

**Improving GP Access: To receive a further update from the Shadow ICS**

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**Purpose of the Report**

The purpose of this report is to provide the Health and Wellbeing Board (HWBB) in Telford & Wrekin with an update on the work to restore access to primary care in Shropshire Telford and Wrekin.

Whilst the CCG understands the HWBB would wish to specifically see Telford rather than whole system data, the information is not yet made available by NHS England in a way we can provide this. NHS England have indicated that they are working towards making the data available at Primary Care Network (PCN) level in the future.

**Background**

As with the majority of other NHS services, the pandemic required practices to rapidly modify the way patients access services to ensure they met national guidelines issued by NHS England to help manage the spread of Covid 19 infection amongst the primary care workforce and their patients and protect the most vulnerable.

Practices introduced telephone clinical triage and telephone consultations to ensure only those that required face to face appointments based on clinical need attended the practice premises and promoted alternative access options such as online consultations. Same day/urgent needs were prioritised with routine and long term condition management largely stood down from 2020. Planned restoration of services began across the NHS in spring 2021 with the lifting of 'lock down' in March 2021. However, it was recognised that full restoration would only be achieved over time as the pandemic, the vaccination programme and subsequent surges in infection rates which culminated in the vaccination booster programme in December 2021 continued to impact.

The information below provides an analysis of the key primary care access indicators comparing the latest available data in March 2022 with pre covid March 2019. The report concludes with a summary of the ongoing challenges facing primary care.

General practice has worked tirelessly throughout the pandemic to maintain service provision and keep patients safe. There has been some media criticism of primary care colleagues suggesting that they are not working as hard as the rest of the NHS and are providing less capacity than before the pandemic. The data in this report provides evidence that this is not the case locally.

However, it is important to acknowledge the experience some patients have and continue to consider how appropriate access for patients can continue to be improved. Importantly consideration is needed as to how the primary care workforce can continue to grow, given some of the national shortages in key roles.

### Appointment capacity

The most recent available data<sup>1</sup> on general practice appointments for March 2022 across all Shropshire Telford & Wrekin (STW) CCG practices shows:-

- the STW population accessed 256,176 appointments compared to 220,544 appointments in April 2019 (pre-pandemic) (Figure 1).
- This is 35,632 more appointments in March 2022 (+16.15%).
- The above significant achievement should be viewed in the context that March 2022 was the month that the Government lifted all covid restrictions and this resulted in a spike in covid cases across the country. The GP workforce did not escape being impacted and a number of practices had to enact their business continuity plans and operate on skeleton workforce due to covid sickness/isolation rates amongst staff. Despite this primary care still increased appointment availability.
- 92.3% of the total number of appointments made were attended by patients. This is slightly higher than both the regional (91.02%) and national rate (91.8%). (Figure 2)

Figure 1 – April 2019 to March 2022 - Total All Appointments

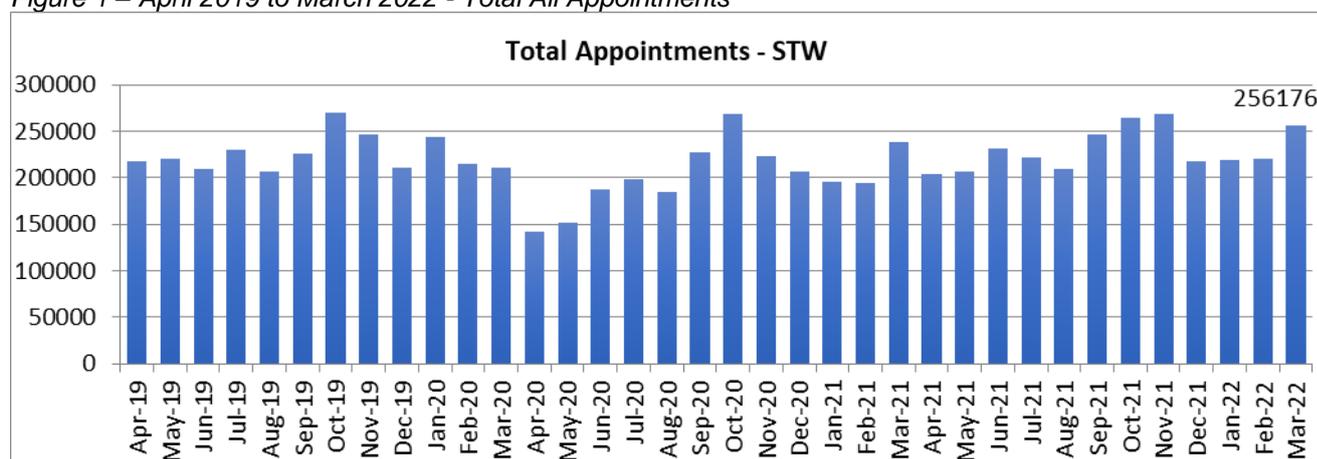
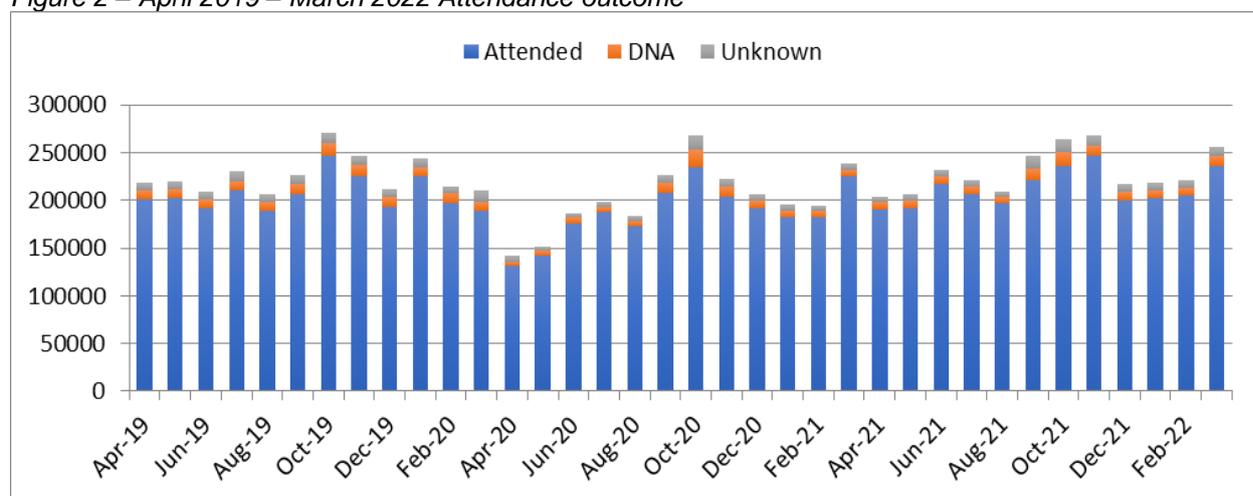


Figure 2 – April 2019 – March 2022 Attendance outcome

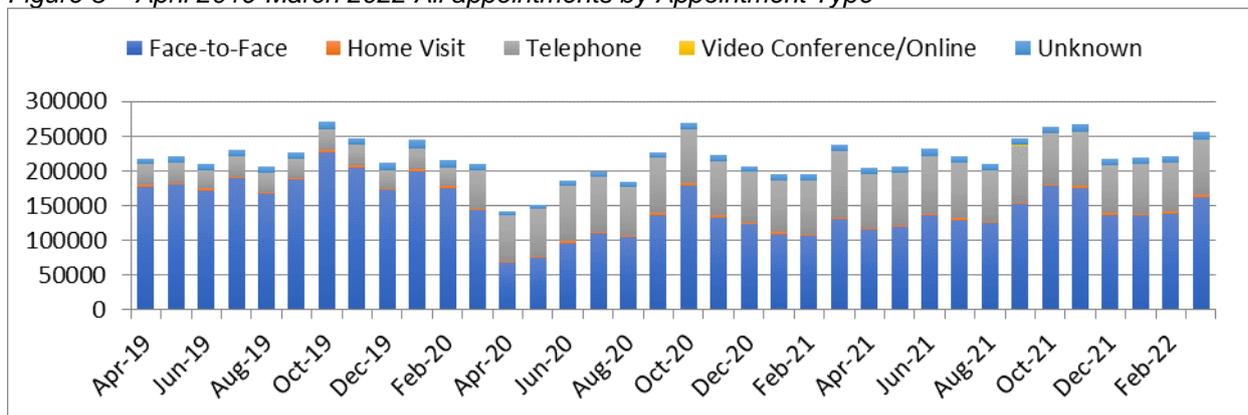


<sup>1</sup> Source is NHS Digital GPAD - <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/appointments-in-general-practice>

## Appointment Types

As mentioned previously, one of the key changes resulting from the pandemic has been the mode by which patient consultations are undertaken where there has been a small reduction in face to face appointments, more than offset by the use of telephone and other modalities, to deliver an overall increase in the number of appointments of all types. Figure 3 below shows the proportional split and trend for appointments by type from April 2019 to March 2022.

Figure 3 – April 2019-March 2022 All appointments by Appointment Type



Key points from the data are:-

### Telephone

- 80,366 telephone appointments were delivered in March 2022 compared to 29,643 in April 2019 (+171%)

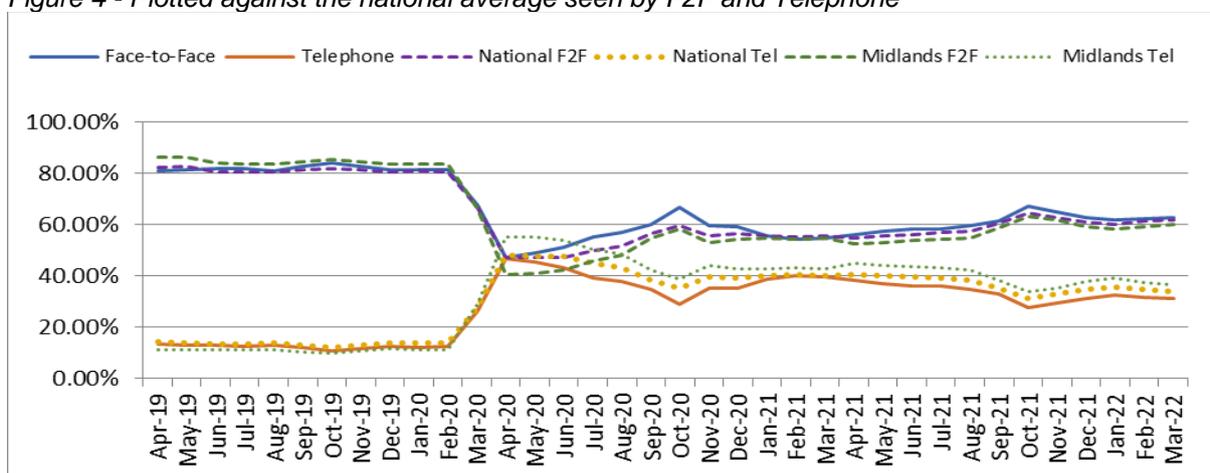
### Face to Face

- From April 20 – Dec 21 57% of appointments were face to face.
- In March 2022, 161,391 face to face appointments were delivered compared to 176,657 in April 2019 (-9%). In STW 6 out of 10 patients are being seen face to face (63%), this is slightly higher than the Midlands regional average of 60%. (Figure 4)

### Home Visits

- Home visits have remained stable over the period with an average of 2,700 (1.24%) each month.

Figure 4 - Plotted against the national average seen by F2F and Telephone



### Online consultations

This mode enables patients to access an online triage service that allows them to easily seek support and self- help advice. It is accessed via the practice website. Patients can use the service to request a sick/fit note and are able to access resources that can help them manage and understand their own health.

This mode of consultation is underutilised as STW usage is 1.8 per 1,000 patients, currently the lowest in the West Midlands region compared to the highest area in the region which is 18.3 per 1,000 patients. NHS England regional digital team will be working with STW Primary Care Team to support improvement in these ratios.

The NHS Long-term plan states; *a digital-first primary care will become a new option for every patient improving fast access to convenient primary care. In other walks of life mobile phones and apps have already transformed services.*

The aim with digital access solutions is to provide patients with a menu of options for accessing their practice as face to face is not always clinically required or convenient to the patient. It is acknowledged however that for some patients face to face is their preferred way of accessing their GP and this will only change over time as patient confidence in and experience of other modes of accessing services develops. Practices are aware that for some STW populations over reliance on digital solutions poses the risk of digital exclusion for patients where access to mobile network coverage/wifi is limited.

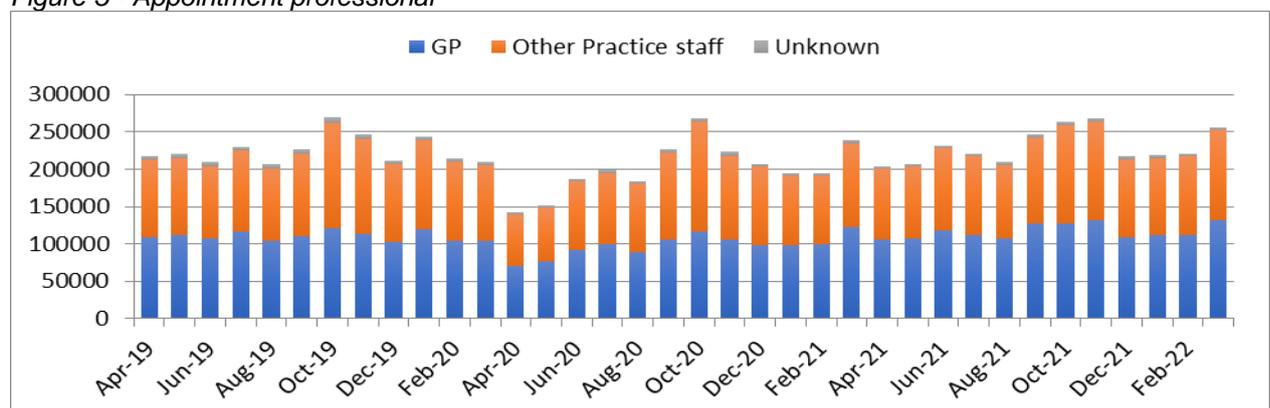
### Appointment professional

The range of staff available within GP practices to manage patient needs has increased in recent years, particularly with the introduction of Primary Care Network Additional Roles Reimbursement Scheme (ARRS). Alongside GPs there are other practice staff including, Advanced Nurse Practitioners (ANPs), Health Care Assistants (HCAs) and PCN ARRS roles including mental health practitioners, clinical pharmacists, paramedics, care co-ordinators, social prescribers and health and wellbeing coaches.

ARRS are centrally-funded roles which allow Primary Care Networks (PCNs) to establish multi-disciplinary teams (MDT) to provide more integrated health and social care services locally. They enable patients to access preventative care such as health and wellbeing support and medication reviews more easily, while reducing pressure on GPs. At the end of April 2022 there are 126 ARRS staff across the 8 PCNs in STW.

- 131,049 GP appointments were delivered in March 2022 compared with 109,453 in April 2019. (figure 5) This is a 20% increase.
- In March 2022, 47% of primary care appointments were delivered by a GP.

Figure 5 - Appointment professional



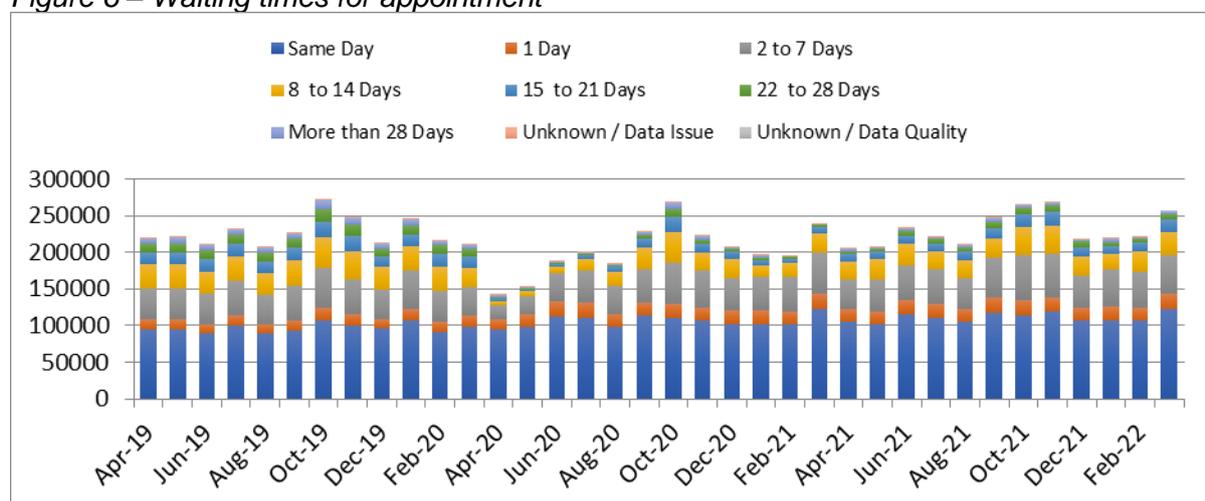
## Appointment Waits

Analysis of average waiting times for appointment indicates:-

- In March 2022, there has been a significant increase in shorter waits for appointments and a corresponding decrease in long waits (8 days and over) compared to April 2019. This means that waiting times for appointments have reduced.

	April 2019	March 2022	Variance 22 vs 19 (number)	Variance 22 vs 19 (%)
Same day	95,370	123,406	+28,036	+29%
1 day	13,490	20,658	+7,918	+53%
2-7	41,723	51,242	+9,519	+22%
8-14	33,340	32,842	-498	-1.5%
22-28	16,295	7,501	-8,794	-53%
+28 days	6,991	4,325	-2,666	-38%

Figure 6 – Waiting times for appointment



## Challenges for Primary Care

### Recruitment and Retention of GPs

Like most parts of the country, Shropshire, Telford & Wrekin (STW) has struggled over recent years to increase the number of GPs across our practices.

- GPs – whole time equivalent numbers have fallen from 285 in Sept 2015 to 250 in February 2022. This is a 12% reduction in overall GP workforce capacity.
- Partner GPs –whole time equivalent numbers have fallen from 229 in Sept 2015 to 168 in February 2022. This is a 27% reduction in overall GP Partner workforce capacity.

### Covid additional requirements

As well as routine appointments, practices are required to provide more services to support the pandemic response including:

- Supporting the delivery of the ongoing Covid Vaccination programme
- Providing care for patients with symptoms of Long Covid

- Ensuring clinically vulnerable patients continue to receive the care they need in a safe environment

### **Managing the backlog**

- Managing additional demand created by the elective backlog where patients turn to their practice for support because their elective treatment is significantly delayed.
- Deploying primary care resources to catch up with backlog primary care work:
  - childhood vaccinations and immunisations
  - screening appointments
  - reviews for long term conditions
  - Other routine GP work eg medication reviews, Severe Mental Illness, Learning Disability and Autism annual health checks, dementia reviews.
  - More patients coming forward for assessment of symptoms which they put off before because not immediately urgent. In a number of cases this has meant that their condition has become more complex as a result

### **Examples of Initiatives to support GP Access**

#### **GP Strategy**

The CCG has recently developed a new GP Strategy. In line with the STW ICS People Plan, and workforce strategies in other systems, the strategy is based around three, main elements:

- Attracting – encouraging/persuading people to become GPs
- Recruiting – enabling the recruitment of qualified GPs across STW
- Retaining – ensuring that those GPs who are recruited, choose to stay

It incorporates actions covering the following interventions:-

- Marketing the role of the GP
- Supporting the recruitment and deployment of GPs
- Engaging and networking
- Ensuring that professional development is available
- Ensuring that personal support is available
- Developing career opportunities/new ways of working

The strategy targets eight “key intervention stages” within the lifecycle of a GP’s career.

1. School/sixth-form students choosing medicine courses at universities
2. Medical Students
3. Foundation Year Doctors
4. GP Trainees
5. Newly-Qualified GPs
6. First5 GPs
7. Mid-Career GPs
8. Late-Career GPs

#### **Primary Care Network recruitment to additional roles**

Expanding the workforce is one of the top priorities for primary care networks. PCNs are required to plan their future workforce requirements and can receive additional funding under the Additional Roles Reimbursement Sum (ARRS). There are a specified range of roles which can be funded and include clinical pharmacists, dietitians, OTs, first contact physios, paramedics, podiatrists, physician associates, care co-ordinators, health and wellbeing coaches, social prescribing link workers and nursing associates. The addition of these posts increases the multi-disciplinary offer available from general practice increasing the number

of clinicians and non clinicians able to meet patient's needs thus increasing the number of appointments available.

Recruitment of staff continues steadily across all eight of our PCNs with over 130 ARRS-funded staff currently in post.

### **Professor Claire Fuller's National Stocktake Report 'Next Steps for Primary Care Integration' May 2022**

In November 2021 Amanda Pritchard asked Dr Claire Fuller, CEO designate Surrey Heartlands ICS and GP, to undertake a stocktake on integrated primary care, looking at what is working well, why it's working well and how the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems could be accelerated. The review report was published at the end of last month.

The report indicated that a consensus emerged from the review - what is not working is access and continuity, with frustrations shared by both patients and staff alike. The report also confirms a consensus on what can be done differently.

- Integrated neighbourhood 'teams of teams' need to evolve from Primary Care Networks (PCNs) and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space within these teams to problem solve together, and build relationships and trust between primary care and other system partners and communities.
- Streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team, using data and digital technology to enable patients to quickly find the right support to meet their needs.
- Ensuring those who would most benefit from continuity of care in general practice (such as those with long term conditions) can access more proactive, personalised support from a named clinician working as part of a team of professionals
- Taking a more active role in creating healthy communities and reducing incidence of ill health by working with communities, making more effective use of data and developing closer working relationships with local authorities and the voluntary sector.

All 42 ICS Chief Executives signed a letter of support for submission with the review report and a commitment to implement the necessary changes. STW is beginning this work with a joint development workshop between the Clinical Directors of our 8 Primary Care Networks and senior clinical leaders in Shropshire Community Health NHS Trust at the end of June. The aim is through clinically led conversations to start shape and build on what has already been done and identify where things can be done differently. STW are very fortunate that Professor Fuller has agreed to attend the workshop as keynote speaker.

### **Community Pharmacy Consultation Service**

This national initiative enables practices to make a direct referral for appropriate patients to a same day minor illness appointment with a trained community pharmacy. This improves access to timely care and frees up a practice appointment. There are currently 19 practices that have implemented this service and are referring patients to the service. Support is

available to practices to set up and increase referrals including the ability to make e-referrals.

### **Enhanced telephony**

Feedback from patients is that it is not just access to timely appointments that has caused a poor patient experience of primary care. They have also experienced significant problems getting through to the practice on the telephone in the first place. This has largely been down to the functionality of the practice telephone systems to deal with the volume of calls.

The majority of STW practices utilise one telephone system provider. In order to help with the issues, the CCG has commissioned the company to provide an enhanced telephony support package for practices to have an improved understanding of their phone systems. It will provide the practices with the tools to understand call flows and how to record relevant messages (comfort messages); to review patient excessive queue lengths, average call handling times. Two practices have sessions booked this month with the remainder scheduled over the summer months.

### **Conclusion**

- Access to GP services has changed significantly over the last 2 years as a direct result of the pandemic.
- GP services are extremely busy, demand continues to increase, there are 12% less GPs in post than 2015 but despite this General Practice is offering more appointments now than prior to the pandemic.
- The mode of appointment delivery has seen the largest shift with a larger reliance on telephone consultation and digital/online options as opposed to face to face. Whilst face to face numbers have increased in the last 6 months, this mixed model of delivery modes is the 'new normal' and is in line with the national direction to transform primary care services.
- Face to face appointments constitute the majority of appointments – 6 in 10 STW appointments are face to face.
- There has been an increase in appointments delivered same day, 1 day and 2-7 days and reduction in appointment waits of 8 days and over.
- A significant proportion of appointments continue to be delivered by a GP, however, there is an increasing range of staff employed by primary care which means patients have access to a wider range of skilled clinicians and non clinicians to meet their needs.
- Some patients continue to experience issues accessing their GP practice. All practices identified with access issues are targeted by the team for a practice visit and offered support to improve.
- Covid has become business as usual but it leaves primary care with a legacy of additional demands on their resources, not least the impact from the significant elective backlog and the backlog from practice routine work being stood down to concentrate on urgent primary care.

### **Recommendation**

The Health and Wellbeing Board are recommended to note this report.