# Health and Wellbeing Overview and Scrutiny Committee

## Briefing Note: The Mid and South Essex Primary Care Access Recovery Plan

**Purpose of the briefing note:** The purpose of this briefing note is to provide members with an overview of the Mid and South Essex ICB Primary Care Access Recovery Plan and specific developments that are being progressed within Thurrock. This paper is for noting only.

1.1 The briefing provides the national and local context of the Primary Care Access Recovery Plan.

1.2 The briefing describes the approach being adopted by NHS Mid and South Essex ICB to improve access to primary care services.

1.3 The briefing reflects upon the previous analysis undertaken by the Thurrock Public Health team (An analysis of survey results describing patient satisfaction with GP access and quality in Thurrock and the factors which may influence this). The briefing identifies specific measures being undertaken in Thurrock to address some of the findings of this report.

**For any questions regarding this briefing note, please contact:**

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# Primary Care Access Recovery Programme

## 1.0 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 8.00am 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.

## 2.0 Case For Change

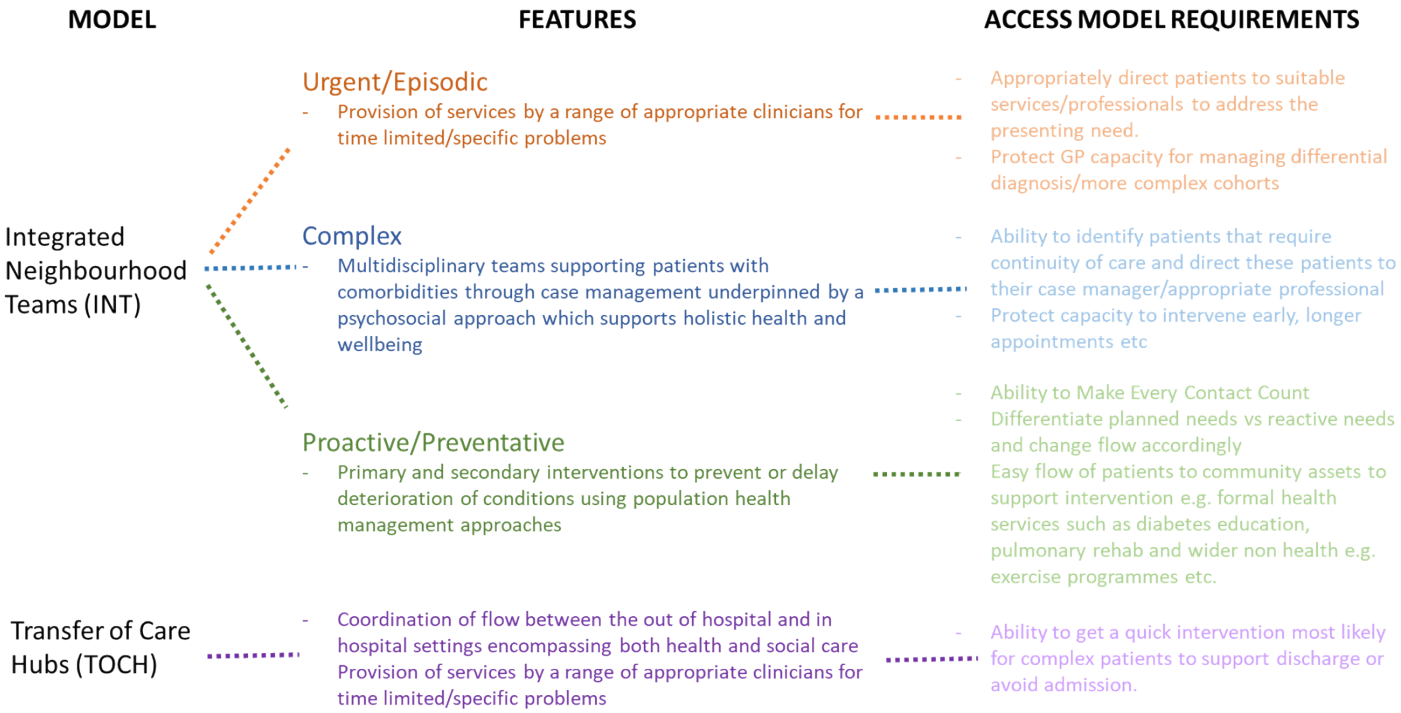
The need for change to access models is not solely driven by the need to respond to the national plan. Locally, through the GP patient survey, our population is feeding back two broad themes:

- 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 "8.00am 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:



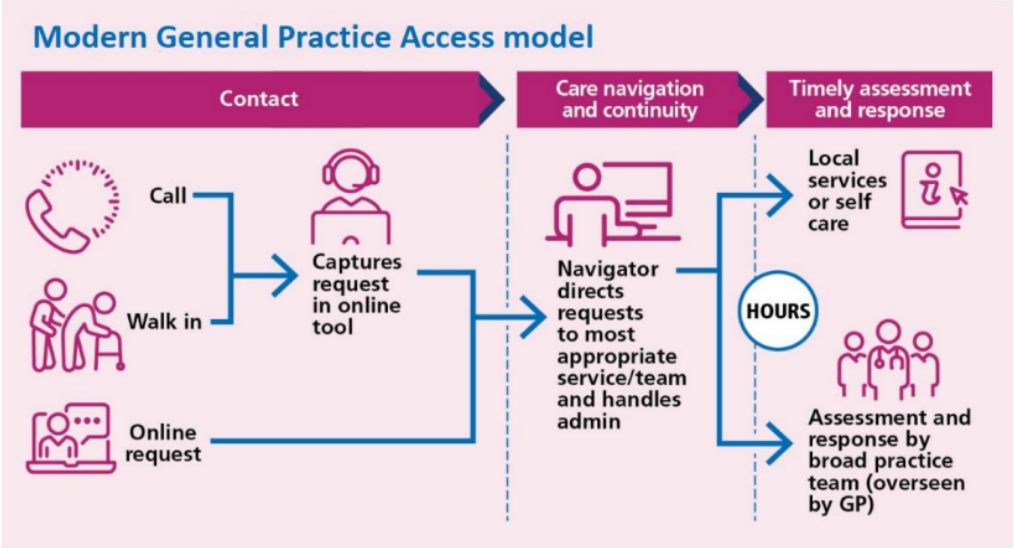

## 3.0 Proposed Change

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.

The identified interventions will support the delivery of the nationally specified "Modern General Practice Model.




This model:

- Empowers patients by rolling out tools so that people can manage their own health.
- Builds capacity so practices can offer more appointments than ever before.
- Cuts bureaucracy to give practice teams more time to focus on their patient's clinical needs.

- In conjunction with the ICB and Primary Care Networks, practices are working through plans on how to implement this new model.
- Part of the implementation process includes reviewing demand and capacity and maximising opportunities for offering patients alternative support.
- Modern General Practice requires a "total triage" approach to managing demand regardless of how patients/providers contact in order to best serve clinical need.
- Modern General Practice requires multiple changes to implement across workforce, digital, pathway, communications, clinical management etc.

Through these 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).

**4.0 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, Healthwatch and other organisations to continuously gain patient insight to inform and refine models that are established.

**5.0 “An analysis of survey results describing patient satisfaction with GP access and quality in Thurrock and the factors which may influence this.”**

Comprehensive analysis of the GP Patient Survey was presented to the Thurrock Health and Overview Scrutiny Committee by the Thurrock Council Public Health Team in November 2023. This report looked that the variation

between the GP Patient Survey results locally compared to local and national benchmarks and considered whether a number of other factors such as deprivation had a statistically significant impact on the survey results.

This report identified a number of key findings which have and will continue to inform the Mid and South Essex ICB/Thurrock Alliance response to improving access to primary care services. This includes:

- *The percentage responding 'good' to "Overall, how would you describe your experience of your GP practice?" ranged widely among Thurrock practices from 30% to 90% (evidence 2a). On average, patients in Thurrock reported lower satisfaction with their practice (62%) than the England average (71%) and MSE average (66%) and that this has been consistently repeated over a number of years.*
- *Reported ease of contacting a practice on the phone varied among practices from 11% to 93%, with an average of 42% (evidence 3a). On average Thurrock practices performed below the England average (50%) but above the MSE average (38%).*
- *Satisfaction with the experience of making an appointment ranged among practices from 15% to 84%, with an average of 46% (evidence 3c). The Thurrock average was below the England average (54%) but similar to MSE (47%).*
- *The percentage of patients who were satisfied their needs were met at their last appointment was consistently high, ranging from 80% to 99% with an average of 87% (evidence 4b). The Thurrock average was below the national average (91%) and MSE average (90%).*
- *That only a small proportion of variation in satisfaction between practices can be explained by differences in deprivation, appointment availability or health need.*

In order to address the issues that this analysis identifies, the ICB will ensure that alongside the overarching Primary Care Access Recovery Plan it is delivering, specific initiatives are undertaken within Thurrock to address the relatively lower levels of satisfaction with primary care access in comparison to the wider Mid and South Essex ICB population.

Examples of where this has been undertaken include:

- The piloting of a specific GP Fellowship Scheme in Thurrock. This scheme funded attractive Fellowship roles for newly qualified GPs but only where they applied for roles within Thurrock practices. This scheme has seen the successful recruitment of a number of GPs who are establishing their careers in Thurrock.
- Thurrock's highest area of deprivation, Tilbury & Chadwell PCN, are working with MSE Community Collaborative to implement a Diabetes Innovation Project aiming at improving the diabetes outcomes of the Tilbury & Chadwell population. The data shows that for the initial 8 weeks of the project over 180 priority 1 patients have been reviewed so far and work is continuing with patients considered to be priority 1 and starting on patients in priority 2 groups.

- Through the implementation of Stretched Quality and Outcome Framework (QOF) scheme and Cardio Vascular Disease (CVD) Local Enhanced Service by Thurrock's Public Health Team there has been increased patient capacity for case finding and screening of CVD conditions by GPs working closely with community pharmacies and providing ad-hoc Advanced Nurse Practitioner clinics. This has led to improved patient access and treatment for CVD conditions alongside improved awareness for patients of CVD services offered in community pharmacies. This scheme has shown a substantial improvement in uptake of primary prevention which is the current aim of NHS England/Public Health England and a substantial improvement of optimising CVD for patients post CVD/Cardio Vascular Accident event through meds optimisation. The data shows that Thurrock has some of the best CVD data nationally and Thurrock was showcased recently at a national CVD conference attended by Thurrock Public Health colleague and Thurrock Alliance Clinical Lead to do a joint presentation.

- With MSE ICB Health Inequality funding, additional clinics are being conducted by GP practices in deprived areas to focus on CVD, especially lipid management. Alliance is supporting this work by trying to source extra phlebotomy clinics whilst this project is running. This work is currently ongoing so no data is available yet.

Critically, NHS England and Mid and South Essex Integrated Care Board recognise that the requirements and challenges facing practices as they seek to implement the Modern General Practice model vary. Practices are not homogenous and GP Patient Survey results demonstrate variation in the patient view on various aspects of how their practice is delivering parts of the service. As a result of this variation, the ICB is required to undertake "Support Level Framework" visits to each practice to enable the development of a practice specific plan to implement the "Modern General Practice" model. This will look at a number of factors currently impacting on Access to services within the practice and then identify a series of interventions to support the implementation of new ways of working. There is a limited amount of additional funding available to each practice to support change e.g. backfilling of staff for training, additional capacity for locums when implementing service changing.