



Staffordshire and
Stoke-on-Trent
Integrated Care Board

Primary Care Access

General Practice

June 2023

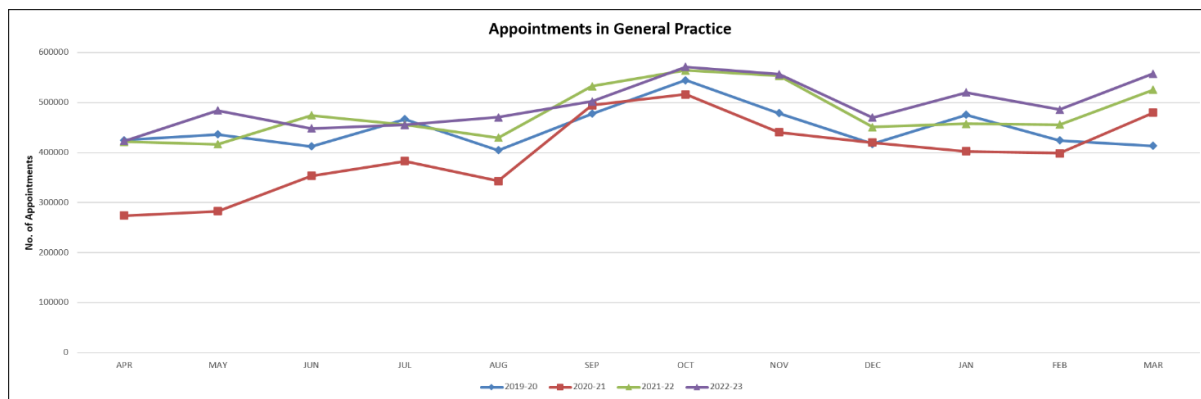
General Practice Access

1.0 Current Position

Since the Covid pandemic, some GP practices nationally have experienced a 20-40% increase in contact with primary care and there has been a decrease in satisfaction with general practice in relation to being able to contact GP practices.

GP practices in Staffordshire and Stoke-on-Trent are offering more appointments than the pre Covid period of 2019-2020 (table 1) however patient satisfaction with access has declined as demonstrated in the national GP Survey results (table 2).

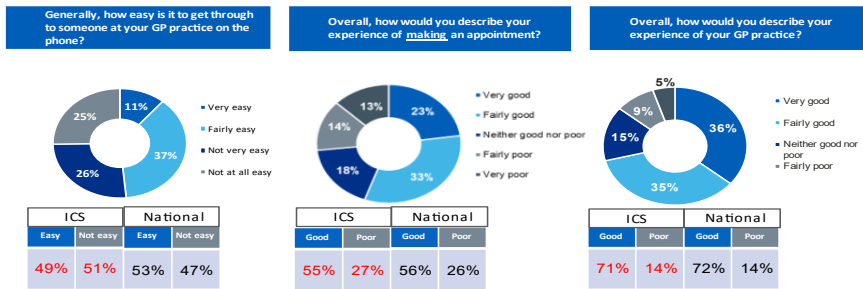
Table 1: General Practice Appointment Activity 2019-20 to 2022-23



In March 2023, primary care appointment activity was 34.9% higher than the same period in 2019/20. There has been an 11% increase overall for 2022/23 compared to 2019/20.

The proportion of face-to-face appointments stands at 74% (compared with 64% in the equivalent month in 2019/20). This is higher than the National average standing at 70% for March 2023. Practice variation ranges from 42% to 100% face-to-face, with 70% of practices above the National average.

Table 2: GP Patient Survey Results



There is increased demand on general practice related to local demographics and an increase in the number of patients aged 70+ with increasing dependency and some with multiple long-term conditions.

GP practices are reporting an increased demand for appointments and prescriptions and an increase in queries relating to hospital referrals and appointments, and telephone access is impacted by referral queries and vaccination queries. There is continued pent up and increased demand including for complex care with many patients generally wanting to see a GP. Locally we have a reduced GP workforce with recruitment and retention issues.

There is a national and local focus on improving this position and enhancing patient experience which is reflected in the Staffordshire and Stoke-on-Trent General Practice Strategy, the national GP Contract changes, 2023-24 and the National Delivery Plan for Recovering Access to Primary Care.

2.0 Staffordshire and Stoke-on-Trent General Practice Strategy

Staffordshire and Stoke-on-Trent General Practice Strategy is based the four building blocks within the Fuller Stocktake Report (Integrated care teams, Same day urgent access, Prevention and Personalised care). The access building block is reflected in the GP contract changes for 2023-24 with the key element in relation to access being:

- Improving patient experience and satisfaction with access

The GP contract changes include:

- Patients to have an assessment of need or be signposted to another service at first contact, regardless of how they contact the practice
- This is an assessment of need not necessarily an offer of an appointment
- A GP practice will not be able to request that patients call back later

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The GP Contract changes 2023-24 are underpinned by the National Delivery Plan for Recovering Access to Primary Care which was published on the 9th May 2023.

3.0 The National Delivery Plan for Recovering Access to Primary Care

The National Delivery Plan for Recovering Access to Primary Care focuses on the '8am rush' in general practice, a reduction in the number of people struggling to contact their GP practice and supports a move to make better use of technology to access general practice, therefore improving patient experience.

To tackle the increasing demands on Primary Care, the plan focuses on four areas to alleviate pressure:

- Empowering patients
- Implementing Modern General Practice Access
- Maximising Capacity
- Cutting Bureaucracy

Empowering Patients

Enabling patients to take a more active role in the management of their health and care by utilising technology that:

- i) provides patients with access to information to inform their health decisions;
- ii) removes inefficiencies and
- iii) increases flexibility for the workforce.

Recommendations:

- Improving information and NHS App functionality
- Increasing self-directed care
- Expanding community pharmacy

Implementing Modern General Practice Access

Patients shouldn't be told to call back another time to secure an appointment on the day. Better digital online contact tools and telephony, and changes to workflow have successfully increased accessibility for patients - the Modern General Practice Access Model. The focus will be on enabling patients to know on the day how their request will be handled, based on clinical need and preference for appointment type, reducing long waits on the telephone and providing patients with more timely information

Recommendations:

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- Better digital telephony (cloud based telephony)
- Simpler online requests (online consultation)
- Faster navigation, assessment and response

Maximising Capacity

There is a shortage of GPs to meet the needs of a growing and ageing population, with increasingly complex needs. A focused effort is required to bring new doctors into general practice and retain current GPs. The focus will be on ensuring general practice is utilising all resources to manage increasing demand, managing more patient requests and optimising the use of the full practice team.

Recommendations:

- Larger multidisciplinary teams (including Additional Roles Reimbursement Scheme (ARRS))
- Increase in new doctors nationally
- Retention and return of experienced GPs
- Primary care estates

Cutting Bureaucracy

In some practices patient contacts have increased between 20% to 40% since before the pandemic; and there is a risk that GPs are overloaded and spend less time with patients. Around 30% of GP time is spent on indirect patient care. Reducing paperwork will improve efficiency and enable GPs to have more time available for direct patient contact. A focus of the National Delivery Plan is on reducing the time spent by practice teams on low-value administrative work, improving the join up between primary and secondary care services, to give teams more time to focus on a patient's clinical needs.

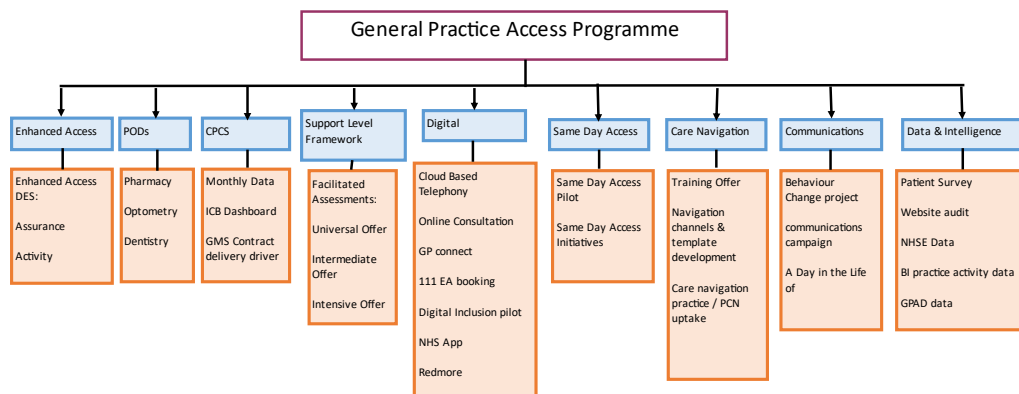
Recommendations

- Improving the primary-secondary care interface
- Building on the Bureaucracy Busting Concordat (Appendix A)

4.0 General Practice Access Programme

To support the delivery of the Staffordshire and Stoke-on-Trent General Practice Strategy and the National Delivery Plan for Recovering Access to Primary Care, a Primary Care Access Programme has been developed under the ICB's Primary Care Portfolio (Table 3). The projects within the Access Programme are designed to support delivery of local and national strategic objectives.

Table 3: ICB General Practice Access Programme



An Enhanced Access service is being delivered by 25 Primary Care Networks (PCNs) via the PCN DES which equates to 1,165 hours of access to primary care per week, delivered 6.30-8pm weekdays and between 9am-5pm Saturdays.

Work continues to maximise use of the Community Pharmacy Consultation Service (CPCS) in primary care which allows patients to be referred to a Pharmacist where appropriate. Currently practices in the ICB are the highest referrers into CPCS in the Midlands region.

A national Support Level Framework has been developed and the ICB is working with NHS England and GP practices to access the support offers available to general practice. The Support Level Framework (SLF) is a tool intended to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends.

Digital technology and how this can be used to enhance the patient experience is included in the Access and wider Digital Programmes. GP Practices are being supported to review telephony, online consultations and the use of the NHS App.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The National Delivery Plan entails a national communication campaign and this will be supported with local communications informing patients to enable to them to access healthcare, with the most appropriate health professional in a suitable location to their need.

The ICB Primary Care Team is working with Primary Care Networks (PCNs) and the GP practices within them on the development of PCN Improvement Plans focusing on the requirements of the GP contract changes 2023-24 and the National Delivery Plan for Recovering Access to Primary Care. Improvement Plans will be signed off by the 31st July 2023.

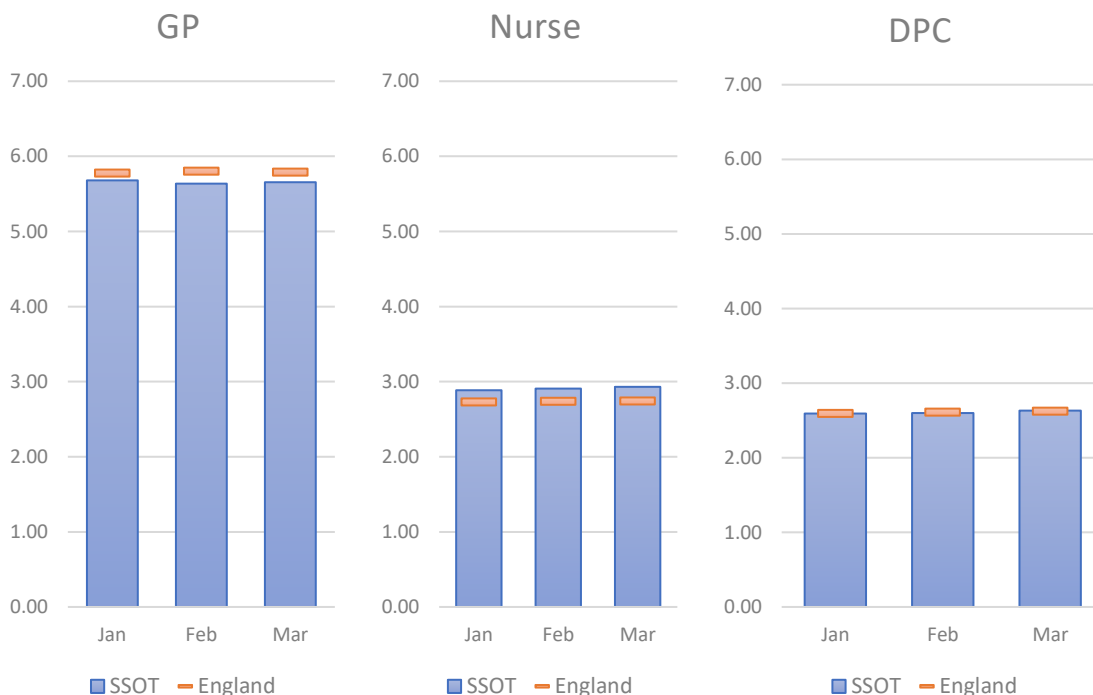
5.0 Accountability

The National Delivery Plan for Recovering Access to Primary Care asks ICBs to develop a system-level access improvement plan which includes a summation of the actions their PCNs and practices have committed to, confirmation of offers of support (for example, uptake of cloud based telephony - currently 80% of our GP practices have some form of cloud based telephony in place) and the outcome expected. ICBs should take these plans to their public boards in October or November 2023 with a further update in February or March 2024.

6.0 Access Interdependencies

There are a number of interdependencies related to access including workforce and estates.

Primary Care workforce per 10,000 weighted population Jan 2023-March 2023



NHS Staffordshire and Stoke-on-Trent Integrated Care Board

As part of our commitment to develop a Staffordshire and Stoke-on-Trent general practice workforce strategy by 2024, the ICB has set up the Primary Care Workforce Implementation Group (PC WIG) that will lead its development. The Primary Care WIG's purpose is to work collaboratively to influence across the system, have a coordinated approach and build confidence in our approach to workforce which enables us to build a primary care workforce for Staffordshire and Stoke-on-Trent for the present and the future. The group have started to bring together work that is already happening across the system and have started to identify task and finish groups to address any gaps. One priority task and finish group is mandated to develop a plan to ensure full utilisation of the Additional Roles Reimbursement Scheme (ARRS) budgets during 2023-24 that will see an increase in the recruitment of roles designed to deliver personalised and coordinated care for patients. The system has recruited a full time retention partner focussing purely on primary care to support the implementation of workforce schemes and they are currently supporting the delivery of the workforce, health, and wellbeing quality improvement module in the National Quality and Outcomes Framework (QOF).

The NHS Long Term Workforce Plan that will be published shortly which will be reflected in local plans.

The ICB Primary Care Team is focusing on estates as access to good quality estate is a requirement of general practice and the staff working within it. The ICB is working with our Primary Care Networks who are currently in the process of creating PCN estate plans. These plans pull together key information, including housing trajectories, and will help to identify key estate priorities for PCNs. This will then be aggregated at an ICB level to enable the ICB to prioritise key projects in the short, medium and long term. These plans will allow the best opportunities to gain funding for extensions and developments through any potential funds that may become available to the ICB.

7.0 Recommendation

That the Overview and Scrutiny Committee receives the paper on the ICB plan with regards to general practice access in Staffordshire and Stoke-on-Trent.

Appendix A – Bureaucracy Busting Concordat

Seven principles to reduce unnecessary bureaucracy in general practice:

1. All policies should be designed with the patient and patient journey at the heart of the process, to ensure a minimum administrative burden for people accessing government services.
2. General practice should only be required to provide evidence of a medical nature when it is unavailable by other means. Always consider why factual medical evidence or opinion is required and only request if it is absolutely necessary with as little frequency and depth as possible. Due consideration should be given to how this request for evidence should be funded if the request is made of general practice staff.
3. When introducing or reviewing an existing requirement for a medical certificate or examination, ensure that the most appropriate professional for the job is able to certify, promoting alternatives to the GP, including other members of the primary care team whenever possible and appropriate.
4. When requesting medical information, ensure standardised forms are available for use and ensure that all information requests are as clear and concise as possible.
5. Always consider digital forms rather than paper-based approaches, with standardisation and the potential for automation or data sharing where appropriate, though digital solutions in themselves do not always reduce bureaucracy. Where possible these solutions should be integrated into general practice systems.
6. When changing or designing a new process or form, ensure it has been co-designed with those who will be using it, for example GPs or other appropriate healthcare professionals, to ensure it is user friendly and supports our aim to reduce bureaucracy.
7. If only medical history is required, where appropriate make provision for the option for patients to provide this themselves rather than requiring it from a GP or health professional. Where possible, this process should be designed without need for GP ratification

