



NHS HWE ICB Primary Care Transformation Committee held in Public - For information only

Thursday 24th April 2025 @ 09:30

MS Teams



Meeting Book - NHS HWE ICB Primary Care Transformation Committee held in Public - For information only

Healthwatch Report updates

For information

Emily Perry

Minutes from the Subgroup

For information

Chair

Primary Care Digital

Primary Care Workforce

Meeting:	Meeting in public	<input checked="" type="checkbox"/>	Meeting in private (confidential)	<input type="checkbox"/>
	HWE ICB Primary Care Transformation Committee		Meeting Date:	24 April 2025
Report Title:	Progress made against recommendations from the following Healthwatch Reports (that have not been to PCTC previously): <ul style="list-style-type: none"> Healthwatch Essex: Experiences of Cervical Screening in West Essex Healthwatch Hertfordshire: Cervical Screenings: Your Views and Experiences Healthwatch Hertfordshire: Autistic People's Experiences of GP Services in Hertfordshire Healthwatch Essex: Neurodiversity & Accessing Health and Care An annual update on progress made against recommendations within the following Healthwatch reports that have previously come to PCTC: <ul style="list-style-type: none"> Healthwatch Essex: Support and help for people who care for others in West Essex Healthwatch Hertfordshire: Carers' Views and Experiences of Accessing Support from their GP Practice Healthwatch Hertfordshire: Accessing GP Services - Views from Hertfordshire's Parents and Carers 		Agenda Item:	1
Report Author(s):	<p>Laura Ferry, Primary Care Workforce Project Manager, Hertfordshire and West Essex Integrated Care Board</p> <p>Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex Integrated Care Board</p> <p>Input was also sought from a number of colleagues who kindly provided updates against recommendations within each report, as outlined below:</p>			



Experiences of Cervical Screening in West Essex and Healthwatch Hertfordshire- Cervical Screenings: Your Views and Experiences:

Dr Simon Chatfield, Lead GP for Cancer, Herts and West Essex Integrated Care Board

Claire Bell, Planned Care Programme Manager, Herts and West Essex Integrated Care Board

Louise Heir, Senior Transformation Manager, Herts and West Essex Integrated Care Board

Kathryn Cremins, Senior Manager, Planned Care (Cancer and Stroke) and Macmillan Primary Care Facilitator, Herts and West Essex Integrated Care Board

Autistic People's Experience of GP services in Hertfordshire and Neurodiversity & Accessing Health and Care reports:

Cathy Galione, Head of Primary Care Transformation, Integration, Development & Delivery – East & North Hertfordshire, Herts and West Essex Integrated Care Board

Tom Neale-Pepiatt, Primary Care Workforce Programme Manager, Herts and West Essex Integrated Care Board

Support and help for people who care for others in West Essex and Carers' Views and Experiences of Accessing Support from their GP Practice:

Tim Anfilogoff, Head of Community Resilience, Herts and West Essex Integrated Care Board

Kevin Hallahan, Health Inequalities Lead, Herts and West Essex Integrated Care Board

Gemma McKelvey, Senior Communications and Engagement Manager – ICB Communications and Engagement, Herts and West Essex Integrated Care Board

Accessing GP Services - Views from Hertfordshire's Parents and Carers:

Trudi Mount, Head of Primary Care Digital, Herts and West Essex Integrated Care Board

Tom Neale-Pepiatt, Primary Care Workforce Programme Manager, Herts and West Essex Integrated Care Board

Cathy Galione, Head of Primary Care Transformation, Integration, Development & Delivery – East & North Hertfordshire, Herts and West Essex Integrated Care Board

Melanie Powell, Head of Primary Care Transformation, Integration, Development & Delivery – South and West Hertfordshire, Herts and West Essex Integrated Care Board



	Philip Sweeney, Head of Primary Care Transformation, Integration, Development and Delivery - West Essex (WE), Herts and West Essex Integrated Care Board							
Report Presented by:	N/A							
Report Signed off by:	James Gleed, Associate Director, Primary Care Strategy and Transformation, Herts and West Essex Integrated Care Board							
Purpose:	Approval / Decision	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion	<input 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 areas of the updates provided, where the Committee would like to receive additional information or detail in future reports?							
Report History:	<p>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.</p> <p>Progress made against recommendations set out in the reports is presented to the Primary Care Transformation Committee, following initial publication and then on an annual basis thereafter.</p>							
Executive Summary:	<p>This paper sets out the recommendations from each of the Healthwatch reports mentioned above, also included is information about work that has been undertaken to date, or planned, in relation to these findings. A summary of key updates is provided below:</p> <p>Experiences of Cervical Screening in West Essex and Healthwatch Hertfordshire- Cervical Screenings: Your Views and Experiences:</p> <ul style="list-style-type: none"> ➤ A Cervical Screening Toolkit was created by the ICB for GP practices in Hertfordshire and West Essex, to support efforts to increase the uptake of cervical screening. The toolkit includes information about the National Cervical Screening Programme, how to set up online booking, information on making reasonable adjustments for patients with additional needs, and how to overcome barriers, as well as other helpful information. The toolkit 							



can be found on the ICB website [here](#)

- The ICB Training Hub commission cervical sample taker training and have trained 16 people in the last 12 months; 14 new sample takers and 2 doing update training. This is run by approved education providers including the University of Hertfordshire.
- Some PCNs offer appointments in extended hours for cervical screening to encourage uptake
- There is a close relationship with the Hertfordshire Learning Disability team who support practices to engage with the LD population. There is a cervical screening decision making tool in use to support discussions with women with a LD around the importance of screening and informed consent.
- The PCN Cytology bid project gave all the PCNs in East and North Herts the opportunity to bid for up to a £5k grant from the East of England Cancer Alliance transformation budget. Over a 6-month period, 930 additional cervical cancer screening tests were completed, including 48 individuals from the housebound and/or physically impaired population. The PCNs also submitted sustainability plans following the completion of their projects. Recent QOF data also highlights a rise in screening rates, with the 2024 cervical cancer screening rate in ENH now surpassing the national average.
- Self-testing trials have been carried out nationally and the data is currently with the NHSE National Screening Team.

Autistic People's Experience of GP services in Hertfordshire and Neurodiversity & Accessing Health and Care reports:

- 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
- Oliver McGowan Training continues to be implemented across HWE and ways to increase training accessibility explored.
- The Hertfordshire Autism Health Checks pilot and evaluation concluded in 2023, with findings shared locally. The results highlighted its positive impact on patients and included recommendations for general practice if the Annual Health Check is implemented. Consideration of the learning from the pilot has been incorporated into the Hertfordshire All-Age Autism Strategy.

Annual update papers:

Support and help for people who care for others in West Essex and Carers' Views and Experiences of Accessing Support from their GP Practice

- A total of 5 engagement events with carers across HWE took place in Spring and Summer 2024 – these were a mix of face to face and online sessions with over 60 carers attending in total. Learning from the sessions has been collated and shared with GP practices across HWE, and a summary of some of the findings was presented to GP practices and PCNs across HWE at a recent



	<p>'Protected Time to Learn' training event.</p> <ul style="list-style-type: none">➤ As part of the Enhanced Commissioning Framework (ECF) 25/26, practices across HWE are asked to continue to provide a carer's annual health check and refer carers to relevant services and support as required.➤ A number of GP practices have carers champions who are able to support carers with healthcare needs➤ A data dashboard is still under development and will provide high-level data to better identify the support of carers.➤ All GP practice websites across HWE were audited by the ICB and websites assessed using a national tool based on NHSE guidance – this concluded in April 2024; the audit informed the creation of a plan, including how the ICB will work with PCNs/Practices to ensure websites meet suggested guidance. <p>Accessing GP Services - Views from Hertfordshire's Parents and Carers:</p> <ul style="list-style-type: none">➤ All practices across HWE are implementing Modern General Practice, however the pace and some of the detail differs between practices and we are working to identify those practices that require further support.➤ Each of the ICB Place teams work closely within their Health and Care Partnerships on Integrated Neighbourhood Team (INT) development, and ensure that there is awareness of the priorities for implementation of Modern General Practice.➤ HWE boasts the highest registration rate on the NHS app in the East of England, with 63% of the eligible population registered. Additionally, we have one of the highest numbers of online consultations submitted in England.➤ 100% of HWE GP practices have now moved from analogue phone lines to a digital system.➤ A 'Digital Skills Support Hub' that offers a variety of support options to help residents get online was launched in November 2024 - this programme of support has been developed to reduce the risk of digital exclusion amplifying health inequalities. The hub can be found here. <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>				
Recommendations:	<ul style="list-style-type: none">▪ To note the response to the recommendations that are outlined within the paper.				
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Potential Conflicts of Interest:	Financial	<input type="checkbox"/>	Non-Financial Personal	<input type="checkbox"/>
	None identified			<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>	Equality Impact Assessment:	N/A		
	Quality Impact Assessment:	N/A		
	Data Protection Impact Assessment:	N/A		



Reports	Background / Identified areas from	Recommendations	Action already taken	Actions To Take Forward	Owner
Healthwatch Essex: Experiences of Cervical Screening in West Essex (June - September 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Making the appointment made easier - having the option to pre book appointments would be of benefit, as having to phone at 8am to attempt to make an appointment for a matter that doesn't necessarily have to be carried out that day is not an effective use of patient's/surgeries time. Having the option to book online should be explored.	Some practices have an online booking system available for patients who have not attended their first cervical screening appointment offered by the centralised booking system. 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. Enhanced Access provides GP practice services which may include cervical screening at some sites.	Further work is required to ensure that if patients are booking online (where available), systems recognise this is for a cervical smear and therefore patients are booked in with the correct healthcare professional to enable this to take place.	Individual practices/ PCNs
		Trauma awareness - training to raise awareness for all staff involved including receptionists as well as health professionals. 'My feeling is that there should be 'trauma-informed appointment slots' where no questions are asked, but the medical professional has had trauma-informed training and is fully aware of the potential effects of the cervical screening procedure. I think many women would then feel safer and attend their smear. Also, to underline that they can bring a trusted friend along with them who will be welcomed to sit 'head end' and soothe the patient and then be some support for them afterwards. I do attend, but everytime, when I'm driving home, I'm crying and shaking'.	Trained health professionals make sure that patients are as comfortable as they can be before the procedure and details of the steps involved are explained before the health professional commences the procedure. Advice from the national screening leaflet is that all anxious patients are encouraged to bring someone with them to their screening. Patient leaflet information can be found here to support those who feel anxious about this procedure: https://www.gov.uk/government/publications/cervical-screening-support-for-people-who-find-it-hard-to-attend/cervical-screening-support-for-people-who-feel-anxious-about-attending Self testing trials have been carried out nationally and the data is currently with NHSE National Screening Team.		National Screening Committee
		Environment - making sure the clinical setting is as welcoming as it can be; where possible not having the bed facing the door, allowing women to be in a position that they find as comfortable as possible, having the option to use stirrups if required for them. But also factoring in that the health professional needs to be comfortable whilst they are carrying out the procedure. Using the correct lube so the patient is comfortable, and an adequate sample is taken.	There is national guidance available with powerpoint slides available here which explain the fundamentals of the cervical sample taker training from Public Health (Aug 2023): https://www.gov.uk/government/publications/cervical-sample-taker-training-powerpoints		Individual Practices
		Explanation and communication - explaining what is going to happen, allowing patients to see/feel the instruments being used if they want to, checking in with the patient during the procedure that they are as comfortable as they can be. Stopping if the patient is in pain or distress and allowing them time to calm down and continue or leave, it's their choice. Listen.	As above.		Health Professionals

Reports	Background / recommended areas from Healthwatch	Recommendations	Action already taken	Actions To Take Forward	Owner
Healthwatch Hertfordshire: Cervical Screenings: Your Views and Experiences (February 2024)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Information 1. Provide invitations to cervical screenings in a range of formats, including letters, text messages and emails. 2. Ensure women receive enough information about cervical screenings and why they are important, even if you have been vaccinated. 3. Consider targeted engagement with ethnically diverse communities, younger women and those with less disposable income to improve confidence and attendance.	PCNs in ENH have been supported to organise a diary invite for all transgender men with a cervix who consent for screening on the year that they are due for their cervical screening appointment. As they will not receive a letter from the national screening programme. Several means of invitation are used other than the telephone when communicating with patients to encourage them to book their screening tests. Such as text messaging with self-booking links and advertising walk in clinics. There is a close working relationship with the Learning disability service to review patient information. A Cervical Screening Toolkit was created for GP practices in Hertfordshire and West Essex, to support efforts to increase the uptake of cervical screening. The toolkit includes information about the National Cervical Screening Programme, how to set up online booking, information on making reasonable adjustments for patients with additional needs, and how to overcome barriers, as well as other helpful information. The toolkit can be found on the ICB website here: https://view.officeapps.live.com/ov/view.aspx?src=https%3A%2F%2Fwww.hertsandwestessex.ics.nhs.uk%2Fwp-content%2Fuploads%2F2024%2F05%2FCervical-Screening-Toolkit-JUNE-2024.pptx&wdOrigin=BROWSELINK	Analysis of cervical screening data across the ICS - looking for themes of good practice and areas of low uptake to focus targeted campaigns	GP Practices/ Planned Care Programme Manager
		Access 4. Enable cervical screenings to be booked online. 5. Provide appointments for cervical screenings outside of typical working hours, including evenings and weekends. This could also include the provision of walk-in clinics. 6. Support and promote any trial or roll-out of self-sampling at-home HPV tests.	PCNs in ENH have been supported to: - Utilise the cervical screening extra support checklist created by NHSE. Local screening providers should direct people who feel anxious about attending cervical screening for one of the above reasons to this information. Individuals can then use this information to help decide whether to attend, and to plan for their screening appointment https://www.gov.uk/government/publications/cervical-screening-support-for-people-who-find-it-hard-to-attend#:~:text=PDF,%2011%20KB,%201%20page . This helps providers to establish reasons that non-attenders may not engage with cervical screening and to offer further support; - Offer appointments in extended hours for cervical screening to encourage individuals of working age to attend screening. - Incorporate cervical screening into other services that the PCN provides such as annual health checks for LD patients and sexual health clinics. - A multiagency approach to improving screening rate and experience of patients such as involving local sexual health clinics and already established council services such as LD support team. - creation of cytology pathway for housebound patients at one PCN. The PCN Cytology bid project gave all the PCNs in East and North Herts (ENH) the opportunity to bid for up to a £5k grant from the East of England Cancer Alliance transformation budget. Over a 6-month period, 930 additional cervical cancer screening tests were completed, including 48 individuals from the housebound and/or physically impaired population. The PCNs also submitted sustainability plans following the completion of their projects. Recent QOF data also highlights a rise in screening rates, with the 2024 cervical cancer screening rate in ENH now surpassing the national average. SWH Watford Project - A Screening Co-ordinator was implemented as a short term project to focus on no-attendance in the Watford area. The results have improved uptake in this area. Herts Health Federation in Hertsmere Locality have an ongoing initiative to improve cancer screening uptake. As part of this work East of England Cancer Alliance funding has been used to increase the number of out of hours cervical screening appointments available and provide outreach into the local community to raise awareness of the importance of cervical screening. Use of the funding ended in March 2025. Practices in SWH have been encouraged to implement online booking of appointments and instructions on how to implement this within the existing practice systems is included in the cervical screening toolkit that is mentioned in the row above. There are extended access appointments offered by practices where possible. Self testing trials have been carried out nationally and the data is currently with the NHSE National Screening Team. The HPVvalidate study summary can be found here: https://www.gov.uk/government/publications/uk-nsc-hpvalidate-study-findings/hpvalidate-study-summary	Early conversations around barriers to screening for people with serious mental health illness as a potential ICB wide project	ICB Cancer Place leads
		Experience and Training 7. Ensure effective training and awareness for practitioners on cervical screenings, and particularly about the impact menopause can have on this procedure. 8. Consider providing double appointments to women who are presenting for their first screening and/or have shared they experienced pain or anxiety at a previous screening. This is to ensure there is enough time for reassurance and for information to be given. 9. Advise reception staff to mention available accommodations at the point of booking cervical screenings.	The ICB Training Hub commission cervical taker training and have trained 16 in the last 12 months. 14 new sample takers and 2 update training. This is run by approved education providers including the University of Hertfordshire. PCNs in ENH have been supported to: - Utilise the NHSE cervical screening extra support checklist to establish reasons that non-attenders may not engage with cervical screening and to offer further support. - Attend dedicated 6 session training to ENH primary care, community service, local authority and voluntary sector on addressing barriers due to health inequalities for cancer patients. Sessions included working with protected characteristics groups such as LD, LGBTQI, Gypsy community, black men and prostate cancer - Provide a walk in cytology nurse session on a Saturday to support full time working women to attend. In SWH, training around the importance of cervical screening and how to improve uptake and make adjustments to facilitate attendance included in training provided to PCNs and practice staff. There is a close relationship with the Hertfordshire Learning Disability team who support practices to engage with the LD population. There is a cervical screening decision making tool in use to support discussions with women with a LD around the importance of screening and informed consent. There is national guidance available with powerpoint slides available here which explain the fundamentals of the cervical sample taker training from Public Health (Aug 2023): https://www.gov.uk/government/publications/cervical-sample-taker-training-powerpoints Patient leaflet information can be found here to support those who feel anxious about this procedure: https://www.gov.uk/government/publications/cervical-screening-support-for-people-who-find-it-hard-to-attend/cervical-screening-support-for-people-who-feel-anxious-about-attending		ICB Cancer Place Leads/ICB Training Hub

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner
Healthwatch Hertfordshire: Autistic People's Experiences of GP Services in Hertfordshire (November 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Identification -Support the implementation and promotion of the 'digital flag' for autistic people to add to patient records that indicate their eligibility for reasonable adjustments and enable the GP to be aware of the diagnosis. - Reception staff should be proactive in reading patient records and checking whether any additional support is needed.	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 SystmOne, 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 EMIS Web practices is being sought.	Task and Finish Group to be set up to ensure successful roll-out of RADF across Herts and West Essex. Work to be done to ensure that reasonable adjustments for patients with additional needs are being implemented in GP practices.	ICB Primary Care, Integrated Commissioning team and general practice sites
		Reasonable adjustments -Ensure that all GP Practices are proactive in offering reasonable adjustments and are making patients aware of their right to ask for them. Any support requested must be implemented and not denied. -Of particular importance are: Longer or double appointments Appointments at less busy times A quiet or private place to wait Ability to see their named GP Ability to choose the type of appointment they have Ability to bring someone to support them at their appointment	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. Work and education is ongoing and practices have been offered Oliver McGowan Training. 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 - 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 e-learning and Tier 2 is face to face training. Tier one training for Oliver McGowan training has been held on Protected Time to Learn dates to ensure the training is more accessible for general practice staff in order to increase the training uptake across HWE.	Tier 2 Oliver McGowan has not yet been promoted by the HWE Training Hub, however, a new training provider has been appointed and they are able to deliver the training, at scale, for ICS partners. A new steering group has been created to ensure the roll out of tier 2 training is supported and access is equitable for primary care staff.	ICB Primary Care, Integrated Commissioning team and general practice sites ICB Training Hub Team
		Communication As stated under the Accessible Information Standards (2016) clinicians should ensure they are communicating with autistic people in a way that is accessible to them, and providing information in a range of formats.	Covered within Oliver McGowan Training, as above	Ongoing Oliver McGowan Training as above	ICB Training Hub Team
		Flexibility of Appointments Improve flexibility in the methods available to make an appointment to take into account individual needs and preferences – there should always be more than one way to book an appointment.	Covered within Oliver McGowan Training, as above	Ongoing Oliver McGowan Training as above	ICB Training Hub Team
		Training and awareness -Ensure the provision of autism and neurodivergence awareness training for all clinical and non-clinical staff working in GP practices. -Clinical staff should take a holistic approach when interacting with patients, examining both their physical health as well as their emotional wellbeing. -Clinical and non-clinical staff should treat autistic people with respect, dignity and understanding, and play a proactive part in supporting autistic people to communicate their needs and concerns.	Covered within Oliver McGowan Training, as above	Ongoing Oliver McGowan Training as above	ICB Training Hub Team
		Autism Health Checks Continue to pilot Autism Health Checks across GP practices in Hertfordshire, and find out from autistic people what works well, what could be better, and what checks should be included.		The Hertfordshire Autism Health Checks pilot and evaluation concluded in 2023, with findings shared locally. The results highlighted the positive impact on patients and included recommendations for general practice if the Annual Health Check is implemented. Consideration of the learning from the pilot has been incorporated into the Hertfordshire All-Age Autism Strategy. Newcastle University is currently conducting a trial to assess the effectiveness of primary care health checks for autistic adults, and we are awaiting the results and any national implications for broader implementation.	ICB Primary Care, Integrated Commissioning team and general practice sites

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward 2025	Owner
Healthwatch Essex: Neurodiversity & Accessing Health and Care (July - September 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Staff Ensuring all members of staff have an understanding of neurodiversity is so important. Finding someone with neurodiversity to attend a staff training day to give them an insight into the nuances and impact on daily life that it has, would have real impact. Hearing about someone's lived experience first-hand can be profound. If this is coupled with a simple system to remind them that 'Mr.X', coming in at 11am is neurodivergent, it would be invaluable.	<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 - 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 e-learning and Tier 2 is face to face training. Dates of training can be found on the HWE ICB Training hub website.</p> <p>Tier one training for Oliver McGowan training has been held on Protected Time to Learn dates to ensure the training is more accessible for general practice staff in order to increase the training uptake across HWE.</p>	Tier 2 has not yet been promoted by the HWE Training Hub, however, a new training provider has been appointed and they are able to deliver the training, at scale, for ICS partners. A new steering group has been created to ensure the roll out of tier 2 training is supported and access is equitable for primary care staff.	ICB Training Hub
		Approach Building a consistent approach can allow someone to open up and be honest about what is troubling them, mentally or physically when they're with the GP or another member of the practice. To enable this, where possible, they should be able to see the same GP on each visit, with appointments at the same time of day, on the same day of the week. Being seen in the same consultation room by the same person will reduce anxiety levels by a significant margin.	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.		ICB Primary Care, Integrated Commissioning team and general practice sites
		Environment The physical environment created by buildings - waiting rooms, open spaces, quiet spaces, private areas, notice boards and information screens all have significant impact. Most people who are neurodiverse want to slip in unnoticed, find a quiet corner, know if there are any delays, be seen by someone familiar, and quietly leave. Inevitable some buildings are better placed to be able to deliver this than others, but as and when possible, these factors should be carefully considered. Having the reception tucked to one side where visitors don't have to walk in full view right down the middle of the waiting room, and where conversations are not overheard makes a big difference from the word go. Trying to develop a system where the doctor or nurse or receptionist doesn't stand there and shout a person's name out loudly in front of everybody would also be time very well spent. There are systems that use vibrating pagers when it's your turn to be seen for example.	<p>Work and education is ongoing and practices have been offered Oliver McGowan Training. 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 - 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 e-learning and Tier 2 is face to face training.</p> <p>Tier one training for Oliver McGowan training has been held on Protected Time to Learn dates to ensure the training is more accessible for general practice staff in order to increase the training uptake across HWE.</p>	Ongoing Oliver McGowan Training as above	ICB Training Hub
		Appointments Appointment making is stressful for everybody at the moment, not just the neurodiverse. However, the impact can be very much stronger and more difficult for them to deal with. The understanding and training mentioned earlier can help with this, but it's also important to remember that the survey showed a significant demand for online bookings from this cohort. As solutions are continued to be worked on towards easing the burden on phone systems, feedback from neurodiversity patient representatives should be sought and listened to.	<p>Practices across HWE offer 'online consultations' and from 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours (8.00am-6.30pm) for non-urgent appointment requests, medication queries and admin requests. This will be subject to necessary safeguards in place to avoid urgent clinical requests erroneously submitted online. Guidance will be displayed on practice websites and reflected in the wording of the patient charter.</p> <p>Whilst some practices offer online booking this varies from practice to practice and sometimes only applies to very specific clinics.</p>		ICB Primary Care team and General Practice sites

Reports	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Update - March 2025
Healthwatch Essex: Support and help for people who care for others in West Essex (November 2022 - February 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate. Care for the carer for person First and foremost, we must not lose sight that the best thing that can be done for carers is to ensure the person they care for is getting the level and quality of care they need and deserve. Listening to and understanding their needs respectfully and with compassion and working hard to find the best possible solutions. Taking responsibility, not passing them on. There is little point investing significant time, resource and effort into other fields if this core principle is not working fairly and efficiently across the board.	The ICB are aware that carers generally face more health needs in general, e.g. the Annual National GP Patient Survey 2021 outlined that 54% of carers had long term health condition (compared with 47% of non-carers) and 11% had mental health condition (8% non-carers). The ICB are working to support practices to register more carers to ensure they receive the support they need through programmes such as the Enhanced Commissioning Framework (ECF). The ECF supports the delivery of local and national key priorities and Hertfordshire and west Essex ICB ask general practice sites to deliver some enhanced services to improve the quality and outcomes of care delivered in certain key areas. The ECF for 2024/25 outlines the following ask of practices in relation to supporting carers: Provide a carer's annual check and refer to relevant services and support: As part of the annual check for people who are carers, complete the following care processes: • Blood pressure check • Screening for depression (using PHQ-2 or PHQ-9) • Ask about reasonable adjustments and record these in the clinical record Following assessments, carers should receive support and care according to identified needs, including referral to relevant services. Consider referral to NHS Talking Therapies (previously IAPT). Carers in Herts for people in Hertfordshire and Essex Wellbeing Service for those in West Essex.	The ICB, alongside Carers in Hertfordshire, held engagement events with carers across Hertfordshire in March 2024 so that the ICB could hear from carers directly about what is and what isn't working well in relation to the care they, and the people they care for, receive from their GP practice. Information from the events is being written up and will be shared with GP practices in order to showcase best practice, and share ideas, in order to try and ensure there is more consistent support for carers. As part of this feedback gathered, further training for practice staff on engaging with carers will be looked into. A similar engagement event with carers in West Essex is being looked into. The ICB Communications Team will work to promote the importance of identifying carers particularly during Carers Week (10-16 June 2024) Carers Rights Day (23 November 2024) and during Young Carers Action Day (date for 2025 TBC).	ICB Primary Care Team / Primary Care Training Hub ICB Community Resilience, Health Inequalities and Personalised Care Team Communications	A total of 5 engagement events with carers across HWE took place in Spring and Summer 2024 – these were a mix of face to face and online sessions with over 60 carers attending in total. These 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. Learning from the sessions has been collated and shared out with GP practices across HWE, and a summary of some of the findings was presented to GP practices and PCNs across HWE at a recent 'Protected Time to Learn' training event, which highlighted the importance of the identification of carers through sharing learning from the events, as well as via presentations from Action for Family Carers and Carers in Herts, and the sharing of data related to carers health outcomes and the importance of identifying carers in order to support their healthcare needs. The previous carers awareness days were during the pre-election period for the UK government elections so a light touch approach of sharing posts and messages from local carers organisations was undertaken. Young Carers Action Day took place in March. GP display screen messages about letting the practice know a patient is a carer have been shared with HWE practices. For the next Carers Week the ICB communications team will look for case studies, through which to share best practice with practices. As part of the feedback from the carers engagement events that took place in 2024, one of the 'ideas for change' suggested to practice was to provide a information pack for patients, if they do not offer one already, that contain information such as support that carers can access locally. Examples of the support that some practices across Hertfordshire and west Essex currently offer carers includes: ➤ Inviting carers to attend carers café's, coffee mornings or groups if they run in the area ➤ Signposting and referring to relevant organisations such as Carers in Herts, Adult Care Services, Citizens Advice etc. ➤ Offering reasonable adjustments – e.g. working to accommodate appointment times to suit ➤ Social prescribers are available to support patients in a more holistic way ➤ Free flu vaccination as part of the national flu campaign ➤ Annual carers health checks ➤ Providing carers packs which contains helpful information such as leaflets and booklets to support carers ➤ Some practices offer a direct link to carers champions or care coordinators to support care and offer advice ➤ Offering advice on safer lifting and other aspects of providing care such as medication ➤ Discussing with carers what they would like the practice to do in the event of the carer or the person they care for having a medical or other emergency.	
	Respite Caring is draining and exhausting, both physically and mentally. Carers give up a 'normal' life and often take a big financial hit to do something they simply have to. While they are happy to do it, the fact is that they feel they have to do it. It can be isolating, and it impacts everything. Even the shortest bit of respite can make a huge difference. However, often (but certainly not always) the carers who most need the respite are the ones who care for people with the most complex needs, so specialist carers are needed to cover. This is an area that needs careful and thorough consideration. Whether it's being able to leave a person in a wheelchair at a support group for 2 hours, or finding appropriate care overnight for someone with specific medication requirements while their carer can stay a night away, all factors and variables need to be provided for whenever possible.	A Carers Vision is being created by the ICB that will help to pull together information on services and support that may be helpful for carers across the ICB. Linked to this, 'No Wrong Door' is being presented to ICB Board in June 2024. This will confirm the Carers Vision as an area of focus that will be worked on in the latter half of 2024/25.	Regular conversations are taking place between the ICB and Essex County Council to look at available services, and how these may support carers and the people they care for.	ICB Community Resilience, Health Inequalities and Personalised Care Team Action for Families - Respite Care	The Carers Vision, as noted in the previous update, has now been signed off. Regular conversations continue to take place between the ICB, Essex County Council and Hertfordshire County Council to look at available services and how they can support carers and the people they care for.	
	The role of the GP Surgery Pivot point The GP surgery remains the cornerstone of the health service. The shop window, the consistent and reassuring presence, the first point of call when you're unwell. They are busy, they are pressured, but they are uniquely placed to be the pivot point between carers, the people they care for, social workers, support groups, charities and others. GP's must start by questioning and registering people as carers. They then schedule relevant health checks, and vaccinations. There should also be consideration to developing some flexibility in their systems for appointment booking. Pro-active dissemination of information and resources Carer leads within GP surgeries, linked in with social prescribers / care advisors / Community Agents etc. don't need to know everything, but it is they who can click the system into gear and give appropriate initial signposting and support. The territories then continue to reach out to source the specific help that will provide the greatest benefit.	Information about the carers section of the ECF for 24/25 is outlined above, however supporting carers was also an area of focus within the 23/24 ECF, in which practices were asked to take proactive steps to identify people who are carers and record carer status using relevant clinical codes. Within the 23/24 ECF, practices were also asked to identify practice leads for a number of areas, including a carers lead. The ECF for 24/25 also highlights the importance of ensuring carers are linked into the right teams to be the support they need according to identified needs, including referral to relevant services such as the Essex Wellbeing Service for those in West Essex - If carers are linked in to the right support services such as those available via the voluntary sector effectively at place level, people can go straight to the appropriate support without needing to go via a GP (when relevant and appropriate). Most practices also have Social Prescribers in post who are able to support people with a number of issues such as loneliness, benefit checks or directing people to further support.	A new ICB Population Health Management (PHM) data platform is being produced that will highlight the number of carers and conditions they may have (e.g. diabetes). This will help the ICB to better identify the support required by carers and this should help to support in reducing health inequalities.	ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team	As part of the Enhanced Commissioning Framework (ECF) 25/26, practices across HWE are asked to provide a carer's annual health check and refer to relevant services and support. As part of the annual health check for people who are carers, Practices will complete the following care processes: • Blood pressure check • Screening for depression • Document preferred means of communication and Reasonable Adjustments Following assessments, carers will receive support and care according to identified needs including referral to relevant services as below: ➤ For Essex residents, consider referral to Essex Wellbeing Service who have pathways with Action for Family Carers, NHS Talking Therapies (previously IAPT) and other services offering holistic carer support ➤ For Hertfordshire residents, consider referral to Carers in Herts and/or NHS Talking Therapies. ➤ After reviewing the shared care record, the carer is known to social care then consider sharing the annual health check to social care to ensure care and support is integrated A number of GP practices have Carers Champions who are able to support carers with healthcare needs The data dashboards are still under development and will provide high-level data to better identify the support of carers	
	Key areas to always cover Respite (e.g., Carers First) Local support group (e.g., Essex Map) Emotional Support (e.g., Essex Wellbeing Service) Financial help (e.g., Citizens Advice) Social Care (Essex County Council)	As outlined above it is important to note that linking carers in to support from organisations other than GP practices is key, as support needed will not always be medical. A project to support the importance of social support and talking therapies for people with depression and is also underway within Hertfordshire and west Essex ICB - social prescribers will be key to supporting this so that patients can be supported without anti-depressants and over prescribing of pain medication, where appropriate.	Some practices give out carers information packs to those patients who are registered as carers - these contain information about support available to carers - e.g. information about voluntary sector organisations. As part of the information that will be shared to practices following the carers engagement events held in Hertfordshire in March 2024, the production and sharing of carers information packs will be noted as a best practice recommendation.	ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team ICB Communications Team ICB Pharmacy and Medicines Optimisation Team	As part of the feedback from the carers engagement events that took place in 2024, one of the 'ideas for change' suggested to practices was to provide a information pack for patients, if they do not offer one already, that contain information such as support that carers can access locally. Examples of the support that some practices across Hertfordshire and west Essex currently offer carers includes: ➤ Inviting carers to attend carers café's, coffee mornings or groups if they run in the area ➤ Signposting and referring to relevant organisations such as Carers in Herts, Adult Care Services, Citizens Advice etc. ➤ Offering reasonable adjustments – e.g. working to accommodate appointment times to suit ➤ Social prescribers are available to support patients in a more holistic way ➤ Free flu vaccination as part of the national flu campaign ➤ Annual carers health checks ➤ Providing carers packs which contains helpful information such as leaflets and booklets to support carers ➤ Some practices offer a direct link to carers champions or care coordinators to support care and offer advice ➤ Offering advice on safer lifting and other aspects of providing care such as medication ➤ Discussing with carers what they would like the practice to do in the event of the carer or the person they care for having a medical or other emergency.	
	Hospitals and other healthcare settings When people are diagnosed, when they are discharged, when they are seen by a mental health unit, when they are seen at a falls clinic, wherever it might be, it provides an opportunity to question them and their carer about the wider support they are getting. Physical health, mental health, wellbeing, isolation, living conditions and many other factors. A simple recommendation (or direct referral) to a GP Care Lead, or even some key relevant fliers (Alzheimer's Society, Essex County Council Adult Social Care, Essex Wellbeing Service, Mind, etc.) being pro-active in approach remains key. Staff could give them a 'Please register me as a carer' card to hand to their GP, and fliers must be handed directly to them, not just placed in racks where they are easily missed	West Herts Hospital Trust (WHHT) and East and North Hertfordshire Trust (ENHT) both have a carers nurse lead who support identifying carers when they are in hospital. ENHT are identifying approximately 300 carers per month via their carers nurse lead - work needs to take place to link this identified list with primary care. Many of the carers are being identified via the admissions process when someone comes into hospital - e.g. being asked are you a carer or do you have a carer?	List of carers identified in hospital setting needs to be linked into GP practices.	ICB Primary Care Team ICB Community Resilience, Health Inequalities and Personalised Care Team	Carers have been identified as a health inclusion group by the Strategic Health Inequalities Board of the ICB. International, national and local data (self-reported, survey and hard clinical data) show that carers' health outcomes are significantly worse than their peers. Work has been carried out collaboratively with HCPs to create a toolkit. As part of the toolkit, there is progress in collecting data about carers identified in acute, particularly from ENHT and WHTHT. The toolkit is a template for HCPs for local discussions, including with carers' organisations and carers themselves, on how to improve outcomes for carers locally in the light of their PHM data. It is used for local systems to prioritise in the light of local resources and opportunities.	

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Healthwatch Hertfordshire: Carers' Views and Experiences at Accessing Support from their GP Practice (published October 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	<p>Identifying Carers</p> <p>We know that there are many unpaid carers who do not identify themselves as a carer, and in turn are not receiving support with their caring role from health and care services. GP practices are often a first point of contact for unpaid carers, and in an ideal position to ensure they are identified. This could be through:</p> <ol style="list-style-type: none"> 1. Providing information and resources (such as posters, leaflets) in their practice and on their website, setting what it means to be an unpaid carer. 2. Encouraging patients to self-identify by distributing letters, text messages and emails to patients asking whether they have taken on caring responsibilities. This information could also be shared in the GP practice and on the practice website. 3. Encouraging patients to check their patient records are up-to-date. 4. Proactively asking patients if they have a carer, or if they are a carer. For the above recommendations, consideration should be given to the language used, as many people do not resonate with the term "carer". Staff should also avoid making gendered or cultural assumptions about caring. 	<p>The ICB are aware that carers generally face more health needs in general, e.g the Annual National GP Patient Survey 2021 outlined that 54% of carers had long term health conditions (compared with 47% of non-carers) and 13% had mental health conditions (8% non-carers). The ICB are working to support practices to register more carers to ensure they receive the support they need through programmes such as the Enhanced Commissioning Framework (ECF). The ECF supports the delivery of local and national key priorities and Hertfordshire and West Essex ICB ask general practice sites to deliver some enhanced services to improve the quality and outcomes of care delivered in certain key areas. The ECF for 2024/25 outlines the following ask of practices in relation to supporting carers: Provide a carer's annual check and refer to relevant services and support.</p> <p>As part of the annual check for people who are carers, complete the following care processes:</p> <ul style="list-style-type: none"> • Blood pressure check • Screening for depression (using PHQ 2 or PHQ 9) • Ask about reasonable adjustments and record these in the clinical record <p>Following assessments, carers should receive support and care according to identified needs, including referral to relevant services. Consider referral to NHS Talking Therapies (previously IAPT). Carers in Herts for people in Hertfordshire and Essex Wellbeing Service for those in West Essex.</p> <p>The ICB have a Health Creation Strategy that has a carers section within it to support providers to know what to do when it comes to supporting carers.</p> <p>Carers Vision is being created by the ICBs that will help to pull together information on services and support that may be helpful for carers across the ICBs - linked to this, 'No Wrong Door' is being presented to ICB Board in June 2024, this will confirm the Carers Vision as an area of focus that will be worked on in the latter half of 2024/25.</p> <p>Hitchin and Whitwell PCN hold a weekly carers cafe with a variety of partners from the voluntary sector, hospice and Sadie Centre who attend alongside practice staff, to support carers.</p>	<p>The ICB Communications Team will look at pulling together a carer focused slide for GP waiting room screens.</p> <p>The ICB, alongside Carers in Hertfordshire, held engagement events with carers across Hertfordshire in March 2024 so that the ICB could hear from carers directly about what is and what isn't working well in relation to the care they, and the people they care for, receive from their GP practice. Information from the events is being written up and will be shared with GP practices in order to showcase best practice, and share ideas, in order to try and ensure there is more consistent support for carers.</p> <p>As part of the information that will be shared with practices from the engagement events, we will also include links to helpful resources from Carers in Hertfordshire, available here: https://www.carersinherts.org.uk/for-professionals/information-for-gps/materials-to-download/</p> <p>In West Essex, Action for Family Carers work alongside Essex County Council and other organisations to support carers in West Essex - a suite of information relevant to West Essex GPs will be shared when available.</p> <p>The ICB Communications Team will also work to promote the importance of identifying carers particularly during Carers Week 10-16 June 2024 (Carers Rights Day (23 November 2024) and during Young Carers Action Day (date for 2025 TBC)</p>	<p>ICB Communications Team</p> <p>ICB Primary Care Team</p> <p>ICB Community Resilience, Health Inequalities and Personalised Care Team</p>	<p>A total of 5 engagement events with carers across HWE took place in Spring and Summer 2024 - these were a mix of face to face and online sessions with over 160 carers attending in total. These 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 practice when it comes to access and support that carers receive from their GP practices. 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. Learning from the sessions, as well as a list of useful resources, has been collated and shared not with GP practices across HWE, and a summary of some of the things was presented to GP practices and PCNs across HWE at a recent 'Protected Time to Learn' training event, which highlighted the importance of the identification of carers through sharing/learning from the events, as well as via presentations from Action for Family Carers and Carers in Herts, and the sharing of data related to carers health outcomes and the importance of identifying carers in order to support their healthcare needs.</p> <p>The previous carers awareness days were during the pre-election period for the UK government elections so a light touch approach of sharing posts and messages from local carers organisations was undertaken. Young Carers Action Day took place in March. GP display screen messages about letting the practice know a patient is a carer have been shared with HWE practices.</p> <p>For the next Carers Week the ICB communications team will look for case studies, through which to share best practice with practices.</p>
		<p>Encouraging Registration</p> <p>Our findings highlighted that some unpaid carers are not formally registered as a carer with their GP practice, which often prevents them from accessing and finding out about the support available. GP practices could encourage registration by:</p> <ol style="list-style-type: none"> 5. Ensuring that carers are aware of the need to, importance of, and benefits of registering as a carer with their GP practice. Information on how to register should be available within GP practices and on the practice website. Communication could also be delivered via text messages, letters and emails. 6. Sending confirmation to patients once they have registered as a carer with their GP practice - either via letter, email or text message. 	<p>As outlined above, the ICB, alongside Carers in Hertfordshire, held engagement events with carers across Hertfordshire in March 2024 so that the ICB could hear from carers directly about what is and what isn't working well in relation to the care they, and the people they care for, receive from their GP practice. Carers who attended the events were encouraged to ensure they are registered as a carer at their GP practice.</p> <p>Information about the carers section of the ECF for 24/25 is outlined above, however supporting carers was also an area of focus within the 23/24 ECF, in which practices were asked to take practice steps to identify people who are carers and record carer status using relevant clinical codes.</p> <p>Carers in Hertfordshire have a GP liaison worker who works with and trains/supports carers champions within practices.</p>	<p>A new ICB Population Health Management (PHM) data platform is being produced that will highlight the number of carers and conditions they may have (e.g diabetes) - this will help the ICB to better identify the support required by carers and this should help to support in reducing Health Inequalities.</p> <p>The ICB are working with Carers in Hertfordshire and the Adon Club around a possible place on carers and diabetes (Carers Week 10-16 June is also National Diabetes Week)</p>	<p>ICB Primary Care Team</p> <p>ICB Community Resilience, Health Inequalities and Personalised Care Team</p> <p>ICB Communications Team</p>	<p>The data dashboard is still under development and will provide high-level data to better identify the support of carers</p>
		<p>Access</p> <p>The findings indicated that carers are facing difficulties accessing their GP, whether this be for themselves or the person they care for. GP practices should strive to improve access for carers by:</p> <ol style="list-style-type: none"> 7. Continuing to improve telephone systems to reduce delays and waiting times. 8. Offering greater flexibility in contact hours and opening hours to account for caring responsibilities. 9. Reviewing and addressing waiting times for appointments for carers. 10. Being more mindful of caring responsibilities and demands when offering appointments. 11. Providing more choice and flexibility when offering appointments, including offering "suitable appointments" when necessary 	<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>62 practices are already on Advanced Cloud Based Telephony (CBT). 34 are in the process of moving to Advanced CBT. A further 18 are on a system capable of Advanced CBT and are being offered free upgrades they are not already using the full functionality.</p> <p>Enhanced Access is in place within each Primary Care Network (PCN) offering appointments which fall outside of usual practice hours - these are from 6-30pm weekdays, and 8-9pm on Saturdays and can be booked via the usual practice booking route. It is important to note that core practice opening hours are set nationally as part of GMS and are therefore not within local control.</p> <p>Under the 24/25 ECF, practices are asked to ensure that they ask about any reasonable adjustments that may support them to be seen, and record these in the clinical record.</p>	<p>The ICB Communications Team to look at pulling together a carer focused slide for GP waiting room screens.</p> <p>Feedback and best practice from the carers engagement events that took place in March 2024 will be shared with practices in the near future.</p>	<p>ICB Primary Care Team / Primary Care Digital Team</p> <p>ICB Community Resilience, Health Inequalities and Personalised Care Team</p> <p>ICB Communications Team</p>	<p>The Communications Team have created a toolkit for practices that provides templates that can be shared in the practice building to promote the ARRS roles and bring understanding to patients of these roles.</p> <p>The toolkit was presented at the Primary Care lunchtime webinar on 15 January 2025. The focus was on introducing what the ARRS roles are and who they are in the practice, to bring an understanding of what type of appointments patients can book to improve the timely access to appointments. The recordings is accessible to all Primary Care colleagues here: https://www.hertsandglo.org.uk/training-and-development/primary-care-all-colleagues-lunchtime-webinars-2024-2025</p> <p>100% of HWE GP practices have now moved from analogue lines to a digital phone system.</p> <p>As part of the feedback from the carers engagement events that took place in 2024, one of the 'ideas for change' suggested to practices was to, where possible 'needed - offer double appointments to be the need of the carer.</p>
		<p>Support for Carers</p> <p>Patients who are registered as a carer should receive additional support from their GP practice to help carers manage their health and wellbeing. GP practices should ensure carers feel supported in their caring role by:</p> <ol style="list-style-type: none"> 12. Ensuring that they offer registered Carers the following support on a regular basis: <ul style="list-style-type: none"> • NHS annual health check • Flu vaccinations • Carer Assessment • Benefits checks 13. Ensuring NHS annual health checks include a thorough examination of carers' physical and mental health. 14. Having discussions with carers about their physical and mental health, particularly in relation to their caring role. 15. Signposting carers to health and social care services, as well as support provided by the VCSE sector. 16. Referring to, or encouraging, carers to speak to a social prescriber or link worker. Awareness about how social prescribers can support carers should also be raised. 17. Updating their websites to include the following information: <ul style="list-style-type: none"> • Benefits of registering as a carer, and the support they should receive. • Signposting information and support to local and national organisations. 18. Treating carers with respect, compassion and empathy, and acknowledging the demands of the caring role. Reminders and refresher training on engaging with carers should be considered. 19. Ensuring that receptionists are checked patient records to see if someone is registered as a carer, and offering greater flexibility when booking an appointment, where possible. 	<p>As above, the ECF outlines support that practices are asked to provide to carers. Carers are also eligible for a free flu vaccination - this is communicated to carers via the local authority who take the lead in communicating about eligibility of vaccinations for carers, this usually includes direct letters to patients as well as articles (written with organisations such as Carers in Hertfordshire and the Hertfordshire Carers Organisations Network), and is supported by the ICB Communications team via messages shared on social media channels and ICB newsletters.</p> <p>The ECF also advises that following assessment, carers should receive support and care according to identified needs including referral to relevant services such as NHS talking therapies. Carers in Herts for people in Hertfordshire and Essex Wellbeing Service for those in West Essex. Most practices also have Social Prescribers in post who are able to support people with a number of issues such as loneliness, benefit checks or directing people to further support.</p> <p>An assessment of all GP practice websites is taking place in 2024 - this review will help to ensure online access is prominent and consistently clear and that practice websites have helpful information available - whilst there isn't a specific ask related to carer information, some practices already do feature information on their websites to support carers - e.g links to carers cafes / Carers in Hertfordshire information etc.</p>	<p>As part of the feedback and best practice that has been gathered at the recent carers engagement events held in March 2024, further training for practice staff on engaging with carers will be looked into.</p>	<p>ICB Community Resilience, Health Inequalities and Personalised Care Team</p> <p>ICB Primary Care Team / Primary Care Digital Team / Primary Care Training Hub</p>	<p>Some GP practices and PCNs across HWE attended a recent 'Protected Time to Learn' training event, which highlighted the importance of the identification of carers through sharing/learning from the carers/engagement events, as well as via presentations from Action for Family Carers and Carers in Herts, and the sharing of data related to carers health outcomes and the importance of identifying carers in order to support their healthcare needs.</p> <p>All GP practice websites across HWE were audited by the ICB and websites assessed using a national tool based on NHE guidance - this concluded in April 2024.</p> <p>The audit informed the creation of a plan with next steps, including how the ICB work with PCNs/Practices to ensure websites meet suggested guidance. Key updates from this work are as follows:</p> <ul style="list-style-type: none"> • Individual practice results have been shared with practices to enable them to look at areas for improvement • Some practices were already developing websites in line with access plans - they have been given access to the assessment tool to ensure alignment with that • Some practices have asked for a re-assessment post development work which the ICB are working through • The primary care digital team are currently re-visiting the lowest achieving websites to see if improvements have been made.
		<p>Carers Champion</p> <p>Each GP practice should have a Carers Champion. Carers Champion play an important role in ensuring that carers feel supported and are a key point of contact should a carer having any concerns.</p> <p>20. All GP practices should have a Carers Champion if they do not already.</p> <p>21. If a GP practice has a Carers Champion, their contact details should be given to registered carers, available in GP practices, and provided on the GP practice website. An email, letter or text message to registered carers could also be distributed</p>	<p>Within the 23/24 ECF, practices were asked to identify practice leads for a number of areas, including a carers lead.</p> <p>Carers in Hertfordshire have a GP liaison worker who works with and trains/supports carers champions within practices.</p>	<p>The way in which practices communicate with their patients who are carers varies - information from the events is being written up and will be shared with GP practices in order to showcase best practice, and share ideas, in order to try and ensure there is more consistent support for carers.</p>	<p>ICB Community Resilience, Health Inequalities and Personalised Care Team</p> <p>ICB Primary Care Team</p> <p>ICB Communications Team</p>	<p>As part of the Enhanced Commissioning Framework (ECF) 25/26, practices across HWE are asked to provide a carer's annual health check and refer to relevant services and support. As part of this annual health check for people who are carers, Practices will complete the following care processes:</p> <ul style="list-style-type: none"> • Blood pressure check • Screening for depression • Document preferred means of communication and Reasonable Adjustments <p>Following assessments, carers will receive support and care according to identified needs including referral to relevant services as below:</p> <ul style="list-style-type: none"> • For Essex residents, consider referral to Essex Wellbeing Service who have pathways with Action for Family Carers, NHS Talking Therapies (previously IAPT) and other services offering holistic carer support • For Hertfordshire residents, consider referral to Carers in Herts and/or NHS Talking Therapies. <p>Hi, after reviewing the shared care record, the carer is known to social care then consider sharing the annual health check to social care to ensure care and support is integrated</p> <p>As noted above, information gathered at the carers engagement events that took place in 2024 has been shared with HWE practices and PCNs.</p>

Report	Background/ Identified areas from Healthwatch report	Recommendations	Action already taken	Actions to discuss further / take forward	Owner	Comments/Progress Updates - 2024	Update - March 2025
Healthwatch Hertfordshire: Accessing GP Services- Views from Hertfordshire's Parents and Carers - (published March 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	Improving access to GP services would instil greater confidence in patients. This could be achieved through: 1. Enabling a variety of access routes, including the use of online services and visiting the GP practice in person, to accompany all needs and preferences. 2. Continuing to improve telephone systems to reduce delays and waiting times for patients. 3. Greater flexibility in contact hours and opening times to account for school hours, work, and caring responsibilities.	Online and Video Consultation tools are already in place within practices, and these are now surfaced on the NHS App. This means that patients can now launch an online consultation directly from the APP, provided a practice has enabled all of the functionality. 62 practices are already on Advanced Cloud Based Telephony (CBT). 34 are in the process of moving to Advanced CBT. A further 18 are on a system capable of Advanced CBT and are being offered free upgrades if they are not already using the full functionality. Enhanced Access is in place within each Primary Care Network (PCN) offering appointments which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route. It is important to note that core practice opening hours are set nationally as part of GMS and are therefore not within local control. Engagement events with carers across Hertfordshire took place on 13 and 15 March 2024. ICB and Carers in Herts met with unpaid carers to understand what is working well in relation to the support carers get from their GP practice, challenges they are facing, and possible adjustments to access and services that would help further support carers and the people they care for. Support is also being offered to the GP workforce via the ICBs workforce and training hub team in order to help enable improvements in access - e.g recruitment/retention programmes and support for new non-medical roles that help expand the workforce in general practice.	Actions from carers engagement events to be written up and shared across primary care in HWE and ICB to share ideas and good practice and highlight areas of concern - place teams to work with primary care on possible changes that could be made to support carers when it comes to their GP practice.	Primary Care Directorate - place team Head of Primary Care Digital	Key milestones for NHS app: July – September 2023: Develop public facing communications campaign – PARTIALLY COMPLETE - This was delayed because of the face lift to the NHS App. 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 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 2025 – ongoing monitoring and support January 2023 – September 2025 - Performance data and patient feedback show access improvement	A total of 5 engagement events with carers across HWE took place in Spring and Summer 2024 – these were a mix of face to face and online sessions with over 60 carers attending in total. These 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. Learning from the sessions has been collated and shared out with GP practices across HWE, and a summary of some of the findings was presented to GP practices and PCNs across HWE at a recent 'Protected Time to Learn' training event, which highlighted the importance of the identification of carers through sharing learning from the events, as well as via presentations from Action for Family Carers and Carers in Herts, and the sharing of data related to carers health outcomes and the importance of identifying carers in order to support their healthcare needs. HWE boasts the highest registration rate on the NHS app in the East of England, with 63% of the eligible population registered. Additionally, we have one of the highest numbers of online consultations submitted in England. 100% of HWE GP practices have now moved from analogue lines to a digital system. PCNs and practices continue to be offered support with workforce planning from the Primary Care Workforce Team. As of February, 804 FTE Additional Roles Reimbursement (ARRS) staff are employed by HWE PCNs, which now includes 32 FTE Salaries GP working at a PCN Level.
		Making appointments more readily available is important, particularly for children and young people and vulnerable groups. This includes: 4. Appointments that are bookable in advance, especially if the concern is either routine or non-urgent. 5. Reviewing and addressing waiting times for appointments, with particular consideration given to: • Children and young people • Those with a disability, complex needs, or a long-term condition • Those with ill mental health	All practices are undergoing changes to adopt a modern style to general practice approach. 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. The ICB have developed an access dashboard that holds data such as number of GP appointments / numbers of patients seen within 2 weeks - this data will help to highlight, alongside soft intelligence, where there is most need and support required.	Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.	Primary Care Directorate - place teams		All practices across HWE are implementing Modern General Practice, however the pace and some of the detail differs between practices and we are working to identify those practices that require further support. In 2024, the ICB Digital team, with assistance from our partners in HBLUCT, conducted a series of webinars focused on Modern General Practice. Prior to these webinars, team members visited various sites to document what constitutes a successful modern GP practice. The findings were subsequently presented during the webinars, which saw over 50 attendees.
		Providing greater choice when offering appointments would improve the quality of care received. This includes: 6. Being mindful of work and caring responsibilities, as well as school hours, when offering appointments. 7. Providing more choice when offering appointments to patients, with a particular focus on offering more face to face appointments where possible. Specific consideration and greater choice should be given to: • Children and young people • Those with a disability, complex needs, or a long-term condition • Those with ill mental health 8. The ICB should work with Primary Care Networks and GP practices to identify ways of ensuring there is greater choice for patients.	Each PCN offers appointments via Enhanced Access which fall outside of usual practice hours - these are from 6:30-8pm weekdays, and 9-5pm on Saturdays and can be booked via the usual practice booking route. Modern General Practice is being implemented across general practices in HWE - this is being put in place to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message. It is important to note that that online consultations for many practices and PCNs are critical for ensuring maximum capacity and level of service provision necessary to safely meet the needs of all registered patients.	Continue to deliver modern general practice - there is recognition that transition to a modern style of general practice will require further engagement and communications with the local population to ensure they understand changes to operational delivery.	Primary Care Directorate - place teams		Modern General Practice delivery continues to progress across HWE, as above.
		Providing high quality of care would ensure all patients feel respected and heard. This includes: 9. Listening to and respecting the concerns of all patients, particularly parents and carers, to prevent misdiagnosis and/or mistreatment. 10. Providing thorough assessments and high quality care to all patients, at all times. 11. Healthcare professionals and reception staff to treat all patients with respect. This should be monitored to ensure staff are not dismissing concerns, or judging patients for making contact. Reminders and refresher training should also be considered. 12. Delivering Customer Care training for GP receptionists to improve their customer service and communication skills.	A large number of training courses and webinars 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 the 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.hertstraininghub.org.uk/training-and-development Protected Time to Learn (PTL) events will continue to run in 24/25 - these are designed to meet the specific training needs of practices and PCNs (for both clinical and non clinical staff). In addition to this, there is a specialist need specific to a PCN the Training Hub can work with the PCN on that and support them to find courses suited to their needs. Training needs/ webinars and PTL events are aligned with ICB/NHS priorities and practice/PCN training needs assessments. In addition to supporting training needs, the ICB will work with practices to review patient experience intelligence alongside service provision information and data to offer support / where necessary - information on patient experience will be collated and assessed using various information such as that within the annual national patient survey, appointment data, local surveys etc and a practice visit programme that is being led by the ICB's Nursing & Quality and Contracts teams will begin in Autumn 2024 (once a pilot has taken place this summer). This will see all practices across Hertfordshire and West Essex reviewed regularly using data/information already available to the ICB - this approach will be undertaken by an ICB led multi-disciplinary group and support will be provided if requested or identified through the review/visits. There are a number of expected benefits to this work including being able to further support practices to deliver high quality care, which includes improvements in patient safety and experience as well as sharing best practice across the ICB area in order to support continuous learning & quality improvement. This will be in addition to visits and reviews that are already taking place on an ad hoc basis.	Ongoing promotion of training to continue. PCNs to work alongside Training Hub who will help to support and develop any training needs The now well established PCN training teams can also work closely with PCN staff to address any specific training needs that may arise. Ongoing practice visit programme to begin from Autumn 2024.	Primary Care Directorate - Training Hub Team Primary Care Place Teams Nursing & Quality and Contracts teams	A variety of training courses continue to be made available for primary care staff and are advertised via the ICB Training Hub website: https://www.hertstraininghub.org.uk/training-and-development . The training provided to the workforce is based on a detailed training needs analysis conducted yearly to ensure staff have access to the appropriate level of training, in the most requested areas. Individual requests are also reviewed throughout the year. Over 1,300 individual places on courses have been commissioned throughout 2024/25. Protected Time to Learn sessions have continued throughout 24/25 and dates have been published for the continuation during 25/26. 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. Contract a Quality Visit Programme which is jointly led by the ICB's Quality and Contracts teams will be starting in April 2025 (following initial pilot in late 24/25).	
		GP practices should offer greater information and support, particularly in regards to the use of online services. This includes: 13. Continuing to encourage patients, particularly parents and carers and vulnerable groups, to contact their GP practice if they have concerns about their health. 14. Enabling parents and carers online access for their child or the young person they care for, if this function is not already available. 15. Continuing to increase awareness amongst parents and carers on how they can access online services for their child or the young person they care for, 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. 16. Enabling all patients full access to the functions available via online services, including: • Booking appointments • Test results • Prescriptions • Medical records 17. By 1st November 2022 all GP practices should have updated their organisation settings for online services in order to be able to provide record access to patients – whether this be via the NHS App, TPP or GMS systems. The ICS should look to review and monitor whether improvements have been made.	The public are regularly encouraged to attend their local practice for various health needs when appropriate. Regular communications campaigns about symptoms or signs to look out for are pushed locally. An assessment of all GP practice websites is taking place in 2024 - this review will help to ensure online access is prominent and consistently clear and that practice websites have helpful information available. Each of the PCNs have an approved access recovery plan which focuses on improving access/patient experience, implementing modern general practice and therefore dealing with patient contact on the same day, rather than asking patients to call back - this includes improved use of advanced telephony & digital tools. 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 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 August 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. The NHS app will enable patients to book and manage appointments, order repeat prescriptions, view their GP health record and test results where enabled. More functionality is coming online all the time including proxy access, accessing hospital and other healthcare appointments and viewing and managing care plans. The date for prospective patient access to records was pushed back to 1 November 2023 - all GP surgeries are required to give all patients in England online access to new information as it is added to their GP health record. Patients with online accounts, such as through the NHS App, should be able to read new entries, including free text, in their health record. This applies to future (prospective) record entries and not historic data. 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.	ICB communications Team Primary Care Place Teams Head of Primary Care Digital Primary Care Contracts team	Significant support and guidance has been provided to all 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 support from the ICB as well as BMA and LMC guidance that supplemented this - this offered practices more help, particularly around the danger awareness and risk mitigation and medicolegal concerns. An education event on data security was also delivered by one of the ICB Primary Medical Partners on 21 November 2023 with a part 2 follow-up training session taking place on 19 March 2024 via the HWE Education Hub.	All GP practice websites across HWE were audited by the ICB and websites assessed using a national tool based on NHSE guidance - this concluded in April 2024. The audit informed the creation of a plan with next steps, including how the ICB work with PCNs/Practices to ensure websites meet suggested guidance. Key updates from this work are as follows: • Individual practice results have been shared with practices to enable them to look at areas for improvement • Some practices were already developing websites in line with access plans - they have been given access to the assessment tool to ensure alignment with that • Some practices have asked for a re-assessment post development work which the ICB are working through • The primary care digital team are currently re-visiting the lowest achieving websites to see if improvements have been made. 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 and includes links to the national programme promoting the NHS app through public libraries) was launched in November 2024 - this programme of support has been developed to reduce the risk of digital exclusion, amplifying health inequalities through exacerbating challenges with accessing healthcare and ability to navigate the system. The hub can be found here: https://www.hertsandwestessex.icb.nhs.uk/your-health-and-care/support/digital-skills-support-hub/with-hertfordshire-at-home-support Whilst all GP Practices have enabled the core features of the NHS App to continue to promote, monitor usage and support practices to embed this as a tool for Modern General Practice implementation. We have also continued promoting the NHS app using our ICB teams and HBLCT resources. Our efforts have been successful, and we will keep supporting sites needing help and those with low NHS app uptake. The ICB's primary care digital team and HBLCT colleagues have attended a number of patient engagement events to showcase how to use the NHS app, supporting more people to get online. HWE boasts the highest registration rate on the NHS app in the East of England, with 63% of the eligible population registered Each of the ICB Place Teams work closely within their Health and Care Partnership's on Integrated Neighbourhood Team (INT) development, and ensure that there is awareness of the priorities for implementation of Modern General Practice across place.	

**FINAL
NOTES**

Meeting:	ICB Primary Care Digital		
	<i>Meeting in public</i>	<input type="checkbox"/>	<i>Meeting in private (confidential)</i> <input checked="" type="checkbox"/>
Date:	Thursday 19 December 2024		
Time:	10:00am – 11.30am		
Venue:	Via MS Teams		

Name	Title	Organisation
In attendance:		
Keith Bringloe (KB)	Head of Informatics	HBL ICT
David Coupe (DC)	GP System architect	HBL ICT
Dr Gopesh Farmah (GF)	GP and CCIO for Primary Care	HWE ICB
Dr Rachel Hazeldene (RH) Chair	GP & Chief Clinical Information Officer (CCIO) for Primary Care	HWE ICB
Melissa Howard (MH)	PC Digital	HWE ICB
Maggie Kain (MK) (Notes)	Primary Care Co-Ordinator	HWE ICB
Dr Parul Karia (PK)	GP and CCIO for Primary Care	HWE ICB
Dr Miles Oo (MO)	GP Harvey Group practice –and Clinical Fellow in Primary Care Digital	HWE ICB
Trudi Mount (TM)	Head of Primary Care Digital	HWE ICB
Fikile Mwenifumbo (FM)	Digital Transformation Project Manager, Primary Care	HWE ICB
Sarah Ost (SO)	Deputy Director of Digital/Deputy CDIO	HWE ICB
Shane Scott (SS)	Associate Director of Informatics	HBLICT
Dr Pani Sissou (PS)	GP Partner - Locality Lead Dacorum -Rep SWH HCP	HWE ICB
Babatunde Sokoya (BS)	Pharmacist Rep LPC WE & Strategic Lead for Pharmacy across ICB	LPC
Phil Turnock (PT)	MD of HBLICT Shared Services	HBL ICT

PCD/10/24	Welcome, apologies and housekeeping
10.1	The Chair welcomes all to the meeting. Apologies – Dr Kolade Daodu (KD), GP & CD Stevenage Sth PCN; Phil O’Meara (PO); Head of Finance, Primary Care Services
PCD/11/24	Declarations of Interest
11.1	None declared

PCD/12/24	Minutes of Last Meeting
12.1	Minutes from meeting, 21 November were approved.
PCD/13/24	Action Tracker
13.1	There were no outstanding actions on the action tracker.
PCD/14/24	Programme Updates
14.1	<p>a) Primary Care Digital Team Update: TM updated on Child Protection Information Sharing; this is the system where a child is on a CPP etc that has been available in unscheduled care settings etc. It is now going live in planned care settings and will be possible to be accessed using The Spine. TM advised they are working with the safeguarding teams who are leading on this and will issue some guidance around this. It will be integrated into TPP and EMIS in 2025. Access will be via Smart Cards that will need an additional role added to them.</p> <p>b) HBLICT – DC - Pc Digital Group December 2024 1.pptx I-refer – keeping the monthly meetings going to ensure our engagement with regional and national colleagues around TPP and what is going on and the next steps and how we might re-enable it. We have sorted ScriptSwitch and I-refer, the patch has been rolled out and the feedback from WE is that it appears to be stable. KB updated that a group of regional, national team and colleagues got together to try resolve the I-refer problem. Been working together for 16 weeks to get to the point where TPP delivered a fix, the group are now meeting monthly to address any future issues and concerns. EMIS-X – host a webinar once every two months and are trying to get sites to start to use the EMIS-X companion app. Next date is 14th January. EMIS are launching a web version of EMIS-X in April that will support old username and password. Team will be writing to every practice asking them to use EMIS-X and update and disable any staff no longer there. We have 48 in ENH, 6 in WE, 4 in SW currently using EMIS-X. NME Framework – been looking at all the new systems on the TIF framework. Manor View have decided to go with EMIS-X who will therefore be ahead of the curve which will be useful to see what is coming along. On-Line Consultation Roadmap – PCCC approved next steps as a 12-month mini-procurement to take through to Sept 2026. Accubook contract currently expires end of March, it was agreed to extend that through to end of Sept 25 which will need to be included as part of the 12-month procurement. Group to look at in early 2025 on what is being offered. VDI – Had had VID upgrade scheduled in twice, but had to called off, this is now re-scheduled for 12th January. This is where the platform will move to what is called the VM Ware next Generation cloud, which will be faster, more features etc. New coms to go out first week of January. Now have 750 users and will update and disable those that have not used it in six months to reduce costs. NHS App – Engagement has continued in October and November which appears to be working and will continue into the new year. In September there were 1.25m logins and 1.5m in October. HWE are significantly above the national average and well above the national average. There is to be a new national campaign to ‘back the app’ to take place in 2025. PK added that her practice have a NHS App champion in the practice who is there to support patients with using the App. TM asked if the NHS App Champions are signed up as ‘NHS App Ambassadors’, they would find it useful as they would get invited to webinars and get early sight of what is coming along with resources available. https://digital.nhs.uk/services/nhs-app/become-an-nhs-app-ambassador. This can also be added to the training session in January. TM added they will also put into the GP Bulletin regarding the NHS App Ambassadors. It was also mentioned that worth doing more work with the Community Pharmacies and Dentists on the App.</p>

SMS - SS commented that there are wide variations regarding SMS and how it is being supported with practices within the ICBs. An update will be provided after six months following the work with practices to help reduce SMS costs and also to get a reflective view on what is happening across the country.
 Spending on SMS: In 2024 was 896k compared to £793k in 2023. SMS spend has increased from 66k a month to 81k a month.

- c) CCIOs** – GF updated on Medicas, that is being used in London and added that it is worth keeping an eye on the new market entrance rates for the system.
 RH updated on attendance at an AI boot camp as part of the NHS Digital Academy programme. There was a discussion around the AI scribe tools. The MHRA talked about how they assess the new technology.
 GF and RH also attended a Regional AI day which was led by Agilis and Max Jones. Also, the Educational Housing Care Plans (EHCP) are doing some work with Essex CC to use generative AI to produce a collaborative EXCP plan.
 PT added that there are a lot of limitations that need to be controlled, and the governance of AI, the co-plot that is being piloted is done within the N365.
 A regional afternoon hosted by Clair Fuller with Avni, primary care leads and been asked to participate in the digital and technology red tape challenge.
 Mid and South Essex formally announced this week in the digital news that Cerna will be going live across all of their organisations, including EPIC.
- d) ICB Digital update** – SO updated that they have now set up a user requirement list that everyone can have access to on digital care plans and going forward will start to look at integration into the NHS app and would welcome ideas from the group as early stages for a digital care plan solution.
 CAD record going through an upgrade and will share the care plan work and the shared care record work with the group.
 MH presented on the AI & RPA Baselineing and Operating Framework Development project, looking to get a framework in place ICS wide to better support all of our providers with making choices on what AI or RPA solutions they decide to use and procure and to provide a decision support toolkit. There currently is no funding for this which is key to be able to provide this element of support. SO added that this is being developed as part of the ICS digital team and closely aligned to NHS national and regional colleagues. It is felt that there is some guidance that we should be able to implement locally and tailor to suit our needs. The team will also be looking at setting up a technical working group to try and accelerate some of this work across the system and looking at using resources, assets, licences that are already in the system.

PCD/15/24	Risks and Issues Log
15.1	TM advised that there are no updates this month.
PCD/16/24	Date of Next Meeting:
	Thursday 16th January 2025

**FINAL
NOTES**

Meeting:	ICB Primary Care Digital		
	<i>Meeting in public</i>	<input type="checkbox"/>	<i>Meeting in private (confidential)</i> <input checked="" type="checkbox"/>
Date:	Thursday 20 February 2025		
Time:	10:00am – 11.30am		
Venue:	Via MS Teams		

Name	Title	Organisation
In attendance:		
Keith Bringloe (KB)	Head of Informatics	HBL ICT
Dr Kolade Daodu (KD_	GP and CD Stevenage South PCN	HWE ICB
Dr Gopesh Farmah (GF) (Chair)	GP and CCIO for Primary Care	HWE ICB
Melissa Howard (MH)	PC Digital	HWE ICB
Maggie Kain (MK) (Notes)	Primary Care Co-Ordinator	HWE ICB
Dr Parul Karia (PK)	GP and CCIO for Primary Care	HWE ICB
Dr Miles Oo (MO)	GP Harvey Group practice –and Clinical Fellow in Primary Care Digital	HWE ICB
Trudi Mount (TM)	Head of Primary Care Digital	HWE ICB
Fikile Mwenifumbo (FM)	Digital Transformation Project Manager, Primary Care	HWE ICB
Sarah Ost (SO)	Deputy Director of Digital/Deputy CDIO	HWE ICB
Shane Scott (SS)	Associate Director of Informatics	HBLICT
Dr Pani Sissou (PS)	GP Partner - Locality Lead Dacorum -Rep SWH HCP	HWE ICB
Phil Turnock (PT)	MD of HBLICT Shared Services	HBL ICT
PCD/17/25	Welcome, apologies and housekeeping	
10.1	The Chair welcomes all to the meeting. Apologies – Babatunde Sokoya (BS); Rachel Hazeldene (RH); Dave Coupe (DC); Phil O'Meara (PM)	
PCD/18/25	Declarations of Interest	
18.1	PK declared being GP Partner in SWH, Medical Director for Beds and Herts LMC; CCIO for PC. Board Director of a Charity in Watford.	
PCD/19/25	Minutes of Last Meeting	
19.1	Minutes from meeting, 12 December 2024 were approved.	

PCD/20/25	Action Tracker
20.1	<p>PCD/14. D/24: ICB Digital Update: SO Solution for integration for DCP. Group Noted. Action Closed.</p> <p>PCD/14. D/24: ICB Digital Update: SO to share Shared Care Record to group. Complete. Action Closed.</p> <p>https://nhs.sharepoint.com/:x:/r/sites/YDD17_HWEICS/complexpatients/_layouts/15/Doc.aspx?sourcedoc=%7BA5CE24B4-7B71-4A10-9D53-3DE310A35A4F%7D&file=ICS%20Digital%20Advance%20Care%20Plans%20-%20MOSCOW%20Requirements%20Gathering.xlsx&action=default&mobileredirect=true</p>
PCD/21/25	Programme Updates
21.1	<p>a) Primary Care Digital Team Update: TM updated on key topics:</p> <p>NHS App: Focusing on appointment bookings as a lot of reference in the reforming elective care and that practices are not generally using the app for this. Will meet with Rothschild Surgery who do use the app for this.</p> <p>Team is engaging with the NHS ambassadors.</p> <p>NHS App usage for January was up to 63% of our eligible population are signed up to the App compared to National average of 59%. GF asked if the repeat prescription requests is for individual requests or individual prescription items.</p> <p>PK reminded us that we need to consider the digitally excluded and the team is working on improving this.</p> <p>Posters have been sent out to all our Community Pharmacies and Community Dentists to display advertising the NHS App.</p> <p>The Digital Inclusion recycling programme has been approved to run for another 12 months and that is to try and get as many providers as possible on board doing the same. The team are also looking to have an amnesty at the staff day in July where people will be asked to bring in their old phones, laptops, keyboards etc. that are no longer needed where our voluntary partners will be able to take them away and give to those that may need them.</p> <p>FK updated on Digital Inclusion and that they are still waiting for the comms to come through in terms of toolkit etc, web pages and also waiting room information and screen savers work continues. FK will bring next steps to April meeting.</p> <p>Practice Websites: There was a PCN Digital leads day in January where key topics were AI etc. At the next meeting the focus will be about AI and software and how they might need to look at some of the due diligence around that. Members of the group agreed this was a useful forum for sharing.</p> <p>Work Continues on Modern General practice.</p> <p>The Accubook contract is in place until Sept 25 and the team are doing the support work for beyond that.</p> <p>b) HBLICT: SS updated:</p> <p>SMS work continues to be challenging and rewarding at other times. The team are preparing a report on the last six months and will bring to the group next meeting.</p> <p>JiffJaff partnership with HBL, in terms of hosting their automation tools, has gone live and some practices are up and running and will report the benefits from that over the next few months.</p> <p>Hardware quotas, the number of scanners etc for practices. SS has written a paper which will come to the group for the next meeting.</p> <p>c) CCIOs: Digital group met where they reviewed and reflected on how far the group had come from when the digital road map was built in 2023 and that we have accomplished all the relevant outcomes for each of the years giving some good impetus moving into 2025, particularly on AI supported triage tools and understanding robotics in PC. PK putting into three areas and been talking about AI in the scribe tools such as Heidi and AI Tortoise, and AI involved with some of the clinical decision support tool, e.g. Anima, and then AI involved in the diagnostic work, particularly in the Trusts. PK has met with Heidi AI and planning to meet with Tortoise to discuss the clinical safety aspect of those tools.</p> <p>PS advised that his practice is about to roll out Heidi and would be happy to feedback how they are getting on with it over the next couple of months.</p>

	<p>PT emphasised the importance of doing all the due diligence/governance with AI tools and that there are accredited partners, so we do not compromise our security.</p> <p>MH added that the procurement framework for AI is being developed and important to triangulate the work and to have assurance that the providers are scrutinised to meet our approval.</p> <p>PK added that they have been speaking with fellow CCIOs at the Trusts; PAH, Lister, Watford and West Herts and are starting a programme of meetings. PK has met with Richard Burrige, CIO at WWHT to share learning/challenges on, e.g. Heidi AI, Pilot on Tortoise, maternity and safeguarding interface and access to safeguarding data, paper forms, coding on discharge letters etc.</p> <p>d) ICB Digital update – MH summarised that with AI and RPI, key areas by end of march is to surface what is currently live and to look at efficiencies and cross-working as they know of a couple of acute trusts that could share some of their RPA automations on JiffJaff.</p> <p>For digital inclusion they are hoping to be able to get PAH and WHHT on board asap and ENH by end of February, also linking in with County Councils and work continues on NHS app.</p> <p>SO updated on the Digital Advanced Care Plan solution, this is around learning where end of life frailty data was surfacing across all providers and share care settings in the shared care record. The project is now in phase two; Shared Care Record optimisation and added that there are some new features such as a care plan widget, advanced care plan widgets, some alert notifications. The team are working with Cerna to identify areas including acute surfacing respect forms into the SCR. It has now gone to business planning cycle for continuation of funding for 25-26.</p> <p>SO shared the ShCR Block Plan below and ICS Digital Advance Care Plans and Somerset cancer register are in meeting chat.</p> <div data-bbox="427 1019 478 1081" data-label="Image"> </div> <p>HWE ShCR Block plan 13022025.pdf</p> <p>OST, Sarah (NHS HERTFORDSHIRE AND WEST ESSEX ICB - 06K): ICS Digital Advance Care ...</p> <p>OST, Sarah (NHS HERTFORDSHIRE AND WEST ESSEX ICB - 06K): Somerset cancer register ...</p>
PCD/22/25	Risks and Issues Log
22.1	<p>TM updated:</p> <ul style="list-style-type: none"> • Change of pathology partner is under way and there has not been a huge impact on primary care currently. • KB updated that they have communicated out to SWH practices, the EMIS practices who need to adjust their configuration to add the HSL lab in as a trading partner, and those that have not responded are being chased. • KB mentioned the current pathology contract within ENH runs through Addenbrooke's CUH. There are a few practices in Hertfordshire and some in WE and are waiting for a list of those practices. The issue that will arise is that once the contract novates to HSL there is not contract with CUH for those practices. KB to summarise the issues with SO and TM where it can be raised at the weekly digital work stream meeting and or KB can join the meeting also. • TM has added to the Primary Care Digital risk register, having spoken with the safeguarding team, the process of how the records are managed/shared for adoption. •
PCD/23/25	Any Other Business

	<ul style="list-style-type: none">PS asked about work around EPS other providers such as CLCH, HCT, HPFT, hospital trusts, etc. <p>Action: SO to look into past EPS paper particularly sick note system and to provide an update at March meeting.</p> <ul style="list-style-type: none">KD added that in ENH fit test reports have not been coming through. KB updated that ENH trust have been in touch and the HBL team are working with the acute, the problem is at the acute side who have updated that the issue has been resolved and are retransmitting the reports. TM confirmed that the ENH place team are aware, and KD has raised the issue with Dr Simon Chatfield, TM will share the patient numbers with KB and clinical leads to make aware also.
PCD/24/25	Date of Next Meeting:
	Thursday 20th March 2025



**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 December 2024			
Time:	1300 - 1400			
Venue:	Microsoft Teams (Virtual)			

MINUTES

Name	Title	Organisation
Attendees		
Joyce Sweeney (JS)	Head of Primary Care Workforce	Hertfordshire & West Essex ICB
Tom Neale-Peppiatt (TNP)	Primary Care Workforce Programme Manager	Hertfordshire & West Essex ICB
Dr Sarah Dixon (SD) – Chair	Primary Care Workforce GP Clinical Lead (Chair)	Hertfordshire & West Essex ICB
James Gleed (JaGI)	Associate Director Primary Care Strategy and Transformation	Hertfordshire & West Essex ICB
Cathy Geeson (CG)	Lead Pharmacist – Strategy and Pharmacy and Allied Health Professions Workforce Development	Hertfordshire & West Essex ICB
Richard Stanley (RS)	GP Partner, Trainer & Appraiser; GP Trainer & Placement Expansion Lead	Hertfordshire & West Essex ICB
Zana Khan (ZK)	Quality Lead Hertfordshire and West Essex Training Hub	Hertfordshire & West Essex ICB
Jayna Gadawala (JG)	Primary Care Workforce GP Clinical Lead	Hertfordshire & West Essex ICB
Mark Sandler (MS)	HWE Training Hub GP Wise 5 Clinical Lead	Hertfordshire & West Essex ICB
Leen Kubba (LK)	Primary Care Clinical Pharmacist Tutor	Hertfordshire & West Essex ICB
Allison McCrory (AM)	Project Support Officer	Hertfordshire & West Essex ICB
Apologies		
Avni Shah (AS)	Director of Primary Care	Hertfordshire & West Essex

		ICB
Mark Edwards (ME)	Associate Director for Workforce Transformation	Hertfordshire & West Essex ICB
Ankush Sachdev (AS)	HWE Training Hub GP First 5 Clinical Lead	Hertfordshire & West Essex ICB
Sharon Bromley (SB)	Senior Project Manager	Hertfordshire & West Essex ICB
Lyn Murphy (LM)	Primary Care Workforce GPN/Advanced Practitioner Lead	Hertfordshire & West Essex ICB



1.	Welcome and Introductions
	SD - Welcomed attendees to the meeting. It was confirmed with members that the meeting was being recorded for minuting purposes.
2.	Declarations of interest
	None to declare.
3.	Meeting Notes from the meeting held on 5th September 2024
	The previous meetings minutes / notes were approved by the group.
4.	Action Log
	All actions closed, except one relating to workforce data which will be covered in part 2 of the WIG.
5.	Terms of Reference
	<p>Terms of Reference have been updated, no comments following dissemination. Approved at the Primary Care Transformation meeting.</p> <p>The updated Terms of Reference were approved by the group.</p>
6.	Risk Register
	<p>TNP – There are 4 risks on the Risk Register which were explained and reviewed.</p> <p><i>ACTION: TNP to share risk register for comment</i></p>
7.	Pharmacy Workforce Update – Cathy Geeson
	<p>CG – Gave an update on pharmacy workforce. Summer 2026 is the first-time pharmacists will be independent prescribers at the point of registration.</p> <p><u>Foundation Pharmacist Training (Pre-registration year for Pharmacists)</u> There are proposed key changes in Foundation Pharmacist training in 2026/27. Trainee Pharmacists will need to spend a minimum of 13 weeks in a different sector of practice. Ideally employers need reciprocal placements as without a reciprocal swap a placement fee may be required. Currently only 3 General Practices in HWE are lead employers.</p> <p>Employers need to advertise their training places in January – February 2025 so there may be a shortage of placements owing to a lack of multi-sector partners being identified. Implementing the requirement for multi-sector placement may be deferred to the following year by NHS England owing to the issues expected with shortage of placements, this is still to be decided.</p> <p>Foundation Pharmacist webinar was held on 1st October to support practices and a multi-sector placement matching survey was undertaken. This identified 11 Community Pharmacy placement opportunities and 7 in General Practice.</p>



	<p><u>Increasing Access to DPPs (Designated Prescriber Practitioners)</u> Not enough DPPs in community pharmacy – will need to rely on hospitals or General Practice. 46 respondents to the DPP scoping survey (out of 180), 12 willing to offer DPP support.</p> <p>Work being done to overcome barriers where possible such as supporting people to feel more confident and support around funding.</p> <p><u>Pharmacy Technician Apprenticeships</u> Pharmacy Technician Apprentices can now be employed under the ARRS scheme, this includes funding for educational supervision which can also be funded from ARRS budget.</p> <p>Potential barrier to employing Pharmacy Technician Apprentices is the need for access to a supervised dispensary environment. Working with community pharmacy to overcome this.</p> <p>There is NHSE funding for Community Pharmacy Technician Apprenticeships (covers 2-years' salary). 75 places recruited in East of England – unsure how many are in HWE yet as this has not been announced.</p> <p><u>Teach & Treat Programme</u> Teach and Treat pilot, £50k funding was bid for but no contract has been awarded by NHSE. Currently on hold but awaiting further information on a decision. Should hear more on Monday.</p> <p><u>Barriers to implementation of the strategy</u> NHSE has limited capacity within the local workforce training and education team which has resulted in delays in receiving information from NHSE such as the Pharmacy Technician Workforce Strategy, comprehensive data and the Multi-Sector training requirement for foundation pharmacists.</p> <p>2025/26 foundation training – 16 HWE GPs/PCNs have agreed to provide foundation pharmacist training for 2025/26 (2 lead employers and 14 are offering multi-sector placements). This may not be enough as there are 45 community pharmacy training places that still have no DPP plans in place.</p> <p>Potential for funding identified from the Training Hub to support with DPP provision. Details being worked through.</p> <p>2026/27 – Multi-sector partners need to be found quickly so places can be advertised in January/February 2025.</p>
8.	<p>Primary Care Workforce Plan 2025/26 – Dr Sarah Dixon, Joyce Sweeney, Tom Neale-Pepiatt</p> <p>SD presented the 2025/26 primary care workforce funding plan.</p> <p>JS noted that funding for training will be limited next year, and the plan includes opportunities for the whole of primary care.</p> <p>Apart from the activities funded within the service development funding (SDF), there are various other workstreams that contribute a vast amount of support to primary care such as development of rotational roles, research forums, educational forums and Advanced Practice forums and much more.</p>



	<p>MS – Flexible Pools and Primary Care Careers are in red, why?</p> <p>TNP – These programmes of work are being evaluated currently to identify the return on investment. We are looking at what the outcomes of not commissioning these services would be. Currently looking at the utilisation of these balanced against the costs. Evaluations will be ready to present to Primary Care Commissioning Committee (PCCC) in January 25.</p> <p>MS – Will this document be shared within this group?</p> <p>JS – I will share the details of the workstreams and who is leading them.</p> <p><i>ACTION: JS to share the work streams and who is leading them with the group.</i></p>
8.	AOB
<p><u>Primary Care Conference 2025</u></p> <p>JG – Primary Care multi-professional conference is planned for May or June 2025 for about 200 people.</p> <p>Currently looking at venues and curating the programme details. We would like the whole Training Hub to be involved, both clinical and non-clinical, and we will shortly send out a save the date. We will be inviting all of primary care including POD. If anyone has any ideas for themes, keynote speakers or workshops that link into ICB priorities or the future of primary care, please share them with us as we would appreciate your support.</p> <p><u>Protected Time to Learn</u></p> <p>JS – Update on Protected Time to Learn. The proposal to continue PTTL has been drafted. The proposal needs sign off from Contracting and Commissioning Committee, Finance Scrutiny Committee and PCCC. The proposal is to continue PTTL in the same format for 2025/26 and use the same provider – Herts Urgent Care (HUC) to cover the events HUC have provided provisional dates for the events of which will be shared when the proposal has been approved. Next year an evaluation of the service provision from HUC will take place.</p> <p>RS – Will PTTL still be 1.30 – 5.30.</p> <p>JS – Yes that is the proposal currently – feedback from a recent survey that went to all GP practices and PCNs showed and there wasn't much interest in having a later start or extending the provision. We are querying with HUC about the possibility of varying the dates and times across PCNs, so they are not all shut down at the same time.</p> <p>JaGI – Last year it was cost prohibitive to extend HUC provision, there is also a need to keep the time at the end of the day for practices to see urgent patients and to limit the impact on delivery of urgent emergency services (UEC).</p>	



**APPROVED
MINUTES**

Meeting:	Part 2: 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 December 2024			
Time:	1400 – 1500			
Venue:	Microsoft Teams (Virtual)			

MINUTES

Name	Title	Organisation
Attendees		
Joyce Sweeney (JS)	Head of Primary Care Workforce	Hertfordshire & West Essex ICB
Tom Neale-Peppiatt (TNP)	Primary Care Workforce Programme 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
Richard Stanley (RS)	GP Partner, Trainer & Appraiser; GP Trainer & Placement Expansion Lead	Hertfordshire & West Essex ICB
Alice Baldock (AB)	Medical Director	LMC
Emma Salik (ES)	Associate GP Dean for Herts and West Essex, NHSE	Hertfordshire & West Essex ICB & NHS England
Leen Kubba (LK)	Primary Care Clinical Pharmacist Tutor	Hertfordshire & West Essex ICB
Oluyinka Idowu (OI)	NHS Executive Lead, Life and Medical Sciences	University of Hertfordshire
Jayna Gadawala (JG)	Primary Care Workforce GP Clinical Lead	Hertfordshire & West Essex ICB
Allison McCrory (AM)	Project Support Officer	Hertfordshire & West Essex ICB

Apologies		
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
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
Ankush Sachdev (AS)	HWE Training Hub GP First 5 Clinical Lead	Hertfordshire & West Essex ICB
Sharon Bromley (SB)	Senior Project Manager	Hertfordshire & West Essex ICB
Lyn Murphy (LM)	Primary Care Workforce GPN/Advanced Practitioner Lead	Hertfordshire & West Essex ICB
Avni Shah (AS)	Director of Primary Care	Hertfordshire & West Essex ICB
Steve Gregoriou (SG)	System Workforce Planner	Hertfordshire & West Essex ICB



1.	Welcome and Introductions
	SD - Welcomed attendees to the meeting and everyone introduced themselves.
2.	Trainee Exam and Trainer Support – Dr Richard Stanley
	<p>RS – Presented the HWE Training Hub Trainee Exam and Trainer Support Funding - Reporting and Continuation Bid - November 2024.</p> <p>The main aim is to address the issue of variations in trainee exam pass rates, trainer retention and trainer morale across HWE.</p> <p>West Herts has typically had high trainee pass rates, good quality trainees, fewer challenges and trainee extensions. This has led to high pass rates and good workforce and placement pipelines.</p> <p>Central Herts & West Essex has historically had significantly lower trainee pass rates and trainees with more challenges. This has led to problems in training placement capacity and workforce pipeline, trainer morale, retention and turnover.</p> <p>Trainee exam support has been put in place which will help improve exam pass rates. As a result of this intervention, we will also resolve placement capacity issues, workforce pipeline issues and help improve trainee, trainer, educator and TPD morale. It will also help with recruitment and retention.</p> <p>Funding was secured for the project in 2023/24; however, funding was released late in the year leading to a lag in implementation which had more of an impact in West Essex than in Central Herts.</p> <p>The funding was used for two different approaches to support:</p> <p>CH – implemented a programme of AKT and Clinical Skills exam support sessions weekly for 2 hours provided by trainers. Average pass rate was raised from 42% to 66% for AKT and from 53% to 82% for Clinical Skills.</p> <p>WE – Provided sessions supported by actors for exam prep and support. This didn't start until about 6 months ago and so is too early to evaluate outcomes. Base line pass rates are very similar to CH.</p> <p>Trainer support – utilised PTTL time to run trainer workshops.</p> <p>AB – I have experience of both schemes and the outcomes are fantastic. Would also like to highlight that the trainers also need more support.</p> <p>RS – Trainer support is harder to implement and assess outcomes, but it is just as important if not more important. The Training Hub can offer a new method of trainer support within this funding support package.</p> <p>OI – Did the trainees who came through University of Hertfordshire pass their exams easier or did they get better results because of what they experience with us? There will also be more opportunities to use the facilities for learning when the Medical School opens.</p> <p>RS – The data has not been looked at to see whether Uni of Herts registrars have a different pass rate to other placements.</p>



	<p>ES – We do work hard to support trainees who are struggling for whatever reason. There is support and additional help available for trainers from a TPD.</p> <p>AB - The trend of trainee GPs dropping to work less than full time is not helpful, it causes problems of making the training go on longer and causes problems with placements.</p>
3.	<p>Life and Medical Sciences Placement Strategy Project – Dr Oluyinka Idowu</p> <p>OI – Presented the Placement Strategy Proposal for increasing the placement capacity for healthcare trainees – covering all 4 programmes within the Life and Medical Sciences department at University of Hertfordshire (Clinical Psychology, Dietetics, Pharmacy and Physician Associates), although is widely applicable to other healthcare programmes, HEIs and providers.</p> <p>UoH are opening a Medical School with 70 students expected, which will further increase the demand for placements – 210 extra placements. A lack of co-ordination exists within healthcare institutions around placement provision. Traditional models of placement provision lack the flexibility needed to adapt to the evolving demands and integration of the healthcare sector.</p> <p>The proposal is to look at a multidisciplinary and multi sector approach to placement delivery. The aim is for an inter-programme and departmental approach to communications with the wider UoH and placement provider community and consider a backward design for education delivery.</p> <p>The desired outcome is to develop employer led education. We are looking at a competence-based skills sign off rather than a title led sign off gained from using the breadth of placement provision.</p> <p>The proposal is to have 3 levels of engagement with implementation: strategic level, programme level and operational level.</p> <p>OI has already engaged with several stakeholders and aims to draft a placement strategy to be presented in November 2025. The project is expected to have minimal cost but requires proactiveness and engagement from all sides.</p> <p>JaGI – Project success criteria in the paper – what is the baseline currently with placement compliance?</p> <p>OI – Unable to share the data externally but there are major gaps in Pharmacy which will get worse with the opening of the Medical School. I will ask and see what data I can share in confidence with the group.</p> <p><i>ACTION: OI to investigate what data from placements can be shared with the group.</i></p>
4.	<p>Workforce data - Tom Neale-Peppiatt (on behalf of Steve Gregoriou)</p> <p>SG could not attend the meeting, so the data was presented by TNP.</p> <p>TNP introduced the workforce data and explained how the data has been collected. It was noted early on that the workforce data was being presented in a ‘new and headline’ style for this meeting. TNP asked members of the group to feedback on the format, which will support the team to work more closely with SG on a dashboard for future circulation.</p> <p>Overall workforce increased by 122 FTE between September 2023 and September 2024.</p>



	<p>Increase of 4 FTE GPs – this is made up of an increase of 18 salaried GPs and decrease of 14 GP Partners. GPs in Training Grades have increased by 13 over the period.</p> <p>Nursing workforce has increased by 1 FTE for this period. We have 5 more ANPs which could be a result of GPNs moving into ANP and PCN roles.</p> <p>Direct patient care roles increased by 37 FTE.</p> <p>Admin and non-clinical workforce have increased by 64 FTE.</p> <p>ARRS recruitment has slowed in 2024/25 and it was noted that the data was not accurate due to the collection methodology.</p> <p>LK – Regarding the minus 21 pharmacists, was that compared to last year or Q1 to Q1?</p> <p>TNP – yes, the reduction was between Q1 and Q2. TNP noted that this is an example of not having appropriately accurate data to track these changes correctly. As the data is based on ARRS claims, they can on occasion include claims for numerous months. The NWRS data also has discrepancies because it is not always completed by practices. TNP summarised by saying that the data presented is useful as a guide and pharmacy does seem to be the biggest area of staff employed through other providers and capacity is bolstered at the start and end of the financial year (which can lead to fluctuations).</p> <p>AB – A lot of this is linked with the ECF, because some of the parameters are based on simple things and all of that can be done online or virtually. Could this be why there is a flux? Maybe because there are more pharmacists now the supervision is now done by more experienced pharmacists so they are moving out of their clinical roles, and this will show your FTE dropping.</p> <p><i>ACTION: TNP to request feedback from the group on the new format for presenting workforce data and work with SG to coordinate approach</i></p>
5.	Any other business and future agenda items
	None
11.	Date and Time of next meeting
	Dates and times for future meetings will be circulated in due course.
12.	The meeting closed at 1520

