

Nottinghamshire County Health Scrutiny Committee

Meeting 7 September 2021

Access to Primary Care

Dear Colleagues,

Nottinghamshire County Council Health Scrutiny Committee have asked NHS Nottingham and Nottinghamshire CCG to provide an update for Members at the September 2021 meeting in relation to:-

- Access to Primary Care

The brief below provides the update requested.

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Nottinghamshire County Council Health Scrutiny Committee – Access to Primary Care

1. Introduction

Across Nottingham and Nottinghamshire there are 125 GP practices and these vary from single handed GP practices to large practices with multiple branch sites.

This brief is to provide the Nottinghamshire County Council Health Scrutiny Committee with a background to primary care contracts and access to primary care services.

2. Background

2.1. Contract

Contracts to deliver primary care services are offered using three different contract types:

General Medical Services (GMS) contract: The GMS contract is the national standard GP contract and is negotiated nationally between NHS England and the British Medical Association (BMA). GMS contracts can only be held by a partnership and at least one partner must be a general medical practitioner.

Personal Medical Services (PMS) contract: PMS contracts offered local flexibility compared to the nationally negotiated GMS contract but the historical financial premium attached to a PMS contract has now been eroded and GPs are moving to a GMS contract.

Both the GMS and PMS contracts are contracts in perpetuity i.e. the 'holders' of those contracts can continue as long as they wish and have control over who they add to that contract as additional partners.

Alternative Provider Medical Services (APMS): The APMS contract offers commissioners a route to procure primary medical services locally to meet the needs of the population. These contracts can be awarded to any provider and have a contract term, i.e. not a contract in perpetuity.

The GMS contract offers a nationally negotiated price (global sum) and is a contract for providing 'usual care' on the basis of £ per registered patient. The capitation fee is adjusted according to varying workload due to age, sex and deprivation using the Carr-Hill formula. Further information about GP contracts is set out via the below link:

<https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained>

2.2. The Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF) is a voluntary reward and incentive programme offered to every GP contractor. It affords increased payments to GP practices for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care. The QOF contains four main components, known as domains. These are:

- Clinical
- Public Health
- Public Health – Additional Services
- Quality Improvement

The QOF is based on delivering a range of clinical targets, there is no specific target relating to access. Further information about QOF can be found via the below link:

<https://www.england.nhs.uk/wp-content/uploads/2020/09/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Guidance.pdf>

2.3. Enhanced Services

There are also nationally and locally commissioned enhanced services which provide an extended range of services that practices can choose to provide, with an enhanced payment to the global sum. The Enhanced Services locally commissioned by Nottingham and Nottinghamshire CCG are:

- Enhanced Services Delivery Scheme (ESDS)
- Primary Care Monitoring of Amber 1 Shared Care Protocols and Patients with Stable Prostate Cancer
- Anticoagulation Monitoring Enhanced Service (Level 2, 3 & 4)
- Asylum Seekers & Syrian Resettlement Programme Service
- Homeless Enhanced Service
- Interpreter Assisted Appointments
- Homeless LES and Severe Multiple Disadvantage (SMD)
- Safeguarding Reports & Summaries
- Physical Health Checks for Patients with SMI

In 2019 a significant change occurred to GP contracts with the introduction of a new Directed Enhanced Service (DES) called the Network Contract DES, which is the basis for the Primary Care Networks. Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with GP practices being a part of a network. The networks provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. They benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.

<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

Members' may wish to read Section 5, page 33, which sets out detail relating to going 'digital-first' and 'improving access'. This sets out intended improvements in relation to digital services and access and specific requirements include:

- Patient access to online records
- Patients' right to online and video consultation
- Ability to book appointments and order prescriptions online
- Provision of extended hours access (outside core contracted hours of 8:00am-6:30pm, Monday to Friday)
- Provision of GP appointments directly bookable by the 111 service

2.4. Workforce

Practices have a contractual requirement to report each month on their workforce numbers, full-time equivalent (FTE) and headcount figures, with breakdowns of individual job roles. This is for the following staff groups: GPs, Nurses, Direct Patient Care (DPC), and Administrative staff.

Further information about the National Workforce Reporting System (NWRS) can be found via the below link:

<https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services#summary>

2.5. Access

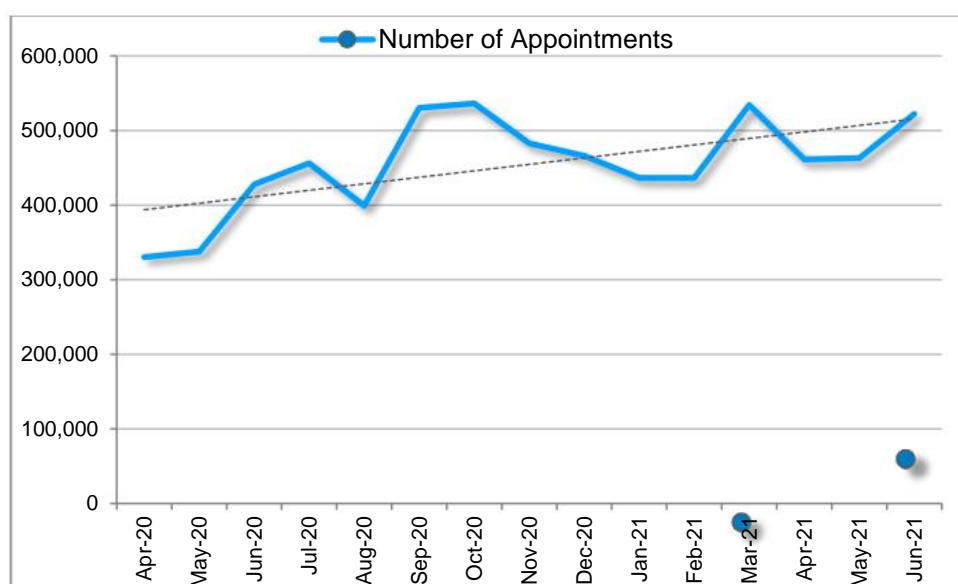
Practices also have a contractual requirement to allow the extraction of anonymised and aggregated data about appointments offered.

This appointment information is published but only gives CCG aggregated data, not practice specific data. This can be viewed via the below link:

<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

The latest access data available is for June 2021. The figures for Nottingham and Nottinghamshire are provided below:

Number of appointments:	522,336
Appointment type:	
Face to face	298,001
Home visit	1,677
Telephone	191,704
Video/online	3,071
From booking to appointment:	
Same Day	231,702
1 Day	33,567
2 to 7 Days	92,595
8 to 14 Days	68,753
15 to 21 Days	42,522
22 to 28 Days	26,153
More Than 28 Days	26,906



There has been a national initiative on improving access to general practice for the past five years, but this has focused principally on the development of extended hours access. Further information can be found via the below link:

<https://www.england.nhs.uk/wp-content/uploads/2017/11/improving-access-general-practice-national-slidedeck.pdf>

3. Monitoring

The CCG does not routinely monitor the number of appointments offered or the average waiting time for an appointment as there is no contractual requirement to offer an appointment in a specific amount of time. However, patients' views on access to GP appointments are captured annually via the national GP Patient survey. The latest results were published on 8 July and are available via the below link:

<https://www.england.nhs.uk/statistics/2021/07/08/gp-patient-survey-2021>

It is possible to view and compare practice level data. In terms of access the data for Nottinghamshire is slightly better than the national average but this masks considerable variation between practices.

GP Survey Results 2021

	CCG Average	National Average	Best Practice	Worst Practice
Easy to get through to GP practice on the phone	72%	68%	98%	30%
Usually get to see or speak to preferred GP	45%	45%	64%	24%
Describe experience of making an appointment as good	73%	71%	95%	35%
Describe overall experience of GP practice as good	84%	83%	99%	58%

Practices are monitored using multiple sources of information to ensure they are delivering their contractual requirements and providing high quality services to their patient population.

Whilst practices have a GMS, PMS or APMS contract the CCG also has a Primary Care Quality Dashboard, which includes the following information for each GP practice:

- CQC: rating for each domain (safe, effective, caring, responsiveness, well-led) and overall rating
- Clinical outcomes: immunisations, flu vaccinations, screening
- Patient experience: friends & family test, national survey, patient feedback, health checks, and registers
- Patient safety: safeguarding, policies and named leads

This information is regularly monitored by the CCG Primary Care Commissioning Team and the Primary Care Quality Team at monthly at quarterly review meetings. The dashboard uses a RAG (red, amber, green) system. If a practice is rated amber or red a meeting is organised with the practice to consider the challenges the practice has and how the CCG can support the practice. This process takes into consideration a number of other factors, for example, challenges with workforce (recruitment, retention, and retirements), the estate (capacity, condition, compliance) etc.

Nottingham and Nottinghamshire ICS also conducted a piece of public research with residents to understand their experience of care during the pandemic including how they feel about appointments being conducted remotely.

This is accessible here: <https://healthandcarenotts.co.uk/listening-to-our-citizens-and-patients-during-the-coronavirus-pandemic/>

4. Regulatory Roles and Assurance

NHS England is responsible for high quality primary care services for the population of England. Nottingham and Nottinghamshire CCG has delegated commissioning arrangements for primary medical services. This means the CCG has full responsibility for the commissioning of general practice services for the local population, on behalf of NHS England.

NHS England retains responsibility for commissioning dental, optometry and community pharmacy services.

Other organisations have a role in monitoring primary care, as follows:

4.1. Care Quality Commission

GP practices are regularly reviewed by the independent regulator, the Care Quality Commission (CQC). One of their five Key Lines of Enquiry concerns responsiveness and, in particular, access to appointments:

<https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-gp-practice>

All GP practices are inspected by CQC and following a visit a report is published which includes a rating for each of the Key Lines or Enquiry and an overall rating for the practice (Outstanding, Good, Requires improvement, or Inadequate).

4.2. Healthwatch

Healthwatch is an independent organisation to ensure that people's voices are heard and they are involved in decisions that affect them. Healthwatch takes a keen and independent interest in access to GP services

<https://hwnn.co.uk/gp-access-review-must-be-part-of-nhs-covid-19-recovery/>

The Healthwatch report highlights a major concern at the present time, which is that the move to remote consultations necessitated by the pandemic has not suited all patients, with a higher number of patients expressing dissatisfaction with GP services compared with pre-pandemic. Practices are now endeavoring to 'open up' and offer more face to face appointments, but are having to do so at the same time as mitigating the ongoing risks of COVID infection (see below).

5. Booking a Routine Appointment

The way patients book appointments has changed as a result of COVID. During COVID face to face appointments were based on clinical need so triage and remote consultations became the primary way to see and treat patients. As we are returning to 'business as usual' practices are now offering more face to face appointments: practices do still operate a triage system but will arrange a face to face appointment if there is a clinical need. Currently, data indicates that there has been an increase in the number of appointments provided by practices (higher demand than before COVID) and 50% of appointments are same day.

The CCG has received correspondences from local MPs and councillors stating that access continues to be a concern with their constituents, particularly the ability to secure a face to face consultation. The latest NHS figures show GP practices in England carried out 31.1 million recorded patient appointments in June 2021, including 3.6 million more non-vaccination appointments compared with June 2019. The findings from May, calculated by a mid-point analysis, reveal the average waiting time for a non-urgent in-person appointment following triage is down to 8.7 days, while the average wait for a phone or video consultation is 7.4 days. This compares with an average waiting time of more than two weeks pre-pandemic and before Covid forced practices to switch to a 'total triage' approach in which all patients are expected to contact their surgery remotely to book an appointment.

How long is the average waiting time for a non-urgent in-person appointment at your practice, following initial triage?

Less than a week	405
1-2 weeks	190
2-3 weeks	113
3-4 weeks	28
4-5 weeks	7
More than 5 weeks	5
<i>Total number of GPs responding</i>	<i>748</i>

How long is the average waiting time for a non-urgent remote consultation appointment – video or phone – at your practice, following initial triage?

Less than a week	492
1-2 weeks	154
2-3 weeks	82
3-4 weeks	19
4-5 weeks	9
More than 5 weeks	2
<i>Total number of GPs responding</i>	<i>758</i>

We note that this is national data and that there is considerable variation between practices, so not all patients' experience will be the same. Although we do not have a contractual mechanism for monitoring waiting times at practice level we do feedback any concerns received and offer to support practices to improve access. Support takes the form of staff training and also, when practices are struggling, additional temporary staff. Since October practices have received additional funding in the form of a 'COVID Capacity Expansion Fund' which is explicitly intended to fund additional staff to improve access and enable practices to cope with the backlog of work which has accumulated over the pandemic period, such as check-ups for long-term conditions like diabetes.

6. Summary

The CCG is responsible for the commissioning of general practice medical services, on behalf of NHS England, and monitors delivery of services through the nationally negotiated GP contract. There are no contractual requirements around access to these services, but access and quality is monitored through both national and local resources.

Whilst public satisfaction with general practice remains high, it is recognised that patients have reported difficulty in accessing services, particularly during the pandemic. This isn't unique to Nottingham and Nottinghamshire; this is the same challenge being presented across the UK. As well as monitoring practices the CCG has offered resources specifically intended to increase workforce capacity and improve practice resilience during the recovery from COVID.

Good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time. As well as a focus on access, the national Network Contract DES also enables PCNs to recruit additional roles to create bespoke multi-disciplinary teams to meet the needs of their local population.



Nottingham and Nottinghamshire Clinical Commissioning Group

The CCG is committed to ensuring the population of Nottingham and Nottinghamshire has access to high quality primary care services and is supporting GP practices through local and national initiatives to achieve this.