

Health Scrutiny Panel Paper: Primary Care Access

December 2023



1. Introduction

The ICB last presented to the Health Scrutiny Panel on Primary Care (GP) Access in January 2023, where the main updates given, focused on general practice activity, the Community Pharmacy Consultation Service, digital work being undertaken, patient involvement and the development of a Primary Care Strategy.

This report has been prepared to provide an update, including progress made and next steps to continue to support primary care access.

2. Background

Access to general practice remains a priority for national policy, for the Black Country ICB and for local people in Wolverhampton.

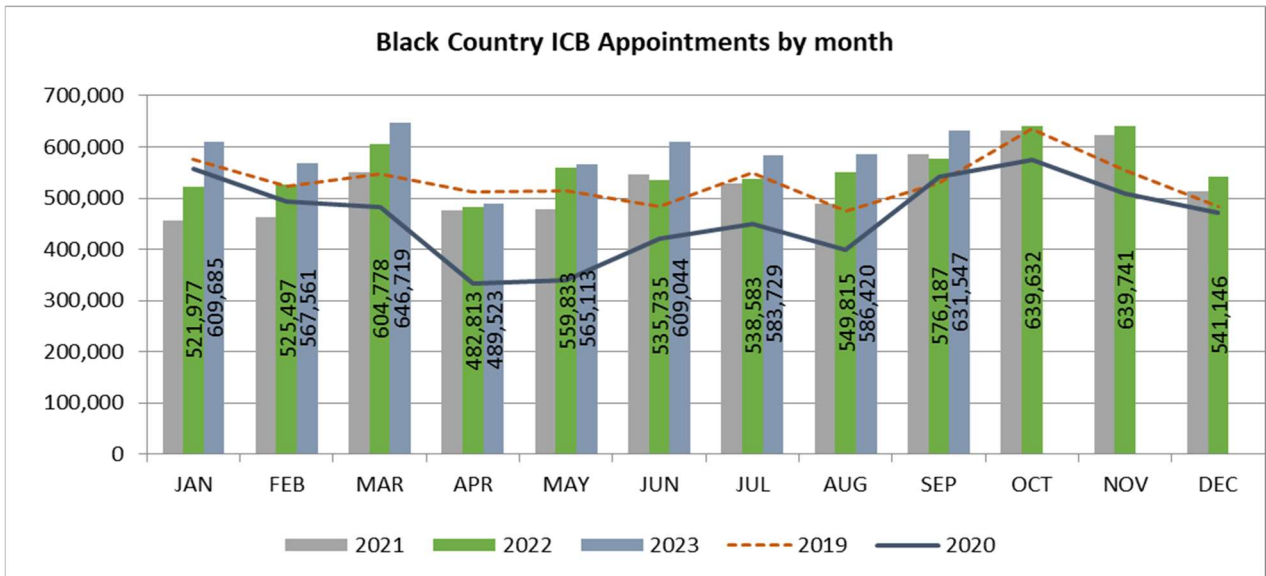
The national GP contract has been revised this year to place greater focus on tackling concerns about access to services. A key element of the national approach is a programme called *Modern General Practice*. We outline below what this programme involves and how it is being implemented in Wolverhampton.

The report also provides an update on general practice activity, other initiatives to improve access, including those involving local pharmacy services, and our work with Patient Participation Groups.

3. Primary Care Activity

Graph 1 below provides an update on GP appointment activity across the Black Country since 2019. This shows a continuing increase in the number of appointments per month following the recovery of services following the Covid-19 pandemic.

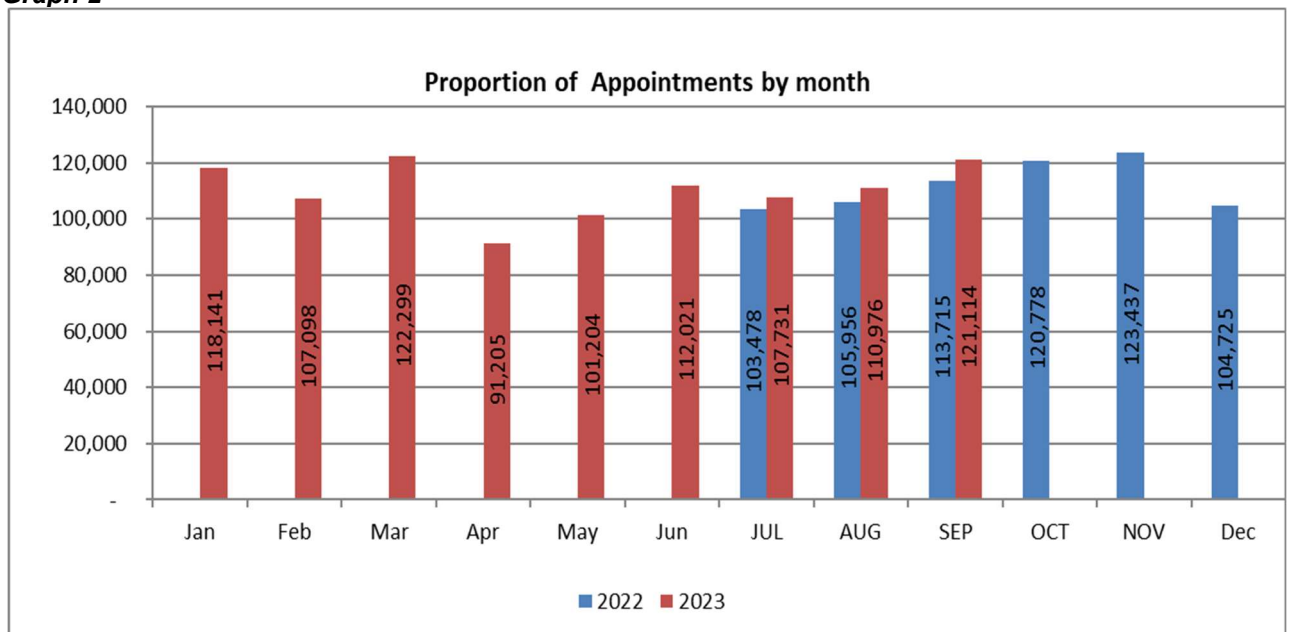




Graph 2 below, shows appointments for Wolverhampton practices since July 2022, when this data was first published. The graph demonstrates the increase in appointments available year on year for July – September data.

For those months where a comparison can be made to 2022, there is an increase in appointments of 5.2%. The data shows utilised appointments only and does not include booked appointments where the patient did not turn up or attend (DNA).

Graph 2



Locally across Wolverhampton, extended and enhanced primary care access has continued to be delivered, which means that patients are able to access appointments in the evenings (6.30 to 8.00pm), Monday to Friday and from 9.00am until 5.00pm on



Saturdays across each of the 6 Primary Care Networks (PCNs). This created an additional 308 hours additional capacity a week.

Despite the demand for appointments in General Practice, the numbers and percentage of patients not attending their appointments has remained fairly consistent with an average DNA rate of 7% per month, as shown in **Table 1** below. This means on average, for every 1000 appointments booked 70 were recorded as booked but not attended.

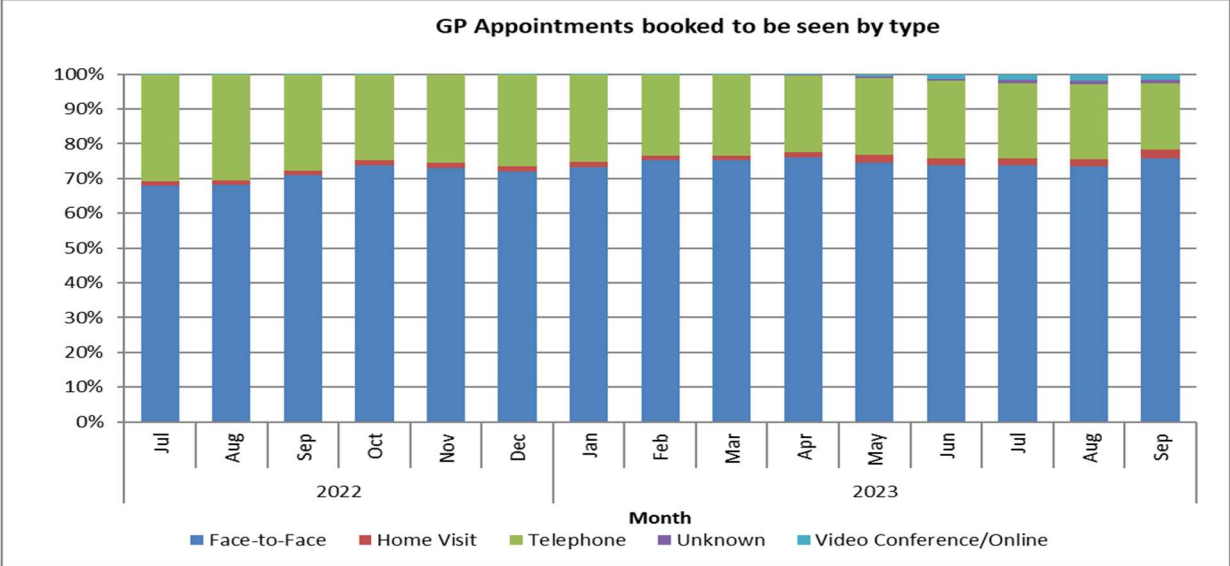
Table 1

Total Appointments DNA	
Month 2023	DNA
Mar	7.44%
Apr	7.09%
May	7.03%
Jun	6.96%
Jul	7.20%
Aug	7.11%
Sep	7.16%

Graph 3 below shows how the booked general practice appointments are broken down by type. This shows that in Wolverhampton, face to face appointments remain the main appointment type, making up approximately 75% of appointments. This is above the National average, which for August 2023 to October 2023, was 70%.

The graph also demonstrates that practices are offering alternative appointment types based on clinical need, with online consultations also featuring within the figures.

Graph 3



There are a number of local and national initiatives which have contributed towards the ongoing increase in general practice appointments, in addition to further work being planned, particularly over the winter period.

4. National plans and work delivered locally in Wolverhampton to increase access to Primary Care

A number of key national changes have taken place over the past few months to support access, including changes to the GP contract, new guidance (capacity and access guidance) and recommended approaches for improving access to primary care (the delivery plan for recovering access to primary care).

The **capacity and access guidance** required PCNs to work together to produce access improvement plans which focused on:

- Improving the patient experience (building on the responses to the GP Patient Survey and the Friends and Family Tests)
- Ease of access (outlining any planned telephony and digital improvements)
- Accuracy of recording appointments (to understand appointments available to help meet demand)

All of the PCNs across Wolverhampton submitted plans and those plans were agreed by the ICB, with regular checks taking place to monitor progress.

In May 2023 the **delivery plan for recovering access to primary care** was launched to build on the capacity and access guidance.

This document provided the overall approach which should be taken to improve access to general practice, under four core headings:

- **Patient Empowerment** (through the NHS App, self-referral pathways and expanded pharmacy services);
- Implement “**modern general practice**” (so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message);
- **Build capacity** (so practices can offer more appointments from more staff than ever before);
- Cut bureaucracy (to give practice teams more time to focus on their patients’ clinical needs)

In response to this plan, work has taken place on all of the identified areas to maximise primary care access across Wolverhampton as outlined below.



Patient Empowerment

NHS App

The ICB's digital team have been supporting the roll out and full utilisation of the NHS app. This will mean that patients (in over 90% of Wolverhampton practices) will be able to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by 31 March 2024.

As of 31 October 2023, 95% of practices met the contractual requirement to provide access to prospective records. The IT Facilitation Team are continuing to work with outstanding practices.

Self-Referral Pathways

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary GP appointments, helping to avoid delay for patients. Work is underway across the following areas to explore whether or not the services can support self-referral; falls response services, musculoskeletal services, audiology (including hearing aid provision), weight management services, community podiatry, wheelchair and community equipment services.

Community Pharmacy Consultation Scheme (CPCS)

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England on the 29 October 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine; improving access to services and providing more convenient treatment closer to patients' homes.

The service is helping to alleviate pressure on GP appointments and emergency departments, in addition to using the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.

Locally, referrals into the CPCS continue to exceed the targets set by NHS England (NHSE). The targets set for 2023/24 were a 10% increase on the 2022/23 figures. Data from Quarter 1 of 2023/24 showed 3,390 claimed referrals, which is 49% above target. For the period April - October 2023, Black Country General Practices made 9,976 referrals to community pharmacies, thus avoiding that number of GP appointments.

The medicines management team continue to work to promote the scheme.

Pharmacy First

Pharmacy First allows for better use of pharmacies to support people without the need to visit their GP practices across a number of conditions, including:

- sinusitis
- sore throat
- earache



- infected insect bite
- impetigo
- shingles
- uncomplicated urinary tract infections in women.

Pharmacies will also have an enhanced role in helping people manage blood pressure and ongoing oral contraception for women.

The new Pharmacy First Service will be launched on 31 January 2024 (subject to the necessary digital systems being in place between community pharmacy and general practice) and it will enable the supply of prescription only medicines for the conditions outlined above.

Referrals may be made from NHS 111, urgent and emergency care and general practice, or the patient may self-refer. On referral to the community pharmacy, the pharmacist either face to face or remotely has a consultation with the patient to determine appropriate course of action/treatment. The new Pharmacy First service will incorporate the Community Pharmacy Consultation Service (CPCS). This along with the new seven conditions, shows the potential to further increase capacity and access in Practices, and help to support the Modern General Practice agenda.

In Wolverhampton, 19 practices to date are providing the ongoing management of routine oral contraception from the pharmacy, which was initiated in general practice or a sexual health clinic. From 1st December 2023, the service is being expanded, so that pharmacies who sign up will additionally be able to initiate oral contraception. This service means that GP/nurse appointments can be saved by patients accessing advice and treatment at their local pharmacy.

The Blood Pressure Service has been in existence since 2021, and is being relaunched on 1st December 2023, to encourage more pharmacies to sign up and to encourage greater activity. The service identifies people who are 40 years or older, or at the discretion of trained pharmacy staff, people under 40 with high blood pressure (previously undiagnosed hypertensives), and to refer them to general practice for confirm diagnosis and appropriate management. Practices can also refer patients to the pharmacy for ad hoc clinic and blood pressure measurements (e.g. people with/without a diagnosis of hypertension). This means that GP/Nurse/Healthcare Assistant appointments can again be saved by utilising this service.

With local general practices and community pharmacies working together on the provision of these services, patients will have increased choice, GP capacity will be improved, allowing their appointment slots to be taken up for dealing with higher acuity or more complex conditions.



Modern General Practice

Modern General Practice is a model of organising work in general practice in an equitable way to help improve access to GP services, with a focus on digital solutions.

The new digital systems have a number of benefits, including:

- **Queuing:** GP practices will manage multiple calls, patients are notified of queue position and wait time and should not get an engaged tone;
- **Call-back:** patients have the option to be called back when they are higher in the queue;
- **Call-routing:** patients will be directed to the right person or team (e.g. a medicines team serving the whole PCN);
- **Integration with clinical systems:** allows practice staff to quickly identify patients and find relevant information with less searching.

Further information on Modern General Practice can be found at <https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/modern-general-practice-model/>

This should result in:

- **Easier access to GP practices** - better digital phone systems will mean people will get through to their practice easier. This will be particularly useful for people who need to use mobile phone credit to make calls and who may find that cost prohibitive;
- **Most urgent needs being prioritised** - GP practices will prioritise people with the most urgent issues, regardless of when they contact their GP team or whether they contact them in the surgery, over the phone or online. Digital triage systems will be used where people can input details of their issues. Digital triage systems can guide them about what to do next or who they need to see. For people who are used to using digital systems, this will provide an additional way of accessing services, often more convenient;
- **Continuity of care** - people will be able to stay in contact with a particular clinician, as the two way messaging should provide a simple way of practices to follow-up without the need for an appointment. This will help maintain continuity of care.

The approach recognises the needs of people who are not confident with digital technology, those who don't have access to the internet and those who don't have access to a private space for a call through better use of Care Navigators in GP teams and wider GP staff who can help.

In order to understand where GP practices are in Wolverhampton, with implementing Modern General Practice, each practice was asked to complete a self-assessment. In Wolverhampton, all practices but 1 have submitted a self-assessment which showed the following:



Numbers of practices NOT implementing Modern General Practice	1
Numbers of practices already delivering full Modern General Practice *	0
Numbers of practices planning to implement Modern General Practice this year	48%
Numbers of practices planning to implement Modern General Practice next year	52%

* To be classed as delivering full Modern General Practice, practices must have scored themselves 4 out of 4 across 10 areas (e.g. will have assessed themselves as scoring 40/40).

The ICB are working with practices to support them to fully implement Modern General Practice, acknowledging where the key development areas are and offering help, solutions and training as needed.

Building Capacity

Work is underway by the Black Country ICB Primary Care Training Hub with NHSE and wider partners to implement recruitment and retention schemes and grow the workforce for the future.

Cutting Bureaucracy

Work is ongoing through OneWolverhamptons' Clinical and Professional Leadership Group to explore opportunities to look at and develop initiatives to enable Primary and Secondary Care to work together more effectively to ensure patients are seen at the right time, in the right place by the right person.

Hospitals will now be expected to make further referrals where needed and provide fit notes and discharge letters rather than send the patient back to their GP. They will also be expected to arrange appropriate follow-up care, again reducing pressure on GPs.

Hospitals will need to have a clear point of contact for primary care – such as a single outpatient email - to minimise some of the issues GPs face when making arrangements with hospitals.



5. Other work being undertaken locally, in Wolverhampton, to increase access to Primary Care

In addition to the national plans for improving access to primary care, there have been a number of local, Wolverhampton developments over the past few months.

Primary Care Framework

The Primary Care Framework is a local incentive scheme that was introduced to support the continued improvement and development of Primary Care and build on the benefits of the national Quality Outcomes Framework Scheme (QOF).

Access to Primary Care was included within the Wolverhampton 2023/24 Primary Care framework (PCF).

Through the PCF, practices were required to submit an access plan which included the following:

- How the digital journey planner has been used to inform any actions around improvements to the digital aspects to patient access;
- How clear and consistent messaging on telephone systems will be ensured, and how barriers will be addressed (language, hearing impairment etc);
- How sign up and utilisation of the NHS app, and overall usage of digital technologies will be increased, ensuring key features of the app are enabled for patients (e.g. ability to book non-triage appts, repeat prescriptions, online consultations, messaging and access to patient records etc), whilst addressing any barriers to digital access patients may have;
- How practices intend to promote their websites and the functions to their patients, encouraging take up of online consultations;
- How websites that are clear, are patient friendly, and support accessibility will be developed and / or maintained. Websites will need to comply with the digital first requirements as well as meet the needs of their patients;
- How reasonable adjustments for vulnerable cohorts to aid access can be made within practices / Primary Care;
- How practice staff will be supported in their awareness of vulnerable cohorts, their needs and the services that are available to them.

The monitoring data which will be submitted at the end of the financial year will enable practices to demonstrate the impact of their approaches.

Digital First Primary Care

Digital First is a way of supporting the rollout of the digital element of Modern General Practice and is a nationally funded, transformational programme of work with a focus on delivering equitable access to digital services, for all patients. Wolverhampton has a dedicated Digital First team to work with practices, to support the implementation of the digital tools.



The team have commissioned a tool called “Digital Journey Planner”. This is a self-help tool that provides practical online support to optimise the use of digital tools. The focus over the past few months has largely been on the development of websites and online booking.

An increase in the use of the on-line forms that patients can use to send requests to practices through their websites has been seen. This provides a convenient alternative for patients and reduces telephone demand.

Websites Update

The GP Website Development project aims to deliver on a number of benefits:

- Ensuring websites are legally compliant;
- Ensuring patients are signposted to the correct place for their needs, reducing wasted patient time and worry;
- Improving patient satisfaction and experience of using the GP practice website, making it more likely they will return and use digital tools;
- Reducing the risk of adding digital inequalities to existing health inequalities;
- Creating a place where patients can effectively self-serve, empowering patients to manage their health and care

To date, 19 Practice websites across Wolverhampton have been updated or completed as outlined in **Appendix 1**. The remaining practices / websites are in the delivery phase, and work continues to progress these.

Online Booking

Practices have a contractual requirement for patients to be able to book appointments online.

As of 16 November 2023, 98% of practices have the functionality enabled, with the Digital First Team working with the remaining four to reach 100%.

Telephony & Messaging Systems

Supporting practices to move to and optimise the capability of cloud-based telephony, is essential to help provide a better experience for patients (e.g. so patients can be provided with queue position and callback options) and to enable practices to proactively manage peaks in demand, through real time data monitoring and to support evidence-based service decisions.

This year, 8 practices in Wolverhampton with analogue telephone systems were identified as a priority, to switch to cloud based telephony as a part of the NHS England Cloud Based Telephony project. Of those, 4 have already switched and the remaining 4 are currently working with the National Commercial Procurement Hub to move to one of the approved providers.



Patient Participation Groups

Work to support the recovery of Patient Participation Groups (PPG's) has continued. At the Health Scrutiny Committee in June, when a paper on PPGs was presented, it was outlined that there were 8 practices who had not fully returned to delivery of PPGs. Out of those 8 practices, all but one have recommenced and have held meetings or have meetings planned in the very near future.

A new suite of resources has been produced on the ICB website and a training course, commissioned by One Wolverhampton place partnership, for practice managers and patient participation group chairs recently concluded.

The training consisted of 6 virtual modules and all sessions were recorded as training videos and will be uploaded to the ICB website as a future resource.

Feedback from the training has been positive, with one participant writing to their local Health and Wellbeing Board to champion the training. Another PPG Chair who participated has reported that their groups membership has grown from 15 to 50 by applying the learning and the tools from the training.

Triggered by feedback from a PPG Chair in Wolverhampton, the evaluation of the 6-week pilot NHS Ambassadors scheme and survey results from the Joint Forward Plan, a new group has been developed to discuss how information can be better shared and communicated with patients and the public. This group is made up of ICB colleagues, patient representatives, partners from the voluntary / community sector and Health Watch.

The group intends to support the local communications plan around Modern General Practice and the Extended Healthcare Teams. Working with trusted voices and members of communities who face barriers to accessing primary care, promotional materials and assets will be codesigned in addition to equipping and empowering trusted voices to operate as primary care health ambassadors.

The Involvement team within the ICB are planning the roll out a second phase of Primary Care Ambassadors to deliver key messages, education and to help build agency within local communities on accessing primary care.

The involvement team are continuing to support the system wide primary care team with recommendations on capturing patient experience on any information provided by practices and any support requested, to ensure adequate thought has been given to the plans for patient involvement.

A similar exercise was completed previously around enhanced access, and the team are now supporting in how we can provide assurance that feedback has been obtained from patients in regards the services.

Additional Initiatives to Support Access Over Winter

Winter Pressures & Resilience

Additional general practice appointments over the winter period is currently being commissioned. This will enable an additional 3,278 appointments to be made available



from December to March 2024, with a focus on bank holidays, Saturdays closest to the Christmas and New Year period and additional weekday appointments. The majority of appointments will be for same day / next day urgent access.

Acute Respiratory Infection (ARI) Hubs

Acute Respiratory Infection (ARI) Hubs are being commissioned across the Black Country including Wolverhampton. This will be in addition to the current appointments offered within practices through the Primary Care Framework (PCF) and any additional enhanced access schemes.

The aims of the additional ARI hubs are to:

- Support patients with urgent clinical needs by enhancing same-day access to assessment and specialist advice as needed;
- Reduce ambulance callouts, A&E attendances, and hospital admissions for patients who could be appropriately managed in the community;
- Improve the quality of acute respiratory management in Primary Care, through increased availability of Primary Care appointments;
- Provide an accessible and equitable service to support same-day access for all Wolverhampton GP-registered patients.



Appendix 1 – GP Website Development

- [Bilston Family Practice](#)
- [MGS Medical Practice](#)
- [I H Medical](#)
- [Newbridge Surgery](#)
- [Dr V Mudigonda](#)
- [Duncan Street](#)
- [Tettenhall Medical Practice](#)
- [Pennfields Medical Centre](#)
- [Penn Surgery](#)
- [Castlecroft Medical Practice](#)
- [Bilston Urban Village](#)
- [Fordhouses Medical Centre](#)
- [Showell Park](#)
- [Prestbury Medical Practice](#)
- [Whitmore Reans Medical Practice](#)
- [Keats Grove Surgery](#)
- [Ashmore Park Surgery](#)
- [Griffiths Practice](#)
- [Primrose Lane Surgery](#)

