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Primary care

Introduction

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The wider context

National

- Government priorities
 - Primary care access
 - Urgent and emergency care
 - Productivity: waiting lists
 - Money
- Industrial action
- Growing inequalities: CVD
- Safe winter
- The future GP contract and considering how increase in demand on services and inflation is taken into account.

Regional

- Urgent and emergency care
- Safe winter
- Workforce
- Money
- LMC
- Savings opportunities:
 - Prescribing
 - Service transformation

System

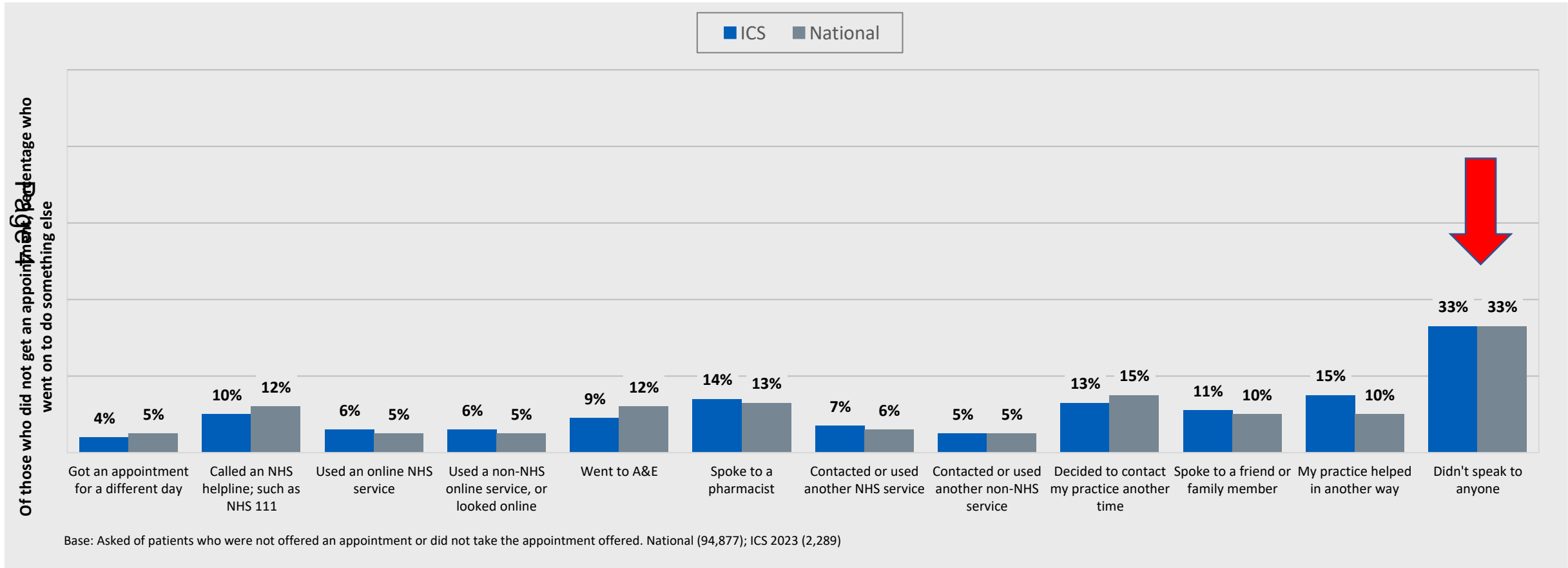
- Strategic projects:
 - Project Fusion
 - In development:
 - Clinical strategy framework
 - Primary care: modern General Practice
 - POD strategy
 - Clinical considerations for planning
- Primary-secondary care interface improvement work



What happens when patients can't get an appointment?

HAMPSHIRE AND ISLE OF WIGHT ICS

Q18. What did you do when you did not get an appointment?

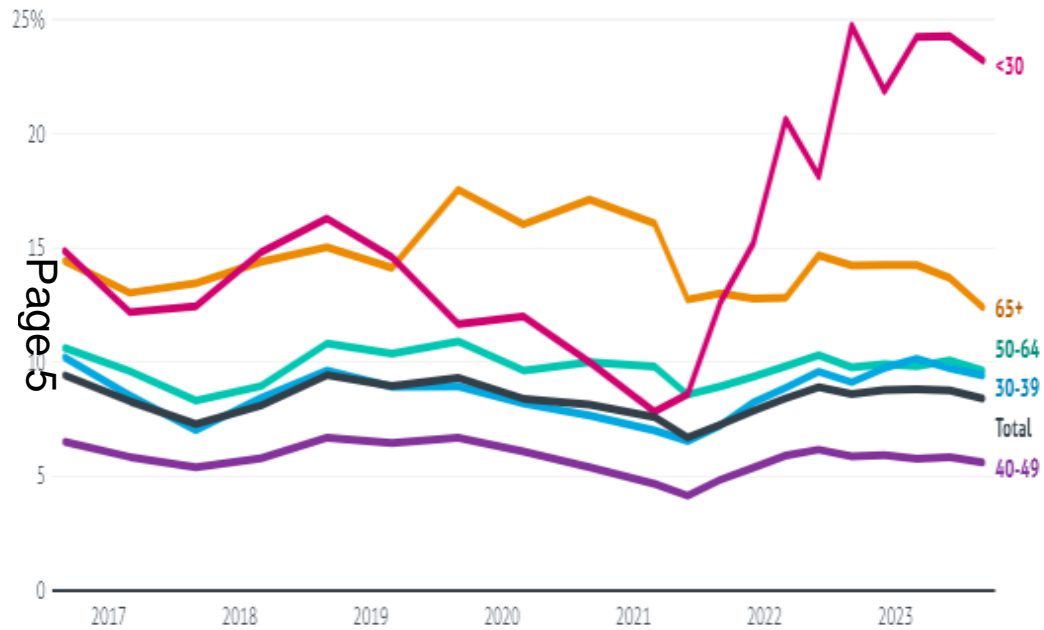


i Comparisons are indicative only: differences may not be statistically significant



Workforce (National context)

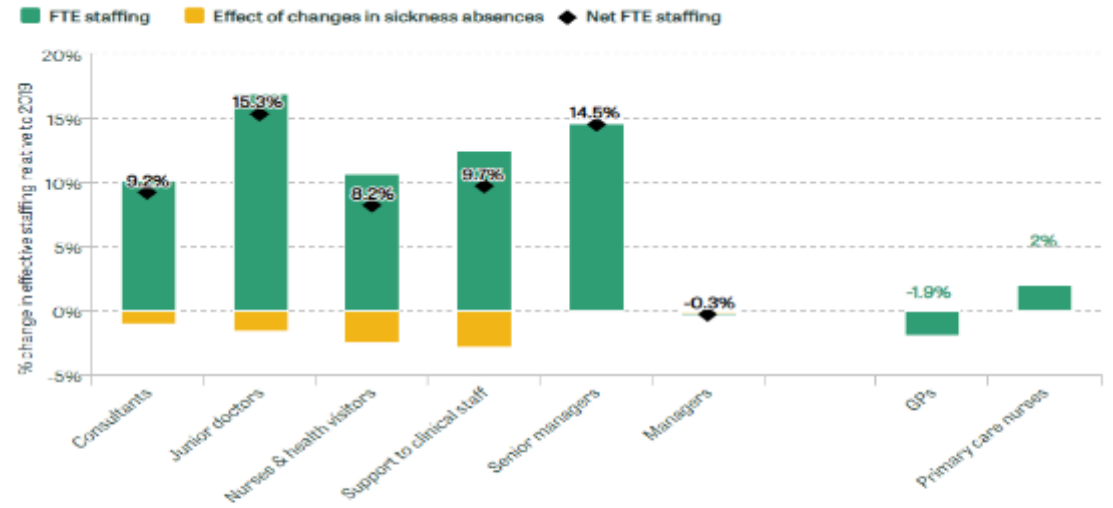
Proportion of GPs (FTE) leaving the NHS, by age band, September 2016 to September 2023 IfG



Source: Institute for Government analysis of NHS Digital, 'General Practice Workforce, England, GP Joiners and Leavers 2015 - September 2023', supported by CIPFA. • Notes: The figures relate to fully qualified GPs who left the NHS in the 12 months up to the relevant date. Data was first published in 2016/17. • Get the data • Embed • Download image



Figure 3. NHS FTE staff in 2022 compared with 2019



Note and source

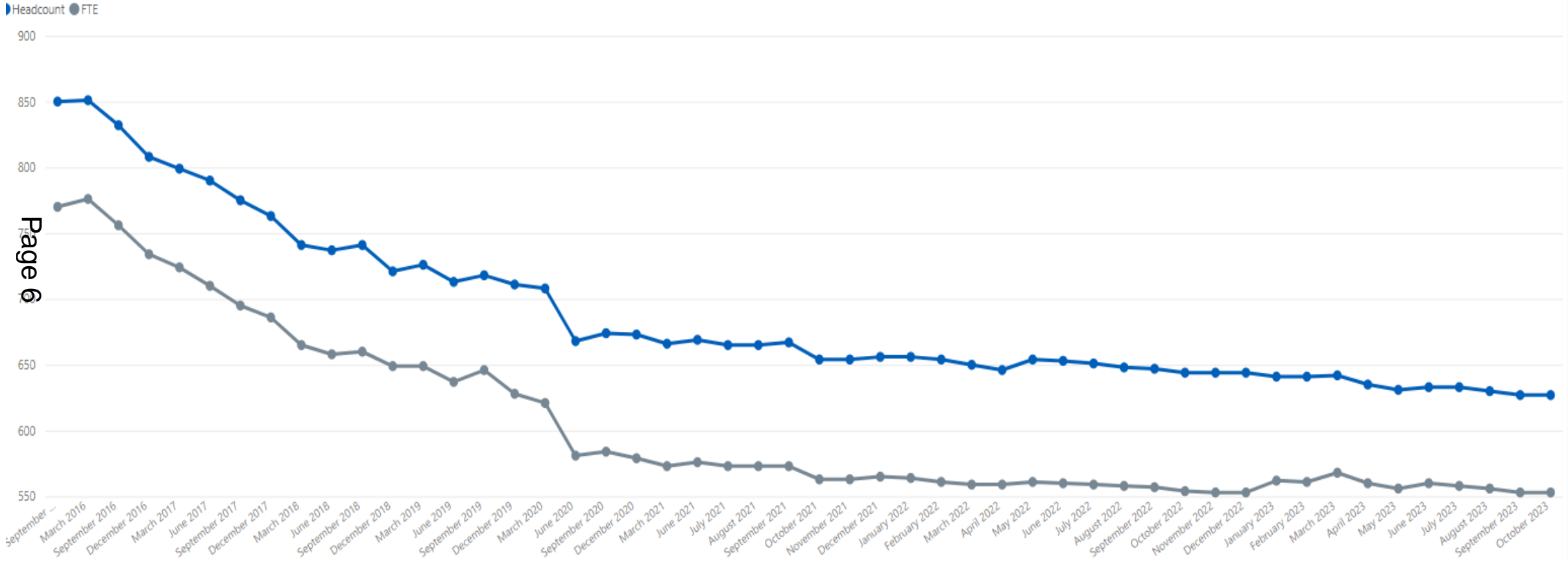
Note: 'Secondary care' staff compares July 2022 with July 2019. 'Primary care' staff compares June 2022 with June 2019. Absence data are not available for primary care staff (GPs and primary care nurses). GPs do not include GPs in training. Note that the yellow bars show the effect of changes in sickness absences on 2022 effective staffing levels, not the change in sickness absence rates itself.

Source: Authors' calculations using NHS Digital's NHS Workforce Statistics (August 2022), NHS Digital's NHS Sickness Absence Rates (July 2022), and NHS Digital's General Practice Workforce (June 2022).



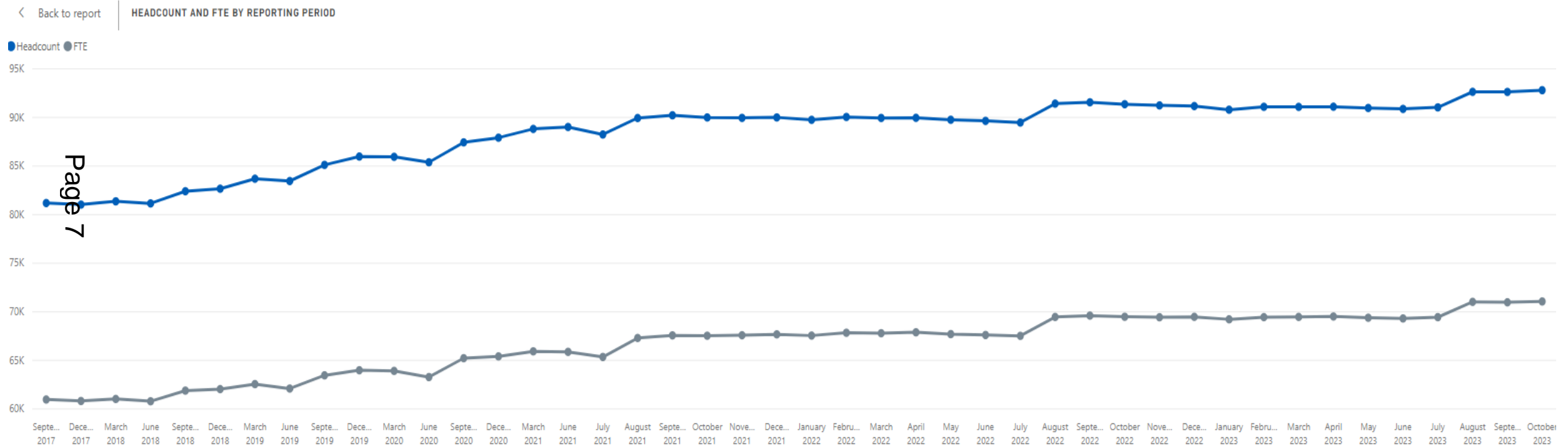


HIOW GP Partner Numbers





Regional data: All Clinical Staff in Primary Care



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National and Local Financial Context

Primary Care (National Context):

- Carr Hill Formula (Global Sum) brings its own challenges
- Even though there has been a drive to increase appointments/access and provide funding growth, demand on Primary Care services is growing at a much faster rate, thus creating more financial challenges to meet demand within the financial envelopes available.
- Workforce challenges – difficulties in recruitment and retention are making it harder to meet patient demand and fulfil other workload requirements. This results in the need to use more locum and agency staff which is more costly.

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PRIMARY CARE BUDGETS 2023/2024	Annual Budget £'000s
Delegated Commissioning	328,897
Local Commissioning and Other Contracts	24,315
Primary Care Developments	11,185
Primary Care GP IT	961
Primary Care System Schemes	391
GP Forward View Investments	0
Out of Hours	6,577
POD	170,342
In Year Position	542,667
Prescribing	320,522



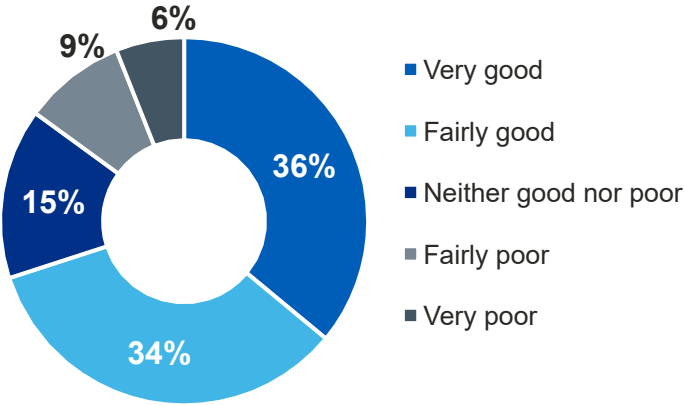
Overall experience of GP practice

HAMPSHIRE AND ISLE OF WIGHT ICS

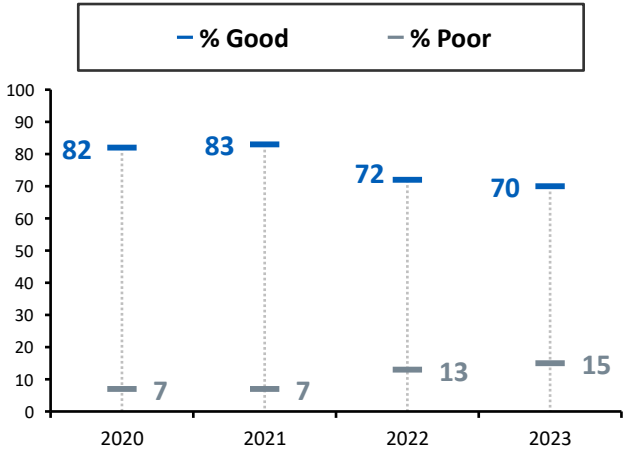
Q32. Overall, how would you describe your experience of your GP practice?

ICS result

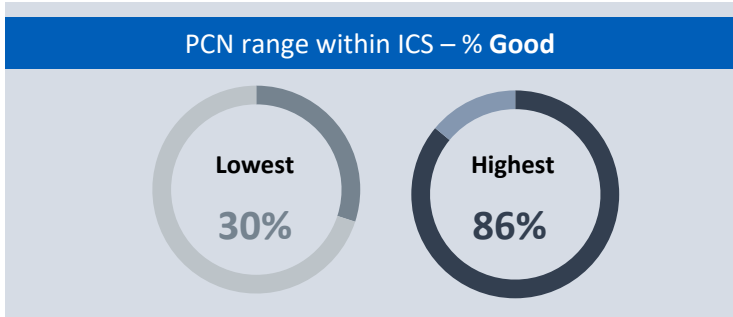
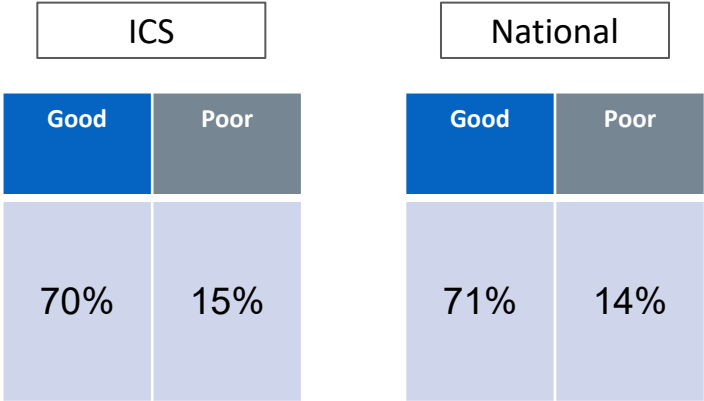
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ICS result over time



Comparison of results



Base: Asked of all patients. National (749,020); ICS 2023 (16,622); ICS 2022 (16,352); ICS 2021 (19,625); ICS 2020 (17,123); PCN bases range from 106 to 1,141

i %Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor



Key themes included:

- Difficulties making a GP appointment, including waiting several weeks for a non-urgent appointment. People struggle to get through on the phone, and those who work or have caring responsibilities can find it especially difficult if they are expected to ring at 8am. When people eventually do get through, there are no appointments left.
- Due to the lack of available GP appointments, some people visit A&E, which leads to additional pressures on other services.
- People's preferences for face-to-face appointments are not always met.
- Older people, people with limited English, those who are digitally excluded, those without access to the internet, and disabled people also face additional barriers to access, leading to increased inequalities.
- Although some people prefer digital appointments, there are still challenges. For example, poor connectivity or not being allowed to use personal technology at work.
- When people can't access the type of appointment they want (e.g. in person or digital), or experience delays, it can have a huge impact on their mental and physical health

NB: Feedback doesn't always reflect the data presented





Vision

Primary care of the future

Improvement of the population health

Maximising investment and resource

Shifting from transaction to transformation

Strategic themes

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System Delivery

Quality & Outcomes

Primary Care at scale
(Place, INT and PCN)

Patient safety & addressing variation

Population health Profiles
"Size of the prize"

Evidence and experience informed

Professional development & representation

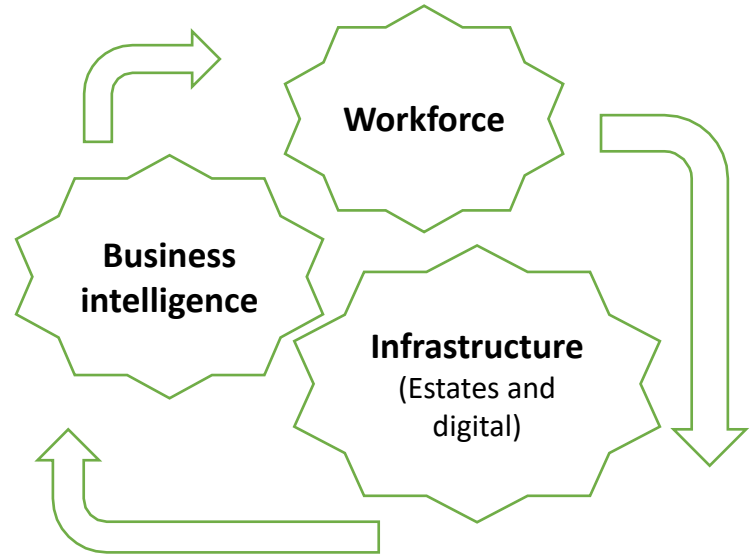
Personalised care with most appropriate HCP

Integration and collaboration

Shift from gatekeeper to gateway

Primary Care Networks

- Levels of integration**
1. Primary care at the interface of acute, specialist and community care.
 2. Physical and mental health.
 3. Health with social care.
 4. Integrated Urgent Care



Integrated Neighbourhood Teams

Improved care experience

Enhanced same day access

Reduced health inequalities

Enhanced working experience

Continuous quality improvement

Integrated Neighbourhood Teams Triple Aim



IMPROVING ACCESS



PRIMARY CARE
RESILIENCE



ADDRESSING HEALTH
INEQUALITIES

"Building on making PCNs stronger, give them the opportunity to integrate more with other services and not just at practice level. Workforce, time, funding are essential elements to enable us to work differently and provide more proactive care Empowering patients to look after themselves and good communication with the public is a key element "

