

Briefing for ICS strategies: primary care

August 2022

Why is there a renewed focus on primary care services?

Primary care is essential because it is often where people first access NHS services. It also provides the route into more specialised care such as hospitals. As well as treating illness, primary care can also play a vital role in keeping people healthy.

Some areas of primary care – particularly general practice and dentistry – are unable to meet demand, and so there are increasing concerns about lack of access and the potential impact on other services as well as the impact on patients.

An essential element for many people is *whether* they can access a service and *how* they access it.

NHS England regularly expresses concern about the number of missed GP appointments and the impact on capacity.

What primary care issues should ICSs focus on?

[The NHS Long Term Plan](#) sets out an ambition to "boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services" as well as saying that "Digitally-enabled primary and outpatient care will go mainstream across the NHS".

The below developments support these ambitions:

The creation of primary care networks (PCNs) bringing together GP teams and community teams

Working through PCNs to improve diagnosis of conditions including diabetes and respiratory disease

Improving support to care home residents through the Enhanced Health in Care Homes (EHCH) model, providing both routine care and emergency support

Offering the option of digital-first primary care for all patients.

Implementing the Fuller Stocktake

In her May 2022 report, Next Steps for Integrating Primary Care, Dr Claire Fuller reviewed current practice in GP, community pharmacy, dentistry and optometry services on behalf of NHS England.

At the end of the report is a framework for shared action, with responsibilities for ICS to work with various partners on several recommendations.

Action point number 13 sets out that ICS leaders should: “Work alongside local people and communities in the planning and implementation process of the actions set out above, ensuring that these plans are appropriately tailored to local needs and preferences, taking into account demographic and cultural factors.”

In the list of 15 actions, there are six where ICSs would benefit from working alongside their local Healthwatch. Please read the full framework for further details, including potential opportunities in the other recommendations.

Action 3 – Enable all PCNs to evolve into integrated neighbourhood teams – this action sets out how these teams should be developed from existing PCNs to form new networks and bring together the right partners to track people’s full health and wellbeing needs. These needs can include non-medical factors, including financial concerns, housing issues or poor air quality. New teams will also work with secondary care consultants, mental health crisis teams, discharge teams, and other community partners. Local Healthwatch teams may be well placed to support, particularly in the renewed focus on community engagement and outreach and the identification of individuals who might benefit from the support of neighbourhood teams.

Action 4 – Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams – local Healthwatch can offer engagement expertise and local insights into ICS teams as they co-design support for PCN directors in setting up new integrated health teams.

Action 5 – Develop a primary care forum or network at system level – the action plan notes that these forums should include professional representation. We suggest it would be very beneficial to have public representation on any system level boards as well.

Action 9 – Improve data flows – in using data to improve services, it’s important to utilise experience data often held by local Healthwatch, as well as the demographic and clinical data which is collected and shared in systems. This will be particularly beneficial in helping to identify population cohorts to be targeted by neighbourhood teams.

Action 10 – Develop a system-wide estates plan – this action is for ICSs to support fit-for-purpose buildings for teams delivering integrated primary care. We recommend that local Healthwatch and other voluntary groups and charities should be consulted on any approaches, to consider wider issues such as safety, accessibility and trauma.

Action 12 – Create a clear development plan to support the sustainability of primary care and translate the framework provided by Next steps for integrated primary care into reality, across all neighbourhoods – this final action is an overarching one. It suggests the creating of an official plan from the ICS on how it will deliver the Fuller action plan. This, along with action 13 (described above) provides the most obvious direction and opportunity for local Healthwatch to approach and offer support to systems. The report recommends a focus within plans on access, experience and outcomes. It also notes a clear focus on health inequalities and services for the least well-served communities.

What does the evidence tell us about progress to date?

Access to GPs and dental services has been a longstanding issue. The pandemic significantly impacted access to primary care, leading to improvements and some difficulties. For people who can use digital technology, access to GP services may have become more accessible and more convenient. However, where people need a face-to-face appointment, they often report access becoming harder.

Access to dentistry had been an issue in some parts of the country before the pandemic. Still, closures and infection control measures due to the pandemic have meant that access to dentistry has been more limited. This now affects most of the country, with a record number of people waiting for hospital treatment.

Themes in the data:

Several themes are raised with us consistently, including:

- People tell us about the difficulty in making an appointment with the GP team, sometimes waiting several weeks for a non-urgent appointment. People who work can find it especially difficult to ring at 08:00 to book an appointment.
- The lack of available appointments leads some people to go to other services such as A&E, leading to additional pressures on those services.
- Local Healthwatch have reported that older people, people with limited English, those who don't have access to the internet and disabled people may face particular barriers, leading to increased inequalities.

- Although the digital option suits many people, it can also be difficult for people. This includes people who do not use technology and people who would like to take up the digital option but are, for example, in areas of poor connectivity or who cannot use personal technology at work.
- The lack of dental services has meant that some people, who can afford, have paid for private dental services. People who cannot afford private dentistry report significant problems, including severe pain and the inability to eat solid food, leading to some people removing their teeth.
- People have reported they could only get an NHS appointment for their child if the parents paid for private appointments.

Useful external sources of data

[The British Social Attitudes Survey 2021](#), supported by the King's Fund and the Nuffield Trust, records a significant fall in satisfaction with both NHS GP services and NHS Dentistry

The [GP Patient Survey 2022](#) provides information at practice, PCN and ICS level and found:

72% overall satisfaction (down from 83%) in GP services

56% reported a good experience of making an appointment (down from 71%)

72% were satisfied with the appointment they were offered (down from 82%)

NHS Digital provides [data about GP appointments](#) (down to ICS level) and [dental statistics](#) (down to top tier local authority level).

NHS Business Services Authority houses information about [General Pharmaceutical Services](#)

Areas where your ICS may need your help

Using the right services

There are some other services that people can use that can help reduce the pressure on GP surgeries. Pharmacies and NHS 111, for example, can provide advice that can help people avoid the need for a GP appointment; however, it's important that people feel confident about using these services if they are a useful alternative.

You may be able to support your ICS with:

- Promoting the use of alternative services both through campaigns and business as usual activity
- Engaging with local people to better understand what would help them use alternative services.

Improving access to GP services and tackling 'DNAs'

Many appointment systems don't really suit GPs or the public, leading to frustration on all sides. The perceived lack of face-to-face appointment is a significant concern for many people.

Additionally, people not turning up for appointments (unhelpfully described as 'did not attend' when there may be serious reasons why they 'could not attend', including being unable to contact the practice to cancel) also has an impact on capacity. We regularly hear about people having difficulty registering for a GP when they don't have an address or photo ID.

You might find opportunities to work with your ICS to:

- Identify good and bad practices – for example, through mystery shopping – to influence improvement plans
- Find out how people navigate the primary care system; for example, the ability to book appointments with different healthcare professionals, such as physiotherapists as well as GPs.
- Understand people's experiences, including what prevents people from attending appointments, and how they can be supported – for example, through targeted engagement
- Clarify the requirements for GP registration with both services and patients, including collaborating with Patient Participation Groups in local practices.

Local commissioning of dentistry

As ICSs take on delegated responsibility for primary care, they will inherit significant dentistry issues. Although the changes are unlikely to make substantial improvements, there should be some benefits. A particular cause of concern is likely to be the availability of emergency care.

You may be able to offer to help the ICS through:

- Supporting comms around flexible call-back times, both through campaigns and business as usual
- Mystery shopping websites to find out whether dentists' information is regularly updated and accurate
- Providing insight into people's experiences of trying to get both routine dentistry and emergency dental care.



healthwatch


Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk

t: 03000 683 000

e: enquiries@healthwatch.co.uk

 [@HealthwatchE](https://twitter.com/HealthwatchE)

 [Facebook.com/HealthwatchE](https://www.facebook.com/HealthwatchE)