

Title	Primary Care Access Recovery Plan Report
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Report for	Wirral Place Based Partnership Board
Date of Meeting	21 st March 2024

Report Purpose and Recommendations	
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the work specific to Primary Care Access Recovery (PCARP), overseen by the Primary Care Group.</p> <p>It is recommended that the Wirral Place Based Partnership Board notes the update on Primary Care Access Recovery Plans via the Primary Care Group.</p>	

Key Risks	
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 21st December 2023:</p> <ul style="list-style-type: none"> • <i>PDAF 1 Service Delivery</i>: Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population. • <i>PDAF 3 Collaboration</i>: Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare. 	

Governance journey			
Date	Forum	Report Title	Purpose/Decision
27 th February 2024	Primary Care Group	Agenda and papers for meeting	Meeting held and work progressed.

1	Narrative
1.1	Background
1.1.1	<p>NHS England first published the <i>Delivery plan for recovering access to primary care</i> on 9th May 2023 - NHS England » Delivery plan for recovering access to primary care. This was followed on 11th September 2023 with a letter and guidance Integrated Care Boards (ICBs) to produce system level access improvement plans, which would be approved at ICB public boards in October or November 2023. These ICB access improvement plans also needed to include a summary of practice/Primary Care Network (PCN) improvement plans, challenges, wider support needs and barriers.</p>
1.1.2	<p>Some primary delivery areas with associated actions that were to be included in these ICB plans are set out below:</p> <p>Cloud-based telephony – Support 1,000 practices to transition to digital telephony by December 2023, all remaining analogue practices to move to digital telephony by</p>

	<p>March 2024. ICBs are expected to be actively monitoring progress, working alongside the national procurement hub.</p> <p>NHS App – ICBs to encourage and support remaining practices to leverage the core functions of the NHS App, to empower patients and enable them to self-serve where appropriate. ICBs should be assured that each practice has a plan for each patient to receive prospective record access (unless exceptions apply) from 31st October 2024. Where practices do not have a plan, ICBs will understand why and what action and support is needed to ensure compliance with the regulations.</p> <p>Digital pathways framework – Engagement with market continues and the timeline for the launch of the framework has been updated. During September and October 2024, ICBs worked with their practices to fully understand the contracting position for their online consultation, messaging and booking solutions currently in use. Over the autumn 2023 there was a focus on helping ensure ICBs and practices are ready for the new framework. NHS England has worked with regional teams to issue guidance and information on what to expect from the framework to ensure that ICBs are updated on developments and can begin preparatory work. Alongside this NHS England had asked ICBs and practices to maximise use of digital tools already available to practices that support patient access in winter 2023/24.</p> <p>National General Practice Improvement Programme – This free programme, with some associated funding, supports practices and PCN teams to implement the modern general practice model of access using the digital tools and training we are providing. Regions and ICBs are urged to continue to encourage their practices and PCN teams to participate in the programme and nominations should continue to be made.</p> <p>Improving the primary-secondary care interface – Each ICB is expected to have an executive lead in place to support interface improvements across primary and secondary care providers.</p> <p>Self-referral pathways – ICBs have been asked to expand self-referral pathways in seven named service areas.</p>
2.1	Primary Care Access Recovery Plan
2.1.1	NHS Cheshire and Merseyside has developed a Primary Care Access Recovery Plan which was approved by the Board on 30 th November 2023. There is a Wirral Place Plan that is part of the overall system plan.
2.1.2	<p>The summary requirements of a Primary Care Access Recovery Plan are to:</p> <ul style="list-style-type: none"> • Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024. • Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance. • Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation. • Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions. This,

together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.

- Implement 'Modern General Practice Access' so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message. We are re-targeting £240 million – for a practice still on analogue phones this could mean ~£60,000 of support over 2 years.
- Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.
- Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.
- Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme. Build capacity so practices can offer more appointments from more staff than ever before.
- Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019).
- Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England.
- Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired.
- Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated. Cut bureaucracy to give practice teams more time to focus on their patients' clinical needs.
- Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.
- Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat.
- Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators

2.1.3

PCNs and practices continue to work towards the asks and aspirations within the Delivery Plan for Recovering Access to Primary Care. Key updates on some areas are as follows:

Enhanced Hours Assurance (Network DES)

C&M development of an assurance return for PCN completion to demonstrate adherence to Network DES key requirements. Roll out planned for April 2024.

Access Hub – in place from 18th December 2023 until 31st March 2024 commissioned from the Primary Care Collaborative and funded by System Development Funding 2023-24. This is a 7-day service across all Wirral practices with an additional 78 appointments offered Monday to Friday and 72 at weekends (c460 appointments per month). Initial review will be undertaken end of January. Work progressing with partners also such as NHS111 and Wirral University Teaching Hospital NHS Foundation Trust (WUTH).

Telephony Support – this is a key enabler to tackling the 8am rush, managing demand and enhancing patient experience as part of the PCARP asks and aspirations, whilst also supporting participation in the General Practice Improvement Programme.

Phase 1 - funding for those practices who have analogue lines and/or evergreen contracts has been agreed for 13 practice to facilitate their move to a digital telephony system. All practices have selected a new provider with 10 and are progressing with installation.

Phase 2 - in December 2023 further funding was made available to support remaining practices if they met criteria set out by NHS England. A further 7 practices have been identified as a result. Funding arrangements for Phase 2 are still to be confirmed, however any new contracts must be signed by 2nd February 2024 and as with Phase 1, installation must be complete by 31st March 2024.

Upon project completion all Wirral practices will be using a digital solution.

Support Level Framework (SLF) – 7 practices have had a SLF facilitated conversation undertaken as part of the General Practice Improvement Programme. Focused scheduling has commenced for remaining practices (37). The Group is asked to acknowledge progress of this aspiration has been slower than preferred due to capacity within the primary care team (3 hours per practice).

NHS App - requirement as part of PCARP that practices enable the following NHS functionality in their clinical systems:

- System Appointments
 - System Detailed Coded Records
 - System Prescriptions

Wirral Place and C&M performance against the 3 NHS App functions for patients is shown in the table below.	National Target	Wirral Position December 2023	C&M ICB Position December 2023
NHS App Function			
Appointments (book & cancel) – practice enabled	90%	84.1%	95.9%
Appointments (book & cancel) – patients have enabled	-	84.1%	95.9%
Detailed Coded Records – practice enabled	90%	100%	99.4%

	Detailed Coded Records – patients have enabled	-	42.47%	44.61%
	Prescriptions – practice enabled	90%	100%	99.1%
	Prescriptions – patients have enabled	-	49.1%	50.8%
2.1.4	<p>Progress since November 2023</p> <p>All Cloud-Based Telephony contracts signed and in place in line with deadlines. Majority of applications successful. 10 out of 44 practices have accessed the Transition and Cover Support Funding 2023-2024. Most practices have enabled the 3 NHS App functions – working with 5 practices to ensure full compliance Access Hub in place from 18 Dec – 31 March 2024 for urgent/acute on the day appointments – available to all practices. Additional 462 extra appointments for urgent on the day care.</p> <p>Key actions for next period March-July 2024 Patient surveys undertaken by PCNs Progress with SLF conversations for the targeted practices first (as capacity allows). Website audits by Place to be completed. Greater understanding of CAIP 24-25 requirements and what this means once further guidance released.</p> <p>Key challenges/exceptions/risks Capacity to undertake SLF conversations for all practices. Practices working to tight deadlines to change telephony provider, with some challenges regarding implementation.</p>			

2 Implications	
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Primary Care Group provides controls for and support assurance of the management of the strategic risks PDAF 1 and PDAF 3. The Primary Care Group also has a Risk Register, which will into the PDAF and discussions at the Place Based Partnership Board around risk.</p>
2.2	<p><i>Financial</i></p> <p>The financial implications arising from this report are articulated in 1.2.6 above.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal and regulatory implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>Engagement with system partners has taken place in the development of the Terms of Reference for the Primary Care Group. This is a group that has been agreed as part of</p>

	NHS Cheshire and Merseyside's governance for Wirral. The Primary Care Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector. The PCG is co-chaired by representatives from the VCFSE.
2.6	<i>Equality</i> Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Primary Care Group.
2.7	<i>Environment and Climate</i> Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Primary Care Group.
2.8	<i>Community Wealth Building</i> Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Primary Care Group will take account of this in their work.

3	Conclusion
3.1	It is recommended that the Wirral Place Based Partnership Board notes the update on Primary Care Access Recovery Plans via the Primary Care Group.

4	Appendices
	There are no appendices to this report.

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