

REPORT TO: Health Policy & Performance Board

DATE: 28 November 2023

REPORTING OFFICER: NHS Director – Halton Place

PORTFOLIO: Health & Wellbeing

SUBJECT: Primary Care Access - Update

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with an update on Primary Care Access in Halton.

2.0 RECOMMENDATION: That the Board:

i) That a presentation is received and noted.

3.0 SUPPORTING INFORMATION

3.1 The presentation sets out the current position within Halton and also highlights the Primary Care Access Recovery Programme (PCARP) across Cheshire and Merseyside including Halton.

Primary care is one of the most dynamic and innovative parts of the health service. This was evidenced in the rapid and comprehensive rollout of the NHS COVID-19 vaccination programme.

Nationally, general practice is delivering more than a million appointments every day and half a million more every week than pre-pandemic. For the period April 2022 to March 2023, general practices delivered almost 705,000 appointments in Halton. This has been possible because of the hard work of staff and through a range of developments, which has grown the general practice workforce to meet rising demand and the needs of an ageing population.

However, the pandemic has changed the landscape, and the increase in practice capacity needs to keep pace with growing demand. Primary care, like many parts of the NHS and health systems globally, is under tremendous pressure – one in five people report they did not get through or get a reply when they last attempted to contact their practice. The Fuller Stocktake stated, “there are real signs of growing discontent with primary care – both from the public who use it and the professionals who work within it”.

The [Fuller Stocktake](#) built a broad consensus on the vision for integrating primary care with three essential elements: streamlining access to care and advice; providing more proactive, personalised care from a multidisciplinary

team of professionals; and helping people stay well for longer. That remains the intent and is part of the strategic objectives set out for integrated neighbourhood delivery and multi-disciplinary team working within Halton.

But before we can fully implement the wider reforms necessary to achieve this vision, we need to take the pressure off general practice and tackle the 8am rush. Although this plan supports all three elements of the Fuller Stocktake vision, it makes no excuses for focusing on the first.

This plan has two central ambitions:

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.
2. **For patients to know on the day they contact their practice how their request will be managed.**
 - a) If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
 - b) If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
 - c) Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

This plan seeks to support recovery by focusing this year on four areas:

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
2. **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
3. **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

- 3.2 NHS Cheshire and Merseyside is developing a Primary Care Access Recovery Plan to address the two central ambitions and four areas of focus identified above. This will be supported by detailed plans within each of the nine Places within the ICB area.
- 3.3 Progress will be monitored and reported over the next 12 months and beyond to ensure that the improvements outlined are effective as possible. It should be noted that improvement will take place over a period of time as many of the initiatives seek to retain and recruit primary care staff, implement new technology, embrace new ways of working and build capacity against a backdrop of significantly rising demand within general practice.

The presentation sets out the context and provides the latest overview of progress.

4.0 **POLICY IMPLICATIONS**

- 4.1 Although the Primary Care Access Recovery Programme is set out within a national policy framework, its aims fit One Halton Partnership Board's ambitions to deliver timely, high quality and safe care within Halton's local communities.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 PCARP is supported by a suite of national resources and toolkits to support implementation.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

PCARP supports the Council's and the Health and Wellbeing Board's priorities for a Healthy Halton.

6.1 **Children & Young People in Halton**

PCARP supports the Council's and the Health and Wellbeing Board's priorities for a Healthy Halton including for Children and Young People.

6.2 **Employment, Learning & Skills in Halton**

Implementation of PCARP supports the NHS and Council's priorities for employment, learning and skills in Halton particularly in relation to building capacity and enlarging the workforce.

6.3 **A Healthy Halton**

One Halton is a key stakeholder locally supporting the Council & Health and Wellbeing Board's priorities for supporting improved health outcomes and reducing health inequalities for Halton's population.

6.4 **A Safer Halton**

Not applicable.

6.5 Halton's Urban Renewal

The NHS reforms to Integrated Care Systems and Place Based Partnerships seek to engender a whole place collaborative approach.

There will be a One Halton work stream around assets to understand the public estate that supports delivery (in the widest sense) in Halton and work towards collaborative planning of the public estate.

It is also imperative to plan appropriately for healthy communities utilising Public Health ensuring an evidence-led approach to meeting the future needs of Halton's population. One Halton will link into future regeneration schemes and developments in the Borough to ensure appropriate planning and system partner involvement. There are recent examples of joint working with the delivery of a Hospital Hub in Shopping City and the development of the Town Deal for Runcorn Old Town.

7.0 RISK ANALYSIS

7.1 PCARP is an ambitious plan to recover primary care services and Halton Place is progressing a series of key actions. Inevitably, improvements will take time to deliver as many of the initiatives seek to retain and recruit primary care staff, implement new technology, embrace new ways of working and build capacity against a back drop of significantly rising demand within general practice.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 In developing One Halton and health delivery moving over to NHS Cheshire & Merseyside, all services will continue to require equality impact assessments for any fundamental changes to service delivery to ensure equality and access to services is considered.

8.2 The One Halton Partnership Board and its sub-committees also has membership of Halton's Third Sector organisations and will actively work alongside them to consider equality and diversity issues. Many of Halton's voluntary sector organisations exist to support vulnerable, disadvantaged or disenfranchised cohorts of the community and have a reach often beyond public service delivery

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 This report is for information only, therefore there are no environmental or climate implications as a result of this report.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.