

Report to the Somerset Primary Care Commissioning Committee Meeting on 8 December 2021

Title: Our plan to improve access to GP services and support practices	Enclosure E
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Version Number / Status:	1.0
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Summary and Purpose of Paper

The Committee has always taken a keen interest in access to GP services. This paper summarises our approach and details the work we have undertaken to develop a Winter Access Fund and the way in which this supports our strategic approach to primary care.

Recommendations and next steps

The Primary Care Commissioning Committee is asked to approve our plans to improve access to GP services and support practices, particularly over the winter period.

Impact Assessments – key issues identified

Equality	No issues identified			
Quality	No issues identified			
Privacy	No issues identified			
Engagement	No specific engagement as this is a national policy requirement, however there is ongoing engagement with patients, stakeholders and primary care providers.			
Financial / Resource	Resources required are within the overall financial envelope available.			
Governance or Legal	No constitutional, legal impacts or conflicts of interest			
Risk Description	Concern around GP primary care workforce shortages, resulting in reduction in GP practice services, reduced access to appointments and consequent impact on other sectors of NHS services, such as 111, OOH and A&E. Current mitigations include skill-mix, developing extended practitioner roles and larger practice groups to share operating functions. This risk is not in relation to a particular practice, it's relating to local GP workforce sustainability in general.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	4	4	16	

IMPROVING ACCESS TO GP SERVICES AND SUPPORTING OUR PRACTICES

1 Introduction

- 1.1 The Committee has taken a keen interest in access to GP services, in particular during the pandemic period. We have sought to ensure that patients receive the best possible access within the constraints of capacity, demand, infection prevention and national policy requirements.
- 1.2 National interest in the issue has led to all systems being asked by NHS England and NHS Improvement to develop a Winter Access Plan, backed by a national Winter Access Fund.

2 Our approach

- 2.1 We have always had patient access as a key commissioning priority. Our ambition is that our practices achieve better than national average results on any relevant measure. We have been working closely with our practices and primary care networks to ensure that patients can be seen in a timely and efficient way. We have also been investing in initiatives to improve access, particularly to increase the primary care workforce.
- 2.2 This remains our approach through this challenging winter period. Our approach is fully consistent with national guidance and priorities. While work on a fully integrated system primary care strategy has been delayed by operational pressures, our planning approach as set out in H1 and H2 submissions give us the necessary orientation to guide operational commissioning. In plain English, this means that we:
 - Avoid unplanned practice closures and maintain a local GP service for the people of Somerset
 - Support our practices to achieve better than national average standards of performance
 - Work collaboratively as a healthcare system to join up our services for patients, particularly at times of high demand.

3 Our Winter Access Plan

- 3.1 Our Winter Access Plan was submitted on 29 October, and following assurance meetings, 9 out of 10 elements of our plan have been approved by NHS England and NHS Improvement. The final element is subject to further discussion to ensure alignment between local, regional and national commissioning priorities.
- 3.2 The Committee will receive a full presentation of the plan as finally approved by NHS England and NHS Improvement at its meeting.

4 Recommendation

- 4.1 The Primary Care Commissioning Committee will be asked to agree the Winter Access Plan as presented, noting that the plan has been approved by the regional team.

Michael Bainbridge
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