

Primary Care Access and Recovery Plan 24/25

Health and Overview and Scrutiny Meeting

Date of meeting: 21/01/2025

Lead director/officer: Rachna Vyas

Useful information

- Ward(s) affected: Not applicable.
- Report author: Seema Gaj, Senior Integration and Transformation Manager and Nisha Patel, Head of Integration and Transformation
- Author contact details: Seema.gaj@nhs.net
- Report version number: V.1.0

1. Summary

In April 2024 NHS England (NHSE) published the Delivery plan for recovering access to primary care. This report provides an update on the actions for this financial year (2024/25). The delivery plan set out key deliverable actions for Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) to implement during 2024-25. The key determinant of this delivery plan is to tackle the 8am rush, improve access in primary care, reduce bureaucracy, improve primary and secondary care interface and support primary care move towards digital systems.

The purpose of this report is to provide the Health and Overview Scrutiny Committee with an update on progress made by LLR ICB on the implementation and delivery of NHSE Primary Care Recovery Plan (PCARP) since the report was presented in July 24.

2. Recommendation(s) to scrutiny:

Health and Overview Scrutiny Commission are invited to:

- **RECEIVE** and **NOTE** the content of this report that describes Leicester, Leicestershire and Rutland Integrated Care Board's progress to date in delivery of the 24/25 Primary Care Access Recovery Plan.
- **RECEIVE** and **NOTE** the Leicester City position (where data available) in delivery of the 24/25 Primary Care Access Recovery Plan, access to general practice and other key areas of transformation that support overall access to General Practice.

3. Detailed report

Introduction

1. In April 2024 NHS England issued a note to Integrated Care Boards, (ICBs), entitled "NHS England – Delivery plan for recovering access to primary care: update and actions for 2024/25" which have been implemented as part of the delivery plan.

Primary Care Access Recovery Plan (PCARP) Report History

2. In July 24, a paper entitled "*Primary Care Access Recovery Plan 23/24 and 24/25 – Delivery report for 23/24 LLR System-level Access Improvement Plan and planning for 24/25 delivery*" was presented to the Health and Overview Scrutiny Board.
3. This report provided a detailed update on the 2023/24 achievements and relative year end position against metrics within the recovery plan. It is envisaged that a

detailed end of year report for this financial year will be requested by NHSE and will also be shared with the Health and Overview Scrutiny Board.

Purpose of Report

4. As per the guidance, this progress report will provide an update on LLR ICB's ongoing plans to improve access to primary care, in the following key areas: -
 - Increase the uptake of NHS App usage across LLR.
 - Self-referral pathways available to support improved access.
 - Increase usage of Community Pharmacy services to our local population which includes Pharmacy First, Blood pressure testing and oral contraceptive services.
 - Increase access through Digital & telephony services that support tackling the 8am rush.
 - Reduce bureaucracy and improve collaborative working between primary and secondary care.
5. The report describes the current position against all the 2024/25 recovery plan requirements and priority actions for progressing further in 2024/25 and on into 2025/26, along with any risks to that progress. A Leicester City position (where data available) is also provided against the actions and other key metrics and programmes of work that support overall access to General Practice.

Background

6. Continuing to improve timely access to primary care is an NHS priority and a core part of recovery in the NHS planning guidance for 2024/25. The second year of the delivery plan for Recovering Access to Primary Care, (PCARP), is about realising the benefits to patients and staff from the foundations built in year 1 in the following four priority areas.
 - Empowering Patients
 - Implementing Modern General Practice Access
 - Building Capacity
 - Cutting Bureaucracy
7. The overarching requirement is to continue to break down the barriers patients face and make it easier for them to access care, while taking pressure off general practice. Appendix 1 provides a summary of the National Expectation from ICBs to implement the above by setting targets during 24/25 and progressed through the year.

Primary Care Access Recovery Plan 2023/24 and 2024/25

8. Outlined within Table 1 is the Leicester Leicestershire and Rutland ICB position at year end for 2023/24 and the current position for 2024/25 with an aligned 'RAG' rating for each action.

Table 1; Overall LLR ICB 2023/24 Year-end and 2024/25 YTD Position

2023/24 Actions	2023/24 Year End Position	RAG	2024/25 Actions	2024/25 YTD Position	RAG
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 24	NHS App active in 100% practices	G	Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions.	NHS App logins have increased by 94% (total 6,032,311) YTD (Apr- Dec) compared to the same period in 2023/24 which was 3,103,808. Repeat prescriptions has increased by 40% (total 675,281) YTD (Apr- Dec) compared to the same period in 2023/24 which was 483,497.	G
Ensure ICBs expand self-referral pathways by September 2023(23/24 Operational Planning Guidance)	LLR achieved a baseline average of 5215 referrals for 1 st January 2024 to the 31 st March 2024 for the 7 self referral pathways. (see appendix 3 for pathway information)	G	Continue to expand Self-Referrals to appropriate services, including expanding the number of pathways as per latest guidance. (see appendix 2 for all pathway information)	For 2024/25, the self-referral monthly target is 5,465. Apr to Sept data shows LLR have exceeded the target each month.	G
Launch Pharmacy First so by the end of 2023 community pharmacies can supply prescription medicines for seven common conditions. Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year	Pharmacy First (PF) launched at the end of January 2024 and delivery in Q4 23/24 exceeded expectations, Community pharmacy contraception service and blood pressure checks showed strong, consistent growth through 23/24	G	Increase Pharmacy First Pathways consultations Increase oral contraception prescriptions coming directly from a Community Pharmacy Increase Community Pharmacy Blood Pressure check appointments	Pharmacy First growth continued strongly in Q1 2024, but then flatlined and dipped in Q2. The causes are primarily linked to the introduction of Multi Factor Authentication and the IT challenges this presented to general practice. A solution is now in place and unverified data has already shown an increase in referrals to the services. Since the launch of Pharmacy First, over 90,000 consultations have taken place (Jan 24 – Nov 24) Blood Pressure and Oral Contraception services continue to show strong growth	A

<p>Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign-up by July 2023.</p>	<p>99% of LLR Practices live with Cloud based telephony.</p>	<p>G</p>	<p>Complete implementation of better digital telephony. (NHSE metric is Percentage of PCN practices meeting CAIP payment criteria, >90%)</p>	<p>100% of practices have transitioned to cloud-based telephony.</p> <p>100% of practices have signed the NHSE data Provision notice which will enable NHSE to centrally extract call data and share with ICBs in Q4 this year. January 2025 16 out of 25 PCNs have confirmed implementation of Better Digital Telephony Call back functionality enabled and it is expected that the remaining will submit confirmation in April 2025.</p>	<p>A</p>
<p>Provide all practices with the digital tools and care navigation training for modern general practice access.</p>	<p>All practices have access to online consultation platform, a local referral system which supports practices with making referrals to other services/pathways.</p>	<p>G</p>	<p>Complete implementation of highly usable and accessible online journeys for patients (NHSE metric is Percentage of PCN practices meeting CAIP payment criteria, >90%)</p>	<p>PCNs are expected to provide assurance to the ICB that they have transitioned to cloud based telephony systems, continue to use digital tools to support patient pathways and practices have implemented care navigation.</p>	<p>A</p>
<p>Provide all practices with the digital tools and care navigation training for modern general practice access.</p>	<p>PCNs provided assurance in the end of year assessment that care navigation training had been completed and implemented within each practice. All PCNs have provided assurance within the CAIP Payment assessment process of Care Navigation training and implementation</p>	<p>G</p>	<p>Complete implementation of faster care navigation, assessment, and response (NHSE metric is Percentage of PCN practices meeting CAIP payment criteria, >90%)</p>	<p>PCNs are expected to submit this in January 2025 and April 2025.</p> <p>13 (50%) out of 25 PCNs have confirmed implementation of all 3 domains</p> <p>All remaining PCNs will submit their assurance reports by 7th April 2025.</p> <p>January 2025</p> <p>13 (50%) PCNs have confirmed implementation of all 3 domains</p>	<p>A</p>

				All remaining PCNs will submit their CAIP Plans by 7 th April 2025 – NHSE deadline.	
Deliver training and transformation support to all practices from May 2023 through National General Practice Improvement Programme.	<p>29 LLR practices completed General Practice Improvement Programme</p> <p>63, (50%) of practices accessed national Transformational Support Funding that supports transition to 'modern general practice' as per the guidance.</p>	G	Continue to encourage practices to participate in local and national transformation/improvement support programmes.	<p>All but 11 practices have claimed transformation/improvement support funding.</p> <p>This year, 19 practices are participating in a general practice improvement programme.</p> <p>The ICB continues to work with practices to promote support programmes and national funding opportunities through various practice and PCN forums and through targeted 1-2-1 conversations.</p>	A
Further expand GP specialty training.	In LLR, 47 fellows received training in year 1.	G	Continue with expansion and retention commitments in the Long-Term Workforce Plan (LTWP).	Since the NHSE programme closed to new applicants, the LLR Training Hub has set up a local scheme to support new GPs. To date, 12 doctors and will receive a similar offer to the NHSE programme which includes full access to CPD programme, peer support and mentoring.	G
Reduce time spent liaising with hospitals by improving the interface with primary care, especially the four areas (Academy of Medical Royal Colleges	LLR healthcare partners have co-produced 'interface' handbook which has been endorsed by Chief Medical Officer and Medical Directors across the organisations and includes a	A	Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations.	Please see appendix 3 which describes the LLR position against the four key areas of focus when it comes to improving the interface and reducing bureaucracy between primary and secondary care.	A

report Autumn).	clinician-to-clinician policy which both primary care and secondary colleagues have developed collaboratively.			Detail on local actions that have been implemented or are in train is also included which supports the overall agenda. The LLR system continue to work in collaboration to improve relationships, processes and pathways between services to improve patient care transitions and overall better patient outcomes and experience.	
Online registration			Make online registration available in all practices.	By 30 th October 2024, 100% of LLR practices enrolled in the register with GP service.	G

9. Overall, the LLR ICB delivered against the actions for 2023/24 with the exception of Primary and Secondary Care Interface, which the local position was in line with neighbouring systems.

10. The 2024/25 position is work in progress, with positive developments to date as per the update above. Actions that have been rated as ‘amber’, have robust plans and assurances processes in place, to ensure they are achieved by the end of the financial year.

Leicester City 2024/25 progress for Primary Access Recovery

11. The data and narrative in table 2 below, are specific progress and achievements to date for 2024/25 for Leicester City Place (Leicester City GP Practices) against the actions in the Table 1 above (where Leicester City specific data is available) and wider other supporting data for overall access and areas of transformation in Leicester City. Next steps and assurance mechanisms are also detailed where appropriate to support the actions that have not been achieved.

Table 2; Leicester City year to date position for 2024/25

Action/Metric	Achievement/Progress to date	Next steps (where applicable)
Primary Care Access Recovery Actions		
Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions	NHS App logins have increased by 89% (total 1,477,267) YTD (Apr- Dec) compared to the same period in 2023/24 which was 783,079. Repeat prescriptions has increased by 41% (total 129,008) YTD (Apr- Dec) compared to the	ICB continue to promote the use of NHS app through local and national communication campaigns as well as using opportunities at local events and through practice/patient forums to encourage sign up and show benefits of it.

	same period in 2023/24 which was 91,658.	
Increase Pharmacy First Pathways consultations	Since the launch of the service on 31/01/24 until 30/11/24, Leicester City GP Practices have made a total of 13,257 referrals. This is broken down into 2,388 referrals to clinical pathway services (which are treatable by antibiotics) and 10,869 to minor illness condition pathway (treated by advice / over the counter medicines).	LLR ICB working alongside the Local Pharmacy Committee continue to engage with general practice and PCNs to encourage use of the services and support relationship building through a targeted approach.
Complete implementation of better digital telephony.	100% of Leicester City practices have transitioned to cloud-based telephony.	The remaining PCNs are expected to submit their confirmation for the two domains by April 2025. ICB will continue to support PCNs where required to do this.
Complete implementation of highly usable and accessible online journeys for patients	5 of the 10 city PCNs have confirmed implementation of the two domains.	
Complete implementation of faster care navigation, assessment, and response		
Continue to encourage practices to participate in local and national transformation/improvement support programmes.	8 City practices are currently participating in the local and national GP improvement programmes which support practice with transitioning to modern general practice and identifying opportunities to deliver effective and efficient patient care within their practice.	ICB continue to support and encourage practices to participate in these programmes, promoting the benefits for the practice and patients they serve.
General Practice Appointments – October 2024		
Metric	Achievement/Progress to date	
Total number of appointments delivered	A total of 267,552 appointments were delivered, this is 16% increase compared to previous year (230,180).	
Total appts delivered within 2 weeks (routine appointments) – target 85%	90% of appointments were delivered within 2 weeks. This is a 4% improvement from the previous year (noting patients may not need to be seen or request that they are seen after 2 weeks).	
Percentage of face-to-face appointments – target 70%	71% of appointments were delivered face-to-face, this is a 5% reduction from the previous year. However, through the improved care navigation and offering patients appointment options, more patients are choosing online or telephone appointments to support flexibility and personal circumstances (where appropriate)	
Percentage of practices delivering 75 clinical contracts per 1000 population – target 100%	98% of practices are delivering against this metric and this was the same the previous year.	
Primary Care Networks Enhanced Access – October 2024		

Total number hours delivered by Primary Care Networks as evening and weekend appts

PCNs delivered a total of 6,636 hours during evenings and Saturdays in October, against a target of 4,865 hours. These additional appointments general practice to focus on preventative care, long term condition management by having longer appointments and taking a holistic approach. PCNs also offer routine services such as screening, flu vaccines and phlebotomy clinics for patients who may find it difficult to attend during core GP hours.

Local initiatives and areas of transformation supporting access recovery

12. LLR ICB continue to support general practice with IT infrastructure, which includes clinical system provision that supports the delivery of core services, ensuring equipment is up to date and having a programme in place to replace this when required and having IT support available, 7 days a week.
13. Growing and strengthening primary care workforce still remains a key priority for LLR and the LLR Training Hub is a key driver for this, who support delivery of the initiatives within the recovery plan (referenced in table 1). The ICB workforce team continue to support PCNs to maximise the funding for the Additional Roles Reimbursement Scheme (ARRS) and most recently (October 2024) the added role of a newly qualified GP. To date, six PCNs have recruited to this post.
14. Same day access to primary care is a key priority for LLR and a proposed model of care has been developed based on local and national intelligence for implementation in 2025/26. This programme of work is in development and engagement with health and care partners as well as patients and public on the proposal and timelines will commence in March 2025.
15. LLR ICB have commissioned additional winter capacity in general practice and PCNs to support the pressures this year. Over 11,000 additional same day appointments will be delivered during December 2024 to March 2025 via PCNs Monday to Friday and Oadby Urgent Treatment Centre, 7 days a week.

Summary

16. Access to primary care and delivery of effective and responsive services will remain a priority for our patients and public. The progress made to date on the delivery of the access recovery plan, has built strong foundations to improve this further and transform services for the local population.
17. Effective capacity and demand management by practices and PCNs is the key to unlocking the resource and expertise to provide that timely care, whether that is for same day care or routine, but to ensure that the patient is 'seen' by the right service, first time.
18. Delivery against the national access recovery plan not only supports the overall improvement in access to primary care, but also positively impacts wider and health and care system and supports delivery of the LLR Joint 5-year plan strategic objectives.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

Signed:

Dated:

4.2 Legal Implications

Signed:

Dated:

4.3 Equalities Implications

Signed:

Dated:

4.4 Climate Emergency Implications

Signed:

Dated:

4.5 Other Implications

Signed:

Dated:

5. Background information and other papers: ICB Board December 2024

6. Summary of appendices:

Appendix 1 Primary Care Access Recovery Plan – National Expectations

Appendix 2 – Self-referral pathways

Appendix 3 – Primary and Secondary Care interface

Appendix 1: National Expectation

The following Table summarises the national expectations for improvement.

TABLE 1: NATIONAL EXPECTATION	
NHS App	An increase in the number of patients viewing their records (national increase from 9.9 million to 15 million a month) An increase in the number of patients using the NHS App to order repeat prescriptions (national increase from 2.7 million to 3.5 million per month).

TABLE 1: NATIONAL EXPECTATION

Self – Referrals	Increase self-referring (national increase, across all pathways, a further 15,000 patients a month by the end of March 2025).
Community Pharmacy services	A growth in the monthly patient volumes across all three Community Pharmacy services; BP, oral contraception and Pharmacy First;(national increase at least 71,000 blood pressure check consultations; 25,800 oral contraception consultations; and 320,000 Pharmacy First clinical pathways consultations by end of March 2025).
Digital access & telephony	<p>Implementation of Modern General Practice Access with practices making full use of digital telephony capabilities - including callback functionality.</p> <p>Primary Care Networks, (PCNs) and member practices, meeting Capacity and Access Improvement Payment, (CAIP); assurance on implementing a single view of all requests whether online, phone or walk in, through the use of digital tools, each of which includes structured data to support the assessment and streaming to the appropriate response.</p> <p>All practices offering an online patient registration service (by December 2024)</p>
111	PCN Clinical Directors using nationally shared data on the number of calls to 111 in core hours to support quality improvement. Practices only divert to 111 in exceptional circumstances.
General Practice Improvement Programme	Locally owned delivery of transformation support, utilising funding and national support through the General Practice Improvement Programme
Training & Development	More GPs and, through Long Term Workforce Plan, growth in GP specialty training (50% national growth in GP training places to 6,000 by 2031/32, 500 more GP specialty training places in 25/26).
Less Bureaucracy	GPs and their teams spending more time treating patients and less time managing paperwork.
Primary-Secondary interface	Improving the primary-secondary interface with “significant progress on implementation” recognising the benefits for patients and staff

Appendix 2 – List of self-referral pathways – pathways in green are the initial 7 services NHSE asked ICBs to focus on in 2023/24.

Weight management	Ear, Nose and Throat Service	Treatment Room Nursing Service
Musculoskeletal & Physio	Prosthetic Service	Neurology Service
Podiatry Service	Enablement Service	Urgent Care Service
Wheelchair Service	Integrated Multidisciplinary Team	Vulnerable Children's Service
Audiology	Counselling Service	Diabetes Service
Falls response	End of Life Care Service	Occupational Therapy Service (Community Therapy)
Community podiatry	DQ - Public Health & Lifestyle	Clinical Psychology Service
Continence Service	Diagnostic Service	Arts Therapy Service
Respiratory Service	Orthoptist Service	Long Term Conditions Case Management Service
School Nursing Service (MH Support Team for School?)	Family Support Service (Child & Family Support Service)	Dermatology Service
Cardiac Service (Heart Failure Service)	Gastrointestinal Service	Community Bed-based intermediate Care Service (CoHo Inpatient Service)
Speech & Language Therapy Service	DQ - Intermediate Care Service - 51:54	Tissue Viability Service
Rehabilitation Service	Phlebotomy	
Public Health & Lifestyle Service	Haematology Service	
Children's Community Nursing Service	Community Paediatrics Service	
Crisis Response Intermediate Care Service	District Nursing Service	
Health Visiting Service	Cancer Service	
Specialist Palliative Care Service	Respite Care Service	
Nutrition and Dietetics Service	Pain Management Service	
Community Dental Service	Rheumatology Service	
Reablement Intermediate Care Service (residential reablement)	DQ - Sexual Health Service	
Vulnerable Adults Service	DQ - Nutrition & Dietetics - 55:56	

Appendix 3 – Primary Care and Secondary Interface

The following actions are recommended to take place in a secondary care setting to avoid patients being referred back to general practice and clarify actions the practice needs to take following a referral.

Action	LLR Position
<p>Complete care (fit notes and discharge letters)</p>	<p>Fit notes issued in secondary care rather than patient having to request from primary care.</p> <p>Level 1 - Fit notes (handwritten or electronic) are routinely issued by secondary care for outpatients and inpatients, for the full appropriate estimated time period. The process has improved significantly over time.</p> <p>Discharge letters from secondary care to include an action section for GP practices</p> <p>Level 1 - 'GP Actions' section is routinely included on the front page of discharge letters and 'GP Actions' are clearly listed under a separate headed section on outpatient letters, as well as a description of the medications that will need reconciliation with rationale for any changes. More work is needed to ensure the recommended template is used consistently by all outpatient departments.</p>
<p>Onward referrals within trusts</p>	<p>When a GP makes a referral to secondary care, ensuring it reaches the correct specialty, without the patient being referred back to their GP practice.</p> <p>Level 1 - Widespread and consistent use of onward referrals for immediate needs e.g. two weeks referral</p>
<p>Clear points of contact within each provider</p>	<p>(Secondary care to have leads to support interface with providers)</p> <p>Level 2 - Level 1 + trust has a dedicated, overall named lead (such as a primary care liaison officer) for resolving issues and improving the interface with primary care-Portal used by PC to raise issues with PC liaison officer.</p>
<p>Call /recall</p>	<p>Ensuring a robust process is in place in secondary care to ensure patients are recalled for reviews following their care.</p> <p>Level 1 – This level relates to secondary care having a manual processes in place for patient letters regarding appointment dates and times as well as for booking follow-up tests.</p>

Other key deliverables to date:

IDENTIFY LEADERSHIP/ACCOUNTABILITY FOR THE INTERFACE ON YOUR TRUST'S BOARD

Currently covered by Deputy Medical Director but Trust has already advertised specifically for Associate MD for Interface Working. Nationally would be useful to ensure we have clear lines of accountability within the ICB (Medical Director and Chief Exec) to support with this.

APPOINT A "PRIMARY CARE LIAISON OFFICER"

Currently, we have someone in this position, but there is a need for a unified and structured direction for this role. Adding national standards and support for this role could significantly improve communication and coordination in primary and secondary care.

PARTICIPATE IN OUR INTERFACE COMMUNITY OF PRACTICE

ICB Deputy Chief Medical Officer and UHL Consultant are members of the "COP".

ESTABLISH/JOIN LOCAL INTERFACE GROUPS

Currently LLR has Transferring Care Safely Group with membership from senior leaders across ICB, all providers, Healthwatch and LMC.

INDUCTION AND ONGOING TRAINING OF STAFF TO REFERENCE THE INTERFACE

Currently we support with Junior Doctor Induction but a more structured and developed programme is required to ensure all healthcare staff understand the complexities of the interface issues. A clear national directive could support the development of standardised training materials and processes, helping staff understand and implement policies and procedures accordingly.