ICB Primary Care Board meeting held in Public

Thursday 23 November 2023

The Board Room, Charter House

Parkway

Welwyn Garden City

AL8 6JL

Meeting Book - ICB Primary Care Board meeting held in Public Thursday 23 November 2023

Agenda

09:30	1. Welcome, apologies and housekeeping		Chair
	2. Declarations of interest		Chair
09:35	3. Minutes of last meeting held on Thursday 28 September 2023	Approval	Chair
	4. Action Tracker [No open actions]		Chair
09:40	5. Questions from public	Information	Chair
09:45	6. Directorate Highlight Report	Assurance	Avni Shah
10:00	7. Progress to date from Healthwatch reports	Discussion	Emily Perry
10:10	8. Primary Care Risk Register	Discussion	Andrew Tarry
10:20	9. Primary Care Transformation Integrated Reports	Discussion	Cathy/Roshina/Phillip
	South West Herts		
	East and North Herts		
	West Essex		
11:00 - 11:15	Comfort Break		
11:15	10. Primary Care System Access Plan		Andrew Tarry
11:30	11. Primary Care Budget 2023/24	Discussion	Philip O'Meara
11:45	12. Citizen Representatives Update	Discussion	Leighton/Marianne /Joy
11:55	13. Reports/minutes from the Subgroup	Information	Chair
	Primary Care Digital		Chair
	Primary Care Workforce	Information	Chair
11:55	14. Reflections and feedback from the meeting		Chair
12:00	Close of meeting		
	Next meeting: Thursday 25 January 2024		

Herts & West Essex Strategic Framework- 2022-2027

Our mission

Better, healthier and longer lives for all

We will achieve this by

- Improving physical and mental health across our population
- Tackling unequal access, experience and outcomes
- Enhancing productivity and value for money
- Ensuring the NHS supports broader social and economic development.

In the first 3-5 years we will

- 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

The ICB will deliver this by:

- Setting direction for the NHS in Hertfordshire and West Essex
- Allocating NHS resources fairly and effectively
- Supporting, equipping, and empowering our people
- Working with and pooling resources with our partners
- Enabling improvement and driving change, with a focus on quality
- Using data and evidence to generate insight and assess impact

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**HWE ICB Primary Care Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Thursday 28 September 2023**			
Time:	**09:30 – 12:30**			
Venue:	**The Forum, Hemel Hempstead and Via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Nicolas Small (NS) **(Meeting Chair)**	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Ian Perry (IP)	Partner member (Primary Medical Services)	Herts and West Essex ICB
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Helen Musson (HM)	Chief Officer	Community Pharmacy Hertfordshire
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Via MS Teams:		
Elizabeth Disney (ED)	Director of Operations	Herts and West Essex ICB
Corina Ciobanu (CC)	Primary Care Transformation GP Lead – South & West Herts	Herts and West Essex ICB
Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Cathy Galione (CG)	Head of Primary Care Transformation, Integration, Development & Delivery – East & North Hertfordshire	Herts and West Essex ICB
Joanna Marovitch (JM)	VCSFE Representative	Herts and West Essex ICB
Rob Mayson (RM)	Primary Care Locality Lead – ENH	Herts and West Essex ICB
Phillip Sweeny (PS)	Head of Primary Care Transformation, Integration,	Herts and West Essex ICB

	Development & Delivery – West Essex	
In attendance:		
Michelle Campbell (MC)	Head of primary care contracts	Herts and West Essex ICB
Sarah Brierley (SB) (Representing Elliott Howard Jones)	Director of Strategy and Partnerships	Herts Community Trust (HCT)
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	Herts and West Essex ICB
Annette Pullen (AP)	EA to Avni Shah	Herts and West Essex ICB
Tracey Norris (TN) (minute taker)	Clerk	HFL Education
Sam Williamson (SW)	Associate Medical Director, Lead for PHM and LTC	Herts and West Essex ICB
Via MS Teams		
Stephen Clayton (SC)	Senior Clinical Dental Advisor	Herts and West Essex ICB
Toni Coles (TC)	Place Director, West Essex	Herts and West Essex ICB
Cathy Fenton (CF)	Public Health	Hertfordshire Count Council
Rachel Halksworth (RH)	Assistant Director for Primary Care Contracting	Herts and West Essex ICB
Stephen McRidge (SM)		Member of Public
Steve Roberts (SR)		Member of Public
Anurita Rohilla (AR)	Chief Pharmacist	Herts and West Essex ICB
Andrew Tarry (AT)	Head of Primary Care Contracts	Herts and West Essex ICB
Peter Tatton (PT)	Secretary	Herts Local Dental Committee (LDC)
Stephen Muggridge (SM)	BI Lead for Primary Care	Herts and West Essex ICB
Parul Karia (PK)	Primary Care Digital GP Lead - SWH	Herts and West Essex ICB
Alice Baldock (AB)	Medical Director	Bedfordshire and Hertfordshire Local Medical Community (LMC)
Gemma McKelvey (GM)	Senior Communications and Engagement Manager	Herts and West Essex ICB
Sharon Westfield de Cortez (SW)	Information & Guidance Manager and Safeguarding Lead	Healthwatch Essex
Chloe Gunstone (CG)	Senior Research Manager	Healthwatch Herts
Jane Bunker (JB)	Chair	Local Optical Committee (LOC)

PCB/59/23	**Welcome, apologies and housekeeping**
59.1	The Chair 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.
59.2	Apologies for absence had been received from: • Gurch Randhawa • Sam Glover The meeting was declared quorate.
PCB/60/23	**Declarations of interest**
60.1	The Chair invited members to declare any declarations relating to matters on the agenda: • None declared. All members declarations are accurate and up to date with the register available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB
PCB/61/23	**Minutes from the previous meeting**
61.1	**The minutes of the last meeting held on 27 July 2023 were agreed as an accurate record.**
PCB/62/23	**Action tracker**
62.1	There were two actions on the action tracker which had now closed: • PCB/51.3/23: Directorate report to share data in such a way as to demonstrate impact: see updated Directorate report at agenda item PCB/64/23. • PCB/52.5/23: investments to support digital exclusions: a paper would be coming to the next PCB meeting.
PCB/63/22	**Questions from the public**
63.1	Two questions had been received from the public in advance of the meeting: Question 1: How many GP surgeries have active patient participation groups, meeting more than once per year?
63.2	HWE response The PC team had been working with all practices and PCNs in the last 15 months to ensure PPG were re-established and active. All practices, bar nine, are involved in a PPG either at practice level or PCN level. Data was being collected as to how frequently these groups met and what impact they were having. The team were also keen to understand how PPGs should/were feeding into the Patient Engagement Forum. The ICB heard good presentation from a PPG lead of Stort Valleys at the annual general meeting which supports the work primary care are doing across HWE with Patient association. .
63.3	Question 2: Is the ICB collecting fortnightly or monthly reports on how many patients exercise their right to patient choice?
63.4	HWE Response This report was not currently available but was expected from the end of October and would show: • The number of patients who ask for choice of provider; and • The number of patients who go elsewhere (outside of the NHS). The national mandate is that there should be five referral options ideally via an electronic referral form.
63.5	The Chair noted that whilst patient choice was welcomed the additional work this generated for general practice should not be underestimated given each provider had a different referral form/process.
PCB/64/23	**Directorate Highlight Report**

64.1	Avni Shah (AS) introduced the Directorate report (see pages 15-39 of the document pack) and highlighted the following: • The winter COVID and Flu vaccination programme continued to be rolled out, despite the ongoing issues with COVID vaccination allocation, last minute changes in delivery schedules, and issues with the point of care tool to record the vaccination. AS congratulated PCNs, Community Pharmacies and HCT as our community provider for their continued efforts in delivering this complex programme. • Vaccination in priority groups including care homes and housebound have commenced with a large number of care homes booked and 20% of housebound patients vaccinated to date. • Access and inequality funds from NHSE have been made available. Proposed to support the carers' agenda, combining covid and flu vaccinations with health care checks from November onwards. • Winter general practice additional appointment plans: these would be finalised by close of business on 29 September and be in place until 31 March. AS noted, that no national funding (ring fenced for Primary Care) had been received this year; ICBs were expected to increase access through national recovery plans and an acknowledgement of systems-wide responsibilities to deliver a resilient winter. • The pharmacists first scheme had been pushed back to 1 December. Learnings were being taken from the community pharmacy delivered urinary tract infection PGD pilot across Dacorum and Hertsmere with a view to expand across all for the winter prior to the Pharmacy First scheme. • Industrial action: PCNs have provided additional appointments through locum cover during the recent industrial action which has been welcomed by all and LMC. • Contracting: Good examples of innovative contracting and commissioning were shared: ○ Stellar Healthcare (GP Federation in West Essex) for the provision of primary care services to Jacobs and Gardens Neurological Rehabilitation Centre in Sawbridgeworth ○ Spring House Medical Centre: 10-year contract • Workforce: Primary Care Awards Ceremony on 11 October to celebrate staff, with over 79 nominations received including for colleagues in pharmacy, dental and optometry. • Discussions had been held with PCB members and Healthwatch on how best to disseminate their reports and follow up on actions. The following had been agreed moving forward: ○ ICB to continue to direct nature/focus of deep dive. ○ Healthwatch findings to be discussed offline with partner members to agree next steps (interventions/response). ○ Interventions/response share with PCB meeting. • The report contained a Learning Disability and Autism update (pages 28 – 38) which covered: ○ Health checks ○ Health passports ○ Access initiatives ○ Pilot pathways
64.2	Questions and comments were invited: • The Chair highlighted the recent careers fair which had been well attended and recommended that this was repeated in future years. • The quick response by general practices to the changes in the flu/covid vaccination delivery programme was noted and much appreciated.
64.3	**The Primary Care Board noted the Directorate Highlight Report**

PCB/65/23	Risk Register

65.1	Andrew Tarry (AT) presented the risk register (see pages 40-49 of the document pack) and highlighted the following:
	• The risk register was constantly being reviewed and updated. Further streamlining was required following the merging of risks from each of the three CCGs.
	• Some risks were national which were beyond the control of the ICB, and these items should focus on mitigation and risk management.
	• Updates to highlight:
	  ○ Digital challenges: delay to national framework and ask vis access recovery plan.
	  ○ Further procurement of cloud-based telephony would be dependent on third parties (outside the scope/control of the ICB) - three+ month lead time for installation.
	  ○ Not all aspects of digital was keeping pace with new ways of working, eg NHS App, there were still some gaps in information/messaging to public.
	• Access and recovery: a paper would be presented to the ICB Board meeting in November which would provide an update on progress/risk/barriers and mitigation in this area.
	• Some risks had been identified to be closed:
	  ○ Mass vaccination centres – no longer needed as there was good capacity in primary care and community network.
	  ○ Asylum/migrant cohort: work was progressing on a service delivery specification which would create a sustainable model.
	  ○ Risk 13: lack of education/training opportunities because of lack of confirmed practice learning time. This had now been commissioned.

65.2	Questions and comments were invited: • Five new risks had been added to the risk register directly from the Digital Board which had identified issue with the maturity of some of its resources and the need for improved comms to patients (and staff) about the functionality of the NHS App, E-consult and other cloud-based solutions. • Pilot schemes were already running in Watford and Three Rivers to improve NHS App uptake. Comms to patients would need to stress the safe and secure messaging service the NHS App provided (compared to text messaging). • It was expected that each area would need an IT lead – this would take time. • The interface between primary and secondary care was raised as a risk, NB hand over of patients to the virtual hospital. • The board noted the opportunity each new risk raised vis identifying an innovative and often transformational pilot scheme. • Any outbreak of flu or covid at an asylum seekers hotel would be treated as a residential response. CF asked whether this group could be prioritised for vaccination. • AS confirmed, they should be and will discuss with the vaccination leads to tackle this under access and inequalities. • The PC risk register did not sit in isolation of the wider ICB risks, risks were reviewed at every level and in every committee and it was essential to avoid duplication. • It was noted that for a successful migration to the NHS App, patients needed the confidence that it was working correctly and at its full functionality from the outset, if this was not the case, take up would take longer. • Messaging to the public needed to be shared with all primary care providers, eg community pharmacists. • It was hoped that in the longer term, the ICB could move away from fire fighting against urgent risks and instead focus more on longer term transformational changes.

	• The interdependencies of risks and the consequences of mitigation needed to be considered, eg recruiting to fill ARRs roles would address one risk (capacity in general practice) but if staff were poached from another area of the system, then the system-wide capacity risk remained unchanged. • The risk register would be reviewed at this committee on a regular basis.
65.3	**The PCB noted and approved the updated risk register**
PCB/66/23	**Primary Care Transformation Reports**

66.1	Cathy Galione (CG), Roshina Khan (RK) and Philip Sweeney (PS) introduced this report, which they expected to develop over time as the specification would widen to include dental and optometry (see pages 50-62 of the document pack) highlighting the transformation operational delivery through each place in relation to primary care
	• The report provided an update on:
	  ○ Access including progress on National Recovery of Primary Care priority areas, transformation work on same day access in three localities across HWE;
	  ○ Prevention and Health inequalities; and
	  ○ Proactive Management and progress on development of integrated neighbourhood teams.
	• Good progress had been made in Q1.
	• Some areas required improvement, but the place team was happy with the place-specific plans and the positive trajectory.
	• West Essex was more advanced in the development of integrated neighbourhood teams than ENH and SWHs but there were projects up and running across each place, for example:
	  ○ Welwyn Garden City and Hoddesdon and Broxbourne Primary Care Network's (PCN's) have agreed to be the vanguards using Population Health Management data to implement the INT model.
	  ○ In West Essex an Integrated Urgent Assessment and Treatment Centre has been commissioned and will go live with effect from 1st November 2023
	  ○ Hertsmere Minor Illness Bookable Hub business case developed and going to HCP board for approval.
	  ○ UTI project is underway in two localities in SWH - with a high satisfaction rate from patients.
	• Key messages re prescribing: the primary care budget was currently showing a 5.5% overspend, this could be recoverable if a collaborative approach was taken to reduce repeat prescriptions. Each practice would be given three or four target areas to work on.
	• A system wide plan to address access/PC recovery would be presented to the ICB Board in November.
	• Moving forward primary care place reports would reflect the work and transformation in all aspects of primary care eg community pharmacy/PCNs rather than GP-focused.
	• Over 20 sites have been identified for the roll out of cloud-based telephony which was approved in July 2023. However, delays in implementation via the national procurement hub which may result in these practices unable to show a change and improvement in telephone access for 2023/24.
	• Interface meetings have taken place to cut bureaucracy and increase self-referrals in a number of high-volume services such as access to physiotherapy, IAPT, podiatry etc
	• Monthly data from Ardens was being used to drive transformation; this was seen as a tool for transformation and not performance management.
	• A development session at the SWH Health Care Partnership will be attended by Dr Clare Fuller to discuss the challenges of implementing the Fuller recommendations.

66.2	Questions and comments were invited:

	• The rate and pace of change was highlighted, in particular the development of the UEC in West Essex, there was no expectation that provision would be without teething problems and learnings should be made, in particular with regard to the circumstances/conditions that made this possible in the first place. Could these conditions be replicated elsewhere, for example. • TC reported that a framework was in the process of being developed from the creation of the UEC which would be available to share with all interested parties. • All the transformation projects underway or planned were for the benefit of patients and the HWE population, inevitably there would be some challenges and mistakes, a method of two-way feedback/communication to patients was needed. • Integrated neighbourhood teams were an opportunity for all providers within primary care to come together, the UTI project was an example of how community pharmacy input had supported a successful transformative service. • A community pharmacy report had been commissioned by the Kings Fund, the place teams would be invited to comment on this. • The value of community prescribing and the voluntary care sector within the integrated neighbour team was raised, and it was noted that this was being developed. • Still more could be done to support the learning disabilities cohort, with annual health checks and other services all accessed at the same location. This “one-stop shop” approach could also apply to children and help support the equality agenda. • Q When would access to GP records become mandatory? This would be mandatory from 1 November; the primary care digital and place teams were working with those practices which were not already “switched on”. • The need for transparency was undisputed, GP Partner members raised concerns about the timing of test results going “live” - patients might be alarmed unnecessarily if they saw a test result before this had been reviewed and reported to them by their GP, for example. • AS reported that the primary care team was liaising with medical directors from all three interface groups to work this through to ensure the safe and appropriate timing of test results etc.
66.5	**The Primary Care Board noted the Primary Care Transformation reports**
PCB/67/23	**Enhanced Commissioning Framework (ECF) Report 2022/23**

67.1	Sam Williamson (SW) joined the meeting and introduced this report (see pages 63-97 of the document pack) and highlighted the following:
	• The Enhanced Commissioning Framework (ECF) was introduced in October 2022. The report was therefore based on a 6-month period during which time primary care was under significant pressure. In recognition of this the ECF had been revised and streamlined to focus on key priorities only with some thresholds being lowered.
	• 91% of all practices achieved against the revised metrics with outstanding provision in areas such as:
	  ○ End of life
	  ○ Respiratory conditions
	  ○ Hypertension
	• Naturally there were variations of activity at practice level across the ICS.
	• Next steps:
	  ○ Learn from the information collected.
	  ○ Support practices with lower levels of care activity.
	  ○ Use wider information on population health management to adapt the ECF moving forward so that the ECF was clearly linked to the ICB clinical priorities.
	• National comparisons were not yet possible (the ECF report was based on a 6-month period only).
	• The ongoing aim of the ECF was clear; to improve patient care outcomes.

67.2	Questions and comments were invited:

	• Q How would the ICB support practices that were not performing at the appropriate level? Thresholds in 2023/24 would be higher than2022/23. • Practices would be encouraged to review their own data against that of their peers; transparency would create a drive to improvement. Support would be in place and learnings from other practices would be shared. Focused practice visits would be made to support staff and help them identify and overcome any potential barriers (these could be administrative, for example all eight core processes for diabetes needed to be ticked off for the practice to correctly log a treatment). • Top-down analysis of data could highlight an administrative error that all practices were making. • ECF data analysis would be used as a learning tool rather than performance management. • This work would need to be triangulated with other aspects of primary care, eg messages to patients re pain mediation and potential wastage of repeat prescriptions, increased used of NHS app for sharing results NB diabetes, developments with community pharmacy reviews eg aim for 40% of frailty to have pharmacy review completed. • It was noted that the ECF was a metric for general practice not the whole of primary care. • Messaging to the public needed to be simple and clear. • Prescribing dilemma: as more conditions are diagnosed (eg hypertension) prescribing costs will increase as more medicine is prescribed. • Many of the metrics were rated “green” for 2022/23 and it was noted that at the midway point in 2023/24 most practices were at 40% of points achieved. • GP members highlighted the difficulties that many practices faced and the increased administrative burden and cost of the ECF/QOFF especially when targets were changed and new KPIs introduced. There had been no uplift to the ECF in the last three years. • AS acknowledged this point and would take this forward to negotiations for 2024/25 but added that there had been no changes in priority areas and indicators had been streamlined where possible. • The huge amount of prevention and proactive management of care was noted. This was a massive part of both general practice and community pharmacy activity.
67.3	**The PCB noted the Enhanced Commissioning Framework report**
PCB/68/23	**Primary Care Contracts update: Dental Plan**
68.1	Michelle Campbell (MC) presented this agenda item (see pages 98-107) of the document pack) and highlighted the following points: • The contracts team now had a good understanding of the provision, risk, gaps and dental health needs within HWE from a rich collection of data sets, eg calls to 111 and qualitative data from the Business Services Authority. • Dental services have been added to Healthwatch’s review schedule. • There was little oversight yet on dental workforce, but the ICB would receive data from NHSE’s bi-annual dental workforce data collection which would take place on 1 October. • There was no standardisation of digital systems, and this would be an area to develop as new services were commissions, ie digital inter-operability. • There was a good provision of NHS dentists across HWE compared to other ICBs, but this was patchy and was not yet adequate in all areas. • There was a high resignation rate of NHS dentists, and the contracts teams were looking at ways to commission services that were more attractive.

	• An enhanced dental access scheme was being worked on the for winter and this would be presented to the commissioning committee in two weeks' time; this would cover weekend and bank holiday services. • Learnings were being taken from the innovative university commissioning in Suffolk. • The team were working close with HCT to level up special care dental services and community dental services; there were currently two contracts in Hertfordshire and Essex with different providers and different terms. • A pilot of alternative therapies to reduce the need for special care in London was being closely tracked. • Options to create a “one stop shop” were also being explored, bringing services together in one place. • Population health management was being used to look at health data and oral health needs. Prevention work was also key with outreach work in schools and a Year 5 epidemiology survey undertaken this year. • The team were being supported by Stephen Clayton and had been expanded by one FTE.
68.2	Questions and comments were invited: • Lessons could be learnt from the community dental service where recruitment and retention did not seem to be such a problem. • Q Did the team have a good understanding of provision? Yes, a map of contracts had been created and shared at the ICB board meeting; this needed to be extended to include the size of the practice, but the priority areas were linked to areas of known deprivation i.e. Harlow, Stevenage and Watford. • There were eight dental practices in Harlow but only three were taking on new patients and some of these had been restricted to children only. • The data would highlight areas of need and opportunities to develop training and retention. • Secondary dental care commissioning would be delegated to the ICB next year. • Funding for dental has been ringfenced and this would be used to achieve transformational care. • Collaborative work with social care colleagues would be developed to ensure the different cohorts of vulnerable groups (homeless, travellers, migrants etc) could get access to mobile pop-up clinics for example.
68.3	**The Primary Care Board noted the dental contracts update**
PCB/69/23	**Healthwatch Hertfordshire & West Essex**
69.1	Chloe Gunstone (CG) presented the following reports from Healthwatch Hertfordshire and Healthwatch Essex, see pages 108-256 of the document pack: • Report and Recommendations on Autistic People’s Experiences of Accessing GP Services • Report and Recommendations on Accessing Support from Primary Care Services for the Menopause • Experiences of cervical screening in West Essex
69.2	CG highlighted the report recommendations and findings for the committee: • Autistic people struggled with many factors surrounding access to care, notably the lack of understanding of their condition vis struggles with the noise and chaos of a waiting room, not enough reasonable adjustments made, difficulties in making appointments, lack of choices. • The report provided a rich insight into the lived experiences of people with autism. • Over 500 women were interviewed as part of the menopause report who experienced varying quality of care. Themes identified included not being listened to, not being given a range of treatment options with younger women facing greater barriers.

	• Recommendations would be finalised when the same survey had been completed in West Essex (in two months' time). • Cervical screening feedback from West Essex highlighted a number of difficulties ranging from making appointments, unwelcoming environment, distressing procedure, trauma, not being listened to.
69.3	Questions and comments were invited: • GP partner members noted that whilst the reports highlighted areas for improvement and were a rich source of patient feedback, they did not give a particularly balanced view. • There was concern that if staff read the reports, they would not recognise the service being described and would be demoralised. • The value of co-design of the remit for a focus area was raised. • AS noted that as reported earlier in the meeting, she had been working with colleagues and Healthwatch to agree a new way of working, in future, report recommendations would be viewed outside of the meeting and the paper to the board would focus more on next steps and actions. She assured the board that the ICB commissioned the reports from Healthwatch, and the focus areas were co-designed with the appropriate clinical lead within the ICB. • Constructive criticism was essential to improvement. • The volume of work and richness of the findings was welcomed; they shared important messages which needed to be acted upon. • A more balanced view could be captured by the patient engagement forum; it was accepted that people with negative feedback were more willing to come forward that those whose experience had been positive. • The recommendations from people with autism offered some practical solutions to be considered. • Healthwatch looked forward to working more closely with the clinical leads.
69.4	**The ICB noted the reports from Healthwatch Hertfordshire and Healthwatch West Essex**
PCB/70/23	**Reports/minutes from sub-groups**
70.1	The following reports were noted for information: • Primary care digital (pages 257 - 268 of the document pack) • Primary care workforce (pages 269-272 of the document pack)
PCB/71/23	**Reflections and feedback from the meeting**
71.1	• There had been a good discussion on the risk register. • Regrettably, the IT difficulties after the break had delayed and adversely impacted the discussions for items 10 (dental) and 11 (Healthwatch reports). • The dental plan and primary care transformation reports illuminated the successful system-wide approaches that were was being taken.
PCB/72/23	**Date and Time of next meeting**
72.1	Thursday 23 November 2023, at 9.30am - location to be confirmed.
The meeting closed at 12.25pm	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Questions from the public

1. Dentistry - although we recognise that the situation on Dentistry is improving, albeit from a very low base, we are concerned that patient experience is significantly worse than is desirable and inconsistent across both Places and Neighbourhoods. Complaints generally fall into one of three categories – access, cost, and quality of service. What data can you provide about the availability of dentist appointments on the NHS across HWE, what variation in service delivery does the data show, and what is being done to improve service levels in general and availability specifically?

Response:

In July 2023, the GP Patient Survey results included questions on success of getting an NHS dental appointment in the last 2 years. HWE ICB were 2nd highest (81%) in the region where patients were successful in getting an appointment (EoE at 74% and England at 75%). This was also the case for patients experience of NHS Dental services being **Very Good**; HWE 44% (EoE 47% and England 40%).

When asked the reason why patients hadn't tried to get an NHS dental appointment, the highest response for HWE was due to patient preference of going to a private dentist (32%). 21% of patients didn't think they could get an NHS dentist and this may be largely down to the NHS website where dental practices are contractually required to update their profiles regularly to reflect their opening hours and acceptance criteria at that time. We are regularly sending out reminders to practices on their contractual requirements to ensure profiles are up-to-date and seeing improvement in this each quarter since taking on delegated responsibility of commissioning and contracting from April 2023. To note there is no data available on the number of dental appointments provided by dental practices under the NHS Contract. This is measured by Units of Dental Activity (UDAs). Each course of treatment is categorised into a treatment band, dependant on the treatment required. Ie Band 1 is assessment and diagnostic, Band 2 treatment such as fillings, root canal or extractions and Band 3 which require an element of laboratory work i.e bridges, crowns and dentures.

The number of contracted UDAs across the ICB is currently 2,152,054. These are delivered based on the clinical need of patients in any calendar month therefore there is no uniformity in the way this activity is delivered throughout the year. To date (as at 19th October), 1,046,452 UDAs have been delivered (48.31%); Contractors have until 31st March each year to deliver their full contracted activity.

It should also be noted the dental contract does not operate on a registered patient list and patients can access services from any practice they choose, in any part of England i.e close to home, close to work or a preferred practice in a neighbouring town.

Analysis of where HWE patients access dental services indicates that in 2022-23 91% attended a dental practice within the HWE ICB footprint and 9% from outside the ICB. The same data also showed that 11% of patients seen in a HWE dental practice were a non-HWE resident.
Since taking on the delegated functions, the ICB has introduced a process which enables current dental contractors to apply for additional UDAs where they have capacity; however, as across all the health and social care sector, recruitment and retention is an issue. We are encouraging the

effective use of the skill mix within the dental workforce and are working with our training hub on opportunities to develop the dental workforce further.
In future years, commissioners will have the ability to rebase contracts where there is persistent under-performance and re-commission services more effectively. During 23-24, we are liaising with those providers to understand their issues and identify offers of support to ensure contract delivery is maximised.

We have developed an enhanced dental access scheme that will run over the winter into the next financial year to provide urgent, same day access appointments 7-days a week, including bank holidays and we are aiming to mobilise this in the next few weeks.

2. Pharmacy - we welcome the opening of a new Pharmacy in Stansted and patients in that locality may feel this is "turning the tide" given the number of pharmacy closures recently. We recognise the findings of the Healthwatch Hertfordshire Report on Pharmacy that

- different pharmacies offer different ranges of services
- some things were free/NHS in some pharmacies and needed to be paid for privately in others;
- that people weren't always clear whether the person they were talking to was a pharmacist or a shop assistant as some pharmacies employ both
- whether a pharmacy offered a room to provide privacy

How can we work with NHS England Primary Care Pharmacy contracts team to emphasise the wide range of services that are offered? And is it possible to get to a position in which all pharmacies can offer all NHS services across Herts and West Essex or GP practice Dispensary staff can direct patients to relevant NHS services?https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/

Response:

The successful appeal to NHS Resolution of a refusal of an unforeseen benefits application for a new pharmacy in Stansted Mountfitchet was well received which was highlighted as an area of gap of provision in the Primary Care commissioned Healthwatch Report on community pharmacy across HWE.

This reflects a lot of work by local residents and work commissioned by the ICB from Healthwatch to support the case for change but also how we to develop a supporting commissioning document which supplements the Pharmaceutical Needs Assessments whose sole purpose is for market entry.
Different range of services provided by pharmacies
Community pharmacies contractual framework outlines three types of NHS national services including essential, advanced and enhanced services:

1. **An 'essential service' must be provided by all community pharmacy contractors**. All pharmacies provide the following services:
    - dispensing of NHS prescriptions
    - access to the repeat prescription service (with agreement from your GP)
    - an emergency supply of medicine, subject to the decision of the pharmacist (people may need to pay for an emergency supply)

- non-prescription medicines like paracetamol
- disposal of unwanted or out-of-date medicines
- NHS Discharge Medicines Service (DMS)
- advice on treating minor health concerns and healthy living

2. There are currently eight 'Advanced Services' within the NHS Community Pharmacy Contractual Framework (CPCF). **Community pharmacies can choose to provide any of these services** as long as they meet the requirements and these are optional services. The NHS Advanced services include the community pharmacist consultation service (CPCS), blood pressure check service, New Medicines Service (NMS), Smoking cessation service (SCS), pharmacy contraception service, Appliance Use Review (AUR), Stoma Appliance Customisation (SAC) and seasonal flu vaccination service.
3. In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHS England commissions an Enhanced service that is nationally specified. **The Covid-19 Vaccination service is currently the only national enhanced service**

NHS and private services and consultation room availability
Members of the public and healthcare professionals can use the Find a pharmacy service via the NHS website and click the 'treatments and services' page of the pharmacy profile to see if they offer a various service in addition to whether they have a consultation room for privacy and if a service would be considered private or free on the NHS.

Identification of pharmacy staff
There are legal requirements (in the Medicines Act 1968, as amended, and the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008)) associated with the responsible pharmacist role including displaying a notice that gives the details of who the RP is as per the General Pharmaceutical Council (GPhC) website. Therefore, the responsible pharmacist within the community pharmacy should be able to be identified or confirmed with a member of the team. Pharmacy technicians can help with things such as inhaler technique, how to take a medicine safely and understanding the correct dose of a new medicine and how often you need to take it.

Additional resources

- A new service finder on the NHS website (NHS.UK) allows healthcare professionals and patients to search for the following:
  - find a pharmacy that offers free blood pressure checks. The tool explains who is eligible to go to a pharmacy to get their blood pressure checked and can be searched using a postcode, with the nearest pharmacy listed first
  - Find a pharmacy that offers the NHS flu vaccine
- NHS England have also developed a YouTube video to promote community pharmacy services

Locally since April when HWE ICB took on community pharmacy contracting through delegation from NHSE and as outlined in our Primary Care Strategic Delivery plan, we are developing a work programme across all our primary care contractors to reduce variation and ensure we have consistency in the service provision across all our provider in HWE. This is an ongoing piece of work and we aim to improve this year on year.

3. Phlebotomy We continually receive comments about poor experience of Phlebotomy services including

- signposting - dual provision by acute and primary care.
- lack of appointments available
- inconsistency between drop in and appointment systems
- parking issues.

What is the ICB's approach to setting service delivery standards and what can be done to improve the patient experience? Finally, what is the ICB's direction of travel in terms of provision of services for GP requested blood tests - should these be done by Primary Care rather than Acute Hospitals?

Response:

Across HWE, GP requested blood tests are provided by a range of providers including GP practices, community providers or acute hospitals. They provide this at practice level, community health centres, acute hospital sites or in patients home for housebound or care setting. Each provider is currently commissioned through existing service specification with delivery standards. Future provision and how we improve the experience of patients in relation to phlebotomy services is being considered through each place as services are reviewed to ensure this is tailored to meet local needs. Currently primary care teams with contracting are working with in East and North Place to improve areas of poor experience across PCNs working in partnership with all partners and patients.

4. Digitisation - How can we incentivise PCNs and Practices to drive understanding, acceptance and usage of the NHS England App as the default portal for essential NHS services? What is a realistic target for patient adoption by the end of March 2024? NB We believe that patient choice should be accessed through the NHS App rather than through a separate interface.

Response:

Within its Primary Care Digital Roadmap, HWE has a priority to increase uptake and usage of the NHS App and to make it a key access point for primary care and wider services in the NHS. We currently have 59% of our eligible population with NHS App logins (this is above the national average of 54% of eligible population registered).

We are planning a delivery programme of work with practices to ensure that staff can signpost patients to NHS App where appropriate – we will provide them with resources to support this work. We need to make sure the NHS App is a part of the wider primary care access work because enabling patients access to services via the NHS App means we can release capacity for practice staff to do other things.

We are currently working on a communications plan to raise public awareness of the NHS App and the functions it can provide including management of ERS referrals.

We are conscious that digital can be a barrier to some and will be looking to use VCFSE and Local Authority resources to help those who need some hand holding or possible with access to equipment/internet access so they can utilise the App if they want to.

5. Mental Health - The Government has said that at least £2.3 billion of additional funding a year will be invested by April 2024 to expand and transform mental health services in England so that 2 million more people will be able to get the mental health support they need. Can the ICB confirm how much of this £2.3b has been allocated into the HWE budget for our 1.6m patient population and what the ICB is doing to ensure that this additional investment is spent effectively, and that the benefits are tracked for patients waiting for Mental Health support across HWE.

Response:

The £2.3 billion referred to is the national increase in investment over the term of the Long-Term Plan for Mental Health from 2019/20 to the end of this financial year (2023/24). It is the increase in investment through the Mental Health Investment Standard (MHIS), this is the long term plan commitment that the increase in local funding for mental health (excluding learning disabilities and dementia) is at least in line with the overall increase in the money available to Integrated Care Boards (ICBs).

Each year the ICB is informed of what the minimum amount is it needs to invest in mental health to meet the commitment. Investment in mental health services is categorised against certain eligible areas so that MHIS investment can be monitored across the country and is published in the mental health dashboard.

Hertfordshire and West Essex ICB receives the population's share of this investment through the ICB's annual allocation and is monitored with national reporting to demonstrate how the ICB has met the Mental Health Investment Standard. The ICB's allocation of national resources can vary but, as a rule, it is c. 2.5% of the nationally quoted figures over the five-year period.

Monitoring of the investment locally is through the ICB's contracting and commissioning arrangements with providers. Providers who provide services in the scope of the MHIS funding must feed data into the Mental Health Services Data Set (MHSDS) which enables the ICB areas performance against the Long term Plan ambitions to be monitored. In addition, there is local reporting to the ICB, which is reviewed at a number of groups including the Mental health, learning disabilities and autism oversight group.

The ICB cannot easily show what the increase in spend has been between 19/20 and 23/24 as the MHIS guidance and our categorisation of MHIS have changed a number of times in between these dates. However, for 2023/24 there is a requirement to increase MHIS expenditure by 9.01% resulting in a MHIS target spend of £231.7m, the ICB are currently forecasting to exceed the 23/24 MHIS spend target.

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:**	**23/11/2023**
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 registr*	
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

Avni Shah, Director of Primary Care Transformation

Working together
for a healthier future

Vaccinations Update

- The AW23 programme for Covid and Flu commenced in September 2023. This is a key system wide programme which supports our Urgent Care strategy. There were some operational issues resulting from the late change of start date, which the ICB, PCNs, Community pharmacies and HCT rallied together to resolve including onboarding of an extra 56 pharmacies across the ICB geography. This has raised the number to 118 from the 62 that were delivering the spring programme.

- As at the end of October, all care homes across HWE have now been visited by the roving teams from PCNs and HCT. HWE ICB was the first system in EoE to achieve 100% coverage, which has supported EoE to achieve 99.39% of homes visited which is the highest nationally (as at 2.11.23). **A massive thank you to all who have supported us with this achievement.**

- Housebound patients have been completed, though some patients were identified late so mop up sessions are being organised. Any newly housebound patients are being addressed as and when they arise.

- Primary Care Board agreed to ensure we have a consistent service for our migrant population. All the hotels looking after asylum seekers have been visited by both PCN teams and a team from HCT.

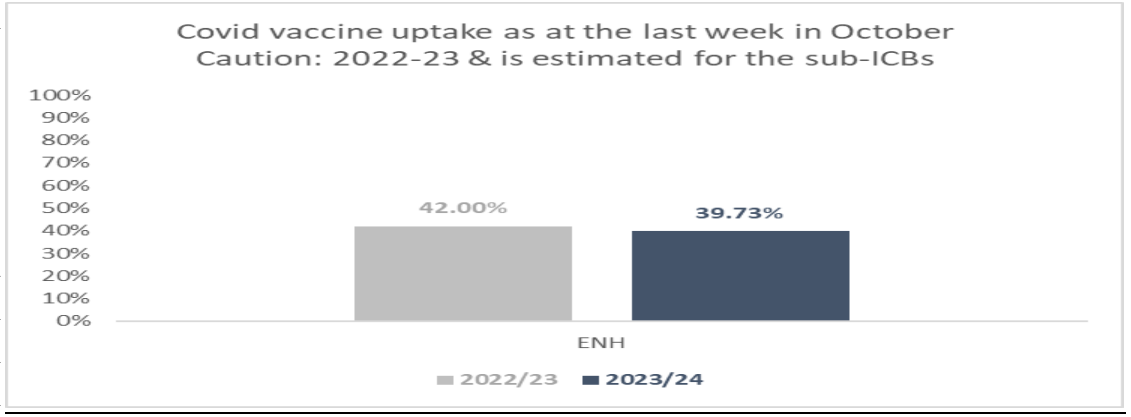
- The ICB team is currently looking to support visits into the MH inpatient units which are being coordinated alongside the Nursing & Quality team.

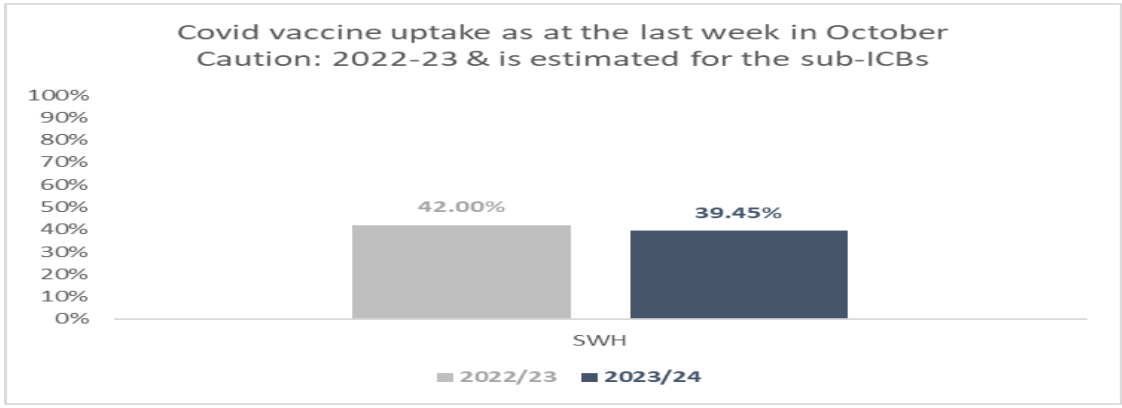
- Update includes progress on MMR vaccination

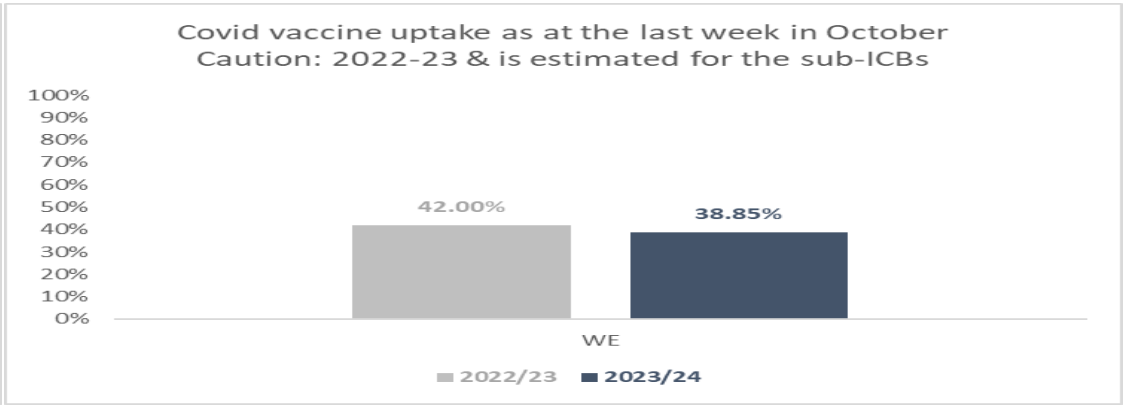
Progress to date

Covid update data comparison (caveat 2022/23 data based on average for the ICB from national figures)

Covid vaccine uptake as at the last week in October Caution: 2022-23 & is estimated for the sub-ICBs	2022/23	2023/24
ENH	42.00%	39.73%
SWH	42.00%	39.45%
WE	42.00%	38.85%



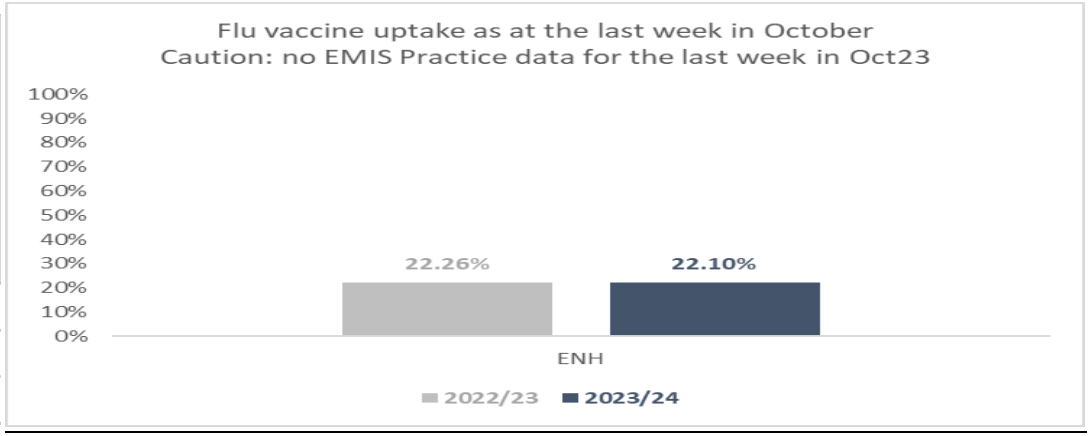


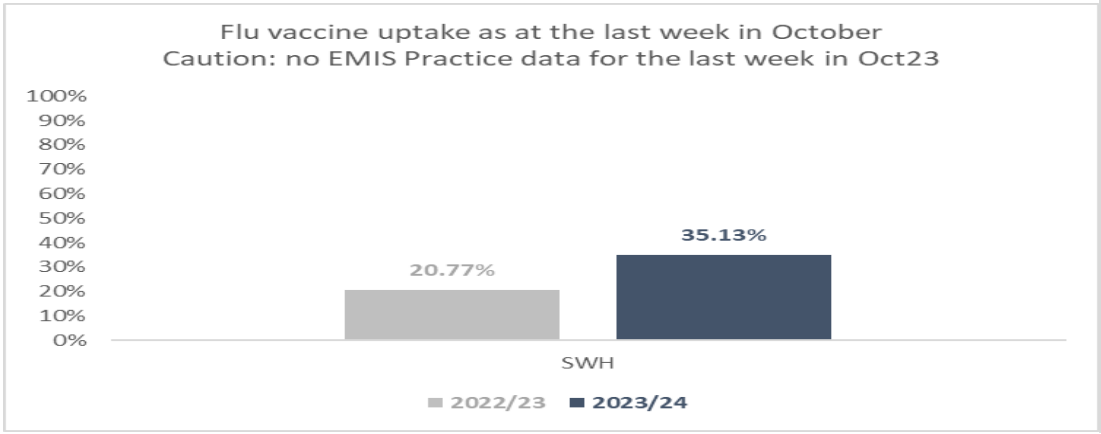


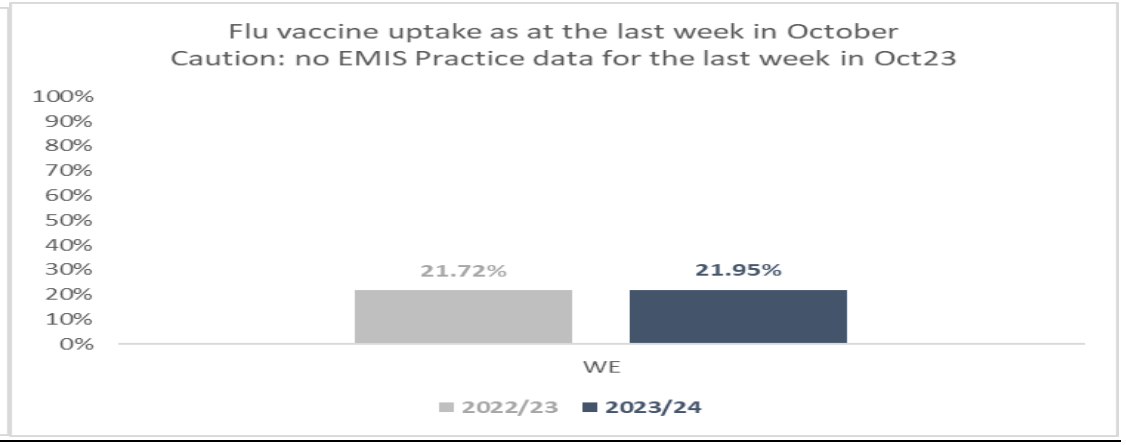
Flu uptake

Flu data uptake data comparison (caveat currently no date for EMIS practices for last week in Oct)

Flu vaccine uptake as at the last week in October Caution: no EMIS Practice data for the last week in Oct23	2022/23	2023/24
ENH	22.26%	22.10%
SWH	20.77%	35.13%
WE	21.72%	21.95%







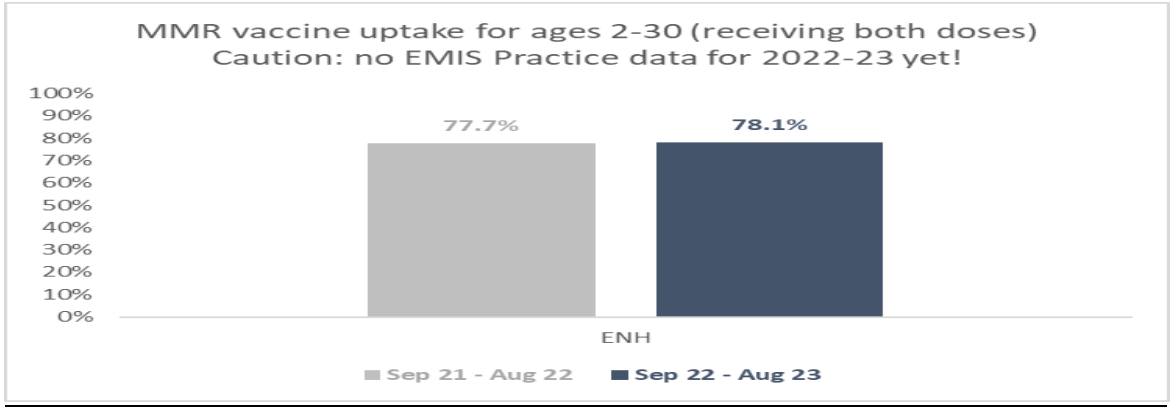
Hertfordshire and West Essex Integrated Care System

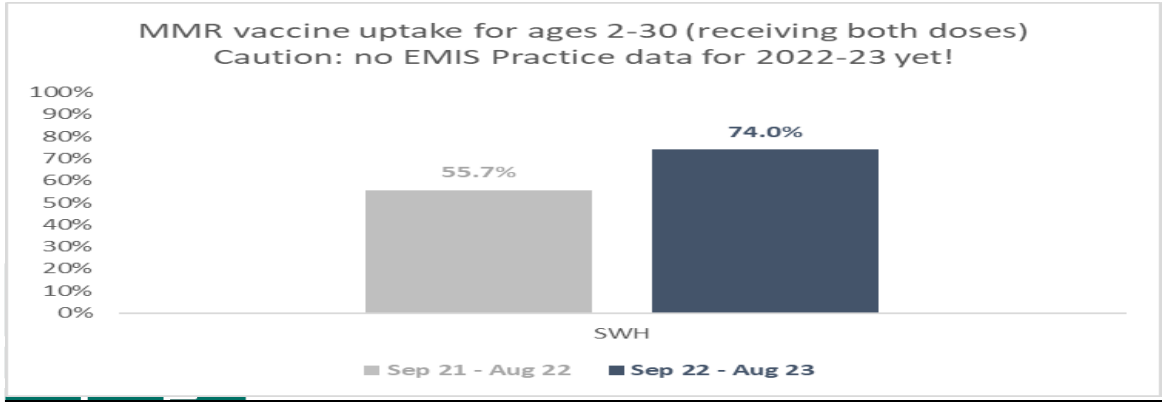
Progress on MMR

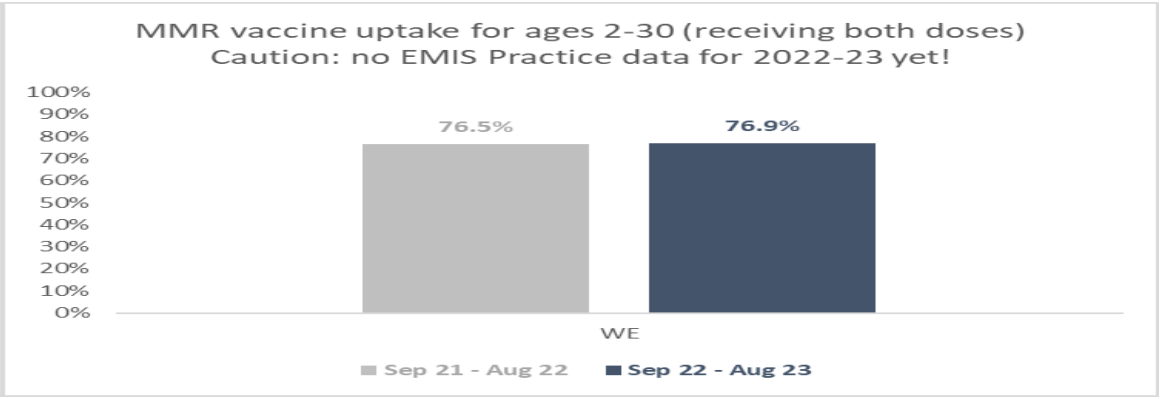
There is clear national data that measles is on the rise. EoE region have been undertaking a piece of work that will show practices which patients they need to target to either increase uptake to the MMR vaccine or to ensure that they have correct and up to date information in relation to vaccination status. Initially the information by practice was only available for Hertfordshire, has recently extended to include West Essex. Primary Care Place teams are working with practices to ensure they aware of the data and how to use it.

MMR uptake data comparison (caveat that this does not include EMIS data for 2022-23)

MMR vaccine uptake for ages 2-30 (receiving both doses) Caution: no EMIS Practice data for 2022-23 yet!	Sep 21 - Aug 22	Sep 22 - Aug 23
ENH	77.7%	78.1%
SWH	55.7%	74.0%
WE	76.5%	76.9%







Delegated Functions– Oversight and Assurance

- Following full delegation for Primary Medical, Dental, Optometry and Pharmacy commissioning from April 2023, ICBs became responsible for the delivery of these functions on behalf of NHS England, who retain overall accountability for the discharge of its responsibilities under the Health and Care Act and therefore requires the necessary assurances that its functions are being discharged safely, effectively and in line with the legal requirements. NHS England remains legally accountable to the Department of Health and Social Care (DHSC), led by the Secretary of State, which is in turn accountable to Parliament. The Operating Framework for NHS England sets out the accountabilities and responsibilities of NHS England and ICBs.

- The Primary Care Assurance Framework sets out how NHS England will be assured that integrated care boards (ICBs) are exercising the delegated functions safely, effectively, and in line with legal requirements. The aim of the framework is to provide ICBs with details of what NHS England will need to be assured of and how they can evidence this to demonstrate compliance. NHS England's approach is intended to be supportive, developmental and collaborative, and enable emerging issues or risks to be identified early and to help identify where support may be required.

- The ICB will be required to submit a report to NHS England during 2023/2024 however a date for this has yet to be confirmed. Quarterly Assurance and Oversight meetings have been established by NHS England East of England team with individual ICBs and the first meeting with Herts and West Essex took place on 10 October 2023, at The Forum in Hemel Hempstead.

- The assurance of the delegated functions is structured around a number of domains that relate specifically to the core commissioning and contracting requirements that have been set out in the standard delegation agreement. For consistency across each of the delegated functions, the assurance requirements have been grouped into four distinct domains, each covering core components of commissioning assurance.

- It is important to note that there will be some differences in the elements required for assurance between contractor groups due to differences in the functions that have been delegated. The expectations across functions and domains have been developed jointly with national and regional teams and much of the information to demonstrate assurance will be collected through pre-existing data collections or through the self-declaration process, so as not to create additional burden on ICBs.

Delegated Functions– Oversight and Assurance

Domain 1: Compliance with mandated guidance issued by NHS England

- This domain concerns assurance that ICBs are complying with all nationally set operating procedures, including confirmation that operating procedures are updated in line with changes to national amendments to guidance, where necessary.

Domain 2: Service provision and planning

- This domain covers areas of assurance related to how ICBs identify local health needs, ensure that the necessary services are in place and commission new services where unmet needs are identified. This domain also includes general commissioning planning assurance, where appropriate.

Domain 3: Contracting

- This domain covers elements of assurance related to how contracting takes place, that local processes comply with the necessary published guidance for contracting, and that ICBs are participating appropriately in any contracting specific processes that are required.

Domain 4: Contractor/Provider compliance and performance

- This domain covers elements of assurance related to how ICBs evidence due diligence in respect of in year contract management, and how ICBs ensure that appropriate levels of contractor/ provider performance and compliance are being met.

Primary Care Contracting – Primary Medical Services

- Following an options appraisal and market engagement event, the ICB Primary Cre Commissioning Committee took the decision to explore an innovative approach to re-procurement of the Limes Surgery APMS Contract. The preferred option identified was to explore the possibility of awarding a GMS contract to the local PCN. This option was selected as it met with our long-term goals around sustainability, resilience and transformation of primary medical services in line with the national and local primary care strategic plan, approved by board July 23. This proposal is novel and therefore we have worked closely with NHSE, procurement specialists Attain and taken legal advice to ensure we mitigate against possible risks. We issued a Voluntary Ex Ante Transparency (VEAT) notice to the whole market to ensure we were open with our intentions.

- The publication of the VEAT Notice attracted some media attention from HSJ, Pulse, GP Online and GP Business during the standstill period. These enquiries appeared to be mainly about the overarching policy of Herts and west Essex ICB of awarding a GMS contract as opposed to an APMS and were received positively, noting that the ICB were being innovative. With the support of the Communications and procurement specialists Attain all enquiries were responded to.

- There were no challenges from the market in the statutory period of 30 days. We have now commenced due diligence including wider patient engagement to ensure the preferred provider has the capability and capacity to deliver the service. No contract will be awarded until this due diligence process is complete.

Update on Dental

The Board received a detailed paper at the September meeting outlining the full position across all dental and orthodontic services that were transitioned across from NHS England on 1 April 2023. Since that meeting, approval has been sought from the Primary Care Commissioning Committee on 17th October for funding to 2 key service areas:

a) Dental Enhanced Access Pilot – Commissioning of urgent access sessions in 5 sites across the ICB to support patient access to urgent, same day dental services. This will be available 7 days a week including, bank holidays, for a 6-month period. These sessions will align with the peak call times to NHS 111 who will be able to directly book appointments into these sessions. The pilot also enables GDS Contractors to provide follow-up treatment were identified to stabilise patients' oral health. Expressions of interests have been received with teams following up with potential providers with a view to mobilise these services in the first 2 weeks of December.

The service will be evaluated at 4months to inform long-term commissioning model.

b) **Development of the Herts Special Care Dental Service (SCDS)** –Funding has been approved to implement an anxiety management pathway for patients with severe dental phobia's who cannot access services from high street services. The service will initially treat young children and will phase up to include all children and adults over the next 2 years.

Work continues with our dental contractors to support requests for contract changes i.e Activity increases/reductions and uplifts to the units of dental activity (UDA) rate. A similar process is about to be extended out to all Orthodontic Contractors across the ICB following a meeting with representatives of the Hertfordshire Local Orthodontic Committee where several issues raised on the future commissioning of the Orthodontic contracts.

Update on Community Pharmacy

- Members of the board will remember requests from local residents on the gap of pharmacy service provision in this area. This was also highlighted in the Primary Care commissioned Healthwatch Report on community pharmacy across HWE. Board to note of a successful appeal to NHS Resolution of a refusal of an unforeseen benefits application for a new pharmacy in Stansted Mountfitchet. This has been ongoing for some time with regular applications and appeals as the Pharmaceutical Needs Assessment did not identify need for an additional pharmacy.

- This reflects a lot of work by local residents and work commissioned by the ICB from Healthwatch to support the case for change but also how we to develop a supporting commissioning document which supplements the Pharmaceutical Needs Assessments whose sole purpose is for market entry. A notice of commencement has been received for a new pharmacy was open on 4 November 2023.

- Roll out of the Urinary Tract Infections PGD scheme across HWE community pharmacies – 176 Expressions of interest to date. Plan to roll out for December to support system.

- Confirmation of the National Pharmacy First Scheme – proposed launch of the scheme end of January 2023

Update on Optometry

- **Eye Screening in Special Schools**

- The Long-Term Plan 2019 committed to the provision of in school eyesight testing for children with a learning disability and or autism attending a residential special school. To help understand how best to deliver this service NHS England set up a proof of concept (POC) model which has operated in 83 schools in England since April 2021. Following a positive evaluation of this proof of concept, on 19th June 2023 NHS England announced its intention to extend in-school eye testing to pupils in all special schools (day and residential settings) in England from April 2024 onwards.

- NHSE has shared information on the number and type of special schools in each ICB, and pupil numbers. For HWE this is:

Number of Residential Special Schools	7
Number of Residential Special School Pupils	534
Number of Day Special Schools	36
Number of Day Special School pupils	2,871
Total number of Special Schools - Residential and Day	**43**
Total number of Special School Pupils - Residential and Day	**3,405**

- Further engagement with stakeholders including close working with Local Authorities is planned and a service specification and commissioning guidance scheduled for release in November/December 2023. Each ICB will receive a funding allocation to be confirmed later in the year, with £10 million recurring funding available nationally for this programme.

Primary Care Workforce Update

HWE Primary Care Careers Fair 2023

- The HWE primary care careers fair will take place on 21 September 2023, 10:00 – 14:00 pm at The Fielder Centre, Hatfield, Hertfordshire.
- The event will be set up with a main area market place with a selection of stalls all day promoting various careers in Primary Care.
- There will be the option of one to one support with CV/interview skills and various careers talks ie Apprenticeship programmes, Allied Health Professional describing their journey in Primary Care, non clinical roles and Herts and West Essex as a place to live and work.
- Over 100 people have booked to attend the event. The event is also a walk in event.

Enhanced GP Fellowship Programme

- Building on the success of the previous years scheme, the Enhanced GP Fellowship programme has been launched.To date we have already had 19 expressions of interest.
- A number of specialist areas are being sort, they are 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. Discussions in place with East and North Herts Hospital Trust and West Herts Hospital Trust.
- Teams are working closely with the Medical Directorate in order to ensure there is a joined up approach and we prioritise as outlined in the clinical areas. Evidence from previous year has indicates 85% of the GPs who enrolled in the programme are currently still practicing across HWE ICB as a GP showing good retention and some also continuing to enhanced work in the specialist area part time.

Primary Care Workforce – PCN Education Teams

- Individual PCN Training team 1:1 review meetings have been taking place since June 2023 to review the benefits of the teams.
- A support tool has been developed to support discussion and enable the PCN Training team to review their progress, identify gaps and take improvement action where necessary. During the meetings data specific to each PCN is considered including ARRs recruitment and the workforce demographics. PCNs are asked to identify 3 challenges which are explored during discussions. To date 33 out of 34 meetings have taken place.
- The aim of the meetings is 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 training hub can offer the team.
- Alongside the review meetings the PCN Training Teams complete six monthly mandatory feedback forms. The data from the feedback has been collated and will be analysed and a report created with the outcomes.
- Our learning from the PCN Training teams 1:1 sessions is that teams are helping with recruitment and retention, as well as building for the future capacity with increasing the number of student placement, trainers, training practices and learning organisations. Teams have shared a wider range of support offers for teams including tutorials, forums and clinical supervision for ARRs staff. However, recruiting the ARRs roles is a challenge.
- To support this challenge, we are developing an Allied Health Professional/General Practice Nurse Fellowship programme similar to that which we offer to GPs. This will give AHP/GPNs an opportunity to benefit from a portfolio career and will help support with recruitment and retention.

Primary Care Workforce – AHP/Nursing fellowship programme

- 1-year Programme to be tested. Prerequisites include:
  - staff that have not accessed a Fellowship programme previously.
  - not currently undertaking any existing educational pathway.
  - Directly employed by a Herts and West Essex Practice for a minimum of 4 sessions per week.
- Specialist placement with a Provider for 2 sessions per week. Salary – equivalent to a Band 7
- Placements will enhance clinical, management and leadership skills or are based around commissioning. Suggested placements include:
  - Cardiology, Dermatology, Palliative Care, Digital, Lifestyle Medicine, MSK
- Education bursary is available to support an educational programme potentially leading to an accredited qualification.
- The training hub are currently working with providers including acute and Community Trusts to develop a suite of specialist placement options.
- We would aim to start the recruitment process in January 2024.

Primary Care Workforce Update

Primary Care Awards – HWE Celebrating Primary Care Achievements 2023

The awards ceremony will take place virtually on Wednesday 11 October 2023, 7:00 – 8:30 pm.
Nominations have been received for all categories. In total 79 nominations received.

The Winners

1. **Excellence in Supporting Staff Health and Wellbeing:** Liz Richards, Practice Manager at the Lodge Health Partnership, Welwyn Garden City
2. **Excellence in Training and Development:** Dolphin House Surgery, Ware
3. **Excellence in Patient Engagement:** Jan Williamson, Much Hadham Health Centre Patient Group Member
4. **Leaders in Innovation:** Broxbourne Alliance PCN (covering Abbey Road Surgery, Waltham Cross; Cuffley and Goffs Oak Medical Centre, Cuffley; The Maples Health Centre, Broxbourne; Warden Lodge Medical Centre, Cheshunt)
5. **Digital Transformation:** The Maltings Practice Women's Health Team, St Alban's
6. **Integration and Collaboration:** Attenborough PCN Primary Care Mental Health Service (covering Bushey and South Oxhey) in conjunction with Hertfordshire Partnerships NHS Trust
7. **General Practice of the Year:** Schopwick Surgery, Bushey
8. **Primary Care Network of the Year:** Stort Valley and Villages PCN (covering Central Surgery, Sawbridgeworth; Church Street Partnership, Helix Medical Centre and South Street Surgery, Bishop's Stortford; Much Hadham Health Centre).
9. **Ophthalmic Service of the Year:** Hertfordshire's Local Optical Committee
10. **Dental Practice of the Year:** Cassio Road Dental Practice, Watford
11. **Community Pharmacy of the Year:** Wellswood Pharmacy, Borehamwood
12. **Primary Care Team of the Year:** The Maltings Surgery Practice, St Alban's

Progress update on Primary Care Digital programmes of work

- We have identified 7 priorities to form a programme of work as part of System Development Fund (SDF) which supports delivery of the Primary Care Access Recovery plan and the delivery of Primary Care transformation as outlined the Primary Care Strategic Delivery Plan across the ICB and align Primary Care digital with the overarching ICS Digital Strategy
    - Digital Inclusion
    - Advanced Telephony – part of system access plan report
    - NHS App - – part of system access plan report
    - Automation
    - Digital Workforce
    - Community Pharmacy Integration
    - Infrastructure
- These programmes have been agreed by the Primary Care Board and the Digital Transformation Board based around the Primary Care Access Recovery plan and to support the delivery of Primary Care transformation as outlined the Primary Care Strategic Delivery Plan

Overview: Digital Inclusion

ICB Exec Lead	Avni Shah
Programme lead	Trudi Mount
Delivery Partners	VCFSE, Patient Groups, Local Authorities via Tim Anfilogoff aligned to Health inclusion strategy
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. Look to fund resource via VCFSE to work in practices and other locations to offer digital training/NHS App Registration
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 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
Benefits/Metrics	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

ICB Exec Lead	Avni Shah
Programme lead	Trudi Mount
Delivery Partners	HBL ICT, practices, PCNs
Key work areas	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.
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
Benefits/Metrics	Practices able to release time from back office tasks to spend on other work Patients' admin matters dealt with quicker

Overview: Digital Workforce

ICB Exec Lead	Avni Shah
Programme lead	Trudi Mount
Delivery Partners	HBL ICT, practices, PCNs
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
Progress	1:2:1 meetings with PCN Digital Leads in diary and now taking place – 24 leads identified to date PCN Digital Leads workshop to take place 22nd November to bring together leads to start to create knowledge sharing – supported by HBL ICT and other ICB colleagues DIG (Digital Innovation Group) well attended to share experiences and knowledge across wider group of practice staff
Benefits/Metrics	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

Overview: Integrating Community Pharmacy

ICB Exec Lead	Avni Shah
Programme lead	Trudi Mount
Delivery Partners	HBL ICT, practices, PCNs
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 Gathering of baseline information on current HWE Pharmacy systems underway to be completed by mid December 2023 Mapping of current functionality against need taking place Learning from various pilots to understand art of the possible
Benefits/Metrics	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: Infrastructure

ICB Exec Lead	Avni Shah
Programme lead	Trudi Mount
Delivery Partners	HBL ICT, practices, PCNs
Key work areas	Working with our HBLICT our GP IT delivery partner, and review the total provision of hardware – desktop and laptops currently deployed and those in use and in line with the PCN clinical strategy/operating model We will develop a standard policy for how laptops are managed and allocated in line with the changing model – within budgets available We will develop the 'VDI' option which allows access to clinical systems on personal devices so that general practice staff are supported to work in an agile way that doesn't need them to be 'in the office' Review of HBL ICT Service Specification to ensure it supports new ways of working in Primary Care
Progress	Hardware survey completed – just starting to look at results to understand current hardware versus need Work on moving VDI to BAU setting continues
Benefits/Metrics	General Practice staff able to work in an agile way Premises 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

General update on Primary Care Digital

- Patient Access to Records – now a contractual requirement. Over 70% of HWE practices enabled. Working with locality teams on remaining practices.
- Websites – audit (as per ‘Delivery Plan for Recovering Access to Primary Care’) being planned along with next steps tied into Access Plans. Audit plan will include next steps post audit and how we work with PCNs/Practices to ensure websites meet suggested guidance. Need to include patient voice in this work.
- Primary/Secondary Care – continue to ensure links with secondary care programmes and NHS App and other primary care software developed and understood.
- Online Tools – current contracts for online tools (Accurx and eConsult) will need renewing in late 2024 – need to start work with clinical leads on requirements and how we take this forward in line with new NHSE framework and funding routes

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:**	**23/11/23**	
Report Title:	**Progress to date from Healthwatch reports**				**Agenda Item:**	**07**	
Report Author(s):	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:	▪ Does the format of the report provide board the progress on the actions? ▪ 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.						
Executive Summary:	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						

<table>
<tr><td></td><td colspan="4">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 as the first paper provides an outline of the recommendations from the following three Healthwatch reports and progress against it:

• 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)

The reports focus on several recommendations related to improving access to primary care – the paper outlines the recommendations, as well as actions already taken related to these, such as implementation of modern general practice, information about Additional Roles Reimbursement Scheme (ARRS) staff, digital progress- e.g roll out of NHS app, as well as communications and training work that have taken place so far and continue to be rolled out. The paper also outlines actions to take forward where available, as well as comments and timelines if known.

The actions outlined within the paper will continue to be progressed (e.g implementation of modern general practice across practices) by colleagues in the Primary Care Directorate, and other appropriate ICB teams.

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>
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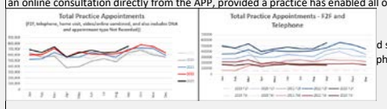
Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Implications / Impact:		
Patient Safety:	The paper supports work that is taking place related to access to primary care.	
Risk: *Link to Risk Register*	N/A	
Financial Implications:	None	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Healthwatch reports - recommendations / actions

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
Access to GP Services for Children and Young People in West Essex - (published March 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate. From August to November 2022 the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex explore access to GP services with a specific focus on engaging with: •Parents, carers and children and young people. • Residents living in the Borough of Broxbourne, and residents living in Harlow and Uttlesford.	**Appointment making:** Telephone systems must be robust enough to cope with demand, and to ensure calls are not dropped. There should be clear messaging for those waiting, keeping them informed. Consideration should be given to implementing an options menu to choose an appointment for a child or young person. For example – 'Choose 3 if you want to make an appointment for a child under the age of 16'	All 35 PCNs in Herts and West Essex 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 maximising the use of cloud base telephony (CBT) where in place and we are now working on prioritising the next tranche of practices who are not using a fully advanced CBT system. This work will be done with the locality teams to ensure alignment with wider programmes. In terms of triaging patients, in some surgeries in Hertfordshire and west Essex there is a move towards digital triage which helps surgeries to triage and allocate appointments appropriately, according to clinical need.	Prioritisation of next tranche of practices for CBT to be agreed - there are 28 practices to upgrade who are on an analogue system still.	Primary Care Directorate - place teams/ Head of Digital	Key milestones for CBT: 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
		Appointment making: Alternative options for how to book an appointment should be investigated, developed, and invested in. Those options should then be promoted as widely as possible, allowing people to book in a way that suits them. This in turn will take pressure of the telephone systems. Online booking is already established, but it appears to not be well known about. Alternatives such as through Apps, texting including WhatsApp and others, and social media should also be explored. The online and social media world has almost universal coverage within children and young people and as such it must be invested in.	Online and Video Consultation tools are already in place within practices, and these are now surfaced on the NHS APP. This means that patients can now launch an online consultation directly from the APP. Provided a practice has enabled all of the functionality, the NHS APP will enable their patients to book and manage appointments, order repeat prescriptions, view their GP health record and test results, and register organ donor preferences. The NHS APP also now enables practices to send batch messages and questionnaires to patients via push notification rather than via SMS. More functionality is coming online all the time including proxy access, accessing hospital and other healthcare appointments and viewing and managing care plans.	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. We will be 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. Work to take place 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	Primary Care Directorate - Head of Digital ICB communications team	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 monitoring uptake and usage of the App monthly so we can target those practices where progress is not being made. Key milestones for NHS app; July – September 2023 - Develop public facing communications campaign – PARTIALLY COMPLETE October 2023 onwards – run campaign ongoing to support cultural change across population through all networks
		Appointment making: There should also be an option to walk into a surgery to make an appointment. This seems to have become overlooked by many surgeries.	Many practices have implimented a triage approach, however this should still be accessible via walk ins - it may however be that the patient has to be triaged by the receptionist face to face, rather than on the phone or online.	Monitoring of patient experience to take place via local patient surveys delivered at PCN level.	Primary Care Directorate - place teams	View to improve access by 31 March 2024 via Access Improvement Plans - Place teams at ICB to review outcomes of plans, including PCN surveys by July/ August 2024.
		Appointment availability and options: While face to face appointments are still strongly preferred, the reality is that GPs and other surgery staff are very stretched. Confidence in alternative appointments needs to be developed and improved. There needs to be a consistency of approach and a best practice guide for all surgeries. Appointments need to be offered with relevant healthcare staff in whatever format is appropriate. If it can't be physically face to face then Zoom or other options should be considered, as well as telephone appointments, with the use of photos and even video investigated properly.	Practices are encouraged to promote the various ways that a patient can access their services. This has been supported by a national GP access campaign on digital and over the phone contacts. Online and Video Consultation tools are already in place within practices, and these are now surfaced on the NHS APP. This means that patients can now launch an online consultation directly from the APP, provided a practice has enabled all of the functionality.  d seen over the past 4 years. phone appointments remaining high compared to pre covid.		Communications team Primary Care Directorate - Place teams	
		Appointment availability and options: Investing in more non-GP healthcare professionals will mean that appropriate care can still be delivered effectively, but the burden on GPs can be eased.	The NHSE Delivery Plan for Recovering Access to Primary Care highlights the importance of supporting PCNs to use their full Additional Roles Reimbursemnet Scheme (ARRS) budget - this includes roles such as clinical pharmacists, paramedics, care co-ordinators and Mental Health Practitioners. Data the ICB holds show that there were approximately 660 ARRS posts in place across general practice in Hertfordshire and west Essex by end of Q2 2023, with a planned expansion of between approx 750-800 staff by end of 23/24 financial year.	ARRS funding to roll forward into 2024/25 - commited by NHSE to support additional roles. PCNs continue to submit ARRS data 2 x a year ICB to continue to support PCNs to utilise ARRS funding to maximise additional staff Training Hub to continue to support staff with relevant training - e.g via PCN education teams	Primary Care Directorate - Place teams / Training Hub team (for primary care staff training needs) Contracts teams	
		GP Surgery Resources: Children and young people, and especially their parents, often need reassurance that illness and injury isn't too serious. GP Surgeries should ensure they are well staffed with nurses, nurse practitioners and other qualified healthcare staff so they can take the burden away from GPs when appropriate. Simple prescriptions for antibiotics, or other drugs can be expedited quickly and efficiently, and parents can have the reassurance they need from a qualified healthcare professional. Being well staffed will also ensure that children and young people can pop into the surgery for assessment and treatment, rather than being directed to A&E.	The Healthier Together website for Hertfordshire and west Essex (https://www.hwehealthiertogether.nhs.uk/) is a resource for parents to understand more about common childhood illnesses and give them the confidence to be able to manage these themselves. It also flags what symptoms are cause for concern, when to call 111 and when to see GP. Promotion of this site is increasing and a new project manager is in place to improve the content on the website and review current pages. The NHSE Delivery Plan for Recovering Access to Primary Care highlights the importance of supporting PCNs to use their full ARRS budget - this includes roles such as clinical pharmacists, paramedics, care co-ordinators and Mental Health Practitioners. Data the ICB holds show that there were approx 660 posts in place across general practice in HWE by end of Q2 2023, with a planned expansion of between approx 750-800 staff by end of 23/24 financial year.	Work taking place to improve content of HWE Healthier Together website and review current pages.	ICB Communications Team Primary Care Place teams	
		Adapting and moving forwards: Children and young people often have more pressing needs for immediate assessment and treatment, whether it's period pains, broken limbs or colds and flu. Parents and loved ones have high levels of concern, and the children themselves can find it more difficult to deal with and process illness and injury. GP surgeries need to find a way to prioritise this demographic and make use of technologies to ensure they can get through, get seen and get treatment. Surgeries should be flexible and adapt to the requirements of children and young people, offering a 'healthcare centre' style approach, where there is a mix of professionals and specialists who are not necessarily GPs, but can offer GP services where appropriate.	As above, the Healthier Together website for Hertfordshire and west Essex is a resource that parents can use to understand more about common childhood illnesses , how to self manage where appropriate, and when to seek further support. As part of ensuring patients are supported in the best way, practice teams may direct patients to the website if appropriate. Patients may also be referred to be treated by their local pharmacist through the Community Pharmacist Consultation Scheme (CPCS) if appropriate, for minor illnesses. Enhanced Access is in place within each PCN offering appointments which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route. In terms of triaging patients, in some surgeries in Hertfordshire and west Essex there is a move towards digital triage which helps surgeries to triage and allocate appointments appropriately, according to clinical need. Surgeries and PCNs have a mix of professionals supporting patients including GPs, practice nurses, clinical pharmacists, paramedics and care co-ordinators.		ICB Communications Team Primary Care Directorate - place teams	

		Adapting and moving forwards: GP Surgeries need to offer a holistic primary healthcare system and educate children and young people away from thinking they have to see a GP face to face at all costs, moving them towards an understanding that there are many ways to get the right treatment at the right time and from the right person.	An ICB led Youth Council is now in place to hear from children and young people. The aim of creating it is to amplify the voices of CYP whilst supporting them to lead change within the health care sector. A recent project was launched across Hertfordshire and West Essex to impliment a Asthma Friendly Schools programme - a GP and asthma nurse have been training nominated 'asthma champions' within schools to better support children with asthma during school hours as appropriate.		Children and Young People (CYP) Participation Lead for Herts and West Essex	On 13th September 2023 an in-person induction with the youth ambassadors based in Hertfordshire was held, and on 14th September 2023 for the youth ambassadors based in West Essex. The youth ambassadors were invited with their parents and carers to the ICB offices, so we could meet in person before our first youth council meeting. The youth council held its first meeting on 26th September 2023 via Teams. Two ICS partners came along to collaborate with the young people on the following workstreams: •GP Patients Association: What is the best way for GP surgeries to communicate and engage with young
Accessing GP Services: Views from Broxbourne Patients (Published March 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate. From August to November 2022 the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex explore access to GP services with a specific focus on engaging with: •Parents, carers and children and young people. • Residents living in the Borough of Broxbourne, and residents living in Harlow and Uttlesford.	**Improving access to GP services would instil greater confidence in patients. This could be achieved through:** 1. Enabling a variety of access routes, including the use of online services and visiting the GP practice in person, to accompany all needs and preferences. 2. Continuing to improve telephone systems to reduce delays and waiting times for patients. 3. Greater flexibility in contact hours and opening times to account for school hours, work, and caring responsibilities.	Online and Video Consultation tools are already in place within practices, and these are now surfaced on the NHS APP. This means that patients can now launch an online consultation directly from the APP, provided a practice has enabled all of the functionality. 6 out of the 8 practices across Broxbourne Alliance & Lea Valley Health PCN are on Cloud Based Telephony (CBT) systems, the remaining 2 are on the critical list to move as soon as the procurement is completed and roll out commences in 2023. This will mean that all GP Practices will have updated phone systems with call back function and will be able to access and review capacity and demand data in order to further improve patient experience. All GP practices within Hoddesdon & Broxbourne PCN have CBT systems installed Each PCN offers appointments via Enhanced Access which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route.	Enagagement events with carers in Hertfordshire and West Essex are being arranged for early 2024 with the intention to review what is working well, challenges and possible adjustments access and services that woud help further support them.	Primary Care Directorate - place team Head of Primary Care Digital	Key milestones for NHS app; July – September 2023 - Develop public facing communications campaign – PARTIALLY COMPLETE October 2023 onwards – 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 - Use Digital Leads and delivery partners to work with practices where uptake and benefits not seen January 2024 – June 2025 - Patients use NHS App and practices able to reinvest time saved back into face to face on need and patient experience and patient reported outcomes
		Making appointments more readily available is important, particularly for children and young people and vulnerable groups. This could include: 4. Appointments that are bookable in advance, especially if the concern is either routine or non-urgent. 5. Reviewing and addressing waiting times for appointments, with particular consideration given to: • Children and young people • Those with a disability, complex needs, or a long-term condition • Those with ill mental health	All practices are undergoing changes to adopt a modern style to general practice approach. Broxbourne Alliance PCN is currently on the Modern General Practice programme supported by NHS England. A further 2 GP Practices are also signed up to the programme with others being supported to join future phased roll out over the next 12-18 months. This programme provides direct support to the PCN and GP Practices to assist in reviewing processes and help guide improvements around access and patient experience. Modern General Practice is being put in place 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.	Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.	Primary Care Directorate - ENH place team	
		Providing greater choice when offering appointments would improve the quality of care received. This could include: 6. Being mindful of work and caring responsibilities, as well as school hours, when offering appointments. 7. Providing more choice when offering appointments to patients, with a particular focus on offering more face to face appointments where possible. Specific consideration and greater choice should be given to: • Children and young people • Those with a disability, complex needs, or a long-term condition • Those with ill mental health 8. The ICB working with Primary Care Networks and GP practices to identify ways of ensuring there is greater choice for patients.	Each PCN offers appointments via Enhanced Access which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route. Modern General Practice is being implimented across general practices in HWE - this is being put in place 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.	Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.	Primary Care Directorate - place teams	
		Providing high quality of care would ensure all patients feel respected and heard. This could include: 9. Listening to and respecting the concerns of all patients, particularly parents and carers, to prevent misdiagnosis and/or mistreatment. 10. Providing thorough assessments and high quality care to all patients, at all times. 11. Healthcare professionals and reception staff treating all patients with respect. This should be monitored to ensure staff are not dismissing concerns, or judging patients for making contact. Reminders and refresher training should also be considered. 12. Delivering Customer Care training for GP receptionists to improve their customer service and communication skills	A large number of training courses are available for primary care staff, both clinical and non-clinical, through our ICB Training Hub - these range from training about specific topics (e.g focus on assessment of children for GPs) through to development of front of house skills for reception staff - including care navigation training, customer service skills and medical terminology. These are actively promoted to primary care via the Training Team and all courses are available to view/ book on our Training Hub website: https://www.hwetraininghub.org.uk/training-and-development Protected Time to Learn events take place every month (with the exception of August and December) and are designed to meet the specific training needs of practices and PCNs (for both clinical and non clinical staff). There is also funding available for PCN specific training needs - the HWE Training Hub have set aside some funding for each PCN to use against training that is personal to their PCN needs - therefore if there is a specialist need specific to a PCN then the Training Hub can work with the PCN on that and support them to find courses suited to their needs.	Ongoing promotion of training to continue. PCN to workalongside Training Hub who will help to support and develop any training needs The now well established PCN training teams can also work closely with PCN staff to address any specific training needs that may arise.	Primary Care Directorate - Training Hub Team	
		GP practices should offer greater information and support, particularly in regards to the use of online services 13. Continuing to encourage patients, particularly parents and carers and vulnerable groups, to contact their GP practice if they have concerns about their health. 14. Enabling online access for patients if this function is not already available. 15. Continuing to increase awareness amongst patients on how they can access online services and encourage or support them to register. The ICB should encourage GP practices to work with other healthcare professionals, Hertfordshire County Council and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to raise the profile and benefits of using online services. 16. Enabling all patients full access to the functions available via online services, including: • Booking appointments • Test results • Prescriptions • Medical records 17. By 1st November 2022 all GP practices should have updated their organisation settings for online services in order to be able to provide record access to patients – whether this be via the NHS App, TPP or EMIS systems. The ICB should look to review and monitor whether improvements have been made.	The public are regularly encouraged to attend their local practice for various health needs when appropriate. Regular communications campaigns about symptoms or signs to look out for are pushed locally. Each of the PCNs have an approved access recovery plan which focuses on reviewing and updating their websites and a focus on improving messaging on Online Booking and Video consultations. The NHS App rollout is promoted across a variety of channels, as more services come online these are promoted and toolkits are provided to practices to use. Digital Inclusion – The ICB will 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 by June 2024. We have established projects underway in both Hertfordshire and West Essex to help address digital exclusion, working with VCSFE partners to provide equipment with which to access online services and guidance on how to use it. The NHS app will enable patients to book and manage appointments, order repeat prescriptions, view their GP health record and test results where enabled. More functionality is coming online all the time including proxy access, accessing hospital and other healthcare appointments and viewing and managing care plans.	Ensure all system partners are aware of the Modern General Practice programme - to discussed via Integrated Neighbourhood Teams / promoted via comms.	ICB communications Team Primary Care Place teams Head of Primary Care Digital Primary Care Contracts team	Significant support and guidance has been provided to all practies with the patient access to records initiative, in order to help practices make this available safely and within the latest specified timeline. This includes an education event on data security delivered by one of the ICB Primary Medical Partners in November.
Accessing GP Services in Harlow and Uttlesford, West Essex (published March 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate. From August to November 2022 the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex explore access to GP services with a specific focus on engaging with: •Parents, carers and children and young people. • Residents living in the Borough of Broxbourne, and residents living in Harlow and Uttlesford.	**Difficulties with the booking system:** *Greater flexibility regarding accessing appointments - not restricting the time when patients can phone for one. *Being aware that not everyone has access/skills to use digital formats. *Easier ability to book future appointments for medicine reviews, blood tests, routine screening etc.	Modern General Practice is being implimented across general practices in HWE - this is being put in place 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. The ICB will 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 by June 2024. The NHS app will enable patients to book and manage appointments, order repeat prescriptions, view their GP health record and test results where enabled. More functionality is coming online all the time including proxy access, accessing hospital and other healthcare appointments and viewing and managing care plans.	Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.	Primary Care Directorate - place teams	

		Lack of available/prompt/appropriate appointments: *Improved triage systems so patients are directed to the right clinician for their needs the first time. *Expand opening hours to offer more flexibility for patients who work/have caring responsibilities etc. * Increase the diversity of clinical skills for available staff in practices. * GP Care Advisor roles in each practice who can assist with non-medical issues-benefit advice, basic memory assessments, referrals to other agencies etc.	Modern General Practice is being implimented across general practices in HWE - this is being put in place 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. Enhanced Access - each PCN offers appointments via Enhanced Access which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route. The NHSE Delivery Plan for Recovering Access to Primary Care highlights the importance of supporting PCNs to use their full ARRS budget - this includes roles such as clinical pharmacists, paramedics, care co-ordinators and Mental Health Practitioners. Data the ICB holds show that there were approx 660 posts in place across general practice in HWE by end of Q2 2023, with a planned expansion of between approx 750-800 staff by end of 23/24 financial year. Roles such as Care Navigators and Social Prescribers are in place across practices in Herts and west Essex and are able to support patients with non-medical issues.	Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.	Primary Care Directorate - place teams / contracts	
		Dissatisfaction with the quality of service offered: * Improved training for frontline reception staff-communication skills, awareness of various conditions-autism, dementia, mental health, stroke, trauma etc. * Making sure future services meet the needs of the expanding population. * Increasing the number of face-to-face appointments available.	A large number of training courses are available for primary care staff, both clinical and non-clinical, through our ICB Training Hub - these range from training about specific topics (e.g focus on assessment of children for GPs) through to development of front of house skills, for reception staff - including care navigation training, customer service skills and medical terminology. These are actively promoted to primary care via the Training Team and all courses are available to view/ book on our Training Hub website: https://www.hwetraininghub.org.uk/training-and-development Protected Time to Learn events take place every month (with the exception of August and December) and are designed to meet the specific training needs of practices and PCNs (for both clinical and non clinical staff). There is also funding available for PCN specific training needs - the HWE Training Hub have set aside some funding for each PCN to use against training that is personal to their PCN needs - therefore if there is a specialist need specific to a PCN then the Training Hub can work with the PCN on that and support them to find courses suited to their needs. PCNs are using Population Health Management (PHM) data to ensure services meet the needs of the local population - alongside working against Health Inequalities	Ongoing promotion of training to continue. PCN to workalongside Training Hub who will help to support and develop any training needs The now well established PCN training teams can also work closely with PCN staff to address any specific training needs that may arise. The training teams will also further support in the design of core competency frameworks and standards for non-medical healthcare professionals, enabling new roles in healthcare to have the maximum impact on increasing access	Primary Care Training Hub Team	

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:**	**23/11/2023**	
Report Title:	**Primary Care Risk Register**				**Agenda Item:**	**07**	
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:	Following on from the update provided at the last Primary Care Board there has been further review of the Primary Care Risk Register with a particular focus on the previously identified POD Delegation risks. An update on Dental access risk is provided, focusing on the recently approved additional capacity for a Winter Access Scheme providing additional capacity over 6 months with an aim to review and refine for						

<table>
<tr><td></td><td colspan="4">future years to expand capacity; also the commissioning of a service for anxious children, providing additional capacity and reducing waiting times.

It is proposed to close the risk relating to the POD Delegation – staff TUPE. This was a specific timebound risk where position has now been sufficiently clarified, meaning the risks is no longer current or relevant. It is also proposed to amend the risk relating to POD Delegation – Quality, to remove the element of the risk focused on the transfer of the complaints function, the responsibility for which was assumed from 1st July. A key update is provided on the remaining quality related aspects.

Updates to existing risks have been included, where relevant, to reflect the key focus on the Delivery Plan for Recovering Access to Primary Care.

The risk register is a dynamic document and is presented to the Primary Care Board for discussion and information.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">The Committee is asked to
Note the proposed changes to the risks that have been reviewed
Note the update and progress made</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"></td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">Patient safety issues are recognised in the appropriate risks</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">NA</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">NA</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">NA</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">NA</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">NA</td></tr>
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1. Executive summary

Following on from the update provided at the last Primary Care Board there has been further review of the Primary Care Risk Register with a particular focus on the previously identified POD Delegation risks.

An update on Dental access risk is provided, focusing on the 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; also the commissioning of a service for anxious children, providing additional capacity and reducing waiting times.

It is proposed to close the risk relating to the POD Delegation – staff TUPE. This was a specific timebound risk where position has now been sufficiently clarified, meaning the risks is no longer current or relevant. It is also proposed to amend the risk relating to POD Delegation – Quality, to remove the element of the risk focused on the transfer of the complaints function, the responsibility for which was assumed from 1st July. A key update is provided on the remaining quality related aspects.

Updates to existing risks have been included, where relevant, to reflect the key focus on the Delivery Plan for Recovering Access to Primary Care.

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

Following on from the update provided at the last Primary Care Board there has been further review of the Primary Care Risk Register with a particular focus on the previously identified POD Delegation risks. Aside from this there is a brief update focusing largely on the ongoing and long-term risks previously identified.

It is worth noting that 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.

4. Actions

The following updates have been included, with a key focus on the POD Delegation risks:

Pharmacy & Optometry and Dental (POD) Delegation risks
These Primary Care specific risks relating to POD delegation were included for the first time in March. These were reasonably high-level risks bringing together key risks under the headings of Finance, TUPE implications and Quality. These were timebound risks highlighting some of the potential implications of the ICB assuming delegated responsibility for POD, so further review has focused on the known outcomes of these with key updates as follows:

POD Delegation TUPE implications - Propose risk closure
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 will work ad-hoc under a contract for service.

POD Delegation – Quality – Propose removal of transfer of complaints aspect
The Complaints function was delegated as of 1st July 2023.
No Quality resource transferred with the POD functions.
Pharmacy & Optometry and Dental Contracting teams work with the 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.

Access to Dental Services – key update
The update includes the 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.
In addition the 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.
Finally the Dental Public Health team are undertaking a refresh of the Access review to assist with prioritisation and future planning.

Confirmed closure of risks
The following risks were closed following agreed by the Board in September-23:

- Risk PC12/331 regarding commencement of Extended/Enhanced Access (EA) services. EA was fully implemented from Oct-22 under the PCN DES.
- Risk 538 COVID-19 Mass vaccination centres – Autumn/Winter (AW) 2023-24 Flu and COVID-19 Seasonal Campaign details published; risk related to previous campaign & no longer relevant. Delivery models across HWE is via Primary Care Networks (PCNs), Community pharmacies and targeted outreach support delivered through Hertfordshire Community Trust.

Other updates

Updates to existing risks have been included, where relevant, to reflect the key focus on the Delivery Plan for Recovering Access to Primary Care.

5. Resource implications

Capacity constraints in the Primary Care Contracting Team, further impacted by competing work priorities

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	Level of	Gaps in assurance	Approval status
PC1	318	10/11/2021	Primary Care Board	Director of Primary Care Transformation	Heads of PC Transformation (WE/ENH/SWH)	**IF** points of participation and influence for primary care in the new ICB 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 5. 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 6. 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. 7. Continued evolving structures to support wider primary care engagement across all priamry care contractors across HWE.	~~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 15. October 23 - Additional winter scheme to support continued demand in primary care through local funding. 16. November 23 - Agreement to launch UTI pilot across HWE across community pharmacies ahead of national scheme which is due to start in February 24 17. November 23 - 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. Nov-23 update - Primary Care Access Recovery Plan - 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	~~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/ENH/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 Nov-23 update - Primary Care Access Recovery Plan - 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	~~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	324	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	1. 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 3. Reviewing approach to joint Quality/Contracts visits. Propose using current WE risk dashboard format as a consistent ICB wide format. 4. 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	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 Sept-23 update: 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) Nov-23 update 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/SWH/ENH)	**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.	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	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	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	1. Apprenticeships in Primary Care 2. School Engagement and Work Experience Placements 3. Student Placements - other professions	ICS Training Hub ICB Training lead appointed	Reasonable	Reports to PCB and PCCC	Reasonable	National funding in place for Training Hub	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
	RS7	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.	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

11 November 2021

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 assu	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective	2nd Line - Level of assu	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 Transfor	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 Tra	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 Tra	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 Tra	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

11 November 2021

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 assu	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective	2nd Line - Level of ass	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 POD Delegation	**POD Delegation - TUPE** **IF** the staff transferred over from NHSE under TUPE arrangements were then subject to future ICBs may be asked to reduce their headcount and running costs **THEN** the ICB may therefore be inheriting redundancy liabilities with the transfer of these staff & have limited resources to absorb the associated workload **RESULTING IN** financial pressure on the ICB &/or reduced ability to undertake the required contractual management functionality	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 Sept23 update - full review of risk will be required, as TUPE issues did not largely emerge. Nov-23 update: 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 will work ad hoc under a contract for service PROPOSE CLOSURE OF THIS RISK		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.		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**

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:**	**23/11/2023**	
Report Title:	**Primary Care Transformation and Integration update**				**Agenda Item:**	**09**	
Report Author(s):	Roshina Khan, Philip Sweeney, Cathy Galione						
Report Presented by:	Roshina Khan, Philip Sweeney, Cathy Galione						
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]**	< Please identify from the five ICB Strategic Objectives and list below > ▪ Support our communities and places to be healthy and sustainable ▪ Support our residents to maintain healthy lifestyles ▪ 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						
Key questions for the ICB Board / Committee:	< Please list two / three key questions for the ICB Board / Committee > ▪ N/A ▪						
Report History:	< Group/Committee where previously reported, including date and any recommendations, if none then state N/A > ▪ Monthly Primary Care Place update						
Executive Summary:	< Provide background, context and key points from the paper > This paper provides the board with a monthly primary care transformation update for each of the 3 Places (East and North Herts, South and West Herts and west Essex). The key areas covered are: Proactive Care - Integrated Neighbourhood Teams Health Inequalities						

	Long Term Conditions Same Day Access Enhanced Commissioning Framework Winter Planning			
Recommendations:	< Outcome required from Board / Committee > ▪ For the board to note the progress made in each Place in respect of Primary care transformation.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	*N/A*			
Risk: *Link to Risk Register*	*N/A*			
Financial Implications:	*N/A*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

South West Herts Place Primary Care Update

Nov 2023

Key Information:

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

Examples Of Best Practice

- 100% care home patients have received COVID vaccination

Modern general practice (MGP) transition funding

- 40 practices have submitted bids - approved
- Priority list to be agreed for SLF Visits
- Total triage in place within 9 practices

Primary care recovery and winter planning

- All PCNs have submitted Capacity & Access Plans continue support with delivery of these plans
- 15 practices signed up to GP Improvement Programme & 3 PCNs
- Active encouragement for remaining practices to join Cohort D & E
- 1 practices 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 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.

Long term conditions

- 5 SWH 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 (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
- 406 ARRS claimed for April 23
- High level of WTE Clinical Pharmacists & Care Coordinators
- Recruitment & Retention challenges exacerbated by competing with London Weighting & Locum use

Enhanced Commissioning Framework

- ECF Dashboard (Q2 Data) to be shared at Locality Forums Bimonthly
- Key Areas of achievement
- Four practices identified for support to increase hypertension detection and management. 3 out of 4 meetings held; targets agreed, and CVD chosen as ECF disease detection area, ICB to review in Marc 24'.

Health inequalities

- Dacorum INT working collaboratively with Dacorum Borough Council to identify priorities and ensure less duplication and integrated working.
- 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.
- Hertsmere Early Cancer Diagnostic Project fully integrated project with Hertsmere Borough Council – nominated for HSJ awards.

Same Day Access

- Hertsmere business case in progress – discussion taking place with Royal Free on funding.
- OPEL reporting regularly exceeds 60% and provides measure for informal discussions with practices re access

Integrated neighbourhood teams and proactive care

- Proactive Care Pilot being carried out in BETA & DELTA PCNs – integrated working with WHHT.
- Hertsmere Minor Illness Bookable Hub Workstream
- Complex Mental Health SMI Health Checks

Anything else to share

- Support to migrants – HWE financial model being revised to align with budget
- Developing approach for Support Level Framework visits

East & North Herts Place primary care update

Nov 2023

Key Information:

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

Examples Of Best Practice

Carer's café running in Hitchin & Whitwell PCN, offering flu and covid vaccinations.
Broxbourne Alliance PCN has recently held a Volunteers Fayre to support INT development and support with integration of Social Prescribing work.

Modern general practice (MGP) transition funding

- 32 practices submitted bids
- Working with 13 practices
- 3 practices not submitted so working with them and consider prioritising for SLF visits
- Total triage in place within 4 practices and further 2 planning to move in line with other practices within their PCN area

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
- 1 PCN commenced GP Improvement programme in July 2024, learning from this is being shared across with PCN/PM Manager's forums.
- 4 practices signed up to GP Improvement Programme with others being encouraged to sign up for next Phase.
- Winter additional capacity agreed with all PCNs and funding released
- Engaging PCN community pharmacy integration leads to support with CPCS uptake

Health Checks

- A steady increase in the number of LD health checks. Actions being taken to address this with regular meetings being held between leads to ensure the ICB has a clear trajectory to meet the overall annual target.
- Place lead, in conjunction with LD nurses, have been emailing those practices that have zero annual health checks recorded within the local data, to understand underlying reason for no annual health checks completed.
- The data provided by BI colleagues is used by wider place colleagues in their meetings with Practice Managers as a point of discussions on LD delivery. There have also been presentations made at PM forums to raise awareness.

Same Day Access

- Stevenage North and Stevenage South PCN's have implemented same day access hubs for their registered population in line with the agreed ICB primary care strategic delivery plan. Work underway to align this with East & North Herts NHS Trust plans to open a UTC at their Lister Hospital site.
- UTC already in operation at the Trust's QEII site and further integration work is being explored.

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

- Oct workforce plans received. Work underway with PCNs who are forecasting underspend due to ongoing recruitment challenges.

Enhanced Commissioning Framework

- Data compiled and being sharing at PCN/locality meetings.
- Key areas where we are on/ahead of schedule or for meeting EOY target include:

CVD: on LLT (exceeded) & ejection fraction recorded. COPD: Care Plan/Gold group done (slightly ahead), Diabetes: BMI done/declined; cholesterol/ACR done; lifestyle advice and NDPP referrals. EOL: Anticipatory meds (almost achieved); GSF prognostic indicators (exceeded) Preferred place of care/death (ahead of target) and resus status recorded or DNAR (almost achieved).

- Key areas for focus in ENH during the remaining 2 quarters are:

CVD: Orbit score, review and NYHA classification. COPD: Gold stage done. Diabetes: 8 care processes + UCLP high risk. Frailty: All indicators need significant work. EOL: GSF status if severe COPD, HF, CKD or frailty, Frailty various indicators. MH & LD: Health Check/Action slightly behind but in line with ICB averages.

Health inequalities

- Range of projects within PCNs, with some continuing with the small-scale, targeted approaches developed in 2022/3.
- Other PCNs participating in broader areas of work that reflect Core20+5 national priorities.

Integrated neighbourhood teams and proactive care

- Collaborative approach to delivery with our Health & Care Partnership – 2 PCN's selected as vanguard PCN's.
- Initial workshops held with outline plan in place for 1 INT – further engagement work required with second PCN to progress to second workshop during November 2023.
- Culture leadership programme commenced during Summer of 2023 with further targeted sessions early 2024.

Anything else to share

- Support to migrants – HWE financial model being revised to align with budget
- Working with Hoddesdon & Broxbourne PCN on due diligence to take on delivery of GMS contract for The Limes Surgery. National interest in this approach by the ICB.

West Essex Place primary care update

Oct 2023

Key Information:

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

Examples Of Best Practice

- 100% care home patients COVID vaccination
- Integrated UTC live 1st Nov
- Dementia diagnosis
- Good engagement with INTs

Modern general practice (MGP) transition funding

- 27 practices submitted bids
- 17 approved
- 3 practices not submitted, will prioritise for SLF visits
- Total triage in place within 4 practices and 5 moving to

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
- 3 practices signed up to GP Improvement Programme (Eden, Lister, Nuffield)
- 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

- We are a distance from the ECC target although achievement has improved when comparing to 22/23 (although other Essex ICBs have improved more). Working with practices on an individual basis to promote Provide support offer and address any barriers to improvement.
- 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.

Same Day Access

- UTC in Harlow delivered by provider collaborative has gone live 1st November as planned. Extensive planning, implementation of due diligence process, and support to system partners to form provider collaborative undertaken between March and October to achieve this. Excellent example of system partners coming together quickly to mobilise a new model of care. Regional interest in the approach.
- LB&C PCN enhanced/same day access hub – flexible to support with demand e.g. r 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

Enhanced Commissioning Framework

- ECF Q2 data compiled and sharing at locality meetings.
- Key areas where we are doing well include CVD on LLT, diabetes lifestyle advice and NDPP referrals, EOL GSF prognostic indicators and resus status recorded/DNA CPR.
- Key areas for focus during the remaining 2 quarters are COPD Gold stage, CVD Orbit score and review, Diabetes all 8 care processes and UCLP high risk, EOL GSF status if severe COPD, HF, CKD or frailty, Frailty various indicators, MH LD various.

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).

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

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).

Anything else to share

- Support to migrants – HWE financial model being revised to align with budget
- Developing approach for Support Level Framework visits

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:**	**23/11/2023**	
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:	Avni Shah, Director Primary Care Transformation						
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

4.1 PCN Capacity Access Improvement Payment Plans (CAIPs)

In June and August 2023, Primary Care Commissioning Committee and Primary Care Board were the national requirements under the Capacity and Access Guidance for 2023/24 which was distinguished in two-part payments as outlined below:

- **Capacity and Access Support Payment** calculated at 70% payment made unconditionally to PCNs in 12 equal allocations over the 2023-24 financial year.
- **Capacity and Access Improvement Payment** at 30% payment which will be paid in full, or in part, to PCNs following delivery of an improvement plan at the end of March 2024 and paid before August 2024.

From May 23 onwards, the ICB have been working closely to support PCNs in the development of their Capacity and Access Improvement Payment (CAIP) plan by providing baseline data and

a range of on-going support to consider how they will make improvements in the following **three key areas** outlined in the guidance:

- **Patient experience of contact** - through surveys, PCN analysis of data and friends and family tests to patients including engagement
- **Ease of access and demand management** - Cloud based telephony, effective use of online consultation systems including appointment making and support.
- **Accuracy of recording of appointments** by complying with the categorisation guidance (GPAD)

In addition, the ICB have encouraged PCNs to incorporate within their plans the requirements outlined within the **Delivery Plan for recovering Access to primary care**; through *empowering patients*, *modernising general practice, build capacity and cut bureaucracy*.

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.

4.2 Primary Care Access Recovery Plan – PCN Actions

As per the July briefing note, HWE ICB was to ensure that it's system-level plan will include summary of PCN actions including: -

- An overview of PCN CAIPs and assurance that all required PCN actions have been included/covered in system-level plan
- Delivery confidence for all aspects of the recovery plan, i.e., empowering patients; implementing modern general practice access; building capacity; cutting bureaucracy
- Description of support and training offers, and details of individual practice/PCN up-take of those offers
- Consideration of the key challenges and risks identified by PCNs, and their mitigations

4.3 Primary care Access Recovery Plan – ICB Actions

Similarly, there are a number of ICB actions which need to be included:

- The delivery approach for all aspects of the delivery plan for recovering access to primary care, i.e., empowering patients; implementing Modern General Practice; building capacity; cutting bureaucracy
- The actions the ICB will take to improve the primary-secondary care interface, including the four key areas set out in the recovery plan with clear leadership responsibility at Primary Care Board level through the Primary Medical Partners across HWE
- The HWE plan to support signup and implementation of the pharmacy Common Conditions Service, including reviewing of existing locally commissioned services to ensure strategic fit – this has been the implementation of Community pharmacy consultation service which has a good uptake across HWE but also being proactive in progressing with Patient Group Direction (PGD) service for Urinary Tract Infections (UTIs) delivered through community pharmacies following huge success in Dacorum and Hertsmere localities.
- That "scaling opportunities" and a coordinated approach to procurement has been considered for digital offers/platforms, and that the business change required for the

implementation of digital tools has been considered – this has been the roll out of Accurx and E-Consult across HWE prior to the launch of Primary Care Access Recovery Plan. The plans are to build on the success of this and what else can be commissioned at scale including national guidance on Accubook for future and roll out of ARDENS for templates and referrals tools such as DXS and Ardens referral management.

- How the Support Level Framework has been used with practices and PCNs to identify support needs – work in progress
- How the ICB is leveraging and ensuring maximum uptake of national transformation support and training offers, including ensuring participation from PCN/practices that need support the most – encouraging more practices on GPIP
- ICB plans to support and build workforce in HWE, including supporting PCNs to use their full ARRS budget, delivering GP retention schemes and promoting national health and wellbeing offers
- How the ICB is building improvement capability and capacity within and across the system, including sharing learning across the system? – implementation of same day access plans in Stevenage/Harlow and working through Hertsmere initially as outlined as high priority areas in the urgent care strategy too.

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

November 2023

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

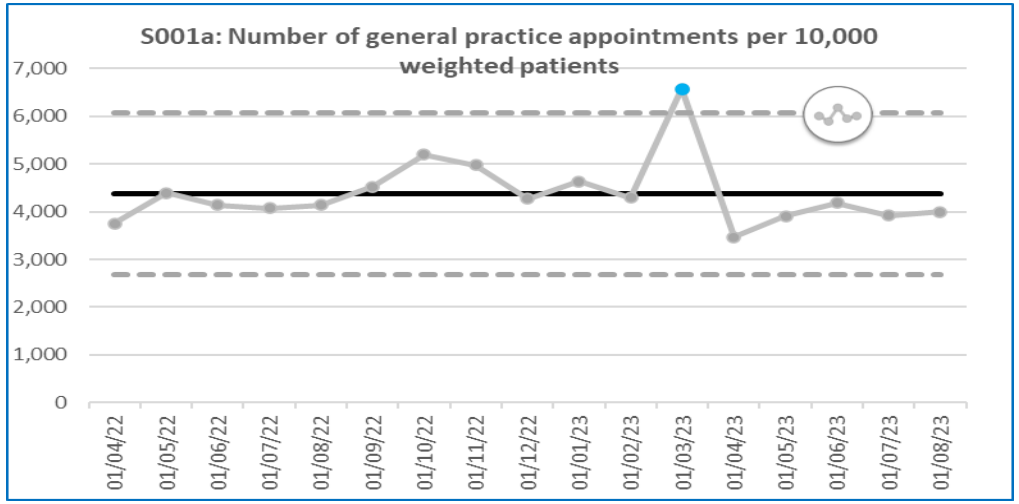
National Long term Workforce Plan 2023.

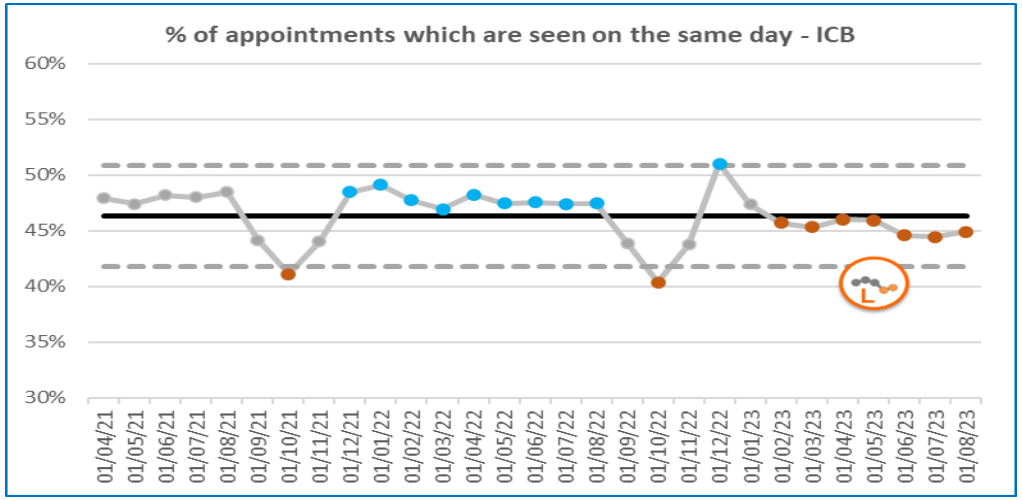
Cut bureaucracy

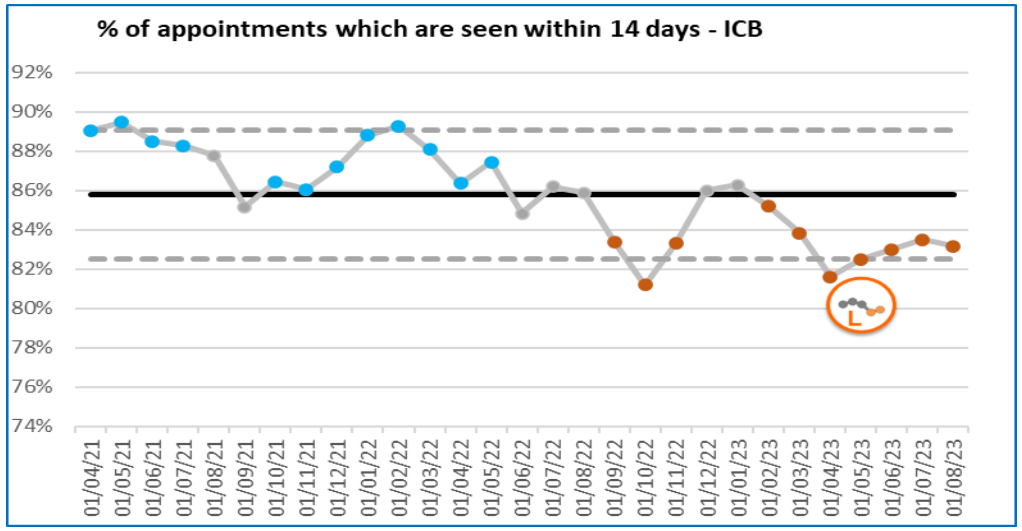
Reducing the workload across the interface between primary and secondary care such as how we can use digital technology for prescriptions, increase self referrals for a range of services; onward referral from specialists and maximising the use of shared care records to obtain the relevant information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

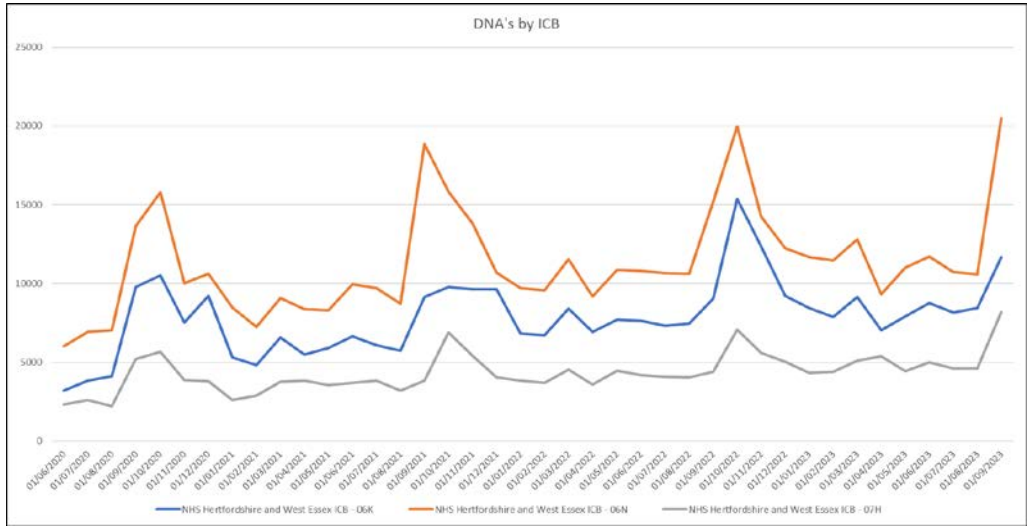
Our primary care strategic delivery plan picks up the key requirements of the NHS England recovery plan

Primary Care – GP appointment activity including DNA

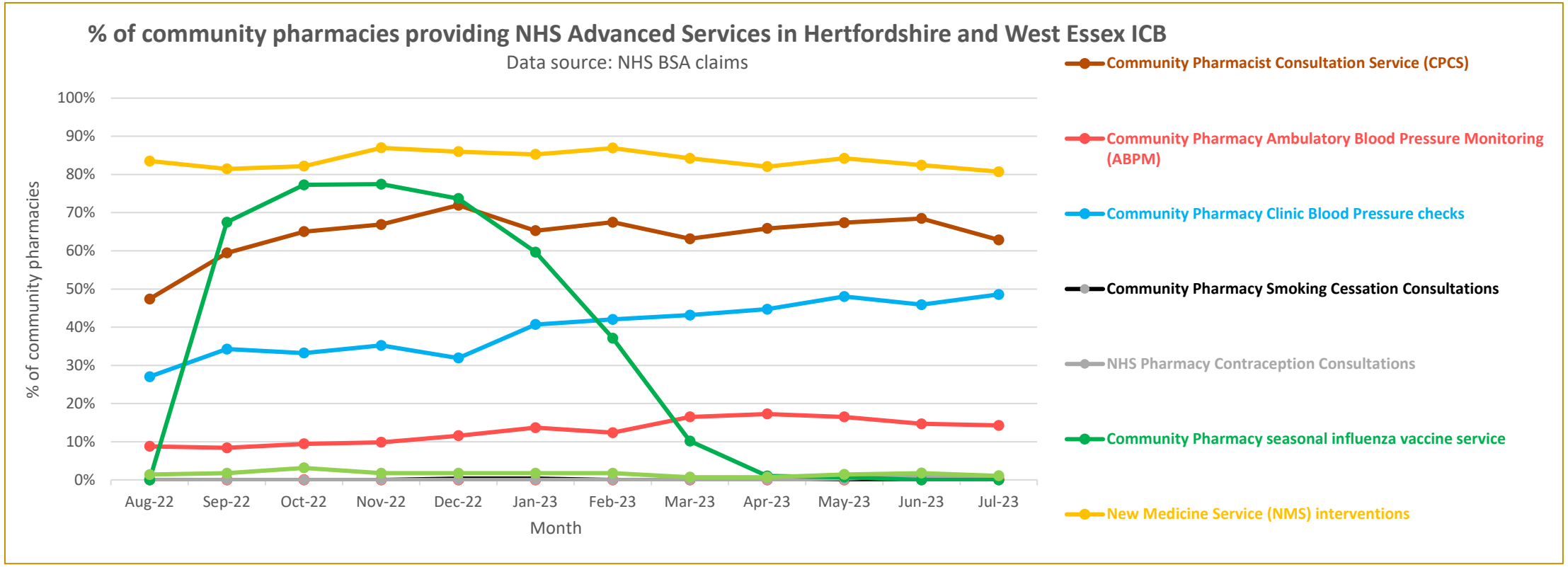








Current Variation of Advance Services across community pharmacies



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 this

ICB	Place	Live	In Progress	Not live
HWE	ENH	18	10	21
HWE	SWH	36	7	8
HWE	WE	20	6	4
	Totals	74	23	33

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 – September 2023 - Developed public facing communications campaign – finalising content

How are we going to promote the NHS App?

Send an SMS out to Eligible Patients informing them of Messaging Changes

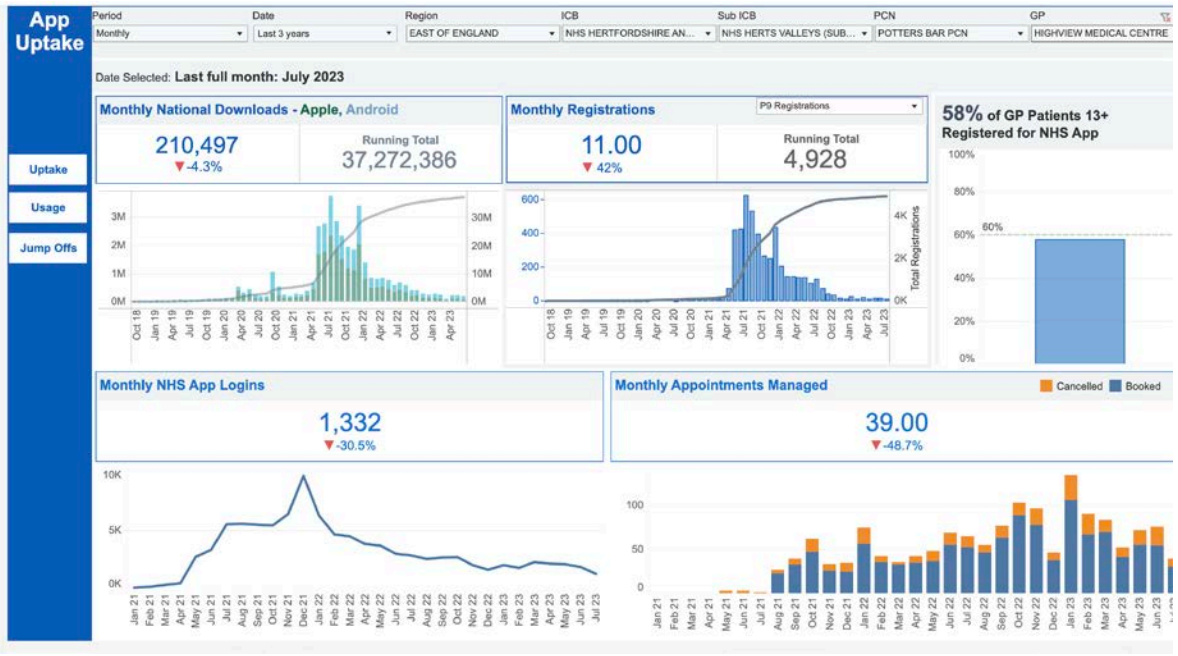
Patient posters in the waiting room.

Patient info screens'.

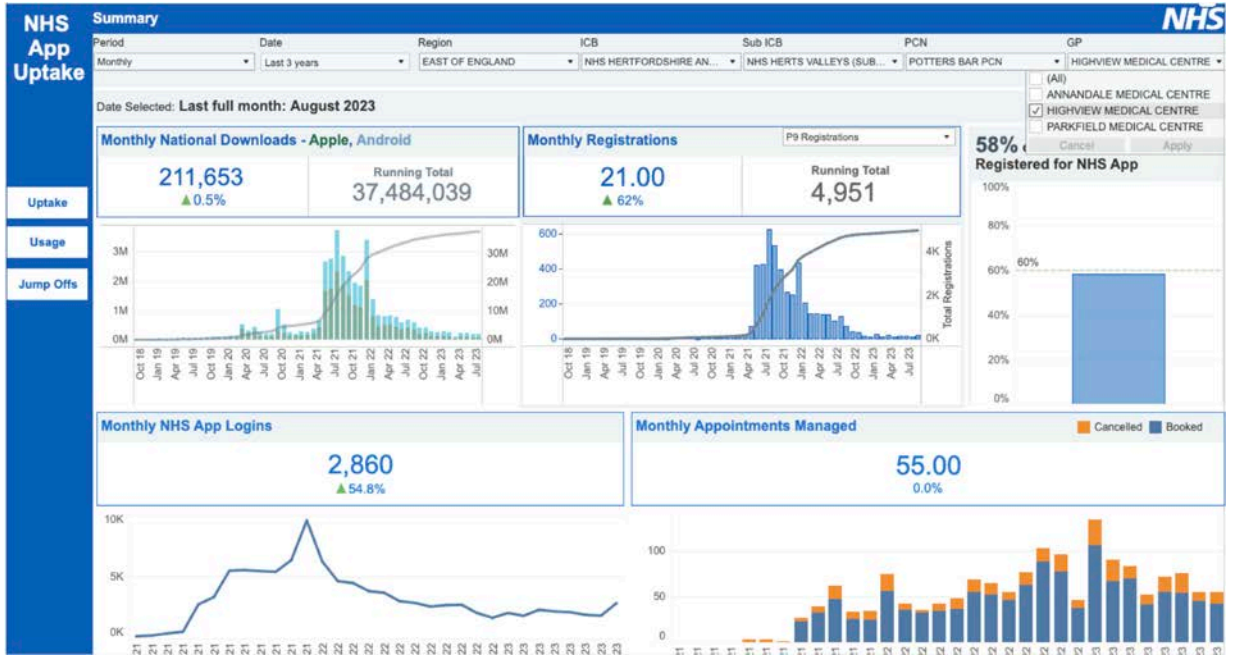
Twitter - Social Media Campaign

- December 2023 onwards –
  - meet with Patient Engagement Forum to understand how we can work with them to promote App uptake and usage
  - 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

Highview Surgery – Application usage

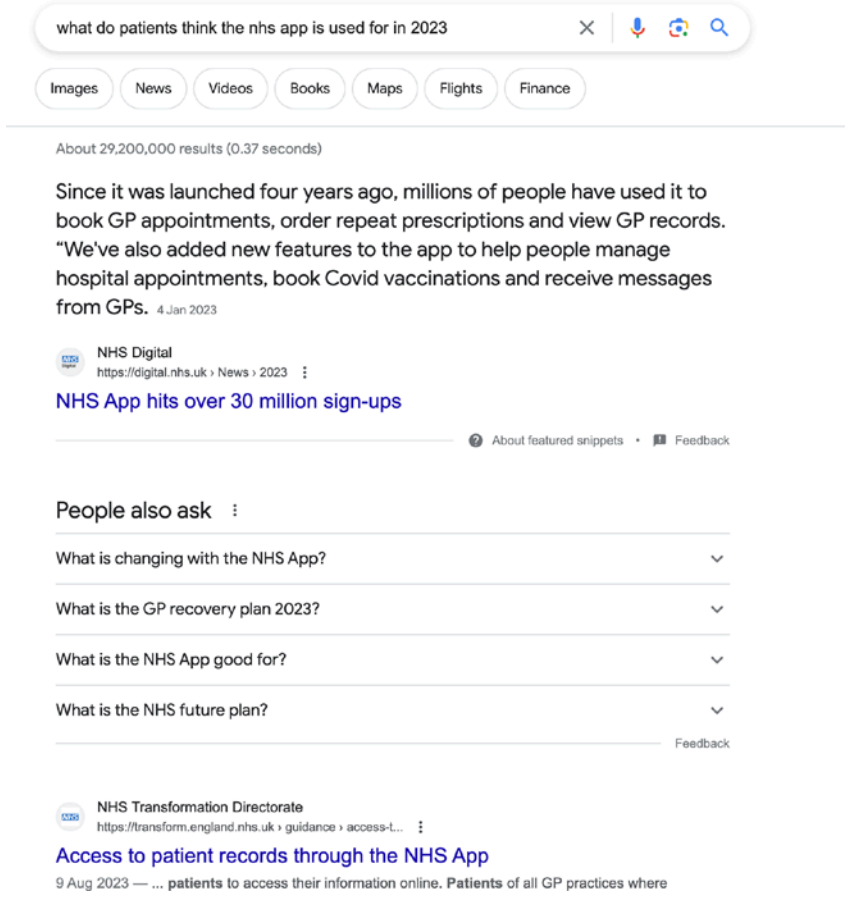


Highview - When we started the project NHS app logins were down 30.5%, Appointments managed online down 48%, Reg down 42% on the previous month



Highview – When we returned after one month, NHS app logins have gone up 54%, Appointments had returned to previous level, Reg was up 62%

What do Patients think the NHS app is used for in 2023?



" I Downloaded the App and saw my Results from the hospital on there, saved me going into the GP – Thanks for that"

"I deleted the NHS app years ago when I found out it was spying in my location"

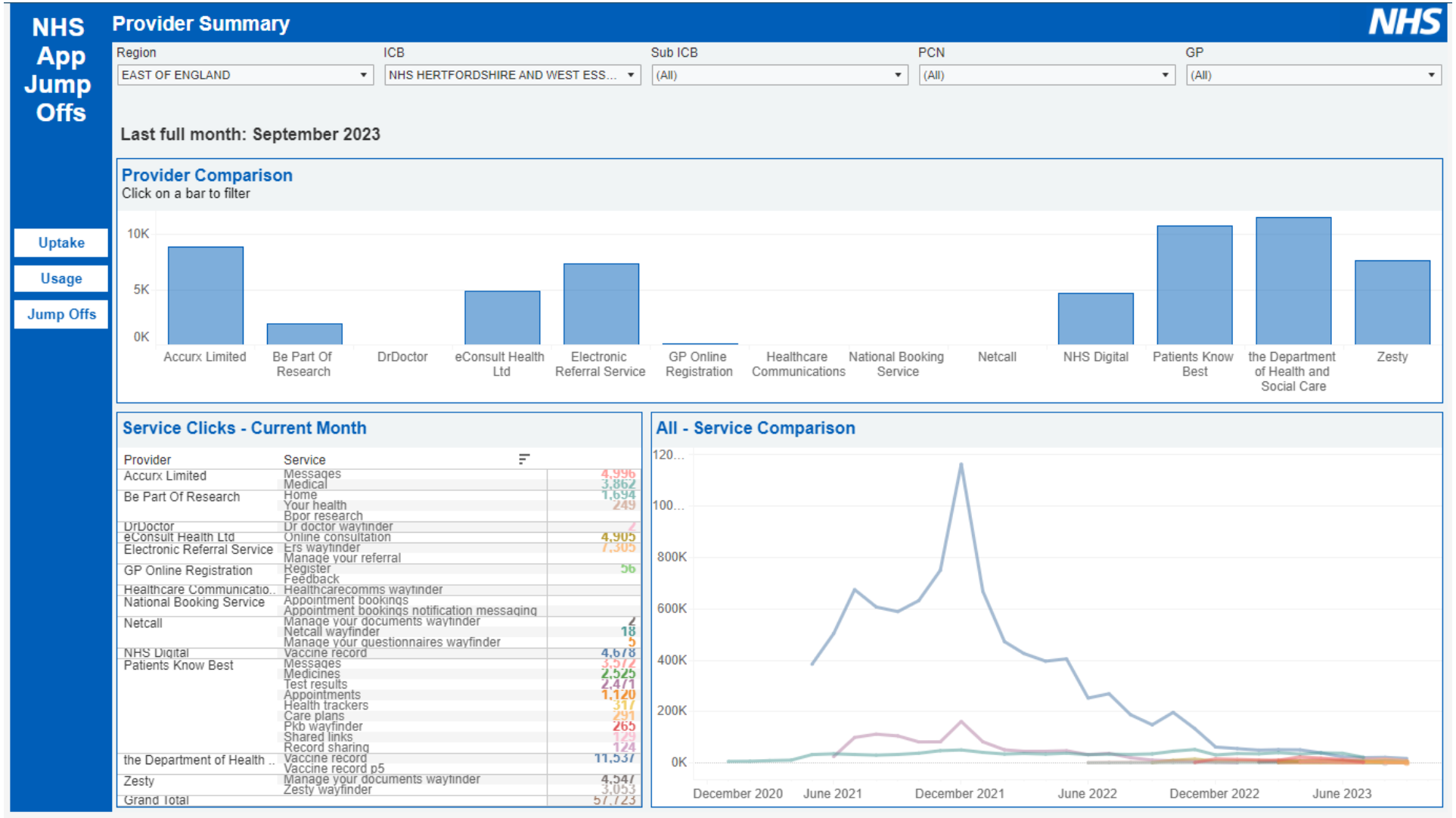
"I didn't even know you could do half those things you told me about"

"I had to go into the Surgery and ask about re-setting my password"

"Yes, I know all that, I log all my problems on there, it's really cool"

"Why is there nothing nationally about all these changes?"

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.

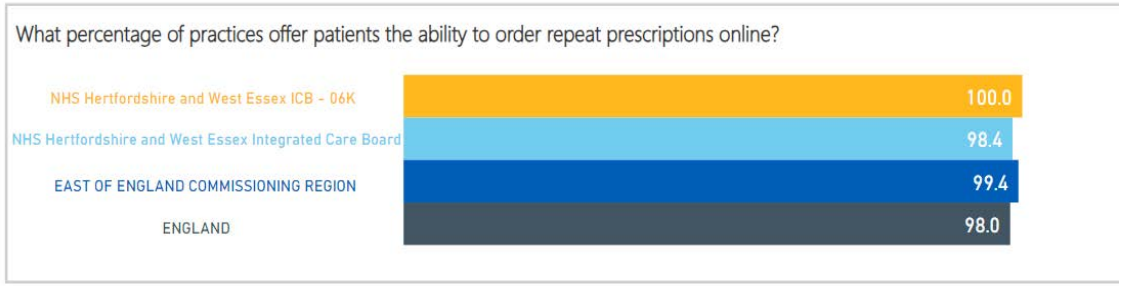
To support these we are working on both patient facing communications (posters, social media, via PPGs) and also education sessions for practice staff so they can effectively support patients in the NHS App use.

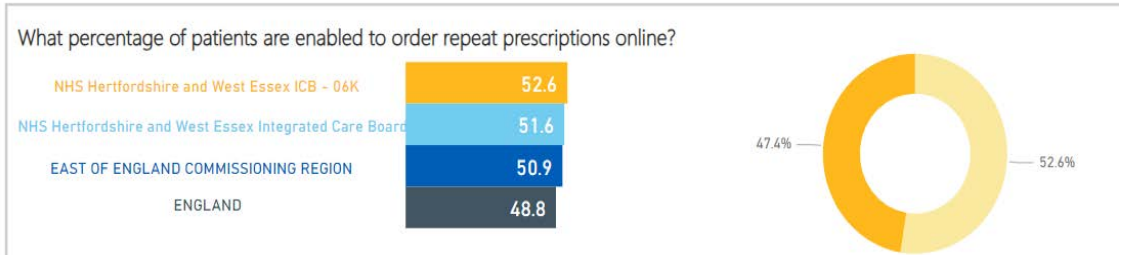
We are working with local authority and voluntary sector providers around running digital training on the NHS App in places such as libraries, practices and other accessible locations.

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

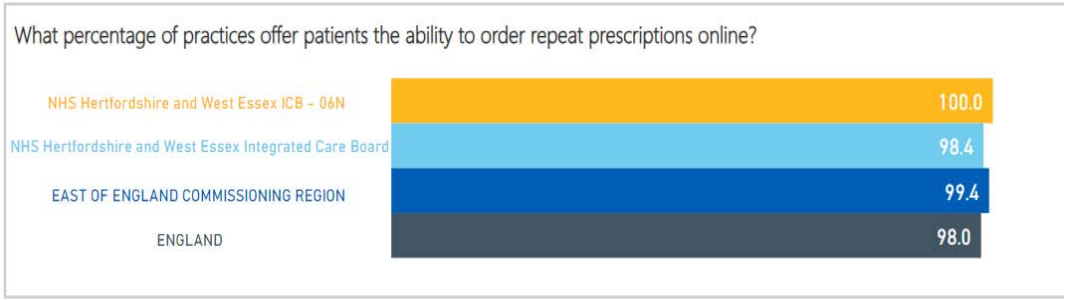
Patient Online Services – Repeat Medicine Applications

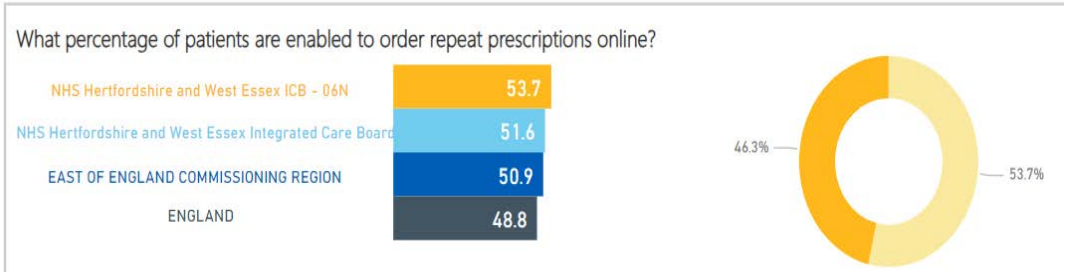
ENH Place



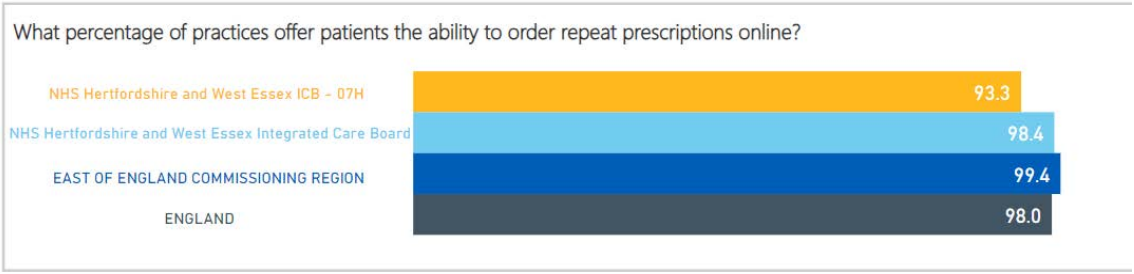


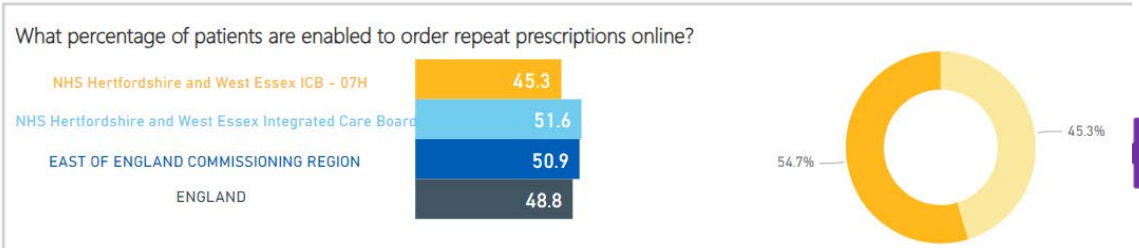
SWH Place





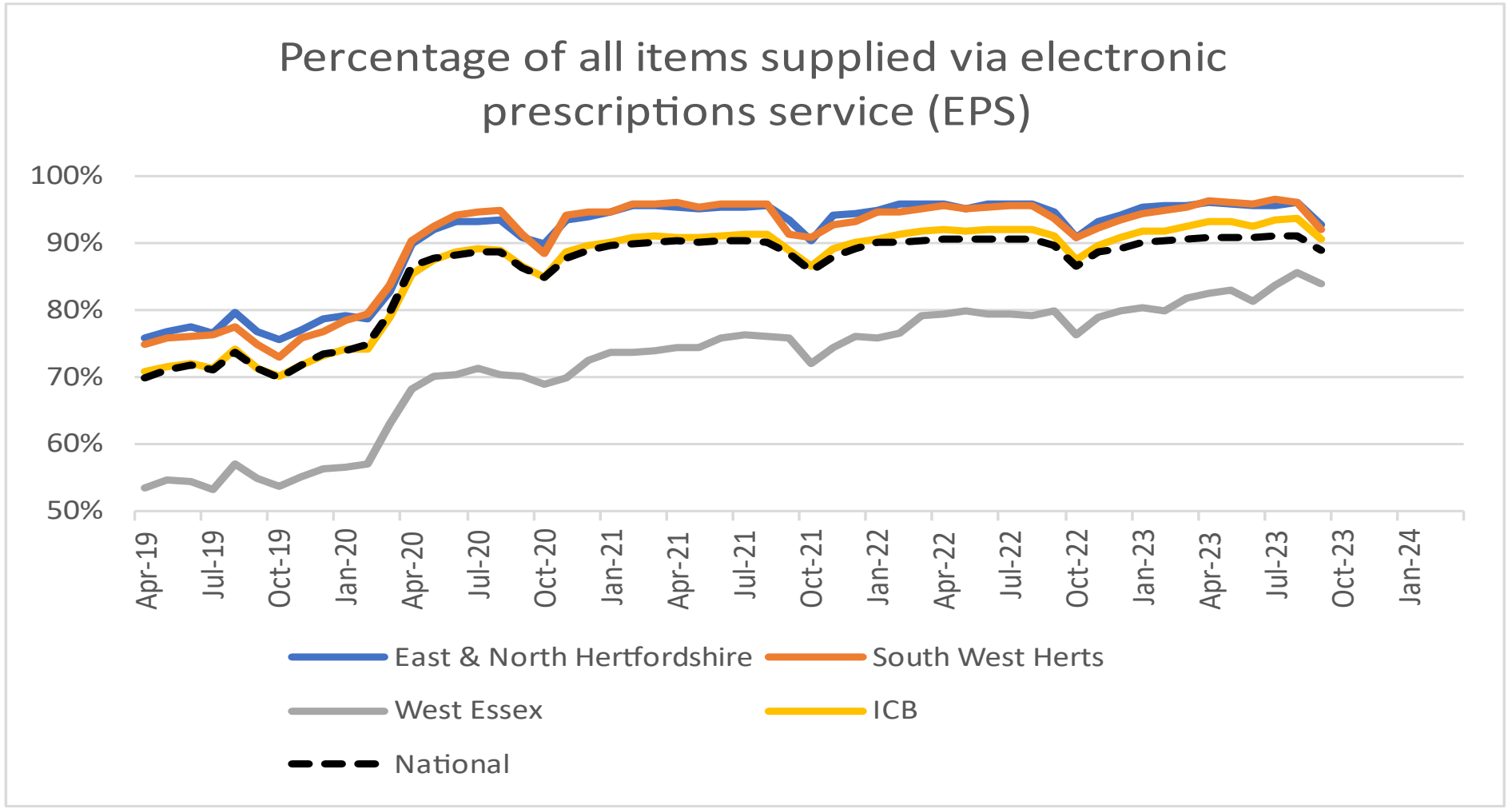
WE Place





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



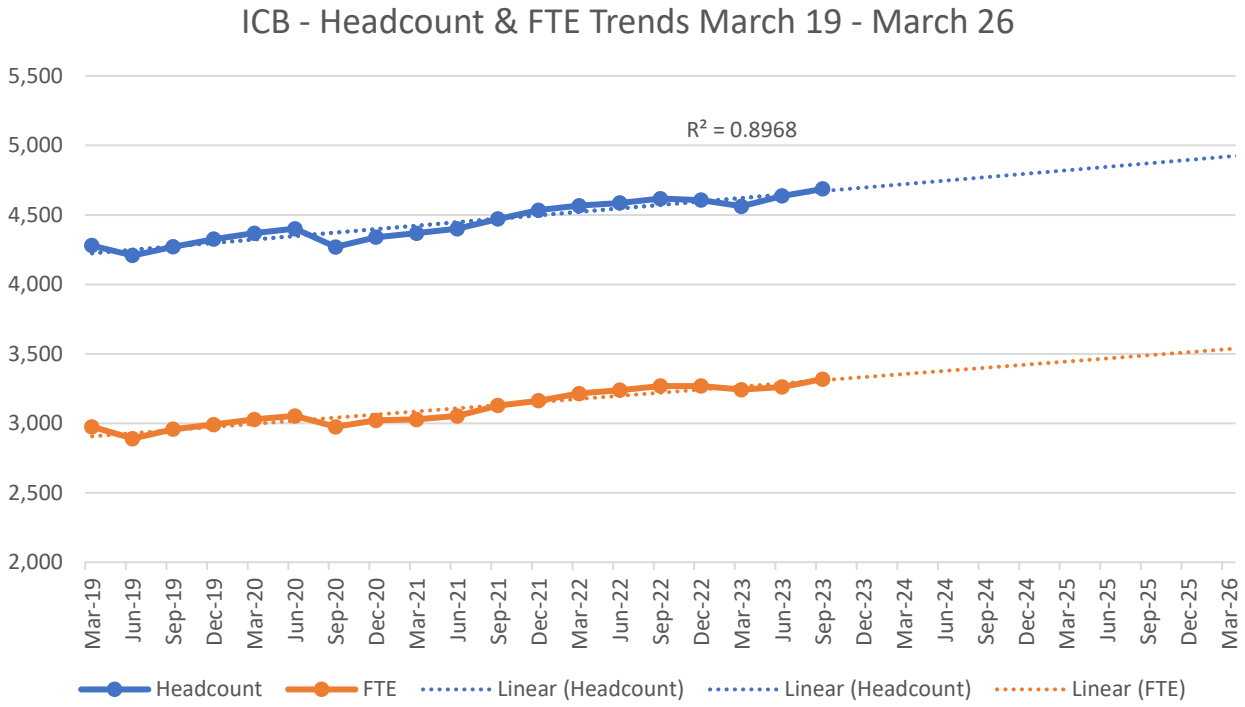
EPS allows a practice to send a prescription electronically to a pharmacy for a patient to collect the medication.

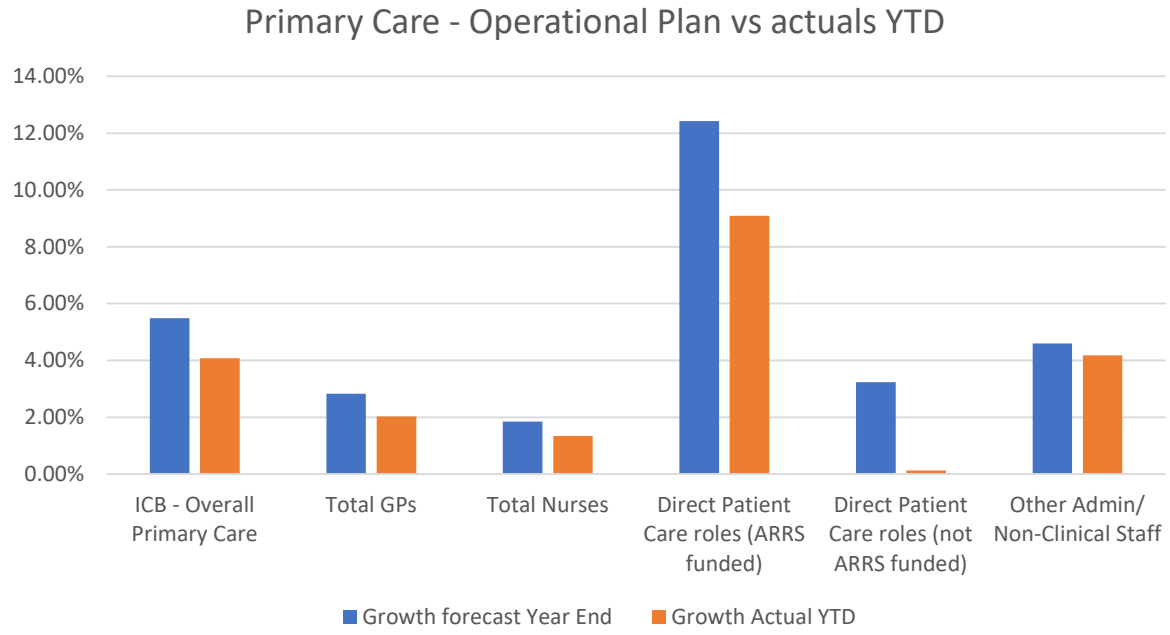
Whilst focus is on the NHS APP for patients to repeat medication teams are also looking at improvements in EPS across HWE and how this improves access and also improves efficiency within the practice.

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

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

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As of the 31st March 2023 there were 25 Training Practices
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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.

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.
- Individual practice website review is underway to ensure self referral information is preferably highlighted on the opening website page and appropriate links easily accessible to patients
- Continue to work with our patient representative groups & VCFSE to help raise awareness of available services & pathways
- 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.
- Based on the IAPT model, this would reduce bureaucracy and empower patients to take self-responsibility and support how we communicate out to patients to be clear what is accessible as self referrals, patient initiated follow up and via sign-posting.

Empowering Patients – Community Pharmacy

Planned next steps

- Continued work on CPCS service with target approach via the PCN Community Pharmacy Clinical 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 UTI pilot across HWE over winter while we await the National Pharmacy Scheme (Funding from the recent non recurrent – NHSE)

Findings from the pilot include:

Data analysis has shown good uptake (202 consultations from 3 months and good referral rates via CPCS from GP practices (68%).

•Consultation outcome

15/202 patients were excluded from PGD provision and referred to other HCP. (1 hypersensitivity to nitrofurantoin, 1 breastfeeding, 6 previous treatment in last 3 months, 7 other exclusions).

Dipstick – 22 urinary dipsticks were carried out. All but one was positive (likely/possible)

16/202 (8%) patients recorded as referred on to GP, PGD excluded

•5-day follow up

60% of patients have follow up calls recorded 5 days post consultation but follow up calls to community pharmacies show that not all follow up consultation data has been entered for analysis. Patient feedback on the service has been positive (77% very satisfied with service and 23% satisfied). 171/202 (85%) patients received treatment with an antibiotic via PGD; 98% received nitrofurantoin. All patients followed up reported they followed the advice they were given.

Implement New Modern General Practice

Access Improvement Plan

- All 35 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 – next slide

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

c. enrolling for the National GP Improvement Programme (19 practices and 4 PCNs)

d. Plan for Support level framework

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. testing triage models

h. 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

Actual number of practices to upgrade is 28

Feedback from practices through evaluation

Call queuing		70.59%
Ability to transfer calls (within the practice, or across sites)		41.18%
Automating your appointment system		5.88%
Integrating with your GP system		58.82%
Integrating with your online system (i.e. Accurx, e-consult)		11.76%
Automatic call-back feature (i.e., caller retains place in queue but gets auto call-back)		41.18%
Ability to use all functionality from home/offsite		52.94%
Stats that enable you to check usage and make improvements		70.59%
Call "wallboard" to see phone call traffic in real-time		58.82%
Other (please specify):		23.53%

Demand and Capacity

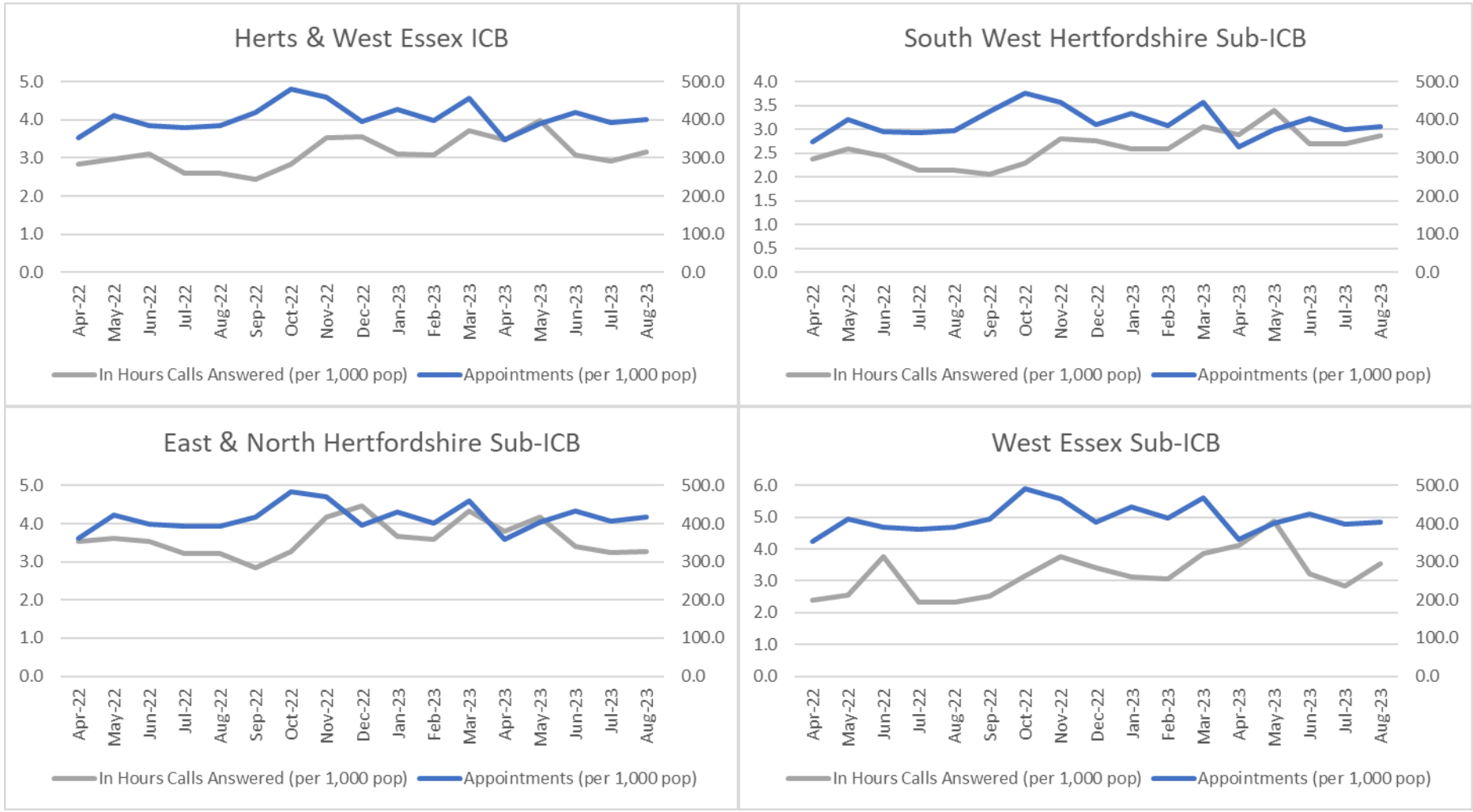
Benefits and challenges with OPEL reporting in general practice

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

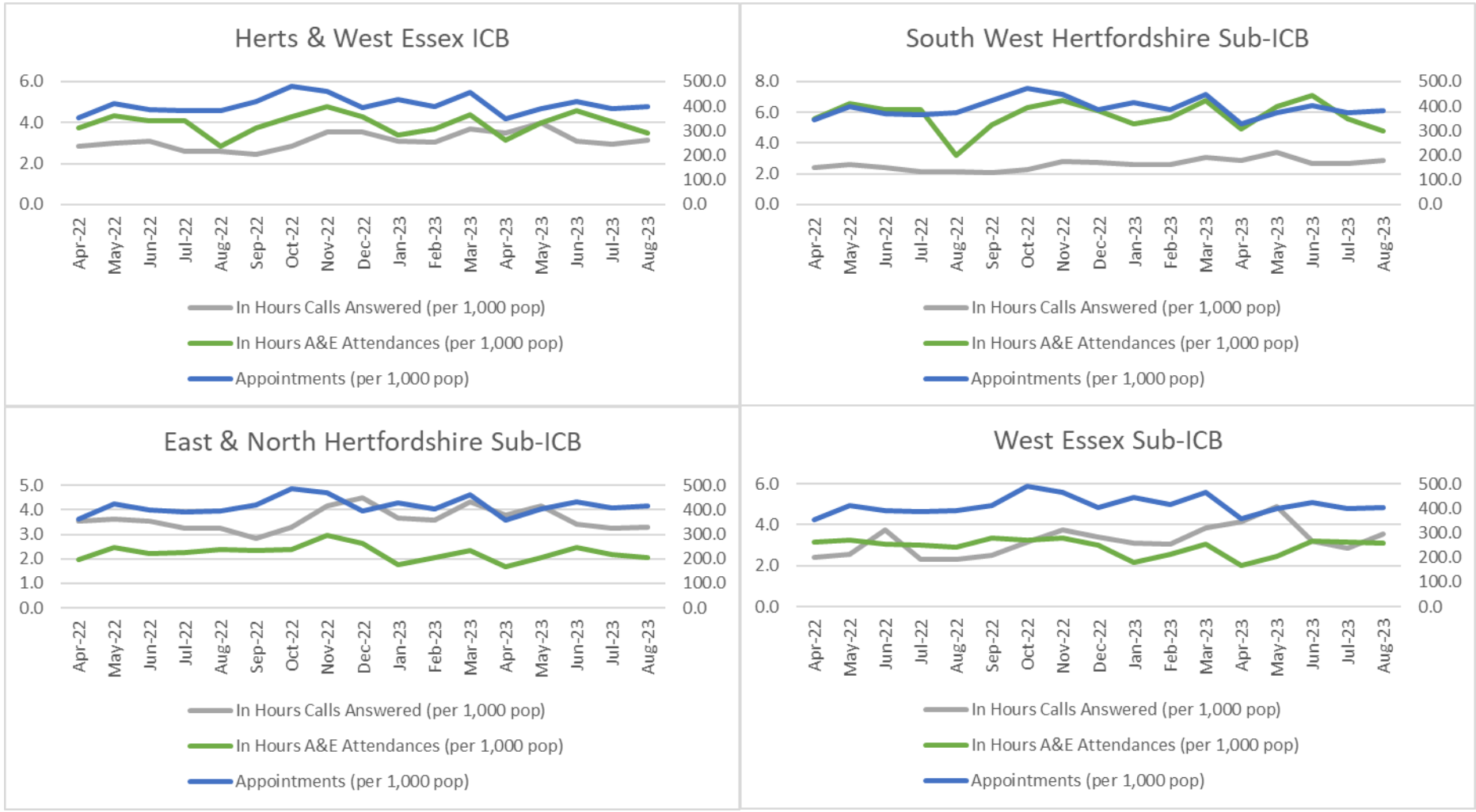
The purpose is still about how this informs the system on the demands on general practice as part of the system

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

Winter 23/24

To support the system we have continued with 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.

The key focus areas to consider are:-

- **Partnership working** - We are asking practices/PCNs to provide additional capacity while considering how that funding can be best used to meet the needs of local population e.g. additional same day access hub working/appointments to ensure planned care is maintained, or extension of enhanced access provision to support planned care whilst all other appointments become same day. Considering working more closely with system partners e.g., more direct bookings from 111 triage, integrating with community partners including rapid response/prevention of admission or local community pharmacies to support enhanced care for minor ailments.

- **Same day access hubs** - Learning from the evaluation of respiratory hubs in 22/23, to be truly effective, these need to be embedded at PCN level or locality within core, enhanced access and additional capacity, and to cover the full range of potential presenting symptoms to be able to respond to any surge in demand, not respiratory alone, and to cover all ages, not adults alone. We are keen for PCNs to design their model for managing surges in demand, locally, based on local data and knowledge.

- **Phasing** - The funding can be utilised between 1st October 2023 and 31st March 2024; however, we would suggest practices/PCNs consider whether they wish to phase the capacity over the 6 months or retain some capacity to manage unexpected surges in demand during the winter. The capacity can be used in a hybrid approach between practices and same day access hubs, again phased during the 6mths, e.g., hub only operating at peak times.

- **Workforce** - To maximise the funding available, PCNs should also consider how existing and additional appointed workforce for winter support the winter demands.

Proposed Winter Plans to Date

Place	Submissions to date	Delivery model	Total appts	Planned workforce	Any other comments
WE	5 out of 6	3 x practice delivery 1 x hybrid (retaining 20% capacity for surges) 1 x PCN GP locum team working in practices	21,670	Mainly GP or GP locum	Hybrid – LB&C GP locum team – NUTTs
ENH	9 out of 12	5 x practice (1 PCN retaining some capacity for surges) 1 x hybrid (1 using Medloop,) 3 x PCN hubs (incl supporting with surges/OPEL 3-4)	32,040	Mixed, mainly GP with some ANP, HCAs	Hybrid – Stevenage North Hubs – Icknield, Stevenage South, Hertford & Rurals Hitchin and Stort Valley PCNs – practice provision with existing hub to support during surges
SW	14 out of 16	14 x practice (1 retaining 20% capacity for surges)	38,497	Mixed - GP, ANP, nurse,HCAs. 3 PCNs using ARRS staff too	Potters Bar - developing UTC offer in Hertsmere, PPG engagement and work with AGE UK re digital literacy Attenborough – Mon-Sat appts

Winter – Ongoing Industrial Action

Industrial Action Support

A pilot was agreed to identify suitable support, by the ICB, to Primary Care, the aim of the pilot is to test support for possible events by creating additional appointments in general practice that were available for ‘on the day access’ for patients clinically requiring services. A single payment was given to each PCN to mobilise additional workforce 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

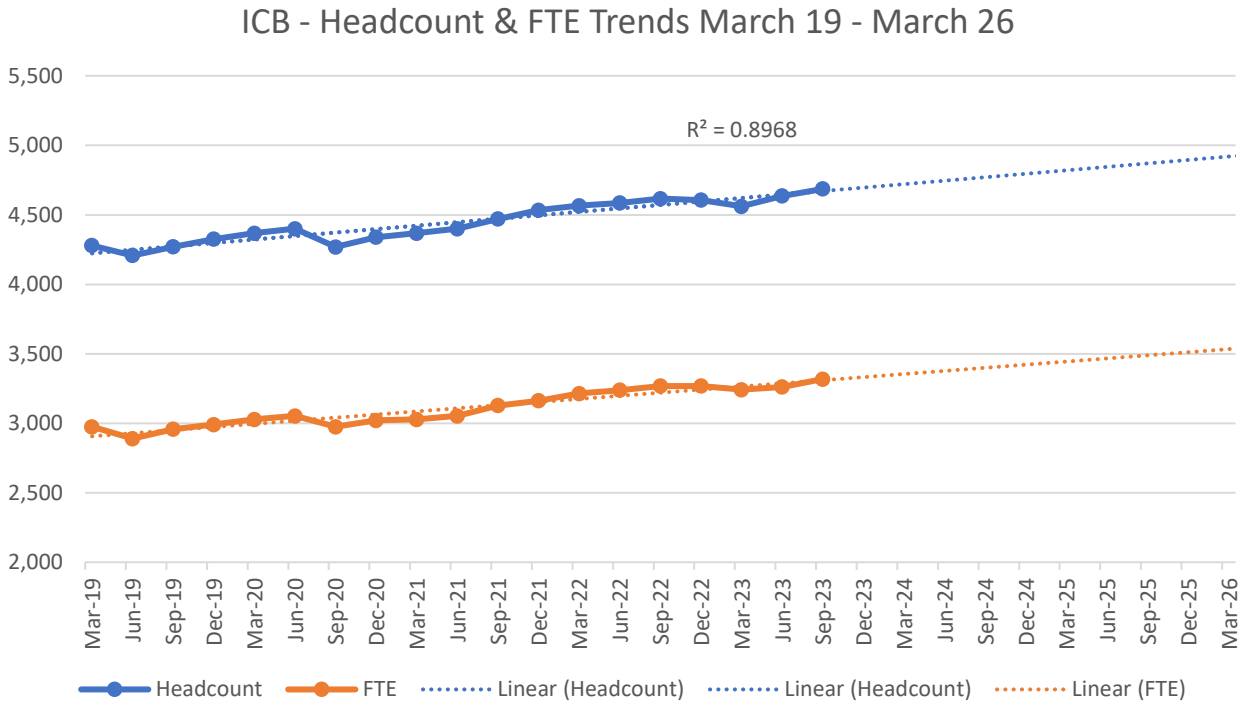
Education, Talent and Leadership Development

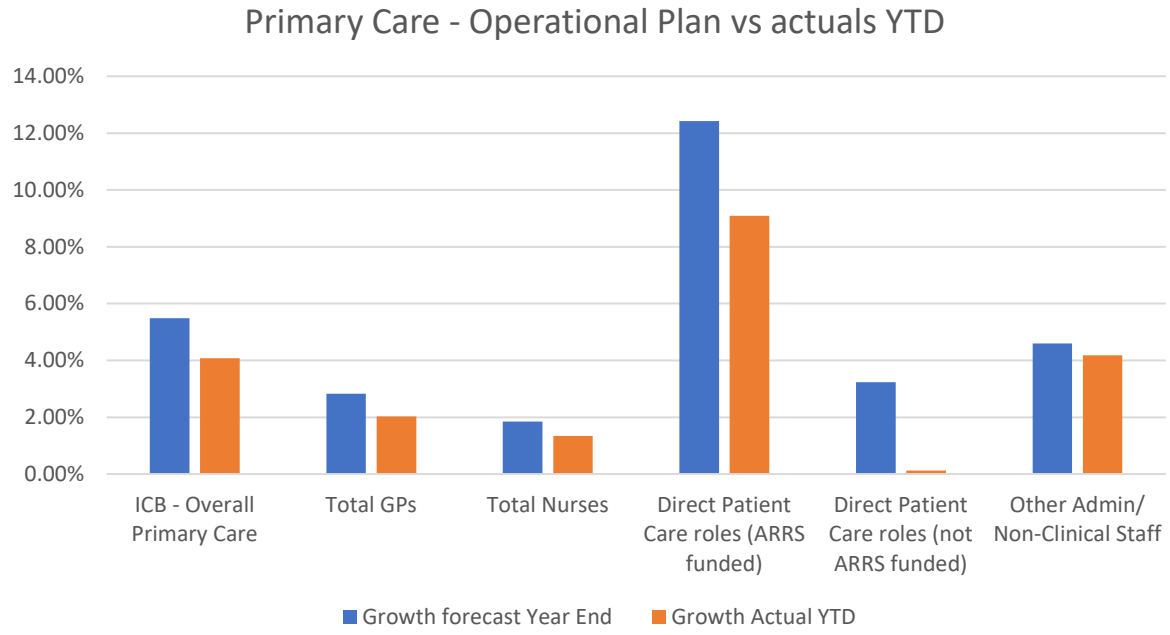
- Embed a culture of training and developments across Primary care – PCN education teams, development of Community pharmacy Clinical lead per PCN
- Enhance apprenticeships in primary care
- Primary Care Awards
- Career Development and integrated roles development

Hertfordshire and West Essex Integrated Care System

Primary Care Workforce Update

Performance against Operating Plan – showing a steady increase overall





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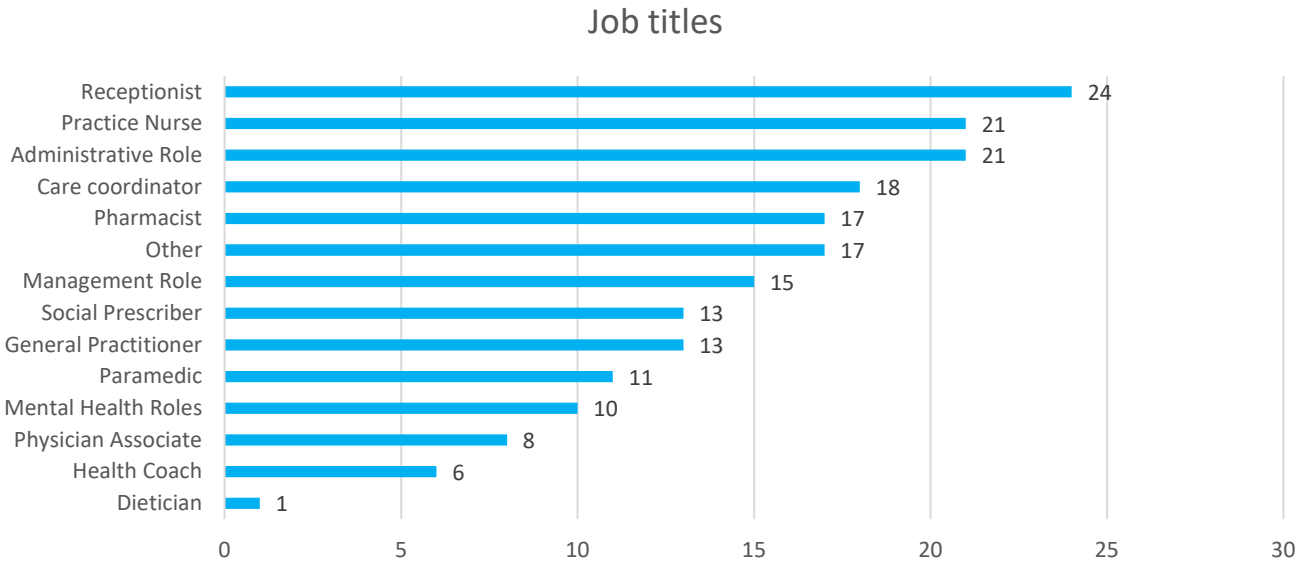
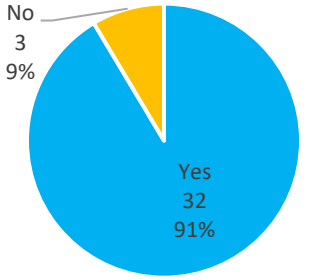
Primary Care Workforce Update

PCN Education Training Teams - HSJ Awards Finalist – Patient Safety Award 2023

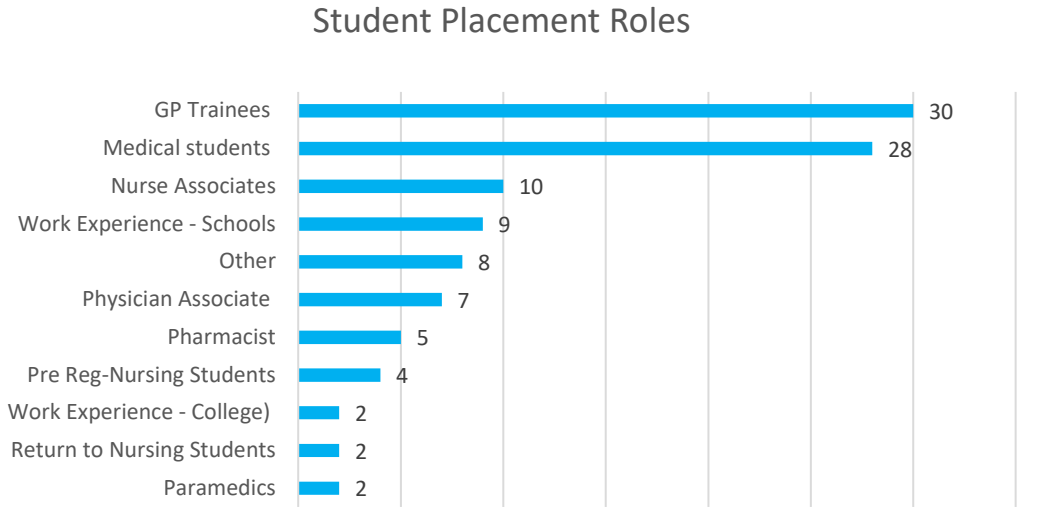
HWE Training hub have been finalist at the HSJ Award for the ‘Primary Care Initiative of the year’ for the implementation of 35 PCN Training Teams across the ICB to support the delivery in four key areas of responsibility: workforce education, professional support and development, workforce sustainability and planning and future workforce training and education.

6monthly reporting – example of new starters in the last 6 months





Percentage of PCN who had student placements



Hertfordshire and West Essex Integrated Care System

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

Primary Care Workforce Update – Recruitment and Retention

HWE Primary Care Careers Fair 2023

- The HWE primary care careers fair held on 21 September 2023, 10:00 – 14:00 pm at The Fielder Centre, Hatfield, Hertfordshire.
- There was the option of one to one support with CV/interview skills and various careers talks ie Apprenticeship programmes, Allied Health Professional describing their journey in Primary Care, non clinical roles and Herts and West Essex as a place to live and work.
- Over 200 people attended including schools who brought kids to the fair for children to learn more about future career.

Enhanced Fellowship Programme

- Building on the success of the previous years scheme, the Enhanced GP Fellowship programme has been launched. To date we have already had 19 expressions of interest.
- A number of specialist areas are being sort, they are 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. Discussions in place with East and North Herts Hospital Trust and West Herts Hospital Trust.
- Teams are working closely with the Medical Directorate in order to ensure there is a joined up approach and we prioritise as outlined in the clinical areas. Evidence from previous year has indicates 85% of the GPs who enrolled in the programme are currently still practicing across HWE ICB as a GP showing good retention and some also continuing to enhanced work in the specialist area part time.
- Further work on testing AHP and Nursing fellowship pilot underway

Primary Care Workforce Update – Celebrating Primary Care Workforce

Primary Care Awards – HWE Celebrating Primary Care Achievements 2023

The awards ceremony took place 11 October 2023, 7:00 – 8:30 pm.
Nominations received for all categories. In total 79 nominations received. All winners announced and the links provides further detail. Idea is now ideas are shared across to adopt best practice.

Award	Nominations received - Totals
Digital Transformation	7
Excellence in Patient Engagement	9
Excellence in Supporting Staff Health and Wellbeing	5
Excellence in Training and Development	17
Integration and Collaboration	8
Leaders in Innovation	6
The HWE Community Pharmacy of the Year 2023	4
The HWE Dental Practice of the Year 2023	2
The HWE General Practice of the Year	3
The HWE Ophthalmic Service of the Year 2023	3
The HWE Primary Care Network of the Year 2023	8
The HWE Team of the Year	7
Grand Total	79

website link
https://hertsandwestessex.icb.nhs.uk/news/article/122/celebration-and-recognition-for-primary-care

News of Stort Valley and Villages PCN's awards win at the HSJ awards:
website
https://hertsandwestessex.icb.nhs.uk/news/article/130/gp-led-autism-support-scheme-for-hertfordshire-families-wins-national-award

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) -

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

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
- Further work on Consultant to Consultant referrals including direct referrals from acute to community – example MSK related services
- 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.
- Aim is to ensure clear action plan is agreed in the contract and progress on actions via interface and contract monitoring with respective providers.
- Scoping integration for community pharmacy with General practice – though better digital infrastructure
- Commissioning reviewed urgent dental access services launching in December to impact UTC/A&E and NHS 111 and some general practice
- Further work on clinical pathways ensuring interdependencies are understood and appropriate components of the pathway are commissioned through the appropriate partner – example the commissioning of ADHD in South and west

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

- 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

Access Barriers

- 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

Support from their GP Practice

- **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.

Entitled Support

- 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

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:**	**23/11/2023**		
Report Title:	**HWE ICB Primary Care Finance Report Month 06 2023-24**				**Agenda Item:**	**11**		
Report Author(s):	Philip O'Meara, Head of Finance – Primary Care Services, HWEICB							
Report Presented by:	Philip O'Meara, Head of Finance – Primary Care Services, HWEICB							
Report Signed off by:	Alan Pond, Chief Financial Officer, HWEICB							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information**	☒
Which Strategic Objectives are relevant to this report	Mandatory Duty of Achieving Financial Balance across the ICB							
Key questions for the ICB Board / Committee:	N/A							
Report History:	N/A							
Executive Summary:	This paper provides the Primary Care Board with the details of the Core and Delegated Primary Medical Services and also the Delegated Pharmacy, Optometry and Dental (POD) Services financial position at the end of September 2023 (Month 6 2023/24) As at the end of September 2023, Primary Care reported a year-to-date underspend of £1.7m laid out in the table in section 2.0.							
Recommendations:	The Primary Care Board is asked to note the 2023/24 Month 6 position							
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐				
	Financial	☐	***Non-Financial Personal***	☐				

	None identified	☒
	N/A	
Implications / Impact:		
Patient Safety:		
Risk: *Link to Risk Register*	N/A	
Financial Implications:		
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

1. EXECUTIVE SUMMARY

This paper provides the Primary Care Commissioning Committee with the details of the Core and Delegated Primary Medical Services and also the Delegated Pharmacy, Optometry and Dental (POD) Services financial position at the end of September 2023 (Month 6 2023/24).

As at the end of September 2023, Primary Care Commissioning reported a year-to-date underspend of £1.7m laid out in the table in section 2.0.

2.0 ICB PRIMARY CARE COMMISSIONED SERVICES EXPENDITURE & BUDGETS TO END OF SEPTEMBER

ICB Primary Care Services as at September 2023						
Service Description	**Annual Budget (£000)**	**YTD Budget (£000)**	**YTD Actual (£000)**	**YTD Variance (£000)**	**FOT (£000)**	**FOT Variance (£000)**
Delegated Primary Medical Services						
£1.50 per head PCN Development Investment	£2,389	£1,195	£1,222	£28	£2,500	£111
General Practice - GMS	£153,030	£76,362	£76,728	£365	£152,594	(£436)
General Practice - PMS	£1,390	£695	£701	£6	£1,421	£31
Other - GP Services	£2,233	£1,116	£3,083	£1,967	£5,164	£2,932
Other List-Based Services (APMS incl.)	£13,113	£6,548	£5,054	(£1,494)	£11,778	(£1,335)
Other premises costs	£861	£431	£648	£218	£1,351	£490
Premises cost reimbursements	£22,141	£11,071	£8,967	(£2,104)	£21,273	(£868)
Primary Care NHS Property Services Costs - GP	£1,200	£600	£852	£252	£1,685	£485
QOF	£17,335	£8,667	£8,309	(£359)	£16,917	(£417)
PCN - Enhanced Services ARRS	£20,729	£14,130	£14,130	(£0)	£20,798	£69
PCN - Enhanced Services	£18,308	£9,154	£9,073	(£81)	£18,288	(£21)
Primary Care Capacity And Access Programme	£4,086	£2,092	£2,092	£0	£4,086	£0
Transformational Support - Local	£2,000	£1,000	£741	(£259)	£2,000	£0
Additional Winter Funding	£2,194	£0	£26	£26	£2,194	£0
Uncommitted Headroom	£1,758	£1,080	£0	(£1,080)	£0	(£1,758)
Contingency Reserve	£1,550	£0	£0	£0	£0	(£1,550)
Total Delegated GP	£264,318	£134,141	£131,627	(£2,514)	£262,049	(£2,269)
Other Delegated Services						
Delegated Community Dental	£2,585	£1,301	£1,301	£0	£3,985	£1,400
Delegated Primary Dental	£67,958	£32,744	£29,264	(£3,480)	£60,841	(£7,117)
Delegated Secondary Dental	£20,975	£10,766	£10,830	£64	£20,975	£0
Subtotal Dental	£91,518	£44,810	£41,394	(£3,416)	£85,801	(£5,717)
Delegated Ophthalmic	£13,631	£6,962	£7,154	£192	£13,631	£0
Delegated Pharmacy	£31,043	£14,769	£14,407	(£362)	£30,532	(£511)
Delegated Contingent Reserve	£2,690	£0	£0	£0	£2,690	£0
Delegated Property Costs	£222	£111	£115	£4	£222	£0
Total Other Delegated Services	£139,104	£66,652	£63,071	(£3,581)	£132,876	(£6,228)
Other Primary Care Core Allocation						
ECF And Other Out of Scope Local Schemes	£19,213	£9,577	£9,513	(£64)	£19,213	£0
Community Base Services	£0	£0	£29	£29	£0	£0
Other Primary Care Services	£2,164	£998	£991	(£7)	£1,932	(£232)
GP IT Costs	£7,487	£3,744	£3,719	(£24)	£7,646	£159
Out of Hours	£19,008	£9,174	£9,189	£16	£19,008	£0
Total Primary Care Core Allocation	£47,872	£23,493	£23,441	(£51)	£47,799	(£73)
SDF Primary Care Transformation						
Primary Care Transformation	£3,518	£1,236	£1,215	(£21)	£3,518	£0
Total SDF Primary Care Transformation	£3,518	£1,236	£1,215	(£21)	£3,518	£0
Primary Care Prescribing						
Prescribing	£222,681	£111,646	£116,192	£4,546	£231,200	£8,519
Central Drugs	£7,345	£3,673	£3,638	(£34)	£7,345	£0
Medicines Management - Clinical	£5,066	£2,533	£2,320	(£213)	£4,669	(£397)
Home Oxygen Services	£1,741	£870	£1,049	£179	£2,041	£300
Total Primary Care Prescribing	£236,833	£118,722	£123,200	£4,478	£245,255	£8,422
Total (Under/Overspend	£691,645	£344,243	£342,553	(£1,689)	£691,497	(£148)

2.1 DELEGATED PRIMARY MEDICAL SERVICES EXPENDITURE OVERVIEW

Summary

A number of budget lines were recast based on 2023-24 pricing such as Primary Care Network DES and support payments. The report also provides additional detail around specific budgets, which was not available within the June 2023 report. As at the end of September, an underspend of £2.5m has been reported, which includes the uncommitted headroom budget, which had been partially released into the position at Month 5

There is a contingent reserve of £1.55m, which is phased in Month 12. Winter funding of £2.2m is phased over the period October 2023 to March 2024. The Finance Team have reviewed all commitments to establish whether there is sufficient headroom to support other initiatives or cost pressures, should they be identified.

New Allocations received since the last report are £4.086m and £1.043m for Primary Care Access Recovery and PCN Leadership and Management respectively.

GMS & APMS

NHS England have announced that GMS and APMS payments remuneration rates will go up from October 2023, following an agreement to award a pay uplift. There will be a backdated payment process in November 2023, covering the period from April to September 2023. The ICB is expecting an allocation increase in October 2023 as a result; the value of the allocation has not yet been confirmed.

There is a relatively low overspend at Month 6 of £371k.

The list size will change from October to December 2023 by the next PCCC Meeting which is likely to increase cost within these budgets

Other - GP Services

The largest proportion of the reported overspend is as a result of an under-provision of reserve for the Investment and Impact Fund (IIF) achievement value of approximately £2.3m which will have a non-recurrent effect for this financial year. This will be rectified in the 2024/25 Planning Round. There are also additional cost pressures including, the pay award costs of £276k for recharged Delegated support staff e.g. IPC and Safeguarding and £200k Legal Fees relating to premises work.

Other List-Based Services

As at June 2023, there was an increase in spend of £1.7m due to reallocation of GMS dispensing costs attributed to the Delegated Primary Medical Services budget from Prescribing. The treatment of these costs were reviewed and it was agreed with the Prescribing and Meds Optimisation Team (PMOT) to reverse the transaction. As both areas

are within Primary Care Commissioning budgets, this has not impacted on the overall financial position reported.

Primary Care Networks - ARRS

The additional roles are budgeted at 60% of the total cost and this is the percentage included within CCG baseline funding. Any costs above this will be refunded by NHSE via a further allocation once the current allocation has been utilised. At the moment, the overall spend to date is £14.1m which will be matched to budget available. The current balance is £6.6m, current spend for the latest month was £2.4m therefore it is estimated that it will take 2-3 months until the balance is utilised depending on recruitment and retention rates.

Primary Care Networks – Enhanced Services

The budget includes Extended Hours, Clinical Director Support payments, Care Homes Premium, Leadership Payments and the new allocation of £4.086m for Primary Care Access Recovery Payment and £1.043m Leadership and Management payment. There are a number of other agreed local schemes. There is a small underspend of £81k year to date.

Premises Costs Reimbursements and Other Premises Costs

There is a combined underspend of £1.8m year to date. It is likely that this will reduce to reflect approved schemes presented at ICB by Sue Fogden as they are initiated.

Winter Resilience

The budget for winter is £2.2m phased in over the second half year.

Contingency

The ICB contingency is £1.55m per annum. This will be phased in through the year if required. At the moment, the finance team are evaluating proposed investments since the budget was set in the planning round in March 2023 and is within the ICB Board approved budget.

2.2 OTHER DELEGATED PRIMARY CARE SERVICES EXPENDITURE OVERVIEW

Delegated Community Dental Services

The main provider is Herts Community Trust and the service is a block contract. There is a proposal to introduce an Anxious Child Service which is reflected in the forecast outturn at £1.4m. It is likely that the initial business case cost will reduce and the service provision tailored and phased over time. Although reflected as an overspend in this report, this prudent assumption currently indicates that the service would not be affordable within current resources.

Delegated Primary Dental Services

This service is underspent year to date by £3.5m. £1.5m was accrued to baseline for an uplift which has yet to be applied. There is an accrued clawback of £4m against activity, which reflects approximately 10% underperformance. On the regional report, levels of activity are around 89% to date but some of the higher value contracts are performing at around 60%. There is accrued income of Patient Charge Revenue for £1m , which is linked to the 10% underperformance and the subsequent delay in receiving the income. Average income is around 27% of monthly activity.

Delegated Secondary Dental Services

The main providers are local Acute Trusts within the ICS Footprint and the service is a block contract. There is a small adverse variance of £64k on the cost centre which is being reviewed to potentially reflect the recent pay awards.

Delegated Opthalmic, Pharmacy and Property Services

There is a relatively small underspend of £165k year to date.

Delegated Optometry

Regionally ICBs are reporting an overspend due to high level of activities. At this time, spend on eye tests are over budget by £180k, with repairs and replacements increasing by 15% between Months 5 and 6.

Delegated Pharmacy

Prescription charge revenue is higher than budget by £250k driving the underspend. Transitional payments are paid at an average of £140k per month. In 2022/23 it was £370k on average per month.

Delegated POD Contingency Budget

In Month 6 an additional allocation of £2.7m was received as agreed with NHSE.

Delegated Property Services

The ICB has been delegated properties previously managed by NHSE.

2.3 PRIMARY CARE CORE ALLOCATION; ENHANCED AND LOCALLY MANAGED SERVICES EXPENDITURE OVERVIEW

Overall variance to date is £51k underspend

Community Base Services

There are no significant variances.

Enhanced Commissioning Framework (ECF) And Other Out of Scope Local Schemes (ECF)

The largest element of the community base budget is ECF which has been paid in advance for 6 months (April – September) at 50% of maximum achievement of £9.45 per weighted patient. The budget reflects an expectation that a maximum of 95% will be achieved following an assessment in Quarter 1 of 2024/25

There are no significant variances.

Primary GP IT and GP IT Infrastructure and Resilience services

There are no significant variances. It is anticipated that NHSE will give the ICB an allocation for Online Consultation costs which will be backdated and transactions on the ledger have been actioned to reflect this.

2.4 PRIMARY CARE TRANSFORMATION FUNDING EXPENDITURE OVERVIEW

This is non-recurrent funding which has been allocated year on year for several years since the launch of the GP Forward View initiative. The main use of this funding is for transformation, and plans to spend £3.2m are being developed by the Director of Primary Care Development. The other streams of funding are for workforce GP Practice Fellowships and Mentors Scheme and GPIT Infrastructure and Resilience to support expenditure for related schemes which are processed through the GPIT budget.

2.5 PRIMARY CARE PRESCRIBING EXPENDITURE OVERVIEW

As at September 2023, there is an overspend of £4.5m with a forecast overspend of £8.4m which includes the reversal of expenditure transfer to Delegated GP as above.

The Prescribing budget is seeing excessive inflation pressures and additional volume increases, which is leading to the overspent position.

The Home Oxygen Service is experiencing excessive inflationary cost pressures in the charges received, showing as a £300k overspend.

There is a QIPP £2.8 and NHS efficiencies of £2.2m in line with the published guidance.

There will be separate paper from the Prescribing and Meds Optimisation Team on spend and plans developed to achieve these efficiencies and the performance against them.

3.0 RECOMMENDATIONS

To note the report.

Alan Pond

Chief Finance Officer

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:**	**23/11/23**		
Report Title:	**Primary Care Board** **Citizen Representatives Update**				**Agenda Item:**	**12**		
Report Author(s):	Leighton Colegrave, Marianne Hiley and Joy Das – HWEICB Primary Care Board Citizen Representatives Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex ICB							
Report Presented by:	Leighton Colegrave, Marianne Hiley and Joy Das – HWEICB Primary Care Board Citizen Representatives							
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							
Key questions for the ICB Board / Committee:	• Are there any other workstreams or key areas of focus that the Primary Care Board feel would benefit from input from the citizen representatives?							
Report History:	N/A							
Executive Summary:	The three Primary Care Board Citizen Representatives were recruited to join the HWEICB Primary Care Board in May 2023. The slide deck outlines the appointment and induction process, the progress to date in terms of work that the representatives have been involved in so far, as well as next steps. A regular update slot from the citizen representative at the Primary Care Board meetings has now been agreed going forward.							

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Recommendations:	▪ To note the update from the Primary Care Board Citizen Representatives			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	The citizen representative roles ensure the independent patient voice is heard at the Primary Care Board and provides an important connection between GP practice patient groups and the Board – all of which ties into supporting patient safety.			
Risk: *Link to Risk Register*	N/A			
Financial Implications:	N/A			
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

Primary Care Board
Citizen Representatives Update

23 November 2023

Working together
for a healthier future

Appointment and induction

- Three citizen representative volunteers – one for each Place, were recruited to join the HWEICB Primary Care Board in May 2023. The representatives are:

East and North Hertfordshire	South and West Hertfordshire	West Essex
Leighton Colegrave	Marianne Hiley	Joy Das

- These roles ensure the independent patient voice is heard at the Primary Care Board and provides an important connection between GP practice patient groups and the Board.

- A comprehensive induction process was organised, which included meetings with colleagues from across several ICB teams, including Primary Care Place teams, Contracts, Quality, Digital, Workforce, Premises, PMOT and PHM, as well as with partners such as Healthwatch, Social Care and VCFSE.

- All three Primary Care citizen representatives are now members of the ICB Patient Engagement Forum (PEF) formed in June 2023 and will be working together to develop a list of local PPG contacts.

Progress to date

- The citizen representatives are full members of the Primary Care Board. To date they have attended and contributed to the last three meetings using local knowledge and experience.

- The induction sessions were well received, and the reps have also been involved with other ICB activities, such as the Quality Group, the Virtual Hospital programme and initiatives with the PEF.

- The citizen reps took part in judging for the Primary Care Awards and acted as presenters during the awards ceremony in October.

- A regular update slot at the Primary Care Board meetings has now been agreed going forward. The citizen reps wish to expand the breadth of their input by gaining a more detailed awareness of the successes, challenges and issues at the Practice/PPG/PCN level in their respective areas.

Next steps

- A communication document will be written and sent to all PPG groups on behalf of the citizen representatives, as well as the ICB Primary Medical Partner Leads that will:
  - Introduce the citizen representatives and their roles to the PPGs.
  - Inform PPGs about the Primary Care Board and items that the board covers.
  - Request that PPG Leads contact their relevant citizen representative for their Place, so that a database of appropriate PPG contacts can be built for the reps to use to share information from the Primary Care Board and beyond, where relevant.

- A high-level summary of each Primary Care Board (public) meeting will be provided to citizen reps to circulate to PPG groups following Board meetings.

- Citizen representatives will work with the ICBs primary care team to highlight any practices where they may have become aware of particular issues that the team can work to support – these may be issues related specifically to work between the practice and the PPG, or issues related to care provision.

- The ICBs communications team will work with citizen representatives on items such as local communications about ARRS roles and roll out of the NHS app - seeking out new communications strategies where possible. The team will also continue to support the development of local patient participation groups.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

FINAL MINUTES

Meeting:	**ICB Primary Care Digital**			
	Meeting in public	☐	***Meeting in private (confidential)***	☒
Date:	**Thursday 19th October 2023**			
Time:	**10:00am**			
Venue:	**Via MS Teams**			

Name	Title	Organisation
In attendance:		
David Coupe (DC)	GP System architect	HBL ICT
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
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
Adam Lavington (AL)	Director of Digital Transformation	HWE ICB
Trudi Mount (TM)	Head of Primary Care Digital	HWE ICB
Phil O'Meara (PO)	Senior Finance Manager	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
Phil Turnock (PT)	Managing Director of HBLICT Shared Services	HWE ICB
Guest speakers		
Gareth Hillier	Head of Digital Technology, Performance, Business Improvement & Modernisation, Adult Care Services	HCC
Richard Finch	Business Manager, Adult Care Services	HCC

PCD/01/23	**Welcome, apologies and housekeeping**
1.1	The Chair welcomes all to the meeting.
1.2	Apologies received from: Indie Sunner; Gopesh Farmah DoI: None declared
1.3	**Minutes from the previous meeting** The minutes of the meeting held 21st September 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	**Social Care Referrals (Gareth Hillier/Richard Finch HCC)**
	GH presented on some of their portal developments, which touch directly on GPs and GP practices, specifically in the context of referring people into social care, including processing data in a more secure, reliable way, See presentation shared with the minutes.
PCD/04/23	**Child Protection Information sharing CP-IS- Phase 2 Dentistry and in hours HG+GP**
	TM updated the group; the CP IS was brought in 4/5-years ago in unscheduled care settings or an emergency care setting. It takes data which is fed from the councils and all the councils in the area if a child presents at A&ED setting, the summary care record is accessed and they get an alert to say that there is a child protection plan in place, and this is moving into other care settings, so likely to come into PC, including dentistry as well as general practice. There is a meeting in December to understand what the next steps are and what that means for PC. AS asked PK, from an LMC perspective, whether there is anything we should be aware of and what it could mean contractually.
PCD/05/23	**Feedback from Clinical Leads and other key meetings**
	PK Updated: - **Clinical and Professional reference group –** included CCOs from across the providers and TM presented on access to records from the point of view of reinforcing to providers to be mindful when writing letters to GP, particularly in areas around where its and MDT. - There was representation from Health Watch, who had concerns around widening inequalities around people who can access their records. - There were discussions around a business case for CardMedic (an app to help with communication barriers including translation, between healthcare staff & patients), which the trusts are looking into. - The group has collated a list of clinical safety officers, PK/RH/GP to meet to discuss clinical safety and how that it is operationalised.
PCD/06/23	**Primary Care Risk Register (TM)**
	TM updated the group on the Risk register. - Just updated the risk on System Development Fund (SDF) program as nov being overly successful at the moment in recruiting. - Digital maturity across practices, is varying. - Delays to national framework digital tools, teams lack of capacity, delayed to Dec/Jan - AGEM and HBLICT split – creates challenges being able to deliver equitable services. - Pathology – TM to update. PT recommended that the risk for Cyber should also be on this register.

	TM to look at whether Governance to be included on the RR as well as/or relation to shared records. TM to share document once updated.
PCD/07/23	**Operational Updates:**
7.1	**HBLICT Updates from Key Programmes (DC)** *DC presented, slides available in MS team folder.* **EMIS** – Spoken with EMIS account manager and now have list of errors that are happening in our area along with list of surgeries where errors are occurring so are able to go into them and look at what is happening. **EMIS-X**- new EMIS web replacement, test site is at Highview, stage two expected to go live on 1st November. DC will report back to the group in readiness to move it into other EMIS sites. **SMS** – in September the will went up to £20k, reason was messaging for Flu and Covid appointment links that were sent out. The report shows that Manor View and Rothschild are the top two SMS messages in the UK. (DC working with practices). **VDI** – Two major projects came to an end last month, first being the support side now moved wholly to ITS and meeting regularly to look at some of the issues. Also one issue is to do with virtual smart cards and EMIS which is being looked into. **Laptop Allocation** – Survey went out 14/08/23 and has now closed. There were 102 practices and 27 PCNs who have responded. **NHS App** – Trial being carried out at three/four sites in this area to get more users/patients to use the NHS App and look at the functionality and make surgeries and patients aware of it. (*See slides in MS team's folder*). DC confirmed the practice involved in the trial have been doing a lot of promotion with the patients and trained up reception staff. DC/TM meeting to look at how at how to promote the APP and look at demographics going forward as well as meeting PCN digital leads. DC added that there is some consideration being given to adding FP10s onto the app that will have a QR code for pharmacy to scan. **Review of GP IT Delivery & Commissioning (TM/PT/SS)** TM updated on report that was commissioned around GPIT support, this was circulated with the agenda. It outlined different elements around services delivered across the EoE. This was done nationally and showed there was a lot of engagement in our area and also looked at population that did not seem to impact on the delivery of GPIT. In the actions it highlighted the requirement for a national solution around the split provision. TM/PT added that the report didn't match their expectations. AS added that she has flagged this with NHSE colleagues and will flag with JH and AP and quarterly assurance meeting.
PCD/08/23	**Finance Report Update**
	PO presented financial report and is working with PT and finance manager to share what the current additional costs are for PC digital/HBLICT.
PCD/09/23	**Any other business**
	N/A
PCD/10/23	**Date and Time of next meeting**
	Thursday 16th November 2023 – 10.00 am

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 5th October 2023**			
Time:	**9.30am – 11.30am**			
Venue:	**Virtual via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Prag Moodley (PM)	Primary Medical Partner Lead for Primary Care Transformation	HWE ICB
Avni Shah (AS) - chair	Director of Primary Care 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
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
Sabina Tai (ST)	Programme Director, East and North Hertfordshire Health and Care Partnership	East & North Hertfordshire Health & Care Partnership
Emily Perry (EP)	Primary Care Manager – Strategy & Transformation	HWE ICB
In attendance:		
Megan Spencer (MS)	Primary Care Coordinator –Strategy & Transformation	HWE ICB

Janet Weir (JW)	Lead Pharmacist, Integrating Pharmacy and Medicines Optimisation	HWE ICB
Michelle Hicks (MH)	Senior Primary Care Manager for Transformation, Integration, Development & Delivery Hertfordshire and West Essex ICB	HWE ICB

PCTG/01/23	Welcome, apologies and housekeeping
1.1	The Chair welcomed all to the meeting.
1.2	Apologies received from: • Sam Tappenden • Sian Stanley • Asif Faizy • James Gleed
PCTG/02/23	**Declarations of interest**
2.1	The Chair invited members to declare any declarations relating to matters on the agenda: • None declared.
PCTG/03/23	**Minutes from the previous meeting**
3.1	The minutes of the meeting held on 7th September 2023 were approved as an accurate record.
PCTG/04/23	**Action tracker**
4.1	The action tracker dated 0210123 was reviewed, and updates reflected on the action tracker. Action 2 - AS confirmed that MH locality managers have now been aligned to INTs – action now closed. Action 6 - EP advised that she has passed on media suggestions to comms team (e.g radio interviews) to support winter pressures. AS advised to close action. Action 7 - Comms to go out to PCNs with offer of setting up individual PCN MS Teams channel. Setting up process to be discussed at PCN/digital meetings and then close action. Action 8 - AS confirmed that directorate has now reviewed MS Teams SOP. Action 9 - RK confirmed that this has now been resolved, close action. Action 10 – Monitoring of PC Strategic Delivery plan - agreed to close action as it is on agenda for this meeting. Action 11 – System Access Plan - AS advised that work is still ongoing. Trudi Mount attended national meeting and was advised that data tool is still experimental, but action can be closed. Action 12 - AB confirmed in chat box that Industrial Action Claims have now been submitted for SWH. Action 13 – Operating model - AS will sent out information and share further as this develops.
PCTG/05/23	**Monitoring of Primary Care Strategic Plan**
5.1	EP advised that the Monitoring plan for the Primary Care Strategic Delivery Plan will be shared to the group soon.
5.2	Key points to note from discussion: • Healthwatch reports/recommendations will form part of the monitoring process. • AS advised that a system wide access plan will be formed and the ICB will have to provide assurance to NHSE quarterly which the monitoring document will be part of. Support level framework (SLF) and access recovery plan to be developed by practices. • Concerns were raised around how NHSE can monitor access if GPAD data isn't reliable. AS assured that enhanced access activity and other activity through SLF will be recorded. • There was discussion around the need to be clear with practices about what is being monitored by NHSE. • AS to share SLF and supporting documents (video) with group. Plan to be agreed by group and comms to be sent to practices next week.

	• First quarterly primary care recovery plan assurance meeting taking place on 10th October 2023. Slides to be shared with group once complete. • Noted that all of this monitoring ties into the monitoring of the Primary Care Strategic Delivery Plan.
	ACTION: AS to share Support Level Framework (SLF) and supporting documents (video) with group. Plan to be agreed by group and comms to be sent to practices next week. ***Slides for quarterly primary care recovery plan assurance meeting to be shared with group.***
PCTG/06/23	**Place Updates – ENH/WE/SWH**
6.1	ENH – CG advised that the slides for the place updates at the September Primary Care Board were shared with the group prior to the meeting. Taking joint collaborative approach with the HCP to develop INTs. Currently in early stages of community pharmacy integration. SWH – RK advised that some winter plans and transition funding returns are still outstanding. Development with HCP is going well and key leads from SWH Primary Care Team and HCP intend to meet once a month at The Forum. Comms from Toby Hyde due to be shared with PCNs and will be discussed at SWH Transformation meeting this afternoon. No feedback received following most recent industrial action. WE – PS advised that work is taking place to join up the place team with Toni Coles to avoid duplication. Loughton and Buckhurst are still doing their care home pilot and further information to be shared once data received. Discussions with secondary care in regard to PAH UTC proactive care model to be complete by 1st November 2023.
6.2	Key points to note from discussion: • PM advised that as a directorate we need to become more efficient at sharing progress and impact of same day access projects that are taking place. AS advised inviting Stevenage PCNs to the next meeting to present their same day access pilot and showcase the impact. • AJ suggested that representatives from PAH UTC model come to locality meetings to show what they are delivering. • RB advised that a working group to measure the impact for the PAH UTC has been established and an update can be provided for the December meeting. • AS advised that Q2 ECF 2023/24 reports will be circulated next week. • AS advised that transition funding is for 2 years and Andrew Tarry will be sending comms out next week. • Claire Fuller is attending SWHHCP in November 2023. AS advised it may be helpful for leaders from ENH & WE to attend and be part of this discussion. • Representatives from Somerset, Derbyshire and Bolton in regard to GP primary care voice have agreed to attend meetings and update on their approach. AS to confirm dates.
	ACTION: AS advised inviting Stevenage PCNs to the next meeting to present their same day access pilot and showcase the impact it's already had.
PCTG/07/23	**Update on access to pathology and diagnostic imaging for non-medical healthcare professionals**
7.1	MS presented a project on a page slide to provide an overview of pathology and diagnostic imaging for non-medical healthcare professionals. Slide to be shared after meeting.
7.2	Key points to note from discussion: • AS advised it will be useful for the clinical leads involved in the project to attend the place clinical lead meetings to provide an update.

	• There was discussion surrounding the importance of getting the survey out to practices in a timely manner. MS to share draft survey with group at next meeting before circulating to practices.
	ACTIONS: MS to share draft survey with group at next meeting before circulating to practices.
PCTG/09/23	**Self-referral to services**
9.1	MH shared slides on screen to provide an overview of self-referral to services. Presentation to be shared after meeting.
9.2	Key points to note from discussion: • There was lots of discussion around having a clear definition of what a self-referral to community services is as some self-referrals still have a degree of GP involvement. • It was agreed that patient initiated follow ups should not be counted as a self-referral and that providers should be involved in the design process.
PCTG/10/23	**Pharmacy UTI project expansion**
10.1	Papers were shared prior to meeting. JW shared a slide on screen extracted from the paper to provide an overview of the service.
	Key points to note from discussion: • There was discussion around community pharmacy being mandated to provide core services and some enhanced services when a new service is being commissioned. • There was discussion surrounding clinical risk. JW to ensure clinical protocols are outlined clearly in the paper before it gets reviewed at PCCC. JW advised that the PGD uses a national template and includes an extensive list of inclusions/exclusions before prescribing. • Group were in support of paper providing SNOMED codes for CPCS referrals which are confirmed with BI colleagues. • Local scheme will stop when national scheme comes into place. • The group supported expansion of UTI project ahead of it going to PCCC.
PCTG/11/23	**Adult Community Services Provision Review**
11.1	Paper was shared prior to meeting. AS advised that Elliot Howard-Jones will be the SRO for HWE ICB leading the next part of the journey. AS wanted to ensure that there is place GP transformation representation and will put names of leads forward.
PCTG/12/23	**Any other business**
12.1	Winter 2023/24 (OPEL and IA) – PS shared two papers prior to meeting for information. 28 plans out of 34 received (92k additional appointments). Significant delays for IA OPEL data from PCNs; currently reviewing September 2023. No more planned strikes until 3rd November 2023. AJ advised that reporting for OPEL is patchy as support provided and the understanding of each RAG rating isn't clear.
	Date and Time of next meeting
	Thursday 2nd November 2023 – 9.30am-11.30am
	The meeting closed at 11:57

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 7th September 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 and 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
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
Sian Stanley (SS)	Primary Care Locality GP Lead (East & North Herts)	HWE ICB
Asif Faizy (AF)	Primary Care Locality GP Lead (South & West 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
Laura Bell (LB)	Director of Strategy and Integration (Interim)	South & West Hertfordshire Health & Care Partnership

Sabina Tai (ST)	Programme Director, East and North Hertfordshire Health and Care Partnership	East & North Hertfordshire Health & Care Partnership
Emily Perry (EP)	Primary Care Manager – Strategy & Transformation	HWE ICB
In attendance:		
Megan Spencer (MS)	Primary Care Coordinator –Strategy & Transformation	HWE ICB
Amy Curtis (AC)	Dental Contract Manager	HWE ICB
Amanda Burfot (AB)	Senior Primary Care Manager for Transformation, Integration and Delivery (South & West Herts)	HWE ICB

PCTG/01/23	**Welcome, apologies and housekeeping**
1.1	The Chair welcomed all to the meeting.
1.2	Apologies received from: • Sam Tappenden • Roshina Khan
PCTG/02/23	**Declarations of interest**
2.1	The Chair invited members to declare any declarations relating to matters on the agenda: • None declared.
PCTG/03/23	**Minutes from the previous meeting**
3.1	The minutes of the meeting held on 13th July 2023 were approved as an accurate record.
PCTG/04/23	**Action tracker**
4.1	The action tracker was reviewed, and updates reflected on the action tracker:  MASTER PC TRANSFORMATION C
PCTG/05/23	**Terms of Reference**
5.1	PM introduced the DRAFT Terms of Reference version 4. All amendments suggested at last meeting have been implemented:  HWEICB Primary Care Transformation (
5.2	Key points to note from discussion: • TOR approved by group. • AS advised that reviews of the ICB governance structure and operating model are taking place. PM met with Nicolas Small and Ian Perry about this on 6th Sept 23 and there are concerns about how running cost reductions will impact clinical lead input. • Letters from the ICB have gone out to ICB Clinical leads for programme outlining that their current contract which is fixed term contract is currently ending in July 2023 and that work is underway to review what clinical leadership is required moving forward in line with our priority areas of work. • In parallel HCP have been refreshing their development and over few months developing the operating model. LB and AS provided a high-level update on the development of HCPs as Accountable business units with delegated responsibility. Further discussions underway in each HCP. • Members raised concerns regarding the future of the clinical leadership roles in particular the voice of primary care within each of the HCPs. AS updated that the approach she was proposing was to co-design primary care clinical leadership through each place working in partnership with the primary care clinical and locality leads with HCP partners over the next 6 months. • AS has approached a few leaders outside EoE where they have formed primary care provider collaboratives to ensure they have a coherent single voice as a GP provider strategically and operationally and how in several cases it is integrated with LMC. Example AS mentioned included: Derbyshire, Somerset, Bolton and Manchester. AS advised that she could contact leads in these areas to see if they would be happy to discuss their model with HWE GP leads if this would be helpful.

	• AS confirmed ICB consultation for staff is due to be launched end of September 2023. • It was noted that the development of the HCP operating model was key for primary care to be involved in.
PCTG/06/23	**Monitoring of Primary Care Strategic Delivery Plan**
6.1	***ACTION - EP advised that the Primary Care Strategic Delivery Plan was signed off at the ICB board on 28th July 2023. The ask by members was to ensure the board is kept up to date in regard to the monitoring of the plan and how it's progressing. A draft document is being pulled together with support from the portfolio leads to outline the key deliverables and timelines. Document to be shared with group once complete.***
PCTG/07/23	**Update on Dental Transformation and service provision**
7.1	Due to time constraints AC went through the current issues and mitigations on slide 16 of the PowerPoint presentation:  PC Transformation Group - Dental updat
	Key points to note from discussion: • There are 207 general dental contracts with 2.6 WTE staff working on these within the ICB dental contracts team so transformation support is needed. • AS advised that there are gaps in dental support for migrant population. Detailed paper on this going to ICB board at the end of this month. • Regarding oral health promotion, AC advised that the ICB are working with local authorities to develop plans, this includes health promotion and prevention in children. • The team are feeding back into NHSE who are aware of the pressures in our patch. • Dental access plan hasn't been released yet but will be circulated once received. • Primary care place teams to flag any issues or pockets of deprivation they are made aware of regarding dental to AC and team. • Task and finish group has been established to develop service specification for urgent care providers for dental -111 data to be reviewed as part of this.
PCTG/08/23	**Winter 2023-24**
8.1	Key points to note from discussion: • Letter went out to practices/PCNs this week to outline funding of £1.43 (same as last year) with deadline of 18th September 2023 to return the proforma. The proforma consists of 8 questions and letter outlines suggesting taking a system approach. • Meeting to take place revisiting OPEL and how practices report their issues and how they can be dealt with effectively and efficiently. • PS is currently writing evaluation paper on industrial action (IA). Currently gathering data on possible decreased A&E activity and 111 data has been received. • Some concerns were raised by the LMC which PS has responded to directly. • Template for system access plan (primary care recovery plans) is in line with operating plan. Quarterly meetings taking place with NHSE. Early GPAD data is significantly lower (lowest in region) however believe this could be due to a data collection issue – AS to pick up with Trudi Mount. • AS advised that there are two pilots taking place in SWH. UTI PGD showing good impact. Data showing 3-4 patients a day. AS to escalate with Mefino Ogedegbe to scale this up across all 3 places. Paper to go to PCCC this month and funding is coming from NHSE. Regarding the pharmacist prescribing PGD, concerns were

	raised involving clinical governance unless access to patient records can be resolved. • Early October 2023 Junior Doctor/Consultant strikes – PS advised no plans yet, but IA evaluation will be finished imminently. PCN appointment data and claims from previous strike are being collated – AB to pick this up for SWH outside of meeting.
	ACTIONS: AS to liaise with Trudi Mount regarding GPAD data discrepancy for system access plan. ***PCN appointment data and IA claims is being collated for evaluation – AB to pick up SWH data outside of meeting.***
PCTG/09/23	**Place Updates:** • **INTs** • **Same Day Access** • **Primary Care Transition to Modern General Practice**
9.1	CG, PS and AB provided the below verbal updates for each of the three places.
	Key points to note from discussion: • ENH – INTs are working closely with PHM team (Hoddesdon & Broxbourne and WGC) -these two PCN accelerator sites are taking the same approach as North Uttlesford PCN. HCP workshops are being placed in the diary to ensure the partnership is bought in and there is a commitment to resource. Hopefully have plans by end of October and early November. Every PCN has an access improvement plan in place. CG also updated in chat box: ENH National General Practice Improvement Programme - ENH GP practices have signed up for Phase B with a further 6 GP Practices being encouraged to sign up for the next round of webinars. 1 PCN has signed up for the programme with a further 3 PCNs being encouraged to join the next phase. • WE – INTs are all established across footprint and running effectively. Meetings around proactive care model have taken place. Currently looking at out-of-hospital strategy in meetings. Same day access – continuing to support access improvement plans and the telephony practices that are high risk. Had 1 submission for modern general practice return so far. HCP interface groups are progressing well (focusing on self-referrals). Working with estates team re need for space for ARRS staff. LBC care home pilot taking place with trainee GP and ARRS staff – will report back on outcomes in future. • SWH – INTs are making good progression in Hertsmere for mental health. SWH Primary Care Transformation Group taking place later this afternoon. Meetings with CEO at Watford Borough Council have taken place. AB also updated in chat box: 13 practices signed up for phase B, with three more signed up to Phase C. PCN dev, no more sign ups but PCNs who attended webinars and not sign up have been asked for feedback. 8 transition funding applications supporting practices towards a Modern General Practice Model.
PCTG/10/23	**Any other business**
10.1	***ACTION: CC wanted to confirm the next steps for the discussion regarding the operating model and HCP framework. PM advised that separate meetings will need to take place outside of this meeting and next steps are to be agreed. AS advised that once this has been agreed, she will send an email out to the group.***
	Date and Time of next meeting
	Thursday 5th October 2023 – 9.30am-11.30am
	The meeting closed at 11:30