Item: 13

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	

BOARD 29 JULY 2026	
Report Title:	**NENC ICB Primary Care Action Plan (PCAP): Final Submission to NHSE**

Purpose of report

The purpose of this report is to:

- Ensure the Board are sighted and to approve the NENC ICB Primary Care Action Plan (PCAP) final submission template, and the risks identified within.
- Report assurance to Board via Committee updates.

Key points

NENC ICB have been asked to complete the Primary Care Action Plan (PCAP) template, focussing on practical, deliverable actions and building on the feedback provided on Integrated Strategic Commissioning Plans (ISCPs), covering a three - to five-year period, with a detailed Year 1 plan for 2026/27.

We have been asked to complete 3 iterations of the PCAP, in line with the following deadlines:

- 1st draft which was submitted following Executive review on 24th April
- Following NHSE feedback on 30th April, a 2nd draft was submitted on 15th May
- Following further NHSE feedback, a final PCAP was submitted on 28th May

Throughout the 3 iterations of the plan, the Planning and Performance (P&P) team have met with various stakeholders across the organisation to ensure completeness and inclusion from all required areas of the PCAP including:

- General Practice (Contracting, Transformation and LDTs along with Pharmacy, Optometry and Dental)
- Digital Team
- Patient Engagement and Involvement Team
- General Practice Estates
- Finance

The Board is asked to approve the final submission and report. NHSE have also asked us to confirm that progress against this action plan, will be monitored by an appropriate ICB Subcommittee on a frequent basis with Board oversight.

Risks and issues

The risks included within the submission are summarised in this update and detailed within the embedded document (appendix 1).

General Practice:

- ICB is going through significant restructure as part of transition to strategic commissioner, resulting in significant reduction in staff capacity. Over the next 3 months, the ICB will be mobilising staff and teams into new ICB operating model.
- There is an ongoing risk of further GP Collective action.
- Number of practices signed up to/completed GPIP/PLS
- Delays in national systems and guidance regarding funding and claim parameters.
- Local CSUs are also closing, which may impact on access to some current system used to support monitoring, tracking etc.
- If pushing to maximise ARRS spend, this will add financial pressure to ICB due to ARRS shortfall in funding compared to actual maximum spend.
- Potential financial pressures and rationalisation of priorities and must do, may stall/delay some areas of work as full detail of costs materialise.
- Local CQRS is a new system to the GP contracting team - training is being accessed and SOPs being developed
- Potential financial pressures and rationalisation of priorities and must do, may stall/delay some areas of work as full detail of costs materialise.

Dentistry:

- Professional engagement, buy in to a more open-door policy of access. To achieve success nationally and reliably meet unscheduled urgent care demand via the high street this will need NHS providers to go beyond the minimum mandated expectations set, shifting finite capacity from general access 'recall activity patterns' towards a more balanced open-door policy of overall new and recall patient access. This is a significant cultural change for the profession.
- The change in patient and public expectations that is likely to arise from the National Reform media campaigns are likely to create an increased pressure that national and local unscheduled urgent care systems will need to try to meet within existing finite resources. This will prove difficult if professional buy in and engagement with the new reforms is not fully achieved.
- Conversely, where new overall quality and payment reforms prove to be wholly successful this will result in the availability of dental contract under-performance significantly reducing or being removed. This positive outcome would then require National additional funding to be provided to local ICB commissioners in order to expand and extend local dental service provision in order to continue to meet locally increasing need and capacity gaps as the local Dental ring fence and finite budget at this point would be fully allocated.
- Professional engagement, buy in to a more open-door policy of access and going beyond the minimum expectation in order to priority urgent care access from a patient safety, contract delivery and financial viability perspective.
- The change in patient and public expectations that may arise, creating a new and potentially increased spike in unscheduled urgent care access with a new expectation regarding ability to reliably access provision and how this may change patterns of future demand, patterns of access and management of new patient expectations and demand levels.
- Potential duplication with the service already commissioned from the Community Dental Services has been highlighted and therefore review required to understand any gaps.
- Current CDS specs only reference screening and provision of treatment not the full oral health checks as per national SES spec.
- As highlighted in relation to other national schemes, team capacity to full progress the work required is an issue. The focus of work in the limited Dental Team has been on implementing our plans to deliver increased urgent dental access in line with the national targets, stabilisation of current dental provision. and implementation of the new dental contract reforms. Resources have therefore focused on these priorities.

Pharmacy:

- Ongoing funding
- Representation from Community Pharmacy in early neighbourhood discussions/planning
- Variation in referrals from GP practices
- Provision of data from NHSE
- Patient and GP behaviours
- Supplies within Pharmacies and pharmacy costs – both purchase and operational
- Investment / integration of IT and the availability of a national booking system

Optometry:

- Risk of slippage in the procurement timeline

Digital Risks:

- Plans are only able to be firm for year one 2026/2027 currently
- Suppliers may not be able to provide information & data for some metrics.
- National team may not be able to provide information & data
- GP connect/OC can be activated and deactivated 'at will' by practices, meaning a practice is only compliant at 'a point in time'
- There could be insufficient digital staff within ICB and NHSE to support this programme of work
- AVT funding may not be guaranteed at the point
- CSU Closure and Migration of delivery

Engagement of People and Communities:

- Capacity of workforce within the team due to organisational restructure is considered a risk

Estate:

- GP Practices committing to the works, including having lease arrangements in place and identifying contractors to carry out the works.
- Legal requirements for the funding to be allocated. Legal holds on GP owned premises can take up 20 weeks.
- Works taking longer than the financial year to be complete

Finance - Investment and Resourcing:

- NHS financial constraints and reduced national funding,
- Ongoing financial pressures across the NHS.
- Inability to sustain transformation programmes, removal of ringfencing increases risk that digital and transformation activity cannot be sustained alongside wider financial pressures.
- Reduced ICB commissioning and management capacity,
- Transition to a strategic commissioning model and reduced internal capacity.

Mitigations:

- The ICB will review priorities on a regular basis, which may result in reprioritisation or adjusting/redirecting capacity as needed (General Practice)
- Close monitoring of the NHS Reform implementation throughout the transitionary 2026-27 period to evidence and confirm positive impacts and unintended consequences that arise, raising these into the National and Regional NHS England teams as necessary (Dental)
- Use National Reform and Regulatory contract sanctions available at mid and end of year to drive at least minimum unscheduled urgent care delivery compliance across local GDP Mandatory Service general access contractors (Dental)
- Confidence in completing these Reform based contracting actions is High as they are predominantly internal ICB Dental Team process management and contract performance management core tasks (Dental)
- Begin to consider and develop a range of possible local actions that could be locally commissioned where needed and whilst remaining compliant with Reform expectations (Dental)
- Obtained support of Dental Public Health consultant to inform initial mapping and co-ordinate engagement with SES staff to complete baseline questionnaire and mouthcare plans for CYP residents (Dental)
- The ICB's position with regard to taking forward the outstanding actions required for this national initiative will be reviewed once the new operating model and structure has been implemented which we expect to by the end of May 2026. We are therefore unable to give a timescale at this stage on when the full plan as outlined will be implemented until the new structure is fully implemented and we have had the opportunity to assess the impact on other work priorities including the national dental reforms (Dental)
- Utilise the funding available to address any potential barriers to delivery of the full service specification/workforce constraints highlighted by providers (Dental)
- Consider the development of alternative local schemes out-with the Reform arrangements to address any evidenced NHS Urgent Care Reform unintended consequences or delivery gaps that might arise. This could include; UDAC extension and expansion, GDP urgent care extended hours operation, OOHs capacity increases where feasible (Dental)

- Robust monitoring through project teams (Optometry)
- Continue to work closely with regional and national teams to monitor and where possible find resolution (Digital)
- Mitigation - Fully controlled transfer of delivery work currently carried out by CSU underway. TUPE of staff to alternative provider so impact on practices should be minimal (Digital)
- A recent ICB Executive Committee agreed to move existing GPIT services, currently delivered by NECS, to one of the constituent provider organisations within NENC ICS. The selected receiving organisation will already be proficient with IT delivery, have an existing IT service team, and the model will be to 'left and shift' current provided GPIT products, services, and teams from NECS to the new host organisation. NHS England has approved this approach, and we will now expediently work with relevant stakeholders, focusing on the delivery of a smooth transition where key performance indicators for core GPIT services are maintained throughout the change (Digital)
- Confirm GP Practice agreement as soon as possible, ensure the tenure arrangements are up to date and ensure the GP Practice have identified contractors can complete works prior to the end of the financial year (Estates)
- Where necessary, use the prioritised pipeline of schemes to reuse the funds allocated (Estates).
- As part of ensuring deliverability within the financial year, build in the timescales required for the legal processes to be followed (Estates)
- The 4 year capital allocations allow the opportunity to phase works over multiple financial years and to be assured the funding is available in each year (Estates)
- Prioritisation of available funding, optimisation of national funding streams (Finance)
- Alignment of programmes with contractual, access and productivity requirements and prioritisation (Finance)
- Focus on system priorities, use of delivery partners, PCNs and system collaboration, and streamlined governance and escalation (Finance).

Assurances and supporting documentation

Please see report template attached in Appendix 1

Recommendation/action required

The Board is asked to:

- Approve the submission document and the risks identified within.
- Acknowledge that progress against this action plan, will be monitored by an appropriate ICB subcommittee.

Acronyms and abbreviations explained

GPIP – General Practice Improvement Plan
ARRS – Additional Roles Reimbursement Scheme
CSU – Commissioning Support Unit
CQRS – Calculating Quality Reporting Service
CDS – Community Dental Services
AVT – Ambient Voice Technology
UDAC – Urgent Dental Access Care
OOH – Out of Hours

Leadership Committee Approval	Neighbourhood Health Subcommittee 03/06/2026
Sponsor/Approving Chief Officer	Jacqueline Myers, Chief Operating Officer
Date approved by Chief Officer	14/07/2026
Report author	Helen Warren, Planning and PMO Manager

Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓

Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	**Yes**		**No**	✓	**N/A**	
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	**Yes**		**No**		**N/A**	✓

Essential considerations (must be completed)	
Financial implications and considerations	The Primary Care Action Plan is an assurance template that is submitted to NHSE. The report summarises the range of work that the ICB is undertaking across all areas of Primary Care in response to the Integrated Strategic Commissioning Plans. Whilst some of the work referenced may have broader implications, it is expected that the Teams and individuals leading those pieces of work, will or will already have contacted appropriate Teams for involvement and advice as appropriate
Contracting and Procurement	
Commissioning Team	
Digital implications	
Clinical involvement	
Health inequalities	
Patient and public involvement	
Partner and/or other stakeholder engagement	
Other resources	