Nottingham and Nottinghamshire Integrated Care Board

Access to General Practice

Briefing for Nottingham City Health Scrutiny Committee

February 2025

1. Introduction

The purpose of this briefing is to:

- Provide an overview of current general practice provision in Nottingham City.
- Explain Nottingham and Nottinghamshire Integrated Care Board's (ICB) strategic approach to its assessment of need for the commissioning of primary care.
- Detail how the ICB monitors and supports GP practices and engages with practice colleagues.
- Provide an update on the Primary Care Access Recovery Plan (PCARP) following the discussion at Committee in September 2023.
- Provide the Committee with a clear overview of the current challenges and risks in relation to general practice provision.

2. Current Provision

Across Nottingham City there are 44 general practices and 9 Primary Care Networks (PCNs). There has been one practice closure, (The Forest Medical Practice), one division of a PCN creating two new ones (BACHs into Aspire and Raleigh) and one re-procurement (The Windmill Practice) since the ICB's previous general practice report to the Committee in September 2023.

General practice provides core primary medical services. Core services include the identification and management of illnesses, providing health advice and referral to other services. Practices are required to provide their essential services during core hours, which are 8.00am–6.30pm Monday to Friday, excluding bank holidays.

Since October 2022 Enhanced Access has been included in the Network Contract Directed Enhanced Service (DES), which provides core primary medical services across all PCNs. This replaced the previous Extended Hours (at individual practice level) and Extended Access (across PCNs) to provide a more cohesive service for patients to access.

The Network Standard Hours for Enhanced Access are 6:30pm until 8:00pm Monday to Friday and 9:00am until 5:00pm on a Saturday. PCNs must deliver 60 minutes per 1,000 population, a week, at locations which are accessible to all registered patients in the PCN.

As well as the Network Contract DES, there are other national DES that practices can undertake should they wish to do so. They include the Learning Disabilities Health Check Scheme and the Minor Surgery Scheme.

Local Enhanced Services (LES) provide an extended range of services that practices can choose to provide. Those currently commissioned by the ICB's Primary Medical Services (PMS) team are listed below (for more detail on each service, see Appendix 1):

- Enhanced Services Delivery Scheme (ESDS) (41 City practices signed up).
- Warfarin Anti-coagulation Monitoring (40 City practices signed up).
- Primary Care Monitoring (44 City practices signed up).
- Severe Multiple Disadvantage (37 City practices signed up).
- Safeguarding (40 City practices signed up).
- Asylum Seeker Health Check (34 City practices signed up).
- Communication Needs Adjustment (44 City practices signed up).

3. Strategic Commissioning Approach and Need Assessment

The ICB has delegated responsibility from NHS England for the commissioning and contract management of primary medical services. Ordinarily the need for additional NHS GP capacity arises due to an increase in population, for example, as a result of a new housing development. A change in the provision of an existing contract is usually due to the termination of the contract by the provider, or closure of the practice for another reason, such as a Care Quality Commission (CQC) cancellation of registration.

Ongoing review and evaluation (see section 4) forms part of the commissioning cycle and helps to identify unmet needs and any issues with the performance or quality of services. When a commissioning decision arises, this monitoring enables the ICB to consider whether additional or alternative services need to be commissioned or whether a service is no longer needed.

When such a decision arises many factors are considered, for example:

- Exploration and understanding of why additional capacity may be required.
- Review and forecast of the additional capacity required.
- Determination of what the potential list size (the number of patients registered at a GP practice) of any new practice might be and the viability of this.
- Consideration of surrounding practices resilience and whether they can provide the GP services required in an effective, safe and viable way.
- Consideration of how potential options link with the ICB's Primary Care Strategy (due to be published in April 2025).
- Engagement with patients and stakeholders.
- Working with the System Analytics Intelligence Unit, local people and communities to understand current population health needs and any unmet needs.
- Review of local access and transport provision.
- Assessment of the local and wider, competitive market and consideration of the risks and unintended consequences of potential new contract arrangements.
- Identification of whether there is enough provider appetite (interested parties) to provide additional services.
- Consideration of whether any new service can be provided within financial sustainability limits and demonstrate value for money.
- Establishment of whether any other local services, such as community pharmacies, would experience any destabilisation.
- Assessment of the availability of estates (buildings) from which services could operate.
- Assessment of any accessibility issues.
- Review of whether the service can afford the costs (for example, workforce).

Consideration of the ICB's responsibilities under the NHS Provider Selection Regime (NHS commissioning » NHS Provider Selection Regime) is also undertaken. All recommendations regarding the commissioning and delivery of primary medical services provision are subject to approval via the ICB's PMS Contracting Panel which oversees the effective and appropriate use of delegated funding and ensures that the ICB fulfils its commissioning responsibilities.

4. Monitoring and Support

The ICB has formal governance arrangements for monitoring, review and assessment of performance and quality in relation to the provision of general practice services. The PMS Performance and Delivery Group, PMS Quality Group and PMS Support and Assurance Group act as central information points for sharing hard and soft information. Each group has a slightly different focus but ensures that findings are triangulated to identify any performance, quality or practice resilience concerns.

Any required support is established, or where appropriate improvement actions identified, and progress against these subsequently reviewed. Any serious or significant concerns are escalated to the applicable statutory body and the ICB's Senior Executive team.

It should be noted that whilst there are numerous performance and quality indicators which are reviewed and scrutinised, by law the ICB does not have access to practices' clinical systems or patient records. There is therefore a risk that a clinical safety concern may come to light unexpectedly, through a CQC inspection for example, when clinical searches are undertaken, and practice workflows reviewed.

A system Primary Care risk register is maintained by the ICB's Governance Team. This includes wide ranging risks such as finance, workforce, capacity and demand and estates describing potential adverse impacts on primary care provision. These risks are regularly reviewed through the ICB's governance structure to assess any change and identify additional mitigations or risks.

5. Engagement and Priorities

Feedback from GP practice colleagues identified that practices do not feel as engaged with the ICB as they did with the predecessor CCGs. A series of initial engagement events in June and July 2024 was therefore undertaken and a practice survey issued to identify how this could be addressed. In response the ICB has:

- Developed and published a guide for practices to help them navigate the ICB.
- Offered informal practice visits to all practices.
- Started to attend the Local Medical Committee (LMC) Monday lunchtime briefings.
- Scheduled regular opportunities for further engagement and conversations at Practice Learning Times (PLTs) in each of the places.
- Increased supportive communications via local media and the ICB's social media platforms.

The ICB's spend on core and enhanced primary care income has been and will continue to be protected as much as possible in the current financial environment. Concerns from GP practice colleagues about the LES has been heard and a review is underway.

To align with the ICB's priorities, practices have been asked to focus on two key elements:

Cost effective prescribing

- Discuss polypharmacy (i.e. where a patient has multiple medications which might have been prescribed over several years and may not all be clinically required any longer) with patients and signpost to the practice pharmacist.

- Encourage patients to only order medicines they need and to promote use of the NHS App or the practice's Clinical System App to do this.
- Encourage patients to purchase over the counter medication for conditions suitable for self-care.
- Support cost-effective / formulary prescribing and change prescribed medication as appropriate.

Management of Frailty

- Identifying >65 years population who have moderate, or severe frailty and generate a Clinical Frailty Score (CFS).
- Identifying people >65 years with a CFS>/=6 who haven't had a medication review or a falls assessment within the last 12 months.
- Establishing Frailty MDTs, completing and recording Advanced Care Plans, RESPECT/End of Life (EoL) plans for those with CFS >6/=6 and following up.
- Identifying people in Care Homes who are not on the EoL register.

6. Primary Care Access Recovery Plan

NHS England published the 'Delivery plan for recovering access to primary care[1]' in May 2023, recognising the capacity challenges being experienced by Primary Care, the impact this has on patient experience and recommending measures to address the challenges.

ICBs were required to publish a system-level Primary Care Access Recovery Plan (PCARP) in line with national expectations on delivery. The Nottingham and Nottinghamshire PCARP (ICB-Board-Open-session-09.11.23.pdf) was presented to the public Board of the ICB in November 2023. It sets out the actions being taken across the four key national commitments:

- Empowering patients: by rolling out tools people can use to manage their own health and investing in the expansion of services offered by community pharmacy.
- Implementing "Modern General Practice Access": so that patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment or online response.
- Building capacity: to enable practices to offer more appointments from more staff.
- Cutting bureaucracy: to give practice teams more time to focus on patients' clinical needs.

An update in relation to the ICB's plan was presented to the ICB Board in May 2024 (public-board-09.05.24.pdf) and a further update on progress was provided in November 2024 (ICB-Board-14.11.24.pdf). The table at Appendix 2 summarises achievement to date.

Access Improvement Funding

- Modern General Practice Access Model (MGPAM) Transition Funding has been available throughout 2024/25 for practices to apply for additional capacity to help smooth the transition to new access models. These models include moving to digital telephony systems and maximising online platforms to enable faster navigation, assessment and responses for patients.

[1] NHS England » Delivery plan for recovering access to primary care

- This funding (£250,000 for City practices to date) has been accessed by 23 practices to pay for backfill of staffing to help clear appointment books, project management, implementation costs, training (i.e. care navigation), and staff support.
- The funding is available until 31 March 2025 and the ICB has actively promoted this and encouraged practices to submit their applications.

General Practice Improvement Plan (GPIP)

- As part of the 'delivery plan for recovering access to primary care', GPIP (national programme) has been offered to practices at no cost, to help practices gain better understanding and control of their systems/operations, embed effective workflow systems, optimise care navigation and triage to improve patient experience in accessing the right care, and reduce practice team stress.
- Over the course of 2023–2024, a total of 15 city practices have participated in the six-month programme, by skilled quality improvement specialists with extensive General Practice experience.
- Practice testimonial:
  "The GPIP transformed our practice, it has been a practice life changing experience! The patients are happy to have more appointments available, the pressures of the phone lines have seen a massive improvement, with no 8am bottle neck. Practice staff are happier and the work pressures released has improved the energy in the air!"

General Practice Access Data (GPAD)

- As part of the Investment and Impact Fund (IIF) PCNs were required to achieve a minimum of 85% of appointments being offered within 14 days. The measurement is based upon GPAD data which is extracted directly from GP practice systems and there are eight appointment types included. Whilst this target has now been retired, the ICB continues to be monitored against this target and continues to be consistently lower than other systems (despite there being no contractual requirement for practices to achieve this); in August NNICB was ranked 39 out of 42 systems.
- During September 2024, the Primary Care Transformation Team undertook an exercise to review the data for all practices to assess consistency in the application of the appointment types to initially assess if there was an issue with data recording. Data packs were created and distributed to PCNs with a request for practices to review their data for accuracy with some suggestions for where there may be anomalies. One-to-one support has been offered by ICB teams to some of the lowest performing practices, to ensure their data is accurate and reflective of their practice operations.
- Since this work commenced, a dashboard has been created for practices to review their data. Whilst the latest data (October 2024) shows a slight decrease in achievement within the city (from 92% down to 88.9%), it does still remain above the 85% target and the overall total number of appointments has increased. It is suggested that the decrease in percentage target may be due to flu clinics being held and it may be possible that the wrong appointment types have been used. This continues to be explored by teams.

Patient Engagement and Integrated Neighbourhood Working

- Integrated Neighbourhood Working (INW) is currently underway in Nottingham City to improve the health and wellbeing of residents by addressing population health needs and the wider determinants of health. This collaborative approach involves a diverse variety of

stakeholders, including health, social care, local authorities, and community and voluntary organisations and groups, working alongside local community voices to co-design local projects tailored to residents' health and wellbeing needs. The primary focus for Nottingham City is reducing cardiovascular disease, which is a leading cause of avoidable deaths in seven out of nine Primary Care Networks (PCNs) within Nottingham City.

- The PCNs are working closely with their areas Local Delivery Teams (LDT), with Clinical Directors, Digital Transformation Managers, and other key PCN roles playing an active part in senior sponsorship meetings and LDT meetings. The LDTs have established themselves effectively in two priority areas: Nottingham City East and Bulwell and Top Valley. Nottingham City East PCN has well established Community Health Hubs, operating three Mondays a month at venues like The Chase in St. Ann's. These hubs connect local people to a wider variety of organisations and health advice, such as blood pressure readings and rhythm checks, flu vaccinations, clinical pharmacy support, and services like drug and alcohol recovery, smoking cessation, health and wellbeing services, welfare rights, nutrition advice and access to the PCNs Health and Wellbeing Coaches and Social Prescribing Link Worker teams. In Bulwell and Top Valley, the LDTs initial focus has been diabetes, shaped by local community engagement to understand local needs and barriers to accessing diabetes services. Projects developed from the LDTs include a diabetes peer support group, diabetes educational sessions, streamlining clinical referral processes, and creating hyperlocal patient information videos for Type 2 diabetes.
- Looking ahead, Raleigh PCN will launch its first Integrated Neighbourhood Working Group in January 2025, followed by Aspire PCN in February. The broader ambition is to extend the INW approach within the other priority PCNs throughout 2025, maintaining a focus on cardiovascular disease and improving heart health. The INW initiative benefits from NHS England's CORE20+5 funding, targeting the most deprived 20% of the population and other groups facing health inequalities. This funding supports community and voluntary organisations in recruiting and mobilising community connectors to develop practical local initiatives that enhance heart health and reduce inequalities, aligning with the INW's holistic and community-focused approach.

7. Challenges and Risks

General Practice resilience continues to be challenged across many practices impacting on staff health and wellbeing, and operational delivery. The ICB's PMS Support and Assurance Groups aim to provide a systematic 'early warning system' that provides an opportunity to support practices at risk of being unsustainable. This is limited by the information providers choose to share with the ICB and constrained by the level of support that can be offered by the ICB when a practice is struggling.

The relationship the ICB has with GPs is different to that of predecessor Clinical Commissioning Groups (CCGs). This is a risk to delivery of the PCARP and Primary Care strategy due to disengagement from GP colleagues which is heightened with current Collective Action. Various forums for GP/ICB engagement (e.g. One Voice Forum, Place based Partnership meetings, Primary Care Strategy Group) have been established to improve and mitigate this.

The uplifts in the value of the GP contract are significantly below inflation and increases the risk of financial viability for practices and the potential for contract hand backs as well as disengagement from LESs. This could lead to an increase in financial pressure on the ICB as well as deplete ICB capacity to find alternative commissioning solutions.

8. Recommendations

Nottingham City Health Scrutiny Committee is asked to:

- Note the contents of this report.

Appendix 1 – Local Enhanced Services (LES)

LES Contract Element	24/25 Budget (£k) for Nottingham and Nottinghamshire	Description
Enhanced Services Delivery Scheme (ESDS)	£8,107 and a further £256 (to commission alternate service delivery for practices that don't sign up to ESDS)	Block contract which funds practices to deliver a basket of services that are not explicitly commissioned through core contract. Also incorporates a quality element for practices to engage in population health management activities.
Warfarin Anti-coagulation Monitoring	£751	Activity based contract which funds practices to monitor patients on warfarin within the community.
Primary Care Monitoring	£1,196	Activity based contract which funds practices to support delivery of shared care and monitoring of stable prostate cancer patients in the community.
Severe Multiple Disadvantage	£399	Activity based contract which funds practices to identify and improve primary care access for this cohort of patients.
Safeguarding	£32	Activity based contract which funds practices to train a practice lead and provide safeguarding reports for case conferences.
Asylum Seeker Health Check	£82	Activity based contract which funds practices to deliver a new patient health check.
Communication Needs Adjustment	£402	Local payment to support practices to identify and address this source of health inequalities.

Appendix 2 – PCARP Progress

PCAIP Action	November 2023 Position	October 2024 Position
Expand self-referral routes (falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services)	5 out of the 7 pathways for implementing self-referral already had self-referral pathways in place. For the remaining 2 pathways (Audiology and Wheelchairs services) discussions due to take place	58 self-referral pathways now identified nationally and being explored locally. Target revised to 8,739 self-referrals per month by March 2025 On track to achieve
Expand Community pharmacy services (oral contraception and blood pressure services)	156 pharmacies providing the blood pressure service 44 pharmacies registered for the oral contraception service	Between April 2024 and June 2024, 14,380 blood pressure checks were undertaken by Community Pharmacy in Nottingham and Nottinghamshire.187 pharmacies are actively providing the service and 194 are signed up to deliver the service The Oral contraception service has expanded to include both initiation and continuation of oral contraception. General practice can now refer any patient to this service. 158 pharmacies are now registered for the service Pharmacy First launched on 31 January 2024 and includes seven new clinical pathways. As of 31 August 2024, 211 (over 95%), of community pharmacies are registered to provide the service. Between February 2024 and July 2024 there have been 942,684 clinical pathways consultations
Digital telephony Sign up practices ready to move from analogue to digital telephony	111 already Cloud Based 17 analogue	All 17 analogue practices have signed cloud based telephony contracts, with 15 already migrated, and the remaining 2 scheduled for go-live after resolving infrastructure issues. Additionally, 83 other practices are

		being supported to transition to an improved cloud-based system
Use of digital services integrated care products (online tools)	A small number of practices identified as having tools that did not meet the national requirements	All practices have an online consultation tool in place, enabling patients to make administrative and medical requests. Over the past 12 months, online consultations have increased by 39%
Uptake and participation in national GPIP	9 practices signed up to intermediate / intensive GPIP programmes	25 practices completed the support level framework or GPIP, 11 currently participating and 4 due to undertake between October 2024 and March 2025
Local hands-on support to practices	A local programme was in development	The funding allocated to develop a local support offer to practices via the Primary Care System Development Funding was withdrawn for 2023/24 and 2024/25 to support the ICB's financial position. Any practice wishing to access support has been able to do so through one of the national support programmes
Transition cover and transformation support funding	£0 support funding allocated	Approximately £650,000 allocated for: • Sessional GPs for a limited period • Support from experienced peers • Additional sessions, for a limited period, from current practice staff • Additional training e.g. care navigator training
Training	114 individuals undertaken care navigation training	330 individuals have attended Care Navigation training provided by the Nottingham Alliance Training Hub (NATH) or through completing NHS England's national programme. Of the 18 Digital and Transformation Leads in post, 5 are taking part in the national training programme

Access Improvement	Capacity and Access Improvement Plan developed by all PCNs	2024/25 CAIP 30% focuses specifically on implementing the following three domains of the Modern General Practice Access model (MGPAM): • Better digital telephony • Simpler online requests • Faster care navigation, assessment and response Requires PCN CD assessment and sign off
Using full ARRS budget	Approximately 600 whole time equivalent staff employed	Approximately 620 whole time equivalent staff employed
Improve primary-secondary care interface	Providers across primary care, community service, mental health and secondary care working together to improve patients' experience of transitions of care between providers	Work ongoing, development plans in place. National benchmark assessment tool completed and reviewed