

## APPENDIX B

### **Query submitted by Mr. P. King CC (former member of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee)**

At the meeting on 6 February 2023 the Committee considered a report regarding Access to Primary Care.

<https://cabinet.leicester.gov.uk/documents/s139274/Primary%20Medical%20Care%20report.pdf>

Within the report was a spreadsheet which set out Enhanced Access Services Across LLR. Mr. P. King CC noted that there were some big variations in face to face and telephone contacts within this data for county practices even in similar localities and asked for this to be addressed at a future Committee meeting. The Integrated Care Board have now provided the following response:

#### **Enhanced Access detail to answer Mr P. King's question -**

*From October 2022, PCNs submitted Enhanced Access plans outlining their proposal of how they would deliver services from 6.30pm to 8pm Monday to Friday and 9am to 5pm on Saturday. The PCN Enhanced Access plans submitted to the ICB were developed based on the following assessments:*

- *Feedback and engagement with patient population understanding their preferences, types of appointments, access, travel, etc.*
- *Based on the above, the mix of services to be provided during the Network Standard Hours; this includes the appointment types and channels available to patients, including how the PCN will meet the requirement to ensure a reasonable number of appointments for face-to-face, telephone, online consultation are available;*
- *Include the proposed staffing or skill mix to deliver services and review these as per the needs of the population health.*
- *Consider how the PCN intends the site location(s) to be situated for patients to access in person face-to-face services where required and in line with patient need, taking account of reasonable travel times for local patients as agreed with the commissioner;*

*Based on the above, all the EA Service Structure plans received in October were reviewed and PCNs commenced delivery of services.*

*PCNs submit monthly returns confirming the total EA hours offered per month. The data shows majority of PCNs are offering appointments above their contracted hours; this demonstrates there has been an increase in the number of appointments and use of the Additional Roles Reimbursement scheme promoting skill mix and improved access.*

*PCNs continue to review how their EA appts are delivered in light of their population health needs and clinical requirements at the time. For example, some PCNs may offer preventive, long-term care clinics to address key health needs at the time or as per clinical requirements; health checks, screening, vaccination, etc.*

*Focus on addressing the specific needs of the population may entail PCNs varying the delivery of EA to ensure the population's health needs are the key priority and focus. This may entail PCNs taking a local decision to vary the delivery of their EA appointments or sites to meet the needs of their local population.*

*In addition, through the Capacity and Access Improvement Payment Plan, PCNs have submitted a plan to the ICB on proposals to improve patient experience, ease of access and recording of appointments. Through delivery of this plan, the PCNs will focus on how access can be improved through feedback from in-house patient surveys focusing on getting through on the telephone, accessing the website, overall experience, etc.*

*The ICB will follow up with PCNs at the end of October for an update on the delivery of EA over the last 12 months; how the service has been delivered, the type of appointments offered, Skills mix, outcomes and benefits to patients.*