

General Practice and Community Pharmacy

Plymouth Health and Adult Social Care Overview and Scrutiny Committee 13th December 2023



Update on Plymouth West End Development



Summary

The Health and Adult Social Care OSC has requested 'an update on the plan to ensure the sustainability and viability of the 3 affected GP practices who were due to take up residence in the West End Hub.'

Three practices were involved with the previous West End Hub discussions.

- Adelaide Surgery
- Armada Surgery (branch site of Pathfields Medical Group)
- North Road West Surgery



Current Position

- Plymouth West End practices prioritised as top priority for future NHS funding through PCN Estates Strategy Toolkit process ratified at September PCCTC meeting
- Regular meetings continue with the practices. Chaired by Primary Care Estates Manager & supported by a consultant Project Manager who report to ICS Estates Director to explore future options
- Links are being maintained with PCC who are still keen to support a project
- All practices are able to continue at existing premises but these are not ideal for the future and some short term options are being explored to provide additional space in the interim
- An update on the future of NHS funding from the National Team outlines Primary Care as a priority for the next Comprehensive Spending Review, with a focus on Community Neighbourhood Hubs (estimated timeline Autumn 2024)





Mayflower Progress and Plan



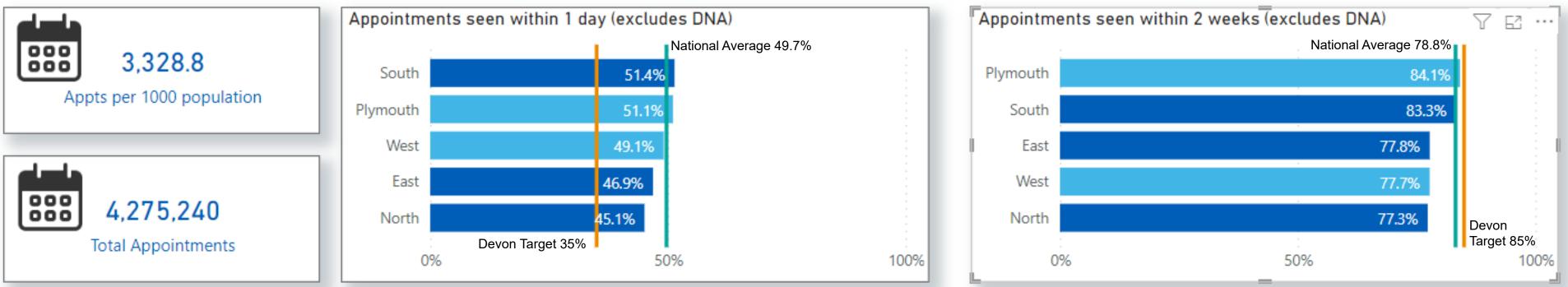
Mayflower Procurement Update

- On 1 April 2024 new contract provider is Fuller and Forbes (10 yr contract, existing Devon provider)
- Mobilisation plan initiated to ensure smooth transition from incumbent to new provider, includes:
 - fortnightly meeting with F&F
 - monthly oversight meetings, incl assurance on issues and that transition is on track
 - provider to provider (incl multi day) sessions
- Communication Plan already letters and briefings have been sent to: patients, Plymouth practices, LMC, media, MPs, counsellors, Healthwatch
- Staff employment will transfer to new provider all staff have been notified to assure them and provide next steps
- The ICB is supporting other Plymouth practices with temporary list closure, if required, to maintain stability in Plymouth system
- No identified issues of concern at this stage mobilisation, plan on track
 One One Devon

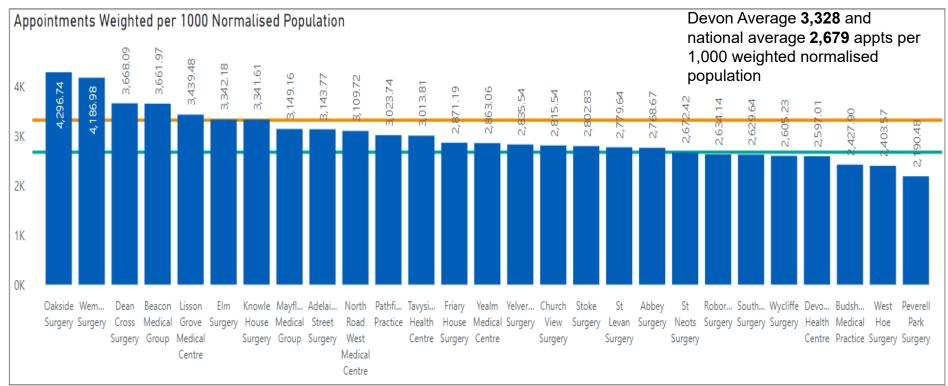


Plymouth Practice Performance

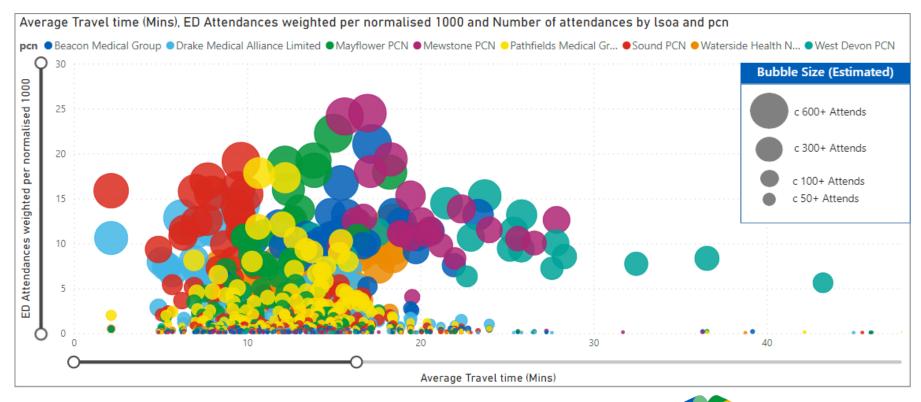
OFF<u>ICIAL</u> West and Plymouth GP Appointment Indicators 2022/23 YTD



West and Plymouth GP Appointments per 1000 normalised population 2022/23 YTD



West and Plymouth ED Attendances per 1000 normalised population 2022/23 YTD



Above chart combines Weekly SUS ECDS data (Apr 2023 – Oct 2023) with patient registration by LSOA for distance to ED - Patients Registered at a GP Practice, October 2023 - NHS Digital



Primary Care Access Recovery Plan

Key ambitions of PCARP 1. To make it easier for patients to contact their practice and;

- For patients requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 2. weeks or signposting to another service

PCARP is split into 4 areas:

Area	Focus
Empower Patients	 improving information and NHS App function increasing self-directed care where clinication increasing the number of self-referral operation expanding community pharmacy service
Modern General Practice	 better digital (cloud based) telephony simpler online consultation, booking and faster navigation, assessment and responded
Build Capacity	 larger multidisciplinary teams more new doctors retention and return of experienced GPs higher priority for primary care in housing
Cut Bureaucracy	 improving the primary-secondary care in building on the Bureaucracy Busting Cond

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developments interface

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Deliverables and process - Plymouth

Practices with cloud-based telephony

Plymouth is ahead of the curve in the county, and the country, for moving to Cloud-Based systems. The remaining practices will transition this financial year.





Primary and secondary interface

We have developed a set of principles for primary and secondary care to follow and we expect GP capacity to be released as a result. Plymouth LCP have been key in driving this work.



8-10% of GP capacity released

a larger scale.



GP at-scale development

Developing local providers who have an appetite to deliver primary care services at

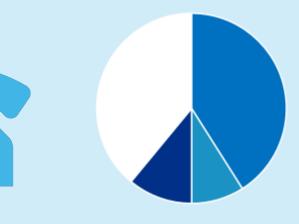
Delivered: by Q2 2024

Developed: by Q3 2023



Patient experience and outcomes - Plymouth Ease of access to the practice Overall satisfaction with GP practice National National average: 72% average: 50% GP **Plymouth position** Patient (2023): 68% (2023): 41% Survey Target 2024: 80% **Fragile practices** Patient seen within two-weeks Patient needs met within one working day The number of practices we consider to be at risk 60%Target with resilience (e.g. partnership resilience, staffing, buildings) 23 23 8 practices practices 23 practices 4 2023 2023 Q4 2024 above 2 target Target Q3 24/25 (2023)Q4 25/26

Current number of practices meeting the target



Plymouth position

Target 2024: 61%





23 practices above target Q3 2024



PCARP: Examples of Improvement Activity

Improvement Week

- ICS led, week-long deep dive QI event took place week commencing 25th September
- Pathfields and Beacon PCNs participated
- Evaluation is underway

General Practice Improvement Programme

- National programme providing tailored support for practices and PCNs to make changes and improvements to how they work.
- Actively signposting Plymouth practices towards GPIP offers. Eg Drake PCN undertaking PCN support programme with very positive feedback.

Capacity and Access Plans

All Plymouth PCNs have submitted plans to improve capacity and access and we are currently undertaking progress reviews to understand any delivery success/challenges and sharing learning eg implementation of total triage approach across PCN to managing demand and reduce unwarranted variation

Cloud Based Telephony

Plymouth already ahead of the curve for practices with cloud-based systems. ICB supporting remainder to move to CBT asap.



