

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: G
DATE OF MEETING:	30 January 2025	
REPORT TITLE:	Recovering Access to Primary Care	
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EXECUTIVE SPONSOR:	Bernie Marden, Chief Medical Officer	
PRESENTED BY:	Sukeina Kassam, Director of Primary Care Luke Best, Primary Care Development Manager Sam Checkovage, Primary Care Commissioning Manager	

PURPOSE	DESCRIPTION	SELECT
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input type="checkbox"/>
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
Discuss	To discuss, in depth, a report noting its implications	<input checked="" type="checkbox"/>
Note	To note, without the need for discussion	<input checked="" type="checkbox"/>
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	<input type="checkbox"/>

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

- Objective 1: Improve the health and wellbeing of the population
- Objective 2: Reduce inequalities
- Objective 3: Provide the best care and support to children and adults
- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

Recovering Access to Primary Care has previously been considered at the May 2024 meeting of the Somerset Integrated Care Board and reports regularly into the Primary Care Commissioning Committee. We are mandated by NHS England to report, in detail, into the Integrated Care Board twice yearly to discuss progress against key deliverables set nationally.

At the May 2024 meeting an overview of the key deliverables was given. We discussed risks to delivery and mitigating action in place.

REPORT TO COMMITTEE / BOARD

The nationally published Recovering Access to Primary Care Programme is a two-year delivery plan that began in April 2023 and will conclude, in its current form, in March 2025. This report details the action we have taken against each of the 12 key requirements.

These include implementing modern general practice, the primary/secondary care interface and the general practice improvement programme. However, we are very clear that the requirements within the nationally published delivery plan do not cover the totality of what is needed to respond to the challenges Somerset faces or reflect our ambitions for GP services.

The Integrated Care Board is asked to note both the progress to date for the specific national requirements pending the conclusion of the programme in March 2025 and the proposed direction of travel for 2025/6 to address local challenges – whilst highlighting any significant areas for discussion.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED
(please enter 'N/A' where not applicable)

Reducing Inequalities/Equality & Diversity	The purpose of Recovering Access to Primary Care is to ensure the Somerset population have access to primary care services that are warm, welcoming, local, effective, and comprehensive. The ethos of this project will ensure that healthcare services are provided in an equitable way for all; resolving challenges as we progress.
Quality	Recovering Access to Primary Care impacts quality across all areas, including workforce, system leadership, service provision, patient satisfaction, and access to services. This report details how we are responding to each area and the consideration given to ensuring quality improvement.
Safeguarding	Safeguarding is key in our response to improving access to primary care services with any mitigations actioned as required. In addition, each provider has a responsibility for safeguarding within their GMS and NHS Standard Contract.
Financial/Resource/ Value for Money	NHS Somerset has been allocated financial support from NHS England to facilitate the detail of this report. This is national funding that can only be utilised for Recovering Access to Primary Care.
Sustainability	The detail of this report supports the future sustainability of primary care and how it integrates with other system partners, reducing bureaucracy and streamlining operational functionality through many key requirements that supports the Somerset ICS Green Plan.
Governance/Legal/ Privacy	Within this report there are areas of some key requirements that will need governance consideration.
Confidentiality	N/a
Risk Description	No significant risks identified.

RECOVERING ACCESS TO PRIMARY CARE

January 2025

RECOVERING ACCESS TO PRIMARY CARE

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1 EXECUTIVE SUMMARY

- 1.1 Stabilising and improving primary care are key objectives of our Somerset Health and Care Strategy and its concomitant Forward Delivery Plan. An early priority for Somerset ICS (Integrated Care System) was the development of a new primary care strategy setting out how we will stabilise and improve primary care services. This strategy was received by the Integrated Care Board in May 2023.
- 1.2 Our strategy sets out three clear priorities:
- Access
 - Continuity of care
 - Population health management
- 1.3 This plan describes in detail the actions we have already taken, are taking, and will take collectively as an Integrated Care System to support our primary care teams to provide effective access to patients during a time of unprecedented demand. We are providing more appointments now than pre-Covid, despite a reduction in the number of GPs. However, our approach to access is wider than appointment numbers, and promotes community-based person-centred care, for example through increasing self-referral opportunities for patients. It also has a focus on digital innovation to improve efficiency, patient and staff experience. This GP Access Recovery Plan is one of three system recovery plans, the others covering elective and urgent care services. The GP Access Recovery Plan runs until 31 March 2025 and is a two-year delivery plan, mandated nationally, with very specific criteria.
- 1.4 The key purpose of this report is to measure achievement against the national requirements of the GP Access Recovery Plan, however it is recognised that this does not cover the totality of what is needed to respond to the local challenges Somerset faces, or reflect the totality of our ambitions for GP services. We are mandated to report achievement against the nationally set criteria to the Integrated Care Board twice yearly and that is what this update is designed to do. An accompanying presentation will be given to the Integrated Care Board in January 2025 which will focus on local implementation and our wider response to access recovery.
- 1.5 We are improving patient experience of contact by supporting practices to implement cloud-based telephony and use of the NHS App.
- 1.6 We have increased self-directed care by establishing self-referral pathways, including for musculoskeletal problems through the Get You Better App. We are also working with voluntary sector organisations to offer a wider range of options to patients including healthy walks, health coaching, and gym sessions for pain control and weight loss.
- 1.7 We have implemented Pharmacy First, enabling general practices to increase availability of appointments for those patients who need them

most and offering lower acuity patients a speedy and convenient consultation at a local pharmacy.

- 1.8 We have expanded the workforce significantly with new roles including Health Coaches, Care Co-ordinators, and Pharmacists, but we will continue to develop the primary care team workforce, including additional training places. The number of GP trainees has increased significantly.
- 1.9 We are improving the primary/ secondary care interface so that patients and clinical teams know exactly what is happening in a patient's journey, and duplication and confusion are removed. This is a process of cultural change as well as process improvement, and goes to the heart of how we work as an Integrated Care System.
- 1.10 We continue to work hard to ensure that patients are at the centre of our work to improve access. Although GP appointment activity levels are now significantly higher than pre-pandemic, access remains an important focus as we start to look to the future and prepare for further demographic change which we know will increase demand substantially. The challenge will remain to support constant innovation and adaptation in ensuring access for everyone who needs help, while also increasing continuity of care and improving population health outcomes.

2 INTRODUCTION

- 2.1 Stabilising and improving primary care are key objectives of our Somerset Health and Care Strategy and its concomitant Forward Delivery Plan. An early priority for Somerset ICS was to develop a new primary care strategy setting out how we will stabilise and improve primary care services.
- 2.2 Our strategy sets out three clear priorities:
1. Access
 2. Continuity of care
 3. Population health management
- 2.3 The first implementation plan of our primary care strategy is our Access Delivery Plan. Developed jointly with our entire system, including the professional leadership of General Practice in Somerset, it describes our shared approach to understanding our challenges, baseline position and programme of work to improve access.
- 2.4 This update describes in some detail the actions we have already taken, are taking and will take to support our primary care teams to provide effective access to patients during a time of unprecedented demand for care. It is a single system plan, developed by all partners.
- 2.5 The first year of the plan was successfully delivered with all requirements met. We are now in the final quarter of year two and have successfully delivered the overarching aim of the nationally set GP Access Recovery Plan which was to recover appointment numbers to pre-Covid levels and where clinically appropriate, all appointments within 14 days. GP access is a key concern for the new ministerial team and a continuing focus on access in 2025/6 is likely. Irrespective of any national programmes we will continue to focus on access, continuity and population health as the three priorities in our primary care strategy. The accompanying presentation to the Integrated Care Board in January 2025 will elaborate on the action being taken locally in Somerset that goes beyond the requirements of the national GP Access Recovery mandate.
- 2.6 All the actions described in this plan are underpinned by valid data, including the GP Appointments Dataset and the national GP Patient Survey.

3 IMPROVING INFORMATION AND NHS APP FUNCTIONALITY

Enabling Prospective Records Access for Patients (Deadline 31st October 2023)

- 3.1 Following the 31st October 2023 contractual deadline, NHS England offered an additional bulk-enablement in May 2024, for any remaining practices who wished to give patients prospective record access (PRA). An additional 4 practices registered for the final batch run, resulting in 60

practices across Somerset enabling PRA, with 2 practices progressing patient PRA through their own processes.

3.2 The national PRA programme has now closed.

NHS App Engagement

3.3 Since February 2023, the Somerset ICB (Integrated Care Board) Digital Team has been leading work with GP practices to promote the NHS App to patients across Somerset. Over 40 NHS App registration events have taken place so far, where members of the ICB Digital Team and colleagues from Spark iT Somerset, have been available onsite at GP practices, to support patients with NHS App registration and training.

3.4 Unfortunately, as the national NHS App dashboard is currently unavailable, we are unable to provide the latest data in relation to uptake, however the most recent full, dataset available, June 2024, shows that there was 5% year-on-year increase in registrations across Somerset, rising from 48% in June 2023, to 53% in June 2024.

3.5 Our Somerset target is to reach 56% by March 2025.

NHS App Prescription Tracking

3.6 The national prescription tracking service for patients is going to be a new part of the Electronic Prescription Service (EPS). It will allow patients to access consistent information about their prescription online and track the status and readiness of their prescribed items.

3.7 The service aims to:

- give more visibility of the prescription journey via the NHS App
- inspire more people to use digital services for ordering and viewing their prescriptions
- remove burden from front line services by reducing common patient prescription queries
- save clinical time that can be spent better elsewhere

3.8 Rollout of the new service is already underway with suppliers, include Boots Pharmacy, and full integration is expected to be completed by April 2025

NHS App Messaging

3.9 In May 2024, Accurx extended the fall-back time for all batch messages and questionnaires sent via the NHS App, from 3 hours to 24 hours. This change enables patients to view/receive reminders at a more convenient time and helps GP practices to reduce SMS text fragment costs.

- 3.10 Accurx also confirmed that with effective from 1st July 2024, all Batch Self Book and Appointment Reminders would be integrated with the NHS App for all GP practices in England. These integrations will further enhance the App's functionality and reduce SMS costs.

Managing Routine Appointments

- 3.11 Patients can view both past and upcoming appointments in the NHS App, however, there remains some variation per practice in respect of the availability of online bookable appointments. We will continue to extensively work with practices to increase the number of appointments available whilst also promoting use of the NHS App through targeted approaches using datasets at our disposal.

Bookable Online Appointments

- 3.12 58/62 (92%) of practices in Somerset have enabled bookable appointments online. Somerset ICB Data Facilitators continue to work with the remaining practices to support them with any preparatory steps to enable this feature, recognising it is a contractual requirement.
- 3.13 Guidance, as follows, has been provided to all practices to ensure contractual requirements are understood:
<https://www.england.nhs.uk/long-read/directly-bookable-appointments-guidance>

Register with a GP Surgery Service on the NHS App

- 3.14 The free, national Register with a GP Surgery Service provides benefits to both practices and patients, which include considerable time savings for admin staff in relation to processing new registrations, whilst making it simpler and more accessible for patients. The service: -
- Allows new patients to register with a GP surgery online.
 - Automatically checks they live within the GP practice catchment area.
 - Matches the patient to their NHS number, with a 90% success rate.
 - Sends the registration details to the GP by email.
- 3.15 The latest data shows that 54 practices (87%) in Somerset have enrolled onto the new service, and we will continue to work with the remaining practices to promote the benefits and encourage them to sign up as soon as possible.

Planned Development

- 3.16 NHS Somerset ICB has developed a detailed, in depth county-wide NHS App Programme to support the ongoing promotion of the app and to help practices optimise usage to aid access recovery and support patients with digital access.

3.17 Planned action throughout 2024:

- Continue to work with all 62 practices and Spark iT (Information Technology) Somerset to host NHS App events and/or attend practice open days to support patients with registration and raise awareness of the App's services/benefits, thus improving digital access to healthcare. This will support efforts to reduce the number of phone calls to practice teams and avoid the 8:00 am 'rush.' During the events, patients will also be encouraged to utilise repeat prescription ordering, opt-in for the messaging and notifications feature, see their test results and documents on their GP Records and utilise the 'linked profile' or 'proxy access' feature as appropriate. Priority focus will be given to practices with low level uptake where NHS App events will provide increased awareness and engagement.
- Collaborate with both the Somerset ICB and Somerset FT Communications & Engagement Teams to promote NHS App services and its benefits, ensuring that updates and developments are regularly communicated to GP practices, stakeholders, and the public, in line with both local and national roadmaps.
- Continue to keep all practices informed of the national/local resources and training available, e.g., the SCWCSU Training Team offer of 'Introduction to the NHS App' sessions for practice teams, whilst also signposting to the national resources and support as appropriate. Tell your patients about the NHS App - NHS Digital
- Continue to engage with the Voluntary, Community and Social Enterprise sector (VCSE), Somerset Council, stakeholders, and charities. This will support efforts to identify digitally excluded patient groups, increase access to digital devices and provide digital skills support as required, with the aim of improving overall access to healthcare and ensuring better outcomes

3.18 Resources include:

- Somerset Library Service
- Spark IT Somerset
- Talking Cafes
- Village Agents
- Citizen's Advice

- Continue work with Accurx and all practices to promote the use of batch messaging and Floreys using the NHS App, placing emphasis on a potential reduction of SMS text costs to practices, whilst highlighting the security the NHS App provides to patients who receive healthcare notifications and messages via their personal, secure inbox. The use of Florey's will also empower patients to manage long term conditions and provide updates to their practice without having to telephone or email.
- Provide support to Somerset FT with the pilot of its Netcall Patient Engagement Portal at Somerset FT and integration of the NHS App, which began in August 2023. Integration continues at Musgrove Park Hospital, enabling patients to view their clinic appointments, which will soon be extended to include clinical documents/letters.
- Promote the expanded choice of treatment options available on the NHS App, which enables patients to choose from one of up to five potential hospital/clinic locations for their treatment, thus allowing them to make an informed decision based upon waiting times at each venue.
- New mental health and musculoskeletal (MSK) tools are currently in development and will be available on the NHS App in 2024. These features will be accessible 24/7 without the need for clinician referral and empower patients to manage new or existing conditions more effectively
- Continue to collaborate with NHSE (NHS England) colleagues to share updates, feedback on the NHS App, and identify potential solutions to issues as they arise.
- Continue to use the NHS App Dashboard to provide practices with data on their patient registrations and usage. This will enable practice teams to remain informed of progress and identify any gaps in uptake and utilisation.

Challenges

- 3.19 Although many file formats are supported by the NHS App and can therefore be viewed using this platform, there is one notable file type that is currently excluded, known as 'Kettering' (.KET). These documents are widely used for hospital letters and documentation but are currently not

available to view using the NHS App. Whilst discussions are in progress with NHS England and EMIS to resolve the issue, we are currently working with colleagues at Somerset NHS Foundation Trust, to pilot a solution, which will enable patients who use online access, to view more of the documents within their GP record.

4 INCREASING SELF-DIRECTED CARE AND IMPROVING THE PRIMARY SECONDARY CARE INTERFACE

Requirement	Current situation	Further work/by when/measurement etc
<p>Establish all self-referral pathways by 30 September (including selected community musculoskeletal services, audiology for older people including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services)</p>	<p>MSK getUBetter, a digital self-management support tool for common MSK conditions and injuries, is available to all adults in Somerset without the need for a referral from a GP. All Somerset GP Practices are promoting and encouraging individuals (via text message, the practice website etc) to self-manage their MSK conditions / injuries using getUBetter. getUBetter is also being promoted via other NHS services (Pain Management, MIUs / UTCs) and social media.</p> <p>As of end of August 24, Somerset has enabled those individuals who have used getUBetter and their symptoms / conditions are not improving, to self-referral to Community MSK Physio (without the need to contact their GP Practice).</p> <p>The MSK Community Physio service operates a 'prompted model' of referral whereby a HCP professional provides the individual with a link to an online form or the telephone number for patients to make contact / 'opt in'. Some patients are being given this information during triage by their GP Practice (and therefore, avoid an appointment in Primary Care).</p>	<p>getUBetter is available to all adults in Somerset and is being promoted by Primary Care, other NHS service, social media etc. The data / information is reviewed monthly and appropriate action taken e.g. PCNs are made aware of their activity / usage.</p> <p>As of 30th September:</p> <ul style="list-style-type: none"> • A total of 8,136 'hits' to the getUBetter front page – an increase of 516 from the previous month • A total of 5,145 individuals have created an account with getUBetter • A total of 6,610 registered pathways (as one individual could have two or three pathways activated) – an increase of 698 from the previous month

	<p>Over the past 12 months', the service has piloted self-referral across three GP Practices (Frome, Beckington and Mendip County Practice) and there has been a total of 88 self-referrals. There has been ongoing promotion and advertising in relation to self-referral, however, a recent survey highlighted that approx. 50% of individuals would still like to be seen via their GP Practice beforehand. Self-referral is being expanded to include other GP Practices in the area. It is hoped that this will increase the numbers of self-referral to Community MSK Physio.</p>	
	<p>Audiology The service does not feel it is currently in a position to roll out self-referral but are in active discussions about it.</p> <p>The service is going through change following the merger of the two trusts and is in the process of expansion of workforce and clinic capacity. Once completed, there will be the opportunity to look to develop self-referral.</p>	<p>A pilot for roll-out of a self-referral pathway to armed forces veterans is in the final stages of development but is currently held up due to data sharing concerns. This is requiring IG review and advice.</p> <p>This will allow testing of the principle and concept for self-referral in this specialty while targeting a known health need in a priority disadvantaged group.</p>
	<p>Weight management</p> <p>Tier 1 weight management self-referral is already in place and Somerset ICB monitors and encourages uptake by PCN.</p>	<p>There is work underway currently to review the whole system pathway for weight management, with a focus on providing greater capacity and access to tier 2 services.</p> <p>This work will increase the number of different options available for tier 2 services, to enable</p>

	<p>Currently in Somerset there is provision for self-referral to tier 2 weight management services, with health coaches present across 10 PCNs, providing access to a range of health lifestyle support and intervention in different ways than traditional GP-led access.</p>	<p>patients to access the type of service that is right for them, in a way that fits into their lifestyle and will include, where possible, self-referral pathways.</p> <p>Currently an increasing number of self-referral options are available in the community including health coaching and a range of physical activity support services.</p>
	<p>Community podiatry does not currently have a self-referral option. The service is currently challenged in terms of waiting times, largely due to sustained workforce shortages which we are seeking to address.</p>	<p>To do this we are reviewing the service both within the community and the acute care pathway to implement a programme of transformation, with the clear aim of sustainable improvement.</p> <p>A key element of this improvement plan is around workforce recruitment and retention planning. We will be focusing on this transformation programme in the first instance, and will be in a position to consider a pilot rollout of self-referral into the service in 2025.</p>
<p>Wheelchair & Community Equipment Services</p> <ul style="list-style-type: none"> • For wheelchairs, all referrals are handled outside of primary care unless the GP specifically requests access and undertakes the relevant training. Instead, the GP refers the service user on to the community occupational therapist and this person will complete the relevant assessment and or paperwork. Once the service user has been referred and is in receipt of a wheelchair, the person can contact the provider direct themselves at any point to report the need for repair or review. 		

- For community equipment, requests are placed by a range of health and social care professionals. In a similar way to the wheelchair service, once the service user is on the system, they can request repairs, servicing and collections of equipment.
- For nebulisers specifically, the service user may also request a consumable pack if their 6-month supply runs out. This avoids the need to involve primary care or other healthcare professionals.

<p>Onward referrals: if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice which causes a further delay before being referred again. This improves patient care, saves time and was the most common request we heard from general practices about bureaucracy</p>	<p>Onward referrals are well established within the trust.</p> <p>Single point of contact email address set up for Primary Care to report any instances where this does not happen. The single contact email will help identify teams to reinforce the message and support them in setting up their internal referral processes.</p> <p>There are ongoing pieces of work to also enable community services to refer directly into secondary care without having to go via the GP.</p>	<p>Continue to monitor any referrals sent back to Primary Care to onward refer to ensure compliance.</p> <p>Develop internal system referral processes between sites and Community services to reduce requirements for Primary Care to refer.</p> <p>Optom pilot to launch to allow Optometrists to refer on behalf of general practice for certain eye conditions.</p>
<p>Complete care (fit notes and discharge letters): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than – as too often happens now – leaving patients to return prematurely to their practice, which often does not know what they need. Therefore, where patients need them, fit notes should be issued which include any appropriate information on</p>	<p>The trust are reviewing their delivery plan for electronic fit note capability.</p> <p>Working group in place with members of both secondary and primary care to standardise and improve the quality of discharge summaries across the Trust. This is being piloted in two wards initially from December 2023.</p>	<p>Somerset ICB to have oversight of delivery from the trust.</p> <p>Ongoing review by discharge working group. Rollout across Trust as pilot progresses.</p> <p>Add primary–secondary interface information to junior doctor induction programme.</p>

<p>adjustments that could support and enable returns to employment following this period, avoiding unnecessary return appointments to general practice. Discharge letters should highlight clear actions for general practice (including prescribing medications required). Also, by 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically. From December this means hospital staff will more easily be able to issue patients with a fit note by text or email alongside other discharge papers, further preventing unnecessary return appointments</p>		
<p>Call and recall: for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no longer have to ask their</p>	<p>The trust has an established call/recall system for first outpatient appointments and follow up outpatient appointments, which includes patients having the ability to contact the Trust via telephone, email, text, and patient appointment portal.</p>	<p>Somerset ICB to have oversight of delivery from the trust.</p>

<p>practice to follow up on their behalf, which can often be frustrating when practices also do not know how to get the information.</p>		
<p>Clear points of contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: eg single outpatient department email for GP practices or primary care liaison officers in secondary care. Currently practices cannot always get prompt answers to issues with requests, such as advice and guidance or referrals, which results in patients receiving delayed care.</p>	<p>Currently in the process of rolling out a new communication tool between Primary and Secondary Care (Cinapsis) that will establish single route in for Primary Care to contact speciality teams within the trust. This will include telephone, instant messaging and written advice and guidance.</p> <p>The CSU currently hosts a Primary Care Liaison team who help with e-RS navigation and provide support to practices.</p>	<p>Look to enhance CSU Primary Care liaison team.</p> <p>Further explore opportunities for use of Cinapsis in improving communication between Primary and Secondary Care.</p> <p>Usage data from Cinapsis will be closely monitored.</p>

4.1 Somerset is reporting a monthly average of over 57,000 self-referrals against a national target of 45,000 via the Community Services Dataset. This data does not include figures from the MSK GetUBetter app which will further improve our position against the national target once we have onboarded the provider.

Primary – Secondary Care Interface

4.2 In order to improve population health outcomes we need to integrate healthcare services around the needs of patients and communities. Improving the existing interface between primary and secondary care services is an immediate task, but ultimately we need to dissolve that interface which for patients is entirely arbitrary.

4.3 Building relationships and trust are essential in improving the interface and developing a fully integrated future clinical model. Exemplar health systems around the world show us how we can work towards a future where pathways are co-created by clinicians from all parts of the healthcare system working closely with patients and communities to provide optimal outcomes, clinical effectiveness and financial efficiency.

4.4 A Somerset interface group now meets regularly and is developing a set of principles to guide improvements in three thematic areas:

- Understanding each other
- Efficiency in processes
- Working together to serve patients

4.5 Addressing both current problems and building a more integrated health and care system for the future, the interface work is central to delivering on our system priorities.

4.6 Within the national Primary Care Access Recovery Programme requirements there are a set of deliverables relating to the interface. Trusts are asked to self-assess progress once every 6 months. These are based on the recommendations of the Academy of Medical Royal Colleges (AoMRC) report on the primary – secondary care interface, “General practice and secondary care; Working better together” (2023)

4.7 Our latest self-assessment for Somerset Foundation Trust against these requirements, on a scale of 0-3 in which 0 represents no progress:

Onward referral within the Trust without GPs needing to take further action	3
Complete care (fit notes, discharge summaries, outpatient letters)	1/2
Call and recall	1
Clear points of contact	2

Long Term Conditions Management

5 EXPANDING COMMUNITY PHARMACY SERVICES

5.1 Community pharmacy is an essential part of primary care and offers people access to healthcare services in the heart of their communities.

5.2 In addition to providing essential services as outlined in the Community Pharmacy Contractual Framework (CPCF), community pharmacies are also able to offer advanced and enhanced clinical services. The services outlined in the *Delivery Plan for Recovering Access to Primary Care* are advanced pharmacy services that community pharmacies can choose to offer. Representing the largest financial investment in community pharmacy nationally, the services outlined in the plan support integration of community pharmacy into local systems and their transformation from a medicines supplier to a clinical healthcare partner.

5.3 The delivery plan focusses on the utilisation of three advanced pharmacy services that will improve population health, reduce pressure on general practice and improve access for patients:

- Pharmacy First
- Hypertension case finding
- Oral contraception service

5.4 On 9 April 2024, NHSE published the Delivery Plan for Recovering Access to Primary Care: Update and Actions for 2024/25 which set out the revised ambitions for the utilisation of these services, including digital integration and targets for growth of additional national monthly patient volumes to March 2025:

- Pharmacy First – 320,000
- Hypertension case finding – 71,000
- Oral contraception service – 25,800

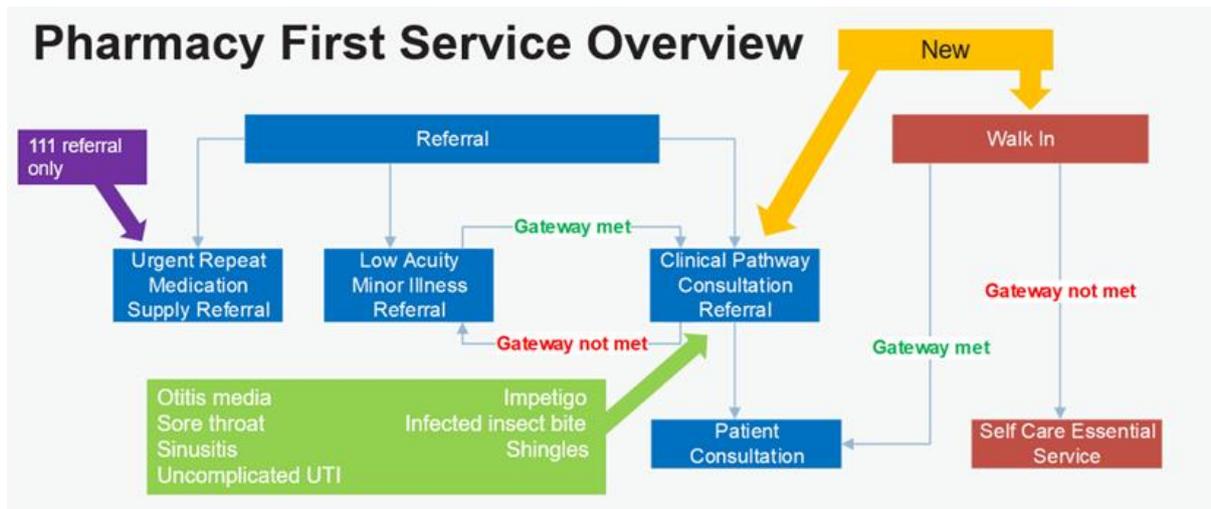
Digital Integration

5.5 NHS England developed GP Connect: Update Record to aid data and information sharing to promote patient safety and antimicrobial stewardship. Update Record allows information about patient consultations outside of general practice to be safely shared with general practice and easily updated directly into patient records in a consistent and standardised way. This includes consultation records, clinical measurements (e.g. Blood Pressure) prescription-only medicines supplied under a patient group direction (PGD), (e.g. oral contraceptive medicines). Information shared in this way is available for patients to view via digital records and NHS app.

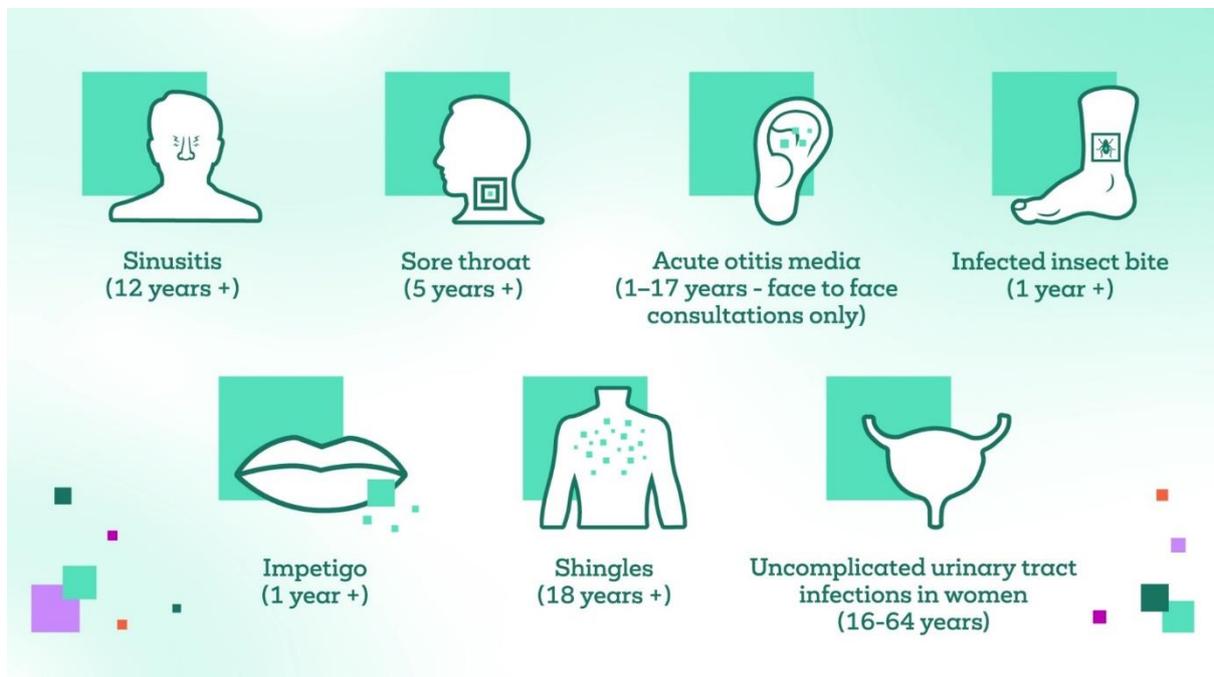
5.6 EMIS Pinnacle commenced rollout of GP Connect: Update Record to all pharmacies using PharmOutcomes as their CPCF IT system supplier from 28 June 2024.

Pharmacy First

- 5.7 Launched on 31 January 2024, the Pharmacy First service builds on the previously commissioned Community Pharmacist Consultation Service (CPCS), by adding seven clinical pathways to the existing offering of pharmacist consultations for minor illness (following a GP, 111 or UEC referral) and urgent repeat medicines supply (following a 111 or UEC referral). Patients can access the seven new clinical pathways by referral from general practice, NHS 111 or UEC or via a 'walk-in' service.



Pharmacy First – Seven Clinical Pathways



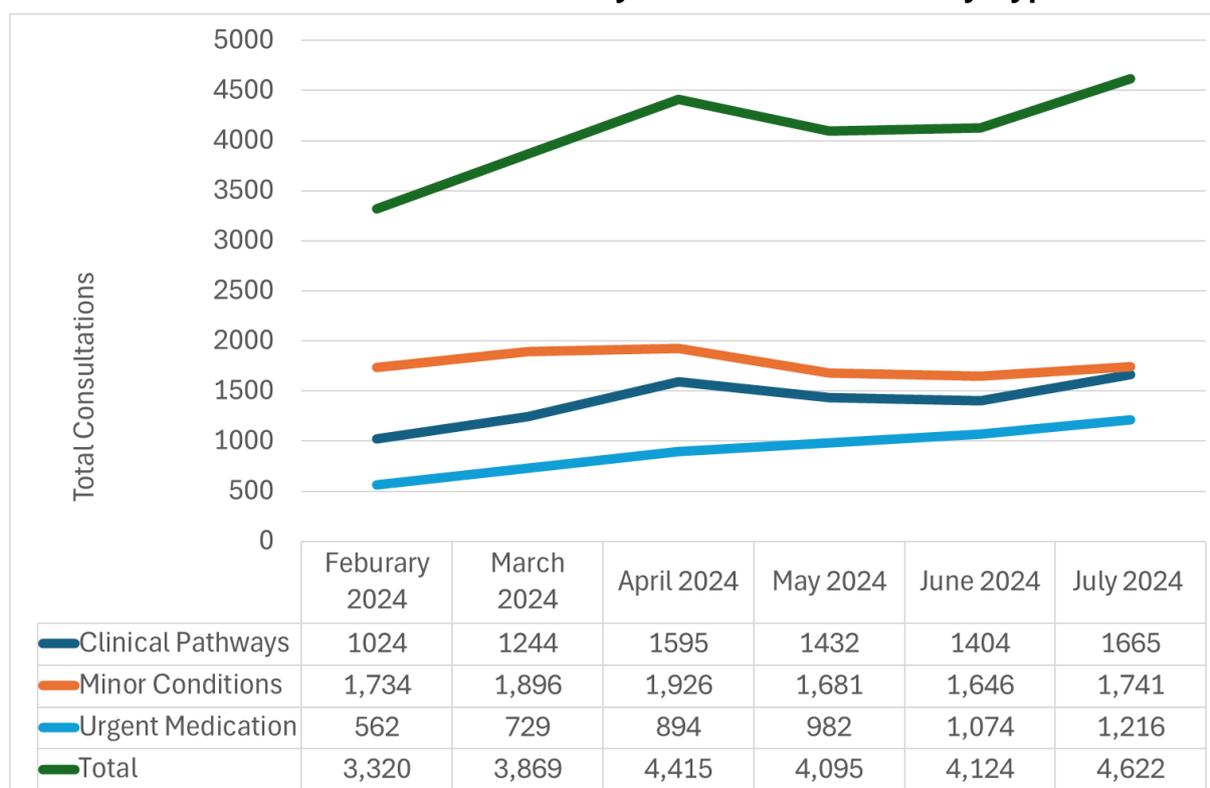
- 5.8 All pharmacies in Somerset are signed up to deliver Pharmacy First. To facilitate referrals and sharing of information, NHS Somerset ICB has commissioned a GP IT referral tool that allows care navigators, reception teams or others to refer directly from the patient's medical record into their preferred pharmacy. Use of EMIS Local Services referrals means that the

pharmacy can manage their workload, balancing clinical consultations and prescription dispensing and supply; the general practice has a streamlined, easy method of referral; and accessible data is available to analyse referrals and outcomes.

Pharmacy First Data

5.9 BSA routinely publish dispensing contractor data each month, 3 months in arrears. The following graph shows the uptake and utilisation of Pharmacy First from 01 February 2024 to 31 July 2024.

Total NHS Somerset Pharmacy First Consultations by Type

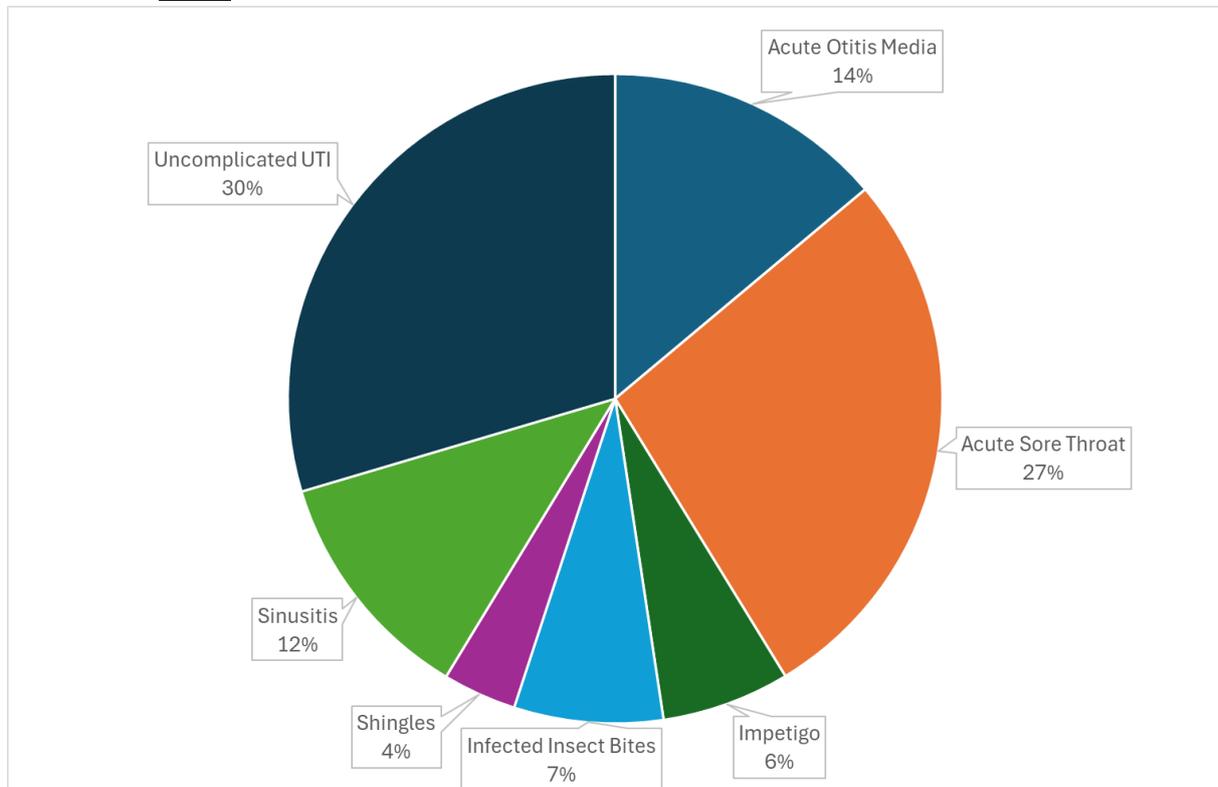


5.10 Data shows a marked increase in the uptake of the Pharmacy First service between 1 February 2024 and 31 July 2024. This growth has largely been driven by the increased utilisation of seven key clinical pathways, offering patients improved access to timely and suitable care for a range of conditions. The rise in demand for these services reflects the public’s growing confidence in community pharmacy as a convenient and effective first point of contact for healthcare needs.

5.11 Moreover, urgent medication referrals have significantly contributed to the rise in Pharmacy First usage, reinforcing the service’s role in easing pressure on GP surgeries and urgent care settings. By addressing patients’ immediate medication requirements and streamlining the referral process, community pharmacies have been able to meet urgent care demands effectively, further strengthening their position as essential healthcare

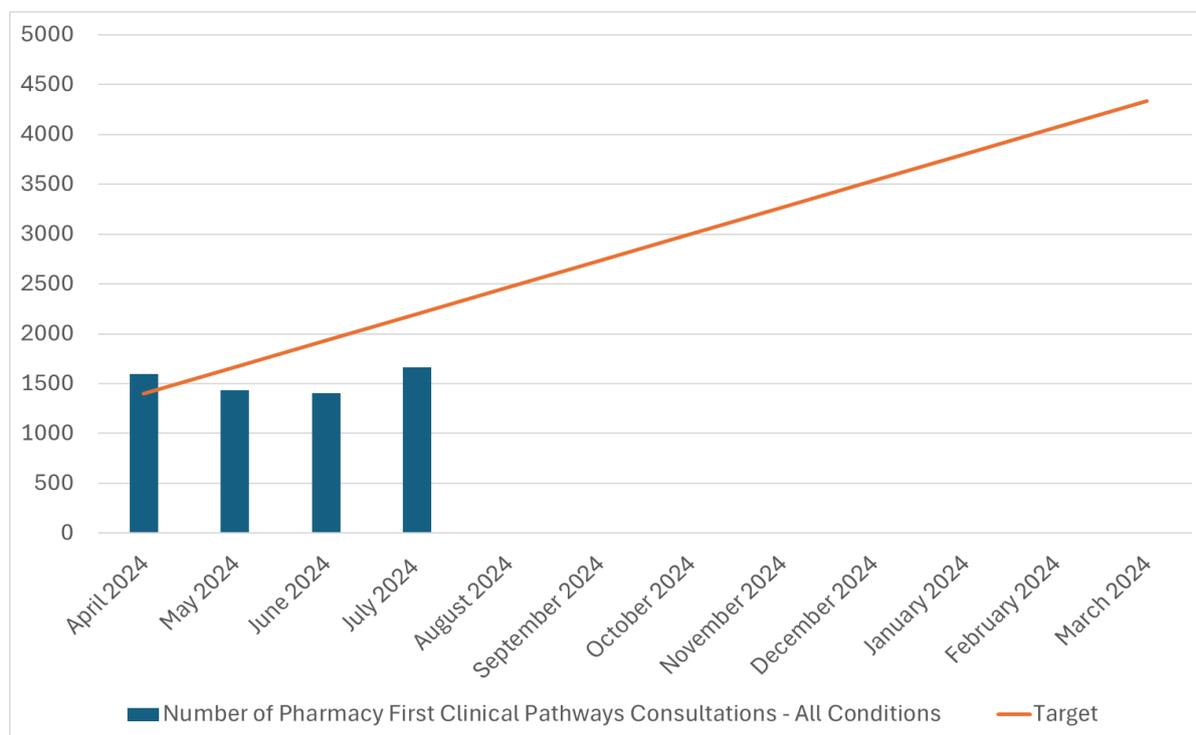
providers within the community. This data highlights the positive impact of Pharmacy First's expansion and the potential for further development of clinical services within community pharmacy.

Utilisation of Seven Clinical Pathways – 1 February 2024 to 31 July 2024



5.12 As the chart above demonstrates, the most common reasons for accessing the Pharmacy First 7 clinical pathways are Uncomplicated UTI (30%) followed by Acute Sore Throat (27%).

NHS Somerset Pharmacy First Clinical Pathway Consultations versus Target



5.13 Whilst system-level targets have not been shared with individual ICBs, NHS Somerset is home to approximately 1% of the total population of England and can therefore be reasonably expected to deliver 1% of additional national monthly patient volumes of clinical pathways consultations to March 2025. The above graph shows a straight-line trajectory based on an incremental growth from the average volume of clinical pathways consultations delivered in February and March 2024 to an additional 3,200 consultations (1% of 320,000).

5.14 The graph shows that there has been an increase versus the baseline, but community pharmacies in NHS Somerset are not able to currently evidence growth aligning with the national ambition.

5.15 NHS Somerset is currently working with Community Pharmacy Somerset, GP practices, NHS 111, UEC providers and reviewing direct communications with patients to shift the delivery of care of these cohorts to the community pharmacy setting.

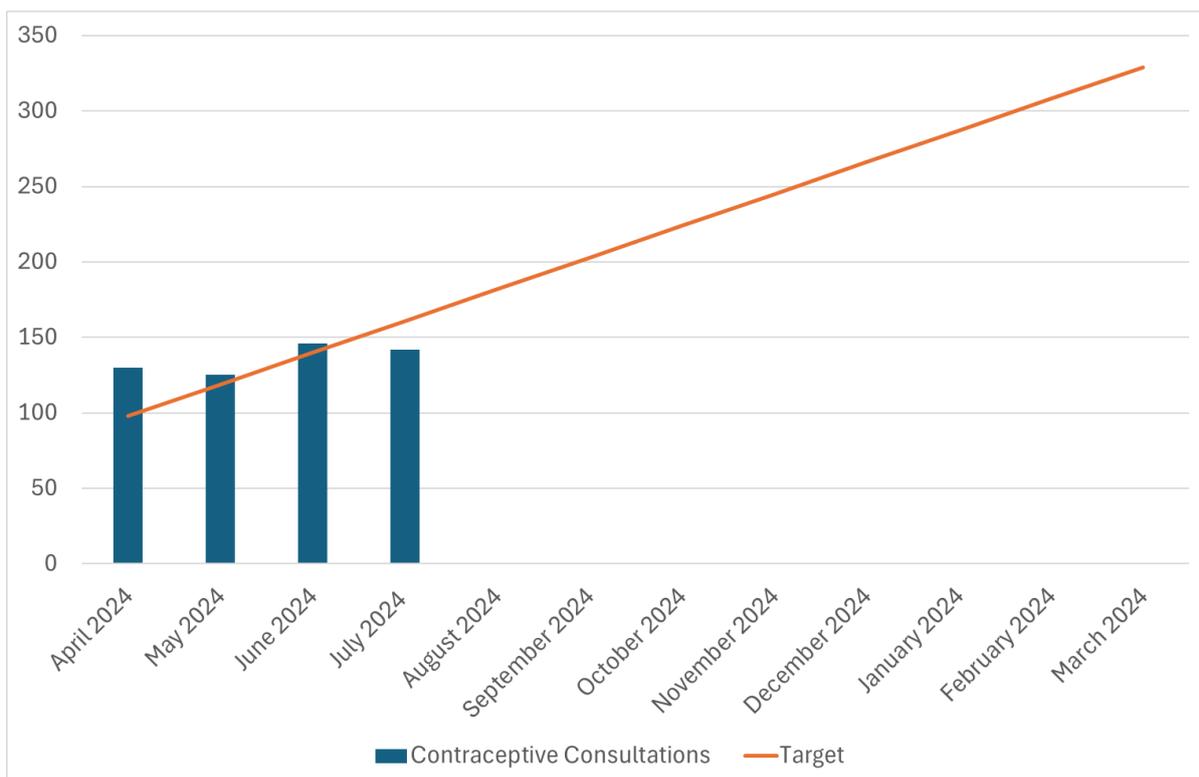
Oral contraception service

5.16 The *Delivery Plan for Recovering Access to Primary Care* highlights the ambition to expand a pilot pharmacy contraception service to increase access to and convenience of contraception services in line with the Government's Women's Health Strategy for England announced in August 2022. The strategy flagged that community pharmacy had a part to play in

increasing choice in the ways people can access contraception, complementing the action taken by local government to support the commissioning of sexual health services as highlighted in the NHS Long term Plan.

- 5.17 The Community Pharmacy Oral Contraception Service enables community pharmacists to initiate and provide ongoing supplies of oral contraception, via a PGD, and provide ongoing clinical checks and annual reviews.
- 5.18 The service provides another opportunity for pharmacies to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE recommendations.
- 5.19 The service aims to provide people greater choice from where they can access contraception services; and extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments. A new service finder is now live on the NHS website, allowing patients to search for a pharmacy offering the service. The tool uses a town, city or postcode search facility to find a pharmacy.
- 5.20 Whilst more than 80% of pharmacies in Somerset are registered to provide this service, only 21.4% actively claimed for services activity delivered in September 2024.

NHS Somerset Pharmacy Oral Contraceptive Service Consultations versus Target

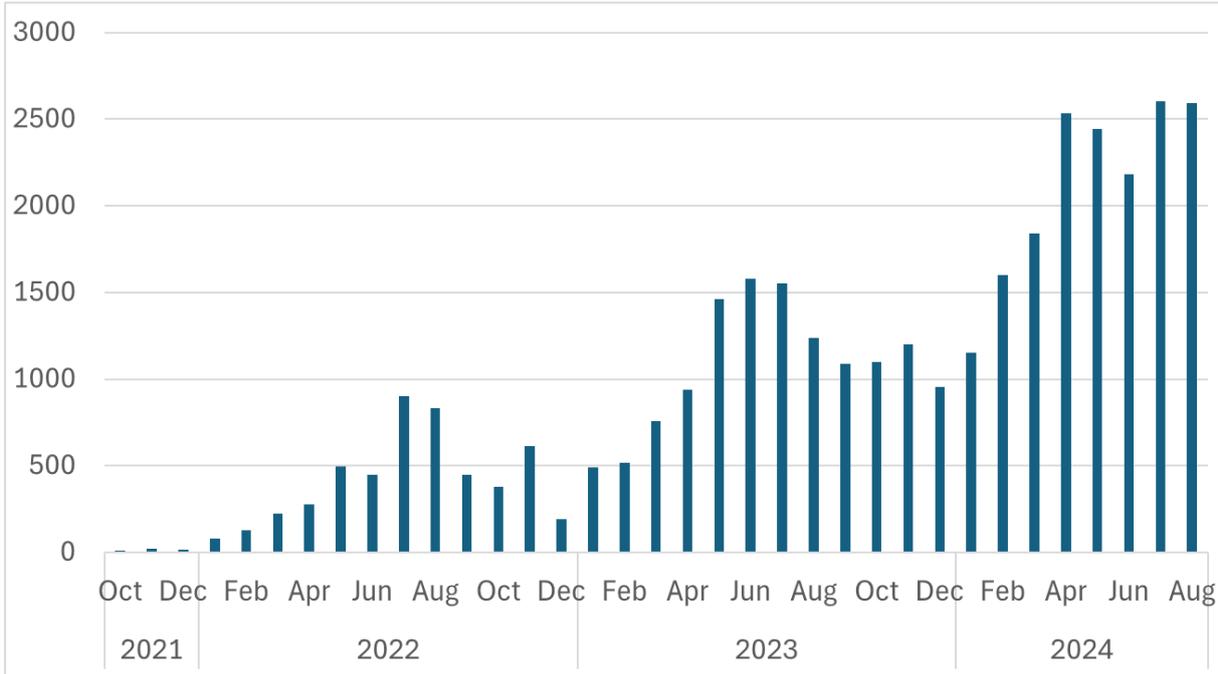


- 5.21 The above graph shows a straight-line trajectory based on an incremental growth from the average volume of clinical pathways consultations delivered in January, February and March 2024 to an additional 258 consultations (1% of 25,800).
- 5.22 The graph shows that there has been an increase versus the baseline, broadly in keeping with the national ambition. However, due to the limited number of data points currently available, it is too early to determine whether this is sustainable growth.
- 5.23 NHS Somerset is currently working with Community Pharmacy Somerset, Somerset Council, GP practices, NHS 111, UEC providers and reviewing direct communications with patients to shift the delivery of care of these cohorts to the community pharmacy setting.

Pharmacy Blood Pressure Checking Service

- 5.24 Identifying and treating people with high blood pressure is a system priority. The Community Pharmacy Blood pressure case finding service has been available since 2021 but has had renewed focus since publication of the *Delivery Plan for Recovering Access to Primary Care*. Service specification has been available since 2021. Most pharmacies are signed up to deliver the service, with more pharmacies consistently delivering the service each month.
- 5.25 12,880 blood pressure (BP) checks were completed in pharmacy in Somerset in 2023, and 16948 have already been completed between 01 January 2024 and 31 August 2024.

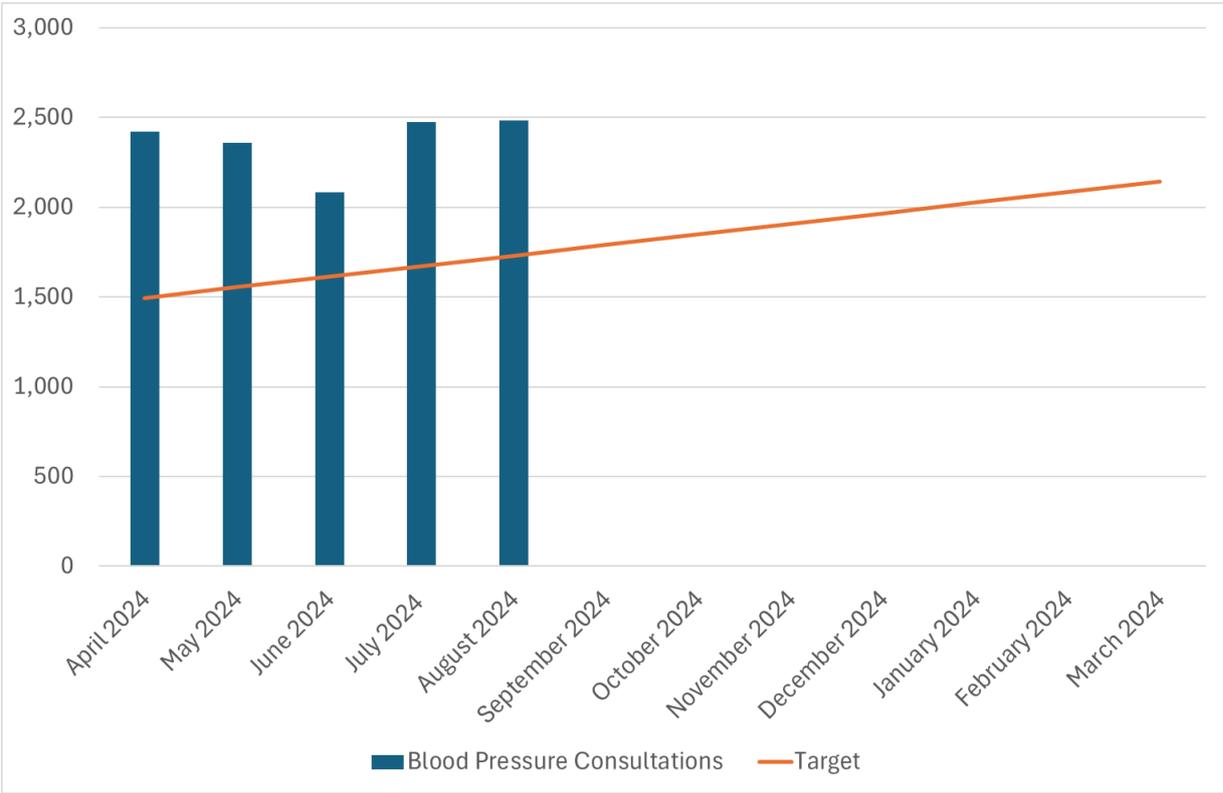
Total NHS Somerset Blood Pressure Service Checks



5.26 Most BP checks completed are currently opportunistic, but we are seeing a growth in referral of patients from general practice into pharmacy. Referral criteria may include:

- people who are over 40 and have not had a BP check recorded in the last 5 years
- patients diagnosed with hypertension who have a recorded BP result outside of optimal range

5.27 Referrals are made using EMIS Local Services as described above, with information flowing back from pharmacy using GP Connect: Update Record. This secure method of referral and information sharing enables good communication with the GP, recording of the outcome back into patients' clinical records and makes it easy to highlight patients who require further investigation. In addition to measuring BP, pharmacists can optimise treatment and ensure people are taking their medicines as prescribed to get the best outcome by undertaking a New Medicines Service review for people newly prescribed antihypertensives.



5.28 The above graph shows a straight-line trajectory based on an incremental growth from the average volume of blood pressure checks delivered in January, February and March 2024 to an additional 710 consultations (1% of 71,000).

5.29 The graph shows that there has been an increase versus the baseline, significantly exceeding the national ambition. However, based on past performance, there has been a marked seasonality on deliver of blood pressure checks in community pharmacies in Somerset, likely driven by increased consultation room occupancy and decreased workforce availability driven by vaccination campaigns (influenza and COVID-19) and increased delivery of Pharmacy First (formerly CPCS). This will continued to be monitored in line with PCARP reporting requirements.

6 BETTER DIGITAL TELEPHONY

- 6.1 The previous May 2024 submission detailed the numbers of practices to be supported with implementation of advanced cloud-based telephony (ACBT) across Somerset. All 15 practices and the PCN Hub which were using analogue systems prior to this programme (phase 1) have successfully implemented and gone live with an ACBT solution from the BPF before the end of Quarter 1 of this year.
- 6.2 Practices identified for support in phase 2 have also made good progress with their telephony systems. 12 out of 14 practices have gone live with their new or upgraded ACBT solution this year. This means they now have access to the full functions of an ACBT system including patient queue call-back, a feature which has been noted to be important for patient access. Of the remaining two practices, one is due to go live with an ACBT solution from the BPF by the end of October 2024 and the other are due a free upgrade to their system to achieve ACBT. An additional 3 practices have been supported with the upgrade costs of the ACBT solution they have implemented recently.
- 6.3 There remain two practices (3%) in Somerset (both in the same PCN) who decided to opt out of the telephony programme and continue to use a cloud-based telephony system with a supplier who is not currently on the BPF.
- 6.4 The Commissioning Support Unit (CSU) continue to be commissioned to provide technical expertise to ensure practices are digitally supported. As mentioned previously, regardless of the telephony supplier, soft-phone functionality cannot be hosted over the Somerset HSCN line. NHS Somerset with the technical support from the CSU has successfully completed pilots with X-On, Check Cloud and Daisy to enable soft-phone access at practice sites and is working with the other 2 BPF suppliers in Somerset to achieve the same. Progress with the softphone pilot with Think/Focus Group has been stalled as their routers need upgrading to facilitate the required configuration.
- 6.5 Following the pilots, a roll out programme is underway to bring the solution to all practices (where feasible) in Somerset so they can achieve soft-phone functionality while maintaining the NHS Somerset cyber security requirements. As a result, softphones are now available at all practice sites using Check Cloud, 75% of practices with Daisy (3 practices, 5 sites) and 30% of practices using X-On (14 practices, 17 sites). There have been problems with the softphone roll out with X-On as some practice sites need an upgraded router before the solution can be implemented. X-

On are providing the upgrade to the routers for the 10 impacted practices (at 15 sites), but there have been some issues with stock availability, resulting in delays to complete the roll out. There have been additional complications affecting the ability to provide softphones with X-On at 6 practices (8 sites) but the remaining 35% X-On users (16 practices, 20 sites) are in progress with completion before the end of 2024. Think/Focus Group and RPM solutions have been slow to engage recently resulting in little progress with the softphones for these practices. We continue to try to work with the suppliers to achieve our ambition for Somerset.

7 SIMPLER ONLINE REQUESTS

- 7.1 Somerset GP practices continue to use a range of 9 systems in total across the county. EMIS Online Consult have withdrawn their solution which back in May 2024 was used by 3 practices but a new system to Somerset, Hero Health is now in use at one practice. Now 60% percent of practices utilise Accurx Patient Triage, 18% use AskmyGP, 6% use Anima, 5% use Klinik and the remaining 7% use a mix of Engage Consult (2), eConsult (1) and Hero Health (1). 5% of practices (3) don't have a current online consultation system in place on their website.
- 7.2 The NHS Somerset contract held with Accurx covering video consultation, SMS, Batch and Florey Plus for all 62 practices in Somerset remains well utilised by all practices. The contract is currently on a rolling 1 month basis until end of March 2025, while we review options. We remain in regular contact with Accurx and are working with them to provide training to practice staff about maximising the effectiveness of their direct communications with patients while increasing the efficiency through increased utilisation of the NHS App.
- 7.3 The Accurx Self-Book contract was held at a national level until the end of June 2024. NHS Somerset surveyed the Somerset practices to establish how important the booking feature was to their processes and patients. Despite the limited time for feedback we had responses from 74% of practices which was overwhelmingly in support of the self-book feature from Accurx. A procurement was undertaken through the Procurement Hub and Accurx were awarded the contract for self-booking from July until end March 2025. We are currently reviewing the costs and utilisation of the booking module to determine if there is a business case to procure this or an alternative solution in the future.
- 7.4 In order to explore the business intelligence tools available to general practice, NHS Somerset have procured APEX for all practices. The aim is to support operational efficiencies and to provide real-time data which will

help better understand demand, capacity and activity, and drive quality improvements across practices and PCNs, which will in turn support the wider system. The roll out and implementation of APEX was started in May and has been completed at (41/62) 66% of practices and configuration is complete at 3 PCNs (23%).

7.5 NHS Somerset Data Facilitators work directly with practice staff to understand their systems that are being used as well as attain the feedback on appointment activity.

7.6 GP practice websites are a key point of information for patients, and it is vital that they are fit for purpose and easy to navigate. NHS Somerset continues to support improvements to GP practice websites through sharing the NHS England website guidance including accessibility standards with practices and PCNs. We also have some practices and PCNs in Somerset who are currently trialling the National GP website template.

General Practice Data Improvement

7.7 NHS Somerset has been supporting GP practices with the quality of their appointment data as well as reduction in Workflow tasks within the EMIS clinical system. This has been achieved by providing specific resource in the form of Digital Data Facilitators. This team actively contacts practices where it is suspected they will be able to provide support. Additionally, this team also looks at practices who are having some success in these areas which allows sharing of learning and understanding between practices and develops best practice for data quality.

7.8 Where there are queries that need to be escalated, the Digital Data Facilitators act as liaisons between general practice and NHS England as well as EMIS Support when necessary. This allows the responses to be disseminated so that the information is shared to all. They have strong links to the Digital team at NHS England and are the first point of contact should a data issue be identified from that end. Additionally, they maintain contact with the EMIS Support teams to help drive the changes identified and requested by practices.

General Practice Appointment Data (GPAD)

7.9 The accuracy of appointment data has slowly increased through the support from NHSE and the ICB to improve general practices' understanding of mapping appointments.

7.10 In 2023/24, the Impact and Investment Fund (IIF) contained a 2-week waiting time performance metric. This was ceased for 2024/25 however work continues with practices to ensure that should performance metrics return, practices will have more accurate data that supports their eligibility for the funding.

- 7.11 Work continues to improve the variety of mapping being utilised to better reflect activities being undertaken within general practice, while the focus moves to other areas within the appointment space such as work on consistency across Somerset as well on the recording of the clinical roles involved in the appointment.
- 7.12 However, we are aware that the GPAD does not accurately reflect the actual number of appointments that are taking place at our practices. There are several reasons for this including:
- There are telephone appointments that are opportunistic and undertaken flexibly by practice staff “in between” booked appointments. These are not captured appropriately in the EMIS appointment book and as a result are not present in the published data. This has been improving through conversations with practices where this discrepancy has been identified with the practices undertaking process changes to more accurately capture this activity.
 - Discussions with general practice around clinical triage systems, such as AskMyGP, have resulted in potential options for improving appointment data accuracy that would cause minimal disruption however this problem continues to affect some practices with others choosing to revise processes for their clinical triage workflow.
- 7.13 GP practices within NHS Somerset are currently using 9 different tools for online consultations. NHS Somerset does not currently have direct access to obtain information to demonstrate a baseline position that varies from the nationally published GPAD data. NHS Somerset Digital Team’s desire is to work alongside the practices to recreate a GPAD style of reporting locally to understand the level of capacity more accurately versus demand facing general practice. This will also highlight variation between the local & national position which will allow us focus work on this area.
- 7.14 To take this piece of work forward the NHS Somerset Digital team:
- Will continue to support practices via the Digital Data Facilitators to spread good practice, investigate potential data quality issues, improve the accuracy of the appointment books and raise awareness around exception reporting that came into effect in April 2024 as NHSE have expressed interest in using this data.
 - Will undertake work to understand if there are processes & systems that do not get captured within the GPAD publications to ensure data extraction is as accurate as possible.
- 7.15 The nuanced complexity of general practice has slowly been understood to be poorly reflected by appointments only, however work is being

undertaken to visualise the pressures in general practice through data that is currently available.

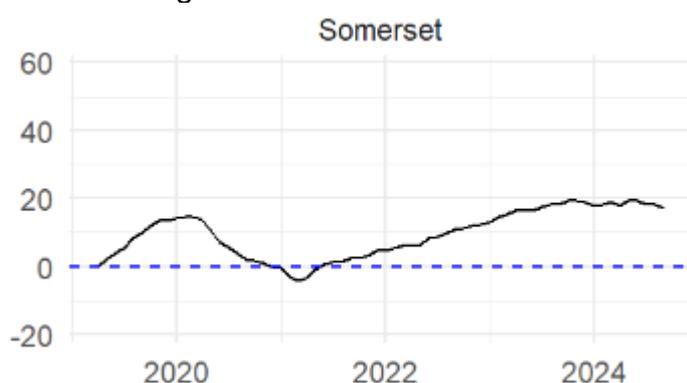
8 FASTER NAVIGATION, ASSESSMENT AND RESPONSE

GP Appointments

8.1 The total number of GP appointments Somerset practices are delivering is now higher than pre-Covid, both same day and within 14 days – the two key metrics of this programme.

8.2 Figure 1 demonstrates the rate of change in number of appointments delivered in Somerset, on average. The total number delivered has increased steadily throughout the pandemic and is now higher than April 2020, with over 300,000 appointments delivered on average per month.

Figure 1



8.3 On average, 44% of all appointments in Somerset are delivered on the same day. A further 40% are delivered within 14 days. This figure continues to rise, and we are to work with our practices to capture the entirety of all appointments delivered through improved accuracy, as referenced in section 7.

8.4 The national target and key metric of this work programme is to deliver 85% of appointments within 14 days. However, it is important to note that not all appointments will be clinically appropriate within 14 days and therefore an exclusion criteria is currently being worked through and implemented so our reporting process accuracy is improved.

8.5 Care Navigation Training

General practice colleagues can still access the digital e-learning care navigation training (foundation and advanced). An online learning platform, Care Navigation Connect, provides a free dedicated space for general practice staff who want to learn more about care navigation, access useful resources and the opportunity to ask questions. Reminders about the availability of this resource will be going out to practices.

9 LARGER MULTIDISCIPLINARY TEAMS

- 9.1 The Additional Roles Reimbursement Scheme (ARRS) in Somerset has grown substantially since its introduction. The allocation available to Somerset for 2024/25 is worth £14,172,209. The allocation has not been increased in year regards to agenda for change pay award or increase in ARRS salary caps from 1 October 2024.
- 9.2 The projected spend for 31st March 2025 in Somerset is £13,162,621. This does not take account of further recruitment plans in the remainder of the year, the impact of the increase in the maximum salary rates for roles or pay rises awarded because of the updated PCN DES 1 October 2024. As of September 2024, there are 326.98 WTE ARRS in post and 412 people employed across PCNs in Somerset.
- 9.3 The compliance guidance and claims process for ARRS is complex and we support PCNs with individual budget packs and up to date information on their budget status and spend position against their funding allocation. Following the updates to the PCN DES a bulletin containing related information, and updated PCN budget packs have been developed and shared to support PCNs to plan for the remainder of the financial year. Traditionally, workforce planning returns have been requested in October each year via a national return. This responsibility has been devolved to ICBs this year. We are finalising this to support PCNs to complete it as efficiently as possible and plan to utilise this information to work with Somerset Training Hub to identify any areas that they may be able to support PCNs with.
- 9.4 Somerset PCNs continue to benefit from our Nationally recognised third-party models for providing some of the ARRS roles, in particular MSK and Occupational Therapist staff. Not only have they provided additional specialist staff for PCNs and general practice but have also provided a way of supporting the wider health system to develop and implement integrated services at a more local level.
- 9.5 There is some flexibility with Direct Patient Care (DPC) roles which our PCNs and third-party providers can explore. Supplementary guidance has been published on the flexibility that could be considered which has been shared with PCNs.
- 9.6 Somerset ICB is supporting delivery of a GP Staff Survey for the first time. 87% of our practices have opted to participate with the questionnaires being disseminated to over 2000 staff. The questionnaire was open until 29th November 2024 and the results are expected in Spring 2025. This will provide a valuable opportunity to further develop understanding of the experience of working in general practice, support improvements to working experience and highlight opportunities to support recruitment and retention of staff.

9.7 A wider piece of focused work is also being undertaken to assess the impact of ARRS and Non-ARRS investment into general practice workforce. This will enable identification of opportunities to support developing general practice workforce further.

10 MORE NEW DOCTORS & RETENTION AND RETURN OF EXPERIENCED GPs

10.1 The data below is taken from the August 2024 position and is based on FTE GP Numbers.

ICB	Role	Latest Month FTE	Last Month FTE	Monthly Change FTE	Monthly Change %	Previous Year FTE	Annual Change FTE	Annual Change %	Per 10k weighted population
Somerset	GP Partners	171	170	1	0.4%	176.7	-6.1	-3.4%	2.7
	Salaried GPs	118	113	5	4.5%	97.7	19.8	20.3%	1.8
	GP Locums	3	3	0	0.5%	3.7	-0.3	-8.2%	0.1
	GP Retainers	2	2	0	0.0%	2.1	0.2	10.5%	0.0
	Total Qualified GPs	294	288	6	2.0%	280.2	13.7	4.9%	4.6
	GPs in Training	104	102	1	1.4%	106.6	-2.9	-2.7%	1.6
Somerset	Total GPs	398	391	7	1.8%	386.8	10.8	2.8%	6.2

10.2 It demonstrates an annual reduction in GP Partners alongside an increase in Salaried GPs continuing. It is important to note the impact of Symphony Healthcare Services (SHS) practices on the number of GP partners. Symphony is an at-scale provider with a unique contract delivery model based on salaried GPs. As Symphony practices represent 26% Somerset practices, the impact on the GP partner position in Somerset is significant.

10.3 There is planned expansion for GP Training in Somerset which is positive and represents an opportunity to retain more newly qualified GPs in Somerset. We are aware that GP trainees are taking longer to qualify, and the number of retakes has increased which impacts on the flow of trainees coming onto the programme and the numbers qualifying. This impacts on available physical clinical space and training capacity to accommodate new intakes.

10.4 We continue to support practices and PCNs with the increasing challenge to identify estates solutions and make the most effective use of existing space. We support access to Minor Improvement Grants that can enable additional clinical space to be developed. This current year, bids that have been supported include converting previous medical record room space into clinical space. Applications are ongoing to secure Section 106 funding. Section 106 funding provides for housing developer contributions to mitigate against impacts of developments. S106 funds are identified for and tied to a particular GP practice.

10.5 We continue to meet monthly with regional South West Collaborative Commissioning Hub colleagues and the other South West ICBs to share innovation and challenges, to collectively find solutions together. Flexible

use of other spaces utilising regional learning has been shared and we are currently considering how this might be applicable in Somerset.

- 10.6 The ICS Estates Group has developed a Somerset Integrated Care System Infrastructure Strategy which describes our current estates infrastructure, and how this might change.
- 10.7 Somerset Training Hub continues to work with PCNs in their development as learning organisations. The learning organisation approval process enables acceptance of all learners (clinical, administration, management) across a primary care network (PCN) footprint, with the ability to supervise between practices.
- 10.8 The Somerset GP Flexible Pool hosts salaried GPs on a contract and has successfully brought a remote GP workforce into Somerset providing cover for unfilled shifts in practices and additional capacity to the workforce, delivering 276.50 hours/38 sessions of GP time during September 2024.
- 10.9 Our local retention scheme 'Careers Plus' is aimed at those thinking of returning or who face a crossroads in their careers/home life. The programme is aimed at providing a supportive, coaching focus to help registered professionals discover a more fulfilling work-life balance and therefore support practices in the retention of experienced staff. Two new cohorts are due to commence, one cohort for GPs and another cohort extended beyond Registered Nurses for registered professionals within General Practice.
- 10.10 The National GP Retention Scheme continues to be accessed by GPs in Somerset, we currently have 2 retainers on the scheme. The national scheme provides a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice.
- 10.11 From 1 October 2024 to 31 March 2025, The Additional Roles Reimbursement Scheme (ARRS) has expanded to offer PCNs the ability to claim for reimbursement for General Practitioners from within a ringfenced GP Sum specifically for this role. The GP Sum for Somerset PCNs combined represents £806,604. There are national parameters contained within the updated PCN DES Specification that define the scope of GPs able to be reimbursed through this funding route e.g. the General Medical Practitioner cannot be beyond their second anniversary of their certificate of completion of training at the start of their employment and they cannot have been engaged in substantive employment previously.
- 10.12 To support and encourage newly qualified GPs to consider a partnership position and following the closure to new applications of the National Partnership Incentive scheme, we are finalising a Somerset New to Partnership incentive scheme, which focuses on providing access to partnership training on all aspects of managing a modern general practice alongside facilitation of some peer support. This could strengthen

resilience and confidence in taking up the responsibilities and risks associated with becoming a partner.

- 10.13 We are finalising a refreshed relocation scheme, to support our practices in attracting professionals into the Somerset system and provide another mechanism to support practices where they are facing recruitment challenges.
- 10.14 Our ambition is for all Somerset practices to have a home office licence and be able to employ international doctors who require a visa to remain. We are revising and finalising a previous offer to practices whereby the ICB reimburse the application fee and provide guidance and support with the application.

11 HIGHER PRIORITY FOR PRIMARY CARE IN HOUSING DEVELOPMENTS

- 11.1 NHS Somerset (and formerly NHS Somerset CCG) contract with the Local Planning Authority Engagement Team (LPAE) at South Devon and Torbay Foundation Trust to provide technical resource to the integrated care system regarding the provision of planning obligations under Section 106 of the Town and Country Planning Act (1990). This is to ensure that robust processes are implemented and maintained in accordance with relevant legislation and to ensure that there is appropriate and proportionate mitigation provided by housing developers where there is a demonstrable impact on local general practice primary medical service provision.
- 11.2 With and on behalf of NHS Somerset, the LPAE team routinely engage with planning officers within the Local Planning Authority, scoping, evaluating, and responding to planning applications that meet the test for mitigation under local plan policy relating to healthcare facilities.
- 11.3 NHS Somerset (formerly Somerset Clinical Commissioning Group) became responsible for coordinating responses to planning applications following delegation of primary medical services in 2019. Since then, NHS Somerset has calculated and submitted £6,084,868* in mitigation for general practice under Section 106 of the Town and Country Planning Act (1990).

*Correct as of October 2024.

Status of Section 106 funding requested by NHS Somerset for Primary Care	Capital Section 106 Contribution
Approved – Planning permission and associated ICB s106 contribution granted; awaiting trigger point for s106 drawdown	£605,303
Approved In Principle – Planning permission granted, awaiting signed s106 agreement	£69,492
Submitted – Planning permission and s106 decision awaited	£4,711,940
Exploring – Awaiting ICB s106 assessment for potential contribution request	1 Application

Submitted in response to pre-application – Pre-assessment for potential s106 contributions for pre-application enquires (information only; not guaranteed)	£1,254,230
Total	£5,386,735 £6,640,965 inc pre-application enquires

11.4 NHS Somerset has engaged with the PCN Estates Toolkit, commissioned by NHS England, and delivered in partnership with Community Health Partnership (CHP), supporting general practice to model the current and future delivery of care and use this to inform a forward-looking estates strategy. This information will further support the process of ensuring that general practice is able to continue to model the impact that housing population growth will have on their service delivery models.

12 MEASUREMENT OF SUCCESS

12.1 The overarching measurement of success for the Recovering Access to Primary Care delivery plan is to recover appointment numbers to pre-Covid level, increase patient satisfaction and an increase in the number of appointments delivered, both at same day disposition (where clinically appropriate) and within 14 days. It also aims to tackle the 8am rush experienced nationally. Each area within this project has its own set of measurable outcomes that are instrumental in overall delivery, as detailed within this report.

12.2 Whilst each key requirement has an array of nationally set directives, with specific guidance and deadlines on how systems are expected to deliver the scope of the plan, both operationally and financially, NHS Somerset is particularly clear that we must ensure a localised approach that is meaningful for our patients. This has and continues to be done whilst also meeting national expectation and reporting commitments.

12.3 To monitor and continuously evaluate the success of this project, we have created a centralised interactive dashboard. This encompasses key measurables from each requirement such as national patient survey results, friends and family test and general practice activity data to show improvement. Whilst the core measurables are included, we continue work to show progress against care navigation, general practice improvement programme/support level framework, self-referral data and telephony data. The aim of this dashboard is to monitor progress over time as we continue implementing the work highlighted within this report to ascertain the improvement of overall patient satisfaction not only at practice level, but PCN and county-wide.

12.4 This will enable Somerset to highlight the output from this project against strategic, operational, and financial input that places patient satisfaction at the forefront of everything we do.

12.5 Somerset has made a noticeable level of progress against each key measurable in 2023/4 and 2024/5, particularly through securing cloud-based telephony for providers, significantly improved self-referral numbers which meet and exceed the regional/national target of 45,000 per month and improved 14-day deposition which now sits at 85%.

13 FUNDING & GENERAL PRACTICE IMPROVEMENT PROGRAMME

13.1 To support the delivery of the Primary Care Access Recovery Programme, national funding was made available for the following areas.

- Digital telephony,
- Digital tools,
- Transition & transformation.

13.2 In addition, NHS England changed the focus of the 2023/4 Impact and Investment Fund (IIF) to support the PCARP. This funding was split as follows. As highlighted in the May 2024 report, NHS Somerset allocated this funding via 70% IIF-CASP and 30% IIF-CAIP, the latter being subject to a business case to describe the access related project, anticipated benefits, improvement metrics and how it remains sustainable moving forward. We continue to work with all PCNs to embed this work following payment.

13.3 2024/5 IIF funding is again split across IIF-CASP and IIF-CAIP. IIF-CAIP payments are being processed via individual PCN submission of the nationally mandated self-declaration template to confirm all practices in each PCN are fully operational with better digital telephony, simpler online access and faster care navigation, assessment and response.

13.4 Transformation funding at £13,500 per practice has also been used to support individual practices taking part in the national General Practice Improvement Programme (GPIP) to implement changes agreed as part of their action plan.

13.5 Since 2023/4, various initiatives under the GPIP umbrella have been operational. These initiatives comprised of intermediate (13 weeks), intensive (26 weeks) and PCN based courses in which there are varying modules focussing on the totality of general improvement – of which access featured heavily.

13.6 Since April 2023, Somerset has had 23 practices that attended introductory webinars for these initiatives, and 11 of these converted into enrolment onto the programme. In addition to the 11 practices undertaking GPIP individually, we also have an entire PCN of 4 further practices that have

participated in the PCN offer. The feedback from all practices undertaking GPIIP has been extremely positive and all would recommend.

13.7 There are many opportunities and benefits these practices have identified through participation, some of which include:

- Review and implementation of new, improved triage model – including total triage
- Reviewing and using digital telephony data to inform care navigation/reception staffing model
- Reviewing resource allocation and utilisation to meet demand and capacity challenges
- Identifying access related challenges, both for patients and system partners
- Supporting the wider system through strengthening the primary/secondary care interface

13.8 We have developed a dashboard that pulls together information not only of key access metrics but also workforce, appointment data, patient feedback, deprivation and geographical hotspots. Through analysis of this data we have identified a cohort of practices that will benefit from either GPIIP or a support level framework conversation to initiate the development of robust quality improvement project.

13.9 The final cohort for GPIIP has closed for the 2024/5 financial year and we are still awaiting confirmation as to whether it will continue in 2025/6, although there are early indications that there will be some form of initiative. In the meantime, we are exploring opportunities to continue supporting our practices locally. This will be via support level framework conversations to unpick specific challenges those in the lower quartile face, seek opportunities and develop quality improvement projects that not only support the practice, but the wider PCN and facilitate collaborative system working. We have identified 10 practices, in addition to the 11 on GPIIP, from a range of PCNs to begin this work with. Further information on the logistics of these support level framework conversations will be shared once approved via our robust governance process.

14 2024/5 PRIORITIES

14.1 As we conclude year two of Primary Care Access Recovery, several national priorities have been published which are designed to enhance progress made in year one. Somerset ICS has been stabilising, embedding and building upon the progress made in year one whilst ensuring a diligent approach to fulfilling requirements of year two.

14.2 Priorities for year two have included;

- Increasing NHS App record views and prescription numbers
- Continue expanding self-referrals for existing pathways
- Expand the uptake of Pharmacy First services

- Complete implementation of better digital telephony
- Continue implementation of simplified patient access – for both in person and online patient contacts. This includes improved care navigation to enhance patient experience
- Our major focus for the remainder of this year will focus on improvement support for individual practices and PCNs – utilising national General Practice Improvement Programme for those practices and PCNs already participating and developing localised Support Level Framework tools
- Continuation of the work underway to improve the primary/secondary care interface

15 CLOSING SUMMARY

- 15.1 Somerset ICS is committed to delivering the recovering access to primary care delivery plan. This report describes how this is being achieved, providing insight into the performance against the 12 key priorities of 2023/4 and setting out focus areas for 2024/5.
- 15.2 Whilst the national Recovering Access to Primary Care delivery plan is a two year programme, scheduled to conclude in March 2025, access remains a priority for NHS Somerset and features in our core business as usual workplan that will continue into 2025/6, once this national programme concludes.
- 15.3 Should you wish to explore any further details of this plan and the deliverables within, please contact Sam Checkovage (sam.checkovage@nhs.net) and Luke Best (luke.best@nhs.net).