HUMBERSIDE LMCs

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NHSEI Access Improvement plan for general practice BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf (england.nhs.uk)

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Action	Summary	Is this going to help? No Maybe Yes
Update to Infection Prevention Control guidance Recommendation 4: a more flexible approach to patient consultations in primary care and general practice - GOV.UK (www.gov.uk)	Decision on whether to offer face to face or other types of appointment depends on premises, capacity, ventilation, patient needs and patient preferences. Patients must wear face coverings to in person appointments unless medically exempt. Distancing reduced to 1m only when face coverings worn and adequate ventilation in place. Only reduce distancing once a risk assessment has been carried out and it is safe to do so.	No – if your waiting room is small, poorly ventilated and doesn't allow 1m social distancing you will struggle. Even in larger waiting rooms, bear in mind this doesn't apply if patients are symptomatic for possible covid infection – so most of your patients during the winter months. If you come under pressure on this, it is worth reading this brief summary Recommendation 1: reduce physical distancing in low risk areas for elective procedures or planned care - GOV.UK (www.gov.uk)
Additional capacity funding for systems - £250m Winter Access Fund for urgent 'same day' care Microsoft PowerPoint - UEC Recovery 10 Point Action Plan.pptx (england.nhs.uk)	This money is intended to increase capacity for same day appointments. Suggestions made include: - Fund more staff - Use a digital locum pool - Expanded extended hours - Extra admin staff - Employ retired geriatricians	No - Digital locum pools not set up or active if at all in most local areas. Restrictions and low rates of pay likely to mean recruitment to them is challenging. Maybe - Expanding extended hours may help unless it depletes the pool of in-hours workforce creating a knock on effect.

	It is also intended to support the UEC 10 point recovery plan. For general practice this is: <u>At PCN level:</u> Use new network DES to develop additional capacity to support practices and PCNs across core and extended hours and make better links with IUC system. At Practice level: Access support to enable effective use of digital tools in general practice to support improved access and improved practice workflows. Workforce: Primary Care Networks to use their full entitlement of Additional Roles Reimbursement Scheme (ARRS) funding to recruit additional staff into PCNs. Continue to support GPs and additional staff through accessing support offers like #LookingAfterYouToo.	Maybe - Extra admin staff are often needed at both practice and PCN level – practices should start to consider what specifically they would need such staff to do to help make the strongest case for funding. The LMC will help with this. Retired geriatricians – well…no <u>PCN level</u> – DES is in place, additional capacity limited by ARRS recruitment, premises and time for supervision of new workforce. <u>Practice level</u> – digital tools already in use. <u>Workforce</u> – unable to recruit enough ARRS staff. Support offers of little help against the wider picture. We recommended the GP Health service for colleagues who are struggling, or please contact the LMC.

Expanding Workforce numbers	Promoting uptake of existing retention schemes e.g. retainer scheme, GP fellowships, new to partnership payment etc. ARRS - Maximum reimbursable rates for 2021/22 have been uplifted to include the Agenda for Change 3% pay uplift. Pharmacists joining PCNs will automatically be trained to prescribe	No - Small numbers compared to overall workforce. Unlikely to make a dent. Yes - Positive in longer term but will not relieve pressures now.
Cloud based telephony	NHS England will enable and drive full adoption of cloud-based telephony across all practices, as rapidly as possible. This could include – subject to value for money – a short-term national solution available for all practices to deploy by the end of the year.	Maybe - Speed of roll out will be key. Ability to implement rapidly and locally would reduce delays significantly.
Making best use of community pharmacy Report template - NHSI website (england.nhs.uk)	All practices to sign up to the Community Pharmacist Consultation Service by 1 December 2021. Financial incentive via the IIF for PCNs Report template - NHSI website (england.nhs.uk)	Maybe - CPCS has been slow to roll out in some areas, referral routes remain clunky, community pharmacy under similar pressure to general practice.
Phase 3 covid vaccinations	If access to primary care is deemed to be an issue, commissioners must put immediate solutions in place including alternative provisions for vaccinations (probably via community pharmacy)	No - Community pharmacy likely to struggle to deliver sudden additional increased work load. May impact funding for practices and result in more contacts for each patient.
Reducing admin burden As part of the 2021/22 NHS standard contract, secondary care providers must assess and address certain processes that	Plans to **embed electronic fit notes** in hospital systems planned from spring 2022 and encouraging hospital doctors to issue fit notes to patients in their care will also further reduce the burden on GPs	Maybe - Spring 2022 and April 2022 at the earliest although very welcome. Needs to read “and hospital doctors MUST…” Yes - Reduced appraisal burden positive.

generate avoidable administrative burdens for GPs	DHSC working with the **DVLA** to expand the self-declaration of stabilising conditions, looking at opportunities to increase the range of medical professionals that are able to update DVLA Simplified **annual GP appraisals** to continue in 2021 **NHS England has emphasised that local system plans should hold providers to account for eliminating any unnecessary redirection of activity to general practice from other providers where this could reasonably be arranged directly by that provider, for example phlebotomy, organising investigations and, in particular, prescribing of medications.**	Further emphasis on need for ICS to hold providers to account – this is not happening. LMC to pick up via ICS primary care collaborative executive.
Re-phasing PCN service specifications and the extended access transfer	In August 2021 NHS England confirmed that it would re-phase the introduction of new PCN service specifications from October 2021 to no later than April 2022. Extended access will not transfer into PCNs as planned and will now be **postponed until October 2022.**	Yes - Sensible as the system simply wouldn't cope.
Redirecting capacity from locally commissioned services	Local systems should review again whether any capacity funded through locally commissioned enhanced services can be redeployed with immediate effect to support urgent same-day access. Services that help tackle avoidable emergency admissions should be maintained.	No - Unlikely to have any major impact.
Practice-level review of levels of face-to-face care	All practices to have completed an exercise as part of ongoing reflection on professional practice and surgery management arrangements rather than as a reporting exercise by the end of October 2021	**No - Practices do NOT have to report this information externally unless they choose to.**

Developing the evidence base on hybrid access models and providing professional guidance	RCGP will review evidence base and make recommendations by the end of November-21	Maybe – will depend on outcome and whether government follow evidence based approach.
Incentivising improvements in patient experience	A new real-time measure to be introduced where patients will automatically receive a message following their appointment to rate their care. Roll out by Apr-22 To be included as new IIF in 22-23	No – There is no evidence this is linked to higher quality care. Likely to be publicly reported. Remember participation in the IIF for PCNs is optional.
Data transparency	GPAD - NHS Digital is working to publish activity and waiting time data at individual practice level as soon as possible to facilitate local conversations about access	No - Practice coding of appointments and use of nationally agreed codes incredibly important here. We will ask for support with this from ICS.
Expanding the Access Improvement Programme	A new intensive arm of Time For Care to be introduced to support a further 200 practices experiencing the greatest access challenges inc. onsite support and improvement planning	No - 200 practices nationwide means it is unlikely to be yours.
Tackling unacceptable variation. Taken as a whole, the draft submission from systems for the Winter Access Fund must aim to: - Meet pre-pandemic activity - Increase overall appointment levels - Increase face-to-face appointments	All ICSs should start an immediate exercise to look at five data sets: 1. Any practice with appts below pre-pandemic levels 2. Lowest 20% of face-to-face GP appointments locally 3. 20% of practices with the highest level of 111 calls from patients during GP hours – how does CAS fit with this? 4. 20% practices with the highest A&E attendances compared to what would be expected 5. CQC to also provide intel on complaints, concerns, whistleblowing as per their 'Give feedback on Care' process	No - Data capture important again. None of this will help practices – those that are struggling may well not flag up on these metrics. Factors such as deprivation, public transport, English as a second language, and previous illness beahviours are all factors Why do patients seek primary medical care in emergency departments? An ethnographic exploration of access to general practice | BMJ Open We will work with the ICS and CQC to ensure interpretation of any data is accurate and fully

- Minimise 111 calls in-hours and avoidable A&E Sign up to CPCS by Dec-21	Each ICS to produce and initial list of practices where immediate support will be provided to improve access by close on 28 October, taking into account health inequalities.	informed by the realities on the ground in each practice.
Improved comms to patients	NHSE, BMA, GPC AND RCGP to develop communications tools that can help people to understand how they can access the care they need, in general practice.	No - Likely to be slow and low impact given it will fail to mention under-funding or systemic problems prior to Covid. We will continue with local campaigns.
Improved practice security	NHS England will immediately establish a £5m fund to facilitate essential upgrades to practice security measures, distributed via NHS regional teams. A zero-tolerance campaign on abuse of NHS staff to be launched The government is now legislating for the maximum prison sentence for common assault to be doubled to two years if the victim is an NHS worker, through the Police, Crime, Sentencing and Courts Bill 2021.	We will work with the ICS to direct this to practices in a helpful way with local flexibility.