

Primary Care Access Recovery Plan (PCARP) – System Level Access Improvement Plan

1. Introduction and Ambition

1.1 Following the publication of the Delivery plan for recovering access to primary care in May 2023, Integrated Care Boards (ICBs) are required to develop system-level access improvement plans. This aligns with their leadership responsibilities and accountability for commissioning general practice services as well as from April 2023, community pharmacy, dental and optometry services.

1.2 The Primary Care Access Recovery Plan (PCARP)¹ forms part of the operational planning guidance². The PCARP supports all three elements of the Fuller Stocktake³ vision and the development of Integrated Neighbourhood Teams but focusses on the first element of streamlining access to care and advice. The **national ambitions** for the PCARP are:

- To make it easier for patients to contact their practice and;
- For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

1.3 The PCARP seeks to support recovery by focussing on four key areas:

Area	Focus
Empower Patients	<ul style="list-style-type: none"> • Improving information and NHS App functionality • Increasing self-directed care where clinically appropriate • Expanding community pharmacy services
Modern General Practice	<ul style="list-style-type: none"> • Implementing 'Modern General Practice Access' • Better digital telephony • Faster navigation, assessment and response

¹ [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2022/05/delivery-plan-for-recovering-access-to-primary-care.pdf)

² [PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2022/05/prn00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf)

³ <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

Build Capacity	<ul style="list-style-type: none"> • Larger multidisciplinary teams • More new doctors • Retention and return of experienced GP's. • Higher priority for primary care in housing developments
Cut Bureaucracy	<ul style="list-style-type: none"> • Improving the primary – secondary care interface • Building on the 'Bureaucracy Busting Concordat'

1.4 NHS BSW Integrated Care Board (BSW ICB) welcomes the national focus in supporting and developing primary care, as this will enable us to build on the work our practices have been doing over the last few years to start to deliver a modern, digital access model of general practice to their patients.

1.5 BSW ICB currently has a mixed performance in relation to the PCARP ambitions as demonstrated by the following results:

- Ease of getting through to practice on the phone – GP Survey⁴: BSW ICB 55% National 50%.
- 39.5% of appointments were seen within 1 working day. The national average is 43.7%⁵
- 76.9% of patients were seen within 2 weeks. The national average is 82.7%⁶
- BSW ICB has the lowest proportion of appointments booked after 28 days⁷.

1.6 It is recognised that within BSW ICB there is variation between practices and the experiences that patients are receiving that needs to be understood and addressed through the PCARP.

2. Governance

2.1 Nationally there are seven workstreams that sit under the PCARP, and the ICB has identified leads for each area, namely:

⁴ gp-patient.co.uk/ICBslidepacks2023#region7

⁵ [GPAD National - Power BI](#)

⁶ [GPAD National - Power BI](#)

⁷ [GPAD National - Power BI](#)

Lead area	Role
SRO	Wiltshire Integrated Care Alliance Director & BSW ICB Executive lead for primary Care and Community Services
Oversight Group Chair	Director of Primary Care
Primary/Secondary care interface contracting	Deputy Chief Medical Officer (Community)
Transformation	Assistant Director of Primary Care
Digital	Assistant Director of IT
Pharmacy	ICB Community Pharmacy Clinical Lead
Self-referral	Director of Locality Commissioning, Wiltshire
Communications	Senior Communications & Engagement Manager (Localities)
Workforce	Head of People's Programmes & OD / Health & Wellbeing Lead and Programme Lead BSW Training Hub

2.2 The identified leads along with representatives from the BaNES and Swindon Healthwatch, Wiltshire Healthwatch, Wessex Local Medical Committee, Swindon and Wiltshire Local Pharmacy Committee, Avon Local Pharmacy Committee, Locality GP representatives and ICB colleagues across primary, community and secondary care form the PCARP Working Group. Chaired by the Director of Primary Care, the working group reports to the Primary Care Operational Group and the Primary Care Executive Group. Documentation used enables alignment to that for other ICB programmes and recovery plans (Urgent and Emergency Care and Elective), to ensure interdependencies are considered to maximise system impact.

2.3 The PCARP working group receives highlight reports for each workstream, which inform the overarching programme. Highlight reports cover:

- Progress against key milestones
- Risks to highlight
- Key actions
- RAG rating assessment



2.4 It is through this established governance that the ICB is able to monitor and assure delivery against trajectories and milestones, manage risk and agree mitigations.

3. Vision and alignment with system plans

3.1 BSW ICB's primary care vision is to create effective primary care services that are accessible, responsive, resilient and transformative in line with the ambitions of the Primary Care Access Recovery Plan.

3.2 BSW ICB is proud of its primary care providers being dynamic and innovative in providing services to patients. Adoption of collaborative working, patient engagement, digital first innovations and care navigation models have been a key feature of BSW ICB's overarching vision for General Practice, and which features prominently in the following interdependent system plans:

a) **BSW ICB (BSW Together) Primary and Community Care Delivery Plan**⁸

The Primary and Community Care Delivery Plan has been developed at a system level and encompasses primary and community care services. It focusses on the first four parts of the BSW Care model (personalised care, healthier communities, joined up local teams, and local specialist services). Central to delivery is the ICB ability to enable joined-up local teams, whilst considering how we provide care within our communities, meet our patients' individual needs, and how we integrate with secondary care.

b) **BSW Together Integrated Strategy**⁹ **and Implementation Plan**¹⁰

The BSW Together Integrated Care Strategy 2023-2028 sets out the ambition for the BSW ICB as well as partners in health, social care, and the voluntary sector, to enable local people to live happier and healthier for longer.

The strategy outlines three objectives, most relevant to primary care are:

1. Focus on prevention and early intervention

Leveraging the left shift of funding from treatment to prevention and maximising the impact primary and community care can have.

2. Fairer health and wellbeing outcomes

Using a new approach for the provision of services to ensure they are delivered proportionately and equitably.

3. Excellent health and care services

⁸ In draft

⁹ <https://bswtogether.org.uk/wp-content/uploads/Integrated-Care-Strategy-v4.pdf>

¹⁰ <https://bsw.icb.nhs.uk/document/bsw-implementation-plan/>



Delivering joined-up local teams and their involvement in ensuring personalised care and embedded local specialist services.

The Strategy supported by an Implementation Plan brings together initiatives underway or planned across the ICB, including Place based plans.

c) Interdependency with Urgent and Emergency Care and Winter Planning¹¹

The ambition of the UEC recovery plan is that, through partnerships between acute, community and mental health providers, primary care, social care and the voluntary sector, the system can provide more, and better care in people’s homes, get ambulances to people more quickly when they need them, see people faster when they go to hospital and help people safely leave hospital after their care.

Given over 90% of healthcare contacts happen in GP practices, resilient primary care is fundamental to managing pressures across the system. In addition, last year primary care played a key role in Acute Respiratory Infection Hubs (ARI) and are engaged in planning again for this year too.

4. Improvement Approach

- 4.1 In developing this PCARP and associated plan(s) we have been cognisant at all times of the NHS IMPACT programme and associated resources. We have considered those specifically identified as being relevant to Primary Care, but in line with the overarching ethos of NHS IMPACT we have sought to look carefully at the extended programme resources. This has helped us develop a plan which we believe will achieve short term gains, but in a manner which delivers strategic legacy in terms of how, where, and with clinically based promptness patients access the services they need.
- 4.2 We have worked through this plan to ensure that changes are systemised such that the positive patient facing outputs become the new norm. We do though intend to revisit on a dynamic basis in post implementation periods to ensure that this is the case and to establish an understanding of best practice.

¹¹ <https://www.england.nhs.uk/long-read/winter-plan-2023-24/>



5. Health Inequalities

- 5.1 Building on the two local strategic plans and with the delegation of additional primary care services (dentistry, pharmacy, and optometry), BSW ICB has set out the ambition of having a fully functioning integrated model of care, which takes a more preventative approach to delivering personalised care and addressing health inequalities within each of its three locality areas.
- 5.2 The ICB is cognisant of the variation in access to GP services across BSW ICB and is committed to working with practice and patient groups to ensure support is targeted to those areas in most in need with health inequalities and CORE20+5.
- 5.3 As the front door to healthcare, Primary Care, including General Practice, should be welcoming and accessible to all. Examples of our priorities include (but are not limited to):
- Ensuring availability of translation services, including non-spoken interpretation
 - Ensuring cultural and patient centred awareness of our staff e.g. – cultural awareness training, or Veteran Friendly accreditation
 - Being outward looking and fully inclusive of all its staff, patients, and communities
- 5.4 Implementation of this plan will improve access for same day care which has the dual benefit of allowing General Practice to focus increased time resource on providing the other aspects of care that their patient population needs.
- 5.5 As practices increasingly move to modern general practice offers it is important to ensure that inequalities are not extenuated through (for example) digital exclusion. We need to collectively support patients with digital access, training, access to tools and skills, and acknowledge that for, some patients and patient cohorts, traditional approaches will remain their preference. Some practices already have great examples of in-house training that they offer to patients in using online consultations, working with voluntary sector organisations, and we need to further develop skills, knowledge and the patient facing offer across BSW ICB.

6. Overview - Practice/PCN Plans and Actions within the PCARP

This section describes the plans and actions required from PCN's and Practices within the PCARP.

Capacity and Access Improvement Plans (CAIPs)

- 6.1 All 27 PCNs submitted Capacity and Access Plans (CAIPs) in June, in line with the national time frame. The CAIPs were taken through a transparent and equitable panel review process which included external stakeholders from BaNES, Swindon and Wiltshire Healthwatch's, the Local Medical Committee and internal stakeholders from the ICB including the Deputy Chief Medical Officer, Primary Care, Quality and IT colleagues. The result was a richness in conversation and a consistent approach to reviewing all the submitted plans thereby enabling all the CAIP's to be agreed in principle with minor clarifications being sought from PCN's before full sign off.
- 6.2 The CAIPs covered three overarching areas relating to
 - 1) Patient Experience of contacting the practice
 - 2) Ease of access and demand management
 - 3) Accuracy of Recording in appointment books

A summary of the ICB position and main themes from PCNs response can be found in the table below. This summary of the responses has also been shared with the NHSE SW Regional team.

	Overview of themes and actions within the CAIP plans
Patient Experience	<p>Communications</p> <ul style="list-style-type: none"> • Communications to patients using appropriate terminology – Healthwatch advice to stop saying 'contact GP' and instead say 'contact your practice'. • Communications on DNA, as reduction in DNA's increases capacity, include how and why to cancel a booked appointment. • Large community engagement programme working with minority groups. Linking with voluntary sector groups. Addressing language barriers and promoting effective signposting.



- Exploring with and in some cases reigniting Patient Participation Groups (PPG's) on how to improve coverage of the GPPS / local surveys and ensuring PPG's are involved in processes of review and monitoring of results.
- Development of local surveys where coverage was an issue and where this was proven to capture more information.
- Increasing awareness of surveys through social media, e-noticeboards, websites, posters, paper and face to face and through PPGs.
- Information campaign on different clinical roles and services within practices to re-direct from GP appts where appropriate, to include short videos involving practice staff talking about their roles.
- PCNs utilising the expertise of administration staff and or volunteers to support patients in being able to use the practices' technology / NHS App to support digital inclusion.

Patient Engagement / PPG

- Co-develop with patients through their feedback ideas on access and improving the patient experience.
- Promotion of the GPPS to engage with patients to improve access to practices.
- Using the local Healthwatch audit on access to support practices.
- Set up of a Youth PPG.
- Developing practices' own KPI metrics on access and satisfaction and review with PPG.
- 'You said we did' approach by practices.

Workforce

- Engagement with staff to promote the capture of patient feedback.
- Utilising various non-clinical roles to lead in this area and to focus on improvement, for example Patient Services lead or Digital and Transformation leads for website redevelopment.
- Utilising Care Co-ordinators for a suite of support resources.
- Recruitment of additional reception staff / care navigators.
- Use of triage toolkits and setting up Additional Roles Reimbursement Scheme (ARRS) staff triage Hubs.

- Consideration of changes to staffing rotas to address busy periods in the week.

New appointment types

- Offer of group consultations.
- Promotion of remote monitoring/self-management to help reduce the need for LTC patients to visit the GP regularly.
- Promotion and utilisation of Community Pharmacy Services.
- Promotion of self-referrals where available.

Technology to support patient engagement and practice processes

- Note from Healthwatch patient survey that remote appointments can be good and suitable as one of the appointment options.
- Refreshing practice websites using the national support tool.
- Using social media as an addition to local websites i.e., Facebook.
- Promoting the use of the NHS App.
- Automated text messages for Friends and Family Test / local survey after each appointment.
- Review all ways patients try and book appointments with a practice through all channels with the offer of a better experience of making an appointment.
- Pilot of robotic automation of processes where possible.
- 'What 3 words' for housebound patients in rural communities, to enable timeliness with home visits.

PCN review process

- Internal quality checks on a regular basis to feedback monthly to all practices at PCB Board / meetings.
- Digital and Transformation leads to hold sessions to support patients with the use of the NHS App as well as digital access to the practice particularly in areas where there is digital poverty.
- PCNs have committed via their CAIP to bring their engagement with FFT in line with their contractual obligations using a variety of routes to gain responses text, paper / tablet / phone / verbal feedback to capture responses from those unable to respond via text. Involvement of clinical leads and



	<p>management teams to discuss positive and negative themes and to take forward for improvement.</p>
<p>Ease of access and demand management</p>	<p>PCN Summary - Telephony functionality</p> <ul style="list-style-type: none"> • All PCN's have engaged with the data collection in baselining CBT. • Practices with CBT are reviewing the options for call back function. It is important to note that the cost of this function is currently a barrier to its use. • Practices/PCNs have the ability to perform soft reports on call data – look to analyse results especially around peak times in relation to staffing (call handlers, reception staff and care navigators). • PCN / Practice Ops managers currently monitor patient demand throughout the day using the cloud-based system and move staff duties within the team to respond to peak demand throughout the day. • Practices without CBT will be reviewing their system and looking to upgrade to a cloud-based system with additional functionality. They are waiting to find out what national funding may be available to support this migration as an entirely new system will be required. • Practices have committed already to this process via the ongoing validation of CBT position with the ICB and NHSE. <p>PCN Summary – online consultation functionality</p> <ul style="list-style-type: none"> • Ensure directly bookable appointments are available online following guidance. • Data to be reviewed by PCN digital teams, or the newly appointed ARRS position of Digital and Transformational leads. • Many practices considering their econsult provider and the funding support. • PCNs utilising the expertise of care-co-ordinators to promote efficient e-consult management and use of digital consultations.
<p>Accuracy of Recording in</p>	<p>PCN activity:</p> <ul style="list-style-type: none"> • Thorough audits to take place across all practices within PCNs.



appointment books.

- Focus on the mapping of the 8 categories used for assessment for recording urgent/same day and two week appointments.
- Peer support between PCNs.
- Regular reviews of the data.
- Utilisation of Digital and Transformation Lead to focus on this area.
- Practices recording tasks as appointments.
- Ensuring rotas are correctly aligned to GPAD and to be reviewed after any changed to any rota or new starters.
- Ensuring all slot types (particularly home visits) are captured.
- Pilot working with the BSW ICB Power BI Team around data capture.

PCARP Actions from PCN's

6.3 In addition to the CAIP's the ICB requested a further response from all 88 practices against the practice/PCN actions from the PCARP checklist that were not already covered by the CAIP's. In relation to the four areas of PCARP, this included:

1) Empower Patients

Practices/PCN are required to have enabled all four NHS App functions for patients, the current position for the BSW practices is in the table below:

PCARP Requirement	Position in BSW ICB
Apply system changes or manually update patient settings to provide prospective record access to all patients.	84% of BSW practices enabled for prospective (future) full record access with 74 out of 88 practices currently live. We are on course to have all practices enabled by the NHSE timeline of 31st October 2023.
Ensure directly bookable appointments are available online.	98% of BSW practices (86 out of 88 practices) have had patients booked appointments via the NHS app.



Secure NHS App messaging to patients where practices have the technology to do so in place.	BSW ICB is funding AccuRx until April 2025 by which time it is hoped that System One will be able to send messages directly to the NHS App. The ability of AccuRx to provide this feature has only been made available during September 2023 and the ICB is encouraging all practices to use this feature.
Encourage patients to order repeat medications via app supported by comms toolkit.	This is offered and is being used by patients in 100% of practices.

2) Implement Modern General Practice

Actions required from PCNs and practices relating to this are covered by the CAIPs section above and by the support offers section that follows.

3) Build Capacity

The PCARP requested PCNs submitted ARRS and workforce plans to the ICB by 31 August 2023. This has been completed by all PCNs in BSW and the ICB has worked through these plans with the PCNs. A second round of ARRS workforce submissions is taking place nationally during October 2023, the ICB is supporting PCN's with this submission.

PCARP also seeks assurance that practices and PCNs are taking up local offers for retention. Example offers in BSW ICB are available as follows:

- GP Fellowship
- GPN Fellowship
- Supporting Mentors Scheme (GPs)
- NEW2GPN Project (new to GP nurses)
- GPN pipeline
- Practice Managers Training
- International Medical Graduate Programme

These offers are communicated to practices and PCNs via BSW ICB, BSW Training Hub. These schemes all have good uptake, supporting recruitment and retention across multiple staff roles and assist in business continuity planning.



4) Cut Bureaucracy

Practices have had the opportunity to feed back to the ICB on progress against primary and secondary care interface difficulties through the LMC and directly to ICB colleagues. The ICB PCARP Overview below describes the work being developed to cut bureaucracy.

Take Up of Support Offers and Training

6.4 The GP improvement Programme offers a number of support offers, as follows;

Support Offer	Detail
Universal offer	Available to every practice in England and is comprised of webinars and online resources covering 5 key priority areas
Intermediate offer	Available to both PCNs and practices, offering a hands-on package of support over three months to enable planning and delivery of improvements. This offer includes facilitated, in person sessions with data diagnosis and a tailored analysis of demand and capacity.
Intensive offer	Provides targeted, hands-on support for those practice working in the most challenging circumstances. It will be delivered over 6 months and practices will receive on-site support and group-based sessions to facilitate peer-to-peer learning and sharing of experience across practices.
Capability building offer	Provides individuals in practices and PCNs with practical development programmes, that will increase core skills and understanding of quality improvement tools and techniques and managing change. The offer includes short-term (over 2 to 3 sessions) and longer-term (up to 12 months) development opportunities such as: <ul style="list-style-type: none"> • Digital Transformation Leads Development Programme • General Practice Improvement Leads Programme • Fundamentals of Change and Improvement Programme

6.5 As part of PCARP, the ICB surveyed practices to ascertain their intentions in relation to taking up these offers. The ICB is cross referencing its list with sign up information from the national team and is also looking at how this aligns to perceived need based on access and quality metrics. Where the ICB feels a practice/PCN may benefit from the additional support, the ICB will actively signpost the practice/PCN accordingly and support them to be able to take advantage of the tools and packages available.

7. Overview: ICB Delivery Approach for PCARP

This section describes the plans and actions required from ICB's within the PCARP, and how those plans are being progressed.

Empower Patients	
PCARP Workstream	Digital – NHS App
Goal	Enable patients in 100% of practices to see their records and practice messages, and book appointments and order repeat prescriptions using the NHS App by March 2024.
Narrative	
<p>Viewing of GP records by patients, has been mandated under the new contract and is due to go live in October 2023, and we have been proactively working with practices to encourage them to sign-up to this functionality at earliest possible point to realise benefits ahead of plan. So far 74 out of 88 practices have configured their systems and are allowing patient access, with the remaining practices on-track to meet the end of October deadline. BSW ICB is currently 3rd in the country in achieving this new regulation.</p> <p>The BSW ICB Primary Care Digital Team have been supporting practices to increase their understanding of the NHS APP and its full capabilities, this has enabled the following achievements:</p> <ul style="list-style-type: none"> • 98% of BSW practices (86 out of 88 practices) are providing directly bookable appointments online and have had patients booked appointments via the NHS App. • BSW ICB is funding AccuRx until April 2025 to enable secure App messaging, by which time it is hoped that System One will be able to send messages directly to the NHS App. The ability of AccuRx to provide this feature has only been made 	



available during September 2023 and the ICB is encouraging all practices to use this feature.

- Patients are being encouraged to order repeat medications via the NHS App and this is offered and is being used by patients in 100% of practices.



Empower Patients

PCARP Workstream	Self-referral
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Goal	Expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.
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Narrative

The 2023/24 priorities and operational planning guidance states that we must: Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place self-referral routes to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.

These seven self-referral pathways also form part of the Recovering Access to Primary Care reporting and BSW ICB has completed the baseline submissions requested by NHSE. For each of the self-referral pathways in BSW there are three different providers which therefore equates to 21 services across 10 different provider organisations, this adds significant complexity to the workstream, with cross-organisational formal sign-off being required. The table below identifies which self-referral pathways were in place by September 2023.

Self – referral Area	Pathway in place 30 th September 2023 (in all three BSW localities)	Narrative
Community Musculoskeletal Services	Yes	Reviewing offer across providers to identify opportunity to share best practice and improve offer. Commenced work with primary care to develop a self-referral communication plan.



Audiology	No	Waiting lists are high, with a current backlog of hearing aid appointments. Focus of providers is on elective recovery for audiology to support ENT. Direct access from professionals is in place for all services.
Weight Management Services	No	Working to confirm self-referral is in place for all services. Wiltshire and Banes in-place so working with Swindon provider to develop an improvement plan.
Community Podiatry	No	Reviewing offer across providers to identify opportunity to share best practice and improve offer. Self-referral is in place in two localities, supporting Swindon to mobilise as soon as possible.
Wheelchair Services	No	Reviewing options to implement self-referral, links to the National Wheelchair Services Managers Forum to share best practice. BaNES pathway to be also agreed with Bristol commissioners.
Community Equipment Services	No	Working to understand options available, Joint contracts with Local Authorities being worked through, financial constraints are a concern.
Falls Service	No	Urgent Care Review focus, working with providers to understand options.

In view of the above, a BSW Community Services Self-referral Working Group consisting of acute, community and primary care commissioners has been set up to lead and achieve the implementation of the workstream. Each self-referral pathway is currently being worked on through by commissioners liaising with the provider organisation service leads. Learning accrued will be captured and used to inform



subsequent self-referral protocols for other identified conditions including those where greatest and safest patient and system benefit is identified.

Empower Patients

PCARP Workstream Community Pharmacy

Goal Expand services offered by community pharmacy

Narrative

National plans for community pharmacy

The national community pharmacy contractual framework (CPCF) 2019-2024 focuses on making better use of the clinical skills within community pharmacy teams and better integrating community pharmacies into the NHS by making them the first port of call for minor common conditions.

National plans to support primary care recovery aim to build on this, expanding the services offered by:

- Introducing a Pharmacy First Common Conditions Service enabling pharmacists to supply prescription-only medicines, including antibiotics and antivirals, where clinically appropriate to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women.
- Expanding the blood pressure check and oral contraceptive services.

This is reliant on national contract negotiation which is ongoing. Pending that agreement BSW ICB is focussed on building a firmer foundation to support implementation of those plans once agreed. This will be overseen by the newly instigated Community Pharmacy Operational Group (PCOG), made up of key system stakeholders.

BSW ICB Plans to support Primary Care Access Recovery

BSW are currently in the process of recruiting an ICB Chief Pharmacist. They will be the lead for any delegated or transferred responsibilities for the community pharmacy contractual framework.

Since 2019 the financial viability and resilience of community pharmacies is reliant on the provision of a range of locally and nationally commissioned clinical services.



The activity associated with some of these services is reliant on referrals from the wider NHS system e.g., NHS 111, GP practices.

Increasing referrals to community pharmacy provides increased access for patients to a fuller range of services from their pharmacy. This effort will lead to a continuous rise in referrals, fostering confidence amongst clinicians and the public, leading to further referrals. While we have good levels of CPCS activity in BSW, our focus going forward is now on consistency across all providers. We will also be working with the BSW ICB CVD Programme Lead to look at increasing utilisation of the Hypertension Case Finding Service.

However, recruiting pharmacy personnel remains extremely challenging. The results of the Community Pharmacy Workforce Survey shows that BSW has the second highest pharmacist vacancy rate in the country, at 25%, and a pharmacy technician vacancy rate of 28%. In BSW we are considering our workforce risks through the lens of impact on health inequalities (e.g., ability to delivery hypertension case finding or other services).

The ICB has a System Pharmacy Workforce Lead, an ICB Workforce Training & Education Lead and a System Education & Training Lead Pharmacy Technician in post and is exploring ways to substantively fund these key roles to implement our pharmacy workforce plan to improve recruitment, retention, and development. We are focusing on pipeline, working with universities around undergraduate placements, and building system multisector Trainee Pharmacist posts (with ambitions for post-registration multisector posts in future). Plans so far indicate that for 2025/26 all of our places in Oriel will be multisector. We are also delivering Pharmacy Technician Apprenticeships, with 8 system partnerships funded through the most recent round of PTPT bids.

We are focussed on building DPP capacity to support Trainee Pharmacists, and legacy workforce to qualify as Independent Prescribers, especially community pharmacists who often find it difficult to access the supervision and support that they need. The ICB has partnered with Medvivo, our Out of Hours Provider, who are delivering an exciting and comprehensive IP training programme. Medvivo are training IPs in urgent care and minor illness to provide a pipeline of community pharmacist prescribers (& DPPs) in future. This will link with BSW plans for the IP Pathfinder, which will be based on a 'CPCS+' model to manage minor illness.



A new School of Pharmacy in Plymouth opens to students from October 2024 is likely to have a beneficial impact but is reliant on the development of integrated training and development posts to improve recruitment and retention across all sectors of pharmacy. We are working closely with local universities to support undergraduate placements in both GP practices and Community Pharmacy. A significant amount of work is going into working with universities to engage with students and encourage preferencing of BSW training places within Oriol, as well as schools engagement and career ambassadors.

The challenges facing community pharmacy has, and is, resulting in closures and reduction in contractual hours, the impact of which is being monitored and reviewed through the Pharmacy Services Regulations Committee (PSRC) and the South West Primary Care Operational Group (SWPCOG).

Therefore, the ICB plan for primary care recovery needs to be in the context of the challenges facing community pharmacy, focusing on improving its resilience and taking opportunities where they exist and evolve to drive up implementation of clinical services through better integrated working.

The ICB plans for primary care recovery therefore focus on working collaboratively with Community Pharmacy Avon and Community Pharmacy Swindon & Wiltshire (formally known as Local Pharmaceutical Committees) and other system partners to:

- Improve system understanding, confidence and trust in services provided by community pharmacy including with patients, the public, health, social care, and voluntary sector providers.
- Improve access for patients to community pharmacy clinical services e.g., community pharmacist consultation service (CPCS), hypertension case finding service, through increased referral and better consistency across providers.
- Reduce risks of harm and readmission at discharge through increasing referrals to the discharge medicines service.
- Build and facilitate working relationships between community pharmacies, GP practices, PCNs and other providers of NHS services to support integrated pathways and synergistic working e.g., flu and covid vaccination.

- Oversee existing locally commissioned services to ensure strategic fit and explore potential future local commissioning opportunities in line with strategic objectives. Our local PGD service will be reviewed when we receive more detailed information on the national Common Conditions Service.
- Ensure local antimicrobial resistance (AMR) processes are reviewed in preparation for the nationally proposed Pharmacy First Common Conditions Service.
- Take opportunities to develop and widen the scope of clinical service provision from community pharmacies e.g., Independent Prescriber Pathfinder Programme.
- Aspire to continue our successful Teach & Treat programme with Medvivo, to support community pharmacists to qualify as Independent Prescribers.
- Explore opportunities to provide services more efficiently through integrated working thereby releasing capacity to increase integrated working e.g., electronic repeat dispensing releases capacity for GP and community pharmacy contractors.
- Implement pharmacy workforce plan to improve recruitment, retention, and development e.g., Teach and Treat programme, cross sector pharmacy roles.
- Implement UEC referrals to CPCS to reduce pressure on urgent care services.

This will provide a firmer foundation to support implementation of the national plans once agreed. Implementation will be prioritised to address inequality.

Digital is currently a barrier to improved integration for community pharmacy. The ICB will work with regional and national community pharmacy leads around new digital initiatives as enablers.

Initial priorities with timeframes:

Initial Priority	Timeframe
Instigate Community Pharmacy Operational Group including system partners e.g., CP Avon, CP Swindon & Wilts, Public Health, finance, digital etc.	August 2023.
Recruitment of an ICB System Chief Pharmacist, who will be the lead for Delegated or transferred responsibilities for commissioning, including any delegated or transferred responsibilities for the community pharmacy contractual framework.	January 2024



Ensure appropriate representation of community pharmacy within ICB and system infrastructure e.g., Primary Care Collaboratives.	November 2023
Ensure community pharmacy priorities are embedded in system strategies and implementation plans.	August 2023
Identify Community Pharmacy PCN leads with protected time to engage with GP practices to improve integrated working and increased access for patients to services	October 2023
Understand integrated working between PCNs and community pharmacies in line with PCN DES. Explore and develop a plan (with PCN Leads) to improve integrated working with community pharmacy.	November 2023
Agree Initial Education and Training Standards of Pharmacists reforms (IETP) cross-sector training models ready for submission to Oriol.	November 2023
University events to support Oriol preferencing.	October 2023
Establish social media to support careers engagement.	August 2023
Ongoing schools' careers engagement.	November 2023
Pharmacy technician pre-registration training (PTPT) bid submission	August 23
Explore the development of a model to map community pharmacy capacity, access and activity that can be used to identify areas of greatest need.	November 2023
Assess impact of pharmacy closures and changes of hours and revision of unplanned closure policy	October 2023
Participation in IP Pathfinder Programme	October 2023

Implement Modern General Practice

PCARP Workstream

Transformation

Goal

Delivering CAIPs and transformational support

Narrative

Capacity and Access Improvement Plans (CAIP's)

To support the planned improvement BSW will continue to work with and support practices in delivering their CAIPs, the following describes the ongoing support that the ICB is planning to deliver during the year:

At the Primary Care Operational Group there is opportunity to discuss both soft intelligence and hard intelligence relating to patient experience. CQC outcomes, complaints, patient surveys, Friends & Family Test, incidents are all utilised to help provide a picture of patient experience throughout BSW. This work is led by the BSW Quality Team, and a Primary Care Quality Dashboard is being developed to include information in one place. The soft intelligence regarding patient experience is fed back by all teams, commenting on recent engagement with practices and PCNs. This forum is one of support, to highlight any practice/PCN that may require any support from the ICB.

In addition, to support the PCNs with the delivery of their CAIP and work towards achievement of the full funding envelope the following ICB schemes have been set up:

- Webinars and Action Learning Sets
- Drop in sessions with relation to the PCARP
- Signposting and facilitating peer to peer support
- Signposting to experts (internal stakeholders) for support with specific subject matters (e.g., Cloud Based Telephony, digital App, workforce, communications)
- Support though GP and Admin Fellows through the BSW Training Hub with the e-consultation roll-out
- Promotion of national offers
- Enabling the Directory of Service Team to develop a unique Directory of service with each practice and which practices will be able to maintain themselves which will enable Care Navigators to have information to hand when signposting patients appropriately (MiDOS).
- Power BI Support Tool to enable understanding of practice capacity and use of the capacity.

As part of our agreed process for monitoring delivery and achievement of CAIP plans and determining final payments, the ICB will meet with PCNs in October / November 2023 for a mid-point review before carrying out a round of final review meetings with PCNs in March / April 2024.

GP Patient Survey Results

BSW ICB has undertaken analysis of 2023 GP Patient Survey results, identifying trends and areas of variation. Whilst recognising that the sample BSW ICB

population was 2.7% and the response rate was 40% (representing just over 1% of the total BSW ICB population) in line with national trends, the results indicate a decrease in overall patient satisfaction in 2023 compared to previous years

At an ICB level, BSW practices have achieved above the national average on all questions highlighted for review within Annex B of the CAIP, although in common with the national position, achievement has decreased from previous years. Therefore, for some practices and PCNs in BSW the ICB is content that these aspects of the patient survey require a maintenance approach rather than striving for further improvement. However, we recognise (through our analysis of GPPS, GPAD, 111 data, other quality markers) that there exist pockets of variation in BSW ICB in access to services, and for these practices/PCNs more intensive support and focus on improvement is required.

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The GP FFT uses one simple question ‘Overall, how was your experience of our service?’ with answers ranging from ‘Very Good to ‘Very bad’. Data is uploaded by practices directly to NHS Digital’s Calculating Quality Reporting System (CQRS) each month. The most recent month’s available data is February 2023.

The FFT can help mark progress over time for practices and the real strength of the FFT lies in the follow up questions that are attached to the initial question, the comments from the follow up questions are not submitted to NHS England.

In February 2023 across BSW, only 22 practices (25%) uploaded their data onto CQRS, this is equivalent to 0.55% of the BSW population completing the FFT.

The majority of patients who answered the FFT were positive in their response. It is a shame that the validity and therefore lessons learned from this data is compromised due to the low uptake.

PCN CAIP plans have highlighted that their patient populations favoured local surveys and that this would be a way forward in terms of capturing further feedback relevant to differing demographics. As seen on the table on the left, the most successful access route for the FFT was via the text messaging service. All PCNs have committed via their CAIP to bring their engagement with FFT in line with their contractual obligations.



General Practice Access data (GPAD)

There are difficulties with the process of mapping appointments which are being reviewed at a national level with primary care system providers. The ICB has raised to NHSE the need for bespoke requests to investigate mapping concerns that haven't been possible to resolve locally, such as the anomalies in terms of reliability of appointment mapping.

Whilst these national issues are resolved, the ICB is very keen to support its practices and PCNs to make GPAD data as accurate and consistent as possible.

Through "quick wins", the following has already taken place:

- Guidance and 'crib sheet' to support practices and PCNs.
- 1:1 support where required
- Action Learning Sets to support and share best practice
- BSW ICB developed Power BI tool for GPAD data that is reviewed monthly. With a new addition of understanding capacity across the day.

Support Level Framework

The Support level framework (SLF) is a tool that has been developed nationally to support practices in understanding their development needs. ICBs have been asked to enable facilitated SLF conversations to take place in all practices during 2023/24, to help practices to better understand their support needs and improvement priorities.

The Practice SLF should be completed via a facilitated conversation with members of the practice team with honest reflection encouraged. The findings should then be used alongside available data to agree priorities for improvement and development of an action plan. Any practice that participates in one of the national General Practice support offers will have the SLF completed as part of the programme, and for those practices undertaking the universal local offer local facilitation is required.

The SLF tool requires at least one 3-hour conversation with 2 facilitators and as such we need to be assured that the value-added warrants the investment from the ICB and practices. At present the approach has been that SLF has been shared and discussed with GP's and PCN and Practice Managers at collaborative meetings and Action Learning Sets, some PCN's may facilitate the discussions themselves, and some may approach the ICB for support. Any practices that highlight that they would



benefit from the use of the SLF, or it is identified that the tool would support health inequality conversations, will be offered a facilitative SLF conversation.

Ensuring uptake of national support offers

The ICB are keen to maximise the opportunity for BSW ICB practices and PCNs to participate in the national support offers. To date, there has been a small response to the intensive support offer, with more practices signed up to the intermediate offer.

There is also 2 PCNs in BSW participating in cohort 1 and cohort 2 of the national PCN Support offer:

The ICB will actively signpost practices where there is an indication of additional support need to national offers and ensure it is able to make full use of its allocations.

Implement Modern General Practice

PCARP Workstream

Digital – Cloud-Based Telephony

Goal

Ensure practices and PCNs are utilising cloud-based telephony solutions, supplied by nationally approved providers, with call-back and queuing functionality enabled

Narrative

In BSW ICB:

- 23 out of 88 practices are on analogue telephone systems

For the practices and PCNs that offer Cloud Based Telephony (CBT), the usage of call back function and the call queuing functions are variable. The call back function is often only able to operate once a high number of calls are received. Within BSW there are strong advocates for the use of these services, and the results have been demonstrated through individual PCN patient surveys. However, conversely there are also PCNs that are able to document high patient satisfaction and demonstrate that they are meeting the needs of their local population without the use of the two add-ons. All PCNs have committed however to engage with the ICB to review this picture on an ongoing basis.



The ICB is working down the priority list as collated by NHSE via feedback from the practices, in order to help practices as much as possible migrate to a compliant cloud solution on the national framework as stipulated within the GP contract. The ICB has put in place a procurement process and meets weekly with IT, finance and primary care colleagues to review the funding and the quotes received by the practices from the telephony suppliers. The delay in the sign off of the proposed quotes is approximately one per fortnight, and this delay has been raised with NHSE.

We have asked the practices in the 2nd tranche for their quotes but will not be approving these until we have covered the high priority practices.

The ICB IT team are supporting the practices to ensure that their cloud solutions are configured in the right way for optimising set-up.

Implementing Modern General Practice

PCARP Workstream

Digital – Tools and care navigation

Goal

Provide tools and care navigation for Modern General Practice

Narrative

Online consultation, messaging and booking functionality is in place across some BSW PCN's through different systems. A handful of PCN's provided their online consultation rate per 1000 population, however late in 2023 it is expected that this metric will be published by NHSE as the data companies are being requested to upload patient data usage by practice.

We have received notification from NHE England regarding the new “Digital Pathway Framework, which is currently anticipated to provide an additional 93 pence per patient for practices to fund “high quality digital tools”. Pre-guidance due to be released in June has been deferred so we do not have sufficient clarity on scope or funding. Until we receive further clarity this is very difficult to develop detailed plans for, though we are of course sketching provisional thoughts to enable us to respond nimbly once clarification is received.

The ICB has confirmed that it will reimburse on-line consultation products used by practices up to a certain level during 2023/24 as from 204/25 this funding will be available through PCARP, however we are waiting for the delayed NHSE framework on digital pathways to be ready for use. Our clinical system user group is supporting PCN's in choosing the right product for them.



As the digital tools become available the ICB will support practices in embedding the tools and their use in ways of working and transforming practices to provide modern general practice. The ICB will also support practices by looking at online consultation rates against age and deprivation markers to ensure that the tools are being accessed appropriately.

Practice Websites

A review of Practice websites has recently been undertaken by the BaNES, Swindon and Wiltshire Healthwatch’s, and the helpful observations are being used by PCN’s within their CAIP plans. This work will continue in line with the PCARP requirements.

Build Capacity	
PCARP Workstream	Workforce
Goal	Retaining and building capacity and maximise potential across the multi-disciplinary team.
Narrative	
<p>The primary care team and BSW Training Hub are working with practices and PCN’s to both maximise the ARRS offers (take-up) and ensure relevant support packages are in place to upskill and retain ARRS practitioners. This aligns to PCN level work as part of the 2023/4 winter planning cycle to explore how ARRS roles can be optimally used to meet pressures.</p> <p>BSW Training Hub working in collaboration to develop system wide plans which challenge, build, develop and strengthen the primary care workforce. Deliverables against this plan include (not exhaustive); a variety of GP retention schemes; advance practice financial sponsorship; mentoring supply in support of number of learners; learning organisational approvals to maximise placements and support supply of workforce as well as a variety of health and wellbeing offers.</p> <p>BSW Training Hub are trialling recruitment of a legacy nurse which could be expanded to other practitioners to aid retention. They are also just implementing a project relating to administration fellows (first in the South West) to support the PCARP workstream of roll out of e-consultations and care navigation.</p>	



The Training Hub and three near-peer fellows to support international medical graduates training and obtaining roles in BSW Primary Care. They major on support arrangements in relation to retention.

Cut Bureaucracy

PCARP Workstream	Contracting and primary / secondary care interface
Goal	To reduce time spent by practice teams on lower-value administrative work and work generated by issues at the primary-secondary care interface. Practices estimate they spend approximately 20% of their time on this

Narrative

Prior to the release of the PCARP, BSW was already working with key stakeholders across the system (practices and trusts) to establish a set of agreed principles relating to transfer of work and the primary/secondary care interface. This work is being led by the ICB Deputy Chief Medical Officer Primary on behalf of the system has received sign up and commitment to implement from clinical leaders, chief medical officers across the system, as well as from the Local Medical Committee.

An agreed policy document 'Primary and Secondary Care :Excellence in partnership working' sets out consensus principles to facilitate better joint working between primary and secondary care. These principles span all four of the areas described in the recovery plan (onward referrals, complete care, call and recall, clear points of contact), with an underlying principle that clinicians should seek to complete any required actions themselves without asking other teams to do this:

A full copy of the policy will be shared at ICB Board in October. To ensure principles are communicated and embedded across organisations (including all clinicians operating on the ground), and to therefore ensure that the associated benefits are realised in primary and secondary care, a robust implementation plan will be developed that will require sign up from all stakeholders. This will be critically important to mitigating the risk of the policy being formally agreed but expected procedural and behavioural changes not occurring. This implementation plan will need to bridge from board to frontline, ensuring all clinical and administrative teams are aware of it, of their and others responsibilities under it,



and feel empowered to enact it. Ongoing monitoring of adherence to principles designed to ensure system effectiveness and efficiency as well as clear routes for prompt escalation will be through conversations plus also a newly developed electronic feedback form for clinicians to complete if they believe they have been passed work which goes against the principles of the partnership working. Themes and trends will be collated and reviewed via the medical and quality directorates.

8. Communications Strategy

The communications strategy produced by the ICB aims to not only raise awareness of the key issues outlined in the national Primary Care Access Recovery Plan, but to also shine a light on what is happening across primary care in Bath and North East Somerset, Swindon and Wiltshire.

The activities referenced in the plan will take place throughout the autumn and winter of 2023, as well as the early part of 2024, when demand for primary care is likely to be at its highest.

Wherever possible, all local activity will seek to tie-in with the messages being shared by NHS England as part of its larger national primary care campaign. National assets, such as those created for websites and social media, will also be employed to help reinforce local campaign messages.

Activity is expected to be prolonged and will stretch across many months. Executing the campaign during the autumn and winter timeframe will, in a best case scenario, influence changes that should have a notable and immediate effect. While every effort will be made to achieve best case scenario, it is more realistic that change will happen gradually, hence the need for long-term message reinforcement.

Given the extended duration, the campaign will have a number of key focus areas, including:

- Did not attends
- While you wait
- Enhanced access
- Don't Put it Off
- Digital GP access
- Wider practice team

- Alternatives to primary care

All the local communications plan actions as well as the national communications resources will be shared locally with stakeholders such as Healthwatch, the Voluntary Sector, the Local Medical Committee and Patient Participation Group's.

9. Finance Summary

9.1 A summary of the finance streams relating to PCARP can be found in the table below:

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	An average of ~£11,500/PCN/month	'unconditional' funding.
IIF Local Capacity and Access Improvement Payment	Paid to PCNs based on commissioner assessment of a PCN's improvement in three areas over the course of 2023/24	Equates to ~£56,000/PCN/year.	Progress review in October. Final assessment in March 2024.
Transition Cover and Transformation Support Funding	To support practices to make the change to a modern general practice access model	Average of £13.5k/practice First 30% tranche received Month 05.	First tranche distributed 20p per patient based on engagement & signoff of CAIP.
Primary Care Service/System Development Funding	Primary Care Service/System Development Funding	Provided to ICBs to deliver transformation and other programmes	Total SDF funding has to cover; PCN Leadership & Management DES; Flexible staff pools; online

			consultation systems; digital first primary care; local GP retention; training hubs; practice resilience and other developmental work in this area, such as supporting the development of provider collaboratives.
Digital telephony	To support transition of practices to CBT systems	£729k	Funding being utilised as per NHSE guidance.
Online Consultation tools -Digital Pathway Framework lot on DCS product catalogue	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 fully launched in August (Delayed) with supplier contracts awarded	93p Per patient	Awaiting framework publication.



10. Trajectories

10.1 The ICB is developing a Primary Care Quality Dashboard which will include a number of access measures and deliverables under PCARP included in its strategic metrics, the dashboard will be received by the Primary Care Operational Group on a bimonthly basis.

PCN Improvements in 3 CAIP areas	Measures
<ul style="list-style-type: none"> - Patient experience of contact: - GPPS - F&F 	<ul style="list-style-type: none"> - Improvement trend on GPPS on 2023 - Sign up and publish FFT
<ul style="list-style-type: none"> - Ease of access & demand management: - Cloud Based Telephony - Features of CBT 	<ul style="list-style-type: none"> - 100% move to CBT - Comparison of call wait times across PCN - Sharing of best practice/protocols
<ul style="list-style-type: none"> - Accuracy of recording in appointment books: - GPAD 	<ul style="list-style-type: none"> - Record all appointments in appointment books in line with agreed definition of an appointment. - Improve the accuracy of appointment recording by referring to existing guidance. - Improve the use of GPAD to differentiate urgent from Routine.
Workforce	
-General Practice able to offer improved multi-disciplinary care through employment of additional ARRS roles	- All PCN's to have maximised their utilisation of the ARRS scheme with target of 90% take-up of new ARRS roles by March 2024
Pharmacy	
Recover pharmacy activity	- 90% community pharmacies able to supply prescription-only medicines for seven common conditions by end March 2024

10.2 It is important to recognise the current challenges being faced across our primary care providers, with increasing numbers of practices requiring resilience support. As discussed earlier, there is a challenge here in continually driving practices towards access improvement targets where, in doing so, there is an increased risk of destabilising practices by taking their

focus from ensuring essential services are in place without risk of collapse (“hitting the target but missing the point”). For this reason, BSW ICB has not set individual practice trajectories, rather the focus will be on practices/PCN engagement with the ICB around PCARP and best endeavours to deliver improvement relative to the different starting points practices will have.

11. Opportunities, Challenges and Risks

11.1 PCARP presents both opportunities and challenges across the BSW ICB system as described in the table below:

Area and Focus	Challenges	Opportunities
Empower Patients	<ul style="list-style-type: none"> • Self-referral – variation in pathways across BSW • Variation in community pharmacy capacity. 	<ul style="list-style-type: none"> • Will lead to consistent offer and access when in place. • Clinical staff will have the opportunity to work to the top of their licence. • Improved integration between GP practices and community pharmacies.
Modern General Practice	<ul style="list-style-type: none"> • Delay in the national digital procurement frameworks will limit practice’s ability to undertake Modern General Practice in 2023-24. 	<ul style="list-style-type: none"> • To enable targeted supported to most challenged practices in BSW. • To enable all patients to access their practice more easily across the different access channels.
Build Capacity	<ul style="list-style-type: none"> • In ensuring PCN’s fully utilise ARRS budgets there are significant challenges relating to accommodation in practice 	<ul style="list-style-type: none"> • Combined with the PCN tool kit estate plans, review the estate capacity within the system.



	<p>buildings and funding of IT equipment.</p> <ul style="list-style-type: none"> • Workforce pressures and capacity. • Recruitment difficulties. 	<ul style="list-style-type: none"> • Maximise on the ARRS opportunities available to the system, recognising the potential impact on community pharmacy.
Cut Bureaucracy	<ul style="list-style-type: none"> • Primary and secondary care interface is an area of particular focus to create the additional 20% capacity within primary care. 	<ul style="list-style-type: none"> • Opportunity to improve patient journeys through the healthcare system.

11.2 A risk log is maintained, and mitigations monitored as part of the PCARP Working Group. Main areas of risk relate to:

- Capacity (practices and ICB) to deliver given current pressures.
- Communications budget limitations affecting reach of some campaign elements.
- Cloud-based telephony requirements are dependent on Primary Care providers procuring themselves, within timescales.
- Identification of leads for self-referral elements.

12. Conclusion

12.1 Within BSW ICB there continues to be much to be proud of as regards access to GP services, however there can though be no room for complacency. The pandemic has changed the landscape, and we must endeavour to ensure practice capacity keeps pace with demand.

12.2 We know that despite generally comparatively good access to GP services in BSW ICB, there exists notable variation that needs to be understood and addressed. In addition, significant challenges in terms of practice resilience where action is needed to stabilise both in the short and longer terms need to be supported by the ICB.

12.3 This system wide plan can we believe, in line with the Fuller Stocktake, improve access in ways that improve both patient and GP team experience,



with the greatest gains being in those communities that need them the most. And in doing so, set firm foundations on which we can deliver the broader ambitions of Fuller.

13. Appendices

- Appendix 1 – PCARP Communications Plan

