

General Practice Access Plan

Staffordshire and Stoke-on-Trent

Update for OSC

as at 29//12/21

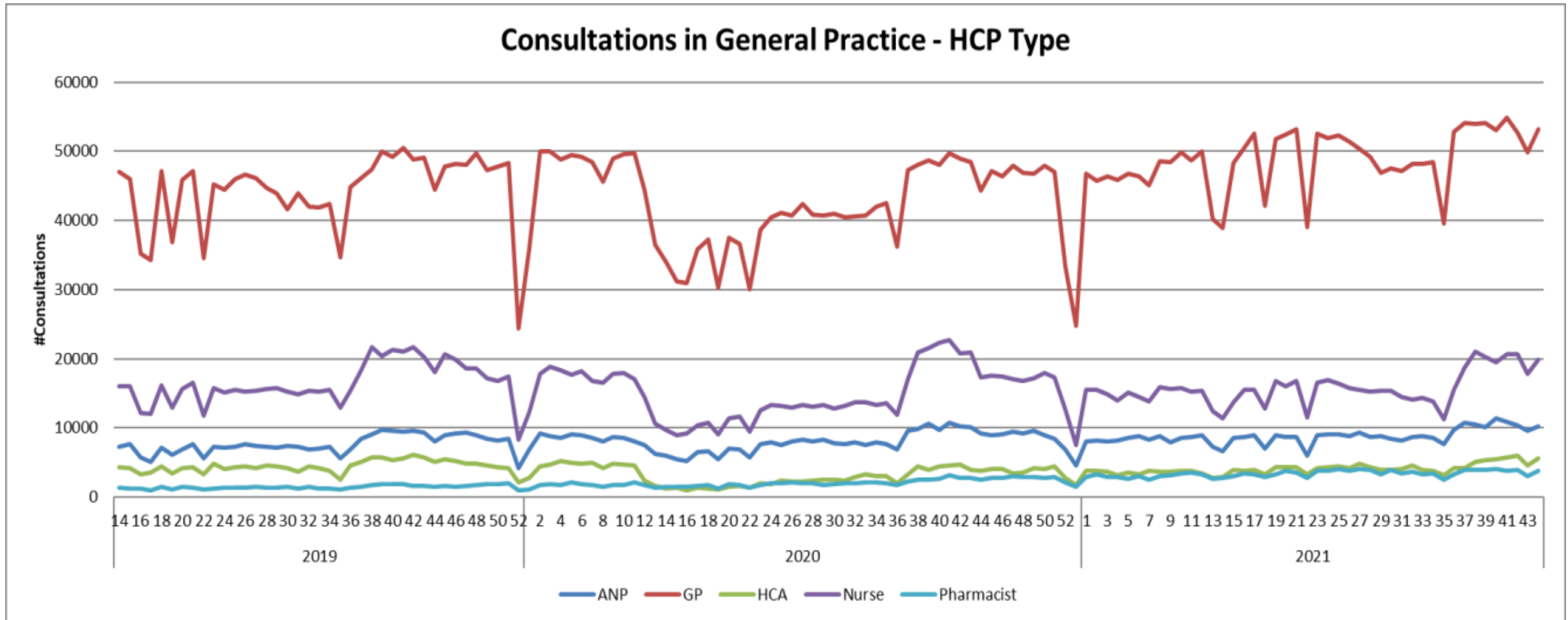
Context



- Consultations during this time has been variable and still higher than 2019. (Source EMIS practices)

	Consultations				
	2019	2020	2021	2019 to 2020 variance	2019 to 2021 variance
June	296,676	290,345	374,185	-2%	26%
July	336,205	302,590	353,368	-10%	5%
August	291,956	272,173	330,831	-7%	13%
Sept	345,258	363,351	389,828	5%	13%
Oct	390,556	375,964	389,802	-4%	0%

Consultations continued



Increase in the share of GP appointments conducted face to face in September (NHS Digital figures)



Staffordshire and Stoke-on-Trent has recorded the highest percentage point change (6.2% increase) in face-to-face appointments across the country*, rising from 55.2% in August to 61.4% in September 2021. Ten ICSs saw a rise in face-to-face appointments by four percentage points. *As reported by Health Service Journal, October 2021

Name	Sept	Aug	Percentage point change
Staffordshire And Stoke On Trent STP	61.4%	55.2%	6.2%
Herefordshire And Worcestershire STP	59.4%	53.9%	5.5%
Healthier Lancashire And South Cumbria STP	62.5%	57.5%	5.0%
Cheshire And Merseyside STP	59.2%	54.4%	4.8%
Hertfordshire And West Essex STP	60.4%	55.7%	4.7%
Frimley Health And Care Ics STP	54.5%	49.9%	4.7%
Coventry And Warwickshire STP	55.2%	50.7%	4.5%
Greater Manchester Health And Social Care Partnership STP	57.0%	52.6%	4.4%
Bristol, North Somerset And South Gloucestershire STP	56.1%	51.8%	4.4%
East London Health And Care Partnership STP	57.8%	53.7%	4.1%

Examples of new workforce roles in PCNs and practices

280.6 WTE additional roles since ARRS introduced in July 2019 (as at 25/11/21)
(up from 277 WTE as at 3/11/21)



Social prescribing link workers



First contact physiotherapists



Clinical Pharmacists



Mental Health Practitioners



- Grow capacity
- Supports current workforce shortages
- Supports PCN specification delivery

Project 1 – Primary Care Respiratory Hub

To accommodate additional surge in demand for Primary Care services the proposal is to implement local respiratory hubs to absorb this additional activity to ensure patients do not attend Emergency Departments. General Practice will absorb the “usual” winter surge in respiratory activity and the hubs will deliver the additional 100% surge activity.

Activity will be focused on the “trough surge” and delivered over a 7 day period.

Project 3 – Blood Pressure Monitoring and Oximetry @ Home

Home blood pressure monitoring has been identified as a priority for cardiovascular disease (CVD) management during the COVID-19 pandemic to ensure that patients who are vulnerable to becoming seriously ill with COVID can manage their hypertension well and remotely, without the need to attend GP appointments.

The Pulse Oximetry programme supports advice that remote monitoring, using pulse oximetry, of patients with confirmed or possible COVID-19, particularly for those patients most at risk of poor outcomes, are best identified by oxygen levels. The use of oximetry to monitor and identify ‘silent hypoxia’ and rapid patient deterioration at home is now recommended for this group.

Project 2 - Additional Hours in Primary Care

We are proposing to fund GP Practices (via PCNs) to deliver additional appointments to consultations over a period of 26 weeks help to address the challenges described in two scenarios have been modelled PCNs and practices will be offered a choice of 30 minutes or 60 minutes which will be determined by their own workforce availability.

Project 4 – 1 and 2 Hour Primary Care Dispositions in 111

The proposal is to utilisation of the 111 Clinical Assessment Service GP skill set to support primary care given the unprecedented demand on their service to deal with speak to and contact dispositions that require a triage within 1 & 2 hours.

- This will be operational Monday to Friday 0800-1800 inline with core primary care delivery hours and reduce demand on GP Practices

Winter Support

Detailed action plan for general practice access

Updated 29th November 2021



Action Area No.	Action Area
1	Communications
2	Access Improvement Programme (Time for care)
3	Record keeping
4	Digital solutions
5	Quality, variation and resilience
6	Training and development
7	Workload initiatives

Action area 1 - Communications



Action	Target date	Responsible	Notes
<p>Patient information and education campaign and listening to feedback:</p> <ul style="list-style-type: none"> Share national messages and campaigns Developing local toolkit with materials and messages and exploring a paid-for local campaign (extended workforce, alternatives to general practice, data driven) <ul style="list-style-type: none"> Posters Newsletter text to go VCSE and parish councils “How it is vs. how it could be” case studies Targeted narrative around care navigation Animation showing extended workforce roles Developing local materials to show the real picture. Including: <ul style="list-style-type: none"> Infographic showing appointment data vs pre-pandemic Press release, to also include facts and figures and messaging against staff abuse Video to show ‘a day in the life of’ GP receptionists and care navigation Explore options for a paid-for campaign, including online and traditional media Develop social media support including a masterclass on communicating with patients via these channels Develop on-digital material to supplement social media/digital messaging Online Survey to gather patient feedback and review existing feedback 	<p>Ongoing until end of March 2022 initially</p>	<p>Communications/ Primary Care</p>	<ul style="list-style-type: none"> NHSE campaigns and toolkits circulated and promoted Communications toolkit produced for practices and patient groups and circulated Evaluation being built in Continued attendance at Patient Groups regarding access actions A public survey is currently live for patients to document their current experiences of general practice. Continue to build in feedback (collating themes and trends) from Healthwatch, social media, public survey, listening events to refine messages and to support targeted work with practices Supporting regional campaign to support general practice – particularly around abuse for staff The ‘Why are GP practices working differently?’ poster has now gone out as a digital poster to practices and will also be delivered to practices, libraries and other community venues in hard copy shortly. (Dec-21) An infographic is in development to show how busy practices are (data comparisons) (Dec-21) We have launched (29th Nov) the Together Against Abuse system wide campaign, launching with an initial focus on primary care. This campaign includes paid-for activity through Facebook. press release issued and landing page on the Together We’re Better website and launched this primary care case study video – the first in a series of videos highlighting abuse of staff across the Staffordshire and Stoke-on-Trent system. Toolkit issued, which will allow system partners and stakeholders to help us promote the campaign . This includes to primary care, core stakeholders such as exec teams, MPs and Local Resilience Forums partners and also to patient groups etc
<p>Staff abuse campaign – continue to refine</p>	<p>Sep 2021 - ongoing</p>	<p>Primary Care / Communications/ NHSE/I</p>	<ul style="list-style-type: none"> Gathering case studies from primary care and beyond to build on existing campaign (See above) Local campaign assets shared with regional NHSE colleagues

Action area 2 – Access Improvement Programme (Time for Care)



- Programme to target practices with greatest access challenges
- Build understanding of demand, make best use of workforce, implement new pathways as appropriate, strengthen and expand onward referrals to other services, implement change and measure impact
- Funding attached to support
- Outside of CCG control and influence – this is being fully led via the Time for Care Team

Action	Target date	Responsible	Notes
CCGs to promote the Access Improvement Programme to practices	Ongoing until end of March 2022 initially	Primary Care	<ul style="list-style-type: none"> • 14 practices currently engaged. • Primary Care team are in close contact with Time for Care and targeting practices that may benefit from the programme • Access checklist will highlight the programme to practices
Gather outcomes of the Access Improvement Programme when available	Ongoing	Primary Care	Ongoing as this progresses
Share learning from the Access Improvement Programme when available	Ongoing	Primary Care	Ongoing as this progresses

Action area 3 – Record keeping

Action	Target date	Responsible	Notes
Develop an access audit checklist as a supportive and appreciative enquiry mechanism.	Oct- Dec 2021	Primary Care	<p>112 responses received and individual action plans for those practices have been shared since September. Those practices that have not responded are being encouraged to engage with the audit.</p> <p>Primary Care team continue to work with practices on the actions.</p>

Action area 4 – Digital Solutions

Action	Target date	Responsible	Notes
Support practices to re-examine delivery models considering the productivity around telephone triage then face to face which may be impacting capacity – link to GP appointment guidance	Ongoing until end of March 2022 and beyond	Primary Care/ Digital team	<ul style="list-style-type: none"> Links to the digital work with practices underway Digital First scheme will look at for example; modes of consultation, communications, online presence, signposting, record access and online repeat prescribing through a training and support approach based on the emerging online services toolkit. AIP programme may also support with new models of delivery
Improved communication and utilisation of digital support methods for appointments and prescriptions including patient access, EPS and NHS APP	Ongoing	Comm- unications	<ul style="list-style-type: none"> Include as part of the communications messages
Mapping of appointment slots to the national guidance (PCN Impact and Investment Fund 2021/22)	Oct 2021	Primary Care / Digital Team	<ul style="list-style-type: none"> Complete – Review of data is complete Areas for further improvement are being followed up with individual practices (Nov-21) and this will feed into a data validation exercise with practices Digital pilot in November to see how coding can be improved through electronic record alert and selector to ensure accurate definition of appointment types are recorded and feed national GPAD reporting.
Number of online consultations on or after 1/10/21 per 1000 registered patients (PCN IIF 2021/22)	Oct 2021	Digital Team	<ul style="list-style-type: none"> Review practice level information Work with practices and communications to support use of online consultations
Spot check of general practice websites	Oct – Dec 2021	Primary Care / Digital Team	<ul style="list-style-type: none"> A spot check of websites will take place to ensure messages are clear in relation to access and appointments and individualised feedback provided to practices by the primary care team with learning and areas of good practise shared across all practices.
Cloud telephony gap analysis	Dec - 2021	Primary Care / Digital Team	<ul style="list-style-type: none"> A collection of data to detail current telephony solutions in place across general practice which will support identification for external funding to migrate analogue solutions to cloud and ensure practices have advanced telephony functionality across the estate.

Action area 5 – Quality, variation and resilience

Action	Target date	Responsible	Notes
Develop Quality & Engagement visit programme with practices	October – March 22	Primary Care	<ul style="list-style-type: none"> Quality visit programme now commencing Themes and trends to be identified on an ongoing basis including shared learning and innovative ideas
<p>Targeted approach with practices regarding access taking into account and utilising data and intelligence</p> <p>Link discussions with the Quarterly Quality dashboard reviews</p>	March 2022	Primary Care	<ul style="list-style-type: none"> Targeted approach to practices with low patient satisfaction to support and equally review practices with high patient satisfaction to share learning and potential peer support (link to quality visits and discuss at dashboard reviews)
Reduction in Type 1 A&E attendances for minor conditions (<i>PCN Impact and Investment Fund 2021/22</i>)	31 st March 2022	Primary Care/ ICS	<ul style="list-style-type: none"> Imminently sharing data to support PCNs with this indicator
Support practices to review resilience and business continuity plans	Ongoing	Primary Care/Digital Team	<ul style="list-style-type: none"> To support practices and PCNs revisit these as part of practice check in's and quality visit agenda Practice Manager resilience session held 1/12/21
Workforce absence reporting in place	October 2021	Primary Care Team	<ul style="list-style-type: none"> Absence reporting stepped down again in October 2021 and practices advised to report on an exceptional basis. Continue to monitor.

Action area 5 – Quality, variation and resilience (Continued)

Action	Target date	Responsible	Notes
National GP patient survey results to be analysed and work with practices as a result	Ongoing work in 2021/22	Primary Care/ Data team	<ul style="list-style-type: none"> • Results analysed and presented to PCCCs • Results to be discussed as part of quality visits and check ins • Share learning/best practice from those with the best scores.
Identify from patient survey results patient groups experiencing health inequalities in experience of access (PCN IIF 21/22)	31st March 2022	Primary Care/ Communications Team	<ul style="list-style-type: none"> • Work underway to identify what PCNs may need to support them with this IIF indicator
Work with practices on PPG engagement <ul style="list-style-type: none"> • Circulate PPG toolkit development by Communications Team • Stocktake of PPGs • Identify any further support • To be included as part of quality visits and practice check in's 	Ongoing	Primary Care/Communications Team	<ul style="list-style-type: none"> • Toolkit sent and this is highlighted in the access audit checklist. • Stocktake underway • PPG webinar being developed for the North Staffs and Stoke practices to take place in Autumn 2021

Action area 6 – Training and development

Action	Target date	Responsible	Notes
Training for receptionists to support call handling and challenging patients	Oct – March 2022	Primary Care	<ul style="list-style-type: none"> A series of conflict resolution and de-escalation training sessions is being offered to staff by the Staffordshire Training Hub – 174 places available and majority have been taken up with very few DNAs (1 or 2 at the most) – Training Hub will review more session if demand requires
Demand and Capacity modular sessions for practices and PCNs (Regional event) using MS Teams.	September 2021 - December	Region	<ul style="list-style-type: none"> Session remain ongoing and are being offered out to practices. Building upon the first webinar sessions, there are two further webinars available in December (practices need to have attended webinar 1 to book a place on next sessions.
Reinvigorate care navigation	Oct – Dec 2021	Primary Care	<ul style="list-style-type: none"> planning for a reinvigoration of care navigation and active signposting – plan currently being put into place across the 3 PBPs.
Further support offer for Practices in relation to dealing with challenging situations and staff abuse	Nov 2021 – March 2022	Primary Care	<ul style="list-style-type: none"> A funded offer for PCNs has now been circulated for a targeted session on managing challenging situations including the guidance and hints and tips.

Action area 7 – Workload

Action	Target date	Responsible	Notes
Reinvigorate care navigation and active signposting	Ongoing	Primary Care	<ul style="list-style-type: none"> Package of support in place for care navigation and active signposting as part of GPFV (final year funding was 2020/21)
GP referral to community pharmacists scheme to be developed – plan in place and being implemented	Ongoing until end of March 2022 initially	Primary Care/ LPC	<ul style="list-style-type: none"> Continued working with the LPC to develop this referral service Commission digital solution to support referral process and care navigation/active signposting Summary of practice status by CCG is shown below (25 Engaged & 37 Ready) Promotional comms developed and myth buster shared via the GP Bulletin (Oct-21)
Delivery of the plan to increase referrals via community pharmacy consultation Service (PCN IIF 2021/22)	31 st March 2022	Primary Care / LPC	<ul style="list-style-type: none"> Work collaboratively with community pharmacy to increase referrals and monitor success.

	Stage 1	Stage 2	Stage 3	Grand Total	% Stage 2 or 3
NHS CANNOCK CHASE CCG	17		6	23	26%
NHS EAST STAFFORDSHIRE CCG	16	2		18	11%
NHS NORTH STAFFORDSHIRE CCG	16	2	12	30	47%
NHS SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG	19	4	3	26	27%
NHS STAFFORD AND SURROUNDS CCG	7		7	14	50%
NHS STOKE ON TRENT CCG	15	17	9	41	63%
Grand Total	90	25	37	152	41%

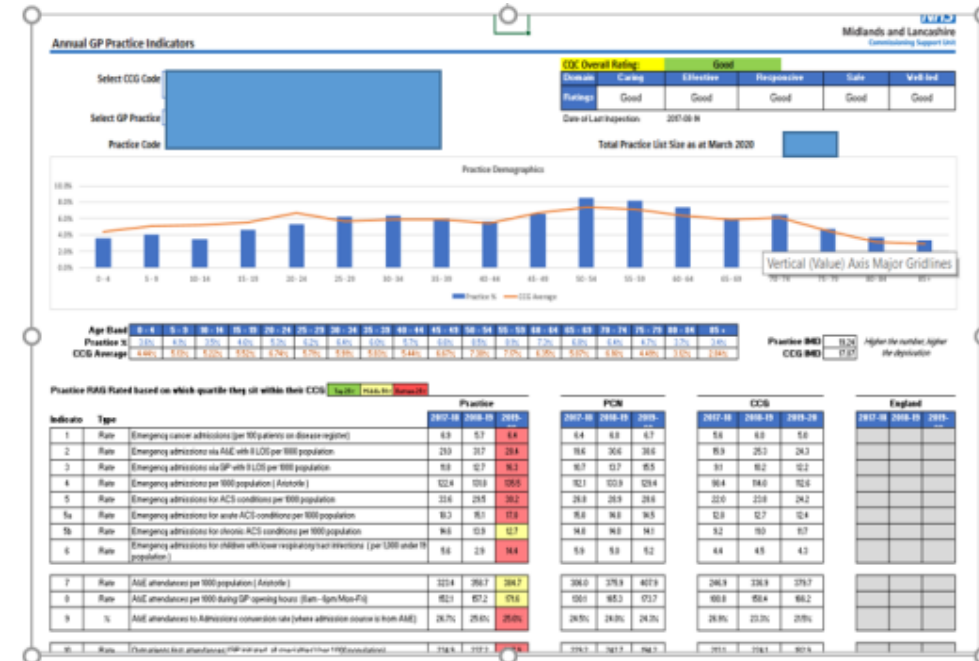
Practice status	Definition	What to do at this stage
1. Pre-engagement	Practice may be one of the following: <ul style="list-style-type: none"> Advised they are not participating. Unaware of the referral pathway. No engagement with regional project team to date. Intend to start working on the pathway in the next few months but no immediate action. 	<ul style="list-style-type: none"> Communicate how the referral pathway can help the practice (access improvement), so they understand the reasons to participate. Check in to see if position has changed.
2. Engaged	<ul style="list-style-type: none"> Engaged, want to get started. Working with regional team. Making plans. Establishing the skills needed to make referrals. 	<ul style="list-style-type: none"> Provide support. Facilitate engagement activity with others who will help them i.e. PCN. Address any challenges they may have.
3. Ready	<ul style="list-style-type: none"> The pathway is enabled, and the practice is ready to make referrals. I.T. systems are ready. Training complete. 	<ul style="list-style-type: none"> Ensure referrals are identified in national reporting. Monitor success. Continue to making referrals.

Staffordshire and Stoke-on-Trent CCG's have seen over **1222** referrals to date (as of 28/10/21). There were 358 referrals made in October. Across the Midlands Region there are 220 GP Practices referring to the CPCS. This has seen over 12,700 referrals made. (*Regional weekly update: 15/11/21*)

How will we know we are making progress?

Example 360 report

- Primary care data sets from ICS, ICP down to clinician level
- Website to 'house' the data sets which can be easily accessible to clinicians, practices, PCNs and ICPs and kept up to date
- A comprehensive educational suite to support clinicians with development and keeping up to date.



- 3 year trends
- Practice, PCN, CCG, England benchmarking
- Demographics
- 61 indicators