

Title:	Primary Care Access
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1. Introduction

- 1.1 The CCG attended a meeting of the Health Scrutiny Panel on 7th October which was considering access to GP services. It was decided by the Panel that a further meeting on this topic would be scheduled for a later date and this report has been prepared to provide an update to the report that was presented on 7th October.

2. Context

- 2.1 Health services have changed significantly over the past 18 months as a response to the international COVID pandemic. These changes have included the range of services being provided, with a significant primary care capacity being utilised to deliver the vaccination programme, and the method of delivery with a significant increase in telephone and video consultations. Use of improved technology has been in place for some years (before the COVID pandemic), and allows access to clinicians in order to ensure that those patients whose needs can be met without a face to face appointment are managed in the fastest manner possible. It is recognised that this is appropriate for some conditions and not for others, and that there should always be an element of patient choice.
- 2.2 It is recognised that as the technology has been introduced, there has been significant learning both in individual practices and nationally in terms of which patients are best suited to different methods.
- 2.3 Throughout the pandemic response, all GP practices in Wolverhampton have remained open and have seen patients face to face. The balance between virtual and face to face consultations has remained similar to the national averages, as shown later in this document.
- 2.4 For those patients accessing face to face consultations through primary care, as with all areas of the health service, capacity has been reduced by the requirement for social distancing and enhanced infection prevention and control measures that continue to be in place. It is imperative for containing the spread of COVID that all services are provided safely and staff are protected from infection as high staff sickness rates will further limit capacity.
- 2.5 Demand for NHS services remains very high, both in primary care and in hospitals. GPs report an increase in demand for appointments of between 25% and 50%, and attendances at the Urgent Treatment Centre (UTC) (a primary care service at the front of the Emergency Department and the Emergency Department (ED) both are significantly above normal levels.

3. Primary Care Workforce

3.1 A significant barrier to increasing face to face time with a GP is the national shortage of GPs. The recent national commitment to training more general practitioners will help with this, but it takes many years to train GPs through their specialist training before they are ready to go into practice.

3.2 To reduce the impact of the delay in training the NHS has introduced a new scheme for primary care, the Additional Roles Reimbursement Scheme (ARRS) which allows primary care to introduce new practitioners to work alongside the existing GP workforce. During the practice triage process, when a patient rings, the triage team will often redirect a patient to one of these extended roles. They will offer the expert advice and care that the patient needs without the requirement to see the GP first. This will save the patient an extra journey to see the GP to be referred on, and also helps to protect the GP face to face sessions for those patients for whom the GP is the most appropriate clinician. The roles that can be recruited to through this scheme are:

- **Clinical Pharmacists** – work as part of the multidisciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. The Clinical Pharmacist can be a prescriber or undertake training to become one.
- **Social Prescribing Link Workers** – connect people to community groups and agencies for practical and emotional support and complement other approaches such as care navigation and active signposting.
- **Physician Associates** – healthcare professionals with a general medical education who work alongside and under the supervision of GPs providing clinical care as part of a wider multidisciplinary team.
- **First Contact Physiotherapists** - can assess, diagnose, treat and manage musculoskeletal (MSK) problems and discharge a person without a medical referral. Those working in these roles within a network can be accessed through direct referral by staff in GP Practices.
- **Community Paramedics** (funding not available until 2021) - this role is currently being developed. Some networks have already trialled this role where the request for a home visit was triaged by the GP and then home visits, apart from those which were complex or end of life care, were undertaken by the paramedic. Some of the outputs were that more patients were managed at home and there was earlier intervention by the multidisciplinary team.

Following feedback from networks who wanted greater flexibility in the roles they could recruit, there have been more roles added to the ARRS. During 2020-21, PCNs can recruit and employ the following roles as part of the scheme:

- **Care Co-ordinator** – works closely with GPs and other primary care professionals within the network to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers.
- **Pharmacy Technician** – will complement the work of the Clinical Pharmacist by using their pharmaceutical knowledge to undertake activities such as audits, discharge management and prescription issuing. This role will be under the supervision of the Clinical Pharmacist and will be part of a wider PCN pharmacy team.

- **Dietitian** – diagnoses and treats diet and nutritional problems. Dietitians will support PCNs with patients of all ages with their food intake to address diabetes, food allergies, coeliac disease and metabolic diseases.
- **Health and Wellbeing Coach** – will use health coaching skills to support people with self-identifying existing issues and encourages proactive prevention of new and existing illnesses. They may provide access to self-management education, peer support and social prescribing.
- **Nursing Associate** (from 1 October 2020) – is a new support role that bridges the gap between healthcare assistants and registered nurses. The role will be part of the PCN nursing team under the supervision of a nurse.
- **Occupational Therapist (OT)** – supports people of all ages with problems arising from physical, mental, social or development difficulties. OTs can help GPs across the network with frail patients, those with complex needs, those who live with chronic physical or [mental health](#) conditions and who need help with managing anxiety or depression.
- **Podiatrist** – can help diagnose and treat foot and lower limb conditions. Podiatrists provide assessment, evaluation and foot care for a wide range of patients.

As part of improving access, the local PCNs have recruited additional staffing to these roles. The first wave of these appointments are in place with the remainder to start by March 2022 which will improve appointment slots over the winter.

4. Estates

- 4.1 Another significant issue for general practice is the primary care estate and, in particular, the changes that have had to be made to the use of GP premises in response to the Covid-19 pandemic. The requirements around Covid safe practice have impacted both on the number of patients that can safely be seen in the practice building and also on the space available to accommodate additional staff.
- 4.2 Throughout the pandemic guidance has been identified nationally to guide practices to keep patients and their staff safe. The link attached contains the most up to date guidance provided to support practices through winter.¹
- 4.3 The three clinical pathways (high, medium and low risk) applied to health care settings have been removed from the most recent guidance but can be interpreted locally if required, for example a practice may have separate waiting areas and clinical rooms for low risk and high-risk patients, or stagger clinic times.
- 4.4 Distancing should be 1m plus (2m if possible and certainly if Covid is suspected or confirmed), mask wearing is to continue in health care settings unless medically exempt. The guidance also

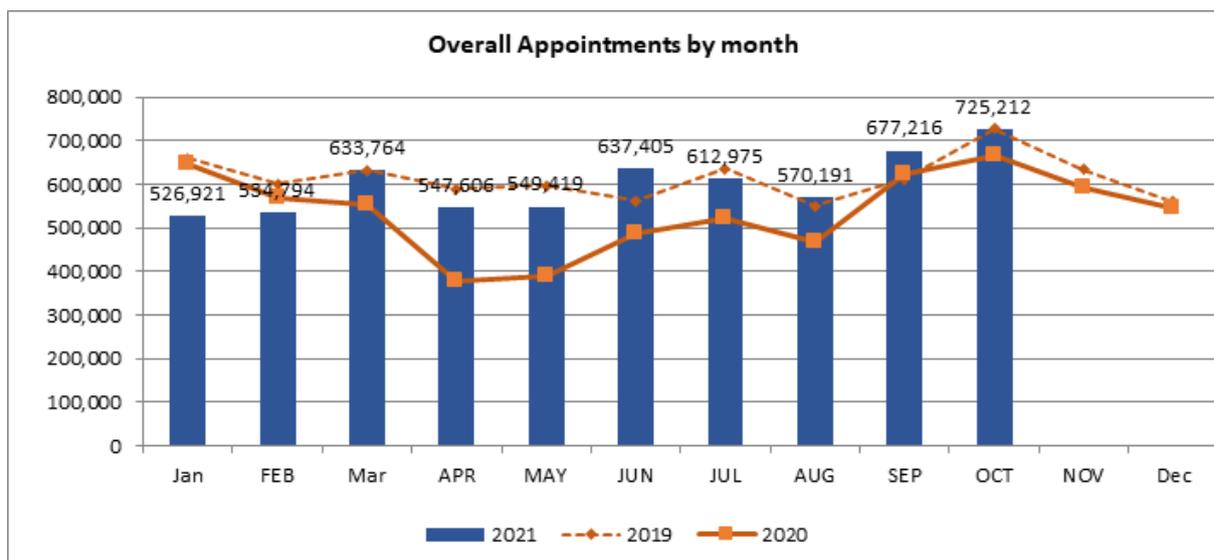
¹ [Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

recommends that triage and testing remain in place over the winter, so it would be expected that patients would be triaged before being booked in for a face to face appointment.

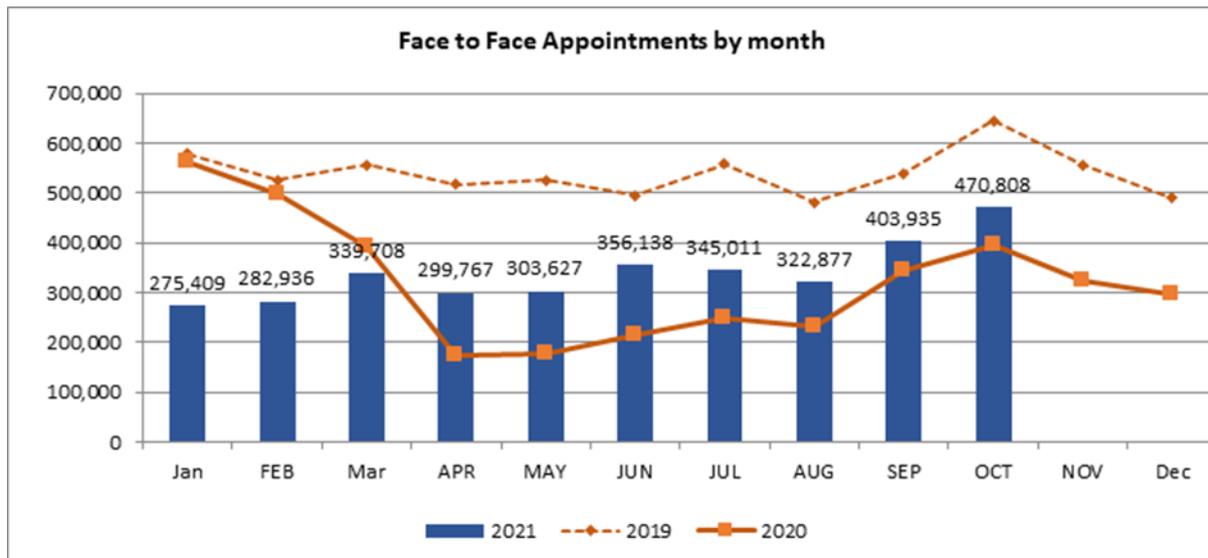
- 4.5 The guidance also contains information on decontamination and cleaning (see section 6.4.2.) generally practices have a through clean each day, and decontamination of seating etc. between each patient and hourly wiping of touch points such as door handles.
- 4.6 Risk assessment of all staff remains in place and it is expected that any new guidance in the light of the Omicron variant will advise that staff wear masks and maintain distance whilst in communal offices and areas, and continue with twice weekly lateral flow testing.

5. Current position

- 5.1 The table below shows the total number of GP appointment and GP face-to-face appointments over the last three years for Black Country and West Birmingham CCG practices.
- 5.2 After a significant reduction in the early part of the pandemic, from March/April 2020, it can be seen that GP appointments returned to pre-pandemic levels and for the seven- month period of April – October have been 1% (44,627appts) higher in 2021 compared to 2019.



- 5.3 Face to face appointments have increased significantly in the most recent two-month period but remain below pre-pandemic levels. The position in the Black Country is similar to the national position. During the pandemic clinicians and patients have made greater use of remote (telephone and video) consultation and it is anticipated that a greater use of these alternative consultation methods will continue going forward.



6. Winter Access Fund

6.1 On 14 October 2021, NHSE released the document “*Our plan for improving access for patients and supporting general practice*”. This plan set out a range of actions to respond to the growing challenges in primary care to manage the growing demand.

6.2 The guidance announced the release of £250m nationally to enable the achievement of pre-pandemic appointment levels and increasing the proportion of face to face appointments² whilst creating capacity to support the local economy to respond to the increase in resilience of the system for winter. It identified a range of supporting interventions that included:-

- Review of guidance on infection prevention to increase flexibility in practice
- Moving to cloud-based telephony - nationally funded short-term solution/framework for long term local procurement
- Change of model of extended access delayed until October 2022
- Guidance from the Royal College of GPs to be issued on the optimal blend of face to face/remote monitoring by end November
- Additional module of the primary care Quality and Outcomes Framework (QoF) to be commissioned – National Institute of Health Research to assess impact of remote versus face to face
- Incentivised real-time patient reported satisfaction to be in place by April 2022
- NHS Digital working to publish practice level appointment data – this will include patient satisfaction (identified above)
- Establish a new Access Improvement Programme - additional capacity to support practice redesign
- Zero tolerance to be supported by work with Police and Crown Prosecution Service

6.3 On 28 October BCWB submitted its access bid to NHSE for its fair shares allocation which equates to £6.4m.

² [BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf)

7. Additional GP-led services

- 7.1 There are two initiatives in place allowing for patients to receive a primary care service outside their own practice:
- a. GP Extended Access Programme. This is a service run by Wolverhampton GPs which offers both virtual and face to face appointments at a number of locations across the city.
 - b. The city has two Urgent Treatment Centres – one in Parkfields at the Phoenix Centre and one which is co-located with the New Cross Hospital Emergency Department. This is a service where patients can walk in to receive urgent primary care services.
- 7.2 Using Winter Access Fund the CCG is commissioning additional GP appointments through the Extended Access Programme until 31 March 2022.
- 7.3 Health and Beyond have established an additional clinic at their Ettingshall Medical Centre site which can be used by patients from any of their group's practices, with capacity for up to 120 face to face appointments each day.

8. Community Pharmacy

- 8.1 Community Pharmacy services can offer advice and supply medicines for many patients who might otherwise need to visit their GP.
- 8.2 In addition to promoting community pharmacy as a provider of primary care the CCG is implementing the NHS Community Pharmacist Consultation Service (CPCS). Through this initiative, general practices are able to refer patients for a minor illness consultation to a local community pharmacy, once a local referral pathway has been agreed.
- 8.3 The CPCS aims to relieve pressure on the wider NHS such as A&E and general practices, freeing up capacity for the treatment of patients with higher acuity conditions, by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.
- 8.4 Low Hill Medical Centre in Wolverhampton was part of the national pilot of the scheme. The practice has established pathways between themselves and the pharmacies within the local community and has tested the model ready for roll out across other practices.
- 8.5 Dedicated resource has now been identified to accelerate implementation of the CPCS across Wolverhampton.
- 8.6 The Wolverhampton Prescribing Support Team are continuing to work with practices to increase the uptake of electronic repeat prescribing. As well as providing training to practices they are also supporting practices by identifying patients suitable for electronic repeat prescribing and contacting patients to explain the process and support them to make use of it where they wish to do so.

9. NHS 111

9.1 NHS 111 is a national NHS service that can be accessed by phone or on-line. Patients who have urgent but not life-threatening medical need are encouraged to contact NHS 111 who will assess their needs and can offer health advice as well as directing patients to urgent treatment centres, GPs, pharmacies, emergency dental services or other local services. NHS on-line can also provide general health information and advice, advise where to get emergency supplies of prescribed medicines or how to get a repeat prescription.

10. Telephone Access

10.1 Getting through to the GP practice on the phone is a key area of concern for patients. There are three main ways in which this is being addressed:

10.2 Traditional telephone systems may have a limited number of lines putting a physical constraint on the number of calls that can be handled at any one time. Some practices have moved to cloud-based telephony systems which remove this constraint, provide greater flexibility on how queues can be managed and provide real-time information on demand and capacity in the call handling system. This does not address staffing constraints, and at times of very high demand practices operating a cloud-based telephone system may still experience long waiting time if demand greatly exceeds the number of staff available to take calls.

10.3 Managing incoming phone calls is particularly challenging if they are concentrated in a short period at the start of the day and practices may encourage patients to make non-urgent calls, for instance for repeat prescriptions, later in the day.

10.4 As an example of planned changes, all 8 practices in RWT PCN are currently having the phone system upgraded and this will be fully completed on the 22nd December 2021. To complement the new system, a central call hub is also being implemented to supplement the existing staff across the PCN manage calls. The call hub and new system will introduce the following features:

- Queue holding position
- Call back functionality
- Single holding messages
- Streamlined call options

Calls from the practices will be transferred to and answered from the hub and an overflow is in place in case of long call times. New scripts are being developed with relevant care navigation training to ensure a consistent approach to call handling.

11. Care Navigation

11.1 Wolverhampton has a well-established care navigation scheme, with all practices engaging in training and updates since implementation in 2017. Call handlers have been upskilled to recognise a set list of criteria of eligibility for different services, such as community pharmacy, optometry, and dentistry. Extended access appointments are also offered as part of the

Wolverhampton criteria. This has also extended with the addition of new roles in practice, that do not need an initial GP consultation. By asking a few initial questions, front line staff can navigate patients directly to first contract practitioners, mental health link workers, and social prescribers.

- 11.2 While this may increase the pressure on phone lines due to the length of the call, it enables patients to be directed to appropriate care that meets their needs and reduces unnecessary appointments.

12. Digital Offer

12.1 All practices are now contractually required to provide a core digital offer to patients as follows:

- Practices offering online consultations that can be used by patients, carers and by practice staff on a patient's behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs
- The ability to hold a video consultation between patients, carers and clinicians
- Two-way secure written communication between patients, carers and practices
- An up to date accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently
- Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications
- Shared record access, including patients being able to add to their record
- Request and management of prescriptions online
- Online appointment booking

12.2 As part of our Digital First Primary Care Programme of work we are working with practices to ensure that this minimum core digital offer is available across all practices. Extending this digital offer means that patients have a choice of ringing, walking into or contacting their practice online. The NHS app also provides a core tool for patients to digitally access their practice. To use the NHS App you must be aged 13 and over and registered with a GP surgery in England. You can use the NHS App to:

- get your NHS COVID Pass – view and share your COVID Pass for places in England that have chosen to use this service and travel abroad
- get advice about coronavirus – get information about coronavirus and find out what to do if you think you have it

- order repeat prescriptions - see your available medicines, request a new repeat prescription and choose a pharmacy for your prescriptions to be sent to
- book appointments - search for, book and cancel appointments at your GP surgery, and see details of your upcoming and past appointments
- get health advice - search trusted NHS information and advice on hundreds of conditions and treatments. You can also answer questions to get instant advice or medical help near you
- view your health record - securely access your GP health record, to see information like your allergies and your current and past medicines. If your GP has given you access to your detailed medical record, you can also see information like test results and details of your consultations
- register your organ donation decision - choose to donate some or all of your organs and check your registered decision
- find out how the NHS uses your data - choose if data from your health records is shared for research and planning

12.3 In addition, if your GP surgery or hospital offers other services in the NHS App, you may be able to:

- message your GP surgery or a health professional online
- consult a GP or health professional through an online form and get a reply
- access health services on behalf of someone you care for
- view your hospital and other healthcare appointments
- view useful links your doctor or health professional has shared with you
- view and manage care plans

This functionality is gradually being introduced as online consultation suppliers integrate with the NHS App and we will work with individual practices to ensure this functionality is added as it becomes available.

13. Communications

13.1 As part of the local access programme, the communication team re-launched their access communication plan with four key strands.

- Informing people how to access their practice in different ways (F2F, telephone, online)
- Raising awareness of MDTs that make up general practice, what their roles are and informing patients they may see one of these rather than a GP
- Zero Tolerance approach to abuse and aggression towards primary care staff – campaign to normalise behaviours we want to see

- Encouraging confidence for people to make better decisions about the care they need (self care/self referral) they don't always need to see a GP
- 13.2 Over the next few months we will launch new advertising campaigns to support these strands online, on radio and through our community networks.
- 13.3 Training will be established for practice staff to support the development of improved social media presence for our Primary Care Networks. This will enable them to communicate with patients in a more consistent way.
- 13.4 Raising awareness of the new ways that people can access health advice via the NHS App, online consultations and through NHS111 is important. However, success is also dependent upon the right services being in place for people to access consistently across primary care. The communications will support and complement the wider access work.
- 13.5 We have also recently developed a leaflet titled 'Your GP Practice is here for You' this explains the new way of working in primary care covering all four key stands of our plan to advise people on the following:
- 13.6 Different ways to access the practice- We are encouraging patients to consider other ways of making contact with the practice when phone lines are busy, these include completing an e-Consult form, using the NHS app or the practice's website all of which will be responded to by the practice in a timely manner.
- 13.7 Awareness and understanding of MDTs- Informing patients they may not always need to see a GP and will receive an appointment with another member of the experienced MDT. GP access and practice teams alike have identified this as a priority area for communications to improve patient awareness and understanding of these roles.
- 13.8 Access to appointments- Informing people that their appointment may be face to face, however if appropriate a telephone or online appointment may be offered
- 13.9 Where else they can help- We are encouraging patients to help us to help them by making sure they access the most appropriate service for their needs. These are our key messages to the public:
- Use your local pharmacy for advice and over the counter treatment
 - Try calling the practice later in the day if you don't need an urgent appointment
 - Please use online services where possible to keep phone lines clear

- Ensure you attend your appointment or cancel it if no longer required
- Get vaccinated to reduce pressure on services from covid/ flu

13.10 We have also launched a #BeKind campaign in response to the aggressive and abusive behaviours our practice teams are exposed to. This campaign aims to normalise the behaviours we expect to see towards our staff and will be shared across primary and secondary care to ensure all healthcare staff are treated accordingly.

14. Engagement

14.1 As part of the access programme, investment was secured to ensure the active involvement of the local community in the co-design of a programme of activity to improve access. Access and engagement officers have been appointed to work across the Black Country. Additional engagement, analysis and project support is facilitating the development at pace of a targeted test bed approach to improving primary care access.

14.2 The programme brings together teams together to collaborate on a number of defined activities with clear outcomes in place. The teams included in this work are the place-based teams, access and engagement officers, PCNs in Wolverhampton, the communications, digital and BI teams, local authorities, Healthwatch, the VCSE and finally educational establishments.. These programmes of work include training and development of patient leaders (Patient Participation Group members) to support engagement at practice level and collaborating with WVCS on a patient ambassadors programme to raise awareness and increase the use of the NHS APP.

15. Social Prescribing

15.1 Social Prescribing is an approach whereby “patients” referred by Health and Social Care professionals are supported to access support in the community, in order to improve their health and wellbeing. The on-going development of Social Prescribing forms part of the NHS Long Term Plan.

15.2 It is estimated that at least 20% of GP consultations were for social rather than medical problems and the high level, long term, aims of social prescribing are to reduce the rise of healthcare costs and to ease pressure on GP practices and other health and social care services.

15.3 People referred to Wolverhampton’s Social Prescribing Service are allocated to a Link Worker who will support that person on their chosen journey; spending time with them to understand their needs, issues and the barriers they face; working alongside them to break down those barriers, practical and otherwise, and then moving them out of the service into provision that meets their needs and interests. In this way customers develop and increase social networks and interests, improve mental health and well- being, increase fitness levels, better manage long term conditions, increase resilience, and become less reliant on statutory health and social care provision.

- 15.4 The Social Prescribing service began as a pilot funded by the CCG in May 2017 with 3 Link Workers. Since then the service has grown through additional funding (Dept. of Health & NHSE Additional Roles funding through PCNs) and has since grown to
- 12 adult Link Workers working with customers aged 18 plus (5 funded through the CCG, 7 funded through NHSE PCN additional roles funding)
 - 2 Young People Link Workers working with 13-17 year olds (funded via PCNs)
 - 1 FTE manager / 2 FTE admin staff (funded through the CCG)
- 15.5 From a modest start over 4 years ago Wolverhampton's social prescribing service is now well established and the team were finalists for the National Association of Link Workers Social Prescribing #LinkWorkerDay2020 Awards for 2020 Social Prescribing Programme of the year.
- 15.6 The service has received over 4300 referrals since it started (2170 since April 2020), with current rates approaching 150 a month. Two thirds of those referral have come from GPs with a third from other sources. There was a spurt in Council referrals during the early stages of COVID but very few outside of that. We have responded to the individual needs of each of those people and that has included making 1950 referrals to over 300 organisations in our City since April 2020.
- 15.7 Since April 2021 the service has used the following measures at the start and finish of its work with customers to measure outcomes:
- Personal Wellbeing score (a short version of ONS4) - shows an average self-reported increase in wellbeing of 40% six weeks after initial engagement.
 - Health & Wellbeing Prism (customers score themselves in 8 areas of life)– average increase in overall score of 8%
 - Measure of 'Happiness level' through an Impact App called Podnosh – average increase of 23% in happiness
- 15.8 In addition, the service also funds 3 days a week of a general adviser through Citizens Advice Wolverhampton (mainly benefits & debt advice), that accepts c200 referrals each year. Impact has included an income gain for customers that is currently running at over £130K per annum, with the associated benefits in terms of well being
- 15.9 The service is operating in a complex environment, exacerbated by the restrictions imposed by COVID. It has responded by significantly increasing on-line support and directly providing a wide range of on-line activities, developed telephone befriending, supported customers to get on-line including providing IT equipment and skills and increasing telephone support.

16. Conclusion

- 16.1 Access to primary care services is important to patients and general practice in Wolverhampton is working hard, with support from the Clinical Commissioning Group, to address the challenges it is facing in continuing to provide a high-quality service to local people.
- 16.2 We welcome the opportunity to discuss those challenges, and the actions that practices, PCNs and the CCG are taking to address them with the Health Scrutiny panel on 16th December and to answer any further questions arising from this report.