Delivery Plan for Recovering Access to Primary Care

June 2023

Sheffield LMC

NHS England (NHSE) and the Department of Health and Social Care (DHSC) published the much awaited 'recovery plan' on 9 May 2023. The LMC has been in regular conversations with the commissioners locally to feed in to the process of implementing these changes in Sheffield. At the outset, it is important to state that the LMC feels that 'recovery' is a misnomer and this plan, along with the imposed General Medical Services (GMS) contract changes for 2023/24, is likely to have a significant negative effect on General Practice locally.

It is fairly clear that the agenda of both of these is to improve the 'numbers' of appointments rather than focus on the quality of care provided to the ones who need it the most. The main points are summarised below. Further clarification and documentation are awaited on some of the issues, and the LMC will continue to keep you updated as more details emerge.

The delivery plan is about 'primary care' and, therefore, has aspects that are out with General Practice service provision. They are broadly divided in to 4 main areas:

1. Empower patients
2. Implement Modern General Practice Access
3. Build capacity
4. Cut bureaucracy

EMPOWER PATIENTS

1. **Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.**

   Lots of patients have moved online for most of these functions anyway. This is neither a plan from the government nor something that will aid in recovery. If anything, it has the potential to further enhance the inequalities from the digital haves and digital have nots. Improving self-directed care has been a long term ambition, but one which requires a lot more investment and focus to implement correctly. Specifically, the LMC would want the system provide GP practices with appropriate redaction software to allow this to happen.

2. **Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.**

   A positive principle. However, this required wholesale changes allowing patients to access specialist secondary care provision, and some potential services that are available in the community. This will require a significant culture change and behaviours, not to mention contracting changes with some of the other providers to make this work. In reality, this will take a significant time to achieve, and is likely to get embroiled in protracted discussions about contracts before this starts easing the pressure on General Practice.

3. **Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.**

   As above, positive principle, but there will be a consultation first and we really need to see the outcome of that before considering the implications for General Practice. It is also important to note that capacity is an issue in the pharmacy sector, and it is difficult to see how this work can be carried out without the workforce available in Sheffield.

4. **Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.**

   As per point 3 above, there will be a consultation first and we need to see the outcome before considering the implications. At present, there is no clarity on whether this will cover prescription exemptions. This could have the potential for improving access for those who can afford to purchase medications from the community pharmacies and, almost by implication, making it worse for those who cannot afford it. If it covers prescription exemptions, then it is likely to be helpful.

IMPLEMENT 'MODERN GENERAL PRACTICE ACCESS'

5. **Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.**

   Still the same amount of workload for General Practice, but yes, it would make it easier for patients who try to contact the practice on the phone. Unless there are more staff, this is not going to make a material difference, as the number of General Practice appointments are not going to change with the implementation of a better telephone system. The LMC is in regular discussions with the NHS South Yorkshire ICB team to make sure that this works for practices and, where possible, adds value to practices' telephony. Practices on analogue systems will need to express an interest in accessing funds to the ICB by July 2023. These funds would support the buyout of their existing contracts. The LMC is trying to clarify how to express that interest. At present, First Call is not on the NHSE pick list for Digital Services, although the ICB is asking for them to be added. We are awaiting further clarification on whether First Call have been accepted. We would advise practices using First Call to also express an interest in case funding is required to switch users in due course.

6. **Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.**

   Need some more detail as to what tools will be funded and for how long. With digital the risk is that this will further widen the gap between digitally rich / competent patients and the digitally poor / vulnerable patients. Overall, this has the potential to improve self-care for a group of patients if General Practice is involved and supported in designing these care processes.

7. **Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme.**

   Surprising lack of details and clarity for the one point that needs all the details! Frequently, 'improvement' is used as a proxy for 'integration' and this feels much the same. As more details trickle through, our initial impression is that the improvement programme is cumbersome, and engaging with the process itself will require significant time that practices will struggle to find time for. Without significantly more investment in GP premises across the board, again, it is very difficult to see how sharing best practice, training and showcasing pilots in certain areas can result in meaningful positive change, let alone for that change to be sustainable.

BUILD CAPACITY

8. **Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019).**

   Good effort from the centre making this sound like new investment – this was the projected increase in trajectory for Additional Roles Reimbursement Scheme (ARRS). Whilst the overall ARRS funds will increase, the shortage of staff available despite the expansion of roles could mean that that this additional funding may not be utilised in full. Whilst supportive comments have been made about ARRS funding continuing, there is no clarity on what form this will take from April 2024 onwards.

9. **Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England.**

   Surprising lack of detail. Whilst recruitment into General Practice has increased in recent years, the real challenge has always been about retention of GPs – both newly qualified GPs and the experienced GPs who are either leaving practice-based work or retiring early. There is very little detail at present about retention and potential returners.

10. **Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired.**

    Yes, this is a positive development, but this is not new as acknowledged by the authors. This was already announced by the chancellor and will make a difference to experienced GPs who would have been penalised by pensions taxation. However, there is no clarity specifically on NHS actions to aid retention in General Practice. We continue to lobby Sheffield Place for a workforce plan and increased funding for the GP Retention Scheme.

11. **Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.**

    This is another area that requires consultation. Whilst the principles are long acknowledged, it is difficult to see at this stage what this will do for General Practice. It is also difficult to see how something like this will help in 'recovery' when this whole process, including implementation that involves changes to the Town and Country Planning Act Section 106, could take years if not longer.

CUT BUREAUCRACY

12. **Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.**

    This is clearly an area that causes significant frustration across the system. Whilst some contractual changes came in to place from 2016 onwards, it is still an area fraught with significant challenges as the contractual silos in which different parts of the health service operate in make tangible change slow and awkward at best. It is difficult to see anything new here, as all the aspects that have been mentioned in relation to improving primary / secondary care interface have already been referenced in the past few years. This will be an area that the LMC will continue to work on, but it is important to state that changes at best will be slow as evidenced by past experience. As noted in LMC newsletters, a mailbox has been set up for primary care to secondary care communications. Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) is piloting the generic email address for Sheffield GP practices to use to direct constructive feedback and highlight opportunities for learning and improvement - sth.lmpagsheffield@nhs.net.

13. **Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat.**

    This is a reasonable concordat but, at present, there is no legal underpinning to it and offers no legislative changes that will make a real change anywhere. We will continue to monitor this and feed into the process locally.

14. **Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators.**

    It is worrying to see this painted as a positive change. Whilst it is no doubt that fewer box ticking exercises will be a positive step for General Practice, all that has happened with the cutting back of IIF indicators is that some of the metrics that will have supported Sheffield General Practice with addressing issues important to us (such as Greener prescribing, Hypertension case finding, polypharmacy reviews and so on) are now replaced with a relentless focus on '2 week one contact disposal (OCD)' metric.

Summary

This is anything but a recovery plan.

The **retargeting of £240 million** to implement modern General Practice access will go towards purchasing technology, and it is difficult to see how this will improve the quality of care that General Practice offers without widening health inequalities further.

The **investment of up to £645 million** over the next 2 years to expand community pharmacy services is likely to not realise its full potential, owing to shortage of staff in the community pharmacy sector.

The **redirection of £246 million** of the IIF towards improving access will be a drop in the ocean, and will change the focus of General Practice away from quality of care and continuity of care towards more and more appointments.

NHSE's expectation that systems use a large part of the System Development Funding (SDF) to ICBs, to support primary care transformation is just that, an expectation.

It is interesting to note recent comments from Clare Fuller, author of the Fuller Stocktake, on integrating primary care, expressing concerns that recent access changes are already compromising continuity of care. Whilst 'working at scale' can have positive implications in certain specific areas, it will ultimately lead to more pressure on the whole system, including the emergency department.

We will continue to represent the voice of GPs in Sheffield and work with the team at the ICB on many of these issues. If you have any other concerns or thoughts on the recovery plan and would like us to take those forward, please do get in touch with the LMC via email to manager@sheffieldlmc.org.uk.

DR KRISHNA KASARANENI
Executive Officer