Primary Medical Care and General Practice Access

Emma Joyeux – Commissioning Lead, Primary Care

What is General Practice

- General practices are the small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area

- Some practices are operated by an individual GP, some by provider organisations (e.g. IntraHealth) but most are run by a GP partnership. This involves two or more GPs working together as business partners, employing staff, and together owning a stake in the practice business

- Every individual or partnership of GPs must hold an NHS GP contract

- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides

- General practice is the first point of contact with healthcare for many patients, as gatekeepers to secondary care; as generalists, practices see the whole patient and even whole patient's families

- Responsibility for commissioning primary care services, including general practice, sits formally with NHS England, however Integrated Care Boards (ICBs) have taken on full delegation of these commissioning responsibilities

GP Contract

- There are three different types of GP contract arrangements used by NHS commissioners in England:
  - General Medical Services (GMS)
  - Personal Medical Services (PMS) and,
  - Alternative Provider Medical Services (APMS)

- Some core parts of the GP contract include:
  - Agreeing a geographical or population area the practice will cover
  - Maintaining of a list of patients for the area and setting out specific circumstances a patient might be removed from it
  - Provision of essential medical services to registered patients
  - Standards for premises and workforce and requirements for inspection and oversight
  - Expectations for public and patient involvement
  - Key policy requirements including indemnity, complaints, liability, insurance, clinical governance and contract termination conditions

- **Practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients**

- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays

Regulation of general practice

- The **Care Quality Commission** is the regulator of primary medical care and is responsible for the inspection of GP practices in England in order to monitor standards against set key areas:
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well-led

- Each practice must be registered with the CQC and appoint a registered manager

- The practice is expected to be able to evidence how it is run in considerable detail, helped by the prior preparation of a series of policy documents, protocols and procedures

Other key agencies

Local Medical Committee

- A Local Medical Committee (LMC) is the body statutorily recognised by successive NHS Acts as the professional organisation representing individual NHS GPs and GPs as a whole in NHS England, including Primary Care organisations
- An LMC is the only elected professional body that represents the views of local GPs and practice teams, at a national and local level, on issues of local interest in general practice
- NHS England and ICBs have a statutory responsibility to recognise local practitioner committees
- An LMC is an independent, self-financing body with statutory functions. LMCs are funded via a levy paid by each practice
- Representatives of LMCs meet at an annual conference which makes policy which the General Practitioners Committee is mandated to effect through negotiating with NHS Employers and the Departments of Health.
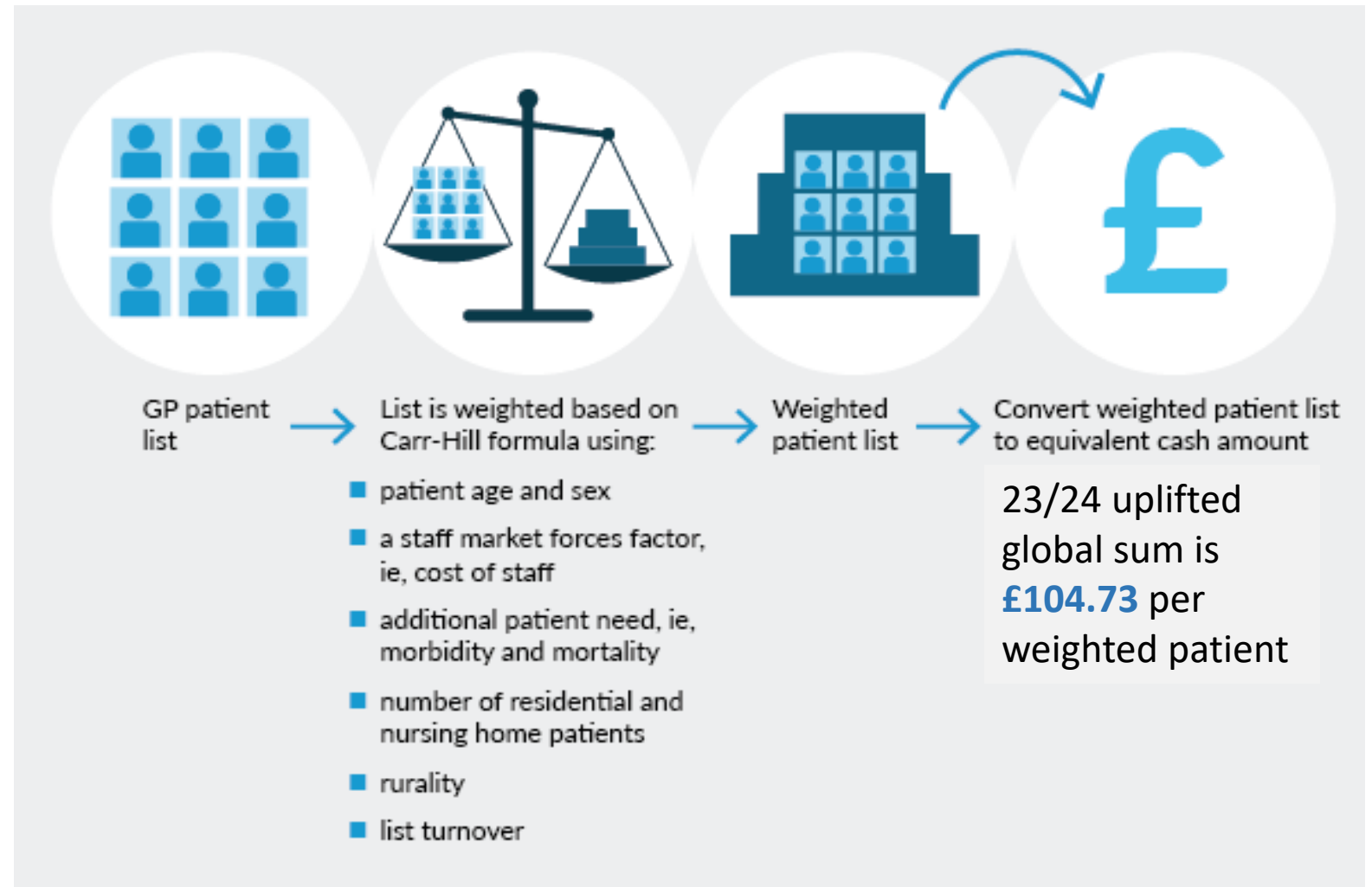
Federations

- GP Federations are groups of primary care providers, which form a single organisational entity and work together as economies of scale to deliver services for their combined patient communities, membership organisations of all practices

Healthwatch

- Healthwatch are governed by a Committee who set strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for them to work effectively and are statutory committee of the Care Quality Commission (CQC)
- Healthwatch is the independent champion for people who use health and social care services
- They use patient feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure patient experiences improve health and care services for everyone.
- They also have a role helping patients to get information and advice and can signpost patients to support available
- As an independent statutory body, Healthwatch have the power to make sure NHS leaders and other decision makers listen to patient's feedback and improve standards of care
- The Department of Health and Social Care (DHSC) fund Healthwatch through local councils

Core funding - global sum

Global sum payments are based on an estimate of a practice's patient workload and certain unavoidable costs (e.g. the additional costs of serving a rural or remote area or the effect of geography on staff markets and pay), **not on the actual recorded delivery of services**

GP patient list → List is weighted based on Carr-Hill formula using: → Weighted patient list → Convert weighted patient list to equivalent cash amount

- patient age and sex
- a staff market forces factor, ie, cost of staff
- additional patient need, ie, morbidity and mortality
- number of residential and nursing home patients
- rurality
- list turnover

23/24 uplifted global sum is **£104.73** per weighted patient

Source: The Kings Fund

Core funding – other income

- The Statement of Financial Entitlements (SFEs) sets out what General Practice can be reimbursed for
- Many practices also top up their NHS funding with fees for private services, such as medicals and travel prescribing that is outside of commissioned services.
- Most practice income is paid to the practice rather than to individual GPs

Quality and Outcomes Framework scheme (QOF)
- QOF is a voluntary scheme that provides funding to support aspiration to and achievement of a range of quality standards, by rewarding practices for the volume and quality of care delivered to their patients
- Practices earn points according to their levels of achievement and payments are calculated on the points the practices achieve
- The value of a QOF point in 2023/24 is £213.43 – and the scheme has 635 points
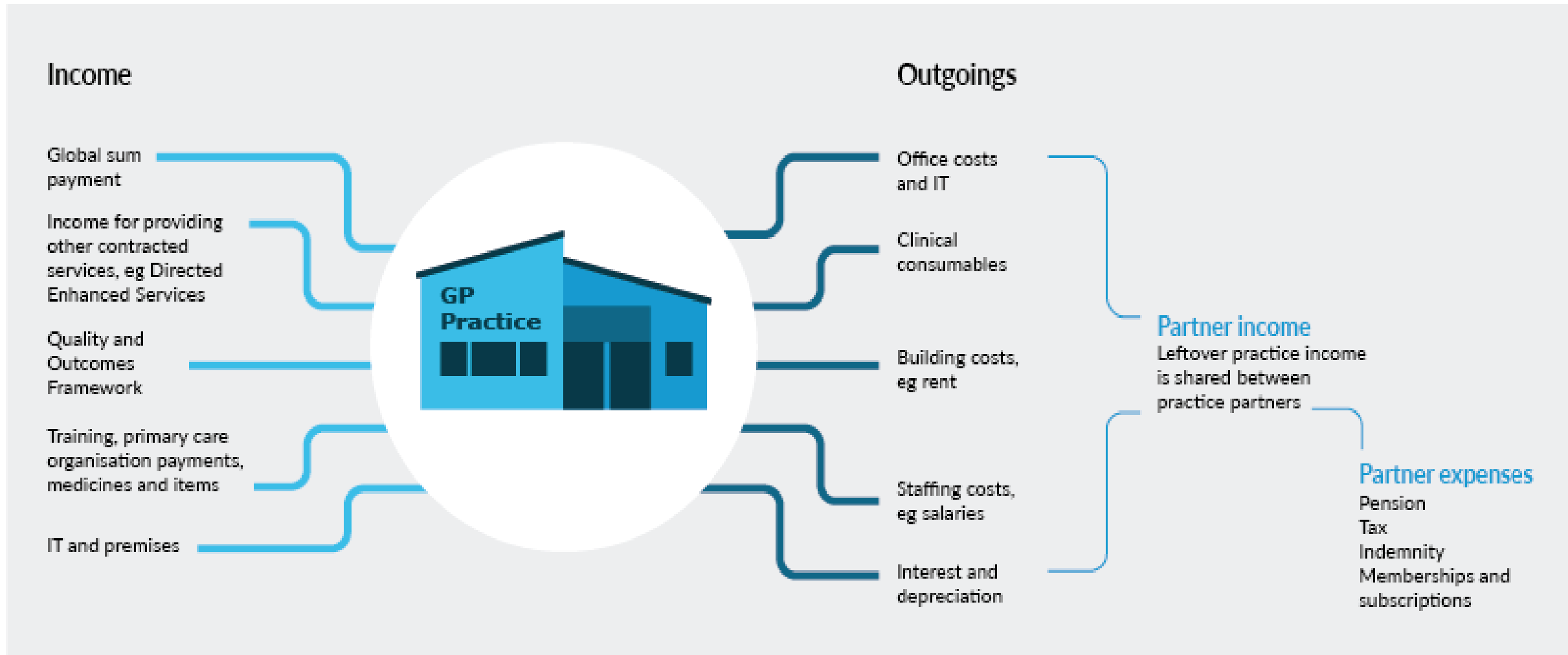
DES
- Each DES attracts a separate payment amount as set out in the SFEs

PCN
- Clinical Director payment
- Core PCN funding
- Enhanced Access payment
- Care Home premium
- PCN Leadership and Management payment
- Capacity and Access Support payment
- Additional Roles Reimbursement Scheme (ARRS)

Core funding - expenditure

Source: The Kings Fund

Primary Care Networks (PCNs)

- PCNs, established in July 2019, are groups of practices working together to deliver nationally directed enhanced services (DES)

- PCNs are not organisations or legal entities – the PCN DES is offered to each individual practice as the legal entity agreeing participation

- Each PCN is led by a Clinical Director (CD) who represent the group of practices

- PCNs have their own governance arrangements agreed through collaborative agreements across the grouping in relation to decision making and operational arrangements

- There is 1 PCN in Darlington

- PCNs have taken a fundamental role in the COVID-19 vaccination programme, establishing local vaccination services as PCN groupings and the provision of enhanced access

- PCNs have risen to these challenges, continuing to develop their relationships between practices and across the system to develop new ways of working

PCN Contract Directed Enhanced Services (DES)

PCNs are required to provide the following services – this is in addition to what practices are expected to provide as part of core GMS contracts

Services	
Enhanced Access	Medication reviews and medicines optimisation
Enhanced Health in Care Homes	Early Cancer Diagnosis
Social Prescribing Service	Tackling neighbourhood health inequalities
Personalised Care [including reviewing shared decision-making audit]	Cardiovascular disease and prevention

Investment & Impact Fund: redesigned for 23/24 to focus on 5 indicators:

Domain	Area	Indicators
Prevention and tackling health inequalities	Vaccination and immunisation	**VI-02:** Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024
		VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024
	Tackling health inequalities	**HI-03:** Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity

Domain	Area	Indicators
Providing high quality care	Cancer	**CAN-02:** Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral
	Access	**ACC-08:** Percentage of appointments where time from booking to appointment was two weeks or less

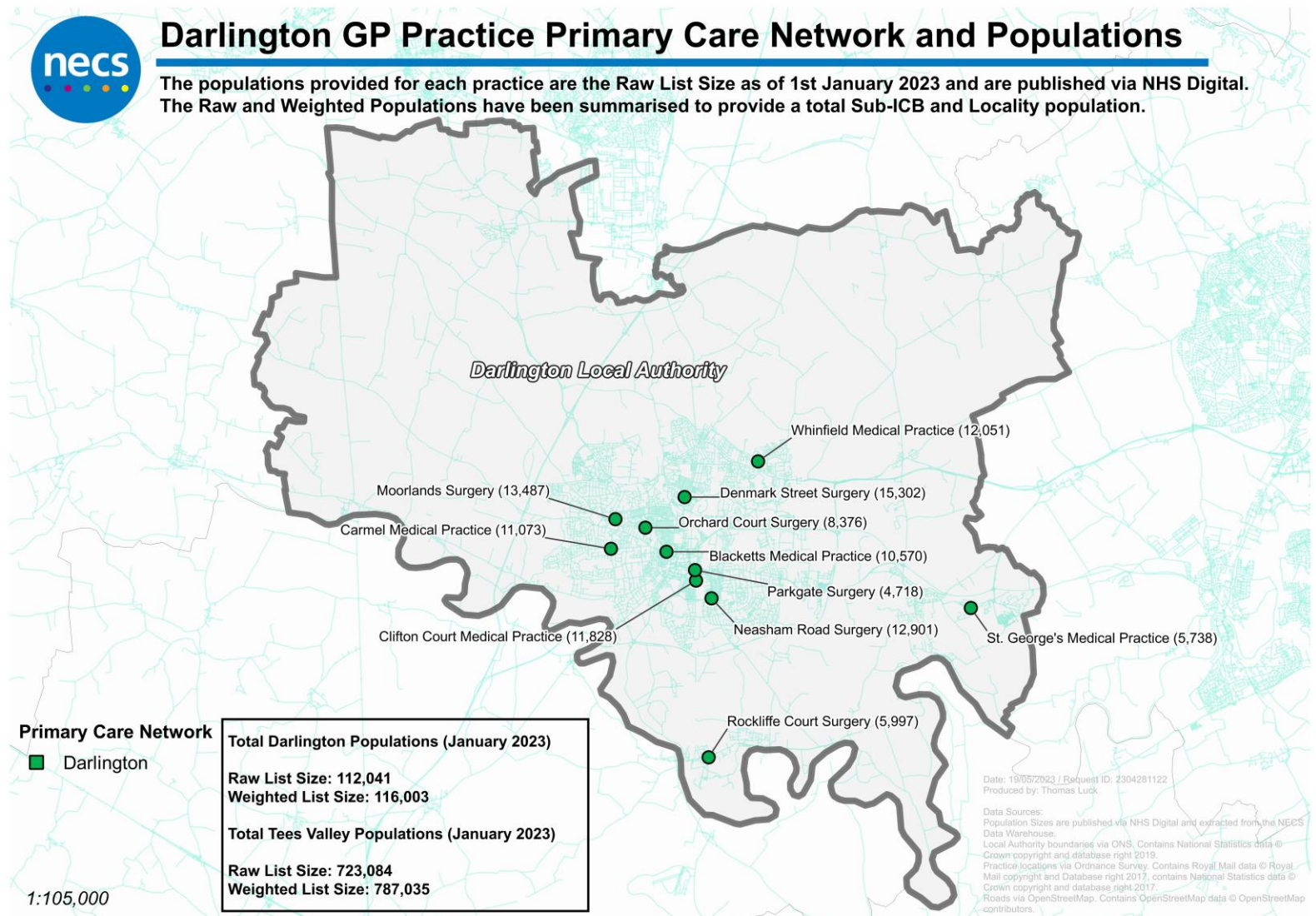# Overview of General Practices in Darlington

11 Practices

Smallest list size: 4,718

Largest list size: 15,302

Average list size: 10,185

1 Primary Care Networks

Registered population: 112,041 (Jan 23)

Darlington GP Practice Primary Care Network and Populations

The populations provided for each practice are the Raw List Size as of 1st January 2023 and are published via NHS Digital. The Raw and Weighted Populations have been summarised to provide a total Sub-ICB and Locality population.

Darlington Local Authority

Whinfield Medical Practice (12,051)

Moorlands Surgery (13,487)

Denmark Street Surgery (15,302)

Carmel Medical Practice (11,073)

Orchard Court Surgery (8,376)

Blacketts Medical Practice (10,570)

Parkgate Surgery (4,718)

Neasham Road Surgery (12,901)

St. George's Medical Practice (5,738)

Clifton Court Medical Practice (11,828)

Rockliffe Court Surgery (5,997)

Primary Care Network
■ Darlington

Total Darlington Populations (January 2023)

Raw List Size: 112,041
Weighted List Size: 116,003

Total Tees Valley Populations (January 2023)

Raw List Size: 723,084
Weighted List Size: 787,035

1:105,000

Date: 19/05/2023 / Request ID: 2304281122
Produced by: Thomas Luck

Data Sources:
Population Sizes are published via NHS Digital and extracted from the NECS Data Warehouse.
Local Authority boundaries via ONS. Contains National Statistics data © Crown copyright and database right 2019.
Practice locations via Ordnance Survey. Contains Royal Mail data © Royal Mail copyright and Database right 2017, contains National Statistics data © Crown copyright and database right 2017.
Roads via OpenStreetMap. Contains OpenStreetMap data © OpenStreetMap contributors.

Data pack overview

- Practice opening hours

- CQC rating

- Staffing levels – Headcount, full time equivalent and ratio of patients to GP

- Directed Enhanced Services (DES) overview

- Patient Online Management Information – appointment booking and cancellation; repeat prescription ordering; view detailed coded record

- General practice appointment data

- GP patient survey results

Practice and PCN workforce

- Practices work as a Multi-Disciplinary Team (MDT). These figures provide a snapshot in time of the workforce as this data can fluctuate month to month.

- October 2023 workforce data from NHS Digital:

76 GPs (57.4 WTE)	28 Direct Patient Care (22 WTE)
63 Nurses (48.2 WTE)	171 Admin/ Non-Clinical (129.2 WTE)

- PCNs receive funding through the Additional Role Reimbursement Scheme (ARRS) to bring in new workforce to support an MDT approach and to deliver the DES requirements and in addition to current practice workforce

- Darlington PCNs have employed/engaged 62 staff (headcount)/ 56.68 whole time equivalent (WTE) roles as of September 2023:

ADDITIONAL ROLES (as of September 23)	
8 x Pharmacy Technician	13 x Social Prescribing Link Worker
1 x Clinical Pharmacist	9 x Trainee Nurse Associate
4 x First Contact Physiotherapist	7 x General Practice Assistant
4 x Paramedic	1 x Adult Mental Health Practitioner [Band 7]
9 x Care Coordinator	2 x Advanced Clinical Nurse Practitioner
4 x Health and Wellbeing Coach	

Primary care appointment activity

Darlington practices	Oct 2022	Jan 2023	Apr 2023	July 2023	Oct 2023
Total number of appointments	60,711	51,870	43,641	52,443	63,694
Total appointments (average) per 1,000 population	550.21	471.28	390.74	470.53	572.06
% of appointments where the time between booking and the date of the appointment was either same day or 1 day	39.5	42.3	38.8	39.9	36.2
% of appointments where the time between booking and the date of the appointment was up to 2 weeks	37.0	36.9	34.1	35.1	32.9
% of appointments where the time between booking and the date of the appointment was over 2 weeks	15.5	13.7	17.8	16.4	20.8
% of appointments categorised as face to face	77.7	80.8	82.1	73.8	75.7
% of appointments categorised as telephone or video	17.8	16.5	14.8	22.8	19.6
Number of appointments recorded as Did Not Attend (DNA)	No data	No data	1901	2238	3170

Enhanced access utilisation

PCN Name	Site	Day and time offered	June Booked Utilisation	July Booked Utilisation	August Booked Utilisation	September Booked Utilisation	October Booked Utilisation
Primary Healthcare Darlington	**Forsyth House, Darlington**	Monday – Friday 18:30-21:00 Saturday - 08:30-17:00 Sunday - 09:00-13:00	90.48%	94.40%	94.81%	95.13%	95.14%

Small numbers of appointment are also provided between 7.30am-8.00am at: Blacketts Medical Practice, Carmel Medical Practice, Clifton Court Medical Practice, Denmark Street Surgery, Moorlands Surgery, Neasham Road Surgery, Orchard Court Surgery, Rockcliffe Court Surgery, St George's Medical Practice, and Whinfield Medical Practice.

Small numbers of appointments are provided on an evening between 18.30pm and 20.00pm at: Clifton Court Medical Practice and Parkgate Medica Practice.

GP Patient Survey - 2023 results

Survey question	National average	Tees Valley	Darlington Average	Practice ranges
% of patients surveyed found it easy to get through to someone at their GP practice on the phone	50%	49%	64%	26% - 98%
% of patients surveyed found the receptionists helpful	82%	85%	88%	70% - 100%
% of patients surveyed were satisfied with the GP appointment times available to them	53%	55%	62%	42% - 82%
% of patients surveyed were satisfied with the appointment(s) offered	72%	75%	78%	66% - 94%
% of patients surveyed would describe their experience of making an appointment as good	54%	57%	63%	43% - 93%
% of patients surveyed would describe their overall experience of their GP practice as good	71%	74%	81%	61% - 100%

Access challenges

- Covid-19
- Staff sickness
- Recruitment and retention difficulties – admin and clinical
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Did Not Attend (DNA) appointments
- Public health concerns in press e.g. mpox, Strep A
- Outdated technologies e.g. analogue telephony
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Estates limitations

We are here to help you.
Thank you for treating us with respect.
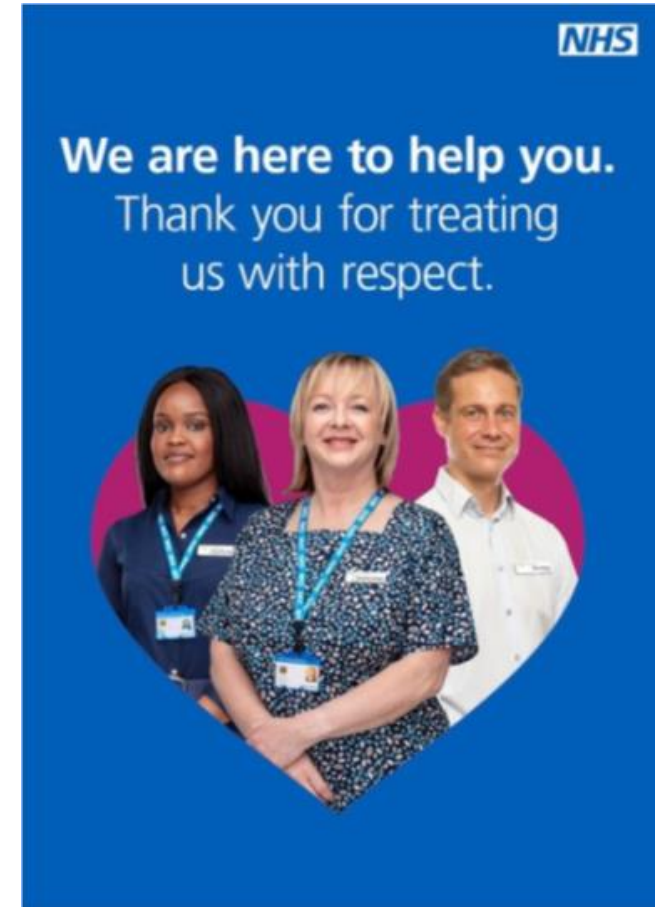
Primary Care Access Recovery Plan (PCARP)

- Published 9th May 2023

- **Ambitions**:
  - To tackle the 8am rush and reduce the number of people struggling to contact their practice
  - For patients to know on the day they contact their practice how their request will be managed

- **23/24 Focus:**
  - Empowering patients to manage their own health
  - Implementing Modern General Practice Access
  - Building capacity
  - Cutting bureaucracy

Empowering Patients

- **Improving information and NHS App functionality**
  - Enable prospective record access for patients by November 2023
  - Make online booking of routine appointments available

- **Increasing self-directed care**
  - Direct-referral – from community optometry to Ophthalmology services for urgent and elective consultations
  - Expansion of self-referral to community-based services from September 2023

- **Expanding community pharmacy services**
  - Introducing a Pharmacy First service to enable pharmacists to supply prescription-only medicines to treat seven common health conditions, and
  - Expanding two existing services - blood pressure check service and oral contraceptives [by the end of 2023 if agreed through consultation]

Implementing Modern General Practice Access

- **Better digital telephony**
  - All practices using analogue lines to move to digital telephony that handles multiple calls and includes queueing, call-back, call routing and integration with clinical systems

- **Simpler online requests**
  - All practices to have access to use online consultations
  - Work with practices and PCNs to ensure they have appropriate messaging and booking tools to enable the move to Modern General Practice Access
  - ICBs to review practice websites and work with practices to make improvements where required

- **Faster navigation, assessment and response**
  - National Care Navigation programme available for one staff member per practice
  - Approx £13,500 for practices who sign up to significant transformation

Building capacity

- **Larger multi-disciplinary teams [Additional Roles Reimbursement Scheme funding]**
  - PCNs encouraged to make full use of their entitlement
  - ARRS roles have been expanded to include
    - Digital and Transformation Leads [who will support the move the MGPA]
    - Advanced clinical practitioner nurses
  - Training for nursing associates

- **More new doctors**
  - All doctors completing GP specialty training can access the two-year fellowship
  - Increase the number of GP practices holding visa sponsorship licences

- **Retention and return of experienced doctors**
  - Pension changes
  - National and local GP retention schemes

Cutting bureaucracy

Improving the primary–secondary care interface

- Onward referrals
  - Patients referred into secondary care who need another referral, for an immediate or a related issue, the secondary care provider should make this for them, rather than sending patient back to GP to refer
- Complete care
  - Hospitals should ensure that on discharge or after an outpatient appointment, patients receive everything they need, including <u>fit notes</u>
  - <u>Discharge letters</u> should highlight clear actions for the GP (including prescribing medications required)
- Call and recall
  - Hospitals should establish their own call/recall systems for patients for follow-up tests or appointments so that patients do not have to ask their practice to follow up on their behalf
- Clear points of contact
  - Hospital providers should establish single routes for general practice and secondary care teams to communicate rapidly

National support

General Practice Improvement Programme

Universal offer	Intermediate offer	Intensive offer
• Fundamentals of change programme • Care navigation training • Digital and Transformation Leads programme	12 facilitated sessions with Practices/ PCNs to agreed shared purpose	Delivered over 6 months practices will benefit from on-site support

Support Level Framework

To support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve, they can undergo a support level framework discussion with the ICB Primary Care Place Team

Transition cover and transformation funding

Practices will be able to receive an average of £13.5k in either 2023/24 or 2024/25 to enable them to pay for additional support to help clear existing work before they transition to a 'modern general practice access model'

Cloud based telephony funding/ High quality digital tools

• Non- recurrent funding to support practices on analogue telephony systems to move to a cloud-based system
• Funding for high quality tools for online consultation, messaging, self-monitoring and appointment books

Additional role reimbursement scheme

Ongoing funding to recruit to 18 roles available under the scheme

Ongoing support

• Support from ICB Primary Care Team to access expert advice and guidance, interpret national guidance and liaising with system partners and regional/ national colleagues, where required
• Implementation of key actions in the Primary Care Access Recovery plan e.g. cutting bureaucracy

Progress to date

- Telephony – all practices already use digital (cloud based) telephony
- National care navigation training – 8 practices have signed up to access the training
- Modern General Practice Access (MGPA) – 4 practices have indicated they intend to move to MGPA in the next 2 years
- 3 practices are working with the ICB Digital team to make improvements to websites
- Improved use of social media and other communication methods to inform patients of the changes to practice and the benefits of these changes
- 3 practices in Darlington are enrolled with the 'register with a GP' online service
- PCN Capacity and Access Improvement Plans (CAIP) approved and being implemented for March 2024
- 3 practices have undertaken the capability building webinar since April 23

PCN Capacity and Access Improvement Plans

- **Patient experience of contact**
  - Improve phone systems and websites
  - Undertake local patient surveys to seek feedback
  - Increase Patient Participation Group numbers
  - Promote Friends and Family Test feedback

- **Ease of access and demand management**
  - Standardise care navigation templates
  - Implement Modern General Practice Access approaches
  - Increase offer and uptake of online tools

- **Accuracy of recording in appointment books**
  - Review mapping of appointment slots
  - Capture non-clinical appointment activity
  - Accurately record PCN related activity

National Public Relations Campaign for GP Access

Phase one of a six-month public relations campaign to promote improvements in GP access is launched mid-October

The campaign focuses on care navigation and the multi-disciplinary approach, with case studies from the most commonly occurring roles in the general practice team (clinical pharmacists, paramedics, physios, social prescribers, care coordinators, health and wellbeing coaches, mental health practitioners, physician associates and nurses)

Key messages:
- To improve public confidence and understanding of accessing general practice services and of the role of reception/care navigation teams in directing requests for help to the right health professional or service.
- General practice reception teams are trained so that when a patient contacts their practice for help, whether that's online, by phone or in person, they will be asked some questions about their query so they can be directed to the right health professional in the team (or other service, such as a community pharmacy) helping them get the right care more easily and quickly.
- A wide range of health professionals work in general practice teams and the wider community to help you get the right care for your needs in a timely manner.

Links to key documents

- National GP contract: https://www.england.nhs.uk/gp/investment/gp-contract/
- National PCN DES contract: NHS England » Network Contract DES – contract specification for 2023/24 – PCN requirements and entitlements
- Access Recovery Plan: NHS England » Delivery plan for recovering access to primary care
- Capacity and Access guidance: NHS England » Network Contract DES – capacity and access improvement payment for 2023/24
- HealthWatch South Tees GP resource for public: https://www.healthwatchmiddlesbrough.co.uk/sites/healthwatchmiddlesbrough.co.uk/files/HW%20ST%20GP%20Booklet%20Digital.pdf
- GP workforce statistics: https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services
- Appointments in general practice: https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice
- Patient Online Management Information: https://digital.nhs.uk/data-and-information/publications/statistical/mi-patient-online-pomi/current