**Delivery plan for recovering access to primary care - key points for** **GPs!**

The full document can be assessed here [NHS England » Delivery plan for recovering access to primary care](https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/) but below is a summary of the key areas of the 21 pages!

NHSE (NHS England) published this document on the 9th of May 2023. The LMC are aware that there has been some debate about what this exactly means. NHSE recognise that general practice is under intense pressure where the demand is greater than capacity. As demand rises many practices are struggling to meet all the needs of their patients.

**NHSE are aiming to support through four key areas**.

1. **Empower patients** 
   1. Use of devices such as NHS App
   2. Increase self-directed care e.g., Social Care
   3. Expand community services e.g., Bp
2. **Implement Modern General Practice**
   1. Better digital telephony
      1. NHSE will support for practices that will commit by 1 July 2023
      2. Moving to high quality digital technologies can help queuing, call-back, call-routing, and integration with clinical systems
   2. Simpler online requests
      1. To make online requests easy and dependable
      2. Practices are contractually required to provide online access since the pandemic but there is recognition that many practices had to do this at pace
   3. Faster navigation, assessment, and response
      1. Modern digital tools make it easier to manage patient requests, involve the wider practice team and report higher patient satisfaction
      2. NHSE report that 15% of current GP appointments can be navigated to self-care, community pharmacy, admin teams or other appropriate local services
3. **Build capacity – more appointments**
   1. Key areas are the development of larger multidisciplinary teams, more new doctors, retention and return of experienced GPs and higher priority for primary care in housing developments
4. **Cut bureaucracy**
   1. IIF (Investment and Impact Fund) has been streamlined from 36 to 5 indicators
   2. A high trusty low bureaucracy approach is being proposed
   3. Improvements in primary-secondary care interface – one aspect being if a patient has been referred into secondary care and they need an onward referral the secondary care team should implement this

**Overall, the plan has two main aims:**

1. To tackle the 8am rush for appointments
2. For patients to know on the day how their request will be managed
   1. If clinically urgent to be assessed the same day
   2. Where not urgent, but requires a telephone or face to face appointment this should be in 2 weeks
   3. Where appropriate, patients can be signposted to self-care or other local services

Somerset LMC have received numerous queries regarding 2b above and the following agreed position has been reached

[**The LMC, GPPB (General Practice Provider Board) and the ICB (Integrated Care Board) are all aligned and committed to supporting practices in delivering on the new contract requirements but recognise that this will be challenging. The ICB have confirmed that they do not want practices to make any sudden changes to their appointment systems in order to comply with the contractual requirements. In particular, they have advised practices not to instruct patients to contact 111, MIU or**](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2F%23!%2FSomersetLMC&data=05%7C01%7Cjustin.geddes2%40nhs.net%7C7ebfa47cda0e4abdeedc08db5aee3008%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638203751272800050%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=DDlflhN%2FresSBDIj8jZH%2F8bd0ABy7PTdrAe0rI%2B7Opo%3D&reserved=0) **ED as a way of complying with the contract changes for 2023/24, unless it is clinically appropriate to do so.**