

PRIMARY CARE ACCESS IN LEICESTER CITY

REPORT TO LEICESTER CITY HEALTH & WELLBEING BOARD SCRUTINY COMMISSION

2 NOVEMBER 2021

Context

1. This paper describes provides members of with an overview of current activity and work relating to improving access to general practice in LLR. It seeks to demonstrate the challenges faced by general practices and fully acknowledges the impact on patients of the significant increase in workload faced by primary care in the post pandemic period.

Background

2. Practices were open and providing services where safe to do so during the pandemic despite perceptions. Misconceptions have occurred due to the result of measures to ensure infection prevention and control and a move to the use of remote consultations to protect patients and staff groups.
3. NHSE recently published *Our plan for improving access for patients and supporting general practice*. The Plan sets out the access challenges and states that, as is in other parts of the NHS, current workload pressures on general practice are intense.
4. *Our plan for improving access for patients and supporting general practice* notes how practice teams adapted and innovated during the pandemic, maintaining, and improving access through remote appointments which continue to offer many patients a more convenient option. It is fully recognised that this revised model of care was not communicated in the depth that it could have been, nationally and locally, in a manner that our citizens understood or agreed with. The new model of care was put into place within 48 hours of national mandates being released due to the severity of the infection rates locally and nationally.
5. Additional demands arising from Covid 19 continue and since the pandemic practices have faced 'pent-up' demand from patients who were less likely to consult their GP during the height of the pandemic. General practice too, is catching up on a backlog of care for patients on its registered list who have ongoing conditions, to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital appointments or even premature mortality.
6. Across LLR, GPs, our Primary Care Networks (PCNs) have delivered most of the vaccination programme and during this financial year have also provided more appointments nationally for patients than in the equivalent period before the pandemic.
7. Notwithstanding these challenges, reports in the media and cases of poor individual experience, overall satisfaction levels in general practice have stood up well indicated by the local results from the National GP Survey reporting patient satisfaction levels at 76% in Leicester City CCG practices.
8. However, it is fully recognised that direct patient-reported experience, via our elected members, Health Watch, social media and other means, has not been so positive.

Reports of poor access and long waits have been received in significant volume and this paper outlines actions taken to improve patient experience overall.

Current activity

9. Monthly data on GP activity is available from NHS Digital. We issue a summary of the data overall LLR level each month to the public. August's infographic (latest published data) is at Appendix 2 The monthly data is available at <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice> and includes details of:
 - Number of appointments
 - Number of same day appointments
 - Appointments attended
 - Health professional appointment was with
 - Online/face to face

10. For August the data for Leicester City shows:
 - 174,737 appointments
 - 56,584 were by phone
 - 761 were online
 - 83,014 were seen on the same day
 - 44,528 were seen between 1 and 7 days

11. Our overall availability of appointments is significantly higher than pre-pandemic levels – what has changed is the proportion of patients who have been treated virtually as opposed to just face to face. Moving towards a mixed model of care is a requirement of the Long-Term Plan and has proved very popular with certain cohorts of our patients. Offering this mixed model of virtual where appropriate and face to face where needed will give us the best chance of balancing out capacity and demand.

PATIENT PERSPECTIVE

12. Within the CCG we have undertaken an analysis of both the National GP Patient Survey and the results of a survey we undertook locally and combined these into a single consolidated report.
13. Healthwatch Rutland undertook their own survey with patients in Rutland specifically asking questions regarding GP practice services. Healthwatch Leicester and Leicestershire also carried a review of some GP websites to look at content, accessibility, and navigation of the sites. The findings have also been reviewed consolidated in our local report.
14. Combining the findings from these sources has given the CCGs a rich picture of the patient perspective on experience of primary care services.

National survey

15. The National Survey obtained feedback from patients between January and March 2021 and was carried out by Ipsos MORI on behalf of the NHS. The findings were published in July 2021. The survey, run annually, was modified to reflect the changes to primary care services because of Covid-19. Disappointingly, there was a poor response rate of

28% with only 6,120 surveys returned out of 13,498 sent out. Questions covered a range of topics including relationship with the GP practice staff, satisfaction with the consultation itself and access to services. Questions relating to access covered:

- Ease of getting through to GP practice
- Overall experience of making an appointment
- Patient satisfaction with GP practice appointment times
- Satisfaction with type of appointment offered
- Helpfulness of receptionist at GP practice

16. Overall, 76% of patients reported a positive experience of their GP practice, a 4% improvement from the previous year during a period when the pandemic was at its height. Individual practices saw significant increases in satisfaction in terms of overall experience and other indicators. However, there were also reports of poor experience and this data will be used to drive performance in partnership with our practices.
17. Again, it is recognised that this is not congruent with more recent, direct patient reported experience.

Leicester, Leicestershire & Rutland survey

18. Working with GP practices and Primary Care Networks the CCGs undertook a local GP practice online survey of residents across Leicester, Leicestershire, and Rutland (LLR).
19. This survey complimented the national survey and covered additional topics not included in the national survey and was carried out from 14 June to 14 July 2021. 5,483 people completed the survey. A full report of findings can be found at <https://www.leicestercityccg.nhs.uk/get-involved/primary-care-survey/> which was independently produced. Appendix 1 shows recommended high impact actions based on the insights.
20. An independent analysis and report of findings for the was undertaken of the local survey. As part of the report, we included a ranking of 'Importance' vs 'Experience': what patients told us was important when using general practice and what their actual experience was. This is shown below.

General Practice/Health Centre Services 'Importance' v 'Experience' Ratings

IMPORTANCE		Aspects of booking and seeing a GP/health professional at the General Practice/Health Centre registered with	EXPERIENCE	
% Rating as 'Important'	Importance Ranking		% 'Agreeing'	Experience Ranking
60%	1	Being treated respectfully by members of the staff at the practice	44%	1
59%	2=	Getting through on the phone easily	23%	9
59%	2=	Booking the appointment with the GP/ health professional quickly	26%	6
55%	4	Being able to book a face-to-face appointment	24%	7=
54%	5	Being able to choose how the appointment is carried out e.g. face-to-face, telephone, online	19%	10
53%	6	Being seen by the GP or other healthcare professional on time	30%	4
43%	7	Being able to book the appointment with the GP/health professional without being phoned back	24%	7=
42%	8	Being able to arrange and have my appointment without having to ask for support with online technology	34%	2
41%	9	Being able to have an initial phone conversation with a GP or other suitable healthcare professional to decide on most appropriate appointment	33%	3
35%	10	Being able to wait for the appointment in a waiting area rather than wait outside	29%	5

21. The report of findings also demonstrated high levels of satisfaction with appointment bookings processes and patient experience of the consultation with the GP.
22. In terms of responding to the findings we have identified 10 High Impact Actions directly relating to those ranked as the most important by patients when using GP services. A clinically led improvement plan, in partnership with patients and citizens, is currently being developed in response; however, key improvement programmes already in place are described briefly in the next section.

CURRENT INITIATIVES TO IMPROVE ACCESS

23. There is currently action in several areas to improve access to primary care – access issues in the City are not 'new' and not solely as a result of the pandemic. Equally, the manner in which many of our patient groups wish to access services is changing; therefore, these improvements focus on options for patients that provide the appropriate care with the appropriate health or care professional to meet their needs and their lifestyle as we know this has a direct impact on outcomes.

Workforce

24. **Additional Roles Reimbursement Scheme (ARRS):** This is a national programme for PCNs to create bespoke multi-disciplinary teams to meet the needs of the local community and tackle inequalities. Roles included within the scheme are: Clinical Pharmacists, Physiotherapists, Dieticians, Podiatrists, Occupational Therapists, Care Coordinators, Health and Wellbeing Coaches.

Self - referral services

25. There are some services a patient can directly refer into such as:

- **Improving Access to Psychological Therapies (IAPT):** Also known as talking therapies for people with a range of common mental health problems.
- **Musculoskeletal (MSK) Self-Care App:** The MSK app has been developed to offer support and guidance on how to manage a Musculoskeletal (MSK) condition or injury.
- **Podiatry:** Treatments range from corn, callous and nail treatment to the extremely specialised 'high risk' cases such as diabetic foot ulcer care, nail surgery, complex biomechanical assessment, and treatment, through to provision of insoles and orthotics.

Community Pharmacy Consultation Scheme

26. Details about CPCS were presented at the previous Commission. If a patient's symptoms could be resolved by a booked consultation with the pharmacist instead of the GP, you will be given a same-day referral to a pharmacy of your choice.

27. The above initiatives provide alternatives to seeing a GP where appropriate and free – up time for GPs to concentrate on those patients with more serious needs including pro-actively supporting the care of people with long-term conditions.

Active signposting/care navigators

28. Aims to connect patients with the most appropriate source of advice and support which many cases may not be the GP or other health service. Where it works effectively, active signposting has been shown to significantly reduce unnecessary appointments. This is a very popular service with our staff and patients and has enabled integration across health, care services and the voluntary sector like never before.

Self – care

29. We are currently developing a campaign to support patients to self-care for more minor ailments. Self-care should not be seen simply as a way of diverting the patient elsewhere but a method of empowering patients to be able to deal with minor conditions with confidence.

30. A key element of this campaign will be to promote the role that pharmacists can play in supporting patients

OUR PLAN FOR IMPROVING ACCESS FOR PATIENTS AND SUPPORTING GP PRACTICES

31. On 14 October, NHSE issued its plan for improving access and supporting GP practices. The plan highlights three areas for action nationally and locally:

- Increasing and optimising capacity
- Addressing variation and encouraging good practice
- Improving communication with the public – including tackling abuse and violence against NHS Staff

32. Additional funding is being made available nationally for ICSs to bid for. We are developing our proposals which must demonstrate the impact and that they will increase capacity. In developing our proposals, we have set the following strategic deliverables, directly based on patient feedback:

33. Tackling variations in appointment models – tackling ‘ring at 8am’

The model in use for appointment booking across the vast majority of practices remains for patients to ring at 8am and wait in the queue. Over the years, our local practices have tried various models of access from this model to a ‘walk in and wait’ model; with both having similar reports of poor patient experience.

However, we have not yet explored, nor exploited, what we can now do at a Primary Care Network level to improve this. Some of our PCN’s are piloting a ‘call centre’ type model across the day with one practice taking all calls for the practices within that PCN, triaging the patient and booking them into an appointment across a plethora of services. This would negate patients having to ring at 8am for an appointment but would support access all day. This is in very early stage of pilot but results are encouraging from both in terms of patient and staff satisfaction.

What the pilot does show, however, is that we continue to have a mismatch between ‘capacity and demand’, ‘need vs want’ and expected vs actual staffing levels across the City and we need to work with our patients and partners to balance this out. All four of the objectives above are fundamentally linked to these three areas of concern and are not for our GPs to solve alone. This is a system wide issue and our plans to tackle each of the areas will be done in partnership with our patients, practices and partner organisations across health and care.

34. Increase workforce availability

We continue to work with both practices, our regional colleagues and national programmes to recruit, develop and retain our very wide primary care workforce. We recognise that to increase access, we need to increase workforce and therefore we are looking at every potential avenue open to us to do this. A range of initiatives to address workforce challenges tackling, supply, recruitment and retention, initiatives are in place and include;

- CCG working with PCNs to maximise the recruitment of new roles utilising the Additional Roles Reimbursement scheme. To date 180 additional roles recruited including clinical pharmacists, paramedics, mental health practitioner, social prescribers and care coordinators. Further recruitment planned with support being offered regarding induction and training / education.
- Range of successful initiatives to support primary medical care work force education and training including: Practice Nurse Fellowship, GP Fellowship programme and GP Mentor scheme.
- Bespoke Health and Wellbeing offer launched for general practice teams to support resilience during the pandemic and winter period.

35. Tackling practice level variation

We know that there is some unexplained variation in access, outcomes and usage of services across the city. Our Board GPs are working with our frontline GP colleagues to undertake supported conversations and implement clinical support to tackle this variation. We are identifying practices to target this support with through analysing various sources of data relating to patient experience reports, overall appointments, proportion of face to face, higher than expected levels of ED attends and population demographics. This will involve adopting a quality improvement approach where we facilitate peer to peer conversations, share best practice and address any particular challenges faced by the practice.

36. Ensuring delivery of the primary care backlog

We know there is a significant 'backlog' of care in primary care, built up over the course of the last 18 months of the pandemic. Our practices are working to catch up with this backlog as well as provide care to those who need it on the same day. To support practices, we have partnered with a leading university to implement a programme called Proactive care @ Home, focusing on optimisation of six of our most prevalent conditions. Between April 2021 and September 2021, 30,239 patients have been optimised and taken off the primary care backlog list (for the 6 Proactive Care @ Home focus conditions).

Our patients have also told us they want to be empowered so we have also taken part in the 'Blood pressure @ home' programme - 2250 Blood Pressure monitors have been delivered to practices @ for use as part of this programme and we will continue to support patients to monitor remotely where feasible.

Finally, in recognition of our more vulnerable patients, our 'complex care model' includes growing investment in wider community nursing, therapy and social care services in excess of 150 staff LLR wide during 2021/22. This will support increased delivery of a 2-hour urgent crisis response, multi-disciplinary support to care homes and support our GPs in anticipatory care planning. This will all in turn reduce the pressure on primary care capacity and enable the most appropriate care for our patients amongst community services, without the need to go through a general practice themselves.

CONCLUDING REMARKS

37. This City has had issues with General Practice provision for many years; our issues (variation, funding, workforce) are not new issues with which we are grappling. However, our understanding of the fundamental issues has developed greatly, and the evidence

based, transformative solutions we are testing and evaluating will provide our patients with sustainable access, better outcomes and an improved experience of care over the coming years.

Rachna Vyas
Executive Director of Integration and Transformation
Leicestershire Clinical Commissioning Groups