NHS
Lincolnshire
Integrated Care Board

NHS Lincolnshire Integrated Care Board - Public Primary Care Commissioning Committee

Date: Wednesday 21st June 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: Ms Martin, Mrs Bunce,	-	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 15th February 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 report in relation to the Primary Care Recovery Plan	Receive	Enc	Nick Blake
8.	See performance data contained within agenda item 5 above	Note		Dr Gerry McSorley

FINANCE				
9.	None noted			
QUALITY				
10.	To receive an update in relation to Quality, Patient Safety, Experience and Effectiveness	Receive	Enc	Vanessa Wort
GOVERNANCE AND ASSURANCE				
11.	To receive the Risk Register	Approve	Enc	Nick Blake
12.	To receive an update in relation to the Delegation of the Pharmacy, Optometry and Dental Services	Receive	Verbal	Sandra Williamson/ Sarah Starbuck
MINUTES FROM COMMITTEES AND ESCALATION REPORTS				
13.	None noted			
INFORMATION				
14.	Any New Risks	Note	Verbal	Dr Gerry McSorley
15.	Items of Escalation to the ICB Board	Note	Verbal	Dr Gerry McSorley
INFORMATION				
16.	The next meeting of the Public Primary Care Commissioning Committee will take place on Wednesday 16th August 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
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 15th February 2023

Present:	Dr Gerry McSorley	Non-Executive Member - Chair
	Ms Wendy Martin	Associate Director of Nursing and Quality (for Mr M Fahy)
	Ms Sarah-Jane Mills	Director of Primary Care, Community and Social Value
	Mrs Julie Pomeroy	Non-Executive Member - Vice Chair
	Mrs Emma Rhodes	Associate Director of Operational Finance
	Mrs Sandra Williamson	Director of Health Inequalities and Regional Collaboration
In Attendance:	Ms Sarah Bates	Deputy Board Secretary
	Mr Nick Blake	Acting Programme Director for Primary Care
	Mrs Shona Brewster	Head of Transformation
	Mrs Jacqui Bunce	Programme Director – Strategic Estates, Partnerships & Planning
	Dr John Parkin	Clinical Leader
	Councillor Sue Woolley	Chair – Health and Wellbeing Board
Apologies:		
23/033	Dr Reid Baker	Medical Director, LMC
	Mr Martin Fahy	Director of Nursing
	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.

23/034 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.

23/035 ICB PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE MEETING MINUTES DATED 21st DECEMBER 2022

The minutes of the ICB Public Primary Care Commissioning Committee Meeting minutes dated 21st December 2022 were received and approved. The Public Primary Care Commissioning Committee agreed to:-

- Approve the minutes.

23/036 MATTERS ARISING NOT ON THE AGENDA

22/119 – System Planning Update – item discussed as part of the Director of Primary Care, Community and Social Value report. ***Action complete.***
22/125 – Terms of Reference – refreshed Terms of Reference to be presented at a future meeting following the transition arrangements for Pharmacy, Optometry and Dental services.

GENERAL ISSUES/PROGRESS UPDATE

23/037 DIRECTOR OF PRIMARY CARE, COMMUNITY & SOCIAL VALUE

Ms Mills advised that this is a new report and that 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.

Ms Mills highlighted that a validation exercise is being undertaken in terms of the number of GP appointments being offered. It was noted that during 2022, General Practice delivered 4,752,844 appointments in total, an increase of 28% compared to 2019, (this excludes Covid-19 vaccination activity and the Additional Roles that have been introduced in PCN's). It was noted that a number of patients are being seen face to face with a significant proportion seen within two weeks of the patient contacting the Practice.

In terms of the delivery of Learning Disability and Serious Mental Illness health checks this is expected to increase over February and March, both are above or close to the Year-to-Date target.

Ms Mills added that for the diabetes eight care process delivery performance is significantly off-target and remedial actions are under review.

An update was provided on the dispersal of patients from the Spalding GP Practice and that the majority of patients were transferred to alternative providers last week and the remaining 34 patients with a registered address outside of the Spalding area have been contacted and asked to register with a Practice close to their home address. Members of the public and the staff were thanked for their support during the transition process.

In terms of the Sidings Practice, Omnes the new healthcare provider has been working to strengthen service provision.

Concerns have been raised regarding the cost of living and the impact on GP Practices in particular with the end of the government subsidiary in April 2023 for energy costs. Furthermore, the wage increase by 9.7% and the uplift through the GMS contract at only 2.1%. Discussions took place regarding the extent of the impact on primary care and that a modelling exercise could be undertaken.

Ms Mills stated that the Primary Care Network Alliance is working to maximise the opportunity to recruit to the remaining Additional Roles that will extend the primary care provision and provide increased access for the general public.

From April 2023 the ICB will assume the responsibility for the local management and commissioning of Pharmacy, Optometry and Dental services and that significant work has been taking place to support the transition.

In terms of system planning the Operational Plan for 2023/24 has been received however the specific guidance for primary care is still awaited. Work is ongoing in reviewing the Five Year Forward View.

Dr McSorley queried the performance data provided in relation to the delivery of primary care services across Lincolnshire and the Standard/Target descriptions. Ms Mills responded and advised that these are national Standards/Targets. A further query was raised regarding the access data which is sourced from the GPAD system and the data quality review and the variation in the data reporting approach across Practices. Ms Mills advised that there are complexities in how each Practice records the data and that some Practices automatically collect the data relating to remote consultations whilst for other Practices this is not always captured. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

STRATEGIC ISSUES

23/038 SYSTEM PLANNING UPDATE

Item discussed at Point 23/037.

SERVICE DELIVERY AND PERFORMANCE

23/039 No issues to note.

FINANCE

23/040 No issues to note.

QUALITY

23/041 QUALITY, PATIENT SAFETY, EXPERIENCE AND EFFECTIVENESS UPDATE

Ms Martin advised that there are known and ongoing quality issues with a few of the General Practices which rate higher on the ICB Quality GP Risk Register. The ICB locality and quality teams and the LMC (Local Medical Committee) 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. Ms Martin provided an update on the:-

Lakeside Stamford Practice which is currently rated Requires Improvement overall by the CQC, with Inadequate in the Safety domain. The Practice 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.

Spalding Practice has a Requires Improvement CQC rating. The list dispersal for this Practice is currently underway to neighbouring Practices. Whilst that occurs the ICB and Lincolnshire Community Health Services, who currently run the 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. The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

GOVERNANCE AND ASSURANCE

23/042 RISK REGISTER UPDATE

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

- 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.

- 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.

- 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.

- 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.

- 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 as an issue by GP practices. The situation has stabilised and the risk reduced.

The Public Primary Care Commissioning Committee agreed to:-

- Note the update.

MINUTES FROM COMMITTEES AND ESCALATION REPORTS

23/043 None noted.

INFORMATION

23/044 ANY NEW RISKS

None noted.

23/045 ITEMS OF ESCALATION TO THE ICB BOARD

- Spalding Practice and the support during the patient list dispersal process.
- Financial impact and the cost of living on GP Practices.

23/046 DATE AND TIME OF NEXT MEETING

Wednesday 26th April 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 15th February 2023

Minute Number	Meeting	Item	Action Required	Responsible Officer	Date to be Completed By	Progress as at Month/ Year	Status
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	Revised ToR to be presented in the Summer.	

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PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 21st June 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:	N/A

1.	Key Points for Discussion:

- Primary Care Recovery Plan (covered in separate paper)

2.	Recommendations

- The Primary Care Committee note the content of this report

3.	Report

The purpose of the report is to provide the committee with information relating to the activity of the primary care and communities team work plan that due to commercial confidentiality cannot be discussed in an open forum.

Service Delivery

Current Performance

There are no significant performance issues of risks issues to flag to the Committee this month, performance on Access remains broadly positive. For Health Conditions: checks are at an early stage in the year with work planned to deliver against target and improve performance, diabetes performance continues to improve (data is available up to the end of Q3 2022/23). Hypertension diagnosis confirmation, asthma treatment and dementia diagnosis were all below target at year end 2022/23 – work is ongoing in these areas and will be developed further in the 2023/24 programme plan.

The Directorate performance framework and reporting is under review and will be aligned to the Primary Care Access Recovery Plan and developing Communities work programme. Prescribing indicators have been removed for now as historic indicators were being used, these will be aligned to Medicines Management and Optimisation team priorities in future reports.

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%	Apr-23	-	33.8%	
GP appointments - % seen face-to-face	67%	Apr-23	-	70.0%	
GP appointments – booked appointment: same day	42%	Apr-23	-	45.8%	
GP appointments – booked appointment: within 14 Days		Apr-23	-	79.8%	
Mins of Enhanced Access per 1000 adj pop	60	Apr-23		64.4	
Enhanced Access Utilisation Rate	80%	Apr-23		78.9%	
Health Conditions:					
LD Health Check Delivery rate (Year End Target)	85%	Apr-23	111	131	2.9%
SMI Health Check Delivery rate	60%	May-23	4,507	2459	54.7%
CVD - hypertension - patients receiving clinically appropriate follow-up	50%	Mar-23	-	41.4%	
Diabetes – patients receiving all 8 care processes (Year End Target)	58.90%	Jan 2022 - Dec 2022	-	44.1%	
Asthma – patients receiving 3+ corticosteroid inhalers in last 12 months	72.10%	Mar-23	-	70.7%	
Dementia Diagnosis Rate	67%	Mar-23		63%	
Weight management - obesity register	88,177	Mar-23	-	94193	
Weight Management - referrals	-	Mar-23	-	9,249	
% Weight Management - referrals		Mar-23		9.8%	
Workforce					
GP fte/100,000	17	Apr_23	-	54.8	
Nurses FTE/100,000	26	Apr_23	-	40.4	
ARRS funding utilisation	100%	Nov-22	-	72%	

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)

Glebe Park Surgery Premises Development Stakeholder Engagement Exercise Summary

- 12-week engagement ran between Monday, 20th February and Monday, 15th May 2023.
- Methodology: Engagement included two patient engagement events and patient survey.
- Engagement events were attended by 27 patients in total registered at the practice, all patients except one supportive of the plans. Patients mainly attended to find out more information about future plans and to support the practice.

Summary of Survey Results

- The majority of the 415 patients who completed the survey were in support of the practice moving to the Carlton Centre.
- 98% *fully understood* (91%, 377/415) *or partially understood* (7%,29/415) the reason why the practice are proposing to move.
- 93% of respondents considered this move to be very beneficial (71%, 261/366) or quite beneficial (22%, 79/366).
- The majority of free text comments were positive in sentiment supporting the move. This was for all questions where there were free text comments, with around 90% of comments being positive for all questions.
- The concerns for patients who were not supportive of the move, or said they would have issues with travelling have been highlighted within the full report for consideration by the practice, a lot of the concerns can be addressed by updating the practice's frequently asked questions document and other information on developments to be shared with patients.
- As highlighted in the Equality Impact Assessment, Appendix 1, the assumption by the practice was that during the patient engagement some elderly patients and those with disabilities may highlight some concerns especially if they live close the current premises. In order to understand the views of these patients, and if there is anything in particular that the practice need to consider, the responses to key survey questions have been compared by the characteristics of older age (over 70) and disability to the general survey responses. There were no significant impacts identified through this engagement for elderly or disabled patients and any key concerns have been highlighted for the practice to consider.
- In conclusion, this is an extremely positive report and a large majority of the patients who have engaged are fully supportive of this move. It should also be noted that patients were very satisfied with the service they receive at this practice, and had high praise for all of the staff working there.

Primary Care Network Configuration

SOLAS

SOLAS PCN which covered patients registered with Merton lodge, Old Leake, Stickney and Spilsby service have joined the First Coastal PCN. In order to ensure that service provision reflects the needs of the local population the PCN has established two divisions. Practices previously covered by SOLAS PCN are included in the rural division. Whilst Hawthorn, Beacon and Marisco will be covered by the coastal division.

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

6.	**Financial/Resource Implications**

There is an ongoing awareness that the increase in cost of living is having an impact on GP practices. The primary care team are working together with GP colleagues to understand these and develop mitigation plans to reduce the risk of reduced service 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**
Sarah-Jane Mills Director of Primary Care, Communities & Social Value NHS Lincolnshire ICB sarah-jane.mills1@nhs.net Mob: 07870 898428	

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PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 21 June 2023
Location: MS Teams

Agenda Number:	7
Title of Report:	Primary Care Access Recovery Plan
Report Author:	Nick Blake, Acting Programme Director – Integrated Primary Care and Communities
Appendices:	

1. Key Points for Discussion:

This section should explain briefly the key points for discussion.

2. Recommendations

The Committee is recommended to note the comments of this report.

3. Executive Summary

Introduction
The covid pandemic has changed the way in which people access health care services with demand growing faster than ever before and has added to demand from the ageing population profile, this means that practices can struggle to meet all patient's needs. In Lincolnshire, GP practices provided 626,370 more appointments in 2022/23 when compared to 2019/20, a 14% increase: whilst face-to-face appointments are broadly similar there has been a big increase in the number of telephone consultations. Patient Satisfaction survey results for Lincolnshire[1] shows that the County has very similar issues to the national picture with most people rating the care they receive from their GP practice as good but with access an issue – the lowest ratings relate to telephone access and ease of use of websites.

NHS England published the Delivery Plan for recovering Access to Primary Care on 9 May 2023[2] - this is part of a range of recovery plans for the health system including urgent care and planned care. The Plan commits to tackling the 8am rush for appointments so it is easier for people to get the care they need. In turn this should take some of the pressure off GP practice teams and provide a foundation for the vision for Primary Care set out in the Fuller Report[3].

Overview of the Plan
The Plan has two key ambitions:-

- Tackle the 8am rush and reduce the number of people struggling to contact their practice – people shouldn't have to call back another day.
- For patients to know on the day they contact their practice how their request will be dealt with – clinically urgent requests should be seen on the day and others usually within two weeks. People may be signposted to self-directed care of other services where appropriate.

[1] https://www.gp-patient.co.uk/ICSslidepacks2022#region3
[2] https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/
[3] https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/

To deliver the ambitions the plan for 23/24 focusses on four areas:-

1. Empowering patients to manage their own health using the NHS App, self-referral and other services
2. Implementing Modern General Practice Access supported by improved telephony systems, online consultation tools and avoiding asking people to ring back another day
3. Building capacity with more staff offering more appointments
4. Cutting bureaucracy by reducing some of the tasks that take primary care clinicians away from seeing patients and simplifying some of the indicators used to monitor practices and Primary Care Networks (i.e. Investment and Impact Fund (IIF) indicators).

A range of support is being made available to deliver the aims:

- *Digital telephony* - Financial and procurement support for digital telephony to any practice who, by July 2023, indicates that they need to move from analogue to digital telephony.

- *Digital tools for online consultation, messaging and appointments* - Funding of uplifted framework tools for online consultation, messaging, self-monitoring, and appointment booking tools.

- *Transformation support* - A range of offers from the National General Practice Improvement Programme.

- *Transition cover* for significant improvement efforts in selected practices worth c.£13.5k/practice of flexible funding covering (e.g. extra practice shifts, locums, peer support).

- *Care navigation training* - every practice and PCN allowed to nominate one member of staff to undertake training.

- *Repurposed IIF to support time for transformation* – nationally £172m to be unconditional 'Capacity and access support' paid monthly (c.£11.5k / month / average Primary Care Network) and £74m for ICB commissioner to discretionarily dispense.

- *Increase in Primary Care Network Additional Roles Reimbursement Scheme (ARRS)* increased flexibility & ARRS staff numbers through increasing ARRS funding by £385m.

The Plan is focussed on GP practices initially and does include extending the range of services available at community pharmacies and supporting people to access care at pharmacies instead of at a GP practice. This builds on existing work to embed and improve the uptake of the Community Pharmacy Consultation Service which enables GPs to refer people to their local pharmacy where appropriate – uptake levels in Lincolnshire are relatively low currently, partly due to geography and pharmacy location. It is expected that, as the commissioning arrangements for pharmacy, ophthalmology and dental primary care services are further embedded there will be additional opportunities to improve access through more integrated primary care pathways.

Local delivery of the Plan

Delivery of the Primary Care Recovery Plan is a priority for NHS Lincolnshire ICB – some of the actions within the plan are well underway with others being developed – this will work will be managed with the Primary Care, Communities and Social Value programme for 23/24. Progress on delivery will be overseen and assured through the Directorate governance framework with regular reports to the ICB Executive and Primary Care Commissioning Committee.

Effective partnership between the ICB, primary care and system partners is essential to delivery – alongside ongoing engagement with the people of Lincolnshire so everyone is aware of the changes that are being made and are supported in their health needs being met e.g. in terms of feeling confident about self-directed support and referral pathways.

A summary update of progress and on delivering the Recovery Plan in Lincolnshire is provided below.

Empowering patients
The ICB continues to support practices and patients making use of the NHS App and in making information available through the App: 28% of practices in Lincolnshire have made patient records available through the App ahead of the Oct 2023 requirement, this is the highest in the region currently.

Communications and engagement are planned across the year to ensure people are up-to-date on developments and how they can access support using the new systems processes.

Modern GP Access
Benchmarking GP practice telephony systems and identifying which practices could be supported to move on to an advanced telephony system has been a recent priority area of work – a review of practice systems was completed on 12 June.

Funding will be available to support the 16 practices currently not using advanced telephony systems and this should be available in July with a 1 July deadline for sign up for those practices wanting to move to advanced telephony. The ICB will be looking in future to work with PCN and practices to make use of all the functionality that advanced telephony systems offer and to support PCNs and practices that want to link telephone systems.

The ICB continues to fund a range of GP practice online consultation tools and has an extensive package of support and training available to practices to optimise usage.

Benchmarking GP practice activity and improving data consistency is a priority for 23/24 and will provide a foundation for support and transformation work.

In terms of transformation support to GP practices, the ICB has a well-developed support offer in place that included coordinated work with the Local Medical Committee, support from ICB teams and excellent engagement from practices with the national Accelerate programme. Capacity Access Improvement plans are being developed by Primary Care Networks (PCN) currently which will be reviewed and agreed by the ICB by 31 July – confirming support based on PCN and practice need will be part of finalising these plans.

A System Level Access Improvement Plan is a requirement for all ICBs and will be presented to the ICB Board in October or November.

Building capacity
Around £3.2million of ARRS funding for Lincolnshire wasn't used last year, current plans for 23/34 forecast an underspend of around £732K against a maximum possible budget of £19.97 million. Work to maximise use of available ARRS funding in 23/24 is underway with planning and delivery coordinated across the ICB and Primary Care Network Alliance e.g. recruitment of Palliative and End-of-Life Care Coordinators. Systems are in place to monitor use of ARRS funding over the year and to develop and implement additional recruitment opportunities through his funding stream.

The ICB's Primary Care People Plan covers four key areas including attracting primary care workforce to the County and retaining those already working here – mentoring, apprenticeships alongside training and development opportunities all form part of the plan. Key areas for focus in 2023/34 include:-

1. Addressing workforce capacity and capability shortages by improving workforce planning and identifying critical gaps and pipelines.
2. Conduct a 'Deep Dive' on current Attraction, Recruitment & Retention activities, reviewing what is working well and what could be done differently and collectively to help build capacity.
3. Co-design and put in place the appropriate infrastructure and support to enable all PCNs to evolve into integrated neighbourhood teams.
4. Support Primary Care to be a great place to work and enable individuals to reach their potential.

Cutting bureaucracy
The key area of focus here is improving the primary-secondary care interface using the recent report from the Academy of Royal Medical Colleges[4] as a basis for this work. This will include developing a local consensus on how primary and secondary care can work more effectively together and explicitly agree where some tasks are best carried out e.g. supporting secondary care clinicians to issue fit notes for the required period as opposed to requesting patients contact their GP.

This work is at an early stage but is important and will be developed further over the coming months, feedback on progress will be provided to the ICB Board in October or November.

4.	**Management of Conflicts of Interest**

None identified.

5.	**Risk and Assurance**

Risks associated with GP practice resilience, access and the interface with secondary care are included within the Primary Care, Communities and Social Value risk register and reported to PCCC. Risks in terms of delivery of the Recovery Action Plan will be managed and monitored through the Directorate governance framework and escalated to PCCC as required.

5.	**Financial/Resource Implications**

As noted in the main body of this report, delivery of the Recovery Plan is supported by a range of funding streams including Primary Care System Development Funding. Delivery of the work will required significant ICB and primary care capacity and resource – this will be managed within the existing establishment and available funding.

6.	**Legal, Policy and Regulatory Requirements**

Policy requirements are set out in the report and in the NHSE Primary Care Recovery Delivery Plan.

[4] https://www.aomrc.org.uk/wp-content/uploads/2023/05/GPSC_Working_better_together_0323.pdf

7.	Health Inequalities implications
None identified, there will be opportunities to address health inequalities within the delivery of the Access Recovery Plan.	
8.	**Equality and Diversity implications**
None identified.	
9.	**Patient and Public Involvement (including Communications and Engagement)**
As noted in the main body of the report, engagement and communication with patients and the public forms a significant element of the work – this will be included in the overarching work programme.	
11.	**Report previously presented at**
Not applicable.	
12.	**Sponsoring Director/Partner Member/Non-Executive Director**
Sarah-Jane Mills; email sarah-jane.mills1@nhs.net; tel 07870 898428.	

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PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 21 June 2023
Location: MS Teams

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

1. Key Points for Discussion:

The purpose of this report is to highlight any general quality concerns for General Practice with information on any mitigating actions.

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.

2. 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.

3. Executive Summary

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.

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 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:

Hawthorne Practice in Skegness had a CQC inspection in August 2022 and was rated as inadequate overall and placed in special measures. Improvements were evidenced at follow up inspections, the last inspection taking place in April 2023. **The published outcome of that inspection is awaited, is likely to be an improved position for this Practice.**

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 a there is a further planned full reinspection by the CQC at the end of June 2023.**

Trent Valley Practice has a Requires Improvement CQC rating post CQC inspection in September 2022. The ICB is satisfied that appropriate improvement actions have been progressed by the Practice. **The CQC will undertake a planned full reinspection of this Practice in the summer 2023 with a date for this to be confirmed.**

Caskgate Practice (Gainsborough) has had a recent CQC inspection. This Practice had known GP workforce challenges following partner retirement and illness, also known outdated challenging accommodation, requiring relocation. The published outcome of the CQC inspection is awaited.

Richmond Practice (North Hykeham) has also had a recent CQC inspection. The published outcome of this CQC inspection is also awaited.

Lakeside Stamford –this practice was placed in Special Measures post CQC inspection in June 2021. The Practice remained in Special Measures pending the outcome of the most recent CQC re-inspection, which occurred at the end of November 2022. **The CQC Report from this inspection is published and the Practice rating although still Requires Improvement improved with better domain ratings, particularly notable is the move out of an inadequate rating for the Safety domain. The Practice is now removed from the CQC Special Measures regime. The ICB and LMC continue to support the Practice with their continuing improvement action areas.**

Spalding – now removed as a risk rated Practice as full list dispersal now achieved and Practice closure.

Since the last public Primary Care Commissioning Committee delegated responsibility for the quality of Pharmacy, Optometry and Dental Provision transferred from 1st June 2023 to the ICB from NHS England. There was a full transition programme of work to facilitate the arrangements for this. Lincolnshire ICB are working collaboratively with the other East Midlands ICBs and Nottingham & Nottinghamshire ICB are hosting the transferred staff from NHS England aligned to these services. The staff transferred include contracting and clinical advisor staff who undertake the main operational quality assurance and improvement activity with Pharmacy, Optometry and Dental providers. Any quality issues are reported and discussed through a separate dedicated Quality Forum which is attended by the Associate Director of Nursing and Quality. This will enable any pertinent issues and themes to be escalated through into existing established ICB governance processes, including this committee.

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

6.	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.	
7.	**Legal, Policy and Regulatory Requirements**
Maintaining good quality Primary Care including General Practice provision across Lincolnshire	
8.	**Health Inequalities implications**
Nil relevant to note	
9.	**Equality and Diversity implications**
Nil relevant to note	
10.	**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.	
11.	**Report previously presented at**
Nil applicable	
12.	**Sponsoring Director/Partner Member/Non-Executive Director**
Martin Fahy, Director of Nursing m.fahy@nhs.net	

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PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

Date: 21 June 2023
Location: MS Teams

Agenda Number:	11
Title of Report:	Primary Care Commissioning Committee Risk Register
Report Author:	Nick Blake, Acting Programme Director – Integrated Primary Care and Communities
Appendices:	Appendix 1 – Risk Register

1. Key Points for Discussion:

The Primary Care Risk Register provides the current assessment of risks that may impact on the delivery of Primary Care services across Lincolnshire.

2. 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.

3. Executive Summary

Risk summary listed by risk rating

Description	***Rating***
Energy costs & financial pressures – impact on GP practices	20
Risk to Enhanced Services – inflationary uplift	16
Demand pressures on GP practices	16
Lack of Spirometry provision in primary care	⇧16
Scan House	⇧16
APMS Contracts	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
Primary care capacity to respond to the resettlement programme	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).

27 - Scan House

This risk has increased. Current risk rating is 16.

Scan House Solutions Ltd provide off-site storage for patient files, the ICB received informal notification that the company was planning on going into liquidation in June. This has presented an immediate issue with GP practices' routine access to patient files, this has been mitigated to some extent by informing the Information Commissioner's Office and agreeing a process for urgent access to patient files. The ICB has contacted all parties to gain assurance that files remain securely stored.

An alternative service provider has been identified through a waiver process for 12 months with NEC, work to transfer files to NEC premises is ongoing and being expedited. Risk will reduce significantly once files have been transferred with remaining issue being to manage the backlog of file requests from GP practices. Transfer of files is subject to some logistical issues but expected within the next two weeks.

23 - Lack of Spirometry provision in primary care

The risk has increased. Current risk rating is 16.

This area of work is progressing, however, the investment case has not been improved and the planned market engagement event postponed. Further work on the financial case is ongoing.

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	

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

Sarah-Jane Mills
Director of Primary Care, Community & Social Value
sarah-jane.mills1@nhs.net
Mob: 07870 898428

Item 11b

Consequence			Likelihood: Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (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
	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
17		**APMS Contracts** - the loss of APMS Contracts will impact NHSL Federations ability to be an employing authority and offer employees access to the NHS Pension Scheme.	3	4	12	1. Currently seeking legal advice, reviewing BSA guidance and seeking advice from NHSE.	3	4	12	1. Potential use of flexibilities through BSA including federations applying for direction status up to 31 March 2023. Flexibilities under use of NHS Standard Contract are unlikely to apply.	1. Legal advice requested from Beachcroft, received 12 July 2022. 2. Meeting held with affected federations on 13 July to review advice and mitigations. NHSE to attend. 3. Plans developed with each federation to put in place interim solutions and seek advice/application to BSA. 4. Plans submitted by PCNs to ICB for Enhanced Access by 22 July, panel to review submissions held on 29 July 2022. 5. Mobilisation period up to 1 October 2022 to be utilised to make necessary amendments to arrangements to maintain access to NHS Pensions Scheme for affected staff. Further legal advice sought by the ICB to support each organisation. National subcontract imminent which may support issues raised. 6. Ongoing work with NHSE regarding PCN governance arrangements and legal structure, supported by legal advice at system level. 7. Confed is to meet with ICB Primary Care Directors in August. 8. Regular meetings being held with NHSE/I. 9. Bi weekly meetings being held with GP Federations. 10. Status of federation applications for NHSBSA directions to be reviewed. 11. Escalation via NHSE and NHS Confed to DHSC, now awaiting DHSC confirmation 12. Affected PCNs and Federations have confirmed they have received NHSBSA directions backdated to 1 Oct 2022. This mitigates the immediate risk. 13. DHSC currently out to consultation. Further support required to confirm suitable arrangements from 1 April 2023. 14. New guidance issued however this still leaves PCNs unsure of option to take. Advice sought from NHSE.	03/03/2023	Sarah-Jane Mills	Sarah Starbuck	Sarah Starbuck
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.	12/06/2023	Sarah-Jane Mills	Sarah-Jane Mills	Apr-23
21	26/07/2022	**Oral Anticoagulation -** fragility and resilience of Warfarin services with 2 practices having handed in notice to stop delivering services	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. Pilot with K2 Federation in delivering Warfarin services as PCN. 2. 6 month notice period built into contracts which provides additional time for Commissioners/Contractors to find alternative provision 3. LCHS already providing INR services, and can be used as provider of last resort	1. Risk rating remains unchanged due to Heart of Lincoln currently considering giving notice to cease delivering the service. 2. Notice given by Harrowby Lane Practice, continued review of patients for suitability to transfer to DOAC, numbers expected to be small 3. Working now with K2 Federation in piloting at scale service delivery	~~04/05/2023~~ 05/06/2023	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Jul-23
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. Service specification has undergone robust review and update. The Clinical Review Group monitoring and approving changes. Discussion with providers on particular pressure points affecting service provision / delivery, with additional funding to support delivery in areas not covered. 2. 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) 3. Deep dive of LCHS AQP/DCA activity/capacity to be undertaken - process to be managed contractually. 3. Strategy in development on commissioning services from PCNs and best model of funding.	1. Operational delivery risks are being managed as part of contractual monitoring. 2. Additional investment provided to LCHS to fund staffing for service coverage where required. 3. LCHS have undertaken audit of service, transparency on total caseloads, waiters and risk management of patients waiting to access services. Reports now shared with ICB and funding request circa £600k for TR and LU. Update from LCHS contract lead requested as LCHS had asked for additional funding as part of the 23-24 contracting round as investment into the leg ulcer services 4. 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	05/06/2023	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Jul-23

		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
Catastrophic	5	5	10	15	20	25

Consequence

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
23	14/09/2022	**Lack of Spirometry provision in primary care** resulting in delayed diagnosis and access to appropriate treatment for managing COPD. Concerns that GPs are using 2/52 pathways and elective respiratory pathways to try and access spirometry for patients, which is then declined by ULHT resulting in poor patient experience. No risk assessment of patients to determine harm undertaken at this stage. Increasing pressure from all aspects of ICS for spirometry services to be commissioned.	4	4	16	1. FINAL Specification now in place for community delivery of Spirometry and FeNO services 2. Risk rating increased from 12 to 16 5/6/23	4	4	16	1. Health inequalities funding to pump prime service through purchase of FeNO machines for PCNs 2. Staff training for spirometry now in place, funded by NHS E Midlands 3. Training hub also providing mentoring/supervision and support to staff undertaking training	1. EOI due to be issued on the 22/05/23 to PCNs 2. Comms/Engagement underway with discussions with PCNs, CRG about plans to commission service at PCN level. 3. Some concern raised by LMC and clinical leads re commissioning plans - PCNs are not legal entities, and no appetite so far to have this commissioned in same was as PCN DES (using host practices). Commisssioning team reviewing key messages to communicate to practices and PCNs 4. Market engagement event organised for 02/06/2023 all practices and PCNs to discuss further 5. Specification updated to reflect position in respiratory pathways 6. Funding pulled for service. Currently reviewing tariffs so that service can be commissioned. No current date to issue EoI	05/06/2023	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Jul-23
24		**Energy costs** - high energy costs are affecting GP practice resilience and financial viability.	4	3	12	1. Government 6 month energy cap announced - currently unsure whether this will continue beyond 6 months. The ICB has procedures in place to support GP practices.	5	4	20	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 circumstance heating is being turned down impacting on staff in particular but also patients. 4. The Government EBR scheme ends on 31 March 2023. 5. Ongoing monitoring of situation and impact on GP practices.	12/06/2023	Sarah-Jane Mills	Nick Blake	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.	12/06/2023	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	3	12	1. Monitoring impact on affected practices - ICB Team supporting where appropriate. 2. Enhanced Service specification in development to support with a funding structure for ongoing core needs of those in Lincolnshire on any of the strands of the programme. 3. Immediate safety risk of prescribing and pathology mitigated through implementation of pathway risk score lowered from 16 to 12. 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 2 hotels in the Grantham area, 1 at Bicker Bar and 5 in the Skegness area. 3. There is different modals of support to the hotels depending on if they are housing families or single males. 4. Primary medical, screening and MH services are all stretched providing this non commissioned care. 5. Report presented to PCCC in Feb, risks escalated to board. 6. Currently working through the implications ont he potential stand up of a large site north of Lincoln. Procurement intention notice published and preparing for a rapid competitive process for health provision. Some key detail from the HO on the mobilisation of the site is still to be determinded. This may need to be a seperate risk	09/06/2023	Sarah-Jane Mills	Shona Brewster	Ongoing
27	07/11/2022	**Scan House -** 44/82 practices are storing paper medical records off-site with Scan House (51 practices only). The practices hold individual contracts with Scan House who were recommended as a provider for off-site storage when the notes digitisation project (S1) was halted. Scan House are not achieving their KPI's. Repeated reports that patient notes sent to them by practices are not found within their system and/or facility. Notes that have been found are not being transported to practices in a timely manner, and on occasion they have even been sent via Royal Mail and not via Scan House's internal courier service. Notes are being request back for the following reasons: 1) Patients moving practice - notes are requested back to send to PCSE, if these are not fond practices are unable to send them and the patients new practice will be without them. 2) Insurance reports ask about the paper notes. 3) GP's request them to process urgent requests. In all cases the risk to the patient and ongoing clinical care could be significant.	4	3	12	1. Nigel Kenward – ICB Lead is in regular contact with Scan House managers. Scan House issued assurances 23/08/22 that they were working on the issues identified. GP Practices have been updated via the ICB GP Briefing and Locality Managers that the concerns raised and escalated to the ICB have been followed up with Scan House, Practices were asked to email the Primary Care Team with issues so that a tracker can be kept.	4	4	16	1. Issues and concerns feature on the Primary Care Digital roadmap. Escalation team includes Nigel Kenward, Martin Kay, Dave Smith, Steve Pitwell and Jen Rousseau. 2. Escalation from the CCG / ICB to Scan House due to the number of Lincolnshire practices they support. Scan House act on behalf of Ricoh UK who are NHS D approved providers 3. Practices looking at off-site storage providers are being advised that there are on-going issues with Scan House and risks highlighted with this provider. Thus avoiding further practices being impacted and Scan 4. House taking on more contracts that can't be managed	1. Practices who use Scanhouse were asked to complete a feedback questionnaire. Responses were quite mixed in the issues experienced. The situation continues to be monitored against the assurance the company issued to the ICB in a statement August. 8th & 9th November 2022 Nigel Kenward audited Scan House, subsequent report and agreed KPI's were signed off by the PCDDG w/c 5th December. These were then agreed with the provider on 20th December. On 22nd December the report and KPI's were shared with practices via the ICB GP Briefing. Risk to reviewed and suggested to reduice to 9, 3x3, to be reviewed internally in 3 months and then at 6 months with the provider as agreed in the KPI's.	09/06/2023	Sarah-Jane Mills	Shona Brewster	Ongoing

		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
Catastrophic	5	5	10	15	20	25

Consequence

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
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.	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. 5. PCN Capacity and Access Plans are due by 30 Jun '23 - these will be reviewed by the ICB.	12/06/2023	Sarah-Jane Mills	Nick Blake	Ongoing
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	1. Concern raised by providers through various routes, including at formal meetings. This concern also raised by the LMC and a meeting is to be arranged 2. Risk to provision from providers giving notice has increased due to low level inflationary uplift 3. Patient care could be comprimised resulting in access, quality and safety concerns 4. Increase in health inequality 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. Escalating risk via SRO Operational Update to PCCC 8. Briefing paper highlighting risks and issues with recommendations and next steps is being drafted	09/06/2023	Sarah-Jane Mills	Shona Brewster & Sue Oakman	Jun-23
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 throuogh 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. Raise the issue and agree potential solutions with the Care and Clinical Directorate, ICN Medical Director and system partners	1. Risk raised through through the PCCVS Steering Group 2. Development of approach and principles to review proposed changes with Care and Clinical Directorate required in June.	12/06/2023	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
	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

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