

Primary Care Access

To: Cambridgeshire Adults & Health Scrutiny

Meeting Date: 9 December 2021

From: Jessica Bawden, Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative
Cambridgeshire & Peterborough Clinical Commissioning Group

Electoral division(s):

Key decision: N/A

Forward Plan ref: N/A

Outcome: Information for the purposes of scrutiny.

Recommendation: The Adults and Health Committee is asked to:

note the contents of this report and the actions taken by Cambridgeshire & Peterborough Clinical Commissioning group to improve access to GP Services across Cambridgeshire and to support Primary Care to manage the demands on their services over the winter period.

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1. Background

- 1.1 General Practice remains under significant pressure as it continues to respond to the demands and pressures relating to winter and the ongoing impact of the pandemic. Whilst Primary Care has been able to remain open and operational throughout the Pandemic, largely due to implementing new ways of working supported by additional national and local financial investment, the unprecedented demands and the National constraints imposed on practices in adhering to COVID restrictions, has undoubtedly impacted on Practices ability to deliver and patients ability to access services in the traditional way.
- 1.2 Like all business' Practices' have been hit hard by the effects of the Pandemic, their workforce are exhausted, and their ability to catch up on the backlog of routine work from the Pandemic, whilst returning to some form of business as usual is proving increasingly challenging, which is compounded by their involvement in delivering the Seasonal Flu Vaccination programme and Phase 3 of the COVID Booster Vaccination Programme, alongside the usual challenges of winter.
- 1.3 The pressures on the Health System and patients' inability to see their GP have been widely publicized over recent months. There is a public perception that GP Practices are no longer offering face to face appointments, which is not the case. Practices continue to assess patients' needs to ensure their needs are met by the most appropriate healthcare professional which may not always be the GP, and face to face appointments are offered if deemed to be clinically appropriate.
- 1.4 In response to, and in recognition of, the additional workload and challenges facing General Practice, NHS England have recently announced details of a Winter Support Package that comes with additional investment. This investment is intended to support CCGs to develop local plans to increase capacity and improve access to General practice services for our registered population and to support Primary Care to survive the winter challenges ahead

2. Main Issues

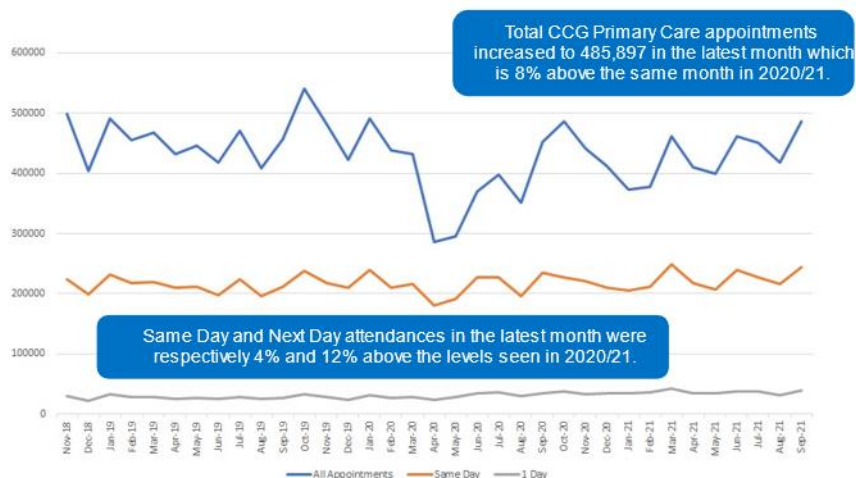
- 2.1 Across Cambridgeshire & Peterborough there has been an 8% increase in the total number of Primary Care Appointments compared to the same period last year.

The level of same day and next day attendances in the latest month were respectively 4% and 12% above the levels seen in 2020/21. This is demonstrated in the table 1 below:

Table 1



PRIMARY CARE APPOINTMENTS
SAME DAY & NEXT DAY APPOINTMENTS



Source: NHS Digital

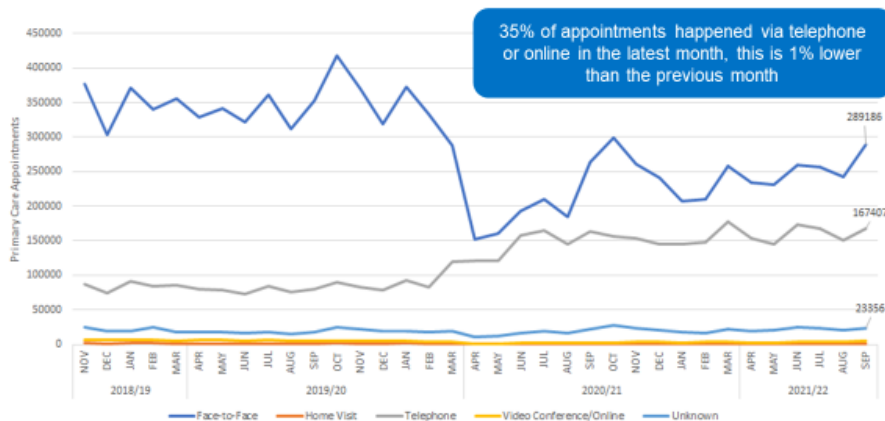
Appointments data will be impacted by 100% telephone triage which has meant less face to face or remote consultation appointments were required i.e. the doctor was able to give self-care advice on triage call which are not counted as appointments in most practices.

Table 2 demonstrates that 35% of appointments happened via telephone or online in the latest month. This is 1% lower in the latest month

Table 2



PRIMARY CARE APPOINTMENTS
TYPES OF APPOINTMENT



NHS Digital Data Note: The publication includes important information, however it does not show the totality of GP activity/workload. The data presented only contains information which was captured on the GP practice systems. This limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity.

The outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the business processes within General Practices and subsequently the GP appointments data within this publication. The variation in approach to appointment management between practices is likely to be greater than usual during the Coronavirus outbreak and as a result data quality will be impacted. These changes in clinical practice and use of GP appointment recording systems impact upon on what can be inferred from this data and as such they should continue to be considered as experimental statistics.

Source: NHS Digital

Appointments data will be impacted by 100% telephone triage which has meant less face to face or remote consultation appointments were required i.e. the doctor was able to give self-care advice on triage call which are not counted as appointments in most practices.

Some of the CCGs member practices are also reporting a 20% increase in patient demand for appointments and this is matched by figures of demand on 111 services

2.2 The outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the business processes within General Practices and subsequently the GP appointments data within this publication. The variation in approach to appointment management between practices is likely to be greater than usual during the Coronavirus outbreak and as a result data quality will be impacted. These changes in clinical practice and use of GP appointment recording systems impact upon on what can be inferred from this data and as such they should continue to be considered as experimental statistics

2.3 **Supporting the Management of Demand on Primary Care**

Workforce remains a key priority with retention and recruitment being central to this. Many practices continue with offering their patients a telephone or online triage appointment in the first instance, which if clinically appropriate or requested by the patient will be converted to a face-to-face appointment as necessary.

As the data shown previously demonstrates, demand for General Practice appointments remains exceptionally high and reflects patients’ needs and demand across the health and care system. Operating triage first remote appointments has allowed healthcare practitioners who have been ‘pinged’ to self-isolate to continue working and serving their patients from the quarantine of their home. In addition, it has helped the patient get to the right clinician for their presenting problem.

NHSEI has recently announced the release of £250m of Winter Access Support Funding that has been set aside to support Systems to manage demands on Primary care and the wider system over the winter period. The Cambridgeshire and Peterborough share of this allocation equates to 3.9m which must be utilised by 31 March 2022.

CCGs were required to submit local plans against the key objectives outlined in the guidance documents to NHSEI for consideration and approval to release the funds. A summary of the CCGs local plans to deliver additional capacity across the Cambridgeshire & Peterborough System using this the NHSEI allocation from the Winter Access Support Funding is detailed below:

REF	WHAT
SA1	System Helpdesk: Patient enquiries
SA2	Improving PC - Hospital interface Project
SA3	Communications Campaign
SA4	Enhanced 2 hour Urgent Community Response
SA5	Increased Minor Injury Unit capacity
SA6	Extension of PC Surge Hub capacity
SA7	VOIP telephony support
SA8	Maximising Lantum Digital Bank for staff (Pilot)
SA9	Capacity fund for PCNs / practices outside 20%
SA10	Increased electronic repeat dispensing and structured medication reviews

SA1 - System Help Desk

A dedicated call centre employing additional staff to help patients with queries about hospital appointments/waiting lists/ COVID vaccine queries which are currently going to GP Practices - this will free up practice capacity to see more patients

SA2 - Improving Primary Care and Hospital interface

Specific project to help improve the flow of communication between primary care and acute trusts to improve patient journey and experience e.g., Fit Notes, discharge medications, electronic prescribing

SA3- Communications Campaign

Funding will support campaigns for (1) self-care including distribution of self-care booklets (2) Be Kind Campaign supporting practice staff (3) Explaining additional roles (4) Bespoke local outreach campaigns targeting specific local populations with information on services and how to use them

SA4 - Enhanced 2hr Community Response

Boost JET team Resource which delivers 2-hour urgent community response to improve ability to respond rapidly to primary care referrals, helping practices manage their most complex patients

SA5 - Increased Minor Injury Unit Capacity

Increase MIU staffing at peak times: MIUs support primary care by seeing minor illness and injury patients locally

SA6- Extension of Primary Care Surge Hub Capacity

Investment in additional appointments for patients who require on the day urgent consultation through the CCGs investment in Surge Hub capacity.

Since December 2020, the GP Federations across Cambridge and Peterborough have been running Surge Hub Capacity to provide additional support for General Practice where it is struggling to cope with on the day demand. Hubs operate Monday to Friday from 1400 to 1900, giving practices benefit of additional capacity in the afternoons to deal with on the day demand accumulated each morning. This service was designed to alleviate some of the pressures on the emergency departments of our Acute Trusts too, by offering appointments beyond General Practices' core hour, with Friday afternoons being open for bookable appointments of Saturday.

As part of the CCGs local plan to improve access and to support General Practice over the Winter Period the CCG has extended the Surge Hub facility until the 31 March 2022, creating additional on the day urgent appointments

The Table below provides a summary of activity and utilisation rates across these hubs between December 2020 and September 2021

KPI Description	Greater Peterborough Network	West Cambs Federation	Cambridge GP Network
Clinical hours provided	4,244	2,229	4,220
Same day appointments provided (total)	16,501	7,377	12,268
Face to Face Appointments provided (total/%)	7,989 (48%)	627 (8%)	4,883 (39%)
Virtual Appointments (online/video/telephone) provided (total/%)	8,513 (52%)	6,750 (92%)	7,385 (61%)
GP Clinical Time Utilisation (%)	97.7%	99.2%	98.6%
Average service utilisation rate including DNAs (Jul 21 average)	89.4%	100.0%	87.9%
Average service utilisation rate excluding DNAs (Jul 21 average)	93.2%	99.1%	89.9%
Utilisation of ring-fenced slots (Face to Face slots saved for telephone follow-ups)	35.2%	33.0%	36.3%

SA7 - VOIP Telephony Support

Provision for support with VOIP (web based) telephony for practices with inadequate current telephone infrastructure/systems to increase capacity to support increase in call volumes and reduce call waiting times for patients.

SA8 - Maximising Lantum Digital Bank for staff (Pilot)

Hosted by the C&P CCG Training Hub. Lantum is a digital solution to sourcing bank staff for practices and supports them to source staff without using agencies. Lantum is focused on maximising the benefits, ensuring shifts are populated and stakeholders are engaged and using the system effectively. Lantum includes an administration pool that can also be deployed

SA9 – Additional Capacity Fund for PCNs/Practices

Additional support for our most Vulnerable practices that are struggling with managing demand to provide additional capacity from internal or external sources to improve access. Alongside the Implementation of a Local Commissioning Agreement for all practices to fund resource to support additional appointment capacity during core hours, evenings, and weekends.

SA10 - Increased electronic repeat dispensing and structured medication reviews

Funding will be used to utilise agency staff to support practices (low face-2-face appointments) to start implementing electronic repeat dispensing (eRD). Agency Pharmacists will support PCN/GP pharmacy workforce to undertake structured medication reviews on priority patients especially those requiring the most frequent access to healthcare. Undertake SMRs to reduce overprescribing, increase adherence, deprescribe, reduce the incidence of adverse drug reactions and inappropriate GP consultations and hospital admissions.

2.4 Additional Local Access Improvement Initiatives

2.4.1 Extended Access

In addition to in core hours' appointments, the GP Federations covering Cambridge City & South, Huntingdon & Fenland have continued to deliver Extended Access appointments

offering pre-bookable and same day appointments 365 days a year in evenings and weekends. During Covid-19 the primary care model changed in line with National guidance scheduling most GP appointments to telephone and video appointments for clinical triage and converting to face to face appointments at their Hub sites where clinically appropriate, ensuring patient access remains a priority and good patient service is delivered whilst maintaining safe practice. Nurse and Health Care Assistant appointments remained face-to-face, following screening

The CCG plan to increase the utilisation of Extended Access for evening and weekend appointments by better patient communication and contractually reviewing the Federations KPIs.

2.4.2 Cambridgeshire & Peterborough Training Hub

Greater Peterborough Network (GPN) Federation (in agreement with Cambridge GPN (CGPN) and West Cambs Federation (WCF) holds the contract for the for the provision of primary care development, retention, and training via the Training Hub for the primary care workforce across our STP footprint. Significant investment has been allocated to several initiatives to ease workload and workforce pressures:

- GP Flexible Staff Pool, a 'Bank' of locum GPs that can be booked for individual practices as and when required.
- The recruitment of specialist trainers for increasing places for medical/nursing and other allied health professionals to receive training places in General Practice.
- Retaining newly qualified GPs and GPNs by offering them Fellowships, which includes mentoring, group supervision. This initiative helps attract newly qualified GPs stay within Cambridgeshire & Peterborough.
- GP retainer scheme.
- International GP recruitment and Tier 2 visa sponsorship.

2.4.3 Interpreting and Translation Services

Further investment has been made available to procure further Interpreting and Translation Services for both spoken and non-spoken. This reduces the inequalities that our deaf patients experience with accessing General Practice.

2.4.4 Longer Term APMS Contracts

In order to sustain better quality General Practice, the CCG has implemented a local APMS Procurement Framework that allows the procurement of longer term (7 + 3 year) APMS contracts, this will enable successful contractors to invest over the longer term, creating better capacity, larger workforce, and higher quality services.

2.4.5 Support for early diagnosis of long-term conditions (LTCs)

Primary care continues to support early diagnosis of long-term conditions (LTCs) and/ or other life-threatening conditions, so early diagnosis is not missed, and patients are supported with managing their LTCs.

Investment has been made by NHSEI to support patients who are experiencing Post COVID symptoms that can be managed in General Practice or referred to more specialist support in secondary care.

One significant contributory factor with patients living with Long Term Conditions is obesity. Therefore, additional resources have been made to practices helping target appropriate patients to weight management groups.

All practices in Cambridge and surrounding PCNs have been offered the opportunity to sign up to deliver both enhanced services

2.5 **Primary Care Networks - Workforce**

Increasing the workforce within General Practice has also been prioritised by Government, and significant financial support has been given to Primary Care Networks to recruit and employ many additional clinical roles, not traditionally seen in General Practice under the Additional Roles Reimbursement Scheme (ARRS).

The update to the GP Contract Agreement 2020/21-2023/4 brings enhancements to the Additional Roles Reimbursement Scheme (ARRS). Additional workforce will be introduced and funded through the Network. Extra Government investment is funding a further 6000 staff through the scheme at 100% reimbursement, bringing the total to 26,000 rather than previously stated 20,000 staff.

From 2019, each network was able to employ one clinical pharmacist and one social prescriber. PCNs can now also choose to recruit from the following additional roles from within their allocated budget:

- First Contact Physio
- Physicians Associate
- Advanced Practitioners (Paramedic)
- Pharmacy Technician
- Health Coach
- Dietician
- Podiatrist
- Occupational Therapist
- Nursing Associates
- Trainee Nurse Associate
- Mental Health Practitioner

The PCNs covering Cambridgeshire have recruited or in the planning stage to recruit to the following:

Role	Actual WTE	Planned WTE
Clinical Pharmacists	51.7	26.6
Social Prescribing Link Workers	35.3	20.9
First Contact Physiotherapists	24.9	11.8
Care Coordinators	23	58
Physician Associates	4	2.5
Advanced Practitioners (Paramedic)	1	2
Pharmacy Technician	5.7	19.3
Health & Wellbeing Coaches	18	17
Dieticians	0	0
Podiatrists	0	0
Occupational Therapists	0	1.5
Nursing Associates	0	2
Trainee Nursing Associates	0	10.5
Adult Mental Health Practitioner	0	7
Advanced Practitioners Clinical Pharmacist	2	3
Paramedic	3	12
Child & YP Mental Health Practitioner	0	1
Total:	168.6	195.1

The CCG will also be investing in Diagnostics Hubs to focus on getting patients the screening and scanning often so crucial in early detection of life limiting illness and LTCs. The plans include both static centres and a mobile diagnostic truck, that can travel between practices/PCNs and hook up to purpose build 'Access Pads'. This service will allow for better population coverage and services closer to patients' homes.

- 2.5.1 The CCG is committed to supporting Practices to manage the impact on their services as a result workforce self-isolation and sickness, whether due to COVID-19, other illness, stress, and anxiety.

From 1st July 2021 a new Enhanced Primary Care Occupational Health (OH) Pilot, funded by NHS England, was launched in Cambridgeshire & Peterborough aimed at addressing the significant variance in provision and quality of access to commissioned OH services across Primary Care. The service, provided by Optima Health, has been offered to all General Practices, 3 GP Federations and 65 Independent/ small Community Pharmacies across the system (approximately 3,800 staff). Supporting the workforce throughout their employment journey the OH service provides Pre-employment screening and Immunisations where required, to those entering Primary Care to ensure fitness for the role. Once in post, guidance can be sought by referring managers to support staff, including those with mental health issues, remain or return to the workplace. For those that have

suffered the anxiety of a needlestick injury, OH also provides a Sharps telephone line to give guidance and support to staff and managers using their Blood Borne Viruses procedure.

Providing a self-referral element, an Employee Assistance Programme (EAP) and Wellbeing app both accessible 24/7, is available within the pilot. The EAP allows access to a team of trained wellbeing and counselling practitioners offering confidential independent information and guidance on a range of issues. Following an initial telephone assessment, a number of 1:1 counselling sessions can be arranged to support staff on a wide range of issues including stress and anxiety. The Wellbeing app, Optimise, is an intuitive online system with a collection of mental, physical, and financial health checks and provides a variety of resources to support staff look after their mental and physical health.

The enhancement to the pilot project includes a Human Resources helpline for Practice Managers and Community Pharmacy leads. The launch of the HR service will commence upon the recruitment of a HR Business Partner and will provide guidance and best practice on employment related matters to reflect the NHS commitment to the workforce within the People Plan.

Embedded in the wider Cambridgeshire & Peterborough system offer to enhance wellbeing of staff, the pilot links with the Health, Safety, Wellbeing Group, and works collaboratively with the Staff Support Hub sharing resources and funding. The Staff Support Hub complements the comprehensive health and wellbeing support already offered by the OH Pilot and links with psychological and mental health services in the system to support fast access.

2.6 **Staff Mental Health and Wellbeing Hubs**

In response to the pandemic, mental health and wellbeing hubs have been set up to provide staff rapid access to evidence-based mental health support where needed. The hub offer is confidential and is free for all health and social care staff in England to access.

The hubs can offer a clinical assessment and referral to local services, such as talking therapy or counselling. You can self-refer or refer a colleague (with their consent).

For further details go to

[the NHS.UK Mental Health and Wellbeing Hubs webpage.](#)

Doctors, dentists, and senior leaders can also

[self-refer to the Practitioner Health service.](#)

2.7 **Ongoing financial pressures**

Since the start of the COVID 19 pandemic, the NHS has been under a different funding framework which meant that Cambridge and Peterborough ICS will deliver a breakeven position in 21/22. The financial regime for 22/23 will change and systems will be expected to deliver increased efficiencies, reduce non recurrent costs associated with the covid pandemic. Given the system deficit pre pandemic, a medium-term financial plan and

recovery trajectory is being developed and the system is in regular discussions with the NHS National Team to reach agreement on these plans early next year.

3. Source documents guidance

3.1 None