

Report to the NHS Somerset Integrated Care Board on 30 November 2023

Title: Recovering Access to Primary Care	Enclosure I
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Executive Lead	Bernie Marden, Chief Medical Officer
Clinical Lead:	Jeremy Imms, Associate Clinical Director, Primary Care
Author:	Luke Best, Primary Care Development Manager Sam Checkovage, Primary Care Commissioning Manager

Summary and Purpose of Paper

This report sets out our Somerset system response to the nationally published Recovering Access to Primary Care delivery plan. It includes detail of each of the key requirements encompassed within the plan and the work that has been undertaken, along with the proposed direction of travel and associated next steps that support our on-going success.

To provide a robust governance process and accountability, this project has reported directly into the Primary Care Commissioning Committee at regular intervals in 2023.

As part of our response, we are required to report progress into the Integrated Care Board, meeting in public meeting at scheduled intervals to apprise of our progress and inform of next steps. This report will be accompanied by a presentation which will be shared at the meeting.

Recommendations and next steps

The Integrated Care Board, meeting in public, is asked to discuss the report, subsequent progress against the objectives of the delivery plan and highlight any associated risks for national reporting purposes.

Impact Assessments – key issues identified

Equality	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.

Privacy	No significant impacts identified for privacy of data			
Engagement	A sub-group of the Primary Care Commissioning Committee has been set-up to include all relevant stakeholders with an interest in this workstream. We meet monthly to share progress, success, challenges and risks which gives all involved an opportunity to be involved.			
Financial / Resource	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.			
Governance or Legal	Within this report there are areas of some key requirements that will need governance consideration as we progress, including specific procurement support.			
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.			
Risk Description	No significant risks identified.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

RECOVERING ACCESS TO PRIMARY CARE

30 November 2023

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RECOVERING ACCESS TO PRIMARY CARE

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 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 of this year.
- 1.2 Our strategy sets out three clear priorities:
1. Access
 2. Continuity of care
 3. 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. 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 initially runs until 31 March 2025 and is a two year delivery plan, published nationally.
- 1.4 We are improving patient experience of contact by ensuring that all practices are providing patients with access to their own records. This is a key step towards personalised care, in which the care record is co-created by clinician and patient, working together to consider the question ‘what matters to you?’ rather than ‘what is the matter with you?’. 90% of our practices had Prospective Records Access enabled by 31 October 2023 in accordance with the national target, which places us among the highest performing systems nationally to make this major change. We have already supported all 62 practices with resources to enable online prescription ordering. All practices can send patients text messages. 56 of our 62 practices have enabled directly bookable online appointments already and we are working to ensure that all patients can do this. We will continue to promote the NHS App as a straightforward way to access GP services.
- 1.5 We will ensure that all practices remaining on analogue phone systems can move across to digital systems, and we have already secured £864,000 for this programme, with the hope of a second phase of funding to further accelerate progress. Securing this funding is contingent on contracts being signed by all practices involved in the programme by mid-December.

- 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 Following the announcement of the conclusion of negotiations between the Department of Health and Social Care, NHS England and Community Pharmacy England, we look to fully implement Pharmacy First and the Pharmacy Contraception Service, alongside a relaunched Hypertension-Case Finding Service. Although it has been disappointing that the planned pre-winter rollout has not been possible due to delays at the national level, we have continued to support both GP and Community Pharmacy providers to collaborate in the delivery of the Community Pharmacist Consultation Service, 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. On average, 30 appointments per day have been saved using this approach.
- 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 GP Assistants, but we will continue to develop the primary care team workforce, including additional training places, retention initiatives and offering opportunities for retired GPs to return to the workforce if they wish to do so.
- 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. We expect that this will allow GPs to spend more time with patients.

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 We undertook significant engagement as part of our new primary care strategy, and hundreds of people have contributed their hopes, fears, and potential solutions for primary care services in Somerset.
- 2.4 Hope was a theme in many of these conversations. Patients hope for a warm, caring welcome, attention to their needs and an ability to access care in a timely way.
- 2.5 Primary care teams, whether working in GP, dental, pharmacy or optometry services, hope to be able to provide high quality care, with enough time and resources to meet patients' needs and go home with the satisfaction of having done a professional job.
- 2.6 System partners hope that our primary care services can be the foundation upon which our integrated care system can be built, a reliable and resilient foundation to deliver our four shared aims; population health, reduced inequality, greater efficiency, and increased social benefit from NHS activities.
- 2.7 Despite the difficulties and challenges, what was striking was how many patients reported receiving a good or even outstanding service, and how many primary care teams proudly showed their innovation and resilience in service delivery.
- 2.8 However, a second theme was the level of concern about primary care services. We heard upsetting stories from patients about being unable to access services effectively, and frustration from primary care teams at being unable to provide the comprehensive care to the population they wish to. It is anxiety provoking for patients to face an unreliable service. It is demoralising and distressing for clinical teams to face demand which they are unable to meet, however many extra hours they work.
- 2.9 The third and final theme was solutions. The challenges facing primary care in Somerset are explicable and resolvable if the right actions are taken. While there is no single easy solution, a well-designed and implemented programme of clear and decisive actions will improve the situation.

- 2.10 The first implementation plan of our primary care strategy is our Access Delivery Plan. Developed jointly with our whole 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.
- 2.11 This plan 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.
- 2.12 This is therefore both our local improvement plan on behalf of providers and our overall system plan. Having developed the plan, we are now fully focused on delivery. Substantial resources are deployed by this plan, including more than £800,000 for new phone systems and over £700,000 to support primary care resilience this winter including additional capacity to care for patients with respiratory infections.
- 2.13 All the actions described in this plan are underpinned by valid data, including the GP Appointments Dataset and the national GP Patient Survey. We are continually developing an increasingly rich dataset for improvement which will allow us to target our activities to reduce health inequalities and address the biggest challenges first.

3 IMPROVING INFORMATION AND NHS APP FUNCTIONALITY

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

- 3.1 The national updated GP contract requires all practices to provide their patients with online access to new health information added to their GP record (unless exceptions apply), by the 31st October 2023. This is known as Prospective Record Access (PRA)
- 3.2 Prospective Records Access will enable patients to view all future entries in their GP record via the NHS App, including test results, documents and free text, as appropriate. The aim is to provide patients with better access to their health information and more autonomy in managing their healthcare online.
- 3.3 The latest data shows that 4557 out of 6288 GP practices in England have now switched on access safely and effectively, enabling 21.8 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. We are continuing to work with the six remaining practices to understand any outstanding issues and offer support with the necessary preparatory steps. NHS England has confirmed that a final system batch enablement will take place in November 2023 and we will continue to liaise with remaining practices.

- 3.4 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 and access enabled as appropriate, with the exception of any safeguarding risks or concerns. NHS Somerset is working with the remaining practices who have adopted this position to understand how we can support them in transitioning to full, comprehensive PRA for each patient. This is a significant focus for us at present and we will consider next steps once we have concluded practice engagement.

NHS App Engagement

- 3.5 Since February 2023, the Somerset ICB 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.
- 3.6 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.
- 3.7 National data also shows an overall 2% increase in registrations across Somerset, rising from 48% in August to 50% in October.

Ordering Repeat Prescriptions

- 3.8 Somerset ICB Digital Team promoted the new, national NHS App repeat prescription ordering resources via email to all 62 practices in May 2023. This includes national leaflets, website displays and message templates for social media and texts. Since then, many practices have successfully utilised these tools to highlight the benefits of ordering repeat medication online and where possible, encouraging patients to adopt this method. Slide 5 of Appendix A - App Dashboard reflects data that shows a continuing increase in the number of prescriptions ordered via the NHS App. 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

- 3.9 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.

- 3.10 AccuRx has recently introduced batch messaging, batch messages with attachments and batch questionnaires (flores) to GP practices nationally and we are promoting this using all usual channels to our practices – i.e. GP bulletins, GP Provider Board, PCN Managers

Managing Routine Appointments

- 3.11 Patients can view upcoming appointments in the NHS App, however there is currently 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.
- 3.12 We have been analysing detail on the number of appointments booked and cancelled via the NHS App. Both are showing an increase for September 2023, which is a direct result of recent provider engagement. Although there was a reduction in the number of appointments booked and cancelled in October, we predict this will increase as more bookable appointments are released.

Bookable Online Appointments

- 3.13 56/62 practices 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.
- 3.14 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>

Planned Development

- 3.15 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.
- 3.16 Planned action throughout 2023/24:
- Actively promote the new format of the NHS App and highlight the improved user experience to both patients and practices. Based upon user experience and feedback, the format and appearance of

the NHS App will be updated in December 2023, making it easier for users to navigate. In addition to many of the top-level screens, the current homepage will be redesigned to enable simpler and more intuitive navigation.

- 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 work with all 62 practices and Spark IT 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.
- Continue to keep all practices informed of the national/local resources and training available, e.g., the SCW 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

3.17 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 floreys 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 is complete with one speciality team at Musgrove Park Hospital, which has enabled patients to view their clinic appointments and will soon include clinical documents/letters. Rollout will be extended to other teams within the Trust as the programme continues.
- Promote the expanded choice of treatment options available on the NHS App, which is currently in development, with implementation expected in 2024. This will enable 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. It is hoped that the new feature will provide quicker access to treatment and support secondary care recovery.
- 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 colleagues to share updates and 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

- 3.18 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 keen to consider all options available, including those at a more local level, to identify a solution. We are therefore actively working with colleagues at EMIS and Somerset FT to facilitate this, especially in view of the recent implementation of prospective records access across the country.

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</p>	<p>Get U Better will be fully rolled out to those practices that want it by the end of the year. 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 October, 50 practices are online with the app and 4 are open to self-referral, with nearly 1,000 patients registered. Further roll-out and expansion is ongoing.</p> <p>KPIs will be developed and monitored as part of the pilot.</p>

	<p>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 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</p> <p>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</p>	<p>A pilot for roll-out of a self-referral pathway to armed forces veterans is under development and expected to go live in November.</p> <p>This will allow testing of the principle and concept for self-referral in this specialty while targeting a known</p>

	<p>and clinic capacity. Once completed, there will be the opportunity to look to develop self-referral.</p>	<p>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. We have 4 PCNs which have tier 2 health coaches in place; these health coaches support patients to make lifestyle changes with access to activities, group sessions and healthy living advice.</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. 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 lifestyle and will include, where possible, self-referral pathways. This work is in an early stage with a view to the pathway being fully embedded by April 2024.</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. A key element of this improvement plan is around workforce recruitment and retention planning. We</p>

		<p>will be focusing on this transformation programme in the first instance, and will be in a position to pilot the rollout of self-referral into the service later in 2023/24.</p> <p>KPIs will be developed and monitored as part of the pathway development.</p>
<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</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.</p> <p>The single contact email</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</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>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>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>sites and Community services to reduce requirements for Primary Care to refer.</p> <p>Optom pilot to launch this year 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 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</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. Will be 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>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>

Primary – Secondary Care Interface

- 4.1 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.
- 4.2 From January 2024 this will be 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.
- 4.3 From March 2023, The Trust CEO has met quarterly with PCN leads (clinical and managerial) to listen and hear ideas for how we could work more usefully together. This has allowed small problems in primary care to be resolved promptly and has helped to build trusting relationships. These meetings allow PCNs to share challenges and progress and create a space to think about how we can support each other.

Long Term Conditions Management

- 4.4 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.
- 4.5 Florey Plus includes templates for the monitoring of:
- Asthma
 - COPD
 - Cancer care reviews
 - Diabetes pre-appointment information
 - Hypertension (including home monitoring)
- 4.6 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.

- 4.7 It is in the process of being 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 The Health and Wellbeing Board has a statutory duty to complete a Pharmaceutical Needs Assessment. A PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population. The most recent [Somerset Pharmaceutical Needs Assessment](#) was published in 2022. This assessment indicated that “distribution and opening times [of community pharmacies] are generally appropriate, and services are commissioned in ways that largely cover the county.”
- 5.3 Somerset is not immune from the national contraction in the community pharmacy sector, with the NHSBSA identifying that the number of pharmacies operating across England in 2022/23 was the lowest in seven years. However, NHS Somerset is committed to the development of community pharmacy into a county-wide integrated primary care system and is positive of the role that the sector will continue to play in the delivery of healthcare services to patients.
- 5.4 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 PCARP plan are advanced pharmacy services.

Delivery plan

- 5.5 Somerset ICB is committed to fully delivering the pharmacy aspects outlined in the plan now that national consultation is complete.
1. Common conditions service (Pharmacy First)
 - Pharmacist clinical assessment and supply of prescription only medicines for 7 common conditions (sinusitis, sore throat, UTI, impetigo, earache, insect bites, shingles) using nationally developed PGDs.
 - Improving access to prescription only medicines to treat conditions commonly experience without the need to visit a GP
 - Building on the Community Pharmacist Consultation Service (CPCS) which supports referral of patients into pharmacy from

111, general practice and urgent and emergency care settings for assessment, advice and treatment of low acuity illness.

- Currently patients referred through CPCS can access medicines under the [Minor Ailments Scheme](#), a local enhanced service. This scheme allows pharmacists to supply medicines to people for minor conditions that might otherwise need a GP appointment, such as conjunctivitis, impetigo and uncomplicated urinary tract infection in women. The Common Conditions Service (Pharmacy First) will build on this by providing consistent, national PGDs and service specification and a wider range of conditions.
- NHS England will also support research to ensure a consistent approach to antibiotic and antiviral use between general practice and community pharmacy.
- Timescale – following consultation, Pharmacy First will begin on 31 January 2024, subject to the appropriate digital systems being in place to support these services.

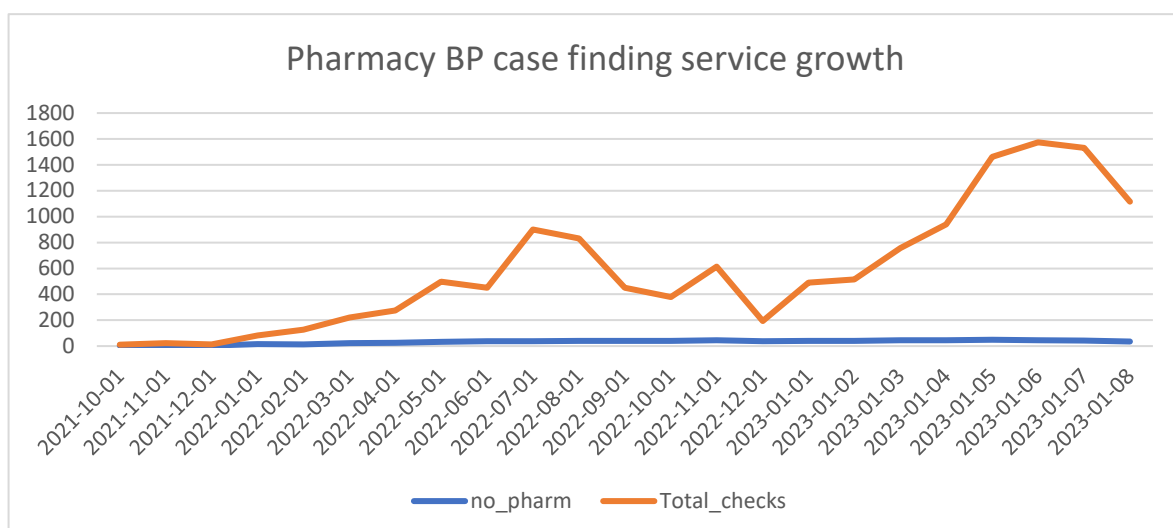
2. Oral contraception service

- Tier 1 – pharmacist management of routine oral contraception initiated by a GP or sexual health service.
 - Service specification is available, and any registered pharmacy can choose to deliver this service. However, Community Pharmacy England are not supporting delivery of this service within the current financial situation. New funding outlined in the Primary Care Access Recovery Plan is under negotiation between DHSC and Community Pharmacy England.
 - 30 pharmacies in Somerset are registered as of 5 Nov 23.
 - Timescale – subject to national consultation publication
- Tier 2 – service extension to include initiation of new oral contraception
 - Still in pilot phase – no pilot sites in Somerset

3. Hypertension case finding service

- Service specification has been available since 2021. Most pharmacies are signed up to deliver the service, although less than a half of all pharmacies provide blood pressure checks consistently
- 8,387 blood pressure (BP) checks have been completed in pharmacy in Somerset in 2023. Data is reported on [Shape Atlas](#)
- The majority of BP checks completed are currently opportunistic, but pilot work is underway to identify suitable patient cohorts from GP patient lists and manage their referral into pharmacy, This will 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
- Digital tools and templates are used to manage communication with the GP, to record outcome back into patients' clinical records and to easily highlight patients who require further investigation
- A system-wide hypertension group is developing pathways, processes and communications that include the pharmacy BP case finding service
- 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.
- Timescale – digital tools to enable better communication between pharmacy and GP are subject to DHSC consultation with Community Pharmacy England



6 BETTER DIGITAL TELEPHONY

6.1 The previous July 2023 submission detailed that Somerset has 12 practices utilising analogue phone systems. Through practice engagement with the National Commercial and Procurement Hub it is now confirmed that Somerset have 15 practices with analogue phone systems. Somerset have a further 16 practices with low functioning cloud-based telephony and 6 of those practices have contracts that end with their supplier within the next 12 months.

6.2 The National Commercial and Procurement Hub have processed 3 of 15 analogue practices for ICB funding consideration in preparation for contracts to be signed with their new proposed supplier. The chosen supplier these practices is X-ON. The remaining 12 practices require further procurement hub involvement to reach a conclusive position to progress them for ICB funding approval. Six of the 12 practices have

confirmed their preferred supplier is X-ON, but the remaining six practices have yet confirmed.

- 6.3 NHS Somerset hold fortnightly meetings with the National Commercial and Procurement Hub to support and deliver the telephony project objectives. Progressing the remaining 12 practices to cloud based telephony by 15 December 2023 is the current priority, meaning NHS Somerset will provide support and guidance to those practices as required to achieve the national deadline for phase 1. The National Commercial and Procurement Hub is responsible for managing the procurement process, and despite our collaborative relationship, the ICB are reliant on the hubs operational efficiencies to ensure the deadline is met. Based upon the status of the 15 priority practices, NHS Somerset are confident we will meet the national requirements for the deadline on 15 December 2023.
- 6.4 NHS Somerset received the telephony allocations totalling £864,000. The National Commercial and Procurement Hub are confirming some additional information before the ICB can award funding approval to the proposed practices. This information is expected imminently and in advance of the 15 December deadline.
- 6.5 Practices with low-functioning cloud-based telephony will be the focus from January 2024. The National Commercial and Procurement Hub are currently focussing on the 15 practices with analogue phone systems but will shift focus to the remaining 16 practices in Somerset that are not operating with advanced telephony functionality.
- 6.6 In recognition that 30 of 62 practices in Somerset will qualify for telephony support under the PCARP agenda, NHS Somerset have appraised the strategic opportunities the telephony project and associated funding presents. The strategic ambition is therefore to procure one telephony provider for all 62 practices in Somerset. The value of having one supplier in Somerset would yield significant benefit to practices, PCN's, neighbourhoods and the wider system. This cannot be achieved by the national deadline of 15 December 2023, but this objective could be achieved in phase 2 of the telephony project providing adequate funding is available. Despite this ambition, NHS Somerset recognise that practices have the right to choose their preferred supplier.
- 6.7 NHS Somerset have reviewed the Data Protection Impact Assessment (DPIA's) held by the National Commercial and Procurement Hub and will ensure local DPIA's are in place once each practice has confirmed their chosen provider.
- 6.8 The NHS Somerset telephony TeamNet page displays the key information practices require to support them to remain informed and invested in the transformational journey.
- 6.9 NHS Somerset is working closely with a neighbouring ICB to explore the potential resolution to soft-phone accessibility. Regardless of the telephony supplier, soft-phone functionality cannot be hosted over the

Somerset HSCN line. Somerset practices are keen to use soft-phone functionality and therefore active work is being undertaken to explore viable options that meet NHS Somerset cyber security requirements.

- 6.10 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.
- 6.11 NHS Somerset are actively exploring business continuity options for the Somerset practices should their telephony system encounter an error and become unavailable to patients. In the absence of a current telephony offer to practices, delivering this is a further aim under this programme of work.

7 SIMPLER ONLINE REQUESTS

- 7.1 Somerset GP practices continue to use a range of 7 systems in total across the county. There have been no changes to the statistics from the previous report to NHS England which detailed that 51% percent of practices utilise Accurx Patient Triage, 24% use AskmyGP and the remaining 25% uses a mix of Klinik, Emis Online Consult, Engage Consult and one practice is trialling Anima.
- 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 terminates on 31 March 2024. Accurx have approached Somerset to establish the ICB's strategic ambition to deliver 'modern general practice' given the contract end date is approaching. However, Somerset's strategic intentions cannot be confirmed due to the Digital Pathways (DP) Framework being delayed by NHSE. 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 January/February 2024.
- 7.3 The Accurx Self-Book contract held at a national level ends December 2023. NHSE are in discussions about how to manage this given that it terminates in the last financial quarter, and in advance of the DP Framework being available. 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.
- 7.4 The delay of the DP Framework further prohibits NHS Somerset embracing the full opportunities of the digital PCARP funding allocation of £0.93 per patient for 2023/24. Whilst NHS Somerset have approached the national team to explore what products can be procured within this envelope of funding, confirmation or guidance has yet to be received. NHS

Somerset are engaged with national and regional representatives to progress this at the earliest opportunity.

- 7.5 Despite the lack of guidance available, NHS Somerset continue to evaluate the digital procurement opportunities that will improve access to primary care. 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.
- 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. Several practices have been approached for their comment regarding the systems currently being utilised to gain an understanding of efficiency in integrating within practice processes. This will form an integral part of any digital tools procured using the national catalogue expected in December 2023. 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 Appointment Data (GPAD)

- 7.8 NHS Somerset has been supporting GP practices to improve the quality of their GPAD data by providing specific resource in the form of Digital Data Facilitators. This team actively contacts practices where it is suspected there is a data quality issue and work with the practice team to resolve. Additionally, this team also looks at practices who seem to be having some success with the current criteria set out by NHS England. This allows sharing of learning and understanding between practices and develops best practice for data quality.
- 7.9 Where data quality issues arise that need to be escalated to NHS England, the Digital Data Facilitators will do this on behalf of general practice and disseminate out the response 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.
- 7.10 Unmapped appointments have steadily decreased as practices have understood the mapping better. However, the Data Facilitators are

continuing to work with practices to identify and rectify any future mapping discrepancies. They also seek to resolve the challenges faced through configuration models of enabling directly bookable appointments

- 7.11 It has been recognised that while there are many National Slot mapping choices, only some are being utilised by practices, which in turn has an impact on specific attainment targets such as the IIF (Impact and Investment Fund) ACC-08: appointments with 14 days. 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 looks to be in 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.

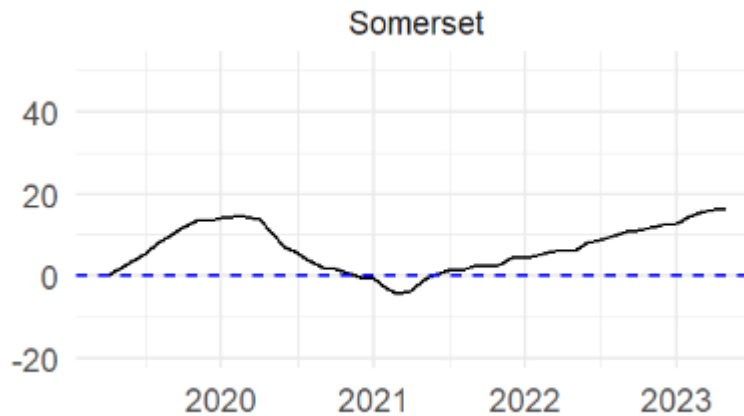
8 FASTER NAVIGATION, ASSESSMENT AND RESPONSE

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 around 300,000 appointments delivered per month in Q2 of 2023/24.

Figure 1



8.3 On average, 42% 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 and asked for nominations in anticipation, sharing details on the context and highlighting the benefits of attendance. We will ensure we have appropriate representation from all PCNs ready for the next cohort to maximise opportunities for development in Somerset. We have asked Somerset PCNs to nominate one person for the D&T Lead training – 10 of 13 PCNs have nominated, and we are in communication with the remaining 3 PCNs

8.6 The next Cohort (Cohort 3) for 40 delegates is opening on 20th November for applications, we are reminding PCNs to sign up.

8.7 We are awaiting further clarification from NHS England as to whether we can facilitate a South Westerly location for a future cohort.

8.8 This training, along with all training opportunities, will be 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 (for either foundation or advanced), and has followed up with direct reminders.

To date we have had 30 practices sign up for the foundation training and 21 practices who would like to use the place for advanced training. There are 11 practices who have not yet signed up, who we are following up.

8.10 There are also places offered to PCNs (one per PCN) and of the 13 PCNs 3 have opted to sign up for the advanced training.

8.11 The training is virtual which means it is 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.

9 LARGER MULTIDISCIPLINARY TEAMS

9.1 The Additional Roles Reimbursement Scheme (ARRS) in Somerset has grown substantially over the past four and a half years of this 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.

9.2 Appendix B - Current and Future ARRS full time equivalent (FTE) gives oversight and comparative information on the growth of our ARRS scheme, our current position and projected figures based on last year's PCN workforce plan submissions. This includes projected recruitment intentions from the PCN workforce plans submitted to NHSE in August. The PCN October workforce plan submissions will be analysed shortly and will provide another opportunity to assess progress on both recruitment and spend. These plans enable amendments to be made based on dynamic recruitment potential and any anticipated pressures in local need and service delivery opportunities.

9.3 Maximising the ARRS spend in Somerset during this final year of the current ARRS scheme is a time critical priority. In September Somerset had a projected spend of 70% (£9,653,000) of the overall allocation, we expect this to have increased with the October workforce plan submissions. We meet monthly with regional NHSE colleagues and the other South West ICBs to share innovation and challenges and find solutions together. NHSE have made a commitment to continue funding ARRS staff at the current level though the detail and scope of a future scheme has not been confirmed.

9.4 As a South West group we take a collaborative approach and have been feeding into the national ARRS review and development of the future scheme based on our experience of managing the scheme. The key priorities of the group have identified are:

- 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 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. Though not allowable now our provider is in dialogue with NHS England colleagues on the benefits of expanding the skillset.
- 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 - see Appendix C – ARRS Case Studies
- 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 discuss enhancement & extension of Open Mental Health to ARRS thus widening the recruitment potential.
- Somerset ICB Pharmacy workforce Forum working on system wide training, recruitment & retention.
- 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.

9.6 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. Please refer to Appendix C.

9.7 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 September 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 nearly a third of all Somerset practices, the impact on the GP partner position in Somerset is significant. Baseline data below is 2019.

Somerset	SALARIED GPs	71	97	26	31.7%	98	-1	-0.8%
	GP RETAINERS	2	2	0	-11.1%	2	0	29.3%
	GP LOCUMS	15	4	-11	-75.8%	4	0	0.3%
	GP PARTNERS	236	177	-59	-23.2%	177	0	-2.1%
	Total Qualified GPs	325	279	-45	-13.9%	280	-1	-0.3%
	GPs IN TRAINING	47	101	54	115.5%	107	-6	-5.5%

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

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 generally 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 increase still further turning GP trainees into substantive posts we plan a number of 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. We are starting a dialogue with the Deanery to explore linking newly qualified GPs to our GP Flexible Pool offering sessional GP contracts with support and CPD development. Keeping the trainees post qualification in Somerset and supporting them on their journey we hope will encourage them to once settled take substantive posts. Secondly, our intention is to increase the number of GP trainee supervisors and increase the number of GP placements through working with our Deanery and Training Hub. Fellowships and mentors are offered to 100% of newly qualified GPs and Nurses starting their new jobs.

- 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 considering a proposal for a Somerset partnership incentive scheme which focuses on providing access to robust partnership training on all aspects of managing a modern general practice. 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, 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. Our initiatives include:
- Recruitment advertising contract with the BMJ, mix of print adverts and online recruitment hub which brings together opportunities available in Somerset. Somerset recruitment banner included on articles aimed at GP trainees and newly qualified GPs, with link directly to our online hub. [Become a GP in Somerset | GP Jobs & Careers in Somerset | BMJ Careers](#)
 - We provide assistance with advert writing and promoting individual practices, including an offer to create you tubes videos and virtual tours of a practice.
 - We offer a Somerset relocation package as an incentive to move to Somerset
- 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 maybe 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. This combined with the additional benefits of a salaried role with the flexibility of locuming gives an attractive alternative for some 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.
- 10.10 At an ICS wide strategic level, a number of 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
- 10.11 Risks and Challenges
- Pressure on estates
 - Future of the ARRS programme and what it will look like from 1st April 2024
 - Educator capacity - ability to increase the number and expand the scope of educators whilst not destabilising capacity for front line work

- Future of National GP retention funding beyond March 2024
- 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 £4,829,017* in mitigation for general practice under Section 106 of the Town and Country Planning Act (1990).

*Correct as of October 2023.

Status of Section 106 funding requested by NHS Somerset for Primary Care	Capital Section 106 Contribution
Approved	£134,015
Approved In Principle	£119,410
Submitted – Awaiting decision	£4,073,705
Exploring	£37,440
Submitted in response to pre-application review	£464,447
Total	£4,829,017

- 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 are in the process of creating a centralised interactive dashboard. This will encompass key measurables from each requirement such as national patient survey results, friends and family test, general practice activity data, primary/ secondary interface data, care navigation/ self-referral data and telephony data. The aim of this dashboard will be 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 showcase the output from this project against strategic, operational and financial input that places patient satisfaction at the forefront of everything we do.

13 FUNDING & GENERAL PRACTICE IMPROVEMENT PROGRAMME

- 13.1 In order to bring this programme of work to fruition, national funding has been made available for specific areas, such as digital telephony, for which Somerset has successfully bid for.
- 13.2 In addition, NHS England have changed the focus of this year's Impact and Investment Fund (IIF) to support the PCARP. This funding has been split as follows.
- 13.3 70% of the funding has been allocated to the Investment IIF-CASP. This is paid to PCNs upfront on a monthly basis and is to be used to support

capacity within the PCN. The final 30% is allocated to the IIF-CAIP and in Somerset the PCNs have agreed to pool their allocations and look at working on a larger scale.

- 13.4 50% of the IIF-CAIP (£350k) along with £750k of NHS Somerset investment into Primary Care has been 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
- 13.5 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 will then feed into the wider system planning for winter 2024 which will begin in April/May 2024, coordinated by NHS Somerset.
- 13.6 The remaining IIF-CAIP funding, alongside Primary Care Transformation funding, will be used to support PCNs with pump priming specific access projects. PCNs will be 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 designing the business case template and aim to circulate to all PCNs before the end of the year.
- 13.7 NHS England are running various initiatives under the title of General Practice Improvement Programme. These initiatives comprise 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 features heavily.
- 13.8 Somerset has 10 practices that have attended introductory webinars for these initiatives and we are working closely with them to ensure conversion into enrolment. Enrolment criteria stipulates practices must be utilising a cloud-based telephony software; we have 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 that has enrolled onto the PCN programme.
- 13.9 Somerset is also developing a localised Support Level Framework which will comprise of specialist, supportive conversations that seek to address inequalities, variation and access challenges our practices are facing. These conversations will be delivered by system colleagues and tailored around the individual needs of the practice.

14 CLOSING SUMMARY

- 14.1 Somerset ICS is committed to delivering the recovering access to primary care delivery plan. This report describes how this will be achieved, providing insight into the performance against the 12 key priorities. We will continue to report progress to the Primary Care Commissioning Committee.
- 14.2 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 - Uptake

File created on: 06/11/2023 3:41:19 PM

Digital Team, NHS App Key Highlights

1

Patient on-line access to GP health records

Almost all practices (56/62) in Somerset signed up to enable full prospective access



2

Proxy access

All practices can enable proxy access as appropriate within the NHS App



3

Repeat Prescriptions

26,333,726 repeat prescription ordered via the NHS App so far this calendar year (up to November 2023)



4

Wayfinder

Wayfinder has begun roll out in Somerset Foundation Trust



5

Appointments

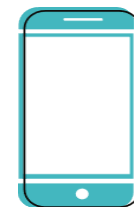
258% increase in appointments managed through the NHS App from the start of the year, an upward trend expected to continue as more practices enable this feature



6

Messaging and Notifications

1.2m messages sent from the NHS App in July 2023 nationally, contributing to a total of 11.8m sent since November 2022



7

System Engagement

NHS Somerset Digital Team continue to facilitate and support NHS App events and Open Days within practices throughout Somerset, working with VCSE sector (SPARK IT) support. Events are also planned within secondary care to promote the Wayfinder scheme.



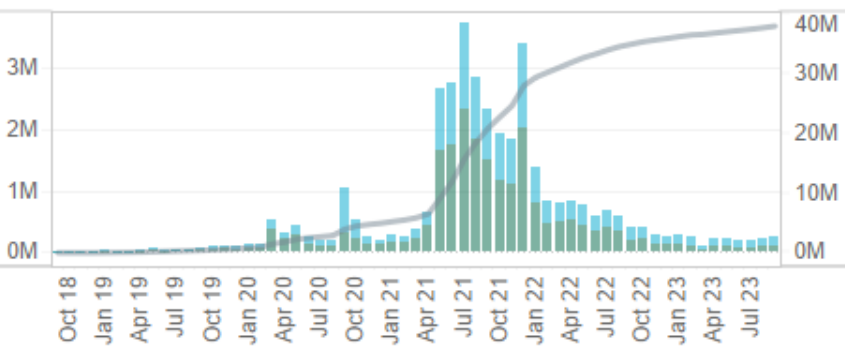
Period Monthly	Date 01/01/2021 00:00:00 to 31/12/..	Region All	ICB NHS SOMERSET INTEGRATE..	Sub ICB All	PCN All	GP All
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Date Selected: **Last full month: October 2023**

Monthly National Downloads - **Apple, Android**

271,309
▲ 15.1%

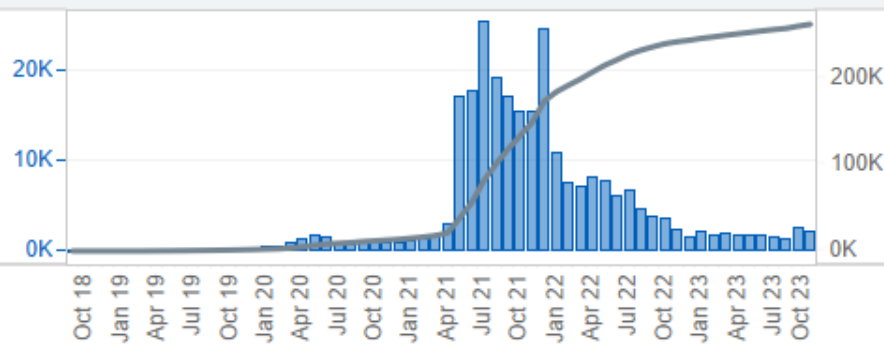
Running Total
37,991,104



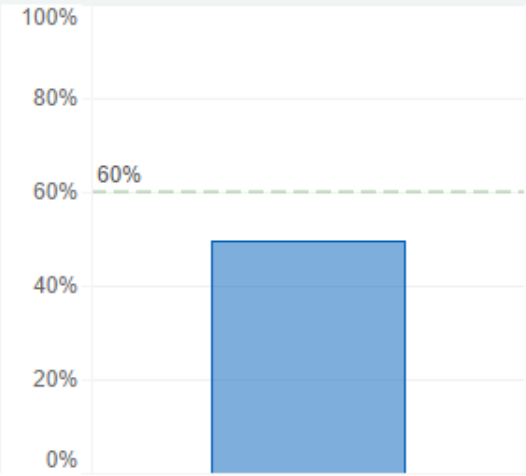
Monthly Registrations P9 Registrations

2,116
▼ 20%

Running Total
260,743



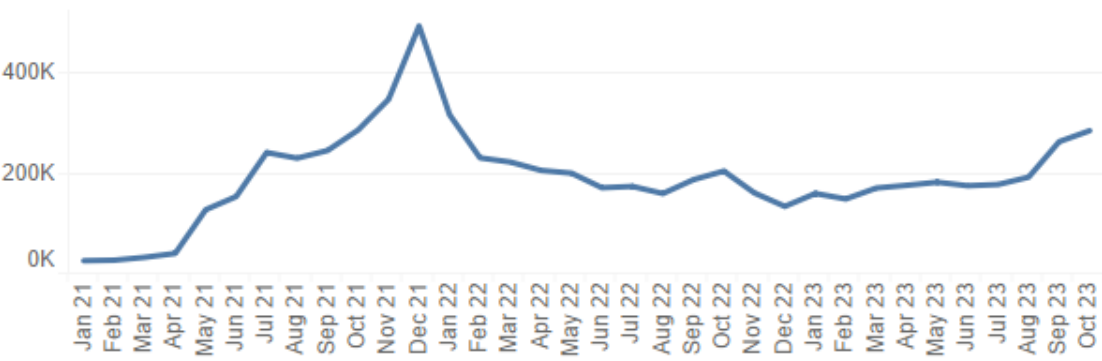
50% of GP Patients 13+ Registered for NHS App



- Uptake
- Usage
- Jump Offs

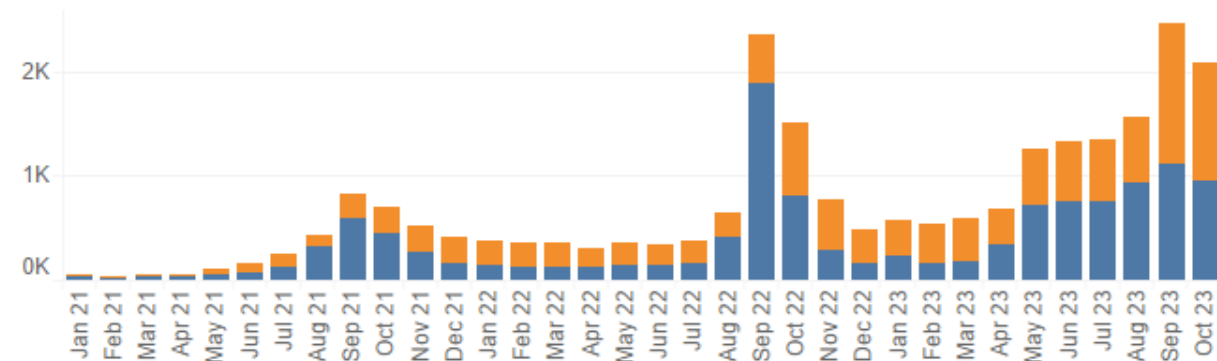
Monthly NHS App Logins

284,407
▲ 8.3%



Monthly Appointments Managed

2,083
▼ -15.4%



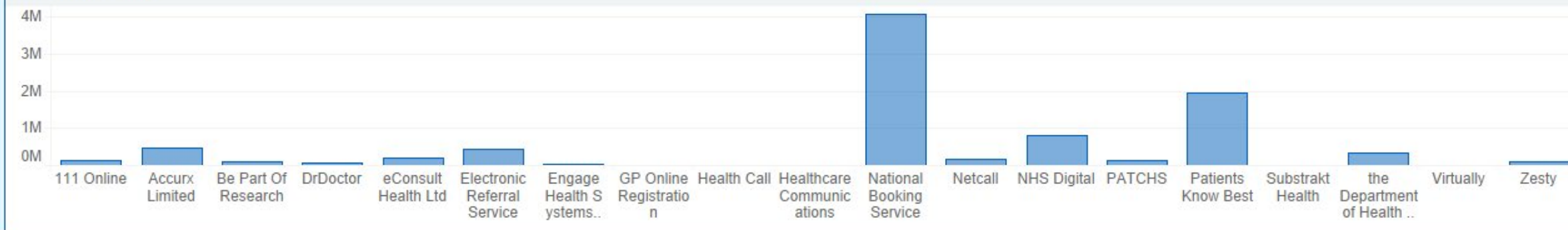
Provider Summary

Date (Timeseries only) 01/05/2023 00:00:00 to 30/11/2023 ... Region All ICB All Sub ICB All PCN All GP All

Data up to 29 October 2023

Provider Comparison

Click on a bar to filter

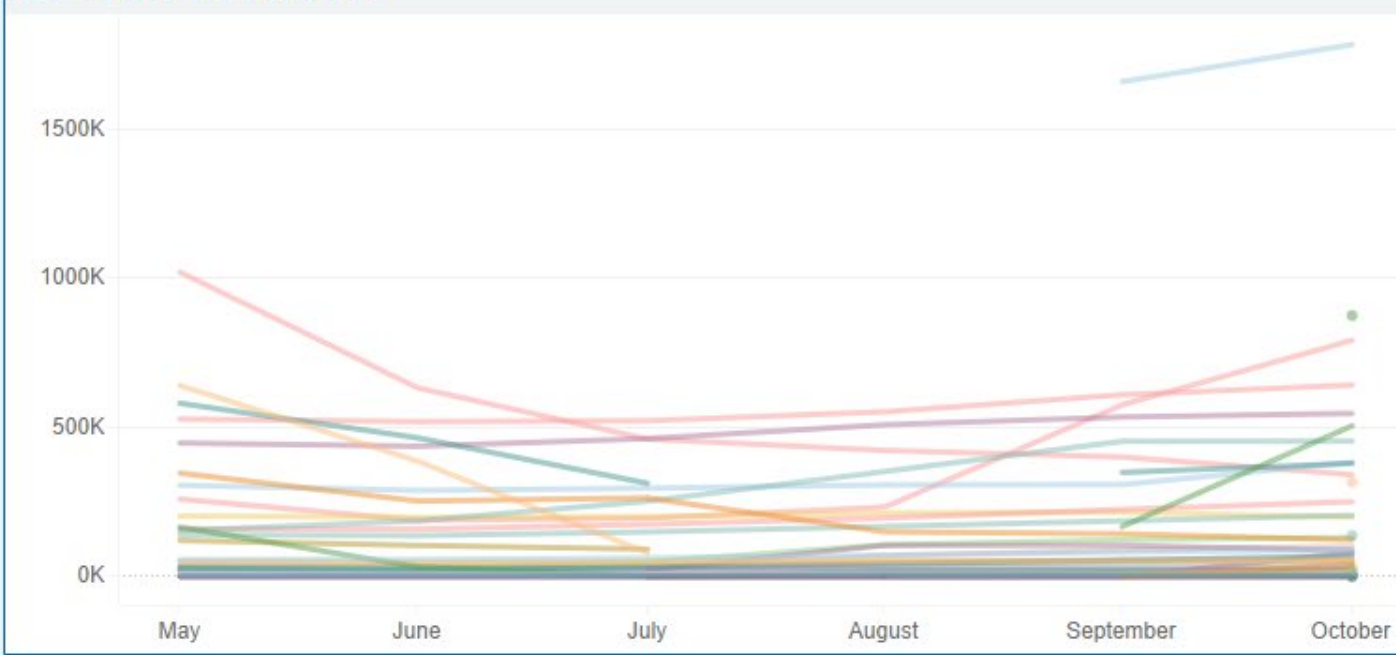


- Uptake
- Usage
- Jump Offs

Service Clicks - Current Month

Provider	Service	Clicks
111 Online	Home	79,076
	Advice	39,166
Accurx Limited	Messages	250,498
	Medical	204,657
Be Part Of Research	Home	86,288
	Your health	18,390
	Bpor research	
DrDoctor	Dr doctor wayfinder	69,428
eConsult Health Ltd	Online consultation	198,831
Electronic Referral Service	Ers wayfinder	453,487
	Manage your referral	
Engage Health Systems	Messages	6,478

All - Service Comparison



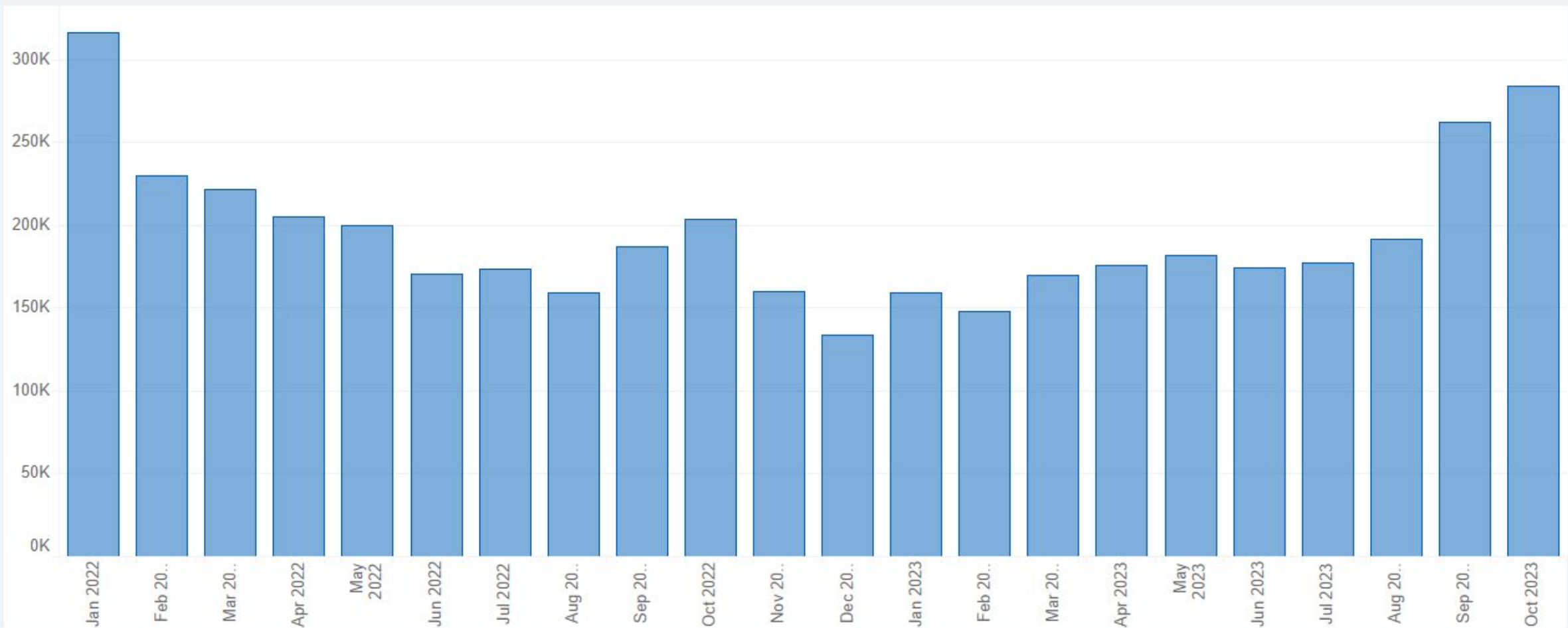
Period Monthly	Date 01/01/2022 00:00:00 to 31/1..	Region All	ICB NHS SOMERSET INTEGR..	Sub ICB All	PCN All	GP All
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Date Selected: **Last full month: October 2023**

Monthly Logins

284,407

▲ +8%



Uptake

Usage

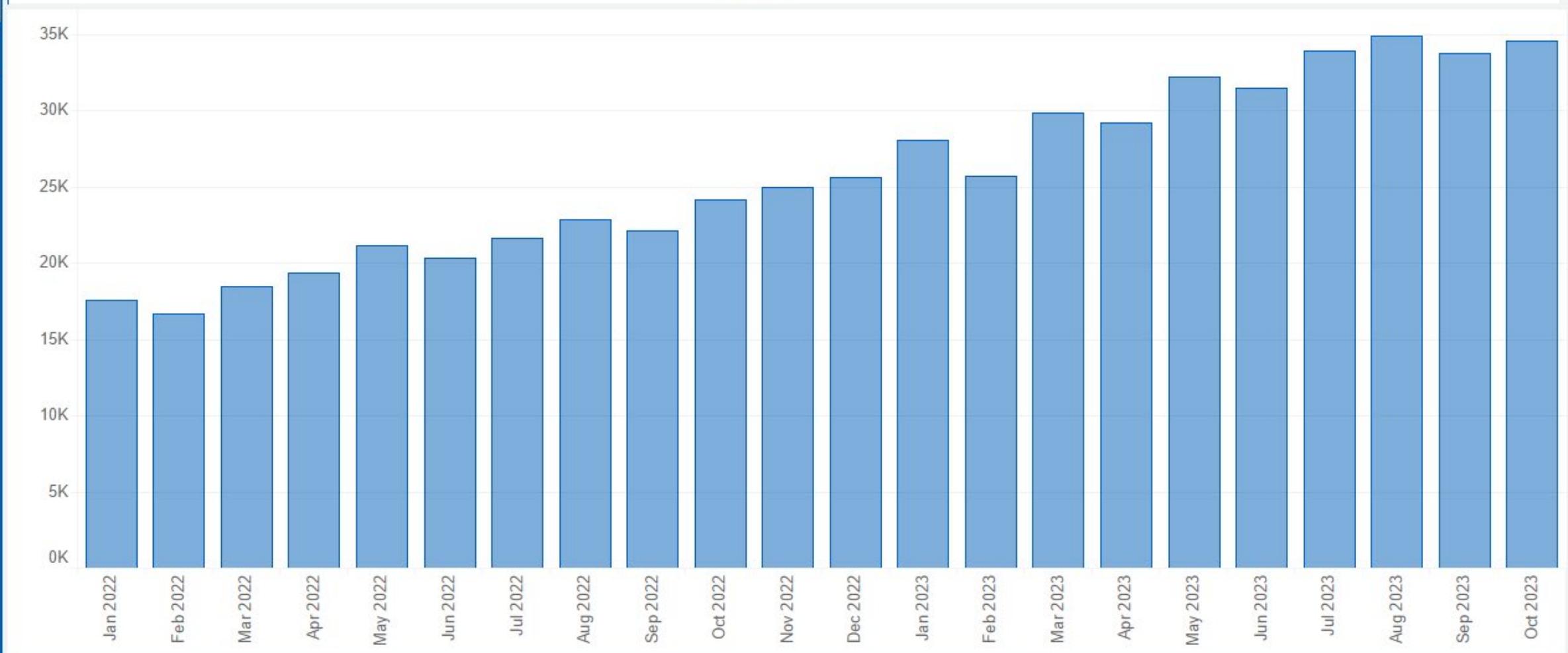
Jump Offs

Period: Monthly | Date: 01/01/2022 00:00:00 to 31/12/2022 | Region: All | ICB: NHS SOMERSET INTEG.. | Sub ICB: All | PCN: All | GP: All

Date Selected: Last full month: October 2023

Repeat Prescriptions Ordered

34,542
▲ +2%



- Uptake
- Usage
- Jump Offs

Period: Monthly | Date: 01/01/2022 00:00:00 to 31/12/2022 | Region: All | ICB: NHS SOMERSET INTEG. | Sub ICB: All | PCN: All | GP: All

Date Selected: Last full month: October 2023

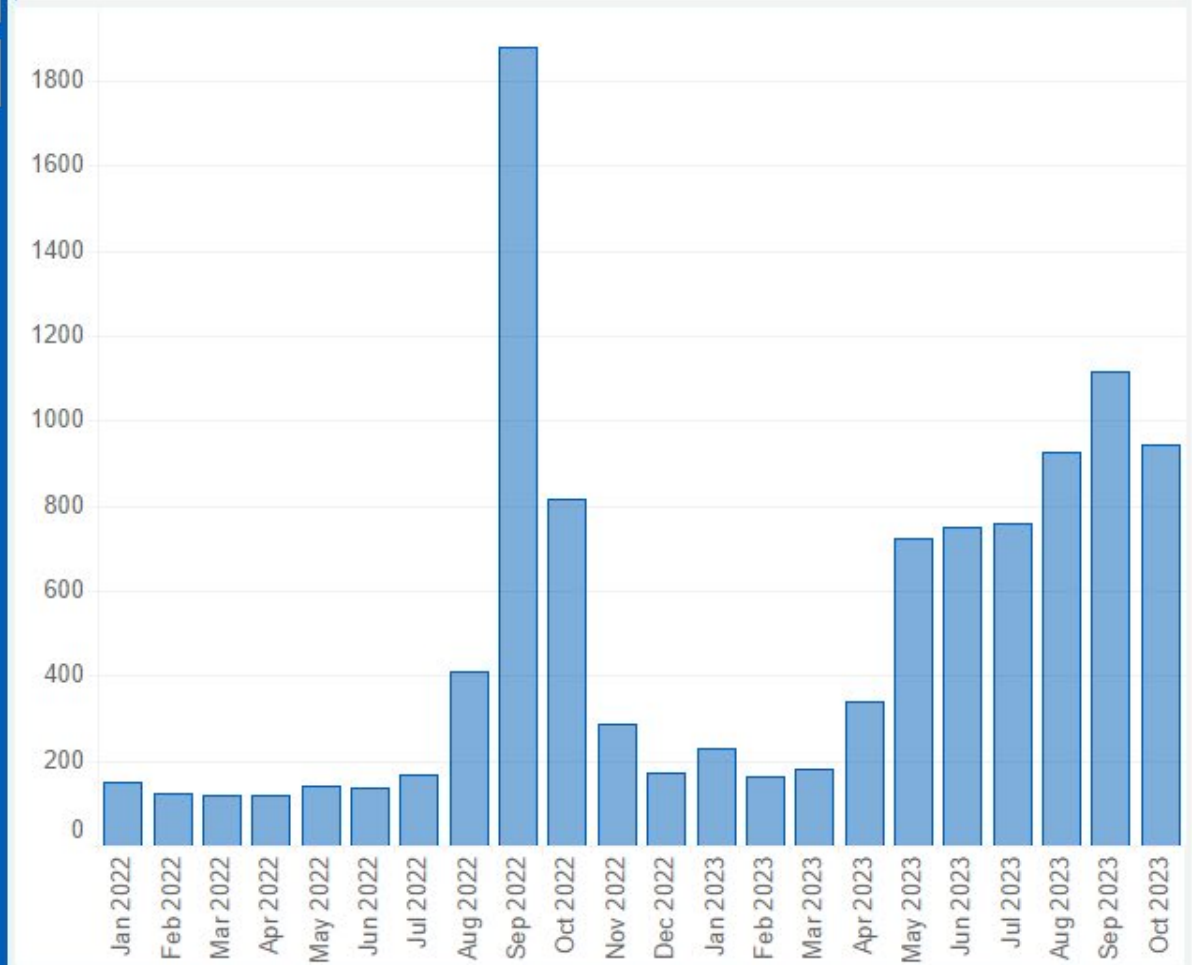
Primary Care Appointment Booked

Uptake

945.0
▼ -15%

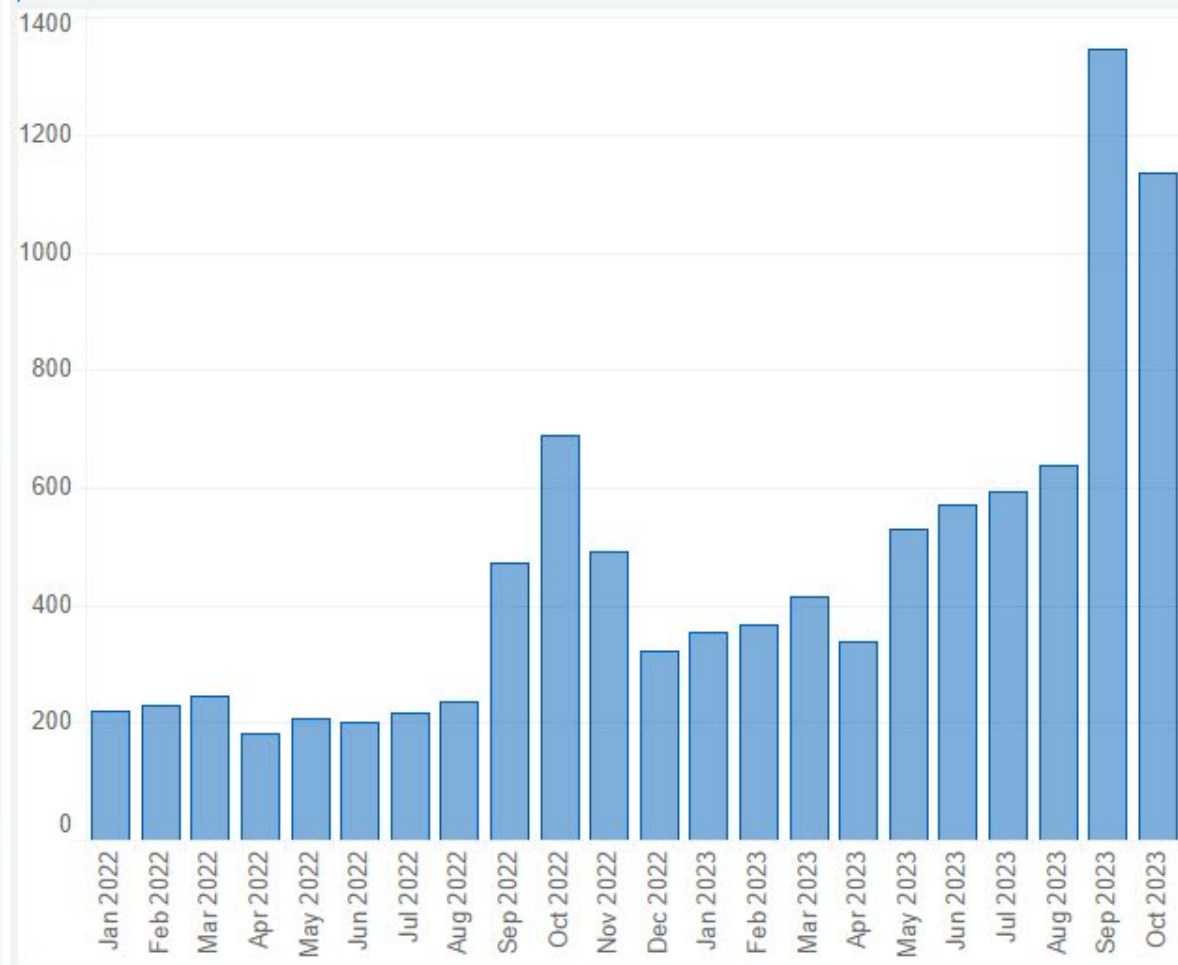
Usage

Jump Offs



Primary Care Appointment Cancelled

1,138
▼ -16%



Period
Monthly

Date

01/01/2022 00:00:00 to 31/12/202...

Region

All

ICB

NHS SOMERSET INTEG...

Sub ICB

All

PCN

All

GP

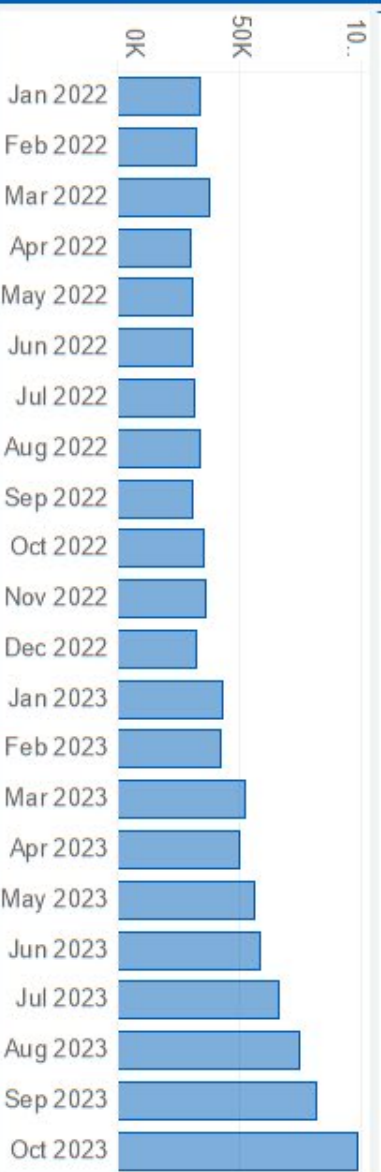
All

Date Selected: **Last full month: October 2023**

Record Views



Detail Coded Record Views



Summary Coded Record Views



Jump Offs

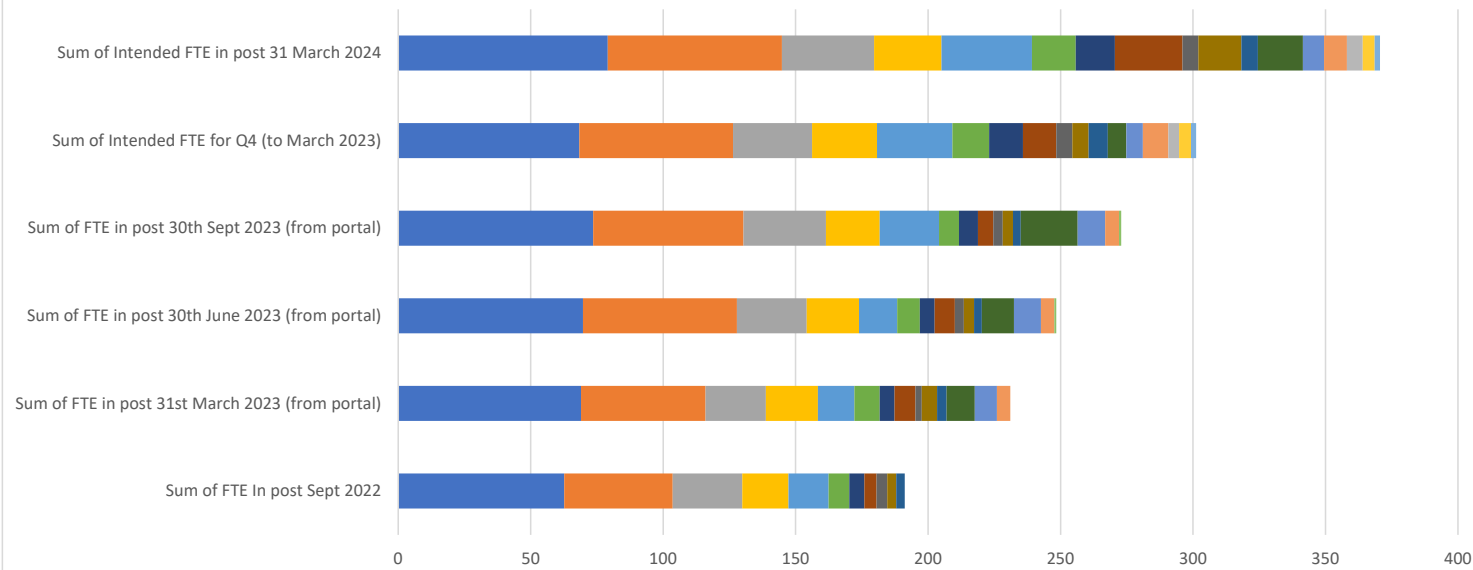
Usage

Uptake

APPENDIX B

PCN Name

Number FTE of each ARRS role - current and future plans



	Sum of FTE In post Sept 2022	Sum of FTE in post 31st March 2023 (from portal)	Sum of FTE in post 30th June 2023 (from portal)	Sum of FTE in post 30th Sept 2023 (from portal)	Sum of Intended FTE for Q4 (to March 2023)	Sum of Intended FTE in post 31 March 2024
Health and Wellbeing Coaches	62.69	68.978	69.704	73.567	68.37	79.12
Care Co-Ordinators	40.877	47.034	58.108	56.734	57.99	65.72
Clinical Pharmacists	26.29	22.781	26.368	31.158	29.81	34.75
First Contact Physiotherapists	17.46	19.62	19.76	20.285	24.54	25.44
Pharmacy Technicians	15.13	13.786	14.426	22.353	28.46	34.13
Occupational Therapists	7.827	9.557	8.557	7.583	13.83	16.55
Paramedics	5.68	5.55	5.59	7.15	12.8	14.8
Mental Health Practitioner	4.6	7.92	7.6	5.8	12.6	25.5
Physician Associates	4	2.347	3.347	3.52	6	6
Advanced Practitioner	3.4	5.853	3.853	3.853	6.2	16.24
Social Prescribing Link Workers	3.2	3.533	2.933	2.933	7.2	6.2
GP Assistants		10.688	12.155	21.563	7	17
Digital & Transformation Lead		8.373	10.16	10.36	6.3	8
Trainee Nursing Associates	0	5.053	5.053	5.253	9.6	8.6
Nursing Associates	0				4	6
Dietitians	0				4.5	4.5
Podiatrists	0				2	2
Apprentice Physician Associates			0.76	0.76		

APPENDIX C

Case Study 1: Clinical Pharmacist



Brendon Jiang, first ARRS funded Clinical Pharmacist in Somerset, speaking in 2019, CLICK PCN:

“These PCN roles are sparkly and new. General practice pharmacists are still a relatively new sector and it’s seen as very desirable place for pharmacists to come and work. They can use their skills to deal with medication queries and get things sorted a lot more easily than in some other sectors.”

“This is a fantastic opportunity. The NHS is putting a significant investment in and you can bring a pharmacy professional with 5 years training, at least, to come and work for your team. They’ll help you to deliver on the DES specifications, particularly structured medication reviews, advanced health in care homes, personalised medicines, anticipatory care and link into pharmacists within other areas to help.”

In the first year of the additional roles scheme 19/20, PCNs could claim reimbursement for 1 WTE Clinical Pharmacist and 1 WTE Link Worker.

In Somerset we focused on engagement work with the Clinical Pharmacist role. It is remarkable looking back to this time when Clinical Pharmacists in PCNs were a relatively new concept, and encouragement was needed in terms of taking up this offer. Now these pharmacist roles are highly sought after and an essential part of the PCN multi-disciplinary team.

We produced information in the form of bulletins and presentations to demonstrate that the role had benefits including saving GP time, saving money and improving patient experience and outcomes, particularly as many of the pharmacists were already prescribers (or training to become them). As part of the communications we highlighted a case study from Devon (Karen Acott, Clinical Pharmacist and Partner Wallingbrook Health Group) which demonstrated that placing a clinical pharmacist in GP surgeries it has reduced the need for patient GP appointments by 30%, making a significant impact on GP workloads and patient outcomes.

We wanted to demonstrate the benefits within Somerset so when the first ARRS funded Clinical Pharmacist was appointed, Brendon Jiang, we filmed some short video clips to encourage take up in other PCNs. We had a chart on the office wall to monitor progress of both the Link Worker and Pharmacist roles in PCN. Since this time there have been huge developments, today we have 26.5 WTE Clinical Pharmacists across the 13 PCNs in Somerset, every PCN has at least one Clinical Pharmacist and we have 247 WTE roles in total funded via ARRS across all of the PCNs.

Case study 2: Occupational Therapy



Hattie and Helen are two OTs working in North Sedgemoor PCN

“They open up so many different doors and avenues for patients that we didn’t know existed”

“They have such a breadth of care that is available and that specialism and training to take that to the next level”

-Kyle Hepburn, Clinical Director North Sedgemoor PCN

The model of Occupational Therapy (OT) in Somerset PCNs clearly demonstrates the benefits ARRS can provide and is a true trailblazer in the Southwest region. We filmed some simple and short video clips featuring the ARRS funded OT service in Somerset PCNs hosted by Somerset Foundation Trust (SFT).

The purpose of these videos was to celebrate the success of the ARRS scheme and to showcase just some of the work they are delivering for PCNs and patients in Somerset. As a new ICB we also want to inform and raise awareness with ICB staff and to the wider Somerset health system about ARRS showing how the roles are delivering services in general practice, supporting and strengthening whole system working and maybe dispelling some myths along the way.

The videos feature [Hattie and Helen](#), two OTs working in North Sedgemoor PCN with their [Clinical Director, Kyle Hepburn](#). Hattie and Helen describe how the service they provide to care home residents meets the needs of the local population, which has a large amount of coastal care homes with older adults and those with learning disabilities. Across Somerset, other PCNs are focusing their OT service on anticipatory care - supporting adults over 50 to manage their health conditions, health inequalities with homeless and refugees, and menopause wellness clinics.

[Nicola Mead](#), the Professional Lead talks about Occupational Therapy in primary care and [Becky Keating](#) Head of Occupational Therapy at SFT describes the model. Setting up the service involved taking learning from the established and successful Physio model in Somerset, engagement with Clinical Directors and reviewing the PCN DES. SFT recruit together with the PCN and provides professional supervision and peer support, the day to day supervision is provided by the PCN. [Jeremy Imms](#), our GP Clinical Lead in the primary care team also features with an overview of the additional roles scheme.