

Tower Hamlets PCT

Primary Care Access Strategy 2007/8

September 2007

Summary

This paper provides a summary of the PCT's current performance on access, identifying the services that currently exist to improve access to primary care services in the Borough and outlining new drivers for change.

The Ipsos MORI GP Access Survey, released in July 2007, shows that GP practices in Tower Hamlets are offering patients 48 hours access to a GP 68% of the time. This is significantly below the London Average of 81%.

It is the aim of the PCT to achieve the London average satisfaction levels for accessing an appointment with a GP as a standard for all practices by the end of the calendar year 2007. This is an ambitious target which will entail raising performance from 68% to 81% in 14 weeks.

The PCT has focused its access plan to achieve this goal and as a result we have put into place a series of interventions in order to significantly improve the ability of patients to access a GP by the end of 2007 and beyond.

We aim to take a facilitative and developmental approach with practices providing comprehensive training opportunities and the support of an access facilitator. We will ensure that all practices are offering patients reasonable access and establish a set of performance management measures designed to bring about the stepped change necessary.

The PCT have established a multi-disciplinary access strategy steering group who will drive the development and oversee the implementation of three main work strands which are detailed later in the document:

1. Re-Design of Current GP Services
2. Commissioning Additional Capacity
3. Patient Engagement and Education

The detailed work related to the three work streams have been put into a work plan schedule with milestones, timeframes and lead managers (Appendix 5).

1 The Local Context

Primary care is the first point of access for many people to the NHS and accounts for nearly 90 per cent of NHS activity. Improving access to primary care is a high priority and a key measure by which patients judge their GP practice.

The NHS Plan stated that: "by 2004, all patients will be able to see a primary care professional within 24 hours and a GP within 48 hours if they wish to do so".

Tower Hamlets has a registered practice population of 236,000 with 36 GP practices. It has a challenging and diverse population, a high percentage of which do not speak English. There is a large resident Bengali population with areas of extreme deprivation, all-contributing to higher than average consultation rates relative to the national average.

In addition, the population of Tower Hamlets is set to increase faster than the rest of London with expected growth to 250,000 by 2011.

2 Why is access a priority in Tower Hamlets?

2.1 Its important to patients

Access to primary care is the most important single issue that patients comment on. Getting through on the telephone, making an appointment, getting an appointment quickly and being able to book an appointment at times that suit patients are all pressing issues for patients everywhere and especially in Tower Hamlets

2.2 Current access to GP services is the worst in the UK

The IPSOS Mori poll went out to over 30,000 Tower Hamlets residents and over 10,000 returned them. The results show that only 68% of Tower Hamlets residents were satisfied with their ability to get an appointment with a GP within 48 hours of requesting it. The London average was 81%.

2.3 Good access provides a better workplace

Long waits lead to adversarial patient/practice relationships. The evidence is that practices with good access are confident that they have the services to meet their demand and the reception teams operate under less stress as they are able to give patients what they want rather than act as gatekeepers.

2.4 Its better for the whole system

Many patients who struggle to get appointments with their own GP practice go to A&E inappropriately or are forced to go to the Walk In Centre at Whitechapel.

3 Baseline Analysis

3.1 Ipsos-Mori Survey “Your doctor, your experience your say”

This year the Department of Health commissioned Ipsos MORI, the independent research organisation, to conduct a 'GP Patient Survey'. Questionnaires were sent to a sample of selected patients in January 2007.

Over 30,000 questionnaires were sent to Tower Hamlet's residents and 10,000 were returned.

The national IPSOS MORI GP Patient Access Survey for 2006/7 shows that, while there are practices offering an excellent service with 93% of respondents saying that they can access a GP in less than 48 hours, there are also many patients who experience unacceptable waits to get an appointment with a GP in Tower Hamlets.

The picture at individual practices in Tower Hamlets is mixed:

- There is variation between practices with some practices reaching over 90% for all criteria
- There are some areas of excellent practice with 8 practices offering 48-hour access over 84 % of the time
- There are also 23 practices failing to offer 48-hour access 70% of the time and 15 practices failing to offer 48-hour access 60% of the time.
- There are also some significant outliers with three practices scoring 36%, 41% and 44% respectively and two practices hitting 93%.

Patient responses did show high levels of satisfaction with the ability to see a doctor outside of core hours (8am to 6.30pm) and on Saturdays as a result of the PCT's extended hours scheme but it also showed that compared to London, Tower Hamlets average performance across four key access indicators was disappointing.

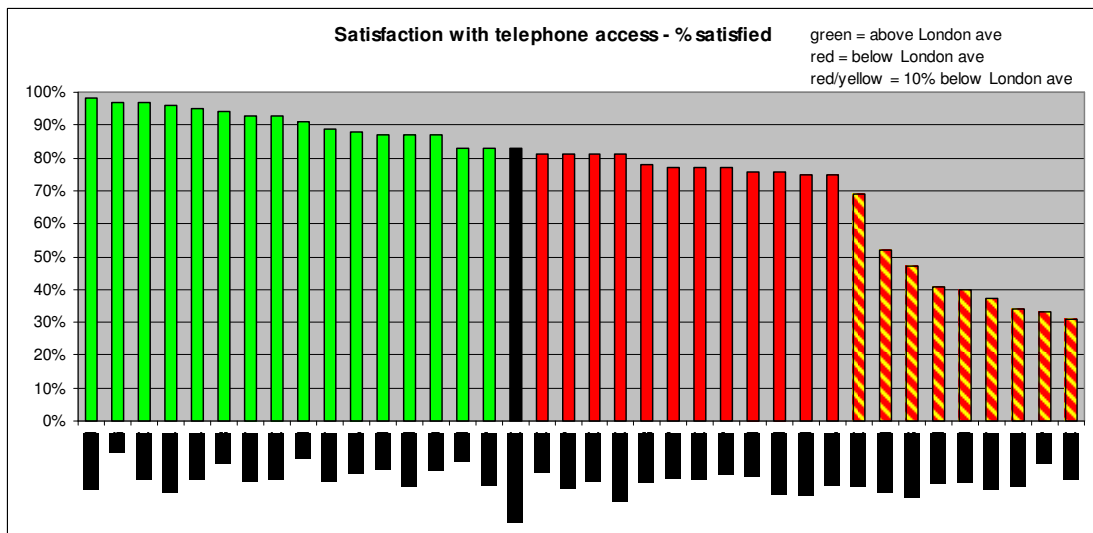
Measure	Tower Hamlets Average	London Average	National Average
Ability to get a GP appointment within 48 hours	68%	81%	86%
Satisfaction with phone access	76%	83%	86%
Ability to book an appointment more than 2 days ahead	68%	74%	75%
Satisfaction with booking a specific GP	80%	83%	88%

Tower Hamlets PCT is therefore carrying out intensive and urgent remedial work to ensure that GP practices are offering their patients access to services at least on a par with the London average.

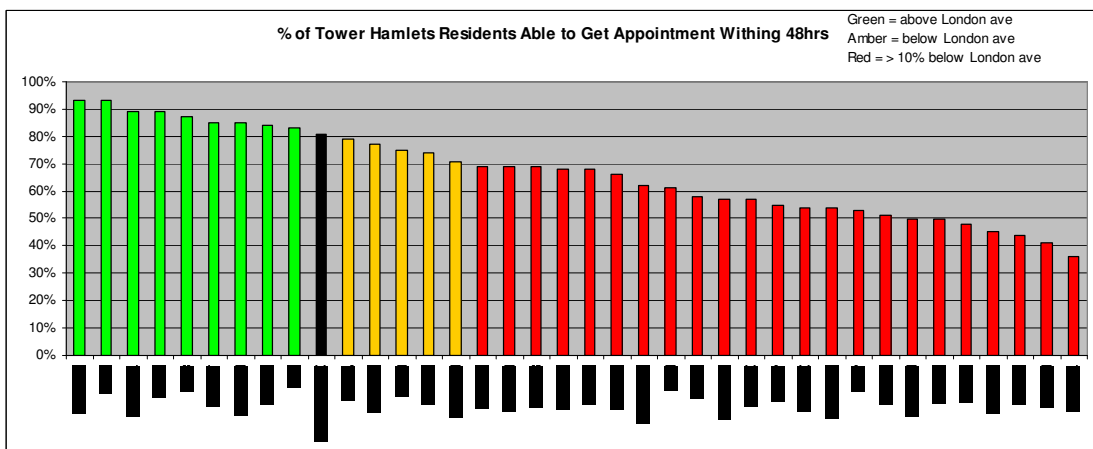
There does not appear to be any clear correlations between practice size, location or staff to patient ratios. Access does appear to be worst in the North

and South West where the Bengali population is high (exceeding 40%) but within these areas there are also pockets of excellent access being provided. The four key areas of access performance (by practice) are as follows:

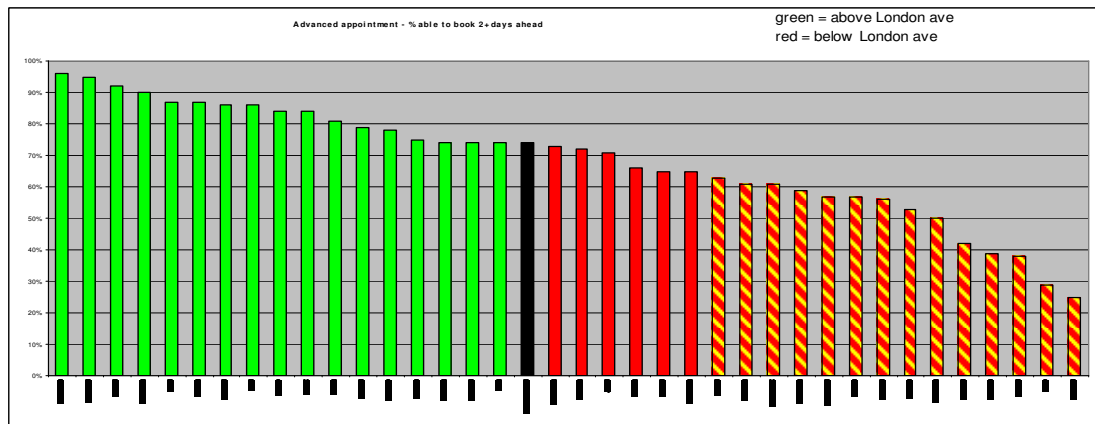
Satisfaction with telephone access



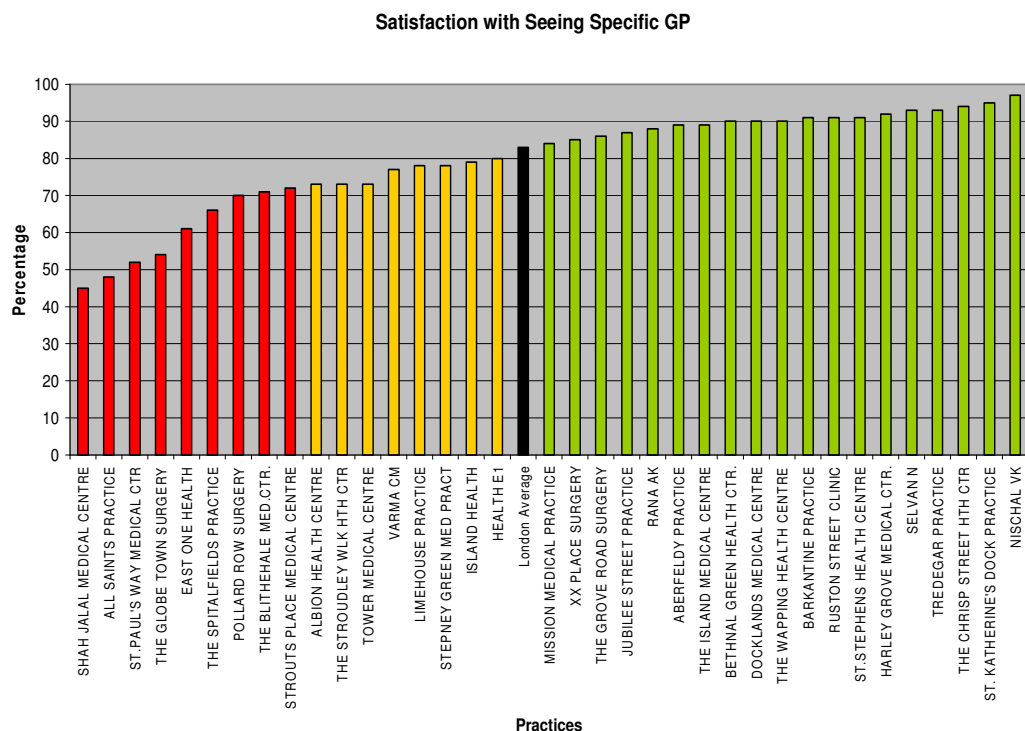
Satisfaction with 48 hour access



Satisfaction with booking more than 3 days ahead



Satisfaction with ability to see doctor of choice



4 Gap Analysis

4.1 Individual practices or groups of practices

While there are a number of practices that are providing excellent access for their populations, it is the view of the PCT that many are failing to provide access that meets the "reasonable needs" of their patients as outlined in the GMS contract.

The PCT has established a traffic light system with green practices providing 48 hour access at or above the London average of 81%, amber practices

providing 48 hour access within 10% of the London average and red practices providing 48 hour access more than 10% below the London average (see bar chart above).

There are 22 GP practices in Tower Hamlets that fall into the red category.

4.2 Geographical Pattern

There are no clear geographical trends that emerge from an analysis of the 48 hour access data.

A map of Tower Hamlets PCT area and practice performance on 48 hour access can be found in *appendix 1*.

4.3 Practice size

There appears to be no correlation between practice size and performance as there are examples of small and large practices in all performance categories.

4.4 Workforce - WTE GPs and list size

The PCT do not believe that capacity is an issue at PCT level but are aware that it may be an issue at certain practices with particular populations and are working towards understanding the supply and demand dynamics at these practices more fully.

Patient registration is also not a problem and the PCT has not had to assign patients to lists since 2005.

There appears to be no correlation between GP workforce capacity and performance.

The analysis in *appendix 2* shows that if anything the higher the list size the better the access which is the opposite of what would be expected if capacity were the problem.

4.5 Ethnicity – Engaging the Bangladeshi Community

At least 33% of Tower Hamlets population is Bangladeshi.

The IPSOS MORI shows that of those that responded satisfaction rates for ethnic minority patients, and Bangladeshis in particular, are lower than those for white patients. The report also shows satisfaction rates are lowest among Asians aged under 35.

Early indicators in Tower Hamlets are that, of those that responded to the survey, members of the Bengali community were less satisfied with their ability to access an appointment within 48 hours than white patients.

5 Analysis of practice performance

The table below shows access performance across three of the key access areas and will be used to prioritise practices for interventions.

The right hand three columns are blocked in red where a practice is more than 10% below the London average in one of the three access categories analysed.

The patients per whole time equivalent column shows that there is an average of 1832 patients per WTE GP. There is significant variation within this average but it does not seem to be a factor on access.

Rank	Number of patients per WTE GP (May 2007)	List Sizes	Practice name	Satisfaction with phone access - % satisfied (Q2)	48 hour GP access - % able to get appointment in 48 hours	Advanced appointment - % able to book 2+ days ahead	Average	Telephone Access Satisfaction	48 Hour Access Satisfaction	Booking Ahead Satisfaction
1	1756	7022	SHAH JALAL MEDICAL CENTRE	34%	36%	25%	32%	1	2	3
2	1587	7298	ALL SAINTS PRACTICE	40%	41%	39%	40%	1	2	3
3	1619	9713	THE GLOBE TOWN SURGERY	31%	44%	38%	38%	1	2	3
4	2134	13339	THE SPITALFIELDS PRACTICE	37%	45%	50%	44%	1	2	3
5	1567	7053	EAST ONE HEALTH	76%	48%	53%	59%		2	3
6	1793	8965	STEPNEY GREEN MED PRACT	52%	50%	65%	56%	1	2	3
7	2000	4000	POLLARD ROW SURGERY	77%	50%	66%	64%		2	3
8	1846	6277	THE BLITHEHALE MED.CTR.	77%	51%	57%	62%		2	3
9	1809	10852	ST.PAUL'S WAY MEDICAL CTR	33%	53%	29%	38%	1	2	3
10	1840	9937	LIMEHOUSE PRACTICE	69%	54%	61%	61%	1	2	3
11	1778	8497	THE WAPPING HEALTH CENTRE	77%	55%	84%	72%		2	
12	1530	4208	STROUTS PLACE MEDICAL CENTRE	47%	57%	57%	54%	1	2	3
13	2238	3245	THE GROVE ROAD SURGERY	81%	57%	79%	72%		2	
14	1640	8200	BARKANTINE PRACTICE	81%	58%	84%	74%		2	
15	1858	9901	JUBILEE STREET PRACTICE	83%	61%	71%	72%		2	
16	1908	3815	THE STROUDLEY WLK HTH CTR	81%	62%	61%	68%		2	3
17	1976	11266	THE CHRISP STREET HTH CTR	83%	66%	78%	76%		2	
18	2067	3100	VARMA CM	75%	68%	72%	72%		2	
19	2158	5396	DOCKLANDS MEDICAL CENTRE	95%	68%	92%	85%		2	
20	1587	7951	ALBION HEALTH CENTRE	41%	69%	42%	51%	1	2	3
21	1748	5244	TOWER MEDICAL CENTRE	78%	69%	56%	68%		2	
22	2229	2898	SELVAN N	87%	69%	74%	77%		2	
23	1493	10449	ISLAND HEALTH	76%	71%	73%	73%			
24	1177	10022	ST.STEPHENS HEALTH CENTRE	97%	74%	86%	86%			
25	1705	9906	MISSION MEDICAL PRACTICE	87%	75%	65%	76%			3
26	1572	4873	HARLEY GROVE MEDICAL CTR.	81%	77%	74%	77%			
27	2339	3976	RANA AK	88%	79%	81%	83%			

28	1048	1569	HEALTH E1	91%	83%	86%	87%
29	2061	3091	TREDEGAR PRACTICE	93%	84%	75%	84%
30	1371	4457	ABERFELDY PRACTICE	89%	85%	87%	87%
31	2284	2294	ST. KATHERINE'S DOCK PRACTICE	93%	85%	90%	89%
32	1135	11979	XX PLACE SURGERY	94%	87%	74%	85%
33	1950	3899	THE ISLAND MEDICAL CENTRE	87%	89%	63%	80%
34	2725	2725	NISCHAL VK	96%	89%	96%	94%
35	1684	8000	BETHNAL GREEN HEALTH CTR.	97%	93%	87%	92%
36	2723	2723	RUSTON STREET CLINIC	98%	93%	95%	95%
	1832	238140	Averages	75%	67%	68%	70%

5.1 Premises issues

Tower Hamlets PCT has a comprehensive premises development strategy. At present there are 9 new premises developments which are part of the integrated Health and Wellbeing Strategy. Tower Hamlets has relatively few small and single handed practices.

5.2 Balanced Scorecard

Tower Hamlets PCT introduced its balanced scorecard this year as a performance management tool for general practice. The scorecard will be amended to include performance for the 4 key Ipsos Mori poll criteria, performance in the delivery of "reasonable access" (detailed in 6.2.2) and the number of GP appointments that practices are providing per 1000 patients per week.

6 Action Plan

Tower Hamlets PCT sees improving access as a key priority and has given the project plan senior leadership and ownership. Alwen Williams (CEO) chaired the first Access Strategy Steering Group and Andrew Ridley (Director of Primary and Community Care Commissioning) is the strategic lead for access.

The Access Strategy is to be integrated vertically into the work of the organisation through the close work of senior managers and through the group's membership that includes PEC and Board members.

It is also horizontally integrated into the work of the organisation through its links with work already going on with PBC, urgent care projects, the health and wellbeing strategy, pharmacy priorities, community involvement and patient education and this is also reflected in the Steering Group's membership.

It is the aim of the PCT to reach London Average satisfaction levels for 48 hour access by December 2007. This is an ambitious aim which raises performance from 68% to at least 81 % in 14 weeks.

6.1 Access Strategy

The PCT has an Access Re-Design Manager and has written and consulted on its access strategy. The PCT has also established a multi-disciplinary Access Strategy Steering Group with representatives from a range of stakeholders including GPs, nurses, walk-in centre and A&E managers, LMC representatives, community leaders, practice managers and patient involvement managers.

The group will:

- Bring together key people to oversee, shape and advise on the development of the Access Strategy
- Performance manage and monitor progress made against the action plan
- Identify work streams from the strategy and bring together key stakeholders and expertise to form sub groups that work on various aspects of the strategy and report back to the main group on progress made
- Share skills, expertise and knowledge to drive the strategy's implementation

At the first meeting of the Access Strategy Steering Group on September 13th three key workstreams and sub groups were identified:

- Re-Design of Current GP Services
- Patient Engagement and Education (including training)
- Commissioning Additional Capacity

The access strategy cycle and the workstreams are summarised in diagrams in *appendices 3 and 4*.

6.2.1 Re-Design of GP Services

It is the intention of the PCT to provide all practices with significant and intensive support between September and January 2008 to facilitate the provision of London average access.

Tower Hamlets PCT has used the traffic light categorisation of practices to devise a three tier approach to working with GP practices on 48 hour access performance.

Red Practices (more than 10% below London average)

- "Red" practices will receive intensive on site re-design consultants. The PCT has commissioned McKinsey to work with the access re-design manager to provide practices with dedicated teams of consultants who will evaluate and assess the systems, capacity, efficiency and patient demand at each of the 'red' practices and work closely with the practices on rapid turnaround plans.
- "Red" practices are expected to nominate a practice access manager and clinical access lead that will make themselves available to work with the consultants for a minimum of seven days over the next three months

Amber Practices (below London average)

- Amber practices will attend an all day training event with follow up workshops run by the Improvement Foundation
- “Amber” practices will be expected to nominate a practice access manager and clinical access lead to attend the events and commit a minimum of 4 days to developing their access systems
- Amber practices will receive some on site support from the access redesign manager and from the access lead at the Improvement Foundation.

Green practices (above London average)

- Green practices will also have the option of attending the Improvement Foundation training events. They will also be expected to nominate a practice access manager and clinical access lead.
- Green practices will be invited to share their experience and skills in providing good access and share this with practices that are failing to provide reasonable access.

6.2.2 Definition of “reasonable access”

The PCT is seeking to agree a local definition of “reasonable” access that our practices should provide in order to meet the needs of Tower Hamlets.

The contract states:

“The Contractor must provide [contracted service] at such times, within core hours, as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency”

The PCT proposes that the following definition apply:

- i. Patients should be able to book an appointment at least 2 weeks in advance if they wish. With an aim to offer advanced booking up to 3 to 4 weeks over time
- ii. Practices must have at least 1 appointment line into the practice per 2000 patients or demonstrate 85% satisfaction with phone access in the Ipsos MORI survey.
- iii. Patients must be able to book appointments throughout the day
- iv. Practices must offer telephone consultations or at least the opportunity for patients to speak directly to a clinician
- v. Patients requesting on the day appointments must receive an appointment that day or be clinically triaged either on the phone or face-to-face

- vi. Following triage patients that deemed as urgent are seen on the day or referred to the most clinically appropriate service
- vii. Practices must offer 48-hour access to appointments at least 80% of the time by January 2008 and develop contingency plans to maintain that level of performance.

These standards will also be incorporated into the PCT's existing performance management framework with practices (balanced scorecard).

The LMC have given their full support to the principles contained in the definition.

6.2.3 Access DES

Following confirmation from the Department of Health in August that there will be an Access DES for 2007/8, the PCT will launch the DES and ensure that there is 100% sign up from the GP practices.

All practices will be required to produce an action plan that details how they intend to reach London average minimum performance in all 4 Ipsos Mori survey criteria and continue to participate in the Primary Care Access Survey.

6.2.4 Training and Development

Training & Development

The PCT will work closely with the Improvement Foundation and commission three targeted training interventions designed to help green and amber practices understand their access systems and maximize the efficiency and quality of their practice team.

All Day Workshop

The PCT has commissioned an all day access workshop from the Improvement Foundation which will focus on all aspects of advanced access methodology and provide a foundation in establishing improved access systems in general practice.

Quality Improvement Skills Programme (QuISP)

There will then be a follow up modular training programme for amber practices who will attend 3 one-day training sessions focusing on access. Each day will be separated by 3 to 4 weeks to allow practice based practical work as a following the theoretical training input of the sessions and for reflection on its impact.

The PCT will encourage practices in clusters to attend the sessions so that similar issues can be discussed and shared and that local networks may be developed.

Front of house staff training

The PCT is commissioning training for all front of house staff at 'red', 'amber' and 'green' practices which will be held on site at the GP practices between January and March 2008.

- Customer care
- Dealing effectively with Conflict and
- Valuing and Understanding Diversity
- Cultural Competence and Islam

6.2.5 Warwick University Software Pilot

The PCT has commissioned the Warwick Manufacturing Group to pilot, develop and implement an innovative Simulation Software system across Tower Hamlet's GP practices. The system will provide a computer based tool that will equip practices to anticipate and simulate outcomes of access re-design.

The system will enable practices that have calculated their appointment demand to enter a number of variables (such as DNAs, skill mix, use of phones, the impact of absences and so on) to model outcomes and maximise the potential and efficiency of their access systems.

The system will be developed at three practices in October and rolled out to all practices depending on the success of the pilot.

6.3 PCT Commissioned Capacity

The PCT will also continue to use the following investments to provide better primary care access for Tower Hamlets patients:

6.3.1 The Salaried Doctors Scheme

15 salaried GPs work in 13 practices and currently provide about 76 sessions per week of patient consultations, approximately 1650 routine and emergency appointments per week. The 2007-08 budget is 450K.

6.3.2 Salaried Nurse Scheme

The PCT is also developing a salaried nurse scheme that places practice nurses in GP practices and provides them with mentorship, training and support.

6.3.3 Extended Hours scheme

Under this scheme the PCT funds practices at sessional rates to provide appointments outside of core hours (before 8.00 am and after 6.30 am) and also at weekends.

In 2007/8 30 of the 36 Tower Hamlets practices are offering patients extended hours with 8 practices offering Saturday surgeries. Since its launch in 2005 there are 103 additional sessions per week available to patients

across the PCT with further sessions planned. The total budget for the scheme is £825,000

In the last month the PCT has commissioned an additional 35 sessions (210 appointments) per week. There are now 34 of the 36 practices participating in the scheme.

6.3.4 Pharmacy First

The service offers patients access to advice and treatment from a healthcare professional without having to book an appointment at their surgery.

The service is available from all (42) pharmacies in Tower Hamlets and there are currently more than 28,000 patients registered with the service. There are now 3,500-4,500 Pharmacy First consultations each month. The budget for this service in 2006/07 was £400,000 and this is set to increase in 2007/08.

6.3.5 Walk-in Centres:

The PCT commissions two Walk-in Centres (Whitechapel Walk-in Centre and Canary Wharf Walk-in Centre) and patients are able to access their services where they cannot be seen by their practice. Whitechapel is open from 7am to 10 pm 7 days a week and Canary Wharf is open from 7 am to 7pm Monday to Friday.

The budget for the Whitechapel service is £2m and sees 125-140 people per day. The centre at Canary Wharf is currently funded by the Department of Health and sees over 80 per day with further capacity to see up to 180 patients per day. The PCT is currently working with the providers and local practices to ensure that more of this capacity is utilised

6.3.6 Expanding Practice Allowance

The PCT has also just introduced an Expanding Allowance LES which incentivises practices to expand their lists. The PCT is aware that growing a GP practice list can present a range of problems. Workload increases immediately while practice income takes time to be reflected and as a result investments in additional staff and facilities can be difficult to make.

The aim of this LES is to commission an increase in the registered list for selected practices (GMS, PMS or PCT MS) and has been funded from PCT mainstream Commissioning Intentions funds.

The PCT is therefore looking for expressions of interest from practices looking to substantially increase their lists especially in areas of current under provision, where planned growth is necessary to anticipate increasing demand or to target a specific population in need.

6.4 Patient Engagement and Education

Some practices are expanding the health care assistant role to include advocacy, interpreting and also extending the time taken during a new patient health check to include a summary of the role of the practice and the

expectations of the patient, sign up and explanation of Pharmacy First, when to access NHS Direct and A&E and we will monitor this and other initiative's progress.

6.4.1 Ethnicity – Engaging the Bangladeshi Community

The IPSOS MORI shows that, of those that responded, satisfaction rates for ethnic minority patients, and Bangladeshis in particular, are significantly lower than those for white patients. The report also shows satisfaction rates are lowest among Asians aged under 35.

The PCT has developed a draft action plan for this workstream and also convened a sub-group that will report directly to the Access Strategy Group.

6.4.2 Seminar with Community Leaders to explore patient issues

Alwen Williams (CEO) and Andrew Ridley have held a seminar with leaders from the Mosques and Bangladeshi community to explore the particular issues facing Tower Hamlets Bangladeshi residents in accessing services from general practice. As a result of the meeting the PCT has set up a community engagement and dialogue working group that will lead on this work strand as part of the over all access strategy.

6.4.3 Dr Mayur Lakhani's Review Team

The Secretary of State has appointed Dr Mayur Lakhani, Chairman of the Royal College of GPs, to lead a review team to look at how primary care can more fully address the needs of patients from black and minority ethnic communities.

Alwen Williams is a member of Dr Lakhani's team and has attended his review team meetings.

Dr Lakhani is due to visit the PCT on 2nd October for a walk about tour and meet community leaders, staff and clinicians who work and reside in areas of high Bengali representation.

6.4.4 Analysis of ethnicity

The PCT will be looking closely at the ethnic breakdown of each practice list and investigate any correlations between the ethnic make up a practice list and access.

6.4.5 Practice Access Plans

All practices will be required to develop a practice access development plan. We will ensure that each plan has a section on patient and public involvement. The PCT will encourage practices to engage with their local communities to tailor the service they provide to meet their patient's needs using practice based patient groups, engagement with community leaders and posters leaflets and information.

6.4.6 Review of PCT Commissioned Advocacy Services

The PCT budget for advocacy and interpreting is £676k. At present 20 of the 36 practices receive Bengali/Sylethi advocacy sessions. Practices also employ bi-lingual reception staff and clinicians.

The PCT will appraise the current services to ensure that it is providing value for money and that the service in its current form meets the needs of the GP practices and their patients.

6.4.7 Information and signposting

All practices will be expected to display clearly up-to-date health information in their surgeries explaining how they can get assistance with things. Information should include an outline of the practice team and what they can offer to patients, pharmacy first, when to contact A&E, when to use NHS Direct and so on.

6.4.8 Communication and Marketing

The PCT will commission marketing and communication expertise to orchestrate a media campaign at local and practice level to ensure that residents are aware of the progress that practices are making in regard to access and service developments. This will include practice based displays and videos, articles in local papers, radio interviews and advocacy from key community leaders.

7 Overall budget and resources 2007/8

The 2007/8 additional budget for the PCT's access turnaround plan is £1.2m

This is in addition to the £4m that the PCT spends on commissioning additional capacity outlined in section

Practice re-design consultants	£700K
Training	£120k
Patient Education and marketing	£150k
Community Group Interventions	£150k
Total	£1.2m

8 Evaluation

The PCT has put into place a raft of interventions which are designed to deliver sustainable access improvement.

The PCT aims to achieve a PCT wide average of at or above the London average for 48 hour access and also for satisfaction with telephones, booking ahead and seeing the GP of your choice by the end of December 2007.

The PCT aims to continue to secure further sustainable improvements across all Ipsos Mori patient satisfaction criteria during 2008.

The PCT will be closely monitoring practice based patient group comments as well as GPAQ returns but will also be running waiting room questionnaires based on the 4 key Ipsos Mori access criteria. The questionnaires will capture the views of those patients that have accessed their surgeries following the PCT's re-design work and will provide feedback on the impact of its turnaround plans.

The PCT will also be seeking hard data on actual waiting times at the red and amber GP practices which will be provided by the on site process re-design consultants.

McKinsey Consultants will be providing the CEO and Director of Primary and Community Care with a weekly update on progress made by the red practices.

The PCT has already seen the expansion of the extended hours programme from 103 to 138 sessions per week and will also be monitoring the uptake of pharmacy first appointments and the use of other pharmacy schemes such as repeat dispensing.

The Access Strategy Steering Group will act as the central driver for the delivery of the Access Strategy and progress made against the strategy will be reported and monitored by the group on a monthly basis.