

**Primary Care Access Recovery Plan Overview
(GP Access)**

Southend on Sea City Council - People Scrutiny Committee

6th December 2023

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Primary Care Access Recovery Programme

1. Introduction

Every weekday in Mid and South Essex (MSE), primary medical services undertake 25,000 consultations for our population. Beyond core consultations, primary medical care is responsible for significant amounts of unrecorded interactions with the population. National estimates suggest that somewhere between 70%-90% of all patient interactions with NHS services occur in primary care. Good access to primary care services is therefore fundamental to the delivery of NHS services as a whole.

In May 2023, NHS England published “Delivery Plan for Primary Care Access Recovery”. This report focusses on two key commitments;

- Tackling the 8am rush and reducing the number of people struggling to contact their practice
- For patients to know on the day they contact their practice how their requests will be managed.

The Plan emphasises that multiple actions are required to deliver these commitments. This includes the need for the delivery of the models of care outlined in the Fuller Stocktake. The Plan challenges Integrated Care Boards (ICBs) to be at the forefront of creating the environment for change and leading system partners to adapt their service models to support new approaches.

The Plan indicates that practices will need to implement a “Modern General Practice Access Model” where patient need is consistently triaged and navigated to the most appropriate solution for the presenting need.

Integrated Care Boards have been required to develop their local Access Recovery Plan to deliver upon these national objectives and local objectives.

2. Main content of Report

Case For Change

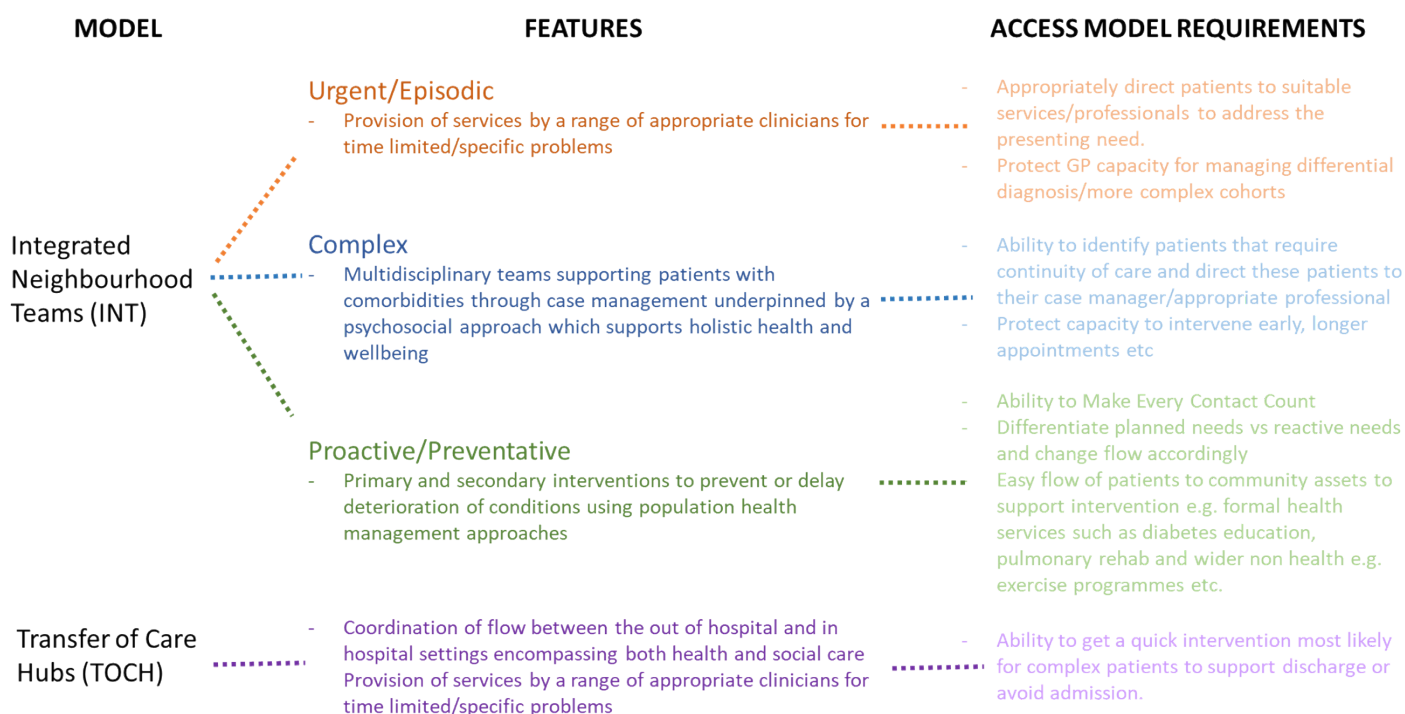
The need for change to access models is not solely driven by the need to respond to the national plan. Locally, through the GP patient survey, our population is feeding back two broad themes;

- When patients receive care from their practice, satisfaction is high e.g. 90% saying their needs were met, 88% saying they have been appropriately involved in their care and decisions and 91% having confidence in the professional they saw.
- However, access to services results in a poor overall experience e.g. only 38% of survey respondents describe getting through on the phone as easy, 66% describing their last experience as positive.

Primary care providers are also feeding back that historic models of access are no longer fit for purpose due to the change in demand and growth in demand for primary care services. There is an increasing desire to adapt models, work with other stakeholders and implement more effective pathways.

Our target operating model for out of hospital care in Mid and South Essex is based on the establishment of Integrated Care Teams with tailored approaches for Urgent and Episodic Care, Complex Care and Preventative Care. In order for this target operating model to be delivered, demand on primary care services must be differentiated and then navigated to a range of appropriate solutions, some of these will be core general practice but an increasing number will be alternative providers of statutory and non statutory provision e.g. PCN services, community pharmacy, voluntary sector providers. The current “8am rush” model described by the national plan and experienced by a large part of our population is largely managed on a first come first served basis where general practices attempt to triage as best they can but are limited by capacity, technology and outdated pathways.

We need to move to a model where demand is differentiated based on the Fuller principles of Integrated Neighbourhood Teams;



Proposed Change

We are seeking to address the challenges of Access through four programmes of work each delivering a specific but complimentary aim;

- “Connected Pathways” which through a series of interventions, will enable the implementation of a Total Triage model in line with Modern General Practice
- Improving the Primary/Secondary Care Interface through a clinical leadership led approach that fundamentally seeks to improve relationships between primary and secondary care (clinical and administrative) in order to reduce unnecessary bureaucracy, improvements safety, quality and efficiency grounded in the principle of doing the best for our patients.
- Optimisation of the workforce through an established programme that seeks to recruit, retain and enable staff to act at the top of their license.

- Integrated Neighbourhood Teams – through an established programme, offer appropriate care pathways across the episodic, complex and preventative models that best meet patient need.

Through these four programmes and the delivery of a number of specific schemes they cover, we aim to achieve improvements in the following outputs and outcomes;

Outputs

- All practices to be operating a Cloud Based Telephony system by March 25
- All patients to be able to access a minimum of 10 self referral pathways by March 24
- Implementation of Total Triage model in a minimum of 8 practices by March 24 and 50 practices by March 25
- Increase in number of consultations undertaken in a primary care setting from 6.27m in 2022/23 to 6.4m in 2024/25
- Increase in Additional Roles Reimbursement Scheme (ARRS) workforce of 195 by March 24 from 495 (October 23 baseline).

Outcomes (targets and baselines will be determined by March 24)

- By 2025, increase in overall % of patient satisfaction from 66% in 2023 baseline (National GP Survey)
- By 2025, increase in ease of getting through to your practice on the phone from 38% in 2023 baseline (National GP Survey)
- By 2025, increase in proportion of patients saying practice websites are easy to use from 61% in 2023 baseline (National GP Survey)
- By 2026, improvement in staff satisfaction for staff working within primary care (baseline and tool to be determined)

Delivery of the Plan

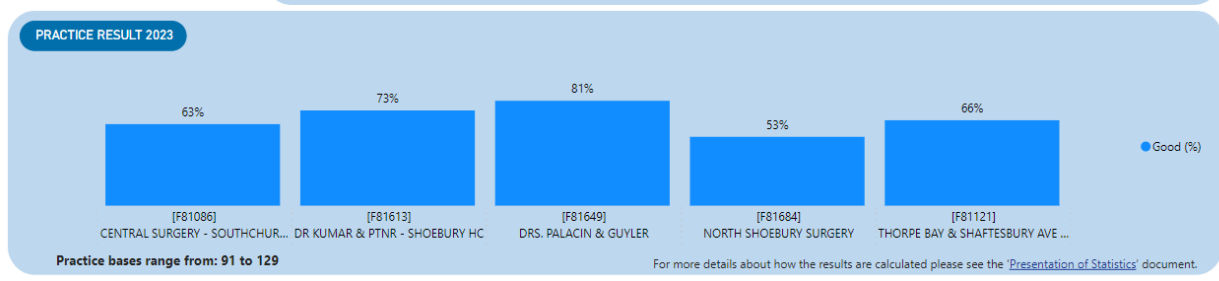
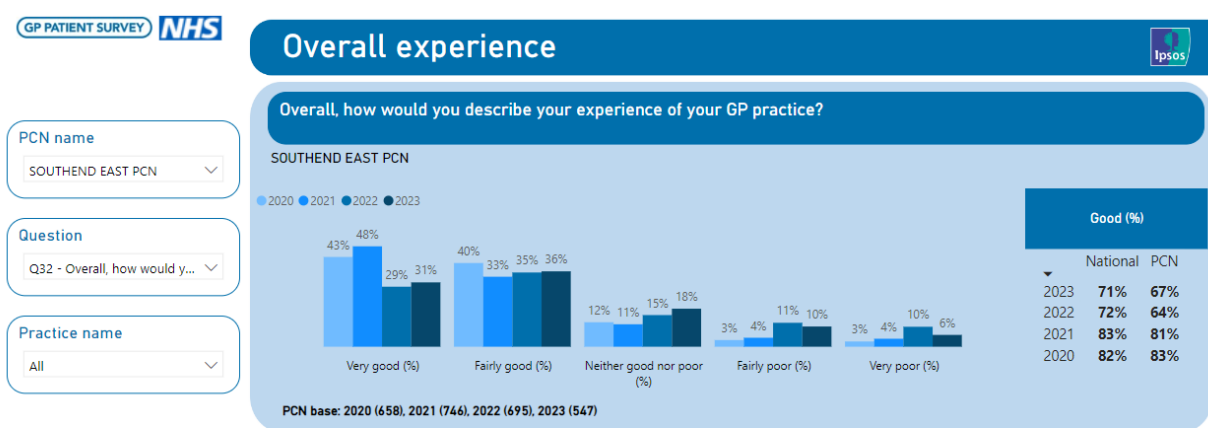
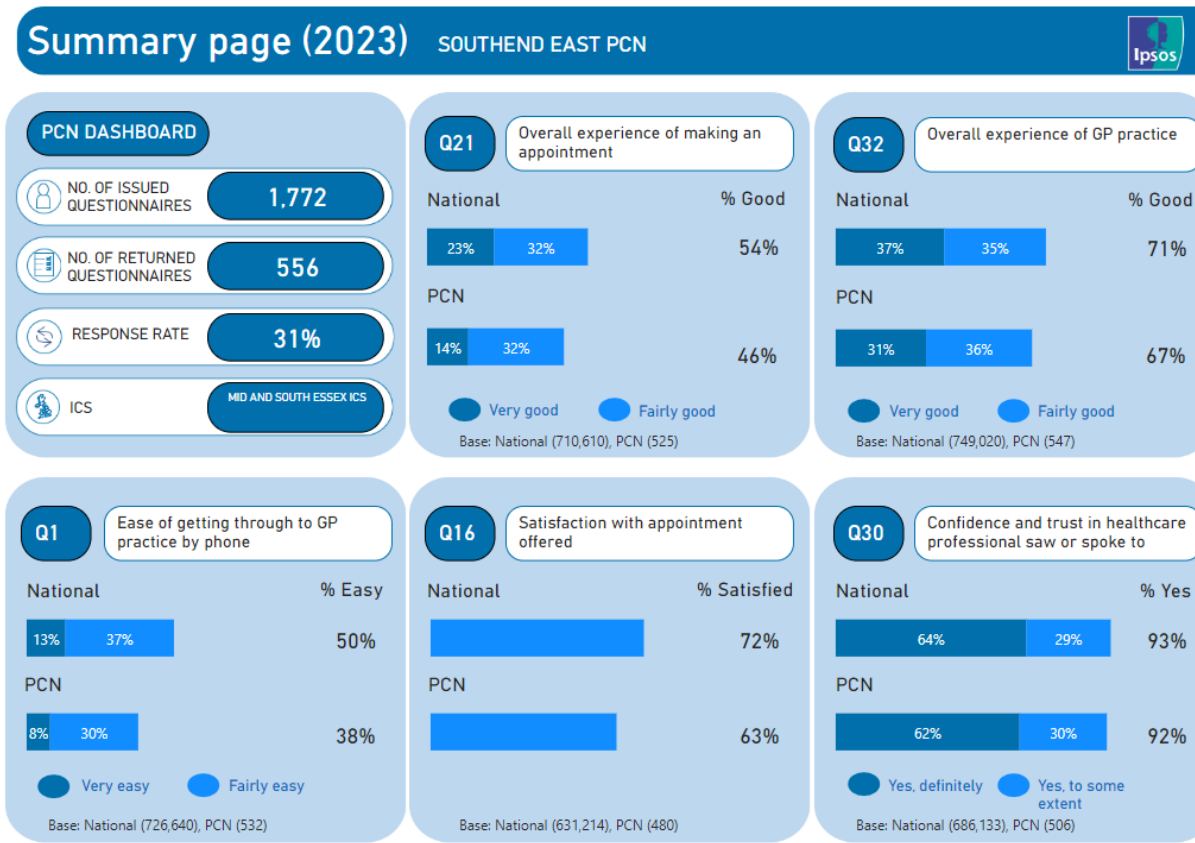
Whilst the core work programme is identified within our Access Recovery Plan, its implementation will be an iterative process and be refined based on experience of delivery.

To support the implementation, we will establish a primary care clinically led forum of representatives from early adopter practices who will use their experience and ambition to support the delivery of the plan. Through this process we will better influence the wider primary care system.

Practices, PCNs, Alliances and the wider ICB will work with patient forums, Healthwatches and other organisations to continuously gain patient insight to inform and refine models that are established.

Appendix 1

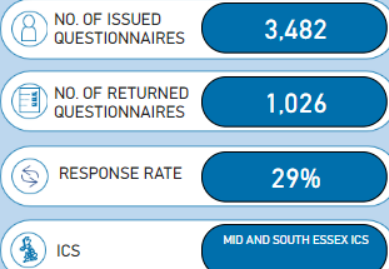
Background information for Southend GP services



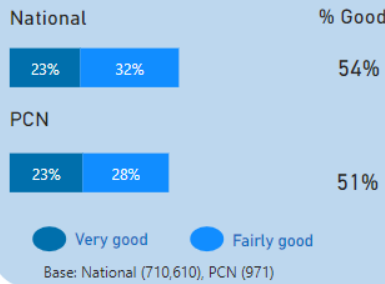
Summary page (2023) SOUTHEND VICTORIA PCN



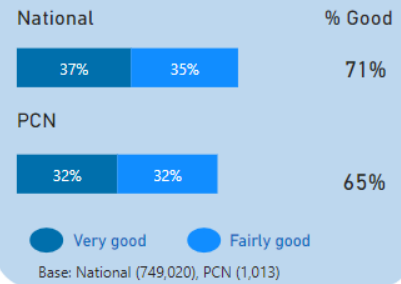
PCN DASHBOARD



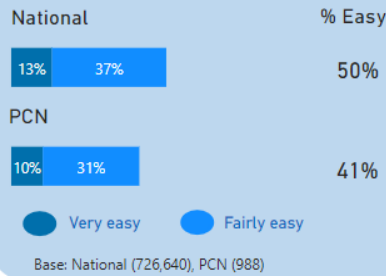
Q21 Overall experience of making an appointment



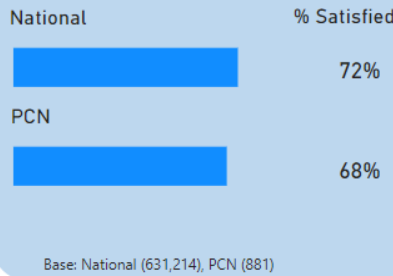
Q32 Overall experience of GP practice



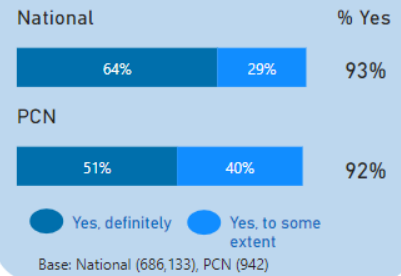
Q1 Ease of getting through to GP practice by phone



Q16 Satisfaction with appointment offered



Q30 Confidence and trust in healthcare professional saw or spoke to



GP PATIENT SURVEY **NHS**

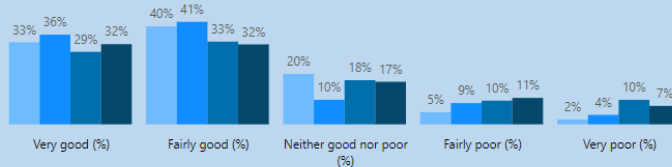
Overall experience



Overall, how would you describe your experience of your GP practice?

SOUTHEND VICTORIA PCN

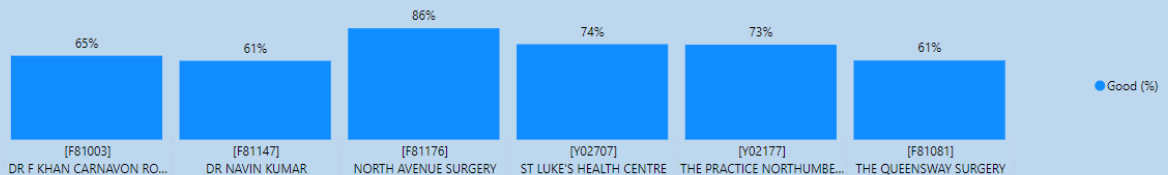
2020 2021 2022 2023



PCN base: 2020 (420), 2021 (483), 2022 (903), 2023 (1013)

	Good (%)	
	National	PCN
2023	71%	65%
2022	72%	63%
2021	83%	78%
2020	82%	73%

PRACTICE RESULT 2023



Practice bases range from: 111 to 142

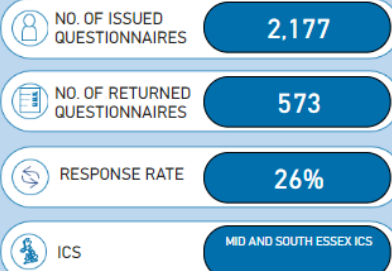
For more details about how the results are calculated please see the 'Presentation of Statistics' document.

Summary page (2023)

SOUTHEND WEST CENTRAL PCN

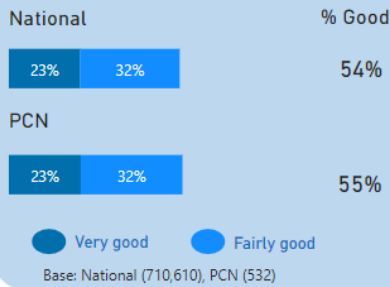


PCN DASHBOARD



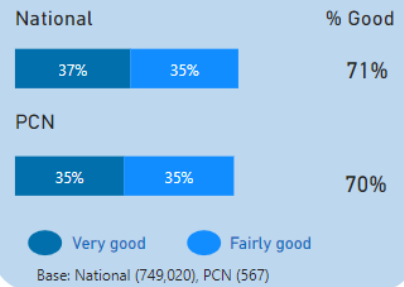
Q21

Overall experience of making an appointment



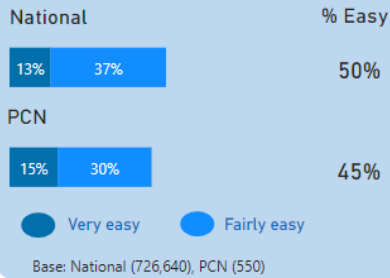
Q32

Overall experience of GP practice



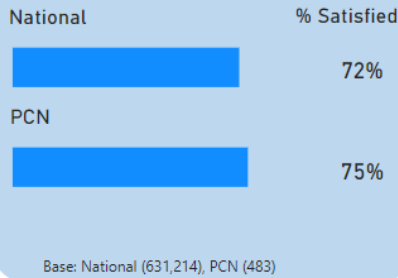
Q1

Ease of getting through to GP practice by phone



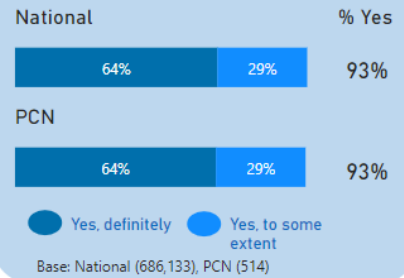
Q16

Satisfaction with appointment offered



Q30

Confidence and trust in healthcare professional saw or spoke to



GP PATIENT SURVEY **NHS**

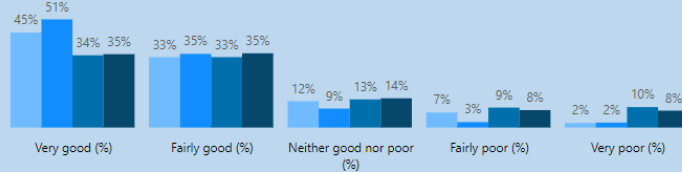
Overall experience



Overall, how would you describe your experience of your GP practice?

SOUTHEND WEST CENTRAL PCN

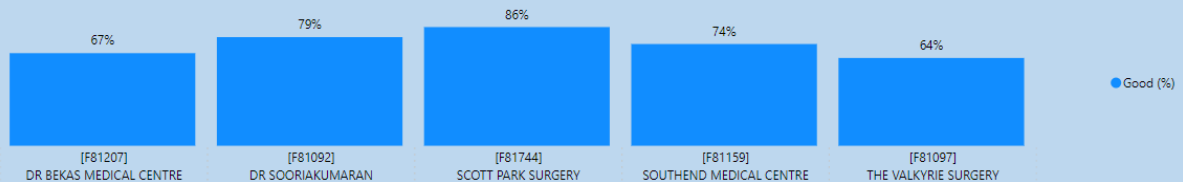
Legend: 2020 (light blue), 2021 (medium blue), 2022 (dark blue), 2023 (darkest blue)



PCN base: 2020 (554), 2021 (705), 2022 (699), 2023 (567)

	Good (%)	PCN
2023	71%	70%
2022	72%	68%
2021	83%	86%
2020	82%	78%

PRACTICE RESULT 2023



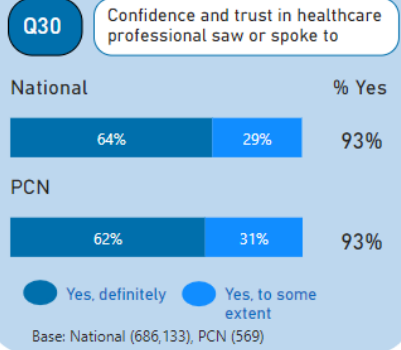
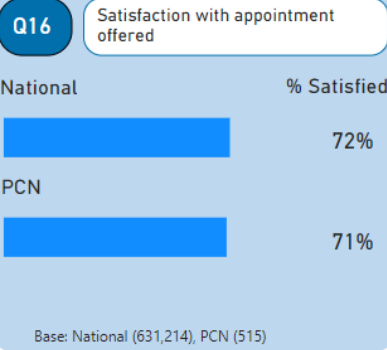
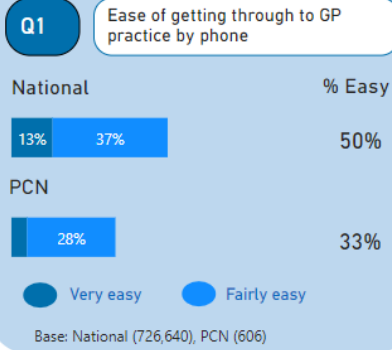
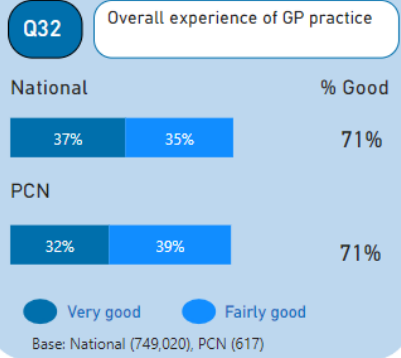
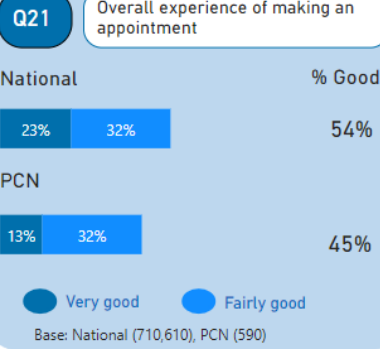
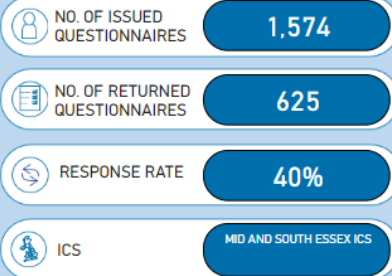
Practice bases range from: 103 to 138

For more details about how the results are calculated please see the 'Presentation of Statistics' document.

Summary page (2023) SS9 PCN



PCN DASHBOARD



GP PATIENT SURVEY **NHS**

Overall experience

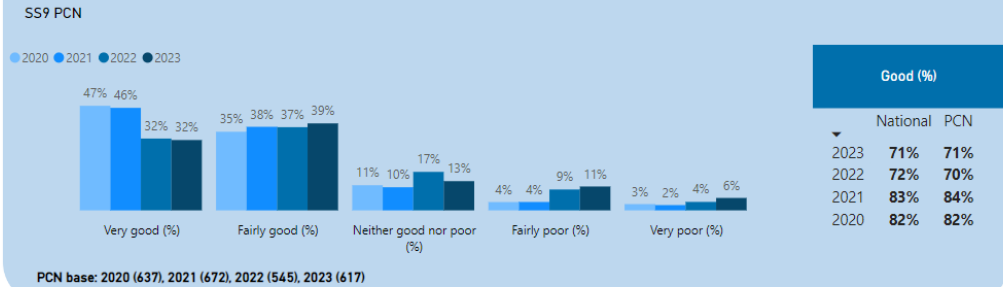


PCN name:

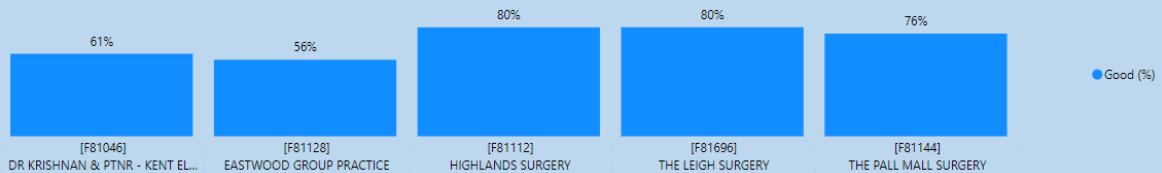
Question:

Practice name:

Overall, how would you describe your experience of your GP practice?



PRACTICE RESULT 2023



Practice bases range from: 118 to 138

For more details about how the results are calculated please see the 'Presentation of Statistics' document.