

Strategic review of primary care networks in North Hampshire

January 2024

Summary

1. This paper has been put together to update on the current situation around primary care (GP services) and resilience in North Hampshire, specifically with a focus on Basingstoke as requested by members.
2. Included within the paper is an update on appointment data, workforce and infrastructure improvements, alongside plans to increase the resilience of primary care in the area. This builds on the strategic review previously carried out around primary care networks in North Hampshire and describes how NHS Hampshire and Isle of Wight Integrated Care Board and partner organisations are working together to continue improving the situation.

Background

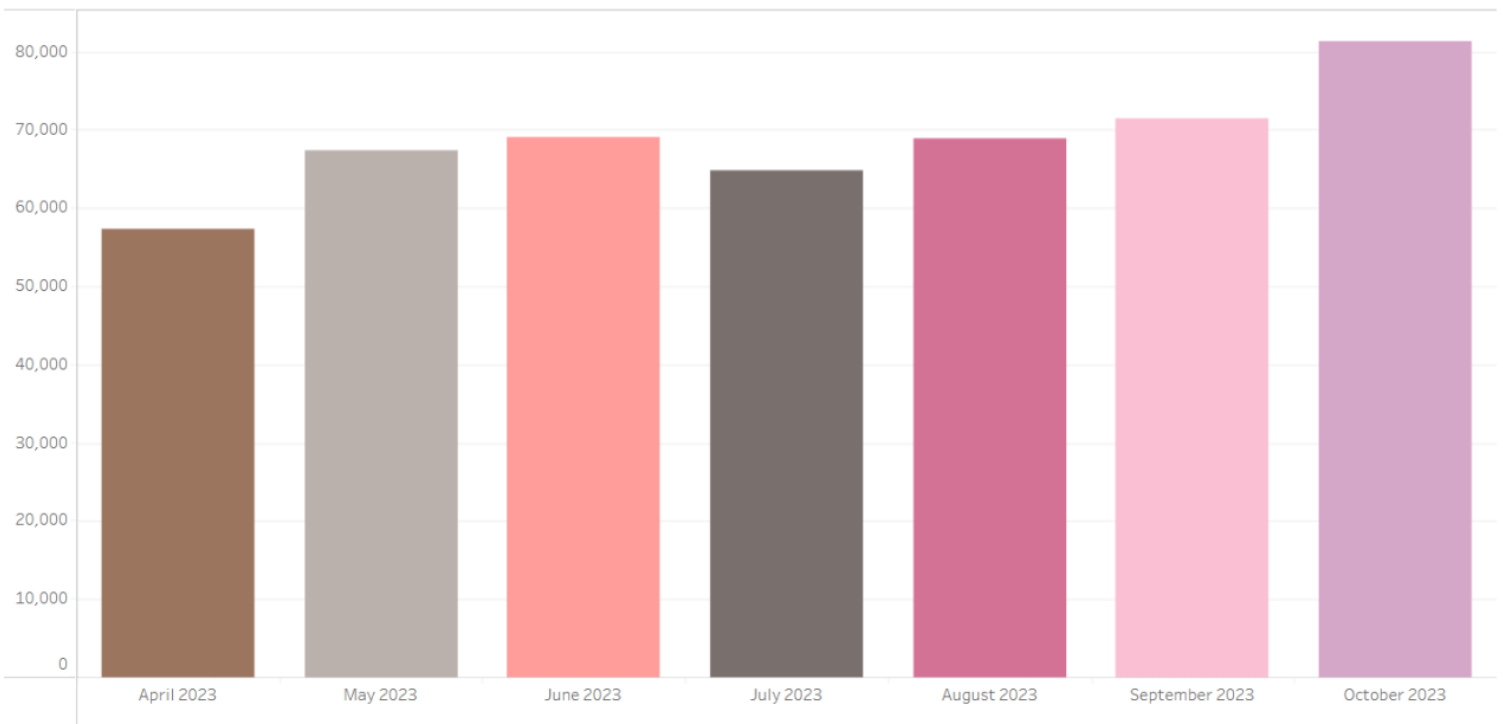
3. Primary care access across Hampshire and Isle of Wight has been steadily increasing since the summer of 2020 with the number of GP appointments booked in October 2023 exceeding one million (60,000 more appointments than provided in the same month of the previous year). This rise is also reflected in the data for Basingstoke. Face-to-face appointments have also been increasing since the summer of 2020, averaging at 66% of all appointments provided across Hampshire and the Isle of Wight in October 2023.
4. A strategic review of primary care networks for North Hampshire was undertaken in 2021 and was completed in the summer of 2022. The purpose of this review was to provide a strategic vision for the delivery of primary care in Basingstoke and was in specific response to the potential risk to future delivery of primary care for those communities.
5. This review also coincided with the Fuller Stocktake¹. The Fuller Stocktake was a review by NHS England that set out a vision to improve access, experience and outcomes for people and communities, led by Professor Claire Fuller, a GP and then chief executive of the Surrey Heartlands Integrated Care System and currently NHS England's Medical Director of Primary Care.
6. In May 2023 the government also published its recovery plan for primary care², launched by the Prime Minister in a visit to Southampton. The plan has two central ambitions, set nationally:
 - To tackle the 8am rush – meaning patients should be able to not only contact their practice easily but be able to book an appointment (not necessarily on the same day as when they ring) when they ask for it.
 - For patients to know on the day they contact their practice how their request will be managed. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate. If their need is not urgent, but it requires a telephone or

face-to-face appointment, this should be scheduled within two weeks. Where appropriate, patients will be signposted to self-care or other local services.

Progress since the strategic review

7. This section provides an update on improvements to primary care access and experience in the Basingstoke area since the strategic review and the publication of the Fuller Stocktake and the national Primary Care Access Recovery Plan.
8. As detailed in the paragraphs above, the current accessibility of primary care in Basingstoke continues to increase at a steady rate. The graph below illustrates the total number of appointments undertaken by all clinician types across the seven Basingstoke GP practices across a seven-month period from April to October 2023.
9. There was a decrease in demand in April 2023 due to Easter Holidays. The total number of appointments reported for October was 81,313, which is an increase from 71,493 in September 2023, and reflects the additional pressure that winter places on practices.
10. The appointment data below does not reflect the differing proportions of urgent versus routine demand on practices. At individual practice level, numbers vary based upon the staffing models, size of practice, the patient demographic and ways in which the appointment data is mapped.

Appointments by Month (Time Series)





11. During the period there has been a significant increase in additional roles in primary care in the area employed under the NHS Additional Roles Reimbursement Scheme (ARRS). These are additional clinical and non-clinical staff that work in practices alongside GPs and nurses to help people get support from the most appropriate professional first-time round. These include Health & Wellbeing Coaches, Clinical Pharmacists, Pharmacy Technicians, Paramedics and First Contact Physiotherapists. For some roles specific training is required and has been carried out, for example, Care Navigation training. Across Basingstoke PCNs there are additional staff across the 15 different ARRS role types employed, equating to 100.9 WTE (1.0 WTE = 37.5 hours per week) working approximately 3,783.75 hours per week. The most frequently employed additional roles are Clinical Pharmacists and Care Coordinators. Please see the summary below:



PCN	Pharmacy Technicians	Clinical Pharmacists	Clinical Pharmacist Advanced Practitioner	First Contact Physiotherapists	Paramedics	Clinical Pharmacist Nurse Advanced Practitioner	Physician Associate	Care Coordinator	Health and Wellbeing Coach	Social Prescribing Link Worker	Trainee Nurse Associate	GP Assistant	Digital Transformation Lead	Advanced Mental Health Practitioner (B7)	Children's and Young Person Mental Health Practitioner (B4)	WTE Total
Camrose, Gillies, Hackwood, Beggarwood	0	9	0	1	3	1	0	7	0	2	2	3	1	0	0	29
Mosaic	1	5.4	1.6	2	0	0	6	8.3	0	2.4	1	0	1	1	0	29.7
Rural West	1.8	3	1	1	0	0	0	7	1.6	2	0	0	1	1	0	19.4
Shakespeare Road	1	1	0	0	1	0	0	2	2	1	0	0	0	0	0	8
Whitewater Lodden	0	4.2	0	2.4	1	0	0	1.2	1	1	2	0	1	0	1	14.8
WTE Total	3.8	22.6	2.6	6.4	5	1	6	25.5	4.6	8.4	5	3	4	2	1	100.9

12. The initial primary care review identified concern expressed by patients in getting through to their practice by telephone. All practices in Basingstoke have now had upgrades to Cloud Based Telephony, thus improving the ability to get through on the phone and reducing the 8am rush. PCNs noted in their Capacity and Access Improvement Plans the intention to review telephone call data in order to reduce call waiting times and call abandonment rates.
13. Practices across the Basingstoke PCNs are currently delivering Additional Same Day Urgent Capacity to support the system winter pressures. Collectively they are offering an additional 244 appointments per week.
14. There are currently six Practices in Basingstoke who have been approved for Transition Support Funding, which is set up to support practices with implementing plans to move to a Modern Day General Practice Access Model – this forms part of the delivery plan for recovering access to primary care. Plans are still being submitted for review and approval and we expect the number of successful plans supported by this funding to increase. A summary of currently approved bids is below:
 - **Odiham Health Centre** – to move to a same day triage model. Improve utilisation of cloud-based telephony, including regular reviews of the reporting data.
 - **Clift Surgery** – to move to a same day access service where one GP and one Advanced Nurse Practitioner (ANP) will call patients back that need to speak to a GP that day. The other GPs will have a mixture of routine telephone, routine face to face, on the day face to face (from same day access patient list that need to be seen but can also be booked by reception) and appointments for Econsults on each session.
 - **Whitewater Health** – to integrate the ANP, nursing, ARRS and GP teams to a sustainable and communicative appointment system managed by a daily clinical lead.
 - **Crown Heights Surgery** – to implement a total triage model which will include fully utilising ARRS roles, and operational working methods.
 - **Watership Down Health** – to move to a total patient triage model. Moving to this new model of triage will ensure patients who contact the practice requesting an urgent appointment, can be allocated to the right appointment with the most appropriate health care professional.
 - **Shakespeare Road Medical Practice** – to implement an improved access model.
15. As part of the Integrated Care Board's Demand & Capacity scheme, practices were required to review frequent attenders and complete and submit an audit review, in order to better inform the advance planning of capacity aligned to predicted demand at a Primary Care Network level. All Basingstoke Practices participated in this audit, and it identified some common patient conditions within this cohort, that has supported them to better proactively manage these patients. These themes included:

- Mental Health
- Elderly and Frailty
- Palliative care
- End of Life (EOL) care
- Care home contacts
- Complex and Chronic conditions
- Leg ulcer / wound management

16. As part of the Capacity and Access Improvement Plans, Basingstoke PCNs are working to improve several areas including:

- Reducing patient 'Did Not Attend' (DNA) rates via various means. Some of the proactive steps being taken include, but are not limited to, reviewing demand and capacity data to identify trends and patterns to better target this cohort, introduce proactive e-messaging to patients and making it easier for patients to cancel appointments.
- Review and increase uptake of the national Friends and Family Test (FFT) surveys to improve patient experience.
- Website Access – the ICB has carried out a Practice website Benchmarking Tool Audit on all practices in Hampshire and the Isle of Wight to help improve accessibility and sign-posting to services for patients.

Next steps

17. Considerable progress has been made since the initial North Hampshire review. In light of this, and the ongoing requirements to deliver to the Primary Care Access Recovery Plans and recommendations of the Fuller Stocktake, primary and community care leaders in Basingstoke are now in discussion about the concept of integrated neighbourhood teams and improved access, which is a core element of both documents.

18. These integrated neighbourhood teams would support practices within the town centre to increase resilience by bringing together multidisciplinary teams to address the three main areas of primary and local care delivery, which are urgent, chronic and preventative care. Other ambitions exist for these teams including to improve access, enhance primary care resilience, address health inequalities and support greater ability to manage the growing population demand in the Basingstoke and Deane area. The ICB is currently in dialogue with Basingstoke and Deane Borough Council around the future of primary care across the borough, including the setup of integrated neighbourhood teams.

19. It should also be noted that the Modernising our Hospitals and Health Services (MOHHS) plans for a new hospital in North Hampshire launched a consultation on 30 November 2023, which remains open. These plans add further opportunity to enhance the emerging primary care strategy.

20. This work is in its early stages and further updates can be provided later in 2024.



¹ [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

² [NHS England » Delivery plan for recovering access to primary care](#)