



**LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH
SCRUTINY COMMITTEE: 18 SEPTEMBER 2023**

**DELIVERY PLAN FOR RECOVERING ACCESS TO PRIMARY CARE
LLR ICB “SYSTEM-LEVEL ACCESS IMPROVEMENT PLAN”**

**REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND
INTEGRATED CARE BOARD (LLR ICB)**

Purpose of report

1. The purpose of this report is to provide the Joint Health Scrutiny Committee with an overview of the approach to the development of, and the content and scope of, the LLR “System-level Access Improvement Plan” (SLAIP), that is required by NHSE from all ICBs as per the NHSE Primary Care Access Recovery Plan (PCARP).
2. This overview will be supported through a slide deck that will be presented at the meeting, which will set out what this means for Leicester, Leicestershire and Rutland and how we will monitor improvement.

Policy Framework and Previous Decisions

3. The Network Contract Directed Enhanced Service for 2023/34, published April 2023, included guidance on a Primary Care Network (PCN) level “Capacity and Access Payment, 2023/34”.
4. This guidance was for commissioners to use in making a local assessment for the Local Capacity and Access Improvement Payment (CAIP) - part of the Capacity and Access Payment (CAP) element of the Investment and Impact Fund (IIF).
5. The aim of the CAP funding is to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.
6. From April 23 onwards, the ICB have been working closely to support PCNs in the development of their Capacity and Access Improvement Payment (CAIP) plan by providing baseline data and a range of on-going support to consider how they will make improvements in the following **three key areas** outlined in the guidance:
 - **Patient experience of contact** - through surveys, PCN analysis of data and friends and family tests to patients including engagement

- **Ease of access and demand management** - Cloud based telephony, effective use of online consultation systems including appointment making and support.
 - **Accuracy of recording of appointments** by complying with the categorisation guidance (GPAD)
7. The NHSE “Delivery Plan for Recovering Access to Primary Care” was published in May 2023.
 8. Early in August 2023, an action task was issued to ICBs from the Primary Care Transformation Programme stating that following the publication of said Delivery plan for recovering access to primary care, ICBs are required to develop system-level access improvement plans.
 9. A briefing note for system-level plans was published on 31 July. This briefing note included the requirement of ICBs to present their system-level access improvement plans to their Public Boards in October/November 2023, and again in Spring 2024.
 10. The briefing note acknowledges that “plans may need to iterate over time”.

Background

11. General Practice, like many parts of the NHS, is under tremendous pressure – nationally one in five people report they did not get through or get a reply when they last attempted to contact their practice. The Fuller Stocktake stated, “there are real signs of growing discontent with primary care – both from the public who use it and the professionals who work within it”.
12. The NHSE “Delivery Plan for Recovering Access to Primary Care” (NHSE May 2023) has two central ambitions:
 - I. To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.
 - II. For patients to know on the day they contact their practice how their request will be managed:
 - a. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
 - b. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
 - c. Where appropriate, patients will be signposted to self-care or other local services (e.g., community pharmacy or self-referral services).
13. The Recovery Plan seeks to support recovery by focusing on four areas:

- I. Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.
 - II. Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment. The 2023/24 contract requires practices to assess patient requests on the day.
 - III. Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
 - IV. Cut bureaucracy and 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.
14. Although titled as a plan for recovering access to Primary Care, successful delivery of the Delivery Plan for Recovering Access to Primary Care will require concerted and not insignificant response and action from nearly all ICS Partners and ICB Teams in LLR.
15. To enable and assure this system level response, LLR ICB has developed and implemented an approach to delivery based around 3 central aims. These are: -
- To tackle the 8 am rush - make it easier and quicker for patients to get the help they need from Primary Care;
 - To enable “Continuity of Care”;
 - To reduce Bureaucracy.
16. These LLR aims reflect and will in turn be enabled by the four key commitments of the Delivery Plan for Recovering Access to Primary Care: -
- Empowering Patients;
 - Implementing “Modern General Practice Access”;
 - Building Capacity;
 - Cutting Bureaucracy.

What is in our System-Level Access Improvement Plan (SLAIP)

Vision and Improvement Approach

17. The following diagram below – Figure 1: LLR System-level improvement access plan components – shows the key components of our system-level plan.
18. The ICB has developed trackers to identify and monitor delivery and progress, against the actions described in the various planning and guidance documents, and when delivery support is needed from the ICB.

19. These trackers also reflect and cover “check-lists” published by NHSE in June 2023, which detailed expected actions for both ICBs and PCNs to achieve primary care access recovery.

20. When and where appropriate, data, will be drawn down from existing ICB work programme dashboards. These trackers are included as Appendix A.

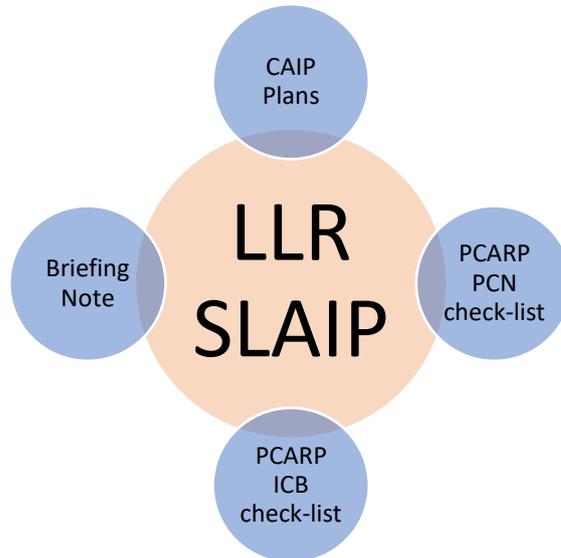


Figure 1 LLR System-level improvement access plan components

21. The diagram below – Figure 2: LLR System-level improvement access plan elements – shows the key elements of, and inter-dependencies for our system-level plan.



Figure 2: LLR System-level improvement access plan elements

22. How each of these elements and or interdependencies has been/will be considered and reflected in our plan will be described in the forthcoming Board paper.

Consultation

23. It should be noted that whilst formal consultation on ICB system-level access improvement plans was not required, the developing Place Based Primary and Urgent Care Access plans will require public consultation.

Resource Implications

24. The development of LLR ICB's System-level Access Improvement Plan has been undertaken within existing resources.
25. Nationally, through the 23/24 Network Contract Directed Enhanced Service, PCN Impact and Investment Funding (IIF) was re-purposed as Capacity and Access Payments to support PCNs design and implement their Capacity Access Improvement Payment Plans (CAIPs).

Timetable for Decisions

26. The LLR System-level Access Improvement Plan will be presented to Board October 2023, and then again in Spring 2024.
27. A paper with proposals for the assessment of delivery and subsequent allocation of funding for the PCNs CAIP Plans to due to go to the LLR ICB Strategic Commissioning Group in October 23.

Background papers

28. As described, LLR ICB's System-level Access Improvement Plan has been developed in line with NHSE guidance: -

Network Contract Directed Enhanced Service Capacity and Access Payment Guidance

NHSE Delivery Plan for Recovering Access to Primary Care

NHSE Primary care access improvement plans – briefing note for system-level plans

Circulation under the Local Issues Alert Procedure

29. None

Equality Implications

30. The purpose of the plan described is to reduce health inequalities in access to, and experience of accessing and using primary care services in LLR.

Human Rights Implications

31. There are no human rights implications arising from the recommendations in this report.

Appendices

Appendix A LLR System-level access improvement plan trackers

Appendix B Answer to query from Mr. P. King CC

Officer(s) to Contact

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