



**Leicester, Leicestershire
and Rutland**
Integrated Care Board

Primary Care Update

A proud partner in the:



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership



Areas of Focus

- NHSE Delivery Plan for Recovering Access in Primary Care
- Development of System Level Access Improvement Plans (SLAIP) & our approach to implementation across LLR
- Winter Planning
- Comms & Engagement Plan



NHSE Delivery Plan for Recovering Access to Primary Care

Key deliverables:

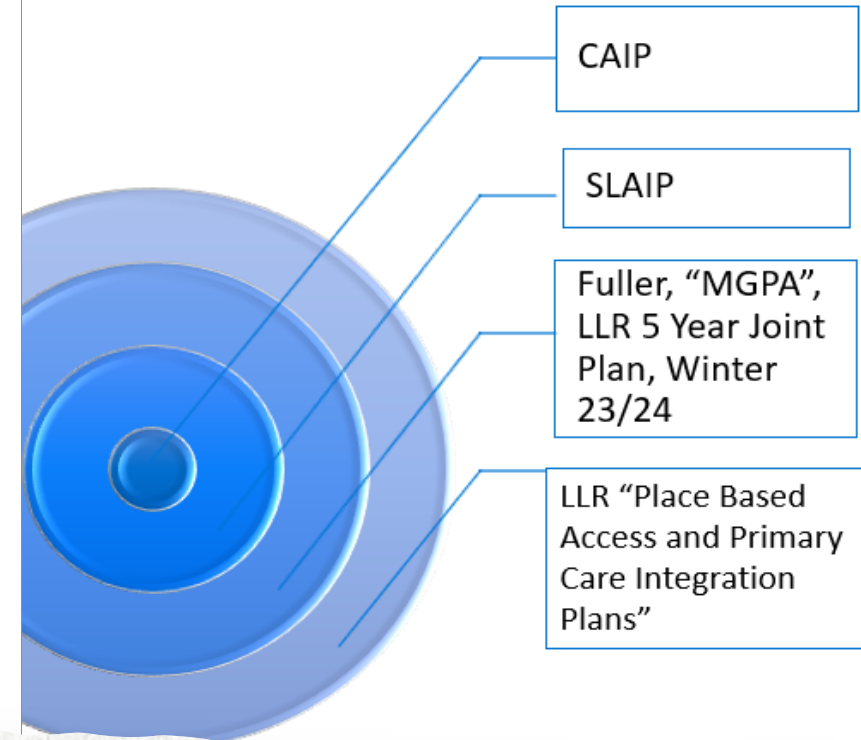
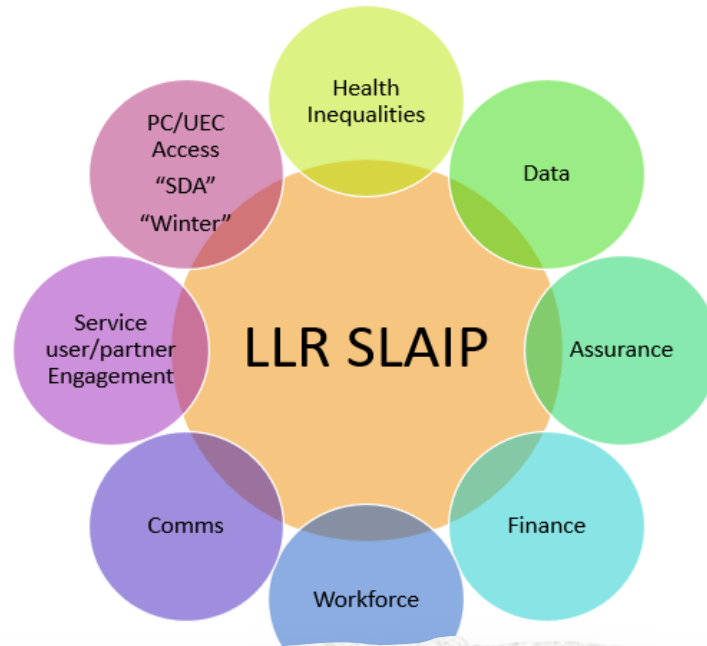
- *Tackle the 8am rush*
- *Easier and quicker for patients to get the help they need from Primary Care*
- *Continuity of Care*
- *Empowering Patients*
- *Implementing “Modern General Practice Access”*
- *Building Capacity*
- *Cutting Bureaucracy*

Actions to achieve the above are underway and will support capacity challenges during Winter

COMPONENTS



ELEMENTS



"We want to build a new primary care system together, for everyone in LLR. Nurturing a safe, healthy, and caring community. Giving all our people the best start in life, supporting them to stay healthy and live longer, happier more fulfilling lives. We will use our collective capabilities and strong partnership working to provide high quality, sustainable, joined up care; ensuring greatest overall impact on health and wellbeing outcomes"

What are we going to do in LLR?

Tackle the 8 am rush
Easier and quicker
for patients to get
the help they need
from Primary Care
Continuity of Care

- ✓ Primary/Secondary Care Interface
- ✓ Community Pharmacy
- ✓ Anti-microbial Resistance
- ✓ Digital Development
- ✓ Transformation Support
- ✓ Workforce
- ✓ Health Inequalities
- ✓ PC/UEC Access and Winter 23/24
- ✓ Communication and Engagement

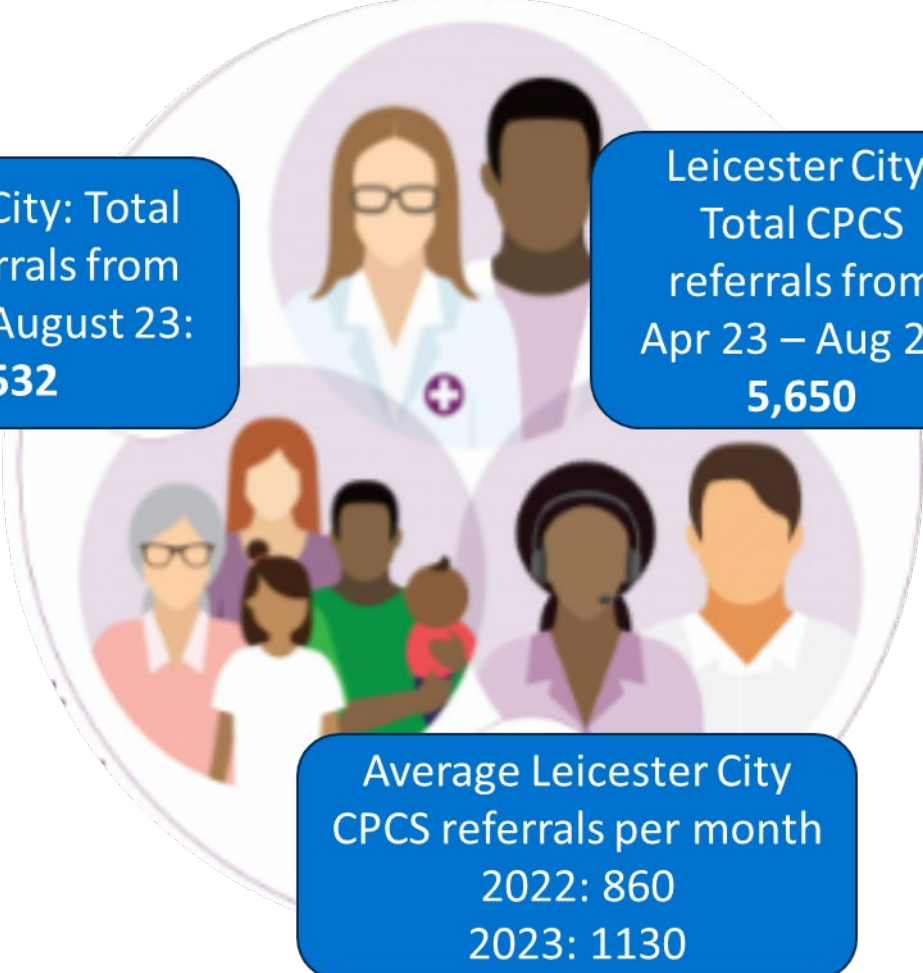
Empowering Patients
*Implementing “Modern
General Practice Access”*
Building Capacity
Cutting Bureaucracy

Primary and Secondary Care Interface

- Access challenge is a result of the rise in workload, particularly for experienced GPs, being overloaded and having less time available for patients.
- Pressure from the rising number of patient contacts, reported to have grown by 20% to 40% since pre-pandemic.
- *There are opportunities to reduce this workload by:*
 1. improving the primary-secondary care interface
 2. building on the Bureaucracy Busting Concordat
- The LLR Transferring Care Safely Group is taking the lead on this and has reached a consensus on the primary areas of focus for delivery partners in the upcoming 6-9 months. These are outlined in the paper.

Community Pharmacy Consultation Service (CPCS)

- The ICB supporting the transitioning of pharmacies participating in the regional extended care services to the proposed common conditions service where the two services overlap.
- The ICB working with community pharmacy network and system stakeholders to drive engagement and participation with the common conditions service, with the **ambition that over 50%** of the network are actively participating within 6 months of launch.
- The ICB will continue to enable referrals to community pharmacy as part of the **Community Pharmacist Consultation Service (CPCS)**

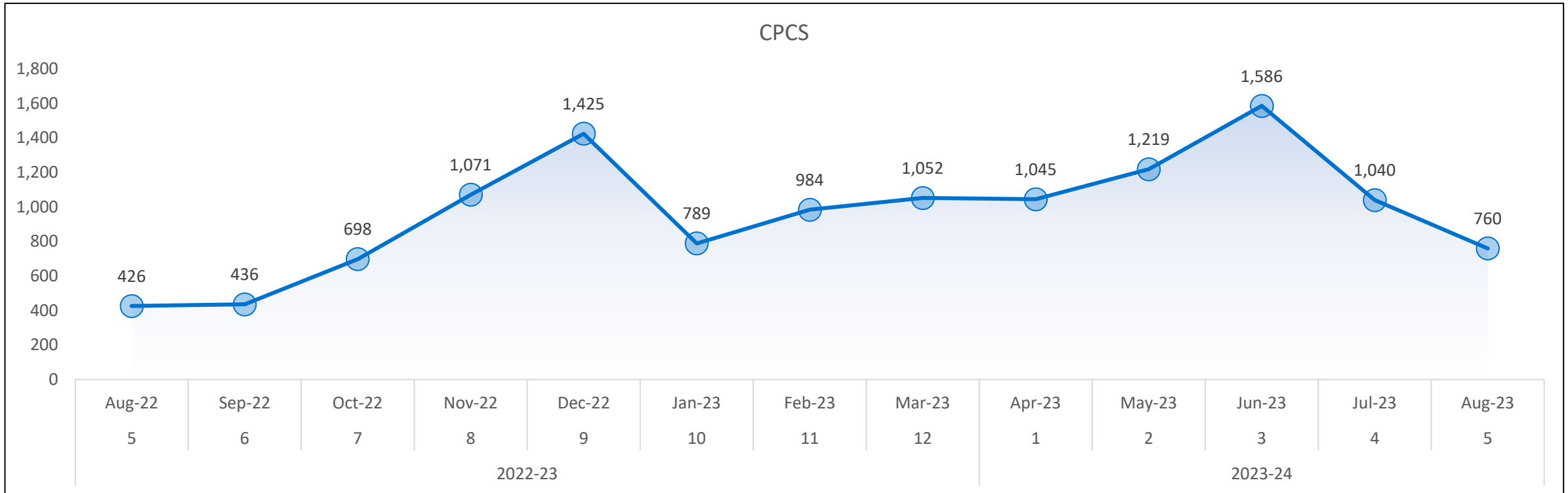


Leicester City: Total CPCS referrals from Aug 22 to August 23: **12,532**

Leicester City: Total CPCS referrals from Apr 23 – Aug 23: **5,650**

Average Leicester City CPCS referrals per month
2022: 860
2023: 1130

CPCS Referrals in Leicester City



ICB continue to work in partnership with Leicestershire Pharmacy Committee (LPC), PCNs, Community Pharmacies to promote CPCS as an opportunity to improve access across Leicester City

Utilising the Support Level Framework (SLF)

Information based on:

- Planned Quality and Contracts visits
- Sign up for national GPIIP programme
- Completion of Quality Assessment Template
- 'Scores' on Quality variation dashboard

32 practices (**including 4 from City**) identified for inclusion in a local proactive Support process for 23/24 - assurance/identify improvement opportunities and challenges:

- Priority 1 – 15 Practices: concerns on variation dashboard
- Priority 2 – 17 Practices: performing 'well' but general lack of engagement/assurance

Workforce – our “People Plan”

- Continuation of GP Fellowship
- Development of a Fellowship+ and mid/wise to support GPs to diversify, retain skillset and capacity
- Introduced IMG GP Ambassador and Fellowship Ambassador
- Relationship with Leicester Medical School / ST1, 2 and 3s to promote primary care in LLR
- Funding of Next Generation GP programme
- Continuation of GP Mentoring
- Outreach programmes with HEIs, colleges / schools / access to medical education and subsequent careers in primary care



- Development of practice nursing programme
- Practice nurse preceptorship – supports integration in primary care
- Support Practice Nurse recruitment
- Support for newly qualified nurses
- Support for PCNs with ARRS roles
- Continuation of ARRS and well established primary care roles
- Group video clinics for PCN teams



- Expansion of LLRTH designed ARRS/New to Primary Care Induction programme
- Increase clinical placements
- Funding placement provision in PC
- Non-clinical training programmes - rapid upskilling
- Continuation of interprofessional education sessions
- Annual Training Needs Analysis support
- Full engagement with the METIP planning to ensure future education, training and development capacity in PC workforce



Health Inequalities



- Improving Health Equity by identifying and addressing health inequalities is one of the ICS's key pledges within its "Five Year Joint Plan", and "tackling inequalities in outcomes, experiences, and access" is one of the plans quintuple aims.
- This is underpinned and enabled by our Leicester City Health and Wellbeing Strategy "**Life Course**" and "**Population Health Management**" approaches that run through all our operational and delivery plans.
- Quality and Equality Impact Assessments are undertaken - as standard practice and process – for any service change proposals.

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HEALTH INEQUALITY PLANS AND CAIP PLANS THEMES BY PCNS

HEALTH INEQUALITY PLANS

Dementia / LD / Hypertension /
Diabetes

Women & menopause

At risk of financial distress &
depression

Looked after children

Childhood imms uptake

CVD & HF with obesity

COPD & vaccination uptake

Mental health, low mood & anxiety

Overall health & wellbeing

PPN with unmet health needs

Social isolation

CAPACITY & ACCESS IMPROVEMENT PLANS (CAIP)

Collaboration with PPGs

Additional appointment with ARRS,
Improve the CPCS services

T&D of staff; Active Signposting

Update website – online consultation
/ booking

Segmentation of population

Triangulation of CBT / Online
consultation

*Integrated working with partners /
voluntary organisation*

Website review and redesign





Health Inequality Plans Summary

The plans submitted by PCNs will focus on the following areas:

- Dementia / LD / Hypertension / Diabetes
- Women & menopause
- At risk of financial distress & depression
- Looked after children
- Childhood immunisation uptake
- CVD & HF with obesity
- COPD & vaccination uptake
- Mental health, low mood & anxiety
- Overall health & wellbeing
- PPN with unmet health needs
- Social isolation



Capacity and Access Improvement Plans Summary (CAIP)

The plans submitted by PCNs will focus on the following areas:

- Collaboration with PPGs
- Additional appointments with ARRS,
- Improve usage of CPCS services
- T&D of staff; Active Signposting
- Update website – online consultation / booking
- Segmentation of population
- Integrated working with partners / voluntary organisation
- Website review and redesign



PC/UEC Access and Winter 23/24

PLACE (BASED) ACCESS AND PRIMARY CARE INTEGRATION PLANS – PROGRESSING

to design – now - and implement – by 1st April 2025 – integrated general practice/primary care systems, processes, and or services that provide and sustain levels of *same day access* capacity, and *continuity of care* capacity in general practice, as determined by and to meet the needs of the local population(s), 7 days a week

ACUTE RESPIRATORY INFECTIONS (ARI Hubs)

Children - Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures

Adults - Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures



ARI service – To Commence in December

- ARI / Acute paediatric appointments will be available Monday to Friday from 4pm
- LLR will offer minimum of 10,000 additional appointments based on 15-minute consultations over a 10-week period, starting in December 2023.
- Each PCN will be required to confirm how many additional appointments will be offered each day, over and above the core contract and Enhanced Access. Each PCN will have a minimum number of appointments expected.
- For City Place, ARI service will offer a balance of appointments for children and adults that meets the needs of the population – including those with known respiratory illness and with any ARI.
- Prioritise those with respiratory illness
- Triage process implemented to signpost to other services where appropriate such as pharmacy
- Appointments accessible by 111



Communications and Engagement

- **Key** to restore trust in General Practice and for citizens to understand the changes driven by the Recovery Plan and “Modern General Practice Access”
- LLR ICB are committed to working with GP Practices, patients and the public to co-produce campaigns to ensure messaging is right to support delivery of the areas outlined and inform/educate our population.
- Our system will be guided and supported by national focus and materials and will use the learning from previous “campaigns” to ensure the message reaches all our local communities.
- National focus is on the changing Practice Team – the multi-disciplinary team and the ARRS roles – and empowering patients through the self-referral, community pharmacy, and NHS App opportunities.