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| **Report to:**  | Humber and North Yorkshire Integrated Care Board |
| **Date of Meeting:** | 11 December 2024 |
| **Subject:** | **Primary Care Access Recovery Plan** **Year 2 Progress Report** |
| **Director Sponsor:** | Amanda Bloor, Deputy Chief Executive / Chief Operating Officer |
| **Author:** | Helen Phillips, Assistant Director Primary CareAmanda Bloor, Deputy Chief Executive / Chief Operating OfficerSimon Stockill, Clinical Lead Primary Care |

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| **Agenda Item No:**  | **13** |



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| **STATUS OF THE REPORT:** Approve [ ]  Discuss [ ]  Assurance [x]  Information [ ]  A Regulatory Requirement [ ]  |

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| **SUMMARY OF REPORT:** This report provides further assurance to Humber and North Yorkshire Integrated Care Board (ICB) on progress against delivery of our aligned plan following the publication of the NHS England (NHS E) Delivery Plan for Recovering Access to Primary Care as updated to the Board in April 2024.Primary Care Network (PCN) improvement plans have been developed by all 43 PCNs in partnership with ICB Primary Care Place Teams. There are 7 areas of focus covering all requirements of the Recovery Plan with good progress being made.The Primary Care Strategic Leadership Executive oversees delivery of plans and will provide assurance to the Board on progress.Next steps include the implementation of Year 2 Plans and highlight any risks to delivery and identify mitigations. We acknowledge the challenges that the ongoing GP Collective Action are having on the system and we are committed to working across the ICP to minimise the impact on our patients.**RECOMMENDATIONS:** Members are asked to:1. Note the contents of the report.
2. Be assured that progress is being made on delivery of the Access Recovery Improvement Programme.
3. Note the challenges GP Collective Action is having across the system whilst we work to reach a mutually agreeable solution.
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| **ICB STRATEGIC OBJECTIVE**  |
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| Managing Today |[x]
| Managing Tomorrow |[x]
| Enabling the Effective Operation of the Organisation |[x]
| Voice at the Heart |[x]

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| **IMPLICATIONS**  |

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| Finance | Funding to oversee delivery of the Primary Care Access Delivery Plans has been accounted for through the System Development Funding for Primary Care via a National allocation to the ICB. |
| Quality | Reducing inequalities and improving population health to our population is fundamental to the successful delivery of the Programme. |
| HR | N/A |
| Legal / Regulatory | Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability to access health services and (b) reduce inequalities between patients with respect to outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities.Each ICB is required by NHS E to have in place arrangements to improve patients access to Primary Care Services. |
| Data Protection / IG | N/A |
| Health inequality / equality | Primary Care Access Recovery ambition is to improve the health of our population reducing inequalities across our Places. |
| Conflict of Interest Aspects | N/A |
| Sustainability | Plans in place will be sustainable for the future of Primary Care Services. |

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| **ASSESSED RISK:** N/A |

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| **MONITORING AND ASSURANCE:** Primary Care Strategic Leadership Executive will oversee delivery of the Plans. |

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| **ENGAGEMENT:** Patient engagement - Practice / PCN patient participation groups will be consulted on changes taking place across their practices.  |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** No [x]  Yes [ ]  |
| If yes, please detail the specific grounds for exemption.  |

**Primary Care Access Recovery Plan**

**Progress Report**

**1. Purpose**

The purpose of this report is to provide Humber and North Yorkshire (HNY) Integrated Care Board (ICB) an update on Year 2 of Recovering Access to Primary Care, areas we are progressing well and areas that we are focussing on during this next phase.

**2. NHS England Delivery Plan for Recovering Access to Primary Care**

The Board were updated in April 2024 on progress to agree Delivery Plans with two key aims:

* Tackle the '8am rush' and reduce the number of people struggling to contact their practice.
* For patients to know on the day they contact their practice how their request will be managed.

The plan seeks to support recovery by focusing on four areas:

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| **Aim** | **ICB Ambition** | **Progress** |
| **Build capacity**  | To expand access to Primary Care Services for our population.Recruit to Additional Roles working across Primary Care.Promoting the use Multi Professional Teams. | We delivered against our plan of 11 million General Practice appointments in 2023/24 and provided an additional 187k.The ICB has agreed a further increase in appointments of 100k in addition to the outturn of 23/24. We are on track to exceed that ambition at month 5Under the Additional Role Reimbursement Scheme (ARRS), PCNs have currently submitted claims for October 2024 totalling 716.5 WTE and YTD have claimed £23,418,243. HNY ICB are currently reporting to NHSE national team that we will utilise 100% of the available funding, this is pending PCN submitting their forecasts |
| **Implement Modern General Practice Access** | Provide rapid assessment and response and avoid asking patients to ring back another day to book an appointment. Acute patients to be seen on the day and 85% of patients to be seen within 14 days if clinically appropriate. | Funding provided to support all analogue telephone systems in General Practice to move to digital solutions. All GP Practices have migrated except for two, both of which are due to transition before the end of October 2024.88.1% of our population are seen by General Practices within 14days of contacting them which has been a steady upward trajectory throughout the year and we are now achieving the national target.67% of patients are seen face to face in General Practice |
| **Empower patients** | Support our population to utilise online tools like NHS App if they are able.Create capacity for patients who are unable to utilise technology to contact our practices in the more traditional ways. | 55% (July 2024) of the ICB eligible population (over 13's) are registered to use the NHS App with a national target of 60%. The national average is 55%. In Sep 2024 there were 410,201 NHS App log ins across HNY. Continue to work with our Digital Partners and Voluntary Sector partners to support our population with use of technology. |
| **Cut bureaucracy**  | 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. | Lead by our Place Based Clinical Teams.Agreed priorities including a combination of transactional and clinical pathways.The latest Audit has been submitted Nationally to assess us against any improvements being made. |

**3. HNY Primary Care Improvement Plans**

Primary Care Network (PCN) improvement plans were signed off in 2023/24 from across all 43 PCNs in partnership with ICB Primary Care Place Teams. NHS E has now published 2024/25 Primary Care Access Recover Plans (PCARP) as outlined in section 7 below, our Primary Care Place Teams have been working with PCNs to agree plans for areas of focus in 24/25. Those plans are broken down into the following areas of focus:

* **Triage and Navigation** – Upskilling of Care Navigators and Care Navigator Champions, implementation of new telephony systems, audits to help with continuous improvements, review of patient use of online consultation systems
* **Additional Clinical Services**- Long term conditions, continuity of care, additional GP and Nurse time to increase services, Screening programmes
* **Digital Improvements** – Empower patients to utilise online services, continuous development of call handling team, realise the full potential of clinical systems to support cross site working, Support for Veteran Friendly and Safe Surgery, continued review of practice websites, digitalisation of patient records to free up estate for additional clinical space

**NHS England Delivery Plan**

Self-referrals

86 GP Practices in HNY supported through the CBT programme to migrate from analogue telephony or move to a Digital Telephony supplier on the CBT Framework. All analogue Practices have now chosen and are contracted with a CBT supplier. Only 2 analogue Practices are yet to go live but are scheduled to do so by the end of October 2024. Benefits to patients include:- better experience (no engaged tone; options menu, queuing). Provides the GP practice with real-time data to inform capacity planning.

Working with all PCNs on:

* accessibility and usability improvements
* promotion of NHSApp (55% of eligible population are registered to use the NHS App against a National achievement of 55% and 111 online)

A range of care navigation offers available to practices via various routes. Through the GPIP Face to Face programme, 102 practices completed foundation level and 12 completing the advanced programme. In addition, through this route, 12 have completed the virtual foundation course and 13 have completed the virtual advanced course.

Active promotion of Pharmacy First Service including the Contraception and Hypertension Case Finding Services.

The number of consultations undertaken in all services above are increasing since their introduction with a high proportion of patients reporting that they would have gone to see a GP had the Pharmacy First service not been available. This service is therefore supporting additional capacity being available within General Practice.

96% of ARRS budget utilised at end of 2023/24

Priority in 2024/25 is to further develop our Integrated Neighbourhood Teams.

Active promotion of the General Practice Improvement Programme with 4 practices taking part across HNY in the latest cohort of the programme.

* Continue to promote self referral pathways
* HNY has commissioned Health Apps to support self care

**3.1 Oversight and Delivery of Plans**

Access Recovery Plans have been refreshed for 24/25 as outlined above and focussed on triage and navigation, additional clinical capacity / services and digital improvements. Place Primary Care Teams are working collaboratively to share plans to aide continued improvements across all our PCNs. Place Directors through their Senior Leadership Teams oversee delivery of PCN/GP Improvement Plans. Place Leads will present a summary of progress and share best practice during October 2024.

**4. Increasing Patient Access**

HNY ICB committed to deliver our share of the national ambition to deliver 50 million more appointments by March 2024. As previously reported, we have more than delivered against our plan in 23/24 and are on track to exceed our ambition of a further 200k in 24/25.

* Throughout 2024/25 and up to the end of August 2024 total actual appointments delivered exceeded the monthly target for all 5 months (as shown in the chart below where the red dotted line indicates the target trajectory).



* There continues to be variation across our Places and we will be working with our system partners to listen to patient feedback and agree improvements plans to improve patient experiences.
* Patient perception continues to be that you cannot be seen face to face in General Practice however we know demand is far exceeding capacity despite record number of appointments being offered across all of our places. **67% of patients are seen face to face.**
* 42% of patients are seen on the same day of contacting a practice
* 88.1% of patients are seen within 14 days of contacting a practice

**Performance at Place**

The table below shows the cumulative performance at Place in relation to the number of planned appointments and the actual appointments achieved up to the end of August 2024.

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| **Place** | **Plan to August 2024** | **Actual to August 2024** | **Variance** | **% Variance** |
| ERY | 742,604 | 814,865 | 72,261 | 9.73% |
| Hull | 616,470 | 664,314 | 47,844 | 7.76% |
| NEL | 559,034 | 585,327 | 26,293 | 4.70% |
| NL | 486,314 | 514,723 | 28,409 | 5.84% |
| NY | 1,574,898 | 1,591,142 | 16,244 | 1.03% |
| VoY | 545,815 | 567,649 | 21,834 | 4.00% |
| **Total** | **4,525,135** | **4,738,020** | **212,885** | **4.70%** |

* Up to end August 2024 there are an additional 212,885 appointments delivered against plan

The chart below shows a comparison of the number of appointments per 1000 of population for each Place (using the cumulative total actual data up to the end of August 2024).

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| **Place** | **Registered Patient Population (Jul 2024)** | **Sum of Appts (cumulative Aug 2024)** | **Appts Per 1000(Aug 2024)** |
| NHS East Riding Of Yorkshire | 315,563 | 814,865 | 2,582 |
| NHS Hull | 314,498 | 664,314 | 2,112 |
| NHS North East Lincolnshire | 174,433 | 585,327 | 3,356 |
| NHS North Lincolnshire | 185,223 | 514,723 | 2,779 |
| NHS North Yorkshire | 565,513 | 1,591,142 | 2,814 |
| NHS Vale Of York | 251,076 | 567,649 | 2,261 |
| **Grand Total** | **1,806,306** | **4,738,020** | **2,623** |

The average number of appointments per 1000 population varies across each of the Places.

**Mitigating actions:**

**Primary Care Workforce Plan**

The HNY primary Care workforce plan was signed off by The Workforce board in September, this will enable a proactive and collaborative approach to programmes of work which enable the creation of new ways of working, including promoting Health and wellbeing, leadership, maximation of skills and promotes both recruitment and retention.

**Fellowship Programme**

* + The National funding for the General Practice Fellowships and Supporting Mentors programmes ceased 31st March 2024. Commitment was given to support GPs and GPNs that register for the 2-year programmes by a 31st March 2024 deadline, from September '24. In total 64 GPs and 53 GPNs are being supported.

48 GPs are progressing into Year 2 and 16 GPs will be starting the Year 1 or their 2 year programme. 28 Practice Nurses are progressing into Year 2 of their programme with 25 starting Year 1 or the 2 year programme. Funding has been allocated to support all fellows to complete the 2 years of the programme.

* A mentor programme is also in place to support the GP fellows and GPNs will be supported in practice with ongoing educational supervision.

**Pharmacy Workforce Plan**

The Humber and North Yorkshire Pharmacy Workforce Plan builds on the HEE star workshop and was developed through collaborative local engagement alongside national research. The ambition is for the plan to be a mechanism to drive collaboration and change to ensure the pharmacy workforce feels valued, included, has access to development opportunities and is supported.

**5. Secondary Care / Primary Care Interface**

The national Primary Care Recovery Action Plan sets out a clear ask that ICBs should focus on interface issues allowing both general practice and consultant led teams to:

• raise local issues to improve the primary- secondary interface

• jointly prioritise working with Local Medical Committee (LMCs)

• tackle the high priority issues including those in the Academy of Medical Royal Colleges report, and

• address the four priorities in the Recovery Plan (Onward referrals, Complete care, Call and recall and Clear points of contact).

GP Collective Action commenced on 1st August 2024 and has highlighted a number of challenges that continue to impact general practice. We continue to work with all system partners to make improvements for the benefit of all not least our patients.

**6. NHS England Primary Care Network Test Site Pilot Programme**

HNY have 4 PCNs across our ICB who have been successful and who are participating in the national programme. There are 7 key lines of enquiry:

* What is the gap between demand and capacity in general practice?
* What are the levels of continuity and how can this be improved for key cohorts of patients?
* What is the scale and nature of the workload generated at the primary-secondary care interface?
* How can agreed interventions impact on the demand-capacity gap?
* What is the impact of the Programme on patient experience and staff satisfaction?
* How does PCN and practice income translate into clinical capacity?
* What is the variation in spending on primary care and adjacent services across ICBs and the impact on practice sustainability?

The goals of the programme are:

* What is the current gap between demand & capacity?
* Can a 10% capacity uplift, along with QI in key areas, close the gap?
* How can we use new data to make general practice more sustainable?

The approach taken will be collaborative between all partners – PCNs, ICB and NHS England. The programme is not prescriptive so PCNs will decide locally the areas they wish to work on during the programme. The programme is flexible in exchange for transparency with new areas of data collection which will aid insight into the areas being tested.

The ICB Board will be updated on progress throughout the programme.

**7. Primary Care Safety Strategy**

NHS England published the Primary care patient safety strategy on 26 September 2024 – general practice, community pharmacy, optometry and dental services. Primary Care and Quality Leads in the ICB will be working collaboratively to review and agree our priorities, what resource the ICB has in place to support our colleagues implement the strategy and agree next steps. We will start to engage the sector whilst recognising the strategy is non contractual however if implemented in the right way we can support our providers to achieve any regulatory requirements through CQC for example.

**8. Our focus for the remainder of 24/25**

* Continue to deliver against plan for the number of appointments across General Practice
* Work with our patients, providers and system partners to continue to make improvements to services in areas of challenge e.g. Coastal communities
* Mobilise our 4 PCN Pilot Sites to start to understand what the gap is between capacity and demand
* Digital Telephony – transition all of our practices across to digital telephony.
* Primary Care Patient Safety Strategy – agree our priorities and resource to support our providers implement the strategy

**9. Members are asked to:**

1. Note the contents of the report.
2. Be assured that progress is being made on delivery of the Access Recovery Improvement Programme.
3. Note the challenges GP Collective Action is having across the system whilst we work to reach a mutually agreeable solution.