



**Leicester, Leicestershire
and Rutland**
Integrated Care Board

Primary Care Access Recovery

LLR System-Level Access Improvement Plan (SLAIP)

1

Agenda Item 8

A proud partner in the:



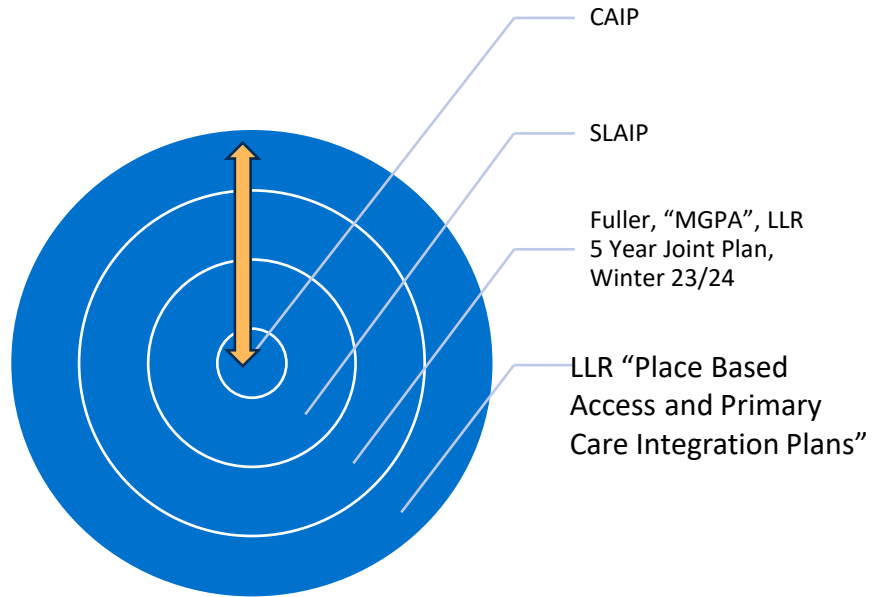
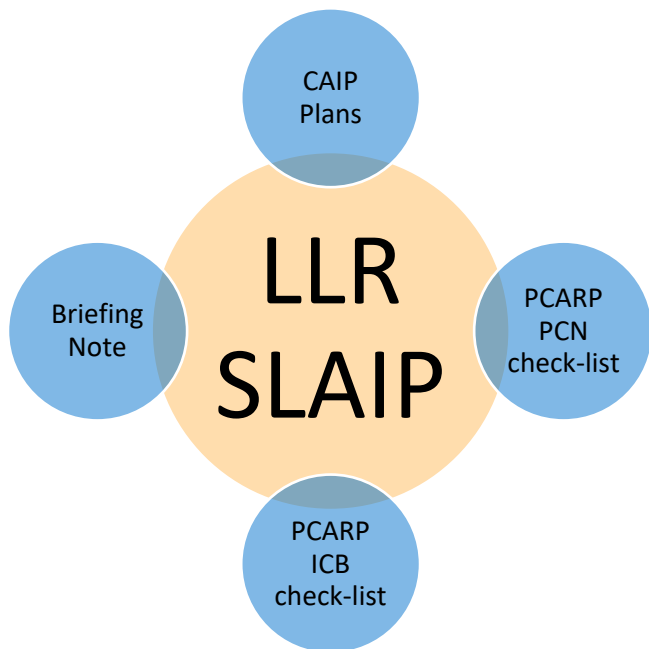
**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

Delivery Plan for Recovering Access to Primary Care

- Tackle the 8 am rush
- Easier and quicker for patients to get the help they need from Primary Care
 - Continuity of Care
 - *Empowering Patients*
 - *Implementing “Modern General Practice Access”*
 - *Building Capacity*
 - *Cutting Bureaucracy*

Strategic Context...

Components



Elements



What are we going to do in LLR?

Tackle the 8 am rush
Easier and quicker for
patients to get the
help they need from
Primary Care
Continuity of Care

- ✓ Primary/Secondary Care Interface
- ✓ Community Pharmacy
- ✓ Anti-microbial Resistance
- ✓ Digital Development
- ✓ Transformation Support
- ✓ Workforce
- ✓ Health Inequalities
- ✓ PC/UEC Access and Winter 23/24
- ✓ Communication and Engagement

Empowering Patients
Implementing
“Modern General
Practice Access”
Building Capacity
Cutting Bureaucracy

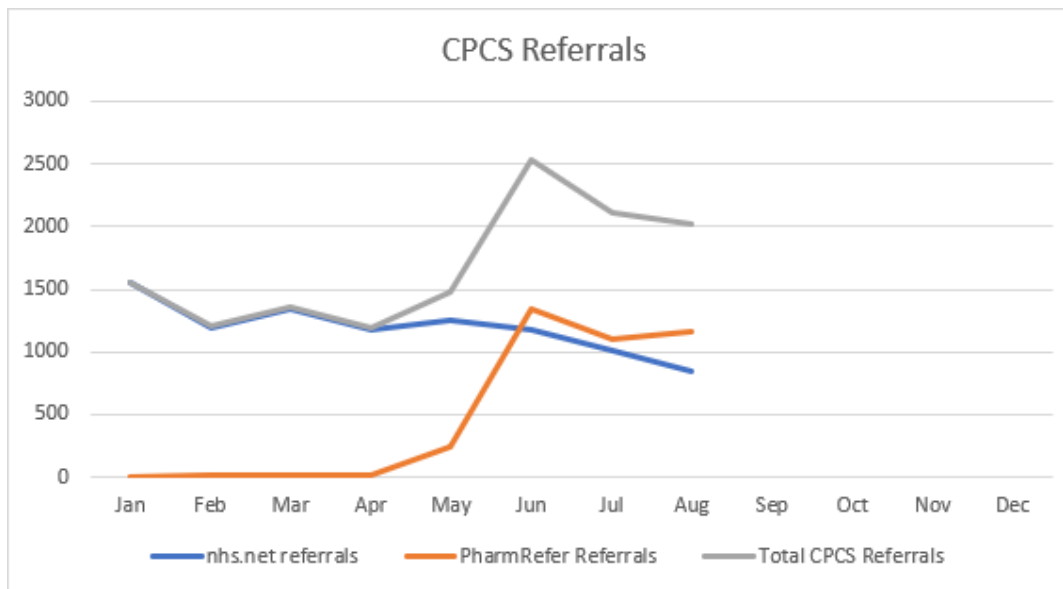


Primary Secondary Care Interface

- Access challenge is the rise in workload, particularly for experienced GPs, being overloaded and having less time available for patients.
- Pressure from the rising number of patient contacts, reported to have grown by 20% to 40% since pre-pandemic.
- *There are opportunities to reduce this workload by:*
 1. improving the primary-secondary care interface
 2. building on the Bureaucracy Busting Concordat
- The LLR Transferring Care Safely Group is taking the lead on this and has reached a consensus on the primary areas of focus for delivery partners in the upcoming 6-9 months. These are outlined in the paper.

Community Pharmacy

- The ICB will support the transitioning of pharmacies participating in the regional extended care services to the proposed common conditions service where the two services overlap.
- We will work with our community pharmacy network and system stakeholders, including Community Pharmacy Leicestershire & Rutland to drive engagement and participation with the common conditions service, with the ambition that over 50% of the network are actively participating within 6 months of launch.
- We will build on work already underway with regards to the Community Pharmacist Consultation Service to promote community pharmacy capacity



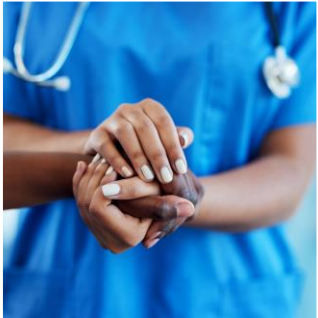
AUGUST										
	ITK Referrals	NHS.NET Referrals	Total Referrals August 23	Change in Referrals Since July 23	Change in Referrals Since July 23 %	Number of Referrals per Working Day August 23	Number of Referrals per Working Day July 23	Number of Practices Referred in August 23	Change in Number of Practices Referred Since July 23	PCN Adjusted Population as at Jan 23
BLACK COUNTRY	1,094	74	1,168	-344	-23%	53	72	102	-13	1,357,325
BSOL	548	1,145	1,693	-109	-6%	77	86	67	-3	1,665,572
C&W	474	0	474	-157	-25%	22	30	43	-8	1,063,334
H&W	638	3	641	-18	-3%	29	31	47	0	818,998
STW	394	2	396	94	31%	18	14	24	4	498,471
SSOT	2,042	0	2,042	14	1%	93	97	118	3	1,180,032
DERBYSHIRE	332	110	442	-88	-17%	20	25	42	3	1,107,393
LINCS	317	85	402	-34	-8%	18	21	25	-2	817,843
LLR	1,166	850	2,016	-91	-4%	92	100	73	4	1,137,057
NORTHANTS	176	89	265	-18	-6%	12	13	27	3	797,311
NOTTS	41	456	497	-59	-11%	23	26	32	-3	1,254,277
Totals	7,222	2,814	10,036	-810	-7%	456	516	600	-12	11,697,613



Utilising the Support Level Framework (SLF)

- Information pulled together from:
 - Planned Quality and Contracts visits
 - Sign up for national GPIP programme
 - Completion of Quality Assessment Template
 - 'Scores' on Quality variation dashboard
- **32** practices identified for inclusion in a local **pro-active** Support process for 23/24 to help gain assurance/identify improvement opportunities and challenges:
 - Priority 1 – Those that have raised concerns on variation dashboard (15)
 - Priority 2 – Those that are performing 'well' but general lack of engagement/assurance (17)
- System approach to adopting the SLF in 23/24 to be agreed:
 - How many can we do?
 - Conducted and managed by ICB teams?
 - Sub-contracted? (popular choice in other ICBs)
- ICB will have a rolling programme to complete an SLF with every practice from 24/25.

Workforce – our “People Plan”



- Continuation of the thriving GP Fellowship as it enters a third year and welcomes cohort 3 of GP fellows
- Development of a Fellowship+ and mid/wise years offer to support GPs looking to diversify and to retain their skillset and capacity
- Introduction of an IMG GP Ambassador and Fellowship Ambassador to support integration in to primary care
- Strengthening of current relationship with Leicester Medical School to ensure greater involvement and connectivity with ST1, 2 and 3s to promote primary care in LLR
- Funding provision for the continuation of the Next Generation GP programme across LLR and the East Midlands
- Continuation of GP Mentoring
- Further development of outreach programmes with HEIs, colleges and schools to ensure equitable access to medical education and subsequent careers in primary care



- Further development of the new to practice nursing programme
- Development of practice nurse preceptorship to support greater integration and support in primary care
- Support with practice nurse recruitment
- Support for newly qualified or new to area nurses in their search for a new role in general practice
- Support for PCNs to develop colleagues in primary care recruited to ARRS roles
- Continuation of the established Communities of Practice for ARRS and well established primary care roles
- Introduction of group video clinics for PCN teams



- Continuation and expansion of the LLRTH designed ARRS/New to Primary Care Induction programme
- Increase in the number of clinical placements in primary care
- Increased local funding to support placement provision in primary care
- Provision of non-clinical training programmes to support rapid upskilling for colleagues new to primary care administrative roles
- Continuation of interprofessional education sessions delivered for both undergraduate and postgraduate students
- Annual Training Needs Analysis to support local commissioning intentions
- Full engagement with the METIP planning and submission process to ensure future education, training and development capacity secured for the primary care workforce



Health Inequalities

- Improving Health Equity by identifying and addressing health inequalities is one of the ICS's key pledges within its “Five Year Joint Plan”, and “tackling inequalities in outcomes, experiences, and access” is one of the plans quintuple aims.
- This is under-pinned and enabled by our “**Life Course**” and “**Population Health Management**” approaches that run through all our operational and delivery plans.
- As part of their Access plans, LLR PCNs have been asked how they will identify and address health inequalities in their strategies for improving patient experience and access.
- Quality and Equality Impact Assessments will be undertaken - as standard practice and process – for any service change proposals.

PC/UEC Access and Winter 23/24

- Place (Based) Access and Primary Care Integration Plans being developed

to design – now - and implement – by 1st April 2025 – integrated general practice/primary care systems, processes, and or services that provide and sustain levels of **same day access** capacity, and **continuity of care** capacity in primary care, as determined by and to meet the needs of the local population(s), 7 days a week

- Acute Respiratory Infections

Children - Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures

Adults - Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures



Communications and Engagement

- Vital if trust in General Practice is to be restored and the public “buy into” the changes driven by the Recovery Plan and “Modern general Practice Access”
- Our system and local “comms” will be guided and supported by national focus and materials, but we will use the learning from previous “campaigns” to ensure the message reaches all our communities and demographics
- National focus is on the changing Practice Team – the multi-disciplinary team and the ARRS roles – and empowering patients through the self-referral, community pharmacy, and NHS App opportunities.

SLAIP Assurance ICB

