

Integrated Care Board

Date of meeting	8 November 2023
Title of paper	Recovering Access to Primary Care Progress Update
Presented by	Dr David Levy, Medical Director
Author	Peter Tinson, Director of Primary Care Donna Roberts, Associate Director Primary Care
Agenda item	14
Confidential	No

Executive summary

Context

The NHS England (NHSE) *Delivery plan for recovering access to primary care* (published in May 2023) attempts to take pressure off general practice and make it easier and quicker for patients to get the help they need. It is largely based on practical rapid improvements to how general practice works.

NHSE has asked all ICBs to present detailed progress updates to their public boards in October or November 2023 and outlined the expected contents in a briefing note.

The attached update first considers the wider vision for general practice and Primary Care Networks and then provides an overview of general practice access across Lancashire and South Cumbria (LSC). It then follows the format of the NHSE delivery plan to describe the ICB actions taken and to be taken.

The delivery of these actions is subject to monthly monitoring by NHSE via a series of quantitative metrics and qualitative narrative.

Headline messages

- General practices across LSC are delivering more appointments than ever with fewer qualified general practitioners but with bigger multidisciplinary teams.
- All LSC practices have completed a baseline assessment of their progress to deliver the recovering access actions.
- Some LSC providers have self-referral pathways in place for the required seven community services.
- Eighty four practices are being supported to implement the modern general practice model.
- Fifty percent of practices have already moved to cloud based telephony with plans for all to move by the end of February 2024.
- LSC practices have actively participated in national improvement programmes.

Next steps

The paper identifies the further actions to be delivered, particularly focusing on increasing the availability and use of self-referral pathways and ensuring all practices offer online booking.

Challenges

The main challenges are:

- Provider and commissioning capacity to deliver the actions
- Measuring the impact of the actions, recognising that more radical changes will also be required to significantly improve patient experience of accessing general practice and improve staff wellbeing

Recommendations

The Integrated Care Board are asked to:

- Note the LSC Recovering Access to Primary Care progress update
- Receive a further paper in January 2024 summarising the actual and forecast impact of the actions

Which Strategic Objective/s does the report relate to:

Tick

SO1	Improve quality, including safety, clinical outcomes, and patient experience	Y
SO2	To equalise opportunities and clinical outcomes across the area	Y
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	Y
SO4	Meet financial targets and deliver improved productivity	Y
SO5	Meet national and locally determined performance standards and targets	Y
SO6	To develop and implement ambitious, deliverable strategies	Y

Implications

	Yes	No	N/A	Comments
Associated risks	X			There are risks regarding the delivery of the actions and associated improvements due to both provider and commissioner capacity
Are associated risks detailed on the ICB Risk Register?		X		

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Primary and Integrated Neighbourhood Care Development Session	17 October 2023	Discussion regarding outline content and feedback provided which is reflected in the paper
Executive Management Team	31 October 2023	Approved

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			Y	
Equality impact assessment completed			Y	
Data privacy impact assessment completed			Y	

Report authorised by:Dr David Levy, Medical Director
Professor Craig Harris, Chief Operating Officer



**Lancashire and
South Cumbria**
Integrated Care Board

Recovering Access to Primary Care Progress Update

8th November 2023

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1. Introduction

1.1 Vision

We know and you'll see from the data in this progress update that general practices across Lancashire and South Cumbria are delivering more appointments than ever with fewer qualified general practitioners but with bigger multidisciplinary teams. We also know that this isn't keeping pace with rising demand and the needs of an aging population.

The Fuller Stocktake rightly stated that "there are real signs of growing discontent with primary care – both from the public who use it and the professionals who work within it". The stocktake also identified a vision for integrating primary care with three essential elements:

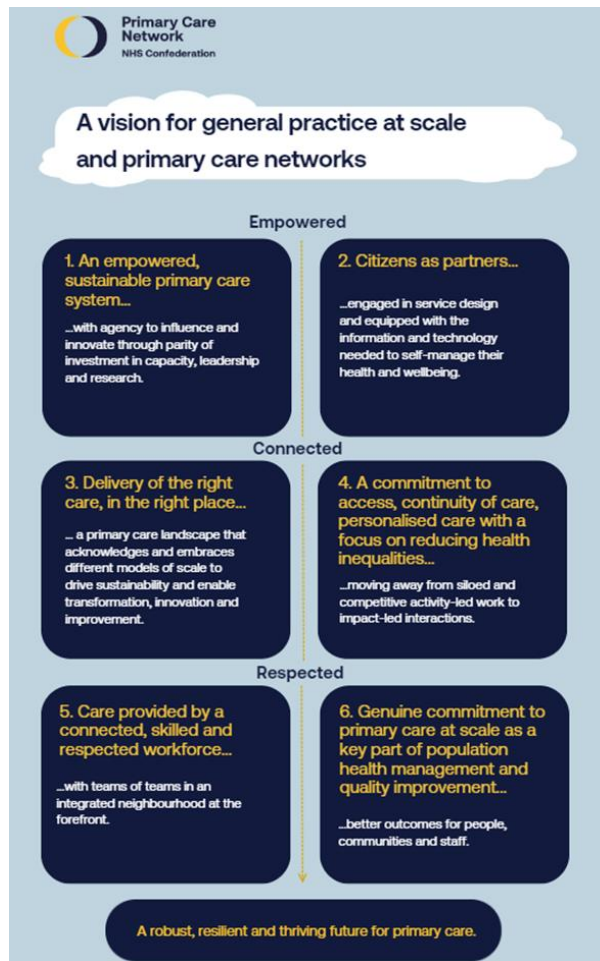
1. Streamlining care and advice
2. Providing more proactive, personalised care from a multidisciplinary team of professionals
3. Helping people to stay well longer

The NHS England (NHSE) *Delivery plan for recovering access to primary care* which this local progress update responds to is based on the first of these elements. It attempts to take pressure off general practice and make it easier and quicker for patients to get the help they need from general practice. It is largely based on practical rapid improvements to how general practice works.

It should be viewed as a step on a bigger journey to create a robust, resilient and thriving general practice which forms part of wider integrated care arrangements. This will require further steps, including:

- More radical national reform of general practice and PCN contracts
- Review and redesign of local general practice enhanced service contracts
- Investment in general practice, primary care and wider integrated workforce
- Investment in integrated estates and digital infrastructure
- Support to develop integrated leadership and where beneficial at scale organisational arrangements






This wider vision is well articulated by the NHS Confederation PCN Network illustration below which is being embraced by local general medical service partners.



It is also recognised that general practice access should form part of a wider strategy to ensure that people across Lancashire and South Cumbria (LSC) receive a consistent offer of access to same day primary care services, whether general practices, community pharmacy, urgent dental care, urgent treatment centres, walk in centres, access hubs or other models.

1.2 Recovering Access

The *Delivery Plan for Recovering Access to Primary Care* focuses on five thematic areas of support and delivery. These themes form the structure of this ICB progress update. The NHSE delivery plan was also accompanied by a checklist of actions for practices/PCNs, ICBs and NHSE. This ICB progress update focuses on the ICB actions. The 'due' dates for many of these actions have now passed and consequently this paper provides both an update on actions delivered and future planned actions, some of which are locally identified.

1		Empower patients	<ul style="list-style-type: none"> Improving NHS App functionality 	<ul style="list-style-type: none"> Increasing self-referral pathways 	<ul style="list-style-type: none"> Expanding community pharmacy
2		Implement new Modern General Practice Access approach	<ul style="list-style-type: none"> Roll-out of digital telephony 	<ul style="list-style-type: none"> Easier digital access to help tackle 8am rush 	<ul style="list-style-type: none"> Care navigation and continuity Rapid assessment and response
3		Build capacity	<ul style="list-style-type: none"> Growing multi-disciplinary teams 	<ul style="list-style-type: none"> Expand GP specialty training 	<ul style="list-style-type: none"> Retention and return of experienced GPs Priority of primary care in new housing developments
4		Cut bureaucracy	<ul style="list-style-type: none"> Improving the primary-secondary care interface 	<ul style="list-style-type: none"> Building on the 'Bureaucracy Busting Concordat' 	<ul style="list-style-type: none"> Streamlining IIF indicators and freeing up resources
5		Delivering the plan	<ul style="list-style-type: none"> Identifying who is accountable for delivery 	<ul style="list-style-type: none"> Transformation support requirements 	<ul style="list-style-type: none"> Communicating with the public

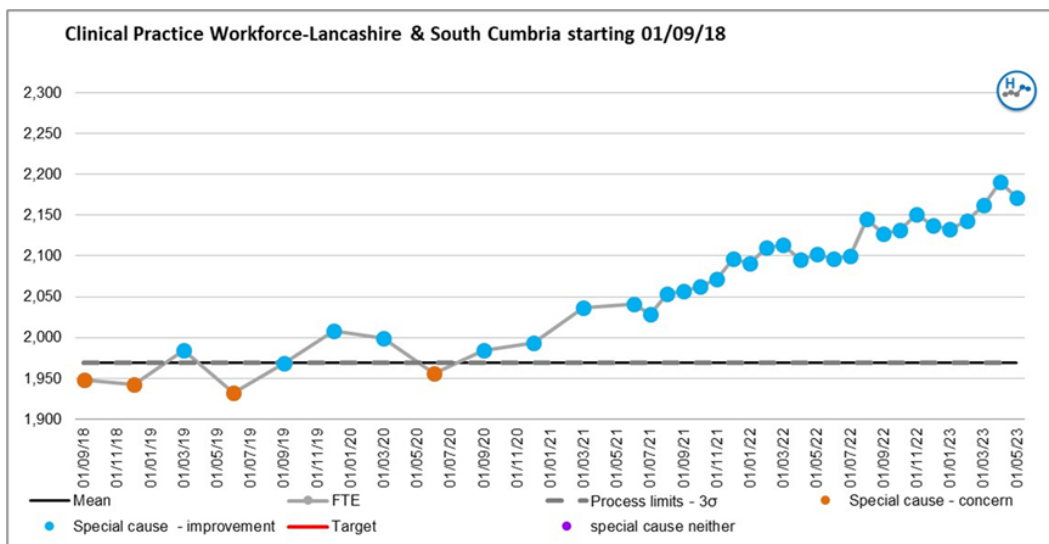
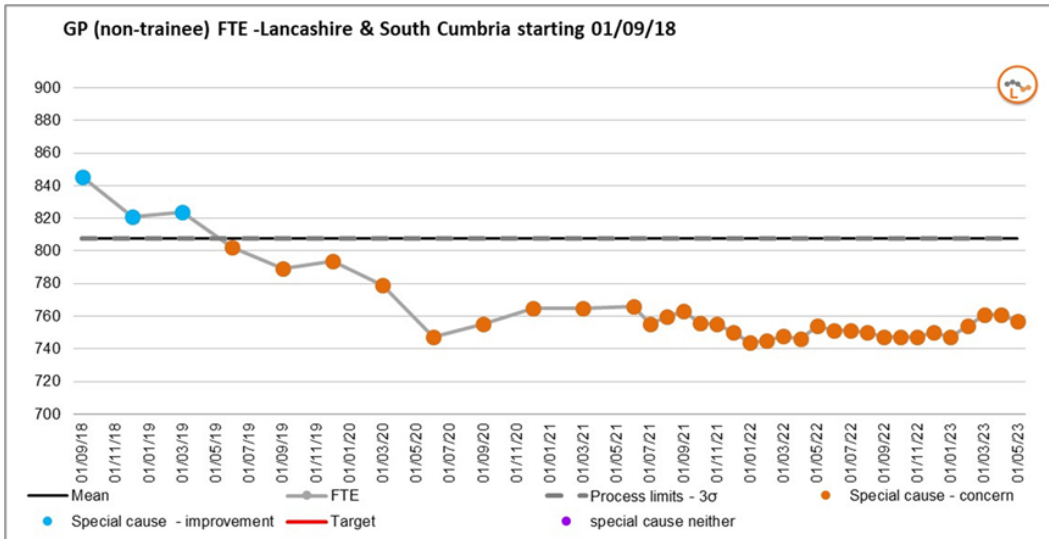
2. General Practice Access in Lancashire and South Cumbria

General practice demand has increased above population growth levels consistently for the past five years.

Between 2018-2023 the Lancashire and South Cumbria (LSC) registered general practice population increased by 46,300. Over the same period General Practice has provided an additional 100,000 appointments per month to meet demand.

Drivers of increased demand include system and provider failure demand increase (demand caused by a failure to something or do something right for the patient), population complexity (21% increase over 5 years), change in presentation thresholds and population demand.

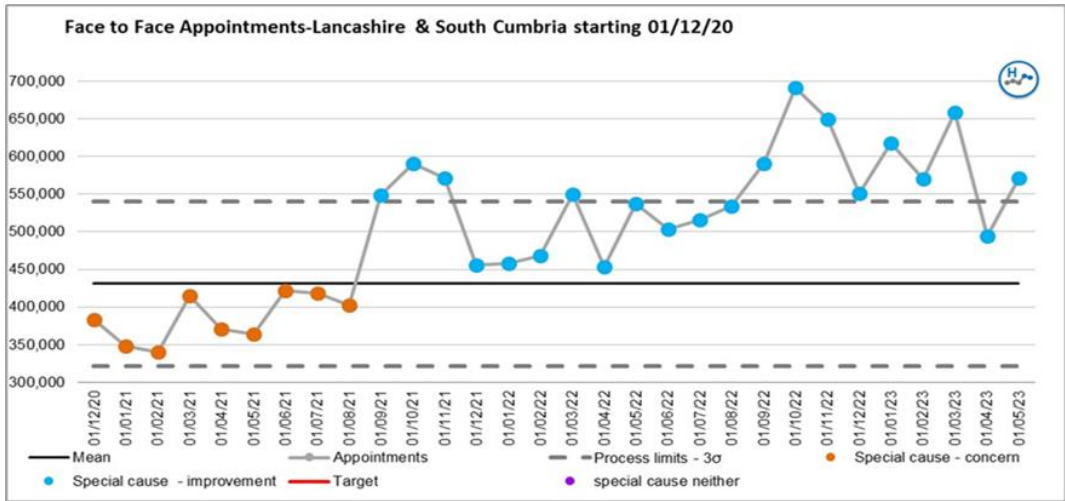
Over the last five years there was an initial significant reduction in Full Time Equivalent (FTE) general practitioners which has stabilised, alongside a stable head count over the same period and an increase in total clinical staff deployed through general practice.



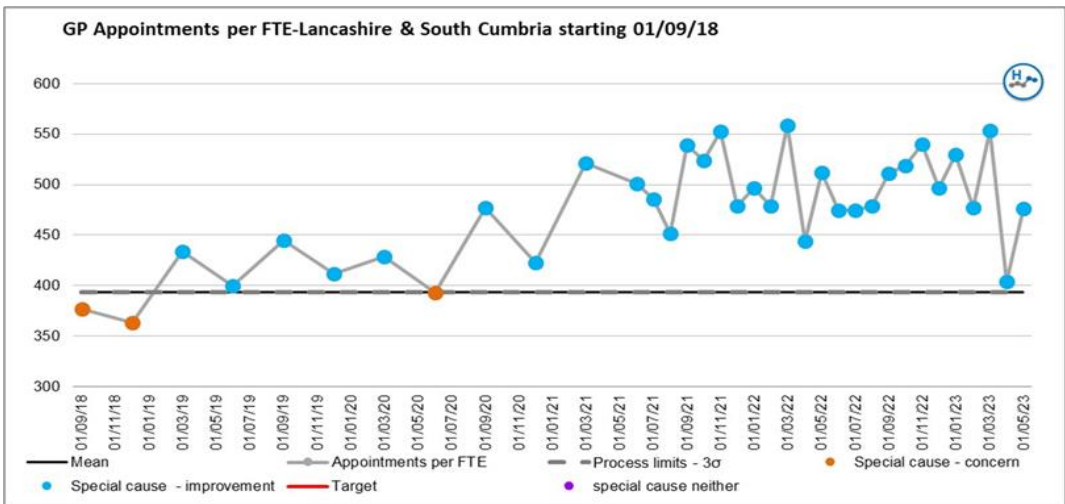
In relation to appointment recovery, absolute numbers are 29% above pre-COVID-19 levels.



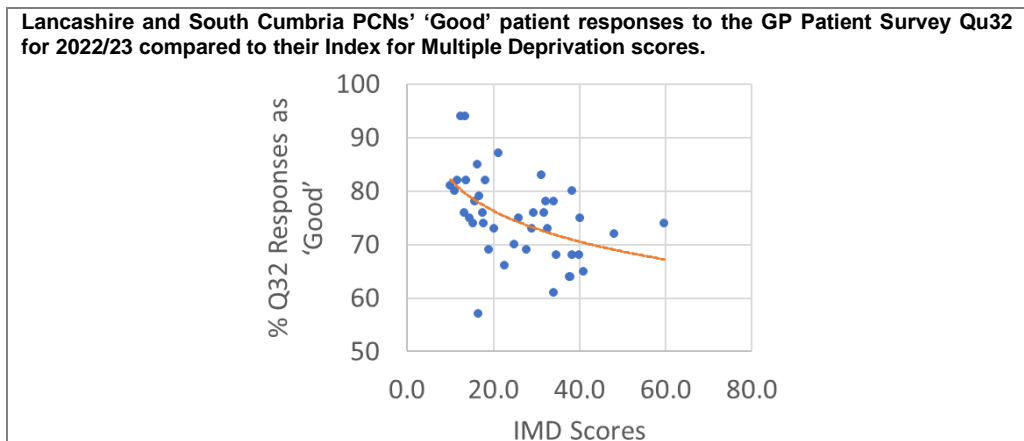
Absolute numbers of face-to-face appointments have also increased and at September 2023 currently represent 74% of all appointments.



There has been an increase over the last five years in the number of appointments each FTE GP undertakes each month, reflecting an increase in workload intensity.



When GP patient survey responses about practice services are mapped against Index for Multiple Deprivation scores, we see a correlation between lower levels of deprivation and higher satisfaction scores.



Practices with a high proportion of appointments available within 14 days are more likely to be situated in areas with high deprivation. Patient access satisfaction levels with these practices are below the ICB average. This suggests that quicker access may not always result in greater satisfaction.

Practices with a low proportion of appointment availability with 14 days are more likely to be situated in areas with low deprivation and patient access satisfaction levels with these practices are above the ICB average. This suggests that slower access may not always result in lower satisfaction.

This is likely to be a complex correlation between patient factors and practice capacity. However, a handful of practice in areas of high deprivation near a walk-in-centre have high levels of satisfaction and lower proportions of 14-day appointment availability suggesting that long term care and continuity of care are valued if episodic care demand can be met.

Overall, we know that patient satisfaction with general practice in the ICB is above the national average (as shown by the GP Patient survey results for Q32 ‘Overall, how would you describe your experience of your GP practice?’) and has increased since last year by 1%. 75% of those surveyed in 2022/23 described their experience as good, compared to 71% nationally. A more detailed breakdown of the ICB’s results for Q32, including how the results vary at a PCN level (a range of 60-94%) is provided in appendix A.

3. Summary of practice/PCN improvement plans

A baseline assessment has been completed by all LSC practices to understand their progress with the delivery of the recovery checklist actions. This included:

- A Capacity Access Improvement Plan (CAIP)
- Identifying practices wishing to implement “Modern General Practice”
- And practices wishing to enrol on the *General Practice Improvement Programme* – either the intensive or intermediate programme
- A schedule of visits to practices to complete a *Support Level Framework*

Key themes identified within CAIPs include:

- Support to implement accurate appointment books
- Online consultation reporting advice
- Additional Digital and Transformational Leads training sessions
- Additional care navigation training for practice staff
- Support and signposting to access training offers
- Support to implement the digital procurement framework

ICB actions taken in response to the identified key themes include:

- Delivery of workshops for practices to implement accurate appointment books. This has already reduced unmapped appointment data by 62%
- Delivered workshops for practices to implement online consultations. This includes materials signposting to a range of support offers
- Request to NHSE to make available additional digital and transformation lead training and care navigation training
- Regular signposting to training offers via weekly GP Newsletter
- Support for practices to move from analogue telephony to digital telephony
- Support for practices to fully use NHS app functionality

Actions to be taken include:

- An assessment of practice CAIP progress is planned in December 2023. Any targeted improvement support will be provided between January to March 2024.

4. Empowering Patients

4.1 Increasing Self-referral Pathways

The *2023/24 Operational Planning Guidance* and the *Delivery Plan for Recovering Access to Primary Care* asked systems to ensure self-referral pathways were in place by September 2023 for seven named services and estimated that 50% more patients could be self-referring by March 2024:

1. Community Musculoskeletal Services
2. Audiology for older people including hearing aid provision
3. Weight Management Services (Tier 2)
4. Community Podiatry
5. Wheelchair Services
6. Community Equipment Services
7. Falls Services

The current position for Lancashire and South Cumbria is detailed in the table below:

Service	Number of providers	Number currently offering self-referral
Community Musculoskeletal services	5	2
Audiology for older people including hearing aid provision	5	1
Weight management Tier 2	16	14

Community podiatry	6	0
Wheelchair services	1	0
Community equipment	2	0
Falls service	3	3

Nationally it has been recognised that there are challenges to deliver the target, both in relation to coverage and data quality.

Actions taken include:

- A review of self-referral pathway provision and reporting
- Clinical engagement regarding priorities for delivering pathways both from patient and general practice perspectives
- Provider engagement to identify delivery challenges

Planned actions:

- Implementation of data quality improvements by 1 January 2024
- Initial focus on the delivery of self-referral for community musculo-skeletal services by all providers no later than 1 April 2024 (including consistent communication)
- Agreement of a phased roll out plan for other services (to be included in 2024/25 contracts)

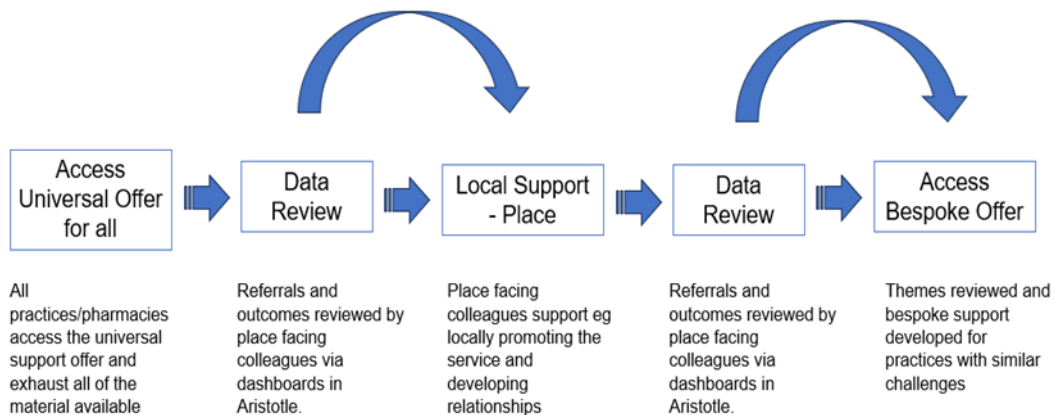
4.2 Expanding Community Pharmacy

It is planned to increase the use of community pharmacy advanced services, specifically:

- Community Pharmacy Consultation Service (CPCS)
- Hypertension (high blood pressure) case finding
- Oral contraception scheme

Actions taken to increase the use of all services outlined above include:

- Primary care place teams reviewing the current position and working with practices to increase utilisation



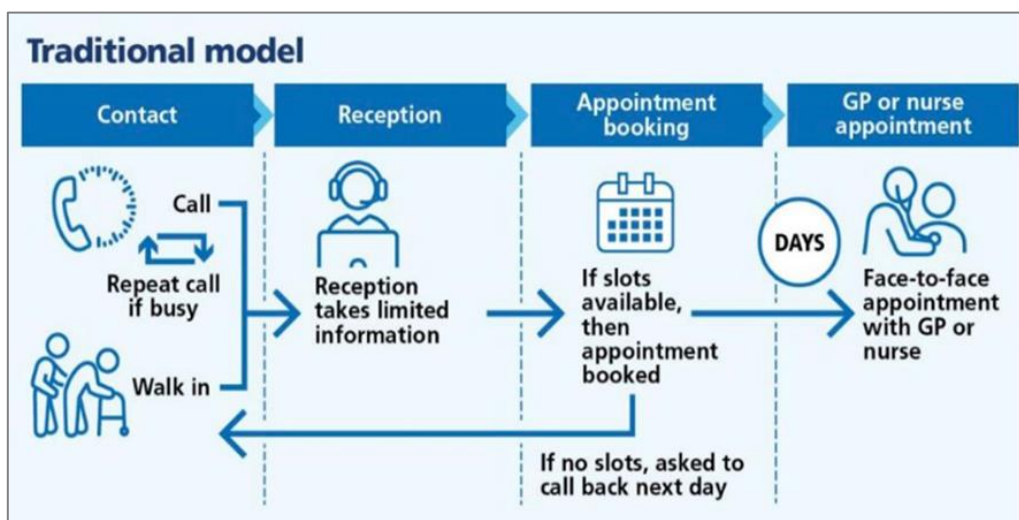
- Public and practice communications materials have also been developed to encourage utilisation

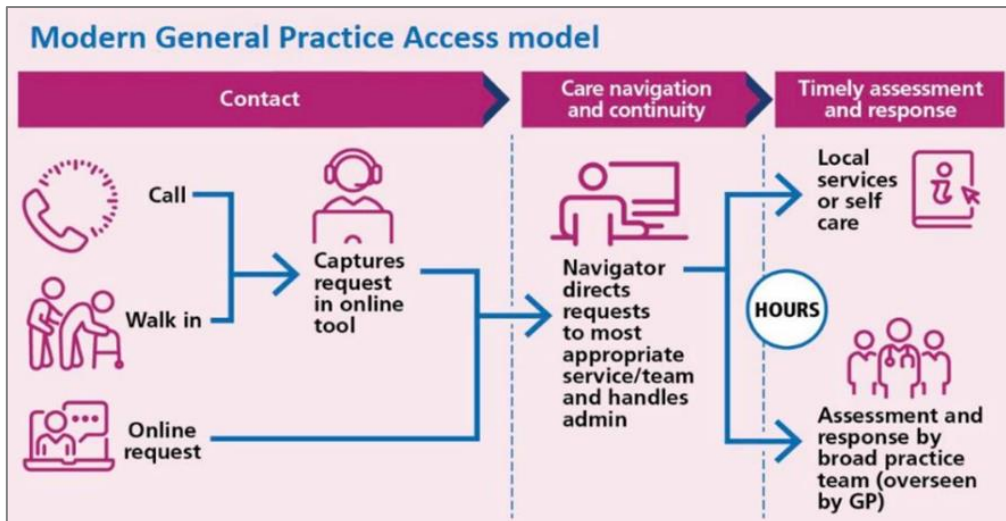
5. Implement new Modern General Practice Access Approach

There are three core components to support practices move to a more modern approach to general practice delivery:

- Better digital telephony
- Simpler online requests
- Faster navigation, assessment and response.

The infographics below illustrate the difference between the traditional general practice access model and the new modern general practice access model.





Actions taken include:

- Supported 84 practices in LSC develop implementation plans for moving to a modern general practice access model, including how they will utilise the available funding of an average of £13,500 per practice to clear their appointment backlog prior to going live with their new model
- Secured a roving team of experts who have already implemented modern general practice to support other practices plan and implement. This support will shortly be available to all LSC practices
- A LSC wide modern general practice learning event to take place in early 2024 (subject to seasonal pressures)

5.1 Digital Telephony

Nationally support 1,000 practices to transition to digital telephony by December 2023 and all remaining analogue practices to move to digital telephony by March 2024.

Actions taken include:

- An assessment of all current practice telephony arrangements
- Identification of all practices eligible for national funding to move from their current analogue systems to a new cloud-based telephony system
- 50% (99 practices) have already moved to cloud-based telephony

Actions to be taken:

- Continuing to work with NHSE national commercial and procurement hub to support eligible practices to transfer

5.2 Simpler online requests

Practices are asked to ensure they use and advertise online apps to their patients that offer the functionalities detailed in the table below.

Actions taken include:

- An assessment of every practice's app use and functionality:

NHS App	No of practices that offer the App	No of practices that do not offer the App
Patients have the ability to view detailed coded records online	199	0
Patients have the ability to book/cancel appointments online	185	14
Patients have the ability to order repeat prescriptions online	199	0

Actions to be taken include:

- Primary care place teams are supporting 14 practices to offer online booking by no later than 31st January 2024
- A review of all practice websites to ensure apps are clearly advertised will be completed by 31st March 2024 with any improvements implemented. Currently 70% (139) of practices have self-assessed as having up to date websites with all app functions clearly displayed

5.3 Faster Navigation, Assessment and Response

Care navigation is an essential component of modern general practice and critical to support patients to contact their practice, receive a same day response and where relevant be signposted to other services.

Actions taken include:

- Primary care place teams have worked with practices to maximise the uptake of both local and national care navigation training. The uptake is summarised in the table below

Care Navigation Training (National Offer):
As of 31st August 2023, 75 members of General Practice staff in LSC have attended the national Foundation Module 1 Care Navigation training, representing 57 GP Practices (29%), 19 PCNs (36%) and 1 Federation. 54 members of staff have attended the foundation module 2 training and 24 members of staff have booked a place on the advanced level training programme.

Care Navigation Training (LSC local Offer):
Since its introduction in November 2021, approximately 350 General Practice staff have attended the training.

6. Building Capacity

6.1 Growing Multi-Disciplinary Teams

Since its introduction in 2019, the Additional Roles Reimbursement Scheme (ARRS) has supported salary costs for ARRS staff, including pharmacists, care co-ordinators and social prescribing link workers.

To date LSC PCNs have recruited 817 additional roles (based on August 2023 claims data). The ICB is continuing to encourage and support PCNs to utilise their full ARRS allocation.

6.2 Priority of Primary Care in New Housing Developments

The ICB estates team works closely with council planning services and receives notifications of all new housing planning applications. It also has a policy to seek funding from local authorities for investment in new primary medical services.

7. Cut Bureaucracy

7.1 Improving the Primary-Secondary Care interface

NHSE asked ICB chief medical officers to establish the local mechanism, which would allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with LMCs, and to tackle high-priority issues including:

- Onward referrals
- Fit notes
- Discharge letters
- Trust call and recall systems

Actions taken include:

- Co-production of LSC primary-secondary care interface principles document
- Identification of interface sponsors for each primary-secondary care interface, typically the place clinical and care professional lead and trust deputy medical director
- Implementation of regular (usually monthly) interface forums

Actions to be taken include:

- An LSC wide forum for interface sponsors
- Co-production of primary/community services interface principles document

8. Delivering the Plan

8.1 Accountability for Delivery

A GP Access Working Group has coordinating responsibility for the development and delivery of the single system general practice access improvement plan. The group reports to the Primary and Integrated Neighbourhood Care Transformation Programme Group, which in turn reports to the Commissioning Resource Group.

The ICB is required to submit a monthly progress report to NHSE which includes a range of metrics for:

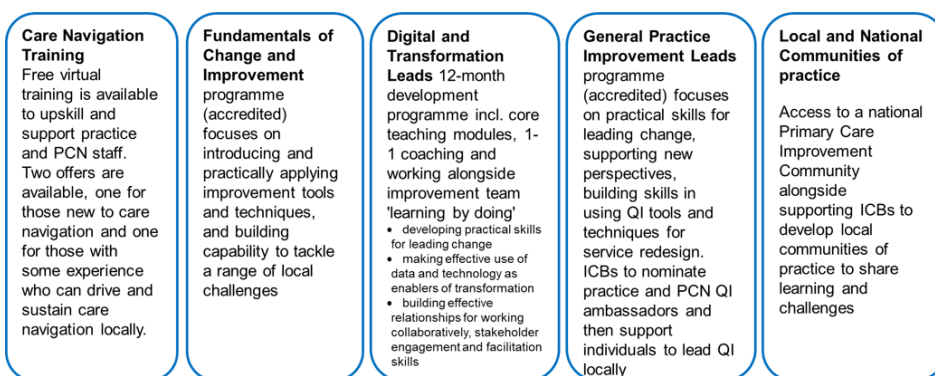
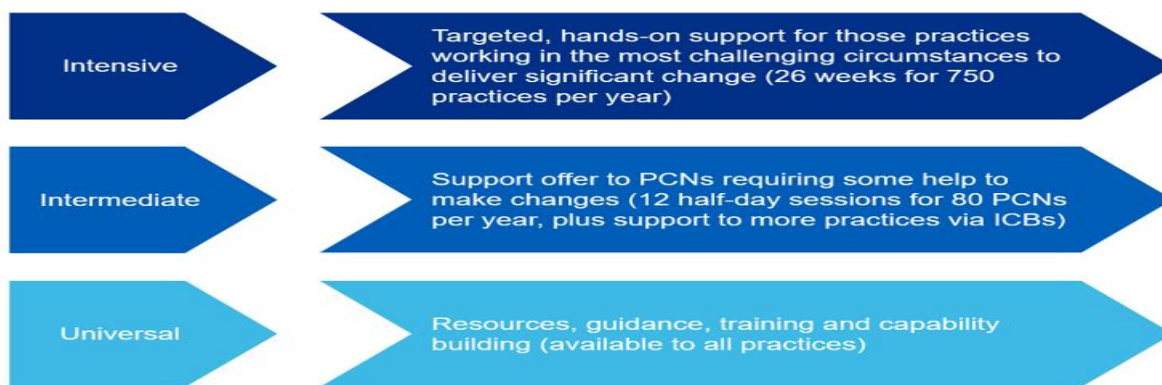
- Pharmacy
- Self referral
- Digital
- Transformation
- Contracts
- Workforce
- Communications

8.2 Transformation Support Requirements

Underpinning the the NHS England *Delivery plan for recovering access to primary care* is the General Practice Improvement Programme, which aims to support practices across the following areas:



There are three support programmes available to practices and PCN's as well as a number of universal training offers:



Actions undertaken include:

- Webinars have been delivered at both system and place to explain all the support offers available to practices and PCNs
- Articles on each of the support programmes have been included within the weekly general practice newsletter
- Primary care place teams have had individual conversations with practices and PCNs to encourage uptake
- For those practices who have not signed up to a national support offer the ICB is required to undertake a Support Level Framework (SLF) conversation
- Primary care place teams are aiming to undertake 50% of these SLF conversations between October 2023 and April 2024 and the remainder before September 2024
- Current uptake of the support programmes for LSC is summarised below and is currently inline or in excess of allocated slots:

Number of practices signed up to the GP Improvement Programme (GPIP) - Intensive and Intermediate programme		
PCN which practice is part of:	Intermediate	Intensive
Bay PCN		1
Barrow & Millom PCN	1	1
Blackpool South PCN		1
Wyre Integrated Network Ltd PCN		
Lancaster PCN		1
Blackburn East PCN		1
Blackburn West PCN	1	
Hyndburn Central PCN	1	
Pendle West PCN	3	
Ribblesdale PCN	3	
Rossendale East PCN	1	
Rossendale West PCN	1	
Bridgedale South Ribble PCN	2	
Preston & South Ribble PCN		2
Greater Preston PCN	2	
Preston North & East PCN	1	
Skelmersdale PCN		2
Total number of practices signed up:	16	9

Our uptake of both these programmes is in line with or more than our allocated slots

Fundamentals of Change Programme
NHSE accredited, practical programme held over two sessions, providing an in-depth introduction to quality improvement for those in general practices and primary care networks.
Number of practices completed the programme: 4 across 3 PCNs

8.3 Communicating with the Public

The national communications toolkit for primary care general practice access has been delayed with a revised launch date of 19th October 2023. This toolkit is currently being reviewed by the ICB communications and engagement team and key messages will be incorporated into the LSC refreshed general practice access campaign 'Right Person, Right Care'. The ICB's campaign, which was first launched in 2022, will focus on the various roles within primary care that support patients and will mirror and enhance the key messages from the national campaign. Campaign materials include printable posters, website and waiting room visuals as well as social media assets. A revised toolkit will be available to general practices to promote access to their registered patient population.

As there is no additional funding available, communications will largely be intranet/social media/press-based. However, NHS England's regional team has provided a quantity of printed leaflets for distribution across LSC.

The ICB's communications and engagement team will also support primary care messaging via continuous communication about appropriate use of services and effective signposting which will include information about self-care and management of long-term conditions via the Healthwise initiative, NHS 111, promotion of community pharmacy, vaccination uptake, extended general practice access appointments and bank holiday pharmacy opening times/ordering repeat prescriptions in advance of bank holidays.

This approach forms part of a broader winter communications plan developed by the Trusts in Lancashire and South Cumbria with the support of the ICB communications team. Messaging under the branding of 'Think' will amplify the key messages above. Assets are currently under development but again will focus on cost free distribution via social media and digital outlets.

To enhance the reach of key messages, all winter and general practice access communications assets will be distributed to place partners and partner organisations including local authorities, VCFSE organisations and Healthwatch.

9. Summary of actions to be delivered

Action	Date
Practice/PCN Improvement Plans	
An assessment of practice CAIP progress	Dec 2023
Targeted improvement support provided to practices	Jan – Mar 2023
Increase self-referral pathways	
Implementation of data quality improvements	1 Jan 2024
Initial focus on the delivery of self-referral for community musculo-skeletal services by all providers	No later than 1 Apr 2024
Agreement of a phased roll out plan for other services	To be included in 2024/25 contracts
Better telephony	
Continuing to work with NHSE national commercial and procurement hub to support eligible practices to transfer	For all 29 Feb 2024
Simpler online requests	
Primary care place teams are supporting 14 practices to offer online booking by no later than 31st January 2024	No later than 31 Jan 2024
A review of all practice websites to ensure apps are clearly advertised will be completed, with any improvements implemented.	31 Mar 2024
Improving the primary-secondary care interface	
An LSC wide forum for interface sponsors	31 Dec 2023
Co-production of primary/community services interface principles document	31 Mar 2024
Transition support requirements	
Undertake 50% of the local SLF conversations	31 Mar 2024

Appendix A.

Breakdown of Lancashire and South Cumbria's 2022/23 GP Patient Survey results for Qu 32: Overall, how would you describe your experience of your GP practice?

