

| | | |
|--|---|-------------|
| REPORT TO: | PRIMARY CARE COMMITTEE | |
| MEETING DATE: | 16 November 2015 | |
| REPORT TITLE: | Improving Access to Primary Care | |
| SUMMARY OF REPORT: | This is a DRAFT outline plan, submitted to NHSE in order to secure recurrent Improving Access Resource, which will be subject to change as the CCG works in close collaboration with GP Practices, the Federations that represent them, other providers of primary care services and patients to develop a new model of care that will deliver the East Lancs vision for primary care set out in this plan. | |
| REPORT RECOMMENDATIONS: | For information | |
| FINANCIAL IMPLICATIONS: | Financial plan attached as part of report | |
| REPORT CATEGORY: | Formally Receipt | Tick |
| | Action the recommendations outlined in the report. | |
| | Debate the content of the report | |
| | Receive the report for information | √ |
| AUTHOR: | Lisa Cunliffe | |
| | Report supported & approved by your Senior Lead | Y |
| PRESENTED BY: | Lisa Cunliffe Primary Care Development Manager | |
| OTHER COMMITTEES/ GROUPS CONSULTED: | Primary Care Access Project Group & Primary Care Steering Group | |
| EQUALITY ANALYSIS (EA) : | Has an EA been completed in respect of this report? | N |
| | Equality checklist completed at beginning of access project. Equality impact assessment will carried out once model has been developed | |
| RISKS: | Risks have been identified in relation to the workload and financial pressures within primary care. These are include on the corporate risk register | Y |
| CONFLICT OF INTEREST: | Is there a conflict of interest associated with this report? | Y |
| PATIENT ENGAGEMENT: | Has there been any patient engagement associated with this report? | Y |
| PRIVACY STATUS OF THE REPORT: | Can the report be shared? | Y |
| Which Strategic Objective does the report relate to | | Tick |
| 1 | Commission the right services for patients to be seen at the right time, in the right place, by the right professional. | √ |
| 2 | Optimise appropriate use of resources and remove inefficiencies. | √ |
| 3 | Improve access, quality and choice of service provision within Primary Care | √ |
| 4 | Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways | √ |