NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside ICB Access Improvement Plan

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- Empowering patients
- Implementing Modern General Access Practice
- Building Capacity
- Cutting Bureaucracy

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2. National Policy – Recovering Access to Primary Care

2.1 National Aims & Ambitions

- National guidance document can be found here https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/
- Aimed at General Practice but with some Community Pharmacy actions due out of ongoing national negotiations.
- Aim to tackle 'the 8AM rush' to ensure patients can receive same day support and guidance from their local practice.
- Enabling patients to know how their needs will be met when they contact their practice.
  A step toward delivering the vision set out in the Fuller Report Next Steps for Integrating Primary Care *"There are real signs of growing discontent with primary care – both from the public who use it and the professionals who work within it." Fuller Stocktake Report - May 2022.*
- Integrated Care Boards (ICBs) have to ensure their plans are submitted to Boards in October/November using the following document as guidancehttps://www.england.nhs.uk/long-read/primary-care-access-improvement-plans-briefing-note-for-system-level-plans/
- The plan focuses on four areas to alleviate pressure and support general practice further;

  i. **Empowering Patients**
  Improving Information and NHS App Functionality
  Increasing self-directed care
  Expanding Community Pharmacy

  ii. **Implementing Modern General Practice Access**
  Better digital telephony
  Simpler online requests
  Faster navigation, assessment and response

  iii. **Building Capacity**
  Larger multidisciplinary teams
  Increase in new doctors
  Retention and return of experienced GPs
  Primary Care estates

  iv. **Cutting bureaucracy**
  Improving the primary/secondary care interface
  Building on the bureaucracy busting concordat

3. ICB response

3.1 Healthwatch

The 9 Healthwatch organisations across Cheshire and Merseyside have continuous conversations with our public about health and care services in each of our Places.

People have told Healthwatch the challenges they currently face in accessing GPs. Healthwatch would expect the improvements being made as a result of the Access Improvement Plan to ensure that people:

- Feel valued and important/understood from their first point of contact with their GP surgery by encountering less hurdles and receiving friendly, clear information about how to access appointments and services - avoiding people feeling isolated and disenfranchised.
- Feel confident when calling their General Practice and that unpaid carers are listened to and included when appropriate.
- Are able to make or manage appointments by visiting the Surgery; by an uncomplicated telephone system that is answered in a timely manner; or by online systems where appropriate and accessible to people. Each of these methods should respect people's privacy.
- Understand what the process/system is for apps and technology for those that want to use it, with clear information of when it is available and what the alternative is, particularly for those that require reasonable adjustments for access.
- Have assurance that language & translation services are included effectively, which could reduce the *did not attends* (DNAs) and cancelled appointments.
- Have a choice of appointments available to them, recognising the merits of face-to-face and online methods.
- Get an appropriate appointment from first contact with a date, time and name of who they will be seeing, and they understand the different roles within practices. With so many different language/names/titles used it is important that people know why they are seeing someone other than a GP, and that they know what they can do, both possibilities and limitations.
- Be given a set time for online consultations, rather than long periods of time that require time off work to wait.
- Be able to make follow-up appointments at the time of original/next appointment.
- Know what the next step/action is, when that is likely to take place, and how they can keep track of any referral.

NHS Cheshire and Merseyside has worked with our 9 Healthwatch organisations and will ensure that they are part of implementation and review process.

3.2 Access Improvement Ambitions

Our ambition is not only to improve access to general practice services for our population, but to achieve a **single more consistent offer of Primary Care (General Practice) access**. In 23/24 we will have invested circa £90 million in access related support and developed a single set of performance measures to support and quantify 'improvement' across the system.

Our key aims are;

- **Enabling better, easier access to more appointments:**
    - **Access to a routine appointment within two weeks**
      Using the IIF (Investment and Impact Fund) indicator measurement and data collection from booking to appointment, to achieve measurable increases in 23/24 and beyond.
    - **Same day appointments for patients who require them**, with all patients provided with an appropriate response following initial contact, that same day, in line with the recent national contract amendments.
    - **That patients can easily access the practice by all available means**, but noting the specific feedback via the GP Practice Survey and our Healthwatch colleagues that patients want to see the biggest improvement in **telephone access.**
    - **Delivering more appointments overall** by all available means, with an agreed target and trajectory for 24/25 and beyond.
    - Using the work of the Equality and Health Inequality Analysis (Appendix 1) to **ensure equality of access for all patients, communities, and vulnerable groups.**
- **Investing in our primary care workforce** including wellbeing offers, retaining GPs and responding to the asks in the National Long-Term Workforce Plan:
    - **A clear plan to retain GPs within the ICB** – patients tell us they value direct contact with their 'GP', and the ICB has a considerable percentage of GPs in their 50s who may be considering leaving the profession in the next few years.
    - **Maximising ARRS (Additional roles)** to maximise spend and recruitment by March 2024.
    - **Increasing our headcount GPs** based on the national ambition.
    - **A clear delivery plan 1/4/2025 to respond to the NHS Long Term Workforce plan.**

- **Prioritisation of Wellbeing offers,** recognising the huge pressures facing our primary care workforce, working with our Local Medical Councils (LMCs) and practice staff.

- **Support all our practices to have the key elements of the 'Modern General Practice Access Model'** in place by December 2024 **-** this model underpins all of our access ambitions and as part of this we need to ensure best practice and progress is shared and celebrated.

- **'Measuring success'** not just by using our performance dashboard, but by working with Healthwatch and other key stakeholders to collect meaningful patient feedback, particularly in our most challenged areas and populations.

3.3 PCARP Finance

The overall aim of the funding outlined in the table below, is to deliver an improved experience of access for patients, better continuity of care where most needed, and improved job satisfaction for staff.

SDF and Primary Care Access Recovery Funding	Total
GP Practice Fellowships	1,667,000
Supporting GP Mentors	392,000
GP IT and Resilience	568,328
C&M GP Retention	320,869
Top Slice for Digital Funding	600,000
Transformation Funding Pool	3,054,216
Leadership & Management	2,004,835
Total SDF 23/24	8,607,248
Capacity and Access Support Fund (CAP)	8,116,762
Capacity and Access and Improvement Payment (CAIP)	3,478,612
Transition Cover and Transition Support Funding	2,050,000
Cloud Based Telephony	1,178,000
ARRS Support	65,782,087
Pharmacy Offer (£TBC)	TBC
Primary Care Access Recovery Support Funding	**80,605,461**
Total Funding	**89,212,709**

In 2022/23, there were eight separate funding allocations. For 2023/24, there is now one single Primary Care transformation allocation (with the aim of reducing bureaucracy).

Whilst there is one funding pot, the funding and support available covers the following.

1. Transformation which incorporates:
    - Local GP retention fund
    - Primary Care estates business cases
    - Training hubs
    - Primary Care flexible staff pools
    - Practice Nurse measures
    - Practice resilience
    - Transformational support (which included the previous Primary Care Network (PCN) development and digital-first primary care funding lines)
    - PCN leadership and development (£43 million)
2. Workforce programmes which cover:
    - The Additional Role Reimbursement Scheme
    - General Practice fellowships
    - Supporting mentors scheme
    - International GP recruitment
3. GPIT which covers:
    - GPIT – infrastructure and resilience
4. Capacity and Access Support Fund (CAP and CAIP) paid in 2 parts.

The aim of the CAP funding is to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

3.4 ICB governance and delivery

- At a System Level, a fortnightly Programme Board chaired by the Assistant Chief Executive Clare Watson, as executive lead for Primary Care, with each of the four areas of the guidance led by an identified Senior Responsible Officer (SRO), with identified leads for the cross-cutting theme areas such as digital, and place executive representation. The Board reports to the System Primary Care Committee, who have received reports and updates at each meeting. Programme Management Office (PMO) structures and process are supporting this with key document such as a risk register, in place. The outcome from this Board will be the final product (System Access Improvement Plan) and the Primary Care Access Performance Dashboard, to ensure a metric base of evidence to support the delivery of actual improvements, in line with the national guidance.

- Each place was asked to agree a place level Access Improvement Plan, signed off by the Place Director, managed through place structures and oversights. The plan was based on their local patient intelligence, their Primary Care Network improvement plans, practice plans and other access information gathered in line with the national guidance. Each Place was asked to share/liaise and work with their local Healthwatch, LMCs and other key stakeholders in delivering their plan. Place plan summaries are included in Appendix 2-10 noting key other information held at place is available on request.

- An investment overall of circa £90 million in Access Improvement through several different sources of funding, summarised in section.

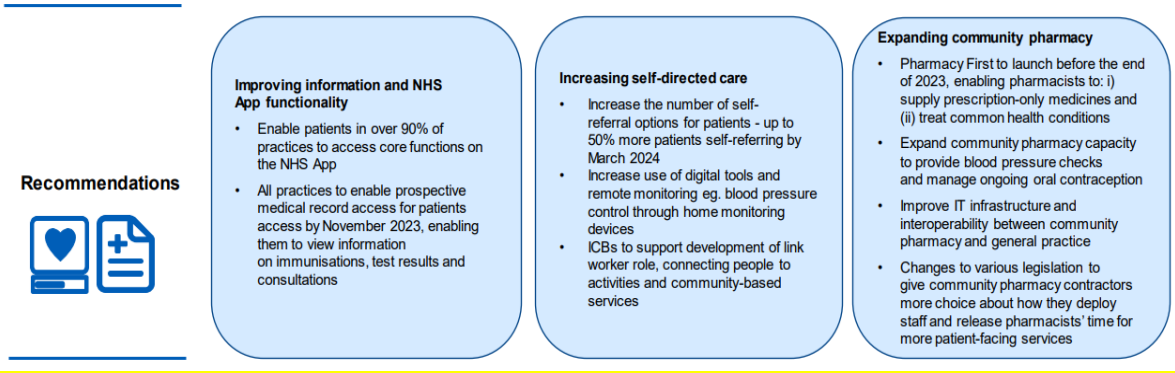
- **Access Improvement Leads – System and Place**

Clare Watson, Assistant Chief Executive	Executive Lead
Lorraine Weekes / John Adams	Finance Leads
Tim Caine	BI Lead
John Llewellyn / Colette Morris	Digital Leads
Vicki Wilson	Workforce Lead
Ian Ashworth	Population Health Lead
Helen Johnson	Communications Lead
SRO: Christopher Leese	Overall Delivery Lead
SRO: Tom Knight	Empowering Patients
SRO: Tony Leo	Implementing MDGPA
SRO: Christopher Leese	Building Capacity
SRO: Dr Jonathan Griffiths	Cutting Bureaucracy
Tricia Cavanagh-Wilkinson	PMO Support

4. Empowering Patients

Increasingly sophisticated technology continues to change many aspects of our daily lives. Technology can empower us with information to make decisions, make processes more efficient, give staff more flexibility and reduce costs.

Summary of national asks



4.1 Improving information and NHS App functionality

Our ambition

We want the public to 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 NHS App ambitions are already a reality for people registered with around 20% of practices, so this plan focuses on how to increase that to over 90% by March 2024.

Progress so far

Good levels of engagement at all levels and working with IT providers to support practices with enablement has led to steady progress as illustrated in the table below.

NHS App Function	National Target	Cheshire & Merseyside Position September 2023 (POMI Data)
Appointments	90%	84%
Detailed Coded Records	90%	97.4%
Secure NHS App Messaging	90%	POMI data does not report on messaging at present
Prescriptions	90%	97.1%

Key next steps

- Continue to work with Place teams to ensure system enablement. Focus on patient level enablement and use age of NHS App functions. Continue to engage with key stakeholders.

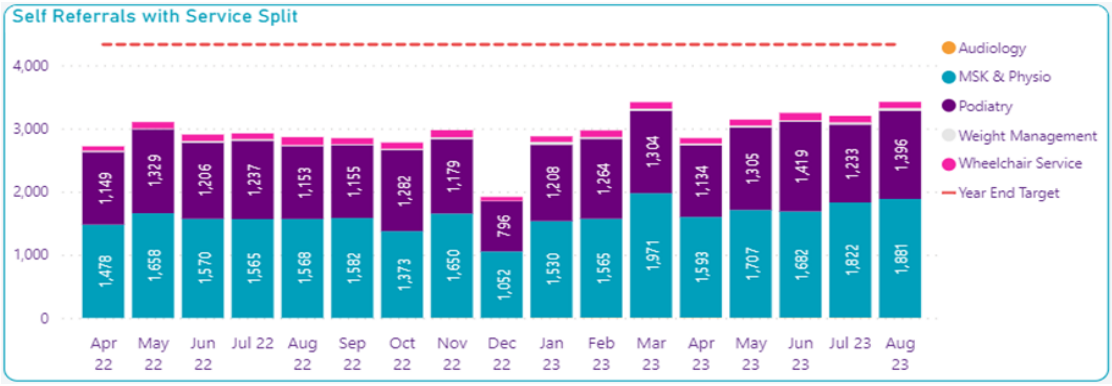
4.2 Increasing self-directed care

Our ambition

For some conditions general practice involvement is not necessary if it is clear to patients where to get care and it is clinically safe to do so directly. This is more convenient for patients and frees up valuable practice time. This is already a reality for some conditions, but we will increase the number of self-refer options, guided by clinical advice.

Progress so far

C&M target is 4,314 referrals per month based on average referrals April to October 2022 and monitoring is through Community Services Data Set (CSDS). NHS Digital published figures show August performance as 3,420 (actual) vs. 3,685 (plan). The majority of self-referrals come from MSK & Physio Services and Podiatry Services.



Key next steps

- Building on our initial analysis that identified a number of data anomalies we will be working with the Provider Collaborative to improve performance and bring together service commissioners. Commissioners at Place will be required to review existing service specifications/monitoring information, identify gaps in provision and support the uptake in demand.
- A data improvement group has been established as there are inconsistencies and anomalies that are reflected nationally. The group has been established, meets monthly and includes representation from the NHS England Regional team and NHS Cheshire and Merseyside Business Intelligence team.
- Ensure expansion of the specified self-referral pathways to reduce variation, address gaps and meet the 50% target increase required.

4.3 Expanding community pharmacy services

Our ambition

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 in England live within a 20-

minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation.

We now know that the Pharmacy First service will be launched on 31 January 2024 subject to the appropriate digital systems being in place to support these services. Pharmacy First will be a new advanced service that will include 7 new clinical pathways and three elements consisting of:

- Pharmacy First (clinical pathways)
- Pharmacy First (urgent repeat medicine supply)
- Pharmacy First (NHS referrals for minor illness)

This will be alongside the expansion of Pharmacy Contraception Service and relaunch of the Blood Pressure Check Service on 1 December 2023.

Progress so far

A Cheshire and Merseyside Task and Finish Group was established at an early stage and is ready to support implementation prior to the recent announcements confirming the conclusion of national negotiations.

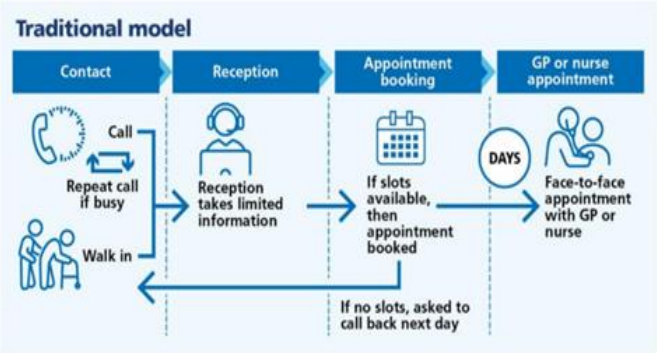
We already have the majority of community pharmacies delivering the hypertension service.

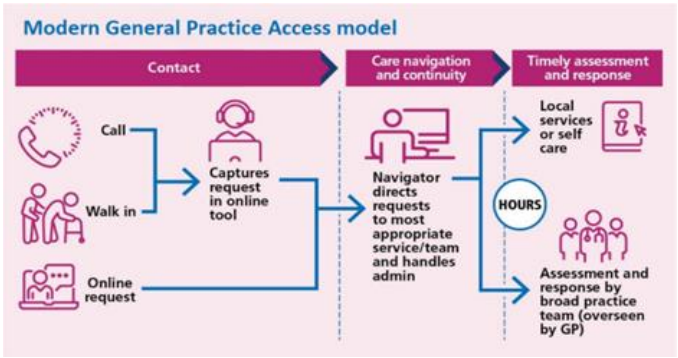
Key next steps

- Planning for implementation of the Common Conditions Service once national negotiations have been completed underway including engagement with Cheshire and Merseyside Local Pharmaceutical Committees and Local Pharmacy Network.
- Expand the existing contraceptive pilot service and the established hypertension service.

5. Modern General Practice Access

Modern General Practice Access then and now.





Summary of national asks

Recommendations

Better digital telephony

- All practices to transition to digital telephony by December 2025 to make full use of i) multiple call management; (ii) call-back functionality; (iii) call-routing and (iv) integration with clinical systems
- NHSE to support transition to digital telephony to those practices that commit by 1st July 2023
- 1000 practices to be utilising this technology by the end of 2023

Simpler online requests

- NHSE to provide general practices with high quality online-consultation, messaging and booking tools by July 2023
- ICBs, Primary Care Networks and GPs to agree most appropriate tools to support transition to new model

Faster navigation, assessment and response

- NHSE to invest in new National Care Navigation Training programme for up to 6500 staff starting in May 2023
- NHSE to fund higher-quality tools that enable the shift to online requests and enable all practice team to contribute to rapid assessment and response
- NHSE to support practices committing to transformation with extra capacity over the next two years - £13,500 per practice

5.1 Our Ambition

We will implement *'Modern General Practice Access'* so 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 message.

Through available national funding and support offers, NHS Cheshire and Merseyside will:

1. **Support all practices on analogue lines to move to digital telephony, including call back functionality where they signed up by July 2023 (national deadline).**

   Ambition: *to see an end to long call waits or engaged tones when patients call their practice. The new approach will allow multiple call handling, call back functionality as well as call routing to direct patients to the most appropriate team member. The national ambition is to transition 1,000 practices to new digital telephony before the end of 2023, so that around 65% of all practices nationally will be using this technology. This includes managing queuing, call back and call-routing processes.*

2. **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.**

   Ambition: *to support and enable patients to access their practice via other digital routes such an online requests as well as by telephone; to support practices with training in care navigation, assessment, and response processes so that when patients contact their practice getting a response on the same day will be the norm and they will be directed to the most appropriate member within the whole practice team; transition funding will be available to support practices to enable them to clear existing work as they transition to the modern general practice access model.*

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

   Ambition: *to continue to encourage practices to access the voluntary national improvement programme via the Support Level Framework to enable them to make the changes needed to deliver improvements in access; this programme contains a range of different support offers to build capacity, capability and resilience over the next 12+ months.*

5.2 Current Progress and Plans

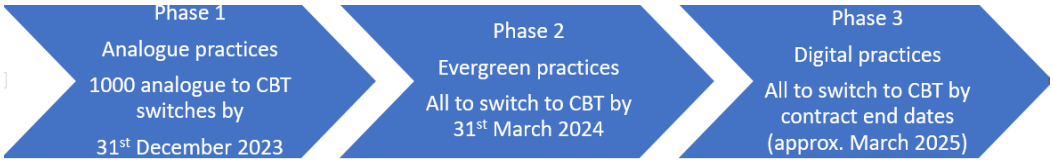
Better Digital Telephony

General practices with legacy & traditional telephone systems are struggling with managing high and peak demands, with patients being held in long queues waiting for calls to be answered or constantly encountering engaged lines, leading to poor patient experience. Advanced (smart) telephony systems for GPs are seen as an efficiency enabler and a significant services transformation enabler, offering:

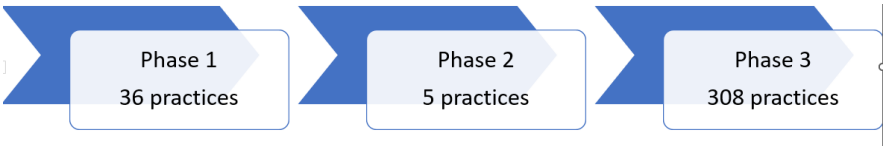
- Practice resilience and accessibility (as cloud hosted)
- Remote, mobile and home working capabilities for clinical staff as staff are able to answer calls from wherever they are, with seamless access for patients through use of a single number
- Support for new ways of working including total triage and digital consultations
- Supports patient choice in method of consultation
- Improved patient experience (as no limits on accessible lines)
- Better effectiveness and efficiency by integrating telephony with practice clinical system patient records;
- Support for at-scale working - including Primary Care Network (PCN) operations (and potentially future Integrated Care System working arrangements);
- Compliance with GP Contract conditions for telephony;

The 2023/24 GP Contract requires practices to use the nationally set Advanced (Cloud/Digital) Telephony Framework for procuring digital telephony with effect from 1st April 2023. This framework includes suppliers who can provide the functionality required to support the transformation described within the recovery plan. All analogue phone systems across the country are due to be switched off by December 2025 so this change is a prerequisite ahead of this date.

The table below summarises the phases and ambition of the national programme to deliver Better Digital Telephony:



Across Cheshire and Merseyside, there are 349 general practices who will transition to better digital telephony:



Good progress is being made with both Phase 1 and 2 practices actively engaged in the process and being supported by the National Commercial and Procurement Hub with selecting a new supplier, negotiating associated fees and contract documentation.

More ambitious deadlines have been set during the early part of November which require phase 1 practices to complete all contract documentation by the end of November with all contracts to be signed by 15th December 2023.

Position against these targets on 17th November 2023 is shown in the table below:

Phase 1	Completed	In progress
Practices engaged with the Hub	36	0
Practices selected a new supplier	21	15
Practices with contract drafted	13	8
Practices with contract signed	1	12
Practices with agreed go live date	1	0

Alongside the national offer commissioned by NHS England (NHSE), the ICB's GP IT teams also support practices with technical queries and understanding infrastructure requirements to enable implementation.

Transitioning to a new telephony supplier involves multiple stakeholders working together, which presents complexity and several challenges to delivery within the timescales set out. Key to meeting the delivery ambitions is ongoing engagement with Places, IT service providers and other stakeholders whilst maintaining the stability of service provision across general practices.

At scale approach to digital telephony systems is being encouraged at PCN/Place level according to need and where it makes sense to do so. Early feedback from the National Commercial and Procurement Hub suggests the number of PCNs exploring this approach is encouraging.

Next steps

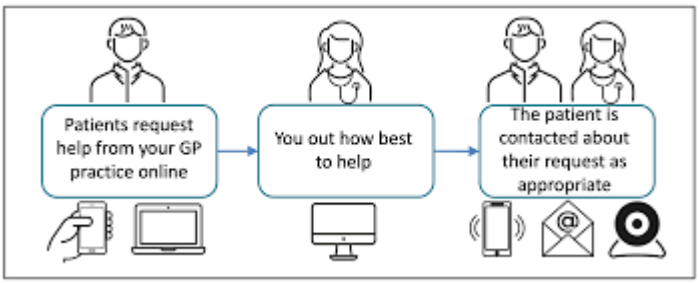
- All Places to continue to encourage practices to contact Procurement hub well in advance of their contract expiry date and utilise the Advanced Telephony Better Purchasing Framework to select a new supplier.
- Progress being monitored closely (Weekly) by NHSE against local delivery targets with oversight maintained by the Primary Care Access Recovery Plan Programme Board.

Simpler Online Requests

Online consultation tools provide increased choice and flexibility for patients in how they access care and provide benefits to practices in managing and prioritising their workload.

All practices must offer and promote the ability to access and use an 'online consultation tool', which is a software system that enables patients to contact their practice online to seek health advice, describe their symptoms, ask a question, follow up on a previous issue, or make either a clinical or administrative request.

This is the minimum functionality required, but the online systems generally provide additional functionality; the ability to send a message to a patient as a reply to their query or request, or to ask the patient for further information.



All practices within Cheshire and Merseyside have been providing online access to patients in line with contractual requirements. The majority implemented online access during the pandemic and utilisation increased dramatically. During 2022, a new online consultation tool was procured and commissioned on behalf of all former CCGs within Cheshire and Merseyside. This solution (PATCHs) has now been implemented and is live in 78% of

practices with the remainder deciding to use and now live with either E-consult, Blinx or AccuRx.

The optimisation of online consultation tools is an ongoing workstream across general practice to ensure functionality is fully utilised and patients have a good experience when using online tools to contact their practice.

The optimisation of online consultation tools is an ongoing workstream across general practice to ensure functionality is fully utilised and patients have a good experience when using online tools to contact their practice.
Through the new Digital Pathway Framework expected to be launched in January 2024, NHS England will make available high quality online consultation, messaging and booking tools to support practices to shift to the Modern General Practice Access Model.

NHS Cheshire and Merseyside is working with Place Digital Leads to understand requirements and procurement approaches to align with local need. The first of these is underway to understand SMS requirements across all 9 Places. The outcome of this review will inform commissioning intentions from 1st April 2024 with tools selected from the Digital Pathway Framework outlined above.

Care Navigation

We want to make it easier for people to contact their practice and to get a response on the same day the norm, so that patients know how their request will be dealt with. Care navigation is critical to achieve this and supported by a national Care Navigation Training programme for up to 6,500 staff nationally.

Since May 2023 NHS Cheshire and Merseyside has had two care navigation training offers available:

1. Local offer provided by Conexus which supports training for up to 6 members of staff in each practice in Cheshire and Merseyside. Note that the numbers of individuals trained per practice varies according to size.

Places report good uptake of the local offer which is popular with both PCNs and practices with approximately **220 practices** engaged in the on-going programme so far with more practices due to on-board from November onwards.

2. National Training Programme which supports training for 1 person in each practice. The national training offer started in May 2023, is voluntary and exists alongside the local Cheshire and Merseyside offer. Currently **146 practices** within Cheshire and Merseyside are participating in the national offer.

Alongside this training support there is also provision available for each PCN for the recruitment of a Digital and Transformation Lead role within the Additional Roles and Reimbursement Scheme (ARRS) framework. Currently **36 PCNs** have an identified Digital and Transformation Lead with other PCNs in the process of recruitment.

Next Steps:

- All Places continue to actively encourage practices and PCNs to engage in the available training at both national and local levels and monitor local uptake reporting progress to local Place Primary Care Committees and through other local governance routes. These issues are regularly discussed at various local Place engagement forums such as: PCN Clinical Director forums; Practice Managers forums; Protected Learning Time sessions etc.
- Note that uptake continues to increase as more practices join programmes.
- The Primary Care Access Recovery Programme Board (PCARPB) will continue to maintain oversight and reporting of uptake.

5.3 Support for Transformation

The transformation of general practice access will only be achieved through a range of support measures. Tailored 'hands on' support is available to practices and primary care networks (PCNs) to help implement the modern general practice model and realise benefits as quickly as possible.

This is divided into 'universal', 'intermediate' and 'intensive' offers:

- Universal: a range of 5 "how to guides" identifying quick wins for practices
- Intermediate (practice): three months of support with a facilitator.
- Intermediate (PCN): 12 half-day sessions over a flexible time period.
- Intensive (practice): six months of support with a facilitator.

All Places within NHS Cheshire and Merseyside continue to actively encourage their practices to take up the whole range of offers within the national support level framework and the current position is as follows:

ICB Level Summary - As at 30 September 2023									
Area	ICB Name	ICB Code	Number of Current PCNs PLEASE NOTE - U41591 / Coast And Country PCN has practices split across 2 different ICSs	Number of Current Practices	Number of Current Practices who are currently engaged / have completed Practice Level Support (Current Uptake)	Current uptake as % of Total National Uptake (510) to date	% Fair Share of Available Capacity for NW	Actual Share of Available Capacity	% Uptake of Available Share
ICB	NHS Cheshire and Merseyside Integrated Care Board	QYG	48	349	40	7.80%	36%	63	63.10%
North West	North West Region	N/A	155	961	80	15.70%	100%	176	45.50%
England	All England	N/A	1271	6353	510	100%	100%	1150	44.30%

* Total capacity available for England = 1150
* Total capacity available for NW England = 176
* Total National Uptake = 510
* Total capacity for NW Region = 15% of 1150 (total national capacity) = 176

This data shows that the total available support capacity for England is 1,150 practices with the NW Regional share of that capacity equating to 176, and NHS Cheshire and Merseyside's share of the North West regional capacity at 63. According to latest data provided by NHSE to the end of September 2023, NHS Cheshire and Merseyside has made good progress to date with 40 practices participating against a fair share of 63 which is a 63.1% uptake rate.

Whilst participation in the national programme is voluntary for practices, NHS Cheshire and Merseyside will continue to encourage all practices to take up offers of available support. A number of practices have already completed/are completing local place based capacity and resilience projects so are not signing up to the national offer as this is seen as duplication.

Next Steps:

- Each Place continues to actively encourage their practices to participate in the General Practice Improvement Programme and monitors local uptake, reporting progress to their local Place Primary Care Committee.
- The Primary Care Access Recovery Programme Board (PCARPB) will continue to maintain oversight and reporting of uptake.

5.4 Support Level Framework Visits

Place Teams are undertaking individual Practice Visits as part of a more structured and comprehensive approach to identify and implement any further individual practice support needs.

The Support Level Framework (SLF) supports organisations to understand their development needs and where they are on the journey to embedding modern general practice. The SLF has been co-produced with general practice teams. It has been clinically developed based on knowledge and experience, together with academic research and documented best practice where available. It allows organisations to understand what they do well and opportunities for improvement so the ICB can provide the right type of on-going support for practices. A number of Places have already identified initial cohorts of practices for a support level conversation and commenced visits with **17 practices** visited so far.

Next Steps:

- Places to identify and prioritise practices for a support level framework visit where they have not already done so to identify key themes/actions for further support.
- Places to report progress and key themes to their Place Primary Care Committee.
- The PCARPB will collate and review key themes periodically to identify any areas for sharing and learning. PCARPB will continue to maintain oversight and reporting of uptake.

5.5 Transition Cover and Transformation Support Funding

Practices that have made the change to a modern general practice access model have shared the importance of clearing backlogs of work so new processes and ways of working can start from a clean slate. For practices looking to implement a modern general practice access model the transition cover and transformation support funding – an average of £13,500 per practice – is available to provide additional capacity to help smooth the transition to a new model.

Funding of c£2m has been made available mid-year to NHS Cheshire and Merseyside on a draw down basis by 31 March 2023 with a further £2m available in 2024/2025. The funding is to be deployed on the basis of greatest need, with reimbursement of costs rather than distribution on an individual fair share basis, managed through Place.

Key issues so far include:

- The need to increase staff capacity to clear backlog of appointments. Note, however, that this relies upon finding staff to undertake sessional work or the availability of existing staff to undertake additional work which is challenging.
- The need to use funding to target and address support needs for those practices within Place where significant health inequalities exist.
- Practice Visits will help to inform how practices can be better supported as part of a co-production approach. As funds are released on a draw down basis and likely to be reliant upon engaging staff for additional sessions to clear backlogs, it may be a challenge to deploy the whole £2m within year.

Next Steps:

- Places to identify and prioritise practices for transformation funding. Key activities to be supported by an agreed clear action plan and outcomes.
- Places to track expenditure, report progress and key themes to their Place Primary Care Committee.
- The PCARPB will collate and review key themes periodically to identify any areas for sharing and learning across NHS Cheshire and Merseyside. PCARPB will continue to maintain oversight and reporting of uptake and spend.

6. Building Capacity

The ICB's Primary Care Workforce Steering Group oversees this work and reports to the People Board and System Primary Care Committee. At place level this is managed through place primary care fora and any associated workforce groups.

Summary of National asks

Recommendations

Larger multidisciplinary teams

- 26,000 more professionals in general practice and 50 million more appointments by 31 March 2024
- Funding for up to £385m for Additional Roles Reimbursement Scheme (ARRS) in 2023/24
- All primary care staff to be able to access suite of health and wellbeing offers and the Practitioner Health Service

Increase in new doctors

- Up to £35 million of SDF funding available for GP fellowships in 2023/24
- Further expansion of GP specialty training – and make it easier for newly trained GPs who require a visa to remain in UK
- NHSE to work with partners to identify opportunities for other doctors, eg SAS doctors, to work in general practice multidisciplinary team

Retention and return of experienced GPs

- DHSC agreement to make retire and return easier and protect NHS staff from higher tax charges driven by inflation
- Encourage experienced GPs to stay through the pension reforms announced in the Budget
- NHSE to launch campaign to encourage GPs to return to general practice and invest in GP retention schemes

Primary care estates

- ICBs to work with local partners to better anticipate where housing developments are putting pressure on existing services
- Changes to local authority planning guidance this year to ensure due consideration of primary care capacity

6.1 Larger Multi-Disciplinary Teams

2023/24 national target of 26,000 extra staff by employing more staff through the Additional Roles Reimbursement Scheme (ARRS)

Cheshire and Merseyside target by March 2024, 759 wte staff (over the 330 baseline, March 19) Cheshire and Merseyside performance at June 2023, 1,784 wte (including 330)

The March 2024 target has already been exceeded by **an additional 695 (63.8%)**.

We are the 5th highest ICB increase nationally, with the England increase at 14.4%.

Table 1 Performance against Target – ARRS

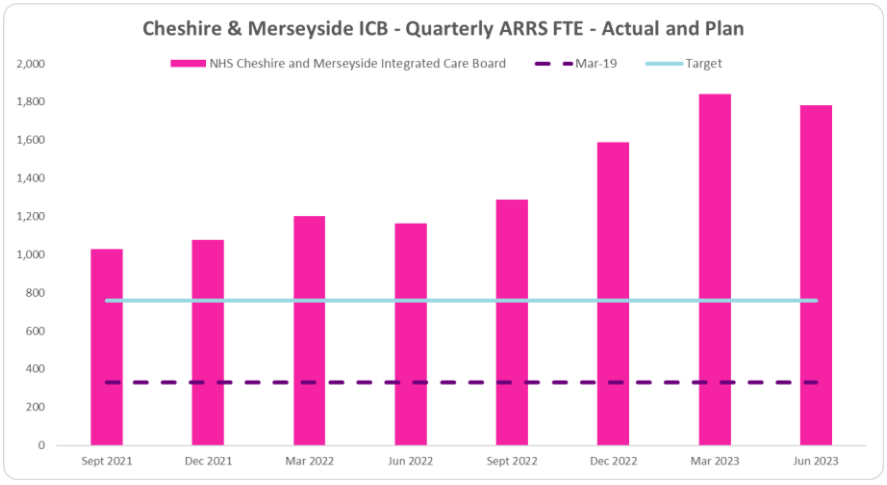


Table 2 Full list of ARRS roles contributing to national target.

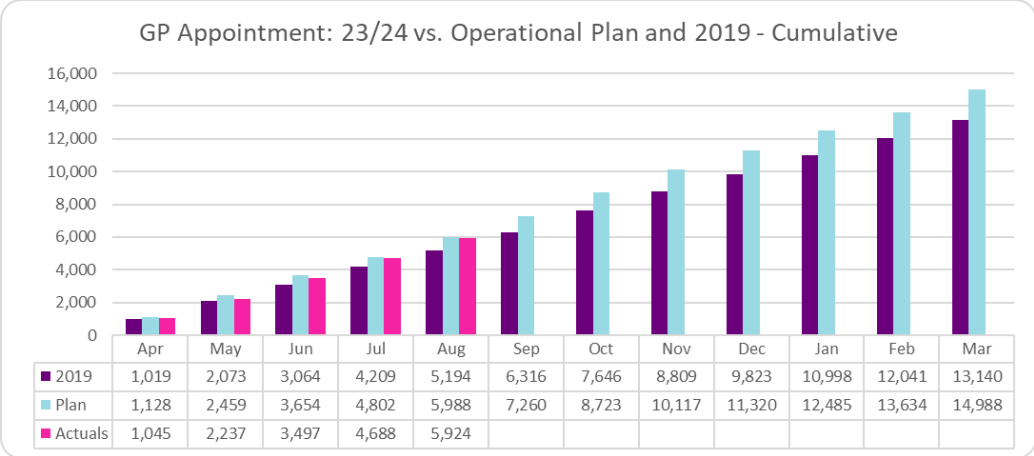
Role Source	Staff Role
NWRS / ARRS Claims Portal	Advanced Dietician Practitioners
	Advanced Occupational Therapist Practitioners
	Advanced Paramedic Practitioners
	Advanced Pharmacist Practitioners
	Advanced Physiotherapist Practitioners
	Advanced Podiatrist Practitioners
	Apprentice Physician Associates
	Care Coordinators
	Dieticians
	First Contact Physiotherapists
	General Practice Assistants
	Health and Wellbeing Coaches
	Mental Health Practitioners
	Nursing associates
	Paramedics
	Pharmacy Technicians
	Physician Associates
	Podiatrists
	Social Prescribing Link Workers
	Therapists - Occupational Therapists
	Trainee Nursing Associates
NWRS Only	Applied Psychologists - Clinical
	Apprentice - Health Care Assistants
	Apprentice - Others
	Apprentice - Pharmacists
	Apprentice - Phlebotomists
	Apprentice - Physiotherapists
	Apprentices
	Clinical Associates in Psychology
	Dispensers
	Health Support Workers
	Healthcare Assistants
	High Intensity Therapists
	Mental Health and Wellbeing Practitioners
	Other Direct Patient Care
	Peer Support Workers
	Phlebotomists
	Physiotherapists
	Psychological Wellbeing Practitioners
	Social Workers
	Therapists - Counsellors
	Therapists - Others
	Trainee Clinical Associates in Psychology
	Trainee High Intensity Therapists
	Trainee Mental Health and Wellbeing Practitioners
	Trainee Psychological Wellbeing Practitioners

Appointments:

2023/24 NHS Operational Plan Targets – NHS Cheshire and Merseyside currently offers 730,000 more appointments than at pre pandemic levels. This equates to an additional 14% compared to the same cumulative position in 2019 (April to August). As part of the Operational Planning ICBs were set a national target of 14.98m GP Appointments. For NHS Cheshire and Merseyside this equates to an additional 1.8m appointments by March 2024 (compared to 2019). Current performance shows 60,000 appointments under target

as at August 2023, however for the last 3 months actual appointments have exceeded plan figures.

Table 3 – Operational Plan Appointments



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019	1,019	2,073	3,064	4,209	5,194	6,316	7,646	8,809	9,823	10,998	12,041	13,140
Plan	1,128	2,459	3,654	4,802	5,988	7,260	8,723	10,117	11,320	12,485	13,634	14,988
Actuals	1,045	2,237	3,497	4,688	5,924							

Appointments: % of appointments within 2 weeks of booking. The National IIF ask is 85% (Lower Threshold) and 90% (Upper Threshold) of appointments to take place within 2 weeks of booking. NHS Cheshire and Merseyside performance currently sits at 85.5% of appointments taking place within 2 weeks. 216 (of 350) GP Practices are delivering 85% of appointments within 2 weeks of booking.

Table 4 – Appointments within 2 weeks of booking

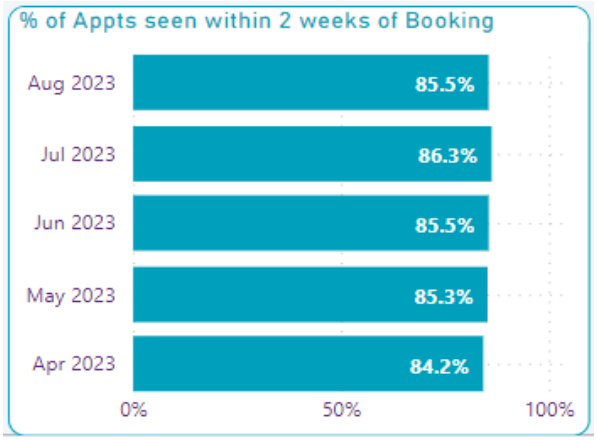


Table 5 - Appointments split by mode – year on year comparison (Jan-Sep)

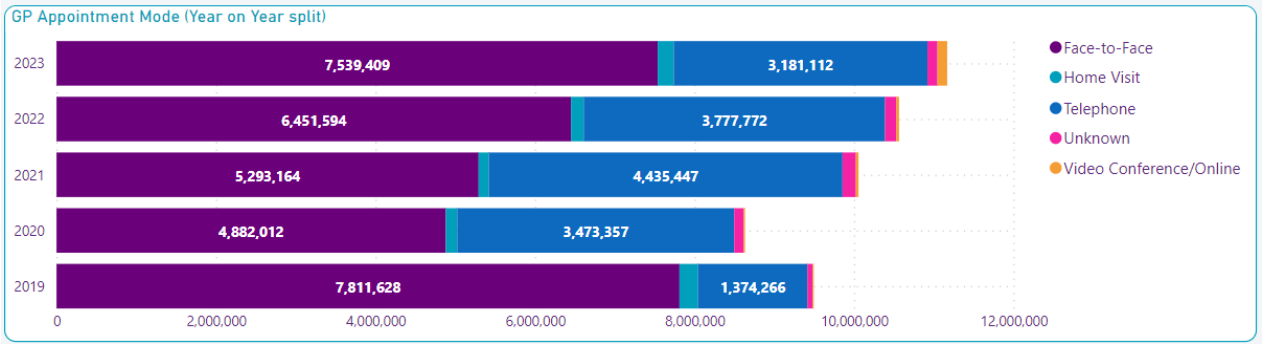
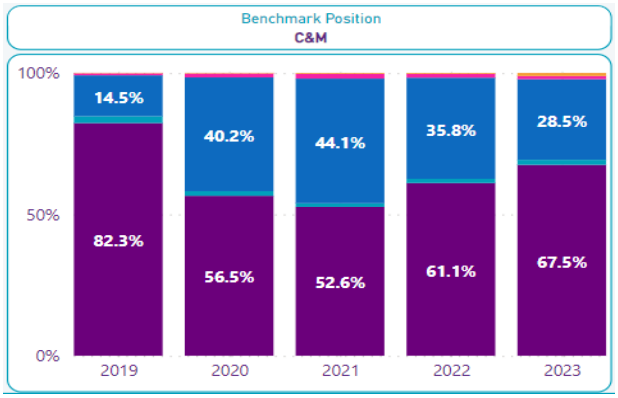
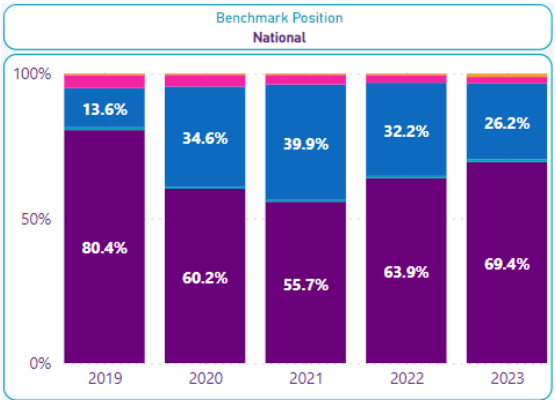


Table 6 - Appointments % split by mode – year on year comparison (Jan-Sep): NHS Cheshire and Merseyside vs. England Average





Increase in new doctors

- There are currently 103 Fellowships across NHS Cheshire and Merseyside and we plan to invest £1.6 million in 23/24 with a target of 140 to be achieved by March 24.
- NHS Cheshire and Merseyside are using the 2031/32 ambition of 6,000 extra GPs adjusted to apply to March 24. This translates to a target of 1,868 extra GPs by Mar 2024.
- We currently have 1,847 FTE GPs and are predicting that by year end we will have 1,836. We therefore forecast that by year end there will be a shortfall of 32 FTE GPs.
- Further work is required to refine this trajectory for 24/25 and beyond.
- In 23/24 NHS England further funded a local recruitment offer to ICBs, for PCNs with MIAA (Mersey Internal Audit), who between April 2023 and September 2023 supported and filled 92 vacancies for PCNs with their candidates.

Retention and return of experienced GPs

- We know more and more GPs are planning to retire earlier NHS Cheshire and Merseyside currently has 611 GPs (head count) over the age of 50.

- This equates to 477 WTE which represents 26% of our overall GP workforce. NHS Cheshire and Merseyside currently has 30 doctors on the National GP retention scheme and we continue to work with regional leads to promote and support this scheme.

- In 23/24 NHS Cheshire and Merseyside will invest a minimum of £659,000 at Place and system level in GP retention initiatives.

- In May 2023 we agreed our GP Retention Plan which was developed with our colleagues at the NHS Cheshire and Merseyside Training Hub, Place colleagues and wider stakeholders.

Table 7 - Breakdown of GP Full Time Equivalent by Age band – latest 4 months

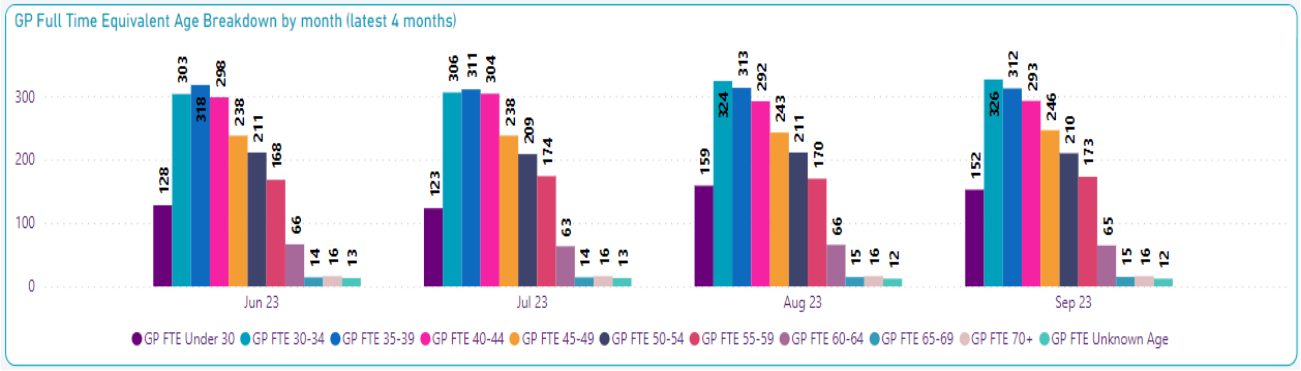
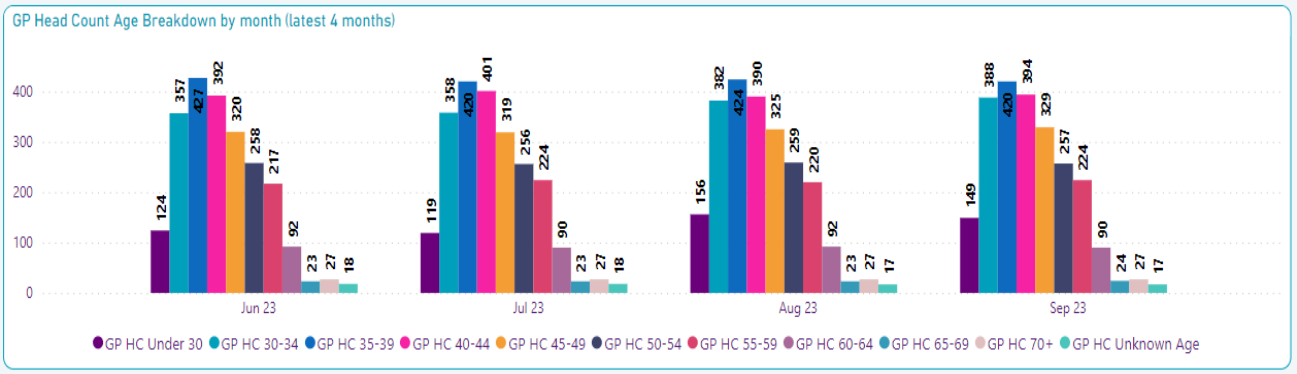


Table 8 – Breakdown of GP head Count by Age Band – Latest 4 Month



- The plan identified the following areas for spend for 2023/24;

  ✓ GP Mentors - £392,000 available (but not committed) for 23/24 for this, with 20 active trained GP Mentors with a target of an additional 5 GP Mentors by March 2024

- ✓ Next Generation GP initiative - one active programme across Cheshire. Discussions underway with several Places regarding additional programmes across NHS Cheshire and Merseyside.
- ✓ GP Locum Peer Support networks
- ✓ Developing Portfolio Careers
- ✓ Career Conversations
- ✓ Face to Face networking
- ✓ GP Equality and Diversity in the workplace
- ✓ CPD and Training
- ✓ 'Your Voice, Your Career' engagement events completed in two places.
- ✓ GP Retention Survey(s) – currently completed in Cheshire East Place with responses from 95 GPs with analysis is underway. The survey will be used to develop local retention initiatives and map GP ambitions and portfolio working to local service delivery. Conversations happening with other Places to consider replicating this approach to help inform local retention approaches.

- £1.6 million investment in fellowships in 23/24 with a target of 140 to be achieved by March 24, current number is 103.

- Using the 2031/32 ambition of 6,000 extra GPs used and adjusted to apply to March 24. This estimated 23/24 national achievement target was then applied to C&M ICB pro rata. This translates to a target of 1,868 extra GPs for Mar 2024. NHS Cheshire and Merseyside have 1,847 (-21) FTE GPs against a Mar 24 target of 1,868 and are predicted to end the year with a figure of 1,836 (-32). We are currently forecast to end the 23/24 FY under this ambition by a shortfall of 32 FTE GPs. Further work is required to refine this trajectory for 24/25 and beyond.

- In 23/24 NHS England further funded a local recruitment offer to NHS Cheshire and Merseyside, for Primary Care Networks (PCNs) with MIAA (Mersey Internal Audit), who between April 2023 and September 2023 supported and filled 92 vacancies for PCNs with their candidates.

Retention and Return of experience GPs

- We know more and more GPs are planning to retire earlier NHS Cheshire and Merseyside currently has 611 GPs (head count) over the age of 50. This equates to 477 Whole Time Equivalents which represent 26% of our overall GP workforce. There are currently 30 doctors on the National GP retention scheme https://www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/ and we continue to work with regional leads to promote and support this scheme.

- In 23/24 NHS Cheshire and Merseyside will invest at *least* £659,000 at place and system level in GP retention initiatives. In May 2023 the ICB agreed a GP retention plan developed with our colleagues at the NHS Cheshire and Merseyside Training Hub, place colleagues and wider stakeholder(s) which produced the following areas for spend for 23/24;

- GP Mentors - £392,000 available (but not committed) for 23/24 for this, with 20 active trained GP Mentors with a target of an additional 5 GP Mentors by March 2024
- Next Generation GP initiative - One active programme across Cheshire and discussions underway with several Places regarding additional programmes across NHS Cheshire and Merseyside
- GP Locum peer support networks
- Developing Portfolio Careers
- Career Conversations
- Face to face networking
- GP Equality and Diversity in the workplace
- CPD and Training
- 'Your Voice, Your Career' engagement events completed in two places.
- GP Retention Survey(s) – currently completed in Cheshire East Place with responses from 95 GPs with analysis is underway. The survey will be used to develop local retention initiatives and map GP ambitions and portfolio working to local service delivery. Conversations happening with other Places to consider replicating this approach to help inform local retention approaches.

6.2 Wellbeing

In 23/24 NHS England supported NHS Cheshire and Merseyside with continuation of the Health Assured wellbeing offer for all practice time. 40 staff have taken up this offer so far this year. £75k has been secured from NHS England for further intense support for practices that experience serious violent and aggressive incidents in a practice. The external funding is not recurrent and therefore will be a priority for the ICB to prioritise ongoing investment to support the wellbeing of GPs and all practice staff from 2024/25.

6.3 Primary Care Strategic Estates Plan

The national NHS Property Services Town Planning Team are supporting NHS Cheshire & Merseyside to request Section 106 (S106) healthcare contributions for major planning applications over 200 units and respond to local planning policy consultations.

Cheshire and Merseyside Health and Care Partnership's agreed estate strategy sets out our system commitment for the next five years. We are committed to the NHS, local government and other agencies working together to deliver our Estates Plan and take steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them.

Our focus for delivery will primarily be in eight key areas:

1. **Fit for Purpose** – Our Estate will be fit for purpose. It will accommodate the needs of patients and staff alike and provide the best possible care for those who need it the most.
2. **Maximising Utilisation** – We are committed to maximising the utilisation of clinical space. We will be efficient in our design and operation of services.
3. **Environmentally Sustainable** – Our Estates will be more environmentally sustainable. We are willing to invest in making our buildings more energy efficient to make

this happen. Reduce our carbon footprint and play an active role in tackling climate change.

4. **Value for Money & Social Value** – We will strive to ensure maximum value for money and economic benefit for society. We will continuously look for ways to improve social value and make a positive impact on society.
5. **Services & Buildings in the right place** – We want to ensure that everyone has access to the care they need when they need it. Providing care in the right buildings with the right staff and resources.
6. **Flexibility** – We aim for flexibility to be built into our Estate. We will adapt our buildings and facilities to meet the changing needs of the service and constantly review /make changes where necessary.
7. **Technology** – We will optimise the use of Technology for our Estate, making sure our buildings are "Digitally Ready"
8. **Working in Partnership** – We are committed to working in partnership with Local Authorities and other agencies to allow for more efficient use of resources and create opportunities for better health outcomes.

Since April 2023 a total of £2.7m S106 healthcare contributions have been requested to mitigate the impact of new housing on primary care services for significant developments across Cheshire, Halton, Knowsley, St Helens and Wirral.

Where we are successful in securing S106 funding the team will work directly with place primary care leads and individual practices to deliver improvements to infrastructure.

Progress so far

- The Cheshire and Merseyside programme to develop PCN clinical and estates plans will be completed by the end of November. In additions to the plans for PCNs each Place and NHS Cheshire and Merseyside will have a prioritised list of primary care projects for future investment which will be considered as part of the Integrated Care System Infrastructure Strategy.

- NHS Cheshire and Merseyside has commissioned NHSPS to support Places in responding to planning applications and identifying requests for Section 106 infrastructure funding.

- As part of normal planning processes, NHS Cheshire and Merseyside is working with local stakeholders to take account of areas where housing developments are putting pressure on existing services.

- In addition we continue to have local discussion at Place Strategic Estates Groups on local pressures and specific cases.

- Regarding existing plans, these are currently coming to completion for primary care and PCNs across all 9 places with the individual knowledge transfer meetings being held with each of the 9 places over the next two weeks and the central ICB meeting

planned for 14 December 2023. This work will give us full list of primary care priorities for C&M including capital and revenue implications.

6.4 Next Steps

A formal response to the NHS Workforce Plan will be developed once the further national guidance is released, which will include combining actions from the GP Retention Plan and also include the plan for nursing and other allied health professionals/direct patient care staff.

By March 2024 to Board, to be confirmed by People Board/Primary Care Workforce Steering Group

- Clear targets and trajectories for workforce from 24/25 onwards, as part of the above plan for appointments and workforce, but for elements where targets are tbc (see Performance Dashboard, Appendix 12, for current gaps)
  By March 2024 to Board

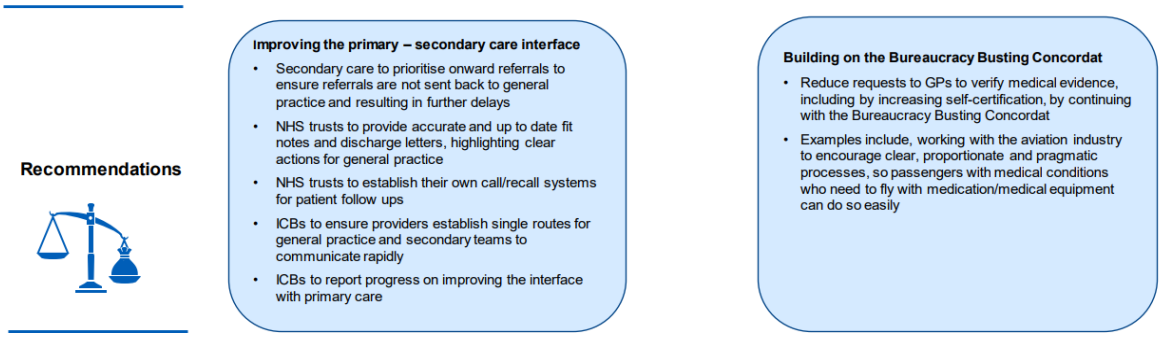
- Understanding and planning for any assumptions made in relation to the additional roles (ARRS scheme) once the national GP contract from 24/25 has been agreed (still under negotiation)
  TBC

- Places with particular challenges in relation to appointments and workforce will be undertaking further place actions as detailed in their place plans to address this - place plans will be updated to reflect progress.
  By March 2024 to Board

- Recognising the huge pressures facing our primary care staff, further work for 24/25 on wellbeing offers, which will be a major theme for the improvement plan.
  Update at March 2024 Board

7. Busting Bureaucracy

7.1 Consensus on the Primary Secondary Care Interface



- We published our Consensus on the Primary and Secondary Care Interface in June 2022. This document was created collaboratively with Primary and Secondary Care across the Integrated Care System footprint.

- The principles within the document include within it the national asks detailed above.

- The Consensus and the Primary Care Access Recovery Plan has been presented to the following Cheshire and Merseyside groups;

    - Trust Chief Executives
    - Trust Medical Directors
    - Trust Chairs
    - Trust Chief Operating Officers

7.2 Primary Secondary Care Interface Groups

- We have established Primary Secondary Care Interface Groups across the Integrated Care System footprint:
    - North Mersey
    - Mid Mersey
    - Wirral
    - Warrington
    - Cheshire West
    - Cheshire East

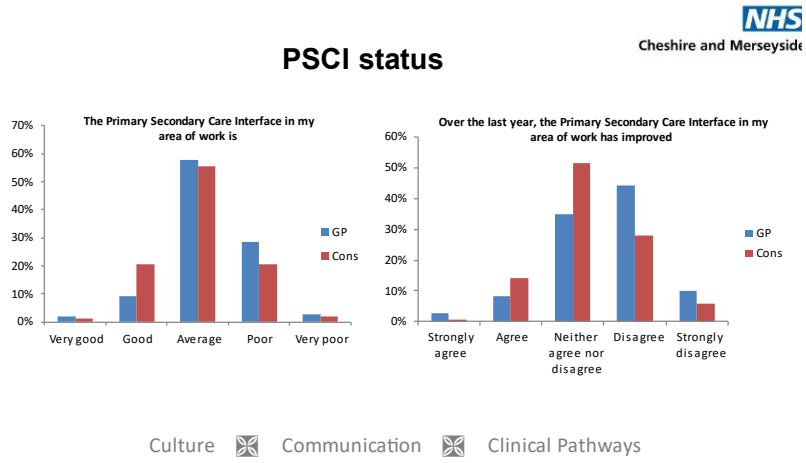
- These groups are working on ‘operationalising’ the consensus document and thus delivering the asks within the Primary Care Access Recovery Plan.

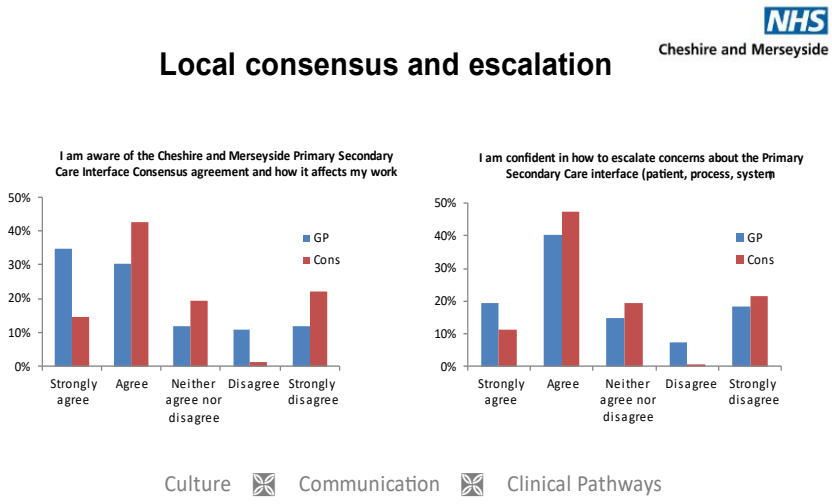
- In particular they are looking to ensure there are clear escalation routes and communication between Primary and Secondary Care.

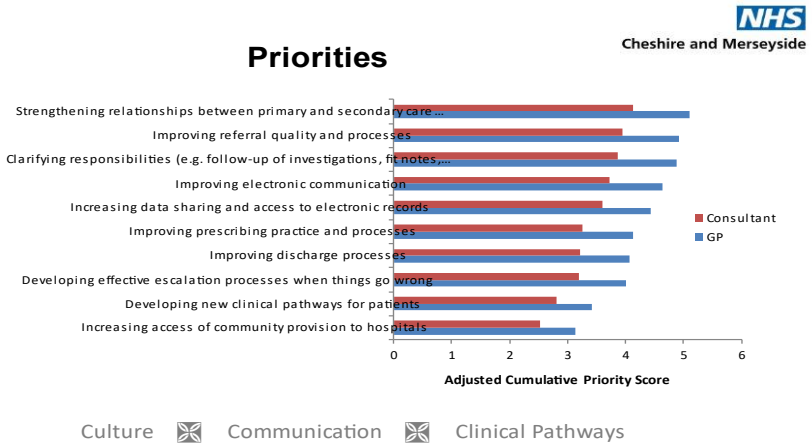
- The groups have representation from both Primary Care clinicians including Local Medical Councils as well as Secondary Care colleagues, typically Medical Directors or Associate Medical Directors.

7.3 Primary Secondary Care Interface Survey

- We have undertaken a survey to assess the current satisfaction with the Primary Secondary Care Interface (PSCI).
- 283 clinicians responded to the survey with a roughly equal split between Primary and Secondary Care responders.
- Key headline results show that GPs are slightly less satisfied with the current situation than consultant colleagues, but that all clinicians have the same priorities.
- The key priority for all clinicians is to improve relationships between Primary and Secondary Care.







- We also have a wealth of qualitative feedback from the survey to analyse and inform ongoing work within our Primary Secondary Care Interface Groups.

7.4 Bureaucracy Busting Concordat

- We continue to wait for further information and national guidance in this area but will look to lead on some local changes with wider system partners such as education and housing to reduce the burden on practices who receive requests for doctors' letters to support a variety of asks from patients.

7.5 Key Challenges

- This workstream requires collaboration across the whole system. There is concern that secondary care may not recognise the need for this work, seeing it as an issue facing Primary Care, rather than a s a true system issue affecting patient pathways.

7.6 Next Steps

- Ongoing work within PSCI Groups.

- A draft Trust Communications Toolkit and a draft Trust Checklist have been produced. These are proposed to be distributed to Trusts shortly for use and completion.

8. Next Steps and Key Milestones

1. **December 2023** Plan to System Primary Care Committee.

2. **To End of March 2024** Programme Board structures remain in place.

3. **Jan 2024 onwards** - Dashboard updated monthly and reported to System Primary Care Committee, Place level plans updated and monitored at place level, with collective discussions at fortnightly primary care leads meeting (inter place and system).

4. **Jan – March 2024** Patient feedback – how do we know our plans are working. Commission additional work pending the GP Patient Survey 2024, at place/system level to understand the impact of these measures – to be discussed further with Health watch colleagues. This will include targeted work with our most challenging communities and will be informed by the working in our Equality/Health Inequality analysis.

5. **Jan-March 2024 -** Gather in more case studies of 'success' / best practice.

6. **March 2024 –** Updating our actions in relation to Equality/Health Inequality analysis including bringing a more bespoke plan to Board to underpin this.

7. **March 2024** Plan returns to Board March 24 with missing targets for 24/25 agreed and in place plus updates in all areas.

8. **March 2024** - Place plans updated for March Board, ongoing assurance at place level through place primary care forums/assurance visits.

9. Appendices

A1	Equality and health inequality analysis and report  EHIA - PCARP
A2-10	Place Plans x 9 Note – *all place appendices have been removed for the purposes of this paper only but are available on request*  East Cheshire.docx  Halton.docx  Knowsley.docx  Liverpool.docx  System Plan Sefton v4 FINAL.docx  St Helens.docx  Warrington.docx  West Cheshire.docx  Wirral.docx
A11	Communications Overview summary
A12	Place Checklist for Primary Secondary Care Interface Trust Checklist for Primary Secondary Care Interface Primary Secondary Care Interface Communications Toolkit  Place Primary Secondary Care Interf  Trust Primar Secondary Care Interf  PSCI Communications Tool
A13	Access Improvement Dashboard
A14	Investment in Access recovery
A14	Risk Register  Risk Register

Appendix 11 – Communications overview summary (as at October 2023)

Primary Care Recovery Access Plan (PCARP) communications and engagement overview: The table below sets out milestones for the PCARP communications and engagement approach, and shows the different levels where activity will happen. Each milestone will have an individual action plan. As in most cases activity will align with the national approach – for consistency and to increase impact – campaign start dates are dependent on NHSE timescales.

Milestone	National activity	NHS C&M communications and engagement (C&E) team activity	Other activity
Additional roles in primary care campaign (launch planned for 19 October 2023, with activity continuing for a number of months afterwards)	PR activity to generate content and media coverage to increase patients' knowledge and confidence in the primary care triage process, and the wider multi-disciplinary team of clinicians that are available in general practice. Production of new patient/public video for use on websites/social media. Production of a toolkit for GP practices.	Cascade communications toolkit to practices via GP briefing. Produce C&M press release and local case study films, for use in local PR, across NHS C&M channels (website, social media and newsletters) and by practices. Issue briefing note to key stakeholders, incl. Healthwatch.	Individual GP practices to use toolkit assets on their own communications channels (e.g. websites and social media). Place directors/primary care teams to share briefing and toolkit with any additional local stakeholders/groups as required.
PCARP plan presented to NHS Cheshire and Merseyside ICB (30 Nov 2023)	n/a	C&E team to issue press release providing summary of C&M plans, including what it will mean across different Places. Content will be used in C&M stakeholder bulletins.	Place directors/primary care teams to share with any additional local stakeholders as required.
Access routes to primary care comms, (currently proposed for Q4 2023/24)	Campaign around routes for accessing general practice services, focusing on digital.	As for additional roles in primary care campaign. Targeted social media activity – utilising health inequalities data – using budget from system development fund.	As for additional roles in primary care campaign.
Wider care available campaign (tbc – potentially spring 2024)	Potential campaign to support new community pharmacy common conditions service.	As for additional roles in primary care campaign.	As for additional roles in primary care campaign.

In addition to the milestones highlighted above, both GP and pharmacy access feature in the Cheshire and Merseyside Winter Communications and Engagement Plan, which includes focal points such as Ask Your Pharmacist Week, Self Care Week, World Antimicrobial Awareness Week, and advice for Christmas/Bank Holiday prescriptions and access (system development fund budget will be used to boost social media messaging around the latter over the holiday period). This activity will be co-ordinated centrally by the communications and engagement team, and shared with NHS C&M Place primary care teams and C&M practices through the fortnightly GP briefing. The team is also planning a separate piece of work aimed at supporting PCNs to develop skills and share best practice in patient involvement, which it is hoped will also provide further opportunities around GP access communications.

Appendix 13 – Access Improvement Dashboard

REF	Area	Actual	Target	BY	RAG	Comments
	ICB Access Recovery Plan - Performance Dashboard v22					
	AS AT October 2023					
1. Empowering Patients						
1.1	No. of additional CCS, OC & BP consultations delivered	TBC	TBC	TBC	TBC	Working locally to develop metric data
1.2	No. of pharmacies registered for CCS/PF	TBC	TBC	TBC	TBC	Working locally to develop metric data
1.3	No. of pharmacies registered for BP/OC	TBC	TBC	TBC	TBC	Working locally to develop metric data
1.4	% of 7 self-referral pathways in place across ICBs	TBC	TBC	30.09.23		Have NW position but not C&M as %
1.5	50% increase in self-referrals	3,420	3,685	31.03.24		Numbers as provided by NHSe. C&M ICB BI colleagues working with NHS Digital to produce local monitoring which will allow for indivudal Provider discussions. Worth noting that the C&M ICB target is based on a Provider being classed as a 'Cheshire & Merseyside ICB Provider', rather than a C&M ICB registered patient.
1.6	CPS Referrals	15,209	TBC	TBC	TBC	To date (Sep-23) there have been 15,209 referrals. This equate to 4.87 referrals per 1,000 patients. Worth noting there have been 348 declined referrals
	NHS App					
1.7	Practices/PCN have enabled all four NHS App functions for patients: Records	97.4%	90%	31.07.23		Updated from POMI for Sept 23 - 9 practices have not enabled this function
1.8	Practices/PCN have enabled all four NHS App functions for patients: Appointments	84.0%	90%	Ongoing		Updated from POMI for Sept 23 - 53 practices have not enabled this function
1.9	Practices/PCN have enabled all four NHS App functions for patients: Messages	N/A	N/A	N/A		Not Available
1.10	Practices/PCN have enabled all four NHS App functions for patients: Prescriptions	97.1%	90%			Updated from POMI for Sept 23 - 10 practices have not enabled this function
1.11	Enable patients to have access to the four key NHS App functionalities (records, messages, apps, scripts): % practices enabled to book/cancel appointments	44.1%	TBC	31.03.24		Updated from POMI for Sept 23
1.12	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled to order repeat prescriptions	49.6%	TBC	31.03.24		Updated from POMI for Sept 23

1.13	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled to view care records	20.4%	TBC	31.03.24		Updated from POMI for Sept 23
1.14	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled for at least one online service	TBC	TBC	31.03.24		Digital team unable to access this to report latest information
2. Modern General Practice Access						
	Transformation Support					
2.1	No. of practices participating in INTERMEDIATE support offer:	30	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
2.2	No. of practices participating in INTENSIVE support offer:	16	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
2.3	Total Number of Practices participating in national support offers:	46	63	31.03.25		63 is ICB "fair share" of national available resource.
2.4	No. of practices at Modern General Practice Access Model:					This will be collated based on the national definitions by the next board update.
	Transition and Cover Support (Average of £13.5k for those needing support)					
2.5	Number of Practices identified as receiving Transition cover 23/24	0	No national target	31.03.25		Places working with practices to identify early cohorts for support. No funding drawn down as yet as it is provided on a reimbursement basis.
	Nominations and Allocations to Care Navigator Training					
2.6	How many practices have identified 1 x person for the national training programme?	146	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.

2.7	How many practices have identified 6 x persons for the C&M local training programme ?	220	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
2.8	How many PCNs have identified digital and transformation leads?	36	No national target set for ICB	31.03.25		PCN participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
	Digital Telephony					
2.9	Number of Practices transitioned to cloud-based telephony	0	36	31.03.24		All practices actively working with National Commercial & Procurement hub. Contracts must be signed by 15th December 2023 - 1 signed currently
2.10	Number of evergreen practices transitioned to cloud-based telephony	0	5	31.03.24		All practices actively working with National Commercial & Procurement hub
3. Building Capacity						
3.1	ARRS - Number of ARRS WTE and which roles	1060	see line 39	31.03.24		Additional WTE roles
3.2	Additional GPs recruited in year (numbers are headcount GPs)	1836	1868	31.3.24		using national ambition 'extra 6000 GPs by 23/24'
3.3	DPC Staff our share of 26,000 national ambition by 31.3.204	1,453	759	31.3.24		figure is number of roles' DPC direct patient care staff
3.4	GP Mentors	20	25	31.3.24		
3.5	Fellowships	140	103	31.3.24		
3.6	UNDERGRAD MED SCHOOL PLACES: NW Baseline – 900 approx. NW increase 100 by 2025, 375 by 2028 and 1000+ by 2031					NHSE to confirm this
3.7	Number of GPs on National Retention Scheme	30				https://www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/
3.8	Training Practices - increase number	210		24/25		
3.9	Practice Nurse HC total	699	TBC	TBC	TBC	Target TBC
3.10	Vacancies GP					Not currently collected - 24/25 ambition

3.11	Vacancies supported / filled by MIAA offer 23/24	92				
3.12	No. of **additional** appointments	730,000	1.8m	Mar-24		Using planning guidance assumptions (60k under currently)
3.13	Face to face appointments (note Pre pandemic 2019 levels were 921k)	927k				Cumulative – as at September 2023
3.14	Telephone appointments (note pre pandemic 2019 levels were 150k)	336k				Cumulative – as at September 2023
3.15	On line appointments (note pre pandemic 2019 levels were 2k)	34k				Cumulative – as at September 2023
3.16	Deliver on same day appointments - No.of GPs					Target/Data source TBA
3.17	Deliver on appointment within 2 weeks - No. of appointments at lower threshold	85.50%	90%	Mar-24		The National IIF ask is 85% (Lower Threshold) and 90% (Upper Threshold) of appoint-ments to take place within 2 weeks of booking.
3.18	Deliver on appointments within 2 weeks - number of practices delivering on lower threshold	216	430	Mar-24		Out of 350
3.19	Practices with GPAD enabled	100%	100%	Aug-23		NHSE supplied data
3.20	PCNs – GPAD Enabled	48	34	Aug-23		Note - GPAD enabled but full PCN data is still a challenge as different appt book/system so not all available data may be captured at the moment.
3.21	PCNs – GPAD reviewed	48	33	Dec-23		See note above
3.22	**well being** - number of staff who have access offers	40				offer end in March 24
3.23	ADULT NURSE TRG PLACES: NW Baseline – 3350 approx. NW increase 250 by 2025, 1200 by 2028 and 2700					TBC from 24/25
3.24	ADVANCED PRACTITIONERS: ACP Baseline NW – 450 approx. – increases of about 100.					TBC from 24/25
3.25	CLINICAL APPRENTICESHIPS: NW Baseline – About 1 in 10, by 2030 aim 1 in 6					TBC from 24/25
3.26	MED DEGREE APPRENTICESHIPS: At least three providers in the NW interested					TBC from 24/25
3.27	PHARMACIST UNDERGRADS: Working with Jane Brown (NW Pharmacy Dean on numbers).					TBC from 24/25
4. Cutting Bureaucracy						
4.1	Onward referalls C2C	44,677	TBC	01.03.24		Year to date (April – September) there have been 44,677 C2C referrals, using Outpatient First Attends as a proxy. This equates to 6.5% of referral to Acute Sec-ondary Care. This number of C2C refer-rals is an increase on the last 3 years.
4.2	Number of fit notes, discharge letters issued by 2ndc	TBC	TBC	01.03.24		Initial scoping has identified a number of interdependencies related to this

4.3	Call and recall	TBC	TBC	01.03.24		requirement. Further clinical and technical infrastructure insight required to inform next steps. Potential for workshop involving all stakeholders to map current position and future state. Update will be in March 24 ICB Board papers.
4.4	Clear points of contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: eg single outpatient department email for GP practices or primary care liaison officers in secondary care.	TBC	17 NHS Trusts	30.11.23		Initial scoping has identified a number of interdependencies related to this requirement. Further clinical and technical infrastructure insight required to inform next steps. Potential for workshop involving all stakeholders to map current position and future state.
4.5	Roll out online patients registration service to up to 2,000 Nationally practices by December 2023	31.6%	32%	31.12.23		C&M fair share target is 32%. Good progress been made within the last month - position 22% @ 14/9/23, current position @ 25/10/23 31.6% (112 practices). NHSE national team attending Digital Primary Care Board meeting 8th November to share examples of good practice amongst C&M practices.
4.6	Reduce requests for GPs to provide medical evidence for other government					This is a national task / awaiting further guidance.
4.7	To establish primary-secondary care interface forums and report progress on AoMRC key asks	6	6	TBC		We have a target of 6 PSCI groups and we have 6. They will in due course report on the AoMRC recommendations. Each PSCI group is working on establishing the communications asked for so still amber.
5. OTHER AREAS						
	Communications					
5.1	% of population that understand digital access routes					This may be being collated regionally
5.2	% of population understand community pharmacy					This may be being collated regionally
5.3	% of population confident in MDT and triage					This may be being collated regionally
	Integrated System related					
5.4	Calls to 111 (that could have been managed in primary care)					To be confirmed for 24/25
	Other					
5.5	National GP Patient Survey – overall experience 'good' returns to previous levels	72%	84%	July survey	TBC	For reporting in 24/25 survey

5.6	Friends and Family Test 'Good'	90.1%	90%	Mar-24		Note - some practices not submitting data/being followed up
5.7	Place improvement plan in place and agreed	9	9	20.10.23		Complete

Appendix 14 – Investment in Access and Recovery

SDF and Primary Care Access Recovery Funding	Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	Central - C&M ICB	Total
GP Practice Fellowships										1,667,000	**1,667,000**
Supporting GP Mentors										392,000	**392,000**
GP IT and Resilience	84,609	42,056	29,437	40,994	136,521	63,817	45,755	44,929	80,210		**568,328**
C&M GP Retention	40,166	40,166	36,666	10,041	40,166	40,166	36,666	36,666	40,166		**320,869**
Top Slice for Digital Funding										600,000	**600,000**
Transformation Funding Pool	460,348	190,836	160,161	223,042	742,791	347,221	248,945	244,453	436,420		**3,054,216**
Leadership & Management	280,342	264,149	94,485	135,827	452,343	211,450	151,603	148,866	265,770		**2,004,835**
Total SDF 23/24	**865,466**	**537,207**	**320,749**	**409,904**	**1,371,821**	**662,654**	**482,969**	**474,914**	**822,566**	**2,659,000**	**8,607,248**
Capacity and Access Support Fund (CAP)	1,133,253	1,067,876	394,273	549,069	1,828,551	854,764	612,840	601,788	1,074,348		**8,116,762**
Capacity and Access and Improvement Payment (CAIP)	485,680	457,661	168,974	235,315	783,665	366,327	262,646	257,909	460,435		**3,478,612**

Transition Cover and Transition Support Funding										2,050,000	**2,050,000**
Cloud Based Telephony										1,178,000	**1,178,000**
ARRS Support	9,439,441	9,043,560	3,283,547	4,325,923	14,115,602	6,860,053	5,107,025	5,097,845	8,509,091		**65,782,087**
Pharmacy Offer (£TBC)											**0**
Primary Care Access Rovery Support Funding	**11,058,374**	**10,569,097**	**3,846,794**	**5,110,307**	**16,727,818**	**8,081,144**	**5,982,511**	**5,957,542**	**10,043,874**	**3,228,000**	**80,605,461**
Total Funding	**11,923,840**	**11,106,304**	**4,167,543**	**5,520,211**	**18,099,639**	**8,743,798**	**6,465,480**	**6,432,456**	**10,866,440**	**5,887,000**	**89,212,709**