

Primary care update

February 2024

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Primary Care Access Recovery Plan (PCARP)

Primary Care is rightly seen as the bedrock of the NHS, with Primary Care services dealing with around 90% of patient contacts.

The Kings Fund’s February 2024 report, “Making care closer to home a reality” states:

“The health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable.”

General Practice access and resilience are prerequisites to delivering these ambitions, and those of the Fuller integration agenda, so that we can build on solid foundations.

Primary Care Access Recovery Plan (PCARP)

The PCARP is a national plan with two key ambitions:

1. To make it easier for patients to contact their practice and;
2. For patient requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

And is split into 4 areas:

Area	Focus
Empower Patients	<ul style="list-style-type: none"> • improving information and NHS App functionality • increasing self-directed care where clinically appropriate • increasing the number of self-referral options, guided by clinical advice • expanding community pharmacy services

Modern General Practice	<ul style="list-style-type: none"> • better digital (cloud based) telephony • simpler online consultation, booking and messaging • faster navigation, assessment, and response
Build Capacity	<ul style="list-style-type: none"> • larger multidisciplinary teams • more new doctors • retention and return of experienced GPs • higher priority for primary care in housing developments
Cut Bureaucracy	<ul style="list-style-type: none"> • improving the primary-secondary care interface • building on the Bureaucracy Busting Concordat

Since its publication in May 2023 the ICB has been progressing actions against these key areas.

Headline successes

- Second highest number of appointments per 1,000 offered (NHS Cornwall and Isles of Scilly only fractionally higher).
- Second highest % of practices in region doing General Practice Improvement Programme (GPIP).
- Second highest in region on “seen within two weeks”.
- ICB with most GPs per 10,000 in region and above average on ALL workforce indicators.

Strength and challenges

The following table describes some of our key strengths and challenges:

Our strengths	Our challenges
Good starting point on access – Devon compares well to other areas.	Variation exists within access, which we need to address.
Good progress made on workforce in terms of Additional Roles Reimbursement Scheme (ARRS) and recruitment and retention schemes.	Impact of ARRS roles on core practice staff and wider system. Are we reaching “peak GP” workforce?
Devon has led the way in digital innovation (e.g. roll out of online consultation, GP in the Cloud digital accelerator).	Ensuring digital tools are properly embedded in practice access models. Need for whole system interoperability.
Good relationships with primary care providers.	Capacity to maintain relationship and develop Primary Care Provider Collaborative.

Ability to secure and maximise funding opportunities at short notice.	Primary Care access to, and reliance on, non-recurrent funding pots. This inhibits long term change. Need to invest in out of hospital care.
Robust assessment of resilience of practices in place.	Capacity and funding to support proactively rather than in crisis. Currently no local at scale provider alternative emerging.

Focus on digital

The ICB has a coordinated and at scale approach to digital procurement, for example online and video consultation tools were procured at scale for all Devon practices in 2022 and the ICB is currently undertaking a Devon-wide procurement for Ardens software.

Our future approach to procurement, and the business change required for implementation, will be determined based on the awaited content of the national digital pathways framework, however the ICB Digital Envoys, alongside the Digital Journey Planner (DJP) that has already been commissioned, will ensure the ICB is well placed to understand the level of implementation support that will be required when the framework becomes available.

The Digital Envoys and DJP have been key to assessing and identifying the wider digital needs of our primary care providers. This will enable us to align the funding available to the needs assessment and the tools available on the framework. In terms of the existing tools available, the Digital Envoys are there to support practices in embedding these tools as part of their Modern General Practice Access models to ensure they optimise the benefits of these tools for their patients and their staff.

Continuity

Devon's Primary Care GP Strategy highlights the importance of continuity of care when considering service delivery models. Research around detection and management of long-term conditions has shown significant links between continuity and a reduction in mortality. Practices/Primary Care Networks' (PCN) models need to accommodate a rising, ageing population and their associated need for continuity of care (balancing against those patients requiring less continuity but still requiring timely access to care).

Next steps

Workstream	Key areas to progress over next 6 months	Target date
Digital	Ensure all Devon practices are on Cloud Based Telephony.	June 2024
	Review all Devon practice websites.	April 2024

	Review and implement at scale procurement of systems on the Pathways Framework once released.	September 2024
Pharmacy	Complete Pharmacy Strategy.	May 2024
	Ensure all community pharmacies opted in to provide Pharmacy First achieve minimum number of monthly clinical pathways consultation.	July 2024
Communications	Deliver a paid marketing campaign to promote Pharmacy First, NHS App and Additional Roles Reimbursement Scheme (ARRS) role that is local and targeted.	May 2024
Transformation	Assess and sign-off applications from practices to access Transition Cover and Transformation Support funding.	April 2024
	Complete a final round of reflective Capacity and Access Improvement Plan (CAIP) review meetings with Primary Care Networks (PCN) to assess benefits realised through implementation of plans. Use opportunity to glean points of learning and best practice for wider sharing.	March 2024
	Deep dive practice visits to those most challenged in Devon, from an access perspective. Utilise data and soft intelligence to identify areas for discussion and set about implementing remedial strategies to support those practices.	May 2024
	Increase uptake to General Practice Improvement Programme (GPIP) support offers through continued promotion and signposting.	August 2024
	Formation of a local, provider chaired General Practice Appointment Data (GPAD) forum to share learning and best practice across the Devon patch. Identification of local GPAD champions to assist and support in improving quality and consistency of GPAD in Devon.	June 2024
Self-referral	Working with our service providers to improve the quality of data captured through Community Services Dataset (CDCS) Paper highlighting the potential implications for the ICB in implementing audiology self-referral to be shared with Senior Executives requesting guidance on next steps. Have an agreed process in place at the start of the new financial year to ensure self-referral can be	August 2024

	rolled out across all audiology providers consistently.	
Primary/ Secondary care interface	“Strengthening Devon's primary and secondary care interface ” Sign off in University Hospitals Plymouth NHS Trust and Torbay and South Devon Foundation Trust within next two weeks.	March 2024
	Establish locality forums for monitoring and escalation.	May 2024
	Establish regular meeting between Primary Care Medical Director and Secondary Care leads.	April 2024
Workforce	Operational Plan submission.	March 2024
	ARRS year end assessment and reporting, and preparation for new financial year.	April 2024
	Devon Training Hub – confirm funding for current training offers supporting retention across staff groups .	May 2024

Conclusion

Devon has made good progress with the delivery of the Primary Care Access Recovery Plan (PCARP) and is in a strong position regionally.

Although overall access in Devon is in a strong position when compared both regionally and nationally, we recognise there exists variation within the county that we are actively seeking to understand and address.

As a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year.

Pharmacy First

People in Devon are now able to get treatment for seven common conditions at their local high street pharmacy without needing to see a GP, as part of a major transformation in the way the NHS delivers care in the community.

The service launched on 31 January 2024 and more than 97 percent of community pharmacies in Devon, more than 200 in total, will be offering this service, making it easier and more convenient for people to access care.

Pharmacy First will enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.

Highly-trained pharmacists will assess and treat patients without the need for an appointment for:

- Sinusitis
- sore throat
- Earache
- Infected insect bites
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women (under the age of 65)

People can get treatment for these conditions by walking into the pharmacy or contacting them virtually. GP receptionists, NHS 111 and providers of emergency care will also be able to direct patients to pharmacies, that offer the service, if contacted.

The pharmacist will be able to speak to patients privately in a separate consultation room. They may perform an examination or ask to access a patient's medical records. The pharmacist will be able to recommend the best course of action on an individual patient basis.

Usual prescription charges will apply for the seven common conditions. Patients that were already exempt from prescription charges will still be exempt.

This major expansion of pharmacy services will give the public more choice in where and how they access care.

Community pharmacies already play a vital role in their communities and work closely with the general practices in their areas. In taking on these additional roles, this will offer more options for people with common conditions, and potentially free up thousands of GP appointments in Devon for those who need them most.

The scheme is part of the NHS and government's primary care access recovery plan, which has committed to making accessing healthcare easier for millions of people.

It builds on the successful expansion of the blood pressure checks and contraceptive pill services that launched in the latter half of 2023, with many of community pharmacies across the South West are now offering women the chance to have a consultation with their pharmacist for a supply of oral contraception without needing to first see their GP.

Offering this free NHS care from community pharmacies will dramatically help improve access for patients and will free up GP capacity at a critical time for the NHS.

We are confident that as this service launches, the community pharmacy sector will deliver for patients and the NHS, just as it did during the Covid-19 pandemic.

Find the nearest pharmacy to you on the [NHS website](#).

National and local communications are being implemented to promote the service to local people.

Local case studies

In the first few weeks since the launch, local pharmacies have been reporting on some of their experiences of being part of the programme, with positive examples of how the service has been used.

- One pharmacy in the Plymouth area completed 23 Pharmacy First consultations on a Sunday. This helped to avoid these people calling 111 or arriving at ED.
- One pharmacy in the Exeter area completed 50 referrals in one week. They have strong relationships with their local GP to obtain these referrals and are used to receiving patient walk-ins. These could have all been same day appointment requests for the GP, helping to save about 10 GP appointments per day.
- One pharmacy reported receiving very appropriate referrals from their local practice. One patient met the gateway and received antibiotic treatment as this was the most appropriate treatment, the others were offered self-care and a follow-up if they did not get any better. The patients said that they felt the service was efficient and worked well.
- One female patient referred into the pathway for UTI treatment met all the criteria but the pharmacist thought that something felt off. The patient had said there was no chance of being pregnant due to having the coil fitted. The patient was referred back to GP just to be on the safe side and returned to confirm she was indeed pregnant. The skill set shown by the team is a reminder that pharmacists are clinically trained with specialist knowledge.
- One patient visited a pharmacy expecting to obtain antibiotics, however due to the pathway this was not the clinically appropriate and instead they were offered advice on self-care. This is helpful feedback in planning our patient messaging as we need to manage patients' expectations and confirm that medications can only be given if it is the appropriate treatment and the clinical pathway suggests this is the most appropriate course of treatment.

Lynton Health Centre

Since Symphony Healthcare Services informed us that they would no longer be running the Lynton Health Centre after 30 April 2024, we have been actively pursuing a suitable alternative to ensure GP provision remains available locally. This involves working with local system partners to determine the best way to maintain high quality GP services.

As the commissioner for local GP services, NHS Devon recognises the service is well-respected and well used by people from the Lynton area and there are no plans to close the practice in April.

Similarly, there are no plans to change the funding available for provision of GP services to the local population.

Our hope is that a new provider will run the service from May when the Symphony contract ends.

We know local people are concerned about the long-term arrangements. As this involves negotiations and potential impacts around procurement regulations, we cannot at the time of writing this paper discuss potential providers or further details, but we will update the community once we have new information.

We hope to be able to share more details in the next few weeks about the expressions of interest received to run the service and what the arrangements will be from May 2024 once the Symphony contract comes to an end.

Advertising and recruitment

NHS Devon have been actively supporting the patient participation group at Lynton with their advertising and recruitment campaign, including providing funding for the advert to be included in national medical journals, and following up with any interested parties who made contact with the Practice Plus Group following their appeal.

We have, following both local and national advertising, identified some local providers who are interested in taking over the running of the service and are in the process of identifying a preferred provider, ready to take over in May 2024.

There has also been no decision made by NHS Devon to reduce the service compared to what is currently available. Unfortunately, the providers who have expressed an interest so far have been unable to commit to a five-day service due to their own staffing and financial limitations. However, final bids have not yet been reviewed and we are still exploring all options for a full service should a suitable GP and/or organisation apply to run the service.

Funding

Funding for GP practices is set nationally based on registered patient numbers. This is not something we can influence locally and we have made no local changes to this. There is a set envelope of funding for Lynton Surgery, and there has been no reduction to funding available for the GP service for the population of Lynton and surrounding area. The available funding has not and will not in any way be reduced.

The 'golden handshake' fee is a national scheme, run by NHS England, that offers a new to partnership payment for GPs who are entering in to their first partnership. If someone was eligible to apply for this, they could. However, no one who has expressed an interest in running the service so far has been eligible for this payment.

Right to a GP

Everybody has a right to register with a GP.

The ICB regularly reviews practice boundaries to ensure there is coverage to all our population. There is no national regulation regarding distance to travel to access GP services, although the ICB is always cognisant of geography, impact of rurality, public transport etc. when making determinations in matters such as practice site changes.

In the case of Lynton, we are continuing to work to secure a solution that will see patients continue to be able to access primary medical services in the town.

ENDS