Bristol, North Somerset and South Gloucestershire Integrated Care Board

BNSSG ICB Board Meeting

Date: Thursday 2nd November 2023
Time: 12.15pm
Location: Somerset Hall, The Precinct, Portishead, BS20 6AH

Agenda Number:	6.6	
Title:	BNSSG System Level Access Improvement Plan	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	

Purpose: For discussion and decision.

Key Points for Discussion:

As part of the delivery plan for recovering access to primary care, integrated care boards (ICBs) are required to develop a system-level access improvement plan. This aligns with leadership responsibilities and accountability for commissioning general practice services and delivery as well as, from April 2023, community pharmacy, dental and optometry services.
On the 31st July guidance notes were published to support development of plans.
https://www.england.nhs.uk/long-read/primary-care-access-improvement-plans-briefing-note-for-system-level-plans/
This paper provides the BNSSG ICB Board with information on the development of the BNSSG system access improvement plan along with the final version for approval. This is in line with the NHSE requirement for each ICB to take their plan to their public board in Oct/Nov 2023 with a further update in Feb/Mar 2024.
It is acknowledged that plans may need to iterate over time, particularly as take-up of support offers and digital tools are confirmed and given the tight deadlines for development of the plan.

Recommendations:	The ICB Board is asked to approve the BNSSG System Access Improvement Plan.
Previously Considered By and feedback:	Access Recovery Working Group Primary Care Strategy Board GP Collaborative Board (GPCB) ICB Executive Team Community HCIG Primary Care Operational Group (PCOG) Primary Care Committee
Management of Declared Interest:	Not applicable.
Risk and Assurance:	Detailed risks and mitigation are included in the main body of the paper. The key risks are:

	• There is a risk that not all practices will sign up to patient access online which will create inequities across BNSSG • Challenging timescales for improvements to support winter • Risk of widening health inequalities due to digital exclusion • Increasing costs and pay rises could impact staffing levels that would be contributing to access plans • Risk that national funding may not be agreed to provide extended services for community pharmacy
Financial / Resource Implications:	The Impact and Investment Fund (IIF) has been repurposed for 23/24 to support delivery against the access recovery plan. 70% of funding is currently being paid to Primary Care Networks (PCNs) on a monthly basis. The remaining 30% is dependent on delivery of PCN capacity and access improvement plans. In addition, practices have submitted expressions of interest (EOIs) for Transition Cover and Transformation Funding to support moving towards a Modern General Practice. Primary Care Service Development Funding (SDF) has also been used to support practice resilience, digital transformation and workforce recruitment and retention initiatives.
Legal, Policy and Regulatory Requirements:	Not applicable.
How does this reduce Health Inequalities:	An Equality and Health Inequalities Impact Assessment (Appendix 3) has been completed for the access recovery plan. The delivery plan is designed to address the known health inequalities and improve the equality regarding access to primary care across the system.
How does this impact on Equality & diversity:	
Patient and Public Involvement:	The response to the access recovery plan and development of the system level access improvement plan has been based on the patient survey results. In addition, we have triangulated all patient feedback to date in relation to the key areas of the plan to inform our actions. Healthwatch, as a member of the access recovery working group, are currently working with 6 PCNs to develop good news stories and share areas of good practice.
Communications and Engagement:	The ICB, in collaboration with OneCare, have developed a local communication and engagement plan to support practices, in addition to using the national communication toolkit. This includes a series of events calendar to track our opportunities for communication and engagement with all stakeholders.
Author(s):	Beverley Haworth, Deputy Head of Primary Care Development
Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Director of Integrated and Primary Care, BNSSG ICB Ruth Hughes, Interim Chief Executive, OneCare

BNSSG ICB: Draft System Level Access Improvement Plan

Executive Summary

Primary Care is the bedrock of the NHS. Our Primary Care Strategy 2019 to 2024 focuses on Primary Care sustainability and transformation, with the aim of ensuring a high quality, resilient and thriving Primary Care service at the heart of an integrated health and social care system.

The Fuller Stocktake set a 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; helping people stay well for longer and creating conditions to make change and supporting the development of an infrastructure to implement it.

Workload and demand in general practice is growing. Local and national data indicate that the number of appointments taking place in general practice continues to grow.

There is also a growing level of same-day demand, with higher acuity, which has impacted continuity of care. The backlog from the Covid-19 pandemic resulted in huge challenges across the BNSSG health and care system, which have had a significant impact on general practice.

Patients being seen in the right healthcare setting, at the right time by the right clinician, will have a noticeable effect on practices' workload, and reduce instances of patients being passed around the wider health system.

Digital and business intelligence solutions can be used to support the management of workload by providing insights to better understand and efficiently manage the demand coming to general practice, and inform how best to focus effort for the greatest impact and value. Practice support services can assist practices to address operational challenges, while communications support can work to improve public understanding and perception of general practice.

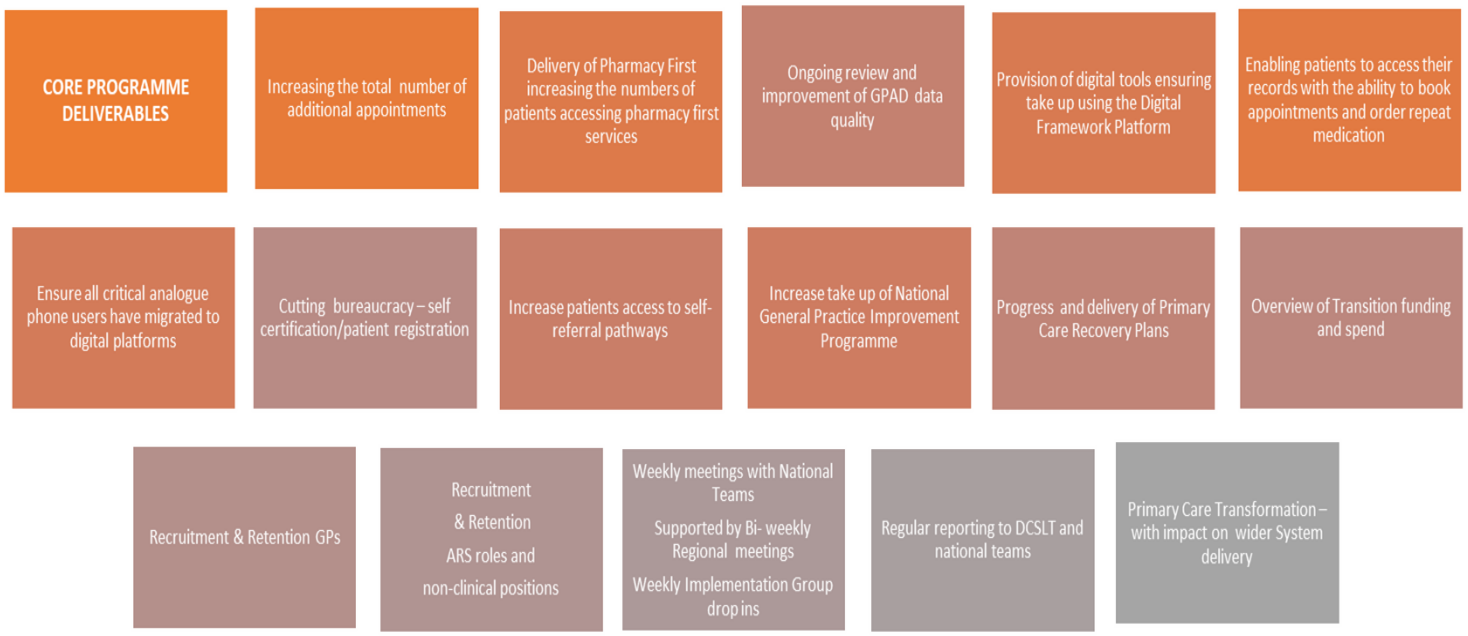
The BNSSG system access improvement plan has three key ambitions:

1. Tackle demand peaks and reduce the number of people having trouble contacting their practice

2. Restore patient satisfaction in accessing their general practice

3. Support a move to a digitally enabled operating model in general practice

Core Access Recovery Programme Deliverables 2023/24:



High Level Overview of Current Position:

Focus Area	Deliverable	Progress to date	Gaps	Trajectory/ Target
Empower Patients	Enable patients to access their record	63 practices opted in, 7 requested and require	Remaining practices asked for plans to provide record access to patients as per contractual requirement.	100% (76 practices)
	NHS App registration	57.9% of population. (Current national ave 53.5%.) 100%l practices offer ordering repeat prescriptions using app.	Clear link with practices that have lower NHS App uptake and areas of deprivation.	November 2023 AccuRx dashboard integration with NHS App to enable targeted approach for uptake.
	Self-Referral Pathways	System baseline position established.	Escalating waiting times with many services which will be increased by self-referrals. Self-referrals may not be appropriate for some of the proposed pathways.	To be established when system leadership in place.
	Expanding Community Pharmacy	Achieved target of 5000 CPCS referrals per month. Ear pilot: 1200 consultations since April '23. Minor ailments: 3 sites to deliver extension of CPCS.	Pharmacy First funding still not confirmed for continuation and expansion of pilots.	Stretch target: 7500 CPCS referrals per month.
Implement new Modern General Practice Access approach	Roll-out of digital telephony	100% practices on cloud-based telephony.	Not all practices have full functionality for call back and call waiting.	38% practices have advanced telephony. 75% by March 2024 (based on contract lengths)
	Easier digital access to help tackle 8am rush	100% practices have patient messaging capability. 92% practices enabled online booking capability. 100% practices have online consultation capability. Digital Support Team established.	Continued work underway regarding digital inclusion.	100% practices enabled online booking capability.
	Care navigation and continuity	Local care navigation training offer: taken up by 70 practices. National Offer: 13 attended NGPIP webinars 2 practices registered for intensive level . 3 for intermediate level.	Lower uptake of National Offer due to established local care navigation training offer in place.	100% practices attended care navigation training. (100% of PCNs achieved)
	Rapid assessment and response	40% appointments same day 82.6% appointments within 14 days.	We are currently unable to measure when a patient contacts their practice if they know on the day how their request will be managed.	48.10% Same day 85.7% Within 14 days (National averages)
Build capacity	Growing multi-disciplinary teams	BNSSG already achieved target. End of 22/23 417 WTE ARRS Q1: 447 WTE	Work underway to be able to evidence the impact on outcomes from additional roles	536 WTE by March 2024
	Recruitment and retention of workforce	A comprehensive list of workforce support, recruitment and retention initiatives developed in collaboration with wider system.(See section 5.3.2)	The Training Hub are pivotal to developing and implementing these initiatives. They are about to enter the final year of their contract.	
Cut bureaucracy	Improving the primary-secondary care interface	A monthly Primary Secondary Care Interface group has been established, chaired by the CMO.	• Remit of Group could be extensive. • No dedicated resource for this work. • Competing priorities will impact progress	• Revision of Access Policy • Increase the socialisation and reach of Remedy. • Fewer Contact Us reports on interface issues

1. Introduction

In May 2023, the joint NHS and Department of Health and Social Care Delivery Plan for Recovering Access to Primary Care was published. The plan sets out an ambitious package of measures to tackle the "8am rush" and help improve patient satisfaction with access to primary care.

The plan headlines four areas to support recovery and deliver the ambitions:

1	**Empower patients**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy	
2	**Implement new Modern General Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity	• Rapid assessment and response
3	**Build capacity**	• Growing multi-disciplinary teams	• More new doctors	• Retention and return of experienced GPs	• Priority of primary care in new housing developments
4	**Cut bureaucracy**	• Improving the primary-secondary care interface	• Building on the 'Bureaucracy Busting Concordat'	• Reducing IIF indicators and freeing up resources	

The response to the access recovery plan and development of the system level access improvement plan has been based on the patient survey results. In addition, a triangulation of all patient feedback to date in relation to the key areas of the plan to inform our actions.

BNSSG generally performs comparably with the South West (SW) average. The baseline position as of March 2023 was:

- 40% same day appointments compared to 40% average in SW and 43% nationally (12 practices currently below the BNSSG average)
- 84% within 14 days compared to 80% average SW and 83% nationally (4 practices currently below the BNSSG average)
- 57% face to face(F2F) appointments compared to 69% in SW and 70% nationally across all professionals (12 practices currently below the BNSSG average)
- 416 appointments per 1000 population (8 practices below the BNSSG average)

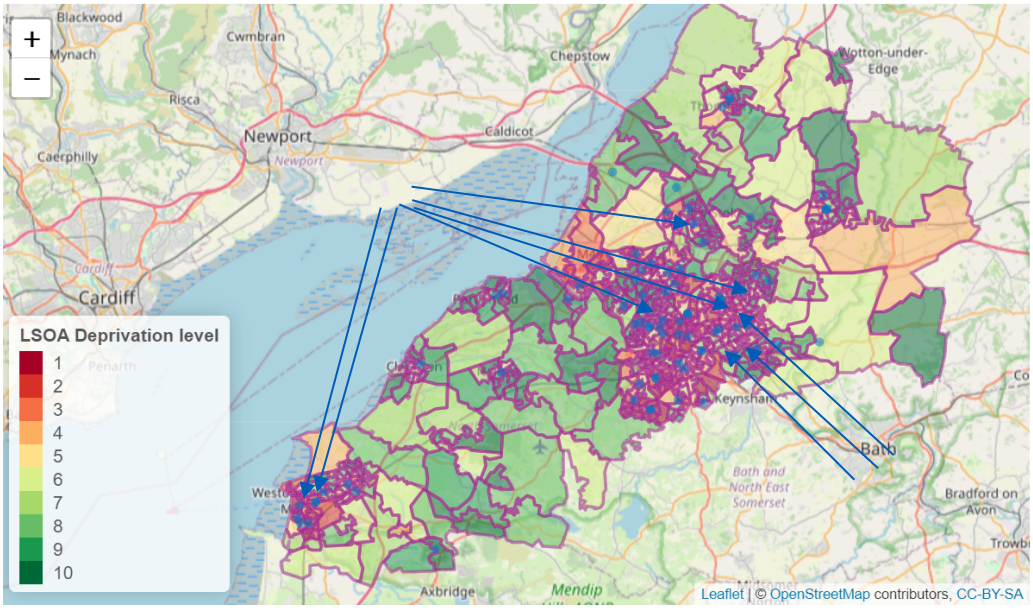
The table and graphs below give a snapshot of progress to date:

Area	KPI/ Metric	Baseline31/3/23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Target
GPAD	BNSSG % of same day appts	40.40%	41.0%	40.4%	39.8%	39.5%	40.0%	48.10%
	No. of practices below the National average for same day	14	11	12	13	12	13	0
	BNSSG % of appointments within 14 days	84.00%	81.8%	82.2%	82.6%	83.7%	82.6%	85.70%
	No. of practices below the National average appts within 14 days	8	5	6	4	4	5	0
	BNSSG % of F2F appointments	56.90%	64.4%	64.2%	64.0%	64.2%	63.9%	68.30%
	No. of practices below the National average of F2F	17	17	15	13	12	12	0
	Appointment rate per 1000 population	22,006		21,480	20,483	20,164	19,452	
	Appointment rate per 1000 population	488.1	370.5	423.7	444.6	415.9	420	499
Enhanced Access	Number of Hours Delivered		5604	5279	6099	5143	5936	4087
	% outside core hours		74	65	76	70		55
Online Consultations	No. of practices switching off online consultations during the day		17	17	14	9	9	0
	Online consultation submissions (clinical and administrative) per 1,000 registered patient population	32	28	29	35	36	39	↑
	No of practices below BNSSG average of online consultations	44	44	45	39	43	36	0
	% of practice with increased numbers of online consultations	73%	20%	60%	72%	51%	55%	↑
Telephony	% of telephone consultations	27.40%	27.50%	27.50%	27.70%	27.20%	27.30%	
	% of practices on advance telephony solution	22%	22%	22%	27%	31%	38%	57%
	Inbound call volume	1150407	725801	972257	911530	856276		↓
111	BNSSG % utilisation of 111 slots	37%	36.40%	34%	35.30%	34.80%	32.20%	↓
Online access	No. of practicessigned up to online patient access to records		11	22	45	58	63	76
	% of practices offering patients the ability to book/cancel appointments online	93.4	93.4	93.4	93.4	92.1	92.1	100%
	% of patients enabled to book/cancel appointments online	50.1	50.4	50.5	50.5	47.9	48.1	100%
NHSApp	Uptake of NHS App	56.40%	57.00%	57.30%	57.60%	57.90%	58.10%	90%
Care Navigation	No. of practices completed local care navigation training offer					70		100%
	No. of PCNs completed local care navigation training offer					20		100%(20)
	No. of practices signed up to National care navigation training					5		
CPCS	No. of CPCS referrals	5,647	4,054	4797	5397	4886		6000

Same day appointments are consistently around 40%. Based on patterns from the last few years. The trajectory looks to increase in the last quarter and with the additional support should be on target to be in line with the national average.
It is important to note the objective is to ensure when patients contact their practice, they know on the day how their request will be managed not given a same day appointment unless clinically appropriate. We cannot currently measure this.
The aim is appropriate triage and care navigation, managing expectations of patients and patient choice.

Appointments within 14 days are currently above both previous years (82.6%). We are consistently above the SW average. If the trajectory continues to rise as per previous years we are hopeful to exceed the target (the national average 85.7%).

The map below shows the areas of deprivation in BNSSG. The arrows show the areas where practices are performing below the SW average for same day and within 14 day appointments. All these practices have a deprivation level of 3 or below. Targeted work is underway with these practices to support understanding processes, care navigation, appointment book mapping and population need.



2. Our Vision and Alignment with System Plans

Our Primary Care Strategy 2019 to 2024 focuses on Primary Care sustainability and transformation, with the aim of ensuring a high quality, resilient and thriving Primary Care service at the heart of an integrated health and social care system.

Our vision:
‘ Delivering excellent, high quality, accessible care for you in a sustainable, joined up way.’

The Strategy sets out the following principles for delivery of accessible, efficient, high quality, sustainable services:

1. Ensuring everyone can access services on an equal footing and promoting targeted access for specific groups based on their needs to address inequalities in access to health services and the outcomes achieved.

2. Healthcare starts with supported self-care; from disease prevention to illness management, patients, carers and their families are supported to share responsibility for their healthcare at every point of contact with the care system

3. The value that continuity of care brings in increased patient satisfaction, improved outcomes and cost savings, is considered in all care pathways and all services we develop.

4. Care is provided as close to home as possible by the right person, at the right time and the right place

5. Face to face contact is used where it offers additional value to the patient so that remote working is maximised to reduce stress on our environment and demand on our physical facilities

Interdependency with Urgent Care and Our Winter Plan

Our established GP Collaborative Board (GPCB) Urgent Care Network (UCN) is supporting the ambition of our UEC recovery plan, through partnership working between acute, community and mental health providers, primary care, social care and the voluntary sector.
The majority of contacts happen in GP practices, a resilient and sustainable primary care is fundamental to managing pressures across the system. General practice is now included in the system-wide OPEL reporting framework as part of the local 'care traffic control' initiative using data-driven approaches to manging demand, capacity, and surges over Winter. In addition, a process has been agreed with the local GP Federation and LMC use the data to understand pressures across the 76 BNSSG practices. Practices reporting extreme pressure are proactively contacted by the GP Federation who offer pragmatic and holistic advice and support. Work continues to agree a robust list of action cards which can be used to relieve these pressures.
In addition, following the success of last Winter's Acute Respiratory Infections (ARI) Hubs, the GP Federation will run a similar project across Winter 23-24 to maximise additional capacity in General Practice in relation to ARIs.
In response to the Winter Planning letter, with support from the GPCB UCN along with the ICB and Community Pharmacy colleagues we have developed the Primary Care response. Plans were developed through a system wide winter planning workshop and a general practice focussed GP Forum event, focussing on winter preparedness.

Our Joint Forward Plan

Our mission is "Healthier together by working together."
"People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it."

Our Strategy and Joint Forward Plan have been developed to align with, and support, the four aims of integrated care systems:
• Improve outcomes in population health and health care
• Tackle inequalities in outcomes, experience and access
• Enhance productivity and value for money
• Help the NHS support broader social and economic development

There are five opportunities that are driving our strategy:
• Health inequalities
• Strengthening building blocks
• Prevention and early intervention

• Healthy behaviours
• Long term conditions

The work in delivering the access recovery plan not only aligns with but is pivotal to achieving our ICS Strategy and Joint Forward Plan.

3. Improvement Approach

The five components of NHS IMPACT (Improving Patient Care Together) have been used in the development of and are reflected in this plan. Developing skills and techniques for continuous improvement and sustainability remain an ambition in the current environment and continued challenging times across our system.

3.1 Governance

A Primary Care Access Recovery Plan (PCARP) working group has been established, chaired by the Deputy Head of Primary Care Development, to oversee delivery of the plan. This group meets fortnightly and has representation from the ICB, our GP Federation One Care, our GP Collaborative Board, BrisDoc, Avon LMC, Avon LPC and Healthwatch.

The PCARP working group has an extensive project plan that details the work in this plan and receives monthly highlight reports covering:

- Workstream updates
- Key messages for the month
- Progress against milestones
- Key actions for a month ahead
- Risks and issues
- Escalations and decisions required

The PCARP working group feeds into the established primary care governance for the ICB, reporting into the Primary Care Operational Group and Primary Care Committee to monitor and assure delivery against trajectories and milestones, manage risk and mitigations.

3.2 Communication, Insights and Engagement

The ICB, in collaboration with OneCare, have also developed a local communication and engagement plan. This is in addition using the National Communication Toolkit and includes a series of events calendar to track our opportunities for communication and engagement with all stakeholders.

The response to the access recovery plan and development of the system level access improvement plan has been based on the patient survey results. In addition, we have triangulated all patient feedback to date in relation to the key areas of the plan to inform our actions.

Core actions to note as a result of the insight report:

1) Cross -referencing with the ICB Patient Safety and Quality team has highlighted that the eight practices with the lowest overall GP Patient Satisfaction Survey results are known to the Patient Safety and Quality team and on the Access Resilience and Quality (ARQ) Programme (indicating an important overlap between different quality metrics) and most are already receiving support to make improvements. We will continue to monitor improvements in these practices through the Quality, Resilience & Contracting Sub-group of the Primary Care Operational Group, with the use of the existing quality and resilience dashboard for general practice which already includes the General Practice Patient Survey(GPPS) data feed. This enables the GPPS data to be analysed alongside a vast range of other primary care data. The dashboard is used to identify practices which may require support.

2) Practices in BNSSG are procuring (with support from OneCare) new advanced telephony systems as current contracts come to an end. This should help address one of the key issues with patient access and satisfaction identified in the report. Those with new systems in place already are receiving positive patient feedback. This feedback will be collected across practices by the ICB in order to monitor patient experience in the time before the next GPPS, and to support the transition for the remaining practices. It is anticipated that by May 2024, 57% of practices will be on an advanced telephony solution. (ICB Primary Care / OneCare)

3) The ICB Primary Care team, using Digital Transformation funds, has commissioned OneCare to establish a digital support team to provide additional support to practices to optimise various digital tools including online consultations. Work will start to develop guidance for practices about setting patient expectations around timings for responses to online requests, efficient processing of requests and best practice for communications re access channels. Several practices have recently chosen alternative online consultation suppliers following poor patient feedback. (ICB Primary Care / OneCare)

4) An additional, limited, piece of analysis is already underway to understand any patterns in appointment requests by patient over recent years to explore the disconnect seen between GPPS data re volume of appointment requests and practices' experience of increased demand (ICB Intelligence Hub / OneCare)
5) Healthwatch, as a member of the PCARP working group, are currently working with 6 PCNs to develop good news stories and share areas of good practice

3.3 Equality and Health Inequalities

An Equality and Health Inequalities Impact Assessment has been completed for the access recovery plan (Appendix 3). Development and delivery of this improvement plan is designed to improve the known health inequalities and variation in equality of access to primary care across the system.

3.3.1 Population Health Management Key Findings

2022 contacts by demographics summary (Appendix 4 for detailed breakdown)

- Ethnicity

The data suggests there might be an access issue for people recorded as Black and Minority Ethnic (BME) – people recorded as BME are more likely to have zero contacts (14.5% of the population are BME and 17% of those not having a contact are BME). However, age is possibly playing some mediating factor here (our younger population is more diverse and younger people use less healthcare).

- Socio-economic

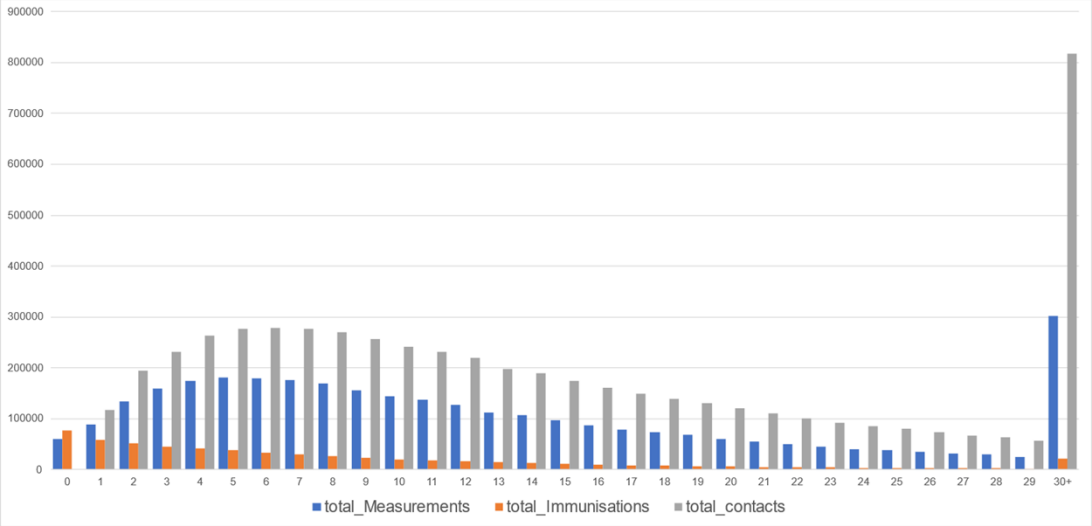
The data suggests access is not an issue and rather that contacts mirror health. Better off people are over or equally represented as their rate in the population (55% of the BNSSG population is in the higher Index of Multiple Deprivation (IMD) group compared to 45% in the "lower" group) until we get to 10 contacts a person and from then on more deprived people are over-represented, especially at the most extreme end of the distribution (30 plus)

- Gender

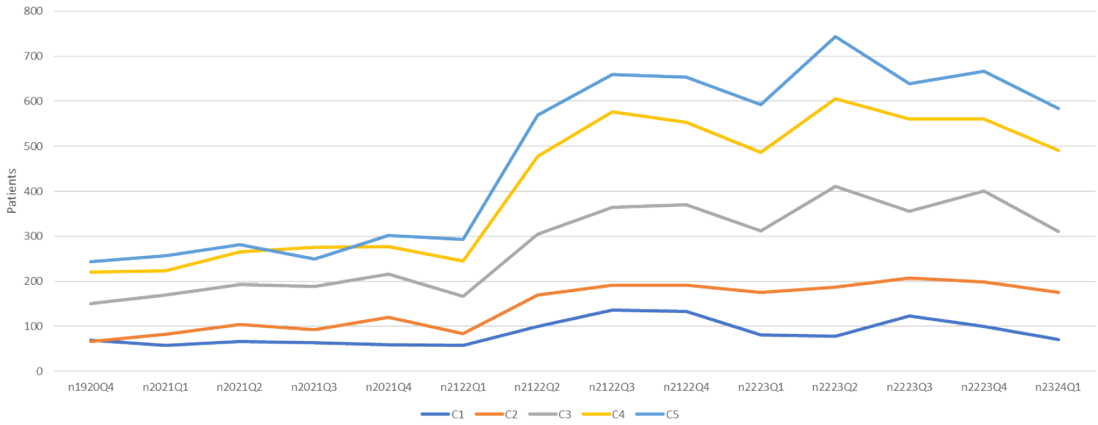
Men are heavily over-represented amongst those who have zero appointments and even by the point we are looking at 5 appointments a year we observe a gender split of 56% female and 44% male.

Patient contacts

The chart below shows the pattern of contacts across BNSSG, with a large spike for those requiring more than 30 primary care contacts a year. This 2% of the population use 14% of all primary care contacts.



Using the core segment model, we can see in the graph below how the population of those requiring more than 20+ GP appointments breaks down and how things have changed. Segments 4 and 5 (blue and yellow lines) have always been over-represented amongst those requiring a high number of appointments per person, however that there has been a real step change since the end of the pandemic for this group in particular.



Patient Experience

Analysis of 2022 GPPS data identified a weak but notable negative correlation for BNSSG practices between IMD and satisfaction. Practices with higher IMD scores are slightly less likely to receive higher patient satisfaction scores

3.3.2 Examples of Targeted Work

- Access Recovery: Data packs provided to PCNs to inform development of Capacity and Access Improvement Plans
- Winter Planning: targeted approach for identification of population at highest risk of poor health outcomes developed. Patient lists provided to practices. Informed Admissions Avoidance Proposal.
- Increase % patients with Hypertension treated to NICE guidance to 77% by March 2024:
  - Hypertension Toolkit
  - Training Programme
  - Community Pharmacy Case Finding – 94 pharmacies active (56%), 22% of BP checks
  - Direct support for 6 PCNs in most deprived areas from PHM data
- Increase % patients 25-84 with Cardiovascular Disease (CVD) risk score >20% of lipid lowering therapies to 60%
  - GPCB appointed Clinical Lead for Long Term Conditions
  - Positive feedback for CVD Group Facilitation Training: 52 people attended, covering 30 /76 practices and 17/20 PCNs
  - CVD Community of Practice Sessions in development
- In Q1 23-24, 2394 Health Checks were carried out in South Glos. Increase of 235 from the previous quarter and more than double from Q1 22-23. Numbers of health checks in practices ranged from 2 – 501.
  - Currently considering how to target health checks to under-represented / harder to reach population groups. i.e. individuals in the following groups: aged 70-75 years, men, living in more deprived areas, black and minority ethnic, smokers, those with poor mental health.

4 Primary Care Network and Practice Actions

Capacity and Access Improvement Plans (CAIPs)

A template was developed and a webinar held to support PCNs to develop capacity and access improvement plans covering the following overarching areas:

1) Patient Experience

2) Ease of access and demand management
3) Accuracy of Recording in appointment books

All 20 BNSSG PCNs submitted CAIPs, responding to all areas in the recovery plan. The ICB worked collaboratively with our GP Federation and LMC to localise the template, populating on behalf of practices where we were aware of work happening. The template also included links to current support offers and PCNs were provided with data packs to inform their plans. A summary of plans was submitted to NHSE.
A 6 month review of progress against plans is underway to assess where further support is required to achieve improvements ahead of the 12 month review in March 24.

4.1 Patient Experience

As part of the guidance for completion of templates, PCNs were provided with the current BNSSG position against the patient survey questions relating to access. PCNs demonstrated good communication with their practices and had reviewed the GPPS for all practices. Most PCNs also have in place or have instigated local patient feedback mechanisms.

In addition, the ICB insights team produced a briefing pack providing details on:

- The GPPS methodology
- 2022 GPPS results for BNSSG
- Initial analysis including any potential correlation with deprivation
- Considerations for using GPPS as the basis for the retargeted IIF incentive
- Triangulation of GPPS results with all patient feedback relating to access (see Section 3.2)

4.2 Ease of access and demand management

The Modern General Practice Section 5.2 gives the details on telephony and online tools. There are other areas that impact ease of access and demand management:

4.2.1 Enhanced Access

Practices have been delivering their required minutes for Enhanced Access since October 2022. They have been supported to fill their rota's by our GP Federation. We have a monthly operational delivery group where activity is reviewed and PCN experiences are discussed. Staffing issues and Did Not Attends (DNAs) have been the biggest challenges, particularly on Saturdays and learning from each area is shared.

4.2.1 111 Direct Booking

The percentage of 111 slot searches resulting in general practice appointments in BNSSG has steadily sat around 35% from April to July. This is above the NHSE target of 33.3%. The access improvement work should lead to a decreased need for patients to contact 111, therefore we would not be looking for this figure to increase. Slot searches are monitored monthly to ensure that practices are offering their required number of slots. Slot utilisation is also monitored monthly and practices with low booking percentage are contacted to understand the reason and offered support to improve if needed. This might be issues such as offering the correct number of slots but these are only made available on the day of appointments, allowing for only a small amount of time during the day to book into slots, or not spreading slots out through the day resulting in low utilisation. Some practices have not configured their set up correctly, resulting in some 111 providers not being able to view available slots at some practices. The ICB has reached out to

practices to highlight these issues and suggested amendments that have resolved these problems.
The GPCB Urgent Care Network has also promoted the benefits of distributing the slots evenly throughout the day, to maximise patient flow in-hours.

4.3 Accuracy of recording in appointment books

All practices are accessing the General Practice Appointment Data (GPAD) dashboard data and have completed the appointment mapping process. Many feel there are data quality issues with the GPAD data not reflecting their activity. We have a data quality working group that is working with a series of practices who have a high proportion of unmapped slots or are reporting data quality issues to understand the issues and to provide Frequently Asked Questions (FAQs) and top tips for all practices. There are challenges around representing the activity that takes place to triage online consultation requests as this does not take place in the appointment book. Conversations are ongoing with online consultation suppliers and NHSE as to how this can be included in GPAD. The group also reviews the GPAD report on a monthly basis for targeted work with practices who are significantly below the SW and national average.

5 PCARP Headline Work Areas

5.1 Empowering Patients

5.1.1 Patient access to records

63 practices have opted into patient access to records, an additional 7 have requested to go live but require settings to be changed before this can be progressed. These practices are being supported individually to change their settings. The remaining practices have chosen to apply the exclusion code to the majority of their patient population and to give access to patients upon individual request due to concerns about making access available to all. These practices have been written to in order to understand how they intend to promote this service and their process for granting access upon receiving a request in line with contractual requirements. Some practices have concerns about safeguarding and the appropriateness of offering this to vulnerable patients that would be at risk of coercion and the inability to easily apply a code to exclude these patients. There are also concerns around data security that have not yet been fully resolved. We continue to work with the National Implementation team to support these practices to meet their contractual requirements.

5.1.2 Online Register with a GP service

In BNSSG 42.9% of practices are registered for the service meaning we are ranked 3 out of 42 ICBs nationally. We continue to encourage the remaining practices to register for the service to make it more simple and accessible for patients to register with a GP surgery.

5.1.3 NHS App

The percentage of the population of BNSSG that have the NHS App downloaded has consistently risen since April where it was 56.4% to July's figure of 57.9%. This position is higher than the current national average of 53.5%.

The number of new registrations to the NHS App peaked between April and December 2021, this was specifically linked to the requirement for covid passes during the pandemic. Since this time the uptake has steadily risen with approximately 80,000 additional users in BNSSG registered to the NHS App between April 2022 and April 2023, increasing the overall number from 449,939 to 529,884.
There is a clear link with practices that have lower NHS App uptake and areas of deprivation. The One Care Enhanced Digital Support Team will be supporting practices to implement the 'inclusive access routes to General Practice'.
In Autumn of this year online consultation provider AccuRx's dashboard will be integrated with the NHS App, this will allow for AccuRx to see which patients are registered to the NHS App. Batch messages sent by practices will be automatically sent for free through the NHS App, provided the user has push notifications turned on, rather than through SMS, resulting in savings for the system. Targeted communications will be sent at this time to increase NHS App uptake, and this will be monitored through monthly reports on registrations.
All practices offer ordering of repeat prescriptions using the app and this will be encouraged as part of our NHS app communications plan.

5.1.4 Online booking of appointments

92.1% of practices are offering patients the availability of booking or cancelling appointments online. We plan to work with the remaining practices to enable this as part of the 6 month review of their capacity and access plans.

5.1.5 Patient messaging

All practices have messaging capability via AccuRx including single patient messaging, batch messaging and Florey questionnaires. BNSSG has particularly high adoption of Florey questionnaires and use them to support patients to self-monitor their health conditions.

5.1.6 Self Care apps

BNSSG has commissioned the Organisation for the Review of Care and Health Apps (ORCHA) health app library to help empower patients to self-care where possible by providing access to safe and quality assured health apps. Links to ORCHA are on practice websites and it is promoted in ICB communications. BNSSG programmes of work have and continue to include self-care options e.g. Musculoskeletal GetuBetter App, Paediatrics 'handi' app, MyCOPD.

5.1.7 Digital Inclusion

The ICB has a digital inclusion strategy which aims to address digital exclusion with public-facing digital healthcare products and services. The population of BNSSG is diverse and experience digital exclusion for a range of differing reasons such as socio-economic levels, age and registered disabilities. There are various different digital inclusion schemes being run across BNSSG by voluntary community and social enterprise (VCSE) organisations. Our local Healthwatch organisation keeps a directory of services available locally and have produced a step-by-step guide to using online access to healthcare. A workshop is taking place in October to

assess progress in line with the ambitions of the strategy and what else can be done to reduce digital exclusion across our population in BNSSG. It is important to remember that not everybody will be able to or want to access primary care online and communications will reiterate that patients can still telephone or visit their surgery face to face.

5.1.8 Self-Referral Pathways Baseline Position

We have reviewed our system baseline position to understand the current BNSSG position to deliver commitments in Operational Planning Guidance and the Delivery Plan for Recovering Access to Primary Care for expansion of self-referral for the following pathways:

i. Community Musculoskeletal Services
ii. Audiology for older people including hearing aid provision
iii. Weight Management Services (Tier 2)
iv. Community Podiatry
v. Wheelchair Services
vi. Community Equipment Services
vii. Falls services.

There are currently a number of opportunities for self-care. However, current demand is causing escalating waiting times with many services which will be increased by self-referrals. There is a risk that self-referrals could de-stablise these services and may mean patients most in need of these services have to wait longer. Self-referrals may not be appropriate for some of the proposed pathways. Services are exploring further options in line with NHSE guidance, feedback and the current webinar series.

5.1.9 Community Pharmacy

Within BNSSG, GP CPCS and Urgency and Emergency Care (UEC) CPCS success has been due to close working partnerships and leadership within the Local Pharmaceutical Committee and ICB. Since 2019, we have undertaken over 100,000 GPCPS consultations' (the highest in the country) and since 2021, over 1400 referrals have been undertaken from a UEC to a community pharmacist via CPCS.

Patient Group Directions (PGDs) are available for a number of conditions including Sore Throat and Urinary Tract Infections which has supported the system and links with impending national Pharmacy common conditions. In addition, an ear pilot is being undertaken with 30 pharmacists trained to undertake ear examinations with an otoscope, enabling them to treat Otitis Externa via a PGD. Since April 2023 over1200 consultations have been undertaken. We would like to extend this further but require additional funding.

Independent Pharmacy Pathfinder programme will enhance the role of the community pharmacist further at delivering minor ailments. BNSSG have been approved for three sites to deliver an extension of CPCS and we are undertaking an expressions of interest with contractors.

The Community Pharmacy Clinical Lead will work closely with Community Pharmacy Avon to ensure a safe transition from well utilised Local PGDs to the nationally commissioned ones. The national team have sought advice and guidance from the Meds Op team and Community Pharmacy Avon as we are seen as exemplars in delivering PGDs.

It is expected that the pharmacies will be live soon with the Contraception Supply Service which means that all ongoing supplies can be managed directly from a community pharmacy.
All case finding and annual reviews for blood pressure could be carried out in a community pharmacy in the coming months.

A systemwide Antimicrobial Resistance (AMR) strategic group oversees work on AMR. The lead antimicrobial stewardship pharmacist in the ICB reviews primary care guidelines regularly in accordance with NICE guidelines and audits prescribing. A recent audit undertaken by CP Avon looking at CPCS/ PGD supplies in regards to AMR showed confidence in the use of antibiotic PGDs by community pharmacists. BNSSG is meeting both nationally set prescribing targets for primary care on overall numbers and the percentage of broad-spectrum antibiotics prescribed.

5.2 Modern General Practice

5.2.1. Telephony

All practices are on cloud-based telephony but only 31% of practices are with a supplier on the framework. Our GP Federation has developed and held a series of webinars to support practices' understanding of the framework suppliers and the functionalities to support access to inform choice when current contracts come to an end and are working closely with the procurement hub. By March 2024 it is expected that at least 75% of practices will have a contract with a supplier on the framework.
A large proportion of practices have the call queuing function already in place or planned. Those that already have the call back function have found it to work well and have received positive feedback from patients. The remainder will require work in terms of assessment of internal processes along with capacity and demand before implementation. The ambition is to improve access across the whole week and a change of culture so availability of appointments, access options and the triage process is understood. Call back would then be a fall back rather than a plaster and potential additional pressure on the current workload demands.

'For years we had a telephone system not enabling us to provide an efficient service post pandemic. We moved to a modern cloud-based system which gives us statistics on telephone usage per user, patient call back, call queue management and will hopefully move patients away from the 8 am rush. The telephone system and total triage system introduced have modernised our way of managing patient demand in a way I can only have dreamt off. Feedback has been good which you can see on NHS choices and Google. '

5.2.2. Online Consultations

Online consultation functionality is currently available in all practices as per contract requirements. These were procured at scale by the ICB and practices were given a choice of supplier depending on which solution fitted their access model best. Using digital transformation funding we have commissioned an enhanced digital support team to assist practices to optimise various digital tools including online consultations. We will be carrying out an evaluation of the different suppliers being used in our practices in order to inform future procurements.

'By utilising online consultations for routine access we have seen call volumes drop from c 4k per week in North Somerset in 2022 to c3200 per week in 2023. The 8am 'rush' has reduced by over 30% with a reduction in patients unable to get a line falling (this will be eliminated with the new phones system going in from November). ' **North Somerset Practice**

The BNSSG average of online consultations submitted per 1000 population has risen from 28 to 36 across the months of April to July. Practices in BNSSG started new online consultation contracts from July 1st of this year with new providers being chosen by some practices. Currently only AccuRx and eConsult information is available but additional provider data is expected to be available in the near future.

June saw the largest increase in online consultations, with 72% of practices increasing their number of submissions. This number reduced to 51% in July but is likely because of new systems being embedded with numerous practices changing providers.

Similarly to NHS App data, practices in areas of deprivation show lower levels of online consultation submissions, with the five practices scoring highest on the index of multiple deprivation averaging just 13 submissions in the month of July compared to the BNSSG average of 36.
A likely symptom of overwhelming workload and capacity being exceeded is when practices switch off the ability to use online consultations. The number of practices switching off online consultations during core hours has reduced from 17 practices in April to 9 in July. There are practices that repeatedly switch off and have very low number of online consultations as a result. These practices will be prioritised for support by the enhanced digital support team.
A number of practices have recently adopted the total triage model with a new online consultation provider. One of these practices has reported benefits such as a reduction in phone calls and increased appointment capacity due to being able to navigate patient requests more effectively.

5.2.3 Website guidance

We are running a project to help practices ensure that their websites are as accessible as possible by running an audit to evaluate accessibility. We will use the results of the audit to support

practices to make improvements in line with the 'highly useable and accessible' GP website guidance. This will include making sure that online tools can be found easily by patients

5.2.4 Practice Access, Resilience and Quality

To support practices, BNSSG has the benefit of an existing and proven alternative to the national Support Level Framework (SLF) aimed at improving access, resilience and quality across the practices within BNSSG. The BNSSG process, which shares similar principles, has had demonstrable success in identifying practices with support needs and working with those practices to facilitate and support quality improvement work.

In this way, the OneCare ARQ (Access Resilience and Quality) Program enables BNSSG to provide support, which is often intensive support over a longer period of time, to those practices in most need. Engagement with practices follows a similar, but more extensive facilitated process of 'stocktake', 'health check', review and action planning which has proved to be very successful over the last few years. The ARQ Team is currently actively facilitating intensive support across 8 practices and 1 locality and providing other support to 2 practices and 1 locality.

A dedicated multi-disciplinary team deliver the ARQ Program across BNSSG. Two key pillars of the intensive program includes looking at ways practices can improve access and get the best from their workforce and these areas support and build on the measures identified as part of access recovery planning.

The ARQ Program also provides resources accessible to all practices across BNSSG via Teamnet. The ARQ page has been viewed 1539 times in the last 12 months. A number of the resources focus on support for practices to implement access improvements. In particular, the ARQ Program provides;

- Access Toolkit which helps practices to review and understand their practice activity, plan for stable capacity and working off backlogs, reducing failure demand and contingency planning.
  This was particularly well utilised by practices during the capacity and access planning phase of this plan. A supporting webinar was also held and is accessible to all practices. The Access toolkit has had 355 views in the last 12 months with it being reasonable to assume the larger proportion of views occurred after 1 April 2023
- The Access Toolkit guide and practice self-assessment form created to support practices with their Capacity & Access Plans for submission to the ICB, were viewed 153 times since the end of April 2023.
- Care Navigation Toolkit supporting practices in understanding that care navigation is a key support function to improve access and help to effectively manage capacity, was viewed 190 times since mid-April 2023.
- A comparison report prepared by One Care's Digital Team supporting practices choosing their care navigation systems proved very popular with 1111 views since January 2023.
- A QOF QI module for 2023/24 is available for optimising demand and capacity in general practice.

- A Digital Optimisation Toolkit which can help practices to drive efficiencies through digital solutions, all of which help to support patient access. This has had 153 views since March 2023.
- Workforce toolkit aimed at gaining maximum efficiency from the workforce which, in turn, improves capacity and access are also accessible and has been viewed 158 times.

Alongside BNSSG's bespoke, focussed and accessible support, NHSE is also offering a variety of facilitated courses which have also been promoted to practices.

Patient Safety

The ARQ programme provides intensive hands-on support to practices where needed and toolkits/webinars to support improvements, particularly in demand and capacity, access, and care navigation. Specific Patient Safety and Quality support includes CQC inspection preparation; quality improvement with a focus on making improvements in population health to reduce inequalities; ensuring that services are safe and effective and making the best use of resources, and management of quality issues.

The ICB Patient Safety and Quality team also review all patient safety events from the Datix 'Contact Us' portal and the learning from themes are shared with system partners through meetings, newsletters, GP Bulletin, and reports.

As a system we are working on the Patient Safety Strategy transformation programme which has started to be implemented in our acute hospitals (North Bristol Trust is an early adopter site), Sirona care & health and other independent provider settings.
Further information on how the strategy will be implemented in Primary Care is expected from NHSE. Primary Care have been encouraged to adopt the syllabus training (noting that it is currently not mandatory) and be a part of the transformation programme.

A Patient Safety section has been developed on the ARQ Team Net page so that practices can access the latest transformation information regarding the NHSE Patient Safety Strategy.

By September 2023 GP Practices will be required to report all Patient Safety Events to NHSE Learning from Patient Safety Events portal. This portal will be monitored by NHSE who will develop National Patient Safety Alerts that will be shared across England to ensure that all learning is shared country wide.

Care Navigation

BNSSG has a local offer for practice staff to access care navigation training which is commissioned by the BNSSG Training Hub and has proved to be very successful. The programme is 12 months fully funded provision of local Care Navigation Essential and Enhanced training courses. Practices can send as many staff as they wish, 450 staff have attended to date. Courses are provided on a fortnightly basis. The National Advanced offer is more tailored to Personalised Care staff/ conversations; whereas the local Enhanced course provides further training for receptionists to better manage care navigation patient contact. The second phase of the local Care Navigation offer is being targeted to practices who have not yet taken part in either/

or the Essential/ Enhanced course, and those practices where only one member of staff attended either of these courses. NHSE have formally advised that if practices have already attended the local offer they can also chose to attend the National offer (as supplementary), but it is not mandatory.
Local bulletins and webinars highlight local and national support offers. Practices identified by the ICB as being most in need are referred to the ARQ programme which engages with practices to agree action plans to develop and improve. Engagement has not been an issue with the programme.

5.3 Build Capacity

5.3.1 Larger multidisciplinary teams

At the end of 22/23 BNSSG had 417 additional roles in post, as of the end of the first quarter for 23/24 this has increased to 447 with an estimated 536 by the end of 23/24.
In 22/23 16% of activity in general practice was carried out by additional roles, equating to just under 1 million appointments. This is expected to grow again for 23/24 with the increase in numbers.
These roles have been paramount at leading work reaching out into our communities. We are currently working hard to put mechanisms in place to understand in more detail the improvement in outcomes for our patients these roles are delivering.
The BNSSG Training Hub supports workforce development and the maximisation of ARRS roles. There are 21 fellows in place for 2023-24 supporting retention, health inequality and EDI activity for general practice.

5.3.2 Recruitment and retention of the workforce

Our Training Hub (TH) liaises with National and Regional TH colleagues to share best practice, learn from each other and consider region wide options. They lead on the development of local offers for recruitment and retention.
These include:

- GP Fellowship
- General Practice Nurse (GPN) Fellowship
- Supporting Mentors Scheme (GPs)
- Mid and long-term career support
- Preparing for Partnership
- GP Portfolio Careers
- International Medical Graduate Programme
- Legacy Nurses supporting new to practice GPNs
- Health and Wellbeing support
- Expansion of our staff-sharing scheme to continue to increase the agility and retention of the workforce, and to invest in the Fuller vision for integrated neighbourhood teams. To date over 1500 shifts being booked through the app

Our key focus for maximising access includes:

- Pipeline/ recruitment of the right staff
  - What competencies are needed for new/ developing/ existing roles
  - Where/ how can we attract people (schools, colleges, Health Education Institution, friends and family, other health providers etc)
  - How can we support their induction/ journey (Career events, Apprenticeships, Placements, Supervision)
  - Practices signed off as Learning Organisations; Visa sponsoring practices

- Appropriately trained and knowledgeable staff
  - Care Navigation training
  - Improving digital literacy
  - Supporting Equality, Diversity and Inclusion (EDI) initiatives
  - Governance policies
  - Supervision, career development

- Engaged and committed staff who work as a team
  - Strong line management
  - Career paths
  - Education and personal development
  - Stat man training
  - Values, recognition and reward
  - System understanding of how each role (within a practice/ PCN) works together to support patients
  - ARRS leads, Retention fellows, General Practice non-clinical development programme

5.4 Cut Bureaucracy

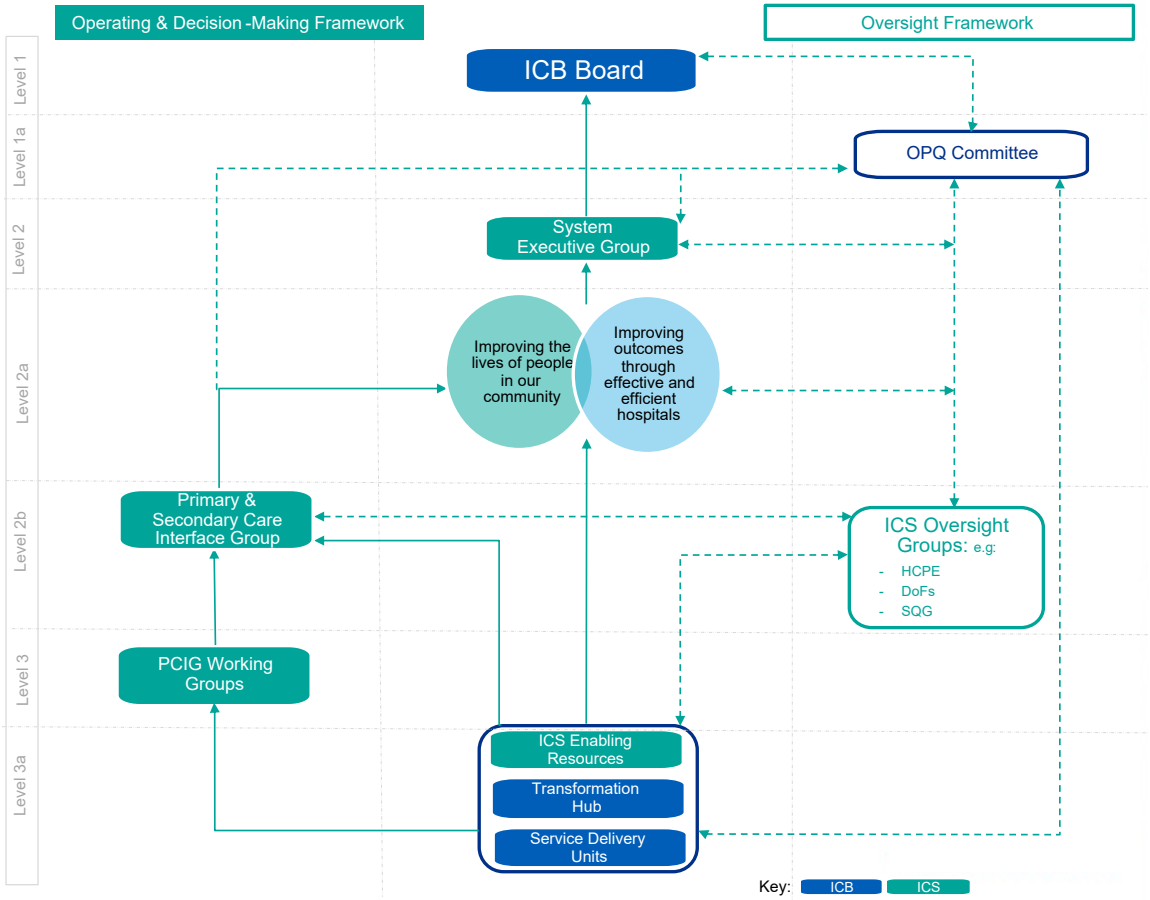
5.4.1 Primary and Secondary Care Interface

The recent Delivery Plan for Recovering Access to Primary Care references the Academy of Medical Royal Colleges' report https://www.aomrc.org.uk/reports-guidance/general-practice-and-secondary-care-working-better-together/and asks that ICB Chief Medical Officers(CMOs) convene a group to review the recommendations in the report and report on the following areas at Board:

- 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 send back to GP.
- Complete care (fit notes and discharge letters):
  - Trusts should ensure that on discharge or after an outpatient appt, patients receive everything they need. Where patients need them, fit notes should be issued for the appropriate length of time. Discharge letters should highlight clear actions (including prescribing medications required).

  - By 30th November 2023, providers of NHS funded secondary care services should have implemented the capability to issue a fit note electronically (by text, or email but also still paper copy).
- Call and recall under care of NHS Trusts:
  - For patients under their care, NHS Trusts should establish their own call/recall systems for patients for follow-up tests or appointments.
  - Patients will, therefore, have a clear route to contact secondary care
- Clear points of contact between General Practice and Secondary Care:
  - ICBs should ensure providers establish single routes for general practice + secondary care teams to communicate rapidly.

A BNSSG Primary and Secondary Care Interface Group (PSCIG) has been established. The first meeting of the PSCIG was convened in August, Chaired by our CMO Dr Joanne Medhurst, with membership comprising the LMC, ICB teams, OneCare, Healthwatch, Avon and Wiltshire Mental Health Partnership, North Bristol Trust and University Hospital Bristol Weston clinicians and non-clinicians. This group meets monthly. The system governance structure below reflects the reporting of this group, linking through to the Health and Care Professional Executive and Outcomes, Quality and Performance Group.



The group agreed priority work areas in line with the AoMRC report and next steps:

- **Culture –** contact national colleagues for learning and experience; develop opportunities for closer working through the Health Care Professional Executive (HCPE)

- **Planned Care –** GPCB planned care network to convene group and incorporate work in Trusts happening around fit notes, prescriptions and discharge summaries. This group will also hold Advice and Guidance work already progressing in its remit. Linked to this work, the Elective Recovery Operational Delivery Group will review and update the Access Policy.
- **Urgent Care –** Emergency Department colleagues to link with GPCB Urgent Care Network to start scoping/forming relationships.

Subgroups of the PSCIG will make recommendations through to the PSCIG, which in turn will require endorsement from the HCPE. Changes to current practice will then be taken through relevant Health and Care Improvement Groups (HCIGs), and escalated through to ICB Board and the ICP accordingly.

Metrics

How will we know we are being successful? Success will be illustrated through case studies, and feedback from colleagues centred around these actions:

- We will revise the Access Policy and reframe it as a consensus document. We will ensure it is available on Remedy and on organisational intranets for colleagues to access.
- We will increase the socialisation and reach of Remedy.
- We will have fewer Contact Us reports on interface issues, monitored through the PSCIG.

Further work is ongoing to agree metrics for this work.

Patient Experience

As the group and its subgroups prioritise work, it is also important to understand the patient experience of any interface issues; the membership has been extended to reflect this important area. The Healthwatch monthly reports will be tailored specifically to review primary and secondary care interface issues. General Practice feedback on interface issues take place through the ICB Datix 'Contact Us' portal; Datix data will be examined to understand trends in this area and also the corresponding secondary care interface issues with primary care.

Key Risks

- As this Group formed with specific requirements around the reporting against the detail in Section 2 of this paper, it also needs to be tailored to local priorities and need; this will be examined in the subgroups in more detail.
- The remit of this Group could be extensive.
- There is no dedicated resource for this work.
- Competing priorities will mean that progress with this work may be affected.

6 Finance

The table below gives an overview summary of the funding relating to PCARP:

Funding stream	What is it?	Value?	How we are applying it?

IIF National Capacity and Access Support Payment	Paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 23/24 financial year	£2.854m (0.947 x registered population)	'unconditional' funding.
IIF Local Capacity and Access Improvement Payment	Based on ICB assessment of a PCN's improvement in three areas by March 24.	£1.267m (£1.185 x registered population)	Progress review in October. Final assessment in March 2024
Transition Cover and Transformation Support Funding	To support practices to make the change to a modern general practice access model	£0.714m Ave £13.5k per practice.	Practices have submitted EOIs. 30% awarded based on completion on CAIP and Expressions of Interest (EOIs). Remaining 70% via assessment of EOIs.
Primary Care Service Development Funding	• Local GP Retention Fund • Primary Care Estates Business Cases • Training Hubs • Primary Care Flexible Staff Pools • Practice Nurse Measures • Practice Resilience • PCN Development • Digital First	£3,367,000	Initiatives and budgets agreed with GP Federation. PCN Organisational Development (via EOIs).
Digital telephony	To support transition of practices to Cloud Based Technology systems	N/A	None of our practices met the NHSE criteria, as already on cloud-based telephony. Awaiting Phase 2 criteria which will hopefully allow us to support more practices.
Online Consultation tools	Funding of high-quality tools for online consultation, messaging, self-monitoring and appointment booking tools Online consultation tool pre-guidance published by June (partially delayed) and Digital Pathway Framework lot on Digital Care Services Catalogue (Delayed).	93p Per patient	Awaiting framework publication. Procurement work underway.

7 Trajectories

BNSSG ICB has developed a standardised approach to outcomes, quality and performance reporting. Each area within a Health Care Improvement Group area focusses on four core metrics, a core metrics overview and the opportunity for monthly focussed metrics review. The following table provides detail on the trajectories for Primary Care core metrics overview for access:

Indicator	Metric

Access to General Practice	48% of general practice appointments occur same day where clinically appropriate by March 24.
	86% of appointments occur within 2 weeks of being booked by March 24. (where clinically appropriate and taking into account patient choice)
	68% of appointments are face to face by March 24.
	No practices below the national average for GPAD metrics by March 24.
	95% EA slot utilisation by October 24.
Technology enabling access	No practices switch off online consultations during the day by March 24. .(Unless following the OPEL escalation and action card process)
	85% practices enable patients to see their records by October 31st.
	100% practices have advanced telephony functionality by July 2024.
	100% practices able to book appointments digitally, or by telephone, or by attending the practice in person by March 24.
Patient experience	We will maintain or increase our performance by at least 2% (if under the national average) in the following GP Patient Survey questions: Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone? Q4. How easy is it to use your GP practice's website to look for information or access services? Q16. Were you satisfied with the appointment (or appointments) you were offered? Q21. Overall, how would you describe your experience of making an appointment? Q32. Overall, how would you describe your experience of your GP practice?
Workforce	We will recruit and retain 536 WTE ARRS by the end of March 2024.
Community Pharmacy	100% community pharmacies able to supply prescription-only medicines for seven common conditions (dependent on Pharmacy First negotiations outcome).

8 Risk implications

Our primary care providers continue to face significant challenges. In general practice there are increasing numbers of practices requiring resilience support. The number of GPs in post continues to fall. There is a lack of clarity around the national contract from 1st April 2024, particularly with regard to PCN funding, which impacts planning. Estates continue to be a barrier to improvements and the current level of notional rent is preventing resolution of estates challenges and restricting capacity. Our dental services are also facing significant challenges in workforce, access, capacity and demand.

The table below provides further specific risks related to the four key areas for access:

Area	Risk	Mitigation
Empower Patients	• risk that not all practices will sign up to patient access online which will create inequities across BNSSG • current demand is causing escalating waiting times with many services which will be increased by self-referrals. There is a risk that self-referrals could de-stablise these services and may mean patients most in need of these services have to wait longer. Self-referrals may not be appropriate for some of the proposed pathways. • risk that national funding may not be agreed to provide extended services for community pharmacy	• Initially only 11 signed up now 58/76. Anticipated GPC letter and have provided comms and support to practices to manage concerns • We have reviewed our system baseline position for self-referral which includes adequate opportunities for self care. A full review against effectiveness will be undertaken to understand of further steps are required
Modern General Practice	• risk of widening health inequalities due to digital exclusion • all our practices are on cloud based telephony, however, due to the variation in contract lengths not all practices will have enhanced functionality by 31st March 2024 • delay to digital framework will impact on ability to spend funding allocation and understanding next steps once the nationally funded accubook contract ends in Dec • all our practices have accessed care navigation training, there is a risk that this is not embedded	• a digital toolkit and communication/engagement plan developed to support transition for practices and patients, digital support team working with practice staff, digital first funding to continue targeted community based support for digital skills (previously funded by Healthwatch) • TH has x 6 current and 6 planned Fellows in 12 deep end practices doing work specific to their practice population needs • we are working with NHSE to understand if there is any funding remaining to support contract buy out • NHSE to take to National Team • we are working on the next step for training to support embedding but also manage staff turnover with SOPs and train the trainer
Build Capacity	• increasing costs and pay rises could impact on staffing that would be contributing to access plans • our PCNs are aiming to fully maximise ARRS funding however there is a risk of overspend and a challenge in terms of estates capacity • there is an ongoing lack of current and pipeline workforce in general practice	• NHSE to take away to National Team • at the end of 22/23 we had 417 WTE ARRS, Q1 447 and an estimated 536 by the end of 23/24 • practice engagement into completing weekly GPAS report • work continues to expand the use of the collaborative bank to incentivise completion and provide workforce support
Cut Bureaucracy	• some of these issues raised in the AoMRC report have existed for some time and will be challenging to implement alongside system changes • demand for appointments from patients on outpatient waiting list is taking between 15 and 20% of all capacity	• a monthly Primary Secondary Care Interface Group has been established with leads agreed for the various recommendations from the report

9 Conclusion

Our practices and wider primary care colleagues continue to work extraordinarily hard, responding in an agile way to seasonal and daily demand; dealing with increasing costs and developing new and innovative ways to care for patients. This plan demonstrates the ongoing continuous improvement to sustain and improve the resilience and strength of primary care in BNSSG.

We are not starting from scratch, there has been a lot of work done to support access prior to the access recovery plan being published. This was reflected in our March 2023 baseline position where BNSSG generally performs comparably with the South West (SW) average:

- 40% same day appointments compared to 40% average in SW and 43% nationally (12 practices currently below the BNSSG average)

- 84% within 14 days compared to 80% average SW and 83% nationally (4 practices currently below the BNSSG average)
- 57% face to face(F2F) appointments compared to 69% in SW and 70% nationally across all professionals (12 practices currently below the BNSSG average)
- 416 appointment per 1000 population (8 practices below the BNSSG average)

We know that despite an improving access picture in BNSSG, there still exists unacceptable degrees of variation that needs to be understood and addressed. As well as significant challenge in terms of practice resilience and sustainability both in the short and longer terms.

This plan has been developed, in line with the Fuller Stocktake, to improve access in ways that improve both patient and our workforce experience, with the greatest achievements being in those communities that need them the most.

10 Appendices

Appendix 1:
NHS England » Delivery plan for recovering access to primary care

Appendix 2:
https://www.england.nhs.uk/long-read/primary-care-access-improvement-plans-briefing-note-for-system-level-plans/

Appendix 3:
Equality and Health Inequalities Impact Assessment

PCARP EHIA_28.07.2023.doc

Appendix 4:
2022 contacts by demographics – detailed breakdown

Contacts	patients	% of total patients	nmale	nFemale	nBME	nWhite	nLowIMD	nHighIMD	total_Measurements	total_Imms	total_contacts
0	351775	32%	62%	38%	17%	61%	45%	54%	2%	12%	0%
1	117818	11%	52%	48%	12%	72%	42%	57%	3%	10%	2%
2	97319	9%	50%	50%	12%	73%	42%	57%	4%	8%	3%
3	77044	7%	47%	53%	11%	74%	42%	57%	5%	7%	4%
4	65825	6%	45%	55%	11%	76%	43%	56%	5%	7%	5%
5	55387	5%	44%	56%	11%	77%	43%	56%	6%	6%	5%
6	46555	4%	43%	57%	11%	77%	44%	55%	6%	5%	5%
7	39631	4%	42%	58%	10%	78%	44%	55%	5%	5%	5%
8	33745	3%	41%	59%	11%	78%	44%	55%	5%	4%	5%
9	28574	3%	39%	61%	10%	79%	44%	55%	5%	4%	5%
10	24133	2%	39%	61%	11%	79%	45%	54%	4%	3%	4%
11	20993	2%	39%	61%	11%	79%	45%	54%	4%	3%	4%
12	18288	2%	38%	62%	11%	80%	45%	54%	4%	3%	4%
13	15254	1%	37%	63%	11%	79%	46%	53%	3%	2%	3%
14	13487	1%	37%	63%	10%	80%	46%	53%	3%	2%	3%
15	11686	1%	37%	63%	11%	80%	48%	51%	3%	2%	3%
16	10041	1%	38%	62%	10%	81%	46%	53%	3%	2%	3%
17	8746	1%	36%	64%	11%	80%	47%	52%	2%	1%	3%
18	7726	1%	37%	63%	11%	81%	47%	52%	2%	1%	2%
19	6906	1%	38%	62%	10%	81%	47%	52%	2%	1%	2%
20	6010	1%	36%	64%	11%	81%	47%	52%	2%	1%	2%
21	5291	0%	37%	63%	11%	81%	49%	50%	2%	1%	2%
22	4562	0%	37%	63%	11%	81%	49%	51%	2%	1%	2%
23	3989	0%	35%	65%	10%	83%	48%	51%	1%	1%	2%
24	3540	0%	36%	64%	10%	81%	48%	51%	1%	1%	1%
25	3246	0%	37%	63%	10%	82%	49%	50%	1%	1%	1%
26	2860	0%	37%	63%	10%	83%	49%	50%	1%	0%	1%
27	2505	0%	38%	62%	10%	82%	49%	51%	1%	0%	1%
28	2280	0%	37%	63%	10%	83%	48%	51%	1%	0%	1%
29	1994	0%	36%	64%	10%	82%	51%	48%	1%	0%	1%
30+	19439	2%	37%	63%	10%	84%	51%	48%	9%	4%	14%

11 Glossary of terms and abbreviations

AMR	Antimicrobial Resistance
ARI	Acute Respiratory Infection
ARQ	Access, Resilience and Quality
ARRS	Additional Roles Reimbursement Scheme
BME	Black and Minority Ethnic
CAIP	Capacity Access Improvement Plan
CMO	Chief Medical Officer
CPCS	Community Pharmacist Consultation Service
CVD	Cardio Vascular Disease
EDI	Equality, Diversity and Inclusion
EOI	Expression of Interest
FAQs	Frequently Asked Questions

F2F	Face to face
GPAD	General Practice Appointment Data
GPCB	General Practice Collaborative Board
GPN	General Practice Nurse
GPPS	General Practice Patient Survey
HCPE	Health Care Professional Executive
HTSN	Healthier Together Support Network
ICB	Integrated Care Board
IIF	Investment and Impact Fund
IMD	Index of Multiple Deprivation
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
NGPIP	National General Practice Improvement Programme
ORCHA	Organisation for the Review of Care and Health Apps
PCARP	Primary Care Access Recovery Plan
PCC	Primary Care Committee
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCS	Primary Care Strategy
PGD	Patient Group Directive
PHM	Population Health Management
PSCIG	Primary Secondary Care Interface Group
SDF	Service Development Funding
SW	South West
TH	Training Hub
UCN	Urgent Care Network

UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
VCSE	Voluntary Community and Social Enterprise