

GENERAL PRACTICE UPDATE AND ECONSULT

Health and Adult Social Care Overview and Scrutiny Committee



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| Date: | 24 March 2021 |
| Title of Report: | General Practice Update and Econsult |
| Lead Member: | Choose a Councillor |
| Lead Strategic Director: | Choose a Director |
| Author: | Dr Paul Johnson, Chair, NHS Devon CCG / Jo Turl, Director for Out of Hospital Commissioning NHS Devon CCG |
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| Your Reference: | PC 20/21 Plym |
| Key Decision: | No |
| Confidentiality: | Part I - Official |

Purpose of Report

This report has been requested by the Chair in response to the Healthwatch presentation considered by the Panel in December 2020.

Recommendations and Reasons

The Committee is requested to –

1. Note the report;
2. Identify councillor champions for involvement in review and feedback sessions pertaining to e-consult.

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 which impacts upon the Local Authority.

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If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.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> | | | | | | |
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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Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.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> | | | | | | |
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Sign off:

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|---|-----|-----|-----|---------|-----|----|-----|--------|-----|------------|-----|
| 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: 10/06/201 | | | | | | | | | | | |

1. Introduction

- 1.1. Primary Care Teams across the Devon system have responded magnificently to the initial impact of the coronavirus pandemic and the subsequent vaccination programme.
- 1.2. Huge progress has been made against our Primary Care Strategy in just 12 months, at a time that general practice and the wider health and care system has been under considerable pressure during the COVID-19 pandemic.
- 1.3. 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.
- 1.4. This report sets out progress made in respect of the Plymouth Primary Care Prospectus, Devon System Primary Care Strategy and additional information requested by the committee concerning the use of the e-consult online consultation system.

2. Plymouth Primary Care Prospectus Update

- Following the CCG funding of BMJ advertising with a particular 'push' into Plymouth practices, 6 GPs have been recruited into Plymouth. Due to successful recruitment (10 Devon-wide - this includes the 6 in Plymouth) funding will continue for 21/22.
- CARE GPN leadership Programme has commenced Devon-wide. This is a fully funded programme with a specific offer from the CCG to support backfill. Very good uptake with 22 nurses participating, 3 from Plymouth practices. This has proven to support retention and wellbeing.
- GPN retention vanguard programme – although Devon-wide this will have a focus on where retention is needed most so will have a weighting to Plymouth Deep End practices. This offer is for nurses who are within 2 years of registration and for the most senior, experienced practice nurses who are towards the end of their career.

3. Devon Primary Care Strategy Update

- 3.1. The strategy sets out our ambition and vision for general practice over five years (2019-2024). It describes how we will support GP practices in Devon to provide accessible and coordinated care, with a skilled and motivated workforce who can respond to the current and future needs of our population.
- 3.2. Around 90 per cent of interactions in the NHS take place in primary care and our GPs are the first point of contact with the NHS for most people. The strategy focuses on the future delivery of general practice, but primary care is formed of a much more diverse workforce than just those within GP practices. Involvement of all providers, including

pharmacists, dentists, optometrists, allied health professionals and the voluntary sector, will ensure we have sustainable primary care in the future.

3.3. Our strategy relates to those medical services provided by general practice and defines how a series of actions and enablers in general practice will positively impact on pressures faced by the wider system.

3.4. Our vision is that primary care in Devon will offer each local community a wide and flexible range of information, support and services to enable people to live happy healthy lives.

3.5. To do this, we must address a number of challenges. Increasing demand, difficulties in recruitment and retention, estates and IT. The strategy outlines five priorities that will revolutionise general practice.

The five pillars of the strategy



3.6. Since publication of the strategy, a further pillar has been added, recognising the importance of **clinical leadership**, and the ambition is to have a lead clinician for each pillar.

3.7. We are now in year one of the five year strategy and this paper sets out the progress we have made on each of the five pillars, plus the addition of the new clinical leadership pillar.

3.8. The original five year aims and plans in the strategy are set out below, with an update on the progress that has been made one year on.

Better Access

| Aims | Progress one year on |
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| <ul style="list-style-type: none"> We will ensure the needs of patients requiring urgent primary care are met appropriately and routine appointments are available in the evenings and at | <ul style="list-style-type: none"> Full Extended Access coverage across Devon Access to direct booking into extended hours available shortly |

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| <p>weekends where there is demand or a need.</p> | |
| <ul style="list-style-type: none"> We will adopt a ‘digital first’ approach. Where possible, the first contact with general practice services will be digital, there will be digital connectivity between organisations. | <ul style="list-style-type: none"> Online Consultations are now offered by 122 GP Practices in Devon (final practice underway) All practices in Devon offering video consultations, significant increase in contact via SMS. |
| <ul style="list-style-type: none"> Everyone can expect that their personal and medical history is available wherever they touch health and care systems. They will be supported digitally for self-care and technology will be doing some of the routine work previously undertaken by staff. | <ul style="list-style-type: none"> GP Medical history made available through Summary Care Record Additional Information and GP Connect |
| <ul style="list-style-type: none"> Devon will continue to lead the way in digital innovation. The Digital Accelerator project will be expanded in scope to cover the whole of Devon, allowing convenient access to primary care by delivering online consultations and better utilisation of resources. To facilitate this, new workforce models will be developed for GPs and other clinicians to deliver online services, scalable across the county and beyond. | <ul style="list-style-type: none"> Digital Accelerator expanded to cover all Devon as part of COVID-19 response Blueprint from Digital Accelerator adopted nationally Work now underway on new workforce models |
| <ul style="list-style-type: none"> We will enable GP practices to embrace and embed the functionality of the NHS App, supporting patients to access self-care, clinical advice, book appointments, order repeat prescriptions, access their medical records, choose preferences for data sharing and organ donation. | <ul style="list-style-type: none"> NHS App available to all Devon patients Devon has the second highest number of NHS App downloads in the country |

Workforce

| Aims | Progress one year on |
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| <ul style="list-style-type: none"> We will work closely with partners, including the Academic Health Science Network, both Exeter and Plymouth Medical Schools, Plymouth and Exeter Universities and the Devon Training Hub, to take forward emerging action plans drawn up in response to our improving understanding of anticipated workforce needs and also barriers to commencing a career within primary care settings. | <ul style="list-style-type: none"> Restoration of links post-COVID response Links with STP workforce lead to support capacity and capability gaps Planning of workforce programme with STP, universities and Devon Training Hub Considering digital change in service delivery and future options Updated PCN workforce with roles coming online earlier |

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| <ul style="list-style-type: none"> • This will include actions to address career attractiveness, recruitment to and retention within associated professions, and the offering of opportunities that vary from the traditional models. • We will undertake a capacity and capability analysis which will identify any skills gaps and shortages to inform development needs and also enable us to work effectively with training providers to provide an effective pipeline of skills in readiness to meet future requirements. Where skills gaps are identified, we will consider first the opportunity to improve service delivery through digital solutions while also enabling our clinicians to work at the top of their licence. | <ul style="list-style-type: none"> • PCNs underspend from 2019 being utilised to support recruitment across networks |
| <p>Working in partnership with the PCNs we will:</p> <ul style="list-style-type: none"> • Attend local, regional and national job fayres promoting Devon as a place to work • Continue to build on the success of the GP retainer scheme • Make the GP fellowship scheme available across Devon • Expand the portfolio and rotational working opportunities to staff working in general practice • Work with the PCNs to develop a range of flexible working approaches • We will continue to participate in the international recruitment of GPs initiative • We will continue with supporting implementation of the 10-point practice nurse plan • Continue with the NHS England retention scheme • Expand the GP post training fellow pilot to cover the whole of Devon | <ul style="list-style-type: none"> • Supporting practice nurse plan • Continuing to support retainer scheme • Working closely with the Local medical Committee (LMC) and the British Medical Journal (BMJ) to advertise GP vacancies • Attending the BMJ Live Jobs Fayre virtual event. • Mentoring and fellowship - Two-year programme of support • GP returners • General Practice Nurse (GPN) 10 - point plan |

Primary Care Networks

| Aims | Progress one year on |
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| <ul style="list-style-type: none"> • Support PCNs in the delivery of the network enhanced service | <ul style="list-style-type: none"> • Primary Care Networks (PCNs) launched in July 2019. There are |

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| <ul style="list-style-type: none"> • Enable Clinical Director leadership and empower PCNs to take their place in the developing Local Care Partnerships (LCPs) | <p>now 31 established networks functioning across Devon</p> <ul style="list-style-type: none"> • Each PCN has an agreed plan which identifies their development needs, which are underpinned by a maturity matrix. We are supporting each PCN to utilise their development fund allocation • Project manager support - establish appropriate and beneficial business leadership including governance processes |
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Population Health Management

| Aims | Progress one year on |
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| <ul style="list-style-type: none"> • We will create a cultural change which understands the power of data to drive a virtuous cycle of quality improvement. This will not be done in isolation but as part of the wider system and links in with the One Devon Data Set. All PCNs will receive data to inform decision-making and meet the needs of the population they cover. PCNs will develop population-specific services in response to this. • We will empower patients who are willing and able to self-care with support and information through the new social prescribing workforce. We will also strive to reach those most vulnerable in our population and work with them to improve their health. • There will be a wider range of affiliated community-based professionals providing care and support as part of an enhanced patient offer. This will be both at practice and network level. Where appropriate patients will be directed to voluntary sector personnel both to deliver care and facilitate self-care using available technological solutions where appropriate. Clinical record keeping will wherever possible be on a shared clinical system. | <ul style="list-style-type: none"> • Rapidly roll out learning and tools identified through Primary Care Network pilots • Support PCNs to adopt a Population Health Management (PHM) approach • Address inequality and variation in quality and outcomes • Rapid tests of change - paused during COVID but restarting again now • Impact of COVID--19 has been disproportionate on a number of groups • Linked data into Covid risk groups • Many PCNs keen to adopt PHM approach - those outside pilot need support • We have started to build the capacity and capability. • Availability of population Profiles required for better understanding and targeting of local need |

Estates and Infrastructure

| Aims | Progress one year on |
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| <ul style="list-style-type: none"> Develop a Devon-wide primary care premises strategy. | <ul style="list-style-type: none"> Primary Care strategy approved by CCG Primary Care Commissioning Committee Estates Manager vacancy filled External support sought to deliver plans to implement strategy |

Clinical Leadership

| Aims | Progress one year on |
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| <ul style="list-style-type: none"> Recognise leadership talent – experience clinicians and new leaders Connect clinical leaders and develop their leadership role Engage with leaders to prioritise high-impact care areas Maximise opportunities for health improvement with Population Health Management initiatives Maximise benefits of clinical leadership at all levels Clarify governance for decision-making Define engagement processes to ensure practices have a voice | <ul style="list-style-type: none"> Devon Primary Care Networks (PCNs) agreed and Clinical Directors in place Four locality based collaborative boards with representative chairs developing connections into system discussions Strategic clinical and place-based leads employed by the CCG A clinical CCG Governing Body Chair and an STP Medical Director for Primary Care Regular constructive communication with GP provider representative, the Local Medical Committee (LMC) Improving and developing relationships with Local Optical Committee (LOC), Local Pharmaceutical Committee (LPC) and Local Dental Committee (LDC) |

4. Plymouth Health and Adult Social Care Scrutiny Committee - Key Lines of Enquiry eConsult

- 4.1. eConsult enables NHS based GP practices to offer online consultations to their patients. This allows patients to submit their symptoms or requests to their own GP electronically and offers around the clock NHS self-help information, signposting to services, and a symptom checker.
- 4.2. eConsult is intended to be used by patients seeking non-urgent medical advice. Non-urgent is defined as conditions that are not immediately life-threatening emergencies such as severe chest pain, breathlessness, severe bleeding, acute confusion, loss of consciousness, uncontrolled fitting, anaphylaxis and stroke.
- 4.3. Patients using the system are required to be registered to an NHS GP surgery that has deployed the eConsult system. This is to ensure that the reviewing clinician has full access to their NHS medical record and is able to hold a dialogue with the patient if necessary before making any management decision.
- 4.4. This is in-line with the recommendations made by the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) with regards to remote consulting.

4.5. eConsult is not intended for immediate medical emergencies due the potential delay in diagnosis when a clinician reviews the report. A patient disclaimer, explanation and confirmation box are presented at the start of the process to warn patients of this risk. Additional safety control measures have been implemented that include red flag questions embedded within the questions sets. If these questions are triggered, the process stops, and the patient is signposted to urgent or emergency services.

4.6. Responses to several key lines of enquiry raised by the committee are detailed below.

What patient feedback/review has been completed since the launch of e-consult?

4.7. The Devon Digital Accelerator (DDA) programme team has used a variety of avenues to collect feedback since the early implementation of e-consult.

Healthwatch

4.8. The DDA programme fully funds the Healthwatch Digital Health Devon programme. This programme is specifically set up to provide support to patients who would like to use eConsult and other online services.

4.9. Prior to the pandemic, using Healthwatch volunteers, practices in Devon hosted events in surgeries where patients could use the technology to learn and gain confidence in using the online systems available for patient access. Since the beginning of the pandemic, where possible such sessions are being held remotely, with a view to return to “in-person” events when possible.

Oxford University Research

4.10. The Devon Digital Accelerator has partnered with Oxford University research, to understand how remote consultation may affect vulnerable patients. This is an ongoing piece of research carried out in Plymouth by Plymouth University seeking to understand the impact of online consultation on health inequalities.

Insight Work

4.11. Several pieces of insight work have been commissioned through the DDA and provided by ICE Creates Ltd a behavioural research company. These have been hugely informative of patients’ thoughts and feelings towards online consultation and what we need to do as a system to support them further. Two pieces of insights to note are:

- 1000+ patient study into Plymouth, focusing on high users of primary care, low digital ability (Appendix 1)
- Homeless and vulnerable patients (Due for completion w/c 15th March 2021)

Liaison with charities and organisations who support vulnerable patients

4.12. The Devon Digital Accelerator continues to work with charities and organisations, either regarding specific patients access issues, or more generic, widespread issues.

4.13. For example, an interpreter contacted the DDA to express a concern about how the access points caused issues for deaf patients. This feedback enabled a wider conversation with the Deaf Association, who supported the programme with

understanding where online consultation would and would not be suitable for patients who are deaf.

- 4.14. Alongside our surveys we are also planning a number of workshop events which will direct and shape the next stages of the digital transformation. These workshops will encompass the patient and staff voice and we would very much welcome the input of local councillors.

What were the main findings and how has the service responded and adapted to this feedback?

- 4.15. Feedback from our engagement work has suggested that patients have valued the support available in accessing, in response the Devon Digital Accelerator funded Healthwatch's Digital Health Devon Programme in full at the cost of £47,000 for 2020/21.
- 4.16. We have also found that patients are often unaware of their ability to engage digitally or from where and whom they can access online services. In response the system is planning further communication campaigns to promote online consultation alongside the offer for support in its use.
- 4.17. Feedback has also shown that early communications concerning online consultation gave the impression that online consultation was the 'only' way to engage with a surgery. We have amended our communication in response to ensure patients are clear and confident that this is an 'additional' avenue available but patients can still call their surgery as before.

In light of reviews has the original EIA been updated?

- 4.18. Each practice holds an EIA which sits alongside the wider DPIA which is also created at practice level. A Clinical Safety Case report is held at CCG level. All Models enable patients to not only send an online consult, they can also phone in to the surgery if online consultation is not for them, and where restrictions allow, also walk in to surgery, to ensure no barriers are created for patients accessing services.

Are there any specific cohorts who are not taking up-consult?

- 4.19. Whilst limited data is available from clinical systems for such research, we are able to glean from the voices and information available to us is that remote consultation is gaining traction and being embraced in ever greater numbers of patients

| Number of online consultations submitted: Jan 19 – Jan 2021 (Devon STP) | |
|--|---------|
| 2019 | 89,006 |
| 2020 | 540,669 |
| 2021 (January only) | 60,301 |

Age using eConsult of all submitted eConsults Jan 19 – Jan 2021

| Age | <15 | 15 - 24 | 25 - 44 | 45 - 64 | 65 + |
|------------|--------|---------|---------|---------|--------|
| % total | 7 | 15 | 35 | 30 | 11 |
| Population | 188174 | 145265 | 283549 | 334037 | 295737 |
| Pop as % | 15 | 11 | 22 | 26 | 23 |

Usage by gender of all submitted eConsults Jan 19 – Jan 2021

| | |
|--------|-----|
| Male | 32% |
| Female | 68% |

- 4.20. Every patient who submits an eConsult is provided with the option to feedback on how they have found the experience. This is optional, so not all patients provide feedback, but this means we have requested feedback from **689,976** patients to date, from January 2019 – January 2021.
- 4.21. Feedback varies but is between 1-4% per month from the survey. On average, we receive around 1000+ pieces of feedback from patients across Devon per month, with a high during April 2020 of over 4000 in.
- 4.22. Feedback is provided to the CCG and is also provided to each practice every month so they are able to action any feedback and make amendments where required, but also to provide staff with confidence which comes from positive feedback. The feedback is helping to shape future communication campaigns to raise awareness of online consultation and where help can be sought from patients need it.
- 4.23. Every month, each practice will receive an overview of critical areas along with the feedback. Patient feedback suggest those that are using the service are largely positive about their experiences and outcomes and are recommending to others. This is also reflected in the increasing uptake of using the tool as a means of contacting their surgery.

| Month - Year | patients who were satisfied with the service | patients who would recommend the eConsult service to family and friends | patients who did NOT have to contact the GP practice or any other health service for the same problem in the week after consulting online | patients who said they were contacted by the stated response time |
|--------------|--|---|---|---|
| Jan-20 | 69% | 68% | 70% | 88% |
| Feb-20 | 61% | 63% | 73% | 85% |
| Mar-20 | 69% | 69% | 77% | 85% |
| Apr-20 | 84% | 83% | 85% | 92% |
| May-20 | 84% | 84% | 81% | 94% |
| Jun-20 | 78% | 77% | 80% | 91% |
| Jul-20 | 77% | 76% | 77% | 91% |
| Aug-20 | 72% | 70% | 78% | 89% |
| Sep-20 | 72% | 70% | 76% | 89% |
| Oct-20 | 72% | 70% | 76% | 89% |
| Nov-20 | 74% | 74% | 76% | 90% |
| Dec-20 | 76% | 73% | 77% | 91% |
| Jan-21 | 76% | 76% | 76% | 90% |

What additional measures have been put in place for those identified as digitally excluded

- 4.24. **Online consultation is an additional way to contact a GP, but not the only way.** Patients are still able to phone practices and walk in where permitted. The DDA team have identified that there are patients who would be interested in using online consultation, but may lack the technology, training or motivation to do so. As previously referred to in this report, the team have funded the Healthwatch Digital Health Devon programme to ensure that practices and patients are supported in having training and support available for patients who want to learn to use their own technology to get online.
- 4.25. The DDA is also currently coming to an end of a piece of research with patients who are classed as homeless to understand whether they want to engage digitally and if so, where they would feel comfortable engaging. We understand some do not feel comfortable with going to local libraries to use devices and further work is underway with hostels and organisations that these patients engage with, to provide them with a place they feel comfortable to undertake online consultation activities.
- 4.26. Patients with British Sign Language as a first language may struggle to use online consultation and other online forms due to the text and no associated signing videos. Practices have been advised that online consultation is possibly not a suitable tool. Charities supporting Deaf patients have suggested that if videos of a person signing the question could be embedded in to the online consultation tools (eConsult and others) this would make the system much more accessible for this patient group. This has been feed back to the suppliers.
- 4.27. All surgeries have the ability to add a patient on to an appointment list if they are unable to complete an online consultation. In addition, several practices have taken this further and flagged patient records to ensure even quicker support for their needs when requiring a GP appointment.

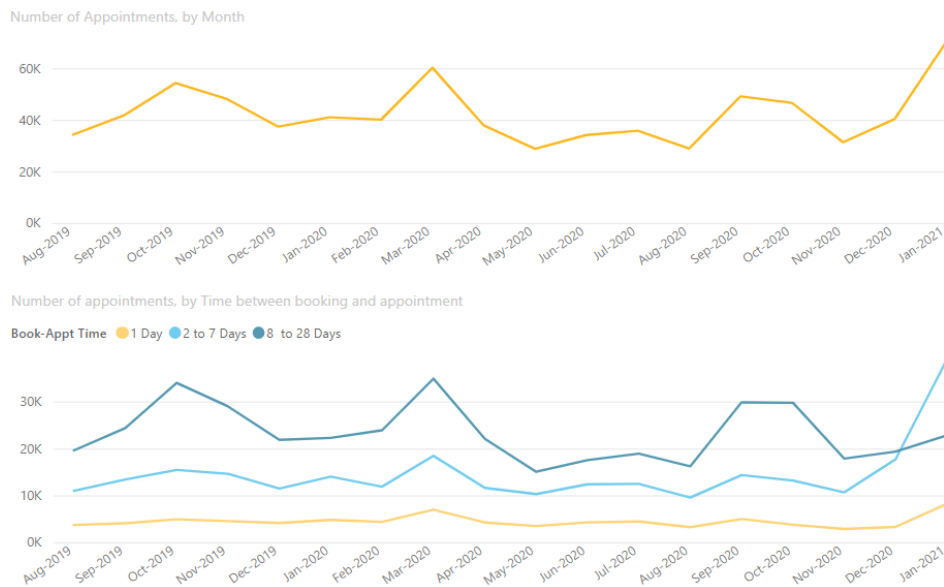
Is the average length of time to get through on the telephone monitored? If so, what is the average time?

- 4.28. Some practices have installed a specific software that can monitor the length of time it takes to get through on the telephone. However, this isn't routinely installed by practices and requires a certain level of infrastructure. In addition, there is no formal contractual requirement for practices to monitor this and accordingly no opportunity to record this data.
- 4.29. GPs are however, mindful of this, particularly throughout the pandemic, and consequently have taken steps to offer patients additional routes of entry such as online consultation. There are mitigations of risk in the event of patients experiencing delays on getting through on the telephone, such as options to call 999 in an emergency.

What is the average waiting time for routine GP appointments?

- 4.30. Covid-19 has led to a fundamental change to how primary care is delivered. Patients are now offered assessments appropriate to their needs, which may be in the form of an online consultation, via the telephone or face to face.

- 4.31. Data on GP appointments in Devon from NHS Digital illustrates the correlation between Covid-19 surges and demand for GP appointments. The data shows that whilst patients have been required to wait more than eight days for appointments across 2020, this position has now changed and more than half of appointments take place between 2 and 7 days after booking.



[NHS Digital: Appointments in General Practice – Devon STP](#) (accessed 14/03/21)

- 4.32. All practices are committed to assessing and responding to submitted eConsults by the next working day, which could include offering appointments where required, prioritising where possible as indicated by the information supplied in the eConsult by the patient

5. Recommendations

That the Committee –

1. Note the report
2. Identify councillor champions for involvement in review and feedback sessions pertaining to e-consult