

Integrated Care Board

Date of meeting	10 January 2024
Title of paper	Evidencing the Impact for the General Practice Improvement Programme
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Agenda item	16
Confidential	No

Executive summary

Context

The NHS England (NHSE) *Delivery plan for recovering access to primary care* (published in May 2023) aims 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.

In accordance with the NHSE request, progress was reported to the Board in November 2023 where a further update on impact was requested to be presented to the January 2024 Board.

This paper provides an assessment of the impact of the various improvements to date through an analysis of local and national data sets.

It concludes that it is too early within the General Practice Improvement Programme (GPIP) enrolled cohorts to identify a significant change in patient appointment or satisfaction metrics. The phasing of the programmes will likely mean that a more meaningful assessment will be available within the first quarter of 2024-25.

It is expected that the data quality of online consultation submissions will improve over the coming months.

The improvement process has been well received by practices and national pilot data suggests that it will be possible to identify meaningful outcomes in future assessments.

It is acknowledged that those practices whom have currently enrolled in the programme are likely to be more motivated to change (either to transform practice or improve resilience) and future cohorts may have less success in converting the programme into outcomes unless provided with expert support.

Recommendations				
The Integrated Care Board is asked to: <ul style="list-style-type: none"> Note the LSC Recovering Access to Primary Care progress update. 				
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 Team	2 January 2024		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:	David Levy, Medical Director Craig Harris, Chief Operating Officer			

Evidencing the Impact for the General Practice Improvement Programme

1. Introduction

- 1.1. The *Delivery Plan for Recovering Access to Primary Care* focuses on five thematic areas of support and delivery. These themes formed the structure of the ICB progress update presented to the Board in November 2023. The NHSE delivery plan was also accompanied by a checklist of actions for practices/PCNs, ICBs and NHSE. The ICB progress update focused on the ICB actions. The 'due' dates for many of the actions had already passed and consequently the paper provided both an update on actions delivered and future planned actions, some of which are locally identified.
- 1.2. Further to the progress update the Board requested an additional paper outlining the impact of the actions delivered to date.

2. Context

- 2.1. Improving access to General Practice has been a significant part of national and local strategies for the past 2-3 years. A key focus of the Primary Care Vision for Lancashire and South Cumbria is to improve access to Primary Care, in particular General Practice.
- 2.2. This intention has aligned with the joint publication by NHS England and the Department of Health & Social Care of the Delivery plan for recovering access to primary care in May 2023. The initial year one intention of this plan was to:
 - **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
 - **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
 - **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
 - **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

- 2.3. As part of this delivery the nationally produced General Practice Improvement Programme (GPIP) was introduced to provide tailored support for practices and Primary Care Networks (PCNs) until 2025.
- 2.4. GPIP intends to support practices in a move towards the Modern General Practice Model which has four practical strands:
 - Understanding demand and capacity
 - Improving the experience of telephoning the practice and using online access routes
 - Enhancing navigation and triage processes
 - Management of non-patient-facing practice workload
- 2.5. The programme has been offered as a voluntary sign up in either a universal, intermediate, or intensive format. Phase A began delivery in June 2023.

3. Uptake of Offer within Lancashire and South Cumbria

- 3.1 The GPIP offer has been positively received within Lancashire and South Cumbria with 36 out of 198 practices currently engaged within the programme. As of September 2023 (last data provided) 16 practices have enrolled in the Intensive programme and 20 in the intermediate programme. A single practice enrolled in Phase A (commences June), eight in Phase B and the remainder in phase C.
- 3.2 The range of types of practices that have enrolled encompasses the full spectrum of practices within Lancashire and South Cumbria – from the largest to the smallest, covering urban and rural and all levels of health inequity.

4. Interim Outcomes and Impact of General Practice Improvement Programme (National)

- 4.1. The nationally reported pilot results of the implementing Modern General Practice details:
 - releasing GP and administrative time – 2.5% of GP appointments saved
 - use of other primary care services - increasing referrals made to community pharmacy with only 6% needing to be referred back to general practice
 - improved continuity of care resulting in an estimated 5.2% reduction in consultation numbers
 - patient experience scores that are 6 percentage points higher than the national average
 - 60% of staff reporting that the number of complaints have reduced

- 70% of staff reporting that their workload is easier to manage
- 4.2. Further national details have also been informally published for those practices entering Phase A:
- 20% drop in practice call wait times
 - 50% drop in practice abandoned calls
 - 28% drop in the median volume of calls per 1,000 patients answered in the first hour of opening suggesting a smoothing of demand
 - An almost doubling in the number of online consultation requests (digital access) submitted by patients to contact their general practice increasing from 13/1,000 registered patients/week to 24/1,000 registered patients/week.
 - Staff are very positive about their experience of the programme:
 - 100% of practice managers rated the on site sessions as going well or very well
 - 100% of practice managers rated the group based sessions as going well or very well
 - 100% of practice managers felt better equipped to deal with their work challenges
 - There was a 21% increase in staff recommending their practice to a friend or relative to provide care
 - 57% of practices have opted for a further 3 months of support

5. Interim Outcomes and Impact of General Practice Improvement Programme (LSC-ICB)

- 5.1. A review was undertaken to assess the impact on appointments, satisfaction and online appointment usage for practice enrolled in GPIP in the LSC footprint. Unfortunately, it is not possible to access telephony data across practices.
- 5.2. Given the small number of practices involved in the GPIP a distinction was not made between support level or phase.

6. GP Appointments provided

- 6.1. Across Lancashire and South Cumbria there has been a steady increase in GP appointment offered from April to October 2023. There is currently no significant difference between GPIP and non-GPIP practices for either the total numbers of appointments delivered or those delivered by General Practitioners:

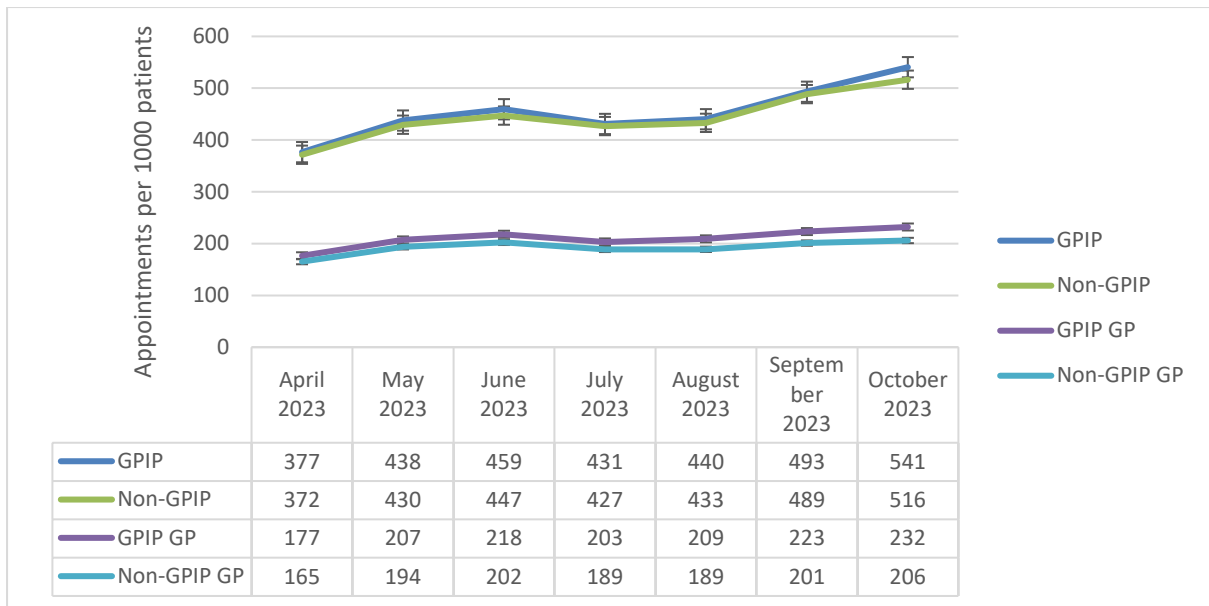


Figure 1: Practice and GP appointments per 1000 patients

6.2. The single Phase A practice (which could be expected to have undertaken additional transformation) follows a similar trajectory. This data doesn't include online consultation data. Similarly there is not a significant difference between the percentage of appointments booked within 2 weeks:

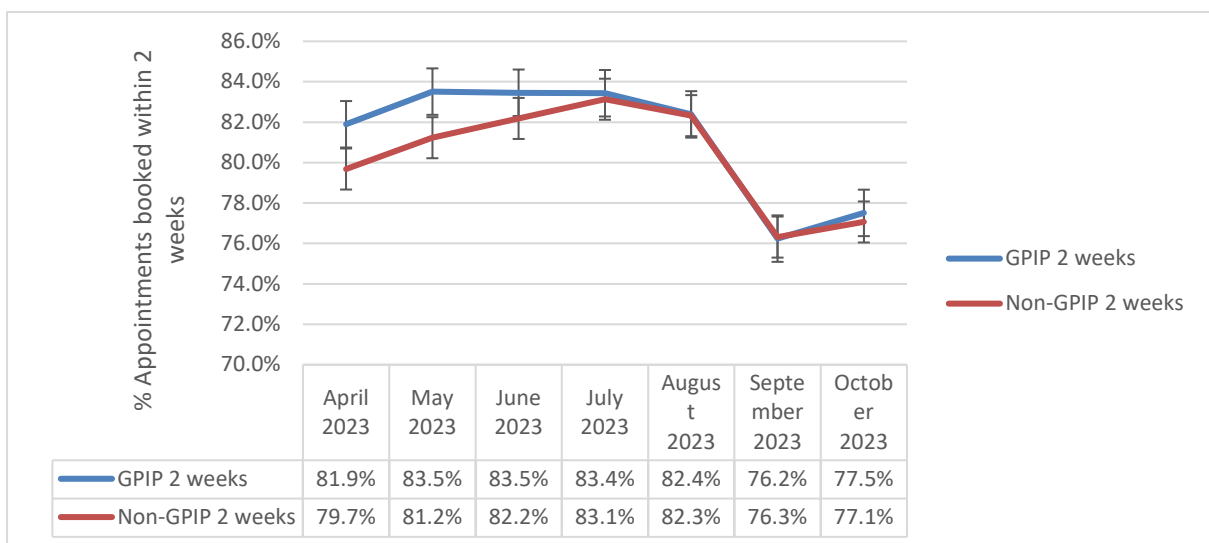


Figure 2: % Appointments booked within 14 days

7. Patient Satisfaction (Friends and Family Data)

7.1. The GP Patient Survey provides the most in-depth assessment of patient perceptions of care provided by practices. This is collated and published on annual basis (data collated around Easter and published in September). As such this is not possible to use for this impact assessment.

- 7.2. In addition each practice submits monthly Friends and Family Test data to NHS England which is published monthly.
- 7.3. The publication rates (practices submitting to NHSE with the expected time frame) have increased across all practices within this financial year but the submission rate appears to be higher in GPIIP practices (81% vs. 71%).
- 7.4. There is no difference between GPIIP and non-GPIIP practices in terms of positive return rates. Both remain high at 90-91% throughout the timescale.

8. Online Consultations

- 8.1. In November, NHSE published for the first time patient submissions via Online Consultation systems by practice. The definition of an online consultation is as follows:

“By ‘online consultation tool’, we mean a software system that enables patients to make contact with their practice online and seek health advice, describe their symptoms, ask a question, follow up on a previous issue, or make either a clinical or administrative request.”

- 8.2. The data is currently listed as experimental by NHSE and hence not suitable for practice comparison purposes. A significant issue contributing to this is non-total coverage of system providers – resulting in 25% of practices nationally (32% locally) showing as ‘no data’.

9. Practice and detailed patient feedback

- 9.1. At present there is no local feedback mechanism to collate both practice and individual specific and detailed feedback on the GPIIP programme. A semi-structured interview with members of a local practice revealed a number of themes to consider when looking at the future of the programme.
- 9.2. The practice framed GPIIP in a positive light (“enjoyed”) and found the gain from enrolment to be focussed on the process rather than outcomes (“food for thought”) and enabling and giving them permission to change. However, really importantly changing this mind set has led to a change in perceived outcomes.
- 9.3. A sense of improving quality of service delivery was evidenced with reducing internal variation in processes and matching demand to staff skills. Also development of new internal pathways.

- 9.4. Ownership and being in control of the workload was a key practice outcome. This has an impact on reported staff wellbeing at present.
- 9.5. Patient engagement was sought through the Patient Participation Group (PPG) and has provided further encouragement.
- 9.6. Reflecting on the past 6 months there is a sense that this is a significant change to the whole of the practice and didn't just 'reset' access but working conditions as well. Support and resource has been required beyond the national funding provided as ongoing service changes are still being made.
- 9.7. Crucially there is a strong sense that undertaking this process requires leadership and engagement from the whole practice. It is not possible to 'do' the programme and make meaningful change without this. It may be some of this falls to timing as well, particularly when is appropriate for a practice to engage and undertake change.

10. Increasing Self-referral Pathways

10.1. 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:

- Community Musculoskeletal Services
- Audiology for older people including hearing aid provision
- Weight Management Services (Tier 2)
- Community Podiatry
- Wheelchair Services
- Community Equipment Services
- Falls Services

10.2. 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

10.3 The initial focus has been on accurately capturing existing referrals to establish a robust baseline against which to measure any improvements. Work is underway with community provider colleagues to assess the potential to further expand self referrals in light of current service capacity constraints.

11. Primary and Secondary Care Interface

11.1 Lancashire and South Cumbria (LSC) ICB adopted a baseline set of principles around the primary and secondary care interface from Cheshire and Merseyside.

11.2 This document evolved following a period of engagement events with primary care colleagues, Local Medical Committee (LMC) and secondary care representatives.

11.3 The final version was presented and accepted by ICB colleagues when the Delivery Plan for Recovering Access to Primary Care cited the primary/secondary care interface as a key objective in reducing unnecessary bureaucracy in primary care. The plan made specific reference to 4 key themes from the Academy of Royal Medical College Report (AoRMC) 'General Practice and Secondary Care – Working Better Together'.

11.4 Whilst the LSC own interface principles go beyond those included within the AoRMC report, the AoRMC are those that the ICB is expected to report progress on.

11.5 This work is being completed in 3 stages:

- Clinical and Care Professional Leads (CCPLs) each working with their respective Acute Trust Deputy Medical Directors to implement the AoRMC recommendations.
- Inclusion of Community and Mental Health Trusts.
- To go beyond the AoRMC recommendations and work towards the broader principles set out within the LSC Primary/Secondary Care Interface.

11.6 The table overleaf summarises progress to date:

AoMRC Key Recommendations	RAG status 20/12/2023			
	LTH	BTH	ELTH	UHMB
Onward referrals: if a patient has been referred into secondary care and they need another referral, the secondary care provider should make this for them, rather than sending them back to general practice to a further delay before being referred again. ^[1]	Green	Yellow	Yellow	Red
Complete care (fit notes and discharge letters): Trusts should ensure that on discharge or after an outpatient appointment:				
Fit notes are issued for the appropriate length of time	Green	Red	Red	Red
Discharge letters should highlight clear actions for general practice (including prescribing medications required)	Yellow	Red	Red	Red
By 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically. From December this will provide patients with a digital fit note by text or email and if they prefer, they can still receive a paper copy	Red	Red	Red	Red
Call and recall: for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments.	Green	Red	Yellow	Red
Clear points of contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly, e.g. single outpatient department email for GP practices or primary care liaison officers in secondary care.	Yellow	Red	Yellow	Red

12. Conclusions

12.1 Assessing the national and local data available implies that is too early within the GPIIP enrolled cohorts to identify a significant alteration in appointment or satisfaction metrics. The phasing of the programmes will likely mean that meaningful endpoints will be available within the first quarter of 2024-25.

12.2 It is expected the data quality of online consultation submissions will improve over the coming months.

12.3 It appears however that the process is acceptable and well received by practices and this matches with local informal conversations. The national pilot data suggests meaningful outcomes will be possible to detect in future.

12.4 There is a risk that those practices who have enrolled in the programme are more motivated to change (either to transform practice or improve resilience) and that future cohorts may have less success in converting the programme into outcomes without expert support.

13. Risks to Delivery of GPIIP and Recovering Access Programme

13.1. The 2023/24 Recovering Access Programme included a number of actions that it has not been possible to progress due to either ICB capacity constraints or removal of Service Development Funding (SDF):

- A targeted programme of visits to practices in order to undertake a Service Level Framework (an assessment toolkit to identify the improvement support required).
- A roving team of clinical and non-clinical improvement experts to support practices in the delivery of Modern General Practice. This recognised that some practices (often the ones that would benefit most from improvement) do not have leadership capacity to undertake the required analysis, planning and transition to the new way of working.

14. Recommended Next Steps

14.1. In recognition of the conclusion that it is too early within the programme to assess impact there are two recommendations:

1. Continue local support and encouragement of GPIIP – both for those already enrolled and those wishing to.
2. Future assessment undertaken in quarters 1 and 2 2024/25. This local assessment should complement the national evaluation and include data items from:
 - General Practice Access Data (GPAD)
 - Friends and Family Test (FFT) data
 - Available telephony data
 - GP survey data (due next September)
 - Workforce data
 - 111 in hours data
 - As well as participant and patient narrative

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