Wiltshire Council

Health and Wellbeing Board

11 July 2024

Subject: Primary Care - GP Services Update

Executive Summary

To provide an update on the delegated primary care medical services across Wiltshire.

Proposal(s)

It is recommended that the Board: Notes the update on BSW GP Services

Reason for Proposal

To update HWB.

Jo Cullen
Director of Primary Care
BSW ICB

Wiltshire Council

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Subject: Primary Care - GP Services Update

Purpose of Report

1. To update the HWB on Primary Medical Care Services – GP services.

Relevance to the Health and Wellbeing Strategy

- 2. The opportunities for delegated primary care services contribute towards:
 - Joint Strategic Needs Assessment and Health & Wellbeing Strategies
 - BSW Integrated Care Strategy's 3 prioritised strategic objectives:
 Focus on prevention and early intervention
 Fairer health outcomes

Excellent health and care services

- Core20Plus5 for adults and children
- Fuller Stocktake next steps for integrating primary care and development of integrated neighbourhood teams.

Background

3. There are currently 522,731 patients registered with a GP Practice in Wiltshire (June 2024) which is only 1.01% different to the same period last year. The range of Practice Registered list sizes vary from 31,500 (Trowbridge Health Centre) to 2,228 (Silton). There are 13 Primary Care Networks (PCNs) in Wiltshire covering between 62,945 (CCB) to 20,881 (Salisbury Plain).

Practice Population by PCN



There is currently a headcount of 328 Additional Roles Reimbursement Scheme staff in Wiltshire PCNs (based on May claims) including clinical Pharmacists and Technicians, Paramedics, Nursing Associates, Health and Well-being coaches and First Contact Physiotherapists.

4. Primary Care Access Recovery Plan (PCARP)1

- PCARP forms part of the Operational Planning² guidance and supports the Fuller Stocktake³ vision focussing on the first element of streamlining access to care and advice. The national ambitions for the PCARP are:
 - o To make it easier for patients to contact their practice and;
 - For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.
- The PCARP seeks to support recovery by focussing on four key areas:

PCARP Areas of Focus	
Area	Focus
Empower	Improving information and NHS App functionality
Patients	Increasing self-directed care where clinically appropriate
	Expanding community pharmacy services
Modern	Implementing 'Modern General Practice Access'
General	Better digital telephony
Practice	Faster navigation, assessment and response
Build	Larger multidisciplinary teams
Capacity	More new doctors
	Retention and return of experienced GP's.
	Higher priority for primary care in housing developments
Cut	Improving the primary – secondary care interface
Bureaucracy	Building on the 'Bureaucracy Busting Concordat'

- BSW has made good progress with the delivery of PCARP during the first year of the programme and is in a good position regionally.
 - Third highest ICB in South West % Face to Face primary care appointments being offered
 - Fourth highest ICB in South West number of appointments per 1,000 offered
 - Third highest in South West GP staff FTE per weighted 10,000 patients
 - Second highest in South West % Patient Registrations via NHS App offering all NHS functionalities.

 $^{^{1}\,\}underline{\text{https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/}$

² https://www.england.nhs.uk/long-read/2024-25-priorities-and-operational-planning-guidance/

 $^{^3\ \}underline{\text{https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf}$

- Joint first in South West % practices with prospective records access enabled
- First in South West for % practices which have completed one care navigator course
- First in the country with 6.6 registrations per 1000 GP population via NHS App. The national average was 3.7, SW average was 4.2.
- Second year of PCARP: as a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year. The PCARP Programme Trajectories and Next Steps will enable progress to continue with system partners.

5. Primary Care Estates

 PCN Services and Estates Toolkit, completed by 25 of the 28 PCNs across BSW.

Purpose of the Toolkit



A DHSC-endorsed and funded national programme to ascertain and understand the current quality, condition, capacity and flexibility within the PC Estate at a local, regional and national level:



Developed by CHP and NAPC to inform and support requests for long-term, sustainable investment into the PC Estate that enables the 'left shift' and prevention agendas;



To assist in the prioritisation of the basis of need that takes into account quality and capacity of current estate, population health needs, local demographics (including IMD data), access times and rates, and more:



To raise the profile of Primary Care at a national level to support the delivery of successive national policy initiatives (see the Fuller Stocktake, annex 1);



To empower PCNs with effective estates management tools and empirical capacity data which enable them to better understand opportunities and barriers to workforce and population growth forecasts.

- Capital funding for all systems is allocated by the national team and the PCN input into the toolkit programme is crucial in helping the ICB to make a strong case for the necessary funding to support our primary care infrastructure.
- A Primary Care Estates Investment Plan is currently being drawn up and this will set out how the works listed on the prioritisation framework can be taken forward at a time when budgets have reduced.
- We are working with the District Valuer to better understand the revenue impacts of any new development, as this will dictate how, and when, any of the earmarked projects can begin in earnest.
- There will be a Minor Improvement Grants programme for 2024/25 which
 may support smaller schemes from available funds. We are currently
 reviewing the criteria for prioritising those schemes in line with the recently
 published updated Premises Cost Directions.
- Plan for a focussed primary care estates webinar in coming weeks to fully engage in conversation on the outputs of the toolkit and our plans.

6. Resettled Schemes in Wiltshire

 There are several resettlement schemes in place with the Home Office and we have GP Practices across Wiltshire supporting people on these schemes in permanently registering and supporting their immediate and on-going medical health needs. This includes the transitional and settled programmes working closely with the MOD.

7. BMA GP Collective Action

The BMA is currently balloting GPs on taking collective action in England until 29th July. GP members who run their surgeries will vote on whether to support the BMA's call for collective action. The decision to launch the ballot came after the BMA formally entered a dispute with NHS England following the member referendum on the 2024/25 GMS contract changes in March.

Collective action is not the same as strike action, but it could see GPs prioritising the focus of their work. While discussions are ongoing, nothing is fixed, and all plans being explored are subject to change.

https://www.bma.org.uk/bma-media-centre/gps-leaders-in-england-vote-to-launch-a-ballot-for-collective-action

Next Steps

To note the progress made to date as above, and to bring a further update to a future HWB.

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