NHS
North East and North Cumbria

Item: 10.4

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official		Proposes specific action	✓
Official: Sensitive Commercial	✓	Provides assurance	
Official: Sensitive Personal		For information only	

BOARD 28 November 2023	
Report Title:	Primary Care Strategy and Delivery Sub Committee - Primary Care Access Recovery North East and North Cumbria ICB System Plan Briefing

Purpose of report

The purpose of the paper is to present the NENC ICB Board the recommendations of the Primary Care Strategy & Delivery Sub-Committee of the Primary Care Access Recovery Plan

Key points

This document is the first iteration of the Northeast and North Cumbria approach to Primary Care Access Recovery and will continue to develop over the next two years. The plan outlines the requirement for the ICB to develop their own system-level access improvement plan, which includes a summation of the actions that PCNs and practices have committed to, as well as the interface elements with other providers and stakeholders.

The ICB is required to present this system plan at public boards in October or November 2023 with a further update in February or March 2024.

The System Plan was presented to the ICB Executive Committee on 14 November and the following summarises the Exec comments:

- ICB financial pressures resulting from delegated General Practice funding allocation – Assess recurrent financial impact of transformational change and undertake an impact assessment, identifying key areas of risk / opportunity
- Consider General Practice future funding allocation formula to target investment to areas of high deprivation and health inequalities
- Explore greater ambition relating to the primary and secondary care interface elements of the programme
- Consider the ICB capacity to deliver the program moving forward given the revised operating model and organisation restructure
- Explore patient experience measures as part of the overall metrics for the programme

Risks and issues

Some of the challenges and barriers identified in the local plans include:

- Staff capacity to attend training.
- Staff recruitment
- ICB estate capacity and potential increased costs for the ICB
- Variance in CBT and digital status and experience of practices across PCNs.

Resistance to use digital or online tools and reluctance to use other Health Care Professionals

Assurances

Work will continue with the Transformation team on the system plan in final preparation for the ICB Board in November.

Engagement and socialization of the plan with various stakeholders, system partners and workstreams will continue and the Plan amended as required

Recommendation/action required

The NENC ICB Board are requested to receive the NENC ICB Primary Care Access Recovery System Plan as at November 2023 and :

- Confirm assurance as to the plan and approach to delivering Primary Care Access Recovery across NENC
- Agree to receive update in March 2024

Acronyms and abbreviations explained

Examples:-
QOF – Quality and Outcomes Framework
PCC – Primary Care Collaborative
PCSDSC – Primary Care Strategy and Delivery Sub-Committee
SOLT – Senior Operational Leadership Team
PCARP – Primary Care Access Recovery Plan
ICB – Integrated Care Board
NENC – North East and North Cumbria
MGPA – Modern General Practice Access
PCN – Primary Care Network
DHSC – Department of Health and Social Care
PHM – Population Health Management
UEC – Urgent and Emergency Care
UTI – Urinary Tract Infection
CBT – Cloud Based Telephony
FFT – Friends and Family Test
GPAD – General Practice Appointment Data
PPG – Patient Participation Group

Sponsor/approving executive director	David Gallagher, Executive Area Director Tees Valley & Central
Date approved by executive director	14 November 2023
Report author	Pamela Phelps, Deputy Director of Transformation (Primary Care), NENC ICB.

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper? (please tick)	**Yes**		**No**	✓	**N/A**	
If yes, please specify						
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience,	**Yes**		**No**		**N/A**	✓

has a quality impact assessment been undertaken? (please tick)						

Key implications	
Are additional resources required?	There are no additional resources required.
Has there been/does there need to be appropriate clinical involvement?	The paper will be presented and socialised with Medical Directors
Has there been/does there need to be any patient and public involvement?	A communications plan will identify key messages and materials to inform patients that support them and their families and carers to navigate systems and services. It is our aim to create an engagement strategy that tests out the redesign of our systems, providing valuable service user input moving forward.
Has there been/does there need to be partner and/or other stakeholder engagement?	Engagement will continue with system partners to improve and develop services and refine the interface between stakeholders and systems

NHS
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Primary Care Access Recovery
North East and North Cumbria ICB System Plan Briefing

1. The Vision

Our vision for primary care access recovery will bring together the principles of the national PCARP requirements with those of the Fuller stocktake and the PCN Des capacity and impact to ensure across Northeast & North Cumbria, we:

i. **Empower patients** to manage their own health including using the NHS App, self referral pathways and through more services offered from community pharmacy.
ii. 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.
iii. **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
iv. **Cut bureaucracy and reduce workload** across the interface between primary and secondary care, and the reduce the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients

This system plan recognises the need for a whole system approach to improving out of hospital care for patients and the reliance on fully integrated system working, to enhance the patient experience when accessing primary care services.

This vision aligns with the key goals, of our integrated care system.

Stability of our providers will continue to be paramount in our planning. We are experiencing unprecedented demand, and retention of NHS services can only be achieved through strong relationships and an acknowledgement of the pressures and challenges they are facing.

2. Background

This document is the first iteration of the Northeast and North Cumbria approach to Primary Care Access recovery and will continue to develop over the next two years. The plan outlines the requirement for the ICB to develop their own system-level access improvement plan, which includes a summation of the actions that PCNs and practices have committed to, as well as the interface elements with other providers and stakeholders.

The ICB is required to present this system plan at public boards in October or November 2023 with a further update in February or March 2024.

The Fuller stocktake was published in May 2022, which sets out a new vision for integrating primary care with three essential elements:

- ***streamlining access to care and advice***;
- providing more proactive, personalised care from a multidisciplinary team of professionals; and
- helping people stay well for longer.

Focusing on the first of these elements, in May 2023, **NHS England published its Delivery Plan for recovering access to Primary Care (PCARP).** The two central ambitions of the plan are to:

- **Tackle the 8am rush, and**
- **For patients to know on the day they contact their practice how their request will be managed.**

In addition, this system plan will also support delivery of the National Manifesto by March 2024.

- 5000 more GPs
- 26000 new staff (ARRS)
- 50m additional appointments

PCARP – breaking down our vision:

Empowering Patients	Modern General Practice Access	Building Capacity	Cutting Bureaucracy
•Improving Information and NHS App functionality •Increasing self-directed care •Expanding Community pharmacy services	•Better digital telephony •Simpler online requests •Faster navigation, assessment and response	•Larger multidisciplinary teams •More new doctors •Retention and return of experienced GPs •Higher priority for primary care in housing developments	•Improving the primary-secondary care interface •Building on the Bureaucracy Busting Concordat

Whilst these programmes focus heavily on the aspect of general practice, they are reliant on integration of services with community, pharmacy, elective and urgent and emergency care. The success to improving the experience of our population in accessing general practice as the gate keeper to care and support, is reliant on the interface and transition between services based on need. Any change and development must retain a focus on supporting people to stay healthy and consider diverse needs and addressing health inequalities.

We are awaiting the publication of the national Pharmacy Recovery Plan which will further enhance our opportunity to bring together our vision to strengthen primary care beyond the sole lens of general practice. Pharmacy will play a key role in supporting improved access for our population.

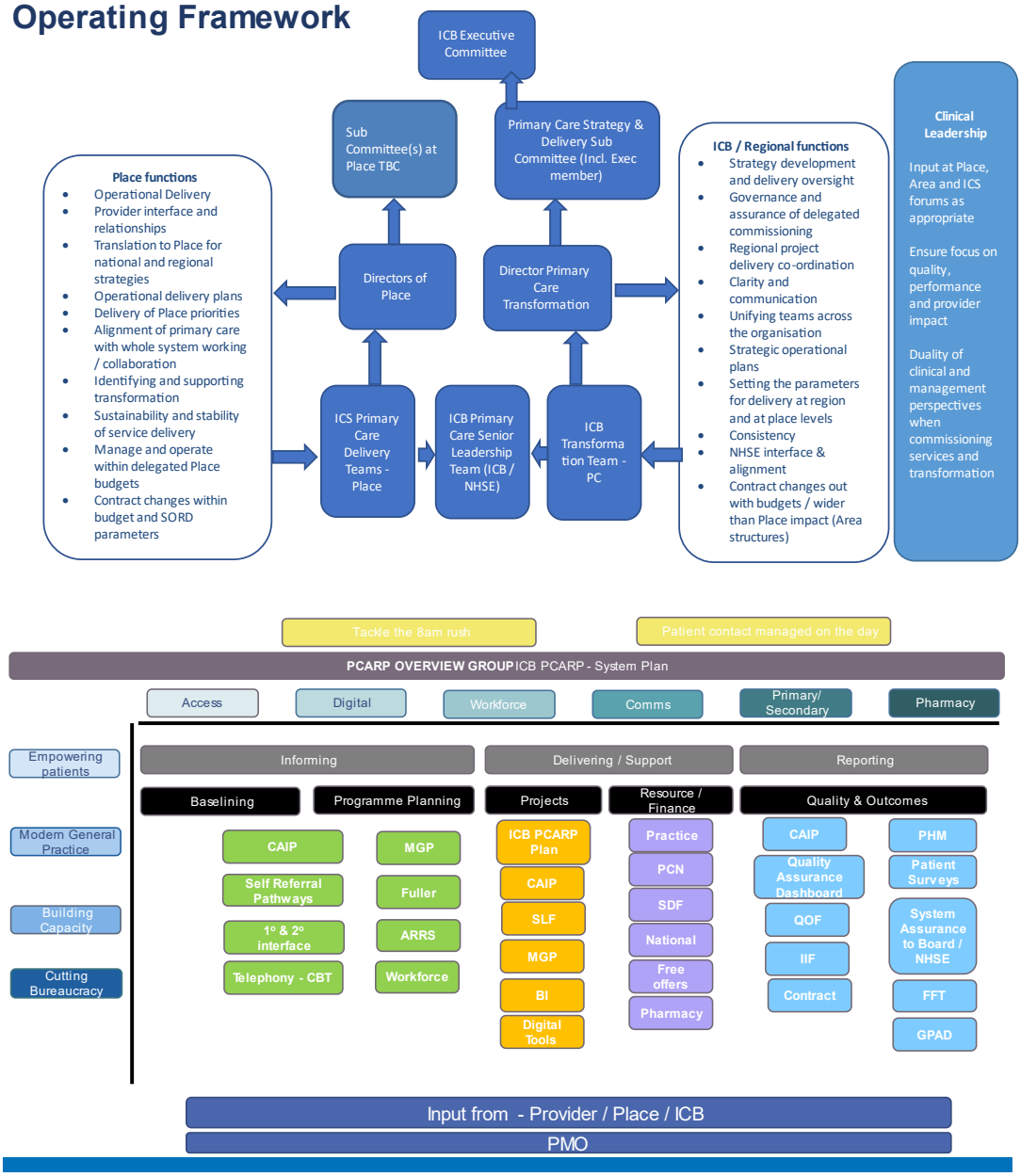
3. Approach

As an ICS covering a significant geographical area, the system plan is cognisant to retain a single organisational approach to delivering the ambitions within the PCARP, but also recognises the strengths of local relationships and how the whole organisation plays a pivotal part at each level of the plans' delivery.

NENC approach to this system plan for PCARP is three-fold:

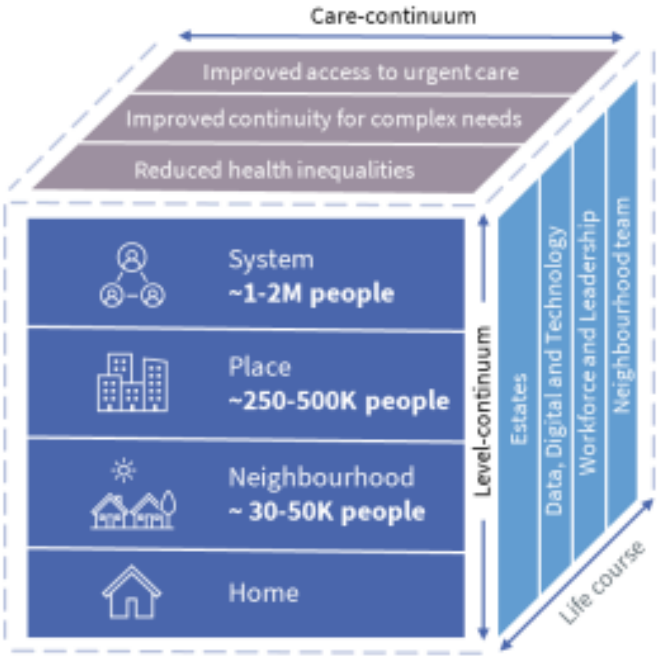
i. **Operational delivery** of Primary care improvement programmes.
The guidance and requirements received by ICBs from NHSE for PCARP, are heavily focussed on the transactional changes required.

This work is primarily



ii. **System alignment** - Ensuring we establish the most efficient and effective pathways across system providers and community voluntary sector

Fuller – Integration Cube



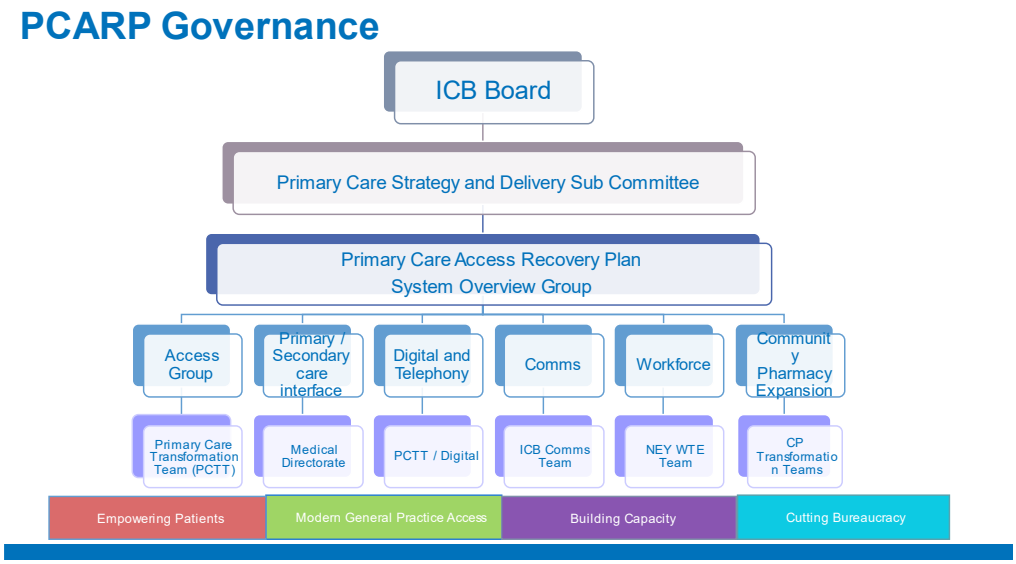
iii. **Monitoring our progress and measuring outcomes –** Ensuring that outcomes are measurable, achieved and add value.

4 Operational Delivery

For PCARP we have established a governance and reporting framework and identified four distinct elements to the PCARP programme; ***Informing, delivery, support and reporting.***

4.1 Governance

To support delivery of the PCARP agenda, the ICB has established an overview group, this is led by the Director of Transformation as SRO for the programme of work. The overview group has identified several key workstreams, with leads for each group including, Access, Primary and Secondary Care Interface, digital and telephony, comms, workforce and community pharmacy expansion. Each workstream reports back to overview group on a monthly basis, with assurance feedback via a highlight report through the ICB Exec Committee and NHS England Regional team.



By expanding the focus of Primary Care Access Recovery across into integration, further work is required to align key ICB programmes to this to include for example, Community Services and out of hospital care.

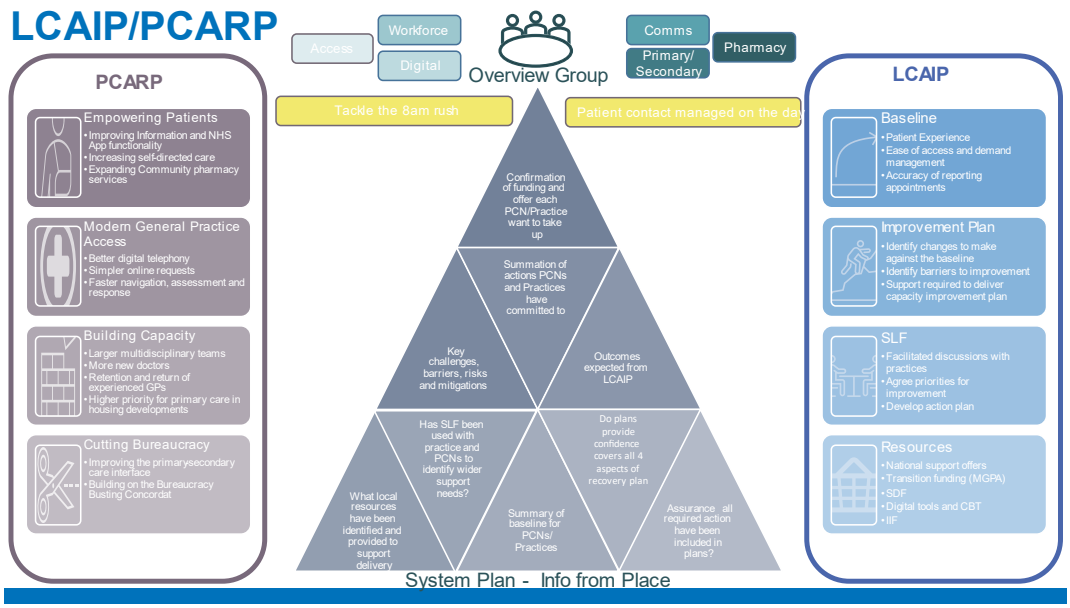
A project management approach is under development to manage the scale of this programme to deliver our vision.

4.2 Informing

During the informing phase, it is important to establish a baseline of the current service provision including general practice access models, self-referral pathways and digital telephony etc, it is also important to

identify the different linkages to other programme planning that will support delivery such as Ageing Well, Healthier and Fairer (addressing health inequalities and long-term workforce plan etc.

In addition, PCNs and their GP Practice members, have developed local action plans built on agreed baseline data that focuses on patient experience of contact; ease of access and demand management; and accuracy of recording in appointment books.



These individual PCN plans will form the basis of the baseline position on which improvements and changes can be assessed across the system. A summary of the key proposed actions and expected outcomes from the PCN plans can be seen in the table below.

	Patient Experience	**Ease of access and demand management**	**Accuracy of recording appointments**
Summary of common actions PCNs have committed to	• Increase promotion and return rate of FFT through automated responses via text. • Review of patient feedback through FFT, local surveys, National Patient Surveys. • Increased engagement of patients through PPGs and consideration of PCN PPGs. • Improve communication with patients through reviewing ease of practice websites, focused media campaigns on new or changed systems, and ensuring no patient groups are disadvantaged.	• Move to digital / CBT technology to support call attrition and waiting times. • Promotion of digital access routes such as online appointment booking, online consultation, repeat prescriptions. • Review of practice access models. • Increased care navigation training. • Promotion and direction of services available at local community pharmacies. • Enhancing staff workforce through reviewing skill mix and exploring ARRS options.	• Review of GPAD categories and unmapped data. • Regular monitoring of GPAD and other access data available. • Review practice processes for capturing all non-clinical workload.
Summary of expected outcomes	• Improved patient experience. • Improved patient awareness of different health professionals, alternative available services and how to access them.	• Call backlog and waiting times will be reduced. • Increased use of digital online access tools. • Improved patient experience in making appointments.	• Improved mapping of appointments which more accurately reflect workload. • Improved review of workload to support further

	• Increased feedback from patients to ensure continuous improvement.	• Increased use of alternative services such as GP CPCS.	improvements in capacity and drive out waste.

In addition, the Plans identified a number of challenges and barriers to fully implementing and delivering the Plan locally.

Summary of common barriers and challenges identified in the plan.	
What are the common themes identified	**How are these being addressed / overcome**
• Staff capacity to attend training. • Staff recruitment • NHS Estate capacity and increased costs • Variance in different CBT and digital status and experience of practices across PCNs. • Resistance to use digital or online tools and reluctance to use other Health Care Professionals	• Training arranged to coincide with PLT/ TITO • Explore workforce retention offers, including Fellowships and career start programmes. Consider skill mix and increasing ARRS roles. • Working with commissioners and LMC to review estate options. • Explore digital and telephony options when available. • Engage with patients through public comms campaign (e,g, Here to Help) to explain the benefits of NHS App and other accessible services.

4.3 Delivery / Support

The delivery/support phase reflects the independent projects which play a significant part in the delivery of the overall PCARP and maximising our opportunity in empowering patients and streamlining access to services. For example, support level framework discussions with practices, development of PCN local capacity access improvement plans and transformation of practices to a modern general practice access model, digital online tolls, as well as community service and mental health transformation etc.

The graphic below shows the breadth of programmes and support offers available to practices and PCNs.

4.4 Reporting

The reporting phase reflects the different opportunities to capture take up of support offers and progress towards achieving the key aims of the Plan. The table below provides a summary of the key support offers and the current take up.

Support Offer / Project	Description	Number of practices (%) YTD	ICB Ambition

Support Level Framework (SLF) discussions	A tool used in discussion with practices to support gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends.	31 (9%)	Aim to have 345 practices undertake SLF discussions by March 25, then on an annual ongoing basis.
Care Navigation training	On completion of training, individuals will be confident to communicate effectively with patients and be able to signpost to the most relevant team member or local services depending on patient needs.	144 (42%) –	1 person from each practice (345)
General Practice Improvement Plan - Intensive	Targeted, hands-on support for those practices working in the most challenging circumstances to deliver significant change – 26-week programme	33 (80%)	41
General Practice Improvement Plan – Intermediate	Less intensive hands-on support to practices and PCNs requiring some help to make changes – 13-week programme	16 (73%)	22
PCN General Practice Improvement Plan - Intermediate		1 (5%)	22
General Practice and PCN Improvement Plan – Universal	Resources, guidance, training and capability building – available to all practices	59 Practice offers accessed 18 PCN offers accessed	N/A
Cloud Based Telephony	Support for practices on analogue lines to move to a digital telephony, including call back functionality.	0 (0%)	84 practices to transition from analogue to CBT is planned
Transition to Modern General Practice Access Model	By moving to a MGPA model, practices will be better able to see and understand all expressed demand and all current capacity; to reduce avoidable appointments and allocate capacity equitably and according to need; and to make full use of the multi-professional team and improve the working environment for staff, as well as improving experience for patients.	261 (76%) baselines returned 32 (9%) transitioned to MGPA model	All practices by March 25

5 System Alignment

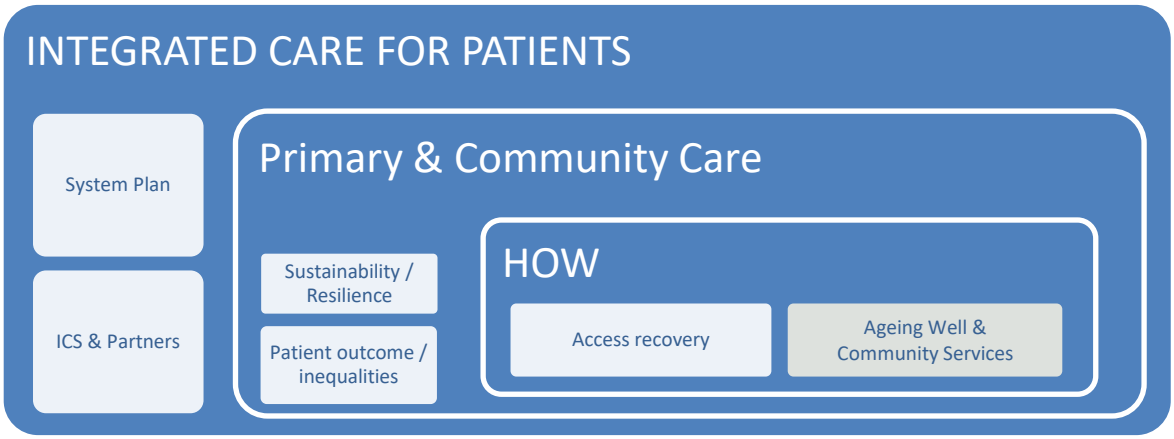
Whilst the delivery plan is aimed at recovering access to primary care, it recognises that it is not the sole responsibility of GP practices to deliver the Plan as a whole and will rely heavily on system partners such as acute, and mental health providers and community services which will need clarity as to where integration and patient transition is most efficient and effective.

5.1 Community & Primary Care Services

Primary and community services integration must form a key part of this access recovery, and a significant of work has been done to focus on the cohorts of our population that use these services the most.

The Fuller Stocktake built a broad consensus on the vision for integrating primary care with three essential

elements: streamlining access to care and advice; providing more proactive, personalised care from a multidisciplinary team of professionals; and helping people stay well for longer. This remains our intent.

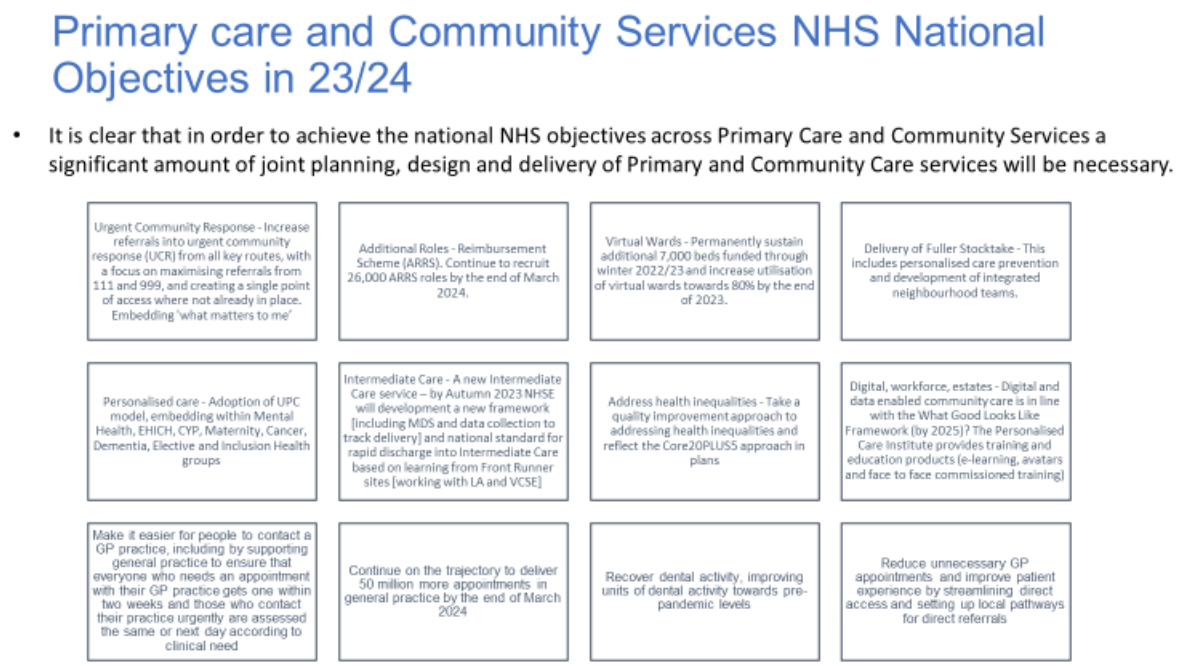


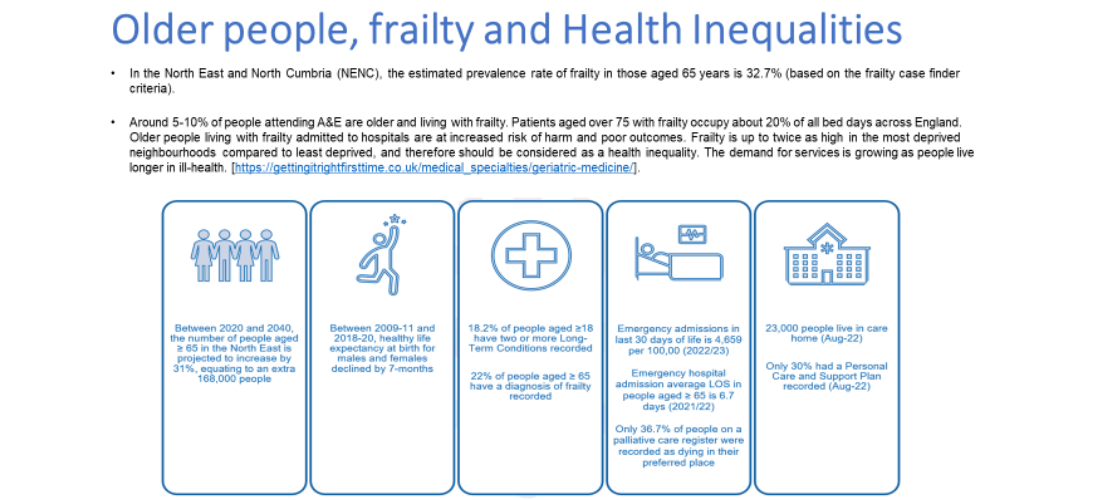
The Office of National Statistics estimates that the proportion of over 65s, the most intense users of general practice and community health services, will increase from 18.5% of the population in 2020 to 19.7% by 2025 and 21.5% by 2030.

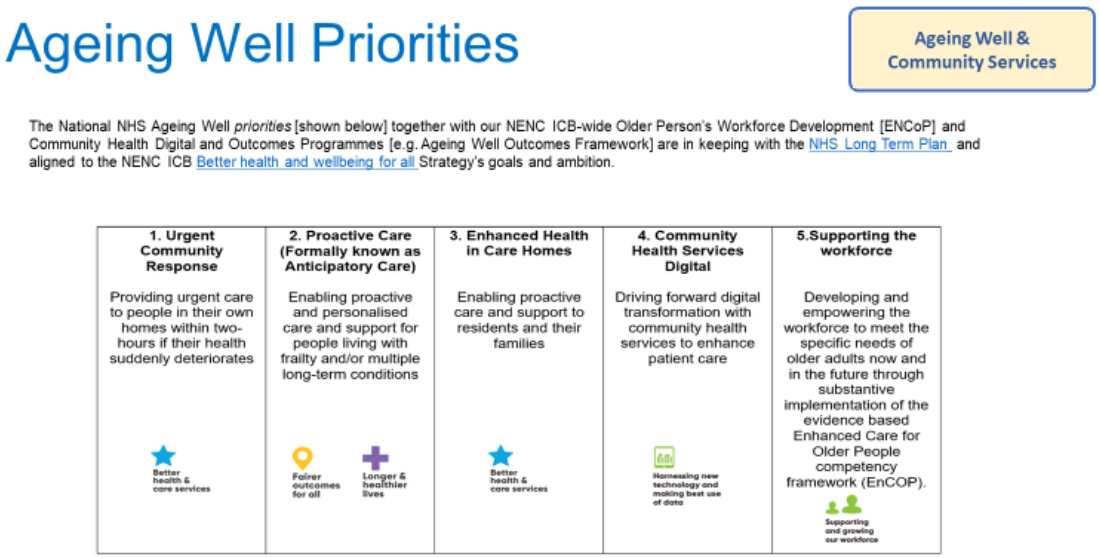
The majority of those receiving care from Community Health Services are adults aged 65 or over. In 2021/22, there were 15.4 million referrals into Community Health Services relating to 11.4 million people needing care and 95.2 million care contacts (a contact or appointment between a person and a care professional). Of these care contacts, 58% were for adults aged 65 and over and 22% of those were aged 85+.

Our ageing population, with increasing numbers of people living with multiple long-term conditions and co-morbidities, is contributing to growing demand on primary and community health services. In 2015, 54% of over 65s in England had multi-morbidity. This is projected to increase to 64.4% by 2025 and to 67.8% by 2035.

To achieve the national NHS objectives across Primary and Community Services a significant amount of joint planning needs to take place to design and deliver these services with our population at the core of everything we do.







5.2 Pharmacy

Community Pharmacy will play an essential part of PCARP by offering a wide range of services from over 600 locations across North East and North Cumbria.

A recent NHS funded public perceptions survey found that as much as 80% of people in England live within a 20-minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation. In addition, they found that 90% of people feel comfortable receiving clinical advice from a pharmacist about a minor illness and over 90% who have done so say they received good advice. Community Pharmacies are therefore essential in support the following three key health areas:

- Acute Illness
- Routine and Prevention – protection, detection and management
- Preventing readmissions

Our plans, therefore, must include a maximisation of the value derived from these services especially as more pharmacists' train to become Independent Prescribers.

We can achieve this by increasing the use of the NHS Community Pharmacist Consultation Service referrals from General Practice and NHS 111 to community pharmacies for minor illness advice and treatment, including UTIs, and for urgent medicines supply.

In addition, community pharmacies can help us reduce readmissions into hospital after medication changes through the use of the NHS Discharge Medicines Service and can help identify patients with high blood pressure by delivering NHS Community Pharmacy Blood Pressure Check Service.

Pharmacy can also contribute to our Flu and COVID vaccination programmes in NENC and can support patients with initiation and management of long-term contraception as part of the NHS Pharmacy Contraception Service.

5.3 UEC

The urgent and primary care interface is developing across NENC through the oversight of the Urgent & Emergency Care Network and development of our Local Area Delivery Boards. The urgent care recovery programme provides a structured approach to how this will look, and across NENC we are in the design phases of this work.

Same day urgent access for patients will fall within this area of focus and support our system partners in informing how all providers area accessible at the right time, in the right place based on patient need.

System resilience, business continuity planning and streamlining access and patient flows under this umbrella will articulate the role of general practice, pharmacy and community services to deliver the out of hospital elements of urgent care and ensure our emergency service pressures can be addressed.

5.4 Elective Care

The aim of this element of the PCARP is to ensure we give practice teams more time to focus on their patients' clinical needs by reducing time spent liaising with hospitals across four areas highlighted from the Academy of Medical Royal Colleges report and improve the interface between primary and secondary care.

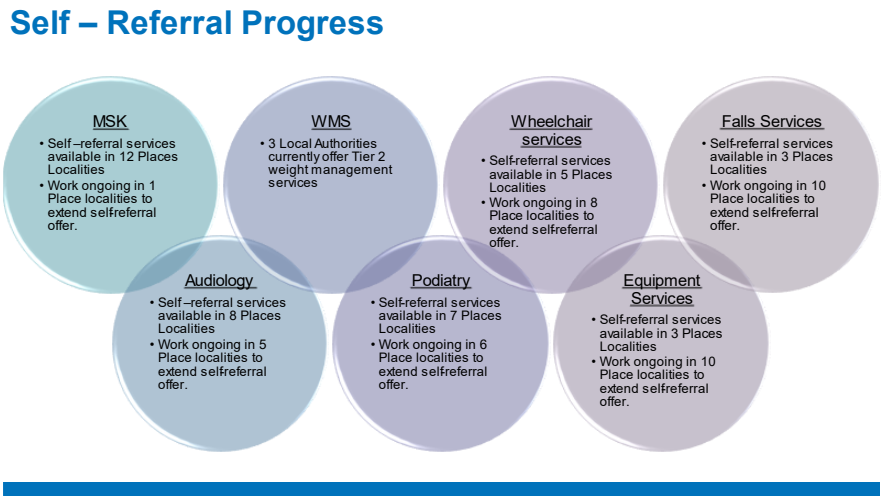
Reducing requests to GPs to verify medical evidence, including increased self-certification and continuing to advance the Bureaucracy Busting Concordat. https://www.gov.uk/government/publications/bureaucracy-busting-concordat-principles-to-reduce-unnecessary-bureaucracy-and-administrative-burdens-on-general-practice

Four key areas of improving primary secondary care interface:

- Onward referrals within secondary care – consultant to consultant referrals
- Complete care (fit notes and discharge letters)
- Call and recall for follow up tests or appointments in secondary care
- Clear points of contact for patients / primary care liaison officers

Work has commenced on these areas within our local systems across NENC. However, it is not yet clear how much of this is widely known or communicated to primary care to support easier access for patients to specialist services. Baselining has commenced, to capture the true extent of these developments and ensure we build relationships across the sectors to further develop opportunities that put patients at the heart.

We are seeing a significant increase in the shift of care out into community settings which is important for our patients and their families. However, the impact across our provider organisations is becoming such it requires stronger links and transparency if it is to truly offer efficiencies and realise benefits at the coal face.



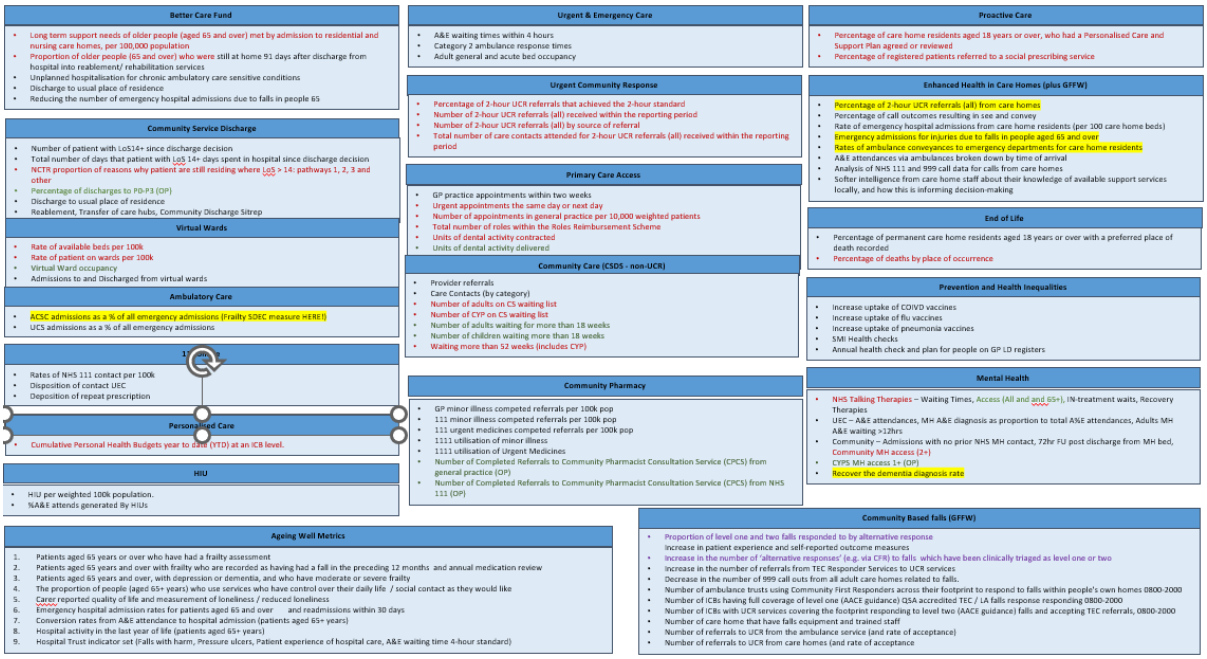
5.5 Inequalities - PHM, Healthier & Fairer

It is pivotal that all elements of this programme are linked to the ICB strategy to address health inequalities.

This alignment will be planned over the coming months to ensure practice and provider plans are focussed on addressing health inequalities and supporting equity of access/

6 Monitoring our progress and measuring outcomes

The primary care team is working jointly with the Transformation Directorate and the Community Services transformation leads to establish a qualitative and quantitative outcomes report to assess the impact the PCARP has across NENC, for our system partners and our populations which will also assess the success of integrated service provision



Once consolidated, the outcome metrics report will be used to inform all areas of reporting across the ICB relative to the key areas identified.

7. Comms and engagement plan

Alongside all of this work to improve and develop services and refine the interface between stakeholders and systems, a communications plan will identify key messages and materials to inform patients that support them and their families and carers to navigate systems and services.

It is our aim to create an engagement strategy that tests out the redesign of our systems, providing valuable service user input moving forward.

8. Finance & resource

To support delivery of the PCARP plan, NHS England and DHSC, have committed over £1 billion of retargeted funds and support offers for general practice and includes investing £645 million over the next two years to expand community pharmacy services, subject to consultation. For NENC ICB, this equates to circa. £107.9 million available for practices and PCNs, a summary of the funding available can be seen in the table below:

Programme	Description	ICB Total for 23/24
IIF National Capacity and Access Support Payment	Paid direct to PCNs to support delivery of PCN local Capacity Improvement Plans	£9.364m
IIF Local Capacity and Access Improvement Payment	Paid to PCNs based on commissioner assessment of PCN improvement agreed as part of local capacity access plans	£4.013m
Transition Cover and transformation support funding	Paid to practice to support transition to a modern general practice access model	£2.382m

Primary Care System Development Funding	Invested in initiatives which will support practices and PCNs to deliver high quality primary care, delivering the ambitions of PCARP and other improvement programmes – see detail in section below.	£10.498m
Additional Roles Reimbursement Scheme	Provides funding for additional roles for PCN to create bespoke multidisciplinary teams.	£76.429m
Transition to Cloud Based Telephony	to support practices to move from analogue to cloud based telephony systems available via national frameworks	£2.268m
Digital Tools	To support practices to utilise digital tools such as online consultation.	£2.9m
	Total	**£107.9m**

In addition to the funding referenced above, there are also several, free, national support offers available for practices and PCNs to access, these include:

- General Practice Improvement programme.
- Care Navigation training.
- Digital and transformation leads development.
- General Practices Improvement Leads Programme.

In delivering the PCARP agenda, the NENC ICB must ensure that it maximises the full funding and support offers available.

Progress on funding programme spend is reported monthly through Primary Care and Strategy sub-committee, including highlighting any risks and mitigations to ensure full delivery on spend. The graphic below provides a full overview of the full funding work programme.