

Question:

Why has the ICB not produced the update report on primary-secondary care interface as required by the “Delivery plan for recovering access to primary care”?

*Carl Raybold, Liaison (Manager (Beds))
Bedfordshire & Hertfordshire Local Medical Committee Ltd*

Answer (responded at 8.12.23 Board in Public):

Response from BLMK ICB (Nicky Poulain, Chief Primary Care Officer)

Thank you for raising the important issue about how BLMK is addressing National Domain 4 of the “Delivery Plan for Recovering Access to Primary Care”. This Domain is primarily concerned with supporting clinicians by cutting bureaucracy and supporting the primary/secondary care interface.

The primary care paper submitted for discussion at our meeting today – item 7 - provides a résumé of our system’s work on both the Fuller Programme and the NHSE Delivery Plan for recovering access to Primary Care.

Local Medical Committees (LMC) are members of the Primary Care Delivery Group, and also the Primary Care Commissioning and Assurance Committee. The NHS Delivery Plan for Recovering Access to Primary Care is a standing agenda item at both. The detailed elements of the plan in respect of the areas above are shared there.

We recognise NHSE expect ICBs to update their public board on the recovery plan including the four areas listed in your question. (*Trusts managing i) onward referrals, ii) complete care (fit notes and discharge letters), iii) call and recall, and iv) clear points of contact*). Which ultimately will mean that patient work that should be completed in hospitals is not passed to GP practices which isn’t good for patient experience and unnecessarily passes administrative work to GPs.

With reference to the 4 specific points raised in your question that are in Domain 4.

Within BLMK, we have two established Clinical Interface forums both chaired jointly by lead GPs and deputy/medical directors of our acute trusts. These forums provide a space to address priority operational issues and develop the professional relationships to support an improved primary/secondary care interface.

The ICB has asked both acute providers to share their stocktake and their plans in relation to the four key areas. Follow up meetings, held in November, included me (as the SRO for the PC recovery Plan), Dr Nina Pearson and Dr Tayo Kufeji (GP leads for the interface forums), and Executive Leads in each Trust. Together we discussed the process being developed to embed Domain 4 requirements. Whilst both acute trust providers have progress still to make, there were identified constraints that will require time to address. The discussions concluded that additional acute executive leadership will be prioritised by the trusts to support the trust’s clinical leadership to implement the necessary changes. This is reflected in the Board paper tabled today.

These discussions also recognised the importance of supporting cultural change within the entire workforce to improve the primary / secondary interface that cannot be achieved by contractual leavers alone. Further actions agreed included an update of the Terms of Reference and clear accountability and governance of the interface improvement plan to the respective Boards including BHT, MKUH and Primary Care Commissioning and Assurance Committee.