

Health & Wellbeing Board

Buckinghamshire

GP Access and the Impact of Growth on GP Services in Buckinghamshire

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Consideration: Information Discussion
 Decision Endorsement

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

GP access affects the whole population of Buckinghamshire and can have an impact on both physical and mental health and wellbeing. The principles discussed in the report below will support the health and wellbeing strategy priorities above, keeping the population of Buckinghamshire healthy.

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1. Purpose of report

In November 2021 the Buckinghamshire Health and Wellbeing Board had an extended discussion on Primary Care Access in Buckinghamshire. This included a positively viewed increase in overall activity and face to face appointments but acknowledgement of variation and poor public perception of primary care across Buckinghamshire. Aylesbury town in particular was noted as having poorer access. Items raised at the meeting included:

- Poor actual or perceived access to primary care;
- Failure to understand and address apparent variation in provision in a meaningful way;
- £7.4m funding to support winter access – How was this spent and what was the impact;
- A clear route for complaints / concerns from the public to be addressed;
- Proactive engagement with / and communication for the public to support managing expectations including a move to less face to face.

For this Health and Wellbeing Board we have been asked to report on **GP Access and impact of growth in Buckinghamshire** and to include:

- An update on actions and developments since the November 2021 report
- An analysis of Winter Access Fund spend and impact
- Feedback on residents views from Healthwatch Buckinghamshire (this will be provided verbally)

2. Recommendations to the Health and Wellbeing Board

1. The Health and Wellbeing Board are asked to note the information contained within the report.

3. Content of report

Current Context

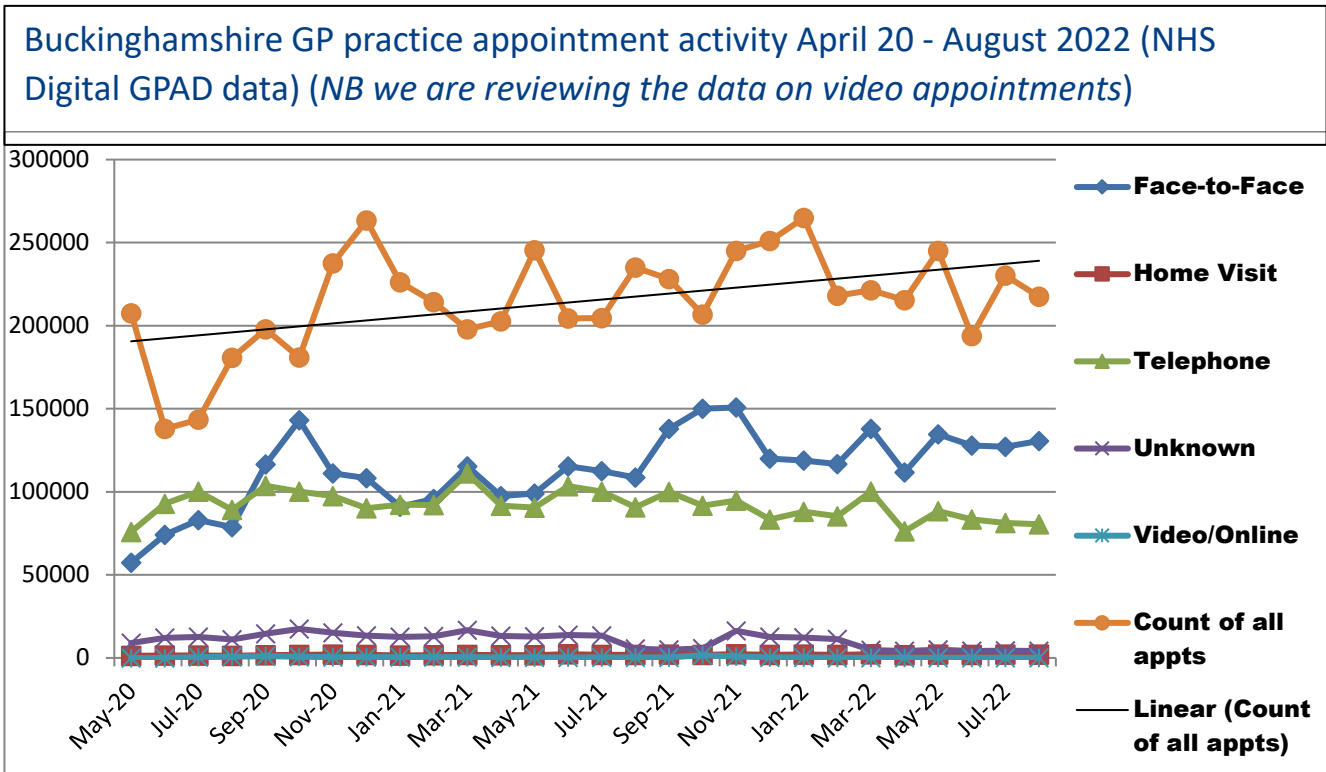
Primary Care has never been busier.

Nationally, over 26 million appointments were undertaken in August 2022 which was 3 million more than in August 2019 during pre-pandemic levels <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/august-2022>. GP appointment bookings reached record highs over the winter of 2021/22 and Primary Care is bracing for an even busier Winter 2022/23.

The below tables show data for appointments, patient experience and phone access in Buckinghamshire, and our performance against national trends.

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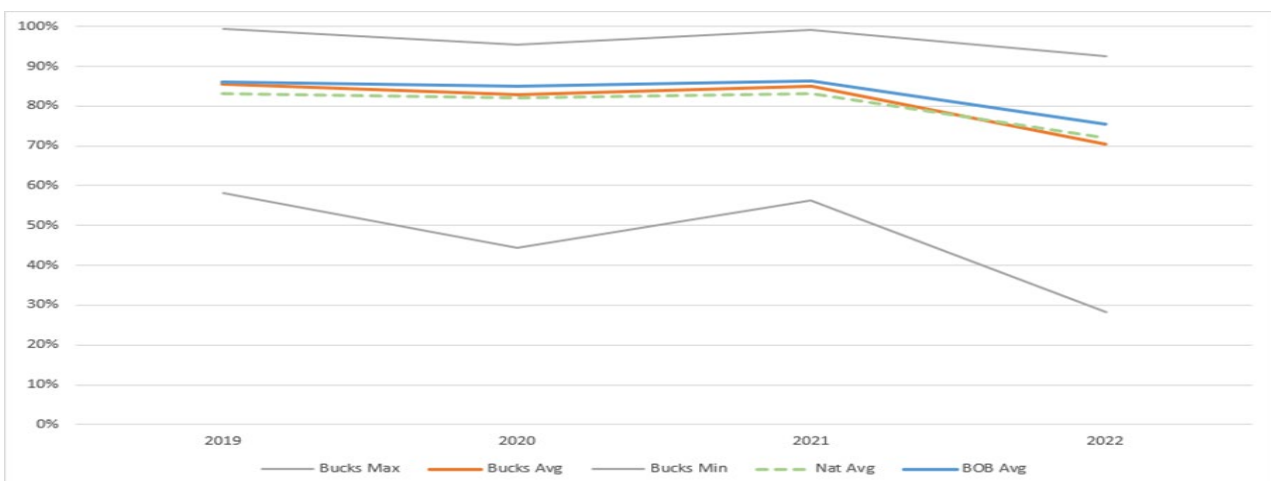
Appointments



Following the pandemic, video/digital/telephone consultations are now an accepted part of GP access. Aside from face to face appointments, GPs are most likely to offer telephone appointments or triage services followed up by face to face appointments if necessary. We are reviewing the data on video/online appointments.

Patient Experience

Reflecting National Trends there has been significant variation between practices in terms of patient experience. 71% of Buckinghamshire patients reported their overall experience of their practice as ‘good’ or ‘fairly good’ in the 2022 GP Patient Survey conducted by Ipsos, a reduction from 85% in 2021. Whilst this position is in line with national trends and will in part reflect wider service pressures, it will be important to retain a strong focus on patient experience.



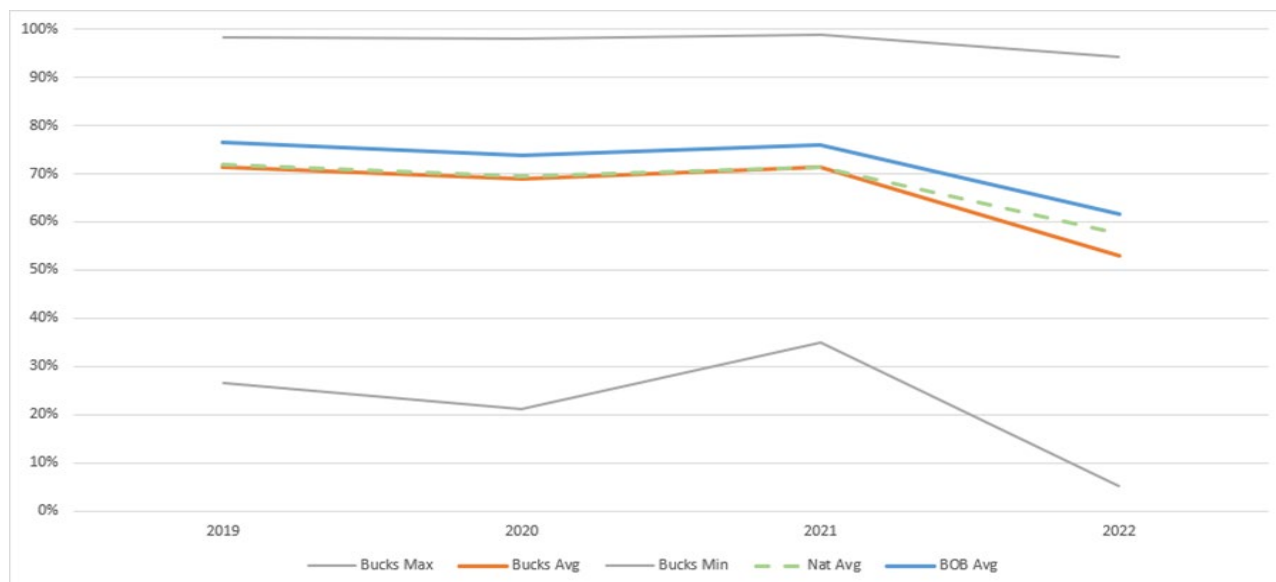
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Telephone Access

Percentage of people who said it was 'very easy' or 'fairly easy' to get through to a practice on the phone - GP Patient Survey



On telephone access, Buckinghamshire has fallen below national trends – this reflects that the majority of new telephony systems have only been in place since the beginning of 2022 (some are still to be put in place, further detail below). Again, this will be a priority area of focus.

Activity to support GP access and improved patient experience

Buckinghamshire's place based primary care team (within Buckinghamshire, Oxfordshire and Berkshire West [BOB] ICB), are focussed on supporting the following:

- Ensuring that people have a positive experience when accessing their GP;
- Supporting timely access to all to their GP;
- Where appropriate, digitally enabling delivery to support access;
- Recognising that a blend of online/telephone and face to face appointments will be needed;
- Recognising inequalities in access and digital literacy need to be factored into our approach.

We are taking a number of actions to support these aims:

- **Cloud based telephony** – Cloud based telephony supports timely access to GP appointments by enabling GPs to run their telephone systems remotely, allowing for queue management systems and call-backs. It should enable a more positive patient experience when trying to access GPs on the phone. In Buckinghamshire we have supported this by working with GPs to ensure cloud-based telephony is in place in every practice, and aligned with PCN systems. Progress to date has been positive: at the beginning of the year (April 22) approximately 25% of practices had a “cloud-based” telephone system – by the end of the year this is expected to grow to nearly 100%. At the time of writing, 8 practices had newly gone live, 19 are scheduled by March 2023 and 20 had previously implemented cloud-based telephony.

- **Digital appointment bookings** – Digital appointment booking established itself during the covid pandemic, and has now become a recognised tool to enhance and improve GP access. In Buckinghamshire the vast majority of GPs offer a digital booking capability; the NHS App is available to all; and all surgeries should be accessible on the NHS App.
- **Digital/telephone consultations** – again, following the pandemic, video/digital/telephone consultations are now an accepted part of GP access. Aside from in person appointments, GPs are most likely to offer telephone appointments or triage services followed up by in person appointments if necessary. Most GPs offer digital consultations and the main systems used are AskFirst; Klinik; and e-consult, though data on take-up is limited. We are also using online consultation services like Livi to support practice capacity during winter if, for example, there are workforce capacity issues due to illness.
- **Digital literacy** – We recognise that the increasing use of apps and digital approaches to GP access needs to be accompanied by work to support and enhance digital literacy, to ensure those without access to data or smartphones are not disenfranchised, and to ensure that health inequalities are not exacerbated. In partnership with “Barclays Digital Eagles” surgeries are working with patients to increase their digital skills overall which will include access to their patient records and appointments. We also recognise that there will still need to be a telephone and face to face offer in place for individuals who cannot or choose not to adopt digital approaches.
- **Enhanced Access from 1st October** - All Enhanced Access Plans for Primary Care Networks (PCNs) across BOB have been signed off and delivering from 1st October - PCNs will offer extra hours in the morning, in the evening, at weekends and added daytime capacity.

Winter Challenge

2021 Winter Actions - During Winter 2021, the system was supported by the Winter Access Fund (WAF). In summary, of the total BOB WAF allocation of £7.1m, the spend on initiatives for additional appointments to include face-to-face and remote consultations totalled £4.3m (of which Buckinghamshire’s allocation was £1.2m), achieving a total of 204,161 additional appointments during the period between November 2021 to March 2022 (51k of which were in Buckinghamshire, and 44k were additional GP appointments).

Additional hours/appointments increased capacity for patients, reduced the provider impact of increased demand and improved morale among reception teams (breakdown for Bucks below):

Table 1: Bucks total number of additional GP sessions versus appointments during the WAF period.

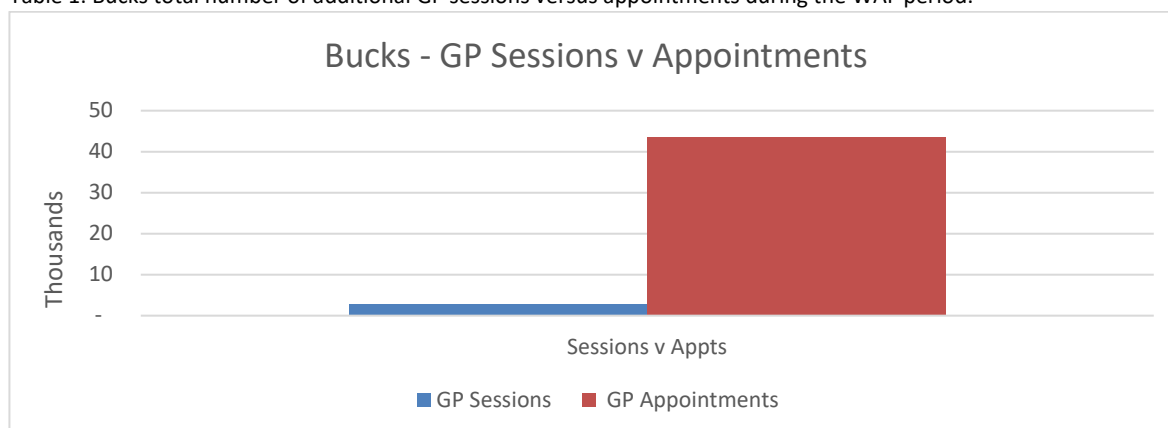
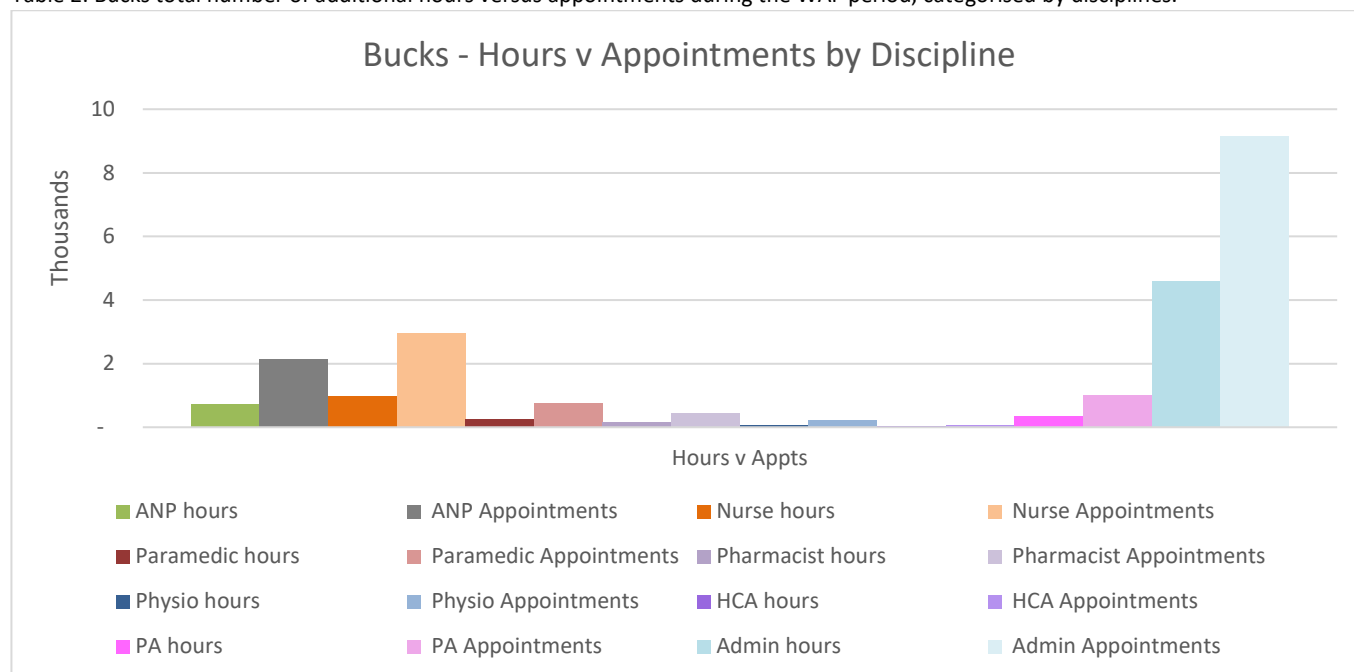


Table 2: Bucks total number of additional hours versus appointments during the WAF period, categorised by disciplines.



Winter funding also enabled implementation of enhanced technology such as advanced telephony roll-out to support flexible, responsive, and integrated services for patients. As a result, practices benefited from improved efficiency and resilience.

Patient satisfaction was maintained despite the challenges faced by our practices, such as staff sickness and the requirement to redirect resources to the accelerated Covid booster vaccination programme.

Despite high levels of staff sickness practices were able to ‘keep the doors open’ as a result of the additional workforce resources.

2022 Winter Plan

- The ICB is currently working to respond to NHSE's recent letter on winter access in primary care and to secure additional capacity and support providers this winter. Essential interventions to build capacity are being accelerated including:
 - **Roll out of advanced telephony** - as mentioned above, 8 newly live, 19 scheduled by March 2023 and 20 previously implemented in Bucks.
 - Roll out and use of **community pharmacist consultation** service - 33 out of 47 practices are live, we are working with the remainder.
 - **Resilience planning** in response to recent NHSE guidance encouraged practices and PCNs to replicate the innovations undertaken in 2021.
 - **Enhanced Access** arrangements agreed and live from 1st October 22 – all Enhanced Access Plans for Primary Care Networks across BOB signed off and delivering from 1st October - PCNs will offer extra hours in the morning, in the evening, at weekends and added daytime capacity.

- **Same day care** – in addition, to help reduce the demand into primary care, we have implemented a primary care NHS 111 Hub which aims to triage all primary care activity before it reaches GP Practices. This will mean that GP practices will only receive referrals for patients that require a face-to-face appointment. To date we have mobilised 7 practices with the remainder being mobilised before Christmas. Early indications are that up to 80% of activity is being closed down within the hub without onward referral.

Other access workstreams include winter communications; providing additional remote consultation capacity/signposting to national support offers for the most challenged practices; embedding the use of online consultation solutions; and building PCNs' and practices' use of Connected Care/Apex data to manage their capacity and demand. We are also working with practices to review and improve website information and phone messages.

Tackling Variation

All GPs are independent business owners and due to patient needs within the area different systems and requirements are needed to ensure patient outcomes are delivered. This means that there is inevitably some variance in the systems that practices use for patients and delivering services. The ICB has a role to play in working with practices to ensure that any variances remain within an acceptable range, and that patients still have access to services and a positive experience of the care and support they receive.

So for example:

- To support **patient access**, Buckinghamshire's ICB place team is reviewing practices in the top quintile to identify best practice that can be shared and are also reviewing practices in the bottom quintile giving consideration to:
 - Triangulating with other information sources and whether action plans to improve phone access in development with PPG is required;
 - Telephony project status (project supports the upgrade of GP practice telephone systems) and scope to escalate if GPs are having difficulties establishing or delivering new telephony systems.
- To support improvements in **patient experience**, Buckinghamshire's ICB place team are reviewing practices in the top and bottom quintiles for patient satisfaction with making an appointment and overall experience of GP practice. Practices that have been identified as requiring a plan in more than one area will be asked to provide a combined action plan.
- As an example - one practice which identified as having poor waiting times for an appointment (where more than half of responders to the national GP survey stated they had to wait a week or more for an appointment) has been recently reviewed to ensure that appropriate systems and support are in place.

In addition, to ensure we have the best possible data on patient experience, work is underway to increase participation and upload for the newly reinstated Friends and Family Test and to follow-up identified outliers to ensure sufficient patient feedback systems are in place.

We are also providing training as part of the NHSEI funded Health & Wellbeing Primary Care Pilot. This training is being offered to all Primary Care staff (General Practice, Dentistry, Optometry and Pharmacy) who have service user/patient-facing or mental health and wellbeing-related roles. The aim of this training is to re-energise staff working in demanding and challenging environments. It will cover things like effective communication, handling challenging patients and mental health training to enable primary care staff to be able to confidently hold supportive and compassionate wellbeing conversations with their colleagues. It is hoped that by supporting staff in this way we will also see improvements in patient experience.

How are the ICB supporting delivery?

Building on this and taking into account the innovations delivered last year as part of the requirements in the PCN Enhanced Service the following has been implemented

- Weekly situational reports are now requested from general practice to understand their operational challenges, reviewed and followed up where necessary.
- Assurance of primary care services is provided through the following:
 - ICB Primary Care component of the Performance & Assurance report; and
 - ICB's Population Health & Patient Experience Committee
- The primary care team continue to monitor service quality. All Buckinghamshire practices are CQC rated good and above (2 are outstanding).
- PCNs are making good progress towards their contractual requirements including agreeing priorities around personalisation, addressing inequalities and preparing for the roll-out of new anticipatory care arrangements next year.
- From a collaborative working and oversight perspective the BOB teams continue to further develop ways of working including new governance arrangements and building the interface with PCNs and the LMC through a new GP Leadership Group.
- A project to review the approach to workforce planning is reaching a conclusion with the final report expected to be signed off in the next few weeks.

Buckinghamshire GP Estates - Capacity and Assurance

Buckinghamshire is a growing County and it will be important to ensure that GP services can adapt and meet the needs of an increasing population.

The ICB aims to make the best use of capital and estates resources to ensure that:

- Everyone who needs a face-to-face appointment can get one;
- That we have the right facilities to deliver the services and support that people need;
- That we can adapt to the ever-changing populations and health needs of Buckinghamshire.

Major schemes completed in last quarter - Examples of recent developments include Berrycroft Health centre in Aylesbury and Beaconsfield Medical Centre. Both developments saw GPs coming together to redesign their facilities to ensure they are fit for current and future service needs. The developments

Health & Wellbeing Board

Buckinghamshire

recognise that models of care will be increasingly about more than just delivering traditional GP consultations, with a wide range of other therapies, services and support being provided alongside.

Berrycroft Health Centre (2 x merged GP Practices) – improved primary care space as well reception and rooms for community engagement and other services.



Beaconsfield Medical Centre (2 x GP Practices) – revamped space providing a central reception point and increased consultation and other rooms for associated services.



Major schemes in pipeline - There are a number of transformation schemes currently under consideration with the aim being to bring together GP Practices, PCN additional services and hospital services through system working – the most developed of which are included below:

	Scheme	Status	Estimated timescale
Bucks	Lace Hill Buckingham - new Health Centre including Surgery and other additional services	Outline Business Cases submitted for NHSE review and national level approval	2024/25*
	Whitehill, Aylesbury – redeveloped GP surgery including additional PCN services		2024/25*
	Calcot Medical Centre, Chalfont St Peter – redevelopment of premises to optimise and increase use of GP space and co-locate with some hospital services into vacant neighbouring building and co-locate network team within Chalfont Hospital	Approved project - Tender Procurement & Cost Review in progress	2023/24*

*Subject to relevant planning permissions and agreements being finalised in expected timescales

All local PCNs are currently working on ensuring that their clinical and estates strategies are aligned through the use of the PCN Estates Toolkit. This programme of work is expected to be completed early in the New Year and will enable the baseline position of GP premises provision to be established across

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Bucks and through the agreed clinical and associated estates strategies completed to enable an evidence based approach to be applied as and when future capital funding opportunities become available.

Health are working collegiately with Buckinghamshire Council colleagues to link health requirements into the overall Buckinghamshire Plan and how best to access and optimise the use of S106 funding to support the levels of growth predicated.

4. Next steps and review

BOB ICB welcome feedback on this paper and will follow up on any issues arising in discussion.

There are a number of current projects where the support of the HWB would be crucial in ensuring that planning and associated assessments support health development in key areas of the county.

5. Background papers

None