


# Agenda Item 10

		<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 Andrew Crookham  
Executive Director - Resources**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>14 June 2023</b>
Subject:	<b>GP Provision in Lincolnshire</b>

**Summary**

This item focuses on two reports on general practice provision: one from the Lincolnshire Local Medical Committee; and the other from NHS Lincolnshire Integrated Care Board.

These two reports will be presented by Dr Reid Baker, Medical Director of the Lincolnshire Local Medical Committee, and Sarah-Jane Mills the Director of Primary Care, Community and Social Value, NHS Lincolnshire Integrated Care Board.

**Actions Requested**

To consider the reports presented by the Lincolnshire Local Medical Committee and the NHS Lincolnshire Integrated Care Board on GP Provision.

## 1. Background

The Committee receives regular reports on general practice provision, with the most recent reports being presented to the Committee on 9 November 2022. The reports from November 2022 are available at: [Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 9th November, 2022, 10.00 am \(moderngov.co.uk\)](https://www.moderngov.co.uk/agenda-for-health-scrutiny-committee-for-lincolnshire-on-wednesday-9th-november-2022-10.00-am) . It is the usual practice for the Committee to receive a report from the Lincolnshire Local Medical Committee and the NHs Lincolnshire Integrated Care board when general practice provision is considered.

### Lincolnshire Local Medical Committee

Local medical committees are statutory bodies, which represent the interests of all local GPs and their teams to the primary care commissioners. They also provide advice and support to local practices. All local medical committees are funded by a levy which is collected from practices and is based on the number of patients registered at the practice. Lincolnshire Local Medical Committee represents all the GPs in the county's 81 general practices, whether partners, salaried GPs, or freelance locums.

### NHS Lincolnshire Integrated Care Board

NHS Lincolnshire Integrated Care Board is the commissioner of GP services.

## **2. Consultation**

This is not a direct consultation item.

## **3. Conclusion**

The Committee is invited to consider the reports from the Lincolnshire Local Medical Committee and NHS Lincolnshire Integrated Care Board.


## **4. Appendices**

These are listed below and attached to this report: -

Appendix 1	GP Provision – Report from the Lincolnshire Local Medical Committee
Appendix 2	GP Provision – Report from the NHS Lincolnshire Integrated Care Board, including: <ul style="list-style-type: none"><li>• Appendix A - Map of Lincolnshire Primary Care Networks</li><li>• Appendix B - Lincolnshire Primary Care People Plan 2023-26 (April 2023)</li></ul>

## **5. No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.**

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

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Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
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<b>Open Report on behalf of Lincolnshire Local Medical Committee (LMC)</b>
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Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>14 June 2023</b>
Subject:	<b>General Practice Provision</b>

<p><b>Summary:</b></p> <p>The Health Scrutiny Committee for Lincolnshire has requested that Lincolnshire Local Medical Committee provide a report on provision of general practice services.</p> <p>General Practice continues to work hard to meet the needs of patients, providing new services and more appointments.</p> <p>The most recent appointment data shows that activity levels in general practice were 19% higher than the figures presented to committee in November 2022 which were already 20% higher than in 2019. This is a 43% increase in appointments in general practice since August 2019.</p> <p style="margin-left: 40px;"> <b>March 2023 = 467,000</b>  <b>Aug 22 = 391,062</b>          March 2021 = 374,000          Aug 19 = 326,010       </p> <p>While delivering these increased numbers of appointments, both general practice in Lincolnshire and our patients face challenges in both the changing NHS and UK economy.</p>
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## 1. Background

General Practice in Lincolnshire continues to work hard to meet the needs of patients during a time of ongoing significant challenge. 92% of all contact with the NHS is via general practice with patients needing a wide range of support.

The needs of our population have and will continue to change both in terms of increasing age and medical complexity. Nationally, there has been a 30% increase in the population of people over 70, with more medical conditions since 2010. These patients tend to value continuity of care and strong evidence as to the benefits of such continuity to their health outcomes exists. Conversely, the expectation for rapid access to one off episodes of care for younger, usually fit and well patients has increased significantly through the last few years, partly fuelled by online consultation tools, media campaigns and health concerns exacerbated by the covid-19 pandemic. The escalating needs of these very different cohorts of patients, make service delivery for general practice more challenging than ever.

General practice has changed significantly in the last three years. Widespread adoption of online consultation tools for both triage and consultation increased access and reduced waiting times for GP consultations. Capacity previously used by patients for administrative queries and simple medical conditions was released to allow increased support for patients with more complex needs. A blended approach of face to face, telephone, video and online consultations gave greater choice, access and flexibility for patients. There is still work to be done to ensure that the available capacity is used appropriately, to maximise benefits to patients.

While general practice has adapted to deploy new tools to try to maximise the benefit of our capacity, demand has increased further and there have been new pressures across general practice.

The cost-of-living crisis and inflation has impacted the nation. General practice has felt significant impact. Staff wage costs, energy bills and consumables have significantly impacted general practice finances and viability.

A recent BMA survey highlighted the additional challenges to sustainability of general practice while we strive to provide high quality and safe care for our patients:

- 74.6% of GP practices were concerned that inflation would affect their financial stability.
- National minimum wage has increased >26.9% in the current five-year GMS GP contract cycle while the staff uplift funding of the contract has increased by only 10.5%.
- Average practice electricity costs rose 17.6% while gas 24.4%. Practices received 2.1% increase in funding for energy costs in the same period.

These factors contributed to the survey finding that 53% of practices were considering halting recruitment and 12% considering staff redundancy. These potential mitigating factors to maintain the sustainability of practice may result in an increased workforce challenge which limits the ability of general practice to provide additional capacity or new services.

General Practice continues to face additional workload supporting patients with their medical conditions while they face long waits for their hospital appointments and operations. While much work is being done in the hospitals to try to address these waits, which are unfortunately not rapidly decreasing, many patients appropriately consult their GP practice for medical support during this wait which is additional demand on general practice capacity.

The NHS is aims to alleviate pressure on hospitals and reduce waiting lists in several ways. One of these ways is referral pathways redesign to reduce referrals to hospital. Such changes risk moving further unresourced work, usually performed by hospitals, into general practice. Moving care and services closer to the patient, in their community, should be the aim of our Lincolnshire system and is in keeping with last year's Fuller report. However, for it to be effective and sustainable it must be accompanied by the appropriate workforce and resources to avoid further strain on general practice performing our core functions.

We are supporting further promotion of the GP Community Pharmacy Consultation Service across the county, where GP practices refer patients to their local pharmacy for advice on minor illness releasing GP capacity to help patients with other more complex medical problems. This service is one of the services intended to support patients as part of the *Delivery Plan for recovering access to Primary Care*<sup>1</sup>

Practices within Primary Care Networks (PCNs) are now six months into their updated enhanced access hours provision outside of core hours of Monday to Friday 8am-6:30pm to both increase access to general practice services and be more convenient particularly to working age patients.

PCNs continue their expansion of the multidisciplinary team working with practices including clinical pharmacists, first contact physiotherapists, occupational therapists, care co-ordinators and several other roles. These colleagues are providing a wide range of services to our patients that were not previously available.

While these colleagues do not directly replace GPs, they help support both practices and patients in their specific area of expertise. Work is ongoing in Lincolnshire to raise patient awareness of these roles so that patients utilise the offer of these colleagues for their health care needs when appropriate so that the capacity of our GP workforce can help those patients with the most complex medical conditions. While we would welcome many additional GP colleagues joining Lincolnshire practices, these ARRS colleagues are now vital in supporting our patients.

Lincolnshire's PCNs have not used their full allocation of Additional Roles funding (which is the scheme via which many of these colleagues have been recruited) due to several factors: The funding is restricted to specific job roles, Lincolnshire has a deficit of available professionals in these roles, practices in rural and coastal communities are less able to recruit, Additional Roles funding is limited by national pay scales which disadvantages rural PCNs. Being unable to fully utilise all this funding has reduced the potential benefit to patients.

Appointments in Lincolnshire’s general practices<sup>2</sup>:

<b>Appointments</b>	<b>August 2019</b>	<b>August 2022</b>	<b>March 2023</b>	<b>Change</b>
Total Appointments	326,010	370,170	467,000	+43%
Face to Face Appointments	282,130	275,665	328,497	
	(81%)	(70.5%)	(70.4%)	

In Lincolnshire 46.1% of these appointments were within 24 hours of request (National 43.2%). 82% were within two weeks and many of the remainder will be scheduled outside of two weeks for appropriate clinical purposes or patient preference. The percentage of face-to-face appointments in Lincolnshire was also higher than the national figure of 70.1%.

At the last Health Scrutiny Committee there was a request that there be an increase in appointments specifically with GPs. The most recent data reveals:

August 2022: 137,000  
 March 2023: 165,000  
 (20.4% increase)

While these numbers have increased, we must be aware to avoid increasing the pressure and risk of burnout of not only GPs, but also all general practice staff. Capacity provided needs to be safe and sustainable for patients and staff.

The British Medical Association and other publications have recommended that for a GP to deliver safe care, they should conduct no more than 25-28 contacts per day. Data suggests that GPs are seeing on average 37 patients per day. This appointment data does not include the additional clinical work which is carried out such as looking at blood test results, dealing with hospital correspondence, and managing prescriptions which it is thought may be as much as an additional 70% of activity.

There are currently equivalent of 2,133 fewer fully qualified full-time GPs compared to 2015. In the last year alone the number of fully qualified GPs has fallen by 512 these numbers have worsened since those presented in November 2022<sup>2</sup>

Increasing workload causes GPs and other clinical staff to leave the profession early. Many of these staff do not want to leave but this reflects the challenges faced.

The highlighted mismatch of workforce, demand and funding in the current economy is a worsening challenge for general practice, our patients and the wider health and social care system. As well as addressing this significant mismatch, we need to support and empower our patients in self-care and navigation of the services available to them, which is an objective reflected in *Delivery Plan for recovering access to Primary Care*.

General practice in Lincolnshire strives to provide safe, timely and effective care for our population. More demand, an older and more medically complex population, fewer GPs, longer hospital backlogs, a cost-of-living crisis, a challenged social care system and more services and workload moved into general practice that was traditionally done in hospital all contribute to a significant challenge for general practice. However, General practice is the most efficient part of the NHS, performed 92% of all activity with only 8% of the NHS budget, and will constantly evolve to meet the needs of our population.

Integrated care systems (ICS) are nearing the anniversary of their inception. The aim to have a fully integrated system with collaboration across all organisations to address population health and tackle health inequalities was a significant first step to a preventative rather than treatment model of health and social care and will support the long-term change required to help our Lincolnshire population in all spheres of their lives and health. Unfortunately, the first year of the Lincolnshire ICS maturation has brought financial challenges which has impacted resourcing made available to general practice for services that could have enhanced the care patients have in their own community and reduce pressure on other NHS services. The ICS does provide great opportunity, but ongoing work is required to mature and enhance the ICS, the interface of organisations working to provide the care for our populations and to appropriately resource and site services for our population.

The Fuller Stocktake highlighted the direction of travel for integration of primary care. Designing how general practice, as part of the wider system, can balance the increased overall demand and both episodic care for minor illness and continuity of care for those patients who we know are most benefitted by support from the team that know them best is a challenge with current workforce pressures and real terms NHS funding cuts during a cost of living crisis.

As previously mentioned, the *Delivery Plan for recovering access to Primary Care* was recently published. This plan covers four domains to “tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care” This plan is not limited to general practice. Aspects around empowering patients to navigate available services and use resources appropriately is key to the success of the NHS and is welcomed. The aim to cut bureaucracy by mandating hospitals to ensure they meet their contractual duties and not shift their workload into general practice is also welcomed as this has been a significant unnecessary and un-resourced workload in general practice for many years. It is important to note, however, that this term has been present in the NHS standard hospital contract since 2015. Eight years later, this stipulation must be enforced if it is to help release some capacity across the general practice team to support our patients.

While items such as these are welcomed, there are concerns that this plan involves non-recurrent financial support, does not address the impacts of inflation on general practice sustainability and while the potential to recruit additional staff (noting previous issues around full utilisation of ARRS funding) with the £385 million investment for 23/24 is welcomed, this is not for recruitment of additional GPs and appears to only be available this financial year. The benefit of the plan for our patients will depend greatly on the detail of the implementation.

Despite the ongoing and new challenges, general practice in Lincolnshire strives to do the best for our patients and will continue to do so. We are delivering more appointments than ever before and giving more routes of access. There are challenges and frustrations for patients, but general practice shares these.

We are all aware that a significant and sustained increases financial investment in the NHS, would be required to address all the challenges we face. Upstream investment in Primary Care, particularly general practice as the most efficient part of the NHS would reduce pressure on secondary care services and improve the population health of Lincolnshire.

Lincolnshire general practice needs the support of yourselves and the population of Lincolnshire to be our advocate in local and national discussion to improve the narrative and investment for general practice. We deserve general practice that sustainable, safe and high quality for both patients and general practice.

## **2. Consultation**

This is not a consultation item.

## **3. Conclusion**

Lincolnshire general practice is under ongoing pressure due to multiple factors including the inflationary and cost-of-living pressures. Despite this, Lincolnshire's practices have significantly increased the number of appointments they are providing and activity levels exceed national averages.

*Delivery Plan for recovering access to Primary Care* provides some welcome support, but poses some risks.


The Lincolnshire health and social care system is undergoing a period of transformation which is both a challenge and opportunity to general practice and our patients.

## **4. Background Papers**

1. <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>
2. <https://app.powerbi.com/view?r=eyJrIjoiaMTQ4NjZiYjMtM2VlZS00NWZlTmOWEtYzE1MDQ0NDZiZjQ4IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOiJh9>
3. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>

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

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>14 June 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 Primary Care Network colleagues in the county who continue to provide local primary care services to people living in their 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 15 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. Nationally GP practices have seen an increase in demand of more than 12% including a 30% increase in GP appointments for people over the age of 70. In Lincolnshire the number of appointments provided by GP has increased by 14.5%. In the last year, GP in Lincolnshire have provided 4,954,959 appointments.

Whilst GP has responded to the increase in demand by providing additional appointments the feedback both from patients and professionals is that services are unable to fully meet patient need. To address this NHS England has published the Primary Care Recovery Plan. This plan is one of three strategies, the other two focus on recovery of Elective care and Urgent and Emergency Care. The ambitions of the Primary Care Recovery Plan are to :

- *Tackle the 8am rush to ensure patients can receive same day support and guidance from their local practice*

- *Enable patients to know how their needs will be met when they contact their practice*

In launching the recovery plan, NHS England highlighted that it is the first step to creating the capacity across primary care to support the delivery of integrated primary care as outlined in the Fuller report.

## 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. During 2022/23 the practices in Lincolnshire, provided just short of five million contacts.

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 15 Primary Care Networks, following the decision to incorporate SOLAS PCN into First Coastal which will have a rural and coastal division the number of PCNs will reduce to 14. The map attached at appendix 1 shows the current configuration of PCNs.

In May 2022, NHS England 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 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 :

- Streamline access to care and advice for people who get ill but only use health services infrequently
- Providing more proactive, personalised care to people with more complex needs
- Helping people to stay well for longer.

The effects of the Covid pandemic has seen an unprecedented increase in demand for GP appointments. GP colleagues across Lincolnshire have responded to this increase in demand by providing 14.5% more appointments than in 2019. 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 23 NHS E published a delivery plan for recovering access to primary care.

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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

General practice service provision is increasingly provided both by independent GP surgery teams and via Primary Care Networks. The development of the multi-disciplinary team 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.

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.

From April 2022 to March 2023, General Practice teams have provided 4,954,959<sup>3</sup> appointments. When compared to the period of April 2019 – March 2020 this is an increase of 626,379 or 14.5%. The national average increase is 12%. Of these patients 46.3% were seen on the day, 53% on the day or the next day and 82% within 14 days. Appointments per 10,000 weighted patients for Lincolnshire was 5,637 compared to the national average of 5,103.

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 April 23, PCNs provided 64.44 minutes of enhanced access provision 15,179 appointments, which is above the sixty-minute target per 1,000 population. 72.2% of appointments booked were face to face. The utilisation rate of these appointments was 78.9%, which is just below the 80% target.

Over the last few years GP practices across Lincolnshire have been moving from analogue telephone systems to new advanced telephony systems. Currently 62 practices have advanced telephony system in place. Of these 42 have call centre functionality which enables functions such as people contacting the practice to be directed to the department they need and call back mechanisms.

A number of practices utilise digital tools, such as AskMyGP, to enable patients to request support from their practice. These tools are utilised by practices to enable them to review a patients request and direct them to the person best able to meet their needs. The development of digital tools has made it easier for people to contact their practice but this has contributed to the increase in demand. On days when the level of demand is high and to ensure the effective management of clinical risk there are occasions where practices close their digital tool.

Interventions to address the strained capacity and decreasing patient satisfaction are detailed in the primary care recovery plan. The ICB primary care team are working together with GP colleagues to develop plans to progress the requirements of the primary care recovery plan.

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<sup>3</sup> Data source – NHs Digital Weekly/Daily count

### 3. Quality of GP Service Provision.

Whilst the ICB works closely with practices to ensure/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:

CQC Rating	Number of Practices
Outstanding	3
Good	74
Requires Improvement	2
Inadequate <sup>4</sup>	2

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 ICB's Primary Care Commissioning Committee.

### 4. Workforce

The make-up of the GP team has evolved and changed in recent years. Increasingly practices, independently and as part of a Primary Care Network, have introduced new roles that aim to not only provide additional capacity, but also extend the range of professional support to enable the person to be seen by the professional best able to treat their individual need.

In Lincolnshire, the GP clinical team comprises of GP, General Practice Nursing and other Direct Patient Care clinicians. GPs account for about 30% of the total clinical workforce within GP. When compared with the regional average Lincolnshire has 37% more clinical staff working in GP.

Lincolnshire has shown an increase in doctors working in GP of 10.40% (43) which is greater than the Midlands and England rates of 8.95 and 5.5% respectively. This increase is primarily linked to the large increase of 52 of GPs in Training.

The development of a primary care multi-disciplinary team is central to the NHS Long Term Plan objective to enable primary care to support the whole person. Since the introduction of the Additional Roles Reimbursement Scheme (ARRS), Primary Care Networks have recruited an additional 326 wte into a range of new roles. These include roles such as Social Prescriber Link Workers, Health Coaches, Clinical Pharmacists, First Contact Practitioners and Mental Health Link workers.

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<sup>4</sup> The two practices rated inadequate are Hawthorn Medical Practice, Skegness; and Branston and Heightington Family Practice.

In 2023/24 the Lincolnshire allocation for ARRS recruitment will increase from £14.9 million to £20 million. This funding is the total funding available to support the recruitment to the ARRS posts. It is ring fenced and can only be used to recruit to the roles specified. PCNs are working together and with partners from across health, social care and the third sector to develop plans that will support further extension of the primary care workforce. Current plans suggest that by the end of 2023/24 there will be a minimum of an additional 58 people working in primary care.

To promote and facilitate the development of the primary care multi-disciplinary team a Head of Primary Care Workforce was appointed to lead a Primary Care People Group which works with the Lincolnshire people board. In April 2023, the Primary Care People Group launched the first ever Primary Care People Plan which is attached as appendix 2.

## 5. Primary Care Recovery Plan

NHS E published the Primary Care Recovery Plan<sup>5</sup> 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).

The plan seeks to support recovery by focusing this year on four main:

1. Empowering patients to manage their own health by using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on General practice
2. Utilise technology to implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back to book an appointment.

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<sup>5</sup> [NHS England » Delivery plan for recovering access to primary care](#)

3. Build capacity to deliver more appointments from more staff than every before and add flexibility to the types of staff recruited and how they are deployed.
4. Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

To support the plan, NHS England and the Department for Health and Social Care have retargeted funding and committed to :

- Retarget funding for new technologies and support offers for primary care networks (PCNs) and practices that help them plan and implement Modern General Practice Access, including on line tools digital telephony, care navigation training and transformation support.
- Invest in expanding community pharmacy services ( this is still subject to consultation)
- Redirect Investment and impact funding (IIF) towards improving access
- Continue to invest in ARRS roles to provide more direct patient care staff and more appointments in general practice
- Enable ICBs to use System Development Funds to support primary care transformation
- Launch a major communication campaign to explain the evolving and changing nature of primary care to the public so that they can make best use of the NHS.

The Lincolnshire ICB and Primary care colleagues across Lincolnshire have been working on many of the key elements of the primary care recovery plan for some time. The launch of the Primary care recovery plan will further support and enable the development of General practice and PCN services across the county.

It is understood that the needs of local communities across the Lincolnshire county vary and so the primary care team along with GP and PCN colleagues will be working together to develop plans that support the objectives of the primary care recover plan whilst reflecting the local context of primary care services and the needs of the local community. These plans will be finalised at the end of June and refreshed on an ongoing basis.

## **6. Conclusion**

Thanks to the commitment, hard work and innovation of GP colleagues across Lincolnshire, GP provision in the county is good, with appointment availability being above the national average. There are continued challenges associated with increased demand and workforce availability that have made accessing primary care harder.

Although the establishment of Primary Care Networks, increased availability of digital services and opportunities to work in partnership with other agencies / services have been progressed in Lincolnshire; patients and professionals agree that there is a need to further change how people access primary care in the future. Increasingly people with minor illness will have greater choice of where they go to access care and treatment, this will in turn provide the opportunity for GP to redesign the way they provide services such that they have the time to provide personalised care that people with complex health needs and particularly for the most vulnerable in our communities need.

The key elements of the NHS delivery plan for recovering access to primary care reflects the challenges faced across Lincolnshire and provides a framework for expediting the development of modern primary care provision. The focus on empowering patients, optimising technology to support access, extending capacity by further developing the multi-disciplinary team and reducing beureacracy are all designed to promote a new primary care service model.

There will be different challenges in the different Lincolnshire communities but PCNs provide the vehicle for further strengthening the partnership working across GP surgeries and with other agencies. PCNs are well established in Lincolnshire and will facilitate delivery of the key objectives of the recovery programme and beyond this the aims of the long term plan.

The new service arrangements will mean that people will increasingly find that how they access general practice and wider primary care services will change. Intial contact will be designed to make it easier for primary care colleagues to better understand the reason the person needs support so that they can be quickly helped to know how their request will be managed and linked to the person best able to meet their needs.

The ICB is committed to working in partnership with people living in Lincolnshire to understand these changes so that they can get the best from their local NHS. Furthermore the ICB will support PCNs, GP colleagues, other NHS and care agencies and local communities to invest in and enable the further development of service provision that best meets the needs of the local community.

## 7. Background Papers

Next Steps for integrating primary care, the Fuller stock take report, May 2022:

[NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

Delivery plan for recovering access to primary care, May 2023:

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

Appendix A	Map of Lincolnshire Primary Care Networks
Appendix B	Lincolnshire Primary Care People Plan 2023-26 (April 2023)

This report was written by Sarah-Jane Mills, Chief Operating Officer, Lincolnshire ICB who can be contacted on [Sarah-Jane.Mills1@nhs.net](mailto:Sarah-Jane.Mills1@nhs.net), Tel: 01529 220300

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