



**Cheshire and Merseyside**

# Improving Access to General Practice

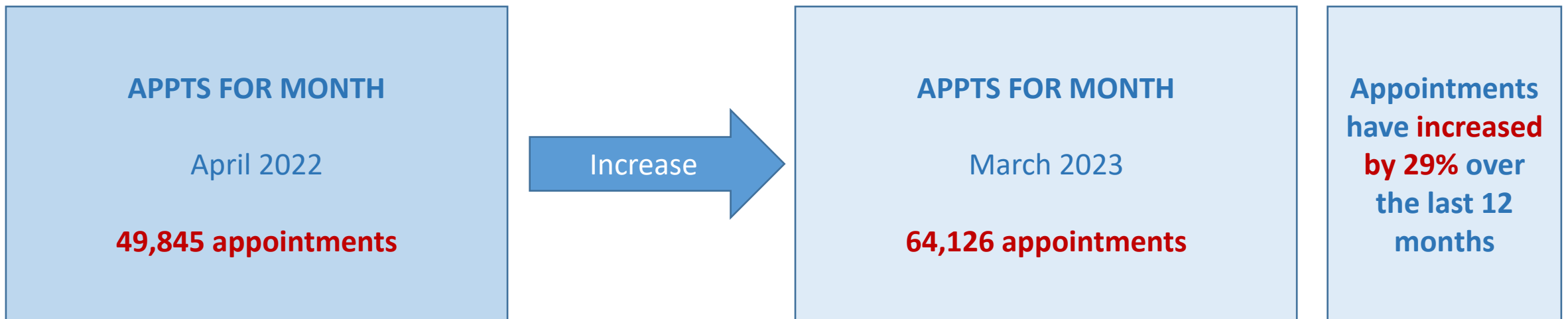
Halton

*28 September 2023*



# Halton – Access to Primary Care Overview

Period	Total Number of Appointments	Number	Percentage	Description
<b>YEAR</b> April 2022 to March 2023	<b>704,787</b>	514,229	73%	Face to Face
		361,230	51%	Provided by a GP
		378,707	54%	Provided on the day



# Halton – Access to Primary Care Overview

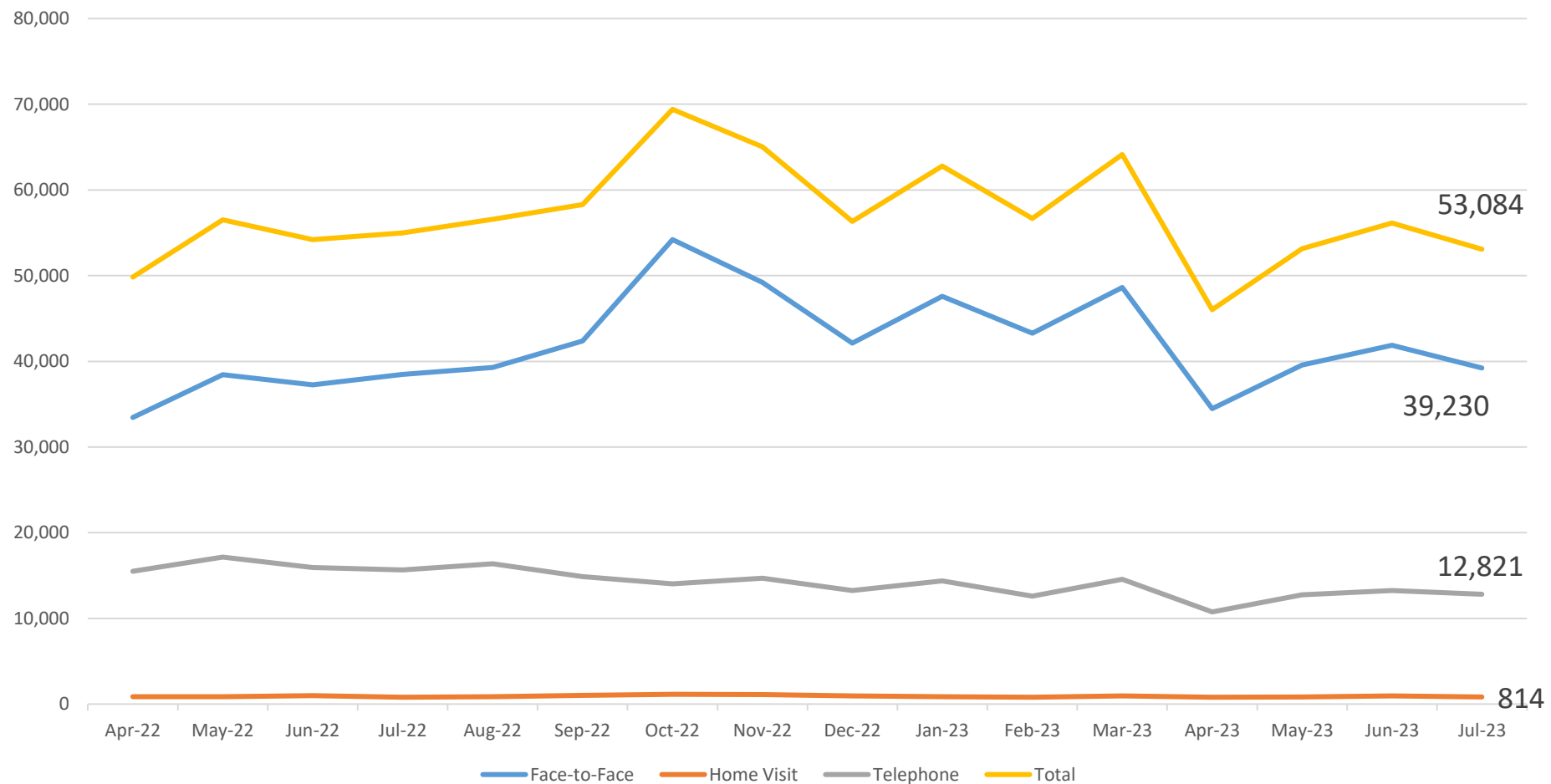
Period	Total Number of Appointments	Number	Percentage	Description
MONTH July 2023	53,084	39,230	<b>74%</b> C&M: 66.7% National 68.3%	Face to Face
		25,558	<b>48%</b> C&M: 49.8% National 45.9%	Provided by a GP
		25,520	<b>48%</b> C&M 46.9% National 43.6%	Provided on the day
		37,268	<b>70.2%</b> C&M 73.7% National 70.4%	Provided in 7 days
		43,410	<b>81.7%</b> C&M 86.2% National 83.5%	Provided in 14 days

Data: NHS Digital July 2023

In **July 2023**, across the nine Cheshire & Merseyside Places, Halton has:

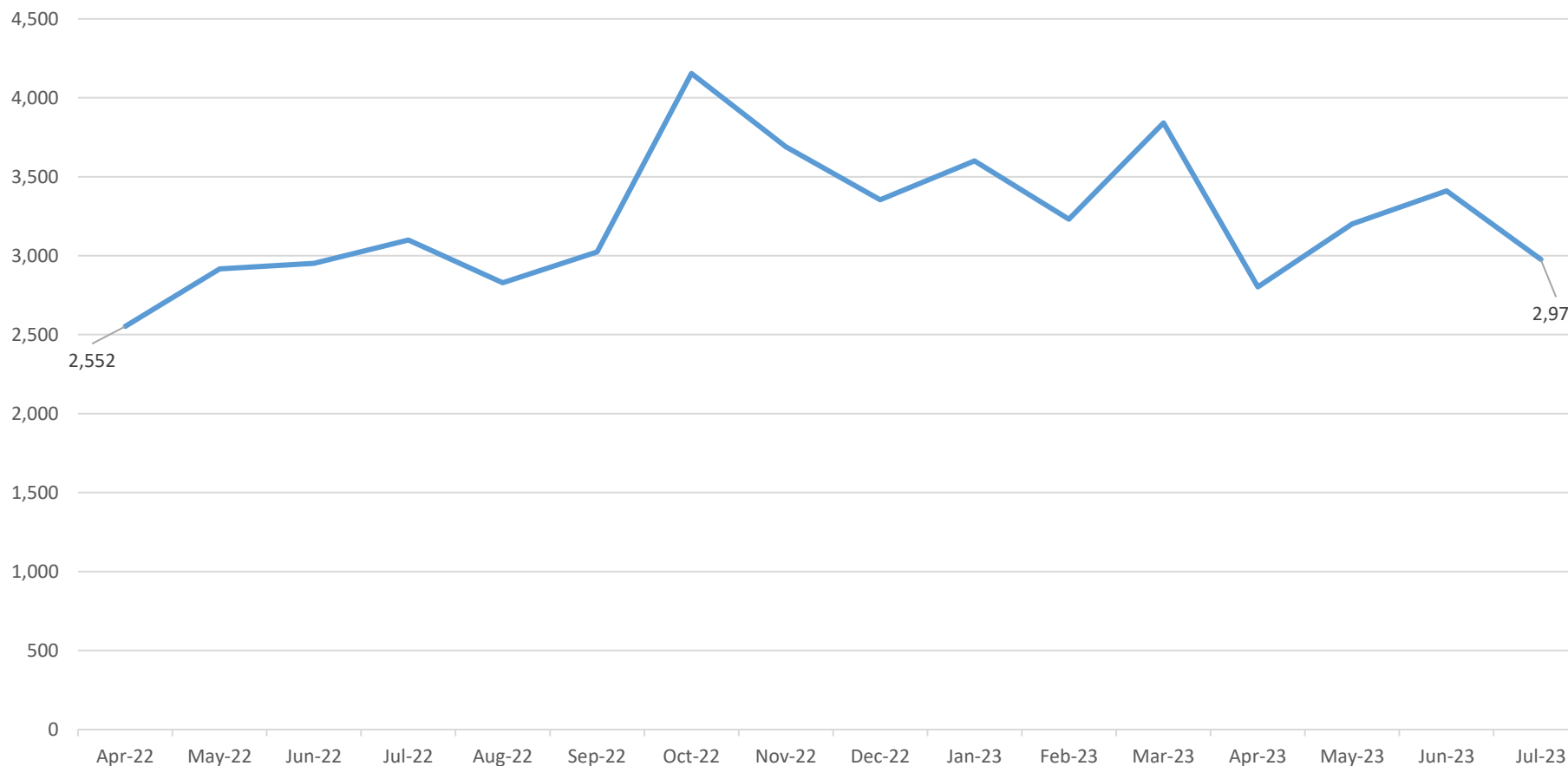
1. Second highest % of appointments provided face to face (74%. Range 61% - 81%)
2. Third lowest % of appointments provided by telephone (24%. Range 16% - 37%)
3. Joint fourth highest % of appointments provided by a GP (48%. Range 46% - 56%)
4. Third highest % of appointments provided on the same day (48%. Range 43% – 54%)

### Total Number of Appointments & Mode April 2022 - July 2023



Average number of Appointments per month = 57,076

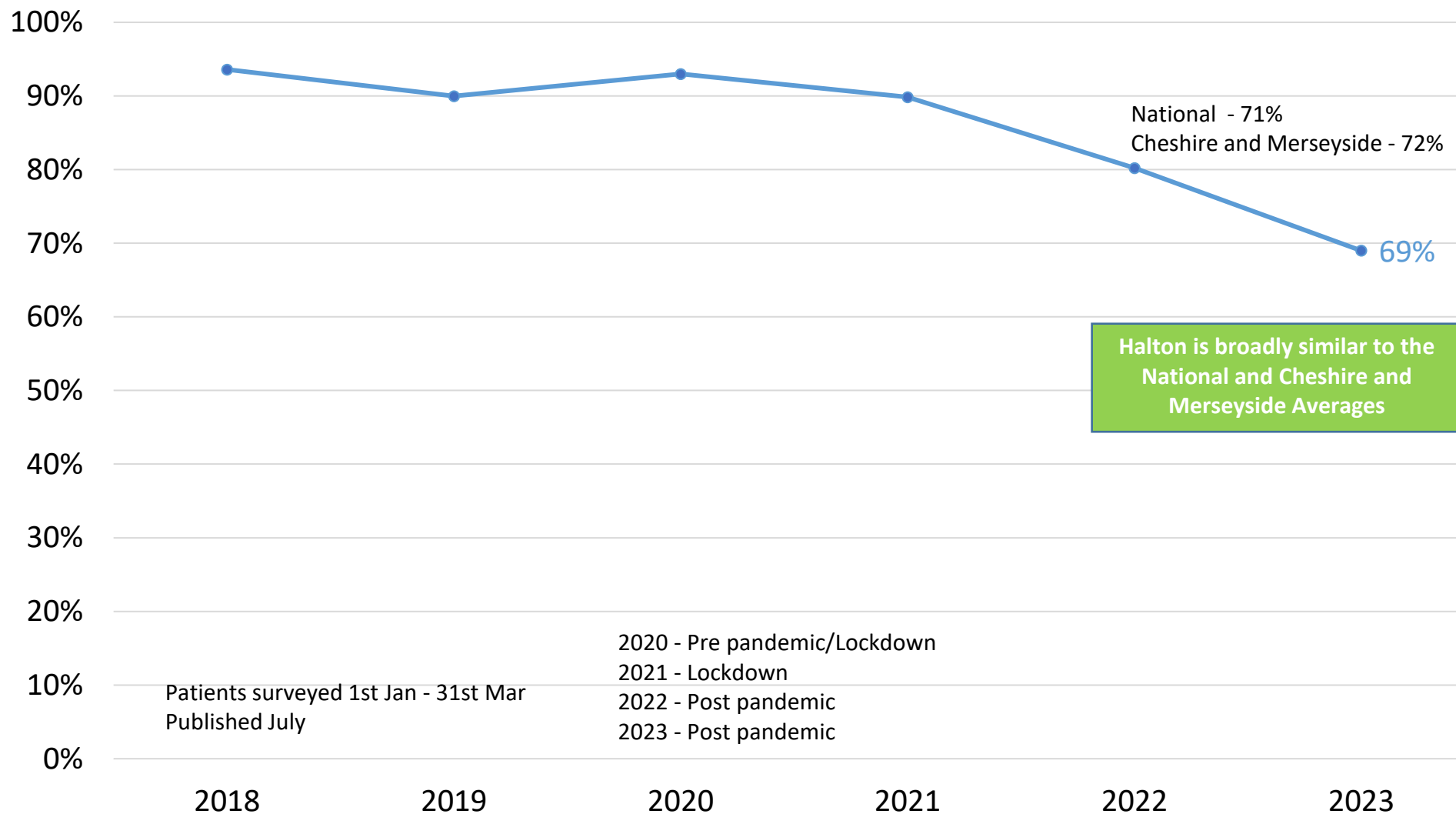
### Number of Did Not Attends April 2022 - July 2023



The number of DNAs has reduced

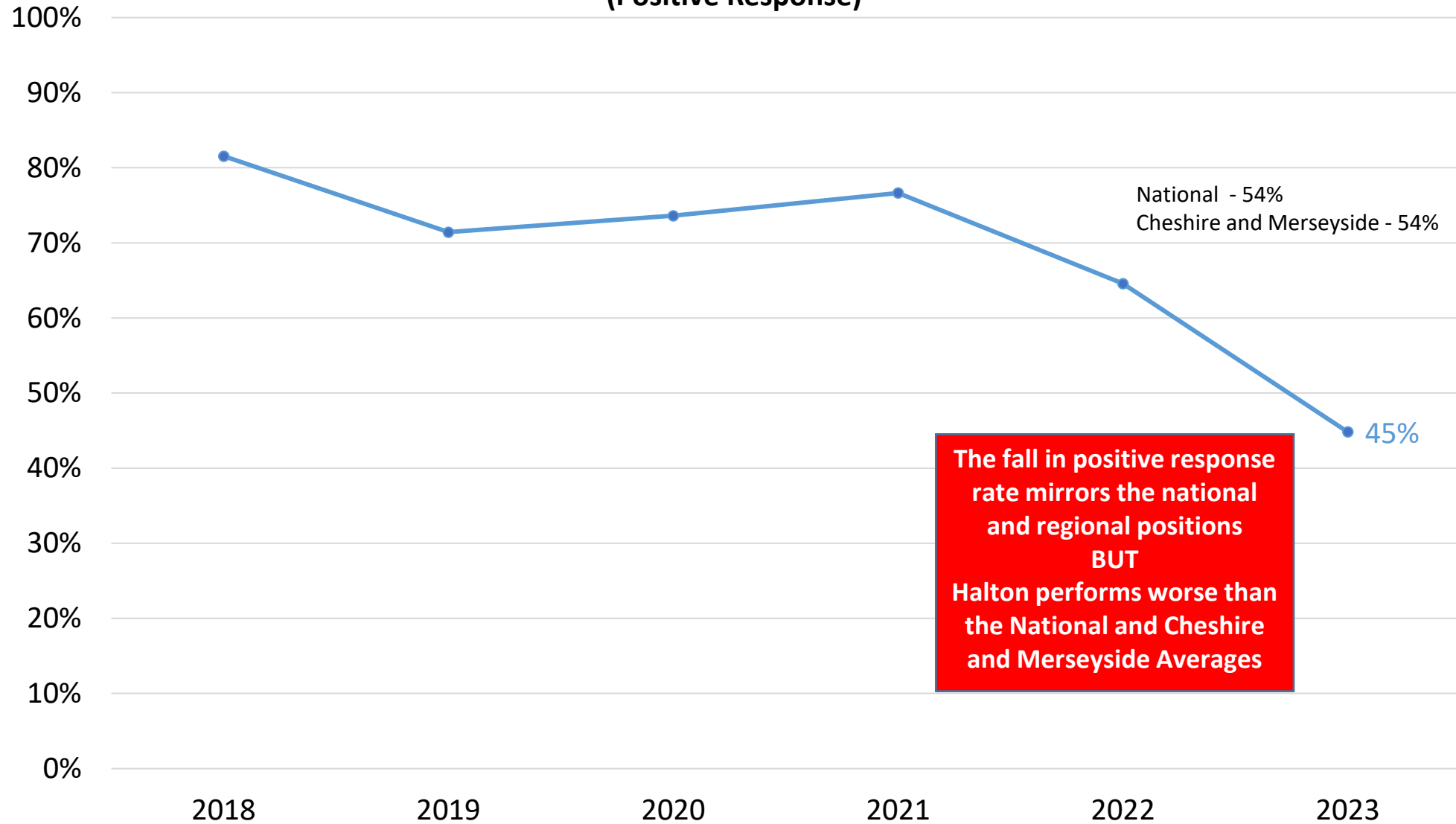
Average DNA rate per month = 5.65%

**General Practice National Patient Survey 2023**
  
**Q32. Overall, how would you describe your experience of your GP practice?**
  
**(Positive Response)**



### General Practice National Patient Survey 2023

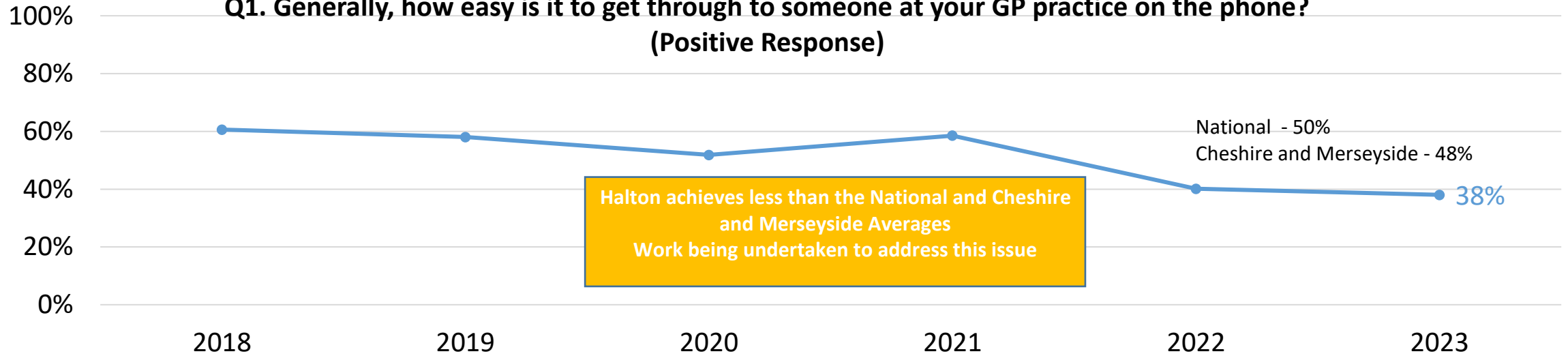
#### Q21. Overall, how would you describe your experience of making an appointment? (Positive Response)





### General Practice National Patient Survey 2023

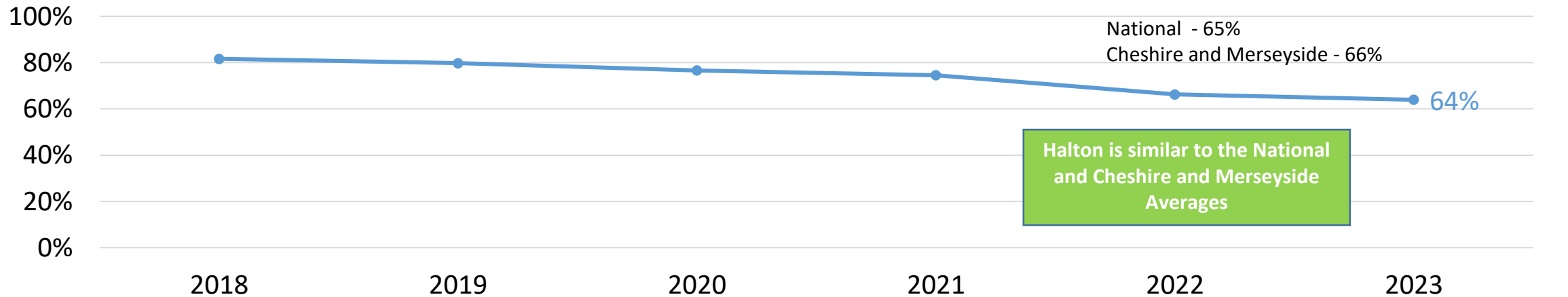
**Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?  
(Positive Response)**



Halton achieves less than the National and Cheshire and Merseyside Averages  
Work being undertaken to address this issue

### General Practice National Patient Survey 2023

**Q4. How easy is it to use your GP practice's website to look for information or access services?  
(Positive Response)**



Halton is similar to the National and Cheshire and Merseyside Averages

# Recovering Access to Primary Care

## May 2023

### KEY AMBITION

- Tackling the 8AM rush to ensure patients can receive same day support and guidance from their local practice
- Enabling patients to know how their needs will be met when they contact their practice
- Plan is a step toward delivering the vision set out in the Fuller Report Next steps for integrating primary care
- To tackle the increasing demands on Primary Care, the plan focuses on four areas to alleviate pressure



1. Empowering patients



2. Implementing Modern General Practice Access



3. Building Capacity



4. Cutting Bureaucracy

# 1. Empowering patients

- General practice is delivering more than 1 million appointments every day
- Enabling patients to take a more active role in the management of their health and care by utilising technology that ;
  - i) provides patients with access to information to inform their health decisions;
  - (ii) removes inefficiencies and
  - (iii) increases flexibility for the workforce.
- Supporting patients to manage their own health and care, by rolling out tools and technology that give accurate and trusted information, and expanding services offered by community pharmacies.



1. Empowering patients

## Recommendations



### Improving information and NHS App functionality

- Enable patients in over 90% of practices to access core functions on the NHS App
- All practices to enable prospective medical record access for patients access by November 2023, enabling them to view information on immunisations, test results and consultations

### Increasing self-directed care

- Increase the number of self-referral options for patients - up to 50% more patients self-referring by March 2024
- Increase use of digital tools and remote monitoring eg. blood pressure control through home monitoring devices
- ICBs to support development of link worker role, connecting people to activities and community-based services

### Expanding community pharmacy

- Pharmacy First to launch before the end of 2023, enabling pharmacists to: i) supply prescription-only medicines and (ii) treat common health conditions
- Expand community pharmacy capacity to provide blood pressure checks and manage ongoing oral contraception
- Improve IT infrastructure and interoperability between community pharmacy and general practice
- Changes to various legislation to give community pharmacy contractors more choice about how they deploy staff and release pharmacists' time for more patient-facing services



2. Implementing Modern General Practice Access

# 2. Implementing Modern General Practice Access

- Patients shouldn't be told to call back another time to secure an appointment on the day.
- Better digital online contact tools and telephony, and changes to workflow have successfully increased accessibility for patients
- Enabling patients to know on the day how their request will be handled, based on clinical need and preference for appointment type, reducing long waits on the telephone and providing patients with more timely information

## Recommendations



### Better digital telephony

- All practices to transition to digital telephony by December 2025 to make full use of i) multiple call management; (ii) call-back functionality; (iii) call-routing and (iv) integration with clinical systems
- NHSE to support transition to digital telephony to those practices that commit by 1<sup>st</sup> July 2023
- 1000 practices to be utilising this technology by the end of 2023

### Simpler online requests

- NHSE to provide general practices with high quality online-consultation, messaging and booking tools by July 2023
- ICBs, Primary Care Networks and GPs to agree most appropriate tools to support transition to new model

### Faster navigation, assessment and response

- NHSE to invest in new National Care Navigation Training programme for up to 6500 staff starting in May 2023
- NHSE to fund higher-quality tools that enable the shift to online requests and enable all practice team to contribute to rapid assessment and response
- NHSE to support practices committing to transformation with extra capacity over the next two years - £13,500 per practice



# 3. Building capacity

- Up to £35 million funding for general practice fellowships in 2023/24
- There is a shortage of GPs to meet the needs of a growing and ageing population, with increasingly complex needs. A focused effort is required to bring new doctors into general practice and retain current GPs
- Ensuring general practice is utilising all resources to manage increasing demand, managing more patient requests and optimising the use of the full practice team

## Recommendations



### Larger multidisciplinary teams

- 26,000 more professionals in general practice and 50 million more appointments by 31 March 2024
- Funding for up to £385m for Additional Roles Reimbursement Scheme (ARRS) in 2023/24
- All primary care staff to be able to access suite of health and wellbeing offers and the Practitioner Health Service

### Increase in new doctors

- Up to £35 million of SDF funding available for GP fellowships in 2023/24
- Further expansion of GP specialty training – and make it easier for newly trained GPs who require a visa to remain in UK
- NHSE to work with partners to identify opportunities for other doctors, eg SAS doctors, to work in general practice multidisciplinary team

### Retention and return of experienced GPs

- DHSC agreement to make retire and return easier and protect NHS staff from higher tax charges driven by inflation
- Encourage experienced GPs to stay through the pension reforms announced in the Budget
- NHSE to launch campaign to encourage GPs to return to general practice and invest in GP retention schemes

### Primary care estates

- ICBs to work with local partners to better anticipate where housing developments are putting pressure on existing services
- Changes to local authority planning guidance this year to ensure due consideration of primary care capacity



# 4. Cutting bureaucracy

- 30% of GP time is spent on indirect patient care
- In some practices patient contacts have increased from 20% to 40% since before the pandemic; and there is a risk that GPs are overloaded and spend less time with patients. Reducing paperwork will improve efficiency
- Reducing the time spent by practice teams on low-value administrative work, and improving join up between primary and secondary care services, to give teams more time to focus on patients' clinical needs

## Recommendations



### Improving the primary – secondary care interface

- Secondary care to prioritise onward referrals to ensure referrals are not sent back to general practice and resulting in further delays
- NHS trusts to provide accurate and up to date fit notes and discharge letters, highlighting clear actions for general practice
- NHS trusts to establish their own call/recall systems for patient follow ups
- ICBs to ensure providers establish single routes for general practice and secondary teams to communicate rapidly
- ICBs to report progress on improving the interface with primary care

### Building on the Bureaucracy Busting Concordat

- Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing with the Bureaucracy Busting Concordat
- Examples include, working with the aviation industry to encourage clear, proportionate and pragmatic processes, so passengers with medical conditions who need to fly with medication/medical equipment can do so easily

Risk	Mitigations
<p><b>1. Workforce: Good access requires a resilient workforce with adequate staffing levels</b></p>	<ul style="list-style-type: none"> <li>• Number of national, ICB and local schemes which focus on supporting the workforce &amp; retaining staff.</li> <li>• New Place General Practice Workforce group established to build links with Training Hub to ensure accessing support &amp; training.</li> <li>• ICB Place Team working with PCN Clinical Directors &amp; Education Leads to ensure maximise support available e.g., PLT, networking, shared learning etc</li> <li>• Halton has 64.4 GP FTE per 100,000 patients – 4<sup>th</sup> highest across C&amp;M – and Practices are attracting new GPs to the area.</li> <li>• PCNs are expanding the number of roles in place as outlined in the national Additional Roles Re-imburement Scheme.</li> <li>• Transformation &amp; Development Plans in development which aim to improve access.</li> </ul>
<p><b>2. Patients &amp; Residents: Alternative access routes may be confusing to patients &amp; widen digital inequalities</b></p>	<ul style="list-style-type: none"> <li>• Implementation plans to consider and develop strategies to support local people in accessing services, working with partner organisations e.g. Community Connectors, Health Watch, VCA etc</li> </ul>
<p><b>3. Demand: Post pandemic recovery has led to unprecedented demand for services</b></p>	<ul style="list-style-type: none"> <li>• Re-introducing care navigation to ensure patients can access the right service at the right time.</li> <li>• Transformation &amp; Development Plans in development which aim to improve access.</li> </ul>
<p><b>4. Estate: General Practice estate may not have the capacity to expand to house additional staff</b></p>	<ul style="list-style-type: none"> <li>• Primary Care Networks developing Strategic Estates Plans which link to ICB Place Primary Care Estates plans.</li> <li>• Strategic Estates Group being re-established to improve co-ordination and collaboration across partners.</li> <li>• ICB Commissioned support for Place teams to assess the need and request Section 106 Infrastructure funding for new housing developments.</li> </ul>