

Improving Access to General Practice in East Sussex – Update Report (October 2024)

1. Context

- 1.1. This report provides members of the Committee with an update on the work being done to improve access to General Practice in East Sussex, following on from previous reports in December 2022 and September 2023, including updates on specific areas requested such as models of access, the Additional Roles Reimbursement Scheme (ARRS), DNAs (patients who Did Not Attend), Enhanced Access, Health Inequalities, and the overall system-level plan around GP Access.

2. Introduction – General Practice in East Sussex

- 2.1. Across Sussex there are 156 General Practices and 293 Community Pharmacies.
- 2.2. As of July 2024, there are 50 GP Practices in East Sussex, and 96 Community Pharmacies, as well as one Primary Care Hub (in Hastings). The total number of registered patients with a GP Practices in Sussex in July 2024 was 576,257. The registered list sizes of the East Sussex Practices vary from 28,532 at Foundry Healthcare Lewes to 3,550 at South Saxon House Surgery.
- 2.3. The 50 GP Practices in East Sussex are grouped into 12 ‘Primary Care Networks’ (PCNs) which, as set out in the paper presented to HOSC members in September 2023 on PCNs, are non-statutory groups of local neighbouring general practices introduced in 2019 to act as a mechanism for sharing staff and collaborating, typically based around populations of 30,00-50,000 people.
- 2.4. The table below sets out which GP Practices are members of which PCN in East Sussex:

PCN	Member Practices	Total List Size (July 24)
ALPs Group PCN	Arlington Road Surgery, Park Practice, Seaside Medical Centre, Lighthouse Medical Practice	54,100
Bexhill PCN	Collington Surgery, Little Common Surgery, Sidley Medical Practice	49,874
Eastbourne East PCN	Harbour Medical Practice, Sovereign Practice, Stone Cross Surgery	36,078
Foundry Health Lewes PCN	Foundry Healthcare Lewes	28,532
Greater Wealden PCN	Bird-In-Eye Surgery, Buxted Medical Centre, Wealden Ridge Medical Partnership,	60,687

	Herstmonceux Integrative Health Centre, The Meads Surgery	
Hailsham PCN	Bridgeside Surgery, Hailsham Medical Group, Quintins Medical Centre	30,539
Hastings & St Leonards PCN	Carisbrooke Surgery, Hastings Old Town Surgery, High Glades Medical Centre, Priory Road Surgery, Sedlescombe House, South Saxon House Surgery, The Hill Surgery, The Station Practice	101,565
High Weald PCN	Ashdown Forest Health Centre, Beacon Surgery, Belmont Surgery, Groombridge & Hartfield Medical Group, Rotherfield Surgery, Saxonbury House Surgery, Woodhill Surgery	55,955
Rural Rother PCN	Fairfield Surgery, Ferry Road Health Centre, Martins Oak Surgery, Northiam Surgery, Oldwood Surgery, Rye Medical Centre, Sedlescombe & Westfield Surgeries	43,392
Seaford PCN	Old School Surgery, Seaford Medical Practice	27,337
The Havens PCN	Chapel Street Surgery, Havenshealth, Quayside Medical Practice	36,399
Victoria Eastbourne PCN	Downlands Medical Centre, Manor Park Medical Centre, Victoria Medical Centre, Grove Road Surgery	51,799

- 2.5. General Practices are required to provide essential medical services to people registered with them between 8:00am and 6:30pm Monday to Friday, supplemented by 'Enhanced Access' arrangements in each PCN outside of these hours, as well as 'Out of Hours' cover commissioned separately.

3. **Strategic NHS planning objectives for improving access to General Practice**

- 3.1. Over the past five years, across England, satisfaction with access to General Practice has decreased year-on-year. This decreasing satisfaction, to varying degrees, is observed across multiple domains, including the experience of making an appointment, waiting times for appointments and the type of appointment offered (e.g. whether it is in-person or telephone). Continuing to improve timely access to primary care is a core part of NHS recovery, and central to delivery of the ambitions set out in the Delivery plan for recovering access to primary care.
- 3.2. To address this, on 9 May 2023, NHS England and the Department of Health and Social Care issued the national [delivery plan for recovering access to primary care](#). This plan built on the findings and recommendations of the [Fuller stocktake report](#) and described the Government's main areas of focus.
- 3.3. This national delivery plan aimed to address two key objectives:
- to tackle the '8am rush' and reduce the number of people struggling to contact their practice and,

- for patients to know on the day they contact their practice how their request will be managed.

- 3.4. These objectives were set to be delivered by several actions taken across four pillars. Success was dependent on improvement work undertaken by individual practices and Primary Care Networks (PCNs) as well as other factors outside of their direct control such as public expectations, the interface with secondary care providers, and future provision of the GP workforce. These four key pillars are:
- Empowering patients to manage their own health through using the NHS App, self-referral pathways and an expanded Community Pharmacy service offer.
 - Implementing the 'Modern General Practice Model' to tackle the '8am rush', provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
 - Building capacity to deliver more appointments from more staff than ever before and adding flexibility to the types of staff recruited and how they are deployed.
 - Cutting bureaucracy and reducing the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.
- 3.5. Continuing to improve timely access to primary care continues to be a national NHS priority and a core element of the approach to national post-pandemic recovery, as contained within the [NHS Planning Guidance for 2024/25](#) - an overview of the key asks for 2024/25 is set out in **Annex A**. The new Labour government has also set this out as a priority in the context of its wider stated review of the NHS.

4. Strategic Priority for Sussex

- 4.1. The national commitments to improving access to Primary Care align well with the existing Sussex focus upon this, as set out in the Sussex Shared Delivery Plan agreed with system partners. As well as improving access, in Sussex we also want to work with patients and communities to improve understanding of how modern General Practice works, ensure we reduce any barriers and inequalities, and reduce any unwarranted variation that may exist across Sussex in how General Practice access works.
- 4.2. Since the plan's publication, there has been positive progress in Sussex, with record numbers of appointments being delivered:
- In 2023/24 over 10.8 million General Practice appointments were delivered in Sussex, including over 3.6million across East Sussex. The number of appointments delivered in East Sussex was 5.3% higher than in the previous year.
 - Activity in General Practice is now surpassing pre-pandemic levels by 15% in Sussex.
 - We have exceeded our overall recruitment targets for the Primary Care Workforce at both a PCN and practice level in Sussex, with a total increase in

the workforce between May 2023-July 2024 of 670.7 Full Time Equivalent (FTE) staff. In the 12 months between April 2023-March 2024 in East Sussex this included an increase in the number of GPs from 231.5 to 254.6 FTE, and in the number of FTE Nurses from 172.9 to 187.7.

- We have continued to expand Community Pharmacy services to increase the number of referrals through new patient pathways such as 'Pharmacy First'. This enables patients to have alternative options for accessing the support they need without always having to go to their GP Practice. In July 2024 there were 520 referrals in East Sussex to Pharmacies as part of Pharmacy First.

- 4.3. Over the past 12 months, significant progress has been made in delivering actions for recovering access to primary care across Sussex. However, we recognise that as the demand for General Practice continues to increase, we need to accelerate this work over 2024/25.
- 4.4. Our focus across Sussex in 2024/25 will be to maintain our focus on improving the experience of access to primary care, by supporting General Practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need, to reduce unwarranted variation for PCNs and practices.
- 4.5. To meet this aspiration, we continue to engage proactively with local, regional and national stakeholders to better understand the evidence base and opportunities to develop innovative and sustainable responses, which support longer-term visions for collaboration and accountability within the Sussex system.

5. GP Appointments in East Sussex

- 5.1. Between April to July 2024 over 3.7 million General Practice appointments were delivered across Sussex, representing an 11.4% increase in activity for the same period of 2023. During the year 2023/24 NHS Sussex exceeded its Operating Plan target for delivery of GP appointments by 5.9%.
- 5.2. In July 2024, Sussex performed better than both the England and South East averages for the number of GP appointments provided per 1,000 registered patients – with 517 for Sussex, compared to 500 for England and 483 for the South East. For appointments in July across Sussex, 42.9% were held on the same-day as booking and 79.4% were held within 2 weeks of booking – against averages in England of 43.9% and 82.7%, and in the South East of 43.7% and 81.2%.
- 5.3. In July in East Sussex 309,774 appointments were delivered across the 50 GP Practices – 3.1% more than in the same month last year. This represented 537 appointments per 1000 registered patients, with 43.2% delivered on the same day as booking, and 79.5% within 2 weeks. In total between April-July 2024 there have

been 1,222,398 appointments in East Sussex compared to 1,111,502 in the same period in 2023 – a 10% increase in the numbers delivered by Practices.

6. *Enhanced Access in East Sussex*

- 6.1. From October 2022, PCNs have been required to provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (referred to in the Network Contract Direct Enhanced Service Specification as “Network Standard Hours”).
- 6.2. All East Sussex PCNs continue to offer Enhanced Access to registered patients. There are a range of different delivery methods including directly by the PCN, subcontracted to another provider (normally the local GP federation) or a hybrid model of delivery for example where the PCN practices may provide Enhanced Access Mon-Fri and the local GP Federation provides on a Saturday.
- 6.3. As an example, one PCN which covers Eastbourne and Polegate delivers Enhanced Access services from The Beacon Shopping Centre in Eastbourne on a Saturday, which is more easily accessible by public transport for some patients, and has also recently expanded their enhanced access offer to include evening and weekend clinics in Hampden Park and early morning weekday clinics in Polegate. In Seaford, the local PCN has used enhanced access clinics on Saturday mornings to increase cervical screening appointments to help those patients with other commitments during the week.
- 6.4. In total the Enhanced Access service delivers an additional 606 hours of appointments (both face to face and digital/telephone) per week across East Sussex, beyond core hours. **Annex B** sets out local arrangements in more detail for members:
- 6.5. We continue to work with PCNs to ensure that they deliver the required minimum level of service in each part of East Sussex, contractually set out in the form of a specific number of additional minutes of appointments based on size of registered population, as well as encouraging local innovation based around local population needs.

7. *Models of Access to General Practice in East Sussex*

- 7.1. Increasingly across Sussex and elsewhere, Practices have been focussing upon improving their access models for patients to reflect better technology and trying to make it easier for patients to navigate how General Practice works to get the support they need.
- 7.2. Part of this has involved implementation of the ‘Modern General Practice Access’ model, which comprises a move to increase the role of triage, digital telephony,

making online requests simpler, and offering faster navigation, assessment, and responses for patients. This model sits within a wider context of efforts to improve access for patients through innovations such as the NHS App, Online Consultations and improving Practice websites.

- 7.3. One of the advantages of moving to this model is that Practices will be better able to see and understand the needs and demand of their patients, as well as the current capacity to manage this. By streamlining how patients can receive advice, prescriptions and other support which may not need an appointment, Practices are then able to use their full multi-professional team to ensure patients receive what they need.
- 7.4. Each patient is unique and, given the diversity of Practices and communities in East Sussex, how each model of access works needs to be tailored to the needs of that local population.
- 7.5. As part of the move to promote 'Modern General Practice Access' models, NHS Sussex has received and used national funding available to support GP Practices in East Sussex around this, including:
 - Staff training for care navigation, including Pharmacy First.
 - Protected learning time for wider Practice teams to explore and work on new protocols and processes, updating appointment templates, auditing templates, reviewing booking messages, staff planning and contingency planning.
 - Increasing online consultation capacity in a sustainable way.
- 7.6. We have also worked with PCNs to implement "Capacity & Access Improvement Plans" linked to the GP Contract in 2023/24 – specifically agreeing with each of them a set of deliverable improvements linked to 1) Patient experience of contact, 2) Ease of access and demand management, and 3) Accuracy of recording in appointment books
- 7.7. The following summarises the common themes and those programmes for improving access that were implemented as a result:

East Sussex	Common Themes for Improving Access
Patient Experience of Contact	<ul style="list-style-type: none"> • Promote the use of online consultations and NHS App • Website functionality improvement • Development of Patient Participating Groups (PPGs) • Improve on Friends and Family Test usage • Engagement with Care Navigation training • Engage more with PPGs and pharmacies • Launch use of cloud-based telephony

Ease of access and demand management	<ul style="list-style-type: none"> • Address estates issues • Subcontract bespoke pharmacy services • Increased ARRS recruitment • Improve call back offering. • Continue use of e-hub • Engage with Training Programmes
Accuracy of recording in appointment books	<ul style="list-style-type: none"> • Utilise APEX data tool • Review APEX data tool • Provide training on use of EMIS (an electronic prescribing and administration system). • New processes to support accurate recording of appointments. • General Practice Appointment Dashboard (GPAD) appointment data cleansing and accuracy exercise

8. Workforce

- 8.1. Increasing the Primary Care workforce is both a national and local priority, both in terms of recruiting and training more staff, but also supporting and retaining existing ones too. Nationally the previous government set out a [Long Term Workforce Plan](#) for the NHS in June 2023, while in Sussex we have developed our own [Sussex People Plan](#) across system partners which includes a key focus upon supporting the Primary Care workforce. This is particularly important not just for improving access to Primary Care, but also in working with partners to develop new Integrated Community Teams (ICTs) in Sussex.
- 8.2. We have exceeded our overall recruitment targets for the Primary Care Workforce at both a PCN and practice level in Sussex in the last year, with a total increase in the workforce between May 2023-July 2024 of 670.7 Full Time Equivalent (FTE) staff. In the 12 months between April 2023-March 2024 in East Sussex this included an increase in the number of GPs from 231.5 to 254.6 FTE, and in the number of FTE Nurses from 172.9 to 187.7.
- 8.3. Key Points of note for Sussex overall include:
- The clinical primary care workforce is up by 286 Whole Time Equivalent (WTE) or 9.6% compared to last year while non-clinical staff grew by 8.7%.
 - The Fully qualified GP workforce (831.9 WTE) continues the upward trend adding almost 43 WTE in a year. With 44.9 WTE/100k patients Sussex is higher than England (43.6) and the average comparator level (41.9). In total there are now 1,023 WTE general practitioners working in practices across Sussex.
 - Nursing staff numbers are now at their highest level at 557.9 WTE. Sussex has 30.1 WTE nurses per 100,000 patients, well above the England level (26.7) and just above the comparator systems average (29.5).
 - Direct Patient Care staff numbers are higher for the 5th consecutive month at 684.2 WTE and with 36.9 WTE/100k are well above the England level (27.0) and higher than our average comparator level (32.4).

9. Additional Role Reimbursement Scheme (ARRS) overview:

- 9.1. PCNs draw on the expertise of staff already employed by their constituent practices as well as receive funding to employ additional staff under the Additional Roles Reimbursement Scheme (ARRS).
- 9.2. ARRS is the most significant financial investment added to the GP Contract in 2019 via the 'Network Contract Direct Enhanced Service (DES)', and is designed to provide reimbursement for PCNs to build the workforce, establishing Multi-Disciplinary Team models of care required to deliver a set of national service specifications – e.g. Enhanced Health in Care Homes.
- 9.3. In July 2024 (latest available data) the total ARRS workforce for East Sussex increased by 24.67 WTE to 350.74 WTE compared to staffing levels in July 2023. The clinical ARRS workforce is 345.01 WTE; non-clinical is 5.73 WTE.
- 9.4. The ARRS roles that PCNs can recruit as part of this scheme are: Adult Mental Health Practitioner, Advanced Practitioner, Care Coordinator, Clinical Pharmacist, Children and Young People Mental Health Practitioner, Dietician, First Contact Physiotherapist, Health and Wellbeing Coach, Nursing Associate, Enhanced Practice Nurse, Occupational Therapist, Paramedic, Pharmacy Technician, Physician Associate, Apprentice Physician Associate, Podiatrist, Social Prescribing Link Worker, Trainee Nursing Associate, General Practice Assistant, Digital and Transformation Lead.
- 9.5. The following ARRS roles have seen an increase across Sussex over the last year in comparison to July 2023 WTE numbers:
 - Adult Mental Health Practitioner (21.2%)
 - Advanced Practitioner Role (61.12%)
 - First Contact Physiotherapist (20.22%)
 - General Practice Assistant (61.75%)
 - Podiatrist (124%)
- 9.6. Increasingly this significant new workforce is a core part of the service offered to patients in General Practice, expanding the range of support Practices can offer locally as opposed to needing to refer on to other services.
- 9.7. One of the first acts of the new Labour Government has been to amend the national DES scheme to allow PCNs to now also include the ability to recruit newly qualified GPs through it, and we are working currently to support all PCNs, including in East Sussex, to take up this offer.

10. Emotional Wellbeing Support Service:

- 10.1. In East Sussex the Emotional Wellbeing Services (EWS) are now operating in 8 out of 12 PCNs; ALPs Group PCN, Bexhill PCN, Eastbourne PCN, Foundry Healthcare PCN, Greater Wealden PCN, Hastings & St Leonards PCN, Rural Rother PCN and the Havens PCN.
- 10.2. Two PCNs (Hailsham PCN and Victoria Eastbourne PCN) chose not to participate in the model and have directly recruited their own staff, and funding constraints have prevented offers being able to be provided to the remaining two PCNs (High Weald PCN and Seaford PCN). Work is ongoing within the system to develop solutions for addressing the inequities arising through this situation.
- 10.3. The service comprises of an offer of a clinical Mental Health Practitioner (jointly funded by ARRS and ICB funding and employed by Sussex Partnership Foundation Trust) and a non-clinical Support Coordinator (ICB funded and employed by Southdown) working from each PCN. The offer is aimed at improving access to mental health care for people living with Serious Mental Illnesses and ensuring those individuals who have historically been excluded from both primary and secondary offers are able to access care and support for their mental health and related social issues.
- 10.4. The services have been well received across the PCNs, practices and by the patients. Recent feedback has pointed towards the benefits of more timely access to services for individuals, the ability to holistically address patient's needs (mental health, medical and social) within single joint meetings and easier liaison between primary care and specialist services as being particularly strong. Clinical outcomes for patients seen by the service are clearly evidenced and positive.
- 10.5. Due to the partnership nature of the service and the needs of individual organisations involved, there is a need for some staff to be duplicating contact information which is resulting in some data quality and staff capacity issues. These are being looked into by providers with support from the commissioning team.
- 10.6. Different PCNs are engaging to different extents with the model and EWS staff and management. Outcomes and pathways are strengthened the more PCN and GP practice staff are able to engage with the model and come on board as a fully equal partner in model delivery.
- 10.7. The delivery model is overall considered to be a success, but it is worth noting that it has been introduced at a time of great flux in the system with staff needing to absorb a number of changes of management and wider clinical models which they have managed well.

11. *Estates Developments*

- 11.1. NHS Sussex has continued to work with Local Authority partners and others to support the overall improvement of the Primary Care estate in East Sussex, to make it fit for purpose for the delivery of high quality modern services for patients.
- 11.2. We are committed to finding a long-term solution to improve healthcare services in Seaford, and to provide the best possible services for the future. We are working with local partners to explore a number of options to expand primary care services in the town, and have been working together to find a suitable site for some time. As part of this work, we are assessing the possibility of Richmond Road car park to provide additional space for surgeries, alongside other services. The assessment of the viability of this option needs to be completed as there is also a need to balance any development plans against other considerations such as the terms of cost and functionality, while also ensuring we can provide the best possible services for the community. We expect to know more before the end of the year, and will provide a detailed update on the progress of this work as soon as possible.
- 11.3. NHS Sussex have also supported both Newhaven practices (Quayside and Chapel Street) in finding a new premises solution in Newhaven. Both practices will be moving into new sites within Newhaven Square, with the redevelopment of these sites being undertaken by the Council. This is an exciting opportunity for both practices to acquire new fit for purpose premises whilst benefiting from a location which promotes collaborative working with leisure colleagues at Seahaven Leisure Centre. The new sites are due to be completed by summer 2026.
- 11.4. NHS Sussex are working with the Hill Surgery to provide new accommodation at the Ore Clinic, Hastings. This site is currently owned by NHS Property Services who are working with the practice to agree a new lease for the premises, which we are hoping will be agreed in the next couple of months. The ICB have been fortunate enough to achieve £100,000 Levelling Up Funding for Ore Clinic, which will be used to refurbish and reconfigure the internals of the premises.

12. *Mitigating against Digital Access Exclusion*

- 12.1. The development and implementation of digital tools has increased significantly across health and care services. Digital tools can offer patients an increased choice in accessing services, empowerment to have more control over their health and care and may improve health system productivity and efficiency.
- 12.2. Significant parts of the population are not able, or struggle to benefit from digital health care. Barriers to accessing digital health tools include access; affordability; skills and support; motivation and trust. Variability in implementation levels and promotion of digital access routes further contribute to inequity of access. “Not having access to the digital world means not having access to fundamentals of life. As a result, digital exclusion can exacerbate existing inequalities in society or introduce new inequalities” Digital Poverty Alliance, 2024.

- 12.3. With the increasing role of digital in health and care, digital exclusion is now closely linked to both tackling existing inequalities and preventing their exacerbation. Mitigating against digital exclusion is one of the five priorities in the National Healthcare Inequalities Programme, with national NHS guidance set out in [Inclusive digital healthcare: a framework for NHS action on digital inclusion](#) and is also identified in the Sussex Shared Delivery Plan (SDP).
- 12.4. 35% of the UK population have at best low-level digital skill levels which may not be enough for them to navigate digital health and care pathways without support. Research for The Good Things Foundation found that 44% of the Southeast population are limited users of the internet (compared to 17% who are extensive users). This represents a proportion of the Sussex population who are highly likely to need some or intensive support to get online or use digital tools for healthcare, and they may also be our highest need populations. In addition, health and care services are considered one of the most difficult to navigate digitally which can further increase barriers to inclusion.
- 12.5. Those most at risk of Digital Exclusion include:
- Older People.
 - People in lower income groups.
 - People without a job.
 - People in social housing.
 - Homeless people / insecurely housed.
 - People with lower educational achievement (left school before 16, excluded).
 - People living in rural areas.
 - People who are disabled.
 - People whose first language is not English.
 - People in NRS social grade D and E.
 - People with low literacy or lacking in confidence of their literacy.
 - People with learning disabilities.
 - Gypsy, Roma, Traveller population.
 - Vulnerable migrants.
- 12.6. Sussex is making progress on establishing the frameworks, culture, and insight to mitigate the risks of digital exclusion through embedding key activities in the design and development of digital services.
- 12.7. Following on from this, developing a system strategy will draw together action by partners to tackle and mitigate against the risks of digital exclusion ensuring that we are able to achieve a digitally mature system without exacerbating existing health inequalities.

13. *Increasing Access to Covid Vaccinations - Overview of the Spring 2024*

Campaign

- 13.1. On the 7 February 2024, the Joint Committee for Vaccination and Immunisation (JCVI) released their recommendation on who will be eligible for a seasonal booster vaccine for spring 2024. The eligible cohort recommendations are:
- adults aged 75 years and over
 - residents in a care home for older adults
 - individuals aged 6 months and over who are immunosuppressed campaigns
- 13.2. In all previous Sussex had a multi-provider network to deliver vaccines for the population. For the recently ended Spring Campaign there were 86 fixed vaccination sites across Sussex; 64 Community Pharmacies, 20 Primary Care Network Local Vaccination Sites (PCN LVS) and 2 Hospital Hub sites. Across the three places, the breakdown is as follows:
- 6 PCN LVS sites and 20 community pharmacy sites in East Sussex
 - 16 community pharmacy sites and 1 Hospital Hub in Brighton
 - 14 PCN LVS sites, 28 community pharmacy sites and 1 Hospital Hub in West Sussex
- 13.3. There were also a number of dedicated GP and community pop-up services bringing care closer to patients as well as targeting areas of high inequality and areas of low uptake.
- 13.4. 268,988 people were eligible for a COVID vaccination in Sussex and by the end date of the Spring campaign (30 June 2024) in total 174,162 (64.7%) vaccinations were delivered across our Sussex provider network, and 163,732 (60.9%) eligible Sussex residents received a vaccination.
- 13.5. The difference in these two numbers relates to the fact that the provider network in Sussex continues to be a 'net importer' and vaccinated 6% of people who reside in other systems.
- 13.6. Table 1 shows the breakdown by cohort. There continues to be variance by place, but this is consistent with previous campaigns (i.e. no observed deterioration or narrowing of variance).

JCVI Name	Brighton & Hove	East Sussex	West Sussex	Grand Total
0 : Housebound	990 (56%)	3,020 (71%)	6,574 (81%)	10,584 (76%)
1 : Care Homes	753 (61%)	3,124 (66%)	4,770 (73%)	8,647 (69%)
2 : Aged 75+	11,162 (59%)	47,075 (66%)	71,404 (70%)	129,641 (68%)
3: Immunosuppressed	2,245 (26%)	4,440 (28%)	8,175 (31.4%)	14,860 (29%)
Grand Total	15,150 (49.4%)	57,659 (59.9%)	90,923 (64%)	163,732 (60.9%)

- 13.7. For uptake across all cohorts Sussex ranked 3rd in the South East region and 16th nationally. In the Spring 2023 campaign, uptake for the eligible cohorts was 59.8%. This was an increase in uptake by around 1.8% from 2023 to 2024 where Sussex ended the campaign 3rd regionally and 14th nationally.
- 13.8. Sussex has the highest number of eligible patients of all systems in the region and based on the total number of vaccines delivered, ranking 4th nationally.
- 13.9. As with previous campaigns, NHS England made Access and Inequalities (A&I) funding available to support initiatives that reduce health inequalities, improve uptake in underserved communities and ensure ongoing surge readiness.
- 13.10. As a result of outreach activity, Sussex delivered an additional 8,834 vaccinations through targeted engagement, pop-ups and MVU clinics across Sussex in several specific communities. Highlights for East Sussex include:
- 3,352 vaccinations delivered via 38 community-based pop-ups in Hailsham, Eastbourne and Bexhill run by South Downs Health & Care Federation. Delivery exceeded the original target of 1,750 vaccinations and was supported by targeted proactive communication and follow up with patients, as well as a dedicated helpline.
 - Regular searches were also run to monitor patient uptake and areas to be targeted. Original number of 35 clinics was increased to 38 because of demand. The pop-ups all took place in locations where patients would have had to travel long distances to be vaccinated without the pop-up. In post-vaccination feedback 21% of patients said they would not have got vaccinated if the pop-up clinic had not been available.
- 13.11. Sussex delivered the highest number of vaccinations through the Spring A&I programme across the Southeast region; the next nearest system delivered approximately 2,100 vaccinations.

14. *PCNs Tackling Health Inequalities*

- 14.1. All East Sussex PCNs have been working on their Tackling Neighbourhood Health Inequalities plans, with some PCNs making considerable progress. PCNs have worked with various system partner organisations, including teams within the ICB, East Sussex County Council, OneYou East Sussex, Wave Leisure, Health in Mind (SPFT), ESHT, Healthwatch, Surrey & Sussex Cancer Alliance and various voluntary organisations including Vandu language services, Macmillan Cancer Support, East Sussex Community Support.
- 14.2. Successful interventions to date include developing training packages for staff, reductions in the number of high-risk hypertensive patients, identifying

patients needing further support/ referrals, improved signposting, reduction in prescribed opiates, audit and review of 2 Week Wait referrals and pathway for vulnerable patients, improve 2 Week Wait Colorectal referrals, and establishing a PCN Mental Health team.

15. Patients Not Attending Appointments (“DNAs”)

15.1. In general practice in Sussex, as in the rest of the UK, the management of "Did Not Attend" (DNA) appointments—when patients miss scheduled appointments without prior notice—follows established procedures aimed at minimising the impact on healthcare services and improving patient outcomes. DNA management is critical because missed appointments can waste valuable resources, delay patient care, and create inefficiencies in the system.

15.2. Below outlines examples of the strategies employed in managing DNAs in general practice:

- **SMS/Phone Reminders:** Practices often use automated SMS reminders or phone calls to remind patients of their upcoming appointments. This has proven to significantly reduce DNA rates by providing a timely reminder, particularly for patients who book appointments weeks or months in advance.
- **Email Notifications:** Some practices may also use email as a means to remind patients.
- **Proactive Rebooking:** For patients who miss their appointments, many practices in Sussex will attempt to rebook the appointment or at least follow up with the patient to understand the reason for missing the appointment. This is especially common for chronic or high-risk patients.
- **Flexible Rebooking Policies:** Many general practices adopt flexible rebooking policies to accommodate patients who missed appointments for legitimate reasons.
- **Raising Awareness:** GP practices often work on educating patients about the impact of missed appointments on the healthcare system. This might be done through posters, leaflets, or discussions with patients, emphasizing the importance of cancelling in advance if they cannot attend.
- **DNA Monitoring:** GPs keep track of patients who frequently miss appointments. This helps in identifying patterns, such as patients with specific health issues or social factors contributing to non-attendance.
- **Action Plans for Frequent Non-Attenders:** For patients who repeatedly miss appointments, the practice may implement tailored interventions such as personalized reminders, additional support for vulnerable patients, or discussing the issue directly during a consultation.
- **Improved Access to Appointment Systems:** Many practices have introduced online booking systems where patients can easily book, view, or cancel appointments. This self-service approach helps reduce DNAs as patients can adjust appointments if their circumstances change.

- **24/7 Cancellation Option:** Patients often have the option to cancel appointments via an online portal, text message, or phone line at any time, even outside of practice hours, making it easier to notify the practice if they can't attend.
- **Regular DNA Audits:** Practices frequently conduct audits to assess their DNA rates. This helps them understand the extent of the problem and whether specific measures are effective in reducing missed appointments.
- **Data Analysis:** Some practices use data-driven approaches, analysing patient demographics, appointment types, or health conditions to identify patterns in DNAs. For example, younger adults or those with mental health issues may have higher DNA rates, which can inform targeted interventions.

15.3. Table 2 below shows the DNA rates for GP appointments across Sussex, broken down into Brighton & Hove, West Sussex, and East Sussex during the months of April, May, June, and July 2024-2025. The rates are presented as percentages of missed appointments.

15.4. Brighton & Hove consistently had higher DNA rates than the other two regions. In April, the rate was 4.12%, followed by 4.05% in May, 3.98% in June, and 4.33% in July. West Sussex had the lowest rates, ranging from 2.72% in April to 2.90% in July. East Sussex's rates were between those of Brighton & Hove and West Sussex, with a slight decrease in the percentage rates from 3.05% in June and 2.98% in July.

2024-2025	Apr	May	Jun	Jul
Brighton & Hove	4.12%	4.05%	3.98%	4.33%
West Sussex	2.72%	2.68%	2.70%	2.90%
East Sussex	3.08%	3.08%	3.05%	2.98%

Table 2: DNA Rates across Sussex

- 15.5. It's worth noting that there is currently no systematic national dataset that allows for interrogation of any specific patient characteristics of those who do not attend their appointments, however practices will be able to do this and continue to as part of their own strategy to tackle missed appointments.
- 15.6. GP practices in East Sussex have implemented various strategies to address DNA rates. The following are examples from the ALPS PCN practices:
- **Targeted Interventions:** Seaside Medical Centre and Arlington Road have specifically focused on targeting repeat offenders, likely through personalised outreach or stricter policies.

- Improved Appointment Systems: Arlington Road's introduction of an online booking system for phlebotomy appointments aims to reduce missed appointments due to scheduling difficulties.
- Enhanced Communication: Lighthouse Medical Practices's DNA policy, while in place for some time, emphasises the consequences of missed appointments, potentially deterring patients from not attending.
- Operational Changes: Seaside Medical Centre's appointment of a DNA champion and the introduction of a new cancellation process suggest a more focused approach to managing DNA issues.
- Data-Driven Approaches: Park Practices's inclusion of DNA and attendance data in the patient newsletter demonstrates an effort to educate patients and raise awareness about the impact of missed appointments.

15.7. Overall, the practices are implementing a multifaceted approach to addressing DNA rates, combining policy changes, improved systems, and targeted interventions.

16. Patient Choice

- 16.1. The national NHS Right to Choose (RTC) Framework allows NHS patients the ability to select their healthcare provider when receiving a referral from a GP or another designated professional for their initial or first appointment. This right applies provided the referral is for a clinically appropriate physical or mental health service.
- 16.2. Patients can exercise their right to choose when they receive an NHS referral for their initial or first appointment and the provider is commissioned by the NHS in England to provide the service needed. Further information is available for parents and carers on the NHS Sussex website [The national NHS Right to Choose Framework - for Autistic Spectrum Condition \(ASC\) and Attention Deficit Hyperactivity Disorder \(ADHD\) referrals - Sussex Health & Care](#)
- 16.3. In terms of patient choice around General Practice, patients have the legal right to choose their GP practice, as well as to ask to see a particular doctor, nurse or other healthcare professional at the GP practice. GP practices should ensure that existing and prospective patients can access information about their practice and services in a format which allows them to decide of whether to register there.
- 16.4. GP practices should not refuse to add new patients to their list unless it is appropriate to do so in accordance with the rules or provisions within their GP contract. The most common issue relates to the fact that each Practice sets a 'catchment boundary' which delineates the area within which it has agreed with commissioners its registered list of patients will be based. This boundary varies with some Practices having very wide ones (a whole town perhaps), and other much

more narrow (specific post codes). The differences relate to the size and ability of the Practice to safely deliver care over different sizes of geography, and occasionally there will also be overlaps of Practice boundaries. Each Practice is required to be clear with patients what its boundary is.

16.5. Further information on these rights is included in sections 1 and 2 of the [NHS Choice Framework](#).

17. Conclusion

17.1. This report gives an overview of the latest position for the East Sussex HOSC on improving access to General Practice services locally.

17.2. Improving access to, and outcomes and experience of Primary Care, is a continuing strategic priority for NHS Sussex. We are committed to maintaining our focus on making it easier for patients to access community and primary care services in East Sussex, particularly General Practice.

17.3. Our focus in 2024/25 is to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks, and those who contact their practice urgently are assessed the same or next day according to clinical need, to reduce unwarranted variation across our PCNs and Practices.

17.4. NHS Sussex is committed to ensuring that everyone across our communities have access to high quality health and care services when they need support.

Annex A: NHSE updated Primary Care Access Recovery Plan (PCARP) delivery actions for 2024/25 deliverables for Sussex

NHSE updated PCARP delivery actions for 2024/25 and deliverables for Sussex	
A) Empower patients	Delivery actions
1. Increase use of the NHS App and other digital channels to enable more patients to access their prospective medical records (including test results) and manage their repeat prescriptions	<ul style="list-style-type: none"> Increase NHS App record views from 9.9m to 15m per month by March 2025 Increase NHS App repeat prescription numbers from 2.7m to 3.5m per month by March 2025 <p>Local targets are to be confirmed by NHS England Regional Team</p>
2. Continue to expand self-referrals to appropriate services	<p>National Targets:</p> <ul style="list-style-type: none"> Increase number of self-referrals across appropriate pathways by a further 15,000 per month by March 2025 <p>Local targets are to be confirmed by NHS England Regional Team</p>
3. Expand uptake of pharmacy first services	<p>National Targets:</p> <ul style="list-style-type: none"> Increase Pharmacy First pathways consultations per month by at least 320,000 by March 2025 Increase oral contraception prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025 Increase Community Pharmacy Blood Pressure check appointments by at least 71,000 monthly by March 2025 as part of our ambition to deliver a further 2.5 million blood pressure checks in community pharmacy. <p>Local targets are to be confirmed by NHS England Regional Team</p>
B) Implement Modern General Practice	
National transformation / improvement support for General Practice and systems	
4. Complete implementation of: <ul style="list-style-type: none"> better digital telephony highly usable and accessible online journeys for patients faster care navigation, assessment, and response 	<ul style="list-style-type: none"> Programme milestones including sharing of evidence, standards, best practice, and support tools, which in turn enhance system-led support to practices and PCNs >90% of PCN practices meeting Capacity and Access Improvement Payment criteria Ongoing promotion to encourage take part in appropriate GPIIP training Recruitment to first cohort in readiness for July 2024 start
5. Provide all practices with digital tools and care navigation training	
6. Deliver training and support through the General Practice Improvement Programme (GPIP)	
C) Build capacity	
7. Support expansion and retention commitments in the NHS Long Term Workforce Plan aspiration, to grow multi-disciplinary teams	<ul style="list-style-type: none"> As per NHS Long Term Workforce Plan Promote more practices to become GP training practices to achieve 10% increase and expand numbers

8. Expand GP speciality training	<p>of placements offered. Support increased numbers of educators and supervisors</p> <ul style="list-style-type: none"> • Increase uptake of apprenticeships by 3-5% • Delivery of New to Primary Care Programmes and wider support and development offers
9. Change local authority planning guidance this year	<ul style="list-style-type: none"> • Collaborative work with local authorities to ensure NHS become a statutory consultee for new planning applications to support both Community Infrastructure Levy (CIL) and Section 106 funding applications
D) Cut bureaucracy	
<p>10. Make further progress on implementation of four primary care-secondary care interface recommendations.</p> <p>Make online registration available in all practices</p>	<ul style="list-style-type: none"> • Baseline in April 2024 using assessment tool and monitor the progress of ICBs in implementing recommendations in the Academy of Medical Royal Colleges report • More than 90% of practices using on-line registration system by 31 December 2024
11. Streamlining Investment and Impact Fund (IIF)	<ul style="list-style-type: none"> • Convene panels by July 2024, in line with anticipated national timelines for releasing final allocations, to review progress against approved CAIP plans before the final allocation is released

DRAFT - Annex B – details of the Extended Access offer across East Sussex PCNs

East Sussex PCN	Site Location	Day of the Week	Staffing model
ALPS GROUP PCN	Lighthouse	Monday & Saturday	GP, Nurse and Paramedic
	Park practice	Monday & Wednesday	GP, Nurse and Other Healthcare Professional
	Seaside Medical Centre	Tuesday	Advanced Practitioner, Nurse and Other Healthcare Professional
	Arlington Road Medical	Monday, Tuesday, Thursday & Friday	GP
	SDHC (Hampden Park)	Monday, Thursday, Friday & Saturday	Advanced Practitioner, GP and Other Healthcare Professional
BEXHILL PCN	Old Town Surgery	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday	GP, Advanced Practitioner, Nurse, Paramedic and Other Healthcare Professional
	Little Common Surgery	not specified - seasonal provision from this site	not specified - seasonal provision from this site
EASTBOURNE EAST PCN	Princes Park Health Centre	Wednesday, Friday & Saturday (on Rota)	GP, Nurse and Other Healthcare Professional
	Stonecross Surgery	Monday, Thursday & Saturday (on Rota)	GP, Nurse and Other Healthcare Professional
	Harbour Medical Practice	Tuesday & Saturday (on Rota)	GP, Nurse and Other Healthcare Professional
FOUNDRY HEALTHCARE LEWES PCN	River Lodge	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse, Other Healthcare Professional and First Contact Physiotherapist
GREATER WEALDEN PCN	Bird in Eye Surgery	Mondays, Tuesdays Thursdays and Saturday mornings	GP, Nurse and Other Healthcare Professional
	Buxted medical Centre	Monday, Tuesday, Wednesday, Thursday & Saturday	GP, Nurse and Other Healthcare Professional
	Herstmonceux integrative Health Centre/IC24	Friday & Saturday	GP
	The meads Surgery	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse and Other Healthcare Professional
	Wealden Ridge Medical Partnership	Monday, Tuesday, Wednesday & Saturday	GP, Nurse and Other Healthcare Professional
HAILSHAM PCN	Hailsham Medical Group	Monday, Tuesday, Wednesday, Thursday & Friday	GP, Nurse, Paramedic and Clinical Pharmacist
	Bridgeside Surgery	Monday, Wednesday, Thursday & Friday	GP, Paramedic and Other Healthcare Professional

	Hampden Park	Saturday	GP and Advanced Practitioner
HASTINGS & ST LEONARDS PCN	High Glades	Thursday, Friday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Carisbrooke	Thursday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	HOTS	Monday, Tuesday, Friday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Beaconsfield Rd	Tuesday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Station Practice	Wednesday, Thursday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Harold Road	Thursday & Saturday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Priory Road	Wednesday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	Sedlescombe House	Wednesday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
	South Saxon	Monday	GP, Nurse, Advanced Practitioner and Other Healthcare Professional
HIGH WEALD PCN	Saxonbury	Monday, Tuesday, Wednesday, Thursday & Friday (Saturday on Rota)	GP and Other Healthcare Professional
	Beacon Surgery	Monday, Tuesday, Wednesday, Thursday & Friday (Saturday on Rota)	GP and Other Healthcare Professional
	Rotherfield	Monday (Saturday on Rota)	GP and Other Healthcare Professional
	Wadhurst	Tuesday & Wednesday (Saturday on Rota)	GP and Other Healthcare Professional
	Groombridge	Wednesday (Saturday on Rota)	GP and Other Healthcare Professional
	Ashdown Forest	Thursday (Saturday on Rota)	GP and Other Healthcare Professional
	SDHC (remote service)	Saturday	GP and Other Healthcare Professional
RURAL ROTHER PCN	Rye Ferry Road	Saturday	GP and Advanced Practitioner

	Sedlescombe and Westfield	Monday, Tuesday & Thursday	GP, Nurse and Other Healthcare Professional
	Rye Medical	Tuesday & Thursday	GP and Paramedic
	Fairfield	Wednesday	GP and Nurse
	Oldwood	Wednesday & Thursday	GP and Paramedic
	Northiam	Wednesday & Thursday	GP and Nurse
	Martin's oak	Monday	GP, Advanced Practitioner and Nurse
	Remote physio	Saturday	Other Healthcare Professional
	Intergrated health care (location on rotation - further information TBC)	Friday & Saturday	Advanced Practitioner
SEAFORD PCN	SDHC - various locations	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse and Other Healthcare Professional
	Seaford Medical Practice	Wednesday & Saturday	GP, Nurse and Other Healthcare Professional
	Old school Surgery	Tuesday	GP, Paramedic and Advanced Practitioner
THE HAVENS PCN	Havens Health (Anchor Healthcare Site) - evenings and Saturday mornings SDHC (All SDHC provided appts are remote - via phone or e-consults)	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP, Nurse, Other Healthcare Professional and Paramedic
VICTORIA EASTBOURNE PCN	Victoria Medical Centre	Monday, Tuesday, Wednesday, Thursday & Friday	GP, First Contact Practitioner and Nurse
	Beacon	Saturday	GP, Nurse and Other Healthcare Professional
	Grove Road	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP and Advanced Practitioner
	Downlands	Monday, Tuesday, Wednesday, Thursday & Friday	Nurse
	Manor Park	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	GP and Advanced Practitioner