

# **Bristol Health Scrutiny Committee: Access to GP Services**

October 2022

# Briefing Session Plan

- Background/ Context
- Current Access Position
- Ongoing Work
- Workforce
- Recovery
- Communication and Engagement
- Looking Ahead

# Background/ Context

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- Primary Care activity returned to above pre-pandemic levels in July 2020
- New models of care have continued following the learning from Covid19
- Demand and workload continues to increase and have exceeded pre-pandemic levels
- The Covid vaccination programme continues to be a priority alongside day to day business
- Multiple programmes of work are underway to move care into the community requiring general practice support
- Health inequalities work in general practice has continued through the Primary Care Strategy Board (PCSB) in collaboration with Public Health, Healthwatch, Building Healthier Communities Group and Population Health Management/Prevention and Health Inequalities Groups in the following areas:
  - Prevention: Mental Health & Wellbeing; Healthy Weight; Alcohol; Tobacco and Cardiovascular disease
  - Long Term Conditions management
  - Ethnicity coding
  - Cancer earlier diagnosis
  - Continuing to support clinically vulnerable patients
  - Learning Disabilities
  - Severe Mental Illness

# Current Access Position

## Ongoing work aimed to:

- Support resilience and additional capacity
- Review and address variation
- Increase on the day appointments / urgent care needs
- Support access and patient experience

# Current Access Position: a GP's point of view

- Many different “front doors”
  - Telephone
  - Online
  - In person (face to face)
  - Video
  - 111 direct booking
- Every door has its advantages for people and we need to find the balance
- General Practice is the “glue” for our healthcare system
- Continuity of care is really important
- Supporting and training our staff is also a priority as well as improving services for patients
- We need to bring our patients with us

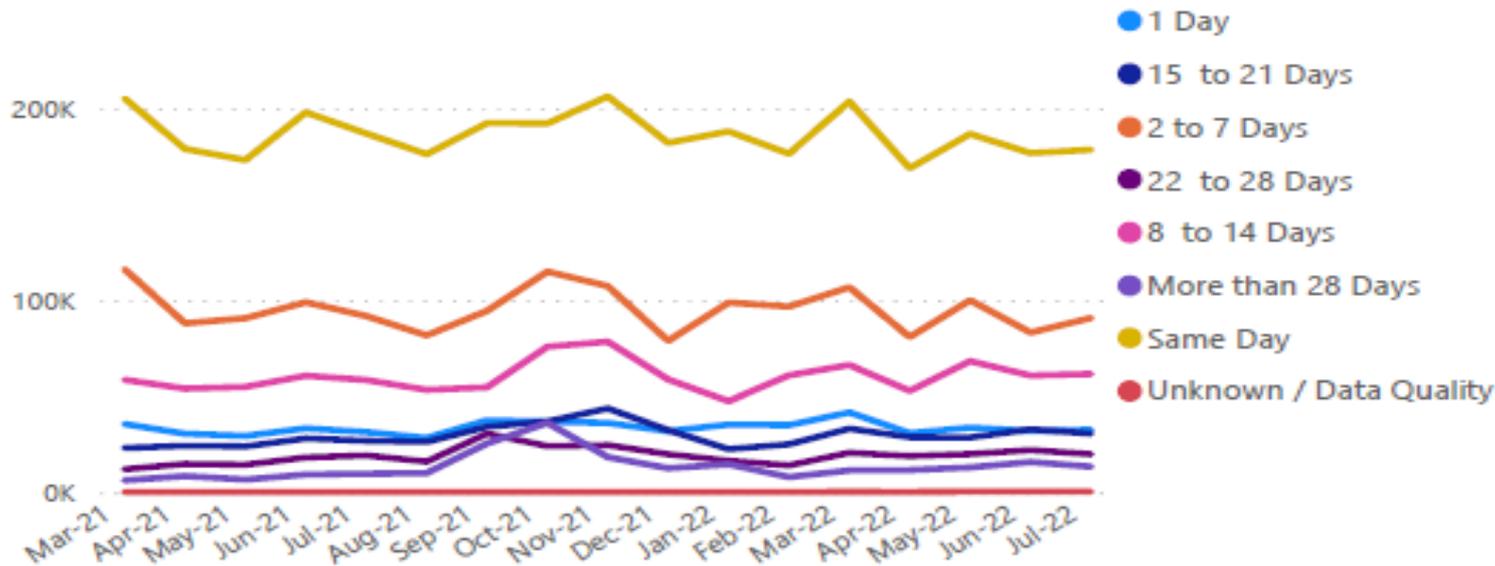
# Current GP Access Position

## Key Messages:

- Face to face continues to increase (54%)
- Online Consultations stabilising at around 12% in line with increased face to face and telephone consultations (stabilising at around 34%) as preferred methods. Video continues to be an option but whilst helpful during Covid is the least preferred method now
- The largest proportion of activity remains same day (55%)
- Pre-planned long term condition management and patient choice account for some longer duration times
- More than 5.5m appointments were carried out in GP practices in BNSSG during 2021, with a forecasted 7.3m for 2022/23

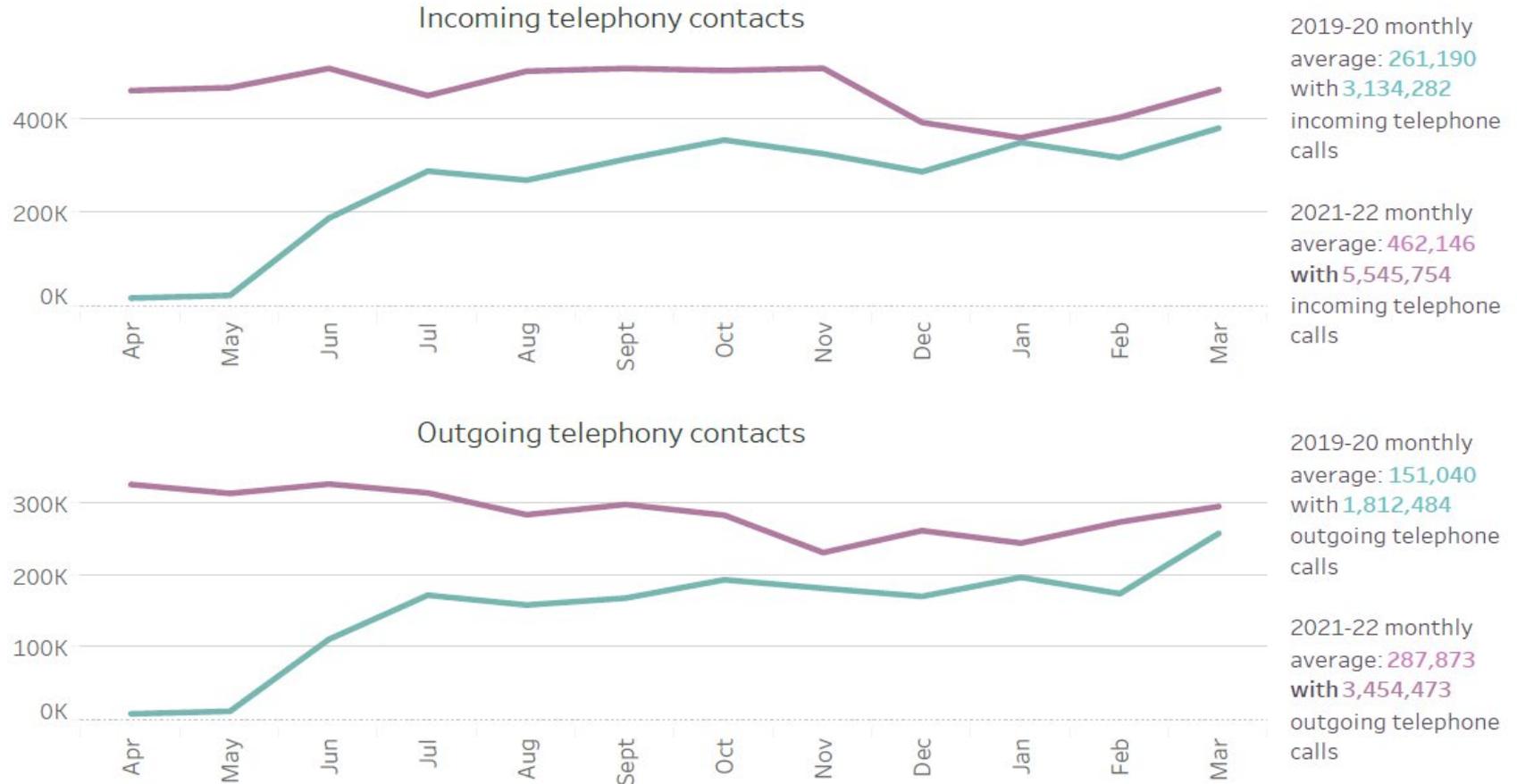
	Face-to-Face	Home Visit	Online Consultation	Telephone	Unknown
Sep-21	48.72%	0.79%	13.00%	35.77%	1.72%
Oct-21	53.63%	0.81%	11.79%	31.83%	1.95%
Nov-21	51.39%	0.87%	12.16%	33.82%	1.75%
Dec-21	49.54%	1.04%	11.38%	36.30%	1.74%
Jan-22	47.61%	0.96%	12.86%	36.71%	1.86%
Feb-22	48.45%	0.93%	12.63%	36.09%	1.90%
Mar-22	49.59%	1.01%	12.23%	35.40%	1.76%
Apr-22	50.48%	1.10%	12.00%	34.46%	1.96%
May-22	52.37%	1.05%	12.22%	32.47%	1.90%
Jun-22	53.08%	1.07%	12.11%	31.91%	1.83%
Jul-22	53.86%	1.03%	11.97%	31.32%	1.82%

## GP appointments time between booking and Appointment



# Current GP Access Position: Telephony for Bristol

2019-2020 vs 2021-2022 contacts



# Primary Care Strategy Work to Improve Access

- 1. Dedicated Access, Quality and Resilience team:** in place working across the ICB and our GP Federation to support practices who will benefit from intensive, hands-on support to understand and tackle the root causes of resilience and quality issues. Rolling out a series of best practice toolkits starting with a focus on access
- 2. Mental Health:** Offer of a digital consultation with a Mental Health Practitioner without having to do a review with a GP/nurse prior to the referral
- 3. Community Pharmacy Consultation Service (CPCS):** for patients requiring simple advice, treatment and urgent repeat prescriptions to go to their community pharmacy
- 4. Practice Websites:** Support to practices to improve practice websites by providing training and guidance to practice team. Providing better communication and information on practice websites can help to improve access to primary care by diverting queries away from the telephone that can be answered via the website.
- 5. Digital Inclusion:**
  - BNSSG Digital Inclusion Strategy: to be signed off by Digital Population Working Group
  - Digital Health Inclusion Pioneers project: to support patients to use health apps e.g. GetUBetter app and MyCOPD, is now trialling 6 support routes, including loaning devices, providing digital support to patients and training staff
  - Helping patients to be more digitally included by signposting to existing VCSE Digital Support sessions to increase patient digital confidence to access online support more broadly
  - Guide developed for practices and training restarted to support good practice for the management of patients with a visual impairment

# Primary Care Strategy Work to Improve Access: Enhanced Access

- New Primary Care Network Contract Directed Enhanced Service March 22
- New model for Enhanced Access to be delivered from October 22
- This builds on an existing Extended Access and Improved Access offer which supported practices to offer appointments in the early morning, evening and at weekends
- Enhanced Access appointments available between 6.30-8.00 PM Monday to Friday and 9am to 5PM on Saturdays offering a different blend of clinic types
- New service means a more standardised offer to patients
- Primary Care Networks have worked together to develop plans at locality level



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# Recovery

# Recovery

We are investing in recovery to support practices following the pandemic and to develop plans over the winter period:

- System funding of £791k is available to support additional capacity to support recovery of activity in general practice
- This is to recognise the impact of covid, prioritisation of vaccination booster programme and the impact on long term condition management as well as other vaccination and screening programmes
- It is proposed the funding is prioritised to support areas of greatest need for recovery and which will support the greatest population health need
- Royal College of GPs guidance has been published to inform this work
- This is to provide capacity to deliver benefits in both General Practice and to the system



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# Workforce

# Workforce: operational pressures

- There is currently no real time information system for our practice workforce position, a manual reporting process has been developed for practices to report issues. This was re-instated in August to understand the increasing workforce pressures in general practice
- 80% staffing provision. Key pressures include lack of admin/clerical as well as clinical staff
- Sickness has fluctuated between 4.5 and 7% during August
- Increased number of vacancies being advertised and reported to us: 13.4% vacancy rate
- Locum supply in August to cover annual leave and sickness absence has been challenging – mirrors the experience from last year and continues
- Electronic platform procured to support a staff bank system in primary care being tested with 2 Primary Care Networks this autumn

# Workforce General Summary

Our workforce continues to face significant challenges including:

- Adapting to new ways of working
- Increasing use of digital technology
- Remote working
- Staff shortages and absences
- Introduction of new roles and the extensive requirements for supervision
- Increasing workload
- Managing expectations and increasingly more complex needs of patients
- Supporting the challenges in the wider system
- Tired and exhausted staff experiencing burn out

# Snapshot of support for our workforce

## GP Retention

NHSE provide a small pot of funding (£200k) to support retention.

Focus groups with GPs led to the following schemes:

- Networks for locum GPs, mid and late career GPs
- Support for International GPs and increasing the number of GP practices that can sponsor international medical graduates
- Support for GPs in distress including training and support on risk management
- Support for 6 GP Health Inequalities fellowships
- Development of a menopause primary care staff network

## General Practice Nursing

£15k to build on our previous successful model of 3 locality nurses and appoint 3 lead nurses to support our general practice nurse strategy which addresses recruitment, retention and leadership.

## Practice Managers

Establishing a practice manager development programme working with the Institute of General Practice Management

## Health and Wellbeing

A Health and Wellbeing Support Offer has been developed and implemented for staff working across Primary Care

## System 1,3,5 year workforce plan development

# Communication and Engagement

# Proactive and positive insights and engagement with our communities:

## GP access campaign

Use of local insights to support national comms campaign working with Health Watch, practice PPGs and voluntary sector.

Aim:

- To increase understanding of and trust in services delivered from GP surgeries in BNSSG.

Core message:

- 'Your GP surgery team cares for you'.

Launch date:

- The campaign went live on Tuesday 5 July – the NHS' 74<sup>th</sup> birthday

**Out of home (OOH) advertising on buses across BNSSG, featuring staff and patients from practices across the area – from 25 July**



**General practice in Bristol, North Somerset and South Gloucestershire is changing.**

Many different health and care professionals are now available in our practices.

**Your GP surgery team cares for you**

# The campaign used

- Social media messages
- Dedicated campaign microsite hosted on the ICB website including:
  - information on how patients can access digital services
  - roles descriptions for the different health care professionals
  - Information about the services general practice provides
  - links to videos and campaign materials
- Toolkit for practices including images, suggested wording and posters
- Engagement with local and regional media

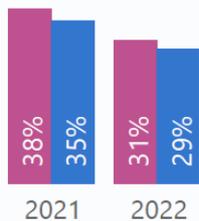
# GP Patient Survey 2022 results

- Results across our area are above the national average for people's overall experience (75% good compared to 72% national), the helpfulness of receptionists (85% compared to 82%), the satisfaction of appointment offered (74% compared to 72%) and for confidence and trust in the healthcare professional (95% yes compared to 93% nationally)
- We also recognise there are some areas for improvement and we have highlighted some of the access work we are doing



## About the survey

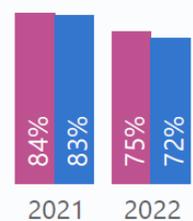
Response rate



Responses received

2021	2022
10115	8622

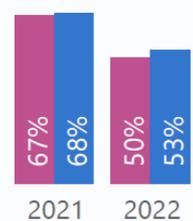
## Overall experience of GP practice



👍 The majority of patients had a good overall experience of their GP practice

👎 9% decrease from 2021

## Access



👎 Less than half of patients find it easy to get through to their practice by phone. 17% decrease from 2021 and lower than the national average

This year's survey was conducted from 10 Jan to 11 Apr 2022. This was after a rise in Covid-19 cases in Dec 2021 but as restrictions were being eased. The 2021 survey took place during the third Covid-19 lockdown. This wider context should be taken into account when looking at results over time



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# Looking Ahead

# Looking Ahead

- Flu and covid vaccination campaign from September for over 50s in addition to other specific cohorts (clinical at risk, carers, health and care workers, household contacts of people with immunosuppression)
- Working with our PCNs to develop backlog recovery approaches
- Lessons learnt from Winter Access schemes to underpin development of approach for this winter – national commitment to release some PCN funding to support access over winter
- Continued focus on growing the workforce and supporting retention
- How can we work together?
  - Joined up messages to our public
  - Seeing each other as partners in this