NHS HWE ICB Primary Care Board meeting held in Public

Thursday 25 January 2024

Conference Room 2, The Forum, Hemel Hempstead, HP1 1DN

The Forum

Herts, HP1 1 DN

09:30 - 12:15

Hertfordshire and West Essex Integrated Care Board

Meeting Book - NHS HWE ICB Primary Care Board meeting held in Public

09:30	1. Welcome, apologies and housekeeping		Chair
09:30	2. Declarations of interest		Chair
09:35	3. Minutes of last meeting held on Thursday 23 November 2023	Approval	Chair
09:35	4. Action Tracker - no open actions	Approval	Chair
09:40	5. Questions from public	Discussion	Chair
09:45	6. Directorate Highlight Report	Assurance/information	Avni Shah
10:00	7. Progress on recommendations for the Healthwatch commissioned Reports	Information	Emily Perry
10:15	8. Primary Care Strategic Delivery Plan Progress update inc. Transformation reports		James Gleed
	South West Herts		Roshina Khan
	East and North Herts		Cathy Galione
	West Essex		Phillip Sweeny
10:45	9. Primary Care Risk Register	Discussion/Information	Andrew Tarry
11-11:10	Comfort Break		
11:10	10. Primary Care Systems Access Plan - Progress update	Discussion/Info	Andrew Tarry /Avni Shah
11:25	11. Dental Access Review	Discussion	Michelle Campbell/Feema Francis
11:40	12. Enhanced Commissioning Framework for General Practice 2024/25 – Section B Proposal for Clinical Transformation	Discussion	Sam Williamson
11:55	13. Primary Care Digital update	Discussion	Trudi Mount
12:10	14. Minutes from the Subgroup – attached for information only	Information	Chair
	Primary Care Digital		
	Primary Care Workforce		
	Primary Care Transformation		
12:10	16. Reflections and feedback from the meeting	Information	Chair
12:15	17. Close of meeting	Information	Chair

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**25/01/2024**		
Report Title:	**Register of Interests**				**Agenda Item:**	**02**		
Report Author(s):	Gay Alford, IG and Governance Officer Jas Dosanjh, Governance Manager – Conflicts and Policies							
Report Presented by:	Iram Khan, Corporate Governance Manager – Board & Committees							
Report Signed off by:	Michael Watson, Chief of Staff							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information**	☒
Which Strategic Objectives are relevant to this report:	▪ Relevance to all five ICB Strategic Objectives							
Key questions for the ICB Board / Committee:	▪ Please see the 'Recommendations' section							
Report History:	▪ The full ICB Declarations of Interest Register is routinely reported to the Audit & Risk Committee in line with the Committee Workplan and Terms of Reference							
Executive Summary:	▪ The Board Sub-Committees' Register of Interests are maintained in line with the HWE Standards of Business Conduct Policy (incorporating Conflicts of Interest). ▪ All members, and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Where a conflict is identified, at the Chair's discretion, the person may be asked to leave the meeting while a particular topic is being discussed.							
Recommendations:	The Committee is asked to: ▪ Note the returned declarations and whether these reflect the current membership/regular attendees for this Committee, ▪ Review any potential conflicts of interest that need to be managed at the meeting in accordance with the agenda, ▪ Remind members and regular attendees that - whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the							

	change in circumstances as soon as possible, and in any event within 28 days. The revised declaration will countersigned by their Line Manager or lead, and then forwarded to hweicbwe.declarations@nhs.net for logging.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk:	N/A			
Financial Implications:	N/A			
Impact Assessments:	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

Hertfordshire and West Essex Integrated Care System

Herts and West Essex ICB Primary Care Board Committee Register of Interests

Name:		Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of Interest					Date of Interest		Action taken to mitigate risk
Surname	Foreame			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct interest	Indirect interest	From	To	
Brown	Geoff	Healthwatch									
Carlton-Conway	Dr Daniel	Clinical Lead Planned care Clinical Lead Primary Care Prescribing	Partner- The Maltings Surgery - NHS GP surgery	√	-	-	√	-	2008	Ongoing	Declare interest at meetings where relevant
			The Maltings surgery is member of Abbey Health Primary Care Network	√	-	-	√	-	Jul 2019	Ongoing	Declare interest at meetings where relevant
			Member - The Hertfordshire Clinic LLP (not currently trading)	√	-	-	√	-	Jan 2014	Ended Feb-22	
			Speciality Doctor Paediatric Allergy - Lister Hospital, Stevenage.		√	-	√	-	2015 approx	Ongoing	Declare interest at meetings where relevant
			Maltings surgery is a member of St Albans and Harpenden G Federation, STAHFED Ltd, although I believe the federation is no longer active.	√	-	-	√	-	2016 approx	Ongoing	Declare interest at meetings where relevant
			Together with Dr Fraser Booth and Dr Brian Fisher, I am director of Optimise Health Limited, which has developed a hypertension software application (called OptBP) that is being used in GP practices	√	-	-	√	-	2014 approx	Ongoing	Declare interest at meetings where relevant
			PML NHS ultrasound service hosted at the Maltings Surgery	√	-	-	√	-	2019	Jun-22	Declare interest at meetings where relevant
			Maltings Surgery is a Hertfordshire wide hub for Long Acting Reversible Contraception (LARC)	√					2022	Ongoing	Declare interest at meetings where relevant
			Hosting HertsOne GP Federation Primary Care ADHD service	√					Feb 2022	Ongoing	Declare interest at meetings where relevant
			Spouse, Joelle Carlton-Conway, Board Trustee CIMPSA (Chartered Institute of the Management of Sport and Physical Activity)	-	-		-	√	Jan 2022	Ongoing	Declare interest at meetings where relevant
			Spouse, Joelle Carlton-Conway has previously worked with MyHealthSpecialist a medical technology company that may wish to work with health and care providers.	-	-		-	√	Sep 2021	Ongoing	N/A
			I previously received funding from ALK Abello which contributed to study MSc in allergy at Southampton Medical School (> 7 years ago).		√				2011 approx	2014 approx	N/A
Colegrave	Leighton	Patient Volunteer ICB	Peartree Patient Voices - Chair The PPG for Peartree Group Practice, Welwyn Garden City			√			2019	Ongoing	
			World Tamils Historical Society (WTHS - registered charity number 1170343) - planning committee (now complete) Also I ndirect Interest, as my father was general secretary of the WTHS for approx 8 years from 2015.			√		√	2019	2023	
Disney	Elizabeth	Director of Operations, HWE ICB	Sister is employed by the ICB on a fixed term basis within the ICB Medical Directorate	-	-	-	-	√	Jan-23	Feb-24	No involvement in recruitment process or decision to employ
Galione	Cathy	Head of Primary Care Transformation, Integration, Development & Delivery – East & North Hertfordshire , HWE ICB	Nil								
Glover	Sam	Healthwatch, Essex	Representing Patient Experience					√	Jun-05	Current	Verbal declaration to be made at the beginning of any meeting
Halksworth	Rachel	AD for Primary Care Contracting	Nil	-	-	-	-	-	-	-	-

Hiley	Marianne	Volunteer Patient Representative (S&W Herts) Primary Care Board	Member of Gade Practice PPG (Rickmansworth			√			Oct-22	Current	
Howard -Jones	Elliott	Partner Member - Community Provider Representative	Role of CEO at Hertfordshire Community NHS Trust	√	√	-	-	-	-	Present	I recuse myself from making any decisions that may cause a conflict.
Joyce	Rachel (Dr)	Medical Director	Married to an NHS consultant who works for East and North Herts Trust.	-	-	-	-	√	Jun-01	On-going	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			Director for Ranine Ltd - a company that provides private medical services by one consultant (spouse as above) to local independent hospitals. From 1st April 2022, I resigned my role as Director and now act as secretary who also holds shares in the company. The company does not however provide, or intend to provide, services to the NHS, social care, or NHS patients.	√	-	-	-	-	2018	Ongoing	
Khan	Iram	Corporate Governance Manager - Board & Committees	Nil	-	-	-	-	-	-	-	-
Khan	Roshina	Head of Primary Care Transformation and Integration	Nil								
Marovitch	Joanna	Partner Member - Voluntary Community Faith and Social Enterpirse (VCSFE) Alliance	CEO of Hertfordshire Mind Network	√					2021	Current	Verbal declaration to be made at the beginning of any meeting
			Chair of VCFSE Board			√			2022	Current	Verbal declaration to be made at the beginning of any meeting
Moodley	Pragasen	Partner Member for the ICB - Primary Medical services	Partner at Stanmore Medical Group 5 Stanmore Road, Stevenage, SG1 3QA	√	-	-	√	-	2004	Continuing	Verbal declarations to be made at the beginning of any meeting
			Director of AVM Medical. Suite 3 Middlesex House, Rutherford Close, Stevenage, Hertfordshire, United Kingdom, SG1 2EF. Company number 10507387 I use this company to carry out private medicals and nursing home ward rounds	√	-	-	√	-	2012	Continuing	
			Co-clinical director North Stevenage PCN	√	-	-	√	-			
			Partner at Larksfield Medical Practice	√	-	-	√	-	2019	Continuing	
			Partner, Dr A Saha, is a partner at King George Medical Practice	-	-	√	-	√	2016	Continuing	
Musson	Helen	Training Hub Primary Care Workforce Project Manager, HWE ICB (Part Time 0.3 WTE)	Chief Officer, Community Pharmacy Hertfordshire.	√	√				Apr-14	Ongoing	
Perry	Dr Ian	Partner Member, Primary Medical Services	GP Partner in Maynard Court Surgery	√	-	-		-	2013	To date	Verbal declaration to be made at the beginning of any meeting
			Epping Forest North PCN GP Partner	√					2019	To date	
			Stellar Healthcare Shareholder		-	-		-	2014	To date	
Pullen	Annette	EA to Director of Primary Care Transformation	Sister works in Grovehill Medical Centre, Hemel Hempstead as receptionist	-	-	-	-	√	-	Current	-
			Another Sister works as Medical Secretary in Paediatrics at WHHT					√		Current	
Raja	Dr Vaiyapuri	Deputy Chief Executive, North & South Local Medical Committees (LMC)	Nil								

Randhawa	Professor Gurch	Non Executive member, NHS HWE ICB	Professor of Diversity in Public Health & Director. Institute for Health Research University of Bedfordshire. Honorary Academic Contract, UK Health Security Honorary Academic Contract, Office for Health Improvement & Disparities Expert Expert Advisor, NICE Centre for Guidelines, UK Facilitator, faculty of Public Health accredited Practioner Program, UK Faculty of Public Health Non-Executive Director, Forestry England. Adjunct Professor, Ton Due Thang University, Vietnam, Trustee, Race Equality Foundation, UK National Member, National Black and Minority Ethnic Transplant Alliance, UK Member, British Medical Association Ethics Committee, UK Deputy Lieutenant, Bedfordshire Patron of the Bedfordshire Rural Communities Charity Ambassador, Keech Hospice Care Volunteer, Luton Sikh Soup Kitchen Junior Cricket Coach, Harpenden Cricket club							Current	To be declared as appropriate.
			Patient, Davenport House surgery, Harpenden								Current	To be declared as appropriate.
			Extended family member employed by Harpenden Health PCN								Current	To be declared as appropriate.
Shah	Avni	Director of Primary Care HWE ICS	Spouse works for a Pharmaceutical Industry – Scope, who distribute a number of eye products across the UK.					√	Nov-20	Current	As Director of Primary Care I am not directly involved in the local decision making process of new drugs hence managing conflict
			Spouse provides supervision and support via CPPE to foundation year community pharmacist who required support. This is commissioned through HEE and covered London and South East Area					√	Apr-23	Current	This is commissioned directly from HEE to CPPE hence NO involvement in commissioning and contracting of this
Small	Dr Nicolas	Partner Member Primary Medical Services	Partner Schopwick Surgery Elstree. Provider of GMS Services	√	-	-	√	-	1996	Present	
			Schopwick Surgery is part of the Herts Five Primary Care Network (PCN)	√							
			Practice has shares in GP provider Federation Herts Health & Herts One providing extended GP and community services across south & west Hertfordshire	√	-	-	√	-	2008	Present	
			Schopwick Surgery provides extended GP services to Sunrise Assisted Living, Elstree & Kestrel GroveNursing Home, Bushey	√					1997	Present	To be declared as appropriate
			GP Trainer Schopwick Surgery for North Hertfordshire GP Vocational Training Scheme & Northwick Park Hospital VTS	-	√		-		2007	Present	
			Siblings hold NHS primary and dental care contracts as providers of GP and dental services	-	-		-	√	2001	Present	
			Sibling - associate medical director primary care services, NW London ICS.		-	-		√	2022	Present	
Tester	Neil	Vice Chair, Healthwatch Hertfordshire Attendee, Primary Care Board (representing Healthwatch Hertfordshire)	I am a trustee and company director of Healthwatch Hertfordshire limited, a registered charity (number 1158089) and company limited by guarantee (number 08288176). I receive no remuneration for this. In addition to its core public funding via Hertfordshire County Council, Healthwatch Hertfordshire is commissioned by the Integrated Care Board to deliver engagement projects for the information of the Primary Care Board and the Primary Care Transformation team.			√			Oct-21	Present	
Williams	Dr Nicky	Beds & Herts LMC Ltd Co-CEO	Co-CEO, Beds & Herts Local Medical Committee Ltd, The Shires, Astonbury Farm, Astonbury Lane, Stevenage SG2 7EG		√				2018	Current	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT / ~~FINAL~~ MINUTES

Meeting:	**NHS HWE ICB Primary Care Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Thursday 23 November 2023**			
Time:	**09:30 – 12:05**			
Venue:	**The Board Room, Charter House / MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Prag Moodley (PM) *(Meeting Chair, covering for Nicolas Small)*	Partner Member – Primary Medical Services	Herts and West Essex ICB
Ian Perry (IP)	Partner Member – Primary Medical Services	Herts and West Essex ICB
Helen Musson (HM)	Chief Officer	Hertfordshire Local Pharmaceutical Committee
Amik Aneja (AA)	Primary Care Lead – West Essex	
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Gurch Randhawa (GR)	Non-Executive Member	Herts and West Essex ICB
Rob Mayson (RM)	Primary Care Lead – East and North Herts	Herts and West Essex ICB
In attendance:		
Leighton Colegrave (LC)	Citizen Representative, East & North Herts	Herts and West Essex ICB
Marianne Hilley (MH)	Citizen Representative, South & West Herts	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager – Board and Committees	Herts and West Essex ICB
Annette Pullen (AP)	EA to Avni Shah	Herts and West Essex ICB
Neil Tester (NT)	Vice Chair	Healthwatch Hertfordshire
Tracey Norris (TN) (minute taker)	Meeting Clerk	HFL Education
Via MS Teams:		
Michelle Campbell (MC)	Head of Primary Care Contracts	Herts and West Essex ICB

Corina Ciobanu (CC)	Clinical Lead – Workforce Transformation	Herts and West Essex ICB
Steve Claydon (SC)	Senior Clinical Dental Adviser	Herts and West Essex ICB
Sarah Dixon (SD)	Clinical Lead	Herts and West Essex ICB
Gopesh Farmah (GF)	Clinical Lead – Digital	Herts and West Essex ICB
Jayna Gadawala (JG)	Clinical Lead – Digital	Herts and West Essex ICB
James Gleed (JG)	Associate Director Commissioning Primary Care	Herts and West Essex ICB
Rachel Halksworth (RH)	Assistant Director for Primary Care Contracting	Herts and West Essex ICB
Rachel Hazeldene (RHa)	Clinical Lead – Digital	Herts and West Essex ICB
Roshina Khan (RK)	Head of Primary Care – South West Herts	Herts and West Essex ICB
Trudi Mount (TM	Programme Director – Data and Digital	Herts and West Essex ICB
Philip O'Meara (POM)	Head of Finance, Primary Care Services	Herts and West Essex ICB
Emily Perry (EP)	Primary Care Manager – Strategy and Transformation	Herts and West Essex ICB
Nicole Rich (NR) Deputy for Elliot Howard-Jones	Director West Essex for Community Health Services	Essex Partnership University NHS Foundation Trust
Steve Roberts (SR)	Chairman	LOC
Anurita Rohilla (AR)	Chief Pharmacist	Herts and West Essex ICB
Michael Sissens (MS)	LMC Representative	Bedfordshire & Hertfordshire Local Medical Committee Ltd
Emma Spofforth (ES)	Clinical Lead	Essex LOC
Phillip Sweeney (PS)	Head of Primary Care Transformation and Integration - West Essex	Herts and West Essex ICB
Peter Tatton (PT)	Secretary	Herts Local Dental Committee (LDC)
Sam Williamson (SW) Deputy to Rachel Joyce	Associate Medical Director, Lead for PHM and LTC	Herts and West Essex ICB

PCB/73/23	Welcome, apologies and housekeeping
73.1	Prag Moodley (PM) had agreed to chair the meeting in the absence of the Nicolas Small who was on holiday. He welcomed all to the meeting. He confirmed that this was not a public meeting but a meeting being held in public (members of the public were welcome to attend but were not permitted to participate). Questions from the public were welcomed in advance and there were instructions on the website explaining how to submit these.
73.2	Apologies for absence had been received from: • Nicolas Small • Sam Glover • Elizabeth Disney • Rachel Joyce • Rami Eliad • Toni Coles The meeting was declared quorate.
PCB/74/23	**Declarations of interest**
74.1	The Chair invited members to declare any declarations relating to matters on the agenda: • Gurch Randhawa noted that he was a patient of the Davenport House Surgery in Harpenden. All members were required to keep their declarations accurate and up to date on the register, which is available within the meeting papers at item 2.
PCB/75/23	**Minutes from the previous meeting**
75.1	The minutes of the last meeting held on 28 September 2023 were agreed as an accurate record.
PCB/76/23	**Action tracker**
76.1	There were no outstanding actions on the action tracker.
PCB/77/23	**Questions from the public**
77.1	Avni Shah (AS) confirmed that there had been no new questions from the public for this committee. A number of questions had been submitted to the Board meeting to be held on 24 November from the Patient Engagement Forum and four out of five of these related to primary care. Going forward, primary care related questions would come to the PCB who would then provide assurance to the Board.
PCB/78/23	**Directorate Highlight Report**
78.1	Avni Shah (AS) introduced the Directorate report (see pages 19-43of the document pack) and highlighted the following: • The winter vaccination programme was being delivered via community pharmacy and general practice and input from HCT for the hard to reach. 100% of care home patients were visited – HWE was the first ICS to achieve this milestone in the East of England. • HCT was reaching out to disadvantaged cohorts/hard to reach communities. • The uptake of flu and covid vaccination was variable across each locality; communications and messaging were in place to support/encourage take-up. • MMR cases were increasing, the team were working with PCNs and practices to improve take up of the vaccination, with input from public health and Childrens' services. • The first meeting with NHSE to provide assurances regarding delegated functions had been held, this had been positive and NHSE were happy with the hosting arrangements in place for Pharmacy Optometry and Dental (POD). <u>Commissioning updates:</u>

	• Innovative commissioning approach (potential to award a GMS contract to a PCN) had been supported in principle by Region and due diligence had now commenced. • The dental enhanced access pilot for winter was on track to commence in December. • Funding had been approved for the Herts Special Care Dental Service (Essex already had this in place) to be provided by HCT. • The National Pharmacy First Scheme has been announced with a start date of January 2024. Digital integration is key to ensure information (e.g. antibiotic prescribing) would go straight to the patient's GP notes. • The UTI pilot has had expressions of interest received from 176 community pharmacies. Work is underway on the next steps • Optometry: awaiting national specification on screening for specialist school but welcome this service across HWE. <u>Workforce</u> • The enhanced GP fellowship programme for 2023 has been launched. • There were pilot schemes underway for AHP and nurse enhanced fellowship roles. • 79 nominations had been received for the primary care awards ceremony held on 11 October with winners announced across each category. This was a good way to celebrate and recognise the good work in Primary Care. • AS updated on update on HSJ award for The PCN of the year award which went to Stort Valley and Villages. • This had been a wonderful opportunity to share outstanding practice delivered by individuals, teams and groups. <u>Digital Inclusion</u> • This continued to be a focus and was included in the primary care delivery plan – see agenda item PCB/82/23 below. • The commissioning committee had approved an investment of £4,000 per PCN to reduce inequalities. This is joint work with voluntary care sector and in line with our approved Primary care delivery plan.
78.2	Questions and comments were invited: • The awards ceremony had been a fantastic celebration of all the good work going on. Q How would this best practice be shared with colleagues and what contribution would patients make? Judges of the awards noted the rich variety of nominations from individual practitioners to teams/groups, practices and long-term community-based activities. Sharing good practice under each of these subsets would be valuable. • Ultimately a "library" of best practice would be collated and made available as a resource all year round. • Place updates to the Board would include achievements and lived experiences as well as activity data. • The team would start to assess the impact of projects so that the wider benefits were captured. • Q Would vision testing be expanded to mainstream schools as well as special schools? Ans: In West Essex this was already locally commissioned for 4/5 year-olds, however this was not the best service and there were some safeguarding issues which needed to be addressed. • Q What is the interest for the Pharmacy First scheme? Ans: There had been a positive response, but time will be needed to implement this. It was the intention that this could be rolled out to other services in the future eg hypertension and contraception. • Board members were alert to the risk that health inequalities might widen if the Pharmacy First Scheme was not adopted widely. This would be closely monitored
78.3	**The Primary Care Board noted the Directorate Highlight Report**
PCB/79/23	**Progress to date from Healthwatch reports**

79.1	Emily Perry (EP) Primary Care Manager, Strategy and Transformation, summarised the report (see pages 44-49) which described how the recommendations from Healthwatch reviews were being tracked and actioned. The report addressed the first phase of commissioned reviews which had related to access: • Access to GP Services for Children and Young People in West Essex (published March 2023) • Accessing GP Services: Views from Broxbourne Patients (published March 2023) • Accessing GP Services in Harlow and Uttlesford, West Essex (published March 2023) It was evident that much work had been done or was planned to address the issues raised including: • Digital telephony • NHS app • Communication team • Staff training • ARRS roles • Modern General practice scheme • From January 2024 onwards a new plan would be in place with Healthwatch to enable the team to begin to respond to recommendations prior to reports being presented to the PCB.
79.2	Questions and comments were invited: • Neil Tester (NT - Healthwatch) acknowledged the forward-thinking team at HWE, he did not often come across health care systems who were prepared to plan for a long-term response to recommendations from Healthwatch reports. Reports and recommendations would now be written in collaboration with the delivery team. • NT noted a number of commonalities of themes emerging from the reports. This commonality could be incorporated into training packages for practice staff. • Q How broad was the reach of Healthwatch? How many patients did they engage with? Were there plans for Healthwatch to expand its remit to secondary care? • AS noted that patient associations were now working with the majority of general practices (90 to date) and there were links between PCNs and patient participation groups and the patient engagement forum; this network was growing. Healthwatch were only able to speak to a sample group of people for each report (the patient population was 1.6million). • Next steps would look at how to get comms/messages out at pace to patients (about access) and not just rely on primary care to deliver this. • A holistic approach to individuals was needed which did not just cover access, but also local services and which ones were at risk of disappearing. • AS was pleased to report that funding for Healthwatch had been agreed for the coming year.
79.3	**The PCB noted and approved the proposed Health Watch Progress to Date report**
79.4	***ACTION: Communications to be shared with the patients around access.***
PCB/80/23	**Primary Care Risk Register**
80.1	Rachel Halksworth (RH) presented the risk register (see pages 50-60 of the document pack) and highlighted the following: • The risk register was reviewed on a monthly basis. • No new risks had been identified. • All risks that had been identified as closed at the last meeting had been removed. • Proposal: remove risks relating to the TUPE of staff within community pharmacy, optometry and dentistry as this transfer had been completed successfully. • Workforce and digital risks had been updated.

	• Further detail had been added to the risk relating to community pharmacy, optometry and dentistry re quality and mitigation. Proposal: remove the risk relating to complaints for POD. • All updates had been highlighted in red.
80.2	Questions and comments were invited: • Primary care workforce training and education (EC13) - Q What was the time capacity to enable people to take up these opportunities e.g. apprenticeships? Would this risk be better managed if there were some time limits on this? AS confirmed that controls were always reviewed, and whilst none of this was new, there had been little take up of nurse apprenticeships and this had been re-launched as a pilot. • The fellowship GP role has been successful but there as a lack of formalised options and no guarantee of a particular specialisation e.g. respiratory. The workforce team were working with the medical directorate at ENH and Watford to increase the range and opportunities of placements for the fellowship schemes. • Changes to foundation pharmacy were profound (NB the role of the technician); this was a risk across all pharmacies and should be included on the risk register as should the potential risk of pharmacy closure which was already happening. • AS noted that within primary care, each area had its own risk register, the PC risk register related to directorate level risks; the risk of pharmacy closures was a much-discussed topic at directorate level and at primary care commissioning. The impact of pharmacy closures was tracked but the team did not yet have the tools to assess community pharmacy resilience. • Q Would there be options for ARRS pharmacist to also offer pharmacy first services? This was already in place, a further question for future debate was whether or not the ARRs pharmacists should become dispensing practices. • The optometrist list needed to be looked at in the same way; optometrist should be the first port of call for eye care – at the moment the resilience/funding and utilization of this sector was unknown. It was noted that there was a minor eye condition service in West Essex but not in Hertfordshire – this was a risk of inequality. AS noted that this was being addressed through the delivery plan and would include cataracts and glaucoma as well. • Q Who would be responsible for the repeat prescription service, was this changing in 2024, had there been enough/any comms on this? Ans: Patients and carers were being encouraged to take control/responsibility for their medication and ordering. Any vulnerable patients would continue to be supported (i.e., having repeat orders done for them). Efficiencies would be achieved when patients became more familiar with the NHS App and its repeat prescription functionality, this would also reduce GP administrative burden. • HM felt community pharmacists were very supportive of electronic repeat prescriptions, this should be the main way of ordering medicines but there needed to be better comms to patients and pharmacists on this. App users in the meeting cited the poor functionality of the App. • Trudi Mount (TM – Digital Lead) reported that a re-vamp of the App was planned for December. - this had been done in response to patient feedback through the NHS ambassador group. There would be a national campaign in the new year. TM would attend the patient engagement forum as the ICB's digital representative to discuss the NHS App.
80.3	**The Primary Care Board noted the Primary Care Risk Register**
PCB/81/23	**Primary Care Transformation Integrated Reports**
81.1	Roshina Khan (RK), Philip Sweeney (PS) and Avni Shah (AS) introduced their respective sections of the integrated report (see pages 61-66 of the document pack) highlighting the following points, similar levels of activity were being recorded in all areas: <u>South West Herts: RK</u> • Progress on transformation to Modern General Practice was moving forward:

	○ 9 practices were providing total triage with more about to start. ○ Development of patient survey questions (beyond those set in the national patient survey) to accurately gauge outcomes. Some practices were doing their own surveys to get instant feedback. • Winter planning: ○ 15 practices were on the GP improvement programme (GPIP) to support transformation to MGP. ○ Those practices that had not already signed up to GPIP would be offered support. • Example of excellent practice and integrated approach: Hertsmere cervical screening project (funded by the district council) to engage with the cohort of women who were previously non-responders: ○ Over 8,000 calls were made, 41% were answered and of these 44% have booked a smear test for the first time (720 women). <u>West Essex: PW</u> • 100% of care home patients have been visited (flu and covid). • Example of excellent practice and integrated approach: ○ Urgent treatment centre in Harlow to alleviate system pressures in winter. Average wait times: 6-24 minutes. • Modern GP: 27 practices have submitted bids (17 have been approved), three had not and these practices would be supported with LSF visits. • Five practices were providing total triage. • Winter planning: ○ 30,000 more same day access appointments had been created across surgeries, PCNs, and hub model to provide a flexible response to demand. • The uptake of CPCS was not as good as had been anticipated and the team were looking into this. • Sharing activity data within the ECF at locality level was proving to be a good way to develop practice engagement. • There were five fully integrated neighbourhood teams. <u>East and North Herts: AS</u> • Example of best practice to highlight: ○ Carers' café in Whitwell and Hitchin providing health checks and vaccinations. ○ Integrated UTC in operation at QEII with Lister to follow. • Data sharing of ECF was being used to reduce variations between practices/identify gaps in provision. • A performance dashboard would be developed to cover the whole of primary care. • Long term conditions: PCNs were working collaboratively to implement FeNO diagnostics for asthma.
81.2	Questions and comments were invited: • PCB members noted the clear layout and format of the transformation reports. • Q Would patients be involved in co-creating total triage pathways to avoid digital exclusion? • Q Why were health checks low in all areas? Was this a structural issue? • GP members noted that almost every appointment was a health check but was not always counted as such. There was a lack of public awareness about their right to ask for a health check; NHS health checks were commissioned by Public Health England. Learning could be taken from the rest of Essex where there was a greater take up. • Health checks for learning difficulties cohort were very closely monitored and this data was good.

	• Q Would the learnings from the cervical smear screening pilot be collated and shared so this best practice could be applied to other checks where there was disparity in take up? • Q Was it the case that some practices had moved to digital only access model? Patients had reported the difficulty in finding the non-digital pathway. AS would take this off-line with LC; comms to patients re changes to access and total triage would need to be clear. The digital team were in the process of reviewing all practices' websites. A walk-in appointment should still be possible. • PCNs had to decide how best to prioritise resources, all screening services with cohorts of low take up could be improved by a phone call, but there was not the money/time or staff to do this for everything. It was noted that the cervical smear screening pilot had been funded by the local council. • Digital exclusion remained a big issue and information and assistance to patients re access strategies continued to be a priority – see agenda item PCB/82/24 below. • Further work to develop the place reports identifying progress against key areas at place and across ICB • Agreed for the place reports to be shared via the patient representatives to PPG chairs but also via primary care team to locality clinical leads.
81.3	**The PCB noted the Primary Care Transformation Integrated report**
PCB/82/23	**Primary Care System Access Plan**

82.1	Avni Shah (AS) presented the Primary Care System Access Improvement Plan (see pages 67-96 of the document pack) and highlighted the following points:
	• The PC system access plan had been created in response to the national recovery plan and covered such areas as:
	  ○ Advanced telephony
	  ○ The Modern Practice model
	  ○ Reducing administration within general practice
	  ○ Improve patient engagement
	  ○ Support for a sustainable and resilient workforce
	• The Primary Care access plan related to access to all areas of primary care (GP, community pharmacy, optometry and dentistry).
	• Data trends to highlight:
	  ○ GP appointments were above pre-pandemic levels.
	  ○ 45% were same day.
	  ○ There was more demand in centres close to urgent care.
	  ○ Face to face appointments were increasing each month.
	  ○ Video appointments were not as popular as originally expected.
	  ○ DNA rates were high, and highest in August and September.
	  ○ The range of services delivered by community pharmacy varied across the area.
	  ○ The impact of the NHS app continued to be monitored – see earlier discussion on repeat prescriptions – and should integrate with acute providers, eg outpatient appointments.
	• Workforce issues – see People Board meeting minutes.
	• Estates remained an issue and was sometimes a barrier to the expansion of general practices as training hubs.
	• Self-referrals: patients would be empowered to pursue their own referrals in six areas: e.g. podiatry, physiotherapy.
	• Definition of "self-referral" was being reviewed and drawn up, this workstream was being led by Daniel Carlton Conway.

	• Funding had been made available to practices to support their transition to Modern General Practice; to date 67 practices have applied.
	• Work was progressing on ambition for 100% of practices to have moved away from analogue telephone system; NB the implementation phase for advanced telephony was c 3/4months. The next set of practices would have cloud-based telephony system but were not yet at an advanced level – the digital team were supporting local implementation.
	• Reducing bureaucracy between acute trusts and community partners was a key area of development covering:
	  ○ Discharge summarises
	  ○ Actions for GPs
	  ○ Electronic fit notes (this required an integrated IT structure)
	• Consultant to consultant referrals (rather than sending patient back to their GP for second referral).

82.2	Questions and comments were invited: • Electronic comms between acute and GPs worked best with System One (rather than E-Mist) - should the digital team have this as a long-term plan – migration for all to System One? • DNA rates were creeping up and needed further investigation – DNA rates could be reduced if the GP called the patient straight away and "convert" the face to face appointment to a phone consultation, for example. • Not all GP colleagues were aware of the self-referral pathways that were now in place – had comms been issued about this? This would be welcome.
82.3	**The Primary Care Board noted and approved the Primary Care System Access Plan**
PCB/83/23	**Primary Care Budget 2023/24**

83.1	Philip O'Meara presented the Primary Care Budget report see pages 122-128 of the document pack and shared the following highlights:
	• ICB: £3.2 billion annual budget with £9.4million of planned efficiencies.
	• As of Period 6 (September), there was a systemwide overspend of £1.6million.
	• Primary Care: 22% of the ICB annual budget. See table 2 on page 124 for breakdown of the £2.5m underspend as of P6. The forecast underspend was £2.3m.
	• For primary care dental:
	  ○ Underspend year to date: £3.5m
	  ○ 10% underactivity projected (with local variations across HWE)
	  ○ 10% clawback projected.
	• Primary care transformation: this budget was fully committed, if workstreams have not yet started then they would be reviewed.
	• No concerns with core budget.
	• A current overspend in GPIP was expected to move to an underspend by year end.
	• Prescribing was down on previous years but still overspent by £1.8m.
	The next budget report would be presented to the PC Commissioning Committee meeting in December.

83.2	Questions and comments were invited: • Q What were the biggest areas of risk? Ans: External to PC, would the ICS as a whole be able to bring itself into balance. • It was essential for the QIPP scheme to work for prescribing, otherwise PC transformation funding might be cut.
83.3	**The PCB noted the period 6 budget report**
PCB/84/23	**Citizen Representative Update**

84.1	Marianne Hilley and Leighton Colegrave shared the following overview of their work as citizen representatives (see report at pages 129-134 of the document pack): • Three citizen representatives were appointed in May 2023 (representing the three different areas within the HWE ICS) and all three sat on the Patient Engagement Forum (PEF) which was an advisory group to the board. • Questions submitted to tomorrow's board meeting had come from the PEF. • Since their appointment, the representatives had attended four PCB meetings, undergone a full induction process and now had a good understanding of how the ICB worked. • Aims included: ○ Establishing a network of patient groups within HWE to create a two-way conversation. • Serving the groups who didn't have a loud voice or any voice at all was a big responsibility and the representatives would focus on the things that would make the biggest difference.
84.2	Questions and comments were invited: • PCB members welcomed the contribution that citizen representative could make. • Patient participation groups were growing but wider engagement with these groups was needed. • The difficult role of the citizen representative was acknowledged, different patient groups would have different priorities and getting information back to patients and patient groups was key. • EPUT would make contact with the citizen representatives outside of this meeting to arrange visits to community services eg virtual hospital.
84.3	**PCB noted the citizen representative report**
PCB/85/23	**Reports/minutes from sub-groups**
85.1	The following reports were noted for information: • Primary care digital (pages 135-137 of the document pack) • Primary care transformation (pages 138-147 of the document pack)
PCB/86/23	**Reflections and feedback from the meeting**
86.1	None raised.
PCB/87/23	**Date and time of next meeting**
87.1	Thursday 25 January 2024 at 09:30 – Conference Room, The Forum, Hemel Hempstead.
The meeting closed at 12:05	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Primary Care Board meeting held in Public		**Meeting Date:**	**25/01/2024**
Report Title:	**Primary Care Transformation– Directorate Report**		**Agenda Item:**	**06**
Report Author(s):	Updates incorporated from various leads across Primary Care Avni Shah, Director Primary Care Transformation			
Report Presented by:	Avni Shah, Director Primary Care Transformation			
Report Signed off by:	Avni Shah, Director Primary Care Transformation			

Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	X	**Information**	☐

Which Strategic Objectives are relevant to this report	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing
Key questions for the ICB Board / Committee:	Board is ask to discuss the content and how else we can ensure information is shared with the public to get key salient messages and progress on areas.
Report History:	N/A
Executive Summary:	Highlight Report provides a brief overview on the progress since last Primary Care Board meeting with a view of not duplicating areas of discussion on the agenda and to give a flavour of the forward look of some of the key areas of focus.
Recommendations:	The Board is asked to ▪ Note and discuss the key contents of the report

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			X

	No new declaration of interest.	
Implications / Impact:		
Patient Safety:	*Areas of progress which will impact on improving patient outcomes and patient safety.*	
Risk: *Link to Risk Register*	*No new risks identified through this report which are not already on the directorate risk register*	
Financial Implications:	*Not applicable*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Primary Care Transformation– Directorate Report January 24

Avni Shah, Director of Primary Care Transformation

Working together
for a healthier future

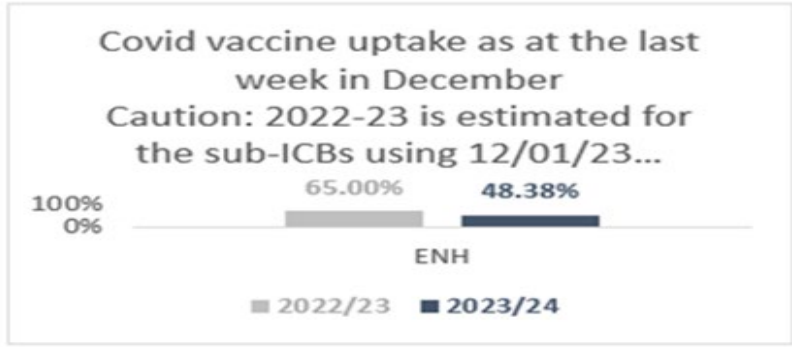
Update on COVID Vaccination

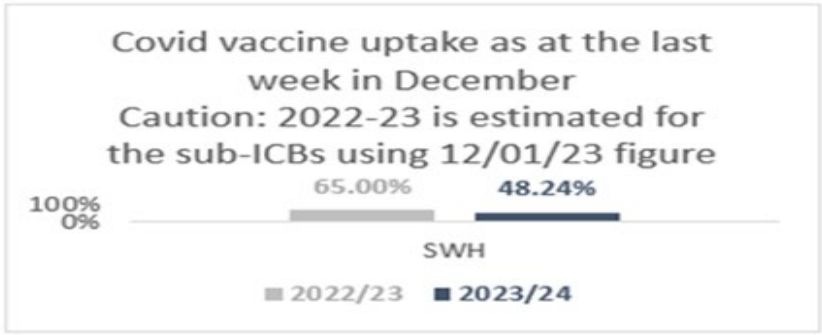
- The AW23 programme for Covid and Flu commenced in September 2023 and officially finished on the 15th December with the national booking service closing the day before.

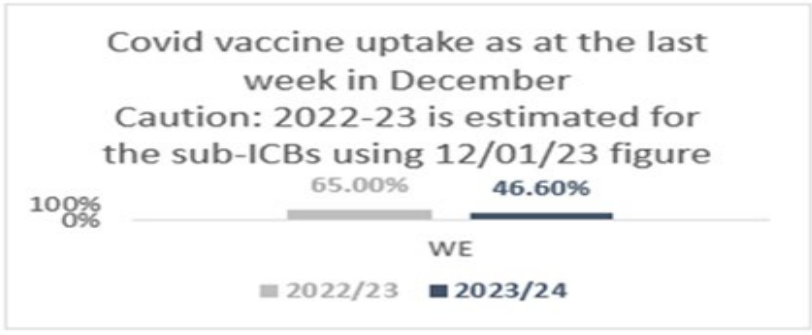
- Since last update, it was agreed for our community provider HCT to support vaccination for the inpatient patients across our Hertfordshire Mental Health Units.

- Vaccinations can still be accessed for all eligible patients via participating pharmacies up to the end of January on a walk-in basis and communications have been circulated to spread that message. Newly immunosuppressed patients will still be able to access up until the end of March 24.

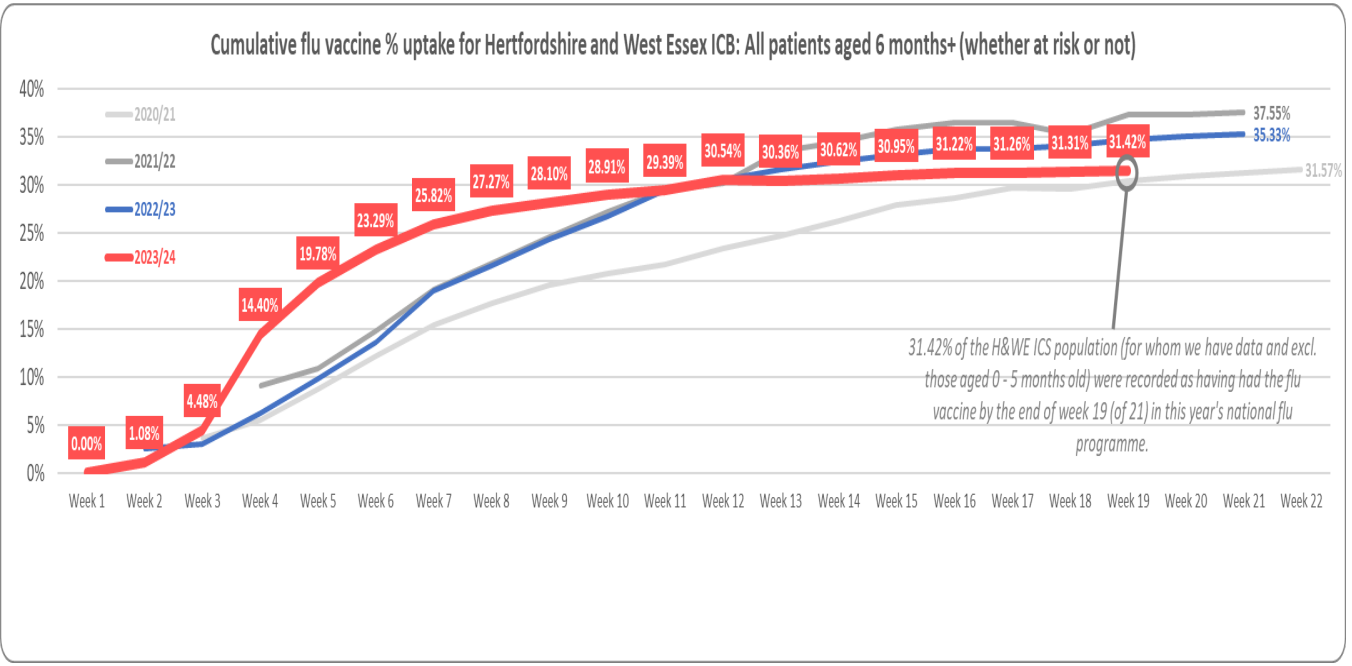
Covid vaccine uptake as at the last week in December Caution: 2022-23 is estimated for the sub-ICBs using 12/01/23 figure	2022/23	2023/24
ENH	65.00%	48.38%
SWH	65.00%	48.24%
WE	65.00%	46.60%







Update on FLU Vaccination



Hertfordshire & West Essex ICS cohort		Ambition	HWE	ENH	SWH	WE
		%	%	%	%	%
65+	All aged 65 years and over	85%	75%	74%	77%	74%
At risk	At risk 6 mnths - 1 yr	75%	14%	12%	18%	10%
	At risk 2 yrs - 4 yrs	75%	47%	47%	50%	38%
	At risk 5 yrs - 15 yrs	75%	55%	56%	58%	48%
	At risk 16 yrs - 49 yrs	75%	48%	32%	56%	38%
	At risk 50 yrs - 64 yrs	75%	48%	48%	48%	45%
	At risk 6 mnths - 64 yrs	75%	45%	40%	49%	40%
Pregnant women	All Pregnant (as of 1 Sep 23) and NOT IN a clinical risk group	75%	30%	31%	30%	26%
	All Pregnant (as of 1 Sep 23) and IN a clinical risk group	75%	42%	43%	43%	38%
	Currently pregnant and NOT IN a clinical risk group	75%	33%	36%	33%	30%
	Currently pregnant and IN a clinical risk group	75%	45%	44%	47%	40%
2-3yrs	All 2-3yrs (age as at date of extraction)	70%	43%	40%	48%	35%
	All 2-3yrs (age as at date of birth between 1 Sep 2023 - 31 Aug 2024)	70%	47%	49%	48%	38%
School	All school-aged children	70%	53%	53%	53%	53%

Impact Investment Fund for 2023/24 includes 2 indicators for PCN on vaccination

- VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024 VI-03:

- Percentage of children aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024

Hertfordshire and West Essex Integrated Care System

National Vaccination Strategy

- NHSE published the Vaccination Strategy (which covers all vaccinations not just Covid, flu and MMR) earlier in December. Its focus is to integrate the NHS COVID-19 vaccination programme with more longstanding vaccination programmes to create a more cohesive approach, building on many decades of successful immunisation delivery as well as lessons of the last three years. In doing so, the aim is to not only increase overall uptake and coverage of vaccinations, but to reduce disparity in uptake, so that every community in the country has the protection it needs. This will be underpinned by a technology and data infrastructure that enables the public and healthcare providers to understand vaccination status and take action to improve it.

- Discussions will be underway via the ICS wide Vaccination Group as it is key to review and take stock of our provision locally to ensure it is aligned to the national strategy in terms of:
    - **High quality, convenient to access and tailored** to the needs of local people – the front door to vaccination services.
    - **Supplemented by targeted outreach** to increase uptake in underserved populations
    - **Delivery in a joined-up way** by integrated teams, working across the NHS and other organisations, to improve patient experience and deliver value for money through integrated neighbourhood teams

- The strategy aims to ensure Systems have the responsibility and flexibility to design and deliver vaccination services to meet their population needs, commissioning the optimal provider network and continuing to use the expertise of primary care.

- This will also be supported with the delegation of Section 7A services from NHSE which include delegation of vaccination services currently commissioned through NHSE.

LD Health Checks and Annual Health Action Plan

	September 2023							October 2023						
ICB Name	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks	Completed Health Action Plans	% Completed Health Action Plans	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks	Completed Health Action Plans	% Completed Health Action Plans
National	**320,192**	**89,473**			**27.9%**			**320,823**	**110,805**			**34.5%**		
East of England	**28,644**	**7,411**	**212**	**21,021**	**25.9%**	**6,587**	**23.0%**	**28,708**	**9,155**	**283**	**19,270**	**31.9%**	**8,199**	**28.6%**
NHS Hertfordshire and West Essex Integrated Care Board	**7,389**	**1,657**	**35**	**5,697**	**22.4%**	**1,479**	**20.0%**	**7,402**	**2,205**	**40**	**5,157**	**29.8%**	**1,998**	**27.0%**
East & North Hertfordshire	3,038	723	12	2,303	**23.8%**	645	21.2%	3,042	906	13	2,123	**29.8%**	811	26.7%
South and west	3,271	685	17	2,569	**20.9%**	612	18.7%	3,276	980	20	2,276	**29.9%**	902	27.5%
West Essex	1,080	249	6	825	**23.1%**	222	20.6%	1,084	319	7	758	**29.4%**	285	26.3%

Confirmed national issues with LD read codes. Proposed for some codes to be removed which in the mean time may see an increased numbers of patients in the denominator. Aim these will then revert to usual as soon as all suppliers have implemented these changes (no later than 25 January 2024

Also there are issues where practices working in the PCN are delivering this model through PCN model which does not seem to be pulling thorugh. All these queries are being worked through with national leads

A big thank you to Dr Vicky McCullough Clinical lead for Learning Disability for all her insight and support and leadership.

Primary Care Strategy and Transformation update

Funding to assist in addressing identified local health inequalities:

- The charitable arm of Assura has given Hertfordshire and West Essex (H&WE) ICS £75k to be distributed to grassroots charities across the ICS footprint to assist in addressing identified local health inequalities. The ICB Primary Care Board has agreed to match this figure, meaning there is a total of £150k, or just over £4k per PCN, available to focus on Health Inequalities where local community activity can make a difference (distributed via PCNs).
- To date, there has been good uptake for requesting use of these funds – a majority of PCNS in H&WE ICS have confirmed they would like to take up the funding and discussions are taking place between the ICB and PCNs regarding plans as to how this funding can be best used within each PCN.

Non-medical healthcare professionals accessing bloods and imaging tests project:

- A project intended to improve and align the access that non-medical healthcare professionals have around ordering blood and imaging tests has recently started. We know that the access these professionals have to tests is currently inconsistent across Hertfordshire and West Essex and the ICB is committed to ensuring that primary care has the necessary systems and processes in place to capitalise on the role played by the non-medical workforce. A project steering group (which includes primary care clinical, pathology, radiology and IT leads from local acute hospitals, ICB leads for relevant areas including transformation, workforce, training, IT and planned care, as well as colleagues from the ImageEast Network) has been convened. A survey was sent to all GP practices and PCNs in HWE in December 2023, the ICB has received 25 responses to the survey and results will be used to gain a better understanding of the current picture, including the levels of access to bloods and imaging tests that are currently available to non-medical healthcare staff and where there are /size of gaps that need addressing.

New Healthwatch reports process:

- Over the past year the Primary Care Transformation Directorate at H&WE ICB have commissioned a number of reports from Healthwatch Hertfordshire and Healthwatch Essex, covering a range of topics. The recommendations within these reports are being reviewed and responses to these are being taken to the Primary Care Board over the coming months for information – reports include actions completed to date, and those that need to be discussed/ addressed moving forwards. A process for new reports from January 2024 onwards has now been agreed which will help ensure that recommendations from Healthwatch reports are reviewed and agreed by the relevant clinical and managerial leads at the ICB from the outset, ultimately leading to more rapid change and transformation in local service provision.

Carers events:

- The ICB are working with Carers in Hertfordshire to arrange events to bring together carers so that we can hear about their experiences of primary medical services and suggestions about what could be done to further support their role as a carer, and the people they care for, more. An agenda is currently being drafted and dates are being agreed and will be shared with carers, via Carers in Hertfordshire when ready (events are likely to take place around March 2024). The ICB will also be working to arrange an event for carers in west Essex.

Research update:

- There are a number of research active GP Practices across H&WE ICS. The research that general practice may participate in falls into three main categories: a) commercially funded, b) research adopted to the NIHR portfolio and supported via the Clinical Research Network and c) Educational projects for further degrees etc.
- The HWE ICS wishes to strategically support primary care research so that research can help address ICS and other national priorities with a view to making a positive impact on population health outcomes.
- A new ICB Primary care research forum has recently been established led by the Training Hub, in order to provide a space for research active practices to collaborate and to provide support to practices wishing to either increase their involvement, or participate for the first time in research. Having a governance framework and processes in place to guide, generate, grow and support research in primary care is also very important for the development of clinical staff on the ACP pathway. In addition, being a research active area could be expected to have a positive impact on workforce recruitment and retention.
- The current situation is that GP Practices in H&WE ICS are supported by either CRN North Thames or CRN East of England. This is because the current CRN boundaries are not co-terminus with the ICS boundaries. The nature of the support differs as the CRN North Thames scheme is different to the CRN East of England scheme.
- The CRN is undergoing a transition to become a Research Delivery Network (RDN) with new boundaries and some changes in services. This means that all organisations in H&WE ICS, from the 1st October 2024, will be supported by RDN East of England. In addition a new nationally-consistent RDN approach to support primary care is being delivered and will replace the current system which varies according to CRN. The Training Hub are working with the ICB Head of Research and Innovation to ensure that there are optimal support arrangements in place, both during the transitional period and in the longer-term.

Patient group development project update Sept –Dec 2023

the patients association
Listening to patients, speaking up for change.

1:1 support to practices: All practices contacted, and patient group status is mapped on spreadsheet. 62 practices have a functioning active patient group; 41 practices are struggling to recruit; 10 practices have no patient group. 20 practices have not responded to initial contact and will be verified with place leads. Meetings/advice taken up by 76 practices with follow up meetings ongoing. Actions agreed with supported practices and summarised on spreadsheet which include utilising social media, engaging with community networks and voluntary organisations, running health education events, increasing diversity and establishing core leadership group. 17 practices have requested a patient buddy from another practice.

Work with Primary Care Networks: All PCNs have been contacted and offered support to engage with patient groups and agree an operating model. Three responses have been received to date and a workshop planned at the end of January. Assistance may be needed to increase the number of PCNs taking part.

Project web resource: Hosted by Patients Association and updated here https://www.patients-association.org.uk/Pages/Category/patient-participation-groups. This includes 12 facilitated online workshops for practice managers, PCN staff and patient group chairs/members to address challenges identified in initial survey which were well attended. These have been recorded on YouTube and topics covered this quarter include health inequalities, communicating with the wider patient population and patient group outcomes.

Key learning points: The need to encourage GP practices and PCNs to

- raise patient awareness of the existence, role and benefits of patient groups and how to get involved
- engage patients through face to face and online tools whilst addressing the concerns of those who remain reticent to use social media
- better understand what good looks like in terms of patient group composition, operation and effectiveness
- take up offer of project support

An example of project impact: Hertfordshire based Health Centre with no patient group in 2022 utilised project support, workshops and tools to establish a core patient group who are reviewing the practice improvement plan and have set up monthly education events at which attendance has reached 100 patients at one event. A plan for a practice online webinar for all patients is being worked on by the practice manager and the patient group with our additional project support.

Next steps Jan – March 2024

- "What good looks like"- co-designed paper in progress to be agreed by ICB in March and to be widely circulated to ensure an agreed vision.
- A co-designed project survey will be circulated to all practices 15th January – 12th Feb 2024 to gather feedback, gauge patient group progress, challenges and project outcomes.
- Additional online workshops to be held on topics requested by patient groups: Social prescribing; Primary Care Networks and patient group and communicating with children and young people. Children's videos produced by ICB Youth Council to be launched at workshop. Includes top health issues for young people and their experiences of contact with GP practices.
- End of project report; summary of patient group mapping; esources webpages and good news stories will be provided in more detail at March board meeting prior to project closure.

Hertfordshire and West Essex Integrated Care System

Update from Contracting

Alternative approaches to commissioning Primary Medical Services

Work continues with the procurement process for The Limes Surgery in East and North Herts, this is through a novel approach to commission an in-perpetuity GMS contract with the preferred provider a PCN. A Voluntary Ex Ante Transparency (VEAT) notice was published to the whole market to ensure we were open with our intentions without challenge, and we have undertaken a robust due diligence process which is ongoing to provide assurance on the capability of the preferred provider which will be put through our governance process for sign off prior to any award. As this is a new approach and has attracted a degree of attention from other ICBs and media, following award of the contract, we will ensure that ongoing monitoring is in place to look at both delivery of the contract through this model and possible implications or Lessons Learned for future commissioning in Primary Care.

General Themes emerging in Primary Medical Services Contracting

There continues to be an increase in resilience applications received, reflecting the increasing pressures in General Practice, these mainly come under support for practice mergers, support to practices with significant known issues such as adverse CQC ratings or from practice experiencing unprecedented or unexpected cost pressures. We have received a number of merger requests, which we are supportive of in reducing the risk to contractors and service provision to patients where we move from single-handed or smaller partnerships to a more sustainable size. This appears to be an emerging trend, with 4 mergers planned for April 24. In all recently proposed mergers, retaining both sites but under a single contract and management structure with no reduction in services to patients despite there being an overall reduction in the number of contracts.

Community Pharmacy update

- **Pharmacy first**
  - The national Pharmacy First service is due to launch on 31 January 2024, subject to the appropriate digital systems being in place to support these services. This would enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.
  - This includes Sinusitis, Sore throat, Earache, Infected insect bite, Impetigo, Uncomplicated urinary tract infections in women and Shingles. There have been 255 pharmacies across HWE ICB have opted in to provide the national Pharmacy First service as of 9 January 2024.

- **Community Pharmacy UTI service expansion across Hertfordshire and west Essex**
  - A community pharmacy Urinary Tract Infection (UTI) service has recently launched across Hertfordshire and West Essex (HWE) in December 2023 following a successful pilot in Hertsmere and Dacorum in Hertfordshire.
  - The UTI service is open to non-pregnant female patients aged 16 - 64 years in the absence of current or recent fever (48 hours) registered, (including temporary registration), with a GP contracted to HWE ICB. The service will run until the national Pharmacy First service is implemented which is due to launch on 31 January 2024, subject to the appropriate digital systems being in place to support these services. If considered clinically appropriate and no contraindications, pharmacists will be able to supply prescription-only medications (Nitrofurantoin/Trimethoprim) under the terms of the Patient Group Directions (PGDs).
  - A total of 80 pharmacies are live across HWE with 43 in SWH, 23 in ENH and 14 in West Essex. In December 2023, there were a total of 161 consultations undertaken for the local UTI service in HWE.

- **NHS Immediate Access to Emergency Drugs scheme**
  - Hertfordshire and West Essex Integrated Care Board (HWE ICB) commission a local Immediate Access to Emergency Medicines scheme which aims to ensure that appropriate palliative care and/or emergency drugs are stocked in community pharmacies before the need arises, resulting in improvement of access to these medicines when required by ensuring prompt availability and continuity of supply.
  - Community pharmacies across all three places were invited to complete an express of interest form by September 2023. The selection criteria was based on pharmacy opening hours including evenings and weekends in addition to geographical spread.
  - A total of 53 community pharmacies were selected to be commissioned for this service including 21 within ENH, 19 in SWH, 13 in WE. There have been 31 community pharmacies that returned signed contracts which are now live via PharmOutcomes and actively providing the service.

DENTAL UPDATE

Dental Enhanced Access Pilot - The Dental Enhanced Access 6-month Pilot commenced on 11 December; 4 providers across the ICB offer an urgent access session each weekday to receive referrals from NHS111 where patients have been clinically triaged and require urgent dental treatment. The current Dental Out of Hours service has doubled it's capacity to provide additional appointments each weekday evening, weekends and bank holidays so urgent appointments are accessible to the HWE population 7 days a week. Approximately 190 additional same-day appointments are available each week.

The scheme will also allow the Dental Contractors to see patients for follow-up treatment where the need is identified at the urgent appointment to ensure patients are not only seen to get them out of immediate pain but to also manage and stabilise their overall oral health.

The locations of the practices are Watford, Hemel Hempstead, Waltham Abbey, Hitchin. There are bi-weekly touchpoint meetings with all providers in the pathway to address any "live" issues or to receive feedback that may support improvements to the pathway.

Mid-Year Contract Performance - By 31 October each year, the number of UDAs and UOAs that contractors have delivered between 1 April and 30 September are determined. Contractors are expected to deliver at least 30% of the contracted activity by this point and where this has not been achieved, they are required to provide an action plan to address how they will make up the activity and/or participate in a formal mid-year review where assurance has not been provided.

The following table summarises the level of delivery across both General Dental and Orthodontic Contracts at mid-year

% of UDA Activity Delivered	Number of Contracts
0 – 29.99%	19
30 – 39.99%	49
40 – 49.99%	78
50% or more	36

% of UOA Activity Delivered	Number of Contracts
0 – 29.99%	0
30 – 39.99%	3
40 – 49.99%	7
50% or more	12

Out of the 19 action plans requested, 15 provided the level of assurance on how activity will be made up by end of the year. Four mid-year review meetings being scheduled for further discussion

DENTAL UPDATE

Orthodontic Services – the ICB has met with both Local Orthodontic Committees to discuss the current anxieties around the historic short-term extensions to the Orthodontic contracts since 2011. There has been no long-term security for Orthodontic Contractors for several years and with some providers at or near to retirement age there is an urgent need to identify the ICB's longer-term approach to commissioning orthodontic services for the population.

With the increase in population growth, the need for Orthodontic services will increase and therefore a refresh of the Orthodontic Needs Assessment that was completed in 2018/19 will be undertaken during Q4 23/24 to support future commissioning decisions.

The Provider Selection Regime came into effect from 1 January 2024 which provides greater flexibility to commissioners in the way they secure health services; in order to support the PSR the Primary Care Dental team will undertake to complete a due diligence exercise for each individual orthodontic contract to ensure they meet the key criteria as outlined in the PSR Regulations:

- Quality and innovation
- Value
- Integration, collaboration, and service sustainability
- Improving access, reducing health inequalities, and facilitating choice
- Social Value

The outcome of this exercise, along with the completed Orthodontic Needs Assessment will be presented to the Primary Care Commissioning Committee in April with a recommendation on the next steps. The ICB has written out to all Orthodontic Contractors with a detailed timeline and actions that will be taken over the next few months.

DENTAL UPDATE – Special Care Dental Service (SCDS) Development

- **Bariatric Dental Chair** – We continue to work with Hertfordshire Community Trust on the installation of the bariatric dental chair; unfortunately, significant structural work is required to accommodate a chair in the Cheshunt clinic and therefore this has been paused due to the financial impact. We continue to work with the provider to progress the installation of the chair in the SCDS clinic in Hemel Hempstead.

- **Domiciliary in Care Homes** – The Care Home pilot commenced in December with 4 homes identified to provide oral health screening. The pilot aims to be completed by end of January. We have received data following visits from the first home as summarised below:

    - 39 patients were examined (7 partial exams)
    - 10 patients requires no further treatment
    - 27 patients requires oral health intervention only
    - 2 patients required further appointments for treatment

At the end of the pilot, the provider will submit a report to the ICB on the overall findings to support a more robust commissioning model to meet the needs of residents in care homes across the ICB to ensure they have the appropriate access to dental services; including Oral Health advice and training.

- **Anxious Children** – Funding was approved to support the implementation of a pathway to support anxious patients who would have previously been referred into secondary care for treatment under sedation or General Anaesthetic. This pathway will commence with young children during Q4 2023-24 with a phased increase to include wider age-groups.

- **Piloting "alternative therapies"** – HWE ICB are supporting the development of a specification to commence a pilot in the use of alternative therapies to reduce the need for sedation or referrals into secondary care. The SCDS service already uses a range of techniques to support anxious patients and we are using the learning from existing practice to inform the specification; this is likely to commence in April 2024.

Primary Care Workforce Update

Enhanced Fellowship Programmes

- Building on success from previous year, 7 GPs have been interviewed for the 2023/24 Enhanced GP Fellowship Scheme.
- Good engagement from all our system partners and enthusiasm to have these specialist placements. The challenge in some is more due to the finance not being made available within the provider to provide the backfill for one session per week whilst the GP is working in the enhanced role. To date a number of specialist areas have been sought, including
    - Hertfordshire Community Trust, Hospital @ Home, Chronic Fatigue/long covid, Childrens Mental Health
    - Central London Community Health Care Trust – care of the elderly, rapid response, long covid, frailty, sexual health
    - Princess Alexandra Hospital – Womens health, emergency medicine, cardiology, and dermatology.
- HWE Training Hub has been successful in securing funding to **pilot an AHP and Nursing Fellowship Programme** similar to the Enhanced GP Fellowship Scheme. The aim is to give AHP/GPNs an opportunity to benefit from a portfolio carer and help to support recruitment and retention.
- Further discussions through system wide CEOs proposed to support the sustainability of this programme and development of future integrated workforce.

Brief update on Primary Care Digital

Detailed update on progress against areas of priorities in Primary care Digital discussed as an substantive item on the agenda.

- As part of the national Cloud Based Telephony programme (Primary Care Access Recovery Programme), 26 practices have now signed contracts with a new provider and will be upgraded to an advanced cloud based telephony system over the next few months. A further 9 practices will move to a similar system as part of phase 2. This will give the practice the ability to manage demand and capacity on their phones as well as enable functions such as 'call back' to make it easier for patients to contact a practice by phone

Impact and feedback in included in the System access improvement plan and Update on Primary Care Digital Report

EMIS Outage Disruption

- It is important for Board to note of a recent incident across Hertfordshire as a result of a severed fibre cable which caused severe disruption for EMIS practices in December.
- Once the problem was identified it was resolved within 36 hours understandably this caused issues in practices not having access to patients records during the winter period.
- As a result of this Primary Care team with HBLICT have completed an incident report including lessons learnt and developing an action plan which will be discussed and overseen by the Primary Care Digital Group.
- Learning from this incident has highlighted the need to assess and support practices with their business continuity arrangements, robust review of improved communication protocols within ICB Primary Care and HBLICT teams and how we ensure all stakeholders especially patients are briefed at pace.

Questions

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**25/01/2024**	
Report Title:	**Progress on recommendations for the Healthwatch commissioned Reports**				**Agenda Item:**	**07**	
Report Author(s):	Mefino Ogedegbe, Community Pharmacy Clinical Lead, Hertfordshire and West Essex ICB Helen Musson, Primary Care Workforce Project Manager, Hertfordshire and West Essex ICB Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex ICB						
Report Presented by:	Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex ICB						
Report Signed off by:	Avni Shah, Director of Primary Care Transformation, Hertfordshire and West Essex ICB						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	▪ Are there any additional areas that the board would like to be seen to be included if possible?						
Report History:	▪ Over the past year the Primary Care Transformation Directorate at HWEICB have commissioned a number of reports from Healthwatch Hertfordshire and Healthwatch Essex, covering a range of topics. These reports have come to Primary Care Board as they have been produced for discussion before being published. The whole purpose of these reports was to engage with the population and obtain feedback which has support to inform the Primary Care Strategic Delivery Plan which was approved by the ICB Board end of July 2023.						

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

<table>
<tr><td>Executive Summary:</td><td colspan="4">Following experience of how these reports are presented to the Primary Care Board, it was agreed to review the process and how we agree the recommendations internally and for the Primary Care Board to have oversight of the progress on recommendations and how it supports delivery of the objectives as set out in the Primary Care Strategic Delivery Plan.

This paper provides an outline of the recommendations from the following two Healthwatch reports and progress against them:
• Experiences of Community Pharmacies in West Essex (November 2022 - February 2023) – Healthwatch Essex
• Views on Community Pharmacies (published September 2023) - Healthwatch Hertfordshire

The recommendations within the reports have been worked through with ICB Pharmacy colleagues and are outlined in this paper alongside work that has taken place to date as well as suggestions that need to be discussed further.

Further responses to recommendations from Healthwatch Hertfordshire and Healthwatch Essex reports commissioned by the Primary Care Directorate at HWEICB will come to future Primary Care Board meetings.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">▪ To note the response to the recommendations that are outlined within the paper.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">N/A</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">None</td></tr>
</table>

Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To note/ discuss further / take forward if agreed	Owner	Comments/Progress Updates
Views on Community Pharmacies (published September 2023) - Healthwatch Hertfordshire	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	**Expertise of Pharmacies** 1. Promote the expertise, knowledge and qualifications of pharmacists to educate and reassure the public, and to prevent misconceptions	•NHS England have produced EOE YouTube video to promote CPs and associated skillset •ICB communications team have sent out social media campaign regarding the local community pharmacy UTI service and national hypertension casefinding service. •The ICB communications team have also developed a strategic comms plan re Pharmacy First that will highlight the skills of community pharmacists.	•Provide resources to local pharmacy teams to further promote their work – CPs could also share social media campaigns through their own platforms •GP reception teams and practices to promote expertise of pharmacy teams in a positive light *Expected to action by: December 2024*	ICB Communications team	**Measurable outcomes:** Healthwatch could complete a follow-up survey to establish whether perceptions have changed following actions by ICB Monitoring how many views a video has received could be an option There could be a survey with CPs to ask for their views on whether public perception has changed or patients are coming to them more Survey with GP practices to obtain their opinion on any change in misconceptions etc
		Awareness of Services 2. Promote the essential services pharmacies offer, with a particular focus on advertising: o Discharge medicines services o Promotion of healthy lifestyles o Signposting to other sources of health and social care o Support for self-care	•Some pharmacies already display on the shop floor the services they provide	•Update community pharmacy page on HWE website •We could include this in the ICB newsletter ('ICB update') which also goes out to patients/public •We could link in with PPG network to promote too •Provide CPs with promotional material e.g. posters sent to CPs for consistent approach •ICB to work with public health regarding healthy living promotion etc •HWE Trusts to increase referrals to CPs and ICB to support Trust to understand how Discharge Medicines Service (DMS) is making an effort and supporting with IT *Expected to action by: September 2024*	ICB Communications team ICB Pharmacy Medicines Optimasation Team (PMOT) Place Primary Care Teams	**Measurable outcomes:** Healthwatch survey can be carried out again in 12 months to determine whether public awareness improved. Noted it is challenging to measure 'awareness' of public. Monitor number of referrals from NHS Trusts to community pharmacies for DMS and number of completed referrals.
		Accessibility 3. Review accessibility and communication – for example, opening hours, medication delivery availability and text reminder services. 4. Review procedures and staffing deployment with a view to improving queuing, delays and waiting times.	•Contracting team hold a list of pharmacy opening hours.	•To note - text reminder services may be costly and require funding/resources e.g. AccuRx high cost for acquisition and CPs may require financial support to implement this so will need to be investigated further. •Recent regulation changes regarding pharmacy opening hours mean that some 100-hr pharmacies have now reduced hours so less opening times •Pharmacies would need to establish whether they have resource (e.g. driver or staff) to go out and deliver and if this free or chargeable service to patients e.g. housebound - will need to be investigated further •Most of public generally access during the day so will increasing hours support with queuing (e.g. influx of people at lunch time or 5pm) ? •CPs can no longer resource longer opening hours and ICB has little influence over national contract •ICB to review PNA with Herts Health and Wellbeing board and consider rotas for evening/weekend hours where needed •Home Delivery is not an NHS commissioned service to patients homes •CP telephony would require funding from ICB or NHS England if consistent service to be available. •Requires funding for increased staffing and dependent on pharmacy having extra resources. *Expected to action by: Most items above are to note only. Last Pharmacutical Needs Assessment (PNA) took place in 2022 - PNAs taken place every 3 years.*	ICB Contracting team Health and Wellbeing Board	**Measurable outcomes:** Monitor changes in pharmacy opening hours via EOE contracts team and whether that is creating a gap service (not aware if necessarily in ICB power to control opening hours etc of CPs) Need increased community pharmacy workforce to support increased demand from public
		Greater Privacy 5. Pharmacies should, where possible, ensure they promote and use a private space for customers to discuss their concerns. 6. Pharmacists and pharmacy staff should ensure they are discreet when engaging with customers by being proactive and offering to discuss the customer's query in private.	• Some pharmacies already use space for customers to discuss their concerns e.g. private consultation room.	•Requires funding for increased consultation room and dependent on pharmacy having extra resources. •There is a variation of space or consultation rooms per pharmacy available . *Expected to action by: Items above are to note only.*	N/A	**Measurable outcomes:** Monitor number of consultation rooms per pharmacy (although not clear if funding available to increase space or consultation rooms within a pharmacy) – outside of scope of ICB and pharmacies – community pharmacy contract GPhC (General Pharmaceutical Council) may hold information regarding this as they regulate pharmacy premises - https://www.pharmacyregulation.org/standards/standards-registered-pharmacies

		Awareness of Services 7. Pharmacies should promote the additional services their individual pharmacy offers. 8. As well as signposting to health and social care services, pharmacies should look to promote the services and support the Voluntary, Community, Faith and Social Enterprise sector offers.	• Some pharmacies do display the services they offer on the shop floor • The ICB have a CP dashboard that is shared with practices	•Promote how patients can find out what their local pharmacies provide (e.g. within comms campaign) which is publicly available: Go to: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy Then enter town, city of post code > click on local pharmacy from list > select 'treatments and services' (this will tell you which additional services the pharmacy provide and which are private etc) •ICB to remind Community Pharmacies (CPs) to keep their NHS profile up to date so public can find out about their services online •Place Primary Care Teams to share where leaflets cam be downloaded from for New Medicines Service (NMS), hypertension etc. *Expected to action by: March 2025.*	ICB Community Pharmacy Clinical Lead ICB Communications team Place Primary Care Teams	**Measurable outcomes:** Healthwatch survey – repeat Review evaluation of CP PCN Integration leads.
		Integration with Primary Care 9. Pharmacies and GP practices should work together to strengthen their communication and collaboration with one another in order to better integrate the primary care system.	• In progress but requires further discussion • BSW ICB recruited Communuity Pharmacy (CP) PCN integration leads to facilitate better collaboration and communication between GPs and CPs • Baseline survey has been conducted and a follow-up survey with all stakeholders including practices, CPs and ICBs	•Digital integration solutions being developed across ICS and NHS England for the national Pharmacy First Scheme. Digital integrated solutions are in the process of being finalised and rolled out nationally - expected in early 2024 for Pharmacy First. •Make best use of Community Pharmacy (CP) PCN integration leads to build on relationships. •ICB to put systems in place so similar level of support can be provided to pharmacies as practices now that NHSE have delegated commissioning responsibilities. *Expected to action by: CP PCN Integration lead roles to end in June 2024. There are ongoing discussions about continuation of the project and the leads roles albeit in a slightly different role until March 2025. The evaluation for the leads first year will complete and report in July 2024.*	Primary Care Workforce Project Manager Place Primary Care Teams	**Measurable outcomes:** Use evaluation forms/data from CP PCN lead claims to evidence collaboration between GPs and pharmacies e.g. discussions with PCN Clinical directors, CPs and practices.

Report	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To discuss further / take forward if agreed	Owner	Comments/Progress Updates
Experiences of Community Pharmacies in West Essex (November 2022 - February 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	•Promoting the use of the NHS App to order repeat prescriptions.	•The NHS app allows patients to launch an online consultation directly from the NHS app and provided a practice has enabled all of the functionality, the NHS app will enable patients to order repeat prescriptions, amongst other functions including booking and managing GP appointments, , viewing their GP health record and test results, and registering organ donor preferences. •The ICB's Pharmacy and Medicines Optimisation Team are promoting the NHS app use to reduce medicines waste as it empowers patients to take control of their medicines ordering easily.	•Continued promotion of NHS app. *Expected to action by: ongoing*	Head of Primary Care Digital	
		•Promoting the services that pharmacists can offer outside of medications and prescriptions.	•Some pharmacies do display the services they offer on the shop floor • The ICB have a CP dashboard that is shared with practices	•Promote how patients can find out what their local pharmacies provide (e.g. within comms campaign) which is publicly available: Go to: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy Then enter town, city of post code > click on local pharmacy from list > select 'treatments and services' (this will tell you which additional services the pharmacy provide and which are private etc) •ICB to remind CPs to keep their NHS profile up to date so public can find out about their services online •Share where they can download leaflets for NMS, hypertension etc. *Expected to action by: March 2025.*	ICB Community Pharmacy Clinical Lead ICB Communications team	**Measurable outcomes:** Healthwatch survey – repeat Review evaluation of CP PCN Integration leads.
		•Offering training sessions to pharmacy staff to develop customer service skills and recognising that certain customers may need extra assistance e.g. those with dementia, neurodiversity, deaf/blind, disabled, etc.	• NHS England translation services are already available where required - e.g BSL/ Braille etc.	• Discussions to take place with ICB training hub regarding pharmacy training needs. *Expected to action by: ongoing*	Head of Primary Care Workforce Development	**Measurable outcomes:** Awareness of pharmacy staff knowing how to access translation courses How many pharmacy staff attend furture courses.
		•Supporting communities to ensure future services meet the needs of expanding population.	• Pharmaceutical Needs Assessment (PNA) predicts future population and whether there is enough pharmaceutical need within an area.	• The government requires every health and wellbeing board to produce an assessment of pharmaceutical services in its area every three years. *Expected to action by: Last Pharmacutical Needs Assessment (PNA) took place in 2022 - PNAs taken place every 3 years.*	Health and Wellbeing Board	**Measurable outcomes:** Review PNA
		•Increasing awareness and accessibility of pharmacy services to difficult to reach residents - the travelling community, older people, carers, neurodiverse, etc.	• Work already takes place to promote services available within pharmacies to all residents.	• Ensure that all comms re pharmacies also reaches those who may be hard to reach. *Expected to action by: ongoing*	ICB Communications team	**Measurable outcomes:** Consider repeating Healthwatch survey in future.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**25/01/2024**	
Report Title:	**Primary Care Strategic Delivery Plan 2023-2026 - Progress Update**				**Agenda Item:**	**08**	
Report Author(s):	Emily Perry, Primary Care Manager, Strategy and Transformation, Hertfordshire and West Essex ICB (Incorporating updates from respective leads across Hertfordshire and West Essex ICB)						
Report Presented by:	Emily Perry, Primary Care Manager, Strategy and Transformation, Hertfordshire and West Essex ICB						
Report Signed off by:	James Gleed, Associate Director Primary Care Strategy and Transformation Hertfordshire and West Essex ICB						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	▪ The board are asked to confirm that the format adopted and level of detail contained in the report provides a clear picture of progress against the Primary Care Strategic Delivery Plan ▪ The board are asked to consider whether there are any risks in relation to the updates provided not already recorded on the Primary Care Risk Register						
Report History:	The Primary Care Strategic Delivery Plan Monitoring Report is a new document and is being presented to the Primary Care Board for the first time. The Primary Care Strategic Delivery Plan was approved by the ICB Board on 28 July 2023, following an extensive period of engagement across HWE ICS.						

Executive Summary:	The HWEICB Primary Care Strategic Delivery Plan outlines the direction of travel for primary care transformation (general practice, pharmacy, dental and optometry) across Hertfordshire and West Essex from 2023-2026. The plan sets out three broad key transformation objectives: ○ Continued focus on prevention and health inequalities ○ Proactive care – Person centred, team-based approach to Chronic Disease Management and Complex care management through establishment of integrated neighbourhood teams (INTs) ○ Simplifying & enhancing access for urgent primary health needs The full Primary Care Strategic Delivery Plan can be viewed on the ICB website: Primary Care Strategic Delivery Plan 2023-2026 – Hertfordshire and West Essex NHS ICB It is proposed that regular reports on delivery of the plan will be presented to the Primary Care Board and ICB Board. It should be noted that as the Primary Care Strategic Delivery Plan spans three years (2023- 2026) progress isn't expected to be seen in all areas of the plan, on each refresh. Some key updates relating to areas within the report are summarised below: **Prevention and Health Inequalities:** ○ South and West Herts – successful programme focusing on lowering cholesterol took place in Schopwick, Hertsmere. Cancer screening uptake project a success in Hertsmere, which has seen an increase in uptake across breast, cervical and prostate screening. ○ West Essex – several projects focusing on Health Inequalities are in place across PCNs, including broad areas of work that reflect Core20+5 national priorities. 11 practices have accepted support from Provide which should support with increased delivery of health checks over the next few months, bringing us closer to the ECF target for the year. ○ East and North Herts – several areas are working on approaches, alongside a variety of partners to support the community in different areas – for example carers cafes and volunteer fayres, to showcase local support available. ○ All areas continue to focus on scoping prevention opportunities. ○ The Enhanced Commissioning Framework for 24/25, much of which focuses on prevention, is currently being finalised.

	Integrated Neighbourhood teams: ○ South and West Herts - 3 Integrated Neighbourhood Teams established currently– areas of focus are being scoped. Watford and Three Rivers are at scoping stage and expected to agree INT in January 2024. ○ West Essex - 6 INTs established – proactive care MDTs underway in 5 INTs and OD programme has started with Leadership team members. ○ East and North Herts - 2 INTs at early /planning stage with further INTs lined up to begin process of establishment this month. Proposed culture programme to support Integrated Neighbourhood Team development has been finalised. **Same Day Access:** ○ South and West Herts – St Albans Integrated Urgent Care Hub which is an appointment only ANP led service initiated in November 2022 offers 490 appointments per week and to date has seen 18,000 patient - 98% seen & treated within 2 hours. ○ West Essex – Urgent Treatment Centre in Harlow went live from 1st November - providers are working very well together to manage demand and revise approaches and workforce accordingly. Waiting times are very low, patient satisfaction is good and provider collaborative are now focused on phase 2. LB&C PCN have an enhanced/same day access hub which is flexible to support with demand and UTT PCN have a shared locum workforce to help to support demand. ○ East and North Herts – Stevenage North & South PCN's same day access hubs now established - data reporting is indicating a reduction in A&E attendance - this is being verified but is a positive indication that the hub model is working and therefore is supporting to alleviate system pressure. Discussions are taking place with East and North Trust regarding their Urgent Treatment Centre to ensure that primary care and community services are integrated into phase 2. ○ For all areas OPEL reporting provides a measurement for informal discussions with practices relating to access. **Patient empowerment, education and communications:** ○ A number of key areas outlined within the Strategic Delivery Plan that fall under this section are successfully progressing – these include communications toolkits being produced to support promotion of the NHS app and the wider health and care workforce within practices – these are currently being reviewed before they are shared more widely.

	○ The ICB continues to work with Healthwatch, ensuring patient feedback on an array of topics is heard. ○ PPG development continues – contract with Patients Association has been extended into 2024/25. ○ It should be noted that in the Primary Care Strategic Delivery Plan, under this section there were plans for the ICB comms teams to support local patient surveys – these plans have developed and are instead taking place at individual PCN level as part of Access Plans. It should also be noted that GP practice website work now falls under the digital workstream and an update on this can be seen later within this paper under digital updates. **Workforce – general practice:** ○ Work is progressing as expected with good progress seen in areas including PCN Training Teams (shortlisted at the HSJ Patient Safety Awards 2023 for 'Primary care Initiative of the Year'), supporting ARRS roles, the AHP and Nursing Fellowship Programme and Primary Care Virtual Educational webinars which continue and have high attendance levels. Work is also progressing well on the retention pathfinder workstreams. **Pharmacy, including workforce:** ○ A majority of community pharmacies in HWE have signed up to deliver the national Pharmacy First programme that is due to launch on 31 January 2024. There has also been an increase in the number of community pharmacies providing the NHS Community Pharmacist Consultation service (CPCS), blood pressure check service and new medicines service. ○ The community pharmacy independent pathfinder programme is progressing as expected, as is the work around clinical placement capacity & quality for undergraduate pharmacy students. ○ Work with the Community Pharmacy PCN Integration Leadership roles is progressing well with an education and development programme well underway – a full evaluation of the pilot is expected in July 2024. ○ Pharmacy stakeholders across the system are working to agree workforce priorities, to inform the pharmacy workforce strategy which is in progress. **Dental including workforce:** ○ Work to support dental delivery in a number of areas is on track as expected – this includes contract extended for out-of-hours urgent dental care, commissioning of a Winter Enhanced Access Scheme from December 2023, care home pilot in Hertfordshire, funding secured for 23/24 for participation in National Epidemiology 5yr old

	survey, special care dental service provider in Herts commissioned to provide screening in special schools in LTLAs and funding secured to procure bariatric chair provision in community dental clinics. ○ Dental training opportunities will eventually be offered on the Training Hub website. **Optom including workforce:** ○ A strategic review of Ophthalmology was completed in October 2023 and it was agreed that system-wide coverage with a Minor Eye Conditions service would benefit the system. Business case and costings are being worked up. ○ Discussions around training needs of optometrists, and how this will be taken forward by the ICB still to take place. **Premises and sustainability:** ○ Work is progressing as planned in a number of areas including reduction of void costs, digitisation of Lloyd George Patient Records and ongoing GP premises projects - it should however be noted that ongoing market conditions, high inflation, increased borrowing costs and increased costs of labour and materials are causing viability issues on projects across the country. ○ There is a delay in expected initial timelines around the delivery of the HWE ICS Estate Infrastructure Strategy as guidance has yet to be released by NHSE. **Data, Information and Technology** ○ Work is progressing as expected in relation to several areas as outlined within the plan, including advanced telephony, increasing NHS app uptake and assessment of all practice websites which now sits with the digital team, rather than the communications team. ○ 1 :1 sessions and a workshop have now been held with many PCN Digital Leads, alongside HBL ICT, to start collaboration and share learning around the digital workforce, a follow up session is booked for February 2024. ○ It is expected that the new data platform will go live in April 2024. For full details of the timelines for each delivery item within the plan, please refer to the plan itself, linked here.
Recommendations:	▪ The Board are asked to note the updates on delivery of each area of the Primary Care Strategic Delivery Plan. ▪ The Board are asked to receive future regular updates.

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
Implications / Impact:				
Patient Safety:	To be evaluated individually as part of delivery related to specific projects to transform access and service provision			
Risk: *Link to Risk Register*	To be evaluated individually as part of delivery related to specific projects to transform access and service provision			
Financial Implications:	Funding aligned with the Primary Care Strategic Deliver Plan can be found within the plan itself, which was signed off by Primary Care Board and ICB Board in July 2023: Primary Care Strategic Delivery Plan 2023-2026 – Hertfordshire and West Essex NHS ICB			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		Yes - EqIA for the Delivery Plan was approved by HWEICB Equality and Diversity Lead on 18.7.23. It will be key to ensure that further EqIAs are completed where required when objectives from the strategic delivery plan are implemented in each of the three places.	
	Quality Impact Assessment:		Confirmed by HWEICB Deputy Director Quality Improvement and Patient Safety that a QIA is not required, however it may need to be undertaken as part of the individual transformation projects during implantation of the plan.	
	Data Protection Impact Assessment:		Confirmation from HWEICB Head of Information Governance and Risk that a DPIA is not currently required – however it will need to be undertaken as part of the individual transformation projects where appropriate/relevant.	

Hertfordshire and West Essex Integrated Care System

Primary Care Strategic Delivery Plan 2023-2026

Progress Update

Primary Care Board

Thursday 25 January 2024

Working together
for a healthier future

South West Herts Place Primary Care Update December 2023

Key Information:

16 PCNs
52 practices
4 INTs
645,513 Raw Population
597,798 Adjusted

Examples Of Best Practice

- 100% eligible care home patients have received autumn 2023 COVID vaccination

Modern general practice (MGP)

- 45 practices have submitted transition funding bids -39 approved
- Total triage in place within 8 practices, 1 more from Jan 24

Primary care recovery and winter planning

- All PCNs have submitted Capacity & Access Plans continue support with delivery of these plans
- 14 practices signed up to GP Improvement Programme & 3 PCNs
- Active encouragement for remaining practices to join Cohort D & E
- 1 practice without cloud-based telephony, supporting via procurement hub who are now contacting practices; contracts to be signed by 15.12.23
- Winter additional capacity agreed with all PCNs 43,502 additional appts.
- PCN community pharmacy integration leads support with increased CPCS uptake
- Promotion of virtual hospital to maximise capacity as part of winter planning

Health Checks

- **LD Health Checks –** Q2 achievement is low - number of health checks performed in September lower than expected and all localities falling below achievement from last year.
- 5 SWH practices highlighted as low achievers – ongoing work with practices to ensure this continues to be high on the agenda and we continue to meet the national target in Q4 as in 22/23.
- **Dermatology** – review of low and high referrers to start in Jan 23

Long term conditions

- 4 SWH PCNs and 1 practice interested in providing asthma/Feno hubs
- NHSE funding secured for the ICB to invite practices to provide an enhanced review with patients 18-39yrs old with type 2 diabetes (971 patients). Request for Expressions of interest gone out to practices.

Workforce (Progress of recruitment/Retention of workforce at PCN/Locality level)

- Oct workforce plans received. PCNs planning to use OVER 100% of 23/24 budget
- 411 ARRS claimed for October 23; high level of WTE Clinical Pharmacists & Care Coordinators
- Recruitment & Retention challenges exacerbated by competing with London Weighting & Locum use
- Writing to all PCNs, advising budget forecast and asking them to feedback on projected spend vs budget

Enhanced Commissioning Framework

- ECF Dashboard (monthly data) to be shared at Locality Forums Bimonthly
- Four practices identified for support to increase hypertension detection and management. Meetings held with all 4; targets agreed, and CVD chosen as ECF disease detection area, ICB to review in March 24

Vaccinations

- **Flu** – 23/24 YTD (Dec 17th 23) uptake is 35% for patients aged 6 months plus, which is higher than 22/23 (33% same week last year) (possibly slightly higher uptake when missing practices' data included)
- **MMR 2-30** – Sep 22-Aug 23 uptake is 74% compared to 56% for previous 12 months (possibly slightly higher uptake when EMIS data included)
- **COVID booster** – uptake higher for all eligible cohorts (48%) compared to last year (42%)

Same Day Access

- St Albans IUCH appt only ANP led service-initiated Nov 22
- Offers 490 appts per week – to date has seen 18k pts 98% seen & treated within 2 hours.
- OPEL reporting regularly exceeds 60% and provides measure for informal discussions with practices re access

Anything else to share

- Support to migrants – HWE financial model being revised to align with budget
- Developing approach for Support Level Framework visits – high priority practices are The Grove in Hertsmere, Verulam and Woodhall Farm in Dacorum
- UTI pathway launched – 45 Community Pharmacies to provide the service
- St Albans & Harpenden support for Gypsy Roma & Traveller Communities – support those who need to access healthcare – traveller's champion – Integrated with Public Health & County Council.

Health Inequalities

Integrated neighbourhood teams and proactive care

- **Hertsmere**: Complex Mental Health INT set up - an integrated approach to improving Health Checks uptake especially in deprived areas, Urgent Care Same day minor illness bookable hub expected to start April 2024, cancer screening (see below)

- **Dacorum**: Proactive Care Model (Beta & Delta PCNs as pilot sites) Clinical Design Group meeting weekly to develop model and develop business case for funding in Feb 24. Dacorum INT working collaboratively with WHTHT and Dacorum Borough Council to identify priorities and ensure less duplication and integrated working.
  Dacorum INT is also scoping Childhood Obesity, Cancer Screening, Heart Failure, COPD.

- **St Albans and Harpenden**: Scoping Obesity, Heart Failure – potential INT project with St Albans Council utilising healthy weight Shape support (linking to Obesity- practices to be identified, no of patients to be confirmed)

- **Watford & Three Rivers**: Scoping 3 INT projects: High Intensity Users, Mental Health, Obesity.

Cholesterol lowering project at Schopwick in Hertsmere

- Schopwick undertook a 6-session pilot, using lifestyle changes to lower cholesterol in 10 patients - aged 40-55 years and non-smokers.
- Total cholesterol and LDL-cholesterol were lowered in 7 patients, non-HDL cholesterol and triglycerides were lowered in 6; and HbA1c was lowered in 5 patients.
- The programme involved whole families in some sessions, and results indicate that the entire family made sustainable lifestyle changes.

Cancer screening uptake project in Hertsmere

- Joint (primary care, local councils, Communities First) project to call up non-responders to cervical, breast and prostate cancer screening invites.
- Started Dec 2022.
- Breast screening coverage has increased from 62% to 72% - the increase in cancer screening uptake across all practices and highest in those with lowest uptake and most deprived.
- Prostate: Texts sent to encourage PSA testing, and in GP Practices where follow up calls have been made to encourage PSA, these have been successful with a booking rate of 70%
- Cervical screening coverage has increased from 64% to 76%.

West Essex Place primary care update

Nov/Dec 2023

Key Information:

6 PCNs
30 practices
6 INTs
330,324 registered population
322,017 weighted population

Modern general practice (MGP) transition funding

- 28 practices submitted bids
- 26 approved (2 awaiting more detail)
- 2 practices not submitted, will prioritise for SLF visit
- Total triage in place within 4 practices and 5 moving to
- Prioritisation developed for Support Level Framework visits
- Sharing GPAD data to support practices to meet IIF indicator (90% appts within 2 weeks) and accurately map appointments
- 13 practices have option to express an interest in CBT upgrade where their systems are sub-optimal

Primary care recovery and winter planning

- Continue to support PCNs with delivery of their capacity and access plans and support to move to modern general practice
- 5 practices doing GP Improvement Programme (Eden and Nuffield completed, Lister and John Tasker House underway, Crocus signed up)
- 2 practices without cloud-based telephony, supporting via procurement hub who are now contacting practices (Thaxted, Old Harlow)
- Winter additional capacity agreed with all PCNs 25,856 additional appts planned
- Targeted work with practices who have not referred to CPCS this year
- Engaging PCN community pharmacy integration leads to support with CPCS uptake
- Promotion of virtual hospital to all localities and INTs to maximise capacity as part of winter planning

Health Checks and prevention

- **40+ health checks** 11 practices have accepted support from Provide which should support with increased delivery of health checks over the next few months, bringing us closer to the ECC target for the year. Achievement has improved when comparing to 22/23 (although other Essex ICBs have improved more).
- **LD Health Checks** – Q2 achievement is often dis-proportionately low. Continued work with practices to ensure this continues to be high on the agenda and we continue to meet the national target in Q4 as in 22/23. ECC project funding available to enhance support – 5 PCNs taken up. NHSE coding for LD register has inaccurately inflated register so Nov/Dec/Jan data should be disregarded (NHSE resolving)
- **Improving Hypertension detection and management** – visits have been held with our outlying practices (Limes, Loughton Surgery, Forest, Sydenham) to support with improvements

Same Day Access

- UTC in Harlow live from 1st November and mobilisation successful. Providers working very well together on a daily basis to manage demand and revise approaches and workforce accordingly. Waiting times very low. Patient satisfaction good. Provider collaborative now focused on phase 2.
- LB&C PCN enhanced/same day access hub – flexible to support with demand e.g. OPEL 3 and 4 practices
- NUTTs PCN – shared locum workforce
- OPEL reporting from practices remains high c80%+ and provides measure for informal discussions with practices re access/MGP

Workforce (Progress of recruitment/Retention of workforce at PCN/Locality level)

- Oct workforce plans received. PCNs planning to use c90% of 23/24 budget
- Some PCNs focusing recruitment on urgent care to improve access eg paramedics

Vaccinations

- **Flu** – 23/24 YTD uptake (21.95%) in line with 22/23 (21.72%) (possible slightly higher uptake when EMIS data included)
- **MMR 2-30** – 23/24 YTD uptake (76.9%) in line with 22/23 (76.2%) (possible slightly higher uptake when EMIS data included)
- **COVID** – uptake slightly lower (38.85%) compared to same period last year (42%)

Health inequalities

- Range of projects within PCNs, with some continuing with the small-scale, targeted approaches developed in 2022/3,; as EFN PCN focusing on COPD patients with financial issues in a specific area with high deprivation – working with Epping Forest DC and Epping Forest CAB.
- Other PCNs participating in broader areas of work that reflect Core20+5 national priorities (health checks, cancer screening, waiting list support centred on PAH, Harlow).
- PCN HI leads and CVSs considering £7k funding available to meet the needs of a local patient group – promoting in PCN CD 121s

Integrated neighbourhood teams and proactive care

- Continued engagement across INT leadership teams
- Proactive care MDTs underway in 5 INTs
- PCN estate is facilitating INT working eg LB&C (links with acute) and NUTTs (links with whole INT)
- OD programme underway with Leadership team members
- LB&C Care home hub pilot (pooled resources supporting 6 homes/252 beds)

Long term conditions

- 3 PCNs interested in providing asthma/Feno hubs
- NHSE funding secured for the ICB to invite practices to provide an enhanced review with patients 18-39yrs old with type 2 diabetes (460 patients across WE).

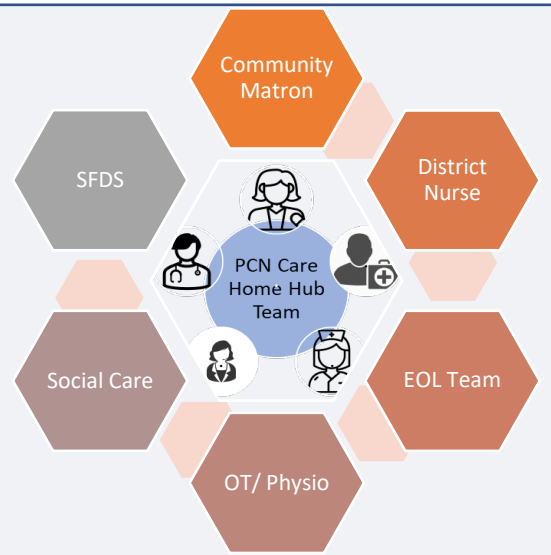
Community Pharmacy Integration

- CPCS referrals in Nov tripled from 78 in Oct to 238 in Nov putting WE on a par with Herts for the first time
- UTI pathway launched – 16 CPs in WE providing the service and good spread across WE.

Examples of good practice

Loughton, Buckhurst Hill & Chigwell PCN Care Home Hub

- The PCN is piloting pooled resources to support 6 care homes across the PCN (4 practices and 252 care home beds)
- The service will provide increased consistency of support to care homes, especially where patients in a care home are registered with more than 1 practice
- Aims = Better patient care, better integration with system partners and reduced A&E attendances and admissions (10% over 12mths)
- Proactive care using MDT approach – in the care home and review of impact on monthly basis
- Personalised care and support including better EOL planning
- Use of WHZAN to help monitor and identify early deterioration of patients
- Funding from existing sources (ARRS, EHCH, LES, GP fellowship scheme) and Essex County Council Intermediate Care Fund
- Key project of the LB&C Integrated Neighbourhood Team
- The project will be test and learn approach with a view to sharing learning across other INTs in the future



Protected learning time – recent examples

Epping forest North - review of ARRS workforce to inform future working. ARRS staff and practices completed a short survey before the day. The ARRS staff gave an overview of the work they do in each practice, similarities/differences/ideas for the future. Practices also considered how the ARRS staff are embedded within the practice teams, ideas for the future and future recruitment plans

Loughton, Buckhurst Hill and Chigwell – Mary Seaman provided training to all staff to support patients with Learning Disability

South Uttlesford – Staff health and well being focus with support from guest speakers covering personal well-being and menopause. Over 100 staff attended and it was well received by all.

Harlow North - Paediatric focus with attendees across the PCN team and community teams.

Loughton, Buckhurst Hill & Chigwell blood pressure check evening

- The PCN held a dedicated evening session at New City College, Debden for patients to have a blood pressure check
- Over 160 patients attended – most were prebooked, but walk-in slots were also available
- This services was to support an increase in hypertension detection and management, as part of the PCN's health inequality project delivery
- This service offer aimed to attract those patients who don't normally come forward for blood pressure checks
- Patients' height and weight measurements were also taken and there is a process for relaying these readings back to their GP practices
- Stalls were set up for their PCN social prescribers, Active Essex, local leisure centres and other organisations to engage with patients directly.
- The PCN are reviewing the format, with a view to holding a future event on a Saturday.

North Uttlesford PCN vaccination clinic and support to patients with learning disabilities

- The PCN held a flu/covid clinic on 21st October
- 2hrs of the day was dedicated time for LD patients
- Purpose - to generate a calm environment where clinicians could take additional time with the patients
- LD nursing team also present during the clinic to support people with any additional requirements or anxieties.
- Gave opportunities for patients and their carers to ask questions and learn more about services available to them.
- Feedback from the LD team was really positive and they are keen to be involved in this process again next year.
- The PCN also plans to undertake a survey with LD patients to understand how they wish to access health and wellbeing services with the aim to improve health outcomes.

East & North Herts Place primary care update

Dec 2023

Key Information:

12 PCNs
48 practices
2 INT (at early planning/ development stage)
Actual patient list - 624,692
Weighted - 585,182.61

Primary care recovery and winter planning

- Individual meetings held or scheduled for PCN's to discuss progress with capacity & access plans & required support
- Daily reminder emails implemented for OPEL reporting with an improved % compliance rate
- GP improvement programme – numbers signed up as of 22.12.23 – 7 practices & 4 PCN's
- GPAD data update received and being reviewed with PCN's & practices to support IIF

Workforce (Progress of recruitment/Retention of workforce at PCN/Locality level)

Work continues with PCN's around recruitment challenges & any over and under spends challenges of ARRS budget which includes forecasting of allocations for 24/25
Icknield PCN Mental Health Practitioner recruited

Vaccinations

- **Flu** – 23/24 YTD uptake = 28.7% of total population, slightly lower than 22/23 which was 33.9% at the same point in the season (week 15).
- **MMR 2-30** – 23/24 YTD uptake (76.9%) in line with 22/23 (76.2%)
- **COVID** – ENH uptake slightly lower (48.4% of eligible population) compared to same period last year.

Enhanced Commissioning Framework

We have been working with the BI team to improve the reporting/supporting process re ECF. BI have now agreed to extract Ardens Manager data on a monthly basis, (previously quarterly) from which we will collate and RAG rate each PCNs' member practices' ECF achievements and use this to steer discussion in practice meetings. This will allow us to highlight good progress and identify work to do for the final quarter of the year.

Same Day Access hubs

- Stevenage North & South PCN's same day access hubs have now been established and relevant reporting metrics to monitor the effectiveness of these in supporting the wider system will be reported monthly
- In view of East & North Herts Trust (ENHT) recent decisions around changes at their Urgent Treatment Centre(s) (UTC's) discussions are happening to ensure that primary care and community services are integrated at Phase 2, clarification being sought on timelines for this. Also being worked on via the Health and Care Partnership Transformation group.

Integrated neighbourhood teams and proactive care

The Integrated Neighbourhood Team programme is progressing well:
Welwyn Garden City PCN has now held three workshops to develop its Integrated Neighbourhood Teams (INTs). The PCN have drafted a 'plan on a page', conducted local patient searches, and agreed to establish core working groups to develop logic models for each of the three priority cohorts to inform next steps.

- Broxbourne and Hoddesdon PCN postponed its second workshop to allow for further engagement with colleagues in advance.
- Stevenage PCNs have indicated their willingness to be in the next 'tranche' of INT development. Initial discussions are on-going, and this is likely to start in January.

- The partnership's proposed culture programme to support Integrated Neighbourhood Team development has been finalised.
- There is widescale enthusiasm for a programme of work to look at saving clinicians, professionals, and patients time across the partnership. This will be scoped in January.

Modern general practice (MGP) transition funding

- 44 practices have submitted bids with 96% approved
- Have compiled a list of practices who will be considered for SLF prioritisation
- Cloud based telephony upgrade roll out continues with 13 practices now in the upgrade process as part of the phase 1 offer to those with analogue systems and a further 5 offered an upgrade of their low-level CBT to provide them with compliant, equitable systems in phase 2.
- Showcase visits planned to practices in the New Year who have recently implemented Total Triage to help support learning and cascade

Anything else to share

- Presentation to Hertfordshire Carers Network updating on INT Development. ARRS roles & update on access recovery
- SLF- NHSE facilitated SLF session with Stanmore Medical Centre & ICB colleagues attended in the background for learning. The session was very well received
- Secondary and Primary Care Interface meeting held with Consensus document approved with E&NHT.
- Community and Primary Care Interface meeting held with Herts Community Trust with two areas agreed for action on Electronic Referral Service and personal Direct Access to Integrated Care Team for GP's, pilot work underway with results of this being shared in February 2024.

Examples of good practice

North Herts locality; Hitchin & Whitwell PCN continue to see good attendance and feedback at their Carer's Café, which is offering support from a variety of partners – voluntary sector, hospice, Sadie Centre, practice care coordinators who are available to schedule health checks. Clinical staff on hand to offer BP checks, opportunistic health care and vaccinations. Also peer support from other carers in the area – a positive movement offering a break and a cuppa! This café is held in a local church hall.

Lower Lea Valley locality; The Dementia Strategy Plan and five priority areas has been highlighted for feedback from area stakeholders. Healthy Memory Café still running on the last Friday of the month but looking at ways through stakeholder engagement at improvement.

A very successful volunteer fayre was held in October 2023, the event was attended by over 100 members of the public and 25 professionals from various local organisations, including health and social care services and the voluntary sector. The event also provided a valuable opportunity for professionals to network and learn from each other. Participants were able to exchange ideas, share best practices, and identify potential areas for collaboration. This initial event has become a model for proactive community engagement. Addressing the increasing demand for local holistic support services, it paves the way for a healthier, more connected, and resilient community. As the initiative evolves, organisers remain dedicated to building a comprehensive support system that prioritises the well-being of the Broxbourne and Cheshunt community. A full report has been drafted on the event including photos, which can be shared for more information. A further event is planned in April 2024.

Upper Lea Valley locality; Two PCNs are working together to provide a respiratory hub for all of their patients.

Hertford and Rurals & Ware and Rurals PCNs have opened a weekend respiratory hub where patients from all practices within the two PCNs can been seen for any respiratory conditions.

The hub is located within Dolphin House Surgery in Ware offering a central location for all practices within the PCNs.

Which Strategic Objectives are relevant to this section update:

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
X	X	X	X	

Patient empowerment, education & communications

ICB Exec Lead	Michael Watson, Chief of Staff, HWEICB
Programme Lead	Louise Manders, Deputy Head of Communications and Engagement, HWEICB
Delivery Partners	Healthwatch Hertfordshire; Healthwatch Essex; Patients Association
Key work areas	• Promotion of roles in PC including ARRS, reception staff– info on toolkit including case studies, video, non-digital channels • Promotion of different ways that patients can contact their general practice with a particular emphasis on promoting and increasing the take-up of online services. • Promotion of preventative and self-care options – linking in with the ICS 'Lifestyle medicine' workstream for improving overall wellbeing as well as promoting screening, vaccination-take up etc, particularly amongst those who experience health inequalities - linking with work to involve PPGs and VCSFE to boost self-care and wellbeing • Development of GP PPGs alongside PA including work that PPGs are doing around running sessions such as Cancel out Cancer and support groups etc, resources developed to support PPGs (e.g how to guides, training materials) and ensuring pharmacists, dentists and optometrists are linked into patient groups to support community primary care engagement. • Healthwatch reports
Progress	**Promotion of NHS App:** • Toolkit developed with HBLICT, and shared with some practice managers for feedback before rolling out to practices and promoting via ICB social media, web, e-newsletters etc. • Further national materials expected and more specific toolkits will be prepared for key features of NHS App. **Promotion of the wider health and care workforce within practices (also known as Additional Roles Reimbursement Scheme)** • Communications toolkit for GP practices under development for sharing by end January. Descriptions of ARRS roles shared with ICB reader panel to ensure patient-focus. • Social media to promote and raise awareness of ARRS roles also being developed.

Patient empowerment, education & communications continued

Progress	**Healthwatch reports:** • New process from 2024 for timely consideration of reports by ICB Primary Care Board, development of recommendations and communications outlining the ICB's response. Oversight of reports and recommendations by communications and engagement group (made up of comms team, primary care and Healthwatch) and also by clinical lead. Once agreed report to be published by Healthwatch on their respective website and shared and ICB communications team share on other channels. • All engagement reports to be agreed for the year via PC Transformation Group to align with PC Strategic Delivery Plan. **PPG development** • Contract with Patients Association extended into 2024/25.
Benefits / Metrics	• Supporting and enhancing patient engagement by strengthening practice patient groups. Increase in patients engaging with their GP practice either through their PPG or other opportunities such as surveys. • Increase in number of patients making use of the NHS App to access GP and other primary care services and to manage their appointments – providing a better patient experience and also allowing GP practices to better support patients who are not digitally enabled. • Better understanding of ARRS roles so that patients more readily take up and see the benefit of appointments with other health and care professionals within their GP practice. Measured by an improvement in the positive feedback that practices receive from patients offered ARRS appointments. • Timely response to Healthwatch reports so that people who take part in engagement and other interested people can have confidence that the ICB is listening and responding to feedback.

Which Strategic Objectives are relevant to this section update:

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
X	X	X	X	

Workforce – General Practice

ICB Exec Lead	Avni Shah, Director of Primary Care Transformation, HWEICB Tania Marcus, Chief People Officer, HWEICB
Programme Lead	Joyce Sweeney, Head of Primary Care Workforce, HWE ICB Training Hub Mark Edwards, Associate Director for Workforce Transformation, HWEICB
Delivery Partners	GP Practices, PCNs, LMC, University of Hertfordshire, Anglia Ruskin University, NHS England, various training providers
Key work areas	• Emerging Leaders Programme –establish links between primary care and the system's leadership programme • Enhanced workforce data collection and reporting across PCNs and General Practice and evaluation of training programmes • Develop a schedule of evaluations of training and development initiatives reporting • Increase school work experience opportunities in primary care through the education sector working via County Council • Production of monthly workforce data reports using NWRS national data and intelligence from quarterly PCN education team reporting • Clinical placements and work experience • Quarterly reporting on training and development initiatives, projection to operating plan workforce for primary care for General Practice/PCN • Retention Pathfinder – engagement with system's pathfinder programme exploring areas of support such as flexible working, onboarding and career development pathways • Apprenticeships – April 2024 - review opportunities to establish the new health and wellbeing level 3 apprenticeship to support community wellbeing • Equality, Diversity and Inclusion – align activity in primary care with the wider ICS to support and achieve the high-impact actions identified as part of the national EDI improvement plan, and supporting the region's commitment in delivering the anti-racism strategy • PCN Training teams continue to support the recruitment and retention of the Primary Care workforce and the protected time to learn events / Encourage PCN to be become learning organisation • Staff wellbeing & experience - implement strategies to promote job satisfaction, work-life balance, & a positive work environment. • Training Hub to have a comprehensive array of multi-disciplinary programmes for all primary care disciplines and at all career stages • Cross sector working /Career pathways development - Increase number of rotational & hybrid roles working across secondary care, community pharmacy and PCNs.

Workforce – General Practice continued

Progress	• PCN Training Team Leads 1:1 feedback meetings have taken place. The aim of the meetings was to get an understanding of the PCN Training Teams recruitment and retention and development locally of the primary care workforce strategy and to look at what support they may need and what support the ICB Training Hub can offer the team. • A number of key themes emerged including nurse leads require additional support, practice estates is a barrier to enabling student placements, challenge retaining ARRs staff • Supporting ARRs roles: A virtual meeting took place with Physicians Associates to understand the current challenges and support they required. The meeting took place on 7th December 2023. Sixteen Physician Associates attended from HWE. • Engagement with practices is taking place. Primary Care Workforce Clinical Lead is attending Practice Managers forums to assess the challenges being faced by practices with regards to PAs, and what support is required. • A further engagement meeting is taking place on 11 January 2024, invites have gone out to all ARRS roles. • AHP and Nursing Fellowship Programme (supporting career progression) has gone out to advert with the aim to recruit in January 2024. The programme is similar to the Enhanced GP Fellowship Scheme. The aim is to give AHP/GPNs an opportunity to benefit from a portfolio carer and help to support recruitment and retention. • Primary care virtual educational webinars take place monthly, lunch time for all clinical and non-clinical staff and evening session for clinical staff. All sessions are well attended. 177 staff attended the August session. • General Practice Nurse Conference – planned to take place in April 2024. • Retention Pathfinder: 1) Flexible working – exploring ways to embed flexible working within primary care and ensure the barriers are fully understood. Plans to showcase how this has already been done effectively within HWE, provide tools and resources to managers and share learning from the National Flexible Working Leadership programme to support Partners. 2) Career Development – admin and clerical staff from primary care attended the HWE Admin Celebration event in June 23 and provided valuable feedback on the draft Admin Pathway. Engage with primary care as further pathways are developed. Promote and offer the Scope for Growth Career Conversations Training to PCNs and encourage participation in cohort 2. 3) Onboarding – work with the Training Hub to understand how the ongoing work of the Onboarding Subgroup can support Primary Care. Objectives of this group include improving the pre-boarding experience, information given to new starters and implementation of buddy systems. Scoping examples of buddy systems within Primary Care. 4) People Promise in Primary Care – a roadshow to showcase the NHS People Promise and how this can be practically implemented in Primary Care is in the planning stages. Work with the Training Hub to take this forward, promote and engage. 5) Cost of Living Support – the 12 Days of Discounts campaign had good engagement with Practice Managers and GP Practice staff, build on this moving forward.
Benefits / Metrics	• Monthly lunch time and evening virtual Educational webinars – over 100 primary care staff join with numbers increasing each month • Monthly PCN Protected Time to Learn Events – Learning opportunity for all practice staff and platform to interact with providers/partners and learn together. All PCN/Practices engaged. Increased recruitment to multidisciplinary roles in PCNs/Practices through range of ARRS roles • Clinical Leads offer career conversations – opportunity for GPs/AHPs to find out more about career opportunities and ongoing professional support and development

Which Strategic Objective(s) are relevant to this section:

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
X		X		

Pharmacy including workforce

ICB Exec Lead	Anurita Rohilla, Chief Pharmacist, Hertfordshire and West Essex ICB
Programme Lead	Cathy Geeson, Lead Pharmacist – Strategy and Pharmacy Workforce Development, HWEICB Mefino Ogedegbe, Community Pharmacy Clinical Lead, HWEICB Helen Musson, Primary Care Workforce Project Manager, HWEICB Joyce Sweeney, Head of Primary Care Workforce, HWE ICB Training Hub – workforce
Delivery Partners	Community Pharmacy Hertfordshire, Community Pharmacy Essex, Community Pharmacy providers, GP practices, PCNs, NHS England
Key work areas	• Implementation of national Pharmacy First • 23-26 - Impact on planned routine access - Increased use of Electronic Prescription Service, integrated chronic disease management pathways with community pharmacy with new medicines review, monitoring of conditions – hypertension etc. • Community Pharmacy PCN Integration Leadership Roles • Clinical placements and work experience • Development of system-wide pharmacy/dental and optometry recruitment & retention plan including skill mix • Map the gaps against the operation programme of work for each sector (including intra-professional collaboration & safe staffing levels), & develop a process at regular time periods to update, particularly at the point that supports winter planning – this will be with HEE • Development of a system-wide recruitment and retention programme across all sectors (Primary/community and where appropriate acute) for this group of professionals • Staff wellbeing & experience - implement strategies to promote job satisfaction, work-life balance, & a positive work environment. • Cross-sector working /career pathways development - Increase number of rotational & hybrid roles working across secondary care, community pharmacy and PCNs. • Independent prescribing

Pharmacy including workforce

Progress	**Implementation of national Pharmacy First** • 137 community pharmacies across Hertfordshire and West Essex have opted in for Pharmacy First as of 8 December 2023 • Roll out of local CP UTI service across community pharmacies within Hertfordshire and West Essex • Local promotion of Community Pharmacy England (CPE) webinar series to help pharmacy owners and their teams to prepare for the new Pharmacy First service • Pharmacy First ENT clinical skills workshop in January 2024 • Pharmacy First Preparedness Day on Sunday 28th January for West Essex pharmacies • Pharmacy survey conducted by Community Pharmacy Hertfordshire to ascertain local training needs for Pharmacy First **23-26 - Impact on planned routine access – increased use of integrated chronic disease management pathways with community pharmacy** • Increased number of community pharmacies providing the NHS Community Pharmacist Consultation service (CPCS), blood pressure check service and new medicines service (see below figures) **Community pharmacy independent prescriber pathfinder programme** • 5 pathfinder sites identified within HWE ICB • NHSBSA cost centre set up and registration process in progress for all HWE sites • EPS solution, Cleo Solo, due to roll out from February 2024 • Service specification and SLA in development **Community Pharmacy PCN Integration Leadership Roles** • 31 Community Pharmacy PCN Integration Leads in post supporting 34 PCNs. Majority have been in post 5 months • Education and development programme well underway with two in-person meetings and two sets of online mentor learning sets complete. E-learning to support community pharmacy leadership are now all available with expected completion by February 2024 for the final in-person meeting • Community Pharmacy Integration Programme launched and almost complete with 274 community pharmacies expected to complete and participate in programme • Current operating model of Leads ends in May 2024 with full evaluation in July 2024 **Clinical placement capacity & quality for undergraduate pharmacy students** • 9 MPharm placement champions (to represent community pharmacy, GP & hospitals) engaged in September 2023. Contracts to run for 10 months • Collation of outputs planned in January 2024 (& then quarterly). Champions currently working on gathering feedback from current placement sites to inform development of the University of Hertfordshire placement programme **System-wide pharmacy recruitment & retention plan/staff wellbeing & experience/cross sector working & career pathway development** • Pharmacy stakeholders across system working to agree workforce priorities, to inform pharmacy workforce strategy (in progress). Once workforce objectives agreed, an implementation plan will be developed

Pharmacy including workforce

Benefits / Metrics	Increased percentage of pharmacies providing integrated community pharmacy clinical services:
	• Percentage of community pharmacies that submitted claims via NHS Business Service Authority (NHSBSA) for providing:
	  • NHS CPCS increased from 47% in August 2022 to 63% in July 2023 (3-month lag in data)
	  • Community pharmacy clinical blood pressure checks increased from 27% (August 2022) to 49% (July 2023)
	Leads are making progress with building networks and engaging stakeholders; building their skills and confidence and identifying areas for joint work at local level – which they could help move forward.
	Development of the pharmacy workforce is required to: (1) address recruitment & retention difficulties; (2) support changes to pharmacy staff training & development; (3) upskill the pharmacy workforce to deliver new & innovative services.

Which Strategic Objectives are relevant to this section update:

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
X	X	X	X	

Dental including workforce

ICB Exec Lead	Avni Shah, Director of Primary Care Transformation, HWEICB
Programme Lead	Michelle Campbell, Head of Primary Care Contracting, HWEICB Joyce Sweeney, Head of Primary Care Workforce, HWE ICB Training Hub – workforce
Delivery Partners	• GDS / PDS Providers • Herts Urgent Dental Care • Herts Urgent Care • Herts Community Trust (Community Dental Service) • Hertfordshire County Council • Essex County Council
Key work areas	• August 23/24 - Extending of current urgent in and out-of-hours dental services contracts whilst preparing the commissioning model of care aligned to the UEC strategic outcomes and ICB and Primary care objectives of same day access or urgent primary care (dental needs) • April 2024/25 –Commission an urgent dental care service providing equality of access across HWE whilst addressing the health inequalities identified in deprived areas • Commission enhanced oral support; scope plan with education and public health • Scope and commission outreach to care homes across HWE • Development of system-wide recruitment & retention plan including skill mix • 23-26 – impact on planned routine access - through improvement in planned dental activity and proactive care reducing need for urgent on the day access • Develop of skills mix and scope the development of the workforce, including upskilling dental nurses and therapists and integrated roles between primary/community and acute.

Dental including workforce continued

Progress	- Urgent Dental Care
	  - Out-of-hours contract extended
	  - Winter Enhanced Access Scheme commissioned from December 23 both in and out-of-hours 7 days a week including bank holidays – to run for 6 months (evaluation at month 4 will support the longer-term provision of urgent, same day services)
	- Care Home pilot commenced in Hertfordshire; dental screening to be completed by end of January 2024 to inform future service provision to care homes
	- Funding secured for 23/24 for participation in the National Epidemiology 5yr Old Survey
	- Special Care Dental Service Provider in Herts commissioned to provide screening in special schools in LTLAs
	- Funding secured to procure bariatric chair provision in community dental clinics
	- Dental training opportunities to be offered on the Training Hub website

Benefits / Metrics	- Increase to same day, urgent access for dental needs (both in and out-of-hours) - Reduce inequalities in access to dental services - Identify dental needs in care home settings to appropriately commission service provision

Which Strategic Objectives are relevant to this section update:

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
	X	X		

Optom including workforce

ICB Exec Lead	**Avni Shah, Director of Primary Care Transformation, HWEICB**
Programme Lead	Mark Lim, Associate Medical Director, HWEICB Joyce Sweeney, Head of Primary Care Workforce, HWE ICB Training Hub – workforce
Delivery Partners	LOCs, Optometrists, acute trusts (ophthalmology)
Key work areas	• Review of MECs Service and develop options working with Planned Care (April 24 – June 24) • Development of system-wide pharmacy/dental and optometry recruitment & retention plan including skill mix • Supporting the upskilling of existing community based Optometrists to become independent prescribers • Work with training hub to establish Optom training needs
Progress	A strategic review of Ophthalmology was completed in October 2023 and it was agreed that system wide coverage by a Minor Eye Conditions service would benefit the system. Business cases are currently being developed alongside determining cost of the service.
Benefits / Metrics	

Which Strategic Objectives are relevant to this section update:

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
		X		

Premises and Sustainability

ICB Exec Lead	Alan Pond, Chief Financial Officer
Programme Lead	Sue Fogden, Director – Estates and Capital, HWEICB
Delivery Partners	HWE ICB, HWE ICS Partners, GP Contractors, PODs
Key work areas	• Delivery of HWE ICS Estate Infrastructure Strategy (EIS) • Lloyd George patient records and repurposing of space into clinical/admin space • Reduction of void costs on NHS Property Services by using the voids for occupation by primary care and other commissioned services • GP premises projects • Reimbursement scheme • Working towards 2040-2045 Net Carbon Zero Agenda
Progress	**Delivery of EIS:** Guidance not yet released by NHSE. Informal update is an interim EIS by March 2024 and final by December 2024, but NHSE have not issued the guidance. The HWE ICS Estate and Capital Group hold the governance on this. **Lloyd George patient records and repurposing of space into clinical/admin space:** Phase 1 completed. Phase 2 in progress – timings TBC as still linked into national programme. **Reduction of void costs on NHS Property Services by using the voids for occupation by primary care and other commissioned services:** Bulk of this work is completed, most voids at West Essex. This work is always ongoing as providers move and shift services. **GP premises projects:** On going. Each project varies, but market remains challenging. If/when projects advance with variations all get determined at PCCC meetings. With dual reporting to HWE ICS Finance and Investment and HWE ICS Estates and Capital Group. **Reimbursement scheme:** Previous errors are being worked through – ongoing.
Benefits / Metrics	

Which Strategic Objectives are relevant to this section update:

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually
X		X	X	

Data, Information and Technology

ICB Exec Lead	Avni Shah, Director of Primary Care Transformation
Programme Lead	Trudi Mount, Head of Primary Care Digital, HWEICB
Delivery Partners	HBL ICT
Key work areas	• GP website work • Advanced telephony • NHS app • Automation • Digital workforce • Digital inclusion • Community Pharmacy - look to understand where the current challenges are in terms of pharmacy and digital position. • Infrastructure, working with our GP IT delivery partner HBL ICT • Access to GP records • New data platform – to provide clinicians with a range of tools to manage patients and improve outcomes, significantly strengthening our Population Health Management approach • Dental and Optometry – ensure digital is a key enabler • Additional broader primary care programmes of work including reviewing digital solutions between primary and secondary care interface, NHS app interface with patient portals, onward referrals within secondary care and remote monitoring, and resident-owned devices will also be looked into over the coming 3 years.
Progress	**Advanced Telephony:** as part of phase 1, we have 26 practices progressing with a move from an analogue system to an advanced cloud-based system. Phase 2 now in planning stages – this will look at moving those on a low-level cloud system to advanced cloud-based system **NHS App:** session held with Patient Engagement Forum to gather feedback on NHS App with a view to looking at how we can work with patient groups to increase uptake of the App. Working with practices on communications and giving advice re ensuring websites direct to NHS App. **Websites:** assessment of all practice websites to take place in 2024. Have shared assessment tool and guidance with practices who are already reviewing their websites so they can do this aligned to that guidance. **Digital Workforce:** 1 to 1 sessions held with many PCN Digital Leads. Workshop held with PCN Digital and Transformation leads plus HBL ICT to start collaboration and shared learning. Follow up session booked for February 2024. **Data Platform:** Contract details are being finalised and all is on track to go live with the new data platform in April 2024. The initial implementation and roll out will be primarily focused on the national data flows, SUS, Mental Health etc. The primary care data will be live 6-8 weeks after that, where the data will be flown through to the platform and linked to all the other data sets. This will then enable the ICB to be able to start producing the PHM outputs as outlined in the Primary Care Strategic Delivery Plan.

Data, Information and Technology continued

Benefits / Metrics	**Telephony**: Patients able to contact practice easily by phone/improved experience with call back facility Practices able to manage/understand demand through access to data on call patterns/volumes which supports workforce planning Integration with clinical systems making it easier and quicker to contact patients Opportunity to scope PCN telephone hubs through PCN cloud-based system with sharing of back office staff. **NHS App:** Patients able to better manage their own condition Patients no longer need to contact practice for test results, info from GP Record Practices have capacity to do other tasks as less patients contact them for information Patients start to get one gateway to all NHS Services consistently across all providers **Websites**: Patients able to find information easily on appointments, repeat medication ordering, links to NHS App and other signposting opportunities. Reducing demand on practice staff and supporting the access agenda **Digital Workforce:** Local network of informed digital leaders in primary care working within and understanding the broader ICB Primary Care Digital Strategy Access to shared learning and best practice across areas Digital workforce in practices that works with ICB to deliver transformation

Health Inequalities

Integrated neighbourhood teams and proactive care

- **Hertsmere**: Complex Mental Health INT set up - an integrated approach to improving Health Checks uptake especially in deprived areas,, Urgent Care Same day minor illness bookable hub expected to start April 2024, cancer screening (see below)

- **Dacorum**: Proactive Care Model (Beta & Delta PCNs as pilot sites) Clinical Design Group meeting weekly to develop model and develop business case for funding in Feb 24. Dacorum INT working collaboratively with WHTHT and Dacorum Borough Council to identify priorities and ensure less duplication and integrated working.
  Dacorum INT is also scoping Childhood Obesity, Cancer Screening, Heart Failure, COPD.

- **St Albans and Harpenden**: Scoping Obesity, Heart Failure – potential INT project with St Albans Council utilising healthy weight Shape support (linking to Obesity- practices to be identified, no of patients to be confirmed)

- **Watford & Three Rivers**: Scoping 3 INT projects: High Intensity Users, Mental Health, Obesity.

Cholesterol lowering project at Schopwick in Hertsmere

- Schopwick undertook a 6-session pilot, using lifestyle changes to lower cholesterol in 10 patients - aged 40-55 years and non-smokers.
- Total cholesterol and LDL-cholesterol were lowered in 7 patients, non-HDL cholesterol and triglycerides were lowered in 6; and HbA1c was lowered in 5 patients.
- The programme involved whole families in some sessions, and results indicate that the entire family made sustainable lifestyle changes.

Cancer screening uptake project in Hertsmere

- Joint (primary care, local councils, Communities First) project to call up non-responders to cervical, breast and prostate cancer screening invites.
- Started Dec 2022.
- Breast screening coverage has increased from 62% to 72% - the increase in cancer screening uptake across all practices and highest in those with lowest uptake and most deprived.
- Prostate: Texts sent to encourage PSA testing, and in GP Practices where follow up calls have been made to encourage PSA, these have been successful with a booking rate of 70%
- Cervical screening coverage has increased from 64% to 76%.

South West Herts Place Primary Care Update December 2023

Key Information:

16 PCNs
52 practices
4 INTs
645,513 Raw Population
597,798 Adjusted

Examples Of Best Practice

- 100% eligible care home patients have received autumn 2023 COVID vaccination

Modern general practice (MGP)

- 45 practices have submitted transition funding bids -39 approved
- Total triage in place within 8 practices, 1 more from Jan 24

Primary care recovery and winter planning

- All PCNs have submitted Capacity & Access Plans continue support with delivery of these plans
- 14 practices signed up to GP Improvement Programme & 3 PCNs
- Active encouragement for remaining practices to join Cohort D & E
- 1 practice without cloud-based telephony, supporting via procurement hub who are now contacting practices contracts to be signed by 15.12.23
- Winter additional capacity agreed with all PCNs 43,502 additional appts.
- PCN community pharmacy integration leads support with increased CPCS uptake
- Promotion of virtual hospital to maximise capacity as part of winter planning

Health Checks

- **LD Health Checks –** Q2 achievement is low - number of health checks performed in September lower than expected and all localities falling below achievement from last year.
- 5 SWH practices highlighted as low achievers – ongoing work with practices to ensure this continues to be high on the agenda and we continue to meet the national target in Q4 as in 22/23.
- **Dermatology** – review of low and high referrers to start in Jan 23

Long term conditions

- 4 SWH PCNs and 1 practice interested in providing asthma/Feno hubs
- NHSE funding secured for the ICB to invite practices to provide an enhanced review with patients 18-39yrs old with type 2 diabetes (971 patients). Request for Expressions of interest gone out to practices.

Workforce (Progress of recruitment/Retention of workforce at PCN/Locality level)

- Oct workforce plans received. PCNs planning to use OVER 100% of 23/24 budget
- 411 ARRS claimed for October 23; high level of WTE Clinical Pharmacists & Care Coordinators
- Recruitment & Retention challenges exacerbated by competing with London Weighting & Locum use
- Writing to all PCNs, advising budget forecast and asking them to feedback on projected spend vs budget

Enhanced Commissioning Framework

- ECF Dashboard (monthly data) to be shared at Locality Forums Bimonthly
- Four practices identified for support to increase hypertension detection and management. Meetings held with all 4; targets agreed, and CVD chosen as ECF disease detection area, ICB to review in March 24

Vaccinations

- **Flu** – 23/24 YTD (Dec 17th 23) uptake is 35% for patients aged 6 months plus, which is higher than 22/23 (33% same week last year) (possibly slightly higher uptake when missing practices' data included)
- **MMR 2-30** – Sep 22-Aug 23 uptake is 74% compared to 56% for previous 12 months (possibly slightly higher uptake when EMIS data included)
- **COVID booster** – uptake higher for all eligible cohorts (48%) compared to last year (42%)

Same Day Access

- St Albans IUCH appt only ANP led service-initiated Nov 22
- Offers 490 appts per week – to date has seen 18k pts 98% seen & treated within 2 hours.
- OPEL reporting regularly exceeds 60% and provides measure for informal discussions with practices re access

Anything else to share

- Support to migrants – HWE financial model being revised to align with budget
- Developing approach for Support Level Framework visits – high priority practices are The Grove in Hertsmere, Verulam and Woodhall Farm in Dacorum
- UTI pathway launched – 45 Community Pharmacies to provide the service
- St Albans & Harpenden support for Gypsy Roma & Traveller Communities – support those who need to access healthcare – traveller's champion – Integrated with Public Health & County Council.

East & North Herts Place primary care update

Dec 2023

Key Information:

12 PCNs
48 practices
2 INT (at early planning/ development stage)
Actual patient list - 624,692
Weighted - 585,182.61

Primary care recovery and winter planning

- Individual meetings held or scheduled for PCN's to discuss progress with capacity & access plans & required support
- Daily reminder emails implemented for OPEL reporting with an improved % compliance rate
- GP improvement programme – numbers signed up as of 22.12.23 – 7 practices & 4 PCN's
- GPAD data update received and being reviewed with PCN's & practices to support IIF

Workforce (Progress of recruitment/Retention of workforce at PCN/Locality level)

Work continues with PCN's around recruitment challenges & any over and under spends challenges of ARRS budget which includes forecasting of allocations for 24/25
Icknield PCN Mental Health Practitioner recruited

Vaccinations

- **Flu** – 23/24 YTD uptake = 28.7% of total population, slightly lower than 22/23 which was 33.9% at the same point in the season (week 15).
- **MMR 2-30** – 23/24 YTD uptake (76.9%) in line with 22/23 (76.2%)
- **COVID** – ENH uptake slightly lower (48.4% of eligible population) compared to same period last year.

Enhanced Commissioning Framework

We have been working with the BI team to improve the reporting/supporting process re ECF. BI have now agreed to extract Ardens Manager data on a monthly basis, (previously quarterly) from which we will collate and RAG rate each PCNs' member practices' ECF achievements and use this to steer discussion in practice meetings. This will allow us to highlight good progress and identify work to do for the final quarter of the year.

Same Day Access hubs

- Stevenage North & South PCN's same day access hubs have now been established and relevant reporting metrics to monitor the effectiveness of these in supporting the wider system will be reported monthly
- In view of East & North Herts Trust (ENHT) recent decisions around changes at their Urgent Treatment Centre(s) (UTC's) discussions are happening to ensure that primary care and community services are integrated at Phase 2, clarification being sought on timelines for this. Also being worked on via the Health and Care Partnership Transformation group.

Integrated neighbourhood teams and proactive care

The Integrated Neighbourhood Team programme is progressing well:
Welwyn Garden City PCN has now held three workshops to develop its Integrated Neighbourhood Teams (INTs). The PCN have drafted a 'plan on a page', conducted local patient searches, and agreed to establish core working groups to develop logic models for each of the three priority cohorts to inform next steps.

- Broxbourne and Hoddesdon PCN postponed its second workshop to allow for further engagement with colleagues in advance.
- Stevenage PCNs have indicated their willingness to be in the next 'tranche' of INT development. Initial discussions are on-going, and this is likely to start in January.

- The partnership's proposed culture programme to support Integrated Neighbourhood Team development has been finalised.
- There is widescale enthusiasm for a programme of work to look at saving clinicians, professionals, and patients time across the partnership. This will be scoped in January.

Modern general practice (MGP) transition funding

- 44 practices have submitted bids with 96% approved
- Have compiled a list of practices who will be considered for SLF prioritisation
- Cloud based telephony upgrade roll out continues with 13 practices now in the upgrade process as part of the phase 1 offer to those with analogue systems and a further 5 offered an upgrade of their low-level CBT to provide them with compliant, equitable systems in phase 2.
- Showcase visits planned to practices in the New Year who have recently implemented Total Triage to help support learning and cascade

Anything else to share

- Presentation to Hertfordshire Carers Network updating on INT Development. ARRS roles & update on access recovery
- SLF- NHSE facilitated SLF session with Stanmore Medical Centre & ICB colleagues attended in the background for learning. The session was very well received
- Secondary and Primary Care Interface meeting held with Consensus document approved with E&NHT.
- Community and Primary Care Interface meeting held with Herts Community Trust with two areas agreed for action on Electronic Referral Service and personal Direct Access to Integrated Care Team for GP's, pilot work underway with results of this being shared in February 2024.

Examples of good practice

North Herts locality; Hitchin & Whitwell PCN continue to see good attendance and feedback at their Carer's Café, which is offering; Support from a variety of partners – voluntary sector, hospice, Sadie centre, Practice care coordinators who are available to schedule health checks. Clinical staff on hand to offer BP checks, opportunistic health care and vaccinations. Also peer support from other carers in the area – a positive movement offering a break and a cuppa! This café is held in a local church hall.

Lower Lea Valley locality; The Dementia Strategy Plan and five priority areas has been highlighted for feedback from area stakeholders. Healthy Memory Café still running on the last Friday of the month but looking at ways through stakeholder engagement at improvement.

A very successful Volunteer Fayre was held in October 2023 the event was attended by over 100 members of the public and 25 professionals from various local organisations, including health and social care services and the voluntary sector. The event also provided a valuable opportunity for professionals to network and learn from each other. Participants were able to exchange ideas, share best practices, and identify potential areas for collaboration. This initial event has become a model for proactive community engagement. Addressing the increasing demand for local holistic support services, it paves the way for a healthier, more connected, and resilient community. As the initiative evolves, organisers remain dedicated to building a comprehensive support system that prioritises the well-being of the Broxbourne and Cheshunt community. A full report has been drafted on the event including photos which can be shared for more information. A further event is planned in April 2024.

Upper Lea Valley locality; Two PCNs are working together to provide a respiratory hub for all of their patients.

Hertford and Rurals & Ware and Rurals PCNs have opened a weekend respiratory hub where patients from all practices within the two PCNs can been seen for any respiratory conditions.

The hub is located within Dolphin House Surgery in Ware offering a central location for all practices within the PCNs.

West Essex Place primary care update

Nov/Dec 2023

Key Information:

6 PCNs
30 practices
6 INTs
330,324 registered population
322,017 weighted population

Modern general practice (MGP) transition funding

- 28 practices submitted bids
- 26 approved (2 awaited more detail)
- 2 practices not submitted, will prioritise for SLF visit
- Total triage in place within 4 practices and 5 moving to
- Prioritisation developed for Support Level Framework visits
- Sharing GPAD data to support practices to meet IIF indicator (90% appts within 2 weeks) and accurately map appointments
- 13 practices have option to express an interest in CBT upgrade where their systems are sub-optimal

Primary care recovery and winter planning

- Continue to support PCNs with delivery of their capacity and access plans and support to move to modern general practice
- 5 practices doing GP Improvement Programme (Eden and Nuffield completed, Lister and John Tasker House underway, Crocus signed up)
- 2 practices without cloud-based telephony, supporting via procurement hub who are now contacting practices (Thaxted, Old Harlow)
- Winter additional capacity agreed with all PCNs 25,856 additional appts planned
- Targeted work with practices who have not referred to CPCS this year
- Engaging PCN community pharmacy integration leads to support with CPCS uptake
- Promotion of virtual hospital to all localities and INTs to maximise capacity as part of winter planning

Health Checks and prevention

- **40+ health checks** 11 practices have accepted support from Provide which should support with increased delivery of health checks over the next few months, bringing us closer to the ECC target for the year. Achievement has improved when comparing to 22/23 (although other Essex ICBs have improved more).
- **LD Health Checks** – Q2 achievement is often dis-proportionately low. Continued work with practices to ensure this continues to be high on the agenda and we continue to meet the national target in Q4 as in 22/23. ECC project funding available to enhance support – 5 PCNs taken up. NHSE coding for LD register has inaccurately inflated register so Nov/Dec/Jan data should be disregarded (NHSE resolving)
- **Improving Hypertension detection and management** – visits have been held with our outlying practices (Limes, Loughton Surgery, Forest, Sydenham) to support with improvements

Same Day Access

- UTC in Harlow live from 1st November and mobilisation successful. Providers working very well together on a daily basis to manage demand and revise approaches and workforce accordingly. Waiting times very low. Patient satisfaction good. Provider collaborative now focused on phased 2.
- LB&C PCN enhanced/same day access hub – flexible to support with demand e.g. OPEL 3 and 4 practices
- NUTTs PCN – shared locum workforce
- OPEL reporting from practices remains high c80%+ and provides measure for informal discussions with practices re access/MGP

Workforce (Progress of recruitment/Retention of workforce at PCN/Locality level)

- Oct workforce plans received. PCNs planning to use c90% of 23/24 budget
- Some PCNs focusing recruitment on urgent care to improve access eg paramedics

Vaccinations

- **Flu** – 23/24 YTD uptake (21.95%) in line with 22/23 (21.72%) (possible slightly higher uptake when EMIS data included)
- **MMR 2-30** – 23/24 YTD uptake (76.9%) in line with 22/23 (76.2%) (possible slightly higher uptake when EMIS data included)
- **COVID** – uptake slightly lower (38.85%) compared to same period last year (42%)

Health inequalities

- Range of projects within PCNs, with some continuing with the small-scale, targeted approaches developed in 2022/3,; as EFN PCN focusing on COPD patients with financial issues in a specific area with high deprivation – working with Epping Forest DC and Epping Forest CAB.
- Other PCNs participating in broader areas of work that reflect Core20+5 national priorities (health checks, cancer screening, waiting list support centred on PAH, Harlow).
- PCN HI leads and CVSs considering £7k funding available to meet the needs of a local patient group – promoting in PCN CD 121s

Integrated neighbourhood teams and proactive care

- Continued engagement across INT leadership teams
- Proactive care MDTs underway in 5 INTs
- PCN estate is facilitating INT working eg LB&C (links with acute) and NUTTs (links with whole INT)
- OD programme underway with Leadership team members
- LB&C Care home hub pilot (pooled resources supporting 6 homes/252 beds)

Long term conditions

- 3 PCNs interest in providing asthma/Feno hubs
- NHSE funding secured for the ICB to invite practices to provide an enhanced review with patients 18-39yrs old with type 2 diabetes (460 patients across WE).

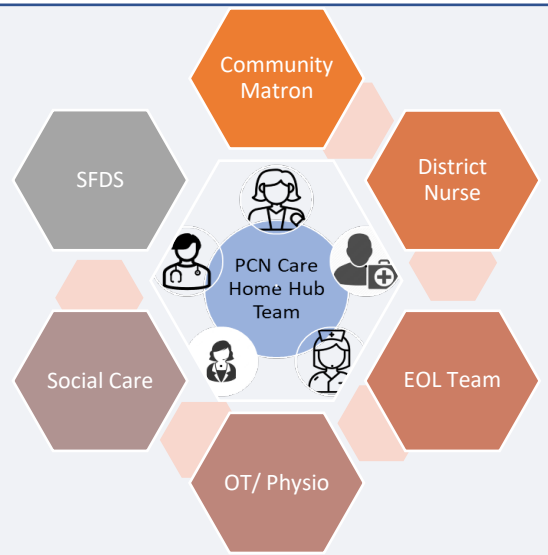
Community Pharmacy Integration

- CPCS referrals in Nov tripled from 78 in Oct to 238 in Nov putting WE on a par with Herts for the first time
- UTI pathway launched – 16 CPs in WE providing the service and good spread across WE

Examples of good practice

Loughton, Buckhurst Hill & Chigwell PCN Care Home Hub

- The PCN is piloting pooled resources to support 6 care homes across the PCN (4 practices and 252 care home beds)
- The service will provide increased consistency of support to care homes, especially where patients in a care home are registered with more than 1 practice
- Aims = Better patient care, better integration with system partners and reduced A&E attendances and admissions (10% over 12mths)
- Proactive care using MDT approach – in the care home and review of impact on monthly basis
- Personalised care and support including better EOL planning
- Use of WHZAN to help monitor and identify early deterioration of patients
- Funding from existing sources (ARRS, EHCH, LES, GP fellowship scheme) and Essex County Council Intermediate Care Fund
- Key project of the LB&C Integrated Neighbourhood Team
- The project will be test and learn approach with a view to sharing learning across other INTs in the future



Protected learning time – recent examples

Epping forest North - review of ARRS workforce to inform future working. ARRS staff and practices completed a short survey before the day. The ARRS staff gave an overview of the work they do in each practice, similarities/differences/ideas for the future. Practices also considered how the ARRS staff are embedded within the practice teams, ideas for the future and future recruitment plans

Loughton, Buckhurst Hill and Chigwell – Mary Seaman provided training to all staff to support patients with Learning Disability

South Uttlesford – Staff health and well being focus with support from guest speakers covering personal well-being and menopause. Over 100 staff attended and it was well received by all.

Harlow North - Paediatric focus with attendees across the PCN team and community teams.

Loughton, Buckhurst Hill & Chigwell blood pressure check evening

- The PCN held a dedicated evening session at New City College, Debden for patients to have a blood pressure check
- Over 160 patients attended – most were prebooked, but walk-in slots were also available
- This services was to support an increase in hypertension detection and management, as part of the PCN's health inequality project delivery
- This service offer aimed to attract those patients who don't normally come forward for blood pressure checks
- Patients' height and weight measurements were also taken and there is a process for relaying these readings back to their GP practices
- Stalls were set up for their PCN social prescribers, Active Essex, local leisure centres and other organisations to engage with patients directly.
- The PCN are reviewing the format, with a view to holding a future event on a Saturday.

North Uttlesford PCN vaccination clinic and support to patients with learning disabilities

- The PCN held a flu/covid clinic on 21st October
- 2hrs of the day was dedicated time for LD patients
- Purpose - to generate a calm environment where clinicians could take additional time with the patients
- LD nursing team also present during the clinic to support people with any additional requirements or anxieties.
- Gave opportunities for patients and their carers to ask questions and learn more about services available to them.
- Feedback from the LD team was really positive and they are keen to be involved in this process again next year.
- The PCN also plans to undertake a survey with LD patients to understand how they wish to access health and wellbeing services with the aim to improve health outcomes.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**25/01/2024**		
Report Title:	**Primary Care Risk Register**				**Agenda Item:**	**09**		
Report Author(s):	Andrew Tarry, Head of Primary Care Commissioning							
Report Presented by:	Andrew Tarry, Head of Primary Care Commissioning							
Report Signed off by:	Avni Shah, Director of Primary Care Transformation							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information**	☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Achieve a balanced financial position annually							
Key questions for the ICB Board / Committee:	The Committee is asked to note the content of paper							
Report History:	A new Risk Register for the HWE ICB Primary Care Directorate has been created; this brings together and replaces risks previously recorded and tracked on individual CCG Risk Registers. Work commenced on this as part of the preparatory work for creation of the Hertfordshire and West Essex Integrated Care Board. The Risk Register was presented to the Primary Care Commissioning Committee in Common of the three Hertfordshire and West Essex CCGs in May 2022 and to the Herts and West Essex ICB Primary Care Board in August 2022. The risk register is a dynamic document and is presented to the Primary Care Board for review, discussion and information.							
Executive Summary:	A proposed ICB-wide Risk Policy has recently been reviewed by the ICB Executive Board and is pending agreement. This presents an opportunity to review the Primary Care Risk Register approach in line with the revised policy, once ratified. It is proposed to work with the support and expertise of the ICB Risk Team to guide and review appropriately. Two new risks have been added under the POD section of the Risk Register. These serve to highlight the current gaps in both workforce planning and also CPD for Optometry, Dental and Community Pharmacy							

	healthcare professionals. These are similar to pre-existing risks on the primary medical services section; however it was considered appropriate to recognise these separately given the earlier stage of ICB development in this respect, with delegated responsibility being assumed from April-23. Following agreement by the Board in November-23 the risk relating to the TUPE implications of POD Delegation has now been closed, as the pharmaceutical and optometry clinical leads have already transferred from NHSE to HWE and were not subject to TUPE. In addition the element of the POD Delegation (Quality) risk relating to transfer of the patient complaints function has been removed as delegated responsibility was assumed as of 1st July 2023. Updates to existing risks have been included, where relevant. Some now defunct controls and gaps in controls are proposed to be deleted. The risk register is a dynamic document and is presented to the Primary Care Board for discussion and information.
Recommendations:	The Committee is asked to • Note the proposed changes to the risks that have been reviewed • Note the update and progress made

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒

Implications / Impact:		
Patient Safety:	Patient safety issues are recognised in the appropriate risks	
Risk: *Link to Risk Register*	NA	
Financial Implications:	NA	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	NA
	Quality Impact Assessment:	NA
	Data Protection Impact Assessment:	NA

1. Executive summary

A proposed ICB-wide Risk Policy has recently been reviewed by the ICB Executive Board and is pending agreement. This presents an opportunity to review the Primary Care Risk Register approach in line with the revised policy, once ratified. It is proposed to work with the support and expertise of the ICB Risk Team to guide and review appropriately.

Two new risks have been added under the POD section of the Risk Register. These serve to highlight the current gaps in both workforce planning and also CPD for Optometry, Dental and Community Pharmacy healthcare professionals. These are similar to pre-existing risks on the primary medical services section; however it was considered appropriate to recognise these separately given the earlier stage of ICB development in this respect, with delegated responsibility being assumed from April-23.

Following agreement by the Board in November-23 the risk relating to the TUPE implications of POD Delegation has now been closed, as the pharmaceutical and optometry clinical leads have already transferred from NHSE to HWE and were not subject to TUPE.
In addition the element of the POD Delegation (Quality) risk relating to transfer of the patient complaints function has been removed as delegated responsibility was assumed as of 1st July 2023.

Updates to existing risks have been included, where relevant. Some now defunct controls and gaps in controls are proposed to be deleted.

The risk register is a dynamic document and is presented to the Primary Care Board for discussion and information.

2. Background

Historically each of the three CCGs in HWE developed and maintained a primary care risk register; risks meeting predetermined thresholds were reported to Board.

Work commenced on a new consolidated risk register across HWE as part of preparations for the creation of the HWE ICB.

Each of the three individual risk registers have now been fully reviewed and archived as part of creating the new consolidated ICB risk register across the three ‘places’.

3. Issues

As previously updated, the ICB and wider ICS level approach to risk is currently under review. The ICB current risk register still contains three or four main types of risk at various levels – Team, Directorate, ICB and ICS level. Directors are responsible for calibration of scoring and whether or not any of the team risks should be on the directorate level register; and the ICB Executive Board in turn, check the calibration across directorate level registers and whether or not any of these risks should be on the ICB level register. With integrated reporting across quality, performance, finance and workforce; there is an aim to highlight

where there might be system level risks, requiring further discussion with the board and relevant committees.

A proposed ICB-wide Risk Policy has recently been reviewed by the ICB Executive Board and is pending agreement. This presents an opportunity to review the Primary Care Risk Register approach in line with the revised policy, once ratified. It is proposed to work with the support and expertise of the ICB Risk Team to guide and review appropriately.

4. Actions

Inclusion of new risks

The following 2 new risks have been added under the POD section of the Risk Register.

- Further training and education opportunities available to Optometry, Dental and Community Pharmacy.
- Establishment of robust processes for monitoring and planning workforce requirements for Optometry, Dental and Community Pharmacy.

It was considered that these risks merited inclusion to highlight the current gaps in both workforce planning and also CPD for Optometry, Dental and Community Pharmacy healthcare professionals. It is noted that these are similar to pre-existing risks on the primary medical services section, however it was considered appropriate to recognise these separately given the earlier stage of ICB development in this respect, with delegated responsibility being assumed from April-23.

Confirmed closure of risk

The following risk was closed following agreement by the Board in November-23:
POD Delegation TUPE implications - The pharmaceutical and optometry clinical leads transferred from NHSE to HWE to provide support to the fitness process including as case reviewers, providing clinical input in contractual initial and follow up visits with the contracting team. This was not a TUPE transfer for these clinical advisors as they work ad-hoc under a contract for the service.

Confirmed amendment to risk

The following risk was amended following agreement by the Board in November-23:
POD Delegation – Quality – removal of transfer of complaints aspect
The Complaints function was delegated as of 1st July 2023, so the risk as previously included is now defunct.

Other updates

The following updates have been included to pre-existing risks:

Risk PC1/318: *points of participation and influence for primary care in the new ICB operating model and HCP structures*. An adjustment has been made to the risk description and controls updated.

Updates have been provided to risk controls on the following risks:

- Risk PC2/320: *Pressures in general practice*.
- Risk PC3/321: *Primary Care supported to optimise capacity and address variation*.
- Risk PC8/327 *Primary care recovery and prioritisation of workload adequately supported.*
- Risk PC10/329 *forecasting or forward planning for changes and challenges in general practice workforce*
- Risk PC13/332 *Further training and education opportunities in primary care*
- Risk 617 *Growth in the placement of Asylum seekers in local hotels together with growing pressures in general practice continue.*

Across numerous risks some now defunct controls and gaps in controls are proposed to be deleted. These proposed deletions are noted by strikethrough of text.

5. Resource implications

Review of the Primary Care Risk Register approach will require the support of the ICB Risk Team to provide expertise and guidance. The relevant Primary Care Directorate members will be required to commit to the process review.

6. Risks/Mitigation Measures

As noted above.

7. Recommendations

The Committee is asked to:

Note the changes to the risk register.

Receive the risk register at future meetings (in accordance with the Primary Care Commissioning Committee's Annual Cycle of Business) in order to satisfy itself that risks are being appropriately captured and rated and that relevant/proportionate mitigation and controls are in place.

8. Next Steps

Ongoing review and update of the risk register.

Ensure that all recent updates to the risk register are entered onto the Datix system.

Work with other Directorates to ensure that key risks from relevant areas are shared with the Board in future updates.

Transition Risks

Primary Care Directorate Risk Profile

Assurance Mapping

ID	Datix ID	Date C	Comm	Execut	Revise	Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working	1st Line -	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	3rd Line - Level	Gaps in assurance	Approval status
PC1	318	10/11/2021	Primary Care Board	Director of Primary Care Transformation	Heads of PC Transformation (WE/ENW/SWH)	**IF** points of participation and influence for primary care in the new ICB operating model and HCP structures are not clear as they evolve **THEN** meaningful engagement with primary care may not be sustained into the new ICB and development of HCP **RESULTING IN** challenges enacting ICB and ICS wide plans as well as operational delivery through HCPs.	20	12	8	No movement ↔	~~1. Agreement of ICB governance structure~~ ~~2. Use all avenues to engage Primary Medical Care, such as existing CD/Primary Medical Care meetings at localities~~ ~~4.Appointment of key Primary Care Clinical leadership roles~~ Embedding of Primary Care Clinical leadership roles including development of Communtiy pharmacy clincial leadership and appointment of dental clinical leadership since taking on delegation of Pharmacy Optometry and Dentistry & agreement of appropriate engagement fora for respective professionals and embedding them in the governance structure July 23 update - the ICB has an approved Primary Care Strategic Delivery Plan Strategy in place following an extensive period of engagement with stakeholders and patients. Continued evolving structures to support wider primary care engagement across all priamry care contractors across HWE. Jan24 Review of clinical leadership roles underway., including engagement with each HCP Board and sub-board monitoring of progress againt Primary Care Strategic Delivery Plan Clinical ledership groups well established in all 3 places	~~1. Further development of engagement fora & embedding of PC leadership roles. Clinical Leads induction event held.~~ ~~2. Commencement of engagement in key ICP & ICB meetings requiring PC engagement (Sept 23 update - propose both gaps in control are deleted)~~ ~~3. As the governance structures of HCP develop. This participation and engagement of primary care providers to be reviewed and ensure this is maintained.~~	Primary Care SMT and wider team meetings. Primary Care attendance at place SMT meetings. Primary care medical leadership at various ICB wide primary care meeitng and respective place governance meetings	Reasonable	Updates to the ICS Partnership Board, Health & Care Partnership Boards and Audit Committees.	Reasonable	Transformation assurance processes with NHSE	Reasonable	ICB and HCP structures fully implemented and embedded	The risk was approved for inclusion by Committees meeting in common, March 2022. Reviewed by PCB Sept-22 & agreed to risk score reduction from 20 to 12 with the view to ensure POD engagement is embedded with delegation to ICB on all primary care contracts from April 23.
PC2	320	10/11/2021	Primary Care Board	Director of Primary Care Transformation	Heads of PC Transformation (WE/ENH/SWH)	**IF** pressures in general practice remain at the current high level... **THEN** there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities in a way that demonstrates tangible improvements for patients... **RESULTING IN** sub-optimal patient experience due to continued pressures across the system and especially in acute services.	20	12	8	No movement ↔	~~1. ICB providing support to GP practices, PCNs and GP federations in planning for the transformation of delivery of care in Hertfordshire and West Essex.~~ ~~2. Primary care teams have implemented the national GP Forward View transformational programme which includes extended access.~~ ~~3. 'E-consultation' has been accelerated due to the pandemic and national and local initiatives are being implemented to develop practice telephony to deal with increased demand.~~ ~~4. Organisational development programmes for PCN clinical directors and PCN managers are being supported.~~ ~~5. PCN DES sign up: national requirement now met with all practices in a PCN, or non-participating practices covered by other PCNs as a local agreement.~~ ~~6. Primary Care Input in ICS clinical strategy.~~ ~~7. Training for Primary Care Networks to equip them to develop at pace in line with national requirements and for GP Federations to help them to understand their role in the development of PCNs.~~ ~~8.Further ICB investment for PCNs to support training and implementation of services at PCN level, including additional workforce, training provision and backfill to attend.~~ ~~9. Introduction of ICB wide ECF scheme, including Primary Care OPEL status reporting as part of the wider system reporting and improve understanding of pressure points for general practice.~~ ~~10. Continue to support practices with IT infrastructure to mitigate the impact of workforce challenges with increasing numbers of primary care staff needing to work remotely and isolate.~~ ~~11. Fora for regular engagement between ICB and PCN CDs, primary care and clinical leads in all 3 places~~ ~~12. Dec-22 update - recognising significant winter pressures a review of ECF requirements was undertaken. A risk based approach has been taken to prioritising key areas, balancing operational pressures (both within primary care and across the wider health system) with the health needs of the population. Aim is to ensure that practices will be able to release clinical capacity to better manage the increase in on the day demands.~~ ~~13. ICB working collaboratively with PCNs & wider system providers to implement hub solutions to support increase in respiratory & other urgent on the day capability.~~ ~~14. Feb 23 update - ICB QOF/IIF mitigation support offer made to all practices & PCNs~~ October 23 - Additional winter scheme to support continued demand in primary care through local funding. November 23 - Agreement to launch UTI pilot across HWE across community pharmacies ahead of national scheme which is due to start in February 24 - Launch of the integrated UTC at PAH and Stevenage PCN model to support priority localities as identified in UEC strategy. Risk of Hertsmere project which is planned for 2024. - ICB has responded to the publication of the Primary Care Access Recovery Plan and is communicating and supporting PCN's with implementation - ICB is supporting Practices and PCNs to partcipate in the GP Improvement Programme (GPIP) - in response to the ongoing IA the ICB is supporting PCN's with increasing capacity to support system wide approach. - the ICB has undertaken a period of engagement and has an approved Primary Care Strategy in place to support integration of primary care and to support general practice. - Primary Care Teams supporting PCNs in reviewing progress on Access Improvement Plans - Granted £1.074m Transition Cover funding to support implementation of Modern General Practice model - Plan for Roll out of Support Level Framework (SLF) to support practices in understanding their development needs Jan 2024: Additional funding provided to PCNs to support periods of junior doctor industrial action	~~1. Arrangements for appropriate primary care input at all key ICB and HCP meetings and sub groups have been agreed and being implemented~~ ~~(Sept 23 update - propose this gap in control is now deleted as already states that this input has been implemented)~~ ~~2. Primary Care Strategy for the ICB being developed. (Sept 23 update - propose this gap in control is now deleted as added under controls Strategy is now approved)~~	• Primary Care Working Groups support the preparation and monitoring of plans with any risks or issues escalated. Risk registers monitor resilience in all practices. • Resilience panels receive applications for support • ICS population health management group. • Practices are compliant with national and regional guidance during the Covid 19 pandemic.	Reasonable	• Place based delivery boards have a strong primary care presence and monitor delivery against locality plans. • All overseen by the Primary Care Commissioning Committees and Primary Care Board and reported to ICB Boards as appropriate. • Primary Care updates and assurance papers to other ICB Committees and groups as appropriate. • Approval of expenditure above PCCC authorisation limit is escalated to another Committee or Board meeting. • Audit and Assurance Committee receives internal audit reports and updates on risk register	Reasonable	• EQC reporting shared with ICB. • NHSE/I remedial actions discussed with ICB • Internal audits of Primary Care Networks and Delegated Commissioning provide reasonable or substantial assurance.	Reasonable	ICB and HCP structures fully implemented and embedded	Approved by Committees meeting in common March 2022 Reviewed by PCB Sept22 Rviewed by PCB September 23
PC3	321	04/03/2022	Primary Care Board	Director of Primary Care Transformation	Heads of PC Transformation (WE/ENW/SWH)	**IF** Primary Care is not supported to optimise capacity and address variation, **THEN** patients may not experience improved access to urgent, same day primary care, **RESULTING IN** negative impact on patient experience, patient safety, system resilience and commissioner reputation.	16	12	8	No movement ↔	1.. Improvements in practice telephony infrastructure: 55 practices across Hertfordshire and west Essex bids have been approved for implementation in line with the national advance telephony specification. The vast majority of the new system installations having been completed. 2.23/24 Winter Pressure funding of £1.43 per patient agreed to support additional pressures 3. Further support from National Patient Association working with practice patient participation groups and PCN patient groups to support co-design and coproduction and improve access to primary care. 4. GP Transformation plans under implementation for 2023/24 as outlined in the Primary Care Strategic Delivery plan. These have a key focus on the implementation of intergrated neighbourhood teams & same day access Sept 23 update: All PCNs have an approved Access Improvement plan approved as per the requirement of the Primary Care Access Recovery Plan (PCARP), these plans are being supported by place teams. Holding weekly touchpoint internal meetings to monitor the delivery of the PCARP within each place. Same day access proposals are being considered and implemented across each place within the ICB. Access to same day services across system partners is being collated through Transformation leads - this work is currently ongoing. Winter funding - local primary care funding to commission additional activity in primary care at the same level as last year, £1.43 per weighted patient, which will be subject to a PCN plan being appropriate to meet the local and national priorities. This capacity should support surges in practices in PCNs when reaching OPEL 3 or 4 - Primary Care Teams supporting PCNs in reviewing progress on Access Improvement Plans - Granted £1.074m Transition Cover funding to support implementation of Modern General Practice model - Plan for Roll out of Support Level Framework (SLF) to support practices in understanding their development needs Jan 2024: MS Teams folder has been created as repository for benchmarking information and to share innovaion Ardens provides real-time achievemnt data to practices/PCNs on ECF Place Teams providing data and support to practcies /PCNs in key areas of service delivery such as seasonal flu, LD Healthchecks and ECF	~~1. Additional demand and constraints of the pandemic.~~ ~~2. Release of pent-up demand, accumulated during the pandemic when people were less likely to consult their practice or seek specialist care.~~ 3. Need for general practice to take a pivotal role catching up on the backlog of care for patients on its registered list who have ongoing conditions. 4. Tailored practice plans and visits have revealed some themes re barriers to improvements: access to additional IT; premises constraints; workload prioritisation. 5. Actions may require longer term solutions relating to capital investment and workforce development. 6. Expansion of acute in-hours visiting to HV and WE is challenging in the short term due to increased system demand and pressure.	Reports to ICS Executive and Partnership Board Oversight Group discussed emerging issues.	Reasonable	Reports to PCCC	Reasonable	Reports to NHSE/I	Reasonable	Not all proposed measures can be introduced in the short term for all practices.	Approved by Committees meeting in common with the addition of reference to reputational risk. Reviewed by PCB Sept22
PC5	.	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	AD for Primary Care Contracting	**IF** there are not consistent and rigorous processes for monitoring quality and performance of contracts and investments... **THEN** there is potential for variable outcomes in improvements across the three geographical areas... **RESULTING IN** inequalities in the quality and performance of ICB primary care services and disparities in costs for the same services in different locations.	20	12	8	No movement ↔	1) Individual processes are in place for ICB, for example: -Inclusion of PC data in Quality and Performance reporting to ICB Board - PCCC meeting has independent input from an out of area GP. - PCCC membership has a non-GP majority. - Risk and information sharing meetings with all relevant teams, LMC, Nursing & Quality and CQC. - Support packages in place for all practices with an existing ratings of 'Inadequate' or 'Requires Improvement' - Quality visits to practices and Extended Access sites - Practice Manager meetings 2. Healthwatch action plan 3. Reporting to single ICB Primary Care Board, with non-GP majority membership. Single Primary Care Contracting Panel now in place	~~3. Review of different approaches in the 3 ICB places~~ ~~**ACTIONS BEING TAKEN:**~~ ~~- Identify current arrangements; compare and identify differences; assess differences in outcomes~~ ~~- Agree which process (or combination of processes) produces the best results~~ ~~- Implement one process across the ICS footprint~~ ~~2. In process of establishing contractual/performance delivery monitoring processes across the ICS~~ Reviewing approach to joint Quality/Contracts visits. Propose using current WE risk dashboard format as a consistent ICB wide format. Assessment of PCNs needs further consideration - relationship between PCNs & member practices, supervision of PCN staff	Internal quality and performance monitoring processes in each place. Support to practices with 'inadequate' or 'requires improvement' rating. Support to practices with access challenges, e.g. staffing or premises.	Reasonable	Reports to PCB and Quality Group Assurance to PCCC Liaison with CQC and LMC	Reasonable	Liaison with CQC and LMC Internal audit opinions Updates to patient groups e.g. Patient Network Quality (PNQ) Monthly meetings with Healthwatch Presentations at Local Authority Overview and Scrutiny Groups	Reasonable	Extent of reporting of primary care quality and performance to Public Board - for discussion: terms of reference and work plans for ICB committees are being developed by the ICS. There is also discussion of Quality Groups at place at request of the ICS. Some practices reluctant to engage or nor highlighted as potential risks may be inspected by CQC, with further unknown risks emerging.	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept-22 & agreed to risk score reduction from 16 to 12

Transition Risks

Primary Care Directorate Risk Profile

Assurance Mapping

ID	Datix ID	Date C	Comm	Execut	Revise	Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working	1st Line -	2nd Line Oversight functions undertaking scrutiny and	2nd Line -	3rd Line Functions providing independent and objective	3rd Line - Level	Gaps in assurance	Approval status
PC7	326	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation AD for Primary Care Contracting		**IF** Primary Care sustainability is not robust enough... **THEN** we may not be able to ensure continued delivery of primary medical services... **RESULTING IN** a reduction in quality, patient safety and experience.	16	12	4	No movement ↔	1. Routine practice and extended access hub visits. Individual practice visits to support mergers, resource and capacity issues, estates and infrastructure issues 2. Business Continuity Plans - Support for PCNs to develop BCPs and facilitate mutual aid 3. Targeted support for practices who are rated 'inadequate' or 'requires improvement' by the CQC 4. Support offered to all practices for preparation for CQC inspection or other CQC Reviews including 'mock visit' 5. Targeted support where practices have access challenges such as workforce or premises 6. Regular monthly meetings with the CQC 7. Meetings with the LMC 8. Monitor workforce levels through audit 9. Support to practices in the further development of Primary Care Networks as part of the delivery of The Long Term Plan 10. Targeted workforce initiatives through the ICS funding available 11. Supporting practices to access GP Resilience Funding. 12. Primary Care OPEL Framework introduced as part of ECF 13. Potential Practice Closure plans 14. Action plan to identify and investigate opportunities to improve patient access, including promotion of self-care, self-referral and community pharmacy scheme. 15. Additional Roles Reimbursement Scheme for PCNs ~~16. Additional winter capacity funding for 2022/23 to support the demands faced across the system as a result of the pandemic~~ ~~17. Support for PCNs to deliver services at scale e.g. Asthma diagnostic hubs~~ ICB has responded to the publication of the Primary Care Access Recovery Plan and is communicating and supporting PCN's with implementation ICB is supporting Practices and PCNs to partcipate in the GP Improvement Programme (GPIP) System Level Access Improvement Plan developed & Report progress into public Nov 2023 board and public Apr/May 2024 board	Solutions to substantive workforce and premises limitations take time to implement. Interim arrangements may need to be actioned.	Available and monitored data sources to gauge practice sustainability: QOF achievement and exception reporting CQC rating GP Patient Survey results Workforce audit information Premises concerns Acute utilisation Quality (complaints & PALS) ICB support requests Risk rating for practice GPAD data	Reasonable	The Primary Care Commissioning Committee reviews the forecast risk resilience tool routinely and also on an ad hoc basis if new information is received. Reports to PCB	Reasonable	CQC inspections and reports	Reasonable		Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept22
PC8	327	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	Head of PC Transformation (WE/SWM/ENW)	**IF** primary care recovery and prioritisation of workload is not adequately supported... **THEN** meeting of primary care contractual requirements may be affected, particularly relating to routine and preventative work... **RESULTING IN** negative impact on patient access, care and experience, QOF outcomes and wider system pressures.	15	12	6	No movement ↔	~~1. Additional Winter Capacity Funding support~~ ~~2. Introduction from Oct 22 of ICB wide ECF scheme to support general practice prioritisation, deliver LTC management etc~~ ~~3. Dec 22 update - recognising significant winter pressures a review of ECF requirements was undertaken. A risk based approach has been taken to prioritising key areas, balancing operational pressures (both within primary care and across the wider health system) with the health needs of the population. Aim is to ensure that practices will be able to release clinical capacity to better manage the increase in on the day demands.~~ ~~4. Further ARRS roles have been developed (Transformation/digital role)~~ ~~5. Engagement with MDT continues, so backlogs can be cleared~~ ~~6. Feb 23 update - ICB QOF & IIF mitigation support offer made to all practices & PCNs.~~ October 23 - Additional winter scheme to support continued demand in primary care through local funding. Jan 2024: Additional funding provided to PCNs to support periods of junior doctor industrial action	~~1.Unable to meet high BAU demand~~ ~~2.Unable to clear back logs for: complex long term conditions; health checks; medication reviews; screening; and spirometry diagnostics.~~ ~~**Actions:** Establish key actions and timescales and monitor progress.~~	Place based recovery plans for primary care services	Reasonable	Reports to PCB	Reasonable	CQC inspections and reports Internal audit reports External audit conclusions	Reasonable	Ongoing exceptionally high demand in primary care.	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept22
PC9	328	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	AD for Primary Care Contracting	**IF** the quality of data available to practices and Primary Care Networks is not adequate ... **THEN** this will limit the ability for primary care to meet new responsibilities relating to population health management... **RESULTING IN** failure to achieve forecast outcomes in population health and healthcare and tackle inequalities in outcomes, experience and access.	16	12	4	No movement ↔	~~1. Procurement of one solution across ICS on data platform i.e. Ardens - Upgraded Ardens Manager 'National Contracts' package procured for practices and PCNs for 2022-23.~~ ~~2. Development of Primary Care Dashboard~~ ~~3. PCN DES "Tackling Health Inequalities" service implementation~~ ~~4. Primary Care teams aligned to PCNs/Localities to support development of PCN PHM Plans~~ Sept23 update: Key access data made available to PCNs and practices via Ardens Manager & MS Team folders Nov-23 update: Continued development & use of Dashboard tools including focus on Access indicators	~~1. Variance in IT solutions and processes across the 3 places - single BI platform to be implemented~~ ~~2. Confidence of data recording/reporting~~ 3.Regular /consistent health outcomes and activity data set shared with primary care needs to be established	Co-ordination of consistent BI data reporting across ICS; PHM training to PCNs, Primary Care Managers	Reasonable	Assurance to PCCC	Reasonable	Reporting into ICB	Reasonable	None identified	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept22
PC10	329	04/03/2022	Primary Care Workforce	Director of Primary Care Transformation & Director of Workforce	Head of Primary Care Workforce	**IF** there were no forecasting or forward planning for changes and challenges in general practice workforce... **THEN** we would be unable to foresee changes in workforce and act proactively to address expected shortfalls in any profession... **RESULTING IN** threat to patient care as patients may not have access to a range of skilled professionals in primary care.	9	6	3	No movement ↔	1. Monitoring workforce trends 2. Taking novel approaches to recruitment and retention 3. Providing updates to PCNs including ARRS position 4. Primary Care Teams working with PCNs to submit forward ARRS workforce plans 5. PCN workforce teams connected to current /future issues in practices/PCNs 6. Plan with system partners to avoid destabilising the workforce Nov-23 Update - PCNs submitted updated Workforce plans by 31-Oct23. These plans are being reviewed by Primary Care Team. Balance to be struck between maximising utilisation of ARRS buget vs ensuring that PCNs move towards living within their means (ARRS budget) for 24/25 onwards - Budget for ARR scheme roles to be maintained from 24/25 onwards, however awaiting further clarity on the GMS contractual arrangements in this respect Jan 2024: New Primary Care Workforce Dashboard being developed PCN Training Teams estabslished and meeting with TH NHSE Annual Operational Planning process includes workforce forecasting Training Hub working closely with ICS Workforce Team to share /optimise resources and avoid duplication	1. Increasing numbers of GPs and GPNs taking retirement mean further plans necessary to address retention or recruitment. 2. Difficulties recruiting to some AHP roles due to competition for their skills. 3. PCNs have autonomy for ARRS recruitment plans and have identified finances (shortfall in salary cap and management overheads) and risk (liability for staff given uncertainty about future of PCNs) and perceived value of some non-GP roles as barriers	Quarterly Workforce Data Collection Annual Skill Mix Collection	Substantial	Update reports to PCB and PCCC Progress monitored in ICS Workforce Group	Substantial	Reports to NHSEI	Substantial	None identified	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept22
PC11	330	04/03/2022	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** there is a lack of career development opportunities in primary care ... **THEN** primary care may be less attractive as a career choice... **RESULTING IN** doctors, nurses and other allied health professionals leaving primary care and choosing alternative career paths, making primary care less resilient and creating instability in patient access.	12	9	3	No movement ↔	1. Protected Time to Learn Events 2. Qualified Nurses Return to Practice Campaign 3. Qualified Nurses to make PC career choice 4. GP Fellowship Scheme 5. New to Practice Fellowship programme for GPNs and GPs 6. First5 Networking/support forums 7. Wise5 Networking/support forums 8. GPN/HCA networking/support forums 9. Monthly lunch time educational webinars for all Primary Care staff clinical and non clinical 10. Monthly evening educational webinars for clinicians 11. GPN Appraisal support programme 12 .Leadership programmes for GPNs 13. Advanced Care Practitioner networking/support forum 14. GPN Leadership networking/support forum 15. Apprenticeship webinars for clinical and non clinical roles 16. Clinical supervision sessions for GPNs/HCAs 17. HWE ICB Training hub offer all primary care staff career clinic sessions 18. PCN Training Teams 19. Recruitment of a Primary Care Advanced Practice Supervision Ambassador Nov-23 update 20. AHP/GPN Career Support programme	1. Increasing numbers of GPs and GPNs stepping down due to system pressures/ taking early retirement are exacerbating the risk. 2. Difficulties recruiting to primary care roles due to competition for their skills. 3. Underutilisation of ARRS budget	121 line management meetings Workstreams reviewed at Workforce Team meetings Workstreams reviewed at WIG meetings	Reasonable	Reports to PCB and PCCC	Reasonable	Reports to NHSEI Review of workforce position and work programmes at LMC Operational and Liaison Meetings	Reasonable	None identified	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept22

Transition Risks

Primary Care Directorate Risk Profile														Assurance Mapping							
ID	Datix ID	Date C	Comm	Execut	Revise	Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working	1st Line -	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	Level of	Gaps in assurance	Approval status
PC13	332	03/05/2022	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** there were a lack of further training and education opportunities in primary care... **THEN** there would be a failure to keep knowledge relevant and up to date. Capabilities will not be kept up to the same pace as others in the same profession. **RESULTING IN** a. Practice colleagues being unable to maintain and enhance their knowledge and skills needed to deliver primary care to patients. b. Practices would fail their CQC Inspection c. Mental Health issues would increase across the GP population. d. General Practice would have a lack of registered nurses.	6	3	3	No movement ↔	1. Trained Infection Prevention and Control Champions in each practice. 2. The GP Career grant 3. Qualified Practice Nurse Revalidation support 4. Business Fundamentals for GPs 5. Student Placements - nurses and Graduate Managers 6. CPD funding offer for all GPNs/AHPs 7. HWE ICB Career clinics 8. Monthly educational webinars for all health care professionals clinical and non clinical 9. Supporting PCNs to run Protected time to Learn events monthly (reinstated from Nov 2022) 10. Creation of PCN Training Teams Nov-23 updates: 11. Nursing Associate Apprenticeship 12 Business Administration Apprenticeship 13 CPD funding offer - Rolling programme - Admin/Reception staff training Jan 2024: Nursing and AHP Fellowship programme approved and implemented NHSE/HEE Funding received	1. Apprenticeships in Primary Care 2. School Engagement and Work Experience Placements 3. Student Placements - other professions	ICS Training Hub ICB Training lead appointed Jan 2024: well-established ICB WIG and regular meetings	Reasonable	Reports to PCB and PCCC	Reasonable	~~National funding in place for Training Hub~~ NHSE Monitoring retruns and assuarnce meeting framework	Reasonable	Further opportunities to be developed	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept22
	537	09/11/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** the Additional Role Reimbursement (ARR) scheme budget is not fully utilised by PCNs **THEN** this available funding for additional primary care roles is lost to individual PCNs & the ICB system **RESULTING IN** a. missed opportunities to provide further additional capacity in general practice b.further pressure on existing workforce c. PCNs may be less able to continue collaborative development d.PCNs less able to meet the requirements of the PCN DES, meaning key prioritise may not be met e. variance in service provision between PCNs	12	12	8	No movement ↔	1. Primary Care Team engagement with PCNs to support with ARRS plans 2. sharing of PCN experiences with ARRS roles via CD/PCN forums 3. Recruitment support offered via Essex Primary Care Careers 4. Further national funding deployed, including PCN Leadership & Management support to improve PCN operational capacity 5. PCN Training Teams being launched to support ARR scheme & wider general practice workforce 6. Further ARRS roles have been developed (Transformation/digital role) Nov-23 Update PCNs submitted updated Workforce plans by 31-Oct23. These plans are being reviewed by Primary Care Team. Balance to be struck between maximising utilisation of ARRS buget vs ensuring that PCNs move towards living within their means (ARRS budget) for 24/25 onwards	1. Further work required on liaison with HPFT re Mental Health PCN roles 2. Reliance on PCN engagement & appetite on recruitment 3. Awaiting further national clarity on ARR scheme funding beyond 23/24	Review by Primary Care SMT	Reasonable	Reports to PCB and PCCC	Reasonable	Reporting to and liaison with NHSE/I Regional Team	Reasonable		Reviewed and approved by PCB Nov-22
	627	13/01/2023	Primary Care Commissioning Committee	Director of Primary Care Transformation	Head of PC Transformation (WE/SWH/ENH)	**IF** the growth in the placement of Asylum seekers in local hotels together with growing pressures in general practice continues.. **THEN** agreeing suitable arrangements to register & provide care for this vulnerable cohort of patients becomes increasingly challenged **RESULTING** delays in providing effective care & potential ongoing impact on local 111/A&E services	12	12	6	No movement ↔	1. System wide meetings in place involving various key partners from Home Office, Local Authority/ and District Councils, Voluntary Sector/Hotel Management/Housing Managers to ensure that intelligence is shared and report any issues 2. Collaborative discussion with GP practices, PCNs & LMC to support newly opened hotel facilities 3. Local Enhanced Service spec offered to practices to support with extra workload. ICB has also committed to making this funding available to support spot booking locations, which are not currently supported by NHSE funding. Sept23 update: 1. Two workshops have taken place to identify a model of working supporting Primary Care - this includes a new specification. To agree full sign-off off Funding Model and Specification by 01/10/23 (stage 1). Stage 2 - to review Dental Opportunity and support. Stage 3 - To review OPTUM opportunity and support (all to be commissioned as in-reach/roving service) 2. All Hotels are now classified as an Intergrated Accomodation Centre (IAC. NHSE Funding Guidance has changed to an allocation model where they will pay the ICB directly (reducing the need for local ICB claims) based on Home Office data. Payment will be made twice per year. 3. Decision made outside of PCCC that Primary Care would stand down market testing. Agreed to review a funding stucture that would support Primary Care practices/PCNS in managing this additional workload and being supported for additional appointment time/need for interpretetors and undertaking of a Initial Health Assesment. Jan 2024 1) - Dental scoping to take place with Contracts Team (followed by OPTUM) 2)- Home Office are commencing closures of Hotels - it is not clear if further Hotels will be stood up in the future. 3 Hotel sites listed to close by March 24. 3) - PCCC funding options - November (finance too high) so a further paper has been completed based on current funding via NHSE - awaiting sign-off - this includes a revised specification.	1, New Model of Care initial options discussed at PCCC (February 23) . Further work up required to present the model/spec at the next PCCC (April 23) 2. NHS England is keeping the funding position under review e.g. to establish if spot booked hotels become an enduring feature of Home Office accommodation strategy, whilst recognising the funding pressures on its core and contingency initial accommodation budgets due to unprecedented arrival numbers but acknowledging there is an additional cost pressures on ICBs. A final position on reimbursing from the contingency fund for initial accommodation is expected to be confirmed in January 2023. PCCC February 23 - Updated paper outling costs to date, following the impact of Spot Hotels accross HWE - YTD costs given should the hotels still remain in place, taking into account where NHSE funding offsets some of the ICB costs. 3. New Hotels - since the impact of Spot Hotels (which most have moved to IAC status) there has been no new sites/hotels. We are now aware of a possible 3 new Hotels being stood -up in March 23 (1 in SWH and 2 in WE) potential numbers/occupancy of hotels circa 500 new arrivals. 4. There is potential for increased risk if agreement not reached to extend the current arrangements. New Model of Care would need to be procured for potential new sites & woul not take over the current provision. New Model of Care would be to 'work-up and manage' large cohort numbers, before handing back to Primary Care.	Review by Primary Care SMT	Reasonable	Reports to PCB and PCCC	Reasonable	1. National and regional directives being followed 2. Reporting to and liaison with NHSE/I Regional Team 3 - LMC Liaison and supporting Local Practices/PCN meetings	Reasonable	Primary Care often rarely notified of various new arrivals and/or new sites various (Asylum Seekers, Afghan) - service levels potentially at risk	Reviewed and approved by PCB Jan-23

Transition Risks

Risk Profile												Assurance Mapping						
ID	Datix ID	Date Opened	Committee	Executive Owner	Revised Risk Lead	Risk Description	Rating (initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
Revision of new risk proposed March23		13/09/2023	Primary Care Digital Group	Director of Primary Care Transform	Head of Primary Care Digital	**IF** the programme is unable to recruit the roles with the relevant skill set knowledge **THEN** there will be a gap in resource and experience needed to develop, deliver and implement the programme **RESULTING IN lack of** progression and delivery of the meaning transformation not delivered and SDF plans not fulfilled	9	9	4	No movement↔	1. Recruitment underway and bandings competetive 2. Using existing resource to porgress where possible 3. If unable to recruit will look to external resource 4. Utilise PCN Digital Leads to assist where possible		Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group and PCCC	Reasonable	Digital Boards Reporting to NHSE	Reasonable	Limited options re recruitment	
Revision of new risk proposed March23		13/09/2023	Primary Care Digital Group	Director of Primary Care Transformation	Head of Primary Care Digital	**IF** Digital maturity/ appetite varies across all practices, primary care staff may not able or willing to commit time and resource to allow digital transformation to take place **THEN** There could then be capacity restraint for GP practices, to embed transformation work within the timeframes set out by the programme **RESULTING IN** A poor experience and potential outcome for patients, continued pressure on workforce with primary care and a greater impact on pressure	12	12	6	No movement↔	1. The project will is in place to identify pressure points within primary care to seek solutions 2. Using existing digital resources work on a one on one basis to guide practices and release pressure of change management - including PCN Digital Transformation Leads 3. Establish links with other ICB teams to ascertain support networks and attend necessary meetings 4. Promote the benefits of digital solutions and evidence how they can reduce pressured on primary care 5. GP contract outlines the requirements practices need to deliver digitally 6. Utilise external resources available and amend to suit practice needs 7. Set up working forum/ group to share best practices and challenges and work collaboratively	1. Limited resource to carry out the work 2. Demand and skill sets in place in general practice to manage the change management needed	Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group	Reasonable	PC & Digital Boards Reporting to NHSE	Reasonable	May be new pressures currently unknown that push this transformation down priority order	
Revision of new risk proposed March23		13/09/2023	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	**IF** Patients with no access to digital technology cannot remotely connect to primary care **THEN** Their Health and Care could be negatively impacted **RESULTING IN** Poor outcomes and services and widening health Inequalities	16	16	3	No movement ↔	1. Research carried out in the community to ascertain patient needs and challenges contacting GP remotely 2. External commission negates pre conceived ideas internally. 3. Steering group to work through the commission outputs to aide patients who are digitally excluded 4. Socialise the commissioned report with stakeholder to gain commitment and action plans 5. Digital Inclusion part of the wider ICB Digital Strategy	1. Limited resource in the DFPC Team to carry out the work 2. Practices unwilling to support digital in primary care 3. Service design such as websites, making it difficult and frustrating for patients	Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group	Reasonable	PC & Digital Boards Reporting to NHSE	Reasonable	Not all proposed measures can be introduced in the short term for all practices.	
New risk - Sep 23		13/09/2023	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	**IF** there are delays to national frameworks/teams/lack of capacity **THEN** we may be unable to move forward certain workstreams (e.g. Cloud Based Telephony) **RESULTING IN** practices not being able to implement improved access	12	12	4	No movement ↔	1.Maintain contacts with national teams to ensure aware of current positions 2.Consider local options as backup 3.Prepare so ready to mobilise as soon as possible 4.Maintain contacts with neighbouring ICBs to maximise benefits of scalability where possible	1. Limited influence over national	Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group	Reasonable	PC & Digital Boards Reporting to NHSE	Reasonable	Limited influence over national	
New risk - Sep 23		13/09/2023	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	**IF digital systems in other sectors and elsewhere in primary care do not change/support new ways of working** **THEN** we may be unable to enact required changes **RESULTING IN limited benefits and potentially extra workload on people if they have to enter data into extra places**	12	12	4	No movement ↔	1.Maintain contacts with national teams to ensure aware of current positions 2.Consider local options as backup 3.Prepare so ready to mobilise as soon as possible 4.Maintain contacts with neighbouring ICBs to maximise benefits of scalability where possible	1. Limited influence over national	Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group	Reasonable	PC & Digital Boards Reporting to NHSE	Reasonable	Limited influence over national	

Transition Risks

Risk Profile													Assurance Mapping							
ID	Datix ID	Date Opened	Committee	Executive Owner	Risk Lead	Risk Description	Rating (initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
New risk - Mar-23		20/02/2023	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of POD Delegation	**POD Delegation - Finance** **IF** 1) the projected large overspend in Community Pharmacy for HWE of £2.5 million is confirmed & the ring-fencing of dental contracts proceeds (historically used to cover the overspend.) and 2) allocation of dental budget in each ICB in line with the population. **THEN** potentially there will be large deficits in budgets for both Community Pharmacy & Dental. **RESULTING IN** inability to deliver transformation projects/increase access for these contractual areas & necessitate redeployment of ICB funding from other priorities	12	12	8	No movement↔	1) Concerns have been highlighted to NHSE as part of the SDC submission 2) the issue is similar across all East of England ICBs and NHSE Region are raising this issue with the National Team 3) given the short time remaining before full delegation from 1st April 23, these are now being escalated by all ICBs. 4) Concerns over the process, lack of information and financial risks have been raised by all ICBs within the East of England Region and escalated to the Director of Primary Care and Public Health		ICB task and finish group are meeting weekly to update on progress and issues Meet regularly with NHSE and other ICBs in the Region to share issues and updates	Reasonable	Reports to PCB and PCCC	Reasonable	ICB Exec	Reasonable		Approved at PCCC Mar-23
New risk - Mar-23		20/02/2023	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of Primary Care Contracts	**POD Delegation - Quality** **IF** 1) as planned, there are no quality staff aligned to POD contracts at NHSE, quality review and input to these provider groups is extremely limited ~~and 2) complaints and the national call centre for complaints are part of delegation, with very limited TUPE resourcing~~ **THEN** likely to be unknown issues across providers particularly dentistry where there are high risk procedures, infection prevention and control risks etc; ~~limited ability to manage the required complaints management functionality~~ **RESULTING IN** limited knowledge of & scope to address potential patient safety issues leading to patient harm	15	15	10	No movement ↔	1) Concerns have been highlighted to NHSE as part of the SDC submission 2) the issue is similar across all East of England ICBs and NHSE Region are raising this issue with the National Team 3) given the short time remaining before full delegation from 1st April 23, these are now being escalated by all ICBs. 4) Concerns over the process, lack of information and financial risks have been raised by all ICBs within the East of England Region and escalated to the Director of Primary Care and Public Health Nov-23 Update: Complaints function now delegated as of 1st July 2023. No Quality resource transferred with the POD functions. Pharmacy & Optometry and Dental Contracting teams work with available data to have oversight. P&O - the Team processes Fitness applications and concerns in line with the Regulations and compliance with Terms of Service in addition to the Market Entry Function, overseen by the Pharmaceutical Services Committee. Working in liaison with GPhC, NHSBSA, PCSE, local complaints teams, Regional Controlled Drugs Team and other stakeholders. This is in addition to regular monitoring through Community Pharmacy Assurance Framework, and the Pharmacy and Dispensing Quality Schemes. Dental - regular meetings are now in place with the Dental inspection team at CQC. The team work with NHSBSA to identify areas of investigation for quality reporting, link with the Managed Clinical Networks for specific workstreams. RECOMMENDATION: Remove the element of the risk relating to transfer of complaints Jan23 - now removed as noted above		ICB task and finish group are meeting weekly to update on progress and issues Meet regularly with NHSE and other ICBs in the Region to share issues and updates	Reasonable	Reports to PCB and PCCC	Reasonable	ICB Exec	Reasonable		Approved at PCCC Mar-23
	244	08/09/2020	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of Primary Care Contracts	If there is a lack of access to dental services then this will impact on a patient's treatment and care resulting in a potential deterioration of health	16	15	6		Further review required to ensure risk reflects changed position with commencement of POD delegation from 1st April 2023 onwards Nov-23 Update: Recently approved additional capacity for a Winter Access Scheme providing additional capacity over 6 months with an aim to review and refine for future years to expand capacity. SCDS Hertfordshire proposal agreed to commission a service for anxious children, currently in place in WE. Providing additional capacity, reducing waiting times for out of area appointments for this cohort. Dental Public Health team undertaking a refresh of the Access review to assist with prioritisation and future planning.								Approved at PCCC Mar-23
New risk - Jan-24	NEW RISK	18/01/2024	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** there were insufficient further training and education opportunities available to Optometry, Dental and Community Pharmacy ... **THEN** there would be a failure to keep knowledge relevant and up to date. Capabilities will not be kept up to the same pace as others in the same profession. **RESULTING IN** a. Clincicaland non-clinical staff potentially being unable to maintain and enhance their knowledge and skills needed to deliver primary care to patients. b. Practices would potentially fail their CQC Inspection c. Risk of mental health issues increasing across the workforce d. Delay to creation of new non-traditional roles e.Likely negative impact on staff recruitment and retention	6	6	3		Some ad-hoc training arranged by ICB for Community Pharmacy e.g. Pharmacy First Registered healthcare professionals required to meet professional standards, competencies and CPD requirements for clinical registration Statutory training is a legal requiremet Healthcare employees are expected to have a training and development plan agreed and supported by employer including statutory and mandatory training	ICB has not yet scoped training needs, provision and any gaps or developed a training and development plan /package for pharmacists Optometrists or Dentists	Training Hub Team meetings Workforce Clinical Leads Meeting WIG		Reports to PCB and PCCC		CQC regulatory framework encompasses workforce training and development			

Transition Risks

Risk Profile														Assurance Mapping							
ID	Datix ID	Date Opened	Committee	Executive Owner	Risk Lead	Risk Description	Rating (initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls		1st Line Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
New risk - Jan-25	NEW RISK	18/01/2024	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** robust processes for monitoring and planning workforce requirements for Optometry, Dental and Community Pharmacy are not established... **THEN** we will be unable to identify required changes in workforce, acting proactively to address expected shortfalls or reactivley to mitigate unexpected gaps in any profession... **RESULTING IN** potential threat to patient care as patients may not have access to a range of skilled professionals in primary care.	9	9	3		Community Pharmacy workforce audit undertaken by NHSE Independent contractors are responsible for ensuring a appropriately capatious and skilled workforce for safe and effective provision of contracted services	Local ICB processes still to be developed		Training Hub Team meetings Workforce Clinical Leads Meeting WIG		Reports to PCB and PCCC		Operational Plan with wokrforce forecasting submitted to NHSE			

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**25/01/2024**		
Report Title:	**Primary Care – System Access Improvement Plan**				**Agenda Item:**	**10**		
Report Author(s):	Updates incorporated from various leads across Primary Care Avni Shah, Director Primary Care Transformation							
Report Presented by:	Andrew Tarry, Head of Primary Care Contracting							
Report Signed off by:	Avni Shah, Director Primary Care Transformation							
Purpose:	**Approval / Decision**	X	**Assurance**	☐	**Discussion**	X	**Information**	☐
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing							
Key questions for the ICB Primary Care Board / Committee:	Board is asked to discuss the content and how we ensure we through this and wider channels information on progress is shared with the population we serve.							
Report History:	Discussions at Primary Care Transformation group; Primary Care Commissioning Committee and NHSE oversight meeting							
Executive Summary:	Following the publication of the Delivery plan for recovering access to primary care in May 2023, integrated care Primary Care Boards (ICBs) are required to develop system-level access improvement plans for primary care. In July 2023, NHSE published a briefing note to support the development by ICBs of their system-level access improvement plans. This referenced "checklists", published June 2023, which detailed expected actions for both ICBs and PCNs to achieve primary care access recovery. These "checklists" were update by NHSE September 2023. The purpose of this report is to provide Primary Care Board with an overview of the NHSE Primary Care Recovery Plan (PCARP) and the							

<table>
<tr><td></td><td colspan="4">commitments to patients therein, and provide assurance to Primary Care Board that, through the development and implementation of HWE ICB's "System-level Access Improvement Plan", we will deliver on these commitments for the people of HWE by: -

• Tackling the 8 am rush - make it easier and quicker for patients to get the help they need from Primary Care
• Enabling "Continuity of Care"
• Reducing Bureaucracy

The report will describe work already undertaken, work to be progressed, and the methodology for monitoring and assuring delivery.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">Hertfordshire and west Essex Primary Care Primary Care Board is asked to:

▪ DISCUSS this report that describes the key components of the HWE System-level Access Improvement Plan and outlines how the ICB intends to deliver its key actions and priorities.
▪ APPROVE the System Level Access Improvement Plan for Primary Care with a progress report to come to the Primary Care Primary Care Board and ICB Primary Care Board in March 2024</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☐</td></tr>
<tr><td colspan="4">N/A as decisions on where funding is approved is with Primary Care Commissioning Committee which manages the conflict of interest with independent clinicians from primary care professionals as appropriate.</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">Yes this is key to when considering improvement in access in primary care</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">The Primary Care Risk Register outlines the key keys associated with Primary Care Access.</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">National funding through Advance telephony, transition funding to support improvement in general practice and national funding through prioritisation of improvement in access in IIF and GMS contract for 2023/24.</td></tr>
<tr><td>Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">Yes and approved – the Primary Care Strategic Delivery Plan has EIA completed overall</td></tr>
</table>

	Quality Impact Assessment:	Yes and approved– the Primary Care Strategic Delivery Plan has EIA completed overall
	Data Protection Impact Assessment:	N/A

NHSE Primary Care Recovery Plan

Hertfordshire and west Essex "System-level Access Improvement Plan"

1. Introduction

This report provides Primary Care Board with an overview of the NHSE Primary Care Recovery Plan (PCARP) and provide assurance to Primary Care Primary Care Board that, through the development and implementation of HWE ICB's "System-level Access Improvement Plan", we will deliver the objectives and outcomes we agreed in our ICB wide Primary Care Strategic Delivery plan approved in July 2023.

It describes the current general practice access position in HWE, the improvements we intend to make but also reflects on some of the plans in relation to dental, optometry and community pharmacy.

2. Background

General Practice, like many parts of the NHS, is under tremendous pressure – nationally one in five people report they did not get through or get a reply when they last attempted to contact their practice. The Fuller Stocktake stated, "there are real signs of growing discontent with primary care – both from the public who use it and the professionals who work within it". The Fuller Stocktake also provides valuable insights on the preferences of people waiting for and choosing appointments: -

People waiting for an appointment with their GP prioritise different things. Some need to be seen straightaway while others are happy to get an appointment in a week's time. Some people – often, but certainly not always, patients with more chronic long-term conditions – need or want continuity of care, while others are happy to be seen by any appropriate clinician, as long as they can be seen quickly. Equally, for some patients it is important to be seen face to face while others want faster, more convenient ways of accessing treatment and there is emerging evidence of a growing appetite (even before COVID-19) for patients to access care digitally.

The NHSE "Delivery Plan for Recovering Access to Primary Care" (NHSE May 2023) has two central ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.
- For patients to know on the day they contact their practice how their request will be managed.

  a. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.

  b. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.

  c. Where appropriate, patients will be signposted to self-care or other local services (e.g., community pharmacy or self-referral services).

The Recovery Plan seeks to support recovery by focusing on four areas:

I. Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.

II. Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment. The 2023/24 contract requires practices to assess patient requests on the day.
III. Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
IV. Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

3. Our Primary Care Strategic Delivery Plan

The HWEICB Primary Care Strategic Delivery Plan was approved by the ICBs Board on 28 July 2023 and sets out how we want to develop GP, community pharmacy, dentistry, and ophthalmology services across Hertfordshire and west Essex to benefit patients and communities over the next three years.

The key objectives outlined in the plan are:

- **Prevention and Health Inequalities -** a continued focus on preventing ill health and helping people to stay well for longer
- **Improved access for urgent same day health needs –** creating same day access options to support patients with urgent health needs, across all providers – not just general practice/primary care whilst also supporting patients to access planned/routine access into primary and community as appropriate
- **Joined up local teams of health and care professionals -** the creation of team of teams through Integrated Neighbourhood Teams (INTs) where health and care professionals work together across organisations to meet patients' medical, social, and psychological needs in a more joined up way

These objectives will be supported by several key areas of work such as empowering and educating patients, improved use of buildings used to deliver services, developing the primary care workforce, better use of data, information and digital technology and ensuring good value contracts and locally funded projects. It is believed that focusing time and resource in these areas will have the greatest impact to support the delivery of a primary care service which meets peoples needs into the future.

The full plan can be viewed here: Primary Care Strategic Delivery Plan 2023-2026 – Hertfordshire and West Essex NHS ICB

4. System Access Improvement Plan

The November PCB update outlined the national requirements under the Capacity and Access Guidance for 2023/24, including the Capacity and Access Improvement Payment (30% oft the overall payment) which is linked to PCN agreement and delivery of an improvement plan, to be assessed at year-end.

It was also noted that in July 2023 NHSE published a briefing note to support the development by ICBs of their system-level access improvement plans. This referenced a "checklist", published June 2023, which detailed expected actions for both ICBs and PCNs to achieve primary care access recovery.

The following represent the key updates provided since the previous iteration of the plan as shared in November. These are summarised under the four main sections of the Delivery Plan:

Empowering Patients

Prospective Patient Record Access - 62 practices live. Frequent communications to practices around the programme including links to NHSE support resources and continued support via GP IT teams for practices needing assistance.
67 practices are currently not fully live. The Primary Care Team are working with practices on a 1:1 basis to progress this, including provided clarity on the contractual requirement and adherence.

NHS App – working with practices and system partners to optimise their interfaces with the NHS App so that any options for automation/integration are applied.
60% of eligible population have the NHS App, with a 42% increase in logins versus December 23. Key next steps for 2024 include working in partnership with primary care Digital Leads and delivery partners to work with practices where uptake and benefits not seen using the dashboard and patient feedback. Also a plan for ongoing monitoring and collation of lived experience and feedback from practices and patients on the impact this is having whether that is efficiency in the practice and patient experience

Practice Websites – commenced a Website Audit in January 2024 using national tool based on guidance. Audit plan will include next steps and how we work with PCNs/Practices to ensure websites meet suggested guidance. Some practices already developing websites in line with access plans and have been provided with assessment tool to ensure alignment.

Self-referrals - Work is planned to commence with associated partners to take forward ADHD & MSK self referral pathways as focus areas for self referral across the ICB .
Part of the GP website audit is to review the promotion of Self Referral on website homepages; early indications show there is a very low number of practices who promote self referrals. Engagement with patient representative groups & VCFSE to help raise awareness of available services & pathways. The issue of accessibility particularly for those who are digitally disadvantaged is a recurring theme.

Community Pharmacy - Integration work with the Hypertension with the case finding work with practices with low prevalence and integrating where appropriate with local pharmacies to work together to empower patients, improve access and improve diagnosis.
Agreement to roll out the CP UTI pilot across HWE over winter.

Pharmacy First implementation - Pharmacy first uptake is very good overall with 258 community pharmacies (approximately 94%) across HWE ICB which have opted in. Local training for Pharmacy First has been organised. Community pharmacy survey results regarding local training requirements have been received and feedback incorporated. A draft local communications plan has been developed.

Implementing Modern General Practice

Advanced telephony – 28 practices with analogue systems being supported to implement CBT. A further 7 practices are now being upgraded from sub-optimal CBT systems to advanced CBT. 16 practices have been offered free of charge upgrades on their current systems which are CBT but lacking some functions. A further 16 practices currently have no funded upgrade path but are using a sub-optimal CBT system; we are working with region to understand options for those practices.

PCN Access Improvement Plans - place teams continue to engage with PCNs to review progress with Access Improvement Plans and required support. This includes GPAD data being reviewed and shared with PCNs to support the Access Improvement Plan achievement. A

targeted Dashboard is being finalised to share key data with PCN and to highlight where practices are outliers
A full overview of PCN plans and assessment of these will be included in a future iteration of the system plan.

ARRS Workforce Plans - Review of PCN ARRS plans is underway, with place teams engaging with PCNs to understand the latest position and gain assurance on PCN 'redible plans to stay within budget going forward into 24/25. Some PCNs have plans to exceed individual PCN budget, which is possible due to other PCNs underspending.

Implementing Modern General Practice/Transition Cover - 80% of practices have been granted Transition Cover funding to support with implementation of Modern General Practice Model. Place Teams rare eviewing further applications to maximise implementation for 23/24. There will be a further review of the approach for 24/25 budget allocation to provide further support for practices

Encouragement of practices to participate in the National GP Improvement Programme - 28 practices now participating, including 6 for the latest Phase E cohort. 4 PCNs are also participating in the PCN support scheme.

Plan for Support level framework implementation – initial priority practices have been identified and Primary Care Team are working jointly with NHSE PC Transformation Team to pilot the approach, helping to develop ICB team capability.

Same Day Access Hub developments - Stevenage North & South PCN's same day access hubs have now been established and relevant reporting metrics to monitor the effectiveness of these in supporting the wider system will be reported monthly
UTC in Harlow live from 1st November and mobilisation successful. Providers working very well together on a daily basis to manage demand and revise approaches and workforce accordingly. Waiting times very low. Patient satisfaction good. Provider collaborative now focused on phased 2.

Winter Plans – HWE have commissioned additional activity in primary care at the same level as last year, £1.43 per weighted patient, which is subject to a PCN plan being appropriate to meet the local and national priorities. This capacity should be supporting surges in practices in PCNs when reaching OPEL 3 or 4. PCNs were also asked to consider partnership working & same day access hub approaches.

Ongoing Industrial Action – PCNs supported to provide additional capacity to help maximise clinical support during Industrial Action in the community and avoid patients unnecessarily attending acute hospital, where the worst impact of industrial action was evident.; Demonstrate if this would work as an offer of support to practices that report OPEL levels 4.

Build Capacity

Community Pharmacy PCN Clinical Leadership Role - Community pharmacists have been appointed and are engaging with PCN/locality leadership to develop relationships and ways of collaborative working.

Cut Bureaucracy

Secondary and Primary Care Interface meeting held with Consensus document approved with E&NHT.

Community and Primary Care Interface meeting held with Herts Community Trust with two areas agreed for action on Electronic Referral Service and personal Direct Access to Integrated Care Team for GP's, pilot work underway with results of this being shared in February 2024.

Detailed System Access Improvement Plan and progress on key areas is included in Appendix 1.

5. Recommendations:

The Hertfordshire and west Essex Primary Care Board is asked to:

DISCUSS this report that describes the key components of the HWE System-level Access Improvement Plan and outlines how the ICB intends to deliver its key actions and priorities.
APPROVE the System Level Access Improvement Plan for Primary Care with a progress report to come to the Primary Care Primary Care Board and ICB Primary Care Board in March 2024

Hertfordshire and
West Essex Integrated
Care System

Hertfordshire and west Essex

System Access Improvement Plan 2023/24

January 2024

Working together
for a healthier future

Hertfordshire and West Essex Integrated Care Board
Primary Care Strategic Delivery Plan

The HWEICB Primary Care Strategic Delivery Plan was approved by the ICBs Board on 28 July 2023 and sets out how we want to develop GP, community pharmacy, dentistry, and ophthalmology services across Hertfordshire and west Essex to benefit patients and communities over the next three years.

The key objectives outlined in the plan are:

- **Prevention and Health Inequalities -** a continued focus on preventing ill health and helping people to stay well for longer
- **Improved access for urgent same day health needs –** creating same day access options to support patients with urgent health needs, across all providers – not just general practice/primary care whilst also supporting patients to access planned/routine access into primary and community as appropriate
- **Joined up local teams of health and care professionals -** the creation of team of teams through Integrated Neighbourhood Teams (INTs) where health and care professionals work together across organisations to meet patients' medical, social, and psychological needs in a more joined up way

These objectives will be supported by several key areas of work such as: empowering and educating patients, improved use of buildings used to deliver services, developing the primary care workforce, better use of data, information and digital technology and ensuring good value contracts and locally funded projects. It is believed that focusing time and resource in these areas will have the greatest impact to support the delivery of a primary care service which meets peoples needs into the future.

The full plan can be viewed here: Primary Care Strategic Delivery Plan 2023-2026 – Hertfordshire and West Essex NHS ICB

Alignment with local strategies / key priorities

The Primary Care Strategic Delivery Plan aligns with local strategies including:

Delivery of the six strategic priorities from **the 10 year Herts and west Essex Integrated Care Strategy,** these are:

- Give every child the best start in life
- Support our communities and places to be healthy and sustainable
- Support our residents to maintain healthy lifestyles
- Enable our residents to age well and support people living with dementia
- Improve support to people living with life-long conditions, long term health conditions, physical disabilities, and their families
- Improve our residents' mental health and outcomes for those with learning disabilities and autism

The **Hertfordshire & West Essex Integrated Care Board (HWEICB) Primary Care Digital strategy** noting the importance that digital and technology plays in supporting the key objectives outlined in the primary care strategic plan, such as the establishment of a single fully joined up, interoperable landscape of local platforms, remote monitoring of patients where appropriate, use of the NHS App, supporting digitally excluded patients by utilising Voluntary, Community, Faith & Social Enterprise (VCFSE) and advance telephony.

The Urgent & Emergency Care (UEC) strategy (supporting the key stated objectives such as reducing demand for UEC, reducing ED attendances, reducing emergency admissions and supporting safe and effective discharge through taking a Population Health Management approach in INTs and improving same day access in primary care, and developing the role of social prescribing link workers)

The **Hertfordshire & west Essex Strategic Framework- 2022-2027 -** this strategy aligns to the Framework mission of '*Better, healthier and longer lives for all*'

Some of the key outcomes that will be delivered from the strategy include improved staff morale, improved recruitment and retention of staff – all of these align with the **Hertfordshire and west Essex Integrated Care Systems (HWEICS) People Strategy 2023-2025.**

Supporting the key **mental health priorities** such as new model development, access, integration with primary care, and early intervention with children and young people.

The strategy supports the **HWEICS Quality Strategy** – planning and delivering the best possible joined-up and high-quality and safe services which promote equal access, positive experiences and good clinical outcomes.

This strategy also aligns and **supports delivery of key children and young people (CYP) priorities** including areas of focus such as community paediatrics and neurodiversity, diabetes & epilepsy, asthma transformation and co-production and engagement.

NHS England delivery plan for recovering access to primary care – key messages

The NHSE Delivery Plan for Recovering Access to Primary Care was released on 9 May 2023 and has a focus on four key areas:

Empower patients to manage their own health including using the NHS App, self referral pathways and through more services offered from community pharmacy – launch of the pharmacy first scheme via national contract; create options to enhance access to digital tool but also reducing digital exclusion through integrating with the community and VCFSE.

Implement 'Modern General Practice Access' to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.

Build capacity – develop primary care workforce.

Add flexibility to the types of staff recruited and how they are deployed.

Changing to training, recruitment, retention and opportunities of skill mix

National Long term Workforce Plan 2023.

Cut bureaucracy

Reducing the workload across the interface between primary and secondary care such as how we can use digital technology for prescriptions, increase self referrals for a range of services; onward referral from specialists and maximising the use of shared care records to obtain the relevant information to support triage.

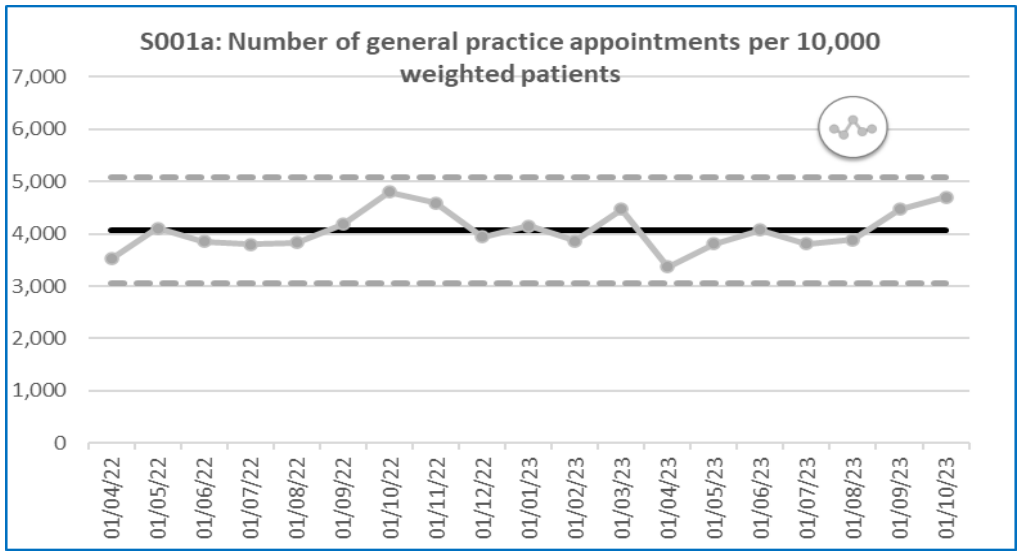
Our primary care strategic delivery plan picks up the key requirements of the NHS England recovery plan

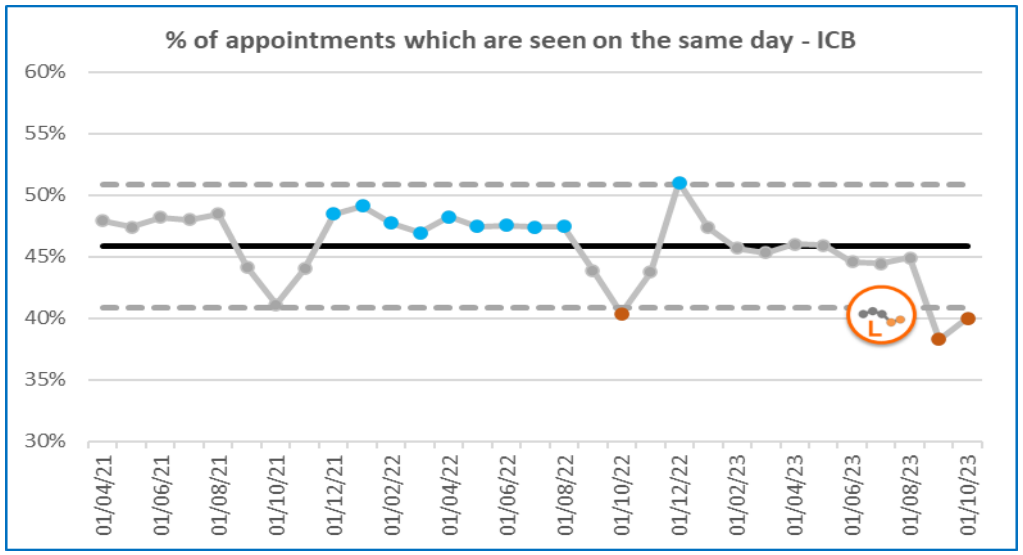
Primary Care – GP appointment activity

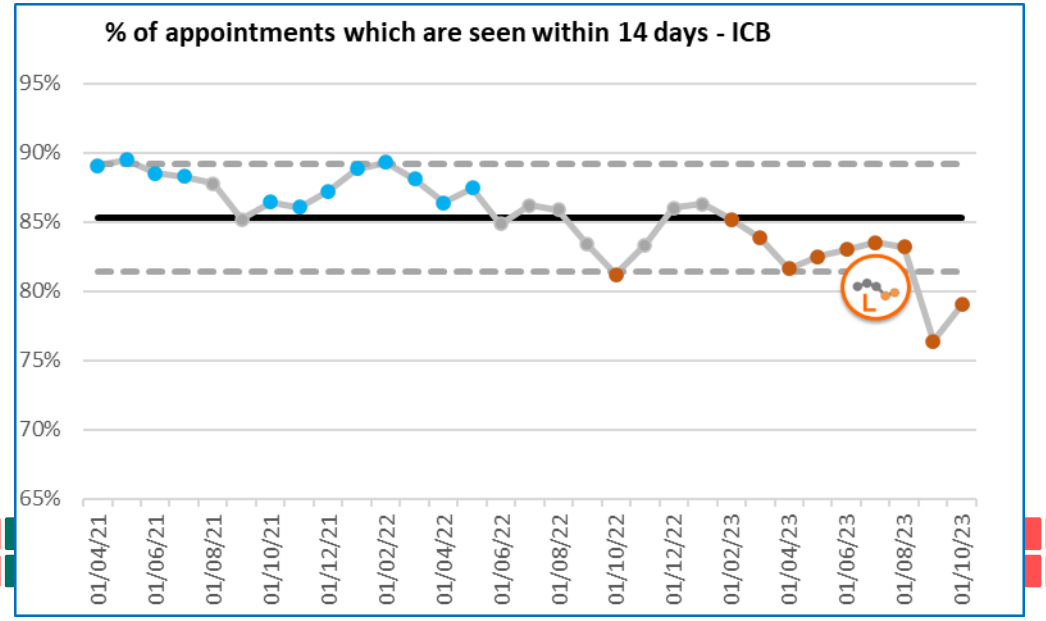
Update based on latest data (Nov-23)

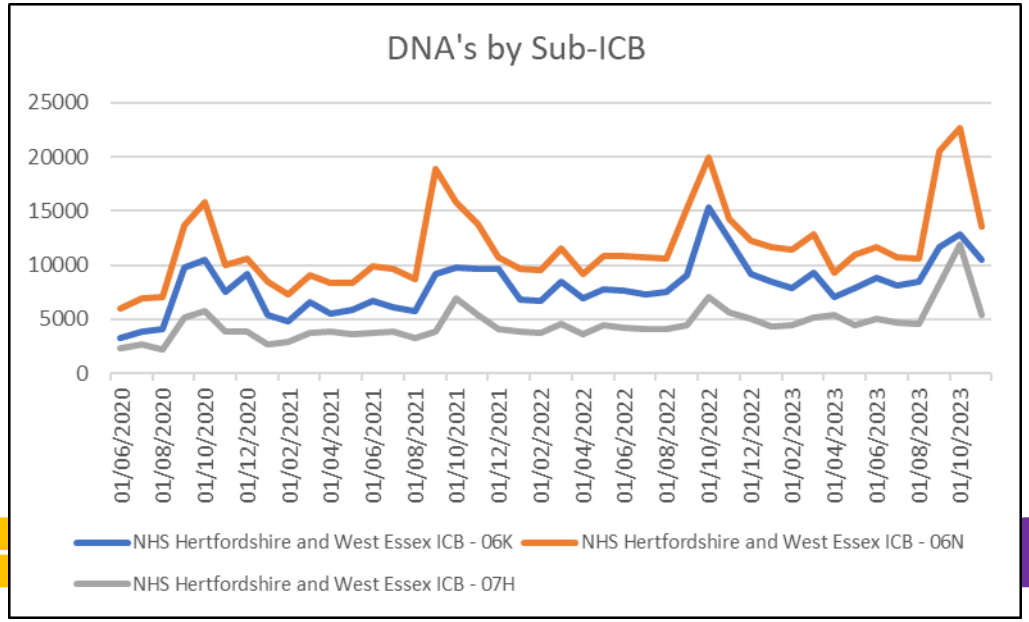
- Total Practice appointments in 2023 remain high following similar yearly trends seen over the past 4 years
- For the period April – November appointments per 1,000 popn represents a 6.3% increase vs pre-Covid (2019) & 24% increase vs Covid impacted period (2021)
- Home visits have been steadily rising and are comparable to where they were pre-Covid.
- The recording of video/online appointments has improved significantly.
- Noting that Same Day / 14 Day % rates dropped in September & October, although the overall number of appointments seen is above average in those months; this mirrors the trend in 2022. DNA rates also increased for the same period. Looking at historic trends this may well be linked to Flu & COVID vaccination delivery peaks.

Primary Care – GP appointment activity including DNA

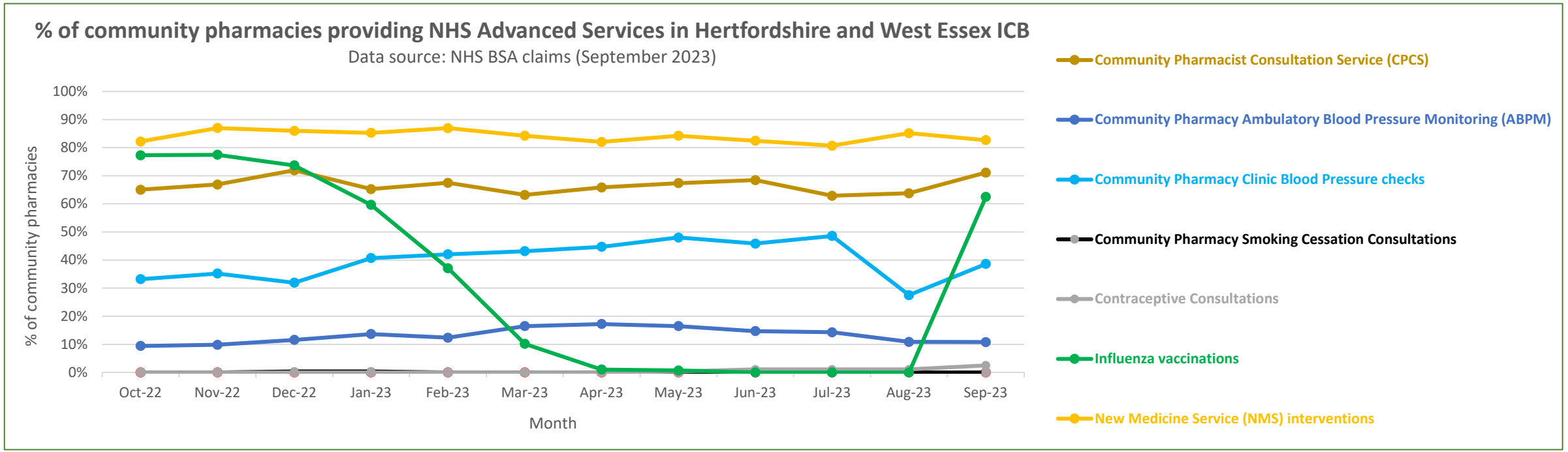








Current Variation of Advance Services across community pharmacies



Variation is across all providers whether that is primary care providers or others. As outlined in the Primary Care Strategic Delivery Plan aims to reduce this variation and ensure right patient is seen by the right professional in timely way.

Empowering Patients

NHS England Delivery Plan for Recovering Primary Care Access

- The Delivery Plan was published on 9th May 2023 outlining the core ambitions to support improving access and sustainability of general practice, underpinned by several supporting programmes either financial, training or transformational
- Checklist for both ICBs, practices and PCNs published on 19th May 2023 summarising the support offer with required actions and timelines
- The delivery plan covers 4 key areas:

1	**Empower patients**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy	
2	**Implement new Modern General Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity	• Rapid assessment and response
3	**Build capacity**	• Growing multi-disciplinary teams	• Expand GP specialty training	• Retention and return of experienced GPs	• Priority of primary care in new housing developments
4	**Cut bureaucracy**	• Improving the primary-secondary care interface	• Building on the 'Bureaucracy Busting Concordat'	• Streamlining IIF indicators and freeing up resources	

HWEICB Primary Care Transformation objectives

The Delivery Plan has 3 key transformation objectives; **proactive management to support routine and complex care through establishment of Integrated Neighbourhood Teams (INTs), simplifying and enhancing access for urgent primary health needs** and **continued focus on prevention and health inequalities - helping people to stay well for longer. At all times the patient/citizen is at the centre of care**.

Prevention and Health Inequalities

Proactive Care – A person-centred, team-based approach to Chronic Disease Management and Complex care through Establishment of Integrated Neighbourhood Teams

Simplifying & Enhancing Access For Urgent Primary Health Needs

Key enabling workstreams

- Patient empowerment and education and communications
- Workforce – clinical and non-clinical
- Premises - one estate
- Data, information and digital technology
- Investment and Contractual levers

Improving outcomes, better care, integration of services, improving referral pathways and efficiency and cutting bureaucracy, reduce unwanted variation apply throughout the strategy

Empowering Patients – Digital

Prospective Patient Record Access

- Frequent communications to practices around the programme including links to NHSE support resources
- Presentations at various ICB meetings on programme, support available and implications for practices of the programme
- Early engagement with IG leads to support programme
- Continued support via GP IT teams for practices needing assistance
- Working with practices on a 1:1 basis to progress before putting in any contractual levers

ICB	Place	Live	Not live
HWE	ENH	18	30
HWE	SWH	29	22
HWE	WE	15	15
	Totals	62	67

NHS App - Impact

60% of HWE eligible population (13 and over) have an NHS App account

HWE logins up 32% in September against EoE average of 23% increase

HWE logins in December 2023 were 539,388 compared to 380,590 logins in December 2022

October 2023 - 52,779 visits to the National Booking Service page from the NHS App in HWE (flu and Covid booking)

Views of vaccination information 52,727 in December 2022 against 3335 in December 2023

Over 40,000 visits to acute information pages in December 2023 for HWE

Over 65,000 repeat prescriptions ordered in December 2023 against 50,000 in December 2022

Only 20% of users have notifications turned on in NHS App

Only 8% of messages sent via the NHS App are read within 3 hours

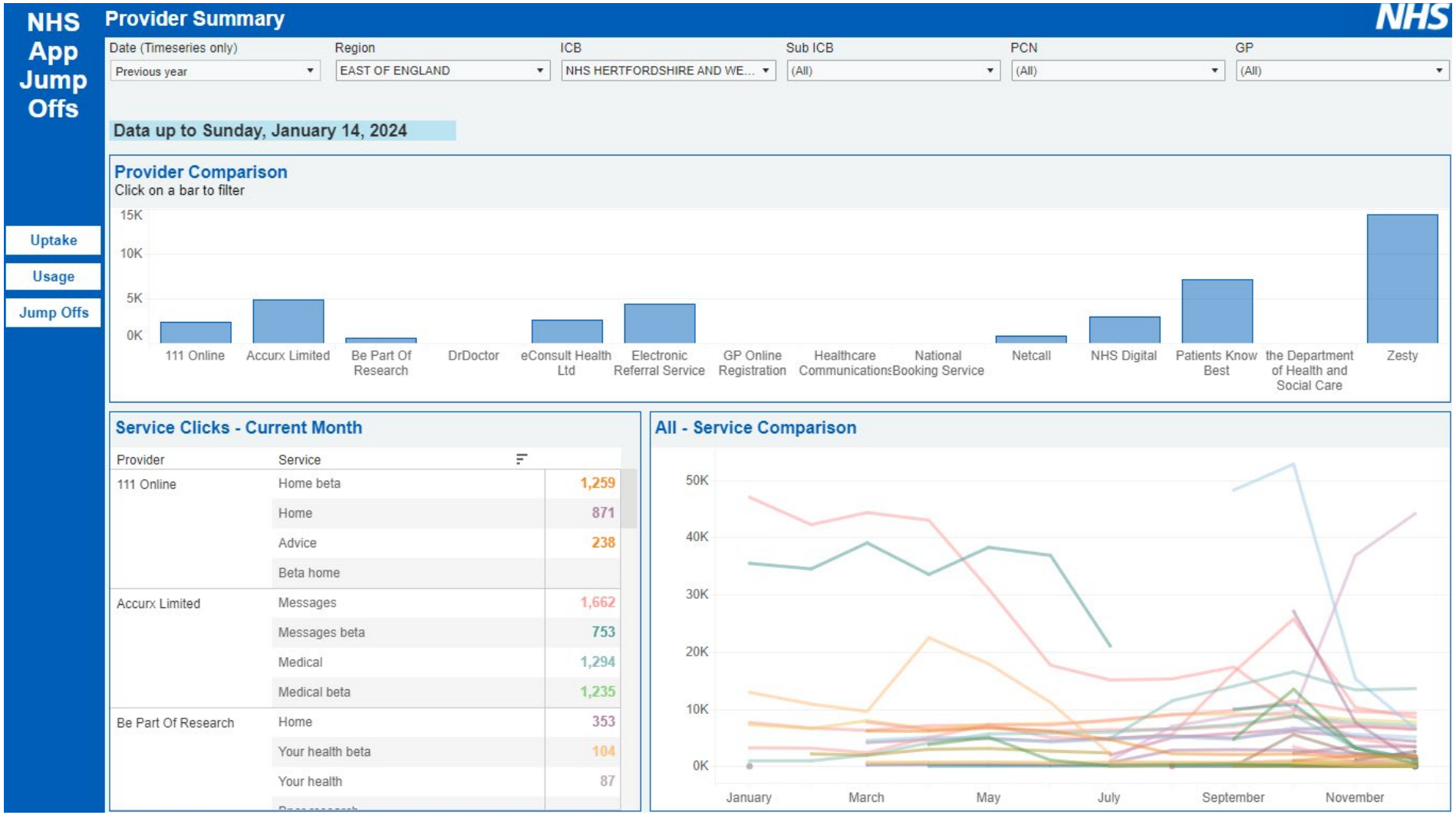
Empowering Patients – Digital

NHS App – Key actions and progress against them

We will work with practices and system partners to optimise their interfaces with the NHS App so that any options for automation/integration are applied.

- July – January 2024 - Developed public facing communications campaign – finalising content and amending to account for NHS App refresh
- December 2023 onwards –
  - met with Patient Engagement Forum to understand how we can work with them to promote App uptake and usage – useful feedback collated and feeding into action plan for next steps
  - run campaign ongoing to support cultural change across population through all networks
- By September 2023 – develop a dashboard to monitor – COMPLETE
- January 2024 – December 2024 – Working in partnership with primary care Digital Leads and delivery partners to work with practices where uptake and benefits not seen using the dashboard and patient feedback
- January 2024 – June 2025 – Ongoing monitoring and collation of lived experience and feedback from practices and patients on the impact this is having whether that is efficiency in the practice and patient experience
- Communications are to be shared as wide as possible including with local councillors having met with them across Hertfordshire and Essex.

NHS App – jump offs



Our local acute trusts are starting to move to patient portals that are accessible via the NHS App (Zesty, Netcall) and we are now starting to see the App being used for more and more tasks by patients.

We are also moving away from SMS messages to NHS App notifications which will further increase uptake of the NHS App in our ICB.

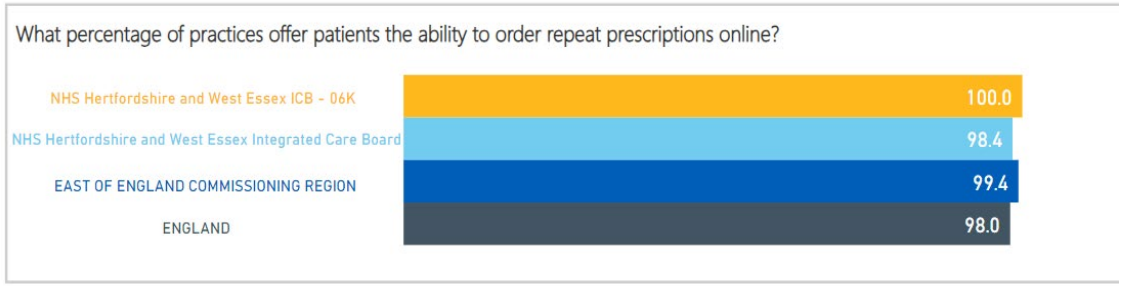
To support these we are working on both patient facing communications (posters, social media, via PPGs) and also education sessions for practice staff so they can effectively support patients in the NHS App use.

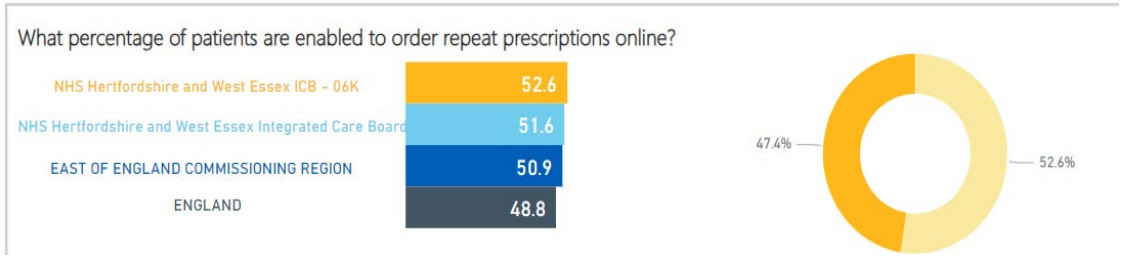
We are working with local authority and voluntary sector providers around running digital training on the NHS App in places such as libraries, practices and other accessible locations.

We are monitoring uptake and usage of the App monthly so we can target those practices where progress is not being made.

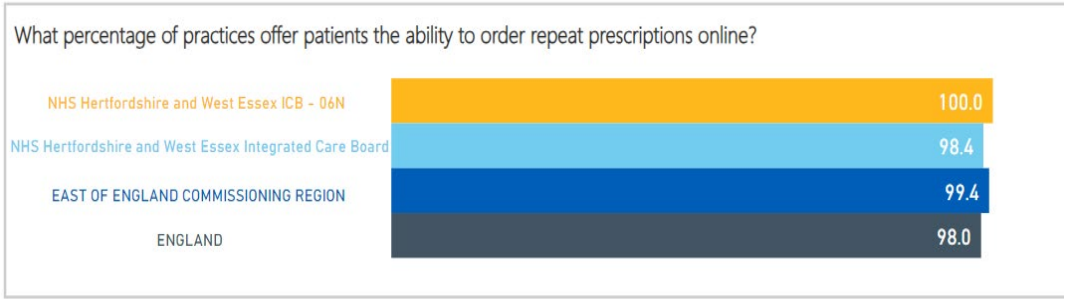
Patient Online Services – Repeat Medicine Applications

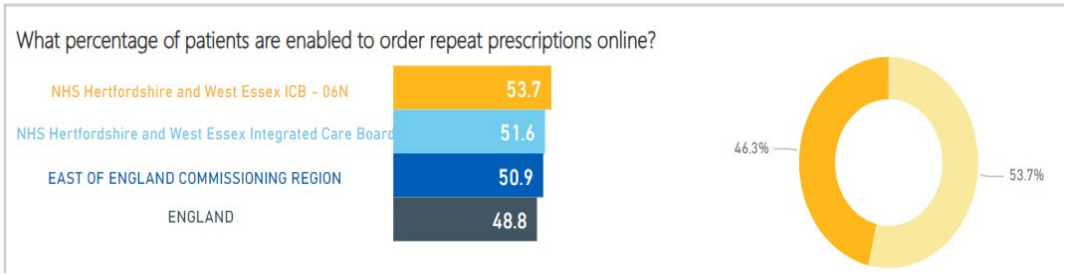
ENH Place



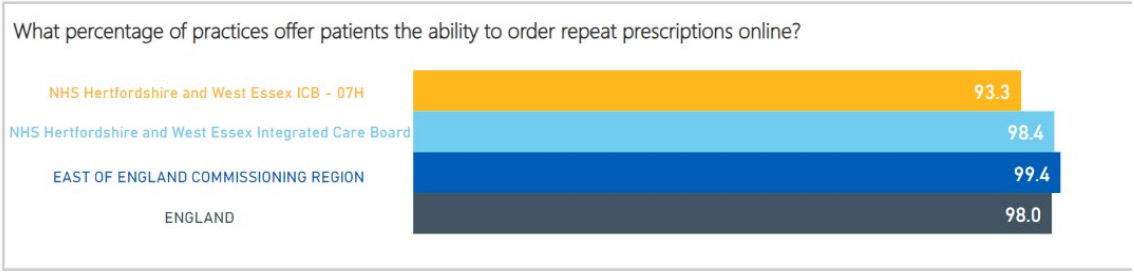


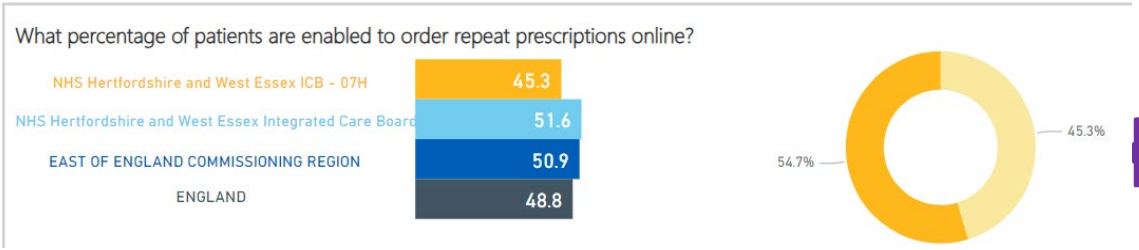
SWH Place





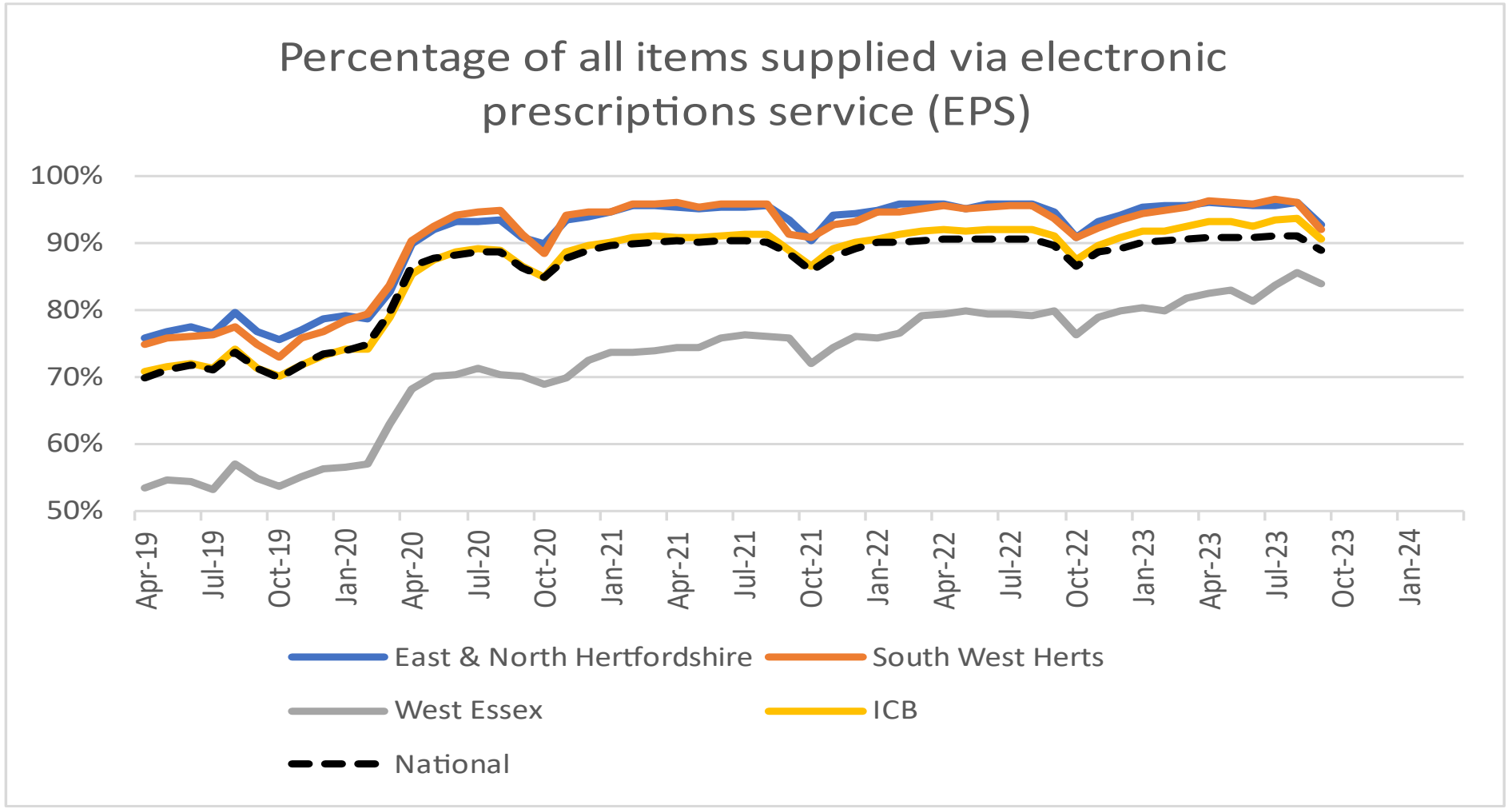
WE Place





During September 2023 patients made 157,084 repeat medication applications online either through the NHS App or other apps. Part of our campaign around the NHS App will look to increase awareness of this functionality and increase usage of it. This will be monitored in the NHS App dashboard.

Empowering Patients – Digital – Electronic Prescription Service



EPS allows a practice to send a prescription electronically to a pharmacy for a patient to collect the medication.

Whilst focus is on the NHS APP for patients to repeat medication teams are also looking at improvements in EPS across HWE and how this improves access and also improves efficiency within the practice.

In addition working with PMOT on repeat dispensing and how we reduce wastage.

Practice Websites

- Started Website Audit in January 2024 as per ‘Delivery Plan for Recovering Access to Primary Care’)
- Assessed using national tool based on guidance

- Audit plan will include next steps post audit and how we work with PCNs/Practices to ensure websites meet suggested guidance. We will include patient voice in this work.

- Some practices already developing websites in line with access plans – they have been given access to the assessment tool to ensure alignment with that. As audits are completed outcomes of the audit will be fed back to the practice to continuously improve.

Of those who had tried to use the GP practice website to look for information or access services, about 37% found it difficult to use (‘not very easy’ or ‘not at all easy’).

There was a significantly higher proportion of individuals with a long-term condition (LTC) who found it difficult to use the GP practice website than those without a LTC (39% vs 35%)

Approximately 60% of White and Asian adults found using the website difficult. This was the only ethnic group where a statistically significantly higher proportion found it difficult to use the website compared to the average for all ethnic groups (37%)

Taken from Hertfordshire County Council JSNA Lite Bite : Digital Exclusion January 2024

Empowering Patients – Self Referrals

NHSE definition –

Self-referral means people referring themselves directly into community or other health services where this is clinically appropriate to do so. The person will identify or be signposted to local services related to their condition/situation and will proactively refer themselves into the service.

This can include self-referral for re-referrals where a person is already known to a service from a prior assessment and can self-refer directly back into that same service.

Recognised that often the "signposting" is offered by the GP

Whilst HWE are making good progress against the metric collated, through mapping of the pathways and having a better understanding of what is being counted there are potential risks/barriers which have been highlighted working with the partners including :

- Financial, additional cost for an increase in referrals and additional triage services, where block contract may need increase in contractual activity/cost.
- Possible increase in waiting time in existing pathways.
- Capacity to see additional referrals
- Patient/carers - will require good engagement and communication to ensure uptake.
- Digital uptake – allowing for referrals to be made and tracked.
- Equality of access may be an issue for some of our localities (areas of deprivation) and patients i.e., disability and will need to consider as part of the roll out of new and existing pathways.

Empowering Patients – Self Referrals

Planned next steps

- To identify any barn door pathway which would benefit from patient self referring directly such as vasectomy & work with partners to implement.
- Identify further areas for PIFU which would support this initiative including Bladder and Bowel service, District Nursing etc
- Consistent definition and approach on self-referral for re-referrals to be agreed following the mapping completed so that we mitigate the risks but also clarity on how data is collated. This needs to be embedded across all contracts to allow consistency.
- Interface working with partners e.g HUC & EEAST to review and share learning from information currently available on partners DOS (Directory of Services) around self referral services
- Building on the referral pathway of IAPT of empowering patients, this model to be implemented for integration with MSK providers following a First Contact Practitioner; access to audiology following primary care intervention; weight management, foot check.
- Work is planned to commence with associated partners to take forward ADHD & MSK self referral pathways as focus areas for self referral across the ICB
- Work is underway across the 3 PLACE areas to continue to review GP websites and the promotion of Self Referral on their homepage; early indications show there is a very low number of practices who promote self referrals.
- Continue to work with our patient representative groups & VCFSE to help raise awareness of available services & pathways. The issue of accessibility particularly for those who are digitally disadvantaged is a recurring theme.

Empowering Patients – Community Pharmacy

Planned next steps

- Continued work on CPCS service with target approach via the Community Pharmacy PCN Integration Leads
- Integration work with the Hypertension with the case finding work with practices with low prevalence and integrating where appropriate with local pharmacies to work together to empower patients, improve access and improve diagnosis
- Agreement to roll out the CP UTI pilot across HWE over winter while we await the National Pharmacy Scheme (Funding from the recent non recurrent – NHSE). Findings from the UTI pilot include:

A total of 80 pharmacies are live across HWE with 43 in SWH, 23 in ENH and 14 in West Essex.
Data analysis has shown good uptake (672 consultations from June 2023 to 15th January 2024 and good referral rates via CPCS from GP practices (53.7%) and NHS 111 (4%).

- **Consultation outcome**
  - ✓ 578/672 patients (86.3%) were supplied an antibiotic under PGD
  - ✓ 53/672 patients were excluded from PGD provision and referred to other HCP
  - ✓ Dipstick – 73 urinary dipsticks were carried out
  - ✓ 53/672 (7.9%) patients recorded as referred on to GP - PGD excluded

Pharmacy First opt in data

- There have been 255 pharmacies (93%) across HWE ICB have opted in to provide the national Pharmacy First service as of 9 January 2024.

Implement New Modern General Practice

Access Improvement Plan

- All 34 PCNs have an agreed Access Improvement Plan as outlined in the Primary Care Access Recovery Plan.
- Practices are implementing the areas of development and actions in the plan including some practices transitioning to Modern General Practice through

a. maximising the use of cloud base telephony where in place

b. understanding of their ever-changing demand and capacity – further work on understanding demand and capacity.

c. enrolling for the National GP Improvement Programme - 28 practices, including 6 for the latest Phase E cohort and 4 PCNs

d. Plan for Support level framework implementation – initial priority practices identified & working jointly with NHSE PC Transformation Team to pilot the approach, helping to develop ICB team capability.

e. online GP registration – continuous improvement through communications, action as part of the follow up on access improvement plan and links to the review and development of practice websites,

f. development of GP and PCN websites and

g. roll out NHS app and digital tool as outlined in the empowering of patients

Access improvement plans - update

Ideas shared	Themes from Plans
• Addressing 8am rush • Empowering pts – Modern General Practice options (NHS App, Online Consultation, CPCS, use of ARRS, etc) • Active Signposting Training • Use of CBT triangulation data • Maintain project / delivery plan to monitor progress • Collaboration with partners and voluntary organisations to deliver the plan • Linked to the H&W / Place Plans	• Collaboration with PPGs • Develop bespoke in-house surveys to engage with pts, e.g., use text/ QR • Employ Digital Lead, Care Coordinator to support with capacity and demand/ empower pts • Promoting ARRS, CPCS services • PCN Education teams – training and development of staff; Active Signposting • Update website- self-help options, improve content and online consultation • Segmentation of population - using PHM data packs • Triangulation of CBT / Online consultation data – addressing demand/capacity and staff management • Integrated working with partners / voluntary organisation • Website review and redesign / social media and use of QR codes

Advanced Telephony

ICB	CURRENT STATUS	Analogue System in the process of upgrading to CBT	Advanced Cloud Based (framework)
HWE	East & North Herts	14	23
HWE	South & West Herts	12	28
HWE	West Essex	2	11
Totals (out of 129)		28	62

A further 7 practices are now being upgraded from sub-optimal CBT systems to advanced CBT
16 practices have been offered free of charge upgrades on their current systems which are CBT but lacking some functions
We have 16 practices who currently have no funded upgrade path but are using a sub-optimal CBT system. We are working with region to understand options for those practices.

Key milestones

- July 2023 – March 2024 – deploy new systems (risk due to national procurement delay)
- October 2023 – March 2024 – **Optimisation and integration of resource to maximise benefits**
- July 2024 – March 2026 – ongoing monitoring and support
- January 2023 – September 2025 - Performance data and patient feedback show access improvement

Cloud Based Telephony – HWE Case Study

Hertfordshire and West Essex Integrated Care System

Cloud Based Telephony – Phase 1 (Pilot) Benefits summary for East & North Hertfordshire

Number of practices included in analysis – 52.

Population covered 495,561 Benefits achieved up to 31st March 2023

Estimated Enabled benefits –new/improved remote working functionality that can enable up to a maximum of **22,760** hours reduction in unnecessary travel that can be redirected into patient care (estimated value - **£1,099,735)**

Cash Releasing benefits - **£1,022,639** (reduced billing costs & exit fees)

Societal benefits - £257,266 (clinical system integration – **20,209 hours** of time released for patients)

Non–Cash Releasing benefits - **£916,207** (reduced work effort, clinical system integration – **67,322 hours** released)

Post Deployment Patient Feedback* *(n767 responses)*

32.8% improvement on getting through to the practice with comments *"A more simple, easy to use system", "* ***since the change in the system it has been a more pleasant experience****", "I now use the call back option rather that wait in the queue"*

25% improvement on not getting an engaged tone

76.2% responded that wait to speak to someone at the practice has improved with comments "*much faster pickup*", ***"the recently upgraded phone system was very quickly answered****."*

From the patient comments two main features of the upgraded phone system can be identified as having a positive impact and these are the call back feature and queue position notification. In addition, there are a number or references indicating that the telephone access has improved. Detailed below is a sample of responses received:

- ✓ *"I notice it had IMPROVED as you are now able to request call back & hold your place in the queue – saves time & cost of a long phone call"*
- ✓ *"Getting through to the surgery on the phone has improved a lot"*
- ✓ ***"Much better than last year"***
- ✓ *"Much, much improved than before. Its easier to speak to someone now"*
- ✓ *"Much better than it was"*
- ✓ *"The new system is so much easier. The option for a call back is much better"*
- ✓ *"Easier than expected and pleased to know my queue number so I can ring back later if I so choose"*

GP Practice post deployment user feedback** *(c30 responses)*

- ✓ 90% would strongly recommend the change to a CBT system to other surgeries
- ✓ 53% agreed/strongly agreed the new CBT system **has improved the way they communicate with their colleagues**
- ✓ 66% agreed/strongly agreed the new CBT system has **significantly improved ways of working** for the team particularly in terms of hybrid working
- ✓ 60% agreed/strongly agreed that the number of **patient complaints on getting through to the practice have reduced**
- ✓ 70% agreed/strongly agreed that the new CBT system has made it **easier to manage their workload**
- ✓ 60% agreed/strongly agreed that the new CBT system provides a **better tool for training and quality improvement** purposes than the previous system
- ✓ 90% agreed/strongly agreed that the new CBT system has **significantly improved their working day**
- ✓ 93% agreed/strongly agreed that the new CBT system has **improved the way they deal with patient calls** and the overall patient experience when calling the surgery

User comments:

"Undoubtedly ***significantly fewer complaints from patients*** *about waiting times…" – Advanced Nurse Practitioner*
"It's a definite improvement" – GP
"….good that recording is linked to patient record…" – GP
"….great system and ***very easy to navigate*** *– Administrator*
"The video calling system is extremely useful for triaging appropriate cases *allowing flexibility for patients…" Advanced Nurse Practitioner*

*Results collated from completed surveys across 4 regions

**Results from practices in the London region

Demand and Capacity

Benefits and challenges with OPEL reporting in general practice

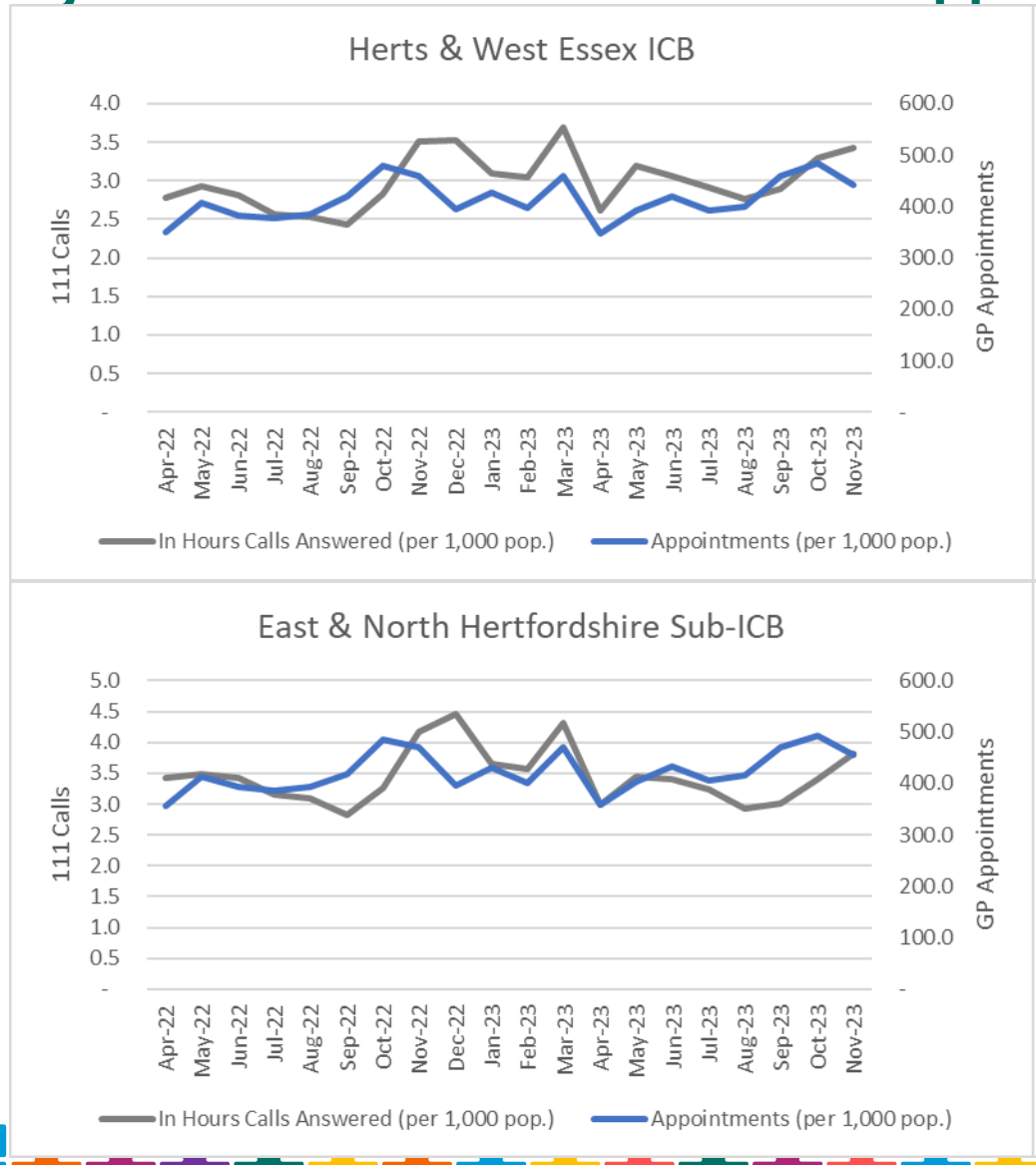
Benefits	Challenges
Provides a daily report on pressure in general practice (4 categories). Previously only anecdotal feedback on an adhoc basis.	Criticism that ICB do not have sufficient support options if a practice reports OPEL 3 or 4
Status in general practice can be shared with wider system partners so pressure across the whole system can be recognised and managed, sometimes on a daily basis	Have not been able to mobilise mutual aid to date as not a culture within general practice to support each other regularly as independent contractors
Provides an opportunity to consider support to practices who are regularly reporting OPEL 3 or 4 (albeit long term options)	Interpretation of OPEL status varies – what one practice may deem OPEL 2, another may deem OPEL 3
Measures pressure over time to inform commissioning decisions	No metrics to standardise the interpretation/ reporting
	Practices operate and deliver care differently eg. level of appointments offered, workforce, balance on the day/planned appointments

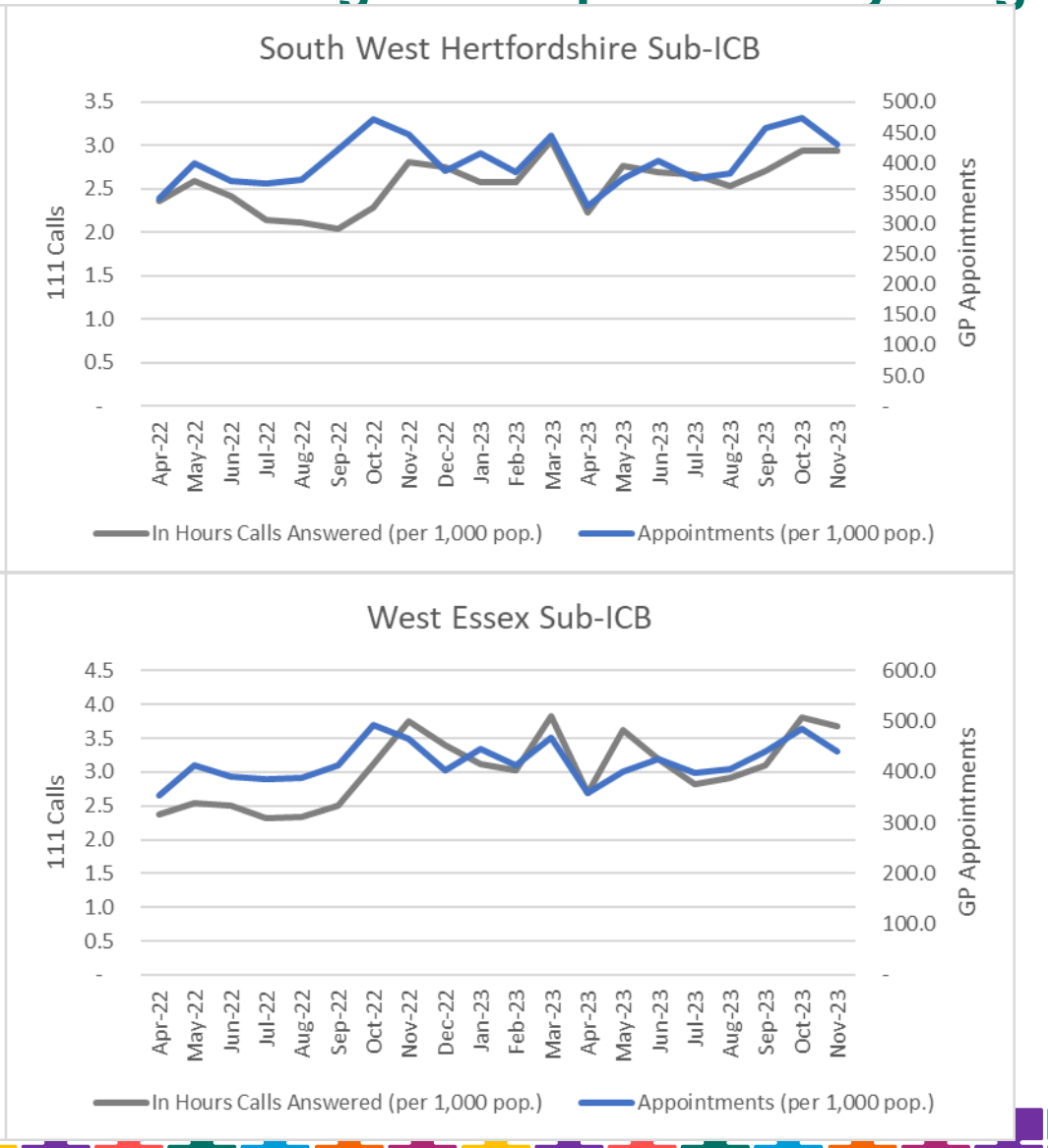
As a result of these challenges, we have reviewed and refined the current OPEL reporting descriptions, practice actions and ICB actions and added examples of each OPEL stage with the aim of introducing measurable/metrics to minimise variation in reporting and maximise support

The purpose is still about how this informs the system on the demands on general practice as part of the system

Further work is underway to explore system to support in primary care to effectively measure demand and how capacity can be shaped as part of the individual practice and PCN.

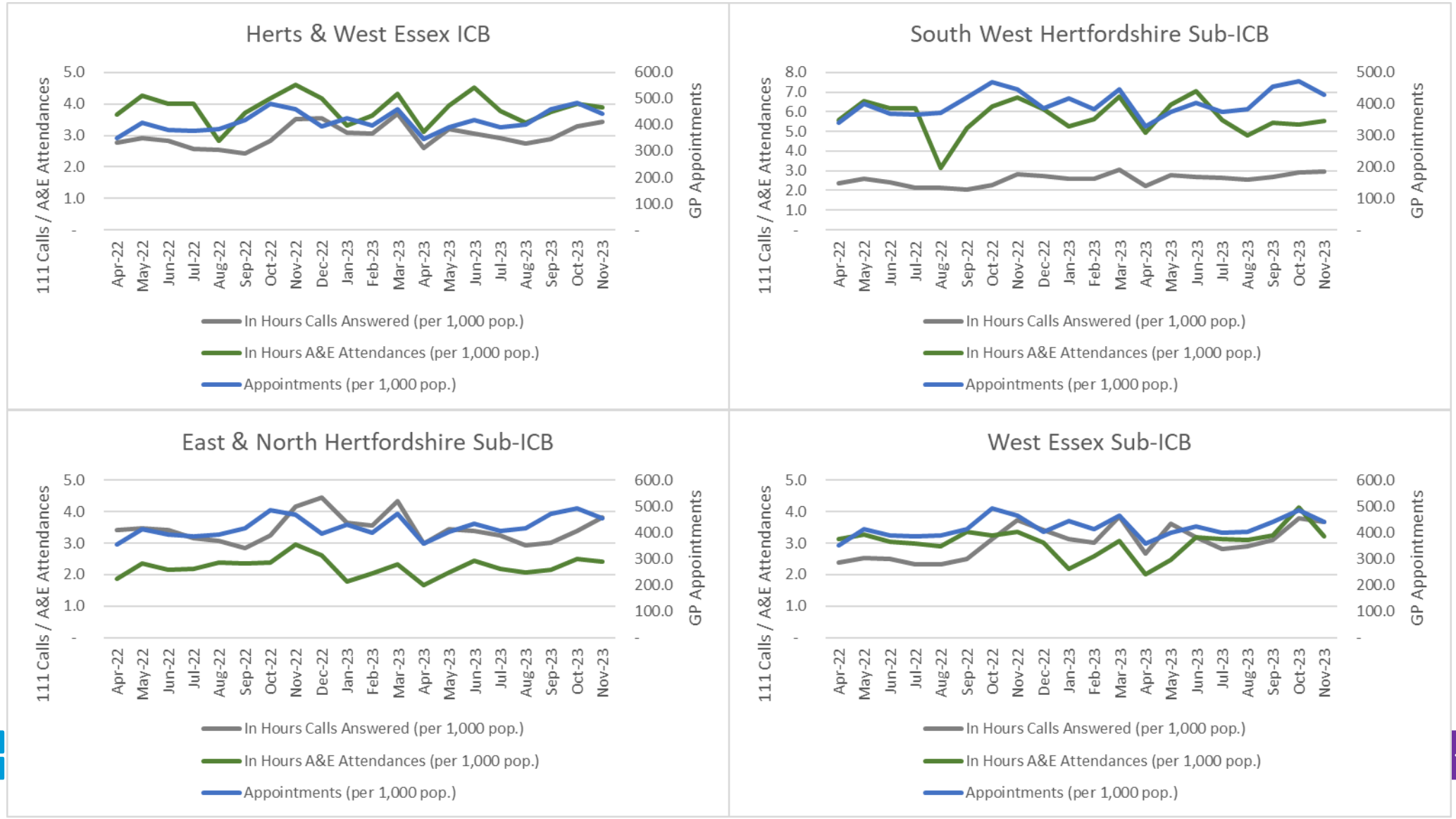
Primary Care Access Dashboard to support monitoring and impact – early stage





Primary Care Access Dashboard to support monitoring and impact – early stage

GP Appointments & 111 Calls & Minor A&E by ICB/Place (VB11Z – No significant treatment)



Access Improvement Plan

a. Plan for Roll out of Support level framework

Review of the framework and supporting tools including video from Buckinghamshire by a GP facilitator; worked up example for SLF

Agreement to send out the SLF for practices to use Practice Time to Learn to reflect in line with Access Improvement Plan and refine as appropriate

Facilitation and clinical support via locality lead and locality manager – implementation from November 23 to March 24

b. **Desk top review of practice websites** underway against the national framework and local guidance (which was provided) – to be completed by end of November to support practices reviewing and developing new websites in line with their access plan

C. **Testing triage models**

Early findings from a practice who moved to Total Triage

Over 600 triages sent through over three days
Quick lessons learnt re times, staffing, admin support.
Engagement and feedback 99% positive. Naysayers remain, but I am sure they will get there.
Today 60 triages in already!
Possibility of PCN rollout

PCN Access Improvement Plans – monitoring & support

- Place teams engaging with PCNs to review progress with Access Improvement Plans & required support
- GPAD data being reviewed and shared with PCNs to support PCN Access Improvement Plan achievement
- Data does show different interpretation & implementation by practices There are considerable variances between practices
- Targeted Dashboard being finalised to share key data with PCN & to highlight where practices are outliers
- Continued encouragement for practices to promote & report FFT responses

ARRS Workforce Plans

- Review of PCN ARRS plans is underway
- Some PCNs have plans to exceed individual PCN budget, which is possible due to other PCNs underspending
- Place teams engaging with PCNs to understand the latest position & understand PCN 'credible plans to stay within budget going forward into 24/25
- Recruitment & Retention challenges exacerbated by competing with London Weighting & Locum use

Implementing Modern General Practice/Transition Cover

- 80% of practices have been granted Transition Cover funding to support with implementation of Modern General Practice Model
- Place Teams reviewing further applications to maximise implementation for 23/24
- Review of approach for 24/25 budget allocation to provide further support for practices

Same Day Access Hubs – latest developments

ENH

- Stevenage North & South PCNs same day access hubs have now been established and relevant reporting metrics to monitor the effectiveness of these in supporting the wider system will be reported monthly

WE

- UTC in Harlow live from 1st November and mobilisation successful. Providers working very well together on a daily basis to manage demand and revise approaches and workforce accordingly. Waiting times very low. Patient satisfaction good. Provider collaborative now focused on phased 2.
- LB&C PCN enhanced/same day access hub – flexible to support with demand e.g. OPEL 3 and 4 practices

SWH

- Hertsmere Urgent Care Same day minor illness bookable hub expected to start April 2024
- St Albans IUCH appt only ANP led service-initiated in Nov 22 - to date has seen 18k pts 98% seen & treated within 2 hours.

Winter – Ongoing Industrial Action

Industrial Action Support

January 2024 saw the fourth period of IA by junior doctors. Previous offers of support for the whole system from primary care was to create additional same day access appointment. Previous reviews have shown some reduction in ED activity on the days this was implemented. Further analysis with partners is ongoing to ensure the support from primary care is the correct offer and is mobilised on the most impactful days. A single payment was given to each PCN whom stood up capacity aligned with their weighted population to;

- Help maximise clinical support during Industrial Action in the community and avoid patients unnecessarily attending acute hospital, where the worst impact of industrial action was evident.

- Demonstrate if this would work as an offer of support to practices that report OPEL levels 4.

Analysis is still ongoing in terms of the impact it has shown for industrial action and currently working through OPEL reporting and action cards to ensure a consistent approach by all practices, so that any offer of support is fair and proportionate.

Building Capacity – Developing Primary Care Workforce

Primary Care Workforce Priorities Aligned to ICS People's Strategy Workstreams

Integrated Workforce Planning

- Using NWRS data to support data collection for General Practice analysis of the data regularly
- Scope workforce data collection and reporting for dental/optometry and community pharmacy
- Based on development of PCN clinical strategy – develop robust workforce plans through skill-based for each PCN – progress through PCN education team
- Develop workforce planning skills in the directorate to support primary care providers
- Work with PCNs and Primary care providers to ensure workforce is a representative of our communities we serve

Innovation and New Ways of Working

- Continuously exploring new roles within primary care which support new ways of working and what the training hub can provide as support – enhanced fellowships – GP and nurses
- Improved collaboration with VCFSE with the recruitment of the navigator and personalised care roles and health coaches
- Empowering all primary care staff to empower patients and communities on self-care and prevention
- Skills mix in Community pharmacy with roll out independent prescribers, enhanced role of technicians
- Skills mix in Dental with Dental nurses and hygienists

Sustainable Workforce Supply

- Strong relationships with Universities on workforce supply chain
- Tested international recruitment
- Primary Care Careers Fair
- Training Hub support professionalisation and recognition of all roles
- All applicants treated equally

Staff Wellbeing and Experience

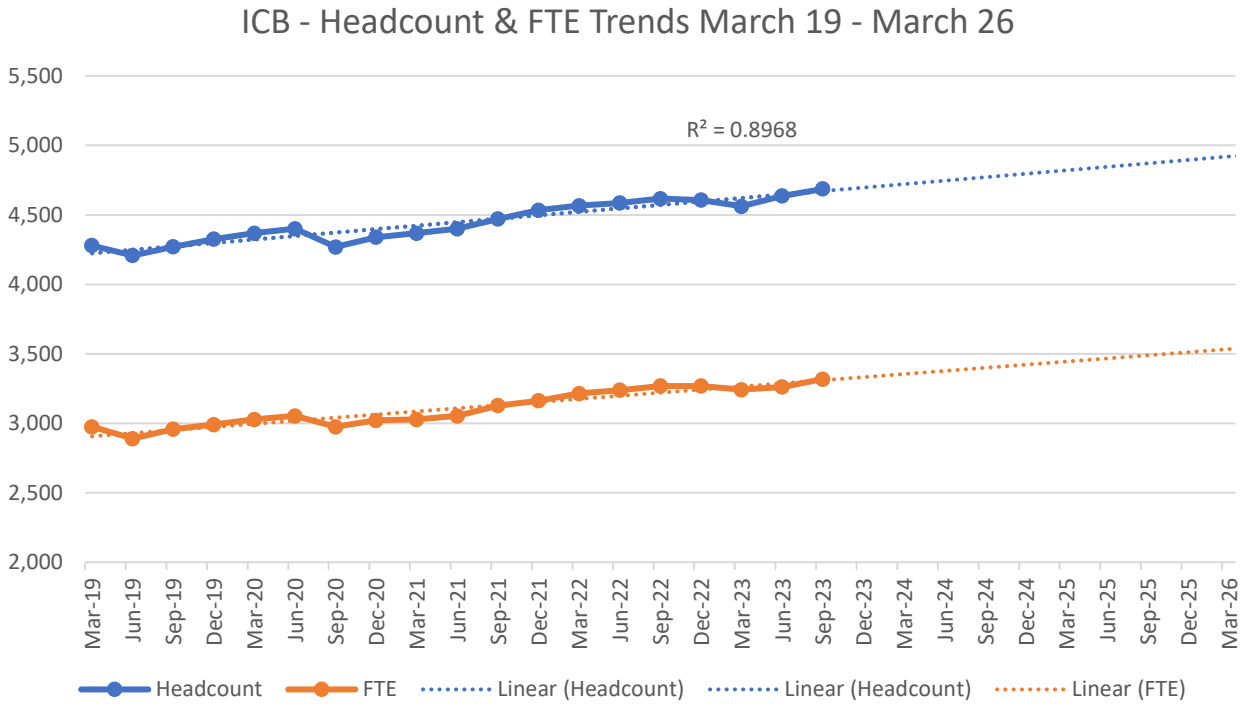
- Reduce turnover rates through PCN education teams
- Enhance Morale
- Access to wellbeing and psychological support
- Further work on access to Occupational Health for all primary care staff
- Equal access to education and training

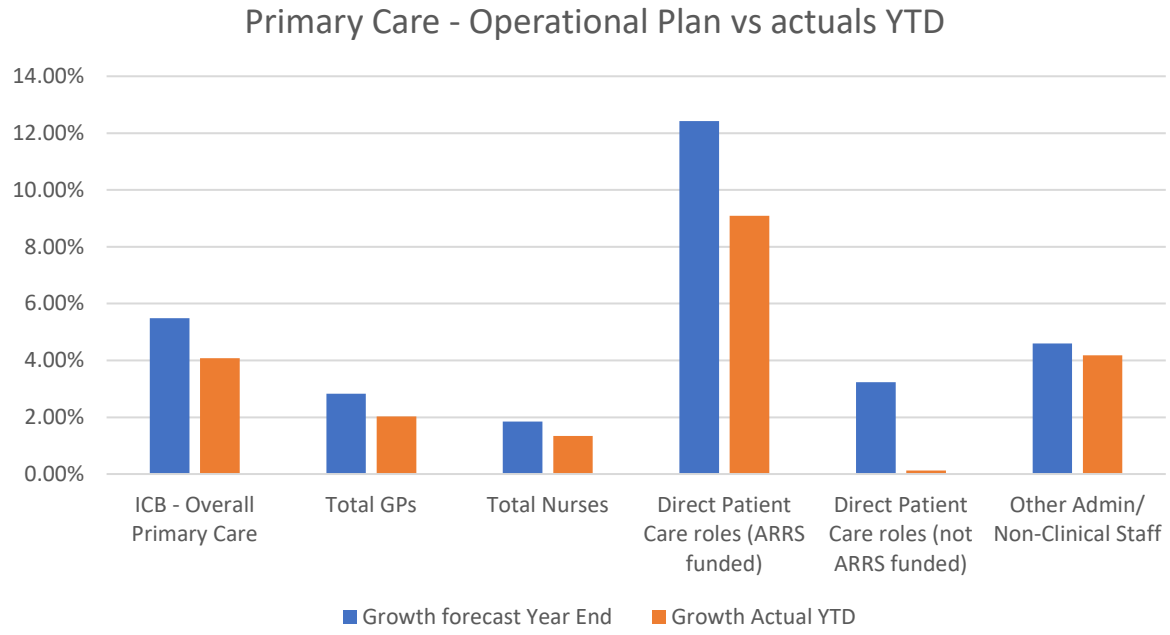
Education, Talent and Leadership Development

- Embed a culture of training and developments across Primary care – PCN education teams, development of Community pharmacy Clinical lead per PCN
- Enhance apprenticeships in primary care
- Primary Care Awards
- Career Development and integrated roles development

Primary Care Workforce Update

Performance against Operating Plan – showing a steady increase overall





Hertfordshire and West Essex Integrated Care System

Primary Care Networks, Learning Organisations and Non – Learning Organisations

Area	PCN	Number of Practices within PCN that are LOs	Number of Practices within PCN that are not LOs
ENH	12	33	16
SWH	16	30	22
WE	6	18	10
Totals	**34**	**81**	**48**

As of the 31st March 2023 there were 25 Training Practices
From 1st April 2023 to date we have 56 new Training Practices giving a total of 81.

Month/Year	First Time	Reapproval
Apr-23	6	0
May-23	6	7
Jun-23	8	1
Jul-23	10	8
Aug-23	2	0
Sep-23	5	25
Total since April 2023	**37**	**41**

The process is that after First-time Approval, Training Practices will be recognised for 2yrs then reapproved every 4yrs.

Primary Care Workforce Update

Progress of the Community Pharmacy PCN Clinical Leadership Role

- It is a local and a national priority for community pharmacies to be full partners within Primary Care Networks (PCNs), taking on expanded roles to protect public health and support urgent care and medicines safety.

- In Hertfordshire and West Essex (HWE) we want to do even more to have community pharmacies as full partners in Primary Care Networks. Therefore, we were successful in a proposal funded by Health Education England to trial having part-time community pharmacy integration leads within our 35 PCNs.

What are the responsibilities of the CP PCN Lead within their PCN:

- Building strong relationships with and between community pharmacies.

- Creating regular communication channels between PCNs, GP practices, and community pharmacies.

- Seeking to improve communication and collaboration between the PCN, GP practices, and community pharmacies.

- Aligning priorities and agreeing on ways to improve patient pathways.

- Communicating with relevant partners as appropriate to support implementation of changes and service development.

- Reaching consensus amongst community pharmacies on all decisions where possible.

To date 33 Community pharmacists have been appointed who are undergoing some training and development whilst also engaging with PCN/locality leadership to start building relationship and ways of working

Cut Bureaucracy

Primary and Acute and Community interface

Agreement of the Primary and Secondary Care Consensus document between Primary Care and the following providers – WHTH, PAH, HPFT and ENHT

Process embedded within both Primary and Secondary Care to identify any clinical interfaces issues (informing the agenda as appropriate) - *Rejection of referrals at SPA (HPFT), Paediatrics Cardiology, Dermatology MSK, Neurology (WHTH) and Radiology (including how ARRS can order tests and diagnostics) (ENHT) access to ICE (Primary and Community), Enhanced use of virtual hospital etc*

Identification of which pathway(s) may need to be reviewed/amended or implemented. Build a work programme by speciality area.

Key areas reviewed - either via pathway amendment/or producing comms/socialising this through webinars/locality forums include:

Discharge Summary and Outpatient letters
DEXA scans
Familial Hypercholesterolaemia (FH)
RACP/Heart Failure
DOAC Prescribing
Giant Cell Arthritis Pathway

Next steps to embed and communicate learning from quick wins, as well enhanced use of SCR and links to the use of NHS App and patient portal

Further work underway to cut bureaucracy

- Transferring Care Safely is key principles agreement in the principle of interface. An example of this has led to the system review of share care monitoring scheme across HWE working jointly with all stakeholders with a implement a system wide scheme across HWE from April
- National self assessment tool published to all ICBs on behalf from Dr Clare Fuller and Dr Stephen Powis – teams are discussing this via the interface meetings over the coming month which will provide a benchmark against all the required areas highlighted in recovery plan but will build on the work to date and how this is implemented with local timelines and embedded in the NHS standard contract as discussed with contracting leads to provide oversight on progress.
- This will include: embedding the work on Consultant to Consultant referrals including direct referrals from acute to community – example MSK related services – **development of shared access policy via the planned care group.**
- Working with each trust through interface on discharge summaries; electronic fit notes
- Further joint work on diagnostics where general practice is commissioned and how that support acute/specialist as part of pathway – example 24 hour BP monitor/Spirometry etc Collaborative approach where practice may have lost workforce and how we work collaboratively to ensure patients receive the required service while provider manages to work through any challenges in provision of service.
- Scoping integration for community pharmacy with General practice – though better digital infrastructure such as testing of no referral forms with a Practice in Hertsmere and Stevenage with our community providers

Reducing Inequalities

Prevention and Health Inequalities

"Primary care has an essential role to play in preventing ill health and tackling health inequalities, working in partnership with all health and care including VCFSE partners to prevent ill health and manage long-term conditions" – Fuller Stocktake report (May 2022)

Primary Care providers have been pivotal to delivery of key aspects on prevention and inequality agenda. In collaboration with a range of health and care partners examples below are to be built to continue focus on delivery of primary/secondary and tertiary prevention

DETAIL IN DELIVERY PLAN

Population Health Management (PHM) – using data and intelligence to identify need at system/place/locality and network level with a view to reducing variation and reducing inequalities examples include work on migrants, veterans, traveller communities, diabetes in BAME communities, outreach support LD/SMI for healthchecks including vaccination

Enhanced Commissioning Framework (ECF) for General Practice – Commissioning consistent approach across all practices including case finding; Secondary prevention in CHD; disease staging and enhanced proactive management – carers register and carers health checks and also where appropriate to prevent tertiary conditions – e.g. Referring eligible patients to weight management

Continue to grow the personalised care approach – Through social prescriber/health & wellbeing coach, and care-coordinators. E.g. Prevention from an early age in Children and Young People – including working with local authority partners to promote access to healthy lifestyle and physical activity programmes, such as via Healthy Hubs. Opportunity through personal health budgets

Community pharmacy and Optometry - Supporting self-care, health promotion; role in prevention including smoking cessation; identifying conditions such as hypertension;

Secondary prevention - Cholesterol and blood pressure monitoring.

Access for minor eye conditions, secondary prevention through screening

Voluntary, Community, Faith and Social Enterprise (VCFSE) - Strengthen the role of the VCFSE sector in:

- prevention
- community resilience
- co-design and
- identify pockets of inequalities

e.g. investment in VCFSE to support delivery of blood pressure monitoring; reduce digital exclusions

Dental - Addressing the impact of social inequality for not only dental decay, but also tooth loss, oral cancer, oral health and on people's quality of life particularly in early years under 5. Joint work with both Public Health leads across HWE.

Given the ageing population, high quality oral health care and attention for all those living in care homes or requiring care in other domiciliary settings is a key priority to build on

Progress to date on inequalities

HWE commissioned Healthwatch reports every quarter – example on lived experience of carers accessing primary care services

Explored:

- Whether carers are registered as a carer with their GP practice
- What support carers receive if they are registered as a carer with their GP practice
- Awareness of, and support from, Carers Champions

Key Findings:

Registering as a Carer	Access Barriers	Support from their GP Practice	Entitled Support
• Heard from **622** carers. Of which **68%** are formally registered as a carer with their GP practice. • Barriers to registering as a carer with their GP practice included: ➢ Lack of awareness ➢ Poor or no communication ➢ Practical barriers e.g. time, caring/work responsibilities ➢ Belief that there are no benefits to registering as a carer ➢ Previous poor experiences when accessing their GP practice	• Most carers struggle to access their GP practice because they cannot get through, particularly via telephone. • Other barriers included: ➢ Fitting appointments around caring/work responsibilities ➢ Flexibility in appointment times ➢ Choice regarding the type of appointment ➢ Availability of appointments	• **76%** have not been offered flexibility when booking an appointment for themselves or the person they care for. • **87%** said their GP practice has never discussed their physical or mental health in relation to their caring role. • **79%** have not received signposting information or support. • Only **13%** know if their GP practice has a Carers Champion. However, **63%** would seek information or support from a Carers Champion if given the opportunity.	• Since being registered, 75% have been offered an annual flu jab. • Only **17%** have been offered an NHS annual health check – and for many it was treated as a tick-box exercise • **16%** have been offered access to a Carer Assessment and/or benefits check. • **72%** were not aware they could access this range of support from their GP practice.

Actions implemented

2023/24 Enhanced Commissioning Framework we included most of the recommendation for practices to deliver

- Each practice to have a carer champion.
- Take proactive steps to identify people who are carers and record carer status using relevant clinical codes.
- Offer carers a Carers health-check and signposting to social prescriber.
- Ensure the wellbeing offer (wellbeing checks, coaching, social prescribing) is targeted at carers. Ensure social prescribing link workers (and carers' champions) are fully linked into partners to make a reality of the No Wrong Door approach.
- Actively Involve carers in the practice and PCN Patient Participation Groups (PPGs). Ensure carers have a powerful voice in PPGs and a say in the way carers' health inequalities are addressed by the PCN and individual practices (Work Primary Care commissioned with Patient Association – example of the story of Stort Valley at the AGM and the buddying work of PPG)
- Linking with the VCSFE on digital exclusion and how this is supported for all groups including carers

Next Steps

- Work with practices through Support Level Framework (SLF) and capture experience to date and improvements made and agree the next actions
- Use the data insights to have a targeted discussion and share the PCN level dashboard to facilitate ongoing and targeted discussion in a facilitative way
- At year-end will be qualitative & quantitative review of PCN Access Improvement Plan progress
- Test new models at practice/PCN and place level – focus on Integrated UTC at Harlow, launch of PCN Stevenage model and development at Hertsmere as pressure points as outlined in UEC strategy
- Further work with interface
- Discussions underway on agreeing the set of metrics to measure impact
    - On patient experience – PCN surveys and FFT
    - On Lived experience through Healthwatch qualitative analysis
    - Measuring the improvement in wellbeing of primary care workforce
    - On A&E and UTC for minor conditions
    - On ICB performance indicators including vaccination, Health checks, antibiotic stewardship
    - To show continuous improvement of LTC management – quarterly reporting of Enhanced Commissioning Framework – showing improvements such as increase in 8 care diabetes processes, Advance Care Planning whilst triangulating with prescribing and impact on NEL etc where possible

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**25/01/2024**		
Report Title:	**Dental Access Review**				**Agenda Item:**	**11**		
Report Author(s):	Feema Francis, Consultant in Dental Public Health, EoE							
Report Presented by:	Feema Francis, Consultant in Dental Public Health, EoE							
Report Signed off by:	Avni Shah, Director of Primary Care Transformation							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information**	☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy, and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services							
Key questions for the ICB Board / Committee:	▪ Following the presentation of the report, the Board will receive an update on how this aligns with the current dental workplan and delivers on the commitments identified in the Primary Care Strategic Delivery plan. ▪ The Board is asked to consider areas of priority that may need to be accelerated in order to support the recommendations in the review.							
Report History:	N/A							
Executive Summary:	The attached report summarises the findings of the Dental Health and Dental Access review that was undertaken by the regional Consultants in Dental Public Health during 2023. The assessment consists of both qualitative and quantative data including collation of patient feedback in 3 vulnerable patient groups – homeless, Traveller and Roma and Migrant Seekers. The report is specific to HWE ICB geography but does provide some comparison to regional and national data. The report also contains recommendations for the ICB to consider/action to support the improvement in both Dental Health and Dental Access for the population.							

<table>
<tr><td>Recommendations:</td><td colspan="4">The Board is asked to note and discuss the content of the paper.
Separate papers will be submitted through governance processes where actions are taken to deliver the recommendations identified in the paper.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">[Refer to latest Risk Register when completing]</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">N/A</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
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Hertfordshire and West Essex Integrated Care System

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Presentation to:

Recommendations to improve Dental Health and Dental Access Primary Care

Feema Francis
Consultant in Dental PH, EoE NHSE
FDS RCS, FFPH

Thursday 25th January 2024

Working together
for a healthier future

Background

To support ICSs who took up responsibility for direct commissioning of Primary Care dentistry from April 2023, analysis was undertaken from a dental public health perspective to present data on:-

- Dental health of 5-year-olds as a proxy measure of the general dental health of the population
- Dental Access using quantifiable and qualitative analysis

Throughout 2023 assessment of dental health and dental access was undertaken jointly by the 2 Consultants in Dental PH in the EoE, analysts from C&P ICB and analysts from NHSE region, data from OHID and NHSBSA has been collected and used in the analysis. Qualitative analysis was undertaken. All the analysis was undertaken to understand dental access and dental health in the EoE from a public health perspective.

The following slides present the key findings and recommendations and have been divided into the following sections:-

- Inequalities
- Access
- Patient Experience
- Dental Health Outcomes

Oral Health Inequalities

Hertfordshire and
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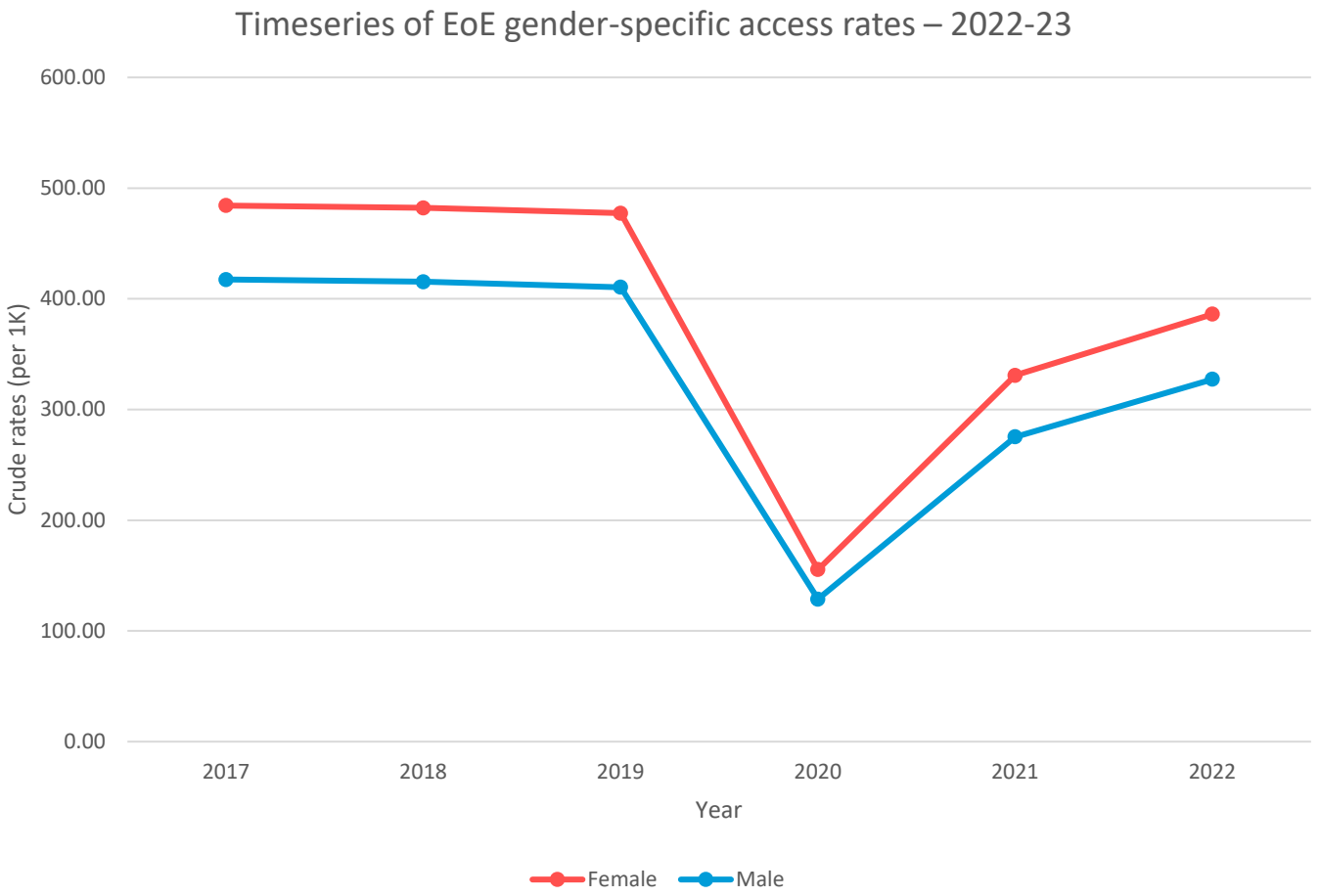
Dental Access April 2017-March 2023 in the EoE, Males and Females access



Source NHSBSA 2023, analysed by C&P ICS

Key Result:-
The graph shows that the rate of dental access is higher in women than in men-historically there has been inequity of access which remains. Rates for both men and women (the whole population in general) pre COVID, during the acute phase of COVID and currently show that whilst dental access rates have increased since 2020 the rates are still lower than pre-COVID levels.

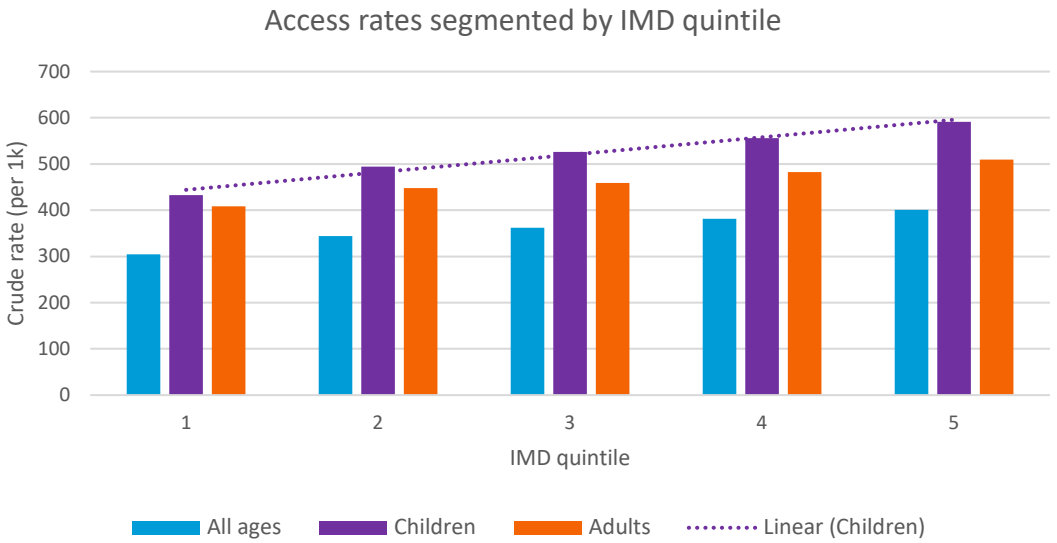
Recommendation-

- Raise awareness amongst men about attending dental services. Increase awareness of dental access in GDS services in areas of greatest deprivation to mitigate the effects of multiple disadvantage.

- Increase investment specifically to General Dental Service contracts by either increasing UDAs targets for dental practices using enhanced UDA rates.
- As a basic increase dental access to pre COVID levels.

LSOA Dental Access Rates -Inequalities across EoE April 2022-March 2023

Fig. 1

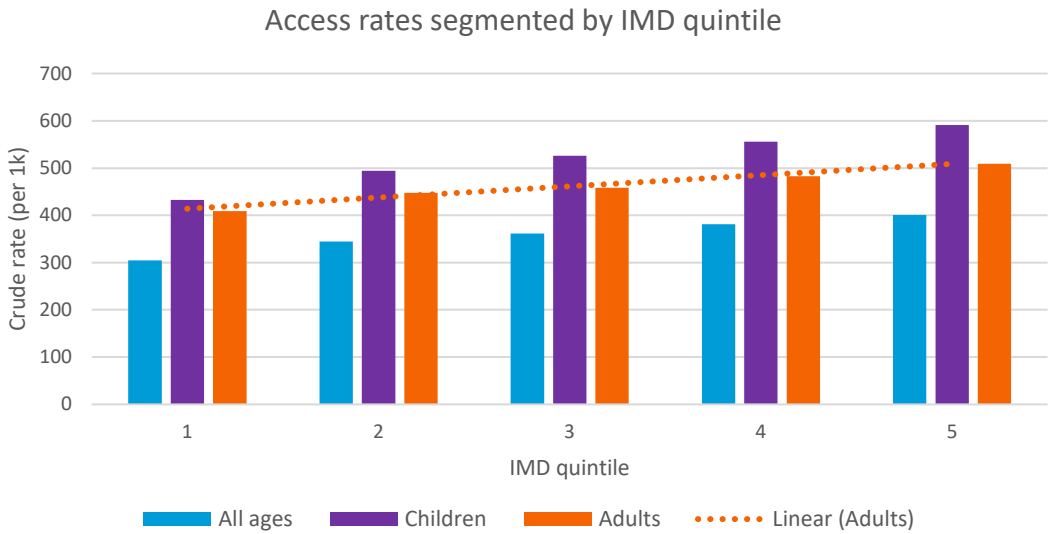


Source NHSBSA 2023, analysed by C&P ICS

y = 37.802x + 406.51

R^2 = 0.9762

Fig. 2



Source NHSBSA 2023, analysed by C&P ICS

y = 23.603x + 390.6

R^2 = 0.9748

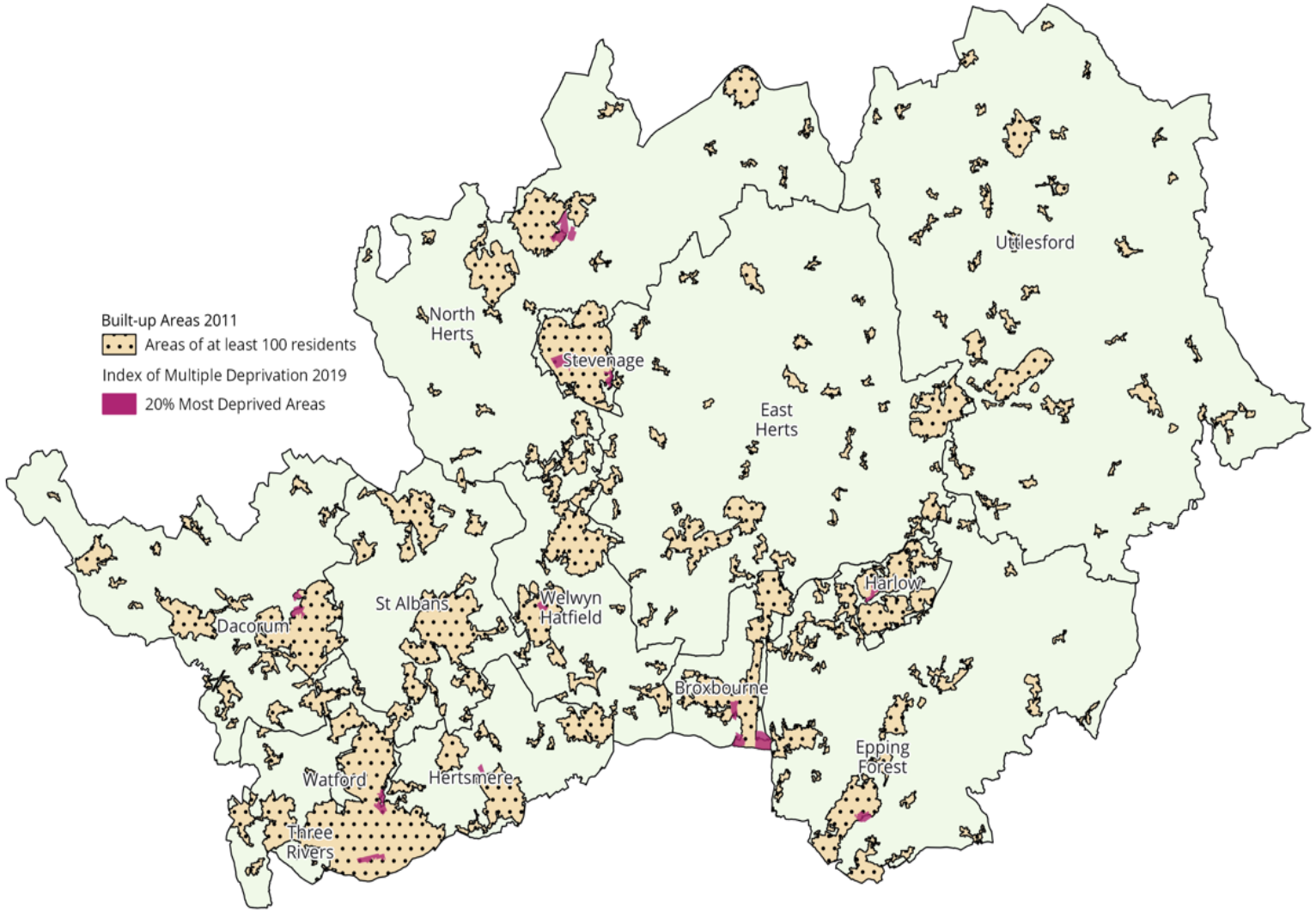
Key Result:-The dental access rate by quintile for both adults and children data shows a close link, and clear gradient between each quintile between the most deprived LSOA areas (quintile 1) and the least deprived LSOA areas (quintile 5). Dental access is lower in the most deprived areas compared to the least deprived areas.

Recommendation:- Focus investment to increase dental access in areas of deprivation e.g. by LTLAs where there is a higher proportion of 20% most deprived LSOAs. GDS services do not have catchment areas so focus on practices within LTLAs which have the highest proportion of 20% most deprived LSOAs.

Hertfordshire and West Essex Integrated Care System

H&WE ICS- areas of population density by LSOAs and 20% most deprived LSOAs within each LTLA

NB for dental commissioning north part of North Herts in included for HWE ICS

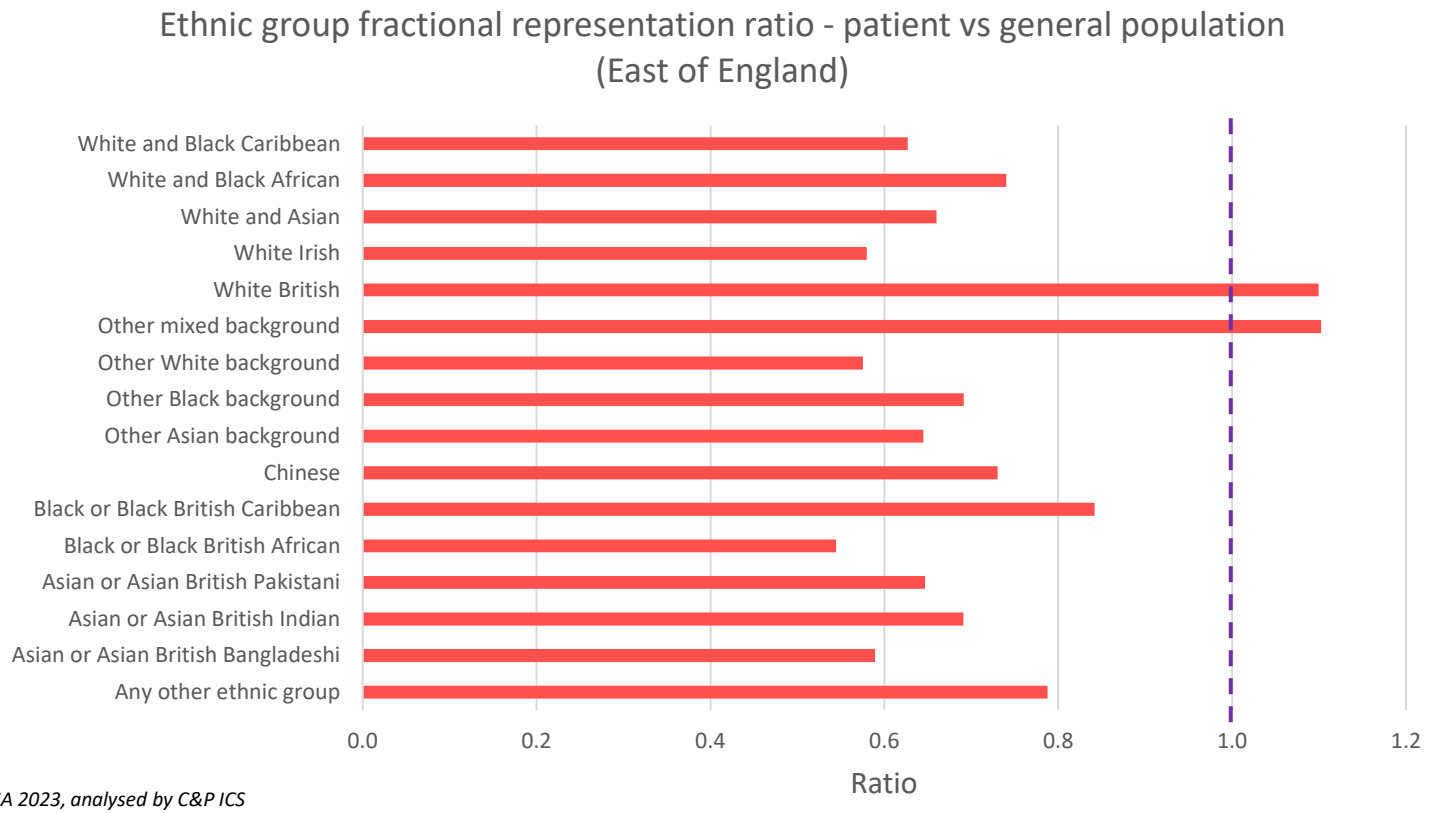


Areas of high density and the areas that have higher number of the 20% most deprived LSOAs are found in the LTLAs:-

- Broxbourne
- Dacorum
- Epping Forest
- North Hertfordshire
- Watford

Source NHSE HCPH, ONS 2021

LSOAs access rates



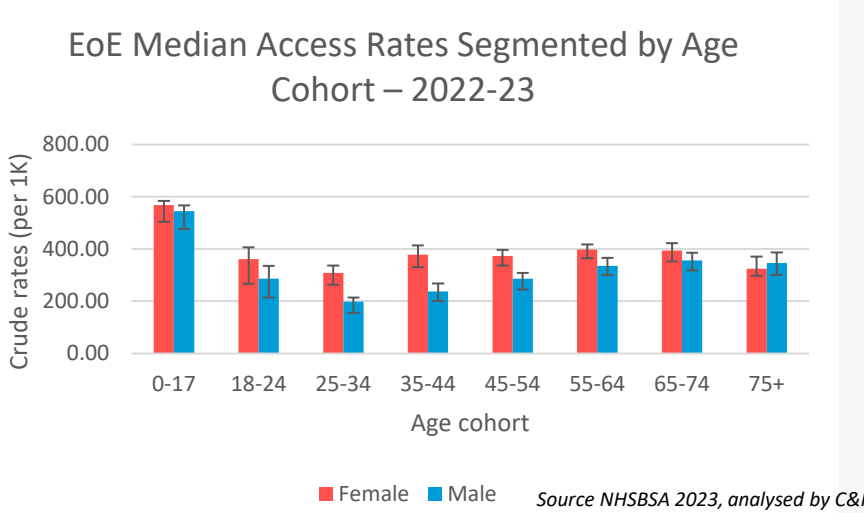
Source NHSBSA 2023, analysed by C&P ICS

- Ratios below 1 suggest that the ethnic group is under-represented in the patient population relative to the general population.
- Conversely, ratios above 1 suggest that the ethnic group is over-represented in the patient population relative to the general population.
- Ratios equal to 1 indicate that ethnic group representation is identical amongst both populations.

Key results – please interpret data with caution as ethnic group categories on FP17 dental claims are not always completed or completed with accuracy. The data shows that people from White Irish, Other White background, Black or Black British African and Asian or Asian British Bangladeshi have lower levels of dental access or are under- represented on claim form as accessing NHS dental services relative to collective EoE LSOA population.

Recommendations- Increase, awareness of dental access in GDS services in areas of greatest deprivation and in ethnic groups with the lowest access levels to mitigate the effects of multiple disadvantage.

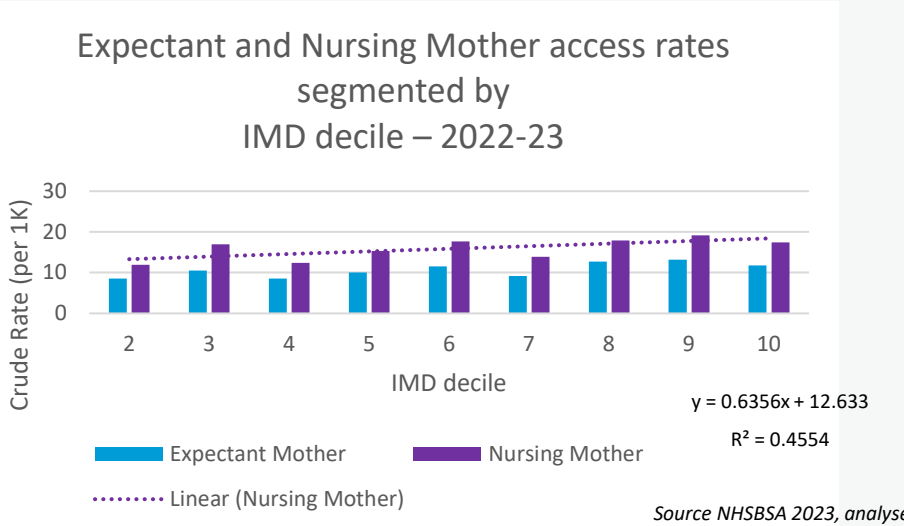
Dental Access by age April 22-March 23



Source NHSBSA 2023, analysed by C&P ICS

Key results- the rates of access is lowest in the 25-34 age cohort and in men within this age cohort. The rates of access is lower in the 25-34 and 35-44 age cohort –the difference in access is statistically significant.

Recommendation- Increase, awareness of dental access in GDS services in areas of greatest deprivation and in age groups and in men within these age groups identified above to mitigate the effects of multiple disadvantage.

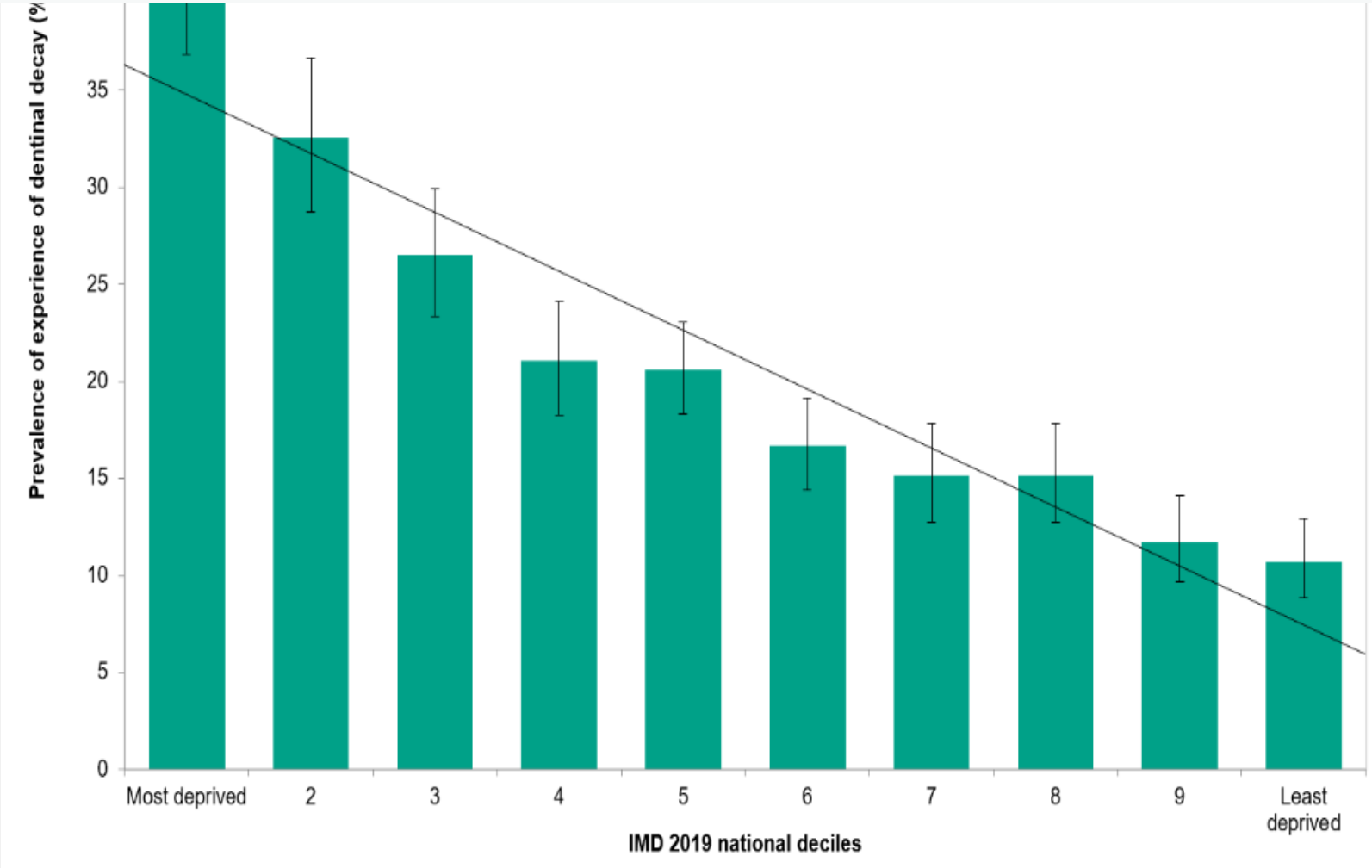


Source NHSBSA 2023, analysed by C&P ICS

Key results:-The dental access rate by decile for expectant and nursing mothers shows a clear gradient between each decile between the most deprived LSOA areas (decile1) and the least deprived LSOA areas (decile 10). Dental access is lower in the most deprived areas compared to the least deprived areas. However, the link is weak between deprivation and dental access.

Recommendation- Increase, awareness of dental access in GDS services in areas of greatest deprivation and in expectant and nursing mothers to mitigate the effects of multiple disadvantage.

EoE SI National Decile Chart

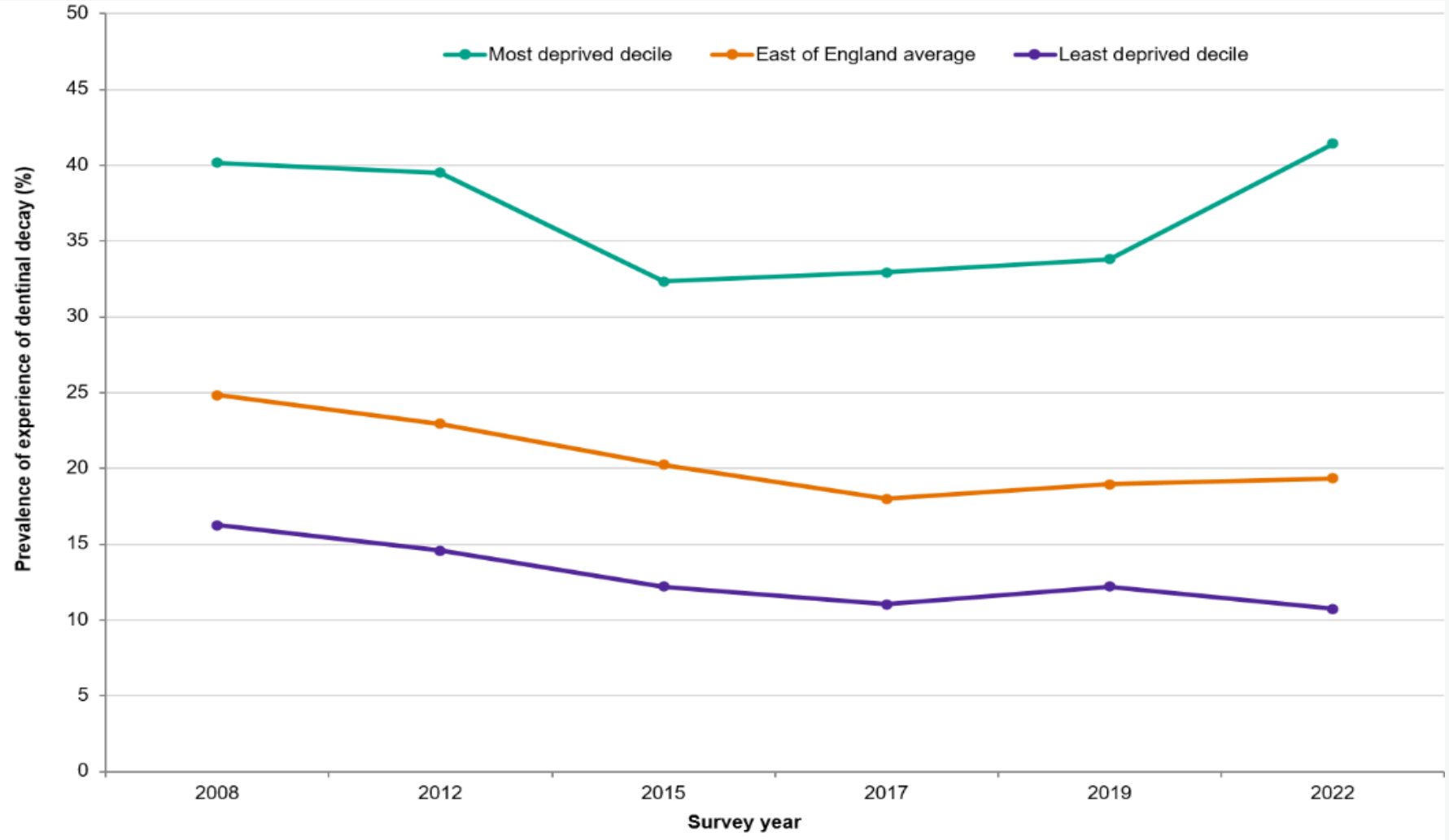


Area	Decile	SII	Lower 95% CL	Upper 95% CL
EOE 2022	National	25.4	22.333	28.498

Key results- The percentage difference between 5- year- old children in the EoE child having decay in the most deprived decile compared to the least deprived decile is 21% (the Slope Index of Inequalities).

Recommendation- dental practices need to have increased incentives to provide prevention line with Delivering Better Oral Health toolkit OHID 2021 to children from deprived areas.
Jointly work with health visitors, safeguarding teams, early years settings, nurseries, Healthwatch to identify practices willing to accept patients through each financial year to provide reliable easily access dietary advice and fluoride interventions.

EoE Decile Trend



Area	Decile	RII	Lower 95% CL	Upper 95% CL
EOE 2022	National	4.737	3.697	6.384

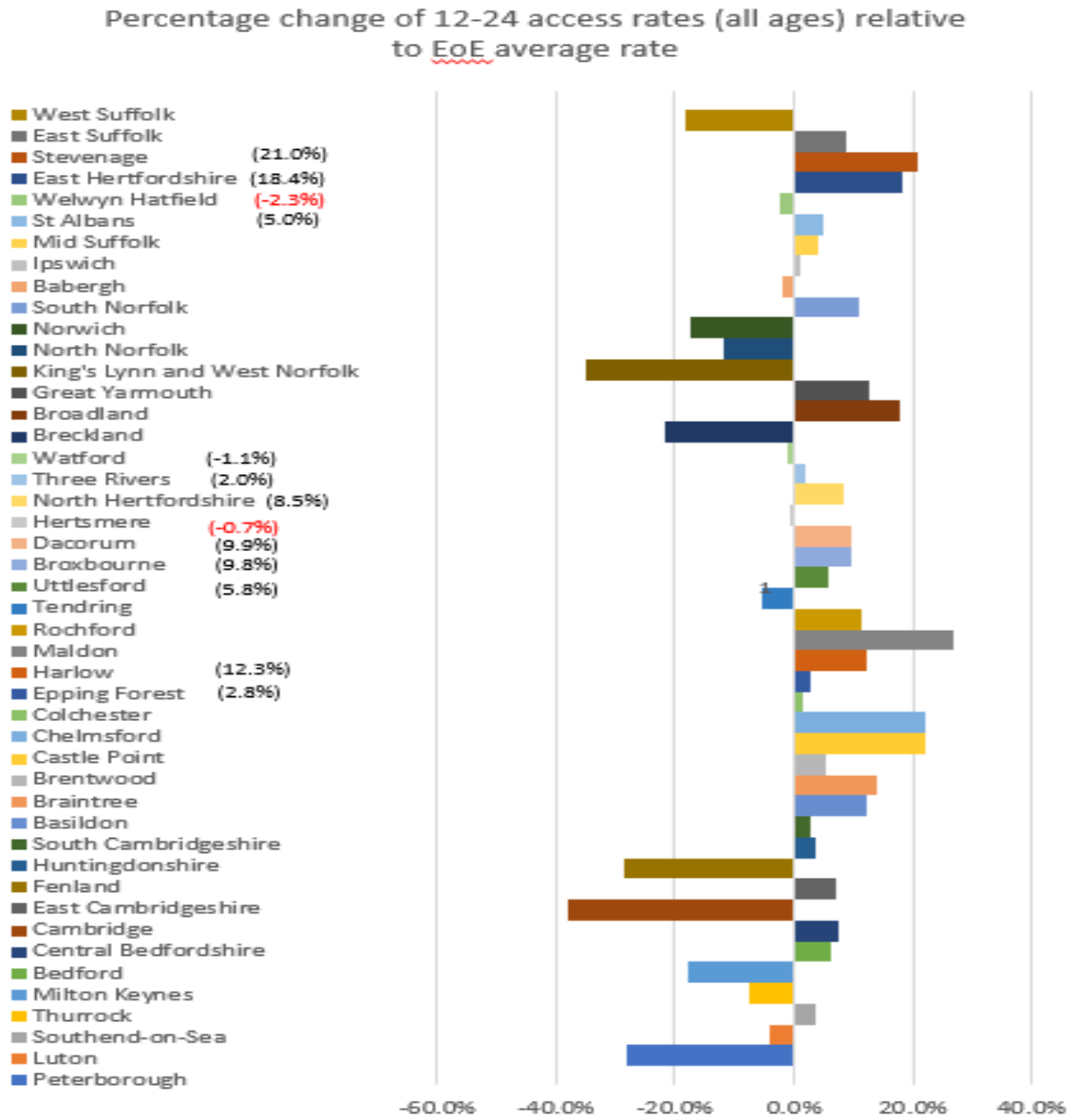
Key results
Dental health inequalities, when comparing trends in the most and least deprived areas are rising (Relative Index of Inequalities) particularly since 2020.

Recommendations
Increase and make available quickly, and for at 3 -5 years increased incentives to provide prevention line with Delivering Better Oral Health toolkit OHID 2021 to children from deprived areas.

Dental Access across HWE ICS by LTLAs

Hertfordshire and West Essex Integrated Care System

12-24 month access rates compared with access rate of EoE as a whole for April 22-March 23



Key Results – 2022-23 was the first year since the COVID that GDS practices were expected to reach their contracted target levels. When considering the percentage change across HWE ICS, Stevenage LTLA had the greatest percentage increase in dental access relative to EoE, whilst Hertsmere (-0.7%) and WelHat (2.3%) showed a percentage decrease in dental access compared to the EoE.

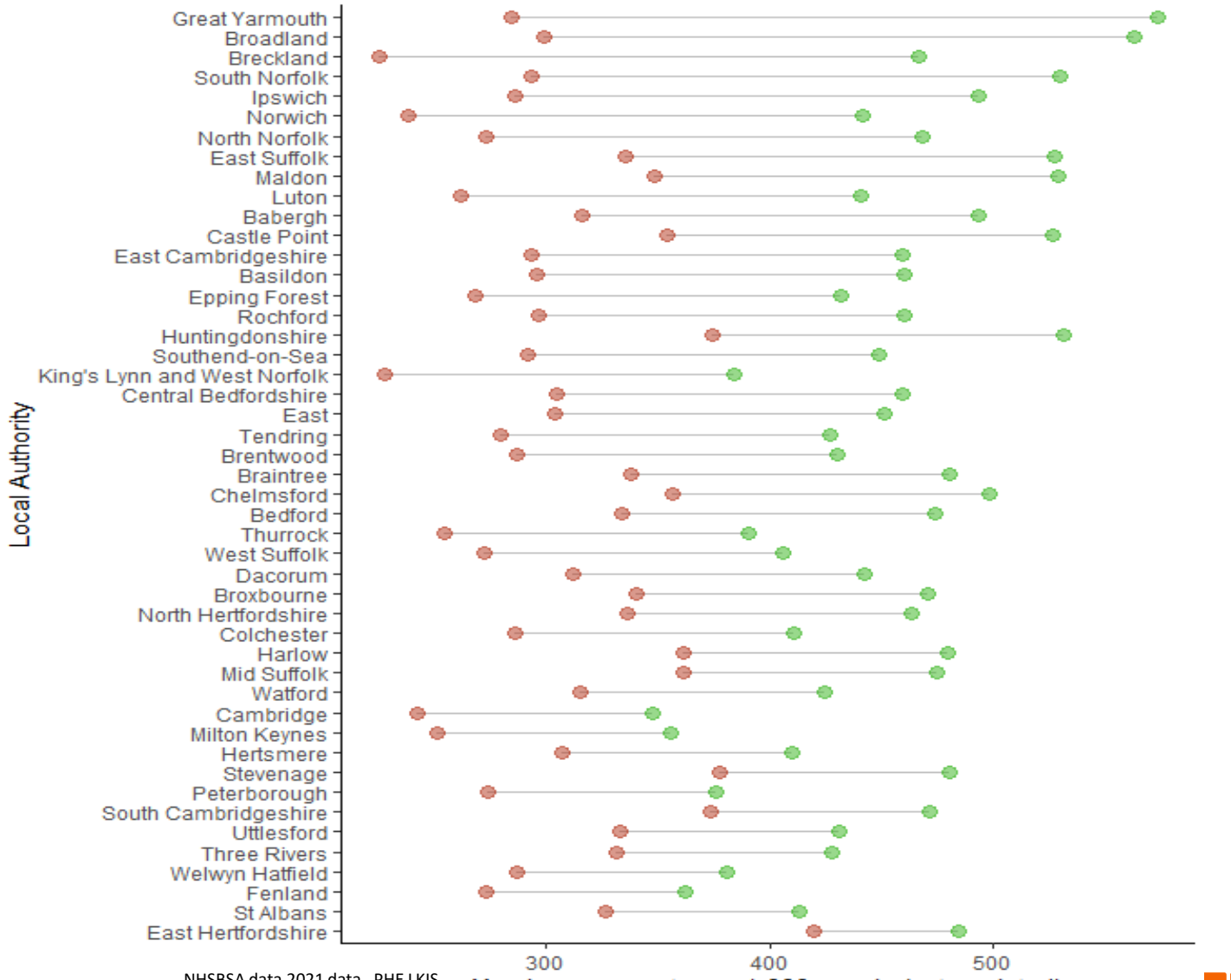
Recommendation- increase investment **in all LTLA areas** to improve dental access.
Encourage practices not meeting UDAs to improve access by working with partners to sign post new patients especially in Hertsmere and WelHat.

Source NHSBSA 2023, analysed by C&P ICS

Change in crude access 2017-2021 –Gt Yarmouth vs East Herts

Key results- based on data from 2021 and looking at the largest reduction on dental access from 2017 to 2021 when practices nationally were given flexibility to attain reduced contracted UDA levels, in HWE ICS, East Hertfordshire LTLA showed the smallest reduction in dental access whilst Epping Forrest showed the highest reduction in dental access in the ICS area between 2017-2021.

Recommendation- increase investment **in all LTLA areas** to improve dental access at the very least to pre Covid rates. However in many there will have been poor access prior to COVID so access, where possible should be increased to above pre Covid dental access rates.



NHSBSA data 2021 data , PHE LKIS

Hertfordshire and West Essex Integrated Care System

Dental Access Patient Experience

Hertfordshire and
West Essex Integrated
Care System

Qualitative Analysis

In the given timeframe and with capacity available, it was decided to conduct interviews on 3 vulnerable groups across EoE. As patient from these groups felt more comfortable in remaining anonymous and without wishing to declare their areas of residence we have decided to not share details from which ICS areas the patients were residing. The groups included in the qualitative analysis were People Experience Homelessness, Gypsy Traveller and Roma community, Asylum Seekers and refugees. Interviews were conducted virtually and in person.

Key results-

- All groups experienced some access problems with people from the Gypsy, Traveller, Roma groups having better success at accessing dental services if they were familiar with the dental practice.
- Despite being from vulnerable communities and regardless of income/benefit status the main theme was that these groups had problems accessing dental services and were being offered private treatment despite requesting, at NHS dental practices, NHS dental treatment.
- Cost and the ability to pay was a significant barrier to dental access- this is established in peer reviewed journal as a barrier. The difficulty in being able to pay private fees also meant delays in treatment and quality of life being impacted.
- Asylum seekers and Refugees all reported having tried local practices over several months to get access without success. Getting access to interpreters and dental practices arranging for interpreters being available at dental visits was inconsistent compounding dental access.

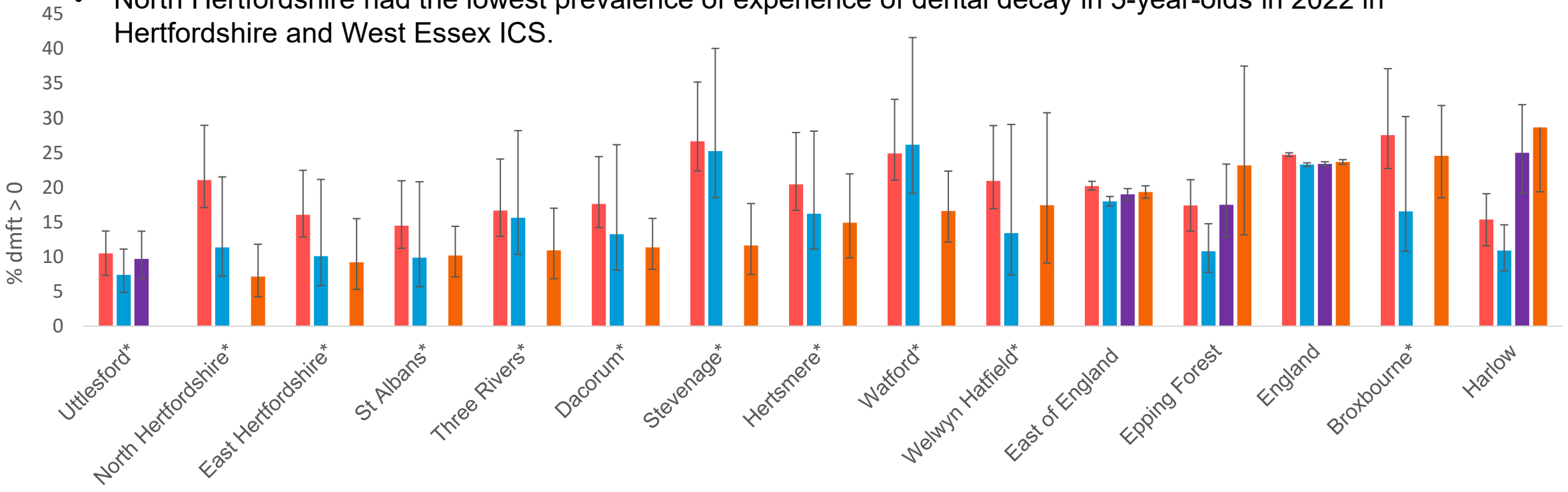
Recommendations

Focus in identifying through LAs and voluntary sector organisations and link workers vulnerable groups, increase health literacy and support in booking dental appointment for vulnerable groups. Provide access to prevention (fluoride interventions) for those on waiting lists.

Dental Outcomes- dental health

Trend in prevalence of experience of dental decay in 5-year-olds across lower tier local authorities in Hertfordshire and West Essex ICS, 2015, 2017, 2019 and 2022.

- Harlow had the highest prevalence of experience of dental decay in 5-year-olds in 2022 in Hertfordshire and West Essex ICS.
- North Hertfordshire had the lowest prevalence of experience of dental decay in 5-year-olds in 2022 in Hertfordshire and West Essex ICS.



*incomplete survey years

Source OHID 2015-2023[4]

Severity of experience of dentinal decay in 5-year-olds in lower tier local authorities in Hertfordshire and West Essex ICS, 2022

Area	Mean number of teeth with experience of dentinal decay in all examined children (95% confidence intervals)	The inequality of severity of dental decay between all children examined and children with experience of dentinal decay	Mean number of teeth with experience of dentinal decay in children with decay experience (95% confidence intervals)
Epping Forest	1.3 (0.00 to 2.71)	x4.2	5.5 (0.01 to 10.96)
Harlow	1.3 (0.69 to 1.86)	x3.4	4.4 (3.10 to 5.79)
Broxbourne	0.8 (0.50 to 1.14)	x4.1	3.3 (2.35 to 4.33)
Dacorum	0.3 (0.17 to 0.42)	x8.7	2.6 (1.80 to 3.36)
Hertsmere	0.4 (0.20 to 0.57)	x6.5	2.6 (1.67 to 3.53)
North Hertfordshire	0.1 (0.05 to 0.19)	x17	1.7 (1.26 to 2.19)
Three Rivers	0.3 (0.08 to 0.54)	x9.3	2.8 (1.22 to 4.41)

Source OHID 2023[5]

Severity of experience of dentinal decay in 5-year-olds in lower tier local authorities in Hertfordshire and West Essex ICS, 2022

Area	Mean number of teeth with experience of dentinal decay in all examined children (95% confidence intervals)	The inequality of severity of dental decay between all children examined and children with experience of dentinal decay	Mean number of teeth with experience of dentinal decay in children with decay experience (95% confidence intervals)
Watford	0.5 (0.28 to 0.67)	x5.8	2.9 (2.11 to 3.60)
St Albans	0.2 (0.13 to 0.34)	x11.5	2.3 (1.74 to 2.82)
Welwyn Hatfield	0.9 (0.15 to 1.57)	x5.4	4.9 (3.27 to 6.59)
East Hertfordshire	0.2 (0.07 to 0.31)	x10.5	2.1 (1.36 to 2.77)
Stevenage	0.3 (0.13 to 0.44)	x8	2.4 (1.53 to 3.37)
East of England	**0.7 (0.62 to 0.70)**	**x4.9**	**3.4 (3.27 to 3.57)**
England	**0.8 (0.82 to 0.86)**	**x4.3**	**3.5 (3.50 to 3.59)**

Source OHID 2023[5]

Recommendations for ICB

- Work with Hertfordshire County Council and Essex County Council to provide healthy population wide food policies in early years settings to reduce prevalence of caries across all Lower Tier Local Authorities, and with focussed attention particularly the following Lower Tier Local Authorities:- Welwyn Hatfield, Broxbourne, Harlow and Epping Forest.

- Work with Hertfordshire County Council and Essex County Council to provide toothbrushing schemes in early years settings to improve access to fluoride interventions to reduce prevalence of caries across all Lower Tier Local Authorities, and with focussed attention particularly the following Lower Tier Local Authorities:- Welwyn Hatfield, Broxbourne, Harlow and Epping Forest.

- Commission GDS practices to provide tailored dietary advice, and fluoride varnish for all children who have been diagnosed with caries within Welwyn Hatfield, Broxbourne, Harlow and Epping Forest.

- Ensure that dental health surveys continue to be conducted in Hertfordshire so that dental health trends can be observed.

- Hertfordshire County Council and Essex County Council to support the conduct of surveys by encouraging schools to participate in schools and encourage the greater participation of children in the surveys.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Primary Care Board meeting held in Public		**Meeting Date:**	**25/01/2024**
Report Title:	**Enhanced Commissioning Framework for General Practice 2024/25 – Section B Proposal for Clinical Transformation**		**Agenda Item:**	**12**
Report Author(s):	Dr Sam Williamson, Associate Medical Director			
Report Presented by:	Dr Sam Williamson, Associate Medical Director			
Report Signed off by:	Avni Shah, Director of Primary Care Transformation			
Purpose:	**Approval / Decision** ☐	**Assurance** ☐	**Discussion** Y	**Information** ☐
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy, and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the numbers of citizens taking steps to improve their wellbeing			
Key questions for the ICB Board / Committee:	Members are asked ▪ Discuss the areas identified in line with the ICB objectives and if there are gaps			
Report History:	▪ Primary Care project group ▪ Primary Care Transformation Group			
Executive Summary:	The paper summarises a. Highlights the main findings from the ECF 22/23 and year to date 23/24, including impact on care and health outcomes. b. Outlines the ECF specification for 2024/25, highlighting areas where there have been changes from the existing specification (2023/24). c. Provide the draft specification for Section B, including total allocation to ease area and proposed thresholds			
Recommendations:	The Board are asked to ▪ Discuss and support the direction of travel			

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	Yes	***Non-Financial Personal***	☐
	None identified			☐
	All GP leads – members/attendees of the Board are conflicted as this is an enhanced service from general practice			
Implications / Impact:				
Patient Safety:	The paper supports improvement in patient safety and mitigate risks to patient safety through this commissioning.			
Risk: *Link to Risk Register*	Risk of practice capacity in general practice to implement enhanced service with the continued demands of on the day which may lead to increased variation and inequality.			
Financial Implications:	Financial discussions will be discussed at Primary Care Commissioning Committee to ensure we manage the conflict of interest.			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		Yes	
	Quality Impact Assessment:		Yes	
	Data Protection Impact Assessment:		Initial assessment. Full assessment not required.	

B.1. Reducing variation in disease prevalence	
Total ECF Points	
B1.1.	Identify disease areas with lower than expected prevalence and work to identify people with undiagnosed disease and record their disease.

- Review data on disease prevalence and identify two disease registers where the practice is an outlier compared to PCN, Place or ICS average or estimated prevalence (using modelled estimates).
- Develop a plan (template provided) for increasing the prevalence for one-to-two disease areas where the practice has identified itself as an outlier (excluding frailty and end of life which are funded separately within the ECF).
- The plan should include:
    a. What diseases have been selected. Clear rationale should be given if the same disease areas are selected in 2024/25 as 2-23/24.
    b. Why these conditions have been selected (e.g. evidence from information packs/data, local priority area).
    c. The current disease prevalence is and the improvement target.
    d. The practice plan is to increase the prevalence (approach to case finding, review of high risk groups, review of people with pre-disease conditions).

Reporting	• Complete practice plan template provided to identify 2 areas and include a plan on actions to be taken to increase the prevalence. Template to be completed and uploaded on Ardens by 30th June 2024
ECF Points	

B.2. Chronic Obstructive Pulmonary Disease (COPD)				
Total ECF Points				
B2.1.	**Assess and record GOLD Group (A-E) in all patients newly diagnosed with COPD**			

- For patients newly diagnosed with COPD, assess and record COPD stage (ABCD/E)

Note: The COPD GOLD Initiative has changed from an ABCD classification to an ABE classification. Stages C and D are now combined into a single stage. However, SNOMED codes are not yet available for stage E. For the purpose of reporting, practices should continue to use SNOMED codes for stage C or D.

Denominator	Number of patients newly diagnosed with COPD during the financial year 2024/25 who are on the QOF COPD register.			
Reporting	Of the denominator, the number of patients who have a GOLD stage (A-E) recorded.			
ECF Points				
Thresholds	Lower threshold	40%	Upper threshold	75%
B2.2.	**As part of the annual review of patients on the COPD register, assess disease severity, agree a self-management plan and refer to relevant services.**			

As part of the annual review of patients with COPD:

- Complete basic spirometry (FEV1 and FVC) and record the GOLD grade (1-4).
- Complete or offer a COPD self-management plan. A COPD self-management plan should include:
    - Goal setting.
    - Monitoring of symptoms.

- An exacerbation plan:
    - Advice on early identification of an exacerbation and how to respond.
    - Use of anticipatory medications (e.g. rescue pack of steroids / antibiotics).
- COPD Treatment and Care Guidance.

Following GOLD grading, patients should receive care dependant on their GOLD status. Assess holistic health care needs and consider referral to appropriate services in line with NICE Guidance (see further guidance).

- Consider referral to integrated respiratory services
- Consider referral to pulmonary rehabilitation
- Consider referral to the following support services depending on need:
    - NHS Talking Therapies (previously called IAPT)
    - Social prescribing.
- Refer patients with palliative end stage COPD into palliative care services, if appropriate.

NB: See End of Life section
In line with the requirements of the End of Life section B9.1, COPD patients with COPD GOLD C or D or GOLD grade 4 should have GSF status recorded (including GSF blue for prognosis >1 year).

Denominator	Number of patients on the QOF COPD register.			
Reporting	1. Of the denominator, the number of patients who have a GOLD grade (1-4) recorded during the financial year 2024/25. 2. Of the denominator, the number of patients who have a COPD self-management care plan agreed, reviewed or declined during the financial year 2024/25.			
ECF Points				
Thresholds	Lower threshold	40%	Upper threshold	75%

B.3. Cardiovascular Diseases (CVD)	
Total ECF Points	
B3.1.	**As part of the annual review of patients on the heart failure (HF) register, assess and record disease status and refer to relevant services.**

As part of the annual review for patients with heart failure:

a. Review patients' symptoms and limitations and code the NYHA classification in the clinical record. Information on NYHA Classification is provided in ECF Further Guidance.
b. Ensure that the patients ejection fraction is documented, with a diagnosis of preserved or reduced ejection fraction.
c. Assess for signs and symptoms of high risk heart failure, e.g.:
    i. Severe symptoms or NYHA IV
    ii. Comorbidities (e.g. CKD/COPD)
    iii. Significant echo abnormality or valve disease
    iv. Pregnancy or planning pregnancy.

As part of the annual review of people with preserved ejection fraction (≥50%) and offer SGL2 inhibitor (dapagliflozin) and initiate in line with NICE guidance. The ICB will provide general practice with training and development support through the training hub.

Consider referral to appropriate services:

- Consider referral of patients with signs of decompensation or in need of increased support to local heart failure services.
- Consider referral to NHS Talking Therapies (previously called IAPT) for patients with low mood, anxiety or symptoms of depression.
- Consider referral to Social prescribing for patients who require wellbeing/lifestyle support, signposting or referral to voluntary/community teams.
- Consider referral to community palliative care services for patients who are NYHA III or IV.

NB: Links to End of Life section

- In line with the requirements of the End of Life section B9.1, Heart failure patients with NYHA classification III & IV should have GSF status recorded.

Denominator	Number of patients on the QOF HF register			
Reporting	• Of the denominator, the number of people that have a current NYHA classification recorded in the financial year 2024/25. • Of the denominator, the number of people that have a record of LVSD or no LVSD/preserved ejection fraction ever.			
ECF Points				
Thresholds	Lower threshold	40%	Upper threshold	75%

B3.2.	**Review patients on the Atrial Fibrillation (AF) register annually.**

Patients on the Atrial Fibrillation register will receive an annual review which includes:

- Review of signs and symptoms (pulse check, cardiac symptoms, breathlessness, leg oedema).
- Review of bleeding risk, using ORBIT bleeding score.

Denominator	Number of patients on the AF register			
Reporting	• Of the denominator, the number of patients who have had an AF review during the financial year 2024/25. • Of the denominator, the number of patients who have a bleeding risk (using ORBIT score) recorded during the financial year 2024/25.			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	50%

B3.3.	**Complete a review for patients on the CKD register, at least annually depending on disease stage.**

Patients on the CKD register should be reviewed at least once per year, depending on disease stage. The review should include:

- Monitoring of Stage of CKD using blood eGFR and urinary ACR.
- Assessment of blood pressure and when indicated, offer treatment to achieve the BP target for the disease stage.

Practices should engage with the virtual CKD clinic, to support the management of patients with deteriorating renal function.

Denominator	Number of patients on the QOF CKD register			
Reporting	• Of the denominator, the number of patients that have had a CKD disease stage recorded during the financial year 2024/25. • Of the denominator, the number of patients that have had their blood pressure recorded during the financial year 2024/25.			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%

B3.4.	**CVD Secondary Prevention.**

Review patients who are taking statin therapy for secondary prevention of CVD (currently on a CVD register) and ensure that they are on high intensity statins (atorvastatin 80mg or rosuvastatin 20mg or 40mg) in line with national lipid management pathways.				
Denominator	Number of patients on a statin and at least one of the CHD, STIA or PAD QOF registers			
Reporting	• Of the denominator, the number of patients who are currently taking high dose statins (atorvastatin 20mg, 40mg, 80mg or rosuvastatin 10mg, 20mg or 40mg or maximum tolerated LLT).			
ECF Points				
Thresholds	Lower threshold	40%	Upper threshold	70%

B.4. Diabetes and Non-diabetic hyperglycaemia (NDH)				
Total ECF Points				
B4.1.	**Review of patients with non-diabetic hyperglycaemia.**			
As part of the review of patients with non-diabetic hyperglycaemia, ensure that patients receive the following assessments: • Check BMI and reinforce offer of referral to NDPP or weight management (unless previously completed). • Provide lifestyle advice on an annual basis. This can include participation in ICB diabetes/pre-diabetes webinars and advice offered by text message. • Refer to relevant services, including weight management, NDPP or social prescribing.				
Denominator	Number of patients on the QOF NDH register			
Reporting	• Of the denominator, the number of patients that have had a BMI recorded during the financial year 2024/25. • Of the denominator, the number of patients that have had lifestyle advice during the financial year 2024/25 • Of the denominator, the number of patients that have either ever received, or been actively considered for NDPP, and where appropriate weight management and social prescribing.			
ECF Points				
Thresholds	Lower threshold	40%	Upper threshold	75%
B4.2.	**Improve proactive management of patients with diabetes.**			
In addition to care covered by QOF, improve uptake of the following care processes in all diabetic patients: • Cholesterol. • Urine albumin. • ~~BMI~~				
Denominator	Number of patients on the QOF Diabetes Mellitus register			
Reporting	• Of the denominator, the number of people that have had cholesterol recorded during the financial year 2024/25. • Of the denominator, the number of people that have had urine albumin/ACR recorded during the financial year 2024/25. • ~~Of the denominator, the number of people that have had BMI recorded during the financial year 2023/24.~~			
ECF Points				
Thresholds	Lower threshold	40%	Upper threshold	75%

B4.3.	**Increase the proportion of people with high-risk diabetes type 2 who receive all 8 care processes.**			
• Risk stratify patients with diabetes type 2 using UCL Partners risk stratification tool to identify individuals with high risk diabetes. • Review high risk patients and complete all 8 care process • Review and manage personalised care in line with NICE guidance.				
Denominator	Number of patients on the QOF DM register who are classified as high risk type 2 using UCL Partners Risk stratification tool.			
Reporting	Of the denominator, the number of patients that have had ALL 8 care processes completed during the financial year 2023/24.			
ECF Points				
Thresholds	Lower threshold	40%	Upper threshold	75%

B.5. Learning Disabilities (LD) and Autistic Spectrum Disorder (ASD)	
Total ECF Points	
B5.1.	**Ensure accurate coding of people with autism spectrum disorder**
Practices will establish and maintain a register of patients with autism spectrum disorder. • Practices will use clinical codes to record ASD diagnoses • See Further Guidance for relevant SNOMED codes.	
ECF Points	
B5.2.	**Ensure proactive follow up with people who do not engage with the annual health check process**
• The LD AHC should include an AHC Preparation Tool, which is completed and returned prior to the AHC appointment. • The GP Practice should allocate an appropriate person to ensure follow up of the un-returned AHC Preparation Tool and appointments which have not been attended. • If individuals do not return their AHC Preparation Tool or do not attend their appointment, or were not supported by carers to do so, practices should endeavour to find out why. This might include reviewing the appointment process to understand why and ensure that reasonable adjustments are in place if the person requires support to attend the appointment or if there are safeguarding concerns. • For this requirement: if patients do not engage after two attempts, practices should use the guidance included in ECF Further Guidance and document action taken to engage patients.	
Denominator	• Baseline at year end 2022/23 of proportion of people on the LD register who have had an Annual health check • Baseline at year end 2022/23 of proportion of people on the LD register who have had a Health Action Plan.
Reporting	• Increase in the proportion of the denominator who have had an Annual Health Check by 5% compared to baseline. • Increase in the proportion of the denominator who have a health action plan by 5% compared to baseline.
ECF Points	
B5.3.	**The Practice should ask about and provide reasonable adjustments to meet The Equality Act 2010 and ensure these are accurately documented and flagged.**
a. Ask about and use preferred means of communication to comply with the Accessible Information Standard 2016 (AIS). Information should be provided in an accessible format or	

communication should be adapted to support the needs of the patient. Families and carers should be involved where appropriate. b. Ask about and provide Reasonable Adjustments to meet The Equality Act 2010 c. Ensure preferred means of communication and Reasonable Adjustments are accurately documented, flagged and shared at point of referrals. d. If a patient with a learning disability does not attend an appointment/is not supported to attend (any appointment, not AHC alone), this should be actively followed up and the code 'Adult not brought to appointment' used.				
Denominator	Number of people on either the ASD register or the learning disabilities QOF register (or both).			
Reporting	• Of the denominator, the number of people who have preferred means of communication and Reasonable Adjustments recorded during the financial year 2024/25.			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	50%

B.6. Mental Health (MH)				
Total ECF Points				
B6.1.	**Provide an enhanced annual physical health check for patients with a serious mental illness, as appropriate.**			
Practices to proactively engage and offer every person on the SMI register an annual health check consultation (face to face at the practice or in their homes) and to include hard to reach patients. Practices can seek support from wider MH teams as appropriate to reach hard to reach patients. In addition to the standard physical health check for people with an SMI, Practices should undertake the following care processes and document in the clinical record as part of an enhanced annual holistic health check: • BMI/Waist Circumference recorded in the last 12months • Nutrition/diet and level of physical activity in the last 12 months. • Screening – Cancer advice or education in last 12 months • Oral Health recorded in last 12 months • Sexual Health recorded in last 12 months • Use of illicit substance/non-prescribed in last 12 months • Medication reconciliation/review in last 12 months				
Denominator	Number of patients on the QOF SMI register			
Reporting	Of the denominator, the number of people that **have at least four** of the following enhanced components of the physical health check completed in last 12 months as appropriate to the patient: • BMI/Waist Circumference recorded in the last 12months • Nutrition/diet and level of physical activity in the last 12 months. • Screening – Cancer advice or education in last 12 months • Oral Health recorded in last 12 months • Sexual Health recorded in last 12 months • Use of illicit substance/non-prescribed in last 12 months • Medication reconciliation/review in last 12 months (if taking medications)			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%

B.7. Carers				
Total ECF Points				
B7.1.	**Provide a carer's annual check and refer to relevant services and support**			
As part of the annual check for people who are carers, complete the following care processes: • Blood pressure check • Screening for depression (using PHQ-2 or PHQ-9) • Ask about reasonable adjustments and record these in the clinical record Following assessments, carers should receive support and care according to identified needs, including referral to relevant services (see further guidance). Consider referral to NHS talking therapies (previously IAPT), Carers in Herts for people in Hertfordshire (online referral via DXS) and Essex Wellbeing Service for those in West Essex (online referral via DoS).				
Denominator	Number of patients on the carers register			
Reporting	1. Of the denominator, the number of people who have a blood pressure recorded during the financial year 2024/25. 2. Of the denominator, the number of patients who have a completed PHQ-2 or PHQ-9 assessment during the financial year 2024/25. 3. Of the denominator, the number of people who have reasonable adjustments recorded during the financial year 2024/25.			
ECF Points				
Thresholds	Lower threshold	20%	Upper threshold	40%

B.8. Frailty	
Total ECF Points	
B8.1.	**Review and record the frailty status of people at risk of frailty**
Practices will take the following steps to identify and review people at risk frailty 1. Identify through system searches patients (groups identified below) **with no existing diagnosis of frailty** who are at high risk of frailty • All patients aged 85 and over OR • Patients aged 65 and over who have either ○ High risk of falls or history of falls OR ○ Are housebound OR ○ Have any of the following conditions - Dementia, MS, MND, Parkinsons, Delirium, CVA OR ○ Are taking 10 or more medications on repeats, OR ○ Have 6+ long term conditions (from the list of conditions in further guidance) 2. Review the patients clinical frailty status using Rockwood 3. Record Rockwood score (numeric) or status (fit, mild, moderate, severe frailty) or frailty status (fit/physically active, mild, moderate or severe frailty)	
Denominator	Patients who meet at least one of the following criteria: • All patients aged 85 and over • Patients aged 65 and over who have at least one of the following: a. High risk of falls b. Are housebound c. Have any of the following conditions - Dementia, MS, MND, Parkinsons, Delirium, CVA OR d. Are taking 10 or more medications on repeats, OR

	e. Have 6+ long term conditions (including Dementia, MS, Parkinsons, Falls, Delirium, more than 10 medications on repeats, CVA, multiple conditions, etc) **NOTE excludes Care home and all EOLC register patients**			
Exclusion criteria from denominator	• Patients with a record of mild/moderate/severe frailty prior to 1st April 2024 **NOTE excludes Care home and all EOLC register patients**			
Reporting	• Of the denominator, the number of patients that have a Rockwood assessment OR frailty status recorded during the financial year 2024/25. **NOTE excludes Care home and all EOLC register patients**			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%
B8.2.	**Review and assess patients who are moderately or severely frail on an annual basis.**			

Ensure that all patients with a moderate or severe clinical frailty status have had an annual review and are proactively supported. The annual review will include a holistic assessment of needs, including:

- Assess current frailty status using Rockwood or record current frailty status using the relevant codes
- Assessment of carer status (receiving carer and/or providing care)
- Falls Risk Assessment (FRAT)
- Loneliness assessment (ULCA 3-item loneliness scale).

Patients not included for payment purposes are people living in a care home and patients who are GSF red.

Actions:

- For patients at high risk of falls on FRAT assessment do postural hypertension assessment and consider referral to falls clinic or appropriate community services
- For patients with loneliness or depression, consider referral to NHS Talking Therapies (previously called IAPT), community services, social prescribing or other relevant services.
- For patients who are severely frail, **see End of Life section (B9.1)**, complete GSF status (including GSF blue for prognosis >1 year).
- Conduct a holistic medication review for these patients.

Denominator	Number of patients with a status of moderate or severe frailty **NOTE excludes Care home and all EOLC register patients**			
Reporting	• Of the denominator, the number of people that have had a frailty status (physically fit, mild, moderate or severe frailty) using Rockwood or frailty status recorded during the financial year 2023/24. • Of the denominator, the number of people that have a carer status recorded during the financial year 2024/25. • Of the denominator, the number of people that have a FRAT score recorded during the financial year 2024/25. • Of the denominator, the number of people that have loneliness assessment recorded during the financial year 2024/25.			
Exclusion criteria	**NOTE excludes Care home and all EOLC register patients**			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%

B8.2.	**Complete a STOPP/START review for patients with moderate frailty who are on X or more medications.**			
Complete a STOPP/START review as part of a structured medication or polypharmacy review for patients with moderate frailty who are on X or more medications. As part of the review, record medications that have been discontinued, including the reason (ineffective, inappropriate, interaction, side-effect or contra-indicated) using relevant codes. See further guidance on STOPP/START reviews				
Denominator	Number of patients with moderate frailty who are taking X or more repeat prescriptions **NOTE excludes Care home and all EOLC register patients**			
Reporting	• Of the denominator, the number of patients who have had a STOPP/START medication review during the financial year 2024/25. • Of the denominator, the number of patients who have a record of medications being stopped during the financial year 2024/25. **NOTE excludes Care home and all EOLC register patients**			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%

B.9. End of Life (EoL)				
Total ECF Points				
B9.1.	**Identify and review patients who are likely to be nearing the end of life and record their GSF status.**			
3. Review GSF status of patients with advance disease and frailty using the GSF Proactive Identification Guidance, with a focus on patients with at least one of: 4. Heart failure NYHA III or IV 5. COPD GOLD C-D or GOLD Grade 4 (FEV1 <30% predicted) 6. CKD stage 5 7. Severe frailty 8. Ensure efficient coding and sharing of information using defined local templates and processes (using EOLC registers and EPaCCS or other defined methodology). Patients should be coded as one of Blue (prognosis >1 year), green, amber or red.  **NB.** GSF Green, amber and red codes enter patients on to the end of life register. GSF Blue status does not enter patients on to the EOL register.				
Denominator	Number of people who have at least one of the following Heart failure NYHA III or IV; COPD GOLD Stage C or D or GOLD Grade 4; CKD stage 5; severe frailty.			
Reporting	• Of the denominator, the number of people who have a GSF status (blue, green, amber or red) recorded in the financial year 2024/25.			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%
B9.2.	**For patients on the end of life register complete or review the advance care plan as part of an MDT.**			

Support people on the end of life register (GSF green, amber and red and other end of life codes) in line with best practice.
Complete or review the advance care plan. Focus on the delivery of the core care processes for patients on the end of life register

- Record an up to date GSF status
- Record the patients preferred place of care
- Record the patients preferred place of death
- Record the patients DNACPR status
- Ensure advance care plan is shared via agreed Place Based sharing mechanism, using locally agreed technology e.g. EPACCS.

Advance care planning is required for all patients. Patients with diminished mental capacity (e.g. learning difficulties, specialist mental health needs and dementia) should still be supported to make choices, recognising that the needs of these groups need to managed in very specific and individualised ways.
https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/ACP_Booklet_2014.pdf

Denominator	Number of people on the End of Life Register			
Reporting	• Of the denominator, the number of people who have a GSF prognostic indicator (green/amber/red) recorded during the financial year 2024/25. • Of the denominator, the number of people who have a DNAR status recorded during the financial year 2024/25. • Of the denominator, the number of people who have a preferred place of care recorded during the financial year 2024/25. • Of the denominator, the number of people who have a preferred place of death recorded during the financial year 2024/25. • Of the denominator, the number of people who have had their record shared via appropriate place based record sharing (e.g. ReSPECT or PEACE).			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%
B9.3.	**For patients at amber and red on the GSF register, prescribe anticipatory palliative care medications (consider for other GSF patients where appropriate).**			

- Ensure good, effective and timely prescribing of anticipatory palliative care medication, in line with local prescribing guidelines.
    - Consider and record the prescription of anticipatory medications for people who are GSF amber or red.

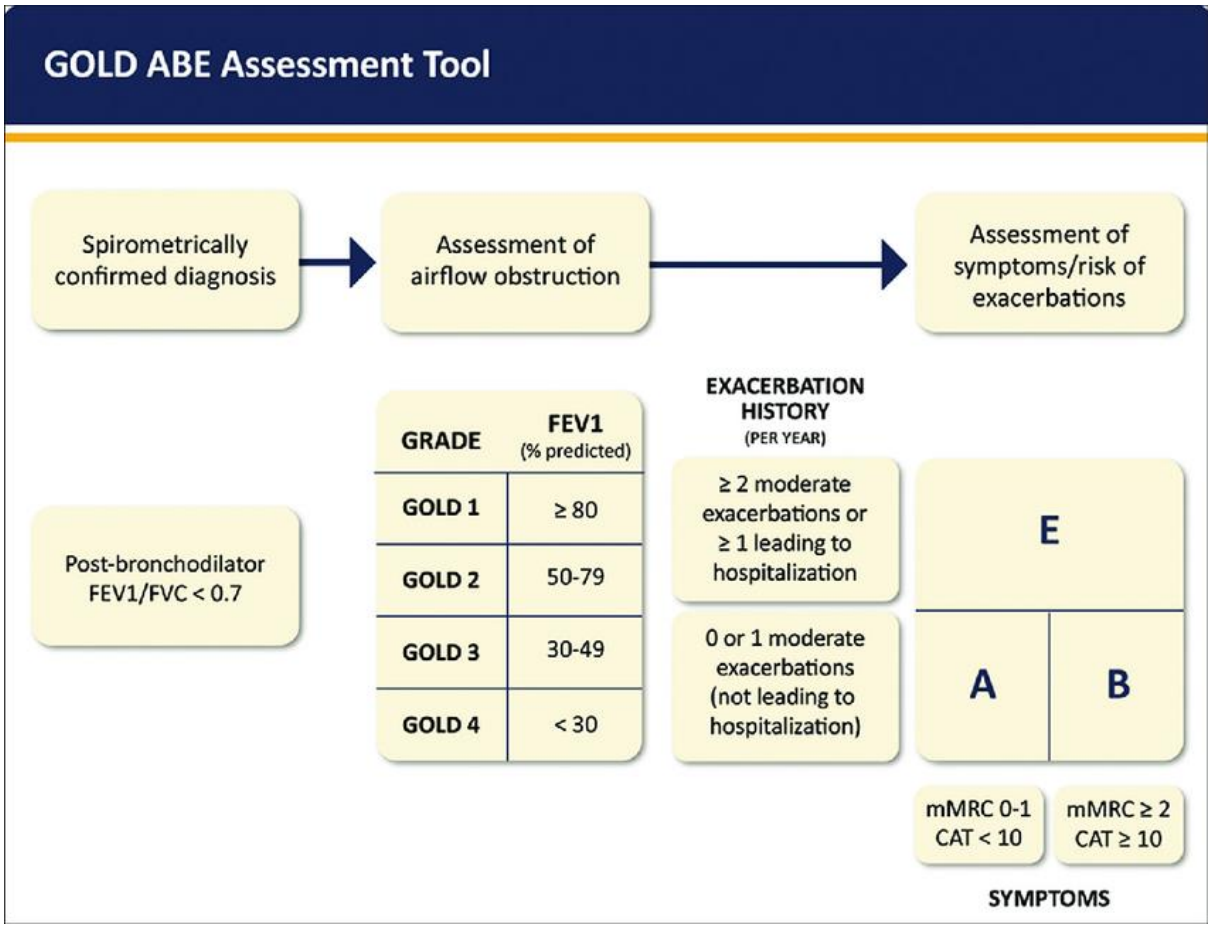
Denominator	Number of people with GSF status amber or red			
Reporting	• Of the denominator, the number of people who have a record of anticipatory medications prescribed (including declined or not indicated) during the financial year 2024/25.			
ECF Points				
Thresholds	Lower threshold	30%	Upper threshold	60%

Further Guidance

COPD

Initial assessments at diagnosis.

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) Assessment Tool helps to categorise patients with COPD to enable health care professionals to offer consistent care to patients. The GOLD Assessment Tool should be completed at first diagnosis and the GOLD Group (A-E) and GOLD Grade (1-4) should be established (see table below).



NB: SNOMED Codes for COPD Group E are not currently available. Practices should continue to use COPD Group C or D SNOMED Codes.

COPD reviews

As part of COPD reviews, NICE guidance recommends the following actions:

9. Repeat basic spirometry (FEV1 and FVC) to assess GOLD Grade (1-4)
10. Offer pneumococcal and influenza vaccinations
11. Agree a self-management plan with the patient
12. Consider non-pharmacological therapies (including smoking cessation, pulmonary rehabilitation,
13. Review and optimise pharmacological therapies in line with the self-management plan.

The table below (from NICE Guidance) summarises key areas to cover as part of the annual review).

Table 6 Summary of follow-up of people with COPD in primary care

	Mild/moderate/severe (stages 1 to 3)	Very severe (stage 4)
Frequency	At least annual	At least twice per year

Clinical assessment	• Smoking status and motivation to quit
	• Adequacy of symptom control:
	  ◦ breathlessness
	  ◦ exercise tolerance
	  ◦ estimated exacerbation frequency
	• Need for pulmonary rehabilitation
	• Presence of complications
	• Effects of each drug treatment
	• Inhaler technique
	• Need for referral to specialist and therapy services
		• Smoking status and motivation to quit
		• Adequacy of symptom control:
		  ◦ breathlessness
		  ◦ exercise tolerance
		  ◦ estimated exacerbation frequency
		• Presence of cor pulmonale
		• Need for long-term oxygen therapy
		• Person with COPD's nutritional state
		• Presence of depression
		• Effects of each drug treatment
		• Inhaler technique
		• Need for social services and occupational therapy input
		• Need for referral to specialist and therapy services
		• Need for pulmonary rehabilitation

Measurements to make	• FEV1 and FVC • calculate BMI • MRC dyspnoea score	• FEV1 and FVC • calculate BMI • MRC dyspnoea score • SaO_2

Actions to take following review

Following completion of the COPD review, NICE CKS recommend the actions below based on needs:

1. **Refer the person to a respiratory specialist (urgency depending on the clinical situation), if:**

- Lung cancer is suspected (e.g. they have haemoptysis or suspicious features on chest X-ray).
- There is diagnostic uncertainty, e.g. Difficulty distinguishing COPD from asthma or other conditions such as bronchiectasis or pulmonary fibrosis. Symptoms are disproportionate to findings on spirometry.
- COPD is very severe or rapidly worsening. For example, forced expiratory volume in 1 second (FEV1) is less than 30% predicted or rapidly declining.

- Cor pulmonale is suspected.
- The person is <40 years of age and/or there is a family history of alpha-1-antitrypsin deficiency. If alpha-1-antitrypsin deficiency is confirmed, screening is indicated for the person's family.
- They have frequent infections — to assess preventable factors and exclude bronchiectasis.
- Referral to a respiratory specialist may also be required to assess the need for:
    - Oxygen therapy.
    - Long-term non-invasive ventilation.
    - Nebulizer therapy or long-term oral corticosteroids.
    - Lung surgery (e.g. bullous lung disease that is symptomatic despite maximal treatment).

2. Refer a person for pulmonary rehabilitation in line with local referral pathways.

- Advise the person that commitment to pulmonary rehabilitation can improve quality of life, increase exercise capacity and reduce breathlessness.
- Do not refer the person for pulmonary rehabilitation if they are unable to walk or have unstable angina, or have had a recent myocardial infarction.

3. Referring a person with COPD for assessment for oxygen therapy:

- Do not start oxygen therapy without a specialist assessment.
    - Oxygen is a treatment for hypoxaemia (not breathlessness).
    - Long-term oxygen therapy (LTOT) can improve survival in people with stable COPD and chronic hypoxia.
    - Inappropriate oxygen therapy in people with COPD may cause respiratory depression.
- Refer the person for LTOT assessment if they have:
    - Oxygen saturations of 92% or less breathing air.
    - Very severe (forced expiratory volume in 1 second [FEV1] less than 30% predicted) or severe (FEV1 30–49% predicted) airflow obstruction.
    - Cyanosis.
    - Polycythaemia.
    - Peripheral oedema.
    - Raised jugular venous pressure.
- Refer for assessment for ambulatory oxygen therapy (portable oxygen) people on LTOT who are mobile outdoors.
- Do not offer short-burst oxygen therapy for breathlessness in people with COPD who have mild or no hypoxaemia at rest.
- Palliative oxygen therapy may be considered by a specialist for people with intractable breathlessness which is non-responsive to other treatment.
- Warn people using oxygen not to smoke because of the risk of fire or explosion.

4. Refer a person with COPD to other professionals in the multidisciplinary team if:

- **Consider referral to a physiotherapist** for a person with excessive sputum, to learn:
    - How to use positive expiratory pressure devices.
    - Active cycle of breathing techniques.
- **Consider referral to social services and occupational therapy** if the person is experiencing difficulties with activities of daily living or functional disability.
- **Consider referral for dietetic advice** if Body Mass Index (BMI) is abnormal (high or low) or changing over time (3 kg or more in an older person).
    - Other causes of unintentional weight loss (including malignancy) should be considered.
    - Nutrition should form part of all pulmonary rehabilitation programmes.
- **Consider referral to psychological services** if anxiety or depression related to chronic obstructive pulmonary disease (COPD) are identified.

Heart Failure

New York Heart Association – Heart Failure Classification

Class	Description
I	• No Limitation to physical activity. • Normal physical activity does not cause undue fatigue, breathlessness, or palpitations.
II	• Slight limitation to physical activity. • Comfortable at rest, but ordinary physical activity results in undue breathlessness, fatigue, or palpitations.
III	• Marked limitation in physical activity. • Comfortable at rest, but less than ordinary physical activity results in undue breathlessness, fatigue, or palpitations.
IV	• Unable to carry out any physical activity. • Symptoms at rest may be present. • If any physical activity is undertaken discomfort is increased.

Learning Disability

Autism SNOMED codes

SNOMED code	SNOMED description
408857007	Infantile autism (disorder)
43614003	Autistic disorder of childhood onset (disorder)
191689008	Active infantile autism (disorder)
191690004	Residual infantile autism (disorder)
231536004	Atypical autism (disorder)
23560001	Asperger's disorder (disorder)
702732007	High-functioning autism (disorder)
708037001	Residual Asperger's disorder (disorder)
408856003	Autistic disorder (disorder)
373618009	Autistic spectrum disorder with isolated skills (disorder)
442314000	Active but odd autism (disorder)
35919005	Pervasive developmental disorder (disorder)
39951000119105	Pervasive developmental disorder of residual state (disorder)
870260008	Pervasive developmental disorder with marked impairment of functional language with loss of previously acquired skills (disorder)
870261007	Pervasive developmental disorder with marked impairment of functional language without loss of previously acquired skills (disorder)
870262000	Pervasive developmental disorder with disorder of intellectual development without loss of previously acquired skills (disorder)
870263005	Pervasive developmental disorder with impairment of functional language (disorder)
870264004	Pervasive developmental disorder with disorder of intellectual development and pervasive impairment of functional language without loss of previously acquired skills (disorder)
870265003	Pervasive developmental disorder with disorder of intellectual development with loss of previously acquired skills (disorder)
870266002	Pervasive developmental disorder with disorder of intellectual development and marked impairment of functional language with loss of previously acquired skills (disorder)

870267006	Pervasive developmental disorder with disorder of intellectual development and marked impairment of functional language without loss of previously acquired skills (disorder)
870268001	Pervasive developmental disorder with disorder of intellectual development and complete impairment of functional language without loss of previously acquired skills (disorder)
870269009	Pervasive developmental disorder with disorder of intellectual development and absence of functional language with loss of previously acquired skills (disorder)
870270005	Pervasive developmental disorder with disorder of intellectual development and complete impairment of functional language with loss of previously acquired skills (disorder)
870280009	Pervasive developmental disorder with severe impairment of functional language with loss of previously acquired skills (disorder)
870282001	Pervasive developmental disorder with severe impairment of functional language without loss of previously acquired skills (disorder)
870303005	Pervasive developmental disorder with complete impairment of functional language with loss of previously acquired skills (disorder)
870304004	Pervasive developmental disorder with complete impairment of functional language without loss of previously acquired skills (disorder)
870305003	Pervasive developmental disorder with cognitive developmental delay and marked impairment of functional language (disorder)
870306002	Pervasive developmental disorder with complete impairment of functional language (disorder)
870307006	Pervasive developmental disorder with abscence of functional language (disorder)
870308001	Pervasive developmental disorder with cognitive developmental delay and complete impairment of functional language (disorder)
722287002	Autism and facial port-wine stain syndrome (disorder)
723332005	Isodicentric chromosome 15 syndrome (disorder)
733623005	Autism spectrum disorder, epilepsy, arthrogryposis syndrome (disorder)
766824003	Activity dependent neuroprotector homeobox related multiple congenital anomalies, intellectual disability, autism spectrum disorder (disorder)
770790004	Developmental delay with autism spectrum disorder and gait instability (disorder)
771448004	Autism epilepsy syndrome due to branched chain ketoacid dehydrogenase kinase deficiency (disorder)
771512003	Autism spectrum disorder due to AUTS2 activator of transcription and developmental regulator deficiency (disorder)
783089006	Macrocephaly, intellectual disability, autism syndrome (disorder)
432091002	Savant syndrome (disorder)

Hertfordshire and West Essex Integrated Care System

Enhanced Commissioning Framework 2024/25 proposed specification

Dr Sam Williamson

09/01/2024

Working together
for a healthier future

Summary

- Highlights the main findings from the ECF 22/23 and year to date 23/24, including impact on care and health outcomes.
- Outlines the ECF specification for 2024/25, highlighting areas where there have been changes from the existing specification (2023/24).
- Provide the draft specification for Section B, including total allocation to ease area and proposed thresholds.

Key highlights from ECF 22/23 and year to date 23/24

- Positive impact of the ECF
    - >50% increase in the number of people identified as being in the last year of life, from ~7,000 to nearly 11,000.
    - Increase in the number of people with core end of life care processes: up to date GSF status (286% increase), preferred place of care (24% increase), preferred place of death (18% increase) and DNACPR status recorded (162% increase).
    - Increases in the number of people with their long term conditions staged (including COPD, heart failure and CKD) allowing care to be tailored according to severity.
    - Restoration of 8 care processes for people with diabetes to pre-pandemic levels, in particular the delivery of urinary ACR care process and completion of all 8 care processes in the highest risk group.
    - ~4000 fewer people classified as having high risk diabetes as a result of completing all eight care processes and having their diabetes controlled.
    - Over 125,000 people accessing home blood pressure monitoring and submitting readings to practices, linked to an increase in the number of people identified as having hypertension and treated to target.
- Areas for improvement
    - Whilst seeing improvements in care at the ICS level, we still have variation across practices on key care.
    - Improvements in specific areas, including falls risk assessments.
    - Learning Disability health checks.

Summary of changes

- The ICB continues to review and amend the ECF on an annual basis to:
    - Ensure that care is in line with strategic priorities
    - Ensure the specification reflects and complements wider transformation work
    - Drives up performance and reduces variation.
    - Ensure that funding allocation reflects the work that practices are required to do.
- This is achieved through monitoring of data and engagement with clinical leads.
- The global sum for the ECF remains the same for 2024/25. However, the allocation of funding for Section B is increasing from £4.70 to £5.00 per weighted population.
- The ICB aims to maintain consistency in the ECF between year, with only minor changes wherever possible. Some changes are necessary due to amendments to national contracts and as a result of emerging priorities. The following slides outline changes to the clinical specifications within Section B of the ECF.
- Other structural changes to the ECF include:
    - A transition to payment structure that is based on disease prevalence for each indicator in Section B (as opposed to payment based on weighted population)
    - Increase in payment thresholds to reduce variation and increase the clinical value of the ECF
    - Introduction of a carers section, moving from Section A to Section B.
    - Transfer of a pharmacy indicator from Section A to Section B.

Proposed funding allocation – Section B

The table below summarises the proposed funding to be allocated to each disease area in Section B.
NOTE: This total allocation is subject to changes as a result of amendments to the specification, the eligible cohort or thresholds. It is also contingent on further analysis to establish the size of eligible cohorts. These figures are shown for transparency and to provide estimates of the expected levels of funding for each area of Section B in the ECF for 2024/25.
The actual funding that practices receive will depend on the prevalence of different diseases within the practice, in a similar way to how QOF payments are structured.

Sub-section	Payment for achieving upper threshold	Equivalent payment per weighted population
Detection	£ 667,443.36	£ 0.43
COPD	£ 733,753.89	£ 0.48
CVD	£ 1,757,037.88	£ 1.14
Diabetes	£ 1,590,555.94	£ 1.03
Learning Disability & ASD	£ 354,313.61	£ 0.23
Mental Health	£ 284,356.62	£ 0.18
Carers	£ 259,266.65	£ 0.17
Frailty	£ 1,632,830.69	£ 1.06
End of Life	£ 436,038.19	£ 0.28
Total	£ 7,715,596.83	£ 5.00

Summary of changes

ECF section	Summary of change
Disease detection	• New disease area to be focused on
COPD	• Move GOLD Group (A-E) to only new diagnosis
CVD	• Include consideration of SGL2 inhibitor for people with preserved ejection fraction • Change from commencing statins for secondary prevention to optimising statin therapy
Diabetes	• NDH – lifestyle advice to be offered annually • Diabetes – removal of reporting on BMI
Learning Disability	• Addition of maintaining an ASD register • Inclusion of people with ASD in reasonable adjustments and preferred means of communication
Mental Health	• Increase the number of additional care processes from 3 to 4
Carers	• Transfer of carers from Section A to Section B of the ECF • Key care processes for inclusion are under development
Frailty	• Inclusion of loneliness assessment metric • Focus of medication reviews on people with moderate frailty on 10 or more repeat prescriptions. Focus on deprescribing as part of medication reviews, using STOPP/START
End of Life	• Evidence of sharing clinical records via Shared Care Record

Proposed thresholds

- In line with previous commitments and to improve value and impact of the ECF whilst also reducing variation, the ICB will increase thresholds.
- Increases in thresholds reflect current performance, where practices are predominantly achieving beyond the upper threshold.
- Increase in thresholds consider the cost to practices of delivering the care, with significant additional margin.
- The attached draft ECF for Section B provides details of proposed thresholds for the ECF 2024/25.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**25/01/2024**	
Report Title:	**Primary Care Digital Update**				**Agenda Item:**	**13**	
Report Author(s):	Trudi Mount, Head of Primary Care Digital						
Report Presented by:	Trudi Mount, Head of Primary Care Digital						
Report Signed off by:	Avni Shah, Director of Primary Care Transformation						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ **Increase healthy life expectancy, and reduce inequality** ▪ **Improve access to health and care services** ▪ **Increase the numbers of citizens taking steps to improve their wellbeing** ▪ **Achieve a balanced financial position annually**						
Key questions for the ICB Board / Committee:	N/A						
Report History:	N/A						
Executive Summary:	This paper outlines the key programmes of activity in the Primary Care Digital space and the impact these are having both primary care and patients. We have moved more practices to advanced cloud based telephony enabling more patients to benefit from functions such as call back. More are in progress. We continue to push use of the NHS App for our citizens and continue to see an increase of uses for the NHS App. We are working with practice on websites as we recognise this is a key access point for patients and a good website can help reduce telephone calls to practices and enable patients to be more self serving in some areas.						

<table>
<tr><td>Recommendations:</td><td colspan="4">▪ To note the contents of the report</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☐</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">[Consider the impact of the paper on patient safety, e.g. Does the paper support improvement in patient safety and mitigate risks to patient safety]
Enabling patients access to their own records can contribute to patient safety as patients will have key health information available to them via the NHS App which they can, where appropriate, share with other professionals.</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4"></td></tr>
<tr><td>Financial Implications:</td><td colspan="4">None</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Primary Care Digital Update

January 2024

Working together
for a healthier future

Primary Care Digital

In July 2023 the Primary Care Board approved the Primary Care Digital Roadmap. This update shows progress on key programmes aligned to that roadmap as well as the Primary Care Strategic Delivery Plan, the ICB Strategic Objectives and the Access Recovery Plan.

PROGRAMME SUMMARY	Key actions
Digital inclusion	• Improve signposting from primary care via resource hub or use of existing platforms • Work with VCFSE in the community and local practices to improve use of NHS App • Review accessibility tools in primary care
Advanced telephony	• Support further roll out across ICB as part of National Phase 1, 2 and 3 programme
NHS App	• Local communications campaign • Assess usage and connectivity in practices and across healthcare system • Attend patient engagement forums and link with VCFSE to understand challenges and barriers with usage
Automation	• Explore current initiatives underway in HWE ICB • Consider clinical safety of further projects
Digital Workforce	• Link with PCN digital leads via 1:1 sessions, workshops and the Digital innovation group • Consider further GP fellowships and AHP fellowship if funding available • Clinical lead training and development
Community pharmacy integration	• Gather baseline data on pharmacy systems and functionality • Link with local pilots and national programme to explore learning to date
Online, video & SMS tools	• Evaluate current systems - review usage data and update GP, practice manager and patient questionnaires • Consider options for contract extension or re-procurement on contract end Sept 2024
Websites	• Website audit
Patient access to records	• Support remaining practices to enable patient access to records
Infrastructure	• Resilience

NHS England delivery plan for recovering access to primary care

Empower patients to manage their own health including using the NHS App, self referral pathways and through more services offered from community pharmacy – launch of the pharmacy first scheme via national contract; create options to enhance access to digital tool but also reducing digital exclusion through integrating with the community and VCFSE.

Implement 'Modern General Practice Access' to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.

Build capacity – develop primary care workforce.

Add flexibility to the types of staff recruited and how they are deployed.

Changing to training, recruitment, retention and opportunities of skill mix

National Long term Workforce Plan 2023.

Cut bureaucracy

Reducing the workload across the interface between primary and secondary care such as how we can use digital technology for prescriptions, increase self referrals for a range of services; onward referral from specialists and maximising the use of shared care records to obtain the relevant information to support triage.

HWE ICB Primary Care Digital programmes

• NHS App • Community pharmacy integration • Digital Inclusion • Patient Access to records	• Advanced telephony • Online consultation and messaging tools • Practice website review • Digital Inclusion • NHS App • Automation	• Primary care digital workforce	• NHS App • Supporting Primary and Secondary care interface work

Hertfordshire and West Essex Integrated Care System

ICB Strategic Objectives

Increase healthy life expectancy, and reduce inequality	Give every child the best start in life	Improve access to health and care services	Increase the numbers of citizens taking steps to improve their wellbeing	Achieve a balanced financial position annually

HWE ICB Primary Care Digital programmes

• NHS App • Community pharmacy integration • Digital Inclusion		• NHS App • Community pharmacy integration • Digital Inclusion • Advanced Telephony • Websites • Online Consultations	• NHS App • Community Pharmacy Integration	• NHS App • Supporting Primary and Secondary care interface work

Hertfordshire and West Essex Integrated Care System

Overview: Cloud Based Telephony (CBT)

Overview	• As part of national funding move eligible practices from analogue or sub-optimal cloud based systems to Advanced Cloud Based systems
Progress	• 62 HWE practices already have Advanced Cloud Based Telephony (CBT) • 28 practices identified as priority for upgrade from analogue telephony system in Phase 1. 26 have signed contracts with a provider and are in the process of upgrading their systems. A further 2 will be finishing the sign-up process shortly. • In Phase 2, 7 practices will be upgraded from low level cloud systems to an advanced telephony system. • 16 practices are being offered a free upgrade on their system to advanced CBT version • 16 practices with no upgrade path yet in place – awaiting further information from national programme. • Recruiting Utilisation Lead to work with practices to ensure they leverage benefits of new systems

Impact	• For upgraded practices
	  • patients able to contact practice easily by phone/improved experience with call back facility
	  • Practices able to manage/understand demand through access to data on call patterns/volumes which supports workforce planning
	  • Integration with clinical systems making easier and quicker to contact patients
	  • Opportunity to scope PCN telephone hubs through PCN Cloud based system with sharing of back office staff.
	• Those practices with no current upgrade path may not be able to provide some keys features of Advanced CBT such as call back which may impact on patient access

CBT – Practice feedback

"Our legacy system was not fit for purpose in a GP surgery environment, causing high levels of frustration for patients and unnecessary stress for our staff, particularly our reception team who were continually on the end of the negative feedback. The reputation of the Practice was seriously damaged over a long period by our poor telephony performance.

The introduction of 'X-On Surgery Connect' in May has had a transformative impact on the practice.

Implementation was seamless and the benefits immediate – orderly presenting of calls, rapid uptake of the call back option, significantly shorter queuing times, SystmOne integration; all contributing to generally better natured patient/staff telephone interactions.

An easy appointment cancelling option helps us to recycle cancelled appointments and reduce DNA stats. Interestingly/unexpectedly, it has also enabled us to reduce total reception working hours whilst still giving team members more time to manage other tasks.

Morale within the reception team and across the Practice is significantly improved as a result.

Our Patient Group reports very positive community feedback, reflected across social media, our own patient survey, and by callers to the surgery."

Practice Manager

CBT – Patient feedback

Post Deployment Patient Feedback (n767 responses)*

32.8% improvement on getting through to the practice with comments "A more simple, easy to use system", " since the change in the system it has been a more pleasant experience", "I now use the call back option rather that wait in the queue"

25% improvement on not getting an engaged tone

76.2% responded that wait to speak to someone at the practice has improved with comments "much faster pickup", "the recently upgraded phone system was very quickly answered."

From the patient comments two main features of the upgraded phone system can be identified as having a positive impact and these are the call back feature and queue position notification. In addition, there are a number or references indicating that the telephone access has improved. Detailed below is a sample of responses received:

- *"I notice it had IMPROVED as you are now able to request call back & hold your place in the queue – saves time & cost of a long phone call"*
- *"Getting through to the surgery on the phone has improved a lot"*
- *"Much better than last year"*
- *"Much, much improved than before. Its easier to speak to someone now"*
- *"Much better than it was"*
- *"The new system is so much easier. The option for a call back is much better"*
- *"Easier than expected and pleased to know my queue number so I can ring back later if I so choose"*

**** To note responses are collated responses from the National Pilot report from across 4 regions in England***

Overview: NHS App

Key work areas	• Develop a communications campaign, in line with national programme, to help practices inform patients of the benefits of the NHS App • Make sure practices optimise their interfaces with the NHS App so that any options for automation/integration are applied. • Attend any suitable forums (e.g. PPGs) to promote NHS App and integrate with existing practice systems to enable NHS app to be the main source of information • Ensure this is also connected to the system digital work through hospital outpatient and integrate patient portals so it is all in one app as a system
Progress	• Draft communications toolkit for practices done – being finalised – working with Comms team • Pilot with 4 practices using SMS, posters and other publicity in practices to increase logins and uptake • Working with Accurx on using NHS App for messaging instead of SMS • Regular monitoring of App usage to spot trends • Session with Patient Engagement Forum in December to discuss App held – received lots of useful feedback on the NHS App, how/why it is used and why somethings need improving • Working with colleagues in local authority and VCFSE sector to improve uptake – e.g. sessions in libraries to help people register and use the App. • NHS App has received a refresh in December and menu options more straightforward now
Impact	• Patients able to better manage their own condition • Patients no longer need to contact practice for test results, info from GP Record • Practices have capacity to do other tasks as less patients contact them for information • Patients start to get one gateway to all NHS Services consistently across all providers

NHS App - Impact

60% of HWE eligible population (13 and over) have an NHS App account

HWE logins up 32% in September against EoE average of 23% increase

HWE logins in December 2023 were 539,388 compared to 380,590 logins in December 2022

October 2023 - 52,779 visits to the National Booking Service page from the NHS App in HWE (flu and Covid booking)

Views of vaccination information 52,727 in December 2022 against 3335 in December 2023

Over 40,000 visits to acute information pages in December 2023 for HWE

Over 65,000 repeat prescriptions ordered in December 2023 against 50,000 in December 2022

Only 20% of users have notifications turned on in NHS App

Only 8% of messages sent via the NHS App are read within 3 hours

Overview: Websites

Key work areas	• Website audit (as per 'Delivery Plan for Recovering Access to Primary Care') between now and end of March 2024 on every practice website • Assessed using national tool based on guidance - NHS England » Creating a highly usable and accessible GP website for patients • Audit plan will include next steps post audit and how we work with PCNs/Practices to ensure websites meet suggested guidance. We will include patient voice in this work.
Progress	• Audits started in January 2024 • Some practices already developing websites in line with access plans – they have been given access to the assessment tool to ensure alignment with that
Benefits/Impact	• Patients able to engage with practice via website and may be able to avoid telephone call • Patients able to be signposted to common tasks such as repeat prescription ordering, registering with a practice • Patients able to be signposted to other service providers such as pharmacy where appropriate • Practices receive less enquiries and can release time to manage other work

Practice Websites

Of those who had tried to use the GP practice website to look for information or access services, about 37% found it difficult to use (‘not very easy’ or ‘not at all easy’).

There was a significantly higher proportion of individuals with a long-term condition (LTC) who found it difficult to use the GP practice website than those without a LTC (39% vs 35%)

Approximately 60% of White and Asian adults found using the website difficult. This was the only ethnic group where a statistically significantly higher proportion found it difficult to use the website compared to the average for all ethnic groups (37%)

Taken from Hertfordshire County Council JSNA Lite Bite : Digital Exclusion January 2024

Practice Websites

The audit is looking at most commonly used pages and how easy they are to find, use and understand.

Tasks and priorities	Requirement	Information	Well	Adequate	Inadequate
RIORITIES: Criteria are based on patient research: identifying key patient tasks and design and interaction elements that make a journey usable or highly usabl					
Task 1: Booking, changing or cancelling appointments (inc OC tools)	**Finding the appointments page**	Getting an appointment is the top patient task for a GP surgery website. The word 'appointments' is the word that patients scan a website for when they want to request help.	Appointments' immediately visible in the main menu AND Link to appointments in the top third of the homepage.	One of the following: -Appointments on in the main menu (not hidden in a sub menu). OR -Clear link to the appointments page in the top third of the homepage.	No 'appointments' in the main menu (top level), or the homepage, or in the top third of the homepage.
Task 1: Booking, changing or cancelling appointments (inc OC tools)	**Appointments page**	The appointments page is the 'go to' page for patients. Most participants 'want a doctor's appointment' or help from another healthcare professional. 'Appointments' is a keyword that patients look for.	There is one appointments page, using the word 'appointment' in its heading. Clear, concise information with links about what to do in what circumstances.	Unclear, long explanation of the appointments system. Unclear links to digital means of requesting an appointment (e.g. just an OC supplier banner with a brand name)	Multiple appointments pages. Long and unclear explanation of the appointments system. No links to a digital means of requesting an appointment on the appointments page. Circular links that lead to a confused patient journey. More than one link to booking an appointment (e.g. direct booking vs. OC) with no explanation of which to use and when.
Task 1: Booking, changing or cancelling appointments (inc OC tools)	**Length and structure of the content on the appointments page**	Users don't read most of the content on a website. Patients, especially those with literacy challenges, will struggle to find what they are looking for in long paragraphs of text.	Content is broken into sections with clear headings. Copy is made up of short paragraphs (30-60 words).	One of the following: EITHER Content is broken into sections with clear headings. OR Copy is made up of short paragraphs (30-60 words).	Long paragraphs of content (60 or more words), calls to action are buried within copy or absent. Use of medical, NHS or GP practice jargon.

Hertfordshire and West Essex Integrated Care System

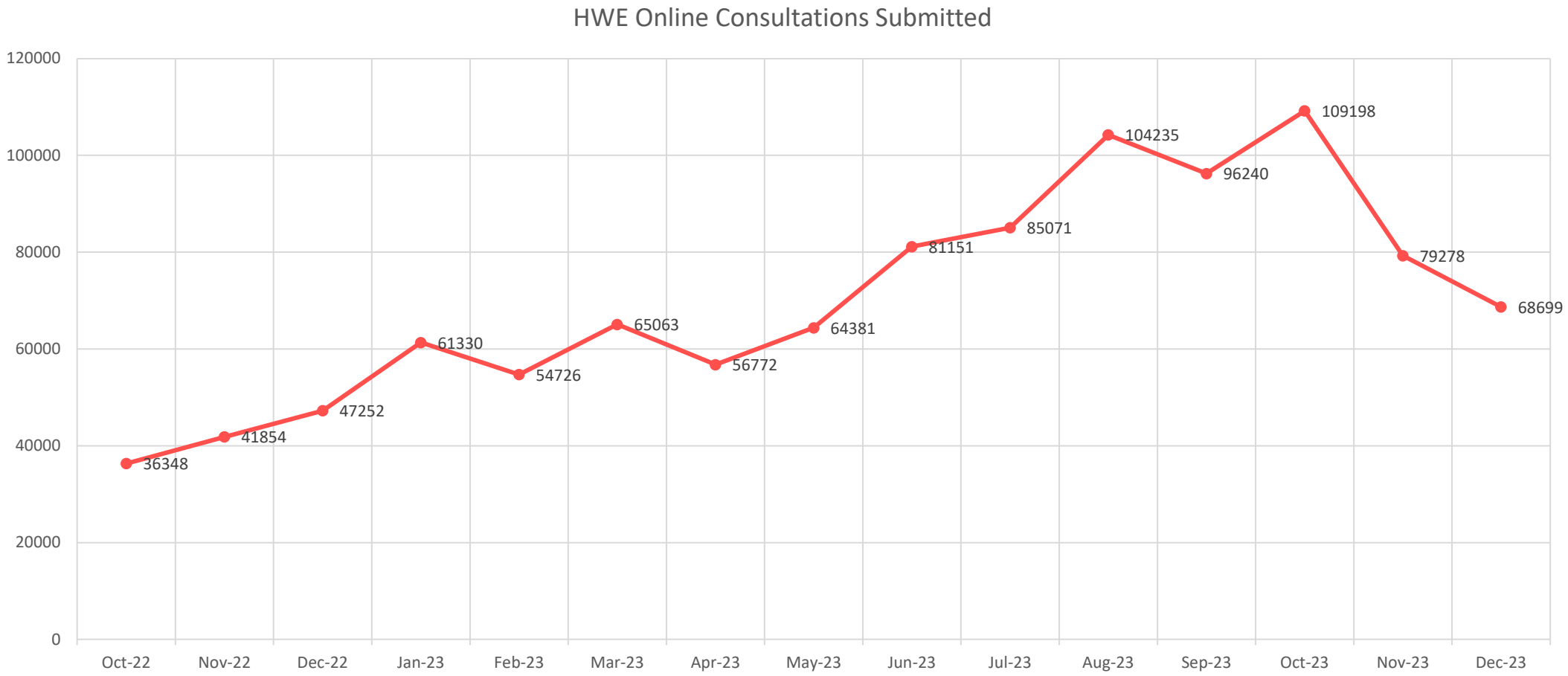
Overview: Community Pharmacy Integration

Key work areas	• Working with community pharmacy PCN clinical leads and both LPCs look to understand where the current challenges are. • Through appropriate channels look to deploy any systems that can facilitate flow of information and support general practice to community pharmacy work flows e.g. Shared Care Record link to Pharmacy systems but also when community pharmacy deliver services which include independent prescribing and how this flows back to the registered GP. • Make sure we have resource to support implementation and utilisation of systems.
Progress	• Meetings with regional team to understand national position and systems being developed • Awaiting further information from national team on digital options for Pharmacy First but it is likely that Pharmacies will be able to see core GP clinical record and send any consultation information electronically back for the practice to then accept this information into the patient record ensuring visibility of consultation carried out by pharmacies • First of Type testing of the above taking place at the moment for roll out to support the pharmacy first programme
Impact	• Integrated workflow between general practice and community pharmacy and vice versa • Information passed electronically where possible • Pharmacists able to see/treat patients and have access to patient records where appropriate • Flow of data back to general practice to update them on treatments so have full information

Overview: Online consultations/SMS

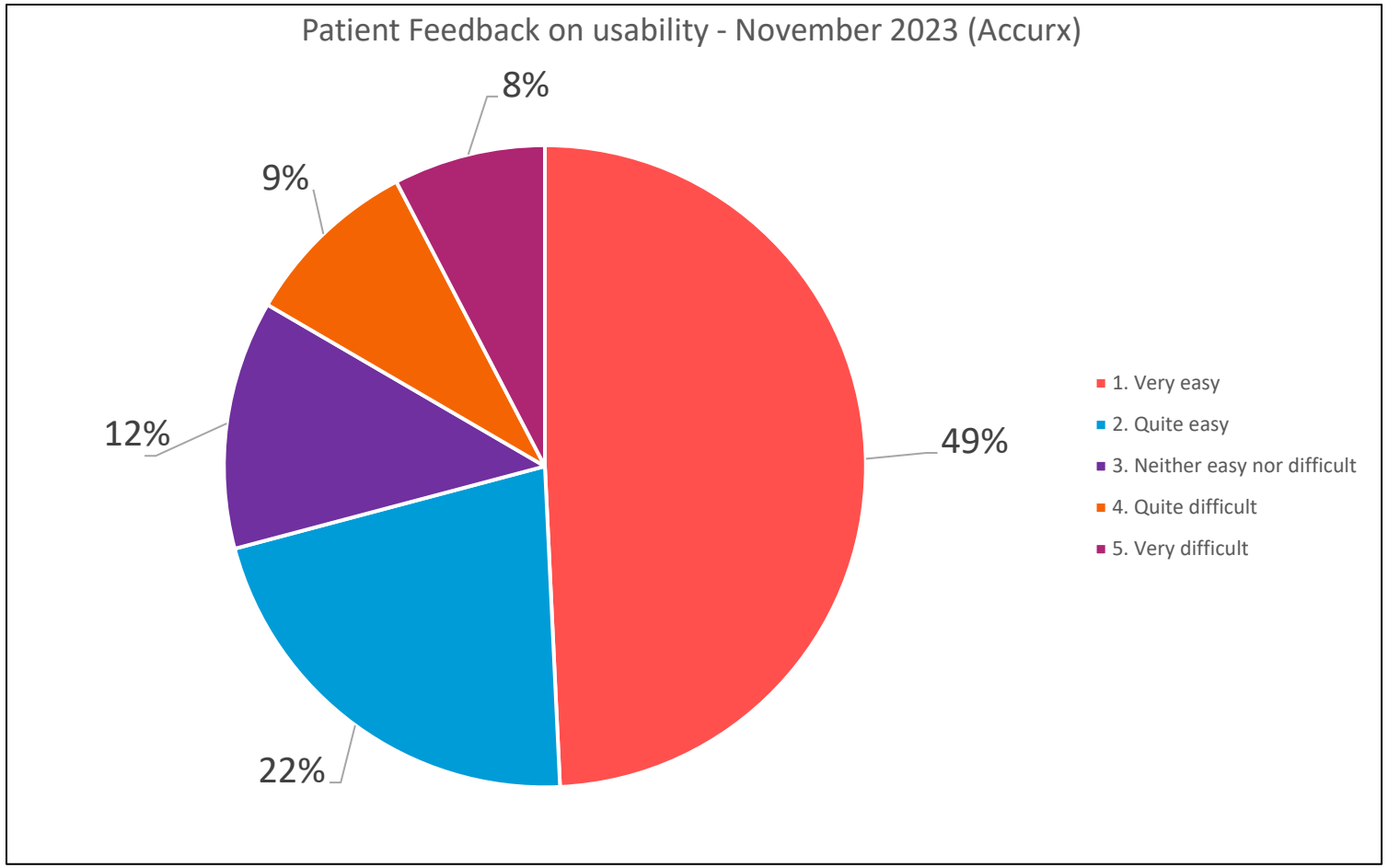
Key work areas	• Current contracts for online tools (Accurx and eConsult) will need renewing in late 2024 • Analysis of current usage and patient feedback required • New NHSE framework and funding routes expected late Q1 2024 • Work with clinical leads to define requirements • Decision needed re contract extension or re-procurement • SMS – ensure SMS usage effective and targeted to make sure benefits maximised
Progress	• New reporting tool available from accuRx – 10 x usage online consultation since contract start • SMS costs – high using practices contacted to remind them of good practice on SMS and provide monthly update to the board
Benefits/Metrics	• General Practice staff able to work in an agile way • Tools can be used optimally to support new ways of working • Staff able to have work life balance if home working an option • Patients better supported by workforce that have access to technology • More than 500,000 uses of accuRx tool in last 6 months - 80% via practice website and 20% via NHS app • 2/3 queries medical, 1/3 admin. Approximately 70% report tool easy/very easy to use. Feedback being reviewed

Online Consultations



Hertfordshire and West Essex Integrated Care System

Online Consultations



"Better than waiting on phone to speak with someone"

"Couldn't do what I wanted"

"Much prefer to speak to a human being"

"Easy access and the questions were very clear"

Hertfordshire and West Essex Integrated Care System

SMS Costs and Usage 2023/24

No of Patients	Total SMS sent April 2023 to December 2023	Total SMS cost 2023/24	Average monthly cost per patient
1,640,224	36,063,150	£ 622,843.48	£ 0.04

HWE's projected spend on SMS in general practice for 2023/24 is over £830,000 – this money comes from the GP IT Budget

SMS is a vital part of modern general practice but we need to make sure messages are succinct and used effectively

We pay £0.0179p per 160 characters sent – we have been working with practices who are highest users to make sure messages are not overly long and are relevant

Some practices are not aware of the cost per 160 character or that there are costs to SMS at all. By working with them we have seen a reduction with some of those practices and we continue to monitor this and increase awareness where needed.

Overview: Digital Workforce

Key work areas	• Identify and work with PCN Digital Leads to bring together best practice ideas and ensure that they understand how to work within the GP IT Operating Framework. • Establish opportunities for learning from each other through user forums such as DIG • Use MS Teams to create resource hub of useful information/case studies/contacts etc • Consider staff training and support of digital skills to optimise the use of the digital tools available. This might be with support from the HWE Training Hub or 3rd party providers or national programmes. Work with Workforce Team. • Scope the workforce needs in other primary care providers on digital front and what can be done to support them further in community pharmacy/dental with the changing workforce • Collaboration with workforce team to look at fellowship opportunities for AHP and ARRS roles working in primary care
Progress	• 1:2:1 meetings with PCN Digital Leads held to understand common themes and challenges • PCN Digital Leads workshop happened in November supported by HBL ICT and other ICB colleagues – lots of sharing of challenges, solutions and networks starting to be created. Further workshop booked for February 2024 • DIG (Digital Innovation Group) well attended to share experiences and knowledge across wider group of practice staff • Four GP fellowships have been completed (three in digital primary care and one in the Shared record programme) • Further GP Fellowship has been offered, awaiting start date • Upskilling of current clinical workforce through NHS Digital Academy / MSc Digital Health Leadership • Clinical Safety Officer training undertaken
Impact	• Local network of informed Digital Leaders in Primary Care working within and understanding broader ICB Primary Care Digital Strategy • Access to shared learning and best practice across areas • Digital workforce in practices that works with ICB to deliver transformation • Completion of appropriate certification to undertake senior clinical roles • Positive feedback from GP Clinical Fellows • Successful career development of GP Clinical Fellow to CCIO

Overview: Digital Inclusion

Key work areas	• Work with partner organisations, such as local authorities and VCSFE organisations, who have programmes specifically aimed at either helping people become digitally skilled or can help with equipment or access to the internet. • We will look to create a resource hub for primary care that will allow them to signpost patients to appropriate services. • Support VCFSE to work in practices and other locations to offer digital training/NHS App Registration • Review accessibility/language tools used in primary care to determine if App based tool could be beneficial
Progress	• Connections made with ICB colleagues to start looking on how we involve VCSFE in this aligned to work already on going – e.g. UCAN in WE • Session heald in early December with Patient Engagement Forum to look at how they might be able to help with getting more patients on line • Starting to create support resources for practices on NHS App • Hertfordshire County Council has published JNSA Lite Bite on Digital Exclusion which will help inform work
Impact	• Practices able to sign post patients to local services easily • Practices have more capacity as patients 'self serving' via digital when possible • Patients able to access digital services with confidence • Patients able to be referred to suitable local services that can help with digital inclusion

Overview: Automation

Overview	• We will look to see which areas will get the biggest gain from automation using existing research • Understand which practices have already invested in automation and outline benefits/dis-benefits seen • Create portfolio of solutions and understand if possible to pilot some • Make sure Primary Care EPRs are configured to automate as many tasks and processes as possible. • Outline a process for Clinical Safety of automation pilots
Progress	• Several practices have purchased automation tools • Looking to learn from those on benefits and share feedback via PCN Leads to inform way forward • HBL ICT writing paper to outline current options and solutions in place across the ICB
Impact	• Practices able to release time from back office tasks to spend on other work • Patients' admin matters dealt with quicker

Overview: Patient Access to Records

Key work areas	• Prospective Access to Patient Records became a contractual requirement from October 2023 • Engagement and training programme offered with Information Governance Team 2022-23 • Lunch and learn session lead by GP for practices, second session due to be scheduled • Support practices with technical enablement within clinical systems
Progress	• 62 of HWE practices are fully live – over 360,000 patients with access to prospective information • Working with contracts and locality teams on remaining practices to understand challenges and how we can support them moving this forward
Impact	• Patients have access to prospective GP health record, being able to view consultation notes, test results etc • Patients able to see test results without need to contact practice • Patients better enabled in own health decisions

Overview: Infrastructure

On 11th and 12th December 2023 HWE experienced an outage for practices using EMIS as their clinical system. This was caused by a mechanical digger severing a fibre network cable locally and resulted in EMIS being totally unavailable or intermittently unavailable from 10:45 on 11th December until services were restored at 13:17 on the 12th December 2023. A backup line was in place but the volume of traffic exceeded available capacity of the backup HSCN line, resulting in a loss of ability to access EMIS in practice sites.

As a result of this incident the HBLICT have completed an incident report. This includes lessons learnt and development of an action plan which will be discussed and overseen by the ICB Primary Care Digital Group. Learning from this incident has highlighted the need to assess and support practices with their business continuity arrangements, robust review of improved communication protocols within ICB Primary Care and HBLICT teams and how we ensure all stakeholders especially patients are briefed at pace.

Overview: Data Platform

HWE is working on deploying a new data platform that will provide clinicians with a range of tools to manage patients and improve outcomes, significantly strengthening our Population Health Management approach. The platform will link data from Primary Care, Acute, Mental Health, Community and social care for every person registered to a local practice and staff will be able to identify patients, where clinically appropriate. This data will be available at practice and PCN level along with a wide range of reports and dashboards to help providers understand more about the local population. In addition, PHM tools such as population segmentation and risk stratification will enable teams to identify people who are most likely to benefit from care. The system will also allow the ICB to provide Population Health Management support to clinical teams to design and manage care according to local health needs.

Next Steps

- Alignment of NHS App communications with upcoming national communications
- Proactive monitoring of NHS App uptake via new ICB dashboard
- After website audit, work with practices whose websites perform poorly in assessment to improve them to enhance patient experience
- Start benefits work on Advanced Telephony to ensure benefits maximised
- Progress procurement of online consultation tools
- Work with Pharmacy teams to ensure Pharmacy First digital solutions integrate with general practice as needed
- Regular progress report of delivery quarterly at DTB and Primary Care Board

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**ICB Primary Care Digital**			
	Meeting in public	☐	***Meeting in private (confidential)***	☒
Date:	**Thursday 16th November 2023**			
Time:	**10:00am**			
Venue:	**Via MS Teams**			

Name	Title	Organisation
In attendance:		
David Coupe (DC)	GP System architect	HBL ICT
Liz Cox (LC)	Senior Transformation, Integration Development Delivery Manager	HWE ICB
Kolade Daodu (KD)	Clinical Director, Stevenage South PCN	HWE ICB
Deepa Dhawan (DD)	GP Waltham Abbey, CD Epping Forest PCN	HWE ICB
James Gleed (JG)	Associate Director: PC Strategy & Transformation	HWE ICB
Rachel Hazledene (RH)	GP & Clinical Lead for Digital Primary Care	HWE ICB
Maggie Kain (MK) (Notes)	Primary Care Co-Ordinator	HWE ICB
Parul Karia (PK)	GP & Primary Care Digital Lead SW	HWE ICB
David Ladenheim (DL)	Pharmacist PMOT	HWE ICB
Trudi Mount (TM)	Head of Primary Care Digital	HWE ICB
Mefino Ogedegbe (MO	Community Pharmacy Clinical Lead	HWE ICB
Phil O'Meara	Head of Finance – Primary Care Services	HWE ICB
Ian Perry (IP) (Chair)	Partner member: Digital Estates Infrastructure Lead	HWE ICB
Shane Scott (SS)	Associate Director of Informatics	HBL ICT
Avni Shah (AS)	Director of Primary Care Transformation	HWE ICB
Kathryn Sharpe (KS)	Primary Care Manager	HWE ICB
Inderjit Sunner (IS)	Senior Clinical Pharmacist	HWE ICB
Phil Turnock (PT)	Managing Director of HBLICT Shared Services	HWE ICB
Guest speakers		
Joella Scott (JS)	Deputy Head of Service IHCCT: CYPMHS Commissioning and Design	
Helena Russell (HR)	Commissioning Manager – CYP Mental Health Services	
Caroline Durrans (CD)	Programme Manager (CardMedic)	HWE ICB
Tamsin Elwood (TE)	Chief Nursing Information Officer ENH (CardMedic)	

PCD/01/23	**Welcome, apologies and housekeeping**
1.1	The Chair welcomes all to the meeting.
1.2	Apologies received from: Gopesh Farmah DoI: None declared
1.3	**Minutes from the previous meeting** The minutes of the meeting held 26th October were approved
PCD/02/23	**Action tracker**
2.0	The action tracker was reviewed and noted: ***See action tracker document for full details*.**
PCD/03/23	**Feedback from Clinical Leads and other key meetings**
	a. **ICB Wide digital Clinical lead forum** - PK updated on the Clinical Reference Group Meeting, this now being a key meeting, the clinical safety officer function is mandatory across the ICB and have started looking at technologies and interfaces. b. **Robot to support Medical Examiner (ME) referrals in Primary Care** – SS updated that he met with a group, and the medical examiner, Mark Andrews and Rosie Connolly, and from April 24 deceased patients have to be referred to the ME within 24hrs of death, a Digital Assistant has been created for practices where it will be able to access the GP clinical system and search for the relevant code added to the record, and once that code is picked up, it will create a patient summary and email it to the ME. Also working with BLMK where they have Sytstem1 practices so will be slightly different. SS will be bringing a video showing the process to the group at a future date. SS added that they are testing it in a practice in Milton Keynes shortly and that there have been conversations with the LMC, and work is being done around governance and will bring back to the meeting. AS asked if there could also be a pilot within Herts, IP volunteered his practice. There was a discussion regarding the opportunity to look at standardised coding as there is variation amongst practices as this all ties in with the ECF. **c. Pharmacy First Scheme –** This has now been agreed with launch expected end of January. This will help support and enhance the CPCS. From a digital perspective, the digital writing direct feed in from CP to general practice is currently under negotiation also.
PCD/04/23	**Operational Update**
	HBLICT Updates from key programmes **a. CardMedic (*See slides attached*).** Caroline Durrans (CD) and Tamsin Elwood (TE) joined the group to talk about Card Medic. CD advised that this had been discussed at the clinical practitioner reference group and has been talked about as a collective ICS proposal and are now bringing it to primary care to see the benefits and interest. TE outlined the application, that was designed by a doctor, its benefits on translating forty-nine languages, reading age, BSL, learning disability, live translate and more. The offer from CardMedic is for the ICS, being all ICS staff, whether in PC, acute trust, community trust etc can be downloaded onto any device. TE/CD are putting together a business case on behalf of the ICS outlining savings that can be made against use of translation services. AS added that there may need to be more discussion when it comes to digital inclusion and implementation, along with needing to see return on investment and what may need decommissioned from a contract and timelines as not able to double fund currently. AS summarised, as a concept from PC it looks right, and that it may have to be a phased implementation for primary care but would need to look at how we would be able to commission/fund it as already in existing contracts. TE added that the business case should be done by end of January.

	Action: to update in in January, added to workplan. b. **Cloud Based Telephony** (1.13.17) Working with 28 practices as part of national programme, there is a push to get contracts signed by 15th December and working with HBLICT to make that happen. **c. Patient Access to records** Was due to go live by end of October, working with practices to see who is switched on. **d. Website Audit** The ICB, as part of primary care Access Recovery plan, is required to audit all practice websites by end of March and working with HBLICT. This is a national audit, and a template has been provided to help facilitate that. TM to contact practices to advise them of this coming up in case they have contracts up for renewal. e. **SMS** SS updated on SMS usage, he is working with the high users and for them to use SMS effectively in order to make savings. SS advised that our contract is due to expire on 16/3/24 and BT are proposing an increase of approx.14%. We are charged on fragments per message which is made up of 160 characters per fragment. AS asked that clinical leads look at their data and also within the PCN to assist with Comms going out to help practices/providers know there is a cost associated with SMS messaging. **Arden & GEM** f. PT updated regarding Arden and Gem and the transfer services for WE GPIT. The third version of the business case has been revised and now have A&G on board and have reduced their standard costs, this is being presented by the Regional team at NHSE Board on 17/11/23. **HBLICT PC Digital Group Updates**: (***See MS Teams file***) g. **EMIS Web**: Now got monthly stats and been working with The Elms and Manor and others with a view to reduce issues. Now actively signposting sites to the EMIS Training academy. h. **EMIS-X** – HWE sites registered on EA rollout stage 2. DC has visited sites and briefed staff on what to expect from EMIS-X. i. **SMS Data** – Appointment reminders are large proportion of message costs. DC now monitoring the SMS data going to the NHS app. j. **AccuRx Booking Module** – now being extended nationally to end of June 2024. k. **VDI** – SNEE have left VDI partnership, they will honour financial commitments to end of financial year. Front line support moved to ITS. HBLICT hosting the HSCN connection that went live in September. There were some issues with Smartcards and working to solve. Ongoing work as part of EMIS Web Internet first policy moving their sites to Amazon cloud. l. **NHS App** – Team working with individual sites. Note, December will see a new design of the NHS App. **Action**: AS asked DCTM to update at next meeting an outline on what we are going to do with the procurement of AccuRx and E-Consult as contract expires 2024.
PCD/05/23	**Risk Register**
	TM advised there are no significant updates and will update in December. AS asked if TM could look at the ICS Digital Board Risk Register and ensure that is aligned.
PCD/06/23	**Update on new Digital Gateway Provider, Herts CYPMHS**
	Joella Scott (JS) updated and presented *(see attached*) on the new Digital Gateway services for children, young people's mental health services system in Hertfordshire which will enable an automated referral form and will provide advice and guidance. They have procured the provider, Mindwave, and there has been an initial set of workshops that will

	are help for the project plan and implementation timeline. AS asked for PK and GF, AnS and KD to work with JS/HR to help with its development. Action: JS/HR to update February 2024 added to workplan.
PCD/07/23	**Finance Report Update**
	Circulated to group (*see attached*)
PCD/08/23	**Any other business**
	BBC Enquiry – Missed GP Appointments – relates to SMS messaging and improving access and being pro-active and how messages go out. TM to pick up with Marius on DNA's – (virtual vs f2f).
PCD/9/23	**Date and Time of next meeting**
	Thursday 21st December 2023 – 10.00 am

HWE ICB PRIMARY CARE WORKFORCE IMPLEMENTATION GROUP

26th October 2023

1:00pm – 2:30pm

Microsoft Teams Meeting

Attendees		
Dr Nicolas Small (NS)	Training Hub Clinical Lead **(Chair)**	Hertfordshire & West Essex ICB
Joyce Sweeney (JS)	Head of Primary Care Workforce	Hertfordshire & West Essex ICB
Jane Scotter (JnSc)	Training Hub Operations Manager	Hertfordshire & West Essex ICB
Dr Sarah Dixon (SD)	Primary Care Workforce GP Clinical Lead	Hertfordshire & West Essex ICB
Cathy Geeson (CG)	Lead Pharmacist – Strategy and Pharmacy and Allied Health Professions Workforce Development Pharmacy & Medicines Optimisation Team (PMOT)	Hertfordshire & West Essex ICB
James Gleed (JaGl)	AD Primary Care Strategy and Transformation	Hertfordshire & West Essex ICB
Helen Musson (HM)	Community Pharmacy Integration Project Lead	Hertfordshire & West Essex ICB
Alice Baldock (AB)		LMC
Hannah Cowling (HC)		LMC
Lucy Eldon (LE)	ICS Primary Care Clinical Nurse Lead	Hertfordshire & West Essex ICB
Dr Jayna Gadawala (JG)	Primary Care Workforce GP Clinical Lead	Hertfordshire & West Essex ICB
Gaynor Samuel	Training Hub Project Support Officer	Hertfordshire & West Essex ICB
Apologises		
Avni Shah (AS)	Director of Primary Care Transformation	Hertfordshire & West Essex ICB
Mark Edwards (ME)	Associate Director for Workforce Transformation	Hertfordshire & West Essex ICB
Louise Casey (LC)	Training Hub Operations Manager	Hertfordshire & West Essex ICB

1.	**Welcome & Introductions** Confirmation that meeting is quorate. **NS** - Welcomed attendees to the meeting.
2.	**Declaration of Interests** **AB & JG:** Have applied to be a Tier 3 trainer in the Medical Education Scheme, raised a potential conflict of interest in discussing GP Educator Training in this meeting.
3.	**Meeting Notes from the last meeting on 27th July 2023** The minutes of the meeting confirmed as accurate. No amendments requested.

	Action Log Review: All previous actions closed. Although visa applications issue is still ongoing but will be for some time.
4.	**<u>Trainer and Trainee Exam Support Bid</u>** **SD** – in the absence of Dr Richard Stanley SD presented the paper. - Lots of pressure on trainers because of an increase in trainees and training placements and this is set to expand because of the new workforce plan. - Increased numbers of international medical graduates. - Quality of some trainees not as good as in the past leading to more exam failures and extensions, this in turn results in estate and space issues. - Pass rates for AKT and SCA exam have gone down in Central Herts and Harlow VTS and are lower than the West Herts scheme, funding should be focused where there is the greatest need. - Each scheme has put together a proposal of how they would like to use the additional funding to support their trainers and trainees. - Details outlined in the paper, focus on fixed tutorial sessions and extra input for trainees who are struggling, from trainers who have capacity. - Proposal that the funding will be paid within each scheme who can then manage the payments rather than the Training Hub managing the payments. **NS:** West Herts Scheme are happy for the general principal of this to go forward. **JW:** Fully in support, might be helpful for TPDs to come back and report on the progress to see if it can be improved for future years. **SD:** Number of meetings with TPDs, monitoring and follow-up is planned. **JS:** £30,000 agreed at beginning of the 2023/2024 financial year as part of the workforce plan. Will evaluate between November and March how much can be carried over, into 2024/2025 financial year. **Decision:** Approved
5.	**<u>Aspiring GP Educator Training</u>** **HC:** Associate Deans used to run Train the Trainer which then became centralised and delivered by video for efficiency, but everyone had to do a university day. There have been Issues for individuals to get the university day which has become a blocker. Essex did a pilot with the quality lead to train up 40 trainers over a 2-day period which will be standardised across the region, delivered by Emma Salik and Hannah Cowling. This will consist of one half day virtual training followed by 2-days of in person training. Would be nice for the training hub to attend to introduce themselves. The money received from the Deanery will not be enough to cover the cost of these sessions. Will need extra to cover venue and admin (comms, workbooks, list of attendees for approval and quality team at the hub). Feedback from the pilot was that they approved everyone but one person because they hadn't engaged with the workbook.

	JS: Who from the deanery has transferred funding to the training hub? £2,500 has been transferred from the Deanery to the Training Hub for this. For admin we will see how we can support. **JG:** What would the unknown costs be and where would the additional funding come from? And will there be an MOU to the Training Hub about this? **HC:** The only money we need is for the venue, comms and admin – Hannah and Emma are delivering the training as part of their role. The deanery won't be sending any more money. Venue should be in the middle of HWE depending on how much the budget stretches. Backfill support still to be decided. **NS:** Will be happy to attend to show the link between the Training Hub and the trainees and the future support that will be available when they have qualified. **SD:** What are the expected numbers likely to be, could we use expressions of interest to assist in planning? **HC:** People are still being approved via the old system but the new training has not been advertised so it's difficult to tell, maybe 40? **SD:** How does Richard Stanley's role fit with this? **HC:** Would be great to have him involved. He has good links with all the practices. **LE:** Will nurses be able to get involved with this? **HC:** Definitely. **HM:** Would this be open to other AHP roles? **HC:** For now it's tier 2 and tier 3 GP training. It's very new and has only had a pilot but the education is relevant for others. This will happen but don't know when. **SD:** Where does secondary care come into this? **HC:** The plan is to streamline Educators as a whole across the whole of the East of England. HC will send an email with more details. Hoping will start to take place in February. **Decision:** Approved
6.	**<u>Medical Education Backfill / Funding</u>** **JSc**: The training hub has been funding backfill since 2021 to support GP Medical Trainers completing Tier 2 and Tier 3 training, the practices have been able to claim up to £2,000 per individual to support with that training time. There is also a £500 claim the practices can make to help the Practice Managers link the training with more established training practices. We have looked at the claims for backfill funding and not everyone who could have claimed has claimed and the numbers have been low. Looking at the Quality Data there has been an increase in GP Medical Educators that are qualifying and eligible to claim this funding. If everyone who is eligible to claim does claim, the budget we have will not cover this, especially if we now start promoting it. Current budget is £30,000 from April 2023. The options are: 1) No change to scheme. First come first served basis. But we would be unable to accept all the applicants if we ran out of funding. 2) Process remains the same but all educators have the opportunity to claim which would mean an increase in funding. 3) Funding up to £2,000 can be claimed on a case-by-case basis up to £75 per hour for an 8-hour day. Stop funding Practice Manager backfill support. Claims would be on first come first served basis. Possible cost saving. 4) Promote the scheme and all educators have the opportunity to apply for funding. Increase in funding. General agreement from all meeting attendees that current funding method is unsustainable financially and could be inequitable. The training is also about to change. The group agreed that there does need to be investment in the Practice Managers because there is a lack of understanding around the new contract. SD, JS and JSc to discuss further outside of the meeting. Only current applications received

	to date should be processed as usual. No further applications to be processed until further discussion has taken place and a new process agreed. **Decision:** SD, JS, JSC to to consider this within the current budgets with a focus on supporting Practice Managers.
7.	**Compassionate Appraisal** **AB:** Compassionate nurse appraisal paper presented a while ago which was a pilot. The feedback was really good. It's a facilitated review for practice nurses who are essential to General Practice. Wanted to give GPNs time to: - Reflect - Explore personal motivation - Talk about professional development - Careers goals - Leadership aspirations LE and the LMC came up with a tool to use in the appraisal. The pilot went well and the nurses enjoyed appraising and being appraised. This is not to replace the Performance Review. In the past appraisal has been done by Practice Manager's or GP partners and has not always been a positive experience, it was important for nurses to have good quality appraisals. We propose the LMC rolls out the training of how to become a Compassionate Appraiser using the tool and how to make the time effective for nurses in our area. **LE:** Thank you to Alice and Helen who have worked really hard on this. During the PCN Training Teams meetings it has come out that there is a lack of support for the nurses. The nurse tutors will now be personal tutors for the PCNs and this will help us improve morale. **AB:** It is imperative that partners support this as something that happens every year but there is no incentive for the practices to do this. **NS:** Important to address the issue of the lack of nurses coming into our areas. **JaGl:** Absolutely support the aims, would like it expanded to other AHPs. This hinges on the support of the partners in the practices, is there a risk that we could fund this and it could not get the support required? Has the engagement work been done? **AB**: Reliant on goodwill, we all have different challenges in General Practices. Need to ask what you can do to help that. **JaGl:** Need to collaborate with you and promote it. Happy for the Training Hub to support this. **SD**: Could go to Practice Managers meetings and show the benefits of staff retention etc, also Leadership and CDs meetings ICB wide webinars. If it's promoted in the right places it will be well picked up. **JS:** We have a GPN budget and this can be funded from that budget. There are 2 options on the paper which option is the group agreeing **AB:** First option is a training day and going through the tool. Second option is a training day followed by 2 half day group de-brief sessions (this was how the pilot operated). The de-brief sessions had good feedback but were not well attended. The cost for option 2 is £5,700. **Decision:** Support option 2 with the caveat that we need to work towards muti-disciplinary opportunities for other ARRS roles, Practice Managers and others to do this as part of a development of this project.
8.	**Community Pharmacy PCN Leads Project** **HM:** Presented a paper on the Community Pharmacy Integration Leads. **NS:** Not enough time to discuss this paper in the detail required today. **Action:** Specific meeting dedicated to the Community Pharmacy Integration Leads to be arranged.

9.	**Pharmacy Development** **CG:** 3 things to update on: - NHS England Independent Prescriber pathfinder bids - 5 sites have been approved and that is inline with all ICBs and is in process of being set up. Appears to be going well. - Undergraduate pharmacists training which has changed to require additional placements so they can be ready to qualify as independent prescribers at the end of the 4-year course. Nine champion roles have been created funded by HEE to build the quality of placements and sustainability of placement capacity. First set of placements go out next week. Problem with GP sector capacity for placements. University working hard along with Champions to address this. - Concerns over capacity to deliver 90 hours supervised practice for new graduates to attain their independent prescriber qualification in their foundation year. HM has set up meetings locally and there is a regional meeting in November to voice these concerns as strongly as we can. **LE:** Agree that everyone is after support for independent prescribing. Worth highlighting that other roles can support now if they are a non-medical prescriber and this message is not getting through some times. **HM:** Worried about the Pharmacy Foundation Pathway and the having quality educators to train the pharmacists coming out of university. Scott Downham also shares this concern. We have set up a group meeting to discuss this. **Action:** Discuss these Pharmacy issues during the Community Pharmacy Integration meeting and bring the summaries back to the WIG.
10.	**Any Other Business** **I. Supporting Mentors Programme / LMC Support** **JSc:** LMC are now in place to support the Supporting Mentors Programme and the finances are in place. This is cost neutral. **II. AHP Fellowships** **HC:** Trainers for ARCP panels: If a trainer is already employed by the ICB as a Clinical Lead can they be paid by PAYE. Answer from **SD:** Yes. **III. AP and Nursing Fellowships** **JG:** Funding already approved, we are going to recruit in January. Similar to GP Fellowships, must be working for 16 hours in our area and they will get a funded day and £3,000 grant towards an educational qualification. **NS:** Who is actually paying for the placements within the providers for the day? **JG:** Training Hub 23/24 NHSE SDF funding.
11.	**Date of next meeting: 8th February 2024** **13:00 – 14:30**

Future Meeting Dates

8th February 2024	1300 – 1430
2nd May 2024	1300 – 1430

5th September 2024	1300 – 1430

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

FINAL MINUTES

Meeting:	**Primary Care Transformation Group**			
	Meeting in public	☐	*Meeting in private (confidential)*	☒
Date:	**Thursday 9th November 2023**			
Time:	**9.30am – 11.30am**			
Venue:	**Virtual via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Prag Moodley (PM) - chair	Primary Medical Partner Lead for Primary Care Transformation	HWE ICB
Avni Shah (AS)	Director of Primary Care Transformation	HWE ICB
James Gleed (JG)	Associate Director – Primary Care Strategy & Transformation	HWE ICB
Alison Jackson (AJ)	Primary Care Strategy and Transformation GP Lead (East & North Herts)	HWE ICB
Corina Ciobanu (CC)	Primary Care Strategy and Transformation GP Lead (South & West Herts)	HWE ICB
David Tideswell (DT)	Primary Care Strategy and Transformation GP Lead (West Essex)	HWE ICB
Richard Boyce (RB)	Primary Care Locality GP Lead (West Essex)	HWE ICB
Rob Mayson (RM)	Primary Care Locality GP Lead (East & North Herts)	HWE ICB
Cathy Galione (CG)	Head of Primary Care Transformation and Integration (East & North Herts)	HWE ICB
Philip Sweeney (PS)	Head of Primary Care Transformation and Integration (West Essex)	HWE ICB
Sam Tappenden (ST)	Director of Development	ENH HCP
Emily Perry (EP)	Primary Care Manager – Strategy & Transformation	HWE ICB

In attendance:		
Megan Spencer (MS)	Primary Care Coordinator –Strategy & Transformation	HWE ICB
Tim Anfiligoff (TA)	Head of Community Resilience	HWE ICB
Michelle Hicks (MH)	Senior Primary Care Manager for Transformation, Integration, Development & Delivery (East and North Herts)	HWE ICB
Kathryn Sharp (KS)	Primary Care Manager (East and North Herts)	HWE ICB
Mefino Ogedegbe (MO)	Community Pharmacy Clinical Lead	HWE ICB
Toni Coles (TC)	Place Director – West Essex	HWE ICB
Christine Moss (CM)	Associate Medical Director for West Essex HCP	The River Surgery, West Essex HCP
Sue Lincoln (SL)	Practice Manager, Stanmore Medical Group and PCN Manager, Stevenage North PCN	SNPCN
Kolade Daodu (KD)	Clinical Director, Stevenage South PCN	SSPCN
Russell Hall (RH)	Clinical Director, Stevenage North PCN	SNPCN

PCTG/01/23	**Welcome, apologies and housekeeping**
1.1	The Chair welcomed all to the meeting.
1.2	Apologies received from: • Laura Bell • Sian Stanley
PCTG/02/23	**Declarations of interest**
2.1	The Chair invited members to declare any declarations relating to matters on the agenda: • No new interest declared. Note PM COI with Stevenage proposal.
PCTG/03/23	**Minutes from the previous meeting**
3.1	The minutes of the meeting held on 5th October 2023 were approved as an accurate record.
PCTG/04/23	**Pharmacy Transformation Update**
4.1	'PCT meeting community pharmacy update November 2023 v3.3' slides were shared with attendees prior to meeting, and shared on screen by MO, to provide a national and local update – the presentation covered updates on areas including: CPCS, community pharmacies delivering NHS advanced services across HWE, community pharmacy PCN Integration leads, Pharmacy First, Community Pharmacy UTI Service Overview, Hypertension pilot, pathfinder sites and workforce.
4.2	Key points to note from discussion: • It was noted that there could be confusion around pharmacy offers with many services/ names - Pharmacy First/Pathfinder/CPCS services – request to unify service names. • MO to raise Pathfinder staffing costs with NHSE to ask about alignment with other prescribing healthcare professionals (costing was nationally agreed). • RB noted that it is important to not only use CPCS referral data as a single performance indicator as there are many reasons that some practices cannot refer into CPCS (e.g capacity in system)- noted there are many other indicators that relate to performance other than more referrals = better performance. • CC advised a large hypertension campaign is being run across HWE – keen to discuss how this can be tied into the pharmacy hypertension work across the system. Meeting to be arranged with MO, CC and Sam Williamson to discuss further. • MO to become regular attendee at this meeting to ensure pharmacy transformation is integrated into discussions.
	ACTIONS: MO to raise Pathfinder staffing costs with NHSE. ***MO, CC and Sam Williamson to arrange meeting to discuss expanding the hypertension pilot across the system.***
PCTG/05/23	**Action tracker**
5.1	Not discussed due to time constraints, however items within the action tracker will be followed up outside of the meeting, prior to being taken to the December Transformation Group meeting.
PCTG/06/23	**Impact (current and projected future) of GIRFT**
6.1	Slides were shared on screen and the following papers were shared with attendees prior to meeting: • Appendix 1 - GIRFT Primary Care Dashboard info for practices • Appendix 2 GIRFT action plan summary April-Oct 2023 • GIRFT Report final

6.2	Key points to note from discussion: • ST and CM to arrange meeting to discuss further and how this might help inform similar work in ENH Place. • The project is focused on improving safety and efficiency, using variation data to ask "why"? – areas of focus are around improving the working life of GPs, improving patient outcomes and improving referrals into secondary care. • CM confirmed that this project is dissimilar to GPIP and Access Improvement Plans, as a key aim of GIRFT is to improve the working lives of GPs in primary care, instead of only focusing on improving the performance of a practice – GIRFT is about ensuring sustainability and therefore supporting workforce. GIRFT helps practices get a sense of wo they are, rather than only focusing on several targets.
	ACTION: ST and CM to arrange meeting to discuss how this can be implemented on an ENH place level.
PCTG/07/23	**VCFSE Funding Plans**
7.1	Primary Care Strategic Delivery Plan as approved by the ICB Board, July 2023, agreed to fund 200k towards investment in the VCFSE to work on projects to reduced inequalities. It was agreed to ensure this is aligned to the ICB strategy which is led by TA. Purpose for this to come to PCTG was to ensure how this is mobilised through winter. TA advised that the charitable arm of Assura has given HWEICS £75k to spend in the grass roots community sector – the ICB will match this so there is £150k funding available to focus on Health Inequalities where local community activity can make a difference (distributed via PCNs). Remaining funding aligned to Prevention and Health Inequalities within the Primary Care Strategic Delivery Plan was also discussed. The following papers were shared prior to the meeting: • VCFSE Funding Plans Paper • Appendix 1 – ASSURA funding for charitable grants in HWE ICS2 • Appendix 2 digital inclusion
7.2	Key points to note from discussion: • Members were in support of match funding the Assura funding noting this is being disseminated at PCN/INT level. • Group agreed that remaining 23-24 money should be devolved to PCNs for local initiatives with VCSFE, - the group agreed that digital inclusion and supporting wider social determinants of health were priority areas on which to target this investment. • JG suggested possibility of PCNs combining their allocated with the two current digital inclusion projects, TA confirmed that this would be possible. • Letter from TA to be sent to AS/Chair of Alliance regarding the Assura process.
	ACTION: Letter from TA to be sent to AS/Chair of Alliance regarding the Assura process.
PCTG/08/23	**Monitoring of PC Strategic Delivery Plan**
8.1	EP asked group to review the current draft monitoring document for the Primary Care Strategic Delivery Plan which was shared prior to meeting and to provide any feedback by end of next week.
PCTG/09/23	**Next steps with Adult Community Services review across HWE**
9.1	TC advised that the paper (referenced below) circulated prior to the meeting relating to review of adult community services across HWE, was taken to ICB Board and the recommendation was that a review needs to take place which includes involvement from GP Transformation Leads:

	• HWE ICB Commissioning Committee Community Services Review Summary final v2
9.2	Key points to note from discussion: • TC advised that this is a desktop review. • Paper was taken to ICB Board in September and several recommendations were made – it was agreed at Board to take this to a second stage and involve a wider group of partners in this – work is driven by HCPs as need to reflect needs of different populations across patch. • Variation needs to be addressed. • Common vision to be created by March 2024. • Consolidation of service specifications to conclude by March 2025 • New contract in place with community providers by April 2025 • Aim is to build on work already taking place and focus on integration. • Once the correct meetings and agendas are in place, the GP Transformation Leads will be involved.
PCTG/10/23	**Stevenage PCN's Same Day Access Proposals**
10.1	PM advised a conflict relating to the discussion on the Stevenage proposal – PM is Clinical Director for Stevenage North PCN and a GP partner at Stanmore Medical Group. No further action was taken to manage the conflict as this item was for information only.
10.2	MH talked through the paper outlining the operating model regarding the Same Day Access Hub model covering Stevenage North and Stevenage South PCNs. This is aligned with national and local strategies relating to urgent and emergency care and same day access. Stevenage was approved as an area of high need together as approved through ICB board under the primary care strategic delivery plan. •
10.3.	Key points to note from discussion: • RM raised concerns regarding geographical issues and equality relating to rural areas. • AS advised that this group over sees the Primary Care Strategic Delivery Plan and within this Stevenage is one of the agreed key local priority areas (alongside Hertsmere and Harlow – Harlow now has an integrated UTC that went live 1 November 2023). But noted other work is taking place across the patch via HCPs regarding enhancing same day access. • CC queried if mental health service provision has been considered as part of this model. Work is under way regarding inclusion of the Mental Health Trust and AS confirmed that all partners from Stevenage have engaged with all system providers. • ICB is working with 2 PCNs on mobilisation and there will be regular reporting on this work and this will tie in with oversight that the group will have on wider delivery of the Primary Care Strategic Delivery Plan.
PCTG/11/23	**Non-medical access to ICE and ordering of tests**
11.1	MS advised that following discussion at the last Transformation Group meeting, a survey is to be sent out to practices/PCNs imminently via the GP bulletin that will ask for their status around non-medical healthcare professionals' access to bloods and imaging. It is hoped that data will be collated at end of the month and updates will come to this group as/when necessary.
PCTG/12/23	**Place Updates – by exception – risks/issues/delays against delivery plan objectives**
12.1	ENH – CG highlighted that majority of the non-compliant practices for the online access for patients (a contractual requirement) across HWE are in ENH so there is work to be done around this. Data is being reviewed and a communication is being drafted by Trudi Mount

	to send to practices and place team will reach out to practices. Planning work going into SLF and how we approach this across ICB. SWH – RK advised that most practices in SWH have online access for patients enabled. Looking at implementation of SLF for those practices who are not on GPIP programme. Claire Fuller attended workshop meeting on 8 November, hosted by Vine House Health Centre which was successful. WE – PS advised that ECF Q2 data is being shared at locality level meetings to support increase in figures. Currently working to support a couple of practices that haven't submitted any modern general practice funding applications.
12.2	Key points to note from discussion: • PS advised that the system as whole is under severe pressure currently. Further comms will be sent to support practices to advise patients of various access routes to ensure most appropriate services are being used.
PCTG/13/23	**Any other business**
13.1	Reducing bureaucracy – PM has been asked by ENH HCP to collate examples of where this is prevalent or avoidable (clinical and non-clinical). Any examples to be shared with PM. Dermatology referrals – AF had to leave meeting before this could be raised. Agreed to add to agenda/AOB for future meeting.
	Date and Time of next meeting
	Thursday 14th December 2023 – 9.30am-11.30am
	The meeting closed at 11:37