Agenda item 6.

Social Care and Health Overview and Scrutiny Committee

1 November 2021

Primary Care Access

1. Purpose

This report aims to set out how the pandemic has and will continue to change service delivery within primary care and address concerns raised by the scrutiny committee at its September meeting.

2. Recommendations

2.1 That the Committee note the contents of the report.

3. Primary Care Services

3.1. Health services have changed significantly over the past 18 months as a response to the international COVID pandemic. These changes have included the range of services being provided, with a significant primary care capacity being utilised to deliver the vaccination programme, and the method of delivery with a significant increase in telephone and video consultations. Use of improved technology has been in place for some years before the COVID pandemic, and allows faster access to clinicians in order to ensure that those patients whose needs can be met without a face to face appointment are managed in the fastest manner possible. It is recognised that this is appropriate for some conditions and not for others, and that there should always be an element of patient choice.

3.2. Use of improved technology allows faster access to clinicians in order to ensure that those patients whose needs can be met without a face to face appointment are managed in the fastest manner possible. It is recognised that as the technology has been introduced there has been significant learning both in individual practices and nationally which patients are best suited to different methods.

3.3. Throughout the pandemic response, all GP practices in Walsall have remained open and have seen patients face to face. The balance between virtual and face to face consultations has remained similar to the national averages and the support of Walsall GPs have allowed vaccination rates to remain at the highest rates of our peer groups, with access to 6 local vaccination centres as well as the mass vaccination site at the Saddlers Centre.

3.4. For those patients accessing face to face consultations through primary care, as with all areas of the health service, capacity has been reduced by the requirement for social distancing and enhanced infection prevention and control measures that continue to be in place. It is imperative for containing the spread of COVID that all services are provided safely to the patient and staff

are protected from infection as high staff sickness rates will further limit capacity.

3.5. There has been a perception that primary care appointments have been reduced throughout the COVID period. However, primary care has delivered the same number of appointments as in the period immediately pre-pandemic, with 56% face to face and the remainder through telephone and video access and in addition have delivered 147,858 face to face vaccination appointments (to 13th October 2021). There is early evidence that the introduction of virtual consultations has increased face to face appointments and reduced the number of patients who do not attend their appointment.

3.6. Demand for NHS services remains very high, both in primary care and in hospitals. GPs report an increase in demand for appointments of between 25% and 50%, and attendances at the Urgent Treatment Centre (UTC) (a primary care service at the front of the Emergency Department (ED) provided by Malling Healthcare) and the Emergency Department both significantly above normal levels.

3.7. Patient feedback on primary care access falls into 3 main categories:

3.7.1. Difficulty in contacting surgeries due to phone lines being engaged, especially at the start of the day. This is probably the most frustrating element for patients, nationally as well as locally. As all GP practices are separate organisations rather than being part of the NHS infrastructure, each telephone system is purchased by the GP practice and there is not a facility for a central GP booking line as there would be in a hospital. The CCG has supported a number of practices to improve their telephone services but at peak hours this remains a problem. The introduction of the NHS app in all but 7 of the Walsall practices will reduce the reliance of patients needing to telephone the surgery to get an appointment.

3.7.2. Being triaged by a non-GP before a decision is made on whether a face to face appointment is appropriate. This will be addressed later in the report as a specific area scrutiny requested.

3.7.3. Comments on the care received once an appointment, virtual or face to face, is carried out. In the main the feedback on the service remains positive (more detail in the ratings section below). Some patients are concerned that they do not always see a GP but are triaged to a specialist nurse, Advanced Nurse Practitioner or another member of the primary care team. The NHS needs to do more to publicise that primary care is now a much wider service than GPs and that rather than seeing a GP to gain access to this wider primary care team, this can be resolved at the triage stage reducing the number of appointments required which means the patient sees the correct healthcare professional first time avoiding multiple trips, and the GP appointments can be reserved for those who really need to see a GP.

3.8. Given the importance of the issue of access to GP appointments, the CCG has undertaken a number of public facing meetings and analysed the patient survey data to discuss the topic. The key public meetings have been:

3.8.1. HealthWatch Annual General Meeting – 6th August 2021

3.8.2. Local Outbreak Engagement Board – 7th September 2021

3.8.3. Social Care and Health Overview and Scrutiny Committee – 23rd September 2021

3.8.4. Council Scrutiny Committee – 28th September 2021

3.8.5. CCG Patient Participation Liaison Group – 12th October 202

3.9. Based on the September 23rd meeting, the Social Care and Health Overview and Scrutiny Committee requested additional actions and information and these are outlined in the next section

4. Resolutions from the meeting of the Social Care and Health Overview and Scrutiny Committee 23rd September 2021

4.1. GP's to be communicated with through the CCG in order to relay the concerns of this Social Care and Health Scrutiny Committee and Walsall residents in general in regard to access to GP services.

Primary care access is the focus of the local Primary Care Restoration Group and the Local Commissioning Board (LCB) in Walsall. At the last meeting of the Local Commissioning Board, on 21st September, there was a long discussion on primary care access following the Local Outbreak and Engagement Board and there have been further discussions with Board members and the Local Medical Committee (LMC) since the scrutiny sessions. The LCB recognise the frustrations of their patients and are working with the CCG to look at options for further extending appointments while recognising the workloads of the current GPs. The GP leads on the LCB have discussed with their constituent practices in the monthly locality meetings, and it has also been discussed in the practice manager meetings.

Mindful of the need to maximise GP availability, GPs have not taken part in the vaccination programme for 12-15 year olds to avoid taking capacity from practices, although it was agreed that they should continue to offer the COVID booster vaccination as there is strong evidence that availability from the patient's own GP practice site has increased take up of the vaccine which is essential for the future.

4.2. CCG monitoring reports to be fed back to the Social Care and Health Scrutiny Committee on progress in access to GP services

The CCG is happy to work with the Social Care and Health Overview and Scrutiny Committee to design a monitoring report on primary care access.

The latest GP survey figures show that Walsall access is not significantly different to the England averages across the categories. It should be expected that access to preferred GP would have dropped in Walsall in the last year due to a greater GP engagement in the vaccination programme than in other parts of the country meaning that practices have collaborated on GP availability meaning the patient's own GP will not always have been available. The area where Walsall is a significant outlier is it website access and this has improved

from 23.42% 12 months ago and we would expect to increase again next year with the work undertaken during the pandemic.

	How easy is it to get through to someone at your GP practice by telephone	how helpful do you find the receptionists at your GP practice	How often do you see or speak to your preferred GP when you would like	How satisfied are you with the general practice appointment times that are available to you	How easy is it to use your GP practices's website to look for information or access services
Walsall	62.68%	82.57%	35.82%	61.42%	31.30%
England	63.97%	85.05%	42.38%	62.65%	39.69%

4.3. *The sharing of a borough wide plan by the CCG that will improve access and deliver an improved service, including greater access to face to face appointments*.

The single largest barrier to increasing face to face time with a GP is the national shortage of GPs. The recent national commitment to training more general practitioners will help with this, but it takes many years to train GPs through their specialist training before they are ready to go into practice.

To reduce the impact of the delay in training the NHS has introduced a new scheme for primary care, the Additional Roles Reimbursement Scheme (ARRS) which allows primary care to introduce new practitioners to work alongside the existing GP workforce. During the practice triage process, when a patient rings, the triage team will often redirect a patient to one of these extended roles as they will offer the expert advice and care that the patient needs without the requirement to see the GP first. This will save the patient an extra journey to see the GP to be referred on, and also helps to protect the GP face to face sessions for those patients for whom the GP is the most appropriate clinician.

The roles available for recruitment are:

- Clinical Pharmacists – work as part of the multidisciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. The Clinical Pharmacist can be a prescriber or undertake training to become one.

- Social Prescribing Link Workers – connect people to community groups and agencies for practical and emotional support and complement other approaches such as care navigation and active signposting.

- Physician Associates – healthcare professionals with a general medical education who work alongside and under the supervision of GPs providing clinical care as part of a wider multidisciplinary team.

- First Contact Physiotherapists - can assess, diagnose, treat and manage musculoskeletal (MSK) problems and discharge a person without a medical referral. Those working in these roles within a network can be accessed through direct referral by staff in GP Practices.

- Community Paramedics (funding not available until 2021) - this role is currently being developed. Some networks have already trialled this role where the request for a home visit was triaged by the GP and then

home visits, apart from those which were complex or end of life care, were undertaken by the paramedic. Some of the outputs were that more patients were managed at home and there was earlier intervention by the multidisciplinary team.

Following feedback from networks who wanted greater flexibility in the roles they could recruit, there have been more roles added to the ARRS. During 2020-21, PCNs can recruit and employ the following roles as part of the scheme:

- Care Co-ordinator – works closely with GPs and other primary care professionals within the network to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers.

- Pharmacy Technician – will complement the work of the Clinical Pharmacist by using their pharmaceutical knowledge to undertake activities such as audits, discharge management and prescription issuing. This role will be under the supervision of the Clinical Pharmacist and will be part of a wider PCN pharmacy team.

- Dietitian – diagnoses and treats diet and nutritional problems. Dietitians will support PCNs with patients of all ages with their food intake to address diabetes, food allergies, coeliac disease and metabolic diseases.

- Health and Wellbeing Coach – will use health coaching skills to support people with self-identifying existing issues and encourages proactive prevention of new and existing illnesses. They may provide access to self-management education, peer support and social prescribing.

- Nursing Associate (from 1 October 2020) – is a new support role that bridges the gap between healthcare assistants and registered nurses. The role will be part of the PCN nursing team under the supervision of a nurse.

- Occupational Therapist – supports people of all ages with problems arising from physical, mental, social or development difficulties. OTs can help GPs across the network with frail patients, those with complex needs, those who live with chronic physical or mental health conditions and who need help with managing anxiety or depression.

- Podiatrist – can help diagnose and treat foot and lower limb conditions. Podiatrists provide assessment, evaluation and foot care for a wide range of patients.

As part of improving access the local PCNs have recruited additional staffing. The first wave of these appointments are in place with the remainder to start by March 2022 which will improve appointment slots over the winter.

	East 1	East 2	North	South 1	South 2	West 1	West 2	Total WTE
Pharmacy Technician		2	1	1	1	1		**6.00**
Clinical Pharmacist	3	2	5	4	3.96	2	13	**32.96**
Advanced Practitioner – Clinical Pharmacist				1				**1.00**
First Contact Physiotherapist	1	1	1	1	0.65	2	2	**8.65**
Paramedic	2		2	2	1	1		**8.00**
Care Coordinator	0.3	0.16	0.20	2.16	0.16	1		**3.98**
Health & Wellbeing Coach						1		**1.00**
Social Prescriber	1.8	2	3	1	2	2.5	5	**17.30**
Dietician				1				**1.00**
Nurse Associate	2	2	1					**5.00**
Physicians Associate			1		2	1	2.55	**6.55**

It is acknowledged that not every practice can meet demand at all times, therefore there are 2 initiatives in place allowing for patients to receive a primary care service outside their own practice:

a. GP Extended Access Programme. This is a service run by Walsall GPs which offers both virtual and face to face appointments. There are 3 physical locations for GPs to see patients face to face, one of which is designed to see potentially COVID positive patients to reduce the infection control risk on the other sites

b. The Urgent Treatment Centre is co-located with the hospital ED. This is a service where patients can walk in to receive primary care services. It is run by Malling Health and plays a significant role in reducing demand on the ED. The UTC is frequency misrepresented as part of the ED function due to its co-location. However this is part of the system design as attempts across the country to redirect patients from the acute site to primary care services have consistently failed, therefore collocating the service with ED is the most effective use of the facility. It is acknowledged that the service can still be very busy into the evening and therefore the system is looking at exploring extending the opening hours from the current midnight closure to 3am over the winter period.

It is recognised that even with all of these extra services, the current demand for primary care exceeds capacity. However, given the current workforce constraints it offers the best possible programme for expanding primary care capacity in the short term as well as building services for the future. These services will remain in place beyond the pandemic response to enable better care in the community without the need to attend an acute hospital unless absolutely necessary.

These local GP services are working in parallel with services offered by local pharmacies and NHS111 to offer a range of options, especially when the GP is not the required clinician.

4.4. The CCG to consider a more robust approach in holding GP's accountable for timely access to appointments and to report back to this Social Care and Health Scrutiny Committee.

The CCG has a robust approach in tackling all areas of the GP contract. This is defined in the national GP contract and the CCG is prepared to use all of the options available should performance issues require. However, it is important to distinguish between issues of poor performance and national issues of capacity. The CCG is working with primary care to address the system issues through the introduction of the workplan described above. Should a practice demonstrate individual problems these will be managed through the contractual process

4.5. A representative from each locality to attend a meeting of the Social Care and Health Scrutiny Committee to discuss access issues and how to make the service better.

Locality specific investments in primary care are outlined above. Locality leads will be happy to present details of the plans to a future scrutiny session. It may help the committee if this is done in parallel with the local health inequalities plan as part of the development of the Walsall Health and Wellbeing Plan in order that access and inequalities can be discussed together

4.6. A report to the Social Care and Health Committee detailing the ratings of each GP practice in Walsall, split into Primary Care Networks (PCNs) to allow trends to be identified.

The Care Quality Commission is the independent assessor of healthcare providers and has provided detailed assessments for 44 of the Walsall GP practices. The vast majority of the practices rank as good or outstanding. No Walsall practice is graded as inadequate in any domain.

CQC Rating Table by PCN – Primary Care Walsall								
	North	**South 1**	**South 2**	**East 1**	**East 2**	**West 1**	**West 2**	**Total**
Outstanding	1	0	0	1	0	0	0	2
Good	7	6	5	6	5	3	7	39
Requires Improvement	2	1	0	0	0	0	0	3
Inadequate	0	0	0	0	0	0	0	0
Not inspected	0	2	1	1	0	3	1	8

4.7. That the Social Care and Health Overview and Scrutiny Committee is provided with detail on how each GP practice is performing in relation to (CQC rating) 'access to GP care' in comparison to the national average, along with the number of face to face appointments each practice is carrying out.

In addition to the overall rating above, the assessments have been analysed into the domains of care showing that a similar high level of performance as

the overall rating. (note: 3 more practice assessments have been received and added to this analysis, all of which were rated as “good”)

CQC Rating Table – Primary Care, Walsall						
	Safe	**Effective**	**Caring**	**Responsive**	**Well-led**	**Overall**
Outstanding	0	2	1	2	2	2
Good	45	40	46	42	43	42
Requires improvement	2	5	0	3	2	3
Inadequate	0	0	0	0	0.	0
Not Inspected	5	5	5	5	5	5
Total	**52**	**52**	**52**	**52**	**52**	**52**

The CCG does not have practice level information on the face to face delivery, as this information is held by NHSE. The CCG is happy to work with the scrutiny committee and NHSE England to develop this report.

4.8. *That further information is provided to the Social Care and Health Scrutiny Committee on the triaging GP appointments, detailing who is responsible for this and the level of training provided to carry out this role.*

Each GP practice is responsible for their own triage service, should they operate a triage service. The GPs remain responsible for the clinical decisions in their own practice and are therefore responsible for ensuring that all clinical decisions are carried out by a person who is competent to make that decision. The training may be through professional sign off, e.g. GP or nurse training, or by use of an algorithm which has been clinically agreed (as happens with NHS111/999 calls).

4.9. *A report outlining investment in technology for G.P practices and a timeline for implementation is provided to a future meeting of the Social Care and Health Scrutiny Committee.*

The CCG is happy to provide the committee, or a subgroup, with a digital primary care briefing and demonstration of systems. Pre-pandemic GPs had already begun the journey to increase inclusion via digitally developed care pathways. The pandemic response limiting the capacity of healthcare face to face options necessitated the rapid implementation of blended digital solutions to enable varied access to services.

The work during the last 12 months built on work pre-pandemic, each Local HealthWatch across Black Country and West Birmingham engaged with the public. (Over 1500 surveys were completed & Over 200 people took part in focus groups). The headlines from this included:

- 91% of individuals’ results are communicated to them quickly making best use of technology
- 76% manage their own personal records in order to receive continuity of care

- 89% of individuals had full confidence that their personal data is managed well and kept secure

The focus groups also echoed a desire from individuals to be able to utilise digital technologies to improve their access to health and care services. Responses suggest that individuals want online consultations and to communicate with health care professionals digitally. Individuals also want access to their own personal medical records and want to communicate with others about health and care on social media.

Responses suggested the challenges and risks to the use of digital solutions were:

- software adaptable for people with dyslexia and other disabilities
- proportion of population who are not good with technology
- needs to be easy to use and available in different languages
- online security concerns
- data protection
- disparity amongst people who are able to buy wearable technology
- multiple digital systems/apps already in use
- more methods of booking creating inequalities
- refugee and migrant populations may worry that information will be shared with the Home Office
- awareness of online services/access

When asked what digital solutions would support patients, people said:

- medical records access
- access to medication and test results
- text message alerts from GP
- symptom checkers for reassurance
- care plans i.e. Cardiac/diabetes etc.

When thinking about opportunities for digital solutions people said:

- video consultations
- telehealth
- digital tools to monitor health was seen as a priority, especially for those with diabetes, heart problems and those on weight management programmes
- NHS organised directory
- tell ‘Alexa’ to give me a repeat prescription
- a one-stop shop of NHS digital solutions, with approved apps, online guidance and support for information sharing
- self-monitoring pods in high footfall areas

The CCG worked in partnership with the STPs Citizens Panel (known as Black Country Voices) to receive feedback on both current and future digital and IT offers, from a representative sample of our population across the Black Country and West Birmingham from aged 16 and over. The headlines from this included:

- 46% of people asked do not use existing digital NHS services

- 54% of the above group said this was because they didn't know they could access them online.

- 74% of people asked would describe their experience of accessing NHS services online as 'simple'

- 26% of people asked would describe their experience of accessing NHS services online as 'limited', 'difficult' or 'confusing'

- When describing how they find out about online services which could help us advertise and signpost effectively, responses included:

  - Websites (68%), social media (64%), friends and family (60%), online adverts (55%) and television (35%) are the main sources of how these respondents find out about digital services.

- As an alternative to coming into the hospital for a follow-up appointment:

  - 53% would be happy using e-mail to communicate with their healthcare professional
  - 77% would be happy using live text chat (45%) or video chat (32%)
  - 12% would prefer to still visit face to face

- As an alternative to visiting their GP surgeries for an appointment:

  - 47% would be happy using e-mail to communicate with their healthcare professional
  - Those who would be happy using live text chat (49%); telephone (64%); or video (35%)
  - 11% would prefer to still visit face to face

- 85% would allow access to their hospital records so their condition could be reviewed safely without having to visit a hospital and 61% would allow other NHS organisations or their local authority to access their data to join up care.

- 70% would allow their health and care record to be shared with local GP practices to receive services and support at other locations. 59% would allow their primary care record to be used across the NHS to measure health trends

The CCG has plans to repeat a patient engagement exercise post-pandemic to reassess the public perception of digital access to services however we are confident that the initial comprehensive exercise identified our areas of focus and gave us the mandate to proceed with the rapid implementation of digital access in line with the aims of our digital strategy.

Following the engagement with the public, the CCG has worked with all parts of the NHS system to start to develop a standard IT product so that primary and secondary care organisations can communicate with each other and the patient. The products implemented in Walsall are:

System	Covid Assessment	Digital Triage Primary Care	Video Consultation Primary Care	Electronic Document Management	Video Consultation Secondary Care 1st	Video Consultation Secondary Care Follow up
Walsall	eConsult	eConsult	AccuRx	Docman	eClinic	eClinic

In addition to the main system changes, the digital programme has also included

- direct patient access booking into 111
- remote monitoring of patients in care homes and in their own homes
- supporting pulse oximetry at home
- virtual wards and reducing direct contact in care homes
- increased the use of text messaging across the system as a simple digital communication tool
- support secure digital communications with a focus on cyber security

We recognise that this is a significant step forwards in respect to digital healthcare in Walsall and access is available to anyone at any time however, we are also aware that not everybody can access these services due to digital inequality. We have therefore set up the Digital Inequalities sub-group to support those who do not have access to technology.

The sub group has a triple aim, to address access to kit, access to connectivity and access to skills.

We are working with telecommunications companies and the charities to address the access to connectivity and have plans to 'gift' 4G data to individuals so that they can get online to access these services.

Equally we are working with suppliers to gain access to tablet devices and laptops to enable those that would not otherwise have the means to purchase.

Finally there is the issue that not everybody has the necessary digital skills to know how to access these and other online services. We have therefore been working with Colleges West Midlands to take advantage of a recent Department for Education funding stream. The 'Entitlement Fund' has been in place for a few years to upskill anyone to a basic level of Maths and English, for free, at any college. This year the scope has been extended to include Digital skills and so we are working in partnership, introducing two new free to access courses onto the syllabuses of all colleges across the West Midlands.

4. Conclusion

Primary care access is a significant national issue, and Walsall is no different. Patient frustration is understandable and every effort is being made to increase the number of appointments both face to face and virtual. Demand for primary care services outstrips the capacity available and the CCG has been working with primary care to increase the range of professionals

available to see patients. All GP practices have remained open throughout the pandemic and GPs have maintained the number of total GP appointments as well as delivering nearly 150,000 vaccination appointments through the GP centres. Independent assessment from the Care Quality Commission shows care is delivered to a high standard with most domains rated good or outstanding and no areas of inadequate performance. Performance is similar to the England averages where data is published.

The CCG and the local GPs are committed to working with scrutiny to continue to improve access to services and welcome the opportunity to share both the frustrations and solutions in order that the best possible service is delivered.

Background papers

Author

Geraint Griffiths-Dale, Managing Director – Walsall; Black Country & West Birmingham CCG