



Oversight and Governance

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE – SUPPLEMENT PACK

Wednesday 28 July 2021
10.00 am
Warspite Room, Council House

Members:

Councillor James, Chair
Councillor Mrs Aspinall, Vice Chair
Councillors Carlyle, Corvid, Harrison, Hulme, Dr Mahony, McDonald, Murphy and Tuffin.

Please refer to agenda item 9 attached.

Tracey Lee
Chief Executive

Health and Adult Social Care Overview and Scrutiny Committee

9. GP Surgeries

(Pages 1 - 12)

ACCESS TO GENERAL PRACTICE

Health and Adult Social Care Overview and Scrutiny Committee



Date: 28 July 2021
 Title of Report: **GP Access**
 Lead Member: Choose a Councillor
 Lead Strategic Director: Choose a Director
 Author: Ross Jago, NHS Devon CCG
 Contact Email: ross.jago@nhs.net
 Your Reference: RRI Plym
 Key Decision: No
 Confidentiality: Part I - Official

Purpose of Report

This report is in response to the request from the Plymouth Health and Social Care Overview and Scrutiny Committee for an update access to General Practice Services.

Recommendations and Reasons

The Committee is asked to note the report.

Alternative options considered and rejected

None. As a relevant NHS body, NHS Devon CCG has a duty to attend before a local authority when required (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions.

Relevance to the Corporate Plan and/or the Plymouth Plan

By working with NHS bodies to maintain oversight of health and care services in Plymouth the committee is supporting the Democratic and Co-operative values of the Plymouth City Council, alongside objectives in the “*Healthy City*” Chapter of the Plymouth Plan.

Implications for the Medium-Term Financial Plan and Resource Implications:

This update does not give notice of any required decision which may require expenditure or resource allocation.

Carbon Footprint (Environmental) Implications:

None arising from this report.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

None arising from this report.

Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7

Background papers:

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: N/A											
Please confirm the Strategic Director(s) has agreed the report? N/A											
Date agreed: 10/06/2019											
Cabinet Member signature of approval: N/A											
Date: 10/06/2019											

Access to General Practice

Plymouth Health and Adult Social Care Overview and Scrutiny Committee

July 2021

1. Context

- 1.1. Devon's GPs practices have been working tirelessly over the last year, managing the pandemic response and delivery of the NHS COVID-19 vaccination programme.
- 1.2. Over the last 12 months in Devon, Plymouth and Torbay there have been:
 - More than **4 million** face to face appointments in general practice over the last year
 - More than **2 million** telephone consultations
 - More than **500,000** online consultations
- 1.3. While the number reduced last year, almost **60% of the appointments with GP practices are now face to face in the county.**
- 1.4. General practice has quickly and successfully rolled out the COVID-19 vaccination campaign on top of increasing demand. Over 700,000 doses of the vaccine have been given by general practice locally, in just five months since the launch of the programme.
- 1.5. Over recent months, the CCG has received anecdotal reports of patients struggling to access their GP, this has been reflected in the mainstream and social media.
- 1.6. Emergency departments in the system have reported inappropriate presentations as services are restored, citing inability to access primary care services as the suspected driver of the increased activity.

2. Current Access to General Practice

- 2.1. Devon has led the way nationally on embracing new technology and prior to the COVID-19 pandemic our GP practices were already well advanced in using online consultations (eConsult) and telephone triage.



- 2.2. Over a number of years GP practices in England have been moving towards introducing the additional option for online consultations as part of their access to the practice, in line with national guidance.
- 2.3. Transformative workstreams were already underway in primary care when the impact of the pandemic started to become clear. This meant that Devon's GP practices were already in a strong position to manage and respond to the challenges of working in a pandemic, such as access to online consultations and partnership working in developing Primary Care Networks.
- 2.4. Over the last year, all GP practices in Devon have offered online, telephone and video consultations as an initial triage step, only conducting face to face appointments where it was clinically necessary.
- 2.5. At the height of the pandemic, face to face appointments in GP practices in the NHS Devon CCG reduced to **52% in April 2020**, compared with **78% in October 2019**. The latest data for **May 2021 suggests this is now 59%**, **8% higher than the national average for face to face appointments**.
- 2.6. On 13 May 2021, NHS England wrote¹ to GP practices across the country to advise that:
- GP practices must all ensure they are offering face to face appointments.
 - Practices should respect preferences for face to face care unless there are good clinical reasons to the contrary.
 - All practice receptions should be open to patients, adhering to social distancing and infection prevention and control guidance.
 - Patients should be treated consistently regardless of mode of access.
 - Practices should continue to engage with their practice population regarding access models and should actively adapt their processes as appropriate in response to feedback.

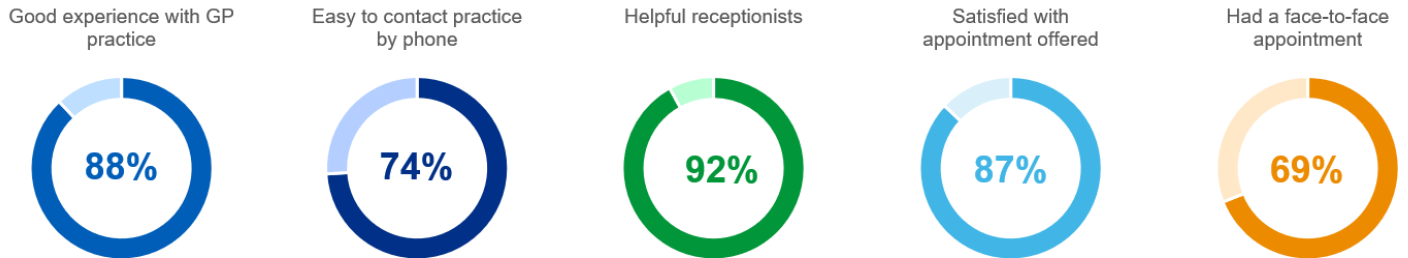
3. National GP Survey

- 3.1. The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The results show how people feel about their GP practice.
- 3.2. The questionnaire was originally developed with the University of Exeter and University of Cambridge. This year the questionnaire has been redeveloped by Ipsos MORI and NHS England, to reflect changes in the delivery of primary care services because of the COVID-19 pandemic.
- 3.3. The outcomes and analysis of the national GP survey is available here - <https://gp-patient.co.uk/>.

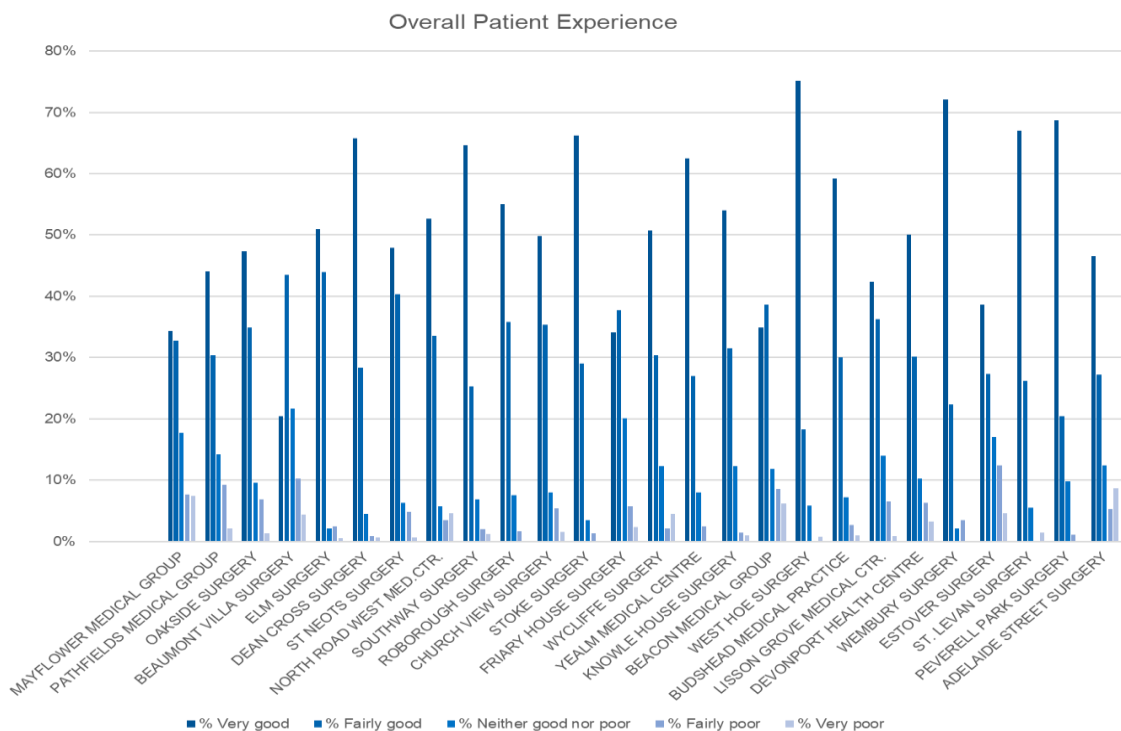
¹ <https://www.england.nhs.uk/wp-content/uploads/2021/05/B0497-GP-access-letter-May-2021-FINAL.pdf>



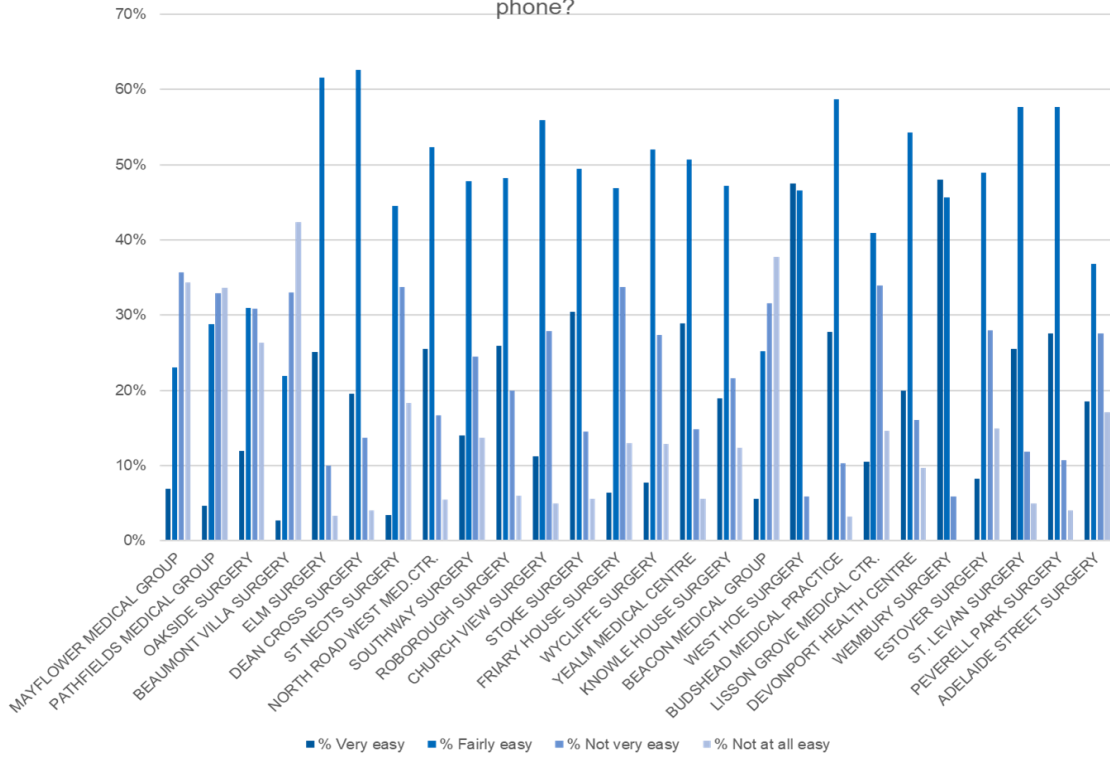
3.4. Devon patients rated local GP practices highly in national GP Patient Survey – this supports our own local findings. Our primary care and communications teams will be looking at the findings in more detail over the coming weeks to identify actions.



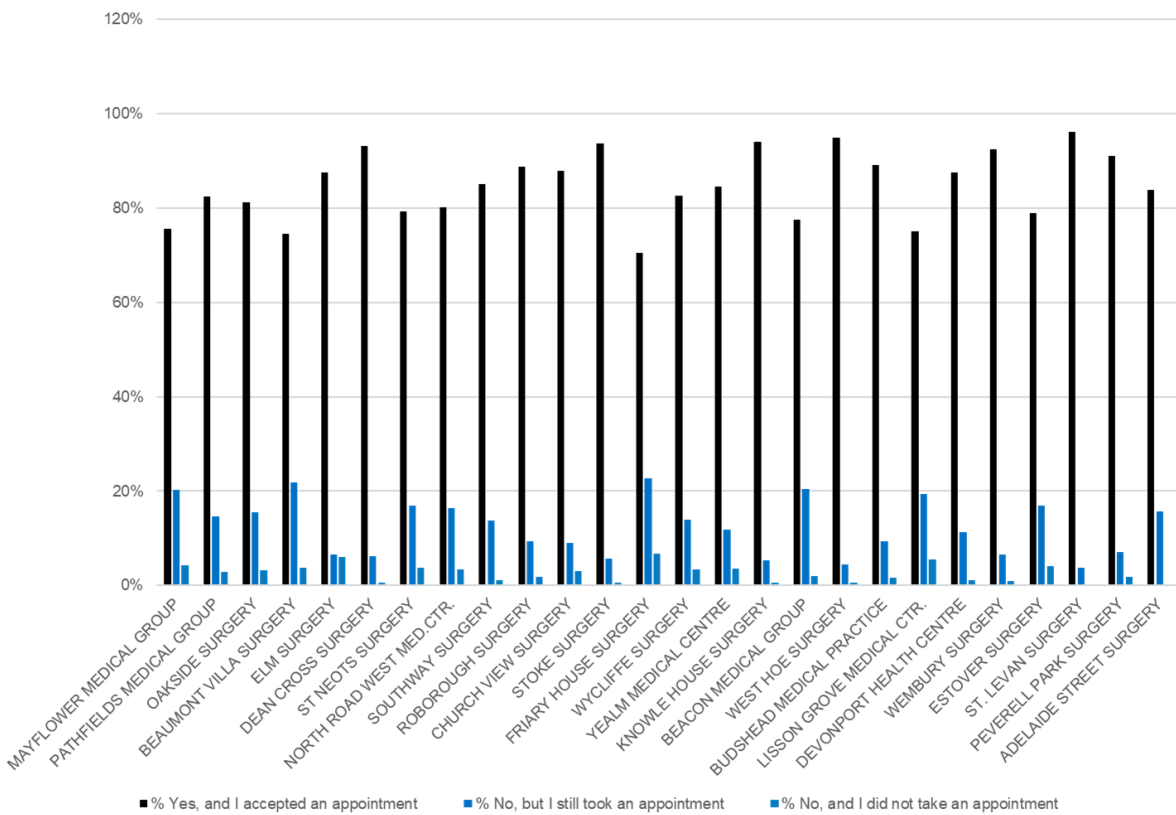
3.5. The following charts highlight the results for practices in Plymouth. There are instances where the results of the survey suggest improvements are required. The CCG’s Primary Care Team is continuing to monitor performance and are supporting practices to make further improvements.

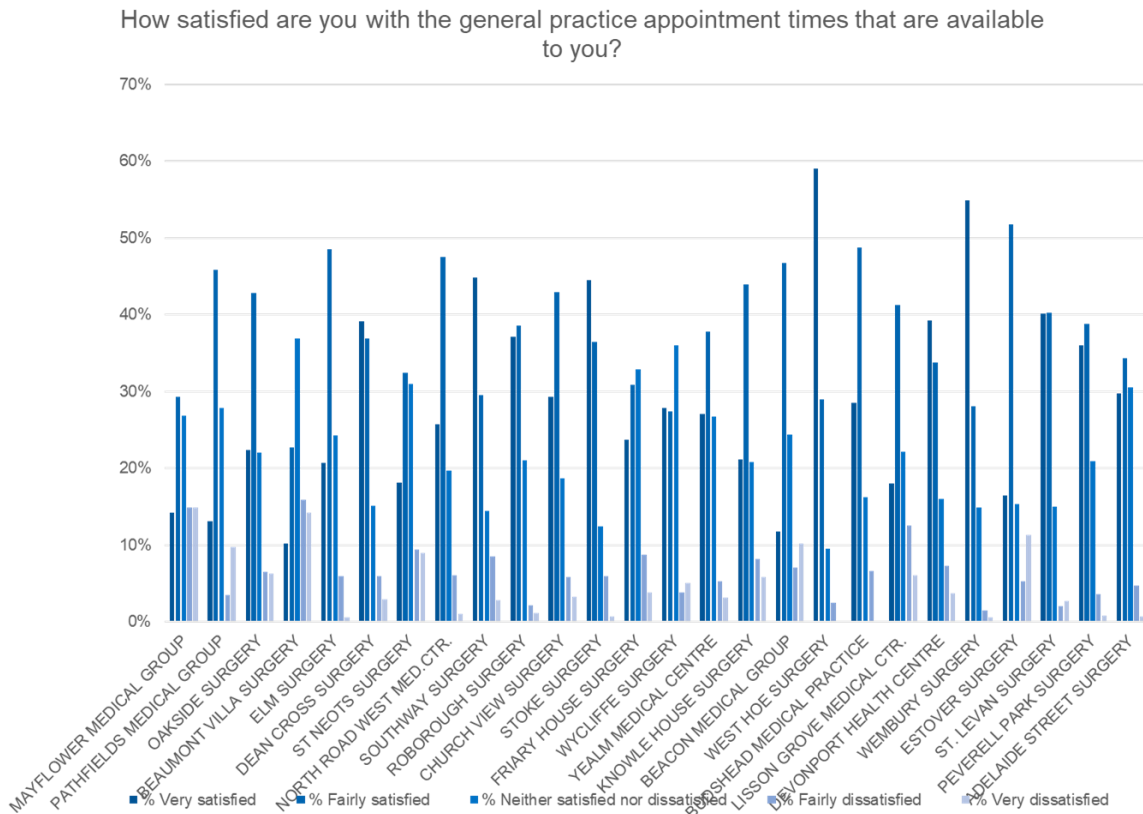


Generally, how easy is it to get through to someone at your GP practice on the phone?



Were you satisfied with the appointment (or appointments) you were offered?





4. Virtual Voices Panel

- 4.1. We have the benefit of a Virtual Voices Panel – a virtual panel of 1,700 people from across Devon, Plymouth and Torbay, who provide representative views and feedback on NHS services and priorities.
- 4.2. The representation has been established using [ACORN](#) classifications, which allows the segmentation of the population of Devon. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people, and recruiting the panel to these classifications, allows the panel to be representative of the population.
- 4.3. The Virtual Voices Panel is a great way of gauging views quickly, as a temperature check, from a representative group of people from right across Devon. The average response rate for other Panels in other CCG areas is 10-15%. With an average response rate of 12% from the Devon Panel, we are well above average with the response rate for this survey being 18% making the data we receive even stronger.
- 4.4. To test patient experience with respect to GP access we ran a temperature check with the Virtual Voices Panel, we wanted to understand:



- what local people's perceptions are of being able to get the medical help they need from their GP.
- whether their perceptions influenced their decision making and what the impact might be on the wider NHS system.
- what we can do to help people's understanding of how they can access their GP.

4.5. The survey was followed up with a virtual focus group for more detailed discussion with 7 members of the public and Healthwatch.

Headlines from the survey

- 75%* (201) of people made an appointment during the last year.
- **75% (203) of people experienced no issues with getting a GP appointment** and they didn't need to use another service.
- **57% (138) of people who made an appointment found it either easy or very easy to book an appointment.** Only 13% (34) found it difficult (10%) or very difficult (3%).
- Most of the comments stated that GP practices have been excellent throughout the pandemic and provided a great service. Respondents felt they could access their GP if needed.
- **65% (44) of respondents were aware of changes to accessing GP practices**, and more people were aware of practices re-directing walk-in's and being able to phone their practice, than being able to consult with their practice online.
- **41% (100) of people reported that the appointment fully met their needs**, whilst 24% (60) people said it met some of their needs, but they wanted further support from either their GP or another service.
- **39% (95) of people had their appointment over the phone, 27% (66) met their GP face to face at the practice.**
- There were few specific examples of where people's GP practice had not met their expectations and whilst some people stated they want GP services to return to normal and that they missed the human contact in a face to face appointment, this was not a dominant theme

**(percentages reflect that not all respondents answered every question)*

Headline themes from the focus group

- There was a range of experiences reported, but the majority felt the service they received was a good one, the majority who had tried to get a GP appointment over the last year had been able to and they reported a positive experience.
- People reported eConsult as a better way to access their GP practice appointments, reducing the pre-pandemic waiting times.
- People found online consultation was a good way to converse with GPs.



- Concerns were shared about people who were less comfortable with technology and the equity of access if moving towards a more digital approach.
- Concerns were raised about the impact of the pandemic on routine appointments (e.g. blood pressure, diabetes).
- People still wanted the option to physically speak to someone for reassurance for anything of concern.
- People reported being happy to book online (or via an app), if it meant they got the desired outcome (i.e. an appointment).
- Some reported receptionists as a barrier rather than a navigator through a system.
- People reported good experiences of other services, including 111 and joined up services getting patients to hospital when needed.

5. Healthwatch

5.1. Healthwatch Devon, Plymouth and Torbay submitted a report to the CCG's Quality Assurance Committee on patient experiences of GP services. Evidence had been collated between 1 November 2020 – 31 March 2021.

5.2. The report found that while patients had reported concerns about GP access for a range of practices across Devon, these were generally one report per practice, apart from a few isolated cases.

5.3. Across all reports Healthwatch received, the main issues raised relating to access were:

- Contacting the practice by telephone/online services.
- Patient difficulties in using GP e-consult including triage.
- Poor/lack of communication between surgery and patient.

6. Feedback from local GPs

6.1. Local GPs have shared their feedback and experience of appointments and primary care attendances over the last few weeks.

6.2. Devon LMC has found that there is 14% increase in the number of contacts to general practice compared to pre-COVID levels. GPs also report an increase in non-urgent contacts to primary care, with an overwhelming volume of enquiries in relation to the COVID-19 vaccination programme, advice on foreign travel and seeking proof of vaccination status.

6.3. They also report an increase in contacts relating to very minor ailments, where patients are not accessing self-care advice and support from alternatives.



6.4. Findings from the national GP survey and Virtual Voices Panel suggests that most people who needed to see a GP were able to and were happy with the service they received.

7. NHS 111

Think 111 First campaign

7.1. The CCG has been working with NHS partners to launch a local campaign to promote the NHS 111 online and telephone service, aligned with a national campaign that launched last winter. Using local insight and findings from engagement about people's experience of using 111, the CCG has been working with a local marketing and design agency on developing a new 111 campaign that targets both residents and visitors to raise awareness of the service and reassure people about using it.

7.2. The first phase of the campaign launched at the end of May ahead of the May Bank Holiday and particularly targeted visitors in Devon, using links with local hospitality and accommodation owners (through district councils) and with Visit Devon. The next phase of the campaign will focus on residents of Devon.

How general practice direct people to 111 out of hours for urgent advice when the practice is closed on their phones, website, etc.

7.3. GP practices signpost their patients to 111 for urgent advice outside of practice hours with messaging on their recorded phone lines and with messaging on their practice websites, so that if anyone gets in touch when the practice is closed, they have clear information about where they can go for advice.

Direct booking arrangements from 111 to general practice

7.4. 111 are able to book patients directly on to a worklist within GP practices across Devon. This service is available within normal GP working hours and the size of the work list is predicated on the number of patients a practice has. Currently practices are making one appointment on the worklist available, for every five hundred patients they have registered. These worklists are for Primary Care suitable cases and GPs will endeavour to call the patients back within the timeframe assigned by the national NHS Pathways system. The system using the information provided by the patient to assign a timeframe and these can vary significantly depending on the case from within two hours to several days depending on urgency.



7.5. Patients can only be booked directly on to a worklist where there is availability and in cases where there isn't the patient will likely be asked to call the practice.

7.6. It is worth noting that in keeping with national policy, these bookings are not an appointment and it's down to the practices clinical judgement as to how they are dealt with on a case by case basis.

How information is shared between 111 and general practice

7.7. Where a patient is booked on to a local work list, this is undertaken via a national system called GP Connect which matches the patient with their practice and adds them to the appointment.

7.8. In both cases where a booking is made or the patient is asked to call the practice, a message will be sent to the practice system. This message will contain all of the information provided during the patients call with 111 call and the output from the NHS Pathways system.

8. Next Steps

8.1. The data and evidence available to us does not indicate that there is a systemic issue with GP access across Devon, Plymouth and Torbay.

8.2. The CCG continues to support practices with communications on access to general practice and reassure local people face to face appointments are available and have been across the course of the pandemic when deemed clinically appropriate.

8.3. To support general practice, the CCG is developing a primary care communications campaign with three aims:

- Support general practice teams in Devon to manage increased levels of activity and demand management.
- Share facts and data about how services have been used and bust some of the myths and false perceptions e.g. that GP practices are closed.
- Educate people and support them to use the right local services for their needs.

8.4. Healthwatch have been commissioned to conduct some engagement on the ground in our EDs, talking to people in the waiting rooms about their decision-making process and what brought them to ED (excluding those that have come by ambulance). We will ask about:

- which practices patients are registered with



- why they chose to go to ED
- whether they had any contact with their GP or 111 beforehand
- whether they were directed to ED by another service
- whether they are on any waiting lists

8.5. This will take place in each of our four EDs, over a course of week for each site, at varying times of day. This will enable the system to ascertain drivers of demand and appropriately target communication activity.

Recommendations

The committee is recommended to note the report.

