Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 19 January 2024

Committee:
Health Overview and Scrutiny Committee

Date: **Monday, 29 January 2024**
Time: **10.00 am**
Venue: **Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Tim Collard
Assistant Director - Legal and Governance

Members of Health Overview and Scrutiny Committee

Jeff Anderson
Nicholas Bardsley
Bernie Bentick
Gerald Dakin
Geoff Elner (Chair)
Kate Halliday (Vice-Chair)
Tracey Huffer
Heather Kidd
Peggy Mullock
Ed Potter
Edward Towers

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer
Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes (Pages 1 - 8)

To confirm the minutes of the previous meeting held on 20 November 2023.

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 5.00 pm on Tuesday 23 January 2024.

5 Members Question Time

To receive any questions from Members of the Council. Deadline for notification is not later than 5.00 pm on Tuesday 23 January 2024.

6 Primary Care Access Recovery Programme (Pages 9 - 92)

To review the Primary Care Access and Recovery Programme.

Gareth Robinson, Director of Delivery and Transformation, NHS Shropshire Telford and Wrekin

7 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

8 Update from the Health and Wellbeing Board

To receive a verbal update from the Co-Chair of the Health and Wellbeing Board.

9 **Update on the Rural Proofing in Health and Care Report**

To receive a verbal progress update from the Chair.

10 **Work Programme** (Pages 93 - 98)

To consider the future work programme of the Committee.

11 **Date of Next Meeting**

To note that the next meeting of the Health Overview and Scrutiny Committee is scheduled to take place on Monday 11 March 2024.

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Shropshire Council

Committee and Date

Health Overview and Scrutiny Committee

29 January 2024

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 20 November 2023
In the Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND
10.00 - 11.50 am

Responsible Officer: Ashley Kendrick Democratic Services Officer
Email: ashley.kendrick@shropshire.gov.uk Tel: 01743 250893

Present
Councillor Geoff Elner (Chair)
Councillors Jeff Anderson, Nicholas Bardsley, Bernie Bentick, Gerald Dakin, Kate Halliday (Vice-Chair), Tracey Huffer, Heather Kidd, Peggy Mullock, Ed Potter and Edward Towers

4 **Apologies for Absence**

Apologies had been received from Tanya Miles, Executive Director for People.

5 **Disclosable Interests**

There were no declarations of interest.

6 **Minutes**

RESOLVED: That the minutes of the meetings held on 10th July 2023 and 21st September 2023 were confirmed as a correct record.

7 **Public Question Time**

There were no public questions.

8 **Members Question Time**

There were no member questions.

9 **Rural Proofing in Health and Care Task and Finish Group**

Councillor Heather Kidd, Chair of the Rural Proofing in Health and Care Task and Finish Group, gave a presentation on their findings over the past six months. Members were advised that the members of the task and finish group had been clear from their first meeting about the topic, that addressing any inequalities of service provision between rural and urban areas required a system wide understanding of the opportunities and challenges. Having this would help to identify the most suitable and effective options that need to be explored and implemented to effectively 'rural proof' the amendment or

introduction of strategies, plans, policies and service design and provision in health and care in Shropshire.

The Group made 14 recommendations which they believe will contribute to addressing inequalities of service provision between rural and urban areas including recommendations:

- to Shropshire Council
- to the Integrated Care Board
- promoting a system working approach across all Integrated Care System stakeholders
- promoting a consistency of approach with local and regional partner Councils

These were as follows:

1. Recommendation: That an end-to-end evaluation of the travel and transport infrastructure which supports the Shropshire health and care system should be completed by the Integrated Care System to understand how effective the current provision is and to identify current and future demand. The evaluation should include:
    - Patient Travel Support
    - Public Transport
    - Concessionary Travel
    - Community Transport
    - A review of how health and care transport is co-ordinated at a system level
    - A mapping exercise to identify community capacity available to deliver voluntary community transport schemes, and whether there are sufficient services available and how best to provide an equitable service closing the gaps overall and in specific locations.

2. Recommendation: The group recommends that rurality and the accessibility factors that are associated with it becomes a key consideration for Shropshire's health and care system (including Shropshire Council) when adapting or introducing a new service or policy and recommend the use of the Rural Proofing for Health Toolkit to achieve this.

3. Recommendation: That an evaluation be undertaken by Shropshire Council to understand the impact of digitalisation on protected and vulnerable demographics (including those living rurally.) Understanding more about the current and future needs in different communities and investigating alternative delivery models to provide the infrastructure, access to equipment and support to enable all communities to benefit from the advantages which digital services can provide. The evaluation should include:

    - Mapping mobile coverage and broadband access and use across Shropshire.
    - Developing/strengthening partnerships with broadband providers to help identify and support people experiencing digital exclusion?
    - Working with telecoms providers to ensure that vulnerable people are not left without the means to seek help in an emergency through line outages

- Identifying the impact to vulnerable users of the plans to remove all analogue copper phone services nationally by 2025
- Working with other council departments, NHS partners, voluntary and/or faith organisations and district councils, to build on the model of an integrated services hub to enable people to access a number of services in one locality?

4. Recommendation: That an evaluation be undertaken by Shropshire Council in their role as commissioner and Place co-ordinator to understand how the council's intelligence and data gathering function can contribute to discussions and research on how to identify small pockets of deprivation in rural communities. Testing how ambitious the strategic plans are about strengthening the power of community, leading the way by using robust data to identify the challenges facing different areas, building local capacity, embracing coproduction and community delivery, and devolving power and resources to neighbourhoods.

5. Recommendation: The Groups research has shown that local support from the voluntary sector does, and will continue to play, a vital role in supporting residents by providing access to health and care services in rural locations. However, as resources are required to do this; sufficient understanding of the needs of the voluntary organisations and planning time needs to be built into the system. The Group recommends that the Rural Proofing for Health Toolkit be completed alongside the impact assessment process, as in each section it includes prompts to consider the ask being made of the voluntary sector.

6. Recommendation: The Group were very pleased to learn that the Rural proofing for Health Toolkit had been recommended for use within the Integrated Care System (ICS) by Simon Whitehouse (Chief Executive Officer for Shrewsbury Telford and Wrekin Integrated Care Board) and Cllr Cecelia Motley (in her role as Co-Chair of the Health and Wellbeing Board.) The Group recommends that the Toolkit be fully adopted into the Integrated Impact Assessment process of the ICS and all organisations whom it commissions and be accepted as a mandatory document to be completed when making changes to or introducing a new strategy or plan making process, so it can inform thinking from the outset.

7. Recommendation: That the Shropshire Health and People Overview and Scrutiny Committees adopt the Rural proofing for Health Toolkit as a part of their own overview and scrutiny processes to support them in maintaining a robust view on the needs of their local rural populations when they review strategies, initiatives and service delivery plans.

8. Recommendation: Whilst this Group have focussed on rural proofing specifically in the health and care system their findings have shown that its impact is much wider ranging and relevant to all areas of the Council and the support provided to rural communities. The Group therefore recommends that the Shropshire Council 2020 Community and Rural Strategy be updated and implemented.

9. Recommendation: That the Rural Proofing for Health Toolkit be recommended for use to its partner local authorities of Telford and Wrekin to support the work of the Joint Health and Overview Scrutiny Committee. To the Shropshire Association of

Local Councils for use in their work as Parish Council's, creating a consistency of approach to rural proofing. Then this be expanded to Herefordshire, Monmouthshire and Powys as with evidenced cross border working through shared interests and the new Marches Forward Partnership, the Group recommends that the adoption of this Toolkit forms part of the Memorandum of Understanding by all the authorities which will contribute towards a shared understanding of the opportunities and challenges of delivering health and care services to rural communities.

10. Recommendation: That communication between Council officers, system partners and councillors be reviewed to ensure that the best use of councillor's knowledge of their communities and where there may be previously unidentified health needs. It is recommended that regular briefing updates are provided to councillors from Council officers and system partners so that Members are aware of developments in service delivery and can feed in their local knowledge to the work being developed, sharing new developments and service offers with their communities especially supporting with facilitating communication with historically hard to reach groups.

11. Recommendation: That an agreed system approach to 'local' be defined to assist with having comparable data at a local rather than regional level. With Shropshire Council using its role as a public health authority and leader of the Health and Wellbeing Board to ensure that rural communities' travel time to services is an integral factor in the planning of services in the health and care sector.

12. Recommendation: That the process and legal obligations for Equality, Social Inclusion and Health Impact Assessment (ESHIA) in terms of responding to impacts identified through the ESHIA be clarified for Officers and Members and until then that this matter be logged on the Shropshire Council strategic risk register.

13. Recommendation: That a deep dive be carried out into recruitment and retention policies and practices in the Shropshire health system by the Joint Health Overview and Scrutiny Committee including a review of best practice nationally encompassing the approaches recommended by the Rural Services Network to see if they would work in Shropshire.

14. Recommendation: That a permanent Mental health Commissioner role be appointed for Shropshire Council to provide system oversight and strategic leadership

Members were thanked for their hard work in preparing such a detailed report and it was stated that this piece of work had demonstrated what could be achieved by the scrutiny process. Thanks were also given to the Rural Support Network for their support and to Sophie Foster, Overview and Scrutiny Officer.

It was felt that a future report from the newly appointed Mental Health Commissioner would be beneficial.

Members queried whether the local plan had been discussed as part of the group's work. Members were advised that although it did not feature in the report, it had been noted that

the Local Plan process was too far along to influence, however it was hoped that the Rural Proofing for Health Toolkit would be used for any supplementary planning documents.

In response to a query regarding the pharmacy access scheme and targeted enhanced recruitment scheme, the Executive Director for Health confirmed that this would be taken to the ICS for them to respond as to how these have been viewed through a rural proofing lens.

Members noted that the Toolkit will be forwarded to the Marches Partnership and it was agreed that the report would be forwarded to full council.

The importance of monitoring was expressed to ensure accountability of the council and partners.

It was confirmed that a report would be brought back to committee regarding training on digital exclusion in rural areas.

RECOMMENDED:

That members endorsed the report and adopted it in its entirety.

10 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

Members were advised that at the last meeting of JHOSC, members reviewed the performance level of SATH. Members were pleased with the engagement from the trust and were keen to see the outcome of the Quality Care Commission Inspection report which was expected shortly.

Members noted that SATH had highlighted issues regarding emergency urgent care, winter pressures and delays to patient discharge into the community and that this would be looked at at a local level by HOSCs. It was hoped that dialogue with the Trust would continue.

Members raised concerns that there was no consistency in inspections and that the council needed to understand why.

Members noted that the government were reviewing the Hospitals Transformation Plan but an update had not yet been received.

11 Update from the Health and Wellbeing Board

Councillor Cecilia Motley, Co-Chair of the Health and Wellbeing Board, provided an update on recent changes to the way in which the Board works.

At the last meeting, Members discussed:

- a report from Healthwatch on complaints received and the way in which these are handled;
- a strategic housing report to ensure housing linked up with the work of the ICS;

- a report from Citizens Advice Bureau which explored the learning from their research into the local support system in Shropshire during the cost-of-living crisis along with recommendations for how partner organisations could work together to best support residents facing financial crises;
- an update from the ICS
- the ongoing work with smoking cessation and vaping, where a task and finish group were collating a response on behalf of the Council to the national policy paper 'Stopping the start: our new plan to create a smokefree generation';
- the Shropshire Healthier Weight Strategy 2023-28 and its endorsement in Shropshire.
- the first draft of the Prevention framework and final action plan which would be brought back to the next meeting of HWBB;
- the acceptance of the Better Care Fund and Winter Planning update.

Members discussed the topics raised and noted that the report from the smoking and vaping task and finish group could be brought to a future meeting.

Members raised concerns regarding issues at a Connexus housing development where contractors had left residents with no heating and damp issues which were resulting in mental health issues. The Executive Director for Health confirmed that she would look into this matter.

12 **Local Care and Transformation Programme (LCTP) Task and Finish Group**

Members were reminded that this topic had been agreed on a previous work programme but not enough Members came forward for the Task and Finish Group. This was then put on hold and the committee instead chose to look at Primary Care Access, which had been done as a whole committee piece of work. Two informal meetings will be held via Teams with the ICB to inform the Members understanding ahead of the Committee on the 29/01/24.

Members noted that this topic would now be considered at the meeting in April 2024.

13 **Work Programme**

Members noted the work programme which had been agreed at the previous meeting.

It was noted that the Local Care Transformation Programme would now come to committee in April and not January, and that a joint piece of work was taking place with the People Overview and Scrutiny Committee regarding mental health.

Members also noted the upcoming briefings.

14 **Date of Next Meeting**

Members noted that the next meeting of the Health Overview and Scrutiny Committee was scheduled for 29 January 2024.

Signed ..... (Chairman)

Date: .....

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Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW ICB System-level Primary Care Access Improvement Plan

November 2023

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  - Empowering People
  - Implementing Modern General Practice Access
  - Building Capacity
  - Cutting bureaucracy
- PCN and Practice Access Improvement Support Offers
- Communications and Engagement
- Health Inequalities
- Equality Diversity and Inclusion
- Assuring Delivery – Measures of success, milestones and monitoring
- Financial Summary
- Appendixes
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  2) Summary of Additional Roles by staff group
  3) Primary Care and Transformation Governance Structure and Terms of reference
  4) Key risks to delivering improvement
  5) Summary of PCN Capacity Access Expenditure

Executive Summary

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 and delivery as well as, from April 2023, community pharmacy, dental and optometry services.

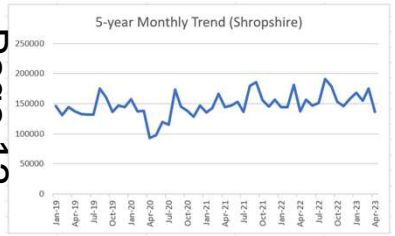
National guidance was published at the end of July 2023 detailing the required contents of the system level plan.

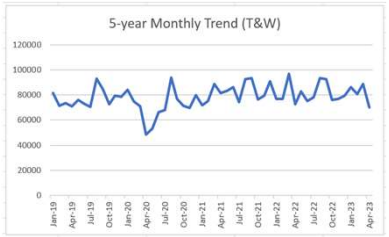
The STW Primary Care Access Improvement Plan sets out our ambition to improve local access to general practice, maintain and improve patient satisfaction and work to streamline access to care and advice.

Executive Summary

Where we started

Primary Care have been working hard to return access to pre covid levels as well as increasing the access available to patients. We now see around 2.86m appointments a year with an offer of over 9% more appointments than we had pre covid with 7 out of 10 patients being seen face to face, as seen below:





Overall the STW position with GP survey results are good and two STW practices were amongst the top 10 practices in the Midlands Region in the 2023 GP Patient survey receiving a congratulations message from the Regional Medical Director for Primary Care. Our response rate for these GP Surveys is currently 41%.

Executive Summary

What are we going to do

Our NHS Access & Recovery Plan is underpinned by the 4 national pillars, Empowering Patients, Implementing Modern General Practice, Building Capacity and Cutting Bureaucracy. Within Primary Care here is a highlight of the things we are doing to and where we aim to be:

Empowering Patients

- Roll out of the NHS App functionality to 90% of Practices by March 2024 (compared to 75% for the National plan)
- Increase all patient self referral activity by 50%
- Increase usage of the Community Pharmacy service to the 81 Community Pharmacies across STW

Implementing Modern General Practice

- As an ICB we encourage all Practices to apply for funding to move to a Modern General Practice Model with 21 out of 51 Practices currently engaging by implementing this. We plan to:

Executive Summary

- Improve Digital Telephony across the system by offering call queuing, call back, call routing and integration with clinical systems for all STW practices.
- Offer improved online access for patients across all Practices.
- Improve care navigation, assessment and response of our Practices.

Building Capacity

- Increase Healthcare Professional workforce across STW.
- Improve GP Retention across STW and improve current retention of clinical staff.
- Work with Practices and PCNs to increase and improve our level of Practice Nurse.
- Continue to develop and implement our STW wide Estates Strategy to ensure all of Primary Care is fit for purpose
- Ensure Primary Care as a higher priority with all plans of new housing developments across the Region

Executive Summary

Cutting Bureaucracy

- Work with Secondary Care to improve the Primary Care/Secondary Care interface
- Improve onward referrals of patients across the system
- Offer all Practices the ability to be part of the National GP Improvement Plan with tailored and intensive support offered to help improve services.
- Clear points of contact for patients across the system
- Ensure complete care for patients when being seen in Primary Secondary Care including patients having everything they need when being discharged.

Throughout this plan you will see the detail around the current position of STW, the work we are doing to improve and maintain services, what we plan to achieve throughout this plan and also all risks that we have identified. This includes an overview of PCN and Practice priorities that have been identified and actions that have been put in place around those priorities.

Introduction

General Practice is one of the most dynamic and innovative parts of the health service. We saw this in the rapid and comprehensive rollout of the NHS COVID-19 vaccination programme.

Since March 2020, when the Covid-19 pandemic was declared, our health and care system has come through the most challenging few years in its recent history. The pandemic changed the way we worked, lived and how our health and care was delivered. As a system, we have learned a lot about working together and trialled and tested new ways to provide services, many of which remain and improve access for patients. However, the pandemic has also exacerbated our challenges and the demand for services which we now need to work through together and ensure access to care and advice is streamlined.

Like many parts of the NHS, General Practice is under intense pressure. Where demand is greater than capacity, it means General Practice can't always be effective and patient experience and access is negatively impacted.

The core purpose of the STW General Practice Access Plan is to demonstrate how we can mitigate the crisis facing primary care through a shared vision for improving access and quality of care.

It is important to note that NHS STW are receiving support as part of the national Recovery Support Programme which provides focused and integrated support to work through local complex challenges with a key focus on financial recovery.

NHS

Vision

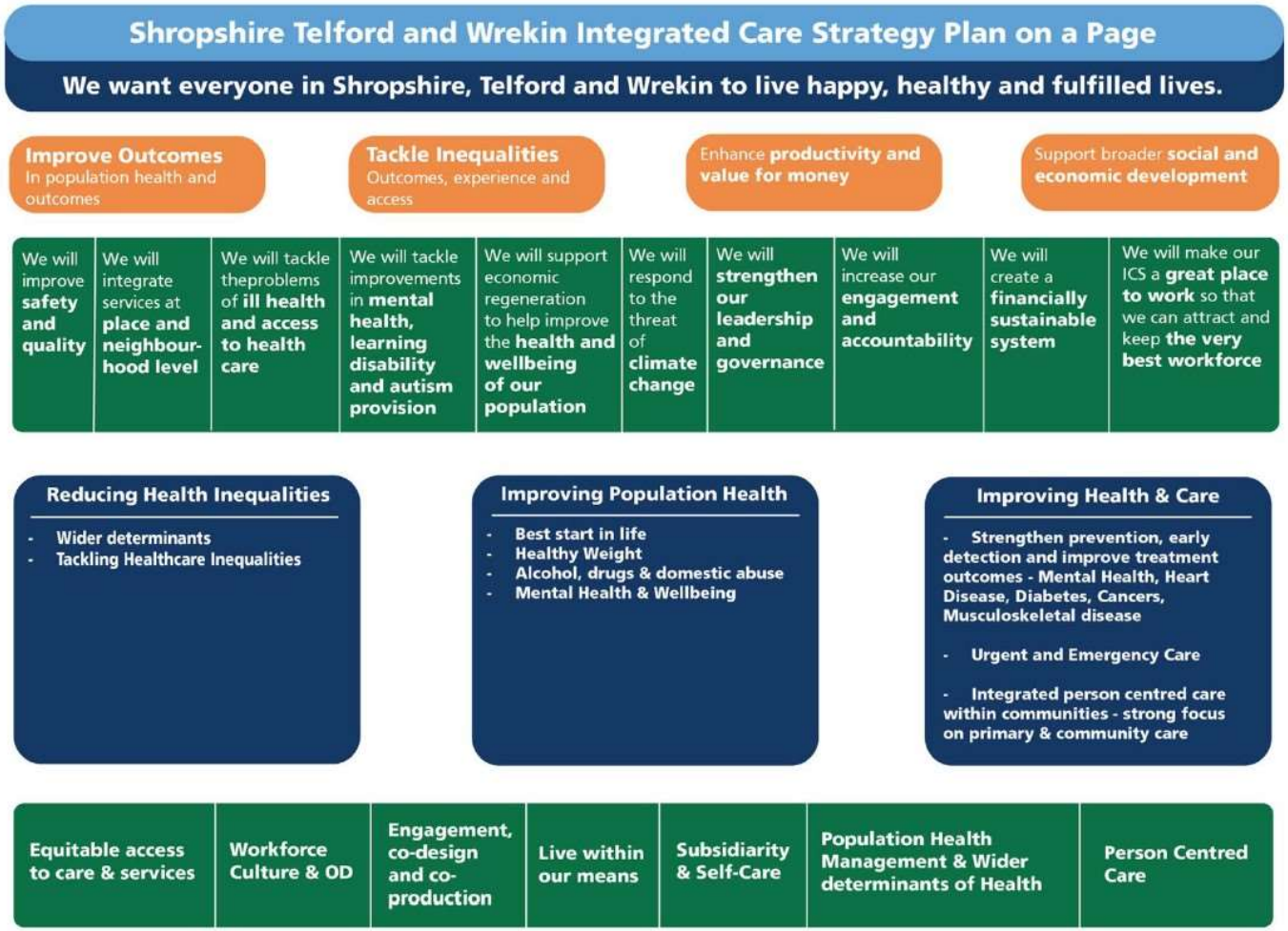
The Shropshire, Telford & Wrekin (STW) Integrated Care System (ICB) has developed this Primary Care Access Improvement Plan to outline how our health and care system will work together to improve access to General Practice.

We want everyone in Shropshire, Telford and Wrekin to have good access to general practice services and be able to access good quality care when they need it. We will work together with Primary Care Networks, General Practices, our communities and partners to improve access and streamline access to care.

NHS STW will encourage the implementation of a modern approach to general practice that makes it easier for patients to contact their practices by phone or online and supports practices to rapidly assess the nature and urgency of requests by involving the whole practice team. This is Modern General Practice Access.

STW Integrated Care Strategy Plan on a page

STW ICS Vision, Pledges and Strategic Priorities are summarised in the diagram below:



Why do we need a GP Access Recovery Plan?

- The **Fuller Stocktake report 'Next Steps for Integrating Primary Care'** (May 2022) built a broad consensus on the vision for integrating General Practice with 3 essential elements:

1. streamlining access to care and advice;
2. providing more proactive, personalised care from a multidisciplinary team of professionals; and
3. helping people stay well for longer

- This remains the national intent. But before the wider reforms necessary to achieve this vision can be implemented, **the pressure needs to be taken off general practice and the 8am rush tackled.**

- The national plan requires systems to focus their improvement plan on**:**

'streamlining access to care and advice'

- It has 2 central ambitions:
  - ***To tackle the 8am rush and reduce the number of people struggling to contact their practice.*** *Patients should no longer be asked to call back another day to book an appointment.*
  - ***For patients to know on the day they contact their practice how their request will be managed.***

STW Data – Summary Headlines 1/2

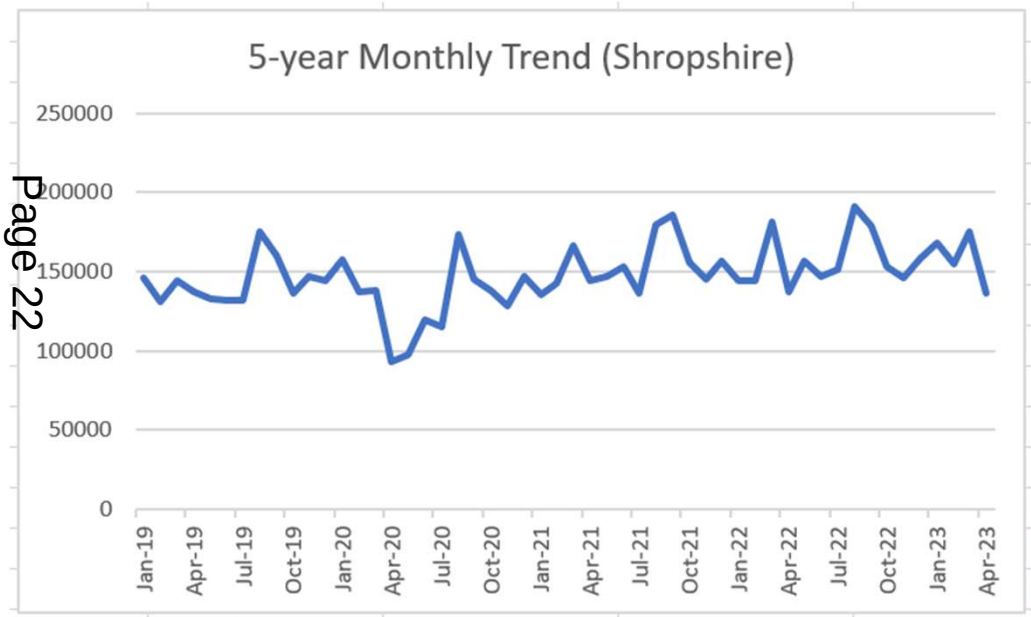
- General practice in Shropshire, Telford & Wrekin, comprises of 51 practices (37 Shropshire, 14 T&W) operating from over 70 sites.
- There are 8 PCNs ranging in size from 31,000 to 127,000.
- In 2022 General Practice delivered around 2.86 million appointments a year (1.88m Shropshire, 977k T&W).
- Appointment data shows that there are more appointments in General Practice now than pre-pandemic an increase of 9%.
- In July 2023 7 out of 10 patients seen face to face, 55% of patients in T&W and 52% in Shropshire were seen same day/next day, but perceptions are that you can't get an appointment - media coverage and social media reinforce this.
- In January 2021 general practice provided 207,515 appointments increasing to 254,312 in January 2023, an increase of 22.55%.
- If people think they can't get a GP appointment, they go elsewhere such as to A&E. In STW, we have some of the most stretched A&E departments in the country, impacting on waiting times and ambulance delays.

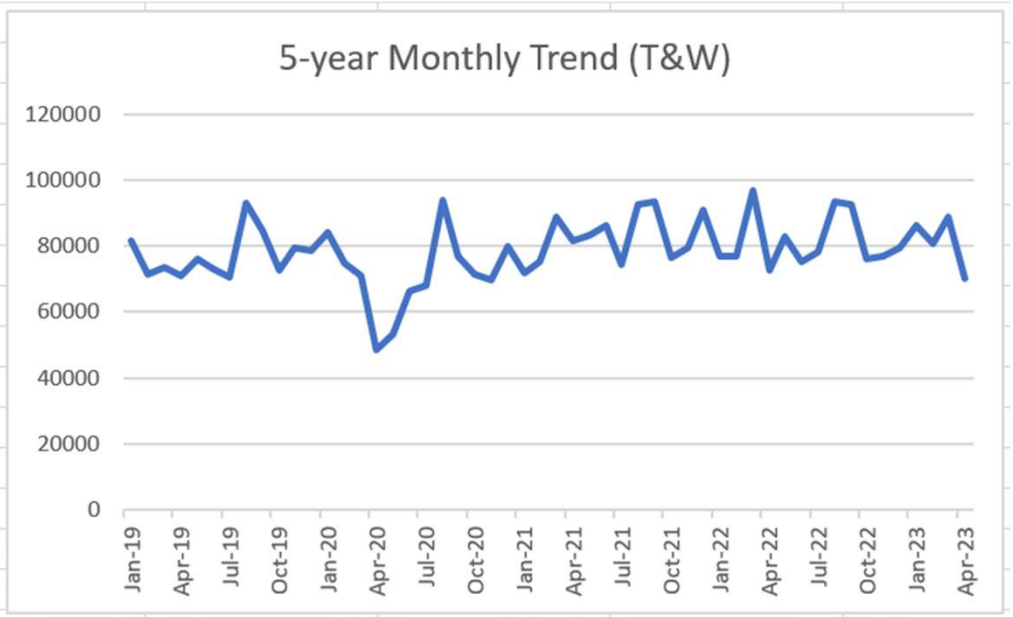
STW Data – Summary Headlines 2/2

- The Nationally GP Patient Survey is used to measure patient satisfaction and is a key metric for the Primary Care Access Recovery Plan (PCARP).
  - Overall the STW position is good and above national average.
  - However, STW is showing on trend in line with the national and regional picture with a decrease in overall patient satisfaction.
  - Two STW practices were amongst the top 10 practices in the Midlands Region in the 2023 GP Patient survey receiving a congratulations message from the Regional Medical Director for Primary Care.
  - There is local variation which needs to be addressed with Telford Practices showing lower patient satisfaction than Shropshire practices.

STW Data - General Practice appointment capacity trend last 5 years

There are more appointments in General Practice now than pre-pandemic with 7 out of 10 patients seen face to face.





STW Data - What do we know about patient experience of GP access in Shropshire, Telford & Wrekin

National GP Patient Satisfaction Survey 2023

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- **In STW 15,236 questionnaires** were sent out, and 6,194 were returned completed. This represents **a response rate of 41%.**
- The survey contains a number of questions related to access and quality of care.
- NHSE published the results for 2023 in July which incorporates field work undertaken between January and April 2023.
- Results are available at national, ICS, PCN and practice level.

Survey considerations:

- Sample sizes at practice level are relatively small.
- The survey is conducted annually and provides a snapshot of patient experience at a given time.
- Insight from GPPS is just one element of evidence we use when considering patients' experiences of general practice in order to identify potential improvements and highlight best practice.

STW Data - GP Patient Satisfaction Survey Trend pre pandemic to 2023

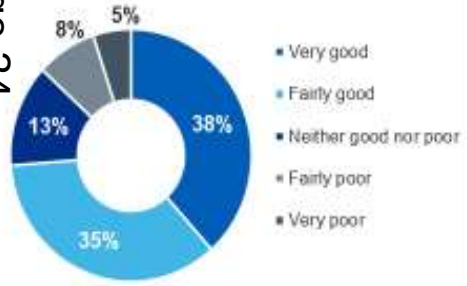
Overall experience of GP practice

SHROPSHIRE, TELFORD AND WREKIN ICS

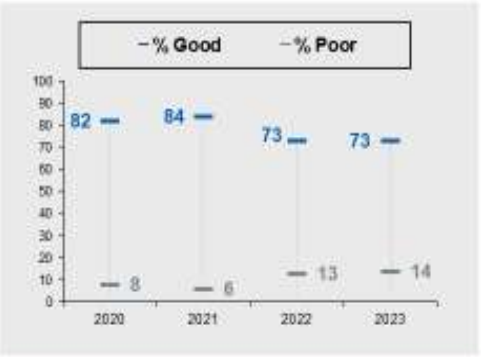
GP PATIENT SURVEY

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

ICS result



ICS result over time



Comparison of results

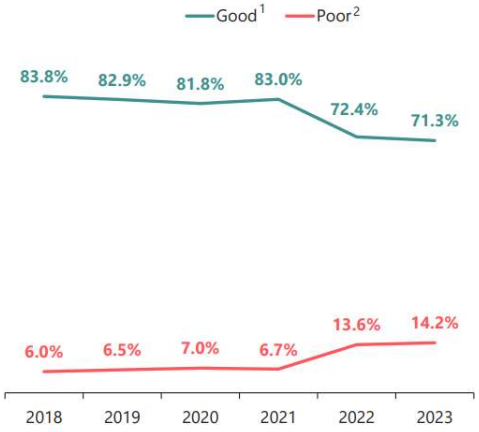
	ICS		National	
	Good	Poor	Good	Poor
	73%	14%	71%	14%

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

Base: Asked of all patients. National (749,020); ICS 2023 (6,116); ICS 2022 (6,015); ICS 2021 (6,933); ICS 2020 (6,107); PCN bases range from 233 to 1,756

STW results remain above the national average but on trend with the national and regional picture showing a decrease in overall patient satisfaction.

National Trend

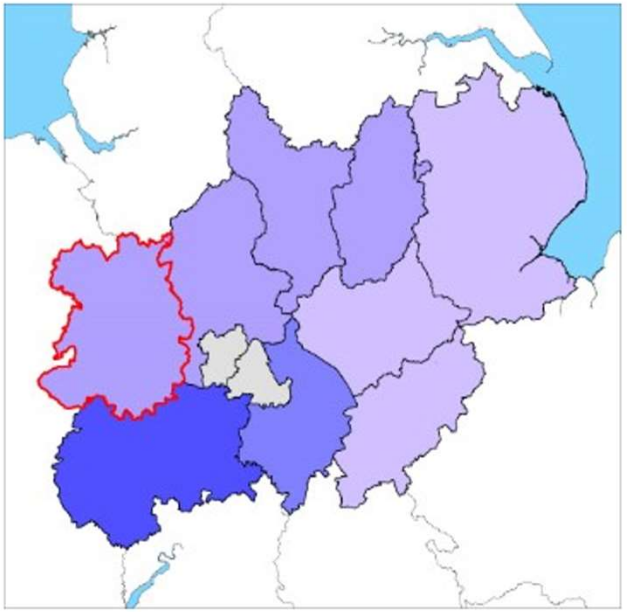


STW Data - GP Patient Satisfaction Survey Regional picture

Overall experience: how the ICS results vary within the region

GP PATIENT SURVEY

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



Overall experience of GP practice
% Good

- 75.6 to 80.1
- 73.1 to 75.6
- 71.2 to 73.1
- 68.0 to 71.2
- 62.6 to 68.0

Results range from

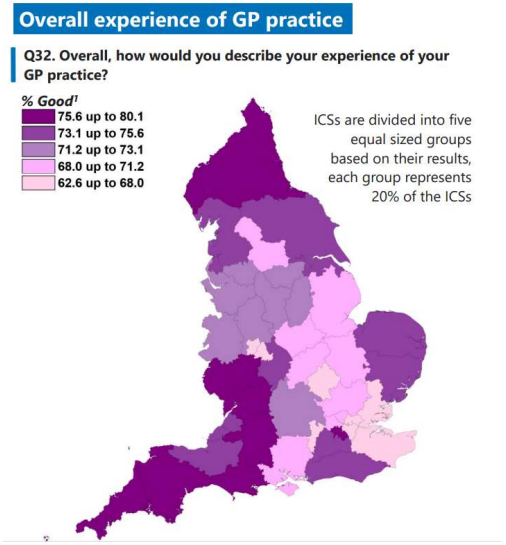
63%

to

76%

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

Comparisons are indicative only: differences may not be statistically significant



%Good = %Very good + %Fairly good

Base: Asked of all patients. ICS bases range from 6,116 to 46,211

STW Data - Summary of GP Patient Satisfaction Survey Results 2023 by Shropshire Primary Care Networks

		National GP Patient Survery Result Question			
PCN/Practice	Registered Population	Q1. Find it easy to get through to someone on the phone	Q4. Find it easy to use the GP practice website to look for information or access services?	Q16. Satisfied with the appt (s) you were offered.	Q32. Overall described experience of GP practice as good.
National		50%	65%	53%	71%
South West Shropshire PCN	37,241				
The Meadows Medical Practice		95%	96%	80%	95%
Bishop's Castle Medical Practice		94%	82%	68%	91%
Craven Arms Medical Practice		92%	79%	78%	94%
Portcullis Surgery		85%	84%	71%	88%
Station Drive Surgery		70%	73%	68%	79%
Church Stretton Medical Practice		73%	78%	52%	73%
South East Shropshire PCN	59,538				
Brown Clee Medical Practice		97%	100%	96%	100%
Cleobury Mortimer Medical Practice		96%	89%	84%	95%
Alveley Medical Practice		92%	72%	82%	92%
Albrighton Medical Practice		74%	82%	78%	90%
Much Wenlock & Cressage Practice		78%	82%	44%	83%
Bridgnorth Medical Practice		24%	72%	43%	78%
Highley Medical Practice		76%	53%	53%	64%
Ironbridge Medical Practice		62%	61%	45%	70%
North Shropshire PCN	91,554				
The Caxton		82%	90%	68%	83%
Cambrian Medical Practice		50%	61%	61%	80%
Churchmere Medical Group		41%	72%	57%	73%
Pfas Fynnon Medical Centre		79%	78%	58%	86%
Wem & Prees Medical Practice		51%	50%	38%	66%
Market Drayton Medical Practice		20%	46%	33%	60%
Hodnet		89%	93%	69%	85%

The boxes in blue in the table highlight where practices score the same or higher than the national average. **Most of the 38 practices in Shropshire score considerably higher than the national average.**

PCN improvement plans include targeted interventions where practice scores are lower.

Hodnet is not a member of a PCN but their patients receive PCN DES services via North Shropshire PCN

STW Data - Summary of GP Patient Satisfaction Survey Results 2023 by Shropshire Primary Care Networks

PCN/Practice	Registered population	National GP Patient Survey Result Question			
		Q1. Find it easy to get through to someone at the GP practice on the phone?	Q4. Find it easy to use the GP practice's website to look for information or access services?	Q16. Satisfied with the appt(s) you were offered.	Q32. Overall, described experience of GP practice as good.
NATIONAL		*50%*	*65%*	*53%*	*71%*
Shrewsbury PCN	128,274				
Knockin Medical Practice		99%	87%	78%	97%
The Beeches Medical Practice		83%	87%	68%	90%
Westbury Medical Practice		88%	63%	67%	84%
South Hermitage Surgery		83%	69%	66%	83%
Maryville Medical Practice		80%	77%	57%	83%
Brosley Medical Practice		81%	68%	65%	83%
Pontesbury and Worthen Medical Practice		57%	85%	60%	84%
Belvidere Medical Practice		70%	71%	55%	89%
Clive Medical Practice		74%	73%	49%	80%
Prescott Surgery		57%	74%	56%	86%
Marden Medical Practice		58%	82%	51%	80%
Riverside Medical Practice		64%	67%	58%	75%
Radbrook Green Surgery		47%	68%	60%	83%
Mytton Oak Surgery		35%	71%	43%	75%
Severn Fields Medical Practice		25%	56%	31%	63%
Shawbury		74%	72%	60%	82%

The boxes highlighted blue in the table highlight where **Shrewsbury PCN practices score the same or higher than the national average. Most practices score considerably higher than the national average.**

The PCN improvement plan includes targeted interventions where practices scores are lower.

Shawbury is not a member of a PCN but their patients receive PCN DES services via Shrewsbury PCN

STW Data - Summary of GP Patient Satisfaction Survey Results 2023 by Telford & Wrekin Primary Care Networks

		National GP Patient Survery Result Question			
PCN/Practice	Registered Population	Q1. Find it easy to get through to someone on the phone	Q4. Find it easy to use the GP practice website to look for information or access services?	Q16. Satisfied with the appt (s) you were offered.	Q32. Overall described experience of GP practice as good.
National		50%	65%	53%	71%
Teldoc PCN	6,327				
Teldoc PCN		15%	50%	33%	57%
Shifnal & Prioslee		29%	52%	31%	51%
SE Telford PCN	38,204				
Court Street Medical Practice		80%	89%	70%	83%
Stirchley Medical Practice		16%	51%	34%	61%
Woodside Medical Practice		48%	72%	59%	70%
Wrekin PCN	31,845				
Hollinswood Medical Practice		62%	58%	58%	76%
Dawley Medical Practice		20%	31%	25%	53%
Woodside Medical Practice		11%	35%	29%	42%
Newport and Central PCN	58,814				
Shawbirch Medical Practice		78%	78%	70%	91%
Linden Hall Surgery		40%	64%	48%	82%
Wellington Road Medical Practice		25%	57%	59%	85%
Donnington Medical Practice		19%	40%	28%	49%
Charlton		5%	52%	25%	45%

The boxes highlighted blue in the table highlight where T&W practices score the same or higher than the national average. **Most practices score less than the national average on one or more of the survey questions.**

T&W have higher levels of deprivation. There is published evidence showing links between deprivation producing higher demand on GP services and a poorer perception of services received. Telford & Wrekin practices have a proven higher level of deprivation and we are working with them to improve patient experience.

The PCN improvement plan includes targeted interventions where practices scores are lower.

Charlton is not a member of a PCN but their patients receive PCN DES services via a contract with a neighbouring practice.

STWT Data - What patients told us through engagement

As part of ongoing engagement with our population, key themes for GP were:

Concern over difficulty getting an appointment (e.g. especially post-covid appointments run out by 8:05 am) (192/22%)

Consider providing easier and quicker access to appointments (e.g. short waiting times, avoiding having to call multiple times) (115/13%)

Consider improving access to face-to-face appointments (e.g. instead of phone appointments) (106/12%)

Concern over long waiting times to get an appointment (103/12%)

"Easier access to face to face and phone consultations" (75 – 79, female, Shropshire)

"Improve appointment waiting times. I am waiting six weeks for an appointment" (65 – 69, female, Shropshire)

"Being able to see my doctor when I want to. The surgery needs to open later in the evenings and weekends" (60 – 64, female, Shropshire)

Summary of Findings:

- **Out of the 2,445 respondents who were registered with a GP, more than half rated GP services as very good or good.**
- Key areas of concern include the availability of appointments, choice of appointment times and the availability of and access to mental health services.
- Suggestions to improve access to appointments were shared, with the need for easier and quicker appointment booking and the availability of more face-to-face appointments highlighted.

NHS STW will work with PCNs, Healthwatch and partners to continue to receive patient feedback in year.

Our Plan - How we will improve access to Primary Care

- Primary Care Access Recovery
  - Empowering Patients
  - Implementing Modern General Practice Access
  - Building Capacity
  - Cutting Bureaucracy
- Tackle the 8am rush
- Easier and quicker for patients to get the help they need
- Continuity of Care

Headline work areas

- PCN and Practice Improvement Support
- Primary/Secondary Care Interface
- Community Pharmacy
- Digital Development
- Transformation Support
- Workforce
- Estates
- Communication and Engagement
- Health Inequalities
- Equality, Diversity and Inclusion
- Assuring Delivery
- Risks and mitigations

How we will improve Access to Primary Care?

The NHSE Primary Care Access Recovery Plan (PCARP) is underpinned by 4 pillars:-

1. Empowering patients	**2. Implementing Modern General Practice Access**
3. Building capacity	**4. Cutting Bureaucracy**

Our plans in each of these areas are set out in the following slides

Pillar 1 - Empowering Patients - *investing in tools they can use to stay healthy and manage their care without needing to see their GP*

Improving information and NHS App functionality - roll out of existing NHS App functionality to 90% of practices by March 2024. Compared to the National plan which sits at only 75%

Aim: Give more of the public access to four existing functions:

- to view their prospective clinical records (including test results);
- to order repeat prescriptions;
- see messages from their practices as an alternative to text messaging; and
- manage routine appointments

In STW, the NHS App has over 168,000 log-ins a month and 214,878 STW people have signed up. All of STW practices will offer this functionality by March 2024.

- National interest has been shown with the local success of 98% of practices (50/51 practices) offering patients prospective on-line access to their records at 31st October 2023.
- At end of September 2023 47% of GP patients aged 13 years+ registered for the NHS App.
- 73% of STW practices offer patients the ability to order repeat prescriptions online.
- 82% of practices have enabled secure messaging through the NHS App.
- 80% of practices have enabled patients to book and manage routine appointments, such as smear tests, B12 injections and vaccination clinics.

Pillar 1 - Empowering Patients

Increasing self directed care

Aim: Increase self referral activity by 50%

For some conditions general practice involvement is not necessary if it is clear to patients where to get care and it is clinically safe to do so directly. This is more convenient for patients and frees up valuable practice time.

This is already a reality for some conditions, but we will increase the number of self-refer options, guided by clinical advice.

Clinical pathway	STW Timeline for delivery
Optometry	September 2023
Selected Community musculoskeletal services	January 2024
Audiology for older people including hearing aid provision	June 2024
Community podiatry	September 2024
Falls	July 2024
Although in the national plan, NHS STW currently has no plans to introduce self referral pathways for community equipment, wheelchair services or weight management	

Pillar 1 - Empowering Patients

Community pharmacy

Currently community pharmacy is an underutilised resource across the ICS. There are 81 community pharmacies with a highly trained clinical workforce that could be utilised to increase capacity, boost access and improve experience for patients.

Incorporating prescribing into the new undergraduate pharmacy curriculum realises further opportunities with community pharmacy as the availability of prescribers in the workforce increases.

The future vision is for community pharmacy to be deeply integrated and utilised within primary care systems, enabling:

- Seamless referrals from general practice
- Greater system capacity
- More care to be delivered in the community
- Increased patient choice
- Innovative methods of service delivery

There are challenges to realising this future vision:

- Workforce challenges within the pharmacy sector
- Public awareness of the care available through community pharmacy
- Perceived professional standing of community pharmacy within healthcare systems.

Ongoing work is focussed towards overcoming these barriers.

Pillar 1 - Empowering Patients

Expand the community pharmacy offer

Common Conditions Service will launch before the end of 2023, subject to national consultation, enabling pharmacists to supply prescription-only medicines, including antibiotics and antivirals to treat 7 common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women). Once scaled up, it anticipated to make up 3% of all appointments.

Blood pressure check service – Good blood pressure control helps to reduce heart attacks and strokes. Introduced in 2021 there is further national funding to expand this offer and support increased activity

Oral contraceptive service - enables community pharmacies to manage ongoing oral contraceptives for women. Over 50,000 oral contraceptives are prescribed each year in STW, we estimate a quarter of women taking oral contraceptives could be using this service by 2024.

Independent Prescribing Pathfinder Programme
STW ICB is recruiting 3 pharmacies as part of this national pathfinder programme which will see community pharmacists prescribing using NHS services for the first time.

IT Connectivity Between Pharmacy and GP Practice
Investment for interoperable digital solutions to streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record.

Pillar 2 - Implementing Modern General Practice Access

- The central ambition is to tackle the 8am rush by implementing Modern General Practice Access which has 3 components:

Better digital telephony	Simpler online requests	Faster navigation, assessment and response

- Clinically urgent requests should be assessed on the same day
- When the request is not urgent, an appointment, if needed, should be scheduled within two weeks.

- Makes it easier for patients to contact their practices by phone or online and supports practices to rapidly assess the nature and urgency of requests by involving the whole practice team.
- This approach is a major change to how many practices have traditionally worked.
- Patients may be asked to provide more information about their issue when they make a request, but in return the practice team can better assess their need and tell them on the day how their request will be handled, based on clinical need and respecting their preference for a call, face-to-face appointment or online message.

Pillar 2 – Implementing Modern General Practice Access

Better Digital Telephony

- During the 8am rush an average-sized practice can receive over 100 calls in the first hour of opening on a Monday.
- The ambition is to put an end to people getting engaged tones when they call their practice.
- Frustration of long waits on the phone without information can affect the caller's interaction with reception staff when they do get through.
- This occurs when practices have analogue phone systems with a fixed number of lines and no call management system.

STW ICB received £479,000 to support the transition to cloud based digital telephony for all 17 practices (16 Shropshire, 1 T&W) currently on analogue systems or in unsuitable evergreen contracts

Digital Telephony Functionality

- **queuing:** enables practices to manage multiple calls, patients are notified of queue position and wait time, and never get an engaged tone
- **call-back:** patients have the option to be called back when they are higher in the queue
- **call-routing:** supports directing patients to the right person or team (eg a medicines team serving the whole PCN)
- **integration with clinical systems:** allows practice staff to quickly identify patients and find relevant information with less searching.

Pillar 2 – Implementing Modern General Practice Access

Simpler Online Requests

- While people will always be able to ring their practice, we want to make online requests easy and dependable.
- Practices are required contractually to provide online access. However, this was introduced during the pandemic when practices did not have time to fully implement systems.

We have received **£488,000** in 2023/24 to make high quality online digital tools available to practices. We are developing a plan with our practices in readiness for a national procurement framework for this to be launched in Dec 23/Jan 24

- Practices that have implemented this new approach say most patients find it more convenient to go online to make a request and are often happy to get a response the same way.
- These practices find that far fewer patients request face-to-face appointment
- It also means many requests can be dealt with without an appointment, which can be quicker for patients and practices, and means those patients who need an appointment get one sooner.
- When more people go online, this frees up the phones for those who prefer to call and spreads work across the day

Pillar 2 – Implementing Modern General Practice Access

Faster navigation, assessment and response

- The aim is to make it easier for people to contact their practice and to make getting a response the same day the norm, so patients know how their request will be dealt with.
- Care navigation becomes a critical role as it is estimated that 15% of current GP appointments could be navigated to self-care, community pharmacy, admin teams or other more appropriate local services.
- Other patients can be directed to the most appropriate practice staff member for assessment and response, without first being seen by a GP.

A new national Care Navigation Training programme was launched in summer 2023 with one place for each PCN and practice. At end of September, **35 staff from 29 practices (20 Shropshire, 9 T&W) have completed this training.**

- A key element of navigation is identifying those patients who would like or benefit from continuity and this is part of the national training.
- National evidence shows that relational continuity yields significant benefits for patients, systems and staff, and is especially important for patients with multiple or complex conditions.59
- The care navigator role improves continuity; this may be as simple as asking if the patient would like to wait for a preferred staff member or using flags in a patient's notes to direct them to a certain staff member.

Work has been ongoing to increase referrals from General Practice to Community Pharmacy using the Community Pharmacist Consultation Service (CPCS). During September 2023, **41% of practices used CPCS to refer 507 patients to community pharmacies**

Pillar 2 - Implementing Modern General Practice

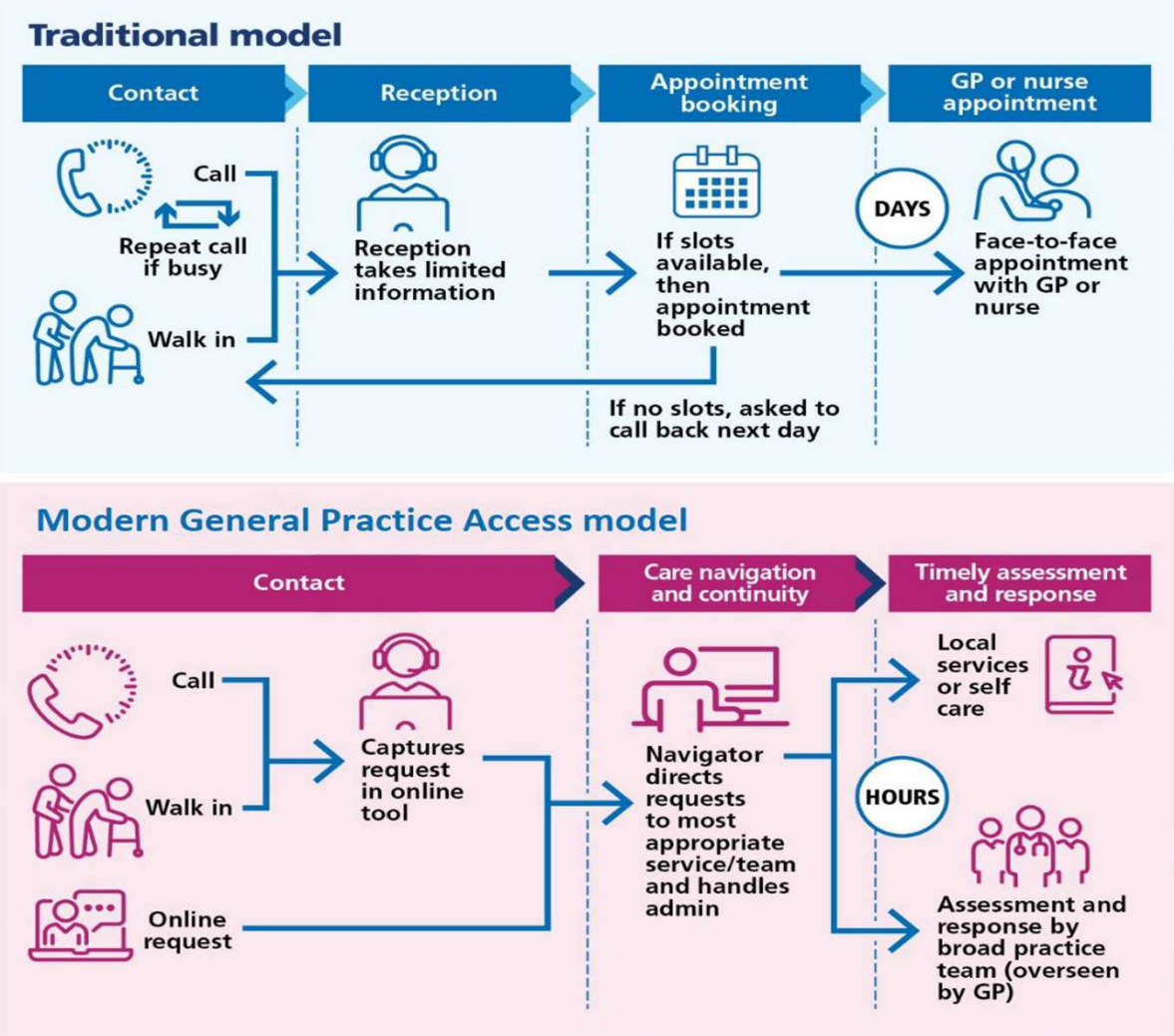
Examples: Digital Tools

- Cloud digital telephony including call back, call queuing
- Online consultation available with online forms
- Online appointment booking for non-triage appointments
- Patients can use NHS App to order prescriptions, book routine appointments etc
- Website compliant with the national useability guidance
- Direct booking of appointments by 111 into practice slots available - 1:3000 registered practice population

Examples: Practice processes

- Processes to review appointment, telephony and online data to understand and match demand and capacity
- Collecting data from the patient regarding needs at point of contact
- Care navigation system to direct to other appropriate services
- Improved processes for non-patient workload to release capacity e.g. online prescription requests, online registration, electronic repeat prescriptions
- Use of different consultation modes depending on need and patient preference
- Use of online messaging and text messages to contact patients
- Community pharmacy referral process
- Using digital tools to support effective practice processes
- Effective use of PCN Additional roles and clear referral criteria
- Patient communication process to inform about the change to new model.

Pillar 2 - Implementing Modern General Practice Access



Pillar 2 - Implementing Modern General Practice Access

PCN Capacity and Access Improvement Plans

In March 2023, NHSE published the new PCN contract which requires PCNs to produce a Capacity and Access Improvement Plan (CAIP) and introduced a PCN Capacity and Access Payment (CAP).

This plan has 2 components:-

1. baseline starting point against a set of metrics
2. a PCN and individual practice improvement plan setting out the changes they intend to make to address the following 3 areas:-

    I. patient experience of contact;
    II. ease of access and demand management; and
    III. accuracy of recording in appointment books

All 8 PCN improvement plans were signed off by ICB Executive Team at the end of July 2023.

- They included all the required actions of the PCNs and covered all related aspects of the national access recovery plan.
- They demonstrated a correlation between the areas where practices scored lower or were non compliant from their baseline start point assessment and the improvement actions in their plan.
- STW PCN CAP payment, created through repurposed PCN incentive payment funding, totals £2m for 23/24.
    - 70% is being paid in 12 equal monthly instalments.
    - 30% is paid at year end based on an assessment by the ICB of PCN evidence of the desired impact of the changes. PCNS need to demonstrate improvement in all 3 of the required areas (left) to receive their full 30% payment.
- A summary of the individual PCN improvement plans are at Appendix 1.

Pillar 2 - Implementing Modern General Practice Access

Local activity to improve access is aimed to make it more straightforward for people to get the care that they need when they need it. Improvement plans and communications focus on raising trust and awareness of:

- New healthcare professionals in practices
- The increased offer from pharmacists
- New access routes and systems – from triage to online forms
- New digital solutions – NHS App, improved GP practice websites, digital registration, and access to GP records.

Pillar 3 - Building Capacity

- The NHS Long Term Workforce Plan 2023 includes General Practice and the wider primary care contractors.
- Shorter term, as practices improve access, they will have to manage more patient requests and optimise the use of the full practice team.
- It also means **we need to continue to build total general practice capacity.**
- The **immediate growth will be in the broader practice team,** strengthening the foundation for more multidisciplinary working in the future.

Larger multi-disciplinary teams

- Since 2019 STW PCN additional roles have grown the total number of clinical and direct patient care staff in general practice by over **234 full time equivalent (fte) staff** (July 2023).
- Further recruitment by the end of March 2024 to the full £12m PCN ARRS allocation for 2023/24 will grow this number even further to **260 fte.**
- The STW Primary Care Training Hub and Clinical Facilitators work closely with all PCNs supporting these areas providing access to preceptorship programmes, advanced practice training, CPD, peer support and clinical supervision.
- A breakdown of the PCN ARRS roles plans by job roles is at Appendix 2.

Pillar 3 - Building Capacity

GP Recruitment and Retention

- GP numbers have steadily dropped over recent years to a level that is not consistent with a robust GP workforce
- In September 2023 there were 305 headcount and 237 FTE fully-qualified GPs
- Although the headcount number has remained fairly constant over recent years, the number of FTE GPs has reduced by 17% over the past 8 years from 285 to 237.
- Although there are a high number of GP trainees on the STW GP Training Scheme, it will take time for these doctors to work their way through

We have plans in place to bring new **doctors** into general practice, retain those working today and encourage recent leavers. These plans are set out in the STW General Practitioner Strategy and Action Plan. Examples include:

- 6 GP leads supporting the development of recruitment and retention initiatives from pre career choices through to GPs considering retirement or a career change
- Fellowship programmes for the newly qualified
- Mentorship programme for both Fellows and more experienced GPs
- Marketing GP as a career to medical students and final year doctors
- Persuading/enabling GP Trainees (particularly International Medical Graduates) to work in STW after qualification
- Working with practices to identify recruitment support needs/advice
- GP Education Leads organise GP led CPD.

Pillar 3 - Building Capacity

General Practice Nurse (GPN) recruitment and retention

The number of GPNs has dropped slightly in recent years to 222 headcount, which equates to 155 fte (July 2023), of which 71 are Advanced Nurse Practitioners (ANP) equating to 56 fte.

The national picture for this profession is also reflected across STW in that a significant number of GPNs are at or nearing retirement age.

STW GPN Development Strategy outlines specific objectives to support supply, recruitment and retention. The associated action plan includes:-

- Facilitating student nurse placement in primary care
- Supporting newly qualified nurses into general practice alongside preceptorship programmes such as The Fundamentals of GPN, new to practice and GPN Fellowship programmes
- Developing Health Care Assistants
- Facilitating access to the Nurse Associate Apprenticeship programme
- Upskilling GPNs to Advanced Practice levels
- Education and development forums
- Peer support networks, access to CPD and funding
- clinical supervision and development of the Professional Nurse Advocacy programme.

Pillar 3 - Building Capacity

Non-Clinical Staff Groups

STW Training Hub support the non-clinical workforce with training and education opportunities that aim to upskill, improve capability and capacity across the general practice workforce.

An annual Training Needs Assessment helps to identify key development priorities including leadership management, care navigation and staff mental health & wellbeing.

As well as funding individual, bespoke training requests, PCNs are also supported to deliver non-clinical training during Protect Learning Days, subject to available funding.

Pillar 3 - Building Capacity

ICB General Practice Estates Strategy

We have 51 practices operating from over 70 premises. We know that many practices are at or reaching capacity in terms of space, particularly with the increase in the workforce through the PCN additional roles staff.

We also know that a significant proportion of our General Practice estate is not fit for purpose.
The current Primary Care Estates Strategies were completed in 2020 as individual strategies for the then separate CCGs.

Work has been ongoing on the development of the next revision of the Primary Care Estates Strategy – this time focussed on an individual PCN basis rather than on an individual practice basis and taking into consideration the PCN plans related to clinical and non-clinical workforce and the impact of the additional roles staff.

- The PCN plans will contain a list of developments prioritised by the PCNs.
- This work is now nearing completion and we know that the capital investment requirement is going to be significant, at a time when there is currently no source of NHS capital.
- The plans will be collated to form an ICB General Practice Estates Strategy in November 2023, they will then go through an ICB prioritisation process, having regard to that of the PCNs also. This will ensure that should new capital become available, we can ensure that this funding is targeted to the most urgent developments.
- The final stage will be for the General Practice Estates Strategy to be incorporated into the overarching ICB Estates and Infrastructure Strategy due for completion March 2024.

Pillar 3 - Building Capacity

Higher priority for primary care in housing developments

- As practice teams grow, there will be an associated need to invest in the GP estate.
- We know that many practices have reached or exceeded current capacity in terms of space to deliver core GP services. Some are in old and/or converted residential dwellings.
- There is no source of NHS capital of sufficient scale for building extensions or new builds (which is unlikely to change before the next Government spending review in 2025).
- NHSE has indicated that the government will update planning obligations guidance to ensure that primary care infrastructure is addressed by local planning authorities

- We work closely with both local Councils as part of normal planning processes and has invested in additional technical capacity in 2023/24 to ensure that Section 106 and Community Infrastructure Levy (CIL) applications are routinely made as part of the planning process to secure healthcare infrastructure funding from housing developers.
- This has been particularly successful in Shropshire with a pipeline of over £2.5m secured between now and 2034. There are a further 5 applications planned for 23/24.
- Telford & Wrekin Council has a different approach which makes securing health infrastructure investment from housing developers less successful.
- We are in discussion with Telford & Wrekin Council to explore ways in which this could be addressed.
- In the meantime, we will develop 6 T&W s106 applications in 2023/24 against planned housing developments
- We are working with Shropshire Council to explore options for joint estates solutions outside of s106 and CIL

Pillar 3 - Building Capacity

Key Deliverables and Timelines for Elective Backlog Recovery 2023/24

Key standards

- No patient should wait over 65 wks for elective surgery by end of March 24
- 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
- GP referral for suspected cancer to treatment should take no longer than 62 days.

In response:

- Pathways have been reviewed/revised to ensure they are as short as possible and patients are seen in the right place
- Providers appropriately balancing the provision of capacity between cancer, urgent and elective patients
- Additional capacity has been commissioning from the independent sector and in sourcing providers
  - Consultants are undertaking additional sessions
  - Mutual aid support
  - Increased patient choice with use of DMAS and latterly PIDMAS

Key Deliverables and Timelines for increasing GP Direct Access to Diagnostics 2023/24

GPs currently have direct access to the following diagnostics:

- MRI – Head (including brain), Knee, Spine
- CT - Chest, Abdomien, Pelvis, KUB
- NM - Bone, Lung
- Plain Film - All body parts.
- Ultrasound – Abdomen, Pelvis, Groin, Neck, Testes, Urinary tract, Thyroid
- The suspected lung cancer pathway has dedicated CT slots.

Plans are being developed to offer a walk-in service for chest x-rays, with a view to this being operational from early 2024.

The Community Diagnostic Centre Phase 1 opened in Telford in October 2023 which provides the opportunity to explore further options for GP direct access. The ICB will work General Practice to determine which pathways would be most beneficial to explore.

Pillar 4 – Cutting Bureaucracy

Improving the General Practice/Secondary Care Interface

- The NHSE ambition is 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 10% to 20% of their time on this.

- ICB chief medical officers are required to establish a local mechanism, which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with Local Medical Committees, and to tackle the local high-priority issues.

- In the 2023/24 contract NHSE significantly streamlined the PCN contract financial incentive targets from 36 to 5 indicators to enable practices to focus on improving patient experience and to create the capacity to deliver the changes in this plan.

In November 23, STW will launch a **General Practice/ Secondary Care Interface Oversight Group** chaired by the Chief Medical Officer with membership from Medical Directors of all 4 local secondary care providers, the GP Board and the Local Medical Committee. Meeting monthly, a key priority of the group is to develop a joint plan to address:

- **Onward referrals**: if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice
- **Complete care (fit notes and discharge letters**): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than leaving patients to return prematurely to their practice
- **Call and recall**: for patients under their care, NHS trusts should establish their own call/recall systems for follow-up tests or appointments.
- **Clear points of contact:** single routes for general practice and secondary care teams to communicate rapidly: e.g. single outpatient department email for GP practices or primary care liaison officers in secondary care.

PCN and Practice Access Improvement Support Offers

National GP Improvement Support Programme (GPIP)
Introduced in May 2023, this programme consists of 3 tiers of support to help general practice deliver change. These offers are underpinned by a set of principles to ensure change is clinically led, data-driven, evidence-based and measurable.

- **Tier 1 Universal Offer** of online support resources and is open to everyone. NHS England have run a series of webinars on each of the key areas of this plan, including learning from peers.
- **Tiers 2&3 Intensive and Intermediate** support programmes are designed to help practices in the most challenging circumstances or those that simply feel they do not have the capacity or bandwidth to plan a path towards a Modern General Practice Access approach. The intensive is a 6 month programme, the intermediate a 3 month programme. Both options involve hands-on support, a data diagnostic and a tailored analysis of demand and capacity.
- It is anticipated that the above programmes will be repeated in 2024.
- There are also national PCN digital transformation and leadership development programmes.

- We are liaising with targeted practices to encourage sign up for these programmes which are voluntary.
- STW practices have found the timing of this offer challenging with 17 practices unable to engage because the enrolment criteria requires they are on cloud based digital telephony.
- Capacity to participate is also an issue as the only source of funding for backfill for the 26 and 13 week programmes is the PCN CAIP.
- So far, **STW have 1 Shropshire and 1 T&W practice on the Intensive Programme and 1 Shropshire and 3 T&W practices on the Intermediate Programme**.
- So far, no PCNs have signed up for the national programmes due to capacity and/or eligibility.

PCN and Practice Improvement Support Offers

Support Level Framework

- The Support Level Framework (SLF) is an element of the national GP Access Recovery Plan to be organised and funded locally. It is a diagnostic tool intended to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends.
- It is delivered through a 3 hour one off facilitated conversation with members of the practice team including a senior GP. The aim is to agree priorities for improvement and develop an action plan to address these areas over the forthcoming year.
- The outcome of the SLF can be used to inform which national support programme might be most beneficial for an individual practice to apply for. The associated action plan should be reviewed by the practice at 3 monthly intervals.

NHS STW has commissioned the Shropshire/ Staffordshire GP Support Team to deliver these quality improvement sessions. They are already a commissioned service, are experts in quality improvement diagnostics and the team are known to practices.

The aim is that all practices not participating in the national support programmes will have completed the SLF by no later than Q1 2024/25.

This support offer will be delivered in phases. The Primary Care Team is targeting the most challenged practices for this support offer. However participation is voluntary so the offer is open to any practice wishing to participate.

So far, 15 practices (11 Shropshire and 4 T&W) have committed to engage in this conversation via this local offer, with 3 now complete. Five additional SLFs will be completed as part of the national offer totalling 20.

PCN and Practice Improvement Support Offers

Transformation and Transition Funding

- It is recognised that that ahead of moving to the Modern General Practice Access model, the existing appointment book needs to be reduced ahead of time to provide good capacity at the launch of the new approach.

- NHSE have provided additional funding for additional short term workforce capacity at time of 'go live' for practices that commit to significant transformation transitioning from one operating model to another.

- It is accepted that not all practices will be able to implement all elements of the Modern General Practice Access model in this financial year. NHSE have indicated that the ICB will receive a similar financial allocation in 2024/25 and therefore the Primary Care Team are working with practices to manage the deployment of the available transition funding over the 2 years.

NHS STW has received **£379,000** NHSE transition funding for 2023/24. The national estimate of funding per average sized practice is £13,500.

The first phase of practice funding applications were received in August 2023 resulting in **15 practices receiving approval (9 Shropshire and 6 T&W) and committing £227,000 of funding (£133,079 Shropshire and £93,914 T&W).**

In signing up for this funding, practices commit to:-

- use the funding allocated to support the transition to the Modern General Practices Access model
- implement the proposed changes by the end of March 24
- track and report to the ICB relevant data to establish the impact of the changes
- ensure that there is no duplication of funding with other GP Access Recovery funding streams

A second wave of invitations to apply for this funding has recently taken place with a further 8 practices applying. This will now be an open offer to practice to encourage applications and use of the full allocation.

Communications and Engagement Plan

The ambition for communications and engagement is to make **navigation clearer and easier to understand** for patients and staff. **A robust delivery plan has been developed to promote key messages and achieve objectives** at both place and within local communities across STW.

The communications plan will **dovetail into the multimedia behaviour change campaign for winter (Think Which Service)**. This integrated PR and marketing campaign has been informed by **local research to build confidence in health and care services, to educate on how and when to use services and showcase the benefits** of doing so.

The insight used to inform this campaign, as well as the data collected during the county's Big Health and Wellbeing Conversation for the Joint Forward Plan, has helped to structure messaging and allowed us to **be highly targeted in addressing the strongest concerns for each audience**, as well as the channels used to communicate, with a clear call to action.

The communication materials will **be shared on an ongoing basis for feedback with our People's Network** for the county, which comprises over 400 residents engaged in health and care issues. We will also **socialise materials with General Practice colleagues**, as well as with PPGs**,** to ensure we have considered the patient voice and have created the most effective and impactful communications for audiences.

Communications and Engagement Delivery

Resources will be used to **build understanding** externally but to also **support staff to hold conversations with patients**; to help them to understand what different healthcare services do; what different members of the General Practice team can help with; how practices are moving towards more digital access routes; and why they may be seen by someone other than a GP or nurse.

Our ambition is to **support and enhance patient and staff understanding of the new ways of working** in General Practice through sustained internal and external communications (and across multimedia channels) tied in with the national resources on three key components:

Digital Access: to build knowledge and confidence in the NHS App and digital access routes.

Wider Practice Team: to explain there is now a much broader range of staff in the practice team. Greater knowledge will help practices increase use of these roles, protecting GP time.

Wider Care Available: to help the public better access the right care by explaining when, why and how to access self-care advice, community pharmacy, general practice, NHS 111, 111 online and A&E (linking in with the winter campaign 'Think Which Service').

Health Inequalities National Context

The NHS Long Term Plan places preventing ill-health and reducing health inequalities at the heart of the NHS.

Tackling health inequalities is a core priority for the NHS, as people from deprived backgrounds are more likely to develop long-term health conditions, suffer poor health and experience reduced life expectancy.

The NHS Prevention Programme commits to supporting people to keep healthier, for longer. This includes helping people make healthier lifestyle choices and treating avoidable illness early on.

1. Weight Management
2. Alcohol
3. Tobacco
4. Cardiovascular Disease
5. Stroke
6. Cancer
7. Respiratory
8. Mental Health

The National Healthcare Inequalities Improvement Programme (HiQiP) asks systems to focus on five priority areas:

1. Restoring NHS services inclusively
2. Mitigating against digital exclusion
3. Ensuring datasets are complete and timely
4. Accelerating preventative programmes (including the initiatives outlined in the NHS Prevention Programme, Core20PLUS 5 Key Clinical Areas for Adults and Core20PLUS 5 Key Clinical Areas for Children & Young People.
5. Strengthening leadership and accountability.

Health Inequalities System Commitments

Shropshire, Telford & Wrekin Integrated Care System (ICS) pledges to tackle the problems of ill health, health inequalities and access to healthcare through a shared approach to ensuring health inequalities are mainstream activity that is core to, and not peripheral to, the work of the NHS.

- 2023/24 Health Inequalities Implementation Plan sets out 20 priority objectives, aligned to the national key lines of enquiry and Core20PLUS5 Clinical Areas for Adults and Children and Young People.
- STW has enacted system governance changes following an internal review in Q4 2022/23, with the commencement of a dedicated Prevention and Health Inequalities Board Chaired by Local Authority Director of Public Health. Membership includes Executive Leads from all Providers, including PCNs.
- Support offered by ICB Health Inequalities Lead and Project Manager to Executive Leads in Provider organisations (including PCN Health Inequalities Leads) to assist in progressing the health inequalities agenda and making connections across Providers.
- Introduction to Health Inequalities Understanding and Awareness session delivered to ICB staff. A central resources page is available on the internal website for all system staff to access further training and resources, ensuring staff are supported in delivering duties under 2012 Act.
- STW have developed with partners one system-wide Integrated Impact Assessment (IIA) which provides consistency in the system approach to considering impact and involving the public. The IIA widens the traditional EQIA addressing the 9 protected characteristics under PSED to include duties regarding factors such as social exclusion, socially deprived communities, quality, travel and access and climate change.

Health Inequalities – Enablers to Better Access

STW 2023 Patient Satisfaction Survey Results shows that when results are grouped at a PCN level, all Shropshire PCNs were above the national average whereas Telford based PCNs showed below the national average for up to 10/19 questions with three below the national average for 'Overall how would you describe your experience of your GP practice'.

- Empowering patients through providing Accessible Information, Encourage Shared Decision-Making, Promote Health Literacy, Enable patients to access their medical records, test results, and health information electronically.
- Engage in Regular Communication by making it easy for patients to reach out with questions or concerns and provide opportunities for follow-up appointments and discussions to track progress.
- Health & Wellbeing Coaches, Social Prescribers and Care Coordinators in place who are supporting many different cohorts of patients including those living with cancer, those isolated, and patients most at risk of developing long term conditions to make lifestyle changes.
- Improving and supporting increased use of online access for those who are digitally able (plus through connections to digital literacy support) and reducing telephone traffic will ensure quicker access for those that need a traditional route.
- Increasing levels of Friends and Family responses to provide a richer source of feedback for Practices to review and act upon.
- Supporting GP Practices to improve ethnicity recording for all patients but in particular those with a Learning Disability or Autism to support a Population Health Approach and inform targeted action to improve access for underserved communities.

Health Inequalities - Action

The ICB leads a number of projects which align closely to the Core20PLUS5 National Approach for Tackling Healthcare Inequality.

Each project focuses solely on supporting communities living in higher levels of socio-economic deprivation, those from diverse ethnic backgrounds, inclusion groups or people with protected characteristics.

These are delivered collaboratively across ICS partners, including working closely with PCNs and GP Practices to embed and streamline partnership working and better integration with our community and voluntary sector and thereby support to reduce pressures on Primary Care but ultimately improve patient outcomes.

- Data Teams are supporting the development of a Population Health Management Approach, working with Primary Care to inform targeted intervention.
- Each PCN has developed a targeted Health Inequalities Plan based on their local population need. There are a number of projects that specifically focus on practices with the highest deprivation levels and proportionally greater numbers of seldom-heard patients.
- PCNs are working in collaboration with partners such as local colleges, Local Authorities, the community and voluntary sector and Healthwatch to progress this work. Examples include exercise offers with Shrewsbury Town FC, Mental Health outreach through local Food Banks and targeted work to improve cancer screening with those with a Learning Disability or Autism.
- Community-based ICS-led projects focused solely on inequalities are exploring data solutions to share consented health data back to General Practice
- System CVD Prevention Clinical Lead recruited to lead support on preventive action, working closely with Primary Care to utilise best practice methods and processes for risk stratification.
- Local engagement pieces are working closely with PCNs to pilot recommendations to reduce barriers to access e.g. Core20PLUS Connectors – a volunteer-led project which aims to raise awareness of cancer signs, symptoms and screening services in underserved communities and communicate barriers to access to NHS organisations. Current joint working between PCNs and VCSE to pilot tools to improve screening uptake in rural, ethnic and LD&A communities.
- The ICB Prevention and Health Inequalities Team has supported Primary Care workforce to express interest in the National Core20PLUS Ambassador Programme (an opportunity for development and learning). A local peer support will be established to further embed health inequalities knowledge and action within Primary Care.

Equality, Diversity and Inclusion

The ICB, via the implementation of this Plan, will ensure that vulnerable, marginal and minority patient groups are supported in maximising their access to General Practice.

The Primary Care Team works closely with the ICB People Team and is a key stakeholder attending the Systemwide EDI steering group to ensure that, strategic EDI objectives are translated into specific, General Practice targets and actions.

Through a sense of belonging, we aim to create an inclusive culture which encourages different perspectives and celebrates diversity.

The ICB will embed inclusion as one of the key principles that runs through everything we do.

The STW ICS EDI steering group provides effective leadership overseeing the delivery of:

- NHS EDI improvement plan, ensuring progress toward achievement of the 6 high impact actions and Long-Term Plan priorities., including engagement with staff networks to combine the protected characteristics who face similar challenges in the workplace.
- Values based leadership for inclusion and decision-making using equality indicators. Transforming employee lifecycle by embedding diversity through targeted interventions.
- Drive progress on Workforce Race Equality Standard and Workforce Disability Equality Standard action plans

Assuring Delivery - Governance

- ICBs are required to submit their system improvement plans to their public boards by November 2023 with a further update in February or March 2024.
- The NHSE has put GP Access recovery on the same national priority status as elective and UEC recovery.
- We have reviewed our governance structure to ensure it reflects the priority status of GP access recovery and there is a direct line of sight to Board.
- We have formed a new **Primary Care Improvement and Transformation Board**, chaired by the Chief Medical Officer.
- The Board reports into the system Integrated Delivery Committee (IDC) in line with the established reporting arrangements for Elective and UEC Recovery Boards. The IDC reports into Board.

The Board has 3 primary areas of oversight which include primary care in its widest definition to include General Practice, Pharmacy, Optometry and Dentistry:-

1. Ensuring development and implementation of the system GP Access Recovery Plan.
2. Primary Care Transformation e.g. Fuller Report 'Next Steps for Integrating Primary Care'
3. Pharmacy, Optometry and Dentistry – oversight of the delivery of development plans and monitoring of service delivery in partnership with the Shared Commissioning and Contracting service provided by BSOL

The Terms of Reference and organogram of the Primary Care Improvement and Transformation Board governance structure is provided at Appendix 3.

Assuring Delivery – Measures of success

How will we know we are making an impact?

NHS STW will

- mirror the measures used nationally to show the local position against the metrics set for the key access improvement measures (shown on the next slide)
- develop our own local metrics and a new performance data pack to measure additional key local success measures (draft shown slide 54)
- meet with PCN leads to monitor delivery against the agreed Capacity Access Improvement Plans on a quarterly basis, October/November 2023 and February 2024, before the end of year review.
- work with PCNs and practices to receive patient satisfaction feedback in year
- review patient feedback received from Healthwatch and other local partners.

NHS STW has recruited a new Primary Care Analyst to monitor Primary Care Access metrics and support wider General Practice data collection and review.

Assuring Delivery – General Practice Improvement Dashboard – Metrics and Monitoring

Key Measures	Workstream	Metric Description	Workstream lead	National target/Regional/ STW target	Data source	Frequency
Headline Metrics	Pharmacy	# of Pharmacy First/Common Conditions Service , Oral Contraceptives consultations delivered	James Milner	TBC - understanding required of national and local baseline to	NHSBSA Calc	Monthly
		# of Blood Pressure consultations delivered	James Milner	TBC - total BP consultataions	NHSBSA Calc	Monthly
		# of additional PF/CCS (2) , OC (3) & BP (4) consultations delivered	James Milner	Baseline to measure # - TBC	NHSBSA Calc	Monthly
	Transformation	Appointments within 2 weeks - all appointments	Alec Gandy	85% (current lower threshold for ACC-08 achievement) (March 24)	GPAD	Monthly
		Appointments on same day if need is urgent (1) - All appointments	Alec Gandy	~40% but TBC (March 24)	GPAD	Monthly
	Digital	# of practices on digital telephony	Antony Armstrong	>90% on CBT by March 2024	ICB assessment	Quarterly
		% of practices with high quality online/workflow tools	Antony Armstrong	20% March 2024 ambition Definition of high quality TBC	TBC	TBC
Manifesto Metrics	Contracting	# of additional GP appointments (national: 50 million with baseline 307m; shares appts 357m; regional	Emma Pyrah	N: 50 m R: 9.8m (Mar 24) notional only	GPAD	Monthly
	Workforce	# of Direct Patient Care staff	Phil Morgan	N: 37,321 (March 2024) R: ~5,109 - notional	NWRS NHS Digital	Monthly
		# of additional GPs	Phil Morgan	N: 40,526 (March 2024) R: TBC	NWRS NHS Digital	Monthly
ONS survey questions	Contracting	Ability to get through to GP practice on the same day (%)	Emma Pyrah	National data only	ONS/PCOR	Bi-monthly
		Ease of contact (%)		National data only	ONS/PCOR	Bi-monthly
		Satisfaction with GP practice (%)		National data only	ONS/PCOR	Bi-monthly
		Know on day how request will be managed (%)		National data only	ONS/PCOR	Bi-monthly
	Transformation	Making contact with GP online (%)	Emma Pyrah	National data only	ONS/PCOR	Bi-monthly

The National team are to confirm targets and how best to capture the data required.

Assuring Delivery – General Practice Improvement Dashboard – Metrics and Monitoring

Local Metrics and the new performance management data pack

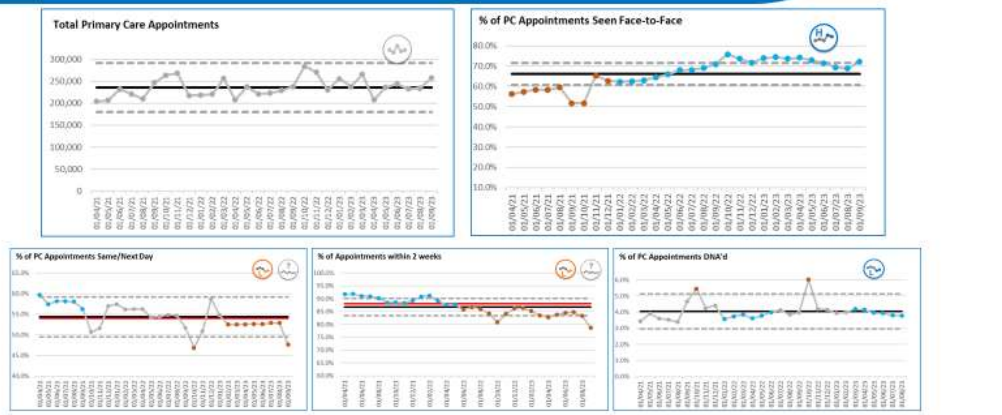
Digital
#/ rate of online consultations 1000 reg pop
#/referral rate to CPCS 1000 reg pop
#/% practices on cloud based telephony
#/% practices whose web site meets national ' what good looks like'
#/% of practices with full call management functionality enabled
Workforce
additional ARRS staff vs plan
National/Local support programme
#/% practices signed up for intensive/intermediate
#/% practices signed up for care navigator training
PCN signed up for care navigator training
PCN signed up for Digital Transformation training
#/% of practices signed up for the Support Level Framework
#/% of practices applied for transition funding

Sep 23 – Primary care

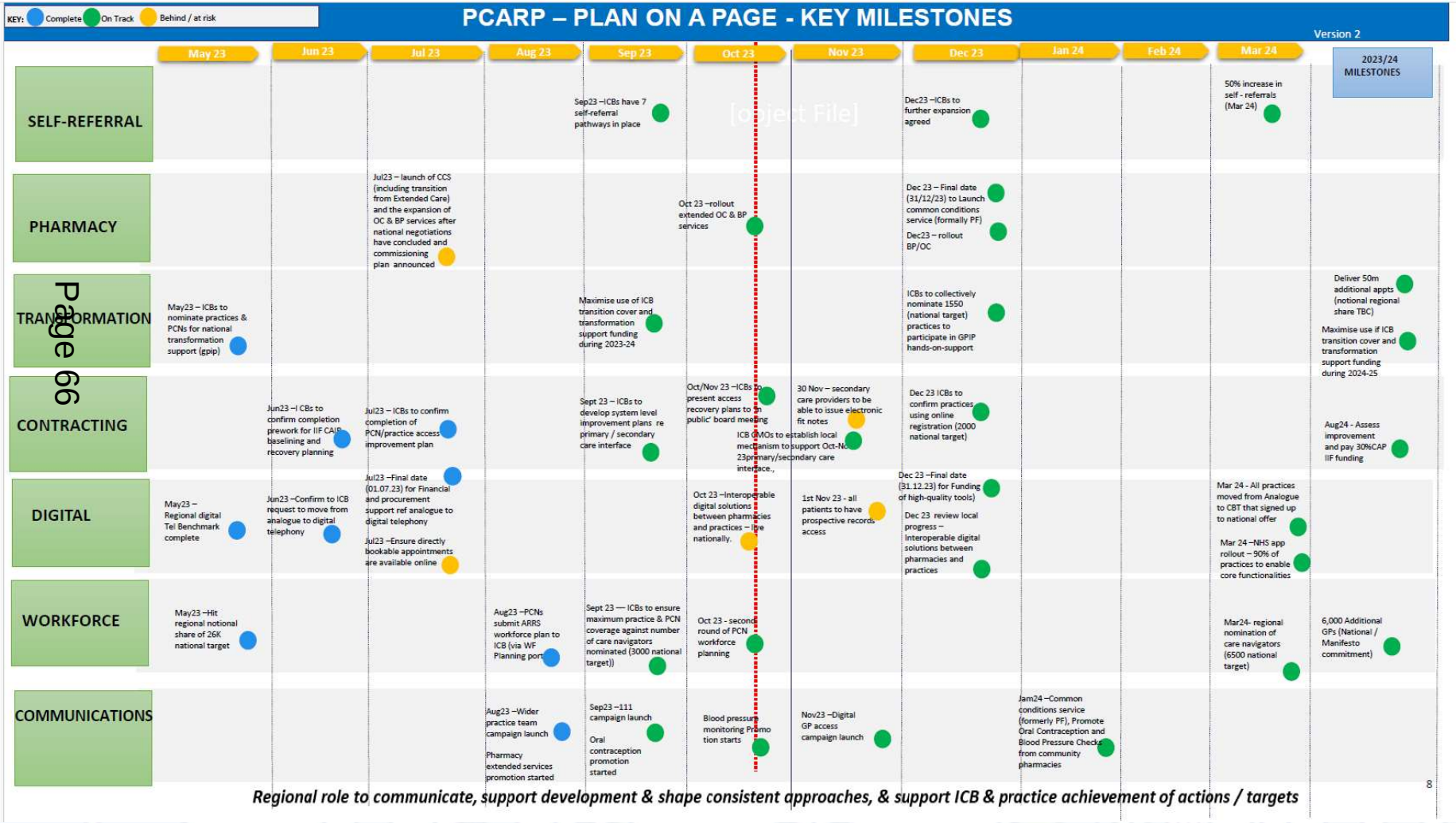
STW Primary Care Performance measures

Primary Care	Metric Type	Plan	Target	Actual	Actual Variance Vs Plan	Actual Variance Vs Target	Latest Month	Target Type	SPC Variation	YTD Variance
Appointments in General Practice - Total	STW	244974	-	257662	5.2%		Sep-23	-		0.3%
Appointment Same day/Next Day %	STW	-	54%	47.6%		-11.8%	Sep-23	National		
Appointment with 2 weeks %	STW	-	88%	78.6%		-10.9%	Sep-23	National		
No of GP appointments within 2 weeks	STW	-	215577	202614		-6.0%	Sep-23			15.6%
No of GP appointments same or next day	STW	-	132286	122704		-7.2%	Sep-23			17.7%
ARRS - Headcount	STW			329			Sep-23	National		
ARRS - FTE	STW			250			Sep-23	National		
No of GPs in post (FTE)	STW			300			Aug-23			
% Referrals to Community Pharmacy Consultation Service	STW		315	507		61.0%	Sep-23	National		
% using the NHS App for accessing General Practice (Mar24 Target)	STW		90%	41%		-54.9%	Sep-23	National		
Increase in on-line consultations	STW	-	2623	4698		79.1%	Sep-23	National		

Primary Care appointments (Sep 23)

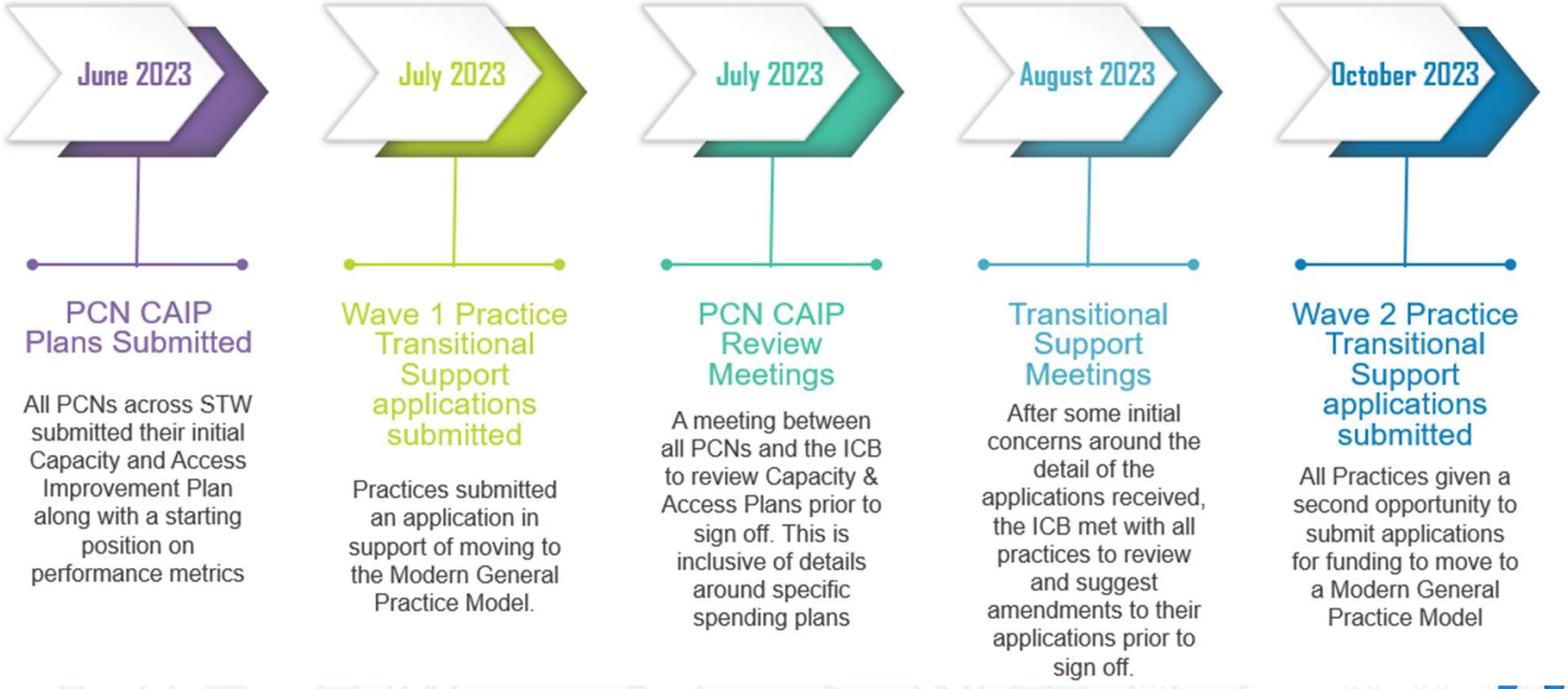


Assuring Delivery – General Practice Improvement Dashboard – Key Milestones



Assuring Delivery – General Practice Improvement measures for PCNs

Below is a local timeline to show how the ICB are identifying and monitoring agreed milestones that PCNs and Practices have put in place to improve access across Primary Care in STW.



Assuring Delivery – General Practice Improvement measures for PCNs

PCN CAIP Update call

All PCNs have been met with to discuss ongoing plans on work around their Capacity and Access Plans and any support they need to achieve milestones

Wave 2 Transitional Support Meeting

Second wave of meetings with Practices who submitted their Transitional Support Applications for wave 2

Transitional Support final process

Following Wave 1 & 2, a final process to be put in place for receiving any further applications from Practices around Modern Practice support funding

Further CAIP review calls

PCNs that are having problems with achieving their Capacity and Access improvement milestones have the opportunity of a further meeting to support these plans

Final PCN CAIP meetings

Following all PCNs Capacity and Access Improvement plans, the ICB will meet with each PCN to discuss and review actions that have been completed and put in place

Key risks for Delivering Improvement

The key risks to delivery of access improvements have been identified below and mitigated as shown in appendix 4.

1. The GP Access Recovery Plan does not address the underlying core problem that demand in primary care outstrips capacity even though more appointments are provided now than before the pandemic.
2. The PCN/practice GP Access support funding is non-recurrent which makes implementing long term workforce/capacity solutions difficult
3. Many of STW GP Practices scored higher than the national average in the 2022 and 2023 GP Patient Survey access related questions, some significantly. This makes achieving 'significant improvement' as described in the national guidance difficult.
4. Increasing usage of digital patient access routes is difficult where digital infrastructure/ broadband capability is low. This is particularly the case in our more rural areas.
5. Patient reluctance to embrace digital access modes or to see alternative health care professionals
6. Capacity of PCN and Practice staff to engage with and enact change, particularly during the increased demands of winter. There is no additional system winter monies for additional General Practice capacity this year.
7. Workforce shortages/ difficulties in recruiting staff especially clinicians.
8. Estates – shortage of space in practices to accommodate additional staff. No NHS capital funding source to enable extension of existing premises or new build
9. Funding.

GP Access Improvement Financial Summary 2023/24

Funding Stream	Total STW Non Recurrent Allocation
PCN Capacity and Access Payment	£2,000,000
Practice Transformation and Transition Funding	£379,000
Practice Digital Telephony Funding	£479,000
Practice Digital Tools Funding	£488,000
System Development Fund	
GP Fellowships	£309,000
GP Retention	£98,000
Supporting GP Mentors	£73,000
Practice Nurse Measures	£25,000
PCN Transformation	£152,000
Community Pharmacy expansion	£60,000
Primary Care Training Hub	£103,000
PCN Additional Roles Reimbursement Scheme	£12,000,000

We have undertaken due diligence processes to ensure that these funding streams are being utilised for access improvement in line with the national requirements and that there is a no duplication of funding requests between workstreams

A summary of PCN and Practice expenditure is shown in Appendix 5.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Appendices

November 2023

Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	Shrewsbury
No. practices	16 (Belvidere, Marden, Marysville, Riverside, Severn Fields, South Hermitage, Radbrook Green, Mytton Oak, Claremont Bank, The Beeches, Pontesbury & Worthen, Prescott, Westbury, Clive, Knockin and *Shawbury)
Clinical Director	Dr Charlotte Hart
PCN Population	128,374

Key areas of focus

- Improve ease of use and functionality of websites
- Improve availability and uptake of Friends and Family test
- Introduce a care navigation digital desktop aid to standardise and improve care navigation in all Practices including supporting training
- Increase usage of local Community Pharmacy Consultation Service to increase usage
- Provide tailored local content promoting access routes to replace national communications on waiting room screens
- Provide additional support from the PCN Management team to the two lowest performing practices, with shared learning from the two highest performing practices
- Provide standardised communication materials for Practices to share with their Patient Participation Groups to increase public knowledge and understanding of access routes
- Improve uptake of online consultation access route

Key areas of focus (continued)

Shrewsbury Primary Care Network is proposing four additional projects to run alongside their Access Improvement Plan

1. Winter Illness Service

With an initial focus on respiratory conditions, pilot a centralised service to provide additional support to practices from the autumn bringing additional acute capacity into General Practice.

2. Digital Triage Hub

Working with a small number of pilot Practices, to provide additional clinical and administrative staff to handle weekend digital triage requests (currently turned off).

3. Back Office Centralisation

Commencing with notes summarising, employ staff at a PCN level to standardise and centralise certain administrative functions to release capacity in Practices.

4. Pharmacist led Virtual longer term condition clinics

Roll out of end-to-end management of patients with chronic long terms conditions including medication reviews and subsequent treatment changes to provide additional capacity in Practices to focus on those for whom a virtual review is not appropriate.

Appendix 1 – Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	South West Shropshire
Number of practices	6 (Bishops Castle, Church Stretton, Craven Arms, Portcullis, Station Drive and The Meadows).
Clinical Director	Dr Deborah Shepherd
PCN Population	37,241

Key Areas of Focus

- Ensure practices are making maximum use of all digital telephony functionality
- Engage with Patient Participation Groups to help understand the challenges patients face and what the practices are doing to address them.
- Monitor friends and family feedback data and endeavour to increase response rates to inform quality improvements.
- All practices will use NHSE supplied website audit tool and toolkit for website improvement to ensure websites are easy to access and navigate as well encouraging use of online consultation routes, appointment booking etc.

Key areas of focus (continued)

- Enable one member of staff from each Practice to attend NHSE supported care navigation training and develop a care navigation resource pack
- Increase the number of patients registered with the NHS App in all Practices.
- Practices in the PCN are compliant with national guidance on appointment mapping.
- Purchase of digital dashboard to allow real time performance data monitoring of capacity and access and other performance indicators across the PCN.
- Increase the uptake of online consultations

Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	North Shropshire
No. practices	6 (Cambrian, Churchmere, Drayton, Plas Ffynnon, The caxton, Wem & Prees
Clinical Director	Tim Lyttle (from 1st Dec Dr Simon Jones and Dr Nick Von Horsberg)
PCN Population	91,554

Key areas of focus

- Ensure full cloud based digital telephony functionality is utilised
- Ensure that telephony data is routinely reviewed to inform impact and areas for further improvement
- Increase the uptake of online consultations working with Patient Participation Groups to champion usage and promote via digital and other comms routes
- Improve the standard, content and ease of use of websites
- Ensure all are compliant with Friends and Family requirement
- Establish a workforce subcommittee to aid with identifying clinically high pressure areas, practices under pressure and overall clinical mix requirements. The workforce committee will support the PCN management team with staff recruitment, induction, appraisals (including personal development plans) and the organisation of staff wellbeing support.

Key areas of focus (continued)

- Purchase digital support system (Ardens) collectively as a PCN which will report on and collate appointment data, working closely with GPAD to ensure appointment data is correctly mapped and will therefore meet contractual requirements and the PCN can address appointment usage, wastage and efficiency.
- Explore the potential for the PCNs systems, management team and processes to align and comply with the SCC systems. The aim is that the PCN and its practices will have sufficient real-time data management systems to proactively manage peaks in Primary Care demand, and these will be continuously developed and considered when looking at workforce, recruitment and rotas.
- Working with external partners and agencies to create a remote Pharmacy Technician service for the PCN that supports the practices with medicine reconciliation through their Docman systems, general medicines related tasks and the increasing burden of sourcing alternatives for patients.

Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - Shropshire

PCN	South East Shropshire
No. practices	9 (Albrighton, Alveley, Bridgnorth, Broseley, Brown Clee (with Ditton Priors), Cleobury Mortimer, Highley, Ironbridge, Much Wenlock & Cressage
Clinical Director	Dr Jessica Harvey
PCN Population	59,938

Key areas of focus

- Improving telephony functionality via increasing awareness of callback function and implementing in practices that don't have it
- Improved signposting and care navigation support proposed for Practice reception/ admin teams.
- Increase patient awareness of alternative medical professionals across the Practices (for example – ARRS staff)
- All SES PCN member Practices achieved above the National Average in 2022 regarding the provision of online consulting, however, the PCN's Digital Technician will engage with those practices who currently offer limited provision.
- The PCN plans to utilise it's Clinical Pharmacists to increase access to appointments for patient medication queries/ concerns by creating pre-bookable telephone consultations.

Key areas of focus (continued)

- Establish a Holistic Health Centre for the Highley population, enabling increased medical services not just from the General Practice, but a more combined health approach from staff within the PCN and hopefully, those allied health professionals such as midwives and health visitors also attending the centre. In creating an environment for health and wellbeing it is hoped that this will lead to improved patient engagement with services, overall improved health outcomes for the local population and increased satisfaction of the patient experience.

Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	South East Telford
No. practices	3 (Woodside, Stirchley and Court Street)
Clinical Director	Dr Nitin Gureja and Dr Melanie Thompson
PCN Population	38,204

Key areas of focus

- Making the practice websites user friendly, encouraging patients to use this as one of their default methods to access GP services, easing demand at the front door and on the phone.
- Monitor patient experience using patient surveys.
- Create a process within the PCN to analyse and act on feedback.
- Increase online appointments
- Implement Patient Triage across the PCN
- Utilise GP community pharmacy consultations to reduce demand for minor ailments

Key areas of focus (continued)

- Standardise and map appointment slots correctly, for improved reporting and monitoring, across the PCN
- Collate and analyse PCN practice level appointment data and review appointments monthly to ensure appointments are mapped to the most appropriate appointment category to improve accuracy of data

Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	Wrekin
No. practices	3 (Wellington, Hollinswood, Dawley)
Clinical Director	Dr Dez Ebeneezer, Dr Rohit Mishra, Dr Navneet Singh
PCN Population	34,845

Key areas of focus

- Recruit care navigators to help with Quality Outcomes Framework recalls etc so patient do not need to call the practice to make an appointment ie reduced phone incoming volumes.
- Refresher training on care navigation for admin team to ensure that patients are seen by the most appropriate member of the clinical team
- Recorded welcome message to divert callers to website.
- Improved signposting and care navigation support proposed for Practice reception/ admin teams.

Key areas of focus (continued)

- Hollinswood - Noted poor satisfaction with practice website on the last GP patient survey. To make improvements to the website to improve satisfaction.
- Dawley - Working with NHSE on intensive GP Improvement Programme looking at appointment appropriateness, smoothing patient flow
- Dawley - Introduction of a cloud based telephony system with upfront messaging and options to divert patients to appropriate service/department.
- Increased use of clinical streamer to deal with each contact. Roll out of Floery linked staggered and escalating invites for Quality Outcomes Framework registers so patients don't need to call the practice to make an appointment
- Dawley - Introduction of an urgent care hub to work with Duty Doctor and to support call handlers.
- Wellington - Using hybrid of e-consults to divert phone traffic. Also prerecorded message to divert to online consultation options. Telephony system call back functionality to be enabled.

Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	Teldoc
No. practices	2 (Teldoc, Shifnal and Priorslee)
Clinical Director	Dr Ian Chan and Dr Rashpal Bachu
PCN Population	63,217

Key areas of focus

- Patient Participation Group (Teldoc; S&P) to conduct patient survey with specific focus on experience of telephone contact; website ease of use
- Exploit Website to increase range and number of contact options/conversion rate
- Benchmark website conversion - review Feb 2024; User satisfaction to be included as part of survey; trend of 'access' related complaints to be monitored.
- Increase on the day bookable appointments
- Test call queueing options against volume/band width
- Full review of appointment mapping across the PCN to improve access to appointments

Appendix 1 - Summary PCN Capacity and Access Improvement Plans 2023/24 - T&W

PCN	Newport and Central
No. practices	4 (Donnington, Linden Hall, Wellington Road, Shawbirch)
Clinical Director	Dr Stefan Waldendorf
PCN Population	58,814

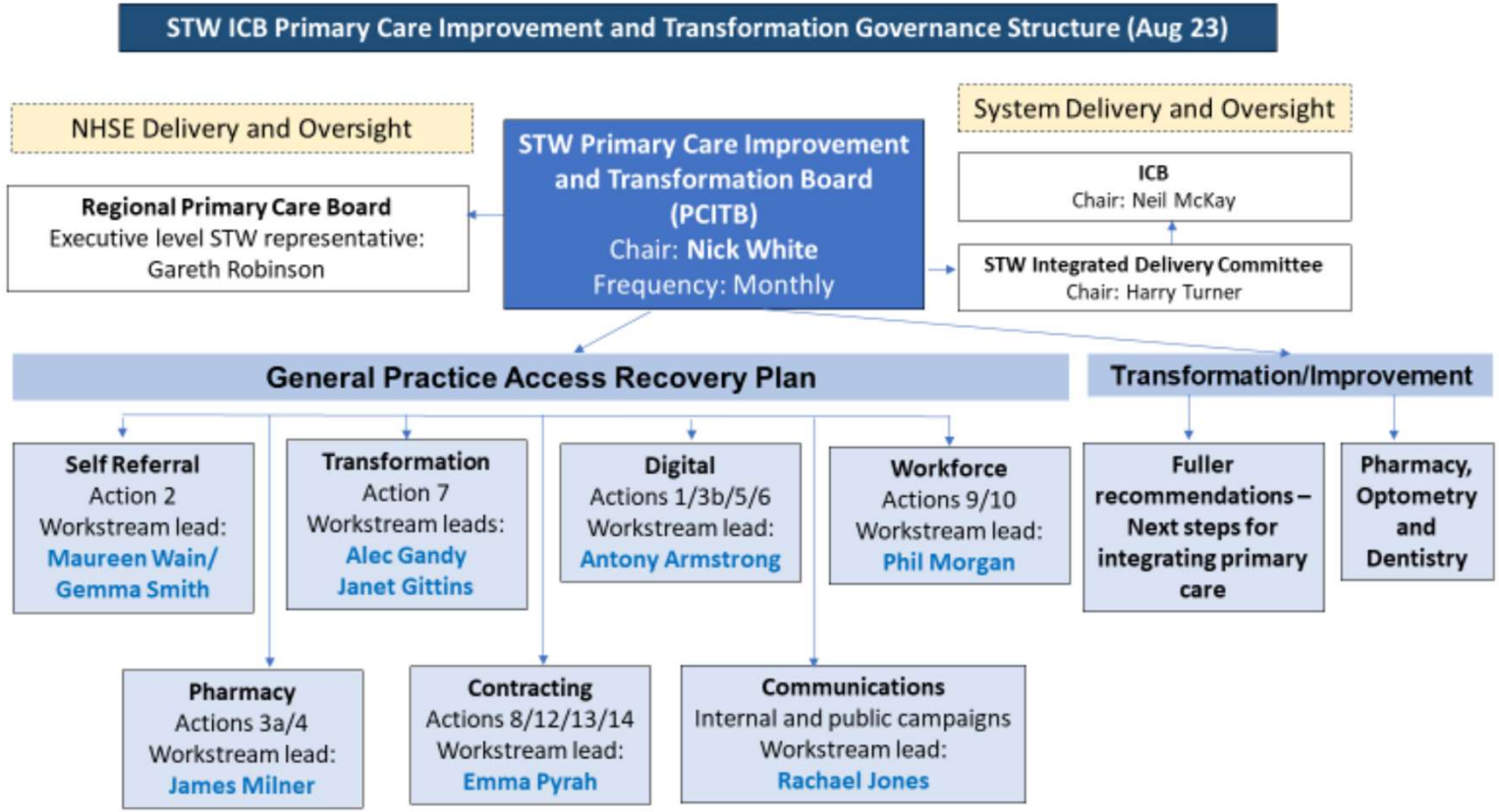
Key areas of focus

- Improving telephony functionality
- Improving website functionality and ease of navigation
- Improving care navigation skills and competencies
- Mapping pathways and identifying blocks and pinchpoints
- Trialling an Acute Capacity Overspill Service
- Maximising the utilisation of the full online messaging and consultation functionality offered by AccuRX
- Expand the use of the Community Pharmacy Consultation Service (CPCS)
- Patient Comms campaign to promote digital access routes

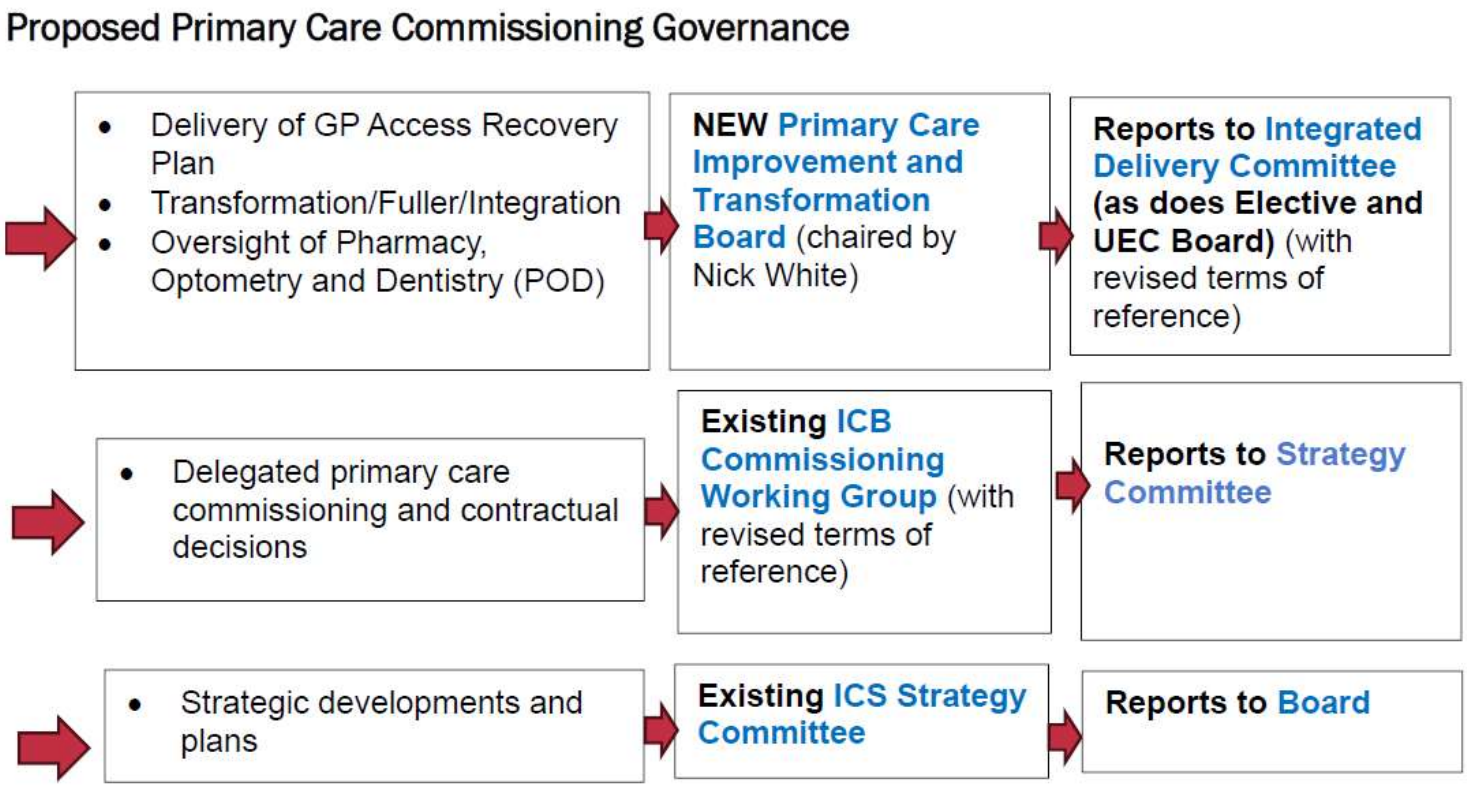
Appendix 2 – Summary of PCN Additional Roles by Staff Group and full time equivalent (Sept 2023)

Role	No.	Role	No.
Advanced Paramedic	4	MHP Band 6	1
Advanced Pharmacist	0.5	MHP Band 7	7
Advanced Clinical Practitioner Nurse	7	MHP Band 8	1
Advanced Physiotherapist	1	Nursing Associate	5
Care Coordinator	46	Occupational Therapist	2
Clinical Pharmacist	34	Paramedic	17
Dietician	4	Pharmacy Technician	14
Digital and Transformation Lead	8	Physician Associate	11
First Contact Physio	16	Social Prescribing Link Worker	40
General Practice Assistant	13	Trainee Nurse Associate	2
Health and Wellbeing Coach	14		
Total	**247.5**		

Appendix 3 – Primary Care Improvement and Transformation Board Governance Structure



Appendix 3 – Primary Care Improvement and Transformation Board Governance



Appendix 3 - Terms of Reference of the Primary Care Improvement and Transformation Board

1. Role and responsibilities

The Primary Care Improvement and Transformation Board (PCITB) will provide oversight of delivery of STW Primary Care Improvement and Transformation Programmes aligned to delivery of commitments within the NHS Long Term Plan, the Government's mandate to NHS England, Delivery Plan for Recovering Access to Primary Care and the Fuller review including ensuring integration and alignment with emerging key national Primary Care Policy. Primary care in the above context includes General Practice, Pharmacy, Optometry and Dentistry.

The PCITB will:

- Oversee the implementation of the 'Delivery Plan for Recovering Access to Primary Care' (May 2023) and progress against key deliverables and milestones.
- Assure (with workstream leads) the ICS Integrated Delivery Committee of overall progress towards targets and deliverables.
- Shape, monitor and maintain strategic direction for the products and services delivered under the programme.
- Support and monitor the delivery of the objectives of the Primary Care Access Recovery Plan and its seven workstreams.
- Ensure alignment across multiple programmes, products and workstreams, removing blockers and resolving tensions.
- Oversee digital delivery against and alignment with core policy initiatives.
- Oversee delivery of the Fuller recommendations 'Next steps for integrating primary care' in line with national policy and ensure alignment with other STW transformation programmes where appropriate.
- Oversee the implementation of local strategies, plans and integration of pharmacy, optometry and dentistry.
- Ensure cohesive communications and messaging to senior internal and external stakeholders.
- Oversee the financial position of the delivery plan for recovering access to primary care.
- Identify and resolve dependencies and issues across portfolios and the wider system.
- Review escalated risks and issues and assure and agree plans for mitigation.
- Act as a collaborative vehicle to bring views together across STW and to co design integrated approaches to Primary Care.
- Prioritise key deliverables and co-ordinate internal and external demands e.g. prioritisation and pipeline.
- Receive briefings from other teams and programme boards on key changes.
- Ensure the continuous improvement of services through the identification of learnings and implementation of good practice.

Appendix 3 - Terms of Reference of the Primary Care Improvement and Transformation Board

2. Membership

- Chair: ICB Chief Medical Officer
- Co Chair: ICB Executive lead for Primary Care
- ICB Associate Director of Primary Care
- GP Access Recovery Workstream leads x 7
- GP Board nominated member
- PCN nominated representative
- Primary Care Finance Business Partner
- ICB Quality lead for primary care
- ICB BI lead for primary care
- Local Network representation for Pharmacy, Optometry and Dentistry

Other representatives as agreed with the Chair as required by agenda items.

3. Cadence and reporting

- Meetings will be held once every month (day/time to be confirmed).
- The agenda will be split into 2 parts. The first part will be dedicated to oversight of the implementation of the General Practice Access Recovery plan. The second part will be dedicated to primary care transformation programmes and key updates and developments in pharmacy, optometry and dentistry.
- The agenda and supporting papers will be circulated to all members ahead of the meeting; with the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.
- The PCITB will report directly to the ICS Integrated Delivery Committee; a Chair's summary will be presented to each Committee.
- The PCITB shall make whatever recommendations to the Integrated Delivery Committee it deems appropriate on any area within its remit where action or improvement is needed.
- These Terms of Reference are subject to review at least annually on the understanding they need to be dynamic and respond to change in the external environment as we move forward.

Appendix 4 - Key risks to delivering Improvement

Risk	Mitigation
The GP Access Recovery Plan does not address the underlying core problem that demand in primary care outstrips capacity even though more appointments are provided now than before the pandemic	• The Modern General Practice Access model and expanding patient access routes and alternatives to General Practice such as the community pharmacy offer will provide some additional capacity. • ICB continues to support with recruitment and retention initiatives to increase General Practice and wider MDT capacity • Explore all opportunities to expand the estate available to General Practice to provide face to face care and accommodate additional roles • Continue to proactively address the Elective backlog to reduce the demand on General Practice that this causes

Appendix 4 - Key risks to delivering improvement

Risk	Mitigation
The PCN/practice GP Access support funding is non-recurrent which makes implementing long term workforce/capacity solutions difficult	• PCN Additional Roles funding for 2023/24 has been confirmed as going in the baseline for 2024/2025 which means it becomes recurrent enabling PCNs now to recruit to permanent posts. • Use the additional non recurrent funding as an opportunity to pilot new models to collect the evidence for business cases for ICB permanent funding.
Many of STW GP Practices scored higher than the national average in the 2022 and 2023 GP Patient Survey access related questions, some significantly. This makes achieving 'significant improvement' as described in the national guidance difficult.	• PCN improvement plans targeted to areas where performance is lower. • The ICB will take into account the starting point of PCNs and practices when they assess the level of improvement achievement at year end.

Appendix 4 - Key risks to delivering Improvement

Risk	Mitigation
Increasing usage of digital patient access routes is difficult where digital infrastructure/ broadband capability is low. This is particularly the case in our more rural areas	• Short term – ICB digital lead to support PCNs and practices to fully utilise all national digital funding routes. • Medium to long term – ICB has a Digital Strategy which recognises the need to invest in digital infrastructure. • The ICB will take into account the suitability and availability of digital solutions to improve access in each PCN when they assess the level of improvement achievement at year end.
Patient reluctance to embrace digital access modes or to see alternative health care professionals	• National comms campaign. • Proactive ICB communications campaign and resource pack for practices to support messaging to change public perception that seeing a GP face to face is always necessary

Appendix 4 - Key risks to delivering improvement

Risk	Mitigation
Capacity of PCN and Practice staff to engage with and enact change, particularly during the increased demands of winter. There is no additional system winter monies for additional General Practice capacity this year	• We will proactively signpost PCNs and practices to national GP Improvement Support Programme and funding sources • PCN CAP payment is identified as a source for practices to secure backfill to participate in the national support programmes. • GP Support Team commissioned to provide a one off 3 hour facilitated quality improvement session to help inform practice areas to focus on and the relevant actions to address
Workforce shortages/ difficulties in recruiting staff especially clinicians	• Significant focus on Attracting, Recruiting and Retaining GPs via the refresh of the STW GP Strategy. • Support package to attract PCN additional roles advertised as part of recruitment documentation. • Focus on 'growing your own' to support more rural PCNs where recruitment is particularly challenging. • Practices and PCNs supported to access Nurse Associate Apprenticeship to support GPN succession planning. • Learner placements in primary care are facilitated to support future recruitment intentions. • Employing newly-qualified initiatives

Appendix 4 - Key risks to delivering improvement

Risk	Mitigation
Estates – shortage of space in practices to accommodate additional staff. No NHS capital funding source to enable extension of existing premises or new build	• PCN Workforce and Estates Strategies due for completion November 2023 • Ensure that GP estates needs are reflected in the ICS Infrastructure Strategy • Work with both Councils to ensure all avenues to access non NHS capital funding are explored for GP premises expansion or new build • Continue to lobby NHSE for the restart of national capital funding programmes for General Practice
Funding	• The Primary Care Team regularly signpost PCNs and practices to available external sources of funding and encourage uptake. • The ICB's significant deficit position means that there is no unallocated ICB funds to provide additional funding for General Practice Access

Appendix 5 – Summary of PCN Capacity Access Expenditure

Shrewsbury PCN	North Shropshire PCN	South West Shropshire
Support funding to practices for: ▪ Backfill attendance at Peer Review meetings ▪ Administrative time to review accuracy of GPAD recording ▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends & Family and Register with a GP services ▪ Upgrade Practice websites ▪ Release Reception staff for Care Navigation training ▪ Support and train reception team to use the new Care Navigation Desk Aid **PCN level support for:** • Premises costs, non-ARRS staff costs and equipment relating to the development and delivery of a Winter Illness Centre • Additional PCN Management resource to support delivery of the CAIP • Waiting rooms screens in all Practices and a local, tailored comms approach to messaging • Purchase of Care Navigation desk aid for all Practices.	**Support funding to practices for:** • Local use to improve access • Costs of additional clinical support and locum support • Costs attached to improvements / upgrades to existing cloud based telephone systems • Improvements and upgrades to websites • Investment in software such as MJOG to support Friends and Family feedback and other targeted patient surveys. • Staff training support in areas such as care navigation and signposting. **PCN level support for:** • PCN new website development • Staff Well-Being and resilience support • Tools to support data extraction and management - Ardens Manager and Ardens • Additional Management and admin cover to benchmark, formulate plans and initiatives, monitor progress, share best practice, peer review and evaluation of outcomes.	**Support funding to practices for:** • Promotion of the NHS App & online access • Upgrade practice websites • Support telephony improvements **PCN level support for**: • New PCN software and data dashboard produced to improve, review and monitor data. This intelligence will inform improvement plans and future service delivery.

Appendix 5 - Summary of PCN Capacity Access Expenditure

Newport & Central PCN	SE Shropshire PCN	SE Telford PCN
Support funding to practices for: ▪ Support to Practices in increasing usage of the NHS APP ▪ Administrative time on GPAD ▪ Resources to review approach to promoting NHS App, Online Appointment booking, Friends & Family and Register with a GP services ▪ Upgrade Practice websites ▪ Release Reception staff for Care Navigation training **PCN level support for:** • Additional PCN Management resource to support delivery of the CAIP • Full review of call processes across the PCN to improve patient access • Website design across the PCN • Drive patient online contacts via AccuRX • Increase PCN Care Navigation training and support	**Support funding to practices for:** ▪ Backfill for Practice staff to attend meetings ▪ Support for practices to improve telephony ▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends & Family and Register with a GP services ▪ Review and upgrade Practice websites ▪ Release Reception staff for Care Navigation training **PCN level support for:** • Review and improve PCN usage of Pharmacy services • Additional PCN Management resource to support delivery of the CAIP • Improve usage of the Community Pharmacy service • Establish a Holistic Health Centre service for PCN patients (namely in Highley)	**Support funding to practices for:** ▪ Ensure all practice websites are user friendly ▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends & Family and Register with a GP services ▪ Actively promote Friends and Family ▪ Release Reception staff for Care Navigation training **PCN level support for:** • Promote and improve online usage with patients • Review online appointment systems and plans • Improve usage of the Community Pharmacy service • Full review into appointment books

Appendix 5 - Summary of PCN Capacity Access Expenditure

Teldoc PCN	Wrekin PCN	
Support funding to practices for: ▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends & Family and Register with a GP services ▪ Continue to review and improve websites ▪ Support and train reception team to use the new Care Navigation Desk Aid **PCN level support for:** • Increase % of appointments bookable online • Increase eConsult usage • Full test of call queue process • Review appointment mapping across the PCN	**Support funding to practices for:** ▪ Review of practices telephony ▪ Resources to review approach to and promote NHS App, Online Appointment booking, Friends & Family and Register with a GP services ▪ Review and upgrade Practice websites for each Practice ▪ Increase Care Navigation within Practices ▪ Review and improve access to extended hours **PCN level support for:** • Promote online patient access and review usage • Improve usage of the Community Pharmacy service • Urgent Care Hub established across the PCN • Increase patient signposting • Review PCN Friends and Family responses	

Work Programme

Health Overview and Scrutiny Committee:

Topic	Shropshire Council Priority(ies) and Strategic Objective(s)	Objectives for the topic (What it will it involve)	Expected Impact/added value (What will it achieve)	How will the expected impact/added value be identified/measured?	Committee meeting date(s)	Information/ evidence required	Witnesses (in person/written)
Rural Proofing in Health and Care Task and Finish Group	• **Shropshire Plan- Healthy People** " • **Shropshire Plan- Healthy Economy** • **Shropshire Health and Wellbeing Strategy** • **Shropshire Inequalities Plan 2022-2027** • **Cultural Strategy 2021-2031**	• To understand what rural proofing means for Shropshire • To set out/define what 'rural' and 'rurality' means for the Shropshire Council area, including inequalities and access to services • To identify a view/position on rural proofing affecting Shropshire communities and services (based on work during the year), and through additional research • To use the evidence collected to propose a consistent set	• Defining a set of criteria for rural proofing in Shropshire – a set of criteria to evaluate reports/ proposals/ service developments	• Rurality assessment completed for new or changing services, policies, and strategies (including commissioned services and changes to funding.)	17/01/24- cabinet	• Evidence of rural proofing being considered and contributing to topics that have been considered by the committee in the past year • Evidence of the importance of rural matters being holistically and comprehensively considered in the development and implementation of strategies, plans, policies and service design and provision measures for Health and Care • Examples of good practice of rural proofing contributing to Health and Care Service developments from other areas of the country	• Performance and Research Specialist: Rurality and Equalities Shropshire Council • NHS England rurality lead • People Directorate Director/AD's • Rural Services Network • Health Watch (patient experiences) • National Farmers Union • Rural Stress Network • West Mercia Police rurality lead • Age UK • MIND • Public Health Directorate Director/AD's • ICB rurality lead • West Midlands Ambulance Service • Charities representing underrepresented groups

Work Programme

Health Overview and Scrutiny Committee:

		of criteria to be recommended for use to evaluate rural proofing in strategies, plans, policies and service design and provision in health and care in Shropshire				• Desk top research	• Portfolio Holder
Local Care Programme	• **Shropshire Plan**- **Healthy People** " • Shropshire Health and Wellbeing Strategy 2022-27	• To understand the scope of the Local Care Transformation Programme. • To identify different outcomes and option models of provision in communities. • To identify the impact and implications of changing provision and how that might be maximised or mitigated. • To explore specific issues such as Community Hospitals, virtual Wards, anticipatory	• Influence the shape of the programme. • Highlighting issues and making links to Primary Care estates/development • Greater transparency on plans and progress of plans • Ensuring considerations have been given to key elements e.g., safeguarding • Related to/ communicated with other partners. • Reduce duplication, improve accountability and improve the service experience.	• Measured through patient feedback and data.	TBC	• Briefing from ICB • Best practice examples • Desk top research • Evidence from witnesses	• ICB/S • NHS Trusts • ASC • SPIC • SHIPP • HWBB • Patients Groups • Health Watch • VCS • Portfolio Holder

Work Programme

Health Overview and Scrutiny Committee:

Primary Care Development and Needs Whole committee working	• **Shropshire Plan**- **Healthy People** • Shropshire Health and Wellbeing Strategy 2022-27	• To look at examples of investment in Shropshire (Whitchurch and Shawbirch) to share learning. • To look at examples from other areas and the Fuller Report. • How is Primary Care going to be addressed core 5 and 2. • How is Primary Care being delivered and could examples like Bob the Bus be learned from? • How aware are the public of what is available to them? • Primary Care performance for example are the new G.P. targets being met? • To understand if more diagnostic hubs are	• To shape and influence the development of Primary Care in Shropshire recommending learning from other areas. • To ensure that the plans both focusses on and reflects local needs and access to care. • To recommend specific measures to demonstrate improvement to patient access and experience.	• Measured through patient feedback and data.	29/01/24	• Briefing from ICB • Best practice examples • Desk top research • Evidence from witnesses	• ICB/S • NHS Trusts • ASC • SPIC • SHIPP • HWBB • Patients Groups • Health Watch • VCS • PCN • Portfolio Holder

Work Programme

Health Overview and Scrutiny Committee:

		planned for Shropshire. • To understand the planned developments in the Estates Strategy • To understand developments is the System Access Improvement Plan					
Mental Health	• **Shropshire Plan**- **Healthy People** • Health and Wellbeing Strategy 2022-27	• To understand the current provision and compare current to the national average. • To identify delivery model best practice. • To understand need by age and mental health condition. • To understand how Shropshire mental health funding compares to England average. • To understand what additional funding would	• To shape and influence the development of Mental Health Provision in Shropshire. • To ensure that the services provided both focus on and reflect local needs and access to care and support. • To identify opportunities for more joined up system working. • To recommend specific measures of improvement. • To develop an agreed set of performance indicators which provide a clear view of the performance of the offer.	• Measured through patient feedback and data.	TBC to be carried out in conjunction with People Overview and Scrutiny Committee	• Briefing from MPFT • Best practice examples • Desk top research • Evidence from witnesses	• ICB/S • MPFT • ASC • SPIC • SHIPP • HWBB • Patients Groups • Health Watch • MIND • Young Minds • Schools • Youth Services • Portfolio Holder

Work Programme

Health Overview and Scrutiny Committee:

		be required per annum to meet community requirements. • To understand why the Shropshire area has seen greater than average increased demand for service. • To understand the pathways and thresholds to access services and support. • To understand how rurality and living in a rural community impacts on mental health.					

Member Briefings

- Public Health Outcomes
- Prevention
- Council wide delivery of health and wellbeing/health in all approach (including prevention and inequalities)
- What services are available to someone who requires support with gambling?
- Current mental health provision available.

Work Programme

Health Overview and Scrutiny Committee:

- What services are available to someone who requires support with alcohol or drugs?
- Overview of the Local Care Programme 10/07/23
- Primary Care overview (JHOSC also have requested briefing on this subject.) Committee briefings held 07/12/23 and 20/12/23