CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel Meeting

Thursday, 19 January 2023

Dear Councillor

HEALTH SCRUTINY PANEL - THURSDAY, 19TH JANUARY, 2023

I am now able to enclose, for consideration at next Thursday, 19th January, 2023 meeting of the Health Scrutiny Panel, the following report that was unavailable when the agenda was printed.

Agenda No	Item
6	**Primary Care - ICB Report (Pages 3 - 12)**

[To receive a report from the Integrated Care Board on the latest developments in Primary Care].

If you have any queries about this meeting, please contact the democratic support team:

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Report to Wolverhampton Health Scrutiny Panel

Primary Care Access

January 2023

1. Introduction

1.1 This is the third presentation of progress, and responses to recommendations, that has been made to the Panel in relation to access to GP services in Wolverhampton. This report has been prepared to provide an update on the issues raised by the Panel and the wider work that has continued to move forward.

1.2 Updates on the resolutions made by the Panel in June 2022 have been incorporated within the relevant sections.

2. Background

2.1 Information on Primary Care Access, appointment levels, and ongoing work to support patient access was last presented to the Panel in June 2022.

2.2 From October, there was a change in the national GP contract for extended/enhanced access. This means that GP appointments are available of an evening (6:30-8pm) and 9am – 5pm each Saturday for each of Wolverhampton's six Primary Care Networks (PCNs). This specification provides Wolverhampton with 308 hours additional capacity per week.

2.3 There are plans to enable online booking and direct access by 111 to these appointments in the coming months.

2.4 Over the winter period we have additionally funded PCNs to offer additional appointments on Sundays and bank holidays over the Christmas/New Year. This will bring an additional 2880 appointments on a Sunday and 576 bank holiday appointments from December to March. Patients access these additional appointments either via their PCN Hub or by contacting their GP practice.

2.5 At a national level, NHS England have supported GPs by standing down some performance indicators in the national PCN contract, releasing capacity which PCNs have used to increase the number of appointments available to patients.

2.6 The NHS has seen demand levels rise significantly over the winter period due to various pressures such as Flu outbreak, Covid rises and Respiratory cases. The releasing of capacity described above has supported Primary Care in coping with these winter pressures.

2.7 Practices continue to work to ensure that their patients receive proactive care to support management of conditions, while maintaining a balance of availability for both routine and acute needs. However, practices report that the demand for appointments, and communication from patients, has significantly increased resulting in the continuation of access issues despite the actions that are being taken.

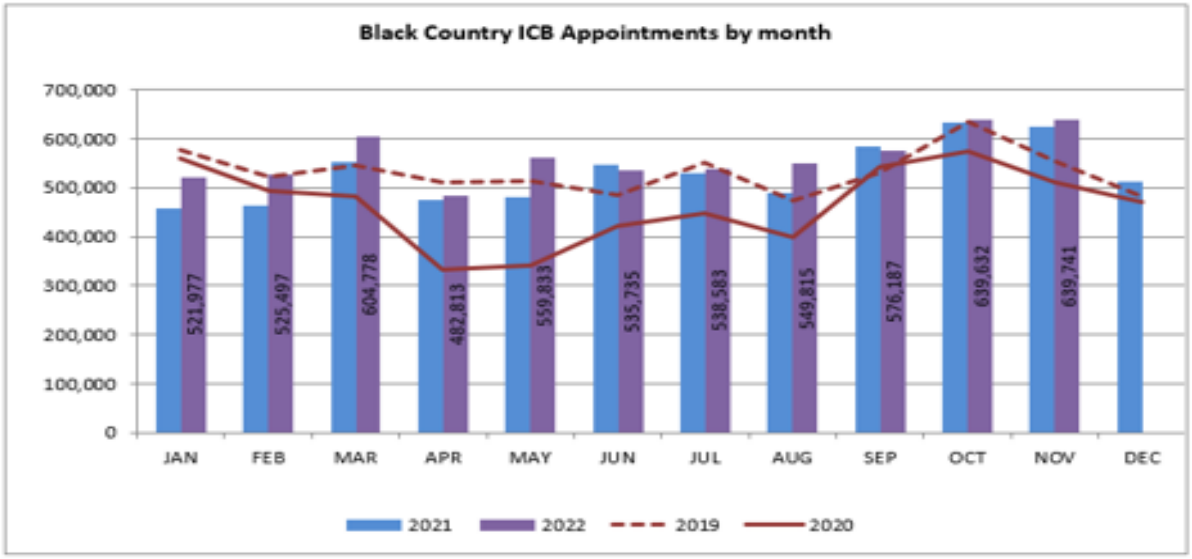
3. General Practice Activity

3.1 The most up-to-date national data on general practice activity is from July 2022 to November 2022.

3.2 From 24th November, national data sets are available in the public domain through GPAD data extract. To support this data release, practices are being identified

where discrepancies in delivery are apparent and supported by the ICB with coding/ labelling to ensure accurate data. This is an ongoing programme of work, with data reviewed at each release to identify where practices need support.

3.3 NHSE restoration and recovery monitoring uses appointment numbers from 2019 compared to 2022 as an indicator of recovery status, and are surpassing this consistently over recent months. We have seen a rise in the number of appointments compared to the same time periods in 2020 and 2021.



Resolution 2- That Face-to-Face appointments with medical personnel at GP Practices should increase within the next six months across all Practices

3.4 In the last report, the Wolverhampton average split between face to face and telephone was 66% to 33%. This now stands at 73% face to face to 25% telephone, indicating a rise in the number of patients accessing face to face appointments, as demonstrated in the table below.

	Face-to-Face	Home Visit	Telephone	Video Conference/Online	Wolverhampton Total	% Face-to-Face	% Telephone
Jul 2022	70,290	1,365	31,815	8	103,478	67.90%	30.70%
Aug 2022	72,114	1,340	32,492	10	105,956	68.10%	30.70%
Sept 2022	80,656	1,448	31,601	10	113,715	70.90%	27.80%
Oct 2022	89,122	1,699	29,953	4	120,778	73.80%	24.80%
Nov 2022	90,222	1,815	31,400		123,437	73.10%	25.40%

3.5 Wolverhampton has also seen an increase in the volume of appointments, as well as an increase in the number held face to face. 19,959 more appointments are

being provided compared to June, with increases in the number of available for both face to face and home visits.

3.6 The number of reported video conference/on-line appointments recorded is very low. This is similar to other areas and our digital team will be working with practices to understand whether this accurately reflects the use of this mode of consultation

4. Response to Healthwatch Findings

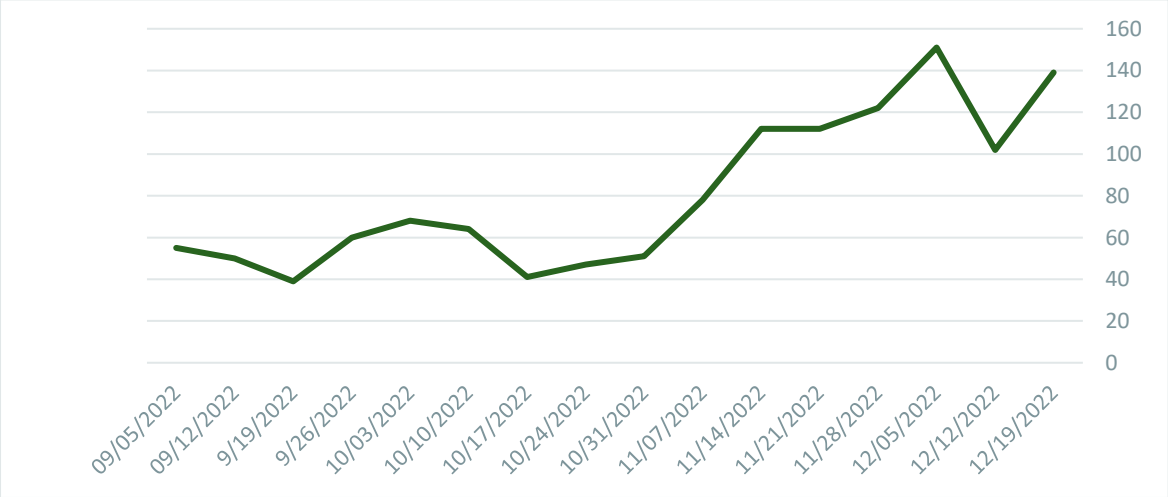
Resolution 1- increased cooperation from practices to participate in Healthwatch survey

4.2 Healthwatch colleagues have attended the Practice Manager forum, and information has been circulated to practices to raise awareness of both Heathwatch and their aims and to explain the purpose of the Healthwatch survey, and to explain the purpose of Healthwatch scrutiny.

5. Community Pharmacy Consultation Service

5.1 Referrals into the CPCS are increasing, with data indicating that all practices have used the service in the last quarter and pathways between practices and community pharmacies are clear. 34 out of 36 practices have made referrals in the last 4 weeks, with over half are referring patients to pharmacy on a weekly basis.

5.2 We have seen a rise in referrals over the last quarter, with up to 151 referrals per week.



5.3 The CPCS runs in concurrence with the Minor Ailments Scheme that is operational across the Black Country. Community Pharmacies can supply medicines for common ailments to patients on the NHS without having to make an appointment to see a GP. The pharmacist can supply medication (free of charge where the patient receives prescription exemption) for common ailments like coughs and colds, headlice, headache, diarrhoea, hay fever, indigestion, thrush, sore throat,

haemorrhoids, constipation, threadworm, athletes foot, mouth ulcers, insect bites and nappy rash.

6. Digital First Primary Care Support Project & GP Website Development Project

6.1 We have established a digital project team that is working with practices to ensure that there is a consistent and accessible digital primary care offer to GP patients in Wolverhampton, supporting the national vision for a digital first primary care service.

As would be expected for a modern public service all GP practices have a website and there are minimum requirements for practice websites set out in the national GP contract (see appendix). The digital project team is working with all practices to assess their websites against these standards, as well as looking at accessibility and functionality, and will agree individual plans to address any issues identified. By enabling patients to access virtually, this will relieve pressure on telephone systems.

The Health Scrutiny Panel raised three specific issues at the June meeting – take up of the NHS App, availability of video appointments and telephone systems/messages:

Resolution 3- That the new Integrated Care System continues to try and increase uptake of the NHS App, with the aim to achieve uptake above the national average.

6.2 Development and promotion of the NHS app is ongoing, with patient level engagement activities planned through Health Wave Hub. Our approach will be to work with the social prescribing teams throughout the Black Country as well as the universal offer with practices.

Our engagement activities will consist of 'NHS App LIVE' events, where we will deliver virtual sessions on NHS App features. These will run throughout the year and will also be recorded so they can be shared.

We will also be adding resources to a hub. These can be shared directly with patients via the social prescribing network or the practice, through their websites and text links etc. These resources will consist of NHS App guides, as well as more downstream level support, like device lending, digital skills, connectivity, etc.

Resolution 4 - GP surgeries which currently do not offer the option of a video appointment with a local clinician, to be encouraged to implement this option in the future for patients who wish to use this appointment type.

6.3 All practices can offer video appointments and it is a contractual requirement to be able to offer this mode of consultation. This ties into the website review, as the online consultation tool must be on the front page of their website, alongside selfcare and symptom checkers.

We are currently in the process of changing providers, enabling the continuation of online (online consultation and Video call) services and two-way text messaging to

be with a single provider. By changing provider to a single provider there will be efficiencies for practices in terms of time, understanding of systems and better interoperability, with ease of access for the patient offer. Training and materials have already been distributed to practices, to support them in this process.

Resolution 5- Surgeries which do not have a clear answer phone messaging and call waiting system to be encouraged to improve their system.

6.4 Communication resources have been developed for primary care, to enable effective telephony messages and other communication tools to be utilised in a consistent manner.

Through partnership with HealthWatch, and the digital programme, where issues are identified with practice messages, they will be directed to the resources available to enable improved patient information to be utilised.

7. Patient Involvement

7.1 Practices are being supported to re-establish Patient Participation Groups (PPGs) where these were suspended, or their operation was changed over the last two years. It is for the practice (together with the members of the PPG) to decide on how to make sure meetings are appropriate and accessible, and we are contacting all practices to understand the current situation with regard to the operation of PPGs, including training and support needs, and make sure that they are fully supported in reinstating PPG groups.

7.2 In September the Integrated Care Board held a “World Café” workshop in each of the four Places in the Black Country. The Wolverhampton People Panel is the follow up to our World Café workshop. The January People Panel, meeting on 30th January, presents us with an opportunity to take a deeper dive into topics discussed at the World Café as well as bringing forward issues and challenges for which we can begin to co-design the bones of some experiments and solutions. There’ll also be an opportunity to have your say on the future of NHS services in the Black Country via a survey which will be live throughout January.

8. Developing Our Primary Care Strategy

8.1 Access to primary care services is important to patients and general practice in Wolverhamptonis working hard to address the challenges it is facing in continuing to provide a high-quality service to local people as we move towards full restoration of services.

8.2 We are working to co-produce a primary care strategy that seeks to further integrate primary care within our system, improve access, and deliver the best citizen experience and outcomes for the communities we serve within the resources available. We want to ensure primary care services operate efficiently and effectively and in turn optimally support our ICS to respond to demand for urgent care.

8.3 Our future offer will centre around three essential offers in line with the Fuller

stocktake:

I. streamlining access to care and advice for people who get ill but only use health services infrequently, providing them greater choice about how they access care, equipping them to self-care and ensuring care is available in their community when needed

II. providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions

III. helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention, independence, and wellbeing

8.4 The ICB is working to co-create a standardised, resilient Primary Care operating model underpinned by the necessary investment in workforce, estates, digital, inclusion and community engagement with the following key principles:

I. To support the continuous improvement of primary care, ensuring the right care in the right place when it is needed – keeping both our patients and the health and wellbeing of our staff at the centre

II. To maintain the right balance between operating in a consistent fashion, maintaining appropriate local flexibility

III. Clear alignment with NHS England and Black Country ICB requirements

IV. Compliance with legislation

V. To support a reasonable, proportionate, and consistent approach across the four primary care contractor groups (general practice, community pharmacy, optometry, and dentistry)

VI. Quality – invest in support and development for primary care to increase the number of practices rated as good & outstanding

VII. Access – patients seen to meet needs, preferences (mode of consultation) by right professional, multi-disciplinary, triaging to other primary care providers i.e. POD, working collaboratively with secondary seeking to eliminate the transfer of work to primary care

VIII. Workforce - grow & retain via workforce planning and enhancing primary care as the best place to work; help local people and wider health and care partners to be better informed about which professional is best to help them

IX. Estates – modern, fit for purpose, facilitates integrated working, support workforce plans

X. Digital/technology – continually exploiting new technology taking staff & patients with us, increasing access and productivity

9. Conclusion

9.1 The progress reflected within this report will continue to be built upon and be a focus of plans going forward, as we continue to work towards our commitment to improving access for patients and reducing variation within primary care.

Appendix A

General Medical Services (GMS) Contractual Requirements for Practice Websites/Online Practice Profile

"Practice website" means a website through which the Contractor advertises the primary medical services it provides.

"online practice profile" means a profile:

(a) which is on a website (other than the NHS website), or an online platform, provided by another person for use by the Contractor; and

(b) through which the Contractor advertises the primary medical services it provides.

The Contractor must include:

- information about the requirement to assign an accountable GP to each of its new and existing registered patients

- A Facility for a patient to:

  (a) book, view, amend, cancel and print appointments online; (must be on homepage)

  (b) order repeat prescriptions for drugs, medicines or appliances online; (must be on homepage)

- all the information which is required to be included in its practice leaflet (see full list below)

- A link to its online consultation tool (must be displayed prominently on homepage)

- A link to the symptom checker and self-care information available on the NHS website (must be displayed prominently on homepage)

- the mean net earnings in respect of the previous financial year of:
  - (i) every general medical practitioner who was a party to the Contract for a period of at least six months during that financial year, and
  - (ii) every general medical practitioner who was employed or engaged by the Contractor to provide services under the Contract in the Contractor's practice, whether on a full-time or part-time basis, for a period of at least six months during that financial year; and
  - (iii) total number of any general medical practitioners to whom the earnings information relates, and (where applicable) the number of those practitioners who have been employed or engaged by the Contractor to

provide services under the Contract in the Contractor's practice on a full time or a part time basis, for a period of at least six months during the financial year in respect of which that information relates.

Information to be included in Practice
A practice leaflet must include:

1. The name of the Contractor.
2. The address of each of the Contractor's practice premises.
3. The Contractor's telephone number and the address of its website or the address at which its online practice profile is available.
4. In the case of a Contract with a partnership:
   (a) whether or not it is a limited partnership; and

(b) the names of all the partners and, in the case of a limited partnership, their status as a general or limited partner.

5. In the case of a Contract with a company:

   (a) the names of the directors, the company secretary and the shareholders of that company; and

   (b) the address of the company's registered office.

6. The full name of each person performing services under the Contract.

7. The professional qualifications of each health care professional providing services under the Contract.

8. Whether the Contractor undertakes the teaching or training of health care professionals or persons intending to become health care professionals.

9. The Contractor's practice area, including the area known as the outer boundary area, by reference to a sketch diagram, plan or postcode.

10. The access arrangements which the Contractor's practice premises has for providing services to disabled patients and, if none, the alternative arrangements for providing services to such patients.

11. How to register as a patient.

12. The right of patients to express a preference of practitioner in accordance with clause 13.8 and the means of expressing such a preference.

13. The services available under the Contract.

14. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.

15. The criteria for home visits and the method of obtaining such visits.

16. The consultations available to patients under clauses 7.8.1 and 7.8.2, and 7.9.1 and 7.9.2. 17. The arrangements for services in the out of hours period and how the patient may contact such services.

18. If services during the out of hours period are not provided by the Contractor, the fact that the Board is responsible for commissioning of those services.

19. The method by which patients may obtain repeat prescriptions.

20. If the Contractor offers repeatable prescribing services, the arrangements for providing such services.

21. If the Contractor is a dispensing contractor the arrangements for dispensing prescriptions.

22. How patients may make a complaint or comment on the provision of services.

23. The rights and responsibilities of the patient, including keeping appointments.

24. The action that may be taken under clause 13.11 where a patient is violent or abusive to the Contractor, the Contractor's staff, persons present on the practice premises or in the place where treatment is provided under the Contract.

25. Details of who has access to patient information (including information from which the identity of the individual can be ascertained) and the patient's rights in relation to disclosure of such information.

26. The full name, postal and electronic email address and telephone number of the Board.

27. Information about the assignment by the Contractor to its new and existing patients of an accountable GP in accordance with clause 7.7B.

28. Information about the assignment by the Contractor to its patients aged 75 and over of an accountable GP under clause 7.9.