



**North East and  
North Cumbria**

# Primary Medical Care and General Practice Access

Emma Joyeux – Strategic Head of Primary Care [Tees Valley]

# 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

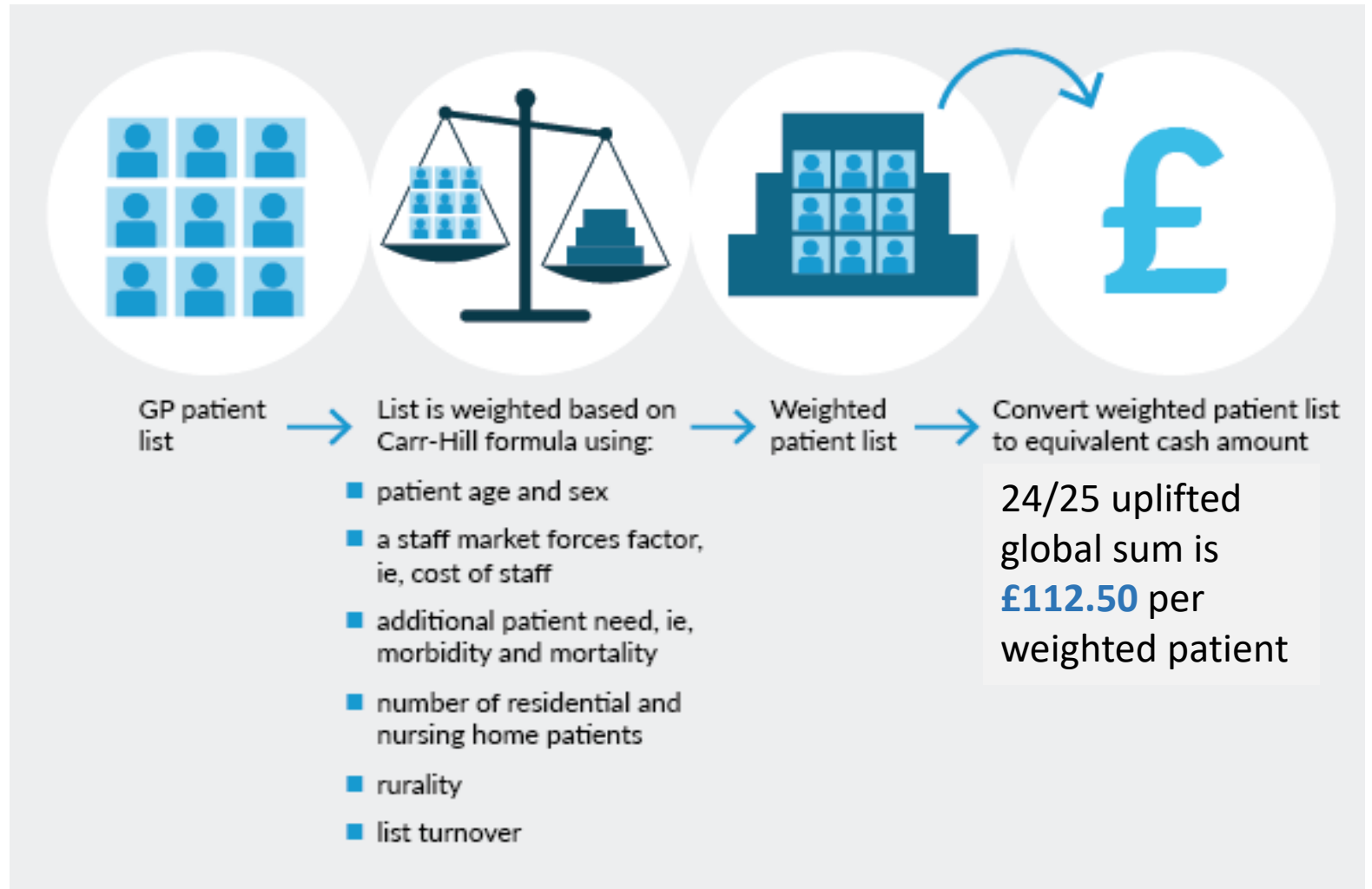
- GP Federations are groups of primary care providers, which form a single organisational entity and work together as economies of scale to deliver services for their combined patient communities, membership organisations of all practices

## 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**



# 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 2024/25 is £220.62 – and the scheme has 635 points
- 212 points will be income protected for 2024/25 [across 32 indicators]

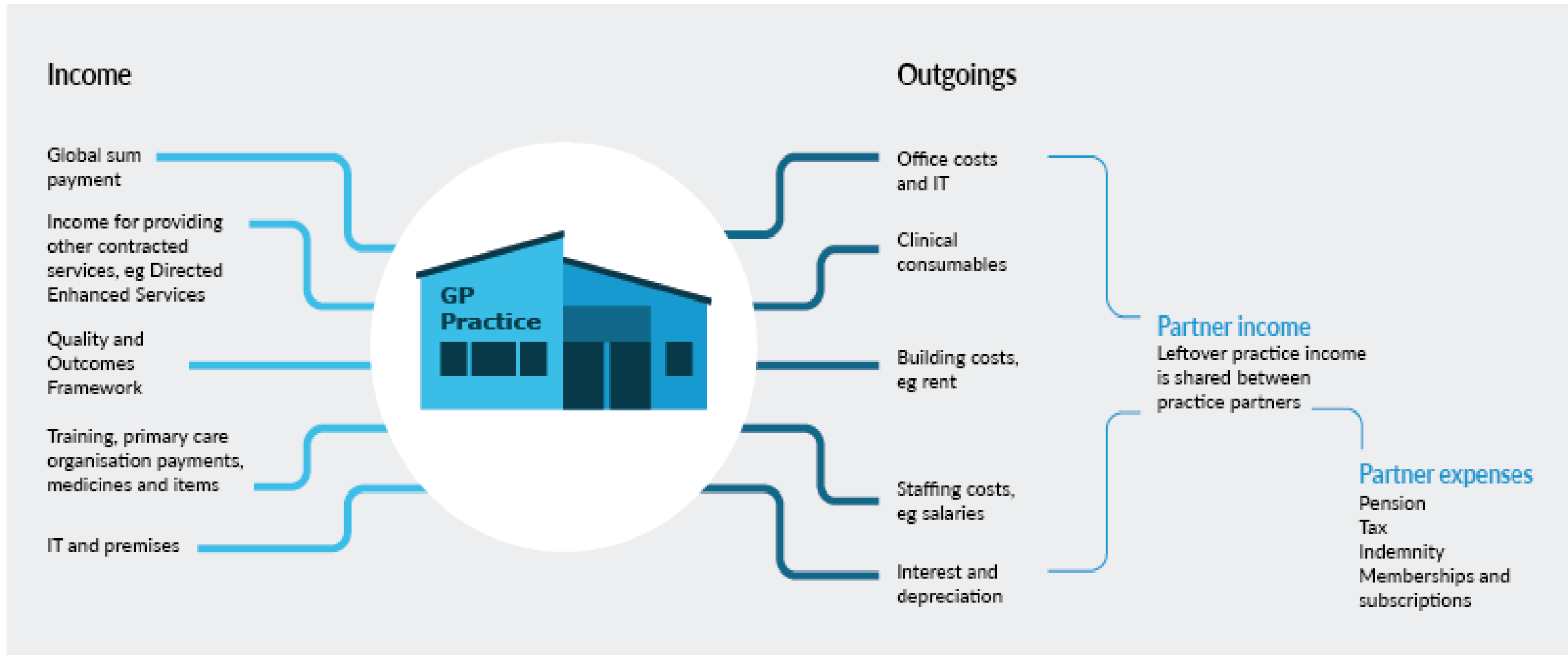
## **DES**

- Each DES attracts a separate payment amount as set out in the SFEs

## **PCN**

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

# Core funding - expenditure





# 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

- PCNs have **four key functions**. Two of these relate to how the PCN organises and operates effectively:
  - Co-ordinating, organising and deploying shared resources to support and improve resilience and care delivery at both PCN and practice level;
  - Improving health outcomes for its patients through effective population health management and reducing health inequalities
  - Targeting resource and efforts in the most effective way to meet patient need, which includes delivering proactive care; and
  - Collaborating with non-GP providers to provide better care, as part of an integrated neighbourhood team
- These are set out in more detail in the PCN DES contract as one overarching service requirement, covering frailty, Structured Medication Reviews, Social Prescribing, Early Cancer Diagnosis, CVD, Enhanced Health In Care Homes and Population Health Management/ reducing health inequalities.
- Investment and impact fund- 2 indicators [58 points]

Area	Indicators
Tackling health inequalities	HI03- 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.
Cancer	CAN04: The proportion of patients who have had a lower gastrointestinal urgent suspected cancer referral in the reporting year where at least one urgent suspected cancer referral was accompanied by a faecal immunochemical test result, with the result recorded in the 21 days leading up to the referral.

# Overview of General Practices in Darlington

11 Practices

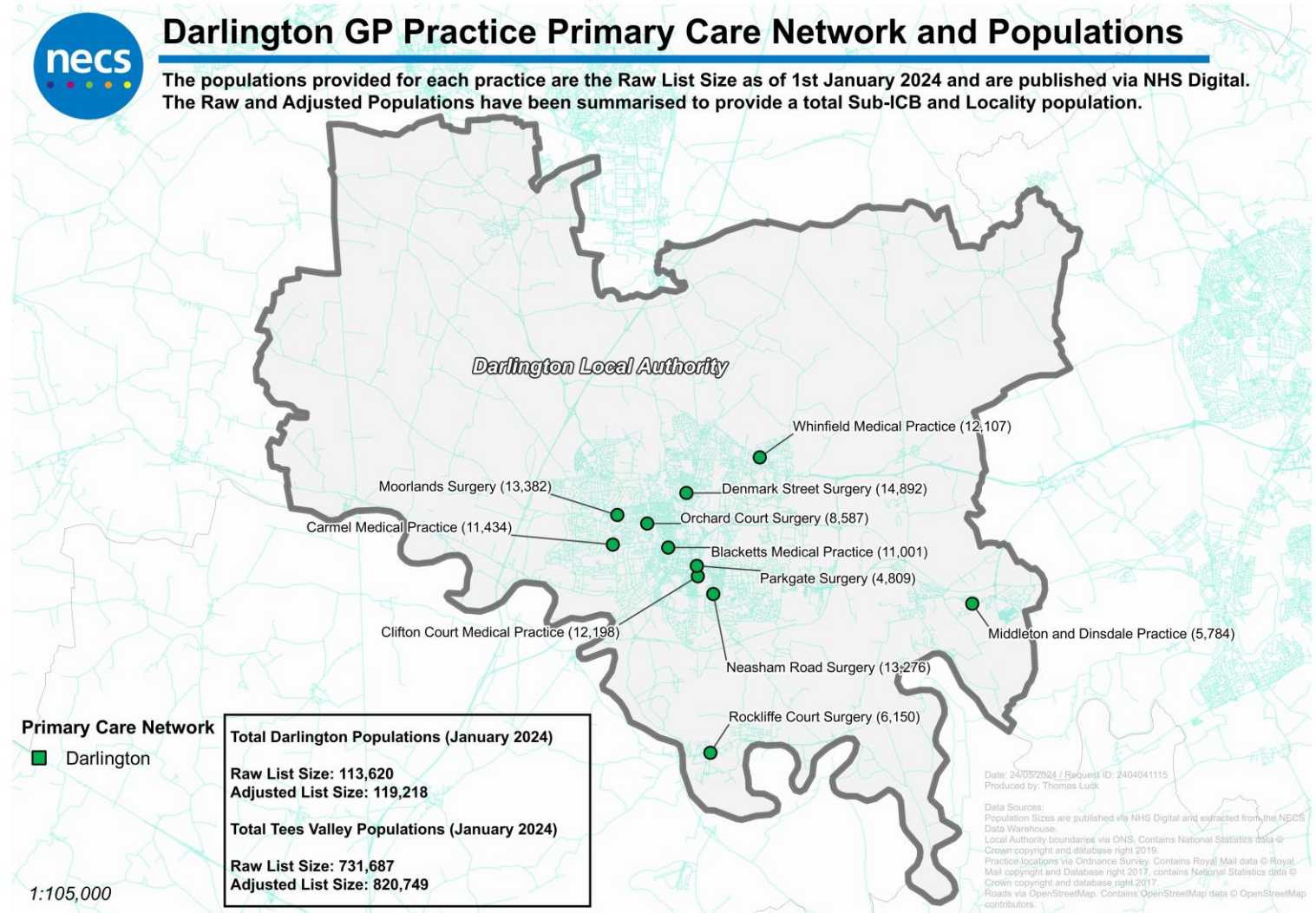
Smallest list size: 4,829

Largest list size: 15,116

Average list size: 10,420

1 Primary Care Networks

Registered population:  
114,621 [Dec 24]



# 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.
- November 2024 workforce data from NHS Digital:

77 GPs (57.04 WTE)	37 Direct Patient Care (27.58 WTE)
66 Nurses (49.7 WTE)	169 Admin/ Non-Clinical (127.07 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
- Based upon submitted ARRS claims Darlington PCN has employed/engaged 70 staff (headcount)/ 61.20 whole time equivalent (WTE) roles as of Sept 2024:

ADDITIONAL ROLES (as of Sept 24)	
11 x Pharmacy Technician	8 x Social Prescribing Link Worker
4 x Clinical Pharmacist	4 x Nurse Associate and 6 x Trainee Nurse Associate
4 x First Contact Physiotherapist	10 x General Practice Assistant
4 x Paramedic	1 x Adult Mental Health Practitioner [Band 7]
8 x Care Coordinator	3 x Advanced Clinical Nurse Practitioner
4 x Health and Wellbeing Coach	2 x Digital & Transformation Lead [shared role]

# Ways to contact and access the practice

- Attend the practice
- Telephone the practice
- Use online services such as:
  - NHS App
  - SystmOnline direct booking tool via practice websites
  - eConsult

# Appointments

- GP practices can only safely provide a certain number of appointments per day depending on the staff they have available. Practices decide how those appointments are scheduled throughout the day to ensure there is a mix of 'same day' and 'pre-bookable' appointments.
- If your need is clinically urgent, a 'same day' appointment might be offered. If your need is not clinically urgent, an appointment might be offered at another time. This is sometimes referred to as a 'pre bookable' or a 'routine' appointment.
- Practices use care navigation and clinical triage to determine the clinical need to determine what appointment may be suitable and with the right clinical practitioner for the need.
- All practices provide face-to-face appointments, however a telephone or video appointment may also be offered (where clinically relevant) as it may be the quickest way to get the care needed.
- Face-to-face can be specifically requested, as can an appointment with a named clinical professional, however this may not always be the quickest appointment slot available.
- Approximately 4% of appointments are still being wasted by Did Not Attends (DNA). All practices have the ability for patients to cancel appointments e.g. via text message, the surgery online system or phone.
- Appointments that are cancelled can then be offered to someone else who needs it.

# Primary care appointment activity

Darlington practices	Dec 2024	Nov 2024	Oct 2024	Sept 2024	Aug 2024	July 2024
Total number of appointments	52,148	58,051	70,617	54,924	50,209	58,703
Total appointments (average) per 1,000 population	464.2	515.1	633.8	488.9	445.5	520.3
% of appointments where the time between booking and the date of the appointment was either same day or 1 day	42.01%	38.25%	35.53%	36.82%	37.79%	38.65%
% of appointments where the time between booking and the date of the appointment was up to 2 weeks	31.99%	30.98%	28.11%	34.16%	33.13%	33.8%
% of appointments where the time between booking and the date of the appointment was over 2 weeks	25.99%	30.73%	36.32%	28.95%	29%	27.51%
% of appointments categorised as face to face	74.37%	74.89%	78.19%	77%	76.65%	75.9%
% of appointments categorised as telephone or video	22.37%	21.32%	17.02%	19.77%	20.46%	21.08%
Number of appointments recorded as Did Not Attend (DNA)	2,186	2,374	2,835	2,160	2,063	2,271

# eConsult Data – Total Submissions

Practice	November 2024	October 2024	September 2024	August 2024
Blacketts	61	202	203	157
Carmel	52	161	174	160
Clifton Court	77	284	206	241
Denmark Street	11	40	45	43
Middleton and Dinsdale	36	98	110	109
Moorlands	110	436	409	362
Neasham Road	95	351	316	318
Orchard Court	34	153	113	111
Parkgate	29	122	118	120
Rockliffe Court	61	220	229	201
Whinfield	2383	2529	2280	2580



# Enhanced access utilisation

PCN Name	Site	Day and time offered	July Booked Utilisation	August Booked Utilisation	September Booked Utilisation	October Booked Utilisation	November Booked Utilisation	December Booked Utilisation
Primary Healthcare Darlington	<b>Forsyth House, Darlington</b>	Monday – Friday 18:30-21:00 Saturday - 08:30-17:00 Sunday - 09:00-13:00	87.32%	84.87%	94.73%	94.11%	95.82%	89.15%

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, Parkgate Medica Practice and Moorlands Surgery.

# GP Patient Survey - 2024 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%	50%	62%	35%-98%
% of patients surveyed found it easy to contact their GP using their website	48%	52%	65%	45%-100%
% of patients surveyed found it easy to contact their practice using the NHS app	45%	50%	58%	25%-100%
% of patients surveyed knew the next step in how their request would be dealt with	83%	82%	88%	79%-99%
% of patients surveyed would describe their experience of making an appointment as good	67%	68%	79%	68%-98%
% of patients surveyed would describe their wait for appointments as about right	66%	67%	73%	56%-98%
% of patients surveyed would describe their overall experience of their GP practice as good	66%	76%	83%	77%- 98%

# Access challenges

- 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



# Primary Care Access Recovery Plan (PCARP)

- Published 9<sup>th</sup> 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 & 24/25 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

# 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
- National funding was made available 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 fit notes
  - Discharge letters 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

- Fundamentals of change programme
- Care navigation training
- Digital and Transformation Leads programme

### Intermediate offer

12 facilitated sessions with Practices/ PCNs to agreed shared purpose

### Intensive offer

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

# 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

# Progress to date

- Telephony – all practices already use digital (cloud based) telephony
- Modern General Practice Access (MGPA) – all 11 Practices received transition funding in 23/24 and 10/11 have received this in 24/25 to support with improvements to move towards MGPA in the next 2 years
- PCN Capacity and Access Improvement Plans (CAIP) in 23/24:
  - Additional clinical sessions
  - Pharmacy hub and first contact physio services
  - New ECG machines [24h blood pressure and 24h ECGs]
  - Created a PCN laptop bank to aid hot desking/remote working
  - Purchased equipment for total triage model
  - Quarterly PCN newsletter produced and distribution of key information through Darlington ONE magazine
  - Built new PCN website
  - Commenced development of a PCN strategy
  - Increased the volume, accessibility, and opportunities to complete Friends and Family Tests (patient feedback mechanism)
  - Created a PCN DNA Appointment policy to complement the existing Care Navigation Template
  - Delivered an E-consult triage pilot project with a minimum of two practices/providers

# Pharmacy Hub & First Contact Physio



## PHARMACY HUB ANNUAL UPDATE

01.10.23 - 31.03.24

### PRACTICE SUPPORT

- Over the last 6 months, the Pharmacy Hub Team completed **10,334** documents/tasks actioned, averaging **1,722** hours GP hours saved by supporting with:
  - completing inpatient/outpatient medication changes, reviews, and required monitoring, which included the request of appropriate blood tests/liaising with Pharmacies where repeat dispensing/dosette boxes are used
  - monitoring creatinine clearance for DOACs and checking correct doses
  - completing medication changes from other care providers
  - providing advice, guidance, and support to practices for medication queries from GPs, Nurses, and Reception/Admin
  - ensuring tapering of medications is managed safely and effectively
  - managing opioid reductions with patients using shared decision-making
  - counselling patients/managing side effects with patients
  - assisting with SMRs
  - developing individual processes with practices for repeat dispensing based on best practice



## FIRST CONTACT PHYSIO ANNUAL UPDATE 01.04.23 - 31.03.24

### APPOINTMENTS

Over the last 12 months, Connect Health has increased its footprint from 2 to 7 GP practices, reducing patient health inequalities and enabling the following:

- **4,002** appointments offered
- **95%** average appointment utilisation rate
- **6,204** GP hours saved
- **83%** of patients effectively managing their symptoms without returning to the GP or AHP within 12 weeks for the same problem



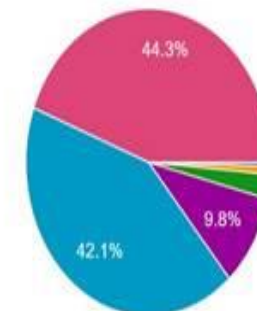
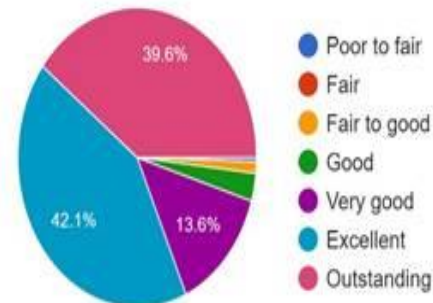
### GENERAL UPDATES

- all First Contact Physios (FCP) have completed their portfolios/been added to the FCP register
- FCPs have attended/hosted shared training events across the PCN for practices (admin/clinicians)
- pathways have been refined to reduce AHP and GP appointments for MSK conditions
- improved communication with practices due to improved integration of FCPs in practices
- Connect Health has assisted primary care by hosting placements for 3 Trainee Nurse Associates and a member of the RIACT Team

### PATIENT FEEDBACK

Shared Decision Making = **235** responses

Consultation Rating = **235** responses



- Poor to fair
- Fair
- Fair to good
- Good
- Very good
- Excellent
- Outstanding

# Links to key documents

- Darlington PCN website: <https://www.darlingtonpcn.co.uk/>
- Primary Healthcare Darlington website: <https://www.primaryhealthcaredarlington.co.uk/>
- National GP contract: <https://www.england.nhs.uk/gp/investment/gp-contract/>
- National PCN DES contract: <https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/>
- 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 GP resource for public: <https://www.healthwatchdarlington.co.uk/report/2024-05-21/top-tips-accessing-your-gp-practice>
- 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>
- Online consultation data: <https://digital.nhs.uk/data-and-information/publications/statistical/submissions-via-online-consultation-systems-in-general-practice#latest-statistics>