NHS HWE ICB Primary Care Board meeting held in Public

Thursday 22 September 2022

Conference Room 2, The Forum, Hemel Hempstead, HP1 1DN

Meeting Book - NHS HWE ICB Primary Care Board meeting held in Public Thursday 22 September 2022

NHS HWE ICB Primary Care Board meeting held in Public

09:30	1. Welcome, apologies and housekeeping		Chair
	2. Declarations of interest	Verbal	Chair
09:40	3. Questions from public		Chair
09:45	4. Primary Care Board Governance: Terms of Reference	Approval	Avni Shah
09:55	5. Risk Register	Discussion	James Gleed
10:10	6. GP Patient survey results	Discussion	Michelle Campbell
10:30	7. Primary Care workforce delivery plan	Information	Joyce Sweeney
10:35	8. Any other business		Chair
10:40	9. Reflections and feedback from the meeting		Chair
10:45	10. Close of the meeting		Chair

Date of Next Meeting: Thursday 24 November 2022

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

The Nolan Principles

In May 1995, the Committee on Standards in Public Life, under the Chairmanship of Lord Nolan, established the Seven Principles of Public Life, also known as the "Nolan principles". These principles are the basis of the ethical standards expected of all public office holders.

The Hertfordshire and west Essex Integrated Care Board recognises that in all its work it must seek to meet the highest expectations for public accountability, standards of conduct and transparency. It will therefore ensure that the Nolan principles, set out below, are taken fully into account in its decision making and its policies in relation to standards of behaviour.

1. Selflessness. Holders of public office should act solely in terms of the public interest.

2. Integrity. Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity. Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability. Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness. Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty. Holders of public office should be truthful.

7. Leadership. Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**22/09/2022**	
Report Title:	**Primary Care Board Terms of Reference**				**Agenda Item:**	**04**	
Report Author(s):	Avni Shah, Director of Primary Care Transformation Rachel Halksworth, Assistant Director of Primary Care Contracting						
Report Signed off by:	Rachel Halksworth, Assistant Director of Primary Care Contracting HWE *on behalf of Avni Shah, Director or Primary Care Transformation HWE*						
Purpose:	**Approval**	☒	**Decision**	☐	**Discussion**	☐	**Information** ☐
Report History:	N/A						
Executive Summary:	This paper summarises the purpose of the Primary Care Board and the proposed membership.						
Recommendations:	The Board are asked to Agree the Terms of Reference for this Board subject to periodic review by this Board.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

Primary Care Board

Terms of Reference

1. Introduction

1.1 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) Primary Care Board.

2. Purpose and Remit

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

- Propose the strategic direction for local primary care services;
- Identify the key priority areas needing change;
- Enable local clinical perspectives to inform strategic decision-making;
- Set the strategic context for transformation and take oversight of its implementation.

2.2 The Primary Care Board will play a key role in ensuring delivery of key national policy areas such as General Practice Forward View (GPFV), Long term Plan (LTP) requirements, Five Year Framework for GP Contract Review; and will lead development and delivery of the HWE Primary Care Strategy (including any agreed recommendations of the recent Fuller Stocktake Report).

2.3 The Board will set out the principles and methodology for transformation.

3. Role and Responsibility

3.1 Strategic Oversight of Transformation

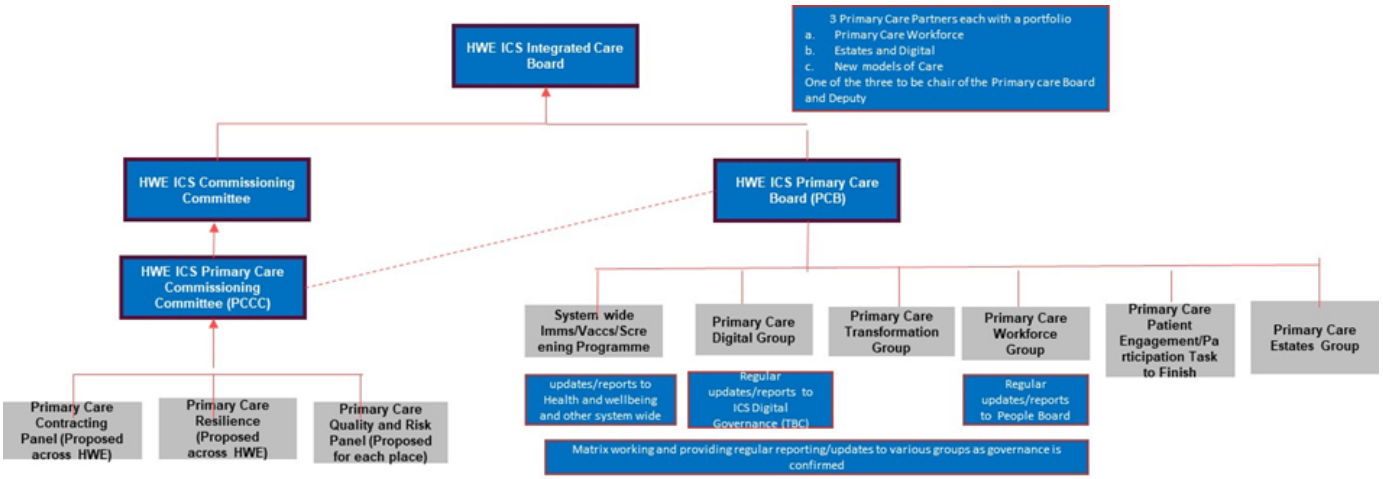
- Lead the development of the primary care strategy and make recommendations to the Integrated Care Board
- Oversee the implementation and delivery of the primary care strategy and work plan
- Provide a single forum for the oversight of primary care services transformation and innovation across the Integrated Care System, using best practice and a population health management approach to the development and integration of services at a system, place and neighbourhood level. This includes enabling functions including workforce, digital, estates.
- Oversee the system approach to the transfer of community pharmacy, optometry and dental services to the ICB from April 2023
- To drive quality and reduce unwarranted variation in outcomes for patients in primary care across HWE using quantitative data and appropriate qualitative data from partners including Healthwatch.
- To ensure there is alignment of plans across HWE ICB system and place work programmes.

3.2 Communications and Engagement

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

4. Accountability and Governance Structure

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



Primary Care Board will have specific working groups reporting progress into the primary care board in particular these will include primary care workforce, primary care digital, primary care transformation.

5. Operating Principles

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

6. Reporting Responsibilities

6.1 The Hertfordshire and West Essex Primary Care Board is accountable to the ICS Integrated Care Board.

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

7. Membership and Chairing Arrangements

7.1 The Primary Care Board will be representative of the HWE health and social care community to ensure diverse input and decision making.

- Primary Medical Service Partner members (3) each with a portfolio including lead in:
    i. Primary Care Workforce – Chair
    ii. Primary Care Transformation – Deputy
    iii. Primary Care Digital and Estates - Deputy
- Community Trust Partner Member
- Non-executive Director – Gurch Randhawa
- ICB Director of Primary Care Transformation
- ICB Medical Director
- ICB Director of Operations
- 3 Nominated Primary Care (GP/PCN CD) leads across HWE (one from each place)

7.2 In attendance

- Healthwatch Representative 1 representative for Hertfordshire and 1 for Essex
- Local Professional Committee representatives Hertfordshire and Essex (LMC, LPC, LOC, LDC)
- Patient representatives from each place (3 representatives)
- Voluntary Community and Social Enterprise (VCSE) representative

- ICS Clinical leads for Strategic Programmes/Enablers as appropriate –primary care transformation, primary care prescribing, workforce and digital
- Communications lead
- AD/Head of Primary Care at Place (3)
- AD for Primary Care Contracting
- PH leads Hertfordshire and Essex (1 from each as appropriate)
- Other leads including Health Education England; Education sectors; digital and other managerial leads as appropriate

8. Quorum

8.1 This meeting provides strategic oversight and is not a forum for decision-making. A meeting will be considered quorate if 50 per cent of members are present, which must include either the Chair or Vice-Chair and one Executive Director.

8.2 No formal business shall be transacted where a quorum is not reached.

9. Member Roles and Responsibilities

9.1 All members are required to attend or send a deputy.

9.2 Workstream and Portfolio leads must ensure that reports and papers are submitted to enable circulation 5 days before the meeting.

9.3 All members are required to complete assigned actions and provide updates to the Board in line with the action log.

9.4 All members are required to be full and active participants, to ensure that relevant expertise is available to the Board to facilitate effective management of the workstreams.

10. Meeting Arrangements

10.1 The full membership of the Primary Care Board will meet on a bi-monthly basis, with work stream Senior Responsible Officer's and members supporting programme delivery joining working group meetings in the intervening months.

- Meetings will be online or hybrid of online and in-person to ensure maximum attendance
- Members who cannot attend will be expected to send deputies.
- Papers will be circulated at least five working days before each meeting.
- Action logs will be circulated within 10 working days of each meeting.

11. Monitoring and Review

11.1 The Terms of Reference will be reviewed on an annual basis, or sooner if required. The next review will take place one year from the date of approval stated below.

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care Board

Date of approval:

Date of review: (Within first six months)

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Primary Care Board				**Meeting Date:**	**22/09/2022**	
Report Title:	**Primary Care Risk Register**				**Agenda Item:**	**5**	
Report Author(s):	James Gleed Associate Director Commissioning Primary Care						
Report Signed off by:	James Gleed Associate Director Commissioning Primary Care *on behalf of* Avni Shah Director Primary Care Transformation						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	A new Risk Register for the HWE ICB Primary Care Directorate has been created; this brings together and replaces risks previously recorded and tracked on individual CCG Risk Registers. Work commenced on this as part of the preparatory work for creation of the Hertfordshire and West Essex Integrated Care Board. The Risk Register was presented to the Primary Care Commissioning Committee in Common of the three Herts and West Essex CCGs in May 20022 and to the Herts and West Essex ICB Primary Care Board in May 2022.						
Executive Summary:	The process of transferring risks contained in the HWE Primary Care Risk Register onto the *Datix* electronic system is in progress. Since the register was last presented to the Primary Care Board in May all of the risks with the highest risk ratings (above 12) have been reviewed with resultant changes proposed (register is appended). The remaining risks with lower scores will be reviewed by the end of September 2022. The risk register is a dynamic document and is presented to the Primary Care Board for review, discussion and information.						
Recommendations:	The Board is asked to agree the proposed changes to the risks that have been reviewed.						

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

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Executive summary

The process of transferring risks contained in the HWE Primary Care Risk Register onto the *Datix* electronic system is in progress.

Since the register was last presented to the Primary Care Board in May all of the risks with the highest risk ratings (above 12) have been reviewed with resultant changes proposed (register is appended).

The remaining risks with lower scores will be reviewed by the end of September 2022.

The risk register is a dynamic document and is presented to the Primary Care Board for review, discussion and information.

2. Background

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

Work commenced on a new consolidated risk register across HWE as part of preparations for the creation of the HWE ICB.

Each of the three individual risk registers have now been fully reviewed and archived as part of creating the new consolidated ICB risk register across the three 'places'.

3. Issues

Some recent updates to the risk register have not yet been entered onto the Datix system.

A review of all lower rated risks on the register is required - it is acknowledged that some entries in the register require updating to reflect a) the establishment of the ICB and b) significant developments and progress that have occurred since the last review.

4. Options

It is proposed that the following changes are made to the risk register:

Risk 318: reduce risk score from 20 to 12 (moderate) – rationale: new ICB governance structure now established and new clinical leads (ICB and place) appointed.

Risk 324: reduce risk from 16 to 12 (moderate) – rationale: have established a single HWE Contracts Panel and ICB Primary Care Board.

Risk 325: close this risk – rationale: position regarding the recruitment process and funding has since 1 April 2022, been harmonised across the ICB. It is proposed that a new broader risk regarding the PCN ARRS is added, noting that current PCN ARRS plans for 2022-23 do not see the full allocation across HWE invested.

Risk 333: close this risk – rationale: felt there is not a high risk of ongoing cost pressure, as no proposal to increase the funding to PCNs to deliver EA from 1st Oct. It is proposed that a new broader risk regarding implementation of Enhanced Access (EA) across the ICB is added, noting that not all PCN EA plans have been approved at this juncture.

5. Resource implications

Staff absence in the Corporate Governance Directorate has impacted on the specialist advice and support for the ongoing review and updating of the primary care risk register.

6. Risks/Mitigation Measures

As noted above.

7. Recommendations

The Board is asked to:

Agree the proposed changes to the risks that have been reviewed.

Note and support the review of the remaining lower rated risks

Receive the risk register at future meetings (in accordance with the Primary Care Board's Annual Cycle of Business) for review and discussion 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

Review and update of the remaining lower rated risks on the register by the end of September 2022.

Complete the transfer of all risks onto the Datix electronic system

Transition Risks

11 Novermber 2021

ID	Datix ID	Date C	HWE(C	Comm	Execut	Risk Le	Risk Ap	CCG Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required	1st Line .	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	3rd Line - Level of	Gaps in assurance	Approval status
PC1	318	10/11/2021	1 2 4	CCG Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	ADs Primary Care & Comms and Engagement	TBC	**IF** points of participation and influence for primary care in the new ICB and HCP structures are not made clear during the transitional period… **THEN** meaningful engagement with primary care may not be sustained into the new ICB arrangements… **RESULTING IN** challenges enacting ICB plans for delivery at place.	20	12	8	Risk improving	1. Agreement of ICB governance structure 2. Oversight by existing CCG leadership roles in the initial transitionary period 3. Use all avenues to engage Primary Care, such as existing CD/Primary Care meetings 4.Appointment of key Primary Care roles 5. Embedding of Primary Care leadership roles & agreement of appropriate engagement fora	Plans for the ICB and place based structures are not yet widely understood. ACTIONS: Draft internal communications strategy and stakeholder engagement plan has been developed: these need to be regularly reviewed and refreshed in light of new requirements.	Iterative development of ICB and HCP structures is being aligned through Transformation Board sub groups.	Reasonable	Updates to the ICS Partnership Board, Healthcare Partnership Boards and Audit Committees.	Reasonable	Transformation assurance processes with NHSE/I	Reasonable	ICB and HCP structures to be finalised and signed off by partners.	The risk was approved for inclusion by Committees meeting in common, March 2022. Proposed risk score reduced from 20 to 12
	320									8		No movement				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 reported to Boards as appropriate. •Primary Care updates and assurance papers to other CCG and ICS Committees and groups as appropriate. •Approval of expenditure above PCCC authorisation limit is escalated to another Committee or Boards meeting in common. •Assurance papers to Audit Committee in March 2020. •Clinical Senate and Integrated Clinical and Care Advisory Groups to the Health and Care Partnerships support strategy development.	Reasonable	•NHSE/I Regional Team receives PCCC in common papers. •Practices are compliant with national and regional guidance relating to the Covid 19 pandemic. •CQC reporting shared with CCGs and ICS. •NHSE/I remedial actions discussed with CCGS and ICS. •Internal audits of Primary Care Networks and Delegated Commissioning provide reasonable or substantial assurance.	Reasonable	ICB and HCP structures to be finalised and signed off by partners.	Approved by Committees meeting in common March 2022

Transition Risks

Risk Profile														Assurance Mapping							
ID	Datix ID	Date C	HWEIC	Comm	Execut	Risk Le	Risk Ap	CCG Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required	1st Line	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	- Level of	Gaps in assurance	Approval status
PC3	321	04/03/2022	1 2	Primary Care Commissioning Committee	Director of Primary Care Transformation	AD Primary Care & Comms and Engagement	TBC	**IF** Primary Care is not supported to optimise capacity and address variation, **THEN** patients may not experience improved access to urgent, same day primary care, **RESULTING IN** negative impact on patient experience, patient safety, system resilience and commissioner reputation.	16	12	8	No movement ↔	1) £6.16m allocation to HWEICS of Primary Care Winter Access Funding has enabled: - Increasing winter capacity via PCNs: 159k additional appointments from November 2021 to March 2022. - Additional capacity through extended hours/respiratory hubs/paediatric hub. - Acceleration of community pharmacy consultation service: more than 60 practices trained and live by January 2022. Remainder to be completed in Q4. - Reinvigoration of PPG network: listening events. - Communications materials for patients and public to support understanding of models of care. - External company to support clinical triage and overflow in general practice: expressions of interest received from 10 PCNs. - Tailored practice plans: access improvement visits underway 2) All HWE practices have access to an additional outbound functionality enabled through MS Teams and negotiated nationally. This solution will enable staff to use MS teams to make outbound only calls independently of the existing telephone solutions. This will free up the existing lines for incoming calls. This agreement 30 April 2023. 3) Improvements in practice telephony infrastructure: 55 practices across Hertfordshire and west Essex bids have been approved for implementation in line with the national advance telephony specification.	Additional demand and constraints of the pandemic. Release of pent-up demand, accumulated during the pandemic when people were less likely to consult their practice or seek specialist care. Need for general practice to take a pivotal role catching up on the backlog of care for patients on its registered list who have ongoing conditions. Tailored practice plans and visits have revealed some themes re barriers to improvements: access to additional IT; premises constraints; workload prioritisation. Actions may require longer term solutions relating to capital investment and workforce development. Expansion of acute in-hours visiting to HV and WE is challenging in the short term due to increased system demand and pressure. Further work in train to reinvigorate patient groups and help promote new healthcare roles and access to services, aligning expectation with offer.	Reports to ICS Executive and Partnership Board Primary Care Commissioning Oversight Group discussed emerging issues.	Reasonable	Reports to PCCC	Reasonable	Reports to NHSE/I	Reasonable	Not all proposed measures can be introduced in the short term for all practices.	Approved by Committees meeting in common with the addition of reference to reputational risk.
HWECCGs aligned oeprational risks for transfer to the ICB																					
PC4	323	13/04/2022	1 2 4	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation		TBC	**IF** the pace of organisational development for primary care networks and their clinical directors does not increase... **THEN** there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities and a limited amount of collaboration between PCNs and other local delivery partners... **RESULTING IN** delays in delivery of transformation objectives to improve quality and accessibility of services.	16	12	8	New aligned risk	1. Provision of additional investment and support to primary care to develop PCNs in planning for the transformation of delivery of care in Hertfordshire and West Essex. 2. PCN DES sign up: national requirements now met for all PCNs and practices. 3. Directorate has a suite of projects designed to increase resilience and sustainability of primary care. 7. Individual work programme risks reviewed at team meetings. 8. Clinician/Officer meetings. 9. Local HWE Training hub offers/provides support to PCNs 10. PCN Workforce & PCN Development Plans 11. PCNs provided with Population Health Management support, to develop plan to support specific patient cohorts. 12. Recruitment to ARRS roles.	Further ARRS recruitment to be completed.	Progress reports provided to ICS Primary Care Exec	Reasonable	Reports to PCCC	Reasonable	NHSE/I receive PCCC papers	Reasonable		Awaiting Director sign off and discussion/approval at the PCCCs meeting in common in May 2022.

Transition Risks

Risk Profile															Assurance Mapping								
ID	Datix ID	Date C	HWE(C	Comm	Execut	Risk Le	Risk Ap	CCG Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required	1st Line	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	- Level of	Gaps in assurance	Approval status
PC5	324	04/03/2022	1 2 3 4	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	TBC	TBC	**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	New aligned risk	1) Individual processes are in place for each CCG, for example: - Integrated Quality and Performance Reports to Boards meeting in common and in public. - PCCCs meeting in common have 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 Healthwatch action plan Reporting to single ICB Primary Care Board, with non-GP majority membership. Single Primary Care Contracting Panel now in place	There are currently three different approaches across the CCGs. **ACTIONS BEING TAKEN**: - Identify current arrangements in 3 CCGs - Compare and identify differences - Assess differences in outcomes - Agree which process (or combination of processes) produces the best results - Implement one process across the ICS footprint - New Primary Care Quality Dashboard being developed and reported to Board In process of establishing contractual/performace delivery monitoring processes across the ICS	Internal quality and performance monitoring processes in each CCG. Support to practices with 'inadequate' or 'requires improvement' rating. Support to practices with access challenges, e.g. staffing or premises.	Reasonable	Quality and Performance Committees and CCG Boards Assurance to PCCC Liaison with CQC and LMC	Reasonable	Liaison with CQC and LMC Internal audit opinions External audit conclusions 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.**	Awaiting Director sign off and discussion/approval at the PCCCs meeting in common in May 2022. **Proposed risk socre reduced from 16 to 12**
PC6	325	04/03/2022	2 4	Primary Care Commissioning Committees meeting in	Director of Primary Care Transformation	TBC	TBC	**IF** the processes for recruitment of social prescribing link workers in primary care are not aligned… **THEN** availability of social support in primary care will be uneven across the ICS… **RESULTING IN** inequalities in outcomes for local populations.	20	16	8	New aligned risk	PCNs have access to various funding streams with which to ensure continuity of existing recruitment arrangements.	There are currently three different approaches across the CCGs **ACTIONS TO BE TAKEN**: - Identify current arrangements in 3 CCGs - Compare and identify differences - Assess differences in outcomes - Agree which process (or combination of processes) produces the best results - Implement one process across the ICS footprint	ARRS workforce claims submitted by PCNs monthly	Reasonable	Reports to PCCC containing ARRS staffing data	Reasonable	ARRS workforce plans submitted to NHSEI ARRS workforce data uploaded to NWRS	Reasonable	**None identified - for discussion: is there satisfactory oversight of social support in primary care to make adjustments where necessary without alignment of recruitment processes? If yes, then should the current risk score be reduced to 12 with the target of 8 reached once a common process is established?**	**Recommend closure of this as the recruitment process/funding support has been harmonised across the ICS. Proposed that a new risk on ARRS is added.**
PC7	326	04/03/2022	1 2 3	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	AD Primary Care Commissioning and Contracting	TBC	**IF** Primary Care sustainability is not robust enough… **THEN** we may not be able to ensure continued delivery of primary medical services… **RESULTING IN** a reduction in quality, patient safety and experience.	16	12	4	New aligned risk	Routine practice and extended access hub visits Individual practice visits to support mergers, resource and capacity issues, estates and infrastructure issues Business Continuity Plans Targeted support for practices who are rated 'inadequate' or 'requires improvement' by the CQC Support offered to all practices for preparation for CQC inspection or other CQC Reviews including 'mock visit' Targeted support where practices have access challenges such as workforce or premises Regular monthly meetings with the CQC Meetings with the LMC Monitor workforce levels through audit Support to practices in the development of Primary Care Networks as part of the delivery of The Long Term Plan Targeted workforce initiatives through the ICS funding available Supporting practices to access GP Resilience Funding. Primary Care OPEL Framework being introduced Potential Practice Closure plans Action plan to identify and investigate opportunities to improve patient access, including promotion of self-care, self-referral and community pharmacy scheme. Support and additional funding from NHSE provided to practices via additional COVID Expansion Funding to support restoration and improved access to services Additional Roles Reimbursement Scheme for PCNs	Solutions to substantive workforce and premises limitations take time to implement. Interim arrangements may need to be actioned.	Available and monitored data sources to gauge practice sustainability: QOF achievement and exception reporting CQC rating GP Patient Survey results Workforce audit information Premises concerns Acute utilisation Quality (complaints & PALS) CCG support requests Risk rating for practice	Reasonable	The Primary Care Commissioning Committee reviews the forecast risk resilience tool routinely and also on an ad hoc basis if new information is received. Primary Care reports to Boards meeting in common.	Reasonable	CQC inspections and reports	Reasonable		Awaiting Director sign off and discussion/approval at the PCCCs meeting in common in May 2022.

Transition Risks

Risk Profile															Assurance Mapping							
ID	Datix ID	Date C	HWE(C	Comm	Execut	Risk Le	Risk Ap	CCG Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required	1st Line	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	- Level of	Gaps in assurance	Approval status
PC8	327	04/03/2022	1 2 3	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	ADs Primary Care	TBC	**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	New aligned risk	Engagement with other CCGs and learning Information about arrangements for shielding patients /hot sites Initial primary care recovery plans disseminated Phase 3 recovery plans: recovery metrics sent and received from practices Covid Capacity Expansion Fund - enabled practices to increase staffing and service provision Additional Capacity Funding support Winter Access Fund Programme Respiratory hubs or equivalent provision for patients with infectious respiratory illness establsihed and funded since first wave of Covid-19 pandemic	Unable to meet high BAU demand Unable to clear back logs for: complex long term conditions; health checks; medication reviews; screening; and spirometry diagnostics **Actions:** Establish key actions and timescales and monitor progress. ECF for 2022-23 will help support practices to deliver LTC managment, LD and SMI health checks and spiromtery - implementaion scheduled for July 2022	CCG recovery plans for primary care services	Reasonable	Progess updates on recovery to PCCCs meeting in common Primary Care reports to CCG boards meeting in common	Reasonable	CQC inspections and reports Internal audit reports External audit conclusions	Reasonable	Ongoing exceptionally high demand in primary care.	Awaiting Director sign off and discussion/approval at the PCCCs meeting in common in May 2022.
PC9	328	04/03/2022	2	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	ADs Primary Care	TBC	**IF** the quality of data available to practices and Primary Care Networks is not adequate ... **THEN** this will limit the ability for primary care to meet new responsibilities relating to population health management… **RESULTING IN** failure to achieve forecast outcomes in population health and healthcare and tackle inequalities in outcomes, experience and access.	16	12	4	New collective risk	Procurement of one solution across ICS on data platform i.e Ardens Development of Primary Care Dashboard PCN DES "Tackling Health Inequalities" service implementation Primary Care teams aligned to PCNs/Localities to support development of PCN PHM Plans Upgraded Ardens Manager 'National Contracts' package procured for practices and PCNs for 2022-23	Currently variance in IT solutions and processes across the CCGs Confidence of data recording/reporting	Co-ordination of consistent BI data reporting across ICS; PHM training to PCNs, Primary Care Managers	Reasonable	Assurance to PCCC	Reasonable	Reporting into ICB	Reasonable	TBC	Awaiting Director sign off and discussion/approval at the PCCCs meeting in common in May 2022.
PC10	329	04/03/2022	1 2	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation & Director of Workforce	ADs Primary Care	TBC	**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		Monitoring workforce trends Taking novel approaches to recruitment and retention Providing updates to PCNs including ARRS position Primary Care Teams working with PCNS to submit forward ARRS workforce plans	Increasing numbers of GPs and GPNs taking retirement mean further plans necessary to address retention or recruitment. Difficulties recruiting to some AMP roles due to competition for their skills. 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) as barriers	Quarterly Workforce Data Collection Annual Skill Mix Collection	Substantial	Update reports to PCCC Progress monitored in ICS Workforce Group	Substantial	Reports to NHSEI	Substantial	None identified	Awaiting Director sign off and discussion/approval at the PCCCs meeting in common in May 2022.
PC11	330	04/03/2022	1 2	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation & Director of Workforce TBC		TBC	**IF** there is a lack of career development opportunities in primary care ... **THEN** primary care may be less attractive as a career choice... **RESULTING IN** doctors, nurses and other allied health professionals leaving primary care and choosing alternative career paths, making primary care less resilient and creating instability in patient access.	12	9	3	New collective risk	International GP Recruitment Programme Qualified Nurses Return to Practice Campaign Qualified Nurses to make PC career choice GP Fellowship Scheme	Increasing numbers of GPs and GPNs stepping down due to system pressures/ taking early retirement are exacerbating the risk. Difficulties recruiting to primary care roles due to competition for their skills. Additional support for mentorship and training of ARRS roles required - proposal for PCN training teams being developed	121 line management meetings Workstreams reviewed at Workforce Team meetings Workstreams reviewed at WIG meetings	Reasonable	Reports to PCCC	Reasonable	Reports to NHSEI Review of workforce position and work programmes at LMC Operational and Liaison Meetings	Reasonable	None identified	Awaiting Director sign off and discussion/approval at the PCCCs meeting in common in May 2022.
PC12	331	03/05/2022	1 2	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	Director of Primary Care Commissioning and Contr	TBC	**IF** the transfer of the GP Extended Access Service to PCNs is not proactively supported... **THEN** workforce challenges are likely... **RESULTING IN** a.Staff may leave the incumbent provider due to uncertainty caused by the GP Extended Access transfer, resulting in a risk for future provision b.Incumbent providers may lose experienced staff through TUPE which could destabilise their remaining services	16	12	8	New aligned risk	1.Proactive support to incumbent provider with TUPE. 2.Agreement of Exit Plan. 3.Monitor project plan and deliverables and escalate appropriately any deviations	1. Monitoring of performance and reporting to PCCC, Exec & F&P 2. Two West Essex Extended Access Operational Service Leads have resigned- however HUC are recruiting permanently to these positions and provided reassurance that even if EA is no longer provided by HUC there will be positions for these staff within the IUC contract. Therefore, propose that the likelihood is reduced from 4 to 3.	Exit plan agreed TUPE support in place Monitoring and escalation processes in place.	Reasonable	Reports to PCCC, Exec and Finance committees.	Reasonable	LMC engagement	Reasonable		Requires confirmation whether WECCG risk is resolved or this needs to be carried forward to ICB register.

Transition Risks

Risk Profile																Assurance Mapping							
ID	Datix ID	Date C	HWE(C	Comm	Execut	Risk Le	Risk Ap	CCG Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required	1st Line -	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	- Level of	Gaps in assurance	Approval status
Training and Education aligned risks to be reviewed and developed by new training lead.																							
PC13	332	03/05/2022	1	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	ICS Training Lead & Primary Care ADs	TBC	**IF** there were a lack of further training and education opportunities in primary care... **THEN** there would be a failure to keep knowledge relevant and up to date. Capabilities will not be kept up to the same pace as others in the same profession. **RESULTING IN** a. Practice colleagues being unable to maintain and enhance their knowledge and skills needed to deliver primary care to patients. b. Practices would fail their CQC. c. Mental Health issues would increase across the GP population. d. General Practice would have a lack of registered nurses.	6	3	3	New aligned risk	Trained Infection Prevention and Control Champions in each practice. The mid-career GP initiative Qualified Practice Nurse Revalidation support Mid-Career GP Initiative Business Fundamentals for GPs Student Placements - nurses Student Placements - Graduate Managers	Apprenticeships in Primary Care School Engagement and Work Experience Placements Student Placements - other professions	ICS Training Hub ICB Training lead appointed	Reasonable	Reports to PCCC Reports to ICS executive	Reasonable	National funding in place for Training Hub	Reasonable	Further opportunities to be developed	To be worked up and brought back to the Director for approval.
Risk specific to WECCG only																							
PC14	333	01/05/2021	3	Primary Care Commissioning Committees meeting in common	Director of Primary Care Transformation	Director of Primary Care Commissioning and Contracting	TBC	Transfer of the GP Extended Access Service from the IUC Contract to PCNs - Cost pressure CCG may be required to fund PCNs at a higher value than can be disaggregated from the HUC Integrated Urgent Care (IUC) contract, resulting in a cost pressure Extracting the equivalent PCN value from the IUC contract may destabilise the remaining NHS111, Out of Hours and CAS services	20	20	15	No movement	1. Identification of cost pressure. 2. financial modelling completed. 3.establishing a programme of negotiation meetings from June. 4. Agreement of an Exit Plan. 5.Consideration of service specification to align with available funding 6.Funding agreed by appropriate committee.	1. Monitoring of performance and reporting to PCCC, Exec & F&P	Finance Team reports Negiatations with provider	Reasonable	Reports to PCCC Reports to ICS executive	Reasonable	TUPE regulations being followed.	Reasonable	No agreement yet reached	This financial risk is specific to WECCG but needs to be taken forward and added to the ICB risk register as financial negotiations not yet concluded with HUC. No further update was available when the WECCG paper for Audit Committee was prepared w/e 6/5/22 **Not felt that there is a high risk of ongoing cost pressure, as no proposal to increase the funding to PCNs to deliver EA from 1st Oct. It is recommended that this risk is closed however a new risk added on implementaion of Enhanced Access accross the ICB**

Transition Risks

Risk Profile														Assurance Mapping						
ID	Datix ID	Date C	HWE(C	Comm	Execut	Risk Le	Risk Ap	CCG Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required	1st Line .	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	- Level of	Gaps in assurance	Approval status

ICS Strategic Objectives	No.
Improving outcomes in population health and healthcare	11
Tackling inequalities in outcomes, experience and access	11
Enhancing productivity and value for money	4

Transition Risks

Risk Profile															Assurance Mapping					
ID	Datix ID	Date C	HWEIC	Comm	Execut	Risk Le	Risk Ap	CCG Risk Description	Rating	Rating	Rating	Risk M	Controls	Gaps in controls	1st Line Operational functions enforcing required	1st Line	2nd Line Oversight functions undertaking scrutiny and	2nd Line	3rd Line Functions providing independent and objective	- Level of	Gaps in assurance	Approval status
Helping the NHS support broader social and economic development									5													
Total									31													

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**22/09/2022**	
Report Title:	**GP Patient Survey Results – ICB Approach**				**Agenda Item:**	**06**	
Report Author(s):	Michelle Campbell, Head of Primary Care Contracting, HWE						
Report Signed off by:	Avni Shah, Director of Primary Care Transformation HWE						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☐
Report History:	ICB Primary Care Board, Thursday 11 August 2022						
Executive Summary:	The Board received a paper on the GP Patient Survey Results for 2022 in the August meeting. The GP Patient Survey results were published in July and both nationally and across the ICB, patient satisfaction and experience declined, as expected due to the Covid Pandemic and the significant increase in demand. This paper builds on the work being done to develop a work programme designed to support practices and improve patient access and their experience in general practice. The paper describes the approach the ICB is proposing on how we will both identify practices who may benefit from additional support and those practices who have a successful access model in place and can share learning and good practice across the ICB. The action plan, although still in development, will pull together all the information available into one place which will include, but not limited to: - GPPS results - Practice Quality Visits - Upgraded telephony systems - Development of practice patient participation groups - Involvement in the NHSE Access Improvement Programme - Use of online tools and integration within practices This will evolve as new risks are identified and new initiatives rolled out.							

Recommendations:	The Board is asked to note the content of the paper and discuss the proposed ICB approach to improving GP access and patient satisfaction.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☒	***Non-Financial Personal***	☐
	None identified			☐
	The clinicians on the Board may benefit from any of the actions identified to improve patient experience and access to general practice. However, it should be noted that this paper does not require approval for funding and where future funding or initiatives need to be agreed, any conflicts of interest will be appropriately managed in the decision making.			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Executive summary

Following the publication of the GP Patient Survey (GPPS) results in July 2022, it was identified that both nationally and across the ICB there has been a decrease in patient experience; which was expected following the Covid pandemic.

Across the Health and Care sector all providers have seen a significant increase in demand and complexities of conditions which has an impact on access and patient experience.

In general practice, the Covid pandemic forced a change in the way patients access services; moving from the traditional face to face model to a virtual, total triage model. The acceleration of the utilisation of digital tools enabled patients to still have access to their GP Practice remotely via telephone, online or video consultations; and this continues as we move out of the pandemic into recovery and business as usual.

The NHS Long Term plan supports the implementation of different models of care and the use of these digital solutions and the expansion of the GP Practice workforce to ensure patients see the right clinician for the right condition, at the right time. So the traditional GP-led model in general practice is no longer sustainable and GPs are now supported by clinicians such as Clinical Pharmacists, First Contact Physiotherapists, Social Prescribing Link workers and Mental Health Link workers to name but a few.

There is a vast amount of work currently underway to deliver the priorities of the NHS Long Term Plan and GP Access is fundamental to support that; in order to ensure that we focus our efforts where it is needed most, we have created a multidisciplinary (MDT) group to pull together all the various strands and work programmes that will assist in us achieving our goal; which is to improve patient experience in accessing primary medical services.

The following section outlines our proposed approach to this work programme to both identify where targeted support is needed but to also recognise good practice and learn on what works well to share with other providers if appropriate.

2. Proposed Approach

As we have identified there is significant variance in patient experience across practices in the HWE ICB; we need to identify what supportive actions are required to ensure access is improved and patient experience is consistent across all practices. We also need to understand the impact that this may have on the wider system; such

as increased A&E attendances or increase in referrals for Mental Health Support or Long Term Conditions etc.

We need to build a detailed picture of each practice including:

- current GP Workforce;
- recruitment issues;
- disease prevalence;
- patient profiling including number of care homes;
- premises capacity/constraints.

All of this information is available and we need to bring it together to start building a practice profile working with Population Health management colleagues and then triangulate this information with the softer data and intelligence we have across the ICB.

As mentioned above there are a number of areas of work underway and we need to build these into the "practice profile" to identify gaps and using the GPPS results to identify areas of priority. These areas of work include:

- **Upgrades to practice telephony systems** – across HWE ICB 95 practices have been awarded funding to support upgrading their telephony systems; this will increase the number of lines into a practice to reduce the answering call times; patients will hear information on where they are in the queue to be answered; and it will provide data to the practice on the time for calls to answered, number of calls received and abandoned, diverts to other phones where needed and this will assist practices on where they may need to flex their ability to manage demand at peak times.
- **Support with practice patient participation groups** – all practices are required to form a patient participation group (PPG); however, the involvement of these groups varies greatly across practices. A survey was undertaken for practice staff and patients to identify where support is needed most, and these were found to be around:
    - Recruiting a more diverse membership
    - Improving relationships and communication between the practice and PPG
    - Better understanding of the role, purpose and authority of the PPG

  A PPG Steering Group has been set up to take this forward with membership from patients, Healthwatch, Practice Managers and ICB colleagues and it is in

the process of developing some networking / learning sessions to support the outcomes of the survey.

- **Commissioned Healthwatch Hertfordshire and West Essex** to gather lived experience to feed directly into the ICS Primary Care workstream through wider participant engagement.

  Engaging patients and the public in West Essex on key programmes including the key priorities and co-produced areas of importance at a local and regional footprint:

  - Develop digitally enabled care pathways in ways which increase inclusion
  - Accelerate preventative programme which proactively engage those at risk of poor health outcomes
  - Particularly support those who suffer mental ill-health
  - Strengthen leadership and accountability
  - Ensure databases are complete and timely
  - Collaborate locally in planning and delivering Action
  - 2 subjects selected per quarter between the ICS HW Herts and HW Essex.

  To date patient experience in 3 areas identified, through the initial review of the survey and ongoing patient feedback with a view to learn from these which will enhance the access improvement action plan across HWE.

- **Implementation of the Digital First Primary Care programme** – to accelerate the implementation of digital tools in general practice. In addition to the telephony work mentioned above, the programme covers 5 other areas:
  - *Digital Front Door – procurement of online and video consultation tools.*
  - *Digital Inclusion – research to understand how people feel and find access to primary care since Covid and create an action plan based on the findings.*
  - *Website review – looking to support practices who want it, to standardise the format and content of their practice website to make information more accessible to patients.*
  - *Office 365 – rolling out Office 365 to all practice staff, including MS Teams, which supports more a more effective, collaborative way of working through remote meetings.*
  - *Redesign Pathways – development if virtual Chronic Kidney Disease (vCKD) to enable consultants to advise primary care so patient can access appointments virtually without the need to attend an outpatient appointment.*
- **Support in recruitment and retention of Primary Medical Services workforce**

  With the appointment of the Primary care workforce leadership, the team have reviewed all the current services commissioned by the training hub to support general practice workforce for both professional and non-professional. With the gaps identified in workforce, there is reset of the work programme including investing in primary medical services through PCNs to implement Education teams with a view to provide dedicated resource in the PCN to support the whole

workforce including increasing training capacity which will enable to have more skill mix and retain staff.

In addition, the team have been successful in securing funding to develop Community Pharmacy leadership in PCN which is currently being developed further with a view to implement by January 2022. Board will be updated on a regular primary care workforce updates and new proposals for consideration.

- **Access to the "Access Improvement Programme"** – a nationally funded programme delivered for NHSE by Time For Care. This programme supports practices by delivering coaching interventions and support to understand practice demand to match capacity, improve the wellbeing and morale of practice staff which in turn reduces staff absences and turnover, develop reliable processes to optimise ways of working and implement innovations proven to support improved access. This programme involves the whole practice team both clinician and non-clinical staff.

In addition to the above, we need to build on the work completed under the **Winter Access Fund** (WAF) where all 135 practices received a visit from a team of ICB staff to identify where additional support or resources may be required and to understand the challenges the practice was experiencing and agree appropriate actions to assist.

The **Practice Quality Visits** are underway in some parts of the ICB and about to commence in the remaining areas and these can be a platform to further identify where support is required; once this framework is fully developed it will help in the prioritisation of these visits.

The ICB Premises team are developing **Primary Care Network (PCN) Workbooks** which will identify where premises are constrained or how to better utilise the space that is available within the PCN or community estates.

Improving the referrals to the **Community Pharmacy Consultation Service (CPCS)** this was a priority during the WAF programme but referrals seem to have slowed and we need to understand why that is and break down the barriers or improve or increase the pathways where appropriate.

Once all the above information/data is collated into one overarching framework we can start to prioritise where our focus should be; both for practices who may need additional support and those practices where we may be able to learn and share best practice.

This will support the development of business cases or resilience applications where needed and provide vital information when attending Health Scrutiny Committees or responding to MP Enquiries, Complaints and FOI requests.

Underpinning all of this will be a clear communication strategy to support both patient and stakeholder engagement on access; which started during the recovery phase of the Pandemic and is still continuing. Previous patient engagement and listening events which provided some useful insight and areas to focus on; we need to repeat those

events in the future to see how the feedback has changed or if any of the work programmes or improvement are having a positive impact.

3. Next steps

This framework will continue to evolve as new national or local initiatives are introduced including the priorities identified in the Fuller Stocktake Report; all of which will support improving access and patient experience. Discussions underway with the appointed primary care transformation leads on exploring evidence based and learning from other areas on testing new models of care for same day access primary care. This is a key focus and priority area highlighted through the Urgent and Emergency Care Programme which will allow to test model working in partnership with providers including Urgent Treatment Centres/Community and Primary care providers to test over the 6 -12 months.

4. Recommendations

The Board is asked to note the proposed approach to support improvement to GP Access and discuss if there should be further consideration or areas for inclusion into this work programme.

5. Next Steps

The MDT currently meet every 2 weeks to finalise the framework and identify/agree actions. Further updates will be submitted to the Board for assurance.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Primary Care Board meeting held in Public				**Meeting Date:**	**22/09/2022**	
Report Title:	**Primary Care Workforce Delivery Plan**				**Agenda Item:**	**07**	
Report Author(s):	Joyce Sweeney, Head of Primary Care Workforce						
Report Signed off by:	Avni Shah, Director of Primary Care Transformation						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☐	**Information** ☒
Report History:	Health Education England (HEE)/NHSE Training Hub Oversight Board 16 August 2022						
Executive Summary:	This paper aims to provide an overview of the Herts and West Essex (HWE) Integrated Care Board (ICB) Training Hub delivery plan 2022/23. The report outlines the work that is Training Hub is planning/taking place to strengthen the Primary Care workforce and assist in attracting and retaining staff.						
Recommendations:	The Board are asked to **note** the contents of the report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	< Yes/ No / N/A >
	Quality Impact Assessment:	< Yes/ No / N/A >
	Data Protection Impact Assessment:	< Yes/ No / N/A >
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☐
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Executive summary

This paper aims to provide an overview of the Herts and West Essex (HWE) Integrated Care Board (ICB) Training Hub delivery plan 2022/23.

The report outlines the work that is Training Hub is planning/taking place to strengthen the Primary Care workforce and assist in attracting and retaining staff.

2. Background

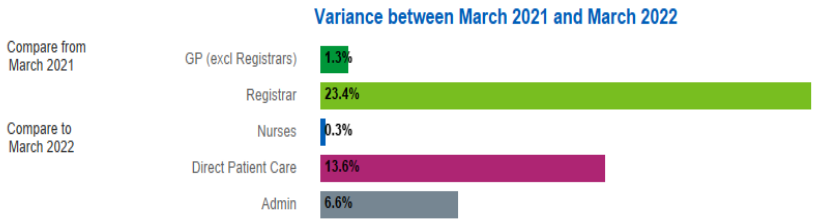
General Practice is struggling to recruit and retain its workforce and it is widely acknowledged as being under pressure with the increased workload, shortage of GPs, current staff leaving or retiring, difficulty to recruit staff and those that do join the workforce not wanting to work full time.

Addressing the Primary Care Workforce challenges is our priority. The NHSE Peoples plan and Claire Fullers report which supports the NHS Long Term Plan sets a vision for how people working in the NHS will be supported therefore sets out a number of specific workforce actions ie integration of education and training into work plans, supporting trainees and students and ensuring people have access to continuing professional development, supportive supervision and protected time for learning, increase recruitment and retention.

By supporting and developing all staff can make a difference to retaining the skills and experience of staff and retaining them in General Practice. Our aim is to make General Practice a more attractive option for staff and are working towards growing and transforming their workforce.

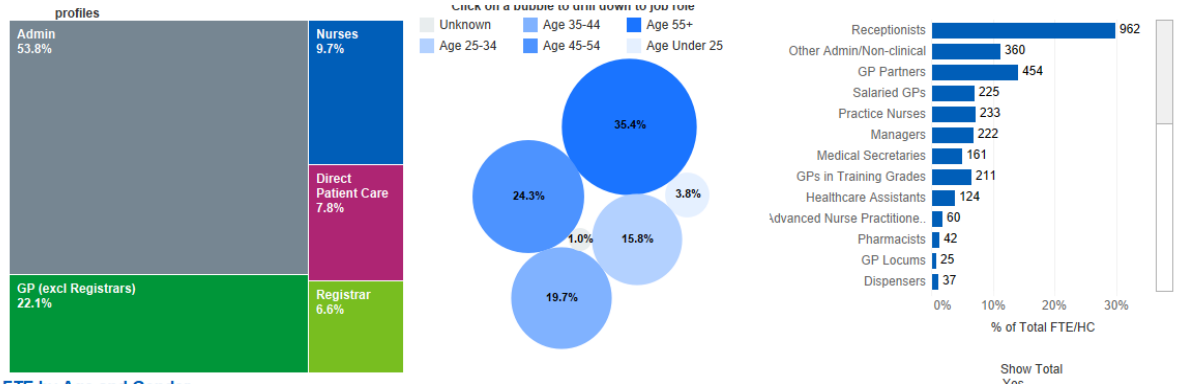
We learn much about the Primary Care Workforce from data although this is not easily accessible and we are working with NHSE and HEE to have this more readily available. The below diagrams shows where we are now. Over the course of the last quarter the Primary Care Workforce has grown – although with a particular focus on direct patient care and admin roles. There is continued fluctuation within nursing but projecting an overall downward trend.

GP (excl Registrars)	Registrar	Nurses	Direct Patient Care	Admin	Grand Total
710	212	312	251	1,731	3,215



	Population	GP		Nurses		Direct Patient Care		Admin/Non-Clinical	
		FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE
England	61,610,172	35,988	1,712	16,556	3,721	15,200	4,053	72,288	852

	Population	GP		Nurses		Direct Patient Care		Admin/Non-Clinical	
		FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE
Bedfordshire, Luton and Milton Keynes	1,077,382	508	2,120	267	4,040	259	4,165	1,126	957
Cambridgeshire and Peterborough	1,024,708	551	1,860	368	2,782	408	2,511	1,180	869
Hertfordshire and West Essex	1,611,167	922	1,748	312	5,171	251	6,416	1,731	931
Mid and South Essex	1,252,481	608	2,059	295	4,244	261	4,796	1,307	959
Norfolk and Waveney Health and Care Partnership	1,074,805	645	1,667	433	2,484	557	1,930	1,655	649
Suffolk and North East Essex	1,047,235	561	1,868	337	3,107	417	2,510	1,284	815
Region Total	**7,087,778**	**3,794**	**1,868**	**2,011**	**3,524**	**2,153**	**3,292**	**8,282**	**856**



Herts and West Essex is showing the second highest count of GP full time equivalent (FTE) per population within the region although the least number of nurses per head of population within the region. The system also has as aging workforce with 35% of it's staff over 55 compared to the national average of 28%.

The HWE ICB Training Hub is dedicated to supporting Primary Care by delivering high quality training, education and development for Primary Care staff across Herts and West Essex Integrated Care System.

The HWE ICB Training Hub is funded by HEE and NHSE and is accountable to HEE for all workstreams relating to HEE and those developed in conjunction between HEE and NHSE/I.

As part of the governance and performance assurance the Training Hub provides a delivery plan and reports on activity against the vision, aims, objectives and KPIs quarterly and submits a national return twice a year.

The Training Hub offers training and development to people working in Primary Care creating an opportunity for people in every setting and from every background.

In the East of England Region there are 6 Training Hubs

1. Cambridgeshire and Peterborough
2. Norfolk and Waverney
3. Suffolk and North East Essex
4. Bedfordshire, Luton and Milton Keynes
5. Hertfordshire and West Essex
6. Mid and South Essex

The Training Hubs provide Practices and PCNs with the below: -

- Advice with workforce planning and training needs analysis, to help find which roles best meet the needs of patients and practice population
- Help to embed new staff into roles through the Additional Roles Reimbursement Scheme (ARRS)
- Opportunities for continuing professional development (CPD)
- Career support at all stages, including portfolio options and GP retention programmes
- Support for new GP partners through the tailored development programme
- Train and recruit more educators
- Develop and help to retain staff
- Support for practices and PCNs who are looking to become learning environments to increase the number of placements for a variety of trainees and students

3. Overview of the HWE ICB Training Hub Delivery Plan

1. Implementation of the PCN Training Teams

Following the success of the education pilots that took place across Herts and West Essex throughout 21/22 and taking on the learning from Kent and Midway and East Sussex Training Hubs the HWE ICB Training Hub is expanding the support for all roles in Primary Care and launching PCN Training Teams to all 35 PCNs.

The PCN Training Team will benefit clinical and non clinical staff as they will be better placed to identify new starters to Primary Care, provide them with an induction and act as a source of specialist advise and support on specific education and training needs that represent the interests of the PCNs. The team will also help to reduce staff burnout, increase speciality development, increase training of GP, Nurses, AHP students, individual's flexibility primarily directed by needs of the PCN and the future workforce planning for Primary Care.

The PCN training team will support and improve resilience and increase capacity and ensure local and personalised support for Primary Care staff. They will enable a brighter future with investment in education and training that should ensure all the Primary Care Workforce feel supported, guided, and stay within Primary Care in the Herts and West Essex area.

The proposed team will lead on supervision, training and development of the Primary Care workforce – clinical and non clinical.

The proposed team structure - Funding is for 2 years

Team Role	Proposed Commitment
PCN Training & Education Lead	1 session (4 hours) a week
PCN AHP Education Lead	1 session (4 hours) a week
PCN GPN/HCA/NA Education Lead	1 session (4 hours) a week
TOTAL	

The PCNs will lead the appointment of the identified roles and the contract of employment for the team will be the responsibility of the PCNs. Each role is allocated a maximum budget however there will be flexibility to move the budget across roles. This will help with recruitment and how the PCNs mix the roles in the team.

The PCN Training Teams will support both clinical and non clinical training and career pathways. The PCN Training Teams will be supported by the HWE ICB Training Hub. The aim is for the PCNs to have their teams in place by 1 October 2022.

The Training Hub has organised for an induction for all staff to take place on 13 October 2022. This will be followed by quarterly support meetings and quarterly monitoring of KPIs.

2. **Recruitment & Retention of all Primary Care Workforce – Supporting Development of Educational Programmes**

A number of initiatives are offered to the Primary Care Workforce to support recruitment and retention. The HWE ICB Training Hub provides consistent support for example

- All Clinical/Non Clinical Leads offer career conversations;
- Monthly Lunch time educational webinars take place for all clinical and non clinical staff;
- Monthly Evening educational webinars take place for clinical staff;
- Professional Nurse Appraisals Pilot Project;
- Promoting Apprenticeships – three events planned to take place September, October and November 2022;
- HWE ICB Training Hub Website – showcases all training and development offers to all of the Primary Care Workforce;
- Monthly Peer support/networking sessions for Wise5, First5, Clinical Pharmacists, Allied Health Professionals, General Practice Nurses, Health Care Assistants;
- HWE ICB Training Hub leads attend various PCN/Practice Managers meetings to promote all training initiatives on offer;
- New PCN Training Team to support promoting educational offers/careers advice;
- Primary Care Careers supporting recruitment and retention.

Retention Programmes

2.1 GP Enhanced Fellowship Programme

The Enhanced GP Fellowship programme is offered to GPs preferably within 5 years of post CCT. It is jointly funded by GP Practices, the HWE ICB Training Hub and Specialist Providers. Employment will initially be on a fixed term basis of one year with the possibility of future permanent employment. The outline of the programme is as below: -

- Practices will directly employ the GP Fellow as a salaried GP for 4-6 sessions per week.
- The Specialist Provider will fund the specialist placement for 2 sessions per week. This could include working with Commissioners in a CCG, in Secondary Care or in Community Care services (Other recent attachments have included diabetes, dermatology and digital health).
- Funding of upto £5K is available to support an educational programme potentially leading to an accredited qualification.
- Placements to enhance clinical, management and leadership skills or based around commissioning.
- Salary funded - £9,000 per annum per session

Total number of GP Fellows recruited 2020/2021 and 2021/2022

GP Fellows Recruited	20/21	21/22	Total
	11	8	19

The table below shows the specialist areas in which the GP Fellows have placements

Diabetes HV CCG
Dermatology
Lifestyle Medicine HV CCG
Lifestyle Medicine HV CCG
Digital Health ICS
Dermatology
Pallative Care
Diabetes/Dermatology/Lifestyle

The Training hub has gone out to advert to recruit a further 14 GP Fellows. The closing date for applications is 11 September 2022. Interviews will be held week commencing 10 October 2022.

2.2 New to Practice Programme for GPs and General Practice Nurses (GPN)

In August 2020, NHS England and Improvement launched the national New to Practice programme. This programme is available to GP and GPNs who have qualified within the last 12 months and working in Hertfordshire and West Essex area.

It is a 2 year programme which offers funded coaching and mentorship and CPD opportunities of one session per week.

The programme is designed to develop experience and support transition into the workforce as well as to discuss practice management skills, quality improvement, remote working and leadership.

New to practice fellows will also benefit from access to networking opportunities, facilitated by our First5 Leads and GP nurse tutors.

There are currently 15 GPs and one GPN on the first year of the programme and 5 GPs in their second year.

The First5 Clinical Leads are engaging with Practices to raise awareness of the programme.

2.3 Flexible Pools – National Association of Sessional GPs (NASGP)

NASGP is an initiative to improve the availability of GP locums to practices in the Herts and West area.

As part of this initiative, local practice managers and partners can use LocumDeck, NASGP's independent booking system, to book locums in or near the area to cover single sessions and long-term locum cover at no cost to themselves.

The local GP locums are eligible for two years' free NASGP membership after providing locum cover for the HWE practices.

In July 42 GPs assessed the system which is an increase of 3 GPs from June 2022 and 215 sessions were assessed by the Practices which is an increase of 8 since June 2022. Total of 91 practices registered out of 144. Increase of 1 since June 2022.

2.4 GP Career Grant

An offer of up to £2K will be allocated to GPs wanting to pursue a training course or period of study which will facilitate the development of a portfolio career, clinical leadership or management skills and which will be of value in addressing current or future challenges across Primary Care or in the individual's Practice or PCN.

GPs complete an application form which is submitted to the Training Hub. The application is be assessed by GP Workforce Clinical Leads and a decision will be communicated to the applicant within 4 working weeks.

2.5 Practice Nurse/Health Care Assistant Forums

Practice Nurse and Health Care Assistant forums that previously took place in each of the Clinical Commissioning Groups areas will take place monthly across Herts and West Essex and are facilitated by the primary care nurse tutors. The forums will consist of a series of presentations followed by group discussions.

2.6 Schools/Colleges – Promoting Primary Care as a First Destination Career

The Primary Care Nurse Tutors and Clinical Pharmacist Tutor continue to work closely with schools and colleges (St Albans Girls School, Marlborough School, West Herts and Oakland Colleges) in the Herts Valleys area to deliver virtual presentations to students and parents to promote Primary Care as a first destination career. All sessions have received excellent feedback. This work is to be extended across Herts and West Essex.

2.7 Clinical Supervision for Practice Nurses

The Primary Care Nurse Tutors continue to offer small groups of nurses the opportunity to meet and learn from each other and gain some support and advice about their role. Sessions take place monthly. Clinical Supervision training is to offered across Herts and West Essex to build on the number of clinical supervision training for lead nurses.

2.8 Professional Nurse Appraisals Pilot

The pilot is a supportive tool which will complement internal appraisals and help to promote the resilience and retention of the workforce. It will help development and career progression.

The tool will offer coaching, mentoring and learning and development opportunities.

The planning is currently underway and it is envisaged that the pilot will commence November 2022.

3. Embedding New Roles

The HWE ICB Training Hub has a role in supporting Primary Care to embed new roles. The Clinical Expansion and capacity lead has been working with and acting as a point of liaison between the Training hub and Health Education England and GP School and various other GP Training Directors.

To date there are 50 aspirant trainers who have been contacted and given support.

However, it has been recognised that estates capacity is a major block to trainee placement expansion and capacity is a recurrent problem.

3.1 Centralised Induction Programme

The HWE ICB Training Hub is developing a Centralised Induction Programme for all new staff who join Primary Care across Herts and West Essex. Various induction videos are in development and will be available via the HWE ICB Training Hubs website for example: -

- Introduction to Primary Care
- Introduction to the HWE ICB Training Hub (Support and Training)
- E-Resources – How to use Emis, DXS, System One
- Resilience and Wellbeing
- Peer Support

- Introduction to Personalised Care and supported self-management
- Pensions

The aim is that the videos will aid induction of new starters and allow for a useful resource to be placed in one area. The plan is for the videos to be uploaded onto the website and be available by October 2022.

3.2 Training Needs Analysis

A training needs analysis took place in August 2021 following the development of a training needs analysis form. The aim was to enable the Training Hub to identify gaps in the skillset and commission training that was deemed to be necessary.

The return rate of the form was low however a number of training needs were identified. The Training Hub used the information and offered funding for courses that had been identified.

The training needs analysis will take place annually to continue to support workforce planning and education. A communication plan is to be developed to increase awareness of the training needs analysis and to boost the accuracy of data received.

3.3. Guide for Pharmacists

The Primary Care Workforce Clinical Pharmacist Ambassador devised a guide for all Pharmacists to understand the General Medical Service contract to support them achieving the Direct Enhanced Services contract.

3.4 Peer Support/Networking Sessions for Allied Health Professionals

Peer Support/Networking sessions take place monthly. The sessions are an opportunity for the AHPs to learn from their colleagues and receive support. The sessions consist of a series of educational topics followed by group discussions. The sessions are well attended and feedback from the sessions has been positive.

3.5 Community Pharmacy and PCN Engagement

The aim of the Community Pharmacy and PCN engagement pilot is to improve integration between PCNs and the community pharmacies in the PCN area to both improve patient services and grow the number of learning placements.

The original concept was developed by Avni Shah, Director of Primary Care Transformation. The proposal is for implementation all PCNs in the HWE ICB area, however, HEE have provided funding for 2 PCN Leads across the Herts and West Essex area.

A project team will be set up to take forward the pilot.

4. Creating more training capacity for all Primary Care Workforce

The Training Hub has a role to manage and grow learning placements in collaboration with educational providers. The aim is to actively work with Practices and PCNs to develop placement opportunities.

The Training Hub has offered an incentive of an extra £15 per day to fund student nurses. From April 2021 to March 2022 there have been 45 student nurse placements across Herts and West Essex.

The Training Hub is looking to develop a knowledge of all placements across Herts and West Essex and planning to evaluate placements to gain more information about how we can promote primary care as the first destination career and find placements which meet the needs of learners and programmes.

5. **Provide opportunities for Non clinical and clinical primary care workforce to develop skills and advance their careers**

The HWE ICB Training Hub continues to offer a rolling programme of non clinical training programmes for example Medical Terminology, Further Medical Terminology, Communications & Customer Service, Effective Medical Chaperoning, Understanding Blood results, Challenging Conversations for Team Leaders. Training is well attended.

The Primary Care Workforce Practice Manager Lead is working closely with Practice Managers and PCN leads to find out what Practices need in terms of training and development and supporting them with this.

Conclusion

In summary, the Training Hub delivery plan sets out the resources to support increasing the knowledge, skills and capability of the Primary Care Workforce and support the recruitment and retention programme.

3. Issues

Sourcing workforce data is a challenge. This has been highlighted to HEE/NHSE.

4. Options

The Training Hub is working closely with the ICS Workforce Transformation Lead and HEE/NHSE to better understand the systems where we can source workforce data as we need accurate data to better understand the Primary Care Workforce and add value to development of workforce strategies.

5. Resource implications

Currently the structures are not fully established in the HWE ICB Training hub due to the current ICB transformation programme.

The launch of the Primary Care team starts on 6 September 2022. It will take the form of a 30 day consultation. Following the consultation, the Training Hub will be able to recruit to vacant posts and work towards having a fully functional team in place.

6. Risks/Mitigation Measures

Demands and pressures that the Primary Care Workforce are facing may be a block to them attending training.

The new PCN Training Teams will be a valuable support in being able to identify blocks to training and development. The Training hub will work closely with the teams to identify any blockers and work with the teams to alleviate them.

7. Recommendations

The NHS HWE ICB Primary Care Board can be assured that HWE ICB Training Hub are making progress with their workforce plan in line with HEE/NHSE requirements of which NHSE/HEE have confirmed their assurance of the progress being made.

8. Next Steps

The main aim is to have a fully functional Training Hub team in place to be able to take the work forward. Once the team is in place there will be delegated leads for each area of work. This will increase the chances of successful implementation of the Training Hub delivery plan.