

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **18 OCTOBER 2021**

## **PRIMARY CARE (GP) ACCESS**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) has requested a report on how the residents of Worcestershire are able to access appointments with GPs following the COVID-19 pandemic including how services are monitored to ensure equity of access across the County.
2. The Committee would like to gain an understanding of how access to GP appointments has changed following the Pandemic (including the timeliness, availability, and types of appointments), the success of changes made/new ways of working, the challenges faced by GPs and residents and how residents' views are being considered.
3. Senior representatives will be present from NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG), which commissions primary care.

### **Background**

4. The HOSC has maintained regular oversight of access to Primary Care, particularly as services recover from the COVID-19 pandemic. An initial overview of how GP services were being restored and accessed was provided on 20 July 2020 [weblink to agenda and minutes](#) and this was followed by further updates which are detailed in the background papers of this report.

### **Current GP operating model**

5. The way in which General Practice (GP) must operate during 2020/21 has been determined by NHS England / Improvement (NHSE/I). At the start of the COVID-19 Pandemic NHSE/I mandated a Standard Operating Procedure (SOP) for General Practice (in the context of Covid-19) which was a total triage model with minimal onsite access for patients, to comply with pre-determined infection control procedures. In addition, Primary Care Networks (PCNs) came together to operate as hubs according to the clinical need of patients requiring face-to-face appointments and their infection status. Practices have been operating in accordance with this SOP to protect both patients and staff.
6. The SOP has continued to be reviewed throughout the pandemic with the most recent directive published on 19 July 2021 which requires practices to 'offer a blend of remote and face-to-face appointments with digital triage where possible'. In addition, it is a contractual requirement that all practices offer a range of digital appointment types including video consultations. For example, practices are required to offer 5 per 1,000 patient's online consultations each week from 1 October 2021.

7. The digitalisation of General Practice to enable remote working and a move to a hub model, shared with the Committee in July 2020, ensured that all practices in Worcestershire remained open during waves 1, 2 and to the current date. This did not happen universally throughout the country.

8. Until further notice, the existing COVID-19 Infection Protection and Control (IPC) guidance continues to apply in healthcare settings. In a COVID-19 Response on 19 July 2021, the Cabinet Office confirmed that: "Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary, and this will be continually reviewed...". All primary care contractors have therefore been mandated to follow this guidance, including the use of face coverings in NHS settings. This includes suggested ways to minimise contact in waiting areas.

9. Since July 2021, the number of competing priorities which practices are responding to is creating pressure and challenges for many of them. This is no different to any other part of the NHS at the current time.

10. The nationally agreed priorities for General Practice in 2021/22 include:

- Delivery of the national COVID-19 Vaccination Programme
- Restoration of long-term condition management, focussing on high-risk patients and tackling health inequalities
- Delivery of the Flu Immunisation Programme
- Preparing for two major new services to be delivered from 1 April 2022, namely Cardiovascular Disease Prevention and Diagnosis, and Tackling Neighbourhood Health Inequalities.

### **COVID-19 Vaccination Programme**

11. In Worcestershire, 87.5% of the adult population has been vaccinated, with the Herefordshire and Worcestershire system being the highest in the West Midlands for overall uptake. In total 620,000 patients have received their first dose and 580,000 their second dose. NHS Herefordshire and Worcestershire CCG has been highlighted as a top achiever in the country, often achieving the highest or in the top 3 in the country for delivering targets against cohort patient groups. This trajectory is illustrated in Appendix 1, Graph 1f.

12. The vaccination programme has recently been expanded to include the 12 to 17-year old cohort (40,100 population size).

### **National and local monitoring of access**

13. General Practice Appointment Data (GPAD) has been collated nationally since December 2018. This is published monthly by NHS Digital. This is the main indicator used by NHSE/I to monitor activity. NHS Herefordshire and Worcestershire CCG analyses this data to benchmark local appointment data against national / neighbouring CCGs levels, and to review trends month-on-month. Data is reported to and monitored by the Primary Care Quality and Risk Sub-Committee which reports to the Primary Care Commissioning Committee.

14. The latest data available (August 2021) is available in Appendix 1, Graph 1a. The headlines are:

- 406,961 appointments - 28% more appointments than August 2020. This figure excludes 62,000 appointments used to administer the COVID-19 vaccine (see Appendix 1, Graph 1f). If included, activity is 33% above 2020 levels and 20% above 2019 levels
- Primary Care General Practice is working at higher than pre-pandemic levels - currently 7% up on August 2019. Comparing 2019 to 2021 for the months January to August, the appointment levels are up 2.3%, excluding Covid-19 immunisation numbers
- Primary Care appointment recovery rates compared to last year have been the highest in the region for the past six months compared to 2020 activity (see Appendix 1, Graph 1b)
- Average daily appointment numbers are 17,117. This averages out to 214 per day per practice, higher than the national rate of 167 (note that practice list sizes vary considerably but the figure is used to compare to national rates)
- As a comparative measure, the number of appointments is equivalent to 0.46 per head of population per month, which is consistently the highest in the Region and compares well to a national rate of 0.39
- 54% of primary care appointments were with a GP, compared to the national rate of 52% (see Appendix 1, Graph 1c)
- 53.9% of appointments were face to face, a similar but slight increase on the previous month which was 53.5%. This is generally about 5% lower than national levels, however this is equivalent to 0.25 face to face appointments per head of population, compared to the national average of 0.22 (see Appendix 1, Graph 1d)
- 57.3% of patients booking an appointment are seen within 1 day, compared to the national rate of 54.8% (see Appendix 1, Graph 1e)
- Online and video appointments account for 21,258 (local data sources used as national reporting is vastly underestimated). This is now just under 6% of all appointments, from a baseline of 0% in January 2020
- By 30 July, all practices nationally were required to undertake a data mapping exercise to improve the quality of appointment data, in line with contractual requirements. This has been completed.
- NHS 111 direct booking has been increasing over the past year and most of our practices have been configured to enable direct booking. There have been issues with NHS 111 direct booking with three practices. This is not atypical with 50 practices in the Region having technical difficulties; these have been escalated to EMIS for resolution. Our conversation rates are 25%, just under the Regional average of 27%. However, 111 requests only represent <1% of appointments.

### **GP Contract Changes October 2021**

15. NHSE/I recently published an update to the GP Contract on 23 August 2021, setting out a plan for the gradual introduction of new service requirements for PCNs. Funding through voluntary incentives such as the Investment and Impact Fund (IIF) is the principal way in which NHS England will be promoting PCN service improvement goals from the NHS Long Term Plan. This includes contractual requirements to support improved patient access to primary care services. The PCNs' IIF objectives are:

- Improved patient experience of accessing general practice
- Reduction in the proportion of patients waiting longer than 2 weeks for a routine general practice appointment
- Improved provision of online consultations
- Increased utilisation of specialist advice services, and community pharmacist consultations.

## **Public feedback and engagement including National Patient Survey findings**

16. The CCG is aware of some issues or perception with access, particularly from complaints or local feedback during COVID-19. The pandemic has highlighted inequalities that may/may not have already existed and has increased some barriers faced by marginalised groups. There may be disproportionate numbers of cohorts that are prone to face inequalities e.g. the elderly or those on lower income/rural poverty which may compound access issues.

17. As a result, the CCG has reviewed several reports by organisations such as Healthwatch and The Patients Association, together with a recent NHSE/I Midlands Access Survey report. During 2020 the CCG undertook further engagement exercises (sometimes with other organisations such as Healthwatch) to confirm any findings identified in national reports and highlight areas for improvement or where our patients could be supported. This included a number of local patient feedback exercises where we focused on patient groups, such as those with Cancer or Learning Disabilities and Autism, or where patients were digitally excluded.

18. These information sources were also correlated with the National Patient Survey findings. We continue to achieve highly on the National Patient Survey in all the key areas. The findings compared to the previous year, and national comparisons are noted in Appendix 3.

19. This has given us over 13 sources of information to take account of patients' views, ensure accessibility is not compromised at practice level and to help some marginalised groups who have been disproportionately affected. As a result, we have undertaken the following actions:

- A website audit to ensure consistency of message and that practices advertise they are open as usual and describe a range of access options
- Telephone audits have resulted in a number of practices that have been contacted following the audit and placed on the NHSE/I Improving Access Programme. Further practices are receiving new telephone systems in line with a planned digital update programme
- All survey results have been triangulated to give a clear steer on areas of concern, particularly inequalities. Improvements will be directed through the Digital Group.
- A Digital Inclusion Advisory Group (DIAG) has been set up with key stakeholders and patient advocates to look at practical initiatives to reduce

inequalities because of digital exclusion. Initial meetings have commenced with a further meeting planned for 14 October 2021

- The CCG has carried out further feedback initiatives; digital live events and feedback sought from hard-to-reach groups e.g. LD and autism
- There have been further meetings with Patient Participation Groups (PPGs) and outreach events are planned to educate about online and video consultations
- A video has been developed for Herefordshire, and similar is in production for Worcestershire, for patients to understand the roles that each profession undertakes in GP practice, and who may be more appropriate to care for various patient conditions (instead of resorting to a GP appointment as first line)

## **Workforce capacity**

20. A focus for the CCG over the past 5 years has been a recognition of the need to increase the Primary Care workforce to meet the demand and long-term challenges facing General Practice. Despite the challenges we continue to meet current capacity demands and are working towards managing future demand.

21. Overall GP numbers were increasing slightly until August with a reduction of 8 GPs (7 FTE) in the last quarter. Overall, the number of GPs has increased by 21 since 2015, but FTE has reduced by 28, from 456 in 2015 (see Appendix 2, tables 2a and 2b).

22. However, in anticipation of the age profile of the GPs working in Herefordshire and Worcestershire, the programme for training and then retaining GP Registrars has increased (see Appendix 2 table 2c and 2d). Since 2015, numbers of Registrars have increased by 23, and more of these are full-time at 83 FTE.

- Since General Practice workforce data records began in 2015, we have seen the age profiles of GPs slightly change
- During 2015, 50% of the GP workforce were over 45 years of age
- At July 2021, 57.7% of GPs were under 45 years of age, with 18.7% over 55
- There have been a number of GP retirements, but with the initiatives we have developed to support recruitment and retention, we have seen growth in the workforce and retention of the future workforce pipeline
- With a view to this we have a comprehensive range of packages and support to improve recruitment, but more importantly aid retention of our current workforce (See Appendix 2, Table a).

23. It should be recognised that the workforce profile is changing in General Practice and that the GP workforce initiatives are run in parallel to the recruitment of alternative clinicians and health professionals to increase appointment options.

## General Practice Communications Plan

24. As with much of the NHS, General Practice across the country is facing huge demand for its services, with even more pressure because of the COVID-19 Pandemic.

25. Public perception is that GP practices are not open, that GPs themselves are not seeing patients, and that GPs and practices should be 'returning' to pre-pandemic way of working. This has resulted in frustration and a negative narrative often resulting in hostility and abuse of practice staff.

26. In addition, a Digital Access survey conducted by the CCG in October 2021 shows a low level of understanding of how people can get help through different ways, for example 55% of respondents said they would access their practice online but hadn't seen it promoted.

27. A communication campaign has been developed to support patient education. It aims to raise awareness and educate patients and public on how they can access the care needed through General Practice and how they can use these services to support them in managing their health and the health of those they care for better.

28. The campaign will have three main aims:

- Raising awareness of the multidisciplinary teams that now make up General Practice (the different roles and what each does)
- Informing people about how to access help in different ways without having to ring their practice, e.g. GP online, NHS 111 appointments, pharmacy, and the NHS App
- Encouraging and supporting people to take ownership and make decisions about the care they need (personalised care/self-referral), i.e. seeing a GP may not always be the best option, and sometimes First Contact Physiotherapy, Improving Access to Psychology Therapy (IAPT), Social Prescribers and Pharmacists can be appropriate alternatives.

29. The campaign's key messages are:

- General Practice or Primary Care has changed and is working differently
- The NHS Long Term Plan outlined these changes in 2019 as it was recognised that General Practice was not sustainable in its current form
- These changes were accelerated due to COVID-19 and the need to rapidly adapt to the pandemic
- There are new ways to access the help you need.
- Many of your health needs can be supported by professionals other than a GP
- Your healthcare can be supported through remote methods including online, video, and telephone appointments
- Face-to-face appointments are available if clinically required.

30. The campaign's tactics will be supplemented with a mix of regular online, digital, and public relations, including:

- Cascading through health and care staff, patient groups, PPGs, voluntary sector, local authority distribution lists and newsletters
- Publicity through press releases and local spokespeople
- Development of GP toolkits (assets for practices and guidance on communicating with patients)
- System-wide social media channel promotion
- Digital screens and websites.

31. We know from increasing patient and practice concerns that more can be done to help patients understand the changes in general practice and how, for example, they can get the most out of a remote consultation. Healthwatch and Patient Groups across the country are also producing videos to support this aim.

## **Resilience**

32. The CCG has designed a 'real time' workforce reporting tool, which allows the CCG to understand the scale of problems and report capacity issues to the system along with other providers. Practices reporting difficulties are contacted and supported to ensure patient access is not adversely affected and practices are not at risk of closure. This includes them utilising mutual aid, and to offer support to the practice during the period until the workforce has returned to normal levels. This is monitored daily.

## **Challenges**

33. The current challenges are:
- Current appointment activity continues to increase
  - Restoration backlog activity being undertaken, alongside the national COVID-19 vaccination and Influenza Programmes, noting we only have the same skills and workforce available to deliver both
  - Maintaining a total triage model, while enabling more face-to-face appointments
  - Maintaining / increasing online and digital appointments in line with national direction, balanced with patient choice (particularly with regards to face-to-face appointments).

## **Moving forward / opportunities**

34. Access to GP surgeries has changed since March 2020. While reverting to pre-COVID-19 levels, the opportunities of working in a COVID-19 environment has fast tracked many developments that were planned that should now be capitalised on. While the infection control procedures will remain for the medium-term, we will continue to maintain a range of access methods that support us working towards the priorities of the NHS Long Term Plan, namely:

- Sustainable General Practice, working collectively within PCNs and through them with partners across health and care and the voluntary and community sector
- Ensure consistent, equitable, high-quality services to patients and the public

- Continued investment in General Practice through local and national funding streams aligned to PCNs
- Digital solutions to support the future model of care.

35. By working in this way, we will continue to deliver the NHS Oversight Framework metrics for patient access and outcomes which are:

- All general practices to be delivering at, or above, pre-pandemic appointment levels, including through consolidating and maximising the use of digital consultation methods and technology
- Delivering safe, high-quality care.

## **Conclusion**

36. 90% of all contact with the NHS is with General Practice. Given the backlogs created by COVID-19 plus the national mandate on delivering the flu and COVID-19 vaccination programme, work has exponentially increased leading to stress, illness, and resignations from General Practice. The quality of General Practice in Worcestershire has always been high as evidenced by national metrics. Public dissatisfaction has never been so high and there is no one solution to address these concerns voiced by practices or patients. The CCG is committed to working with partners, practices, and patients to ensure that there are no practice closures, quality patient services are sustained, and the General Practice workforce is increased.

## **Purpose of the Meeting**

37. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage.

## **Supporting Information**

Appendix 1 – GP Appointment Data

Appendix 2 – Workforce Data

Appendix 2 – Recruitment and Retention

Appendix 3 – H&W CCG Achievement in the National Patient Survey 2021

## **Contact Points**

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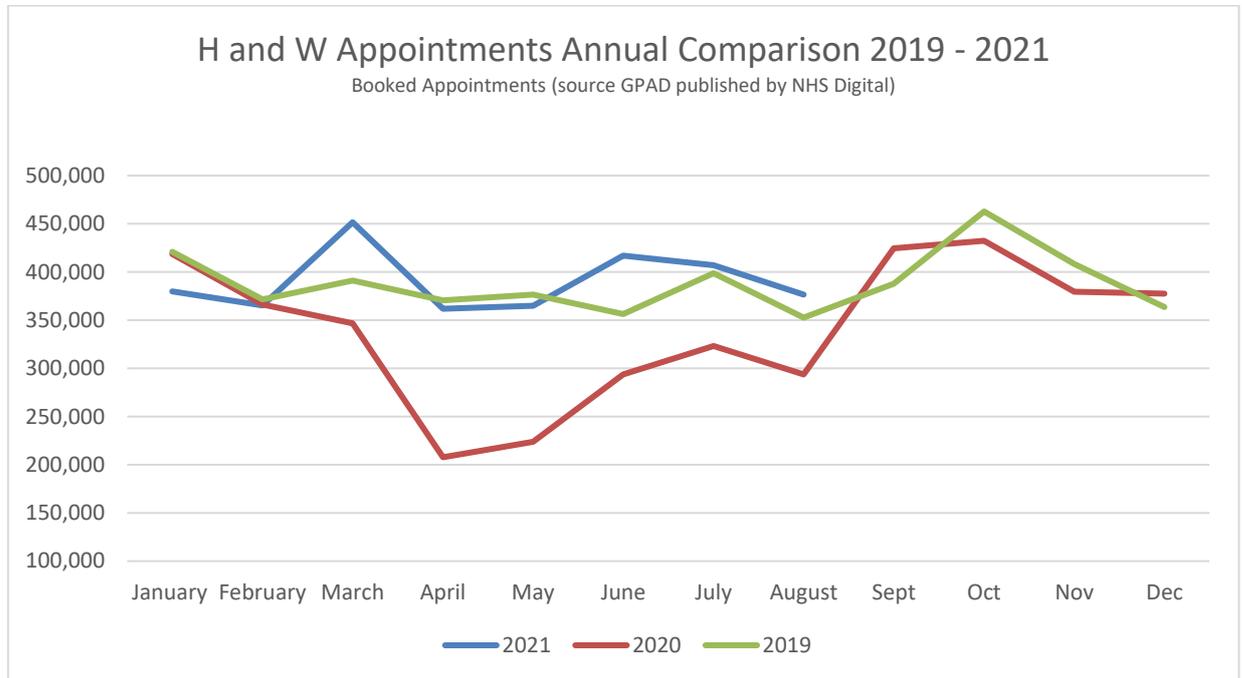
## **Background Papers**

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

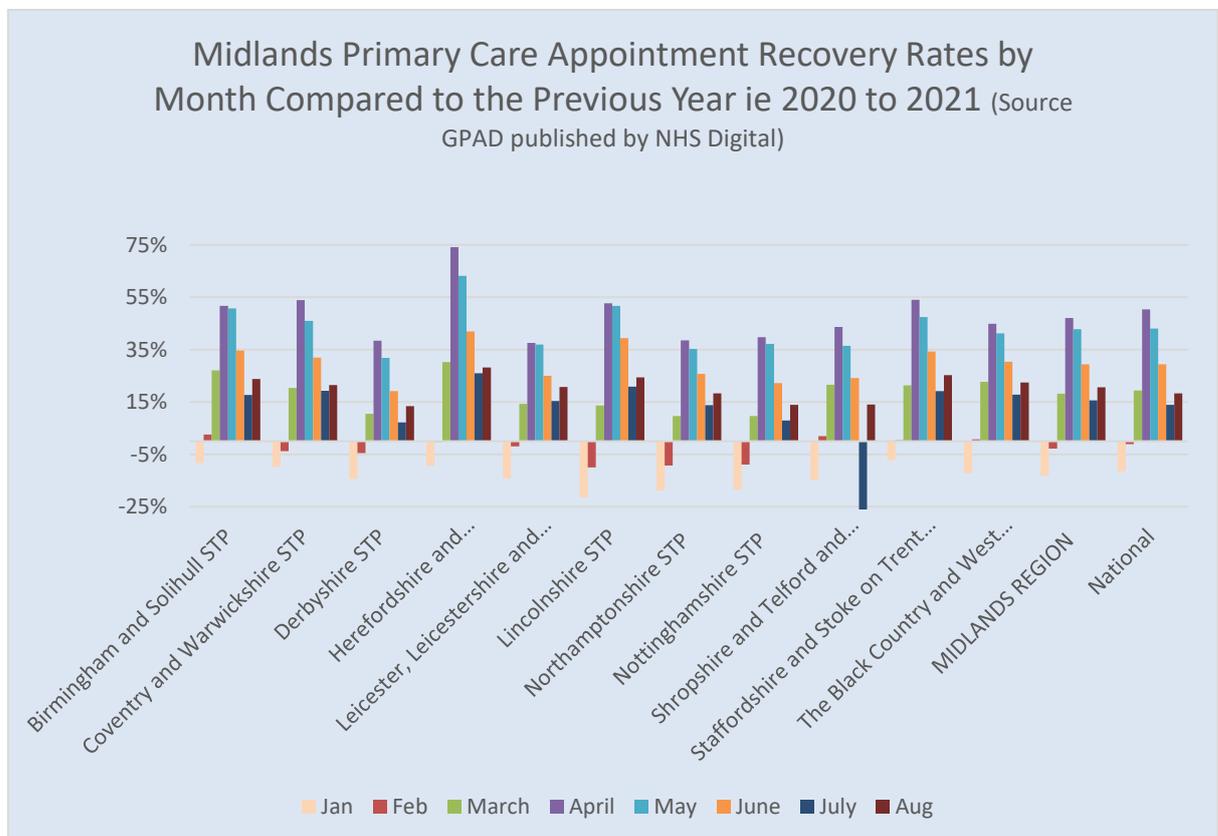
- Agenda and minutes of the Health Overview and Scrutiny Committee on 19 July and 10 March 2021, 16 November, 30 September, 20 July 2020 [Browse meetings - Health Overview and Scrutiny Committee - Worcestershire County Council \(moderngov.co.uk\)](https://www.moderngov.co.uk/Agenda-and-Minutes/Health-Overview-and-Scrutiny-Committee)

## Appendix 1 – GP Appointment Data

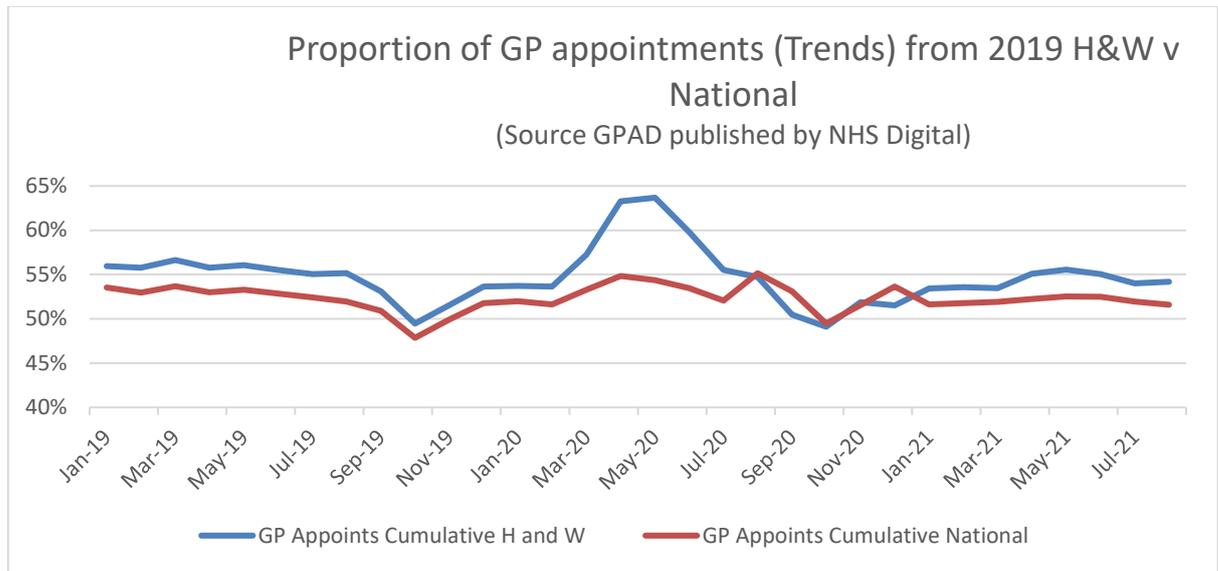
**Graph 1a Appointment Numbers and Trends**



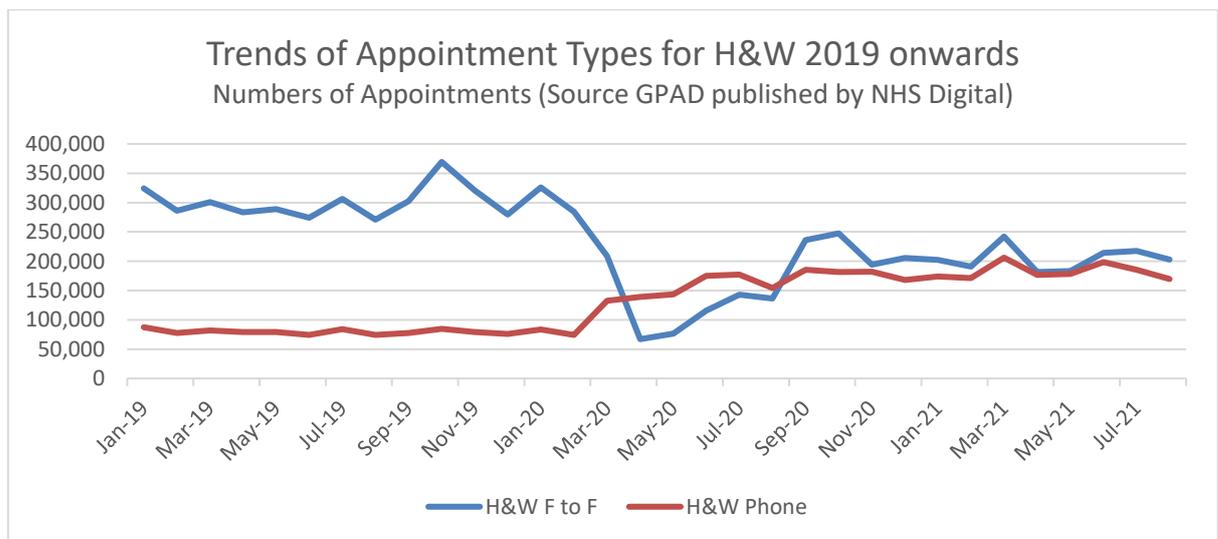
**Graph 1b – H&W High Recovery Rates Compared to other CCGs**



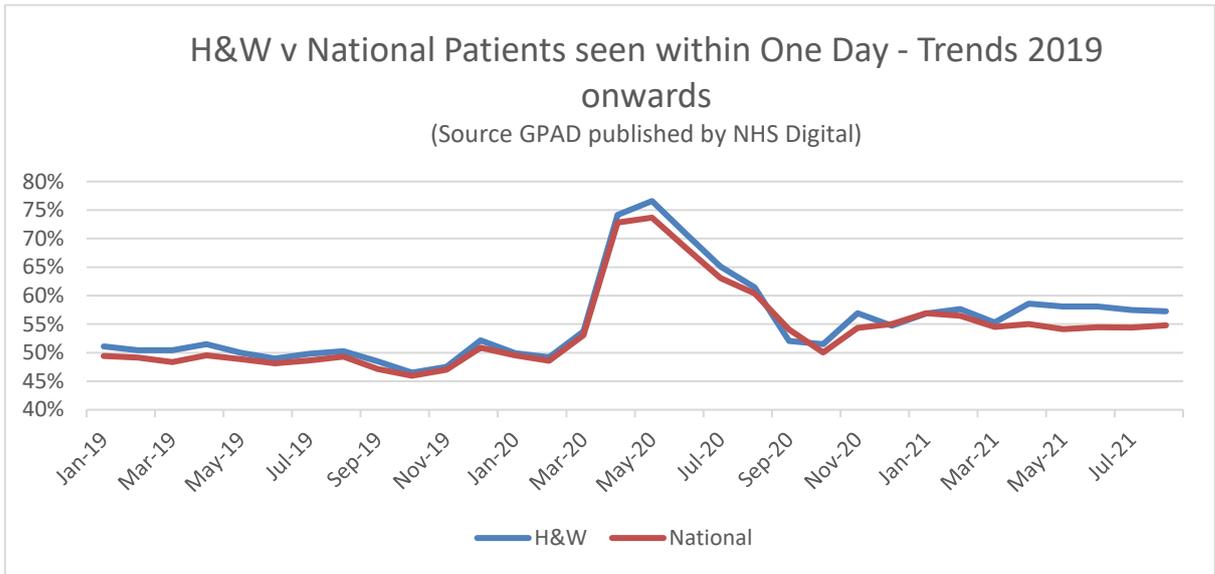
**Graph 1c – GP Appointment Rates**



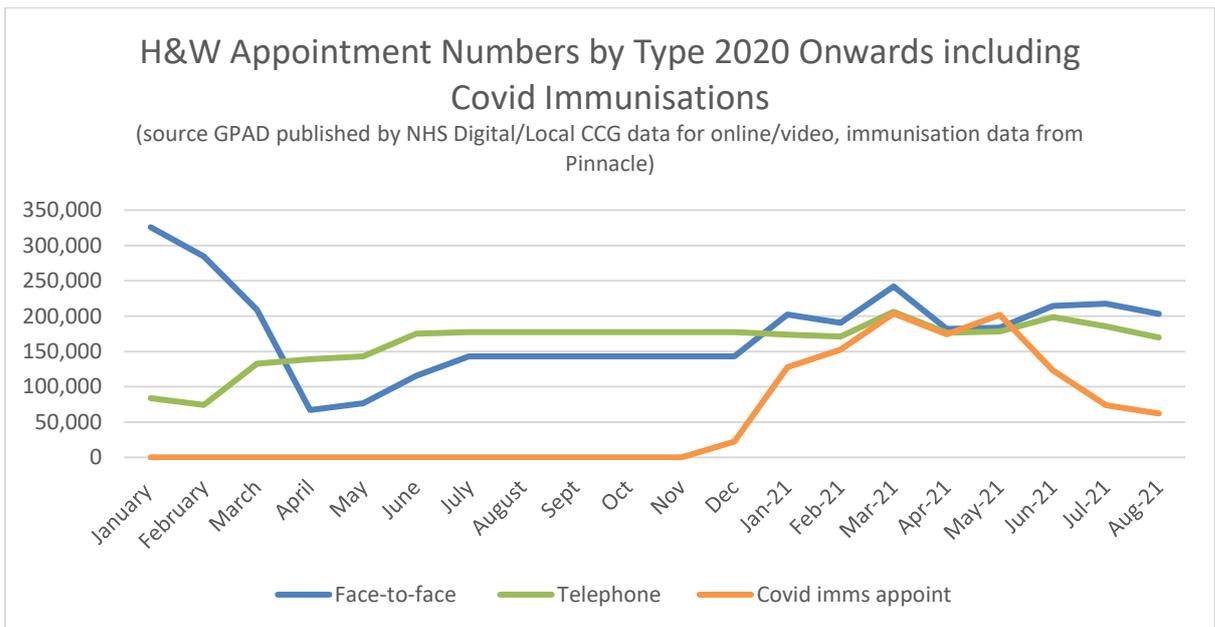
**Graph 1d – Face to Face and Telephone Appointments**



**Graph 1e – Patients Seen with 1 day**

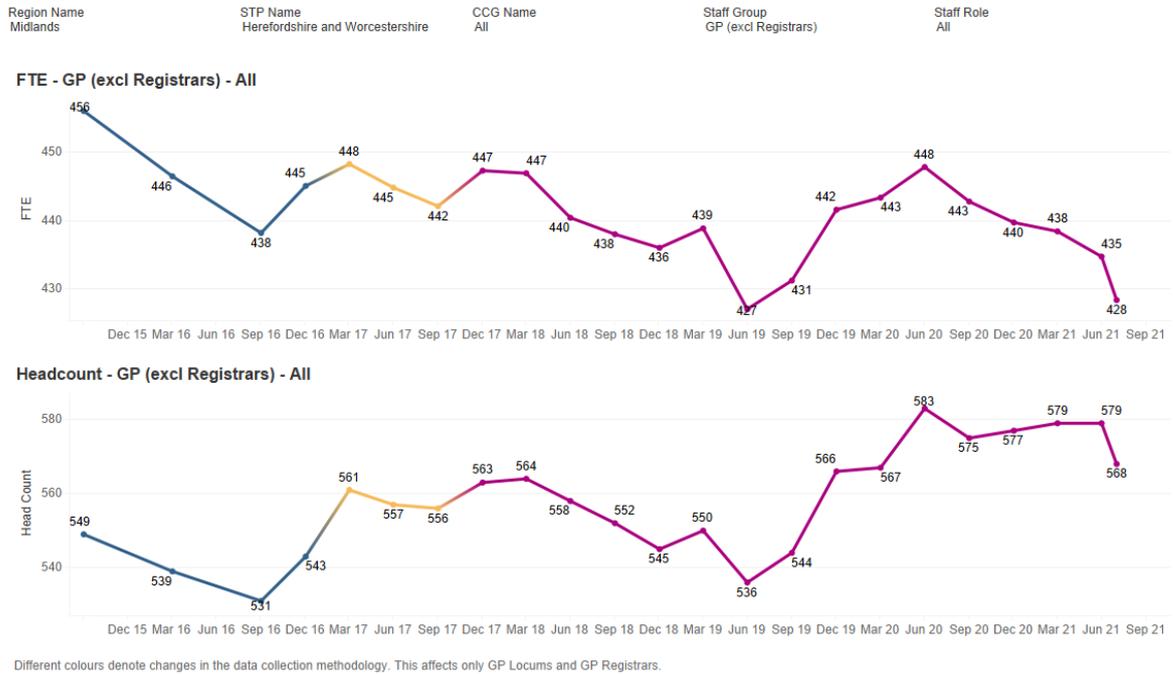


**Graph 1f – Main Appointment Types Including Covid Immunisations**



## Appendix 2 – Workforce Data

### Graph 2a and 2b – GP Workforce



### Graph 2c and 2d – Registrar Workforce



## Appendix 2 – Recruitment and Retention

**Table a - Support for Recruitment and Retention**

Available to all GPs (including locums) GP Workforce Clinical Lead – Single Point of Access for GP Retention/GP Mentoring/Portfolio Role Grants/GP Medical Education Academy/Training Hub for Education – Events and Jobs/Supported Welcome Back to Work/Flexible GP Pools/GP Workforce.

<b>Early Career GPs</b> ST1 to 5 years post CCT	<b>Mid-career GPs</b> >5 years post CCT	<b>Late Career GPs</b> within 10 years of retirement
<ul style="list-style-type: none"> <li>• Fellowships programme for newly qualified GPs</li> <li>• Next Generation GP programme</li> <li>• Mentoring</li> <li>• Virtual Peer Support</li> <li>• Quality Improvement training</li> <li>• Partnership development</li> <li>• Clinician Welcome Pack</li> <li>• First 5 network – on various channels</li> </ul>	<ul style="list-style-type: none"> <li>• Phoenix GP programme</li> <li>• Balint Groups/Networking/Air and Share/Virtual Peer Support</li> <li>• Quality Improvement training</li> <li>• Mentoring and Mentor opportunities</li> <li>• Partnership development and Leadership Opportunities</li> <li>• GP trainer</li> <li>• GP appraiser</li> <li>• Join GP Support Team</li> </ul>	<ul style="list-style-type: none"> <li>• Mentor opportunities</li> <li>• GP appreciation events</li> <li>• Late Career options sessions</li> <li>• Teaching opportunities</li> <li>• National GP retainer scheme</li> <li>• Retirement options discussion</li> <li>• GP appraiser</li> <li>• Join GP Support Team</li> </ul>

### Appendix 3 – H&W CCG Achievement in the National Patient Survey 2021

2021 Patient Survey % Good	2020 Result for H&W	H&W 2021	National	2021 v 2020 H&W
Overall experience	87%	87%	83%	
Getting through on the phone	70%	75%	68%	
Ease of online services	80%	78%	75%	
Choice of appointment	62%	70%	69%	
Satisfaction with appointment offered (type)	77%	84%	82%	
Overall experience of making an appointment	71%	75%	71%	
Given time for appointment	90%	93%	91%	
Satisfaction with appointment (times)	67%	70%	67%	
<i>In hours (when they are not happy with the appointment and do not take it) do they go to A&amp;E</i>	9%	3%	8%	
<i>When the GP is closed do, they go to A&amp;E</i>	35%	26%	26%	