

Staffordshire & Stoke on Trent (SSOT) Integrated Care Board

General Practice Access Staffordshire

January 2024



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Part 1 – Introduction & setting the context of the plan

Fuller Stocktake Report

A new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

streamlining access to care and advice for people who get ill but only use health services infrequently – same day access

providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs – long term conditions

helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

Management of General Practice Appointments

- Three patient flows in Fuller requiring responses by different workforces across 106 individual GP practices in Staffordshire
- General Medical Services (GMS) Contract is a national contract, negotiated annually
- Practices must provide enough appointments to meet the reasonable need of their patients. This must be done in a way that is safe for patients and GPs
- The GMS contract does not stipulate a number of appointments a GP practice must provide per head of population

National delivery plan for recovering access to primary care May 2023

- Tackle the 8am rush
 - Make it quicker and easier for patients to get the help they need from primary care
- 1) **Empower patients** by rolling out tools to monitor own health and expand services offered by community pharmacy
 - 2) Implement a **modern general practice** model so patients know on the day how their request will be handled
 - 3) **Build capacity**
 - 4) **Cut bureaucracy** to give practice teams time to focus on patients' clinical needs

This System Level Access Improvement Plan (SLAIP) will address these national ambitions.

Delivery plan for recovering access to primary care

May 2023

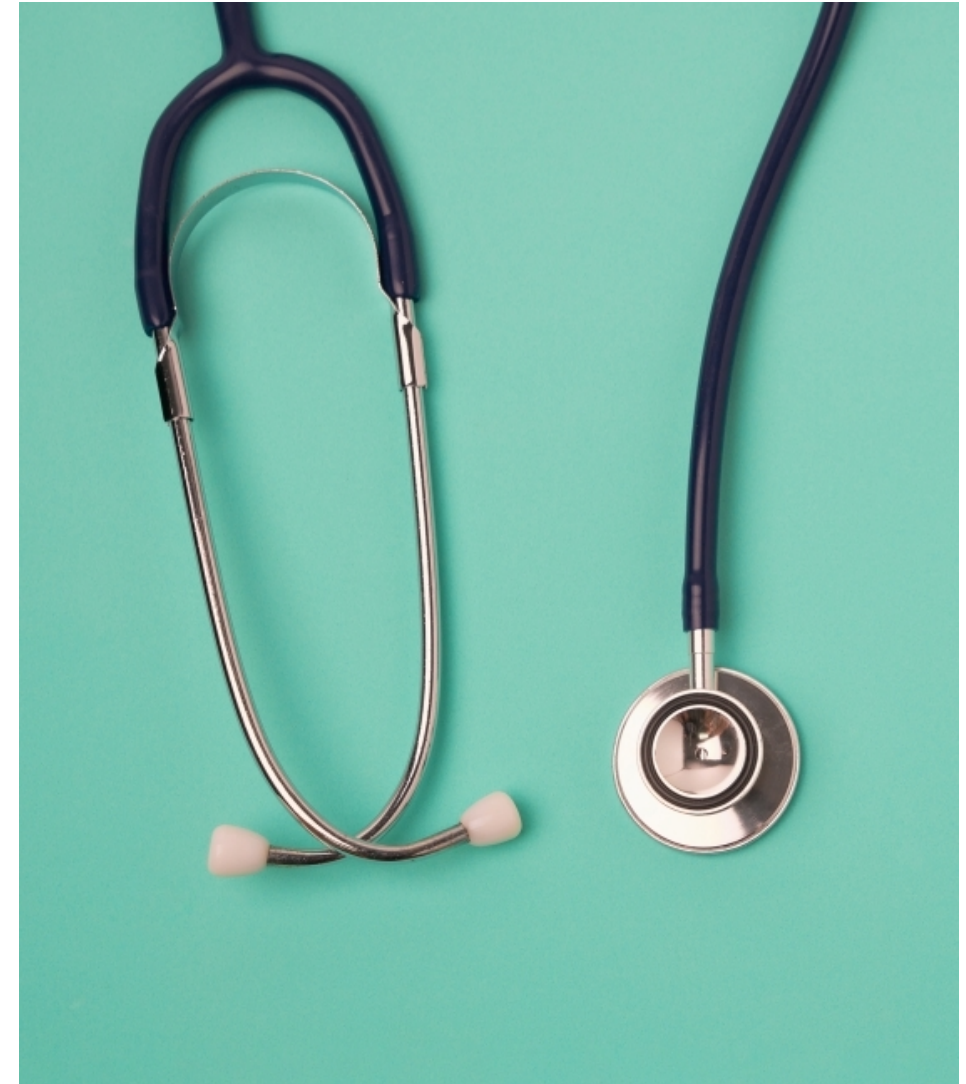


Challenges

Primary Care provide 90% of patient contacts with the NHS and General Practice is the largest element of this.

However increasing pressures are leading to;

- Significant perceived problems with patient access to General Practice
- The '8am rush' – difficult to get through on the phone
- Reducing GP workforce satisfaction
- Consequential workforce pressure – recruitment & retention



Drivers

Demographic pressures – leading to increased demand

- 3% population growth in SoT since 2019
- Steep increases in elderly and very elderly
- Steep increases in long-term conditions
- Steep increases in mental health diagnoses

National context

- Elective backlogs and post-Covid unmet need
- NHS funding
- Austerity / General economic picture

Changing workforce model

- Significant reduction in GP Partners (leadership and flexible capacity)
- Failure to recruit additional GPs
- Shift to salaried GPs and additional roles (ARRS up for 8 to 16% of direct patient contact)
- Consequential increase in supervision & training requirement

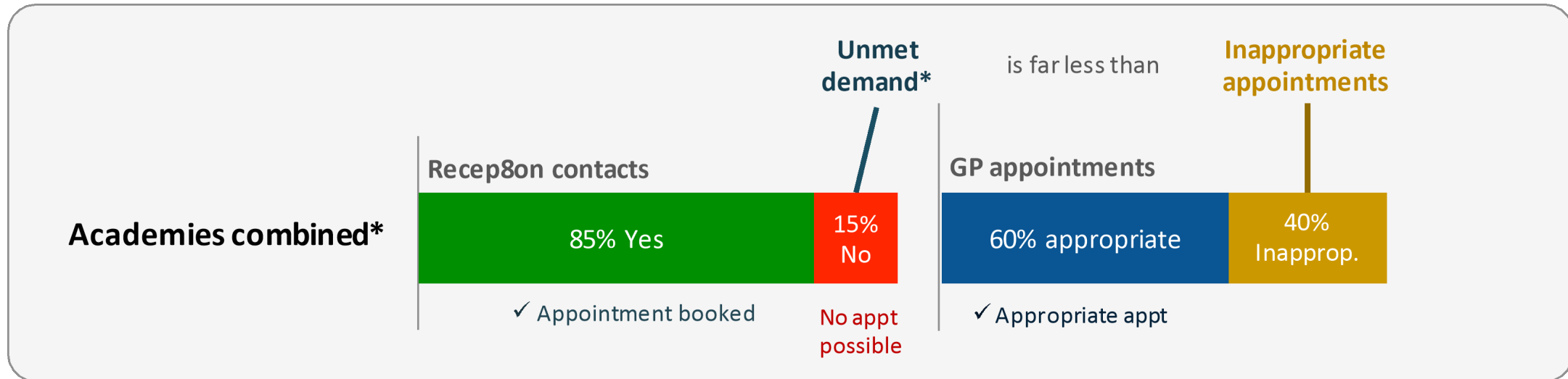
Funding of General practice

- Historically just over 11% of NHS funding, fell to under 8%, has increased

Demand & Capacity – can we ever meet demand?

London South Bank University Study

- While typically **15% - 20%** of appointment requests can't be met at reception in a practice
- This is far less than the **40% of GP appointments** that are seen as inappropriate – unnecessary, avoidable or potentially moveable within the practice



* Over 10,000 contacts / appointments

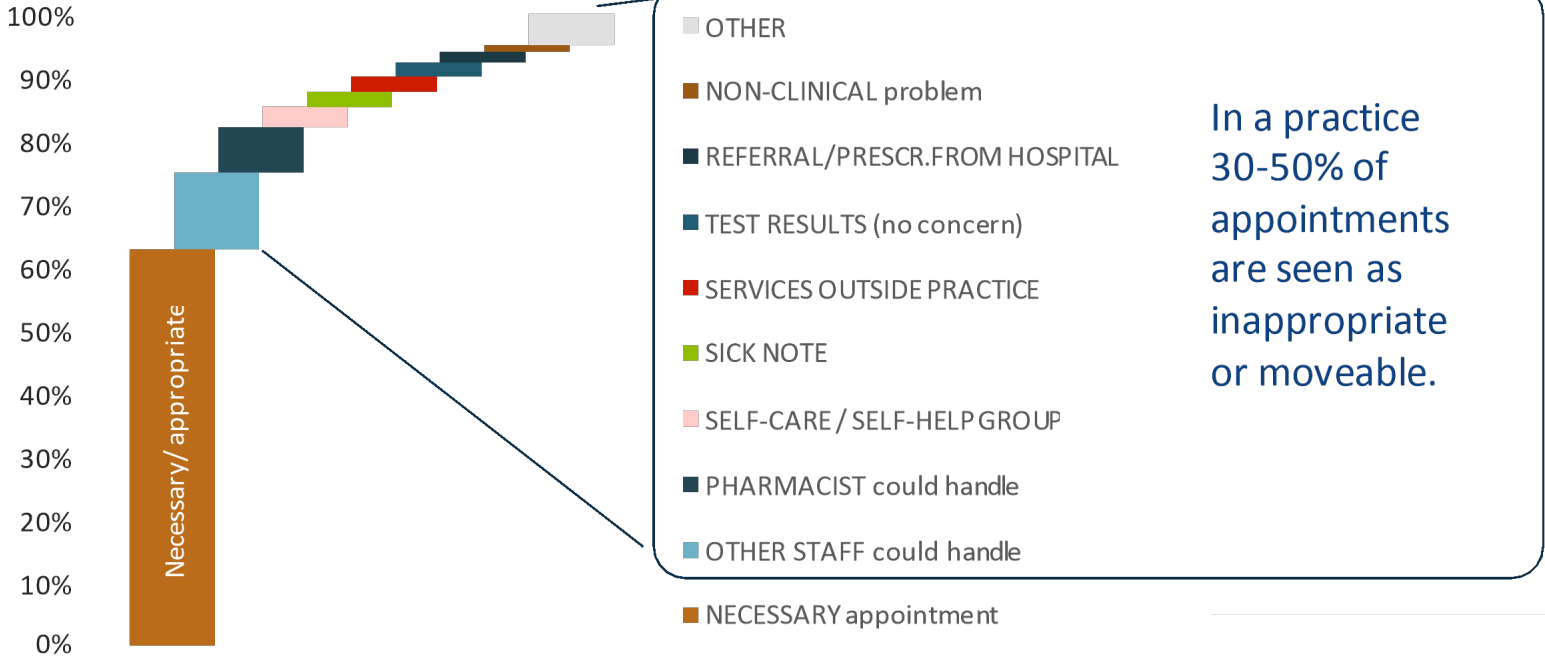
** Not including missed calls

GPs assessment of appropriateness of appointments

London South Bank University Study

Question to GPs:
Answer from GPs:

Should this patient be here today?
40% of the time 'no'

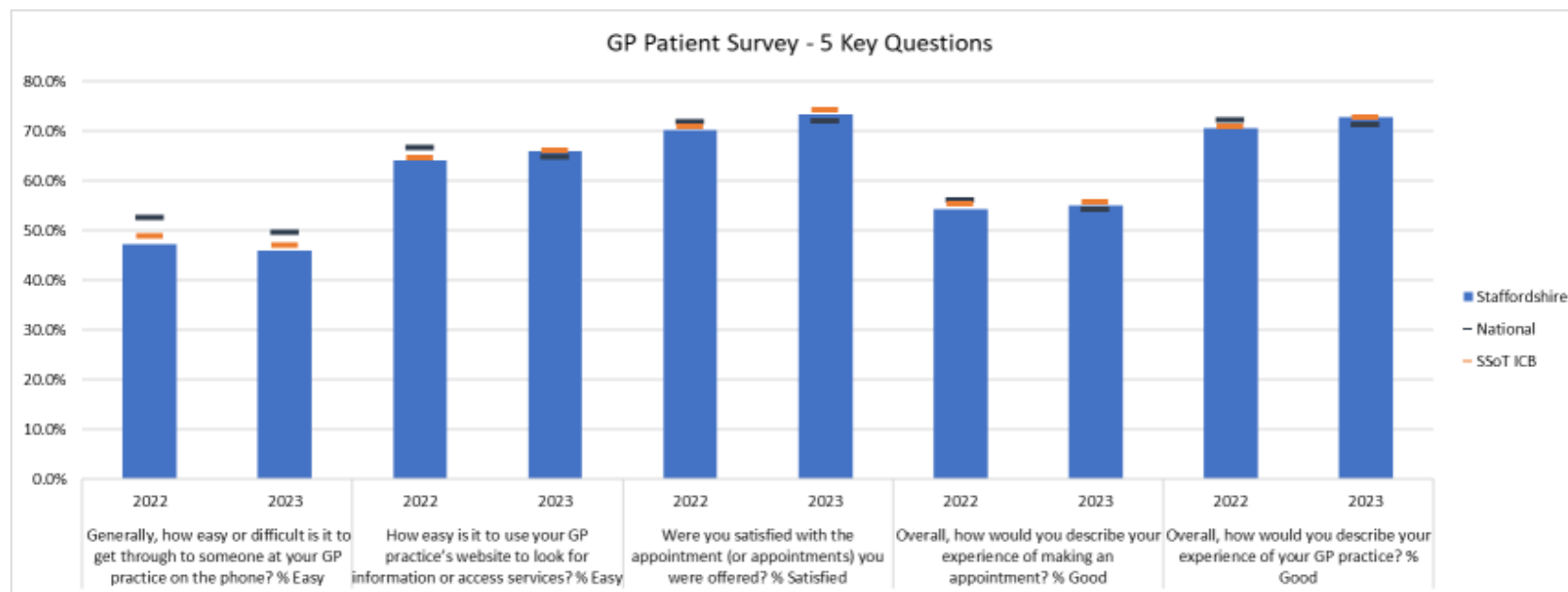


In a practice 30-50% of appointments are seen as inappropriate or moveable.



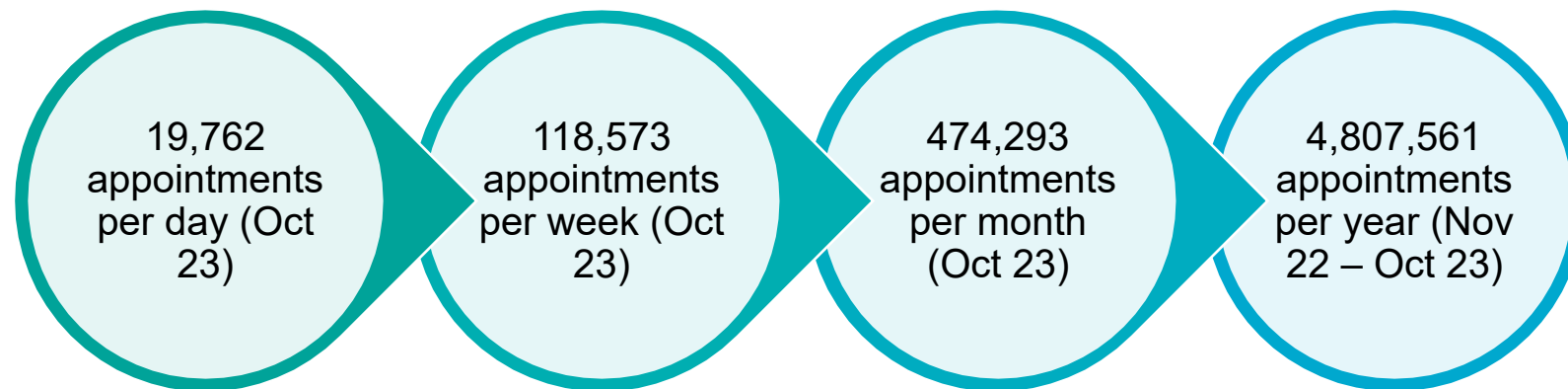
Patient Experience - National GP patient survey

- Significant reductions in reported patient satisfaction after Covid – political and media focus
- **Increased number of positive ratings for 4 out of 5 of the key questions** compared to 2022. The National trend which predominantly decreased. **SSoT is the only ICS in the region to see an improvement** last year in these scores.
- However local variation in patient experience
- This plan aims to reduce that variability amongst practices and patient experience

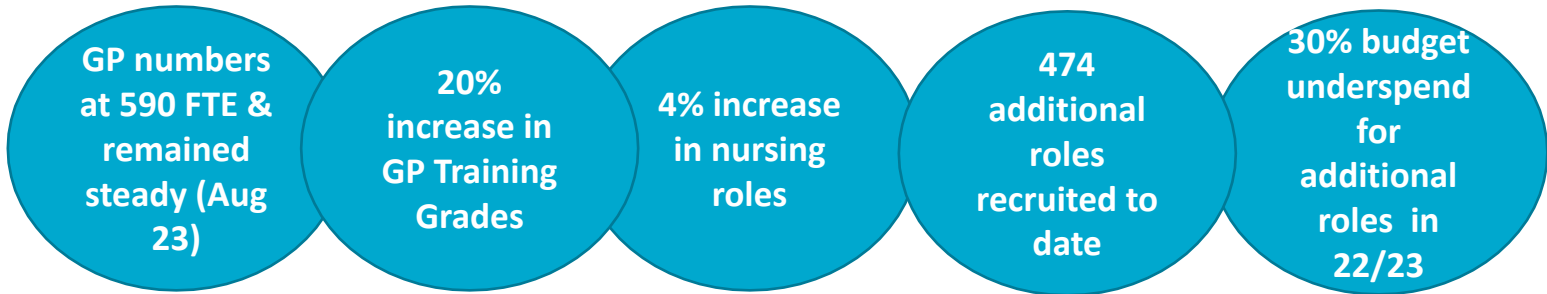


Appointment Activity – Oct 23

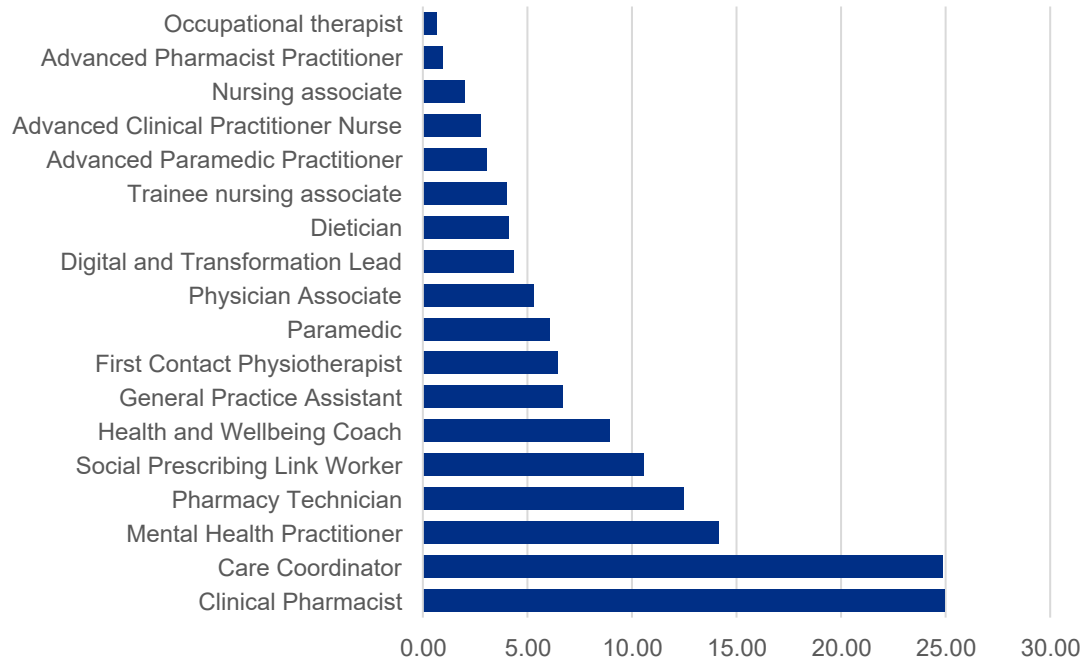
- 4.8 million appointments delivered annually across Staffordshire.
- Significant growth in appointments – 12.9% higher than in October 2019/20 and 8.5% higher than October 2022.
- 72.9% of appointments delivered face to face (88.0% in 2019/20). This is higher than the national average standing at 70.9%. Practice variation across Staffordshire ranges from 33.1% to 97.9% face-to-face, with 63.2% of Staffordshire practices above the national average.
- 41.0% of appointments were booked on the same day.



Workforce and capacity



ARRS WTE by Role - September 2023



- Training, recruitment, retention and return initiatives
- Exploring new models
- Despite growth, there are limitations in capacity

Part 2

Staffordshire & Stoke on Trent's plan to improve access to primary care

How are Primary Care Networks (PCNs) supporting access?

PCN Access Improvement Plans have been developed which include all the main elements of the National Plan. Plans went through an approval process with the Primary Care Team

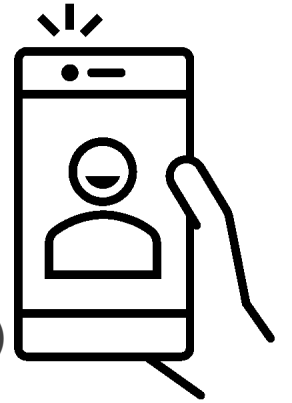
PCNs will:

- **work collaboratively** - ICB will be meeting with them quarterly to support and provide guidance on the delivery of their plans
- Work to improve the collection and **understanding of their activity data**
- empower patients by **providing prospective record access to all patients**
- ensure **direct bookable appointments are available to NHS111**
- support **the promotion of the NHS App**
- **educate and encourage patients** and promotion of the **use of online consultation** and utilisation of messaging software to support patients to communicate with practice.

Local Response to National Ambition 1: Empowering Patients

Self-Referral Pathways

- MSK & Podiatry by 31st March 2024
- Audiology in place
- Weight Management in place with criteria (awaiting national funding decisions)
- Wheelchair services (available now for patients within service, new patients under review)
- Community Equipment – awaiting outcome of options appraisal
- Falls Service in place for South Staffordshire, North in development



Community Pharmacy

- Independent Pharmacist prescribing project will see 2,400 extra appointments in SSoT by March 2024
- Oral Contraception & Blood pressure services are in place – 240 CPs are delivering 4,800 BP Checks with an aim to get to 6,000

Citizen Access to Medical Records

- 105 Staffordshire GP practices offered access to GP records via the NHS app. from 1st November 2023

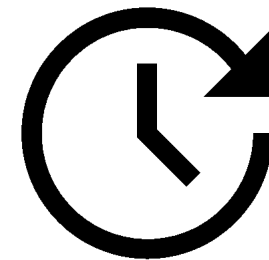
Online GP Registration

- Online patient registration will be available via NHS App. – supporting practices to roll this out

Local Response to National Ambition 2: Build Modern General Practice

Modern General Practice

- 70 practices have confirmed their intentions to support implementing this model
- The ICB will work with practices to encourage further models throughout 2023-24 and 2024-25



Care Navigation

- 62 Staffordshire practice staff have participated in national training. In addition, the ICB have invested in local training of which 158 Staffordshire practice staff have participated

Digital Inclusion project

- 5 Staffordshire PCNs participating in the pilot

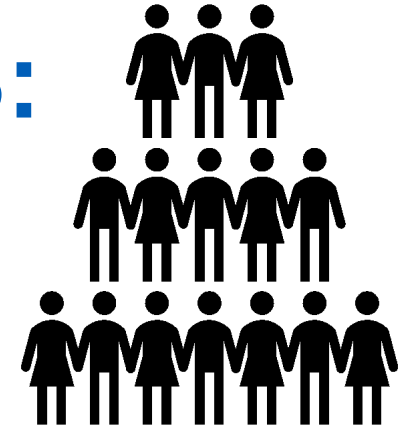
Telephony

- 5 Staffordshire GP practices identified on analogue based telephony systems are considered a priority for telephone upgrade
- further support for the remaining 35 practices not on an analogue system but requiring upgrade to advanced cloud based telephony to meet the requirements of the National Framework

Online Access

- Once national framework available, progress procurement to enable online consultations, messaging and booking tools (interim solutions are currently in place).
- Engaging with general practice to gather feedback on what works well and what further support is needed to utilise and embed tools effectively

Local Response to National Ambition 3: Build Capacity



Workforce

- Workforce Implementation Group (WIG) in place to strategically oversee workforce schemes aligned to the national workforce long term plan
- 2 GP clinical champions to support the workforce programme
- Additional Roles Reimbursement Scheme (ARRS) Task & Finish Group in place to maximise resource and address barriers
- Partnership working with the ICS People Hub and Staffordshire Training Hub to support recruitment and retention initiatives
- GP trainee scheme and bursary offers for those living outside the UK
- GPN Foundation School to increase and support quality nurse placements

Local Response to National Ambition 4: Cut Bureaucracy

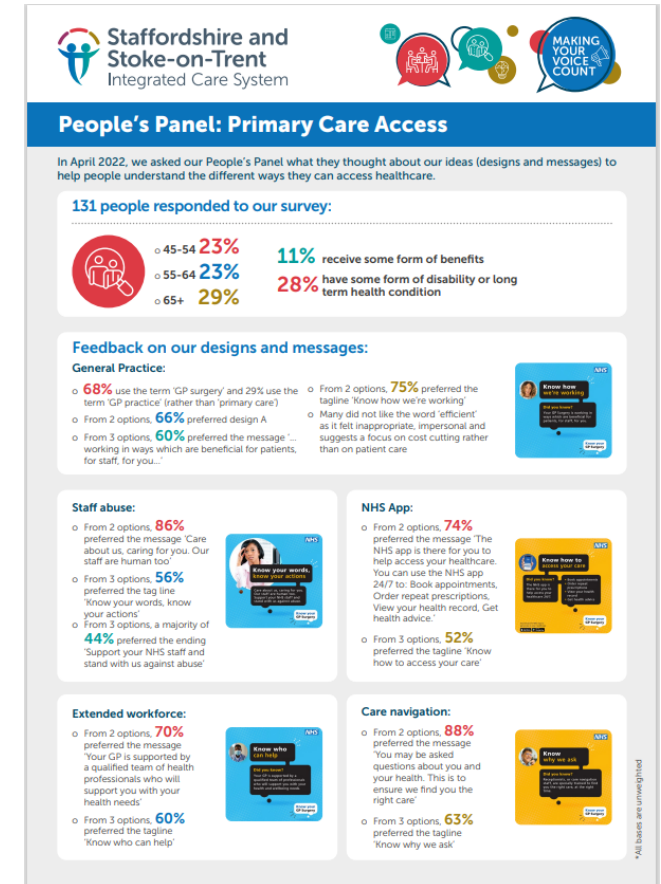
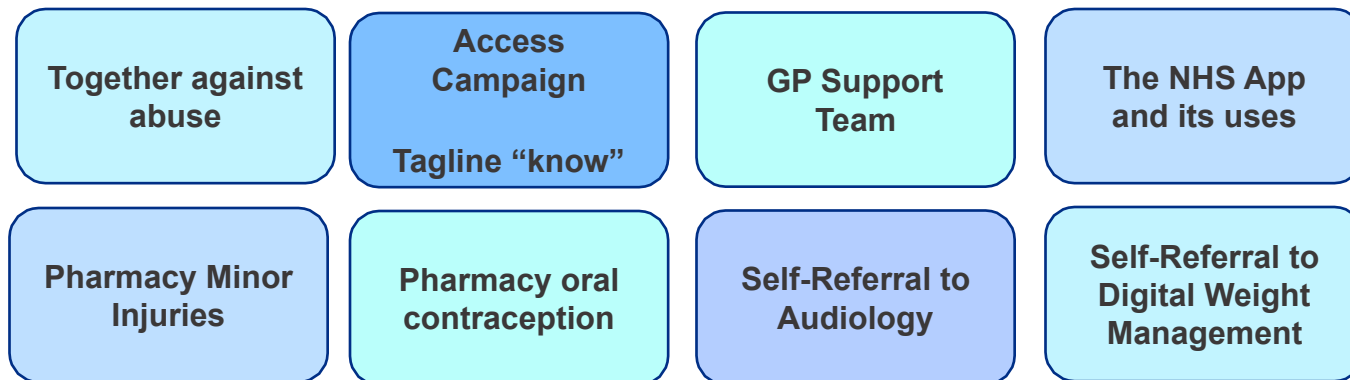


Primary:Secondary Care Interface

- ICS Primary Care:Secondary Care Consensus Agreement. Approved by Clinical Senate and Provider Collaborative Board. All organisations asked to approve
- Interface meetings in place (North & SE with SW coming online shortly) to support the delivery of improved working across the primary-secondary care interface
- Improve the productivity, efficiency, resilience, patient and clinician experience
- Collaborative work to reduce inequities in care provision and inequalities / unwarranted variation in outcomes for our patients

Communications & Engagement

- The ICB has the most comprehensive communication campaign in the region.
- Undertaken public surveys, testing campaign messaging and imagery with members of the public, developing materials with practices, and asking for feedback from local voluntary sector partners and Healthwatch
- The ICS People's Panel used for patient/public feedback, and an online session was held with GPs. 131 responses from members of the People's Panel. Public views have improved and enhanced our public messaging.
- Number of campaigns launched following the same methodology and form part of the improving access communication delivery plan (headlines below but more detail can be found on the ICBs websites and Facebook pages)



Conclusion



The ICB aim to make Staffordshire and Stoke-on-Trent one of the healthiest places to live and work is more likely to succeed if Primary Care services are healthy and effective



Patient's perceptions of the NHS are significantly influenced by their experience of Primary Care



Good access to high quality Primary Care services is a significant factor in reducing health inequalities



The SLAIP is a key programme of work in achieving these aims.