Meeting of BNSSG ICB Board

Date: Thursday 4th July 2024
Time: 12:30 – 15:10
Location: Virtual MS Teams

Agenda Number:	6.3	
Title:	Primary Care System Access Improvement Plan Update	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	

Purpose: For information and discussion.

Key Points for Discussion:

The purpose of this paper is to provide the ICB Board an update on progress against delivery of the BNSSG System Access Improvement Plan. The plan was approved by ET and Primary Care Committee (PCC) in October 2023 and the ICB Board in November 2023, in response to the nationally published delivery plan for recovering access to primary in May 2023.
NHS England (NHSE) require 6 monthly reports to go to ICB Board meetings to give a public update regarding the position of BNSSG against access recovery. PCC receives bi-monthly highlight reports for assurance. This paper gives an overview of progress in delivery in year one.

Recommendations:	The BNSSG ICB Board is asked to note the Year 1 progress in delivery of the BNSSG System Access Improvement Plan.
Previously Considered By and feedback:	Access Recovery Working Group Health Overview and Scrutiny Committees (HOSC) Primary Care Committee 21st May 2024 ICB Executive Team 10th June 2024
Management of Declared Interest:	Not applicable.
Risk and Assurance:	Detailed risks and mitigation are included in the main body of the paper. The key risks are: • A significant change in culture is required in order to transition to and sustain a total triage model • Misinterpretation of the new ways of working leading to perceived increased access issues and decreased patient satisfaction • Risk of widening health inequalities due to digital exclusion

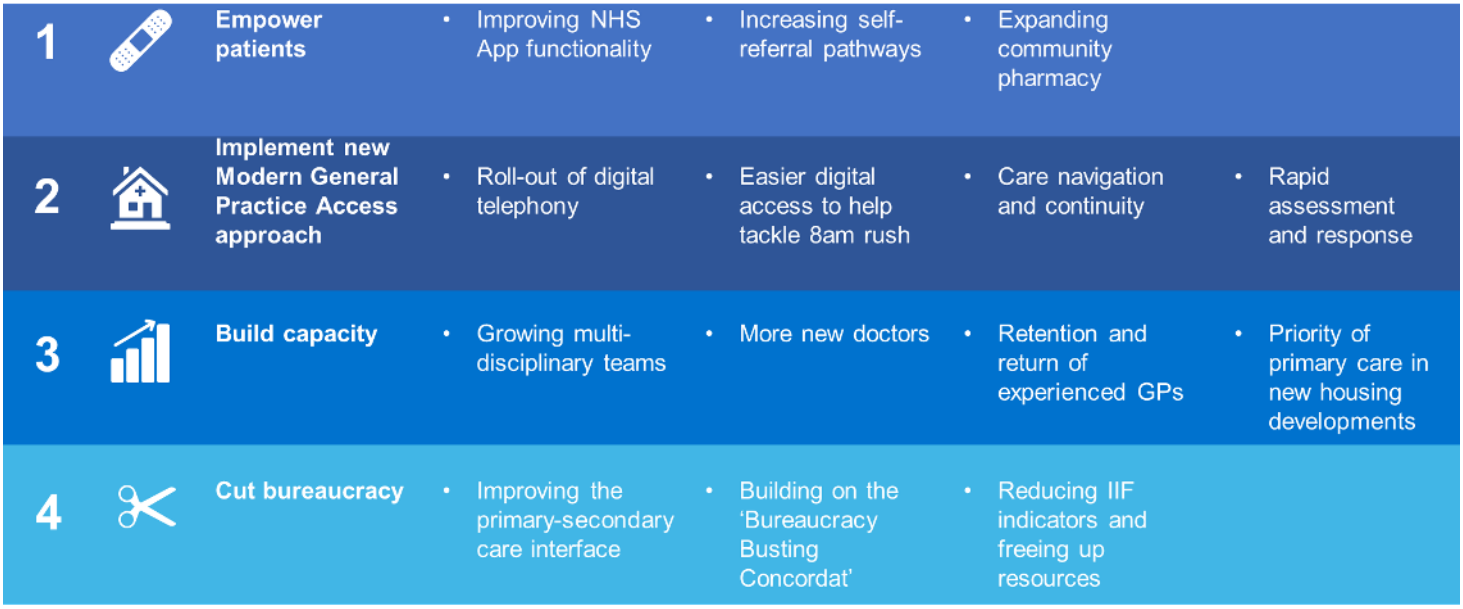
	• Increasing costs and pay rises could impact staffing levels that would be contributing to access plans • General practice collective action from 1st August that could impact progress to date and winter planning
Financial / Resource Implications:	The Impact and Investment Fund (IIF) was repurposed for 23/24 to support delivery against the access recovery plan. 70% of funding was paid directly to Primary Care Networks (PCNs) monthly. The remaining 30% was paid to all practices following review of delivery against PCN capacity and access improvement plans. In addition, all practices received Transition Cover and Transformation Funding to support moving towards a Modern General Practice following review against Expressions of Interest (EOIs). Primary Care Service Development Funding (SDF) has also been used to support practice resilience, digital transformation and workforce recruitment and retention initiatives.
Legal, Policy and Regulatory Requirements:	Not applicable.
How does this reduce Health Inequalities: **How does this impact on Equality & diversity:**	An Equality and Health Inequalities Impact Assessment (Appendix 1) has been completed for the access recovery plan. The delivery plan is designed to address the known health inequalities and improve the equality regarding access to primary care across the system.
Patient and Public Involvement:	The response to the access recovery plan and development of the system level access improvement plan has been based on the patient survey results. In addition, we triangulated all patient feedback to date in relation to the key areas of the plan to inform our actions. Healthwatch, as a member of the access recovery working group, worked with 6 PCNs to develop good news stories and share areas of good practice. We also review quarterly Healthwatch reports. Healthwatch provide access related insights following quarterly meetings that theme and prioritise feedback. All PCNs have included patient feedback mechanisms in their capacity and access improvement plans in addition to the annual patient survey and Friends and Family test.
Communications and Engagement:	The ICB, in collaboration with OneCare, have developed a local communication and engagement plan to support practices, in addition to using the national communication toolkit. This includes: a series of events calendar to track our opportunities for communication and engagement with all stakeholders; Healthwatch reports, HOSC feedback, mystery shopper exercise and practice support opportunities.
Author(s):	Beverley Haworth, Deputy Head of Primary Care Development Katie Handford, Models of Care Development Lead James Cox, Programme Officer: Primary Care Development
Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Chief Delivery Officer, BNSSG ICB

1. Introduction

In May 2023, the joint NHS and Department of Health and Social Care Delivery Plan for Recovering Access to Primary Care was published.

In response we developed our BNSSG system access improvement plan which reflected the three key ambitions:
1. Tackle demand peaks and reduce the number of people having trouble contacting their practice
2. Restore patient satisfaction in accessing their general practice
3. Support a move to a digitally enabled operating model in general practice

The four areas to support recovery and deliver the ambitions are:



Year 1 Key Achievements: -

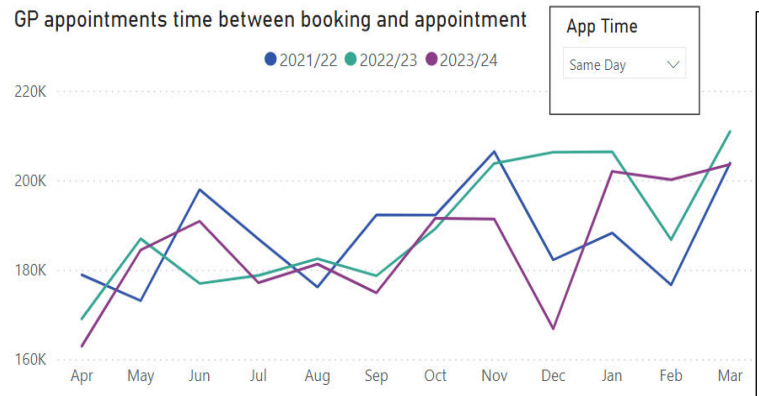
- Empower patients: Increased use of NHS App to 59%
- Empower patients: Nearly 100% of Community Pharmacies signed up to Pharmacy First
- Empower patients: Increased re-start of Friends and Family Test: 35 to 56 out of the 76 practices
- Modern General Practice: 100% of practices on cloud-based telephony
- Modern General Practice: Increase from 22% to 85% of practices with advanced telephony solution
- Modern General Practice: Increase in patients contacting their GP practice online from 35 to 92 online consultation submissions per 1000 registered population per month
- Build Capacity: 4% more general practice appointments in 2023/24 compared to 2022/23 – meeting the national target
- Build Capacity: consistently above SW and National average for appointments within 14 days (84%)
- Build Capacity: 3% growth in additional direct patient care roles in 2023/24 compared to 2022/23 – meeting the national target
- Cut Bureaucracy: Monthly Primary/Secondary Care Interface meetings with sub-groups for planned and urgent care established

The table and graphs below give an oversight of progress in key metrics, with further detail in the body of the report:

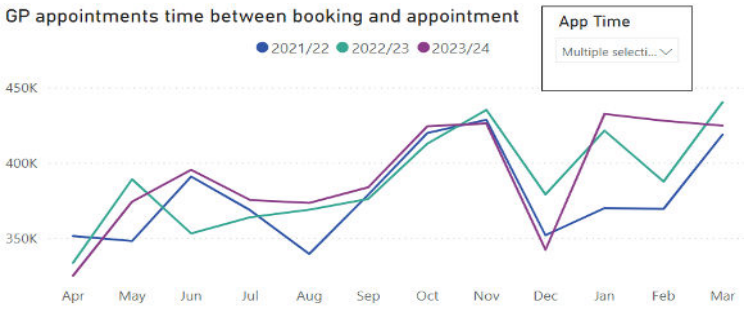
Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Area	KPI/ Metric	Baseline 31/3/23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	SW Ave/ Target
GPAD	BNSSG % of same day appts	40.40%	41.0%	40.4%	39.8%	39.5%	39.8%	35.3%	34.7%	37.3%	41.0%	39.4%	39.5%	40.1%	**41.20%**
	No. of practices one standard deviation below the National average for same day appts	14	11	12	13	12	13	14	11	12	11	10	11	9	**0**
	BNSSG % of appointments within 14 days	84.00%	81.8%	82.2%	82.6%	83.7%	82.6%	77.5%	76.9%	83.3%	84.1%	84.5%	84.5%	83.7%	**78.90%**
	No. of practices one standard deviation below the National average appts within 14 days	8	5	6	4	4	5	3	2	4	4	2	3	4	**0**
	BNSSG % of F2F appointments	56.90%	64.4%	64.2%	64.0%	64.2%	55.8%	67.3%	68.7%	65.9%	65.1%	65.5%	62.4%	60.6%	**62.70%**
	No. of practices one standard deviation below the National average of F2F appointments	17	17	15	13	12	12	10	10	10	9	8	10	11	**0**
	Appointment rate per 100k population	2,201	2,054	2,148	2,048	2,016	1,945	2,227	2,369	2,143	1,994	2,165	2,242	2,355	**2688**
Online Consultations	No. of practices switching off online consultations during the day		17	17	14	9	9	5	5	7	12	11	6	10	**0**
	Online consultation submissions per 1,000 registered patient population	32	33	37	47	53	64	71	79	80	68	98	96	95	↑
	No of practices below BNSSG average of online consultations	44	50	47	48	50	48	44	44	46	46	45	43	40	↓
	% of practice with increased numbers of online consultations	73%	22%	63%	75%	56%	65%	56%	76%	51%	4%	100%	45%	30%	↑
Telephony	% of telephone consultations	31.40%	31.90%	31.50%	31.40%	31.20%	31.20%	27.90%	26.50%	29.90%	31.50%	30.70%	29.80%	29.90%	
	% of practices on advance telephony solution	22%	22%	22%	27%	31%	38%	38%	48%	52%	57%	67%	71%	75%	**57%**
111	BNSSG % utilisation of 111 slots	37%	36.40%	34%	35.30%	34.80%	32.20%	31.40%	31.10%	34.40%	30.40%	29.80%	30.50%	30.40%	↔
Online access	No. practices signed up to online patient access to records		11	22	45	58	63	63	70	72	72	72	72	72	**76**
	% of practices offering patients the ability to book/cancel appointments online	93.4	93.4	93.4	93.4	92.1	92.10%	92.10%	93.40%	93.40%	93.40%	90.8%*	93.20%	94.60%	**100%**
	% of patients enabled to book/cancel appointments online	50.1	50.4	50.5	50.5	47.9	48.10%	48.10%	50.90%	50.90%	51.00%	50.60%	50.80%	51.80%	**100%**
NHSApp	Uptake of NHS App	56.40%	57.00%	57.30%	57.60%	57.90%	58.10%	58.20%	58.90%	59.00%	59.00%	59.10%	59.20%	59.60%	**90%**
Care Navigation	% practices completed local care navigation training offer					70%	70%	70%	71%	71%	74%	74%	96%	96%	**100%**
	No. of PCNs completed local care navigation training offer					20	20	20	20	20	20	20	20	20	**100%**
	No. practices signed up to National care navigation training					5	5	5	7	7	7	22	22	22	
CPCS	No. of CPCS referrals	5,647	4,054	4797	5397	4886	4757	4784	5425	5801	5444	6699	**	**	**6000**



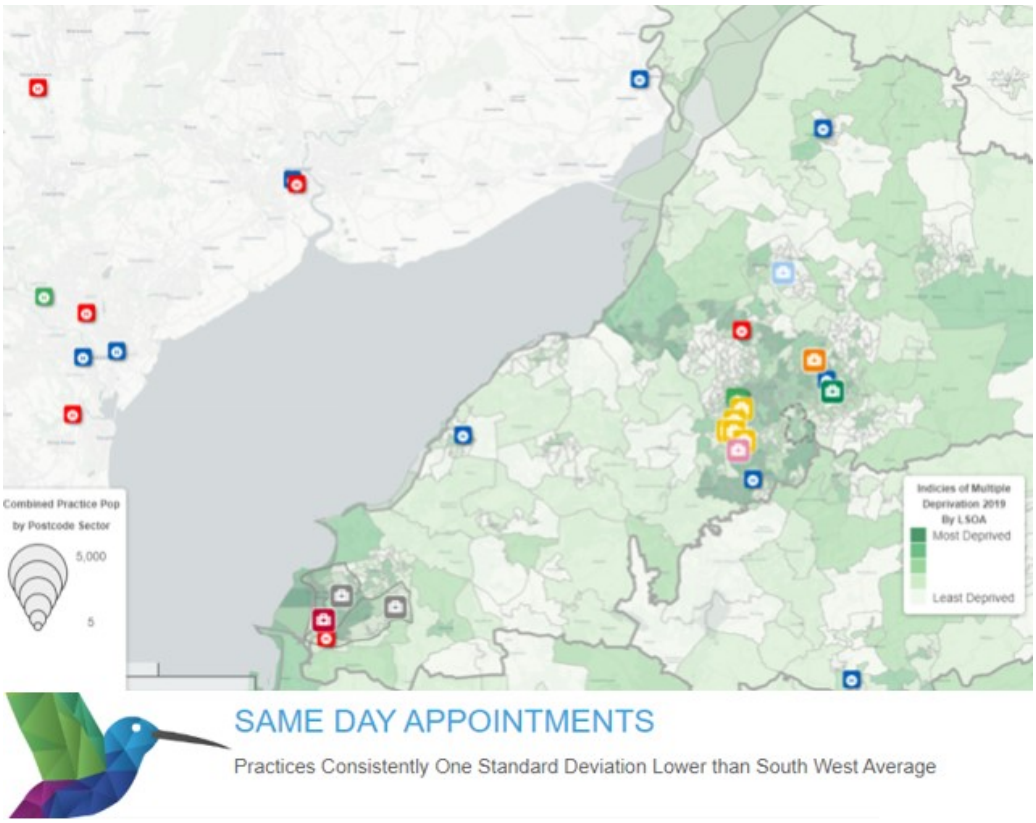
Same day appointments remain consistently around 40%, just below the SW average. We have reduced the number of practices below the national average from 14 to 9.
This metric gives an indication of patients who require urgent care, but is important to note the objective is to ensure when patients contact their practice, they know on the day how their request will be managed not given a same day appointment unless clinically appropriate. We cannot currently measure this and have asked the NHSE for support with understanding how this can be done/ will be measured.
Our aim is appropriate triage and care navigation, managing expectations of patients and patient choice. All practices have completed care navigation to embed this.



Appointments within 14 days are consistently above the SW and national average. We have reduced the number of practices below the SW average from 8 to 4. Our practices are working hard to ensure those patients who need an appointment within 14 days receive one. However, it is important to recognise that continuity of care is a priority in BNSSG, practices have welcomed the GPAD coding to support tracking of this metric and taking continuity of care into consideration.

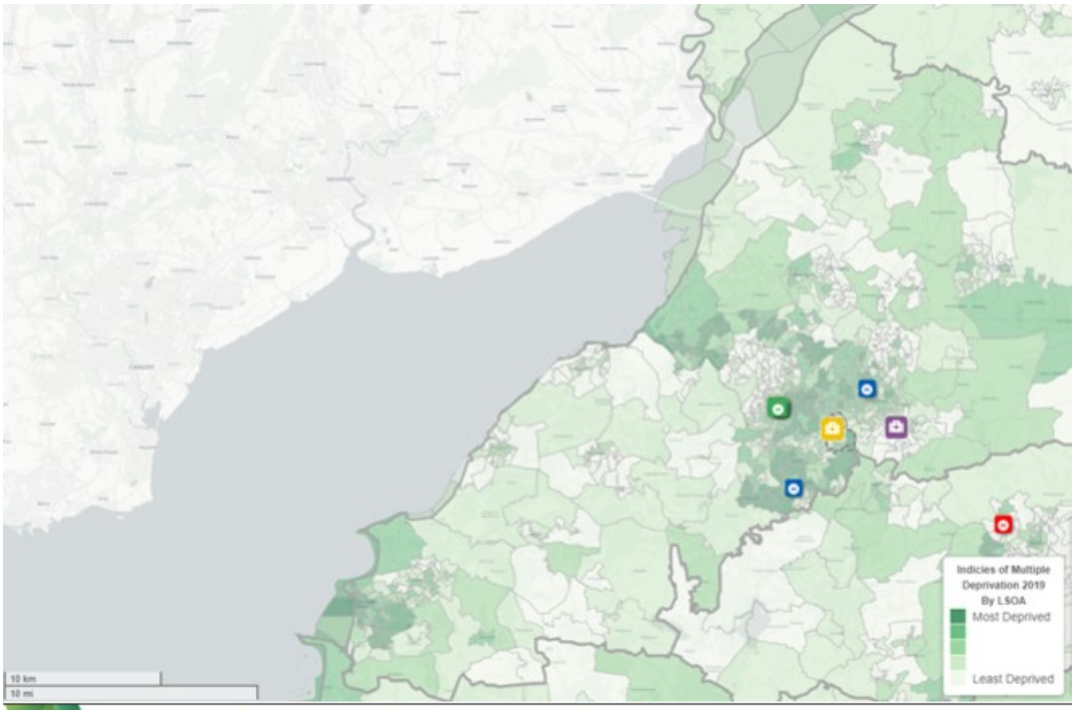
NHSE monitor us on same day and within 14 days appointments. For the reasons described above it is important for us to have a suite of metrics to gather the full picture for access. We have a dashboard that gives us early warning for practices who are consistently struggling with resilience and sustainability. We also follow up with practices consistently below or not improving against the SW and National average for the above metrics.

The maps below show the practices that are below the South West (SW) average for: same day and within 14 day appointments; practices with known telephone access issues and practices with consistently low Community Pharmacist Consultation Service (CPCS) referrals. The maps also highlight the areas of deprivations and where the nearest local hospital or minor injuries units are in relation to the practice.



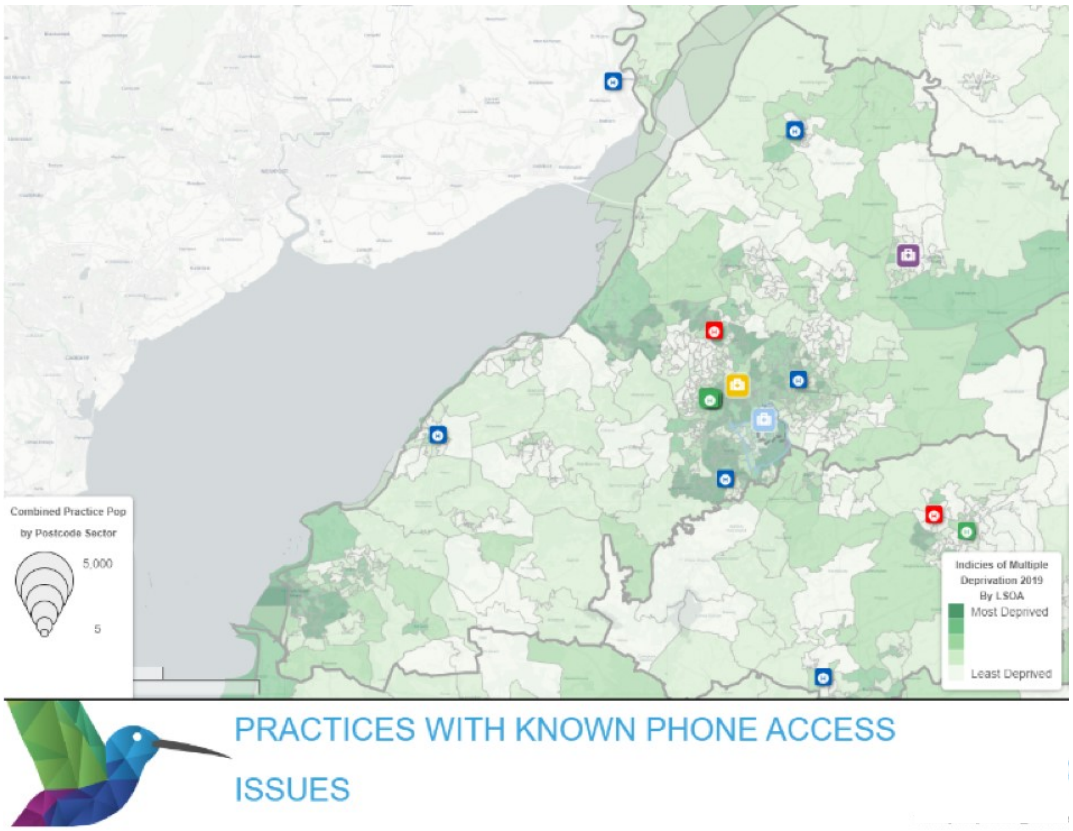
SAME DAY APPOINTMENTS

Practices Consistently One Standard Deviation Lower than South West Average

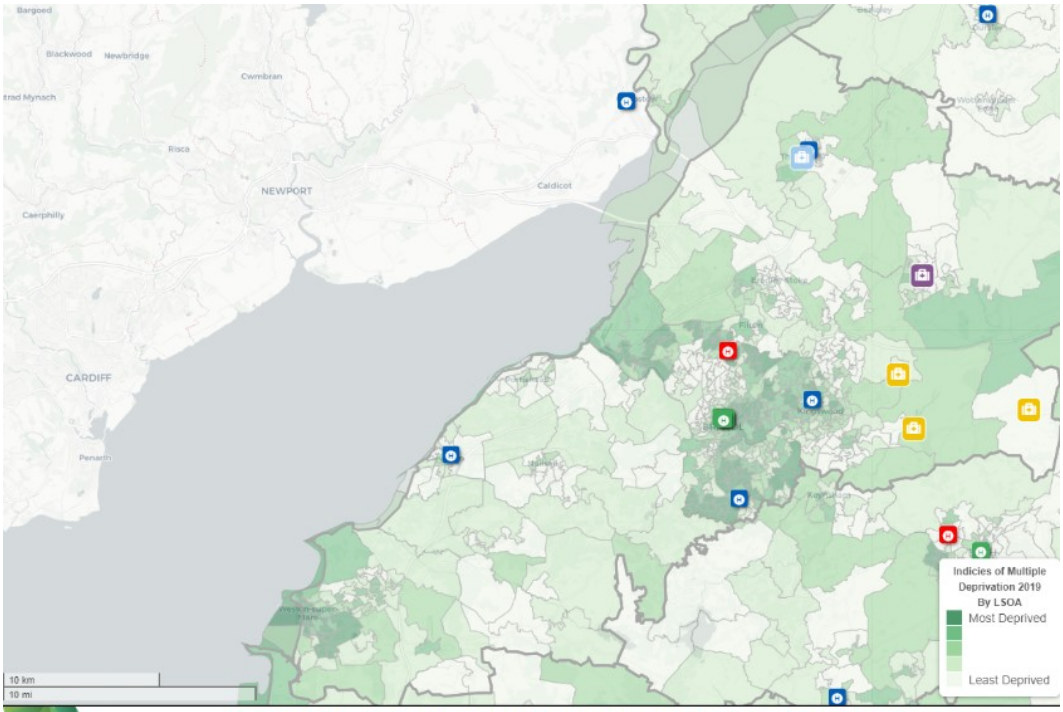


WITHIN TWO WEEKS APPOINTMENTS

Practices Consistently One Standard Deviation Lower than South West Average



PRACTICES WITH KNOWN PHONE ACCESS ISSUES



PRACTICES WITH VERY LOW CPCS REFERRALS SINCE 2021

4 Primary Care Network and Practice Actions

Capacity and Access Improvement Plans (CAIPs)

PCNs were asked to carry out a 6 month review on progress against CAIPs, all PCNs responded. Funding was released to all PCNs following assessment of reviews against plans and follow ups where further evidence and clarification was required. Updated data packs were produced for all PCNs to support completion of reviews. This also helped identify where further support was required to achieve requirements by 31st March 2024.

4.1 Patient Experience

The next Patient Survey results were not available at the time of this update to compare to our baseline position. However, building on our original baseline research we continue to review quarterly Healthwatch reports. Healthwatch also provide feedback on access related priorities following quarterly meetings that theme and prioritise feedback. We have also worked closely and updated our Health and Scrutiny Oversight Committees who have provided significant feedback. Our CAIP reviews have demonstrated a good variety of patient engagement and feedback mechanisms. In addition, we have seen an increase in use of the Friends and Family Test.

4.2 Ease of access and demand management

The Modern General Practice Section 5.2 gives the details on telephony and online tools. There are other areas that impact ease of access and demand management:

4.2.1 Enhanced Access

Practices continue to deliver their Enhanced Access minutes and review usage of appointments. Where PCNs have struggled to fill EA slots they have adjusted their delivery plans so that appointments are offered at times when there is patient demand to ensure improved access. In June 2024, practices and PCNs will have the opportunity to review and refresh plans.

4.2.1 111 Direct Booking

The percentage of 111 slot searches resulting in general practice appointments in BNSSG has steadily sat just above 30%. The access improvement work should lead to a decreased need for patients to contact 111, therefore we would not be looking for this figure to increase. In December, every practice had their 111-slot position reviewed and, where necessary, recommendations were put forward to ensure any issues with slot visibility are amended. All practices have now set up their configuration correctly. The ICB will continue to monitor 111 slot data on a monthly basis and work with practices to resolve any issues. Practices with the highest number of 111 slot searches per 1000 population have been reviewed, as this may highlight issues within these practices. The GPCB Urgent Care Network has also promoted the benefits of distributing the slots evenly throughout the day, to maximise patient flow in-hours.

4.3 Accuracy of recording in appointment books

All practices have self-certified through their Capacity and Access Plan reviews that they are accurately recording all appointment and are complaint with GPAD guidance.
Practice level GPAD data continues to be reviewed on a monthly basis. Practices more than one standard deviated below the BNSSG average for same day, face-to-face, and 14-day appointments have been offered 1:1 visits to investigate mapping, while some minor changes were made resulting in small improvements in GPAD data. The majority of practices highlighted reasons for being outliers to be: practice demographics, younger population preferring online

consultations; triage systems, lists consulted on a first come basis which delays same day appointments; and necessity of appointments, which reduced day-to-day burden by way of effective patient navigation.
The OneCare BI team have developed a GPAD Slot Analysis Tool to support practices with national mapping and achievement of the ACC-08 indication. The tool is integrated with the national slot mapping flow chart which provides practices with the relevant information to ensure that their slot conforms to their intended use. A PCN view is available to aid in standardisation across a PCN, the variety of slots in use are shown together with the national slot category to reduce variability and improve accuracy. The ICB and One Care will continue to work together to support and guide practices to ensure that their practice data is mapped correctly against guidance to provide the most complete and accurate data possible.

5 Primary Care Access Recovery Plan (PCARP) Headline Work Areas

5.1 Empowering Patients

5.1.1 Patient access to records

There has been an increase from 63 to 72 practices now live with offering online patient access to medical records. The remaining 4 practices had significant concerns about enabling this to all patients largely due to safeguarding concerns and did not opt into the bulk upload. These practices have clear processes to offer medical record access to patients on request and are working through their lists to offer it automatically to those patients to which they deem it is safe to.

5.1.2 Online Register with a GP service

There has been an increase from 42.9% to 57.1% of practices in BNSSG now able to provide online registration for patients, with 44 of 77 practices enrolled. The ICB currently sit above the SW average, ranking sixth nationally. The ICB will continue to encourage practices to sign up to this service to make patient registration more accessible.

5.1.3 NHS App

The percentage of the over 13-year old population that have downloaded the NHS App has increased to 59.8% for BNSSG. The ICB has provided practices with guidance to help promote patient's downloading the app and switching on notifications to allow messages to be sent from practices to patients for free. There have been positive developments here as the percentage of the BNSSG population with the NHS App downloaded and notifications switched on increasing from 18% in December to 22% in March.

The ICB are developing an NHS App and messaging project with a PCN in BNSSG. The intention is to increase the number of the PCN population with the app downloaded and notifications switched on. Using AccuRx's ICB dashboard, this project also involves looking at SMS fragment efficiency and if batch messages can be sent through email rather than SMS. Improvements in this area would result in cost savings for the ICB.

All practices continue to offer and promote the use of the NHS app to order repeat prescriptions. We have seen a big increase in the numbers of prescriptions being ordered through the app from 43,000 across BNSSG in April 2023 to 65,000 in January 2024.

5.1.4 Online booking of appointments

Following our 6 month review of capacity and access plans the figure for practices offering patients the availability of booking or cancelling appointments online has decreased slightly from 92.1% to 90.8%, this is due to recent practice mergers and the data not being updated properly. We have an NHS app project group and will be looking at examples of best practice within the patch where appointment booking through the app is working well so that we can share this learning with other practices.

5.1.5 Patient messaging

All practices have messaging capability via AccuRx including single patient messaging, batch messaging and Florey questionnaires. BNSSG has particularly high adoption of Florey questionnaires and use them to support patients to self-monitor their health conditions. Practices continue to offer communication with patients via messaging and also now increasingly through the NHS app. Accurx have recently introduced Batch email which is an additional way to communicate with patients and we will be supporting our practices with the use of this technology. Our Digital Support Team continue to help practices optimise patient communication methods.

5.1.6 Self Care apps

We continue to promote the Organisation for the Review of Care and Health Apps (ORCHA) app library at various meetings such as the BNSSG Digital Forum, practice visits and the Digital Roadshow. BNSSG programmes of work have and continue to include self-care options e.g. Musculoskeletal GetuBetter App, Paediatrics ‘handi’ App, MyCOPD. A recently shared link to the app library in the GP Bulletin resulted in over 800 visits to the site and over 200 downloads. Promotion of specific campaigns such as winter illnesses, child health and stop smoking seems to have the most success to increase downloads.

5.1.7 Digital Inclusion

The ICB has a digital inclusion strategy which aims to address digital exclusion with public-facing digital healthcare products and services. The population of BNSSG is diverse and experience digital exclusion for a range of differing reasons such as socio-economic levels, cultural beliefs, age and registered disabilities. A workshop took place in October to assess progress in line with the ambitions of the strategy and what else can be done to reduce digital exclusion across our population in BNSSG. Since the workshop a Digital Inclusion Steering Group has been established to oversee a number of projects in General Practice to improve digital confidence in patients in using the NHS app and submitting online consultations. 2 practices will be using PPG volunteers to run sessions at their practices, 1 PCN will be running sessions at community venues for patients and another PCN has identified a need amongst their housebound patients and will be running a programme of individual digital coaching sessions for these patients. Each project will be

evaluated and the learning shared with other practices so that the learning can be spread across BNSSG.

5.1.8 Self-Referral Pathways

The National ambition is to have self-referral routes established for 7 services. We have reviewed our system baseline position (see Appendix 4). There are currently a number of opportunities for self-care. However, current demand is causing escalating waiting times with many services which will be increased by self-referrals. There is a risk that self-referrals could de-stabilise these services and may mean patients most in need of these services have to wait longer. Self-referrals are not appropriate for some of the proposed pathways.

Progress and next steps:

- Our community services have a series of waiting lists initiatives in place
- Work is underway to review data submitted via the Community Services Data Set to identify and address any data quality issues

i. Community Musculoskeletal Services: we do not currently have self-referral.
- BNSSG has commissioned a MSK self-management app called GetuBetter which has the functionality to refer to a local MKS provider if self management options have not been successful
- All our primary care networks have recruited first contact Musculoskeletal physiotherapists, as part of the additional roles in primary care. Patients can access the FCP's through self-referral in their GP practices, with some offering direct booking online
- Patient initiated follow up is in place for all our musculoskeletal physiotherapy outpatient services, enabling patients to self-refer back for follow up within an agreed timeframe.
- The system also supports a musculoskeletal staff self-referral service.

ii. Audiology for older people including hearing aid provision:
- Self-referral available via any High Street Store.
- AQP audiology patients can currently self-refer, bypassing their GP.
- UHBW Audiology does not accept self-referrals and currently no plans to

iii. Weight Management Services (Tier 2): Tier 2 weight management services are commissioned by the local councils from external providers so the offer across BNSSG varies:
- Bristol: Bee Zee Bodies - GP Referral
- SG: One You - Accept self-referrals
- NS: Slimming World – Slimming on referral - GP referral

iv. Community Podiatry

iv. Wheelchair Services: The specification for this service has been updated. The service requires assessment of mobility and there are strict exclusion criteria: e.g. disability registered, no short term use, no outdoor only use.

v. Community Equipment Services:
- The Integrated Community Equipment Service (ICES) contract is co-owned by the local authorities and the ICB (who fund the health element), so any discussion about potential

self-referral to access equipment would need to involve the ICB and local authority. Currently community equipment is only accessible following direct assessment by a clinician. There would need to be very firm criteria around what would be appropriate and safe for self-referral requests.
- Assistive Technology.: Already accept direct referrals from service users and carers, this is a self-funded model.
- Suction & Consumables: Direct links with service users to provide units and servicing, as well as direct requests for consumables to support complex patients needing items not available on prescription. Initial referral is required via Acute or Community.
- The current ICES provider (Medequip) do have a self-referral wing (Manage@home)

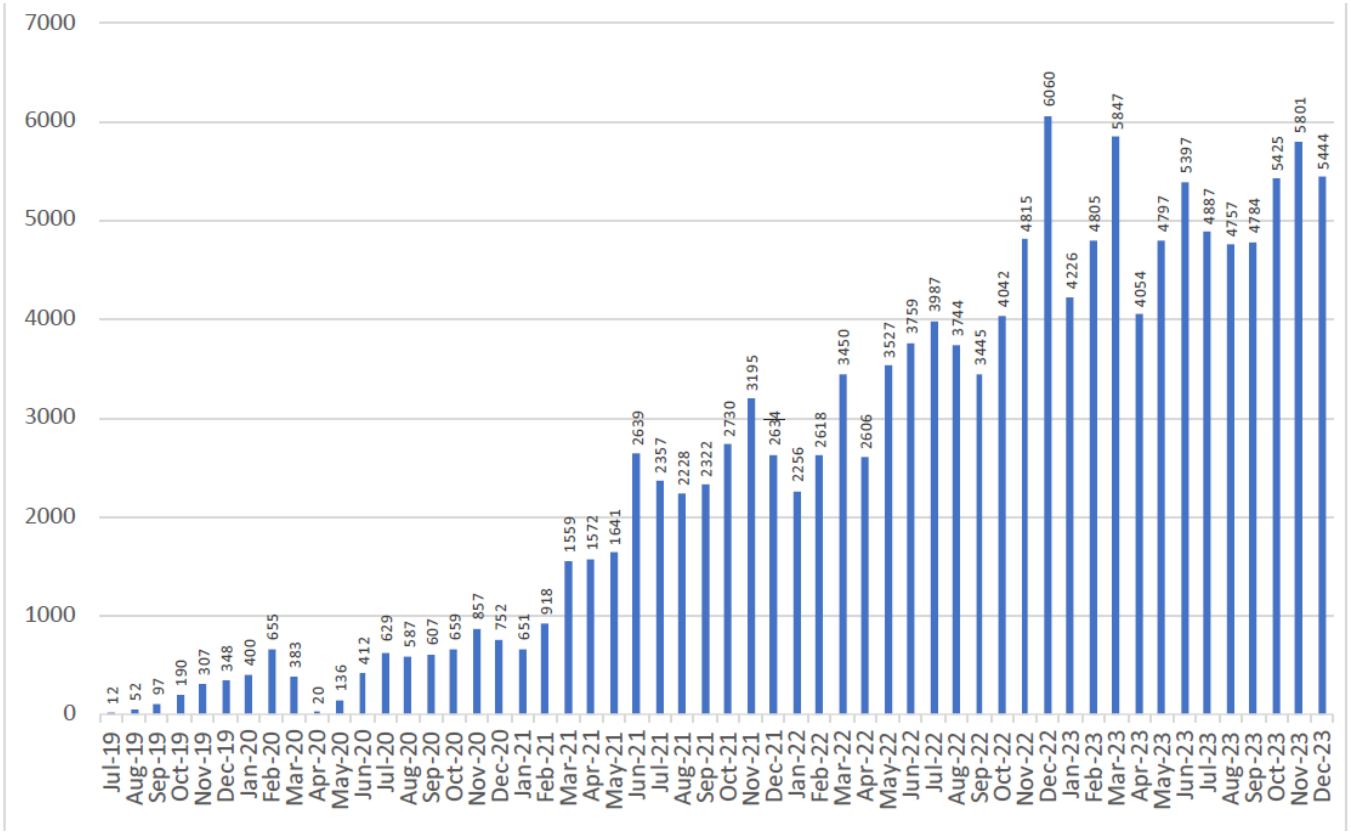
vi. Falls services: This Specialist Falls Service is an interprofessional team of nurses, occupational therapists, physiotherapists and rehabilitation support workers supporting people identified as being at an increased risk of falling, or who have had unexplained falls or blackouts. The service runs clinics and home visits focusing on falls and assessing for frailty, balance and strength with recommendations made according to service user need. Access to the service is via a remedy referral from any healthcare professional. There is currently no self-referral into the team.

Self-referral is currently not part of our Community Services contract. In order to take this work forward contracts would need to be reviewed along with associated funding discussions.

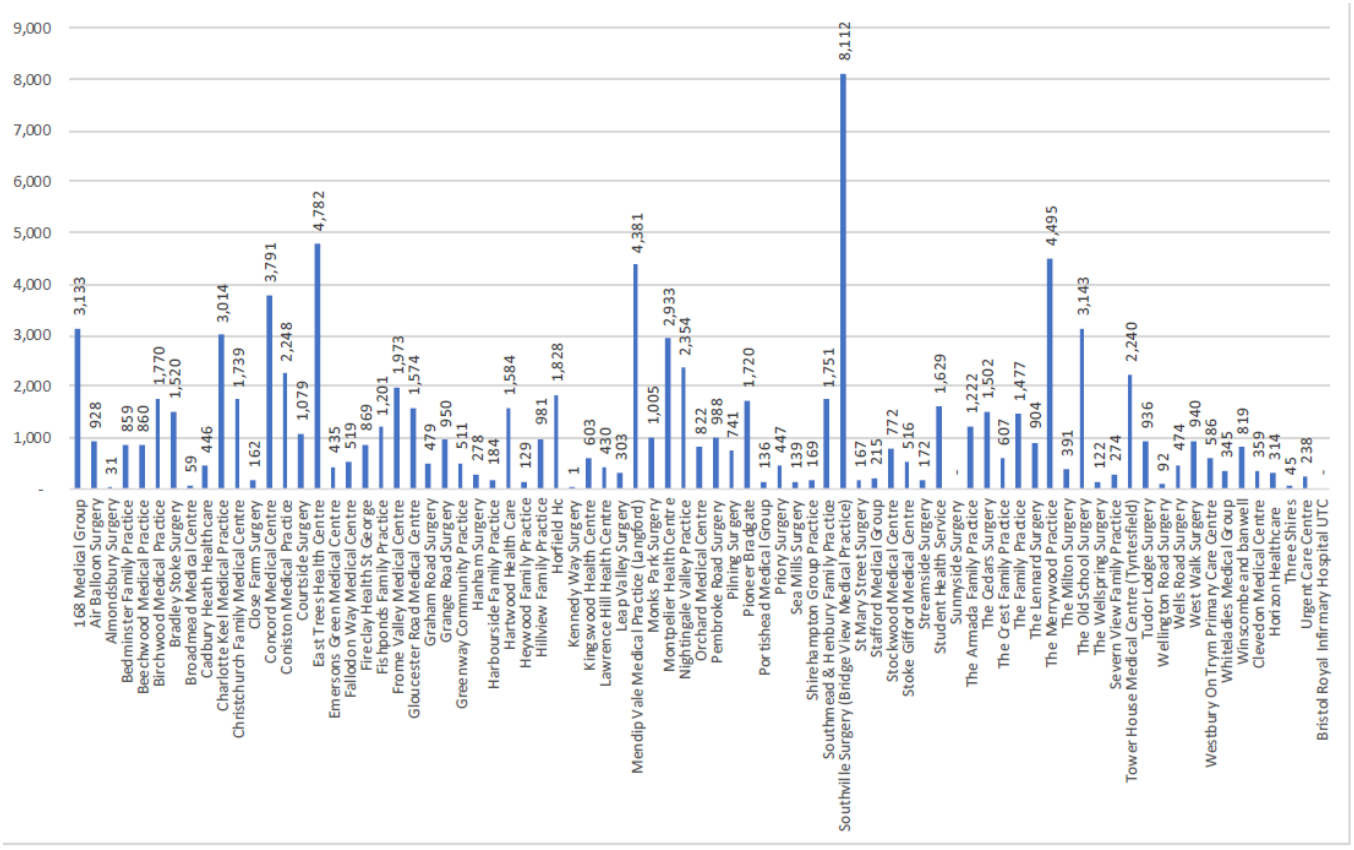
5.1.9 Expanding Community Pharmacy

Within BNSSG, GP Community Pharmacist Consultation Service (CPCS) and Urgency and Emergency Care (UEC) CPCS success has been due to close working partnerships and leadership within Community Pharmacy Avon (CPA) and ICB.
Since 2019, we have undertaken over 120,000 GP CPCS consultations (the highest in the country), reaching a peak of 7000 in January 2024.
Since 2021, over 1,700 referrals have been undertaken from a UEC to a community pharmacist via CPCS. Working with out of hours and North Bristol Trust to also utilise Pharmacy First.
In addition, work is underway with 111 to improve referral pathways to Community Pharmacy.
Close working continues with practices who have lower referral rates and also to review data on outcomes.

The graph below shows the BNSSG monthly performance for CPCS referrals since July 2019:



The following graph shows the number of referrals at practice level, since January 2021:



Pharmacy First for seven minor ailment clinical pathways was launched in January 2024, expanding on CPCS: Acute Otitis Media, Impetigo, Infected insect bites, Shingles, Sinusitis, Sore throat, uncomplicated Urinary Tract Infections (UTIs).
A BNSSG Community Pharmacy and PCN event was held on 31/1/24 in conjunction with the Local Pharmaceutical Committee (Community Pharmacy Avon, CPA). The event focused on better working relationships, better understanding and increased collaborative working with Pharmacy First.

Local Patient Group Directions (PGDs) are available for a number of conditions since February 2020 which has supported the system (delivering > 2000/month) and links with the national Pharmacy First for minor ailments. In addition, an ear pilot is being undertaken with 30 pharmacists trained to undertake ear examinations with an otoscope, enabling them to treat Otitis Externa via a PGD. Since April 2023 over 2700 consultations have been undertaken. Plans are to extend the pilot using savings from Pharmacy First scheme (as Pharmacy First now incorporates the Local PGDs for UTIs, Sore throats and Impetigo).

The Independent Pharmacy Pathfinder programme will enhance the role of the community pharmacist further at delivering minor ailments. Three sites have been approved to deliver an extension of CPCS (Pharmacy First) and are preparing to go live.
The Community Pharmacy Clinical Lead has worked closely with CPA to ensure a safe transition from well utilised Local PGDs to the nationally commissioned ones. The national team have sought advice and guidance from the Meds Op team and CPA as we are seen as exemplars in delivering PGDs.

98 Pharmacies have signed up to deliver the Contraception Supply Service which means that all ongoing supplies can be managed directly from a community pharmacy. Work is being undertaken with the practices and pharmacies to roll this out and expand to the initiation of contraception.

Community pharmacies are supporting with case finding and annual blood pressure check reviews for identification of people with undiagnosed hypertension and at risk of heart attack and stroke. 154 pharmacies live and 101 of these have delivered at least 1 BP check.
Two further funding streams have been received from NHSE. Workforce funding for pre-reg pharmacy technicians to build resilience in community pharmacy. The second being Teach and Treat to support the system to provide Designated Prescribing Practitioners (DPPs) to train Community Pharmacists to become independent prescribers (IPs). This is key as from September 2026 all newly qualified pharmacists will be IPs.

A systemwide Antimicrobial Resistance (AMR) strategic group oversees work on AMR. The lead antimicrobial stewardship pharmacist in the ICB reviews primary care guidelines regularly in accordance with NICE guidelines and audits prescribing. A recent audit undertaken by CPA looking at CPCS/ PGD supplies in regard to AMR showed confidence in the use of antibiotic PGDs

by community pharmacists. BNSSG is meeting both nationally set prescribing targets for primary care on overall numbers and the percentage of broad-spectrum antibiotics prescribed.

5.1.10 Dental services

The BNSSG ICB draft dental strategy has been developed with stakeholders across dental services and each of the local authorities. This included workshops and a staff survey which provided useful insights into where the strategy needed to focus in the first year and beyond. The framework for the workshops and survey were consistent with the findings of the SW Oral Health Needs Assessment and feedback from Healthwatch. The strategy is divided into three core aims:

1. Reducing health inequalities by increasing access to NHS dental provision
2. Developing the workforce, retaining staff and attracting more applicants
3. Reducing the burden of dental disease through oral health promotion and integration with other services

The strategy is still in draft as further consultation is required with the public and staff working in dental services throughout April and May. BNSSG ICB are working closely with local authority oral health leads on a collaborative programme of work related to oral health promotion. Work has already commenced in North Somerset as part of the Oral Health Action Plan which aims to equip children with toothbrushing support, resources and knowledge on good oral health and implementing the Toothbrush Pack Scheme, First Dental Steps and the Big Brush Club.

Further work has been running in parallel to the development of a strategy focused on implementing national policy and initiatives across the SW regional footprint which seek to urgently address access issues. This has included increasing the UDA value to £28 for any providers below this value and offering a new patient premium to providers.

Work across the region has also included:

- Additional urgent dental care appointments for those without a regular dentist that they can access by calling NHS111. There are over 356 additional appointments every week across the SW.
- Introduction of stabilisation scheme across the SW via NHS 111 for patients who do not have a regular dentist to get seen. Ten providers were commissioned to provide this across BNSSG
- Supervised Toothbrushing schemes will be fully operational by April in schools for 3–5-year-olds (nursery, and reception children) in every Integrated Care Board area in the SW in targeted areas. Schemes are running in Bath and North East Somerset, Swindon and Wiltshire, Devon, Dorset, Gloucestershire, Somerset and starting after Easter in BNSSG and Cornwall and Isles of Scilly.
- First Dental Steps schemes are in place across the SW with Health Visitors in every Integrated Care Board area giving oral health packs to parents of babies and siblings in target areas.
- There are networks of dental clinicians to help develop local plans with a key aim to improve access to NHS dentistry in the region.
- Plans to implement additional support to Care Homes.

The ICB is seeking to utilise the delegated budget for dental services to improve dental access and use flexible commissioning opportunities to maximise spend of the budget. The contract is

nationally negotiated and there are legal implications and procurement policies that need to be adhered to whilst developing local solutions but all options are being considered.

BNSSG ICB recognises that it is important that children in care / children looked after are considered for enhanced prevention and reviewed regularly to enable appropriate provision of dental care. The current data in North Somerset in particular shows a significant shortfall from 100% of children in care / children looked after being seen by a dentist every 12 months. A business case was recently agreed for additional services for children in care / children looked after including unaccompanied asylum seeking children. The development is the start of commissioning additional services which seek to increase access and reduce health inequalities for specific population groups who are particularly disadvantaged by not having access to a NHS dentist.

5.2 Modern General Practice

5.2.1. Telephony

At 85%, we now have exceeded our target of 75% of practices being with a supplier on the framework, an increase from 22%. 57% of our practices currently have advanced telephony systems with call back functionality and we expect this to be 88% by June 2024. The remaining practices are in communication with the NHSE procurement hub about transitioning to a contract with the advance features such as call backs.
Feedback from practices that have already transitioned has been unanimously positive with reception staff feeling less stressed and having to deal with less frustrations from patients. Practices have found the improved data reporting extremely helpful for reviewing demand and planning staff rotas. Patient feedback has been overwhelmingly positive with many finding the callback function a huge improvement in experience of access as they are not kept waiting on the phone for long periods of time.

5.2.2. Online Consultations

The BNSSG average of online consultations submitted per 1000 population has risen considerably over the last few months, from 28 to 36 at the beginning of this programme of work to 98 in December. A contributor to this is that numerous practices have adopted the total triage model of care, where all patients contacting practices are triaged through their online consultation system before making an appointment. A large number of practices that are not using this model are still consistently improving their number of online consultation submissions. The Enhanced Digital Support Team hosted by OneCare has been supporting practices to embed online consultations and have recently carried out a survey with practices. They have also been collating case studies which have been shared with all practices so they can learn from others (see Appendix 5).

The number of individual practices switching off during core hours has decreased across the year, with an average of 14 per month from April to July, to an average of eight per month from August to February. Some practices switch-off multiple times during a month, but the data here shows promising trends with regards to access. In April 2023, a practice switched off AccuRx on 52 separate occasions, but this number was reduced to 14 in February 2024 despite an increase in

the number of practices using this provider. This shows there has been a significant decrease in the number of times practices are switching off on a monthly basis, with one practice switching off 19 times during April 2023, compared to just once in February 2024.

5.2.3 Website guidance

Our project to help practices ensure that their websites are as accessible as possible is continuing. An audit has now been completed and a best practice guide is being developed from the findings. The results of the audit are being used to support practices to make improvements in line with the 'highly useable and accessible' GP website guidance. This includes making sure that online tools can be found easily by patients.

5.2.4 Practice Access, Resilience and Quality

To support practices, BNSSG has the benefit of an existing and proven alternative to the national Support Level Framework (SLF) aimed at improving access, resilience and quality across the practices within BNSSG. The BNSSG process, which shares similar principles, has had demonstrable success in identifying practices with support needs and working with those practices to facilitate and support quality improvement work.

In this way, the OneCare ARQ (Access Resilience and Quality) Program enables BNSSG to provide support, which is often intensive support over a longer period of time, to those practices in most need. Engagement with practices follows a similar, but more extensive facilitated process of 'stocktake', 'health check', review and action planning which has proved to be very successful over the last few years. The ARQ Team is currently actively facilitating intensive support across 8 practices and 1 locality and providing other support to 7 practices who have been identified through our general practice alert state reporting.

A dedicated multi-disciplinary team deliver the ARQ Program across BNSSG. Two key pillars of the intensive program includes looking at ways practices can improve access and get the best from their workforce and these areas support and build on the measures identified as part of access recovery planning.

The ARQ Program also provides resources accessible to all practices across BNSSG via Teamnet. A number of the resources focus on support for practices to implement access improvements:

- Access Toolkit which helps practices to review and understand their practice activity, plan for stable capacity and working off backlogs, reducing failure demand and contingency planning.
  This was particularly well utilised by practices during the capacity and access planning phase of this plan. A supporting webinar was also held and is accessible to all practices.
- Self-assessment form created to support practices with their Capacity & Access Plans
- Care Navigation Toolkit supporting practices in understanding that care navigation is a key support function to improve access and help to effectively manage capacity
- A comparison report prepared by One Care's Digital Support Team supporting practices choosing their care navigation systems
- A QOF QI module for 2023/24 for optimising demand and capacity in general practice.

- A Digital Optimisation Toolkit to help practices drive efficiencies through digital solutions, all of which help to support patient access.
- Workforce toolkit aimed at gaining maximum efficiency from the workforce which, in turn, improves capacity and access are also accessible.

Our ARQ team continue to work with practices to facilitate audits examining demand and capacity. An in-depth analysis is then discussed with the practice and recommendations with signposting for support are made, about how patient access could be improved. Our audits also examine both clinical and non-clinical administrative activity, to assess if there are different ways of working to release additional clinical time, or increase the availability of non-clinicians to devote to patient facing activity, in turn enhancing patient access.

Alongside BNSSG's bespoke, focussed and accessible support, NHSE is also offering a variety of facilitated courses. 25 practices and 5 PCNs have taken up the NHSE General Practice Improvement Programme offers.

Care Navigation

BNSSG has a local offer for practice staff to access care navigation training which is commissioned by the BNSSG Training Hub and has proved to be very successful. The programme is 12 months fully funded provision of local Care Navigation Essential and Enhanced training courses. The training aimed to provide practice staff with the skills and knowledge to effectively and safely understand patient need to enable the most appropriate clinician to meet their need, using the associated aims and content:

Essential:

- What is care navigation, triage and signposting?
- Effectively open a care navigation conversation and retain control about its direction
- Focusing on what you can offer and not worrying about what you can't
- Make the patient feel heard without allowing the patient the opportunity to dictate their solution
- Ask insightful questions to elicit the essential information to navigate accurately
- Use language carefully to make the patient feel understood and heard
- Manage different types of patient responses and attitudes
- Creating rapport (both on the phone and F2F)
- Managing different types of patient responses (oversharing, embarrassment, anger, communication barriers)
- Interrupting and closing off conversations.
- Understand more about ARRS.

Enhanced:

- Understand personal stress and to develop stress management strategies for work and home
- Remembering we can all manage anger and emotion with great skill
- Using language to make patients feel 'heard' and 'understood' – their most common complaints

- Offering patients clinical options that are not what they asked for (namely, the doctor)
- Dealing with abusive/inappropriate language and behaviour
- Understanding patient's 'unreasonable' expectations and realising that they are not
- Moving from the "feel-act" dynamic to the "feel-think-act" dynamic
- Using language that makes the patient feel you are working with them

In comparison the National Care Navigation training offer is more tailored to personalised care staff and conversations with one attendee place per practice. NHSE formally advised that if practices had already attended the local offer they can also chose to attend the National offer (as supplementary), but that it is not mandatory. The success of the local programme has therefore, as anticipated, meant that take-up of the national offer has been minimal.

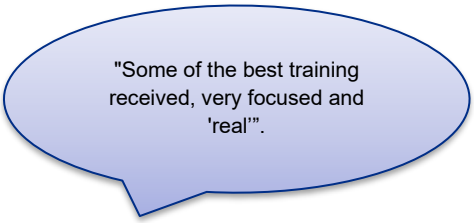
The local training programme enabled practices to maximise their staff participation in that they can send as many staff as they wish. The programme was promoted via local bulletins and webinars highlighting local and national support offers. Practices identified by the ICB as being most in need are referred to the ARQ programme which engages with practices to agree action plans to develop and improve.

Practice participation is 84% with a total of 564 staff attending. Of the practices who participated in the local training, an average of 9 staff attended per practice. Following an interim review, the second 6 months of the local Care Navigation offer was targeted to practices who had not yet taken part in either/ or the Essential/ Enhanced course, and those practices where only one member of staff attended either of these courses. 13 practices have not attended the local or the national offer. Iterative data has allowed us to target practices over the last 9 months, contacting those who have not signed-up to understand what help could be provided. The majority of these practices were confident in their own model which is based on formal training provided by One Care in 2019.

Feedback was gathered throughout the programme and via a survey sent to practice managers. Of the survey response received, the findings are summarised below:

- 100% of those who responded sent staff to one of the local courses with 79% participating in both Essential and Enhanced
- 67% of those who responded embedded the training by maximising the number of their staff attending the training and cascading to the wider team. The remaining embedded the training through revising their own policies, protocols and triage models.
- 100% of those who responded stated that the training had improved whole practice understanding of care navigation, and 100% stated an increase in patient facing staff confidence in dealing with difficult situations.
- 86% have seen more patients seen by the appropriate clinician on the same day or within 2 weeks and 71% received positive staff feedback regarding more effective referrals/ signposting and associated positive patient feedback.

- 94% satisfaction rate



A post programme evaluation is currently underway. Associated learnings from the programme include the need for more timely and detailed reporting, an earlier targeted approach and better liaison with the supplier. A challenge to note has been the ability for practices to release non-clinical staff at busy times. This is more than balanced by the programme success in terms of the % of practices participating, the number of attendees, the consistently positive feedback scores and the application of the programme content.
This training needs to be considered core to general practice to ensure new models of care, technical developments and access requirements are effectively embedded. Our forthcoming non-clinical and management development project will therefore include this requirement within its scope.

5.3 Build Capacity

5.3.1 Larger multidisciplinary teams

Our workforce has grown by 3% over the last year and this is largely due to the increase in additional roles. A communications briefing has been developed and shared with practices to raise awareness of MDTs and the care navigation process. The briefing and supporting documents have been developed alongside general practice to summarise the key messages and explain the benefits they offer to patients. The national PR campaign to promote MDT working has also been promoted locally. Healthwatch have also developed a patient friendly guide to support the transition for patients to move away from the stigma of always needing to see a GP.

5.3.2 Recruitment and retention of the workforce

Our Training Hub continue to be pivotal in leading our local offers for recruitment and retention, supporting increasing our capacity.
Whilst we have been successful in recruitment for our additional roles, we continue to work hard on the significant challenge to increase GP and Nurse numbers.
Our Training Hub have 3 GP Retention fellows, in place to March 2025. They have established early, mid and late career peer groups, a Menopause network and a GP Peer Support group (for GPs in distress). A GPN Education & Retention fellow is also now in place, to focus specifically on nurses. In addition funding has been secured to establish an 18 month collaborative project focused on general practice non-clinical education and career paths.

Our Training Hub facilitates the Newly Qualified GP and General Practice Nurse Fellowship Programmes which have supported 173 GPs and 54 nurses in BNSSG since October 2020. In order to join the Fellowship Programme, Newly Qualified GPs must take up a permanent salaried GP or GP partner role in a GP practice in BNSSG. The BNSSG Programme has supported the recruitment of 100% of Newly Qualified GPs into permanent salaried and partnership roles in practices in BNSSG for the past 2 financial years. We are currently also a net importer of newly qualified GPs. On average, 82% of Newly Qualified GPs complete the 2-year Fellowship Programme. Our recent evaluation suggests that 100% of Newly Qualified GP Fellows intend to continue working in general practice, and that 98% intend to continue working in substantive roles. From a nursing perspective, 7 have left the fellowship, 5 of whom sited the agenda for change pay, terms and conditions differential. However, 100% of GPNs at the 6 month and 12-month point intend to continue working in primary care. It was noted that 83% of GPNs, at or after 12 months on the programme, felt that it was beneficial. They stated that without the support of the programme, 50% would have found the transition into primary care challenging and 33% very challenging.
In support of this programme the Training Hub facilitates the Mentors scheme providing portfolio career opportunities for experienced GPs, who receive funding and training to mentor newly qualified GPs We currently have 39 active GP mentors and 47 GP mentors supported in total since scheme began in February 2021.
We are working hard to maintain the significant achievement with our Fellows and Mentors in 23/24 with the removal of funding from April 2024.

Our key focus for maximising access includes:

- Pipeline/ recruitment of the right staff
  - What competencies are needed for new/ developing/ existing roles
  - Where/ how can we attract people (schools, colleges, Health Education Institution, friends and family, other health providers etc)
  - How can we support their induction/ journey (Career events, Apprenticeships, Placements, Supervision)
  - Practices signed off as Learning Organisations; Visa sponsoring practices

- Appropriately trained and knowledgeable staff
  - Care Navigation training
  - Improving digital literacy
  - Supporting Equality, Diversity and Inclusion (EDI) initiatives
  - Governance policies
  - Supervision, career development
  - Maximising educators and supervisors
  - Funding for the non-clinical and management core training and career development project

- Engaged and committed staff who work as a team
  - Strong line management

- Career paths
- Education and personal development
- Stat man training
- Values, recognition and reward
- System understanding of how each role (within a practice/ PCN) works together to support patients
- ARRS leads, Retention fellows, General Practice non-clinical development programme

5.4 Cut Bureaucracy

5.4.1 Primary and Secondary Care Interface

The Delivery Plan for Recovering Access to Primary Care references the Academy of Medical Royal Colleges' report https://www.aomrc.org.uk/reports-guidance/general-practice-and-secondary-care-working-better-together/and asked that ICB Chief Medical Officers(CMOs) convene a group to review the recommendations in the report and report on the following areas at Board:

- Onward referrals:
  - If a patient has been referred into secondary care and they need another referral, the secondary care provider should make this for them, rather than send back to GP.
- Complete care (fit notes and discharge letters):
  - Trusts should ensure that on discharge or after an outpatient appt, patients receive everything they need. Where patients need them, fit notes should be issued for the appropriate length of time. Discharge letters should highlight clear actions (including prescribing medications required).
  - By 30th November 2023, providers of NHS funded secondary care services should have implemented the capability to issue a fit note electronically (by text, or email but also still paper copy).
- Call and recall under care of NHS Trusts:
  - For patients under their care, NHS Trusts should establish their own call/recall systems for patients for follow-up tests or appointments.
  - Patients will, therefore, have a clear route to contact secondary care
- Clear points of contact between General Practice and Secondary Care:
  - ICBs should ensure providers establish single routes for general practice + secondary care teams to communicate rapidly.

Our BNSSG Primary and Secondary Care Interface Group (PSCIG) continues to meet monthly with membership comprising the LMC, ICB teams, OneCare, Healthwatch, Avon and Wiltshire Mental Health Partnership, North Bristol Trust and University Hospital Bristol Weston clinicians and non-clinicians.

The groups priority work areas in line with the AoMRC report are:

- **Culture:** Our clinical leadership subgroup agreed fortnightly meetings to improve culture between organisations through active collaboration and consider examples of joint working

which have gone well as well as areas for improvement. In addition to considering how we all hold risk together and learn in practice

- **Planned Care:** our GP Collaborative Board (GPCB) planned care network group lead on work in Trusts happening around fit notes, prescriptions and discharge summaries. This group also holds Advice and Guidance work already progressing in its remit. Linked to this work, the Elective Recovery Operational Delivery Group have reviewed and updated the Access Policy. In addition to promoting the understanding and use of Remedy processes

- **Urgent Care:** Emergency Department colleagues working with GPCB Urgent Care Network. Some key achievements to date are:

- Webinars: access and capacity, safe working, online consultations case studies and Q+A
- Development of the single front door (UEC group and bi monthly meeting) which encompasses the multitude of different NHS providers with a vision towards producing greater consistency across a single front door, forum to share issues and 'unstick' problems
- Management of cauda equina presentation in general practice and how this links to system wide presentation
- Role of 111 and their capacity, produced an infographic how our capacity is managed in and out of hours
- OPEL future planning - linking to a workshop to improve practice participation based on 3 key principles: opt out rather than opt in model, establishing data driven models to compliment the OPEL framework and action cards
- ARI Hubs – over delivery of designated number of slots funded nationally, identified as example of national success and presenting regional case study as part of the National evaluation

In April 2024 we submitted our Primary-Secondary Interface Baseline Assessment to NHSE. The next update will be required in September.

6 Finance

The table below gives an overview summary of the funding relating to PCARP:

Funding stream	What is it?	Value?	How we are applying it?
IIF National Capacity and Access Support Payment	Paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 23/24 financial year	£2.854m (0.947 x registered population)	'unconditional' funding.
IIF Local Capacity and Access Improvement Payment	Based on ICB assessment of a PCN's improvement in three areas by March 24.	£1.267m (£1.185 x registered population)	All PCNs received this funding following review of PCN updates on progress against CAIPs.
Transition Cover and Transformation Support Funding	To support practices to make the change to a modern general practice access model	£0.714m Ave £13.5k per practice.	Practices submitted EOIs. 30% was awarded based on completion on CAIP and Expressions of Interest (EOIs). All practices received the remaining 70% following assessment and follow up where required on progress against CAIPs and EOIs.

Primary Care Service Development Funding	• Local GP Retention Fund • Primary Care Estates Business Cases • Training Hubs • Primary Care Flexible Staff Pools • Practice Nurse Measures • Practice Resilience • PCN Development • Digital First	£3,367,000	Initiatives and budgets agreed with GP Federation. PCN Organisational Development (via EOIs).
Digital telephony	To support transition of practices to Cloud Based Technology systems	£376,000	Funding received for 14 practices to transition to advanced cloud based telephony systems from low quality cloud systems. Remaining practices being supported to transition onto advanced telephony systems as contracts expire.
Online Consultation tools	Funding of high-quality tools for online consultation, messaging, self-monitoring and appointment booking tools Online consultation tool pre-guidance published by June (partially delayed) and Digital Pathway Framework lot on Digital Care Services Catalogue (Delayed).	93p Per patient	Reimbursements received for online consultation tools. Contracts in process of being established for 24-25 with support from the procurement hub to ensure practices are equipped with necessary tools to achieve modern general practices and the ICB receives reimbursement of full allocation.

7 Risk Implications

Our primary care providers continue to face significant challenges. In general practice there are increasing numbers of practices requiring resilience support. The number of GPs in post continues to fall. The new contract is imposed after being rejected by a unanimous vote, with likely industrial action in November. Estates continue to be a barrier to improvements and the current level of notional rent is preventing resolution of estates challenges and restricting capacity. Our dental services are also facing significant challenges in workforce, access, capacity and demand.

The table below provides further specific risks related to the four key areas for access:

Area	Risk	Mitigation
Empower Patients	• As a system we are behind peers due to a lack of progress on implementation of self-referrals pathways Recognising that current demand is causing escalating waiting times with many services which will be increased by self-referrals. There is a risk that self-referrals could de-stabilise these services and may mean patients most in need of these services have to wait longer. Self-referrals may not be appropriate for some of the proposed pathways. • Pharmacy closures will put pressure on remaining Community Pharmacies in select areas • Practices don't formally refer to Community Pharmacies which will reduce funding for CP	• We have reviewed our system baseline position for self-referral which includes adequate opportunities for self-care. We met our target for 23/24 and have asked NHSE for feedback on our baseline position to understand the extent of further work required. Discussion about future self-referral opportunities is being included in current contract reviews and planned care meetings. •Work closely with practices and community pharmacies to support them and ensure referrals are distributed across other community pharmacies • Ongoing work with practices to ensure they continue to refer formally
Modern General Practice	• Risk of widening health inequalities due to digital exclusion • All our practices are on cloud-based telephony, however, due to the variation in contract lengths	• A digital toolkit and communication/engagement plan developed to support transition for practices and patients, digital support team working with practice staff, digital first funding to continue targeted

	not all practices will have enhanced functionality by 31st March 2024 • All our practices have accessed care navigation training, there is a risk that this is not embedded	community-based support for digital skills (previously funded by Healthwatch) • Our Training Hub has x 6 current and 6 planned Fellows in 12 deep end practices doing work specific to their practice population needs • We are working on the next step for training to support embedding but also manage staff turnover with standard operating procedures and train the trainer
Build Capacity	•Increasing costs and pay rises could impact on staffing that would be contributing to access plans • There is an ongoing lack of current and pipeline workforce in general practice	• Away National pay review outcome • Practice engagement into completing weekly General Practice Alert State reporting • Our Training Hub continue to support practices and PCNs with recruitment and retention initiatives
Cut Bureaucracy	• Some of the issues raised in the AoMRC report have existed for some time and will be challenging to implement alongside system changes • Demand for appointments from patients on outpatient waiting list is taking between 15 and 20% of all capacity	• A monthly Primary Secondary Care Interface Group has been established with leads agreed for the various recommendations from the report • Sub-groups established to focus on planned care and urgent care
General	• General practice collective action from 1st August likely to impact progress to date and winter planning	• Weekly operational and fortnightly system meetings established to understand impact of suggested actions • Collaborative working where appropriate continues with LMC and our GP Federation

8 Communication, Insights and Engagement

Communication activity has been aligned closely to national campaigns and communications activities in support of the national Recovery Plan, and used a combination of local and nationally developed materials. Activity covered five key themes:

- Building understanding and confidence in MDT working and care navigation
- Increasing understanding and use of web-based online forms, alongside face-to-face and telephone routes to access appointments
- Promote uptake and use of the NHS App
- Raise awareness of wider care options, with a particular focus on community pharmacy
- Promote respect, patience and kindness towards primary care staff

Toolkits were prepared for each theme to support practice communications and this activity was complemented by system-wide PR, social media and stakeholder communications and engagement.

Opportunities for operational support, training and guidance for practices, were promoted regularly via the OneCare weekly GP Bulletin.

We also review quarterly Healthwatch reports. Healthwatch provide access related insights following quarterly meetings that theme and prioritise feedback.

All our PCNs have included additional patient feedback mechanisms in their capacity and access improvement plans for more timely actions rather than waiting for the annual patient survey results.

9 Recommendations and Next Steps

The BNSSG ICB Board is asked to note the progress in Year 1 of delivering the Access Recovery Plan and the considerable work from our Primary Care services in ongoing challenging times.

There is considerable work to be done to fully implement and embed our plans. The key NHSE deliverables for Year 2 are:

Key commitment	Delivery actions
Empower patients	Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions
	Continue to expand Self-Referrals to appropriate services
	Expand uptake of Pharmacy First services
Implement Modern General Practice Access	Complete implementation of better digital telephony
	Complete implementation of highly usable and accessible online journeys for patients
	Complete implementation of faster care navigation, assessment, and response
	National transformation/improvement support for general practice and systems
Build capacity	Continue with expansion and retention commitments in the Long Term Workforce Plan (LTWP)
Cut bureaucracy	Make further progress on implementation of the four Primary Care Secondary Care Interface AoMRC recommendations
	Make online registration available in all practices

10 Appendices

Appendix 1:
Equality and Health Inequalities Impact Assessment

PCARP EHIA_28.07.2023.doc

11 Glossary of terms and abbreviations

AMR	Antimicrobial Resistance
ARI	Acute Respiratory Infection
ARQ	Access, Resilience and Quality
ARRS	Additional Roles Reimbursement Scheme
BME	Black and Minority Ethnic
CAIP	Capacity Access Improvement Plan
CMO	Chief Medical Officer
CPA	Community Pharmacy Avon
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
DPP	Designated Prescribing Professional
EDI	Equality, Diversity and Inclusion
EOI	Expression of Interest
FAQs	Frequently Asked Questions
F2F	Face to face
GPAD	General Practice Appointment Data
GPCB	General Practice Collaborative Board
GPN	General Practice Nurse
GPPS	General Practice Patient Survey
HCPE	Health Care Professional Executive
HTSN	Healthier Together Support Network
ICB	Integrated Care Board

IIF	Investment and Impact Fund
IMD	Index of Multiple Deprivation
IP	Independent Prescriber
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
NGPIP	National General Practice Improvement Programme
ORCHA	Organisation for the Review of Care and Health Apps
PCARP	Primary Care Access Recovery Plan
PCC	Primary Care Committee
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCS	Primary Care Strategy
PGD	Patient Group Directive
PHM	Population Health Management
PSCIG	Primary Secondary Care Interface Group
SDF	Service Development Funding
SW	South West
TH	Training Hub
UCN	Urgent Care Network
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UTI	Urinary Tract Infection
VCSE	Voluntary Community and Social Enterprise