Quarter 2 2024/25 Highlight Report | Manchester Provider Collaborative Board

Programme Name	**Improve Access to Primary Care**	**Programme RAG**	
Programme SRO	**Dr Vish Mehra**	**Date/Version/Author**	**Caroline Bradley 04.10.24**

Programme overview and aim	The aim of the programme is to improve access to General Practice, with a focus on two main areas: • Implementing the requirements set out in the NHS England Plan 'Recovering Access to Primary Care'. • Primary Secondary Care Interface – improving information sharing, streamlining processes and improving flow between primary and secondary care linked to 4 areas: Onward referrals, Complete Care, Call and Recall and Clear Points of Contact
Benefits / measures that will evidence success (linked to aim)	• Increase in number of practices with Cloud Based Telephony solution in place throughout 2024/25 • Increase in number of practices signed up to, and successfully completing, the GPIP programme during 2024/25 • Utilisation of transition funding for Modern General Practice by all practices signed up • PCNs to achieve all 3 elements of the PCN DES Capacity and Access Plan for 2024/ 25 • Maintain achievement of appts booked with General Practice within 14 days (where clinically appropriate) • Agreed primary care priorities incorporated, with appropriate investment agreed, in a system wide UEC / Winter plan to support improved access

Overall programme progress summary

Work is on-going across all areas of the programme and progress continues (see next 2 slides).

Issues / challenges to delivery – highlighting any that require discussion / escalation to PCB.

GP collective action commenced on 1 August 2024. Processes are in place at a NHS GM and locality level to understand the action, the impact, the risks and mitigating actions. NHSGM and locality governance has been established. A Manchester and Trafford locality approach has been adopted and regular meetings take place with system partners (localities, MFT (inc. MLCO), GMMH, LMC, Community Pharmacy) re: GP collective action.
There are on-going resource implications (inc. project management capacity) to support and progress the Primary Secondary Care Interface work.

Performance Oversight metrics	Target	Latest	Change	Progress update (including plans to improve metric if appropriate)
GP appointments – percentage of regular GP appointments within 14 days	81.7%	**86.3** (Q2 – Jul / Aug only)		Data for Q1 2024/25 (Apr / May) = 86.20% (NHS GM average = 83.73%) Data for Q2 in 2024/25 = 86.30% (NHS GM average = 83.22%)

Quarter 2 2024/25 Highlight Report | Progress by Project

Project/ workstream	Key deliverables due in quarter	Metrics to be delivered	RAG	Progress against key deliverables
Improving Access to Primary Care **Lead: Caroline Bradley**	**NHSE Delivery Plan** • Implementation of Cloud Based Telephony (CBT) – all GP practices to have CBT in place by March 2025. • General Practice Improvement Programme (GPIP) - Increase uptake of practices signed up to the programme • Transition to Modern General Practice – identified practices to draw down / utilise funding to support implementation of modern General Practice • Capacity and Access Planning (CAP) - All 14 PCNs to deliver against the requirements of the NHSE PCN DES • Booking a GP practice appt – to monitor and maintain current level of appts booked within 14 days (where clinically appropriate)	• Increase in number of practices with Cloud Based Telephony solution in place throughout 2024/25 • Increase in number of practices signed up to, and successfully completing, the GPIP programme during 2024/25 • Utilisation of transition funding for Modern General Practice by all practices signed up • PCNs to achieve all 3 elements of the PCN DES Capacity and Access Plan for 2024/ 25 • Maintain achievement of appts booked with General Practice within 14 days (where clinically appropriate)		**CBT** • All 82 practices have cloud-based telephony systems in place. Assurance process underway with practices to ensure functionality aligned to the NHS England metrics (reporting expected from Oct 24). **GPIP** • Currently 15 GP practices engaged with GPIP. This is an increase of 4 practices from Q4 2023/24. Work is underway to support more practices to access this resource. **Modern General Practice** • Currently 76 / 82 GP practices signed up to deliver Modern General Practice. Practices are utilising funding to support participation in GPIP, clear backlogs, secure resources and promote remote triage. **CAP** • For CAP 2024/25 PCNs no longer need to submit a plan to the ICB. This has been replaced by self-declaration process covering 3 areas: Digital Telephony (and data sharing with NHSE), Online consultation, Care Navigation. One PCN has so far declared that they meet all three CAP requirements for 2024/25. **GP practice appointments** • Q2 data available for Manchester for Jul / Aug = 86.30% (NHS GM average = 83.22%).
Winter / UEC **Lead: Caroline Bradley**	• Agree priority areas (with appropriate investment) for primary care as part of a system approach to utilisation of UEC / Winter funding (aligned to Urgent Care Programme of work) • Maintain proportionate universalism approach (apply a 'cost of living' weighting to Winter / UEC funding for primary care)	• Agreed primary care priorities incorporated, with appropriate investment agreed, in a system wide UEC / Winter plan to support improved access		Three priority areas for Primary Care have been agreed locally through UEC / Winter planning approach: 1. Additional Capacity for General Practice 2. Manchester Acute Respiratory Infections Service (MARIS) 3. GP Federation Surge Hubs Funding for elements will incorporate proportionate universalism weighting. All locality primary care schemes align to latest planning guidance (PRN00715) guidance related to Urgent Care: • Increase the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes. • Continue to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge. Additional proposals being considered around GP support into complex discharge MDTs (Discharge Funding) and GP support to Consultant-led streaming in ED.

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Primary / Secondary Care interface Work will continue to build on the progress made in the four main areas: • Onward referrals • Complete Care • Call and Recall • Advice and Guidance Leads: **Dr Murugesan Raja / Dr Sarah Follon**	• **Pilot MFT Onward referral process** – for Nephrology and Cardiology allowing onward referrals directly through HIVE (Q3) • **Complete Care** – improve discharge reporting processes. MFT to pilot electronic prescribing directly from hospital into community pharmacy. • **Call and Recall** - Each hospital to provide dedicated 5-day telephone lines for patients and healthcare staff. Q3/ Q4 • **Develop Clear Points of Contact -** Advice and guidance telephone lines available to support clear points of contact	• Develop standard discharge template following admissions and outpatients' appointments • Access to primary care will improve as interface issues which take up additional appointments will be addressed • Access to secondary care will improve as unanswered queries wont clog appointments		Work is on-going across several areas. This includes: **Onward referrals:** MFTs new EPR (Epic) is an enabler with new functionality including queue management, specialty triage, improved waiting list data functionality. Nephrology (MRI) and Cardiology (MFT wide) pilot areas agreed and workflows have been designed. The pilots are aimed to be launched Q3 with evaluation and further roll out in Q4. There has been delay in the launch. **Complete Care:** The changes to the discharge letters have been built into MFTs EPR (Epic) and launched in June 24. The re-launch has been supplemented by corresponding training requirements which have been incorporated into junior doctor induction, guides and 'tip sheets. The next stage will be to evaluate the effectiveness of these changes, and this is planned to take place in Q3/Q4. Changes to Outpatient letters have also been introduced which include incorporation of QR codes so patient leaflets/advice information is improved to lessen the burden on GPs. Specialties include rheumatology, clinical psychology, obstetrics, gynaecology and anticoagulation. Work to improve the 'digital first' approach for letters is progressing with both the MFT patient portal (MyMFT) and alternative provision where patients do not wish to use the portal . MFT no have over 400,000 patients using the patient portal which is used for patients' letters, test results, questionnaires and moving forward further functionality will be rolled N/A out to improve communication and patient experience. Electronic prescribing and Electronic fit notes are not progressing. **Call and Recall:** Digital process in place for users of the MFT Patient Portal (MyMFT) and manual processes for users who do not have My MFT. Patients receive their test results and letters via MyMFT The Trust is working on an alterative digital solution for patients who do not wish to use MyMFT. In the digital solution, there has been an expansion of specialties using the functionality for their patients to complete self scheduling and utilise 'Fast Pass' where earlier appointments become available on a clinic. As part of the roll out of the new EPR (Epic) the Trust has launched an improved internal digital results management process whereby consultants and their teams receive results messages to 'in boxes'. The policy requires the consultant to acknowledge receipt of the message and action thereby providing a trigger N/A for onward appointments, patient communication and next phase of care plans. Compliance against the acknowledgement in performance managed ensuring executive oversight. Compliance rates have increased to 87% in the last quarter **Clear Points of Contact:** Review completed to ensure all letter templates (which are generated vi MFTs EPR -Epic) contain the correct contact details for the sending consultant/speciality/department. Letter templates have now been updated and [free text - optional] process established to ensure that they are reviewed and updated on a regular basis.

RAG Guide: Purple = Completed Green = On track Amber = Off track but recoverable Red = Critically off track Blue = Planned but work yet to start