

# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**Open Report on behalf of Lincolnshire Integrated Care Board**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>6 December 2023</b>
Subject:	<b>General Practice Provision</b>

**Summary:**

The Health Scrutiny Committee has requested an updated report from the NHS Lincolnshire Integrated Care Board (ICB) on the current service provision by General Practice across the county.

In providing this report the ICB would like to acknowledge the outstanding contribution of General Practice and PCN colleagues in the county who continue to provide local primary care services to people living in their local communities.

There are 81 GP practices across Lincolnshire. These practices work together as Primary Care Networks (PCNs) to provide an extended range of services for their local population. There are 14 PCNs in Lincolnshire.

It is acknowledged that all services across the NHS are under increased pressure. General Practice services both locally and nationally are no exception.

In September GP practices provided 469,000 appointments, 335,000 (70%) were face-to-face. Around a third of appointments were provided by GPs, a third by nurses and a third by other direct patient care professionals. The total GP practice appointments offered in Lincolnshire over the preceding 12 months (excluding covid vaccinations) was 5,195,900.

This report gives an overview of current GP practice care delivery and aims to update the Committee on mental health care provision within primary care and to summarise progress on local delivery of Primary Care Access Recovery Plan.

**Actions Required:**

The Committee is asked to consider the information provided about General Practice provision in Lincolnshire.

## 1. Background

There are 81 General Practices serving the people of Lincolnshire. General Practice is the primary interface between the public and health services. Approximately 90% of all contacts between the NHS and the public occur within general practice.

In July 2019, Primary Care Networks were established to enable practices to come together to provide services that increased the capacity through the development of multi-disciplinary teams. In Lincolnshire there are 14 Primary Care Networks.

In May 2022, NHS England (NHSE) published the Next steps for integrating primary care: Fuller Stocktake report<sup>1</sup>. In this report Dr Claire Fuller acknowledged the importance of retaining continuity of care as a core strength of primary care but that it was also important to recognise that people's needs and expectations are changing. With this, the future vision of an integrated primary care service will need to be centred around three essential offers namely :

- streamlining access to care and advice for people who get ill but only use health services infrequently;
- providing more pro-active, personalised care to people with more complex needs; and
- helping people to stay well for longer.

The effects of the Covid-19 pandemic has seen an unprecedented increase in demand for GP appointments. GP colleagues across Lincolnshire have responded to this increase in demand by providing 22% more appointments than in 2019 (based on September 2023 appointment data).

The NHS Long Term Plan<sup>2</sup>, published in 2019, highlighted the fact that General Practice as a speciality was changing and provided a description of how General practice should lead on improving the 'whole person' health of a local population. Feedback from both patients and professionals has highlighted that to achieve this ambition it is necessary to address the current pressures across primary care. To facilitate this, in May 2023, NHS England published a delivery plan for recovering access to primary care (also referred to as the Primary Care Access Recovery Plan). Further detail on the Primary Care Access Recovery Plan is provided below in section three of this report.

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<sup>1</sup> [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

<sup>2</sup> [NHS Long Term Plan » Primary care](#)

## **2. Access to Primary Care Services – Current Position**

General practice service provision is increasingly provided both by independent GP surgery teams and by Primary Care Networks. GP colleagues across Lincolnshire are working together to realise the opportunities of Primary Care Networks to provide strengthened primary care services that reflect the needs of the communities they serve.

The development of PCN multi-disciplinary teams offers patients the opportunity to see the professional best able to meet their needs first time. These developments reflect the commitment to support the whole person and are welcomed by many, but they represent a significant change to the GP service model that people are familiar with. Providing information to people on how GP teams and ways of working are changing is an important element of the ICB's primary care communication plan.

From October 2022 to September 2023, General Practice teams have provided 5,195,900 appointments. This equates to around 122% of the appointments provided in 2019.

In September 2023, the proportion of appointments seen face-to-face was 71%, above national average (68%): 40% were on the day (national average of 40%) and 74% within 14 days (national average of 78%). Seeing a patient within 14 days is not a contractual requirement for GP practices: there are several reasons why an appointment may be booked beyond 14 days from contact, including patient choice.

Did Not Attend (DNA) rates are relatively low for Lincolnshire at around 4% in September 2023; the national average rate is 5%. This indicates that people in Lincolnshire are generally taking up the offer of an appointment and that booked appointments are accessible and at a convenient time and place. To ensure best use of available appointments practices aim to minimise DNAs through a range of approaches including sending written confirmation at time of booking, sending reminder messages ahead of appointments (these can be text messages with appointment systems configured to automatically send), providing online booking and cancelling of appointments and providing information to patients on DNA rates in practice newsletters. The approach taken will depend on the type of appointment and individual practice operational processes.

From October 2022 PCNs were required to provide enhanced access appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. The ICB worked with PCNs to develop local plans to reflect the needs of the local community. In September 2023, PCNs provided 67.8 minutes of enhanced access provision per 10,000 patients (c.5% increase from April), which is above the 60-minutes target, 76% of Enhanced Access appointments booked were face-to-face.

The utilisation rate of these appointments was 76.5% in September, which is just below the 80% target.

### 3. Primary Care Access Recovery Plan

NHSE published the Primary Care Access Recovery Plan on the 9<sup>th</sup> May 2023. The recovery plan is one of three NHS strategic recovery plans addressing priority areas namely Primary Care, Elective Care and Urgent and Emergency Care.

The key ambitions of the primary care recovery plan are to :

**To tackle the 8am rush and reduce the number of people struggling to contact their practice.**  
No longer will patients be asked to call back another day to book an appointment.

**For patients to know on the day they contact their practice how their request will be managed.**

1. If their need is clinically urgent it will be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
2. If their need is not urgent, but it needs a telephone or face-to-face appointment, this will be scheduled within two weeks.
3. Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

There has been good progress in delivering the Plan in Lincolnshire: all GP practices will be moving to digital telephony and high quality online consultation systems by April 2024, six of seven self-referral pathways are in place – engagement on potential opportunities for developing self-referral pathways for community physiotherapy treatment is underway, all PCNs have Capacity Access Improvement plans in place and practices are engaging with the national GP Improvement Programme.

Dr Sunil Hindocha, ICB Interim Medical Director, is leading on the primary-secondary care interface workstream. This work will implement the recommendations of the Academy of Medical Royal Colleges in relation to improving how primary care and secondary care service work together – with a focus on four priority areas: onward referrals, complete care (fit notes and discharge letters), call and recall and clear points of contact. The plan for Lincolnshire is to develop a behavioural concordat across primary and secondary care clinicians: system medical directors and the Local Medical Committee will work together with other clinical leaders to move this work forward.

One of the key requirements for ICBs within the Access Recovery Plan is to produce a Primary Care System Level Access Improvement Plan (SLAIP) and present this to the ICB Board in October or November. The SLAIP should set out the local vision for primary care access, what is being done to deliver the plan locally and how delivery is being assured. It is recognised that the plan will be developed iteratively with update reports on progress and how the plan is developing taken to future ICB Boards. The Lincolnshire Primary Care System Level Access Improvement Plan sits within the context of the NHS Lincolnshire five-year Joint Forward Plan.

The initial version of the plan has been drafted in consultation with primary care stakeholders, further engagement with system partners and the public is planned from November 2023. Initial feedback has been that a summary and accessible version should be produced, and this is being developed currently. The draft plan is attached at Appendix A. Further updates will be made following discussion at the NHS Lincolnshire ICB Board on 28 November 2023. and as a result of ongoing engagement and development of the Plan.

#### **4. Quality of GP Service Provision.**

Whilst the ICB works closely with practices to ensure and facilitate continuous improvement of local provision, we rely on the assessment of the Care Quality Commission (CQC) to provide independent assurance of the quality of services provided. The current CQC ratings of Lincolnshire practices reflects that we are in a strong position with:

4 – Outstanding

72 – Good

3 – Requires Improvement

2 – Inadequate – The Richmond Practice, North Hykeham, and Caskgate Street, Gainsborough. (Caskgate Street has re-registered with the CQC due to organisational changes and inherits the previous rating.)

Practices that have been assessed as requires improvement or inadequate receive additional support from the ICB quality team to develop and implement an action plan to address issues highlighted by the CQC. Progress is carefully monitored by the Primary Care Commissioning Committee.

#### **5. Mental Health Roles in GP Practices**

From April 2021, Primary Care Networks (PCNs) have been able to recruit Mental Health Practitioners (MHPs) through the Additional Roles Reimbursement Scheme (ARRS) to support population health management and the mental health and wellbeing of their communities.

MHPs can address the potential range of bio-psycho-social needs of patients with mental health problems, as part of a multi-disciplinary team. The MHPs are employed and provided by the local community mental health services provider under a local service agreement but are wholly deployed by the PCN. PCNs contribute 50% of the salary and employers' NI/pension costs, reimbursable via the ARRS.

*“Mental health practitioners support adults whose needs cannot be met by local talking therapies, but who may not need ongoing care from secondary mental health services. The practitioner can be taken on by a wide range of clinical and non-clinical roles with mental health expertise....such as a community psychiatric nurse, clinical psychologist, mental health occupational therapist or a peer support worker.*

*Mental health practitioners for children and young people can be developed to meet a wide range of needs, from early identification and intervention in primary care, to more targeted or intensive support and interventions as part of a joined-up approach with children and young*

*people's community mental health services. The exact scope of the role and job description should be agreed between the PCN and the NHS trust but could include children wellbeing practitioners, community mental health nurse, and cognitive behavioural and family therapists."*

NHS England, 2023

Lincolnshire Partnership NHS Foundation Trust has been working closely with the ICB and PCNs to support recruitment of primary care MHPs. The latest data for October 2023 shows there are 26.02 whole-time-equivalent (wte) MHPs working within PCNs across Lincolnshire.

The current plan is for 31.9 wte adult MHPs to be recruited by April 2024, alongside 4wte children and young people MHPs. Current funding for ARRS is expected to continue into 2024/25, if funding is increased PCNs may choose to recruit additional roles including MHPs. The previous cap on the number of MHPs a PCN could recruit was removed for 2023/24, there are practical limits to recruitment, availability of workforce is the principle consideration. PCNs have different approaches to how their MHPs work, this can involve a mix of planned appointments in agreed locations with flexibility to support arising issues as required.

PCNs and GP practices are involved in the Lincolnshire Mental Health Transformation Programme, the programme includes delivering Community Wellbeing Hubs led by Community Connectors, Night Light Cafes providing out-of-hours support, How Are You Lincolnshire ( an online directory of support) and Mental Health Matters, a helpline providing support, advice and guidance.

MHPs are able to link with other PCN embedded roles that provide support across the range of mental health and wellbeing issues e.g. Mental Health Social Prescribers funded through the Mental Health Transformation Programme and embedded within PCN teams.

## **6. Winter Plans**

There is no national, dedicated winter funding available to GP practices this year. However, three schemes to support winter pressures are being developed: Acute Respiratory Infection (ARI) hubs, proactive frailty care and Same Day Access hubs.

### Same Day Access Hubs

These hubs will provide additional primary care capacity for people needing a same day appointment, three hubs are being funded within the County with locations based on population need and access to other on-the-day care services. These hubs should go live in December.

### Acute Respiratory Infection Hubs

Three Acute Respiratory Infection (ARI) Hubs are now live, the services are operating seven days per week. These are being provided by:

- South Lincolnshire Rural PCN
- The Welby Group
- LADMS

ARI hubs provide urgent access to primary care for people with a respiratory infection or condition.

### Frailty and Contingency Capacity

The Primary Care Team have submitted proposals to use system slippage funding to provide additional capacity for frailty care and management over the winter period. Discussions are underway with primary care leaders to develop the approach to deploying the available funding effectively and aligned to the system Frailty Strategy.

## **7. Conclusion**

GP care across Lincolnshire continues to be good and reflects the hard-work and dedication of GPs and their practices and PCN staff teams. Progress on access is encouraging but there is more to do to ensure people can get the care they need when they need it, to support primary care services to be resilient and sustainable and to tackle health inequalities and unwarranted variation.

The development and implementation of the System Level Access Improvement Plan will improve patient access and experience and help to mitigate some of the pressure on GP practices. The longer-term development of the Primary Care Programme and the opportunities to deliver the Fuller Stocktake recommendations and integrate primary care services with the wider health and care system will transform access and care into the future.

## **8. Appendices**

These are listed below and attached to this report.

Appendix A	The Lincolnshire Primary Care System Level Access Improvement Plan
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## **9. Background Papers**

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
Next Steps for integrating primary care, the Fuller stock take report, May 2022:	<a href="#">NHS England » Next steps for integrating primary care: Fuller stocktake report</a>
Delivery plan for recovering access to primary care, May 2023:	<a href="#">NHS England » Delivery plan for recovering access to primary care</a>
Academy of Medical Royal Colleges, General Practice and Secondary Care – Working Better Together, March 2023:	<a href="#">GPSC Working better together 0323.pdf (aomrc.org.uk)</a>

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