Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 1 June 2023**

Time: **10.00am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Persons attending the meeting are requested to turn off mobile phones.
Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Jonathan Hall (contact details below) by **no later than 5.00pm on 25th of May 2023.** Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

MAIN MEMBER	**REPRESENTING**
To Be Appointed	Great Yarmouth Borough Council
To Be Appointed	Norfolk County Council
Cllr Lesley Bambridge	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
To Be Appointed	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
To Be Appointed	South Norfolk District Council
Cllr Ian Stutely	Norwich City Council
Cllr Richard Price	Norfolk County Council
To Be Appointed	Broadland District Council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
To Be Appointed	North Norfolk District Council
Cllr Fran Whymark	Norfolk County Council
CO-OPTED MEMBER (non voting)	**REPRESENTING**
To Be Appointed	Suffolk Health Scrutiny Committee
To Be Appointed	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:

Jonathan Hall on 01603 679437
or email committees@norfolk.gov.uk

This meeting will be held in public and in person

It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: Norfolk County Council YouTube

However, if you wish to attend in person it would be helpful if you could indicate in advance that it is your intention to do so as public seating will be limited. This can be done by emailing committees@norfolk.gov.uk

The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

A g e n d a

1. Election of Chairman

The Chairman to be elected from the Norfolk County Councillors on the Committee.

2. Election of Vice-Chairman

The Vice-Chairman to be elected from the Norfolk District councillors on the Committee.

3. To receive apologies and details of any substitute members attending

4. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 23 March 2023. (Page 5)

5. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);
      Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

6. To receive any items of business which the Chair decides should be considered as a matter of urgency

7. Chair's announcements

8.	**10:10 – 10:55**	**Rouen Road WiC/GP/VAS consultation**	(Page 9)
9.	**10:55 – 11:45**	**Access to Primary Care Services: General Practice**	(Page 21)
	11:45 – 12:00	**BREAK**	
10.	**12:00 – 12:50**	**Access to Primary Care Services: Pharmacy Services**	(Page 61)
11.	**12:50- 12:55**	**Health Overview & Scrutiny Committee Appointments**	(Page 82)

12. 12:55–13:00 Forward work programme (Page 84)

Tom McCabe
Head of Paid Service

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Date Agenda Published: 23 May 2023

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 23 March 2023

Members Present:

Cllr Penny Carpenter	Norfolk County Council
Cllr Julie Brociek-Coulton	Norwich City Council
Cllr Barry Duffin	Norfolk County Council
Cllr Victoria Holliday	North Norfolk District Council
Cllr Alexandra Kemp (from 10.47am)	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Martin Murrell	Broadland District Council
Cllr Lucy Shires	Norfolk County Council
Cllr Richard Price	Norfolk County Council
Cllr Maxine Webb	Norfolk County Council
Cllr Lana Hempsall	Norfolk County Council

Co-opted Member (non voting):

Cllr Keith Robinson	Suffolk Health Scrutiny Committee
Cllr Edward Back	Suffolk Health Scrutiny Committee

Also Present:

David Allen	Head of Operations – East of England Ambulance Service NHS Trust (EEAST)
Mark Burgis	Director of Patients and Communities – Norfolk & Waveney Integrated Care Board (ICB)

Officers:

Liz Chandler	Scrutiny and Research Officer
Jonathan Hall	Committee Officer
Peter Randall	Democratic Support and Scrutiny Manager

The Committee Officer opened the meeting and welcomed everyone present. As both Chair and Vice Chair were absent, nominations were taken from members present to appoint a chair for the meeting. Cllr Barry Duffin proposed Cllr Penny Carpenter, which was seconded by Cllr Nigel Legg. All in agreement. Cllr Penny Carpenter took the Chair for the meeting.

1 Apologies for Absence

1.1 Apologies for absence were received from Cllrs Alison Thomas **(**substituted by Cllr Lana Hempsall), Daniel Candon, Robert Savage, Robert Kybird, Emma Spagnola (substituted by Cllr Victoria Holliday) and Brenda Jones (substitute Cllr Maxine Webb).

2. Minutes

2.1 The minutes of the previous meetings held on 19 January 2023 were agreed as an accurate record of the meeting and signed by the Chair, subject to the following corrections:

- Cllr Richard Price was present at the meeting.

3. Declarations of Interest

3.1 None

4. Urgent Business

4.1 There were no items of urgent business.

5. Chair's Announcements

5.1 None

6 Ambulance Services in Norfolk & Waveney

6.1 The Committee received evidence in person from David Allen, Head of Operations EEAST and Mark Burgis, Director of Patients and Communities – Norfolk & Waveney ICB. The Chair on behalf of the committee, thanked all staff at EEAST for their continuing hard work especially considering the difficult circumstances they have experienced over the winter period and continue to experience. Local media reports criticising their work had not helped and was felt to be unjust.

6.2 The committee receive the annexed report (6) from Dr Liz Chandler, Scrutiny and Research Officer, which provided details of ambulance response and handover times in Norfolk and Waveney as well as highlighting current issues affecting EEAST and the actions that had been taken to try and resolve them.

6.3 During discussion the following points were noted:

- Although exact numbers were not known, the recruitment of 40 advanced practitioners was progressing well and those currently in place are making a difference to reducing ambulance waiting times and hospital admissions. Other preventative measures, such as the establishment of falls fast response service, in conjunction with ICB colleagues, was also easing pressures on the ambulance service.
- A review of the decision to base the Rapid Response Vehicle (RRV) at Cromer instead of North Walsham was underway. It was noted that a RRV may attend lower grade calls so this needed to be considered when the assessment is carried out.
- Section 136 call levels were high as EEAST is commissioned to provide that service to deal with that type of call. In other parts of the country, Section 136 calls were having to be dealt with by the police service. All trends and themes captured from these calls were helping the wider sector provide more a more holistic approach to patient needs.
- It has been recognised nationally that category 2 calls account for up to 60% of all calls received to the ambulance service although pilots were in place to consider splitting these types of calls into higher and lower priority. The vast majority of category 2 calls had to be dealt with by a double staffed ambulance and delays of handovers to hospitals was having direct effect to the response times in dealing with category 2 calls.
- Ambulances are attending calls to patients who are presenting with more acute and chronic conditions often meaning an ambulance can be on-site for several

hours at a time. On-site times were monitored carefully and consideration given to how to best treat patients in the future to include the use of specialist teams and the advanced practitioners currently being recruited.

- Members learnt that a 'stack' system operated for those patients either waiting for an ambulance or had an ambulance on its way to them. Access to the stack was provided to all community partners who were able to intervene and divert patients to their service to help provide the best and quickest service.
- It was noted that two-thirds of delays of the ambulance service was created at the acute hospitals,in particular at Norfolk and Norwich University Hospital (NNUH). The ICB was working with colleagues across all 3 acute hospitals in Norfolk. Same-day emergency care services have been introduced in hospital departments to speed up patients through the system to reduce ambulances waiting at hospital A&Es. Community First Responders (CFR) also played a significant part in providing support to the ambulance service especially in rural areas.
- The James Paget University Hospital (JPUH) was operating an ambulance handover unit which provides more capacity at the front door.
- The workforce for EEAST was at levels above budget and recruitment was helped by individuals wishing to work in the region. Work was being undertaken to support career paths and training to ensure staff continued their careers within EEAST.
- Community teams provided support to improve capacity to ensure access to such services as physiotherapy and occupational therapists reduced the need for ambulances. This work had also been built upon from the stack system.
- The EEAST will appoint a new Chair in May 2023 following the resignation of the previous Chair Nicola Scrivens.
- The role of the newly recruited advance practitioners was not only to be on the road in response vehicles but to help manage the triage system and provide guidance for access to other service providers who can help patients other than staffed ambulances.
- The ambulance service expects that pain management for patients would be triaged and that chronic severe pain was directed to primary care or NHS 111 service in out of hours.
- Support and training were being provided to care homes where management adopted a no lift policy in situations where falls were involved. This would hopefully reduce inappropriate calls to 999 service to pick up patients from the floor when no medical care is required.
- There was acknowledgement that EEAST had work to do around culture change and especially the experiences of Black and Minority Ethnic (BME) staff. The Director of Culture, Strategy and Education for the Trust had already reviewed some survey data and taskforces will be set up to tackle the issues identified. There was a determination within the Trust to deal with these issues in a robust manner.
- Packages of support were in place to help staff after dealing with traumatic calls and situations, including immediate debriefing, counselling support services and the use of wellbeing dogs situated in ambulance stations.

6.4 The Chair concluded the discussion:

- The Chair echoed her earlier comments supporting and thanking the EEAST for the service they provide in very challenging circumstances.

- The Chair advised that a briefing and a report would return to the committee, for further consideration, which would identify all areas such as hospital delays and pressures on social care as well as cultural changes.

6.5 The committee took a brief comfort break and returned at 11.27am.

7. **Major Trauma Unit at Norfolk and Norwich University Hospital (NNUH)**

7.1 The committee receive the annexed report (7) from Dr Liz Chandler, Scrutiny and Research Officer.

7.2 Members received a report from NHS England and Improvement (NHSE&I) about the establishment of a Major Trauma Centre (MTC) at Norfolk and Norwich Hospital in the February edition of the NHOSC Members' Briefing. Members were asked to provide feedback about this proposal and any questions they wanted put to NHSE&I. The feedback and questions, together with the answers provided by NHSE&I, were included in the appendices of the agenda. Members were asked to consider and note the response from NHSE&I.

7.3 The committee thought that the addition of a MTC at NNUH was a much-needed service in the East of England. However, concerns were expressed about the level of neurosurgical support that would be available at the MTU and queried why a phased introduction was required which would see some services not available from the outset. Officers agreed to pursue an answer to this question. The report was noted.

7 Forward Work Programme

7.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details. The Committee agreed the details for both briefings and future meetings.

7.2 It was also noted that the Rouen Road Walk in Centre (WiC) consultation was still ongoing and this matter would be discussed further at the next HOSC meeting in May.

7.3 Peter Randall advised the members that the excess deaths data at the NNUH was an item for the April Members' Briefing. Once this has been received, members can consider if they wish to bring this issue forward as a formal agenda item.

Alison Thomas Chair
Health and Overview Scrutiny Committee

The meeting ended at 11.40am

Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion health Hub and GP Practice on Rouen Road

Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of the results and recommendations of NHS Norfolk and Waveney Integrated Care Board's public consultation on the future of the Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion health Hub and GP Practice on Rouen Road, Norwich.

1.0 Purpose of today's meeting

1.1 To receive the findings and recommendations of NHS Norfolk and Waveney Integrated Care Board's (N&WICB) public consultation on 'Providing general practice services in Norwich: Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion health Hub and GP Practice on Rouen Road'. A copy of the original consultation document is available here.

1.2 N&WICB has provided a report for NHOSC members which provides a summary of findings and recommendations from the formal public consultation. This report is attached at **Appendix A**. A copy of the full consultation findings report can be viewed here.

1.3 Representatives of N&WICB will be in attendance to answer Members' questions.

2.0 Previous reports to NHOSC

2.1 On 4 July 2022 Members were informed (via email) of a pre-engagement exercise Norfolk and Waveney's then Clinical Commissioning Group (CCG) undertook from 8 – 26 June 2022 to understand what local people think about the future of the Walk-in Centre at Rouen Road. Comments from Members were then shared with the CCG.

2.2 A report on the pre-engagement summary and subsequent consultation exercise about the future of the Rouen Road services was provided by N&WICB in the December 2022 NHOSC Members' Briefing.

3.0 Background

3.1 On 24 January 2023, N&WICB launched a nine-week public consultation into the future of the Rouen Road services, ending on 26 March 2023.

The consultation sought the views of the public and stakeholders for how general practice services should be delivered in the Norwich Primary Care

Network (PCN) when the current contract for the Rouen Road services expires on 31 March 2024.

The options for the future of the Rouen Road services included:

- **Option 1:** No change. Reprocure (buy again) all three services.
- **Option 2:** Reprocure (buy again) the Vulnerable Adults Service – Inclusion Health Hub and GP practice at Rouen Road only
- **Option 3:** Reprocure (buy again) the GP practice and the Vulnerable Adults Service – Inclusion Health Hub under one contract. Redesign and commission (buy) the health service capacity that is provided at the Walk-in-Centre (WiC) in a different way to improve health outcomes in underserved communities across the Norwich area.

Option three was the favoured option of N&WICB.

3.2 On 5 May 2023 N&WICB published the results of its public consultation and recommended that option 1 be taken. The report also suggested that the possibility of releasing capacity from the GP practice at Rouen Road into further provision at the WiC be explored.

3.3 At the Primary Care Commissioning Committee (PCCC) meeting on 9 May 2023, it was noted that this would require a three-month extension of the current contract in order to allow for data analysis and an engagement exercise with current patients at Rouen Road GP practice. Members of the PCCC agreed that the recommendations in the report be approved by N&WICB. The PCCC papers and meeting can be viewed here.

3.4 The report's recommendations were due to be approved at the N&WICB board meeting on 30 May 2023.

4.0 Healthwatch Norfolk

4.1 Due to concerns as to how the formal consultation was conducted, Alex Stewart, Chief Executive of Healthwatch Norfolk (HWN), formally wrote to Tracey Bleakley, Chief Executive of N&WICB. The subsequent correspondence trail can be viewed here.

4.2 Prior to N&WICB's launch of the public consultation, HWN was commissioned by OneNorwich Practices, which provides the Norwich WiC, to gather feedback on from members of the public and professional stakeholders. Further information on HWN research and its full report can be found here.

5.0 Wider local developments

5.1 The potential closure of the Walk-in Centre at Rouen Road generated significant column inches in the local media. Norwich Evening News started a Save The Walk-In Centre campaign at the beginning of March with the aim of getting as many people as possible to respond to the public consultation in a bid to ensure its survival.

5.2 Following the publication of the consultation results, the press reported that respondents had called for the establishment of more walk-in centres. See Could Norfolk and Waveney be set for more walk-in centres? | Eastern Daily Press. See also: Norwich walk-in centre: Backers confused service says boss | Eastern Daily Press.

6.0 Suggested approach

6.1 The committee may wish to discuss the following areas with N&WICB representatives:

- Request more information about the recommendation to investigate the possibility of releasing capacity from the Rouen Road GP practice into the WiC.
- What period of time will the new contract be reprocured for?
- In light of the concerns about how this consultation process out, what has N&WICB learnt about the carrying out public consultation exercises and would they do things differently in the future?
- How does N&WICB intend to use the information gathered from the consultation to address patients' issues with both the WiC itself and wider GP services?
- Seek clarification as to what out-of-hours/walk-in services are available to patients outside of Norwich.

7.0 Action

7.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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Appendix A

Norfolk and Waveney
Integrated Care Board

Findings and recommendations on the "Providing general practice services in Norwich" consultation

Introduction

In June 2022 HOSC members received a briefing about a period of pre-engagement on the Norwich Walk-in Centre based on Rouen Road, Norwich. In December 2022, HOSC received a further briefing with a summary of additional targeted engagement activities conducted in November 2022 and an overview of the proposed public consultation around changes to general practice services in the greater Norwich area when the contract for the Walk-in Centre expires in March 2024.

The purpose of this paper is to provide HOSC with an update on the activity around the consultation, present a summary of the final report, and outline NHS Norfolk and Waveney's recommendations arising from the consultation and proposed next steps.

Consultation summary

NHS Norfolk and Waveney ran a consultation to gain the feedback of public, patients, partner organisations and wider stakeholders in the community on proposed options for how general practice services could be delivered in the greater Norwich area when the contract for the Norwich Walk-in Centre (**WiC**), GP Practice at Rouen Road, and Vulnerable Adult Service – Inclusions Health Hub (**VAS**) expires in March 2024.

A process of formal consultation was conducted over a 9-week period from Tuesday 24 January – Sunday 26 March.

NHS Norfolk and Waveney used a range of methods and formats to seek feedback during the consultation, ensuring that local people could contribute meaningfully to this process. To do this we incorporated a mix of face-to-face, digital and postal engagement opportunities. This multifaceted approach ensured the process was as accessible as possible for local people during the consultation period.

The public, patients and wider health stakeholders were invited to provide feedback through an online survey and in writing. A programme of qualitative 1:1 interviews with organisations supporting at-risk adults and those with additional needs was also coordinated to ensure that as many voices from Norwich's diverse communities were represented within the consultation as possible.

Paper copies of the consultation document were provided at the GP Practice on Rouen Road and at the Walk-In Centre. Electronic copies of the consultation document, Summary, and an Easy Read version of the survey were available to download from the ICS website and could be returned by email or printed and posted.

Additional printed copies of the consultation documents, translations and alternative formats were available upon request by telephone or email. In addition, feedback and comments could be provided by email to NHS Norfolk and Waveney.

Communications and engagement activity

An integrated and accessible programme of face to face, digital, print, and broadcast communications and engagement activity was developed to raise awareness of the consultation and support local people and organisations to take part in the consultation process. This included:

- An ipad hosted at the WIC for the duration of the consultation period with the survey loaded onto it for patients to complete while at the WIC
- Face-to-face interviews with advocates of underrepresented groups, vulnerable adults, and at-risk adults to ensure voices from across the wider Norwich community are captured as part of this consultation
- Interviewers were on site at the WIC over a number of days throughout the consultation period (inc evenings, mornings and weekends) to speak to patients and support them to complete the survey
- Promotional posters and postcards with a QR code linking to the survey were delivered to practices across Norwich PCN, including to areas outside of Norwich such as Wymondham, Drayton, and Humbleyard practices where data show patients use the WIC in line with Norwich activity levels
- Weekly posts on the ICB social media channels and paid-for Facebook advertising
- Paper copies of the consultation document were provided at the GP Practice on Rouen Road and at the Walk-In Centre.
- A communications toolkit with promotional materials was distributed to all GP practices across Norfolk and Waveney to encourage participation by all patients that might use the WIC.
- Communications were supplied to Patient Participation Groups, parish councils, and other organisations like Norfolk County Council and Community Action Norfolk to support sharing of the consultation opportunity through their communication channels.
- Advertisements in local newspapers were placed to promote ways that people could receive copies of the consultation documents who weren't online.

Healthwatch Norfolk also shared information about the consultation on its website and through its social media channels. A significant amount of press coverage was received about the consultation in the local media. In addition, two petitions were set up – one online through Change.org and another paper and electronic petition was submitted to the ICB by the Norwich Labour Party.

Overview of the options included within the consultation

The options outlined in the consultation document were:

1. Reprocure the current Walk-in Centre, GP practice at Rouen Road, and the Vulnerable Adults Service as they currently are, under one contract (No Change)

2. Reprocure the Vulnerable Adults Service and GP Practice at Rouen Road only (and allow the Walk-in Centre service to expire)

3. Reprocure the GP practice and the Vulnerable Adults Service under one contract. Redesign and commission the capacity currently provided at the Walk-in Centre separately with Norwich PCN to improve health outcomes in underserved communities across the PCN.

A key aim of this consultation was to encourage people to share their views to help shape what future general practice services could look like. The survey provided free text areas where the public could provide feedback on the three options, and provided a space for respondents to provide additional input/thoughts into how services could be provided.

It also included several additional questions to gain public insight into experiences and preferences of GP services that will be useful in helping shape planning for future services.

Summary of the consultation report

NHS Norfolk and Waveney entered the pre-election period on 16 March in observation of local election timetables. Following pre-election guidance meant that no promotion or publicity about the consultation report or the recommendations arising from it could be issued until the close of the pre-election period on 5 May.

The consultation report has now been published and a summary is provided for HOSC members as follows:

Executive Summary

A total of 3,043 survey responses were received.

98% of respondents (2,995 people) responded to the survey as 'an individual'; 1% (29 people) were staff members working at the Walk-in Centre / the GP Practice / the VAS; and 1% (41 people) were representing someone else.

Feedback was also sought and gained from 14 qualitative 1:1 feedback opportunities with organisations supporting vulnerable adults, at-risk adults, adults with additional needs, and children and young people. These included Action for Children, Age UK Norfolk, Assist Trust, Bridge Plus, Build Charity, Deaf Connexions, English Plus, Family Voice, Norfolk and Waveney ICS Health Inclusion Group, MAP, Nansa, Norfolk and Waveney Children & Young People's Health Services, St Martin's Housing, and Vision Norfolk.

Independent communications were also received from 9 organisations during the consultation period, including local councils and healthcare providers.

Full transcripts of the 1:1 qualitative interviews and copies of the communications received from partner organisations are provided as appendices in the final report, which can be downloaded here.

A number of key themes emerged through the consultation feedback:

- **Essential service** – the Walk-in Centre is clearly a much-valued service for the local community. There was significant and strong opposition to the idea of closing the service. Feedback indicates that many visitors struggle to book an appointment at their local GP surgery – for example, because of GP capacity or because of the ability of at-risk adults and vulnerable adults to access healthcare services and make appointments. People are turning to the Walk-in Centre to plug the gap.

- **Wide reach** – the consultation had a central Norwich focus. However, the Walk-in Centre has a wider geographical reach – indeed, county-wide. Any changes made to the Walk-in Centre provision would, therefore, be felt across Norfolk. There was some sense of feeling 'overlooked' by this consultation if you lived outside of Central Norwich.

- **More Walk-in Centres** – there was a call for more Walk-in Centres to be established, county-wide, and in addition to a city centre site.

- **GP practices unable to cope** – there was a general feeling that local GP practices are unable to cope with current demand, with widely cited difficulties in getting appointments. There was concern that enhancing GP services wouldn't work because of the limitations of the existing system. Questions are, therefore, raised about how, should the Walk-in Centre close, they would be expected and able to cope with an even higher demand on their services.

- **A&E is 'next port of call'** – should the Walk-in Centre provision not be available, feedback shows that A&E was likely the next option. Concerns were strongly voiced about additional pressure being placed on an already over-stretched service.

- **Loss of 'walk-in' provision and need to make appointments** – the Walk-in Centre fulfils a need for immediate / urgent appointments. It also meets the needs of some at risk and vulnerable adults who would find it difficult to access mainstream GP services and make appointments. Worries were expressed about this provision being lost and not recovered by any alternative service.

- **Keep what we have** – given that the alternative is not fully known, there was a heavy lean towards Option 1 and to 'keep what we have'.

- **Vulnerable individuals further disadvantaged** – should the Walk-in Centre close, there was widespread concern that vulnerable groups, such as those experiencing homelessness, asylum seekers, and migrant workers, would find it even more difficult to access the healthcare they need, due to not being registered at a local GP surgery.

- **Additional barriers –** there are additional barriers to accessing GP services for vulnerable adults, at-risk adults, adults with additional needs, and children and young people. This includes challenges around contact and communications, language, the physical layout of the healthcare setting, cognitive capacity, and lifestyle.

- **Delivering an inclusive service** - the importance of offering accessible and inclusive services and being responsive to the different needs that people have was highlighted as essential through the 1:1 engagement.

<u>How people responded to the consultation</u>

A total of **3,043** survey responses were received. The breakdown below highlights the method of response and requests for materials:

- Completed via survey: 2,986
- Emailed a completed copy – 16
- Posted a completed copy – 41

- Requests for printed copies – 19
- Requests for alternative formats and translations – 2
    - 1 x Braille
    - 1 x large format version of the document
- Emails received with comments/feedback - 52
- Easy Read survey returns - 0

Summary of Survey Data

Part A – Feedback on the Consultation Options

1. Feedback about Option 1

- Unprompted, the overriding sentiment is that Option 1 was the 'best' of the three proposed options, and that the three services (Walk-in Centre, the GP Practice, Vulnerable Adults Service) should continue as they are.
- All three highlighted services were considered 'essential', although the focus of feedback was most likely the Walk-in Centre.
- Many were responding as past users of the Walk-in Centre, or know someone who has used its services, and experiences were typically positive.
- The focus of the consultation document was Central Norwich. However, geographically, the Walk-in Centre is serving more than just Norwich residents. Indeed, it has a county-wide reach.
- A city-centre location was deemed important for the Walk-in Centre within the feedback.
- The feedback indicated that patient needs are not currently being met by their GP practices, with widely cited difficulties in getting appointments.
- The Walk-in Centre was perceived to be supporting local GP services by helping to plug 'gaps' in service provision.
- There was concern that, should the Walk-in Centre close, people will turn to an already stretched A&E as the 'next port of call'.
- Vulnerable groups, such as people experiencing homelessness, will likely be disadvantaged further by the loss of the Walk-in Centre.

2. Feedback about Option 2

- Unprompted, Option 2 was widely and strongly negatively received by respondents.
- It was considered to be 'the worst' of the three options by many, due to the proposed closure of the Walk-in Centre.
- There were questions raised about where users of the Walk-in Centre would go, and how the Walk-in Centre's appointments would be recovered elsewhere, in light of a lack of available appointments at local GP practices.
- There was concern that implementation of Option 2 would put increased pressure on A&E.

3. Views on Option 3

- The consultation document states that, '*We believe this is the most appropriate option'* which resulted in some perceived survey bias and a degree of derision amongst respondents.
- The consultation document also states, '*We have not finalised details of how this would operate in practice because feedback from patients, the public, and healthcare professionals is essential at this early stage to shape how services could be delivered to best meet local needs.'* Respondents felt that they are expected to make an uninformed decision on Option 3.
- Concerns were raised about whether local GP practices will be sufficiently equipped to meet increased demand on their services as they are currently considered to be ill-equipped to do so.
- From the feedback, it was clear that the WiC is fulfilling a need for immediate / urgent appointments. There was, therefore, some trepidation about this provision being lost, should Option 3 be taken forwards.
- There was sentiment that vulnerable groups (e.g. people experiencing homelessness / asylum seekers / migrant workers) were likely to be detrimentally affected, due to the loss of a 'walk-in' facility, which they can use without the need to be GP-registered.
- The feedback indicated that the loss of the WiC would be felt county-wide, not just by those living in Central Norwich.

4. Advantages of Option 3
- Many respondents were unable to think of any advantages of Option 3.
- There was notable mention that information provided in the consultation document is insufficient for them to make a fully informed decision (details have not been finalised).
- Cost-savings were mentioned by some, sometimes scathingly, in that that they will benefit the NHS and not patients.
- Any advantages spontaneously cited were small in number.
- There was some low-level, underlying scepticism as to whether proposals will be (able to be) competently delivered.

5. Disadvantages of Option 3
- Opposition to the closure of the Walk-in Centre was strongly voiced here.
- There was some doubt expressed that any alternative plans would actually be implemented, and concerns that any changes might not result in a more efficient service.
- There was significant mention that GP services are unable to meet current patient demand, due to lack of appointments and / or 'out-of-hours' provision.
- And there was an expectation that people would turn to A&E as the next option.
- There was some low-level mention that the healthcare needs of people living outside Norwich have been 'over-looked' by this consultation.

Key themes emerged for requests for input for additional ideas/suggestions as to how the healthcare capacity associated with the Norwich WiC could be managed, so that it offers more equal access for all Norwich residents, helps meet growing local demand for general

practice services and supports resilience of general practices in Norwich:

- More funding to be made available
- Expand the Walk-in Centre provision (e.g., more centres / increased capacity at current site / move to larger site in Norwich)
- More staff / GPs / nurses generally
- Increased capacity at local GP practices (e.g., more staff, appointments, out-of-hours provision)
- Extended opening hours (Walk-in Centre and local GP practices)
- Better parking facilities at the Walk-in Centre (e.g., parking concessions / free parking)
- Better triage services

Part B - Helping to shape how health services are delivered locally

Additional questions were included to help shape provision of general practice services in Norwich, and which will provide a useful bank of information to support development of general practice services across Norfolk and Waveney.

How far would you be willing to travel for a pre-booked general practice appointment?

RESPONSE	**%**
Less than 5 miles	59
5 – 9 miles	25
10 – 14 miles	9
15 – 19 miles	3
20+ miles	4

There are lots of important factors that influence your preference for accessing general practice services. Please choose the top 6 most important factors to you from the list below.

- When asked to choose their 'top six' important factors, **the most important factor is 'being able to book a same day appointment'**, and for the large majority **(86%).**

- Other important factors to most are **'having a face-to-face appointment' (79%), 'being able to walk in without an appointment' (72%) and 'being able to book an appointment in advance' (72%).**

- **Having healthcare services within walking distance** ('close to where I live') is important to just under half of respondents **(46%);** and being **'close to public transport' to 40%.**

What is the most important consideration for you when you need to access general practice services, and why?

- When asked about the most important consideration when needing to access general practice services, key words coming through are '**accessibility' and 'availability'.**

- The key *theme* emerging, and overwhelmingly, is **being able to book an appointment with a healthcare professional (most likely a GP).**

- Specifically, **same day appointments are important to many,** as are **face-to-face appointments** (albeit the latter to a slightly lesser extent).

- **Speed of service is also of notable importance**, with many saying they want to be seen promptly, and urgently if needed

- Also important, albeit to a slightly lesser extent, are **services being conveniently located** (close to home / within walking distance / easily accessible by public transport).

What are the things that make it difficult for you to get the general practice services you need?

Key themes emerging include:

- Most significantly, **a lack of availability of appointments generally**
    - And, specifically, notable mentions of difficulties in getting face-to-face appointments
    - And same day appointments
        - With some frustration vented at having to call at a 'set time', first thing in the morning
    - And appointments outside of working hours (including weekends)

- **Problems getting past the receptionist are cited by many ('gate-keepers')**
    - Some do not like discussing health conditions with / being triaged by receptionists (they are not medically trained)
- **Not enough staff / GPs** (generally and / or at local practice)
- The overriding sentiment emerging is that **GP services are overwhelmed** and struggling to cope with current demand

<u>Conclusions</u>

The overriding feedback from the consultation, both from public responses and organisational feedback received, was for the WiC to remain open to support patient access to primary medical services and to support resilience in GP practices, not just across the greater Norwich area, but county-wide. Additional significant concerns were raised around the impact of the closure of the WiC on emergency departments.

The additional information provided by Part B of the survey demonstrates the factors that are important to patients focus on availability of appointments within GP practices and being able to access healthcare when needed – whether that's through same day appointments, facility to walk-in, or being able to book appointments in advance for less urgent medical needs.

Recommendations

Taking into account the extensive feedback received from the public, media, health and political stakeholders, NHS Norfolk and Waveney is recommending that the WiC remains open.

Separately, in response to feedback received from the consultation NHS Norfolk and Waveney would also like to investigate what capacity could potentially be released from the GP practice at Rouen Road to create additional patient capacity at the WiC and further support GP resilience.

The GP practice at Rouen Road currently operates longer hours than all other GP practices in Norfolk and Waveney. NHS Norfolk and Waveney would like to explore a potential release of capacity by reducing the practice's current opening hours 8am-8pm, Monday – Sunday), and potentially bringing that in line with the core opening hours of other GP practices (8am-6.30pm, Monday to Friday). The savings made from this reduction could be invested to create additional patient access to primary medical care through the WiC and reduce duplication of services.

Exploring this will require a further period of engagement with the people currently registered at the practice and data analysis on the usage of the GP practice before any decision is made. If we were to go ahead with this, we would invest the money saved to create additional patient access to primary medical care through the WiC.

Next steps

HOSC members are invited to consider this report and its findings, taking into account the volume of public and provider feedback received and existing system pressures.

Members are asked to note the recommendation to support patient access to primary medical care by keeping the WiC open, and in addition to note that NHS Norfolk and Waveney would like to further explore what capacity may be released at the GP practice at Rouen Road to create additional patient access to primary medical care through the WiC.

Members are also asked to note that the recommendation to keep the WiC open has been discussed at the Primary Care Commissioning Committee Meeting on 9 May and will be taken to the Board of NHS Norfolk and Waveney for approval on 30 May.

Access to general practice in Norfolk and Waveney

Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of access to general practice in Norfolk and Waveney in the light of continued pressures in primary care. This item forms part of NHOSC's examination of primary care services as part of its wider review of the patient pathway.

1.0 Purpose of today's meeting

1.1 To examine the report from Norfolk and Waveney Integrated Care Board (N&WICB) regarding access to general practice in Norfolk and Waveney. The report is attached at **Appendix B.**

1.2 Representatives of Norfolk and Waveney Integrated Care Board (N&WICB) will be in attendance to answer Members' questions.

2.0 Previous reports to NHOSC

2.1 Access to general practice in Norfolk and Waveney was last reviewed by NHOSC at its meeting in March 2022. At this meeting, Members examined access to GP primary care in light of the ongoing Covid-19 pandemic, the consequent vaccination campaign and the population's increasing need for primary care.

2.2 NHOSC has been aware of GP workforce pressures since 2014-15 when it scrutinised NHS workforce planning in Norfolk. It was clear at this time that it would not be possible to attract or train up enough new GPs to meet rising demand if primary care continued to operate in the way that it did.

2.3 Since 2015 there have been initiatives to both increase GP numbers and improve the resilience of general practice by changing the model by which it offers care. This included the establishment of Primary Care Networks (PCNs) in 2019-20. Norfolk and Waveney Health and Care Partnership provided an update on its work to address workforce issues at NHOSC's meeting in March 2021. Details of this meeting can be found here.

2.4 In April 2021, NHOSC wrote to all Norfolk and Waveney MPs on the issue of health and care workforce shortages and noted the five-year freeze on the lifetime allowance for pensions announced in the 2021 budget as a particular area of concern. A further letter expressing the same concerns was sent to local MPs in March 2022.

3.0 Background information

3.1 Primary Care Commissioning Committee (PCCC)

3.1.1 Primary Care consists of four different services: general practice, pharmacy (including dispensing and distance selling), ophthalmology and dentistry. ICBs assumed delegated responsibility for general practice services at the inception of the new Integrated Care System (ICS) framework on 1 July 2022. From 1 April 2023, N&WICB also assumed responsibility for pharmaceutical, ophthalmic and dental services.

3.1.2 Within the new this new ICS framework, the Primary Care Commissioning Committee was established to provide oversight and assurance to the N&WICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care. Due to the increased workload this will create, two Delivery Groups have been established – one for primary medical services including pharmacy and one for dental services.

3.1.3 The PCCC meets in public every two months. Details of past and future meetings can be found here.

3.1.4 Primary Care Networks (PCNs) continue to operate at neighbourhood level, bringing together general practice and other primary care services, such as community pharmacy, dentistry and opticians, to work at scale and provide a wider range of services at neighbourhood level. There are 17 PCNs in Norfolk and Waveney.

3.2 GP Patient Survey

3.2.1 According to the results of the GP Patient Survey, Norfolk and Waveney rated higher than England overall in terms of:

- Ease of getting through to GP practice on phone.
- Use on GP practices' online services.
- Satisfaction with appointment times.
- Choice of appointment.

The survey also showed that the majority of people surveyed had a face-to-face appointment at their last appointment (64% compared to 31% who had a phone appointment).

3.3 Healthwatch Norfolk survey

3.3.1 In December 2022, Healthwatch Norfolk published the results of a survey it carried out over the summer of 2022 after noticing a rise in the number of patients reporting dissatisfaction at waiting times, being unsure of the triaging processes and expressing general negativity with access and the services offered to them. See here for the full report.

One of the recommendations that came from this report was that GP practices should investigate ways of cutting phone waiting times to relieve the frustration of long waits for patients. See here for details.

3.4 GP contracts

3.4.1 General practices are businesses whose services are contracted by NHS commissioners. Most practices in England are run by a GP partnership, although some GPs work as salaried employees of a practice without owning a share of the overall business.

General practices are contracted to perform the following five broad types of service for the NHS although some are optional:

- essential services
- out-of-hours services
- additional services
- enhanced services
- locally commissioned services

3.4.2 Since October 2022, under the national Enhanced Access policy, it has been the responsibility of PCNs to provide a number of enhanced access services including out-of-hours GP provision. This means that general practice now has appointments available 8am – 8pm Monday to Friday and 9am – 5pm on Saturdays. These additional early morning, evening and weekend appointments are not offered at every GP practice but are offered at various hubs across Norfolk and Waveney. See here for further information.

4.0 Wider national developments in general practice

4.1 In his Autumn Statement on 17 November 2022, the Chancellor of the Exchequer Jeremy Hunt, announced that the NHS would publish a recovery plan for primary care early in 2023. This plan was published by NHS England and the Government on 9 May 2023.

It includes measures to end the 8am rush for appointments, enable patients to get prescription medication direct from a pharmacy thus freeing up GP appointments and easing access to medical records. See also: Changes to the GP Contract in 2023/24.

The British Medical Association (BMA) has expressed concerns that these contract changes do not come with any additional financial investment. See also GPs should only direct patients to 111 in 'exceptional circumstances', says recovery plan - Pulse Today.

4.2 The Department for Health and Social Care has introduced changes to the NHS Pension Scheme in a bid to ‘to boost capacity’ by offering greater flexibility around how staff take their pension benefits.

4.3 In November 2022, NHS Digital published national and regional statistics on Appointments in General Practice for the first time. The data is published

monthly and includes figures on how many appointments were attended, whether they were with a GP or other practice staff member and how long patients waited for an appointment.

4.4 According to a winter survey by the Office for National Statistics (ONS), increasing numbers of patients are deciding not to contact their GP, even when they need to see one, due to concerns over long waits, problems with being able to contact their GP practice and worries about being a burden on the NHS. See also: ITV News

5.0 Wider local developments in general practice

5.1 In January 2023, a GP in Beccles spoke to the Eastern Daily Press (EDP) about the pressures faced by general practice in the region.

5.2 Healthwatch Norfolk warned in January 2023 that patients were increasingly avoiding NHS appointments and prescriptions due to the cost of living.

5.3 A GP practice in Norwich launched a 'self-check zone' in March 2023 to enable patients to carry out a number of 'self-service' health checks on a walk in basis.

6.0 Additional information

6.1 The NHS Long Term plan can be viewed here.

6.2 The Fuller Stocktake Report, which outlines recommendations for the future of primary care, can be viewed here.

7.0 Suggested approach

7.1 The committee may wish to discuss the following areas with N&WICB representatives:

- To what extent are current issues with access to GP services driving up demand for ambulance services and A&E services?
- What constitutes a 'did not attend'? Does N&WICB have any insight into why people do not attend appointments?
- Request clarity as to what constitutes the 80% of urgent and emergency care activity that is primarily undertaken by general practice in Norfolk and Waveney?
- What other reasons apart from abuse from patients is affecting retention of administrative staff?
- Request further details about what is involved in the staff training for care navigation and triage.
- What criteria is used to assess 'clinical need/priority' when determining what type of appointment a patient is offered? Who assesses this 'clinical need'? To what extent does 'patient choice' influence the type of appointment that is offered?

- How is the number of same day appointments available at a GP practice calculated?
- What affect are the changes to the GP contract starting on 15 May 2023 likely to have on GP practices in Norfolk and Waveney?

8.0 Action

8.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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NHS
Norfolk and Waveney
Integrated Care Board

Subject:	**Access to general practice in Norfolk and Waveney**
Presented by:	**Mark Burgis, Executive Director for Patients and Communities**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**Norfolk Health Overview and Scrutiny Committee**
Date:	**11 May 2023**

Purpose of paper:

To provide Health Overview and Scrutiny Committee with an update on access to general practice across Norfolk & Waveney.

Executive Summary:

In the period April 2022 – February 2023, general practice delivered 6,515,561 appointments (face to face, telephone & online).

In February 2023 alone, there were 559,072 appointments delivered in general practice equivalent to 27,954 per day (Monday – Friday). This is 54,746 more appointments than in February 2020 before the pandemic, and the equivalent to approximately half of our population being seen in practice during the month.

In Norfolk and Waveney, a higher proportion of appointments were face to face in February, when compared to the national average. This has been consistent throughout the year - 77.4% compared to 69.9% nationally. In fact there were 7,896 more face to face appointments delivered in February 2023 than February 2020 before the pandemic.

Overall appointment activity was also 11% higher in February 2023 than February 2020.

The year-to-date activity is also significantly higher than before the pandemic - 6,515,561 appointments compared to 5,796,910 appointments in 2019/20, an increase of 718,651 appointments.

The number of patients who failed to attend their appointment has also increased in February to 21,147. This is 1,467 more people not attending than in February 2020, equivalent to a 7% increase. At 3.8% of appointments, our 'did not attend' rate remains lower than the national average of 4.5%.

Around 80% of the urgent and emergency care activity delivered in Norfolk and Waveney is undertaken in general practice. 45.9% of patients in February had their appointments on the same day or within one day of their request. 64% of

appointments were delivered within one week of request and 79.4% within two weeks of request.

This is almost the same picture as it was before the pandemic with 46% having their appointments on the same day or within one day of their request. 64.3% of appointments were delivered within one week of request and 78.2% within two weeks of request.

Introduction

Like all other providers of health and care, general practice has faced significant challenges in the past three years, however they have continued to ensure that patients have access to primary medical care and clinical advice when clinically appropriate.

Within Norfolk and Waveney, primary medical services are provided by 105 GP practices operating across 150 sites and 17 Primary Care Networks (PCNs) delivering around 80% of the system's same day, urgent care appointments.

As with all primary care contractors, GP practices are independent contractors and are commissioned to provide services to the NHS in line with nationally negotiated contracts.

The Primary Care Network (PCN) Directed Enhanced Service (DES) was introduced in 2019 and will be in place until end of March 2024. It is designed to ensure general practice plays a leading role in every PCN and mean much closer working between networks and the Integrated Care System by enabling groups of practices to work together with partners at local level to deliver services to patients. This is supported by a PCN development programme which is centrally funded and locally delivered and further investment linked to successful delivery of a wide range of indicators (known as the Impact and Investment Fund).

Response to the questions posed by HOSC members

This paper sets out responses to the questions posed by Norfolk's Health Overview and Scrutiny Committee below. In responding to these questions, we have consulted with the Norfolk and Waveney Local Medical Committee (LMC) (the statutory representative of general practice in Norfolk and Waveney) and with our own local and commissioning teams working directly with practices. The LMC's response can be seen in full in the appendix.

What are the main issues currently impacting on general practice in Norfolk and Waveney?

There are several areas which are causing increasing pressure on general practice. The first is **workforce**. Norfolk and Waveney PCNs have made strong progress in recruiting to staff under the nationally funded Additional Roles Reimbursement Scheme (ARRS). This has introduced new roles to general practice, such as social prescribers, care coordinators and physiotherapists. However we have also seen some real pressure on our GP numbers and our nursing numbers.

Newly qualified GPs are less likely to want to become partners and more likely to want to work as a salaried GP or locum. This has an impact as partners are responsible for the delivery of services under their contract, as well as running their business and employing staff. We have seen a reduction in the numbers of GP partners in Norfolk and Waveney (in line with the national trend).

We will discuss workforce issues in greater detail later in the report.

We are also seeing a greater turnover of administrative staff than we have seen before and this is particularly affecting reception staff who have experienced **increasing levels of abuse from patients**. Even the most experienced practice managers are telling us they are struggling to find ways to retain their staff. Examples given from some of our practices over the last few weeks include:

- *We had to call the police last week when a patient became physically abusive, smashing a door*
- *Banging hard on the reception counter and screens is common*
- *We had someone in the car park at 6am shouting to the cleaner they were going to kill them*
- *A patient was racially abusive to a member of my team in reception last week – they have a ten-year history of abusing practice staff*

GP practices are seeing a **shift in workload**. This has resulted from a number of reasons, including the changing way in which outpatient appointments are delivered (such as requiring tests or checks before a virtual appointment), and the impact of pressures in other areas of primary care, such as dentistry and community pharmacy. These increases in workload were never factored into the national funding arrangements for general practice and use up significant capacity.

The ICB has established an interface group, with membership from the three acute hospitals, the mental health Trust and both community providers, as well as GPs and the LMC. The group, chaired by our medical director, aims to improve relationships across partner organisations and identify and resolve issues relating to interface, such as patient pathways and workload shift. We have also established a way for practices to report issues into the ICB and provider Trusts for investigation.

As well as a shift in workload, practices are seeing **increasing workload pressures**. Some of this is related to the increase in pressures across the system, such as the long elective waiting times as a result of the pandemic, the winter ambulance delays and Strep A outbreaks. Some of it relates to increasing expectations among patients about how urgent their issue is or how quickly they need to be seen. Often this demand outstrips the capacity individual practices have available, despite the increasing levels of appointments being delivered.

All practices implemented a process of clinical triage during the early stages of the pandemic and some practices continue to operate this way. This helps ensure patients are seen by the right professional (which isn't always a GP) and that patients are seen in clinical priority order. Receptionists have been trained as care navigators and ask certain questions to help triage patients and ensure they are seen by the right professional.

Pressures on general practice estates are also causing issues as general practice teams grow and become more skill mixed. Our ICB primary care estates team has mapped all of the general practice premises in Norfolk and Waveney and considered existing capacity and future capacity required as a result of housing development and population growth. In addition we have been working with PCNs to support them in developing clinical service and estates strategies, which will help us to prioritise future capital and revenue funding. NHS capital funding is limited and as such we are not able to support all the developments currently needed, however we have several ongoing projects across Norfolk and Waveney – these are

detailed in the appended paper which was presented to our Primary Care Commissioning Committee in February.

Data showing the number of primary care appointments in Norfolk and Waveney broken down by the following type, including comparison with national averages and pre-pandemic levels:

- **face-to-face**
- **online/video**
- **telephone**
- **home visits**
- **with GP, nurse or other healthcare professional**
- **waiting times for appointments**
- **missed appointments**

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Tables showing the breakdown of data sourced from NHS Digital for February 2023 can be seen in the appendices. Please note it is not yet possible to break down which health professional an appointment was coded to, nor is it possible to break down waiting times. We

have shown data which sets out the time from booking to appointment, but this is not necessarily indicative of a waiting time, it also indicates choice and the ability to book in advance.

What level of appointment types other than face-to-face appointments does the ICB expect to become the normal levels?

GP practices are independent contractors and therefore devise their own appointment systems in line with their patient needs and their workforce profile. Each practice regularly reviews and adapts their appointment systems in response to patient demand and seasonal fluctuations. Mondays, for example tend to see a requirement for more urgent appointments following the weekend.

Recent national policy has focused on access to general practice and delivering greater ability for patients to self-serve, for example through the Primary Care Digital First programme. The NHS App, when enabled by the practice, now enables patients to book appointments and view their own medical records, as well as ordering repeat prescriptions and sending messages to their practices.

Most GP practices in Norfolk and Waveney have an online consultation system which enables patients to send in non-urgent enquiries through completion of an online form which takes the patient through a set of triage questions. Some practices have fully implemented this way of working, regardless of how the patient interacts with the practice.

All practices make urgent appointments available to NHS111, so that patients requiring an urgent slot can be booked directly by the NHS111 service.

Remote appointments play an important part of the overall offer from practices. This can be more convenient for people who work or struggle to attend the surgery. Practices will offer a face-to-face appointment if clinically appropriate, for example if someone needs to be physically examined. Many practices also enable patients to remotely monitor their conditions and report into the surgery, such as blood pressure checks.

Information on feedback from patients about GP primary care including numbers of complaints/compliments, recurring themes

Volumes of contact

The ICB's Complaints and Enquiries team have received 271 contacts regarding GP practices across the financial year 2022-23. These have been made up of 204 informal enquiries/concerns, 64 contacts from Members of Parliament and 3 formal complaints.

It should be noted that the full delegation of handling complaints and concerns for primary care from NHS England to ICBs will occur in shadow form on 1 April 2023, and then fully on 1 July 2023. Therefore, it is reasonable to assume the number of contacts the ICB will receive will increase and this will be monitored regularly.

The contacts received have been broken down to both practice and locality level in the table below. While the ICB's South Norfolk locality has received the largest volume, it should be noted this locality has two constituency MPs who have raised a large number of enquiries with the ICB.

Locality	Number of contacts (includes formal complaints, MP enquiries and informal concerns or queries)
Norwich locality	47
West Norfolk locality	38
Great Yarmouth and Waveney locality	53
South Norfolk locality	64
North Norfolk locality	27
Total	**271**

Themes / Trends

The following themes and trends were identified when analysing the contacts the ICB has received across the year.

Access - The highest number of contacts received were in relation to patients accessing their practice, 36 were received directly from patients with a further 28 via their MP. This included patients unhappy they could not get through to the practice on the telephone, those having difficulty with the online systems in place to contact practices and patients citing significant delays in being seen for health issues. This was an issue regularly highlighted by MPs, comprising of 44 percent of their total number of contacts about GP practices.

Care and treatment – 47 enquiries were received directly from patients and 15 via their MP about the care and treatment their practice had provided. Typically these were signposted either directly to the practice or NHS England to investigate.

Registration issues – 36 patients contacted the ICB directly, with a further 2 coming through their MP, to raise issues around their GP practice registration. These included concerns about being able to register after they had moved into a different area, patients being deregistered because they lived outside the practice boundary, or those that had been placed onto the Special Allocations Scheme and they wanted to raise concerns about this.

Complaints processes – 25 patients contacted the ICB directly to get help with complaining about their GP practice. This included people who were confused about how to complain, or those that submitted a formal complaint but had not received an answer from the provider.

What is the procedure for receptionists triaging patient calls? What training is provided for this?

Each GP practice is an independent contractor, with the majority of practices run by a GP partnership. The GP partners are responsible for training and employing their staff, and for the systems they design to deliver their services.

To support practices develop their internal systems, the ICB's Primary Care Workforce Transformation and Training team have commissioned specific training in relation to care navigation and signposting. This is listed below.

- **Care Navigation** is a course designed to help staff learn how to signpost patients to the appropriate healthcare practitioner to help free up GP consultation time so they can care for those with most complex needs. Primary Care staff attended a 3-hour training online

session which are tailored to each 'Place', using resources practices would typically signpost patients to.

- **Customer & Conflict Management** is provided through 2 x 2-hour web workshops and supports frontline staff in general practice to provide excellent customer service, better manage disputes and help manage challenging conflict situations. Primarily this course looks at communication skills.
- **Effective patient encounters**: Right person, right place, right time'? This workshop's objective is to engage the patient and signpost to help patients access the right care. It is a new system of triage carried out at the first point of contact with the GP by non-clinical staff, under the direction of clinical staff. This course looks at understanding 'active signposting'
- **Telephone Triage** is a workshop for frontline staff and reception staff.
- **Correspondence Management & Workflow Optimisation** is a workshop that looks at how technologies have changed traditional roles such as administrators / support staff, the need for robust protocols, virtual appointments (e-consult) etc

What is the ICB doing to address delays in phones being answered at GP surgeries as highlighted by Healthwatch Norfolk?

We are promoting modern cloud-based telephony systems to practices that interact directly with the practice's clinical system and offer more opportunities for patient self-service and automated transfer to the correct department. This will enable practices to ensure that each area within the practice is answering calls appropriate to them. Time is saved with the telephony system accessing the correct record.

Cloud telephony offers practices more resilience and can be used anywhere, including away from the practice, which increases options for remote working and enhanced hours. 41 of the 105 practices in Norfolk & Waveney are committed to the current telephony offer. This will use all of the existing funding for onboarding. NHS England have asked for a survey of remaining practices to be undertaken to establish whether they already have a cloud telephony system, independently purchased, or remain on the PTSN network, which is being switched off in 2025. Once this information is obtained, we will be working with practices who are on the PTSN network to get a plan in place to migrate to cloud telephony.

In some areas, available infrastructure may be a problem and we are working with the national Future Connectivity project to find solutions for this.

Are the digital options for requesting an appointment consistent across Norfolk and Waveney? Information on the extent to which patients who do not have access to information technology are at a disadvantage when trying to make initial contact with a practice and accessing other online GP services.

Whilst all GP Practices have the same or similar tools to facilitate digital access, these are deployed in a variety of ways to suit practice processes. All but one practice has an online consultation system, and the vast majority (85/105) of practices have FootFall which also provides the practice website.

Others have systems that are accessible via a link on the practice website, however we are aware this is not always displayed prominently. In theory, the technical ability is there for patients to also book appointments via the NHS App and the clinical system patient access

option, but very few practices make appointments available this way. SystmOne and Accubook also allow practices to send links to patients that connect to a predetermined set of appointment times for a specific purpose, such as an immunisation clinic. This ensures that the correct clinician and appointment length are applied.

Practices continue to have various ways in which patients can make initial contact – in person, on the telephone and online. All practices are open and accessible to patients - individuals can access care when needed if they do not or cannot use technology. All practices are obliged to meet the NHS Accessible Information Standard and make reasonable adjustments where necessary to ensure accessibility for individual patients.

We recognise some people may not or cannot use digital technology and therefore ensuring that practices are open and accessible to all patients is critical in reducing health inequalities.

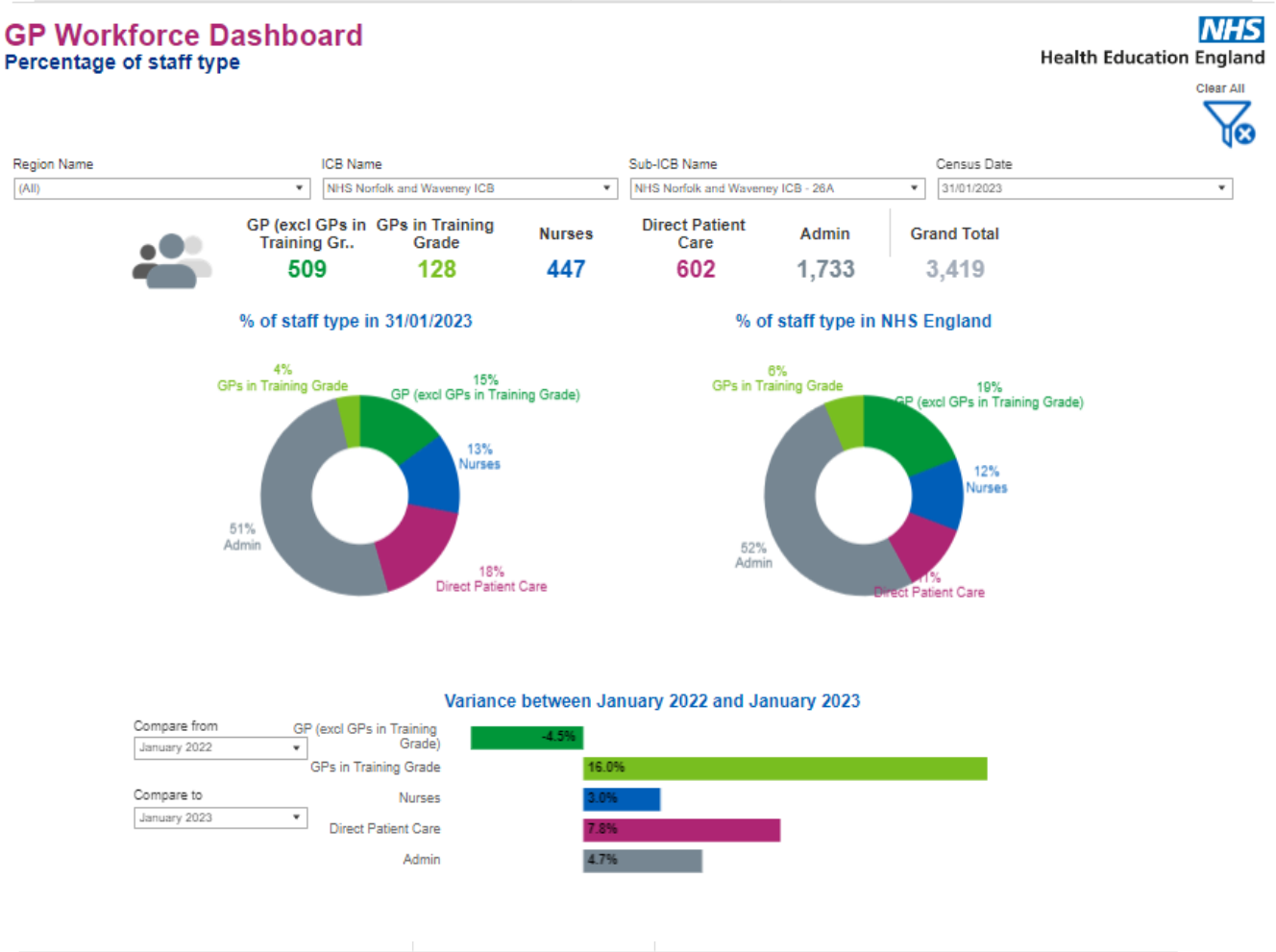
As a result of the mixed model of care, with many people preferring or willing and able to use digital tools to communicate with practices, this provides time and resources to see patients in general practice unable to use digital technology.

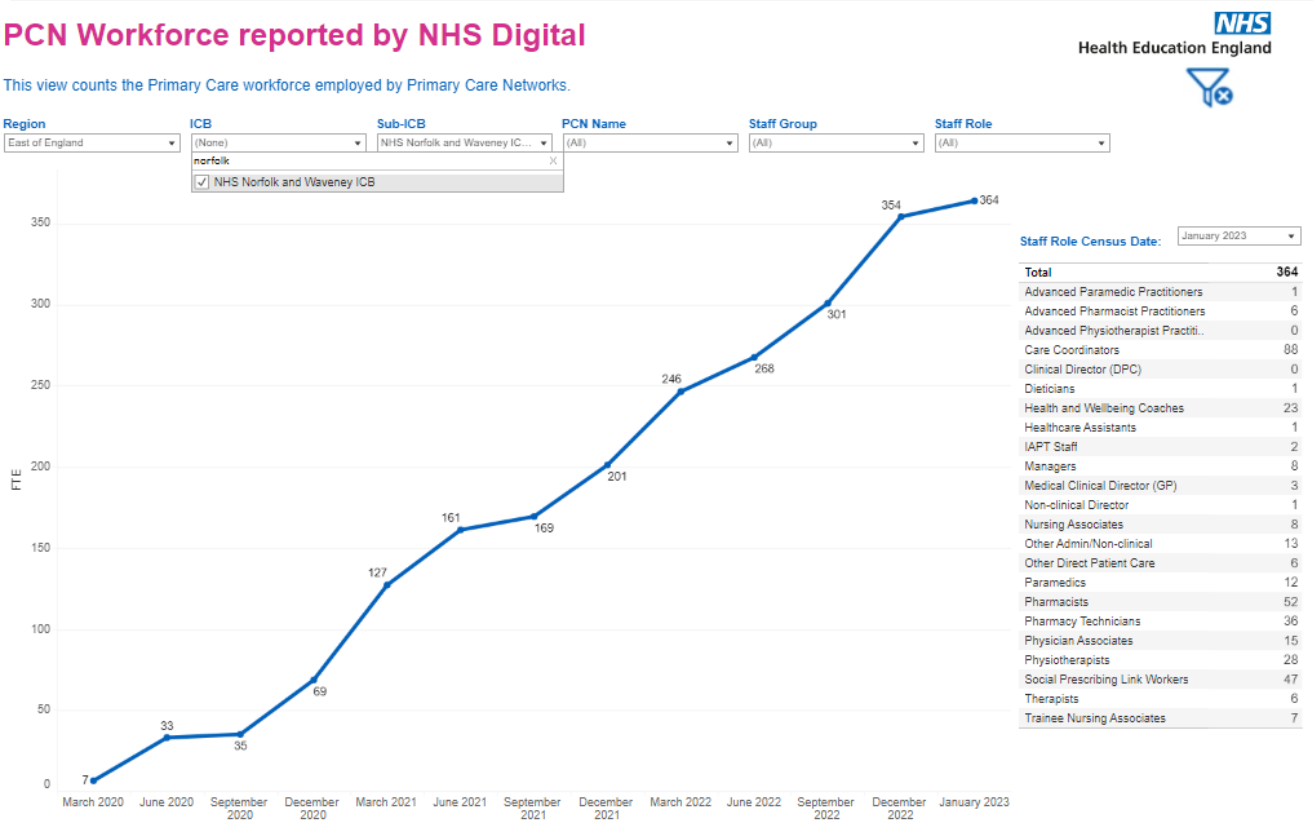
Update on the primary care workforce programme including figures on current workforce. What is the ICB doing to increase recruitment and retention of all roles within primary care in Norfolk and Waveney?

We have included information here for General Practice only, having recently taken over responsibility for dentistry, pharmaceutical services and optometry, we are awaiting access to the latest data for those areas.

The tables below show the latest data at the time of writing. This shows we have seen significant increases in GPs in training (however not all of them will stay in Norfolk and Waveney when they qualify), nurses, professions directly providing care and administrative staff, however we have seen a reduction in the number of GPs. These figures are compared to the national position.

Norfolk and Waveney have been relatively successful in recruiting to PCN clinical roles, which is demonstrated below, bringing 364 more roles into general practice by January. The largest groups of staff are social prescribers, care coordinators, clinical pharmacists and pharmacy technicians.





Programmes we have in place to support recruitment and retention for general practice during 2022/23:

- Increase the number of GP educators and learning organisations across N&W for future pipeline
- GP Careers Plus has supported 61 GPs from not leaving general practice
- 40+ staff supported by Return-to-Work programme
- Primary Care Schwartz rounds Programme supports 105 practices
- Health and Wellbeing support tools available for Primary Care staff
- 73 apprenticeships in place for primary care including non-clinical and clinical apprenticeships (trainee nurse associates & pre-registration pharmacy technicians)
- Training needs analysis completed for CPD 2022 & 2023 results being evaluated to support the development needs of our primary care workforce
- Directory of education and training resources created for primary care. This has supported 919 staff with their educational needs
- 47 New GP Partners supported on national New to Practice Partnership programme
- 19 New GP partnership incentive support through the local New to Partnership Model
- 17 newly qualified GP's to be incentivised to work within N&W primary care
- Confidential coaching and mentoring support for primary care staff
- STAR programme to support the recruitment of integrated roles of clinical pharmacist in general practice and community pharmacy
- 37 Fellowship programme in place to specialised areas such as Mental Health, Health Inequalities, Women's Health, Leadership, Palliative Care, Diabetes, Obesity, MSK, Education, Dermatology and Paediatrics
- Leads the General Practice Assistant Programme on behalf of the East of England for non-clinical roles
- Mentorship programme to support new roles within primary care
- Launching the international nurse recruitment pilot into primary care.

Information on current issues with abusive behaviour at GP practices in Norfolk and Waveney and what is being done to address this?

The results of the most recent GP Patient Survey show that 76% of patients across Norfolk and Waveney had an overall good experience of their GP practice, which is higher than the national average of 72%. This is a testament to the dedication of staff, who are working hard to provide high quality services during what has been a very challenging period. Within these figures we recognise that there is variation in patient experience. When asked about their overall experience of their practice, 87% of respondents at one practice rated their experience as good, while at another this was 60%, with all the other practices falling somewhere in between.

Despite these high experience ratings, we frequently receive reports from practices of abusive behaviour towards practice staff. We recognise that many people may be frustrated that they can't access healthcare services as quickly as they might want to, and we understand and sympathise that that this causes frustration and concern for those awaiting healthcare. However, we are committed to supporting our health and care staff, who should never face abuse or violence for doing their jobs. The increasing poor behaviour towards reception staff and clinicians is making retention and recruitment more challenging, which only further increases the problem.

To help address poor patient behaviour the communications team will soon be launching an updated *Support Primary Care* campaign, which is designed to improve patient understanding of the challenges facing Primary Care and to help to develop positive perceptions of Primary Care services, manage patient expectations, and improve both patient and staff experience.

The campaign includes several themes, including the *Zero Tolerance* policy and *Be Kind* messages. As part of the campaign materials, practices will receive A3 posters and reception screen graphics to display in surgeries that communicate what constitutes unacceptable patient behaviour. Alongside these patient-facing materials, the ICB will be promoting these messages through its communication channels, paid-for adverts in print and on social media, as well as sharing campaign assets with wider healthcare providers/ICS partners to further extend the reach of the campaign messages. We would be grateful for the support of HOSC and councillors in promoting these messages.

What is the ICB doing to inform patients of the current pressures on GP primary care services and what and how other healthcare services they can access?

The ICB communicates the pressures facing general practice and promotes their hard work at all opportunities, including through ICS newsletters, in media statements – particularly around appointment data releases, as well as through more formal communications with MPs to highlight the pressures general practice is under and seeking their support to help reduce abusive behaviour towards health and care staff.

Information on choosing the right health services is a key and ongoing component of ICB communications. Raising awareness of services like Pharmacy, 111, as well as self-care, is a regular feature of the ICB's social media activity to support a reduction on pressure on general practice and in the health and care system more widely. These messages featured as a core theme in our most recent winter campaign, *Warm and Well*, and are also a key theme of the *Support Primary Care* campaign. Further, the *Support Primary Care* campaign includes information for patients on the variety of different healthcare roles within practices that are supporting their medical needs and help to relieve demand for appointments with GP. These key messages will be rolled out with the launch of the *Support Primary Care* campaign through materials for practices to use as well as public-facing messaging the ICB will deploy through its channels and local media activity.

Additionally, the ICB actively supported health providers during the recent periods of Industrial Action, providing information on what services were available and urging people to think NHS 111 first. Broadcast interviews on local radio, press releases, and social media activity were used to signpost patients to the most appropriate services and help to reduce undue pressure on the healthcare system.

A national campaign is being launched to help patients determine the best access routes. Printed resources are being supplied to all practices in England from 25 April 2023 and we will be combining this national campaign into our local approach.

Information on the creation of a long-term plan to provide health care for asylum seekers.

To support the health and care needs and access to healthcare for asylum seekers within Norfolk, there is a co-located Healthcare team which is integrated within the People from Abroad Team (PFAT) in Norfolk County Council. This community-based team of health care professionals working alongside developmental workers and social workers are employed by a GP provider organisation (One Norwich Practices) and are linked to the Vulnerable Adult Service for clinical governance and supervision, the team specifically provides holistic personalised care and supports access to primary care for all asylum seeker and refugee communities.

The Healthcare team is supported by a development worker who is employed by Norfolk County Council and funded by the ICB, and an Integrated Care Coordinator supported through public health funding, who will soon be in post. The Healthcare team is made up of two specialist asylum seeker nurses and one paramedic practitioner; the team supports asylum seekers and refugees within the Greater Norwich area that reside in contingency hotels or dispersal accommodation as well as those within other localities across Norfolk. It is worth noting there are three contingency hotels in Norwich (375 residents) and Norwich has the highest density of asylum seeker dispersal accommodation and accommodation for the varied number of refugee programmes supported by the PFAT team.

We have a medical practice in Great Yarmouth which offers the outreach support to the 65 residents of the contingency hotel there and they have been undertaking the initial triage and holistic health assessments supported by the PFAT team's developmental workers who are also supporting with the GP registrations and supporting appointment attendance. In Great Yarmouth, the community connectors from the borough council are also providing support in signposting and accessing local services. The practice has a patient care coordinator supporting this as well and the Wow (Wellness on Wheels) bus has also visited.

Within Norfolk and Waveney all GP practices have the option to sign up to the Inclusion Health locally commissioned service (LCS) which is funded by the ICB for the additional work which is undertaken and the additional capacity needed for this. An updated Inclusion Health LCS will be going live in the coming weeks and will be including all ages (whereas for the 2022/23 it was for adults only).

All practices which have asylum seekers registered with them can be supported by PFAT, if the individual has multiple /complex needs requiring support from the heath care team and developmental workers The PFAT clinical team structure and function is being reviewed to ensure there is sufficient resource to support the growing number of asylum seekers in the system as the roll out of the Home Office's full dispersal policy will see an increase in dispersal accommodation across Norfolk and Waveney. This review and options for a future model of care will involve partners from across the system including. Public Health, ICB, PFAT, Norfolk Community Health and Care (NCHC) Health Protection team, voluntary sector, etc.

In addition, to support the growing demand on local services, Public Health have provided funding for an integrated care coordinator which will be placed within PFAT, support the healthcare team and link to GP practices to support access to primary care and health pathways for 2023/24. Public Health have also provided funding to extend the NCHC Health Protection team for testing and infection prevention and control support for 2023/24, to provide immunisations and blood screening to the asylum seekers within Norfolk.

In addition, the public health policy team are undertaking a health needs assessment which will inform the planning and model of health and care needed as this review is completed.

Data on the extent to which GP practices have resumed the delivery of routine health checks post Covid and information on whether those are delivered face-to-face, by telephone, video conferencing or via online form?

NHS Health Checks

We have engaged with colleagues in Norfolk County Council Public Health team who commission NHS Health Checks from general practice. At the time of writing, the data available were from 2022/23 (quarter 1 – quarter 3), and this demonstrated practices were

sending out far more NHS Health Check invitations this year than any year previously – please see the table below:

NHS Health Checks Offered

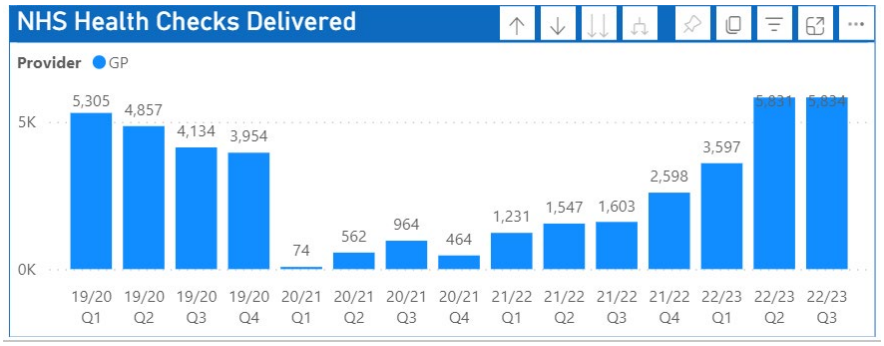
Financial Year	GP	Total
19/20	40,214	**40,214**
20/21	7,155	**7,155**
21/22	17,773	**17,773**
22/23	69,625	**69,625**
Total	**134,767**	**134,767**

The reason for this is that, while we have two new additional providers delivering NHS Health Checks in Norfolk, only GP practices can send out the NHS Health Check invitation letter as only they have access to the patient records.

Regarding NHS Health Checks delivered by practices, despite only having three quarters of activity data so far, there has been a substantial increase in delivery this year compared to the pandemic years. In fact in quarters two and three, there were around 5,830 NHS Health Checks completed by practices each quarter. This is higher than the average per quarter of 4,562 in 2019/20 (pre-pandemic). Please see the table & graph below (noting 2022/23 data are not yet complete):

NHS Health Checks Delivered

Financial Year	GP	Total
19/20	**18,250**	**18,250**
20/21	**2,064**	**2,064**
21/22	**6,979**	**6,979**
22/23	**15,262**	**15,262**
Total	**42,555**	**42,555**



The contract between the Public Health team and practices specifies that the NHS Health Checks must be delivered face to face, either via two appointments (if using phlebotomy method) or in a single appointment using POCT (point of care testing). There is anecdotal evidence that some practices are delivering the service in other ways (ie in person for the measurements/ testing and over the phone for the behaviour change conversation), this is not specified contractually and we do not collect routine data on this.

Learning Disability Health Checks

We have received draft year-end figures for the delivery of health checks to people over the age of 14 with a moderate or severe learning disability. Following much focus by practices and the ICB, the 75% overall target has been achieved for the first time. There is variation between practices and primary care networks in the uptake of health checks, and final figures will be published once received.

Severe Mental Illness Health Checks

The ICB commissions a local service from GP practices to deliver SMI health checks and the Norfolk and Suffolk Foundation Trust (NSFT) also provides checks for those patients under their care. The contractual requirements are as follows:

- Severe Mental Illness (SMI) is defined in this instance as all individuals who have received a diagnosis of schizophrenia or bipolar affective disorder, or who have experienced an episode of non-organic psychosis.
- To achieve the full completion of a SMI annual check, the table below outlines the elements that need to be completed and accurately recorded.

Elements of the annual physical health check for SMI	
Core Physical Health Checks	**Additional elements, screening, and interventions**
1. BMI or Waist Circumference. 2. BP recorded. 3. QRISK or Cholesterol. 4. Blood Glucose or HbA1c recorded. 5. Alcohol Consumption recorded. 6. Smoking status recorded.	7. An assessment of nutritional status, diet and level of physical activity. 8. An assessment of use of illicit substance/non prescribed drugs. 9. Medicine's reconciliation or review. 10. Follow-up interventions for: weight management; blood pressure; blood glucose; alcohol consumption; smoking; substance misuse; blood lipids. 11. Access to national cancer screening for: cervical cancer; breast cancer; bowel cancer.

Final full year data are set out below for all six elements of the health check carried out against the national target of 60%:

- Norfolk and Waveney practices carried out 4,924 from a possible 9,474 = **52%**
- NSFT carried out 309 from a possible 3,293 = **9.4%**
- Combined 5,233 from a possible 9,474 = **55.2%**

While not achieving the national target, this is the highest uptake of health checks ever achieved in Norfolk and Waveney, including before the pandemic. Work will continue so that we can build on this and improve uptake further.

Overview of surgeries rated inadequate or as requiring improvement by CQC in the past 12 months.

There are 105 General Practices in Norfolk and Waveney operating across 150 sites, all of which have a CQC rating, although a minority of practices have not been inspected for some years (the oldest rating is from May 2015). 95 practices are rated as Good (89 practices) or Outstanding (six practices).

The remaining 10 practices have been rated as Inadequate (four practices) or Requires Improvement (six practices) by the Care Quality Commission (CQC).

Since 1 April 2022, there have been published reports from nine inspections or re-inspections. Three of these resulted in a Good rating, three in a Requires Improvement rating and three were rated as Inadequate. All inspection reports are reported to the ICB's Primary Care Committee meeting held in public.

We provide intensive support to practices rated Inadequate and we also offer support where needed to those practices rated Requires Improvement. All 10 practices with Requires Improvement or Inadequate ratings have developed Remedial Improvement Plans, with bespoke additional support for each practice agreed with all key stakeholders including the practice and CQC colleagues. Additional support for practices has been provided from the ICB primary care commissioning team, medicines management and nursing quality teams to help with the development and delivery of the improvement action plan. Weekly support and review meetings take place with CQC, ICB for practices rated as Inadequate.

The common themes arising from recent CQC inspections are in relation to the management of long-term conditions, medicines management and practice governance. The ICB shares the learning with other practices in our system to drive up the quality of services, patient care and treatment experiences. We work closely with CQC colleagues in running sessions to share good practice and lessons learnt from inspections. This year the ICB will implement a practice support visit programme designed to proactively work with Practices to identify areas early for support and improvement.

Information on the proposed establishment of respiratory hubs.

Acute Respiratory Hubs were implemented very quickly over the winter period following a request from NHS England in December 2022 for delivery in quarter four. Due to the speed of implementation, several different models were established across Norfolk and Waveney, which allowed some testing of concepts. For example, in west Norfolk the Queen Elizabeth hospital worked with a local GP provider to establish a GP-led hospital-based system in the Emergency Department, in Norwich, delivery was largely practice-based through additional appointment capacity. In south Norfolk, a hub model based in the community was implemented. National funding for the hubs has now ended.

Following the testing of different models, the ICB's planned care team is in the development stages of a proposed model of future respiratory hubs, working with our clinical leads. The model takes learning from the development of the hubs and includes a focus on providing a more proactive approach to respiratory care but also takes into consideration the need for capacity to manage responses to seasonal peaks in respiratory infections. The aim is to develop a system-wide model for implementation at Place level, which links to existing services such as virtual wards.

Update on access to primary care services for people who are British Sign Language (BSL) users.

We have continued to meet with members of the BSL community, facilitated by Deaf Connexions in relation to access to primary care. Where feedback has been given about other services, this has been passed on to the relevant ICB teams.

NHS Norfolk and Waveney became responsible for pharmaceutical services, dental services and optometry services from 1 April 2023 following the national delegation of these services to ICBs. In future we will be able to directly manage any issues reported to us. We are also in the process of having responsibility for the spoken and non-spoken languages interpreting services

transferred to us, and we intend to set up very regular contract monitoring meetings with the providers of these services.

We have provided training to general practice staff across Norfolk and Waveney. 95 staff attended a Deaf Awareness training session we provided, and the recording of the session has also been made available to all practices. We have also made basic BSL training available to staff working in practices.

Working with the provider of our non-spoken languages interpretation service, we have developed and implemented a system to enable BSL speakers to book appointments via the Deaf Connexions team, if that is something they wish to do. This is now an established part of the service.

Our complaints team has been liaising with Deaf Connexions and with our local advocacy service to try and make it easier for BSL speakers when they want to make a complaint about an NHS service. We have been asked by BSL speakers to ensure there is a choice of ways of complaining to suit the preferences of individuals, and we expect to provide more details on the progress of this new facility in due course.

What can local authorities do to help general practice address current issues?

We have been grateful for the support of the local authority and councillors in recognising the complexity of general practice service provision and the multiple challenges facing our GP practice providers. In addition, having James Bullion, Director of Adult Social Care Services as chair of our primary care commissioning committee has brought added insight and understanding of mutual issues.

We would be grateful for local authorities' support in promoting our new *Supporting Primary Care* campaign when it goes live. As part of this, we would hope that councillors can reiterate the *Be Kind* messaging and our zero-tolerance approach to abusive behaviour, which appears to be becoming more prevalent across many services. The ICB will never support the provision of poor care, however there does sometimes appear to be a mismatch between clinical need and patient preferences. With pressures on workforce and workload, it's vital that patients are directed to the most appropriate clinician so that our most experienced and clinically qualified health professionals can treat the people that need them most. With general practice overall providing more appointments than ever before at around half a million every month, we should focus our efforts on supporting those individual practices experiencing resilience issues, rather than using general messaging aimed at all practices.

We look forward to continuing to work with local authorities on planning applications and contributions through CIL and section 106 funding for health. Access to community space, where appropriate would also enable PCNs to deliver some services that can be delivered outside a clinical setting.

General practice is a key partner at place level and there has been some successful working at local level between local authorities and health partners. For example:

From Brazil to Breckland – Community Health Worker Pilot

- Breckland Council and N&W ICB South Norfolk locality team have implemented an innovative new service in Watton. This market town sits in the 20% most deprived areas in England. Targeting all households in within a set geography, the Community Health Worker scheme

proactively reaches out to residents on health and wellbeing, with a focus on early intervention/preventative offers, such as vaccinations and screening, smoking cessation, and wellbeing.

- Devised in Brazil in the 1990s and described as 'the eyes and ears of the GP in the community' Community Health Workers are recruited from the local area and work with 90-100 households in their area each to build relationships and identify potential needs earlier. Community Workers have a huge potential to improve outcomes, tackle inequalities, and reduce demand on public services.
- As a result of our innovative partnership and joined up approach to tackling health inequalities, Breckland Council are the only district council to have been shortlisted in the Health & Wellbeing category of prestigious Local Government Chronicle Awards 2023.

Waiting Well

- The waiting well programme used local authority community staff to proactively contact patients awaiting trauma and orthpaedic surgery to ascertain if they would benefit from accessing additional help from their local council or from the community therapy team. Additional funding from the community transformation budget was set aside for required interventions that are not be covered by current council programmes or means tested as necessary. Residents were either contacted by phone or received a letter followed by a home visit, depending on the availability of local authority resource, with 12-15% of patients benefitting from additional support.

Social Prescribing in Primary Care

- Community Connectors are working from many GP surgeries across the districts delivering social prescribing. This is a non-medical solution to social, emotional and practical issues that may be causing health problems or making them worse. The top four presenting needs in the service are, in order, mental health and wellbeing, carers support, welfare rights and social isolation. There are a number of case studies which demonstrate the positive impact the Social Prescriber has had on the patient by connecting them with the relevant service. It has been a great example of health and social care integration and social prescribers are now included in the ARRS workforce plans going forward for all of our PCNs.

Social Prescribing for Secondary Care

- After the success and impact that Social Prescribing had in Primary Care, we are now exploring the value of it in Secondary Care. 10 Social Prescribers have been funded across the Central Locality to accept referrals from NNUH and WSH from A&E, outpatients, Pre-op assessment and discharge for patients living across the Central Locality. This will enable patients to have contact from a Social Prescriber in Secondary Care as a preventative measure, capturing patients at a different point in their treatment journey. Ultimately this aims to reduce the pressure on Primary Care.

Appendix A

Access to primary care services – HOSC – LMC responses

- What are the main issues currently impacting primary care in Norfolk and Waveney?

The main issues reported to Norfolk and Waveney LMC that are facing General Practice, which is one of the four primary care disciplines, can broadly be put into seven categories, however this is not a finite list and each item has a number of complexities within that are detailed further down:

- **Workforce shortages**
- **Uncontracted work shift**
- **Contracted workload exceeding capacity**
- **Funding**
- **Lack of adequate estates provision to meet the demand**
- **Negative portrayal of General Practice**
- **Patient abuse**

Workforce Shortages: Both recruitment and retention within General Practice is an issue. Many GPs, nurses, management and administrative staff have chosen, or are choosing, to leave and the number of trainee GPs and nurses, and the time it takes to train them, has not kept in-line with the workforce needs. Where training places are filled the resources needed within general practice to support training is extensive, which is one reason why there is a shortage of training practices. This is a national issue however, Norfolk's rurality has often made it harder to recruit to.

General Practice in England now has the equivalent of 2,087 fewer fully qualified, full time GPs than in September 2015. The average number of patients each full-time equivalent GP is responsible for has also reached a record high of 2,286. This coincides with a rise in patients with a record-high of 62.4 million patients registered in February 2023. *(Figures taken from GPC analysis of the GP Workforce Data)*

GP and practice staff absence due to illness has also remained high due to Covid, as well as being impacted by higher cases of stress and burnout being reported.

Uncontracted workload shift: There has been a seismic and sustained shift of uncontracted and unfunded work being requested or imposed on general practice by other services, who are contracted and paid to do this work, and many GPs and practice staff report this as being the single biggest cause of their stress and dissatisfaction with their job. This shift, which is seemingly often supported, or left unchallenged, by the commissioner, not only results in increased workload but adversely impacts patient care. This falls within the responsibility of the local commissioners to prevent and requires urgent action to end it occurring.

As well as coordinated workload shifts the lack of capacity within secondary, tertiary, community, and other primary care services e.g. dentistry, is having a significant detrimental impact on general practice, with many patients now experiencing long waits for a first appointment with these services which results in patients' physical and mental health deteriorating, which in turn results in more input being necessary from their general practice.

Contracted workload exceeding capacity: Although appointments in general practice exceed those delivered pre-pandemic, which evidences how hard general practice has been working to try and meet demand, this is unsustainable and is also impacting on GP and practice staff health, wellbeing and job satisfaction.

Access to general practice is being impacted due to the demand for the service outstripping capacity. Patients' increasing medical needs due to the pandemic, people living longer, and more health care

interventions being available on the NHS has increased the pressure on general practice. Increased demand results in longer waiting times which is in turn reduces patient satisfaction.

There is a growing expectation from the general public about what services they are entitled to receive from general practice, which is often not in line with their clinical need.
Patients not attending their appointments (DNAs) also remains high.

The Covid pandemic and Strep A outbreak resulted in a high number of urgent care appointments. In addition, the Covid vaccination programme was predominantly delivered by general practice. These events were unplanned and vastly increased workload and resulted in backlogs. Coupled with the sustained increase in demand for general practice services it remains difficult for the service to recover.

Funding – funding for general practice has not increased in line with costs of living and is therefore having an impact on practices ability to recruit and sustain the delivery of services. The BMA's General Practitioner Committee (GPC) has now rejected the GP contract for the second year, with one of the main factors for this being inadequate funding. Where additional funding streams from NHSE become available these are often insufficient and very prescriptive, which make services difficult to adapt to the meet the needs of the local population.

Lack of adequate Estates provision to meet demand – Investment in the general practice estate has been insufficient to meet demand. Estates funding has historically been prioritised for large scale secondary care developments leaving insufficient funding available to support the needs of general practice.

Negative portrayal of General Practice - Morale has been particularly hit by ill-founded comments by some within NHSE, politicians and sections of the media.
Patient Abuse – Further information on this below.

- What is the procedure for receptionists triaging patient calls?

This will vary between practices and the process they have put in place. Most deliver an element of signposting/triage through their reception teams. Receptions teams often include Care Navigators, or other members of the healthcare team including a duty doctor. This process determines the urgency of the patient's needs and the required outcome. Protocols will often be put in place to identify urgent need, such as chest pains.

Feedback we have had is that often patients will insist they have an urgent issue and expect an appointment that day. However, often their health needs were not urgent and could have waited for a routine appointment. The more on the day appointments offered impacts the wait for routine appointments which perpetuates the problem. Practices report that often appointments are requested on convenience for the patient, rather than need.

The only way most practices are meeting on the day demand is via allied healthcare professionals and shorter appointments times being offered by duty doctors. This leads to a short-termism approach dealing with the problem in front of them on the day, rather than having the time to go into more complex problems. This can lead to unsatisfactory care and patients bouncing around the system.

- Information on current issues with abusive behaviour at GP practices in Norfolk and Waveney

Increased levels of abuse, both verbal and sometimes physical, which has often been fuelled by ill-judged comments in the media has also been seen in general practice. Reception staff are often at the forefront of this behaviour and vexatious complaints do nothing but reduce the morale of staff. Behaviours from patients are impacting on GP and staff wellbeing, resulting in many choosing to leave.

The LMC has provided a Zero Tolerance policy for practices to use and wrote a joint public letter with Healthwatch in 2021, to remind the public that no form of abuse is acceptable.

- The extent to which GP practices have resumed the delivery of routine health checks post Covid and information on whether those are delivered face-to-face, by telephone, video conferencing or via online form?

The ability to provide health checks was reduced during the peak of Covid due to workload pressures to ensure urgent care needs were met, staff sickness and infection control. Some of these issues remain and will continue to be impacting practices capacity to deliver. However, where capacity allows practices will be trying to build up the number of health checks they have delivered. Practices offer a range of delivery methods dependent on the patient and their health needs, or preference where this is deliverable. There does continue to be reports from practices that there is often poor public engagement or patient expectations don't meet what has been commissioned.

- What can local authorities do to help primary care address current issues?

Estates is an issue for general practice with many practices already being at, or over, capacity. Without an increased estate general practice is prohibited to expand clinical teams. Local authorities could support through identifying any of its own estate not in use that could be repurposed.

Greater recognition of general practice capacity issues when reviewing planning applications for both housing and care homes is required. There does not appear to be sufficient engagement with general practice prior to planning being agreed.

Local Authorities could enable and prioritise health for accessing Section 106 and Community Infrastructure Levy (CIL) monies for new housing developments and make them easier to access to support local primary care estates improvements. It could also enable the combination of S106 and CIL from multiple small developments to sufficiently fund a project.

Improve Social Care and Support – Improved social support is needed to adequately meet social needs. This will likely have a direct impact on improving health and in-turn result in less need for NHS services.

Patient education – Increased health and social care promotion and information to support an informed population to take ownership of their own health and social care needs.

Reducing Bureaucracy – In-line with the Government's Bureaucracy Busting Concordat , Local Authorities need to properly consider any ask of general practice. These requests are time consuming, and often very bureaucratic. General practice should only be required to provide evidence of a medical nature when it is unavailable by any other means. Alternative provision to enable this information to be received without input from the GP is needed.

Appendix B

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Primary Care Estates – quarterly update**
Prepared by:	**Primary Care Estates Team**
Submitted to:	**Norfolk & Waveney Primary Care Commissioning Committee**
Date:	**7 February 2023**

Purpose of paper:

Update on Primary Care Estates, for information.

Contents

Update:

Wave 4b Primary Care Hubs

Since the approval of the Programme Business Case by NHS England and the Department of Health and Social Care, in September 2022, work has been progressing quickly to develop each of the four Hubs.

NHS Property Services have appointed a contractor to oversee the design and, subject to business case approval, build of the two new build schemes at Rackheath and King's Lynn. These schemes are supported by Steering and Engagement Groups.

The business case for the scheme to refurbish the Thetford Healthy Living Centre is due for consideration by NHS England in February 2023. Approval will mean this scheme can progress to construction.

The scheme at Sprowston is also expected to bring forward a business case for approval early in 2023, and this will see some changes to the proposal: to make better use of vacated space for provision of primary care, rather than the originally proposed extension.

A summary of the Wave 4b Primary Care Hubs is Appendix 1 to this report. Support is ongoing to facilitate the two schemes which formed part of the original programme, and which were withdrawn due to capital cost/construction timeline (Attleborough and Shrublands, Gorleston – please see ongoing projects section below).

The timetable for the programme and its completion deadline of March 2024 remains its biggest risk and the ICB is in regular discussions with NHS England about means of mitigating this risk. The monthly Wave 4b Programme Board is tracking progress against plan, as outlined in the table below.

Scheme	Development Partner	Short form Business Case submission	Construction Start	Construction Completion	Handover	Operational
Rackheath – North Norfolk	NHS Property Services	April 2023-June 2023	July 2023	March 2024	April 2024	May 2024
Sprowston – Norwich	Via landlord – Primary Health Properties	February 2023	March 2023	November 2023	December 2023	December 2023
King's Lynn – West Norfolk	NHS Property Services	April 2023-June 2023	July 2023	March 2024	April 2024	May 2024
Thetford – South Norfolk	Via landlord – Community Health Partnerships/ Norlife	February 2023	March 2023	November 2023	December 2023	December 2023

PCN Service and Estates Toolkit Programme

NHS England have commissioned Community Health Partnerships (CHP)[1] to support PCNs, nationally, to implement the PCN Service and Estates Toolkit in 2022/23. The Toolkit is clear that an estate strategy should be driven by a clinical strategy.

The Norfolk and Waveney launch date of this programme of support was 9 November.

Of the 17 PCNs in Norfolk and Waveney, 11 have so far engaged with Health Integration Partners (HIP) who are supporting the development of clinical strategies. Work is underway to engage the remaining 6 PCNs, but there is a deadline of end January 2023 for HIPs involvement (HIP are supporting the clinical strategy work nationally). Further support has started on the development of estate strategies. The programme is due to complete by April 2023. The ICB have queried with NHS England and CHP if there is an opportunity to use any financial underspend on the programme, caused by <100% coverage, to support remaining PCNs.

NHS England – in recent forums – have noted that primary care estates are central to discussions (e.g. Fuller stocktake report[2]) and that there was a need to use data to better understand and better utilise the estate, to create better environments for patients and workforce. However, there is also an acknowledged lack of NHS funding currently to build or refurbish premises.

[1] Community Health Partnerships (CHP) is wholly owned by the Secretary of State for Health and Social Care. Incorporated in 2001, the focus was to improve the NHS estate via Public Private Partnerships. Since 2013, CHP have taken on the role of Head Tenant from the former Primary Care Trusts.
[2] Next steps for integrating primary care: Fuller stocktake report

Completion of the toolkit programme nationally will for the first time provide a consistent national view of the condition and demands on primary care estate. One of the aims of the programme is to use this evidence base to support future funding requirements in expenditure reviews.

Until completion of the programme the ICB continues to track premises capacity and demand for GMS services using a formula approach. The ICB approach only considers GMS services and not any requirements for additional NHS or private services. This approach will need to be adjusted during 2023 to reflect the outcomes of the PCN Toolkit Programme. Appendix 3 presents the current ICB demand and capacity view in tabular form and Appendix 4 on a map. This data is presented in both tabular and map form because PCN boundaries sometimes make comparison at an aggregate level misleading. Presenting the data on a map helps to give context across boundary issues.

Funding to support General Practice Estate development

As noted previously, the Primary Care Estates Team is aware – formally or via informal enquiries – that around 70% of practices are interested in funding to support an estates scheme. It is expected that this proportion will rise when the formal call for bids, from practices interested in premises improvements and/or more space, is made. The Primary Care Estates Team had expected to make this formal call for bids before the end of 2022, but this date was changed to Spring 2023, to align with outcomes from the PCN Service and Estates Toolkit Programme.

The Primary Care Estates Team received confirmation in November 2022 of its share of the £1.9m BAU capital for 2022/23 which must cover Digital and Primary Care Estates projects: in 2022/23 primary care estates schemes have planned utilisation of £700k of this BAU capital. A prioritised list of schemes has been shared with the LMC and was submitted to the ICB (CCG) finance team in April 2022.

The schemes/proposals being supported by NHS business as usual capital and revenue funding to support increased rent reimbursement are:

Practice	Scheme	Capital	Fees	Revenue	Total	2022/23	2023/24
Elmham Group of Practices – Toftwood Medical Centre	Additional capacity	✓	✓	✓	£0.4m	£0.1m	£0.3m
Blofield Medical Centre	Extension	✓	✓	✓	£1.7m *with £1.2m from NHS capital*	£0.6m	£0.6m
St James Medical Practice	New build replacement premises	Third party funding	✓	✓	£8.2m *with £0.2m from NHS capital*	£0.0m	£0.2m
Long Stratton Medical Partnership	Extension	Third party funding	✓	✓	£1.6m *with £0.1m from NHS capital*	£0.0m	£0.1m
Drayton Medical Practice	Extension	Third party funding	✓	✓	£2.9m *with £0.1m from NHS capital*	£0.0m	£0.1m

There has been slippage against 2022/23 plan, with the Blofield extension scheme not yet underway due to protracted legal discussions, leading to increasing costs and viability issues for the partnership to consider. The ICB and practice are looking to maximise expenditure this financial year, but it will be mid-February before an accurate assessment can be made. Where possible expenditure on other schemes planned for 2023/24 has been brought forward into 2022/23 but this totals <£0.1m so has minimal impact on position. Replacement estate schemes to utilise any underspend against plan are not possible to put forward this late in the financial year, due to the time taken to complete legal agreements. If slippage against budget occurs in 2022/23 the ICB digital team are ready to submit digital bids against this allocation to ensure it is not lost to the system.

Norfolk and Waveney General Practice Estate: ongoing projects

Projects expected to complete in 2023:

Practice	Scheme
Blofield Surgery	312m² extension to existing premises (subject to Grant Agreement conclusion)
St James Medical Practice, King's Lynn	New (replacement) facility is due to open January 2024
Long Stratton Medical Partnership	153m² extension to existing premises.

Projects being scoped and/or prepared for approval:

Practice	Scheme
Toftwood Medical Centre (Elmham Group of Practices)	Additional capacity (modular building) and improvements.
Drayton Medical Practice	560m² extension to existing premises.
Attleborough Surgery	Additional capacity alongside development of long-term solution.
Bridge Road Surgery, Lowestoft	Practice have engaged a third-party developer for a replacement premises utilising a combination of Section 106, Community Infrastructure Levy Funding, and private capital.
Shrublands, Gorleston	The ICB went to market for a third-party developer for the construction of this scheme in Gorleston, which was originally one of the Wave 4b Primary Care Hubs. The ICB Chaired the stakeholder interviews of the third-party developers on 13 January.
Humbleyard Practice – Hethersett development	Discussions continue with The Humbleyard Practice about potential solutions to the existing and future pressure on their capacity – South Norfolk Council are undertaking some feasibility work towards supporting a new build facility.
Taverham Partnership	Discussions involving the local planning authority are quite advanced, with a multi-agency group meeting regularly: Taverham Communities & Health Hub Partnership, which is overseeing the design of the proposed building. The Taverham Partnership are proposing to move from their existing main site into the new premises.

In addition, there are housing related developments which may give rise to primary care estates scheme proposals (including, but not limited to):

a. Halesworth: developments include older people's housing and there is an opportunity to bid for Community Infrastructure Levy funding.

b. Lowestoft: there is an existing Section 106 agreement for land to be set aside as part of the Woods Meadow development. The Bridge Road Surgery have engaged a third-party developer and work is underway to develop a business case for this scheme.

The Primary Care Estates Team is also working with practices who are considering sale and leaseback proposals, who are proposing branch closures and where the ICB has been asked to join discussions in relation to leases.

Rent reimbursement and rent reviews

Capacity within NHS England rent review team remains challenging for the Primary Care Estates Team.

The Primary Care Estates Team are in the early stages of discussion with NHS England about the ICB picking up the rent review function which they currently perform.

During a given financial year, there are several moving factors with rent reimbursements, with many back dated reviews in all months of the year. Therefore, the figures below are approximate.

- For the period 2020/21 total rent reimbursement was approximately £12,475,086
- For the period 2021/22 total rent reimbursement was approximately £12,763,163

This gives a rent reimbursement increase of £288,077 from 20/21 to 21/22. This figure does not include rent arrears paid and just takes actual reimbursement on all property as of March at the end of each financial year.

2022/23 Reviews

Month	**Number of rent review approvals**	**Rent increases**
April	2	£ 7,120
May	7	£32,770
June	5	£23,875
July	2	£ 9,900
August	2	£ 4,600
September	0	0
October	4	£24,650
November	1	-£21,100
December	5	£11,050
TOTAL TO DATE:		**£92,865**

Upcoming rent reviews

NHSE rent review team has indicated there are 2 upcoming rent reviews in January with a proposed increase of rent reimbursement by £1,750.

Appendix 1: Wave 4b Primary Care Hub proposals – summary

Scheme name	North Norfolk – Rackheath	Norwich – Sprowston
Type	New build at Halsbury Homes site on Broad Lane, Rackheath	Expansion of existing healthcare premises at Aslake Close, Sprowston, Norwich
Ownership	NHS Property Services	Primary Health Properties PLC
Locality	North Norfolk	Norwich

Why these options have been chosen	• Strategic importance to estates strategy: The Rackheath and Sprowston schemes form a strategic joint approach to meeting existing and anticipated healthcare demand from Greater Norwich Neighbourhood Plan – which indicates significant population growth
	• Anticipated growth would see registered list sizes across these PCN areas increase by around 30,000
	• Clinically important to:
	  ○ Local Maternity and Neonatal Service supporting provision of continuity of carer and services in the community
	  ○ Expansion of community services wrap-around integration with PCNs, focussed on preventative response to identified population healthcare and risk stratification
	  ○ Support to extend community provision and MDT opportunities to manage Long Term Conditions, Mental Health, Public Health initiatives and voluntary sector services
	• Local political and patient interest and support for the Rackheath development established for more than 5 years
	• Makes optimal use of existing, underutilised estate in an area which will need to ensure healthcare facilities are able to offer flexible space for a range of service provision.	

Scheme name	King's Lynn – Nar Ouse Way
Type	New build at Nar Ouse Way site, south King's Lynn
Ownership	NHS Property Services
Locality	West Norfolk
Why this option has been chosen	• Strategic importance to estates strategy: Addresses significant existing premises constraint in an area of population growth and health inequalities (one of the most deprived areas in the ICS) • Local political and patient interest and support for the development established for more than 5 years • Anticipated growth would see registered list sizes across King's Lynn PCN increase by an estimated 8,000.

Scheme name	South Norfolk – Thetford Healthy Living Centre
Type	Refurbishment of existing healthcare premises at Thetford Healthy Living Centre, Croxton Road, Thetford
Ownership	NHS Local Improvement Finance Trust (Community Health Partnerships head lease holder)
Locality	South Norfolk
Why this option has been chosen	• Strategic importance to estates strategy: Addresses significant existing premises constraint in an area of population growth and health inequalities (one of the most deprived areas in the ICS) • Local political and patient interest and support for the development established for more than 5 years • Anticipated growth would see registered list sizes across King's Lynn PCN increase by an estimated 7,000 • Makes optimal use of existing, underutilised estate in an area which will need to ensure healthcare facilities are able to offer flexible space for a range of service provision.

Appendix 2: PCN Service and Estates Toolkit

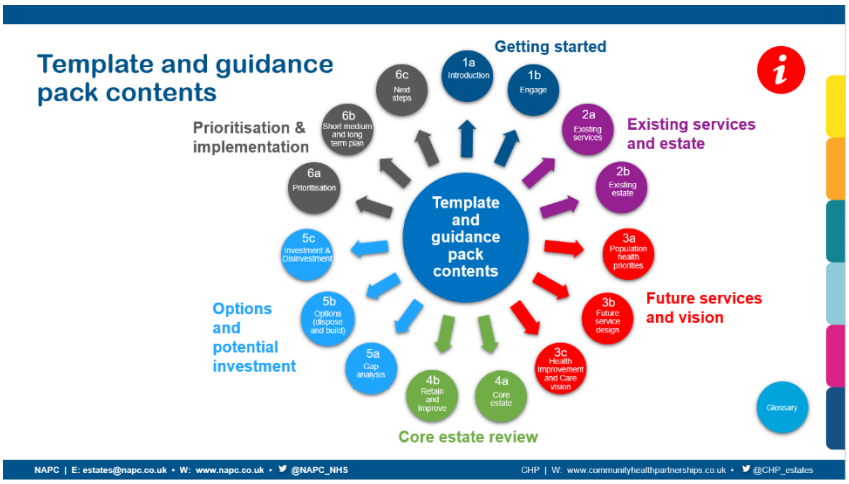
Community Health Partnerships and the National Association of Primary Care on behalf of NHS England, have produced a PCN Service and Estates Toolkit developed from the published guidance Primary Care Networks: Critical thinking in developing an estate strategy. The benefits of the PCN Toolkit are to develop and articulate a standardised and consistent approach in identifying and delivering Prioritised short, medium, and long-term primary care capital investment & disinvestment plans and key challenges to delivery (e.g. negative equity)

The purpose is to provide a national framework to support PCNs and systems to identify the future primary care estates investment requirements, whilst ensuring consistency in quality and outputs; to enable delivery of suitable, high quality estate provision for Primary Care, and to suitably support service development strategies across the wider health economy. The PCN Service and Estates Planning Toolkit provides practical tools for use and application and has two objectives:

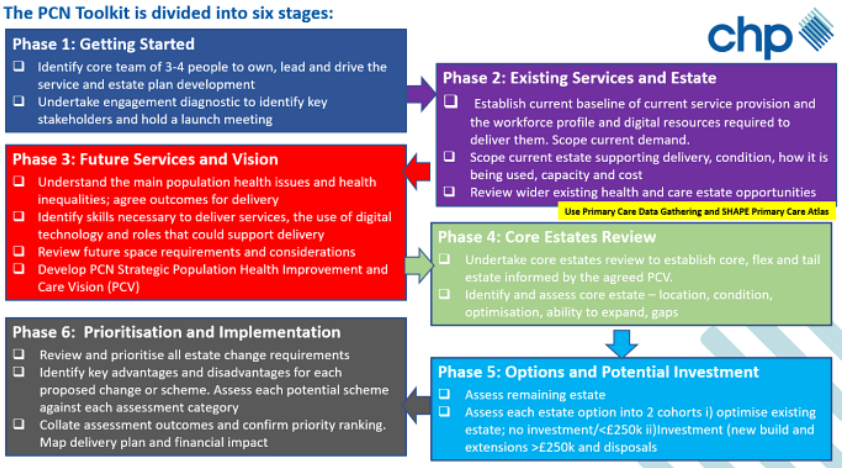
a. To enable each PCN to identify and prioritise their estate optimisation, disinvestment and any subsequent capital investment requirements to address population health priorities and future service needs.

b. To support the production of capital investment plans for PCNs and Places and help Integrated Care Systems (ICSs) to aggregate and prioritise local primary care investment requirements against other system demands for capital.

The image below reflects the 6 different stages of the PCN Toolkit:



The toolkit starts with a focus on key stakeholder engagement and consideration of priorities in line with a population health led approach to care model design.



It has been developed in line with other key national work streams, emerging policies and emergency planning requirements. This toolkit focuses on clinical vision and strategic estate planning, and we recommend reference to other relevant policies and guidance for wider considerations such as the net zero agenda, digital and health technologies, which should all be taken into consideration in completion of the toolkit.

The Toolkit should be used to further develop existing clinical and estate strategies and plans as opposed to replicating or replacing what has already been achieved and should be used flexibly to meet that objective. It has been developed to align with the Primary Care Data Gathering (PCDG) datasets and SHAPE PCDG Atlas analysis and reporting tools, minimising duplication of effort in establishing the initial baseline.

Appendix 3: Demand and Capacity Table 2022 to 2037

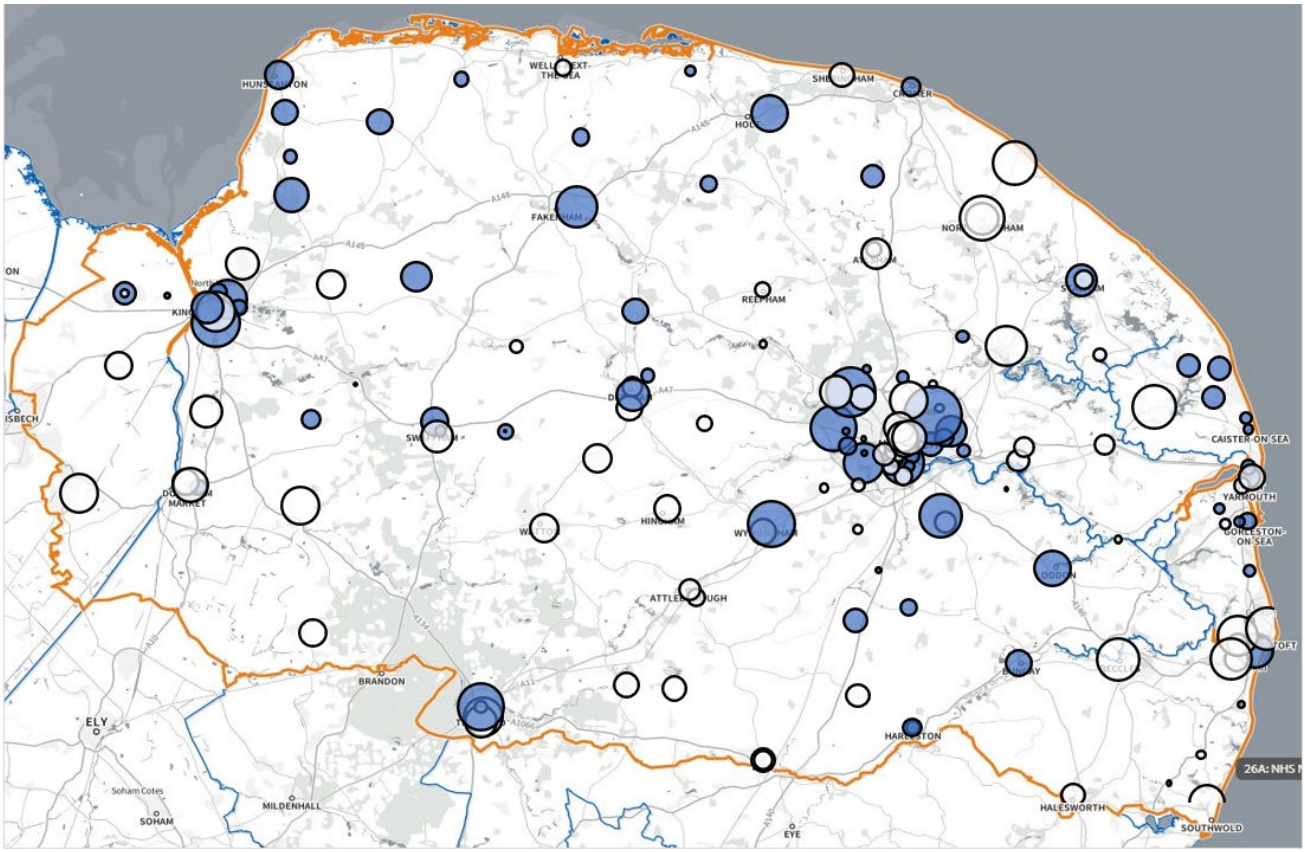
Locality	PCN	Weighted list per site Jan 22	Current NIA (m2)	NIA Required for current population (m2)	Current NIA Surplus / (Deficit) (m2)	Expected Future Population 2037	Expected Future NIA (m2)	NIA Required for forecast population (m2)	Future NIA Surplus / (Deficit) (m2)
Great Yarmouth and Waveney	Gorleston	45,344	2,651	2,389	262	48,667	2,651	2,528	123
	Great Yarmouth and Northern Villages	72,394	4,570	4,109	461	81,565	4,570	4,649	(79)
	Lowestoft	83,023	4,496	5,209	(714)	91,790	4,496	5,575	(1,079)
	South Waveney	60,465	3,355	3,769	(415)	65,110	3,355	3,963	(608)
Great Yarmouth and Waveney Total		**261,226**	**15,071**	**15,477**	**(406)**	**287,133**	**15,071**	**16,714**	**(1,643)**
North Norfolk	NN1	51,408	3,736	3,048	689	56,722	3,736	3,272	464
	NN2	47,067	3,067	3,126	(59)	65,798	3,067	3,925	(858)
	NN3	49,838	3,078	3,077	2	54,094	3,550	3,254	296
	NN4	56,360	4,145	3,848	297	81,716	5,065	4,905	160
North Norfolk Total		**204,673**	**14,027**	**13,099**	**928**	**258,330**	**15,419**	**15,356**	**63**
Norwich	Central	63,359	4,682	3,820	862	69,899	4,682	4,162	520
	East Norwich	56,191	4,113	3,591	522	72,638	4,258	4,277	(19)
	Norwich North	43,105	2,260	3,046	(786)	46,421	2,260	3,184	(924)
	NPL	9,116	680	630	50	9,290	680	637	43
	West Norwich	53,921	4,191	3,667	524	63,089	4,341	4,069	273
Norwich Total		**225,692**	**15,927**	**14,755**	**1,172**	**261,337**	**16,222**	**16,329**	**(107)**
South Norfolk	Breckland	42,858	2,357	2,536	(179)	56,489	2,834	3,104	(270)
	Ketts Oak	65,093	4,144	3,962	182	73,135	4,144	4,297	(153)
	Mid Norfolk	50,402	3,443	3,438	5	52,861	3,443	3,571	(128)
	SNHIP	89,256	6,643	5,917	726	96,661	6,643	6,238	404
South Norfolk Total		**247,609**	**16,587**	**15,853**	**735**	**279,145**	**17,064**	**17,211**	**(147)**
West Norfolk	Coastal	30,620	2,753	2,247	506	33,040	2,753	2,377	377
	Fens and Brecks	46,065	2,548	3,333	(784)	51,414	2,548	3,608	(1,060)
	King's Lynn	77,938	4,267	4,225	42	79,822	5,345	4,326	1,019
	Swaffham and Downham	55,090	3,842	3,889	(48)	59,845	3,842	4,119	(278)
West Norfolk Total		**209,713**	**13,410**	**13,693**	**(283)**	**224,121**	**14,488**	**14,430**	**58**
Grand Total		**1,148,913**	**75,021**	**72,876**	**2,145**	**1,310,066**	**78,263**	**80,039**	**(1,776)**

Expected Future NIA (m²) assumes either future capital or revenue schemes will be completed at the below sites, based upon schemes with an existing level of approval. It is expected additional schemes will be added to this list in coming years.

- Wave 4b. East Norwich Medical Partnership (Sprowston)
- Wave 4b. King's Lynn PCN (Nar Ouse Way)
- Wave 4b. Hoveton & Wroxham Medical Centre (Rackheath)
- Wave 4b. Grove Surgery (THLC)
- Elmham Surgery (Toftwood)
- Drayton Medical Practice (Drayton)
- Blofield Surgery
- Lawson Road Surgery (Norwich)
- Taverham Partnership
- Sheringham Medical Practice (Sheringham)
- St James Medical Practice (Kings Lynn)

Future housing data is based upon NHS England commissioned housing growth information provided by Savills. This data currently only focuses on sites attached to planning permissions and excludes additional growth contained within local plans. This issue is being addressed within the PCN Toolkit Programme but currently growth presented is likely to be understated.

Appendix 4: Demand and Capacity Map 2037



Each circle represents a primary care site, with blue circles showing sites predicted to have capacity and White circles predicted to have constraint. The circles are scaled to show the predicted capacity/constraint across the ICB footprint.

Please note that due to the scale of the map not all constraints are easily visible.

The ICB are working with practices across its footprint on schemes of varying levels of maturity to address predicted constraint. Completion of the PCN Toolkit Programme and associated estate strategies will highlight any gaps between need and potential schemes. Delivery of all future schemes are subject to capital and revenue affordability.

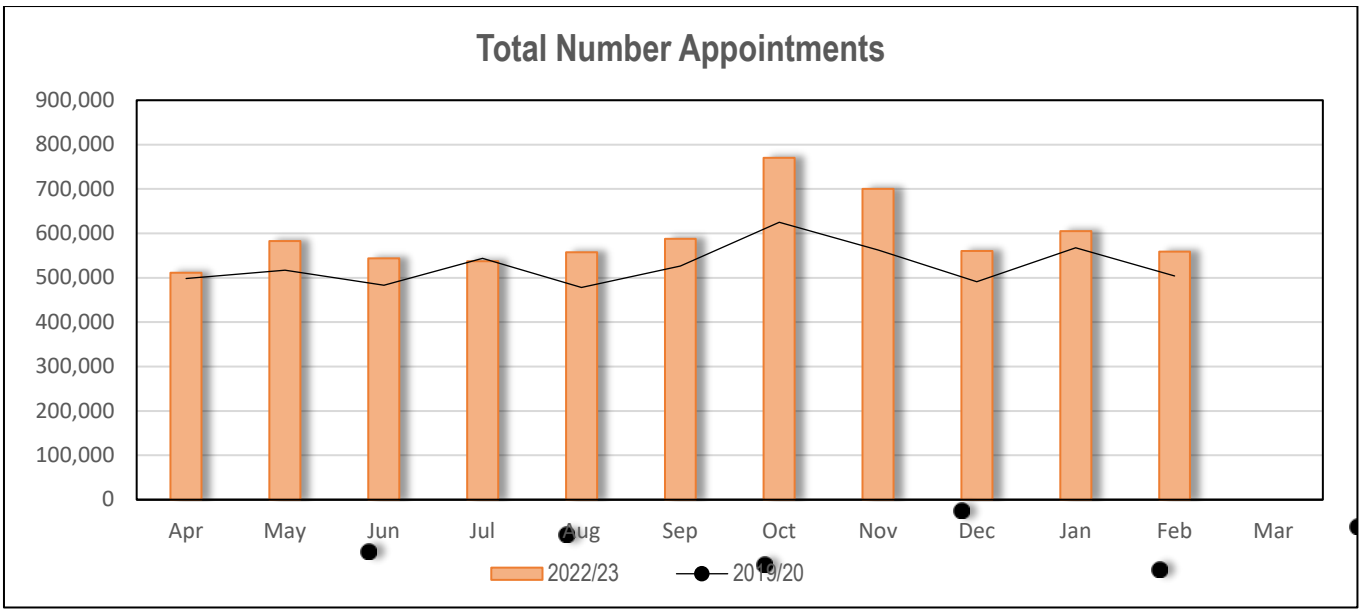
Appendix C

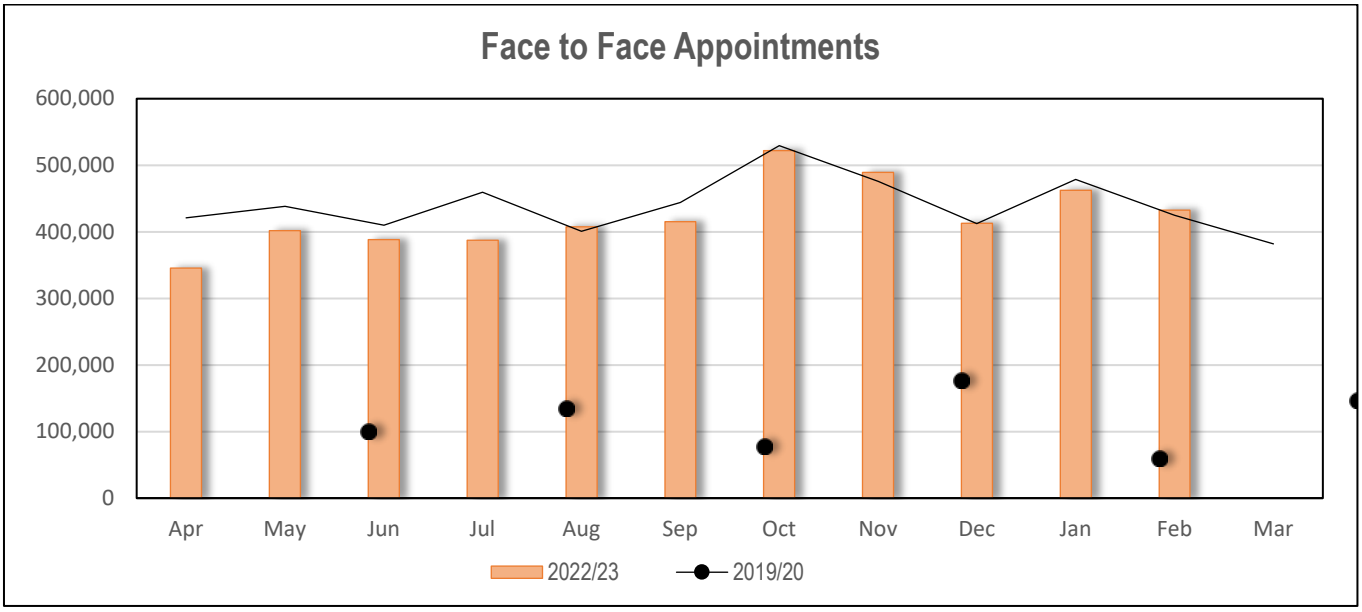
Appointments data – Norfolk and Waveney current year compared to pre-pandemic

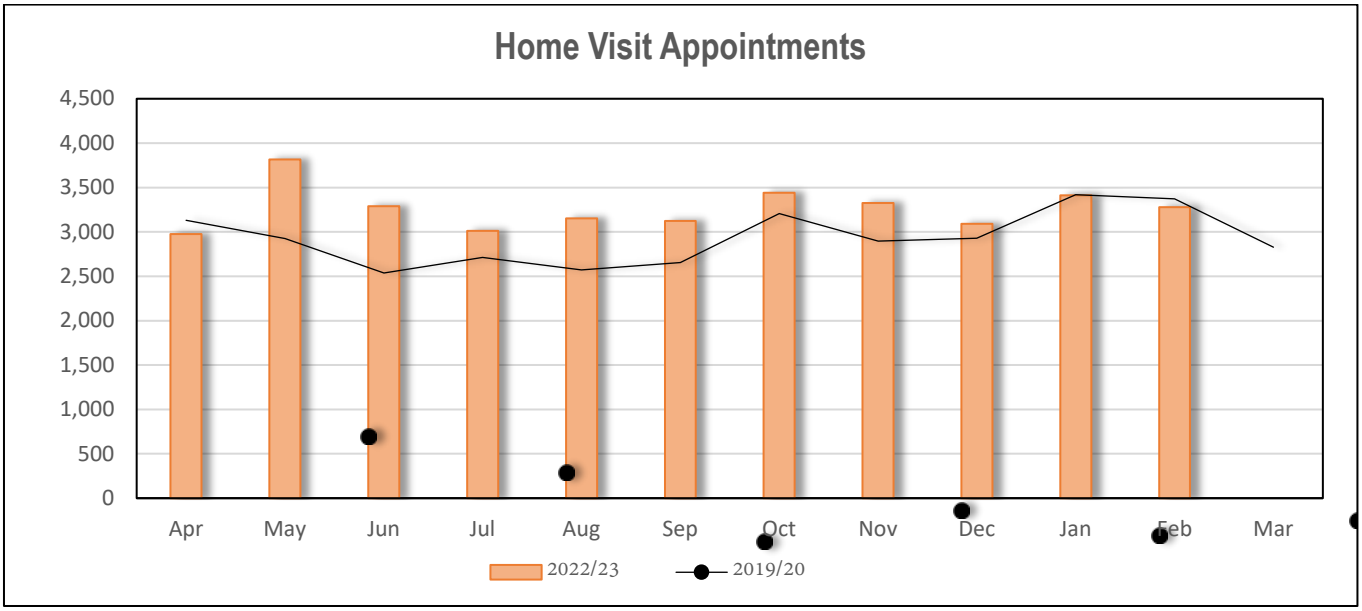
Important points to note when reviewing appointment data:

- Appointment numbers fluctuate throughout the months of the year. This is due to multiple factors, including the numbers of public holidays, seasonal illnesses requiring more urgent appointments to be provided, historical patterns of demand, winter vaccinations involving additional clinics, additional national funding to buy additional capacity
- The type of appointments and the wait for appointments is affected by multiple issues such as staff sickness, workforce issues, age of population (ie younger often require more urgent appointments, older often require more routine appointments for long term conditions management), vaccination clinics, health checks, and of course, patient choice

Appointments data - Norfolk and Waveney current year compared to pre-pandemic




Face to Face Appointments
600,000
500,000
400,000
300,000
200,000
100,000
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2022/23
2019/20


Home Visit Appointments
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
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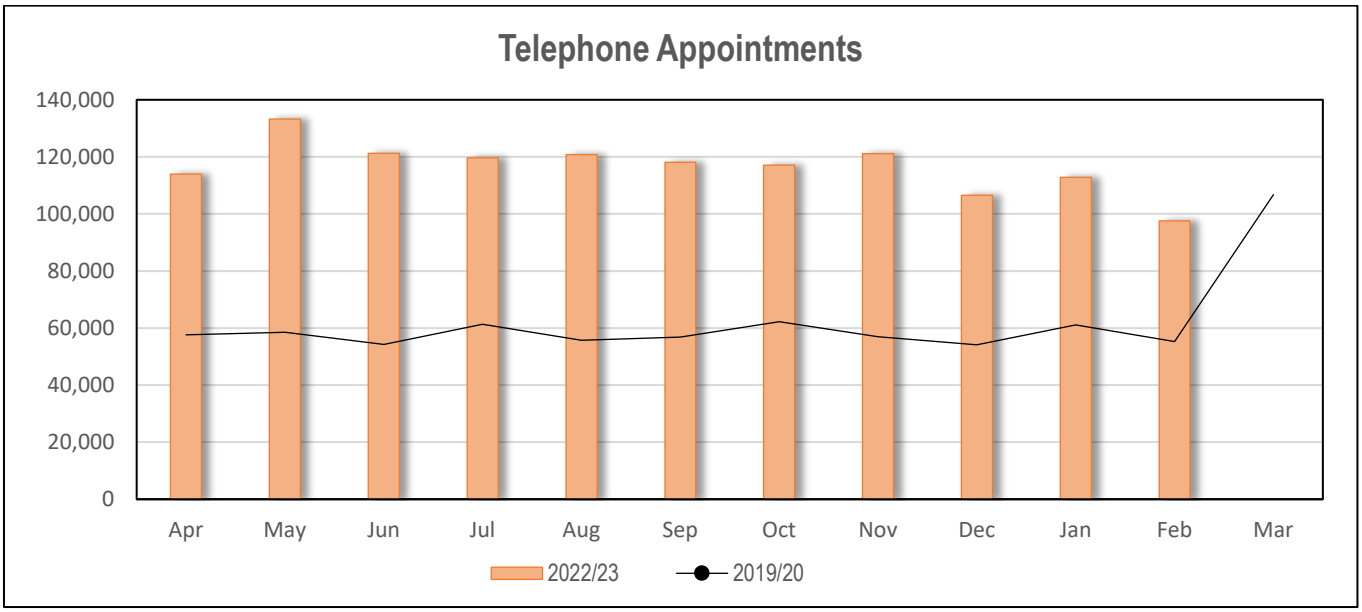
2022/23
2019/20


Telephone Appointments
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
Apr
May
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Aug
Sep
Oct
Nov
Dec
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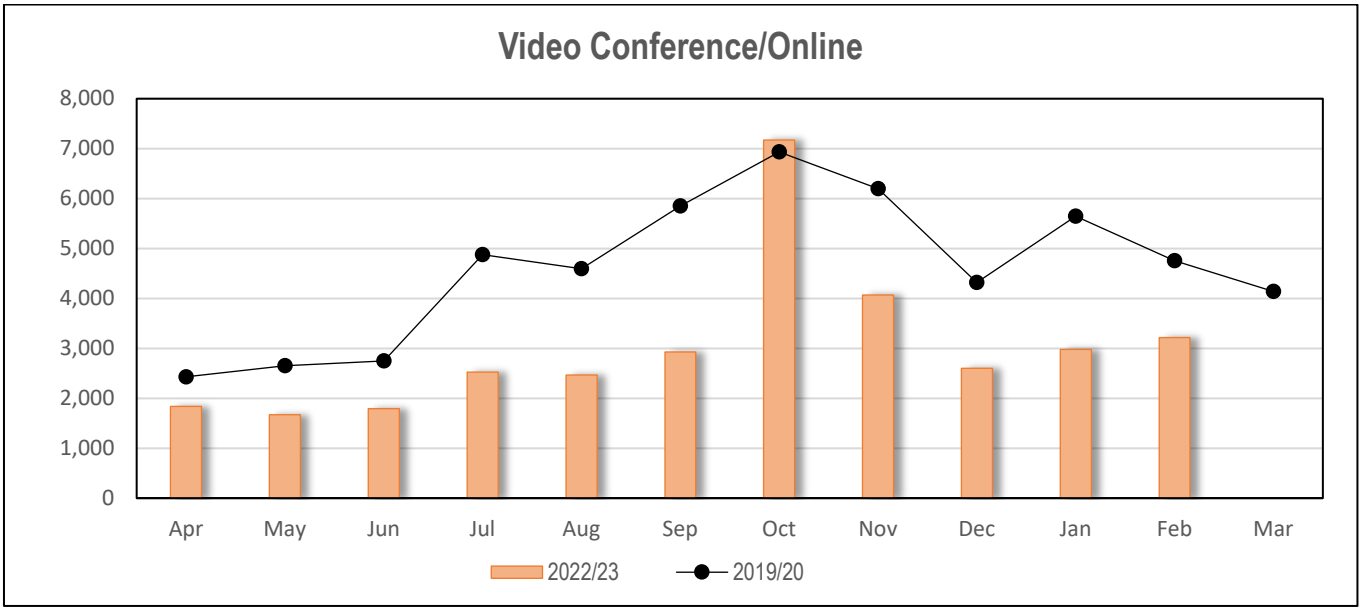
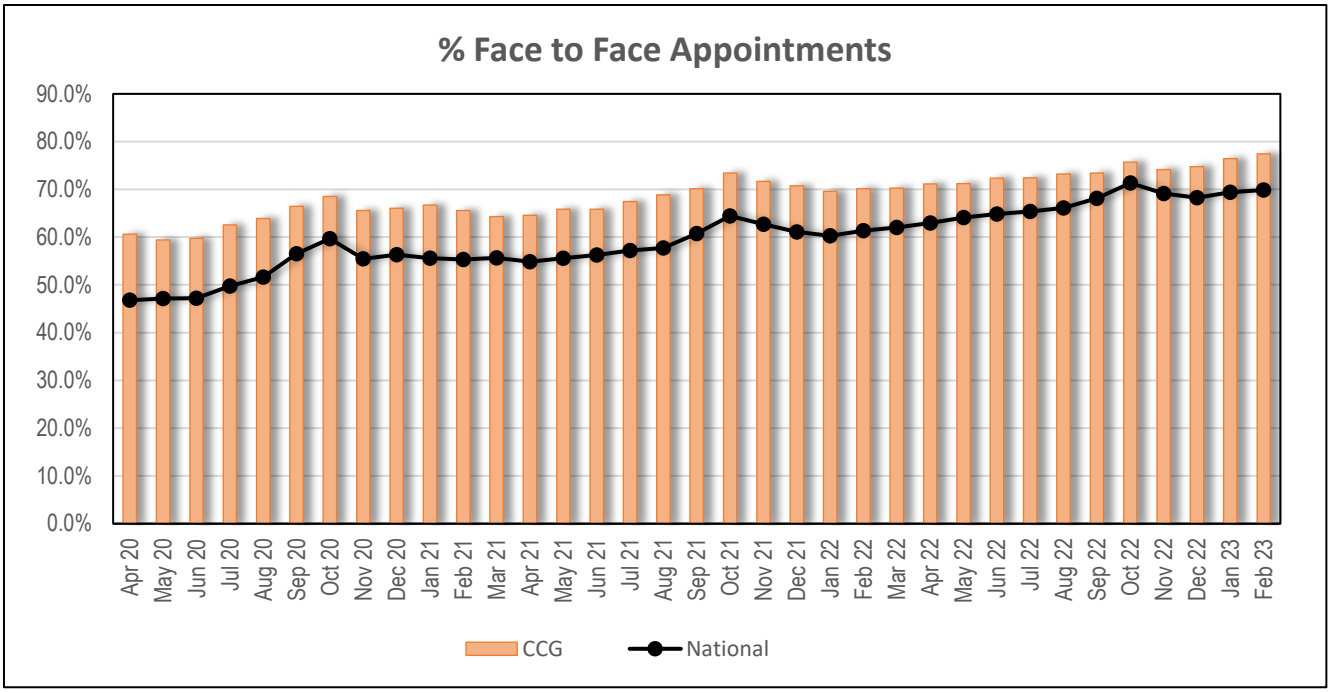
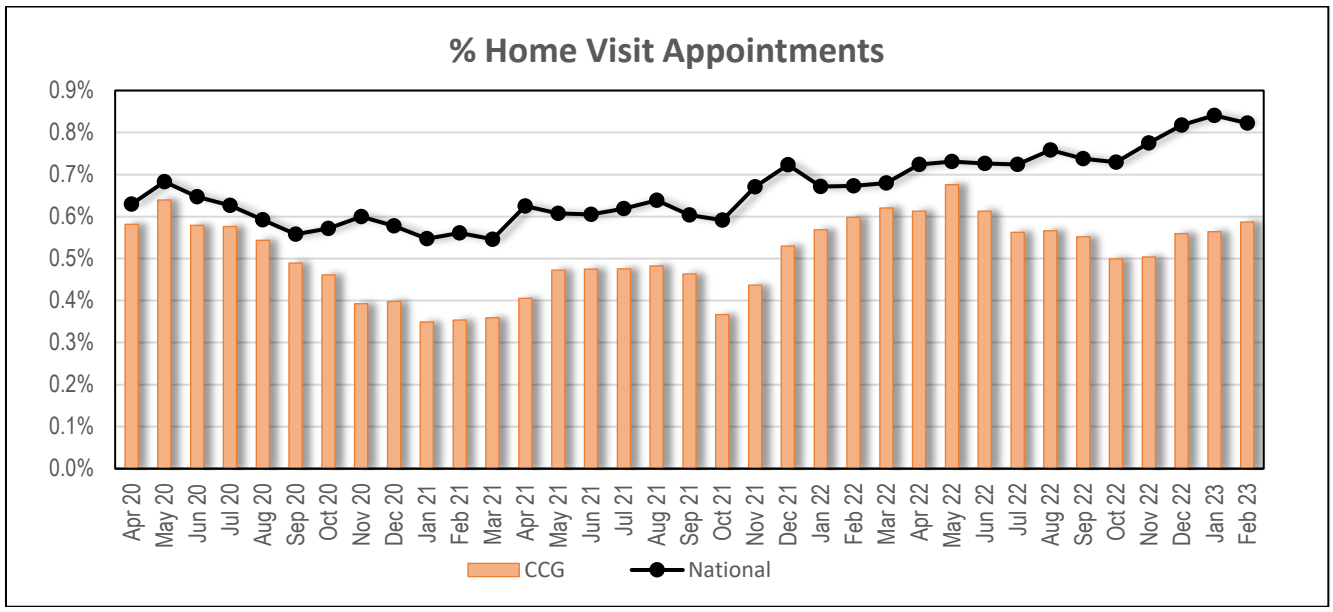
Feb
Mar
2022/23
2019/20



Appointments data – Norfolk and Waveney three years compared to national




% Home Visit Appointments
0.9%
0.8%
0.7%
0.6%
0.5%
0.4%
0.3%
0.2%
0.1%
0.0%
Apr 20
May 20
Jun 20
Jul 20
Aug 20
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Nov 20
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Nov 22
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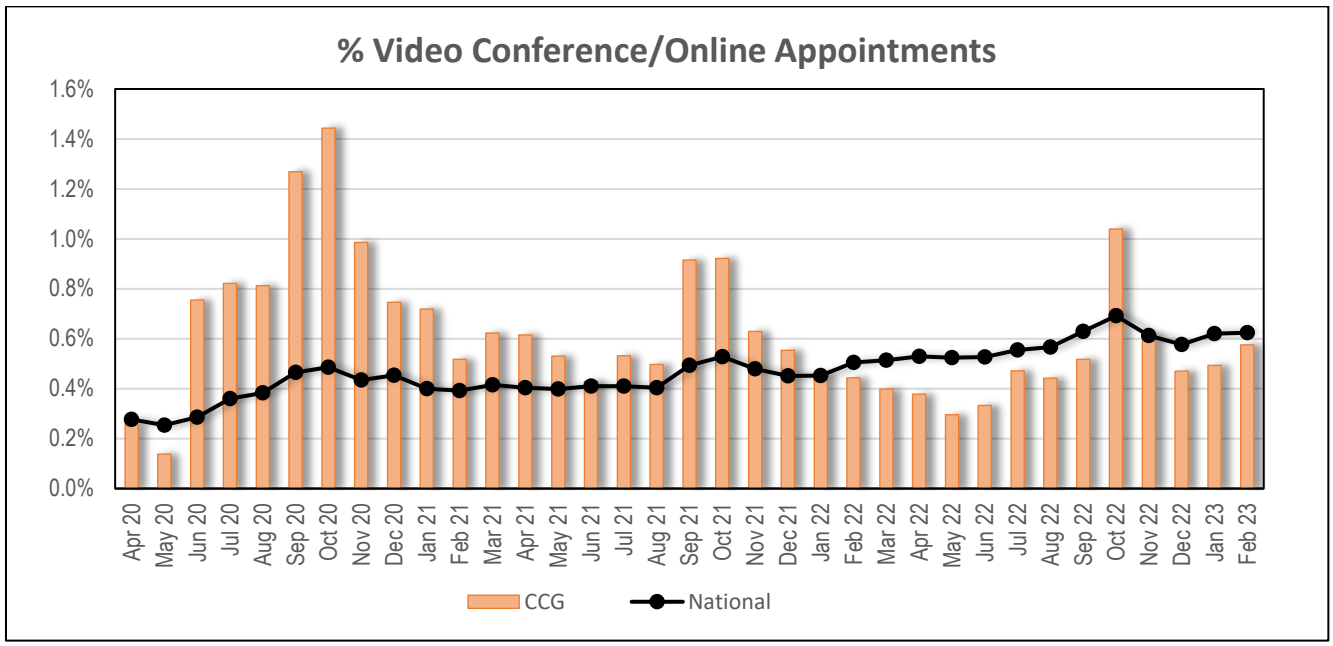
Jan 23
Feb 23
CCG
National


% Video Conference/Online Appointments
1.6%
1.4%
1.2%
1.0%
0.8%
0.6%
0.4%
0.2%
0.0%
Apr 20
May 20
Jun 20
Jul 20
Aug 20
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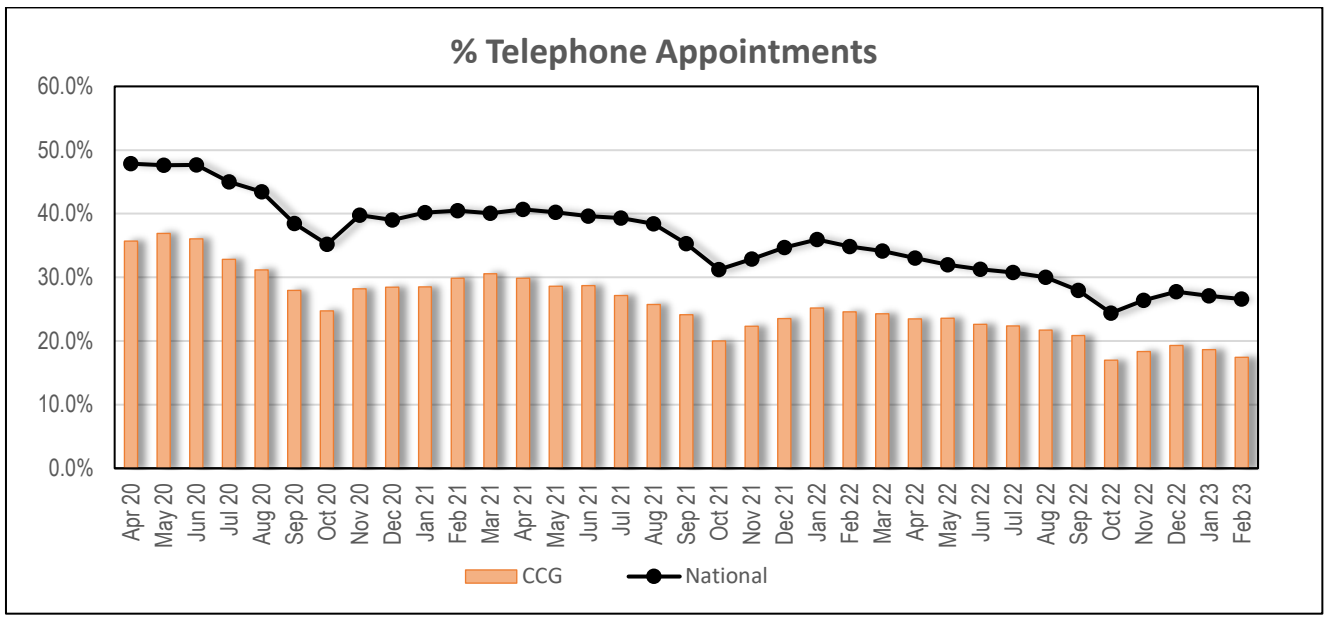
Jan 23
Feb 23
CCG
National


% Telephone Appointments
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Apr 20
May 20
Jun 20
Jul 20
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Sep 20
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Dec 22
Jan 23
Feb 23
CCG
National

Appointment attendance – last 3 months compared with same period pre-pandemic and compared to national average (current)

	ICB Breakdown						Current (national)		
% of Actual Activity	2019/20			2022/23			Feb		
	Dec	Jan	Feb	Dec	Jan	Feb			
Attended	89.5%	90.2%	90.0%	92.1%	93.0%	92.9%		91.6%	
DNA	4.3%	3.8%	3.9%	4.3%	3.7%	3.8%		4.5%	
Unknown	6.2%	6.0%	6.1%	3.6%	3.3%	3.3%		3.9%	

Time to appointment – Norfolk and Waveney last three months compared with same period pre-pandemic (actuals and percentages)

Actual Activity	2019/20			2022/23		
	Dec	Jan	Feb	Dec	Jan	Feb
Same Day	207,391	229,243	200,702	236,995	245,625	223,516
1 Day	28,044	36,140	31,506	36,003	39,159	33,193
2 to 7 Days	83,720	109,344	92,202	89,548	118,075	100,880
8 to 14 Days	66,259	70,804	69,876	75,888	80,222	86,114
15 to 21 Days	40,832	44,334	44,497	48,782	47,846	53,899
22 to 28 Days	32,450	36,295	36,585	34,259	33,864	35,725
More than 28 Days	32,509	41,565	28,915	30,612	39,546	24,916
Unknown / Data Issue and Unknown/ Data Quality	67	55	43	361	525	624
Total	491,272	567,780	504,326	552,448	604,862	558,867

% of Actual Activity	2019/20			2022/23		
	Dec	Jan	Feb	Dec	Jan	Feb
Same Day	42.2%	40.4%	39.8%	42.9%	40.6%	40.0%
1 Day	5.7%	6.4%	6.2%	6.5%	6.5%	5.9%
2 to 7 Days	17.0%	19.3%	18.3%	16.2%	19.5%	18.1%
8 to 14 Days	13.5%	12.5%	13.9%	13.7%	13.3%	15.4%
15 to 21 Days	8.3%	7.8%	8.8%	8.8%	7.9%	9.6%
22 to 28 Days	6.6%	6.4%	7.3%	6.2%	5.6%	6.4%
More than 28 Days	6.6%	7.3%	5.7%	5.5%	6.5%	4.5%
Unknown / Data Issue and Unknown/ Data Quality	0.01%	0.01%	0.01%	0.07%	0.09%	0.11%

Time to appointment – national average percentage (current), for comparison

% of Actual Activity - national	Feb
Same Day	44.0%
1 Day	8.0%
2 to 7 Days	19.4%
8 to 14 Days	13.4%
15 to 21 Days	7.4%
22 to 28 Days	4.4%
More than 28 Days	3.2%
Unknown / Data Issue and Unknown/ Data Quality	0.1%

Pharmacy services in Norfolk and Waveney

Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of pharmacy services in Norfolk and Waveney in the light of continued pressures in primary care. This item forms part of NHOSC's examination of primary care services as part of its wider review of the patient pathway.

1.0 Purpose of today's meeting

1.1 To examine the report from Norfolk and Waveney Integrated Care Board (N&WICB) regarded pharmacy services in Norfolk and Waveney. The report is attached at **Appendix C.**

1.2 Representatives of Norfolk and Waveney Integrated Care Board (N&WICB) will be in attendance to answer Members' questions.

1.3 A report has also been provided by Norfolk Local Pharmaceutical Committee (LPC) will also be available. The report is attached at **Appendix D.**

1.4 A representative from Norfolk LPC will be available to answer Members' questions.

1.5 Norfolk LPC represents 158 community pharmacies in the county. Working in collaboration with other organisations, Norfolk LPC aims to support pharmacy contractors across Norfolk.

2.0 Previous reports to NHOSC

2.1 Pharmacy services were last reviewed by NHOSC in a report about the availability of medicines in the NHOSC Members' Briefing in February 2018.

3.0 Background information

3.1 Pharmaceutical Needs Assessment

3.1.1 At its meeting on 9 November 2022, the Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment (PNA) as part of the Norfolk Joint Strategic Needs Assessment (JSNA).

The report records the assessment of the need for NHS pharmaceutical services within Norfolk and details pharmaceutical services currently available. This includes details of when and where services are available, any changes likely to affect future needs and the identification of current or future

gaps in pharmaceutical services. This information enables local pharmacy service providers and commissioners to commission appropriate pharmacy services and target services to reduce health inequalities within local communities.

According to the PNA, Norfolk has 157 community pharmacies (as of 10 March 2022), for a population of around 914,039. In addition to the 157 community pharmacies, Norfolk has 55 dispensing GP practices providing pharmaceutical services. Combining these, Norfolk has an average of 23.2 community pharmacies and dispensing GP practices per 100,000 population, compared with 23.3 per 100,000 in England.

Based on rigorous analysis of all available data, the PNA concluded that services are well distributed and there is excellent access to a range of services. No gaps have been identified in provision either now or in the next three years for pharmaceutical services in Norfolk.

However, the PNA does not assess or review quality issues with regard to the provision of pharmacy services. Therefore, due to anecdotal evidence supplied in the PNA's public survey and from local health professionals regarding difficulties people in some areas are experiencing in relation to reliable opening hours of pharmacies and supply of medicines, it was recommended at the November 2022 HWB meeting that further review of user experience and service delivery was considered by Healthwatch Norfolk and NHOSC.

3.2 Pharmaceutical Services Negotiating Committee (PSNC) Pharmacy Pressures Survey 2023

3.2.1

According to the PSNC's Pharmacy Pressures Survey 2023, rising costs and significantly increased workload is putting community pharmacies at risk of collapse. Compared to the results of the 2022 pressures survey, this year's survey of 6,200 pharmacy premises and 2,000 pharmacy team members, provides clear comparative data that shows the worsening situation across the sector. The results of the 2023 survey can be found here.

3.3 East of England Partnership Strategy for Community Pharmacy

3.3.1 The East of England Partnership Strategy for Community Pharmacy has been developed to help give focus and direction for community pharmacy in the East of England over the next five years. Aligned with national and local policies (including the Community Pharmacy Contractual Framework: see below), the strategy aims to facilitate collaboration across health, social, primary and community care teams in designing and delivering transformation programmes, reconfiguring services and redesigning pathways to deliver integrated community pharmacy services.

3.4 Community Pharmacy Contractual Framework

3.4.1 Community pharmacy operates on a contractor model meaning community pharmacies are usually independent businesses contracted by the NHS to provide certain services for local populations.

Community pharmacies are contracted and commissioned in England under the national five-year (2019 – 2024) Community Pharmacy Contractual Framework (CPCF) which was agreed between the Department of Health and Social Care (DHSC) and the Pharmaceutical Services Negotiating Committee (PSNC) in line with the ambitions of the NHS Long Term Plan.

The CPCF secures funding for community pharmacy and describes the joint vision for pharmacy to be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings. It also expects community pharmacies to increase the use of technology and automation to increase capacity by making dispensing more efficient.

3.5 Transfer of responsibilities to the Integrated Care Board

3.5.1 Primary Care consists of four different services: general practice, pharmacy (including dispensing and distance selling), ophthalmology and dentistry. ICBs assumed delegated responsibility for general practice services at the inception of the new Integrated Care System (ICS) framework on 1 July 2022. From 1 April 2023, N&WICB also assumed responsibility for pharmaceutical, ophthalmic and dental services.

Within the new this new ICS framework, the Primary Care Commissioning Committee was established to provide oversight and assurance to the N&WICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care. Due to the increased workload this will create, two Delivery Groups have been established – one for primary medical services including pharmacy and one for dental services.

The PCCC meets in public every two months. Details of past and future meetings can be found here.

3.6 Prescription Ordering Direct Service

3.6.1 The Prescription Ordering Direct Service (POD), provided by Norfolk and Waveney ICB, enables patients to call a dedicated number to speak to an experienced call handler when needing to reorder a repeat prescription. Currently this service is only available at 14 GP practices in Great Yarmouth and Waveney and two practices in West Norfolk. See: Prescription Ordering Direct Service (POD).

4.0 Wider national developments regarding pharmacy services

4.1 As part of the primary care recovery plan, which was published by NHS England and the Government on 9 May 2023, patients will be able to obtain some prescription medications from pharmacies without the need to see a GP. See also: BBC News.

4.2 Four leading national pharmacy bodies have launched a Save Our Pharmacies campaign in order to lobby the government for fair NHS funding for pharmacies in England.

4.3 On 1 April 2023 charges for NHS prescription increased by 30p from £9.35 to £9.65 for a single item. The cost of pre-prescription pre-payment certificates and charges for wigs and fabric supports also increased.

5.0 Wider local developments regarding pharmacy services

5.1 In November 2022, Healthwatch Norfolk (HWN) highlighted the workforce pressures and stock shortages that led to long waits at some pharmacies and changes to opening times resulting in people struggling to access medication. See: Pharmacies plead for public to be patient - Healthwatch Norfolk.

5.2 In March 2023, HWN also launched a public engagement exercise seeking people's views and experiences of pharmacies in Norfolk. A report containing results and recommendations from this exercise will be published in a report later in the year.

As part of this engagement exercise, HWN and Pledger Pharmacy in Horsford, produced a video explaining the processes that are gone through from a prescription being written to it being dispensed.

5.2 The Eastern Daily Press (EDP) reported on a call made by Norfolk and Norwich University Hospital Chief Executive Sam Higginson at the HWB meeting in November 2022 for the establishment of a 24/7 pharmacy in Norfolk. Mr Higginson claimed that this would help reduce the amount of patients attending NNUH with needs that could be met at a pharmacy. See: NNUH boss leads calls for Norfolk to get a 24/7 pharmacy.

5.3 In March 2023, Stalham Staithe Surgery installed a prescription kiosk to facilitate faster and easier collection of prescriptions for patients.

6.0 Suggested approach

6.1 The committee may wish to discuss the following areas with N&WICB representatives:

- Request information on the centralised rather than on-site filling of prescriptions and to what extent this causes delays for patients in receiving their medication.

- How do pharmacies determine delivery charges for prescriptions and the potential impact of this on care home providers?
- As a point of information, what are the main causes of shortages in the supply of medicines?
- How will the new primary care recovery plan impact on local pharmacies?
- What can local authorities do to support N&WICB in addressing any issues relating to community pharmacy provision?

7.0 Action

7.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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Appendix C

Norfolk Health Oversight Scrutiny Committee - Pharmacy services in Norfolk and Waveney (April 2023)

Introduction

As prescribing of medicines is the most common healthcare intervention, pharmacy services are vital to ensure that a patient's medicines are accurate and appropriate. Although considered as a single entity, pharmacy services exist within acute and community healthcare Trusts, mental and justice health settings, community pharmacy, and primary care pharmacy – based within PCN / GP practices and the Integrated Care Board (ICB).

Each sector of pharmacy provides direct and indirect care to patients, and must adhere to legislation, regulation, and contractual obligations. Each sector is commissioned separately with varying funding streams. Pharmacy professionals – pharmacists and pharmacy technicians – have a single respective qualification, yet working in different sectors requires distinctive skill sets and expertise.

The NHS Long Term Plan commits to developing more joined-up and coordinated care across primary and community health services and a more proactive approach in the services provided. It supports expanded community multidisciplinary teams aligned with PCNs. It determines to make greater use of community pharmacists' skills and opportunities to engage patients; and identifies community pharmacies as being able to support urgent care and promote patient self-care and self-management as a key part of developing a fully integrated community-based health care system.

The Long Term Plan sets out a new service model offering patients more options, better support and joined-up care at the right time in the optimal care setting. It strengthens the focus on prevention, reducing health inequalities and on improving care quality and outcomes. It also looks to address current workforce issues, support staff and to upgrade technology for digitally enabled care.

The ICB is currently responsible for medicines optimisation in the Norfolk and Waveney area working together to improve the use and effectiveness of medicines within the NHS. The team's role is to ensure service users receive the most appropriate medication for their conditions, which in turn drives positive health outcomes and reduces the risk of medication-related harm. The ICB also co-ordinates Integrating Pharmacy and Medicines Optimisation (IPMO), which aims to increase communication and joint programmes of work across the ICS pharmacy services.

From 1 April 2023, responsibility for community pharmaceutical services transferred to Norfolk and Waveney ICB under the terms of the Delegation Agreement with NHS England (which also includes the transfer of responsibility for dental and optometry services). Responsibility for commissioning services in community pharmacy also transfers to the ICB. The Pharmacy

and Optometry contracting team is being hosted by Hertfordshire and West Essex ICB under a Memorandum of Understanding with all ICBs in the East of England region.

ICBs will continue to work on a regional basis to support the mobilisation of the community pharmacy strategy and the ongoing development of integration with primary care networks.

This paper sets out the responses to questions from the Health Overview and Scrutiny Committee however it should be noted that as the ICB has only recently taken on responsibility for pharmaceutical services and commissioning of community pharmacy services, this report describes the situation as of April 2023.

Norfolk & Waveney ICB benefits from long-standing and extremely positive relationships between system leadership, staff working in our community pharmacies and their representatives at the Local Pharmaceutical Committees. This has led to the long-standing commissioning of pioneering services such as our local direct-access Urgent Medication Supply Service, the Medicines Support Service, and Palliative Care service. We will be able to build upon this strong working relationship to further develop community pharmacy services in the future.

What are the current issues facing pharmacy in Norfolk and Waveney?

Like many professions within Norfolk and Waveney, community pharmacy is facing significant and challenging workforce shortages that can affect the ability of the profession to consistently engage with service transformation. The development of a pharmacy workforce plan, described in this paper, is now well-advanced and is currently being integrated into our wider system workforce planning. Supporting pharmacies through this challenging time, seeking to maintain and improve working relationships between our community pharmacies, general practices and PCNs, is fundamental to securing the foundations for future integration and development.

In 2019, a new Community Pharmacy Contractual Framework was agreed until March 2024; it was updated in 2021 following agreement with the Pharmaceutical Services Negotiating Committee. This provided a commitment of almost £13 billion to community pharmacy through its contractual framework, with a commitment to spend £2.592 billion over five years from 2019-2024 (a reduction from £2.8 billion global sum for 2014/2015 funding settlement). Its aim was to provide five-year stability and reassurance to community pharmacy and enable businesses to make long term business decisions. No announcements have been made about a new framework from April 2024 and how any changes will impact community pharmacy reducing the ability of community pharmacy services to make long term plans beyond this date.

The profession has raised concerns to the ICB and nationally about the viability of community pharmacy services in the longer term due to the national funding arrangements.

Community Pharmacist Consultation Service (CPCS)

One example of how the challenges facing community pharmacy impact other services is reflected in how expansion of the CPCS is impacted. The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs.

NHS111 and General Practice can use the CPCS to refer appropriate patients to a Community Pharmacy of the patient's choice to receive advice about minor illness. The patient can purchase over the counter (OTC) products, if necessary, as advised by the Community Pharmacist.

Locally the implementation of CPCS had had challenges.

- National funding arrangements for 2022-23 remove the incentive for PCNs to push the service and encourage take up of the service
- Practices perceive that the same outcome is achieved by verbally referring a patient to their Community Pharmacist
- Unplanned closures due to the lack of pharmacist resource (including ability to recruit a locum pharmacist to cover) leads to the pharmacy being unable to deliver the service as there is a requirement for a Responsible Pharmacist to be on site for the service to be available
- In the event of requiring medicines to be prescribed, the patient is referred back to the GP practice. Work is currently underway to consider new prescribing pathways to support new pharmacists being qualified prescribers from 2026, with additional training of the legacy workforce.

To what extent are delays in medication at inpatient settings contributing to delayed discharge?

There is a common perception that waiting for medication is one of the primary reasons for delay in discharge from hospital. However, the delay is usually found in the writing of the prescription. Figures from the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) show that 60-70% of prescriptions meet the internal turnaround target of two hours, and this is increased to around 80% where discharge teams are funded internally to support this activity.

Workforce shortages within pharmacy teams also reduce the ability for pharmacists to use their prescribing skills – where held - to support this activity effectively.

Are there any plans to open a 24/7 pharmacy in Norfolk not least to prevent unwarranted attendance at A&E?

There are no current plans to open a 24/7 pharmacy in Norfolk. The ICB is seeing an increasing number of 100-hour community pharmacy applications to close identifying reasons of their reducing viability and the inability to recruit and retain a community pharmacy workforce.

What is the ICB doing to ensure a consistent and reliable service to patients especially in terms of supply and opening hours?

The Pharmaceutical Needs Assessment was agreed by the Health and Wellbeing Board in November 2022. This sets out the current provision of Pharmaceutical services and any gaps in service provision from pharmacies across Norfolk based on population growth forecasts. It is used to support commissioning decisions based on patient needs. Waveney comes under the Suffolk Pharmaceutical Needs Assessment.

Pharmaceutical Services are required to deliver their agreed 40 core hours (Mon – Friday, 9.00am -1.00pm and 2.00pm – 6.00pm) in line with the Regulations. Any changes must be considered by the Pharmaceutical Services Regulations Committee which is being hosted by Hertfordshire and West Essex ICB but includes representatives from each of the ICBs in the region to inform decision making. Pharmacies may agree to provide supplementary hours over and above core hours.

With the increasing pressures on community pharmacy and challenges with workforce recruitment and retention issues, an increasing number of pharmacies are requesting to reduce their supplementary hours so that they only provide core hours. Pharmacies need only give 5 weeks' notice to change their supplementary hours and the request cannot be refused by the commissioner; only changes to core hours require commissioner approval. This means that there is a reduction in the number of pharmacies offering services in the evenings and at weekends.

During 2021/2022 and 2022/2023, in Norfolk and Waveney:

- 29 pharmacies reduced their hours in 21/22
- 16 pharmacies reduced their hours in 22/23

- 5 pharmacies increased their hours in 21/22
- 7 pharmacies increased their hours in 22/23

- 3 pharmacies increased their supplementary hours in 21/22 and subsequently reduced them in 22/23
- 4 pharmacies reduced their supplementary hours in 21/22 and reduced them further again in 22/23

We have yet to see how the impending closure of five Lloyds Pharmacy sites will impact service provision for the local population, pharmacies in surrounding areas and system partners such as general practice and whether we are likely to see more of these closures in the future.

For similar reasons, it is becoming increasingly difficult to ensure there is Norfolk and Waveney wide cover from community pharmacies for public and bank holidays as they are not required

to cover these days. The region will be leading a fundamental review of Bank Holiday commissioning going forwards.
The ICB will be working closely with the Local Pharmaceutical Committees for Norfolk and Waveney, to undertake an analysis of pharmacy opening hours across the ICB area and determine if additional services may need to be commissioned. It should be noted that any commissioning plans to increase opening hours availability is reliant on having a community pharmacy workforce to deliver any additional hours. This includes pharmacy technicians and pharmacy support staff as well as pharmacists.

What is the ICB doing to ensure a consistent supply of medicines to patients?

The ICB has no influence over current supply chain issues but has produced guidance agreed with the Local Medical Committee and Local Pharmaceutical Committee on dealing with shortages. These can be found in the appendices at the end of this submission (Appendix B and C). Due to multiple supply routes, local communication between pharmacies and GPs is encouraged in relation to latest availability.

The MHRA issues notices about serious shortage supplies for medicines as and when they occur for circulation to local providers and key stakeholders. This allows specific medicines in short supply to be switched by the supplying pharmacy, rather than needing to return the prescription for amendment by the GP and delaying the patient's access to medicines.

Medication supply issues are creating significant hours of work to source and maintain essential medicines in all sectors of pharmacy. In community pharmacy, the PSNC have recently reported almost all pharmacy owners are having daily difficulties sourcing medicines, which in turn is leading to increased levels of patient frustration and in some instances physical and verbal abuse.

In addition to difficulties with sourcing of medicines, in recent months the pharmaceutical market has seen fluctuating prices of medicines available, which is also driving difficulties with wholesaling availability and supply. Many items are being dispensed at a loss within community pharmacies – again this is a national issue.

Information on the training, recruitment and retention of pharmacists and other pharmacy staff. What is the ICB doing to improve the training, recruitment, and retention of all staff in the pharmacy sector?

The Pharmacy and Medicines Optimisation and Primary Care Workforce Teams have a joint approach to consider how the workforce can be attracted and retained, and a pharmacy workforce plan has been developed utilising resource from all sectors of pharmacy.

Challenges to pharmacist and pharmacy technician resource in both primary and secondary care has been encountered by the popularity of moving to new roles within General Practice as part of the Additional Roles Reimbursement Scheme. These roles are in infancy and requires further structure and development to make them sustainable. This requires all

sectors of pharmacy to consider how supporting roles can be skill mixed appropriately and develop clinical aspects of practice to ensure that patient safety and quality of care are maintained.

The pharmacy workforce programme of work contains several workstreams to attract, recruit or retain the registered workforce (pharmacists and pharmacy technicians).

Attraction to pharmacy and Norfolk & Waveney

Application numbers for both pharmacy undergraduate degrees and pharmacy technician apprenticeships have been declining in recent years. The workforce plan addresses the issue of pharmacy being a hidden profession to many, by increasing presence at careers fairs and Career Ambassadors to deliver careers talks into schools.

Despite the UEA offering a popular pharmacy degree programme, many graduates leave the Norfolk and Waveney area after their university studies. This summer, seven paid placements for undergraduates are planned to give hands-on experience of working in multiple settings to encourage students to stay within the local area.

The pharmacy degree has fundamentally changed from a 4 year study programme + 1 year pre-registration year, to a five-year integrated programme – where pharmacists will be qualified to prescribe from Day 1 of their registration from summer 2026. To support this change, work is currently being undertaken with the UEA and local pharmacy employers to increase placement capacity and quality.

Recruitment

To support portfolio working of newly-qualified pharmacists working in multiple sectors of pharmacy, the STAR (Start Training Advantage Rotational) programme has been recruiting. This is a novel and innovative recruitment approach matching PCN and community pharmacy employers to provide a 50:50 split of working in GP practice and community pharmacy, with an underlying training pathway to develop working practice. STAR has been extensively advertised in national pharmacy press.

Phase 1 of STAR is currently underway with 15 placements available. Phase 2 of STAR will consider how secondary care can be included.

A project to increase international recruitment of pharmacists is in early stages, working with the International Recruitment hub at the James Paget. Few pharmacists who have qualified abroad are eligible to register with the GPhC and require a conversion course to do so, places for which are limited and cost-prohibitive for many. In addition, no local course runs for this. Attention is currently being directed to countries where pharmacists would be eligible for GPhC registration, and support can be given to recruitment and induction to the local area.

Additionally, 17 pre-registration pharmacy technician placements were created in 2021/22 as split posts between community pharmacy and GP practices. The effectiveness of this activity is being evaluated.

Retention

Surveys have recently been undertaken of both pharmacists and pharmacy technicians in the local area to ascertain the upskilling required of the current workforce to the updated Initial Education and Training requirements for both professions. This includes prescribing courses for pharmacists and accuracy checking and medicines management skills for pharmacy technicians. Analysis is currently being completed on the results.

The Chief Pharmaceutical Officers Leadership programme has been promoted to current and aspiring senior managers in pharmacy, which coincides with the publication of the Commission on Professional Pharmacy Leadership's report. A strong theme in the report was equalising the status of pharmacy technicians within the profession, and further work is to be completed on how this will be implemented locally.

Provide an overview of the objectives, actions, and timeline of the East of England Partnership Strategy for Community Pharmacy.

The East of England Partnership Strategy for Community Pharmacy was developed in partnership with all ICBs and NHS England in the region. A copy is attached to this paper for reference.

The East of England Partnership Strategy for Community Pharmacy outlines our strategic visions and goals to support and enable community pharmacy in the East of England to realise its full potential. Supporting integration and transformation, building on the strong foundations in place and to deliver on the vision of the NHS Long Term Plan. Playing a part in prevention of diseases, reducing health inequalities, helping to tackle obesity and high blood pressure, and providing enhanced public health care as part of a whole system approach. The Strategy represents the collaborative efforts of partners across the East of England including Local Pharmaceutical Committees, Local Authorities, Integrated Care Boards and Systems, and other key stakeholders. We would like to extend our thanks to all colleagues involved in the development of the document, whose contributions have been incorporated and without whom this would not have been possible. Community pharmacy is and continues to demonstrate resilience, engagement, and innovation in the services it provides to patients, communities and populations. This is evident in their ongoing contribution to the Covid-19 vaccination programme for example. To ensure that community pharmacy continue to build on this, health and care systems in the East of England collectively support a vision where:

- Community pharmacy is an integral part of primary and community care, leading to improved outcomes for patients and facilitating better access
- Community pharmacy is embedded in pathways across the wider health and care system. Community pharmacy is a patient centred service that is the first point of contact for many patients Community pharmacy is integral to the delivery of self-care, avoiding ill health and improving population health
- Community pharmacy is integral to addressing health inequalities
- Community pharmacy professionals and wider teams are valued and respected

Through the identified priorities, actions and enablers, such as funding and digital integration, that underpin these six vision statements, our overall goal is to increase health system integration and partnership, optimise services, improve population health and reduce health inequalities, address workforce issues; all for the benefit of the patients, communities and population we are here to serve. Significant elements of this strategy require aligned national support in order to be achieved and enabled.

By realising the potential of community pharmacy and the expertise of the pharmacy teams within them, with the collaboration of partners across the East of England, we can be confident that community pharmacy will cement its position as a valued and essential component for healthcare delivery in primary care.

Community pharmacy will support and strengthen wider health and care services by undertaking key roles in improving the use of medicines, treating common clinical conditions, managing long term conditions, and addressing health inequalities, population health and wellbeing. To realise the potential of community pharmacy, development of the role and services needs to be underpinned by:

- Collaboration with partnership organisations to integrate strategies and services
- Increased public and health professional awareness of community pharmacy capabilities and services
- Sustainable workforce models which maximise the skill mix of community pharmacists, pharmacy technicians and wider pharmacy teams
- Improved system and digital infrastructure with shared patient records
- Better use of data to inform decisions, monitor outcomes and improve services
- Good access to community pharmacies
- Investment and practical support in community pharmacy to realise full potential

The overall strategic vision is to increase health system integration and partnership, optimise services, improve population health and reduce health inequalities, address workforce issues; all for the benefit of the patients, communities and local populations.

Community Pharmacy Integration Programme

In addition to the Community Pharmacy Strategy, the Community Pharmacy Integration Programme has funding provided by NHS England for two years to support all ICBs in the region to put in place a Community Pharmacy Integration Programme. The aim of the Community Pharmacy Integration programme is to ensure that every community pharmacy across the region has the opportunity to engage and connect with their local Primary Care Network (PCN)/ Place Leader/ Integrated Neighbourhood Team (INT) Lead either via the Community Pharmacy PCN Lead or designated PCN Clinical Pharmacist:

As a minimum each community pharmacy should nominate a named lead and deputy, as a single point of communication and contact for the PCN/ INT/ Place, and to establish a local communication process for business including:

- Exceptional stock shortage issues which may impact significantly on patient care.
- Preferred communication pathways for, e.g. local notification of pharmacy closure or temporary suspension of service delivery such as CPCS etc.

- Efficient and effective repeat management pathways including the benefits of increased electronic Repeat Dispensing
- Pharmacy sign-up and capacity for delivery of existing and new national advanced and locally-commissioned services and the development of local referral pathways for these.
- Engage with a brief evaluation of this service and the wider "Community Pharmacy PCN Lead" initiative.

A pilot to increase communications between community pharmacy and their respective PCNs has just been recruited to. These three posts will work with the Community Pharmacy Clinical Lead to support the recognition of pharmacy services and potentially develop local services to support the work of the PCN.

They will support community pharmacy to increase understanding and awareness of Place based/ PCN priorities relating to population health needs and the role that Community Pharmacy plays in helping to deliver those priorities.

The ICB will work in collaboration with Local Pharmacy Committees to plan a fair and transparent approach to utilising the funding to meet the stipulated programme objectives

Patients are increasingly being directed to pharmacies for advice on minor ailments and injuries as a way of easing the burden on other healthcare facilities. This is likely to increase as part of the CPCF and East of England Partnership Strategy for Community Pharmacy. What is the ICB doing to ensure that pharmacies have the workforce and estates capacity to deal with this increased workload both now and in the future?

Please refer to the workforce planning section above for details of local and regional workforce plans. In July 2022, the Health and Social Care Committee called for a pharmacy workforce plan to be developed to help optimise workloads across primary care, reduce pressure on general practice and hospitals, and support integrated care systems.

With continued pressures on services, it is important to support the pharmacy workforce so that the staff needed to deliver patient care now and into the future can be recruited, trained and retained. It is crucial that the community pharmacy sector is included in all future NHS workforce strategies and planning. It should be noted that there is no specific national workforce plan to grow and expand the number of community pharmacists.

Community Pharmacies are private businesses and directly responsible for managing their own estates, the ICB has no input into estate capacity planning.

Information on the Prescription Ordering Service and any plans to expand to other parts of Norfolk and Waveney?

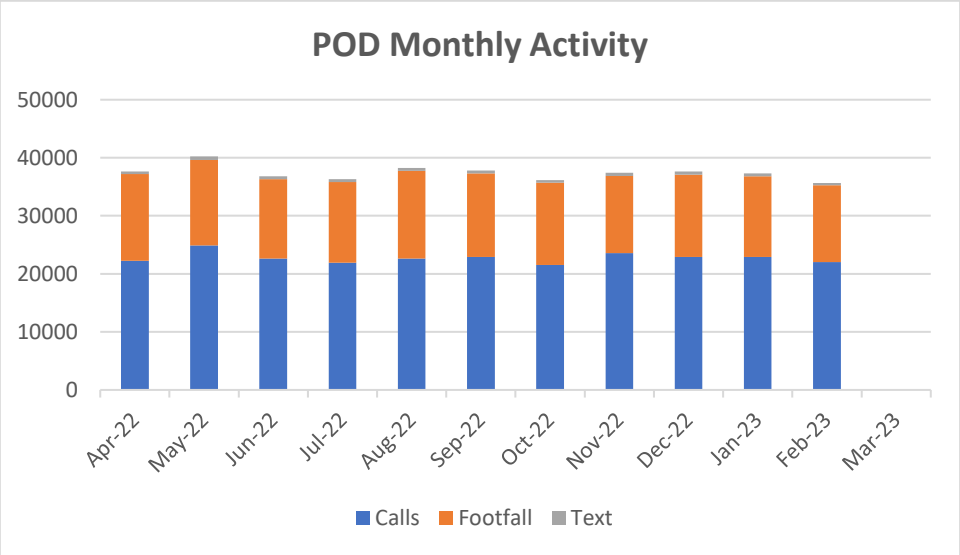
Prescription Ordering Direct (POD) has been operating since 2018 and is currently supporting 17 GP practices with repeat prescription management. The practices are primarily based in

the Great Yarmouth & Waveney locality and two in the West of Norfolk. POD enables patients to place orders for their repeat prescriptions via the telephone or online request.

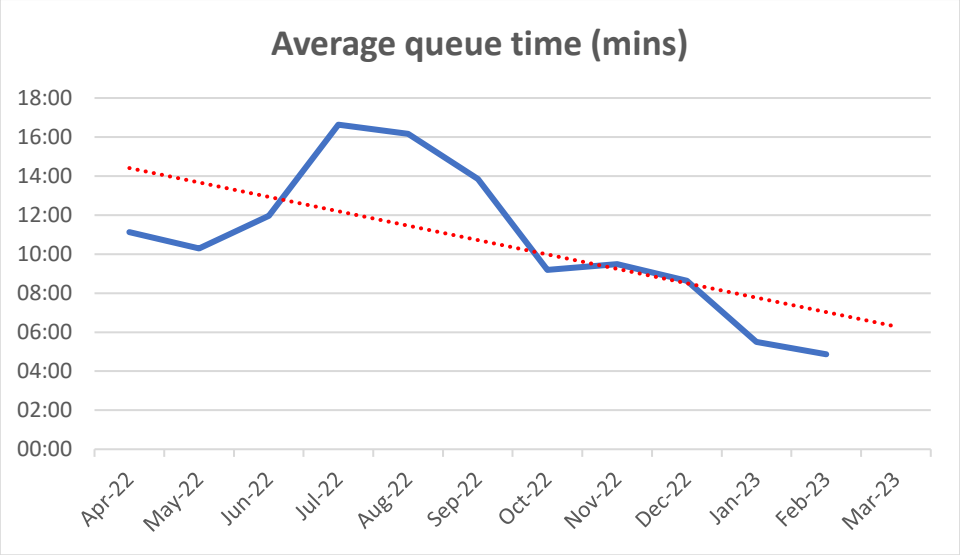
Using POD removes the need for the community pharmacy to provide a “managed repeat” service where prescription items are ordered on behalf of the patient. Whilst this can provide a level of convenience, it reduces patient responsibility around medication ordering and leads to over-ordering and thereby medication wastage. This is also an unfunded service for a community pharmacy, diverting resource away from the provision of essential and commissioned services. The Local Pharmaceutical Committee are supportive of this approach.

The patient contacts that are taken through POD also reduces patient telephone traffic and footfall into the GP practice, again enabling resources to be diverted into other areas of patient care.

Currently POD takes around 37,000 patient contacts per month



In the last 12 months, several service improvements have taken place – recruitment of staff into vacancies, a new IT network that has quickened access into clinical systems and productivity process improvements have supported POD to reduce patient wait times as shown below:



In addition to issuing repeat prescriptions, POD also has quality impacts for patients including liaison with the GP when a clinical high-risk medication is requested, the medication review is out of date, or there are concerns about the patient's ability to manage their medication. Patients requesting medication early are investigated by the call handler to check that there are no outstanding stocks at home. POD will also proactively look for opportunities to synchronise the issuing of medication so that the patient only has one prescription order per month. This also has an ongoing workload benefit for both the GP practice and community pharmacy. The average interventions per patient is 1.8.

Patient experience

Patient comments are collated and are generally very complimentary about the service. A handful of complaints were received in the summer of 2022 when staff resource was impacted by Covid and vacancy. Some of the compliments are shown below:

> *'Thank you for being such an amazing service, you may have to wait sometimes but its never for long. One of the best services I have ever used.'*

> *'Really happy with service and how you help to make life easier when meds need straightening up again and nothing is any trouble. Thank you for going above and beyond to keep life as simple as possible, especially for making sure we can order easily and not have to call every week'*

> *'What a great service, I had tried to request through the NHS app this morning but it wouldn't work and I was worried because I'm going on holiday and wouldn't have any meds for when I return. So impressed and will be telling my friends and family to use POD'.*

Cost benefit

The primary benefit of POD on prescribing budgets is noted in the first 24 months of service provision, when the benefit then changes to cost avoidance. POD will be working with practices to support electronic methods of ordering including via the NHS app or the use of

electronic Repeat Dispensing (eRD) – where a prescription is effectively authorised for 6-12 months in advance and the patient can collect from the pharmacy each month.

Expansion

Beccles Medical Practice has just commenced rollout with POD on 27th March 2023. POD is also in early discussion with another practice based in the West Norfolk area. These expansions are taking place within the current staff base.

A business case is in progression to consider how POD can be rolled out further across Norfolk and Waveney, without exponentially increasing staffing numbers. The current plan is to extend to a further 18 practices (in addition to Beccles and the West practice above). Some transformation of the service is required to support the capacity of the service e.g. installation of a new cloud based telephone system which will also support business continuity and further productivity improvements. The ability to proceed with the expansion of the service may be limited by the forthcoming reorganisation of the ICB.

Appendices

Appendix 1 - East of England Partnership Strategy for Community Pharmacy


East-of-England-Part
nership-Strategy-for-(

Appendix 2 – Norfolk and Waveney ICB, *Medicines Availability and Ongoing Supply Issues*, Dec 2022.


KM bulletin 46 v1.0
Nov 2022.pdf

Appendix 3 – Norfolk and Waveney ICB, *Community Pharmacy and Medicine Supply Issues*, Dec 2022.


KM bulletin 47 v1.0
Dec 2022.pdf

Community Pharmacy Services in Norfolk & Waveney: Submission for Norfolk's Health Overview & Scrutiny Committee, May 2023

Norfolk Local Pharmaceutical Committee (Community Pharmacy Norfolk)

Norfolk LPC is the body recognised under the NHS Act 2006 as representative of community pharmacy Contractors in Norfolk. We have recently adopted the branding "Community Pharmacy Norfolk", as this brings more clarity on our remit and function. We are funded in the main by Contractor levy.

There are (as of March 2023) 156 community pharmacies in Norfolk, some net 12 fewer than in 2017, when we last made a submission to the Norfolk HOSC.

We have a small employed team, which reports to our Committee comprised of Members elected or appointed by our constituent pharmacies. Our main remit is to provide support and advice to our pharmacies on matters pertaining to NHS and local commissioning, and representation of the sector to all relevant regional and local bodies. This includes local service development and negotiation of local service commissioning with our Local Authority and Integrated Care Board.

Community Pharmacy Essential, Advanced, and Enhanced services are delivered under the national Community Pharmacy Contractual Framework (CPCF), the commissioning and management of which was fully delegated to ICBs from 1st April 2023.

More details on the work of Community Pharmacy Norfolk, along with details of locally commissioned services can be found at: https://norfolk.communitypharmacy.org.uk/

Qu: What are the current issues facing pharmacy in Norfolk and Waveney?

Community pharmacy is in crisis, nationally and locally.

A "perfect storm" of factors, which include severe and unsustainable funding cuts, a massive workforce shortage (severely exacerbated by NHSE's own Additional Roles Reimbursement Scheme(ARRS)), spiralling operating costs, increased patient demand, and a volatile and dysfunctional national medicines market. These factors have combined to create an

existential threat to the community pharmacy network, and our services, for patients and the public.

Please see: https://psnc.org.uk/wp-content/uploads/2023/03/Pharmacy-Funding-Pressures-Annex-February-2023.pdf

Since our community pharmacies operate under a national contractual framework and will continue to do so, beyond the devolution of commissioning and contract management to Integrated Care Boards from 1st April 2023, Community Pharmacy Norfolk acknowledges that the above issues stem largely from national commissioning decisions since 2015. Community pharmacy pressures are faced everywhere. However, it is sadly also true that patients here in Norfolk and Waveney are being disproportionately affected, or affected earlier than some other areas, by some of the symptoms of this immense pressure.

Full-time-equivalent (FTE) vacancy rates are higher in the East of England than nationally, according to the 2021 HEE survey, with Norfolk & Waveney widely recognised as facing the greatest challenges within the region. While these challenges of recruitment and retention in highly skilled healthcare occupations in the area will be familiar to many HOSC Members, the shortage of community Pharmacists and registered Technicians has undoubtedly been affected by the introduction of the NHSE ARRS as referenced in the Hewitt review. Over the last 3-4 years in the order of 60+ pharmacists in Norfolk & Waveney have been recruited under this funded scheme by Primary Care Networks (PCNs), with a significant proportion having come from the community pharmacy sector. While this may be a positive career step for Pharmacists themselves, this has caused a massive and swift change to the employment marketplace, without assessment of the impact on other sectors and their services. With the escalating pressures on community pharmacy roles, it is sadly not surprising that these PCN positions, with little or no weekend working, perhaps greater chance to utilise clinical skills, and appointment-regulated working cultures have been attractive. It should have been obvious that, in a rural area with a relatively isolated and static workforce, the rapid creation of these new roles could not be achieved without severe damage to other pharmacy sectors. While community pharmacy has been hardest hit, secondary care pharmacy in the area has also been badly affected. No criticism is implied about our primary care colleagues having to take advantage of the elements within their own national contract, nor is any targeted at our local healthcare system for supporting highly successful PCN recruitment here. They were and are doing what national NHSE and DHSC policy dictated.

So, what has this meant in Norfolk & Waveney? Quite simply that, far too often, there are just not enough registered Pharmacists available, as employees or locums, to cover all the opening hours of community pharmacies in Norfolk and Waveney. Since a pharmacy cannot legally operate or open without a “Responsible Pharmacist” present, we have unfortunately seen many pharmacies close temporarily (from hours to days). Since Regulations do not currently permit the required level of pre-planning to make such closures more strategic (thus minimising the impact on patients and other healthcare partners), most closures are “last-minute”. NHSE would be able to provide data around these “unplanned closures”, and comparisons with other parts of this region and more widely will, we are confident, demonstrate just how hard Norfolk and Waveney has been hit by the workforce crisis.

Another unfortunate inevitability from funding and workforce shortages is that many pharmacies have had to make extremely difficult decisions around opening hours. Most pharmacies operate under a “40 hour per week” contract. Historically most have offered far more “supplementary” hours in addition to this “Core 40”, but economics have forced many pharmacies to cut back on overall opening hours. Since the least viable commercial opening is when footfall is least, it is inevitable that a majority of the reductions have been to late-night and weekend opening. Again, NHSE should be able to provide data on the cumulative effect. While we are aware that there are plans to commission a very limited pharmacy service across Bank Holidays going forwards, there is little doubt that the funding and workforce crisis will continue to impact on the commercial viability of pharmacy opening. It seems inevitable that, soon, consideration may have to be given (and system funding found) to commission pharmacy opening on evenings and weekends. While this is entirely equitable with what is required from all other healthcare providers, we have empathy with our ICB potentially having to “pick up the pieces” of this degradation of commercial pharmacy opening viability.

Ultimately, most pharmacies are (or without national policy change soon will be) in financial deficit. No business can operate indefinitely in this way. Since 2017 we have seen a net permanent closure of around 12 community pharmacies in Norfolk and Waveney. We are already aware, though, of at least 6 additional pharmacies which have closed or will close by the end of July 2023. Many more will undoubtedly follow. Such closures will not be where a pharmacy is least needed, merely where a pharmacy cannot survive due to its own financial circumstances. Over the last 7 years 40% of permanent pharmacy closures have been in the 20% most deprived parts of England. With community pharmacy no longer being necessarily seen as a safe and sound investment by the banking sector, there can be no assumptions that other pharmacies will apply to open to replace them. We are seeing an increasing number of pharmacies changing ownership, but that in itself is no guarantee of survival in the longer term.

Community pharmacy is now on a cliff edge. This is why our major national bodies have come together recently to launch the “Save Our Pharmacies” campaign. Though this campaign makes clear that urgent additional funding is required to stabilise the sector, the request is that this funding comes attached to a “Pharmacy First” service. Under such a service, pharmacies would be fairly funded to properly look after patients with minor illness presenting directly to them without requiring referral from elsewhere. This will take pressure off other primary and urgent care services, with pharmacies also potentially making the most of our unrivalled contact with patients and the public to make positive public health interventions. There is a misconception that such a service is already commissioned, but it is not. For example, a Pharmacist may spend 10-15 minutes in consultation with a patient, with the only remuneration being the few pence margin on a small packet of paracetamol. It is for this reason that our national body, PSNC, described a recent ill-judged “Help Us Help You” campaign by NHSE to direct more and more patients to pharmacy without further funding as “Irresponsible and extremely unhelpful”.

Community Pharmacy Norfolk notes that Norfolk HOSC has posed some pertinent and challenging questions to the Norfolk and Waveney ICB around its plans for community

pharmacy under devolved commissioning, and we are having constructive ongoing dialogue with them on all such matters. The East of England Partnership Strategy for Community Pharmacy (into which we had full input) provides a sound basis for these discussions and developments. This strategy notes, though, that a key enabler for delivery is "Appropriate funding and contractual arrangements – nationally and within systems". While it is our local ICB which bears the responsibility and accountability for this strategy going forwards, it is only fair to fully acknowledge that with so much continuing to depend upon the national Contractual Framework and underlying funding, much will still remain dependent on national policy. Unless and until we have viable and fair national arrangements, it is difficult to see how local commissioning alone can halt and reverse the decline of our community pharmacies.

References:

The NHS Additional Roles Reimbursement Scheme (ARRS)
https://www.england.nhs.uk/gp/expanding-our-workforce/

Pharmacy Funding Pressures (PSNC, Feb 2023) https://psnc.org.uk/wp-content/uploads/2023/03/Pharmacy-Funding-Pressures-Annex-February-2023.pdf

Health Education England; Community Pharmacy Workforce Survey 2021:
https://www.hee.nhs.uk/sites/default/files/documents/The%20Community%20Pharmacy%20Workforce%20in%20England%202021%20-%20Survey%20report_0.pdf

Hewitt Review: an independent review of integrated care systems - GOV.UK (www.gov.uk)
https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems

Norfolk Health Overview and Scrutiny Committee appointments

Report by Liz Chandler, Scrutiny and Research Officer

The committee is asked to appoint Members to act as links with Norfolk and Waveney Integrated Care Board (N&WICB) and local NHS provider organisations.

1. Link roles

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) appoints link members to attend local NHS meetings held in public in the same way as a member of the public might attend. Their role is to observe the meetings, keep abreast of developments in the organisation for which they are the link and alert NHOSC to any issues that they think may require the committee's attention.

1.2 This may involve attending local NHS meetings in person or online.

1.3 A nominated Member or a nominated substitute may attend in the capacity of NHOSC link member. Other Members of NHOSC may attend N&WICB or local NHS provider trust meetings as members of the public if they wish.

1.4 The link roles and the Members who currently hold them are listed below:

ICB / Provider Trust	Board meeting schedule	Current NHOSC link
Norfolk and Waveney Integrated Care Board	Every other month, usually on the last Tuesday, 1.30pm (online)	Chair of NHOSC (substitute – Vice Chair of NHOSC)
Queen Elizabeth Hospital NHS Foundation Trust	Every other month, usually on the first Tuesday, 10.00am (in person or online)	Julian Kirk (substitute - Alexandra Kemp)
Norfolk and Suffolk NHS Foundation Trust	Every other month, usually on the fourth Thursday, 12.30pm (online)	Brenda Jones (substitute - Daniel Candon)

Norfolk and Norwich University Hospitals NHS Foundation Trust	Usually every other month, usually on the first Wednesday, 9.30am (in person and online)	Dr Nigel Legg
James Paget University Hospitals NHS Foundation Trust	Every other month, usually on the last Friday, 10am (in person or online)	Penny Carpenter (substitute – Daniel Candon)
Norfolk Community Health and Care NHS Trust	Every other month, usually on the first Wednesday, 9.30am (online)	Emma Spagnola

3. Action

3.1 The Committee is asked to:-

(a) Confirm the continuation of named link councillors in their roles or appoint different councillors and appoint substitutes as the committee wishes.

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Norfolk Health Overview and Scrutiny Committee

Proposed Forward Work Programme 2023/24

ACTION REQUIRED

Members are asked to consider the current forward work programme:

- whether there are topics to be added or deleted, postponed or brought forward
- to agree the agenda items, briefing items and dates below.

NOTE: These items are provisional only. The NHOSC reserves the right to reschedule this draft timetable.

Meeting dates	*Main agenda items*	*Notes*
11 May 2023	**Rouen Road WiC/GP/VAS consultation** Analysis of the results of the consultation and next steps **Patient pathway item** Access to primary care services: • general practice • pharmacy services	All patient pathway items to include request for workforce strategy data for each area then to be collated into single sub-report in end-of-year report.
6 July 2023	**Patient pathway item** Outpatient and inpatient services **Eating disorders** To examine eating disorder services in Norfolk and Waveney. To include review of contract change from Norfolk and Suffolk NHS Foundation Trust (NSFT) to Cambridge and Peterborough Foundation NHS Trust (CPFT).	
7 September 2023	**Patient pathway item** Accident and Emergency (A&E) services • To include assessment of suicide risk of patients in A&E as discussed at January's FWP workshop. **Digital transformation strategy**	

	An examination of N&WICB's digital transformation strategy as part of its vision to develop a fully integrated digital service across Norfolk and Waveney.	
9 November 2023	**Patient pathway item** Hospital discharge/palliative care **Second item TBC**	

Information to be provided in the NHOSC Members' Briefing 2023/24

June 2023

- **Diabetes services** – an overview of services/support available to patients with diabetes in Norfolk and Waveney.
- **Care Homes At Scale (CHAS**) – an overview of the services/support offered by CHAS. **TBC**
- **Hewitt Review: an independent review of integrated care systems (ICS)** – summary.
- **JPUH CQC inspection of maternity services** – update.

August 2023

- **Chronic Obstructive Pulmonary Disease (COPD)** – an overview of services/ support available to patients with COPD in Norfolk and Waveney.
- **My Views Matter** – an update from Healthwatch Norfolk about is report on residential care for people with learning disabilities and autism.

October 2023

- **Pain management** – an overview of pain management services/support available to patients in Norfolk and Waveney.
- **N&WICB transfer of responsibility for primary care services** – a six-month update about the trainsfer of dentistry, pharmacy and ophthalmology from NHS England to N&WICB.

Future topics for re-consideration (meeting or briefing) following previous meetings:

- Major Trauma Unit (MTU) at the Norfolk and Norwich Hospital
- ambulance service

Further topics for future briefings as discussed at January's FWP workshop:

- speech and language therapy
- focus group re. LGBT+ health services
- Change Grow Live (CGL) addiction services
- blood donation
- long Covid (Healthwatch Norfolk report forthcoming)

- Carers Identity Passport
- vaping
- new hospitals programme
- cancer services for people with disabilities

NHOSC Committee Members have a formal link with the following local healthcare commissioners and providers:

Norfolk and Waveney ICB	-	Chair of NHOSC (substitute Vice Chair of NHOSC)
Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	TBC
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	TBC
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	TBC
James Paget University Hospitals NHS Foundation Trust	-	TBC
Norfolk Community Health and Care NHS Trust	-	TBC

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