Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Primary Care Committee Meeting

Minutes of the Meeting Held on Tuesday 22nd April 2025 9:00 – 11:00

Minutes

Present		
Alison Moon (*Chair*)	Chair of Committee, Non-Executive Member – Primary Care	AM
Dr Katrina Boutin	GP & GP Collaborative Board Medical Director	KB
Jenny Bowker	Deputy Director of Performance Delivery, Primary Care and Children's Services, BNSSG ICB	JB
Richard Brown	Chief Officer, Avon Local Pharmaceutical Committee	RB
Debbie Campbell	Chief Pharmacist and Director of Medicines Optimisation	DC
Jamie Denton	Head of Finance, Primary, Community & Non-Acute Services, BNSSG ICB	JD
Shane Devlin	CEO, BNSS ICB	SD
Ellen Donovan	Independent Non-Executive Member, BNSSG ICB	ED
Bev Haworth	Head of Primary Care, BNSSG ICB	BH
Nikki Holmes	Head of Primary Care, Southwest, NHS England and Improvement	NH
John Hopcroft	Avon Local Optical Committee	JH
David Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Matthew Jerreat	Clinical Chair of the Southwest Local Dental Network	MJ
Katie Handford	Models of Care Manager, BNSSG ICB	KH
Susie McMullen	Head of Contracts: Children's, Community and Primary Care, BNSSG ICB	SMc
Dr Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Dr Shaba Nabi	Chair, Avon Local Medical Committee	SN
Dr Sarah Purdy	Partner Non-Executive Member, North Bristol NHS Trust	SP
Michael Richardson	Director of Nursing and Deputy CNO, BNSSG ICB	MR
George Schofield	Avon Local Dental Committee Secretary	GS
Apologies		
Terrance Chikurunhe	Senior Hub Manager, Southwest Collaborative Commissioning Hub	TC
Jeff Farrar	Chair of the BNSSG ICB	JF
Matt Lenny	Director of Public Health, North Somerset Council	ML
Dr Geeta Iyer	Deputy Chief Medical Officer, BNSSG ICB	GI
Hayley Richards	Non-Executive Director, Sirona	HR
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
In Attendance		
Sandie Cross (*minutes*)	EA to Dave Jarrett, BNSSG ICB	SLC

Urvi Makwana	Dental Programme Manager, BNSSG ICB	UM
Wavell Vere	Programme Manager, Southwest Collaborative Commissioning Hub	WV

	Item	Action
1	**Welcome and Apologies** Alison Moon (AM) welcomed everyone to the Primary Care Committee (PCC) and was delighted in welcoming Shane Devlin to the Committee meeting today. The agenda was described as good, focusing on significant changes since the last Committee meeting. AM emphasised the Committee's responsibility to discharge its duties for the Board of the ICB, despite the proposed national, regional and local changes. She mentioned the need to discuss with Dave Jarrett (DJ) and the Primary Care Team, the best topics to bring to future Committee meetings, highlighting the importance of supporting the difficult change period. AM highlighted the recent national announcement about advice and guidance and its implications for the Committee. This item would be discussed in more detail during the contract update part on the agenda today. Apologies are noted as above. Bev Howarth (BH) introduced Urvi Makwana, who is the newly appointed Dental Programme Manager for the ICB, and Urvi will be observing the meeting today.	
2	**Declarations of Interest** There were no new declarations of interest to note, and no existing declarations of interest relating to agenda items at the PCC meeting today.	
3	**Minutes of the Previous Meeting held on 17th December 2024** The minutes from the PCC meeting on 25th February 2025 were agreed to be an accurate record of the meeting. These minutes have been approved and will be forwarded to the ICB Board for information.	
4	**Review of Action Log** The Primary Care Committee reviewed the action log: (*Please refer to the action log for full details*) ***Action 121 - General Practice Collective Action (GPCA) –*** Jenny Bowker (JB) advised we are tracking the impacts of GPCA across our key metrics around primary care and secondary care data. Currently there is no impact on these activity data sets that can be attributed to GPCA. This will be kept under review, and should this change, we can then analyse data sets by population characteristics, noting that we do not have primary care data currently flowing. We will continue to review any complaints or incidents that can be attributed to GPCA. *recommend action to be closed.* ***Action 124 – POD Monthly Report from Commissioning Hub –*** BH advised she has brought a highlight report, and this will be discussed in more detail on the agenda today – *recommend action to be closed*. ***Action 125 – POD Monthly Quality Report -*** Michael Richardson (MR), advised he is continuing to work closely with the Commissioning Hub, and other ICBs around the quality report and POD services reporting. MR updated he would produce a new report for the next PCC Committee, with the changes that had been requested, highlighting a more detailed quality aspect - *Requested this action to remain open.*	

	Item	Action
5	**Good News Story - Community Pharmacy First** Richard Brown (RB) shared a presentation and provided the background on the Community Pharmacy First (CPF) initiative, which had been created 31st January 2024, highlighting its success in freeing up GP appointments. RB reported that CPF allows the supply nationally, to support 7 clinical conditions, including: ➢ Uncomplicated Urinary Tract Infections (UTI) ➢ Sore throats ➢ Infected insect bites (seasonal) ➢ Sinusitis ➢ Earache ➢ Impetigo ➢ Shingles The continuous improvement in performance is also noted. RB also mentioned the importance of collaboration with various stakeholders and the future goals for the initiative. RB highlighted the savings achieved by disbanding the urgent supply service and shifting to the national contract. He also discussed the performance metrics, including the number of referrals and clinical pathway consultations. AM thanked RB for the excellent presentation and invited comments and questions. Questions / Reflections Raised ➢ Shaba Nabi (SN) thanked RB and highlighted the successful outcomes of the initiative. SN raised questions about the correlation between total triage and Community Pharmacist Consultation Service (CPCS). SN also raised concerns about antibiotic prescribing and the need for auditing consultations to ensure appropriateness. RB acknowledged the importance of this and mentioned ongoing efforts to address the issue, and the potential for further audits. ➢ Debbie Campbell (DC) discussed the national increase in antibiotic prescribing, particularly in children, and suggested a local ICB-led audit. ➢ Matthew Jerreat (MJ) raised the issue of dental input and signposting for urgent care. RB acknowledged the potential for expanding the referral mechanism for dental, as it is currently only with general practice, although there could be scope to expand to include dental services. ➢ Katrina Boutin (KB) highlighted the challenges faced by less resilient pharmacies and the impact on urgent care. RB agreed and discussed the importance of collaboration between surgeries and pharmacies. ➢ Ellen Donovan (ED) raised concerns about the position of Boots Pharmacy and potential closures as referenced on the risk register. RB clarified that Boots is a resilient provider and discussed their tactical closures. Nikki Holmes (NJ) further advised Boots Pharmacy is being reviewed as the exit change of ownership activity has now happened so the risk register will be updated. ➢ AM asked about the weekend referral patterns, questioning how does this work? RB explained the growth in weekend referrals, Saturday average of 30 referrals, with no more than 10 on a Sunday. RB discussed the impact on out-of-hours providers and A&E departments. **Actions:**	

	Item	Action
	➢ **Audit on Antibiotic Prescribing: - For DC to explore with others the feasibility to do a local ICB-led audit on antibiotic prescribing in community pharmacy.** ➢ **Dental Input and Urgent Care: - MJ to follow up on the potential for dental input and signposting for urgent care.** AM acknowledged there was a lot of interest in Community Pharmacy First, and extended her thanks to RB and his colleagues, for all the hard work and commitment. AM suggested to bring this item back for another update in a period of time, to acknowledge the progress. **The Primary Care Committee received and welcomed the Community Pharmacy First Presentation.**	**DC** **MJ**
6	**PC Corporate Risk Register & Emerging Risks** DJ discussed the key points around the risks around the delegation of POD services, and the capacity to fulfil strategic priorities in relation to dental services. He noted the appointment of Urvi, as the ICB Dental Programme Manager, and an ICB Clinical Lead for Dental Services, has also recently been appointed, and she will be in post until December 2025,and will help with the dental strategy implementation. . DJ referenced a new action on the risk register around pharmacy collective action, which will be addressed during the pharmacy contract item on the agenda today, therefore may be able to close this risk. AM acknowledged the strong mitigations of having a programme lead and a clinical lead appointed for dentistry. She emphasised the importance of these appointments in mitigating risks. There were no further questions on this item. **The Primary Care Committee received and noted the PC Corporate Risk Register and Emerging Risks**.	
7	**PCOG Report** DJ provided an update on the decisions made at the Primary Care Operational Group (PCOG) meetings in March and April 2025. DJ pulled out the key highlights within the paper. **11th March 2025 Meeting** 1. Approval and Assessment of the Prescribing Quality Scheme DJ provided an update on the approval and assessment of the prescribing quality scheme. This scheme has been in place for several years and is reviewed annually. Members of medicine optimisation team updated and appraised the scheme for the next year, and it was duly approved. DC added that the scheme aligns with system priorities, with a focus on cardiovascular disease and asthma guidelines. The scheme also includes an enhancement of the new medicine scheme, particularly targeting Black, African Caribbean patients. 2. Teledermatology Pathway Development	

	Item	Action
	DJ noted the approval of a new LES, in relation to Teledermatology, which supports the referral of patients with suspected malignancy using Teledermatology through primary care. 3. Expansion of Pharmacy First Services DJ highlighted the positive effect of the Pharmacy First services and the approval of further PGD extensions in March. **8th April 2025 Meeting** 1. Clinical Waste Procurement Approach DJ noted the consideration of a more local approach to clinical waste procurement, but the decision was made to support an open tender approach across the Southwest. 2. Primary Community Dental Services (PCDS) Options – Charlotte Keel DJ referenced the ongoing work around community dental services provided through the Charlotte Keel site. Further work is needed in relation to the options with UHBW and the dental school. Questions / Reflections Raised Included: ➢ ED enquired about the impact, timing, and technology required for the Teledermatology pathway. Joanne Medhurst (JM) explained that the pathway involved collaboration between primary and secondary care, and the Cancer alliance, which has allowed investment for Casio machines, with significant improvements in image quality and efficiency. The project has had a positive impact on patient outcomes and overall cancer targets. AM thanked DJ for the PCOG report, recognising the large amount of work which takes place. **The Primary Care Committee received and noted the PCOG Report.**	
8	**Update on 25 / 26 GP Contract** *(For full details, please refer to the paper that was sent in the pack to Committee members)* Susie McMullen (SMc) presented the key changes in the GP contract for 2025-2026, highlighting the increase in funding and flexibility within the various aspects. SMc referenced a recent session in March 2025, which was well attended with over 50 colleagues, including PCNs, general practices, and ICB colleagues. This session had been scheduled, following the letter that had been received, regarding what the contract changes were looking like for 2025/2026. It is noted there is an upcoming follow-up PCN /ICB session later this afternoon (22nd April), to further discuss contract updates. This session will also focus on the network contract DES, additional roles reimbursement scheme (ARRS), and advice and guidance. Materials would be circulated to practice and PCN colleagues after the meeting. Key changes included:- 1. GP Contract Finance SMc provided an update on the increase, which reflects a 7.2% cash growth on the contract funding envelope and includes funding an assumed increase in salaries of	

	Item	Action
	2.8% in 2025/26. The continuation of GPs within the additional roles reimbursement scheme (ARRS). 2. QOF SMc reported that 32 QOF indicators equating to 212 points with £298M, that were income-protected in 2024/25, will be permanently retired with the funding reallocated to the global sum and CVD prevention. 3. Network Contract DES – ARRS The ARRS would be made more flexible in 2025/26 with the following changes: - The continuation of funding into 2025/26 for the cohort of ARRS GPs recruited during 2024/25 which equates to £186m for the full year. - Combining the GP ARRS funding with the main ARRS pot (removing the GP ARRS ringfence). - From the combined funding pot, allowing PCNs to claim reimbursement for GPs alongside existing ARRS roles plus practice nurse roles which will be added to the scheme. 4. Advice and Guidance BH discussed the pre-referral advice and guidance, and the enhanced specification published in March and April. The elective care recovery programme has improved advice and guidance pathways, but there is still work to be done. The governance structure includes a fortnightly advice and guidance subgroup reporting to the elective recovery group and the primary-secondary care interface group. Practices will be able to opt-in by April 30th and sign up was required by May 27th. 4. Online Consultation Tools SMc highlighted the requirement for practices to keep online consultation tools open during core hours starting October 1st. It is recognised there were mixed views within practices about this requirement. Concerns had also been raised about data protection and access related to GP CONNECT. Guidance will be displayed on practice websites and reflected in the wording of the patient charter. 5. NHS Patient Charter SMc advised the commitment to an NHS patient charter to provide clarity for patients on what they can expect from their practice. The charter is to include guidance regarding online consultation tools. 6. Violent Patients Policy SMc discussed the planned clarifications within the policy and guidance regarding violent patients and removals, which are welcomed by the practices and the ICB. SN highlighted the main headline regarding finances, mentioning that the additional funding has to cover the budget, which involves the national living wage and National Insurance changes. SN accepted the contract as a stepping stone to re-negotiate a substantive new contract from 2026 onwards. SN also raised concerns about online consultations, sharing that the outputs of the Special England LMC conference were not released initially. SN proposed an emergency motion about online consulting, expressing concerns about patient and worker safety, burnout, and unintended consequences such as referring everything to 111 and A&E. SN noted that negotiations with the national team will take place over the next few months to address these issues. AM acknowledged the points raised by SN, and highlighted the risks associated with the contract. AM asked if there is any flexibility locally regarding the ARRS funding,	

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	specifically for GP posts, which are very prescribed. JB confirmed there is no local flexibility in the national contract. Questions / Reflections Raised Included: ➢ KB raised concerns about the employment of GPs within two years of qualification, and the financial challenges faced by practices. ➢ Sarah Purdy (SP) reflected on the waste of a highly trained resource, to have unemployed GPs, given the pressures on primary care, and asked what is the ICB doing to address this? BH provided reassurance to the Committee, that all ICBs have raised this point, around the lack of flexibility and the challenge with GPs, which is being fed back up through regional Southwest and national teams. BH advised she would continue to feedback and advise the Committee accordingly. ➢ SN asked if there would be comms to practices about A&G DES opt in via CQRS via 30/4? – BH confirmed there would be. ➢ JD advised he would be providing an update to a budget paper, to be shared at the next PCC meeting in June, that will show the adjustments in revenues between the beginning of the last financial year and the current financial year, together with the increase in funding for general practice. **Actions:** ➢ **JD to bring a budget paper to the next PCC meeting in June 2025.** ➢ **BH to check that more communications, with additional information for GPs to be able to opt in, will be sent out to practices after the next advice and guidance meeting this week.** **The Primary Care Committee received and discussed the Update on 25 / 26 GP Contract.** 10:00 – Dr Sarah Purdy left the Committee Meeting	**JD** **BH**
9	**Update on Pharmacy Contract** *(For full details, please refer to the paper that was sent in the pack to Committee members)* Nikki Holmes (NH) provided an overview of the recent NHS England (NHSE) announcement regarding the community pharmacy contractual framework. Key points included: ➢ A 19.7% increase in funding, with details on how this is distributed across individual payments and specific areas such as the new medicine service and hypertension case finding. ➢ Expansion of the new medicine service to include medicines prescribed for depression and the prohibition of subcontracting this service to third parties. ➢ Introduction of the pharmacy contraception service, allowing contractors to initiate oral contraception as part of the emergency contraception service. ➢ Increased use of pharmacy technicians in smoking cessation and contraception services. ➢ Details on the pharmacy quality service, including funding, gateway criteria, and patient safety criteria. ➢ Revised funding for the Pharmacy First service, with new payment bands and requirements for contractors. ➢ Regulatory changes, including the elimination of nationally chosen audits and the introduction of ICB-selected health campaigns. ➢ Plans for digital developments and streamlined claims processes.	

	Item	Action
	➢ Support for minor illness referrals to distance selling pharmacies. Questions / Reflections Raised Included: ➢ AM asked if the new contract meant there would be no collective action by pharmacists? RB expressed uncertainty, noting that while there is a 20% increase in funding, it is based on 2018 levels, and pharmacies are still struggling. ➢ ED observed that while the contracts are out of their hands, emphasised the importance of the team having good relationships with key stakeholders. ➢ JB emphasised the need for multi-year agreements for primary care contractor groups to provide income certainty. **The Primary Care Committee received the update on the Pharmacy Contract.**	
10	**Operational Plan & Joint Forward Plan** BH shared the final submission of the Operational Plan and Joint Forward Plan for 25/26, which included key delivery actions, enablers, dependencies, and risk and support opportunities. NHSE provided feedback, rating the submission as Amber, which was disappointing as the usual rating is Green. BH explained the key reasons for this rating were the funding of online consultation providers and messaging for patients, which is called digital tools. The removal of funding of around £1.3 million was a significant concern. At the time of submission, the ICB was awaiting guidance on SDF and CAIP funding in order to confirm plans for continued funding for digital tools. There is a contractual requirement for online consultations to be switched on during core hours from October. The team are working through the implications of this decision. The plan is to continue funding these providers rather than asking practices to fund them, but difficult decisions around Service Development Funding (SDF) will need to be made. The operating plan is a national top-down approach, noting the lack of reference to eye care, and includes continued improvement in access to general practice, and improved patient experience. The JFP gives us the opportunity to feed in local priorities for all of Primary Care. BH reported there is a specific requirement to put in place an action plan for general practice by the end of June 2025, outlining how we aim to tackle unwarranted variation, and improve contract oversight, commissioning, and transformation. The team are awaiting a template and blueprint from NHSE to assist with this. BH explained the requirement for additional urgent dental care access, with a target for BNSSG of just over 19,000 appointments. The proposal is on the PCC agenda for today (item 11) for discussion. Questions / Reflections Raised Included: ➢ AM emphasised the importance of linking metrics to objectives and the need for a local plan. BH confirmed that we have an opportunity with our June report to provide a local plan. ➢ ED asked for clarification that the Amber rating was specific to primary care and dental only. BH advised that each different area has their own rating, so this is just for primary care, and urgent, planed care would have its own feedback on their individual submissions for the operating plan. ➢ ED observed a general tightening up right across the board for ratings and feedback, so was this consistent with other areas of the ICB? BH confirmed it was. ➢ ED asked a question on dental, which stated “BNSSG are the only ICB not yet to approve procurement of a region wide dental electronic referral system, and	

	Item	Action
	asked if this could be explained? JB explained that there have been regional proposals to develop a digital referral procurement to support dental, this proposal was supported in principle at PCOG . JB wanted to ensure our digital colleagues and digital governance were also supportive of the proposals. The procurement process will now move forward. Mattthew Jerreat (MJ) updated that there is an engagement event scheduled for 1st May to engage the proposals for a digital referral procurement, for secondary care providers as well as primary care providers, for clarity. It is recognised the Southwest is the only area in NHSE that does not have a digital referral system for dental. It is reported the procurement, if going forward to plan, will be live by the end of March 2026 , which is good news for the region. A discussion took place regarding the decision-making framework and the importance of prioritising and rationalising decisions. BH mentioned the challenging year for the regional team assessing operational plans. **To Summarise** ➢ It was discussed and agreed the need to develop an action plan for primary care by the end of June 2025, to improve contract oversight, commissioning, and transformation. ➢ BH advised she was awaiting the template from NHSE for capacity access and transformation tools. ➢ BH will submit the report by the end of June, as part of the operational planning. ➢ With regard to urgent dental care access, agreement to work on ensuring the baseline in contracts for urgent care activity is met and pay for additional activity only. ➢ Agreed the requirement to monitor and ensure timely reporting and monitoring is in place. ➢ Continue to prioritise and rationalise decisions within the decision-making framework. ➢ Agreed to move forward with the procurement process for digital referral systems. ➢ To complete the helpline review and procure additional services as required. **The Primary Care Committee noted the Operational Plan & the Joint Forward Plan update.**	
11	**Primary Care Services Highlight Report** BH provided an update and shared a draft new format for the Primary Care Highlight Report. BH advised this aims to provide a localised and strategic overview of primary care, including opportunities and risks. BH explained the BI section includes a system wide format including four core measures and then more detailed metrics sitting below these. BH emphasised the importance of tracking progress against planned deliverables and the need for timely data. BH asked if feedback could be provided to her, in order to develop the report further. JB emphasised the need for a more localised form of reporting to give assurance on a strategic footing. JB would continue to work with the BI team, to improve the timing and availability of data. AM appreciated the presentation format and stressed the importance of balancing the workload to avoid overburdening. BH mentioned the re-establishment of the Eye Care Board and the plan for the Dental Strategy Board now a clinical lead has been appointed. Updates from these Boards will be included in the highlight report.	

	Item	Action
	Actions ➢ **It was agreed for Committee members to feedback suggestions on the primary care services highlight report, to look at ways to enhance it, and to email BH directly.** AM offered to have an offline conversation, to include ED, to help with the next steps and evolving dental urgent care plan report with BH & JB. <u>Dental Urgent Care Plan</u> BH presented the proposal of the dental urgent care plan, which includes a framework with five options developed by the commissioning hub. The approach involves ensuring the baseline in contracts is met and paying for additional urgent care activity only. BH advised the importance of ensuring baseline contract delivery is achieved, and addressed the challenges related to payment and monitoring of DNA rates and the need for effective communication with patients. BH advised that payment will be through units of dental activity (UDA) rather than a sessional rate. The urgent dental care (UDC) rate is 1.2 of the UDA, with additional activity based on three times the UDA rate. It is reported the total expected spend for 2025-2026 is just over £2,000,000. There is a need for timely reporting and monitoring, and collaboration with the commissioning hub. AM raised questions about the impact of different UDA rates in neighbouring ICBs? BH acknowledged the risk of losing people to neighbouring systems with higher UDA rates. George Schofield (GS) discussed the challenges of target-driven contracts and the need for comprehensive dental care. GS continued with the higher DNA rates in deprived areas and the need to avoid disadvantaging these populations. With regard to the effectiveness of the helpline and potential improvements, ED raised concerns about the effectiveness and capacity of the helpline. Wavell Vere (WV) reported there was an ongoing review of the helpline and plans to procure additional services. JD highlighted the recovery of dental activity post-pandemic, and the importance of the dental strategy developed under DJ's leadership. WV mentioned the expressions of interest for additional stabilisation and the need to monitor and refer patients requiring more in-depth dental care. **The Primary Care Committee received and discussed the Primary Care Services Highlight Report & The Dental Urgent Care Plan**	**Committee Members**
12	**Primary Care Finance Report** JD presented the primary care financial position as at end of month 11. JD advised the ICB is reporting a net system financial position year-to-date overspend of just under £3.5 million, with a forecasted break-even position by the end of the financial year. JD reported that the accounts have been closed last week (Tuesday) for ICBM providers, with a break-even position reported, which was good news.	

	Item	Action
	GP Finance Report: In terms of general practice, the ICB have reported an underspend of £3.3 million, primarily driven by the medicines management position. The primary care medical delegated position reported an underspend of £152,000, with key variances including a slower population growth and lower property costs, than were anticipated. This area is reporting an underspend of around £500,000. There had been a section 96 award to a practice during the course of the year, which created a £500,00 overspend. Core primary care services reported an underspend of £81,000, influenced by changes to the 111-service contract, after the plan had been completed. ICB are presenting a £215,00 overspend year to date, and this is expected to perpetuate to the end of the financial year. JD reported that the LES reserve, created during the pandemic, where a number of practices had claimed for historical activity, was reporting an underspend, but is expected to be fully utilised for GPCA activities in the next financial year. JD reported a reserve to fund that activity had been created, noting the activity levels have not returned to the pre-pandemic levels as yet. JD advised in the planning for the next financial year, it was not anticipated any reserve to be remaining for 25/26, having funded all of those GPCA activities, recognising this will be a cost pressure. JD reported that meds management, is in within this group, and is one of the key drivers, reporting £3.1 million underspend to date. It is noted that two key drugs that have influenced that, where a benefit had been seen greater than anticipated is Apixaban, with another drug that has come off licence at the end of the August period, adding to that underspend. Questions / Reflections Received ➢ Katrina Boutin (KB) highlighted the risks of using underspending in general practice to fund hospitals and requested details on the 11% calculation for GP contracts. JD explained that the majority of the underspend within the primary care group, came from medicines management and provided a brief overview of the 11% calculation, which will be detailed in the upcoming budget paper, which will be presented to PCC at the June meeting. ➢ SN referred back to the budget implications of the contract, and asked JD if he could elaborate on the 11%? JD advised the budget last year was £181,000 at the outset of the financial year, and the delegation figure for this current year was published, the gap between these was 11.4%. JD advised he would break down this further in the budget paper for the PCC June meeting. POD Report: Jamie Denton reported an underspend of £2.3 million year-to-date for the pod report, with a forecasted underspend of £2.8 million by the end of the financial year. Key drivers included the standing down of the pharmacy prescribing quality prescribing scheme, benefiting the overall financial position by £600,000. A national redistribution of allocation in the month 11 position resulted in an additional £800,000 for the ICB. To note, the new patient premium (NPP) forecast is potentially increasing for the year end position. We are seeing higher numbers of new patients being registered with dental practices over Q4, so the position may change slightly and there may be some variances next month.	

	Item	Action
	AM advised the commissioning hub finance pack was for information and was not discussed in detail during the meeting. **Action** ➢ **Agreed for JD to prepare and present a detailed budget paper for the GP contract changes at the next PCC meeting, and to provide detailed calculations for the 11% rise in general practice funding in the upcoming budget paper.** AM thanked JD for the comprehensive finance reports. **The Primary Care Committee are noting the summary financial plan, the key risks and noting the position, as of month 11.**	**JD**
13	**Key Messages for the ICB Board** AM advised she would create some key messages for the ICB Board, recognising there were some important areas that were discussed at the Committee today. She would liaise with DJ on this.	
14	**Primary Care Operational Group (PCOG) Minutes 11th March & 8th April 2025** **The Primary Care Committee received the PCOG minutes for information.**	
15	**Any Other Business** There was no other business to note, and the meeting closed.	
	Date of Next Meeting Tuesday 24th June 2025 – 09:00–11:00 (*Via MS Teams)*.	

Healthier Together
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Primary Care Highlight Report June 2025

General Practice

Deliverable
Deliver the Access Improvement Delivery Plan

2. Assure. What has been delivered? What are the key upcoming deliverables?

Delivery

- Overall number of GP appointments in 25/26 as of April 25 is 0.4% lower than the previous year
- The percentage of GP appointments seen within 2 week has decreased slightly in April. This decrease is also noted in the SW average (75.7%)
- The percentage of appointments delivered face to face remains consistently around 62%
- The percentage of telephone appointment remains around 30%
- Capacity and Access Improvement (CAIP) guidance received and developing plans for 25/26
- NHS app sign up is at 62% of the population with 32% having notifications on. 16% of messages now being sent through the NHS app
- NHS App sessions continue to be held to support digital inclusion
- Operational Pressures Escalation Levels for general practice workshop held March 2025
- 4 practices receiving Access Resilience and Quality (ARQ) Support with a further 5 scheduled for support
- Significant ongoing work to review and update Local Enhanced Services to support GP Collective Action
- First Service Development Funding (SDF) meeting held with follow up meeting scheduled to agree allocations

Upcoming Deliverables

- Develop CAIP template for 25/26
- Finalise methodology for advice and guidance enhanced service.
- Agree Service Development Funding (SDF) allocations.
- Commissioning and Transformation Support Tool return for end of June
- Access Resilience and Quality Team - Launch staff competencies toolkit across BNSSG after pilot feedback

Community Pharmacy

Deliverable

Implement and Embed Pharmacy First

2. Assure. What has been delivered? What are the key upcoming deliverables?

Delivery

National:

- Pharmacy First service continues to expand and increase the use of the existing BP and Contraception services.
- BNSSG. –Highest performing ICB in the Country/100,000 patients.
- 63/77 (82%) surgeries referred > 20 patients/month, 48/77 (62%) surgeries referred > 40 patients/month. 26/77 (34%) surgeries referred 125 patients/month.
- Average of 13,000/month referrals made to CP in Q4, highest number of referrals to date.
- 73% referrals are from GPs, 20% self-referral and 7% from 111, >80% of referrals are dealt with by a CP
- >1500 appointments have been referred from UEC to a Community Pharmacist via Pharmacy First.
- Engaging practices with increasing referrals from practices to Community Pharmacy for BP checks.
- Community Pharmacist Independent Prescriber (CPIP) pilot –BNSSG have 3 sites to offer minor ailments,. This will enable more conditions to be completed by a Pharmacist rather than escalating to GP/111/UEC which will support the system and improve patient journey. CLEO contract now signed and 2 sites live.
- New Community Pharmacy Contract: Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK

Local:

- Continue to work with Community Pharmacy/ PCN leads to embed Pharmacy First referrals and increase contraception referrals
- ICB have funded EMIS local services which is integrated into EMIS and enables referrals to be made in an efficient way which should help support making formal referrals to CP easier. In addition, it enables access to the data in a timely way. In 25/26 this will be funded by NHSE
- IP Pathfinder –Oversight group set up. Community Pharmacy sites: Tesco Yate(South Glos), Cotham (Bristol) and Bedminster (Bristol) – delays due to national issues with prescribing system- CLEO, live in April in Bedminster and Cotham .
- Working with BrisDoc and NBT to undertake formal electronic referrals to Community Pharmacy –BrisDoc working well, NBT small number of referrals.
- Continuing to work with practices/Sirona to get Designated Prescribing Practitioners for Community Pharmacists
- Working with NHSE and Community Pharmacies to enhance pre-reg pharmacy technicians in Community Pharmacy – Currently 3 student places funded in CP.
- Agreement for Local Enhanced Services PGDs for Hydrocortisone and Chloramphenicol to be continued and expansion of Otitis Externa PGD in patients > 2years.
- ICB now responsible for contracting Specialist Medicines LES -for urgent medicines e.g. EoL medicines now live.
- Increasing Hypertension Case Finding and working with Comms team for CP to attend some outreach events eg Bristol Bears

Upcoming Deliverables

- Contraception –Roll out the contraception service to enable resupply and initiation of oral contraception prescriptions using CP PCN leads.
- Expand PGDs e.g. Infected eczema
- New Medicines Supply service plus for hypertension –Pilot to increase medicines adherence in areas where patients are not reaching BP targets

Eye Care

Deliverable
Re-establish the Eye Care Delivery Board and develop delivery plan

2. Assure. What has been delivered? What are the key upcoming deliverables?

Delivery

- Eye Care Delivery Board has been established – meeting monthly
- ToR have been agreed
- Chair will be rotate between primary and secondary care
- Macular Pilot has received over 350 patient referrals, with 69% of patients avoiding a hospital visit by being referred through this route. Clinical decisions have been made within one working day of referral receipt, enabling patients to access treatment a week earlier than under the previous pathway. Feedback from community optometrists has been highly positive, highlighting both the faster patient access and the valuable educational feedback provided on each referral.
- SW working group for Sensory checks in Special Educational Settings established
- ICB group to review eyecare LESs established

Upcoming Deliverables

- Task and finish group to be set up for macular pilot - assessing data and establishing funding arrangements for 2026-27.
- Procurement for eye checks in Special Educational Settings
- Develop plan to review the existing eyecare LES offer working with planned care

Dental

Deliverable
Deliver the BNSSG Dental Strategy

2. Assure. What has been delivered? What are the key upcoming deliverables?

Delivery

- **%UDA Delivery:** 79% delivery in Feb 2025 (against 100% target)
- **% resident population seen by NHS dentist adults:** The proportion of BNSSG adults seen by an NHS dentist in the last 24 months (36.0%) is above the SW regional rates (30.9). When compared to other ICBs in the SW region BNSSG adult population seen by NHS dentists is highest, however the recent public health profile trend suggests that the proportion of adults seen by an NHS dentist in the last 12 months is decreasing and getting worse
- **% resident population seen by NHS dentist children:** The proportion of children seen by an NHS dentist in the last 12 months has increased in BNSSG ICB (54.3%) and is above SW regional rates (48.8%) the recent public health profile trend suggests that the proportion of children seen by an NHS dentist in the last 12 months is increasing and getting better (proportions may differ as Population data for ICBs are derived from ONS mid-year estimates for 2020)
- **Urgent Dental Care Activity:** In April 2025, delivered 3,782 appointments YTD, against target of 4,535 YTD – 83% underperformance against target. The 2025/26 target is to deliver 73,501 appointments (this target is 2023/24 baseline plus the additional 19,076 appointments)

Workstream Updates

• Urgent Care EOIs extended up until 20th June to receive more applications. Currently undergoing a process of moderation and assurance with interested practices. To date, 16,400 extra appointments proposed against 19,076 target.
• Stabilisation incentive scheme will be offered to 17 practices following decision at PCOG (this includes practices that swap-out 20% of their core contract and practices given additional investment). Contract Variations are being carried out.
• Children in Care pilot has been extended by 6 months to support evaluation
• Supervised toothbrushing extended to all schools in IMD 1-6. DHSC Grant is now available to LAs for STB in IMD 1-2. Currently conducting gap analysis to understand children who attend settings in IMD 1-2 and live in IMD 1-2, to ensure full coverage.
• FDS – Service specification with Sirona has been agreed, which includes the distribution of oral health kits at 9-12month check by HV team
• DERs – Service Specification has been written and setting up procurement panel. Engagement sessions held in May-25 which were well attended. On track to deliver by Jan-26.

Upcoming Deliverables

• £32 uplift to minimum UDA value to be enacted subject to procurement checks
• Review investment plans to identify potential for rapid procurement of additional routine dental activity in areas of high need
• Continued negotiations in relation to rebasing underperforming contracts
• Regional review of dental urgent care provision and help lines underway which will inform referral pathways going forward

Primary - Core Measures

Reporting Month

Apr 25

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

GP Appointments - ICB

484,655

Missing Operational Plan of 493,636

by Month

% of GP appointments seen within two weeks - ICB

79 %

by Month

% Units of dental activity delivered - ICB

79 %

Missing Operational Plan of 100 %

by Month

Total referrals to Pharmacy First (GP, 111, Self) - ICB

11,924

by Month

Focus Measures

		Latest Period	Unit	Target	Month Value (RAG vs Target)	Vs Nat Avg	Month Value Change	Month % Change	Distance From Target	Value YTD	YTD vs Plan	National Rank	South West Rank
% of GP appointments seen within two weeks	ICB	Apr 25	%		78.80	Worse	-3	-3.09	NA	79	-	26 / 42	1 / 7
% of resident population seen by an NHS dentist – adults	ICB	Feb 25	%		25.52	Worse	0	0.12	NA	26	-	27 / 42	2 / 7
% of resident population seen by an NHS dentist – children	ICB	Feb 25	%		53.29	Same	0	0.64	NA	52	-	17 / 42	1 / 7
% Units of dental activity delivered	ICB	Feb 25	%	100	✗ 78.87		0	0.20	24,831	69	-31	-	-
GP Appointments	ICB	Apr 25	Count	493,636	✗ 484,655		-36559	-7.01	NA	484655	-8,981	-	-
Number of completed Refs to Pharmacy First from 111	ICB	Apr 25	Count		812		-44	-5.14	NA	812	-	-	-
Number of completed Refs to Pharmacy First from GP	ICB	Apr 25	Count		8,556		-1356	-13.68	NA	8556	-	-	-
Number of self referrals to Pharmacy First	ICB	Apr 25	Count		2,556		-415	-13.97	NA	2556	-	-	-
Total referrals to Pharmacy First (GP, 111, Self)	ICB	Apr 25	Count		11,924		-1815	-13.21	NA	11924	-	-	-
Units of Dental Activity	ICB	Feb 25	Count	117,502	✗ 92,671		179	0.19	NA	913772	-407,178	-	-

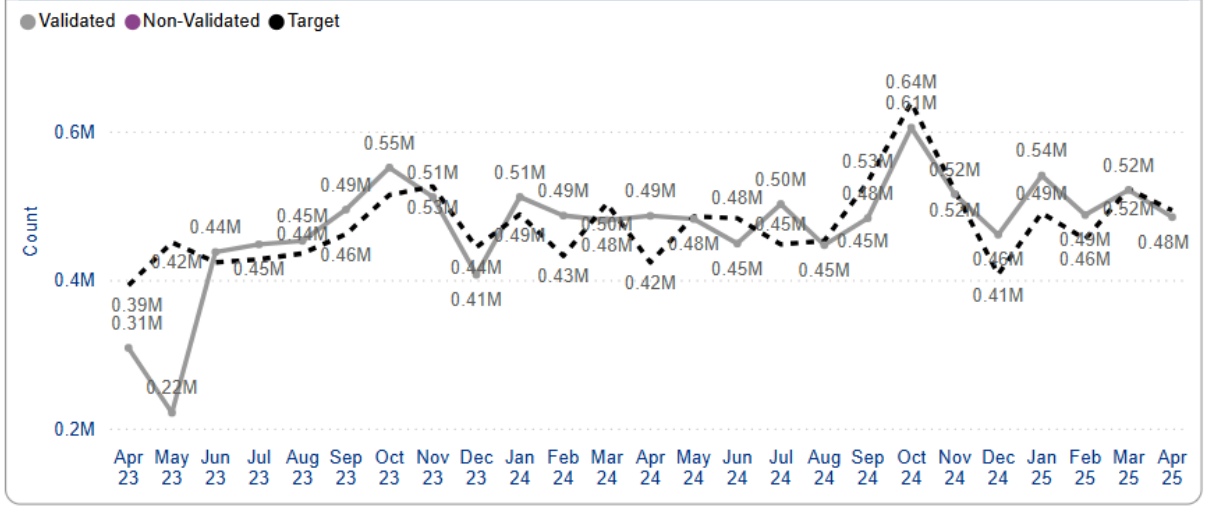
Note: Delay to Dental data, only February data available currently

Focus Summary

Measure	Narrative
% of GP appointments seen within two weeks	Percentage of GP appointments seen within 2 week has decreased slightly in April. This decrease is also noted in the SW average (75.7%)
% of resident population seen by an NHS dentist – adults	Population of adults seen by an NHS dentist compared to population estimates over a 24 month period
% of resident population seen by an NHS dentist – children	Population of children seen by an NHS dentist compared to population estimates over a 12 month period
% Units of dental activity delivered	Quantifiable amount of work dentists perform in BNSSG and the value of the treatment that is provided compared with contracted UDA
GP Appointments	Overall number of GP appointments in 25/26 as of April 25 is 0.4% lower than the previous year
Number of completed Refs to Pharmacy First from 111	A slight decrease in referrals was noted in April, this is thought to be due to April being a short working month
Number of completed Refs to Pharmacy First from GP	A slight decrease in referrals was noted in April, this is thought to be due to April being a short working month
Total referrals to Pharmacy First (GP, 111, Self)	A slight decrease in referrals was noted in April, this is thought to be due to April being a short working month
Units of Dental Activity	Quantifiable amount of work dentists perform in BNSSG and the value of the treatment that is provided

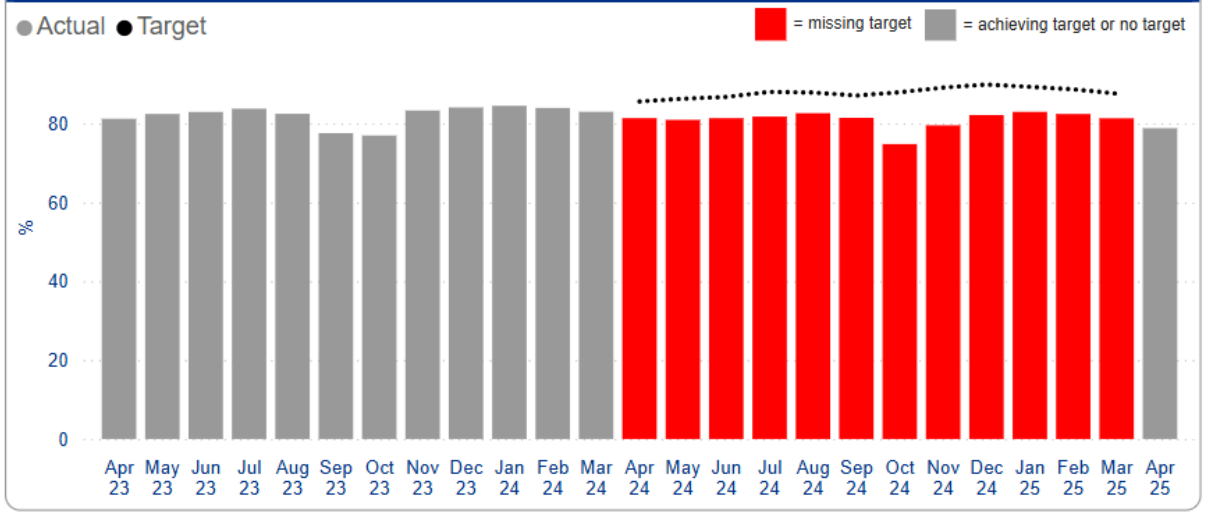
GP Appointments

Visualisation



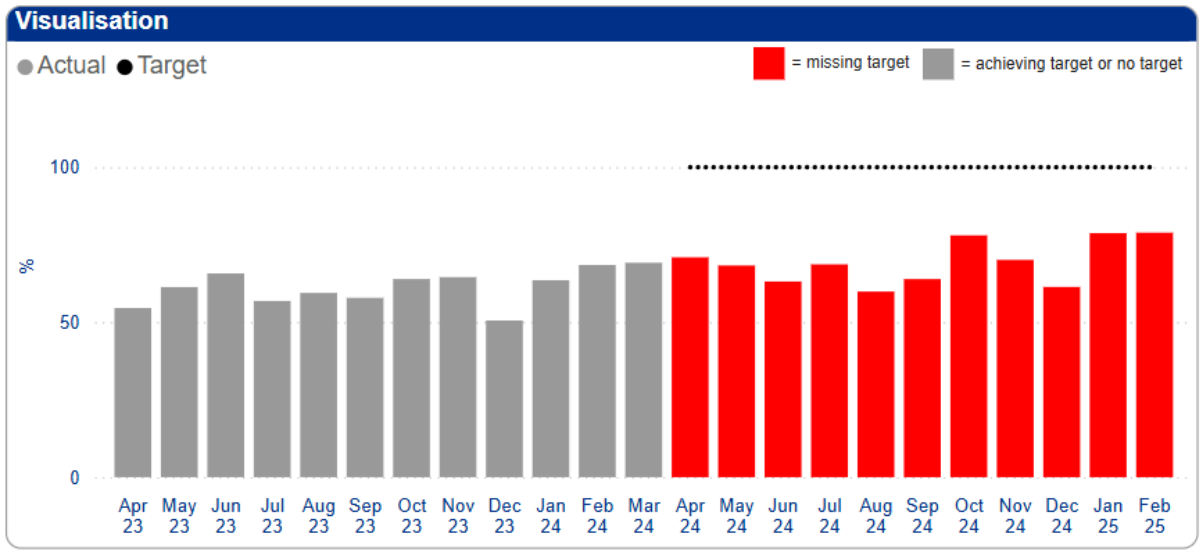
% of GP appointments seen within two weeks

Visualisation



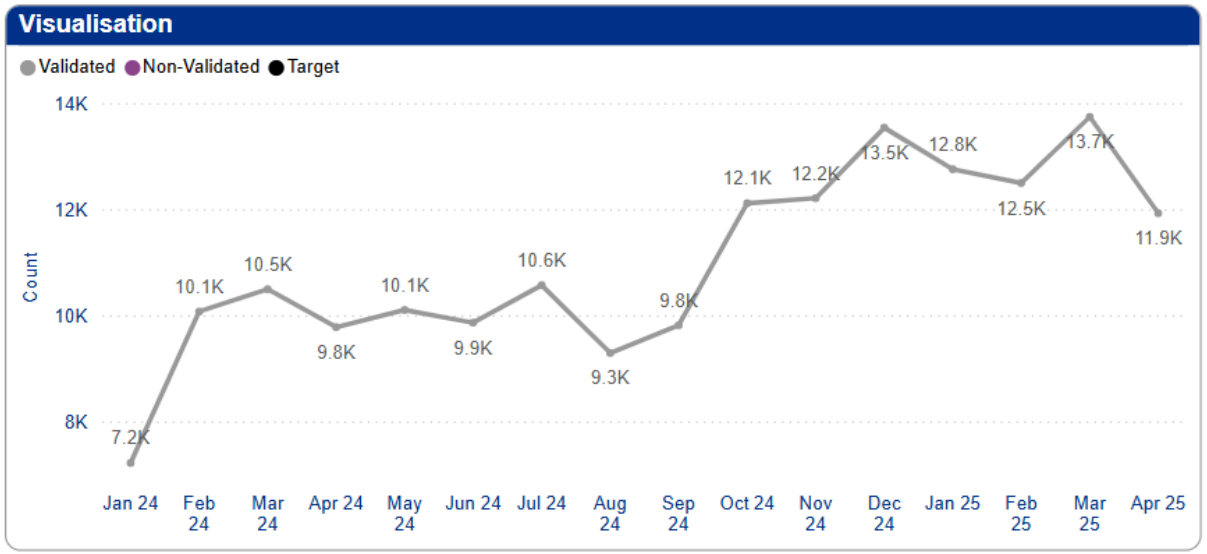
% Units of dental activity delivered

Visualisation



Total referrals to Pharmacy First (GP, 111, Self)

Visualisation



Appendix

ICB / Provider: ICB

Measure Name: All

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

Primary

	Unit	May 24	Jun …	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr …	May 25
% of GP appointments seen within two weeks	%	80.91	81.34	81.74	82.60	81.42	74.77	79.52	82.13	82.94	82.40	81.31	78.80	
% of resident population seen by an NHS dentist – adults	%	26.06	25.97	25.90	25.82	25.75	25.47	25.41	25.39	25.49	25.52			
% of resident population seen by an NHS dentist – children	%	51.11	51.23	51.62	51.86	51.92	51.81	52.30	52.57	52.95	53.29			
% Units of dental activity delivered	%	68.28	63.11	68.64	59.87	63.89	77.98	70.08	61.37	78.71	78.87			
GP Appointments	Count	482,…	449,…	502…	446,…	483,…	605,…	515,…	460,…	540,…	487,…	521,…	484…	
Number of completed Refs to Pharmacy First from 111	Count	926	792	744	633	647	736	781	994	888	776	856	812	769
Number of completed Refs to Pharmacy First from GP	Count	7,416	7,368	7,902	6,762	7,326	9,237	9,176	9,860	9,283	9,236	9,912	8,556	8,205
Number of self referrals to Pharmacy First	Count	1,758	1,701	1,922	1,894	1,840	2,139	2,251	2,683	2,582	2,481	2,971	2,556	2,683
Total referrals to Pharmacy First (GP, 111, Self)	Count	10,100	9,861	10,…	9,289	9,813	12,112	12,208	13,537	12,753	12,493	13,739	11,9…	11,657
Units of Dental Activity	Count	81,530	75,3…	84,…	73,756	78,708	93,1…	83,678	73,274	92,491	92,671			

Appendix (South West)

Reporting Month: Apr 25

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

Primary

	Unit	Latest Period	BNSSG	BSW	Cornwall	Devon	Dorset	Glos	Somerset	BNSSG SW Rank	National Avg	Prev Mth	% Change
% of GP appointments seen within two weeks	%	Apr 25	78.80	74.71	77.59	78.03	71.88	72.25	74.54	1 / 7	80.82	81.31	-3.09
% of resident population seen by an NHS dentist – adults	%	Feb 25	25.52	22.95	22.31	21.14	25.75	20.13	19.04	2 / 7	27.35	25.49	0.12
% of resident population seen by an NHS dentist – children	%	Feb 25	53.29	53.06	52.58	44.17	50.79	48.71	38.63	1 / 7	53.29	52.95	0.64