

Report to Health and Adult Social Care Scrutiny Board

21 November 2023

Subject:	Primary Care Access (General Practice)
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1 Recommendations

- 1.1 Note the national direction for recovering primary care and the highlights from the Fuller Stocktake Report (Fuller, 2022) and the Delivery Plan for Recovering Primary Care (NHSE, 2023).
- 1.2 Consider and comment upon the update in respect of primary care access across Sandwell.

2 Reasons for Recommendations

- 2.1 Access to primary care has been an increasing challenge for several years, even prior to the pandemic. Challenges are associated with meeting the needs of a growing, ageing population and people needing support with complex conditions. Demand has further increased since the pandemic and the GP workforce has not increased at the same pace.
- 2.2 Primary care, like many parts of the NHS is under tremendous pressure. The traditional model for primary care is not sustainable to manage the increasing demand. To make services fit for the future they need to be



transformed.

- 2.3 Building on the ambitions of the NHS Long Term Plan (NHSE, 2019), the Fuller Stocktake Report (Fuller, 2022) sets out a new vision for integrating primary care, improving access, experience, and outcomes for communities.
- 2.4 The Delivery Plan for Recovering Primary Care (NHSE, 2023) sets out the priorities for implementing this new vision, with a focus on modernising general practice.
- 2.5 In support of the above, changes have been made to the general practice national contract to ensure that practices are working toward towards achieving the new vision.
- 2.6 This report and accompanying presentation highlights the key points from the new vision and recovery plan and provides an update to members on the current position in Sandwell.

3 How does this deliver objectives of the Corporate Plan?

	Primary care is at the heart of all communities delivering essential services across all neighbourhoods. It acts as the first point of contact for most people accessing the NHS and oversees the on-going health needs for those that need it.
	
	Ensuring primary care can effectively serve the communities of Sandwell is essential to delivering the following objectives of the Corporate Plan.
	
	

4 National Context

- 4.1 The pressures across the NHS are experienced nationwide and in 2021 NHS England and NHS Improvement commissioned Dr Claire Fuller, Chief Executive-designate, Surrey Heartlands Integrated Care System



(ICS) and General Practitioner (GP), to lead a review on integrated primary care. The review looked at what is working well, why it is working well and how we can accelerate the implementation of integrated primary care (incorporating the current four pillars of general practice, community pharmacy, dentistry and optometry). The Fuller Stocktake Report (Fuller 2022) was published in May 2022.

4.2 The Fuller Stocktake Report sets out a new vision for integrating primary care, improving access, experience, and outcomes for communities. At the heart of this is building integrated teams in every neighbourhood and is centred around three essential offers:

- 1) **Streamlining access to care and advice** for people who get ill but only use health services infrequently; providing them with much more choice about how they access care and ensuring care is always available in their community.
- 2) **Providing more pro-active, personalised care with support from a multi-disciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions.
- 3) **Helping people to stay well for longer** as part of a more ambitious and joined up approach to prevention.

4.3 In May 2023, NHS England published the Delivery Plan for Recovering Access to Primary Care. The plan supports all three elements of the Fuller Stocktake vision and focuses on streamlining access to care and advice first, with two central ambitions:

- 1) **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, and investment will be provided to general practice to enable this.
- 2) **For patients to know on the day they contact their practice how their request will be managed.**
 - i) If their need is clinically urgent it should be assessed on the same day by a telephone or face to face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.



- ii) If their need is not urgent, but requires a telephone or face to face appointment, this should be scheduled within two weeks.
- iii) Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

- 4.4 The overall focus of the plan is to implement a modern approach to general practice terming this as 'Modern General Practice Access'. This will lead to a major change to how many practices have worked traditionally. It will take time to build the capacity and develop the infrastructure to make it work.
- 4.5 It requires other parts of the system to adapt to enable practices to make this change. For example, community pharmacies will need support in being ready to accept diverts from general practice along with other services that will begin to accept self-referrals. Care navigation staff will need to be recruited, trained, and supported by effective navigation tools and service directories. Digital enablement and increased usage are also key elements of the transformation.
- 4.6 Some innovative practices have already made some changes and patients may be familiar with some of the new approaches. However, many practices are just embarking this journey and need to focus on setting the foundations to get them started.
- 4.7 Therefore, the changes will be carefully planned and gradually implemented over the coming years. Initially the focus will be on the following four areas:
- 1) **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
 - 2) **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
 - 3) **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
 - 4) **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.



4.10 Building on the progress of Primary Care Networks established just prior to the pandemic, NHSE introduced changes to the core contracts for general practice from April 2023. This included the repurposing of the Impact and Investment Fund, a scheme which previously enabled practices to earn income based on the achievement of targets. This funding has been reinvested to support and encourage practices' progress towards improving access against key milestones set out in their Primary Care Network Capacity and Access Improvement Plans (CAPs).

The focus of the Capacity and Access Improvement Plans are to:

- Improve patient experience of contact.
- Increase utilisation of cloud-based technology/online consultations.
- Validation of appointment books.

4.11 The Board is asked to note the national direction for recovering primary care.

5 Local Context

5.1 The Black Country ICB is working closely with NHS England to support local practices and primary care networks towards implementing Modern General Practice. The presentation that accompanies this report provides an overview of the local picture for Sandwell.

5.2 Key highlights from the presentation are:

- **Modern General Practice**
 - What access to primary will look like in the future and how will we get there.
- **GP Patient Survey Findings 2023**
 - Satisfaction with general practice has declined over the past three years relating more to issues of access and difficulty in making an appointment rather than concern about the quality of services.
 - An element of the Capacity and Access Improvement Plans is specifically targeted at improving patient experience of access. Including making it easier and quicker for patients to get the help they need through improving telephony, building capacity and



cutting bureaucracy.

- **GP Appointment Data**
 - Sandwell practices are offering more appointments now than prior to the pandemic.
 - There is an increase in other forms of consultations e.g. telephone and video, however the proportion of face to face appointments is higher.
 - The number of appointments offered across Sandwell is comparable with the national average and that of the whole Black Country.
- **Communications and Involvement**
 - Overview of how the ICB is communicating this transformation to the public and involving them in co-designing materials tailored to meet the needs of local communities.

5.3 The Board is asked to consider and comment upon the update in respect of primary care access across Sandwell.

6 Implications

Resources:	Financial, staffing, land/building implications General practice will receive support packages to aid the development of the infrastructure and create the capacity to implement the modern general practice access model.
Legal and Governance:	On 1 st July 2022, statutory Integrated Care System (ICS) arrangements were established, including the establishment of Integrated Care Boards (ICBs). ICBs will work closely with NHSE to oversee and support the implementation of requirements set out within the delivery plan for recovering primary care. The core general practice contract is negotiated on an annual basis. Changes introduced in 2023/24 will support practices and primary care networks to make the first steps towards implementing modern general



	practice. Further changes to the contract may be introduced each year.
Risk:	The traditional model for primary care is no longer sustainable and needs to be transformed to ensure that it is fit for the future. Without transformation primary care will not have the capacity to meet the needs of a growing and ageing population.
Equality:	The transformation of primary care will ensure that communities have better access to services and ensure that they access the right service at the right time in the right setting to meet their individual needs.
Health and Wellbeing:	By transforming primary care and creating integrated neighbourhood teams the health and wellbeing needs of our communities will be better attended to. People will be empowered and better supported to manage their own health.
Social Value:	The NHS is one of largest employers locally. Many of the staff employed by primary care are residents and representative of the communities they serve.
Climate Change:	Implications for climate change outcomes and any potential impact on the environment (e.g. impact on emissions, resource use, or the natural environment)
Corporate Parenting:	N/A

7 Appendices

Appendix 1 - Presentation: Primary Care Access Update (Sandwell)

8. Background Papers

- i) NHS Long Term Plan (NHSE, 2019)
[NHS Long Term Plan v1.2 August 2019](#)
[easy-read-long-term-plan-v2.pdf \(longtermplan.nhs.uk\)](#)
- ii) Next steps for integrating primary care: Fuller stocktake report (Fuller, 2022)
[NHS England » Next steps for integrating primary care: Fuller](#)



[stocktake report](#)

- iii) Delivery plan for recovering access to primary care (NHSE, 2023)
[Delivery plan for recovering access to primary care \(england.nhs.uk\)](#)

