NHS HWE ICB Primary Care Transformation Committee

Meeting held in public

Thursday 23 May 2024

09:30 - 12:00

Conference Room 2, The Forum / MS Teams

Hertfordshire and West Essex Integrated Care Board

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

Agenda

09:30	1. Welcome and apologies		Chair
	2. Declarations of interest		Chair
09:35	3. Minutes of last meeting held on Thursday 28 March 2024	Approval	Chair
	4. Action Tracker - no open actions		Chair
09:40	5. Primary Care Governance	Discussion	Iram Khan
09:55	6. Questions from the Public	Discussion	Chair
10:00	7. Directorate Highlight Report	Assurance/information	Avni Shah
	7.2 Dental update		Michelle Campbell
	7.3 Medical Examiners		Rosie Connolly
	7.4 Hypertension Case finding pilot		Simone Hey
10:20	8. Primary Care Access Recovery Plan	Assurance/information	Andrew Tarry /Team
11:00	9. Primary Care Transformation integrated reports	Discussion	Roshina Khan /Cathy Galione/Philip Sweeney
	9.1 South West Herts		Roshina Khan
	9.2 East and North Herts		Cathy Galione
	9.3 West Essex		Phillip Sweeny
11:15-11.30am	Comfort Break		
11:30	10. Progress on recommendations for the Healthwatch Commissioning Reports	Information	Emily Perry /Tim Anfilogoff
11:45	11. Risk Register	Information	Andrew Tarry
11:55	12. Minutes from Subgroups – attached for information only	Information	Chair
	a. Primary Care Digital	Information	Chair
	b. Primary Care Workforce	Information	Chair
	c. Primary Care Transformation sub-group	Information	Chair
11:55	13. Reflections and feedback from meeting		All

12:00	Close of meeting

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 March 2024**			
Time:	**09:30 – 12:30**			
Venue:	**MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Nicolas Small (NS) **(Meeting Chair)**	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Amik Aneja (AA)	GP Lead West Essex	Herts and West Essex ICB
Steve Claydon (SC)	Senior Clinical Dental Advisor	Herts and West Essex ICB
Toni Coles (TC)	Place Director, West Essex	Herts and West Essex ICB
Rami Eliad (RE)	GP Lead	Herts and West Essex ICB
Rachel Joyce (RJ)	Medical Director	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	Hertfordshire Local Pharmaceutical Committee
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Rob Mayson (RM)	Primary Care Locality Lead – ENH	Herts and West Essex ICB
In attendance:		
Heather Aylward (HA)	Public Engagement Manager	Herts and West Essex ICB
Alice Baldock (AB)	LMC Representative	Bedfordshire & Herts LMC
Leighton Colegrave (LC)	Citizen Representative, East & North Herts	Herts and West Essex ICB
Joy Das (JD)	Citizen Representative, West Essex	Herts and West Essex ICB

Sarah Dixon (SD)	Clinical Lead – Workforce	Herts and West Essex ICB
Gopesh Farmah (GF)	Clinical Lead – Digital	Herts and West Essex ICB
Jayna Gadawala (JG)	Clinical Lead - Workforce	
James Gleed (JG)	Associate Director Commissioning Primary Care	Herts and West Essex ICB
Cathy Galione (CG)	Head of Primary Care Transformation and Integration (East & North Herts)	Herts and West Essex ICB
Sam Glover (SG)	Chief Executive	Healthwatch Essex
Rachel Hazeldene (RH)	Clinical Lead, Digital	Herts and West Essex ICB
Rachel Halksworth (RH)	Assistant Director for Primary Care Contracting	Herts and West Essex ICB
Parul Karia PK)	Digital Lead	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Roshina Kahn (RK)	Head of Primary Care Transformation and Integration (South West Herts)	Herts and West Essex ICB
Tracey Norris (TN)	Clerk (minute taker)	HFL Education
Emily Perry (EP)	Primary Care Manager – Strategy and Transformation	Herts and West Essex ICB
Rachel Power (RP)	Chief Executive	The Patient Association
Steve Roberts (SR)	LOC Representative	Hertfordshire LOC
Anurita Rohilla (AR)	Chief Pharmacist	Herts and West Essex ICB
Emma Spofforth (ES)	LOC Representative	Essex LOC
Philip Sweeney (PS)	Head of Primary Care Transformation – West Essex	Herts and West Essex ICB
Andrew Tarry (AT)	Head of Primary Care Commissioning	Herts and West Essex ICB
Peter Tatton (PT)	LDC Representative	Hertfordshire LDC
Neil Tester (NT)	Chair	Healthwatch Hertfordshire
Sarah Tilsed (ST)	Head of Patient Partnership	The Patient Association

PCB/17/24	**Welcome, apologies and housekeeping**
17.1	Nicolas Small (NS) 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.
17.2	Apologies for absence had been received from: • Elizabeth Disney • Cath Fenton • Gurch Randhawa • Marianne Hiley The meeting was declared quorate.
PCB/8/24	**Declarations of interest**
18.1	The Chair invited members to declare any declarations relating to matters on the agenda: All members were required to keep their declarations accurate and up to date on the register, which was made available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB
PCB/19/24	**Minutes from the previous meeting**
19.1	The minutes of the last meeting held on 25 January 2024 were agreed as an accurate record subject to the following amendment at agenda item 8.1/24 (the E&NH place update) – the last bullet point referred to same day access hubs not UTC. Board members asked for prompt circulation of the minutes after the meeting.
PCB/20/24	**Action tracker**
20.1	There were two items that remained open and both related to communications re ARRs roles (PCB/10.4/24), the following update was provided: • The communications leads had been working with the workforce clinical leads on this and were awaiting sign-off. Once approved, this information would be shared with practices, citizen representation and patient participation groups. Training support Workforce training had been discussed with the working group a number of time and was constantly evolving.
PCB/21/24	**Questions from the public**
21.1	None received. Avni Shah highlighted the good working relationship between HWE, Healthwatch and the citizen representatives on the board and now the evolvingICB wide Patient Engagement Forum. There is further ongoing work to be explored and opportunity through this as we will be hear later on the agenda.
PCB/22/24	**Directorate Highlight Report**
22.1	Avni Shah (AS) introduced the Directorate report (see pages 21-47 of the document pack) and highlighted the following: • MMR vaccination: work was ongoing by general practices to identify cohorts where there is low uptake. Pop up/outreach clinics were being offered by our community providers Hertfordshire Community Trust (HCT) across HWE. All providers and

	partners within the system were considering the necessary steps in the event of an outbreak e.g. training on use of FFP3 masks, access to respiratory hood in general practice etc Further update on this will be provided at future meetings. • The deadline for applications to Assura for funding for PCN health inequality projects in partnership with the voluntary care sector was 15 March, applications would be reviewed by a panel. Further update at the future primary care board report. • A national Latent TB Infection Testing and Treatment programme (LBTI) continues to make progress across 9 practices in the Watford and Three Rivers Locality. Watford and Three Rivers is the identified areas through national prevalence of TB for this project. • Good progress being made through individual practices on implementation of modern general practice. • The website review of all practices would be completed by the end of April by ICB; feedback is to be shared with practices to highlight areas for improvement • National update on GP contract 2024/25 had been published recently. It was noted that the uplift was not in line with inflation and there was the possibility of industrial action. • Advanced telephony continued to be rolled out. National data sets were being collected to understand demand activity (not just delivery). • Dental recovery plan: ongoing. The focus was on dental prevention particularly in deprived areas. New incentives within the contract had been created to attract those patients who had not been seen in the last two years. • Pharmacy First scheme had now launched. Inevitably there had been some teething issues and these were being addressed, eg some pharmacies were still waiting for equipment. The digital solution was not yet seamless. • The National Referral to Treatment (RTT) Waiting List Review – GP Pilot in Stort Valley and Villages PCN had been delayed by one month.
22.2	Questions and comments were invited: • Optometry contract: a 1.68% increase in sight test fees had been offered which represented 39p per test – this had not been well received by optometrists. It was noted that all system partners were facing financial challenges and potential industrial action. The risks register would need to be updated to include optometry and pharmacy. • The on-costs and implementation costs of cloud-based telephony for GP surgeries have risen; it was noted that whilst the call back function supported improved access it also increased demand. • All partners (as well as citizens) would benefit from greater communications in relation to on Pharmacy First, physician associates and ARRs roles. It would take time for citizens to get used to the idea of being seen by a different professional (ie not always a doctor). All changes in delivery were designed to enhance care for patients. Action: AS to consider development of communications with the ICB community pharmacy integration lead. • The rate of TB was higher than MMR: were Public Health (PH)H England looking to bring back a national TB vaccination programme? Currently this was only delivered in areas of need as determined by PH England. Action: RJ to reach out to PH England.
22.3	**The Primary Care Board noted the Directorate Highlight Report**

PCB/23/24	**Primary Care Transformation integrated reports**

23.1	Roshina Kahn (RK), Philip Sweeney (PS) and Cathy Galione (CG) introduced their respective sections of the integrated report (see pages 48-55 of the document pack) highlighting the following points:
	<u>South West Herts: RK</u>
	• Two practices would be visited in April as part of the Support Level Framework.
	• The Hertsmere Minor Illness Hub project had been approved and was at the procurement stage - the go-live date was mid-May.
	• Progress was being made on the ECF in the following areas:
	  ○ End of life; identification of preferred place of death.
	  ○ Diabetes
	  ○ Referrals for weight management services and social prescribing.
	• 12 practices were moving from analogue to digital during March/April.
	<u>East and North Herts: CG</u>
	• Development of INT work on health and care partnerships with a focus on end of life, dementia. Meetings were planned with district and borough councils to further support INT links.
	• A successful market engagement event had been held on enhanced care home service on 13 March.
	• Example of good practice to highlight: Hitchin and Whitwell – a dedicated neurodiversity webinar took place on 14 March with excellent attendance of 120+ people, the team delivered a 30mins talk followed by a Q&A session.
	<u>West Essex: PW</u>
	• 14 practices (out of 30) have now been accredited on the veteran friendly programme.
	• Development plan in place to increase 40+ health checks.
	• The (Harlow) integrated urgent care treatment centre was now in phase 2.
	• Example of good practice: the six INTs were at different stages of development but were all delivering proactive care linked to HCP place prioritise e.g. frailty and end of life.

23.2	Questions and comments were invited: • The diversity of services and care being offered was celebrated. • Could more practices across HWE be encouraged to take up the veteran accreditation scheme? Numbers were increasing, this programme was promoted by the PC team. • A serious incident had occurred at Harlow Hospital relating to its roof fixings which had now been repaired. Some ICU patients had needed to be moved temporarily. This was an example of the poor condition that some of the NHS estates were in; many were now not fit for purpose. HWE had been nominated for two new hospitals under the national new hospital programme. • The land for the Harlow site had been secured.
23.3	**The PCB noted the Primary Care Transformation Integrated report**
PCB/24/24	**Primary Care workforce data – progress update**

24.1	Jayna Gadawala (JG) and Sarah Dixon (SD) presented this agenda item (see pages 56-117 of the document pack) and shared the following highlights:
	• Workforce recruitment and retention was a key issue for everyone within the system, this paper related mostly to general practice but the challenges and solutions being deployed could easily apply to other sectors.
	• The traditional model of a receptionist, GP and nurse had been transformed;
	  ○ ARRs had been introduced in 2019
	  ○ The role of the receptionist had expanded far beyond appointment booker.
	• HWE context:
	  ○ Workforce was growing but not at the national target rate of 6%.
	  ○ There had been a decline in GP partners against a total population increase of 1.3%.
	  ○ Ageing GP and nursing cohort.
	• Challenges in general practice mirrored those elsewhere in the system:
	  ○ Estates; lack of space to expand services.
	  ○ Training new staff: lack of space/capacity to support.
	  ○ Recruitment of ARRs; lack of suitable applicants; lack of space.
	• Response by ICB:
	  ○ Expansion of fellowships
	  ○ New to practice programme
	  ○ First Five/Wise Five network events/WhatsApp groups
	  ○ GP trainee support programme
	  ○ Support meetings for physician associates and other ARRs
	  ○ Expansion of PCN training teams
	  ○ Comms toolkit for practices to help explain the ARRs roles
	  ○ Retention programmes (how to keep experienced colleagues in the workforce).
	• GP capacity dilemma: GPs were available for fewer appointments if more time was spent in supervision/training.

24.2	Questions and comments were invited: • Protected time to learn and train was essential to develop all general practice staff (not just GPs). • Improvements could be made to the ICB training hubs' websites, some colleagues had struggled to register their interest. • The challenges facing newly qualified doctors were raised. It was hoped that the new to practice scheme and the First Five programmes would support this cohort. • The board celebrated the fact that practice managers and administrative teams were included in recruitment and retention programmes as well as clinicians; their role in general practice was significant. • Recommendations from Healthwatch could help identify and inform training needs across HWE. The input of patient groups and feedback from citizens was valued. • Training programmes would need to be flexible and responsive to changing cohort with different attitudes and expectations of work life balance. • It was noted that it would take longer for a clinician working on a part time basis to move from inexperienced to experienced status compared to their full-time colleagues.

	• It was suggested that the workforce data slides should be shared with INTs and practices. • A dedicated expansion lead was working hard to bring on board new practices as training centres and expand the number of trainers. Currently there were 90 training practices and 160 trainers working at Tier 3. • The collaboration in training and learning space could be extended across all professional groups. • An example was provided of the challenges facing general practice; even with a growing list size and no recruitment and retention issues, the ability to sustain a training programme against increasing financial and estate pressures was not sustainable. • The culture in HWE of valuing training, staff development and career progression was celebrated.
24.3	**The PCB noted the update on Primary Care workforce**
PCB/25/24	**Progress on Recommendations from the Healthwatch Commissioned Reports**

25.1	Emily Perry presented this agenda item (see pages 118-121 of the document pack) and highlighted the following:
	• The recommendations related to reports on accessing GP services published in March 2023. Developments related to:
	  ○ Cloud based telephony; engagement events with carers had been held.
	  ○ Training needs had been identified.
	  ○ ICB staff were working with practice to review patient experience.
	  ○ Assessment of practice websites.
	  ○ Development of NHS app.
	• Reports for the coming year would include orthodontics.

25.2	Questions and comments were invited • The continuing relationship between Healthwatch and HWE was highlighted as a strength of HWE's commitment to listen and engage with its citizens. • An update on the progress of recommendations was a good way to feedback to participants.
25.3	**The PCB noted the update on progress to date of recommendations from Healthwatch reports**
PCB/26/24	**Year End report on the Patient Association Project**
26.1	Rachel Power (RP) and Sarah Tilsted (ST) presented this agenda item (see pages 122 - 168 of the document pack) and highlighted the following: • The project had provided the training/tools and support needed to establish Patient Participation Groups and ensure they met the needs of the patient population and the NHS effectively. • The value of co-production within the wider community was well established and the Patient Association Project had helped establish links between primary care network leads and the wider community through buddy schemes, the Patient Engagement Forum and Advisory Board.

	• The commitment from HWE to championing the role of patient partnership working was applauded.
	• Recommendations for the coming year:
	  ○ Promote awareness of PPGs.
	  ○ Develop accessibility and inclusivity.
	  ○ Support for practice managers.
	  ○ Continue improvements in communication channels.
	  ○ Awareness of the pivotal role of PPG chairs.
	  ○ Develop the partnership between PPGs and wider networks.
	• HWE had achieved a strong foundation from which to develop this area.

26.2	Questions and comments were invited: • Further work was needed to strengthen and develop PPGs – coverage and engagement was not yet consistent across HWE. • The self-assessment tool would be a useful mechanism to measure engagement of existing groups; ultimately a cohesive network of PPGs would be established; each PPG was at a different level of maturity at the moment. • A small percentage of practices had not responded to the survey, and it was likely that this group would need ICB support to reinvigorate/create a PPG. • The issue of digital inclusion was an area that could be supported by PPGs/Patient Engagement Forum.
26.3	**The PCB noted the Patient Association Report**
PCB/27/24	**Update from the HWE Primary Care Citizen Representative**

27.1	Leighton Colegrave (LC) presented this agenda item (see pages 169-178 of the document pack) and highlighted the following:
	• LC and the two other citizen representatives had joined the PCB in May 2023 – the slides shared an overview of their involvement with the ICB since that time.
	  ○ The Patient Engagement Forum (PEF) had been established in June 2023.
	  ○ This now had c20 members and included the three citizen representatives, patients, Healthwatch and ICB staff.
	  ○ The PEF acted as an advisory group to the Primary Care Board, posing questions and making suggestions – not all PC related but always health related.
	  ○ Each patient citizen worked with their own PPG, helping to arrange the many activities and events, e.g. LC had recently organised a webinar about Pharmacy First.
	  ○ The PEF had input/discussions on a diverse range of different topics in the last year and saw themselves as collaborative partners.
	• Challenges around public perception and trust in the NHS were well publicised. Developing a wide network of patient groups to extend reach and diversity would only help improve this perception and create a free flow of information.
	• Aim: Every GP practice to have a meaningful PPG and build a closer working relationship with ICB communications teams and ICB Youth Council.

27.2	Questions and comments were invited: • The Chair thanked LC and the other Citizen Representatives who all gave up their time as volunteers to improve the quality of care for all in HWE.

	• There was a good structure in place to ensure that patients were at the centre of everything HWE did. • Future projects would be co-created by PEF and the executive team to ensure projects were meaningful and did not duplicate work being undertaken elsewhere in HWE.
27.3	**The PCB noted the update report from the Citizen Representatives**
PCB/28/24	**Primary Care Risk Register**
28.1	Andrew Tarry (AT) introduced this agenda item (see pages 179-186 of the document pack) and highlighted the following new risk: • GP contract: threat of industrial action/risk to resilience and capacity. This also could apply to community pharmacy/optometry and dentistry as and when these contracts were reviewed. (As previously raised, the optometry contract had been published shortly after the meeting papers had been prepared). • The risk register was a live document and a full review had been requested by the ICB Board to identify the numerous historic ongoing issues vs risks.
28.2	There were no questions arising.
28.3	**The PCB noted the latest iteration of the risk register**
PCB/29/24	**Minutes from subgroups**
29.1	The following reports were noted for information: • Primary care digital (pages 187-189 of the document pack) • Primary care workforce (pages 190-196 of the document pack) • Primary care transformation (pages 197-209 of the document pack)
29.2	AS reported that the minutes of the PC Workforce Sub-group had interposed “ophthalmology” with “optometry”; this would be corrected. In future more care would be taken to ensure the correct terminology was being used.
29.3	**The PCB noted the sub-group minutes**
PCB/30/24	**Reflections and feedback from the meeting**
30.1	The following was shared: • Today’s meeting had felt more GP focused than normal, but the pressures and challenges facing GPs (recruitment, retention, financial, estates etc) were relatable to all professions within primary care and learnings could be shared. • This was the last meeting of the Primary Care Board in its current form; following the recent governance review the PCB would meet under a new name and format at its next meeting in May. The meeting would continue to be held in public.
The meeting closed at 12.00pm	

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	HWE ICB Primary Care Transformation Committee				**Meeting Date:**	**23/05/2024**		
Report Title:	**Governance Update**				**Agenda Item:**	**05**		
Report Author(s):	Iram Khan, Governance Manager, Board and Committees							
Report Presented by:	Iram Khan, Governance Manager, Board and Committees							
Report Signed off by:	Avni Shah, ICB 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 > ▪ 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:	N/A							
Report History:	N/A							
Executive Summary:	**Introduction** The UK Corporate Governance Code (September 2014) requires Boards to "monitor the company's risk management and internal control systems and, at least annually, carry out a review of their effectiveness". The Committee manages this Code's provision by having 'Review effectiveness of the Committee', as a standing item on its Annual Cycle of Business. The second Primary Care Transformation Committee (previously Primary Care Board) Effectiveness self-assessment survey will be undertaken in line with all HWE Board sub-committees' self-assessment surveys, annually at Q1.							

	Purpose of the paper To inform the Committee of the annual Committee Effectiveness Self-Assessment process **Purpose of the review** The annual review is designed to: • Provide the Board with robust assurance of the committee's functioning and effectiveness; • Form the basis of the Board's own effectiveness review; • For the committee to examine its expectations of its members, and they are reminded of their duties; • Provide an anonymous platform to enable individuals to have a safe environment to offer constructive feedback for the organisation to reflect on; • Provide evidence of relevant achievements and development needs. **Methodology** The questionnaire has been designed around six main areas: • Committee Focus • Committee Team Working • Committee Effectiveness • Committee Engagement • Committee Leadership • Enhancing the Quality Committee The questionnaire was circulated to members following the March committee, via MS Teams Forms, with a two-week timeframe to complete and submit. Responses received are anonymous and have been collated into a feedback report and presented here for discussion. **Reporting** This will inform the assurance process within the annual report.
Recommendations:	**To note:** 1. Committee Effectiveness Survey Results 2. ICB Primary Care Transformation Terms of Reference 3. Draft ICB Primary Care Transformation Committee Work Plan

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

	< Provide details here - review the Register of Interests (Board/relevant committee membership), and highlight any potential conflicts, which the Chair needs to manage or state N/A if none >	
Implications / Impact:		
Patient Safety:	*[Consider the impact of the paper on patient safety, e.g. Does the paper support improvement in patient safety and mitigate risks to patient safety]*	
Risk: *Link to Risk Register*	*[Refer to latest Risk Register when completing]*	
Financial Implications:	*[State funding costs and potential savings]*	
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

ICB Primary Care Transformation Committee
Effectiveness Survey Results
April – May 2024

The committee effectiveness survey is an annual activity to gain and evaluate feedback from the members of Primary Care Transformation Committee regarding their thoughts relating to six key topics:

1. Committee Focus (Q1 to 4)
2. Committee Team Working (Q5 to 8)
3. Committee Effectiveness (Q9 to 15)
4. Committee Engagement (Q16)
5. Committee Leadership (Q17 to 19)
6. Enhancing the Committee (Q20)

The survey was distributed to members and attendees of Primary Care Transformation Committee. The survey was designed on MS Teams Forms to be anonymous to enable individuals to have a safe environment to offer constructive feedback for the organisation to reflect on. The survey was completed by 12 individuals.

Findings:

The charts attached summarise the responses received for each question.

Topic 1 – Committee Focus

- The Committee is clear of their purpose and understand its duties as set out in the Terms of Reference
- 11 members responded that they strongly agreed/agree and 25% disagree to the above statement.
- Nine members strongly agree/agree that the agenda is appropriately set in relation to the balance of the range of issues at system level including quality, performance targets, governance and financial controls, where relevant.
- Five members strongly agree/agree that the Committee and its members have adequate delegated authority as set out in the committee Terms of Reference, one member disagreed and the others felt neutral.
- 42% agree that the committee has a clear programme of work to ensure the ICB discharges NHSE statutory functions effectively, to provide assurance to NHSE and demonstrate improvement, one member disagreed.

Topic 2 – Committee Team Working

- 34% agree that the Committee has the right balance of experience, knowledge, skills and resources to deliver its role effectively.
- 17% strongly agree that the Committee ensures that the right levels and balance of attendance or contributions from the ICB and system partners is maintained to enable it to secure the required level of understanding of the papers / information it receives.
- Seven members strongly agree/agree that when a decision has been made or action agreed I feel confident that it will be implemented as agreed and to the agreed timescale, and two members disagreed with this statement.
- Six members strongly agree/agree that once a decision has been made the Committee supports it irrespective of personal views and opinions.
- 34% agree that the quality of committee papers received, and committee administration allow me to perform my role effectively. i.e. agenda/papers delivered on time ahead of meetings.

Topic 3 – Committee Effectiveness

- Ten members strongly agreed/agreed with the statement that members provide real and genuine challenge and contribute to problem solving.
- Four members strongly agree/agree with the statement that the Committee has established a work plan for the year which drives the business of the Committee and is linked back to the objectives of the Committee with three members disagreeing.
- 17% strongly agree that the Committee meets sufficiently frequently to deal with planned matters and enough time is allowed for questions and discussions, one member disagreed with this statement.
- Six members strongly agree/agree that they feel the topics covered in the agendas and work plan allow the committee to seek appropriate assurance in relation to equality and diversity whilst one member disagreed with this statement.
- All members that responded strongly agree/agree that they feel you have the opportunity to contribute to the committee discussions.

Topic 4 – Committee Engagement

The committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality, and risk management – eight members agreed with this statement whilst three members disagree.

Topic 5 - Committee Leadership

- Eleven members strongly agree/agree with the statement that committee meetings are chaired effectively and with clarity of purpose and outcome.
- All members that responded strongly agree/agree with the statement that the Chair allows debate to flow freely and does not assert their own views too strongly onto the debate.

- Eleven members strongly agree/agree with the statement the Chair has a positive impact on the performance of the Committee.

Topic 6 – Enhancing the Committee

Question:
Please could you take some time to share any views or suggestions about what could be done to enhance the Committee. We would welcome your views and any suggestions on how we could improve effectiveness as we transition to the new committee.

Comments received:

Refresh and clarify the role of the patient voice on the committee and its relationships with other patient representative groups/bodies.

The meetings are interesting and well run but having the papers further in advance would aid discussion

It would be helpful, once the new overall governance structures are bedded in, to review future workplans and agendas so that we have a shared direction of travel and to allow committee members/attendees to help shape future agenda-planning. This would enable us to gather and bring more intelligence to the table than is often possible when we just see agendas a week ahead.

Its really important that with its new title - there is no dilution of the areas it covers. Being held in the public domain is extremely important as it aids transparency and demonstrates accountability.

Sometimes to find the right person for a particular local issue takes too long. Not sure the feed back is two way traffic in a Citizen's rep perspective.

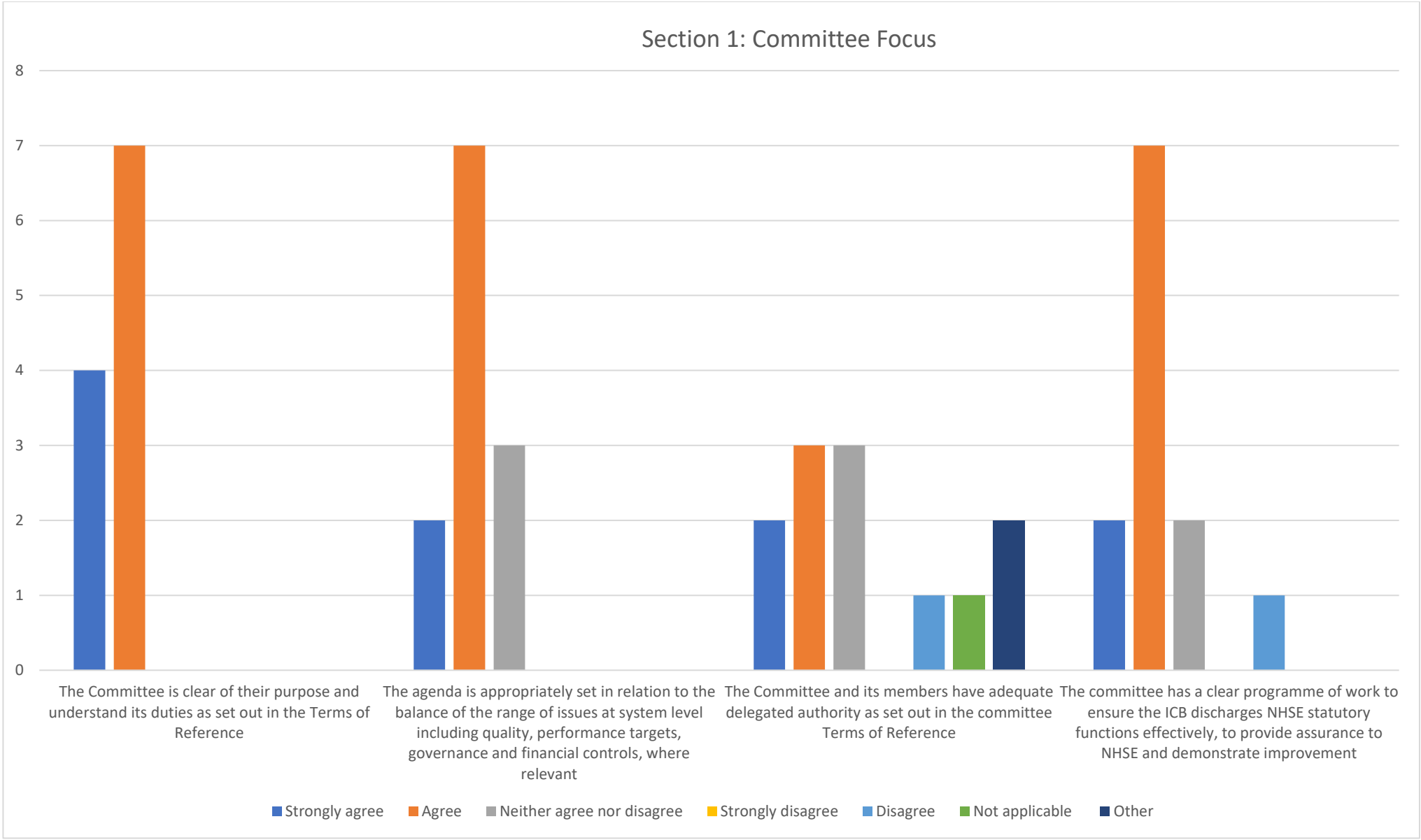
It needs more representation for social services.

Next Steps:

Overall, these results show that there is a high level of general satisfaction with the operation and effectiveness of People Committee. Some suggestions have been put forward to help enhance the new committee and these will be discussed at the meeting to ensure the appropriate balance between the effectiveness of the Committee, meeting papers and general engagement for the committee.

A full discission will be take place at the next meeting and in addition members are welcome to contact the Chair directly if they wish to discuss further.

We thank you for your support and feedback.


Section 1: Committee Focus
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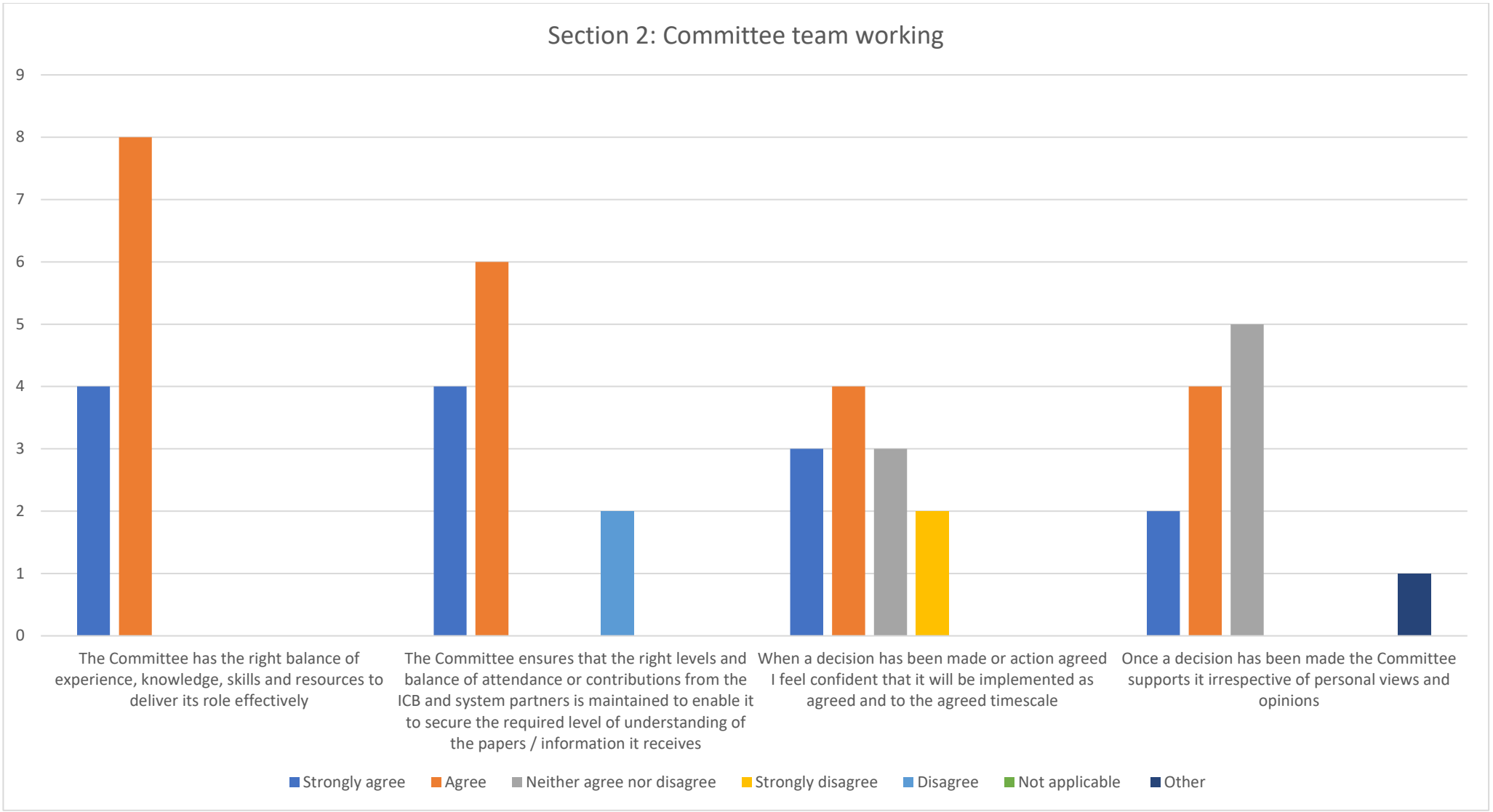
The Committee is clear of their purpose and understand its duties as set out in the Terms of Reference
The agenda is appropriately set in relation to the balance of the range of issues at system level including quality, performance targets, governance and financial controls, where relevant
The Committee and its members have adequate delegated authority as set out in the committee Terms of Reference
The committee has a clear programme of work to ensure the ICB discharges NHSE statutory functions effectively, to provide assurance to NHSE and demonstrate improvement
Strongly agree
Agree
Neither agree nor disagree
Strongly disagree
Disagree
Not applicable
Other


Section 2: Committee team working
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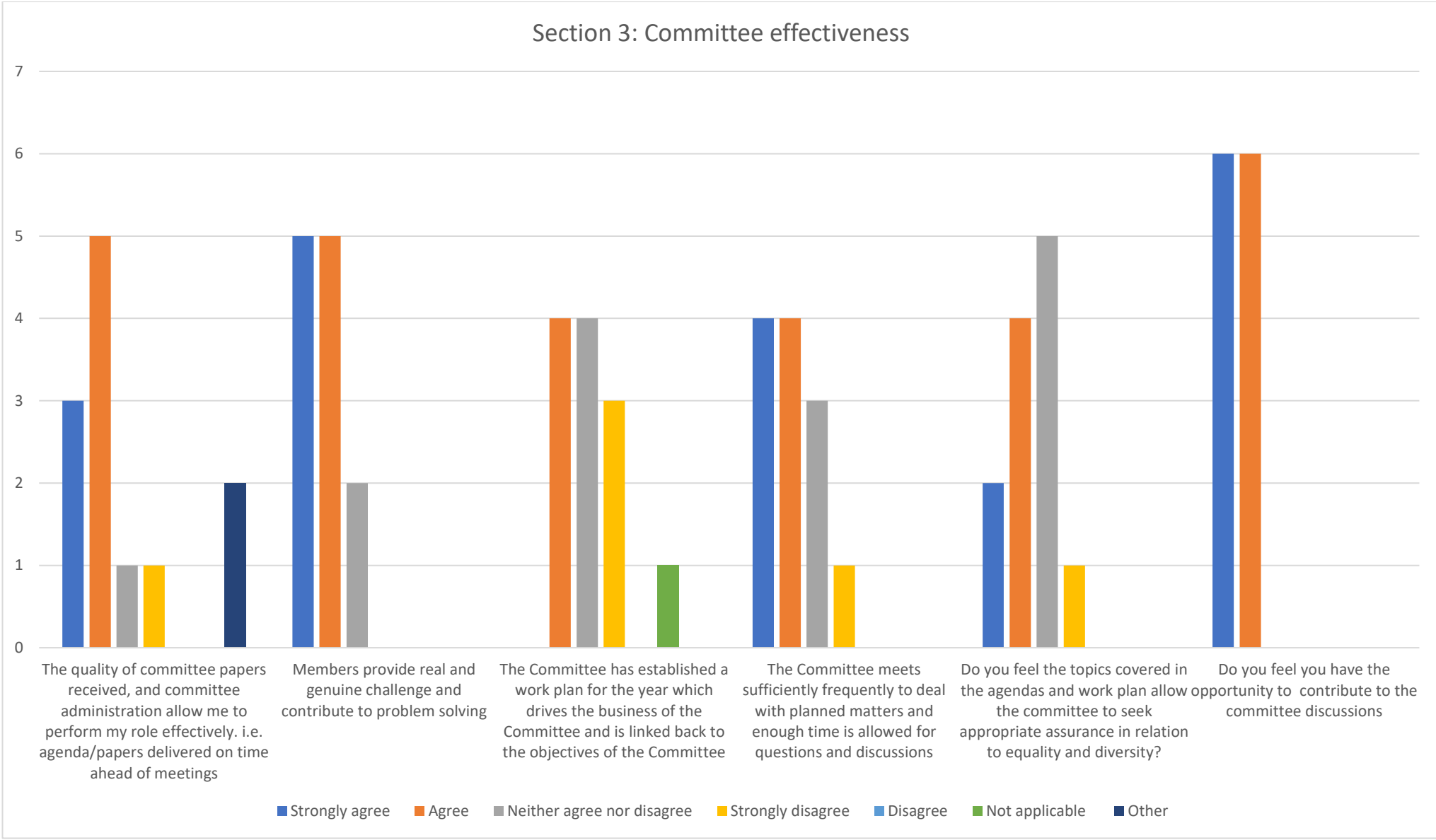
The Committee has the right balance of experience, knowledge, skills and resources to deliver its role effectively
The Committee ensures that the right levels and balance of attendance or contributions from the ICB and system partners is maintained to enable it to secure the required level of understanding of the papers / information it receives
When a decision has been made or action agreed I feel confident that it will be implemented as agreed and to the agreed timescale
Once a decision has been made the Committee supports it irrespective of personal views and opinions
Strongly agree
Agree
Neither agree nor disagree
Strongly disagree
Disagree
Not applicable
Other


Section 3: Committee effectiveness
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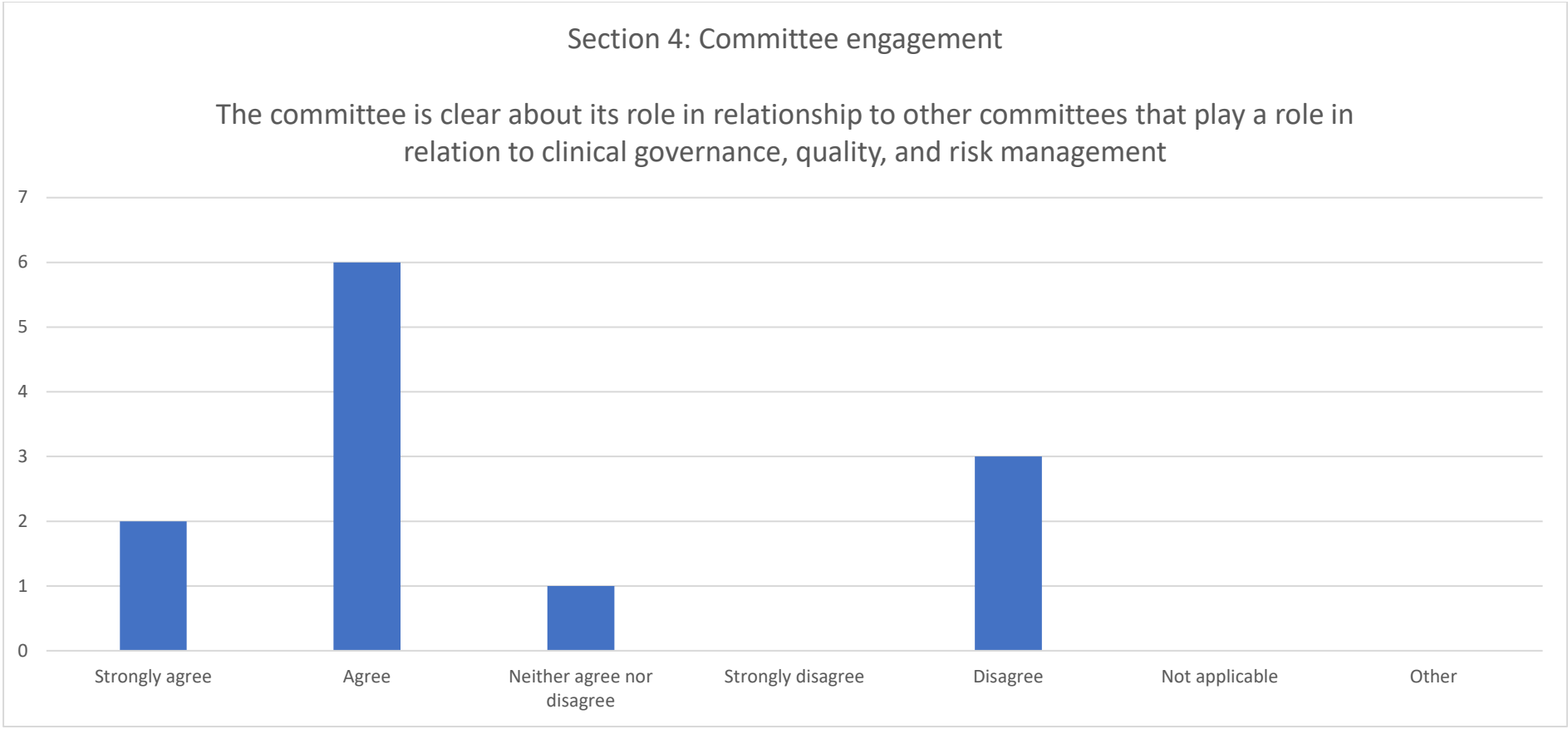
The quality of committee papers received, and committee administration allow me to perform my role effectively. i.e. agenda/papers delivered on time ahead of meetings
Members provide real and genuine challenge and contribute to problem solving
The Committee has established a work plan for the year which drives the business of the Committee and is linked back to the objectives of the Committee
The Committee meets sufficiently frequently to deal with planned matters and enough time is allowed for questions and discussions
Do you feel the topics covered in the agendas and work plan allow the committee to seek appropriate assurance in relation to equality and diversity?
Do you feel you have the opportunity to contribute to the committee discussions
Strongly agree
Agree
Neither agree nor disagree
Strongly disagree
Disagree
Not applicable
Other


Section 4: Committee engagement
The committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality, and risk management
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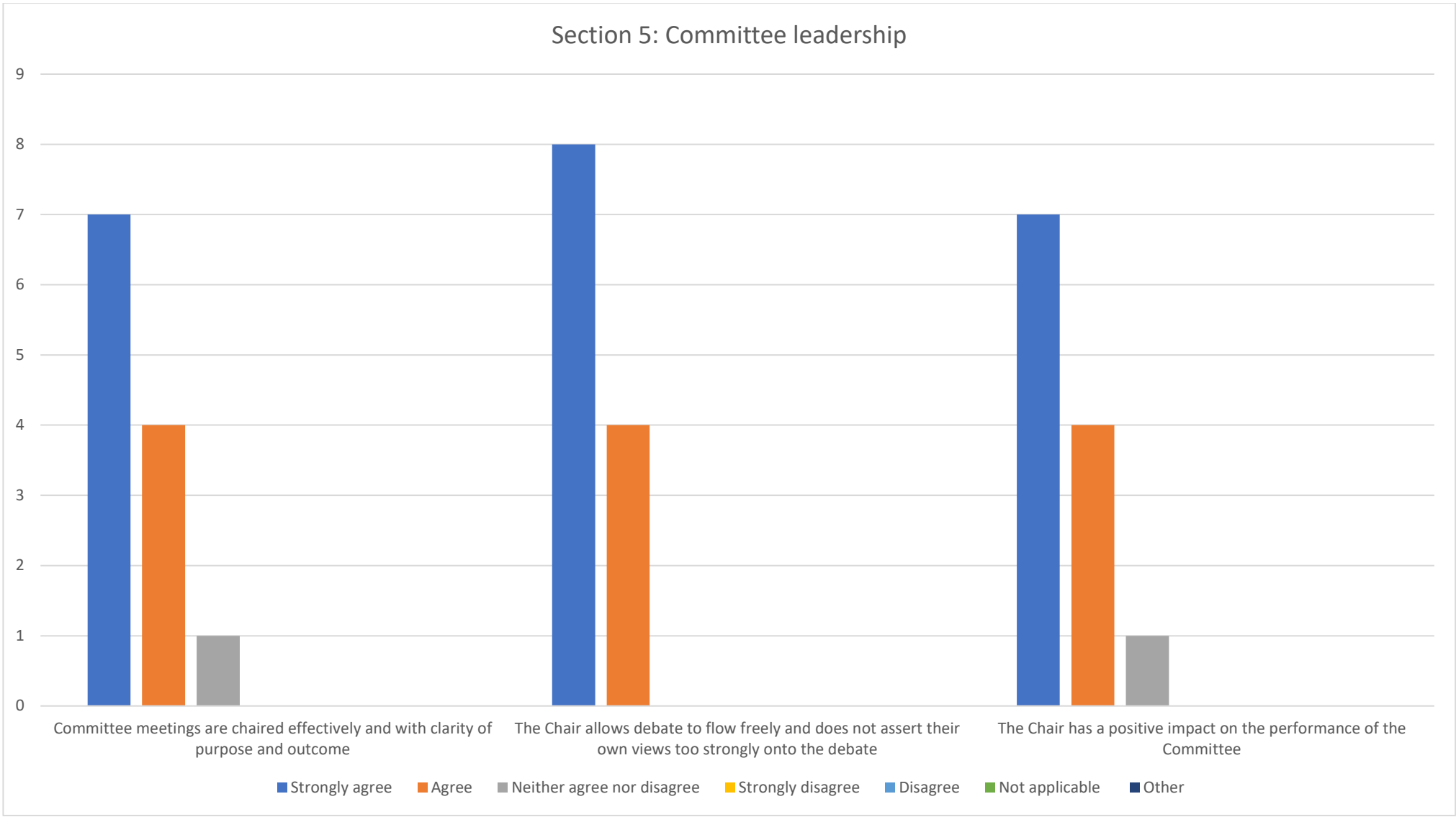
Strongly agree
Agree
Neither agree nor disagree
Strongly disagree
Disagree
Not applicable
Other


Section 5: Committee leadership
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Committee meetings are chaired effectively and with clarity of purpose and outcome
The Chair allows debate to flow freely and does not assert their own views too strongly onto the debate
The Chair has a positive impact on the performance of the Committee
Strongly agree
Agree
Neither agree nor disagree
Strongly disagree
Disagree
Not applicable
Other

19. Please could you take some time to share any views or suggestions about what could be done to enhance the Committee. We would welcome your views and any suggestions o...

6 Responses

ID ↑	Name	Responses
1	anonymous	Refresh and calrify the role of the patient voice on the committee and its relationships with other patient representative groups/bodies.
2	anonymous	The meetings are interesting and well run but having the papers further in advance would aid discussion
3	anonymous	It would be helpful, once the new overall governance structures are bedded in, to review future workplans and agendas so that we have a shared direction of travel and to allow committee members/attendees to help shape future agenda-planning. This would enable us to gather and bring more intelligence to the table than is often possible when we just see agendas a week ahead.
4	anonymous	Its really important that with its new title - there is no dilution of the areas it covers. Being held in the public domain is extremely important as it aids transparency and demonstrates accountability.
5	anonymous	Sometimes to find the right person for a particular local issue takes too long. Not sure the feed back is two way traffic in a Citizen's rep perspective .
6	anonymous	It needs more representation for social services.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Hertfordshire and West Essex Integrated Care Board

Primary Care Transformation Committee

Terms of Reference_2024 v1

1. Constitution

1.1 These Terms of Reference (ToR), set out the membership, remit, responsibilities and reporting arrangements of the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) Primary Care Transformation Committee.

1.2 Definition of Primary Care – Primary care services provide the first point of contact in healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, optometry (eye health) services.

2. Purpose and Remit

2.1 The Primary Care Transformation Committee is the key HWE ICS Primary Care forum supporting the ICB with the remit to:

- Propose the strategic direction for all primary care services;
- Identify the key priority areas needing change;
- Enable local clinical perspectives to inform strategic decision-making;
- Set the strategic context for primary care transformation and take oversight of its implementation and measuring success.
- Enable codesign/co-production across areas of primary care transformation and redesign in partnership with patients/citizens and all partners across the wider system.

2.2 The Primary Care Transformation Committee will play a key role in ensuring delivery of key national policy areas such as Long term Plan (LTP) requirements, Fuller Recommendations, GP Community, Pharmacy, Dental and Optometry contractual requirements and strategic direction; and will continuously review the annual plan and oversight of delivery of the of the HWE approved Primary Care Strategic Delivery Plan aligned to national and local strategies of ICS framework, People Plan, Digital, Quality and UEC strategy.

2.3 The Committee will set out the principles and methodology for transformation in the strategic delivery plan.

3. Role and Responsibility

3.1 Strategic Oversight and Transformation:

- Oversee the implementation, delivery and monitoring of the primary care strategic delivery plan.
- Provide a single forum for the oversight of all primary care services (GP, Dental, Optometry and Community Pharmacy) transformation and innovation across the Integrated Care System, using best practice and a population health management approach to the development and integration of services at a system, place and neighbourhood level. This

includes enabling functions including workforce, digital and estates where appropriate.

- It is essential for the forum to scope opportunities of transformation through integration of primary care services with partners and oversight of delivery of transformation plan through developing Health and Care Partnerships
- To drive quality and reduce unwarranted variation in outcomes for patients in primary care across HWE using quantitative data and appropriate qualitative data from partners including Healthwatch, patient feedback.
- To ensure there is alignment of plans across HWE ICB system and place work programmes.

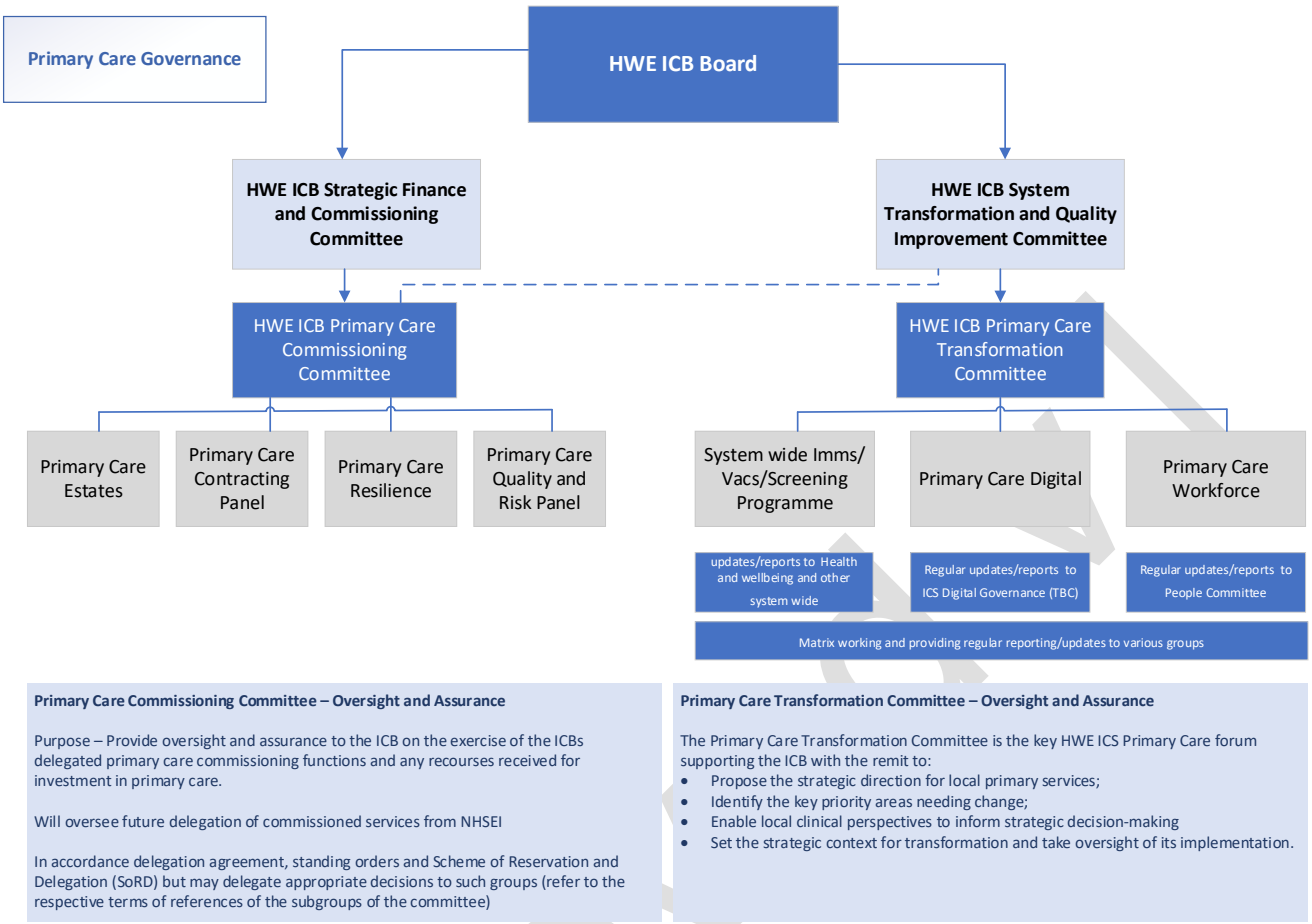
3.2 Communication and Engagement:

- To be the 'go-to group' to which any transformational change goes to engage primary care across HWE ICS work streams and ensure there is alignment to each place.
- Ensuring patient/citizen engagement and lived experience is at heart of transformational change through co-design using a population health management approach based on need. This needs to be practice/primary care network/Neighbourhood/locality/place/system.
- To facilitate clear communication between the HWE ICB Board, ICB System Transformation and Quality Improvement Committee, Primary Care Providers and partners across system and place and all our partner on matters relating to System development.
- Ensuring clinical debate about the key priority areas including impact on primary care in terms of workload, quality which will feed into strategic decision-making.

4. Accountability and Governance Structure

4.1 The Primary Care Transformation Committee will be underpinned by good governance principles and robust assurance processes, to ensure accountability to the public as patients, citizens or taxpayers.
The Primary Care Transformation Committee is accountable to the ICB System Transformation and Quality Improvement Committee and HWE ICB Board. Where there are financial and contractual implications of strategic decisions related to primary care providers, in line with the organisation's SFIs these will be referred to the Primary Care Commissioning Committee for a decision.

Primary Care Transformation Committee will have specific working groups reporting progress into the group in particular these will include primary care workforce and primary care digital.



5. Operating Principles

5.1 Each member on the Committee is there in an individual capacity bringing in the experience and acting for the benefit of the system as a whole and not for any organisation that they may also be employed by.

6. Reporting and Responsibilities

6.1 The Primary Care Transformation Committee is accountable to the HWE ICB System Transformation and Quality Improvement Committee.

- The Group will be supported by a number of work stream delivery groups, chaired by appropriate senior responsible officers (SROs) focussed on the improvement areas to deliver the required system wide benefits.
- On behalf of the ICB System Transformation and Quality Improvement Committee, the Chair is responsible for ensuring that workstream Senior Responsible Officer's are held to account for the successful implementation of agreed schemes to support financial, quality and operational improvements.
- Work streams are accountable to the Primary Care Transformation Committee, which reports into the ICB System Transformation and Quality Improvement Committee.
- Workstreams will provide regular highlight reports and where necessary exception reports, or in-depth reports as required by the Committee.

- The Group will have 2-way relationship with the Primary Care Commissioning Committee of the ICB.
- The Committee will receive regular updates from its subgroups and from representatives of the committee from place including locality leadership.

7. Composition and Quoracy

7.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest. If a Chair has a conflict of interest, then the co-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.
Membership	The members will be representative of the HWE health and social care community to ensure diverse input and decision making. When determining the membership, active consideration will be made to equality, diversity and inclusion. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters. **Committee Members:** • ICB Primary Care Partner Members (x3) • Community Trust Partner Member (or Deputy) • ICB Director of Primary Care Transformation • ICB Medical Director • ICB Director of Operations • 3 Nominated Primary Care (GP/PCN CD) leads across HWE (one from each place) • Independent Clinical advisor for Dental • Chief Pharmacist AD for Primary Care Strategy and Planning
Attendees	• Healthwatch Representative 1 representative for Hertfordshire and 1 for Essex • Local Professional Committee representatives Hertfordshire and Essex (LMC, LPC, LOC, LDC) • Citizen representatives from each place (3 representatives) • Voluntary Community and Social Enterprise (VCSE) representative • ICS Clinical leads for Strategic Programmes/Enablers as

	appropriate –primary care transformation, primary care prescribing, workforce and digital • ICB Communications lead • Head of Primary Care at Place (3) • AD for Primary Care Contracting • PH leads Hertfordshire and Essex (1 from each as appropriate) • Representatives from Adult Social Care leads from Hertfordshire and Essex (1 from each as appropriate) • Other leads including Health Education England; Education sectors; digital and other managerial leads as appropriate.
Member roles and responsibilities	All members are required to attend or send a deputy. Workstream and Portfolio leads must ensure that reports and papers are submitted to enable circulation 5 days before the meeting. All members are required to complete assigned actions and provide updates to the Group in line with the action log. All members are required to be full and active participants, to ensure that relevant expertise is available to the Board to facilitate effective management of the workstreams.
Meeting frequency and Quorum	The Primary Care Transformation Committee will meet every other month. Additional meetings may be convened on an exceptional basis and at the discretion of the Chair. This meeting provides strategic oversight and is not a forum for decision-making. A meeting will be considered quorate if 50 per cent of members are present, which must include either the Chair or Vice-Chair and one Executive Director. No formal business shall be transacted where a quorum is not reached.
Meeting Arrangements	The full membership of the Primary Care Transformation Committee will meet on a bi-monthly basis, with work stream Senior Responsible Officer's and members supporting programme delivery joining working group meetings in the intervening months. Meetings will be held in public and will be online or hybrid and in-person to ensure maximum attendance. Members who cannot attend will be expected to send deputies.

8. Behaviours and Conduct

8.1 ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

Members of, and those attending, the Primary Care Transformation Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

8.2 Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. Secretariat, Administration and Review

The Primary Care Transformation Group shall be supported with a secretariat function which will include ensuring that:

Distribution of papers	The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
Minute taking	Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
Updates	The Group is updated on pertinent issues/ areas of interest/ policy developments. Action points are taken forward between meetings and progress against those actions is monitored.
Review	The Primary Care Transformation Group will review its effectiveness at least annually. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

Document Control:

Version	Date	Approved By	Review	Change made
V1	Friday 26 April 2024	HWE ICB Board	Annually	n/a

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Primary Care Transformation Committee

Work Plan and Deadlines for Papers 2024/25

Deadlines for Papers *(Unless alternative arrangements have been agreed with the Chair and Exec Lead)*	**2024-25**					
Date of Meeting	Thursday 23 May	Thursday 25 July	Thursday 26 September	Thursday 28 November	Thursday 30 January	Thursday 27 March
Final Papers to Corporate Governance by 5pm (9 days before the meeting) Friday	10 May	12 July	Friday 13 September	15 November	17 January	14 March
Final Papers to Committee Members (7 days before the meeting) Thursday	16 May	18 July	19 September	21 November	23 January	20 March
Planning meetings with Chair and Executive Lead						
- **Agenda setting (6 weeks before meeting date)**	6 April	TBC	TBC	TBC	TBC	TBC
- **Pre-meet (1 week before meeting date)**	17 May	TBC	TBC	TBC	TBC	TBC
- **Post-meeting review (within 1 week following the meeting)**	**17 Jun – 1.30pm**	TBC	TBC	TBC	TBC	TBC
Committee Work Plan	√	√	√	√	√	√
Committee Terms of Reference	√	√	√	√	√	√
Committee Self-assessment of Effectiveness (2023-24)	√					
Committee Summary for escalation to the Board	√	√	√	√	√	√
Session in Public						
1. Welcome & Apologies	√	√	√	√	√	√
2. Declarations of Interest inc. Register of Committee Members	√	√	√	√	√	√
3. Impact assessments for reports: Equality Impact Assessment (EQIA) / Quality Impact Assessment (QIA) / Data Protection Impact Assessment (DPIA)	√	√	√	√	√	√
4. Minutes of previous meeting & Action Log	√	√	√	√	√	√
5. Questions from the public	√	√	√	√	√	√
6. Risk Register	√	√	√	√	√	√
7. Primary Care Board Workplan each place – Roshina/Cathy/Philip	√	√	√	√	√	√
8. Primary Care System Access Plan – Andrew Tarry	√	√	√	√	√	√

9. Sub group minutes each mtg PC Digital – 1 10. PC WIG – 1	**√**	**√**	**√**	**√**	**√**	**√**
11. **Citizen Representatives Update – each mtg** Leighton Colegrave/Marianne Hiley/Joy Das	***TBC***			**√**	**√**	**√**
Evaluation of winter 23/24 and plans for 24/25 Philip Sweeney/Team		**√**				
Estates – TBC						
Evaluation of the Dental Enhanced Access Pilot – Michelle Campbell			**√**			
ECF evaluation – Sam Williamson		**√**				
Dental update – Michelle Campbell				**√**		

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 Transformation Committee meeting held in Public		**Meeting Date:**	**23/05/2024**
Report Title:	**Primary Care Transformation– Directorate Report**		**Agenda Item:**	**07**
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 receive key updates from respective leads on areas including a. Update on Dental b. Update on Medical Examiners c. Opportunity to bid for Hypertension Case Finding in Dental and Optometry contractors as pilot
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 ▪ Support the team in putting the bid for the Hypertension Case Finding pilot in Dental and Optometry contractors

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	X	***Non-Financial Personal***	☐
	None identified			
	Conflict of interest -if successful in pilot for dental and optometry			
Implications / Impact:				
Patient Safety:	*Areas of progress which will impact on improving patient outcomes and patient safety.*			
Risk: *Link to Risk Register*	*No new risks identified through this report which are not already on the directorate risk register*			
Financial Implications:	*Not applicable*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

Hertfordshire and West Essex Integrated Care System

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Primary Care Transformation– Directorate Report May 2024

Avni Shah, Director of Primary Care Transformation

Contribution from a number of lead across the directorate

Working together
for a healthier future

Vaccinations

COVID and Flu Vaccination Update

- Spring ’24 Covid vaccinations programme started on 15 April ‘24 for housebound and care home residents. All other eligible cohorts were able to be vaccinated from 22 April onwards.

- Eligible cohorts: adults aged 75 years and over, residents in care homes for older adults and individuals aged 6 months and over who are immunosuppressed

- Spring 2024 programme for Covid vaccinations – uptake to date is 42% for all eligible patients, compared to 56% in region. Care home residents – 60%, Aged 75 years plus – 48%, Immunosuppressed patients - 18%. Phase 3 of the research project into barriers for immunosuppressed patients accessing a vaccine is due to commence toward the end of May. Targeted phone calls will be made by HCT nurses to immunosuppressed patients who have not accessed a vaccine to enable a clinical conversation to take place to increase uptake.

- The spring campaign will continue until the end of June ‘24

- Flu letter for 24/25 published cohorts 65+, at risk including pregnancy, 2 & 3 year olds and all primary and secondary school children and health care workers. Children to start in September, adults in October (except in pregnancy)

- With the rise in MMR infections, primary care leads working with infection prevention control have commissioned and delivered training to several people working in Primary Care Networks who can then FFP3 fit test staff across their area. The ICB is in the process of sourcing testing kits to those who are now trained with the availability of respiratory hoods for practices that cannot get enough staff adequately fit tested on FFP3 masks.

Vaccinations

RSV

- Respiratory syncytial virus, or RSV, is a **common respiratory virus that usually causes mild, cold-like symptoms**. Most people recover in a week or two, but RSV can be serious. Infants and older adults are more likely to develop severe RSV and need hospitalization. If you are age 60 or older, a vaccine is available to protect you from severe RSV.

- Access to RSV vaccination is expected later this year for over 75s – awaiting confirmation

- Access to RSV vaccination also expected later this year to project infants, either as maternal or infant dose – awaiting confirmation

Measles Mumps Rubella (MMR)

- Whilst not declared as an incident, weekly ICB and Health Security Agencies meetings happen weekly to monitor spikes. With the potential risk of measles cases there is an enhanced focus on MMR vaccination uptake across all age groups

- Working in the system, targeted communications to GP practices identified with lower than national uptake on 1st and 2 doses of MMR.

- NHS England (East of England) announced that it is commissioning an Immunisation Call & Recall Service for the region, commencing on 1st April 2024. The aim is to improve vaccine coverage across the region and reduce the risk of outbreaks of vaccine preventable disease, with a current plan to focus on the measles, mumps, and rubella (MMR) vaccine.

- This will be delivered by our two Community and School Aged Immunisation Service (CSAIS) providers (Hertfordshire Community Trust and Essex Partnership University Trust) in partnership with the Child Health Information Service, delivered by HCT.

- First tranche of data is expected later in May.

Update on Voluntary sector work

- Assura PLC (via The Assura Community Fund) and Hertfordshire and West Essex Integrated Care Board are providing funding and working in partnership with VCSE partners, Primary Care Networks, and Integrated Neighbourhood Teams, to support a grants programme, to reduce health inequalities, help prevent poor health - and improve opportunities for better lives in Hertfordshire and West Essex.

- All applications must meet a minimum of one of the following outcomes:
    - Projects which reduce health inequalities, improve real, or perceived access to health services.
    - Projects which support people to live a healthier life.

- To date, 23 applications for funding have been received with £208,864 awarded so far (out of a total of £272,650 available).

- All applications are aligned with one or more of the ICB/ICS priorities – for examples:
    - 12 applications are primarily aligned to improving support for people living with life-long conditions, long-term health conditions, physical disabilities and their families – but in addition to this will have other wider benefits
    - 7 applications are primarily aligned to supporting communities and places to be healthy and sustainable
    - A number of projects also target specific cohorts of the population, for example those with learning disabilities, serious mental illness or those living with dementia and carers.

Next steps:

- Plans for remaining projects still to be determined (£63,786 left to allocate)

- Phase 2 discussions to take place around a possible system wide approach to further projects, to ensure that targeted interventions are put in place that will support known issues within wider areas, where required

Primary Care Strategy and Transformation

Engagement with Carers:

- HWEICB, alongside Carers in Hertfordshire, held two face to face engagement events with carers this March.
- The events were established in response to feedback that had been received by the ICB from the Hertfordshire Carers Co-production Board last year, where concerns were raised around the variance between practices related to access and support that carers receive from their GP practice - the events were set up so the ICB could hear directly from carers about their experiences with general practice, in order to learn and then share best practice out to general practice that we hope will help to support positive change.
- An evening session will take place online on 22 May for those carers who were unable to make the face-to-face events.
- Feedback gathered at the events will be shared out widely with general practice and relevant colleagues once the online event has taken place.
- The intention is to deliver a similar carers engagement event in West Essex and discussions around this are taking place with relevant colleagues.
- Consideration is also being given around the best way to engage with young carers so that we can listen to their viewpoints too.

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

- A project intended to improve and align the access that non-medical healthcare professionals have around ordering blood and imaging tests continues to progress.
- We know that the access these professionals have to tests is currently inconsistent across Hertfordshire and West Essex and the ICB is committed to ensuring that primary care has the necessary systems and processes in place to capitalise on the role played by the non-medical workforce.
- A project steering group (which includes primary care clinical, pathology, radiology and IT leads from local acute hospitals, ICB leads for relevant areas including transformation, workforce, training, IT and planned care, as well as colleagues from the ImageEast Network) has been convened.
- Results from a recent survey about access to bloods and imaging that was shared with all GP practices and PCNs in HWE are being used to determine the areas of focus that phase 1 of this project will focus on – e.g which non-medical healthcare professionals should be able to access which tests. Results highlight an initial ask for practice nurses, paramedics, pharmacists and physiotherapists to have access to plain film x-rays (particularly chest x-rays). This has been discussed by clinical leads who are part of the project Planned Care Sub-Group, and once this has been formally agreed by the wider project steering group, training and IT subgroups will be established to ensure that all appropriate steps are taken to allow appropriate access.

Healthwatch reports:

- The Primary Care Directorate continue to work through the recommendations from previously commissioned Healthwatch Hertfordshire and Healthwatch Essex reports.

- Papers that include information on actions completed to date against recommendations within reports, and those that need to be discussed/ addressed moving forwards continue to come to Primary Care Transformation Committee meetings.

- A process for new reports from January 2024 onwards has been agreed which will help ensure that recommendations from Healthwatch reports are reviewed and agreed by the relevant clinical and managerial leads at the ICB from the outset, ultimately leading to more rapid change and transformation in local service provision.

- For Q1 of 24/25 both Healthwatch Hertfordshire and Healthwatch Essex are focusing on a report around orthodontic services across Hertfordshire and West Essex.

MS Teams folder set up to share learning across primary care in Hertfordshire and west Essex:

- To support continued collaborative working, a Primary Care Strategy and Transformation Microsoft Teams folder has been set up to share information and data across primary care in order to reduce email traffic and ensure we can easily share learning between PCNs and general practice sites.

- The folder contains information such as PCN Transformation plans, the care homes dashboard, PCN strategies and PCN data packs, and any supportive communications materials for practices to adapt for their own use.

- Information within the folder is being reviewed and updated regularly.

- PCN Community Pharmacy Integration Leads will soon be added to the folder in order to strengthen collaborative working.

- This has been established following feedback from Clinical Directors, PCN managers and clinical leads where there was an ask to have a repository of information, rather than finding and searching past newsletters. Members of the folder include a number of ICB and primary care colleagues and this list will be reviewed and expanded as appropriate.

Hertfordshire and West Essex Integrated Care System

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Dental Update

Michelle Campbell, Head of Primary Care Contracts

May 2024

Working together
for a healthier future

Dental Recovery Plan - National

- On 7 February 2024, NHSE published their joint plan with the Department of Health and Social Care on the recovery and reform of NHS Dentistry NHS England » Millions more dental appointments to be offered under NHS Dental Recovery Plan
- The plan outlines changes that aim to support:
    1. Prevention of poor oral health; this will remain with Local Authorities to initiate through Oral Health Programmes working collaboratively with the ICB
    2. Increase access and delivery of activity:
        a) New Patient Premium/Tariff will be introduced for patients who have been unable to access care in the past 2 years; additional payments on top of the current treatment Bands 1 (£15), 2 and 3 (£50)
        b) Increase of the minimum UDA value from £23 to £28 – this was effective from 1 April 2024 and there were 9 contracts in HWE ICB that benefited from this uplift. All other UDA rates exceeded £28.
        c) Offer of a "Golden Hello" – funding for up to 240 posts across England where recruitment is challenging on the proviso that the dentist commits to stay in post for a full 3 years
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- The final 2023-24 year-end position is expected to be available in July 2024.

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    - Watford
    - Hemel Hempstead
    - Waltham Abbey (also delivers session on Saturdays)
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- 3,500 additional same day appointments have been made available since the start of the pilot (11 December 2023); patients are booked into these appointments via 111 following clinical triage.

- Patients who require ongoing treatment can be accepted by the dental practice and be seen under their main GDS Contract

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- The ICB Primary Care Strategic Delivery Plan 2023 - 2026 for HWE ICB identifies several priorities to address the oral health needs of the population.

    - Review of in and out of hours urgent dental services
    - Enhanced oral support including education working with public health through oral health promotion initiatives
    - Scope and commission outreach to care homes
    - Development of a recruitment and retention plan including skill mix for the dental workforce
    - Improve impact of planned routine care reducing need for urgent on the day services

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  Achieved by: understanding of secondary care pathways to identify where activity can be delivered within primary care using a skilled workforce
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- **Reducing Inequality in Long term conditions** with a specific focus on reducing inequality of outcome for CVD (hypertension focus)
  *Achieve by: Implementation of a pilot within dental practices on hypertension case finding – **subject to funding bid being approved by NHSE***
- **Children and Young People** with a specific focus on improved access in community services and neurodiversity services
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Dental Workplan for 2024-25

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Current and Future Priorities (Next Steps)

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Out of Hours dental service		Scope and commission integrated out of hours dental service within the wider out of hours pathway	
Enhanced Oral Support	Work with providers and local authority to identify and scope plan to deliver improvements in oral health: - Screening in special schools in LTLAs - Participation in national epidemiology survey - Screening and oral health promotion across primary schools in LTLAs		
Care Homes	Review of care home pilot and extend commissioned services across all care homes in an integrated way with the SCDS and local dental providers		
Hard-to-reach groups		Scope and commission services targeted at specific patient cohorts e.g. migrants, homeless, children in care/looked after children	
Use of skill mix		Development of dental workforce to include upskilling of dental nurses and therapists and implementation of integrated roles between primary, community and acute	
Recruitment and Retention		Development of a recruitment and retention plan aligned to the Dental Recovery “Golden Hello” to attract and retain dental workforce in the local area	
Contract delivery		Re-purposing of dental activity to areas of high need to secure access where it is needed. Implementation of flexible commissioning to deliver improvement of oral health outcomes	
Community Dental	Funding agreed to implement anxious patient pathway (implementation in 2024-25)	Review and development of a single service specification for community dental services across HWE to include integration of pathways between primary and community services (implementation from April 2026)	

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Suffolk & North East Essex

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Regional Chair	Regional Chair	Regional Chair	Regional Chair	Regional Chair	Regional Chair	Regional Chair
Regional Chair				Regional Chair	Regional Chair	
Regional Chair						

All regional MCN Chairs contracted for 2 sessions per week apart from the DCP MCN Chair who is contracted at 0.5 sessions a week.

Additional 0.5 session per week MCN chair capacity to allow flexibility for changing priorities and projects.

Hertfordshire and West Essex Integrated Care System

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Medical Examiner Update

Rosie Connolly, System Quality Director

May 2024

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for a healthier future

Introduction of Medical Examiners for all non-coronial deaths

Context

A key part of the National Patient Safety Strategy to support learning and improve patient safety, as well as better support bereaved families and giving them a voice.

The introduction of Medical Examiners for all non-coronial deaths is part of the wider reform of the death certification process. The reforms change the way in which the causes of deaths are scrutinised and certified in England and Wales

The regulations introduce new medical certificates of cause of death (MCCD) to be used by attending practitioners and Medical Examiners from 9 September 2024. Independent scrutiny by a medical examiner will become a statutory requirement prior to the registration of all non-coronial deaths in England and Wales from this date.

Since 2019, NHS trusts have appointed Medical Examiners to scrutinise most deaths in acute healthcare settings and some community settings on a non-statutory basis.

Role of Medical Examiners

Medical Examiners are senior medical doctors that independently scrutinise the causes of death, they are trained in the legal and clinical elements of the death certification process. The purpose of the medical examiner system is to:

- provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- improve the quality of death certification
- improve the quality of mortality data.

How Medical Examiners can benefit Primary Care

Medical Examiners are already delivering benefits where they are scrutinising deaths in wider healthcare settings, including fewer rejected MCCDs, improved referrals to coroners, improvements to patient care, and positive feedback from certifying doctors and bereaved people.

Potential benefits for GPs include:

- **Supporting the bereaved**: For GPs, this can reduce workload by taking care of enquiries/ concerns. This does not replace GPs speaking with families or next of kin, and providing the support they wish to give.
- **Support with MCCD completion**: specialist training and understanding of the MCCD and death certification processes means Medical Examiners can reduce the burden associated with coroner notifications from GP practices.
- **Supporting work with coroners' offices**: Medical Examiners are a source of medical advice for coroners, which should reduce requests from coroners for GPs to discuss cases.
- **Timely completion of scrutiny**: Medical Examiners complete their scrutiny in a timely manner to facilitate registration within five days.
- **Complex cases**: Medical Examiners will support the doctor completing the MCCD, drawing on their extensive knowledge gained through training and regular exposure to more complex scenarios to support and advise. This will assist GPs in completing MCCDs accurately in more complex cases.
- **Urgent release of the body**: Medical Examiners will develop positive relationships with contacts in faith communities, and will be able to support GPs if there are requests for urgent issue of the MCCD.
- **Clinical governance**; where issues are detected, Medical Examiners will offer non-judgmental feedback. Their aim is not to find fault or review in unnecessary detail.
- **Concerns and learning**; a key objective for the Medical Examiner system is to identify constructive learning to improve care for patients.

Changes to death certification process

Main changes to the death certification process are;

- From the 9th September it will no longer be possible to register a death without Medical Examiner sign off.
- Removal of the requirement for the attending doctor to have seen the deceased within 28 days – any doctor who attended the deceased during their lifetime and knows the cause of death can complete the medical certificates of cause of death (MCCD).
- Several changes to the MCCD including adding information about whether it's a maternal death, the ethnicity of the deceased and whether they had any medical devices eg pacemaker.
- The statutory time frame in which families must register the death remains 5 days but this does not start until the Registrar receives the cause of death from the ME or Coroner.
- There will be no requirement for registrars to refer cases to the Coroner i.e. the attending doctor and ME will agree the cause of death and this will not be rejected/referred by the registrar.
- Cremation form 4 will no longer be required.

Further information available

- The government has confirmed that there will be further communication regarding legislative changes and operational guidance between now and September.
- Royal College of Pathology online event 11th June Death Certification Reforms Legislation Update (rcpath.org)
- NHSE information for primary care https://www.england.nhs.uk/patient-safety/patient-safety-insight/national-medical-examiner-system/non-coronial-deaths-in-the-community/

Implementation of Medical Examiner process in Herts and West Essex

Current position

- System work to roll out Medical Examiner scrutiny of community non-coronial deaths ongoing for last 2 years
- Monthly system meetings in place with attendees including local Medical Examiner leads, LMC representatives for both Herts & Beds and Essex, GP representative, ICB End of Life Lead and ICB Patient Safety Specialist
- All practices across HWE contacted by relevant Medical Examiner Office
- HWE have wider roll out to date compared with systems across East of England. Over 60% practices referring cases regularly.
- 88% of HWE practices actively engaged with Medical Examiner Offices.
- National digital solution significantly delayed, systems asked to identify local work arounds. This is in place for HWE.
- Ongoing review of processes to ensure as efficient as possible
- Liaison with faith leaders regarding timeliness of processes for faith deaths, WHTHT hosting out of hours rota to support.
- Multiple webinars hosted by ICB and Medical Examiner Leads to support primary care and community providers

Next steps

- Ongoing communication to General Practice and community providers as further national guidance is released
- Implementation of a system Learning from Deaths forum, to support learning from multiple death processes including Medical Examiners, Child Death process, LeDeR process etc

Hertfordshire and West Essex Integrated Care System

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Hypertension Case Finding Pilot – Dental and Optometrists

Simon Hey, Senior Commissioning Manager

May 2024

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for a healthier future

Opportunity to case find Hypertension in Dental and Optometry- PILOT

NHS England are offering ICBs the opportunity to bid for funding to establish hypertension case finding pilots in dental and optometry services. There is:

- Funding of up to £50k for 10 ICBs for case finding in dentistry, and up to £60k for 4 ICBs for case finding in optometry.

  The funding is available for: Purchase of equipment; Incentive payments and Staff training

  To date the project has the support of the ICB Dental Clinical Lead and both Hertfordshire and West Essex Local Optical Committees.

Our rationale for applying

- HWE ICB is below national and peer averages for hypertension prevalence and detection rate. The most recent CVD Prevent data shows hypertension prevalence of 15.31% compared to a national average of 16.25% (Source: CVD Prevent, December 2023). Hypertension prevalence ranges from 14.39% in ENH to 15.94% in SWH.

- Comparison to modelled estimates suggests that HWE ICB's hypertension detection rate is 50.8% compared to our peer median of 53.4%, placing us in the lowest quartile of ICBs (Source: QOF and NCVIN via MHS, 2021/22).

- Five-yearly blood pressure check coverage declined steeply during the pandemic and has not yet recovered to pre-pandemic levels (Source: QOF 21/22).

- We have implemented a range of initiatives to date, primarily in GP and pharmacy, to try to improve detection. However, the rate of case finding has not accelerated and remains in line with national increases.

- Our data suggest there may be groups of people with undiagnosed hypertension who are not engaging with BP checks in GP and pharmacy, and who consider themselves to be in good or excellent health. We hope that undertaking case finding outside of GP/pharmacy will enable us to 'cast a wider net' to capture groups not currently receiving a diagnosis

Dental and optometry CVD case finding pilots

2024-25 pilots

April 2024

The need for CVD risk factor case finding pilots

Progress so far towards NHS Long-term Plan CVD prevention ambitions is positive, but there is still more to achieve:

- 66.87% patients with hypertension are treated to age-appropriate threshold, not yet meeting 80% 2024/25 OPG target
- 90.74% patients with AF are treated with anticoagulation therapy, meeting the 90% PHE ambition, but local variation remains an issue

Delivery through wider primary care, including community pharmacy, dentists and optometrists is an opportunity to progress performance towards these ambitions and support addressing of health inequalities.

Early pilots into case finding in dental and optometry settings show promising results that these can improve case finding and then diagnosis of hypertension and atrial fibrillation.

These pilots aim to develop the evidence base for delivering hypertension and AF case finding interventions in dental and optometry settings.

Optometry hypertension case finding pilots

Blood pressure testing for individuals entering optometry settings.

If blood pressure is elevated, referral to HBPM or community pharmacy (unless very high – urgent referral)

Suggested inclusion/exclusion criteria

- Over 40
- No previous hypertension diagnosis
- Lives in IMD deciles 1-3

£60,000 available for 4 ICBs

Pilot funding for:

- Equipment purchasing
- Incentives payments (suggest £10 per check)

Pilots will be supported by NHS England and the Local Optical Committee Support Unit (LOCSU). The pilots will be evaluated to understand their impact, including on blood pressure and AF case finding and diagnosis.

More detail on aims

From draft NHS England SOP

The aims and objectives of this service are to:
•Implement an NHS dental practice model that can case find people over the age of 40, with high BP (who have previously not had a confirmed diagnosis of hypertension).

•If the BP is found to be elevated (>140/90) the dental practice will carry out diagnostic testing for hypertension (by home based BP monitoring) and to refer to general practice if a high BP is confirmed for a diagnosis OR refer to community pharmacy

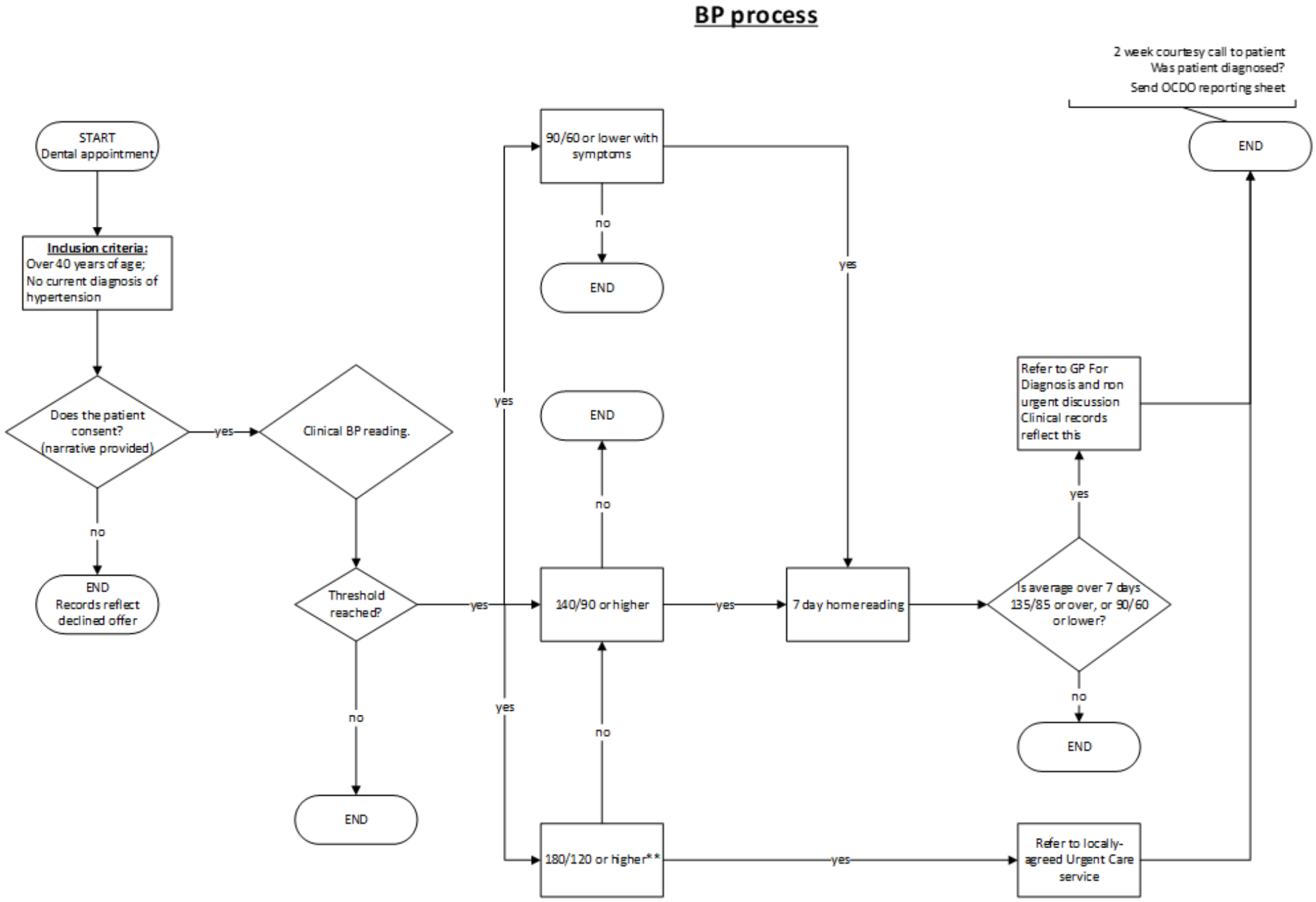
•Promote healthy behaviours to patients with brief lifestyle interventions and signposting to self-management resources.

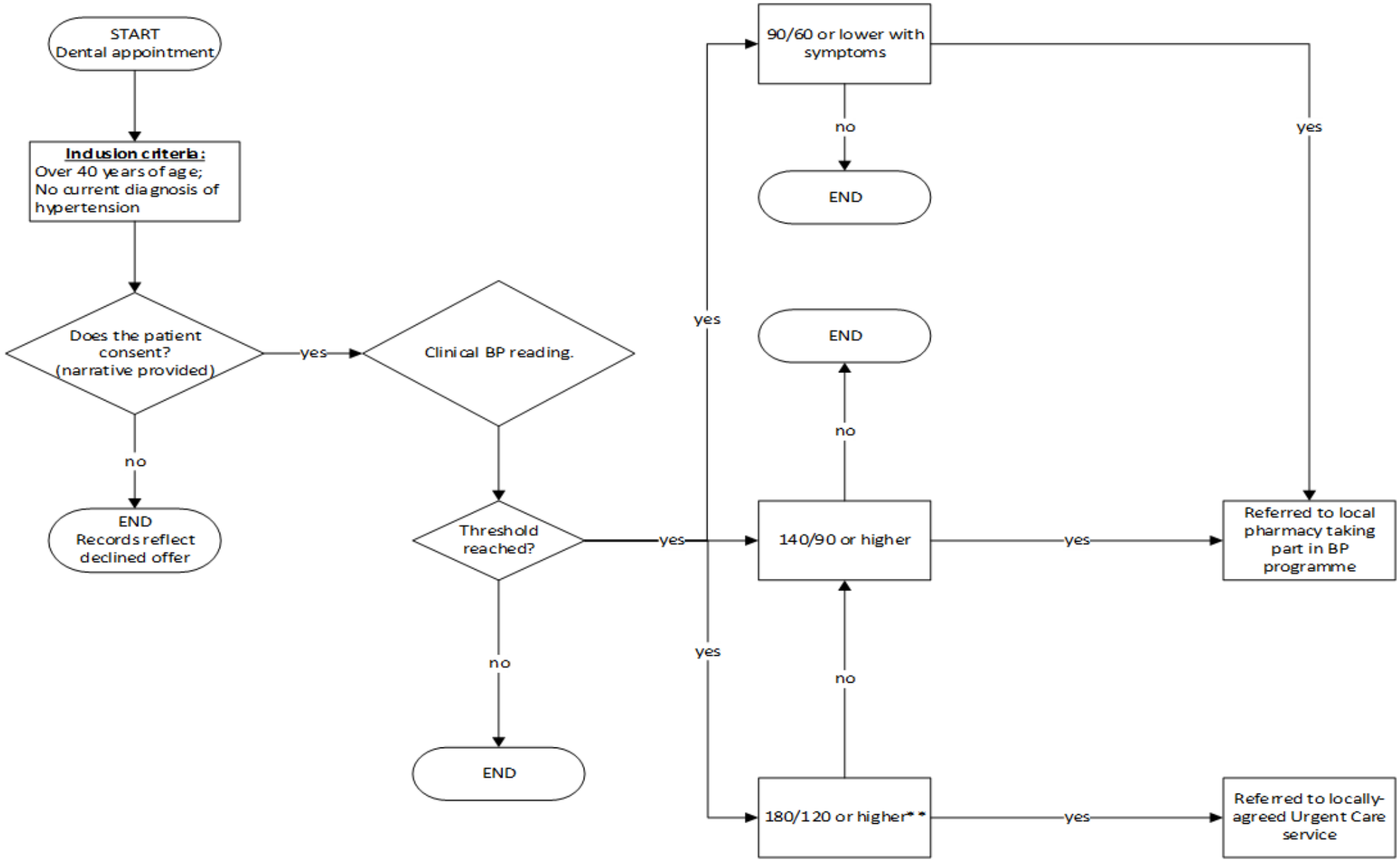
Questions for us:

- Over-diagnosis due to 'white coat syndrome' a high risk in dental settings? How to ensure we are not over-referring to GP?

- NHS England suggest two possible pathways for people with high in-clinic readings:
- Home monitoring managed by dental practice – is this realistic?
- Onward referral to pharmacy if elevated reading observed

Appendix 1: Possible clinical pathways





** If the patient also has a severe headache, new blurred vision, chest pain or new onset shortness of breath then should referred urgently to A&E

Our proposed approach

- Work with a small number of dental practices/optometrists – likely 2-3 Practices per Place
- Target localities based on low hypertension prevalence and blood pressure check coverage, % BAME and deprivation
- Each participating dental practice/optometrist would receive:
  - A small number of digital blood pressure monitors for use in clinic
  - Training for staff in how to consent patients, take blood pressures, what action to take based on reading, and offering lifestyle advice (MECC principles)
  - Set-up payment of £440
  - Incentive payment of £15 for each check completed
  - Provider is required to report activity by completing and providing a minimum data set monthly and invoice the ICB as shown in the Payment Schedule and Reporting Requirements.
  - Evaluation to be led by ICB
- We are likely to propose a lower age threshold of 35 rather than 40 based on lower than expected prevalence in our younger age groups

Suggested target areas:

ENH
Hatfield
Stevenage
SWH
Watford
Dacorum
WE
Harlow
Epping

Questions

Hertfordshire and West Essex Integrated Care System

NHS
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Primary Dental Services Update

Presentation to:
Primary Care Transformation Committee

Thursday 23 May 2024

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Dental Recovery Plan - National

- On 7 February 2024, NHSE published their joint plan with the Department of Health and Social Care on the recovery and reform of NHS Dentistry NHS England » Millions more dental appointments to be offered under NHS Dental Recovery Plan
- The plan outlines changes that aim to support:
    1. Prevention of poor oral health; this will remain with Local Authorities to initiate through Oral Health Programmes working collaboratively with the ICB
    2. Increase access and delivery of activity:
        a) New Patient Premium/Tariff will be introduced for patients who have been unable to access care in the past 2 years; additional payments on top of the current treatment Bands 1 (£15), 2 and 3 (£50)
        b) Increase of the minimum UDA value from £23 to £28 – this was effective from 1 April 2024 and there were 9 contracts in HWE ICB that benefited from this uplift. All other UDA rates exceeded £28.
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ORAL SURGERY MCN	ORTHODONTICS MCN	RESTORATIVE DENTISTRY MCN	SPECIAL CARE DENTISTRY MCN	PEADIATRIC DENTISTRY MCN	NHS GENERAL DENTAL PRACTITIONER & UNSCHEDULED CARE MCN	DENTAL CARE PROFESSIONALS (DCP) MCN
Regional Chair	Regional Chair	Regional Chair	Regional Chair	Regional Chair	Regional Chair	Regional Chair
Regional Chair				Regional Chair	Regional Chair	
Regional Chair						

All regional MCN Chairs contracted for 2 sessions per week apart from the DCP MCN Chair who is contracted at 0.5 sessions a week.

Additional 0.5 session per week MCN chair capacity to allow flexibility for changing priorities and projects.

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Medical Examiner Update

Rosie Connolly, System Quality Director

May 2024

Working together
for a healthier future

Introduction of Medical Examiners for all non-coronial deaths

Context

A key part of the National Patient Safety Strategy to support learning and improve patient safety, as well as better support bereaved families and giving them a voice.

The introduction of Medical Examiners for all non-coronial deaths is part of the wider reform of the death certification process. The reforms change the way in which the causes of deaths are scrutinised and certified in England and Wales

The regulations introduce new medical certificates of cause of death (MCCD) to be used by attending practitioners and Medical Examiners from 9 September 2024. Independent scrutiny by a medical examiner will become a statutory requirement prior to the registration of all non-coronial deaths in England and Wales from this date.

Since 2019, NHS trusts have appointed Medical Examiners to scrutinise most deaths in acute healthcare settings and some community settings on a non-statutory basis.

Role of Medical Examiners

Medical Examiners are senior medical doctors that independently scrutinise the causes of death, they are trained in the legal and clinical elements of the death certification process. The purpose of the medical examiner system is to:

- provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- improve the quality of death certification
- improve the quality of mortality data.

How Medical Examiners can benefit Primary Care

Medical Examiners are already delivering benefits where they are scrutinising deaths in wider healthcare settings, including fewer rejected MCCDs, improved referrals to coroners, improvements to patient care, and positive feedback from certifying doctors and bereaved people.

Potential benefits for GPs include:

- **Supporting the bereaved**: For GPs, this can reduce workload by taking care of enquiries/ concerns. This does not replace GPs speaking with families or next of kin, and providing the support they wish to give.
- **Support with MCCD completion**: specialist training and understanding of the MCCD and death certification processes means Medical Examiners can reduce the burden associated with coroner notifications from GP practices.
- **Supporting work with coroners' offices**: Medical Examiners are a source of medical advice for coroners, which should reduce requests from coroners for GPs to discuss cases.
- **Timely completion of scrutiny**: Medical Examiners complete their scrutiny in a timely manner to facilitate registration within five days.
- **Complex cases**: Medical Examiners will support the doctor completing the MCCD, drawing on their extensive knowledge gained through training and regular exposure to more complex scenarios to support and advise. This will assist GPs in completing MCCDs accurately in more complex cases.
- **Urgent release of the body**: Medical Examiners will develop positive relationships with contacts in faith communities, and will be able to support GPs if there are requests for urgent issue of the MCCD.
- **Clinical governance**; where issues are detected, Medical Examiners will offer non-judgmental feedback. Their aim is not to find fault or review in unnecessary detail.
- **Concerns and learning**; a key objective for the Medical Examiner system is to identify constructive learning to improve care for patients.

Changes to death certification process

Main changes to the death certification process are;

- From the 9th September it will no longer be possible to register a death without Medical Examiner sign off.
- Removal of the requirement for the attending doctor to have seen the deceased within 28 days – any doctor who attended the deceased during their lifetime and knows the cause of death can complete the medical certificates of cause of death (MCCD).
- Several changes to the MCCD including adding information about whether it's a maternal death, the ethnicity of the deceased and whether they had any medical devices eg pacemaker.
- The statutory time frame in which families must register the death remains 5 days but this does not start until the Registrar receives the cause of death from the ME or Coroner.
- There will be no requirement for registrars to refer cases to the Coroner i.e. the attending doctor and ME will agree the cause of death and this will not be rejected/referred by the registrar.
- Cremation form 4 will no longer be required.

Further information available

- The government has confirmed that there will be further communication regarding legislative changes and operational guidance between now and September.
- Royal College of Pathology online event 11th June Death Certification Reforms Legislation Update (rcpath.org)
- NHSE information for primary care https://www.england.nhs.uk/patient-safety/patient-safety-insight/national-medical-examiner-system/non-coronial-deaths-in-the-community/

Implementation of Medical Examiner process in Herts and West Essex

Current position

- System work to roll out Medical Examiner scrutiny of community non-coronial deaths ongoing for last 2 years
- Monthly system meetings in place with attendees including local Medical Examiner leads, LMC representatives for both Herts & Beds and Essex, GP representative, ICB End of Life Lead and ICB Patient Safety Specialist
- All practices across HWE contacted by relevant Medical Examiner Office
- HWE have wider roll out to date compared with systems across East of England. Over 60% practices referring cases regularly.
- 88% of HWE practices actively engaged with Medical Examiner Offices.
- National digital solution significantly delayed, systems asked to identify local work arounds. This is in place for HWE.
- Ongoing review of processes to ensure as efficient as possible
- Liaison with faith leaders regarding timeliness of processes for faith deaths, WHTHT hosting out of hours rota to support.
- Multiple webinars hosted by ICB and Medical Examiner Leads to support primary care and community providers

Next steps

- Ongoing communication to General Practice and community providers as further national guidance is released
- Implementation of a system Learning from Deaths forum, to support learning from multiple death processes including Medical Examiners, Child Death process, LeDeR process etc

Hertfordshire and West Essex Integrated Care System

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Hypertension Case Finding Pilot – Dental and Optometrists

Simon Hey, Senior Commissioning Manager

May 2024

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for a healthier future

Opportunity to case find Hypertension in Dental and Optometry- PILOT

NHS England are offering ICBs the opportunity to bid for funding to establish hypertension case finding pilots in dental and optometry services. There is:

- Funding of up to £50k for 10 ICBs for case finding in dentistry, and up to £60k for 4 ICBs for case finding in optometry.

  The funding is available for: Purchase of equipment; Incentive payments and Staff training

  To date the project has the support of the ICB Dental Clinical Lead and both Hertfordshire and West Essex Local Optical Committees.

Our rationale for applying

- HWE ICB is below national and peer averages for hypertension prevalence and detection rate. The most recent CVD Prevent data shows hypertension prevalence of 15.31% compared to a national average of 16.25% (Source: CVD Prevent, December 2023). Hypertension prevalence ranges from 14.39% in ENH to 15.94% in SWH.

- Comparison to modelled estimates suggests that HWE ICB's hypertension detection rate is 50.8% compared to our peer median of 53.4%, placing us in the lowest quartile of ICBs (Source: QOF and NCVIN via MHS, 2021/22).

- Five-yearly blood pressure check coverage declined steeply during the pandemic and has not yet recovered to pre-pandemic levels (Source: QOF 21/22).

- We have implemented a range of initiatives to date, primarily in GP and pharmacy, to try to improve detection. However, the rate of case finding has not accelerated and remains in line with national increases.

- Our data suggest there may be groups of people with undiagnosed hypertension who are not engaging with BP checks in GP and pharmacy, and who consider themselves to be in good or excellent health. We hope that undertaking case finding outside of GP/pharmacy will enable us to 'cast a wider net' to capture groups not currently receiving a diagnosis

Dental and optometry CVD case finding pilots

2024-25 pilots

April 2024

The need for CVD risk factor case finding pilots

Progress so far towards NHS Long-term Plan CVD prevention ambitions is positive, but there is still more to achieve:

- 66.87% patients with hypertension are treated to age-appropriate threshold, not yet meeting 80% 2024/25 OPG target
- 90.74% patients with AF are treated with anticoagulation therapy, meeting the 90% PHE ambition, but local variation remains an issue

Delivery through wider primary care, including community pharmacy, dentists and optometrists is an opportunity to progress performance towards these ambitions and support addressing of health inequalities.

Early pilots into case finding in dental and optometry settings show promising results that these can improve case finding and then diagnosis of hypertension and atrial fibrillation.

These pilots aim to develop the evidence base for delivering hypertension and AF case finding interventions in dental and optometry settings.

Optometry hypertension case finding pilots

Blood pressure testing for individuals entering optometry settings.

If blood pressure is elevated, referral to HBPM or community pharmacy (unless very high – urgent referral)

Suggested inclusion/exclusion criteria

- Over 40
- No previous hypertension diagnosis
- Lives in IMD deciles 1-3

£60,000 available for 4 ICBs

Pilot funding for:

- Equipment purchasing
- Incentives payments (suggest £10 per check)

Pilots will be supported by NHS England and the Local Optical Committee Support Unit (LOCSU). The pilots will be evaluated to understand their impact, including on blood pressure and AF case finding and diagnosis.

More detail on aims

From draft NHS England SOP

The aims and objectives of this service are to:
•Implement an NHS dental practice model that can case find people over the age of 40, with high BP (who have previously not had a confirmed diagnosis of hypertension).

•If the BP is found to be elevated (>140/90) the dental practice will carry out diagnostic testing for hypertension (by home based BP monitoring) and to refer to general practice if a high BP is confirmed for a diagnosis OR refer to community pharmacy

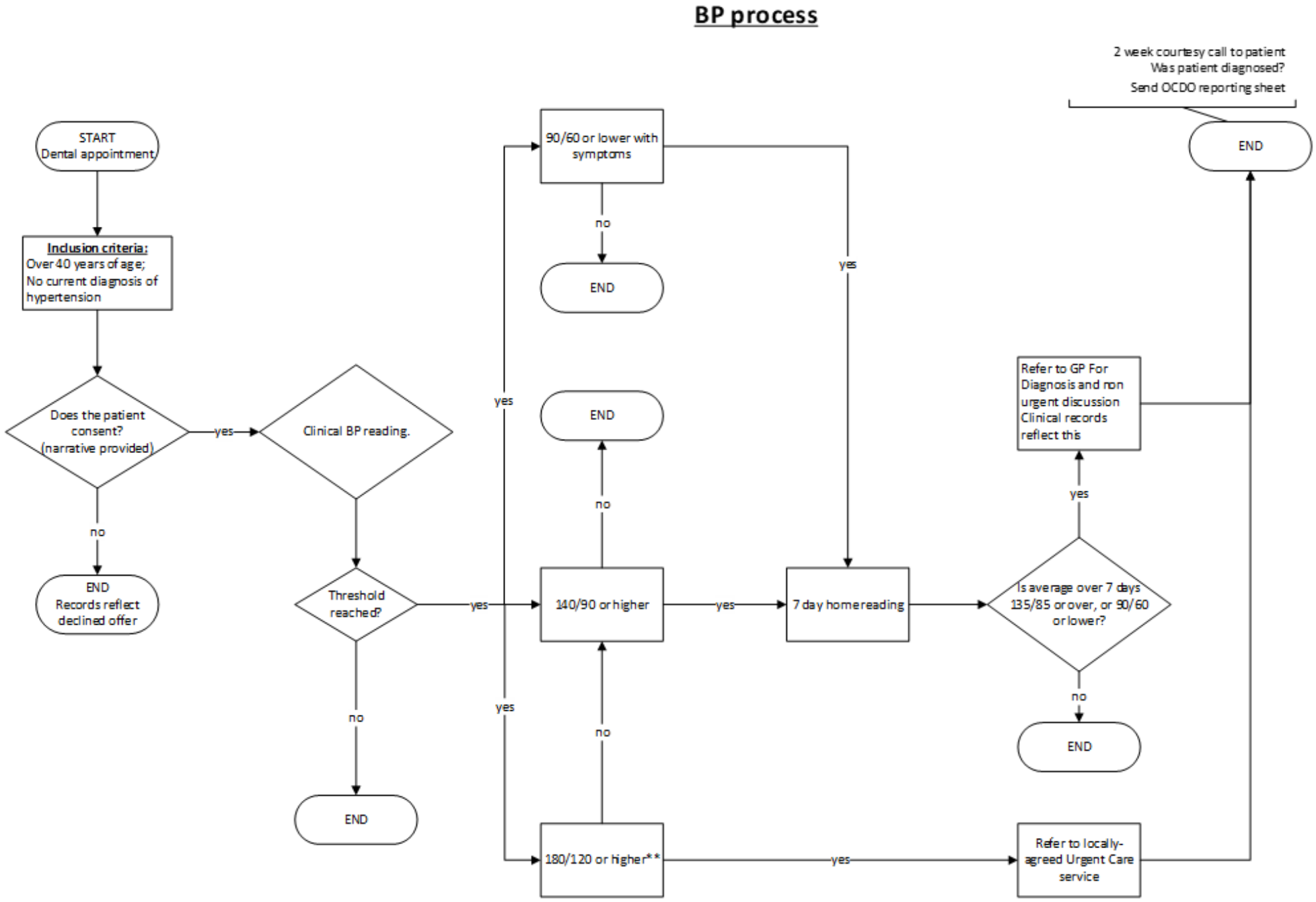
•Promote healthy behaviours to patients with brief lifestyle interventions and signposting to self-management resources.

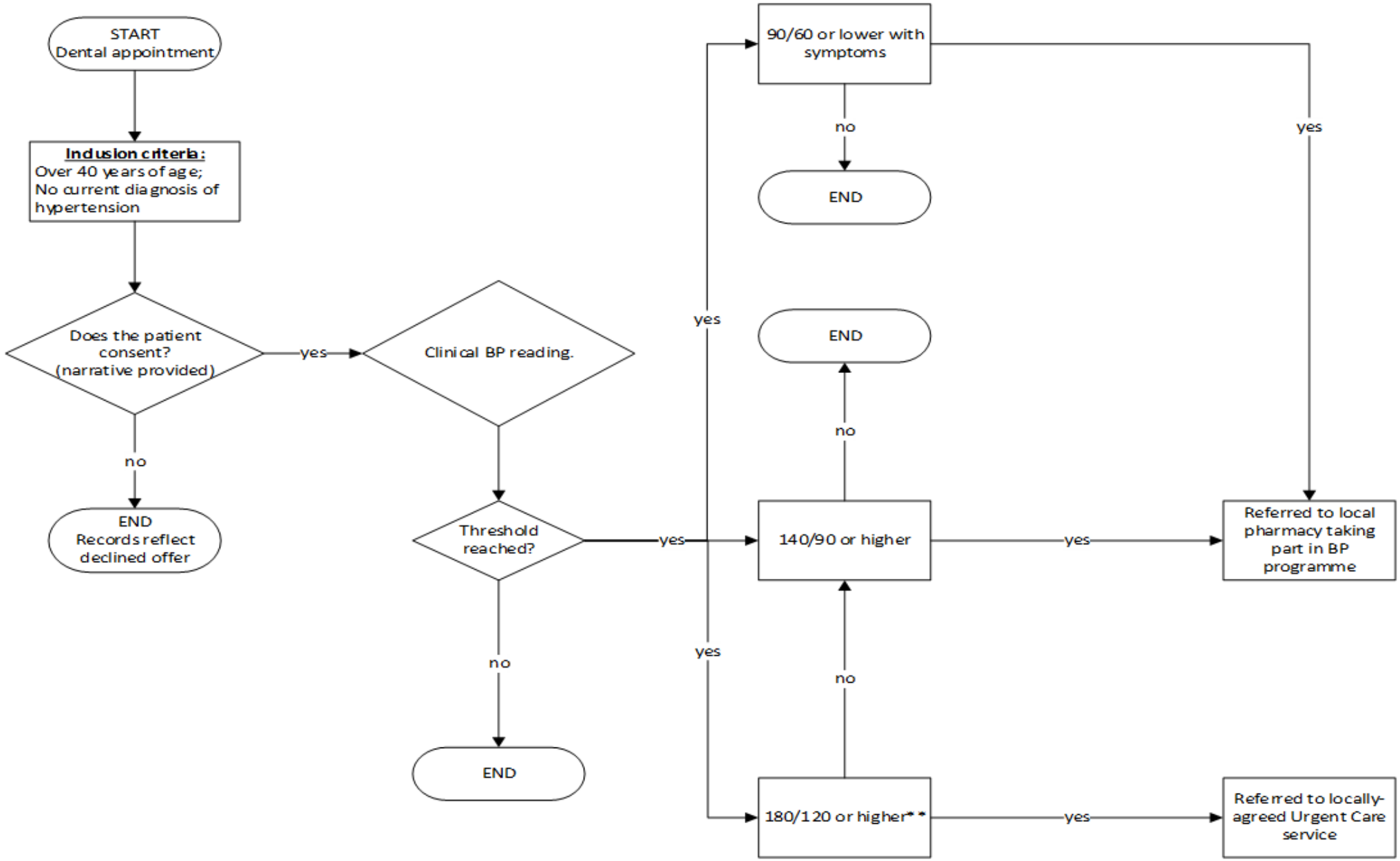
Questions for us:

- Over-diagnosis due to 'white coat syndrome' a high risk in dental settings? How to ensure we are not over-referring to GP?

- NHS England suggest two possible pathways for people with high in-clinic readings:
- Home monitoring managed by dental practice – is this realistic?
- Onward referral to pharmacy if elevated reading observed

Appendix 1: Possible clinical pathways





** If the patient also has a severe headache, new blurred vision, chest pain or new onset shortness of breath then should referred urgently to A&E

Our proposed approach

- Work with a small number of dental practices/optometrists – likely 2-3 Practices per Place
- Target localities based on low hypertension prevalence and blood pressure check coverage, % BAME and deprivation
- Each participating dental practice/optometrist would receive:
  - A small number of digital blood pressure monitors for use in clinic
  - Training for staff in how to consent patients, take blood pressures, what action to take based on reading, and offering lifestyle advice (MECC principles)
  - Set-up payment of £440
  - Incentive payment of £15 for each check completed
  - Provider is required to report activity by completing and providing a minimum data set monthly and invoice the ICB as shown in the Payment Schedule and Reporting Requirements.
  - Evaluation to be led by ICB
- We are likely to propose a lower age threshold of 35 rather than 40 based on lower than expected prevalence in our younger age groups

Suggested target areas:

ENH
Hatfield
Stevenage
SWH
Watford
Dacorum
WE
Harlow
Epping

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	Y	*Meeting in private (confidential)*	☐			
	HWE Primary Care Transformation Group				**Meeting Date:**	**23/05/2024**	
Report Title:	**Primary Care – System Access Improvement Plan**				**Agenda Item:**	**08**	
Report Author(s):	Updates incorporated from various leads across Primary Care Avni Shah, Director Primary Care Transformation						
Report Presented by:	Andrew Tarry, Head of Primary Care Contracting						
Report Signed off by:	Avni Shah, Director Primary Care Transformation						
Purpose:	**Approval / Decision**	X	**Assurance**	☐	**Discussion**	X	**Information** ☐
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing						
Key questions for the ICB Primary Care Board / Committee:	Board is asked to discuss the content and how we ensure we through this and wider channels information on progress is shared with the population we serve.						
Report History:	Discussions at Primary Care Transformation group; Primary Care Commissioning Committee and NHSE oversight meeting						
Executive Summary:	Following the publication of the Delivery plan for recovering access to primary care in May 2023, integrated care Primary Care Boards (ICBs) were 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.						

<table>
<tr><td></td><td>The purpose of this report is to provide Primary Care Board with a 24/25 year-end overview of the NHSE Primary Care Recovery Plan (PCARP) and the 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>Hertfordshire and west Essex Primary Care Transformation Group is asked to:

▪ DISCUSS this report that describes the key components of the HWE System-level Access Improvement Plan and outlines how the ICB delivered the key actions and priorities for 2023/24.
▪ APPROVE the System Level Access Improvement Plan for Primary Care with a further report to come to the Primary Care Transformation Group in November 2024 updating progress on year 2 of the plan.</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td><table>
<tr><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>
</table>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="2">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td>Yes this is key to when considering improvement in access in primary care</td></tr>
<tr><td>Risk: Link to Risk Register</td><td>The Primary Care Risk Register outlines the key keys associated with Primary Care Access.</td></tr>
<tr><td>Financial Implications:</td><td>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>
</table>

Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	Yes and approved – the Primary Care Strategic Delivery Plan has EIA completed overall
	Quality Impact Assessment:	Yes and approved– the Primary Care Strategic Delivery Plan has EIA completed overall
	Data Protection Impact Assessment:	N/A

NHSE Primary Care Recovery Plan

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

1. Introduction

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

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

2. Background

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

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

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

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

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

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

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

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

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

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

3. Our Primary Care Strategic Delivery Plan

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

The key objectives outlined in the plan are:

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

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

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

4. System Access Improvement Plan

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

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

An interim update was provided in January and the following represent the key year-end updates since the previous iteration of the plan. These are summarised under the four main sections of the Delivery Plan:

Empowering Patients

Prospective Patient Record Access – Many practices are now actively moving towards full enablement or have plans in place to enable. Almost 700,000 patients across HWE have access to their records with 60% of practices having 90%+ of patients with online access and their records access enabled; almost 80% of practices have reached 80%+. In addition over 90% of practices have prospective records access as the default for new NHS app users. There is 1:1 work with practices still required to progress this, including provided clarity on the contractual requirement and adherence.

NHS App – 61% of HWE eligible population (13 and over) have an NHS App account. HWE logins in April 2024 were 944,920, representing a 110% increase compared to April 2023
Working with practices and system partners to optimise their interfaces with the NHS App so that any options for automation/integration are applied.
Key next steps for 2024 include working in partnership with primary care Digital Leads and delivery partners to work with practices where uptake and benefits not seen using the dashboard and patient feedback. Also a plan for ongoing monitoring and collation of lived experience and feedback from practices and patients on the impact this is having whether that is efficiency in the practice and patient experience Communications are to be shared as wide as possible including with local councillors having met with them across Hertfordshire and Essex.

Practice Websites – Website Audit commenced in January 2024 using national tool based on guidance. Completed for all practices (115) apart from those actively remodelling websites. Most sites performed well in the assessment and are planning follow up with those where areas for improvement were identified. For those practices already developing websites in line with access plans, they have been given access to the assessment tool to ensure alignment with that.

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

Community Pharmacy - Blood pressure check service - 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.

Pharmacy First implementation - Continued work on Pharmacy First service with targeted approach via the Community Pharmacy PCN Integration Leads. Approximately 98% of community pharmacies across HWE ICB have opted in to provide the national Pharmacy First service as of 13 March 2024. PharmOutcomes data shows a total of 3826 Referrals from GP practices to community pharmacies for Pharmacy First across Hertfordshire and West Essex from 31 January 2024 to 31 March 2024 inclusive; 1945 of these referrals being in March alone.

Implementing Modern General Practice

Advanced telephony – 28 practices with analogue systems being supported to implement CBT, 25 of which are already live, with the remainder due by the end of Q1. A further 6 practices are now being upgraded from sub-optimal CBT systems to advanced CBT, with at least 5 of these due to be live by the end of Q1. 16 practices have been offered free of charge upgrades on their current systems which are CBT but lacking some functions. A further 16 practices currently have no funded upgrade path but are using a sub-optimal CBT system; we are working with region to understand options for those practices.

PCN Access Improvement Plans - Place teams have engaged throughout the year with PCNs to review progress with Access Improvement Plans & required support. GPAD data was reviewed and shared with PCNs to support PCN Access Improvement Plan achievement. This data does show different interpretation & implementation by practices, with considerable variances between practices. A Targeted Dashboard was developed, sharing key data with PCNs & to highlight where practices are outliers.

The year-end qualitative and quantitative review of PCN Access Improvement Plan progress is being finalised. The vast majority of PCNs/practices have been able to demonstrate access improvements through the year to merit award of the full funding at the discretion of the ICB (Local Capacity & Access Improvement Payment).
Best practice/examples are shared with key highlights including:

- Much focus on implementing modern general practice model, including triage & prioritisation approaches;
- enhanced care navigation capability contributing to improved signposting & appropriate utilisation of ARRS roles;
- increased collaborative approach to service provision;
- patient surveys & engagement as part of managing transition to new access models;
- greater use of enhanced telephony capacity & digital/online accessibility for patients.

ARRS Workforce Plans – Total HWE ARRS budget spend at year-end of c87% - almost £30m, with c740 ARRS roles in place by March-24. Some PCNs were enabled to exceed individual PCN budget, which is possible due to other PCNs underspending. Place teams engaged with PCNs to understand PCN 'credible plans to stay within budget going forward into 24/25.

Implementing Modern General Practice/Transition Cover – 95% of practices were granted Transition Cover funding (c£1m)to support with implementation of the Modern General Practice Model. There will be a review of approach for 24/25 budget allocation to provide further support for practices, including a renewed focus on the importance of patient engagement as part of changing practice approaches to appointment systems.

Encouragement of practices to participate in the National GP Improvement Programme - 30 practices participated through 23/24 in the programme, plus 4 PCNs are also participating in the PCN support scheme.

Plan for Support level framework implementation – initial priority practices were identified and the Primary Care Team worked jointly with NHSE PC Transformation Team to pilot the approach, helping to develop ICB team capability. It is planned to accelerate implementation through the early part of 24/25 to provide practices with the opportunity to consider key access improvement development areas.

Same Day Access Hub developments – Stevenage North & South PCNs same day access hubs established and reporting high patient satisfaction rates, lower DNA's, increased capacity to see and treat longer term complex health conditions, improved workforce moral and some reduction in Stevenage North PCN in 111 calls in hours

UTC in Harlow live from 1st November and mobilisation successful. Providers working very well together on a daily basis to manage demand and revise approaches and workforce accordingly. Waiting times very low and patient satisfaction good. IUATC dashboard produced outlining attendances, demand over the week, waiting times, frequent users. Detailed analysis of S1 data commenced to inform workforce modelling.

Build Capacity

Highlights are provided in respect of the continued expansion and retention commitments in the Long-Term Workforce Plan (LTWP).
Analysis shows that between Dec 21 – Dec 23 there has been a steady increase in FTE in the total primary care workforce which equates to 5.65% (138 WTE) rise over 2-year period
In terms of the ARRS roles, by the end of 23/24 across HWE c740 new direct patient care roles had been added, including: 175 Clinical Pharmacists; 44 First Contact Physios; 76 Social Prescribing Link Workers; 37 Physicians Associates; 38 Paramedics and 24 Mental Health Practitioners.

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

Cut Bureaucracy

The 3 main HWE Acute Trust's completed the national self-assessment tool providing a baseline of where each Trust is against all of the required areas highlighted in recovery plan: Onward referrals; Fit notes; Discharge summaries; Call and recall;Clear points of contact.
There are examples of good practice across all trusts and within the trusts in particular specialties. However there are inconsistencies which will be picked up as actions in discussion with the individual trusts.

The system access policy which includes consultant to consultant referrals has recently been agreed across all partners and being implemented. Secondly teams are considering what elements of this baseline survey can be considered in discussion with community providers .

Key priorities and next steps for 24/25

These are summarised and follow the key NHS delivery actions for 2024/25. The ICB supportive approach will continue through 24/25, albeit reflecting the 'lighter-touch' national direction – based on Clinical Directors' declaration of PCN/practice status. A few areas key likely of focus include – maximising the increased functionality of new cloud-based telephony systems; maximising online consultation availability & use, recognising this remains an area of considerable variance; renewed focus on the importance of patient engagement as part of changing practices approaches to appointment systems.

5. Recommendations:

The Hertfordshire and west Essex Primary Care Transformation Group 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 HWE Primary Care Transformation Group in November 2024 updating progress on year 2 of the plan.

Hertfordshire and West Essex Integrated Care System

Hertfordshire and west Essex

System Access Improvement Plan 2023/24

Year-end report 23/24 – May-24

Working together
for a healthier future

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

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

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:

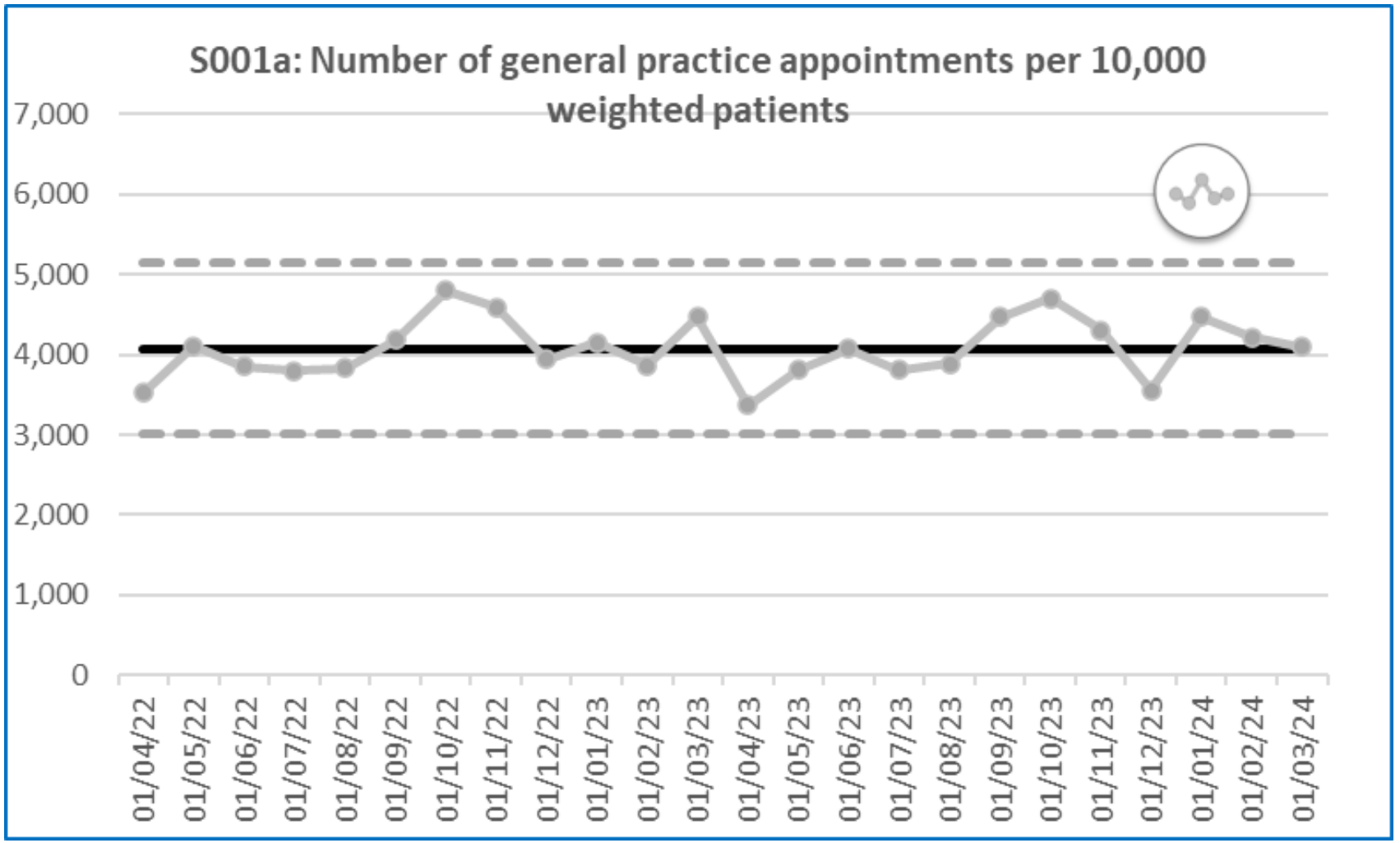
1		**Empower patients**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy
2		**Implement new Modern General Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity • 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

Primary Care – GP appointment activity

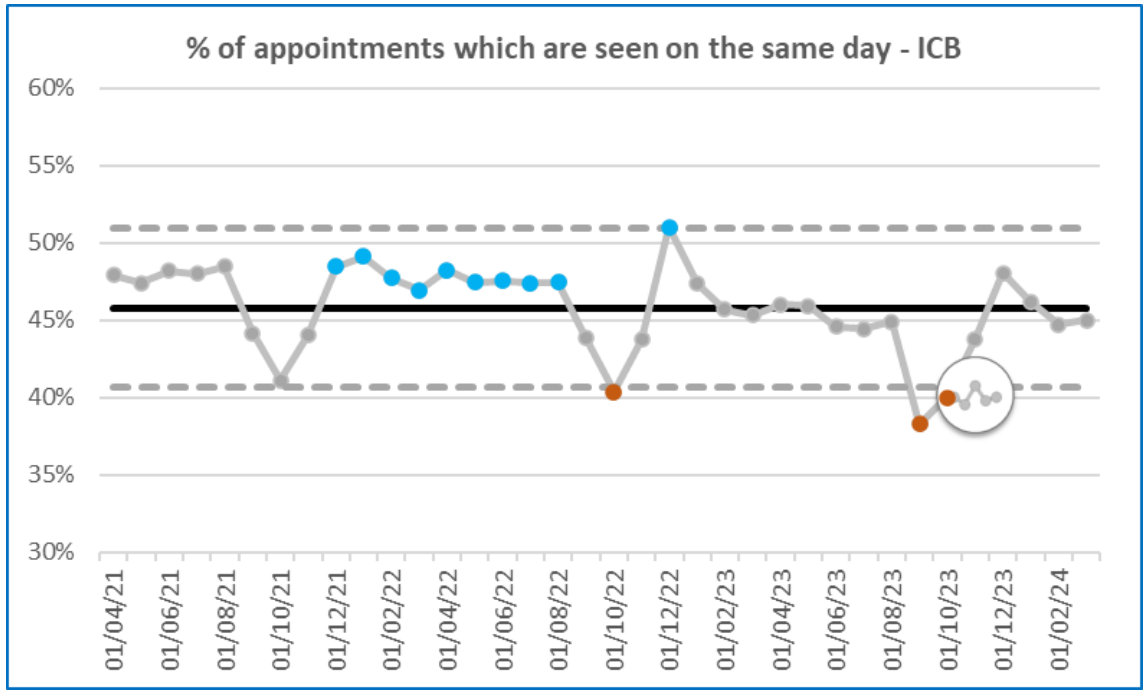
Update based on latest data (year 23/24 to Mar-24)

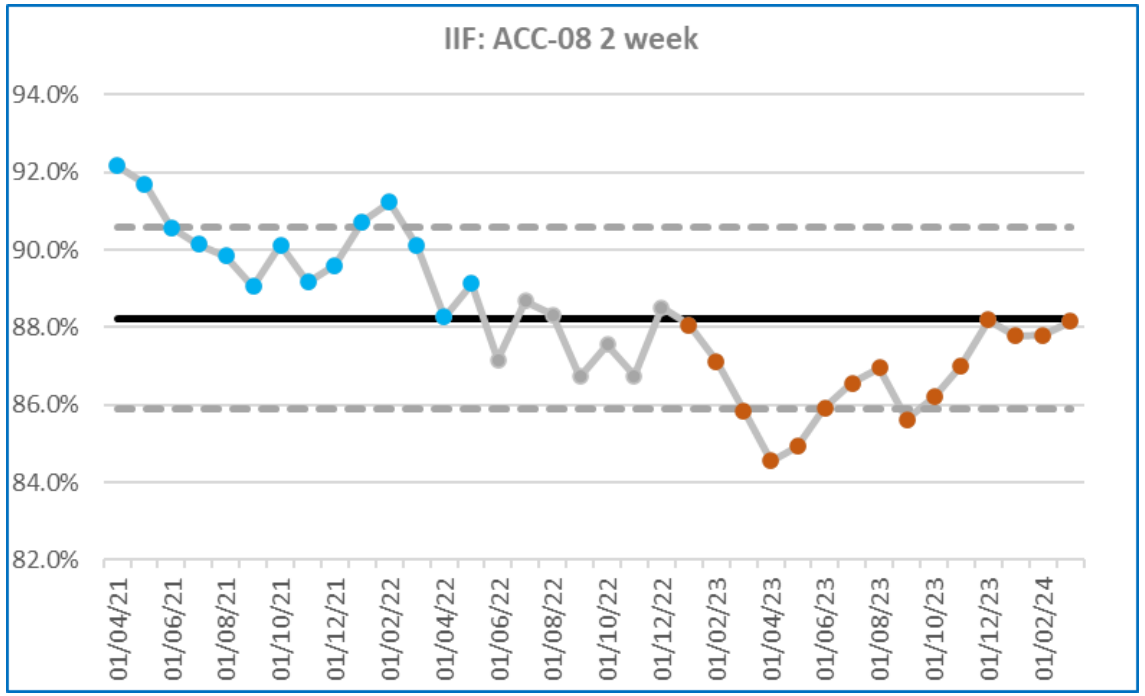
- Total Practice appointments in 2023/24 followed similar yearly trends seen over the past 4 years
- For the year 23/24 appointments per 1,000 population represents a 7.3% increase vs pre-Covid (2019/20) & 21% increase vs Covid impacted period (2020/21)
- 23/24 saw 8.2m appointments, over 230k up on the previous year
- 3.6m were same day appointments
- Over 86% of appointments were within 14 days (for appointments where patients would normally want the first available appointment)
- Almost 70% of appointments were face to face; 24% were telephone based
- Home visits have been steadily rising and are comparable to where they were pre-Covid.
- The recording of video/online appointments has improved significantly.
- Collaborative PCN work means an increasing number of appointments are offered vis PCN (or wider) hubs. Due to some of the data complexities not all this data is part of the national GP appointment dataset. Over the year these additional appointment, not included in the above data, were at least 250,000, but could be easily be more than double this level.

Primary Care – GP appointments

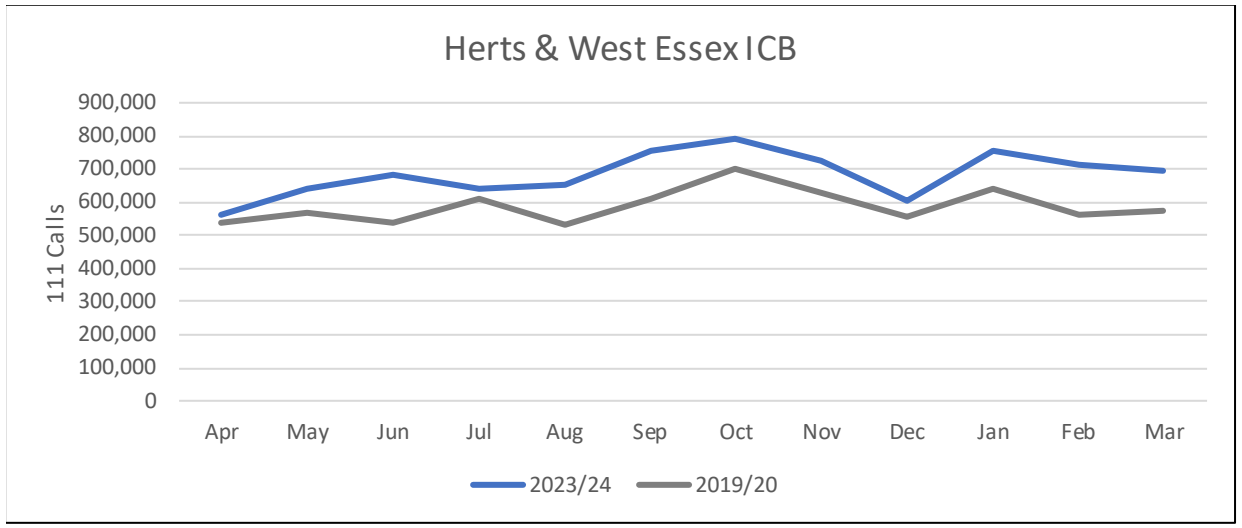


Primary Care – GP appointments – same day/within 2 weeks

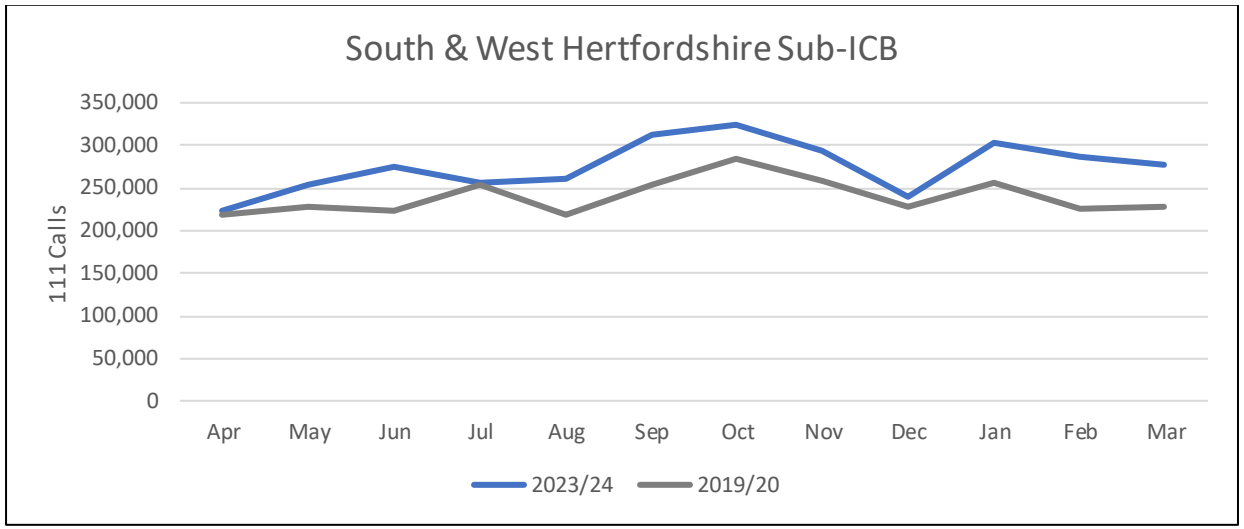




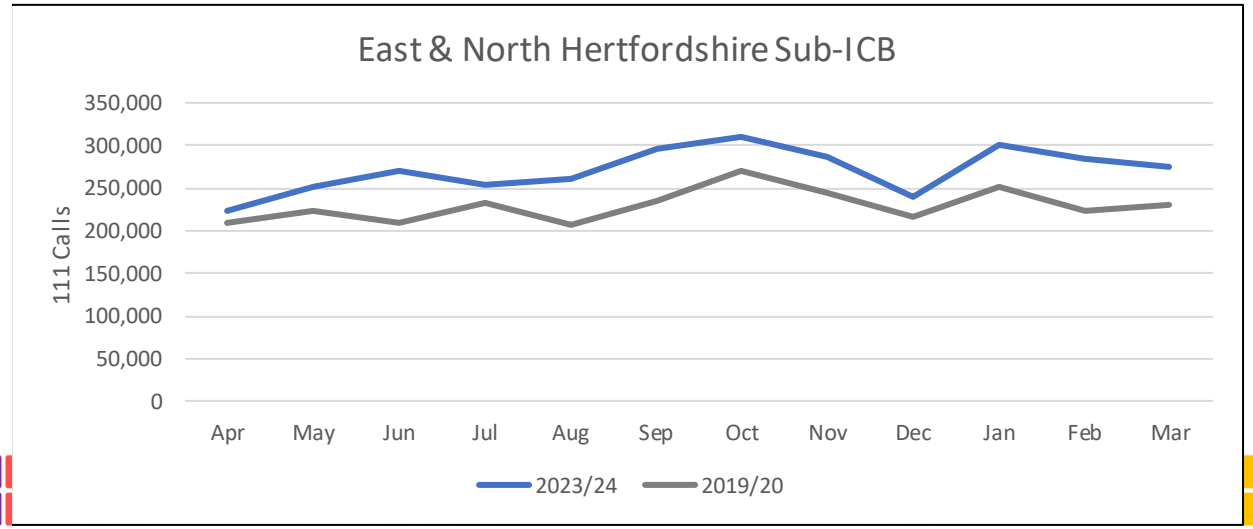
GP Appointments – 2019/20 & 2023/24, Year on Year Increases



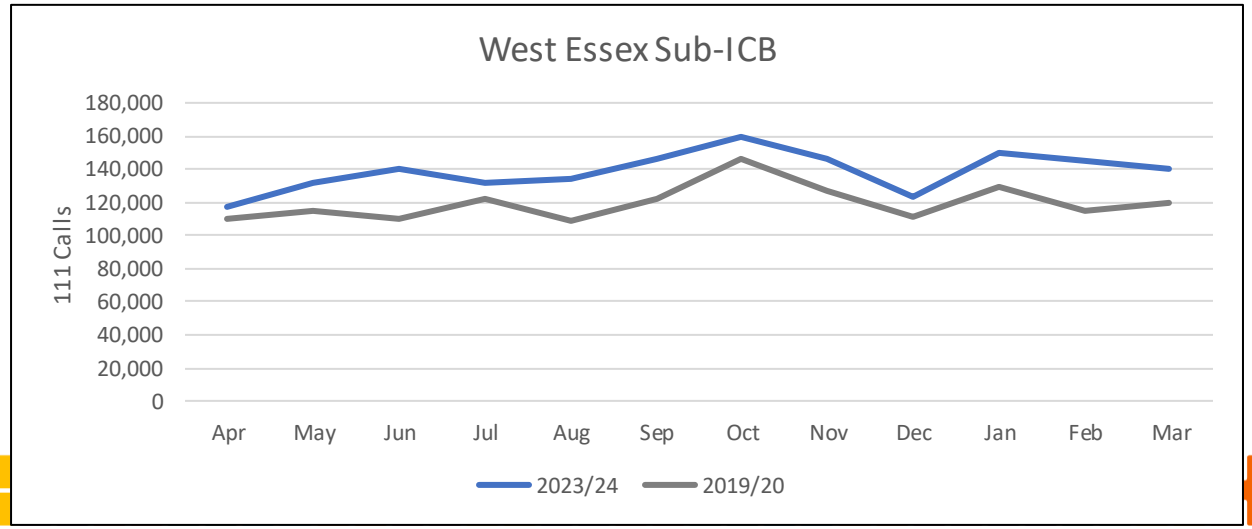
Month on Month	+5.2%	+12.7%	+26.5%	+4.9%	+23.1%	+23.3%	+13%	+15.8%	+8.3%	+18.6%	+26.8%	+20.5%



Month on Month	+2.7%	+11.6%	+23%	+0.3%	+19.9%	+23.3%	+13.8%	+14.3%	+5.6%	+18.5%	+26%	+22.1%

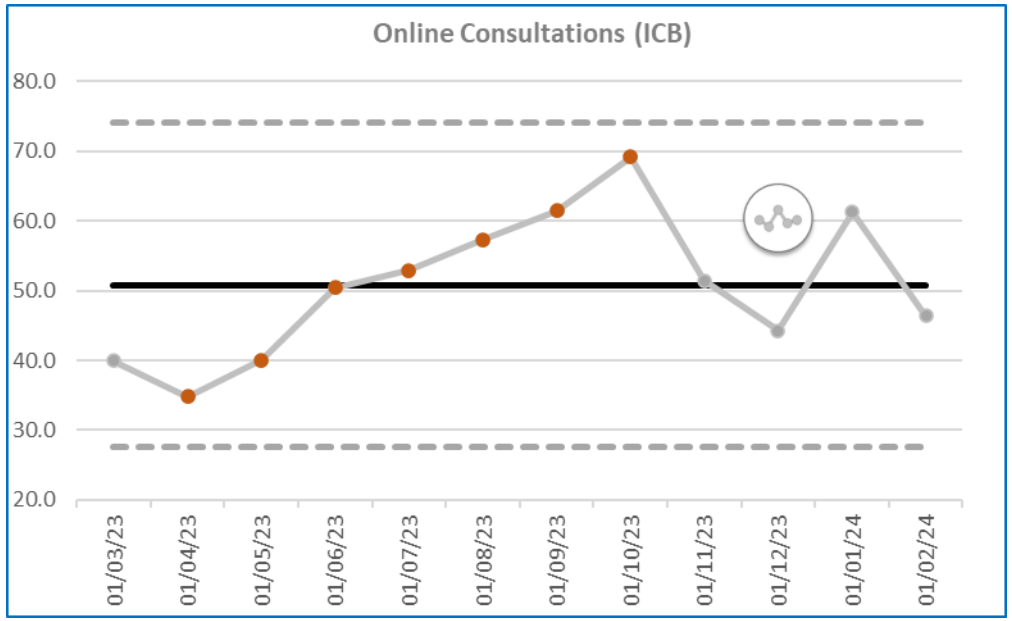


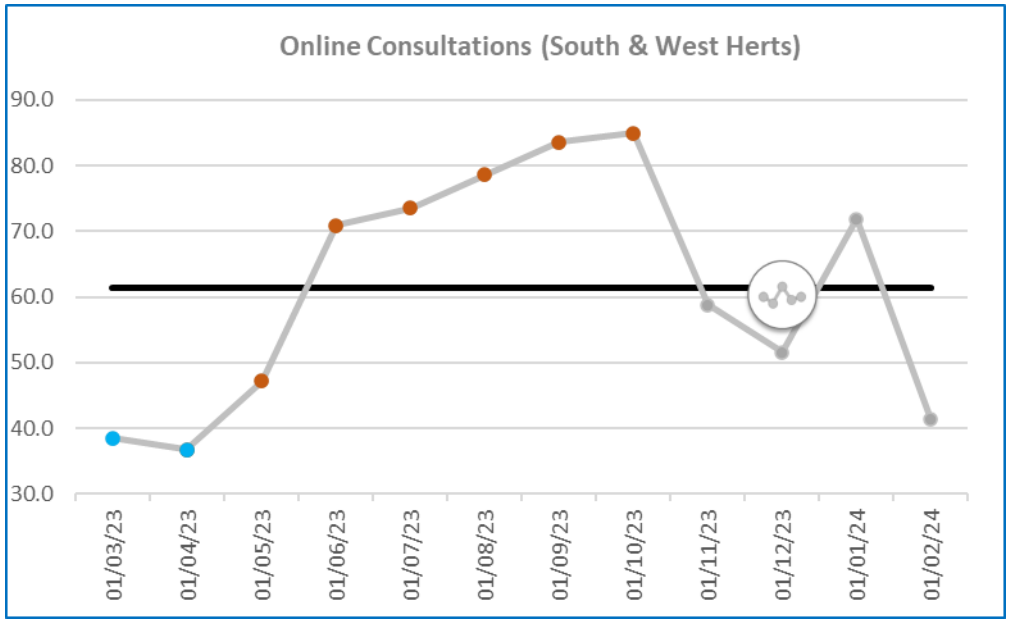
Month on Month	+7.1%	+13%	+29.6%	+8.5%	+26.6%	+25.3%	+14.2%	+17.4%	+10.4%	+20%	+28.2%	+20.4%

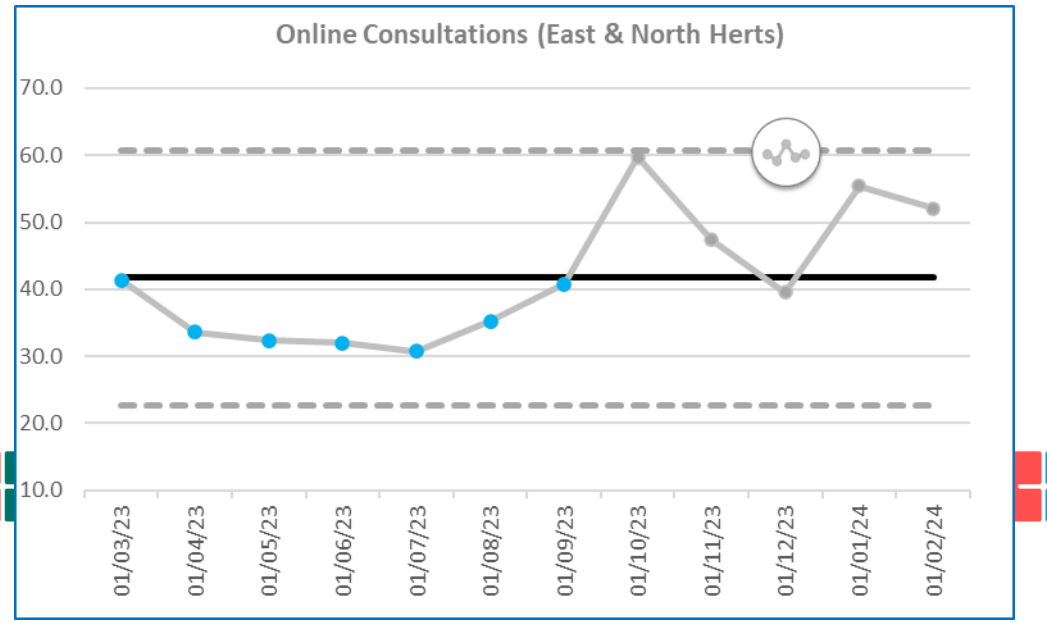


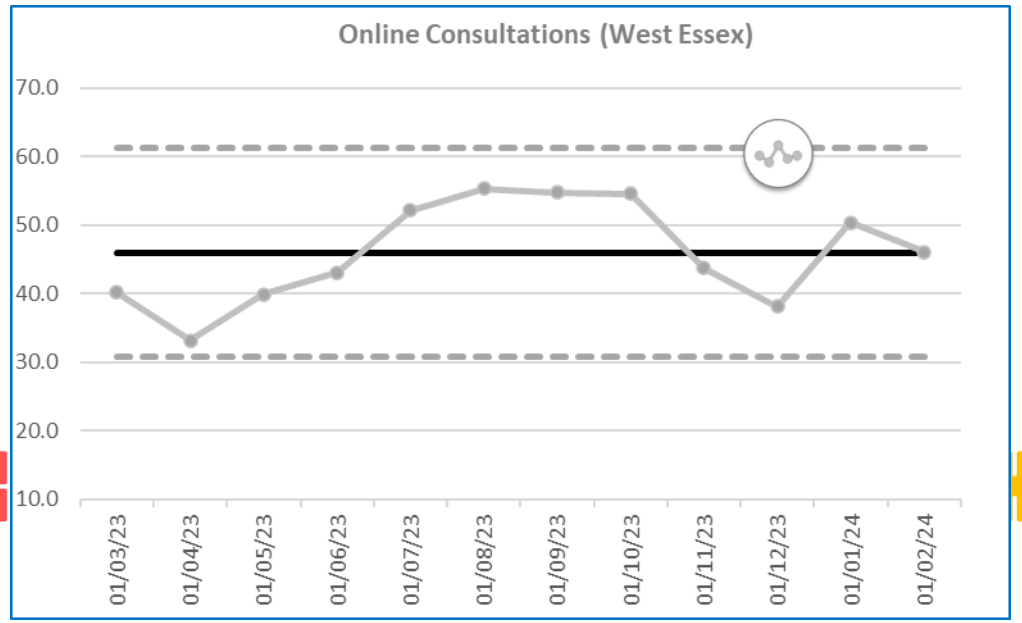
Month on Month	+6.6%	+14.3%	+27.7%	+7.5%	+23.1%	+19.2%	+9.3%	+15.7%	+10%	+15.9%	+25.7%	+17.7%

Online Consultations (rate per 1,000 registered population)









Empowering Patients – Digital

Prospective Patient Record Access

- Many practices are now actively moving towards full enablement or have plans in place to enable
- Almost 700,000 patients across HWE have access to their records
- Over 90% of practices have prospective records access as the default for new NHS app users
- 60% of practices have 90%+ of patients with online access + records access enabled; almost 80% of practices with 80%+

- Continued support via GP IT teams for practices needing assistance
- Working with practices on a 1:1 basis to progress before putting in any contractual levers

Empowering Patients – Digital

NHS App – Key actions and progress against them

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

- July – January 2024 - Developed public facing communications campaign – ICB have attended several patient engagement events to publicise the NHS App across the ICB area as well as PPG meetings and internal ICB meetings. Posters publicising NHS App being provided to all Community Pharmacies and Dentist practices for display.
- Usage Dashboard now in place – available to place teams to use in access conversations. Working on monthly update figures for NHS App to be sent to individual practices.
- January 2024 – December 2024 – Working in partnership with primary care Digital Leads and delivery partners to work with practices where uptake and benefits not seen using the dashboard and patient feedback
- January 2024 – June 2025 – Ongoing monitoring and collation of lived experience and feedback from practices and patients on the impact this is having whether that is efficiency in the practice and patient experience
- Communications are to be shared as wide as possible including with local councillors having met with them across Hertfordshire and Essex.

NHS App - Impact

61% of HWE eligible population (13 and over) have an NHS App account

HWE logins up 9% in April 2024 on previous month

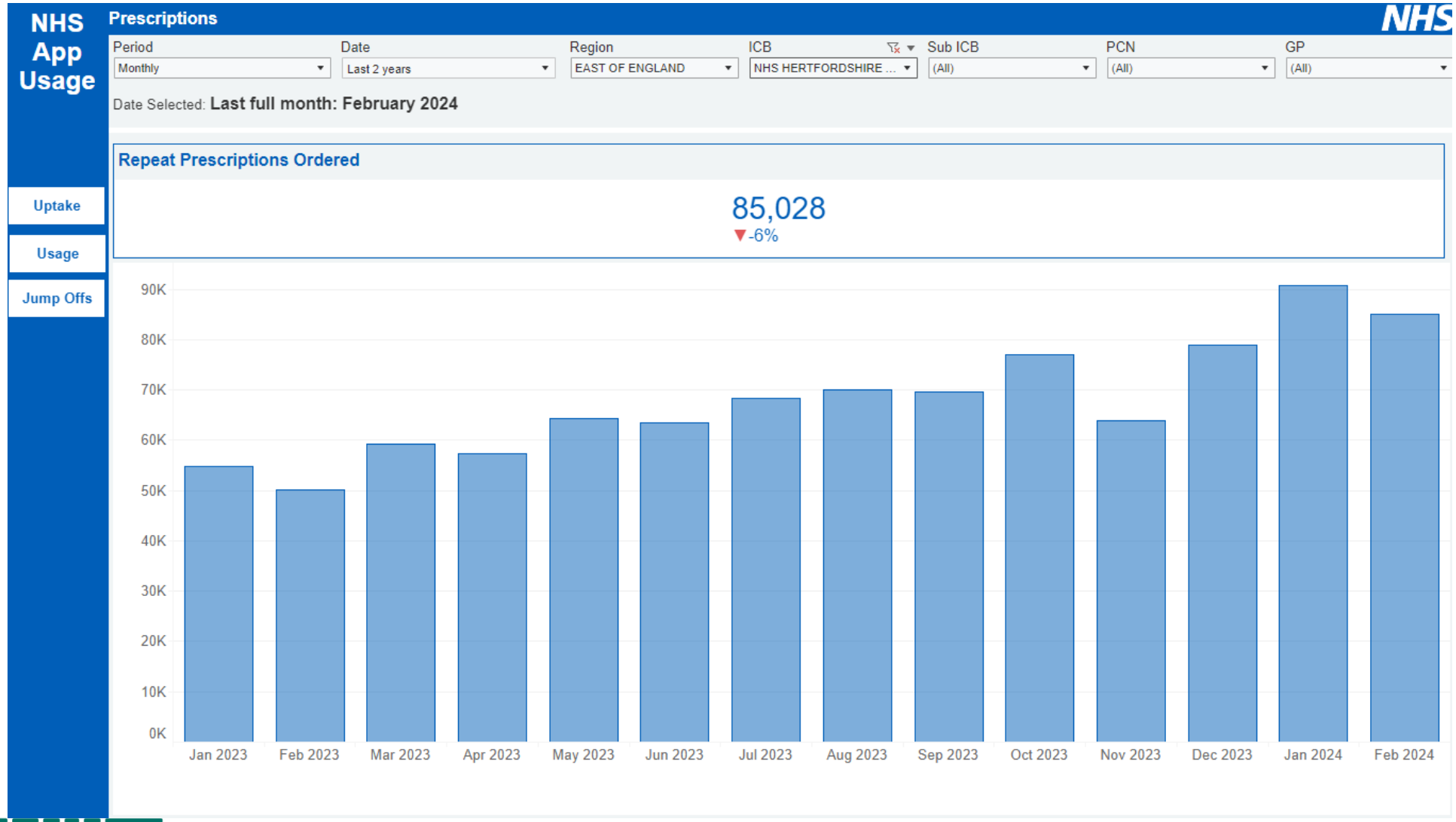
HWE logins in April 2024 were 944,920 compared to 449,304 logins in April 2023

Over 65,000 visits to acute information pages in April 2024 for HWE

Over 93,000 repeat prescriptions ordered in March 2024

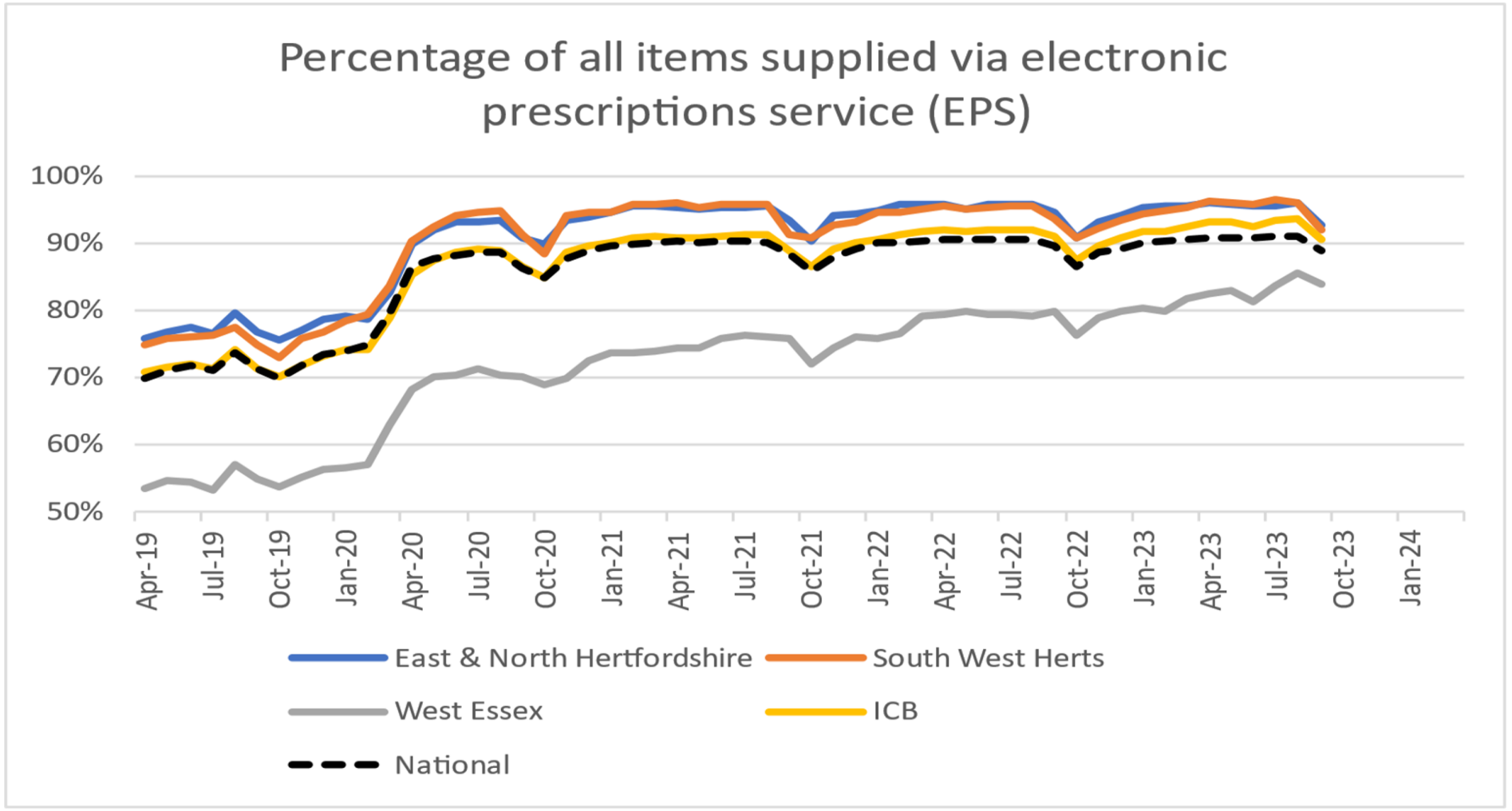
100% of practices in HWE have patients with the NHS App enabled. 100% have repeat prescriptions enabled.

Repeat Prescribing usage in NHS App



Hertfordshire and West Essex Integrated Care System

Empowering Patients – Digital – Electronic Prescription Service



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

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

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

Practice Websites

- Started Website Audit in January 2024 as per ‘Delivery Plan for Recovering Access to Primary Care’)
- Assessed using national tool based on guidance
- 115 practices out of 128 practices now assessed (the remaining 13 are all remodelling their websites so were excluded from the audit)

- Locality Teams have access to results to inform access conversations. Also looking to feedback results to each practice individually.

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

- Most sites performed well in the assessment – planning how we follow up with those where areas for improvement were identified.

Empowering Patients – Self Referrals

NHSE definition –

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

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

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

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

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

Empowering Patients – Self Referrals

Planned next steps

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

Empowering Patients – Community Pharmacy

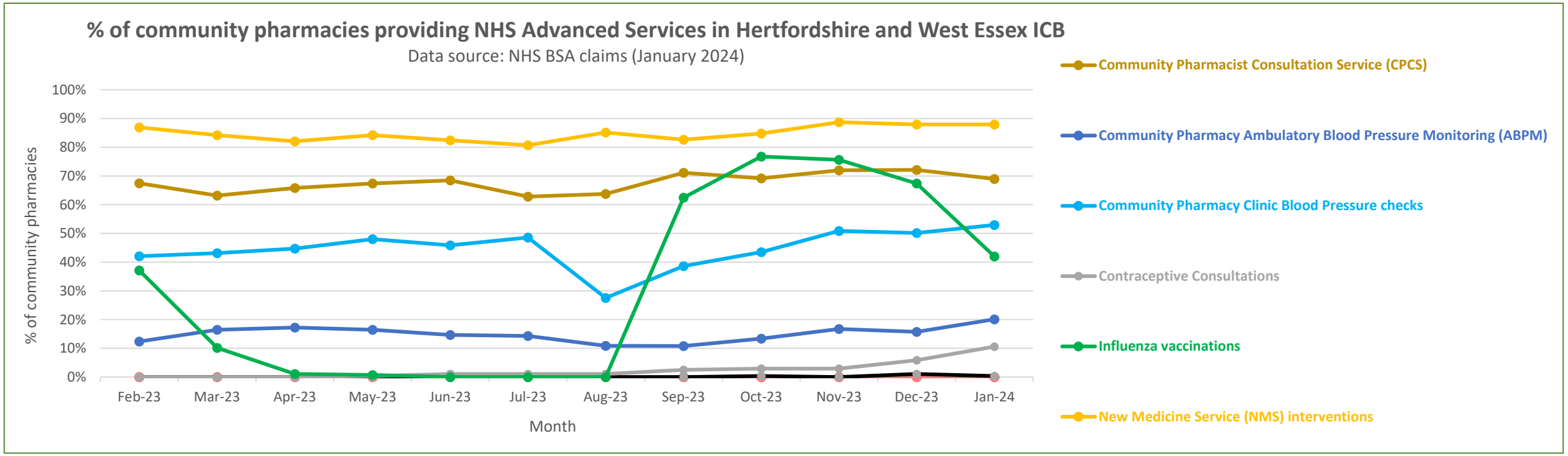
Pharmacy First service

- Continued work on Pharmacy First service with target approach via the Community Pharmacy PCN Integration Leads
- Approximately 98% of community pharmacies across HWE ICB have opted in to provide the national Pharmacy First service as of 13 March 2024.
- According to PharmOutcomes data, there have been a total of 3826 Referrals from GP practices to community pharmacies for Pharmacy First across Hertfordshire and West Essex from 31 January 2024 to 31 March 2024 inclusive as below (with 57 referrals on 31 January 2024, 1824 referrals from 1st to 29th February 2024 and 1945 referrals from 1 to 31st March 2024 inclusive).

Blood pressure check service

- 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

Current Variation of Advance Services across community pharmacies



- Variation is across all providers whether that is primary care providers or others. The Primary Care Strategic Delivery Plan aims to reduce this variation and ensure right patient is seen by the right professional in timely way.
- Good working relationships between practices and community pharmacies generally facilitates increased uptake
- Ongoing pharmacy closures, reduced core hours of community pharmacies, increased pressures on CP workforce
- GP CPCS dependent on referrals from other healthcare settings
- Community pharmacies can choose to register to provide NHS advanced services optionally and these are not essential services

Implement New Modern General Practice

Access Improvement Plans

- All 35 PCNs committed to an Access Improvement Plan as outlined in the Primary Care Access Recovery Plan.
- PCNs & member practices implemented the areas of development and actions in the plan including some practices transitioning to Modern General Practice through

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

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

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

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

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

f. development of GP and PCN websites and

g. roll out of 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/Pharmacy First 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

PCN Access Improvement Plans – monitoring & support

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

ARRS Workforce Plans

- PCN ARRS budget spend of c87% - almost £30m. c740 ARRS roles in place by March-24
- Some PCNs were enabled to exceed individual PCN budget, which is possible due to other PCNs underspending
- Place teams engaged with PCNs to understand PCN 'credible plans to stay within budget going forward into 24/25
- Recruitment & Retention challenges exacerbated by competing with London Weighting & Locum use

Implementing Modern General Practice/Transition Cover

- 95% of practices were granted Transition Cover funding to support with implementation of Modern General Practice Model
- Review of approach for 24/25 budget allocation to provide further support for practices

General Practice Improvement Programme (GPIP) & Support Level Framework (SLF)

- 30 practices & 4 PCNs participated in this nationally supported facilitated programme, enabling them to focus on key development areas to improve access
- Roll-out of SLF facilitated sessions for practices at increased pace

PCN Access Improvement Plans – year end assessment

- A year-end qualitative & quantitative review of PCN Access Improvement Plan progress is being finalised
- The vast majority of PCNs/practices have been able to demonstrate access improvements through the year to merit award of the full funding at the discretion of the ICB (Local Capacity & Access Improvement Payment)

Best practice/examples shared on the following slides, key highlights include:

- Much focus on implementing modern general practice model, including triage & prioritisation approaches;
- enhanced care navigation capability contributing to improved signposting & appropriate utilisation of ARRS roles;
- increased collaborative approach to service provision;
- patient surveys & engagement as part of managing transition to new access models;
- greater use of enhanced telephony capacity & digital/online accessibility for patients.

- ICB supportive approach will continue through 24/25, albeit reflecting the 'lighter-touch' national direction – based on Clinical Directors' declaration of PCN/practice status
- A few areas key likely of focus include – maximising the increased functionality of new cloud-based telephony systems; maximising online consultation availability & use, recognising this remains an area of considerable variance; renewed focus on the importance of patient engagement as part of changing practices approaches to appointment systems

AIP – West Essex summary

PCN	Summary
Epping Forest North	Good example of joint planning by practices across the PCN
Loughton, Buckhurst Hill and Chigwell	Strong use of their PCN clinic site, enhanced access and in-hours for same day access
Harlow North	Upgrades to telephony recently, either nationally-funded or by the practice themselves Huge efforts made to improve GPAD categorisation
Harlow South	Two out of three practices are total triage now and have made substantial increases in use of the community pharmacy-based Pharmacy First service
North Uttlesford	Overarching ambition for access is based on good prevention, LTC management and proactive care, working with system partners in the integrated neighbourhood team
South Uttlesford	Detailed CAIP plan originally and a big focus on staff and patient feedback informing access models in practice. PCN patient survey generated an outstanding level of response
West Essex overall	• Clear improvements in collaborative working across PCNs by practices • Many practices now have a form of clinical triage as part of their daily management of patient demand, several using the total triage model. • Transition Support Funding claimed by 27 of the 29 West Essex practices in 2023/24 • The national GPIP programme has involved 7 practices and one PCN • All PCNs now have at least 2 veteran-friendly practices • SLF visits being scheduled for May/June, starting 2nd May

AIP – South & West Herts summary

Locality	Summary
Dacorum	Increased patient access and implemented new systems / processes increasing capacity and efficiency to deal with demand. Sharing of innovation and best practice to enable member practices to level-up and work towards a PCN model approach. Care Navigation training has enabled better patient sign-posting and patient experience. Majority on CBT, a couple requiring upgraded systems to enable call-waiting functionality. Example of best practice: RHS implemented GP Triage and reduced call-waiting times from 16 minutes to under 3 minutes. Provider HealthTech is being used in two practices to support patient online registrations which has decreased admin workload burden. Patient feedback being analysed to improve approaches / processes and staff morale.
Hertsmere	Hertsmere PCNs offer patients the access they need to a wide range of professionals, and to e-consults and video consultations - 3 practices have moved to Total Triage, which has removed the 8am pinch point. PCNs also work with local voluntary sector and PPGs improve digital awareness and education in accessing health advice.
St Albans and Harpenden	Implemented a single point of access via the Accurx online consultation form for all urgent and non-urgent, administrative and medical enquiries. Patients can access appointments throughout the day rather than at the traditional time of 8am. Single point of access for IAPT. Collaborating with HPFT to explore a model using adult mental health practitioner as a priority ARRS role. Working with Strategic partners on LD assessments and medication reviews. Increased numbers of Friends & Family responses. Alban PCN had 337 Friends and Family (FFT) responses (April '23) and 1936 (September '23) and have strengthened PPGs.
Watford and Three Rivers	Use of digital tools including Cloud-based telephony and AccuRx has improved efficiency to manage demand and automate simple tasks. Total or hybrid triage has been well received and one practice increased routine appointments by 27% and also reduced the DNA rate, waiting times and inbound calls. Use of self-booking / automated booking where appropriate and NHS app – PPG have helped train patients up in some PCNs. Asking patients to complete FFT online has increased feedback.
South and West Herts overall	• Making appropriate use of ARRS staff, Pharmacy First and Minor Injury units. • Majority have CBT including Call back service, improving access for patients and experience of staff and patients. Those without this functionality would like to have systems changed / enhanced. • Improved website development and patient online access. • Sharing of best practice within PCNs to enable practice members to level-up and increase efficiencies. • Overall FFT responses have improved and are being shared with staff, which has boosted morale.

AIP – East & North Herts summary

PCN	Summary
Ware & Rurals	Template developed for Care Co-ordinator and Reception staff to better record patient contact and to understand overall demand and capacity
Hertford & Rurals	Development of a “smart” inbox which is utilised by all practices for triage
Hoddesdon & Broxbourne	Practice unbound implemented – this is a digital platform supporting clinical correspondence management & associated governance. This has helped in improving standardisation and efficiency across the practices
Stort Valley	Total triage successfully implemented across 3 practices. Same day access hub utilised by all practices
Hitchin & Whitwell	Wellbeing Sessions held for staff as part of protected learning time Used reports from CBT system to inform a change to reception processes
Icknield	Invested in care navigation training Excellent links with community pharmacist & promotion of pharmacy first
Broxbourne Alliance	Patient engagement event held in February with excellent attendance numbers. Modern General Practice showcased with patients. Use of NHSAPP promoted with ICB colleagues supporting patients in downloading and navigation
Lea Valley	Care Navigation training has been undertaken to support triage PPG event is planned in the summer
Stevenage North	Total Triage implemented in January 24 Quality Improvement (QI) group set up as part of findings from GP survey Same day access hub implemented (pilot)
Stevenage South	Care Navigation training has been undertaken to support triage Total triage in 1 practice who have demonstrated to others. Patient engagement event held at Knebworth surgery to promote & answer questions relating to Total Triage Same day access hub implemented (pilot)
Hatfield PCN	Maximise use of E-Consult & have invested in Mjog software to support patient communication All practices are purple star approved CBT recently installed at all practices
Welwyn Garden City	Increased call handling capacity following team restructure Pharmacists complete all medication reviews freeing up GP time

Advanced Telephony

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

- 25 of the of the 28 practices moving from Analogue to digital systems have already been completed. It is expected that the remaining 3 are on track for completion by the end of Q1 2024/25
- A further 6 practices are now being upgraded from sub-optimal CBT systems to advanced CBT. At least 5 of these are expected to be completed during Q1 of 2024/25
- 16 practices have been offered free of charge upgrades on their current systems which are CBT but lacking some functions
- We have 16 practices who currently have no funded upgrade path but are using a sub-optimal CBT system. We are working with region to understand options for those practices.

Key milestones

- July 2023 – June 2024 – deploy new systems (risk due to national procurement delay) - on track
- October 2023 – August 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

Demand and Capacity

Benefits and challenges with OPEL reporting in general practice

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

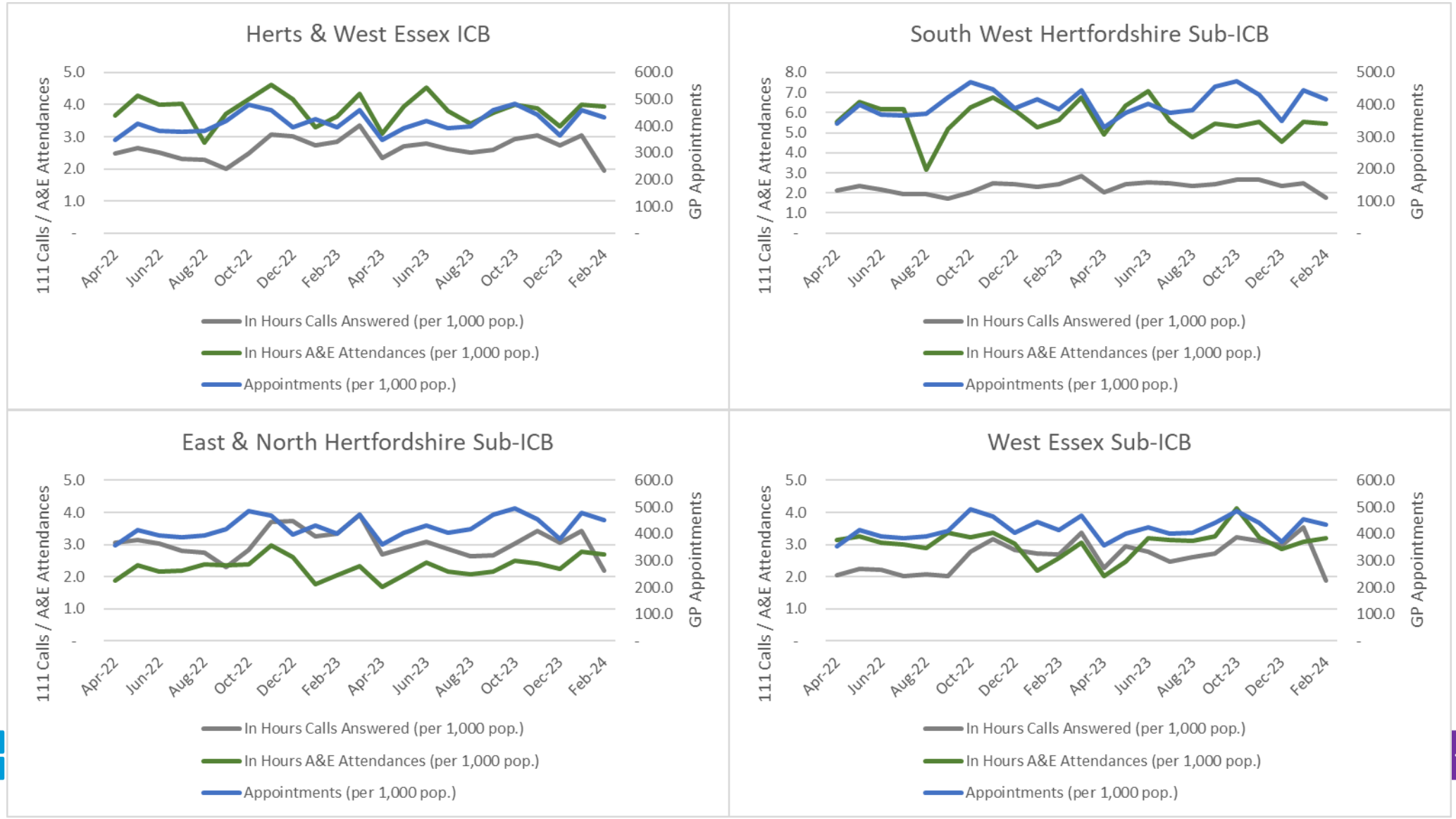
As a result of these challenges, we have reviewed and refined the current OPEL reporting descriptions, practice actions and ICB actions and added examples of each OPEL stage with the aim of introducing measurable/metrics to minimise variation in reporting and maximise support

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

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

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

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



Same Day Access Hubs – latest developments

ENH

- Stevenage North & South PCNs same day access hubs. Reporting high patient satisfaction rates, lower DNA's, increased capacity to see and treat longer term complex health conditions, improved workforce moral and some reduction in Stevenage North PCN in 111 calls in hours
- Herford & Rurals PCN – The PCN's Minor Illness Hub service is well established, delivering 1,265 appointments during April 2024.

WE

- UTC in Harlow live from 1st November and mobilisation successful. Providers working very well together on a daily basis to manage demand and revise approaches and workforce accordingly. Waiting times very low and patient satisfaction good. IUATC dashboard produced outlining attendances, demand over the week, waiting times, frequent users. Detailed analysis of S1 data commenced to inform workforce modelling

- LB&C PCN enhanced/same day access hub – flexible to support with demand e.g. OPEL 3 and 4 practices

SWH

- St Albans IUCH appt only ANP led service-initiated in Nov 22 - 98% seen & treated within 2 hours.

Building Capacity – Developing Primary Care Workforce

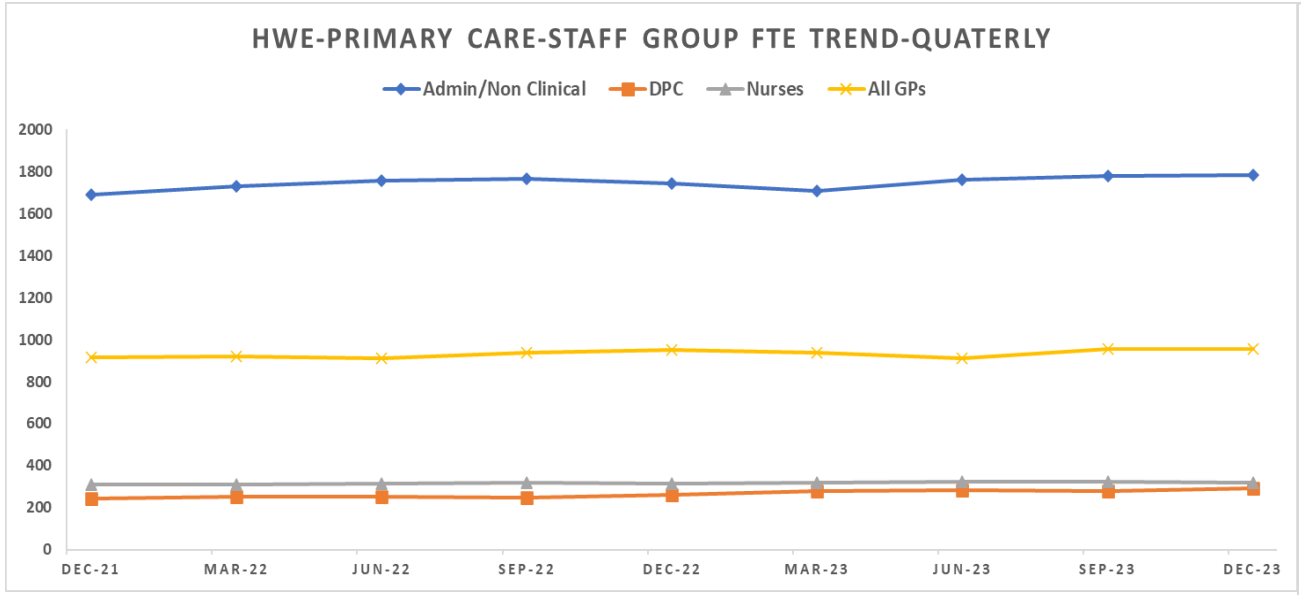
Overview

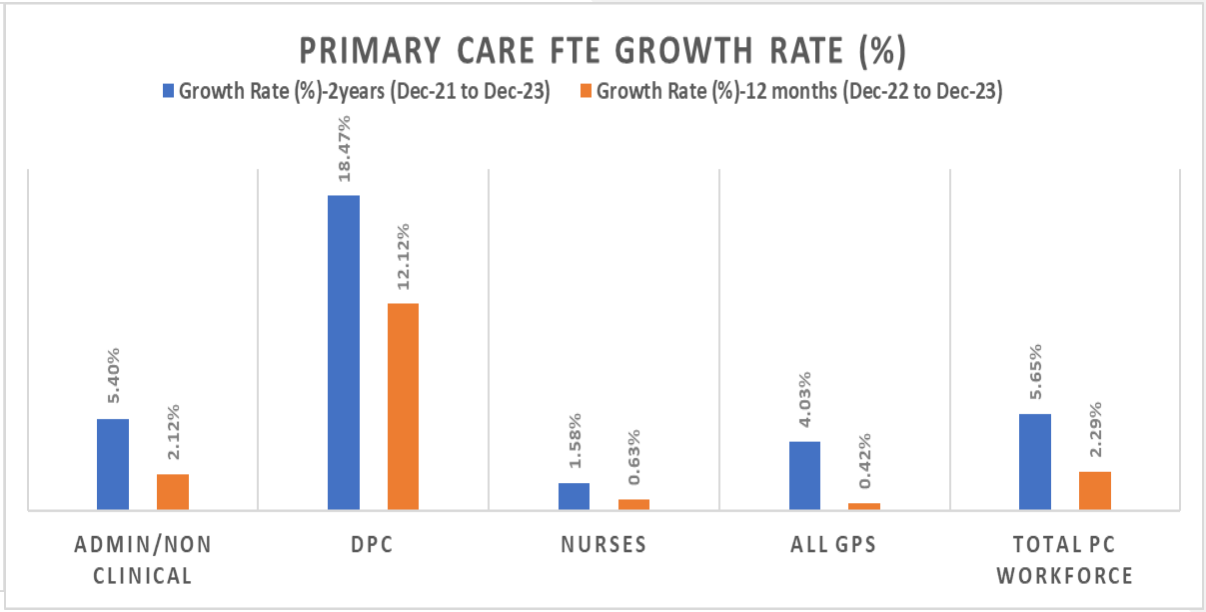
- Analysis shows that between Dec 21 – Dec 23 there has been a steady increase in FTE in the total primary care workforce which equates to 5.65**%** (138 WTE) rise over 2-year period
- The ratio between GPs and nurses in each PCN varies considerably. However, it is important to note that many GP Practices are experiencing significant challenges with recruiting and retaining staff; there are also various workforce models which involve different staff.
- Our data shows many admin/non-clinical roles. This reflects the increasing importance of this element of the primary care workforce. These roles are central to service delivery and are playing an increasingly pivotal role in care navigation and workflow.
- The age profile of key staff in primary care creates a risk with regards to future attrition
- Anecdotal evidence suggests vacancy rates are a concern across primary care, however currently data on vacancy rates and turnover isn't collected, which means we don't have a full picture and are unable to track changes over time. This has been identified as an area of further data development.
- The Training hub continues to support practices with the recruitment of staff and is currently working with *Primary Care Careers* to add a link to their website on the HWE Training Hub Website

Primary Care FTE Growth Rate (%) By Staff Group

- There shows to be a **steady growth in total primary care workforce**
  - 5.65**%** (138 FTE) rise over 2-year period (**Dec-21 to Dec-23**)
  - 2.29% (67 FTE) rise over 12-month period (**Dec-22 to Dec-23**)

- Over the period of 12 months (**Dec-22 to Dec-23**) there is **0.63%** and **0.42%** growth in Nurses and all GPs, respectively.





Hertfordshire and West Essex Integrated Care System

Primary Care Skill-Mix (Data Source: NHSE Portal)

- Over the 12-month period, Jan-23 to Dec-23:
  - There was a rise of 1.3 % in total population
  - The population per GP FTE has increased by 0.8%
  - The population per nurse FTE has increased by 1.7%
  - The population per DPC FTE has decreased by 8.1%
- This suggests that skill mix is changing with DPC staff playing a greater role, however from the data alone it isn't possible to know whether this is fully mitigating the workload implications of the reduced ratio of GPs and nurses to the population
- Better understanding how the different skill mix models are working will facilitate sharing /promoting those which are proving to be the most successful

ICB - Hertfordshire and West Essex (*The DPC data presented in the table does not include PCN ARRS roles)

Staff Group		GP		Nurses		Direct Patient Care		Admin/Non-Clinical	
Date	Population	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE
Jan-23	1,625,617	950	1,710	318	5,104	264	6,153	1,745	932
Feb-23	1,627,777	938	1,735	319	5,104	272	5,991	1,728	942
Mar-23	1,629,568	939	1,736	318	5,131	280	5,827	1,707	955
Oct-23	1,643,188	955	1,721	321	5,111	289	5,688	1,782	922
Nov-23	1,645,103	948	1,736	322	5,114	289	5,684	1,789	919
Dec-23	1,646,152	954	1725	317	5191	291	5653	1782	924

Primary Care- Staff Group distribution per 10,000 Patients

- The Direct Patient Care (DPC) roles presented in this table are practice employed (PCN ARRS roles are not included)
- According to the BMA, a single full-time GP is now responsible for an average of 2,295 patients. This is 357 more than in September 2015 (BMA)
- The table shows that min of 5.7 GP FTE is responsible for 10,000 patients, which suggests that in HWE there is a slightly higher ratio of GP to patients.

Jan-24									
HWE PCNs	TOTAL_PATIENTS	TOTAL_GP_FTE	TOTAL_NURSES_FTE	TOTAL_DPC_FTE	TOTAL_ADMIN_FTE	GP FTE per 10,000 patients	Nurses FTE per 10,000 patients	DPC FTE per 10,000 patients	Admin FTE per 10,000 patients
ABBEY HEALTH PCN	27647	15.41	5.28	3.05	27.51	5.57	1.91	1.10	9.95
ALBAN HEALTHCARE PCN	46834	35.57	8.43	10.01	53.59	7.59	1.80	2.14	11.44
ALLIANCE PCN	27377	9.99	2.81	2.51	24.92	3.65	1.03	0.92	9.10
ALPHA PCN	58449	29.37	7.84	9.96	65.70	5.03	1.34	1.70	11.24
ATTENBOROUGH PCN	32153	13.02	2.32	3.48	38.46	4.05	0.72	1.08	11.96
BRIDGEWATER PCN	34511	33.04	5.19	18.33	35.35	9.57	1.50	5.31	10.24
BROXBOURNE ALLIANCE PCN	45238	25.96	9.57	2.94	50.05	5.74	2.12	0.65	11.06
CENTRAL WATFORD PCN	37249	14.21	4.89	13.11	33.68	3.82	1.31	3.52	9.04
DACORUM BETA PCN	58043	28.48	10.69	10.49	59.65	4.91	1.84	1.81	10.28
DELTA PCN	52160	29.79	9.00	4.95	56.93	5.71	1.73	0.95	10.92
EPPING FOREST NORTH PCN	67290	48.93	15.50	18.04	71.11	7.27	2.30	2.68	10.57
GRAND UNION PCN	15641	10.27	0.83	4.65	15.77	6.56	0.53	2.98	10.08
HALO PCN	34564	23.50	9.01	3.59	44.75	6.80	2.61	1.04	12.95
HARLOW NORTH PCN	63119	26.09	13.24	7.92	69.66	4.13	2.10	1.25	11.04
HARLOW SOUTH PCN	42759	22.68	6.18	10.77	47.53	5.30	1.45	2.52	11.12
HARPENDEN HEALTH PCN	45170	31.61	7.07	3.88	48.93	7.00	1.56	0.86	10.83
HATFIELD PCN	53736	38.55	10.14	9.83	58.68	7.17	1.89	1.83	10.92
HERTFORD AND RURALS PCN	67592	38.57	13.61	11.07	72.72	5.71	2.01	1.64	10.76
HERTS FIVE PCN	67433	28.98	11.03	10.16	66.25	4.30	1.64	1.51	9.82
HITCHIN AND WHITWELL PCN	47858	35.44	14.24	5.88	63.16	7.40	2.98	1.23	13.20
HODDESDON and BROXBOURNE PCN	41958	26.94	11.21	1.69	50.01	6.42	2.67	0.40	11.92
ICKNIELD PCN	58713	37.84	12.24	4.25	63.24	6.44	2.08	0.72	10.77
LEA VALLEY HEALTH PCN	34210	13.17	8.16	9.64	41.71	3.85	2.39	2.82	12.19
LOUGHTON BUCKHURST HILL and CHIGWELL PCN	61936	41.05	10.13	3.52	61.58	6.63	1.64	0.57	9.94
MVPS PCN	50573	25.76	8.84	8.85	50.97	5.09	1.75	1.75	10.08
NORTH UTTLESFORD PCN	42189	23.17	11.84	18.98	47.76	5.49	2.81	4.50	11.32
NORTH WATFORD PCN	26759	9.76	4.36	3.40	30.11	3.65	1.63	1.27	11.25
POTTERS BAR PCN	30678	23.85	4.05	6.29	30.88	7.78	1.32	2.05	10.07
RICKMANSWORTH and CHORLEYWOOD PCN	29850	13.75	3.53	4.68	31.93	4.61	1.18	1.57	10.70
SOUTH UTTLESFORD PCN	47673	28.38	9.03	22.45	58.64	5.95	1.90	4.71	12.30
STEVENAGE NORTH PCN	56535	25.48	13.99	7.60	43.81	4.51	2.47	1.34	7.75
STEVENAGE SOUTH PCN	59734	29.09	13.68	10.07	55.65	4.87	2.29	1.69	9.32
STORT VALLEY and VILLAGES PCN	69006	41.83	13.19	14.93	75.93	6.06	1.91	2.16	11.00
Unaligned	17911	13.65	3.09	7.17	14.39	7.62	1.73	4.00	8.04
WARE AND RURALS PCN	35939	20.87	10.13	3.94	31.03	5.81	2.82	1.10	8.64
WELWYN GARDEN CITY A PCN	59624	31.77	11.61	8.07	61.99	5.33	1.95	1.35	10.40
Hertfordshire and West Essex	**1,648,111**	**945.80**	**315.96**	**300.14**	**1754.02**	**5.74**	**1.92**	**1.82**	**10.64**

Hertfordshire and West Essex Integrated Care System

PCN Additional Roles Scheme (ARRS)

National commitment was to make available an extra £385 million in 2023/24 to deliver 26,000 more direct patient care staff employed and 50 million more appointments by March 2024 (versus 2019)

Funding for PCNs & the scope of roles has increased through the 5 year period of the PCN DES. By the end of 23/24 across HWE c740 new direct patient care roles had been added, including:

- 175 Clinical Pharmacists
- 44 First Contact Physios
- 76 Social Prescribing Link Workers
- 37 Physicians Associates
- 38 Paramedics
- 24 Mental Health Practitioners

Aspiring Educators Scheme

New GP Educator Pathway – We have had a great deal of interest and enthusiasm for four new, locally run, more interactive and more supportive model of GP Educator Training. Shared work between HWE TH Training & Expansion Lead, HWE Quality Lead, and GP School HWE Associate Deans to develop, expand and streamline this programme. We provide support from 'pick up' of new aspirants at point of expressing interest, through pre-course preparation, identifying and solving any aspirant educator or practice/PCN-based Learning Organisation (LO) issues needing attention, and streamlining the path to Educator approval. We also hope to continue, expand and further develop our New Educator and New LO support (currently targeted to E&NH and WE) as they move into active training. This ties in with and utilises our agreed additional GP Trainer/New Trainer/Trainee exam performance support funding scheme.

New GP Educator Pathway

Type of GP Educators

- Tier 2a - Out of Hours Supervisors - who can provide Clinical Supervision to GP Trainees in Out of Hours Settings
- Tier 2b - Associate Trainers - who can provide Clinical Supervision to GP Trainees (up to ST2) and Foundation Doctors in GP practices.
- Tier 3 - GP Trainers - who can provide Clinical and Educational Supervision to all stages of GP Trainees and Foundation Doctors in GP practices

Training Events

- 29 February 24, Online Training – Educational Theory (36 booked)
- 13 March 24, 2 day face to face training

Further training planning 24/25

Spring – dates to be confirmed

Summer – dates to be confirmed

Autumn – dates to be confirmed

International Medical GPs Support

- Expansion Lead supporting IMGs who are struggling with their exams
- Engagement and understanding of IMGs with Training Programme Directors (TPD)

Deliver weekly AKT focussed teaching for weeks 1,2 and 3, and a consultation skills teaching session on week 4

To improve pass rates for both AKT and RCA/SCA exams

To optimise CCT completion

Increase placement capacity

Reduce the need for training extensions

Encourage new educators

To utilise and encourage the retention of experienced trainer resources to foster sustainability in the training expansion agenda, following on from and also supporting local training expansion success

Learning Organisations/Educators

Quality Oversight Panels Monthly Educators/LO reapprovals

- The Quality Lead reviews and gives feedback to the trainers to help identify areas for improvement provides guidance, offering support, and resources to GP educators to facilitate continuous improvement in educational delivery and outcomes
- Implemented the quality standard operating procedure into practice
- New Trainers – approved 1 year – Individual interviews
- New Learning Organisations – Individual interviews, approved 1 year
- Trainers Reapprovals – approved 3 years
- Learning Organisations Reapprovals – approved 3 years
- New educator process – changing to be part of the Aspiring Educators scheme NHSE
- Data submissions (QOP submission) monthly
- NHSE update GMC records

Ongoing Feedback

Educator - Good quality of educational supervision and good understanding of portfolio requirements escalate concerns where appropriate and popular surgery with supportive trainees' working within robust training structure

New training surgery progressing well seeks help appropriately enthusiastic new trainer who engages well with workshops good supportive team with lots of experience and positive feedback from current trainee

Data: As at the end of February 2023

Area	Number of Approved Learning Organisations PCNs	Number of Approved Learning Organisations - Practices	Number of Trainers Tier 2	Number of Trainers Tier 3
ENH	2	39	30	64
WE	2	18	9	26
SWH	1	33	22	85

General Practice Nursing

- **Advanced Practitioner role** – HWE Nurse Tutor is supporting the AP role. All interested in undertaken ACP course apply to Training hub and undertake a, Pre-Application questionnaire. They then have an interview with a clinician in the Training Hub. AP forums take place monthly.
- **Locum deck for Nurses** – Unfortunately, Locum Deck for GPNs has not been successful like the GPs. Rates of pay, complicated application process and GPNs undertaking extra work within their own PCNs and Extending access are a few reasons why not successful.
- **GPN Foundation Course/Herts University** – 8 undertook Sept 23 and 10 started in Jan 24. 18 in total. Unfortunately, at present UoH cannot provide the cervical screening course, Senior Nurse Lead in conversation with University of Hertfordshire as it is imperative the 18 GPNs are trained in cervical screening.
- **GPN Foundation Course/ARU** – 4 undertook in Sept 23 and 1 Jan 24.
- **Supporting PCN GPN Leads** – Training Hub Primary Care Workforce Nurse Tutors invited all the PCN Training Team GPN leads for a 1:1 support meeting. 21 meetings undertaken, they highlighted the need for GPNs to be in the role supporting GPNs and not GPs or AHPs.
- **Volunteers in Primary Care** – No updates at present .
- **Asthma Diagnosis and competency assessments** - Working with the PMO team to establish what training the clinicians have and support further training to allow them to work within the Asthma hubs.
- **Schools/Colleges/Work experience** – Working closely with HWE ICB Workforce transformation team to engage with schools and colleges to promote Primary Care as a first destination career.

PHARMACY KEY WORKSTREAMS

Undergraduate pharmacy clinical placements
Increase capacity & quality of placements across all pharmacy sectors.
This is to support the new General Pharmaceutical Council's Initial Education & Training standards for pharmacists, which were introduced in 2021. Implementation is expected to transform the education and training of pharmacists, so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including through prescribing medicines. In preparation, undergraduate training requires a greater focus on core practical skills development, supported by a significant increase in clinical placement exposure.
HWE ICB (in conjunction with University of Herts) ran a successful training event for potential placement providers in March 2023. This work continues with the development of 'champion roles'.

Develop system wide pharmacy recruitment & retention plan
(1) Map the gaps against the operation programme of work for each sector (including intra-professional collaboration & safe staffing levels), & develop a process at regular time periods to update, particularly at the point that supports winter planning;
(2) develop a system-wide recruitment and retention programme across all sectors.

Independent prescribing
Maximise the value of independent prescribers (including through commissioning) in all sectors in preparation for 2025/26, when all new pharmacist graduates will be Independent Prescribers. The aim is to facilitate the implementation of innovative pharmacy practices and service delivery models.

Staff wellbeing & experience
Implement strategies to promote job satisfaction, work-life balance, & a positive work environment

Cross sector working
Increase number of rotational & hybrid roles working across secondary care, community pharmacy and PCNs. Workstream to include facilitation, e.g. governance, access to IT hardware & systems.

Career pathway for pharmacy workforce
To establish a training pathway for the pharmacy workforce in primary care to support retention & role development. To include salary progression, peer support networks, mentorship, interprofessional education

Specialist roles
Increase number of advanced specialist, advanced generalist, & consultant roles for pharmacy workforce

Next Steps

Implication of the NHS Long Term Plan and Primary Care Strategic Plan on how we support the whole primary care workforce

Further build on workforce planning/attraction/recruitment and retention

- **Retention and Recruitment of AHP and Nursing Staff**
  - Nurses retiring and challenges to recruit – explore innovative ways of supporting to retain staff
  - Increase the number of apprenticeships
  - Increase the number of student placements
  - Increase the number of mentors
- **Embedding New Roles in Practices and PCNs**
  - Support for AHPs / ARRs including new roles such as General Practice Assistants (GPA)
  - Competency Frameworks
  - Continue the development of embedding PCN Training Teams in PCNs
- **Support to Develop Learning Organisations**
  - Increase numbers of learners
  - Increase trainers
  - Develop Culture of Learning
- **Training for non-clinical staff**
  - Increase training opportunities
  - Recruitment to non-clinical teams

Cut Bureaucracy

National self assessment tool

- Our 3 main Acute Trust's completed the national self assessment tool which was published to all ICBs on behalf from Dr Clare Fuller and Dr Stephen Powis – this self assessment provides a baseline of where each Trust is against all of the required areas highlighted in recovery plan;

❑ Onward referrals

❑ Fit notes

❑ Discharge summaries

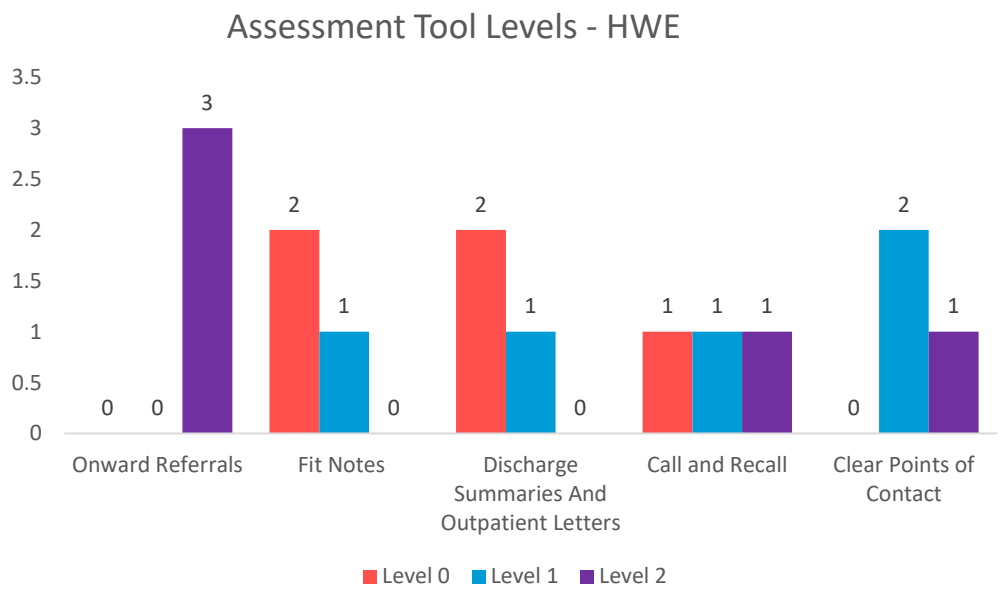
❑ Call and recall

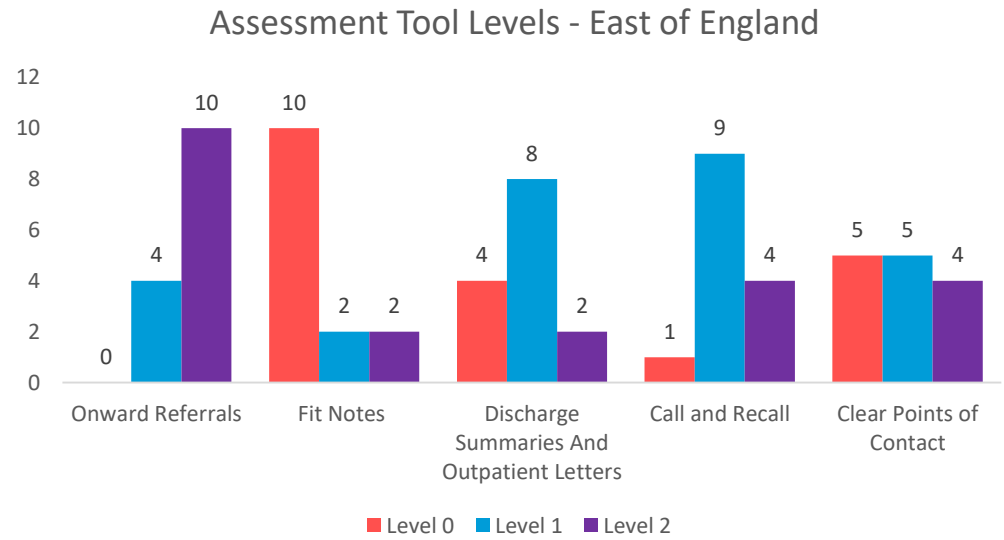
❑ Clear points of contact

- This assessment builds upon the interface work undertaken to date and next steps are to agree specific actions and timelines to progress. Further updates will be presented to the committee.
- The baseline assessment and action plan will be embedded in each of the Acute Trust NHS standard contract by our ICB contracting leads to provide additional oversight on progress.

HWE ICB & the East of England region baseline levels

NHS England have since shared information our ICB baseline assessment information against those received across the East of England region which demonstrates that our ICB is very much in line with other ICB areas across the region:





There are examples of good practice across all trusts and within the trusts in particular specialties. What it shows is there are inconsistencies which will be picked up as actions in discussion with the individual secondary care trust.

The system access policy which includes consultant to consultant referrals has recently been agreed across all partners and being implemented.

Secondly teams are considering what elements of this baseline survey can be considered in discussion with community providers

Next Steps for 24/25

- ICB supportive approach will continue through 24/25. Key likely of focus include – maximising the increased functionality of new cloud-based telephony systems; maximising online consultation availability & use, recognising this remains an area of considerable variance; renewed focus on the importance of patient engagement as part of changing practices approaches to appointment systems
- Increased roll-out of Support Level Framework (SLF) sessions to support practices with self-reflection & identification of improvement opportunities
- Use of key telephony metrics and 111 calls in-hours data to support quality improvement in demand management
- Digital focus – continued drive to increase NHS App usage; maximise prospective records access and promote online registration available in all practices
- Continue to expand & promote patient Self-Referral pathways
- Expand uptake of Pharmacy First services
- Further develop & implement new models at practice/PCN and place level
- Further progress on the implementation of the four Primary Care Secondary Care Interface Arm recommendations
- Continue with expansion and retention commitments in the Long-Term Workforce Plan (LTWP)
- Further refinement of metrics to measure impact of access improvements
- 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)*	☐
	Primary Care Transformation Committee meeting held in Public		**Meeting Date:**	**23/05/2024**
Report Title:	**Primary Care Transformation Place updates**		**Agenda Item:**	**09**
Report Author(s):	Cathy Galione, Head of Primary Care Transformation, Integration, Development & Delivery, East & North Hertfordshire place Roshina Khan, Head of Primary Care Transformation, Integration, Development & Delivery, South & West Hertfordshire place Philip Sweeney, Head of Primary Care Transformation, Integration, Development & Delivery, West Essex place			
Report Presented by:	Cathy Galione, Head of Primary Care Transformation, Integration, Development & Delivery, East & North Hertfordshire place Roshina Khan, Head of Primary Care Transformation, Integration, Development & Delivery, South & West Hertfordshire place Philip Sweeney, Head of Primary Care Transformation, Integration, Development & Delivery, West Essex place			
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 • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually			
Key questions for the ICB Board / Committee:	▪ The committee are asked to consider if the level of detail contained in the report provides a clear picture of progress against the Primary Care Strategic Delivery Plan.			
Report History:	These regular Place based updates will be presented to this committee as they were previously reported via Primary Care Board. These reports will be included as part of the overall delivery of the Primary Care Strategic Delivery Plan and will be included as part of the Strategy Monitoring Report on a quarterly basis as previously agreed.			

<table>
<tr><td></td><td></td></tr>
<tr><td>Executive Summary:</td><td>The HWEICB Primary Care Strategic Delivery Plan outlines the direction of travel for primary care transformation (general practice, pharmacy, dental and optometry) across Hertfordshire and West Essex from 2023-2026. The plan sets out three broad key transformation objectives:
Continued focus on prevention and health inequalities
Proactive care – Person centred, team-based approach to Chronic Disease Management and Complex care management through establishment of integrated neighbourhood teams (INTs)
Simplifying & enhancing access for urgent primary health needs
The full Primary Care Strategic Delivery Plan can be viewed on the ICB website: Primary Care Strategic Delivery Plan 2023-2026 – Hertfordshire and West Essex NHS ICB

For full details of the timelines for each delivery item within the plan, please refer to the plan itself, linked here.</td></tr>
<tr><td>Recommendations:</td><td>None.</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td><table>
<tr><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>
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<tr><td colspan="2">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td>To be evaluated individually as part of delivery related to specific projects to transform access and service provision</td></tr>
<tr><td>Risk: Link to Risk Register</td><td>To be evaluated individually as part of delivery related to specific projects to transform access and service provision.</td></tr>
<tr><td>Financial Implications:</td><td>Funding aligned with the Primary Care Strategic Deliver Plan can be found within the plan itself, which was signed off by Primary Care Board and ICB Board in July 2023: Primary Care Strategic Delivery Plan 2023-2026 – Hertfordshire and West Essex NHS ICB</td></tr>
</table>

Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	Yes - EqIA for the Delivery Plan was approved by HWEICB Equality and Diversity Lead on 18.7.23. It will be key to ensure that further EqIAs are completed where required when objectives from the strategic delivery plan are implemented in each of the three places.
	Quality Impact Assessment:	Confirmed by HWEICB Deputy Director Quality Improvement and Patient Safety that a QIA is not required, however it may need to be undertaken as part of the individual transformation projects during implantation of the plan.
	Data Protection Impact Assessment:	Confirmation from HWEICB Head of Information Governance and Risk that a DPIA is not currently required – however it will need to be undertaken as part of the individual transformation projects where appropriate/relevant.

South West Herts Place Primary Care Update

May 2024

Key Information:

17 PCNs
51 practices
4 Locality Areas
686,774 Raw Population
637,828.80 Weighted

Pharmacy First

116 Community Pharmacies are signed up in SWH to deliver 7 clinical pathways.

March data show that SWH Pharmacy First referrals have increased since January – which was at 9.5 referrals per 10,000 population to 27 referrals per 10,000 population in March.

LD Health Checks

March 24 77.3% received an Annual Health Check, 74,7% received a Health Check & Health Action Plan

Primary Care Access & Modern General Practice

- All Capacity & Access Plans reviewed and signed off with clear objectives agreed.
- 12 practices on analogue systems have signed contract to move to CBT & now have implementation dates.
- All practices have submitted Appendix 2 for Transition Funding.
- SLF Visits offered and booked to take place in July with 2 practices (Not part of GPIP)
- 9 practices with Total Triage in place currently

Same Day Access

St Albans
2023/24 IUCH has seen 20,525 patients
Utilisation rate of just over 80% for the year 2023/24
April 24 showing 88.4% utilisation first 12 days of May 90.1% utilisation
HUC have completed a DNA audit and will be feeding back to local surgeries outlining processes for patients to cancel appointments if no longer needed as DNAs are currently impacting utilisation figures.
98.5% of patients are discharged within 2 hours
Patient feedback very positive about service.

Hertsmere

- The Hertsmere Urgent Care same day bookable minor illness hub procurement was completed however due to financial constraints, will not be going forward for the time being. If considerable savings can be made elsewhere, it will be revisited.

Workforce

- Majority of PCNs have not fulfilled 2023/24 plans. 4 PCNs overspent on ARRS allocations, so were allowed to claim this from the ARRS ICB underspend. In 24/25, PCNs will now be allowed to claim extra from other PCNS that underspend.
- High level of WTE Clinical Pharmacists & Care Coordinators, more PCNs recruiting GPAs.
- Recruitment & Retention challenges exacerbated by competing with London Weighting & Locum usage and other factors.

Enhanced Commissioning Framework 24/25

- Place team continue to support practices with distribution of data to maximise achievement –ECF dashboard to continue to be presented at Locality Forums.
- ECF 24/25 socialised with SWH. Feedback is that not enough of the thresholds were reduced.
- ECF communication with final version to be circulated this week (15.5.24)

Vaccinations

Flu - 6 months to under 65 at risk. Increase from 41.6% in Nov 23 to 43.4% in Jan24 (final report for this season). Please note not all practices data is included due to GP IT supplier having issues uploading on to Immform. 7 practices data missing in November and 2 practices data missing in January.

MMR 2-18yrs out of 144,272 patients 8.6 % (12,372) have received no doses. Practices continue to call/recall patients and the region has also launched a call and recall service to support this, considering the current rise in cases.

Covid As of 14/5/24 42% of all eligible SWH patients have received their spring booster vaccine. This is the same as uptake as for all Hertfordshire & West Essex patients. Immunosuppressed patients however are only at 18% so far.

South West Herts Place Primary Care Update - Continued

Integrated Neighbourhood teams

South and West Herts – all 4 Localities have commenced on their INTs in South and West Hertfordshire, still at various stages of development

Dacorum Pro-active Care Model: identified patient cohort as moderately frail over 65 who have had 2+ admissions to hospital and more than 10 hospital bed days. Segmentation modelling and risk stratification complete. GP searches finalised with clinical sign-off and available in EMIS. All practices in both Beta and Delta PCN are running the searches and going through patient lists to provide feedback on 21/03/24. MDT / workforce and employment model being developed, estates being scoped, and discussions being held with WHTHT re Jubilee Wing at Hemel Hempstead Hospital. Alpha PCN with Hospice of St Francis to identify and offer intervention for severely frail, to start April 24

Hertsmere Complex Mental Health INT - identified non-responders to annual LD and SMI health check, living in the 3 most deprived electoral wards of Hertsmere. To be reviewed by an MDT to increase uptake of health checks for individuals identified and to provide holistic support to these individuals from relevant agencies.

Watford/Three Rivers Top 200 Frailty INT project to support the 200+ most frail patients in the Locality by all stakeholders. We are hoping to support the idea that all stakeholders will hold the list of these vulnerable patients and take up joint ownership thus removing all barriers to a patient centred care provision. There has been a shift towards HCP working with greater involvement from Urgent Care and Social Care colleagues within the INT working group.

St Albans/Harpenden 3 PCN 's have identified a patient cohort as moderately frail over 65's who have had 2 +admissions. PCN Clinical Leads meeting on 28th May to discuss MDT & Implementation

Best Practice

Stay Well for Longer Hub

Communities First are holding an event in Borehamwood on 23rd May jointly with Theobald branch of Manor View practice. This is their frailty one stop shop pilot event for frail patients - a multidisciplinary approach to reduce risk of progression of frailty and falls. Patients would come 1 week before the session to have a blood test done, and then would rotate around different rooms for:

- height, weight and blood pressure done in the waiting area,
- a crude hearing assessment done in a room (RNID website self-checking),
- a review of their feet with diabetes nurse,
- polypharmacy review with pharmacist,
- understanding of support groups with social prescriber and lunch and
- discussion with Health & Independent Living Support, where the aim would include discussion of healthy diet and exercise needed to maintain healthy ageing.

Rothchild House Surgery: Implemented GP Triage Model which has resulted in the "Average patient call wait time to under 3 mins. Current wait times in Jan – March 24 was under 5 mins – 76%, 5-10 mins – 12%, over 10 mins – 12%. This is an improvement from an average wait of 10-16 mins in Autumn 23. The practice has been sharing this approach with other practices to help improve patient access.

East & North Herts Place primary care update May 2024

Key Information:

12 PCNs – 6 Localities
48 practices
2 INT (Vanguard Sites)
Patient list - 624,692
Weighted - 585,182.61

Modern general practice (MGP)

Support Level Framework (SLF) Visits booked: mid-June – Symonds Green Practice which is now part of Stevenage South PCN and mid-July Wrafton House which is part of Hatfield PCN.
SLF Visits completed: Stanmore Medical Group which is Stevenage North PCN & Bancroft Medical Centre part of Hitchin & Whitwell PCN.
Capacity and Access Plans 2023/24 – the place team have completed a review of all PCN plans and are now in the process of finalising the payments for PCN's. During this process one PCN has been identified as not enabling online consultations and offering this access to patients, this is being addressed as a contractual requirement.

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

Hertford & Rurals PCN – A dedicated Nurse who specialises in coil fitting has been recruited. This staff member is running weekly clinics and is supporting the Enhanced Access team fitting for contraception and Hormone Related Treatment purposes.
Stort Valley & Villages PCN - have recently recruited a community paramedic.

Same Day Access hubs

Herford & Rurals PCN – The PCN's Minor Illness Hub service has recently relocated from Castlegate Surgery to Carlton Court in March 2024, in order to provide the growing service with more space. The Hub delivered 1,265 appointments during April 2024.
Stevenage North & South PCN hubs – an evaluation paper has been drafted & shared with both PCN's for comment; outcomes will be shared across the wider system. Highlights from the paper include high patient satisfaction rates, lower DNA's, increased capacity to see and treat longer term complex health conditions and improved workforce moral. There was also some reduction in Stevenage North PCN in hours calls to 111 services. A visit to the Stevenage South hub is pending by the place team.

Integrated neighbourhood teams (INTs) and proactive care

The 'Care Closer to Home' steering group under the Health and Care Partnership (HCP) oversees the INT joint programme of work, which is co-chaired by ICB GP Clinical Transformation Lead and Associate Medical Director of Community Services provider (HCT). This group makes recommendations to the HCP Board on the INT joint programme for agreement. Each of our 6 localities have an established Integrated Neighbourhood Board (INCB) which meets either monthly, 6 weekly or bi-monthly. Through our joint programme of work with ENH HCP 2 'pilot' PCN sites (Hoddesdon & Broxbourne and Welwyn Garden City) were initially identified to define INT projects based on PHM data and undertake clinical searches from this to identify patient co-horts; this work ongoing. Stort Valley & Villages (1 PCN and same Locality) and Lower Lea Valley Locality are established as INT's with many projects ongoing with system partners. North Herts & Stevenage localities (consisting of 2 PCN's per locality) have commenced a focus on Frailty in line with ICB & HCP priority area for 24/25.
A 'Frailty' focussed workshop is currently being planned for at place to share complete list of mapped services and to agree how these services will be arranged and delivered to meet the reduction target of Frailty non-elective activity by 25%.

Vaccinations & Screening

The Spring 2024 covid campaign commenced on 15 April for care homes and housebound cohorts with all other eligible cohorts (over 75s and immuno-suppressed) following shortly on 22 April. There are a total of 73,762 eligible patients in ENH place.
The uptake to date (9 May '24) has been 29,231 or 39.6% of the eligible population. (To note the national uptake rates are up 50% compared to Spring 23). At the time of writing this report Herts & West Essex ICB are showing the highest uptake across the East of England region. **Measles, Mumps & Rubella (MMR)** – There is joint working between Public Health and Primary Care Network/GP Practice Teams who are going into the ENH place based Asylum Seeker hotels to offer boosters to those that have not had MMR immunisations or are unsure of what this immunisation is.
Cervical Screening – SVV PCN have a Well Woman dedicated clinic for screening. Stevenage North PCN have dedicated clinics held by a Community Nurse specialising in Learning Disabilities who is working on increasing uptake in this patient co-hort.

Anything else to share

Enhanced Health in Care Homes (EHCH) procurement – there has been some slippage in the timeline to the ongoing project for the procurement of services from 1 April 2025, a service specification and financial envelope has since been approved and the project team are working with a new procurement provider to support the project, at the time of writing this report a new timeline is being developed to be approved week commencing 20 May 2024. **Team Net web based information platform** – this web tool that is specifically designed for Primary Care provides many functions including a single source for all GP practice back-office functions. An ICB wide offer is going live to all ENH GP practices/PCNs soon. Any GP Practices/PCNs who had previously purchased a subscription for this web-based tool will be reimbursed on a pro-rata basis.
PCN Changes for 2024/25 – by mutual agreement and with effect from 1 April Symonds Green Surgery has joined Stevenage South PCN (previously part of Stevenage North PCN)
Practice Managers forum – following feedback from Practice Manager colleagues the place team have arranged a face-to-face meeting to allow colleagues to meet in person face to face; many of these colleagues have never met in person previously and therefore will be a opportunity for networking and building relationships within ENH place.

Examples of good practice

Stort Valley Villages PCN (SVV)
Community collaborative event. The PCN organised an event that brought together 29 organisations represented by 40 people at the Baptist Church. The aim was to bring together community groups to understand how best they can work together for the benefit of everyone in Bishop's Stortford

Health Memory/Dementia and Carers Cafes
The place team have previously shared examples from both Hitchin & Whitwell and Broxbourne Alliance PCNs. We are pleased to share that the majority of our PCNs across localities are now holding café style support groups and collaborating with system partners to offer a wide range of information to the attendees of these groups. Further details of these will be shared in future place updates.

Hatfield PCN
Let's cook' project – initiative with Resolve/Sparks Community Café (using Assura £8k funding)
Health walks – social prescribing team has started a group walk for their patients (trained by WHBC)
Healthy eating group for patients from minority ethnic backgrounds commencing shortly
Working with BeeZee Bodies and supporting families with children (running course in Hatfield)
Commencing healthy lifestyle programme for patients with a learning disability
Wellness in menopause groups of 4 sessions set up throughout March & April
The details and outcomes of these initiatives will be shared in future place updates.

Welwyn Garden City PCN
The PCN is continuing to support the dedicated dementia ward at the Sunflower Unit (based in Hatfield PCN area). A draft evaluation report has indicated the hugely successful MDT approach with system partners including GP, HPFT, HCT, HCC and other relevant agencies. The quick decision making approach and patient outcomes have been excellent. This has supported a cohort of patients who had previously been a challenge in terms of finding an appropriate placement. Patient, carer & relative feedback has been excellent too. Staff within the care home setting have also commented how the MDT approach has empowered and assisted them in their day to day roles. This pilot project is currently funded until September 2024. Further updates will be shared in due course.

Stort Valley Villages PCN (SVV) a Learning Organisation – 6 student nurses from Anglia Ruskin University and University of Hertfordshire have had placements at SVV practices over the last 12 months, covering a total of 37 weeks. This is a rolling programme of work. Clinicians have shared positive feedback and some student nurses have requested to return.

Stevenage Healthy action day – a weekend event was held with key stakeholders across the Stevenage Borough in April. Stevenage South PCN had a dedicated stall and the Patient Participation Group chair for Stevenage North PCN was also in attendance. The ICB had a dedicated stall which was promoting the download and use of the NHS App. Place team members also attended the event to support PCN colleagues.

Stevenage South PCN;
Home Access Service – a dedicated service which supports housebound patients with Chronic Disease Management.
Learning Disability Support and Coordination – the designated LD leads in each practice meet monthly to share updates and best practice. The leads also act as the 'go to' person at the practice for LD patients both for clinical and personalised care support needs. Three of the four practices are now Purple Star accredited, with the fourth going through the process. Some excellent patient examples of improving access and care for this cohort.
Financial Shield project - working with CAB in Stevenage to identify and offer financial support to patients with COPD and on low income. Link sent to the patient for a financial support and benefits check which, if taken up, was completed by the CAB. Keen to continue beyond project phase
Active Practice Charter – The PCN are working towards getting APC accreditation through Sport England and the RCGP across the four practices to help promote physical activity with staff and patients. **Frequent Attenders Service** – Whilst not focused on a particular cohort this project looks at the list of patients who have had 25 or more appointments in the last 12 months. The patient is then reviewed and there are two pathways they can access for specific, individual support (one for patients with clinical support needs and one for patients with personalised care and support needs). With a view to reducing the reliance on practice and improving resilience and patient wellbeing.

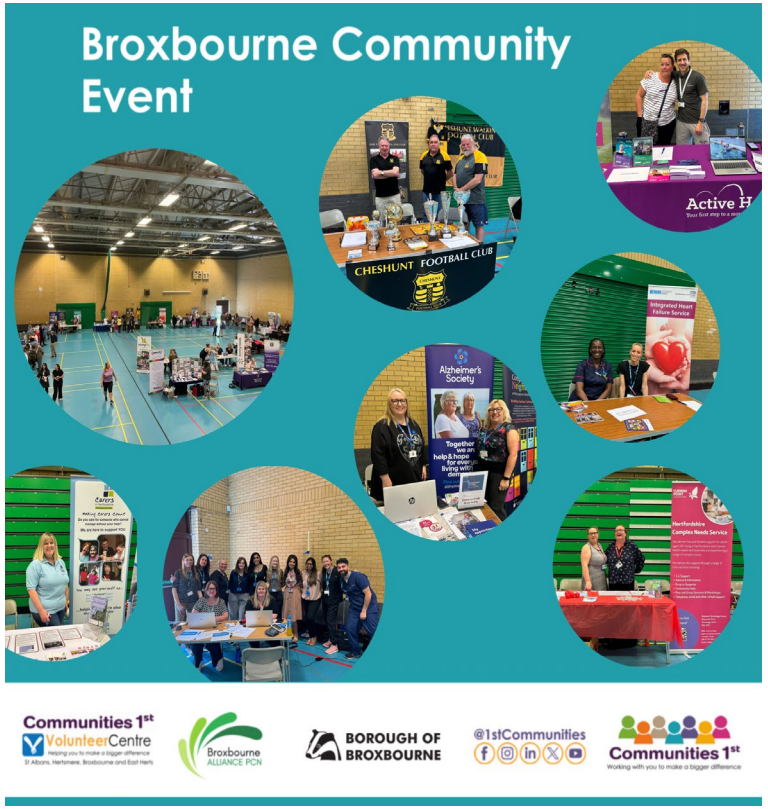
Examples of good practice continued

Broxbourne Alliance PCN in Lower Lea Valley Locality

A Community collaborative event was organised by Broxbourne Alliance PCN in collaboration with Communities 1st and Broxbourne Borough Council. The event was held at the Laura Trott Leisure Centre in Cheshunt and was very well attended. The social prescribers across the locality and neighbouring PCNs were in attendance to promote their role and network across. Some initial feedback from the event was very positive and attendees said they were surprised at the wide range of services available within their community which they were not previously aware of.

This is a series of events which the PCN are holding, the next event is being planned for in October and will be looking to hold later in the day to capture a wider range of the population.

The photo below is of the Broxbourne Alliance PCN team including (on far left of photo) Dr Alison Jackson, Clinical Director for Broxbourne Alliance PCN and GP Clinical Transformation Lead for ENH place.



West Essex Place primary care update

March/April 2024

Key Information:

6 PCNs and 6 INTs
30 practices
48 community pharmacies
330,324 registered population
322,017 weighted population

Vaccinations

MMR - Practices continue to call/recall patients and further efforts underway in light of measles increase. School imms team offering personalised calls with parents as part of an NHSE 1 yr pilot. Local targeted work underway too in Waltham Abbey traveller community. **Measles** FIT testing training underway.

COVID –Spring campaign 15 April to 30th June. Eligible cohorts include adults aged 75 years and over, residents in care homes for older adults and individuals aged 6 months and over who are immunosuppressed. All 6 PCNs and the majority of CPs as before are on boarded.

Primary care access recovery and modern general practice

- Working with practices to maximise delivery of capacity and access plans, ahead of year end and preparing them for 24/25 requirements.
- Support Level Framework visits booked with 5 practices to date - Loughton Surgery, Palmerston Surgery, Loughton HC, Forest Practice & Rivers Surgery . Locality clinical leads will facilitate visits with member of place primary care team. 20 practices in total will be offered SLF visits (rest have been on national GPIP or are receiving support from contracting team colleagues)
- Ongoing support to 3 practices (Thaxted, Old Harlow, Angel Lane) without cloud-based telephony, via procurement hub. Also supporting others, where possible, to upgrade where systems are sub-optimal.
- LB&C Care home hub due to launch in April.

Health Checks, prevention and long term conditions

- **40+ health checks** – Significant progress during January, moving from 68% in Dec to 86% achievement of target in Jan. Practices have worked hard to progress this and some are taking up additional support from Provide. Success has been recognised by ECC.
- **Improving Hypertension detection and management** – follow up practice visits and ICB wide comms campaign being planned. 24/25 HCP priority area with targeted support to particular practices as well as WE wide work with system partners.
- **Asthma hubs** – NUTTs, SUTTs, LB&C and Harlow South are all keen to take up the offer of developing asthma hubs. Working with respiratory colleagues to support implementation.
- **Cancer** – successful WE wide TTL held, led by PAH clinicians to raise awareness of local pathways

Estates

- Large population growth in Gilston, adjacent to Harlow Town, and development of Latton Priory to the south of the town. Newport also likely to see large growth.
- Opportunities to work with practices, the PCN, and other health partners in scoping a new facility in an area of increasing population at Takeley, Uttlesford.

Enhanced Commissioning Framework

- Ongoing support to practices to maximise achievement by year end and working through data queries with practices, Ardens and acute trusts and contracting colleagues.
- 24/25 ECF shared with GP practices.
- Considering alignment of ECF with HCP priorities for 24/25.

Health inequalities

- All PCN/CVSs have submitted bids for Assura Funding. Projects include 121 bereavement support for housebound/vulnerable people, community hub outreach to increase awareness of and uptake of health programmes amongst BAME and traveller communities, and social prescribing in-reach at Addenbrookes to facilitate discharge.
- March '24 Veteran Accreditation status: 59% (17/29) practices accredited (PCN coverage)

Integrated Urgent Assessment and Treatment Centre

- Joint Operational and Clinical Oversight Group (JCOG) chaired by HCT, working well, with all collaborative partners attending.
- 10pm-midnight proposal for joint working with HUC with steering group for consideration
- Draft IUATC dashboard produced outlining attendances, demand over the week, waiting times, frequent users. Detailed analysis of S1 data commenced to inform workforce modelling
- HCT/EPUT community staff in-reach in PAH ED to identify patients suitable for community pathways being tested in MADE week w.c 25th March
- Within paediatric ED, work underway to establish redirection of Pharmacy First conditions to 1-4 local community pharmacies

Community Pharmacy Integration

- Ongoing support to practices and pharmacies to overcome any operational issues with implementing Pharmacy First
- Further promotion at practice managers meeting by Pharmacy First Clinical lead and project manager.

West Essex Health Care Partnership Priorities 24/25

- Inputting into the development of HCP priorities which include CVD/hypertension, frailty proactive/preventative model of care, childhood obesity and well-being/resilience and adult mental health.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	Primary Care Transformation Committee meeting held in public		**Meeting Date:**	**23 May 2024**
Report Title:	**Progress on recommendations from Healthwatch Reports – 1 x Carers report from Healthwatch Hertfordshire and 1 x Carers report from Healthwatch Essex**		**Agenda Item:**	**10**
Report Author(s):	Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex Integrated Care Board Tim Anfilogoff, Head of Community Resilience, Hertfordshire and West Essex Integrated Care Board Vanessa Moon, Senior Communications and Engagement Manager, Hertfordshire and West Essex Integrated Care Board			
Report Presented by:	Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex ICB			
Report Signed off by:	James Gleed, Associate Director Primary Care Strategy and Transformation, Hertfordshire and West Essex ICB			
Purpose:	**Approval / Decision** ☐	**Assurance** ☐	**Discussion** ☒	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually			
Key questions for the ICB Board / Committee:	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 (now Primary Care Transformation Committee) 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:	This paper provides an outline of the recommendations from the following Healthwatch Hertfordshire and Healthwatch Essex reports and progress against them: • Carers' Views and Experiences of Accessing Support from their GP Practice - Healthwatch Hertfordshire (published October 2023) • Support and Help for People Who Care for Others in West Essex (November 2022 - February 2023) Responses to recommendations within the report have been worked through with relevant ICB colleagues and are outlined in this paper alongside work that has taken place to date, as well as suggestions that need to be discussed and looked in to further. Some of the work that has taken place to date includes: • Engagement events held with carers across Hertfordshire in March 2024 to hear what is going well, and what is not going so well linked to the care they receive via their GP practice – an online engagement event with Carers in Hertfordshire is planned for 22 May, and plans are being discussed for a similar event in West Essex • Support outlined within the HWEICB Enhanced Commissioning Framework (ECF) to support carers • A Carers Vision is in the process of being created by the ICS - this will help to pull together information on services and support that may be helpful for carers across the ICS • A weekly carers café is run by Hitchin and Whitwell PCN alongside a variety of partners, to support carers. There is more work to do and some of the actions to be discussed further and taken forward that are outlined in the paper include: • Sharing learning across primary care from the carers engagement events that have taken / are still due to take place • Promoting the importance of identifying carers particularly during Carers Week, Carers Rights Day, and during Young Carers Action Day • The ICB Communications Team to look at pulling together a carer focused slide for GP waiting room screens • A new ICB Population Health Management (PHM) data platform is being produced that will highlight the number of carers and the conditions they may have (e.g diabetes) - this will help the ICB to better identify the support required by carers and this should help to support in reducing Health Inequalities.

<table>
<tr><td></td><td colspan="4">Further responses to recommendations from Healthwatch Hertfordshire and Healthwatch Essex reports commissioned by the Primary Care Directorate at HWEICB will continue to come to future Primary Care Transformation Committee 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>
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<tr><td colspan="5">Implications / Impact:</td></tr>
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<tr><td>Financial Implications:</td><td colspan="4">None</td></tr>
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(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
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<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
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Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
Carers' Views and Experiences of Accessing Support from their GP Practice - Healthwatch Hertfordshire (published October 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	**Identifying Carers** We know that there are many unpaid carers who do not identify themselves as a carer, and in turn are not receiving support with their caring role from health and care services. GP practices are often a first point of contact for unpaid carers, and in an ideal position to ensure they are identified. This could be through: 1. Providing information and resources (such as posters, leaflets) in their practice and on their website, outlining what it means to be an unpaid carer. 2. Encouraging patients to self-identify by distributing letters, text messages and emails to patients asking whether they have taken on caring responsibilities. This information could also be shared in the GP practice and on the practice website. 3. Encouraging patients to check their patient records are up-to-date. 4. Proactively asking patients if they have a carer, or if they are a carer. For the above recommendations, consideration should be given to the language used, as many people do not resonate with the term "carer." Staff should also avoid making gendered or cultural assumptions about caring	The ICB are aware that carers generally face more health needs in general, e.g the Annual National GP Patient Survey 2021 outlined that 54% of carers had long term health condition (compared with 47% of non-carers) and 11% had mental health condition (8% non-carers). The ICB are working to support practices to register more carers to ensure they receive the support they need through programmes such as the Enhanced Commissioning Framework (ECF). The ECF supports the delivery of local and national key priorities and Hertfordshire and west Essex ICB ask general practice sites to deliver some enhanced services to improve the quality and outcomes of care delivered in certain key areas. The ECF for 2024/25 outlines the following ask of practices in relation to supporting carers: *Provide a carer's annual check and refer to relevant services and support:* *As part of the annual check for people who are carers, complete the following care processes:* • *Blood pressure check* • *Screening for depression (using PHQ-2 or PHQ-9)* • *Ask about reasonable adjustments and record these in the clinical record* *Following assessments, carers should receive support and care according to identified needs, including referral to relevant services. Consider referral to NHS talking therapies (previously IAPT), Carers in Herts for people in Hertfordshire and Essex Wellbeing Service for those in West Essex.* The ICS have a Health Creation Strategy that has a carers section within it to support providers to know what to do when it comes to supporting carers. A Carers Vision is being created by the ICS that will help to pull together information on services and support that may be helpful for carers across the ICS - linked to this, 'No Wrong Door' is being presented to ICB Board in June 2024, this will confirm the Carers Vision as an area of focus that will be worked on in the latter half of 2024/25. Hitchin and Whitwell PCN hold a weekly carers cafe with a variety of partners from the voluntary sector, hospice and Sadie Centre who attend alongside practice staff, to support carers.	The ICB Communications Team will look at pulling together a carer focused slide for GP waiting room screens. The ICB, alongside Carers in Hertfordshire, held engagement events with carers across Hertfordshire in March 2024 so that the ICB could hear from carers directly about what is and what isn't working well in relation to the care they, and the people they care for, receive from their GP practice. Information from the events is being written up and will be shared with GP practices in order to showcase best practice, and share ideas, in order to try and ensure there is more consistent support for carers. As part of the information that will be shared with practices from the engagement events, we will also include links to helpful resources from Carers in Hertfordshire, available here: https://www.carersinherts.org.uk/for-professionals/information-for-gps/materials-to-download/ In West Essex, Action for Family Carers work alongside Essex County Council and other organisations to support carers in West Essex - a suite of information relevant to West Essex GPs will be shared when available. The ICB Communications Team will also work to promote the importance of identifying carers particularly during Carers Week (10-16 June 2024) Carers Rights Day (23 November 2024) and during Young Carers Action Day (date for 2025 TBC)	ICB Communications Team ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team	
		Encouraging Registration Our findings highlighted that some unpaid carers are not formally registered as a carer with their GP practice, which often prevents them from accessing and finding out about the support available. GP practices could encourage registration by: 5. Ensuring that carers are aware of the need to, importance of, and benefits of registering as a carer with their GP practice. Information on how to register should be available within GP practices and on the practice website. Communications could also be delivered via text messages, letters and emails. 6. Sending confirmation to patients once they have registered as a carer with their GP practice – either via letter, email or text message.	As outlined above, the ICB, alongside Carers in Hertfordshire, held engagement events with carers across Hertfordshire in March 2024 so that the ICB could hear from carers directly about what is and what isn't working well in relation to the care they, and the people they care for, receieve from their GP practice. Carers who attended the events were encouraged to ensure they are registered as a carer at their GP practice. Information about the carers section of the ECF for 24/25 is outlined above, however supporting carers was also an area of focus within the 23/24 ECF, in which practices were asked to take proactive steps to identify people who are carers and record carer status using relevant clinical codes. Carers in Hertfordshire have a GP liaison worker who works with and trains/ supports carers champions within practices.	A new ICB Population Health Management (PHM) data platform is being produced that will highlight the number of carers and conditions they may have (e.g diabetes) - this will help the ICB to better identify the support required by carers and this should help to support in reducing Health Inequalities. The ICB are working with Carers in Hertfordshire and the Adda Club around a possible piece on carers and diabetes (Carers Week 10-16 June is also National Diabetes Week)	ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team ICB Communications Team	
		Access The findings indicated that carers are facing difficulties accessing their GP, whether this be for themselves or the person they care for. GP practices should strive to improve access for carers by: 7. Continuing to improve telephone systems to reduce delays and waiting times. 8. Offering greater flexibility in contact hours and opening hours to account for caring responsibilities. 9. Reviewing and addressing waiting times for appointments for carers. 10. Being more mindful of caring responsibilities and demands when offering appointments. 11. Providing more choice and flexibility when offering appointments, including offering "double appointments" when necessary	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. 62 practices are already on Advanced Cloud Based Telephony (CBT). 34 are in the process of moving to Advanced CBT. A further 18 are on a system capable of Advanced CBT and are being offered free upgrades if they are not already using the full functionality. Enhanced Access is in place within each Primary Care Network (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. It is important to note that core practice opening hours are set nationally as part of GMS and are therefore not within local control. Under the 24/25 ECF, practices are asked to ensure that they ask carers about reasonable adjustments that may support them to be seen, and record these in the clinical record.	The ICB Communications Team to look at pulling together a carer focused slide for GP waiting room screens. Feedback and best practice from the carers engagment events that took place in March 2024 will be shared with practices in the near future.	ICB Primary Care Team / Primary Care Digital Team ICB Community Resilience, Health Inequalities and Personalised Care Team ICB Communications Team	

		Support for Carers Patients who are registered as a carer should receive additional support from their GP practice to help carers manage their health and wellbeing. GP practices should ensure carers feel supported in their caring role by: 12. Ensuring that they offer registered carers the following support on a regular basis: • NHS annual health check • Flu vaccinations • Carer Assessment • Benefits checks 13. Ensuring NHS annual health checks include a thorough examination of carers' physical and mental health. 14. Having discussions with carers about their physical and mental health, particularly in relation to their caring role. 15. Signposting carers to health and social care services, as well as support provided by the VCFSE sector. 16. Referring to, or encouraging, carers to speak to a social prescriber or link worker. Awareness about how social prescribers can support carers should also be raised. 17. Updating their websites to include the following information: • Benefits of registering as a carer, and the support they should receive. • Signposting information and support to local and national organisations. 18. Treating carers with respect, compassion and empathy, and acknowledging the demands of the caring role. Reminders and refresher training on engaging with carers should be considered. 19. Ensuring that receptionists are checking patient records to see if someone is registered as a carer, and offering greater flexibility when booking an appointment, where possible.	As above, the ECF outlines support that practices are asked to provide to carers. Carers are also eligible for a free flu vaccination - this is communicated to carers via the local authority who take the lead in communicating about eligibility of vaccinations for carers, this usually includes direct letters to patients as well as articles (working with organisations such as Carers in Hertfordshire and the Hertfordshire Carers Organisations Network), and is supported by the ICB communications team via messages shared on social media channels and ICB newsletters. The ECF also advises that following assessment, carers should receive support and care according to identified needs including referral to relevant services such as NHS talking therapies, Carers in Herts for people in Hertfordshire and Essex Wellbeing Service for those in West Essex. Most practices also have Social Prescribers in post who are able to support people with a number of issues such as loneliness, benefit checks or directing people to further support. An assessment of all GP practice websites is taking place in 2024 - this review will help to ensure online access is prominent and consistently clear and that practice websites have helpful information available - whilst there isn't a specific ask related to carer information, some practices already do feature information on their websites to support carers - e.g links to carers cafes / Carers in Hertfordshire information etc.	As part of the feedback and best practice that has been gathered at the recent carers engagement events held in March 2024, further training for practice staff on engaging with carers will be looked in to.	ICB Community Resilience, Health Inequalities and Personalised Care Team ICB Primary Care Team / Primary Care Digital Team / Primary Care Training Hub	
		Carers Champion Each GP practice should have a Carers Champion. Carers Champion play an important role in ensuring that carers feel supported and are a key point of contact should a carer having any concerns. 20. All GP practices should have a Carers Champion if they do not already. 21. If a GP practice has a Carers Champion, their contact details should be given to registered carers, available in GP practices, and provided on the GP practice website. An email, letter or text message to registered carers could also be distributed	Within the 23/24 ECF, practices were asked to identify practice leads for a number of areas, including a carers lead. Carers in Hertfordshire have a GP liaison worker who works with and trains/ supports carers champions within practices.	The way in which practices communicate with their patients who are carers varies - Information from the events is being written up and will be shared with GP practices in order to showcase best practice, and share ideas, in order to try and ensure there is more consistent support for carers.	ICB Community Resilience, Health Inequalities and Personalised Care Team ICB Primary Care Team ICB Communications Team	

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
Support and help for people who care for others in West Essex (November 2022 - February 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	**Care for the cared-for person** First and foremost, we must not lose sight that the best thing that can be done for carers is to ensure the person they care for is getting the level and quality of care they need and deserve. Listening to and understanding their needs respectfully and with compassion and working hard to find the best possible solutions. Taking responsibility, not passing them on. There is little point investing significant time, resource and effort into other fields if this core principle is not working fairly and efficiently across the board.	The ICB are aware that carers generally face more health needs in general, e.g the Annual National GP Patient Survey 2021 outlined that 54% of carers had long term health condition (compared with 47% of non-carers) and 11% had mental health condition (8% non-carers). The ICB are working to support practices to register more carers to ensure they receive the support they need through programmes such as the Enhanced Commissioning Framework (ECF). The ECF supports the delivery of local and national key priorities and Hertfordshire and west Essex ICB ask general practice sites to deliver some enhanced services to improve the quality and outcomes of care delivered in certain key areas. The ECF for 2024/25 outlines the following ask of practices in relation to supporting carers: *Provide a carer's annual check and refer to relevant services and support:* *As part of the annual check for people who are carers, complete the following care processes:* *• Blood pressure check* *• Screening for depression (using PHQ-2 or PHQ-9)* *• Ask about reasonable adjustments and record these in the clinical record* *Following assessments, carers should receive support and care according to identified needs, including referral to relevant services. Consider referral to NHS talking therapies (previously IAPT), Carers in Herts for people in Hertfordshire and Essex Wellbeing Service for those in West Essex.*	The ICB, alongside Carers in Hertfordshire, held engagement events with carers across Hertfordshire in March 2024 so that the ICB could hear from carers directly about what is and what isn't working well in relation to the care they, and the people they care for, receive from their GP practice. Information from the events is being written up and will be shared with GP practices in order to showcase best practice, and share ideas, in order to try and ensure there is more consistent support for carers. As part of this feedback gathered, further training for practice staff on engaging with carers will be looked in to. A similar engagement event with carers in West Essex is being looked in to. The ICB Communications Team will work to promote the importance of identifying carers particularly during Carers Week (10-16 June 2024) Carers Rights Day (23 November 2024) and during Young Carers Action Day (date for 2025 TBC).	ICB Primary Care Team / Primary Care Training Hub ICB Community Resilience, Health Inequalities and Personalised Care Team	
		Respite Caring is draining and exhausting, both physically and mentally. Carers give up a 'normal' life and often take a big financial hit to do something they simply have to. While they are happy to do it, the fact is that they feel duty bound to do it. It can be relentless, and it impacts everything. Even the shortest bit of respite can make a huge difference. However, often (but certainly not always) the carers who most need the respite are the ones who care for people with the most complex needs, so specialist carers are needed to cover. This is an area that needs careful and thorough consideration. Whether it's being able to leave a person in a wheelchair at a support group for 2 hours, or finding appropriate care overnight for someone with specific medication requirements while their carer can stay a night away, all factors and variables need to be provided for wherever possible.	A Carers Vision is being created by the ICS that will help to pull together information on services and support that may be helpful for carers across the ICS - linked to this, 'No Wrong Door' is being presented to ICB Board in June 2024, this will confirm the Carers Vision as an area of focus that will be worked on in the latter half of 2024/25.	Regular conversations are taking place between the ICB and Essex County Council to look at available services, and how these may support carers and the people they care for.	ICB Community Resilience, Health Inequalities and Personalised Care Team	
		The role of the GP Surgery **Pivot point** The GP surgery remains the cornerstone of the health service. The shop window, the consistent and reassuring presence, the first port of call when you're unwell. They are busy, they are pressurised, but they are uniquely placed to be the pivot point between carers, the people they care for, social workers, support groups, charities and others. GP's must start by questioning and registering people as carers. They then schedule relevant health checks, and vaccinations. There should also be consideration to developing some flexibility in their systems for appointment booking. **Pro-active dissemination of information and resources** Carer leads within GP surgeries, linked in with social prescribers / care advisors / Community Agents etc. don't need to know everything, but it is they who can click the system into gear and give appropriate initial signposting and support. The tentacles then continue to reach out to source the specific help that will provide the greatest benefit.	Information about the carers section of the ECF for 24/25 is outlined above, however supporting carers was also an area of focus within the 23/24 ECF, in which practices were asked to take proactive steps to identify people who are carers and record carer status using relevant clinical codes. Within the 23/24 ECF, practices were also asked to identify practice leads for a number of areas, including a carers lead. The ECF for 24/25 also highlights the importance of ensuring carers are linked into the right teams to get the support they need according to identified needs, including referral to relevant services such as the Essex Wellbeing Service for those in West Essex - if carers are linked in to the right support services such as those available via the voluntary sector effectively at place level, people can go straight to the appropriate support without needing to go via a GP (when relevant and appropriate). Most practices also have Social Prescribers in post who are able to support people with a number of issues such as loneliness, benefit checks or directing people to further support.	A new ICB Population Health Management (PHM) data platform is being produced that will highlight the number of carers and conditions they may have (e.g diabetes) - this will help the ICB to better identify the support required by carers and this should help to support in reducing Health Inequalities.	ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team	

		Key areas to always cover Respite (e.g., Carers First) Local support groups (e.g., Essex Map) Emotional Support (e.g., Essex Wellbeing Service) Financial help (e.g., Citizens Advice) Social Care (Essex County Council)	As outlined above it is important to note that linking carers in to support from organisations other than GP practices is key, as support needed will not always be medical. A project to support the importance of social support and talking therapies for people with depression and pain is also underway within Hertfordshire and west Essex ICB - social prescribers will be key to supporting this so that patients can be supported without anti-depressants and over prescribing of pain medication, where appropriate.	Some practices give out carers information packs to those patients who are registered as carers - these contain information about support available to carers - e.g information about voluntary sector organisations. As part of the information that will be shared to practices following the carers engagement events held in Hertfordshire in March 2024, the production and sharing of carers information packs will be noted as a best practice recommendation.	ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team ICB Communications Team ICB Pharmacy and Medicines Optimisation Team	
		Hospitals and other healthcare settings When people are diagnosed, when they are discharged, when they are seen by a mental health unit, when they are seen at a falls clinic, wherever it might be, it provides an opportunity to question them and their carer about the wider support they are getting. Physical health, mental health, wellbeing, isolation, living conditions and many other factors. A simple recommendation (or direct referral) to a GP Carer Lead, or even some key relevant fliers (Alzheimer's Society, Essex County Council Adult Social Care, Essex Wellbeing Service, Mind, etc). Being pro-active in approach remains key. Staff could give them a 'Please register me as a carer' card to hand to their GP, and fliers must be handed directly to them, not just placed in racks where they are easily missed	West Herts Hospital Trust (WHHT) and East and North Hertfordshire Trust (ENHT) both have a carers nurse lead who support identifying carers when they are in hospital. ENHT are identifying approximately 300 carers per month via their carers nurse lead - work needs to take place to link this identified list with primary care. Many of the carers are being identified via the admissions process when someone comes into hospital - e.g being asked 'are you a carer or do you have a carer?'	List of carers identified in hospital setting needs to be linked into GP practices.	ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	Primary Care Transformation Committee meeting held in Public				**Meeting Date:**	**23/05/2024**	
Report Title:	**Primary Care Risk Register**				**Agenda Item:**	**11**	
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 Transformation Group for review, discussion and information.						
Executive Summary:	In April the Primary Care Team undertook a full review of the currently recorded risks with advice and expertise provided by the Information Governance and Risk Team. Some risks are long standing, reflecting the situation pre-delegation for POD contractual areas and before full adoption of the ICB operating model. A number of risks are therefore recommended for closure.						

<table>
<tr><td></td><td colspan="4">‘Primary Care aligned Risks’, have been renamed to ‘General Practice Risks’. Seven risks are proposed for closure, with updates provided for the 5 key remaining risks.

Five of the Digital aligned risks are proposed for closure and replaced by three new risks which better articulate the digital agenda regarding Primary Care access and interoperability issues of primary care systems.

On the POD (Pharmacy, Optometry and Dental) risks, one risk is proposed for closure and an update provided on dental access initiatives as control measures.</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>
</table>

1. Executive summary

In April the Primary Care Team undertook a full review of the currently recorded risks with advice and expertise provided by the Information Governance and Risk Team. Some risks are long standing, reflecting the situation pre-delegation for POD contractual areas and before full adoption of the ICB operating model. A number of risks are therefore recommended for closure.

Primary Care aligned Risks, have been renamed to 'General Practice Risks'. Seven risks are proposed for closure, with updates provided in the 5 key remaining risks.

Five of the Digital aligned risks are proposed for closure and replaced by three new risks which better article the digital agenda regarding Primary Care access and interoperability issues of primary care systems.

POD (Pharmacy, Optometry and Dental) risks, one risk is proposed for closure and an update provided on dental access initiatives as control measures.

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 were fully reviewed and archived as part of creating the new consolidated ICB Primary Care risk register across the three 'places'.

3. Issues

Following the Executive Team meeting on Monday 11th March, during which the Corporate Risk register was received, it became apparent that a further engagement with risk owners was paramount to ensure that the risks held on the corporate risk register are accurate.

In April the Primary Care Team undertook a full review of the currently recorded risks with advice and expertise provided by the Information Governance and Risk Team. Many of the risks are long standing having been collated originally as part of initial consolidated Primary Care risk register, so reflected the situation pre-delegation for POD contractual areas and

before full adoption of the ICB operating model. Consequently following the review, a number of risks are recommended for closure.

4. Actions

Primary Care aligned Risks

This section has now renamed to 'General Practice Risks' to distinguish these from POD risks.

Proposed closure of risks:

- PC1/318 Points of participation & Influence for Primary Care in ICB operating model – Primary Care roles now well embedded
- PC3/321 Support to optimise capacity and address variation – now in year 2 of the PC Access Recovery Plan
- PC7/326 Primary Care sustainability – largely covered in risk PC2/320
- PC9/328 adequacy of data available to PCNs – data made available to PCNs to support Access Recovery Plan
- PC11/330 Career Development opportunities – HWE Training Hub continues to co-ordinate multiple programmes as part expansion and retention commitments in the Long Term Workforce Plan (LTWP)
- PC/332 Training and education opportunities – as above
- 617 Asylum seeker – process now fully adopted and largely considered as BAU activity.

Retained and updated:

- PC2/320 Pressures in General Practice
- PC5 processes for quality monitoring - implementation of Quality/Contract Review visit programme as a supportive, consistent, improvement focussed process.
- PC8/327 Primary Care Recovery and workload prioritisation – remains a main focus of PC Access Recovery Plan.
- PC10/329 Forecasting and forward planning for general practice workforce
- PC14/537 ARRS utilisation – update on ARR scheme for 24/25 and some discretion for ICB to support PCNs with other direct patient care roles.
- PC15 GP Contract for 24/25 – brief update to reflect BMA ballot regarding potential industrial action.

Digital risks

The following risk have been reviewed and closure proposed:

- Digital programme recruitment of roles with relevant skills knowledge – posts have now been successfully recruited to.
- Impact of delays to national frameworks/teams/lack of capacity - no framework has been made available, however are able to procure via alternative arrangements.

The following 3 risks are proposed for closure and combined into new risks.

- Digital maturity/appetite varying across all practices, primary care staff may not able or willing to commit time and resource to allow digital transformation to take place.
- Patients with no access to digital technology cannot remotely connect to primary care

- Digital systems in other sectors and elsewhere in primary care do not change/support new ways of working.

The following three new risks have been added to better articulate the overall digital risk to access agenda and relating to interoperability issues of primary care systems:

- IF digital tools are not fit for purpose, THEN practices may not adopt usage of them or be unable to provide functionality to fully support a Modern General Practice operating model, RESULTING IN lack of opportunities to improve patient experience by offering choice of access method practices unable to work within workforce capacity, inequality of services offered to patients across ICB practices, practices unable to meet access requirements.
- IF digital tools are not adopted by practices, THEN practices will not be able to move to a Modern General Practice operating model, RESULTING IN lack of opportunities to improve patient experience by offering choice of access method practices unable to work within workforce capacity, inequality of services offered to patients across ICB practices, practices unable to meet access requirements.
- IF new digital tools and systems deployed in Primary Care do not interoperate with existing systems, THEN Systems may cause crashes of key core systems; Data having to be transposed between systems manually; systems may not be used or be circumnavigated, RESULTING IN end users having to spend time rebooting computers taking time away from patients; data having to be entered multiple times increasing risk of incorrect data being entered or data not entered at all meaning incorrect clinical records; users using other methods to deliver care that are not part of recognised pathways.

POD Risks

Proposed closure;

- POD Delegation (Finance) – delegation been in place since April-23, so there are no outstanding Finance issues to report.

Reviewed and updated:

- Access to Dental services – full update of controls provided.

5. Resource implications

Review of the Primary Care Risk Register approach required the support of the ICB Risk Team to provide expertise and guidance.
Refinement of the Risk Register as proposed by this paper will mean that ongoing review of the live risks will be more focused, however will still require the relevant Primary Care Directorate members to commit to the process review.

6. Risks/Mitigation Measures

As noted above.

7. Recommendations

The Group is asked to:

Note the changes to the risk register including the proposals to close the risks highlighted.

Receive the risk register at future meetings (in accordance with the Primary Care Transformation Group'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.

Transition Risks

Primary Care Directorate Risk Profile

Assurance Mapping

ID	Datix ID	Date C	Comm	Execut	Revise	Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working	1st Line -	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	3rd Line - Level	Gaps in assurance	Approval status
PC1	318	10/11/2021	Primary Care Board	Director of Primary Care Transformation	Heads of PC Transformation (WE/ENH/S	**IF** points of participation and influence for primary care in the new ICB operating model and HCP structures are not clear as they evolve **THEN** meaningful engagement with primary care may not be sustained into the new ICB and development of HCP **RESULTING IN** challenges enacting ICB and ICS wide plans as well as operational delivery through HCPs.	20	12	8	No movement ↔	Embedding of Primary Care Clinical leadership roles including development of Communtiy pharmacy clincial leadership and appointment of dental clinical leadership since taking on delegation of Pharmacy Optometry and Dentistry & agreement of appropriate engagement fora for respective professionals and embedding them in the governance structure July 23 update - the ICB has an approved Primary Care Strategic Delivery Plan Strategy in place following an extensive period of engagement with stakeholders and patients. Continued evolving structures to support wider primary care engagement across all priamry care contractors across HWE. Jan24 Review of clinical leadership roles underway., including engagement with each HCP Board and sub-board monitoring of progress againt Primary Care Strategic Delivery Plan Clinical ledership groups well estabslished in all 3 places		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	PROPOSED CLOSURE OF RISK - PC Transformation Group May-24
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 ↔	October 23 - Additional winter scheme to support continued demand in primary care through local funding. November 23 - Agreement to launch UTI pilot across HWE across community pharmacies ahead of national scheme which is due to start in February 24 - Launch of the integrated UTC at PAH and Stevenage PCN model to support priority localities as identified in UEC strategy. Risk of Hertsmere project which is planned for 2024. - ICB has responded to the publication of the Primary Care Access Recovery Plan and is communicating and supporting PCN's with implementation - ICB is supporting Practices and PCNs to partcipate in the GP Improvement Programme (GPIP) - in response to the ongoing IA the ICB is supporting PCN's with increasing capacity to support system wide approach. - the ICB has undertaken a period of engagement and has an approved Primary Care Strategy in place to support integration of primary care and to support general practice. - Primary Care Teams supporting PCNs in reviewing progress on Access Improvement Plans - Granted £1.074m Transition Cover funding to support implementation of Modern General Practice model - Plan for Roll out of Support Level Framework (SLF) to support practices in understanding their development needs Jan 2024: Additional funding provided to PCNs to support periods of junior doctor industrial action **May 2024 - year 2 of PC Access Recovery Plan. Further support to implement CBT, implementatuion of moder General Practice**		• 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	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 - Primary Care Teams supporting PCNs in reviewing progress on Access Improvement Plans - Granted £1.074m Transition Cover funding to support implementation of Modern General Practice model - Plan for Roll out of Support Level Framework (SLF) to support practices in understanding their development needs Jan 2024: MS Teams folder has been created as repository for benchmarking information and to share innovaion Ardens provides real-time achievemnt data to practices/PCNs on ECF Place Teams providing data and support to practcies /PCNs in key areas of service delivery such as seasonal flu, LD Healthchecks and ECF	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.	PROPOSED CLOSURE OF RISK - PC Transformation Group May-24
PC5	.	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	AD for Primary Care Contracting	**IF** there are not consistent and rigorous processes for monitoring quality and performance of contracts and investments... **THEN** there is potential for variable outcomes in improvements across the three geographical areas... **RESULTING IN** inequalities in the quality and performance of ICB primary care services and disparities in costs for the same services in different locations.	20	12	8	No movement ↔	1) Individual processes are in place for ICB, for example: -Inclusion of PC data in Quality and Performance reporting to ICB Board - PCCC meeting has independent input from an out of area GP. - PCCC membership has a non-GP majority. - Risk and information sharing meetings with all relevant teams, LMC, Nursing & Quality and CQC. - Support packages in place for all practices with an existing ratings of 'Inadequate' or 'Requires Improvement' - Quality visits to practices and Extended Access sites - Practice Manager meetings 2. Healthwatch action plan 3. Reporting to single ICB Primary Care Board, with non-GP majority membership. Single Primary Care Contracting Panel now in place **May-24 - implementation of Quality/Contract Review visit pogramme as a supportive, consistent, improvement focussed process** **Resilience Tool**	Reviewing approach to joint Quality/Contracts visits. Propose using current WE risk dashboard format as a consistent ICB wide format. Assessment of PCNs needs further consideration - relationship between PCNs & member practices, supervision of PCN staff	Internal quality and performance monitoring processes in each place. Support to practices with 'inadequate' or 'requires improvement' rating. Support to practices with access challenges, e.g. staffing or premises.	Reasonable	Reports to PCB and Quality Group Assurance to PCCC Liaison with CQC and LMC	Reasonable	Liaison with CQC and LMC Internal audit opinions Updates to patient groups e.g. Patient Network Quality (PNQ) Monthly meetings with Healthwatch Presentations at Local Authority Overview and Scrutiny Groups	Reasonable	Extent of reporting of primary care quality and performance to Public Board - for discussion: terms of reference and work plans for ICB committees are being developed by the ICS. There is also discussion of Quality Groups at place at request of the ICS. Some practices reluctant to engage or nor highlighted as potential risks may be inspected by CQC, with further unknown risks emerging.	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept-22 & agreed to risk score reduction from 16 to 12
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 ICB has responded to the publication of the Primary Care Access Recovery Plan and is communicating and supporting PCN's with implementation ICB is supporting Practices and PCNs to partcipate in the GP Improvement Programme (GPIP) System Level Access Improvement Plan developed & Report progress into public Nov 2023 board and public Apr/May 2024 board	Solutions to substantive workforce and premises limitations take time to implement. Interim arrangements may need to be actioned.	Available and monitored data sources to gauge practice sustainability: QOF achievement and exception reporting CQC rating GP Patient Survey results Workforce audit information Premises concerns Acute utilisation Quality (complaints & PALS) ICB support requests Risk rating for practice GPAD data	Reasonable	The Primary Care Commissioning Committee reviews the forecast risk resilience tool routinely and also on an ad hoc basis if new information is received. Reports to PCB	Reasonable	CQC inspections and reports	Reasonable		PROPOSED CLOSURE OF RISK - PC Transformation Group May-24

Transition Risks

Primary Care Directorate Risk Profile

Assurance Mapping

ID	Datix ID	Date C	Comm	Execut	Revise	Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working	1st Line -	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	3rd Line - Level	Gaps in assurance	Approval status
PC8	327	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	Head of PC Transformation (WE/SWW/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 ↔	October 23 - Additional winter scheme to support continued demand in primary care through local funding. Jan 2024: Additional funding provided to PCNs to support periods of junior doctor industrial action **May-24 this is the main focus of the PC Access Recovery Plan** **Transition Cover funding mada available to support practices with implementation of modern general practice.** **Sharing best practice of digital & triage approaches across HWE to cascade learning**		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 ↔	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	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	**PROPOSED CLOSURE OF RISK - PC Transformation Group May-24**
PC10	329	04/03/2022	Primary Care Workforce	Director of Primary Care Transformation & Director of Workforce	Head of Primary Care Workforce	**IF** there were no forecasting or forward planning for changes and challenges in general practice workforce... **THEN** we would be unable to foresee changes in workforce and act proactively to address expected shortfalls in any profession... **RESULTING IN** threat to patient care as patients may not have access to a range of skilled professionals in primary care.	9	6	3	No movement ↔	1. Monitoring workforce trends 2. Taking novel approaches to recruitment and retention 3. Providing updates to PCNs including ARRS position 4. Primary Care Teams working with PCNs to submit forward ARRS workforce plans 5. PCN workforce teams connected to current /future issues in practices/PCNs 6. Plan with system partners to avoid destabilising the workforce Nov-23 Update - PCNs submitted updated Workforce plans by 31-Oct23. These plans are being reviewed by Primary Care Team. Balance to be struck between maximising utilisation of ARRS buget vs ensuring that PCNs move towards living within their means (ARRS budget) for 24/25 onwards - Budget for ARR scheme roles to be maintained from 24/25 onwards, however awaiting further clarity on the GMS contractual arrangements in this respect Jan 2024: New Primary Care Workforce Dashboard being developed PCN Training Teams establsihed and meeting with TH NHSE Annual Operational Planning process includes workforce forecasting Training Hub working closely with ICS Workforce Team to share /optimise resources and avoid duplication **May-24** **Training Hub working with Practices to support accurate data reporting on NWRS** **Training Hub working with Practices to understand the meaning of the workforce data reported ie reason for vacancies**	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	
PC11	330	04/03/2022	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** there is a lack of career development opportunities in primary care ... **THEN** primary care may be less attractive as a career choice... **RESULTING IN** doctors, nurses and other allied health professionals leaving primary care and choosing alternative career paths, making primary care less resilient and creating instability in patient access.	12	9	3	No movement ↔	1. Protected Time to Learn Events 2. Qualified Nurses Return to Practice Campaign 3. Qualified Nurses to make PC career choice 4. GP Fellowship Scheme 5. New to Practice Fellowship programme for GPNs and GPs 6. First5 Networking/support forums 7. Wise5 Networking/support forums 8. GPN/HCA networking/support forums 9. Monthly lunch time educational webinars for all Primary Care staff clinical and non clinical 10. Monthly evening educational webinars for clinicians 11. GPN Appraisal support programme 12 .Leadership programmes for GPNs 13. Advanced Care Practitioner networking/support forum 14. GPN Leadership networking/support forum 15. Apprenticeship webinars for clinical and non clinical roles 16. Clinical supervision sessions for GPNs/HCAs 17. HWE ICB Training hub offer all primary care staff career clinic sessions 18. PCN Training Teams 19. Recruitment of a Primary Care Advanced Practice Supervision Ambassador Nov-23 update 20. AHP/GPN Career Support programme	1. Increasing numbers of GPs and GPNs stepping down due to system pressures/ taking early retirement are exacerbating the risk. 2. Difficulties recruiting to primary care roles due to competition for their skills. 3. Underutilisation of ARRS budget	121 line management meetings Workstreams reviewed at Workforce Team meetings Workstreams reviewed at WIG meetings	Reasonable	Reports to PCB and PCCC	Reasonable	Reports to NHSEI Review of workforce position and work programmes at LMC Operational and Liaison Meetings	Reasonable	None identified	**PROPOSED CLOSURE OF RISK - PC Transformation Group May-24**
PC13	332	03/05/2022	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** there were a lack of further training and education opportunities in primary care... **THEN** there would be a failure to keep knowledge relevant and up to date. Capabilities will not be kept up to the same pace as others in the same profession. **RESULTING IN** a. Practice colleagues being unable to maintain and enhance their knowledge and skills needed to deliver primary care to patients. b. Practices would fail their CQC Inspection c. Mental Health issues would increase across the GP population. d. General Practice would have a lack of registered nurses.	6	3	3	No movement ↔	1. Trained Infection Prevention and Control Champions in each practice. 2. The GP Career grant 3. Qualified Practice Nurse Revalidation support 4. Business Fundamentals for GPs 5. Student Placements - nurses and Graduate Managers 6. CPD funding offer for all GPNs/AHPs 7. HWE ICB Career clinics 8. Monthly educational webinars for all health care professionals clinical and non clinical 9. Supporting PCNs to run Protected time to Learn events monthly (reinstated from Nov 2022) 10. Creation of PCN Training Teams Nov-23 updates: 11. Nursing Associate Apprenticeship 12 Business Administration Apprenticeship 13 CPD funding offer - Rolling programme - Admin/Reception staff training Jan 2024: Nursing and AHP Fellowship programme approved and implemented NHSE/HEE Funding received	1. Apprenticeships in Primary Care 2. School Engagement and Work Experience Placements 3. Student Placements - other professions	ICS Training Hub ICB Training lead appointed Jan 2024: well-established ICB WIG and regular meetings	Reasonable	Reports to PCB and PCCC	Reasonable	~~National funding in place for Training Hub~~ NHSE Monitoring retruns and assuarnce meeting framework	Reasonable	Further opportunities to be developed	**PROPOSED CLOSURE OF RISK - PC Transformation Group May-24**

Transition Risks

Primary Care Directorate Risk Profile

ID	Datix ID	Date C	Comm	Execut	Revise	Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls
PC14	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 **May-24 Update** **ARRS budget maninatined for 24/25, with small uplift. No opportunity for ICB to support overspend by some, if others underspend.** **Some more flexibility for other Direct Patient Care roles. ICB has discretion to work supportively with PCNs to explore these opportunities** **PCN Training Teams embedded and supporting PCNs wirh workforce planning** **New workforce dashbord being developed which will facilitate enhanced monitoring of workforce changes in-year against plans**	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
	RIT	13/01/2023	Primary Care Commissioning Committee	Director of Primary Care Transformation	Head of PC Transformation (WE/SWM/ENW)	**IF** the growth in the placement of Asylum seekers in local hotels together with growing pressures in general practice continues.. **THEN** agreeing suitable arrangements to register & provide care for this vulnerable cohort of patients becomes increasingly challenged **RESULTING** delays in providing effective care & potential ongoing impact on local 111/A&E services	12	12	6	No movement ↔	1. System wide meetings in place involving various key partners from Home Office, Local Authority/ and District Councils, Voluntary Sector/Hotel Management/Housing Managers to ensure that intelligence is shared and report any issues 2. Collaborative discussion with GP practices, PCNs & LMC to support newly opened hotel facilities 3. Local Enhanced Service spec offered to practices to support with extra workload. ICB has also committed to making this funding available to support spot booking locations, which are not currently supported by NHSE funding. Sept23 update: 1. Two workshops have taken place to identify a model of working supporting Primary Care - this includes a new specification. To agree full sign-off off Funding Model and Specification by 01/10/23 (stage 1). Stage 2 - to review Dental Opportunity and support. Stage 3 - To review OPTUM opportunity and support (all to be commissioned as in-reach/roving service) 2. All Hotels are now classified as an Intergrated Accomodation Centre (IAC. NHSE Funding Guidance has changed to an allocation model where they will pay the ICB directly (reducing the need for local ICB claims) based on Home Office data. Payment will be made twice per year. 3. Decision made outside of PCCC that Primary Care would stand down market testing. Agreed to review a funding stucture that would support Primary Care practices/PCNS in managing this additional workload and being supported for additional appointment time/need for interpretetors and undertaking of a Initial Health Assesment. Jan 2024 1) - Dental scoping to take place with Contracts Team (followed by OPTUM) 2)- Home Office are commencing closures of Hotels - it is not clear if further Hotels will be stood up in the future. 3 Hotel sites listed to close by March 24. 3) - PCCC funding options - November (finance too high) so a further paper has been completed based on current funding via NHSE - awaiting sign-off - this includes a	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
PC15	TBC					**IF** the 24/25 GP Contract deal (& any subsequent DDRB uplift) provide a widely perceived insufficient uplift **THEN** general practice cost pressures will grow & resiilence will be affected **RESULTING IN** potential reduction in general practice capacity & potential industrial action	16	16	12		1. General Practice Resilience process to support vulnerable practices 2. Review of uplift of discretionary services commissioned In general practices, including ECF. 3. swift payments to reduce any cashflow issues, includes incerease in QOF aspiration payments & PCN Access funding potentially to be paid monthly, rather than at year-end 4. Training Hub support for practices in the recruitment of ARRS and workforce in primary care 5. Guidance/support for new roles recruited through the increased flexibility of the ARR scheme **May-24 update** **BMA ballot in June/July reagrding potential industrial action**	

Assurance Mapping

Controls	1st Line Operational functions enforcing required behaviours and working	1st Line -	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	3rd Line - Level	Gaps in assurance	Approval status
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 **May-24 Update** **ARRS budget maninatined for 24/25, with small uplift. No opportunity for ICB to support overspend by some, if others underspend.** **Some more flexibility for other Direct Patient Care roles. ICB has discretion to work supportively with PCNs to explore these opportunities** **PCN Training Teams embedded and supporting PCNs wirh workforce planning** **New workforce dashbord being developed which will facilitate enhanced monitoring of workforce changes in-year against plans**	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
1. System wide meetings in place involving various key partners from Home Office, Local Authority/ and District Councils, Voluntary Sector/Hotel Management/Housing Managers to ensure that intelligence is shared and report any issues 2. Collaborative discussion with GP practices, PCNs & LMC to support newly opened hotel facilities 3. Local Enhanced Service spec offered to practices to support with extra workload. ICB has also committed to making this funding available to support spot booking locations, which are not currently supported by NHSE funding. Sept23 update: 1. Two workshops have taken place to identify a model of working supporting Primary Care - this includes a new specification. To agree full sign-off off Funding Model and Specification by 01/10/23 (stage 1). Stage 2 - to review Dental Opportunity and support. Stage 3 - To review OPTUM opportunity and support (all to be commissioned as in-reach/roving service) 2. All Hotels are now classified as an Intergrated Accomodation Centre (IAC. NHSE Funding Guidance has changed to an allocation model where they will pay the ICB directly (reducing the need for local ICB claims) based on Home Office data. Payment will be made twice per year. 3. Decision made outside of PCCC that Primary Care would stand down market testing. Agreed to review a funding stucture that would support Primary Care practices/PCNS in managing this additional workload and being supported for additional appointment time/need for interpretetors and undertaking of a Initial Health Assesment. Jan 2024 1) - Dental scoping to take place with Contracts Team (followed by OPTUM) 2)- Home Office are commencing closures of Hotels - it is not clear if further Hotels will be stood up in the future. 3 Hotel sites listed to close by March 24. 3) - PCCC funding options - November (finance too high) so a further paper has been completed based on current funding via NHSE - awaiting sign-off - this includes a	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	**PROPOSED CLOSURE OF RISK - PC Transformation Group May-24**
1. General Practice Resilience process to support vulnerable practices 2. Review of uplift of discretionary services commissioned In general practices, including ECF. 3. swift payments to reduce any cashflow issues, includes incerease in QOF aspiration payments & PCN Access funding potentially to be paid monthly, rather than at year-end 4. Training Hub support for practices in the recruitment of ARRS and workforce in primary care 5. Guidance/support for new roles recruited through the increased flexibility of the ARR scheme **May-24 update** **BMA ballot in June/July reagrding potential industrial action**								Reviewed and approved by PCB March-24

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 assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
Revision of new risk proposed March23		13/09/2023	Primary Care Digital Group	Director of Primary Care Transform	Head of Primary Care Digital	**IF** the programme is unable to recruit the roles with the relevant skill set knowledge **THEN** there will be a gap in resource and experience needed to develop, deliver and implement the programme **RESULTING IN lack of** progression and delivery of the meaning transformation not delivered and SDF plans not fulfilled	9	9	4	No movement↔	1. Recruitment underway and bandings competetive 2. Using existing resource to porgress where possible 3. If unable to recruit will look to external resource 4. Utilise PCN Digital Leads to assist where possible			Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group and PCCC	Reasonable	Digital Boards Reporting to NHSE	Reasonable	Limited options re recruitment	**PROPOSED TO CLOSE RISK May-24 - posts recruited to**
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	**PROPOSED TO CLOSE RISK May24 - combined into new risk re access - 01/05/2024**
Revision of new risk proposed March23		13/09/2023	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	**IF** Patients with no access to digital technology cannot remotely connect to primary care **THEN** Their Health and Care could be negatively impacted **RESULTING IN** Poor outcomes and services and widening health Inequalities	16	16	3	No movement ↔	1. Research carried out in the community to ascertain patient needs and challenges contacting GP remotely 2. External commission negates pre conceived ideas internally. 3. Steering group to work through the commission outputs to aide patients who are digitally excluded 4. Socialise the commissioned report with stakeholder to gain commitment and action plans 5. Digital Inclusion part of the wider ICB Digital Strategy	1. Limited resource in the DFPC Team to carry out the work 2. Practices unwilling to support digital in primary care 3. Service design such as websites, making it difficult and frustrating for patients		Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group	Reasonable	PC & Digital Boards Reporting to NHSE	Reasonable	Not all proposed measures can be introduced in the short term for all practices.	**PROPOSED TO CLOSE RISK May24 - combined into new risk re access - 01/05/2024**
New risk - Sep 23		13/09/2023	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	**IF** there are delays to national frameworks/teams/lack of capacity **THEN** we may be unable to move forward certain workstreams (e.g. Cloud Based Telephony) **RESULTING IN** practices not being able to implement improved access	12	12	4	No movement ↔	1.Maintain contacts with national teams to ensure aware of current positions 2.Consider local options as backup 3.Prepare so ready to mobilise as soon as possible 4.Maintain contacts with neighbouring ICBs to maximise benefits of scalability where possible	1. Limited influence over national		Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group	Reasonable	PC & Digital Boards Reporting to NHSE	Reasonable	Limited influence over national	**PROPOSED TO CLOSE RISK May-24 - no framework but able to procure via alternative arrangements**
New risk - Sep 23		13/09/2023	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	**IF digital systems in other sectors and elsewhere in primary care do not change/support new ways of working** **THEN** we may be unable to enact required changes **RESULTING IN limited benefits and potentially extra workload on people if they have to enter data into extra places**	12	12	4	No movement ↔	1.Maintain contacts with national teams to ensure aware of current positions 2.Consider local options as backup 3.Prepare so ready to mobilise as soon as possible 4.Maintain contacts with neighbouring ICBs to maximise benefits of scalability where possible	1. Limited influence over national		Head of Primary Care Digital	Reasonable	Formal Governance via PC Digital Group	Reasonable	PC & Digital Boards Reporting to NHSE	Reasonable	Limited influence over national	**PROPOSED TO CLOSE RISK May24 - combined into new risk re access - 01/05/2024**
New Risk - May 2024		16/05/2024	Primary Care Digital Group	Director of Primary Care Transformation	Head of Primary Care Digital	IF digital tools are not fit for purpose THEN practices may not adopt usage of them or be unable to provide functionality to fully support a Modern General Practice operating model RESULTING IN lack of opportunities to improve patient experience by offering choice of access method practices unable to work within workforce capacity inequality of services offered to patients across ICB practices practices unable to meet access requirements	12	12	4	No movement ↔	1.Ensure procurments involve wide stakeholder base to assess tools available 2. Learn from other areas on tools used and opportunities/issues they have encountered			Head of Primary Care Digital with organised networking meetings, creation of resource collateral to share		Formal Governance via PC Digital Group		PC & Digital Boards Reporting to NHSE as part of PCARP		Limited influence over national	**New risk to articulate overall digital risk to access agenda**
New Risk - May 2024		16/05/2024	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	IF digital tools are not adopted by practices THEN practices will not be able to move to a Modern General Practice operating model RESULTING IN lack of opportunities to improve patient experience by offering choice of access method practices unable to work within workforce capacity	12	12	4	No movement ↔	1.Continuously monitor usage of digital tools via various data sets available 2. Support practices with training and access to best practice guidance` 3. Create networks for sharing e.g. Digital Innovation Group, PCN Digital Leads Group			Head of Primary Care Digital with organised networking meetings, creation of resource collateral to share		Formal Governance via PC Digital Group		PC & Digital Boards Reporting to NHSE as part of PCARP		Limited influence over national	**New risk to articulate overall digital risk to access agenda**
New Risk - May 2024		16/05/2024	Primary Care Digital Group	Director of Primary Care Tran	Primary Care CCIO	IF new digital tools and systems deployed in Primary Care do not interoperate with existing systems THEN 1. Systems may cause crashes of key core systems 2. Data having to be transposed between systems manually 3. Systems may not be used or be circumnavigated	12	12	4	No movement ↔	1.Continuously monitor usage of digital tools via various data sets available 2. Support practices with training and access to best practice guidance` 3. Create networks for sharing e.g. Digital Innovation Group, PCN Digital Leads Group	limited influence on ICB strategy		Head of Primary Care Digital with organised networking meetings, creation of resource collateral to share		Formal Governance via PC Digital Group		National/Regional network meetings and programme groups			**New risk relating to interoperability issues of primary care systems**

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 assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
New risk - Mar-23		20/02/2023	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of POD Delegation	**POD Delegation - Finance** **IF** 1) the projected large overspend in Community Pharmacy for HWE of £2.5 million is confirmed & the ring-fencing of dental contracts proceeds (historically used to cover the overspend.) and 2) allocation of dental budget in each ICB in line with the population. **THEN** potentially there will be large deficits in budgets for both Community Pharmacy & Dental. **RESULTING IN** inability to deliver transformation projects/increase access for these contractual areas & necessitate redeployment of ICB funding from other priorities	12	12	8	No movement↔	1) Concerns have been highlighted to NHSE as part of the SDC submission 2) the issue is similar across all East of England ICBs and NHSE Region are raising this issue with the National Team 3) given the short time remaining before full delegation from 1st April 23, these are now being escalated by all ICBs. 4) Concerns over the process, lack of information and financial risks have been raised by all ICBs within the East of England Region and escalated to the Director of Primary Care and Public Health		ICB task and finish group are meeting weekly to update on progress and issues Meet regularly with NHSE and other ICBs in the Region to share issues and updates	Reasonable	Reports to PCB and PCCC	Reasonable	ICB Exec	Reasonable		PROPOSED TO CLOSE RISK May-24
New risk - Mar-23		20/02/2023	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of Primary Care Contracts	**POD Delegation - Quality** **IF** as planned, there are no quality staff aligned to POD contracts at NHSE, quality review and input to these provider groups is extremely limited **THEN** likely to be unknown issues across providers particularly dentistry where there are high risk procedures, infection prevention and control risks etc; **RESULTING IN** limited knowledge of & scope to address potential patient safety issues leading to patient harm	15	15	10	No movement ↔	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. Remove the element of the risk relating to transfer of complaints Jan23 - now removed as noted above		ICB task and finish group are meeting weekly to update on progress and issues Meet regularly with NHSE and other ICBs in the Region to share issues and updates	Reasonable	Reports to PCB and PCCC	Reasonable	ICB Exec	Reasonable		**Approved at PCCC Mar-23**
	244	08/09/2020	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of Primary Care Contracts	If there is a lack of access to dental services then this will impact on a patient's treatment and care resulting in a potential deterioration of health	16	15	6		~~Further review required to ensure risk reflects changed position with commencement of POD delegation from 1st April 2023 onwards~~ ~~Nov-23 Update:~~ ~~Recently approved additional capacity for a Winter Access Scheme providing additional capacity over 6 months with an aim to review and refine for future years to expand capacity.~~ ~~SCDS Hertfordshire proposal agreed to commission a service for anxious children, currently in place in WE. Providing additional capacity, reducing waiting times for out of area appointments for this cohort.~~ ~~Dental Public Health team undertaking a refresh of the Access review to assist with prioritisation and future planning.~~ **May-2024 Update:** **- Enhanced Access Scheme commissioned for 6-months from December 2023 has been extended through to end of November 2024** **- Phased implementation of pathway for anxious patients; commencing Autumn 2024 with a focus on children under 6 years of age** **- Increased funding to support demand within the SCDS for patients with special needs** **- Identification of persistent under-performers to start negotitions to rebase contracts and re-commission activity where it is needed most** **- Development of targeted Flexible Commissioning Programmes to support access for hard-to-reach groups, urgent access sessions and oral health improvement initiatives**	1. Providers unwilling to rebase their contract in 24/25 leading to significant under-delivery 2. Under-utilisation of enhanced access pilot due to lack of dental nurse capacity in NHS111 (HUC)	Regular monitoring of monthly contract performance and proactive meetings set with providers to discuss under-performance Reviewed at Dental Team meetings		Reports to PC Contracting Panel, PCCC and PC Transformation Committee		Reports to ICB Board and NHSE/I		None identified	**Approved at PCCC Mar-23**

Transition Risks

Risk Profile														Assurance Mapping							
ID	Datix ID	Date Opened	Committee	Executive Owner	Risk Lead	Risk Description	Rating (initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
New risk - Jan-24	NEW RISK	18/01/2024	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** there were insufficient further training and education opportunities available to Optometry, Dental and Community Pharmacy ... **THEN** there would be a failure to keep knowledge relevant and up to date. Capabilities will not be kept up to the same pace as others in the same profession. **RESULTING IN** a. Clinicaland non-clinical staff potentially being unable to maintain and enhance their knowledge and skills needed to deliver primary care to patients. b. Practices would potentially fail their CQC Inspection c. Risk of mental health issues increasing across the workforce d. Delay to creation of new non-traditional roles e.Likely negative impact on staff recruitment and retention	6	6	3		Some ad-hoc training arranged by ICB for Community Pharmacy e.g. Pharmacy First Registered healthcare professionals required to meet professional standards, competencies and CPD requirements for clinical registration Statutory training is a legal requiremet Healthcare employees are expected to have a training and development plan agreed and supported by employer including statutory and mandatory training	ICB has not yet scoped training needs, provision and any gaps or developed a training and development plan /package for pharmacists Optometrists or Dentists	Training Hub Team meetings Workforce Clinical Leads Meeting WIG		Reports to PCB and PCCC		CQC regulatory framework encompasses workforce training and development			
New risk - Jan-25	NEW RISK	18/01/2024	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** robust processes for monitoring and planning workforce requirements for Optometry, Dental and Community Pharmacy are not established... **THEN** we will be unable to identify required changes in workforce, acting proactively to address expected shortfalls or reactivley to mitigate unexpected gaps in any profession... **RESULTING IN** potential threat to patient care as patients may not have access to a range of skilled professionals in primary care.	9	9	3		Community Pharmacy workforce audit undertaken by NHSE Independent contractors are responsible for ensuring a appropriately capatious and skilled workforce for safe and effective provision of contracted services	Local ICB processes still to be developed	Training Hub Team meetings Workforce Clinical Leads Meeting WIG		Reports to PCB and PCCC		Operational Plan with wokrforce forecasting submitted to NHSE			

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

FINAL MINUTES

Meeting:	**ICB Primary Care Digital**			
	Meeting in public	☐	***Meeting in private (confidential)***	☒
Date:	**Thursday 21st March 2024**			
Time:	**10:00am – 12.00pm**			
Venue:	**Via MS Teams**			

Name	Title	Organisation
In attendance:		
David Coupe (DC)	GP System architect	HBL ICT
Kolade Daodu (KD)	GP & Clinical Director, Stevenage South PCN	
Deepa Dhawan (DD)	GP Waltham Abbey, CD Epping Forest PCN	HWE ICB
Gopesh Farmah (GF)	CCIO for Primary Care ENH & GP Partner	HWE ICB
Rachel Hazeldene (RH)	GP & Chief Clinical Information Officer (CCIO) for Primary Care	HWE ICB
Simon James (SJ)	Senior Primary Care Manager WE	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)	Lead Pharmaceutical Adviser	HWE ICB
Mefino Ogedegbe (MO)	Community Pharmacy Clinical Lead	HWE ICB
Phil O'Meara (PO)	Head of Finance – Primary Care Services	HWE ICB
Ian Perry (IP) (Chair)	Partner member: Digital Estates Infrastructure Lead	HWE ICB
Shane Scott (SS)	Associate Director of Informatics	HBL ICT
Anup Shah (AnS)	GP / PCN Rep for SW	HWE ICB
Indy Sunner (IS)	Senior Clinical Pharmacist (Icknield PCN)	HWE ICB
Phil Turnock (PT)	Managing Director of HBLICT Shared Services	HWE ICB
Guest Speakers:		
Clive Emmett (CE)	Chief Officer Uttlesford Community Action Network	WECAN
Cindy Withey (CW)	Head of Employability, Community Action Dacorum	CAD

PCD/01/24	Welcome, apologies and housekeeping
1.1	The Chair welcomes all to the meeting.
1.2	Apologies received from: Avni Shah (AS), Trudi Mount (TM); Adam Lavington (AL); James Gleed (JG)
1.3	Minutes from meeting, 15th February were approved.

PCD/02/24	**Declarations of Interest**
2.1	None declared
PCD/03/24	**Action tracker**
3.0	The action tracker was reviewed and noted: ***See action tracker document for full details.***
PCD/04/24	**Feedback from Clinical Leads and other key meetings**
4.1	PK updated on themes and changes in parts of the system/tech. Key issues on 'CDS I Refer Project' – a GP Decision support tool requesting referrals to radiology. National project to be rolled out. Currently System1 practices have a problem using the additional step to refer to radiology. This has been raised with HBL and CDS to look into. DC will look into this and added that this appears to be a problem with Interface Software from a third party. PK asked that any feedback from practices to be emailed to her. **Action: TM to add to Risk Register re. problem particularly to Harlow GPs and has been flagged with PAH.**
4.2	RH updated on high level discussion points at Digital Primary Care meeting: TPP and the press and comments made recently; new market emergence for GP Systems; EMIS-X; and asked for clarification on the wording within the contract regarding online consultations to be open for the duration of core hours and was advised that it is down to the ICBs discretion.
4.3	PK added that there have been a lot of conversations from clinical leads, digital teams and safeguarding leads around safeguarding portals and the mandating of using a portal for safeguarding referrals for both learning disability, adult care, and child safeguarding. The adult safeguarding portal is now live. PK asked for this to be added into the Risk Register. **Action: TM to add to Register: 1) For GPs, by using a portal that information is not then saved on to the GP Patient Record. 2) Risk around having to transcribe information from a GP record manually to the portal.**
PCD/05/24	**Operational Update**
5.1	***HBL ICT Updates from key programmes: (see meeting chat/link for presentation):*** https://nhs-my.sharepoint.com/:p:/g/personal/david_coupe_nhs_net/EWAhjhJ0JI9LuZg_2eEJD-gBXbix6iNLXDnk0s5-xUqoig?e=7wASja **Stability of EMIS Web**: EMIS and informatics have been targeting sites with high incidents and advising them on best practice. **EMIS X & New Market Entrants Framework:** 15 Sites are now live, HBL have been updating VDI platforms and identifying key sites within a PCN for EMIS X training. **VDI Latest:** Quote received for VDI continuation of service for 2024-5 and confirmed budgets and costs and also extended the Virtual smartcard licence. **Online Consultation Roadmap:** Two cases submitted to PCCC were approved to extend contracts for AccuRx and E-Consult. NHSE advised that there has been a significant delay in the release of the Framework. **NHS App Comms**: Updates were made in March 2024. HBL have purchased two screens to use at events to promote the app along with purchase of posters etc. **NHS App:**

	There are now 55% people in England that have the App, being a steady increase since July 2023. **SMS Latest Data**: In February HWE spent over £67k on SMS costs. The standard price of a fragment is due to rise to 0.022 in April 2024. This equating on average per month to 5,240,782 fragments sent in the month of Feb 24. **SMS Next Steps to reduce the costs:** Possibly - minimum ICB spend per FN; introduce a cap based on a yearly budget; employing someone to target sites and get SMS costs down. SS/TM to have a separate meeting and discuss/agree outcomes. **NHS Push Notifications:** More functionality from AccuRx will be moved to NHS App and the fallback will move from 3hrs to 24hrs in June.
PCD/06/24	**Modern General Practices – Case Studies**
6.1	RH updated that they have been doing some work initially as part of the Digital First PC Programme to support practices with use of online consultation tools. AccuRx and e-Consult were procured 18months ago and are now underpinning some of the Modern General Practice principles about the way of working and they have been brough as use of online consultation tools as being brought into the GP contract. RH shared presentation outlining high level overview on sites visited that have moved to total digital triage, most using either AccuRx or e-Consult. Looking to understand why they went forward with the model, learning about the practice and key challenges and recommendations they might have along with benefits they have seen from making the changes. Using Manor View as an example which is a large PCN and practice covering across 4/5 sites with list size approx. 47k patients and how they are using the model with patients either going into practice, phoning in or submitting an online form. By using this model, they have seen significant improvements in their capacity and reduced appointments by about 26% by taking out anything that may not need a full appointment and are able to track capacity and number of same day appointments. Visits have also taken place with Bridgewater Surgery, South Street Surgery and The Elms. Generally, the feedback from all the sites that have gone to a total digital model is working well, is supported by admin staff, workforce happier, retained salaried GP staff. RH will share the case studies once written up and once permission from practice obtained. RH hoping to do an event in May/June and present the case studies to practices and to share the learning and also around the NHS app and digital inclusion work. RH will look at including GPAD data and looking forward will be looking a System Connect and other tools as options. AnS asked about continuity of care (CoC) could be managed using the model and RH confirmed that the feedback has been good in respect to CoC and on AccuRx patients can now choose a named GP of their choice. RH added that it is about finding the model that is right for their practice.
PCD/07/24	**Update on Digital Inclusion Programmes**
	WE Digital Inclusion (DI) Project (Clive Emmett, Chief Officer, Uttlesford Community Action Network) and Herts DI Project (Cindy Withey, Head of Employability, Community Action, Dacorum) joined the meeting and outlined their service particularly to those who struggle to access the digital world. There was a discussion around the service and kit availability, training and Community Hubs and how to refer patients to the service, e.g. via link workers, social prescribers. Below are also their contact details:

	Dacorum – connectadmin@communityactiondacorum.org.uk St Albans/Borehamwood/Waltham Cross – Helen.Ives-Rose@communities1st.org.uk North Herts and Stevenage – stayingconnected@nhcvs.org.uk Broxbourne and East Herts –susan@communityalliancebeh.org.uk Welwyn & Hatfield - Carmen Dillon c.dillon@whcvs.org.uk West Essex Digital Share Project: www.digitalshare.org or 01371 404474 or 07578 665659 (professional and public) Staying Connected IT Support - Community Action Dacorum WE DI Project: Clive Emmett clive.emmett@ucan.org.uk DACORUM DI Project: Cindy Withey cindy@communityactiondacorum.org.uk  # Referral form - BLANK.docx  DI Pilot Gade Surgery Project Report_Jan 20  Case Study Robert.docx  Case Study Jaikaar.docx  Case Study FD.docx
PCD/08/24	**Primary Care Risk Register**
8.1	EPR Procurement across providers in Essex and potential risk to primary care. RH updated last month on the Community Service in WE and MH Provider (EPUT) have been working in partnership with mid and south Essex foundation trust and South Essex have reprocured a computer system and announced that it is Oracle Health or Cerner. Therefore, in theory the WE Community Services will be moving onto a Cerner computer system away from System1. RH/IP were not aware of the work and only found out once the procurement had taken place. RH attended a clinical meeting with a number of the senior clinical leads from across mid and south Essex and senior exec and management. There was a lot of concern in the primary care space about the impact, particularly in mid Essex as most practices are on System1, Out of Hours, Hospice and a lot of Community services and MH. RH is working on a brief summary paper to document some of the clinical risks and has been approached by EPUT and clinical team to meet. This therefore needs to be formally logged as a significant risk on our risk register and that we need to escalate accordingly. RH will chase up next steps and update after next clinical meeting and will look at escalating this formally and quickly within our system. Sarah Ost to be invited to next meeting to update on the two systems / interface etc. DL will contact RH with areas of concern that could be used in the narrative of the paper.
	Action: TM to add to above to Risk Register. **Action: RH/IP/TM to meet with AS to discuss escalation routes regarding the risk to Cerna.**
PCD/08/24	**Any Other Business**
8.1	AccuRx and Data confidentiality (Anup Shah). – AnS raised a patients concern regarding safety of system after they received lots of adverts following a consultation. DC will get in touch with AccuRx for assurance.
PCD/9/24	**Date and Time of next meeting**
	Thursday 18 April 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

APPROVED MINUTES

Meeting:	**ICB Primary Care Digital**			
	Meeting in public	☐	***Meeting in private (confidential)***	☒
Date:	**Thursday 18th April 2024**			
Time:	**10:00am – 12.00pm**			
Venue:	**Via MS Teams**			

Name	Title	Organisation
In attendance:		
David Coupe (DC)	GP System architect	HBL ICT
Kolade Daodu (KD)	GP & Clinical Director, Stevenage South PCN	
Deepa Dhawan (DD)	GP Waltham Abbey, CD Epping Forest PCN	HWE ICB
Gopesh Farmah (GF)	CCIO for Primary Care ENH & GP Partner	HWE ICB
Rachel Hazeldene (RH)	GP & Chief Clinical Information Officer (CCIO) for Primary Care	HWE ICB
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Parul Karia (PK)	GP & Primary Care Clinical Lead SW	HWE ICB
David Ladenheim (DL)	Lead Pharmaceutical Adviser	HWE ICB
Phil O'Meara (PO)	Head of Finance – Primary Care Services	HWE ICB
Trui Mount (TM)	Head of PC Digital	HWE ICB
Fikile Mwenifumbo (FM)	Digital Transformation project Manager Primary Care	HWE ICB
Miles Oo (MOo)	GP Harvey Group Practice - PC Clinical Fellow Digital	HWE ICB
Ian Perry (IP) (Chair)	Partner member: Digital Estates Infrastructure Lead	HWE ICB
Shane Scott (SS)	Associate Director of Informatics	HBL ICT
Anup Shah (AnS)	GP / PCN Rep for SW	HWE ICB
Indie Sunner (IS)	North Herts ICB HCP Locality Lead/ Senior Clinical Pharmacist (Icknield PCN)	HWE ICB
Phil Turnock (PT)	Managing Director of HBLICT Shared Services	HWE ICB

PCD/01/24	Welcome, apologies and housekeeping
1.1	The Chair welcomes all to the meeting.
1.2	Minutes from meeting, 21 March were approved.
PCD/02/24	**Declarations of Interest**
2.1	None declared

PCD/03/24	**Action tracker**
3.0	The action tracker was reviewed and noted: ***See action tracker document for full details*.**
PCD/04/24	**Operational update:**
4.1	***HBL ICT Updates from key programmes: (see meeting chat/link for presentation):*** PT updated on progress of transfer of GPIT Support in WE and migration and are working with the practices regarding data and file structures. They have also replaced most of the patient wi-fi system in practices in WE. There are discussions with AP regarding stranded costs with AGEM of £225k from losing the contract but are meeting with AGEM to negotiate further. **Digital Maturity Assessment** – SS updated that this is being done nationally to benchmark primary care and its digital maturity. This is a mandated annual exercise although this year looks to be more involved. **SMS Contract** – The ICB are now paying 2.2p per fragment, a 23% increase and will continue to rise. Last year's spend was £860,000k. IP suggested that with the new financial year it would be a good time to relaunch awareness of the NHS App/e-Consult and comms to patients promoting digital awareness that could help bring down SMS costs along with support from Digital Leads. TM confirmed that there are several PPGs and to attend events and talk about the NHS App and they have actively been pushing the app at more meetings and are working on a programme of work for this. **Stability of EMIS Web**: Good progress being made and actively engaging with sites with key items and number of cases has gone down. **EMIS X & New Market Entrants Framework:** 22 sites live and working with the VDI platform by enabling a site to go live with EMIS X and enable the sites on VDI platform so it can be used in the surgery and external devices also. **VDI Latest:** Contract been signed for 2024/5 and also the virtual Smartcard licence has been signed off. TPP have now approved our platform so we can add new PCN units for TPP for HWE. **Online Consultation Roadmap:** DC to meet with ICB Contracts team to finalise and are on track with the way required to be on the contract extension for E-Consult and AccuRx. DC and TM met with regional team looking at AccuBook contract that expires end of June and looking at how this can be extended. **NHS App:** DC and others attended Health Action Day in Stevenage and have had a lot of requests for additional help around the app. **SMS Latest Data**: DC pulling together a spreadsheet to show where the costs for SMS are, on average monthly spend is £68k but is likely to be substantially more in September/October. RH highlighted a clinical risk where flurries are used as part of the triage process for the acute on the day problems and where messages move from 2hrs to 24hrs and therefore a need to reiterate comms to practices. DC agreed to raise this with AccuRx. **SystemOne**: DC been looking at solutions regarding the crashing of SystemOne, DC has met with another ICB who had similar problems and found a potential fix. DC looking into this and will see if it will work for HWE. PK added that the problem with SystemOne crashing continues to be raised in various meetings and would welcome some comms to practices updating them on what is happening to help resolve the issue.
PCD/05/24	**Risk Register**
5.1	TM went through the Risk Register and updated the group. TM circulated updated register to the group. There was a discussion regarding the system crashing and notes being lost in WE,

	IP strongly expressed that this should go on the risk register as a clinical safety risk until it is resolved. PT asked should Cyber Security be on the register as an increased threat in PC. EPR was also mentioned, TM will update at next meeting.
PCD/06/24	**Feedback from Clinical leads and other key meetings**
6.1	PK updated that safeguarding portals still being an active Risk and an ongoing issue and is being discussed at various forums. This month's theme being Horizon scanning month, PM attended Rewired which is a big digital expo day that took place in Birmingham in March. It showed a lot going on in the secondary care space and Trusts and electronic patient records but also in the space around AI primary care, total triage. PK got in touch with Healthcare Innovation Network who look at new providers and have already working in small pockets around NHSE and building relationships and connections there. Within LMC there has been a conversation around a company offering an alternative to EMIS and TPP, a medical records software company called Medicare/Medicus. Their tool or their platform online consultations is incorporated within their solution and interesting to see what is coming up in the future and who seem to have the ear of NHSE. There was a lot of discussion regarding Medicus and the group recommend they watch and learn and consider how it fits in with Digital Strategy plans. RH updated on some of her SLF visits and building the case studies and visiting sites that may want some additional help with modern general practice. RH/TM are hoping to have a Digital Day for practices in June/July with one or two people per practice plus PCN Digital Leads and Clinical leads can share some learning around online consultations, MGP with digital triage etc. GF added that he would welcome any ideas from the group on Modern General Practice on what should be talked about and focused on. RH is part of a panel to talk about the award they have been nominated for on the Shared Records and HWE and My Care Records. GF updated on some work Sam Williamson and his team, the BI Team, have procured a public health management tool, essentially a data tool to pull data from PC and other sources, that will be pseudonymised. GF made the group aware that there will be a lot of CSO work going on over the next few months.
PCD/07/24	**EPR Procurement across providers in Essex**
7.1	**Update on the two Systems/interface:** RH updated on EPA, a community and mental health provider within WE had entered and completed a procurement in partnership with Mid and South Essex foundation trust, which is the three hospitals in Mid and South Essex for a new APR and the chosen provider being Oracle Health. Currently EPUT host their community services on SystemOne, which is the same system used by most of WE GPs. There have been some concerns presented across Mid and South Essex as well as WE about potential loss of interoperability and the impact on patient care and patients' safety with moving to different computer systems. RH has done a summary paper after meeting with clinical leads and PCN CDs within WE that AL also joined, and they went through some of the key clinical risks and will finalise the paper after receiving comments to look at next steps and discuss with Avni and Toni Coles. AL added that he has met with the Programme Manager and will be keeping in contact with them as it moves forward. AL shared further information on the EPR journey: https://nhs-my.sharepoint.com/:b:/g/personal/adam_lavington1_nhs_net/EZPxF7IR4ZRCm0S_UFTrKewBLd13LpXvTf0FKGacH7eyYg?e=g8hWFH

7.2	**Agree on Risk Register update needed:** RH would like to formally log the risks; TM will add this item to the Risk Register for discussion.
PCD/08/24	**Any Other Business**
8.1	**Patient Consent for recording telephone consultations:** DD asked about telephone, CBT systems and recording of calls incoming and outgoing and the protocols of advising patients of recordings and how long they need to be kept. TM advised that she should speak with their Data Protection Officer (DPO) as they are all IG issues, who would be able to advise. Contact: Barry Moult, DPO HWE or generic email: hweicbenh.dpo-gpcontractedservice@nhs.net. Also see link: https://www.medicalprotection.org/uk/articles/the-use-and-disclosure-of-cctv-footage
9.1	**Finance Update**: please see finance outturn for 23/24 subject to final accounts close timetable. PO added that some of the 24-25 wish list is more expensive than budget so there will need to be some discussions around that. HWE ICB PC Digital Finance Report April 2
PCD/9/24	**Date and Time of next meeting**
	Thursday 16 May 2024

HERTFORDSHIRE AND WEST ESSEX TRAINING HUB

HWE ICB PRIMARY CARE WORKFORCE IMPLEMENTATION GROUP

2nd May 2024

1500 - 1630

Microsoft Teams Meeting

Attendees		
Avni Shah (AS)	Director of Primary Care Transformation	Hertfordshire & West Essex ICB
Joyce Sweeney (JS)	Head of Primary Care Workforce	Hertfordshire & West Essex ICB
Louise Casey (LC)	Training Hub Operations Manager	Hertfordshire & West Essex ICB
Dr Sarah Dixon (SD)	Primary Care Workforce GP Clinical Lead	Hertfordshire & West Essex ICB
Cathy Geeson (CG)	Lead Pharmacist – Strategy and Pharmacy and Allied Health Professions Workforce Development Pharmacy & Medicines Optimisation Team (PMOT)	Hertfordshire & West Essex ICB
James Gleed (JaGl)	AD Primary Care Strategy and Transformation	Hertfordshire & West Essex ICB
Lucy Eldon (LE)	ICS Primary Care Clinical Nurse Lead	Hertfordshire & West Essex ICB
Dr Jayna Gadawala (JG)	Primary Care Workforce GP Clinical Lead	Hertfordshire & West Essex ICB
Mark Edwards (ME)	Associate Director for Workforce Transformation	Hertfordshire & West Essex ICB
Hannah Cowling (HC)	Associate GP Dean for HWE, HEE	Hertfordshire & West Essex ICB & Health Education England
Richard Stanley	Training Hub Clinical Lead	Hertfordshire & West Essex ICB
Allison McCrory	Project Support Officer	Hertfordshire & West Essex ICB
Speakers		
Valerie Beckford-Brown		Hertfordshire & West Essex ICB

Helen Musson		Hertfordshire & West Essex ICB
Steve Gregoriou	System Workforce Planner	Hertfordshire & West Essex ICB
Ritupana Sinha		Hertfordshire & West Essex ICB
Apologies		
Dr Nicolas Small (NS)	Training Hub Clinical Lead **(Chair)**	Hertfordshire & West Essex ICB

Minutes

Corresponding Agenda Item Number	**Overview of discussion**
1.	**Welcome & Introductions** Confirmation that meeting is recorded. **SD** - Welcomed attendees to the meeting.
2.	**Declaration of Interests** None to declare.
3.	**Meeting Notes from the last meeting on 08/02/2024** Corrected a mistake where Ophthalmology was stated rather than Optometry.
3.	**Action Log** All actions closed.
5.	**New to Practice Scheme – Sarah Dixon** SD – Gave an update on the New to Practice Scheme. JS – Confirms funding is expected to come down for those who are already on the programme but after that there will be no more funding for New to Practice for this financial year
AOB	**Training Hub Budgets** AS – Gave an overview of ICB budget position for financial year 2024 – 2025.
4.	**Inclusive Career Development Training Programme – Valerie Beckford-Brown** VBB – Gave a presentation on the background and aims of the Inclusive Career Development Programme Training Programme. Questions:

	CG – Would Community Pharmacy be eligible for the programme? VBB – Yes LC – Can we communicate information about the programme on the HWE ICB Training Hub website? VBB – Yes JG – In terms of general practice what have been the proportion of delegates compared to other areas? VBB – We have had pockets of staff who work in general practice and it is an area we would like to encourage. The far reach into primary care is not there yet and we would like to find a way to increase participation from primary care. Really looking for key contacts within primary care.
6.	**Community Pharmacy – Helen Musson** HM provided an update on the Community Pharmacy Integration Programme and the Community Pharmacy Leads progress following the event in April and ahead of the programme evaluation results which are due in July.
7.	**GP Educators – Hannah Cowling** Hannah Cowling and Richard Stanley gave an update on the GP Educator programme after a recent successful face-to-face event which was held in March.
8.	**Workforce Data - Rituparna Sinha and Steve Gregoriou** Rituparna Sinha and Steve Gregoriou presented an update on PCN Workforce Data which is updated every quarter. SG agreed to share the slides and answer any questions individually.
9.	**Budgets 2024/25 – Joyce Sweeney** AS covered information on budgets earlier in the meeting, no further information to add.
10.	**Any Other Business** None.
11.	Date of next meeting: Thursday 5th September 2024 13:00 – 14:30
Note	Avni Shah left meeting at 15:50

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

FINAL MINUTES

Meeting:	**Primary Care Transformation Subgroup**			
	Meeting in public	☐	*Meeting in private (confidential)*	☒
Date:	**Thursday 14th March 2024**			
Time:	**9.30am – 11.30am**			
Venue:	**Virtual via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
James Gleed (JG) - chair	Assistant Director – Primary Care Strategy & Transformation	HWE ICB
Alison Jackson (AJ)	Primary Care Strategy and Transformation GP Lead (East & North Herts)	HWE ICB
Corina Ciobanu (CC)	Primary Care Strategy and Transformation GP Lead (South & West Herts)	HWE ICB
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
Mefino Ogedegbe (MO)	Community Pharmacy Clinical Lead	HWE ICB
Emily Perry (EP)	Primary Care Manager – Strategy & Transformation	HWE ICB
Ros Nerio (RN)	Development Director	SWH HCP
Richard Boyce (RB)	Primary Care Locality GP Lead (West Essex)	HWE ICB
Philip Sweeney (PS)	Head of Primary Care Transformation and Integration (East & North Herts)	HWE ICB
In attendance:		
Megan Spencer (MS)	Primary Care Coordinator	HWE ICB
Daniel Carlton-Conway (DCC)	Clinical Lead for Prescribing & Joint Clinical Lead for Planned Care	HWE ICB
Grant Neofitou (GN)	Deputy Director of PMO & Pathways	HWE ICB

	Transformation	
Heerna Mehta (HM)	Pharmaceutical Advisor – Clinical Effectiveness Team	HWE ICB
Colin Sach (CS)	Lead Pharmacist – Clinical Effectiveness	HWE ICB
Del Ford (DF)	Senior Head of PHM Delivery	HWE ICB
Tim Anfilogoff (TA)	Head of Community Resilience	HWE ICB
Gaynor Samuel (GS)	Community Pharmacy Integration Project Manager	HWE ICB

PCTG/01/24	**Welcome, apologies and housekeeping**
1.1	JG chaired the meeting in Prag Moodley's absence. The Chair welcomed all to the meeting.
1.2	Apologies received from: • Avni Shah • David Tideswell • Rob Mayson • Sam Tappenden • Sian Stanley
PCTSG/02/24	**Declarations of interest**
2.1	The Chair invited members to declare any declarations relating to matters on the agenda: • None declared.
PCTSG/03/24	**Minutes from the previous meeting**
3.1	The minutes of the meeting held on 8th February 2024 were approved as an accurate record.
PCTSG/04/24	**Advice and Guidance for GPs**
4.1	DCC shared PowerPoint slides on screen to provide an overview of the document shared prior to the meeting which supports advice and guidance requests and responses for all specialties across HWE ICS. Aim is to improve links between primary and secondary care and was brought to this group for comment and recommendation before being taken to the Planned Care Committee for sign off. DCC explained what good advice and guidance (A&G) looks like i.e. clear pathways, unambiguous opinions, comprehensive response, etc.
4.2	Key points to note from discussion: • CG advised that ENH place are at the early stages of primary care and secondary care interface and queried how this workstream links with the consensus document. DCC advised that this is separate although there is overlap. CC also advised that this addresses contractual issues in particular. • DCC emphasised that this is 'gold standard' guidance that should be adhered to. • There was emphasis on importance about collaborative working with local trusts. DCC is looking to engage with the trusts through the interface groups. • DCC and CC are collating data regarding referral variation and will begin to have supportive conversations with practices. • AJ raised concerns around duplication of this workstream with Consultant Connect. DCC reassured that A&G provides a different experience and compliments Consultant Connect.
	ACTION: Advice and guidance document to be signed off by the Planned Care Committee. Document to be taken to place interface meetings and place leadership/transformation groups for engagement.
PCTSG/05/24	**Action tracker**
5.1	EP went through the below actions on the tracker that was shared with attendees prior to the meeting: Line 4 – *MS Teams* – group agreed to close. Line 5 – *ECF 2024/25* - group agreed to close. Line 6 - *ECF 2024/25* – MS to follow up. Line 7 – *PAH IUCH* – group agreed to close. Line 8 – *UEC Strategy* – group agreed to close. Line 9 – *Healthwatch Topics & Timescales* – group agreed to close.
PCTSG/06/24	**Place updates by exception– ENH/WE/SWH**

6.1	WE – PS advised that PS/JG and Holly Jenkins attended the Community Pharmacy Hertfordshire Conference on 13th March 2024 to present the UEC strategy and discuss how we can work closer together. JG advised that there was emphasis in including community pharmacy as an equal partner as we move towards new HCP models and the transformation of primary care services, part of this may include colleagues from general practice and community pharmacies attending training together where appropriate. JG advised that we will also be looking at further representation from community pharmacy at the Primary Care Transformation Subgroup, this will be considered before the next meeting. ENH - CG advised that Stevenage Same Day Access hubs are still ongoing and conversations have been taking place with ENHT via the HCP to discuss how primary care can integrate further with the UTC. CG advised that membership of the various meetings and groups are to be reviewed to ensure that there is correct representation and to ensure we are avoiding duplication where possible. Development of INTs is a collaborative programme of work with the HCP and it was noted that there are some concerns with resource related to getting the INTs up and running, but this is being worked through via the HCP. RK was not present at meeting to provide SWH update.
	ACTION: Community Pharmacy representation at Primary Care Transformation Subgroup to be reviewed ahead of next meeting.
PCTSG/07/24	**Shared care and specialist guided prescribing in primary care**
7.1	HM advised that shared care and specialist prescribing will form part of the medicine optimisation section of ECF for 2024/25. HM shared the specification on screen and advised has had comments from the LMC, clinical leads, etc. Information was taken from each of the place Local Enhanced Service (LES) to create the specification for 2024/25. GPs need to formally accept or refuse transfer to shared care in each individual case and have the right to refuse if they don't feel confident managing the medicine. Any queries will be managed by the PMOT team. Practices are to sign an annual declaration.
7.2	Key points to note from discussion: • CC advised that this specification should come to the interface groups and HM ensured that the pharmacy team are linked into these groups. • JG queried if mental health clinical leads had had engagement in the creation of this section of the ECF as there have been requests made to primary care from HPFT colleagues to carry out ECG test before patients start some medicines. It was clarified that this was outside the scope of this section of the ECF and is a long-standing issue. JG advised that the mental health clinical leads were developing a business case for this activity.
PTCSG/08/24	**PHM PCN Packs**
8.1	DF advised that the new insight packs have been completed for 2023/24 in line with clinical priorities of the ICB and have been shared with practices and PCNs. The packs contain data broken down into three levels this year: 1) PCN 2) Locality 3) Place DF shared a PCN pack on screen as an example and can be found on the website here - https://hertsandwestessexics.org.uk/pcn-packs These packs are intended to assist INTs and to be used as a supportive tool to help establish the clinical priorities. DF advised that the PHM team are presenting the packs at relevant locality meetings.

8.2	Key points to note from discussion: • CG advised that the locality packs have been well received and are helpful for INT development. • DF advised that internal drop-in sessions will be taking place to support ongoing conversations with primary care colleagues.
PTCSG/09/24	**Harlow Same Day Access Model Update**
9.1	PS shared PowerPoint slides on screen to provide an update on the Harlow Same Day Access Hub which went live in November 2023. Implementation has been via a phased approach and the hubs are currently in Phase 2 which is to maximise the use of appointments and use data intelligence to improve the service. PS talked through data that had been received from November 2023 to end of February 2024 including total attendances, attendances by day of week, attendance by age, etc. A task and finish group has been established to discuss patient pathways, operational processes/workforce, governance and business intelligence relating to 10pm-midnight provision.
9.2	Key points to note from discussion: • CC queried if the service has been at full capacity and PS reassured that although it was a slow start, capacity is being filled much more. PS advised that a GP consultant lead has undertaken walk arounds in ED to ensure patients aren't being missed. • CG emphasised that this model should be advocated in the other place HCPs and CC confirmed that conversations are taking place in the SWHHCP space.
PTCSG/10/24	**Assura Update**
10.1	TA shared PowerPoint slides on screen to provide an update on the Assura projects which address health inequalities within PCNs via work with grass-roots charities. Application deadline is 15th March 2024 and TA is reassured that the majority of PCNs have engaged at this stage. A review will be completed in due course and Assura are developing an online social impact tool in collaboration with Alliance & Hertfordshire University to help drill down into the data on health inequalities. TA to attend the Primary Care Transformation Subgroup again at its July 2024 meeting to identify and agree any further support needed to deliver the projects.
PCTSG/11/24	**Any new risks identified**
11.1	RB raised the issue of patients living in rural areas finding it difficult to access the UTCs. PS reassured that Phase 3 of the Harlow Same Day Access Model may include telephone consultations moving forward and is being looked at by PAH. JG also advised that community pharmacy will also be utilised more moving forward. Members acknowledged the particular challenges to access, which rurality presents
PCTSG/12/24	**Any other business**
12.1	None raised.
	Date and Time of next meeting
	Thursday 11th April 2024 – 9.30am-11.30am
	The meeting closed at 11:27