

NORTH EAST & NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) SUNDERLAND REPORT - IMPROVING ACCESS TO GENERAL PRACTICE

Report of NENC ICB – Director of Delivery for South Tyneside and Sunderland

1.0 Purpose of the report

1.1 In March 2023, NENC ICB presented a report to the Health and Wellbeing Scrutiny Committee detailing the work that had been undertaken within the ICB primary care team to improve access to general practice in Sunderland.

1.2 The purpose of this report is to provide an update to the Committee on the initiatives undertaken to support improved access and specifically how the Primary Care Access Recovery Plan (PCARP) is being implemented within Sunderland.

2.0 Primary Care Access Recovery Plan

2.1 On 9th May 2023 NHSE published the 'Delivery Plan for Recovering Access to Primary Care'¹ also known as the Primary Care Access Recovery Plan or PCARP. It recognises the change in landscape following the pandemic in which the increase in practice capacity needs to keep pace with growing demand.

2.2 The plan sits alongside the delivery plans for recovery of both elective and urgent and emergency care services and supports the Fuller stock take. It has two overall key ambitions:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.
2. For patients to know on the day they contact their practice how their request will be managed.

To support these ambitions the plan is divided into four key delivery areas depicted below:

Empowering Patients	Modern General Practice Access	Building Capacity	Cutting Bureaucracy
<ul style="list-style-type: none"> • Improving Information and NHS App functionality • Increasing self-directed care • Expanding Community pharmacy services 	<ul style="list-style-type: none"> • Better digital telephony • Simpler online requests • Faster navigation, assessment and response 	<ul style="list-style-type: none"> • Larger multidisciplinary teams • More new doctors • Retention and return of experienced GPs • Higher priority for primary care in housing developments 	<ul style="list-style-type: none"> • Improving the primary-secondary care interface • Building on the Bureaucracy Busting Concordat

¹ <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

2.3 Introduced within the plan are a number of initiatives including the General Practice Improvement Programme (GPIP), Modern General Practice Access Model (MGPA) and Support Level Framework (SLF), as well as other access initiatives such as PCN Capacity and Access Improvement Plans, and Pharmacy First. PCARP is also a key objective within the Sunderland Place Thematic Plan and therefore section 3 of this report explains progress against the plan within Sunderland.

2.4 It is important to note that the delivery areas and associated actions within the plan are not the sole responsibility of general practice or PCNs. Within the ICB, a systematic and coordinated approach is being taken whereby a regional Primary Care Access Recovery Plan System Oversight Group has been implemented which includes the medical directorate, pharmacy colleagues and enabler colleagues within digital, workforce, estate and finance teams.

3.0 Update on Access Initiatives

3.1 General Practice Improvement Programme

The General Practice Improvement Programme (GPIP) offers support to practices and PCNs over two years to change and improve how they work. The programme is in a number of phases and focuses on five key priority areas:

- Understanding and managing demand and capacity.
- Enhancing care navigation and triage processes.
- Improving the experience for patients of telephoning their practice ('the telephony journey').
- Improving the experience for patients of contacting their practice and managing their care online (focusing on practice websites, online consultation tools, messaging systems and appointment booking tools).
- Management of non-patient-facing practice workload.

The Programme offers three levels of support; universal, intermediate and intensive and practices can come forward within any phase of the programme.

Within Sunderland we have 3 practices undertaking intensive support and 3 practices receiving intermediate support. Early feedback from the practices taking part is that this is a programme that affords them time to look at their internal systems and make changes to support their operational delivery overall.

3.2 Modern General Practice Access Model

All practices who implement a project to transfer to a Modern General Practice Access Model over the next two years will receive funding support. The components of the model are:

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

Within Sunderland all practices have cloud-based telephony already but not every practice uses its full functionality. Our digital team are working with practices to understand what further support is needed to implement full telephony functionality.

We have also undertaken care navigation within every practice and are supporting additional training which is being delivered to every member of the practice reception team who require it over the coming months.

3.3 The Support Level Framework (SLF)

The Support Level Framework (SLF) is a tool intended to support practices in 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. It includes six domains of:

- Supporting access.
- Quality and safety.
- Leadership and culture.
- Stakeholder engagement.
- Workforce
- Indicative data.

Completion of the SLF is designed to be coordinated by the ICB and delivered through a facilitated conversation with members of the practice team. The aim is to agree priorities for improvement and develop an action plan through which to address these areas over the forthcoming year. Co-ownership of the action plan with the ICB enables practices to access the appropriate support required to progress in these areas. Any gaps in provision of support can be identified for future commissioning plans.

Within Sunderland we have had SLF meetings with 18 of our 38 practice and a further 9 meeting are booked. The remaining practices will have those meetings in early 2024/25.

3.4 PCN Capacity and Access Improvement Plans

PCNs are able to access additional funding through the achievement of national indicators as part of an Investment and Impact Fund (IIF). The PCN Directed Enhanced Service (DES) for 23/24 set out a key requirement of the IIF as being associated with a capacity and access payment which requires PCNs to develop and deliver a Capacity and Access Improvement Plan (CAIP).

The CAIP is expected to focus on three key areas of improvement:

- Patient experience of contact.
- Ease of access and demand management.
- Accuracy of recording in appointment books.

PCNs were required to submit their plans and have them agreed by the ICB by 31 July 2023. PCNs, supported by the ICB, are expected to monitor their improvement against their current position with a final assessment of their submitted CAIP at the end of March 2024, which should demonstrate and evidence improvements in access for patients.

Within Sunderland our PCN plans focus on the further development of triage models, improving use of the Friends and Family Test, promotion of the NHS App and other digital tools, improving and reviewing appointment booking systems, improving care navigation within practices and working with Healthwatch to receive patient feedback.

A full assessment of delivery against the plan is to be undertaken in 2024/25.

3.5 Pharmacy First

Pharmacy First launched on 31 January 2024 and involves pharmacists, who sign up to the scheme, being able to provide NHS-funded treatment, where clinically appropriate, for seven common conditions without the need for the patient to see a GP, be referred or have a prescription from the GP. The seven common conditions are:

- Sinusitis.
- Sore throat.
- Acute Otitis Media (ear infection).
- Infected insect bite.
- Impetigo (skin infection).
- Shingles.
- Uncomplicated Urinary Tract Infection.

Patients can self-present to pharmacies who have signed up to the scheme. Within Sunderland all 59 community pharmacies have signed up to deliver the programme and a national and regional campaign has begun regarding the service. We are awaiting figures from the regional team as to how well the programme is being utilised.

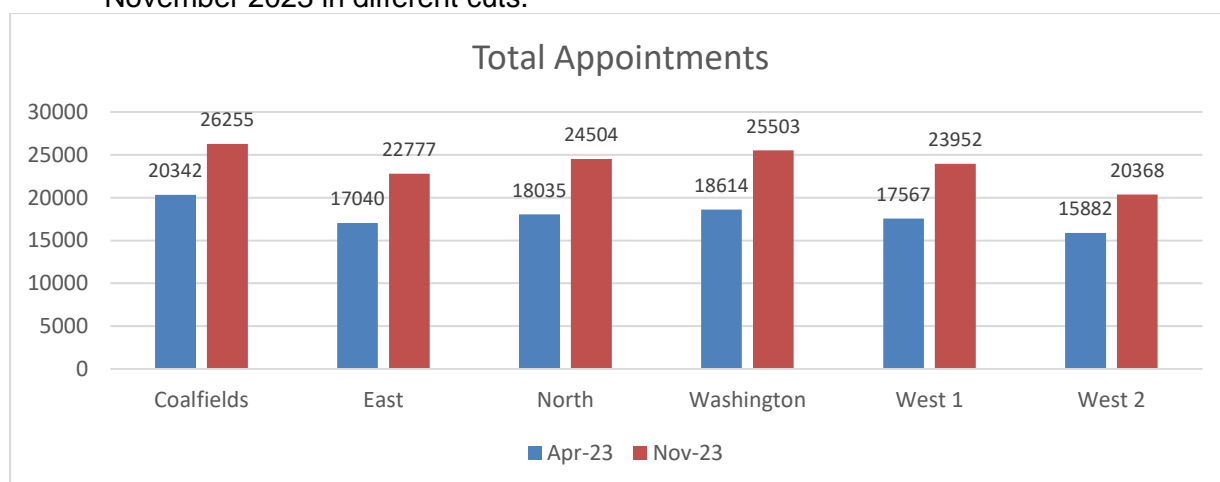
3.6 Workforce

From a workforce perspective, we have been working closely with our PCNs to maximise funding available for additional roles and we currently have 154 full-time additional employees within our PCNs. We have a local GP retention programme that supports practices to become training practices (of which we have 21 training practices) and individual GPs to become Level 1, 2 or 3 GP trainers (of which we have 25 trainers). We have a local GP Career Start scheme with 14 GPs currently on the scheme, and a local practice nurse scheme, with 18 nurses on the scheme. These schemes form part of a larger general practice Workforce Plan within Sunderland and work is ongoing to support administration and clerical roles within practices.

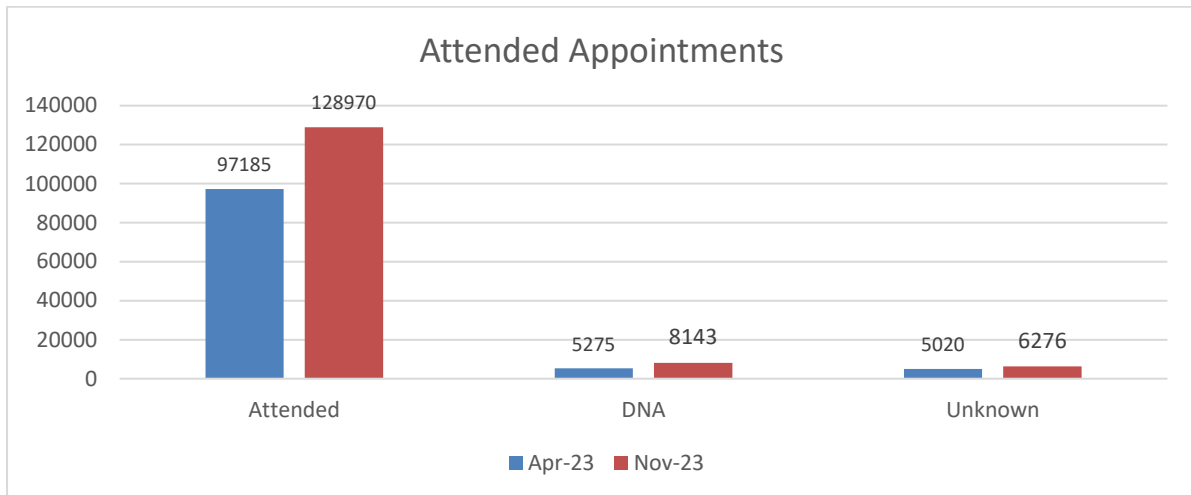
4.0 Access Data

From a general access viewpoint, the total number of appointments delivered by general practice in November 2023 (latest validated data) was 143,359. This is a significant increase on data reported in April 2023 which was 107,480.

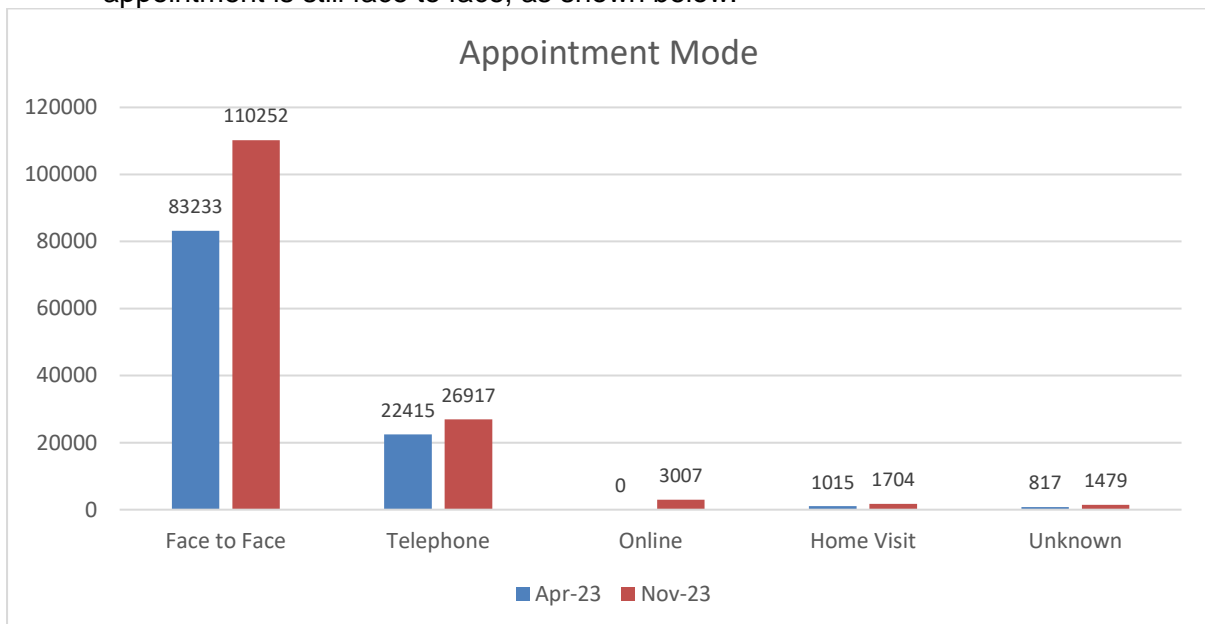
This has been broken down at PCN level in the chart below which shows that the increase is across all PCN areas. It is difficult to attribute the increase to any specific initiative but the following graphs show the difference between data in April 2023 and November 2023 in different cuts.



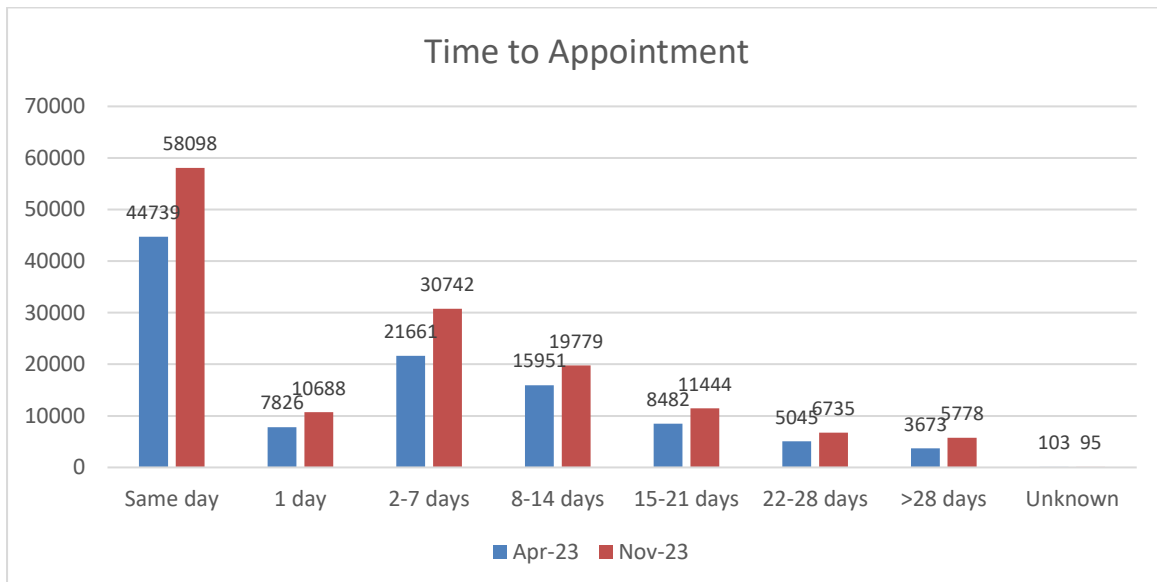
In terms of appointments attended and 'Did Not Attend' figures, these are broken down in the chart below:



On assessing appointment mode, it can be seen that the most common form of appointment is still face to face, as shown below:



Regarding time from booking to receiving appointment, the figures below show that same day appointments continue to be the highest volume of appointments provided followed by those within 2-7 days. Its important to note that some patients choose to be seen later or their appointment may be a follow-up appointment that is booked in advance.



These figures will continue to be monitored on a monthly basis within the ICB.

5.0 Recommendations

The Committee is recommended to:

- Receive this report.
- Note the progress to date on different access initiatives.

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