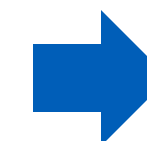


Primary Care System Level Access Improvement Plan

November 2023



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Background

Primary medical care is one of the principal foundation stones of the Lincolnshire health and care system, it is the main touch point with health services for most people and Lincolnshire communities have given a clear message that primary care access and quality of services are priorities that the Lincolnshire health system should focus on. Access to primary care services is particularly important given Lincolnshire's rural and coastal geography where other services may be much further away and travel times often significant.

There are 81 GP practices in Lincolnshire providing care to around 817,000 patients, from 2019 practices have joined up around local populations into 14 Primary Care Networks with the aim of providing more joined-up care.

Health care activity data shows that activity within primary care services is at least four times higher than in hospital or community services: contacts with primary care services are higher than the rest of the Lincolnshire health system combined. [1]



Background

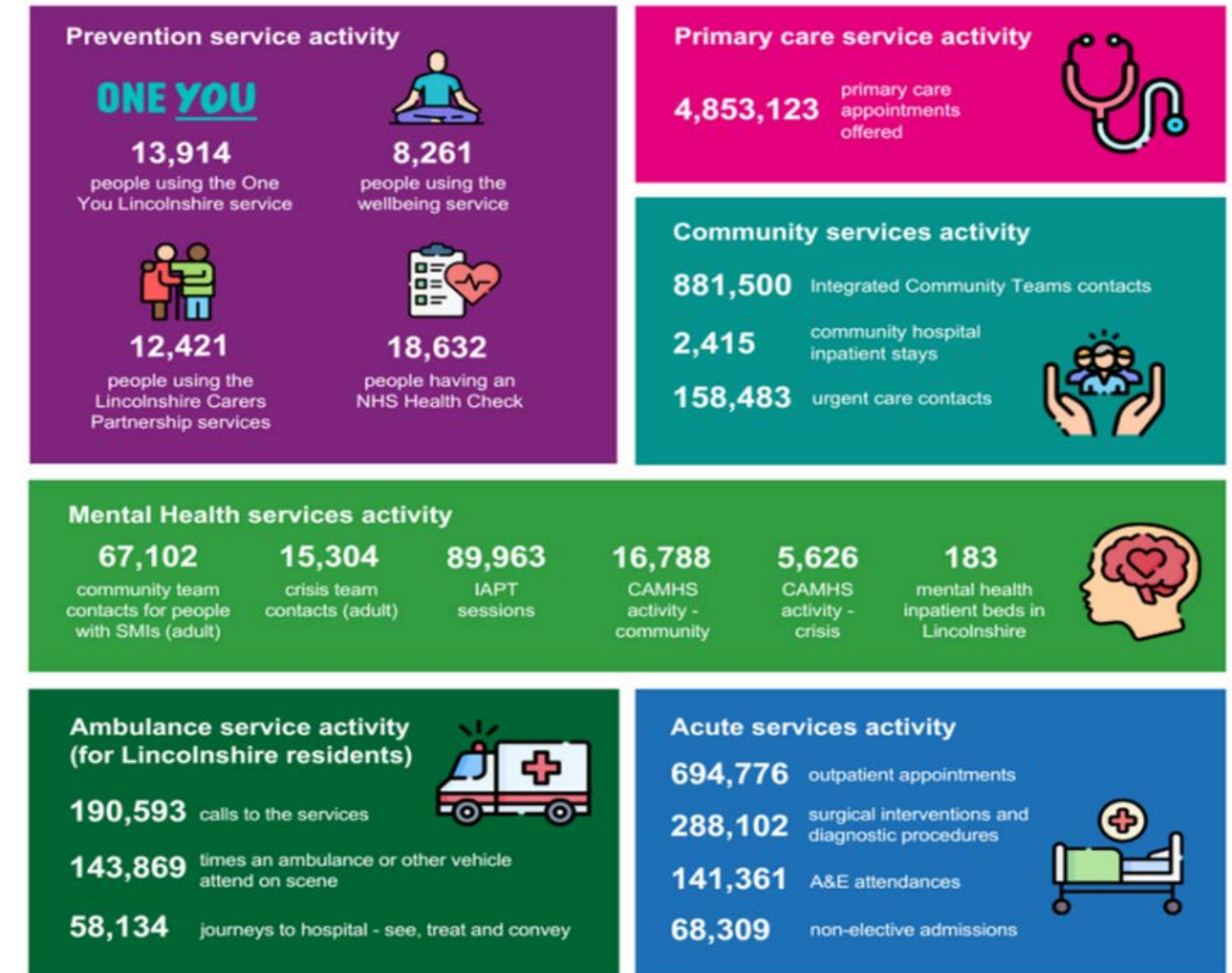
In addition to core GP services, practices are working together within Primary Care Networks and with other health and care partners to plan and deliver health management across their local populations. This integration of care provision is one of the main recommendations set out in Dr Claire Fuller's report - Next steps for integrating primary care: Fuller Stocktake report (NHSE, May 2022).[2]

Primary Care Networks can expand the primary care team with access to additional worker roles such as physiotherapists and pharmacists, provide additional care services such as enhanced care to people living in residential care homes and lead on tackling health inequalities and population health manager for their local communities. Lincolnshire Primary Care Networks have come together as the Lincolnshire Primary Care Network Alliance.[3]

[1] [NHS Lincolnshire Joint Forward Plan 2023-28 \(icb.nhs.uk\)](https://www.icb.nhs.uk)

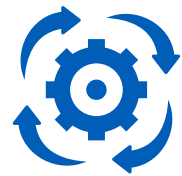
[2] [NHS England » Next steps for integrating primary care: Fuller stocktake report](https://www.nhs.uk)

[3] [Home :: Lincolnshire Primary Care Network Alliance \(lpcna.nhs.uk\)](https://www.lpcna.nhs.uk)



Background

In May 2022 Dr Claire Fuller published her review of primary care services and her vision for improving access and care. The Fuller Stocktake is clear on the challenges facing primary care, including increasing demand and low staff morale, and gives recommendations to support primary care to thrive centred around three essential offers:



Streamlining access to care for people who get ill but only use health services infrequently



Providing more proactive, personalised care with support from a multi-disciplinary team

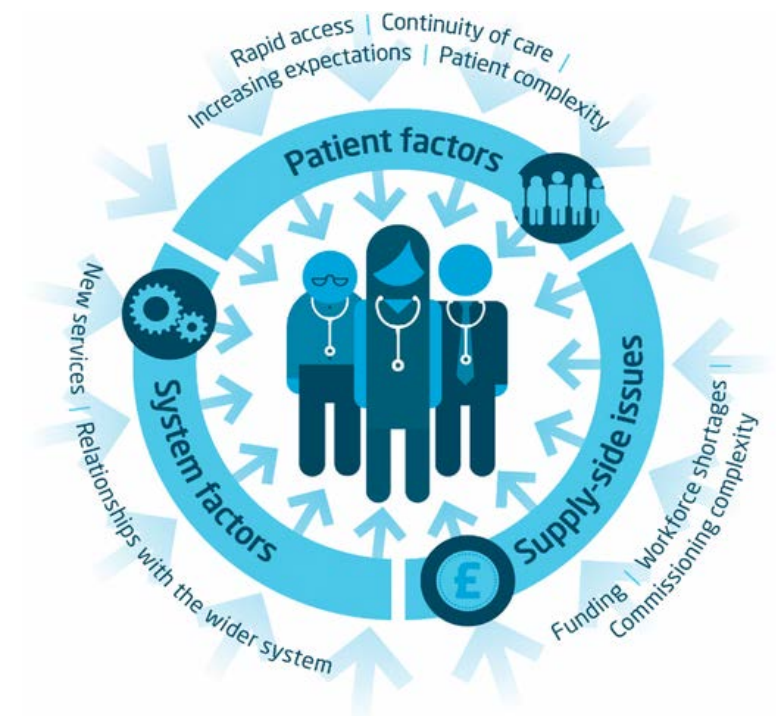


Helping people to stay well longer through a joined-up approach to prevention



Increasing demands on general practice over the past five years – not just a heavier workload but the increasing complexity and intensity of work – coupled with insufficient funding has led to a feeling of crisis. The NHS is finding it difficult to recruit and retain full-time GPs and patients report difficulties in accessing care.

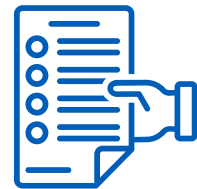
Kings Fund, 2023



Following on from the Fuller Stocktake and building on the theme of access to GP practices, , NHS England published the Delivery Plan for Recovering Access to Primary Care [4] in May 2023, with two central ambitions:

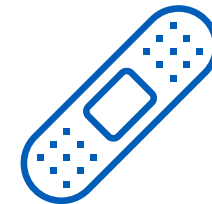


Tackling the 8am rush for people trying to contact their GP practice



For patients to know on the day how their request will be managed

The Primary Care Access Recovery Plan supports all three offers set out in the Fuller Stocktake with a focus on streamlining access and taking the pressure of GP practices so they are able to put in place the wider reforms. The Plan has four commitments:



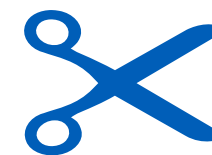
Empower patients and providing them with the means to manage their own health and access some services without needing a referral



Implement Modern General Practice Access through digital telephony, online consultations and support via the General Practice Improvement Programme



Build Capacity by training, recruiting and retaining primary care staff and prioritising primary care facilities when local authorities consider how funds from new housing developments are allocated



Cut bureaucracy to give general practice teams more time to focus on patient care

[4] [NHS England » Delivery plan for recovering access to primary care](#)



The Primary Care Access Recovery Plan sits alongside recovery plans for elective and unplanned and emergency care – coordinating the work on the three plans is critical to improving health care for the Lincolnshire population and is being delivered through the Lincolnshire Joint Forward Plan 2023-2028.

The Health and Care Act 2022^[5], as part of progressing the integration of health and care, delegated commissioning functions for a wider range of primary care services to Integrated Care Boards. This includes community pharmacy, optometry and dental services alongside general practice and primary care networks. Although broadly beyond the initial scope of the Primary Care Access Recovery Plan, other than some elements of community pharmacy development, this provides an opportunity for further integration of primary care services and access in future.

Tackling health inequalities is a system and primary care priority and the Access Recovery Plan provides an opportunity to identify and address inequalities relating to primary care access and care. A Health Equity Assessment Tool review has been carried out as part of developing the Lincolnshire plan – implementing the plan should improve access for the population and help in addressing health inequalities.

The assessment has highlighted that the increased use of digital access routes may have an impact on some communities, e.g. people with disabilities including sensory impairments, people with limited digital access or people whose first language isn't English.

Work to monitor and address equity issues around access, care outcomes and patient experience with GP practices, Primary Care Networks and system partners, will be central to implementing the plan (please see the accompanying Health Equity Assessment Tool for further detail).

[5\] Health and Care Act 2022 \(legislation.gov.uk\)](#)



“ *Creating the general practice of the future that is a resilient and sustainable general practice providing excellent, coordinated care close to home, and one that has a different relationship with the public, working together to improve health and to create a culture to care.* ”

Lincolnshire GP and PCN Collaborative ”

The Lincolnshire Joint Forward Plan is one of three Better Lives Lincolnshire strategies and describes how Lincolnshire NHS and partners will support the delivery of system ambitions and aims over the next five years (2023 – 2028).

The Plan sets out five priorities:



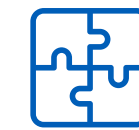
A new relationship with the public



Living well and staying well



Improving access



Integrated community care



A happy and valued workforce





Vision and Improvement Approach

Strong and resilient primary care is the foundation of delivering all five priorities: improving access and integrating community care in particular, link to the Primary Care Access Recovery Plan and the Fuller Report recommendations.

Given the importance of primary care as the main touch point for health services local, delivery of the access recovery plan underpins and is central to the wider health and care system transformation programme. The Primary Care Access Recovery Plan also supports Living Well and Staying Well priority - to improve health and wellbeing outcomes for the people of Lincolnshire adult social care, public health and the voluntary sector are central to and interdependent with accessible and resilient primary care.

“ *Making sure people receive the right care, at the right time and in the right place is key to delivering the best possible results for people. This is particularly important in a large rural county like Lincolnshire where people often have to travel long distances with limited access to public transport, which can be frustrating for people and also means clinicians have less time for clinical activity.* ”

Joint Forward Plan, NHS Lincolnshire, 2023



Primary Care, Communities and Social Value 5-year plan

Alongside system partners, NHS Lincolnshire ICB's Primary Care, Communities and Social Value directorate is working with primary care in developing a five-year delivery plan to support the ambitions and aims set out in the Joint Forward Plan. The initial planning process is due to be concluded in November 2023 with ongoing development of the plan over the next five years.

Delivery of the System Level Access Improvement Plan for primary care in Lincolnshire is the key focus in year one (2023-2024) and provides the foundation for the transformation of primary care services in future years - focussing on local implementation of the themes and aims of the Fuller Stocktake.

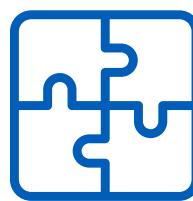
This includes opportunities to develop integrated access across the four pillars of primary care: general practice, community pharmacy, optometry and dentistry – with a commissioning strategy framework setting out how services will work together to improve patient outcomes and experience, tackling inequalities in health and access and support population health management.

Primary care sits within the broader framework of system transformation: future transformation will focus on the development of whole pathway, one team approaches. An example of this is the work to develop and roll out the Lincolnshire Frailty Strategy and collaboration across health and care services to provide seamless integrated care from prevention through to hospital care.

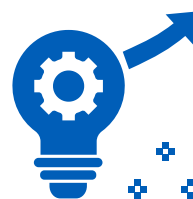


Vision and Improvement Approach

Priorities within the five-year Primary Care, Communities and Social Value delivery plan include:



Easy access to integrated primary care that support improved experience and outcomes for people living in Lincolnshire communities.



Evolution of PCNs to provide access to person centred care delivered by multi-disciplinary and multi-agency teams for local communities to reflect population need.



Development and delivery of a one-team philosophy that underpins pro-active care, prevention, early diagnosis and personalised care plans for people with long term conditions identified as frail or approaching end of life.

Key to the plan is developing and implementing a primary care resource and investment framework to enable service transformation, tackle inequalities and support primary care leaders to have the time and space to manage and deliver the required change.



Interdependencies

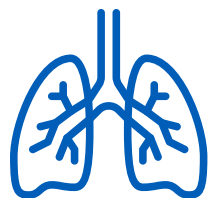
There are a number of important links with other Lincolnshire system delivery plans, in particular, work across the primary care and urgent and emergency care programmes has been strengthened due to the important relationship between GP practices and other urgent care services. Access to GP practices supports wider access to urgent care and enables development of more integrated urgent care – key areas of joined up working across primary and urgent care over 2023/24 have included:



Developing and managing how NHS 111 and GP practices work together.



Supporting people discharged from hospital into care homes by enhancing GP practice support to interim and transitional care beds.



Winter planning: Commissioning Acute Respiratory Infection and Same Day Access hubs to support access to care over the winter months for the most vulnerable; developing proposals to support people who are frail and the development of a health care professional Single Point of Access to improve coordination between health and care services.



Links between the Planned Care and Cancer programmes are also developing, for example, in relation to the development of access to diagnostic pathways (coordinating Community Diagnostic Centres and primary care diagnostic services) and the development of of gastro-intestinal and lung cancer pathways.

Key to empowering patients, improving access and integrating care is the work on personalisation through the It's All About People[6] programme - personalisation is rooted in the belief that Individuals want to have a life, not a service. There are three key messages that shape why personalisation is so important to the health and care system.



Relationships: the balance between people and health and care professionals

To make a positive power shift in relationships between people and professionals to one of equal, shared decision making.



Empowerment: respecting a person's right to lead their own health and wellbeing

Personalisation is a way of working with people that focuses on their strengths and ensures they are at the centre of their care.



Mindset: a way of working that changes the conversations and focuses on what matters to you

We need to have meaningful conversations with people to find their strength and assets. To explore what's important to them, their goals, and aspirations.

[6] [It's all about people :: Lincolnshire STP \(itsallaboutpeople.info\)](https://itsallaboutpeople.info)



Vision and Improvement Approach

The goal for the It's All About People personalisation programme is to bring together and oversee the strategic delivery of work and projects that embed personalised strength-based approaches and ways of working across the Lincolnshire health and care system.

It's All About People and the Empowering Patients workstream in the Primary Care Access Recovery Plan complement each other – providing access to records and information alongside developing more self-referral opportunities underpins the three key messages of It's All About People.





Primary Care Network Capacity and Access Improvement Plans

The national GP contract for 2023/24 requires each Primary Care Network to develop a Capacity and Access Plan (CAP) to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

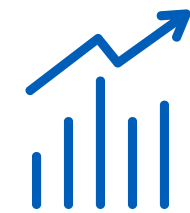
Plans should address any identified barriers to improvement or wider support required and link to local support offers for integrated primary care, and where commissioner support is required, commissioners should commit to providing that support. The funding provided through the National Capacity and Access Support and Improvement Payment can be used by PCNs to take forward development and delivery of their local improvement plan.

The GP contract in 2023/24 has been updated to reflect the different ways that patients now contact their practice whether this in person, online or by telephone. Patients will be treated equitably and can expect a response on the same day they contact their practice. This response may include information signposting to another service, for example a community pharmacy, based on an assessment of need. Where clinically appropriate and subject to patient choice on when they would like to be seen, patients seeking routine care should ideally have an appointment within two weeks of contact.

Plans are based on improvement in the three identified areas:



Patient experience of contact



Ease of access and demand management



Accuracy of recording in appointment books





Primary Care Network Capacity and Access Improvement Plans

The ICB produced a local template to support the development of CAPs and data packs were provided to all PCNs to support with GP Patient Survey data, online consultation data, and PCN Enhanced Access data. Ongoing support for plans is being provided by the ICB and LMC for all PCNs. PCNs are focusing on a range of measures to support access improvement including:

- **The use of QR codes to support participation in the Friends and Family Test to provide patient feedback**
- **Text messages sent after appointments to encourage patient feedback**
- **Reviewing data from people who didn't attend an appointment**
- **improvement of GP practice websites**
- **Employing further PCN additional roles**
- **Care navigation training so staff can support patients get the care they need**
- **Increasing Patient Participation Group (PPG) engagement and involvement**
- **Increasing referrals to GP Community Pharmacy Consultation Service (CPCS) and Pharmacy First**

- **Reviewing telephone call data and identifying areas to improve access**
- **Improvement in making appointments available when there's most demand**
- **Moving to cloud-based telephone systems**
- **Increased use of the NHS App**

The ICB will continue to work with PCNs to support and review the delivery of PCN plans throughout 2023/24, including the delivery of the national requirements to enable PCNs to access additional funding to improve access.

Key next steps

- Regular reviews with PCNs on delivering their Capacity Access Plans over 2023/24.
- Working with PCNs to measure and evidence the effect of their plans on patient access, experience and satisfaction.
- Supporting PCNs to benefit from national Capacity Access funding in 2023/24.



The longer term, strategic approach to developing community pharmacy services and workforce will improve access to primary care services, particularly for more rural communities. The initial phase of this work aims to build on links between GP practices and community pharmacies and start to extend the range of services available in pharmacies.

Expanding Community Pharmacy Services - General Practice referrals into the Community Pharmacist Consultation Service (CPCS), Pharmacy First and Extended Care Services

Community Pharmacy is one of the four pillars of primary care, and it plays a key role in supporting access to services within Lincolnshire. Lincolnshire ICB now has delegated responsibility for community pharmacy services - pharmacy clinical services is a main element of the Primary Care Access and Improvement Plan (PCARP). Engagement with community pharmacies and GP practices is important to support both service provider groups.

The ICB has appointed a Community Pharmacy Clinical Lead during 2023/24 to support with engagement and leadership for this important area for patient access.





General Practice referrals into the Community Pharmacist Consultation Service (GP-CPCS)

The Community Pharmacist Consultation Skills was launched by NHS England in October 2019, to facilitate patients needing support with minor conditions or requiring urgent access to medicines to have a same day appointment with their community pharmacist. In November 2020, the service was amended to allow referrals from general practice for minor conditions.

ICB staff work in collaboration with the Local Pharmacy Committee (LPC), Community Pharmacy Lincolnshire, staff to increase implementation and uptake of GP-CPCS and improve and grow relationships between GP practices and community pharmacy.

Most GP practices within Lincolnshire have been provided with access to the PharmRefer digital tool, which has an inbuilt triage tool ensuring the appropriate minor conditions are referred to pharmacies for this service.

Collaborative communications are being developed in partnership with the Local Medical Committee (LMC) and Community Pharmacy Lincolnshire (the LPC), incorporating GP CPCS into winter planning. The aim is to reinforce referral for GP-CPCS to direct patients with minor acuity conditions to the most appropriate healthcare professional for treatment, improving capacity in General Practice for patients with higher acuity needs.

From 31st January 2024 (subject to the required IT systems being in place), the Community Pharmacist Consultation service will be subsumed into the new Pharmacy First service (Advanced service). However, this will continue to support referrals from General Practice in a similar manner to the current GP-CPCS.





Extended Care Service

The Community Pharmacy Extended Care Service has been commissioned through the NHS England Midlands. These services allow community pharmacists to provide assessment, and where appropriate NHS funded treatment for people for a range of minor conditions within a community pharmacy instead of needing to visit their GP for advice and treatment. These services are tiered, and pharmacies may offer some or all of the tiered services.

Lincolnshire currently has 114 community pharmacies of which 47 provide elements of extended care services, including:

- **UTI service (Tier 1)**
- **Acute bacterial conjunctivitis (Tier 1)**
- **Skin conditions: impetigo, infected skin bites and eczema (Tier 2)**
- **Otitis media (ear infection) (Tier 3)**

Updates have been sent to GP practices through primary care and medicine optimisation newsletters, advising on which pharmacies in the surrounding areas provide these extended care services. With use of posters and communications to practices, Lincolnshire ICB can increase consultations into extended care service, thereby reducing requirements for appointments from general practice, improving GP access for those in greater need. In addition, once a search tool has been developed by NHSE (which will enable care navigators and/or other members of the general practice team to easily locate local pharmacies and the services they offer) referrals to extended care services can be increased. Some of the extended care service may change with the expected roll out of Pharmacy First from the end of January 2024, this will be kept under review.





Community Pharmacy Contraception Advanced Service

Since April 2023, community pharmacies have been able to offer an advanced service which allows them to manage continued supplies of oral contraception for women. Before this became a formal, advanced service, 16 community pharmacies located within the Lincoln area had signed up to pilot this, delivering 17 consultations/supply of oral contraception.

The number of pharmacies signing up to provide the contraception advanced service has continuously grown allowing women to access oral contraception without needing a GP appointment.

This service will be expanded as part of ongoing services development, and from 1st December 2023 the service will be relaunched to include the initiation of oral contraception, as well as repeat supplies. We anticipate an increasing number of community pharmacies will sign-up to offer and participate in this service during 2024.





Hypertension Case-Finding (Blood Pressure Check) Advanced Service

Nationally the Blood Pressure Check Service delivers more than 150,000 checks per month. This will be expanded with new PCARP funding to a further 2.5 million blood pressure checks in community pharmacy to support ongoing monitoring in partnership with GP practices (subject to consultation).

90 Lincolnshire community pharmacies have signed up to provide the BP check service. In July 2023, 64 community pharmacies delivered 1,434 BP checks in Lincolnshire and 122 Ambulatory Blood Pressure Monitoring.

Lincolnshire ICB plans to expand BP checks by:

- **Supporting contractors who have signed up but not delivering the service to address any concerns/barriers.**
- **Work with contractors with low BP check figures to increase output.**
- **3 new Independent Prescriber (IP) pathfinder sites will be providing CVD prevention model, which links in with the BP check service thus expanding BP checks.**

From 1st December 2023, the service will be relaunched nationally, to make better use of skill mix and increase provision of ambulatory blood pressure monitoring (ABPM).





The Launch of Pharmacy First Advanced Service, and inclusion of Clinical Pathways Consultations

The new Pharmacy First service will launch on 31st January 2024 (subject to IT systems being in place). As well as including elements mentioned already, such as CPCS and the expansion of the Community Pharmacy Contraception Advanced Service, Hypertension Case Finding Service, the new service will include Clinical Pathways Consultations (often referred to as The Common Condition Service (CCS)).

This element of Pharmacy First will enable pharmacists to assess patients, offer advice and Over-The-Counter recommendations and where clinically appropriate, to supply prescription-only medicines to treat seven common health conditions: sinusitis, sore throat, acute otitis media (earache), infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women. This will reduce the need for patients with these conditions to visit their GP. Initially, a patient-group direction (PGD) model will be used, but it is anticipated that as more pharmacists become independent prescribers in the future, a prescribing model may also be used.

Independent Prescribing in Community Pharmacies

The Lincolnshire pathfinder clinical model (acute condition and ENT condition) allows patients presenting with conditions listed in CCS access to an independent prescribing pharmacist who will be able to clinically assess and prescribe medicines outside of the PGD in line with local formulary as part of pathfinder within the NHS. Learnings from this pathfinder will be used to inform planning for the use of independent prescribers in community pharmacies in the future.

Key next steps

- Continue the work with GP practices and community pharmacies to understand the local barriers to using the Community Pharmacy Consultation Service.
- Promote the range of services available through community pharmacies to the public and within the health and care system.
- Work with community pharmacies, GP practices and PCNs to develop opportunities and support more joined-up care
- Engage on the development of and start work on developing the Lincolnshire Pharmacy Strategy.



Digital solutions are key to supporting the Modern GP Access, this includes making use of the benefits offered by modern digital telephone systems and online consultation tools and messaging systems. Lincolnshire ICB has invested in online digital tools for GP practices with 87% of GP practices now using online triage , e.g. AccuRx, to support patients contacting their practices, being offered online consultations and being involved in managing conditions.

Advanced digital telephone systems are being used by 81% of GP practices in Lincolnshire and will be rolled out to all by April 2024. These systems aim to make it easier for people to contact their GP practice and provide useful data to practices so they can manage call demand more effectively to reduce phone waits for patients. Digital telephony is part of the foundation for developing Modern GP Access and key to improving access for patients.

The ICB Primary Care Digital Team is actively involved in various initiatives to support the Access Recovery Plan plans for Lincolnshire. Their ongoing collaboration with stakeholders and close coordination with the ICB's Finance Team will help ensure that these projects progress smoothly.



Cloud-Based Telephony

The GP contract now requires GP practices to install cloud-based telephony systems, these systems are important in introducing the Modern GP Access model which makes use of cloud-based telephony and online tools to provide patients with quicker and more streamlined access to their GP practice. Cloud based telephony systems provide a range of functions not available with older phone systems including things like automated booking, call recording and patient call back.

The data that these systems can provide will also help GP practices to understand when demand is greatest and which patients are struggling to contact by phone. Cloud based telephony can support more integrated care and allow GP practices to link phone systems where this supports working at scale or to support business continuity e.g., if one practice site has to close temporarily.

The Primary Care Digital Team are working closely with practices and NHS England colleagues to ensure all practices move to cloud based telephony by April 2024. Area of focus include:

Support and Procurement: Collaborating with local practices to facilitate the signing of contracts with suppliers for cloud-based telephony services. The goal is to ensure that all contracts are signed before the 15th December 2023 deadline. The Team are actively meeting with NHSE colleagues to identify areas where additional support may be necessary.

Practice Engagement: Of the 25 qualifying practices, 20 have engaged with the procurement hub, and 10 have selected a system provider. Two of these practices already have fully quoted offers.

Progress Reporting: We maintain regular communication with the Midlands Programme Management team to report progress and to address any issues that may arise during the implementation process.

Infrastructure Support: Collaboration with our colleagues in the ICB's Commissioning Support Unit ensures that we are well-prepared to provide support to practices requiring infrastructure changes for the new systems.





Accelerated Access to Records

The GP contract requires practices to make access to their records available to patients from 31st October 2023. Work is ongoing with practices to support this being available.

Compliance Status: As of the end of November, 70% of practices in Lincolnshire are compliant with the accelerated access to records requirements. However, 25 practices have not yet reached the required level.

Support for Non-Compliant Practices: The Digital Team is actively working with operational colleagues to provide support to the 25 practices that are not in compliance. They are emphasising that these practices must submit a plan outlining how they intend to address the issues and achieve compliance.



Online Consultation Systems

NHS Lincolnshire ICB supported GP practices to introduce online functionality and high quality online consultation systems to support patient access over the covid pandemic – these systems provide a range of functions including patient messaging, self-monitoring and online appointment booking.

Currently:

- **100% of Lincolnshire practices offer patients the ability to book or cancel appointments online with around 44% of patients enabled to do so.**
- **100% of Lincolnshire practices offer patients the ability to order repeat prescriptions online with around 50% of patients enabled to do so.**

Work is ongoing to support all practices to fully introduce online consultation systems in 2023/24.

Compliance Status: Currently, only ten practices in Lincolnshire do not meet the requirements for online consultation systems mandated by NHSE. The ICB will address this issue with PCN managers during upcoming meetings to evaluate progress on their individual Capacity Access Plans.

System Selection: The Digital Team continue to provide fully funded systems of choice to all practices. In November, the Team will host a show and tell event, allowing practices to make informed choices regarding their online consultation systems for the upcoming year.

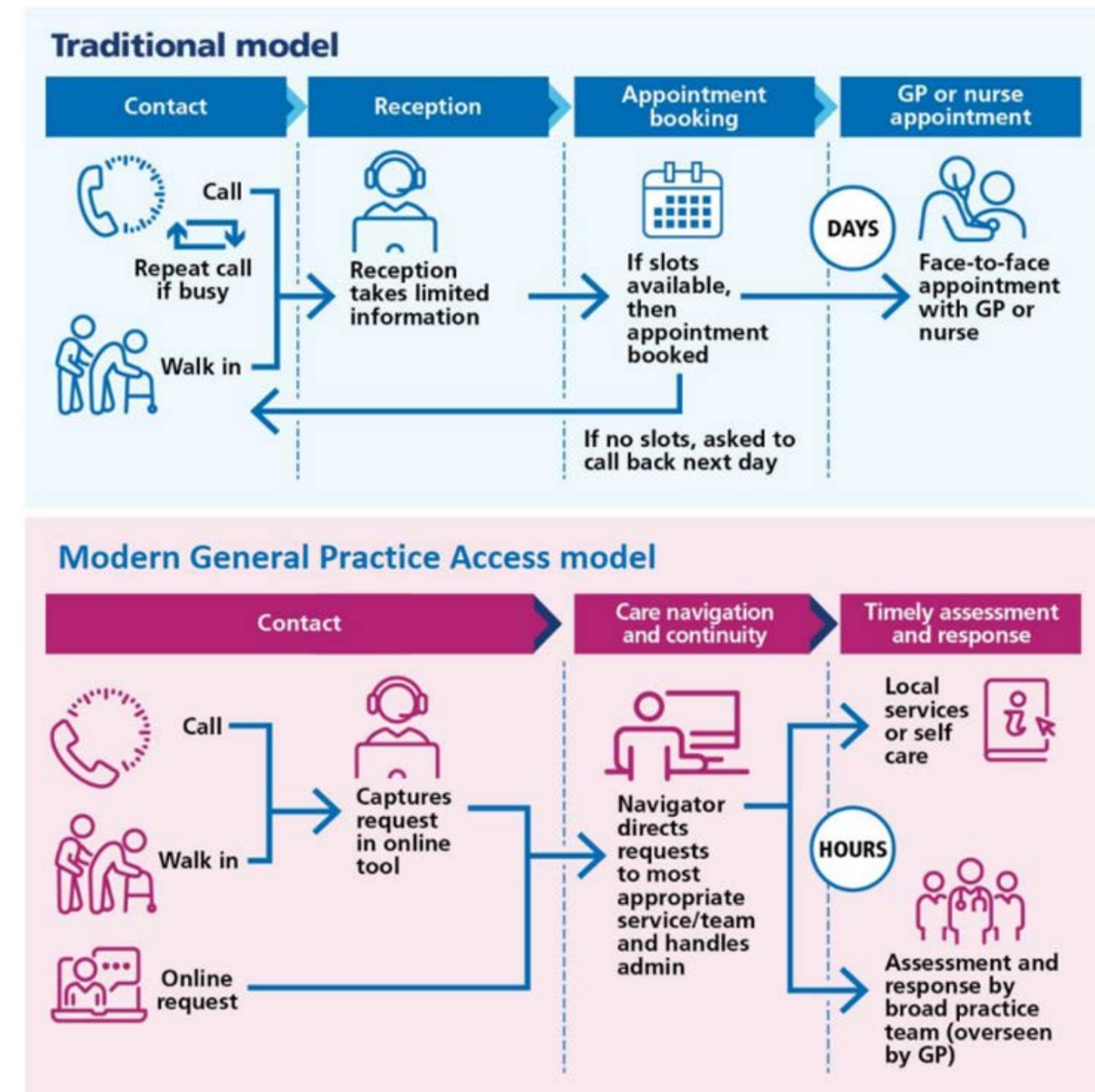
Support and Training: Comprehensive support and training are available for all practices to facilitate the adoption and optimisation of their chosen online consultation systems.



The team are supporting practices to enable proactive patient access to care records over October.

Next steps

- Supporting further development of online digital tools to improve access and support patient empowerment e.g. AccuRx.
- Promoting the use of the NHS App – including promotion of online registration for patients.
- Engaging with practices and promoting patient access to records and, online patient registration and WebV.
- Development of a primary care intranet with the communications team is a priority and will support improved processes for sharing information with GP practices.
- Reviewing the development of PCN and practice websites.



ICB Actions: Support Level Framework and GP Improvement Programme

The Support level framework (SLF) is a tool to support practices in understanding their individual development needs and where they are on the journey to embedding modern general practice – this includes building on the digital opportunities to improve access mentioned above. The SLF has been co-produced with general practice teams. It has been clinically developed based on knowledge and experience, together with academic research and documented best practice where available. It allows Practices to understand what they do well and opportunities for improvement. Carrying out the SLF isn't mandatory for practices but can provide a helpful approach to understanding what improvements can be made.

For those practices wishing to work the through the SLF, the diagnostic will be completed via an ICB facilitated conversation with members of the practice team with honest reflection encouraged. The findings will then be used alongside available data and quality information to agree priorities for improvement and development of an action plan. The SLF covers six domains: Supporting Access, Quality and Safety, Leadership and Culture, Stakeholder Engagement, Workforce and Indicative Data.

The outputs of the SLF and action plan, focussing on up to three areas, are owned locally by the practice. The SLF is not a performance management tool. It will, however, help ensure the ICB provides the right type of ongoing support to each practice and to facilitate quality improvement where required.

Practices can also benefit from the national General Practice Improvement Programme (GPIP), this aims to support practices to better align capacity to demand, improve the working environment, improve patient experience and build capability to sustain improvement. The GPIP includes a range of support from webinars and information to hands-on support for those working in the most challenging circumstances.



ICB Actions: Support Level Framework and GP Improvement Programme

Lincolnshire GP practices have engaged positively with Accelerate, the predecessor to GPIIP, and the ICB continues to support GP practices take up the current GPIIP offer:

- **32 Lincolnshire practices took part in Accelerate (2022/23)**
- **12 Lincolnshire practices have attended GPIIP webinars**
- **8 practices have taken part in GPIIP so far this year**
- **5 practices have completed the Support Level Framework diagnostic (2023/24)**

Next steps

- The ICB continues to promote and support practice take up of the ongoing GPIIP offer – including care navigation training opportunities.
- Prioritisation of practices to complete the SLF is underway – ICB Primary Care and Quality Teams will be engaging with practices from November 2023 through to 2024/25.
- Transition funding will be made available to practices meeting the criteria (on average, £13,500 is available for each practice to support them move to the Modern General Practice Access model).



ICB Actions: Interface between primary care secondary care services

To improve interface working, NHS England commissioned the Academy of Medical Royal Colleges (AoMRC) to undertake a rapid and clinically led review. In their published report 'General Practice and Secondary Care: Working Better Together'[7], cutting bureaucracy has been identified to help relieve workload pressures experienced by general practice teams, freeing them up to focus on patient care.

A component of this is improving the primary and secondary care interface. Four areas identified are:

 **Onward Referrals**

 **Complete Care (FIT Notes and Discharge Letters)**

 **Call and Recall**

 **Clear points of contact**



[7] [GPSC Working_better_together_0323.pdf \(aomrc.org.uk\)](#)





ICB Actions: Interface between primary care secondary care services

The ICB Medical Director Dr Sunil Hindocha, established a Strategic Interface Group in September 2023, which includes representatives from primary care, the Primary Care Network Alliance, secondary, community and mental health providers, Lincolnshire Training Hub, the ICB and Local Medical Committee (LMC). In Lincolnshire we believe the opportunity for improved interface is much wider than just primary and secondary care. A terms of reference for the Strategic Interface Meeting is currently in draft.

The strategic group has identified 4 key workstreams:

Operational interface issues: An operational group has been established which will be chaired by the LMC and respond to interface issues raised by clinicians. A log has been created to capture issues, identify themes, and identify priorities. This will be reported on at the operational meetings.

Quality and Learning: A group will be established to focus on quality and learning from issues. This will also include a review of the current reporting processes to ensure they are effective and create the environment where review of incidents is a positive process rather than a blame process.

Behaviour principles: A behaviour charter is being developed that will be agreed, promoted and adopted by all system partners.

Communication and relationships: This is felt to be crucial in order to achieve success across the other workstreams. The LMC is leading on work to develop clinical networking and social events to help build and develop relationships across primary and secondary care, as well as wider clinical stakeholders.

The outputs from each of the workstreams will be reported to, and have oversight from, the Strategic Interface Group.

Next steps

- Collect, review and monitor issues raised by GP practices – ongoing.
- Update on progress to the ICB Board – 27 November 2023.
- Health care provider review current approach to managing interface issues against agreed priorities – November 2023.
- Establish quality and learning group – November 2023.
- Develop Behaviour Charter and implement – March 2024 and ongoing.



ICB Actions: Self-referral pathways

Being able to self-refer into services, where triage and assessment is not clinically necessary, empowers patients, improves access and reduces the burden on GP practices and other health services. The Primary Care Access Recovery Plan reiterated the requirement set out on NHS Operational Planning guidance for ICBs to put in place priority self-referral pathways and for the number of referrals via these pathways to increase by 50% by April 2024 (based on baselines from 2022 and 2023).

The key self-referral pathways are:



Community Musculo-skeletal (MSK) services



Podiatry



Adult hearing loss services (for those 55 years and over)



Weight management services



Community equipment services



Wheelchair services



Falls services



ICB Actions: Self-referral pathways

Self-referral pathways are in place for six of the seven pathways – MSK self-referrals aren't currently available, this is due to contracting and commissioning considerations and work is underway to identify how self-referral can be introduced to MSK pathways. There are other self-referral pathways available outside of the six – including community nursing services, pulmonary rehabilitation for people living with chronic obstructive pulmonary disorder and cardiac rehabilitation for people who have had a heart attack or recent heart surgery.

There were 2,111 self-referrals in June 2023, a further 265 referrals per month would mean Lincolnshire has achieved the 50% increase ambition (based on the 2022 referral benchmark). Work is ongoing to improve data capture and reporting to ensure the system has an accurate picture of self-referral activity.

To increase this number the ICB will be working with system partners, in particular Lincolnshire Community Health Services and Lincolnshire County Council, to promote these pathways and explore developing new access routes such as online self-referral.

Next steps

- Review data and providers accurately record activity – December 2023
- Promote existing self-referral pathways – December 2023
- Review other ICB approaches to MSK self-referral pathway – January 2024
- Develop MSK options appraisal – March 2024
- Identify further self-referral pathways opportunities – March 2024



Having the right range of clinical and no-clinical staff is critically important to GP practices being able to provide good care and access. As well as attracting new staff into Lincolnshire retaining existing staff and supporting them to develop the skills, knowledge and experience they need are priorities. Developing a primary care workforce plan that aligned to wider system workforce plans means opportunities to develop a system wide approach to recruiting and retaining staff and for health care services to work together to ensure Lincolnshire has the healthcare workforce it needs.

Primary Care has an established strategic workforce group, the Primary Care People Group which meets every two months and has good representation and engagement with system partners. The group co-produced and launched its first Primary Care People Plan in April 2023 which has four priorities in the first year and is aligned to the four system plan themes of Growing, Valuing, Developing & Retaining Our People[8]. The Primary Care People Plan is supported and enabled by a work programme of activities and links in with Dental, Pharmacy and Optometry strategic plans and forums. Development, recruitment and retention in rural and coastal communities is a priority theme running through this programme of work.

The following identifies some key activities within the work programme:

- **Primary care staff have access to system health and wellbeing support offers.**
- **PCN Additional Roles (ARRS) recruitment is supported through coordinated training and development offers and a centralised recruitment and support package.**
- **Lincolnshire Training Hub leadership development stocktake to underpin investment in PCN and PCN Alliance leadership and organisational development capability and a New to Leadership programme managed by the Local Medical Committee (LMC).**
- **Exploring the use of digital tools to support workforce management.**
- **Centrally promoted and managed training opportunities for primary care staff.**
- **Developing primary care HR and robust workforce planning.**

[8] [Home :: Lincolnshire One Workforce \(oneworkforcelincs.co.uk\)](https://oneworkforcelincs.co.uk)



ARRS position for 23/24

There has been a historic underspend on PCN ARRS in Lincolnshire (in 22/23 this was £3.2m) so a priority for the PCN Transformation programme in 23/24 has been to maximise the utilisation of the ARRS allocation. To do this a number of measures have been put in place including:

- **1:1 support for PCNs who are showing a significant ARRS underspend to help identify opportunities to recruit additional workforce.**
- **Monthly ARRS reporting from PCNs to have an up-to-date position on the ARRS forecast. This includes reconciliation of plans against actuals and forward plans for roles which are training posts.**
- **Development of a plan for Palliative and End of Life Care Co-ordinators to utilise ARRS underspend.**
- **Work with system partners to identify opportunities to use ARRS funding to create roles that may be more attractive and roles which may fit better in other organisations – an example being explored is an opportunity to collaborate with ULHT on Clinical Pharmacy roles.**

- **Making best use of new roles such as General Practice Assistants, now have 35 WTE in Lincolnshire, many of whom are on an Apprenticeship Scheme which was established by Lincolnshire Training Hub**
- **We have a strong relationship with Lincolnshire Training Hub who have put a successful framework in place for Trainee Nurse Associates and Nurse Associates which has meant we have a healthy pipeline in place.**
- **We have invested time in developing the Health and Wellbeing Coach role and through a contract with OneYou Lincolnshire we now have 11 HWBC in post across 4 PCNs, as well as HWBCs also being directly employed by PCNs.**
- **Our success with some of the newer roles is evident as we have the highest rates of Trainee Nurse Associates and Nurse Associates, and Health and Wellbeing Coaches across the whole of the midlands region. We also have the second highest rate of General Practice Assistants in the region.**



ICB Actions: Workforce

Despite these interventions the forecast underspend for 23/24 is currently at £1.388m. Approximately £925k of this underspend is within the First Coastal PCN allocation. Trent and Boston PCNs are also showing significant underspends (£174k and £402k respectively). A proportion of the underspend will be non-recurrent as these PCNs have recruited to roles midway through the year.

The ICB and PCNA are working together to review ARRS principles that were agreed at the beginning of 2023 and are stepping up a working group to look for new ideas for non-recurrent spend this financial year.

Key next steps

- Implementation of the Primary Care People Plan – ongoing.
- Develop and implement opportunities with the Primary Care Network Alliance to reduce ARRS underspend – March 2024.



ICB Actions: Communications

The ICBs Communications team have developed a localised plan to support the local and national asks around the Primary Care Access and Recovery Plan.

National campaigns such as promotion of the ARRS roles, NHS App, and Enhanced Access feature regularly on local websites, social media, local media, and printed materials. This ensures as many local people are aware of the developments taking place across primary care. Activity is coordinated alongside partners through weekly strategic health comms meetings, which involve all NHS Trusts in the county.

GP practices are provided with significant support from the team to ensure they have access to local and national campaign materials, and have the skillset within their practices to promote these. A strong relationship with the Lincolnshire Primary Care Network Alliance ensures buy in at a senior level across all PCNs for planned communications activities. The team are also working with the Alliance to promote a number of key initiatives they are working on, including ARRS roles and the development of PCN wide schemes.



ICB Actions: Communications

Should a budget be available to support this programme, opportunities are available to take out paid for activity such as outdoor advertising, bus advertising, digital billboard adverts, posters and leaflets, radio advertising and paid for social media.

Future communications include a series of local case studies using Lincolnshire NHS staff and patients that highlight the benefits to our local population to encourage behaviour change and provide assurance to our local stakeholders about how the schemes are working post their go live dates. Plans are being developed to set up a network of community champions through funding obtained through NHS England to promote local schemes across local communities and encourage involvement.

Patients with questions or queries will be signposted to the Patient Advice and Liaison Service who will be provided with a script to answer these queries.

Efforts will be made to ensure key stakeholders - GPs, councillors, MPs, Healthwatch, executives and staff from organisations that make up the ICS - are fully briefed at each significant phase of the programme. Proactive communications with our stakeholders using our established communications routes will take place so they understand what this means for local people.



ICB Actions: Co-production and patient voice

The ICB involved a number of key stakeholders in the production of this plan, including the ICBs Patient Council, Healthwatch and the local medical committee. Access has been a key theme in discussions with them for a long time, and following their feedback they have always been provided assurance on what the ICB is doing to improve things.

The ICBs Engagement Team have a number of established routes to capture patient voice. The most established is the ICB's patient Council meetings where access to services is always a key topic of discussion. Recent discussions have included the role of care navigators and enhanced access, to name a few. Other routes include Healthwatch reports, listening Clinics undertaken in practices, and feedback via online surveys. The ICB also actively encourages involvement via its website [9], citizens panel [10], involvement champions [11], and through the ICB engagement bulletin which has over 10,000 subscribers. A summary of ICB involvement activities for 2022/23 is demonstrated in the Engagement Annual Report: People and Communities Involvement report 2022-23 [12].

Going forward, the team will continue to advise PCNs on how best to engage with patients on planning services, and the option available to support with this. This includes appointing patient representatives to their Strategic Partnership Boards, setting up PCN wide PPG groups and PCN youth PPG and Parent carers PPGs. Work will continue with PCNs to ensure patients are engaged on service changes, such as practice/branch closures and practice relocations through patient engagement/public consultation exercises.

[9] [How we involve you - Lincolnshire ICB](#)

[10] [NHS Lincolnshire Citizens' Panel - Lincolnshire ICB](#)

[11] [Lincolnshire Involvement Champions - Lincolnshire ICB](#)

[12] [People and Communities Involvement report 2022-23 \(icb.nhs.uk\)](#)



ICB Actions: Assuring delivery

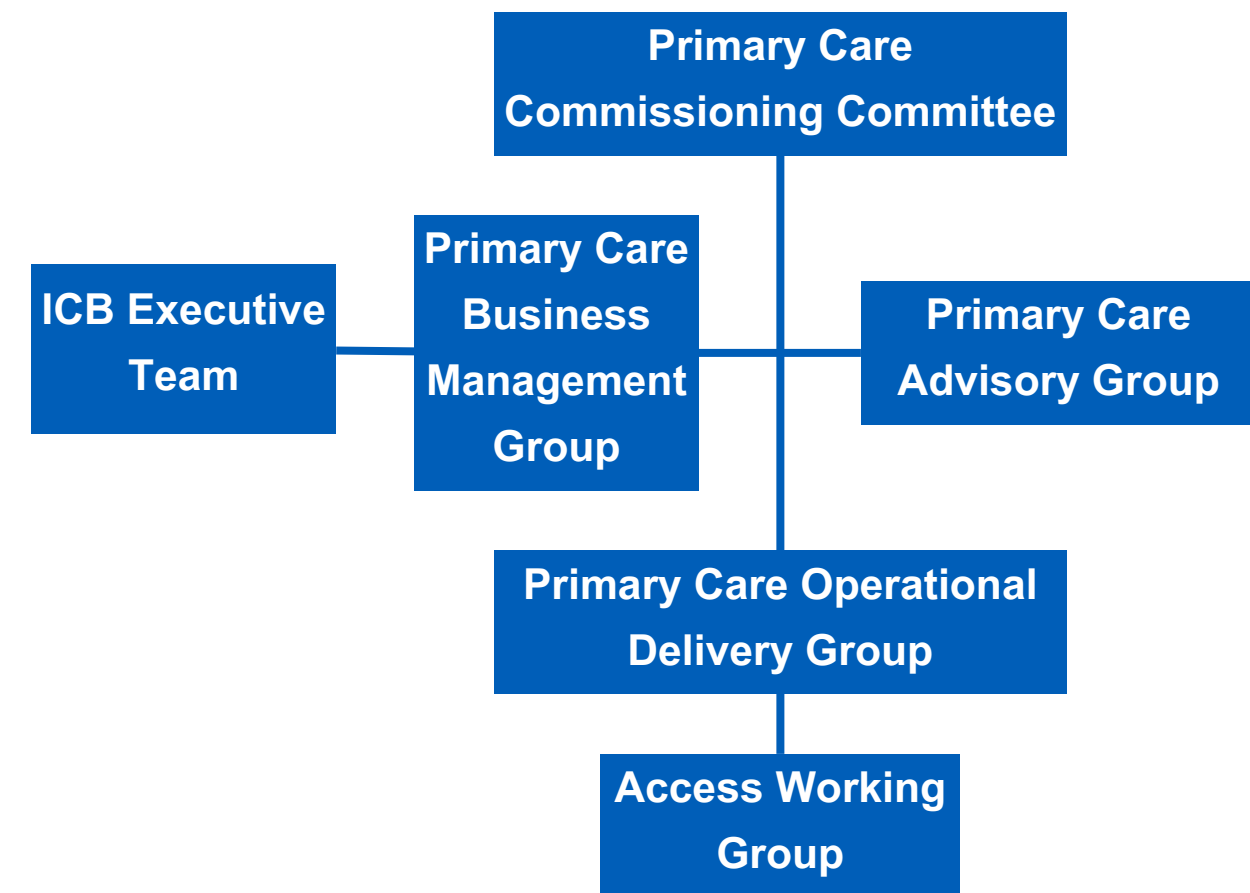
Delivery of the Plan is managed and assured through Primary Care, Communities and Social Value directorate governance with progress and issues reported through to the ICB's Primary Care Commissioning Committee and the ICB Executive Team. The Primary Care, Communities and Social Value Programme Board is being stood up in November to assure and oversee delivery of the wider directorate programme – this will assure delivery of the Primary Care System Level Access Improvement Plan in future.

The ICB plans to deliver key milestones and objectives in line with national guidance[13] - progress is monitored against the ICB's delivery plan (please see Appendix 1) through monthly reporting to the ICB's Primary Care Operational Delivery Group and Primary Care Business Management Group.

PCN delivery of Capacity Access Improvement Plans is managed through regular review meetings, progress and areas for additional support are explored – the ICB's aim is to ensure PCNs are able to fully deliver their plans and achieve the criteria for the IIF Capacity Access Payment (please see the finance section for more detail).

[13] <https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00475-ii-delivery-plan-for-recovering-access-primary-care-190523-v1.1.pdf>

The ICB is developing an Access recovery Dashboard (please see Appendix 2) to monitor key performance indicators against targets – this replicates NHS England's regional dashboard at a local so contribution to the delivery of regional targets can be tracked and managed.



Delivery priorities

The main priorities for delivery for the Lincolnshire Primary Care System Level Access Improvement Plan are:

Empowering patients



- Ongoing promotion and support for online access including online appointment and prescription management.
- Increase self-referral activity by 50% by April 2024 (based on the 2022 baseline).
- Support all practices in making prospective access to patient records available.
- Promote and enable patient access to the extended range of services available through community pharmacy, including Pharmacy First.

Implement Modern General Practice



- Supporting and monitoring delivery of PCN Capacity Access Plans by March 2024.
- Promoting and carrying out the Support Level Framework diagnostic with 25% of Lincolnshire practices by March 2024.
- Promoting the National GP Improvement Programme where this will support practices to improve access, patient experience or quality of care.
- Support all 81 practices to move to cloud-based telephony by April 2024.
- Support all 81 practices to roll out high quality online consultation tools by April 2024.
- Reviewing variation in access to GP practices and PCN services and addressing inequalities in access and care with GP practices, PCNs and community pharmacies.



ICB Actions: Assuring delivery

Build Capacity

- Ongoing delivery of the Primary Care People Plan.
- Maximising the use of PCN Additional Roles funding by March 2024.

Cut Bureaucracy

- Ongoing engagement with primary and secondary care services to monitor and review interface issues.
- Agree and promote a Lincolnshire Behavioural Charter to support improved interface across primary and secondary services by April 2024.
- Agree and implement the approach to share learning and support engagement across primary and secondary care on by April 2024.

Communications and Engagement

- Further developing the communication plan to support patients and health care providers understand how access is changing and how they can benefit by January 2024.
- Working with patient groups and the wider public to agree how this plan can be co-developed and improved.
- Producing accessible versions of this plan and primary care access communications.



What difference will this make?

Some of the changes set out in the plan will take time to make a difference, the ICB will keep people updated on progress and, alongside GP practices and PCNs, will carry out ongoing engagement with the public on what can be done to improve access and patient experience.

What people can expect to see as the plan is delivered summarised below:

- **More patients will be able to access a wider range of care from community pharmacies – the number of people referred to and accessing Pharmacy First will increase.**
- **More people will know about the services they can self-refer to and the number of people doing so will increase.**
- **People will know what they can do online to access primary care, people who want to use online access and need assistance will know where they can get support.**

- **Access to GP practices by telephone will improve with less incomplete calls (where someone stops waiting or where they lose connection) and the ability to request a call back.**
- **Access to GP practice appointments will improve – whether online or face-to-face.**
- **Patient experience of contacting their GP practice and attending an appointment will improve.**
- **People will see a wider range of clinical and non-clinical health professionals at their GP practice and may be supported by their GP practice to access other services where appropriate.**
- **There will opportunities for people to be more involved in managing their care with their GP practice where appropriate, with support available where this would help.**
- **There will be more information available about primary care services and other community services as well as how they can be accessed.**



Funding in 2023/24 has been provided for the PCN Capacity and Access Plans through Impact and Investment funding in two elements:

- **Capacity and Access Support Payment is paid to PCNs based on their adjusted population in 12 equal payments over the financial year, this funding is unconditional but will support delivery of their CAPs.**
- **Capacity and Access Improvement Payment which will require ICB assessment against three areas of the CAP during 2023/24.**

Funding is available for Transition cover and Transformation support in 2023/24 and 2024/25 the aim of this is to help general practice move to a modern access model, the funding could be used, for example, to pay for sessional GPs, support from experienced peers or for additional sessions from current practice staff (clinical or non-clinical). The funding is to be used when the practice is approaching the point of going live with the new model, for example, to clear appointment books. The fund should support 50% of practices in 2023/24 and 50% in 2024/25. The amount of funding available to practices meeting the criteria is, on average, £13,500 – the total funding available to Lincolnshire in 2023/24 is £635,000.

Additional non-recurrent funding has been allocated for supporting practices to adopt cloud-based telephony systems.



Appendix 1: Lincolnshire System Level Access Plan

Commitment	Workstream	Action	Due
Modern GP Access	GP Improvement Programme	Nominate practices and PCNs for intensive and intermediate transformation support using the SLF	30-May-23
	PCN Access Plans	Understand and sign-off PCN/capacity and access IIF CAIP using guidance and Anex B template	30-Jun-23
	Digital	Sign up practices ready to move from analogue to CBT, coordinate NHSE support, ID at scale ICBs.	01-Jul-23
	PCN Access Plans	Confirm level of oversight required by ICB on CAIP delivery with NHSE	14-Jul-23
	PCN Access Plans	Agree support needs with practices/PCNs	19-Jul-23
	PCN Access Plans	Co-develop and sign off CAIPs	31-Jul-23
	Digital	Coordinate nominations to care-navigator training & digital transformation leads training	31-Jul-23
	Digital	Select digital tools from Digital Pathway Framework	31-Aug-23
	Workforce	PCN ARRS plans submitted	31-Aug-23



Appendix 1: Lincolnshire System Level Access Plan

Commitment	Workstream	Action	Due
Empowering Patients	Self-referral Pathways	Establish all self-referral pathways:	
		MSK	31-Mar-24
		Audiology for older people	30-Sep-23
		Tier 2 Weight Management Services	30-Sep-23
		Community podiatry	30-Sep-23
		Wheelchair services	30-Sep-23
		Falls services	30-Sep-23
		Optom - Ophthalmology direct referral	30-Sep-23
		Community equipment service	30-Sep-23
Modern GP Access	PCN Access Plans	Maximise use of transition cover and transformation funding	30-Sep-23
Empowering Patients	Digital	Prospective access to patient records (100%)	31-Oct-23



Appendix 1: Lincolnshire System Level Access Plan

Commitment	Workstream	Action	Due
Cutting Bureacracy	System Level Access Plan	System Level Access Improvement Plan established - summary of PCN/practice AIPs, challenges, wider support needs, barriers, ICB actions	27-Nov-23
	Primary-secondary interface	Interface progress report to ICB Board	27-Nov-23
		Onward referrals	27-Nov-23
		Complete care (Fit notes and discharge letters)	27-Nov-23
		Call & recall	27-Nov-23
		Clear points of contact	27-Nov-23
		ICB CMO establishes local mechanism for support on interface issues	27-Nov-23
Modern GP Access	PCN Access Plans	ICB nominates practices for GPIIP hands on support	31-Dec-23
	Digital	Deadline for high quality online consultation tools - nomination	31-Dec-23
	PCN Access Plans	Local hands-on support to practices (850 nationally) - intermediate level	31-Mar-24
	PCN Access Plans	Assess improvement and pay 30% CAP IIF funding	31-Aug-24
	Digital	Move to CBT for all practices	31-Mar-23



Appendix 1: Lincolnshire System Level Access Plan

Commitment	Workstream	Action	Due
Empowering Patients	Digital	NHS App roll-out (90% practices enabled)	31-Mar-23
	Community pharmacy	CPCS/Pharmacy First activity and roll-out	Ongoing
Modern GP Access	Workforce	Support PCNs to use full ARRS budget and report via NWRS	Ongoing
	PCN Access Plans	111 diversion system and monitoring of exceptional use set up	Ongoing
	PCN Access Plans	Agree and distribute transition cover and transformation funding (£13.5k per qualifying practice)	Ongoing
	Communications	System comms to support patient understanding - refreshed plan 31 Oct 23	Ongoing
	PCN Access Plans	Maintain up-to-date DoS and deliver training to PCNs/practices on DoS	Ongoing
	PCN Access Plans	Maximise use of ICB transition cover and transformation support funding 2/24	2024/25



Appendix 2: Access Recovery Plan Dashboard – in development

Lincolnshire Year to Date Summary

Community Pharmacy Consultation Scheme (NHS Futures – GP and 111 referrals)	
Latest	Oct-23
Achievement	11,165
YTD Target	8,014
Variance to Target	3,151

Pharmacy Blood Pressure Checks (NHS Futures)	
Latest	Jul-23
Achievement	57,179
YTD Target	
Variance to Target	

GP Practice Appts within 2 weeks - All appts	
Latest	Sep-23
Achievement	74.0%
YTD Target	85.0%
Variance to Target	-11%

# of GP practices with digital telephony	
Latest	Oct-23
Achievement	66
YTD Target	73
Variance to Target	-7

% of GP practices with high quality Online Consultation/workflow tools	
Latest	Oct-23
Achievement	71
YTD Target	81
Variance to Target	-10



Appendix 2: Access Recovery Plan Dashboard – in development

Lincolnshire Year to Date Summary

# additional GP appts	
Latest	Aug-23
Achievement	2,104,677
YTD Target	2,099,499
Variance to Target	5,178

# of additional DPC staff	
Latest	Aug-23
Achievement	-17
YTD Target	
Variance to Target	

# of additional GPS	
Latest	Aug-23
Achievement	14
YTD Target	
Variance to Target	

