

HEALTH AND WELLBEING SCRUTINY COMMITTEE 28 MARCH 2023

NORTH EAST & NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) SUNDERLAND REPORT - IMPROVING ACCESS TO GENERAL PRACTICE

Report of NENC ICB Place Director for Sunderland

1.0 Purpose of the report

- 1.1 The purpose of this paper is to update the Health and Wellbeing Scrutiny Committee on the work that is being carried out by the ICB primary care team to improve access to general practice in Sunderland.

2.0 Background

- 2.1 The NHS Long Term Plan commits to improving access to GP services. General practice plays a fundamental role as the 'front door' of the NHS: equitable and responsive access is therefore essential to better patient health.
- 2.2 Following a letter published in 2022 by NHS England which outlined some of the challenges being faced by general practice regarding capacity and demand, actions were identified locally to review and address some of the issues and areas of concern.
- 2.3 Access to GP services has also been highlighted as a key national NHS objective. The NHS 2023/24 priorities and operational planning guidance states that ICBs should work with their system partners to develop plans to meet the objectives set out, which include:
- Making it easier for people to contact a GP practice, supporting practices to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
 - Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024.
 - Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.
- 2.4 Healthcare providers across the country have experienced significant pressures over the winter period and general practice has been the subject of scrutiny in respect of access to services.
- 2.5 The NENC ICB is committed to improving access for patients and supporting practices to look at various solutions to ease the ever-increasing demand in general practice.

3.0 Plan overview

- 3.1 A project group was convened with partners from across Sunderland to identify areas of concern and potential improvement, looking at access from both the patient's perspective and that of GP practices.
- 3.2 The project group that was formed includes representation from the ICB (Primary Care, Quality and Safety etc), a GP Clinical Lead, GP practice staff (both clinical and non-clinical), Sunderland GP Alliance Extended Access Service (SEAS Healthwatch and the All Together Better Reform Team).
- 3.3 After meeting with group members, it became clear that there could be many areas that fall into the scope of an access project, and that there are interdependencies with several other ongoing projects, such as 'same day and urgent access' and work being undertaken via the digital workstream. Therefore, it was important to ensure all workstreams were linked into each other.

4.0 Objectives

- 4.1 The key objectives that were identified to focus on for the initial phase of the project are:
 - GP access data.
 - Practice engagement.
 - Patient engagement.
 - Patient communications plan.
 - Training.
 - Digital support.

5.0 Objective One: GP Access Data (GPAD)

On 24th November 2022 GP Access data was published nationally¹ ; the aim of the publication was to inform users about activity and usage of GP appointments historically and how primary care is impacted by seasonal pressures, such as winter.

Several different data sets have been analysed, such as:

- Number of appointments split by clinician and type.
 - Number of 'in hours' 111 calls (calls made to NHS 111 when practices are open).
 - Number of 'in hours' A&E and Urgent Treatment Centre attendances.
 - Extended access appointment data.
 - GP Patient Survey data.
 - E-consultation data.
- 5.1 What has been identified via the data available is that there are more appointments available in general practice now than there were pre pandemic. Comparing pre-pandemic figures from February 2020, we can see there were 63,473 appointments

provided in Sunderland with either a GP or a Nurse Practitioner, and that has risen to 118,318 in December 2022.

- 5.2 Over that time period we can clearly see the shift in appointment types, going from mainly face to face (f2f) appointments, to non f2f during the lockdown stages of the pandemic, and now to a blend of both (89,346 appointments in December were f2f, 27,727 were via telephone and 1,245 were home visits).
- 5.3 It was also agreed that it would be useful to look at linking the data to see if there is a correlation between the individual datasets, for example number of appointments available and the number of calls to 111 or UTC/A&E attendances. This data was reviewed, and it was found there was no direct correlation between any of the datasets compared. This suggests the way patients book appointments is linked to behaviour rather than availability of appointments.
- 5.4 The next steps in this work will include looking at how the analysis is affected by operational issues, such as how appointments are released, how appointments are offered and how data is recorded within practices (data standardisation).

6.0 Practice engagement

- 6.1 General feedback from practices identifies that despite offering more appointments, and more variation - demand is greater than ever.
- 6.2 As part of the practice engagement a survey was developed and shared with practices to obtain as much information as possible on the following areas:
 - How appointments are allocated at each practice, the split of appointments offered as same day/pre bookable etc and the reasoning for this.
 - How practices treat urgent 'same day' access requests.
 - What issues do practices feel they are having with patient access (demand, workforce, sickness, patient education)?
 - What have practices already implemented to improve access in the last year and what could still be improved?

Several practice managers were also visited by Healthwatch to gain an understanding of the difficulties practices are currently facing.

- 6.3 In summary, below are the key themes addressed from the survey. Twenty-two practices out of 38 completed the survey. The 22 practices that responded represent a patient population of 160,261, which equates to 56% of the total registered patient population. The findings addressed general access to appointments, access to pre-bookable appointments, access to same day appointments, the challenges faced at general practice and the support they would like to receive, achievements they have realised in general practice as well as advertising and promotion in the practice.

Accessing appointments

- All respondents indicated that their practice offered face-to-face and telephone appointments.
- 13 practices indicated their practice offered video appointments although take-up is low.
- All practices stated patients can access appointments on the phone, via the online/NHS app and in person.
- 21 respondents indicated E-Consult is used at their practice with 15 suggesting this is accessed in normal practice opening hours, and 12 indicating this is accessed outside of practice opening hours.

Pre-bookable appointments

- 21 out of the 22 practices who responded indicated that appointments are released on a pre-bookable basis.
- Eight respondents suggested that appointments can be booked two weeks, or up to two weeks in advance.
- Six comments indicated that roughly 50% of appointments for GPs are offered as pre-bookable, with a few comments suggesting the same for ANP/NP appointments.

Same day appointments

- All practices that responded suggested that same day appointments are available at their practice, with one fifth of comments indicating they are released between 8am and 8:30am.
- Twelve practices stated that around 50% of daily appointments with the GP are offered as same day, with over one quarter of comments saying the same for AN/ANP appointments.
- Six practices indicated patients are seen as 'extra' appointments if their need is urgent, and that urgent appointments are passed on to either the on-call clinician or doctor to be triaged.

Challenges and support

- All respondents indicated that increased demand for appointments was a current issue. Some practices stated there was either not enough staff, that recruitment was difficult or that covering holidays etc was difficult.
- The majority of respondents also suggested that patient education/behaviour (unsuitable requests for appointments) was a current issue.
- Just over one quarter indicated they had encountered unreasonable requests or abuse from patients.
- Over half of respondents also indicated that workforce (difficulty in recruiting staff) and sickness (employee illness) were current issues.
- Three practices discussed the need for more staff and 18 practices identified that patient education or awareness is something that requires addressing in the future.

- Most practices would be interested in further signposting training now that there are new roles and services in Primary Care Networks.
- Over two-thirds of practices would be willing to be a pilot site to try and test different ways of working.

Achievements

- Six practices stated they have improved access using digital solutions, with plans for further digital and online support or work to improve patient access.

Advertising/promotion

- All practices stated that they promote other services and ways to obtain healthcare, including pharmacies and extended access. Specifically, respondents commented that they promote pharmacy and extended access, with only three practices stating they promote other services such as social prescribing, IAPT and Wear Recovery.
- 13 respondents suggested that their practice promotes or encourages patients to use E-Consult.

The full summary of this exercise can be found in Appendix 1.

7.0 Patient engagement

- 7.1 The Sunderland based ICB primary care team has also worked closely with colleagues at Healthwatch to engage with patients regarding access to services.
- 7.2 During August and September 2022, the ICB and Healthwatch worked in partnership to design and launch a survey to gather people's experiences of accessing their GP practice. There were 1261 respondents to the survey and there were some consistent key findings. The main findings of the survey are as follows:

Booking appointments

- Citywide, half of the survey respondents were either very satisfied or satisfied with the length of time they wait for their call to be answered and most patients gained an appointment within a week.
- Overall, highest levels of satisfaction for booking appointments were in the Coalfields and Washington and lowest levels in the North. The North PCN is developing their plans to improve patient satisfaction. This includes pilots for Physiotherapists and Community Mental Health Support to work alongside practices.
- Most patients citywide booked their appointments via the telephone (84%), with the highest numbers in the Coalfields, East, and Washington PCNs.
- Of those who book their appointments on-line most patients are from the North and the lowest number are in the Coalfields PCN.
- Common issues reported when booking appointments were; long telephone queues, patients being asked to call at 8am, the lack of booking for future appointments, lack of on-line booking facility and lack of f2f appointments with doctors.

Staffing

- Most patients were positive about doctors, nurses and receptionists within the practices and used complimentary comments when describing them.
- Patients commented that they provide high levels of patient care and professionalism and acknowledged the pressures practices were currently facing.

Prescriptions

- Citywide, an overwhelming majority (84%) of respondents were either very satisfied or satisfied with the prescription service at their GP practice.

Extended Access Service (now called Enhanced Access Service)

- Around half of the survey respondents citywide had heard of the service and one third had used it, with highest levels of usage in the North PCN.
- Levels of satisfaction from patients who had used the service were high, with 72% of respondents rating it either excellent or good.
- Highest levels of satisfaction were in the Coalfields PCN area. Bookings to the Extended Access Service were, in the main, booked via the GP practices except in the Coalfields PCN area where most patients (48%) booked via NHS 111.

The full report published by Healthwatch can be found here [GP access report | Healthwatch Sunderland](#)

8.0 Actions

Following on from the patient and public engagement exercise a number of actions have been taken to improve access to GP services.

8.1 Patient communication plan

One of the key areas to come out of both patient and practice engagement is the need for a patient communications plan.

The aim of this plan will be to share as much information as possible relating to the different types of access and appointments that are available, ensuring the information is delivered in a patient friendly manner and caters for all patient needs in Sunderland.

The focus will be to promote the following.

- PCN Additional Roles Reimbursement Scheme roles
- Enhanced Access Service (formerly called Extended Access Service)
- Community Pharmacy Referral Scheme
- Initial triage when making an appointment is necessary to ensure the right care is given at the right time by the right person.

8.2 Training

Practices identified that staff would benefit from further training regarding sign posting and the various new roles and services in primary care. Previously there has been training available for patient navigation and signposting but as it has been a few years since this was introduced, not only have new staff been recruited that could benefit from this, but there are also several different service options available now.

Training has been provided for administrative staff to attend and this has been well received. We will continue to monitor staff training requirements on an ongoing basis.

8.3 Digital support

There are many digital developments that can support access to appointments in GP practices. One of the areas recently introduced is the 'cloud based' telephony system which most practices in Sunderland now have installed. This system has functions available such as sending patients a text message when they are waiting in a queue advising them of alternative options, such as e-consult and other online services.

This system will also make it possible to examine 'dropped call' data. It is hoped that this data will help identify any unmet patient need and potentially identify any correlation between unanswered calls and an increase in Urgent Treatment Centre or A&E demand and patient dissatisfaction

8.4 Triage pilots

For many years, a consistent method of triage of patients wishing to attend General Practice has been a constant source of discussion. Attempts have been made previously to support initiatives to introduce triage models through training of staff to be care navigators, although this has fallen away in recent years due to a number of factors.

To support practices, the ICB invited practices to apply for funding to pilot different triage models over a six-month period. As a result, several triage pilots are now underway which involve the implementation of different systems and ways of working to ensure patients are consulting with the right clinician.

These pilots will be evaluated at the end of the six-month period (June/July 2023) and if successful, could be offered to all practices in Sunderland if they feel it would be beneficial.

8.5 Capacity and demand SLA

All practices in Sunderland have been invited to participate in a capacity and demand Service Level Agreement. This is to compliment the work already undertaken by working with practices to identify transformation areas and to support improved access to GP services.

The aim of the SLA is to undertake capacity and demand assessments of practice access, identify and implement initiatives to improve patient access and investigate patient behaviours more thoroughly.

Practices have been asked to:

- Identify an area within their practice regarding access that they feel could be improved upon and develop an alternative method and pilot this for three months and evaluate the results of this pilot.
- Look at the time-of-day appointments are released and develop an alternative procedure to the '8am rush' to ensure patients are not disadvantaged who cannot call the practice at 8am or cannot get through to the practice at this time.
- Ensure all practice staff are aware of services such as Enhanced Access, the Community Pharmacy Referral Scheme, Social Prescribers etc, and promote these services accordingly.
- Ensure all practice administrative staff have been trained in care navigation and signposting.

8.6 Winter arrangements - Additional clinical and administrative capacity

To help maintain standards of access during the winter months and periods of increased demand, practices in Sunderland have also been offered the opportunity to provide additional clinical hours per week to provide 'same day' bookable appointments.

These appointments are to be provided with either a GP or ANP between 8am and 6pm and can be a mixture of f2f and telephone appointments. The practices are reimbursed for the additional hours they deliver. The additional capacity has been funded between 01 November 2022 and 31 March 2023.

Practices have also been given the opportunity to receive funding support to increase their administrative capacity over the winter months.

The aim of this is to ensure practices can manage the increased demand for services over the winter period, support the administrative delivery requirements of the COVID vaccination programme, identify and support staff who may benefit from additional training regarding care navigation and increase awareness of the additional roles within the Primary Care Network.

9.0 Next steps

- 9.1 The next phase of the access project will be to evaluate the various pilots underway and identify areas which have worked. These pilots will be evaluated using both practice and patient feedback, working alongside Healthwatch to obtain this. The evaluations will be shared with partners and any best practice shared.
- 9.2 A patient communication exercise will also be carried out in the coming months, to highlight the different roles available in general practice and the most appropriate use of services. Practices will be expected to support this area of work going forward.

10.0 Recommendations

The Health and Wellbeing Board Scrutiny Committee is asked to:

- Receive this report.
- Note the progress to date.

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ⁱ <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>