

Meeting of BNSSG Integrated Care Board

Date: 6th March 2025

Time: 09:30 – 15:30

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number:	6.1		
Title:	Primary Care Access Improvement Plan Update		
Confidential Papers	Commercially Sensitive	No	
	Legally Sensitive	No	
	Contains Patient Identifiable data	No	
	Financially Sensitive	No	
	Time Sensitive – not for public release at this time	No	
	Other (Please state)		
Purpose: For information and discussion.			
Key Points for Discussion:			
2024/2025 is year 2 of the BNSSG Primary Care Access Improvement Plan. Last year also saw the start of GP Collective Action (GPCA) in summer. Our Primary Care Committee (PCC) continues to be briefed on our system response to GPCA and with bi-monthly highlight reports for the access work. This paper provides the ICB Board with an update on year 2 delivery of the BNSSG Primary Care Access Improvement Plan.			
Recommendations:	The BNSSG ICB Board is asked to note the continued work to deliver the BNSSG Primary Care Access Improvement Plan.		
Previously Considered By and feedback:	Primary Care Committee 25 th February 2025 Access Recovery Working Group Health Overview and Scrutiny Committees (HOSC)		
Management of Declared Interest:	Not applicable.		
Risk and Assurance:	The key risks are: <ul style="list-style-type: none">• Lack of understanding of general practice contract and finance details from 1st April 2025• Impact of current general practice collective action on access and patient experience• Impact of future phases of general practice collective action including a potential delay to sign up of capacity and access improvement work		

	<ul style="list-style-type: none"> Lack of workforce to deliver the work required for access improvement
Financial / Resource Implications:	<p>All practices received the full allocation of Transition Cover and Transformation Funding to support moving towards a Modern General Practice.</p> <p>All PCNs received the full allocation of Capacity and Access Improvement funding.</p> <p>We do not know whether these incentives will continue for 2025/26.</p>
Legal, Policy and Regulatory Requirements:	Not applicable.
How does this reduce Health Inequalities:	<p>An Equality and Health Inequalities Impact Assessment (Appendix 1) has been completed for the access recovery plan. The delivery plan is designed to address the known health inequalities and improve the equality regarding access to primary care across the system.</p>
How does this impact on Equality & diversity:	
Patient and Public Involvement:	<p>We continue to monitor and review patient feedback. This can be ad hoc, Datix, via Health and Scrutiny Committees, Patient Liaison Service or Customer Service.</p> <p>A review of the 2024 patient survey is included with the paper.</p> <p>All PCNs continue to include patient feedback mechanisms in their capacity and access improvement plans in addition to the annual patient survey, health insights and Friends and Family test.</p>
Communications and Engagement:	<p>Communication activity has continued to cover five key areas:</p> <ul style="list-style-type: none"> Building understanding and confidence in MDT working and care navigation Increasing understanding and use of web-based online forms, alongside face-to-face and telephone routes to access appointments Promote uptake and use of the NHS App Raise awareness of wider care options, with a particular focus on community pharmacy Promote respect, patience and kindness towards primary care staff
Author(s):	<p>Beverley Haworth, Deputy Head of Primary Care Development</p> <p>Katie Handford, Models of Care Development Lead</p>
Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Chief Delivery Officer, BNSSG ICB





1. Introduction

In May 2023, the joint NHS and Department of Health and Social Care [Delivery Plan for Recovering Access to Primary Care](#) was published.

In response we developed our BNSSG system access improvement plan which reflected the three key ambitions:

1. Tackle demand peaks and reduce the number of people having trouble contacting their practice
2. Restore patient satisfaction in accessing their general practice
3. Support a move to a digitally enabled operating model in general practice

The four areas to support recovery and deliver the ambitions are:

1		Empower patients	<ul style="list-style-type: none">• Improving NHS App functionality	<ul style="list-style-type: none">• Increasing self-referral pathways	<ul style="list-style-type: none">• Expanding community pharmacy
2		Implement new Modern General Practice Access approach	<ul style="list-style-type: none">• Roll-out of digital telephony	<ul style="list-style-type: none">• Easier digital access to help tackle 8am rush	<ul style="list-style-type: none">• Care navigation and continuity• Rapid assessment and response
3		Build capacity	<ul style="list-style-type: none">• Growing multi-disciplinary teams	<ul style="list-style-type: none">• More new doctors	<ul style="list-style-type: none">• Retention and return of experienced GPs• Priority of primary care in new housing developments
4		Cut bureaucracy	<ul style="list-style-type: none">• Improving the primary-secondary care interface	<ul style="list-style-type: none">• Building on the 'Bureaucracy Busting Concordat'	<ul style="list-style-type: none">• Reducing IIF indicators and freeing up resources

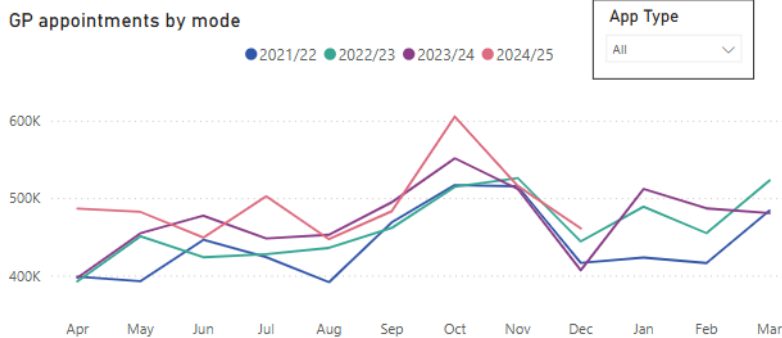
Year 2 Key Achievements: -

- Empower patients: Increased use of NHS App from 59 to 62%
- Empower patients: 87% of patients registered with practices referring to Pharmacy First – highest performing ICB in the country for Pharmacy First referrals
- Empower patients: 30% increase in number of repeat prescriptions being ordered through the NHS App
- Modern General Practice: 100% of practices on cloud-based telephony
- Modern General Practice: Increase from 85% to 92% of practices with advanced telephony solution
- Modern General Practice: Increase in patients contacting their GP practice online from 35 to 92 online consultation submissions per 1000 registered population per month

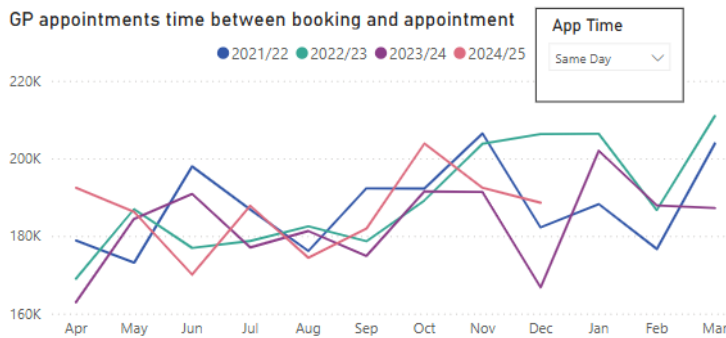
- Build Capacity: 5.7% more general practice appointments in 2024/25 to date compared to 2023/24 – meeting the national target
- Build Capacity: consistently above SW and National average for appointments within 14 days (82%)
- Cut Bureaucracy: Monthly Primary/Secondary Care Interface meetings with sub-groups for planned and urgent care established

The table and graphs below give an oversight of progress in key metrics, with further detail in the body of the report:

Area	KPI/ Metric	23-24 Year average	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	24-25 average
GPAD	BNSSG % of same day appts	39.00%	41.1%	40.1%	37.8%	37.3%	39.0%	37.6%	33.6%	37.3%	40.9%	38.30%
	No. of practices one standard deviation below the National average for same day appts	12	8	11	11	15	13	13	9	11	16	12
	BNSSG % of appointments within 14 days	82.30%	82.3%	82.0%	81.3%	81.7%	82.6%	81.4%	84.8%	79.5%	82.1%	81.96%
	No. of practices one standard deviation below the National average appts within 14 days	4	5	5	5	6	4	4	5	3	4	5
	BNSSG % of F2F appointments	64.00%	60.4%	59.5%	63.5%	62.3%	62.2%	62.9%	54.5%	64.9%	63.0%	61.47%
	No. of practices one standard deviation below the National average of F2F	11	13	11	12	8	8	9	11	7	8	10
	Appointment rate per 100k population	2142	2,275	2,250	2,200	2,001	1,964	2,109	2,408	2,243	2,101	2172
	Total number of appointments	472,779	486,377	482,135	449,048	502,312	446,955	483,245	605,083	515,865	461,011	492,448
Online Consultations	No. of practices switching off online consultations during the day	10	9	10	7	10	9	7	16	15	18	11
	Online consultation submissions (clinical and administrative) per 1,000 registered patient population	68	115	109	104	103	89	107	107	104	98	104
Telephony	% of telephone consultations	30.20%	31.2%	29.9%	29.5%	30.4%	30.5%	30.1%	26.60%	29.20%	30.50%	29.77%
	% of practices on advance telephony solution	46%	78%	84%	92%	92%	92%	92%	92%	92%	92%	89.56%
111	BNSSG % utilisation of 111 slots	32.50%	33.10%	34.00%	35.40%	34.10%	34.60%	35.60%	34.60%	31.40%	32.70%	33.94%
Online access	No. of practices signed up to online patient access to records	58	72	72	72	72	72	72	72	72	72	72
NHSApp	Uptake of NHS App	58.40%	59.80%	60.00%	60.40%	61.00%	62.00%	61.00%	61.00%	62.00%	62.00%	61.02%
CPCS	No. of CPCS self referrals	1087	1592	1691	1641	1866	1830	1750	2607	2171	2569	1969
	No. of CPCS referrals from GP	5204	7119	7237	7183	7454	6277	6908	8751	8741	9271	7660
	No. of CPCS referrals from 111	550	822	910	775	723	618	630	708	760	982	770
	Total Consultations	9124	9533	9838	9599	10043	8725	9288	12066	11672	12822	10398



GP appointments numbers as of December 24 are at 4,431,745 which is 5.7% higher than the previous year, 4,194,263. Large increase observed in October due to vaccination delivery.



Same day appointments remain consistently around 40%, just below the SW average. We continue to have around 10 practices below the national average.

This metric gives an indication of patients who require urgent care but is important to note the objective is to ensure when patients contact their practice, they know on the day how their request will be managed not given a same day appointment unless clinically appropriate. We cannot currently measure this and have asked the NHSE for support with understanding how this can be done/ will be measured.

Our aim is appropriate triage and care navigation, managing expectations of patients and patient choice. All practices have completed care navigation to embed this.



Appointments within 14 days are consistently above the SW and national average. We maintain the reduced number of practices below the SW average at 4. Our practices are working hard to ensure those patients who need an appointment within 14 days receive one. However, it is important to recognise that continuity of care is a priority in BNSSG, practices have welcomed the GPAD coding to support tracking of this metric and taking continuity of care into consideration.

NHSE monitor us on same day and within 14 days appointments. For the reasons described above it is important for us to have a suite of metrics to gather the full picture for access. We have a dashboard that gives us early warning for practices who are consistently struggling with resilience and sustainability. We also follow up with practices consistently below or not improving against the SW and National average for the above metrics.

4 Primary Care Network and Practice Actions

Capacity and Access Improvement Plans (CAIPs)

PCNs were asked to carry out a year 2 progress review against their CAIPs, all PCNs responded. Funding was released to all PCNs following assessment of reviews against plans and follow ups where further evidence and clarification was required. All PCNs have made great improvements to their access in line with the Modern General Practice aims.

4.1 Patient Experience

The following table provides an overview of the 2024 patient survey results and how we compare nationally:

Question	BNSSG (2024)	National (2024)
Overall, how would you describe your experience of your GP practice?	75% Good	74% Good
Which of the following online GP services have you used in the last 12 months?	44% Booking appointments 29% Filling in an online form to give information about health issue 40% Ordering prescription 16% Accessing medical records 4% Registering with a practice 20% Finding out test results 10% Making administrative request 29% none of these	41% Booking appointments 20% Filling in an online form to give information about health issue 40% Ordering prescription 17% Accessing medical records 4% Registering with a practice 21% Finding out test results 8% Making administrative request 31% none of these
Generally, how easy or difficult is it to contact your GP practice on the phone?	45% Easy	50% Easy
Generally, how easy or difficult is it to contact your GP practice using their website?	49% Easy	48% Easy
Generally, how easy or difficult is it to contact your GP practice using the NHS App?	42% Easy	45% Easy
Still thinking about the last time you contacted your GP practice, how did you try to contact them?	59% Phone 14% Visited in person 18% Online, using practice website 5% Online, using NHS app 3% Online, using a different website or app 1% Another way	68% Phone 14% Visited in person 11% Online, using practice website 4% Online, using NHS app 2% Online, using a different website or app 1% Another way
What happened when you phoned your GP practice on that occasion?	10% Call was answered straight away 79% Call was held in a queue and waited until someone answered	12% Call was answered straight away 75% Call was held in a queue and waited until someone answered

	5% Call was held in a queue and asked for a call-back through an automated system 2% Call was held in a queue but didn't wait for anyone to answer 4% Call wasn't answered at all	7% Call was held in a queue and asked for a call-back through an automated system 1% Call was held in a queue but didn't wait for anyone to answer 4% Call wasn't answered at all
Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?	84% Yes	83% Yes
How soon after you contacted your GP practice did you know what the next step would be?	91% Less than two days	93% Less than two days
Overall, how would you describe your experience of contacting your GP practice on this occasion?	68% good	67% Good
How do you feel about how long you waited for your appointment?	65% About right	66% About right
How did the appointment take place?	28% over the phone 66% Face-to-face at my GP Practice 4% Face-to-face at a different general practice location 1% Over a video call 1% By text message 1% By online message	29% over the phone 64% Face-to-face at my GP Practice 4% Face-to-face at a different general practice location 1% By text message 1% By online message
During your last appointment, how good was the healthcare professional at listening to you?	88% Good	87% Good
During your last appointment, how good was the healthcare professional at treating you with care and concern?	87% Good	85% Good
During your last appointment, how good was the healthcare professional at considering your mental wellbeing?	73% Good	73% Good
Did you feel that the healthcare professional had all the information they needed about you?	93% Good	92% Good
Did you have confidence and trust in the healthcare professional you saw or spoke to?	94% Good	92% Good
At your last appointment, were you involved as much as you wanted to be in decisions about your care and treatment?	92% Good	91% Good
Thinking about the reason for your last appointment, were your needs met?	90%	90%
Overall, how would you describe your experience of NHS services on this occasion when your GP practice was closed?	56% Good	56% Good
In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?	67% Good	68% Good
Thinking about the last 12 months, which of the following services have you used a pharmacy for?	9% Address an issue referred to a pharmacy for 75% To pick up a prescription 48% To buy medication 25% To get advice	7% Address an issue referred to a pharmacy for 76% To pick up a prescription 45% To buy medication 21% To get advice

	4% To have blood pressure checked 18% To get a vaccine 1% To get Contraception 3% Monitor medication or get support for a long-term health condition 12% None of these	5% To have blood pressure checked 20% To get a vaccine 1% To get Contraception 3% Monitor medication or get support for a long-term health condition 12% None of these
How would you describe your experience of using these pharmacy services?	84% Good	87% Good
Overall, how would you describe your experience of NHS dental services?	62% Good	69% Good

A detailed report of patient survey results cross checked with Healthwatch reports can be found in Appendix 2. 2023 figures are not included as they are not directly comparable due to changes in the methodology of data collection.

We have also worked closely and updated our Health and Scrutiny Oversight Committees who have provided significant feedback.

Our CAIP reviews have also demonstrated a good variety of patient engagement and feedback mechanisms. In addition, we have seen an increase in use of the Friends and Family Test.

We will continue to gather themes from the patient survey and Healthwatch reports along to triangulate with what practices are hearing to inform our decision making on priority areas.

4.2 Ease of access and demand management

Many practices have used our locally developed demand and capacity audit tool to inform workforce and planning decisions. Practice DNA rates have been reviewed with the average for BNSSG being 5.4% for the year, this data can be found in Appendix 3. This low percentage of DNAs is likely to be due to the text reminders that practices send prior to appointments with easy ways to cancel appointments without phoning the practice, such as through Accurx or via the NHS app. It is acknowledged that practices who are consistently above this average are in areas of deprivation and these have been highlighted at the Service Delivery Unit for discussion around additional support. The Modern General Practice Section 5.2 gives the details on telephony and online tools.

4.2.1 Enhanced Access

In June 2024 PCNs were asked to submit updated Enhanced Access plans for review by the ICB. Practices continue to deliver their Enhanced Access minutes and review usage of appointments. Where PCNs have struggled to fill EA slots they have adjusted their delivery plans so that appointments are offered at times when there is patient demand to ensure improved access.

4.2.1 111 Direct Booking

The percentage of 111 slot searches resulting in general practice appointments in BNSSG has steadily sat just above 30%. The access improvement work should lead to a decreased need for patients to contact 111, therefore we would not be looking for this figure to increase. This is a contractual requirement, and it is important to understand if GPCA is impacting this. The ICB continues to monitor 111 slot data monthly. The ICB work with practices to resolve any issues. Practices with the highest number of 111 slot searches per 1000 population are contacted for support, as this may suggest access issues within these practices. The GPCB Urgent Care Network continues to promote the benefits of distributing the slots evenly throughout the day, to maximise patient flow in-hours.

4.3 Accuracy of recording in appointment books

All practices reconfirmed self-certification through their Capacity and Access Plan reviews that they are accurately recording all appointments and are compliant with GPAD guidance. Practice level GPAD data continues to be reviewed on a monthly basis. Practices more than one standard deviated below the BNSSG average for same day, face-to-face, and 14-day appointments have been offered 1:1 visits to investigate mapping, while some minor changes were made resulting in small improvements in GPAD data. The majority of practices highlighted reasons for being outliers to be: practice demographics, younger population preferring online consultations; triage systems, lists consulted on a first come basis which delays same day appointments; and necessity of appointments, which reduced day-to-day burden by way of effective patient navigation.

The OneCare BI team have developed a GPAD Slot Analysis Tool to support practices with national slot mapping. The tool is integrated with the national slot mapping flow chart which provides practices with the relevant information to ensure that their slot conforms to their intended use. A PCN view is available to aid in standardisation across a PCN, the variety of slots in use are shown together with the national slot category to reduce variability and improve accuracy. This work has reduced the percentage of unmapped slots across the ICB to 0.2% compared to a national average of 2.6%. The ICB and One Care will continue to work together to support and guide practices to ensure that their practice data is mapped correctly against guidance to provide the most complete and accurate data possible.

5 Primary Care Access Recovery Plan (PCARP) Headline Work Areas

5.1 Empowering Patients

5.1.1 Patient access to records

72 practices are live with offering online patient access to medical records. The remaining 4 practices had significant concerns about enabling this to all patients largely due to safeguarding concerns and did not opt into the bulk upload. These practices have clear processes to offer medical record access to patients on request and are working through their lists to offer it automatically to those patients to which they deem it is safe to.

5.1.2 Online Register with a GP service

There has been an increase from 57.1% to 88.2% of practices in BNSSG now able to provide online registration for patients, with 67 of 75 practices enrolled to use the National Service. The ICB will continue to encourage practices to sign up to this service to make patient registration more accessible to all patients.

5.1.3 NHS App

The ICB has commissioned a project to promote the download of the app and switching on of notifications to allow messages to be sent from practices to patients for free (There is a fallback within the software so that if a message isn't read within 24 hours it is then sent by text message). The project has delivered a local communication campaign across GP practices, pharmacies and using social media platforms. An NHS app workshop was delivered with 41 practices in attendance. There have been positive results from this project as the percentage of the over 13-year-old population that have downloaded the NHS App has increased from 59.8% to 62% for

BNSSG, the national average is 59%. The percentage of patients with the NHS App and notifications switched on increased from 22% in March 2024 to 32%. This is resulting in 17% of practice messages now being delivered via the app which results in savings in the SMS bill for the ICB.

All practices continue to offer and promote the use of the NHS app to order repeat prescriptions. We have seen a monthly increase in the numbers of prescriptions being ordered through the app across BNSSG from 63,812 in January 2024 to 91,814, an increase of 30%.

5.1.4 Online booking of appointments

We have an NHS app project group and will be looking at examples of best practice within the patch where appointment booking through the app is working well so that we can share this learning with other practices.

However, some practices are reluctant to enable general appointment booking through the app so that they can use care navigation to ensure that the patient sees the most appropriate clinician and makes the best use of practice appointments. Those that have enabled it have found that patients book an appointment with a GP when they could have been seen by a nurse or physio for example. Some practices offer appointment booking online but for very restrictive appointment types like smear tests or blood tests but even then they report that patients book in inappropriately, thus wasting appointments.

5.1.5 Patient messaging

All practices have messaging capability via AccuRx including single patient messaging, batch messaging and Florey questionnaires. BNSSG has particularly high adoption of Florey questionnaires and use them to support patients to self-monitor their health conditions. Practices continue to offer communication with patients via messaging and also now increasingly through the NHS app (see NHS app section). Accurx have recently introduced Batch email which is an additional way to communicate with patients and we will be supporting our practices with the use of this technology. Our Digital Support Team continue to help practices optimise patient communication methods and have carried out SMS template reviews with 27 GP practices to ensure most efficient use of messaging fragments.

5.1.6 Self Care apps

The ICB has a [webpage](#) dedicated to self-care. BNSSG programmes of work have and continue to include self-care options e.g. Musculoskeletal GetuBetter App, Paediatrics 'handi' App, MyCOPD. Our practices also have templates through their text messaging facilities to support monitoring and signposting to management of long term conditions.

5.1.7 Digital Inclusion

The ICB has a digital inclusion strategy which aims to address digital exclusion with public-facing digital healthcare products and services. The population of BNSSG is diverse and experience digital exclusion for a range of differing reasons such as socio-economic levels, cultural beliefs, age and registered disabilities. As part of the NHS app promotion project, 3 VCSE organisations

have been recruited to support digital inclusion in each of our 3 localities. Within the ICE locality, Caafi Health CIC have been offering digital support at their existing community clinics to improve digital inclusion and health outcomes using the NHS App and Online Consultations to patients for whom English is not their first language. In the first 3 months of the project they have provided digital support to over 150 people, 85% of these people reported feeling more confident using the NHS App following the support. Patients also described that having more visibility of what is happening following a GP appointment (e.g. test results) gives further assurance in the care they are receiving. Staff at the clinic reported that patients having access to the NHS App is helpful in providing access to accurate health information when talking to the patient and makes the appointments more efficient.

3 practices are running digital support sessions using PPG volunteers to run sessions at their practices. In total they have run 12 sessions and supported 177 patients to access healthcare digitally. The practices are working on a toolkit with their learning which will be shared with other practices looking to replicate these sessions.

The data shows that practices in areas of higher deprivation have lower uptake of the NHS app. These practices will receive additional support from the enhanced digital support team to help utilise the toolkit and increase uptake in these areas. This will include identification of specific patient cohorts.

5.1.8 Self-Referral Pathways

Our Community Services have been asked to review services and identify where there may be a benefit to introducing self-referral.

Self-referral is currently not part of our Community Services contract. We are awaiting the outcome of the contract update discussions.

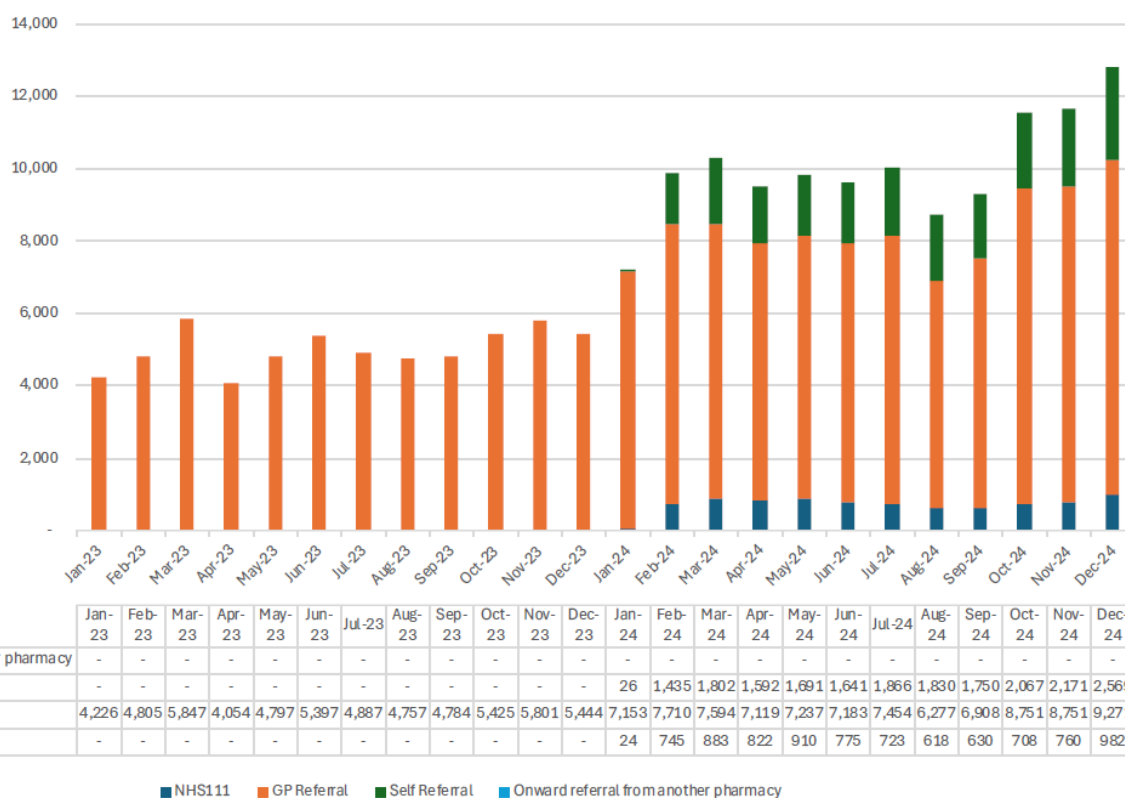
However, BNSSG is still meeting the required targets due to audiology self-referral pathways.

5.1.9 Expanding Community Pharmacy

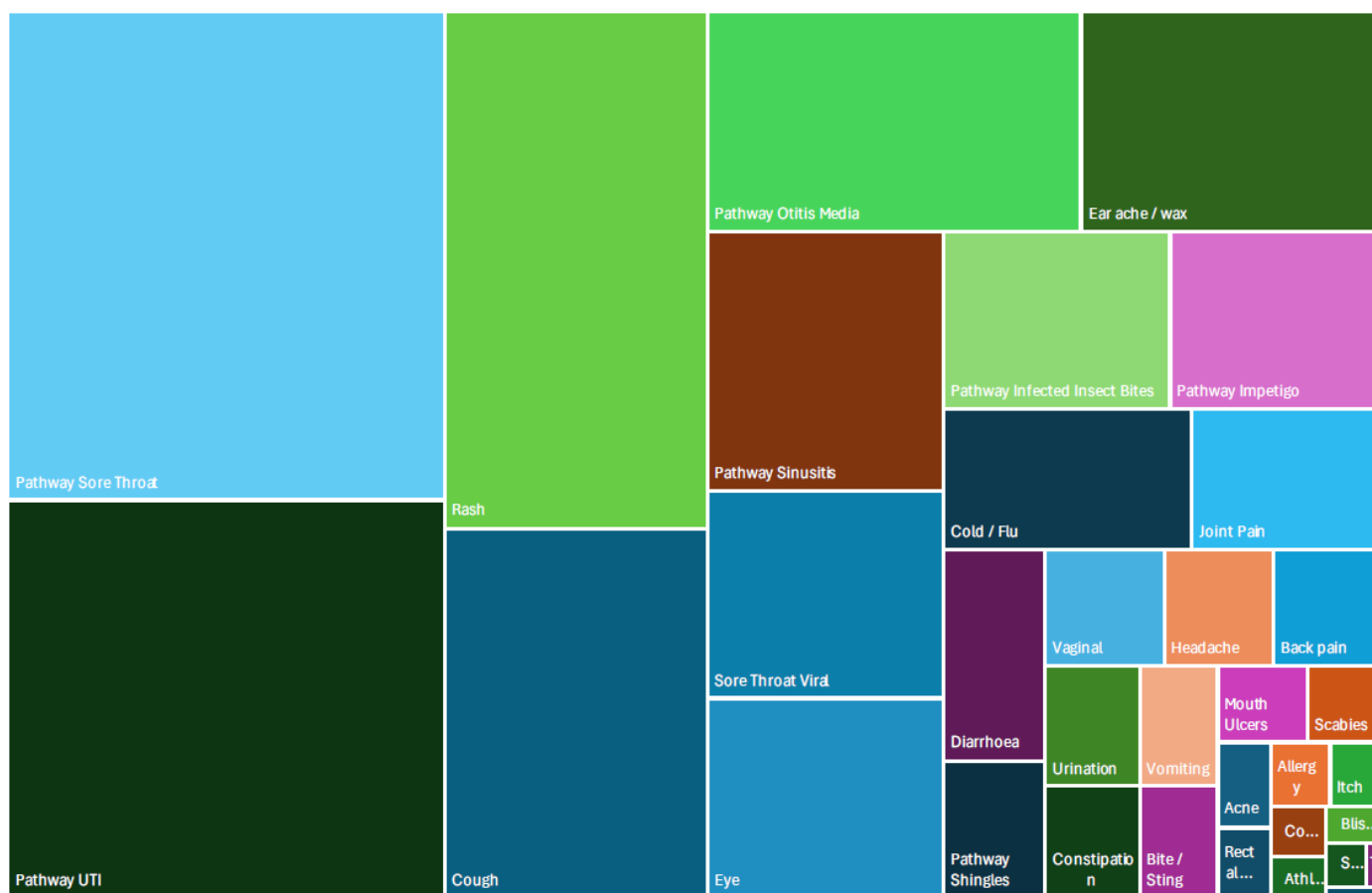
Pharmacy First launched in January 2024 which expanded the CPCS service to include seven minor ailment clinical pathways: Acute Otitis Media, Impetigo, Infected insect bites, Shingles, Sinusitis, Sore throat, uncomplicated Urinary Tract Infections (UTIs). Pharmacy first also enables patients to seek advice and treatment from pharmacists without the need for a GP referral first and the graph below shows the huge increase in the number of consultations being carried out in pharmacies, with BNSSG continuing to have the highest activity in the country.

The graph below shows the BNSSG monthly performance for referrals since January 2023 and includes the breakdown of referral source

BNSSG Two Year Performance
(CPCS until end of Jan 2024 then Pharmacy First)



The chart below shows the most common conditions seen by pharmacists:



In addition, work is underway with 111 to improve referral pathways to Community Pharmacy. Close working continues with practices who have lower referral rates and also to review data on outcomes.

National:

- Pharmacy First (PF) service continues to expand and increase the use of the existing Blood Pressure (BP) and Contraception services. BNSSG. Data in May showed 81% of GP practices referring patients to PF and 87% of patients registered with practices referring to PF –Highest performing ICB in the Country.
- Average of 12,000/month referrals made to Community Pharmacy in Q3 74% from GPs, 19% self-referral and 7% from 111.
- >1500 appointments have been referred from UEC to a Community Pharmacist via PF.
- Engaging practices with increasing referrals from practices to Community Pharmacy for BP checks.
- Community Pharmacist Independent Prescriber (CPIP) pilot –BNSSG have 3 sites to offer minor ailments,. This will enable more conditions to be completed by a Pharmacist rather than escalating to GP/111/UEC which will support the system and improve patient journey. CLEO contract for prescribing system now signed, testing due in 1 site.

Local:

- Continue to work with Community Pharmacy/ PCN leads to embed Pharmacy First referrals

- ICB have funded EMIS local services which is integrated into EMIS and enables referrals to be made in an efficient way which should help support making formal referrals to CP easier. In addition, it enables access to the data in a timely way.
- Independent Prescriber (IP) Pathfinder –Oversight group set up. Community Pharmacy sites: Tesco Yate (South Glos), Cotham (Bristol) and Bedminster (Bristol) – delays due to national issues with prescribing system- CLEO, testing in 1 site due imminently.
- Working with BrisDoc and NBT to undertake formal electronic referrals to Community Pharmacy –NBT and BrisDoc live end November.
- Continuing to work with practices/Sirona to get Diabetes Prevention Programmes for Community Pharmacists
- Working with NHSE and Community Pharmacies to enhance pre-reg pharmacy technicians in Community Pharmacy – 4 student places funded in CP.
- Agreement for Local Enhanced Services PGDs for Hydrocortisone and Chloramphenicol to be continued and expansion of Otitis Externa PGD to all CPs.
- ICB now responsible for contracting Specialist Medicines LES -for urgent medicines e.g. EoL medicines now live.
- Increasing Hypertension Case Finding and working with Comms team for CP to attend some outreach events e.g. Bristol Bears

5.2 Modern General Practice

5.2.1. Telephony

92% of our practices have now transitioned to an advanced telephony system using the NHSE framework. The remaining practices are in communication with the NHSE procurement hub about transitioning to a contract with the advance features such as call backs when their current contracts come to an end.

Feedback from practices that have already transitioned has been unanimously positive with reception staff feeling less stressed and having to deal with less frustrations from patients. Practices have found the improved data reporting extremely helpful for reviewing demand and planning staff rotas. Patient feedback has been overwhelmingly positive with many finding the callback function a huge improvement in experience of access as they are not kept waiting on the phone for long periods of time.

5.2.2. Online Consultations

The BNSSG average of online consultations submitted per 1000 population has risen considerably from 28 to 36 at the beginning of this programme of work to over 100 during this year. A contributor to this is that numerous practices have adopted the total triage model of care, where all patients contacting practices are triaged through their online consultation system before making an appointment. A large number of practices that are not using this model are still consistently improving their number of online consultation submissions. The Enhanced Digital Support Team hosted by OneCare has been supporting practices to embed online consultations and have recently carried out a survey with practices.

The number of individual practices switching off during core hours has decreased across the year, to a low of 7 in September, however this has doubled since then. This is expected to be a result of collective action where some practices are limiting the number of consultations per day to 25 for each GP.

5.2.3 Website guidance

Our project to help practices ensure that their websites are as accessible as possible is continuing. An audit has now been completed and a best practice guide is being developed from the findings. The results of the audit are being used to support practices to make improvements in line with the 'highly useable and accessible' GP website guidance. This includes making sure that online tools can be found easily by patients.

5.2.4 Practice Access, Resilience and Quality

To support practices, BNSSG has the benefit of an existing and proven alternative to the national Support Level Framework (SLF) aimed at improving access, resilience and quality across the practices within BNSSG. The BNSSG process, which shares similar principles, has had demonstrable success in identifying practices with support needs and working with those practices to facilitate and support quality improvement work.

In this way, the One Care ARQ (Access Resilience and Quality) Program enables BNSSG to provide support, which is often intensive support over a longer period of time, to those practices in most need. Engagement with practices follows a similar, but more extensive facilitated process of 'stocktake', 'health check', review and action planning which has proved to be very successful over the last few years.

A dedicated multi-disciplinary team deliver the ARQ Program across BNSSG. Two key pillars of the intensive program includes looking at ways practices can improve access and get the best from their workforce and these areas support and build on the measures identified as part of access recovery planning.

They continue to:

- Provide hands-on support to practices where needed
- Continue to develop toolkits and offer webinars to support improvements in practice

Demand and capacity audits have been undertaken with practices.

21 practices have taken advantage of GPS Business Continuity Plan review service.

Pilot phase of staff competencies and training needs analysis under way – 2 practices in pilot.

Three practices completed the NHSE General Practice Improvement Programme.

Continue to support practices either through GPS subscription service or via appropriate requirements highlighted in ARQ project

Launch staff competencies toolkit across BNSSG after pilot feedback.

We continue to work on engaging practices assessed to need ARQ support.

5.3 Build Capacity

5.3.1 Recruitment and retention of the workforce

The last year has been a challenging time for our practices and primary care networks (PCNs) in terms of workforce planning. This is due to a number of reasons including lack of certainty of ongoing funding for additional roles, inflation, living wage, the increase in national insurance contributions and agenda for change. This has led to a number of PCNs and practices reducing their workforce.

NHS England removed the contractual requirement for PCN workforce planning submissions in August and October, so we rely on practices and PCNs inputting accurately into the National Workforce Reporting Survey. Work continues to improve data quality but accurate workforce data continues to be a challenge which we are working with NHSE on to input into improvements.

Our Training Hub continue to be pivotal in leading our local offers for recruitment and retention, supporting increasing our capacity.

Key achievements include:

- Ongoing collaboration with the People Directorate, GPCB/One Care, ALMC, ICB, and general practice.
- EDI fellows working close with One Care.
- Recruitment - a number of new fellows and leads have been recruited. 4 Training Hub Support Officers are adding value in efficiencies and picking up additional work.
- Clinical Leads events were held in July and November '24.
- General practice support through GP/GPN retention leads.
- A non-clinical programme has been developed.
- PCN education links are working with 19 of 20 PCNs.
- Health and Care ambassadors are promoting general practice as a place to work.
- Women's Health and Menopause Network meetings have started with regular webinars.
- Simulation training focusing on managing conflict and difficult conversations.

BNSSG have led the way on the introduction and implementation of the national staff survey to general practice in the South West. We are currently analysing the recently published year 2 results with year 1. This will help inform our priority areas for recruitment and retention initiatives.

5.4 Cut Bureaucracy

5.4.1 Primary and Secondary Care Interface

D

Our BNSSG Primary and Secondary Care Interface Group (PSCIG) continues to meet monthly with membership comprising the LMC, ICB teams, OneCare, Healthwatch, Avon and Wiltshire Mental Health Partnership, North Bristol Trust and University Hospital Bristol Weston clinicians and non-clinicians.

Fortnightly clinical interface group meetings support the work.

The priority for this group has been temporarily redirected to support GP Collective Action and managing relationships between general practice and our system partners.

Priority work areas (and subgroups) are progressing as below:

Culture: being progressed through HCPE

Planned Care: NBT have included fit notes on electronic discharge forms and UHBW are working on embed a process.

F12 protocol launched to practices to log secondary care work transfer to develop improvement plan.

GPCB/LMC principles document developed and discussed at ERODG and PSCIG and feedback requested.

Urgent Care: mapping work in Urgent Care and governance underway to ensure links to winter groups and HCIGs. Common principles to be adopted. UC interface group started and links with PSCIG to be formalised.

We continue to work collaboratively with Trusts to identify internal resource to support the interface work.

6 Finance

All practices received the full allocation of Transition Cover and Transformation Funding to support moving towards a Modern General Practice.

All PCNs received the full allocation of Capacity and Access Improvement funding.

We do not know whether these incentives will continue for 2025/26.

SDF funding allocations for 2025/2026 have increased flexibility and we will need to continue to work collaboratively with GPCB in our decision making, factoring in GPCA.

7 Risk Implications

General practice continues to face significant challenges. There are increasing numbers of practices requiring resilience support. The number of GPs in post continues to fall. Estates continue to be a barrier to improvements and the current level of notional rent is preventing resolution of estates challenges and restricting capacity.

The key risks are:

- Lack of understanding of general practice contract and finance details from 1st April 2025 – we do not have a timeline for when we will have details of the contract for 2025/26
- Impact of current general practice collective action on access and patient experience – we are currently monitoring activity, risk and mitigations.
- Impact of future phases of general practice collective action including a potential delay to sign up of capacity and access improvement work – the LMC are surveying practices in February regarding future activity
- Lack of workforce to deliver the work required for access improvement – the funding for additional roles is still to be confirmed for 2025/26

8 Communication, Insights and Engagement

Communication activity as continued to cover five key areas:

- Building understanding and confidence in MDT working and care navigation
- Increasing understanding and use of web-based online forms, alongside face-to-face and telephone routes to access appointments
- Promote uptake and use of the NHS App
- Raise awareness of wider care options, with a particular focus on community pharmacy
- Promote respect, patience and kindness towards primary care staff

System winter 'Staywell' campaign launched in Q3 supporting multiple primary care access recovery communication objectives including NHS App, community pharmacy, self-care, NHS 111. National NHS 111 and Pharmacy First campaigns launched in Q3 as part of national winter resilience communications, amplified on ICB and system communications channels. Locally developed NHS App campaign promoting take-up of App and use of notifications launched November with paid-for social media advertising, mailshot to practices and pharmacies.

Opportunities for operational support, training and guidance for practices, continue to be promoted regularly via the One Care weekly GP Bulletin.

All our PCNs have included additional patient feedback mechanisms in their capacity and access improvement plans for more timely actions rather than waiting for the annual patient survey results.

9 Recommendations and Next Steps

The BNSSG ICB Board is asked to note the work in Year 2 to deliver the Access Recovery Plan and the considerable work from our practices and ICB Primary Care teams in ongoing challenging times.

The next steps will be to:

- Continue to monitor and respond to supporting the current and potential future GP Collective Action
- Understand the general practice contract for 2025/26 when published
- Continue to work collaboratively with our LMC and GPCB colleagues to make decisions on key priority areas

10 Appendices

Appendix 1: Equality and Health Inequalities Impact Assessment



PCARP
EHIA_28.07.2023.docx

Appendix 2: BNSSG Patient Survey 2024 Summary



BNSSG%20Patient%
20Survey%20respons

Appendix 3: GP Practice DNA rates 24-25:

GP Code	GP Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		% DNA								
L81086	MENDIP VALE MEDICAL PRACTICE	3.79%	4.29%	4.21%	6.36%	4.50%	4.69%	4.53%	4.79%	4.95%
L81034	TYNTESFIELD MEDICAL GROUP	4.57%	3.88%	3.92%	5.03%	3.93%	5.04%	5.75%	5.44%	5.22%
L81669	MVMG - MONKS PARK	4.23%	4.06%	4.20%	6.06%	4.18%	4.87%	5.19%	5.00%	5.55%
L81007	BRIDGE VIEW MEDICAL	7.18%	7.15%	6.81%	8.12%	6.77%	7.13%	5.42%	7.13%	7.24%
L81026	THE DOWNEND HEALTH GROUP	4.79%	5.54%	5.38%	6.75%	5.04%	5.53%	5.66%	6.70%	6.44%
L81037	PIONEER MEDICAL GROUP	6.21%	5.72%	5.73%	6.81%	6.29%	6.93%	6.98%	6.85%	6.84%
L81062	FIRECLAY HEALTH	4.61%	4.76%	5.08%	6.43%	3.72%	4.49%	21.01%	4.09%	4.73%
L81051	168 MEDICAL GROUP	4.11%	4.04%	3.78%	4.65%	5.73%	5.49%	12.27%	7.47%	7.26%
L81015	CHARLOTTE KEEL MEDICAL PRACTICE	14.70%	10.49%	14.50%	17.43%	16.49%	12.36%	14.90%	12.65%	12.27%
L81040	CLEVEDON MEDICAL CENTRE	4.06%	4.34%	3.14%	5.22%	3.62%	3.40%	5.35%	4.98%	3.82%
L81075	THE OLD SCHOOL SURGERY	6.88%	6.36%	6.71%	7.19%	5.37%	6.27%	7.20%	7.44%	7.26%
L81079	HANHAM HEALTH	4.41%	4.79%	4.76%	6.40%	4.73%	5.39%	4.81%	4.66%	4.47%
L81031	THE ARMADA FAMILY PRACTICE	4.62%	5.00%	4.60%	5.97%	4.45%	5.32%	6.38%	6.54%	5.45%
L81021	WINSCOMBE SURGERY	2.48%	2.85%	3.23%	3.54%	3.47%	3.24%	35.01%	3.57%	3.82%
L81081	PEMBROKE ROAD SURGERY	4.16%	3.99%	4.03%	5.30%	2.74%	4.38%	3.70%	4.70%	4.31%
L81078	GLOUCESTER ROAD MEDICAL CENTRE	3.61%	3.41%	3.22%	5.70%	3.61%	4.86%	3.63%	3.81%	4.29%
L81022	HORFIELD HC	6.72%	6.29%	6.67%	7.27%	6.29%	7.05%	7.15%	7.23%	7.50%
L81023	EAST TREES HEALTH CENTRE	6.28%	6.59%	5.55%	8.31%	5.65%	5.43%	6.62%	6.14%	5.40%
L81098	GREENWAY COMMUNITY PRACTICE	6.08%	5.89%	6.07%	7.67%	7.01%	6.50%	5.65%	6.33%	6.46%
L81008	SHIREHAMPTON GROUP PRACTICE	3.54%	3.14%	3.28%	3.42%	2.80%	3.39%	3.26%	3.28%	3.16%
L81004	PORTSHEAD MEDICAL GROUP	2.61%	2.35%	2.70%	3.28%	2.71%	2.83%	2.68%	3.20%	3.21%
L81118	STOKE GIFFORD MEDICAL CENTRE	5.30%	5.49%	5.15%	4.75%	2.87%	3.37%	3.36%	2.94%	2.94%
L81014	FROME VALLEY MEDICAL CENTRE	3.51%	4.12%	3.54%	5.34%	2.95%	4.19%	4.76%	2.96%	3.47%
L81649	BRADLEY STOKES SURGERY	3.51%	3.61%	3.30%	3.22%	3.39%	3.55%	4.15%	5.96%	4.37%
L81091	WHITE LADIES MEDICAL GROUP	3.96%	3.65%	3.93%	4.10%	4.02%	4.03%	3.59%	3.82%	3.91%
L81047	WEST WALKS SURGERY	4.15%	5.08%	5.59%	6.94%	4.72%	4.47%	3.85%	4.07%	3.94%
L81024	COURTSIDE SURGERY	4.47%	4.15%	4.23%	5.83%	5.03%	3.98%	34.83%	6.38%	4.84%
L81017	WESTBURY ON TRYMP PRIMARY CARE CENTRE	15.44%	2.94%	2.16%	3.91%	2.79%	2.30%	24.11%	2.57%	2.33%
L81130	CADBURY HEATH HEALTHCARE	5.01%	6.38%	5.60%	8.93%	6.50%	6.53%	7.47%	7.15%	6.25%
L81133	STUDENT HEALTH SERVICE	6.93%	6.04%	6.92%	6.99%	6.25%	6.14%	5.96%	7.93%	8.04%
L81033	NIGHTINGALE VALLEY PRACTICE	7.08%	7.17%	6.75%	9.52%	5.78%	6.72%	8.01%	8.45%	6.47%
L81042	KENNEDY WAYS SURGERY			1.25%	1.07%	1.29%	1.18%	2.23%	2.38%	2.41%
L81063	KINGSWOOD HEALTH CENTRE	3.58%	3.39%	3.82%	4.35%	3.96%	4.19%	3.62%	4.07%	4.80%
L81038	AIR BALLOON SURGERY	3.62%	3.43%	2.96%	3.90%	2.87%	3.31%	3.84%	3.22%	4.27%
L81600	HARBOURSIDE FAMILY PRACTICE	2.30%	2.57%	2.57%	4.54%	3.17%	2.71%	2.66%	2.55%	3.27%
L81009	STOCKWOOD MEDICAL CENTRE	5.25%	5.66%	5.74%	7.97%	5.45%	6.88%	28.90%	6.33%	7.10%
L81643	THE CEDARS SURGERY	2.12%	1.88%	1.86%	2.31%	3.70%	4.45%	4.37%	4.54%	3.86%
L81090	THE FAMILY PRACTICE	3.37%	3.20%	3.90%	4.74%	3.43%	5.05%	5.14%	4.45%	5.40%
L81016	GRAHAM ROAD SURGERY	3.94%	3.89%	3.33%	3.58%	5.79%	5.81%	5.75%	5.18%	4.54%
L81095	DOWNTON ROAD SURGERY	1.59%	1.65%	1.42%	1.25%	1.39%	1.49%	2.02%	1.84%	1.60%
L81019	CONCORD MEDICAL CENTRE	2.45%	2.54%	2.27%	2.11%	3.68%	3.94%	3.52%	4.60%	4.75%
L81089	LAWRENCE HILL HEALTH CENTRE	10.74%	10.99%	9.94%	10.77%	11.65%	10.00%	9.88%	9.71%	9.67%
L81087	BEECHWOOD MEDICAL PRACTICE	5.52%	5.40%	4.98%	5.00%	4.79%	4.69%	5.08%	4.69%	4.25%
L81082	BEDMINSTER FAMILY PRACTICE	7.35%	7.45%	7.46%	10.46%	6.41%	7.54%	7.72%	7.38%	10.16%
L81044	TUDOR LODGE SURGERY	2.51%	2.17%	2.71%	3.68%	4.31%	3.75%	2.35%	4.70%	4.63%
L81029	THREE SHIRES MEDICAL PRACTICE	2.66%	3.28%	3.29%	3.88%	2.67%	3.49%	2.97%	2.88%	3.09%
L81012	MONTPELIER HEALTH CENTRE	9.23%	8.43%	10.64%	12.32%	10.01%	8.96%	9.98%	9.32%	7.99%
L81018	SEVERN VIEW FAMILY PRACTICE	3.96%	3.84%	3.71%	5.35%	2.87%	3.09%	3.50%	2.72%	2.69%
L81053	THE LENNARD SURGERY	2.90%	3.34%	3.44%	4.53%	2.94%	2.61%	30.54%	2.89%	4.20%
L81054	GRANGE ROAD SURGERY	6.93%	10.62%	7.10%	9.72%	6.87%	6.98%	9.96%	6.60%	7.88%
L81131	FALLODON WAY MEDICAL CENTRE	3.05%	2.78%	2.73%	4.91%	3.14%	3.55%	4.77%	3.30%	2.65%
L81084	PRIORY SURGERY	4.21%	4.78%	3.84%	3.83%	4.59%	3.93%	4.30%	4.83%	3.98%
L81103	ST MARY STREET SURGERY	2.05%	2.20%	2.47%	4.63%	2.54%	2.46%	20.07%	2.94%	2.27%
L81055	ORCHARD MEDICAL CENTRE	5.09%	5.51%	6.48%	9.71%	6.24%	5.90%	6.93%	6.97%	8.51%
L81013	FISHPONDS FAMILY PRACTICE	7.71%	6.41%	6.17%	8.76%	6.72%	6.38%	6.75%	7.38%	7.37%
L81083	HARTWOOD HEALTHCARE	6.60%	6.89%	7.67%	9.05%	7.31%	6.26%	8.42%	8.66%	7.72%
L81061	THE WELLS SPRING SURGERY	8.44%	7.26%	9.22%	9.43%	8.50%	8.63%	7.65%	7.35%	10.23%
L81066	STAFFORD MEDICAL GROUP	3.24%	3.07%	3.78%	4.93%	3.21%	4.13%	3.56%	4.05%	4.49%
L81046	LEAP VALLEY MEDICAL CENTRE	4.48%	4.38%	4.79%	7.08%	4.67%	4.18%	4.80%	5.14%	4.66%
L81632	EMERSONS GREEN MEDICAL CENTRE	3.14%	4.72%	3.73%	6.03%	4.88%	3.94%	5.28%	5.28%	5.12%
L81085	HEYWOOD FAMILY PRACTICE	3.03%	2.98%	3.22%	4.44%	3.04%	3.20%	3.62%	3.24%	2.99%
L81120	BIRCHWOOD MEDICAL PRACTICE	6.31%	7.16%	4.81%	6.31%	6.03%	5.83%	6.27%	7.48%	6.86%
L81106	STREAMSIDE SURGERY	2.30%	2.30%	2.73%	3.99%	1.99%	2.19%	2.24%	1.73%	2.55%
L81058	THE MILTON SURGERY	2.26%	3.08%	2.16%	3.06%	3.61%	3.20%	6.62%	4.08%	2.28%
L81642	WELLINGTON ROAD SURGERY	2.39%	2.92%	1.70%	3.46%	1.99%	2.41%	3.06%	2.88%	2.38%
L81670	HORIZON HEALTH CENTRE	6.37%	6.59%	5.83%	8.44%	10.46%	10.30%	9.11%	11.93%	9.88%
L81125	WELLS ROAD SURGERY	5.00%	4.82%	5.79%	5.32%	5.36%	4.79%	4.46%	5.27%	4.95%
L81050	CLOSE FARMS SURGERY	2.63%	2.45%	2.55%	4.25%	2.24%	3.25%	2.95%	3.01%	3.83%
L81041	HILL VIEW FAMILY PRACTICE	10.10%	9.29%	9.01%	8.23%	7.80%	6.70%	7.72%	9.04%	8.70%
L81127	ALMONDSBURY SURGERY	3.66%	2.82%	4.02%	3.02%	3.44%	3.35%	3.52%	3.33%	2.58%
Y02578	BROADMEAD MEDICAL CENTRE	7.18%	8.11%	12.25%	12.45%	12.39%	11.92%	12.42%	10.78%	11.00%
L81117	PILNING SURGERY	3.91%	5.03%	4.56%	4.40%	3.53%	3.72%	3.51%	3.37%	3.81%
	BNSSG AVERAGE	4.96%	4.83%	4.81%	6.02%	4.92%	5.00%	7.71%	5.37%	5.20%

11 Glossary of terms and abbreviations

AMR	Antimicrobial Resistance
ARI	Acute Respiratory Infection
ARQ	Access, Resilience and Quality
ARRS	Additional Roles Reimbursement Scheme
BME	Black and Minority Ethnic
BP	Blood Pressure
CAIP	Capacity Access Improvement Plan
CLEO	Electronic prescribing system
CMO	Chief Medical Officer
CP	Community Pharmacy
CPA	Community Pharmacy Avon
CPCS	Community Pharmacist Consultation Service
CPIP	Community Pharmacist Independent Prescriber
CVD	Cardiovascular Disease
DPP	Designated Prescribing Professional
EDI	Equality, Diversity and Inclusion
EOI	Expression of Interest
EoL	End of Life
FAQs	Frequently Asked Questions
F2F	Face to face
GPAD	General Practice Appointment Data
GPCA	General Practice Collective Action
GPCB	General Practice Collaborative Board
GPN	General Practice Nurse
GPPS	General Practice Patient Survey
HCPE	Health Care Professional Executive
HTSN	Healthier Together Support Network
ICB	Integrated Care Board
IIF	Investment and Impact Fund

IMD	Index of Multiple Deprivation
IP	Independent Prescriber
LES	Local Enhanced Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
NGPIP	National General Practice Improvement Programme
ORCHA	Organisation for the Review of Care and Health Apps
PCARP	Primary Care Access Recovery Plan
PCC	Primary Care Committee
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCS	Primary Care Strategy
PF	Pharmacy First
PGD	Patient Group Directive
PHM	Population Health Management
PSCIG	Primary Secondary Care Interface Group
SDF	Service Development Funding
SW	South West
TH	Training Hub
UCN	Urgent Care Network
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UTI	Urinary Tract Infection
VCSE	Voluntary Community and Social Enterprise

NHS England: Equality and Health Inequalities Impact Assessment (EHIA) template

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)¹:

Delivery Plan for Recovering Access to Primary Care

2. Brief summary of the proposal in a few sentences

The delivery plan will support the recovery of primary care access, including a focus in these four areas:

- **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- **Build capacity** to deliver more appointments from more staff than ever before and give more flexibility on staff and their deployment.
- **Cut bureaucracy** and reduce the workload across the primary-secondary care interface, so practices have more time to meet the clinical needs of their patients.

To support this plan the government and NHS England have committed to:

- Re-target over £240 million of funding and re-direct £246 million of Primary Care Network contract funding towards improving access. The government will also support the expanded community pharmacy services with up to £645 million over two years, subject to consultation.
- Fund new technologies and support offers for PCNs and practices to help them plan and implement easy digital access, including cloud-based telephony and better care navigation.
- Launch a major communications campaign to help the public understand the evolving nature of primary care and how to best use the NHS.

¹ Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	<p>This proposal will increase access to primary care services for patients across all age groups across the country.</p> <p>General Practice Patient Survey (GPPS) results show that younger age groups are less satisfied with their experience of making an appointment. The plan will increase online contact options, improve telephone functionality, and improve triage. These will all help to improve the experience of making an appointment.</p> <p>Older people currently record the highest levels of satisfaction with making an appointment. Some older people have lower digital literacy so may find it more difficult to engage with the proposed expansion of digital routes.</p> <p>Some older people have higher prevalence of complex long-term conditions and may benefit from increased continuity of care.</p>	<p>-</p> <p>A supporting comms campaign will promote the new access routes and alternative services available (e.g., community pharmacy) through multiple channels.</p> <p>Patients will still be able to access their practice by phone or in person. Improved telephony and more online contacts will make it easier for those who need or choose to use the phone to get through.</p> <p>Care navigation training for reception staff will include considering how the practice can embed continuity across a clinician or team or clinicians for those who will benefit most.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	<p>Many patients with long term conditions need to contact their general practice frequently and therefore are more impacted by difficulties contacting their practice or inability to make an appointment. Improving telephone lines and triage will therefore reduce the inequalities that these groups face in accessing general practice.</p> <p>For patients with a learning disability, there is a risk that they may struggle to access the new services (e.g. Pharmacy First) or routes (e.g. online contact) without support. Patients with a disability such as a hearing impairment may find it difficult to book their follow up appointment on a telephone if there are no alternative booking options available. Patients with a disability such as a visual impairment may be adversely impacted without information resources that meets their needs.</p>	<p>Care navigation training for reception staff will include considering how the practice can embed continuity across a clinician or team or clinicians for those who will benefit most, such as those with multiple LTCs.</p> <p>Existing routes of access (telephone, in person) will continue alongside online routes and will be easier to access. Practice staff will support patients to reach the best professional or service for their need. Triage and navigation processes will include consideration of continuity of care for those who will benefit most. A multi-channel comms campaign will explain access to patients and the public.</p>
Gender Reassignment and/or people who identify as Transgender	People going through gender reassignment will have specific health needs, and transgender people have higher rates of mental health needs. Improving access to primary care will therefore have a positive impact on these populations.	A supporting comms campaign will promote the new access routes and alternative services available through multiple channels.
Marriage & Civil Partnership: people married or in a civil partnership.	Neutral impact expected	Neutral impact expected

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Pregnant and postpartum women have additional health needs and improving access to general practice will therefore have a positive impact on them as a group	A supporting comms campaign will promote the new access routes and alternative services available through multiple channels.
Race and ethnicity²	Some ethnic groups and races may have an increased burden of certain conditions such as diabetes and hypertension (see section on long term conditions) and/or have less proficiency in English.	The proposal will maintain existing contact routes as well as expanding online and telephone contacts.
Religion and belief: people with different religions/faiths or beliefs, or none.	Neutral impact expected	Neutral impact expected
Sex: men; women	Neutral impact expected	Neutral impact expected
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	LGBTQ+ people have a higher incidence of mental health conditions than the general population as well as experiencing other physical health inequalities. Making it easier for them to access general practice will therefore have a positive impact on these groups.	A supporting comms campaign will promote the new access routes and alternative services available through multiple channels.

² Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	There is a risk that it will become harder to identify potential instances of abuse, as more contact is through online routes or telephone rather than in-person	There will continue to be in-person appointments as required by need, both in practices and in other primary care settings, which provide opportunities to identify potential signs of abuse.
Carers of patients: unpaid, family members.	Likely to have a positive impact on carers as they will find it easier to contact their general practice and will have a greater range of alternative services	Comms campaign will promote different services and routes of access
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Homeless people experience a wide range of significant physical and mental health inequalities compared to the general population. Making it easier for them to contact general practice will therefore have a positive impact on this group. [To note that many homeless people do have access to phones and the internet, and may want to proactively contact general practice]	A supporting comms campaign will promote the new access routes and alternative services available through multiple channels.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	People involved in the criminal justice system experience significant health inequalities compared to the general population. Making it easier for people who are involved or previously involved in the CJS in the community to contact general practice will therefore have a positive impact on this group	Neutral impact expected

³ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	[Not relevant to people in prison, who have separate healthcare arrangements].	
People with addictions and/or substance misuse issues	This patient cohort experience a wide range of physical and mental health inequalities. Easier primary access for them and agencies who support them will thus have a positive impact on the group.	Comms campaign will promote different services and routes of access and will include agencies and that support this group.
People or families on a low income	Some people may not have easy access to phone lines or digital resources due to the costs involved.	Digital telephony services will have call-back options, rather than long waits, which reduce call costs. Existing routes of access (in person, phone) still available for those without online access.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Some patients may have poor literacy and health literacy levels which will make it more difficult to access general practice through online, text-based routes.	Continued provision of telephone and face-to-face contact routes, with reception staff trained in care navigation – including where patients may benefit from contact with a care coordinator or social prescribing link work to support them in accessing local services.
People living in deprived areas	<p>As deprivation increases, the proportion of patients reporting a good overall experience of making an appointment decreases, with patients living in the most deprived areas reporting the least positive overall experience of making an appointment. By improving contact routes and access, this proposal will increase satisfaction for all patients.</p> <p>In addition, people living in deprived areas are more likely to experience poor health. Making it easier to access general practice will therefore have a</p>	<p>The recovery plan includes transformational support, with practices selected based on relative need.</p> <p>A supporting comms campaign will promote the new access routes and alternative services available through multiple channels.</p>


Groups who face health inequalities ³	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	positive impact on this group in terms of health inequalities.	
People living in remote, rural and island locations	Some patients in remote and rural areas may not have access to high-quality internet connections so may prefer to use phone and face-to-face access to general practice.	The plan will also improve telephone options for contacting your practice and maintain face-to-face contact.
Refugees, asylum seekers or those experiencing modern slavery	<p>Some patients in this group may have underlying and undiagnosed mental health issues (such as PTSD) which can affect their ability to self-manage and contact their practice when required. Others may be nervous about 'figures of authority' or being charged for treatment (e.g. if they are not familiar with eligibility criteria) which may make them less likely to contact their practice when required. People who are experiencing modern slavery may not have the independence or freedom to initiate or attend an appointment when needed.</p> <p>These groups experience significant physical and mental health inequalities, easier access to general practice will overall have a positive impact on them.</p>	<p>Comms campaign will explain routes to access – including direct access to a pharmacy for certain conditions and access to medical details and information through the NHS App and nhs.UK.</p> <p>Social prescribing link workers and care coordinators will help patients access local charities and support as well as accessing general practice services.</p>
Other groups experiencing health inequalities (please describe)	Individuals experiencing domestic abuse (as per looked after children, above)	As per looked after children, above
Overall, improving access to general practice will have a positive impact on all groups experiencing health inequalities.		

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No	Do Not Know
X		

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Stakeholder groups, including Healthwatch, RCGP, Academy of Royal Medical Colleges, ICB CEO's, CQC, Institute of General Practice Managers etc	Supportive response	Feb 2023
2	Patients Association, Pharmacy representative groups, NHS Confederation, National Association of Sessional GPs etc	Supportive response	Apr 2023
3	PCARP Engagement plan  Engagement%20plan%20only%20PCARP.ppt	Overview of engagement activities	Jan-Mar 2023

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	<ul style="list-style-type: none"> • GP Patient Survey • GP Appointments Data • General practice and PCN workforce statistics • Academic analysis of primary care access and transformation, including: London South Bank University analysis, 2016; Access to and delivery of general practice services - Health Foundation, March 2022. • Eleventh GPWLS 2021.pdf (prucomm.ac.uk) • AoMRC report on primary-secondary care interface (not yet published) • Next steps for integrating primary care: Fuller stocktake report (NHS England) 	<ul style="list-style-type: none"> • There is limited granular detail available on primary care access, in particular demographic and socio-economic data. This limits our ability to establish what progress is being made for patients from more deprived backgrounds and to tailor plans and approaches accordingly.
Consultation and involvement findings	<ul style="list-style-type: none"> • DHSC pulse-check survey on GP access (December 2022) • NHS England survey on access via IGPM (January 2023) • Ipsos research on public perceptions of community pharmacy (December 2022) • 	
Research	<ul style="list-style-type: none"> • NHS England Evaluation of the Accelerate programme in 2022 (unpublished) • Phase 1 pilot of NHS England rolling out cloud-based telephony, survey of 767 patients over 113 practices • NHS England survey of practices on telephony solution (November 2022) • Evaluation of Humber and North Yorkshire ICS communications pilot 	

Evidence Type	Key sources of available evidence	Key gaps in evidence
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Clinical and technical expertise within NHS England and partner organisations	

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	X	X	X
The proposal may support?			
Uncertain whether the proposal will support?			

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	X	X
The proposal may support?		
Uncertain if the proposal will support?		

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Delivery of the other two elements of the Fuller stocktake for integrating primary care: providing more proactive, personalised care from a multidisciplinary team and helping people stay well for longer.	Wide-ranging, including work with DHSC on legislative, contractual, commissioning and funding framework, as well as with regions and systems to build on learning and what approaches are currently working well.
2	Reflect on successes and lessons learned from the 2019 five-year framework, including PCN DES, identifying and incorporating these into the 2024/25 contract discussions.	Engagement with primary care colleagues and stakeholders.
3	What are the most effective steps to transform services offered by community pharmacy to enable it make the fullest contribution to the Fuller Stocktake vision?	

10. Summary assessment of this EHIA findings

<p>This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below.</p> <p>This proposal will contribute to advancing equality of opportunity and reducing health inequalities.</p>

11. Contact details re this EHIA

Team/Unit name:	Primary Care Group
Division name:	Primary, Community, and Personalised Care
Directorate name:	Operations
Date EHIA agreed:	

Date EHIA published if appropriate:	
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Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to the Patient Equalities Team (england.eandhi@nhs.net).

Yes:	No: X	Uncertain:
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13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:	Jessica Kirk/ Oduwa Idehen	
Contact officer e: mail address:	Jessica.kirk@nhs.net / oduwa.idehen1@nhs.net	
Contact officer mobile number:	07833 674 554 / 07702 425 883	
Team/Unit name: Primary Care Group	Division name: Primary, Community, and Personalised Care	Directorate name: Operations
Name of senior manager/ responsible Director: Amanda Doyle	Post title: Director of Primary, Community, and Personalised Care	E-mail address: amanda.doyle3@nhs.net

15. Considered by NHS England, Board or Committee⁴

Yes: N/A	No:	Name of the Panel, Board or Committee:	
Name of the proposal (policy, proposition, programme, proposal or initiative):			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities
Proposal gave due regard to the requirements of the PSED?		Yes:	No: N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?		Yes:	No: N/A:
Summary comments:			

16. Key dates

Date draft EHIA completed:	01/03/2023
Date draft EHIA circulated to PE Team: ⁵	Mar 2023
Date draft EHIA cleared by PE Team: ⁶	
Date final EHIA produced:	27/07/2023
Date signed off by Senior Manager/Director: ⁷	31/07/2023
Date considered by Panel, Board or Committee:	N/A

⁴ Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

⁵ If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the PE Team should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England's Gateway process.

⁶ If the PE Team raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.

⁷ The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

Date EHIA published, if applicable:	31/07/2023
EHIA review date if applicable ⁸ :	31/03/2024

⁸ This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.

2024 GP patient survey

1. Introduction

The England-wide GP patient experience survey compiles insights into patients' experiences of their GP practices. The comparative survey covers various organisational levels including Primary Care Networks, Integrated Care Systems, and national comparators. At the time of the last access improvement recovery report, survey results were not accessible and since then changes in the survey's questions and response collection methodology in 2024 restrict our ability to compare results to previous years.

This annual survey captures a snapshot into patient experiences, with 2024 data spanning January 2nd to March 25th, 2024. During this period a total of 29,433 questionnaires were sent out in Bristol, North Somerset and South Gloucestershire ICS and 8,552 surveys were completed, representing a response rate of 29%. Nationally 2.5 million surveys were sent to patients with 699,790 completing surveys a national response rate of 27.3%.

- The patient experience survey provides valuable insights into the quality of GP practices across England
- Changes to survey questions and methodology in 2024 means that year-on-year comparison is harder
- The survey offers an annual snapshot reflecting the patient experience within a specific timeframe.
- BNSSG response rate was 29% vs national response rate of 27.3%

Where this document associates' responses to the entire patient population it should be considered that these are based on patients' responses gathered during a set period and there is variation in the number of responses and samples sizes at practice level. Therefore, all comparisons are indicative only and differences may not be statistically significant

2. Overall experience of GP practices in BNSSG

In the 2024 survey three-quarters of patients (75%) rate their GP practice experience as either 'very good' or 'fairly good'. Patient satisfaction varied across PCNs with figures ranging from 62% to 92%. Compared with results from the 2023 survey slightly more patients feel positively about their experience with their GP practice in 2024.

- Many patients rate their GP practice positively
- The range in patient satisfaction (62% - 92%) across different PCNs within BNSSG ICS indicates potential areas for improvement

"..She had been a patient here for over 10 years and said the staff have always been very nice and that it is a good practice. She said it was very easy to see a GP, and that the GPs were really good as they gave her time and were concerned about her life. She had to change GP recently due to moving, and she felt it was unfortunate she couldn't be a patient here anymore."

"This individual gave feedback that they are satisfied with the service and say that they provide a great service, quick response and appointment times."

"This individual gave feedback that they are very proud of the care they receive at the surgery. They report being seen by the same GP when they attend an appointment and say they can get appointments at short notice when needed. They said the reception staff are helpful and know him by name. They said there is an assistant who is very caring and keeps him involved in his care, such as

notification of lab results. They also report good continuity of care and said they received an unsolicited follow up call from the doctor after they had been discharged from hospital to check on how they were doing.”

3. Use of online GP services in the last 12 months

Patients primarily use online GP services to schedule appointments (44%) and request repeat prescriptions (40%), but also to complete online forms to give information about a health issues, access medical records, and check test results. Between 2023 and 2024 there has been an increase in the number of patients using online services to; book appointments, order repeat prescriptions, fill in online forms

- Digital services are primarily utilised for booking appointments and ordering prescriptions.
- Use of digital services has increased in BNSSG

“ .. feedback that the online system works really well - they can always get an appointment when they need one. It is quick and easy to use.”

“.... feedback that they've noticed a significant improvement in the speed of getting an appointment and think that is because there is a new online system, but they can also telephone for a quick appointment.”

4. Contacting GP Practice

4.1. Method of contacting GP Practice

A quarter of patients (26%) contacted their GP Practice through digital means. The practice website was utilised by 18%, whilst 5% used the NHS app and 3% opted to use a different website or app. Despite this the most common method of contact with a GP practice was through telephone accounting for 59% of interactions. When comparing the method of contact in BNSSG with national figures 9% fewer BNSSG patients contacted services through the telephone (68% nationally) and 7% more BNSSG patients used the practice website. Among those individuals who did contact the GP practice through telephone, a significant proportion (79%) were placed on hold, whilst 10% had their calls answered immediately.

- Over a quarter of patients use digital means for GP practice
- The website is a significant digital touch point for patients in BNSSG
- A high percentage of callers to GPs in BNSSG are placed on hold, pointing to an opportunity for improving call management.
- A lower percentage of calls answered immediately by GPs in BNSSG compared nationally (12%) suggest a potential area for service enhancement

“This individual gave feedback that they are happy with the surgery. They used the E-consult service to book an appointment, from this the GP contacted them by phone the next day and made changes to their regular prescription. They were happy with this however they said that they wouldn’t be happy with a call back after 1 day if it had been an urgent medical matter.”

“The individual was happy with the surgery and experienced no problems booking an appointment. The individual has low vision and told the surgery they couldn’t read texts so the surgery changed the method of contacting them about future appointments to the telephone.”

4.2. Ease of contacting GP practice on the phone, using their website or through the NHS app

In BNSSG ICS contacting a GP by phone presents challenges, with 45% of people finding it easy and 42% finding it difficult, a %good variance that spans from 25% to 82% across different PCNs. Compared to the national averages, 50% find it easy and only 38% find it difficult, indicating a need for improvement in telephone access to GP practices within BNSSG. Furthermore, ease of phone access has declined since 2020 when 64% of patients felt it was easy to get through to someone. The use of GP websites for contact appears more favourable in BNSSG as 49% of responses consider it easy to contact a GP practice through this method. Whilst the NHS app is considered equally easy and difficult (42%).

- The variance in ease of contacting GPs by phone across different PCNs is quite large, ranging from 25% to 82%.
- There is a notable challenge in contacting GPs by phone with a large proportion of responses finding it difficult and ease of telephone access to GP practices in BNSSG is below the national metrics, suggesting a need for improvement in this service.
- Ease of telephone access has declined since 2020.
- The NHS apps user ease of contact is lower than national figures (42% easy in BNSSG vs 45% easy nationally).

“Got an appt with GP within a day. Booked over the phone. Happy with GP and reception staff are helpful”

“Had a routine appt to discuss problem with her son. Tried to use Klinik portal before 2pm; it had closed she tried again next day at 7:30 am, it was not open. Assumed this is because they have too many existing enquiries. Frustrated she cannot access even an online enquiry at her GP surgery. She had problems herself and though she did receive care, it was difficult to access. Knows when patients cannot access GP, they will access other services inappropriately”

4.3. Dealing with request after contacting GP Practice

After reaching out to their GP practice, most patients (84%) knew what the next step was in dealing with their request and typically patients (61%) were informed there and then. 9% of individuals were aware of the following steps after two or more days which exceeds the national figures of 7%.

- Most patients understood their next steps after contacting their GP practice
- Most patients received information about next steps immediately

“Had pelvic pain, so went to GP and were referred to see a gynaecologist as well as going to the pain clinic. They found it easy to access the help and support they needed and described experience as good.”

“Wanted to praise surgery and staff. Has recently moved after disappointing incidents in previous surgery. Reception staff are helpful when making an appointment. Received medication on time and was referred for an Xray after a fall. Has had support with COPD. Wants to praise their exemplary service.”

4.4. Overall experience of contacting GP practice

In 2024 overall patient experience of contacting a GP in BNSSG was good (68%) and mirrored the national experience (67%). However, there was a variation in satisfaction across PCNs and feedback suggests that patient satisfaction was as low as 55% good.

- This satisfaction rate is consistent with the national average
- The data suggests that while the majority of patients have a good experience, however there are areas within BNSSG that may require attention to improve patient satisfaction.

“Feedback given that surgery is good. They can get an appt easily as long as they have someone to help as they can't hear on the phone, or use the online system. The GP was helpful and remembered them, which they felt was good.”

“This individual gave feedback that they are very proud of the care they receive at the surgery. They report being seen by the same GP when they attend an appointment and say they can get appointments at short notice when needed. They said the reception staff are helpful and know him by name. They said there is an assistant who is very caring and keeps him involved in his care, such as notification of lab results. They also report good continuity of care and said they received an unsolicited follow up call from the doctor after they had been discharged from hospital to check on how they were doing.”

“This individual gave feedback that they struggle to get appointments. The practice doesn't have enough capacity, and they find this very frustrating when they need to see a GP. However, when they do see a GP they are all very nice, caring, and thorough. Prescriptions are always done on time and medication reviews always happen. On the whole it is a well-functioning practice.”

“This individual gave feedback that the GPs are very good, but the reception staff can be very difficult when this individual goes into the practice to try to make appointments. This individual has no access to online services, and this makes life hard to access healthcare.”

5. Last appointment

5.1. Length of time waited for an appointment

After reaching out to their GP practice, most patients (65%) felt the appointment wait time was reasonable, whilst 35% believed it took too long. This reflects the national response. There was variability amongst PCNs where some practices saw lower (49% about right) or higher (83% about right) satisfaction rates.

- 65% of patients were satisfied with the waiting time for GP appointments
- Patient satisfaction with wait times varies at PCN level

“Feedback that this surgery is good in terms of getting an appt, if you ring early. They are happy with their GP.”

“This individual gave feedback that the staff here are friendly, and she is offered a translator. Sometimes she feels that she needs the translator, and other times she is confident without, if it is something which is easier to understand. She does sometimes struggle to book an appointment over the phone due to long waiting times.”

“This individual gave feedback that they find it difficult to get through on the phone to make an appointment or to go in in person. When they do get through, they find they have to wait 2 weeks for an appointment, even if it's urgent. When they do see the GP it's fine.”

5.2. Appointment type

Regarding the nature of the appointments, 66% took place in person at the GP practice, 28% were conducted via phone, and 4% occurred in person but at an alternate general practice site. Other methods of appointment were used including over a video call (1%), by text message (1%) or by online message (1%). Between 2023 and 2024 there hasn't been a change in the proportion of patients being seen by someone at a GP practice but there has been a reduction in the number of patients speaking to someone on the phone and an increase in the proportion of patients being seen at another general practice location or having a text message/online message appointment.

- Most appointments continue to occur in person at the GP's practice, suggesting a preference or need for face-to-face consultations.
- Telephone appointments make up 28% of appointments implying a level of reliance on remote consultations
- There has been an increase in text message and online message appointments
- More patients in 2024 are being seen at another general practice location.

“Homeless and in temporary accommodation after prison release. Registered with the surgery, and saw a GP. Ref for x-ray. Happy with consultation”

“This individual gave feedback that the surgery has been great, she uses the online consultant system to book appointments for her 10 month old baby and they usually get back to her within the same day. These appointments are usually face to face which she likes. She does however think that the GP doesn't contact her about the jabs her baby should be having; she usually has to contact them first.”

6. Perceptions of care at patients' last appointment

During appointments, patients generally reported good interactions with healthcare professionals. Healthcare professionals were considered 88% good at listening to the patient, varying slightly by PCN from 84% to 95%. Additionally, 87% of patients were pleased (very good or fairly good) with the level of care and concern shown by their healthcare provider. This has been the consensus since 2020.

When it came to mental wellbeing considerations 73% of patients said their healthcare professional was good (very or fairly) aligning with national results. However, 9% of respondents did indicate that the healthcare provider was poor at considering their mental wellbeing and there was a 15% good variation at PCN level.

A significant 93% of patients believed their healthcare professional had all the necessary information about them with 57% agreeably confirming this (“yes, definitely” response). Confidence and trust in healthcare professionals is high in BNSSG at 94%, surpassing the national average of 92%, and ranged from 88% to 98% across PCNs. Furthermore 92% of patients felt involved in their care decisions and 90% stated that their needs were met to a certain degree (33%), if not entirely (57%). When compared to previous years survey results patients felt in 2024 that they were just as involved in their care and treatment as they were in 2023. However, when asked if their needs were met figures from 2024 suggest a decline in this with 3% more patients thinking that their needs were not met at all.

- Continued high satisfaction rates with healthcare professionals listening to their patient and treating them with care and concern
- Mental wellbeing considerations are good and align with national results however there is room for improvement
- The majority of patients have confidence and trust in their healthcare professional with BNSSG topping national confidence levels.

- Patient involvement in care decisions is high
- More patients in 2024 feel their needs weren't met when compared to 2023.

"This individual gave feedback that she receives good care for her asthma. She has appointments every month which the surgery arranges for her."

"This individual gave feedback that they are fantastic here, it feels like they're available and have time to listen and actually want to treat you. He feels that despite everything with the NHS at the moment they're trying their best."

7. Care and concern – demographics

In the surveyed patients 87% reported that the care and concern they received from healthcare professionals during their most recent visit was good and despite there being differences in patient responses and experience when results are broken down by gender, sexuality, age, long-term health condition and ethnicity, the lowest good rate for a specific cohort was 75%.

- Most patient in the BNSSG ICS feel positively about the care and concern they receive from healthcare professionals

Non-binary individuals reported a 91% satisfaction rate (% good), while females and males reported 87% and 88%, respectively. Those who chose to self-identify their gender reported a 79% satisfaction rate, and individuals who opted not to disclose their gender reported an 82% satisfaction rate for care and concern of their healthcare professional. 87% of heterosexual patients, 88% of gay or lesbian patients, 87% of bisexual patients, 78% of patients identifying as other, and 83% of patients who preferred not to disclose their sexuality rated the care and concern by their healthcare professional good.

- Varying satisfaction rates highlight the necessity for healthcare professionals to consider the unique experiences and requirements of each patient they provide care too.
- There is variance in satisfaction levels when considering different sexualities with patients identifying as 'other' reporting lower a satisfaction (%good) rate

81% of individuals aged 16-24 felt that the care and concern given to them by their healthcare professional was good, followed by 87% of those 25-34, 84% of ages 35-44, 87% of ages 45-54, 88% of ages 55-64, 91% of ages 65-74, 93% of ages 75-84, and 94% of those aged 85 and older. Meanwhile, 76% of respondents who chose not to disclose their age felt the same.

Across all long-term health conditions all groups reported a good rating of 75% or higher with their healthcare professionals. Those with learning disabilities, stroke or TIA gave a 93% good rating, while individuals with dementia, Alzheimer's, or diabetes gave a 92% good rating. The group of blind or partially sighted individuals reported the lowest satisfaction, with 75% rating their healthcare professionals as good.

- Younger patients report a lower satisfaction rate
- Care and concern satisfaction appears to increase with age
- The lower satisfaction rate reported by blind or partially sighted individuals highlights potential areas for improvement in accessibility or specialised care.

88% of White, 88% of Mixed or Multiple ethnic groups, 86% of black British Caribbean or African, 84% of Asian or Asian British and 80% of other ethnic group felt that the care and concern they received during their last appointment was good. Additionally, 81% of patients who chose not to close their ethnicity felt same.

- High satisfaction across all ethnic groups indicates patients are positive about the care and concern they are given and variability of care between groups is small.

8. Services when GP practice is closed

Over half of the patients (56%) who reached out to an NHS service outside of regular practice hours rated their experience positively, with 25% saying it was very good and another 31% finding it fairly good. Additionally, 24% of respondents felt their experience was average, neither good nor bad.

- Many patients have a positive experience with the NHS service outside of regular hours

“This individual rang the surgery at the beginning of the month to request a repeat prescription but was told that for two weeks they were only able to arrange and see emergency appointments, the online function was closed and people were told that no other appointments or services other than emergencies would be undertaken. The individual said that had there been advance warning of this then she would have requested her prescription earlier.”

9. Managing health conditions

Over the 12 months prior to completing the survey, 67% of patients reported feeling supported by local services or organisations in managing their health conditions or illnesses. Within the BNSSG ICS, there was a range in ‘yes’ responses to having enough support at a PCN level, with responses fluctuating between 56% and 77%. Since 2020 there has been a decline in the proportion of patients who have felt that they have had enough support from local services to help with managing their condition and this decline continued in 2024.

- Most patients feel supported by local services in managing their conditions however this has reduced since 2020.
- A variability across PCN within BNSSG ICS could indicate a disparity in service quality of accessibility

“This individual gave feedback that they are happy with the surgery. They go regularly as they have a long term condition and said that they can book an appointment fairly easily.”

“This individual gave feedback that they were happy with the service as they’d had depression and had ADHD and were referred to a mental health specialist at the surgery which they found very helpful.”

10. Pharmacy services

Pharmacies are frequented by patients primarily to collect prescriptions (75%). 48% visit to purchase medications, while 25% seek advice on prescription drugs, health concerns, or services. In BNSSG, pharmacies are more commonly used (9%) for issues referred by GP practices, NHS111, or A&E than the nationally (7%). In addition, 25% of BNSSG patients consult pharmacies for advice, slightly higher than the 21% national figure. Conversely, nationally pharmacies are more often used for vaccinations and blood pressure checks than in BNSSG.

Patients overall experience with pharmacy services in BNSSG is good (84%), albeit slightly lower than the national experience (87%).

- Pharmacies are a crucial point of contact for patients, with the majority using them to pick up prescriptions.
- BNSSG pharmacies have a higher referral rate from GP practices, NHS111, or A&E than the national average.
- Patients in BNSSG are more likely to seek advice from pharmacies compared to the national average.

- The patient satisfaction rate with pharmacy services in BNSSG is high, though slightly lower than the national average.

11. Dental services

Patients in BNSSG report a positive experience with NHS dental services, with 62% rating it as good. However, 26% of patient responses view the service as poor, either fairly or very poor. In addition, patient satisfaction in BNSSG for dental services is below the national level of satisfaction where 69% rate their experience good and 20% poor.

- Most patients rate NHS dental services positively (Very or fairly good)
- There's a need for improvement in patient experience, especially in BNSSG.

“This individual gave feedback that they had 7 teeth removed. They were very nervous but the treatment was great, but it was difficult to get [an] appointment.”

12. Survey summary

Question	BNSSG (2024)	National (2024)
Overall, how would you describe your experience of your GP practice?	75% Good	74% Good
Which of the following online GP services have you used in the last 12 months?	44% Booking appointments 29% Filling in an online form to give information about health issue 40% Ordering prescription 16% Accessing medical records 4% Registering with a practice 20% Finding out test results 10% Making administrative request 29% none of these	41% Booking appointments 20% Filling in an online form to give information about health issue 40% Ordering prescription 17% Accessing medical records 4% Registering with a practice 21% Finding out test results 8% Making administrative request 31% none of these
Generally, how easy or difficult is it to contact your GP practice on the phone?	45% Easy	50% Easy
Generally, how easy or difficult is it to contact your GP practice using their website?	49% Easy	48% Easy
Generally, how easy or difficult is it to contact your GP practice using the NHS App?	42% Easy	45% Easy
Still thinking about the last time you contacted your GP practice, how did you try to contact them?	59% Phone 14% Visited in person 18% Online, using practice website 5% Online, using NHS app 3% Online, using a different website or app 1% Another way	68% Phone 14% Visited in person 11% Online, using practice website 4% Online, using NHS app 2% Online, using a different website or app 1% Another way
What happened when you phoned your GP practice on that occasion?	10% Call was answered straight away 79% Call was held in a queue and waited until someone answered 5% Call was held in a queue and asked for a call-back through an automated system 2% Call was held in a queue but didn't wait for anyone to answer 4% Call wasn't answered at all	12% Call was answered straight away 75% Call was held in a queue and waited until someone answered 7% Call was held in a queue and asked for a call-back through an automated system 1% Call was held in a queue but didn't wait for anyone to answer 4% Call wasn't answered at all
Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?	84% Yes	83% Yes
How soon after you contacted your GP practice did you know what the next step would be?	91% Less than two days	93% Less than two days
Overall, how would you describe your experience of contacting your GP practice on this occasion?	68% good	67% Good
How do you feel about how long you waited for your appointment?	65% About right	66% About right
How did the appointment take place?	28% over the phone	29% over the phone

	66% Face-to-face at my GP Practice 4% Face-to-face at a different general practice location 1% Over a video call 1% By text message 1% By online message	64% Face-to-face at my GP Practice 4% Face-to-face at a different general practice location 1% By text message 1% By online message
During your last appointment, how good was the healthcare professional at listening to you?	88% Good	87% Good
During your last appointment, how good was the healthcare professional at treating you with care and concern?	87% Good	85% Good
During your last appointment, how good was the healthcare professional at considering your mental wellbeing?	73% Good	73% Good
Did you feel that the healthcare professional had all the information they needed about you?	93% Good	92% Good
Did you have confidence and trust in the healthcare professional you saw or spoke to?	94% Good	92% Good
At your last appointment, were you involved as much as you wanted to be in decisions about your care and treatment?	92% Good	91% Good
Thinking about the reason for your last appointment, were your needs met?	90%	90%
Overall, how would you describe your experience of NHS services on this occasion when your GP practice was closed?	56% Good	56% Good
In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?	67% Good	68% Good
Thinking about the last 12 months, which of the following services have you used a pharmacy for?	9% Address an issue referred to a pharmacy for 75% To pick up a prescription 48% To buy medication 25% To get advice 4% To have blood pressure checked 18% To get a vaccine 1% To get Contraception 3% Monitor medication or get support for a long-term health condition 12% None of these	7% Address an issue referred to a pharmacy for 76% To pick up a prescription 45% To buy medication 21% To get advice 5% To have blood pressure checked 20% To get a vaccine 1% To get Contraception 3% Monitor medication or get support for a long-term health condition 12% None of these
How would you describe your experience of using these pharmacy services?	84% Good	87% Good
Overall, how would you describe your experience of NHS dental services?	62% Good	69% Good