



NHS HWE ICB Primary Care Board meeting held in Public FOR INFORMATION ONLY

Thursday 30 January 2025

Conference Room 2

The Forum

Hemel Hempstead, HP1 1DN

09:30 - 11:30

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

Agenda

11. Update Healthwatch Reports	Information
12. Minutes from the Subgroup – attached for information only: Primary Care Digital Primary Care Workforce	Information

Meeting:	<i>Meeting in public</i>	<input checked="" type="checkbox"/>	<i>Meeting in private (confidential)</i>	<input type="checkbox"/>
	Primary Care Transformation Committee	Meeting Date:	30th January 2025	
Report Title:	<p>Progress on recommendations from the following Healthwatch Reports:</p> <ul style="list-style-type: none"> ➤ Experiences of Living with Diabetes in West Essex Healthwatch Essex ➤ Type 2 Diabetes: Knowledge, Awareness and Support amongst Hertfordshire Residents – Healthwatch Hertfordshire ➤ An Insight Into Health and Care Access Including Self-Care for Adults with a Learning Disability - Healthwatch Essex ➤ Understanding how Adults with Learning Disabilities are Supported by GP Services - Healthwatch Hertfordshire ➤ Experiences in West Essex of The Menopause and Perimenopause – Healthwatch Essex ➤ Let's Talk about the Menopause – Healthwatch Hertfordshire <p>An annual update on recommendations within the following Healthwatch reports that have already come to PCTC previously:</p> <ul style="list-style-type: none"> ➤ Access to GP Services for Children and Young People in West Essex - (published March 2023) – Healthwatch Essex ➤ Accessing GP Services: Views from Broxbourne Patients (Published March 2023) – Healthwatch Hertfordshire ➤ Accessing GP Services in Harlow and Uttlesford, West Essex (published March 2023) – Healthwatch Essex ➤ Views on Community Pharmacies (published September 2023) - Healthwatch Hertfordshire 	Agenda Item:	11	



	<p>➤ Experiences of Community Pharmacies in West Essex (November 2022 - February 2023) – Healthwatch Essex</p> <p>Process and plans for Healthwatch reports commissioned by HWEICB Primary Care Directorate in 2025/26</p>			
Report Author(s):	<p>Avni Shah, Director of Primary Care Strategy and Transformation, Hertfordshire and West Essex Integrated Care Board (<i>menopause and perimenopause papers</i>)</p> <p>Cathy Galione, Head of Primary Care Transformation, Integration, Development & Delivery – East & North Hertfordshire, HWEICB (<i>LD papers</i>)</p> <p>Alex Welsh, Head of Project Office (PMO), Hertfordshire and West Essex Integrated Care Board (<i>diabetes papers</i>)</p> <p>Mefino Ogedegbe, Community Pharmacy Clinical Lead, Hertfordshire and West Essex ICB (<i>pharmacy papers</i>)</p> <p>Additional input was also provided by a number of other colleagues for the papers outlined above.</p> <p>Updates were provided by respective leads for each area of the plan for the access paper updates.</p> <p>Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex Integrated Care Board</p> <p>Laura Ferry, Primary Care Workforce Project Manager, Hertfordshire and West Essex Integrated Care Board</p>			
Report Presented by:	Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex ICB			
Report Signed off by:	<p>Individual reports signed off by leads as listed above.</p> <p>James Gleed, AD for Primary Care Strategy and Transformation</p>			
Purpose:	Approval / Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Information <input checked="" type="checkbox"/>
Which Strategic Objectives are relevant to this report [Please list]	<ul style="list-style-type: none"> • 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 Committee would like to be seen to be included if possible?			



	Are the Committee happy with the process outlined around commissioning of Healthwatch reports for 2025/26?
Report History:	Over the past 2 years the Primary Care Directorate at Hertfordshire and West Essex ICB have commissioned a number of reports from Healthwatch Hertfordshire and Healthwatch Essex, covering a range of topics - the purpose of these reports is to engage with the population across a number of different groups in order to obtain feedback which was used to support and inform the Primary Care Strategic Delivery Plan , (approved by the ICB Board at the end of July 2023) and to help highlight where improvements can be made to the provision of healthcare services in HWE.
Executive Summary:	<p>Diabetes reports</p> <ul style="list-style-type: none"> ➤ The Diabetes Insights Pack (2024) has outlined the key areas of focus for the population of Hertfordshire & West Essex (HWE) and can be found on the HWE website please see the attached link: https://www.hertsandwestessex.ics.nhs.uk/our-work/population-health-management/long-term-conditions-phm-files/ ➤ In October 2024 an ICB wide protected learning time for primary care focused on diabetes - this aimed to provide a comprehensive update for primary care clinicians, the speakers included the ICB clinical lead for diabetes and consultants from the acute trusts. ➤ The ICB referred 8940 individuals to the National Diabetes Prevention Programme (NDPP) in 23/24 which is 53% above the expected number with course completion rates either in line with the National average or above depending on the method of course completion. ➤ The 9 care processes form a core part of the diabetes offer across HWE. Our performance data shows us that the proportion of people with type 2 diabetes receiving all 9CP in HWE is in line with the National Average. ➤ There is a range of information about diabetes available to the general public on the ICB website: https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/support/diabetes-services-and-support/ <p>Learning Disability reports:</p> <ul style="list-style-type: none"> ➤ Easy read communications, where available, are shared with GP practices and PCNs to use as appropriate. ➤ The Reasonable Adjustment Digital Flag (RADF) is a national record which indicates that reasonable adjustments are required for an individual - a Task and Finish group for this is being established to support implementation of this across practices in Herts and West Essex ➤ As part of the ECF 24/25, practices / PCNs are asked to have a practice lead (clinical or non-clinical) for learning disability.



- For 23/24 the ICB overall achieved 83.7% of completed Learning Disability Annual Health Checks - this is well above the national target of 75%.
- The Purple Star Accreditation is given to GP Practices in Hertfordshire that demonstrate a commitment to bridging the health inequalities gap faced by people with a learning disability and taking steps to enabling equitable health outcomes. The GP Practices are supported, enabled and monitored in achieving and maintaining the accreditation standard - there are currently 40 Purple Star 'accredited' GP Practices, with 6 more currently in progress.

Menopause/ Perimenopause reports:

- The ICB Training Hub hosted a Women's Health/Menopause webinar in August 2024
- Menopause care is a core competency of all qualified GPs. RCGP develop and update training tools which are accessible to general practice.
- Ardens and DXS have a range of information available to practices that patients can be signposted to.
- Some practices and PCN have done group consultations to support women through menopause – looking at how learning can be shared.

There is also more work to do and some of the actions to be discussed further and taken forward that are outlined in the paper include:

Diabetes reports:

- The ICB will continue to monitor referrals from practices to the NDPP, and support practices to increase their referrals.
- Continue the monitoring of referrals to DESMOND and other courses – this is a core part of the contract monitoring for the HWE Integrated Diabetes Service

Learning Disability reports:

- Task and finish group to be set up to ensure successful roll-out of the Reasonable Adjustment Digital Flag across Herts and West Essex
- Work to be done to ensure that reasonable adjustments for patients with a learning disability are being implemented in GP practices
- Hertfordshire County Council are developing a pathway to identify frailty (a key ICB priority) in patients with a learning disability - once ready to share this will require awareness from GP practices and will be promoted by the ICB to practices.

Menopause/ Perimenopause reports:

- As part of the PCN training work, we will explore how we can achieve a greater understanding of menopause and its effects in the workplace, as the norm - learning from local NHS organisations and ICB support to be shared via Training Hub.



- Information to be sent to practices and women's groups on learning and resources available around menopause.

This paper also includes an annual update on the following Healthwatch reports that have previously come to PCTC:

Access papers:

- 100% of HWE GP practices have now moved from analogue lines to a digital system.
- 62% (as of October 2024) of the HWE eligible population are now registered with the NHS App
- A 'Digital Skills Support Hub', that offers a variety of support options to help residents get online (most resources within the hub site are free or low-cost) was launched in November 2024 and can be found via the following website:
<https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/support/digital-skills-support-hub/#h-hertfordshire-at-home-support>
- The ICB's Youth Council has now begun its second year, gathering the voices of young people to help improve their experiences of using local services.
- The ICB has run engagement events with unpaid carers across HWE - these events were set up so that the ICB could hear directly from carers about their experiences with general practice, so that we could learn and then share best practice out to general practice that we hope will help to support positive change.
- Year-to-date appointments are 3.5% up on the previous year - Over 88% of appointments were within 14 days (for appointments where patients would normally want the first available appointment) / on average 67% of appointments were face to face; 25% were telephone based / Home visits have been steadily rising and are comparable to where they were pre-Covid.

Pharmacy papers:

- There is a recently launched 'Invincible feeling, invisible danger' communications campaign:
<https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/stay-well/high-blood-pressure/> - the campaign encourages people to find a local pharmacy which offers blood pressure checks for eligible individuals.
- Community Pharmacy PCN Engagement Leads were recruited earlier this year cross HWE with candidates having started in post on 30 September 2024. The leads are promoting pharmacy services in addition to building strong relationships with and between community pharmacies and general practice in the local area empowering them to deliver the agreed vision on a way of working. They also support and share best practice to ensure consistency of local service delivery.
- To support the implementation of *Pharmacy First* service in early 2024, HWE ICB provided approximately 250 training places to



	<p>local community pharmacies covering otoscope use and all 7 associated clinical pathways.</p> <p>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.</p> <p>And finally – this paper also outlines the process for Healthwatch reports commissioned by HWEICB Primary Care Directorate in 2025/26:</p> <p>It has been agreed with Healthwatch Essex and Healthwatch Hertfordshire that next year 2025/26 the number of studies will be reduced in order to facilitate more extensive exploration and learning within each area of health provision selected. There are some further proposed changes too such as greater engagement/involvement of the HCPs, which are all set out in the flow chart (included in this paper).</p>			
Recommendations:	<ul style="list-style-type: none"> To note the response to the recommendations that are outlined within the paper. 			
Potential Conflicts of Interest:	<i>Indirect</i>	<input type="checkbox"/>	<i>Non-Financial Professional</i>	<input type="checkbox"/>
	<i>Financial</i>	<input type="checkbox"/>	<i>Non-Financial Personal</i>	<input type="checkbox"/>
	<i>None identified</i>			<input checked="" type="checkbox"/>
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk: <i>Link to Risk Register</i>	N/A			
Financial Implications:	None			
Impact Assessments: <i>(Completed and attached)</i>	<i>Equality Impact Assessment:</i>	N/A		
	<i>Quality Impact Assessment:</i>	N/A		
	<i>Data Protection Impact Assessment:</i>	N/A		



Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
Experiences of Living with Diabetes in West Essex (October - December 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Education, education, education - With the high numbers of people suspected to have undiagnosed diabetes or prediabetes, it is vital that the population is given as much information on the symptoms as possible to help ensure numbers of early diagnoses and prediabetes diagnoses are as high as possible. - In many cases (especially with early diagnosis), diabetes can be reversed, but in often this will only happen if people are given time to understand and fully grasp the significance of what they have. With support, encouragement and education, reversal numbers can increase dramatically. - Effective self-management makes living with the illness more effective for everyone. Ensuring the education is put in place to help people do this will have a positive impact on their lives and reduce strain on the NHS diabetes services.	Structured Education is available for WE patients provided by EPUT. - With the high numbers of people suspected to have undiagnosed diabetes or prediabetes, it is vital that the population is given as much information on the symptoms as possible to help ensure numbers of early diagnoses and prediabetes diagnoses are as high as possible. - DAFNE (Dose Adjustment for Normal Eating) courses are available for people with Type 1 Diabetes - X-PerT Diabetes programme is available for people with Type 2 Diabetes Promotional videos made for the service, which are played used on EPUT website and are promoted in practices.	ICB communications team to plan communication activities to raise awareness of type 2 Diabetes risk and encourage people to see a GP if they have symptoms and are not diagnosed (spring 2025).	HWE Diabetes Delivery Group	
Experiences of Living with Diabetes in West Essex (October - December 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Support - As a long-term condition for people of all ages, diabetes can be a very lonely experience. Stretched resources mean that sufferers aren't seen as regularly as they often should. The lack of understanding from friends, employers and the public in general can leave people exasperated, especially when they have to continue a 'normal' life with all the daily stresses. - Advice on charities such as Diabetes UK, and other online support groups should be given out as standard. There are plenty of organisation such as Healthwatch that would be able to work on programmes of local support, including vetting the more informal groups so they can be recommended.	Improvements were made to the HWE ICB website and there is now a landing page for Diabetes support. The page is split into support for Type 1 and Type 2, with redirection to: - Diabetes UK website. -My Type 1 Diabetes. Which is a NHS website service which provides free, online information, advice and resources. -Healthy Living free online NHS service for people living with T2 Diabetes -Herts and West Essex Diabetes Support Group, anyone living in HWE who has Diabetes, at risk of or carers, families can access the website and join the scheduled webinars -Diabetic eye screening monitoring details -Vita Health Group - Living well with Diabetes T1 and T2 support with CBT to support mood and anxiety	Sharing wider than the ICB website including: ICB Primary Care Team to support GP practices to share a link out to patients to the ICB Diabetes information page on our website at the end of a consultation. Diabetes Providers to utilise their social media channels to promote the variety of education courses, using the videos and also picking out some quotes from attendees to encourage newly diagnosed people to join and feel less isolated. ICB comms will do undertake a system wide social media campaign leading up and during Diabetes Awareness Week in 2025 specifically to promote the community Diabetes Support Group which runs online meetings (spring 2025)	HWE Diabetes Delivery Group	
Experiences of Living with Diabetes in West Essex (October - December 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Technology - There have been (and continue to be) significant improvements in technology solutions in recent years. GPs and other diabetes healthcare professionals must be up to date and aware of these in order to tailor any recommendations to patient throughout their diabetes journey. - Technology that is free should be offered to all along with practical support and advice on just how effective it can be in managing the condition long term. - All avenues need to be explored to find ways to make more technology free to people with diabetes. Whether this is finding suppliers of better value for-money solutions, or increasing technology budgets, the long term strategy will bear fruit.	Data from Open Prescribing shows HWE is an outlier for prescribing a large proportion of testing strips and lancets not recommended by NHS England, above the national median. HWE are improving on this indicator, however there are further improvements to be achieved from use of blood glucose meter and related lancets, which is a focus locally. The ICB will continue to explore all technological services irrespective of cost with the focus on improving patients long term management of Diabetes. All technological advancements must be approved by respective authorities and have a robust evidence base for us	There are other ongoing work programmes targeting medicines optimisation efficiency and to support reduced prescribing costs where possible without impacting patient care	HWE Diabetes Delivery Group	

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner
Type 2 Diabetes: Knowledge, Awareness and Support amongst Hertfordshire Residents	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	1. Further investigate the inequalities in awareness, diagnosis and management amongst different demographic groups.	<p>The Diabetes Insights Pack (2024) has outlined the key areas of focus for the population of Hertfordshire & West Essex (HWE) and can be found on the HWE website please see the attached link: https://www.hertsandwestessex.ics.nhs.uk/our-work/population-health-management/long-term-conditions-phm-files/</p> <p>This document outlines the key priorities for the Hertfordshire and West Essex Integrated Care System, and alongside the Equality Impact Assessment and our Quality Impact Assessment this has identified that there are C85K individuals living with Diabetes within the HWE footprint. The document is available on the HWE ICB website for clinicians to access, it is directly shared with GP practices.</p> <p>The Enhanced Commissioning Framework 2024/25 includes risk stratifying patients using the UCL Partners risk stratification tool to identify individuals at high risk, this includes demographic identifiers as well as clinical. The aim is to increase the proportion of people with high-risk type 2 diabetes who receive all 9 care processes.</p> <p>During 24/25 the ICB ran a project led by our partners Healthy IQ to target up to 7000 patients across Herts and West Essex, who have not completed a urine ACR test in the last 24 months and have multiple other risk factors. this project sought to increase the uptake of patients being identified and screened for Diabetes.</p>	The current development of an Integrated Diabetes Service (IDS) across HWE involving all key healthcare Providers will enable a more proactive response through combining expertise and knowledge to support the growing number of people in HWE affected by Diabetes which is expected to rise by 9% (128,000 people) by 2035. Evaluation is an integral part of the new IDS service, this will include a focus on reducing inequalities in the diagnosis, management and outcome for all cohorts of patients.	HWE Diabetes Delivery Group
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	2. Consider targeted interventions and engagement with particular demographic groups, including men, ethnically diverse communities, those with less disposable income, and those aged under 55.	<p>The implementation of the Integrated Herts and West Essex Diabetes Service has been based on Equality Impact Assessment which was undertaken in Sept 2024 and covers the ICB's legal duty as set out under the Equality Act 2010 and The Health and Care Act 2022. The EQIA outlines the impact on a number of different population segments of the ICB footprint including men, ethnically diverse communities, those with less disposable income, and those aged under 55.</p> <p>The Enhanced Commissioning Framework 2024/25 includes risk stratifying patients using the UCL Partners risk stratification tool to identify individuals at high risk, this includes demographic identifiers as well as clinical. The aim is to increase the proportion of people with high-risk type 2 diabetes who receive all 9 care processes. This UCL DM risk stratification tool that identifies people who are from a Black, Asian or minority ethnic background or have social complexity (Learning Disability, homeless, housebound, alcohol or drug misuse) as high risk if they have an HbA1c > 75.</p> <p>The Integrated Diabetes Service Specification has had patient and expert by experience feedback which has supported the development of the service.</p>	The EQUIA will be formally reviewed once the service has been live for between 12 -24 months, and following formal service reviews. During the planning and implementation of the IDS each Place will involve user engagement to help ensure an accessible and acceptable service. Each Place will be able to review the local data and adapt the model to their local population address high risk groups.	HWE Diabetes Delivery Group
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	3. Increase awareness of the risk factors, symptoms and long-term complications associated with Type 2 Diabetes.	<p>The new service will be expected to market the access and availability to all patient groups that might be reasonably expected to use it.</p> <p>Periodically the ICB will support the provider with marketing campaigns - such as: https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/support/diabetes-services-and-support/diabetes-resources/</p>	<p>Review of the new service's communication plan.</p> <p>Review of the service's patient demographic.</p> <p>ICB communications team to plan communication activities to raise awareness of type 2 Diabetes risk and encourage people to see a GP if they have symptoms and are not diagnosed (spring 2025).</p>	HWE Diabetes Delivery Group
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	4. Promote NHS Health Checks and ensure eligible patients are invited.	<p>The Diabetes Insights Pack (2024) outlines a number of opportunities for prevention, screening and that the NHS HealthCheck will form part of the service model. This includes that NHS HealthCheck will continue to form a part of this services</p> <p>https://www.hertsandwestessex.ics.nhs.uk/our-work/population-health-management/long-term-conditions-phm-files/</p>	<p>Review of the new services communication plan.</p> <p>Review of the services patient demographic.</p> <p>In 2025 the ICB will continue working collaboratively with the local authority to increase the uptake of health checks which is a Local Authority funded service.</p>	HWE Diabetes Delivery Group
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	5. Promote and refer people at high risk of developing Type 2 Diabetes to the NHS Diabetes Prevention Programme.	<p>The ICB referred 8,940 individuals to the NDPP in 23/24 which is 53% above the expected number with course completion rates either in line with the national average or above, depending on the method of course completion.</p> <p>The service is promoted by healthcare professionals and via peer support groups across HWE.</p> <p>The HWE Integrated Diabetes Service model recognises that referring to the NDPP is best practice. This will continue to form part of the work to prevent type 2 diabetes.</p> <p>In October 2024 an ICB wide protected learning time for primary care focused on diabetes. Part of the content covered was the importance of referring, and the practicalities of doing so, to the NHS DPP. Practices were presented with their current data on referrals, and encouraged to continue to, or increase referring to the NDPP to support patients not to develop/ delay the development of diabetes.</p>	<p>The ICB will continue to monitor referrals from practices to the NDPP, and support practice to increase their referrals.</p> <p>The ICB Communications team will work with the ICB diabetes team to update the NDPP information on the ICB website.</p>	HWE Diabetes Delivery Group & ICB Communications Team

Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	6. Clinicians to thoroughly explain Type 2 Diabetes and how the condition can be self-managed when giving people a diagnosis.	<p>Clinicians are responsible for the prescribing and management of all illness and disease areas that patients present with. Clinicians are updated regularly throughout the year to ensure compliance with their Registration.</p> <p>The protected learning time for diabetes in October 2024 aimed to provide a comprehensive update for primary care clinicians, the speakers included the ICB clinical lead for diabetes and consultants from the acute trusts.</p>	The education of both professionals and those with Diabetes is a core function of the IDS. The service aims to upskill clinicians from the community and primary care, who will be able to disseminate the information and knowledge wider to those working in their practices, so that patients are well informed about diabetes and how they can self-manage it.	HWE Diabetes Delivery Group
Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	7. Promote and refer people with Type 2 Diabetes to the DESMOND Programme and other available courses.	<p>The monitoring of the number of people accessing education courses currently and will continue to form part of the monitoring of the service performance</p> <p>Courses for people with Type 2 diabetes include DESMOND – (Diabetes Education Self-Management Ongoing and Newly Diagnosed); Carbohydrate Awareness; Diabetes and Emotional Well Being.</p> <p>Each provider has worked with the ICB comms to produce videos to promote thee education courses to patients: https://youtu.be/ZWd14-R04aI</p>	The monitoring of referrals to DESMOND and other courses is a core part of the Contract Monitoring for the HWE Integrated Diabetes Service	HWE Diabetes Delivery Group
Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	8. Ensure people with Type 2 Diabetes are routinely monitored and given sufficient information and support to self-manage their condition, with a particular focus on lowering blood glucose levels and information about healthy eating.	<p>The ICB compares (83%) well with the national average (85%) for percentage of patients with NDH who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.</p> <p>The ICB referred 8,940 referrals to the NDPP in 23/24 which is 53% above the expected number with completion rates either in line with the national average or above depending on the method of course completion.</p>	<p>Prevention and supporting people in the early stages of diabetes, to remain healthy and manage their diabetes is a pivotal aspect of the IDS, to prevent or delay the onset of complications. All patients with type 2 diabetes will be referred to an educational course to increase there awareness and understanding of self-managing their diabetes.</p> <p>The Integrated Diabetes service aims to integrate diabetes care across providers and disease stages to improve the clinical outcomes and quality of life for patients with diabetes making it easier for referrals to be processes and a more timely response for patients.</p>	HWE Diabetes Delivery Group
Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	9. Ensure all nine care processes are carried out at Annual Diabetes Reviews, and ensure enough time is given to discuss any issues and concerns with the patient.	<p>The 9 care processes form a core part of the Diabetes offer across HWE. Our performance data shows us that the proportion of people with type 2 diabetes receiving all 9CP in HWE is in line with the national average.</p> <p>Retinal eye screening is undertaken every 2 years depending on the original screening outcome, and the recommendations from the Retinal Screening service.</p> <p>Practices provide the 9 care processes as contracted by QoF, there is also an indicator in the Enhanced Care Framework to encourage practices to complete the 9 care processes in high risk patients.</p>	The 9 care processes will continue to be included in the ECF (and QoF as far as we are aware at present), and the ICB monitors the performance.	HWE Diabetes Delivery Group
Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	10. Discuss mental health and wellbeing with people with Type 2 Diabetes, given that people with the condition experience disproportionately high rates of mental health problems.	Over a third of people (39.5%) with diabetes have low levels of complexity (either additional physical or mental health conditions or social complexity) and over a quarter (29.6%) have advanced disease or significant complexity. Identification of those with comorbidities such as mental health conditions forms part of the screening process undertaken by GPs and other health practitioners which is mandated by the ICB. There is a referral pathway to IAPT and other talking therapies where required for patients to access upon referral.	Throughout the development of the IDS the importance of supporting the health and wellbeing of people with diabetes has been highlighted, and included as an important element of the new model.	HWE Diabetes Delivery Group
Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	11. Provide more information about healthy eating, nutrition, exercise and weight management in a range of accessible formats and in a range of settings – including healthcare settings and community settings. Information could also take account of the added challenges to having a healthy diet in a cost of living crisis.	<p>There are a range of information available to the general public on the ICB website: https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/support/diabetes-services-and-support/ all of which can support people to make healthy choices regards to eating, nutrition, exercise and weight management. marketing tools and self-help very person with diabetes and we are achieving 95% performance in this area.</p> <p>https://www.england.nhs.uk/diabetes/</p>	<p>The IDS includes MDT discussions and access to the multidisciplinary team including dieticians. In primary care patients can access support from social prescribers, who are able to signpost or support people accessing help to support healthy lifestyle behaviours especially when there are financial constraints.</p> <p>The ICB comms team will continue to use waiting room TV screens in GP practices to promote healthy lifestyle messgaes and signpost people to free or low-cost activities across the region and signpost people to free or low-cost activities run by other oragnisations. Current examples being promoted include Herts Health Walks, over 50s badminton sessions and 'Shape Up' courses run by Watford FC.</p>	HWE Diabetes Delivery Group
Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	12. Consider the use of social prescribers when interacting with people at high risk of developing Type 2 Diabetes, and those with the condition.	<p>The ICB Website outlines that Social Prescribers can be used by residents across HWE for a range of conditions and provides contact details to access the service</p> <p>https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/support/social-prescribing/</p>	<p>Through the implementation of the IDS, the ICB will highlight the important role social prescribers can have in supporting people at high risk of/ with daibetes, including signposting people to activities and services that encourage lifestyle changes.</p> <p>The ICB communications team will raise awareness with GP practices, through internal news bulletins and through the GP portal, about the role that social prescribers can play in supporting patients diagnosed with type 2 Diabetes to access local opportunities for activity and exercise sessions and healthy eating and cooking support. At the same time, we will use the TV screen system in place in the majority of GP waiting rooms to prompt patients with a LTC to ask their GP or nurse about what a social prescriber can do for them. We will use local patient stories from social prescribers to bring this to life where possible.</p>	HWE Diabetes Delivery Group

Reports	Background / identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
An insight into Health and Care Access including Self-Care for Adults with a Learning Disability (March-June 2023) - Healthwatch Essex	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	An inclusive communications drive to promote annual health checks, dental and eye check-ups. Using social media, easy read documents, short videos and letters to adults with LD and their families/carers. Links to some useful examples: https://www.england.nhs.uk/learning-disabilities/improving-health/annual-health-checks/ / AHC Easy Read Guide Final.pdf (mencap.org.uk)	<p>Easy read communications, where available, are shared with GP practices and PCNs to use as appropriate. Examples include cervical screening where lots of work has been completed by HWE and rolled out locally, these include an easy read leaflet and an adapted video with the aim to increase uptake of cervical screening amongst patients with an LD - the leaflet can be found here: https://www.gov.uk/government/publications/cervical-screening-easy-read-guide</p> <p>Further videos on cervical and bowel screening can be found here under 'useful links': https://www.hcpa.info/oliver-mcgowan-resources/</p> <p>Other HWE easy read documents can be found via the following link, and includes a photo story about visiting the dentist: https://www.england.nhs.uk/learning-disabilities/about/resources/er/</p> <p>Reasonable adjustments are also made by GP practices where requested - these may include adjustments for appointment times or noting of communication preferences.</p>	<p>Hertfordshire County Council are developing a pathway to identify frailty (a key ICB priority) in patients with a learning disability - once ready to share this will require awareness from GP practices and will be promoted by the ICB to practices</p> <p>Work to be done to ensure that reasonable adjustments for patients with a learning disability are being implemented in GP practices.</p>	ICB Primary Care and Communications team and Integrated Commissioning team	
		Ensuring that correct contact information is on the GP learning disability register; is the adult with LD able to be communicated with directly or does it need to go via a family member or carer(s)? is it the correct form of communication that they can access and understand, phone calls, letters, text messages, is it up to date etc.	<p>The Reasonable Adjustment Digital Flag (RADF) is a national record which indicates that reasonable adjustments are required for an individual - a Task and Finish group for this is being established to support implementation of this across practices in Herts and West Essex. For SystemOne, Ardens have now created a RADF 'Flag' which will appear in the patient's demographic box, once the appropriate codes have been applied using the Ardens Reasonable Adjustments, Communications & Accessibility data entry template. A version for EMS Web practices is being sought.</p> <p>The Enhanced Commissioning Framework (ECF) 24/25 asks that GP practices ensure proactive follow up with people with an LD who do not engage with the annual health check process and also states that the practice should ask about and provide reasonable adjustments to meet The Equality Act 2010 and ensure these are accurately documented and flagged.</p> <p>The Purple Star Accreditation is given to GP Practices in Hertfordshire that demonstrate a commitment to bridging the health inequalities gap faced by people with a learning disability and taking steps to enabling equitable health outcomes. The GP Practices are supported, enabled and monitored in achieving and maintaining the accreditation standard. •There are currently 40 'accredited' GP Practices, with 6 more currently in progress.</p> <p>•In 2024/25, some practice mergers which have occurred in year have increased the number of patients with a learning disabilities accessing Purple Star accredited practices. For example, one practice saw an increase of 100 patients, and the team has dedicated time to support this transition.</p> <p>•Next year, the team will report on both the number of practices and the number of patients in order to better capture and demonstrate the impact of this accreditation.</p>	<p>Task and Finish Group to be set up to ensure successful roll-out of RADF across Herts and West Essex.</p> <p>Work to be done to ensure that reasonable adjustments for patients with a learning disability are being implemented in GP practices.</p>	ICB Primary Care, Integrated Commissioning team and general practice sites	
		Explore the possibility of LD friendly/Appropriate GP session times with reduced noise levels, less people in the waiting room etc. Does the person need a double appointment to make sure there is time available in case they struggle with the situation and need extra time to adjust so the appointment is productive?	<p>Reasonable Adjustment Digital Flag (RADF) work to continue to ensure implementation across HWE practices (as above)</p> <p>The 24/25 ECF states that practices should:</p> <p>a. Ask about and use preferred means of communication to comply with the Accessible Information Standard 2016 (AIS). Information should be provided in an accessible format or communication should be adapted to support the needs of the patient. Families and carers should be involved where appropriate.</p> <p>b. Ask about and provide Reasonable Adjustments to meet The Equality Act 2010</p> <p>c. Ensure preferred means of communication and Reasonable Adjustments are accurately documented, flagged and shared at point of referrals.</p> <p>d. If a patient with a learning disability does not attend an appointment/s not supported to attend (any appointment, not AHC alone), this should be actively followed up and the code 'Adult not brought to appointment' used.</p>	<p>Task and Finish Group to be set up to ensure successful roll-out of RADF across Herts and West Essex.</p> <p>Work to be done to ensure that reasonable adjustments for patients with a learning disability are being implemented in GP practices.</p>	ICB Primary Care, Integrated Commissioning team and general practice sites	
		Having one point of contact for the adult and their support network will help to build a relationship and confidence with a medical professional. This will also reduce the number of times that the persons situation/needs have to be repeated.	<p>As part of the ECF 24/25, practices / PCNs are asked to have a practice lead (clinical or non-clinical) for learning disability.</p> <p>Integrated Neighbourhood Teams (INTs) are being established across Herts and West Essex and provide a multidisciplinary approach for case management. Each INT is using Population Health Management data to decide on cohort of patients to focus on.</p> <p>Learning Disability nurses, where available, support practices and patients where necessary and practices/ PCNs have a wider scope of staff now, including roles such as care co-ordinators and social prescribers who can further support patients with planning and understanding their care, and also with referrals into non-clinical services to further support a patients health and wellbeing.</p>		General practice	
		Focused training for frontline staff-receptionists as well as medical staff to raise awareness and understanding of people with LD and their needs. Taking the time to listen and understand that what could look/feel like poor behaviour could be frustration at not being understood.	<p>The Health and Care Act 2022 introduced a requirement that CQC regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. This is to ensure the health and social care workforce have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability. The Oliver McGowan Mandatory Training is the government's preferred and recommended training for health and social care staff. Training is co-delivered by trainers with lived experience of learning disability and autism. The training is in two tiers (ie Tier 1 - staff are required to undertake and is for people who require general awareness of the support autistic people or people with learning disability may need and Tier 2 is for staff providing care and support for an autistic person or a person with a learning disability. Tier 1 training is elearning and Tier 2 is face to face training. Dates of training can be found on the HWE ICB Training hub website.</p> <p>Further details of this can be found on the HWEICB Training Hub website here: https://www.hwetraininghub.org.uk/training-and-development/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism-tier-2</p> <p>Further details of this can be found on the HWEICB Training Hub website here: https://www.hwetraininghub.org.uk/training-and-development/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism-tier-2</p>		ICB Training Hub Team and general practice	

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
Understanding how Adults with Learning Disabilities are Supported by GP Services (Engagement: February – May 2023) – Healthwatch Hertfordshire	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Access 1. GP practices to continue improving telephone systems to reduce delays and waiting times for patients. 2. GP practices to allow people with learning disabilities to contact their GP practice for a same day appointment outside of the 8:00am timeframe. This will allow people with learning disabilities to contact their GP practice when their carer or support worker is with them. 3. GP practices to have a Care Coordinator or a primary point of contact specifically to support people with learning disabilities in accessing their GP practice. o If a GP practice has this support available, they should ensure that people with learning disabilities registered at their GP practice are made aware of this	1. The ICB received funding to upgrade a total of 34 practices to advanced cloud based telephony. These should all be live by the autumn (delays due to demand on the telephony providers to resource this at national level and some local infrastructure work (e.g. cabling) that needed to be completed.) In the autumn there is to be a national collection instigated of telephony data which we believe will allow us to start to understand how this is being utilised in practices along with triangulating other data sources such as the patient surveys. 2. Modern General Practice is being put in place to better align capacity with need, improve patient experience and improve the working environment for general practice staff through a number of transformation objectives. As part of this, practice capacity and access plans include ensuring appropriate triage takes place so that people are directed to the care they require. Access is also increasing via the NHS app / e-consultation which will help to free up the phone lines for those who need to call, rather than use digital channels. 3. As part of the Enhanced Commissioning Framework (ECF) 24/25, practices / PCNs are asked to have a practice lead (clinical or non-clinical) for learning disability. Learning Disability nurses, where available, support practices and patients where necessary and practices/ PCNs have a wider scope of staff now, including roles such as care co-ordinators and social prescribers who can further support patients with planning and understanding their care, and also with referrals into non-clinical services to further support a patients health and wellbeing.		ICB Primary Care, ICB Primary Care Digital, Integrated Commissioning team and general practice sites	
		Choice 4. GP practices to allow people with learning disabilities to choose the type of appointment they have, and offering face-to-face appointments in the first instance. 5. GP practices to ensure that with learning disabilities can choose the time and date of their appointment, so they can make sure this is when their carer or support worker can accompany them. 6. If a telephone appointment is booked, a specific time slot is to be given rather than a large time window. This will enable people with learning disabilities to ensure they are (a) available to take the call (b) have their carer or support worker with them (c) be in a quiet area to have the consultation. 7. GP practices to ensure that people with learning disabilities can choose to see their usual clinician to provide continuity of care and familiarity.	4/5/6. The Reasonable Adjustment Digital Flag (RADF) is a national record which indicates that reasonable adjustments are required for an individual - as at 16/12/24 it is confirmed that the IT functionality required for compliance is ready for GP Practices to use within both GP IT systems (Systm1 and EMIS), the only outstanding action is around communicating these changes, improving recording and consistency. Work is underway on the reporting templates in both Ardens and DXS so that all RA information will automatically transfer onto referrals made. A user guide is currently being developed for use in General Practice (this will be 1 page step by step guide) in both Systm1 and EMIS in order to enter the information, including the link with LD template. Work is also underway with the ICB Business Intelligence (BI) team to ensure accurate collection and reporting and recording of RA data, this will provide some baseline information to enable review, follow up and to better support our GP Practices going into 2025/26. We will also share good practice across our GP Practices in regards to the recording Reasonable Adjustments. The Enhanced Commissioning Framework (ECF) 24/25 states that GP practices should ask about and provide reasonable adjustments in order to meet The Equality Act 2010 and ensure these are accurately documented and flagged on GP IT system. 7. Whilst a preference for a particular clinician can be noted in the patient records and offered where possible, it should be noted that it may not be possible for patient to see their preferred clinician at all times as this will come down to ensuring the patient is seen as clinically appropriate - e.g if the appointment is urgent it may be that a preferred clinician isn't available/ is not the best person to see the patient clinically. The Purple Star Accreditation is given to GP Practices in Hertfordshire that demonstrate a commitment to bridging the health inequalities gap faced by people with a learning disability and taking steps to enabling equitable health outcomes. The GP Practices are supported, enabled and monitored in achieving and maintaining the accreditation standard. •There are currently 40 'accredited' GP Practices, with 6 more currently in progress. •in 2024/25, some practice mergers which have occurred in year have increased the number of patients with a learning disabilities accessing Purple Star accredited practices. For example, one practice saw an increase of 100 patients, and the team has dedicated time to support this transition. •Next year, the team will report on both the number of practices and the number of patients in order to better capture and demonstrate the impact of this accreditation.	Task & Finish Group to share user guide early in new year 2025 to circulate and communicate across General Practice to embed within their own processes. BI team to confirm data collection and reporting moving forward.	ICB Primary Care, Integrated Commissioning team and general practice sites	
		Accessibility 8. Under the Health and Social Care Act (2010) GP practices are to be proactive in asking whether someone with a learning disability needs, or would like, any reasonable adjustments. o If reasonable adjustments are requested, they are to be recorded on the patient's medical records and implemented accordingly. 9. Under the Accessible Information Standards (2016) GP practices are to be proactive in ensuring that people with learning disabilities are communicated with in a way that is accessible to them. 10. GP practices to also ensure that information is provided in a range of formats, including Easy Read.	8/9/10. this is covered via the RADF work, as well as the ECF reasonable adjustments, that have been mentioned above.	Task and Finish Group to be set up to ensure successful roll-out of RADF across Herts and West Essex.	ICB Primary Care, Integrated Commissioning team and general practice sites	
		Communication 11. Clinicians to communicate directly with the person with a learning disability about their health and care, and not their carer or support worker. 12. Clinicians to avoid sharing information, such as test results, with people with learning disabilities by telephone. This can cause unnecessary concern and anxiety. 13. Clinicians and reception staff to treat people with learning disabilities with kindness and respect. Reminders and refresher training on engaging with people with learning disabilities should also be considered. 14. Clinicians and reception staff to never question whether a patient has a learning disability, and must meet their needs accordingly. 15. GP practices to deliver Customer Care training for reception staff to improve their customer service and communication skills	11/12. A patients preference will be listed on their records under the RADF work as well as the ECF work to ask and document a patients preference when it comes to reasonable adjustments/ communications preferences. 13/14/15. The Health and Care Act 2022 introduced a requirement that CQC regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. This is to ensure the health and social care workforce have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability. As part of this, all general practice staff are required to complete the Oliver McGowan Mandatory Training on Learning Disability & Autism - Tier 2 - in Herts and West Essex, this can be organised through the ICB Training Hub Team. The Oliver McGowan Mandatory Training is the government's preferred and recommended training for health and social care staff. Training is co-delivered by trainers with lived experience of learning disability and autism. The training is in two tiers ie Tier 1 - staff are required to undertake and is for people who require general awareness of the support autistic people or people with learning disability may need and Tier 2 is for staff providing care and support for an autistic person or a person with a learning disability. Tier 1 training is elearning and Tier 2 is face to face training. Dates of training can be found on the HWE ICB Training hub website. Further details of this can be found on the HWE ICB Training Hub website here: https://www.hwetraininghub.org.uk/training-and-development/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism-tier-2		ICB Primary Care, Integrated Commissioning team and general practice sites ICB Training Hub Team	

		<p>Support with Living a Healthy Lifestyle</p> <p>16. Clinicians to provide practical information about healthy eating, weight management and exercise, including meal and exercise plans.</p> <p>o Any information is to be provided in Easy Read and/or a format which is accessible to the patient.</p> <p>o Any support is to be tailored to their individual needs.</p> <p>17. Clinicians to have regular discussions about mental health, sexual health, drugs, alcohol intake and smoking, and to ensure any support provided is personalised to their needs.</p> <p>18. Clinicians to talk to people with learning disabilities about cancer screenings, ensure any relevant tests are carried out, and provide information on how to check their body for any signs of cancer.</p>	<p>16/17. Learning Disability nurses, through Hertfordshire County Council, offer a variety of services as well as acting as Link nurses for each GP surgery. PCNs have a wider scope of staff now, including roles such as care co-ordinators and social prescribers, and health and wellbeing coaches, who can further support patients with planning and understanding their care, and also with referrals into non-clinical services to further support a patients health and wellbeing.</p> <p>18. Annual Healthchecks cover a number of areas including generally talking to patients about staying well and what to do if they need any help with this. Easy read guides, such as the following on symptoms of cervical cancer, are available for GP practices to share with patients: https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww.hertfordshire.gov.uk%2Fmedia-library%2Fdocuments%2Fadult-social-services%2Flearning-difficulties-and-dementia%2Fcervical-cancer-symptoms-002.ppt&wdOrigin=BROWSELINK</p>		ICB Primary Care, Integrated Commissioning team and general practice sites	
		<p>Annual Health Checks</p> <p>19. Clinicians to allow between 30 minutes to one hour for an Annual Health Check.</p> <p>20. Clinicians to provide a full examination of the individual's physical and mental health. This is not to be carried out by telephone appointment only.</p> <p>21. GP practices to ensure that people with learning disabilities are offered an Annual Health Check and reminded as to when their Annual Health Check is due.</p>	<p>19. The guidance issued from Royal College of General Practice (RCGP) has a reference to allowing an hour for the Annual Learning Disability Health Check.</p> <p>20. The Annual Learning Disability Health Check covers areas such as: a physical check-up including weight, heart rate and blood pressure / discussions around staying well / asking about things that may be more common in someone with an LD, such as epilepsy, constipation or dysphagia / discussions around medicines being taken/ checking that vaccines are up to date etc.</p> <p>21. The Enhanced Commissioning Framework (ECF) 24/25 asks that GP practices ensure proactive follow up with people with an LD who do not engage with the annual health check process.</p> <p>For 23/24 the ICB overall achieved 83.7% of completed Learning Disability Annual Health Checks - this is well above the national target of 75%. Some aspirations for 24/25 include improving on the quality of health checks further, increasing the register size and delivery of health checks for 14-17 year olds.</p>	<p>In September 2024, there was an increase in Annual Health Check delivery across all areas compared to the previous year, with 531 more checks completed than in September 2023. • The register of patients with learning disabilities grew by 363 people • There was a notable increase in the 14–17-year-old group, with 66 more young people added to the register and 55 more checks completed compared to September 2023. Historically, fewer checks have been completed for this age group.</p>	ICB Primary Care, Integrated Commissioning team and general practice sites	

Experiences in West Essex of The Menopause and Perimenopause (October - December 2023)

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken 2024	Actions To Take Forward 2025	Owner	Comments/Progress Updates
Experiences in West Essex of The Menopause and Perimenopause (October - December 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Recommendation - - A review of the training provided for healthcare professionals, particularly within GP practices, on the menopause and perimenopause, with regular updates and refresher training. - The provision of a menopause 'specialist' within practices who women can access throughout their journey.	Menopause care is a core competency of all qualified GPs. RCGP develop and update training tools which are accessible to general practice. The ICB Training Hub hosted a Women's Health/Menopause webinar in August 2024, delivered by a GP based in Sawbridgeworth. This was recorded and is available on the ICB Training Hub website to watch. Also, there is Menopause Awareness eLearning available on elfh with useful resources for clinicians to access.	The ICB primary care workforce Training Hub team are exploring how this training can be delivered through Practice Time to Learn via PCNs and how some practices and PCN have done group consultations to support women through this pathway. Information to be sent to practices and womens' groups on learning and resources available around menopause.	ICB Training Hub team ICB communications team	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Recommendation - - Mandatory training for managers and ideally all staff, with 'workplace champion' schemes being implemented to facilitate discussions and support. This will achieve greater understanding of the menopause and its effects which is required in the workplace as the norm. - Implementation within the workplace of a robust menopause policy, including aspects such as flexible working and other reasonable adjustments.	We cannot recommend mandatory training as these are national contracts and will be determined at national level.	As part of the PCN training above, we will explore how there is a greater understanding of menopause and its effect which is required in the workplace as the norm. Learning from local NHS organisations and ICB support to be shared via Training Hub.	ICB Training Hub team	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Recommendation - - Clear and consistent information and education about symptoms and effects of the menopause to all health, care and wellbeing practitioners. - Additional professionals in healthcare settings who specialise in the menopause and have the time to discuss different options and pathways with women; including an openness to complimentary therapies, which many have found extremely beneficial.		Education as above via Training Hub Future development of clinical pathways in 26/27 for womens health as currently not a priority in the Medium Term financial plan.	ICB Training Hub team Associate Medical Director - ICB Medical Directorate	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Recommendation - - The inclusion of menopause and perimenopause in the national curriculum for all pupils to enable knowledge and understanding. - Steps to break the stigma of 'women's problems' being a taboo subject generally. High profile figures like Davina McCall have made some headway in this, but more educational pieces in the media would promote awareness across society.		To be raised with regional colleagues to influence national agenda - via Womens clinical network	TBC	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Recommendation - - More avenues of support for the perimenopausal, menopausal and postmenopausal, including support groups, specialist counselling and training and therapy opportunities. These should be offered in as many formats as possible to ensure inclusion, and not to exclude those who are not digitally connected.	Sharing best practice from PCNs and practices on how general practice and PCN have developed this for local communities.		Head of Place and Primary Care Transformation teams	

Let's Talk about the Menopause – published December 2023

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken 2024	Actions To Take Forward 2025	Owner	Comments/Progress Updates
Let's Talk about the Menopause – published December 2023	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Information 1. Providing information and resources (such as posters and leaflets) in GP practices and on GP practice websites, outlining the signs of the menopause and what support NHS healthcare providers can offer. Leaflets and posters could also be provided in pharmacies to extend the reach. 2. Signposting to local and national groups and charities supporting women during the menopause by providing information and resources in GP practices, pharmacies and on GP practice websites.	Ardens and DXS already have a range of information support available to practices that patients can be signposted to.	Sharing best practice as identified through places and how patients are supported through communications and social media including signposting through websites etc. Information to be sent to practices and womens' groups on learning and resources available around menopause.	ICB Communications team- Menopause awareness month - October	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Staff Training 3. Clinical staff should receive more training, information and education on the menopause. 4. Every GP practice should work towards having a healthcare professional who specialises in the menopause/women's health. 5. If a GP practice has a clinician who specialises in this area, this should be signposted to on the GP practice website and mentioned to patients requesting an appointment about menopausal symptoms.	The ICB Training Hub hosted a Women's Health/Menopause webinar in August 2024, delivered by a GP based in Sawbridgeworth. This was recorded and is available on our website to watch. Also, there is Menopause Awareness eLearning available on elfh with useful resources for clinicians to access. We cannot recommend mandatory training as these are national contracts and will be determined at national level.	As part of the PCN training, we will explore how there is a greater understanding of menopause and its effect which is required in the workplace as the norm. Learning from local NHS organisations and ICB support to be shared via Training Hub.	ICB Training Hub team	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Communication 6. Clinicians should assess women if they come in with symptoms of the menopause, no matter what age they are. 7. Clinicians should take young women seriously, offering them blood tests when they come in with menopause symptoms. 8. Clinicians should treat women going through the menopause with kindness, respect, and take their concerns and symptoms seriously. Clinicians should be particularly mindful when discussing potential menopausal symptoms with younger women.	Part of core contract but cannot mandate specificity. Currently practices follow RCGP and NICE guidelines as appropriate.		N/A	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Support These recommendations indicate what good practice looks like. However, we recognise the pressures and challenges healthcare providers, particularly GP practices are facing. 9. Clinicians should provide care that is personalised and specific to the individual. 10. Clinicians should take a more holistic approach to treating the menopause, taking into account the patient's physical, psychological and social needs. 11. Clinicians should provide a wider range of treatment options, enabling women to choose what medication and/or treatment is right for them. 12. Clinicians should signpost patients to local and national groups/charities supporting women during the perimenopause/menopause. 13. Clinicians should discuss the menopause at routine check-ups and NHS Health Checks.	Practices are following NICE guidelines		N/A	
	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Access 14. Continuing to improve telephone systems to reduce delays and waiting times. 15. Offering greater flexibility in contact hours and opening hours to account for people who work and/or have caring responsibilities. 16. Offering greater choice in appointment types to enable patients to get the support they want and need.	Roll out Cloud based telephony underway during 2024/5. National contract in relation to opening hours and access to Extended hours Choice of appointment available through implementation of Modern General Practice across all practices.	Further analysis of the practices who have some cloud based functionality and not all. However this is dependent on future funding.	Head of Primary Care Digital	

Healthwatch reports - recommendations / actions

Reports	Background / identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates	Update - December 2024
Access to GP Services for Children and Young People in West Essex - (published March 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate. From August to November 2022 the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex explore access to GP services with a specific focus on engaging with: »Parents, carers and children and young people. » Residents living in the Borough of Broxbourne, and residents living in Harlow and Uttlesford.	Appointment making: Telephone systems must be robust enough to cope with demand, and to ensure calls are not dropped. There should be clear messaging for those waiting, keeping them informed. Consideration should be given to implementing an options menu to choose an appointment for a child or young person. For example – 'Choose 3 if you want to make an appointment for a child under the age of 16'	All 35 PCNs in Herts and West Essex have an agreed Access Improvement Plan as outlined in the Primary Care Access Recovery Plan. Practices are implementing the areas of development and actions in the plan including some practices transitioning to Modern General Practice through: maximising the use of cloud base telephony (CBT) where in place and we are now working on prioritising the next tranche of practices who are not using a fully advanced CBT system. This work will be done with the locality teams to ensure alignment with wider programmes. In terms of triaging patients, in some surgeries in Hertfordshire and west Essex there is a move towards digital triage which helps surgeries to triage and allocate appointments appropriately, according to clinical need.	Prioritisation of next tranche of practices for CBT to be agreed - there are 28 practices to upgrade who are on an analogue system still.	Primary Care Directorate - place teams/ Head of Digital	Key milestones for CBT: July 2023 – March 2024 – deploy new systems (risk due to national procurement delay) October 2023 – March 2024 – Optimisation and integration of resource to maximise benefits July 2024 – March 2026 – ongoing monitoring and support January 2023 – September 2025 - Performance data and patient feedback show access improvement	The ICB received funding to upgrade a total of 34 practices to advanced Cloud Based Telephony – 100% of HWIE GP practices have now moved from analogue lines to a digital system. We will use national data on telephony to drive any benefits work and engage with those practices where there is still work to be done on utilising the full CBT functionality.
		Appointment making: Alternative options for how to book an appointment should be investigated, developed, and invested in. Those options should then be promoted as widely as possible, allowing people to book in a way that suits them. This in turn will take pressure of the telephone systems. Online booking is already established, but it appears to not be well known about. Alternatives such as through Apps, testing including WhatsApp and others, and social media should also be explored. The online and social media world has almost universal coverage within children and young people and as such it must be invested in.	Online and Video Consultation tools are already in place within practices, and these are now surfaced on the NHS APP. This means that patients can now launch an online consultation directly from the APP. Provided a practice has enabled all of the functionality, the NHS APP will enable their patients to book and manage appointments, order repeat prescriptions, view their GP health record and test results, and register organ donor preferences. The NHS APP also now enables practices to send batch messages and questionnaires to patients via push notification rather than via SMS. More functionality is coming online all the time including proxy access, accessing hospital and other healthcare appointments and viewing and managing care plans.	We will work with practices and system partners to optimise their interfaces with the NHS App so that any options for automation/integration are applied. We will be working on both patient facing communications (posters, social media, via PPGs) and also education sessions for practice staff so they can effectively support patients in the NHS App use. Work to take place with local authority and voluntary sector providers around running digital training on the NHS App in places such as libraries, practices and other accessible locations.	Primary Care Directorate - Head of Digital ICB communications team	Our local acute trusts are starting to move to patient portals that are accessible via the NHS App (Zesty, Netcall) and we are now starting to see the App being used for more and more tasks by patients. We are monitoring uptake and usage of the App monthly so we can target those practices where progress is not being made. Key milestones for NHS app; July – September 2023 - Develop public facing communications campaign – PARTIALLY COMPLETE October 2023 onwards – run campaign ongoing to support cultural change across population through all networks By September 2023 – develop a dashboard to monitor - COMPLETE January 2024 – December 2024 - Use Digital Leads and delivery partners to work with practices where uptake and benefits not seen January 2024 – June 2025 - Patients use NHS App and practices able to reinvest time saved back into face to face on need and patient experience and patient reported outcomes	Month on month increase in usage of the NHS App seen (with some seasonal dips consistent with previous years / the national trend) and currently have 62% (as of October 2024) of our eligible population registered with the NHS App. The communications and engagement and primary care digital team at the ICB have rolled out communications, in line with the national programme, to help practices inform patients of the benefits of the NHS App. This has included: * Website resources for patients and practices being created - using national material to ensure up-to-date. See NHS App page on public website: https://www.hertandwestessex.scb.nhs.uk/your-health-and-care/support/nhs-app/ * Patient facing – links to helpful videos on how to use the NHS App, leaflets on key features * Practice – resources such as posters, FAQs, media for use on waiting room screens * Posters have been sent to all Community Pharmacies and Dentists in HWIE to be displayed to continue to publicise NHS App * Attendance at many PPG meetings, community events, practice open days to provide information and support to patients in use of the NHS App * Continue awareness raising of App at primary care meetings also via PCN Digital and Transformation leads
		Appointment making: There should also be an option to walk into a surgery to make an appointment. This seems to have become overlooked by many surgeries.	Many practices have implemented a triage approach, however this should still be accessible via walk ins - it may however be that the patient has to be triaged by the receptionist face to face, rather than on the phone or online.	Monitoring of patient experience to take place via local patient surveys delivered at PCN level.	Primary Care Directorate - place teams	View to improve access by 31 March 2024 via Access Improvement Plans - Place teams at ICB to review outcomes of plans, including PCN surveys by July/ August 2024.	Much progress has been made by practices in implementing Modern General Practice (MGP), but it isn't necessarily a straightforward yes/no answer for many – some aspects may have been adopted, others still to progress. Primary Care teams are monitoring progress using key information sources, including Transition Cover applications, Capacity & Access improvement Payment (CAIP) declarations, but also nationally sourced data including Online Consultation rates, 111 calls in-hours, Telephony data when available. Primary Care Teams are evaluating for 24/25 year end, an audit of practice progress in implementing Modern General Practice (MGP), part of which is understanding the triage methodology in place. GP practices must provide channels for communication that are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency – this may be via digital routes, telephone, or by attending in person. Practices should ensure that any triage methodology does not discriminate and be especially mindful of potential digital exclusion.
		Practices are encouraged to promote the various ways that a patient can access their services. This has been supported by a national GP access campaign on digital and over the phone contacts. Online and Video Consultation tools are already in place within practices, and these are now surfaced on the NHS APP. This means that patients can now launch an online consultation directly from the APP, provided a practice has enabled all of the functionality. Data as outlined below showcases GP appointment data: Total Practice appointments in 2023 remain high following the same yearly trend seen over the past 4 years. The number of face to face appointments is higher than previous years and telephone appointments remaining high compared to pre covid. Appointment availability and options: While face to face appointments are still strongly preferred, the reality is that GPs and other surgery staff are very stretched. Confidence in alternative appointments needs to be developed and improved. There needs to be a consistency of approach and a best practice guide for all surgeries. Appointments need to be offered with relevant healthcare staff in whatever format is appropriate. If it can't be physically face to face then Zoom or other options should be considered, as well as telephone appointments, with the use of photos and even video investigated properly.	Many practices have implemented a triage approach, however this should still be accessible via walk ins - it may however be that the patient has to be triaged by the receptionist face to face, rather than on the phone or online.		Communications team Primary Care Directorate - Place teams	Year to date appointments (April-Sept) per 1,000 population represents a 9% increase vs pre-Covid (2019/20) & 31% increase vs Covid impacted period (2020/21) Year to date appointments are 3.5% up on the previous year Over 88% of appointments were within 14 days (for appointments where patients would normally want the first available appointment) On average 67% of appointments were face to face; 25% were telephone based Home visits have been steadily rising and are comparable to where they were pre-Covid. Online consultation rates have increased throughout 24/25, up to 90 per 1,000 population, per month. HWIE has one of the highest online consultation rate in England. Although noting there is significant variance between practices. This is to be expected especially as some practices utilise digital tools as their main triage process.	
	Appointment availability and options: Investing in more non-GP healthcare professionals will mean that appropriate care can still be delivered effectively, but the burden on GPs can be eased.	The NHSIE Delivery Plan for Recovering Access to Primary Care highlights the importance of supporting PCNs to use their full Additional Roles Reimbursement Scheme (ARRS) budget - this includes roles such as clinical pharmacists, paramedics, care co-ordinators and Mental Health Practitioners. Data the ICB holds show that there were approximately 660 ARRS posts in place across general practice in Hertfordshire and west Essex by end of Q2 2023, with a planned expansion of between approx 750-800 staff by end of 23/24 financial year.	ARRS funding to roll forward into 2024/25 - committed by NHSIE to support additional roles. PCNs continue to submit ARRS data 2 x a year ICB to continue to support PCNs to utilise ARRS funding to maximise additional staff Training Hub to continue to support staff with relevant training - e.g via PCN education teams	Primary Care Directorate - Place teams / Training Hub team (for primary care staff training needs) Contracts teams	Additional staff supported under the Additional Roles Reimbursement Scheme were c743 as at Oct-24, projected to increase to c780 by April-25. Includes 175 Clinical Pharmacists, 178 Care Co-ordinators, 79 Social Prescribing Link Workers, 41 First Contact Physios, 35 Physicians Associates, 32 Paramedics, 27 Health & Wellbeing Coaches, 36 Mental Health Practitioners. The HWIECB Training Hub team continue to promote training opportunities to practices and PCNs - information on training available can be found on the ICB Training Hub website: https://www.hwttraininghub.org.uk/training-and-development		

		<p>GP Surgery Resources:</p> <p>Children and young people, and especially their parents, often need reassurance that illness and injury isn't too serious. GP Surgeries should ensure they are well staffed with nurses, nurse practitioners and other qualified healthcare staff so they can take the burden away from GPs when appropriate.</p> <p>Simple prescriptions for antibiotics, or other drugs can be expedited quickly and efficiently, and parents can have the reassurance they need from a qualified healthcare professional.</p> <p>Being well staffed will also ensure that children and young people can pop into the surgery for assessment and treatment, rather than being directed to A&E.</p>	<p>The Healthier Together website for Hertfordshire and west Essex (https://www.hwehealthiertogether.nhs.uk/) is a resource for parents to understand more about common childhood illnesses and give them the confidence to be able to manage these themselves. It also flags what symptoms are cause for concern, when to call 111 and when to see GP. Promotion of this site is increasing and a new project manager is in place to improve the content on the website and review current pages.</p> <p>The NHS Delivery Plan for Recovering Access to Primary Care highlights the importance of supporting PCNs to use their full ARRS budget - this includes roles such as clinical pharmacists, paramedics, care co-ordinators and Mental Health Practitioners. Data the ICB holds show that there were approx 660 posts in place across general practice in HWE by end of Q2 2023, with a planned expansion of between approx 750-800 staff by end of 23/24 financial year.</p>	<p>Work taking place to improve content of HWE Healthier Together website and review current pages.</p>	ICB Communications Team	Primary Care Place teams	<p>•As new pages are developed the comms team review and provide advice on changes to improve the accessibility of the information.</p> <p>•CYP team have had additional training from the comms team on writing for the web and on Google Analytics to improve the ability to track hits to the website and deliver campaign work.</p> <p>•Improvements have been made to existing pages as and when they were the focus of particular information campaigns such as on MMR vaccines or asthma.</p> <p>•Seasonal pages are developed by CYP team, reviewed by comms and then a newsletter and comms toolkit is delivered to encourage stakeholders to share the pages and the public to access them.</p> <p>ARRS update - as above</p>
		<p>Adapting and moving forwards:</p> <p>Children and young people often have more pressing needs for immediate assessment and treatment, whether it's period pains, broken limbs or colds and flu. Parents and loved ones have high levels of concern, and the children themselves can find it more difficult to deal with and process illness and injury.</p> <p>GP surgeries need to find a way to prioritise this demographic and make use of technologies to ensure they can get through, get seen and get treatment.</p> <p>Surgeries should be flexible and adapt to the requirements of children and young people, offering a 'healthcare centre' style approach, where there is a mix of professionals and specialists who are not necessarily GPs, but can offer GP services where appropriate.</p>	<p>As above, the Healthier Together website for Hertfordshire and west Essex is a resource that parents can use to understand more about common childhood illnesses , how to self manage where appropriate, and when to seek further support. As part of ensuring patients are supported in the best way, practice teams may direct patients to the website if appropriate. Patients may also be referred to be treated by their local pharmacist through the Community Pharmacist Consultation Scheme (CPCS) if appropriate, for minor illnesses.</p> <p>Enhanced Access is in place within each PCN offering appointments which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route.</p> <p>In terms of triaging patients, in some surgeries in Hertfordshire and west Essex there is a move towards digital triage which helps surgeries to triage and allocate appointments appropriately, according to clinical need.</p> <p>Surgeries and PCNs have a mix of professionals supporting patients including GPs, practice nurses, clinical pharmacists, paramedics and care co-ordinators.</p>		ICB Communications Team	Primary Care Directorate - place teams	<p>Update as above</p>
		<p>Adapting and moving forwards:</p> <p>GP Surgeries need to offer a holistic primary healthcare system and educate children and young people away from thinking they have to see a GP face to face at all costs, moving them towards an understanding that there are many ways to get the right treatment at the right time and from the right person.</p>	<p>An ICB led Youth Council is now in place to hear from children and young people. The aim of creating it is to amplify the voices of CYP whilst supporting them to lead change within the health care sector.</p> <p>A recent project was launched across Hertfordshire and West Essex to implement a Asthma Friendly Schools programme - a GP and asthma nurse have been training nominated 'asthma champions' within schools to better support children with asthma during school hours as appropriate.</p>	<p>The youth council held its first meeting on 26th September 2023 via Teams. Two ICS partners came along to collaborate with the young people on the following workstreams:</p> <p>•GP Patients Association: What is the best way for GP surgeries to communicate and engage with young people.</p> <p>•CYP Mental Health Service - Digital Portal Development Workshop: Interactive feedback with website developers on the creation of the new Hertfordshire CYP Mental Health Service website, due to launch in 2024.</p> <p>Action from the meeting:</p> <p>•The ICB youth ambassadors have agreed to co-produce a video project with the Patients Association that can be shared across PCN's and wider platforms to improve CYP's experience when visiting GP surgeries. This project will be completed in December 2023 and the video's will be shared across PCNs.</p> <p>Additionally, Youth Council meetings have been now scheduled to July 2024 and will be collaborating with various workstreams and partners across the ICS.</p>	Children and Young People (CYP) Participation Lead for Herts and West Essex	<p>On 13th September 2023 an In-person induction with the youth ambassadors based in Hertfordshire was held, and on 14th September 2023 for the youth ambassadors based in West Essex. The youth ambassadors were invited with their parents and carers to the ICB offices, so we could meet in person before our first youth council meeting.</p> <p>The youth council held its first meeting on 26th September 2023 via Teams. Two ICS partners came along to collaborate with the young people on the following workstreams:</p> <p>•GP Patients Association: What is the best way for GP surgeries to communicate and engage with young people.</p> <p>•CYP Mental Health Service - Digital Portal Development Workshop: Interactive feedback with website developers on the creation of the new Hertfordshire CYP Mental Health Service website, due to launch in 2024.</p> <p>Action from the meeting:</p> <p>•The ICB youth ambassadors have agreed to co-produce a video project with the Patients Association that can be shared across PCN's and wider platforms to improve CYP's experience when visiting GP surgeries. This project will be completed in December 2023 and the video's will be shared across PCNs.</p> <p>Additionally, Youth Council meetings have been now scheduled to July 2024 and will be collaborating with various workstreams and partners across the ICS.</p>	<p>The ICB's Youth Council has now begun its second year, gathering the voices of young people to help improve their experiences of using local services.</p> <p>The youth council, made up of 12 to 19 year olds, has been offering an important insight and providing valuable first hand insight into the needs and concerns of children, teenagers, and young people when it comes to healthcare issues.</p> <p>In their first year the youth ambassadors contributed helpful insights into a number of projects and topics including working with the Patients Association to create short videos aimed at improving young people's experiences at GP surgeries: https://www.youtube.com/watch?v=7D0GK9e4d</p> <p>They also made suggestions on how the NHS could promote the NHS App to young people and worked with the ICB to produce a number of web pages for young people on the Healthier Together website, including one of the topic of vaping:https://www.hwehealthiertogether.nhs.uk/health-for-young-people/growing</p>
<p>Accessing GP Services: Views from Broxbourne Patients (Published March 2023)</p>	<p>Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.</p> <p>From August to November 2022 the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex explore access to GP services with a specific focus on engaging with: •Parents, carers and children and young people. • Residents living in the Borough of Broxbourne, and residents living in Harlow and Uttlesford.</p>	<p>Improving access to GP services would instil greater confidence in patients. This could be achieved through:</p> <p>1. Enabling a variety of access routes, including the use of online services and visiting the GP practice in person, to accompany all needs and preferences.</p> <p>2. Continuing to improve telephone systems to reduce delays and waiting times for patients.</p> <p>3. Greater flexibility in contact hours and opening times to account for school hours, work, and caring responsibilities.</p>	<p>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.</p> <p>6 out of the 8 practices across Broxbourne Alliance & Lea Valley Health PCN are on Cloud Based Telephony (CBT) systems, the remaining 2 are on the critical list to move as soon as the procurement is completed and roll out commences in 2023. This will mean that all GP Practices will have updated phone systems with call back function and will be able to access and review capacity and demand data in order to further improve patient experience. All GP practices within Hoddesdon & Broxbourne PCN have CBT systems installed</p> <p>Each PCN offers appointments via Enhanced Access which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route.</p>	<p>Engagement events with carers in Hertfordshire and West Essex are being arranged for early 2024 with the intention to review what is working well, challenges and possible adjustments access and services that would help further support them.</p>	Primary Care Directorate - place team	<p>Key milestones for NHS app:</p> <p>July – September 2023 – Develop public facing communications campaign – PARTIALLY COMPLETE</p> <p>October 2023 onwards – run campaign ongoing to support cultural change across population through all networks</p> <p>By September 2023 – develop a dashboard to monitor - COMPLETE</p> <p>January 2024 – December 2024 - Use Digital Leads and delivery partners to work with practices where uptake and benefits not seen</p> <p>January 2024 – June 2025 - Patients use NHS App and practices able to reinvest time saved back into face to face on need and patient experience and patient reported outcomes</p> <p>Key milestones for CBT:</p> <p>July 2023 – March 2024 – deploy new systems (risk due to national procurement delay)</p> <p>October 2023 – March 2024 – Optimisation and integration of resources to maximise benefits</p> <p>July 2024 – March 2026 – ongoing monitoring and support</p> <p>January 2023 – September 2025 - Performance data and patient feedback show access improvement</p>	<p>Engagement with Carers:</p> <p>HWEICB worked with system partners to hold engagement events with unpaid carers across Hertfordshire and West Essex in 2024. Alongside Carers in Hertfordshire, three engagement events with carers across Hertfordshire took place in the Spring – two face to face, and one online event – approximately 50 carers attended overall.</p> <p>Two engagement events with carers in west Essex took place in August – the ICB worked with Healthwatch Essex, Action for Family Carers and Essex County Council to plan and deliver these workshops and approximately 16 carers attended in total.</p> <p>The workshops were established in response to feedback that had been received by the ICB from the Hertfordshire Carers Co-production Board, where concerns were raised around the variance between practices when it comes to access and support that carers receive from their GP practice. These events were set up so that the ICB could hear directly from carers about their experiences with general practice, so that we could learn and then share best practice out to general practice that we hope will help to support positive change.</p> <p>Feedback gathered at the events is now being shared out widely with Hertfordshire and West Essex general practice sites via relevant meetings and communications channels.</p> <p>The ICB will arrange a further meeting with carers, in approximately 6 months, to feedback on changes made following this engagement.</p>
		<p>Making appointments more readily available is important, particularly for children and young people and vulnerable groups. This could include:</p> <p>4. Appointments that are bookable in advance, especially if the concern is either routine or non-urgent.</p> <p>5. Reviewing and addressing waiting times for appointments, with particular consideration given to:</p> <ul style="list-style-type: none">• Children and young people• Those with a disability, complex needs, or a long-term condition• Those with ill mental health	<p>All practices are undergoing changes to adopt a modern style to general practice approach. Broxbourne Alliance PCN is currently on the Modern General Practice programme supported by NHS England. A further 2 GP Practices are also signed up to the programme with others being supported to join future phased roll out over the next 12-18 months. This programme provides direct support to the PCN and GP Practices to assist in reviewing processes and help guide improvements around access and patient experience.</p> <p>Modern General Practice is being put in place to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.</p>	<p>Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.</p>	Primary Care Directorate - ENH place team	<p>Much progress has been made by practices in implementing Modern General Practice (MGP), but it isn't necessarily a straightforward yes/no answer for many – some aspects may have been adopted, others still to progress. Primary Care teams are monitoring progress using key information sources, including Transition Cover applications, Capacity & Access Improvement Payment (CAIP) declarations, but also nationally sourced data including Online Consultation rates, 111 calls in-hours, Telephone data when available.</p> <p>Primary Care Teams are collating for 24/25 year end an audit of practice progress in implementing Modern General Practice (MGP), part of which is understanding the triage methodology in place.</p>	

		<p>Providing greater choice when offering appointments would improve the quality of care received. This could include:</p> <p>6. Being mindful of work and caring responsibilities, as well as school hours, when offering appointments.</p> <p>7. Providing more choice when offering appointments to patients, with a particular focus on offering more face to face appointments where possible. Specific consideration and greater choice should be given to:</p> <ul style="list-style-type: none">• Children and young people• Those with a disability, complex needs, or a long-term condition• Those with ill mental health <p>8. The ICB working with Primary Care Networks and GP practices to identify ways of ensuring there is greater choice for patients.</p>	<p>Each PCN offers appointments via Enhanced Access which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route.</p> <p>Modern General Practice is being implemented across general practices in HWI - this is being put in place to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.</p>	<p>Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.</p>	<p>Primary Care Directorate - place teams</p>		<p>Update as above</p>
		<p>Providing high quality of care would ensure all patients feel respected and heard. This could include:</p> <p>9. Listening to and respecting the concerns of all patients, particularly parents and carers, to prevent misdiagnosis and/or mistreatment</p> <p>10. Providing thorough assessments and high quality care to all patients, at all times.</p> <p>11. Healthcare professionals and reception staff treating all patients with respect. This should be monitored to ensure staff are not dismissing concerns, or judging patients for making contact. Reminders and refresher training should also be considered.</p> <p>12. Delivering Customer Care training for GP receptionists to improve their customer service and communication skills</p>	<p>A large number of training courses are available for primary care staff, both clinical and non-clinical, through our ICB Training Hub - these range from training about specific topics (e.g focus on assessment of children for GPs) through to development of front of house skills for reception staff - including care navigation training, customer service skills and medical terminology. These are actively promoted to primary care via the Training Team and all courses are available to view/book on our Training Hub website: https://www.hwetraininghub.org.uk/training-and-development</p> <p>Protected Time to Learn events take place every month (with the exception of August and December) and are designed to meet the specific training needs of practices and PCNs (for both clinical and non clinical staff).</p> <p>There is also funding available for PCN specific training needs - the HWI Training Hub have set aside some funding for each PCN to use against training that is personal to their PCN needs - therefore if there is a specialist need specific to a PCN then the Training Hub can work with the PCN on that and support them to find courses suited to their needs.</p>	<p>Ongoing promotion of training to continue.</p> <p>PCN to work alongside Training Hub who will help to support and develop any training needs</p> <p>The now well established PCN training teams can also work closely with PCN staff to address any specific training needs that may arise.</p>	<p>Primary Care Directorate - Training Hub Team</p>		<p>PCN Training Teams funding ended on 30 September 2024 with further funding not currently available due to financial constraints. Feedback received about the roles when they were in place was positive.</p> <p>The HWI/ICB Training Hub team continue to promote training opportunities to practices and PCNs - information on training available can be found on the ICB Training Hub website: https://www.hwetraininghub.org.uk/training-and-development</p>
		<p>GP practices should offer greater information and support, particularly in regards to the use of online services</p> <p>13. Continuing to encourage patients, particularly parents and carers and vulnerable groups, to contact their GP practice if they have concerns about their health.</p> <p>14. Enabling online access for patients if this function is not already available.</p> <p>15. Continuing to increase awareness amongst patients on how they can access online services and encourage or support them to register. The ICB should encourage GP practices to work with other healthcare professionals, Hertfordshire County Council and the Voluntary, Community, Faith and Social Enterprise (VCSE) sector to raise the profile and benefits of using online services.</p> <p>16. Enabling all patients full access to the functions available via online services, including:</p> <ul style="list-style-type: none">• Booking appointments• Test results• Prescriptions• Medical records <p>17. By 1st November 2022 all GP practices should have updated their organisation settings for online services in order to be able to provide record access to patients - whether this be via the NHS App, TPP or EMIS systems. The ICB should look to review and monitor whether improvements have been made.</p>	<p>The public are regularly encouraged to attend their local practice for various health needs when appropriate. Regular communications campaigns about symptoms or signs to look out for are pushed locally.</p> <p>Each of the PCNs have an approved access recovery plan which focuses on reviewing and updating their websites and a focus on improving messaging on Online Booking and Video consultations.</p> <p>The NHS App rollout is promoted across a variety of channels, as more services come online these are promoted and toolkits are provided to practices to use. Digital Inclusion - The ICB will work with partner organisations, such as local authorities and VCSE organisations, who have programmes specifically aimed at either helping people become digitally skilled or can help with equipment or access to the internet. We will look to create a resource hub for primary care that will allow them to signpost patients to appropriate services by June 2024. We have established projects underway in both Hertfordshire and West Essex to help address digital exclusion, working with VCSE partners to provide equipment with which to access online services and guidance on how to use it.</p> <p>The NHS app will enable patients to book and manage appointments, order repeat prescriptions, view their GP health record and test results where enabled. More functionality is coming online all the time including group access, accessing hospital and other healthcare appointments and viewing and managing care plans.</p> <p>The date for patient access to records was pushed back to 1 November 2023 - this continues to be rolled out nationally, support has been provided locally to practices - technical (patient record systems) and information governance guidance, since this programme was first announced.</p>	<p>Ensure all system partners are aware of the Modern General Practice programme - to discuss via Integrated Neighbourhood Teams / promoted via comms.</p>	<p>ICB communications Team</p> <p>Primary Care Place teams</p> <p>Head of Primary Care Digital</p> <p>Primary Care Contracts team</p>	<p>Significant support and guidance has been provided to all practices with the patient access to records initiative, in order to help practices make this available safely and within the latest specified timeline. This includes an education event on data security delivered by one of the ICB Primary Medical Partners in November.</p>	<p>All practice allow online repeat prescription ordering via the NHS App or the practice website.</p> <p>Creation of Digital Skills page on ICS website signposting people to services that can help people with digital skills</p> <p>Re Patient access to records - Support has been provided locally to practices - technical (patient record systems) and information governance guidance, since this programme was first announced.</p> <p>The ICB continues to work with practices and all practices are configured to allow access - the ICB continue to monitor data and support practices where:</p> <ul style="list-style-type: none">* The practice has more than 10% of patients opted-out as it is expected that opt-outs will constitute a minority of patients.* The practice has less than 90% of online accounts with full prospective access enabled. Over 60% of practices have reached the 90% patient access level, with the vast majority (83%) at least at the 80% level <p>The support provided includes sign posting to resources to assist practices and request for information to support >10% opt outs and actions planned to increase the number of online accounts with full prospective access. Support from the Clinical Digital Leads is planned to engage with the small proportion of practices still to fully progress.</p>
<p>Accessing GP Services in Harlow and Uttlesford, West Essex (published March 2023)</p>	<p>Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.</p> <p>From August to November 2022 the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex explore access to GP services with a specific focus on engaging with: •Parents, carers and children and young people. • Residents living in the Borough of Braintree, and residents living in Harlow and Uttlesford.</p>	<p>Difficulties with the booking system:</p> <p>•Greater flexibility regarding accessing appointments - not restricting the time when patients can phone for one.</p> <p>•Being aware that not everyone has access/skills to use digital formats.</p> <p>•Easier ability to book future appointments for medicine reviews, blood tests, routine screening etc.</p>	<p>Modern General Practice is being implemented across general practices in HWI - this is being put in place to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.</p> <p>The ICB will work with partner organisations, such as local authorities and VCSE organisations, who have programmes specifically aimed at either helping people become digitally skilled or can help with equipment or access to the internet. We will look to create a resource hub for primary care that will allow them to signpost patients to appropriate services by June 2024.</p> <p>The NHS app will enable patients to book and manage appointments, order repeat prescriptions, view their GP health record and test results where enabled. More functionality is coming online all the time including group access, accessing hospital and other healthcare appointments and viewing and managing care plans.</p>	<p>Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.</p>	<p>Primary Care Directorate - place teams</p>		<p>A 'Digital Skills Support Hub', that offers a variety of support options to help residents get online (most resources within the hub site are free or low-cost) was launched in November 2024 and can be found via the following website: https://www.hertsdanwestessex.ics.nhs.uk/your-health-and-care/support/digital-skills-support-hub/hh-hertfordshire-at-home-support</p> <p>Much progress has been made by practices in implementing Modern General Practice (MGP), but it isn't necessarily a straightforward yes/no answer for many - some aspects may have been adopted, others still to progress. Primary Care teams are monitoring progress using key information sources, including Transition Cover applications, Capacity & Access Improvement Payment (CAIP) declarations, but also nationally sourced data including Online Consultation rates, 111 calls in-hours, Telephony data when available.</p> <p>Primary Care Teams are collating for 24/25 year end, an audit of practice progress in implementing Modern General Practice (MGP), part of which is understanding the triage methodology in place.</p> <p>GP practices must provide channels for communication that are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency - this may be via digital routes, telephone, or by attending in person. Practices should ensure that any triage methodology does not discriminate and be especially mindful of potential digital exclusion.</p>
		<p>Lack of available/prompt/appropriate appointments:</p> <p>•Improved triage systems so patients are directed to the right clinician for their needs the first time.</p> <p>•Expand opening hours to offer more flexibility for patients who work/have caring responsibilities etc.</p> <p>• Increase the diversity of clinical skills for available staff in practices.</p> <p>* GP Care Advisor roles in each practice who can assist with non-medical issues benefit advice, basic memory assessments, referrals to other agencies etc.</p>	<p>Modern General Practice is being implemented across general practices in HWI - this is being put in place to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.</p> <p>Enhanced Access - each PCN offers appointments via Enhanced Access which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route.</p> <p>The NHSX Delivery Plan for Recovering Access to Primary Care highlights the importance of supporting PCNs to use their full ARRS budget - this includes roles such as clinical pharmacists, paramedics, care co-ordinators and Mental Health Practitioners. Data the ICB holds show that there were approx 660 posts in place across general practice in HWI by end of Q2 2023, with a planned expansion of between approx 750-800 staff by end of 23/24 financial year.</p> <p>Roles such as Care Navigators and Social Prescribers are in place across practices in Herts and west Essex and are able to support patients with non-medical issues.</p>	<p>Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.</p>	<p>Primary Care Directorate - place teams / contracts</p>		<p>Much progress has been made by practices in implementing Modern General Practice (MGP), but it isn't necessarily a straightforward yes/no answer for many - some aspects may have been adopted, others still to progress. Primary Care teams are monitoring progress using key information sources, including Transition Cover applications, Capacity & Access Improvement Payment (CAIP) declarations, but also nationally sourced data including Online Consultation rates, 111 calls in-hours, Telephony data when available.</p> <p>Primary Care Teams are collating for 24/25 year end, an audit of practice progress in implementing Modern General Practice (MGP), part of which is understanding the triage methodology in place.</p> <p>Additional staff supported under the Additional Roles Reimbursement Scheme were c143 as at Oct-24, projected to increase to c780 by April-25. Includes 175 Clinical Pharmacists, 178 Care Co-ordinators, 79 Social Prescribing Link Workers, 43 First Contact Physios, 35 Physicians Associates, 32 Paramedics, 27 Health & Wellbeing Coaches, 26 Mental Health Practitioners.</p>

		<p>Disatisfaction with the quality of service offered:</p> <ul style="list-style-type: none">* Improved training for frontline reception staff-communication skills, awareness of various conditions-action, dementia, mental health, stroke, trauma etc.* Making sure future services meet the needs of the expanding population.* Increasing the number of face-to-face appointments available.	<p>A large number of training courses are available for primary care staff, both clinical and non-clinical, through our ICB Training Hub - these range from training about specific topics (e.g focus on assessment of children for GPs) through to development of front of house skills, for reception staff - including care navigation training, customer service skills and medical terminology. These are actively promoted to primary care via the Training Team and all courses are available to view/ book on our Training Hub website: https://www.hwetraininghub.org.uk/training-and-development</p> <p>Protected Time to Learn events take place every month (with the exception of August and December) and are designed to meet the specific training needs of practices and PCNs (for both clinical and non clinical staff).</p> <p>There is also funding available for PCN specific training needs - the HWS Training Hub have set aside some funding for each PCN to use against training that is personal to their PCN needs - therefore if there is a specialist need specific to a PCN then the Training Hub can work with the PCN on that and support them to find courses suited to their needs.</p> <p>PCNs are using Population Health Management (PHM) data to ensure services meet the needs of the local population - alongside working against Health Inequalities</p> <p>Data shows that the number of face to face appointments is higher than previous years and telephone appointments remaining high compared to pre covid.</p>	<p>Ongoing promotion of training to continue.</p> <p>PCN to work alongside Training Hub who will help to support and develop any training needs</p> <p>The now well established PCN training teams can also work closely with PCN staff to address any specific training needs that may arise. The training teams will also further support in the design of core competency frameworks and standards for non-medical healthcare professionals, enabling new roles in healthcare to have the maximum impact on increasing access and improving patient care.</p> <p>Development of Oliver McGowan training suitable for Primary Care taking place</p>	Primary Care Training Hub Team	<p>PCN Training Teams funding ended on 30 September 2024 with further funding not currently available due to financial constraints. Feedback received about the roles when they were in place was positive.</p> <p>The HWECB Training Hub team continue to promote training opportunities to practices and PCNs - information on training available can be found on the ICB Training Hub website: https://www.hwetraininghub.org.uk/training-and-development</p>
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Report	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To discuss further / take forward if agreed	Owner	Comments/Progress Updates	Update - December 2024
Experiences of Community Pharmacies in West Essex (November 2022 - February 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	•Promoting the use of the NHS App to order repeat prescriptions.	<ul style="list-style-type: none"> •The NHS app allows patients to launch an online consultation directly from the NHS app and provided a practice has enabled all of the functionality, the NHS app will enable patients to order repeat prescriptions, amongst other functions including booking and managing GP appointments, viewing their GP health record and test results, and registering organ donor preferences. •The ICB's Pharmacy and Medicines Optimisation Team are promoting the NHS app use to reduce medicines waste as it empowers patients to take control of their medicines ordering easily. 	<ul style="list-style-type: none"> •Continued promotion of NHS app. <p><i>Expected to action by: ongoing</i></p>	Head of Primary Care Digital		<p>There has been a month on month increase in the usage of the NHS App seen (with some seasonal dips consistent with previous years / the national trend) and currently have 62% (as of October 2024) of our eligible population registered with the NHS App.</p> <p>The communications and engagement and primary care digital teams at the ICB have rolled out communications, in line with the national programme, to help practices inform patients of the benefits of the NHS App. This has included:</p> <ul style="list-style-type: none"> * Website resources for patients and practices being created - using national material to ensure up-to-date. See NHS App page on public website: https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/support/nhs-app/ * Patient facing – links to helpful videos on how to use the NHS App, leaflets on key features * Practice – resources such as posters, FAQs, media for use on waiting room screens * Posters have been sent to all Community Pharmacies and Dentists in HWE to be displayed to continue to publicise NHS App * Attendance at many PPG meetings, community events, practice open days to provide information and support to patients in use of the NHS App * Continue awareness raising of App at primary care meetings also via PCN Digital and Transformation leads
		•Promoting the services that pharmacists can offer outside of medications and prescriptions.	<ul style="list-style-type: none"> •Some pharmacies do display the services they offer on the shop floor • The ICB have a CP dashboard that is shared with practices 	<ul style="list-style-type: none"> •Promote how patients can find out what their local pharmacies provide (e.g. within comms campaign) which is publicly available: <p>Go to: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy Then enter town, city of post code > click on local pharmacy from list > select 'treatments and services' (this will tell you which additional services the pharmacy provide and which are private etc)</p> <ul style="list-style-type: none"> •ICB to remind CPs to keep their NHS profile up to date so public can find out about their services online •Share where they can download leaflets for NMS, hypertension etc. <p><i>Expected to action by: March 2025.</i></p>	ICB Community Pharmacy Clinical Lead ICB Communications team	<p>Measurable outcomes:</p> <p>Healthwatch survey – repeat</p> <p>Review evaluation of CP PCN Integration leads.</p>	<p>HWE ICB recruited CP PCN Integration Leads to work two days a month (with the exception of August and December) across all PCNs in HWE until June 2024. Hertfordshire and West Essex recruited a Lead for every PCN area. Integration Leads logged 2,562 activities during the year. Leads trained practices to make referrals to pharmacies, made sure that pharmacy was a regular item on PCN meeting agendas and set up WhatsApp groups so stakeholders could discuss issues like medication stock shortages. After Pharmacy First was launched on 31 January 2024, a greater number of activities focused on implementing these services. Pharmacy First is a national programme enabling community pharmacists to treat seven common health conditions: earache, infected insect bites, a bacterial skin infection called impetigo, sinusitis, sore throat, shingles and uncomplicated urinary tract infections in women. This includes supplying prescription-only medicines to patients on the NHS, without needing to visit a GP. The evaluation report highlighted useful recommendations that have already been implemented within HWE ICB. A new recruitment process was undertaken for CP PCN Engagement Leads across HWE. The HWE posts were advertised with an updated role description for the Lead posts for recruitment across system and interviews were completed in July 2024. A revised model for the PCN Engagement leads was rolled out with recruitment of 16 leads, to align with Integrated Neighbourhood Teams and localities within HWE, starting in post on 30 September 2024. The leads are promoting pharmacy services to patients and stakeholders in addition to building strong relationships with and between community pharmacies and general practice in the local area empowering them to deliver the agreed vision on a way of working. They also support and share best practice to ensure consistency of local service delivery.</p>
		•Offering training sessions to pharmacy staff to develop customer service skills and recognising that certain customers may need extra assistance e.g. those with dementia, neurodiversity, deaf/blind, disabled, etc.	<ul style="list-style-type: none"> • NHS England translation services are already available where required - e.g BSL/ Braille etc. 	<ul style="list-style-type: none"> • Discussions to take place with ICB training hub regarding pharmacy training needs. <p><i>Expected to action by: ongoing</i></p>	Head of Primary Care Workforce Development	<p>Measurable outcomes:</p> <p>Awareness of pharmacy staff knowing how to access translation courses</p> <p>How many pharmacy staff attend future courses.</p>	<p>HWE ICB provided approximately 250 training places to local community pharmacies covering otoscope use and all 7 associated clinical pathways during January and February 2024 via HWE ICB Training Hub. The ICB continue to review progress with a substantive programme for pharmacy, Optom and dental (POD), in the absence of any additional funding for this purpose, however have provided training that has been aligned with specific initiatives such as blood pressure training, and Pharmacy First training. HWE ICB held Pharmacy First webinars which took place in September 2024 regarding EMIS and SystmOne training for Pharmacy First & recordings are available on our training hub website. Interpreting and translation services are available for community pharmacies to access on behalf of patients to assist with NHS appointments and are funded by HWE ICB: 1) DALS for spoken languages- https://dals.co.uk/ 2) Language Empire for non-spoken languages: https://www.language-empire.net/site/index.html</p>
		•Supporting communities to ensure future services meet the needs of expanding population.	<ul style="list-style-type: none"> • Pharmaceutical Needs Assessment (PNA) predicts future population and whether there is enough pharmaceutical need within an area. 	<ul style="list-style-type: none"> • The government requires every health and wellbeing board to produce an assessment of pharmaceutical services in its area every three years. <p><i>Expected to action by: Last Pharmaceutical Needs Assessment (PNA) took place in 2022 - PNAs taken place every 3 years.</i></p>	Health and Wellbeing Board	<p>Measurable outcomes:</p> <p>Review PNA</p>	<p>There is currently a Essex PNA Steering Group in place to review</p>
		•Increasing awareness and accessibility of pharmacy services to difficult to reach residents - the travelling community, older people, carers, neurodiverse, etc.	<ul style="list-style-type: none"> • Work already takes place to promote services available within pharmacies to all residents. 	<ul style="list-style-type: none"> • Ensure that all comms re pharmacies also reaches those who may be hard to reach. <p><i>Expected to action by: ongoing</i></p>	ICB Communications team	<p>Measurable outcomes:</p> <p>Consider repeating Healthwatch survey in future.</p>	<p>There currently has not yet been a follow-up Healthwatch survey for community pharmacy undertaken.</p>

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To note/ discuss further / take forward if agreed	Owner	Comments/Progress Updates	Update - December 2024
Views on Community Pharmacies (published September 2023) - Healthwatch Hertfordshire	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Expertise of Pharmacies 1. Promote the expertise, knowledge and qualifications of pharmacists to educate and reassure the public, and to prevent misconceptions	<ul style="list-style-type: none"> NHS England have produced EOE YouTube video to promote CPs and associated skillset ICB communications team have sent out social media campaign regarding the local community pharmacy UTI service and national hypertension casefinding service. The ICB communications team have also developed a strategic comms plan re Pharmacy First that will highlight the skills of community pharmacists. 	<ul style="list-style-type: none"> Provide resources to local pharmacy teams to further promote their work – CPs could also share social media campaigns through their own platforms GP reception teams and practices to promote expertise of pharmacy teams in a positive light <p><i>Expected to action by: December 2024</i></p>	ICB Communications team	<p>Measurable outcomes:</p> <p>Healthwatch could complete a follow-up survey to establish whether perceptions have changed following actions by ICB</p> <p>Monitoring how many views a video has received could be an option</p> <p>There could be a survey with CPs to ask for their views on whether public perception has changed or patients are coming to them more</p> <p>Survey with GP practices to obtain their opinion on any change in misconceptions etc</p>	HWE ICB has an ongoing 2024/25 strategic focus and ICB clinical priority (number 5) on cardiovascular disease; this includes our current wider development of hypertension case-finding in pharmacy, acute and community health services, and our recently launched 'Invincible feeling, invisible danger' communications campaign: https://www.hertandwestessex.icb.nhs.uk/your-health-and-care/stay-well/high-blood-pressure/ . This ICB website encourages people to find a local pharmacy which offers blood pressure checks for eligible individuals.
		Awareness of Services 2. Promote the essential services pharmacies offer, with a particular focus on advertising: o Discharge medicines services o Promotion of healthy lifestyles o Signposting to other sources of health and social care o Support for self-care	<ul style="list-style-type: none"> Some pharmacies already display on the shop floor the services they provide 	<ul style="list-style-type: none"> Update community pharmacy page on HWE website We could include this in the ICB newsletter ('ICB update') which also goes out to patients/public We could link in with PPG network to promote too Provide CPs with promotional material e.g. posters sent to CPs for consistent approach ICB to work with public health regarding healthy living promotion etc HWE Trusts to increase referrals to CPs and ICB to support Trust to understand how Discharge Medicines Service (DMS) is making an effort and supporting with IT <p><i>Expected to action by: September 2024</i></p>	<p>ICB Communications team</p> <p>ICB Pharmacy Medicines Optimisation Team (PMOT)</p> <p>Place Primary Care Teams</p>	<p>Measurable outcomes:</p> <p>Healthwatch survey can be carried out again in 12 months to determine whether public awareness improved.</p> <p>Noted it is challenging to measure 'awareness' of public.</p> <p>Monitor number of referrals from NHS Trusts to community pharmacies for DMS and number of completed referrals.</p>	According to the national DMS monthly report, Hertfordshire and West Essex are the top performing ICS across East of England. From June to August 2024 inclusive, Princess Alexandra Hospital NHS Trust made 1791 DMS referrals to community pharmacies. East & North Hertfordshire NHS trust made 1093 referrals and west Hertfordshire teaching hospitals NHS trust made 219 DMS referrals to community pharmacies.
		Accessibility 3. Review accessibility and communication – for example, opening hours, medication delivery availability and text reminder services. 4. Review procedures and staffing deployment with a view to improving queuing, delays and waiting times.	<ul style="list-style-type: none"> Contracting team hold a list of pharmacy opening hours. 	<ul style="list-style-type: none"> To note - text reminder services may be costly and require funding/resources e.g. Accufx high cost for acquisition and CPs may require financial support to implement this so will need to be investigated further. Recent regulation changes regarding pharmacy opening hours mean that some 100-hr pharmacies have now reduced hours so less opening times Pharmacies would need to establish whether they have resource (e.g. driver or staff) to go out and deliver and if this free or chargeable service to patients e.g. housebound - will need to be investigated further Most of public generally access during the day so will increasing hours support with queuing (e.g. influx of people at lunch time or 5pm) ? CPs can no longer resource longer opening hours and ICB has little influence over national contract ICB to review PNA with Herts Health and Wellbeing board and consider rotas for evening/weekend hours where needed Home Delivery is not an NHS commissioned service to patients homes CP telephony would require funding from ICB or NHS England if consistent service to be available. Requires funding for increased staffing and dependent on pharmacy having extra resources. <p><i>Expected to action by: Most items above are to note only. Last Pharmaceutical Needs Assessment (PNA) took place in 2022 - PNAs taken place every 3 years.</i></p>	<p>ICB Contracting team</p> <p>Health and Wellbeing Board</p>	<p>Measurable outcomes:</p> <p>Monitor changes in pharmacy opening hours via EOE contracts team and whether that is creating a gap service (not aware if necessarily in ICB policy to control opening hours etc of CPs)</p> <p>Need increased community pharmacy workforce to support increased demand from public</p>	Pharmacy opening hours are part of pharmacies' Terms of Service for providing NHS pharmaceutical services. Most pharmacies must open for 40 core contractual hours (this includes Distance Selling Premises (DSP) pharmacies). Some pharmacies must open between 72-100 core contractual hours (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test). All pharmacies may open for additional supplementary hours. In April 2024, there were 272 CPs in HWE. In November 2024, there were 270 CPs. There is currently an ongoing review for the next PNAs in Hertfordshire and Essex.
		Greater Privacy 5. Pharmacies should, where possible, ensure they promote and use a private space for customers to discuss their concerns. 6. Pharmacists and pharmacy staff should ensure they are discreet when engaging with customers by being proactive and offering to discuss the customer's query in private.	<ul style="list-style-type: none"> Some pharmacies already use space for customers to discuss their concerns e.g. private consultation room. 	<ul style="list-style-type: none"> Requires funding for increased consultation room and dependent on pharmacy having extra resources. There is a variation of space or consultation rooms per pharmacy available . <p><i>Expected to action by: Items above are to note only.</i></p>	N/A	<p>Measurable outcomes:</p> <p>Monitor number of consultation rooms per pharmacy (although not clear if funding available to increase space or consultation rooms within a pharmacy) – outside of scope of ICB and pharmacies – community pharmacy contract</p> <p>GPfC (General Pharmaceutical Council) may hold information regarding this as they regulate pharmacy premises - https://www.pharmacyregulation.org/standards/standards-registered-pharmacies</p>	The NHS England website states that: Other than distance selling and pharmacies with a 'small pharmacy' exemption granted by NHS England or the ICB, there must be a consultation room, which is (a) clearly designated room for confidential conversations, (b) distinct from the general public areas of the pharmacy premises, and (c) a room where both a person accessing pharmaceutical services and a person performing pharmaceutical services are able to be seated together and communicate confidentially. The above outlines the requirements to fulfil paragraph 28 (2) (g) of Schedule 4 Part 4 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended). Further information is available here: https://www.england.nhs.uk/long-read/approved-particulars-premises/

		<p>Awareness of Services</p> <p>7. Pharmacies should promote the additional services their individual pharmacy offers.</p> <p>8. As well as signposting to health and social care services, pharmacies should look to promote the services and support the Voluntary, Community, Faith and Social Enterprise sector offers.</p>	<p>•Some pharmacies do display the services they offer on the shop floor</p> <p>• The ICB have a CP dashboard that is shared with practices</p>	<p>•Promote how patients can find out what their local pharmacies provide (e.g. within comms campaign) which is publicly available:</p> <p>Go to: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy Then enter town, city of post code > click on local pharmacy from list > select 'treatments and services' (this will tell you which additional services the pharmacy provide and which are private etc)</p> <p>•ICB to remind Community Pharmacies (CPs) to keep their NHS profile up to date so public can find out about their services online</p> <p>•Place Primary Care Teams to share where leaflets can be downloaded from for New Medicines Service (NMS), hypertension etc.</p> <p><i>Expected to action by: March 2025.</i></p>	<p>ICB Community Pharmacy Clinical Lead</p> <p>ICB Communications team</p> <p>Place Primary Care Teams</p>	<p>Measurable outcomes:</p> <p>Healthwatch survey – repeat</p> <p>Review evaluation of CP PCN Integration leads.</p>	<p>The evaluation report highlighted useful recommendations that have already been implemented within HWE ICB. A new recruitment process was undertaken for CP PCN Engagement Leads across HWE. The HWE posts were advertised with an updated role description for the Lead posts for recruitment across system and interviews were completed in July 2024. A revised model for the PCN Engagement leads was rolled out with recruitment of 16 leads, to align with Integrated Neighbourhood Teams and localities within HWE, starting in post on 30 September 2024. The leads are promoting pharmacy services in addition to building strong relationships with and between community pharmacies and general practice in the local area empowering them to deliver the agreed vision on a way of working. They also support and share best practice to ensure consistency of local service delivery.</p>
		<p>Integration with Primary Care</p> <p>9. Pharmacies and GP practices should work together to strengthen their communication and collaboration with one another in order to better integrate the primary care system.</p>	<p>•in progress but requires further discussion</p> <p>•HWE ICB recruited Community Pharmacy (CP) PCN integration leads to facilitate better collaboration and communication between GPs and CPs</p> <p>•Baseline survey has been conducted and a follow-up survey with all stakeholders including practices, CPs and ICBs</p>	<p>•Digital integration solutions being developed across ICS and NHS England for the national Pharmacy First Scheme. Digital integrated solutions are in the process of being finalised and rolled out nationally - expected in early 2024 for Pharmacy First.</p> <p>•Make best use of Community Pharmacy (CP) PCN integration leads to build on relationships.</p> <p>•ICB to put systems in place so similar level of support can be provided to pharmacies as practices now that NHSE have delegated commissioning responsibilities.</p> <p><i>Expected to action by: CP PCN integration lead roles to end in June 2024. There are ongoing discussions about continuation of the project and the leads roles albeit in a slightly different role until March 2025. The evaluation for the leads first year will complete and report in July 2024.</i></p>	<p>Primary Care Workforce Project Manager</p> <p>Place Primary Care Teams</p>	<p>Measurable outcomes:</p> <p>Use evaluation forms/data from CP PCN lead claims to evidence collaboration between GPs and pharmacies e.g. discussions with PCN Clinical directors, CPs and practices.</p>	<p>Hertfordshire and West Essex recruited a Lead for every PCN area. Integration Leads logged 2,562 activities during the year. The Leads described activities such as telephone calls, emails, meetings and taking part in training. In the final 6 months, regular training sessions were coming to an end for most Leads and they spent more time liaising with community pharmacies, PCNs and general practices. Leads trained practices to make referrals to pharmacies, made sure that pharmacy was a regular item on PCN meeting agendas and set up WhatsApp groups so stakeholders could discuss issues like medication stock shortages. After Pharmacy First was launched on 31 January 2024, a greater number of activities focused on implementing these services. Pharmacy First is a national programme enabling community pharmacists to treat seven common health conditions: earache, infected insect bites, a bacterial skin infection called impetigo, sinusitis, sore throat, shingles and uncomplicated urinary tract infections in women. This includes supplying prescription-only medicines to patients on the NHS, without needing to visit a GP.</p>

HWEICB Healthwatch Report Process – April 2025 – March 2026

Report priorities agreed for year ahead

- During 2025/26 Healthwatch Essex and Healthwatch Hertfordshire have been commissioned by the Primary Care Directorate at Herts and West Essex ICB (HWEICB) to produce reports on 2 in depth topics – topics are currently TBC.
- Both topics for the year ahead will be agreed by end of March 2025, and will have been agreed through discussions between HWEICB primary care colleagues, HCP leads, ICB communications team and both Healthwatch Essex and Healthwatch Hertfordshire. When agreeing a topic, it should be noted what feedback we already hold as an ICB or as an ICS on these issues as it may be that we already hold sufficient information that has been recently obtained and therefore further engagement is not required currently – previous feedback will also feed into the discussion about the remit/scope of the report with the relevant leads for those that do go ahead.
- Topics for reports should align with the areas of focus within the Primary Care Strategic Delivery Plan and ICB Medium Term Plan, but may also cross-cut other ICB/ICS wide strategies that are wider than primary care – topics should also take into consideration health inequalities and protected characteristics in line with the [Public Sector Equality Duty](#)
- Once the 2 topics for the year ahead are approved, appropriate ICB leads (clinical and managerial), as well as an ICB communications team representative, will be identified as the main contacts to work alongside Healthwatch Hertfordshire and Healthwatch Essex. Each report from initial kick off meeting to production of report will be approximately 6 months, however there will be flexibility depending on report requirements – if additional time is required for a report this should be agreed by the ICB in advance.

Healthwatch agree scope with leads and start report

- Once topic is agreed, Healthwatch representatives to meet with relevant specialist lead(s) (clinical & managerial) to understand remit/scope of report – ICB communications team to also be involved in planning discussions and will support promotion of report topic as appropriate once launched – both internally within the ICB and externally, e.g to GP practices and pharmacies.
- Assigned ICB leads will meet with Healthwatch colleagues in April and September respectively, to confirm scope and approach for each topic to ensure a timely launch.
- Healthwatch to agree format with the respective clinical and managerial lead(s) to achieve required outcome/findings to inform workstream within the agreed timeframe which will be determined at the scoping meeting.
- Relevant clinical and managerial leads to sign off scope of report and Healthwatch to start research / production of report as per agreed timeline
- Engagement to begin within 1 month of initial kick off meeting

Report produced and shared internally

- Healthwatch report produced and shared with respective clinical and managerial leads and ICB communications team – ICB managerial lead(s) to also share with Primary Care Senior Management Team (SMT) and HCP colleagues for a chance to comment on draft – this may include comments on the recommendations however the findings themselves will remain unchanged to ensure independence and transparency.
- Relevant managerial lead for report to request feedback from SMT / HCPs and to collate this and feed any comments back to Healthwatch within 2 weeks of receiving the report - edits if necessary to be made by Healthwatch, and report and recommendations to then be agreed as a final draft.
- Once final draft agreed, Healthwatch report to be emailed to Primary Care SMT meeting by respective clinical and managerial lead for final review, before Healthwatch finalises (e.g adding cover sheet/ dates / proof-read etc) and publishes the work on their website with the agreed recommendations and a quote from the ICB produced by ICB communications team alongside relevant colleagues. The reports should be signed off in August and February by the Primary Care SMT to keep ensure timely completion and publication in September and March.

Communications prepared and report shared externally

- Once report and recommendations are signed off as final by Primary Care SMT, Healthwatch teams to work with ICB Communications team to agree a quote from the ICB that will be uploaded alongside the reports on the Healthwatch websites within two weeks from sign off– the report will then be shared widely by the ICB communications team with Primary Care Board citizen representatives, through PPG chairs and via Patient Engagement Forum - within 2 weeks of the report being published on the Healthwatch websites.
- The relevant clinical and managerial leads have responsibility to ensure oversight and delivery of recommendations, working with relevant colleagues as necessary.

Update to PCTC in public /other relevant meetings

- Recommendations from each report and the ICBs responses to them (e.g work done already / to be actioned) to be added to the Healthwatch reports log by Primary Care Strategy and Transformation team and report and updates against recommendations will be taken to next Primary Care Transformation Committee meeting in public after report is published on website (e.g October meeting for first 25/26 report) – the Strategy and Transformation team will work with the relevant leads to pull together this paper to showcase work done to date/ work that needs to be done in line with the recommendations from the report.
- HCPs to also take final reports and recommendations through their own governance processes (to be determined by each HCP) for discussion. HCPs to engage with Healthwatch in accordance with their evolving governance arrangements
- Oversight and progress of recommendations to be presented by relevant clinical/managerial leads to other appropriate governance groups where relevant - for example LTC/Frailty etc. Leads to engage with Healthwatch in accordance with governance arrangements.
- After initial paper goes to PCTC with response to recommendations, a further paper which contains updates against recommendations from all reports will be produced and shared annually at PCTC, to show progress being made – this will be collated by the Primary Care Strategy and Transformation team with input / updates provided by relevant managerial/clinical leads aligned to each report- it is the responsibility of respective report leads to monitor progress during the year and populate updates for the annual report.

**APPROVED
MINUTES**

Meeting:	HWE ICS Primary Care Workforce Implementation Group (WIG)			
	<i>Meeting in public</i>	<input type="checkbox"/>	<i>Meeting in private (confidential)</i>	<input checked="" type="checkbox"/>
Date:	5th September 2024			
Time:	10:00 – 11:30			
Venue:	Microsoft Teams (Virtual)			

MINUTES

Name	Title	Organisation
Attendees		
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) – Chair	Primary Care Workforce GP Clinical Lead (Chair)	Hertfordshire & West Essex ICB
Cathy Geeson (CG)	Lead Pharmacist – Strategy and Pharmacy and Allied Health Professions Workforce Development	Hertfordshire & West Essex ICB
James Gleed (JaGI)	Associate Director Primary Care Strategy and Transformation	Hertfordshire & West Essex ICB
Thomas Neale-Peppiatt (TNP)	Primary Care Workforce Programme Manager	Hertfordshire & West Essex ICB
Mark Edwards (ME)	Associate Director for Workforce Transformation	Hertfordshire & West Essex ICB
Hannah Cowling (HC)	Associate GP Dean for Herts and West Essex, NHSE	Hertfordshire & West Essex ICB & NHS England
Steve Gregoriou (SG)	System Workforce Planner	Hertfordshire & West Essex ICB
Emma Salik (ES)	Associate GP Dean for Herts and West Essex, NHSE	Hertfordshire & West Essex ICB & NHS England
Helen Bean (HB)	Education and Workforce Manager	BHLMC
Vaiyapuri Raja (VR)	Deputy Chief Executive Officer	Essex LMC
Miriam Holbourns (MH)	Project Support Officer	Hertfordshire & West Essex ICB

1.	Welcome and Introductions
	SD - Welcomed attendees to the meeting, welcome and introduction of Thomas Neale-Peppiatt. It was confirmed with members that the meeting was being recorded.
2.	Declarations of interest
	None to declare.
3.	Meeting Notes from the meeting held on 2nd May 2024
	The previous meetings minutes / notes were approved by the group.
4.	Action Log
	All actions closed.
5.	New to Practice Scheme – Dr Sarah Dixon
	<p>SD – New to practice scheme 2024-2025 has been launched, there is no backfill funding but many of the other programme components remain from 2023/24; including, LMC business fundamentals (starting in January), education webinars on various topics, regular support sessions, networking opportunities via First 5 network, opportunities to pursue quality improvement projects and mentoring via the supporting mentor's scheme.</p> <p>Alongside the programme, Ankush Sachdev has been busy supporting the planned joint First 5 Conference with BLMK in January 2025. Agenda and programme are currently being confirmed.</p> <p>Programme has been promoted to all existing third year GP trainees. Latest ST3 contact details provided by NHSE EOE Primary Care School.</p> <p>HC – queried uptake on the scheme</p> <p>SD – 25 already on the scheme from 23/24. New scheme only just been advertised, but the plan is to recruit a similar number for 24/25. Open to salaried GPs or partners, not locums.</p> <p>HC – Is it open to locums? Evidence suggesting that GPs finishing training recently are struggling to get substantive posts.</p> <p>SD – Not currently open to locums but will consider reviewing eligibility criteria based on numbers.</p>
6.	Training Pharmacy Staff in Primary Care – Dr Cathy Gleeson
	CG gave presentation on pharmacy workforce issues: pharmacy foundation training, lack of DPPs, lack of multi sector placement, DPP availability for the legacy community pharmacists.



	<p>Key change for 2025/2026 – from summer 2026 pharmacist will be independent prescribers at the point of registration, trainees will need access to DPP, without DPPs trainees will not be able to complete their foundation training and register as pharmacist.</p> <p>CG went through the following planned and current actions:</p> <ul style="list-style-type: none"> • Teach and Treat Pilot • Promoting of ARRS funding (changes and flexibility) • Planning webinar and placement matching • Work up commissioning pathways <p>JaGI – thanked Cathy for the helpful information, presentation and subsequent discussion. Noted there was scope for progress with PCNs, as all PCNs currently forecasting underspends. JG asked about the independent prescribers that were written to – were they largely practices and were only 21 responses recorded?</p> <p>CG – large response was from nursing prescribers in general practice. The main barriers noted to doing the role included not currently prescribing in practice or didn't have the confidence or competence to do the role. To support more people to become DPPs, CG is trying to get the message out regarding funded training to address the confidence / competence. ARRS funding could support release from practice.</p> <p>HC – noted that Pharmacists joining general practice seem to be leaving immediately after getting their independent prescribing certification, which destabilises the workforce. HC offered to provide feedback to CG separately regarding local intelligence on this matter.</p> <p>SD – reminded everyone that CG is attending the AHP forum on 26th September between 1pm and 2pm. Email has been sent out to promote attendance.</p> <p>ACTION: Reach out and engage with the independent prescribers to support DPP uptake.</p>
7.	<p>Workforce Data – Steve Gregoriou</p> <p>SG presented an update on the primary care workforce dashboard. He confirmed the report will now be published on a quarterly basis, rather than monthly.</p> <p>It was noted that the quality of the data used for the dashboard is still not certain and work is being undertaken to support improving data quality for future reports. This also relates to ARRS funded role data, which requires additional work to remove errors, inconsistencies, duplications, and missing entries.</p> <p>LC – provided clarification on the data quality. The difference between the data input in NWRS system by practices/PCN and our ARRS data differs – which leads to data quality issues.</p> <p>JaGI – asked for more information on what is being undertaken to improve the data quality and is there a timeline for completion.</p> <p>LC – looking into developing a training programme to upskill and engage practices and PCNs on the importance of completing workforce returns. Project plan and timelines to be developed.</p> <p>TNP – Asked a question regarding the ratios of staff to patients, is there a correlation between low levels of staffing and practices with higher levels of deprivation and health inequalities. SG confirmed that there is an informal correlation, but more work is required to show this specifically.</p>



	<p>SD confirmed that more time would be allotted to workforce data in future meetings to help drill down further on some of the areas highlighted.</p> <p>ACTION: LC to devise a plan for practices and PCNs to improve NWRS and workforce reporting submissions.</p> <p>ACTION: SG to provide more information on link between deprivation and workforce numbers at the next meeting.</p>
8.	Risk Register – Tom Neale-Peppiatt
	<p>TNP shared the latest risk register and how this is now part of his role. Members were asked for feedback.</p> <p>SD mentioned risk number 329 and that the action will need updating and thinking through how we reflect the recent changes with the PCN Training Teams going forward. Also noted ARRS underspend and how this is managed and how the Training Hub supports this.</p> <p>JaGI confirmed risks need to be framed appropriately to capture the perceived impacts of the risks logged.</p> <p>ACTION: Meeting to be arranged with PCNs with an ARRS underspend to support full utilisation of budget</p> <p>ACTION: TNP to update risk register to reflect impact of more emergent risks. JaGL to discuss via SMT meeting.</p>
9.	Review of Terms of Reference (TOR) – Dr Sarah Dixon and Joyce Sweeney
	<p>SD went through the updates to the terms of reference that have been made. Changes made were highlighted in yellow in the document sent round to members prior to the meeting.</p> <p>JS noted that all Clinical Leads and Patient Rep had now been added to the membership. She also confirmed that it is proposed the group will now move to a two-part meeting.</p> <p>JaGL suggested that other contractor groups need to be included in the TOR and change “Primary Care Board” to “Primary Care Transformation Committee”.</p> <p>ACTION: TNP to make suggested amendments from the meeting</p> <p>ACTION: Any further suggestions to be sent to TNP by 13th September 2024</p>
10.	Any Other Business (AOB)
	None
11.	Date and Time of next meeting
	5 th December 2024 – 13:00 to 15:00
12.	The meeting closed at 11:30



**APPROVED
MINUTES**

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