

How does the ICB support patients waiting for elective care to contact their care teams without this impacting on workload for GP Practices?

There is information [on the NCL ICB public facing website](#) for patients. This helps them to contact Trusts directly for appointment information and links them with Trust patient advice and liaison teams.

NCL ICB continues to work with primary and secondary care to improve the patient journey between providers. Clinical Interface Groups based around each of the four Trusts co-chaired by the Medical Director of the Acute Trust and a GP. There is attendance from Local Medical Committee representatives and GP Federations.

We have undertaken a collaborative exercise to identify interface challenges faced by patients and practices. One priority is to update contact details on clinic letters and discharge summaries to make it easier for patients to get in touch with the teams caring for them if they have questions regarding their follow up care. The digital team at the ICB is also exploring functionality within the NHS App which could help patients who wish to use this see their upcoming appointments, results and plans.

How is the ICB supporting GP Practices to offer continuity of care to patients who will most benefit from it?

The ICB recognises the value that continuity of care offers, particularly to patients with more complex needs such as those with multiple long term conditions. We also recognise that a constant focus on improving access to episodic care risks eroding practice capacity to deliver continuity by asking practices to prioritise episodic appointment capacity. NCL ICB firmly believes in the importance of protecting practice capacity for proactive and planned care alongside our work to improve patient experience when accessing their practice.

Delivering personalised care and support continuity of care is one of the main goals of our NCL-wide [long-term conditions locally commissioned service \(LTC LCS\)](#). 100% of NCL GP practices have signed up to deliver the LTC LCS, which has invested significant funding into General Practice to allow them to support people living with certain long-term conditions in a more holistic way. Our initial focus is on metabolic and respiratory conditions including asthma and heart disease. Patients are proactively contacted and supported to manage their health effectively and prevent health issues from worsening, wherever possible through personalised care plans. The benefits of this approach extend far beyond individual care - they contribute significantly to our ICS ambition to improve population health.

What is the ICB doing to support practices to improve patient access to the NHS app?

Consistent implementation of the NHS App across all practices in NCL is recognised within the ICB as pivotal to managing demand within Primary Care more effectively, benefiting both practices and residents. For residents the key benefits of the NHS app are the ability to easily:

- View own GP health record
- Book appointments
- Order repeat prescriptions
- Securely message their GP practice

To support GP practices to offer the NHS App functions to more of their patients, the ICB has stood up a team of Digital Change Facilitators (DCF's) with the specific task of raising the adoption and maturity of digital enablement tools within Primary Care. Over the next 8 months the DCF's will be supporting practices in the implementation of 'best practice' configuration of the App, as well as other tools such as online consultations, text messaging and cloud-based telephone systems.

Throughout the programme, the DCF team will use the NHS App Dashboard as well as other data sources from vendors to ensure the programme is 'data-led', focusing initially on those practices with the lowest adoption/maturity. The team will use the national guidance documents, case studies and implementation material to support improvement in the 147 practices within NCL that have less than 60% adoption of the NHS amongst their registered patients.

How does work to improve access to the NHS App relate to plans to improve digital inclusion in General Practice?

We are aware that some residents may have issues navigating or accessing the NHS App and wider digital tools. Others may have good digital skills and the ability to access, but are not aware of it.

Working with voluntary sectors colleagues, we are thinking about how we can promote the App, including directing people to existing information or videos about what the [NHS App can be used for](#) and [how to register and use it](#).

Where patients may have more significant issues relating to 'digital exclusion', we have developed an 'NCL Digital Inclusion Framework'. We have been working closely with our Councils (including Digital and Adult Learning teams) and voluntary sector partners to shape our plans.

We are now working with our partners in NCL and in London to consider how we better promote existing services that exist in NCL to support people to access devices, Wi-Fi and digital skills. We will ensure that the NHS App is part of these offers.

We have recently invested £100,000 in projects to be rolled out in each borough to improve people's digital skills and improve access to the NHS App. The scheme in Haringey (already in place) is a collaboration between primary care led by the Haringey GP Federation, Haringey Council's Adult Learning Services, the wider NHS and the voluntary sector to promote access to the NHS App and access for people to improve their digital skills and access to gifted devices/data to do so.

We are looking at range of opportunities to coordinate and further resource partners across the Borough and attract external funding or resources, e.g. commercial partnerships, to do so, as part of our detailed planning between Councils and the NHS.

How is the ICB supporting non-clinical staff working in General Practice to develop care navigation skills?

We recognise that care navigation is an essential function for General Practice to manage access to appointments, as well as to direct patients to other services that can best meet their needs as appropriate.

In 2023/24 a national care navigation training package was offered by NHS England and 39% of our practices took up this offer. We also know that many other practices funded their own care navigation training and development for their staff.

We have since asked the NCL Training Hub to scope practice need for care navigation training or support in more detail. This will allow us to better understand whether and what additional support may be required to ensure every practice can develop effective care navigation.

We have also developed a [practice-facing Directory of Services web page](#) available via the NCL GP Website to support practice staff with care navigation.

What is the latest position with ICB plans to improve supervision of ARRS roles, particularly Physicians Associates? What are practices doing to make it clear that people they know they are being seen by a PA?

NCL ICB is working closely with the NCL Training Hub to ensure the [Supervision guidance for primary care network multidisciplinary teams](#) is embedded within PCNs and Practices employing a multidisciplinary team.

NCL ICB commissioned the NCL Training Hub to undertake an evaluation of MDT supervision models focused on patient safety, ensuring high quality care, robust risk management, staff wellbeing and retention. As part of this evaluation the Training Hub led a survey with all professions delivering and in receipt of supervision, designed workshops to supervisors of PCN roles in partnership with the Multi-professional Educator Group (MPEG) and developed bi-monthly Educator Lead meetings and a NCL Mentor Group for the PCN Workforce Education Leads.

With Legislation passed through House of Lords for GMC to regulate Physician Associates (PAs) in February 2024, NCL ICB in partnership with NCL Training Hub are supporting practices and PCNs

to respond to the BMA and RCGP recommendations. We have dedicated resource pages on our GP Website, GP bulletin and presentations via the GP Webinar with a focus on induction, supervision, triage and scope of work undertaken by PAs.

NHSE is developing a public awareness campaign on the role of Physician Associates and within NCL we have developed a GP patient communication kit (currently in final sign off). This toolkit includes Website information, Leaflets and posters, Reception FAQs sheet, Checklist recommendation.

How is the ICB communicating and promoting the Pharmacy First services to patients?

In support of the National Delivery Plan for recovering access to primary care, the ICB is developing a 12-18 month communications and engagement campaign focussed on general practice and primary care.

The campaign will raise awareness of the different ways residents can access care through services such as Pharmacy First. Launching in September, the campaign will promote Pharmacy First and signpost a range of other health and care services at key points in the year.

Recognising the importance of our local stakeholders, we will brief local authorities in due course, provide campaign materials and ask for your support in reaching residents across our five boroughs. As part of this campaign, we will also be working with local voluntary and grassroots organisations to connect with local communities.

How is the ICB responding to the recently published [HSSIB report](#) on the safety of online consultations?

The HSSIB report on [Digital tools for online consultation in general practice](#) was published on 25th July 2024. We will need to consider our longer-term response to support GP Practices to ensure they are offering online consultations safely, working closely with stakeholders including NHS England, to whom the majority of recommendations are directed.

The ICB always considers the part providers and patient groups play in procurement processes and is focused on safe and effective implementation of digital tools (including online consultation). We often provide bespoke support to each Practice and discuss their needs so we might tailor accordingly.

We recognise online consultations should be offered to patients alongside other access routes including telephone and face to face. This is an essential part of the *modern general practice* operating model that we are supporting our practices to implement. We will continue to promote the need for practices to offer a variety of access and consultation routes to meet patient needs.