

Coventry and Warwickshire General Practice Explained



Introduction and Purpose

The following slides provide;

- an overview of general practice in Coventry and Warwickshire;
- An introduction to the Primary Care Strategy;
- An overview of the Primary Care Access Recovery Plan.

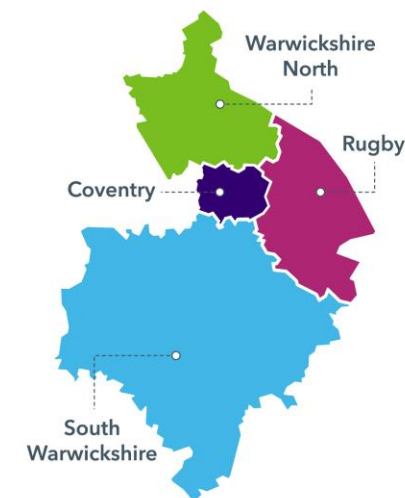
Local Context – Coventry and Warwickshire Primary Care Landscape

- 119 GP Contracts
- 20 Primary Care Networks

Our System in numbers



Our GP Practices by Place	
Coventry	8 PCNs 50 GP Practices
Rugby	1 PCNs 12 GP Practices
South Warwickshire	7 PCNs 32 GP Practices
Warwickshire North	4 PCNs 25 GP Practices



General Practice explained

- The way general practices are contracted and funded is complex and very different from other parts of the health and care system.
- General practices are small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area.
- While some general practices are operated by an individual GP, most general practices in England are run by a GP partnership. This involves two or more GPs, sometimes with others, working together as business partners, pooling resources, such as buildings and staff, and together owning a stake in the practice business.
- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides.

Who commissions general practice?

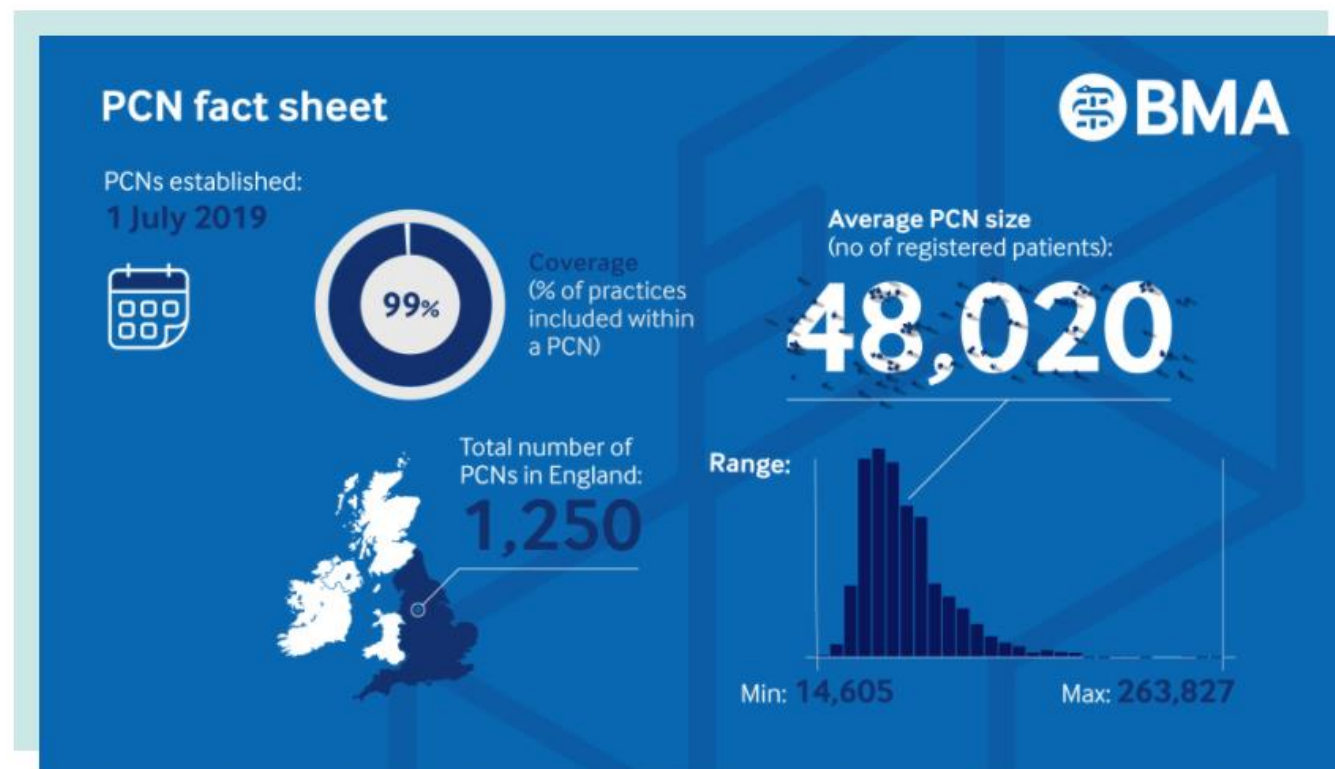
- Responsibility for commissioning primary care services, including general practice, sits formally with NHS England.
- However, Integrated Care Boards have taken on full delegation of these commissioning powers for General Practice. This now means ICBs have responsibility for commissioning general practice in their local area, while keeping to national guidelines to ensure consistency.

What's in a GP contract?

- Core general practice services are contracted through a nationally agreed contract; the ICB cannot make any changes to this contract, the contract includes the following requirements:
 - agree the geographical or population area the practice will cover
 - the practice to maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from it
 - establish the essential medical services a general practice must provide to its patients, which includes the identification and management of illnesses, providing health advice and referral to other services. GPs are required to provide their essential services during core hours, which are 8.00am–6.30pm Monday to Friday, excluding bank holidays.
 - set standards for premises and workforce and requirements for inspection and oversight
 - set out expectations for public and patient involvement
 - outline key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.
- Payment for this core element of the contract is based on an annual per capita payment – to provide a year of care for the patient.
- In addition to these core arrangements, a general practice contract also contains a number of optional agreements for services that a practice might enter into, usually in return for additional payment, these include:
 - Directed Enhanced Services (DES) that all commissioners of general practice must offer to their practices in their contract
 - Local Enhanced Services (LES) that are commissioned by the ICB
- GP Out of Hours Services (6.30pm – 8am) is commissioned by the ICB separately and is currently provided by Practice Plus Group Ltd.

What is a Primary Care Network?

- Primary care networks (PCN) are groups of practices working together to focus local patient care.
- Since April 2019, individual GP practices can establish or join PCNs covering populations of between 30,000 to 50,000 (with some flexibility).
- There are 20 PCNs within Coventry and Warwickshire.



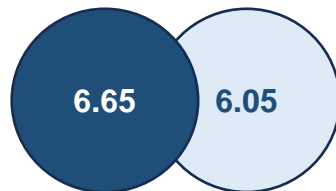
Primary Care Networks Funding

There are elements covered by the PCN contract, these include each PCN providing:

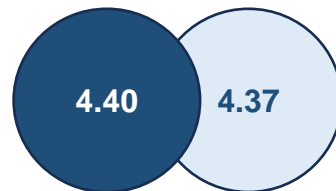
- A Clinical Director role;
- Extended hours – to provide core general practice on a PCN foot print, typically Mon-Fri 6.30pm – 8pm and Saturday, based on population requirements;
- Provision of Care Home support
- Additional Roles to work across the network including e.g. physiotherapists, paramedics, pharmacists, occupational therapists and social prescribers.
- Population Health Management
- Online consultations

Understanding General Practice

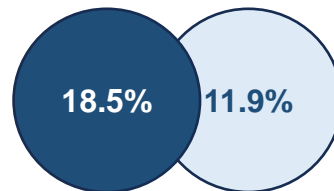
Total GPs per 10k registered population



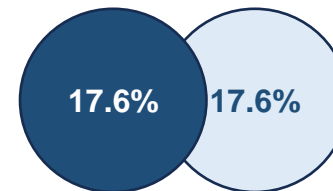
Fully-qualified GPs per 10k registered population



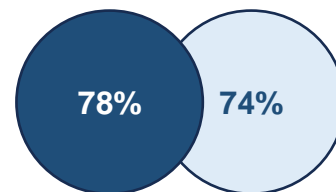
Registered population growth (Oct-24 vs Oct-14)



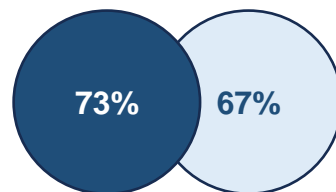
Registered population 85+ (Oct-24 vs Oct-14)



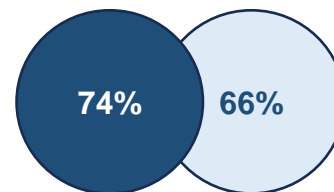
Patients who had a positive overall experience of their practice



Patients who had a positive experience contacting their GP practice



Patient satisfaction with appointment waiting times



Primary Care Strategy



Primary Strategy

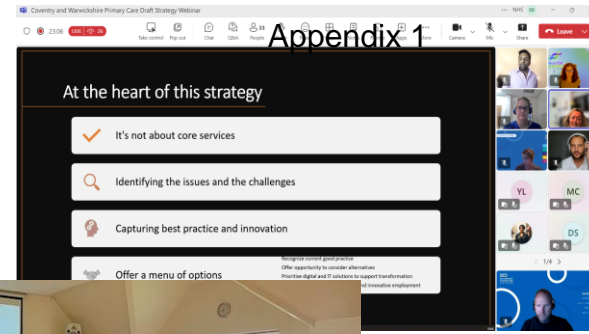
- Primary Care sector strategy
- Includes General Practice, Pharmacy, Optometry and Dentistry
- Large focus on general practice



How primary care and general practice have informed the strategy

The Primary Care Strategy Group have held multiple primary care engagement and clinical leadership events to listen to key messages and understand the key issues from over 300 primary care clinicians and staff.

- This included input from Primary Care Collaborative members, Place leads, the PCC Strategy Group, dialogue at individual practice and PCN level to ensure engagement and alignment across the sector
- The Strategy Group used a variety of routes - webinars, questionnaires, face to face meetings and individual dialogue to provide the inputs, structure and challenge, to develop a robust strategy document for transformation, this dialogue has helped clarify where our biggest focus areas should be.



Strategy group

Commissioned by PCC
 Chaired by deputy chair of PCC
 Place representative from each place
 Primary Care team
 Fortnightly face to face meetings



Questionnaire

Sent to all of General Practice
 Sent out multiple times
 Key themes collated



Webinars

Different times of the day including evenings
 Covering key topics including governance structures for the system
 Collated feedback and comments



Face to face meetings at place

Key challenges and operating models discussed
 Collated feedback and key themes



Individual practitioner, PCN and Place meetings

Mainly led by place leads and supported by rest of the group
 Key areas identified and collated



Regular PCC involvement

Key topics discussed
 Captured views at significant action points

What Primary Care Sector has told us—

The key themes from the range of views we have heard

We have engaged widely across our system to capture the views of Primary Care in Coventry and Warwickshire; six key areas impacting on primary care providers have been identified:



System Integration - Primary care is committed to embracing integration at appropriate place footprints and move away from fragmented care. Primary care needs to play a significant leadership role, transformation must link with current working to ensure we achieve true system integration.



The Voice of Primary Care - Primary care has struggled to find a meaningful home within the ICS to ensure influence and impact. Primary Care needs to have parity of esteem at a system level to meaningfully contribute to system development, the sector can feel 'done to' instead of an equal partner.



Resource Allocation - Practices are experiencing significant financial challenges due to historical underfunding of core services and an inadequate uplift. Primary care is having to work harder for longer to deliver contractual targets. Funding should follow the required left shift in patient activity.



Activity and Demand – Demand on activity in primary care is rising. Despite access rates rising, practice teams are truly stretched, making future improvement and development unsustainable. We have significant health inequalities in some of our places and areas where population is ageing with increased complexity.



Workforce – Primary care faces workforce challenges across the system, we have high GP doctor numbers in training bolstering the workforce but require supervision from experienced clinicians and training space. Embedding our wider workforce creates the same space/supervision challenges. Lack of pay awards, short-term funding hinder sustainable workforce planning/employment models.



IT and digital – General Practice and Primary Care more broadly have been key to driving forward NHS's digital programme. Primary Care must continue to be at the forefront of this transformation recognising we have a more digitally capable public and utilising the opportunities for greater online access and digital consultation methods.

Operating Model Summary – Key Ambitions



Urgent Non-complex Care

- Evaluate and measure daily impact on individual practices
- Population health management to baseline need and understand impact of pathway redesign
- Review and evaluate effective digital solutions – practice / PCN / place and system level
- Support review of urgent services across system including GP out-of-hours
- Support patients in choosing right access point
- Consider and create options to deliver urgent, non-complex care at practice , PCN, place and system including development of single points of access if locally agreed/desired with general practice



Non-urgent Planned Care

- Support practices to evaluate the efficiency of how they deliver planned care
- Create library of delivery solutions
- Expand diabetes model to include other chronic conditions like COPD and heart failure
- Support primary care to deliver funded intermediate care
- Apply financial models that support the movement of resource to deliver care in practice
- This will improve efficiencies across system and decrease activity in secondary care



Urgent Complex Care

- Primary Care at the centre of the development and design of community integrator programme
- Improve integration with community services , voluntary sector etc
- Support the development of funded primary care support to urgent response teams
- Consider options for delivery of urgent care at PCN and place level
- Consider expansion of paramedic visiting service across system and delivered at place level
- Focus of the proactive management of complex patients to minimise unscheduled urgent care



Non-urgent Proactive Care

- Primary Care at the centre of the development and design of community integrator programme
- Develop local relationships to empower local communities and tackle loneliness
- Use population health programmes to identify patients most likely to benefit from a proactive approach
- Use population health programmes alongside patient engagement to evaluate impact of interventions
- Support the development of Integrated Neighbourhood Teams Primary, community and secondary care, mental health, councils, voluntary sector, community groups and social prescribers
- Use technology and digital solutions to support these pathways
- Support community engagement initiatives to ensure sustainability and amplify the patient voice

Primary Care Collaborative

The Primary Care Collaborative comprises:

- 1 PCN Clinical Director per Place nominated by the CDs in each place
- 1 other general practice representative per Place as nominated by the practices within that Place (election process run by the LMC);
- 1 representative per Local Medical Committee nominated by the LMC in each place;
- 1 representative per local GP Federation/at scale general practice provider;
- 2 Primary Care ICB Partner Board Members
- 1 representative from the ICB Chief Medical Office
- The ICB Chief Integration Officer, Director and Deputy Director of Primary Care, and members of the ICB Primary Care Team.

The members of the Primary Care Collaborative (PCC) come together in a strategic role to represent the view of primary care and to provide leadership on behalf of primary care. The strategy creates the framework to support this. The leadership need to be empowered to provide the collective view of primary care when representing PCC across the system including in other collaboratives. The PCC has worked through its core values and all meetings are reviewed against these to ensure all members adhere to these.

Primacy of Place

To support the strategic leadership at a system level, whilst ensuring the **primacy of place (across our four places) for primary care** we would recommend three structures at each place level as our future state, reviewing existing place structures and building on these.

Place Clinical Leadership Groups

- Partnership group - Primary/Secondary care/ Mental health
- Centre of pathway design
- Population health led
- Resource availability to ensure cost-effectiveness
- Supported by operational structure to develop and progress pathways

Provider Operational Interface Groups

- Partnership Group - Primary and secondary care leadership, LMC, senior management support across all organisations
- Operational and low-level issues that have major impact
- Ability to bring about change

Place Based Primary Care Groups/Boards

- Place leadership, CDs, primary care at scale providers, LMC, ICB representative
- Patient representative views fed through from practices, PCNs and place
- Capture grassroot views and opinions
- Empower leadership to capture place views

Impact and Outcomes

The Strategy sets out bold ambitions for the Primary Care sector and the difference we can make by working together with the system – set out below is the intended impact of realising our collective ambitions for the public, our staff, NHS system partners, and the Coventry and Warwickshire System.



For the public

- Improved appropriate access to Primary Care
- Greater choice and ways to personalise care
- Improved continuity of care for those who need it most
- Care provided in the right place, by the right person, at the right time, enabled by triage
- Greater ability to take ownership of care
- Those with complex needs are better managed and monitored
- Improved quality of life by being proactively supported within the community
- Only having to tell their story once, meaning a better experience moving between delivery points of care
- Better understanding of how to access care and Increased trust in the System and our services
- Better remote monitoring support to allow people to remain as independent as possible within their own homes



For our NHS system partners

- Greater potential for redistribution of funding across the System to support care closer to home
- In partnership support delivery of financial stability
- Improved working with System partners, with a greater appreciation for different roles and improved data sharing
- Care closer to communities
- Integrated care, with greater capacity to provide sustainable resilient services
- Reduced bottlenecks in the System through improved demand management with a consistent operating model
- Productive, motivated and supported workforce
- Greater access to research and innovation
- A sustainable and greener NHS



For our staff

- Improved wellbeing
- Greater satisfaction and productivity through clearer career structures and progression opportunities
- Being recognised for the care we deliver and feeling valued
- Feeling supported to take on opportunities for personal development and improvement
- More fulfilling tasks at work through fewer non-value adding tasks
- A safe and healthy environment with work flexibility
- Increased parity of esteem across workforce roles
- Equipped with skills to make the best use of resources
- Supportive estates and digital technologies to enhance working practice



For the Coventry and Warwickshire system

- Connected approach to quality improvement and prevention
- Reduction in health inequalities for our population with a collaborative approach to addressing wider determinants of health alongside Public Health
- Reduction in unwarranted variation of care, through more standardised ways of working
- Support for closer working between Primary Care, Secondary Care and the voluntary, social and community sector
- Healthier people, healthier communities
- Engaged, upskilled and growing workforce, fit for the future
- Sustainable services designed to meet future need

Primary Care Access & Recovery Plan

February 2025



During 2023, NHS England and the Department of Health & Social Care published a two-year recovery plan for recovering access to primary care while taking pressure off General Practice. PCARP encompasses four domains:

- **Empowering Patients** so that patients can manage their own health using the NHS App, self-referral pathways and more services offered from community pharmacy.
- **Implementing Modern General Practice Access** to take the 8 am rush, provide rapid assessment and response.
- **Building Capacity** to deliver more appointments from more staff and add flexibility to the types of staff recruited and how they are deployed.
- **Cutting Bureaucracy** to reduce the workload across the interface between primary and secondary care.

Primary Care Access Recovery Plan - Progress

Key Commitment	Delivery Action
Empower Patients	Significant expansion of pharmacy services with 100% of local pharmacies signed up: Easier access to treatment for common conditions, blood pressure checks and oral contraception medication
	59.7% of the population in Coventry & Warwickshire accessing the NHS App (compared to 53.8% in the Midlands)
	Around 130,000 repeat prescriptions are ordered through the NHS App every month in Coventry & Warwickshire.
	Coventry & Warwickshire has the second highest number of appointments managed on the NHS App per 1,000 population in the Midlands
	100% of practices have Cloud Based Telephony installed
	Expansion to Self-Referral Pathways with around 5,000 patients referred via this route per month

Primary Care Access Recovery Plan - Progress

Key Commitment	Delivery Action
Implement Modern General Practice Access	78,000 more General Practice appointments per month in 2023/24 compared to 2019/20
	Monthly same day General Practice appointments increased by 24.5% in 2023/24 compared to 2019/20
	51% of practices in Coventry & Warwickshire have taken part in the General Practice Improvement Programme (GPIP) - nationally funded tailored support to transform how practices work (highest percentage in the Midlands)
	Coventry & Warwickshire has the highest number of practices submitting the Friends & Family Test within the Midlands Region.
	GP Patient Survey evidenced improvements in metrics from 2023 to 2024 - such as "Positive overall experience of their practice" and "Patient satisfaction with appointment waiting times" with C&W performing well above the national average.
Build Capacity	560 additional direct patient care roles currently compared to 2019.
Cut Bureaucracy	Primary/Secondary Care Interface Groups in place at all Trusts to ensure collaborative working and to streamline patient pathways.
	100% of practices have Online GP Registration in place



Headline findings – 2024 GP Patient Survey

73.9% 

said their overall experience of their GP practice was good

Coventry & Warwickshire: 78.4%



92.3%

said they had confidence and trust in the healthcare professional at their last appointment

Coventry & Warwickshire: 93.7%

89.9% 

said their needs were met at their last appointment

Coventry & Warwickshire: 91.6%

49.7% 

said it was easy to contact their GP practice on the phone

Coventry & Warwickshire: 57.9%



47.9%

said it was easy to contact their GP practice using their practice website

Coventry & Warwickshire: 51.4%

44.8% 

said it was easy to contact their GP practice using the NHS App

Coventry & Warwickshire: 53.2%

67.3% 

said their overall experience of contacting their GP practice was good

Coventry & Warwickshire: 72.9%



12.3%

said their call was answered straight away the last time they contacted their practice

Coventry & Warwickshire: 11.8%

72.1% 

said they knew the next step in dealing with their request within two days of contacting their practice

Coventry & Warwickshire: 84.9%