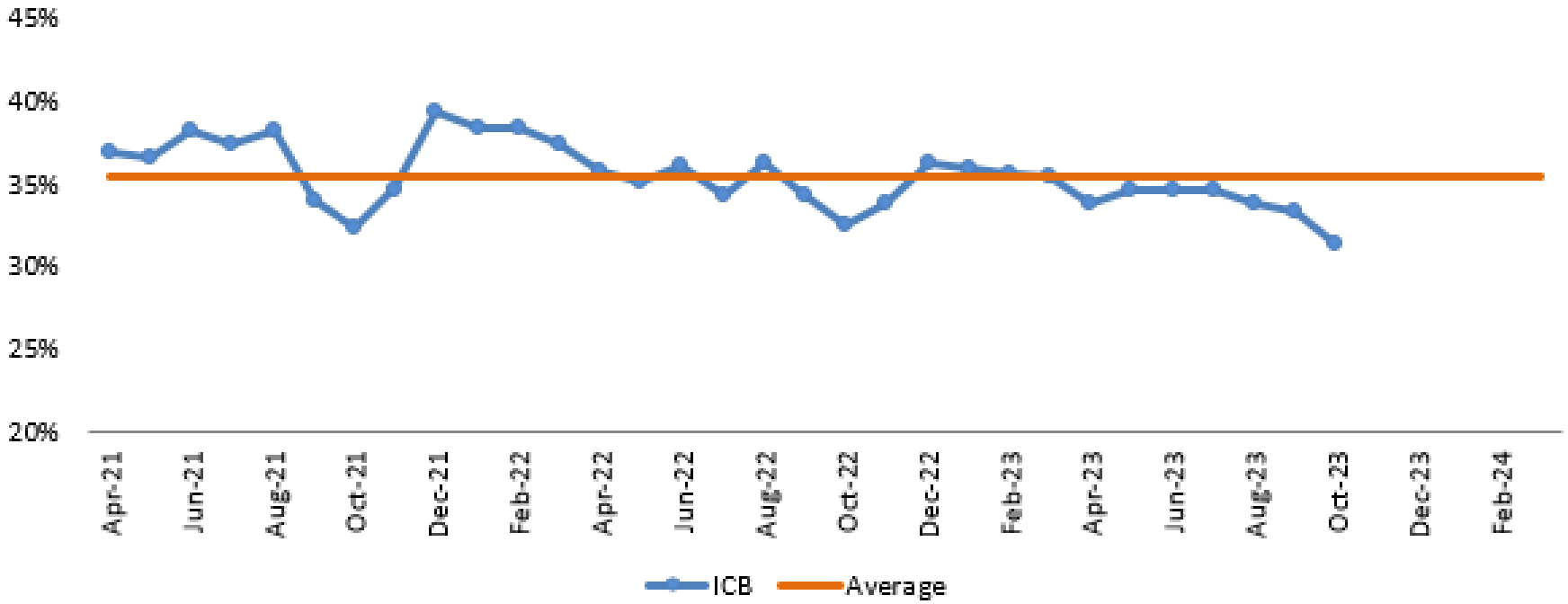
- The 40% target is purely indicative at this point and based on current guidance from NHSE regional team. The actual target will be confirmed in due course.
- A key question is whether the same day appointment is required or not – data doesn't specify but it's reasonable to assume that the majority of same-day appointments would have been required following triage.

GP appointments – within two weeks



- Both same day and two-week appointments dip in October each year – this may be due to delivery of vaccination campaigns at this time.

Practice appointments – % seen by a GP



Indicator

GP Appointments- percentage seen by a GP

Period

Oct-23

Performance

31.3%

Trend

Practice appointments – % seen face-to-face

Indicator

GP Appointments Mode- percentage seen face to face

Period

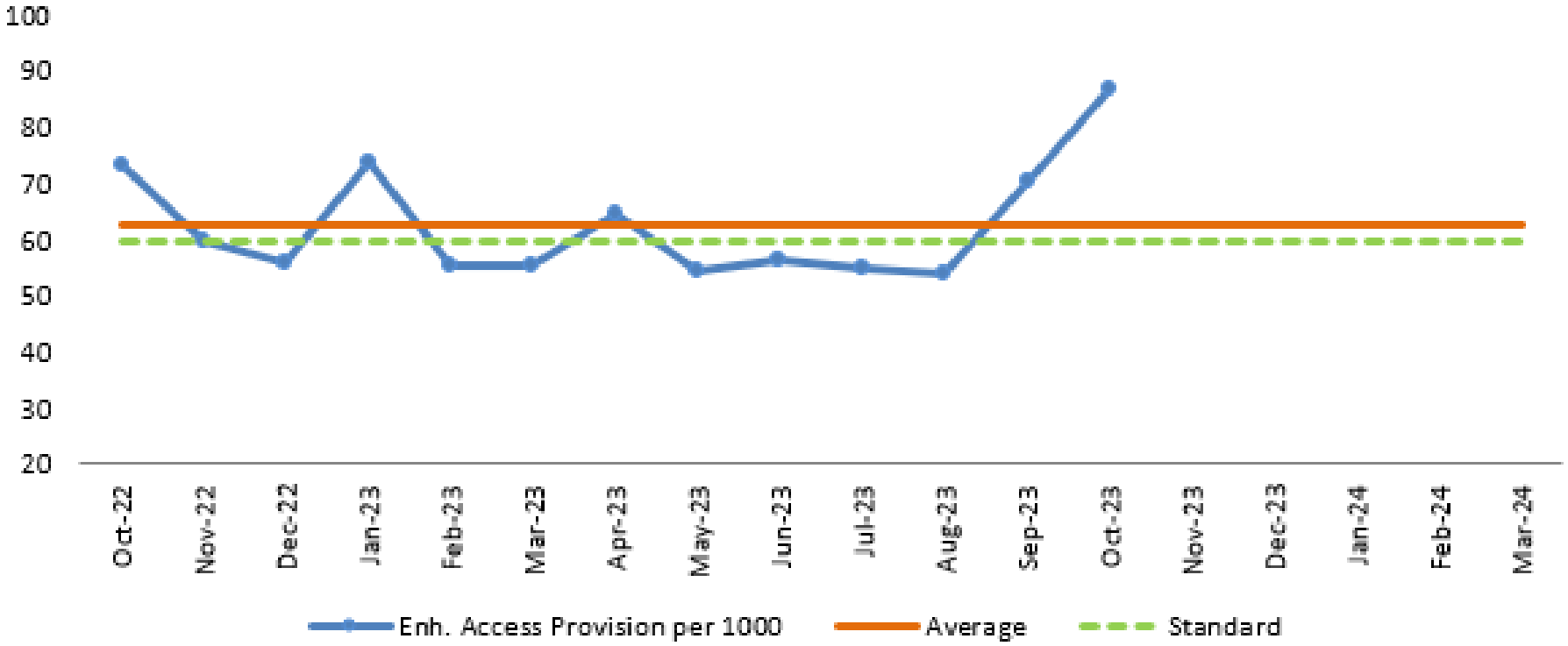
Oct-23

Performance

72.7%

Trend

Enhanced Access – minutes per 1000 patients



Indicator

The number of minutes of enhanced access appointments available per 1000

Period

Oct-23

Standard

60

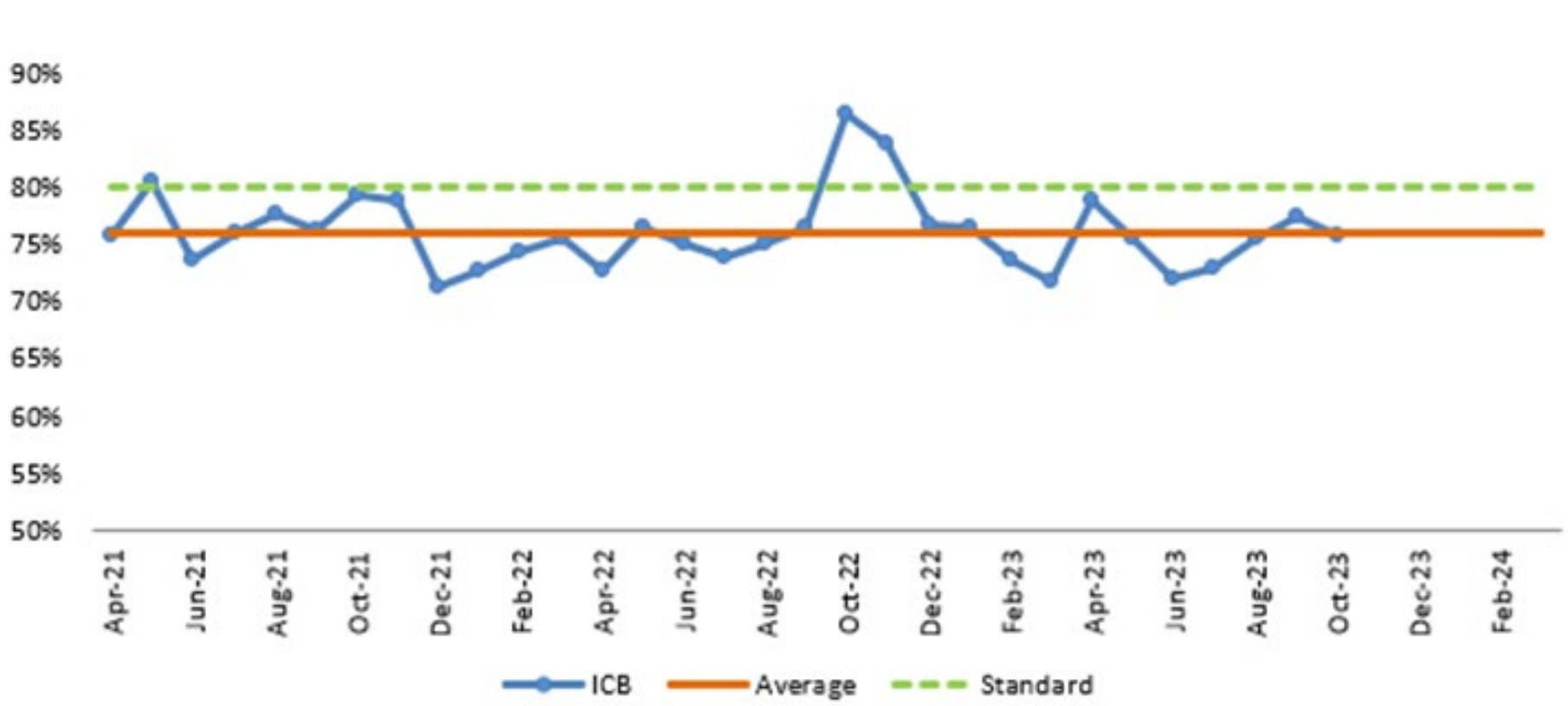
ICB

87

Trend

- The contractual requirement is 60 minutes per 1000 patients (weighted population)
- Performance in September and October is artificially high as some PCNs have provided vaccination appointments through Enhanced Access clinics (this is permitted)
- Average delivery over the year is above the contractual requirement

Enhanced Access – utilisation



Indicator

The percentage of available GP extended access appointments utilised (ICB)

Period

Oct-23

Standard

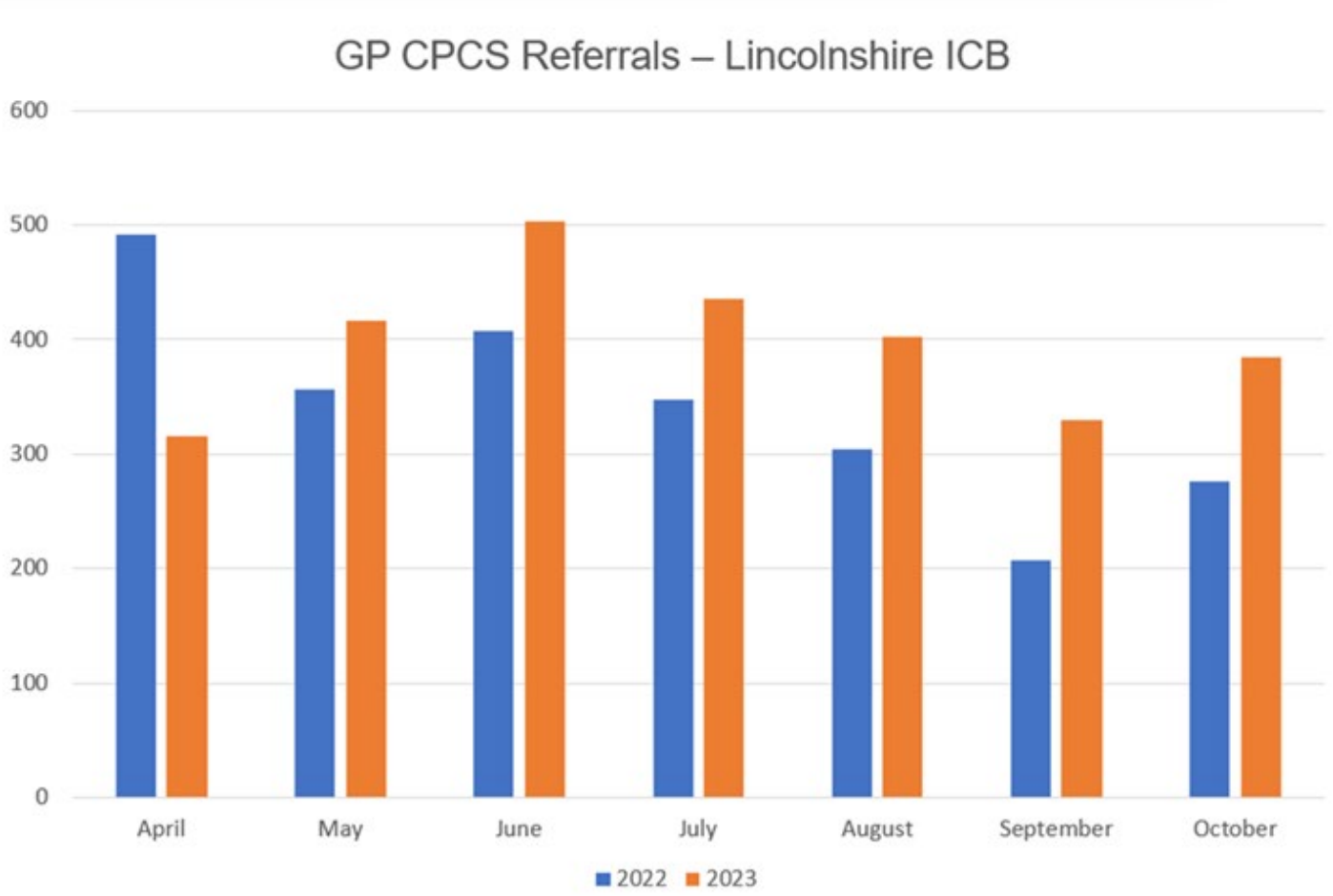
80%

ICB

75.8%

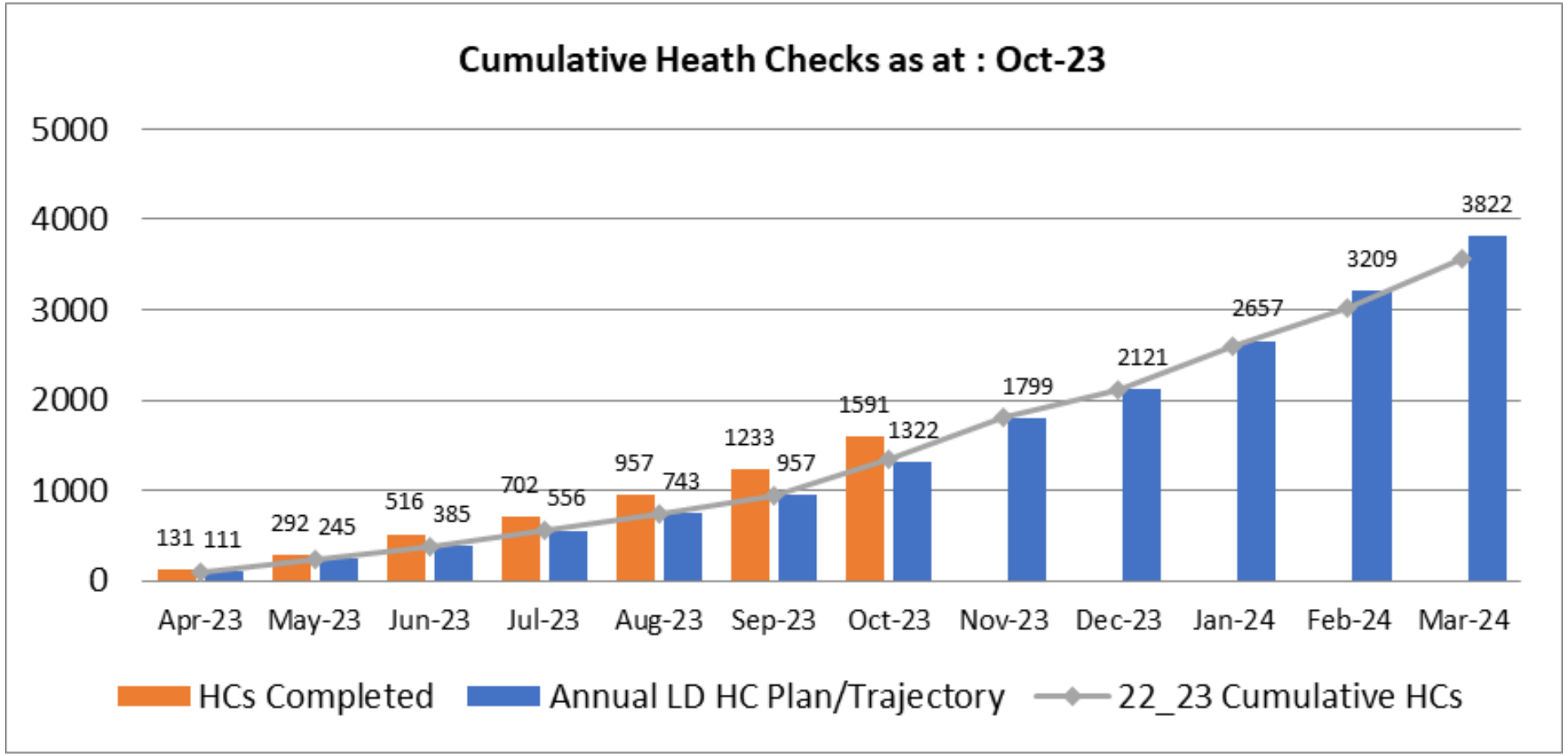
Trend

GP Community Pharmacy Consultation Scheme Referrals



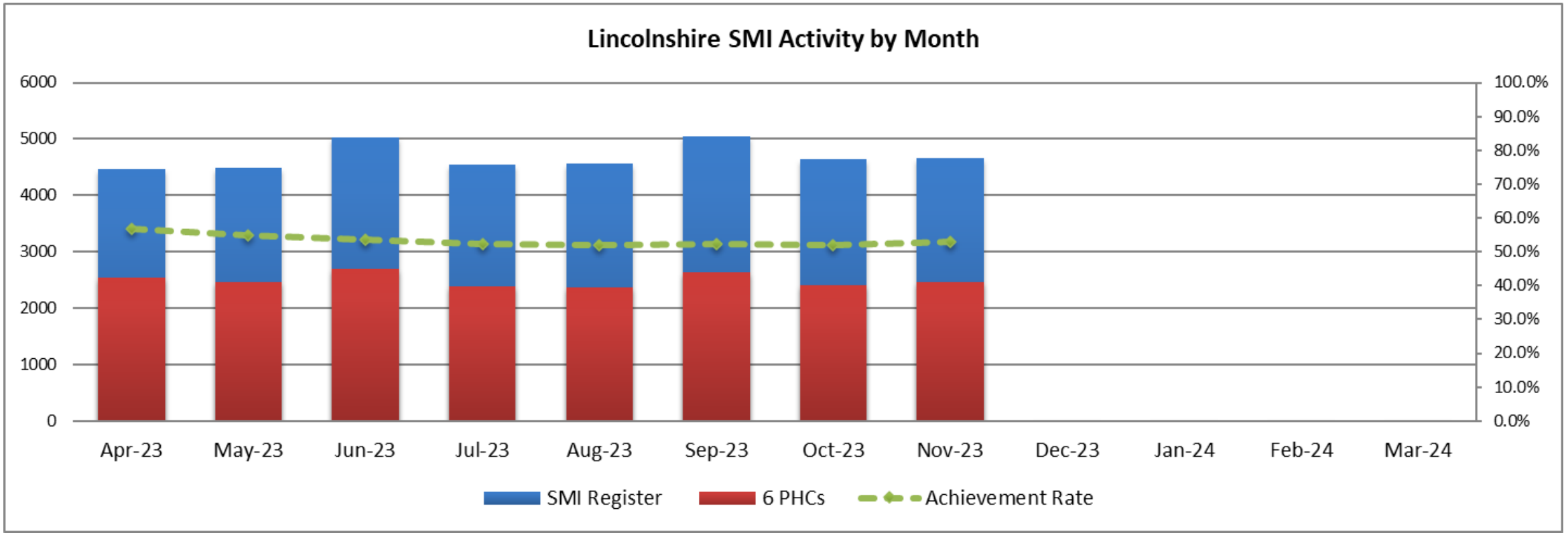
- GP CPCS referrals remain relatively low
- Access to community pharmacies and the general level of dispensing practices are both factors affecting referral rates
- Referrals in 2023/24 are generally higher than in 2022/23
- Work is ongoing with community pharmacies and GP practices to improve referral rates and support patients in accessing pharmacy services where appropriate

Learning Disability Health Checks



- LD Health Checks remain above plan

SMI Health Checks



- Delivery is currently below the 60% target, performance is expected to improve into Q4 although additional funding has not been made available to support delivery this year.
- Work to improve outcomes of health checks is underway – including promoting referral into appropriate lifestyle support services as an outcome of the health check

NHS
Lincolnshire
Integrated Care Board

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Number:	9
Meeting Date:	20th December 2023
Title of Report:	Quality Update Report
Report Author:	Wendy Martin, Associate Director of Nursing & Quality
Presenter:	Wendy Martin Associate Director of Nursing & Qualty
Appendices:	N/A

To approve ☐	For assurance ☒	To receive and note ☐	For information ☐
Recommendation or particular course of action, e.g approve the strategy, endorse the direction of travel.	**Assure the Board/Committee that controls and assurances are in place.**	**Receive and note implications, may require discussion to help share/develop item.**	**Note, for intelligence of the Board/Committee without in-depth discussion.**

Recommendations

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.

Summary

Quality surveillance of each General Practice is undertaken by the ICB Nursing & Quality and Primary Care 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.

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.

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 and these are considered fully through the Private PCCC. The ICB primary care 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:

Caskgate Practice (Gainsborough) had a CQC inspection in May 2023. This Practice had known GP workforce challenges following partner retirement and illness, also known outdated unsuitable accommodation, requiring relocation. The CQC published the outcome of the May 23 CQC inspection in early August 23. The Practice was rated inadequate overall and placed in special measures.

Richmond Practice (North Hykeham) also had a CQC inspection in May 2023. Warning Notices were received by the Practice post inspection which the Practice has taken action to address. The full published outcome report of this CQC inspection was published in October 23 with an overall inadequate rating. There has since been a further follow up CQC inspection in early December the outcome of this inspection is awaited.

Branston Practice had a CQC inspection in November 2022 and was rated as inadequate overall and placed in special measures. **Improvements were evidenced at follow up inspection in January 2023 and there was a further planned full reinspection by the CQC at the end of June 2023. Publication of the CQC report from that June inspection has now occurred with a positive overall good rating.**

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	Quality improvement supports all 4 aims
Aim 2: Tackle inequalities in outcomes, experience and access.	
Aim 3: Enhance productivity and value for money.	
Aim 4: Help the NHS support broader social and economic development.	
Conflicts of Interest	**Summary of conflicts**
No conflict identified	

Risk and Assurance
Relates to the Quality of General Practice as per PCCC & Corporate Risk Register

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Yes – detail within the report
Does the report highlight any quality and patient safety implications?	Yes – detail within the report
Does the report highlight any health inequalities implications/	N/A
Does the report demonstrate patient and public involvement?	N/A
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	N/A

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☒	N/A ☐
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☒	N/A ☐
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☒	N/A ☐

Report previously presented at:
Not applicable
Is the report confidential or not?
Yes ☐ No ☒

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Integrated Care Board

PRIMARY CARE COMMISSIONING COMMITTEE

Agenda Number:	11
Meeting Date:	20 December 2023
Title of Report:	Primary Care Risk Register
Report Author:	Nick Blake, Programme Director – Primary Care
Presenter:	Nick Blake, Programme Director – Primary Care
Appendices:	Appendix 1 – Primary Care Risk Register December 2023

To approve ☐	For assurance ☐	To receive and note ☒	For information ☐
Recommendation or particular course of action, e.g approve the strategy, endorse the direction of travel.	**Assure the Board/Committee that controls and assurances are in place.**	**Receive and note implications, may require discussion to help share/develop item.**	**Note, for intelligence of the Board/Committee without in-depth discussion.**

Recommendations

The Primary Care Commissioning Committee is asked to:

- Consider the Risk Register 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, Communities and Social Value strategy.
- The foundation of the Strategy requires the rapid development of Primary Care Networks.

Summary

Risk summary listed by risk rating

Description	***Rating***
Risk to Enhanced Services – inflationary uplift	16
Demand pressures on GP practices	16
Resettlement scheme impact on GP practices	16
Energy costs & financial pressures – impact on GP practices	12 ⇩
Paediatric Referrals - can take up to 2 years.	12
Secondary care pathway changes	12
Oral Anticoagulation - fragility and resilience	12
Leg Ulcer Service Provision	12
Secondary care referrals - increased waiting times	12

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 (>12) and where there has been change in risk rating or updates over the last month. Only actions and comments updated from the previous month are included below, full detail can be found within the appended Risk Register (Appendix 1). Risk ID 24 – Energy costs and impact of financial pressures rating has been reduced in rating from 16 to 12, the Likelihood element has been reassessed as a 3 (from 4) following a review of the impact on individual practice viability. Financial pressures and cost increases are still affecting GP practice resilience - the overall risk is assessed as high.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	The Primary Care risk register supports effective management of risks and issues relating to patient outcomes and care.
Aim 2: Tackle inequalities in outcomes, experience and access.	The Primary Care risk register supports effective management of risks and issues relating health inequalities, experience and access.
Aim 3: Enhance productivity and value for money.	The Primary Care risk register supports effective management of risks and issues relating to productivity and value as well as mitigating potential financial risks to the ICB and wider system.
Aim 4: Help the NHS support broader social and economic development.	N/A
Conflicts of Interest	**Summary of conflicts**
No conflict identified	

Risk and Assurance
The risk register identifies how risks are being managed and aims to provide assurance to PCCC.

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Yes, there are potential additional costs related to Scan House and reindexing of files by NEC. Resource and financial implications of risks and issues are detailed within Appendix 1.
Does the report highlight any quality and patient safety implications?	Yes, potential loss of patient files or information. Patient safety and quality issues are detailed within Appendix 1.
Does the report highlight any health inequalities implications/	No.
Does the report demonstrate patient and public involvement?	No.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No.

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Report previously presented at:			
Not applicable.			
Is the report confidential or not?			
Yes ☐ No ☒			

Item 11b

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

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

PCCC Risk Register - 2022/23 - an Integrated Primary Care Risk Log to capture risks and issues that aren't practice or PCN specific but that affect primary care, including wider system issues

CRR - Overall Score of 12 or more (>12)

			Inherent Risk Rating				Current Risk Rating								
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	Mitigation	Action points/Updates (SMART ACTIONS)	Last review date	Lead Officer	Risk Owner	Timeline
24		**Energy costs** - high energy costs are affecting GP practice resilience and financial viability.	4	3	12	1. The National Energy Bill Discount scheme is in place - eligibility for the scheme depends on contract status and eergy are costs are linked to wholesale prices which may vary.	4	3	12	1. Ongoing monitoring of impact on GP practices and on national support available. 2. Finance and commissioning review of processes to respond to practice financial challenges to support development of a framework. 3. Checks with other systems to see if the same challenges are evident and what the response is.	1. Increasing number of practices reporting financial hardship / resilience problems. 2. Knock on effect of significantly increased fuel bills to cash flow. 3. In some circumstances heating is being turned down impacting on staff in particular but also patients. 4. The Government EBR scheme ends on 31 March 2023, this has been replaced by the EBDS scheme. 5. Ongoing monitoring of situation and impact on GP practices. 6. Discussion with LMC and ICB finance team on 13 July re framework for assessing financial pressures on practices and PCNs - work to develop this further planned for July and to link with practice support programme. The Resilience Framework has been drafted and is being developed further. 7. Resilience framework to support practices is in place and will be developed further on an iterative basis.	11/12/2023	Sarah-Jane Mills	Nick Blake	Ongoing
26		**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.	4	3	12	1. Raised through system resettlement forums, escalated to ICB Executive.	4	4	16	1. Monitoring impact on affected practices - ICB Teams (Quality and Primary Care) supporting where appropriate. 2. Enhanced Service specification development on hold due to changes in funding arrangements. 3. Work to mobilise the large site at Scampton underway - this work is supported by an ICB and LA team and has it's own risk register 4. If any further asylum accommodation is stood up the risks will require further review.	1. Specific risks related to the Asylum Seeker families. Pathway in place for both routine / urgent prescriptions and transportation of pathology samples via Age UK (cost impact). 2. Support is currently being provided to 1 hotel in the Grantham area with families, 1 at Bicker Bar and 5 in the Skegness area with single males. There is different modalities of support to the hotels depending on if they are housing families or single males. 3. Primary medical, screening and MH services are all stretched providing this non commissioned care. 4. ARAP (Afghan Resettlement) hotel accommodation has now stopped and families housed. 5. Currently working through the mobilisation of a large site north of Lincoln on RAF Scampton. Working with K2 as a Strategic Partner to develop a primary care service. Pathway work is underway with other stakeholders. The 'go live' date is changeable due to emerging issues and risks. Decision of the JR awaited 6. Risk score increased to 16 - due to capacity proactive health assessments not carried out at coastal hotels; ongoing issues with transport to and from health appointments at Stoke Rochford Hall (SRH); emerging issue with potential loss of health service accommodation at SRH 7. Recent information from HO indicating 2 x hotels Skegness to close end of Jan 24. 1 x family hotel Grantham to close end of Feb 24	07/11/2023	Sarah-Jane Mills	Shona Brewster	Ongoing
30	10/01/2023	**Demand pressures on GP practices**	4	4	16	1. GPAS system managed by the LMC - provides regular updates on GP practice pressures using an agreed approach 2. Daily monitoring through the ICB primary care team and where practices report pressures directly to the team 3. Primary care sitrep reports to the ICB UEC team and wider system 4. IIMARCH process for reporting GP practice staffing absences where impacting on services	4	4	16	1. Access programme support - Livi, Lantum, Accelerate programme etc. 2. Winter Pressures funding. 3. NHS111 DoS updates to mitigate dispositions to GP practices where appropriate. 4. ICB interface work up and running - this should reduce some of the administrative burden on GP practices and free up capacity for clinical work. his is expected to have a medium term impact overall although some interventions wiull have a more rapid effect (e.g. acute fit notes).	1. Risk raised and discussed at the Primary Care, Communities and Social Value Steering Group. 2. Agreed rapid review within the ICB team to identify resource to manage the issue with LMC and GP practices. 3. Further detailed review within the Directorate to consider how to engage GP practices, refine monitoring and develop a clear support offer, escalation and business continuity/mitigation plans – the development of monitoring processes and comms to practices have been completed. Work relating to practice Business Continuity Plans is ongoing. 4. Targetted assistance to manage demand and capacity through the national Support Level Framework - the development of the local approach is progressing with priority practices identified. 5. PCN Capacity and Access Plans are due by 30 Jun '23 - these have been reviewed by the ICB and support idneitification underway including Support Level Framework diagnostic. National Support Programme will support practices in mitigation of demand issues. 6. An approach to delivering the Support Level Framework diagnostic is under development with the ICB Quality Team, practices are being supported and encouraged to engage with the national GP Improvement Programme.	11/12/2023	Sarah-Jane Mills	Nick Blake	Ongoing

Consequence		Rare	Unlikely	Possible	Likely	Almost Certain
		1	2	3	4	5
Negligible	1	1	2	3	4	5
Minor	2	2	4	6	8	10
Moderate	3	3	6	9	12	15
Major	4	4	8	12	16	20
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			Inherent Risk Rating				Current Risk Rating							
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	Mitigation	Action points/Updates (SMART ACTIONS)	Last review date	Lead Officer	Risk Owner	Timeline
31	04/05/2023	**Risk to Enhanced Service Provision due to low level inflationary uplift**	4	4	16	1. Inflationary uplift based on national planning and operational guidance 2. Enhanced services receive this uplift in line with other primary and community contracts 3. Clinical Review Group established as a governance route for all enhanced services issues	4	4	16	1. Consideration of a locally applied top up to national inflationary uplift 2. Contracts stipulate a 6 month notice period for both provider and commissioner 3. Potential to explore the market for alternative provision 4. Require the resource to progress the framework / strategy to commission and contract ES differently	1. Risk Rating unchanged 2. Concern raised by providers through various routes, including at formal meetings. This concern also raised by the LMC and a meeting has taken place 3. Risk to provision from providers giving notice has increased due to low level inflationary uplift also linked to the cost of living crisis - increase in costs and wages 4. Patient care could be compromised resulting in access, quality and safety concerns. This will also increase the health inequalities 5. Potential impact to the system i.e planned care pathways 6. Alternative provision is unlikely to be sourced locally, going out to the market would have a level of risk 7. Risks escalated to PCCC via SRO operational update. Specific concerns for Phlebotomy, Treatment Room. See risk ID 21 for INR and 22 for Leg Ulcers 8. LMC and BMA encouraging practices to give notice on services 9. Briefing paper highlighting risks and issues re Phlebotomy service completed with recommedation for additional 2.5% tariff increase approved. 10. GP Contract uplifted following DDRB recommendation by 6%, this has not translated into a real funding increase of 6% 11 Treatment room paper taken to primary care business group meeting in November with funded solution to increase rates for Tier 1 treatment room (10% increase on current Tier 1 tariff) and introduce Teir 2 (30% increase on current Tier 1 tariff)for more complex dressing. Paper approved. Expectation that the 16 SW practices will rescind their notice to withdraw from this service.	11/12/2023	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Jun-23
18		**Paediatric Referrals** - GP referrals into paediatric services can take up to 2 years. This impacts on patient outcomes but is outside of primary care control.	4	3	12	1. Raised with DDON Wendy Martin and Clinical Leads as an issue. Further discussions with CYP commissioners planned.	4	3	12	1. Current system pathway issue, further exploration and identification of approach to address the issue required.	1. Current position with paediatric referrals is being kept under review with clinical leads and through locality forums. 2. Discussion with LPFT and ICB MH commissioning team re ADHD referral process underway and progressed over March. 3. Discussion and review between Quality Team and Primary Care Team underway - review with Clinical Leads scheduled for 1 Jun. 4. Development of CYP dashboard underway. 5. CYP pathways to be linked to LTC pathway programmes - all age approach to be taken.	11/12/2023	Sarah-Jane Mills	Sarah-Jane Mills	Apr-23
21	26/07/2022	**Oral Anticoagulation** - fragility and resilience of Warfarin services with practices giving notice to stop delivering the service	4	3	12	1. Enhanced service continuing but fragile due to reducing numbers of patients who are moving onto a DOAC, which was expedited due to Covid. 2. Issues for providers to maintain skills and competencies. 3. Service is no longer cost or clinically effective to provide at a practice level	4	3	12	1. 6 month notice period built into contracts which provides additional time for Commissioners/Contractors to find alternative provision 2. LCHS already providing INR services, and can be used as provider of last resort 3. K2 Federation pilot not progressed, but now working with First Coastal PCN to work up test pilot to be operational from April 2024 4. Options with other practices also being explored to provide on behalf of. Licensing issue highlighted but mitigated with funding approval for increased licensed numbers	1. Risk rating remains unchanged 2. Throughout Q1 & 2 a number of practices have given notice to cease delivering the service these include - Heart of Lincoln, Harrowby Lane, Stickney and Willingham by Stow, although local solutions within PCN or neighbouring PCN have been found.	11/12/2023	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Ongoing

Consequence		Rare	Unlikely	Possible	Likely	Almost Certain
		1	2	3	4	5
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			Inherent Risk Rating				Current Risk Rating							
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	Mitigation	Action points/Updates (SMART ACTIONS)	Last review date	Lead Officer	Risk Owner	Timeline
22	26/07/2022	**Leg Ulcer Service Provision**	3	3	9	1. Enhanced Services Clinical Review Group developing and updating specification in conjunction with a fuller review of wound management, but investment is required due to additional requirements to deliver a gold standard service linked to doppler assessment, shorter initial observation and conservative management, recall (compression stocking requirements). There is also no service for complex wounds commissioned currently commissioned. 2. Remuneration uplifted as per 22-23 Ops/planning guidance (1.8%) for treatment room and leg ucler services. Leg ulcer services remaining under pressure with NICE Guidance increasing demand, further compounded by lack of clinic space to manage increased demand and accommodate staff	3	4	12	1. Additional funding as part of the 23-24 contracting negotiations agreed - 404K for leg ulcers and 206K for treatment room (non-recurrent for 23-24) 2. Deep dive of LCHS AQP/DCA activity/capacity to be undertaken - T&F group in place to monitor as part of contractual oversight. Reporting back to CMB. 3. Strategy in development on commissioning services from PCNs and best model of funding. 4. Audit being undertaken in primary care Mid Oct - Mid Nov to understand levels of complex wounds/ulcers which are being managed in treatment room ES. Data to support case for enhanced tariff for complex wounds, so additional funding will help with resilience. 5. Lower leg summit being planned to raise awareness of issues and agree system mitigations	1. Risk rating unchanged 2. Operational delivery risks are being managed as part of contractual monitoring. 3. Additional investment provided to LCHS to fund staffing for service coverage where required. 4.3. LCHS have undertaken audit of service, transparency on total caseloads, waiters and risk management of patients waiting to access services. Report requesting c. £600k part of the 23-24 contracting round as investment into the leg ulcer & treatment room services - approved by investment panel 5. Task and Finish group has now commenced to oversee deep dive by LCHS into demand and capacity of Leg Ulcer Services and Treatment room services 6. Additional non-recurrent funding provided to LCHS to resolve the fragility of service provision. LCHS have been asked to consider their provision of this service on a larger scale this could be developed as a wider wound management service - leg ulcers, complex wounds, lymphodema etc. 7. Action taken early December which may reduce some pressure on this service - shared Chronic Oedema/lympoedema pathway and guidance on managing patients in primary care, with offer of free training and assessment of competencies by LCHS for practice staff in managing complex wounds, pressure stockings etc.	11/12/2023	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Ongoing
25		**Secondary care referrals** - increased waiting times for diagnosis and care in acute settings is affecting patient outcomes but outside of primary care control.	4	3	12	1. Raised with ICB cancer and planned care teams as an issue. Further discussions with clinical leads and ongoing monitoring through clinical fora.	4	3	12	1. Current acute trust capacity and bed flow issues alongside demand, further exploration of issues and monitoring required.	1. Current position with acute referral waits to be kept under review with clinical leads and locality forums. Any consequent impact on primary care to be monitored and mitigated where possible. 2. System planning work includes workstreams that should improve wait times - this will be kept under review. 3. Primary-secondary interface and management of people waiting for secondary care will be part of the Access Recovery workstream - this will mitigate some issues for primary care. 4. Industrial action may impact on wait times for some patients.	11/12/2023	Sarah-Jane Mills	Nick Blake	Ongoing
32	09/05/2023	**Secondary care pathway changes** - impacting on GP practices and patient care	4	3	12	1. Secondary providers do share pathway changes through the ICB PCCSV team but this isn't always consistent and may be at the time or after a change has been implemented 2. PCCSV GP Clinical Leads will review any pathway changes when shared 3. Care and Clinical Directorate can review pathways	4	3	12	1. Ensure all pathway changes are reviewed by GP Clinical Leads 2. Pathway reviews through the Care and Clinical Directorate are supported by Clinical Reference Groups. 3. Increasing coordination across the system on planning whould support visiblity of potential pathways changes at an earlier stage and enable engagement with GP practices and GP clinical leaders.	1. Risk raised through through the PCCSV Steering Group 2. Development of approach and principles to review proposed changes with Care and Clinical Directorate in June. 3. Interface group now meeting under the Care and Clinical Directorate.	11/12/2023	Sarah-Jane Mills	Nick Blake	Sep-23

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
			1	2	3	4	5
Consequence	Negligible	1	1	2	3	4	5
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	Moderate	3	3	6	9	12	15
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	1-3	Low risk
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	15-25	Extreme risk

Scoring matrix: 1
2
3
4
5

IT'S THE CURRENT RISK THAT DETERMINES WHETHER THE RISK GOES ONTO THE >12 SHEET OR THE <12 SHEET. ONLY THOSE RISKS WITH A SCORE OF >12 GOES TO PCCC
If the score is 12 they go to the meeting