

**Nottinghamshire County Health Scrutiny Committee**

**21 February 2023**

**Access to General Practice Services**

Dear Colleagues,

Nottinghamshire County Council Health Scrutiny Committee have asked NHS Nottingham and Nottinghamshire ICB to provide an update for Members at the February 2023 meeting in relation to:

- **Access to General Practice Services**

The brief below provides the update requested.

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# Nottinghamshire County Council Health Scrutiny Committee

## Access to General Practice Services

### 1. Introduction

The Committee has asked the ICB to present on access to general practice services post the COVID-19 pandemic and what the 'new normal' looks like, including what is working well and where the pinch points are. The Committee would also like to see district-level GP access data.

Across Nottingham and Nottinghamshire ICB there are 131 general practices, varying from single handed practices to large practices with multiple branch sites. General practice provides core primary medical services across a population of 1,278,774. Core services include the identification and management of illnesses, providing health advice and referral to other services. Practices are required to provide their essential services during core hours, which are 8.00am–6.30pm Monday to Friday, excluding bank holidays.

Across Nottinghamshire, three practices are currently rated 'Inadequate' overall and one practice is currently rated 'Requires Improvement' overall. No practices are awaiting full inspection outcomes. Seven practices do not have a current rating as they are yet to be inspected following partnership / ownership changes. All other practices (76) have an overall rating of either 'Good' or 'Outstanding'.

### 2. Access

Following the COVID-19 pandemic, the health and care system has been in recovery, however, there has been a continued high demand for all services across the system. Due to the unprecedented pressures Nottingham & Nottinghamshire health and care system declared critical incidents in July 2022, September 2022 and December 2022 and this has continued into January 2023.

General practice is the backbone of the NHS and has played a pivotal role in supporting system recovery across the ICS. This has meant maintaining services under challenging circumstances as well as responding to emergent needs. For example, our primary care teams have recently responded to a national request by rapidly establishing urgent Acute Respiratory Infection hubs to respond to the increase in Strep A cases. This has been in addition to addressing existing winter pressures such as other respiratory conditions, flu, and COVID-19 infections which remain present.

As a result of the extraordinary demands the ICB has taken steps through a general practice winter support package to offer resilience and help manage winter pressures in general practice. This includes flexibilities for the Quality and Outcomes Framework (QOF) with practices continuing to risk stratify patients, focusing on the most vulnerable patients and carrying out Long Term Condition reviews. This winter support package builds on the letter, published by NHS England in September 2022, to support general practice, primary care networks and teams through winter and beyond.

Since October 2022 Enhanced Access has been included in the Network Contract Directed Enhanced Service (DES), which provides core primary medical services across all 23 Primary Care Networks (PCNs). This replaced the previous Extended Hours (at individual practice

level) and Extended Access (across PCNs) to provide a more cohesive service for patients to access.

The Network Standard Hours for Enhanced Access are 6:30pm until 8:00pm Monday to Friday and 9:00am until 5:00pm on a Saturday. PCNs must deliver additional clinical support to patients for 60 minutes per 1,000 population, a week, at locations which are accessible to all registered patients in the PCN. The total number of hours that are delivered across Nottingham and Nottinghamshire is 1,237.75 per week. During October and November 2022 1,501 hours were delivered a week due to additional flu clinics being provided.

## 2.1. Appointment data

General Practice Appointment Data (GPAD) is published by NHS Digital. On 24 November 2022 NHS Digital published the first set of individual practice level GPAD for October 2022. This is available via <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

This paper does not provide practice level data due to there currently being wide variation between how practices record appointments within their clinical system appointment rotas. This variation includes how the type of appointment is recorded as well as the health care professional seeing the patient. NHS England have published guidance to support practices with recording appointments to reduce this variation. Bearing in mind these caveats, the data is available at the link above should Committee Members wish to access it.

This experimental data excludes Enhanced Access activity and is not yet consistently recorded across all providers. It is however, designed to provide an insight into the activity and usage of core appointments (GP and health care professionals) and how general practice is impacted by seasonal pressures, such as winter. The latest data available is for November 2022. Table 1 shows a breakdown of the total count of appointments provided in October and November 2022 across the ICB.

The data uses the 'raw<sup>1</sup>' practice list rather than weighted practice list, which is adjusted according to varying workload due to age, sex and deprivation for the registered population.

Table 1 – Appointment Category

Appointment Category	Oct-22	Nov-22	Difference	%
Total count of appointments	653,783	644,260	▼ -9,523	-1.5 %
Appointments seen as face-to-face	466,336	442,201	▼ -24,135	-5.5 %
Appointments on-the-day (same day) booking	246,441	259,245	▲ 12,804	4.9 %
Appointments seen within 2 weeks (days 1 to 14 – excludes same day appointments)	249,397	247,472	▼ -1,925	-0.8 %

Tables 2a and 2b show the number of appointments undertaken over the periods of October and November 2019 to October and November 2022:

The small reduction in total count of appointments between October 2019, 2020 and 2022 and November in 2019, 2020 and 2022 could be attributable to flu vaccination clinics (and autumnal COVID-19 booster clinics in 2022), which are predominately undertaken during

<sup>1</sup> A 'Raw' practice list is all patients registered at the practice and unweighted.

October each year. The pivotal role general practice has had in delivery of these vaccination programmes, whilst maintaining patient care throughout the pandemic, cannot be underestimated. This has also been alongside adapting to new care delivery mechanisms and maintaining patient and staff safety.

Table 2a – Number of Appointments

	Oct-19	Oct-20	Difference Oct 20-Oct 19	%	Oct-21	Difference Oct 21-Oct 20	%	Oct-22	Difference Oct 22-Oct 21	%
Notts ICB total count of appointments	652,181	599,822	▼-52,359	-8.73%	644,092	▲44,270	6.87%	653,783	▲9,691	1.48%

Table 2b – Number of Appointments

	Nov-19	Nov-20	Difference Nov 20- Nov 19	%	Nov-21	Difference Nov 21- Nov 20	%	Nov-22	Difference Nov 22- Nov 21	%
Notts ICB total count of appointments	589,640	539,610	▼-50,030	-9.27%	646,460	▲106,850	16.53%	644,260	▼-2,200	-0.34%

A total of 589,640 appointments were provided in November 2019 compared to 644,260 appointments provided in November 2022. The increase in the total number of appointments provided during this period could be partially attributed to the national introduction of the PCN Additional Roles Reimbursement Scheme (ARRS). This was introduced as part of the Network Contract DES to support PCNs. The ARRS provides funding for additional roles (see section 2.3) to create bespoke multi-disciplinary teams. Primary care networks assess the needs of their local population and, working with local community services, make support available to people where it is most needed.

## 2.2. Types of appointments available

The way patients see a health care professional continues to evolve with the national direction to have multiple ways to access health care. A priority for NHS England is to ensure that a range of types of appointments are available to patients and practices are required to offer and promote' online consultations and video consultations to their patients. As a result, access to the different types of appointments offered by practices has also increased.

Tables 3a and 3b show comparable breakdown of the appointment types across the ICB during October and November 2021 to October and November 2022.

In October 2022 the number of face-to-face appointments has increased to 466,336 in comparison to 413,115 in October 2021. In November 2022 the number of face-to-face appointments has increased to 442,2001 in comparison to 402,132 in November 2021.

Telephone appointments have decreased from 141,185 in October 2022 compared to 187,849 in October 2021. Telephone appointments have also decreased from 153,498 in November 2022 compared to 197,694 in November 2021

Video/online appointments have increased to 9,640 in October 2022 compared to 5,531 in October 2021. Video/online appointments have also increased to 6,993 in November 2022 compared to 6,008 in November 2021.

This identifies a ratio of 3.11 of face-to-face appointments (includes home visits) to one remote appointment (online and telephone) in October 2022. November 2022 identifies a

ratio of just under 3 (2.78) of face-to-face appointments (includes home visits) to one remote appointment (online and telephone).

Table 3a – Appointment Type

	Oct-21		Oct-22	
	<b>Notts ICB total count of appointments (%)</b>	<b>England Average (%)</b>	<b>Notts ICB total count of appointments (%)</b>	<b>England Average (%)</b>
		644,092	284,973	653,783
<i>Appointment type:</i>				
<i>Face to face</i>	413,115 (64.1%)	183,619 (64.4%)	466,336 (71.3%)	215,269 (71.3%)
<i>Home visit</i>	1,993 (0.3%)	1,685 (0.6%)	2,764 (0.4%)	2,202 (0.7%)
<i>Telephone</i>	187,849 (29.2%)	88,924 (31.2%)	141,185 (21.6%)	73,615 (24.4%)
<i>Video/online</i>	5,531 (0.9%)	1,505 (0.5%)	9,640 (1.5%)	2,087 (0.7%)
<i>Unknown</i>	35,604 (5.5%)	9,241 (3.2%)	33,858 (5.2%)	8,617 (2.9%)

Table 3b – Appointment Type

	Nov-21		Nov-22	
	<b>Notts ICB total count of appointments (%)</b>	<b>England Average (%)</b>	<b>Notts ICB total count of appointments (%)</b>	<b>England Average (%)</b>
		646,460	286,098	644,260
<i>Appointment type:</i>				
<i>Face to face</i>	402,132 (62.2%)	179,468 (62.7%)	442,201 (68.6%)	203,655 (69.1%)
<i>Home visit</i>	2,518 (0.4%)	1,918 (0.7%)	3,205 (0.5%)	2,285 (0.8%)
<i>Telephone</i>	197,694 (30.6%)	94,052 (32.9%)	153,498 (23.8%)	77,796 (26.4%)
<i>Video/online</i>	6,008 (0.9%)	1,371 (0.5%)	6,993 (1.1%)	1,803 (0.6%)
<i>Unknown</i>	38,108 (5.9%)	9,289 (3.2%)	38,363 (5.9%)	9,075 (3.1%)

Table 4 breaks this down by the Nottinghamshire Place Based Partnerships for November 2022. Comparable data is not available for November 2021.

Table 4 – Appointment Type (Place Based Partnership): November 2022

	Nottinghamshire Place Based Partnership (Locality areas)					
	Bassetlaw		Mid-Notts		South Notts	
		%		%		%
	*Larwood and Bawtry *Newgate Medical Group *Retford and Villages		*Ashfield North *Ashfield South *Mansfield North *Rosewood *Newark *Sherwood		*Arnold and Calverton *Arrow Health *Byron *Nottingham West *Rushcliffe	
Total count of appointments per area - November 2022	70,142		178,566		207,333	
Appointment type:						
Face to face	52,429	74.75%	126,744	70.98%	135,225	65.22%
Home visit	45	0.06%	207	0.12%	2,007	0.97%
Telephone	14,940	21.30%	36,404	20.39%	54,512	26.29%
Video/online	125	0.18%	1,982	1.11%	2,594	1.25%
Unknown	2,603	3.71%	13,229	7.41%	12,995	6.27%

The above table shows that in South Nottinghamshire the percentage of patients receiving a face-to-face appointment is lower than Mid Nottinghamshire and Bassetlaw Place Based Partnerships (PBPs). However, the percentage of telephone appointments is higher in South Nottinghamshire than Mid Nottinghamshire and Bassetlaw PBPs. This may reflect patient choice and the demographic makeup of the population. The general practice contract does not specify the number or type of appointments that should be provided by each individual practice; however, practices do have to meet the reasonable needs of their population. This is actively monitored by the ICB through triangulation of data about workforce, appointments, and patient feedback methods alongside other quality markers and practices are offered support, where necessary.

Practices themselves also review patient feedback through several mechanisms, for example, Friends and Family Test, Patient Participation Groups, Complaints, Concerns and Enquiries, and Social Media Platforms.

### 2.3. Healthcare professionals

Sufficient workforce to meet demand continues to be a challenge across general practice with a number of vacancies and sickness levels contributing. Table 5 shows the General Practice Workforce Data (November 2019 and 2022) for GPs, other clinical roles and non-clinical roles across Nottingham and Nottinghamshire by number and whole time equivalent (WTE). Whilst the overall number of GPs and other clinical staff included in these tables has reduced slightly for headcount, the overall WTE has increased.

Table 5 – Nottingham and Nottinghamshire General Practice Workforce Data

	November 2019		November 2022	
	Headcount	WTE	Headcount	WTE
GPs (includes salaried, partners, registrars and retainers)	1,020	736.77	974	813.20

Other clinical staff (includes practice nurse, advanced nurse practitioner, health care assistant, phlebotomists)	780	528.07	765	532.81
Administration / non-clinical roles	1,964	1,428.43	2,068	1,533.31

The introduction of PCNs builds on core general practice services with an aim to improve the ability of general practice to recruit and retain staff by providing integrated health and care services to the local population. The recruitment of Additional Roles (ARs) staff enables a greater provision of proactive, personalised care delivered by an increasing workforce with a diverse skill set. This creates a bespoke multi-disciplinary team to ensure that individual patient needs are met by the most appropriate professional to support their care, in line with national policy to build a broader workforce across general practice.

It should also be noted that the numbers provided in table 5 do not include the ARs staff.

The following ARs are currently employed in PCNs across Nottingham and Nottinghamshire (Appendix A provides a description of the roles):

- Care Coordinators
- Clinical Pharmacists
- Community Paramedics
- Dietitians
- First Contact Physiotherapists
- Health and Wellbeing Coaches
- Mental Health Practitioners
- Nursing Associates and Trainee Nursing Associates
- Occupational Therapists
- Pharmacy Technicians
- Physician Associates
- Social Prescribing Link Workers

Two new roles were introduced in September 2022, these are:

- General Practice Assistant
- Digital transformation Lead

Across Nottingham and Nottinghamshire there are currently 481 ARs in post (30 November 2022), this equates to 433.68 WTE. For Nottinghamshire PCNs this equates to 336 ARs, 307.33 WTE.

## 2.4. Booking to appointment

GPAD data includes the patient wait from booking to appointment. Table 6 shows that fewer patients were seen on the same day in November 2022 compared to November 2021. Data for both November 2022 and 2021 is significantly higher than the England average for same day appointments.

Table 6 also shows that fewer patients are waiting 2-14 days from booking to appointment in November 2022 compared to November 2021, with more patients waiting longer than 15



days from booking to appointment. However, it should be noted that many patients choose to wait to see a GP / a GP of their choice. The nature of some appointments means that they can be booked in advance by mutual agreement with the patient.

Table 6 – Booking to Appointment

	Nov-21		Nov-22	
	<b>Notts ICB total count of appointments (%)</b>	<b>England Average (%)</b>	<b>Notts ICB total count of appointments (%)</b>	<b>England Average (%)</b>
		646,460	286,098	644,260
<b>From booking to appointment:</b>				
Same Day	265,809 (41.1%)	120,944 (42.3%)	259,245 (40.2%)	122,515 (41.6%)
1 Day	40,586 (6.3%)	23,491 (8.2%)	41,172 (6.4%)	24,296 (8.2%)
2 to 7 Days	122,606 (19.0%)	59,533 (20.8%)	115,474 (17.9%)	56,825 (19.3%)
8 to 14 Days	95,880 (14.8%)	40,006 (14%)	90,826 (14.1%)	40,169 (13.6%)
15 to 21 Days	56,255 (8.7%)	21,246 (7.4%)	58,245 (9.0%)	23,440 (8.0%)
22 to 28 Days	35,553 (5.5%)	11,575 (4.0%)	39,848 (6.2%)	14,256 (4.8%)
More Than 28 Days	29,478 (4.6%)	9,121 (3.2%)	39,195 (6.1%)	12,838 (4.4%)
Unknown	293 (0.1%)	183 (0.1%)	255 (0.1%)	276 (0.1%)

Table 7 shows the wait time for patients booking to appointment across the Nottinghamshire Place Based Partnerships for November 2022. Comparable data is not available for November 2021.

Table 7– Booking to Appointment (Place Based Partnership)

	Nottinghamshire Place Based Partnership (Locality areas)					
	<b>Bassetlaw</b>	<b>%</b>	<b>Mid-Notts</b>	<b>%</b>	<b>South Notts</b>	<b>%</b>
	*Larwood and Bawtry *Newgate Medical Group *Retford and Villages		*Ashfield North *Ashfield South *Mansfield North *Rosewood *Newark *Sherwood		*Arnold and Calverton *Arrow Health *Byron *Nottingham West *Rushcliffe	
Total count of appointments per area	70,142		178,566		207,333	
<b>From booking to appointment:</b>						
Same Day	27,776	39.60%	68,270	38.23%	84,243	40.63%
1 Day	4,600	6.56%	11,235	6.29%	12,151	5.86%
2 to 7 Days	13,057	18.62%	30,268	16.95%	35,813	17.27%
8 to 14 Days	9,016	12.85%	24,364	13.64%	31,048	14.97%
15 to 21 Days	6,044	8.62%	16,730	9.37%	18,220	8.79%
22 to 28 Days	4,865	6.94%	13,731	7.69%	12,681	6.12%

<i>More Than 28 Days</i>	4,764	6.79%	13,884	7.78%	13,127	6.33%
<i>Unknown</i>	20	0.03%	84	0.05%	50	0.02%

### 3. Summary

The ICB is responsible for commissioning general practice to deliver primary medical services, on behalf of NHS England, and monitors delivery of services through the nationally negotiated GP contract.

There are no specific contractual requirements in relation to the levels of access for general practice services, however access and quality is monitored through both national and local platforms and intelligence. Patient reporting of difficulties in accessing services is not unique to Nottingham and Nottinghamshire, this has increased for the majority of general practices across England and has received significant national media coverage.

Through the recruitment of Additional Roles, general practice is providing services utilising a range of multi-disciplinary professionals to best meet the needs of individual patients, in line with national policy to build a broader workforce across general practice. This supports the key role for general practice in ensuring that patients access the right care, in the right place and at the right time. In the right place also means remote access e.g. telephone, video or online consultations if deemed appropriate by the clinician and is acceptable to the patient.

Due to the unprecedented demand, the Nottingham and Nottinghamshire health and care system declared several critical incidents during 2022. General practice has played a pivotal role and prioritised needs to focus on vulnerable patients and those most at risk of hospitalisation to support the health and care system. The ICB has provided a general practice winter support package to continue to support general practice resilience through the remaining winter months.

As well as the unprecedented pressures across the system, general practice is facing a number of additional challenges, including:

- Workforce challenges (recruitment, vacancies and sickness, particularly ongoing COVID-19 related)
- Recruitment and integration of Additional Roles
- Post COVID-19 recovery, long-term condition work versus urgent treatment needs
- Implementation of new initiatives (e.g. Enhanced Access and ARI hubs)
- Challenges that are brought as a result of patient frustration and violent and aggressive behaviour towards practice staff

Despite all the challenges an increase in the number of appointments, delivered by general practice, has been demonstrated. Whilst the appointment data is experimental it shows there has also been a growth in all types of appointments. Our PCNs also continue to explore and implement a range of initiatives to address growing patient demand – looking to the future as well as tackling current needs of patients. This has been demonstrated in the wide range of transformational initiatives being undertaken at a Place level for example, development of on-line tools to increase information flows and reviewing pathways of care for vulnerable and frail patients.

## **Appendix A**

### **Description of PCN Additional Roles**

#### **Care Coordinators**

Care coordinators provide extra time, capacity, and expertise to support patients in preparing for clinical conversations or in following up discussions with primary care professionals. They work closely with the GPs and other primary care colleagues within the primary care network (PCN) to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers (if appropriate), and ensuring that their changing needs are addressed.

#### **Clinical Pharmacists**

Clinical pharmacists work in primary care as part of a multidisciplinary team in a patient facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas. They work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex medication use, especially for the elderly, people in care homes and those with multiple conditions.

#### **Community Paramedic**

A paramedic in primary care can recognise and manage the deteriorating patient and can manage patients with long term conditions, minor injuries, and minor illness. They can also support patients who require wound care, have fallen, have MSK problems, and have urinary tract or respiratory infections. Paramedics can supply a range of medicines through PGDs, including antibiotics and analgesics.

#### **Dietitians**

Dietitians are healthcare professionals that diagnose and treat diet and nutritional problems, both at an individual patient and wider public health level. Working in a variety of settings, including primary care, with patients of all ages, dietitians support changes to food intake to address diabetes, food allergies, coeliac disease, and metabolic diseases. Dietitians also translate public health and scientific research on food, health, and disease into practical guidance to enable people to make appropriate lifestyle and food choices.

#### **First Contact Physiotherapists**

First Contact Physiotherapists (FCP) are qualified independent clinical practitioners who can assess, diagnose, treat, and manage musculoskeletal (MSK) problems and undifferentiated conditions and, where appropriate, discharge a person without a medical referral. FCPs working in this role can be accessed directly by patients, or staff in GP practices can refer patients to them to establish a rapid and accurate diagnosis and management plan to streamline pathways of care.

#### **Health and Wellbeing Coaches**

Health and wellbeing coaches (HWBCs) will predominately use health coaching skills to support people to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their own health and wellbeing goals. They may also provide access to self-management education, peer support and social prescribing. Health coaches will support people to self-identify existing issues and encourage proactive prevention of new and existing illnesses.

### **Nursing Associates and Trainee Nursing Associates**

The nursing associate is a new support role in England that bridges the gap between healthcare support workers and registered nurses to deliver hands-on, person-centred care. Nursing associates work with people of all ages in a variety of settings in health and social care, including general practice.

### **Occupational Therapists**

Occupational therapists (OTs) support people of all ages with problems resulting from physical, mental, social, or development difficulties. OTs provide interventions that help people find ways to continue with everyday activities that are important to them. This could involve learning new ways to do things or making changes to their environment to make things easier. As patients' needs are so varied, OTs help GPs to support patients who are frail, with complex needs, live with chronic physical or mental health conditions, manage anxiety or depression, require advice to return or remain in work and need rehabilitation so they can continue with daily activities.

### **Pharmacy Technicians**

Pharmacy technicians play an important role within general practice and complement the more clinical work of clinical pharmacists, through utilisation of their technical skillset. Working within primary care settings allows the pharmacy technician to apply their acquired pharmaceutical knowledge in tasks such as audits, discharge management, prescription issuing, and where appropriate, informing patients and other members of the primary care network (PCN) workforce. Work is often under the direction of clinical pharmacists as part of the PCN pharmacy team.

### **Physician Associates**

Physician associates are healthcare professionals with a generalist medical education, who work alongside doctors providing medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners who work under the supervision of a fully trained and experienced doctor. They bring new talent and add to the skill mix within teams, providing a stable, generalist section of the workforce which can help ease the workforce pressures that primary care currently faces.

### **Podiatrists**

Podiatrists are healthcare professionals that have been trained to diagnose and treat foot and lower limb conditions. Podiatrists provide assessment, evaluation, and foot care for a wide range of patients, which range from low risk to long-term acute conditions. Many patients fall into high risk categories such as those with diabetes, rheumatism, cerebral palsy, peripheral arterial disease, and peripheral nerve damage.

### **Social Prescribing Link Workers**

Social Prescribing Link Workers give people time and focus on what matters to the person as identified in their care and support plan. They connect people to community groups and agencies for practical and emotional support and offer a holistic approach to health and wellbeing, hence the name 'social prescribing'. Social prescribing enables patients to get the right care for them.