

NHS England Board meeting

Paper Title: Access to Primary Care

Agenda item: 6 (Public session)

Report by: Dr Amanda Doyle, National Director for Primary Care and Community Services

Paper type: For discussion

Key area: Strategy Performance Policy

Link to strategic objective(s):

Please choose as appropriate:

- Supporting integration of care and enable change
- Recovery of the health service
- Continued COVID-19 response
- Achieving long term financial sustainability
- Workforce and investment in our people
- Transformation of services
- Digital and data
- Statutory item
- Governance
- Other: please state below

Executive summary:

Demand for Primary Care has never been greater and, in places, currently outstrips supply, resulting in some people struggling to access services. Addressing these challenges is a high priority for NHSE to ensure patients can continue to access and receive high quality, safe care in the community when they need it.

The publication of Dr Claire Fuller's [Next Steps to Integrating Primary Care](#) in spring set out an ambition to join up primary care, and improve access and the experience of the people using and working in primary care services, but we also need to take some immediate actions to support systems to achieve this. Accepting the recommendations laid out in Dr Fuller's report, NHSE is working with systems to create the conditions and identify new initiatives that will enable ICBs to build on the good work that is already in progress.

Action required by the Board:

The Board is asked to consider and discuss the progress and actions that NHSE has taken - and are taking - to support Integrated Care Boards (ICBs) improve access to Primary Care.

Background

1. Ensuring good, safe and timely access to primary care has been a complex and challenging issue for many years.

2. Emerging from the pandemic, demand for primary care services has never been greater as more people seek help for new health issues or to manage ongoing conditions. In general practice, for example, in the 12 months ending July 2022, 345 million appointments were recorded as being delivered, compared to 310 million appointments recorded in the 12 months ending July 2019. This equates to a 35 million increase in appointments recorded as delivered over a 12 month period. Capacity in some areas, especially in rural or more deprived locations, is stretched and demand is outstripping supply. Across primary care, as with other parts of the NHS, current workload pressures are intense, and this is compounded by workforce challenges. Recruiting additional primary care workforce, as well as retaining existing GPs and the wider workforce, is vital to ensure the sustainability of primary care services in responding to demand, and is one of the most significant factors in responding to access challenges. In July 2022, there were 35,257 full-time equivalent (FTE) GPs working in general practice in England (44,446 headcount). PCNs have also recruited over 19,000 additional roles since March 2019.
3. 2022 saw a decline in public satisfaction in the [GP Patient Survey](#), which was published in July 2022 and covers general practice and dentistry; while the British Societal Attitudes that was published in March 2022 showed the public are concerned about the ability to make an appointment to see their GP. However, GP appointments continue to rise and at July 2022 showed 345 million appointments over the last 12 months, compared to 309 million in the 12 months up to July 2019 - an increase of 36 million appointments. We therefore need to continue and further our actions to support improving patient experience of access, expanding clinical capacity, and strengthening of, and integration between, all primary care services.
4. In October 2021, we set out [our plan for improving access for patients and supporting general practice](#), which kickstarted a series of actions to address these challenges. These actions sit alongside the 2019 five-year GP contract deal and the Government's manifesto commitments to improve general practice capacity by increasing the size of the primary care workforce and delivering 50 million more appointments. Primary Care remains a key focus for this government as set out in the new Secretary of State's "Our plan for patients".
5. The subsequent creation of Integrated Care Systems (ICS) in July 2022 offers an opportunity for all local health and care partners to work together to go further to deliver local solutions to improve access to primary care services.
6. Dr Claire Fuller's [Next Steps for Integrating Primary Care](#) (published May 2022) – a stocktake on what's working well and how systems can accelerate the implementation of integrated primary care – sets out a clear, achievable vision on improving the access, experience and outcomes of primary care services for our communities. The report empowers system leaders to do this in a number of critical areas and we are helping to create the conditions that enable them to do this.
7. To support systems during this period of sustained significant pressure, NHS England ([NHSE](#)) [has taken action to boost capacity ahead of winter](#). These measures boost access to primary care.

Actions to support ICBs improve access to primary care

8. Good access is not just about getting an appointment when patients need it. It is about getting the right advice, care and treatment from the right healthcare professional, in the right place and at the right time.
9. A lack of capacity across the NHS has had an impact on all areas of the system. Recognising the fundamental importance of primary care in underpinning NHS services means it is critical that we work collaboratively with ICBs to support them in addressing the access challenges in primary care.
10. As we head into yet another pressured winter period, we are taking several steps now to provide immediate support to expand capacity and reduce burden, whilst helping drive towards our vision for integrated primary care.
11. To enable this, the key actions we are introducing include:

Patient experience of access to general practice

- a. We are working to make it **easier for patients to get in touch** with their GP team across the country by, for example, looking at options to build on the successful pilots run last year to improve **practice telephony**.
- b. We have expanded the pilot to make it easier and quicker for more patients to **register digitally with a GP**. We will encourage people to use the NHS App to view entries in their GP record from the 1st November 2022.
- c. **An ICS framework** (included in the appendix) to support system teams rapidly assess the needs of their practices/PCNs, identify the practical and supportive interventions and investment required to boost resilience and patient access, and improve patient and staff experience. Some information collected from the framework will feed into ICB submissions against the Board Assurance Framework, as outlined in the Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter publication.
- d. We continue to offer intensive, hands on improvement and development support via the **National Accelerate Programme** for those practices in systems working in the most challenging circumstances. We are working with ICBs to build the skills and support infrastructure needed in the long term to enable a consistent, data driven approach to continuous quality improvement and embed sustainable change, which includes digital transformation

Expanding clinical capacity within primary care

- a. **Maximising recruitment of new staff in primary care** by adding new roles and introducing flexibility to the Additional Roles Reimbursement Scheme to expand primary care network capacity and support access. This includes, from October 2022, PCNs being able to recruit to two new roles, including GP Assistants, who will help GPs to undertake a range of tasks and help with their workload and time, and Digital and Transformation Leads, to support patients and general practice to use new digital technologies, as well as care co-ordinators and social prescribing link workers. We are also making changes to reimburse training time for Nursing Associates to become Registered Nurses who work in General Practice, and increasing flexibility for Clinical Pharmacists to work in PCNs. We are providing national support to PCNs on how to optimise use of the ARRS workforce as part of a multidisciplinary team in delivering services to patients.

- b. **Increasing flexibility in some existing general practice funding** by repurposing a proportion to use to directly support patient access to general practice over winter 2022, including for additional appointments, and capacity to support provision of services based on local need, such as respiratory hubs.
- c. **Reducing bureaucracy and improving the primary/secondary care interface** – a raft of measures is already in place, such as enabling more healthcare professionals to sign fit notes. We now plan to go further so The Academy of Medical Royal Colleges (AoMRC) has been commissioned to identify actionable insights during the next three months where closer clinical collaboration at the interface would have most impact in managing upcoming winter pressures and beyond.

Developing broader primary care services

- a. **Community pharmacies** play a vital role as they are based in the heart of local communities and are the first ports of call for people wanting advice or practical support with their health. The NHS **Community Pharmacist Consultation Service (CPCS)** facilitates patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes. The service alleviates pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. In June 2022, 96,700 CPCS consultations were completed¹ – all of which prior to 2019 would have been handled by a GP. We are working to increase uptake of the CPCS by General Practice to divert more demand from General Practice thus reducing the demand-capacity gap. In addition, community pharmacies are offering a **blood pressure check service** to people over 40. All blood pressure readings are sent to the GP from the community pharmacy, joining up services to speed up access to care and prevention of strokes and heart attacks in otherwise undiagnosed patients. Since the service started in October 2021 more than 7,882 community pharmacies have signed up to provide a blood pressure check service and over 346,290 checks have been carried out by community pharmacies [October 2021- July 2022].
- b. **Access to dentistry:** following the lifting of infection prevention and control measures in the summer, contractors have been directed to return to pre-pandemic activity levels. In July this year, we wrote to the dental sector to announce the first significant changes to the contract since its introduction in 2006. The first step of changes address many of the challenges voiced by frontline dental teams and will make a difference to patient access. With a shift in the emphasis of financial reward and a re-orientation of clinical activity to those patients that need it most by:
 - I. Introducing enhanced Units of Dental Activity (UDA) to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2
 - II. Producing supportive material around NICE recall intervals, recommending personalised recall intervals based on a patient's oral

¹ Data correct as of June 2022 – this figure has been updated to 118,123 following usual data adjustment of completed CPCS consultation.

health. This means that patients with good oral health may only require a routine check-up every 12 to 24 months

- III. Establishing a new minimum indicative UDA value
- IV. Addressing misunderstandings around use of skill mix in NHS dental care, whilst removing some of the administrative barriers preventing dental care professionals from operating within their full scope of practice
- V. Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year
- VI. Improving information for patients by requiring more regular updating of the Directory of Services

Next steps – going further and faster

12. We want to maintain momentum to improve access and will continue to work with our regional teams and ICBs to make existing processes and frameworks more efficient and effective as well as identify new measures that will enable systems to implement improvements.
13. We plan to introduce further actions to support ICBs over the coming months including:
 - a. Making it easier for patients to get in touch with their GP team – as above, developing practice telephony will be a key priority.
 - b. Looking at how we develop integrated neighbourhood teams – the fundamental foundation of Dr Fuller’s stocktake ambition – by bringing GP teams together with other primary and community services.
 - c. Working with government to address some of the issues which we know impact on GP retention, as well as continuing to reduce the administrative burden on primary care.
 - d. Exploring the feasibility of running a high profile communications campaign to help raise awareness of some of the key changes that have been introduced into primary care during the pandemic, including use of the wider multi-disciplinary team, community pharmacy and digital routes to contact general practice.
 - e. Making more of the NHS App and looking at how we make it easier for patients to directly book certain types of appointment via the App and online.
 - f. Improving our understanding of patient experience, and their experience of access, by building on insight gained through current insights gathered through the annual National GP survey and the monthly Friends and Family test reporting.
 - g. Looking at how community pharmacy can play an ever greater role in their local system by expanding the service offer, including widening the CPCS service for minor illnesses to other providers, introducing new pilots to support with early cancer diagnosis, and building on the New Medications Service and contraception pilots.
 - h. Following quickly off the back of the first raft of changes to the dental contract, starting work on the next phase of engagement with frontline dental teams, patients and the public, commissioners and sector representatives to undertake further reform. Over the coming months, we will gather perspectives from frontline clinical staff on potential solutions to these challenges. These engagement activities will be focused around the following themes:

- I. Improving urgent care access
- II. Supporting access for new patients
- III. Re-orientating the system towards prevention, and
- IV. Dental team recruitment and retention

14. We ask the Board to accept this update and continue to support Primary Care integration with systems.

Appendix One – ICB framework: conversation between ICS teams and practice/PCN

Potential key lines of enquiry for ICS to assess where immediate investment and support may be required

Section 1

i. Patient contact

- Is cloud-based telephony in place, over what proportion of your practices, for how long, and what functionality do you have? (To note, this data collection will support the development of a national framework for cloud-based telephony for general practice).

ii. Use of data for improvement

- What, if any, business intelligence (BI) tool(s) do your practices use?
- How many practices have no access to a BI tool?
- How do they use it to understand demand, activity and capacity?

iii. Operational efficiency

- What business functions have practices automated, if any? eg document workflow, certain pathology results, vaccine recall systems

iv. Clinical and administrative workspace

- Do your PCNs have the estates/facilities to optimise use of clinical/admin teams?
- If not, what are the expected costs and realistic timelines – including business case approvals, procurement and building works completion – to resolve identified estates/facilities challenges

v. Enhanced access

- Have the PCNs' plans been signed off to deliver a minimum of 60 minutes of appointments per 1,000 PCN adjusted populations per week during the network standard hours?
- Do your PCNs have interoperability capability to work as a PCN/enable EA?

If yes – are there any plans to support other hub type working eg respiratory winter hubs?

If no, interoperability of IT systems then escalates via return to regional team to consider support for capital / other funding.

Equipment

- Do general practice staff have sufficient equipment to carry out their roles effectively? (eg laptops, screens, headsets, webcams, phones, etc)
- Do PCN/ARRS staff have sufficient equipment to carry out their roles effectively?

General

- Have your PCNs implemented any other interventions to manage workload, optimise clinical capacity or improve patient access in general practice?
- If so, what were they and have you measured/quantified the improvement? eg establishing PCN hubs

Section 2: Support areas

i. Patient contact

- How is cloud based telephony being used to improve patient access, and how is good practice shared?

ii. Patient communication

- How does the ICS support practices to ensure patients can easily find and understand accessing the following on practice websites: (see checklist for 'highly usable websites' outlined in the [Creating a highly usable and accessible GP website for patients' guidance](#))

The online consultation system

Opening times

Phone number for the practice

Self-care information and community pharmacy options

Online services via the NHS App or other similar service eg repeat prescriptions

iii. Use of data for improvement

- How does the data on use of 111 services during 8-6.30pm compare (using calls per 1000 patients) when benchmarked to local practices?

iv. Operational efficiency

- How does the ICS support spread and adoption of automation of business functions?
- How does the ICS support the sharing of good practice and the impact of automation?
- Does the ICS plan to support further automation of practice functions?

v. Appointment allocation

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- Do practices have effective systems in place for care navigation?
 - What support does the ICS provide to monitor and support this to ensure it is safe and effective (eg training)?
 - How many practices and PCNs use a system of clinical triage for appointment requests?
 - What ARRS staff are in place across PCNs?
 - How could the ICS support PCNs to ensure ARRS roles are working as effectively as they could to help meet demand?
 - Where there is a High Intensity User scheme locally in ED, consider where a PCN could utilise a SPLW (social prescribing link worker(s)) or Care coordinator(s) recruited through the ARRS scheme to support.

BP@Home and LTC remote monitoring

- Are PCNs able to make effective use of BP@Home/LTC remote monitoring to support patients to manage their blood pressure?
- Awareness of community pharmacy BP checks and promotion for patients?
- What support is required to make good use of this service?
- What improvements have been delivered as a result of BP@Home or LTC remote monitoring?

vi. Clinical and other capacity

- What are the vacancy levels across clinical/admin teams?
- How many of these have been open for more than two months?
- What strategies does the ICS team have in place to support workforce challenges?