

Primary Care Update to Essex Health Overview and Scrutiny Committee

December 2022

Contributions from

Hertfordshire and **West Essex**

Mid and South Essex

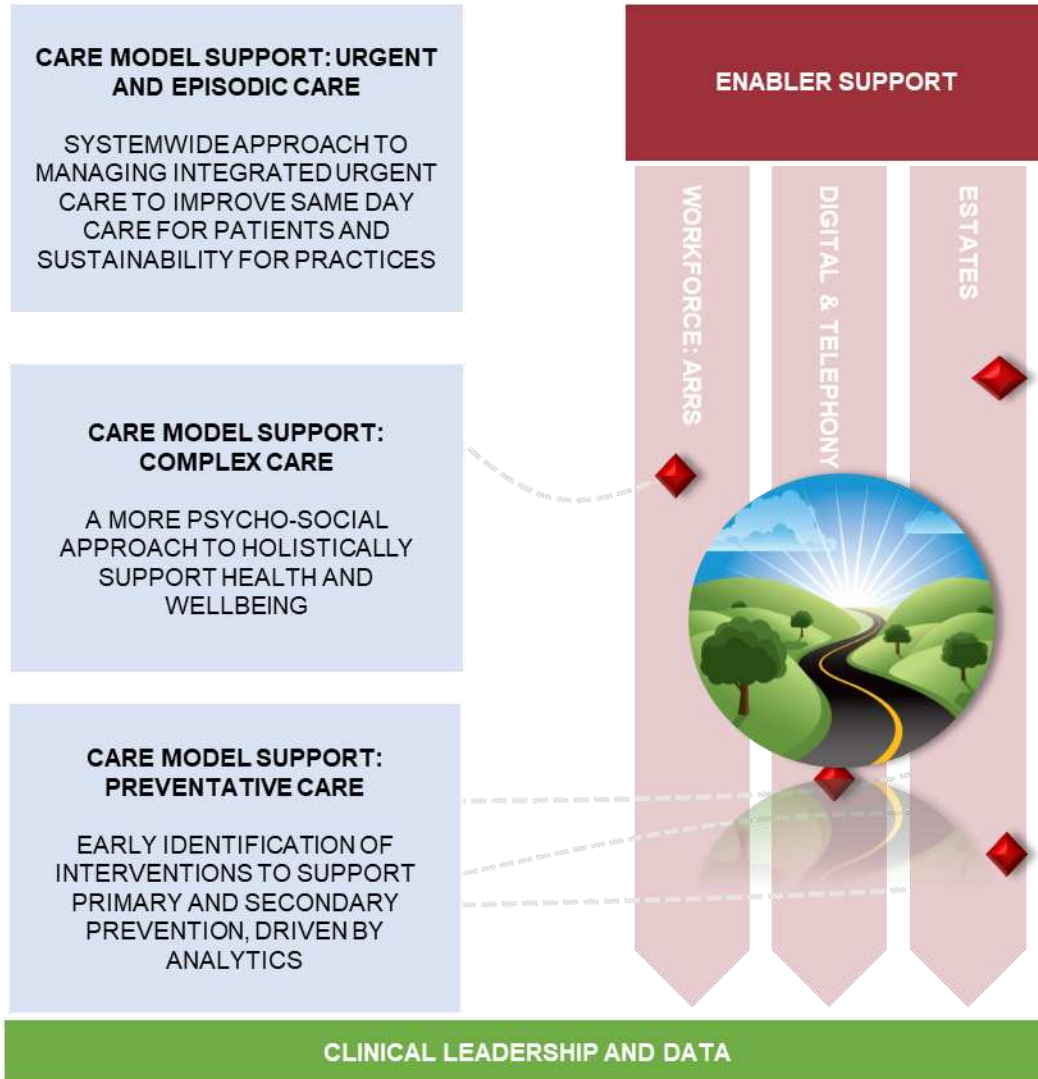
Suffolk and **North East Essex**



Primary Medical Care in Essex

- Further to our update to Essex Health Overview and Scrutiny Committee in June 2022, this report seeks to update members on a number of developments since our previous presentation.
- This report provides an overview of the “Fuller Stocktake”, a stocktake report commissioned in November 2021 by Amanda Pritchard, Chief Executive of NHS England to understand primary care nationally, what’s working well, why it’s working well and how we can accelerate the implementation of integrated primary care across systems. This report was led by Dr Claire Fuller, the then Chief Executive Designate (now Chief Executive) of Surrey Heartlands Integrated Care System.
- All Integrated Care Systems are required to implement the learning from the Fuller Stocktake.
- In addition, this report also summarises the specific actions being undertaken before March 2023 to support primary care and the population it serves through this winter whilst transforming services for the future.
- We have also included some case studies of successful transformative change that we are seeking to roll out more broadly.

The Fuller Stocktake



- The Fuller Stocktake published in May 22, makes a series of recommendations for local and national leaders to shape primary care services to better support the patients they serve and the staff working within primary care.
- The stocktake identifies three core models of care that need to be transformed through cross health and care system collaboration.
- Crucially, system and national leaders are challenged to create the environment that will enable these changes to be implemented across the NHS in England.
- Each ICS is developing its response to the Fuller Stocktake including identifying where existing programmes align with the Fuller Stocktake approach.

The Fuller Stocktake – early implementation/alignment with existing transformation programme

Mid and South Essex

- Care Navigation/Sign posting programme being implemented to support patients to easily access alternatives to primary care
- PACT/Integrated Neighbourhood Teams model being implemented across all four Alliances in Mid and South Essex
- Population Health Management initiatives currently being piloted in PCNs in each Alliance.
- Clinical Model development workshops underway that will support wider transformation including estates plans
- Alliance Clinical Directors in post in all four Alliances. In addition, supporting posts are in recruitment
- System wide Development and Delivery Group in place to operationally oversee the implementation of the Fuller Stocktake recommendations.
- Working Together Scheme being implemented to act as a catalyst to support transformation this winter and into the early part of the new financial year

North East Essex

- Urgent Treatment Service providing access for minor injury and illness in three locations, Colchester, Harwich and Clacton
- Health Inequality Leads are defined for each PCN and are invited to all the Live Well Integrated Neighbourhood Team meetings
- Population Health Management is being promoted across PCN's
- System partners are realigning operational services to wrap around the Neighbourhoods.
- Primary Care Careers (PCC) service offer covers attraction, recruitment and retention of the primary care workforce across the East of England
- PCN Clinical Director represents Primary Care on the Neighbourhood Steering Group
- Clinical lead roles across the Alliance include a number of primary care leads
- Completion of 10 x PCN estate strategies. Linkages to community assets to be included

West Essex

- Integration/PACT teams in place across all 6 Primary care Networks working in partnership with range of system partners and identifying health inequalities
- Access – Continued programme on improving access in primary care
 - 20 out of 30 GP practices approved for could based advance telephony. 8 gone live. Rest in pipeline
 - Enhanced training for front line reception staff across all practices
 - Roll out of Accurx and E-consultation across all practices since October 22.
 - Review of the funding of Healthwatch commissioned surveys on Children Young People experience of accessing primary care and experience of primary care in Uttlesford and Harlow. – Following discussion to review actions/recommendations for implementation
 - Review of the scope of urgent treatment centre and same day access to primary care in Harlow underway
 - Additional appointments funded through primary care for winter
- Clinical leadership – appointment of primary care clinical leads through localities and system wide leads
- Reinvigorating Patient participation Groups – 70% received support through National Patient association to reinstate PPG across practices.
- Strategy – Development of the PCN Clinical strategy underway with partner which will inform estates strategy
- Workforce – recruitment for primary care roles. Launch of PCN education team to support recruitment, retention, supervision for all staff in general practice

Volume of consultation and speed of access

- Total consultation undertaken in primary care for the given period

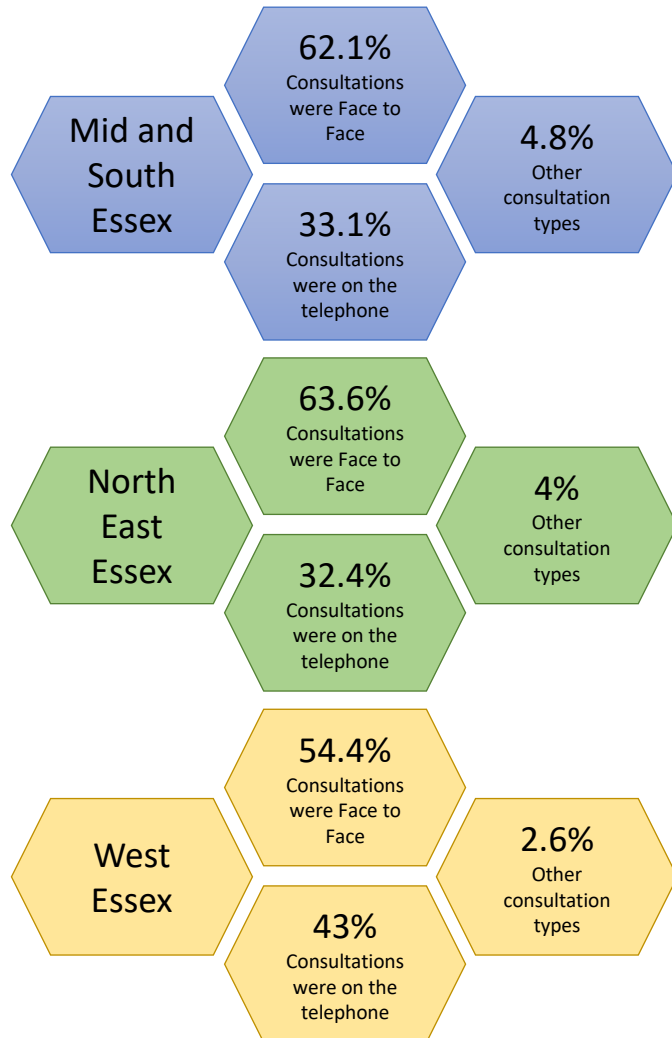
	April – Sep 2021/22	April – Sep 2022/23	Net change
Mid and South Essex	2,916k	2,977k	+61k or +2.1%
North East Essex	981k	1,013k	+32k or +3.2%
West Essex	725k	762k	+37k or +5.1%

- Speed of access to primary care (April – Sep 2022/23)

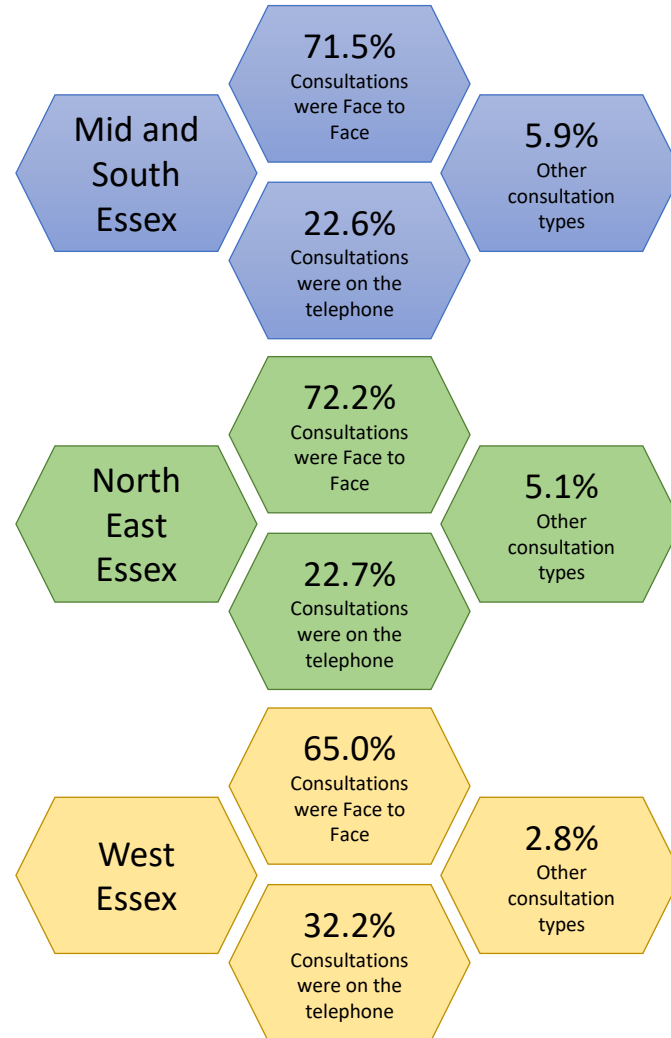
	% seen same day	% seen within 24hrs (cumulative)	% seen within 2 weeks (cumulative)
Mid and South Essex	42.3%	50.5%	83.7%
North East Essex	41.7%	48.9%	83.1%
West Essex	50.8%	57.9%	86.2%

Modality of Access

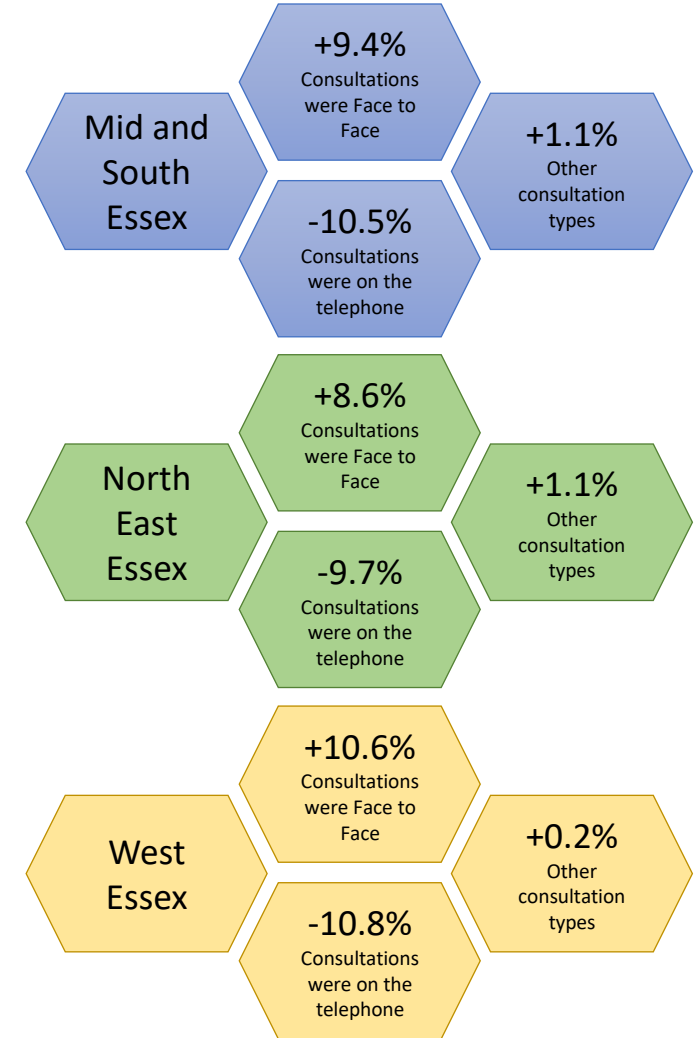
April – Sept 2021/22



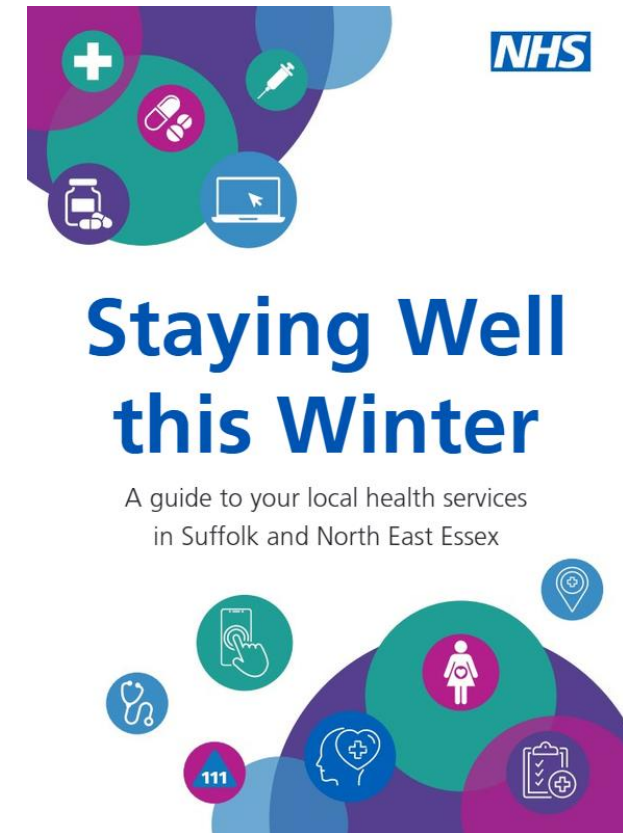
April – Sept 2022/23



Percentage point change over the period



Winter 2022/23



- Across all three ICSs Primary Care (general practice and community pharmacy) is central to our response to winter.
- All ICSs have clear communications out to all stakeholders to support patients to support themselves but also how to access primary care services when needed

Actions being taken forward in the remainder of 2022/23

Mid and South Essex

- Roll out of cloud based telephony to at least 25 practices in Mid and South Essex
- Commencement of a Care Navigation/Sign Posting initiative to support patients to be offered alternatives to seeing practice staff
- Developments of websites to better support patients
- Commissioning of a local Winter Access Fund initiative that will secure 13k additional twenty minute consultations to better support complex co-morbidity/co-pharmacology patients.
- Additional clinical leadership capacity and project support to help expedite existing transformation projects
- Development of clinically led care models for each PCN – these will help inform estates plans and wider developments

North East Essex

- The Primary Care Resilience Group continue to meet monthly to:
 - Monitor proactively the resilience of primary medical service contractors across North East Essex
 - Respond as required to information that shows variation or deteriorating positions against quality
 - Gather good practice ideas and innovations so these can be systematically disseminated across the ICB
- Reactive 'wrap around model' continues to support primary care. Focus on Patient Access & Patient Experience, Clinical Governance, Leadership and Managerial Governance, Organisational Culture, Recruitment and retention processes, Future proofing and succession planning, Medicines management practices
- Proactive primary care support model mobilising. Focus on operational improvements, effective and efficient working practices, Maximise resources within a practice, and support the implementation of any identified local improvements

West Essex

- Operational support to integrate the use of digital tools in primary care such as Accurx and Econsultation taking into account the feedback from patient experience including Healthwatch surveys and more recent work on Digital exclusion
- Scoping models of transformation in primary care including implementing delivery at scale such as asthma diagnosis delivery at PCN level, same day access model at PCN level with care coordination with community partners
- Continue roll out of cloud base telephony and evaluating the impact of this support
- Development of career pathways for additional roles with partners to support integrated working learning from the GP portfolio role development
- Reviewing the impact of GIRFT in primary care and how this enhanced and improves general practice productivity
- Development of the Primary Care Strategy including workforce plan, digital roadmap and new models of care including all primary care providers including dental, optometry, pharmacy with general practice

ARRS Recruitment and Extended Access Services

Primary Care Networks (PCNs) continue with their development of their **Additional Roles Reimbursement Scheme (ARRS) staff**. This includes roles such as First Contact Physios, Primary Care Pharmacists, Social Prescribers etc.

In autumn, there were a number of national changes that introduced new roles and some flexibilities on existing roles to support PCNs to better meet the needs of their population.

In addition to recruitment, all three Integrated Care Systems are supporting their Primary Care Networks to optimise the usage of the staff (i.e. training/development, care pathway development) and support retention strategies as the demand for these roles across all sectors of the health system is significant.

In October 2022, all Primary Care Networks established their own solutions for **Extended Access**. Models are built around a national specification but tailored to local need/circumstance. The minimum requirements are;

- ✓ Provision every weekday from 6:30pm to 8:00pm
- ✓ Provision every Saturday from 9:00am to 5:00pm
- ✓ 60 mins of provision per 1000 registered patients per week
- ✓ Provision of routine general practice (i.e. not urgent out of hours care)
- ✓ GP led provision
- ✓ There must be a consistent offer to all registered patients

