

<b>To</b>	Overview and Scrutiny Committee - Walsall
<b>Title</b>	GP Access
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## **1. Introduction**

This paper provides an update to the work being completed on access to primary care by the integrated care board.

It provides a short summary of the current position in terms of the contracts of some practices and sets out the work in process to determine future plans.

## **2. Context**

Through the pandemic, GP practices played an essential role in supporting the delivering of the vaccination programme. The restrictions on access placed on premises by inhibited practices completing all elements of their routine work. The digital opportunities expanded rapidly to aid in providing people with access to primary care when face to face access was restricted.

As we emerge from the pandemic practices are working to ensure they recover and restore all services. The presence of digital access opportunities is set to continue with practices offering a blended model of face to face and digital opportunities. There is clearly not a national target for the split between these two appointment types as this needs to be driven by patient choice – and is likely to be affected by the demographic of the population it services. (more details on face to face appointments is included later in the document).

Demand for all health services is currently higher that would be expected over the traditional busier winter times. This additional demand is also reported in primary care, with practices generally reporting higher levels of demands for same day urgent appointments.

Practices are reporting that this demand is, driven by the following factors:-

- Patients are presenting with symptoms identified during the pandemic, and it is only now that patients feel safe, or the symptoms have deteriorated prompting contact with the GP
- Practices have not been able to complete all the routine health checks
- The demand placed on acute hospitals means that patients are being discharged from hospital requiring a greater level of support (for example, titrating medication following a diagnosis of hypertension)
- There are working to prioritise the patients who require reviews of their long-term conditions., ensuring those in the highest priority groups are invited in first. There are cases when patients require a greater level of support due to the delays in their reviews.

It is important to point out, that there are often alternative ways of patients getting the health advice they need. Significant promotional work has been completed over the last two years to promote both the new roles that are available within the GP surgery, but also in areas like community pharmacies.

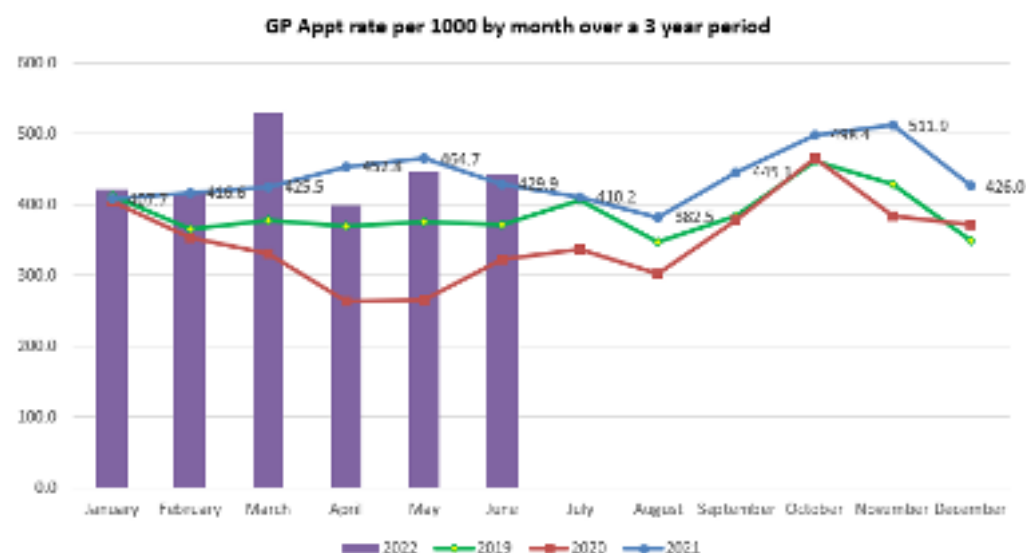
It is important to note, that in April 2022 the Clinical Commissioning Group advised practices that it was now “business as usual”.

### 3. Level of appointments

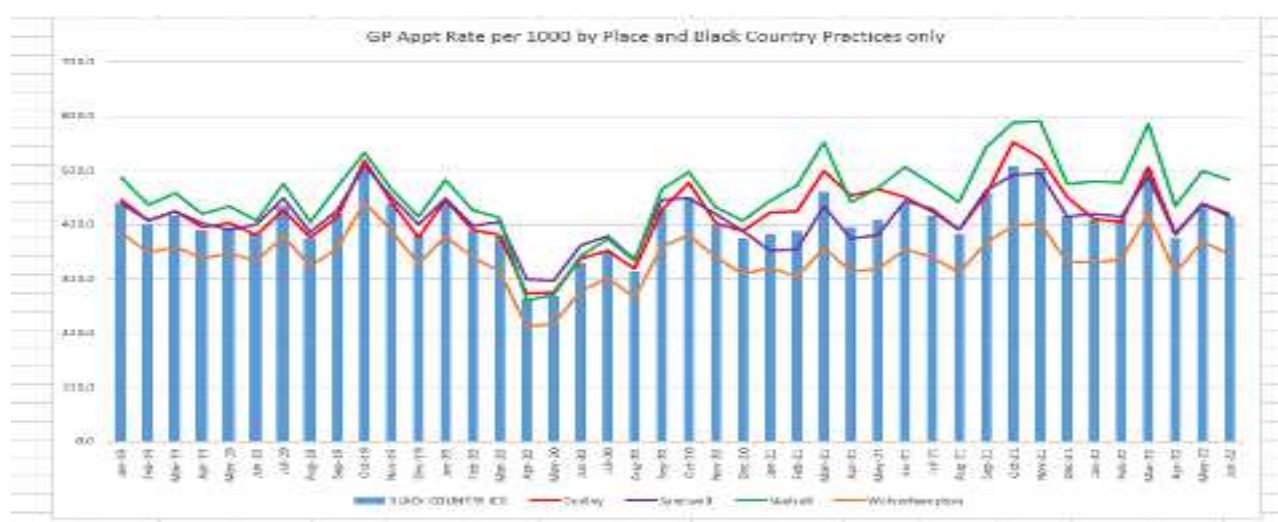
#### 3.1 System appointments

One of the core priorities set out by NHSE is to ensure the number of appointments have returned to the pre pandemic levels.

The information in the table below shows that the system has achieved this throughout 2021 and 2022. (Please note this data includes the activity for West Birmingham – these practices transferred into the Birmingham and Solihull ICB in July 2022)



Within the Black Country, Walsall has the highest average access rates per 1000 population



### 3.2 Local access programme

In August 2021 early work was completed to provide information to help commissioners to prioritise patients with the greatest access challenge. Three sets of information were provided to the place team to help, to prioritise practices. This information was:-

- Snapshot review (websites and telephone answerphone messages)
- Dashboard
- Five markers relating to access from the national GP patient satisfaction survey

£100k was allocated that could be used to support improvement and delivery which equated to c. 2,000 additional appointments.

### 3.3 Winter access programme

In October 2021 NHSE launched its winter access programme with additional investment identified to establish additional appointments. The start of this programme was delayed due to the national priority of ensuring the completion of the vaccination booster programme. From January to March 2022 practices across the system delivered an additional 86,474 appointments. Walsall practices delivered an additional 14,077 appointments.

### 3.4 GP appointment data

In October 2021 NHSE commenced the release of appointment data by practice. Whilst there were significant restrictions on how this information could be shared, it has facilitated discussions with practices and PCNs to share good practice and commence work to reduce variation.

In June 2022 (the latest available data), the national average level for face to face appointments as a proportion of total appointments was 64%. Across the Black Country the system has an average of 67.7%, with a range of 52-80%. In Walsall 6 of the 7 Primary Care Networks (PCNs) achieved a level above the Black Country average with a local average of 70.25%.

## **4. Improvement in access**

### 4.1 Standard offer for patients

The ICB has established a working group made up of a range of different professionals from across the ICB. This working group is pulling together all elements of work on access; working to define a standard offer for patients. This group pulls together place commissioners, communications, engagement, digital, business intelligence and performance teams.

### 4.2 Dashboard development

Considerable work has been undertaken to pull all data relating to GPs into one data warehouse. An access dashboard is now being finalised that will enable the ongoing discussion in place – crucially linking with local intelligence to identify the improvement opportunity. The dashboard is scheduled to be launched on 1 October 2022.

With the use of a statistical tool, this dashboard enables the pulling together of a set of markers into a ranked list. It is felt that together, these markers will enable:-

- The identification of variation in performance across a PCN
- Areas of good practice

- Areas with an improvement opportunity
- Areas under increasing pressure/signs of poor resilience

The working group is currently reviewing the dashboard to ensure it contains the elements the place commissioners believe offer the most effective set of information to enable the above principles.

#### 4.3 The digital offer

Primarily, it is important to note the ICB do not believe that digital is the only solution. COVID has however seen a huge rise in the digital competence of our populations. By maximising the opportunity that the digital agenda creates, it can save practice time – but more importantly, it can give timely access to a large section of the community whilst reducing the demand on the more traditional services.

##### 4.3.1 *GPIT*

The digital team are currently appointing a team to support practices to use their digital tools more effectively. The ICB see this as a central part of the access offer. This work will include, for example ensuring websites are easy to navigate and contain consistent access to information.

##### 4.3.2 *Online consultations*

The practices already offer online consultations. This is a way of getting medical advice and can often act as a triage process, being followed up with a face-to-face appointment with the most appropriate clinician. The ICB has worked with practices in Walsall who have requested the change of provider of this service. The new provider gives greater scope for patients to express their requirements by the use of free text. In addition, for patients with long term conditions, it enables practices to send out pre-appointment questionnaires that enables the prioritisation of patients so the ones in greatest need can be seen earlier. Also, it creates greater time within the appointment to have more detailed discussions on the conditions with patients.

The system creates huge opportunity for bespoke areas of work that, where required, can resolve issues without the need to attend the practice – creating potential capacity for patients that prefer the choice of face to face.

##### 4.3.3 *Telephony*

We know that patients often experience significant challenges in managing the demand through their telephones. Traditional “analogue” systems can often inhibit speedy response times. The ICB has invested £972k to support practices in their transition from these systems and into cloud-based technologies. Additionally, the digital team are working to support practices with maximising the functionalities that the newer telephony systems can afford practices. It is important to note that the procurement of telephony systems is outside the responsibilities of the ICB.

##### 4.3.4 *NHSAPP*

There is now a national priority for 60% of the population to have access and use the NHS APP. Whilst the COVID pass was central in driving its initial use, it affords patients huge opportunities to information and access. A working group has been set up to supports its use for both patients and practices.

##### 4.3.5 *Access champions – pilot in Walsall*

It was recognised that whilst the NHSAPP offers huge improvements in access and information, this potentially could exacerbate the inequalities gap and disadvantage people from seldom heard groups. The engagement team commissioned *Engaging Community Solutions* to implement and

evaluate an innovative improvement project. The central premise of the project is to work with active community groups to promote two central themes:-

- How to get the most out of primary care
- How to use the NHSAPP

It is anticipated that by working with groups in this way will help to spread the message through the networks these groups have with the public.

Two PCNs were selected to pilot this approach. An evaluation report is scheduled for completed before the end of this financial year.

## **5. Contractual elements**

### **5.1 Enhanced access**

From 1 October 2022, a new scheme of additional access will be launched. This is a national programme (part of the contractual requirements for PCNs) that replaces new provision replaces extended access.

Where historically there was flexibility regarding when the additional capacity would take place, there is now a national requirement for standard network hours. Appointments will be available from 18:30 – 20:00hrs daily and from 9:00 – 17:00hrs on Saturdays as routine. A wide range of appoint types should be available.

### **5.2 APMS contracts**

Across the ICB there are 11 APMS contracts. These contracts are time limited and give the commissioner the opportunity to procure additional primary medical care. In Walsall there are seven of these contracts, as set out below:-

- New Invention, Modality Group
- Collingswood, Modality Group
- Forrester Street, Modality Group
- Keys, Modality Group
- Blakenhall, Modality Group
- Holland Park, Umbrella Practice
- Lichfield Street, Umbrella Practice

The initial term of four contracts above ends in 2023. All have the option for a five-year extension if both parties agree. The ICB is currently in the process of determining if the five-year extension will be offered.

### **5.3 Branch closure**

In 2020, as part of the management of the pandemic the branch site at Harden was closed. As mentioned earlier, as we emerged from the pandemic and we returned to business as usual, the ICB approached the practice to confirm the plans for the re-opening of this facility. There is national guidance that is required before a branch site can be closed. This includes the completion of engagement and consultation with the patients it services.