

BOARD MEETING

Title	Primary Care Access and Recovery Plan - Update		
Paper Date:	3 November 2023	Meeting Date:	21 November 2023
Purpose:	Assurance	Agenda Item:	11
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Executive Summary

NHSE published the national *Delivery Plan for Recovering Access to Primary Care* on 9 May 2023 in response to the growing demand and pressures in primary care and their impact on the ability of patients to access services. The Delivery Plan sets out a programme of work to be undertaken to address these issues by enabling all practices to implement a *Modern General Practice* approach, supported by wider actions to reduce general practice workload by empowering patients to access care differently, expanding the role of community pharmacy, addressing capacity constraints, and reducing bureaucracy and asks from other parts of the system.

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Primary Care Access and Recovery Plan (PCARP) has been written in the context of the BOB ICB Joint Forward Plan and the developing primary care strategy. ICBs were asked to report on progress against the Primary Care Access & Recovery Plan (PCARP) at public boards in November 2023.

This paper seeks to provide the board with assurance on the development of the BOB ICB system level PCARP, a high-level summary of which is below.

PCARP Component	RAG
Empowering Patients	
Self-referral Pathways	
Improving NHS App Functionality	
Expanding Community Pharmacy Services	
Modern General Practice	
Cloud Based Telephony (CBT)	
Digital Pathways Framework	
General Practice Improvement Programme (GPIP)	
Capacity and Access Improvement Plans (CAIP)	
NHS 111 and General Practice Interface	
Building Capacity	
Growing Multi-Disciplinary Teams, Expanding Training & Retention	
Reducing Bureaucracy	
Primary/Secondary Care Interface	

Action Required

The Board are asked to review the document and to determine if they are sufficiently assured that:

- The ICB will be able to deliver against the national requirements outlined
- The programme structure and governance are sufficient to deliver the changes expected.

Conflicts of Interest:	Conflict noted: conflicted party can remain and participate in discussion.
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Our Primary Care Partner member is directly affected by the initiatives outlined in this report, but his perspective is an important aspect to enable the Board to understand how this work is supporting delivery of improved access. The report is for assurance and not decision.

Date/Name of Committee/ Meeting, Where Last Reviewed:	Primary Care Operational Group, 25 October 2023; Primary & Community Transformation Board, 9 November 2023.
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Primary Care Access and Recovery Plan - Update

BOB Context

BOB Integrated Care Partnership (ICP) Strategy, Joint Forward Plan and Developing Primary Care Strategy

1. Prior to the publication of the national *Delivery Plan for Recovering Access to Primary Care* on 9 May 2023 BOB had already identified access to primary care as a key priority and development area. The BOB ICP Strategy and Joint Forward Plan (JFP) produced in 2023 sought to address specifically the need to support people to live healthier lives for longer in their communities by increasing access to people's first point of contact with the health service, Primary Care, increasing capacity so that people can access care when they need it. It aimed to do so by delivering long-term change, working in new ways, with greater collaboration across system partners and with our communities. Consequently, the need for a BOB wide Primary Care Strategy was identified and work to develop this is underway with a view to publication in Q4 before system wide implementation programme. The BOB system primary care access and recovery plan (PCARP) will sit alongside the developing strategy which will look at longer term system change.

Case for Change

2. Like many parts of the NHS, general practice is under intense pressure. Where demand is greater than capacity it means general practice cannot always be effective, and patient experience and access is impacted. It also means that stresses appear in other parts of the health system as patients seek alternative routes to access NHS care such as 111 and urgent care services. The following points pertaining to access in BOB have been extracted from the publicly available GP Appointments Data Dashboard and the ICS Primary Care Strategy Current State Report due to be published as part of the engagement:
 - Same day and 14-day access to General Practice in BOB tracks consistently 0.5-2% above national average but it is declining and varies across BOB (in line with other ICSs).
 - Demand for General Practice is growing and whilst capacity has increased, there remains a mismatch with rising activity. The Local Medical Committee (LMC) estimate the equivalent of 3.5% of the population in BOB contacts their practice every day.
 - Use of 111 has increased in recent years and Primary Care related queries are the most common.
 - 111 receives most calls at the weekend and out of hours, indicating demand for a 24/7 service.
 - Although patient experience of access in BOB compares favourably with the national position it varies across BOB and has seen a decline in recent years falling by 11% in 2022 and continuing to fall in 2023 (again in line with the national picture).

BOB ICB Approach to the Primary Care Access and Recovery Plan (PCARP)

3. The National PCARP work programme and assurance process announced on 9 May 2023 is the intended mechanism by which the NHS will drive the improvements required to increase patient satisfaction by transforming General Practice.
4. In BOB a weekly task and finish group was formed to understand the baseline position, actions required, timelines and responsible owners. Highlight reports are reviewed by the Primary Care Operational Meeting and by the Primary and Community Transformation Board. The programme management structure and ongoing work will continue through the coming months with a further report coming at year end. Some of the actions that form the PCARP are also those considered essential for winter and have therefore been prioritised. Furthermore, there are areas that align with existing and forming elective and urgent care recovery plans and so where synergies exist these have been exploited.
5. To monitor progress and ensure delivery the team have utilised the National Delivery Plan Checklist ([Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/)). For Board assurance purposes this paper will focus on progress against priority areas that fall under the

headings below, those that have been starred* are those highlighted for specific feedback by NHSE:

- Empowering Patients
 - Self-Referral Pathways*
 - Improving NHS App functionality*
 - Expanding Community Pharmacy
- Implement New Modern General Practice Access Approach
 - Cloud Based Telephony*
 - Digital Pathways Framework*
 - General Practice Improvement Programme*
 - PCN / Practice capacity and access improvement plans (CAIP)
 - NHS 111 and General Practice Interface
- Build Capacity
 - Growing Multi-Disciplinary Teams
 - Expanding GP speciality training
 - Retention and return of experienced GPs and Additional Roles
- Reducing Bureaucracy
 - Improving the Primary/Secondary Care interface*

For each of the areas the requirement of the ICB has been articulated, the achievement so far and the next steps to enable completion. Each area has also been given a RAG status to indicate progress and distance from anticipated end point.

Empowering Patients

Self-referral Pathways – RAG Amber

6. **Requirement:** Empowering patients to care for themselves and ensuring direct access to alternative services to general practice is central to PCARP. Self-referral can be more convenient for patients and frees up valuable practice time. Self-referral to community therapies was included in the 2023/24 operational planning guidance and the PCARP.
7. There are seven self-referral pathways that require implementation, see below. Self-referral needed to be in place by September 2023 and the primary care access recovery plan introduced a further target to increase referrals to 50% by March 2024 from a December 2022 baseline.

BOB Achievement

8. A summary of access to each pathway is below. In BOB there are multiple providers who are commissioned to deliver these services and therefore pathways and referral routes vary considerably however what they all have in common is an inability to record data via the Community Services Data Set (CSDS). This means that the baseline data is not available and the increase to 50% of referrals coming via this route currently impossible to track.
 - Musculoskeletal (MSK) – One of three MSK providers currently provides a self-referral route, with one putting plans in place to commence in November 2023 and the other by March 2024 due to service challenges. For the provider accepting self-referral 10-13% come through that route.
 - Audiology – All six of our providers accept self-referral.
 - Weight Management – All three of BOB providers of this service are accepting self-referrals.
 - Community podiatry – All four of BOB providers of this service are accepting self-referrals but for different clinically presenting problems leading to variation.
 - Wheelchair services – Only one of three wheelchair providers accepts self-referrals. There will be further pathway work with the remaining acute trust providers to ensure delivery by March 2024.

- Community equipment services – All three of BOB Providers of this service are accepting self-referrals. However, there is significant variation in what and how you can access it.
- Falls Services – Only one of three falls' services accept self-referrals. Further work is planned with local authority colleagues to commission the required changes in referral access routes by March 2024.

Next Steps

9. There are several actions required to enable all self-referral pathways to be developed and usage maximised. These will include:
- Review of system commissioning processes particularly where the NHS is not the main commissioner.
 - Standardisation of the services commissioned and provided across BOB to reduced variation in service and outcomes.
 - Ensuring all self-referral pathways have patient safety at its heart including triage, environmental assessment, capacity etc.
 - Further understanding of specific workforce challenges.
 - Enabling and ensuring that all providers of community services including self-referral pathways are reporting activity on CSDS.

Improving NHS App Functionality - RAG Amber

10. **Requirement:** The public should have access to health information they can trust, find local services, and use the NHS App where this is their preference to see their medical records, order repeat prescriptions, manage routine appointments with their practice or local hospital and see messages from their practice. The 2023/24 contract asks all practices to enable prospective record access for patients by November 2023.

BOB Achievement

11. The following has been achieved:
- All practices have enabled the NHS App although there is some variation in number of registrations across practices (34% to 83%).
 - 62% of BOB GP patients aged over 13 have registered to use the NHS App with over 900,000 logging in during October 2023.
 - Over 1.8m repeat prescriptions have been ordered using the NHS App across BOB
 - Over 234,000 appointments have been booked using the NHS App in BOB.
 - 100% of GP practices in BOB can send batch/bulk messages to the NHS App via the AccuRx platform.
 - The self-booking messages as well as ad hoc/individual messages are currently not being sent to the NHS App. These continue to be sent via SMS and funded nationally by NHSE while the BOB Digital team seeks to address the optimal solution until messages can be sent to the NHS App.

Next Steps

12. Next steps will be to optimise use of the functionality that NHS App provides and will provide in the future. There is also work to be done among practices and citizens to reduce the variation of uptake by patients in different localities across BOB.

Expanding Community Pharmacy Services – RAG Green

13. **Requirement:** Community pharmacy is an essential part of primary care and offers people easy access to health services in the heart of their communities. 80% of people live within a 20-minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation than in affluent areas. Across BOB we have 253 community pharmacies¹ offering a range of clinical services.

¹ as of 26 October 2023

BOB Achievement

14. The PCARP recognises the importance of Community Pharmacy in delivering clinical services alongside medicines dispensing. Across BOB community pharmacies are delivering:
- Community Pharmacy Consultation Service (CPCS, 4,000 consultations a month).
 - 122 (76%) BOB practices are 'Live' and referring their patients to community pharmacists via CPCS, with a further 27 (17%) 'Engaged' with the service and preparing to 'Go Live'.
 - Across BOB 7,767 referrals have been made since April 2023, which equates to approximately 1,295 hours of saved practice appointment time.
 - There was a 5% increase in the number of referrals that were made across BOB in September, with BOB the only ICB in the South East to see an increase.
 - BOB again had the second highest number of referrals across the Southeast Region, achieving the third highest number of referrals comparative to population (50 per 100k)
 - New Medicines Service (7,500 items / month).
 - COVID-19 vaccination programme (1,300,000 vaccines given by community pharmacy since start of campaign almost 26% of total vaccines).
 - Blood pressure checks (4,800 / month, up from 1,500 a month a year ago), allowing those with high blood pressure to be identified and referred for onward management. In some areas GP practices are actively referring patients to community pharmacies for this service.
 - Oral contraception (new for Spring 2023) - 66 BOB pharmacies are signed up to deliver this service with more expected as the service becomes embedded, and findings from initial pilots are understood.

Next Steps

15. This will largely be formed around expansion of these services, capacity and breadth. This will include the roll out of the Pharmacy First initiative due to be launched in 2024. This service will enable pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP.

Modern General Practice

Cloud Based Telephony (CBT) – RAG Amber

16. **Requirement:** Improved digital (cloud-based) telephony, with all practices still on analogue lines moving to digital telephony by March 2024 that can handle multiple calls and includes call-back functions and prevents people getting the engaged tone when they call their practice.

BOB Achievement

17. 88% of BOB practices are live with digital telephony and the remaining practices are signed up to make the transition. Summary of status is as follows:
- 138 - Live with advanced telephony
 - 10 - Awaiting go-live date, expected to be before end March 2024
 - 9 – Awaiting confirmation of final funding and go live date, expected to be before end March 2024 (see below)

Next Steps

18. Getting all practices on CBT - Due to the extent of the emerging digital requirements in primary care, ensuring full delivery in the current economic climate has been challenging. NHSE were approached for additional funding to support to ensure completion of the programme. The ICB has received partial funding which will enable three of the remaining nine practices to migrate to CBT.
19. On 6 November, NHSE wrote to ICBs indicating that funding will be made available to complete the implementation of CBT where practices still on legacy systems sign new telephony contracts by 15 December. This means that the ICB's CBT project will then be fully funded. The Digital team is now engaging with NHSE to determine the full extent of the funding available and to establish the mechanics by which the ICB will receive it. The CBT project is preparing to

incorporate all remaining practices in the implementation plan to complete full rollout by March 2024.

20. Ensuring full functionality of CBT - Where practices have CBT but have not maximised its full functionality including the call back function, the Digital team have been working with them to demonstrate the benefits and particularly the transformation potential in how access can be managed.

Digital Pathways Framework – RAG Amber

21. **Requirement:** NHSE are producing a Digital Pathways Framework to include new solutions to support patient pathways and assess patient needs. These solutions include initial online contact with a GP practice, navigation to the appropriate point of care, messaging and enabling patient interactions with the practice, and scheduling or booking appointments. It will provide a catalogue of approved digital solutions to support the delivery of modern general practice.

BOB Achievement

22. Notional funding of £1.3m (c£0.93p/patient) per annum has been announced for 2023/24 and 2024/25 to procure digital tools from the Digital Pathways framework to support the delivery of modern general practice. The funds will be held centrally by NHSE, like the GPIT Futures monies that they hold. The ICB digital team has started working with GP leaders to ensure that the funding can be optimised.

Next Steps

23. The Digital Pathways Framework is due to launch in December/January 2024. The Digital team will establish the extent to which it can support digitally enabled transformation within general practice in support of PCARP.

General Practice Improvement Programme (GPIP) – RAG Amber

24. **Requirement:** In May 2023, NHS England introduced a National General Practice Improvement Programme (GPIP) with three tiers of support to help general practice deliver change, universal, intermediate and intensive. These offers are underpinned by a set of principles to ensure change is clinically led, data-driven, evidence-based and measurable.

BOB Achievement

25. Seven practices in BOB have already taken part in both the intermediate and intensive support packages and the ICB has asked for nominations for the next phases of the program.

Next Steps

26. Enrolling Further Practices - BOB ICB now intend to target the support offer at practices known to be struggling with their GMS provision. Practices will be identified in a prioritised way according to support need. An offer of national GPIP support will also be explicitly linked to any BOB ICB support offers such as list closure and section 96 funding.

Capacity and Access Improvement Plans (CAIP) – RAG Amber

27. **Requirement:** ICB PCNs and member practices have been asked to co-develop and co-own a local improvement plan setting out the changes they intend to make to improve access. The BOB themes are shown below and as an ICB it is our responsibility to support their delivery by making available some of the components.

BOB Achievement

28. The ICB choose to provide a steer on the plans through templates, suggested actions, and resources. This appeared to work well with all plans received by the required deadline and of good quality. The commonest gaps in the plans were the identification of leaders/champions for specific actions, measurable outcomes and targeting in areas of known inequalities.
29. The action themes are below with the most quoted at the top and the least at the bottom.
 - Improved processes to analyse and understand patient survey data.
 - Effective online consultation systems.
 - Engagement with Patient Participation Groups (PPGs) on access challenges and solutions.
 - Care navigation training.

- CBT in place for whole PCN.
 - Full compliance with friends and family.
 - Improved friends and family.
 - Community Pharmacy consultation service.
 - Local survey for patient experience.
 - Appointment within two weeks.
30. All areas are being tracked through the *CAIP Actions tracker* and *Support Level Framework Offers and Take-Up*. The table below shows the number of support offers accessed by the PCNs in BOB. We will be working with the PCNs that have only accessed 1-3 of these to see if we can improve uptake but more importantly work to ensure that they add value and enable the required change.

Number of Support Offers Accessed	% of PCNs
0	0%
1 to 3	27%
4 to 6	49%
>7	24%

Next Steps

31. As an ICB we will be tracking completion of actions and any tangible impact on access. There is an emphasis on the following:
- Promotion of the national support offers.
 - Design of our own ICB support offer.
 - Learning and potential roll out of same day access pilot linked to segmentation working with KPMG.
 - Testing the system appetite for access to be the sole focus for primary care including investigating how other deliverables could be managed differently.

NHS 111 and General Practice Interface - RAG Amber

32. **Requirement:** The standard has been set that 111 services are to be used by patients seeking urgent but not emergency care and 111 is not to provide triage for practices for routine requests from patients. Ensuring patients are directed to the correct service area is important to ensure safe provision of care for patients throughout the system.

BOB Achievement:

33. Members of the system have attended a weekly 111 and Primary Care Interface Task and Finish group to discuss the pathway of patients flowing through the system. This group involved; LMC, Directory of services (DOS) Hub Team, 111 services and member of Urgent care. The group agreed:
- The circumstances and process for a Practice changing their status including who to notify.
 - Actions to take to downgrade the DOS status.
 - Regular review of practices and status changes to ensure longer term provisions can be considered for those Practices regularly changing their status and the group implications of a Practice declaring a RED status,
 - Alternatives to general practice other than A&E.
 - Use of the Close Call profile.
 - Answer phone messaging to help prevent patients bouncing between providers.

Next Steps:

34. Although the group identified the provisions already in place which can assist with Practices in RED which includes the Clinical Advice Service (CAS) available in Buckinghamshire and Berkshire West it was noted that similar support was not available in Oxfordshire. The potential of setting up a CAS in Oxfordshire is something that will be considered going forward with the appropriate parties.

Building Capacity

Growing Multi-Disciplinary Teams, Expanding Training & Retention – RAG Green

35. **Requirement:** Since its introduction in 2019, the Additional Roles Reimbursement Scheme (ARRS) has supported salary costs for ARRS staff, including pharmacists, care coordinators and social prescribing link workers. This has enabled considerable growth in the total number of clinical, direct patient care and support staff working in general practice. The national requirement is to introduce 26,000 new staff members utilising this funding (BOB proportion approximately 822). Once in the system it is vital to retain those staff including our GPs and therefore courses to support the new roles and to support new entry GPs and returners are required.

BOB Achievement

36. ARRS - All 51 PCNs across BOB submitted workforce plans outlining their recruitment intentions for 2023/24 which will utilise their full ARRS funding allocation. The Primary Care Team will continue to support PCNs to realise the plans and maximise this resource. As at month 6 PCNs employed 932.59 WTE across the 19 ARRS roles.
37. Care coordinators - Practices are being encouraged to send a representative to the national care navigation train the trainer sessions which are planned until March 2024. This training is being supplemented by an ICB training offer which will be tailored to the local area with the whole practice care navigation team being able to attend.
38. Social Prescribing - Currently in BOB this equates to 109.59 WTE staff with plans to increase to 187.4 WTE. A broad range of training is available from the Personalised Care Team to support this cohort of staff.
39. There are several initiatives in place designed to support our primary care staff. These include:
- A primary care coaching and mentoring service is available to all general practice staff offering an independent source of support and advice.
 - New to General Practice Fellowship programme available for all newly qualified GPs and General Practice Nurses (GPNs) ensuring a good introduction to primary care.
 - Return to practice programme for all Allied Health Professionals and nurses returning to primary care.

Next Steps

40. BOB ICB need to continue to provide support to the PCNs in their recruitment and retention of all staff. Where there is expertise, this will be utilised linking into the BOB ICB system people plan delivery, regional support (including former Health Education England and Thames Valley Primary Care School) and with emerging organisations such as the Buckinghamshire Health and care Academy. The ICB will continue to work with PCNs to ensure maximum uptake of national training programmes, designing local programmes where required.

Reducing Bureaucracy

41. Cutting bureaucracy to give practice teams more time to focus on their patients' clinical needs and reduce time spent on paperwork (Bureaucracy busting concordat: *principles to reduce unnecessary bureaucracy and administrative burdens on general practice, August 2022*).

Primary/Secondary Care Interface – RAG Amber

42. **Requirement:** To improve the interface between primary and secondary care. In 2023 the Academy of Medical Royal Colleges (AoMRC) produced a report providing examples where bureaucracy has been overcome and the patient journey simplified, clinician time reduced, and system changes achieved and sustained.
43. The emphasis was placed on ICB chief medical officers to establish local mechanisms, to allow general practice and consultant-led teams to raise issues, to jointly prioritise working with LMCs, and to tackle the high-priority issues including those in the AoMRC report. The following was an expectation:

- **Onward referrals:** if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them.
 - **Complete care** (fit notes (electronically by 30 November 2023) and discharge letters): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need.
 - **Call and recall:** for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments.
 - **Clear points of contact:** ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: e.g., single outpatient department email for GP practices or primary care liaison officers in secondary care.
44. This is a significant area requiring continued development identified through our Primary Care Strategy engagement. GPs cited an opportunity to clarify roles and responsibilities between primary and secondary care staff. Discharge summaries and clinic letters from secondary care with requests for follow up with appointments, blood tests and prescriptions add significantly to General Practice workload and GPs felt the interface could be improved and administrative burden reduced. In reverse, there are opportunities identified by secondary care to improve the interface which all parties are keen to progress.

BOB Achievement

45. The ICB Chief Medical Officer has an established forum with NHS Trust CMOs to discuss BOB wide issues as required. Each Place within BOB has established its own mechanism for taking forward strengthening the primary and secondary care relationship.
46. Buckinghamshire and Berkshire West have a long-established forum which allows groups of GPs and trust clinicians to discuss patient care pathways and ways of working between themselves seeking collaborative solutions. Oxfordshire has alternatively established their relationships through trust representatives and the LMC. Because of the work with KPMG as our support partner on the primary care strategy, work is underway to review this area further with Oxfordshire based teams building on work with the quality team and the other two places who can share learning from their experiences.
47. The achievement of the primary and secondary care interface actions varies across BOB. We have received detailed returns from all five of our Providers describing their progress against the AoMRC recommendations. There has been a relentless focus in Secondary Care. However, there remains the following themes across the whole sector:
- Onward referrals, consultant to consultant - trust staff are aware of expectations, and these should be happening across BOB ICB. Methods to feedback where this is not happening will require further consideration.
 - Discharge letters and templates are produced in collaboration with primary care and patients and are subject to ongoing audits and refinement.
 - Electronic capabilities for communication not being fully utilised.
 - Trusts generally have their own call/recall systems.
 - Trusts have clear points of contact but the mechanism for this varies by trust and department e.g., single points of access, advice and guidance. Clinical areas causing greatest patient concern are a priority and tend to have clear contact points.

Next Steps

48. In the case of the primary and secondary care interface this is largely about relationships and there is a real drive to change the culture of our system with an emphasis on true integrated working and improving relationships. There are however several challenges to further achievement in this area and therefore areas for further focus and development:
- Fit for purpose Electronic Patient Record systems.
 - Baseline the use of the electronic referral system across NHS trusts and determine how this can be optimised to improve efficiency within and among trusts, and in doing so minimising avoidable impact on primary care.

- Management of patient choice policy when enabling inter-trust referrals.
- Standardisation of forms / discharge letters / fit notes where possible.
- Identification of the responsible clinician where there are joint services for call and recall ownership.
- Identifying the best place for ongoing monitoring (primary / secondary) and therefore call and recall.
- Ongoing education to enable all staff (new and existing) to understand changing processes including issuing of electronic fit notices.
- Further work on referral acknowledgement.

Delivery Infrastructure

Finance

49. **Requirement:** NHSE has retargeted national funding to support the delivery of the PCARP and committed to supporting practices implement Modern General Practice, achieve agreed improvement in access and patient experience, recruit to more direct patient care staff and to support primary care transformation as well as investing more funding to expand community pharmacy services subject to consultation.

BOB achievement

50. £7.244 million Impact and Investment funding (IIF) has been streamlined towards improving access with 70% given to PCNs unconditionally to support change (approx. £11,500 per PCN per month) with the remaining 30% awarded by ICBs conditional on PCNs achieving agreed improvement in access and patient experience (Capacity and Access Improvement Plans)
51. PCNs have submitted plans to fully utilise the £41.7million funding for staff funded through the Additional Roles reimbursement Scheme (ARRS). There is however a risk that recruitment difficulties will mean the fund is not fully utilised. Plans are in place to support PCNs maximise recruitment.
52. BOB ICB has received £5.053 million of System Development Funding to support primary care transformation. This has been used to support the digital agenda, workforce including recruitment and retention, estates planning and GP leadership and engagement.
53. The ICB has received £2.6 million Transition Cover and Transformation support funding available over two years to support practices move to the Modern General Practices access model. Practices are currently submitting plans for how they will move to a modern general practice access model and how funding will be used to support the transition.
54. Notional funding of £1.3m (c£0.93p/patient) per annum has been announced for 2023/24 and 2024/25 to procure digital tools from the Digital Pathways framework to support the delivery of modern general practice. The funds will be held centrally by NHSE, like the GPIT Futures monies that they hold. The ICB digital team has started working with GP leaders to ensure that the funding can be optimised.

Next steps

55. Whilst this funding to facilitate proactive change is positive the ICB is keen to investigate other ways of changing the care model and how that can be resourced to encourage a real shift in sustainable primary care rather than secondary care. This has been a main theme of our developing primary care strategy and has been built on developing relationships between providers, a common understanding of the challenges and subsequent joint ownership of the changes to the care model and resourcing. Ongoing conversations are happening at a senior level to develop this thinking further and KPMG are supporting on components of the financial model.
56. In the meantime, the ICB will continue to monitor the impact of investments made and to share learning, adapting the model where this has been particularly positive or negative. We also await national guidance for more details on other investments such as the increased investment in community pharmacy services which will deliver Pharmacy First (7 common conditions for which Community pharmacy can see) and determine the use.

Communication & Engagement

57. **Requirement:** NHS England has launched a communications campaign to explain the evolving nature of primary care to the public and how they can best use the NHS. The national campaign follows three main themes:

- Digital access – NHS App and digital routes into general practice.
- Wider practice teams – who might you receive care/support from and explainers around this.
- Wider care available – this includes self-care, NHS 111/111 Online, ED, community pharmacy along with when, why and how to access.

BOB Expansion

58. In addition to the above BOB ICB has developed a Primary Care Strategy communications and engagement plan. This includes how we are communicating with the public on our ongoing primary care strategy development but also how we are gaining their engagement in the subsequent action planning. We will then develop a Primary care access and recovery communication and engagement plan which will complement the national messages and toolkits which are described above. This will include proactive messaging but also support tools for PCNs wishing to improve access messaging and manage expectations locally working with their PPGs.

59. The ICB bespoke plans will add value by:

- Delivering core messages using a range of approaches and channels/resources.
- Tailoring the approach to the target audience.
- Involving patients and public in the PC strategy messaging but more importantly the subsequent action planning through a variety of methods.

Ways of Working

60. The following ways of working have been adopted by the ICB primary care team and those working with us to deliver. This is reflected in the terms of reference of key meetings and structure, with a sustained focus on both operational day to day working as well as transformation. The ambition over time will be to embed more transformation capability directly in primary care provider organisations.

- Data driven
 - Enable and facilitate a Population Health Management approach to care.
 - Enable and ensure use of real time data to support improvement.
- Embed the NHS Impact improvement approach by creating the right conditions for continuous improvement and high performance.
 - Building a shared purpose and vision.
 - Investing in people and culture.
 - Developing leadership behaviours.
 - Building improvement capability and capacity.
 - Embedding improvement into management systems and processes.
- Develop and embed best practice and guidance, learning from around the country. Encourage innovation and new ways of working to positively transform care.
- Resources where they are needed, this may eventually mean devolution to place of named budgets – boundaries, principles, evaluation.

Considering Health Inequalities

61. **Requirement:** BOB ICB aims to have a focus on health disparities running through all its programmes including recovery, reducing inequitable gaps within service such as primary care and across the whole population.

BOB Achievement

62. BOB has several successful locally commissioned services which are targeted at improving access in some of our communities where there is notable inequality. There is also a very comprehensive project on reducing digital poverty lead by the digital team and working with the practices / PCNs. Furthermore, BOB boasts several innovative PCNs and practices who are exceptionally proactive in targeting inequalities and coming up with new initiatives. However, there is variation in approach and some of the CAIP plans did not reference how they intend to reduce the inequity divide regarding access.

Next Steps

63. As an ICB we need to be more systematic in our approach, linking access to deprivation and to share the learning and good practice, enabling primary care to meet this challenge. The following are being looked at:
- Further data interrogation of the access and inequalities link looking at particular wards and linking in particular diseases and demographics.
 - Development of Deep End Networks.
 - Consideration of the use of Inclusion Health Groups to create sustainable service support.

Programme Governance

Oversight

64. There is an overarching Programme Management Plan that includes each of the workstreams encompassed by the PCARP programme. This is updated weekly. This then informs a PCARP milestone report that is presented to the Senior Management Team weekly.
65. The PCARP Checklist is utilised to monitor how the ICB is meeting all its commitments. Each of the 20 ICB actions will be RAG rated against the milestones defined in the checklist. A regular update will be taken to the Primary and Community Transformation Board to monitor progress against these key metrics. Any exceptions to achievements will be reported and further actions established to ensure that milestones will be met.

Measurement

66. There has been a Regional PCARP Task and Finish Group working with ICBs to share and agree preferred metrics to determine if the tasks in the checklist are progressing to plan. However, this may not always be immediately apparent to patients and staff and the overarching aim of the work is to improve satisfaction with, and access to, Primary Care services. For this reason, over time BOB may develop a revised set of metrics. In the meantime, those below will be used initially with changes and others being added once they can be captured robustly.

DELIVERY AREA	METRICS
Demand & Capacity Tooling	Live Rate (%)
Advanced Telephony	Live Rate (%)
Community Pharmacy Consultation Services (CPCS)	Total Referrals/100k population.
Workforce	ARRS FTE/100k
GP Access Data	Comparison to 18/19 Baseline (Excl. Vaccination)
Online Consultations	Submissions/100k population
SMS (text)	% of practices with SMS (text) functionality
Self-Referral Pathways	Self-Referral Pathways live

Risks and mitigations

67. The team identify and manage risks to delivery of the PCARP in line with the ICB's risk management process. The programme risk register is reviewed monthly as part of the PCARP programme and the Primary Care Operational Meeting. Those that require escalation to the corporate risk register are highlighted through directorate review to the Operational Risk Management Group.

Asks of the Board

68. The Board are asked to review the document and to determine if they are sufficiently assured that:
- The ICB will be able to deliver against the national requirements outlined.
 - The programme structure and governance are sufficient to deliver the changes expected.

Next Steps

69. A further update on progress against the actions set out in the Buckinghamshire, Oxfordshire and Berkshire West ICB System Level Primary Care Access Improvement Plan will be provided to Public Board in March 2024.