

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: H
DATE OF MEETING:	23 May 2024	
REPORT TITLE:	Recovering Access to Primary Care	
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EXECUTIVE SPONSOR:	Bernie Marden, Chief Medical Officer	
PRESENTED BY:	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 November 2023 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 November 2023 meeting an overview of the key deliverables was given. We discussed risks to delivery and mitigating action in place.

REPORT TO COMMITTEE / BOARD

This report details action taken against each of the 12 key requirements set out in the nationally published Recovering Access to Primary Care delivery plan for 2023/24. These include implementing modern general practice, the primary/secondary care interface and the general practice improvement programme.

The report also sets the direction of travel and highlights key areas for focus for year 2 of the delivery plan – building on the extensive work already undertaken.

The Integrated Care Board is asked to note both the progress to date and the direction of travel for 2024/25 – as set nationally and highlight 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 continue to need governance consideration as we progress.
Confidentiality	N/A
Risk Description	No significant risks identified.

RECOVERING ACCESS TO PRIMARY CARE

May 2024

RECOVERING ACCESS TO PRIMARY CARE

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APPENDIX A NHS APP DASHBOARD

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 last year.
- 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.
- 1.4 We are improving patient experience of contact by ensuring that all practices are providing patients with access to their own records. We have already supported all 62 practices with resources to enable online prescription ordering. All practices can send patients text messages. We will continue to promote the NHS App as a straightforward way to access GP services. Digital innovation will accelerate during 24/25 with a new national suite of approved digital products becoming available.
- 1.5 All practices that last year remained on analogue phone systems have now moved across to digital systems or will move during Q1, and we have secured further funding to support practices on older digital systems to upgrade to the latest specifications to improve functionality for patients and staff.
- 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 Patients are benefiting from new digital tools and greater triage and care navigation, to ensure they are seen by the right person at the right time. Practices are benefiting from training for staff on care navigation skills, and from the national General Practice Improvement Programme, which is providing skilled help in redesigning appointment systems.
- 1.9 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.
- 1.10 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.
- 1.11 We continue to work hard to ensure that patients are at the centre of our work to improve access. We are particularly grateful to the Patient Participation Group Chairs Network and Healthwatch for their constructive engagement to this programme.

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 is now complete, and we move on to year two, again delivering the national requirements with a local focus.

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, the latest data shows that 5246 out of 6288 GP practices in England have now switched on access safely and effectively, enabling more than 24.1 million out of a total 62.4 million patients to benefit from having access to their future health information. Following a successful programme of engagement in Somerset, 56 of the 62 GP practices (90%) have successfully enabled access to their patients in line with the revised GP Contract.
- 3.2 Slide 4 of Appendix A illustrates the increase of GP record views on the NHS App in Somerset throughout the PRA rollout in 2023, with record views, detailed coded record, and summary coded record views, all reporting an increase for February 2024.

- 3.3 In October 2023, the British Medical Association (BMA) released guidance and an accompanying Data Protection Impact Assessment (DPIA) for practices to adopt, should they wish to operate an alternative 'opt-in' model. This would require any participating practice to notify patients of their decision and invite them to 'opt-in' individually to have online access switched on, as opposed to having access automatically enabled, in line with the national rollout. Each request received will be reviewed by the practice on a patient-by-patient basis, with the appropriate safeguarding risks considered, in line with the national guidance. Four practices in Somerset chose to adopt this model of enabling access.
- 3.4 In January 2024, the Information Commissioner's Office (ICO) published a response to GP practices that had submitted a DPIA in relation to the BMA's guidance [aagpr-bma-dpia-response.pdf \(ico.org.uk\)](https://ico.org.uk/for-organisations/data-protection-impact-assessments/guidance/aagpr-bma-dpia-response.pdf). Although the ICO recognised the risks detailed in the submitted DPIAs (Data Protection Impact Assessments), it felt that practices remain able to sufficiently mitigate these and meet their contractual requirements.
- 3.5 Following the offer of another bulk-enablement to give patients prospective record access (PRA) from 1 May 2024, NHS Somerset has been working with the remaining 6 practices who were previously identified as non-compliant with implementing PRA for patients. Of these 6 practices, 4 agreed to participate in the bulk-enablement, with the other 2 practices progressing patient PRA through their own processes. One of the 2 remaining practices understood they were progressing well through their patient list, however this was not the position pulling through via the final report from the central NHS England team and as such we are seeking confirmation from NHSE/EMIS about their confirmed position. The other practice is currently operating an 'opt-in' model with their patients and have been issuing communications out to all patients. We are seeking further assurances around this process to ensure that patients are being given all information required to make informed decisions about PRA.
- 3.6 On 1 May 2024, the 4 participating practices and NHS Somerset received confirmation the bulk-enablement had been delayed until 1 June 2024. NHS Somerset are utilising this additional time to establish whether either of the two remaining practices wish to participate.

NHS App Engagement

- 3.7 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. This has included attending practice open days and running registration events, with the aim of raising awareness and offering more focused support to those wishing to sign up.
- 3.8 In September 2023, NHS App registrations in Somerset rose by 109%, recording the biggest month-on-month increase since May 2021 and the highest number of registrations reported for 2023 so far.

- 3.9 National data also shows an overall 3% increase in registrations across Somerset, rising from 48% in August 2023 to 51% in January 2024. Our Somerset target is 56% by March 2025.

Ordering Repeat Prescriptions

- 3.10 In January 2024, the new digital prescriptions feature was launched on the NHS App, which allows patients to view all their repeat prescriptions, order repeat medication and generate a barcode for medication collection from a pharmacy, without the need for a paper token. Full details of the new service, along with the accompanying promotional resources, were sent out to all Somerset practices following implementation and the feature is regularly promoted to patients at NHS App events. More information can be found here: [Digital prescriptions in the NHS App - NHS Digital](#)
- 3.11 We continue to promote the national NHS App toolkit to all our practices, to encourage their use of the resources available, including leaflets, website displays and message templates for social media and texts. There is also a selection of newly introduced bitesize videos now available, which demonstrate how to use many of the key services on the App.
- 3.12 Many practices continue to actively promote the online prescription ordering feature on the NHS App. Slide 3 of Appendix A - App Dashboard shows the continuing increase in the number of prescriptions ordered via this route. It is hoped that the trend will continue as the programme of engagement progresses to keep patients and practices informed of NHS App functionality.

NHS App Messaging

- 3.13 Accurx, iPlato and MJOG are the three main communications suppliers used by GP practices in Somerset, all of which are now integrated with the NHS App in terms of messaging and notifications. The NHS App messaging service is free to all NHS commissioned services and therefore presents potential cost savings to practices in relation to the use of SMS texts. The service also provides reassurance to patients in respect of the source of the message and the data security, as all notifications are sent to the patient's secure inbox within the NHS App.
- 3.14 In Autumn 2023, AccuRx introduced batch messaging, batch messages with attachments and batch questionnaires (Floreys) to GP practices nationally and we continue to promote this using all usual channels to our practices – i.e. GP bulletins, GP Provider Board, PCN (Primary Care Network) Managers. Accurx will shortly be introducing batch messages via email for the first time, which will provide additional savings to ICB SMS fragment

costs, enhance patient access and choice, whilst giving users more control of how messages are sent

- 3.15 Following feedback nationally, Accurx will also be carrying out testing to increase the SMS 'fall back' time within the NHS App, to 24 hours – more updates on this are expected in the coming weeks.

NHS App Waiting Times

- 3.16 The new waiting times features was introduced to the NHS App in January 2024 and shows the average waiting time to patients aged 16 and over, referred into a speciality at an NHS acute trust.
- 3.17 Patients can already see information regarding their estimated waiting time in the NHS App, within the NHS e-Referral Service (e-RS) - Manage Your Referral. When a patient selects their clinic, they are shown information regarding their first appointment and the mean (average) waiting time to start treatment, however, after this screen, a patient was previously no longer able to view this information as they continued their care journey.
- 3.18 The new waiting times feature will continue to present the patient with this information, stating they are on a waiting list at their provider and the estimated waiting time for treatment, to ensure that patients are provided with a continued and consistent experience in the NHS App.

Managing Routine Appointments

- 3.19 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.
- 3.20 We have been analysing detail on the number of appointments booked and cancelled via the NHS App. Although there was a reduction in the number of appointments booked and cancelled in Nov/Dec 2023, both elements rose in January 2024 and it is hoped that this will increase further this year, as more bookable appointments are released.

Bookable Online Appointments

- 3.21 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.

- 3.22 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

- 3.23 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.

- 3.24 The latest data shows that 41 practices 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 sign up as soon as possible.

Planned Development

- 3.25 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.

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 its 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

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

3.26 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 Get U Better is an MSK app that is currently being rolled out to Primary Care. This will allow them to direct a patient directly to a self help app via a text message. This can be done without the need for referral from a GP. Get U Better also has functionality to automate a referral from GUB to a physio (based upon the symptoms they are reporting) without a healthcare professional vetting.</p> <p>The service community physio service is currently delivering a GP prompted model where they give a telephone number for patients to opt in. The service has been exploring options re self-referral starting with patient engagement with a survey of patients 3 months ago where 50% said they would still want to go through GP. 50% would want to self-refer. Further engagement with patients looking at their needs and demographics is informing the self-referral form. Referral form will build on existing electronic triage form used in Burnham-on-Sea.</p> <p>Test of change pilot is due to be launched in Frome. Frome was chosen because it currently has the smallest wait list. Currently focussing on staff training to build confidence in triage process</p>	<p>Get U Better is being rolled out and all practices are encouraged to utilise it. The app allows for usage and other data to be captured and monitored and this will be reviewed on a regular basis.</p> <p>As of Monday 29th April:</p> <ul style="list-style-type: none"> • 4,564 individuals have been provided access to the app / clicked on the initial front page • Of these, 3,513 have completed the registration process and are using the help and support available via the app • This means an overall adoption rate of 77%

	<p>following the self-referral – recognising that senior decision makers/experienced staff are already acting as first contact practitioners in GP practices so need to support existing more junior colleagues in the triage process before the pilot goes live. Currently considering with GP partners how to inform patients of the pilot.</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, aiming to go live in June 2024, having been delayed due to information sharing concerns with commercial providers and the need to develop a new DPIA.</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>The impact will be evaluated to establish the scope for further expansion of self-referral while the merger of the service continues.</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>Currently in Somerset there is provision for self-referral to tier 2 weight management services, with health coaches present across 10 PCNs,</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 patients to access the type of service that is right for them, in a way that fits into their</p>

	<p>providing access to a range of health lifestyle support and intervention in different ways than traditional GP-led access.</p>	<p>lifestyle and will include, where possible, self-referral pathways.</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 later in 2024.</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. 	

	<ul style="list-style-type: none"> 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,</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</p> <p>Continue to monitor any referrals sent back to Primary Care to onward refer to ensure compliance.</p>

<p>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>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>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 adjustments that could support and enable returns to employment following this period, avoiding unnecessary return appointments to general</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>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 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>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>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>
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- 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 Building relationships are essential in improving the Primary – Secondary Care interface and identifying opportunities for improvement. Since February 2023, a monthly Primary – Secondary Care collaboration meeting has been established called Connecting the Dots. This allows teams from both Primary and Secondary Care to share ideas and projects that affect how we work together. There is also a chance to air any concerns or issues, or float ideas.
- 4.3 From January 2024 this has been supported by a Connecting the Dots podcast and the regular PC Matters newsletter will evolve and compliment the meetings. It will become the Connecting the Dots newsletter and allow us to share information to both Primary Care and SFT teams.
- 4.4 The Academy of Medical Royal Colleges (AoMRC) published a report on the primary – secondary care interface in March 2023, “General practice and secondary care; Working better together”. This guide remains the key guiding document for the interface stream of the Access Recovery work. National and regional Medical Directors are taking a key role in enabling engagement, enabling progress and consistent measurement of progress. ICBs have been asked to work with Trust colleagues to complete a national assessment framework by 24 April, and to ensure that sufficient clinical leadership capacity is prioritised to make demonstrable progress.
- 4.5 To support the above ask, an interface group has been stood up with representatives from across the system. The inaugural meeting was 30th April 2024, and it will meet monthly to review progress and set priorities.

Long Term Conditions Management

- 4.6 As part of NHS Somersets investment into the AccuRx suite of digital tools, all 62 practices have access to Florey Plus. This allows practices to send patients a link via SMS to a pre-made questionnaire which when completed is returned to the practice and saved directly into the patient record complete with SNOMED coding. Practices can choose to use one of the template questionnaires, edit an existing template or create their own. By using this functionality, practices can monitor patients remotely which saves time and appointments, as well as increases practice productivity.
- 4.7 Florey Plus includes templates for the monitoring of:
- Asthma
 - COPD (Chronic Obstructive Pulmonary Disease)

- Cancer care reviews
- Diabetes pre-appointment information
- Hypertension (including home monitoring)

- 4.8 Alongside this North Sedgemoor PCN will be trialling Hypertension Plus. Hypertension Plus is a remote patient monitoring service, providing a new way of managing hypertension in a patient and connecting them to healthcare professionals. Hypertension Plus automatically codes blood pressure readings, providing evidence-based support, guided active condition management, and enabling remote approval of medication titrations. The software will alert the practice team if a patient's readings have gone outside of the defined parameters set by the clinical team, allowing for more timely intervention to support the patient. Community Pharmacists in the area can also direct patients to the platform, allowing for an integrated neighbourhood approach to hypertension.
- 4.9 This product has now been signed off by a Digital Clinical Safety Officer and will be rolled out at pace across the PCN. Data will be collected and analysed to determine the benefits of the product and whether this should be considered for roll out across the county.

5 EXPANDING COMMUNITY PHARMACY SERVICES

Update on current progress

- 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 included 3 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

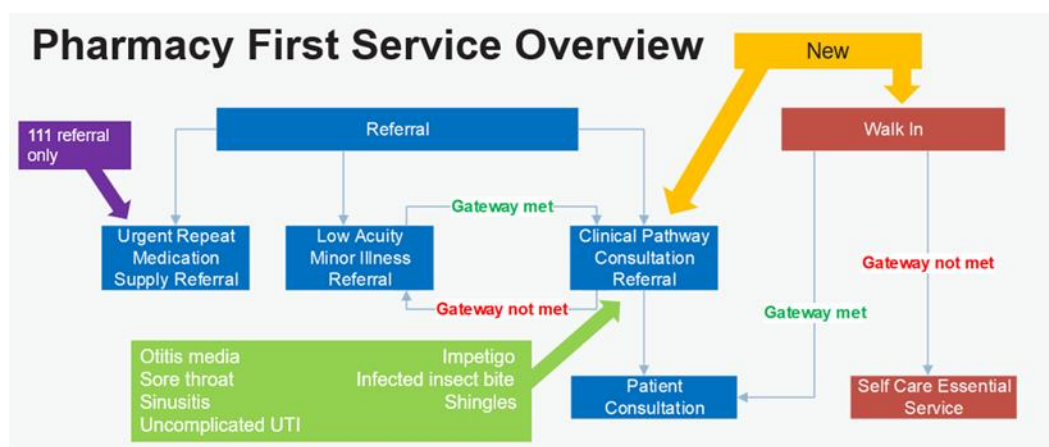
Future developments

- 5.4 NHS England Digital have developed GP Connect: Update Record to aid data and information sharing to promote patient safety and antimicrobial

stewardship. Update Record will allow information about patient consultations outside of general practice to be safely shared with general practice and easily updated directly into patient records, including any prescription only medicines supplied under a patient group direction (PGD). Information shared in this way will be available for patients to view via digital records and NHS app. We are expecting our GP and pharmacy IT providers to roll out this system during May 2024.

Pharmacy First

- 5.5 Launched on 31 January 2024, the Pharmacy First service builds on the previously commissioned Community Pharmacist Consultation Service (CPCS) but offering pharmacist consultations for minor illness, urgent repeat medicines supply (following a 111 or UEC referral) and 7 clinical conditions. Patients can be referred into pharmacies from general practice or can access the pathways for the 7 clinical conditions through a walk-in service.



- 5.6 All pharmacies in Somerset are signed up to deliver the full service. 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.
- 5.7 As yet, NHS England have not released any outcome or service provision data to ICBs. This means we do not know how many people have used the Pharmacy First service from 111 referrals or by walking into a pharmacy. We do, however, know how many people have been referred from general practice, what for and the outcome of that consultation.

GP referral data up to 15 April 2024:

- 6,002 referrals, 4,807 of which were completed in pharmacy.
- 3553 (74%) completed consultations for minor illness.

- 1254 (26%) completed consultations for the new 7 clinical pathways – prior to 31 January all these patients would have had to access general practice, 111 or UEC settings for healthcare provision.
- Referrals have been received from 54 GP practices (87%)

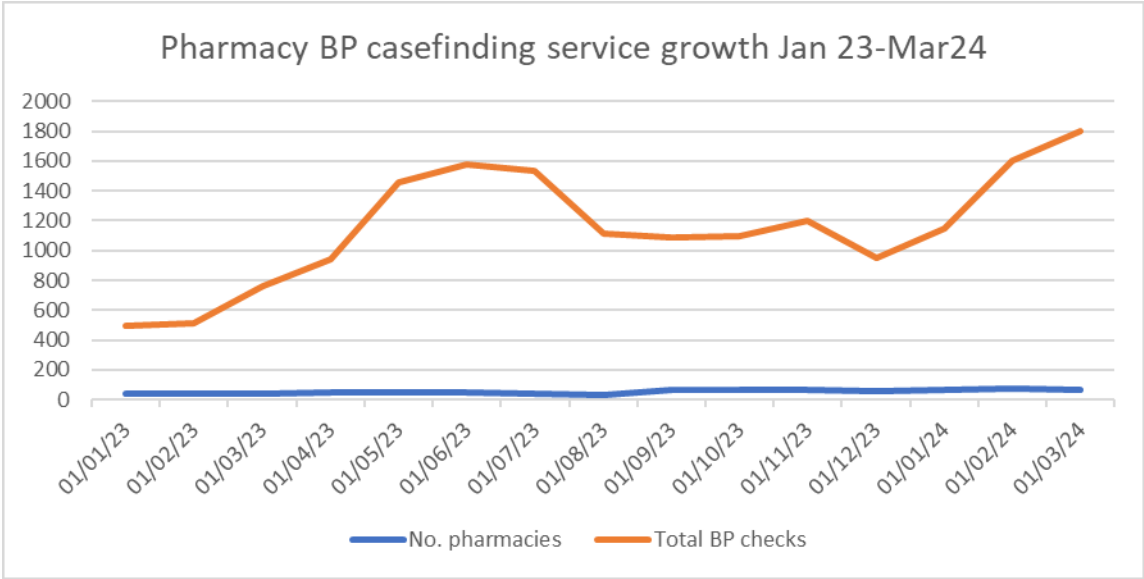
Oral contraception service

- 5.8 The Delivery Plan for recovering access in primary care highlighted 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 which had been announced in August 2022. The strategy flagged 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.
- 5.9 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.
- 5.10 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.
- 5.11 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.
- 5.12 39 (40.2%) pharmacies in Somerset are registered to provide this service. 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. At present there is no activity data for this service reported by NHS BSA.

Hypertension case finding service

- 5.13 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. Service specification has been available since 2021. Most pharmacies are signed up to deliver the service, with more pharmacies consistently delivering the service.

5.14 12,786 blood pressure (BP) checks were completed in pharmacy in Somerset in 2023, and 4,551 from Jan-Mar 2024. Data is reported on [Shape Atlas](#)



5.15 The majority of 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

5.16 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.

6 BETTER DIGITAL TELEPHONY

- 6.1 The previous November 2023 submission detailed the identification of 15 practices utilising analogue phone systems. Through practice engagement with the National Commercial and Procurement Hub it is now confirmed that Somerset had 15 practices and a PCN Hub site with analogue phone systems which are to be supported as part of phase 1. One practice identified as being potentially eligible for support as part of the first phase of practices due to its Evergreen contract decided to opt out of the telephony programme and continues to use a cloud-based telephony system with a supplier who is not currently on the BPF.
- 6.2 All the practices in phase 1 were able to identify their preferred supplier in time for the December deadline with 13 out of the 15 practices selecting X-On as their supplier. The other 2 practices chose Check Cloud. NHS Somerset's ambition to have a single provider across Somerset was not possible but practices were encouraged to consider the telephony suppliers in their PCN and Neighbourhoods when making their choice.
- 6.3 NHS Somerset received a telephony allocation totalling £864,000 and NHS Somerset were able to support the funding requests of all phase 1 proposals.
- 6.4 There were delays in the practices receiving contracts for signature by the 15th December 2023 deadline (for phase 1) due to capacity of the telephony suppliers and the National Commercial and Procurement Hub. The practice requirements were set out by the suppliers in a Function Matrix and which was used by the Procurement Hub to build the ICB funding request for consideration. Several errors were noted by the ICB which resulted in contracts which needed to be corrected before signing.
- 6.5 Despite these delays and the bank holidays over the Christmas period all the phase 1 practices signed their contracts before the end of January. Progress has continued and 7 practices have gone live with their new telephony system in advance of the end of March 2024 deadline with 4 more practices and the PCN Hub going live by 1st May 2024. There are currently 4 phase 1 practices who are yet to Go Live with their new system due to busy suppliers, other building works or complex cabling requirements at the practice. Affected practices are expected to Go Live in Quarter 1 of 2024/25.
- 6.6 NHS Somerset hold regular meetings with the National Commercial and Procurement Hub (at least fortnightly) to support and deliver the telephony project objectives. Ensuring progress with the phase 1 practices is a key priority and we have supported practices with their queries and where required have supported the suppliers or the Procurement Hub with engagement from the practices. It should be noted that practice

engagement has been exceptionally good in Somerset and the ICB are reliant on both the suppliers' and hub's operational efficiencies to ensure deadlines are met.

- 6.7 Practices identified as having low-functioning cloud-based telephony were asked to confirm their agreement with the timetable set out by NHS E prior to 18th December 2023 in order to be considered for funding. Following this process, an additional £176,020 telephony funding was allocated to Somerset to support the remaining practices in Somerset that are not operating with advanced telephony functionality.
- 6.8 The practices were split into different cohorts for support based on their requirements. If they were likely to incur costs of moving to a new supplier in order to achieve the full functions of an advanced cloud-based telephony solution they were considered Priority A and were to be supported first. Others were offered a "free of charge" upgrade of their system from existing suppliers on the BPF. Some practices with suppliers from the BPF were not offered a free of charge upgrade and the ICB were asked to consider funding an upgrade of their system if the funding allocation allowed for this.
- 6.9 In Somerset, the allocation was sufficient to support all practice cohorts but the workload of the National Commercial Procurement Hub and the suppliers on the BPF has held back the pace of progress possible with phase 2. Two practices opted out of the telephony programme and are continuing with their current cloud-based systems not from the BPF.
- 6.10 As part of phase 2, four practice funding proposals for new BPF telephony systems have been agreed by the ICB and they are progressing with contracts and implementation. The deadline for Go Live has been pushed back to the end of Quarter 1 2024/25 due to the capacity issues of the suppliers and Hub who are still working to deliver phase 1. In addition, 4 other practices have been supported with the implementation costs of upgrading to advanced cloud-based telephony systems.
- 6.11 The Commissioning Support Unit (CSU) continue to be commissioned to provide technical expertise to ensure practices are digitally supported. CSU resources are being allocated and deployed to this project to ensure we deliver the national targets. The pace of installations has made this challenging as dates for installations were not initially being shared with the ICB. The ICB now receive regular updates on planned installation dates from the Procurement Hub to improve the flow of information and to ensure CSU support is available where required.
- 6.12 As mentioned previously, regardless of the telephony supplier, soft-phone functionality cannot be hosted over the Somerset HSCN line. NHS Somerset was working closely with a neighbouring ICB and X-On to

explore the potential resolution to soft-phone accessibility but this pilot has not progressed to date. NHS Somerset with the technical support from the CSU has successfully completed pilots with X-On and Check Cloud to enable soft-phone access at practice sites and is working with the other 3 BPF suppliers in Somerset to achieve the same. The aim in Somerset is to roll out the solution to all practices in Somerset so they can all achieve soft-phone functionality while maintaining NHS Somerset cyber security requirements.

- 6.13 Ongoing discussions with the suppliers has uncovered that some practices thought to have the full functionality of an advanced cloud-based system are missing some features, including queue call-back. The ICB is working with the suppliers to create offers for the affected practices which will give them the upgrade to full ACBT functions while minimising the additional monthly licence cost increases. As a result of this work it has been agreed that 6 practices will be supported with the one-off costs of new upgrades to their systems so they will then receive new contract terms and conditions as well as achieve the full functions of the BPF.
- 6.14 The NHS Somerset telephony TeamNet page displays the key information practices require to support them to remain informed and invested in the transformational journey. Guidance around IG arrangements following a detailed review of the DPIA has been shared with practices on this resources page and the GP Bulletin communications.

7 SIMPLER ONLINE REQUESTS

- 7.1 Somerset GP practices continue to use a range of 7 systems in total across the county. Now 55% percent of practices utilise Accurx Patient Triage, 19% use AskmyGP, 6% use Anima and the remaining 15% uses a mix of Klinik, Emis Online Consult, Engage Consult and one practice is using eConsult. 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 while we review options. We remain in regular contact with Accurx and will be able to discuss our strategic ambition to deliver 'modern general practice' once the Digital Pathways (DP) Framework is published. The delay in providing this suite of frameworks aimed to support modern general practice by providing standardised, assured, interoperable digital systems for primary care significantly impacts on Somerset's strategic progress. The DP Framework is now expected in quarter 2 of 2024/25.
- 7.3

- 7.4 The Accurx Self-Book contract held at a national level ends June 2024. NHSE are in discussions with AccuRx regarding contract options. NHS Somerset are aware of the impact on primary care if this functionality is not accessible, and will remain active in supporting national, regional, and local conversations.
- 7.5 Within this financial year, Somerset are interested to explore the business intelligence tools available to general practice. Supporting operational efficiencies and providing real-time data will help better understand demand, capacity and activity, and drive quality improvements across practices and PCN's, which will in turn support the wider system. To this end we have procured APEX for all practices which is being rolled out during May 2024.
- 7.6 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. Additionally, the facilitators host community-based events to better inform the public of these online services and how they can benefit from them. Spark also supports these events and the digitalisation of the community.
- 7.7 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 will support improvements to GP practice websites through use of the NHS England website guidance, sharing this with practices and PCNs and working with PCN Digital & Transformation Leads to implement. NHS Somerset will support the PCN Digital & Transformation Leads with access to dedicated ICB resource in the form of our Digital Outreach Team and our Data Facilitators.

General Practice Data Improvement

- 7.8 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.
- 7.9 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)

- 7.10 Unmapped appointments have steadily decreased as practices have understood the mapping better. However there have been recent cases of practices with higher Unmapped appointments caused by clinical system extraction problems which have been flagged to and in some cases already resolved by NHS England. The Digital Data Facilitators have been actively engaged with NHS England and the practices to understand and resolve these discrepancies.
- 7.11 It has been recognised that while there are many National Slot mapping choices, only some are being utilised by practices. The Data Facilitators are supporting practices to help them understand and diversify their appointment mapping selections to better represent the work they have undertaken.
- 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.
 - Not all appointments provided by ARRS staff are accurately recorded in the appointment book and therefore missing from the data. This has become more relevant as NHSE have raised data concerns about a PCN level appointment dataset that is not yet published. We are actively investigating with practices to better understand these data discrepancies.
 - Use of online consultation tools such as AskMyGP, that currently do not communicate appointment activity to the EMIS appointment book result in appointments being absent. This issue is being identified through a lack of “Clinical Triage” appointments that initiate conversations with practices to understand if this appointment data is missing from their activity.
- 7.13 GP practices within NHS Somerset are currently using 7 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 Part of this work will include looking to receive data directly from practice/suppliers regarding the number of online consultations. Currently

the only solution to this is a duplication of work within the practice, where appointments are also entered into the EMIS appointment book. We are working with practices to avoid this duplication due to the time investment required from practice staff.

- 7.15 To take this piece of work forward the NHS Somerset Digital team:
- Have requested from NHSE, an updated version of the nationally published specification for the GPAD extract which is aiding a local redevelopment.
 - Will work with GP providers to obtain online consultation data directly from the practices or, with permission from the practices, the suppliers of the online consultation system.
 - 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 support practices to implement upcoming enhancements to GPAD appointment configuration such as exception reporting that came into effect from April 2024.
 - 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.

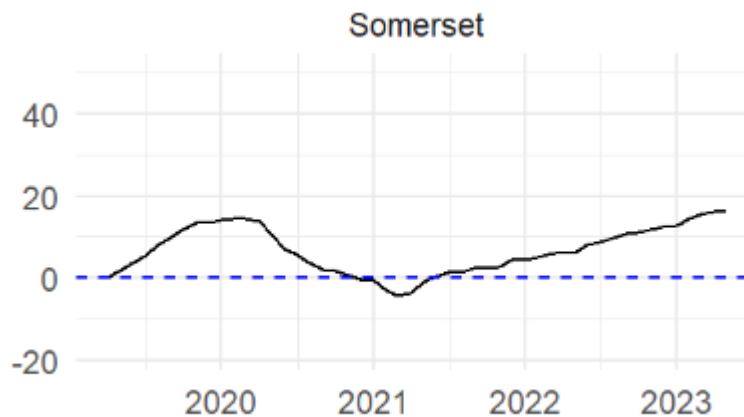
7.16 As the understanding of appointments in general practice has developed, the measurement of success needs to develop to better describe the complexity of challenges being faced by General Practice. As such, a measurement of success based solely on an increased number of appointments would be disingenuous to the work being undertaken in the system.

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.

Digital & Transformation Leads

- 8.4 The objective of the Digital Transformation Lead is to lead and develop a strategic plan to build a robust digital infrastructure for the PCN and to implement this. It is underpinned by a quality improvement methodology, drives integrated working, and drives efficiency plus reduces duplication.
- 8.5 NHS Somerset has proactively approached all PCNs regarding all 3 cohorts sharing details on the context and highlighting the benefits of attendance. We asked for nominations from each PCN in advance to ensure that they had the individual in mind (for example where the D&T Lead role is shared in the PCN) to put forward for when registration opened.
- 8.6 The next Cohort (Cohort 3) for 40 delegates opened on 20th November for applications, we reminded all PCNs to sign up. We have two PCNs who have D&T Leads attending Cohort 3 currently, which commenced in February, these are Mendip and RPN. We also had a query re. a new D&T Lead (across two PCNs Taunton Central and Tone Valley) who wanted to join Cohort 3, but because he had not started in post at the time of the query the response was that he could not enrol on the Cohort, which was a shame as started his role in time for Cohort 3. We are gathering feedback from the two who are attending Cohort 3 to use this to encourage others to attend.
- 8.7 We are awaiting further clarification from NHS England as to whether we can facilitate a South Westerly location for a future cohort. To date the cohorts have been in London, Leeds, and Birmingham with PCNs needing to fund the accommodation and travel for the five non-consecutive face-to-

face days. A South Westerly location would be very welcomed to lessen the cost and time.

- 8.8 This training, along with all training opportunities, have been included and discussed as part of our local support level framework intervention at individual practice level given the intrinsic link between access improvement and digital transformation.

Care Navigation Training

- 8.9 NHS Somerset has sent out communications regarding the national care navigation training to all practices, offering one place per practice and PCN (for either foundation or advanced), and has followed up with direct reminders. We have kept our own record of which practices have signed up for training and are pleased to report that all Somerset practices have done so. The completion rate and sign-up rate is the highest in the SW for Somerset according to the information provided by the regional NHSE team. We also informed practices and PCNs that the last date to register was by the end of March 2024.
- 8.10 The training was virtual which means it was very accessible for practices. Following both levels of the course, attendees are required to attend a knowledge transfer session. This is designed to equip them with the confidence to cascade the learning across their practice / PCN, to communicate effectively with patients and be able to signpost to the most relevant team member or local services depending on patient needs. We have been promoting the knowledge transfer session in our communications to practices.
- 8.11 We have informed practices and PCNs (now that the virtual training has ended) that a new learning platform, Care Navigation Connect, is the free dedicated space for general practice staff who want to learn more about care navigation. Foundation and advanced levels are available to support staff to effectively implement care navigation in their service.

9 LARGER MULTIDISCIPLINARY TEAMS

- 9.1 The Additional Roles Reimbursement Scheme (ARRS) in Somerset has grown substantially over the past five-year scheme. The allocation available to Somerset is worth £13,757,000. Somerset PCNs have benefited 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. We are pleased that the allocations for 2024/25 will continue to be based on PCN patient list sizes with some uplift. The new contract information includes some potential flexibility with Direct Patient Care (DPC) roles which our PCNs and third-party providers can explore though the detail and scope of these changes and updated guidance has not

been published yet. Early conversations with our MSK and OT provider has been positive to considering introducing specialist roles e.g. Osteopaths, paediatrics, and women's health specialists.

- 9.2 As an ICB we will work with our PCNs to consider our position carefully on the kinds of roles that would have the most impact on improving patient care and which will not destabilise professions within the system. There is also a debate to be had on the balance between equity of service across Somerset and localised population health needs, particularly where some PCNs have already committed or mostly committed their ARRS allocations.
- 9.3 Maximising the ARRS spend in Somerset during this final year of the current ARRS scheme has been a time critical priority. The projected spend for 31st March 2024 in Somerset is £12,105,676 out of an overall allocation (£13,757,000).
- 9.4 The development priorities and enablers for the ARRS scheme remain the same:
- the need to significantly increase the numbers of educators and supervisors across all health disciplines,
 - the link to estates, pressure on space and integrated workplaces,
 - improved access to primary care workforce data and
 - retention and recruitment investment.
- 9.5 We meet monthly with regional NHSE colleagues and the other Southwest ICBs to share innovation and challenges, particularly those mentioned above, to collectively find solutions together.
- 9.6 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. Recognising the extremely challenging recruitment situation, we work with colleagues to support recruitment campaigns and make the most effective use of the capacity we do have:
- MSK posts which offer portfolio roles and include the opportunity to work in general practice and secondary care
 - Expanding capacity by including some remote working to enhance the face-to-face provision particularly in rural PCNs.
 - Investigating use of osteopaths as part of the physio offer is now a possibility with the new amendment to DPC roles for 24/25
 - Working with PCNs and providers on ensuring compliance with ARRS guidance and formulating a workable solution when entering third party contracts to access staff from private healthcare providers
 - Production of you tube videos with ARRS staff and PCN Clinical Directors describing the benefits of a range of ARRS roles enabling

both PCNs and prospective candidates to make informed decisions and have a better understanding of these roles

- Supporting OTs through collection of quotes from PCN on benefits and value put on OT skills to use in recruitment campaign.
- Mental Health colleagues facilitating PCN/3rd sector/SFT/ICB to widen the recruitment potential.
- Ongoing promotion of the Digital and Transformation role encouraging flexibility e.g. split of roles and uptake of ‘trainee’ opportunities for ‘growing your own.’
- Provision of Somerset PCN dashboard as a resource to support workforce planning.
- Gathering intelligence on leavers and their reasons for resigning their post. This will help us identify any trends or difficulties which we could help PCNs to address.

9.7 Guidance, example job descriptions and specifications, and case studies related to the ARRS scheme and the individual ARRS roles are published via our GP bulletin and stored on Teamnet which is used as our information depository. All PCNs and practices have access to Teamnet. We also attend PCN Manager meetings on invitation to discuss ARRS questions and queries.

9.8 Somerset Training hub is working with PCNs in their development as learning organisations and is undertaking work to understand and map supervisory and placement capacity in PCNs. The training hub provides knowledge and expertise on roadmaps for training and qualification requirements supporting the PCNs to navigate complex and challenging guidance.

10 MORE NEW DOCTORS & RETENTION AND RETURN OF EXPERIENCED GPs

10.1 The data below is taken from the December 2023 position and is based on FTE GP numbers. The continuing trend of reduced GP numbers overall, a preference to move to part time working and a reduction in GP partners alongside a corresponding increase in Salaried GPs continues. 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. Baseline data below is 2019.

ICS	Role	Change over baseline				Movement since last month			
		Baseline	Latest	Change over baseline	%	Last Month	Move since last month	%	

Somerset	SALARIED GPs	71	103	32	44.9%	103	0	0.0%
	GP RETAINERS	2	2	0	-11.1%	2	0	0.0%
	GP LOCUMS	15	3	-12	-80.4%	3	0	-0.4%
	GP PARTNERS	238	174	-62	-26.3%	175	-1	-0.5%
	Total Qualified GPs	325	282	-42	-13.0%	283	-1	-0.3%
	GPs IN TRAINING	47	95	49	104.8%	98	-2	-2.4%
Somerset	TOTAL GPs	371	378	7	1.8%	381	-3	-0.8%

- 10.2 The climate for GP recruitment remains challenging but there is some evidence that salaried GPs are testing the waters first and are considering entering a partnership once settled if the conditions are right. Although Somerset is showing as green for the numbers of GPs in training, 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.
- 10.3 We know from surveying our practices that the most effective GP recruitment tool is GP trainees on placement. To help further increase turning GP trainees into substantive posts we plan several actions. Firstly, 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. The ICB reimburse the application fee and provide guidance and support with the application. A dialogue with the Deanery has begun exploring linking newly qualified GPs to our GP Flexible Pool offering sessional work with support and CPD development. Keeping these newly qualified GPs in Somerset and supporting them on their journey will, we hope, encourage them to settle and take substantive posts.
- 10.4 We will also support practices and PCNs with the increasing challenge to identify estates solutions and make the most effective use of existing space. Our ambition is for all Somerset practices to be training practices. We see the development of PCNs as Learning Hubs as a key piece of the jigsaw in co-ordinating and planning the expansion opportunities for providing placement experiences for a wide range of health professionals. Providing a more streamlined operational structure and process for organising placements and training and skills development.
- 10.5 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 developing a Somerset partnership incentive scheme, which focuses on providing access to robust 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.
- 10.6 In a collaborative effort with Somerset LMC (Local Medical Committee), we have built a local profile and recognisable branding which promotes Somerset and our recruitment campaigns as a great place to live and work on social media. We help with advert writing and promoting individual

practices, including an offer to create YouTube videos and virtual tours of a practice.

- 10.7 At the other end of a GPs career our local retention scheme 'GP Careers Plus' is aimed at those thinking of returning or who face a crossroads in their careers/home life. The system supports GPs and Nurses to reflect with the support of peers and mentors with the aim of remaining within the Somerset system, perhaps in a different role, with reduced hours or a more flexible position. The scheme links with the Somerset LMC appraisal system to identify support needs early. The scheme has recently extended to Nurses and has ambitions to make a similar offer to Practice Managers.
- 10.8 In addition to this, the ICB together with the Somerset Training Hub, have launched the Legacy Mentor role for nurses. This 12-month project began in October 2023 and will provide support to early career nurses, helping them adjust from an academic setting into the clinical environment and aims to increase the retention of early career nurses within general practice and the wider NHS. The Legacy Mentors will also provide additional support to student nurses on placement within general practice.
- 10.9 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 much needed additional capacity to the workforce, delivering 357 hours of GP time during October. The introduction of a digital booking and posting platform streamlines workloads for practices and has made the management of finding and organising shift cover easier both for practices and for the sessional GPs. Ninety-seven clinicians have been onboarded to the Somerset platform supporting the capacity in practices and their delivery of appointments. 51 Somerset practices have onboarded to the platform. Standard locum agency rates are about 15% our digital platform is 1%. Therefore, shifts filled using the GP Flexible Pool will represent a saving to practices during a time of spiralling locum costs nationally. After 3 years we are ready to build on the success of the scheme, learn from the challenges and make further improvements. We plan to go out to procurement during 24/25.
- 10.10 At an ICS wide strategic level, several recruitment and retention workstreams are underway:
- Women make up more than half of our GP workforce and similar in other parts of the health and care system. Somerset ICS is currently looking at developing a policy for supporting women in work during the menopause
 - Investigating options to improve access to childcare e.g. Nursery provision for key workers
 - Providing guidance and information on school places
 - Providing support structures which help people feel settled and included in their new communities
 - Investigating improving access to housing

Risks and Challenges

- Pressure on estates
- Changes to the ARRS scheme for 24/25. Challenges envisioned with the enhanced practice nurse role and its differentiation with those working in practices
- The future of the ARRS post March 2025.
- Educator capacity - ability to increase the number and expand the scope of educators whilst not destabilising capacity for front line work
- Changes to the SDF (System Development Funding) funding bundle and amendments to guidance e.g. removal of new applicants to the Fellowships and Mentors scheme. The funding allocation will require a revision of priorities and scrutiny of schemes before committing in 24/25.
- Incomplete and lack of reliable data for General practice workforce – work on-going to improve this through the National Workforce Reporting Service.

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 March 2024.

Status of Section 106 funding requested by NHS	Capital Section 106 Contribution
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Somerset for Primary Care	
Approved	£283,006
Approved In Principle	£0
Submitted – Awaiting decision	£4,572,180
Exploring	£0
Submitted in response to pre-application review	£1,229,682
Total	£6,084,868

- 11.4 NHS Somerset has fully 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. Once these have been completed and ratified by the PCNs and ICB, they 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 an increase in 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 latter being included within this report). 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 2023/24, particularly through securing cloud-based telephony for providers, significantly improved self-referral numbers which meet the regional/national target of 45,000 per month and improved 14-day deposition which now sits at 84%.

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 NHS Somerset successfully allocated full spend against both the digital telephony and transition and transformation funding streams. Due to the delay and uncertainty surrounding the new digital tools frameworks, we were not able to fully utilise this funding stream due to the lack of information regarding what could and could not be reimbursed. This was reflected in ICBs across the country.
- 13.3 In addition, NHS England changed the focus of the 2023/24 Impact and Investment Fund (IIF) to support the PCARP. This funding was split as follows.
- 13.4 70% of the funding was allocated to the IIF-CASP. This was paid to PCNs upfront monthly and was to be used to support capacity within the PCN. The final 30% was allocated to the IIF-CAIP and in Somerset the PCNs agreed to pool their allocations and look at working on a larger scale.
- 13.5 To support the allocation of the IIF-CAIP, PCNs were asked to complete a business case template to describe the project, anticipated benefits, improvement metrics and how it will be sustainable ongoing. We are in the process of reviewing the templates and the agreement of amounts to each PCN will be agreed by a panel comprising of ICB colleagues and primary care representatives nominated by their peers. This funding must be released to PCNs by August 2024.

- 13.6 The Primary Care Transformation funding, will also be able to support the specific IIF-CAIP access projects PCNs have detailed within their business templates, where agreed with their component practices. Transformation funding 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.
- 13.7 Additionally £1.1m of NHS Somerset investment into Primary Care was allocated to support access and capacity over the winter period focusing on 4 areas:
1. Preparing patients for winter
 2. Supporting patients with suspected acute respiratory infections
 3. Maintaining access to general practice during the Christmas period
 4. Supporting the system focus on hypertension
- 13.8 As part of the local winter funding, practices and PCNs have been asked to evaluate their interventions and feedback to NHS Somerset what went well and where they faced challenges. This is currently underway and will then feed into the wider system planning for winter 2024 which will begin in May/June 2024, coordinated by NHS Somerset.
- 13.9 During 2023/24 NHS England ran various initiatives under the title of General Practice Improvement Programme (GPIP). 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.
- 13.10 Somerset had 10 practices that attended introductory webinars for these initiatives, and 7 of these converted into enrolment onto the programme. Enrolment criteria stipulate practices must be utilising a cloud-based telephony software; we had several practices that wish to enrol but are unable to do so until they have migrated across. These practices will do so at the earliest opportunity. In addition, we have a PCN consisting of 5 practices that enrolled onto the PCN programme which is ongoing.

14 2024/25 PRIORITIES

- 14.1 As we move into 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 will stabilise, embed and build upon the progress made in year one whilst ensuring a diligent approach to fulfilling requirements of year two.
- 14.2 Priorities for year two include;
- 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
- A focus on improvement support for individual practices and PCNs – utilising national General Practice Improvement Programme opportunities and 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 2023/24 and setting out focus areas for 2024/25. We will continue to report progress to the Primary Care Commissioning Committee and will return to the Integrated Care Board in November 2024.

15.2 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).

NHS App Reporting Dashboard - Usage

Period Monthly	Date 01/01/2022 00:00:00 to 31/12/..	Region All	ICB NHS SOMERSET INTEGRATE..	Sub ICB All	PCN All	GP All
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Date Selected: **Last full month: February 2024**

Monthly National Downloads - Apple, Android

262,553

▼ -21.8%

Running Total

39,090,097

Monthly Registrations P9 Registrations

2,087

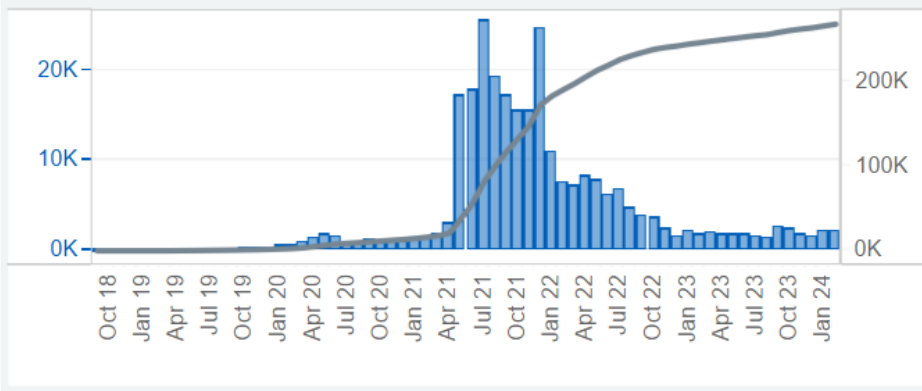
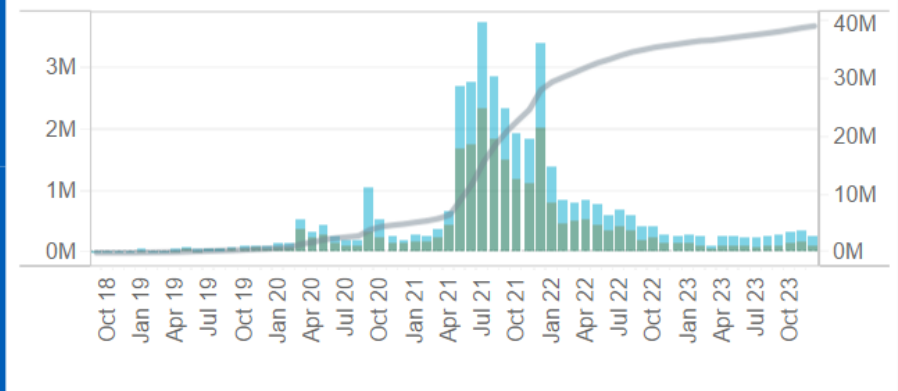
▼ 3%

Running Total

268,316

51% of GP Patients 13+ Registered for NHS App

60%



- Uptake
- Usage
- Jump Offs

Monthly NHS App Logins

299,845

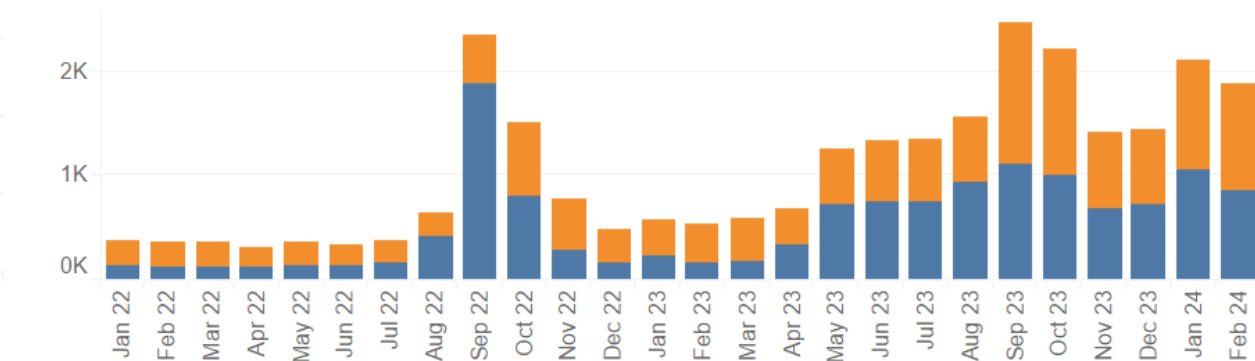
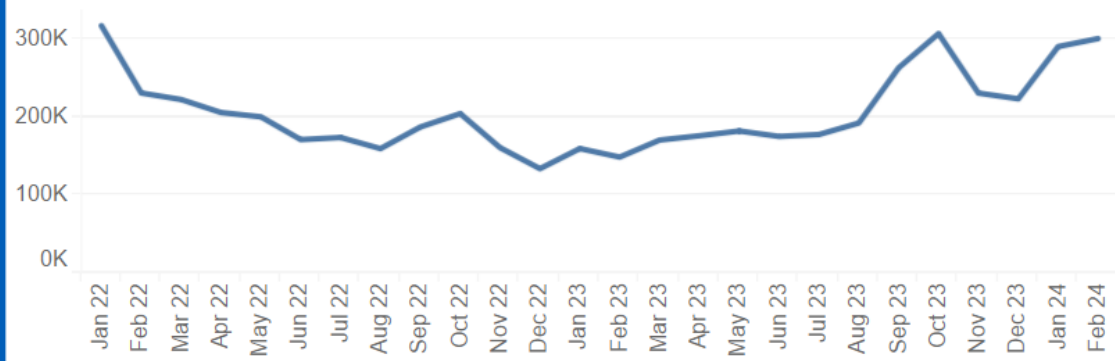
▲ 3.5%

Monthly Appointments Managed

1,884

▼ -10.5%

■ Cancelled ■ Booked

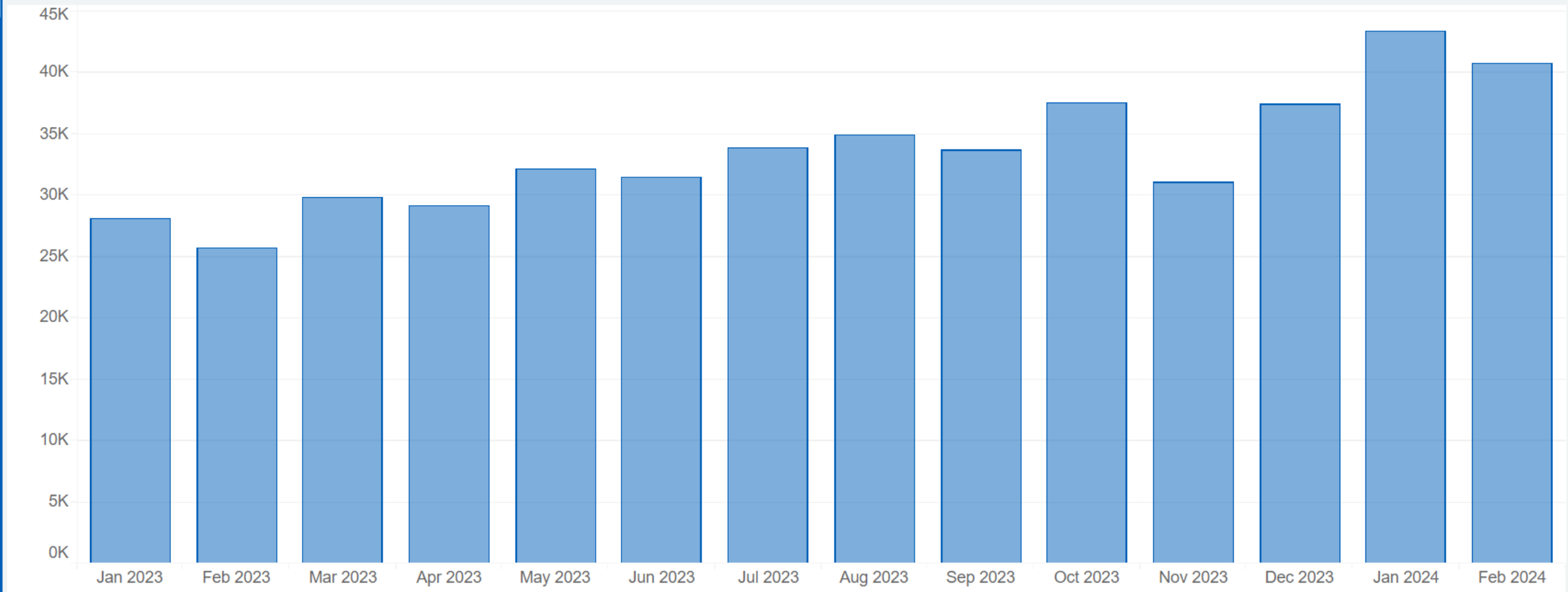


Period Monthly	Date 01/01/2023 00:00:00 to 31/12/202..	Region All	ICB NHS SOMERSET INTEG..	Sub ICB All	PCN All	GP All
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Date Selected: **Last full month: February 2024**

Repeat Prescriptions Ordered

40,722
▼-6%



- Uptake
- Usage
- Jump Offs

Period Monthly	Date 01/01/2023 00:00:00 to 31/12/202..	Region All	ICB NHS SOMERSET INTEG..	Sub ICB All	PCN All	GP All
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Date Selected: **Last full month: February 2024**



- Uptake
- Usage
- Jump Offs

Period: Monthly | Date: 01/01/2023 00:00:00 to 31/12/2023 | Region: All | ICB: NHS SOMERSET INTEG.. | Sub ICB: All | PCN: All | GP: All

Date Selected: Last full month: February 2024

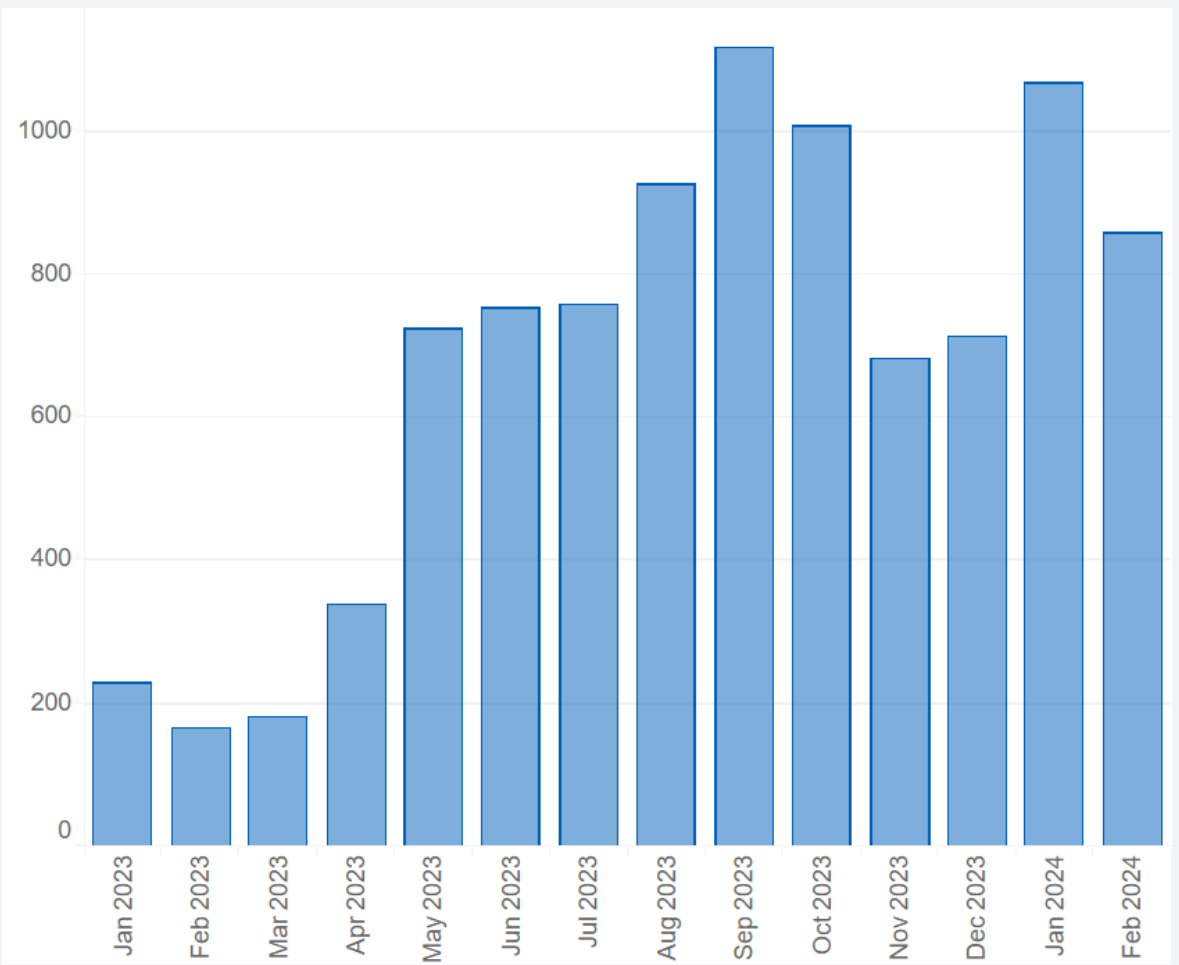
Uptake

Usage

Jump Offs

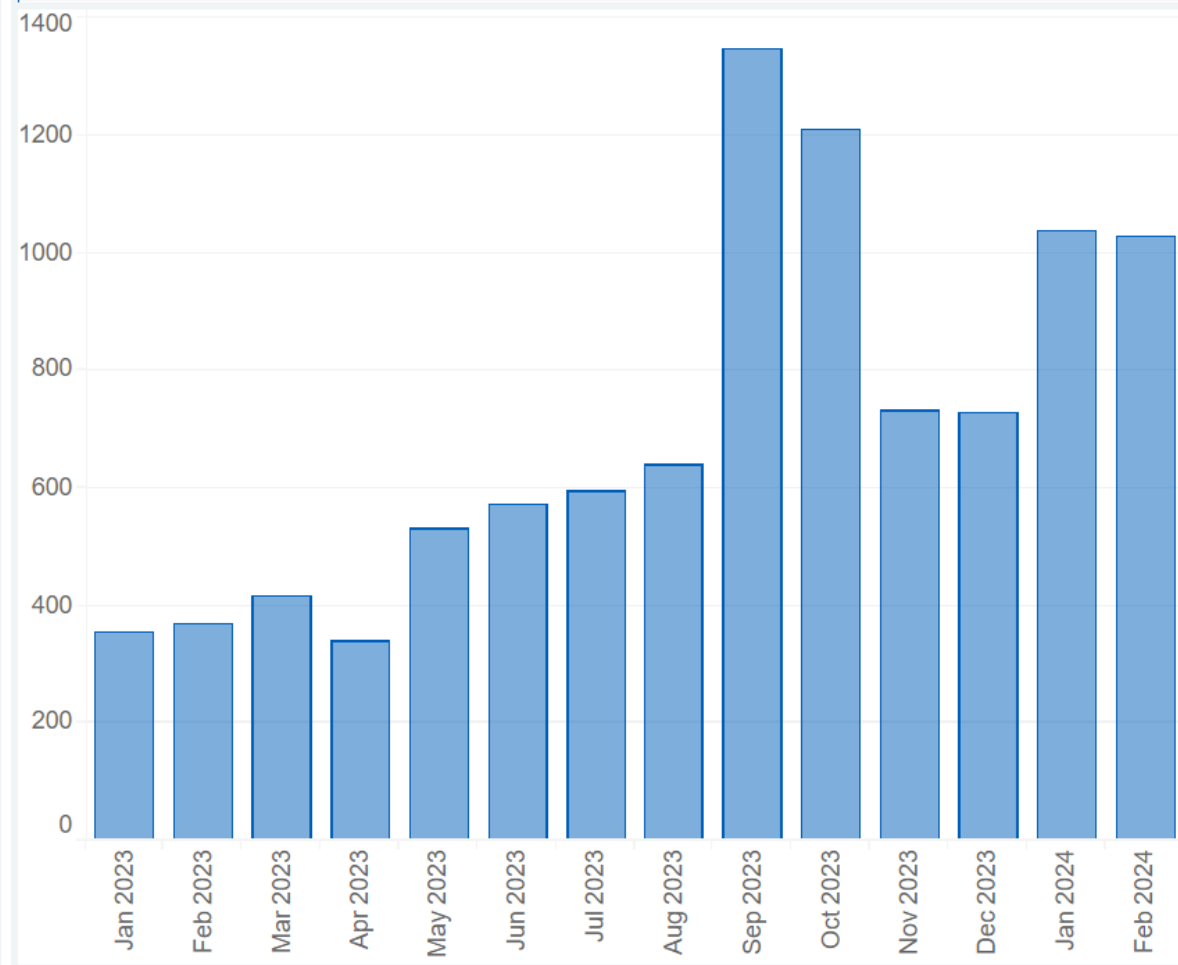
Primary Care Appointment Booked

857.0
▼ -20%



Primary Care Appointment Cancelled

1,027
▼ -1%



Logins

Period Monthly	Date 01/01/2023 00:00:00 to 31/1..	Region All	ICB NHS SOMERSET INTEGR..	Sub ICB All	PCN All	GP All
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Date Selected: Last full month: February 2024

Monthly Logins

299,845
▲+4%

Uptake

Usage

Jump Offs

