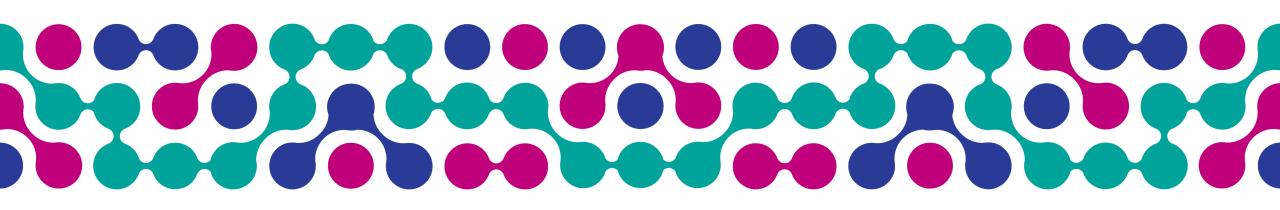


Bath and North East Somerset, Swindon and Wiltshire

# Update on Integrated Care Centres Health Select Committee

5<sup>th</sup> September



### Purpose:

- To understand how integrated care centres link to Neighbourhood Collaboratives and support the Wiltshire Alliance priorities.
- To receive an update on the development and impact of the integrated care centres with a focus on Devizes Health Centre





Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

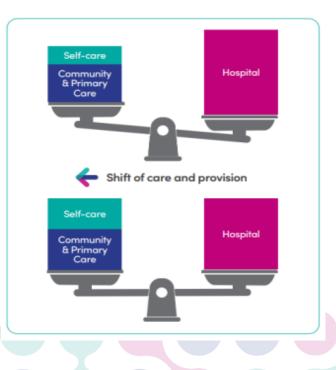
# Context of strategic direction – national and local

### **Strategic Context**

### National

- Primary and Community Care Transformation (including Fuller)
- Delegation of pharmacy, optometry and dentistry commissioning responsibilities from NHSE to ICBs
- Major Conditions Strategy (expected July 23)
- Health and Care Act 2022 including delivery of core aims of ICSs
- NHSE Recovery priorities and the Long Term Plan
- Health and social care integration White paper
- People at the Heart of Care Adult social care reform white paper
- NHS workforce Plan
- Better Care Fund guidance 2023-25





# What does it mean for primary care? What challenges and strategic changes are we aiming to address/link in the strategy?

- Making it easier to access primary care services (linking to the General Practice Access Recovery Plan)
- Delivery of the vision outlined in the Fuller Stocktake, and the opportunities for new models of care and integrated neighbourhood teams
- The left shift and managing demand: transferring low acuity care away from general practice such as Community Pharmacy Consultation Service, and direct access routes to other services such as MSK Physiotherapy, Podiatry, Ophthalmology.
- Developing effective primary, community and secondary care clinical interfaces – improving patient experience and outcomes, and addressing variation and duplication
- Tackling Health Inequalities Core 20+5, primary prevention, and improved outcomes for people with Long term conditions
- Workforce recruitment and retention and additional ARRS roles
- Digital Transformation Modern General Practice programme (such as cloud based telephony and digital platforms)
- Estates and Premises linking to the longer term estates strategy for primary care as part of wider ICB estates programme



NHS

### **GP Access Recovery Plan**

Why we need the plan:

- General practice is under immense pressure, with demand outstripping capacity in many areas. This negatively impacts patient access and experience, which in turn can shift pressure to other parts of the system as patients seek alternative routes to access care.
- The ageing population is a key driver of the increase in pressure as the majority of over 70s live with one or more long term conditions.
- The pandemic also contributed to the changing nature of demand with the COVID–19 backlogs contributing to a 20-40% increase in patient contacts with practices.
- Though the general practice workforce has grown by 27%, the net number of GPs has lagged behind and the impact of measures to increase the number of GPs have not yet been felt in practices.
- Existing GPs are under greater pressure, managing larger practices, supervising ARRS and trainee GPs, estimated to take up to 20% of GP time, in addition to core clinical responsibilities.
- As demand rises, patient satisfaction is falling across 99% of PCNs, with the greatest decreases being linked to difficulty booking an appointment.



### **1. Empowering patients**

General practice is delivering more than 1 million appointments every day Enabling patients to take a more active role in the management of their health and care by utilising technology that i) provides patients with access to information to inform their health decisions; (ii) removes inefficiencies and (iii) increases flexibility for the workforce.

#### **FOCUS AREA**

Supporting patients to manage their own health and care, by rolling out tools and technology that give accurate and trusted information, and expanding services offered by community pharmacies.

#### Improving information and NHS App functionality

- Enable patients in over 90% of practices to access core functions on the NHS App
- All practices to enable prospective medical record access for patients access by November 2023, enabling them to view information on immunisations, test results and consultations

#### Increasing self-directed care

- Increase the number of selfreferral options for patients - up to 50% more patients self-referring by March 2024
- Increase use of digital tools and remote monitoring eg. blood pressure control through home monitoring devices
- ICBs to support development of link worker role, connecting people to activities and community-based services

#### Expanding community pharmacy

- Pharmacy First to launch before the end of 2023, enabling pharmacists to: i) supply prescription-only medicines and (ii) treat common health conditions
- Expand community pharmacy capacity to provide blood pressure checks and manage ongoing oral contraception
- Improve IT infrastructure and interoperability between community pharmacy and general practice
- Changes to various legislation to give community pharmacy contractors more choice about how they deploy staff and release pharmacists' time for more patient-facing services

#### Recommendations



### 2. Implementing Modern General Practice Access

Patient experience scores 6% points higher than national average using this model

Patients shouldn't be told to call back another time to secure an appointment on the day. Better digital online contact tools and telephony, and changes to workflow have successfully increased accessibility for patients - the Modern General Practice Access Model.

#### **FOCUS AREAS**

Enabling patients to know on the day how their request will be handled, based on clinical need and preference for appointment type, reducing long waits on the telephone and providing patients with more timely information

#### Better digital telephony

- All practices to transition to digital telephony by December 2025 to make full use of i) multiple call management; (ii) call-back functionality; (iii) call-routing and (iv) integration with clinical systems
- NHSE to support transition to digital telephony to those practices that commit by 1<sup>st</sup> July 2023
- 1000 practices to be utilising this technology by the end of 2023

#### Simpler online requests

- NHSE to provide general practices with high quality onlineconsultation, messaging and booking tools by July 2023
- ICBs, Primary Care Networks and GPs to agree most appropriate tools to support transition to new model

### Faster navigation, assessment and response

- NHSE to invest in new National Care Navigation Training programme for up to 6500 staff starting in May 2023
- NHSE to fund higher-quality tools that enable the shift to online requests and enable all practice team to contribute to rapid assessment and response
- NHSE to support practices committing to transformation with extra capacity over the next two years - £13,500 per practice

#### Recommendations



## 3. Building capacity

Up to £35 million funding for general practice fellowships in 2023/24

There is a shortage of GPs to meet the needs of a growing and ageing population, with increasingly complex needs. A focused effort is required to bring new doctors into general practice and retain current GPs

#### **FOCUS AREA**

Recommendations

Ensuring general practice is utilising all resources to manage increasing demand, managing more patient requests and optimising the use of the full practice team

### Larger multidisciplinary teams

- 26,000 more professionals in general practice and 50 million more appointments by 31 March 2024
- Funding for up to £385m for Additional Roles Reimbursement Scheme (ARRS) in 2023/24
- All primary care staff to be able to access suite of health and wellbeing offers and the Practitioner Health Service

#### Increase in new doctors

- Up to £35 million of SDF funding available for GP fellowships in 2023/24
- Further expansion of GP specialty training – and make it easier for newly trained GPs who require a visa to remain in UK
- NHSE to work with partners to identify opportunities for other doctors, eg SAS doctors, to work in general practice multidisciplinary team

### Retention and return of experienced GPs

- DHSC agreement to make retire and return easier and protect NHS staff from higher tax charges driven by inflation
- Encourage experienced GPs to stay through the pension reforms announced in the Budget
- NHSE to launch campaign to encourage GPs to return to general practice and invest in GP retention schemes

#### Primary care estates

- ICBs to work with local partners to better anticipate where housing developments are putting pressure on existing services
- Changes to local authority planning guidance this year to ensure due consideration of primary care capacity

### 4. Cutting bureaucracy

30% of GP time is spent on indirect patient care In some practices patient contacts have increased from 20% to 40% since before the pandemic; and there is a risk that GPs are overloaded and spend less time with patients. Reducing paperwork will improve efficiency

#### **FOCUS AREAS**

Recommendations

Reducing the time spent by practice teams on low-value administrative work, and improving join up between primary and secondary care services, to give teams more time to focus on patients' clinical needs

#### Improving the primary – secondary care interface

- Secondary care to prioritise onward referrals to ensure referrals are not sent back to general practice and resulting in further delays
- NHS trusts to provide accurate and up to date fit notes and discharge letters, highlighting clear actions for general practice
- NHS trusts to establish their own call/recall systems for patient follow ups
- ICBs to ensure providers establish single routes for general practice and secondary teams to communicate rapidly
- ICBs to report progress on improving the interface with primary care

#### Building on the Bureaucracy Busting Concordat

- Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing with the Bureaucracy Busting Concordat
- Examples include, working with the aviation industry to encourage clear, proportionate and pragmatic processes, so passengers with medical conditions who need to fly with medication/medical equipment can do so easily

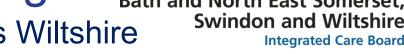


Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

### **Wiltshire ICA Priorities**

## Wiltshire Alliance Priorities – key highlights Bath and North E

• Development of Neighbourhood Collaboratives across Wiltshire



- aligned to PCN footprints with population-health and wellbeing, prevention focus.
- Alliance Delivery Sub Groups established
  - Living Well long term conditions population health focus
  - Mental Health, LD and Autism; driving local improvement
  - Ageing Well and Urgent Care; including improving discharge services performance and other key work programmes.
  - Families and Childrens Transformation; implementing family help hubs and wider programme
- Community Services post 2025
- Carers improving recognition and support
- Joining up service commissioning
- Targeting outreach activity
- All priorities are detailed in the Joint Local Health and Wellbeing Strategy Actions and BSW Implementation Plan.



Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

### **Update from Devizes PCN**