NHS
Leicester, Leicestershire
and Rutland

**LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT
HEALTH SCRUTINY COMMITTEE
17 JULY 2024**

UPDATE ON GP PRACTICE SERVICE IMPROVEMENTS

**REPORT OF THE
LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED
CARE BOARD**

Purpose of the Report

1. This report provides the Leicester, Leicestershire and Rutland Joint
    Health Scrutiny Committee with an update on the delivery of the
    Leicester, Leicestershire and Rutland (LLR) 2023/24 System-level
    Access Improvement Plans and the NHS England Primary Care
    Recovery Plan for 2024/25 and the further opportunities this presents for
    our people and communities.

2. The report also provides the key headline findings from the local GP
    Practice Survey undertaken between 23 January 2024 and 10 March
    2024. The survey sought to understand the experiences of people using
    their general practice and provide evidence of the impact on patients of
    improvements plans and initiatives.

Policy Framework and Previous Decisions

3. The Delivery Plan for recovering access to Primary Care – LLR System
    Level Access Improvement Plan (SLAIP) was last discussed and noted
    by the Joint Committee on 18th September 2023.

4. The NHS England "Delivery Plan for Recovering Access to Primary Care",
    (NHSE May 2023), had 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.

    ii. For patients to know on the day they contact their practice
         how their request will be managed. This could be:
         a) "Same day assessment" if their need is clinically
             urgent (phone or face-to-face).
         b) If their need is not urgent, a telephone or face-to-face
             appointment, scheduled within two weeks.

      c)   Where appropriate, signposting to self-care or other local services (e.g., community pharmacy or self-

      d)   referral services).

5.   The 2023/24 NHS Primary Care Access Recovery Plan (PCARP) aimed to support recovery by focusing on four areas:

      I.   Empowering patients to manage their own health including using the NHS App, self-referral pathways, and through more services offered from community pharmacy.

      II.   Implementing Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day. (The 2023/24 contract required practices to assess patient requests on the day).

      III.   Building capacity to deliver more appointments from more staff, adding flexibility to the types of staff recruited and how they are deployed.

      IV.   Cutting bureaucracy and reduce the workload across the primary and secondary care interface, and the burden of medical evidence requests.

Background

6.   In August 2023, an action task was issued to ICBs from the Primary Care Transformation Programme stating that following the publication of a plan for recovering access to primary care, ICBs were required to develop a SLAIP.

7.   Although titled as a plan for recovering access to Primary Care, it was acknowledged that successful implementation of the Delivery Plan for Recovering Access to Primary Care would require a concerted and not insignificant response and action from nearly all Integrated Care System Partners and Integrated Care Board (ICB) Teams in LLR.

8.   The approach to implementation and delivery of the SLAIP 2023/24 was based on the central aims and focus areas of the PCARP.

9.   The LLR SLAIP 2023/24 was also developed reflecting several other cross-cutting plans and strategies. These include:

- LLR Primary Care Strategy;
- LLR ICS Five Year Joint Plan;
- LLR Urgent and Emergency Care Transformation;
- Development of Place Based Access and Integration Plans;
- Tackling Health Inequalities.

10. In addition, the ask and expectation of the 2023/24 PCARP is summarised below:

Domain	Ask Summary
A. Empower patients	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 2024.
	Ensure ICB expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.
	Support and enable the expansion of pharmacy oral contraception (OC) and blood pressure (BP) services this year.
	Support and enable the launch Pharmacy First so by the end of 2023 community pharmacies can supply prescription medicines for seven common conditions.
B. Implement Modern General Practice Access	All ICB practices on analogue lines to move to digital telephony, including call back functionality, sign-up by July 2023.
	ICB to provide all practices with the digital tools and care navigation training for modern general practice access.
	Deliver training and transformation support to all practices from May 2023 through National General Practice Improvement Programme.
C. Build capacity	Increase numbers of "Direct Patient Care Staff" (National target but no regional or ICB specific target)
	Expand GP specialty training.
D. Cut bureaucracy	Reduce time spent liaising with hospitals by improving the interface with primary care, especially the four areas highlighted by the Academy of Medical Royal Colleges report.
	Reduce unnecessary bureaucracy and administrative burdens placed upon General Practice to free up time for patients through implementing the bureaucracy busting concordat.

Activities undertaken to achieve improvement

11. Considerable work has been undertaken during 2023/24 to meet the key requirement of the PCARP. The outputs of the work towards achievement of each of the four domains is outlined below.

12. In 2022/23 practices provided 6,948,961 clinical appointments for their patients; in 2023/24 this figure rose to 7,451,092 clinical appointments, a rise of 502,131 (7.2.%) appointments. A summary of LLR's standing against national access and appointment metrics is shown below:

Appointment/Access Metric	LLR 22/23	NHSE 22/23	LLR 23/24	NHSE 23/24
Total Appts	6,948,961		7,451,092	
Appts/1000 pop	492.7	453.0	511.8	469.0
% "Same Day"	44.0	43.7	40.9	43.1
% 0 - 1 Day	51.3	51.9	48.1	50.8
% 1 - 14 Days	38.3	40.3	37.9	39.1
% 0 - 14 Days	82.3	83.9	78.8	82.2
% GP	44.9	48.3	42.9	45.9
% "F2F" (LLR = 70%*)	73.6	67.6	73.6	68.3

13. **Empowering patients – NHS App** – the table below shows the March 2024 position in LLR of enabling the NHS App functionality:

Metric/Target	Date	LLR	Midlands	England
% of practices with all 4 core NHS App functions enabled	March 24	74%	79%	-
% of practices with messaging function enabled	March 24	95%	98%	-
% of practices with prospective record access enabled	March 24	76%	83%	-
% of practices that have enabled online booking	March 24	98%	98%	-
% of practices with online repeat prescription ordering enabled	March 24	98%	99%	-

14. **Empowering patients – self-referral –** seven pathways were identified where self-referral could be a safe and effective way for patients to access services without first having to see their GP. These pathways are:

- Musculoskeletal Physiotherapy;

- Podiatry;
- Falls Services;
- Audiology;
- Weight Management Services;
- Wheelchair Services;
- Community Equipment Services.

15. It was nationally recognised that establishing self-referral routes into services, while a laudable ambition, would be a complex process that would require robust benefit analysis of 'real' workload improvement – removing the GP contact rather than moving it – against clinical risk and safety and impacts/implications for service providers, such as increased workload, increased staffing and or training required.

16. Work is underway in LLR to assess each of the initial 7 pathways/services to undertake a benefits analysis. Currently LLR has self-referral pathways for 3 of the 7 services:

- Musculoskeletal Physiotherapy;
- Podiatry;
- Weight Management Services.

17. The table below, shows a snapshot of the rate of self-referrals for these services:

Service	Jan 2024 total referrals	Jan 2024 self/carer referrals	% self/carer referral
MSK	2,760	1,766	63.99
Podiatry	1,484	920	61.99
Weight Management #1	2,935	261	8.89
Weight Management # 2	22,806	2,282	10.01
Total	29,985	5,229	17.4%

18. Two ICB systems in Midlands Region have self-referral pathways for all 7 services and the ICB will reach out to those systems for learning and support. The Regional Team recognise the complexity of this ask and will continue to provide 1-2-1 meetings with systems to understand operational issues and local governance to mitigate against risk.

19. The PCARP 2024/25 ask for self-referral is to continue to expand self-referrals to appropriate services. LLR ICB is on track to meet its initial PCARP target for increasing self-referrals, but work remains ongoing to add value through self-referrals to other services/conditions, for both users, providers, and GPs.

20. Key to this work will be a robust communications and engagement plan that informs the LLR population of their referral options and supports

service providers and GPs to promote safe and timely self-referral opportunities.

21. **Empowering patients – community pharmacy development and expansion**

22. The table below details the LLR position to date for community pharmacy development and expansion:

Metric/Target	Date	LLR	Midlands	England
# of Pharmacy First/Common Conditions Service, Oral contraceptive, Blood pressure consultations delivered	April 24	13,911	-	-
% of pharmacies registered for "PF"	April 24	99%	97%	-
% of pharmacies registered for OC	April 24	69%	66%	-
% of pharmacies registered for BP	April 24	94%	92%	-

23. Community Pharmacy (CP) development and expansion encompasses:

- Minor Illness Service - (previously known as CPCS, GP referral required);
- Pharmacy First/Common Conditions Service - (CCS, 7 common conditions the public can self-referral to CP for);
- Oral Contraceptive Services - (OC, self-referral to CP for both initiation and continuation);
- Blood Pressure Service - (BP, self-referral to CP for both initiation and continuation).

24. In 2023/24, LLR was an exemplar in the development, implementation, and delivery of the Community Pharmacy Consultation Service (CPCS). This was achieved by enabling and supporting proactive engagement and collaboration between practices, Primary Care Networks, and Community Pharmacy – both providers and the Local Pharmacy Committee (LPC).

25. Early data (as previous table) indicates the ICB will continue to deliver the community pharmacy development and expansion required for PCARP 2024/2025: in January 2024, there were 3,932 pharmacy consultations reported as carried out in LLR, in March 2024 there were 5,208 consultations reported. April 2024 saw nearly 14,000 consultations reported.

26. However, there have been, and remain several risks to optimising CP development and expansion which have been recognised nationally, and indeed, require a national solution or resolution. These include:

- Delay to national IT platform/integration – local workarounds needed.

- Delayed data sets – unable to distinguish between referred and self-referred activity, difficult to target/prioritise ICB/Local Pharmaceutical Committee support interventions.
- New requirement for "multi-factorial authentication" to make referrals – issues for both GP and CP, resulting in practices stopping referrals.
- Phased introduction of GP Connect Update Record – has caused confusion and delay.

27. A key area for development through training and up-skilling is to increase the number of CPs providing initiation consultations for both the Oral Contraceptive and Blood pressure services.

28. Whilst the ICB's Community Pharmacy Clinical Lead and the Local Medical Committee will continue to work at Primary Care Network and neighbourhood level to optimise CP opportunities for patients and GPs, it is still unclear where and how contractual and quality issues should be escalated.

29. When "official" data becomes available the ICB will seek to understand the real impact of the CP offers on GP workload, including the benefit, or not, of referring for all elements, and the patient "return" rate. A national audit of Service User Experience and Satisfaction is planned by NHS England which will inform and support further local engagement and improvement. As with self-referrals, a robust and locally tailored communications and engagement plan will be key.

30. **Implementing Modern General Practice – digital transformation, cloud-based telephony (CBT) –** all LLR practices have, or on track to have, Cloud Based Telephony by July 2024.

31. PCARP 2023/24 required ICBs to provide all practices with the digital tools and care navigation training for modern general practice access. Whilst good progress has been made with the care navigation training, there has been national delays to a Digital Platforms Framework (DPF) that have impacted us locally.

32. As an ICB we are responding to this delay by maintaining and building on solutions already established in LLR that meet the criteria we know are expected for demand and capacity analysis and management.

33. **Building capacity- additional and trained staff –** we have seen a growth in all staff groups. The table below outlines the workforce growth across primary medical care in 2023/24.

PC Staff in Position (WTE)	Base	ACTUAL											
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
GPs excluding registrars	529	525	516	515	515	514	516	509	508	508	511	511	512
GP Registrars	175	191	188	185	182	218	212	206	198	213	206	198	195
Nurses	284	289	284	285	286	288	286	288	286	284	289	286	286
DPC roles (ARRS funded)	522	579	588	598	607	658	646	672	623	654	657	592	626
DPC roles (not ARRS funded)	345	349	347	342	342	346	356	356	365	360	360	361	364
Other – admin and non-clinical	1426	1448	1433	1450	1458	1456	1453	1440	1448	1437	1440	1436	1440
Total PMC	2758	2802	2768	2776	2783	2823	2822	2799	2805	2802	2808	2793	2797
Total ARRS	522	579	588	598	607	658	646	672	623	654	657	592	626
Total	3280	3381	3355	3374	3391	3481	3468	3471	3428	3455	3464	3385	3423
PMC Growth (cumulative)		1.6%	0.4%	0.7%	0.9%	2.4%	2.3%	1.5%	1.7%	1.6%	1.8%	1.3%	1.4%
ARRS Growth (cumulative)		10.9%	12.6%	14.6%	16.3%	26.0%	23.7%	28.7%	19.3%	25.2%	25.8%	13.4%	19.9%
Total Growth (cumulative)		3.1%	2.3%	2.9%	3.4%	6.1%	5.7%	5.8%	4.5%	5.4%	5.6%	3.2%	4.4%

34. In addition, the table below shows the number of additional direct patient care staff, GP and Care Navigators trained in LLR to date:

Metric/Target	Date	LLR
# of additional DPC staff (2019)	March 24	613
# of additional GPs (2019)	March 24	29
# of Care Navigators trained (to date)	March 24	103

35. **Cut bureaucracy – primary secondary care interface** - in LLR this work is led by a pan ICB Transferring Care Safely Group. During a recent visit to LLR by Professor Claire Fuller (NHS England Medical Director of Primary Care) and her Transformation Team, there was praise for this innovative group and the work it was progressing.

36. Each provider trust was required to submit a Primary Secondary Care Interface Self-assessment Tool for the PCARP 2023/2024. In LLR this was done in partnership with University Hospitals of Leicester (UHL).

37. The outcomes of all Midlands Region responses have been shared with all systems to ensure that all areas can share learning and good practice with other Midland ICBs.

Capacity and Access Payments

38. Integral to the PCARP are Primary Care Network Capacity and Access Payments. The Capacity and Access Support Payment or CASP is worth 70% of the available payment, and the Capacity and Access Improvement Payment (CAIP) is worth 30% of the available payment. The diagram below shows how our local Primary Care Networks have utilised the payment.

Rapid health - AI improving access	Invest in staff training / Development	Recruitment of staff for online consultation / clinical appts	Respiratory Pharmacist - asthma clinics to mee the annual checks	Range of clinics offered; Diabetics, contraceptive clinics	Renting room to Dementia clinic - Sudo Nurse clinics "
GP/ AP locums for more appts	Training / configuration for phone lines - reception staff	Purchase wiring / cables	Wall board screen / cabling	Active sign posting - back fill	Better framework packgae; paid additional fee for data
New website developed	Development of AccRx, Activie signpostion, working with CP, staff wellbeing - working towards CAIP.	Empower and educate patients on use of technology	Wellbeing staff	D&C Audit / improvements to access	GPAD work / technical training
Support the work in practices	Recruit/ upskill reception staff into care coordinators.	Staff training and upskilling	Upgrade hearing loop for hard of hearing pts	Survey monkey licenses	Pride and Practice - LGTB training offered

39. To attract the 2023/24 CAIP payment, Primary Care Networks were required to:

- Improve patient experience of contact their practice.
- Make access easier for patients.
- Ensure the accuracy of recording/coding in appointments books.

40. All LLR Primary Care Networks achieved their full 30% CAIP funding. Through delivery of the CAIP, they achieved the following:

- Workforce – recruitment and retention of staff aligned to population health needs.
- Staff training – to support the configuration for phone lines.
- Training sessions between May and July 2024 for practice staff to support them to make changes to their websites to enable them to be usable and accessible, focusing on making it easier for patients to navigate and carry out common tasks and information quality.
- Digital enablement – use of NHS App, online consultation, updated websites through focus groups, matrix working, alignment to NHSE website requirements, include more information on ARRS roles and benefits, etc.
- Recruitment of staff to deliver CAIP - which included Care Coordinators, Clinical staff for review clinics, Digital Leads.
- Improvement in patient flow through demand and capacity modelling and triangulation – using Cloud Based Telephony (CBT) and GP Appointment Data (GPAD).
- Better alignment of capacity with need - active signposting training and direction of patients, use of Pharmacy First, CBT triangulation.
- Improved care navigation - staff training, development of pathways, empowering patients and informing on benefits of the Additional Roles Reimbursement Scheme (ARRS) roles e.g., clinical pharmacists, Pharmacy Technicians, Care Coordinators, and use of NHS App/

Online Consultation, holding health and wellbeing events, support training in Pride, etc.

- Improved access processes and experience - telephony journeys, Call back functionality enabled, CBT dashboard reviewed, managing staffing based on demand, clinical triage, etc.
- Improved care-related processes - focused health and wellbeing sessions, group sessions to promote self-care and health and wellbeing.

41. In addition, February 2024 the ICB introduced a People Promise Manager, to lead a retention programme for general practice. Four key areas of focus have been identified to support retention:

- Flexible working – retain GP's within LLR to support work/life balance and improve workforce capacity at 8am rush.
- Workforce pipeline – apprenticeships expansion of non-clinical roles and peer support, mentors.
- Workforce intelligence – through the two surveys (quarterly and annual).
- Collaborative NHS England Midlands Retention Event in July 2024 supporting networking, retention and communications.

Understanding patient experiences and gathering evidence of the impact of improvement plans

42. A requirement of the 2023/24 CAIP, was the engagement by Primary Care Network, of their practice populations to better understand their patient's experiences and subsequently provide evidence of the impact of their CAIP initiatives and improvements plans.

43. In partnership with the ICB, a 7-week public engagement and survey was undertaken. This commenced on 23 January 2024 and ran until 10 March 2024. A total of 28,974 people participated in the survey, representing nearly 38% of the population of LLR. The full GP Patient Survey Report of Finding can be viewed at https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/. A national GP Patient Survey was also undertaken which will report in July 2024.

44. The key high-level headline experience findings from the survey are outlined below. It is important to note that the survey was undertaken when improvements had only just been enacted or were in the process of being enacted, therefore the benefits would not have been fully realised by patients.

45. **Experiences of contacting local GP practice services**

- **Getting through to GP practice on the phone**
  Overall, more than half of respondents to the survey who provided a rating (55% - 15,524 respondents) say that they found it either 'very

easy' or 'fairly easy' to get through to their GP practice on the phone the last time they contacted their GP practice. However, 45% (12,824 respondents) feel that it was either 'not very easy' or 'not at all easy' to get through.

- **Helpfulness of the receptionist at the GP practice**
  Overall, four fifths of respondents to the survey who provided a rating (80% - 22,454 respondents) say that they found the receptionist either 'very helpful' or 'fairly helpful' the last time they contacted their GP practice. However, 20% (5,768 respondents) feel that the receptionist they encountered was either 'not very helpful' or 'not at all helpful'.

- **GP practice online services used**
  Overall, two-thirds of respondents to the survey who provided an answer (66% - 19,043 respondents) say that they have used at least one of the listed general practice online services in the past twelve months. The most commonly used online service is 'ordering repeat prescriptions online' (50% - 14,480 respondents claiming to have used this service), while just over a quarter of respondents have made use of 'booking appointments online' (26% - 7,589 respondents) and 'accessing my medical records online' (26% - 7,405 respondents). However, only 10% (3,010 respondents) say that they have 'filled in an online form'. Just over a third of respondents (34% - 9,776 respondents) say that they have not used any of the listed general practice online services in the past twelve months.

- **Ease of using GP practice website to look for information or access services**
  Overall, more than two-thirds of respondents to the survey who provided a rating (68% - 13,757 respondents) say that they found it either 'very easy' or 'fairly easy' to use their GP practice's website to look for information or access services. However, just under a third (32% - 6,557 respondents) feel that it was either 'not very easy' or 'not at all easy' to use their GP practice's website to look for information or access services.

- **Satisfaction with GP practice appointment times available**
  Overall, just over half of respondents to the survey who provided a rating (51% - 13,873 respondents) say that they are either 'very satisfied' or 'fairly satisfied' with the general practice appointment times that are available to them. However, more than a third (36% - 9,679 respondents) express the feeling that they are either 'fairly dissatisfied' or 'very dissatisfied' with the appointment times available to them.

46. **Experiences of trying to make last appointment**

- **When last tried to make a GP practice appointment**
  Overall, three-quarters of respondents to the survey who provided an answer (74% - 21,364 respondents) say that they last tried to make a general practice appointment with a GP, nurse or other

healthcare professional for themselves or someone else within the past 3 months. A further 13% (3,737 respondents) last tried to make an appointment between 3-6 months ago, while 10% (3,009 respondents) last tried to make an appointment 6 months or longer ago. A small minority (1% - 309 respondents) say they haven't tried to make an appointment since being registered with their current GP, while a further 2% (485 respondents) say that they don't know/can't remember when they last tried to make an appointment.

- **Initial action taken last time contacted GP practice**
Overall, just under three-fifths of respondents to the survey who provided an answer (58% - 15,878 respondents) say that they tried to get at least one form of information and advice from the list of services they were presented with when they last tried to get an appointment. The most common action taken was to bypass professional/official medical advice in the first instance - 25% (6,808 respondents) 'tried to treat myself/the person I was making this appointment for e.g. with medication', while 14% (3,756 respondents) 'asked for advice from a friend or family member' and (12% - 3,344 respondents) 'used a non-NHS online service or looked online for information. The most commonly-used professional sources that were sought out initially were that respondents 'spoke to a pharmacist (19% - 5,210 respondents) and 'used an online NHS service (including NHS 111 online)' (15% - 4,081 respondents). However, 42% (11,469 respondents) say that they did not try to get information or advice when they last tried to get an appointment.

- **How tried to book the appointment**
Respondents predominantly tried to book their last appointment 'by phone, through their practice', rather than use other ways of doing so. More than four-fifths (81% - 22,588 respondents) tried to book their last appointment 'by phone, through my practice', while 16% (4,615 respondents) tried to book their last appointment 'in person'. Overall, 18% (5,078 respondents) say they tried to book their last appointment using any online/app method, with the most common channel being 'online, on my practice's website' (14% - 3,966 respondents – using this channel).

- **Whether satisfied with the appointment**
In the main, respondents are satisfied with the appointment (or appointments) they were offered the last time they tried to make one, with more than three-fifths (62% - 17,468 respondents) saying they were satisfied with the appointments or appointments they were offered. Although a quarter (25% - 6,844 respondents) say they were not satisfied with the appointment (or appointments) they were offered, the large majority of these still took the appointment they were offered. However, 13% (3,643 respondents) say that they were not offered an appointment.

- **Rating of experience of making last GP practice appointment**
Overall, nearly three-fifth of respondents to the survey who provided a rating (59% - 16,406 respondents) describe their experience of making their last appointment as either 'very good' or 'fairly good'.

However, 29% (8,220 respondents) describe their experience as either 'fairly poor' or 'very poor'.

47. **Experience of Most Recent Appointment**

- **How long since most recent GP practice appointment**
  Nearly all respondents to the survey who provided an answer have had a general practice appointment, with only 1% (213 respondents) saying they have not had an appointment since being registered with their current GP and 2% (461) saying that they can't remember when their last general practice appointment was. Overall, nine-tenths of respondents to the survey who provided an answer last had a general practice appointment within the last 12 months, with 69% (19,480 respondents) having had an appointment within the last 3 months.

- **Ratings of healthcare professional at last GP practice appointment – 'giving you enough time'**
  Overall, more than four-fifths (82%) of respondents to the survey who provided an answer rate the healthcare professional they saw at their last appointment as either 'fairly good' or 'very good' in relation to 'giving me enough time'. Less than a tenth (9%) of respondents answering rate the healthcare professional they saw at their last appointment as either 'fairly poor' or 'very poor' in this regard.

- **Ratings of healthcare professional at last GP practice appointment – 'listening to you'**
  Overall, more than four-fifths (82%) of respondents to the survey who provided an answer rate the healthcare professional they saw at their last appointment as either 'fairly good' or 'very good' in relation to 'listening to me'. Less than a tenth (9%) of respondents answering rate the healthcare professional they saw at their last appointment as either 'fairly poor' or 'very poor' in this regard.

- **Ratings of healthcare professional at last GP practice appointment – 'treating you with care and concern'**
  Overall, more than four-fifths (82%) of respondents to the survey who provided an answer rate the healthcare professional they saw at their last appointment as either 'fairly good' or 'very good' in relation to 'treating me with care and concern'. Less than a tenth (9%) of respondents answering rate the healthcare professional they saw at their last appointment as either 'fairly poor' or 'very poor' in this regard.

- **Whether felt involved as much as wanted to be in decisions about care and treatment**
  Overall, the large majority of respondents (85% - 22,942 respondents) feel that they were either fully involved or involved to some extent as much as they wanted to be in decisions about their care and treatment when they had their last appointment, with 57% (15,375 respondents) believing that they were fully involved in decisions about their care and treatment. However, just over a tenth

(11% - 2,962 respondents) did not think they were involved at all in decisions about their care and treatment.

- **Whether had confidence and trust in the healthcare professional at last appointment**
  Overall, the large majority of respondents (88% - 23,754 respondents) feel that they had either total or partial confidence and trust in the healthcare professional they saw or spoke to at their last appointment, with 63% (16,945 respondents) stating that they definitely had confidence and trust in the healthcare professional they saw or spoke to. However, just over a tenth (11% - 2,907 respondents) did not have any confidence and trust in the healthcare professional they saw or spoke to.

  Whether patient needs were met at last GP practice appointment
  Overall, the large majority of respondents (85% - 23,245 respondents) feel that their needs had been met to at least some extent at their last appointment, with 55% (14,883 respondents) stating that their needs had definitely been met. However, just over a tenth (13% - 3,598 respondents) say that their needs had not been met at all at their last appointment.

48. **Overall Experience of GP Practice**

- **Overall rating of experience of GP practice**
  Overall, two-thirds of respondents to the survey who provided a rating (66% - 19,035 respondents) describe their overall experience of their GP practice as either 'very good' or 'fairly good'. However, 22% (6,479 respondents) describe their experience as either 'fairly poor' or 'very poor'.

Continuation of improvements in 2024/25

49. While considerable work has been undertaken to improve GP practices services in 2023/24, the second year of the delivery plan for recovering access is about realising the benefits to patients and staff from the foundations built in 2023/23. The core aims remain, as do the four priority domains.

50. Our fundamental principle of providing the right care in the right place at the right time, remains central to our delivery of PCARP 2024/25.

51. The ask for the PCARP in 2024/25 is summarised in the table below:

Domain	Ask
A. Empowering patients	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.
	Continue to expand Self-Referrals to appropriate services.

	Expand uptake of Pharmacy First services .
B. Implementing Modern General Practice Access	Complete implementation of better digital telephony.
	Complete implementation of highly usable and accessible online journeys for patients.
	Complete implementation of faster care navigation, assessment, and response.
	National transformation/improvement support for general practice and systems.
C. Building capacity	Continue with expansion and retention commitments in the Long-Term Workforce Plan.
D. Cutting bureaucracy	Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations.
	Make online registration available in all practices.

52.   Further national and regional guidance and detail in respect of regarding PCARP 2024/25 is anticipated. However, there are emergent priorities and opportunities which the ICB will capitalise on:

- Maintain engagement and collaboration between LLR Primary Care Networks and practices, and LLR Community Pharmacies.
- Explore how to optimise the opportunities offered by the new Community Pharmacy Primary Care Network Engagement Lead funding and role.
- Use the self-assessment tool responses and subsequent learning to prioritise and drive the "Primary, Secondary Care Interface work through Transferring Care Safely.
- Widen the scope for self-referrals beyond the 7 services prioritised in PCARP 2023/24 – the ICB is on track to increase self-referral numbers by the 33.3% required by PCARP 2024/25, but our aim is to improve access and reduce workload, not just meet the numbers.
- Work with the Communications, Engagement and Patient Insights Team to develop and implement a robust information and communications and engagement strategy to support PCARP, and particularly self-referrals, using Community Pharmacy, and NHS App functionality and usage – building on national messaging, but also tailoring and adapting to ensure maximum local penetration.

- The 2024/25 Capacity and Access Improvement Plan payment scheme offers the opportunity to support the implementation of the Place Based Access Plans for 2025/26 on and support meaningful and impactful PCARP delivery.
- In 2023/24, 63, (50%), LLR practices accessed national Transformational Support Funding. The ICB allocated all its £809K budget. A similar budget is expected for 2024/25.
- Throughout 2024/25, the ICB, will work with Primary Care Networks aiming to ensure further recruitment and deployment of Direct Patient Care Staff is in line with the ICB's strategic and pledge goals - of population health management, to reduce access inequity, to balance provision of same day access with that of continuity of care, and to optimise patient focused and holistic care.
- PCARP 2024/25 requires ICBs to make online registration available in all practices with more than 90% of practices using the on-line registration system by 31 December 2024. Currently 68 (54%) LLR practices offer online registration; Midlands rate is 45%, NHSE is 39%.

53. Also, in 2024/25 the LLR workforce would work collaboratively with the LLR Primary Care Training Hub with the ambitions of workforce retention and provision of resources to improve the workforce experience. Initiatives including:

- **Supporting GP recruitment** - funding available to support practices and GPs (International Medical Graduates) to meet visa sponsorship costs.
- **ARRS / New to primary care induction programme** - rolling programme of a flexible, modular induction designed for anyone (clinical or non-clinical) working in primary care.
- **GPN Practice assessor programme** - upskilling nurses to provide effective supervision and support for students
- **Legacy Nurse mentoring pilot** - our legacy nurse mentors are in post and available to support nurses who are newly qualified, or new to primary care.
- **Communities of practice for roles in primary care** - networks have now been created for nursing, pharmacy, physician associates, paramedics, personalised care roles and practice managers.
- **Apprenticeships** - Student Nurse Associate programme (both direct entry and traditional route supported), Community Health and Wellbeing Worker pilot.

54. The ICB in partnership with practices and Primary Care Network is proposing to undertake another localised survey in early 2025. This will enable the local health system to understand experiences of GP practice access and services and further monitor the progress and outcome of improvements plans, ensuring that local needs are met and we are improving the health and wellbeing of our local population.

Equality Implications

55.   The purpose of the improvements plans is to reduce health inequalities in access to, and experience of accessing and using GP practice services in LLR.

Human Rights Implications

56.   There are no human rights implications arising from this report.

Appendices

57.   There are no appendices. There is a hyperlink to the full GP practice Patient Survey Report of Findings. https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/

Recommendation

58.   The Leicester, Leicestershire and Rutland Joint Health Scrutiny Commission is asked to discuss and note the update on GP practice service improvements.

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