NHS HWE ICB Primary Care Transformation Committee [Public Session]

Thursday 25 July 2024

Conference Room 2

The Forum

Hemel Hempstead

HP1 1DN

12:15 - 13:00

Hertfordshire and West Essex Integrated Care Board

Meeting Book - NHS HWE ICB Primary Care Transformation Committee [Public Session]

Agenda

09:30	1. Welcome and apologies		Chair - Prag Moodley
	2. Declarations of Interest / Committee Register		Chair
09:35	3. Minutes of last meeting held on 23 May 2024	Approval	Chair
	4. Action Tracker	Approval	Chair
09:40	5. Questions from the public	Assurance	Avni Shah
10:00	6. Directorate Highlight Report	Assurance	Avni Shah
10:10	7. Primary Care Transformation Integrated Reports	Assurance	
	7.1 South West Herts		Roshina Khan
	7.2 East and North Herts		Cathy Galione
	7.3 West Essex		Phillip Sweeny
10:35	8. Winter 23/24 Evaluation and next steps for Winter 24/25		Phillip Sweeny
10:50	9. Digital update	Assurance	Trudi Mount
11:00	10. Enhanced Commissioning Framework – Review of 2023/24	Assurance	Sam Williamson
	Comfort Break 11:15 - 11:30		
11:30	11. Progress on recommendations for the Healthwatch Commissioning Reports	Assurance	Emily Perry
11:40	12. Primary Care Risk Register	Assurance	Andrew Tarry
11:50	13. National GP Patient Survey Results	Assurance	Avni Shah
	14. Minutes from Sub-Groups	Information	
	14.1 Primary Care Digital		
11:55	15. Reflections and feedback from the meeting		All
12:00	Close of meeting		

Herts & West Essex Strategic Framework- 2022-2027

Our mission

Better, healthier and longer lives for all

We will achieve this by

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

In the first 3-5 years we will

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

The ICB will deliver this by:

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

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Primary Care Transformation Committee held in Public				**Meeting Date:**	**25/07/2024**	
Report Title:	**Committee Declarations of Interest**				**Agenda Item:**	**02**	
Report Author(s):	Gay Alford, IG and Governance Officer Jas Dosanjh, Governance Manager – Conflicts and Policies						
Report Presented by:	Chair and Governance Lead						
Report Signed off by:	Michael Watson, Chief of Staff						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information** ☐
Which Strategic Objectives are relevant to this report:	▪ Relevance to all five ICB Strategic Objectives						
Key questions for the ICB Board / Committee:	▪ Please see the 'Recommendations' section						
Report History:	▪ The Executive Team received a complete report of outstanding declarations on 10 June 2024 (original deadline for return was 31 May 2024, extended to 21 June 2024 following Executive approval)						
Executive Summary:	The ICB is required to carry out an annual exercise to refresh the Declaration of Interests Register, this is line with statutory guidance and the ICB's Standards of Business Conduct (Conflicts of Interest) Policy. The annual exercise commenced in April 2024. At the point of drafting this report, the Committee member/regular attendees declarations that remain pending are highlighted in yellow in the attached Committee Register. To comply, forms should be completed by the following: • all full and part time staff, • any staff on sessional or short-term contracts, • GP clinical leads working within the ICB (please include details of the PCN your surgery is part of in your declaration), • any students and trainees (including apprentices), • agency staff, • seconded staff,						

<table>
<tr><td></td><td colspan="4">

- self-employed consultants or other people working for the ICB under a contract for services should return a declaration.

If Committee members/regular attendees have nothing to declare, then a “NIL return” should be provided.
</td></tr>
<tr><td>Recommendations:</td><td colspan="4">Committee members and regular attendees are asked to submit outstanding declarations to hweicbwe.coi@nhs.net with immediate effect as the deadline for return has passed.

The Committee is asked to:
▪ Note the returned declarations and whether these reflect the current membership/regular attendees for this Committee,
▪ Review any potential conflicts of interest that need to be managed at the meeting in accordance with the agenda,
▪ Remind members/regular attendees that - whenever an individual’s role, responsibility or circumstances change in a way that affects the individual’s interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk:</td><td colspan="4">N/A</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">N/A</td></tr>
<tr><td rowspan="3">Impact Assessments:</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
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Hertfordshire and West Essex Integrated Care System

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

Name:		Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of Interest					Date of Interest		Action taken to mitigate risk
Surname	Foreame			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct interest	Indirect interest	From	To	
Aneja	Dr Amik	Harlow North Clinical Lead ICB Primary Care Transformation Committee GP/PCN CD Lead WE Place	Substantia Capital Limited 12792673 ABC Living Limited - not set up yet - project name Keyworker accommodation.	√				√	Oct-23	Ongoing	Declare interest at meetings where relevant
			Director of Harley Fitzrovia Health (11169375) Private Practice- General Practice and Specialist Outpatients Private/NHS services/Fertility services/Diagnostics	√					Sep-23	Ongoing	Declare interest at meetings where relevant
			Director of Premier GP Limited (15113256)	√					Sep-23	Ongoing	Declare interest at meetings where relevant
			Old Harlow Health Centre	√					May-09	Ongoing	Declare interest at meetings where relevant
			Harlow North Primary Care Network Clinical Director	√					Apr-21	Ongoing	Declare interest at meetings where relevant
			Stellar Healthcare Director	√					Jan-22	Ongoing	Declare interest at meetings where relevant
Campbell	Michelle	Head of Primary Care contracts Regualr Attendee ICB Primary Care Transformation Committee	Nil	-	-	-	-	-	-	-	-
Carlton-Conway	Dr Daniel	Clinical Lead Planned care Clinical Lead Primary Care Prescribing	Partner- The Maltings Surgery - NHS GP surgery	√	-	-	√	-	2008	Ongoing	Declare interest at meetings where relevant
			The Maltings surgery is member of Abbey Health Primary Care Network	√	-	-	√	-	Jul 2019	Ongoing	Declare interest at meetings where relevant
			Member - The Hertfordshire Clinic LLP (not currently trading)	√	-	-	√	-	Jan 2014	Ended Feb-22	
			Speciality Doctor Paediatric Allergy - Lister Hospital, Stevenage.		√	-	√	-	2015 approx	Ongoing	Declare interest at meetings where relevant
			Maltings surgery is a member of St Albans and Harpenden G Federation, STAHFED Ltd, although I believe the federation is no longer active.	√	-	-	√	-	2016 approx	Ongoing	Declare interest at meetings where relevant
			Together with Dr Fraser Booth and Dr Brian Fisher, I am director of Optimise Health Limited, which has developed a hypertension software application (called OptBP) that is being used in GP practices	√	-	-	√	-	2014 approx	Ongoing	Declare interest at meetings where relevant
			PML NHS ultrasound service hosted at the Maltings Surgery	√	-	-	√	-	2019	Jun-22	Declare interest at meetings where relevant
			Maltings Surgery is a Hertfordshire wide hub for Long Acting Reversible Contraception (LARC)	√					2022	Ongoing	Declare interest at meetings where relevant
			Hosting HertsOne GP Federation Primary Care ADHD service	√					Feb 2022	Ongoing	Declare interest at meetings where relevant
			Spouse, Board Trustee CIMPSA (Chartered Institute of the Management of Sport and Physical Activity)	-	-		-	√	Jan 2022	Ongoing	Declare interest at meetings where relevant
			Spouse, has previously worked with MyHealthSpecialist a medical technology company that may wish to work with health and care providers.	-	-		-	√	Sep 2021	Ongoing	N/A
			I previously received funding from ALK Abello which contributed to study MSc in allergy at Southampton Medical School (> 7 years ago).		√				2011 approx	2014 approx	N/A
			Private allergy specialist	√					Apr-14	Ongoing	Declare interest at meetings where relevant
Chastell	Alison	Regular Attendee ICB Primary Care Transformation Committee									
Ciobanu	Corina (Dr)	Primary Care Transformation - GP Regualr Attendee ICB Primary Care Transformation Committee	GP Partner at Haverfield Surgery	-	-	-	-	-	Aug-04	Ongoing	Declare interest at meetings where relevant
			Haverfield surgery s a shareholder in Dacorum Health Providers Limited (GP Federation) whom may be interested in bidding for services.	-	-	-	-	-	May-14	Ongoing	Declare interest at meetings where relevant
			Partner is the Chief Finance Officer for HWE ICB	-	-	-	-	√	Aug-10	Ongoing	Declare interest at meetings where relevant
Claydon	Steve	Dental Clinical Lead / Senior Clinical Dental Adviser	Senior clinical dental adviser – NHS England Midlands and East of England regions.		√				26/01/2010	Ongoing	Declare interest at meetings where relevant

		ICB Primary Care Transformation Committee - Independent Clinical Advisor for Dental	Local Dental Network Chair Northamptonshire and Leicester, Leicestershire & Rutland ICBs						22/10/2020	Ongoing	Declare interest at meetings where relevant
			Serving magistrate – Cambridgeshire			√			1995	Ongoing	Declare interest at meetings where relevant
			I have a condition requiring individually funded treatment.			√			1992	Ongoing	Declare interest at meetings where relevant
Clough	Tony	Essex Local Dental Committee (LDC) Secretary Regular Attendee ICB Primary Care Transformation Committee									
Colegrave	Leighton	Patient Volunteer ICB Regular Attendee ICB Primary Care Transformation Committee	Peartree Patient Voices - Chair The PPG for Peartree Group Practice, Welwyn Garden City			√			2019	Ongoing	
			World Tamils Historical Society (WTHS - registered charity number 1170343) - planning committee (now complete) Also I ndirect Interest, as my close relative was general secretary of the WTHS for approx 8 years from 2015.			√		√	2019	Ended 2023	
Das	Joy Jayati	Patient Volunteer ICB Regular Attendee ICB Primary Care Transformation Committee	Member of patient panel, central surgery, sawbridgeworth						8/9 years	Ongoing	
			Director/Trustee, Rainbow Services Harlow						2019	Ongoing	
Disney	Elizabeth	Director of Operations, HWE ICB	Close relative is employed by the ICB. Role sits in a different directorate, no line management overlap.	-	-	-	-	√	Jan-23	Ongoing	No involvement in recruitment process or decision to employ
Dixon	Sarah	Primary Care Workforce - GP ENH Regualr Attendee ICB Primary Care Transformation Committee	GP and Managing Partner at South Street Surgery	√					Sep 2001	Current	Declare at meetings when necessary
			Federation Director for Stort Valley Health Federation STORT VALLEY HEALTHCARE LIMITED Registered office address - C/O Parsonage Surgery Hertfordshire & Essex Community Hospital, Cavell Drive, Bishops Stortford, Hertfordshire, United Kingdom, CM23 5JH Company number 09489615 (Locality Federation)	√					Feb-20	Current	Declare at meetings when necessary
			GP Trainer West Essex Vocational Traininng Scheme and Princess Alexandra Hospital Foundation Programme	√					Mar 2012	Current	Declare at meetings when necessary
			GP Appraiser for NHS England - Midlands and East	√					Oct 2015	Current	Declare at meetings when necessary
			Practice Lead for Stort Valley and Villages PCN	√					Jul 2020	Current	Declare at meetings when necessary
			Clinical Lead ofPrimary Care Workforce ENH Place	√					Aug-22	Current	Declare at meetings when necessary
			Clinical Lead for CYP ENH Place	√					Aug-22	Current	Declare at meetings when necessary
			Joint Locality Lead Stort Valley and Villages	√					Nov-22	Current	Declare at meetings when necessary
Eliad (Dr)	Rami	CYPM SWH Clinical Lead Watford & Three Rivers Locality Lead ICB Primary Care Transformation Committee GP/PCN CD Lead SWH Place	GP Partner Garston Medical Centre, Watford	√	-	-		-	1989	Ongoing	Declared
			Director Garston Properties Ltd (owns the surgery premises and receives rent from the ICB via the Practice)	√					2020	Ongoing	Declared
			LMC Member since 1998	√	-	-	√	-	1998	Ongoing	Declared
			Close relative is the Practice Manager at Garston Medical Centre	-	-	√	-	√	2017	Ongoing	Declared
			Close relative is a GP Partner at Garston Medical Centre					√	Feb-23	Ongoing	Declared
			Director of Eliad & Gozzard Healthcare Ltd	√	-	-		-	2012	Ongoing	Declared
Fernandes	Trevor (Dr)	GP Locality Lead - Dacorum Partner Member, Primary Medical Services	Salaried GP at Parkwood Surgery, Hemel Hempstead GP Trainer, GP Appraiser, Joint Injections	-	-	-	√	-	2020	To date	
			Registered with GP in Hertfordshire			√			1990	To date	
			My spouse works at: Michael Sobell Hospice, Northwood,Middlesex Fonthill Nursing Home, St Albans, Herts St Elizabeth's Centre, Perry Green, Herts	-	-		-	√	Various	To date	
			NHS Complaints Reviewer Birmingham and Solihill ICB Mid and South Essex ICB	√					Dec-22	To date	
			Outpatient at Royal Marsden Hospital London			√			Jan-23	To date	
			Community Medical Examiner employed by WHTHT.	√					Feb-22	To date	
Gadawala	Jayna (Dr)	South West Herts GP Clinical Lead Primary Care workforce development Regular Attendee ICB Primary Care Transformation Committee	GP Partner, Highview Medical Centre, Potters Bar	√	-	-	√	-	2017	Continuing	Declare if issue.
Galione	Cathy	Head of Primary Care Transformation, Integration, Development & Delivery – East & North Hertfordshire place Regualr Attendee ICB Primary Care Transformation Committee	Nil								

Gleed	James	Associate Director Primary Care Strategy & Transformation, HWE ICB Regualr Attendee ICB Primary Care Transformation Committee	Spouse is employed by local healthcare provider ENHT as Compliance and Sustainability Manager, Estates and Facilities	-	-	√	-	√	Oct-21	Ongoing	We have very different portfolios which are not expected to overlap or create a conflict of interest. I would substitute my involvement with a colleague in any programmes of work or decision-making should a conflict of interest materialise.
Glover	Sam	Non-voting member of the Primary Care Board Regular Attendee of HWE ICB Primary Care Transformation Committee	As CEO of Healthwatch Essex we present information to the board and challenge where we feel user voice is not being represented					√	Jun-05	Current	
Halksworth	Rachel	AD for Primary Care Contracting Regualr Attendee ICB Primary Care Transformation Committee	Nil	-	-	-	-	-	-	-	-
Harvey	Bryan	Chairman Essex LDC Regular Attendee ICB Primary Care Transformation Committee	I am a senior Dento-Legal adviser for the Dental Defence Union and give advice to Together dental regarding complaint handling and ethical issues. I have no paid interest within that corporate but I do work as an associate on alternative Saturdays and occasional days treating children. I believe therefore I have no interest to declare.								
Hazeldene	Dr Rachel	Primary Care Digital GP-ICS Regualr Attendee ICB Primary Care Transformation Committee	GP at Tasker House surgery	√					2018	Continuing	To be declared as appropriate
Hiley	Marianne	ICB Primary Care Board – patient representative for south Herts Regular Attendee ICB Primary Care Transformation Committee	Nil								
Howard -Jones	Elliott	Role of CEO at Hertfordshire Community NHS Trust Partner Member - Community Provider Representative SRO - East & North Herts HCP	Nil			-	-	-	-		
Joyce	Rachel (Dr)	Medical Director	Married to an NHS consultant who works for East and North Herts Trust.	-	-	-	-	√	Jun-01	On-going	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			From 2018 I was a Director for Ranine Ltd - a company that provides private medical services by one consultant (spouse as above) to local independent hospitals. From 1st April 2022, I resigned my role as Director and now act as secretary who also holds shares in the company. The company does not however provide, or intend to provide, services to the NHS, social care, or NHS patients.	√	-	-	-	-	2018	Ongoing	
Karia	Parul (Dr)	Chief Clinical Information Officer for Primary Care HWE ICB (digital Lead) Regular Attendee ICB Primary Care Transformation Committee	Medical Director Beds and Herts LMC	-	√	-	√	-	May-21	Continuing	To be declared at relevant meetings.
			Salaried GP Baldwins Lanes Surgery		√				Apr-22	Continuing	
			Board Trustee/Director for Watford Sheltered Worksjop Ltd. This is a charity that provides employment, work and life skills to adults with disabilities.			√			Nov-23	Continuing	
Khan	Cinzana	Senior Business Intelligence Analyst	Nil	-	-	-	-	-	-	-	-
Khan	Iram	Corporate Governance Manager - Board & Committees	Nil	-	-	-	-	-	-	-	-
Khan	Roshina	Head of Primary Care Transformation and Integration Regualr Attendee ICB Primary Care Transformation Committee	Nil								
Marovitch	Joanna	Chair VCSFE Alliance VCFSE Allinace board member Regular Attendee ICB Primary Care Transformation Committee	CEO of Hertfordshire Mind Network	√					2021	Current	
Mayson	Dr Robert	Locality Lead GP salaried role ICB Primary Care Transformation Committee GP/PCN CD Lead ENH Place	Clinical Director, PCN hoddesdon and broxbourne	√					2019	Current	
			Locality Lead GP - 1 session a week supporting various boards and groups in meetings representing general practice interests.	√					Oct-22	Current	
			GP Partner - Hailey View surgery	√					2011	Current	

			GP Chair of ENH CD Alliance, Need to support my CD colleagues in their role						2020	Current	
Moodley	Pragasen	Partner Member for the ICB - Primary Medical services	Partner at Stanmore Medical Group 5 Stanmore Road, Stevenage, SG1 3QA	√	-	-	√	-	2004	Continuing	Verbal declarations to be made at the beginning of any meeting
			Director of AVM Medical. Suite 3 Middlesex House, Rutherford Close, Stevenage, Hertfordshire, United Kingdom, SG1 2EF. Company number 10507387 I use this company to carry out private medicals and nursing home ward rounds	√	-	-	√	-	2016	Continuing	
			Driector North Stevenage PCN	√	-	-	√	-	2022	Continuing	
			Partner at Larksfield Medical Practice	√	-	-	√	-	2018	Continuing	
			Partner, Dr A Saha, is a GP at King George Medical Practice	-	-	√	-	√	2016	Continuing	
Mount	Trudi	Head of Primary Care Digital Regular Attendee ICB Primary Care Transformation Committee	Nil	-	-	-	-	-	-	-	-
Musson	Helen	Training Hub Primary Care Workforce Project Manager, HWE ICB (Part Time 0.3 WTE) Regular Attendee ICB Primary Care Transformation Committee	Chief Officer, Community Pharmacy Hertfordshire.	√	√				Apr-14	Ongoing	
Perry	Dr Ian	Partner Member, Primary Medical Services	GP Partner in Maynard Court Surgery	√	-	-		-	2013	To date	Verbal declaration to be made at the beginning of any meeting
			Epping Forest North PCN GP Partner	√					2019	To date	
			Stellar Healthcare Shareholder		-	-		-	2014	To date	
Pullen	Annette	EA to Director of Primary Care Transformation	Close relative works in Grovehill Medical Centre, Hemel Hempstead as receptionist	-	-	-	-	√	-	Current	-
			Close relative works as Medical Secretary in Paediatrics at WHHT					√		Current	
Raja	Dr Vaiyapuri	Deputy Chief Executive, North & South Local Medical Committees (LMC) Regular Attendee ICB Primary Care Transformation Committee	Nil								
Randhawa	Professor Gurch	Non Executive member, NHS HWE ICB Chair - ICB Strategy Committee Vice Chair - ICB Strategic Finance & Commissioning Committee	Professor of Diversity in Public Health & Director. Institute for Health Research University of Bedfordshire. Honorary Academic Contract, UK Health Security Honorary Academic Contract, Office for Health Improvement & Disparities Expert Advisor, NICE Centre for Guidelines, UK Facilitator, faculty of Public Health accredited Practioner Program, UK Faculty of Public Health Non-Executive Director, Forestry England. Adjunct Professor, Ton Due Thang University, Vietnam, Trustee, Race Equality Foundation, UK National Member, National Black and Minority Ethnic Transplant Alliance, UK Member, British Medical Association Ethics Committee, UK Deputy Lieutenant, Bedfordshire Patron of the Bedfordshire Rural Communities Charity Ambassador, Keech Hospice Care Volunteer, Luton Sikh Soup Kitchen Junior Cricket Coach, Harpenden Cricket club							Current	All interests declared with all parties.
			Patient, Davenport House surgery, Harpenden							Current	To be declared as appropriate.
			Extended family member employed by Harpenden Health PCN							Current	To be declared as appropriate.
Roberts	Steven	Vice-Chair, Hertfordshire Local Optical Committee Regular Attendee ICB Primary Care Transformation Committee	Nil								
Rohilla	Anurita	Chief Pharmacist, HWE ICB ICB Primary Care Transformation Committee - Chief Pharmacist AD for Primary Care Strategy and Planning	NICE Medicines and Prescribing Centre Associate	-	√	-	√	-	2013	Present	Verbal declaration to be made at the beginning of any meeting
			Health Foundation of the Q Community	-	√	-	√	-	2015	Present	
			Enterprise Advisor	-	√	-	√	-	2017	Present	
			PCPA Committee Member	-	√	-	√	-	2013	Present	
			Attend some events sponsored by pharmaceutical companies	-	√	-	√	-	-	Present	
			Family member is founder and CEO of the registered charity National Multifaith Youth Centre	-		-		√	2024	Present	
Shah	Avni	Director of Primary Care HWE ICS	Spouse works for a Pharmaceutical Industry – Scope, who distribute a number of eye products across the UK.					√	Nov-20	Current	As Director of Primary Care I am not directly involved in the local decision making process of new drugs hence managing conflict

			Spouse provides supervision and support via CPPE to foundation year community pharmacist who required support. This is commissioned through HEE and covered London and South East Area					√	Apr-23	Current	This is commissioned directly from HEE to CPPE hence NO involvement in commissioning and contracting of this
Sweeney	Philip	Head of Primary Care Transformation, Integration, Development and Delivery – West Essex Regualr Attendee ICB Primary Care Transformation Committee	Nil								
Tarry	Andrew	Head of Primary Care Contracts Regualr Attendee ICB Primary Care Transformation Committee	Nil	-	-	-	-	-	-	-	-
Tatton	Peter	Hertfordshire Local Dental Committee Secretary Regular Attendee ICB Primary Care Transformation Committee	Nil								
Tester	Neil	Chair, Healthwatch Hertfordshire	Chair (trustee and company director, unremunerated), Healthwatch Hertfordshire Ltd (charity no: 1158089).			√			Nov-21	Present	
		Regular Attendee of HWE ICB Primary Care Transformation Committee	Company director (unremunerated), Healthwatch Hertfordshire Trading Ltd			√			Jan-24	Present	
Tideswell	David	West Essex Clinical Lead Frailty	GP Partner in John Tasker House Surgery, Great Dunmow, CM6 1BH	√	-	-	√	-	2003	Continuing	Awareness of any conflict; no involvement with related commissioning decisions.
		West Essex Clinical Lead Primary Care Transformation	JohnTasker House Surgery is a member of Uttlesford Health	√	-	-	√	-	2014	Continuing	
			Director or DJT Medical Limited		√	-		-	Jun-22	Continuing	
Williams	Dr Nicky	Beds & Herts LMC Ltd Co-CEO Regular Attendee ICB Primary Care Transformation Committee	Co-CEO, Beds & Herts Local Medical Committee Ltd, The Shires, Astonbury Farm, Astonbury Lane, Stevenage SG2 7EG		√				2018	Current	

Hertfordshire and West Essex Integrated

NHS Hertfordshire and West Essex Integrated Care Board

Name:	
Position within, or relationship with, the ICB (or NHS England in the event of joint committees):	

Detail of interests held (complete all that are applicable):

Type of Interest* *See reverse of form for details	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From and To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior ICB manager)

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information will be held in electronic form in accordance with GDPR/Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Please note that ICB staff need this form to be signed by their line manager before submitting.

Please note that if you do declare interests, we are required to publish the information on the ICB website.

Signed: **Date**:

Signed (Manager): **Date:** **Position:**

PLEASE RETURN THIS FORM TO: hweicbwe.declarations@nhs.net

Types of Interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: ▪ A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. ▪ A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. ▪ A management consultant for a provider. ▪ In secondary employment (see policy chapter 5.9). ▪ In receipt of secondary income from a provider. ▪ In receipt of a grant from a provider. ▪ In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider. ▪ In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role. • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Profession-al Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is: ▪ An advocate for a particular group of patients. ▪ A GP with special interests e.g., in dermatology, acupuncture etc. ▪ A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared). ▪ An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE). • A medical researcher.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider. • A volunteer for a provider. • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation. • Suffering from a particular condition requiring individually funded treatment. • A member of a lobby or pressure group with an interest in health.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include: ▪ Spouse / partner. ▪ Close relative e.g., parent, grandparent, child, grandchild or sibling. ▪ Close friend. ▪ Business partner.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**HWE ICB Primary Care Transformation Committee held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Thursday 23 May 2024**			
Time:	**09:30 – 12:30**			
Venue:	**The Forum, Conference Room 2/MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Nicolas Small (NS) **(Meeting Chair)**	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Amik Anjela (AA) Via MS Teams	Primary Care Locality Lead WE	
Steve Claydon (SC) Via MS Teams	Senior Clinical Dental Advisor	Herts and West Essex ICB
Rachel Joyce (RJ) Via MS Teams	Medical Director	Herts and West Essex ICB
Rob Mayson (RM) Via MS Teams	Primary Care Locality Lead – ENH	Herts and West Essex ICB
Ian Perry (IP)	Partner member (Primary Medical Services)	Herts and West Essex ICB
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Helen Musson (HM) Via MS Teams	Chief Officer	Hertfordshire Local Pharmaceutical Committee
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
In attendance:		
Tim Anfilogoff (TA) Via MS Teams	Head of Community Resilience	Herts and West Essex ICB
Alice Baldock (AB) Via MS Teams	LMC Representative	Bedfordshire & Herts LMC
Corina Ciobanu (CC) Via MS Teams	Primary Care Lead for Transformation - SWH	Herts and West Essex ICB

Leighton Colegrave (LC)	Citizen Representative, East & North Herts	Herts and West Essex ICB
Rosie Connolly (RC) Via MS Teams	System Quality Director – ICB Patient Safety Specialist	Herts and West Essex ICB
Joy Das (JD) Via MS Teams	Citizen Representative, West Essex	Herts and West Essex ICB
Sarah Dixon (SD) Via MS Teams	Primary Care Workforce Clinical Lead	Herts and West Essex ICB
Gopesh Farmah (GF) Via MS Teams	CCIO for Primary Care Digital	Herts and West Essex ICB
Jayna Gadawala (JG) Via MS Teams	Primary Care Workforce Clinical Lead	Herts and West Essex ICB
James Gleed (JG)	Associate Director Primary Care Strategy and Transformation	Herts and West Essex ICB
Cathy Galione (CG) Via MS Teams	Head of Primary Care Transformation, Integration – East & North Herts (ENH)	Herts and West Essex ICB
Rachel Hazeldene (RH) Via MS Teams	CCIO for Primary Care Digital	Herts and West Essex ICB
Rachel Halksworth (RH) Via MS Teams	Assistant Director for Primary Care Contracting	Herts and West Essex ICB
Simon Hey (SH)	Senior Commissioning Manager	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Trudi Mount (TM)	Head of Primary Care Digital	Herts and West Essex ICB
Emily Perry (EP)	Primary Care Manager – Strategy and Transformation	Herts and West Essex ICB
Annette Pullen (AP)	EA to Avni Shah	Herts and West Essex ICB
Steve Roberts (SR) Via MS Teams	LOC Representative	Hertfordshire LOC
Steff Roberts (SRo) Via MS Teams	Senior Communications Manager	Herts and West Essex ICB
Anurita Rohilla (AR) Via MS Teams	Chief Pharmacist	Herts and West Essex ICB
Emma Spofforth (ES) Via MS Teams	LOC Representative	Essex LOC
Philip Sweeney (PS) Via MS Teams	Head of Primary Care Transformation, Integration - West Essex	Herts and West Essex ICB
Andrew Tarry (AT)	Head of Primary Care Contracts	Herts and West Essex ICB
Peter Tatton (PT) Via MS Teams	LDC Representative	Hertfordshire LDC
Neil Tester (NT)	Chair	Healthwatch Hertfordshire
Farah Butt (FB)	Member of public	Pfizer /Healthcare Partnership Manager

PCTC/01/24	**Welcome, apologies and housekeeping**

01.1	Nicolas Small (NS) welcomed all to first meeting as sub-committee which succeeds the previous 'Primary Care Board' due to reorganisation of the governance of the ICB. He confirmed that this was not a public meeting but a meeting being held in public (members of the public were welcome to attend but were not permitted to participate). Questions from the public were welcomed in advance and there were instructions on the website explaining how to submit these. Nicolas added this would be final meeting as Chair as moving to another role beginning of June. Members of the Committee, congratulated Nicolas and thanked him for his leadership as Primary Care partner for the ICB.
01.2	Apologies for absence had been received from: • Elizabeth Disney • Rami Eliad • Cath Fenton • Sam Glover • Raja Vaiyapuri The meeting was declared quorate.
PCTC/02/24	**Declarations of interest**
02.1	The Chair invited members to declare any declarations relating to matters on the agenda: All members were required to keep their declarations accurate and up to date on the register, which was made available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB
PCTC/03/24	**Minutes from the previous meeting**
03.1	Avni has approved amendments received from Leighton Colegrave/ Citizen Rep which will be updated into final to share.
03.2	**The minutes of the last meeting held on 28 March 2024 were agreed as an accurate record subject to amendments.**
PCTC/04/24	**Action tracker**
04.1	No open actions
PCTC/05/24	**Governance**
05.1	Iram Khan (IK) presented the Primary Care Governance report (see pages 14-34 of the document pack) Outlined responses, specifically to question 6, Enhancing the Committee, to highlight key areas of improvement to shape future discussions as below: • Papers to be received further in advance to aid discussions. • More representation from social services would be welcomed. • Draft work plan included to shape governance structure as Committee evolves.
05.2	Questions and comments were invited: • Prag (PM) thanked NS for contribution as Chair.

	• Felt important to recognise public involvement to continue as membership of the committee. • Continued representation from dentists, optometrists, and pharmacists together with Healthwatch/Patient Reps key to ensure inclusivity across Primary Care. • Focus on operational delivery where each 3 places work collaboratively to feed into Committee. • Important wider representation of the Community with local authorities - Hertfordshire/Essex County Councils invited although AS to connect outside to ensure we have the appropriate representation. AS suggested this also applies to Mental Health and how we ensure that is represented on this committee. • Understanding areas of best practice, to highlight where variations exist to enhance performance of Committee. • Quality of data important, tap into successful tools as they are rolled out. (Public Health currently working on health data viewing tool which may be useful).
05.3	**Action: AS to ensure patient involvement continues and further work on how this connects to the Patient Engagement Forum and the evolving Health and Care partnerships over time**
05.4	**Action: AS to liaise with Leads to clarify Social Care/Public Health representation in the meeting moving forward**
05.5	**The Primary Care Transformation Committee noted the Governance Report Update**
PCTC/06/24	**Questions from the Public**
6.1	**Question 1:** GP Best Practice Access – How many GP Practices have adopted new cloud based telephony and is there consensus on what comprises best practice triage? a. Are there any metrics on Practices that have adopted strong triage.
	Response: All practices will be on a Cloud Based Telephony system in the coming months as analogue systems cease to be supported. Those vary in functionality and the ICB does not have full visibility of what functionality a practice has or uses. From October for the first time there will be a national approach to extract telephony data to better inform NHSE/ICBs on primary care demand. Practices, as independent contractors, have discretion to deploy appointment systems in the best way to meet patient demand & effectively use the skill mix available to them. Implementing modern general practice - https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/modern-general-practice-model/ is a key element of the Primary Care Access Recovery Plan. Within this there are clear requirements to have a triage based approach - structured information gathering at the point of patient contact; using one care navigation process across all access channels to assess and prioritise need safely and fairly, and to efficiently get patients to the right healthcare professional or service, in the appropriate time frame. However there will be variances between practices as to how they adopt and implement. In addition to the extensive PCN liaison work undertaken by Primary Care place teams, the Primary Care Digital are currently collating some best practice examples across HWE to enable sharing of best practices across the area.
6.2	**Question 2: Additional Roles** – How is the roll out of the ARRS strategy being measured, what is the take up, when can patients expect to see a fall in waiting times and an overall increase in appointments available. What date will the ARRS patient education/staff training material go to all 129 practices and how will its impact/ effectiveness be measured?

	Response: The System Access Improvement Plan updates on the c740 newly created ARRS roles recruited over the last 5 years. An update is also provided on increases in total patient appointments and the proportion of appointments within 2 weeks. Noting that increasingly some of practices are working collaboratively via PCN hubs and not all of the increase in appointment activity is able to be measured due to some of the national data extraction complexities. We monitor the primary care workforce uptake through the new quarterly workforce dashboard. The majority of PCNs utilise most of the available ARRS budget and over the years that the scheme has operated, we have worked with those that haven't fully capitalised on this resource, to understand the barriers, utilise more of the funding and redistribute underspend across other PCNs to increase the overall ARRS workforce in HWE. It is noted that the significant year-on-year funding increases under the ARR scheme are not replicated for 24/25; instead there has been some more flexibility introduced to the scheme, albeit it with a similar budget to 23/24. The ICB has therefore forecast zero further growth in ARRS roles and appointments in 2024-25 reflecting this, however we expect other initiatives such as Pharmacy First for example to have a significant positive impact here, along with empowering patients to more effectively self-care (leaving more capacity in the system for those that need to see a healthcare worker) and digital transformation initiatives. It is expected that the additional ARRS communication materials developed locally will be released by early June.
6.3	**Question 3: Access to Patient Records** – How many GP Practices provide complete online access to every patient's detailed GP health records. On what grounds does the ICB consider it acceptable for a practice to refuse patients access to their records? and how many only provide summary level access?
	Response: No practice gives access to every patient's detailed record – access to a full patient record has to be requested by the patient and then the practice either grant access and review the record to make any necessary redactions or deny access if they feel it is not in the patients best interest. Every practice has patients with full records access, many with significant numbers. Perhaps the question regarding summary level access might be regarding the requirement to offer prospective level access, which is access to newly added information on the patient record. A full update is provided in the System Level Access Improvement Plan; the majority of practices have a significant proportion of patients with online access that have records access enabled. Some focused work is ongoing to support those practices still to fully and proactively provide access, however this is not the same as actually refusing access. There is however clear guidance for practices to identify patients who may be at risk of serious harm or distress from having access to their online health records.
6.4	**Question 4: Re Digital triage -** Digital triage is a super concept if managed evenly and appropriately. Unfortunately, for safety reasons it is often turned off during the core hours of Monday - Friday 8.30am-12pm and 2pm-5pm.When it is turned off, patients and staff cannot complete triage forms, meaning no access to appointments. It is not possible to predict when it will be available again except for the next day at 8.30am. This varies within the ICB area -some surgeries offer appointments to patients by phone, in person to receptionists and online and have the online triage open 12 hours a day.

	What is the ICB's view please about these variable services creating a postcode lottery and what is the plan to have one digital service across all the GP surgeries?
	Response: As referenced in question 1, practices are able to deploy appointment systems and their triage approach in a variety of ways. Some will have a digitally focused model, others less so, however they should offer patient choice of access channel (telephone, online and in person) but the blend and approach to these may vary. A key part of the focus for 24/25 is still work with practices to ensure that Online consultation (OC) is available for patients to make administrative and clinical requests at least during core hours (8am-6.30pm Monday to Friday). Practices may have been limiting access to online consultations depending on patient demand and capacity available, however suspension of this would still need to supported by other access channels to ensure that access to appointments continues throughout core hours.
6.6	**The Primary Care Transformation Committee noted the Questions and responses**
PCTC/07/24	**Directorate Highlight Report**
07.1	Avni Shah (AS) introduced the Directorate report (see pages 35-87 of the document pack) and highlighted the following: • Covid/flu programme for spring was coming to the end. • Focus on MMR vaccination due to rise in Measles, Mumps and Rubella. • Targeted focus on areas where uptake low. • Continued feedback via Healthwatch reports as per item below.
07.2	Questions and comments were invited: • HM requested how community pharmacy can be more involved in the vaccination programme including MMR which may include sign posting but important to use this opportunity to integrate primary care contractors.
07.3	**Dental Update** Michelle Campbell (MC) introduced the Dental Update (see pages 66-73 of the document pack) and highlighted the following: • Recognised hard work from dentists in terms of delivery. • Joint recovery plan published February 24 includes access to dental as a priority. • Oral Health - Key is to work collaboratively with local authorities on a joint plan • Highlighted delivery/performance data as per pages 45-46 of report. • In discussions with NHSE on national initiative on golden hello project to support dental workforce. • Continued delivery of Enhanced Access Pilot which has been extended 6 months until November 2024 followed by evaluation to be shared at September 2024 meeting. • Alignment of priorities outlined as per pages 70-72 of report, highlighting key focus.
07.4	Questions and comments were invited: • UDA meaning clarified – **Unit Dental Activity.** • Sharing of final data discussed with how to provide progress to population, identifying accessing of services.

	• Concern as dental contractors don't have a registered list and whether we know our population is receiving care locally. • MC confirmed previous reports suggest 90% of population captured. • MC updated on the committee in relation to Advanced mandatory services around orthodontic contracts. The national orthodontic contract commissioned in 2006 was for 5 years which has just been rolled over as no provision for extension. Currently engaging with our local orthodontic committees since delegation to embark on a procurement process for orthodontic services on longer term contract provision. Ambition is to secure for 10 years. • Minor oral surgery/sedation – number of providers across ICB delivering services in Primary Care. Expect to review end of 24-25, which will inform future commissioning options.
07.5	**Medical Examiners** Rosie Connolly (RC) introduced the Directorate report (see pages 74-78) of the document pack) and highlighted the following: • Update reflects community roll out for non-coronial deaths together with medical examiner scrutiny coming into effect from September 24. • This is part of the wider reform of the death certification process. • Priority area within the national patient safety strategy. • Outlined role of medical examiners as per report page 75. • System implementation group in place with key leads across system. • Positive benefits within all 3 areas, improving care/compassion for relatives. • 90% of practices signed up, actively working with our medical examiner teams.
07.6	Questions and comments were invited: • PM supported positive feedback on results as helps patients through process with better understanding of circumstances, enabling queries to be dealt with compassionately for families grieving. • Also positive from practices across all 3 medical examiner offices. • Aim to address any concerns swiftly as appreciate queries around process, although proactive support received from practices. • Linking with LMC colleagues.
07.7	**Hypertension Case finding pilot** Simon Hey (SH) introduced the Hypertension Case finding pilot report (see pages 79-87 of the document pack) and highlighted the following: • NHSE offering ICB's opportunity to bid for funding to establish hypertension case finding within Dental/Optometry Contractors to test the concept. • Funding payments outlined together with rationale to apply. • Exploring potential target areas with population health data. • High potential detection within Community Pharmacies, therefore, would mirror pathway currently in place with our Community Pharmacy offering. In terms of

	incentive payments ensuring there are no disadvantages between one and the other. • Aim would be to run pilot pathway across 3 places. • Proposed approach explained as per page 64 of report. • Support sought for the pathway to go ahead sharing expression of interest to region by close of play tomorrow. • Healthwatch colleagues aware, although guidance on how to approach patient engagement discussed.
07.8	Questions and comments were invited: • LOC highlighted ongoing concerns for Optometrists around results/fees considering access to nhs.net emails not always possible. • LPC would like to ensure Community Pharmacy involvement. • Pilot welcomed as may provide clarity around barriers within system, with as many touch points linking up areas to monitor. • Potential barriers/issues discussed, although agree early stages therefore key we do not miss opportunities, particularly with awareness.
07.9	**The Primary Care Transformation Committee noted the Directorate Highlight Report**
PCTC/08/24	**Primary Care Access Recovery Plan**
08.1	Andrew Tarry (AT) presented the Primary Care Access Recovery Plan (PCARP) report (see pages 88-142 of the document pack) • Updated report previously shared at Primary Care Board. • Second year of 2-year plan highlighting key areas as below: ➢ Empowering patients ➢ Implementing modern General Practice. ➢ Building Capacity. ➢ Removing bureaucracy. • Data maybe understated some areas due to collaborative working which may have not captured all the activity delivered for our population. • Update around Digital access capabilities with 90% practices supporting prospective records access as the default setting for patients. • Expect all practices by end of this quarter to be utilising cloud-based telephony. • Report highlights positive work taking place within primary care to cut bureaucracy to shift workload into primary care. • Continued monitoring to achieve improvements including patient feedback.
08.2	Questions and comments were invited: • Wording misleading as 'ambition' not contractual for GP's. • Issue highlighted as point on page 124 relating to challenge around General Practice supporting each other incorrect. • Front end pressures within system challenging. • GP appointment activity discussed. • Reducing bureaucracy allowing, direct access to community services essential to add value to patient's journey. Response:

	• NHSE ambition, unclear on contractually interpretation. • Continued approach to work with practices around elements to meet needs of areas population. • Working with all practices as unable to describe one model to be implemented across all practices. • As a system follow report to commence process, collating positive areas listening to patient repos to capture how best to deliver to patients. • Agree wording inappropriate as good examples of supporting each other whereby incidents taken place. • National contract currently being implemented across all primary care contractors – we are working through as a system how to work with our partners to ensure patients are not compromised in any way. • Work collaboratively through some of the nuances recognising some positive outcomes. • Cloud based telephone received good feedback from patients. • Positive feedback around Digital front door working well triaging patients in practice. • Language to be clearer to ensure engagement from Public. • Work continues to support GP Practices, community pharmacy, partners.
08.3	**The Primary Care Transformation Committee noted the Primary Care Access Report**
PCTC/09/24	**Primary Care Transformation Integrated reports**
09.1 09.2 09.3 09.4	Amanda Burfot (AB), Philip Sweeney (PS) and Cathy Galione (CG) introduced their respective sections of the integrated report (see pages 143-151 of the document pack) highlighting the following points: **<u>South & West Herts: AB (pages 147-148)</u>** • Stay well for longer event being held today at Borehamwood jointly with Theobald branch of Manor View practice. • Rachel Hazeldene working with Primary Care visits to practices review processes which has been very well received. • New pilots expected seeking assurance/funding opportunity from universities – will continue to update as progresses. **<u>East & North Herts: CG (pages 149-151)</u>** • Draft evaluation in progress around same day access hubs in Stevenage North/South- outcomes to be shared wider system which includes some positive outcomes such as lower DNA's. • A 'Frailty' focussed workshop is currently being planned at place. • Highlighted good examples of ongoing projects initiatives. **<u>West Essex: PS (page152)</u>**

	• Significant progress in health checks, achieving over 86%. • Highlighted areas working well with Health Care Partners. • All PCN/CVSs have submitted bids for Assura Funding as per slide.
09.5	Questions and comments were invited: • Princess Alexandra Hospital rated by CQC as requires improvement specific areas. • Currently on phase 2 of development of Urgent Treatment Centre (UTC). • Pharmacies keen to utilise capacity around minor illness which would allow local hospital to focus on areas requiring improvement. • Cascading of initiatives, development and successes for providers, GPs together with all staff helpful to provide positive aspects of what's working well within system particularly for patients.
09.6	**The Primary Care Transformation Committee noted the Primary Care Transformation Integrated report**
PCTC/10/24	**Progress on Recommendations from the Healthwatch Commissioned Reports**
10.1	Emily Perry presented this agenda item (see pages 153-160 of the document pack) and highlighted the following: • Outlined currently working with Carers/events with positive support including conversations with Carers in West Essex, engaging young carers, Youth councils and several others leading up to Carers week in June. • Encouraging practices to register carers to take up health checks, blood pressure, screening for depression to ensure maintaining good health. • Event dates highlighted within report. • Feedback from service users helpful to shape conversations. • Tim Anfilogoff (TA) added although good work taking place, there is inconsistency particularly around registered Carers who may be depressed or on pain meds. This creates vulnerability with outcomes being 2 patients instead of 1.
10.2	Questions and comments were invited: • Good initiatives in place particularly screens in waiting rooms. • Important language correct, perhaps testing in the system with carers would be helpful. • Identifying Carers within practices makes a difference. • Spaces outside GP i.e., Café's prove positive support. • Community Pharmacy inclusion discussed at meeting previous evening. • Hope to retain funding for workstreams.
10.3	**The Primary Care Transformation Committee noted the update on progress to date of recommendations from Healthwatch reports**
PCTC/11/24	**Primary Care Risk Register**
11.1	Andrew Tarry (AT) introduced Risk Register (see pages 161-173 of the document pack) and highlighted the following: • Overdue updated register undertaken by Governance/Risk team. • Longstanding out of date risks removed inherited prior ICB. • Duplication in some areas updated to reflect current position.

	• Risks expected to roll into 24-25 highlighted.
11.2	Questions and comments were invited: • Clarity provided this is start to create Directorate wide register. • Current high-risk areas outlined e.g., industrial action, although will develop specific areas as takes shape which will include working groups/projects. • Assurance offered terminology to be clearer. • Clarity around page 165, PC11 with language clearer. • Acknowledged further work to progress.
11.3	**The Primary Care Transformation Committee noted the latest iteration of the risk register**
PCTC/12/24	**Minutes from subgroups**
12.1	The following reports were noted for information: • Primary care digital (pages 174-182 of the document pack) • Primary care workforce (pages 182-184 of the document pack) note draft, to be approved. • Primary care transformation (pages 197-209 of the document pack)
12.2	
12.3	**The Primary Care Transformation Committee noted the sub-group minutes**
PCTC/13/24	**Reflections and feedback from the meeting**
13.1	Informative updates. Important PPG's cascade key messages to communicate to population. The Committee thanked Nicolas for continued support during his time as Chair, wishing him well for the future.
The meeting closed at 12.16pm	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex ICB Primary Care Transformation Group Action Tracker Last updated on18 July 2024								
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Status**
Public	PCTC/05/24	23/05/2024	Committee Governance	Liaise with leads to clarfy Socail Care / Public Health involvement	Avni Shah	25/07/2024		Open

RAG Rating Key:	
Red	Open (overdue)
Amber	Open (on-going)
Green	Completed / Action Closed

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Primary Care Transformation Committee meeting held in Public				**Meeting Date:**	**25/07/2024**	
Report Title:	**Primary Care Transformation– Directorate Report**				**Agenda Item:**	**06**	
Report Author(s):	Updates incorporated from various leads across Primary Care Avni Shah, Director Primary Care Transformation						
Report Presented by:	Avni Shah, Director Primary Care Transformation						
Report Signed off by:	Avni Shah, Director Primary Care Transformation						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	X	**Information** ☐
Which Strategic Objectives are relevant to this report	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing						
Key questions for the ICB Board / Committee:	Board is ask to discuss the content and receive key updates from respective leads on areas including a. Current and upcoming vaccination programme b. Summary of the VCSFE projects across 28 PCNs c. Case Study – Sunflower Unit – Dementia Care d. National waiting validation project (pilot) with PCN - ENH e. Progress on patient representative DNA pilot – SWH f. Update on Migrant Population g. Progress on Veteran Accreditation across HWE practices h. Update on Dental i. Successful bid of the Hypertension project in dental and optometrists j. Update on Primary Care Workforce k. Update on GP Contracting						
Report History:	N/A						
Executive Summary:	Highlight Report provides a brief overview on the progress since last Primary Care Board meeting with a view of not duplicating areas of discussion on the agenda and to give a flavour of the forward look of some of the key areas of focus.						

Hertfordshire and West Essex Integrated Care System

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Primary Care Transformation– Directorate Report July 2024

Avni Shah, Director of Primary Care Transformation

Contribution from a number of leads across the directorate

Working together
for a healthier future

Vaccinations

COVID and Flu Vaccination Update

- Spring ’24 Covid vaccinations programme commenced in April 2024 and was completed on 30th June 2024. Uptake for the ICB was 57.5% for all eligible patients, compared to 59.5% across the region.

- Work has now commenced to plan for the Autumn covid programme which is expected to start in October 2024. Planning includes a new procurement process for COVID-19 vaccination services with contractual documentation being published to support this process. Contracts will last from 1 September 2024 to 31 March 2026.

RSV

- Respiratory syncytial virus, or RSV, is a **common respiratory virus that usually causes mild, cold-like symptoms**. Following guidance from the Joint Committee on Vaccination and Immunisation (JCVI), we have now had confirmation of two new vaccination programmes from 1 September 2024; one for older adults (turning 75 on or after 1st Sept 24) and one during pregnancy for infant protection. There will also be a one-off catch up programme for those aged 75-79.

Measles Mumps Rubella (MMR)

- Weekly ICB and Health Security Agencies meetings continue to happen to monitor cases. With the potential risk of measles cases there is an enhanced focus on MMR vaccination uptake across all age groups

- The new call and recall service for MMR started in April for those children showing as missing either one or two doses. Initial feedback is showing that there is some missing data and information, leading to inaccurate records, for some children which is being addressed and records updated.

- ICB leads are meeting in July with Regional colleagues, Public Health and GP clinical leads to further address uptake across the patch with a view to working with individual practices.

Vaccinations

Pertussis

- Nationally, there has been a recent rise in cases of Whooping Cough - 5000 cases. Data for Herts is 124 cases locally (source: Public Health).
- HWE uptake is currently below the 95% target for both maternal (65%) and infant (91%) programmes.
- ICB has increased comms on whooping cough to support increase in uptake of vaccination, plus media campaign which has been supported by medical team in ICB and Public health leads.
- ICB, Regional and Chilren and School Age immunisation service (CSAIS) colleagues working together to increase opportunistic vaccination for mums and babies for all missing doses, including pertussis, on the back of learning from the lift and shift approach during covid pandemic.

Update on Voluntary sector work

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

- Since the last update was provided to Primary Care Transformation Committee in May, an additional 5 applications for funding have been received, bringing the total to 28 applications. The additional applications since the last update are for:

    - Rainbow Services, Our Health Matters project – Tackling Health inequalities across deprived areas/communities in Harlow, where lifestyle, education, poverty, digital exclusion, etc, impact on the ability for someone to prevent, diagnose and/or treat conditions.

    - Isabel Hospice - working with WGC A PCN. The funding will resource a partnership Compassionate Communities approach within WGC addressing: Isolation and loneliness, working alongside Welwyn Garden City Integrated Neighbourhood Team Advance Diseases and Complexities Group to help support high risk grade patients towards effective engagement solutions with health professionals and increased social interaction by mobilising Compassionate Neighbours.

    - Hertfordshire Mind Network - working with Stevenage South PCN. Capacity building in the Flourish project working with Refugees and Migrants in Stevenage area. The group allows asylum seekers and refugees to drop in and share their experiences and traumas both with the group's coordinator and other service users. There is a mix of ethnicities that attend these groups, and the group is always well attended in large volumes.

    - Watford and Three Rivers Trust, Enhancing Frailty Awareness, Prevention and Management - working with Bridgewater House PCN. Hosting information session for targeted audience, understanding frailty and risk factors and preventing frailty through nutrition and hydration alongside management classes with chair-based exercises for targeted cohort.

    - New Hope - Health days at the Haven, builds on the success of a previous project in which the drop-in centre hosted local charities and an NHS liver scanning and blood-borne virus testing facility. The project intends to further break down the barriers to accessing healthcare and support services by creating a series of such events with a wider range of professionals present to potentially include podiatry and dentistry services.

- All applications are aligned with one or more of the ICB/ICS priorities.

- A process is in place to ensure updates and outcomes for each of the applications are being sought at the end of each project.

- A high-level summary list of Assura grant projects across Hertfordshire and West Essex can be found on the following page – to note, two PCNs in SWH did not engage in the process and the excess funding was therefore allocated to the Our Health Matters project run by Rainbow Services, in Harlow.

High level summary of Assura grants programme projects in HWE

PCN Name	High Level Description of Project	Name of VCFSE Delivery Partner	£Allocation
Hatfield PCN	Healthy eating and equipment support	Resolve	£7,790
Ware and Rurals PCN, Hertford and Rurals PCN	Mental Health Wellbeing Support	Herts Mind Network	£7,790
Icknield PCN	Improving health and wellbeing through access to horticultural therapy	The Sadie Centre	£7,790
Stort Valley and Villages PCN	Healthy eating and equipment support	Home Instead (East Herts)	£7,750
Hitchin & Whitwell PCN	Support for unpaid carers	Rotary Club	£7,790
H&B Health	Healthy eating support, including mental wellbeing	Wise about Food	£7,790
Stevenage North	Support for those living with dementia and their carers	Everyone Active	£6,144
LVH and Broxbourne	Support for unpaid carers	Carers in Hertfordshire	£15,580
Welwyn Garden City PCN	Supporting high risk patients to overcome isolation and loneliness	Isabel Hospice	£7,790
Stevenage South PCN	Supporting mental health needs of asylum seekers and refugees	Hertfordshire Mind Network	£7,790
Herts Five PCN and Potters Bar PCN	Increase annual health checks for those with LD and SMI	Communities 1st	£15,580
Harpenden Health Primary Care Network	Increase digital inclusion support	The Harpenden Trust	£7,790
MVPS	Support for those in the frail cohort	Communities 1st	£7,790
Alpha PCN	Exercise and lifestyle prevention support for those at risk of Type 2 diabetes	Apex in the Community, Hertfordshire CIC	£7,430
DELTA PCN	Increase, awareness and screening for those at risk of prostate cancer	Community Action Dacorum	£7,788
Beta PCN	Support more inclusive GP practices for those with LD	Dacorum Mencap	£3,432
Attenborough PCN & North Watford PCN	Compassionate Communites Project - supporting people to improve social connections, resulting in improved wellbeing	Rennie Grove Peace Hospice Care	£15,580
Grand Union Primary Care Network	Support for those in the frail cohort	Watford and Three Rivers Trust	£7,790
Alliance PCN	Support for those in the frail cohort	Communities 1st	£7,790
HaLo PCN	Increase digital inclusion support	Communities 1st	£7,790
Abbey Health PCN	Increase digital inclusion support	Computer Friendly	£6,550
Hertford and Rurals Primary Care Network	Support for those in the frail cohort	Active in the Community CIC	£5,030
Abbey Healthcare PCN	Wellbeing support encompasing physical, mental and social aspects of health within target community	HAWA Multicultural Services CIC	£7,700
Bridgewater PCN (BWPCN)	Support for those in the frail cohort	Watford and Three Rivers Trust	£8,000
Central Watford PCN	Health days targeting those who are homeless or vulnerable in their housing status	New Hope	£7,790
North Uttlesford PCN	Improving Hospital to Home pathways and provision, ensure target population is supported home effectively post acute admission	Uttlesford Community Action Network	£7,790
Loughton, Buckhurst Hill & Chigwell PCN & Epping North PCN	Mental health wellbeing support post bereavement	West Essex Community Action Network (WECAN)	£15,580
Harlow North PCN & Harlow South PCN	Mental health wellbeing support post bereavement	West Essex Community Action Network (WECAN)	£15,580
South Uttlesford PCN	Promote Health screening and vaccination awareness in target community	Uttlesford Community Action Network	£7,790
Alll 6 PCNS in West Essex	Our Health Matters Community Connector Projects	Rainbow Services	£10,426
			£265,000

Engagement with Carers:

- HWEICB, alongside Carers in Hertfordshire, held three engagement events with carers across Hertfordshire this Spring – two face to face, and one online event – approximately 50 carers attended overall.

- The workshops were established in response to feedback that had been received by the ICB from the Hertfordshire Carers Co-production Board, where concerns were raised around the variance between practices when it comes to access and support that carers receive from their GP practice. These events were set up so that the ICB could hear directly from carers about their experiences with general practice, so that we could learn and then share best practice out to general practice that we hope will help to support positive change.

- Feedback gathered at the events is now being shared out widely with Hertfordshire general practice sites via relevant meetings and communications channels.

- Two engagement events with carers in west Essex are being held in early August – the ICB are working with Healthwatch Essex, Action for Family Carers and Essex County Council on these workshops – feedback and best practice gathered at these events will then be written up and shared with general practice colleagues in west Essex, to share learning and to support change.

- The ICB will arrange a further meeting with carers, in approximately 6 months, to feedback on changes made following this engagement.

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

- A project intended to improve and align the access that non-medical healthcare professionals have around ordering pathology and imaging tests continues to progress.

- The project is moving forwards with two project steering groups, one to focus on the pathology aspect of the project, and another to focus on imagining, with relevant colleagues from across the system involved.

- Ensuring that access to pathology tests is in place, consistent and clear for all non-medical clinicians in primary care as appropriate is an immediate priority, and mapping of the current position is currently taking place alongside trust colleagues within pathology – a project steering group to discuss this further will take place on Thursday 18 July.

- In terms of imaging, the current focus of the project will be for arrangements to be put in place for practice nurses, paramedics, pharmacists and physiotherapists to have access to plain film x-rays (particularly chest x-rays) – this follows feedback via a survey that was conducted earlier this year that was sent to general practice sites. This approach still requires agreement from the wider project steering group which is due to meet to discuss this further in mid-August (date tbc).

- A current risk to this project is to ensure that progress in each of the three trusts to allow access to tests – particularly imaging, happens within the project itself rather than in silo, so we can ensure this is aligned across the ICB – to mitigate this we are ensuring appropriate trust representatives are on the steering group, and will be taking updates to the three acute trust interface meetings

- Communications and an update on the project will be sent to stakeholders in the near future, to ensure everyone is kept up to date.

Case Study – ENH place –
Sunflower Unit – Dementia Pilot working across and with system partners

- In January 2024, Hertfordshire County Council stood up a dedicated 16 bedded unit at Sunflower Unit in Hatfield with appropriate environmental configuration including communal and breakout spaces for an initial 12 week pilot – the pilot has since been extended and is currently due to end on 30 September 2024. The governance and funding for this pilot sits with the Better Care Fund (BCF) Committee. This pilot involves a number of partners across the system including Hertfordshire Partnership Foundation Trust as Mental Health provider.

- GP provision for this pilot was secured with Pear Tree Surgery, Welwyn Garden City PCN (part of WelHat locality) for the initial 12 week pilot and subsequently negotiated currently to 30 September 2024, as Hatfield PCN who support the rest of this home (site) were not in a position to do so in view of their own capacity issues.

An early evaluation workshop demonstrated that the Sunflower Unit has delivered significant improvements to the experience and outcomes for people living with dementia by ensuring that:

- ➢ Individual care is person-centred, strength based and meets the needs of the whole person.
- ➢ Multi agency knowledge, practice and information sharing is aligned to an evidence-based model and delivers psycho-social intervention as first line approach.
- ➢ The care home environment is conducive to care for households of people with non-cognitive symptoms of dementia.
- ➢ Improving the training offer to care staff supporting people with non-cognitive symptoms of dementia.

- The GP lead for this service has evidenced that the level of GP clinical input is deemed over and above core General Medical Services (GMS) contractual requirements ultimately significant time is required to ensure the aims and objectives of this current pilot are met.
- An evaluation paper including an options appraisal for future provision is currently being drafted by HCC colleagues for next steps.

Update on NHS England Primary Care Validation Project – ENH place

- NHS England approached the ICB following some nationally recognised good practice in regards to validating patients on waiting lists; Stort Valley and Village PCN (SVV PCN) were identified by NHS England colleagues and were invited to take part in this project reviewing referrals into secondary care and whether patients who were waiting for a first appointment in secondary care still required that appointment or had the patients' circumstances changed due to period of waiting.
- In conjunction with Princess Alexandra Hospital (PAH) NHS Trust, it was decided to review a list of patients who had been on the waiting list longer than 12 months and still awaiting their first appointment.
- The project scope included a thorough desktop review by the PCN of referrals and subsequent medical notes to ascertain if circumstances had changed following the referral. The PCN was also asked to contact the appropriate patients for follow up discussions about their referral following a change in their circumstances.
- Initial results from the 160 patients reviewed were:

✓ 14 patients removed from waiting list for a combination of reasons; a change in their medical needs and administration errors were identified as some already had their first appointment.

✓ 19 patients required a follow up appointment for an assessment of their ongoing clinical needs.

✓ Overall the PCN found that the majority of these patients were on the correct waiting list following an appropriate referral.

- The ICB awaits details of the final NHS England evaluation and whether this project will be rolled out further.

Update on DNA pilot – SWH

Watford & Three Rivers Locality

A pilot project is being undertaken to reduce the rate of “Did not Attend” appointments at practices, thereby reducing wasted GP hours. This is being led by Patient representatives from the Gade Practice with support from the ICB and Clinical Director Locality Lead.

The Patient Representatives leading on the project have since met with the Practice Manager at Gade Surgery, which is serving as the initial pilot practice for this work. They are now working on a forward plan encompassing the following:

- Preparatory comms with all the admin and clinical staff at Gade so that everyone is aware of and has the opportunity to engage with the project
- A provisional date for a 2-hour workshop by end of July 24
- A follow up action planning session to agree the opportunities for action and improvement (short and longer term) thereafter, before the onset of the August holiday season.
- Details of the DNA project have also been communicated out via PCN and Practice Managers networks to raise awareness of the ongoing work.
- Outputs from the above will be updated and shared via the Locality Forum, HCP board and Directorate.

Update on Migrant Health

South-West Hertfordshire:
Three of the six hotels covered by South-West Practices/GP Federations have since closed – Alexander Guest House, Mercure and Fairway. The three remaining Hotels, Ardmore House, Hempstead House and Holiday Inn remain open. Noting, that the numbers within these sites are reducing where further *dispersal arrangements are put in place. Migration Planning meetings remain in place, led by Herts County Council. Collaboration work is still fundamental and future workshops, webinars and creation of signposting documents for residents and professionals remains high on the agenda.

West Essex:
Two of the three hotels covered by West Essex practices closed in April 2024. Both hotels, The Bell, Epping and Great Hallingbury, Stansted, were adult male only. The remaining hotel, The Phoenix in North Weald, is for families and children and that has reduced in number but remains open. There is no formal notice that it is intended to close and a recent planning application to extend the premises was rejected by the local council. Essex County Council regular county-wide meetings have also ceased, although ECC still provide weekly resident figures by district.

East and North Hertfordshire:
Villare in Hitchin one of the eight hotels covered by ENH practices closed at the end of April 24, this had the smallest numbers of residents at approx. 30. The PCNs/Practices continue to support the other 7 Hotels, some are holding clinics at the site and others are asking residents to attend the surgery as BAU. Numbers at the sites are reducing as more applications are approved but that is posing an issue for the council due to being made homeless. There are no further hotel closures in ENH announced at this stage. Attending meetings with SWH as below. ENH Hotel numbers remain higher that the other 2 Places.

Veteran Accreditation

Our integrated care system has achieved the NHSE and Royal Target of General Practitioners target of having at least one accredited Veteran Friendly GP practice in each of our primary care networks across Hertfordshire and west Essex.

This national accreditation drive recognises the vital role that GP practices play in meeting specialist needs of veterans and the Armed Forces community, which includes serving personnel, regulars and reserves, veterans, and their families. A Veteran Friendly accredited GP practice will ask patients registering with a surgery if they or anyone in their immediate family has ever served in His Majesty's Armed Forces. An accredited practice will also have a clinical lead for veterans who will undertake dedicated training, stay up to date with latest research and innovations, and advise other members of staff.

With Armed Forces Day on 29 June commemorating the service of all those in the Armed Forces, we're pleased to be able to demonstrate that all PCNs in Hertfordshire and west Essex are ensuring support for their veterans and families and recognising the health needs of this significant group.

We now have 67 accredited GP practices across our area covering 20,729 known veterans. This increases to 29,642 when dependents and families are included.

During 2024/25 we look forward to working with the remaining 64 GP practices – covering an additional 15,326 veterans and their 6,590 dependents - to support them in obtaining Veteran Friendly accreditation. Achieving accreditation for every practice will demonstrate our support for all veterans, their dependents and families who have decided to settle in Hertfordshire and west Essex following their service.

Dental Update - July 24

Dental Access Recovery Plan

- Golden Hello – Scheme is to attract new dentists into areas where recruitment and retention are a challenge. New dentists in post under the scheme will benefit from an incentive payment of £20,000 split over 3 years upon commencement in post. EoE region have been allocated 41 posts and have split this out to ICBs based on access and population deprivation data - HWE ICB have been allocated 3 WTE posts and we are just working through areas to target.
- New Patient Premium - scheme started in March 24 and runs through to March 2025; eligible patients are those who have been unable to access care in the past 2 years. Practices will benefit from an increase in funding per UDA dependent on treatment band - indicative year-end data suggests there were 2,419 patients seen under this scheme, split by:
  - 1871 Band 1
  - 403 Bands 2 or 3

Dental Enhanced Access Pilot

- Data up to end of May 2024 indicates that there have been 3304 additional appointments available during weekdays across the 3 in-hours providers - utilisation of appointments is around 55% since April when the timings of sessions changed to later in the day - this is an increase of 11% from pre-April. Utilisation of out of hours appointments continues to be around 90 – 100%.

2023-24 Year End Achievement

- The final contract performance data has been delayed due to error in the data processing; this is now expected mid July. Previous report indicated overall achievement of GDS Contracts to be 89.92% (increase of 17% from previous year).

Hypertension in Dental and Optometry Practices - PILOT

- HWE ICB were successful in their bid for funding to support Hypertension case-finding in both Dental and Optometry practices
- Funding has been approved for 9 dental and 10 optometry practices to participate in the pilot in or around the following areas:
  - Watford - Dacorum - Hatfield – Stevenage - Harlow - Epping
- The aim of the pilot is to help to identify people with high blood pressure but without a current diagnosis. The idea is that people may engage with dental/optometry services who do not visit their GP or other health services and meet the following criteria:
  - Over 40
  - With no previous hypertension diagnosis
  - Living in more deprived areas.
- Blood pressure machines will be provided and nominated practice staff will be fully supported with training to take blood pressures.
- Approved practices will receive renumeration for set-up costs and will receive a payment for each blood pressure check they make.
- Dental practices in the areas identified above were invited to an MS Teams session where the pilot was presented and gave the opportunity to ask questions before submitting an expression of interest. Optometrists have been approached via the LOCs.
- At the time of writing this update, 7 dental and 3 optometry EOIs have been received – the closing date is 5th July and assessment of the applications will be completed on 12 and 15 July.
- Anticipated "go-live" date is early September 2024.

Update from Primary Care Workforce

- **Protected Time to Learn** - It has been agreed that HUC will continue to provide cover for the rest of the year with the next event taking place on 5 September 2024. Also continuing to work with colleagues across the ICS to ensure there is no adverse impact of this training on the UEC system. No PTTL events taking place in July as the event date clashed with Junior Doctors strike and as per previous year's schedule no PTTL events to take place in August and December.

- **Video and leaflet showcase collaborative working between clinical pharmacists and social prescribers** - a short video showcasing the power of collaboration between clinical pharmacists and social prescribers and how that is benefitting patients in one PCN has been produced by the Primary Care Workforce team. The aim is to raise awareness of personalised care roles and encourage staff members in the ARRS roles to work in collaboration to achieve better patient outcomes. The video can be found on the Training Hub website Webinar library

- **HSJ Patient Safety Awards 2024** – The roll out of the HWE PCN Training teams has been shortlisted for Primary Care Initiative of the year category. The awards ceremony will take place in Manchester on 16 September 2024.

- The training team initiative was shared during a visit by Professor Claire Fuller, NHSE Medical Director for Primary Care. Claire showed significant interest in the project and the benefits for developing and supporting the workforce across PCNs.

- **HWE ICB Celebrating Primary Care Achievements Awards 2024** - The 2024 awards ceremony will take place virtually on 6 November 2024. There are 10 categories to choose from. Nominations are open. The deadline for all nominations is 8 September 2024. Further information can be found at HWE Celebrating Primary Care Achievements 2024 (hwetraininghub.org.uk). The ICB seeks to increase the number of nominations for dental, optometry and pharmacy services.

Update from Primary Care Workforce

- **CPD Programme 2024/25** - A new process for applying for funding has been implemented. All new requests for training should be relevant to the individual's role and align with the HWE ICB Priorities. They should be of value in addressing current or future challenges across the Primary Care workforce or in the individual's Practice or PCN. Mandatory feedback/evaluations are part of the new process this is to ensure training programmes are supporting the individual at work and will support the future workforce training planning cycle. The programme of training for 24/25 is available on the Training Hub website.

- **Workforce Data** – Working closely with System Workforce Planner to improve the capturing of workforce data. Primary Care are phase two of the Qlik Sense project which will commence October 2024. The aim is to have a fully functional workforce planning dashboard which can provide more granular information. Current process accessing data from the National Workforce Reporting System (NWRS) is an onerous task.

- **Community Pharmacist Access to Designated Prescribing Practitioners (DPPs)** - The Lead Pharmacist, Strategy & Workforce undertook 2 surveys, one to establish community pharmacists' experience of finding a DPP, and the other to scope potential availability of DPPs. Scoping exercises carried out in January 2024 found that almost 40 community pharmacists need support to find a DPP, and while 101 current independent prescribers (IPs) were willing to consider becoming a DPP, barriers included lack of funding and or employer support. In addition, from summer 2025, foundation trainee pharmacists will require access to a DPP, putting further pressure on demand. Work to address this is ongoing.

GP Contracting Update

Update on mergers

- On 1 July 2024, Stansted Surgery and Elsenham Surgery in South Uttlesford PCN West Essex, merged contracts. The practice will now be known as Peacock Surgery and will continue to run services at both the Stansted and Elsenham sites.
- On 1 June 2024 - New Road Surgery and Baldwins Lane Surgery in Grand Union PCN South and East Hertfordshire merged contracts. Both sites will remain open, as New Road Surgery.
- On 1 July 2024, Lincoln House Surgery and Highfield Surgery in Delta PCN South and West Hertforshire merged contract. Both sites will remain open as Lincoln House Surgery

BMA ballot on Collective Action for GPs closes on 29th July, with potential action commencing from 1st August. BMA Guidance outlines 9 key actions for practices to choose to implement, so will be a variance in approaches & potentially difficult to monitor.

National & Regional planning approach - NHSE letter due w/c 15th July. Modelling assumptions based on 10-30% reduction in GP appointments with associated impact on system partners, esp 111 and ED. HWE system planning commenced with Primary Care leading, supported by EPRR.

Primary Care Access Recovery

PCN Capacity & Access Improvement payments (CAIP) for 23/24 agreed in full & to be paid in July.

First set of claims made by PCNs for CAIP 24/25 - based on CD self-declaration per PCN. 12 PCNs have claimed, with payments to be made on a monthly basis through the remainder of 24/25. 7 PCNs claimed for all 3 sections of the funding; the other 5 were partial claims. Notwithstanding BMA Collective Action guidance advises PCNs to not claim for 2 of the 3 sections. PCNs have been encouraged to claim what they feel comfortable with, as the funding is available on a monthly basis to support cashflow.

Transition Cover support - communicated to practices on 4th July. Largely continues the approach from 23/24, with support to enable further implementation of Modern General Practice. Average of £13.5k per practice available

Primary and Secondary care Interface update for ENH place

- Following initial submission of the completed assessment tool we are continuing to make progress in working with Trust colleagues to understand potential areas of improvement work and any associated current digital limitations.
- A productive meeting was held recently with the Access Manager and Outpatient Manager at E&NHT regarding completed assessment tool and it was agreed that for the upcoming September resubmission the Trust intend to evidence:-
    - Rates of internal consultant to consultant referrals
    - Rates of community referrals including diagnostics
    - Outcomes from an ex- ward cohort of patients who have been part of a recent pilot regarding onward referrals
    - Education tools and promotional material used as part of the pilot & outcomes
    - The ongoing work & associated digital timelines for electronic Fit Notes & improved discharge summaries as part of the ORBIS project
    - For call and recall patient (surveillance) lists the Trust needs to look at a validation piece of work for these in some specialties & clarify current processes in radiology & pathology – they will provide timelines for this

The next interface meeting is due to take place on Monday 29 July 2024. Further detail will be bought back to Committee along with the re submission of the interface assessment tool in order to be able to demonstrate progress against all areas.

Questions

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	Primary Care Transformation Committee meeting held in Public		**Meeting Date:**	**25/07/2024**
Report Title:	**Primary Care Transformation Place updates**		**Agenda Item:**	**07**
Report Author(s):	Cathy Galione, Head of Primary Care Transformation, Integration, Development & Delivery, East & North Hertfordshire place Roshina Khan, Head of Primary Care Transformation, Integration, Development & Delivery, South & West Hertfordshire place Philip Sweeney, Head of Primary Care Transformation, Integration, Development & Delivery, West Essex place			
Report Presented by:	Cathy Galione, Head of Primary Care Transformation, Integration, Development & Delivery, East & North Hertfordshire place Roshina Khan, Head of Primary Care Transformation, Integration, Development & Delivery, South & West Hertfordshire place Philip Sweeney, Head of Primary Care Transformation, Integration, Development & Delivery, West Essex place			
Report Signed off by:	Avni Shah, Director of Primary Care Transformation			
Purpose:	**Approval / Decision** ☐	**Assurance** ☒	**Discussion** ☒	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually			
Key questions for the ICB Board / Committee:	The committee are asked to consider if the level of detail contained in the report provides a clear picture of progress against the Primary Care Strategic Delivery Plan.			
Report History:	These regular Place based updates will be presented to this committee as they were previously reported via Primary Care Board. These reports will be included as part of the overall delivery of the Primary Care Strategic Delivery Plan and will be included as part of the Strategy Monitoring Report on a quarterly basis as previously agreed.			

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

For full details of the timelines for each delivery item within the plan, please refer to the plan itself, linked here.</td></tr>
<tr><td>Recommendations:</td><td>The committee are asked to note the report</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td><table>
<tr><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4"></td></tr>
</table></td></tr>
<tr><td colspan="2">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td>To be evaluated individually as part of delivery related to specific projects to transform access and service provision</td></tr>
<tr><td>Risk: Link to Risk Register</td><td>To be evaluated individually as part of delivery related to specific projects to transform access and service provision.</td></tr>
<tr><td>Financial Implications:</td><td>Funding aligned with the Primary Care Strategic Deliver Plan can be found within the plan itself, which was signed off by Primary Care Board and ICB Board in July 2023: Primary Care Strategic Delivery Plan 2023-2026 – Hertfordshire and West Essex NHS ICB</td></tr>
</table>

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

South West Herts Place Primary Care Update

JULY 2024

Key Information

17 PCNs
48 practices
4 Locality Areas
689,499 Raw Population
639,336.11 Weighted

Pharmacy First

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

June data show that SWH Pharmacy First referrals have increased since the same month of 2023: June 23, 13 referrals per 10,000 population & May 24, 23.3 per 10,000 pop.
Referrals from 111 have also increased : May 23 509 referrals & 628 in May 24.
(June data N/A as of 12/7/24)

LD Health Checks

March 24 90.2% received an Annual Health Check, 89.2% received a Health Check & Health Action Plan
Furtther LD data not yet released

Primary Care Access & Modern General Practice

- **24/25 Self Declaration process for Capacity & Access Plans** – 8 PCNs have returned their plans so far.
- **SLF Visit** Gossoms End Practice completed in June with positive feedback and 3 action points agreed. . There has been further interest expressed from 2 Practices in Watford and 3Rivers locality.
- **Modern General Practice** – New invitation to practices re. claiming 2nd year of transition funding with guidance on criteria sent out to practices.
- Quality & Contract Visits Pilot to commence in September, 5 practices have volunteered in SWH – 2 visits & 3 desk top reviews.
- **Practices Visit programme undertaken** – A programme of support visits has been planned with SWH practices. To date 3 visits undertaken with positive feedback. 18 further practices have dates booked with the remainder being planned.

Same Day Access

St Albans IUCH Service
•Total number of patients seen YTD (April'24 - 13th Jun inclusive): 4,527
•Utilisation so far in 2024/25 is 88.1% 99.5% are discharged within 2 hours
•Patient feedback continues to remain very positive with zero complaints received.
•ICB and HUC have agreed four priority areas for development over 2024/25 and will work through detailed plans for these over the coming weeks.

Hertsmere

- The Hertsmere Urgent Care same day bookable minor illness hub procurement was completed however due to financial constraints, this project has been paused but the ICB are looking at other possible options to support a service set up during the winter months.

Workforce

- PCNs are starting their new ARRS allocation and are aware that they cannot transfer any underspend from other PCNs to cover overspends this year.
- This year, PCNs are allowed to recruit enhanced nurses – one per PCN or two for larger sized PCNs. Caps on advanced practitioners were removed also

Enhanced Commissioning Framework 24/25

- Place team continue to support practices with distribution of data to maximise achievement –ECF dashboard to continue to be presented at Locality Forums.
- ECF 24/25 communication with final version circulated in May 2024 and socialised at PM Forum & SWH Webinar.

Vaccinations

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

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

Covid As of 2/7/24 58% of all eligible SWH patients have received their spring booster vaccine. This is the same as regional uptake. Immunosuppressed patients are only at 28%.

South West Herts Place Primary Care Update - Continued

Integrated Neighbourhood teams

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

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

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

Watford/Three Rivers Top 300 Frailty INT project: Key Stakeholders are engaged and contributing to the INT via the working group. An Operational Plan has been created which will be presented to the PCN Clinical Directors early September. To support this, the Business Intelligence team are producing a guide on running the searches for the patient cohort at each practice, to enable them to identify and review the relevant patients. Ongoing work with the Data Protection Officer to produce a dedicated consent form that will be presented to each patient by the GP at the time of review.

St Albans/Harpenden Frailty project ct Description: To identify a cohort of patients within The Elms, Harvey Group, and The Lodge that are high users of the GP appointments/Primary Care , high attenders of ED & usage of hospital bed days. Deliver a preventative and personalised care approach for these patients and measure outcomes. Searches have been run and project to start September.

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Best Practice

Stay Well for Longer Hub

Communities First held an event in Borehamwood in May jointly with **Theobald branch of Manor View** practice

- One stop shop for mild frail patients in Borehamwood- targeted intervention of nurse review, pharmacist review and social prescriber review, with wider appreciation of the services in the area.
- Involved 12 patients aged>65 with 4 or more medications and 4 or more medical problems

Next Steps

- Expand the events to reach to wider MVP cohort to ensure wider reach- targeting other areas of deprivation
- Location to be discussed
- Inviting wider group to attend for the talks only as opposed to targeted intervention
- Work across the PCNs in Hertsmere

South West Herts Place Primary Care Update - Continued

Best Practice

Opening of Extended and Renovated Practice Space

- **The Consulting Rooms** in South Oxhey recently held an opening ceremony, for their newly renovated and extended building.
- This new development will allow the Practice to provide enhanced healthcare facilities to the residents of South Oxhey, one of the most deprived areas of Watford.
- The opening ceremony was held on June 4th, attended by ICB colleagues and patient Reps.
- This opening concludes the expansive piece of work that was ongoing since 2018 and overcame several challenging hurdles.

Hypertension Identification and Treatment Approach

Bennetts End Surgery, in Dacorum Locality, received targeted support from the ICB to help improve hypertension detection and treatment back in October 2023. Targets were agreed and have been exceeded. Practice has agreed to show case results.

North Watford PCN

Following the recent website audit by Primary Care Digital, Sheepcot Medical Centre have very quickly taken steps to improve their website to make it more user friendly. Their website/social media lead has engaged their Patient Participation group to ensure the website is clean and well fit for purpose, with very good feedback received so far. They will continue to refine based on the audit and further feedback received.

East & North Herts Place - Primary Care Update – July 2024

Key Information:

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

Primary Care Access Recovery

GPIP: A further 4 practices have signed up for the improvement programme with a start date of July.
Support Level Framework (SLF) Visits: Symonds Green SLF completed in June with excellent feedback. Three areas of agreed focus are patient communication, staff development and appraisals and CQC Outstanding aspiration. Wrafton House visit is planned for July. There is to be a prioritisation review of all practices and then scheduling of further visits
Capacity and Access Improvement Plans 24/25 – 4 PCNs have responded so far and indicated which of the 3 areas they are happy to sign off. Others are working their way towards being able to sign off areas and request funding.
Modern General Practice – New invitation to practices re. claiming 2nd year of transition funding with guidance on criteria.

Same Day Access hubs

Stevenage North & South PCN hubs: The evaluation paper has been completed and will now be assessed in terms of benefits or otherwise to the wider system. The outcomes will also be instrumental in helping inform winter funding and planning discussions with system partners.

H&R: At their recent finance and strategy meeting, members discussed proposed operational changes to the way in which the PCN was run. The aim was to ensure equity for each practice in terms of services and financial benefit. As a result, the PCN are currently in discussions with a view to cease their same day access hub service. Next steps are to be confirmed.

Vaccinations

The Spring COVID Vaccination campaign closed on the 30th June. HWE sites vaccinated 45,576 patients. Uptake across HWE practices was 66% in >75s and 68% in care homes. Plans are now underway for the Autumn/Winter 24/25 Campaign.

Anything else to share

Veteran friendly Accreditation
Our ICS has achieved the NHSE and Royal Target of General Practitioners target of having at least one accredited Veteran Friendly GP practice in each of our PCNs across HWE. Details from HWE Armed Forces Covenant indicate all ENH PCNs are accredited with at least one practice signed up.

ENH Practice Managers meeting 25th June 24
Place team held a very successful face-to-face PMs meeting for first time since pre-pandemic, 17 practices with representation from all localities. The team gave an introduction to the team and wider ICB colleagues; an Interactive session on Modern GP and Networking opportunity with other PMs. This has since resulted in an increased uptake onto the GP Improvement Programme.

Workforce (PCN/Locality recruitment/Retention)

A number of our PCNs are proactively looking at becoming "learning Organisations" with the Deanery. **SS PCN** and **SVV PCN** are already approved with **H&B PCN** due to have their approval meeting very soon. This will mean that the ST3 trainees can rotate at any of the PCN practices and trainers can share the teaching.

Hertford & Rurals PCNs: The PCN has appointed a Deputy PCN Manager and a new Health and Wellbeing Coach/Social Prescribing Team Lead.

Integrated neighbourhood teams (INTs) and proactive care

WelHat: Peartree Surgery (WGC PCN) shared case study outcomes at the June INCB meeting. This is soon to be rolled out to other practices in PCN. Worthwhile outcomes have encouraged Hatfield PCN to progress with their cohort identification also.
Upper Lea Valley: Identified cohort of 36 frail patients. Next steps - set up MDTs. This project will be led by a social prescriber. The aim is also for remaining two PCNs in ULV (H&R and W&R) to replicate this work, using best practice from H&R.

Lower Lea Valley & Stort Valley & Villages: Identified dementia as priority. SVV; Engaged with providers including All Sorts, Herts Musical memories, Forever Cycling, Carers in Herts support group, Nordic Walking, Hertfordshire Health Walks, Alzheimer's Monthly Hubs. Project managed by social prescriber. PHM team visiting practices to support with identification of cohort. LLV have identified leads for areas of the dementia strategy and are close to gaining Dementia Friendly Community accreditation.

North Herts: Currently reviewing searches following engagement with PHM team.

Stevenage: SN PCN have been working with PHM colleagues running practice searches to identify frail cohort. SS are following shortly and will work with SN as a locality to take INT work forward. In addition, project support from ICB/HCP has been offered to the group to aid and drive progression.

Examples of Good Practice

Hertford & Rurals PCN:

- The PCN are running a cytology project, which aims to provide smears to patients due or overdue with the overall aim to increase uptake. This will begin with housebound patient.
- **Lea Wharf Surgery site** – As part of their premises move, the practice undertook a project to review their interactions with other organisations in an effort to streamline communications and improve patients' movement between organisations, including NHS and voluntary organisations. The place team will link in with the practice to share the learning with other practices in the area and potentially to interface meetings.

Stevenage Locality

- An obesity project to support a cohort of 220 patients will commence in September in partnership with Everyone Active. This is a 12-week programme focussed on diet and exercise.
- A music café has opened to help support patients with issues such as loneliness and isolation.

Stevenage North PCN:

- **Stanmore Medical Group – Stevenage site:** Running enhanced support service (ESS) enabling patients in proactively identified cohorts, who may require additional health/social support, including carers, to have direct link to care coordinators to support their care. Contact is either via specific web link for users with Internet access or via direct dial number 9:00am-4:00pm on weekdays. In addition, the practice gave a talk to CQC inspectors around the work they are doing in the local community with carers.
- **Chells Surgery site -** A- sensory garden is being worked on supporting patients with dementia and helping others improve their wellbeing. This project is also being supported by the local college with students building garden furniture.

Stevenage South PCN:

- Community Support project in collaboration with One YMCA. Encouraging engagement with practices and PCN. SPLW also attending YMCA for monthly drop-in sessions for clients. Has been given workspace for private consultations.
- Bereavement cafe in South PCN but looking to extend across locality.
- Majority of the practices in the PCN are now purple star accredited. There have been some great examples of individual support for LD patients(between care coordinators and social prescribers) The PCN also managed to achieve 86% AHC' across some of their practices to date.

Hitchin & Whitwell PCN

- Continue to distribute quarterly newsletters:
- Details around upcoming education events, webinars, volunteers, and screening programmes shared.
- Promotion of Locality-wide Health Care Career Expo in October for GCSE year, 6th form and college students promoted at INTB and in newsletter.
- PCN now has a social media presence on Instagram.

West Essex Place primary care update

July 24

Key Information:

6 PCNs and 6 INTs
29 practices
48 community pharmacies
332,551 registered population
323,95 weighted population

COVID vaccination

- Spring campaign well underway with all 6 PCNs and the majority of CPs providing the service
- Uptake to date, is reported to be higher than this time last year.
- 14,699 vaccinations provided to date, with 70% of patients in care homes vaccinated.
- 4 out of 6 PCNs in WE are within the top 10 sites across HWE for delivering the most vaccine to date.
- Tight stock management continues to avoid wastage
- Mutual aids are ongoing to support sites with higher demand and to minimise wastage at sites at risk of vaccine going out of date.
- North Uttlesford collected household detail from immunosuppressed patients in spring campaign so they can be invited to autumn campaign.

Primary care access recovery and modern general practice

- Finalised agreement HWE wide of delivery of capacity and access plans for year end achievement/payment in July
- Supporting practices/PCNs to meet 24/25 requirements for capacity and access plan/payment, in particular online consultation delivery.
- Support level framework visits have commenced – see detail.
- Three practices (Thaxted, Old Harlow, Angel Lane) upgraded to cloud-based telephony, via procurement hub. Others without full functionality of CBT or similar issues with their telephony provider are being supported where possible.
- LB&C Care home hub successful so far since May launch,, providing coordinated care across general practice/PCN, social care, community care etc.

Support Level Framework visits

- 13 Support Level Framework visits have taken place (Gold Street, Forest, Rivers, Abridge, The Limes, Market Square, Maynard Ct., Kings, Loughton Surgery, Thaxted, Loughton HC, Ross, Chigwell)
- A further 3 visits are booked with Angel Lane, Peacock Surgery (Stansted/ Elsenham), Newport.
- Locality clinical leads are facilitating visits with primary care team. 20 practices in total have been offered SLF visits (rest have been on national GPIP or are receiving support from contracting team colleagues). Themes so far for action plans - clinical triage, patient and stakeholder engagement, telephony data analysis and increasing access via online routes

Health Checks, prevention and long term conditions

- **LD health checks** – 24/30 practices achieved end of year target of 80%. Most practices have an increased LD patient register and have delivered more reviews than last year.
- **Smoking cessation referrals/quits** - Harlow South PCN have made the most referrals to EWS and delivered the most smoking quits
- **Weight management referrals** - Harlow South PCN are generating significantly more referrals, we will share approach as an example of good practice
- **40-74 Health checks** - WE achieved 97% of target set by ECC, with 3 PCNs achieving 100% and the other 3 PCNs achieving 79% or above. Only 8 practices did not reach 70% of their target. Some practices delivered more than their target (shortfall from previous years). This is a significant improvement on previous years through targeted support from team and uptake of additional Provide resource.

Enhanced Commissioning Framework

- 23/24 achievement calculated HWE and developed local WE pack to discuss at upcoming locality meetings to support ongoing improvement. Overall, improved on 22/23.

Health inequalities

- All PCN bids have been approved for Assura Funding. Projects include 121 bereavement support for housebound/vulnerable people, community hub outreach to increase awareness of and uptake of health programmes amongst BAME and traveller communities, and social prescribing in-reach at Addenbrookes to facilitate discharge.
- May '24 Veteran Accreditation status: 59% (17/29) practices accredited (PCN coverage)
- North Uttlesford PCN worked with the national diabetes prevention programme to deliver a targeted programme in Uttlesford to increase uptake closer to home.

Integrated Neighbourhood Teams

- INTs have been asked to develop plans to contribute to the delivery of ICB & HCP frailty priority through proactive care, interventions to reduce admissions from care homes, falls prevention etc.
- INTs have either completed or are close to completing the first cycle of proactive care support to patients within the advanced disease and complexity cohort and are considering plans for ongoing review in MDTs.
- Practices have run searches to quantify patients within the frailty/EOL/dementia cohort (segment 4 of the ICB wide risk stratification). To date the cohorts are large so further layering will be required to enable caseloads to be manageable – discussions at INT meetings.

Community Pharmacy Integration

- Joined West Essex Pharmacy Forum in May to develop relationships with local pharmacies.
- Pilot running between community pharmacy and paediatric A&E dept in Harlow
- Issues with national reporting mechanism for Pharmacy First – hope to be resolved soon so we can understand uptake.

HCP priorities – CVD prevention/hypertension

Visits and follow up visits taken place with 4 practices below the ICB average for detection and treatment to threshold for hypertension – all practices have shown an improvement. Achieved through more accurate coding, Accurx messaging, 'open' clinics, linking in with local community pharmacies, signposting patients to pharmacies and loaning of blood pressure monitors and educating patients in the importance of providing blood pressure readings.

West Essex Place - examples of good practice (additional roles in primary care and self referral pathways)

LB&C PCN urgent same day access hub Mon-Fri 9-5 that is supported by ARRS staff including pharmacists, paramedics and social prescribers. They provide face to face consultations and help to improve access for patients as well as improve capacity within the PCN practices. This enables the practices to have more time to focus on more complex patients. On average the hub provides around 80 appointments per day for the PCN.

Care coordinators - integral role in delivering the proactive care model of working in the integrated neighbourhood teams. The care coordinators coordinate all the MDTs between the PCN practices, ensure the correct patients are discussed and that outcomes are followed up. This has included a follow up call with each patient that was discussed as part of the MDT to let them know the plan for their care and to share any information that may be helpful such as the number for the falls car should it be required. Feedback from the patients to the care coordinator has been positive and they have been grateful for the MDT focus on their care. Other examples include holistic reviews for patients with Chronic Pain, 3-month Cancer Care reviews, proactive care for patients with Heart Failure and Holistic reviews for Diabetic patients with HbA1c over 80.

Physician Associate - this role supports a range of conditions from chronic complex issues and long-term reviews to dealing with acute illnesses.

Paramedic – various support to patients including assessment and treatment in clinic, home visits for housebound patients, remote consultations with patients who are unable to get to the surgery for treatment, successfully investigated "red flag symptoms" which has indicated upper GI cancer, lung cancer and bowel cancer, supporting patients with mental health conditions, conducting frailty reviews at home for housebound patients (which has resulted in medication changes e.g., reducing antihypertensive, social care referral/ safeguarding, OT/physio referrals, social prescriber referral, letters to specialist services where a patient has not been reviewed as planned, memory clinic referrals etc).

Clinical Pharmacist – joint work with social prescribers linking social/lifestyle problems with offer of a medication review to reduce dependency on pain medication. Similar joint working with care coordinator, mental health practitioner and MSK physio. Green inhaler project - converting patients from high dose c02 inhalers to greener alternatives. Saved 782.88kg of carbon in South Uttlesford by switching 50 patients over to lower carbon inhalers.

Children and Young Persons/Family Focussed Social Prescribing Link Worker – wide range of scenarios eg. support with year 6 transition to secondary school (3 school-based sessions with children with any low -level anxiety), supporting children with parents going through cancer diagnosis and treatment or other challenging times.

Health & Well Being Coaches – group consultations with families (parents and complex children), menopause group consultations.

Self-referral pathways

- Self-referrals enable patients to take control of their own health and provide a direct route into a service, improving access for more complex needs.
- Not new - c30,000 self-referrals/month across community services
- It is important that locally, staff are aware of where and how people can self-refer
- Commitments in 23/24 operational planning and priorities and the Recovering Access to Primary Care Plan
- National focus on improving self-referral access to 7 conditions – community MSK, audiology, tier 2 weight mgt, community podiatry, wheelchair services, community equipment and falls services
- Details of over 30 local services shared with all GP practices, with links that can be added to practice websites – ongoing support as required

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	ICB Primary Care Transformation Committee meeting in Public		**Meeting Date:**	**25/07/2024**
Report Title:	**Winter 23/24 Evaluation and next steps for Winter 24/25**		**Agenda Item:**	**08**
Report Author(s):	Philip Sweeney, Head of Primary Care Transformation, West Essex place ICB			
Report Presented by:	Philip Sweeney, Head of Primary Care Transformation, West Essex place ICB			
Report Signed off by:	Avni Shah, Director of Primary Care Transformation			

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

Which Strategic Objectives are relevant to this report **[Please list]**	▪ Improve access to Health and Care Services. ▪ Increase healthy life expectancy, and reduce inequality. ▪ Increase the numbers of citizens taking steps to improve their wellbeing. ▪ Give every child the best start in life.
Key questions for the ICB Board / Committee:	▪ How can we capture the system impact of additional appointments over the winter periods? ▪ Would support be given appropriate local schemes such as the Hertsmere proposal?
Report History:	▪ N/A
Executive Summary:	The ICB has been funding General Practice to create additional capacity over the winter months (Oct-March) for several years. Over this time General Practice has been grateful for this additionality to support the ever-increasing demand. Year on year we have been able to evidence that the funding was used to good effect by creating additional capacity. For winter 23/24 we felt important to start capturing additional analysis on the impact or benefits to the whole HWE system, with a specific focus on 111 and ED activity. This evaluation briefly looks at the data analysis for winter 23/24 and our current and next steps for winter 24/25. The report contains some assumptions around how this has supported the wider system but as a whole General Practice was able to create circa

	106,000 extra appointments to support winter demand which is an amazing achievement in the current economic climate.			
Recommendations:	▪ Support progressing future General Practice winter funding to increase capacity.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☐
	< Provide details here - review the Register of Interests (Board/relevant committee membership), and highlight any potential conflicts, which the Chair needs to manage or state N/A if none >			
Implications / Impact:				
Patient Safety:	*Yes, by not creating additional appointments in the busy winter months patient safety is a factor to consider.*			
Risk: *Link to Risk Register*	PC2 Risk – Refers to the high-level pressures in General Practice; If additional capacity is not created over the winter period, then this could impact the ability to provide patient care and cause sub-optimal patient experience.			
Financial Implications:	*If a similar funding was made available as last year, then circa £2 million*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A		
	Quality Impact Assessment:	N/A		
	Data Protection Impact Assessment:	N/A		

General Practice Winter 23/24

Evaluation paper June 2024

Introduction

It is widely accepted that during the winter periods the demand and management of healthcare service increases and becomes more difficult, due to multiple factors, colder weather, sessional illness and increased staff sickness. In recognition for this the Integrated Care Board (ICB) approved additional funding, in winter 2023/2024, to General Practices services to provide additional appointments for their registered population. This evaluation investigates the impact and analysis of this action and then looks to recommend some options for winter 2024/2025. Throughout the report the Winter period is defined as the 1st October until 31st March.

A letter was sent to General Practice articulating what the ICB was able to offer for winter 23/24 and some steer on the requirements expected to support the healthcare system. These were based on the Primary Care Recovery Plan, particularly those elements that will support winter.

Background

The ICB has been commissioning additional capacity to support winter pressures since 21/22 recognising the pressure on general practice following the COVID pandemic and consistently high levels of demand during the winter months. In 22/23 there was additional national funding for additional appointments via re-purposed 'Investment and Impact Fund' (IIF) and funding for acute respiratory hubs.

Year	Funding streams	Additional capacity
21/22	Local funding - £1.43 per weighted patient	73,139 appointments
22/23	Local funding - £1.43 per weighted patient National funding £0.602 per weighted patient (PCN support payment repurposed IIF money)	182,428 appointments

	National funding – acute respiratory hubs	
23/24	Local funding at £1.43 per weighted patient	106,602 appointments

The emphasis for winter planning in 23/24 was about system working and responsibilities for each part of the system to work together to deliver operational resilience. It reflects the publication of the delivery plan for recovering Urgent and Emergency Care (UEC) services along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS.

With no national winter funding for primary medical care in 23/24, our approach has been to encourage Primary Care Networks (PCN) to:

- consider joint working as a PCN and pooling resources to deliver at scale e.g. hubs and linking with system partners for opportunities for partnership working e.g. with 111, UTCs, community services
- consider phasing and retaining some capacity for surges in demand.
- Making use of all available clinical staff to deliver appointments.

Each PCN was required to complete and return a proforma outlining their delivery model intentions and how a phased approach would be used throughout the winter months.

This offer to General practice was based on logical intelligence that would suggest by increasing the amount of general practice appointments, to the population of Hertfordshire and West Essex, this would reduce the need to seek healthcare provisions from other services, such as 111 in hours services and Emergency Departments.

Therefore, with the aid of the ICB Business Intelligences (BI) teams we wanted to analysis the completed offer to ensure what the ICB hoped to achieve was successful. The two questions the BI team set out to answer were.

1. To determine whether the additional resources provided to GP Practices for “winter” 2023-24 – referred to as “Winter Pressures” – did indeed achieve the purpose for which it was intended, “to deliver additional appointments.”

2. To determine whether the additional resources provided to GP Practices for "winter" 2023-24 had made system-wide impact.

What the analysis showed

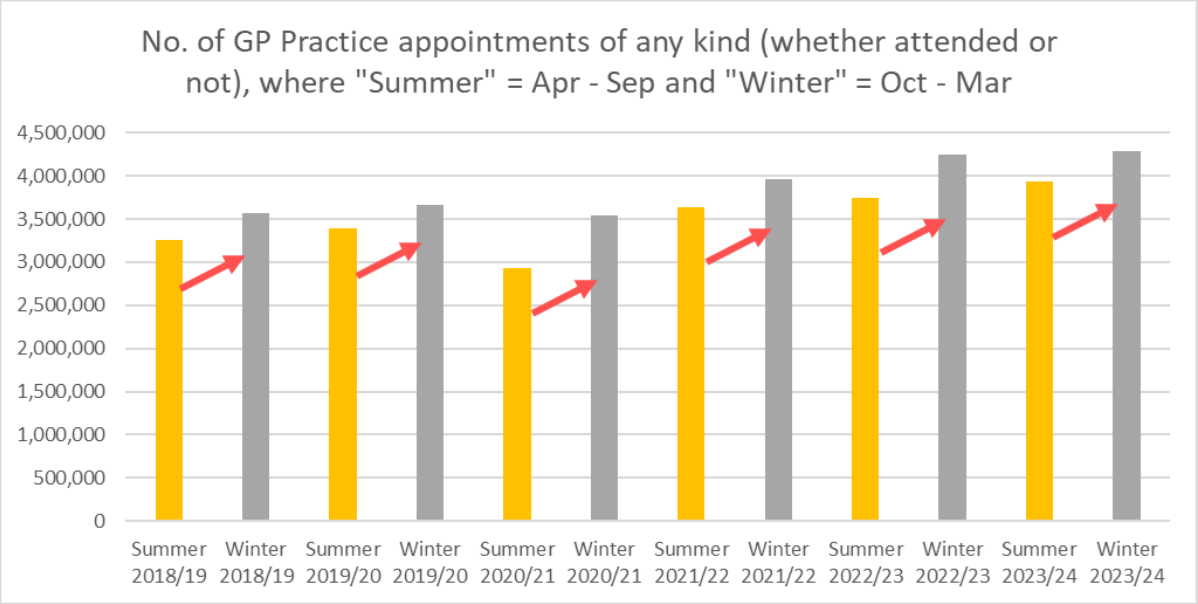
The Business Intelligence team had a difficult task due to limited analysis from previous years in relation to system impact, and differing offers and funding from previous years, coupled with external factors such as staffing cost increases and cost of living rises. This made a baseline to compare with very difficult. Therefore, the evaluation compared the 6 months of Summer (defined as 1st April to 30th September), where practices have no additional funding, to the 6 months of winter to which funding was given.

In answer to question 1

To determine whether the additional resources provided to GP Practices for "winter" 2023-24 – referred to as "Winter Pressures" – did indeed achieve the purpose for which it was intended, viz., "to deliver additional appointments."

This produced a simple yes to the question. When additional funding is given to General Practice over winter months more appointments were delivered.

Fig.1: No. of GP Practice appointments



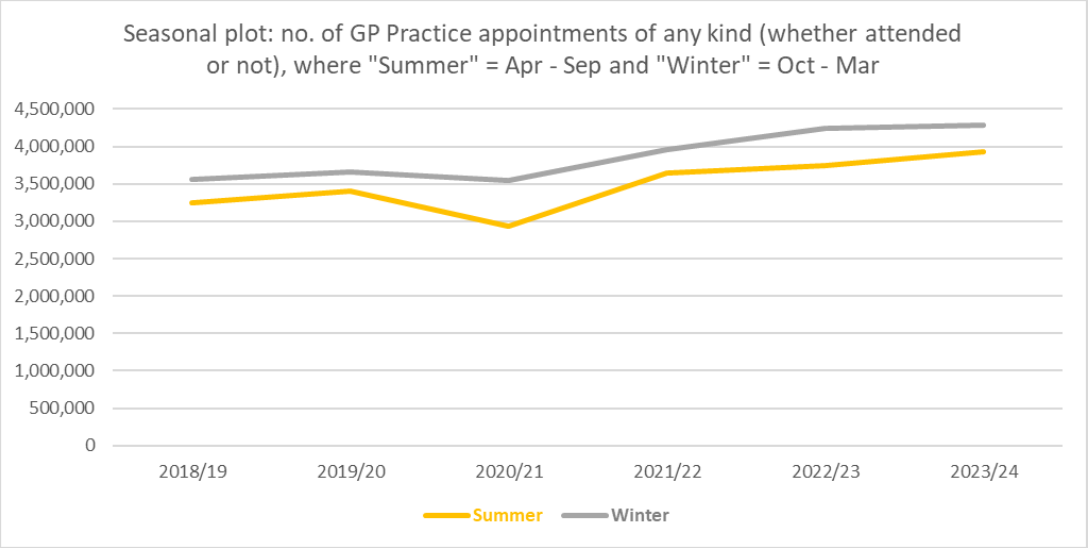
The no. of GP Practice appointments does indeed increase from the 6-month "summer" period to the 6-month "winter" period when analysing the 24 months ending 31 March 2024. As an ICB, the GP Practices collectively did indeed "deliver additional appointments" over the "winter" periods. In terms of percentages as an ICB this was an **11.6%** increase in Winter 23/24 compared to summer 23/24. This is above what can already be seen with the increased in total activity across general practice when compared to pre-covid.

In answer to question 2

To determine whether the additional resources provided to GP Practices for "winter" 2023-24 had made any system-wide impact.

The analyses of the data has given the ICB a baseline for monitoring and analysis moving forward, but has been difficult to draw comparisons from previous years. The Linear graph showing the trend of appointments in summer vs winter helps to explain further.

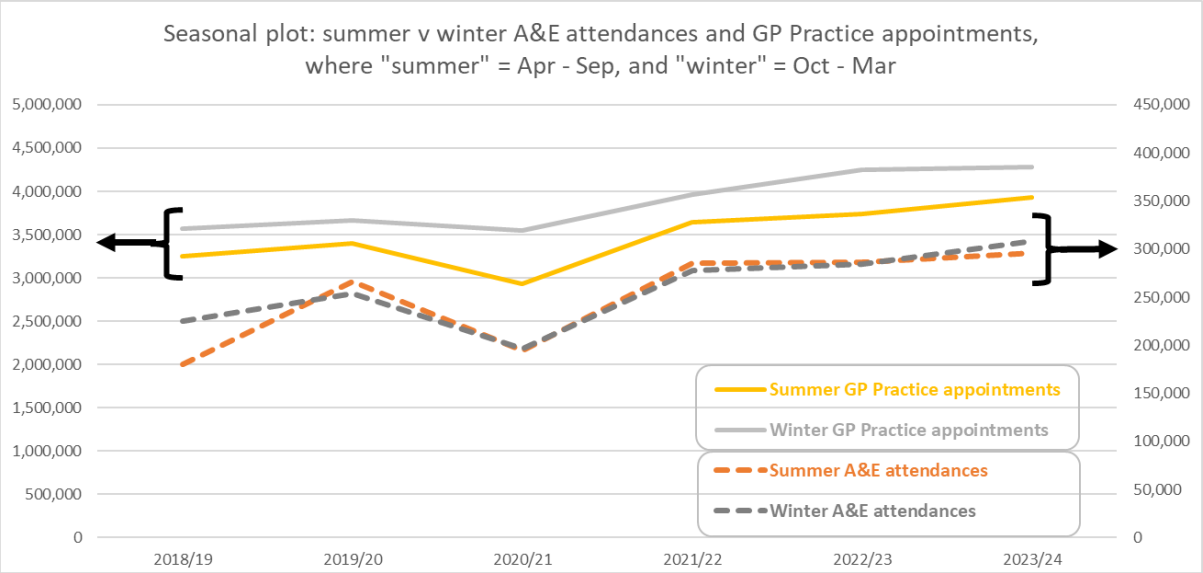
Fig.2: Seasonal plot



The assumption made by offering the additional funding was to ensure patients needing GP appointments would have greater access to them, negating the need for them to seek healthcare from other service providers such as 111 or local Emergency Departments. The data has not shown any statistical evidence of this assumption and in fact both 111 and ED attendance saw increases from their summer activity to the winter activity. 111 activities went up by 4.6% and ED activity 4.43%, both of which are 50% lower than that of General Practice. What we can say from the data is that 111, ED and GP activity all increase over the winter period.

When overlaying the GP linear graph with that of the ED equivalent we can see a similar trend line and other than for summer 2018/19, ED attendances are roughly equal to winter ED attendances. So, for the past 5 years we can say that winter ED attendances roughly equals summer ED attendances albeit a slight increase in winter 23/24.

Fig.3: Comparison seasonal plot



It is worth noting we have no available data for a winter period where an offer of additional funding was not given to General Practice, thus unable to demonstrate what would be the outcome of not providing the funding. The ICB continues to work on analysing patient behaviour and what choices patients may take if they were unable to access a General Practice appointment.

Although the data does not support a reduction in system pressures from this funding given to General Practice the data does show activity stability across both summer and winter.

Next steps for Winter 24/25

The ICB has already started systemwide winter resilience conversations and planning what options will have the biggest impact for winter. This is not, always, about additional money but how providers work more intelligently and collaboratively. This means reducing duplications, making pathways easier to navigate. The primary care team has had an initial team meeting to capture what went well with the submitted plans from last year and which ones gave the greatest gains in terms of appointments delivered. There have been no confirmed plans agreed at this time, but we do want to give General Practice the opportunity to start planning as earlier as possible. Therefore, the following actions are being completed over the next 6-8 weeks.

1. Horizon scanning with the UK Health Security Agency for any intelligence on specific winter conditions that could pressurise the system.
2. A small survey to General Practice to get their views and opinions.
3. Conversations with other healthcare providers to understand their plans and if as a system these can be strengthened collectively.
4. Conversations with ICB GP leads to present options and work through the practicalities and feasibility on the ground.
5. Explore whether different areas would benefit from tailored approaches rather than a generic offer of support.
6. With the aid of GP leads we will be requiring each PCN to set their normal baseline of activity so evidence can be collected demonstrating additional appointments were created.
7. With the help of Urgent and Emergency Care leads help to articulate the focus for winter 24/25, to avoid unnecessary hospital admissions and continue to provide care closer to home.

As outlined in the ICB Urgent and Emergency Care, there are 3 areas of need including Harlow, Stevenage and Hertsmere. Harlow have a Primary Care led Urgent Care Treatment Centre (UTC) which is front end of hospital. The model is evolving and looking at how this will be integrated further with primary care and how it supports over the coming winter. In Stevenage there are currently 2 pilots running in North and South whilst the UTC at Lister has launched recently, teams are working together on opportunity to integrate primary care with the phase 2 of the UTC at Lister and how

this would progress. At Hertsmere it should be noted there is not local UTC in the locality whilst there are UTC/minor injury services across the three localities in South and west. Discussion underway in South and west Place to put in top slice the allocation in SWH to support additional capacity in Hertsmere where there is a greater need whilst also giving some across rest of the PCNs. This will give an opportunity to test the impact of this model further.

Following discussion at Primary Care Transformation Committee, each place to bring their proposal to the next Primary Care Commissioning Committee, building on the learning from last winter and the national guidance on winter planning for 2024/25.

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	Primary Care Transformation Committee meeting held in Public		**Meeting Date:**	**25/07/2024**
Report Title:	**Primary Care Digital Update**		**Agenda Item:**	**09**
Report Author(s):	Trudi Mount, Head of Primary Care Digital Dr Rachel Hazeldene, HWE ICB Primary Care CCIO			
Report Presented by:	Trudi Mount, Head of Primary Care Digital Dr Gopesh Farmah, HWE ICB Primary Care CCIO			
Report Signed off by:	Avni Shah, Director of Primary Care Transformation			
Purpose:	**Approval / Decision** ☐	**Assurance** ☒	**Discussion** ☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ **Increase healthy life expectancy, and reduce inequality** ▪ **Improve access to health and care services** ▪ **Increase the numbers of citizens taking steps to improve their wellbeing** ▪ **Achieve a balanced financial position annually** ▪			
Key questions for the ICB Board / Committee:	▪ How can the group members support the digital agenda ▪ Are there other priority areas that the group members feel digital could contribute to to meet our ICB objectives			
Report History:	N/A			
Executive Summary:	This paper outlines the current progress on the key digital programmes underway including the NHS App, practice websites and the Modern General Practice deployment across practices. We are doing a lot of work in promoting the NHS App with practices and patients across various forums. Practices have now received the feedback on their wesbites and the report shows some key findings from that			

<table>
<tr><td></td><td colspan="4">We are creating a portfolio of good practice from case studies done with those practices working to Modern General Practice to help others understand the challenges and best ways to implement this.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">▪ Agree that the priorities and programmes outlined are the key areas of focus
▪ To discuss paper and agree any subsequent actions for members and partners</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☐</td></tr>
<tr><td colspan="4">< Provide details here - review the Register of Interests (Board/relevant committee membership), and highlight any potential conflicts, which the Chair needs to manage or state N/A if none ></td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">Enabling patients access to their own records can contribute to patient safety as patients will have key health information available to them via the NHS App which they can, where appropriate, share with other professionals.</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4"></td></tr>
<tr><td>Financial Implications:</td><td colspan="4">None</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Primary Care Digital Update

July 2024

Working together
for a healthier future

Primary Care Digital

This update highlights key areas of activities around the introduction of Modern General Practice, continued work on the NHS App and practice websites with reference to the Primary Care Digital Roadmap (July 2023)

Overview: NHS App

Key work areas (as stated in Primary Care Didigtal Strategy)	• Develop a communications campaign, in line with national programme, to help practices inform patients of the benefits of the NHS App • Make sure practices optimise their interfaces with the NHS App so that any options for automation/integration are applied. • Attend any suitable forums (e.g. PPGs) to promote NHS App and integrate with existing practice systems to enable NHS app to be the main source of information • Ensure this is also connected to the system digital work through hospital outpatient and integrate patient portals so it is all in one app as a system

Progress	• Website resources for patients and practices being created - using national material to ensure up to date.
	  • Patient facing – links to helpful videos on how to use the NHS App, leaflets on key features
	  • Practice – resources such as posters, FAQs, media for use on waiting room screens etc.
	• Posters sent to all Community Pharmacies and Dentists in HWE to be displayed to continue to publicise NHS App
	• Regular monitoring of App usage to spot trends
	• Attendance at many PPG meetings, community events, practice open days to provide information and support to patients in use of the NHS App
	• Continues awareness raising of App at Primary Care meetings also via PCN Digital and Transformation leads

Impact	• Patients able to better manage their own condition • Patients no longer need to contact practice for test results, info from GP Record • Practices have capacity to do other tasks as less patients contact them for information • Patients start to get one gateway to all NHS Services consistently across all providers • Continued rise in usage of App month on month across ICB – see later slide

NHS App - Impact

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

HWE logins in May 2024 were 977,492 compared to 478,546 logins in May 2023

Over 75,000 visits to acute information pages in May 2024 for HWE

Over 105,000 repeat prescriptions ordered via the NHS App in May 2024 compared to 64,000 in May 2023

39% of our eligible population does not have an NHS App login – need to understand why not and how can we improve on that

In June within HWE ICB an average of 12% of messages sent via NHS App were read within 3 hours and therefore did not result in a fallback SMS message being sent – we need to improve this

Record Views via the NHS App

Date Selected: **Last full month: June 2024**

Record Views

540,968

▲+9%

Detail Coded Record Views

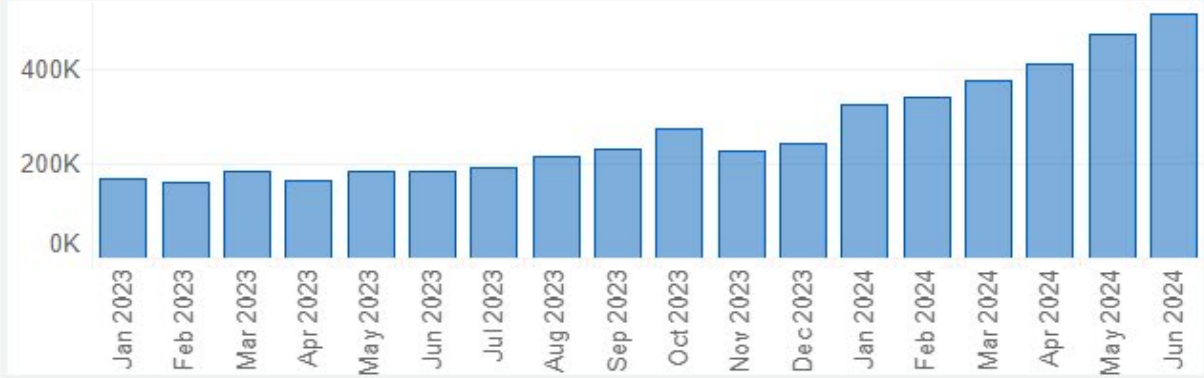
520,731

▲+10%

Summary Coded Record Views

520,061

▲+9%



NHS App Dashboard - Logins (per 1,000 population)

HERTFORDSHIRE & WEST ESSEX ICS

Data source: NHS App Tableau Analytics Dashboard as of Jun 2024

Place All

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	680	494	483	428	436	358	363	316	335	360	275	235
2023	273	251	284	277	296	276	284	306	404	495	388	389
2024	485	490	527	572	591	564						
2023 compared to 2022	-60%	-49%	-41%	-35%	-32%	-23%	-22%	-3%	20%	37%	41%	66%
2024 compared to 2023	78%	95%	85%	107%	100%	104%	-	-	-	-	-	-

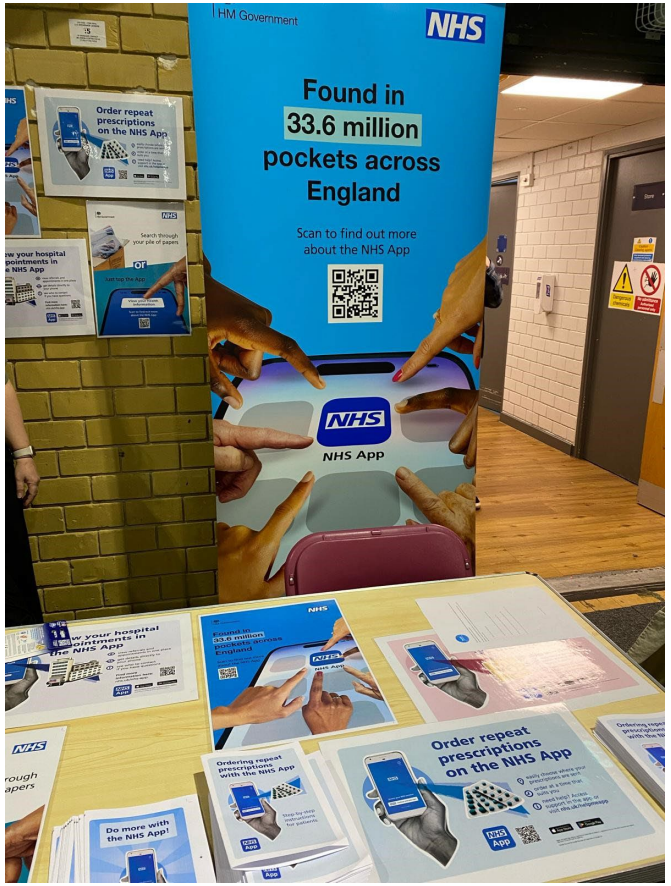
Monitoring of usage and uptake via dashboards

Jun-24

Number of patients registered for NHS App (over 13 years old)	% Eligible Patients Registered for NHS App	Logins per 1000 patients	No of Appts booked per 1000 patients	No of Appts cancelled per 1000 patients	No of repeat meds ordered per 1000 patients	No of records viewed per 1000 patients	No of SCRs viewed per 1000 patients	No of DCRs viewed per 1000 patients
4182	51%	554	0	0	53	266	224	258
7710	67%	505	0	1	24	302	302	301
6337	61%	400	0	0	42	256	255	195
4877	59%	336	0	1	32	148	148	93
5276	51%	366	0	0	40	219	219	211
6804	55%	478	1	0	56	240	0	230
10486	68%	396	0	0	37	244	243	223
4412	49%	441	5	1	50	295	295	293
7012	67%	359	1	0	33	228	215	222
11476	72%	511	1	0	76	311	308	307
8684	62%	485	0	2	49	343	338	334
2980	67%	280	4	1	56	133	129	130
9309	68%	491	4	3	41	344	333	340
10078	67%	828	9	2	57	286	284	284

Hertfordshire and West Essex Integrated Care System

Promotion



				Conflict between use of OC and direct booking tool (e.g. Patient Access, SystmOnline).	
Task 1: Booking, changing or cancelling appointments (inc OC tools)	Explanation of when and how to use NHS app or alternatives	Patients don't always know what to use tools, like the NHS app and direct booking tools, for. It should be clear what the tools should be used for and if multiple tools are available, the difference between them explained, e.g. 'You can use the NHS app to order your repeat prescription, to book child vaccinations etc'.	On the appointments page clear details of which apps (for example NHS app or Patient Access) or online tools (Systm One) enable patients to book, change or cancel an appointment. With information and links to register for services or to login to the service.	Just a promotional banner on the page for NHS app (or others) with no explanation of what it is for and when to use it. OR information is provided in a separate 'online services' or similar page on the website.	On the appointments page no information is provided about whether patients can or cannot use NHS app, other apps or online means to book, change or cancel and appointment.
Task 1: Booking			On the appointments page ... Clear information on the Appointments page about	Unclear information about home visits. Information buried on a separate page in the	No information about home visits or how to request one.

Overview: Websites

Key work areas (as stated in Primary Care Didigtal Strategy)	• Website audit (as per 'Delivery Plan for Recovering Access to Primary Care') between now and end of March 2024 on every practice website • Assessed using national tool based on guidance - NHS England » Creating a highly usable and accessible GP website for patients • Audit plan will include next steps post audit and how we work with PCNs/Practices to ensure websites meet suggested guidance. We will include patient voice in this work.
Progress	• Audits completed April 2024 • Individual practice results shared with practices to enable them to look at areas for improvement • Some practices 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 we are working through • Planning on re-visiting lowest achieving websites in autumn to see if improvements made
Benefits/Impact	• Patients able to engage with practice via website and may be able to avoid telephone call • Patients able to be signposted to common tasks such as repeat prescription ordering, registering with a practice • Patients able to be signposted to other service providers such as pharmacy where appropriate • Practices receive less enquiries and can release time to manage other work

Practice Websites

86% of practices had an Appointments page that was quickly accessible
(74% ENH, 92% SWH, 93% WE)

64% of practices had an easy to find link to Online consultations
(54% ENH, 73% SWH, 63% WE)

31% of practices had confusing or no information on how to get an urgent appointment
(90% ENH, 94% SWH, 87% WE)

39% of practices had no obvious information on using the NHS App or other online tools to manage appointments
(44% ENH, 31% SWH, 47% WE)

69% of practices had clear home pages with short sentences and clear menus
(90% ENH, 61% SWH, 57% WE)

91% of practices had up to date PPG information available
(90% ENH, 94% SWH, 87% WE)

70% of practices Appointment and Prescription pages did not met the recommended reading age criteria
(67% ENH, 63% SWH, 80% WE)

31% of practices had no information on local pharmacies
(23% ENH, 35% SWH, 37% WE)

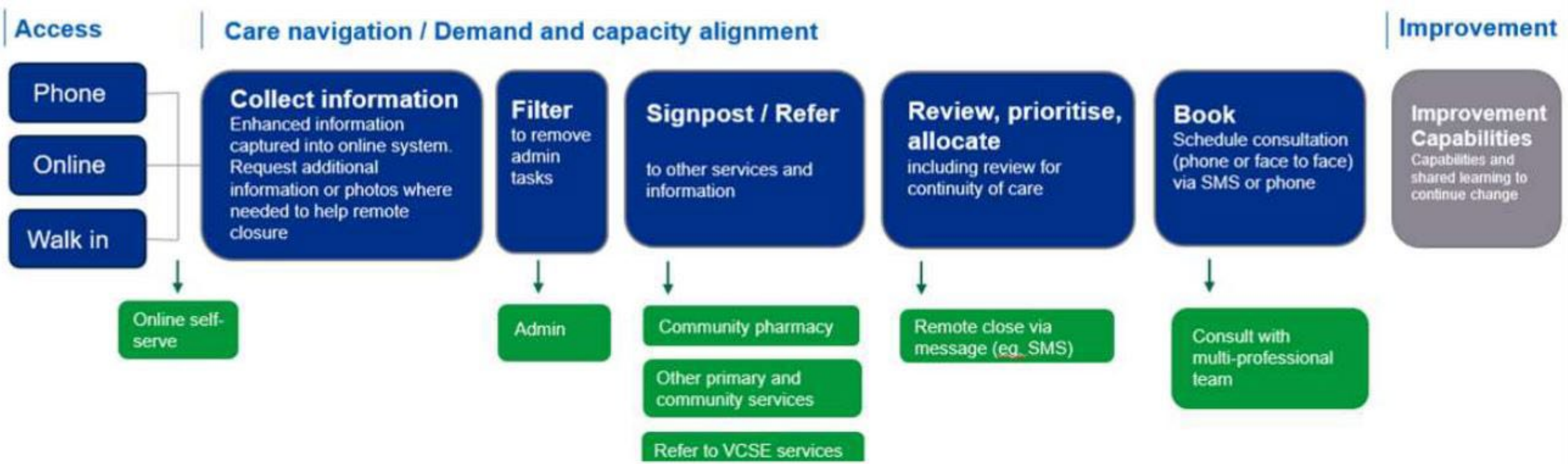
87% of practices have an easy to find link to a prescriptions page
(100% ENH, 80% SWH, 83% WE)

88% of practices had quick link to information about joining the practice
(79% ENH, 90% SWH, 97% WE)

57% of practices lacked information around privacy notices and/or cookies
(59% ENH, 47% SWH, 70% WE)

48% of practices had no or poor information on practices access information
(64% ENH, 41% SWH, 40% WE)

NHS England Modern General Practice Model



Overview: Modern General Practice

Key work areas	• Digital team supporting General Practice to implement the Modern General Practice Model by providing digital tools, shared learning and support – no one size fits all model • Looking at current online consultation tools and what the next steps are regards these. • Cloud-based telephony role out is underway • Working with clinical leads to define ongoing user requirements ready for next steps • Working with Healthwatch to understand public view of online consultations • SMS – ensure SMS usage effective and targeted to make sure benefits maximised
Progress	• Analysis of current usage suggests approximately 25% of practices have moved towards a Modern General Practice Model of Primary Care • Practice case studies have been developed as examples of good practice • Webinars are being hosted to present the case studies and share learning with practices who may be considering moving to a Modern General Practice model. The digital team are also attending Place-based clinical meetings to share learning.
Benefits/Metrics	• Approximately 3-fold increase in the use of online consultation tools since new online consultation tools brought in on 1st October 22 • > 1 million patient triage requests were sent through to General Practice on accuRx in the last year • General Practice staff able to work in an agile way • Tools are starting to be used optimally to support new ways of working • Patients are better supported by a workforce that has access to technology

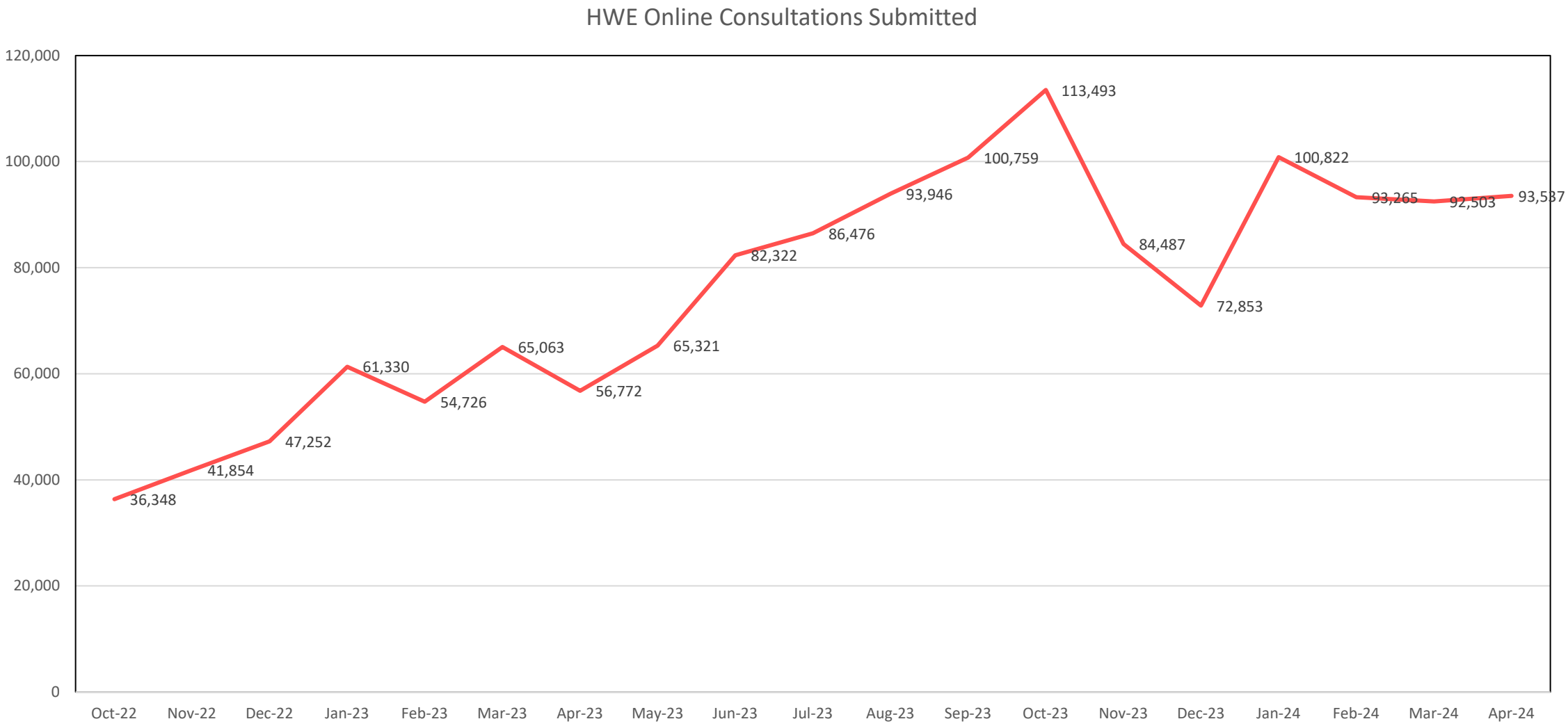
Overview: Modern General Practice

Benefits/metrics continued

Early common themes from the case studies have highlighted Modern General Practice Model has several benefits, including;

- Safer patient care
  - Allows patient care to be delivered based on clinical need rather than “who shouts the loudest.”
  - Supports continuity of care
- Easier to manage the demand
  - Provides a single list of clinical problems – “not an additional lane on the motorway.”
  - Ability to flex appointments based on workforce and need
- Increased capacity
  - Reduces inappropriate appointments and duplication – “right person, right place, right time”.
  - More routine appointments
  - More time for chronic disease management and prevention
- Improved staff morale
  - Work more enjoyable and better work-life balance
  - Supports implementation of BMA safe working practices
- Improved patient satisfaction
  - Rapid response from the surgery to acknowledge the triage request and schedule a review if needed
  - Personalised care
- Financial – helping to maintain/grow patient list size

Online Consultations



Hertfordshire and West Essex Integrated Care System

Priorities for 2024/25

- Continued promotion of NHS App with patients and practices
- Working with practices to progress websites in line with feedback – reassessing those who request it after revamp and also those where improvements needed
- Progress online consultation tools to support Modern General Practice (MGP)
- Continue to share best practice from early adopters of MGP with others
- Assessment of Patient Survey results against digital programme to date to understand impacts/areas for improvement – mapping CBT deployments, website assessment results, NHS App usage and online consultation usage
- Roadmap of POD digital
- Alignment of ICB Digital Group with new governance reporting into Primary Care Transformation Group

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	Primary Care Transformation Committee meeting held in Public				**Meeting Date:**	**25/07/2024**	
Report Title:	**Enhanced Commissioning Framework – Review of 2023/24**				**Agenda Item:**	**10**	
Report Author(s):	Dr Sam Williamson, Associate Medical Director, HWE ICB						
Report Presented by:	Dr Sam Williamson, Associate Medical Director, HWE ICB						
Report Signed off by:	Avni Shah, Director of Primary Care Services						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase health life expectancy and reduce inequality ▪ Improve access to health and care services ▪ Increase the numbers of citizens who are taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	The Primary Care Transformation Group are asked to ▪ Note the findings of the report ▪ Discuss opportunities for further improvements to the ECF						
Report History:	N/A						
Executive Summary:	The Enhanced Commissioning Framework (ECF) provides HWE general practices with funding to deliver enhanced care that is evidence based and needs led. The report summarises the evidence base driving the ECF, the care delivered in 2023/24 linked to the ECF and the impact seen. It provides examples of how practices have adopted innovative ways to deliver the ECF and improve the care provided to people in HWE. In 2023/24 there were significant improvements in the activity delivered as a result of the ECF, when compared to 2022/23. There has also been a reduction in variation across practices.						

<table>
<tr><td></td><td colspan="4">Intelligence from the ECF has been used to support the development of the ECF for 2024/25, including refinement to the funding allocated across each metric.

There are further opportunities to ensure that practices make best use of the information throughout the year and to ensure that appropriate actions are taken following the delivery of care processes.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">The ECF has demonstrated
▪ Significant improvements in the level of evidence based care delivered by general practice
▪ The ECF has reduced variation in care across the ICS
▪ The care delivered through the ECF supports improved outcomes for patients and value to the system through avoided emergency care and escalation of care to specialist services.
▪ The ECF should continue to be commissioned, with further improvement to the specification to reflect improved understanding of population need and strategic plans to deliver proactive and anticipatory care.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☒</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☐</td></tr>
<tr><td colspan="4">General Practice Members of the group receive a direct financial interest from the ECF.</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">N/A</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">The ECF represents significant levels of funding and investment in general practice across the ICS. This offers value to the system. The consequences of not delivering this care will be increased demand for specialist and urgent care services.</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

Hertfordshire and West Essex Integrated Care System

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Enhanced Commissioning Framework
Year end report - 2023/24

July 2024

Dr Sam Williamson, Associate Medical Director

Working together
for a healthier future

Hertfordshire and West Essex Integrated Care System

Contents

Working together
for a healthier future

Introduction
What is the ECF? (1)

- The ECF is a consolidated funding source for general practice in Hertfordshire & West Essex and supports practices to deliver evidence based and needs led care, building on national contracts such as the Quality & Outcomes Framework (QOF). The ECF specifies care that is evidence based but is not funded through national contracts and which will deliver improved outcomes, experience and value to patient locally.

- ECF is made up of the following key sections:
    - Section A
        1. Mandatory Compliance and Engagement Requirements: accuracy & consistency of clinical information; co-design and engaging with patients and communities to help improving access; measuring daily demand through OPEL; support recruitment, health and wellbeing of workforce and reporting into NWRS.
        2. Pharmacy and Medicines Optimisation -actively engage with PMOT, adhere to cost effective and safer prescribing through adherence of local and national prescribing guidelines and to manage the GP prescribing budget effectively
    - Section B. Clinical Transformation: ICB wide agreed clinical priorities, enhanced interventions and improved outcomes in disease specific areas based on the local needs of the population and the reduction of health inequalities working in partnership with system partners through PCN networks, locality delivery/transformation groups.
    - Section C. Transactional Services: package of enhanced services provided from practices or in a wider primary care setting at scale close to home, in order to manage capacity and demand across the local health system.
- The ECF provided £9.45 per weighted population in funding to practices in 2023/24. This represented £14.3m in potential income to practices.

Introduction
What is the ECF? (2)

- Prior to the formation of the ICB, CCGs in HWE funded additional care provision from primary medical (GP) services to improve health and wellbeing for their local population. There was inconsistency in the nature and level of investment made.
- The ECF has been designed using a population health management approach, using data on the HWE population. This was used to determine the areas of greatest clinical priority and to ensure equitable provision of an enhanced level of care. This ensures that the ECF is responsive to the health needs of the population and delivers universal as well as targeted care to patients who will most benefit. The ECF supports the delivery of the ICB's priorities as set out in the Medium Term Plan. It delivers proactive care that avoids unplanned admissions, reduces the risk of premature mortality from cardiovascular disease and supports people living with mental health conditions and learning disabilities.
- The ECF has been co-developed with significant levels of clinical /primary care lead input, providing assurance that it was focused on the correct clinical domains, that it represented good value for money and that it was achievable within the resource envelope.
- One of the three objectives set out in the HWE Primary Care Strategic Delivery Plan (published July 2023) was strengthening preventative health and care interventions. The HWE ECF is fundamental to achieving this objective – preventing avoidable chronic disease and reducing acute exacerbations and complications of long-term conditions. The full benefits of this investment are therefore not expected to be seen in the short-term – the impact on population health will, in some parts, only be observed through longer-term studies.
- The ECF creates a strong foundation of care for Health Care Partnerships (HCPs) and the ICS to develop integrated models of care and pathways that meet the needs of patients across the disease course and the continuum of care. This will be particularly key for 2024/25 in HCPs development of plans to meet the ICBs medium term priorities. The ECF also creates a solid base for securing further health and wellbeing gains through an enhanced level of care wider primary care services including optometry and community pharmacy services – aligning these future developments with relevant areas of the framework such as prescribing.

Introduction
What has the ECF delivered? (1)

- Overall, practices will have received more than £13m of funding for the delivery of the ECF. Sections A1 & C are mandatory elements of ECF, so practices received funding. Practices achieved 91.4% of funding for Section B. Section A2 achievement is yet to be finalised.

- The activity delivered as a result of Section B (clinical transformation) has resulted in significantly more patients receiving evidence based and high quality care. This funding represents high value for money, as it manages risk and avoids many adverse events such as emergency admissions that are costly and put significant pressure on secondary care services. Whilst it is difficult to quantify the total benefit of the ECF, the impact of specific care has been estimated and represents significant value to the system.

- At the ICS level, improvements were seen in all metrics that were the same in 2023/24 and 2022/23, many by significant margins. Improvements in care will have resulted in better disease management, care optimisation and avoidance of unplanned, emergency care that is expensive and represents a poor outcome and experience for patients.

- Practice variation still exists with all indicators showing a range in performance. Variation is less marked compared to 22/23, with less of a range of performance in the interquartile range (25-75% of practices). Variation remains at practice and PCN level, in particular with the level of activity of 'Treatment Room' services. Variation should be managed through ongoing regular review of achievement data (via Ardens) and meetings with and between practices and PCNs. Where activity or care is low, the ICB and practice/PCN should seek to 1. understanding the reasons for lower activity, 2. reinforce the rationale/benefit of delivering care and 3. share examples of how other practices are achieving higher activity.

- Overperformance by some practices demonstrates that the care specified in the ECF is deliverable. Where practice performance is not at the minimum level, this should be explored by practices and PCNs/localities and by the ICB as part of practice visits. Practices will benefit from further support, sharing of best practice and training to deliver the care. Case studies are provided through this report to demonstrate how the ECF has led to changes in practice and delivered impact to patients.

Introduction
What has the ECF delivered? (2)

- The activity has resulted in improvement in the quality of information recorded in patients' records. This enables practices and the ICB to understand more about the health needs of the local population and plan and deliver services that are more targeted, personalised and offer the greatest value to individuals as well as the system.
- There are ongoing opportunities for patients that have been identified as having additional care needs (e.g. advanced disease) to be referred to relevant services with evidence that there is variation in actions taken as a result of the care processes covered in the ECF.
- Interim findings from the ECF 23/24 have been incorporated into the planning of the specification, funding and payment structure for 24/25.
- This report outlines the care delivered as a result of the Enhanced Commissioning Framework in 2023/24. Originally developed and implemented in 2022/23, the ECF has been 'live' since October 2022.
    - Each section of the report covers each section of the ECF, highlighting the proportion of people who received care processes covered by both payment metrics as well as 'quality' metrics used to measure other activity.
    - All insights presented in this report are produced from data extracted from Ardens Manager. Detailed information on practice performance for each indicator is accessible via the Ardens Manager platform.

Section A
Compliance & Engagement: Mandatory

- The aim of section is to provide support for practice engagement and commitment in a number of key areas to progress the further development and integration of primary care. As part of Section A, practices:
    - Identify practice leads for specific areas (e.g. end of life lead), to enable system or place wide clinical and programme leads to ensure primary care in engaged and updated on all developments
    - Commit to actively engage with patients and partners through appropriate events, education & training
    - Support the implementation of place and ICS wide agreed or approved clinical pathways/training
    - Embed good quality data using the specified coding for both local and national requirements. Share data with the ICB for local, and national contracts and for Population Health Management and transformation purposes
    - Co-design and engagement with patients and communities to help improving access; link to support work to practices provided by the National Patient Association
    - Measure daily demand through OPEL to support PCN/locality system wide plans;
    - Continue support to recruitment, health and wellbeing of workforce and reporting into NWRS.
- The approach to Section A was streamlined in 23/24 into an overall payment per weighted patient, removing the specific threshold for achievement for OPEL reporting for instance.

Section A
Compliance & Engagement: Mandatory

- The ICB has seen significant improvements in data quality and how the system can use information to understand more about the health needs of the population.
    - Examples of improvements in data quality are evidenced through improvements in disease registers such as the end of life register and the number of people with a current clinical frailty status. This information is now being used across the system to plan services such as falls prevention pathways.
    - Improvements in data quality are enabling clinical teams to proactively identify people at risk of clinical deterioration an drequiring emergency care. Integrated Neighbourhood Teams are using searches that rely on good data quality to identify people who will benefit from multi-disciplinary teams and care coordination.
    - The data from the ECF in 2023/24 has also been used to support the development of the ECF going forward. This has included the identification of areas where further training has been necessary, to ensure that there is appropriate allocation of resource to each metric and to refine the specification of the ECF.
- Practices having named leads supports two way discussions between the ICB and practices. For example, end of life leads are involved in What has it achieved i.e. data quality gives us what to support PHM; workforce data gives us what?/ idneitfying appropriate leads for groups gives us what aligned to all clinical leads across ICB and place? And target focussed work and PPG.. Has been biggest to engage and support with NPA etc
- Responding to feedback from practices, and to bring the ECF into alignment with national QOF contracts, the ECF will move to a prevalence based payment for 2024/25. This will provide increased importance on disease detection and accurate coding of conditions as practices with improved disease detection will have higher prevalence and receive more funding.

Section A
Compliance & Engagement: Pharmacy and Medicines Optimisation

- Prescribing is the most common intervention in healthcare and the inclusion of prescribing related quality indicator targets in the ECF has allowed HWE ICB to focus on medicines optimisation opportunities that are not addressed in other national or local PCN/GP practice service specifications or frameworks

- The medicines optimisation section of the ECF encourages GP practice team engagement and promotes joined up working across primary care and system provider organisations

- Overarching principles in the medicines section relate to ensuring cost effective prescribing, engaging with the medicines optimisation team and active use and feedback relating to systems to support best practice prescribing including ScriptSwitch, Eclipse Live and Ardens Manager

- Quality indicator targets for 23/24 were:

    - Practices worked on reducing high dose inhaled corticosteroid (ICS) prescribing as a proportion of all inhaled corticosteroid prescribing linking in with the national medicines optimisation opportunity published in 23/24 to Improving respiratory outcomes while reducing the carbon emissions from inhalers. Herts and West Essex practices started 23/24 as the highest prescribers of high dose ICS.

    - GP practices were asked to reduce co-prescribing of opioids with other dependence forming medicines (gabapentinoids or z-drugs or benzodiazepines) supporting the framework for action for Integrated Care Boardas published in March 2023 'Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms'. Work had been undertaken across the ICB in 22/23 to focus on reducing high dose opioid prescribing in chronic non-malignant pain and this indicator expanded on the progress and extended scope of the work that had been done already

    - Practices were also asked to hold a minimum of four Multidisciplinary Team meetings to support patients to deprescribe or reduce dependence forming medicines including opioids, benzodiazepines, Z drugs and gabapentinoids

Section A
Compliance & Engagement: Prescribing support systems

- 51/129 practices have achieved a reduction of 10% in rates of co-prescribing of opioids with either a gabapentinoid, benzodiazepine or z-drug compared to baseline by March 2024. West Essex place have averaged a reduction of >10%.

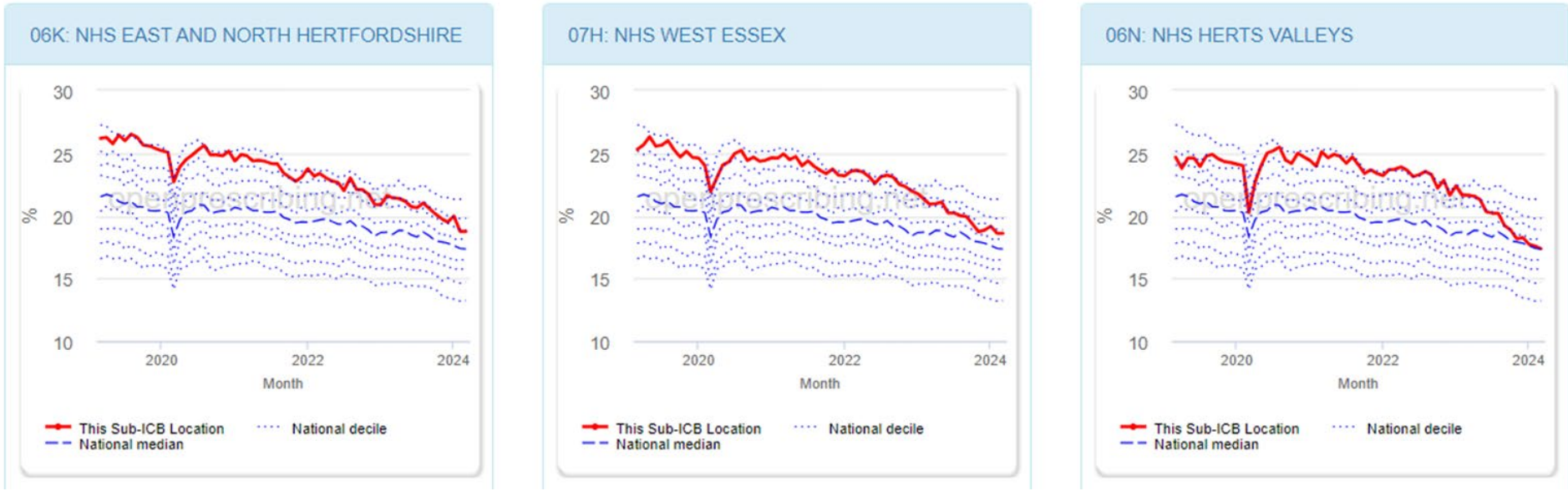
- Opioid prescribing rates continue to fall across the three places with an overall drop of 6% (Mar ’24) from baseline in March ’23

Reducing co-prescribing of an opioid with another dependence forming medicine (gabapentinoid or benzodiazepine or z-drug)

- All HWE GP practices have signed up to use the risk management software Eclipse Live. This system identifies admission avoidance alerts relating to prescribing and monitoring and was implemented across ENH place in 23/24. SWH and WE practices continue to use the system well and across our ICB practices have managed 81.4% of all red admission avoidance alerts in 23/24.

- Scriptswitch savings for HWE ICB for 23/24 were £1.89m. This considerable saving was made on a background of increasing medicines shortages and significant price increases. Scriptswitch profile alignment continues across the ICB to ensure support for value-based prescribing

Section A
Compliance & Engagement: Pharmacy and Medicines Optimisation – High dose inhaled corticosteroid



- From a baseline where HWE were the highest prescribers of high dose inhaled corticosteroids in England, overall place based and ICB average prescribing rates for high dose inhaled corticosteroids have dropped below the 20% GP ECF target set for 23/24. In SWH, where rates have fallen the most, they have dropped to the national average in March ’24 (OpenPrescribing data March ’24).
- 79 practices at end of March ‘24 reached or maintained the ECF threshold of high dose ICS prescribing rates of ≤20% compared to 32 in March ’23 – a 240% increase.
- A further 46 practices have reduced high dose ICS prescribing rates compared to baseline.
- Practices with high dose ICS rates over 30% has reduced from 19 to 2.

Section A
Compliance & Engagement: Pharmacy and Medicines Optimisation
Examples of good practice initiatives/learning relating to medicines indicators for 23/24

Reducing co-prescribing of dependence forming medicines and reducing opioid prescribing.

- Practices have implemented named GPs to work with individual patients to reduce and deprescribe.
- Standing practice meeting agenda items have helped ensure that the focus on reducing inappropriate use of opioids is maintained.
- Proactively asking for secondary care provider support to train practice teams.
- Formation of MDTs have supported deprescribing and have allowed practice teams to formulate a plan to deprescribe in patients who were previously considered ‘too hard’ to tackle.
- Being open with patients and discussing risks and adverse effects of taking dependence forming medicines has helped engage patients to reduce and stop these medicines and other associated medicines e.g. laxatives and supports the deprescribing agenda for 24/25.

1. Disease detection

The ECF funds practices to review their current disease prevalence and identify areas where the practice prevalence varies from the Place and ICB averages or when compared to estimated prevalence based on modelling. Practices should focus on improving disease detection or improved disease coding.

- Comparison of practice prevalence to estimated prevalence and averages at Place and ICS highlights significant variation and a high number of patients with undiagnosed or uncoded disease. These patients are potentially missing vital care that can prevent disease progression and complications. Increasing disease prevalence results in additional funding to practices via national contracts (QOF).
- Examples of changes in prevalence for 2 disease areas are shown below. These have been selected as sufficient practices chose these diseases, allowing for analysis.
- The prevalence of CKD across the ICB has increased by 0.2% equivalent to over 4,500 patients.
    - 32 practices identified Chronic Kidney Disease as an area of opportunity. These practices accounted for 21.8% of the ICS total population.
    - The CKD registers in these 32 practices increased by 1539 patients, equivalent to 41.3% of the increase observed across the ICS.
    - Practices that selected CKD as an area of improvement on average saw an increase in their register size of 0.44%, compared to an increase of 0.17% in practices that did not select CKD.
- The prevalence of Non-diabetic hyperglycaemia has increased by 1% through the year 2023/24, equivalent to an increase of nearly 17,000 patients.
    - 57 practices chose NDH as an area of opportunity and focused on improving disease detection.
    - These practices accounted for 49% of the total ICS population. The NDH register increased by 9168 in these practices, representing 54% of the total increase across the ICS.
    - Practices that focused on NDH on average saw an increase in their register size of 1.1%, compared to an average increase of 0.92% for other practices.

This table shows the disease areas that practices selected. Note that some practices chose more than one disease area.

Area	No.
NDH	57
Asthma/COPD	34
CKD	32
Diabetes	29
HF	23
Hypertension	14
AF	13
Dementia	10
Osteoporosis	5
Cancer	5
Palliative Care	5
Depression	3
Obesity	3
Carers	1

2. COPD

The ECF funds practices to deliver an enhanced annual review that includes a GOLD group (A-D), a GOLD grade (1-4) and a COPD management plan.
Where relevant, patients should be referred on to appropriate services, including pulmonary rehab, integrated respiratory services, NHS Talking Therapies or palliative care teams

- The ECF builds on national contracts (Quality & Outcomes Framework) that funds practices to maintain a register of people with COPD; complete an annual review that includes the number of exacerbations in the last 12 months and an assessment of breathlessness; and to refer patients with an MRC score of 3 or more to pulmonary rehabilitation.

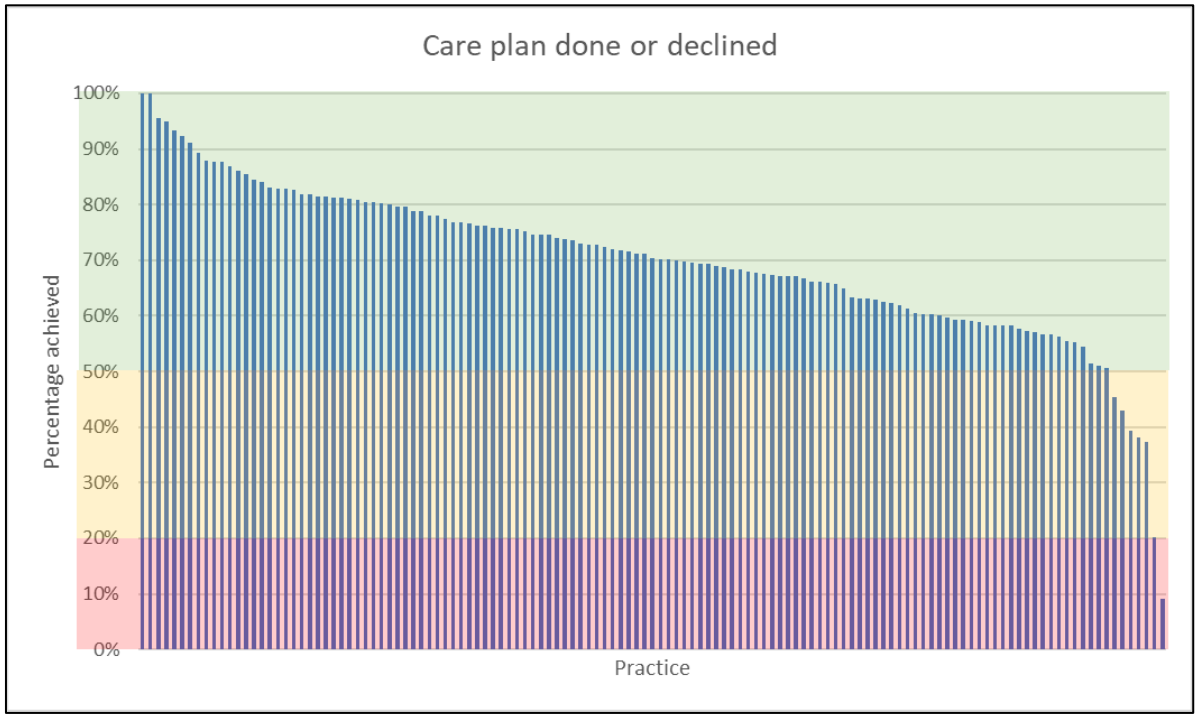
- International GOLD standards and NICE guidance recommends that patients with suspected COPD should have a comprehensive assessment that includes the GOLD stage (number of exacerbations and the symptom score). Completing a combined assessment predicts outcomes and supports treatment decisions.

- Once diagnosed, patients with established COPD should have an annual review that includes an assessment of lung function (basic spirometry – FEV1) as well as a COPD self-management plan.
    - NICE Guidance recommends that patients with COPD should have their disease stage reviewed annually as a minimum. Assessing disease stage enables clinicians to establish if disease has progressed, whether the patient has indicators of organ failure, and their functional status. This information is critical in determining the services that patients would benefit from and ensures that appropriate patients are referred on to services.
    - A Cochrane Database Systematic Review provides strong evidence that COPD self-management plans reduce the risk of emergency admission. Over a period of 9.75 months, for every 15 COPD self-management plans completed, one emergency admission is avoided. In addition, self-management plans improve health-related quality of life.

2. COPD

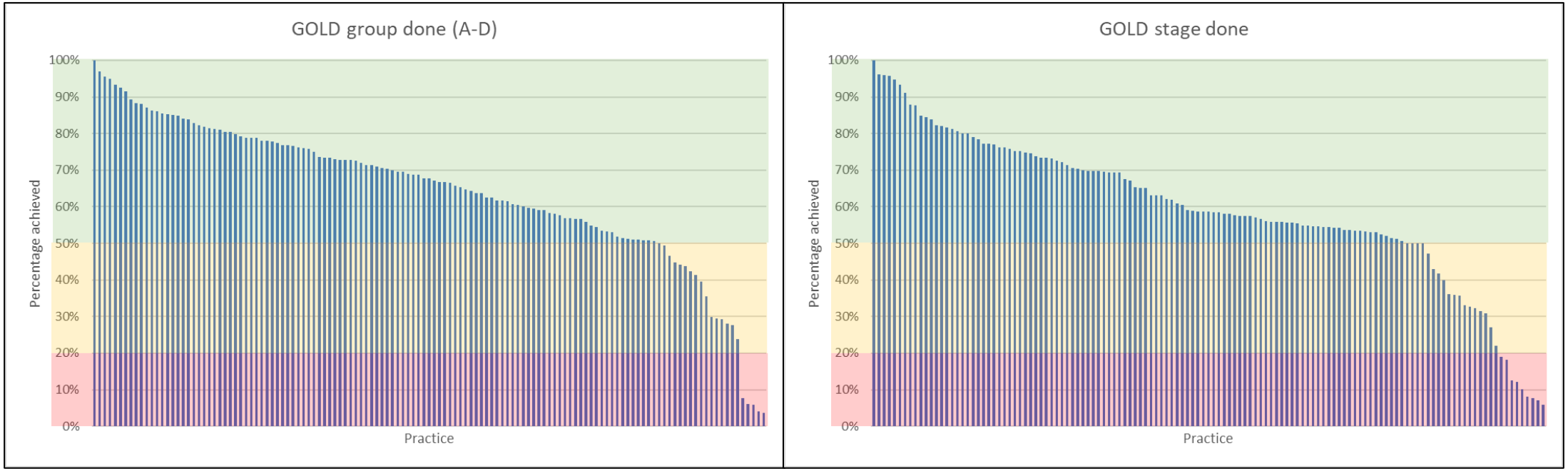
The ECF funds practices to deliver an enhanced annual review that includes a GOLD group (A-D), a GOLD grade (1-4) and a COPD management plan.
Where relevant, patients should be referred on to appropriate services, including pulmonary rehab, integrated respiratory services, NHS Talking Therapies or palliative care teams

- Practices achieved 95.0% of available points, equating to £590,405.
- Care plans were completed on 69.3% of COPD patients and 94.6% of practices achieved the upper threshold of 50%. This is higher than in 2022/23 (49.8%)
    - On average, practices received £22.62 for each patient who had a care plan completed
    - Based on the evidence, this will have resulted in 1000 fewer notional emergency admissions for COPD over the year, equal to ~£3m in costs avoided.
- GOLD group (A-D) was completed in 65% of patients
    - This is higher than in 2022/23 (35.9%)
    - On average, practices received £7.07 for each patient who had a GOLD group recorded
- 58% of patients had a GOLD stage completed
    - On average, practices received £7.51 for each patient who had a GOLD stage recorded



2. COPD

The ECF funds practices to deliver an enhanced annual review that includes a GOLD group (A-D), a GOLD grade (1-4) and a COPD management plan.
Where relevant, patients should be referred on to appropriate services, including pulmonary rehab, integrated respiratory services, NHS Talking Therapies or palliative care teams



- There is variation across practices though the majority achieved the upper threshold of 50% in both GOLD group done (84.5%) and GOLD stage done (82.2%).
- A small number (31) of patients with COPD were identified as having ‘End stage disease’ and only 2 of these were referred on to palliative care services.
- Nearly 3 in every five patients with COPD (59.8%) were referred on to at least one of the following services: social prescribing, NHS Talking Therapies, community respiratory services or pulmonary rehab.

2. COPD
PCN Performance

Place	PCN	Care plan done or declined	GOLD group done (A-D)	GOLD stage done
East and North Hertfordshire	Broxbourne Alliance	68.41%	61.35%	64.60%
	Hatfield PCN	74.31%	78.75%	54.89%
	Hertford and Rurals PCN	61.25%	61.37%	63.02%
	Hitchin & Whitwell PCN	52.25%	44.96%	45.76%
	Hoddesdon and Broxbourne PCN	78.98%	71.57%	73.63%
	Icknield PCN	72.63%	57.51%	56.23%
	Lea Valley Health PCN	77.46%	41.90%	46.51%
	Stevenage North PCN	72.30%	84.13%	55.71%
	Stevenage South PCN	75.65%	70.16%	60.18%
	Stort Valley and Villages PCN	73.77%	68.35%	58.97%
	Ware and Rurals PCN	76.25%	62.92%	63.75%
	Welwyn Garden City PCN	65.08%	70.16%	65.39%
East and North Hertfordshire Total		**70.41%**	**65.19%**	**59.14%**
South West Herts	Abbey Health PCN	66.22%	63.03%	54.52%
	Alban Healthcare PCN	64.63%	59.58%	62.37%
	Alliance PCN	47.49%	41.21%	50.25%
	Alpha PCN	61.84%	69.74%	58.92%
	Attenborough & Tudor PCN	58.18%	50.00%	57.48%
	Bridgewater PCN	73.58%	66.67%	32.70%
	Central Watford PCN	71.68%	68.58%	62.83%
	Dacorum Beta PCN	61.21%	61.76%	30.88%
	Delta PCN	73.67%	67.34%	60.00%
	HaLo PCN	74.43%	74.89%	80.54%
	Harpenden PCN	72.10%	75.06%	72.35%
	Herts Five PCN	78.97%	76.61%	72.96%
	Manor View PCN	81.05%	54.88%	51.49%
	North Watford PCN	62.36%	60.39%	61.27%
	Potters Bar PCN	63.50%	65.44%	57.09%
	Rickmansworth & Chorleywood PCN	67.28%	67.81%	62.53%
	The Grand Union PCN	61.08%	68.56%	56.89%
South West Herts Total		**67.70%**	**64.59%**	**57.13%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	69.87%	68.29%	57.70%
	Harlow North PCN	59.79%	53.13%	59.11%
	Harlow South PCN	71.94%	71.30%	30.10%
	Loughton Buckhurst Hill & Chigwell PCN	78.48%	77.22%	66.46%
	North Uttlesford PCN	70.84%	76.73%	74.96%
	South Uttlesford PCN	73.09%	62.98%	67.76%
West Essex Total		**70.06%**	**67.44%**	**58.81%**
Grand Total		**69.29%**	**65.45%**	**58.30%**

3. CVD – Heart failure

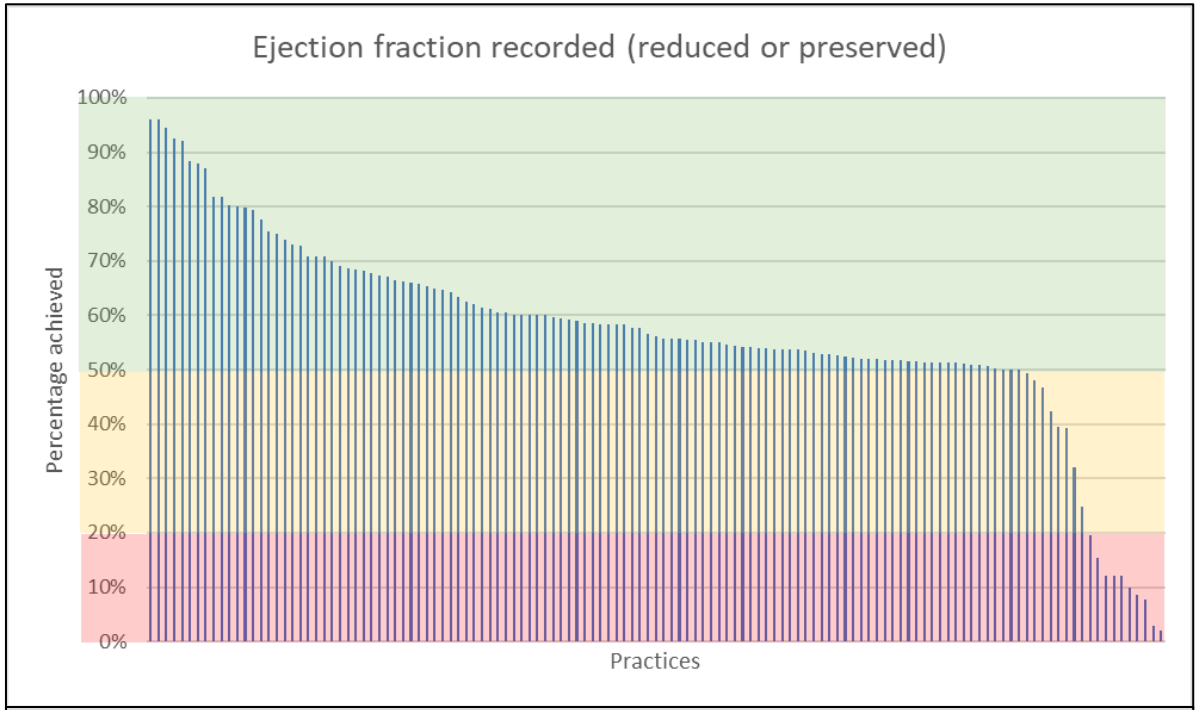
The ECF funds practices to deliver an enhanced annual review that includes documenting the ejection fraction and NYHA classification.
Patients should be referred to relevant services.

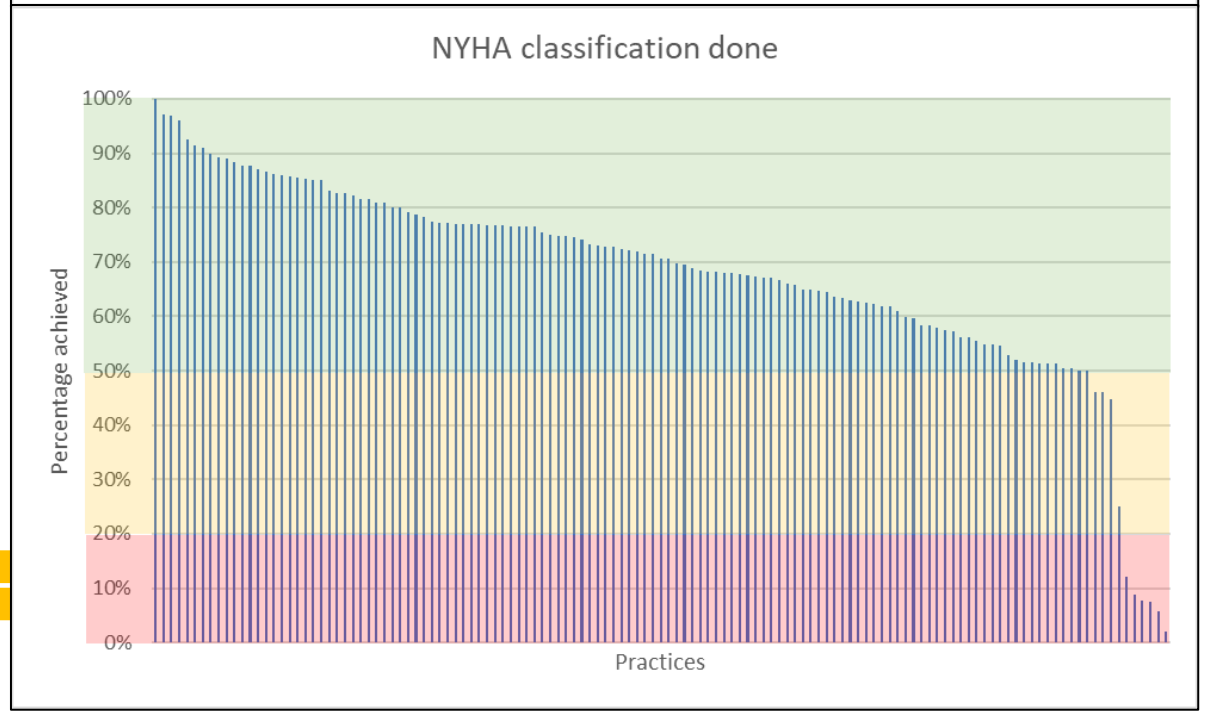
- The ECF builds on QOF which funds practices to maintain a disease register; ensure that new diagnosis is confirmed by echo; ; treat patients with left ventricular systolic dysfunction with an ACE-I or ARB; treat patients with LVSD with a beta-blocker; and deliver an annual review that assesses functional capacity and includes a medication review.
- Annual reviews for this cohort are associated with a reduction in emergency admission and mortality associated with heart failure. Early detection of deterioration and decompensation can reduce hospitalisation by 45%.
- Heart failure is the most common condition resulting in ambulatory care sensitive emergency admissions, equivalent to over £10m per annum in HWE. These are admissions and costs that can potentially be avoided through improved diagnosis and proactive management. In addition, heart failure represents the only major cardiovascular disease with an increasing prevalence and is associated with a poor prognosis, with 30-40% of patients dying within one year of diagnosis.
    - Avoiding emergency care includes identifying patients who are showing signs of end stage disease (e.g. NHYA 3 or 4 with ongoing symptoms despite optimal therapy) and managing palliative care needs (GSF Prognostic Indicator Guidance).
    - Avoiding decompensation and the need for acute care requires a review at least once per year that includes an assessment of functional capacity, fluid status, heart rhythm, medication review and renal function.
- NICE Guidance on heart failure has recently been updated, with changes to how patients with Heart Failure with preserved Ejection Fraction (HFpEF). Accurate diagnosis and differentiation between patients with preserved and reduced ejection fraction will enable clinicians to appropriately manage patients and ensure that the correct medications are prescribed, avoiding unnecessary drug interactions and costs.
- Referral on to relevant services can also avoid complications, with cardiac rehabilitation services reducing risk of readmission by up to 31%.

3. CVD – Heart failure

The ECF funds practices to deliver an enhanced annual review that includes documenting the ejection fraction and NYHA classification.
Patients should be referred to relevant services.

- Practices achieved 92.7% of available points, equating to £337,926.
- NYHA was completed on 69.2% of heart failure patients
  - This is higher than in 2022/23 (45.1%)
  - On average, practices received £17.62 for each patient who had an NYHA completed
- The ejection fraction has been recorded for 65% of patients with heart failure
  - On average, practices received £20.53 for each patient who had their ejection fraction recorded.





Hertfordshire and West Essex Integrated Care System

Case study – Heart failure

Situation/Setting

- *Haverfield Surgery identified that 45% of patients had incomplete or incorrect diagnosis of preserved or reduced ejection fraction.*
- *Incomplete diagnosis was leading to patients being prescribed medication either unnecessarily or incorrectly and patients' heart failure becoming unstable requiring hospitalisation.*

Actions/Activity

- *Initially a GP together with a clinical pharmacist reviewed the records of all patients with a coded diagnoses of heart failure.*
- *The GP scheduled training sessions with the clinical pharmacist on heart failure medical management.*
- *The monitoring of heart failure patients continued throughout the year and was led by the clinical pharmacist.*

Impact

- *The clinical team managed to review all patients face to face and optimised the management of 32% of patients with heart failure.*
- *The practice finished the year with 87% of patients having an accurate diagnosis of heart failure and a record of either a preserved or reduced ejection fraction.*

Learning

- *The learning from this was subsequently applied to patients newly diagnosed with heart failure.*
- *Further training was set up with the clinical coders in the practice who understood that every time a new diagnosis of heart failure is entered in patient's records this needs to be accompanied by the results of an echocardiogram specifying the type of heart failure.*
- *All newly diagnosed heart failure patients had to be given a date for review with the GP/clinical pharmacist within 4 weeks of diagnosis.*

3. CVD – Heart Failure
PCN Performance

Place	PCN	Ejection fraction recorded (reduced or preserved)	NYHA classification done
East and North Hertfordshire	Broxbourne Alliance	60.90%	76.40%
	Hatfield PCN	58.03%	72.79%
	Hertford and Rurals PCN	61.21%	67.98%
	Hitchin & Whitwell PCN	54.26%	52.66%
	Hoddesdon and Broxbourne PCN	59.09%	80.05%
	Icknield PCN	37.47%	59.08%
	Lea Valley Health PCN	37.66%	66.53%
	Stevenage North PCN	53.03%	60.17%
	Stevenage South PCN	50.42%	70.04%
	Stort Valley and Villages PCN	56.64%	70.91%
	Ware and Rurals PCN	70.86%	80.86%
	Welwyn Garden City PCN	62.61%	73.20%
East and North Hertfordshire Total		**55.67%**	**69.20%**
South West Herts	Abbey Health PCN	63.93%	74.43%
	Alban Healthcare PCN	64.55%	69.57%
	Alliance PCN	26.54%	30.86%
	Alpha PCN	55.84%	81.01%
	Attenborough & Tudor PCN	52.84%	51.51%
	Bridgewater PCN	50.93%	81.02%
	Central Watford PCN	63.64%	66.29%
	Dacorum Beta PCN	53.25%	58.70%
	Delta PCN	67.68%	80.39%
	HaLo PCN	75.10%	81.71%
	Harpenden PCN	70.89%	78.90%
	Herts Five PCN	63.03%	66.27%
	Manor View PCN	48.24%	72.90%
	North Watford PCN	53.85%	59.62%
	Potters Bar PCN	75.81%	55.11%
	Rickmansworth & Chorleywood PCN	63.61%	62.30%
	The Grand Union PCN	58.12%	69.66%
South West Herts Total		**59.93%**	**67.40%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	57.06%	70.86%
	Harlow North PCN	55.51%	77.55%
	Harlow South PCN	53.44%	67.64%
	Loughton Buckhurst Hill & Chigwell PCN	62.19%	69.65%
	North Uttlesford PCN	57.11%	72.61%
	South Uttlesford PCN	55.78%	74.90%
West Essex Total		**57.05%**	**71.94%**
Grand Total		**57.66%**	**69.17%**

3. CVD – Atrial fibrillation

The ECF funds practices to deliver an enhanced annual review for people with AF that includes documenting the bleeding risk.

- The ECF builds on QOF which funds practices to maintain a disease register; record an up to date CHA_2DS_2-VASc score; and prescribe anti-coagulation for patients with a score of 2 or more.

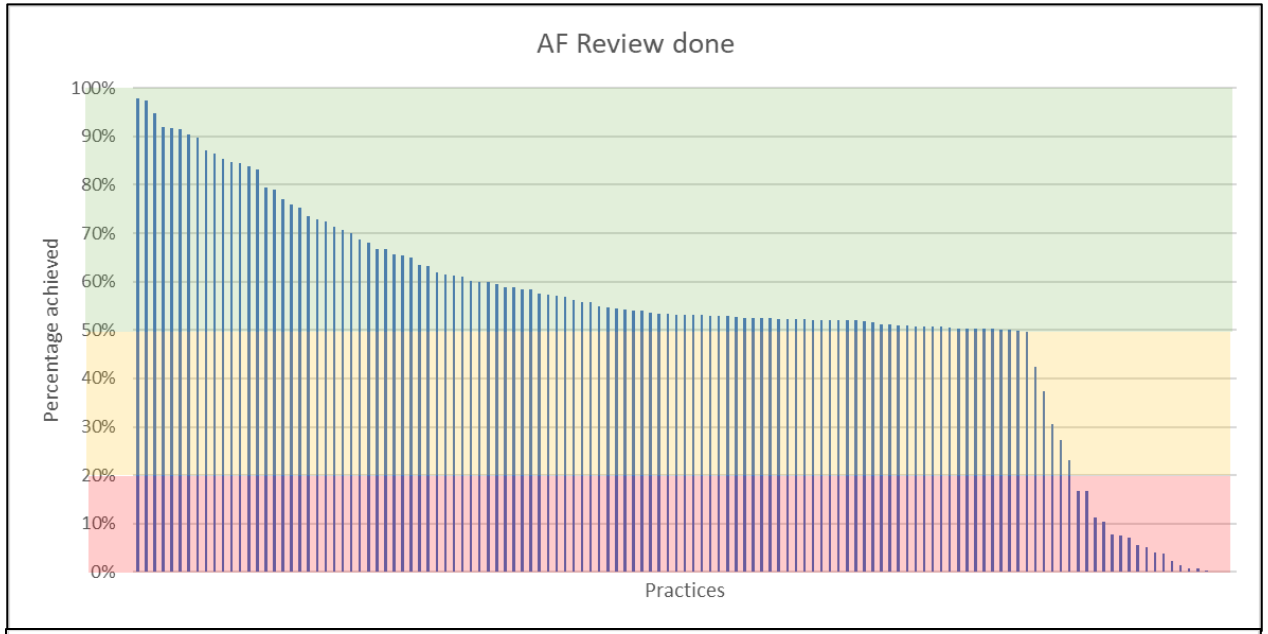
- An up to date assessments of a patient's risk of stroke is recommended to support safe anticoagulation prescribing. NICE guidance recommends that this assessment includes an evaluation of bleeding risk using ORBIT. Patients with a high risk ORBIT score are more than three times as likely to have a bleed compared to patients with patients in the low risk group. Assessing bleeding risk can support discussions between the clinician and patient and inform the ongoing management, therefore avoiding AF or anticoagulation related strokes.

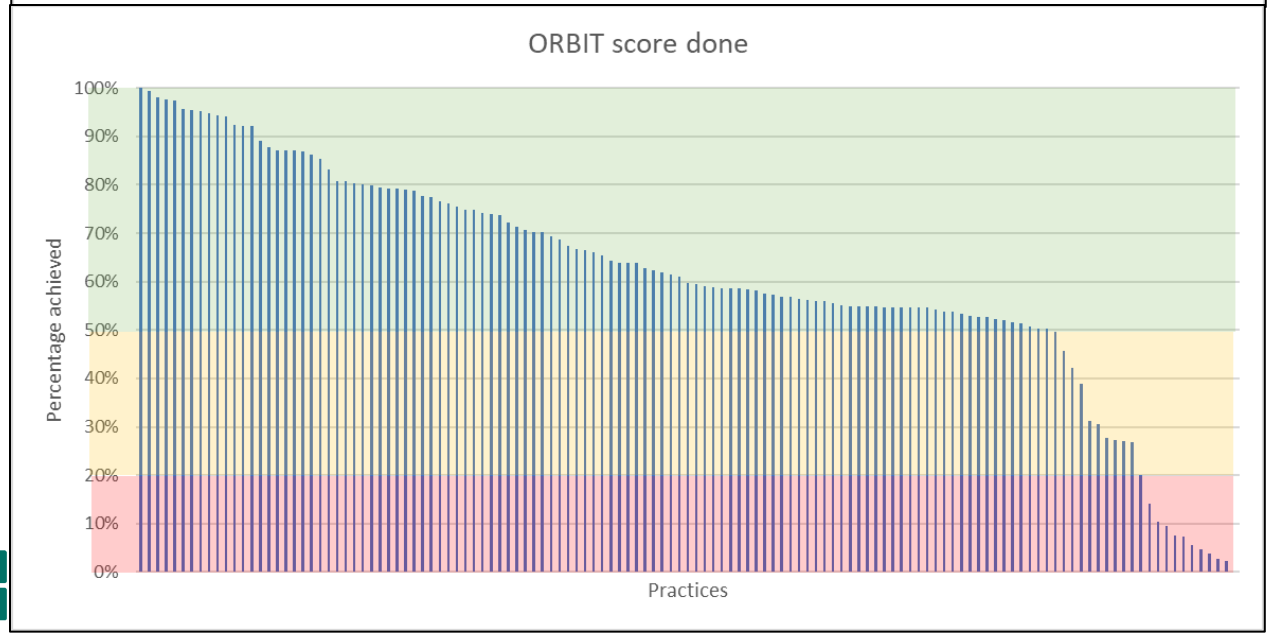
- Atrial fibrillation is a major risk factor for stroke. Nationally, approximately one third of patients admitted with a stroke who are known to be in atrial fibrillation are not on anticoagulation. Appropriate prescribing of anticoagulation can reduce the risk of suffering from a stroke. One stroke is prevented for every 25 patients with AF treated with Warfarin. Direct acting anticoagulants provide further risk reduction, compared to warfarin.

3. CVD – Atrial fibrillation

The ECF funds practices to deliver an enhanced annual review for people with AF that includes documenting the bleeding risk.

- Practices achieved 84.9% of available points, equating to £554,060.
- 53% of patients with AF had an annual review completed
  - This is higher than in 2022/23 (14.6%)
  - On average, practices received £20.57 for each patient who had an annual review
- An ORBIT bleeding risk score was recorded for 61.9% of patients with AF
  - This is higher than in 2022/23 (24.8%)
  - On average, practices received £8.05 for each patient who had their ORBIT score recorded.
- It is worth noting that in 22/23 the AF indicators were income protected.





Hertfordshire and West Essex Integrated Care System

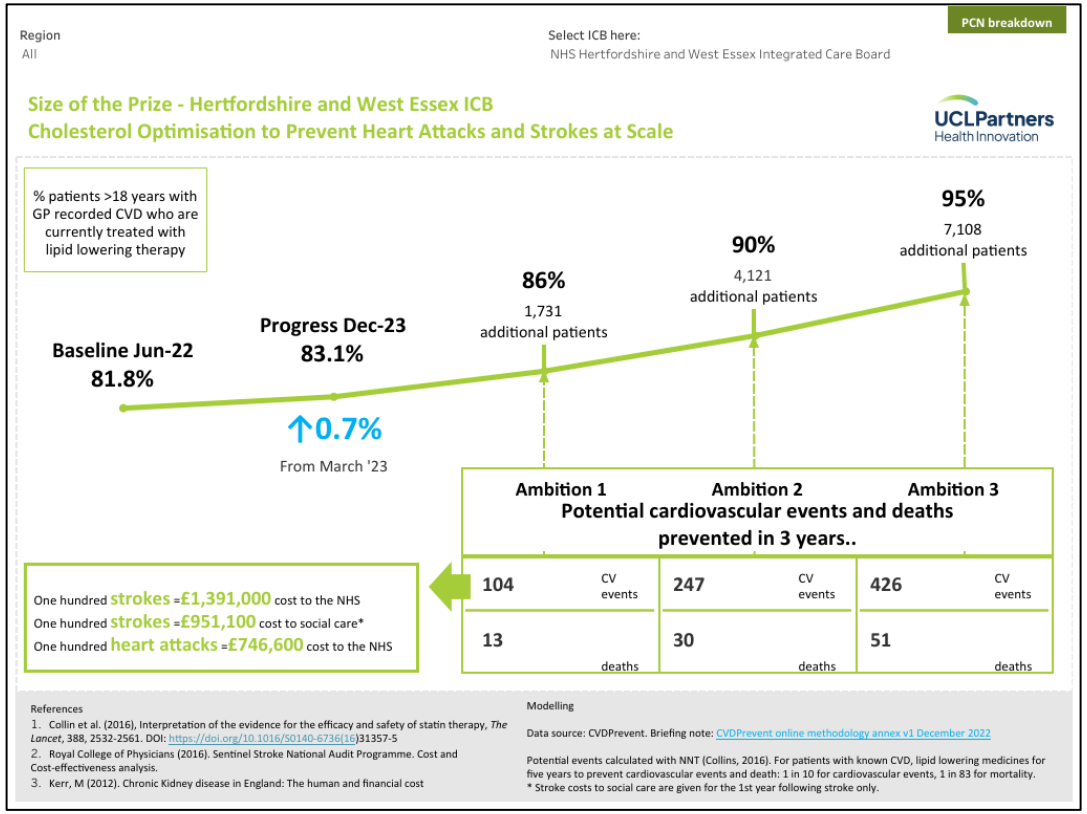
3. CVD - Atrial fibrillation
PCN Performance

Place	PCN	ORBIT score done	Review done
East and North Hertfordshire	Broxbourne Alliance	52.98%	53.49%
	Hatfield PCN	57.48%	40.69%
	Hertford and Rurals PCN	71.78%	71.21%
	Hitchin & Whitwell PCN	55.12%	35.98%
	Hoddesdon and Broxbourne PCN	80.42%	77.87%
	Icknield PCN	21.57%	10.92%
	Lea Valley Health PCN	32.99%	7.31%
	Stevenage North PCN	55.91%	52.95%
	Stevenage South PCN	63.10%	58.19%
	Stort Valley and Villages PCN	63.30%	56.99%
	Ware and Rurals PCN	65.11%	53.06%
	Welwyn Garden City PCN	63.01%	47.80%
East and North Hertfordshire Total		**57.89%**	**49.31%**
South West Herts	Abbey Health PCN	53.70%	52.61%
	Alban Healthcare PCN	63.27%	64.69%
	Alliance PCN	52.01%	52.30%
	Alpha PCN	72.09%	54.25%
	Attenborough & Tudor PCN	79.50%	50.72%
	Bridgewater PCN	61.90%	52.60%
	Central Watford PCN	69.80%	65.32%
	Dacorum Beta PCN	69.67%	48.42%
	Delta PCN	62.57%	51.68%
	HaLo PCN	55.62%	58.67%
	Harpenden PCN	73.96%	73.68%
	Herts Five PCN	69.00%	62.47%
	Manor View PCN	72.64%	61.23%
	North Watford PCN	68.04%	63.93%
	Potters Bar PCN	54.82%	50.96%
	Rickmansworth & Chorleywood PCN	67.09%	52.78%
	The Grand Union PCN	67.93%	52.43%
South West Herts Total		**66.61%**	**57.36%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	56.38%	35.96%
	Harlow North PCN	60.61%	39.39%
	Harlow South PCN	47.92%	49.58%
	Loughton Buckhurst Hill & Chigwell PCN	67.98%	58.01%
	North Uttlesford PCN	55.15%	55.96%
	South Uttlesford PCN	69.30%	72.09%
West Essex Total		**60.13%**	**51.62%**
Grand Total		**61.85%**	**53.02%**

3. CVD – Secondary prevention

The ECF funds practices to initiate statins for patients who are on a CVD register (CHD, Stroke/TIA, PAD).

- High cholesterol is a significant risk factor for heart attacks and stroke.
- ‘Size of the Prize’ calculations show that optimising cholesterol control by initiating statins can significantly reduce the number of new strokes and heart attacks.
- In HWE, there is an opportunity to potentially avoid more than 426 cardiovascular events and 51 deaths each year through improved statin initiation.
- This is closely linked to the ICB priority for 2024-26 of reducing premature mortality from CVD.
- The ECF metric in 2023/24 overlapped with national contracts (QOF) that funded practices to increase the proportion of patients receiving lipid lowering therapy for secondary prevention.



Hertfordshire and West Essex Integrated Care System

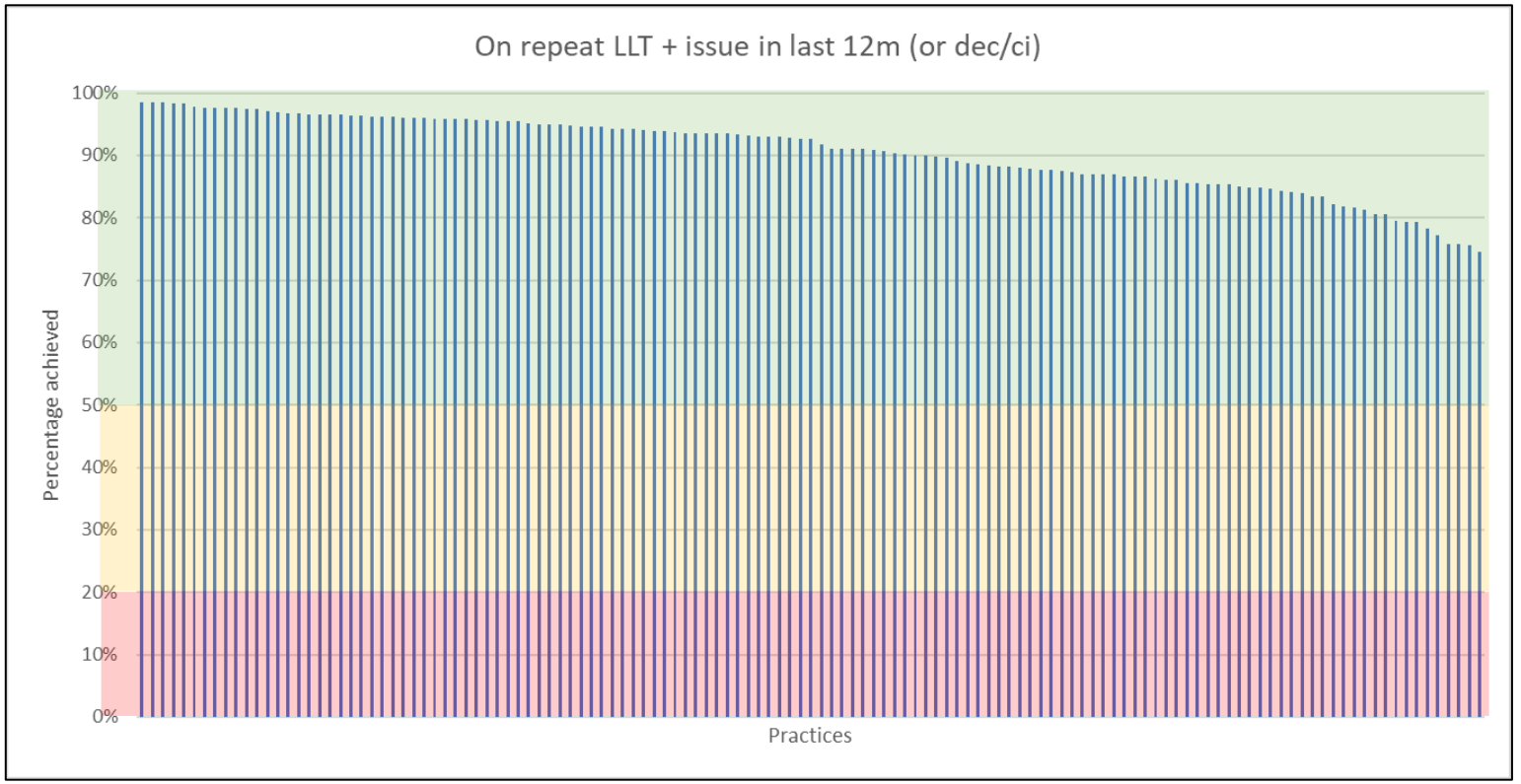
3. CVD – Secondary prevention

The ECF funds practices to initiate statins for patients who are on a CVD register (CHD, Stroke/TIA, PAD)

- Practices achieved 99.0% of available points, equating to £409,074.
- This was the indicator with the highest achievement
- 90.7% of patients with a history of CVD are taking lipid lowering treatment or have a record of declining/contraindicated in the past.
    - This represents a drop from 92.7% in 22/23.
- Practices received £6.46 per patient that was managed.

NB

- National QOF contract included the same indicator. The ICB decided not to change this indicator after the publication of QOF in order to ensure no disruption to practice plans.
- This indicator includes people who have declined statins or where the treatment is contraindicated. CVD Prevent data from December 2023 shows that 83.1% of people on a CVD register are actively taking a stating therapy (0.7% higher than in June 2022).



3. CVD Secondary prevention
PCN Performance

Place	PCN	On repeat LLT + issue in last 12m (or dec/ci)
East and North Hertfordshire	Broxbourne Alliance	87.27%
	Hatfield PCN	87.17%
	Hertford and Rurals PCN	88.82%
	Hitchin & Whitwell PCN	87.86%
	Hoddesdon and Broxbourne PCN	93.41%
	Icknield PCN	86.07%
	Lea Valley Health PCN	76.93%
	Stevenage North PCN	88.69%
	Stevenage South PCN	85.92%
	Stort Valley and Villages PCN	89.34%
	Ware and Rurals PCN	89.18%
	Welwyn Garden City PCN	91.91%
East and North Hertfordshire Total		**88.05%**
South West Herts	Abbey Health PCN	97.63%
	Alban Healthcare PCN	95.30%
	Alliance PCN	92.54%
	Alpha PCN	95.69%
	Attenborough & Tudor PCN	97.62%
	Bridgewater PCN	85.40%
	Central Watford PCN	96.18%
	Dacorum Beta PCN	91.77%
	Delta PCN	95.62%
	HaLo PCN	96.66%
	Harpenden PCN	95.39%
	Herts Five PCN	97.24%
	Manor View PCN	95.96%
	North Watford PCN	93.66%
	Potters Bar PCN	95.82%
	Rickmansworth & Chorleywood PCN	95.92%
	The Grand Union PCN	95.87%
South West Herts Total		**95.06%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	86.98%
	Harlow North PCN	80.21%
	Harlow South PCN	88.93%
	Loughton Buckhurst Hill & Chigwell PCN	86.42%
	North Uttlesford PCN	91.37%
	South Uttlesford PCN	90.20%
West Essex Total		**87.16%**
Grand Total		**90.71%**

3. Chronic Kidney Disease

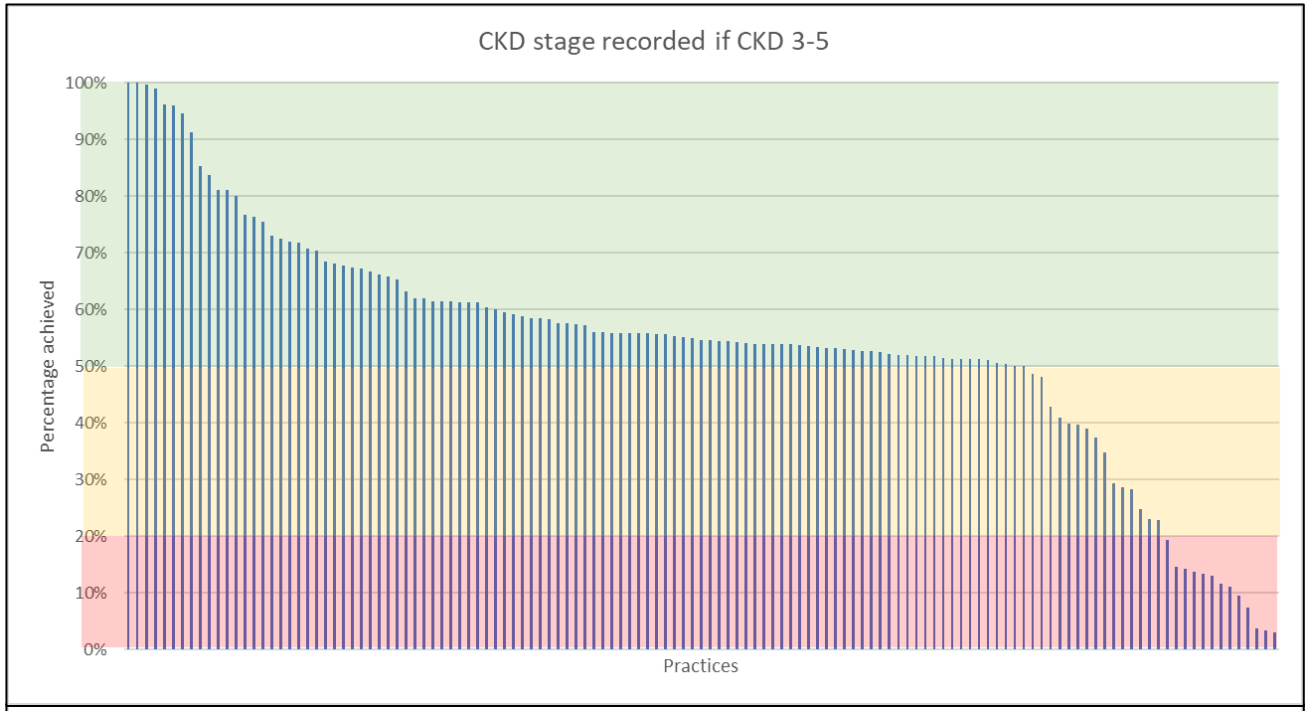
The ECF funds practices to record an up to date disease stage and monitor blood pressure

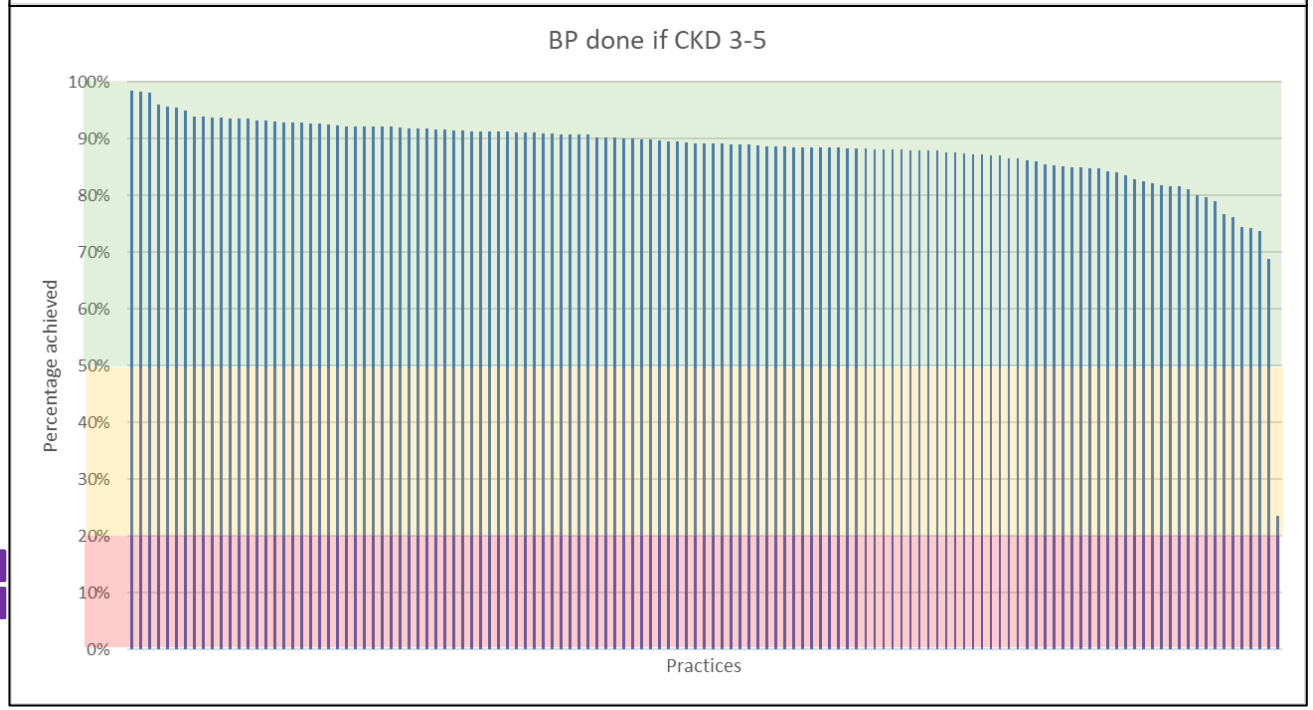
- The ECF builds on QOF that funds practices to maintain a disease register.
- Evidence shows that patients with uncoded CKD are at an increased risk of emergency admission, increased risk of emergency admission for acute kidney injury and at increased risk of death compared to patients with similar renal function that have their disease coded. NICE guidance recommends that patients on the CKD register should have their kidney function reviewed at least once per year, and up to four or more times per year, depending on disease severity.
- An up to date record of kidney function and accurate coding of disease stage can support better management and avoid unwarranted complications, including emergency care. Improved detection and management of CKD is also associated with significant financial benefits, based on analysis undertaken in comparable populations in Australia.
- Patients living with both CKD and hypertension are at substantially higher risk of cardiovascular disease. Evidence shows that people with CKD that have good blood control are at significantly lower risk of having cardiac events (myocardial infarction).

3. Chronic Kidney Disease

The ECF funds practices to record an up to date disease stage and monitor blood pressure

- Practices achieved 90.6% of available points, equating to £434,037.
- Patients with an up to date CKD stage are at lower risk of emergency care. Over half (56.9%) of patients with CKD have their stage recorded
  - This represents a significant increase from 19.5% in 22/23.
  - On average, practices received £9.57 per patient that had their CKD stage recorded
- Most patients (88.5%) with CKD had their blood pressure checked in the last 12 months
  - This is higher than in 22/23 (84.9%)
  - On average, practices received £4.17 per patient.
- Blood pressure control
  - Blood pressure is controlled in 75% of people with ACR <70 (target ≤140/90)
  - A lower proportion (30.8%) of people with an ACR<70 have good blood pressure control (target ≤130/80).





Hertfordshire and West Essex Integrated Care System

3. Chronic Kidney Disease
PCN Performance

Place	PCN	BP done if CKD 3-5	CKD stage recorded if CKD 3-5
East and North Hertfordshire	Broxbourne Alliance	89.17%	55.65%
	Hatfield PCN	89.22%	50.32%
	Hertford and Rurals PCN	90.78%	62.85%
	Hitchin & Whitwell PCN	64.43%	36.58%
	Hoddesdon and Broxbourne PCN	92.61%	61.60%
	Icknield PCN	86.55%	40.96%
	Lea Valley Health PCN	89.67%	13.91%
	Stevenage North PCN	92.67%	67.00%
	Stevenage South PCN	91.73%	62.90%
	Stort Valley and Villages PCN	89.21%	51.53%
	Ware and Rurals PCN	88.66%	33.14%
	Welwyn Garden City PCN	90.72%	53.61%
East and North Hertfordshire Total		**88.75%**	**51.46%**
South West Herts	Abbey Health PCN	88.63%	67.71%
	Alban Healthcare PCN	91.21%	62.78%
	Alliance PCN	83.88%	52.14%
	Alpha PCN	90.67%	94.04%
	Attenborough & Tudor PCN	91.39%	53.34%
	Bridgewater PCN	93.13%	51.80%
	Central Watford PCN	91.60%	59.24%
	Dacorum Beta PCN	85.20%	64.73%
	Delta PCN	86.99%	55.79%
	HaLo PCN	90.09%	64.96%
	Harpenden PCN	91.57%	81.46%
	Herts Five PCN	88.05%	65.14%
	Manor View PCN	88.75%	52.69%
	North Watford PCN	82.71%	61.27%
	Potters Bar PCN	87.39%	58.60%
	Rickmansworth & Chorleywood P	86.95%	58.40%
	The Grand Union PCN	85.55%	57.00%
South West Herts Total		**88.30%**	**63.83%**
West Essex	Epping Ongar Abridge Waltham A	89.77%	44.25%
	Harlow North PCN	88.28%	47.86%
	Harlow South PCN	89.40%	47.74%
	Loughton Buckhurst Hill & Chigwe	85.72%	45.99%
	North Uttlesford PCN	91.47%	57.60%
	South Uttlesford PCN	85.84%	60.62%
West Essex Total		**88.47%**	**49.62%**
Grand Total		**88.48%**	**56.87%**

4. Non-diabetic hyperglycaemia

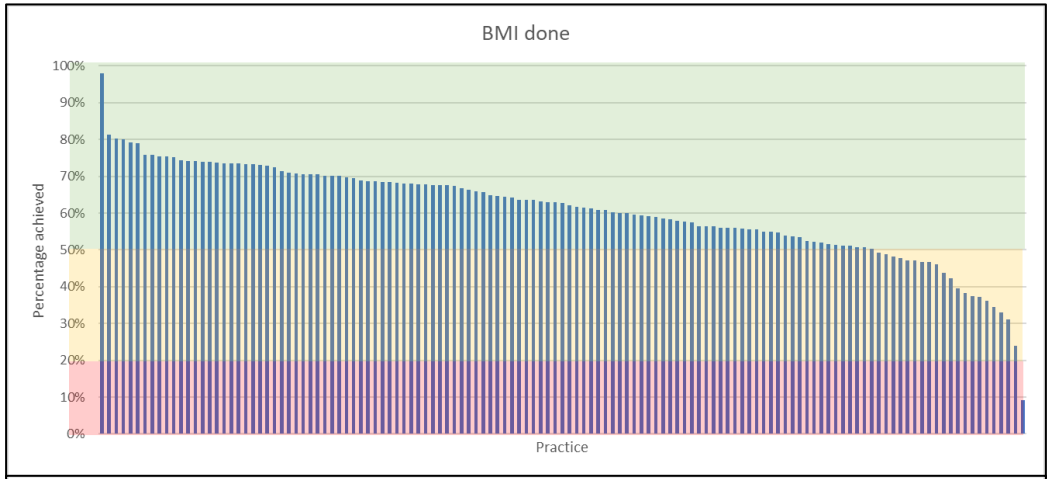
The ECF funds practices to record BMI, provide lifestyle advice and refer to relevant services (e.g. NDPP, weight management or social prescribing)

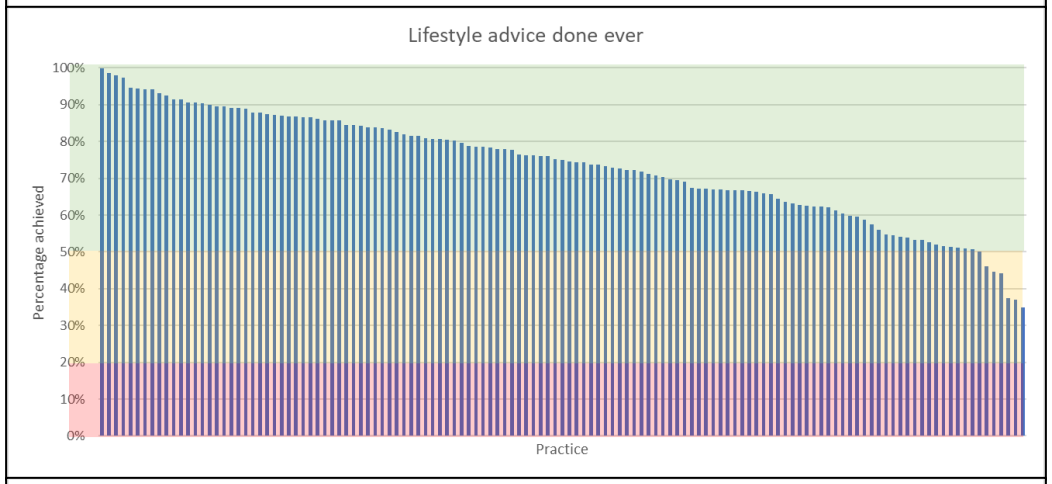
- The ECF builds on QQOF that funds practices to monitor HbA1c at least once per year in people with NDH.
- The Non-diabetic hyperglycaemia register is a recent addition to the national QOF contract, recognising the importance of identifying people living with NDH and the opportunity to reduce the risk of developing type 2 diabetes. National guidance on the management of people with NDH recommends that patients have an annual review that includes a measurement of blood glucose as well as BMI and to provide lifestyle advice and support with weight management.
- Early identification of people with elevated blood glucose and appropriate care can significantly reduce the progression to type 2 diabetes. And maximising detection of diabetes (supported by the monitoring of people with NDH) has been identified as the most beneficial strategy for reducing costs associated with cardiovascular disease.
- The National Diabetes Prevention Programme is an evidence based intervention that can reduce the risk of developing type 2 diabetes in people who have an elevated blood glucose level. People completing the NDPP programme in HWE on average lose 3.1kg in weight.

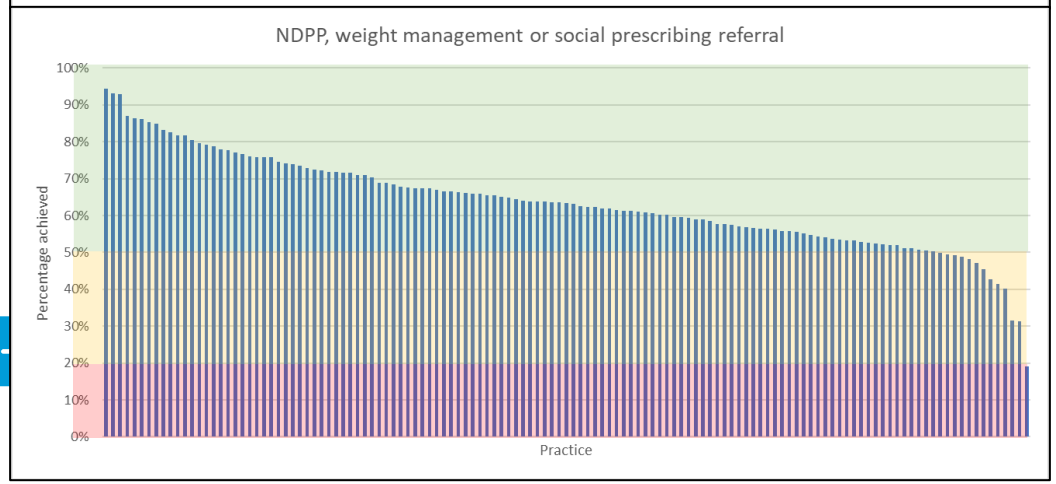
4. Non-diabetic hyperglycaemia

The ECF funds practices to record BMI, provide lifestyle advice and refer to relevant services (e.g. NDPP, weight management or social prescribing)

- Practices achieved 97.1% of available points, equating to £331,072.
- Most practices performed well above the upper threshold for all indicators.
- A BMI was recorded on 64.0% of people with NDH
  - Practices received £1.31 per patient on average for completing a BMI.
  - There has been an increase compared to 22/23 (52.1%).
- 75.9% of patients with NDH have received lifestyle advice at any stage (not necessarily during 23/24).
  - Practices received £0.95 on average for each patient.
- Nearly 2/3rd of patients (63.9%) have been referred to NDPP, weight management or social prescribing following a diagnosis of NDH
  - Practices received on average £2.67 per patient that has been referred
- It is worth noting that both lifestyle advice and referrals could have been completed at any point, and not specifically in the 23/24 year. The actual number of patients who received care is not available. However, in 22/23 only 35.5% of patients had a record of receiving lifestyle advice ever and only 17.3% had a record of ever being referred on to relevant services.







Hertfordshire and West Essex Integrated Care System

Case study – Nondiabetic Hyperglycaemia

Situation/Setting

- *Vine House surgery has a large number of people with NDH requiring support, education and signposting to relevant services.*
- *The number of people on the NDH register is increasing and the practice needed to manage this patient group in new ways.*

Impact

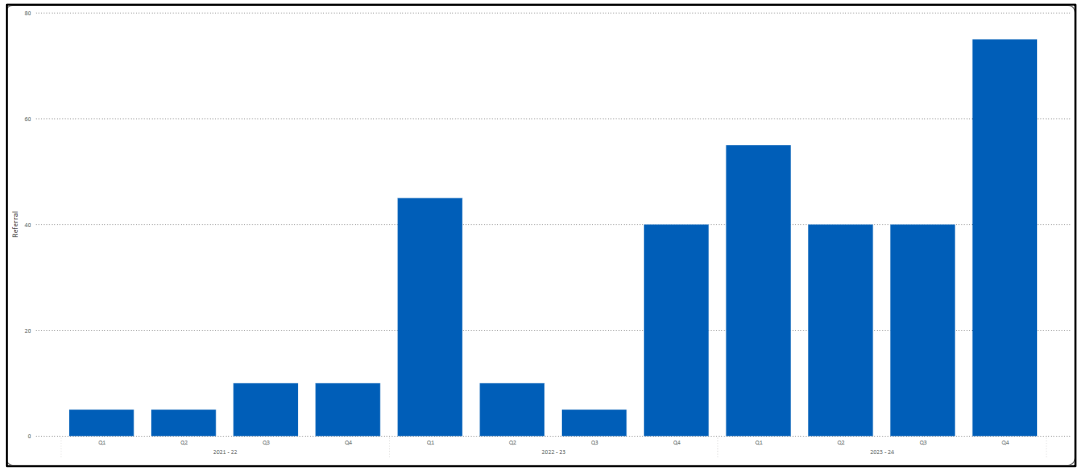
- *Over 180 patients attended one of the online sessions.*
- *Increasing access to lifestyle advice and support for people with NDH has increased the number of people taking up the offer of referral to the National Diabetes Prevention Programme.*
- *In 23/24 the practice referred more than twice the number of people to NDPP compared to the year before.*

Learning

- *The use of group consultations has been a very successful initiative in the practice and has helped the surgery deliver care to a large number of patients.*
- *The learning from this approach is now being explored for other areas and this year the practice will apply a similar approach to hypertension.*

Actions/Activity

- *The practice set up group consultations to provide support to people living with NDH.*
- *Patients were invited to an online session on lifestyle advice*



Hertfordshire and West Essex Integrated Care System

4. NDH
PCN Performance

Place	PCN	BMI done	Lifestyle advice done ever	NDPP, weight management or social prescribing referral
East and North Hertfordshire	Broxbourne Alliance	68.92%	71.57%	66.74%
	Hatfield PCN	58.17%	79.43%	56.43%
	Hertford and Rurals PCN	53.41%	73.46%	62.69%
	Hitchin & Whitwell PCN	41.45%	75.95%	67.00%
	Hoddesdon and Broxbourne PCN	66.12%	87.72%	72.68%
	Icknield PCN	45.44%	69.88%	57.43%
	Lea Valley Health PCN	40.71%	74.09%	77.28%
	Stevenage North PCN	64.26%	88.73%	76.12%
	Stevenage South PCN	69.57%	72.31%	61.60%
	Stort Valley and Villages PCN	63.30%	81.53%	65.01%
	Ware and Rurals PCN	60.14%	79.22%	67.47%
	Welwyn Garden City PCN	59.77%	61.28%	61.23%
East and North Hertfordshire Total		**58.68%**	**75.39%**	**65.00%**
South West Herts	Abbey Health PCN	64.83%	65.11%	67.93%
	Alban Healthcare PCN	59.37%	68.35%	61.48%
	Alliance PCN	61.76%	71.96%	69.47%
	Alpha PCN	76.17%	85.01%	65.18%
	Attenborough & Tudor PCN	79.19%	87.08%	50.40%
	Bridgewater PCN	60.78%	86.59%	67.02%
	Central Watford PCN	67.88%	83.84%	89.43%
	Dacorum Beta PCN	65.66%	75.21%	68.93%
	Delta PCN	69.76%	63.14%	71.26%
	HaLo PCN	74.17%	80.65%	63.85%
	Harpenden PCN	67.98%	54.53%	66.65%
	Herts Five PCN	66.72%	68.20%	59.91%
	Manor View PCN	74.80%	76.46%	56.21%
	North Watford PCN	59.81%	92.49%	60.74%
	Potters Bar PCN	66.84%	59.44%	66.13%
	Rickmansworth & Chorleywood PCN	62.05%	61.53%	56.74%
	The Grand Union PCN	73.15%	68.63%	68.41%
South West Herts Total		**68.13%**	**74.37%**	**64.88%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	47.93%	85.83%	40.64%
	Harlow North PCN	61.64%	77.15%	64.37%
	Harlow South PCN	67.32%	86.73%	72.57%
	Loughton Buckhurst Hill & Chigwell PCN	62.65%	78.56%	64.90%
	North Uttlesford PCN	67.77%	73.01%	65.54%
	South Uttlesford PCN	50.90%	81.49%	60.77%
West Essex Total		**58.43%**	**80.92%**	**59.39%**
Grand Total		**63.55%**	**75.86%**	**63.92%**

4. Diabetes

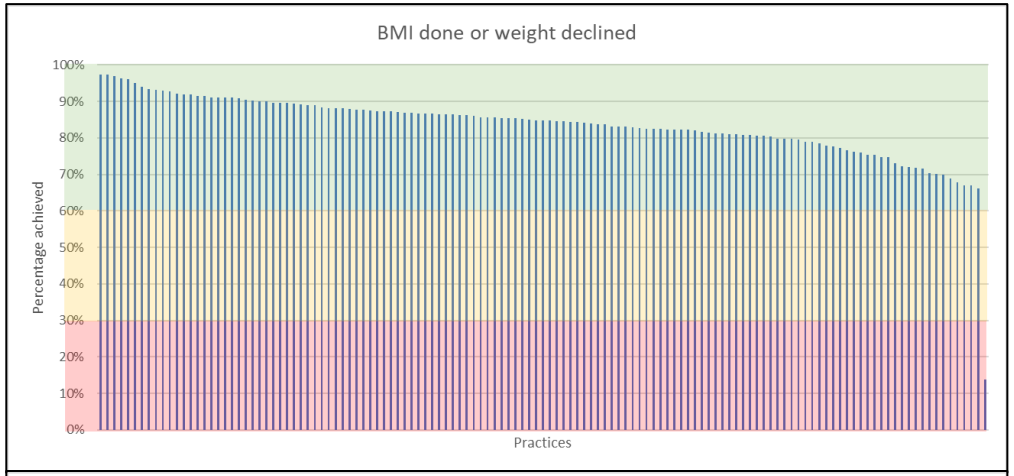
The ECF funds practices to increase uptake of BMI, cholesterol and urine ACR in all diabetic patients as well as complete all 8 care processes for patients with high risk type 2 diabetes

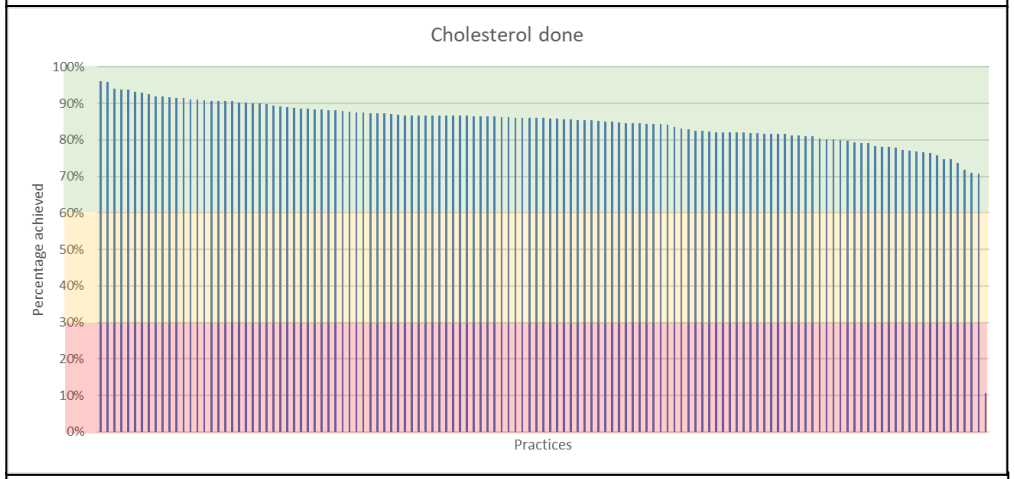
- The ECF builds on national contracts that fund practices to maintain a disease register; treat people with evidence of kidney disease with an ACE-I; complete a foot examination; monitor and control blood pressure and HbA1c and commence statins.
- NICE Guidance recommends that all patients with diabetes have an annual review that includes 8 care processes and control of blood glucose, blood pressure and cholesterol.
    - A large cohort study across England has shown that completion of all diabetic care processes is associated with a significant reduction in the risk of emergency care of between 22-26% when compared to only completing 0-3 or 4-6 care processes. In addition, controlling blood glucose (9% reduction) and cholesterol (13% reduction) in people living with diabetes is also associated with reduced risk of emergency admission.
    - Delivering care processes has also been associated with improved survival in people with diabetes.
    - The UCL Partners risk stratification tool supports the identification of people at greatest risk of poor diabetic outcomes. Focusing care on patients at the greatest risk ensures that limited resource is targeted to people with the greatest potential to benefit and provides the greatest value to the system.
    - Better diabetic management also provides economic benefits, with overall costs avoided of between £1280-4186 per patient.

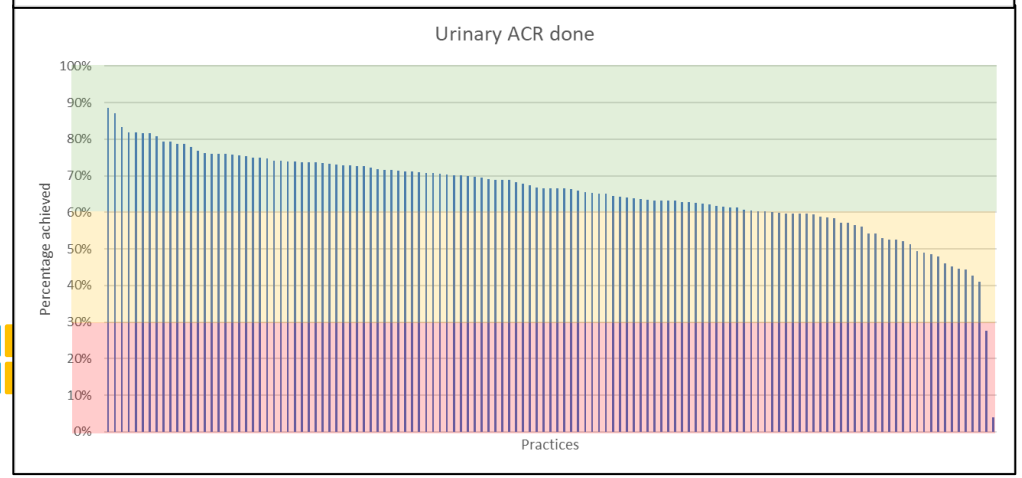
4. Diabetes

The ECF funds practices to increase uptake of BMI, cholesterol and urine ACR in all diabetic patients as well as complete all 8 care processes for patients with high risk type 2 diabetes

- Practices achieved 95.4% of available points, equating to £1,094,484. The majority of missed income was on the completion of all 8 care processes in patients with high risk type 2 diabetes.
- A high proportion of patients had a BMI check (84.8%), cholesterol check (85.5%) and urine ACR (67.5%). These represent levels similar to or above pre-pandemic levels.
    - Practices received £2.72, £2.88 and £4.67 respectively for completing each of these care processes
    - Performance shows some improvement compared to 22/23 for BMI (79.5%), cholesterol (80.7%) and urine ACR (58.0%)
- 56.4% of patients with high risk type 2 diabetes received all 8 care processes.
    - Practices received £30.04 on average for each patient.
    - There has been significant improvement compared to 22/23 (46.0%).



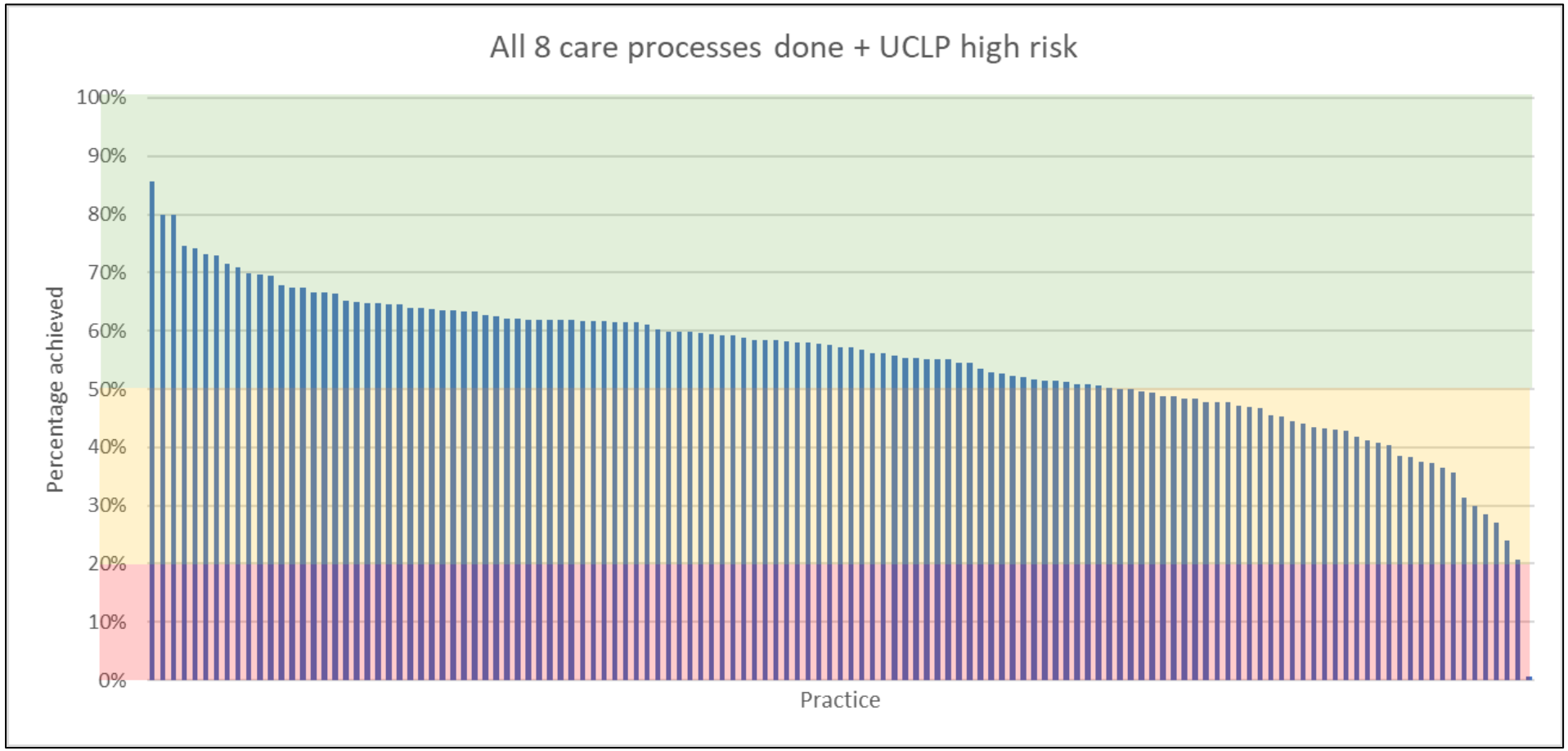




Hertfordshire and West Essex Integrated Care System

4. Diabetes

The ECF funds practices to increase uptake of BMI, cholesterol and urine ACR in all diabetic patients as well as complete all 8 care processes for patients with high risk type 2 diabetes



Hertfordshire and West Essex Integrated Care System

Case study – Diabetes

Situation/Setting

- *Peartree Surgery has over 300 patients living with high risk type 2 diabetes, representing about a quarter of their diabetic population.*
- *Non-engagement and missed reviews were recognised as a major factor in why people were not receiving their care processes.*
- *Urine ACR was the most challenging care process to deliver.*

Actions/Activity

- *The practice developed a clinic that offered a 'one stop shop' for patients in the high risk group.*
- *The GP lead for diabetes scheduled additional clinic time that coincided with the HCA that supported the diabetes clinics. This meant that the patients could have their bloods done at the same time as seeing the doctor.*
- *Patients were followed up virtually (by text or by phone) a week later once the results were available.*

Impact

- *There were no DNAs at the clinic and there was a marked level of re-engagement in the annual review process among this patient group, in particular those that had previously DNA'ed.*
- *During the year, the practice was able to meet the target of 50% of high risk type 2 diabetic having all 8 care processes completed.*

Learning

- *The 'one stop shop' approach will be continued and the practice is signed up to the home urine ACR pilot to further improve access*
- *The practice is reserving phlebotomy slots for the high risk cohort so that the process is streamlined and this is further helping with engagement and attendance.*

4. Diabetes
PCN Performance

Place	PCN	All 8 care processes done + UCLP high risk	BMI done or weight declined	Cholesterol done	Urinary ACR done
East and North Hertfordshire	Broxbourne Alliance	56.92%	87.37%	84.10%	65.71%
	Hatfield PCN	55.67%	86.46%	83.22%	65.97%
	Hertford and Rurals PCN	50.83%	82.31%	84.62%	64.14%
	Hitchin & Whitwell PCN	39.52%	61.61%	64.57%	51.35%
	Hoddesdon and Broxbourne PCN	59.86%	90.48%	88.06%	68.94%
	Icknield PCN	57.43%	85.84%	87.37%	67.83%
	Lea Valley Health PCN	46.27%	79.29%	86.05%	52.84%
	Stevenage North PCN	56.77%	90.74%	88.40%	70.57%
	Stevenage South PCN	61.42%	87.99%	86.78%	75.14%
	Stort Valley and Villages PCN	60.05%	85.83%	89.28%	69.46%
	Ware and Rurals PCN	62.85%	85.95%	87.93%	70.38%
	Welwyn Garden City PCN	53.03%	84.29%	87.88%	69.97%
East and North Hertfordshire Total		**55.42%**	**84.46%**	**85.18%**	**66.68%**
South West Herts	Abbey Health PCN	56.78%	82.51%	79.87%	67.96%
	Alban Healthcare PCN	58.55%	84.17%	82.47%	70.45%
	Alliance PCN	56.08%	82.94%	82.89%	66.06%
	Alpha PCN	58.38%	85.47%	85.43%	70.49%
	Attenborough & Tudor PCN	59.54%	86.14%	85.89%	67.83%
	Bridgewater PCN	55.21%	85.17%	89.10%	68.78%
	Central Watford PCN	65.44%	84.42%	86.15%	69.31%
	Dacorum Beta PCN	55.77%	83.17%	81.57%	63.34%
	Delta PCN	55.85%	82.96%	81.74%	62.83%
	HaLo PCN	63.25%	91.28%	84.92%	76.72%
	Harpenden PCN	61.20%	89.03%	86.17%	73.83%
	Herts Five PCN	60.81%	86.28%	86.65%	72.83%
	Manor View PCN	60.94%	90.60%	87.40%	71.56%
	North Watford PCN	53.55%	82.87%	82.76%	66.63%
	Potters Bar PCN	66.01%	90.45%	90.39%	72.44%
	Rickmansworth & Chorleywood PCN	59.41%	83.86%	84.45%	69.42%
	The Grand Union PCN	53.25%	81.16%	84.93%	63.39%
South West Herts Total		**58.30%**	**85.45%**	**84.91%**	**68.91%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	48.25%	82.49%	86.04%	58.26%
	Harlow North PCN	49.07%	82.13%	85.72%	62.75%
	Harlow South PCN	52.70%	80.37%	84.26%	63.07%
	Loughton Buckhurst Hill & Chigwell PCN	47.09%	77.82%	83.35%	63.75%
	North Uttlesford PCN	61.02%	83.80%	86.64%	72.63%
	South Uttlesford PCN	56.84%	80.82%	81.06%	66.19%
West Essex Total		**51.35%**	**81.17%**	**84.59%**	**63.54%**
Grand Total		**55.94%**	**84.18%**	**84.95%**	**66.94%**

5. Learning Disability

The ECF funds practices to increase the proportion of patients on the LD register who have an annual health check and an action plan completed as well as recording of communication needs and reasonable adjustments.

- People with a learning disability are at increased risk of having a long term physical or mental health condition and of premature mortality. On average, men with a learning disability die 22 years earlier than the population average, and women die 26 years earlier than the population average.
- Annual reviews for people with a learning disability have been shown to improve he detection of unmet, unrecognised and potentially treatable health needs and identify targeted actions to meet those needs.
- People with a learning disability benefit from services that are able to make reasonable adjustments to their needs and meet their communications needs. This supports improving access to services.
- Locally, in 2022/23 82% of people with a learning disability aged 14 years or over received an annual review with an action plan.

5. Learning Disability

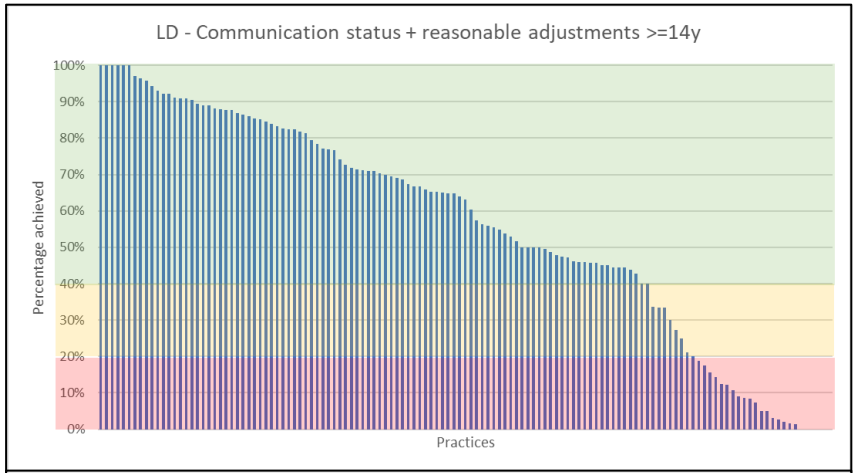
The ECF funds practices to increase the proportion of patients on the LD register who have an annual health check and an action plan completed as well as recording of communication needs and reasonable adjustments.

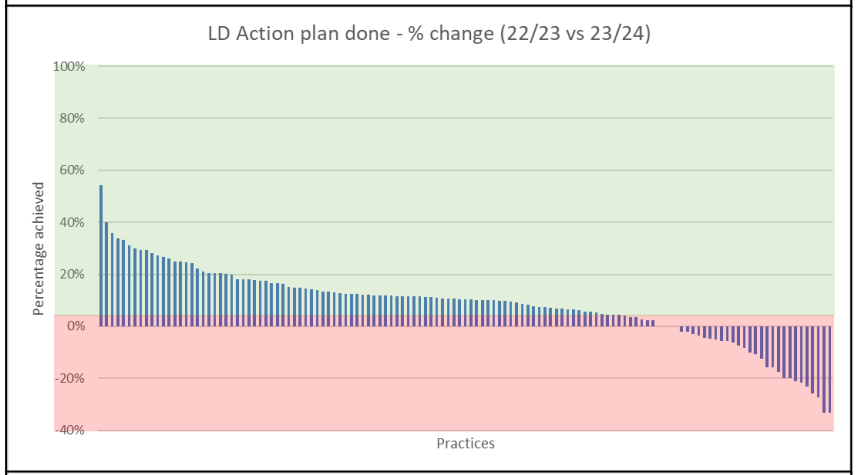
- Learning disabilities was the area of Section B in the ECF with the second lowest performance. Practices achieved 80% of available points. The majority of missed income came from practices not increasing the proportion of patients who had an LD annual health check and an LD action plan completed. However, practices that had achievement of 80% or greater in 2023/24 received payment regardless of if there was improvement of 5% from the previous year.

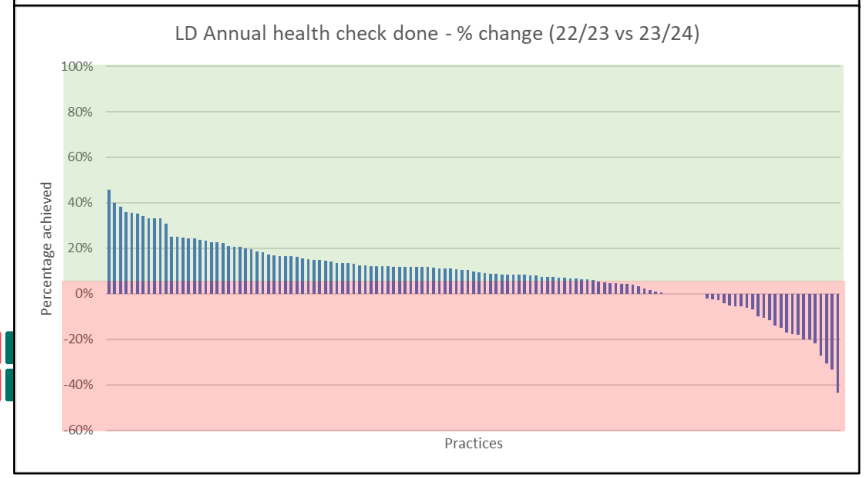
- Practices received £170,465 in funding to deliver the care covered by the learning disability section of the ECF. Over £65,000 of funding was not achieved.

- More patients on the LD register had their communication status and reasonable adjustments recorded in 23/24 (57.8%) compared to 22/23 (30.5%) and practices received £10.81 on average for each patient who had their communication needs and reasonable adjustments recorded.

- Despite the lower performance, there has been improvement in the proportion of people receiving care. In 2022/23, 72.9% of patients has an action plan completed, increasing to 81.3% in 2023/24.







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5. Learning Disability
PCN Performance

Place	PCN	LD - Communication status + reasonable adjustments >=14y	LD Action plan done - % change (22/23 vs 23/24)	LD Annual health check done - % change (22/23 vs 23/24)
East and North Hertfordshire	Broxbourne Alliance	60.40%	15.84%	17.33%
	Hatfield PCN	67.70%	10.51%	7.00%
	Hertford and Rurals PCN	55.83%	16.87%	16.26%
	Hitchin & Whitwell PCN	47.03%	0.00%	-5.94%
	Hoddesdon and Broxbourne PCN	66.94%	12.24%	13.88%
	Icknield PCN	13.60%	6.52%	4.25%
	Lea Valley Health PCN	3.39%	-3.39%	-1.13%
	Stevenage North PCN	53.61%	13.66%	10.82%
	Stevenage South PCN	63.14%	13.28%	15.72%
	Stort Valley and Villages PCN	73.82%	11.99%	10.73%
	Ware and Rurals PCN	66.48%	10.44%	10.99%
	Welwyn Garden City PCN	50.75%	10.21%	9.31%
East and North Hertfordshire Total		**52.38%**	**10.51%**	**9.65%**
South West Herts	Abbey Health PCN	97.95%	19.86%	20.55%
	Alban Healthcare PCN	63.33%	20.67%	15.33%
	Alliance PCN	37.75%	16.56%	12.58%
	Alpha PCN	62.39%	0.46%	2.29%
	Attenborough & Tudor PCN	50.00%	13.82%	11.84%
	Bridgewater PCN	42.68%	3.66%	8.54%
	Central Watford PCN	67.43%	13.71%	13.14%
	Dacorum Beta PCN	54.67%	10.71%	8.24%
	Delta PCN	71.90%	18.10%	15.71%
	HaLo PCN	79.37%	1.19%	2.38%
	Harpenden PCN	80.39%	7.84%	5.88%
	Herts Five PCN	80.06%	9.27%	9.55%
	Manor View PCN	48.78%	8.36%	6.97%
	North Watford PCN	49.03%	-14.19%	-12.90%
	Potters Bar PCN	48.55%	8.70%	7.25%
	Rickmansworth & Chorleywood PCN	77.85%	10.07%	11.41%
	The Grand Union PCN	58.23%	6.33%	13.92%
South West Herts Total		**63.60%**	**8.97%**	**8.55%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	73.33%	11.11%	9.78%
	Harlow North PCN	45.94%	7.07%	10.60%
	Harlow South PCN	32.62%	15.88%	16.74%
	Loughton Buckhurst Hill & Chigwell PCN	52.06%	4.64%	3.09%
	North Uttlesford PCN	76.67%	3.33%	2.67%
	South Uttlesford PCN	66.67%	12.40%	18.60%
West Essex Total		**55.44%**	**9.23%**	**10.30%**
Grand Total		**57.54%**	**9.67%**	**9.29%**

6. Mental Health

The ECF funds practices to complete an enhanced annual review that includes 3 additional checks out of BMI/waist circumference, nutrition/diet and level of physical activity, cancer screening advice or education, oral health, sexual health, use of illicit substance/non-prescribed medications, medication reconciliation/review.

- People with serious mental health illnesses (SMI) are more likely to suffer from physical health conditions and are nearly four times more likely to die early and life expectancy is up to 20 years lower in this cohort compared to the general population. People with an SMI are twice as likely to require emergency care and be admitted to hospital for physical health issues.

- National contracts fund practices to deliver annual reviews for people with serious mental health conditions. The ECF provides practices with additional funding to deliver enhanced health checks that cover a range of common issues faced by patients with SMI and which align to national guidance on providing more comprehensive annual physical health checks.

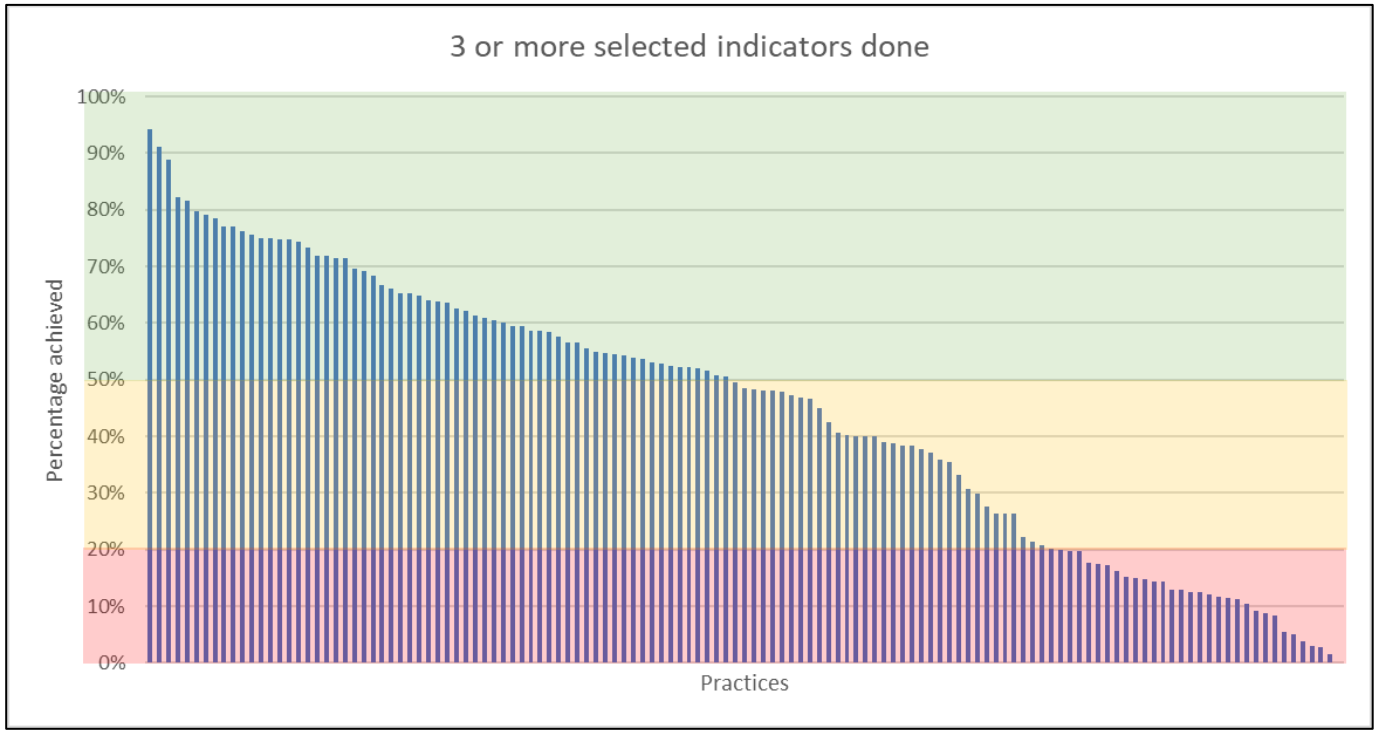
- Review of the evidence shows that people with an SMI that have their physical health checks are at higher risk of A&E attendances and unplanned hospital admissions. Having an annual physical health check in the previous 12 months was associated with reductions of 20% in A&E attendances, 25% in mental illness admissions, and 24% in emergency admissions for ambulatory care sensitive conditions such as asthma, diabetes and flu.

6. Mental Health

The ECF funds practices to complete an enhanced annual review that includes 3 additional checks out of BMI/waist circumference, nutrition/diet and level of physical activity, cancer screening advice or education, oral health, sexual health, use of illicit substance/non-prescribed medications, medication reconciliation/review.

Case Study: A 46-year-old with SMI (Serious Mental Health) was called for annual review. The nurse completing physical health checks asked about illicit drug use because it is in an ECF requirements, and they had training to ask about illicit drug abuse as a matter of routine. When directly asked the patient disclosed crack cocaine abuse. This was raised to patient GP who saw the patient and the patient agreed referral to CGL and currently the patient is engaging with CGL.

- Practices achieved 64.5% of available points, equating to £220,869. This represents the section of the ECF with the lowest performance.
- Only 46.6% of patients on the SMI register received care in line with the specification and means that this is one of the only metrics where the overall proportion of patients across the ICS was below the upper threshold.
- This metric also represents the most significant variation across practices.
- On average, practices received £41.44 for each patient that received at least three additional care processes.



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6. Mental Health
PCN Performance

Place	PCN	3 or more selected indicators done
East and North Hertfordshire	Broxbourne Alliance	58.16%
	Hatfield PCN	36.74%
	Hertford and Rurals PCN	28.61%
	Hitchin & Whitwell PCN	53.72%
	Hoddesdon and Broxbourne PCN	61.46%
	Icknield PCN	45.95%
	Lea Valley Health PCN	46.36%
	Stevenage North PCN	68.58%
	Stevenage South PCN	46.94%
	Stort Valley and Villages PCN	59.24%
	Ware and Rurals PCN	61.84%
	Welwyn Garden City PCN	39.27%
East and North Hertfordshire Total		**49.13%**
South West Herts	Abbey Health PCN	57.20%
	Alban Healthcare PCN	55.52%
	Alliance PCN	20.87%
	Alpha PCN	42.37%
	Attenborough & Tudor PCN	12.98%
	Bridgewater PCN	53.07%
	Central Watford PCN	67.07%
	Dacorum Beta PCN	24.18%
	Delta PCN	43.83%
	HaLo PCN	54.14%
	Harpenden PCN	75.50%
	Herts Five PCN	69.38%
	Manor View PCN	43.31%
	North Watford PCN	44.25%
	Potters Bar PCN	60.27%
	Rickmansworth & Chorleywood PCN	11.54%
	The Grand Union PCN	34.19%
South West Herts Total		**46.63%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	59.17%
	Harlow North PCN	46.96%
	Harlow South PCN	22.41%
	Loughton Buckhurst Hill & Chigwell PCN	33.61%
	North Uttlesford PCN	36.88%
	South Uttlesford PCN	41.26%
West Essex Total		**41.28%**
Grand Total		**46.55%**

7. Frailty

The ECF funds practices to assess patients who are high risk of frailty, and review the frailty status, complete a FRAT, carers assessment for patients with moderate or severe frailty and complete a medication review for eligible patients with moderate frailty

- Our frail population are at high risk of requiring urgent care. However, evidence shows that identifying people who are frail and proactively managing their needs and caring for them in their own homes can reduce the risk of adverse events, including emergency admission.

- Older people, patients living with advanced disease, living with multiple long term conditions or with complex social factors are at increased risk of frailty. Patients at risk of frailty should be clinically assessed, using a validated tool, and a clinical frailty status recorded in the patient record (Fit for Frailty, BGS). Approximately half of admissions in people aged 65 and over are living with frailty.

- Assessing frailty needs has been shown to improve diagnostic accuracy, optimise care and support and adopts care that is patient centred. Specific factors that increase the risk of experiencing adverse events include medication related complications and falls. Patients with frailty should have their falls risk assessed as part of routine primary care, community and acute care assessments (NICE CKS 86), with people at moderate or high risk of falling referred on to relevant services that can reduce risk and support independent living.

- Patients with frailty are more likely to benefit from a structured medication review, identifying medications that can be stopped or have the dosage changed. In particular, people taking multiple medications should be identified and considered for a structured medication review (NICE CKS 120).

- Many patients living with frailty have complex care needs that will benefit from coordinated multi-disciplinary care. This care is best delivered in the community with primary care involvement.

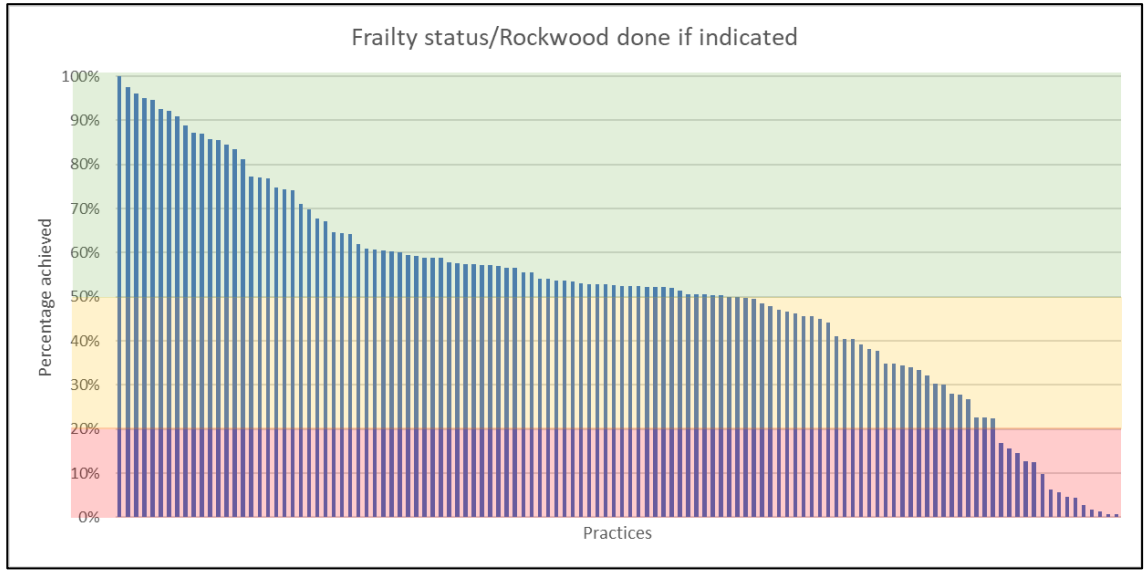
7. Frailty

The ECF funds practices to assess patients who are high risk of frailty, and review the frailty status, complete a FRAT, carers assessment for patients with moderate or severe frailty and complete a medication review for eligible patients with moderate frailty

- Practices achieved 84.6% of the points available for the frailty section of the ECF, equating to £1,297,206 in funding.

- 53.2% of patients at risk of frailty received a frailty assessment, representing a significant increase from 21% in 22/23.
    - Practices received on average £8.56 for each patient that was assessed.

- Despite a high number of people (33,104) being assessed for frailty, the total number of people recorded as having moderate or severe frailty has declined from 38,882 in March 2023 to 28,575 in March 2024.
    - In part, this may be explained by the fact that patients on the end of life register are excluded and there has been a rise of approximately as these figures exclude people living in a care home or on the end of life register.
    - However, the EOL register increased by 7534 and so can not account for all of the drop.
    - With an ageing population, further investigation into the reason for this reduction is warranted.

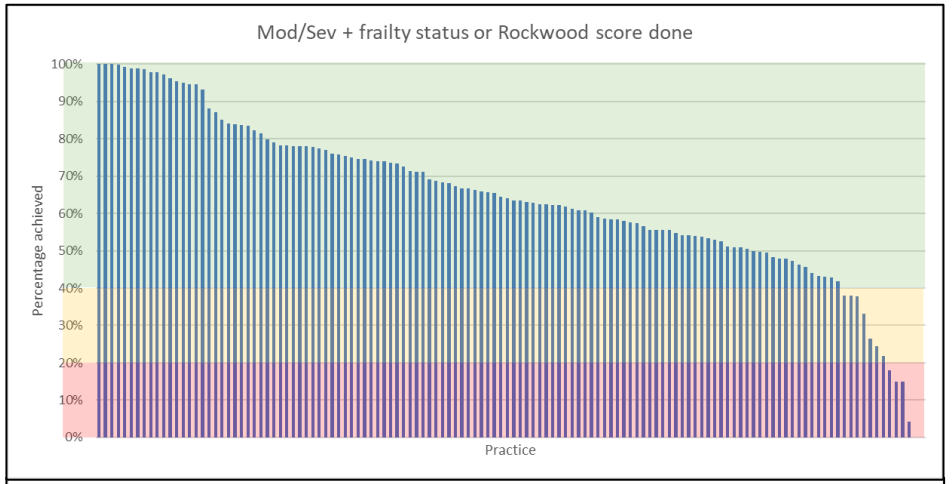


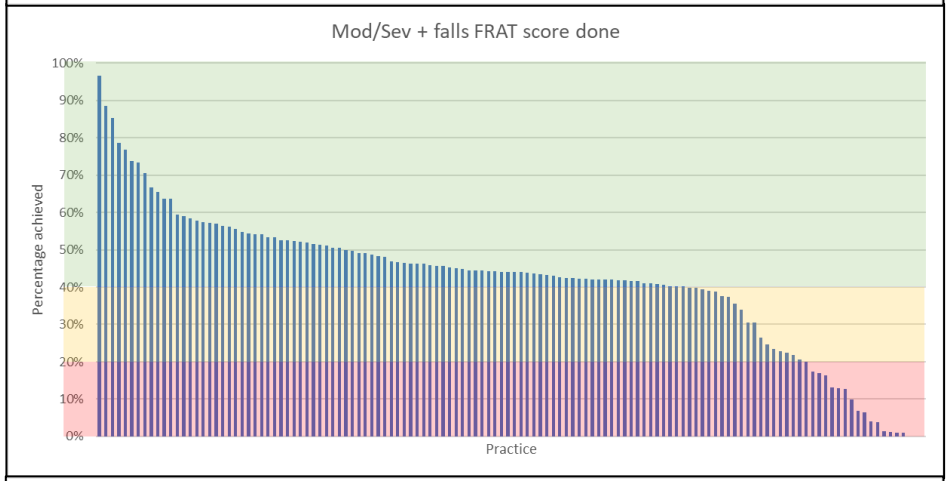
7. Frailty

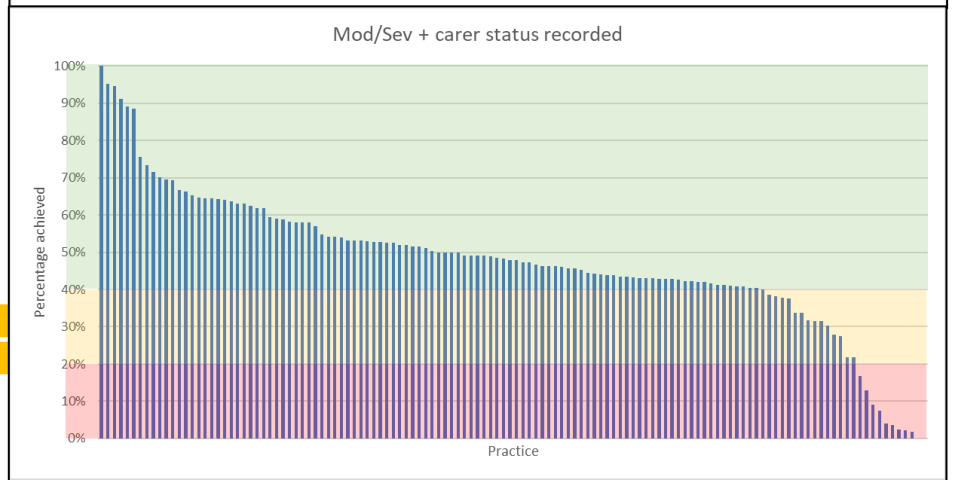
The ECF funds practices to assess patients who are high risk of frailty, and review the frailty status, complete a FRAT, carers assessment for patients with moderate or severe frailty and complete a medication review for eligible patients with moderate frailty

Case study: A 65-year-old gentleman with Parkinson and a history of falls that were attributed to Parkinson. As part of ECF the nurse completed a FRAT score and completed lying standing blood pressure which showed significant postural hypotension. The patient was not on any antihypertensive. The patient was referred to the local frailty team who reviewed them and adjusted their medications and the patient has had no falls since.

- Approximately two thirds (66.2%) of people with moderate or severe frailty had an up to date frailty status recorded, with practices receiving an average of £20.67 per patient.
- A lower proportion of patients had a falls risk assessment (42.3%) and carer status (48.5%) recorded. Practices received £23.57 and £18.27 respectively for each of these care processes.
    - Both care processes saw an increase compared to 22/23, with a 56% increase in the proportion of people having a FRAT (from 27% in March 23) and 44% increase in the proportion with a documented carer status (from 33% in March 23).
- This funding provided support to practices to deliver frailty annual reviews.







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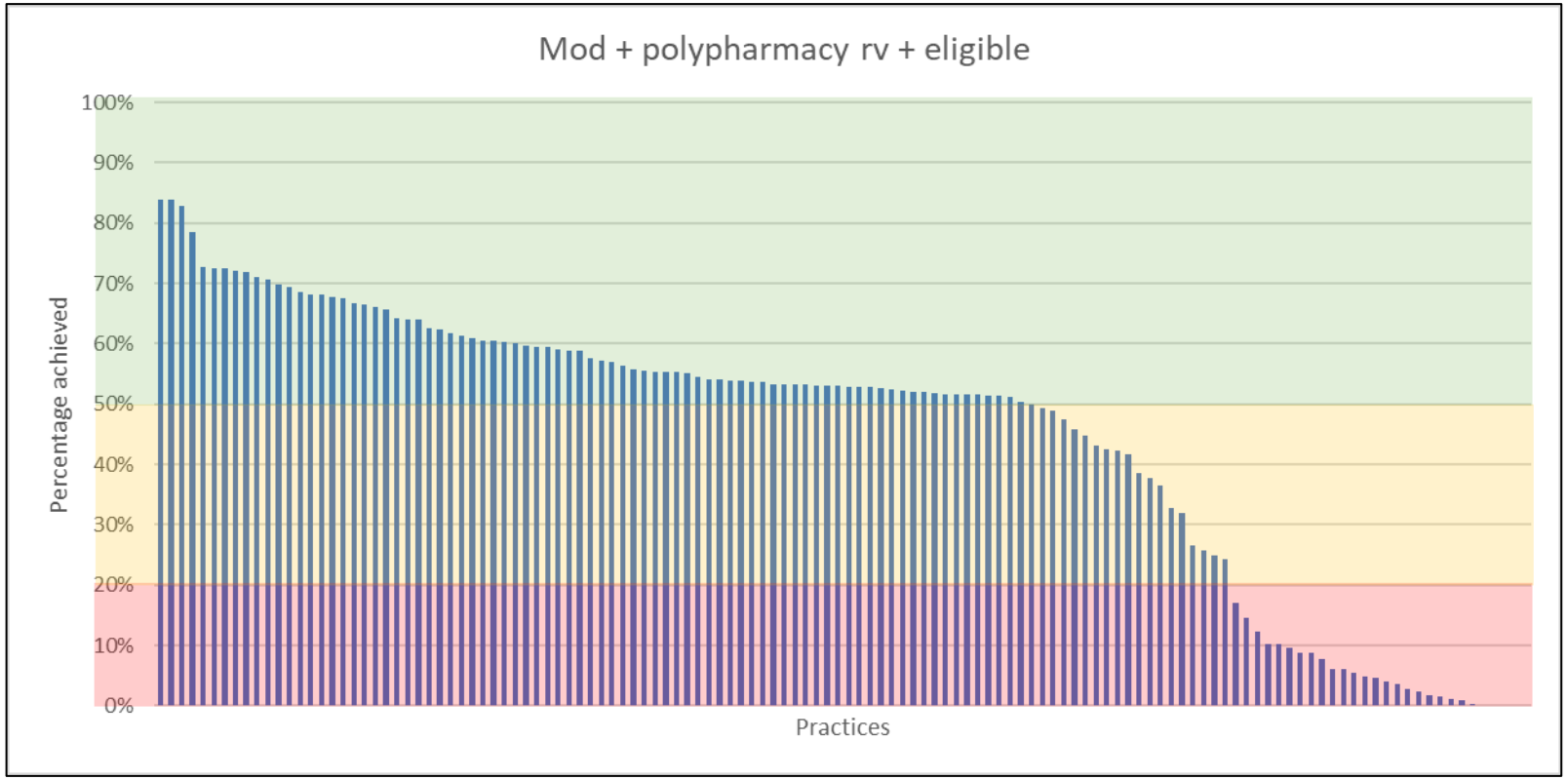
7. Frailty

The ECF funds practices to assess patients who are high risk of frailty, and review the frailty status, complete a FRAT, carers assessment for patients with moderate or severe frailty and complete a medication review for eligible patients with moderate frailty

- Practices were funded to complete structured medication reviews (SMR) or polypharmacy reviews for patients living with moderate frailty.
- On average practices reviewed 45.4% of eligible patients.
- Patients on polypharmacy are at higher risk of requiring emergency care, particularly people living with frailty. Common issues that are caused by polypharmacy are falls, delirium, drowsiness, constipation and other bowel problems.
- 21.9% of practices (28) did not achieve the lower threshold. Recognising that the funding for this metric did not reflect the work required by practices, this has been adjusted for 2024/25.



Case study – Frailty

Situation/Setting

- *Dolphin House used to utilise the home first service. However, due to eligibility preventing some patients accessing the service, and then ultimately, funding for the service being withdrawn.*
- *The practice recognising a gap in provision and the need to support these patients, recruited a dedicated frailty nurse to lead on the care for particular cohorts of patients.*
- *The Nurse leads on care for Learning Disability, Mental Health, Housebound and elderly frail patients.*
- *The post is funded by the practice outside of any ICB commissioned service.*
- *The Ardens Manager dashboards helped track progress and the practice uses this data to crosscheck against their own records.*

Actions/Activity

- *The nurse uses Ardens to ensure she identifies all the patients in the relevant cohorts. She will then review the medical records and contacts the patient to fully understand their specific needs, both medical and non-medical.*
- *The Nurses works closely with the GPs and other clinicians to review patients' Rockwood score and determine their frailty status and whether they should be included in the work the Nurse is undertaking. This covers the requirements of the ECF as part of her interactions with patients.*
- *The nurse covers a range of appointment types including urgent on the day appointments and home visits, to ease some of the pressure on GP appointments.*
- *The nurse is linked in with other health and social care providers as well as the PCN's social prescribers to ensure a joint-up approach with other services and correct sign posting.*

Impact

- *The service has positively impacted the practice's ECF achievement for each of Frailty & EOL and Mental Health domains, achieving 100% of available points.*
- *Patients having their frailty reviews receive more comprehensive assessments, including additional assessments for depression and anxiety, screening for dementia and nutritional assessment.*
- *Patients are able to stay healthier for longer and remain in the comfort of their own home.*
- *This is reflected in Ware and Rurals (W&R) PCN population health management data. The emergency admissions for falls and hip fractures for W&R PCN were the lowest in the locality as place and ICB.*

Learning

- *The nurse is integrated within the practices and works very closely with the other clinicians. GPs are able to add to her caseload if they think a patient will benefit.*
- *In reverse, the Nurse is able to suggest a GP appointment if she feels it is needed.*
- *The nurse works in a matrix way to take a holistic approach to the care of these patients, with the aim of more interactions keeping the patients healthy for longer.*
- *Whilst this work covers the ECF, they started it on their own for the benefit of their patients and easing some of the wider pressures in general practice.*

7. Frailty
PCN Performance

Place	PCN	Frailty status/Rockwood done if indicated	Mod + polypharmacy rv + eligible
East and North Hertfordshire	Broxbourne Alliance	73.66%	66.11%
	Hatfield PCN	45.43%	37.19%
	Hertford and Rurals PCN	72.45%	62.99%
	Hitchin & Whitwell PCN	44.83%	55.42%
	Hoddesdon and Broxbourne PCN	59.36%	49.47%
	Icknield PCN	30.70%	6.60%
	Lea Valley Health PCN	38.86%	39.91%
	Stevenage North PCN	60.82%	53.23%
	Stevenage South PCN	58.51%	60.76%
	Stort Valley and Villages PCN	39.99%	54.26%
	Ware and Rurals PCN	30.99%	21.48%
	Welwyn Garden City PCN	46.46%	33.99%
East and North Hertfordshire Total		**50.84%**	**45.84%**
South West Herts	Abbey Health PCN	52.70%	60.42%
	Alban Healthcare PCN	55.53%	38.33%
	Alliance PCN	37.57%	38.51%
	Alpha PCN	62.34%	60.82%
	Attenborough & Tudor PCN	53.08%	55.04%
	Bridgewater PCN	58.91%	54.09%
	Central Watford PCN	54.84%	56.62%
	Dacorum Beta PCN	41.48%	35.34%
	Delta PCN	49.52%	52.16%
	HaLo PCN	66.60%	60.26%
	Harpenden PCN	55.33%	62.35%
	Herts Five PCN	65.47%	59.43%
	Manor View PCN	51.42%	53.23%
	North Watford PCN	64.42%	57.12%
	Potters Bar PCN	60.43%	54.09%
	Rickmansworth & Chorleywood PCN	55.22%	55.62%
	The Grand Union PCN	44.39%	43.71%
South West Herts Total		**55.79%**	**52.16%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	29.28%	54.04%
	Harlow North PCN	58.74%	11.38%
	Harlow South PCN	70.62%	33.91%
	Loughton Buckhurst Hill & Chigwell PCN	22.23%	30.88%
	North Uttlesford PCN	45.69%	54.14%
	South Uttlesford PCN	90.45%	32.49%
West Essex Total		**45.88%**	**35.20%**
Grand Total		**52.00%**	**45.40%**

7. Frailty
PCN Performance

Place	PCN	Mod/Sev + carer status recorded	Mod/Sev + falls FRAT score done	Mod/Sev + frailty status or Rockwood score done
East and North Hertfordshire	Broxbourne Alliance	55.24%	47.06%	62.79%
	Hatfield PCN	51.77%	36.23%	61.94%
	Hertford and Rurals PCN	47.48%	47.32%	73.61%
	Hitchin & Whitwell PCN	48.06%	42.18%	58.68%
	Hoddesdon and Broxbourne PCN	53.62%	50.14%	66.85%
	Icknield PCN	26.41%	19.66%	40.26%
	Lea Valley Health PCN	41.10%	32.20%	60.80%
	Stevenage North PCN	62.25%	40.03%	73.20%
	Stevenage South PCN	47.35%	44.21%	65.89%
	Stort Valley and Villages PCN	52.27%	50.15%	78.85%
	Ware and Rurals PCN	39.18%	34.43%	57.11%
	Welwyn Garden City PCN	48.01%	47.68%	73.40%
East and North Hertfordshire Total		**47.17%**	**41.36%**	**65.08%**
South West Herts	Abbey Health PCN	64.41%	54.24%	93.22%
	Alban Healthcare PCN	51.81%	66.85%	62.12%
	Alliance PCN	66.88%	58.71%	87.74%
	Alpha PCN	52.42%	54.84%	88.23%
	Attenborough & Tudor PCN	42.95%	44.08%	50.96%
	Bridgewater PCN	38.60%	39.34%	62.50%
	Central Watford PCN	54.56%	48.90%	66.82%
	Dacorum Beta PCN	22.71%	26.88%	49.96%
	Delta PCN	44.52%	39.91%	60.67%
	HaLo PCN	58.33%	70.65%	55.07%
	Harpenden PCN	49.32%	47.95%	76.71%
	Herts Five PCN	58.12%	60.65%	70.22%
	Manor View PCN	44.39%	42.14%	55.61%
	North Watford PCN	59.19%	47.47%	70.48%
	Potters Bar PCN	74.59%	46.06%	58.93%
	Rickmansworth & Chorleywood PCN	42.81%	43.13%	54.95%
	The Grand Union PCN	47.76%	41.13%	60.03%
South West Herts Total		**49.51%**	**46.78%**	**63.28%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	48.10%	30.29%	56.57%
	Harlow North PCN	54.50%	36.77%	72.99%
	Harlow South PCN	36.62%	31.46%	54.42%
	Loughton Buckhurst Hill & Chigwell PCN	58.57%	38.18%	63.38%
	North Uttlesford PCN	48.81%	49.53%	65.05%
	South Uttlesford PCN	44.48%	35.32%	95.22%
West Essex Total		**48.21%**	**36.37%**	**71.84%**
Grand Total		**48.33%**	**42.10%**	**66.17%**

8. End of Life

The ECF funds practices to proactively identify patients with advanced disease and frailty and assess their end of life status. For patients on the end of life register, the ECF funds practices to record an up to date GSF status, a preferred place of care, preferred place of death, Do not attempt resuscitation status and to prescribe anticipatory medications for patients who are GSF yellow or red.

- Approximately 12,500-13,000 residents in HWE die each year, representing about 0.8% of the population. Just under half (43.3%) of people die in hospital despite the fact that evidence shows that the majority of people would prefer to die in their own home or usual place of residence. Approximately 0.4% of the ICS population was on the end of life register as of March 2023.

- Identifying people nearing the end of their life enables care teams to develop Advance Care Plans and discuss the needs and wishes of the patient and their carers and relatives, improving outcomes and experience. A systematic approach to the identification of people nearing the end of the life should be in place across providers (NICE CKS 13, statement 1).

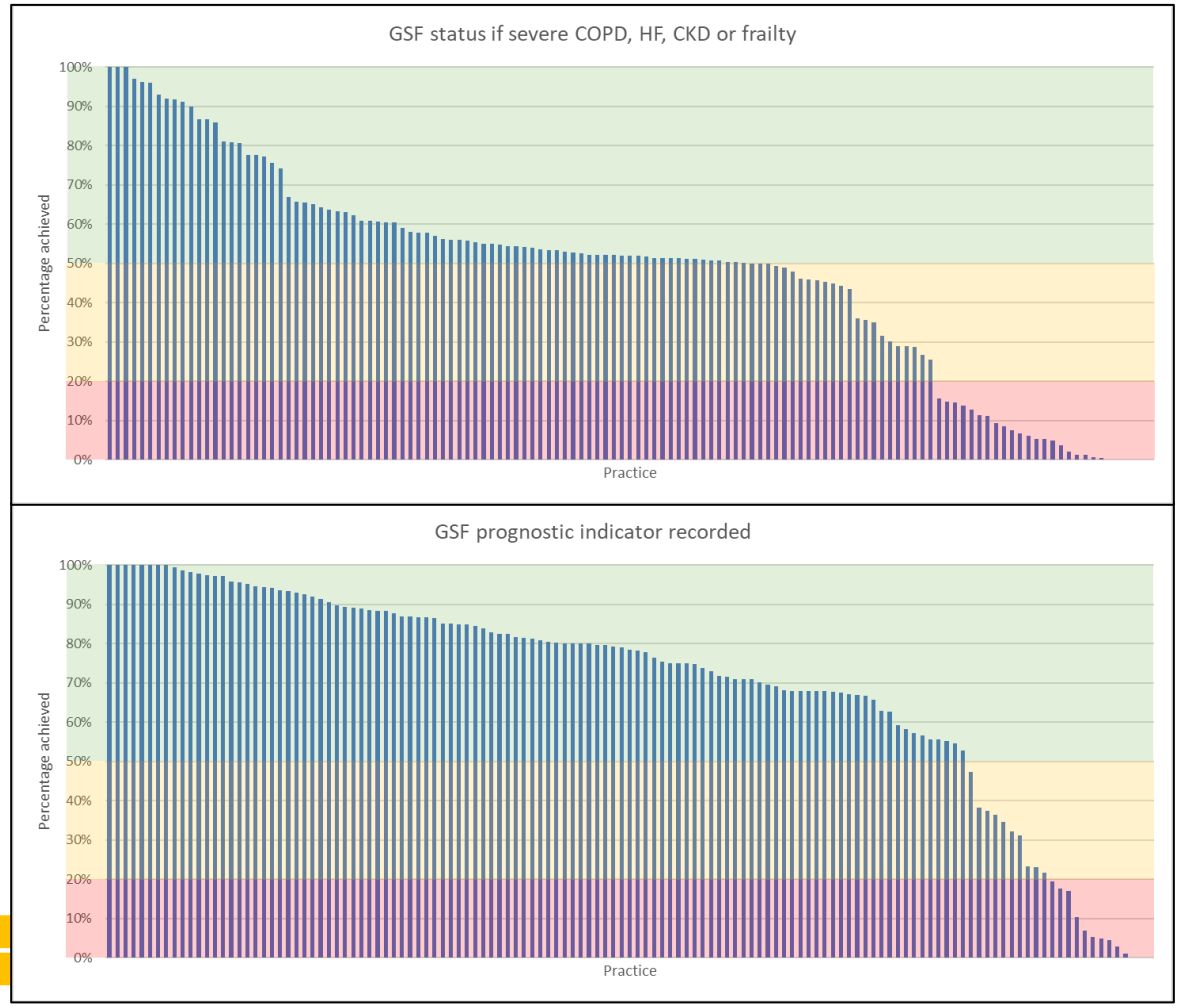
- People in their last year of life are at high risk of requiring emergency care and being admitted to hospital, often on frequent occasions. One in 16 patients in HWE who die have three or more emergency admissions in their last 90 days of life. These represent poor outcomes for the patient, are a poor experience of care for them and their families and present low value/high cost. These are known as ‘triple fail’ events. Avoiding unnecessary admissions and caring for people in line with their wishes, is best practice and will reduce pressures and costs on the local health system.

- Completing an Advance Care Plan and recording the care wishes of people who are in their last year of life or requiring palliative care support reductions in emergency care for people with advanced di

8. End of Life

The ECF funds practices to proactively identify patients with advanced disease and frailty and assess their end of life status. For patients on the end of life register, the ECF funds practices to record an up to date GSF status, a preferred place of care, preferred place of death, Do not attempt resuscitation status and to prescribe anticipatory medications for patients who are GSF yellow or red.

- Practices achieved 76.0% of points available for the EOL section, equating to £275,053.
- 48.6% of patients living with advanced disease or severe frailty not on the end of life register had a GSF status recorded in their record.
    - Practices received an average of £13.07 per patient that had a GSF status recorded.
    - Assessing the GSF status of this cohort has contributed to a 96.6% increase in the number of people on the end of life register from 7800 in March 2023 to 15,334 in March 2024.
    - It is important to note that the national rules changed during 2023/24 to include all patients with a GSF status of blue (prognosis greater than 12 months).
- Of patients on the end of life register 75.2% had an up to date GSF status recorded.
    - Practices received £2.31 per patient on average for recording a GSF status.
    - There was an increase from 50.0% in March 2023.



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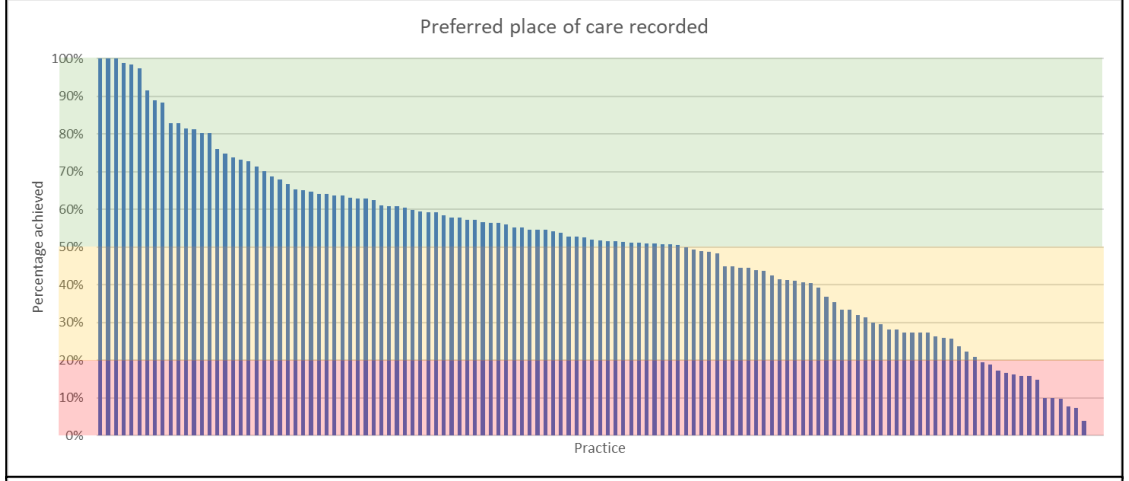
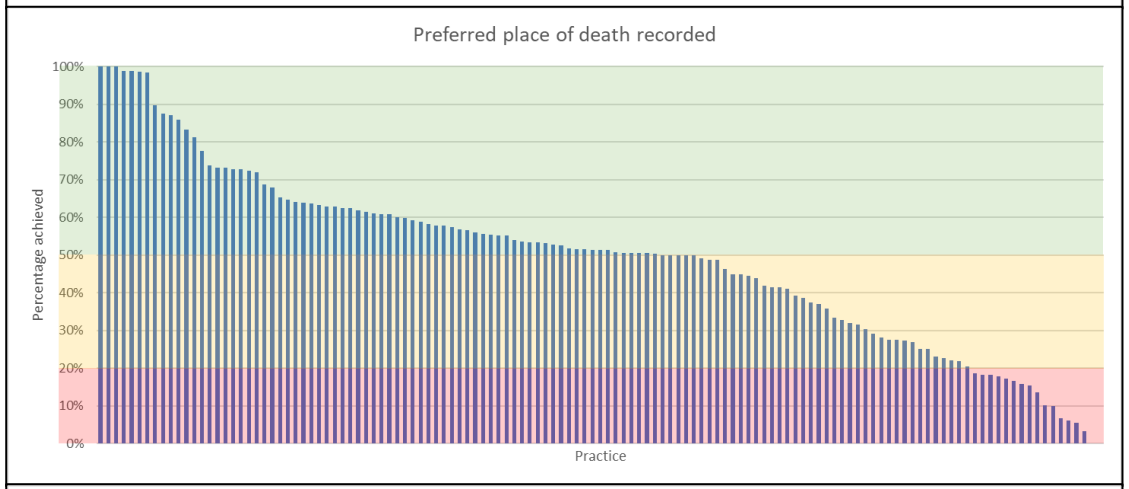
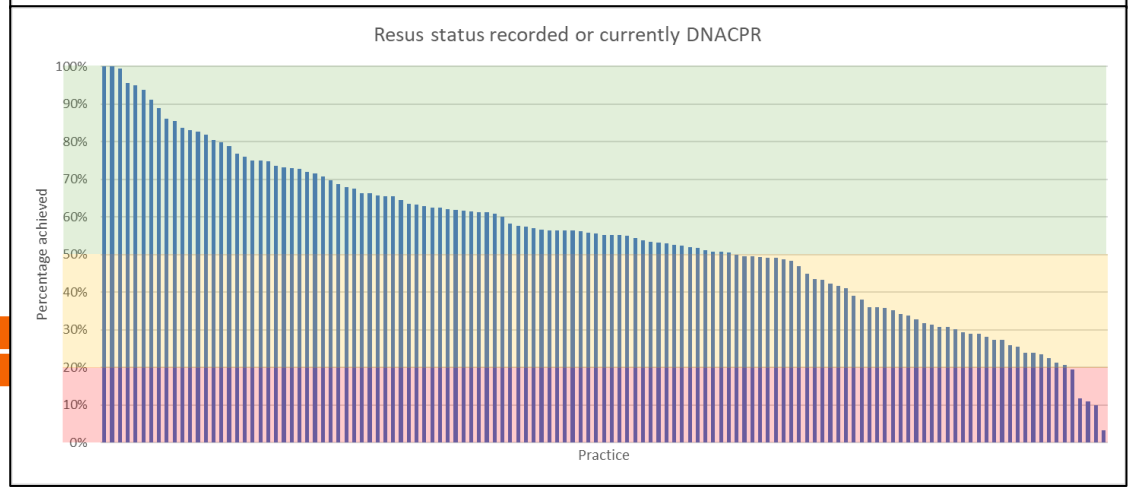
8. End of Life

- The ICB average for preferred place of care, preferred place of death and DNACPR were all slightly above the upper threshold of 50%. Significant practice level variation is observed across all three care processes, ranging from 100% across some practices to 0% in one practice for preferred place of care and preferred place of death.
    - The average income practices received for recording preferred place of care was £2.88, preferred place of death £4.28 and for DNACPR £2.95.
    - The proportion of people on the end of life register who received each of these care processes is similar to 22/23. However, as the size of the register has increased, this represents a more than two-fold increase in the absolute number of people who have a recorded preferred place of care (119% more people), preferred place of death (116% more people), and DNACPR status (114% more people) recorded.
- Whilst these care processes represent components of an Advance Care Plan (ACP), the proportion of patients who have a record of an ACP completed remains low (16.2%). ACPs provide a core component of care planning at the end of life, supporting decision making and management when patients have urgent care needs.
- 33.5% of patients on the EOL register were consented to share their records on the Summary Care Record with Additional Information. There is still significant opportunity to improve information sharing across the ICS in this particularly vulnerable cohort.







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8. End of Life
PCN Performance

Place	PCN	Anticipatory medicines if GSF red/yellow	GSF prognostic indicator recorded	GSF status if severe COPD, HF, CKD or frailty
East and North Hertfordshire	Broxbourne Alliance	81.82%	76.30%	53.96%
	Hatfield PCN	71.43%	75.29%	41.33%
	Hertford and Rurals PCN	85.71%	69.38%	52.78%
	Hitchin & Whitwell PCN	29.41%	55.36%	76.01%
	Hoddesdon and Broxbourne PCN	71.43%	71.93%	57.94%
	Icknield PCN	66.67%	65.67%	44.22%
	Lea Valley Health PCN	75.00%	23.71%	6.88%
	Stevenage North PCN	72.73%	72.82%	56.32%
	Stevenage South PCN	76.47%	74.83%	44.55%
	Stort Valley and Villages PCN	86.67%	65.56%	41.45%
	Ware and Rurals PCN	90.00%	59.45%	49.37%
	Welwyn Garden City PCN	88.89%	89.54%	65.90%
East and North Hertfordshire Total		**74.74%**	**68.92%**	**49.94%**
South West Herts	Abbey Health PCN	88.89%	77.47%	40.44%
	Alban Healthcare PCN	70.00%	69.65%	48.99%
	Alliance PCN	33.33%	82.68%	31.09%
	Alpha PCN	91.67%	81.22%	72.13%
	Attenborough & Tudor PCN	50.00%	82.41%	56.15%
	Bridgewater PCN	75.00%	70.97%	77.67%
	Central Watford PCN	62.50%	72.51%	31.78%
	Dacorum Beta PCN	61.11%	66.82%	20.67%
	Delta PCN	100.00%	78.93%	52.75%
	HaLo PCN	60.00%	97.25%	54.72%
	Harpenden PCN	80.00%	76.34%	68.91%
	Herts Five PCN	97.06%	82.34%	60.78%
	Manor View PCN	76.92%	72.88%	50.14%
	North Watford PCN	100.00%	84.33%	48.90%
	Potters Bar PCN	100.00%	97.18%	72.45%
	Rickmansworth & Chorleywood PCN	66.67%	75.98%	50.14%
	The Grand Union PCN	100.00%	58.90%	28.68%
South West Herts Total		**79.62%**	**79.31%**	**51.36%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	74.00%	73.82%	46.84%
	Harlow North PCN	86.67%	84.17%	40.62%
	Harlow South PCN	76.92%	76.25%	29.44%
	Loughton Buckhurst Hill & Chigwell PCN	76.47%	75.51%	35.96%
	North Uttlesford PCN	100.00%	74.04%	63.70%
	South Uttlesford PCN	93.33%	82.59%	40.44%
West Essex Total		**81.21%**	**77.55%**	**42.45%**
Grand Total		**78.29%**	**74.36%**	**48.74%**

8. End of Life
PCN Performance

Place	PCN	Preferred place of care recorded	Preferred place of death recorded	Resus status recorded or currently DNACPR
East and North Hertfordshire	Broxbourne Alliance	45.05%	45.83%	54.17%
	Hatfield PCN	50.00%	49.14%	52.30%
	Hertford and Rurals PCN	58.23%	56.94%	57.08%
	Hitchin & Whitwell PCN	29.01%	28.81%	39.04%
	Hoddesdon and Broxbourne PCN	68.65%	69.88%	57.58%
	Icknield PCN	46.48%	46.27%	52.88%
	Lea Valley Health PCN	24.74%	23.20%	33.51%
	Stevenage North PCN	51.82%	51.21%	51.58%
	Stevenage South PCN	50.87%	50.52%	55.59%
	Stort Valley and Villages PCN	74.26%	72.59%	57.96%
	Ware and Rurals PCN	48.85%	48.16%	55.07%
	Welwyn Garden City PCN	78.95%	76.34%	74.35%
East and North Hertfordshire Total		**53.38%**	**52.66%**	**54.22%**
South West Herts	Abbey Health PCN	45.05%	40.66%	47.80%
	Alban Healthcare PCN	60.70%	59.11%	69.97%
	Alliance PCN	55.91%	53.54%	54.33%
	Alpha PCN	89.05%	88.73%	71.67%
	Attenborough & Tudor PCN	52.78%	51.85%	65.74%
	Bridgewater PCN	41.13%	37.50%	60.89%
	Central Watford PCN	60.23%	58.48%	46.78%
	Dacorum Beta PCN	40.32%	46.31%	53.92%
	Delta PCN	51.27%	51.02%	54.57%
	HaLo PCN	55.50%	53.21%	70.64%
	Harpenden PCN	37.40%	34.35%	50.76%
	Herts Five PCN	53.80%	50.83%	59.24%
	Manor View PCN	39.39%	38.21%	50.47%
	North Watford PCN	55.30%	51.61%	52.53%
	Potters Bar PCN	48.26%	43.45%	49.92%
	Rickmansworth & Chorleywood PCN	37.99%	35.75%	45.25%
	The Grand Union PCN	30.06%	30.06%	42.94%
South West Herts Total		**52.78%**	**51.21%**	**56.92%**
West Essex	Epping Ongar Abridge Waltham Abbey PCN	33.77%	39.79%	41.75%
	Harlow North PCN	31.84%	32.03%	36.31%
	Harlow South PCN	36.94%	35.88%	49.34%
	Loughton Buckhurst Hill & Chigwell PCN	63.03%	67.77%	72.20%
	North Uttlesford PCN	59.63%	59.43%	53.96%
	South Uttlesford PCN	57.63%	60.14%	59.25%
West Essex Total		**47.07%**	**49.63%**	**52.16%**
Grand Total		**51.80%**	**51.50%**	**54.70%**

Treatment room services

The ECF funds practices to deliver a range of diagnostic and treatment services

Home or Ambulatory BP readings

- In 2023/24 over 118,000 people provided at least one home or ambulatory blood pressure reading to their practice. This represents a significant increase (123% higher) compared to 2022/23 when 53,049 people provided readings.

ECG

- Across all practices in HWE there were 5,204 ECGs completed, representing a 19% increase on 2022/23. There was wide variation in the levels of activity recorded in 2023/24, with a small number of practices completing fewer than 5 ECGs per 1000 population, compared with practices with the highest activity over 70 ECGs per 1000 population. Over 94% of patients requiring an ECG on referral to Cardiology in SWH now have one completed in general practice.

Ear irrigation / syringing

- There was a reduction (10.2%) in the volume of ear irrigation activity between 2022/23 and 2023/24. However, this masks wide variation at practice level, with some practices increasing activity more than three-fold, with other practices not delivering any service.

Spirometry

- Spirometry testing was completed on 6949 patients in 2023/24, representing an increase of 63.9% compared to 2022/23. Whilst there was an increase across the ICS as a whole, there remains wide variation in the levels of spirometry activity and many practices are recording low volumes of activity in both 2022/23 and 2023/24. The greatest increase was observed in SWH (76% increase), closely followed by ENH (72.7% increase) with the lowest increase in WE (18.3%).

- Further analysis and discussion with practices would aid in understanding the barriers to practices completing spirometry and reducing unwarranted variation in access to diagnostic tests.

Treatment room services

The ECF funds practices to deliver a range of diagnostic and treatment services

Vaginal pessary

- Vaginal pessaries were inserted for 883 patients, and renewals were completed for 1156 patients.
- Levels of activity for both vaginal pessary insertion and renewal were similar in 2023/24 compared to the previous year, with very little change observed at practice level.

Wound Care

- Activity for wound management shows that 21,856 patients received treatment of a wound with dressings, whilst 11,614 had post-op sutures or clips removed.
- 993 patients had their leg ulcers assessed, with approximately a third (326) having ABPI. Both leg ulcer assessments (52.8%) and ABPI (69.8%) were done on more patients in 2023/24 compared to the preceding year. Practice level activity shows small numbers making it hard to interpret changes at this level. However, at the Place level, the largest increases were seen in SWH (albeit from very low baseline activity) and ENH. WE had the lowest increases (36% and 32% respectively).

The delivery of care through the treatment room represents positive outcomes for patients and the HWE system. Delivering care in general practice keeps care close to home and avoids unnecessary travel to hospitals and other provider sites. It also reduces demands on elective and planned care services. For example, delivering the same level spirometry at diagnostic centres or outpatient services would have impacted significantly on elective recovery of respiratory services.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	Primary Care Transformation Committee meeting held in Public		**Meeting Date:**	**25/07/2024**
Report Title:	**Progress on recommendations from Healthwatch Reports:** ➢ **Heart Health: Views and experiences of Hertfordshire residents (October 2023)** ➢ **Experiences of accessing treatment and support for COPD and other respiratory & lung conditions amongst people in West Essex (April - June 2023)**		**Agenda Item:**	**11**
Report Author(s):	Hannah Roscoe, Specialty Registrar in Public Health, Hertfordshire and West Essex Integrated Care Board - *Heart Health report* Louise Hehir, Senior Transformation Manager, West Essex Place, Hertfordshire and West Essex Integrated Care Board – *COPD and respiratory report* Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex Integrated Care Board			
Report Presented by:	Emily Perry, Primary Care Manager – Strategy and Transformation, Hertfordshire and West Essex ICB			
Report Signed off by:	James Gleed, Associate Director Primary Care Strategy and Transformation, Hertfordshire and West Essex ICB			
Purpose:	**Approval / Decision** ☐	**Assurance** ☐	**Discussion** ☒	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually			
Key questions for the ICB Board / Committee:	Are there any additional areas that the board would like to be seen to be included if possible?			
Report History:	Over the past 18 months, the Primary Care Transformation Directorate at HWEICB have commissioned several reports from Healthwatch Hertfordshire and Healthwatch Essex, covering a range of topics. These reports have come to Primary Care Board (now Primary Care			

	Transformation Committee) as they have been produced for discussion before being published. The purpose of these reports was to engage with the population in order to obtain feedback which was used to support and inform the Primary Care Strategic Delivery Plan, that was approved by the ICB Board at the end of July 2023.
Executive Summary:	This paper provides an outline of the recommendations from the following Healthwatch Hertfordshire and Healthwatch Essex reports and progress against them: ➢ Heart Health: Views and Experiences of Hertfordshire Residents (October 2023) – Healthwatch Hertfordshire ➢ Experiences of accessing treatment and support for COPD and other respiratory & lung conditions amongst people in West Essex (April - June 2023) – Healthwatch Essex Responses to recommendations within the report have been provided by relevant ICB colleagues and are outlined in this paper alongside work that has taken place to date, as well as suggestions that need to be taken forward, if applicable. For the COPD and respiratory and lung conditions paper, the Herts and West Essex WEHCP Transformation Team have provided information on work that has taken place to support patients in line with the recommendations within the report, these include: • Pulmonary Rehabilitation services being commissioned across Herts and West Essex • Community Respiratory Nursing commissioned in West Essex to support COPD patients who need additional support, who work closely with the local Trusts to identify patients who have attended ED with COPD, to support these patients discharge • Spirometry being delivered to patients via GP practices • Access to the MyCOPD app to help support patients who want to use this to manage their care. For the Heart Health report, the Medical Directorate at HWEICB supported with providing information to highlight work that is taking place, and work that is being taken forward, that is aligned to the recommendations made within the report, these include: • Information about an ICB wide communications campaign about making the public aware of the importance of knowing your blood pressure readings and how to seek support where necessary, and targeting specific groups based on analysis of local data – e.g those aged over 50, those who smoke or are overweight, and people from BAME communities at greater risk of hypertension • The campaign directs people to community pharmacies, and also offers advice to people on how to check their blood pressure at home. • Successful funding bid from HWEICB for funding of a pilot hypertension case finding project in dental and optometry services

<table>
<tr><td></td><td colspan="4">which is being worked on currently and is due to launch in October 2024 across 9 dental and 10 optom sites – a total of 14 sites across dental and optom have been selected so far.
• Targeted work with GP practices to support improvement of proportion of patients with hypertension who are treated to recommended blood pressure thresholds.
• The communications campaign is ongoing, with targeted engagement events planned over the summer, for example partnership with Watford Football Club and Hertfordshire Health Bus.

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. Leads for each report will also be asked to feedback on updates related to recommendations, as appropriate, approximately every 6 months.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">▪ To note the response to the recommendations that are outlined within the paper.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">N/A</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">None</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

Report	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
Experiences of accessing treatment and support for COPD and other respiratory & lung conditions amongst people in West Essex (April - June 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	**Diagnosis** -GP surgeries must find a way to book in face-to-face appointments for people who present with chest and lung related issues, and then be prepared to conduct spirometry tests at the earliest opportunity. -Very careful consideration of a diagnosis of COPD or other complex conditions should be taken, rather than deferring to an asthma diagnosis or dismissing potential symptoms as just a propensity to chest infections.	All practices are able to see patients face-to-face, in accordance with individual clinical and wider holistic needs. West Essex has commissioned Spirometry through the Enhanced Care Framework across HWE. Spirometry is a mandatory offer by the NHS and is delivered locally by Primary Care, by GP Practices in West Essex.		HWE WEHCP Transformation Team	
		Management -There is a huge gap between accepted best practice and what is actually happening on the ground. This has to be urgently addressed. -Pulmonary Rehabilitation programmes, self-management plans and annual reviews are woefully behind acceptable levels. These are absolutely vital elements of an integrated and holistic care approach that can directly reduce the burden on hospital and GP visits, as well as having a significant and positive impact and patient health and wellbeing. Due process and clear pathways need to be established and reiterated. - Management of respiratory conditions must be fluid and treatment should be continually re-assessed. Annual reviews are key to ensuring this happens efficiently and effectively.	Pulmonary Rehabiliation is a commissioned service in West Essex and across HWE. There are a high number of referrals to this service in West Essex. West Essex has also commissioned Community Respiratory Nursing, where onwards referrals and management of COPD are met to support COPD Patients who need additional support in managing their condition, and who work closely with the local Trust to identify patients who have attended ED with COPD and will support these patients on discharge.		HWE WEHCP Transformation Team	
		Technology -Technology can provide quick wins in terms of management and self management. - Activity apps can be developed to dovetail with Pulmonary Rehabilitation programmes to help with continued exercise and motivation. The same can be done regarding education and dietary advice. -These apps can also be linked in with home spirometer equipment, CPAP machines, Oximeters, etc., to provide patients with a very clear understanding of their current health.	Currently in West Essex patients have access to MyCOPD app to help support patients who want to proactively manage their care.		HWE WEHCP Transformation Team	
		Mental Health and Wellbeing -Annual reviews with Pulmonary specialists or GPs make a significant contribution to patients' emotional welfare – feeling included, listened to, and supported. - Sufferers can feel abandoned, with their health steadily declining and few options. Streamlined and effective signposting to support groups, financial advice, charities and complimentary NHS services will help create a nurturing wellbeing environment. - The great thing here is that the best treatments and management tools for respiratory conditions are closely aligned with good, positive mental health. Being active, taking exercise and having a good diet are core to successfully managing lung disease, and for most people, they make a significant contribution to good mental health. Implementing Pulmonary Rehabilitation programmes and the other recommendations above will have a direct and positive impact on people's mental health.	Pulmonary Rehabiliation is a commissioned service in West Essex and across HWE. There are a high number of referrals to this service in West Essex. The PR Team work closely with the IAPT Mental Health Team commissioned in West Essex to refer patients identified with additional support needs.		HWE WEHCP Transformation Team	

Report	Background / Identified areas from Healthwatch report	Recommendations	Action already taken	Actions To Take Forward	Owner	Comments/Progress Updates
Heart Health: Views and Experiences of Hertfordshire Residents (October 2023)	Commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Directorate.	**Signs and Symptoms** 1. Increase awareness of the signs and symptoms of heart disease and its high-risk conditions. 2. Encourage residents to consider their heart health in their everyday choices, with a particular focus on supporting men, those aged 18-44, people with less disposable income, and people from White Other ethnic backgrounds.	The LTC team in the Medical Directorate worked with the ICB Communications team to produce an ICB-wide communications campaign on social media, ambient media (digital screens, digital bus stops, posters in GP and pharmacy, advertising on bus routes). Outreach work via community events and local football clubs ongoing. Campaign primarily directs people to community pharmacy hypertension service. Campaign landing page: https://www.hertsandwestessex.ics.nhs.uk/your-health-and-care/stay-well/high-blood-pressure/ Target groups for the communications campaign based on analysis of local data. Target groups: 50+ Male (although campaign will target men and women) Unhealthy lifestyles – smoking, drinking, less healthy diet, overweight Good or excellent self-reported health People from BAME communities at greater risk of hypertension (Black/Black British, Asian Asian/British) Link with deprivation Targeted work in Stevenage to raise awareness of cardiovascular disease signs and symptoms and encourage residents to get a check, particularly targeting underserved populations (2022).	Communications campaign is ongoing, with targeted engagement events planned over the summer, for example partnership with Watford Football Club, Hertfordshire Health Bus.	HWEICB Medical Directorate Long-Term Conditions team	
		Risk Factors 3. Highlight the importance of age, gender and ethnic background as key risk factors, particularly to those they impact. 4. Increase understanding of the risk factors associated with heart disease, particularly amongst men and people from White Other ethnic backgrounds.	See above. Target groups for the communicatons campaign based on analysis of local data. Target groups: 50+ Male (although campaign will target men and women) Unhealthy lifestyles – smoking, drinking, less healthy diet, overweight Good or excellent self-reported health People from BAME communities at greater risk of hypertension Link with deprivation Campaign website also includes information on lifestyle risk factors for hypertension and how to address.	Communications campaign is ongoing, with targeted engagement events planned over the summer, for example partnership with Watford Football Club, Hertfordshire Health Bus. Training and support to general practice on management of lipids and high cholesterol.	HWEICB Medical Directorate Long-Term Conditions team	
		Monitoring and Management 5. Promote opportunities for people to monitor their heart health outside of their GP practice, particularly emphasising the role of pharmacists. 6. Ensure residents feel confident in using at-home monitoring equipment. 7. Ensure residents are aware of their “ABC” numbers (atrial fibrillation, blood pressure and cholesterol).	Development of care pathway and increase access to cardiovascular tests in community pharmacy (blood pressure testing, ambulatory blood pressure testing). Communications campaign primarily directs people to community pharmacy offer. The campaign webpage also gives advice on how to take your blood pressure at home. HWE ICB has been working with two of our acute Trusts (WHTHT and PAH) and the three community Trusts (CLCH, EPUT, HCT) to implement blood pressure checks in selected services provided by those Trusts. For example, WHTHT and PAH now have blood pressure machines in Outpatient waiting areas. HWE ICB has also been successful in bidding for funding to pilot hypertension case finding in dental and optometry services.	Dental and optometry hypertension pilot to be worked through and rolled out by October 2024 across 9 dental and 10 optom sites - a total of 14 sites across dental and optom have been selected so far. Training and support to general practice on management of lipids and high cholesterol.	HWEICB Medical Directorate Long-Term Conditions team	

		Support 8. Ensure people with a diagnosis feel confident in self-managing their condition, with a particular focus on improving confidence amongst those aged over 65, people who identify as White Other, people from an Asian ethnic background, and those with less disposable income. 9. Ensure people with a diagnosis are routinely monitored and given sufficient information and support to self-manage their condition. 10. Consider increasing emphasis on, and support with lifestyle changes in addition to medication, for example exercise and dietary advice or referrals. 11. Strongly encourage residents to take up their NHS Health Checks as soon as they are eligible, and ensure practice staff are aware of this entitlement.	We have been worked with GP Practices to improve the proportion of patients with hypertension who are treated to recommended blood pressure thresholds. This has included targeted visits with Practices who are performing less well than would be expected. The BP@Home project has also distributed over 4000 digital blood pressure monitors for use by HWE ICB residents, focusing on deprived areas of the ICB. Additional funding provided to GP Practices via QOF and ECF to ensure that blood pressure is monitored as part of reviews of other long-term conditions. Promotion of lifestyle advice, care navigation to enable people to self-manage their condition.		HWEICB Medical Directorate Long-Term Conditions team	
		Health Inequalities 12. Further investigate the inequalities in diagnosis and management amongst different demographic groups. 13. Consider targeted interventions and engagement with particular demographic groups, including men, people of an Asian ethnic background, people of White Other ethnic backgrounds, those with less disposable income and those aged 18-44.	See above. Targeted practice visits with GPs focused on areas of deprivation where management of hypertension is poorer.	The next steps for the communications campaign include: targeted engagement events with people from Black/Black British and Asian/Asian British backgrounds; partnership with Watford Football Club to target men. One of our targets for the next two years is to increase hypertension prevalence in our most deprived communities by 2%.	HWEICB Medical Directorate Long-Term Conditions team	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	Primary Care Transformation Committee meeting held in Public				**Meeting Date:**	**25/07/2024**	
Report Title:	**Primary Care Risk Register**				**Agenda Item:**	**12**	
Report Author(s):	Andrew Tarry, Head of Primary Care Commissioning						
Report Presented by:	Andrew Tarry, Head of Primary Care Commissioning						
Report Signed off by:	Avni Shah, Director of Primary Care Transformation						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	The Committee is asked to note the content of paper						
Report History:	The risk register is a dynamic document and is presented to the respective primary care subgroups including Primary Care Commissioning Committee, Primary Care Workforce Group and Primary Care Digital Group and Primary Care Transformation Group for review, discussion and information.						
Executive Summary:	In April the Primary Care Team undertook a full review of the currently recorded risks with advice and expertise provided by the Information Governance and Risk Team. Whilst the number of risks were closed and some consolidated this still resulted in 10 Primary Care risks being reported onto the Corporate Risk Register (defined by those risks rated as 12 or above). Review was requested to consider further consolidation and review the risk ratings of existing risks to determine if these remained valid. It is proposed to retain a single consolidated risk relating to General Practice pressures, so 2 risks are proposed for closure, those relating to Primary Care Recovery and workload and ARRS utilisation. Key updates have been included on risk 681/PC15 relating to the 24/25 General Practice contract deal, specifically updating on the BMA Guidance and ballot on Collective Action.						

<table>
<tr><td></td><td colspan="4">Two of the digital risks relating to the appropriateness and adoption of digital tools have been reviewed and downgraded from a risk rating of 12 to 9 (possible likelihood, moderate severity).

The review and actions outlined below will reduce the number of Primary Care risks reported on the Corporate Risk Register from 10 to 6.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">The Committee is asked to
Note the proposed changes to the risks that have been reviewed
Note the update and progress made</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">Patient safety issues are recognised in the appropriate risks</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">NA</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">NA</td></tr>
<tr><td rowspan="3">Impact Assessments:
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1. Executive summary

In April the Primary Care Team undertook a full review of the currently recorded risks with advice and expertise provided by the Information Governance and Risk Team. Whilst the number of risks were closed and some consolidated this still resulted in 10 Primary Care risks being reported onto the Corporate Risk Register (defined by those risks rated as 12 or above). Review was requested to consider further consolidation and review the ratings of existing risks to determine if these remained valid.

It is proposed to retain a single consolidated risk relating to General Practice pressures, so 2 risks are proposed for closure, those relating to Primary Care Recovery and workload and ARRS utilisation.

Key updates have been included on risk 681/PC15 relating to the 24/25 General Practice contract deal, specifically updating on the BMA Guidance and ballot on Collective Action.

Two of the digital risks relating to the appropriateness and adoption of digital tools have been reviewed and downgraded from a risk rating of 12 to 9 (possible likelihood, moderate severity).

The review and actions outlined below will reduce the number of Primary Care risks reported on the Corporate Risk Register from 10 to 6.

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

2. Background

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

Work commenced on a new consolidated risk register across HWE as part of preparations for the creation of the HWE ICB. Each of the three individual risk registers were fully reviewed and archived as part of creating the new consolidated ICB Primary Care risk register across the three ‘places’.

Following the Executive Team meeting in March-24, during which the Corporate Risk register was received, it became apparent that a further engagement with risk owners was paramount to ensure that the risks held on the corporate risk register are accurate.

In April the Primary Care Team undertook a full review of the recorded risks with advice and expertise provided by the Information Governance and Risk Team. Many of the risks were long standing having been collated originally as part of initial consolidated Primary Care risk register, reflected the situation pre-delegation for POD contractual areas and pre-dated full adoption of the ICB operating model. Consequently, following the review, a number of risks were recommended for closure and these were agreed by the Committee in May-24.

3. Issues

The Risk Register review was undertaken in April as noted above and whilst this refined and consolidated the risks on the register, this still resulted in 10 Primary Care risks being reported onto the Corporate Risk Register (defined by those risks rated as 12 or above). This level of reporting was considered as perhaps out of proportion, so further review was requested to:

1) Consider further consolidation of existing risks to remove potential duplication;
2) Review the risk ratings of existing risks to consider if these remained valid

Consequently, further review has been undertaken to address these issues, whilst also taking into consideration the need to have sufficient specific focus on the appropriate risks.

A further issue requiring additional consideration is the separate recognition of risks relating to General Practice and those relating to POD (pharmacy, general ophthalmic, and dental services). We have adopted this approach recognising that whilst there are similarities across, there are also more distinct issues and considered it was necessary to identify risks specifically relating to POD. We will however continue to keep this approach under review.

The review and actions outlined below will reduce the number of Primary Care risks reported on the Corporate Risk Register from 10 to 6.

4. Actions

General Practice Risks

Further review has been undertaken to consider the potential duplication of risks identified, with the opportunity to consolidate the approach. It is therefore proposed that the following 2 risks are closed and updates consolidated in a single risk relating to General Practice pressures – risk 320/PC2.

- Risk 327/PC8 Primary Care Recovery and workload.
- Risk 537/PC14 ARRS utilisation.

Key updates have been included on risk 681/PC15 24/25 General Practice contract deal. Whilst this risk clearly also relates to General Practice pressures, recognising this as a rapidly developing risk with potential considerable impact, it is therefore proposed to retain as a separately identified risk. Updates include the latest position & controls:

- BMA Collective Action ballot concluding in late July. 9 potential actions identified by BMA Guidance.
- Primary Care to lead on response with EPRR support
- Co-ordination of approach via EoE IMT forum, meeting weekly
- National planning assumptions have been based on impact of between 10% to 30% reduction in GP appointments
- Particular concern regarding potential financial impact of withdrawal from meds optimisation measures & use of branded rather than generic medicines

Update to gaps in controls:

- National letter from NHSE expected w/c 22/7 to guide ICB approach
- National Comms team to focus on supporting; National Comms toolkit to be issued
- National team taking legal advice on actions that may not be contractually compliant

Updates to gaps in assurance:

- Recognising that there may be considerable variance between practices in their potential adoption of collective action measures

Digital risks

Following on from the update provided in May a review has been undertaken of the risk ratings of the 3 newly consolidated digital risks.

For Risk 682 - IF digital tools are not fit for purpose and Risk 683 - IF digital tools are not adopted by practices, both been downgraded from a risk rating of 12 to 9 (possible likelihood, moderate severity)

Risk 684 - IF new digital tools and systems deployed in Primary Care do not interoperate with existing systems, has been reviewed however considering the potential impact of crashes to key core systems it is proposed to retain the risk rating as it is currently - 12 (possible likelihood, major severity)

Pharmacy Optometry Dental (POD) Risks

For risk 244 Access to Dental services a full update of controls was provided to the May Primary Care Transformation Committee. No further updates are provided at this stage, so updates will be prioritised for the next Committee.

5. Resource implications

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

6. Risks/Mitigation Measures

As noted above.

7. Recommendations

The Group is asked to:

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

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

8. Next Steps

Ongoing review and update of the risk register.

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

Transition Risks

Primary Care Directorate Risk Profile

Assurance Mapping

ID	Datix ID	Date Opened	Committee	Executive Owner	Revised Risk Lead	Risk Description	Rating (Initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assurance	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assurance	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
PC2	320	10/11/2021	Primary Care Board	Director of Primary Care Transformation	Heads of PC Transformation (WE/ENH/SWH)	**IF** pressures in general practice remain at the current high level... **THEN** there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities in a way that demonstrates tangible improvements for patients... **RESULTING IN** sub-optimal patient experience due to continued pressures across the system and especially in acute services.	20	12	8	No movement ↔	October 23 - Additional winter scheme to support continued demand in primary care through local funding. November 23 - Agreement to launch UTI pilot across HWE across community pharmacies ahead of national scheme which is due to start in February 24 - Launch of the integrated UTC at PAH and Stevenage PCN model to support priority localities as identified in UEC strategy. Risk of Hertsmere project which is planned for 2024. - ICB has responded to the publication of the Primary Care Access Recovery Plan and is communicating and supporting PCN's with implementation - ICB is supporting Practices and PCNs to partcipate in the GP Improvement Programme (GPIP) - in response to the ongoing IA the ICB is supporting PCN's with increasing capacity to support system wide approach. - the ICB has undertaken a period of engagement and has an approved Primary Care Strategy in place to support integration of primary care and to support general practice. - Primary Care Teams supporting PCNs in reviewing progress on Access Improvement Plans - Granted £1.074m Transition Cover funding to support implementation of Modern General Practice model - Plan for Roll out of Support Level Framework (SLF) to support practices in understanding their development needs Jan 2024: Additional funding provided to PCNs to support periods of junior doctor industrial action May 2024 - year 2 of PC Access Recovery Plan. Further support to implement CBT, implementation of moder General Practice		• Primary Care Working Groups support the preparation and monitoring of plans with any risks or issues escalated. Risk registers monitor resilience in all practices. • Resilience panels receive applications for support • ICS population health management group. • Practices are compliant with national and regional guidance during the Covid 19 pandemic.	Reasonable	•Place based delivery boards have a strong primary care presence and monitor delivery against locality plans. • All overseen by the Primary Care Commissioning Committees and Primary Care Board and reported to ICB Boards as appropriate. •Primary Care updates and assurance papers to other ICB Committees and groups as appropriate. •Approval of expenditure above PCCC authorisation limit is escalated to another	Reasonable	•EQC reporting shared with ICB. •NHSE/I remedial actions discussed with ICB •Internal audits of Primary Care Networks and Delegated Commissioning provide reasonable or substantial assurance.	Reasonable	ICB and HCP structures fully implemented and embedded	Approved by Committees meeting in common March 2022 Reviewed by PCB Sept22 Rviewed by PCB September 23
PC5	324	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	AD for Primary Care Contracting	**IF** there are not consistent and rigorous processes for monitoring quality and performance of contracts and investments... **THEN** there is potential for variable outcomes in improvements across the three geographical areas... **RESULTING IN** inequalities in the quality and performance of ICB primary care services and disparities in costs for the same services in different locations.	20	12	8	No movement ↔	1) Individual processes are in place for ICB, for example: -Inclusion of PC data in Quality and Performance reporting to ICB Board - PCCC meeting has independent input from an out of area GP. - PCCC membership has a non-GP majority. - Risk and information sharing meetings with all relevant teams, LMC, Nursing & Quality and CQC. - Support packages in place for all practices with an existing ratings of 'Inadequate' or 'Requires Improvement' - Quality visits to practices and Extended Access sites - Practice Manager meetings 2. Healthwatch action plan 3. Reporting to single ICB Primary Care Board, with non-GP majority membership. Single Primary Care Contracting Panel now in place May-24 - implementation of Quality/Contract Review visit pogramme as a supportive, consistent, improvement focussed process Resilience Tool	Reviewing approach to joint Quality/Contracts visits. Propose using current WE risk dashboard format as a consistent ICB wide format. Assessment of PCNs needs further consideration - relationship between PCNs & member practices, supervision of PCN staff	Internal quality and performance monitoring processes in each place. Support to practices with 'inadequate' or 'requires improvement' rating. Support to practices with access challenges, e.g. staffing or premises.	Reasonable	Reports to PCB and Quality Group Assurance to PCCC Liaison with CQC and LMC	Reasonable	Liaison with CQC and LMC Internal audit opinions Updates to patient groups e.g. Patient Network Quality (PNQ) Monthly meetings with Healthwatch Presentations at Local Authority Overview and Scrutiny Groups	Reasonable	Extent of reporting of primary care quality and performance to Public Board - for discussion: terms of reference and work plans for ICB committees are being developed by the ICS. There is also discussion of Quality Groups at place at request of the ICS. Some practices reluctant to engage or nor highlighted as potential risks may be inspected by CQC, with further unknown risks emerging.	Reasonable	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept-22 & agreed to risk score reduction from 16 to 12
PC10	329	04/03/2022	Primary Care Workforce	Director of Primary Care Transformation & Director of Workforce	Head of Primary Care Workforce	**IF** there were no forecasting or forward planning for changes and challenges in general practice workforce... **THEN** we would be unable to foresee changes in workforce and act proactively to address expected shortfalls in any profession... **RESULTING IN** threat to patient care as patients may not have access to a range of skilled professionals in primary care.	9	6	3	No movement ↔	1. Monitoring workforce trends 2. Taking novel approaches to recruitment and retention 3. Providing updates to PCNs including ARRS position 4. Primary Care Teams working with PCNs to submit forward ARRS workforce plans 5. PCN workforce teams connected to current /future issues in practices/PCNs 6. Plan with system partners to avoid destabilising the workforce Nov-23 Update - PCNs submitted updated Workforce plans by 31-Oct23. These plans are being reviewed by Primary Care Team. Balance to be struck between maximising utilisation of ARRS buget vs ensuring that PCNs move towards living within their means (ARRS budget) for 24/25 onwards - Budget for ARR scheme roles to be maintained from 24/25 onwards, however awaiting further clarity on the GMS contractual arrangements in this respect Jan 2024: New Primary Care Workforce Dashboard being developed PCN Training Teams estabilsihed and meeting with TH NHSE Annual Operational Planning process includes workforce forecasting Training Hub working closely with ICS Workforce Team to share /optimise resources and avoid duplication	1. Increasing numbers of GPs and GPNs taking retirement mean further plans necessary to address retention or recruitment. 2. Difficulties recruiting to some AHP roles due to competition for their skills. 3. PCNs have autonomy for ARRS recruitment plans and have identified finances (shortfall in salary cap and management overheads) and risk (liability for staff given uncertainty about future of PCNs) and perceived value of some non-GP roles as barriers	Quarterly Workforce Data Collection Annual Skill Mix Collection	Substantial	Update reports to PCB and PCCC Progress monitored in ICS Workforce Group	Substantial	Reports to NHSEI	Substantial	None identified	
PC15	681	16/05/2024	Primary Care Board	Director of Primary Care Transformation	Heads of PC Transformation (WE/ENH/SWH)	**IF** the 24/25 GP Contract deal (& any subsequent DDRB uplift) provide a widely perceived insufficient uplift **THEN** general practice cost pressures will grow & resilience will be affected **RESULTING IN** potential reduction in general practice capacity & potential industrial action	16	16	12	No movement ↔	1. General Practice Resilience process to support vulnerable practices 2. Review of uplift of discretionary services commissioned In general practices, including ECF. 3. swift payments to reduce any cashflow issues, includes incerease in QOF aspiration payments & PCN Access funding potentially to be paid monthly, rather than at year-end 4. Training Hub support for practices in the recruitment of ARRS and workforce in general practice 5. Guidance/support for new roles recruited through the increased flexibility of the ARRs scheme Jul-24 update BMA Collective Action ballot concluding in late July. 9 potential actions identified by BMA Guidance. Primary Care to lead on response with EPRR support Co-ordination of approach via EoE IMT forum, meeting weekly National planning assumptions have been based on impact of between 10% to 30% reduction in GP appointments Particular concern regarding potential financial impact of withdrawal from meds optimisation measures & use of branded rather than generic meds	National letter from NHSE expected w/c 22/7 to guide ICB approach National Comms team to focus on supporting; National Comms toolkit to be issued National team taking legal advice on actions that may not be contractually compliant	Review by Primary Care SMT	Reasonable	Reports to PC Transformation Committee and PCCC	Reasonable	Reporting to and liaison with NHSE/I Regional Team	Reasonable	Recognising that there may be considerable variance between practices in their potential adoption of collective action measures Continued liaison with local LMCs to understand guidance and potential impact	Reviewed and approved by PCB March-24 Jul-24 update to PC Transformation Committee
PC8	327	04/03/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	Head of PC Transformation (WE/SWH/ENH)	**IF** primary care recovery and prioritisation of workload is not adequately supported... **THEN** meeting of primary care contractual requirements may be affected, particularly relating to routine and preventative work... **RESULTING IN** negative impact on patient access, care and experience, QOF outcomes and wider system pressures.	15	12	6	No movement ↔	October 23 - Additional winter scheme to support continued demand in primary care through local funding. Jan 2024: Additional funding provided to PCNs to support periods of junior doctor industrial action May-24 this is the main focus of the PC Access Recovery Plan Transition Cover funding made available to support practices with implementation of modern general practice. Sharing best practice of digital & triage approaches across HWE to cascade learning		Place based recovery plans for primary care services	Reasonable	Reports to PCB	Reasonable	CQC inspections and reports Internal audit reports External audit conclusions	Reasonable	Ongoing exceptionally high demand in primary care.	Approved at the PCCCs meeting in common in May 2022. Reviewed by PCB Sept22 PROPOSED FOR CLOSURE PC Transformation Committee Jul-24.
PC14	537	09/11/2022	Primary Care Commissioning Committee	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** the Additional Role Reimbursement (ARR) scheme budget is not fully utilised by PCNs **THEN** this available funding for additional primary care roles is lost to individual PCNs & the ICB system **RESULTING IN** a. missed opportunities to provide further additional capacity in general practice b.further pressure on existing workforce c. PCNs may be less able to continue collaborative development d.PCNs less able to meet the requirements of the PCN DES, meaning key prioritise may not be met e. variance in service provision between PCNs	12	12	8	No movement ↔	1. Primary Care Team engagement with PCNs to support with ARRS plans 2. sharing of PCN experiences with ARRS roles via CD/PCN forums 3. Recruitment support offered via Essex Primary Care Careers 4. Further national funding deployed, including PCN Leadership & Management support to improve PCN operational capacity 5. PCN Training Teams being launched to support ARR scheme & wider general practice workforce 6. Further ARRS roles have been developed (Transformation/digital role) Nov-23 Update PCNs submitted updated Workforce plans by 31-Oct23. These plans are being reviewed by Primary Care Team. Balance to be struck between maximising utilisation of ARRS buget vs ensuring that PCNs move towards living within their means (ARRS budget) for 24/25 onwards May-24 Update ARRS budget maninatined for 24/25, with small uplift. No opportunity for ICB to support overspend by some, if others underspend. Some more flexibility for other Direct Patient Care roles. ICB has discretion to work supportively with PCNs to explore these opportunities	1. Further work required on liaison with HPFT re Mental Health PCN roles 2. Reliance on PCN engagement & appetite on recruitment 3. Awaiting further national clarity on ARR scheme funding beyond 23/24	Review by Primary Care SMT	Reasonable	Reports to PC Transformation Committee and PCCC	Reasonable	Reporting to and liaison with NHSE/I Regional Team	Reasonable		Reviewed and approved by PCB Nov-22 PROPOSED FOR CLOSURE PC Transformation Committee Jul-24.

Transition Risks

11 November 2021

Risk Profile														Assurance Mapping								
ID	Datix ID	Date Opened	Committee	Executive Owner	Revised Risk Lead	Risk Description	Rating (Initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls		1st Line Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status	
New Risk - May 2024	682	16/05/2024	Primary Care Digital Group	Director of Primary Care Transformation	Head of Primary Care Digital	IF digital tools are not fit for purpose THEN practices may not adopt usage of them or be unable to provide functionality to fully support a Modern General Practice operating model RESULTING IN lack of opportunities to improve patient experience by offering choice of access method practices unable to work within workforce capacity inequality of services offered to patients across ICB practices practices unable to meet access requirements	9	9	4	Risk downgraded	1.Ensure procurments involve wide stakeholder base to assess tools available 2. Learn from other areas on tools used and opportunities/issues they have encountered			Head of Primary Care Digital with organised networking meetings, creation of resource collateral to share		Formal Governance via PC Digital Group		PC & Digital Boards Reporting to NHSE as part of PCARP		Limited influence over national	May-24 - New risk to articulate overall digital risk to access agenda. Agreed by PC Transformation Committee. Jul-24 - Proposed downgrading of risk rating from 12 to 9	
New Risk - May 2024	683	16/05/2024	Primary Care Digital Group	Director of Primary Care Tran	Head of Primary Care Digital	IF digital tools are not adopted by practices THEN practices will not be able to move to a Modern General Practice operating model RESULTING IN lack of opportunities to improve patient experience by offering choice of access method practices unable to work within workforce capacity	9	9	4	Risk downgraded	1.Continuously monitor usage of digital tools via various data sets available 2. Support practices with training and access to best practice guidance` 3. Create networks for sharing e.g. Digital Innovation Group, PCN Digital Leads Group			Head of Primary Care Digital with organised networking meetings, creation of resource collateral to share		Formal Governance via PC Digital Group		PC & Digital Boards Reporting to NHSE as part of PCARP		Limited influence over national	May-24 - New risk to articulate overall digital risk to access agenda. Agreed by PC Transformation Committee. Jul-24 - Proposed downgrading of risk rating from 12 to 9	
New Risk - May 2024	684	16/05/2024	Primary Care Digital Group	Director of Primary Care Transformation	Primary Care CCIO	IF new digital tools and systems deployed in Primary Care do not interoperate with existing systems THEN 1.1 Systems may cause crashes of key core systems 2.2 Data having to be transposed between systems manually 3.3 Systems may not be used or be circumnavigated RESULTING IN 1.1 End users having to spend time rebooting computers takinn time away from patients 2.2 Data having to be entered multiple times increasing	12	12	4	No movement ↔	1. Making sure digital projects across the ICS consider impact on primary care and appropriate testing is done before deployment 2. Deployments are managed with appropriate communications, testing and training 3. Appropraite support and excaltion methods in place to maange issues if they arise	limited influence on ICB strategy or provider Digital strategies		Head of Primary Care Digital with GP IT delivery partners and clinical leads		Formal Governance via PC Digital Group		National/Regional network meetings and programme groups			May-24 - New risk relating to interoperability issues of primary care systems. Agreed by PC Transformation Committee.	

Transition Risks

11 November 2021

Risk Profile													Assurance Mapping							
ID	Datix ID	Date Opened	Committee	Executive Owner	Risk Lead	Risk Description	Rating (initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls	1st Line Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assur	2nd Line Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assur	3rd Line Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
	244	08/09/2020	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of Primary Care Contracts	If there is a lack of access to dental services then this will impact on a patient's treatment and care resulting in a potential deterioration of health	16	15	6		May-2024 Update: - Enhanced Access Scheme commissioned for 6-months from December 2023 has been extended through to end of November 2024 - Phased implementation of pathway for anxious patients; commencing Autumn 2024 with a focus on children under 6 years of age - Increased funding to support demand within the SCDS for patients with special needs - Identification of persistent under-performers to start negotitions to rebase contracts and re-commission activity where it is needed most - Development of targeted Flexible Commissioning Programmes to support access for hard-to-reach groups, urgent access sessions and oral health improvement initiatives	1. Providers unwilling to rebase their contract in 24/25 leading to significant under-delivery 2. Under-utilisation of enhanced access pilot due to lack of dental nurse capacity in NHS111 (HUC)	Regular monitoring of monthly contract performance and proactive meetings set with providers to discuss under-performance Reviewed at Dental Team meetings		Reports to PC Contracting Panel, PCCC and PC Transformation Committee		Reports to ICB Board and NHSE/I		None identified	Approved at PCCC Mar-23
New risk - Mar-23	685	20/02/2023	Primary Care Commissioning Committee	AD Primary Care Contracting	Head of Primary Care Contracts	**POD Delegation - Quality** **IF** as planned, there are no quality staff aligned to POD contracts at NHSE, quality review and input to these provider groups is extremely limited **THEN** likely to be unknown issues across providers particularly dentistry where there are high risk procedures, infection prevention and control risks etc; **RESULTING IN** limited knowledge of & scope to address potential patient safety issues leading to patient harm	15	15	10	No movement ↔	Nov-23 Update: Complaints function now delegated as of 1st July 2023. No Quality resource transferred with the POD functions. Pharmacy & Optometry and Dental Contracting teams work with available data to have oversight. P&O - the Team processes Fitness applications and concerns in line with the Regulations and compliance with Terms of Service in addition to the Market Entry Function, overseen by the Pharmaceutical Services Committee. Working in liaison with GPhC, NHSBSA, PCSE, local complaints teams, Regional Controlled Drugs Team and other stakeholders. This is in addition to regular monitoring through Community Pharmacy Assurance Framework, and the Pharmacy and Dispensing Quality Schemes. Dental - regular meetings are now in place with the Dental inspection team at CQC. The team work with NHSBSA to identify areas of investigation for quality reporting, link with the Managed Clinical Networks for specific workstreams. Remove the element of the risk relating to transfer of complaints Jan23 - now removed as noted above		ICB task and finish group are meeting weekly to update on progress and issues Meet regularly with NHSE and other ICBs in the Region to share issues and updates	Reasonable	Reports to PCB and PCCC	Reasonable	ICB Exec	Reasonable		Approved at PCCC Mar-23
New risk - Jan-24	686	18/01/2024	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** there were insufficient further training and education opportunities available to Optometry, Dental and Community Pharmacy ... **THEN** there would be a failure to keep knowledge relevant and up to date. Capabilities will not be kept up to the same pace as others in the same profession. **RESULTING IN** a. Clinicaland non-clinical staff potentially being unable to maintain and enhance their knowledge and skills needed to deliver primary care to patients. b. Practices would potentially fail their CQC Inspection c. Risk of mental health issues increasing across the workforce d. Delay to creation of new non-traditional roles e.Likely negative impact on staff recruitment and retention	6	6	3		Some ad-hoc training arranged by ICB for Community Pharmacy e.g. Pharmacy First Registered healthcare professionals required to meet professional standards, competencies and CPD requirements for clinical registration Statutory training is a legal requiremet Healthcare employees are expected to have a training and development plan agreed and supported by employer including statutory and mandatory training	ICB has not yet scoped training needs, provision and any gaps or developed a training and development plan /package for pharmacists Optometrists or Dentists	Training Hub Team meetings Workforce Clinical Leads Meeting WIG		Reports to PCB and PCCC		CQC regulatory framework encompasses workforce training and development			
New risk - Jan-25	687	18/01/2024	Primary Care Workforce	Director of Primary Care Transformation	Head of Primary Care Workforce	**IF** robust processes for monitoring and planning workforce requirements for Optometry, Dental and Community Pharmacy are not established... **THEN** we will be unable to identify required changes in workforce, acting proactively to address expected shortfalls or reactivley to mitigate unexpected gaps in any profession... **RESULTING IN** potential threat to patient care as patients may not have access to a range of skilled professionals in primary care.	9	9	3		Community Pharmacy workforce audit undertaken by NHSE Independent contractors are responsible for ensuring a appropriately capatious and skilled workforce for safe and effective provision of contracted services	Local ICB processes still to be developed	Training Hub Team meetings Workforce Clinical Leads Meeting WIG		Reports to PCB and PCCC		Operational Plan with wokrforce forecasting submitted to NHSE			

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	Primary Care Transformation Committee meting held in Public				**Meeting Date:**	**25/7/2024**	
Report Title:	**National GP Patient Survey results**				**Agenda Item:**	**13**	
Report Author(s):	Rachel Halksworth, Assistant Director of Primary Care Contracts						
Report Presented by:	Rachel Halksworth, Assistant Director of Primary Care Contracts						
Report Signed off by:	Avni Shah, Director of Primary Care Transformation						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	Improve access to health and care services						
Key questions for the ICB Board / Committee:	The Committee is asked to note the content of the report and to consider any further reporting required for this Committee.						
Report History:	N/A						
Executive Summary:	This paper provides the Committee with an update on the GP Patient Survey 2024, which was published on 11 July 2024 on the NHS England website: GP Patient Survey. This is a national survey which consisted of questionnaires sent out to patients aged 16 or over registered with GP practices in England, from 2 January to 25 March 2024. 699,790 patients completed and returned a questionnaire, resulting in a national response rate of 27.3%. In our ICB, 44,759 questionnaires were sent out, and 13,996 were returned completed. This represents a response rate of 31%. NHS E notes that the results are weighted as weighting ensures results are more representative of the population of patients aged 16 or over registered with a GP practice. There have also been changes to the questions this year. **Changes to the 2024 survey and trends** The publication of the 2024 survey results is the start of a new time series for GPPS. This means that trend data for previous years of the survey is not presented alongside the 2024 results, as it would normally be. The						

2024 results are not comparable with previous years because of two significant changes which have been made to the survey in 2024:

- New questionnaire – the questionnaire has been updated to make sure it continues to reflect how primary care services are delivered and how patients experience them. However, even for those individual questions where the wording has remained the same as in previous years, analysis has shown that trends cannot be reliably presented.
- Changes to the survey design – the methodology of the survey has changed to an 'online first' approach. This is designed to improve response rates and reduce costs. The new approach will encourage a higher proportion of online responses, with a paper questionnaire only enclosed in the last postal reminder. Testing has shown that this change in methodology will lead to differences in results which are not due to a change in patient experience, so trends cannot be reliably presented.

Summary of key headlines

HWE ICB is at or just under the national average for key access indicators.

Question	HWE	National
Percentage of patients saying their overall experience is 'Good'	72%	74%
Percentage of patients saying contacting their GP practice on the phone is 'Easy'	44%	50%
Percentage of patients saying contacting their GP practice via their website is 'Easy'	48%	48%
Percentage of patients saying contacting their GP practice using the NHS App is 'Easy'	43%	45%
Percentage of patients saying their overall experience of contacting their GP practice was 'Good'	65%	67%

A summary of some of the key headlines from the 2024 results for HWE ICB are attached in the presentation. Additionally, there is a PCN level tool available at gp-patient.co.uk/pcn-dashboard

Next Steps

The Primary Care Teams will work with BI to look at trends locally, using our local intelligence from the PCN Capacity and Access Improvement Plans and including local available data on implementation of cloud based telephony, utilisation of NHS app, practices who have undertaken national and local access support programmes including GPIP and SLF

	This will be shared at PCN and Locality and Health and Care Partnership and presented back to this Committee for information and discussion			
Recommendations:	The Committee is asked to note the survey results and provide any comments or suggestions.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	*N/A*			
Risk: *Link to Risk Register*	*Links to Risk PC2 on the Primary Care Risk Register:* *IF pressures in general practice remain at the current high level...* *THEN there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities in a way that demonstrates tangible improvements for patients...* *RESULTING IN **sub-optimal patient experience** due to continued pressures across the system and especially in acute services.*			
Financial Implications:	*N/A*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A		
	Quality Impact Assessment:	N/A		
	Data Protection Impact Assessment:	N/A		

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

2024 survey results

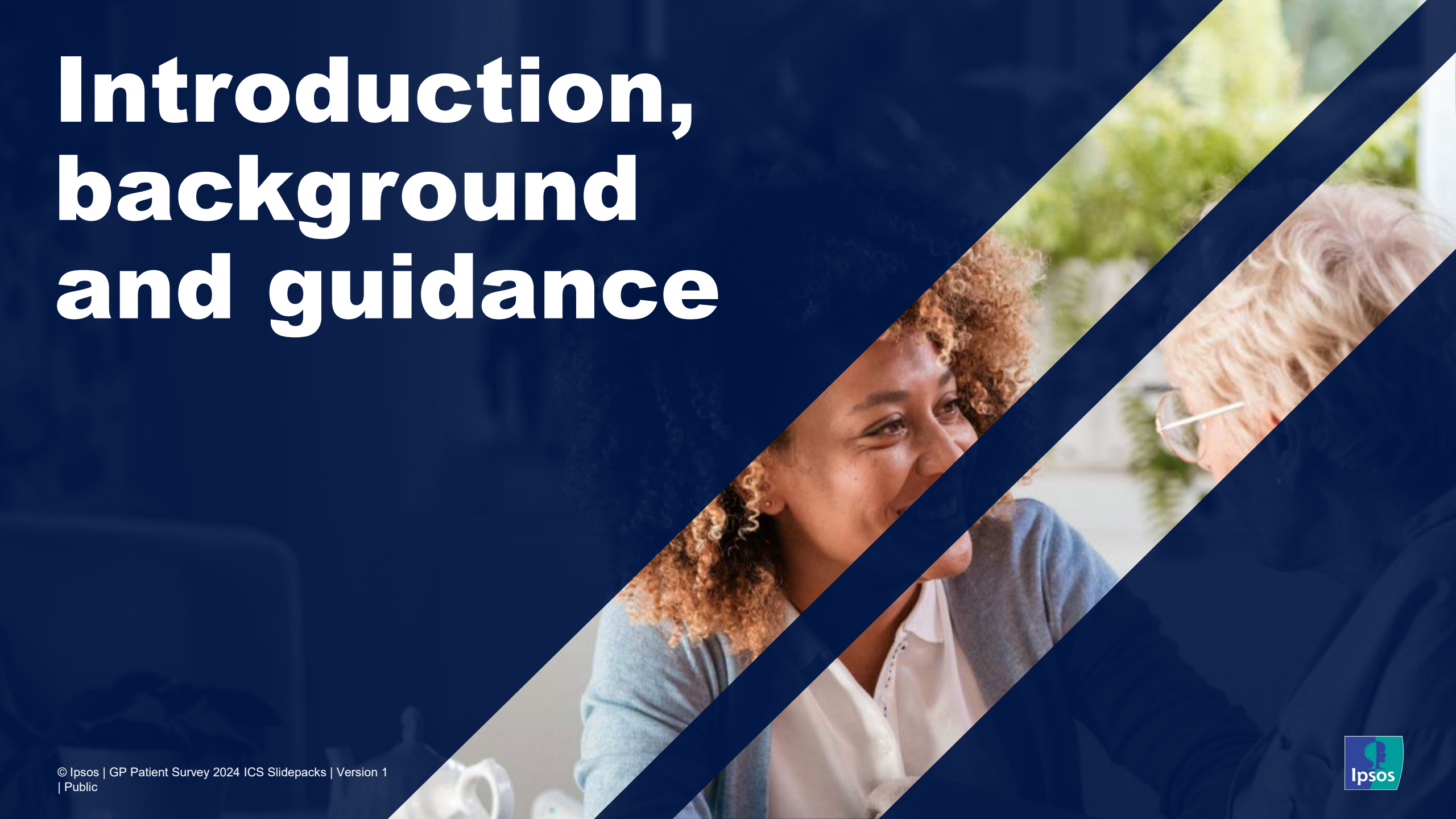
Ipsos

Contents

GP PATIENT SURVEY

Ipsos

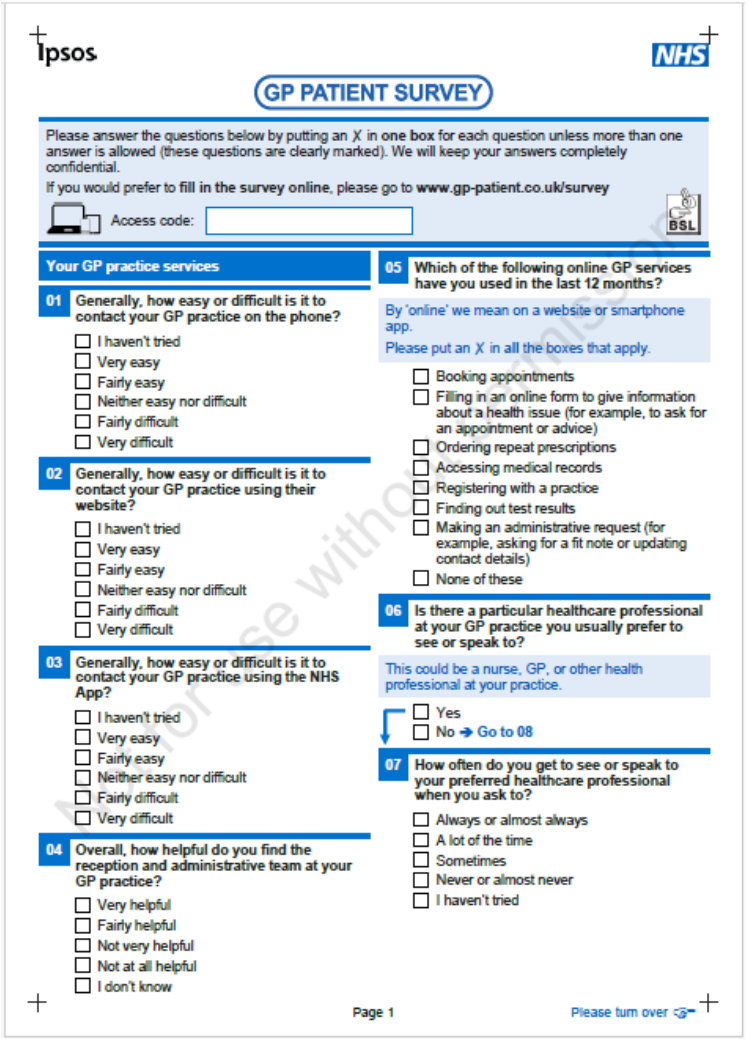
Introduction, background and guidance



Introduction

GP PATIENT SURVEY

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- This slide pack presents some of the key results from the **2024 GP Patient Survey** for **HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM**.
- In **HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM, 44,759** questionnaires were sent out, and **13,996** were returned completed. This represents a response rate of **31%**.



Ipsos

NHS

GP PATIENT SURVEY

Please answer the questions below by putting an X in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey

Access code:

BSL

Your GP practice services

01 Generally, how easy or difficult is it to contact your GP practice on the phone?

- I haven't tried
- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

02 Generally, how easy or difficult is it to contact your GP practice using their website?

- I haven't tried
- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

03 Generally, how easy or difficult is it to contact your GP practice using the NHS App?

- I haven't tried
- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

04 Overall, how helpful do you find the reception and administrative team at your GP practice?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- I don't know

05 Which of the following online GP services have you used in the last 12 months?

By 'online' we mean on a website or smartphone app.

Please put an X in all the boxes that apply.

- Booking appointments
- Filling in an online form to give information about a health issue (for example, to ask for an appointment or advice)
- Ordering repeat prescriptions
- Accessing medical records
- Registering with a practice
- Finding out test results
- Making an administrative request (for example, asking for a fit note or updating contact details)
- None of these

06 Is there a particular healthcare professional at your GP practice you usually prefer to see or speak to?

This could be a nurse, GP, or other health professional at your practice.

- Yes
- No → Go to 08

07 How often do you get to see or speak to your preferred healthcare professional when you ask to?

- Always or almost always
- A lot of the time
- Sometimes
- Never or almost never
- I haven't tried

Page 1

Please turn over

Background information about the survey

GP PATIENT SURVEY

- The GP Patient Survey (GPPS) is an **annual** England-wide survey about **patients' experiences of their GP practice** and is administered by Ipsos on behalf of NHS England.
- The survey covers a range of topics including:
  - **Your GP practice services**
  - **Your last contact**
  - **Your last appointment**
  - **Overall experience**
  - **When your GP practice is closed**
  - **Your health**
  - **Pharmacy**
  - **Dentistry**
  - **Some questions about you (including relevant protected characteristics and demographics)**
- The survey provides data at **practice level** using a consistent methodology, which means it is comparable across organisations. The survey also provides data at **Primary care network** (PCN), **Integrated care system** (ICS) and **National** level.
- The 2024 results are not comparable with previous years because of two important changes which have been made to the survey:
  - Significant changes were made to the questionnaire to ensure that it continued to reflect how primary care services are delivered and how patients experience them.
  - The methodology of the survey was changed to an 'online first' approach.
- The latest 2024 questionnaire and the Technical Annex with further information about the survey can be found here: https://gp-patient.co.uk/surveysandreports.
- It is important to bear in mind that:
  - Sample sizes at practice level are relatively small.
  - The survey is conducted annually and provides a snapshot of patient experience at a given time.
- So, data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice to identify potential improvements and highlight best practice.

The next slide suggests ideas for how the data can be used to help to improve services.

Ipsos

How to use this data for improvement

GP PATIENT SURVEY

The data in this slide pack can be used and interpreted to help to improve GP services, in the following ways:

- **Comparison of an ICS against the national result**: this allows benchmarking of the results to identify whether the ICS is performing well, poorly, or in line with the national picture. The ICS may wish to focus on areas where it compares less favourably.
- **Comparison of PCN results within an ICS area**: this can identify PCNs in an area that seem to be over-performing or under-performing compared with others. The ICS may wish to work with individual PCNs: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.

An interactive dashboard providing more detail at PCN level can be found at: https://www.gp-patient.co.uk/pcn-dashboard.

Please note PCNs have been aligned to the ICS based on the Lead Sub ICB Location identified by the NHS Digital ePCN mapping file, accessed via the NHS Digital organisation data service. There were a very small number of PCNs which crossed ICS boundaries – if this is the case, this will be noted below.

Ipsos

Interpreting the results

- The number of participants answering each question (the unweighted base) is stated for each question.
- All comparisons are indicative only. Differences may not be statistically significant.
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.

- Note on the presentation of the data:
  - A * represents a percentage greater than 0% but less than 0.5%
  - There are cases where percentages for each of the different responses to a question do not add to the combined percentage totals (e.g. ‘Very good’ and ‘Fairly good’, compared with the combined total ‘Good’), or where results do not sum to 100%. This may be due to computer rounding, the rounding of weighted data, or where questions allow for multiple responses.

- In cases where fewer than 10 patients have answered a question, the data have been suppressed and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.
- Please note on pie charts where the results are 2% or less, these labels are not shown. Hovering over the segment on the pie chart will show the percentage.
- For further information on using the data please refer to the end of this slide pack.

Overall experience of GP practice

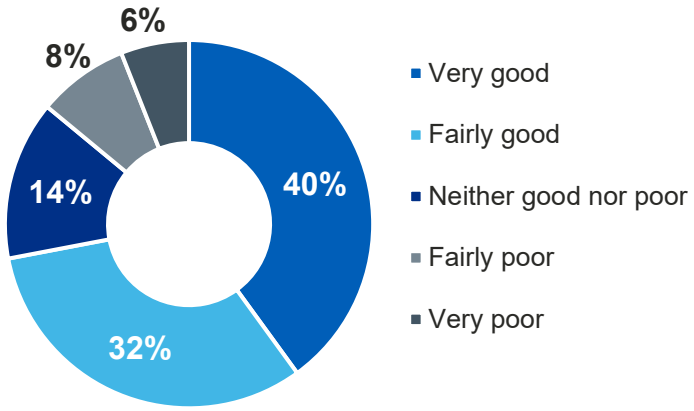
Overall experience of GP practice

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

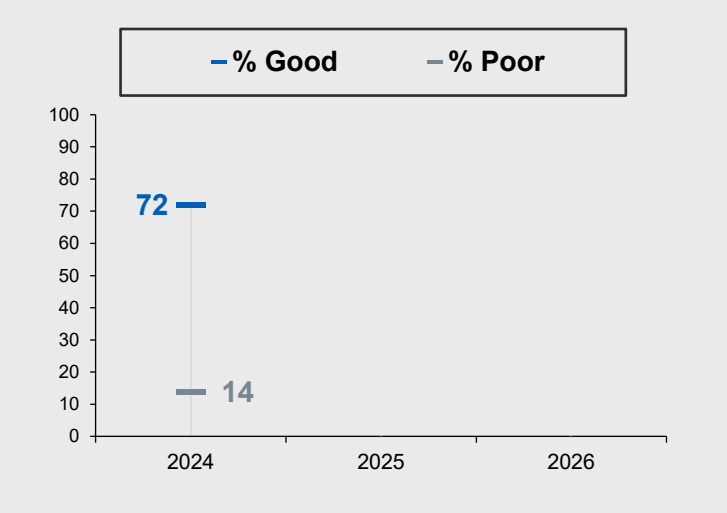
Q32. Overall, how would you describe your experience of your GP practice?

ICS result

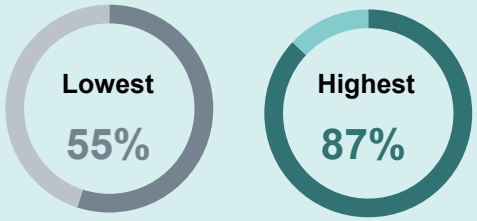


ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
72%	14%	74%	13%

Base: Asked of all patients. National (693,982); ICS 2024 (13,908); PCN bases range from 88 to 795

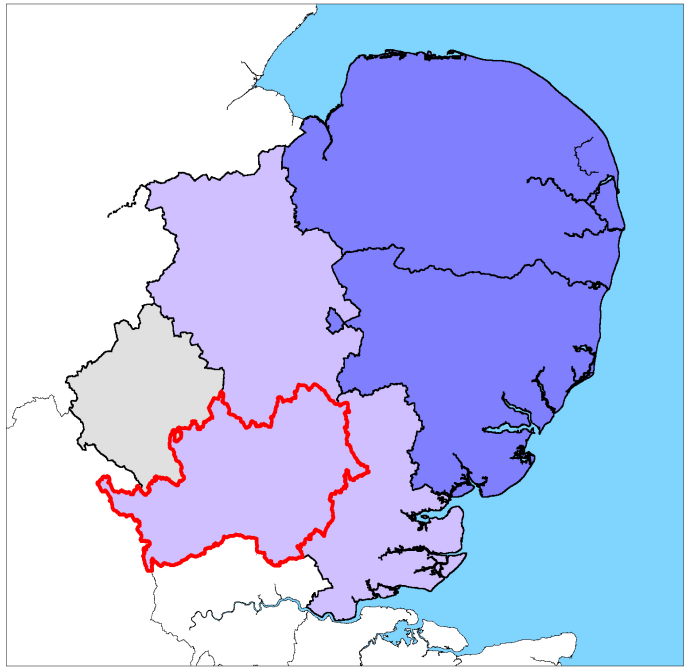
%Good = %Very good + %Fairly good
%Poor = %Very poor' + %Fairly poor

Overall experience: how the ICS results vary within the region

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?



Overall experience of GP practice

% Good

- 78.1 up to 79.9
- 75.5 up to 78.1
- 73.6 up to 75.5
- 71.1 up to 73.6
- 65.9 up to 71.1

Results range from

66%

to

77%

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

Base: Asked of all patients. ICS bases range from 5,680 to 45,122

Ipsos

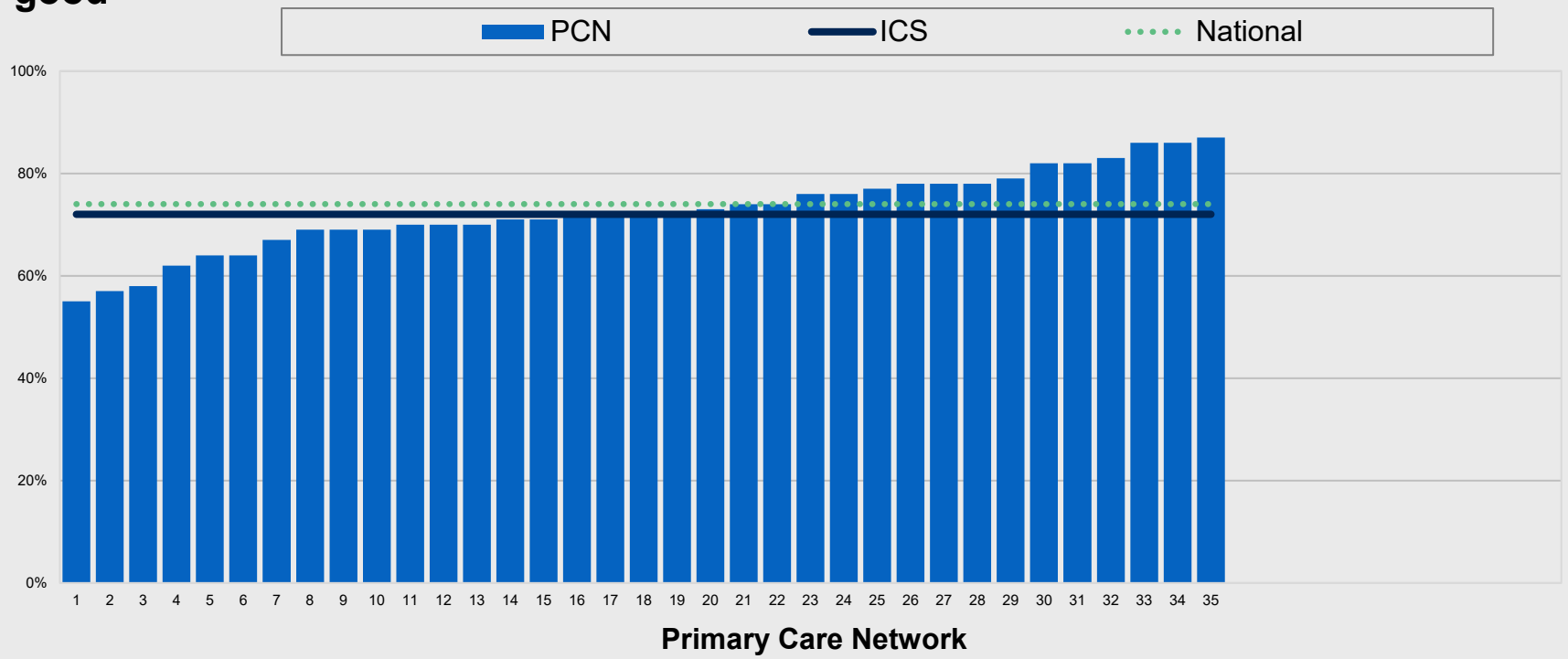
Overall experience: how the results vary by PCN within the ICS

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying their overall experience of their GP practice was 'good'



Base: Asked of all patients. National (693,982); ICS 2024 (13,908); PCN bases range from 88 to 795

PCN	Name
1	HARLOW NORTH PCN
2	STEVENAGE NORTH PCN
3	LEA VALLEY HEALTH PCN
4	HARLOW SOUTH PCN
5	ALLIANCE PCN
6	ICKNIELD PCN
7	STEVENAGE SOUTH PCN
8	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
9	DELTA PCN
10	HALO PCN
11	WELWYN GARDEN CITY A PCN
12	CENTRAL WATFORD PCN
13	DACORUM BETA PCN
14	BROXBOURNE ALLIANCE PCN
15	NORTH WATFORD PCN
16	HERTFORD AND RURALS PCN
17	EPPING FOREST NORTH PCN
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29	HATFIELD PCN
30	ABBEY HEALTH PCN
31	HITCHIN AND WHITWELL PCN
32	ATTENBOROUGH PCN
33	ALPHA PCN
34	BRIDGEWATER PCN
35	WARE AND RURALS PCN

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

Ipsos

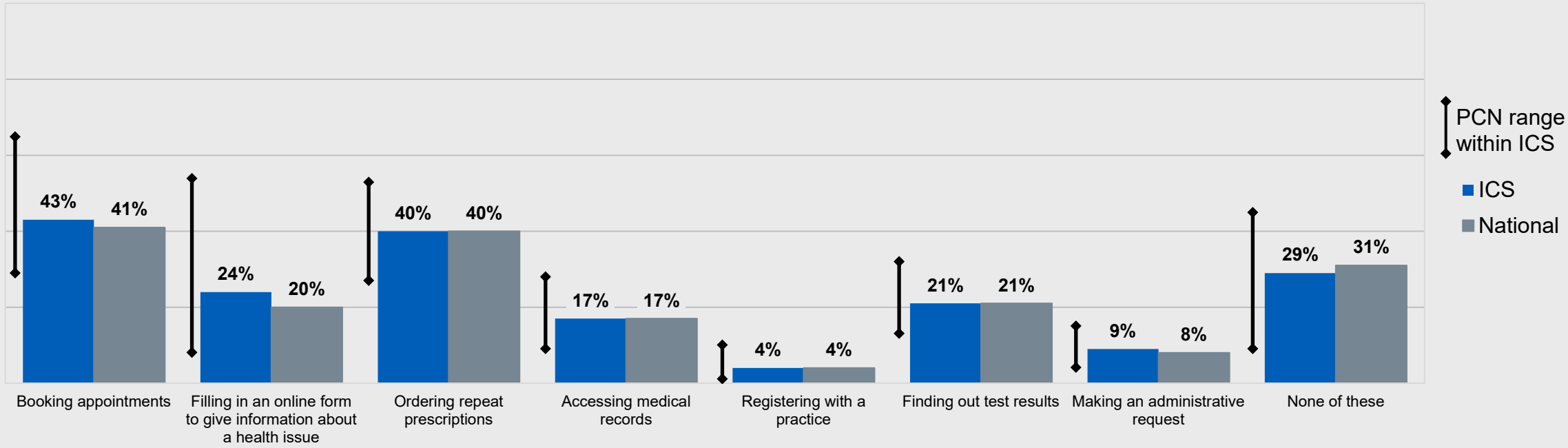
Use of online GP services

Use of online GP services in the last 12 months

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q5. Which of the following online GP services have you used in the last 12 months?



Base: Asked of all patients. National (692,068); ICS 2024 (13,863); PCN bases range from 87 to 792

Comparisons are indicative only: differences may not be statistically significant

Ipsos

Contacting GP practice

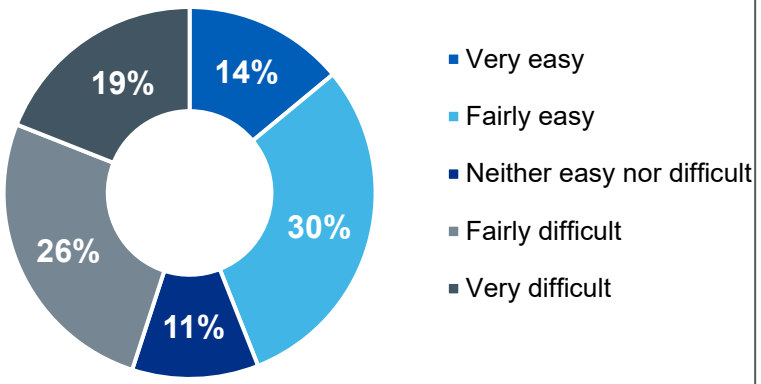
Ease of contacting GP practice on the phone

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?

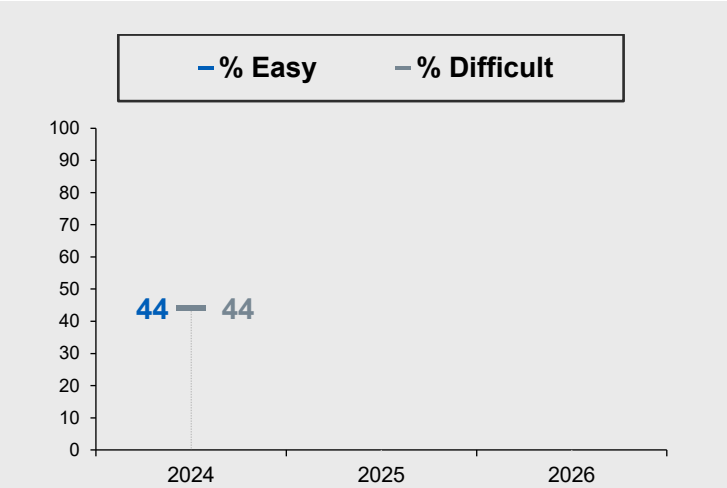
ICS result



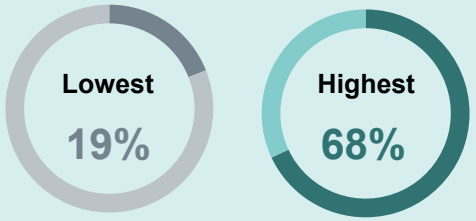
Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (661,424); ICS 2024 (13,242); PCN bases range from 80 to 769

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Easy**



Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
44%	44%	50%	38%

%Easy = %Very easy + %Fairly easy
%Difficult = %Very difficult + %Fairly difficult

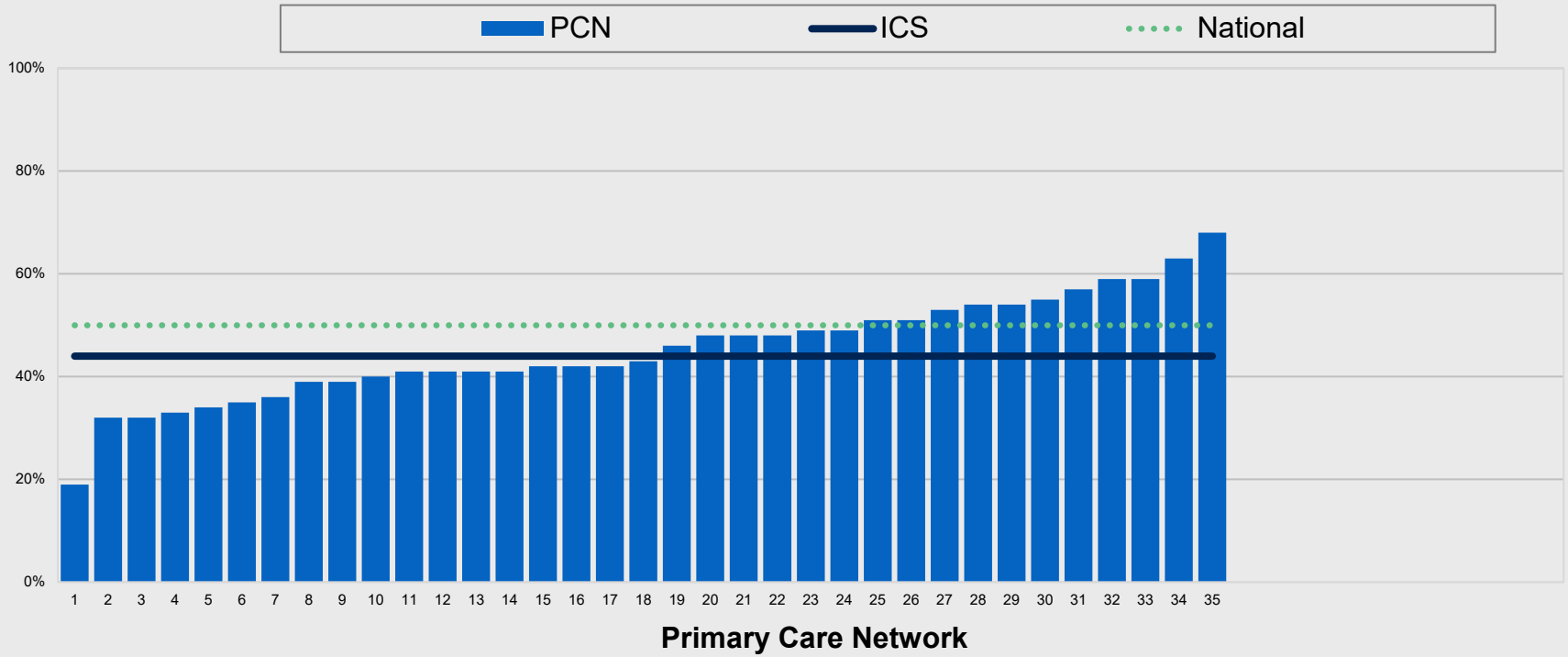
Ease of contacting GP practice on the phone: how the results vary by PCN within the ICS

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?

Percentage of patients saying it is 'easy' to contact GP practice on the phone



Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (661,424); ICS 2024 (13,242); PCN bases range from 80 to 769

PCN	Name
1	STEVENAGE NORTH PCN
2	DACORUM BETA PCN
3	LEA VALLEY HEALTH PCN
4	HITCHIN AND WHITWELL PCN
5	HARLOW NORTH PCN
6	HARLOW SOUTH PCN
7	POTTERS BAR PCN
8	STEVENAGE SOUTH PCN
9	ICKNIELD PCN
10	HARPENDEN HEALTH PCN
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31	ALLIANCE PCN
32	GRAND UNION PCN
33	RICKMANSWORTH & CHORLEYWOOD PCN
34	WARE AND RURALS PCN
35	ATTENBOROUGH PCN

Comparisons are indicative only: differences may not be statistically significant

%Easy = %Very easy + %Fairly easy

Ipsos

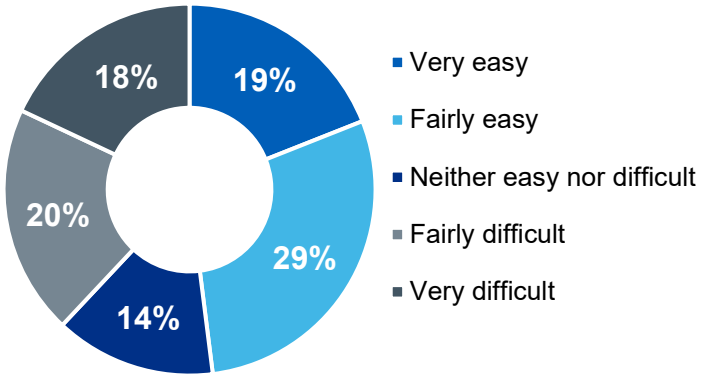
Ease of contacting GP practice using their website

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q2. Generally, how easy or difficult is it to contact your GP practice using their website?

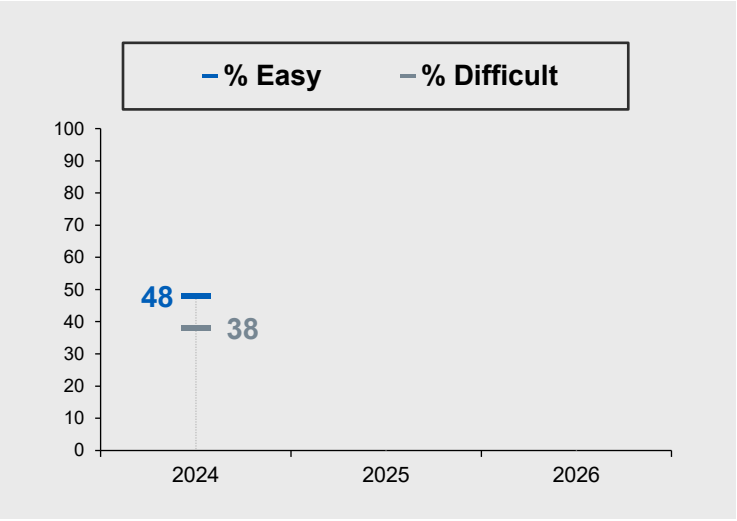
ICS result



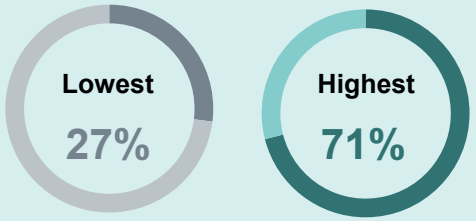
Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (315,087); ICS 2024 (7,051); PCN bases range from 54 to 342

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Easy**



Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
48%	38%	48%	37%

%Easy = %Very easy + %Fairly easy
%Difficult = %Very difficult + %Fairly difficult

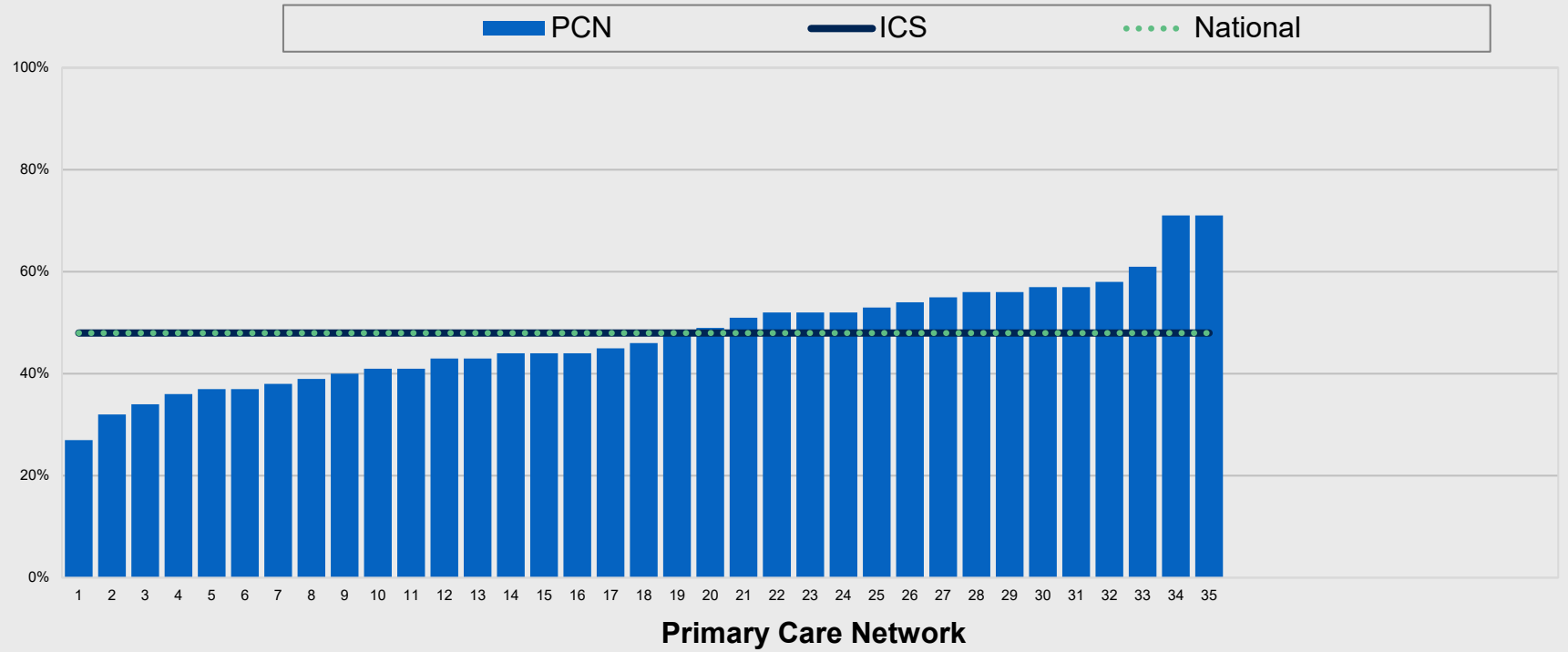
Ease of contacting GP practice using their website: how the results vary by PCN within the ICS

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q2. Generally, how easy or difficult is it to contact your GP practice using their website?

Percentage of patients saying it is 'easy' to contact GP practice using their website



Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (315,087); ICS 2024 (7,051); PCN bases range from 54 to 342

PCN	Name
1	POTTERS BAR PCN
2	HARLOW NORTH PCN
3	NORTH UTTLESFORD PCN
4	CENTRAL WATFORD PCN
5	HARLOW SOUTH PCN
6	ALLIANCE PCN
7	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
8	LEA VALLEY HEALTH PCN
9	HERTS FIVE PCN
10	EPPING FOREST NORTH PCN
11	ALBAN HEALTHCARE PCN
12	BROXBOURNE ALLIANCE PCN
13	HALO PCN
14	WELWYN GARDEN CITY A PCN
15	GRAND UNION PCN
16	ICKNIELD PCN
17	STEVENAGE NORTH PCN
18	HATFIELD PCN
19	STEVENAGE SOUTH PCN
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29	BRIDGEWATER PCN
30	MVPS PCN
31	HODDESDON & BROXBOURNE PCN
32	STORT VALLEY & VILLAGES PCN
33	NORTH WATFORD PCN
34	ABBEY HEALTH PCN
35	ALPHA PCN

Comparisons are indicative only: differences may not be statistically significant

%Easy = %Very easy + %Fairly easy

Ipsos

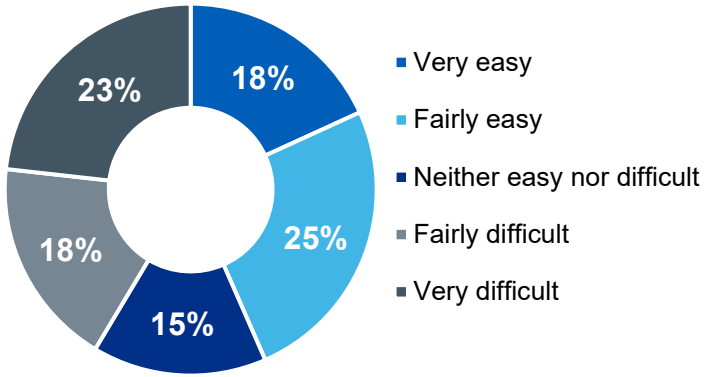
Ease of contacting GP practice using the NHS App

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q3. Generally, how easy or difficult is it to contact your GP practice using the NHS App?

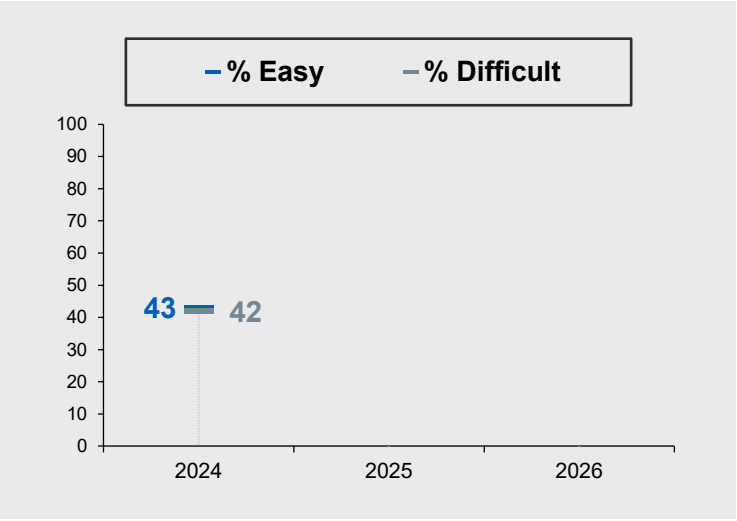
ICS result



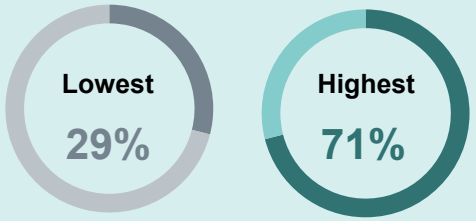
Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (220,709); ICS 2024 (4,299); PCN bases range from 34 to 227

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Easy**



Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
43%	42%	45%	39%

%Easy = %Very easy + %Fairly easy
%Difficult = %Very difficult + %Fairly difficult

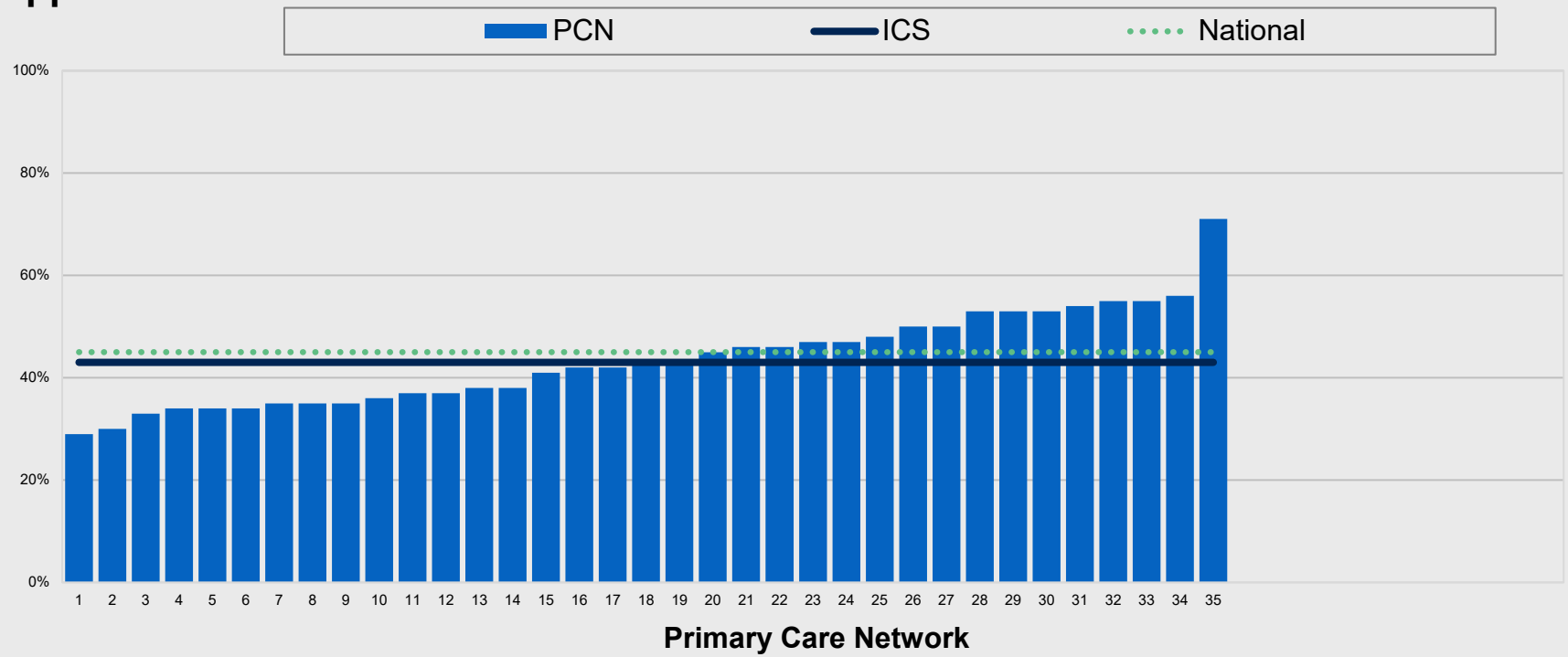
Ease of contacting GP practice using the NHS App: how the results vary by PCN within the ICS

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q3. Generally, how easy or difficult is it to contact your GP practice using the NHS App?

Percentage of patients saying it is 'easy' to contact GP practice using the NHS App



Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (220,709); ICS 2024 (4,299); PCN bases range from 34 to 227

PCN	Name
1	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
2	STEVENAGE NORTH PCN
3	DACORUM BETA PCN
4	WELWYN GARDEN CITY A PCN
5	HARLOW NORTH PCN
6	LEA VALLEY HEALTH PCN
7	HARLOW SOUTH PCN
8	EPPING FOREST NORTH PCN
9	ICKNIELD PCN
10	BROXBOURNE ALLIANCE PCN
11	POTTERS BAR PCN
12	NORTH WATFORD PCN
13	HODDESDON & BROXBOURNE PCN
14	HERTS FIVE PCN
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30	RICKMANSWORTH & CHORLEYWOOD PCN
31	HATFIELD PCN
32	ABBEY HEALTH PCN
33	MVPS PCN
34	ATTENBOROUGH PCN
35	ALPHA PCN

Comparisons are indicative only: differences may not be statistically significant

%Easy = %Very easy + %Fairly easy

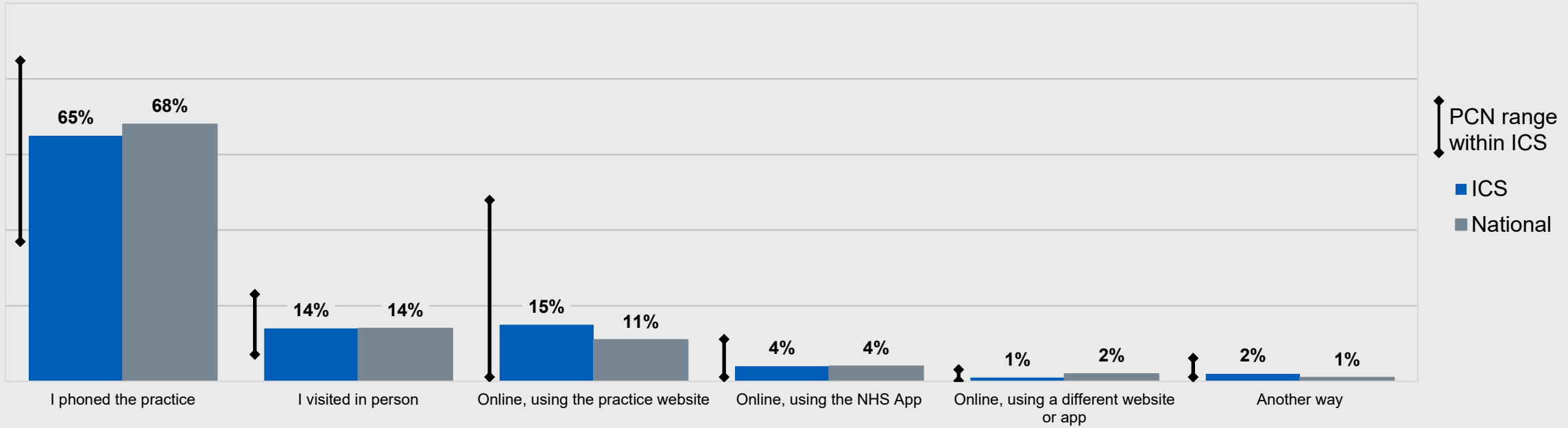
Ipsos

Method of contacting GP practice

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q10. Still thinking about the last time you contacted your GP practice, how did you try to contact them?



Base: Asked of patients who have tried to contact their GP practice since being registered. National (675,534); ICS 2024 (13,545); PCN bases range from 85 to 772

Comparisons are indicative only: differences may not be statistically significant

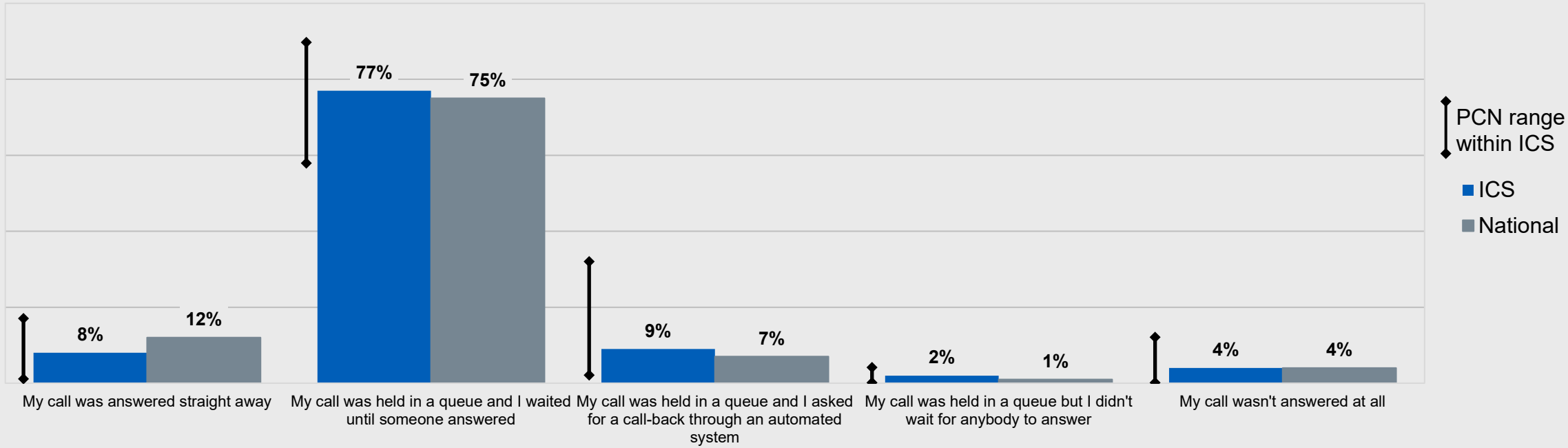
Ipsos

Outcome of phoning GP practice

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q11. What happened when you phoned your GP practice on that occasion?



Base: Asked of patients who last tried to contact their practice by phone. National (476,168); ICS 2024 (9,182); PCN bases range from 52 to 589

Comparisons are indicative only: differences may not be statistically significant

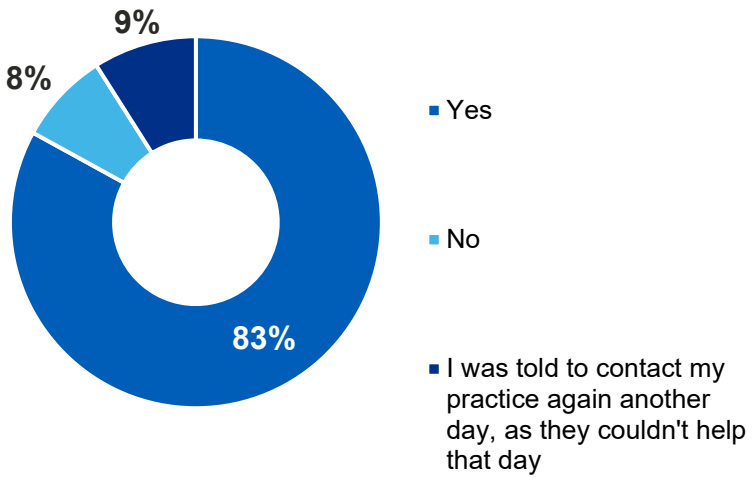
Next step in dealing with request after contacting GP practice

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

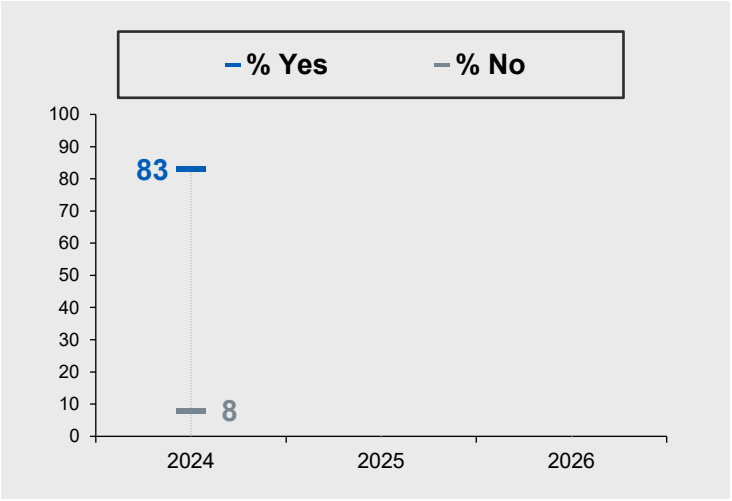
Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?

ICS result

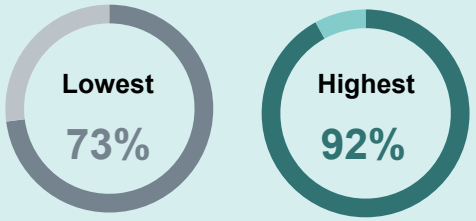


ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
83%	8%	83%	8%

Base: Asked of patients who have tried to contact their GP practice since being registered, except those whose call was not answered. Patients who selected 'I couldn't contact my practice' have been excluded. National (637,717); ICS 2024 (12,786); PCN bases range from 82 to 736

Ipsos

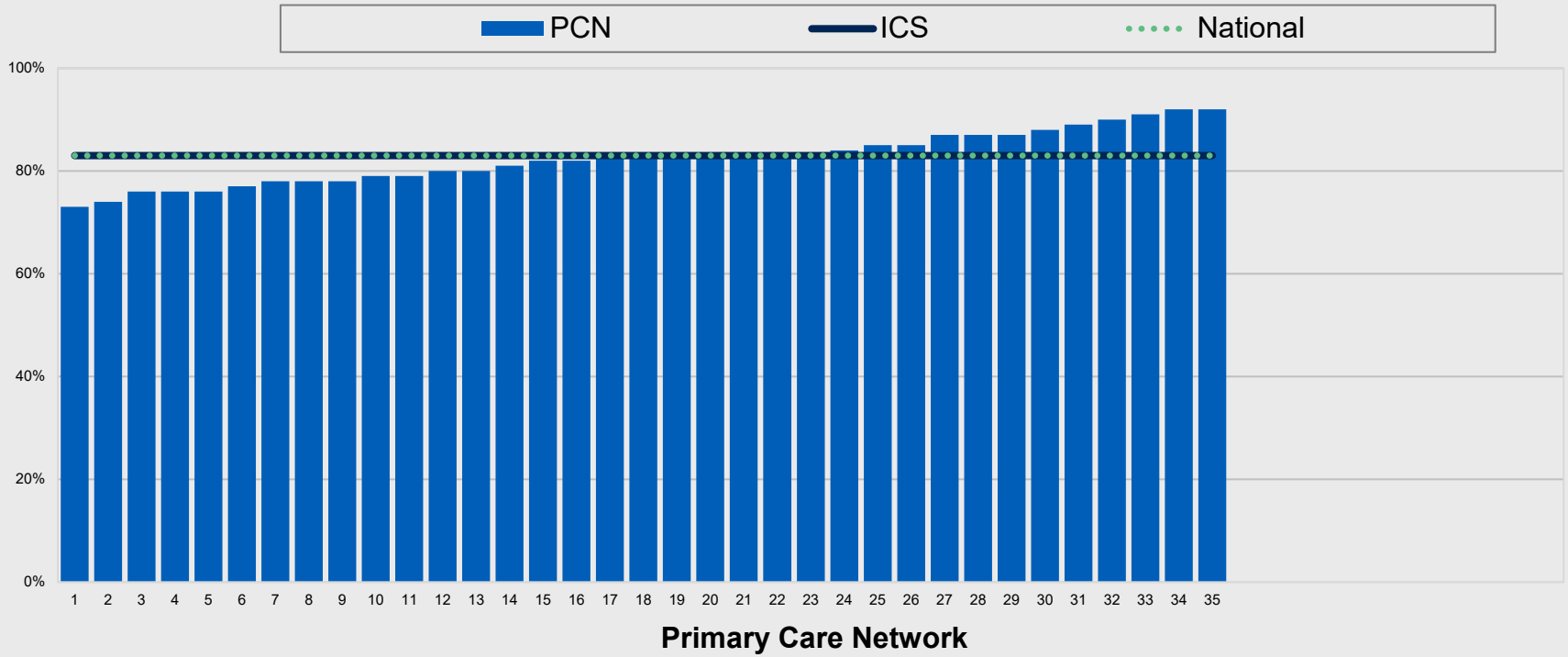
Next step in dealing with request after contacting GP practice: how the results vary by PCN within the ICS

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?

Percentage of patients saying 'yes' they knew what the next step would be



Base: Asked of patients who have tried to contact their GP practice since being registered, except those whose call was not answered. Patients who selected 'I couldn't contact my practice' have been excluded. National (637,717); ICS 2024 (12,786); PCN bases range from 82 to 736

PCN	Name
1	LEA VALLEY HEALTH PCN
2	WELWYN GARDEN CITY A PCN
3	POTTERS BAR PCN
4	HARLOW SOUTH PCN
5	BRIDGEWATER PCN
6	HARLOW NORTH PCN
7	ALLIANCE PCN
8	STEVENAGE SOUTH PCN
9	HITCHIN AND WHITWELL PCN
10	GRAND UNION PCN
11	SOUTH UTTLESFORD PCN
12	MVPS PCN
13	ICKNIELD PCN
14	HERTS FIVE PCN
15	CENTRAL WATFORD PCN
16	EPPING FOREST NORTH PCN
17	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
18	HERTFORD AND RURALS PCN
19	DELTA PCN
20	BROXBOURNE ALLIANCE PCN
21	DACORUM BETA PCN
22	STEVENAGE NORTH PCN
23	HODDESDON & BROXBOURNE PCN
24	NORTH WATFORD PCN
25	ABBEY HEALTH PCN
26	HARPENDEN HEALTH PCN
27	NORTH UTTLESFORD PCN
28	RICKMANSWORTH & CHORLEYWOOD PCN
29	ALBAN HEALTHCARE PCN
30	STORT VALLEY & VILLAGES PCN
31	HALO PCN
32	HATFIELD PCN
33	ALPHA PCN
34	ATTENBOROUGH PCN
35	WARE AND RURALS PCN

Comparisons are indicative only: differences may not be statistically significant

%Yes

Ipsos

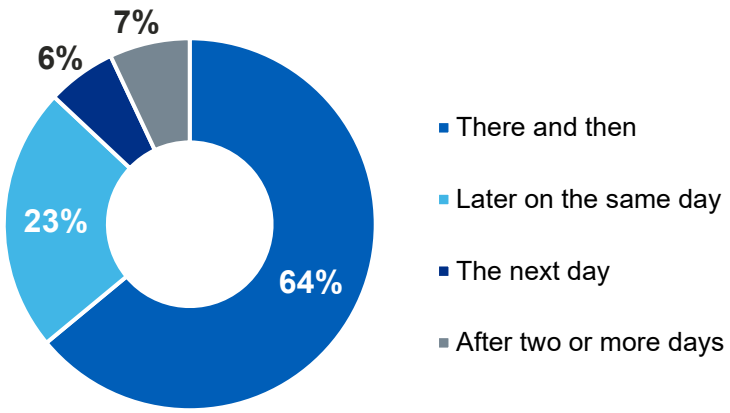
Time taken to know next step

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

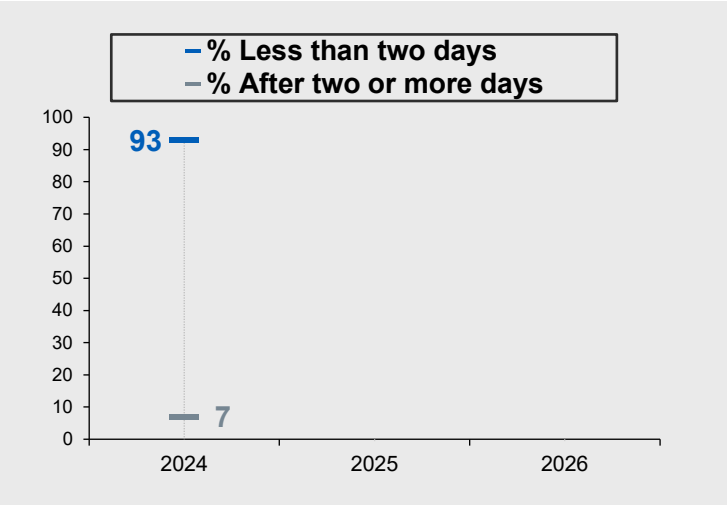
Q13. How soon after you contacted your GP practice did you know what the next step would be?

ICS result

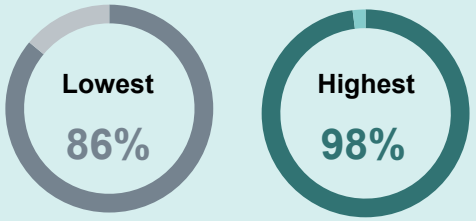


ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Less than two days**



Comparison of results

ICS		National	
Less than two days	After two or more days	Less than two days	After two or more days
93%	7%	93%	7%

Base: Asked of patients who knew what the next step in dealing with their request would be. Patients who selected 'I can't remember' have been excluded. National (508,714); ICS 2024 (10,199); PCN bases range from 69 to 608

%Less than two days = %There and then + %Later on the same day + %The next day

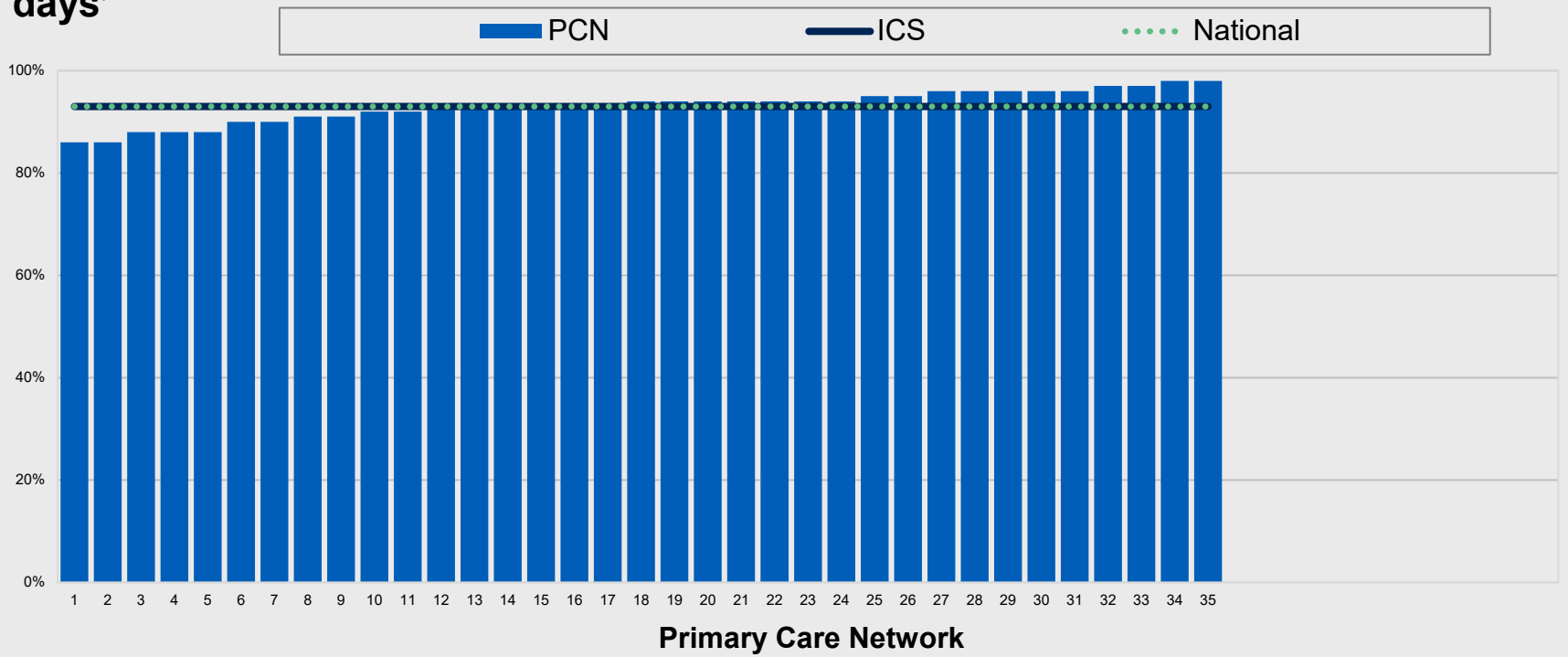
Time taken to know next step: how the results vary by PCN within the ICS

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q13. How soon after you contacted your GP practice did you know what the next step would be?

Percentage of patients who knew what the next step would be in ‘less than two days’



Base: Asked of patients who knew what the next step in dealing with their request would be. Patients who selected 'I can't remember' have been excluded. National (508,714); ICS 2024 (10,199); PCN bases range from 69 to 608

PCN	Name
1	DELTA PCN
2	CENTRAL WATFORD PCN
3	HARLOW SOUTH PCN
4	DACORUM BETA PCN
5	HALO PCN
6	STORT VALLEY & VILLAGES PCN
7	LEA VALLEY HEALTH PCN
8	HERTFORD AND RURALS PCN
9	STEVENAGE NORTH PCN
10	ALBAN HEALTHCARE PCN
11	HODDESDON & BROXBOURNE PCN
12	HARPENDEN HEALTH PCN
13	POTTERS BAR PCN
14	SOUTH UTTLESFORD PCN
15	STEVENAGE SOUTH PCN
16	HITCHIN AND WHITWELL PCN
17	ICKNIELD PCN
18	ABBEY HEALTH PCN
19	NORTH UTTLESFORD PCN
20	HARLOW NORTH PCN
21	ALPHA PCN
22	BROXBOURNE ALLIANCE PCN
23	BRIDGEWATER PCN
24	ALLIANCE PCN
25	EPPING FOREST NORTH PCN
26	RICKMANSWORTH & CHORLEYWOOD PCN
27	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
28	WELWYN GARDEN CITY A PCN
29	WARE AND RURALS PCN
30	HATFIELD PCN
31	NORTH WATFORD PCN
32	GRAND UNION PCN
33	HERTS FIVE PCN
34	MVPS PCN
35	ATTENBOROUGH PCN

Comparisons are indicative only: differences may not be statistically significant

%Less than two days = %There and then + %Later on the same day + %The next day

Ipsos

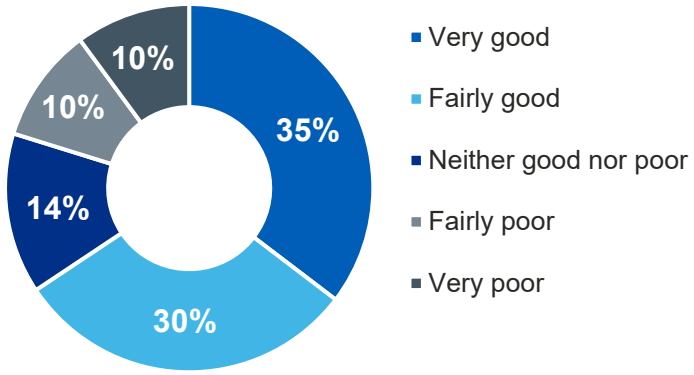
Overall experience of contacting GP practice

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?

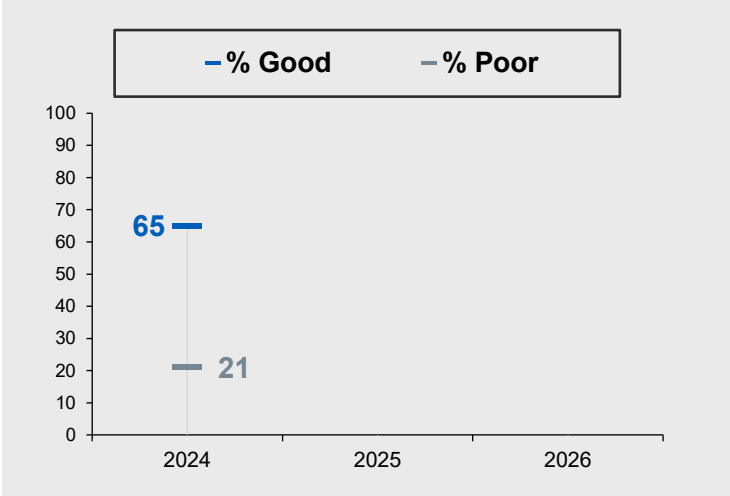
ICS result



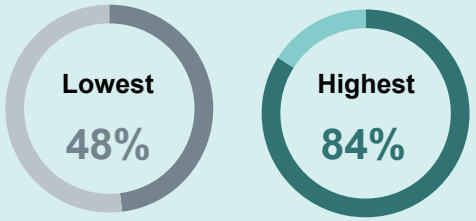
Base: Asked of patients who have tried to contact their GP practice since being registered. National (680,060); ICS 2024 (13,634); PCN bases range from 86 to 779

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
65%	21%	67%	19%

%Good = %Very good + %Fairly good
%Poor= %Very poor + %Fairly poor

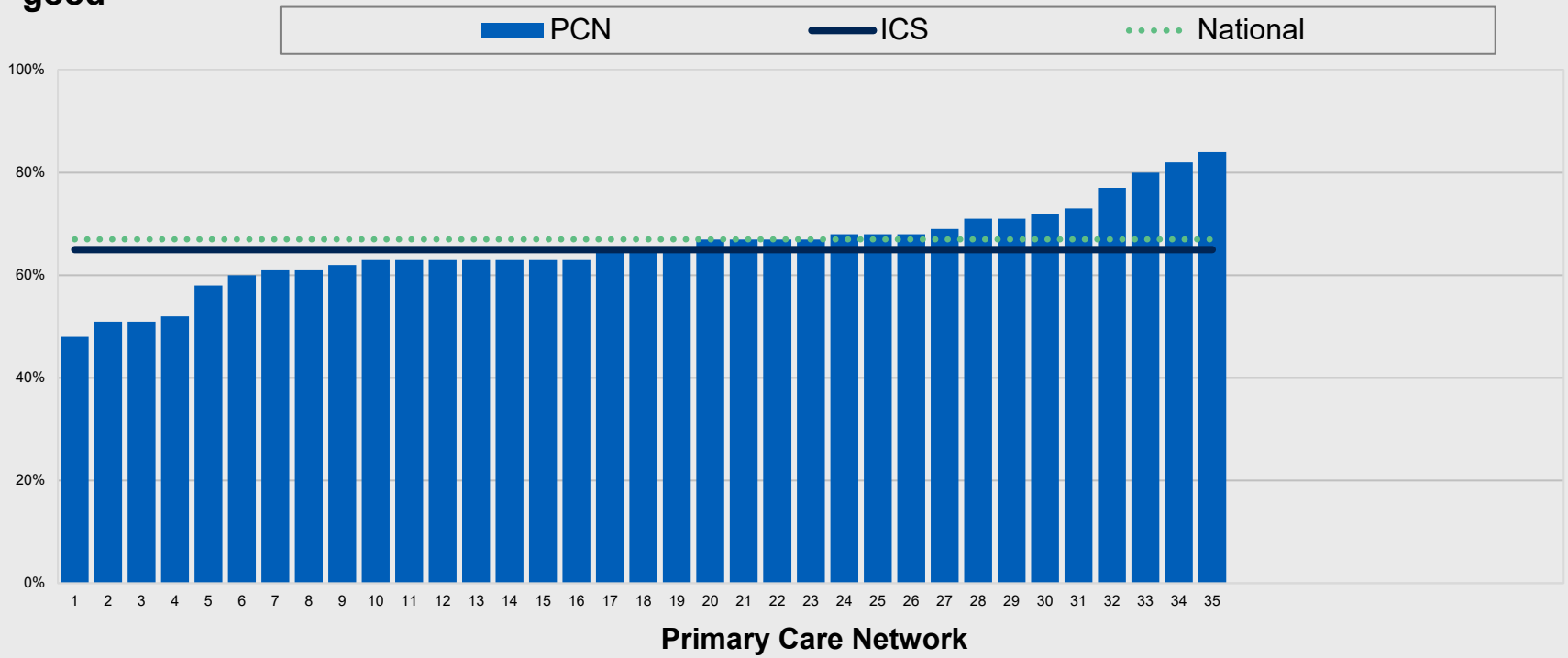
Overall experience of contacting GP practice: how the results vary by PCN within the ICS

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?

Percentage of patients saying their overall experience of contacting their GP practice was 'good'



Base: Asked of patients who have tried to contact their GP practice since being registered. National (680,060); ICS 2024 (13,634); PCN bases range from 86 to 779

PCN	Name
1	STEVENAGE NORTH PCN
2	HARLOW SOUTH PCN
3	LEA VALLEY HEALTH PCN
4	HARLOW NORTH PCN
5	STEVENAGE SOUTH PCN
6	ICKNIELD PCN
7	DELTA PCN
8	ALLIANCE PCN
9	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
10	WELWYN GARDEN CITY A PCN
11	POTTERS BAR PCN
12	CENTRAL WATFORD PCN
13	BROXBOURNE ALLIANCE PCN
14	DACORUM BETA PCN
15	SOUTH UTTLESFORD PCN
16	HITCHIN AND WHITWELL PCN
17	HERTFORD AND RURALS PCN
18	NORTH UTTLESFORD PCN
19	HODDESDON & BROXBOURNE PCN
20	HARPENDEN HEALTH PCN
21	MVPS PCN
22	BRIDGEWATER PCN
23	NORTH WATFORD PCN
24	EPPING FOREST NORTH PCN
25	HALO PCN
26	ALBAN HEALTHCARE PCN
27	HERTS FIVE PCN
28	HATFIELD PCN
29	RICKMANSWORTH & CHORLEYWOOD PCN
30	STORT VALLEY & VILLAGES PCN
31	GRAND UNION PCN
32	ABBEY HEALTH PCN
33	ALPHA PCN
34	ATTENBOROUGH PCN
35	WARE AND RURALS PCN

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

Ipsos

Last appointment

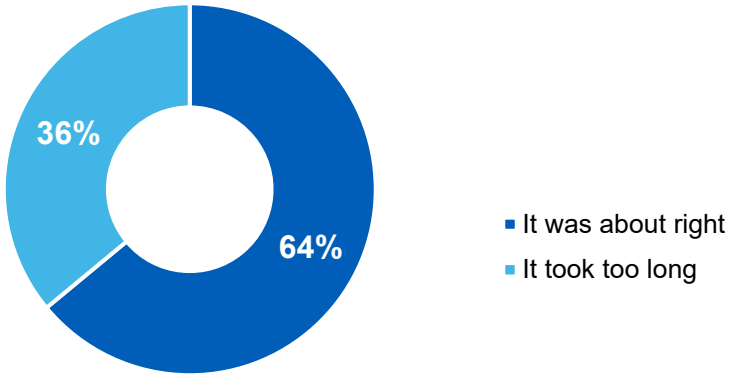
How patients felt about appointment wait time

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

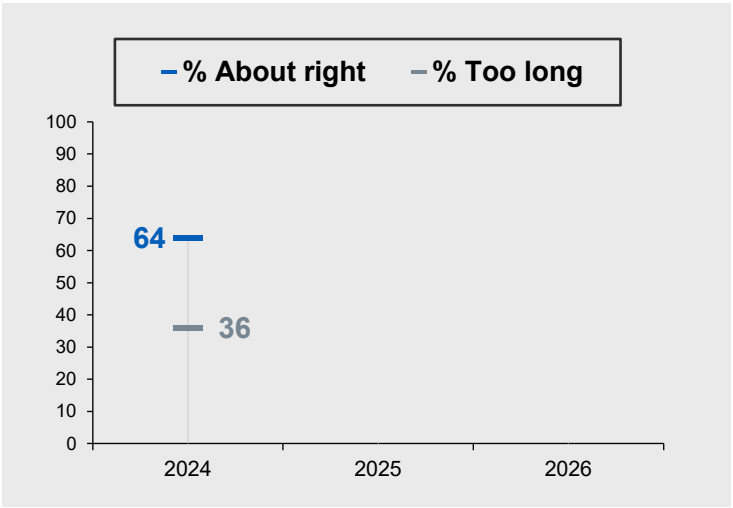
Q21. How do you feel about how long you waited for your appointment?

ICS result

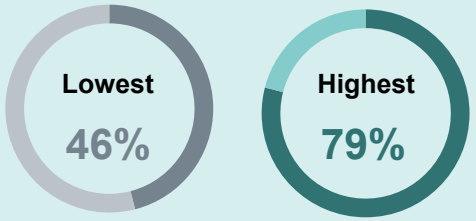


ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **About right**



Comparison of results

ICS		National	
About right	Too long	About right	Too long
64%	36%	66%	34%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' have been excluded. National (610,869); ICS 2024 (12,237); PCN bases range from 77 to 709

Ipsos

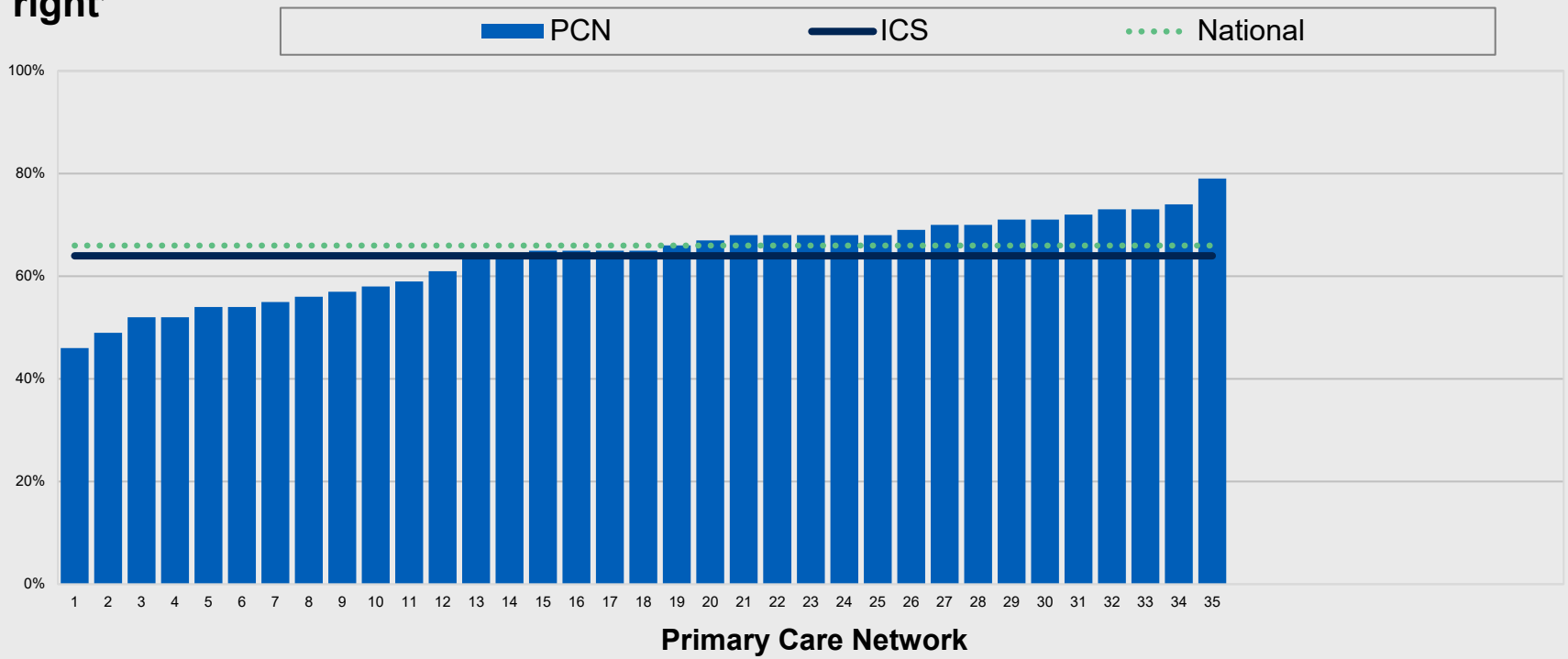
How patients felt about appointment wait time: how the results vary by PCN within the ICS

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

Q21. How do you feel about how long you waited for your appointment?

Percentage of patients who felt the wait time for their appointment was 'about right'



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' have been excluded. National (610,869); ICS 2024 (12,237); PCN bases range from 77 to 709

PCN	Name
1	STEVENAGE NORTH PCN
2	HARLOW SOUTH PCN
3	HARLOW NORTH PCN
4	DACORUM BETA PCN
5	RICKMANSWORTH & CHORLEYWOOD PCN
6	STEVENAGE SOUTH PCN
7	CENTRAL WATFORD PCN
8	LEA VALLEY HEALTH PCN
9	HALO PCN
10	DELTA PCN
11	ICKNIELD PCN
12	SOUTH UTTLESFORD PCN
13	POTTERS BAR PCN
14	ALLIANCE PCN
15	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
16	HARPENDEN HEALTH PCN
17	WELWYN GARDEN CITY A PCN
18	GRAND UNION PCN
19	BROXBOURNE ALLIANCE PCN
20	BRIDGEWATER PCN
21	HERTFORD AND RURALS PCN
22	NORTH WATFORD PCN
23	ALBAN HEALTHCARE PCN
24	HODDESDON & BROXBOURNE PCN
25	HERTS FIVE PCN
26	HATFIELD PCN
27	ATTENBOROUGH PCN
28	ALPHA PCN
29	NORTH UTTLESFORD PCN
30	MVPS PCN
31	EPPING FOREST NORTH PCN
32	STORT VALLEY & VILLAGES PCN
33	HITCHIN AND WHITWELL PCN
34	WARE AND RURALS PCN
35	ABBEY HEALTH PCN

Comparisons are indicative only: differences may not be statistically significant

%About right

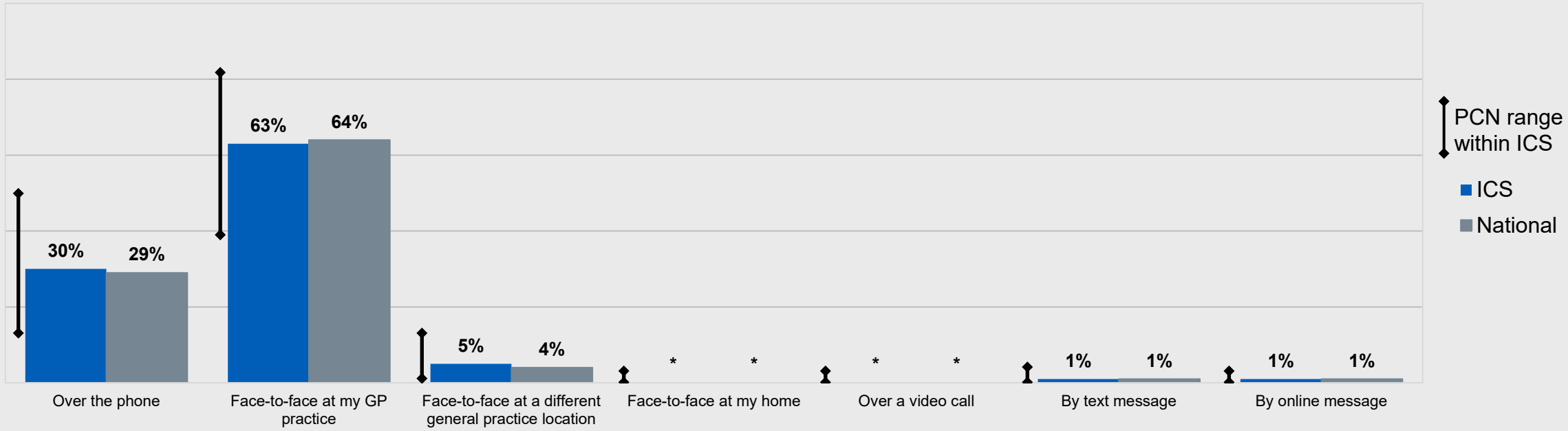
Ipsos

Type of appointment

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q22. How did the appointment take place?



Base: Asked of patients who had an appointment since being registered with current GP practice. National (666,169); ICS 2024 (13,410); PCN bases range from 86 to 765

Comparisons are indicative only: differences may not be statistically significant

Perceptions of care at patients' last appointment

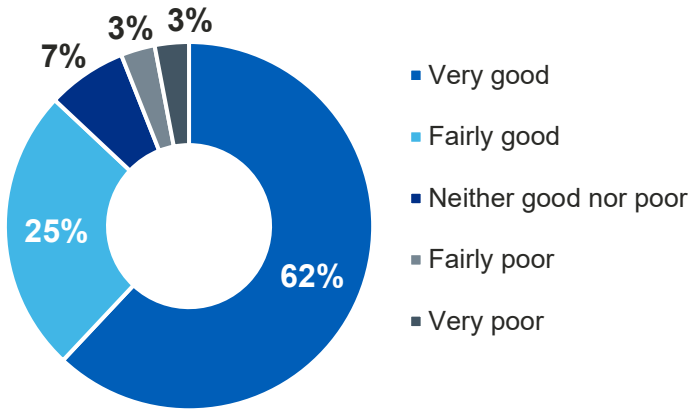
Listened to by healthcare professional

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q24. During your last appointment, how good was the healthcare professional at listening to you?

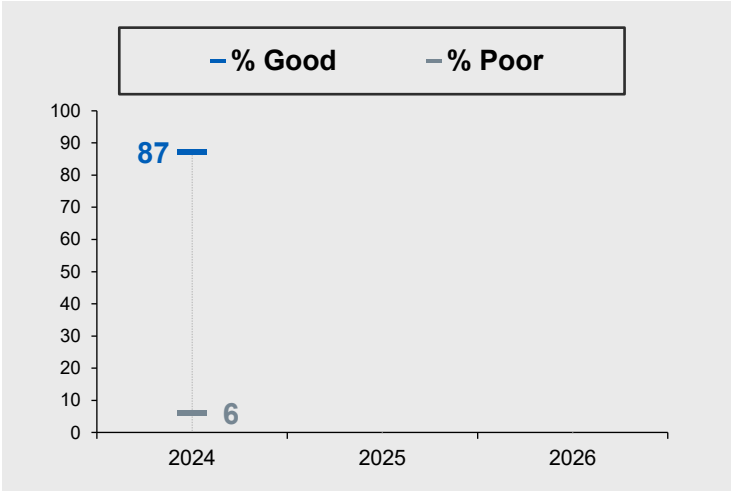
ICS result



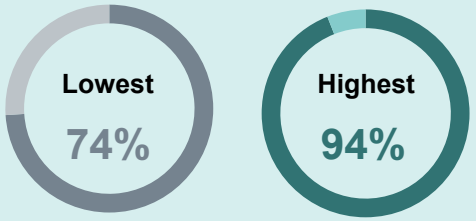
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (661,822); ICS 2024 (13,275); PCN bases range from 83 to 758

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
87%	6%	87%	6%

%Good = %Very good + %Good
%Poor = %Very poor + %Poor

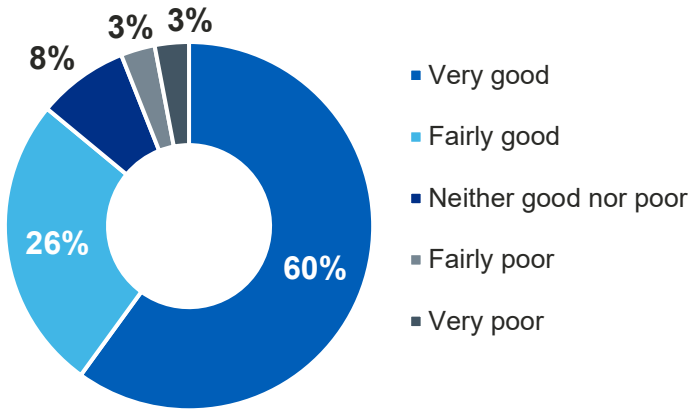
Treated with care and concern by healthcare professional

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

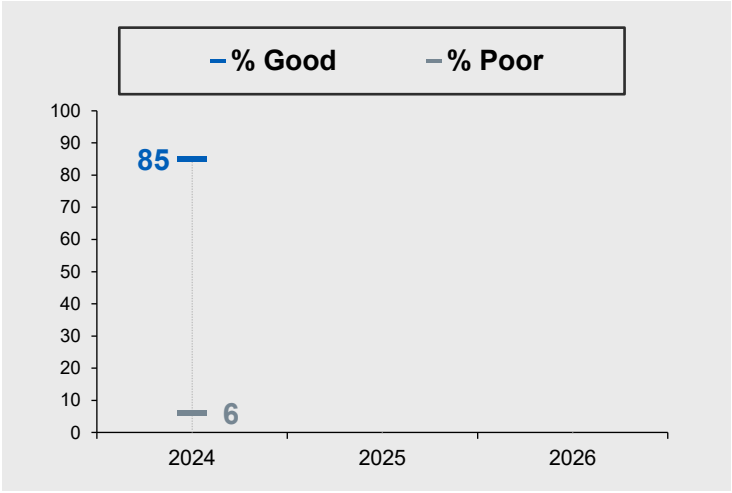
ICS result



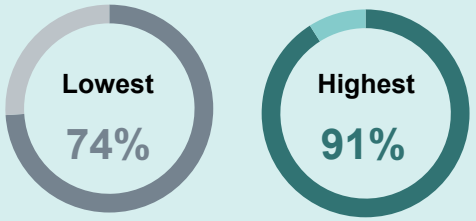
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (661,177); ICS 2024 (13,264); PCN bases range from 83 to 755

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
85%	6%	85%	6%

%Good = %Very good + %Good
%Poor = %Very poor + %Poor

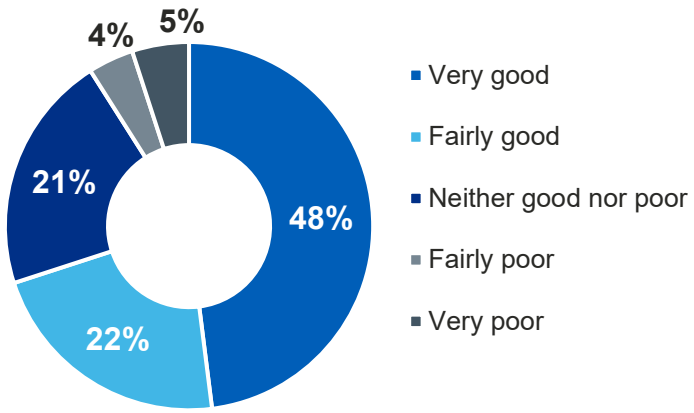
Mental wellbeing considered by healthcare professional

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q26. During your last appointment, how good was the healthcare professional at considering your mental wellbeing?

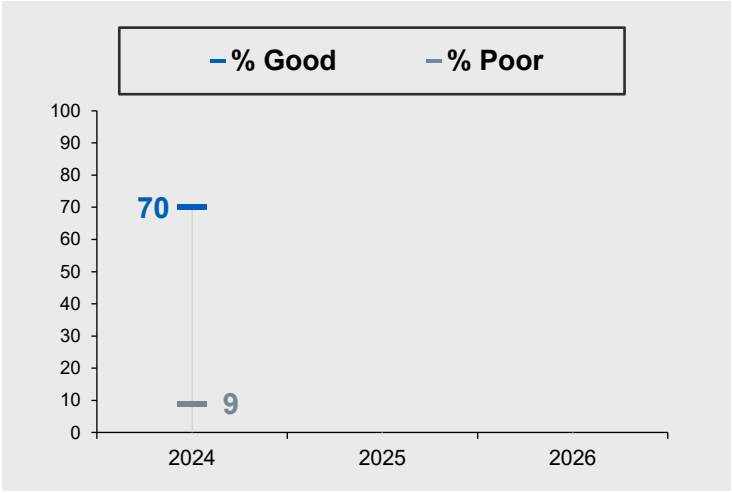
ICS result



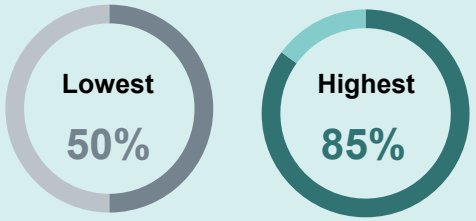
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (504,435); ICS 2024 (9,788); PCN bases range from 64 to 551

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
70%	9%	73%	9%

%Good = %Very good + %Good
%Poor = %Very poor + %Poor

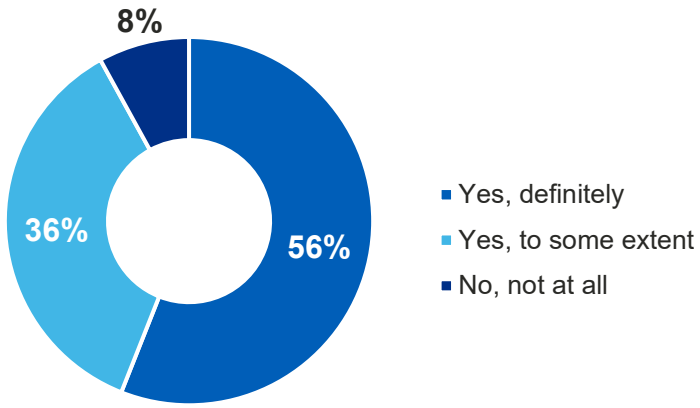
Felt healthcare professional had information they needed

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q27. Did you feel that the healthcare professional had all the information they needed about you?

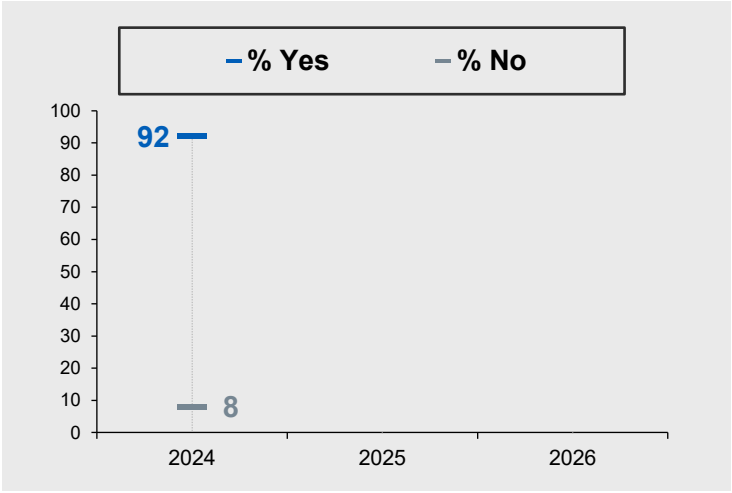
ICS result



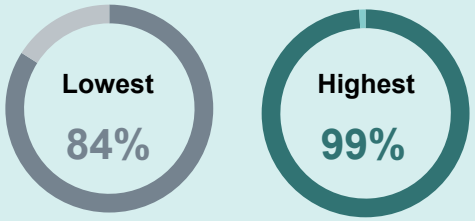
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (640,016); ICS 2024 (12,838); PCN bases range from 81 to 724

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
92%	8%	92%	8%

%Yes = %Yes, definitely + %Yes, to some extent

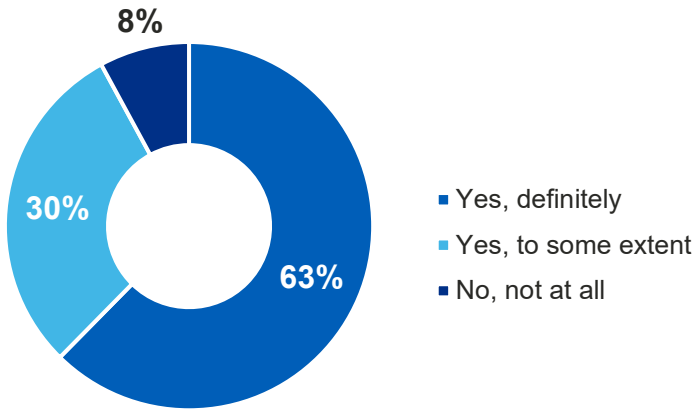
Confidence and trust in healthcare professional

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q28. Did you have confidence and trust in the healthcare professional you saw or spoke to?

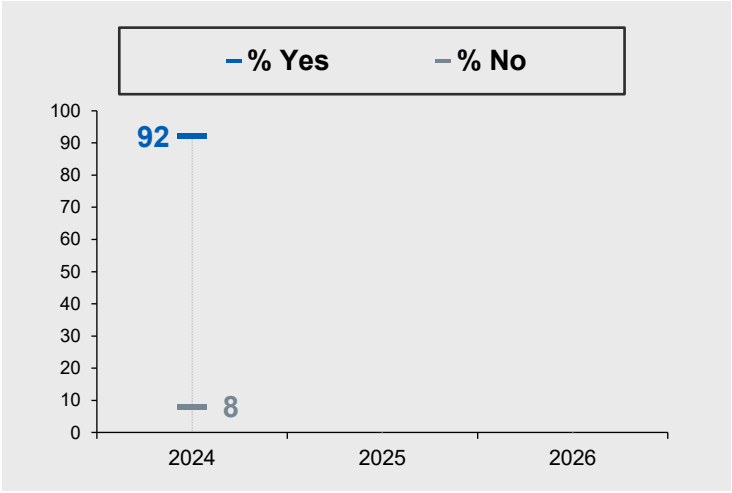
ICS result



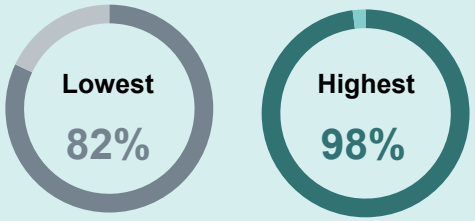
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (656,379); ICS 2024 (13,199); PCN bases range from 82 to 750

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
92%	8%	92%	8%

%Yes = %Yes, definitely + %Yes, to some extent

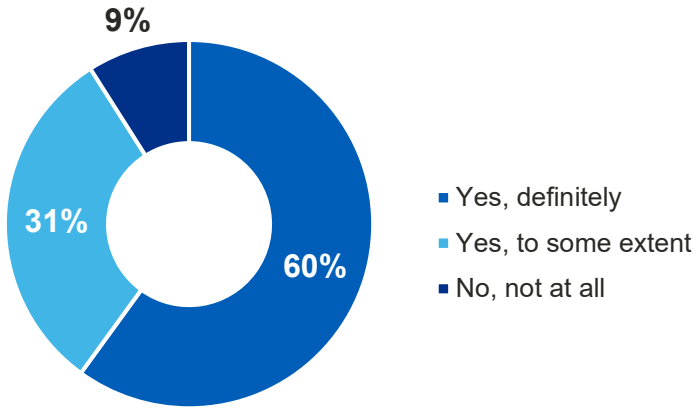
Involved in decisions about care and treatment

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q29. At your last appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

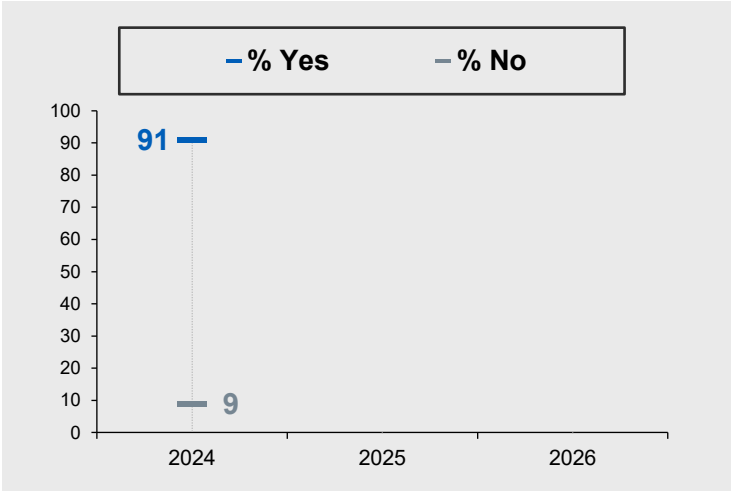
ICS result



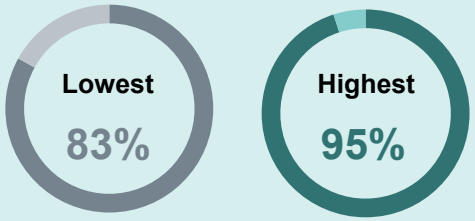
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (624,643); ICS 2024 (12,507); PCN bases range from 79 to 720

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
91%	9%	91%	9%

%Yes = %Yes, definitely + %Yes, to some extent

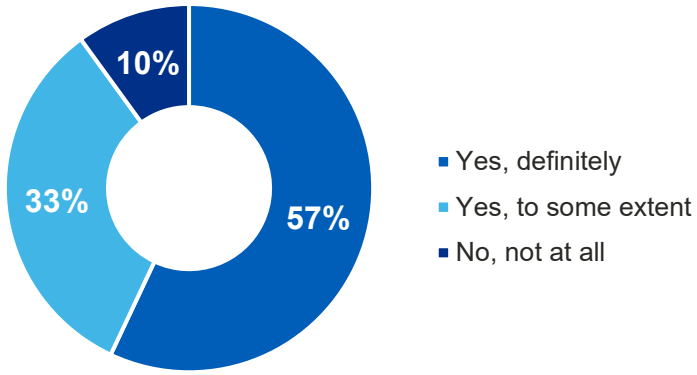
Needs met

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q31. Thinking about the reason for your last appointment, were your needs met?

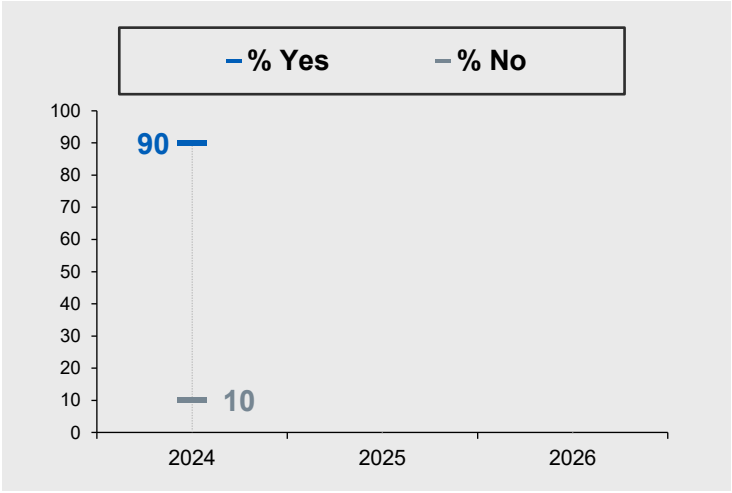
ICS result



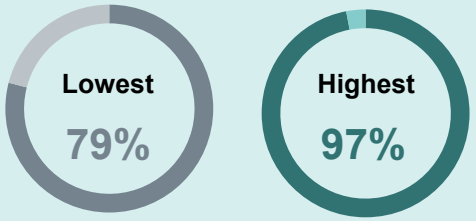
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (657,398); ICS 2024 (13,262); PCN bases range from 85 to 753

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
90%	10%	90%	10%

%Yes = %Yes, definitely + %Yes, to some extent

Care and concern

Care and concern – in detail

GP PATIENT SURVEY

GPPS can be used to look at how experience varies among different patient groups.

To demonstrate **one example** of this, the following three slides break down the results by a selection of key demographic variables for the question: “Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?”.

- The charts present a summary result of % Good: a combination of ‘% Very good’ and ‘% Good’.
- The answer options for each of the demographic questions are displayed in the order they appear in the questionnaire.

Please note all comparisons are indicative only. Differences in experience between different groups of patients may not be statistically significant and may be influenced by other factors.

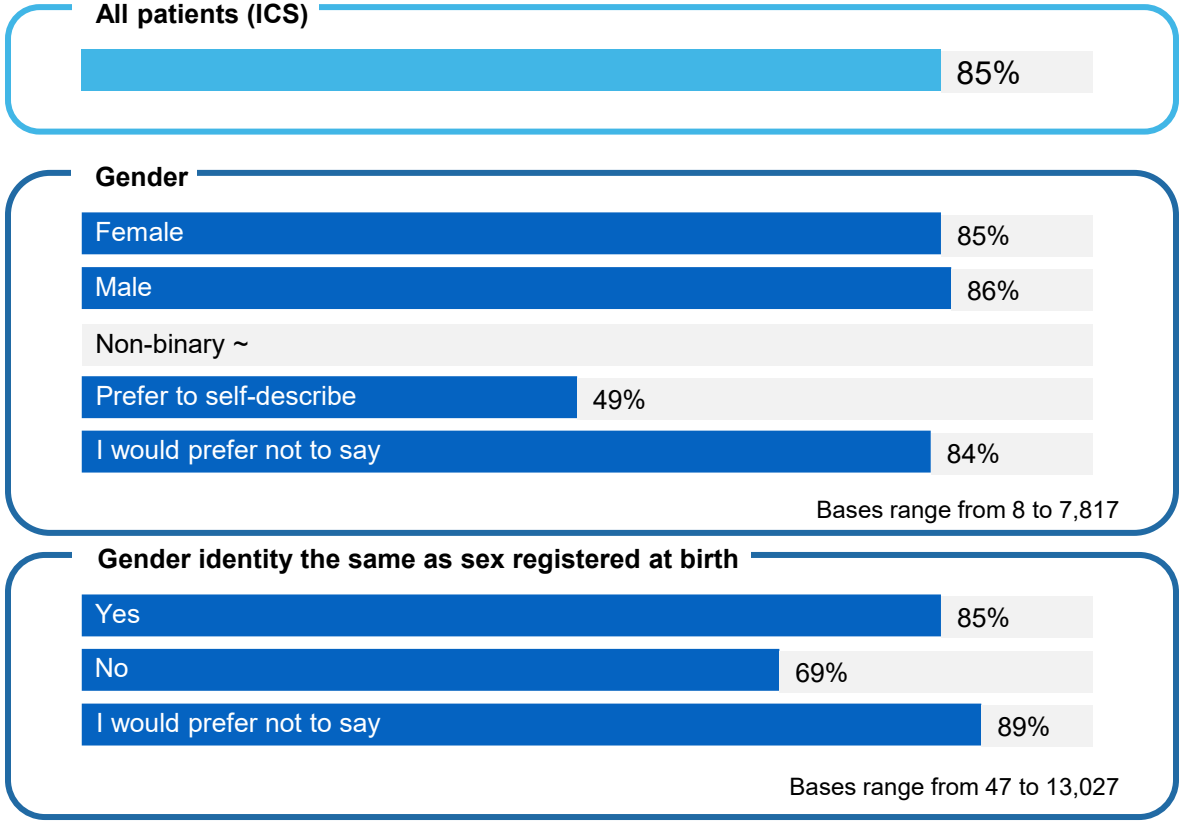
To break down the survey results by patient demographics for **all other questions** at national, ICS, PCN and practice level, go to https://gp-patient.co.uk/analysistool.

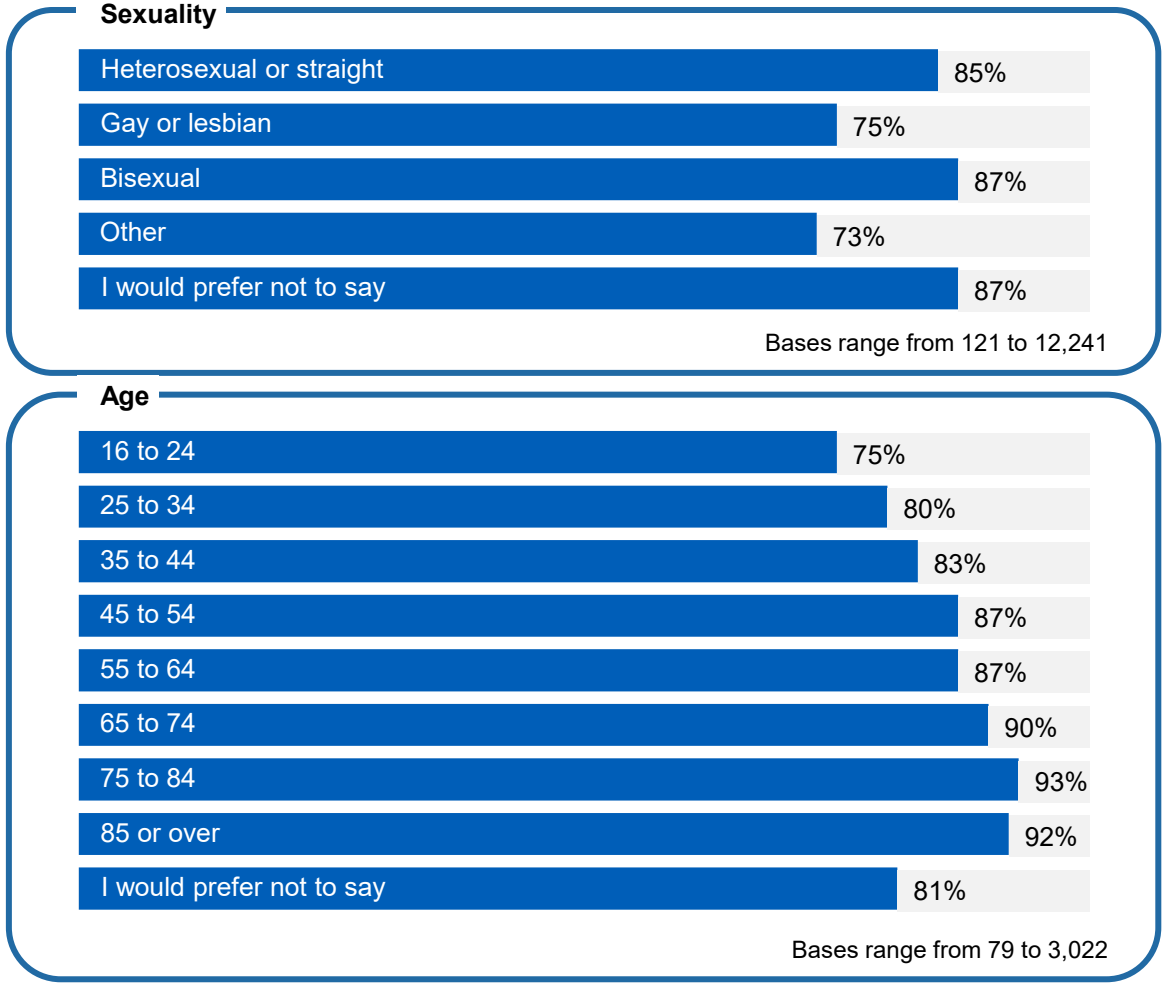
Ipsos

Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?
% Good[1] (total)

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM



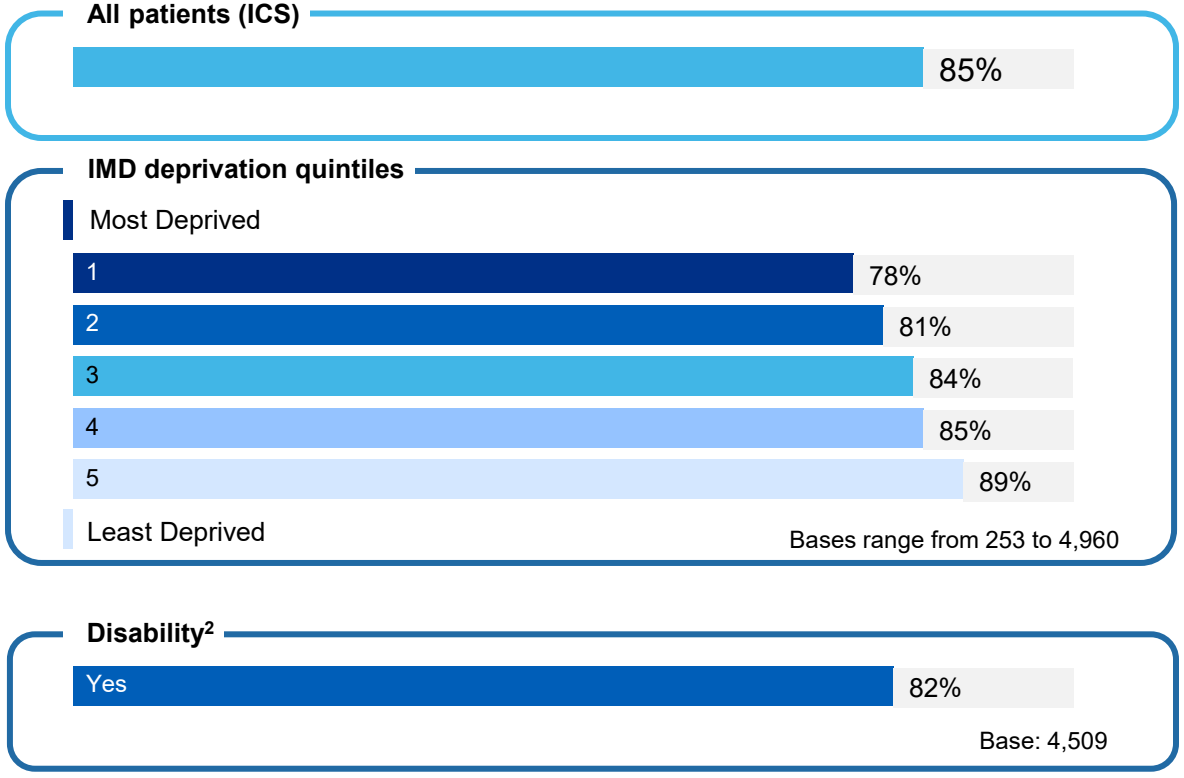


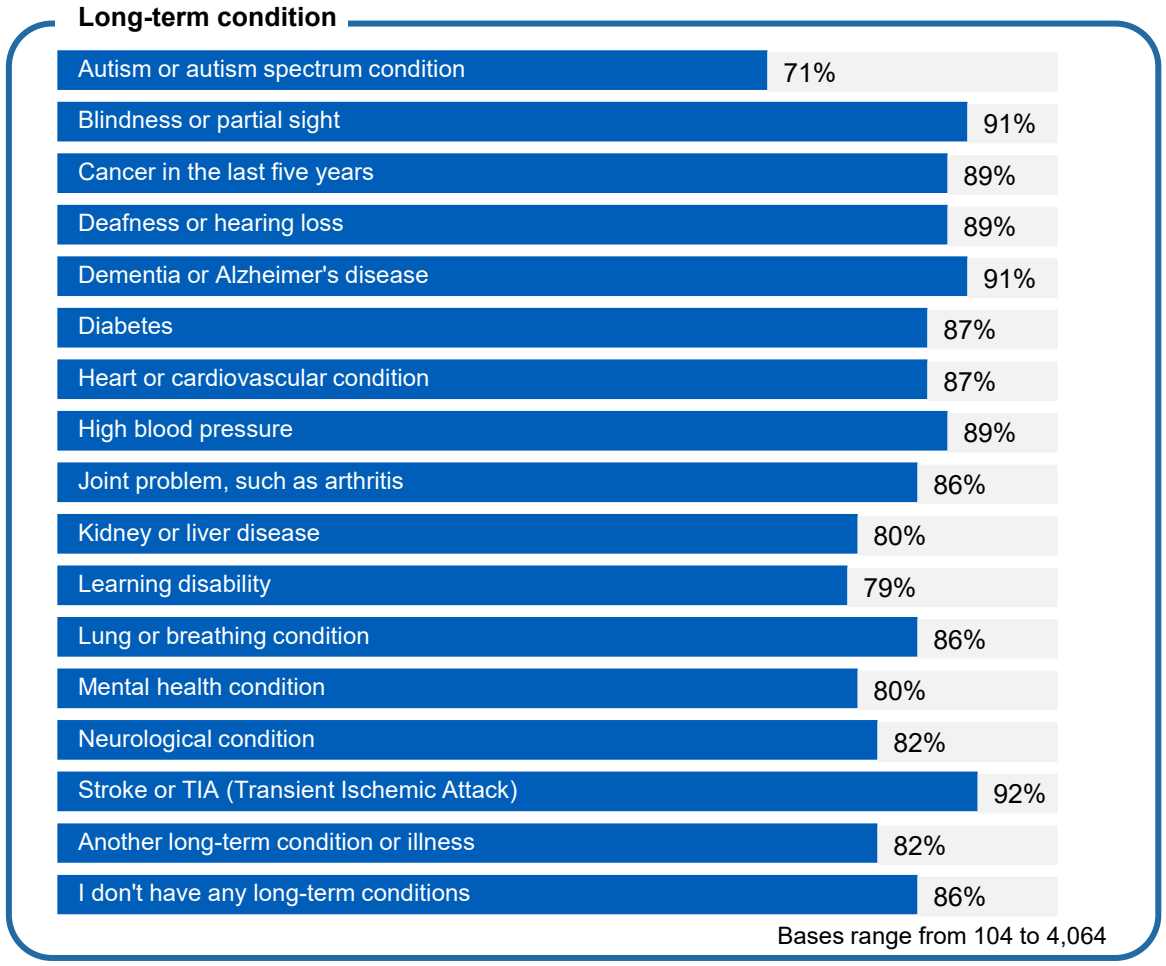
[1]Good = Very good % + Good %
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS 2024 (13,264).

Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?
% Good[1] (total)

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM





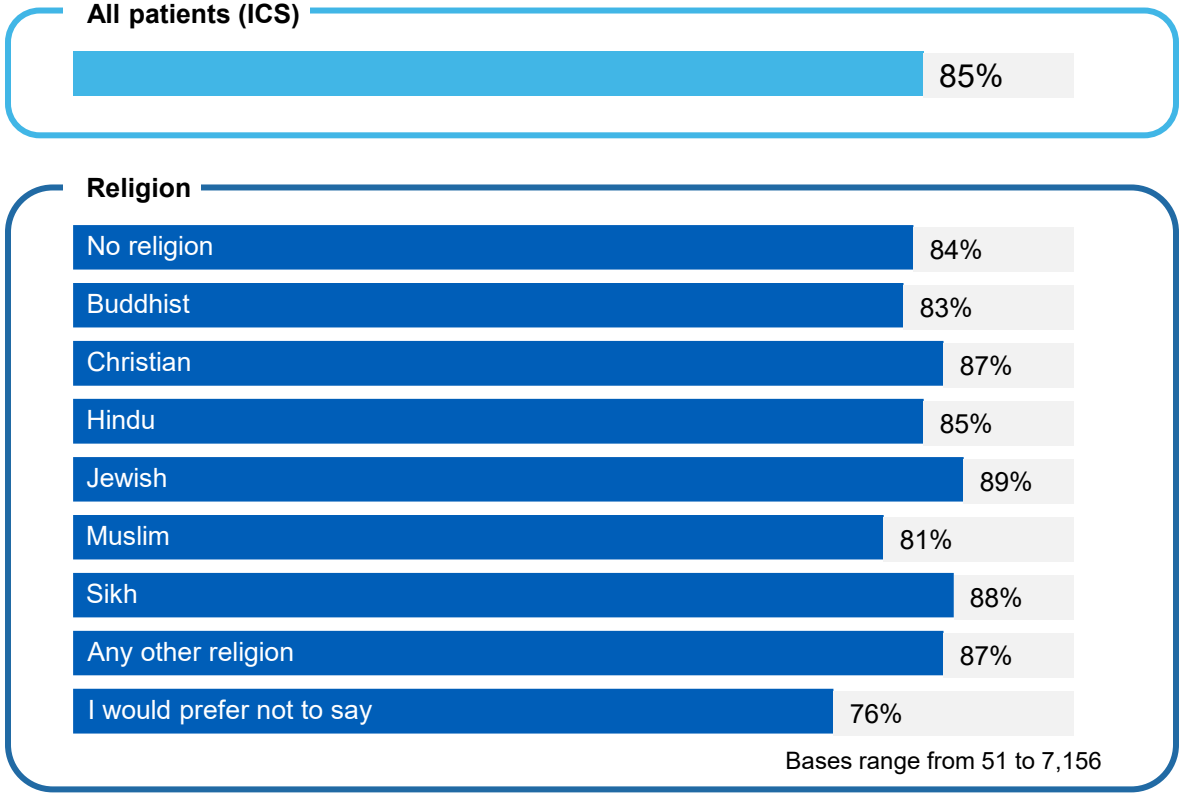
[1]Good = Very good % + Fairly good %
[2]Disability = 'Yes, a lot' + 'Yes, a little' at Q41. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? for patients identified as having a long-term condition or illness expected to last 12 months or more.
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS 2024 (13,264).

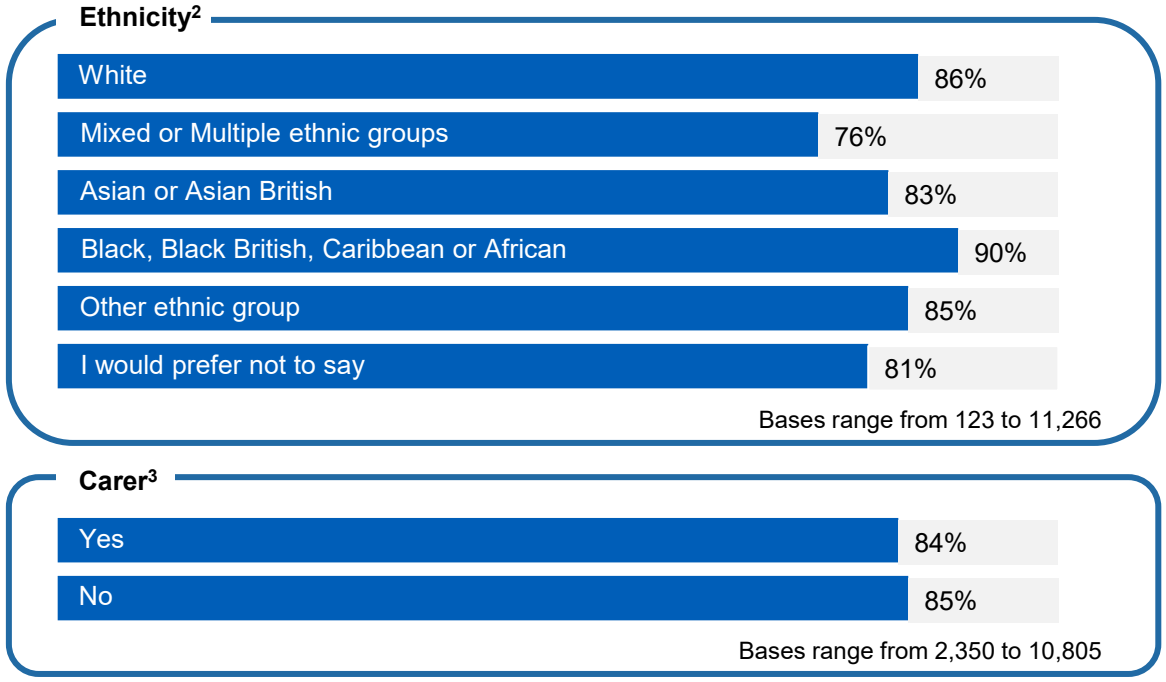
Ipsos

Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?
% Good[1] (total)

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM





[1]Good = Very good % + Good %
[2]A more detailed ethnicity breakdown is available, but individual base sizes may be too small for robust analysis
[3]Carer = Any 'yes' at Q61. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS 2024 (13,264).

Services when GP practice is closed

These questions are only asked of people who have recently contacted or used an NHS service when they wanted care or advice from a healthcare professional at their GP practice but it was closed. As such, the base size is often too small to make meaningful comparisons at PCN level. The PCN range within ICS has therefore not been included for these questions.

Please note that patients cannot always distinguish between these services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.

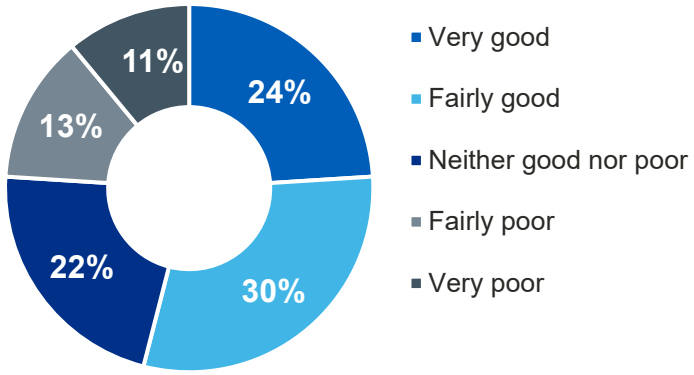
Overall experience of services when GP practice is closed

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

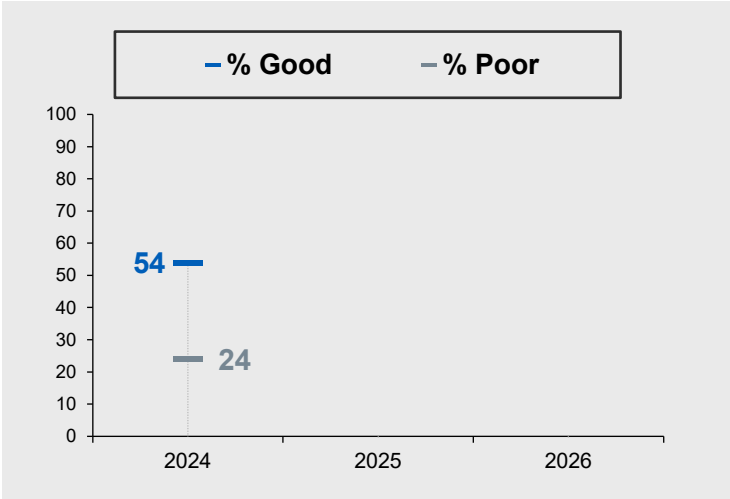
Q36. Overall, how would you describe your experience of NHS services on this occasion when your GP practice was closed?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
54%	24%	56%	22%

Base: Asked of patients who contacted or used an NHS service, in the last 12 months, when they wanted care or advice from a healthcare professional at their GP practice but it was closed. National (191,189); ICS 2024 (3,827).

%Good = %Very good + %Fairly good
%Poor= %Very poor + %Fairly poor

Managing health conditions

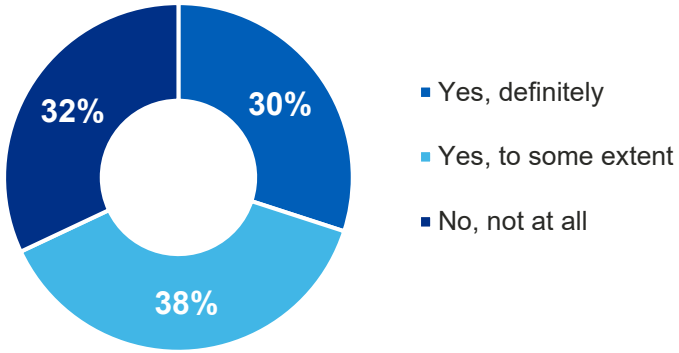
Support with managing conditions or illnesses

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

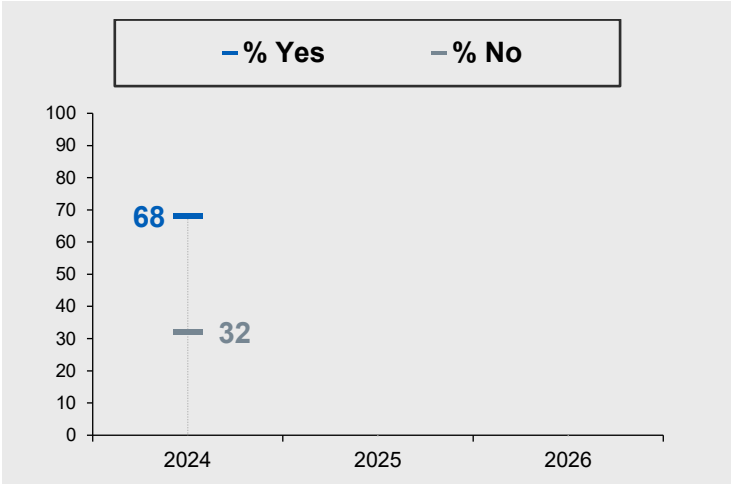
Q43. In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

ICS result

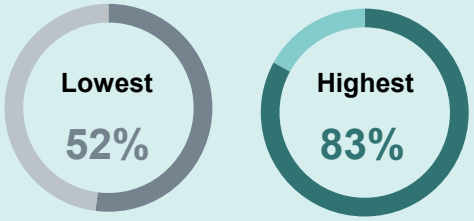


ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Yes**



Comparison of results

ICS		National	
Yes	No	Yes	No
68%	32%	68%	32%

Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. National (314,955); ICS 2024 (5,918); PCN bases range from 31 to 344

%Yes = %Yes, definitely + %Yes, to some extent

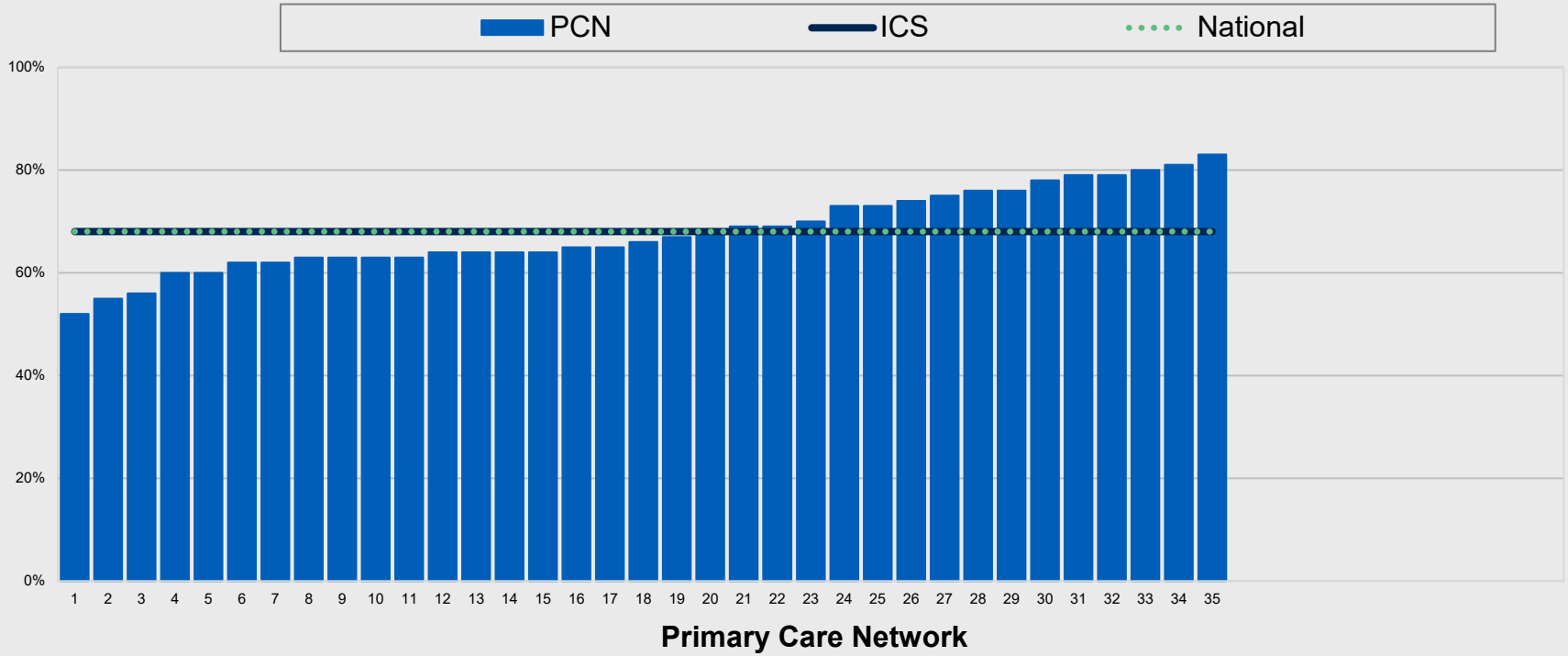
Support with managing conditions or illnesses: how the results vary by PCN within the ICS

GP PATIENT SURVEY

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

Q43. In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

Percentage of patients saying 'yes' they have had enough support to manage their conditions or illnesses



Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. National (314,955); ICS 2024 (5,918); PCN bases range from 31 to 344

PCN	Name
1	HARLOW SOUTH PCN
2	HARLOW NORTH PCN
3	BROXBOURNE ALLIANCE PCN
4	MVPS PCN
5	LEA VALLEY HEALTH PCN
6	EPPING FOREST NORTH PCN
7	SOUTH UTTLESFORD PCN
8	GRAND UNION PCN
9	ALLIANCE PCN
10	NORTH WATFORD PCN
11	HERTS FIVE PCN
12	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
13	WELWYN GARDEN CITY A PCN
14	POTTERS BAR PCN
15	STEVENAGE NORTH PCN
16	CENTRAL WATFORD PCN
17	RICKMANSWORTH & CHORLEYWOOD PCN
18	DELTA PCN
19	STEVENAGE SOUTH PCN
20	ICKNIELD PCN
21	ABBEY HEALTH PCN
22	HODDESDON & BROXBOURNE PCN
23	DACORUM BETA PCN
24	NORTH UTTLESFORD PCN
25	HITCHIN AND WHITWELL PCN
26	HALO PCN
27	HATFIELD PCN
28	HERTFORD AND RURALS PCN
29	ATTENBOROUGH PCN
30	ALBAN HEALTHCARE PCN
31	ALPHA PCN
32	WARE AND RURALS PCN
33	STORT VALLEY & VILLAGES PCN
34	HARPENDEN HEALTH PCN
35	BRIDGEWATER PCN

Comparisons are indicative only: differences may not be statistically significant

%Yes = %Yes, definitely + %Yes, to some extent

Ipsos

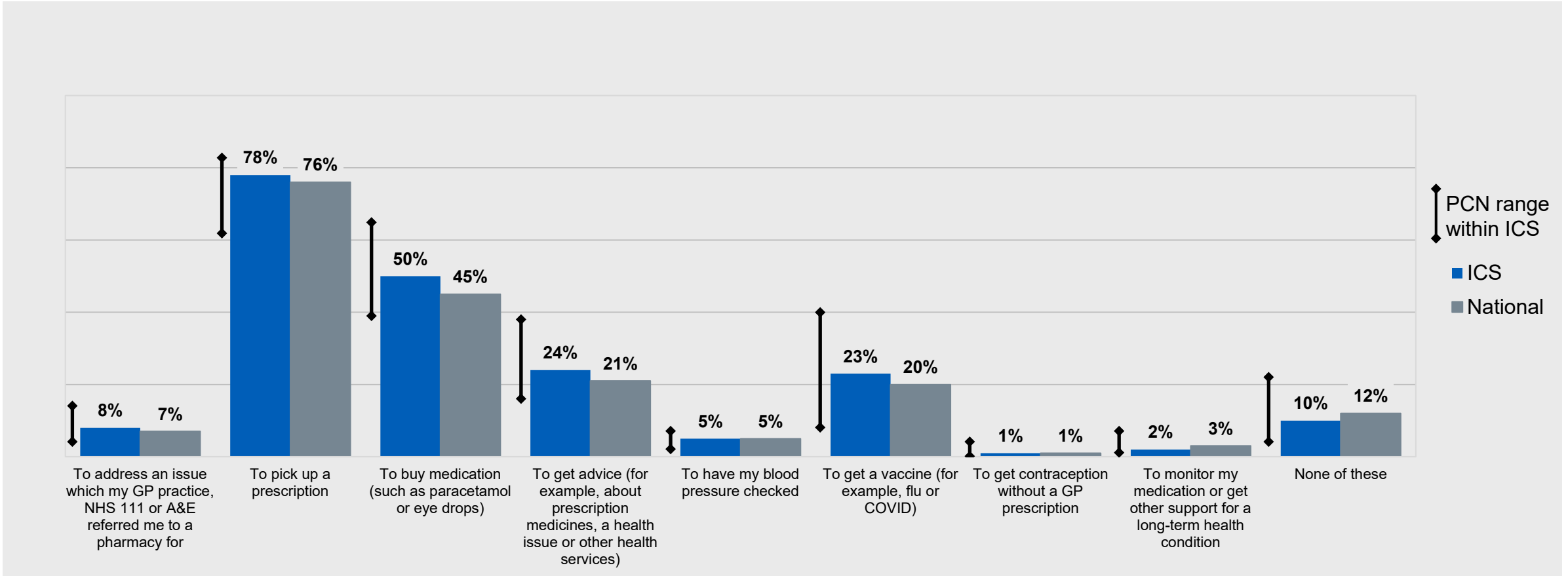
Pharmacy services

Pharmacy services used in the last 12 months

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q47. Thinking about the last 12 months, which of the following services have you used a pharmacy for?



Base: Asked of all patients. National (694,064); ICS 2024 (13,921); PCN bases range from 87 to 797

Comparisons are indicative only: differences may not be statistically significant

Ipsos

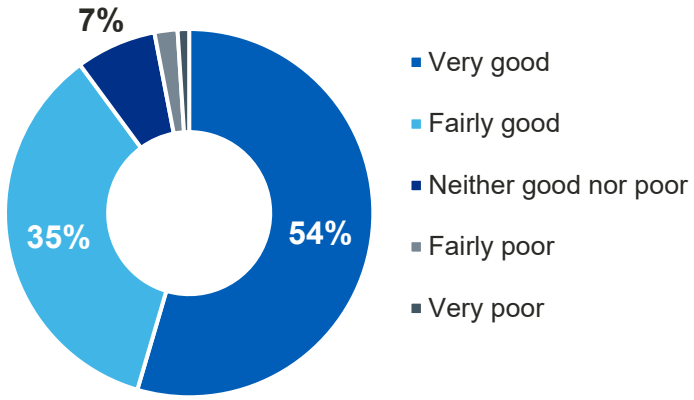
Overall experience of pharmacy services

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q48. How would you describe your experience of using these pharmacy services?

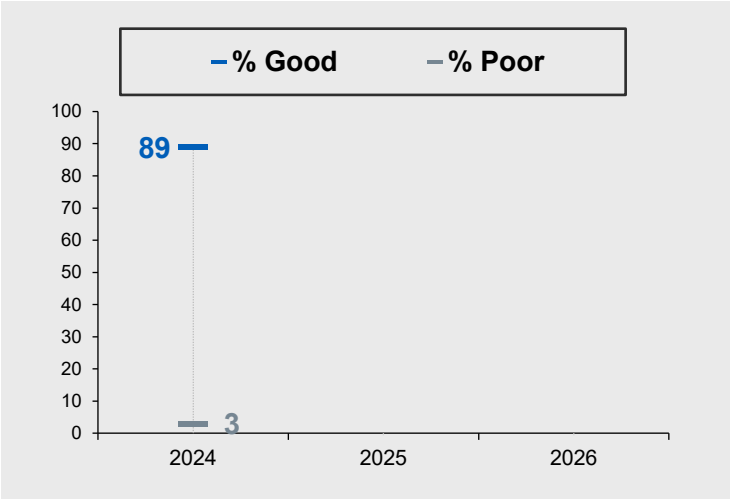
ICS result



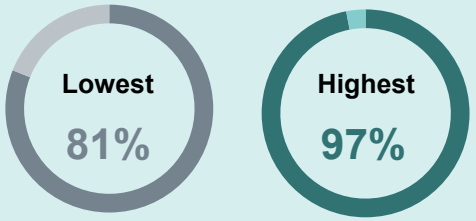
Base: Asked of patients who have used pharmacy services in the last 12 months. National (625,567); ICS 2024 (12,787); PCN bases range from 81 to 743

ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % **Good**



Comparison of results

ICS		National	
Good	Poor	Good	Poor
89%	3%	87%	5%

%Good = %Very good + %Fairly good
%Poor= %Very poor + %Fairly poor

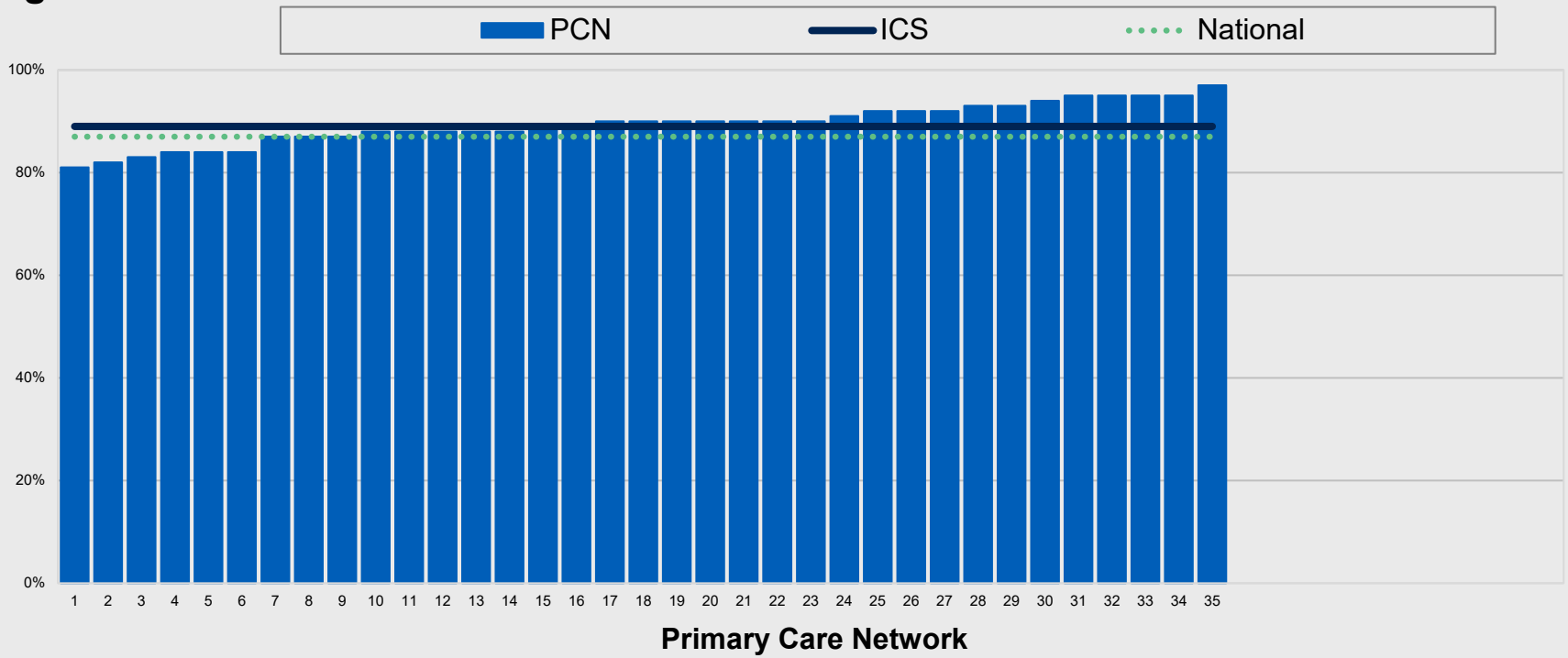
Overall experience of pharmacy services: how the results vary by PCN within the ICS

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q48. How would you describe your experience of using these pharmacy services?

Percentage of patients saying their overall experience of pharmacy services was 'good'



Base: Asked of patients who have used pharmacy services in the last 12 months. National (625,567); ICS 2024 (12,787); PCN bases range from 81 to 743

PCN	Name
1	WELWYN GARDEN CITY A PCN
2	HITCHIN AND WHITWELL PCN
3	CENTRAL WATFORD PCN
4	DELTA PCN
5	STEVENAGE NORTH PCN
6	BRIDGEWATER PCN
7	HARLOW SOUTH PCN
8	HARLOW NORTH PCN
9	ICKNIELD PCN
10	DACORUM BETA PCN
11	EPPING FOREST NORTH PCN
12	SOUTH UTTLESFORD PCN
13	ALBAN HEALTHCARE PCN
14	HODDESDON & BROXBOURNE PCN
15	MVPS PCN
16	STEVENAGE SOUTH PCN
17	LOUGHTON BUCKHURST HILL & CHIGWELL PCN
18	ABBEY HEALTH PCN
19	POTTERS BAR PCN
20	GRAND UNION PCN
21	STORT VALLEY & VILLAGES PCN
22	ALLIANCE PCN
23	HERTS FIVE PCN
24	HERTFORD AND RURALS PCN
25	WARE AND RURALS PCN
26	HATFIELD PCN
27	NORTH WATFORD PCN
28	NORTH UTTLESFORD PCN
29	HALO PCN
30	HARPENDEN HEALTH PCN
31	ALPHA PCN
32	BROXBOURNE ALLIANCE PCN
33	RICKMANSWORTH & CHORLEYWOOD PCN
34	LEA VALLEY HEALTH PCN
35	ATTENBOROUGH PCN

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

Ipsos

NHS dental services

The PCN range within ICS has not been included for these questions, as we do not know the location of patients' dental practices, therefore the results about experience with NHS dentistry services are not attributable at PCN level.

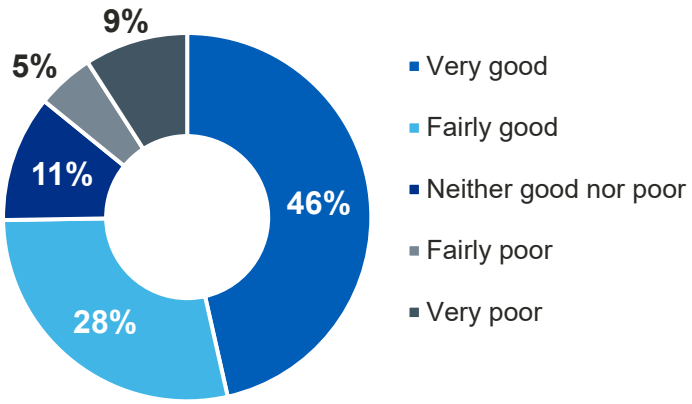
Overall experience of NHS dental services

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

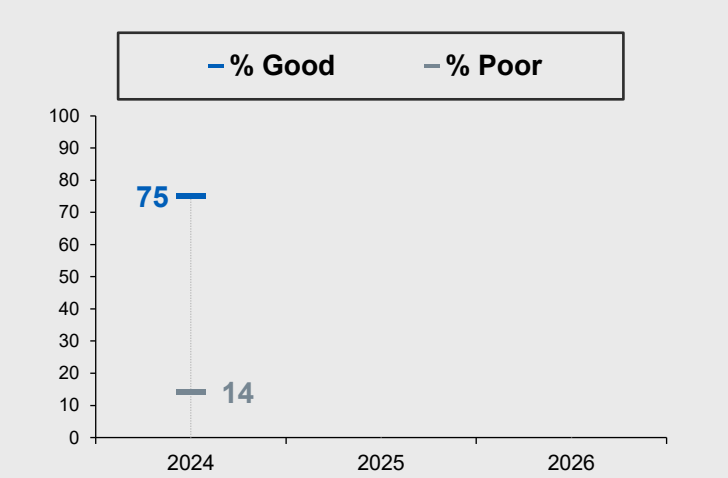
Q52. Overall, how would you describe your experience of NHS dental services?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
75%	14%	69%	20%

Base: Asked of patients who have tried to get an NHS dental appointment in the last 2 years. National (370,796); ICS 2024 (7,512).

%Good = %Very good + %Fairly good
%Poor= %Very poor + %Fairly poor

Statistical reliability

Statistical reliability

GP PATIENT SURVEY

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part ("true values").

However, we can estimate the true value by considering the size of the sample on which results are based, and the number of times a particular answer is given.

The confidence with which we make this estimate is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the "95% confidence interval").

This table gives examples of what the confidence intervals look like for an ICS and PCN with an average number of responses, as well as the confidence intervals at the national level, based on weighted data. Confidence intervals will be wider when results are based on a smaller number of responses.

An example of confidence intervals (at national, ICS and PCN level) with an average number of responses.

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	699,790	0.10	0.16	0.17
ICS	16,662	0.67	1.03	1.12
PCN	548	3.38	5.16	5.63

For example, taking an ICS where 16,662 people responded and where 30% gave a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had taken part in the survey) will fall within the range of +/-1.03 percentage points from that question's result (i.e. between 28.97% and 31.03%).

When results are compared between separate groups within a sample, the difference may be "real" or it may occur by chance (because not everyone in the population has taken part in the survey).

Ipsos

Want to know more?

Further information about the survey

GP PATIENT SURVEY

- The survey was sent to around **2.5 million patients aged 16 or over** registered with a GP practice in England.
- The overall response rate to the survey is **27.3%,** based on **699,790** completed surveys.
- Participants can complete the **survey online**, also with the option of filling out a paper questionnaire or completing via telephone.
- The GP Patient Survey is conducted on an annual basis and has been since 2017.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of eligible patients and the patients who actually complete a questionnaire. The weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- For more information about the survey please visit https://gp-patient.co.uk/.
- For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/faq.
- Further information about the methodology and technical information including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: https://gp-patient.co.uk/surveysandreports.

2.5 million

Surveys sent to patients aged 16 or over registered with a GP practice in England

699,790

Completed surveys in the 2024 publication

27.3%

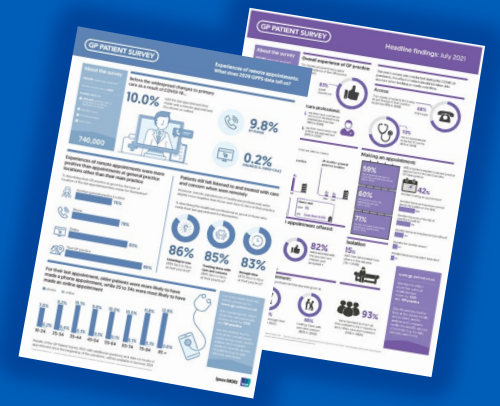
National response rate

Ipsos

Where to go to do further analysis …

GP PATIENT SURVEY

- For reports which show the results broken down by ICS, PCN and Practice for all questions, go to https://gp-patient.co.uk/surveysandreports - you can also see previous years' results here.
- To look at this year's survey data using the interactive analysis tool, go to https://gp-patient.co.uk/analysistool. Data can be analysed at national, ICS, PCN, or practice level.
- The analysis tool allows users to filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to compare the relationship between questions using the crosstab function.



For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

Ipsos

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

FINAL MINUTES

Meeting:	**ICB Primary Care Digital**			
	Meeting in public	☐	***Meeting in private (confidential)***	☒
Date:	**Thursday 16th May 2024**			
Time:	**10:00am – 12.00pm**			
Venue:	**Via MS Teams**			

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

PCD/01/24	Welcome, apologies and housekeeping
1.1	The Chair welcomes all to the meeting.
1.2	Minutes from meeting, 18 April were approved as accurate.
PCD/02/24	**Declarations of Interest**
2.1	None declared

PCD/03/24	**Action tracker**
3.0	The action tracker was reviewed and noted: ***See action tracker document for full details*.**
PCD/04/24	**Operational update:**
4.1	***HBL ICT Updates from key programmes: (see meeting chat/link for presentation):*** **Stability of EMIS Web**: The upgrade has significantly reduced the number of incidents and has improved the service. **EMIS X Updates:** All sites are now live, and HBL ICT are working with practices to start using EMIS X and identify sites for EMIS X training. **New Market Entrants Framework:** Manor View were successful for this programme and are now in Stage 1 of the process. The team are and working with alternative suppliers and looking at new clinical systems with Manor View. **VDI Latest:** Number of users continues to grow. **Online Consultation Roadmap:** Now have a quote from AccuRx about AccuBook items. Arranging to speak with the hub to look at the contractual side. **NHS App Comms:** The two screens purchased are being used at events for the team to actively promote the App. Posters advertising the app are being finalised. **NHS App updates**: National figure for sign up is 55%, HWE has 61% of patients registered, this is the highest in EoE. **SMS Latest Data**: cost gone up to 0.022pence in April and the net effect of that has been that it has gone up from £68,000 to £86,000 and on course to average £73,000 per month not including the big months of September and October, when the Flu & Covid appointment reminders go out. **NHS Push Notifications:** Work is being done for messages to be sent via the NHS App, for those with Push Notifications turned on, rather than SMS. SMS fallback to 24hrs from June 24. HWE currently have 24% of patients with the app/notifications turned on. **I-Refer:** This has been causing a lot of issues and a log of data has been shared regionally and nationally, the team are currently building a body of evidence and working with other ICBs and others to look to fix it. RH is compiling a clinical risk assessment on this as it is causing a lot of practices problems. There was a discussion regarding the problems with I-Refer/ICE and Scriptswitch. DL will again take the concerns back to Janet and Optum regarding the problems with Scriptswitch. RH is preparing a paper to go to Digital Transformation Board on Tuesday and asked the group who are experiencing problems to drop her a brief summary of the crashing incidents and risks and on how this impacts GPs and practices, on a day-to-day basis and asked DL to forward a summary of the issues with Scriptswitch. IP/DC asked for the issues with TPP/Clinical link to go on the risk register, TM will add. **DC/IP/TM to arrange meeting with Avni to discuss the escalation, risks and issues with TPP further**.
PCD/05/24	**Risk Register**
5.1	TM updated that the risk register is currently being reviewed and is re-writing/re-modelling parts of it and having an 'Issues' template. TM will update next meeting.
PCD/06/24	**Feedback from Clinical leads and other key meetings**
6.1	RH updated: • Issues with EPA, the community provider in WE are changing/moving away from SystemOne. A paper is going to the Digital and Transformation Board with the input from PCN Clinical Directors and Clinical Leads and then will formally liaise with EPA escalating and mitigating the risks with regard to shared care records. Also, Mid/South Essex are moving away from the Cerner HIE shared record and using Orion Health,

	but currently the systems are not working together, there is a potential risk of data loss where clinicians within Mid and South Essex will not have access to HWE data and visa versa. Particular concern being on the impact of patient care within Broomfield Hospital. • Work has continued on modernising general practice and RH/DC/GF and MOo have been doing site visits. One being Maltings Surgery where they have a good model of digital triage with AccuRx that has been spread across whole PCN and have been seeing positive results. • RH and TM also attended Hatfield PCN target event and gave a presentation on a model of modern general practice and shared case studies, along with an update on the NHS app, which were well received. • GF updated on the Red Dot communication behold AI is going live in EN Trust and is expected in May/June. • GF attended the WE HCP meeting, there was a discussion around the Quality Inbox for the ICB and acute trusts from the Quality Inbox team. One interesting point raised was the lack of relationship and lack of forum between primary, secondary care clinical colleagues and long-term consultants. All agreed and that familiarity and better relationships should be encouraged to change culture long term. • PK added that the Child Safeguarding portal with HCC is going live on 21 May. PK/GF/RH have raised concerns about safety and will continue work in the background to see if they can resolve some of the issues.
PCD/07/24	**Any Other Business**
7.1	**Patient Consent for recording telephone consultations:** DD confirmed she had a meeting with the DPO regarding the telephone consultations and recordings and will share her discussion with the group at the next meeting. TM updated that the presentation on Modern General Practice, where there will be a showcase of some of the case studies, will now be presented via MS Teams (x four dates), for practices to attend. Invites to be sent out soon.
PCD/8/24	**Date and Time of next meeting**
	Thursday 20th June 2024