

Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 14 July 2024

Primary Care Access Recovery Plan (PCARP)

There are currently 221,645 patients registered with a GP Practice in BaNES (June 2024). The range of Practice Registered list sizes vary from 26,000 (Heart of Bath) to 5,258 (Westfield). There are six Primary Care Networks (PCNs) in BaNES covering between 69,709 (Three Valleys) to 26,000 (Heart of Bath).

The Primary Care Access Recovery Plan (PCARP) forms part of the Operational Planning¹ guidance and supports the Fuller Stocktake² vision focussing on the first element of streamlining access to care and advice. The national ambitions for the PCARP are:

- To make it easier for patients to contact their practice and;
- For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

The PCARP seeks to support recovery by focussing on four key areas:

PCARP Areas of Focus	
Area	Focus
Empower Patients	<ul style="list-style-type: none"> • Improving information and NHS App functionality • Increasing self-directed care where clinically appropriate • Expanding community pharmacy services
Modern General Practice	<ul style="list-style-type: none"> • Implementing 'Modern General Practice Access' • Better digital telephony • Faster navigation, assessment and response
Build Capacity	<ul style="list-style-type: none"> • Larger multidisciplinary teams • More new doctors • Retention and return of experienced GPs. • Higher priority for primary care in housing developments
Cut Bureaucracy	<ul style="list-style-type: none"> • Improving the primary–secondary care interface • Building on the 'Bureaucracy Busting Concordat'

¹ <https://www.england.nhs.uk/long-read/2024-25-priorities-and-operational-planning-guidance/>

² <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

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BSW has made good progress with the delivery of PCARP in BaNES, as well as Swindon and Wiltshire during the first year of the programme and is in a good position regionally.

- Third highest ICB in the South West in terms of percentages of face-to-face primary care appointments being offered
- Fourth highest ICB in the South West number of appointments per 1,000 offered
- Third highest in South West GP staff FTE per weighted 10,000 patients
- Second highest in South West % Patient Registrations via NHS App offering all NHS functionalities.
- Joint first in South West % practices with prospective records access enabled
- First in South West for % practices which have completed one care navigator course
- First in the country with 6.6 registrations per 1000 GP population via NHS App. The national average was 3.7, SW average was 4.2.

Second year of PCARP: as a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year. The PCARP Programme Trajectories and Next Steps will enable progress to continue with system partners.

Dental Van update

The Department of Health and Social Care published its Dental Recovery Plan in February with the ambition to make dental services faster, simpler, and fairer for our population. One priority stated in the plan is to bring dental care directly to under-served, more isolated communities via the deployment of mobile dental vans which includes the area covered by BSW ICB.

BSW ICB is still working with the National team on the planned procurement process and specification for this service and expect for further information to be released now we are out of the pre-election period. We are actively engaged in the priority of increasing access to NHS dentistry and improving the oral health for children and young people and are actively exploring all opportunities to increase access for the population.

British Medical Association (BMA) GP Collective Action

The BMA is currently balloting GPs on taking collective action in England. This ballot process will last until 29 July. GP members who run their surgeries will vote on whether to support the BMA's call for collective action. The decision to launch the ballot came after the BMA formally entered a dispute with NHS England following the member referendum on the 2024/25 GMS contract changes in March.

Collective action is not the same as strike action, but it could see GPs prioritising the focus of their work. While discussions are ongoing, nothing is fixed, and all plans being explored are subject to change.

The BMA will seek to direct action from 1st August 2024.

<https://www.bma.org.uk/bma-media-centre/gps-leaders-in-england-vote-to-launch-a-ballot-for-collective-action>

Partnership in Neurodiversity in Schools (PINS)

BSW ICB is working in partnership with our local authorities and parent carer forums to pilot the provision of support to primary schools to help them meet the needs of their neurodivergent children.

This is a needs-led approach without the need for a diagnosis. By supporting primary school-age children and helping schools to identify and support their needs, these tools can be carried through into senior school and adulthood.

Assessing and meeting the needs of children with Special Educational Needs and Disability (SEND) in mainstream schools is the foundation for improving outcomes, parental confidence and delivering the financially sustainable SEND system, as envisaged in the SEND and Alternative Provision (AP) Improvement Plan.

Partnerships for Inclusion of Neurodiversity in Schools (PINS) will bring health and education specialists and expert parent carers into mainstream primary settings to:

- help shape whole school SEND provision
- provide early interventions at a school level
- upskill school staff
- support strengthening of partnerships between schools and parent carers

The PINS project is testing a new model for supporting good outcomes in mainstream schools for Neurodiverse students and strengthening parent, carer and school partnerships. The project will focus on strengthening knowledge, skills and improving environments to better meet the needs of neurodiverse children. Through a focus on supportive learning environments and well-equipped schools, we can improve the outcomes for this group of children.

Each school in the programme will complete the nationally agreed self-assessment tool for schools to identify priority areas for support. Schools will collate the findings and use them to assess themselves against a number of high-level domains

(including Leadership, Culture and Values; Mental Health; Readiness to Learn; Teaching and Learning; Environment and Communication).

Children's Health Services & Young People's Programme

BSW ICB is involved in multiple workstreams in this area and has a full CYP programme of activity which we are currently reviewing. We have also provided a significant level of input to the CQC/Ofsted Preparing for Adulthood thematic review.

Considering the broad scope of work underway, we propose providing a comprehensive update and presentation at the next Scrutiny Panel meeting in September.

Sulis Elective Orthopaedic Centre update

Planning permission has now been granted by BaNES Council for the Royal United Hospitals (RUH) Bath NHS Foundation Trust (RUH) to build a new wing at Sulis Hospital, a fully operational independent hospital owned by the RUH that treats both NHS and private patients.

Situated at Sulis Hospital in Peasedown St John, just outside of Bath, the new Sulis Elective Orthopaedic Centre (SEOC) will act as an NHS elective surgery hub; it will serve NHS patients from across the South West, helping to tackle the region's backlog of elective, non-emergency surgery.

It will mean an additional 3,750 non-emergency, orthopaedic operations can be carried out for NHS patients at the hospital each year.

The new development, which has secured £25m in national NHS funding, will be a centre of excellence, working to national best-practice standards and providing high-quality care. The plans include:

- Two additional modular theatres
- Additional inpatient capacity
- Seven extra day case pods
- Conversion of two existing theatres to laminar flow theatres, providing a work area with sterile conditions and the very highest standards of cleanliness.

Surgery at the site will be protected from disruption and cancellations caused by surges in emergency hospital admissions because Sulis does not have an emergency department. This means that the SEOC will enhance the resilience of services in the future.

Around 60 per cent of capacity will be used to carry out elective orthopaedic procedures that would otherwise be managed at the RUH's main Combe Park site, with the remaining 40 per cent available to support the wider region's NHS elective recovery programme and future growth in demand projected to arise from the ageing population in Bath and the South West.

Sulis Elective Orthopaedic Centre

Planning permission has been secured for the development of a two-theatre orthopaedic hub at Sulis Hospital in Bath, which will care for an additional 3,750 patients each year, when fully operational.

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A breaking ground event is scheduled to take place on Wednesday 24th July.