
Meeting of the Health and Adult Social Care Scrutiny Committee – 8th September 2022

Report of the Dudley Integrated Health and Care NHS Trust

Primary Care Access

Purpose

1. This report sets out
 - The GP workforce and workload challenges in Dudley
 - The contractual requirements set by the Integrated Care Board (ICB) in relation to improving primary care access
 - The role of Dudley Integrated Health and Care NHS Trust (DIHC) in supporting General Practice and Primary Care Networks (PCNs) in meeting the requirements of the ICB

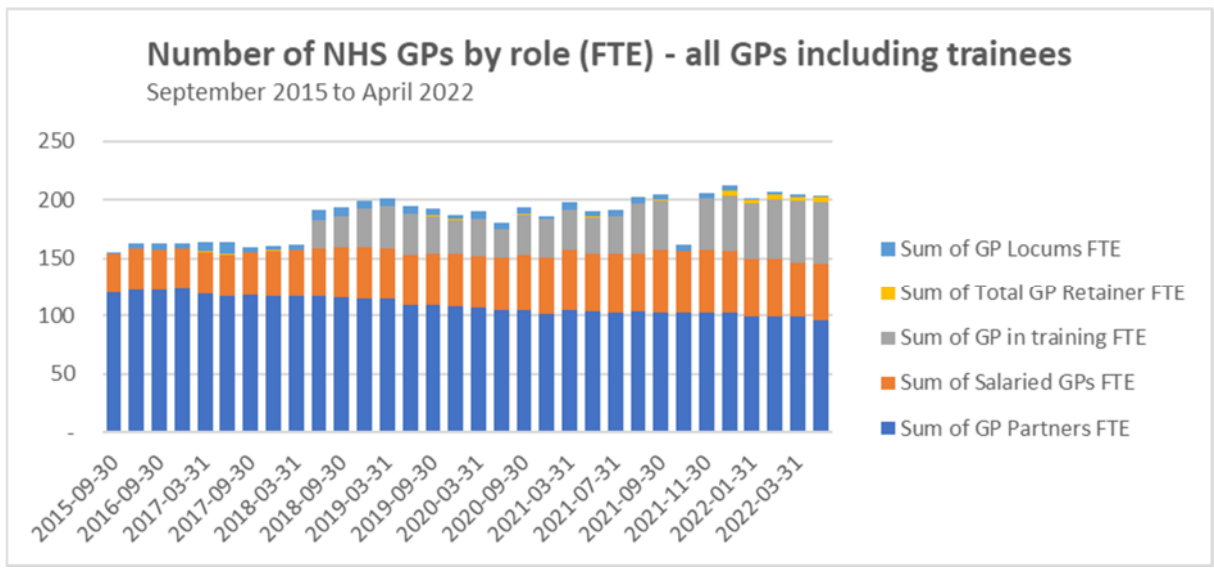
Recommendations

2. It is recommended that the Committee receive this report for oversight and assurance.

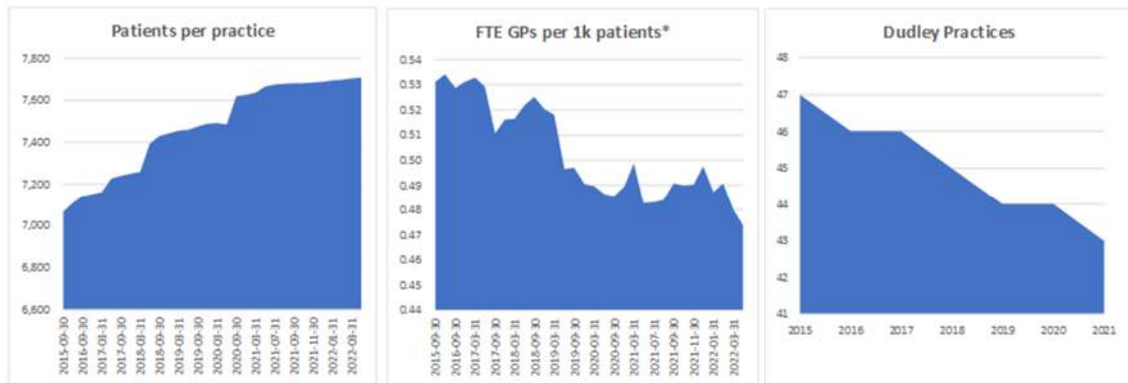
Background

GP Workforce and Workload Challenges in Dudley

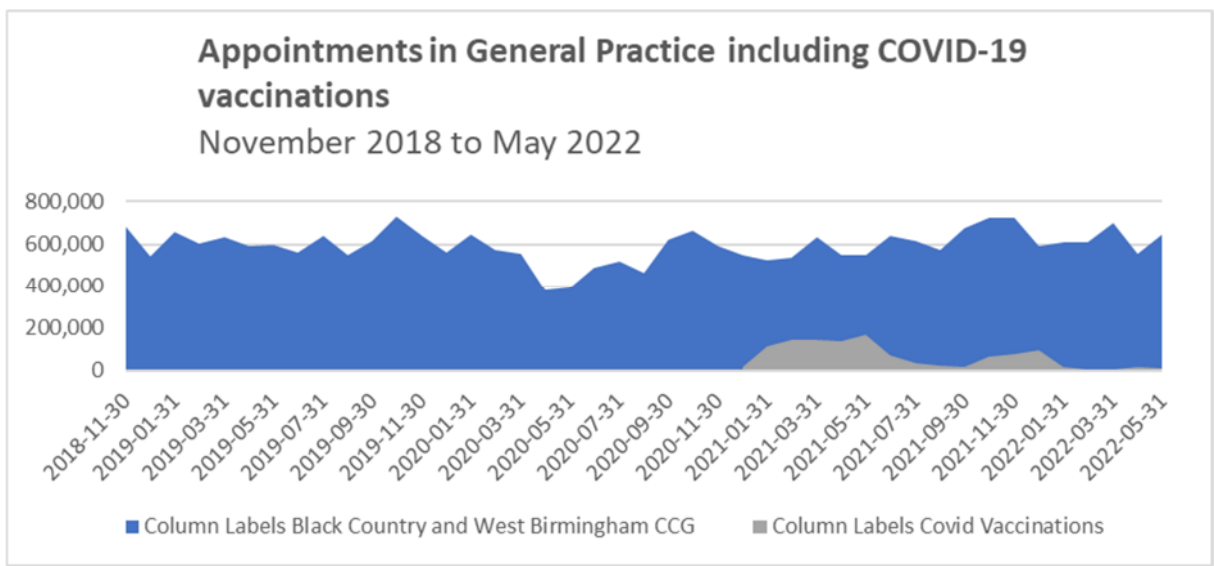
3. The charts below provide background and context regarding workforce and workload challenges in Dudley. The number of full time GP partners has reduced by 20% between September 2015 and May 2022.



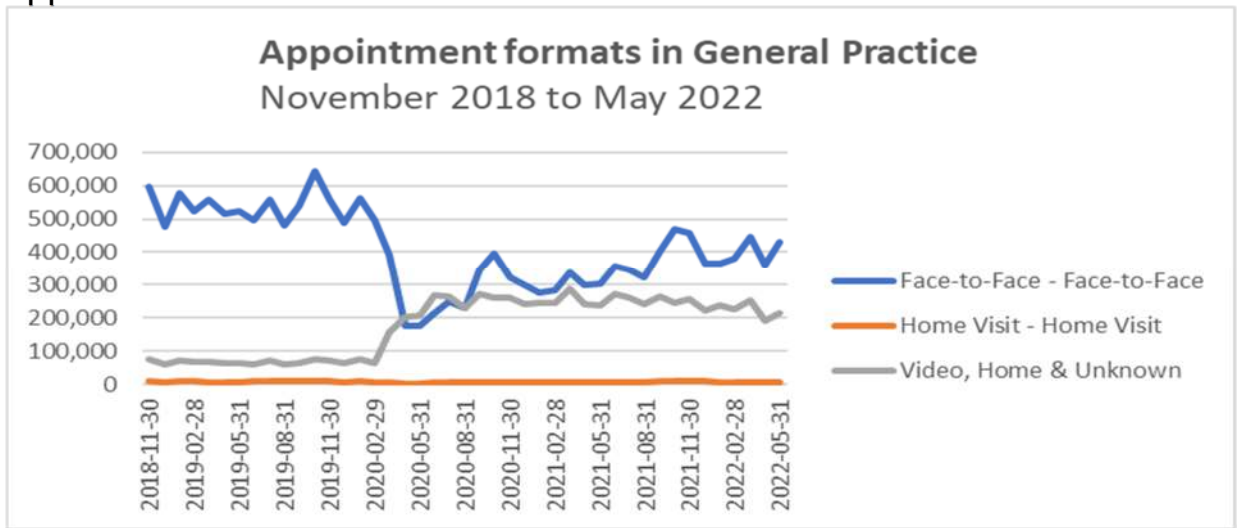
4. The number of patients per practice has increased. The number of full time GPs per 1000 patients has decreased, along with the number of practices.



5. The number of appoints delivered in General Practice has remained stable, whilst delivering the COVID vaccination programme.



6. The ratio of F2F (face-to-face) versus remote appointments has shifted with the waves of the pandemic, but the majority of appointments have always been delivered in person. Currently, nearly two thirds of appointments are face to face.



The General Medical Services (GMS) Contract

7. The GMS contract requires practices to be open between 8am to 6.30pm, Monday to Friday (excluding bank holidays) to provide services at times that are appropriate to meet the needs of patients.
8. There are no GMS contractual requirements that define standards on access other than to “ensure arrangements are in place for patients to access services throughout core hours in case of emergency”
9. The GMS regulations allow individual practices to decide which services to provide when, to meet the needs of their patients and practices should

be able to show they have engaged with their PPG (patient participation group) to check the arrangements are meeting their reasonable needs and are addressing any areas of concern.

The GMS Contract – Online

10. All GP practices were required from October 2021 to 'offer and promote' to their patients (and those acting on their behalf) the following:
 - an online consultation tools
 - a video consultation tool
 - a secure electronic communication method
 - an online facility to provide and update personal or contact information
11. From 1st April 2022 GP practices are required to offer all directly bookable appointments that do not require triage as online appointments - this is a new contractual requirement for 2022. There is no target or specific number of online consultations that are required within the GMS contract. It is for practices to determine what is most appropriate to make available for online booking.

The Dudley Quality Outcomes for Health Framework (DQOFH)

12. Within Dudley, 40 out of 42 General Practices have voluntarily opted into the DQOFH. This is a framework developed by Dudley Clinical Commissioning Group (CCG) in 2016 that incentivises improved access and achievement of targeted population health outcomes over and above the National GMS contract. The standards within the DQOFH were included as a sub-set of the population health outcomes defined within the procurement of the Multidisciplinary Community Provider (MCP).
13. The DQOFH sets the following minimum standards that all practices participating in the DQOFH achieve the following requirements;
 - All practices are required to be open between the core hours of 08.00 – 18.30 Monday to Friday with a clinician on site. As a minimum, you will need to have a system in place so that patients can access the full range of services listed below that we expect will be in place to meet the reasonable needs of your patients:
 - Ability to attend a pre-bookable appointment (face to face)

- Ability to book / cancel appointments
 - Ability to collect/order a prescription
 - Access urgent appointments / advice as clinically necessary
 - Home visit (where clinically necessary)
 - Ring for telephone advice
 - Ability to be referred to other services where clinically urgent (including for example suspected cancer).
 - Ability to access urgent diagnostics and act in relation to urgent results
- Collaborative arrangements agreed between practices to provide cross cover are acceptable providing the appropriate governance and access to medical records are in place. Accredited Out of Hours (OOHs) provider cover should not routinely be utilised in core hours.
 - Provide a minimum of 75 contacts per week per 1000 population. Contacts may be provided by a clinician (as defined above) and may be triage, face to face, online access or by telephone consultation.
 - Educational sessions will be run on a regular basis for which the practice will be allowed to close to enable all practice staff to attend CCG approved education sessions. (These dates will be provided in advance). The practice may choose to remain open however if the practice closes it is compulsory for attendance at these sessions.
 - The practice will offer same day access to children under 5 years and adults 75 years and over ensuring they are assessed by a clinician and seen within 6 hours of contact (during the same day within core hours) where clinically appropriate.
 - The practice will identify patients at high risk of admission (through a combination of risk stratification and clinical judgement).
 - The practice will actively participate in multidisciplinary team meetings where the consultants are contributing to the Population based health model or Integrated Community Team meetings on a weekly basis in accordance with Integrated Care Team (ICT) specification to ensure patients at high risk of admission have an appropriate preventative strategy.

Enhanced Access

14. The ICB is required by NHS England to commission enhanced access from a PCN. The PCN may then either provide, or sub-contract the provision of enhanced access.
15. The ICB requires an enhanced access plan from each PCN by the 31st August 2022, and subject to ICB approval, the enhanced access requirements must commence from 1st October 2022.
16. The definition of enhanced access is that it must operate between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.
17. The requirements for the provision of these services are that they are for bookable appointments, and the PCN must:
 - make the appointments available a minimum of two weeks in advance utilising appropriate triage and/or navigation as required to book and/or offer patients available appointments;
 - make same day online booking for available routine appointments where no triage is required up until as close to the slot time as possible;
 - operate a system of enhanced access appointment reminders;
 - provide patients with a simple way of cancelling enhanced access appointments at all times;
 - make available to NHS111 any unused on the day slots from 6.30pm on weekday evenings and between 9am-5pm on Saturdays and have in place appropriate data sharing between the PCN practices or any sub-contractor.
 - are delivered by a multi-disciplinary team of healthcare professionals employed or engaged by the PCN practices, including GPs, nurses and additional roles and other persons employed or engaged by the PCN to assist the healthcare professional in the provision of health services;
 - provide a mixture of in person face to face and remote (telephone, video or online) appointments, provided that the PCN ensures a reasonable number of appointments are available for in person face-to-face consultations to meet the needs of their patient population, ensuring that the mixture of appointments seeks to minimise inequalities in access across the patient population; in locations that are convenient for the PCN's patients to access in person face-to-face services

- The practices operated by DIHC (High Oak and Chapel Street) access are already fulfilling the requirements of enhanced access i.e., they are providing services on weekday evenings and on Saturdays.

The Role of the ICB

18. The ICB has the commissioning responsibility for the GMS contract i.e., to ensure that the General Practice in Dudley is fulfilling its responsibility by meeting the reasonable needs of its patients in relation to access, and by commissioning and ensuring that the PCNs in Dudley are fulfilling the requirement of the PCN enhanced access service.
19. The ICB holds a non-recurrent allocation for primary care development of £10.6M specifically to support the delivery of enhanced access, and offer a range of development, training and support for practices and PCNs to access in order to achieve the requirements of the GMS and PCN contractual requirements.
20. The ICB are undertaking a review of areas such as the utilisation of digital platforms, access information e.g., GP Patient Survey results, communication tools and how the patient engages with the practice is currently being discussed to help improve access as well as sharing good practice. The ICB is working closely with DIHC to help support this. There will also be work on increasing the promotion and awareness of access to other staff that may be more appropriate to patient need such as First Contact Physiotherapist, Clinical Pharmacist, Social Prescribers etc.

The Role of DIHC

21. The Committee will be aware from previous reports of the development of DIHC as Dudley's Integrated care Provider.
22. As well as being responsible for the delivery of a number of community based services, including two local general practices (High Oak and Chapel Street), DIHC has the role of supporting General Practice and PCNs to deliver the requirements of the GMS contract and the PCN Direct Enhanced Service (DES). It does this in the following ways;



23. GMS Contract and DQOFH

- On behalf of PCNs DIHC employs the largest number of Additional Role Reimbursement Staff (ARRS) compared to any other place across the Black Country and West Birmingham.
- The ARRS staff are employed, trained, supervised and operationally managed by DIHC to support General Practice and PCNs discharge the requirements of the DQOFH and PCN DES and are a fundamental component in how we support General Practice in the context of a reducing GP workforce.



24. Enhanced Access

- PCNs sub-contracted DIHC to provide additional GP appointments over the winter. DIHC mobilised this service at short notice, which is currently delivered through Brierley Hill Health and Social Care Centre and is available to all General Practices in Dudley to access, via triage, or to receive directly bookable appointments from 111.
- The service has been so successful that the ICB have extended the commissioning of the service to September 2022.
- The PCNs are intending to sub-contract the enhanced access requirements to DIHC as part of the enhanced access plan from 1st October 2022.

- From 1st January 2022 to 26th June 2022 6,480 patients received a GP appointment through the Access Hub with 91% of patients being seen within 5-15mins of arrival at the access hub, with 88% of patients being very satisfied with the service.

25. Online

- DIHC has facilitated patient engagement in determining which online system was rolled out across Dudley General Practice.
- The requirement to have an online system was a requirement of NHS England in 2019 in response to the pandemic.
- In Dudley, patients and General Practice collectively chose the 'Footfall' system which standardises the websites of General Practice and provides the function to deliver all the requirements of the contractual requirements for online services.
- The key task in 2022 is to ensure that all practices are using it in the same way and that there is a consistent 'offer' to patients regardless of which practice they are registered with. There is also a need for DIHC to review whether Footfall continues to be the best solution for patients and General Practice.

Next Steps for Integrating Primary Care and the DIHC Primary Care Strategy

26. Next Steps for Integrating Primary Care was published in May 2022 was a review undertaken by Dr Clare Fuller, GP and Chief Executive-designate Surrey Heartlands Integrated Care System. The review focussed on integrated primary care, looking at what is working well, why it is working well and how the implementation of integrated primary care can be accelerated.
27. DIHC is referenced in the Fuller stocktake given the significant development that has already taken place within Dudley. The support that we have provided to general practice and PCNs to date illustrates our understanding and capability to enact and enable a more sustainable and outcome focussed for primary care.
28. DIHC therefore has a much greater role to play over and above supporting General Practice and PCNs deliver improved access – our focus is operating in a way that supports and develops the sustainability of primary care, integrating health and care with wider community-based services and assets, and delivering improvements to way in which the health of the population is improved.



29. DIHC will be developing a primary care strategy over the summer, with a view to defining our role and function to General Practice and PCNs within Dudley, and the wider ICB. The intention is to have a draft Primary Care Strategy ready for September 2022.

Finance

30. There are no financial implications to the Council from this report.

Law

31. There are no legal implications to the Council from this report.

Risk Management

32. The council, ICB and DIHC are considering the risks related to Primary Care Access

Equality Impact

33. This initiative is specifically designed to address health and care inequalities across our communities including children and young people and people with protected characteristics.

Human Resources/Organisational Development

34. There are no HR implications to the Council from this report.

Commercial/Procurement

35. There are no commercial or procurement implications to the Council from this report.

Council Priorities and Projects

36. This development is consistent with the Borough Vision's intention to create healthy and resilient communities.



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