Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 15 JUNE 2022

PRIMARY MEDICAL CARE IN LEICESTERSHIRE

REPORT OF THE DIRECTOR OF INTEGRATION & TRANSFORMATION, LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

Purpose of the Report

1. The purpose of this report is to provide an overview of Primary Medical Care in Leicestershire. The report will highlight the current priorities and outline the issues and challenges including the opportunities for Primary Care. The report outlines the Primary Care Plan for 2022/2023 with reference to specific actions and improvements we are seeing to make in Leicestershire. The report is here for information and update.

Policy Framework and Previous Decisions

2. This is a Health report on Primary Medical Care in line with NHS five year forward view and the NHS Operational Plan. The report does not relate to the budget and policy framework.

Background

3. The last 2 years have seen an unprecedented demand on health and social care services. Primary Care amongst others have had to adapt and respond to the COVID-19 pandemic and as we come out of the pandemic respond to the increase in the demand for primary medical care.

4. General Practice in their Primary Care Networks (PCNs) have also been pivotal to the successful delivery of the mass COVID Vaccination Programme working in partnership with public health, local authority, community pharmacy, local NHS Providers, and volunteers. In Leicestershire we have been achieving consistently high uptake of vaccination rates (circa 85-90%) across the County. Where we have had pockets of low uptake we have worked with public health colleagues, council colleagues and wider partners to drive up uptake.

5. As a result of the increase in demand due to the pandemic, the need to change the way general practice works key challenges have been faced by Primary Care:

    - Workforce – there has been a significant impact on workforce both clinical and administrative in general practice both in terms of day to day staffing due to sickness and self-isolation regulations and ability for practices to successfully recruit to vacancies.
    - Infection Control prevention (IPC) – Revised IPC guidelines in relation to social distancing, ventilation, Personal Protective Equipment (PPE) restricted the number of patients that could safely be seen in the practice's surgery which has affected appointments availability for face to face in particular
    - IT and telephony infrastructure – the rapid change from predominantly seeing patients face to face to delivering more patient appointments via telephone and virtual consultation placed a significant burden on the current telephony and IT infrastructure in GP Practices which meant that we needed to change technology infrastructure that supports online consultations, online appointment making, telephone consultations and video consultations.
    - Variation in delivery models across primary care which impact on access and patient experience

    All of the above has had a significant impact on how patients access their GP Practice and their varied experience of this access.

General Practice in Leicestershire

6. In Leicestershire we have 72 GP practices and 15 Primary Care Networks (PCN) (see Appendix A for full list of GP Practices and PCNs for Leicestershire including map). PCNs are made up of groups of practices that align together to enable greater provision of proactive, personalised and co-ordinated care for people closer to home. They serve registered populations of between 30,000 to 50,000. PCNs are led by Clinical Directors who are likely to be a GP working in general practice. The main purpose for PCNs is to enable greater integrated working at a population level that enables the delivery of services from a wider workforce in primary care.

7. Within PCNs we have a wide range of workforce that deliver a wider range of appointments at a population level. Currently there are up 15 different roles ranging from clinical pharmacists to care co-ordinators. A full list of the different roles can be found in Appendix B.

8. Within General Practice now there are a wide range of appointments available in terms of the different health professionals and different ways in which these appointments are offered. There is a wide variation in this provision practice by practice, and this is dependent on several factors

that range from size of the practice to premises and technology infrastructure that exists for that practice.

9. Appointment types available include on the day, advanced, face to face, telephone, online consultation, video consultation. In the last 2 years with the pandemic general practice have had to make some very rapid and significant changes to the way they deliver general practice. Changes that would have been implemented incrementally have had to be implemented very quickly and for some of our practices this has been particularly challenging due to the IT and telephony infrastructure, premises, workforce availability and Infection Prevention and Control (IPC) changes that have had to be considered.

10. Leicestershire County Practices delivered 388,894 appointments in March 2022 (latest data currently available from NHS England) compared to 328,634 appointments in March 2019. We have seen an incremental rise in appointments activity since September 2021 compared to the same periods in 2019. The data shows that overall, the number of appointments delivered has grown but the proportion of face-to-face appointments compared to non-face-to-face has changed. Currently in the County 68.3% of all appointments delivered are recorded as face to face. We know that face to face appointments need to continue to be an integral part of service delivery particularly for our frail and vulnerable patients. A good balance between this needs to be achieved and therefor our access plan is about redressing the balance. Furthermore, where we are seeing significant variation practice to practice our work programme seeks to rectify this.

11. In Leicestershire there are currently over 1500 people employed in general practices covering a wide range of patient facing roles such as GPs and practice nurses to administrative / support roles including receptionists and practice managers. In line with national figures the actual number of GPs has remained static and in some of areas of the County has decreased.

12. The implementation and rollout of the Additional Roles Reimbursement scheme has led to large increases in new roles supported which fall under the remit of PCNs. Under the ARRs scheme we have seen a rapid growth in the number of Pharmacists, Social Prescribing Link Workers, Physicians Associates and First Contact Physiotherapists who are now working as part of a wider primary care team.

13. Although overall we have delivered more appointments in 22/23 compared to pre-pandemic, we recognise that there is variation in this across our practices. In order to identify where we are seeing variation that needs addressing, we have agreed a benchmark that we utilise to assess the level of that variation that exists. We utilise a benchmark of 75 appointments per 1000 registered patient population. This includes the following appointment types:
    - GP Appointments

- Nurse Appointments
- HCA appointments

These appointments are as a mixture of face to face and virtual (telephone, online and video).

13. Out of the 72 practices in Leicester we have 4 practices that currently fall below the benchmark and we are working with these practices to understand the issues and challenges they are facing that prevents from reaching this benchmark.

14. As general practice looks to move forward it is important that we look to restore those elements of provision that we can and work to embed the new ways of service delivery that have been implemented during the pandemic but require programme of transformation that creates sustainability. In this report we set out our plan for Primary Care in LLR for the next year.

LLR Primary Care Plan

14. In order to address the key challenges we have in primary care we have identified 4 key priorities to address:

- Access – tackling the variation in appointments, how people can make appointments and how they are able to access their practice including times etc.

- Workforce – understanding the scale of the challenge in terms of GP Workforce and how we maximise the use of the wider clinical roles available through PCNs

- Delivering on key Long Term Conditions (LTC) indicators and reducing the prevalence gap – closing the gap on long term condition detection and optimisation in primary care.

- Quality – reducing variation in quality and experience for our patients. Improving the resilience and sustainability of our practices. Seeing an overall improvement in patient experience.

Access

16. A strategic review of all same day access points across primary care and urgent & emergency care services (noting the interdependencies) is underway. This review encompasses both Primary Care Enhanced Access and the variety of urgent care pathways across LLR.

17. The introduction of Enhanced Access services at a local Primary Care Network level amalgamates the current Extended Hours services provided at GP practice level and the Enhanced Access services, currently commissioned at hub-level across LLR. Appendix C provides

detail of the current service provision and the locations from which this is delivered from.

18. Enhanced Access services will go live on 1st October 2022 in line with the nationally mandated timetable and will provide care Monday to Friday 18:30-20:00 and Saturdays 09:00-17:00. The mix of same day care, complex care and prevention support will be informed by the needs of the local population.

Workforce

19. Workforce is one of the greatest challenges facing general practice and the NHS. In LLR we are committed to addressing workforce shortages, attracting new talent and supporting and optimising new roles.

20. The focus is on making LLR a great place to work, engaging our staff, supporting wellbeing, promoting diversity and career development.

21. Our partner organisations are integral to this vision and are committed to deliver a wide range of national and local initiatives to deliver these goals. Some examples of progress made so far and planned actions are as follows:

- Development of a 5-year strategic plan for PC workforce, and road map, key focus on retention, recruitment, resilience and supply routes both in the short term and longer term.

- Continuation of 'Grow Our Own' programme that supports existing staff to undertake professional training, along with a Recruit to Train programme, allowing recruitment of external staff on to professional training programmes.

- Increase Admin roles within PC by an additional 120 across primary care, building on expansion achieved in 2021/22 through the implementation of an innovative training and development programme.

- Maximising the opportunities offered by the Additional Roles Reimbursement scheme which provided funding for PCNs to recruit new staff to delivery of key services such as enhanced healthcare in care homes, complex care, enhanced access etc. A key aspect of this is supporting patients to understand the range of new roles and how they enhance delivery of high-quality patient care.

- Delivery of comprehensive, high-quality programmes of education, training and development to all roles within primary care delivered by the LLR ICS Primary Care Training Hub (LLRTH). The LLRTH will continue to design, implement and deliver programmes of work to support the aspiration to grow, nurture and retain the workforce, including:

- GP Fellowships – 18 GP fellows confirmed on to the NHSEI programme in LLR;
- Settling into Practice (Supporting Mentors) Scheme – a programme of mentorship for our GP fellows, existing GPs and those who are new to the area;
- GP Trailblazer Fellowships - the LLRTH will continue to promote this innovative offer across primary care in accordance with HEE timescales for implementation;
- GP Retention Scheme – with a continued commitment to support GPs to explore more flexible working patterns at any point during their career;
- New to Practice / Fellowship nurse opportunities, including the GPN Fundamentals Programme, delivered through the DMU Nursing Facility (26 nurses currently on the programme);
- Upskilling/ bespoke training of Admin staff and those aspiring to join PC – the LLRTH will continue to support the delivery of a bespoke training offer.

Delivering on key Long Term Conditions and reducing prevalence gap

22. The disruption of proactive care, due to COVID, for people living with long-term conditions, such as Type 2 Diabetes, high cholesterol, hypertension, Chronic Obstructive Pulmonary Disease and asthma, results in exacerbation and complications in these conditions.

23. This could add further waves of demand for unscheduled care over the coming months in primary care, emergency, and hospital admissions. The pandemic has allowed primary care to rethink and reset how care is delivered to patients and to optimise the management of cardiovascular and other long term health conditions.

24. In 2020 we became one of the first early national adopters of the Proactive Care @ Home programme which is about reducing variation in detection and optimisation of patients by:

    a) Creating a sustainable solution to LTC management in Primary Care.
    b) Creating capacity to focus on recovery and develop new ways of working.
    c) Delivering pathway specific interventions to support the areas of greatest need and complexity

25. We are supporting primary care teams across Leicestershire to provide this approach through implementing virtual consultations, digital solutions, and optimal use of the wider primary care team. This model of care is helping to restore routine care, post Covid-19, by prioritising patients at highest risk of deterioration, with pathways that mobilise the wider workforce and digital/tech, to optimise remote care and self-care,

while reducing GP workload. The 4 key principles of the programme are:

- Virtual by default;
- Mobilising and supporting the wider workforce (including pharmacists, HCAs, other non-clinical staff);
- Step change in support for self-management;
- Digital innovation, including apps for self-management and technology for remote monitoring

26. Expected benefits:

a) From Reactive to Proactive Patient Care

The approach demands a shift in our ability to deliver care from reactive to proactive care, which helps us to get closer to our patients and work together with them more effectively to plan for the future and give them better health outcomes. Proactive care aims to keep patients at home and avoid stepping up to acute or emergency services.

b) Reduction in GP workload

By optimal use of the wider primary care team, e.g., Healthcare Assistants, nursing associates and Pharmacists, we can release GP time for complex care in a time of unprecedented demand.

c)Patient Choice and Satisfaction

Keeping patients out of the hospital by caring for them in new ways is central to how the health and social care system wants to work going forward. And it is what patients consistently say they want. Nationally, patients receiving proactive care describe high satisfaction levels with the approach: comments such as ‘we are very grateful for all the support we’ve had’ are not uncommon.

Quality – reducing variation

27. The key challenges our Leicestershire practices face include: -

- Capacity for development - alongside unprecedented demands e.g., resilience, back-log/recovery pressures, covid/flu vaccinations;
- Increasing number of practices requiring support for resilience – largely citing workforce challenges, staff sickness and recruitment issues;
- Operational demands limiting the capacity to work proactively on some of the wider determinants of health issues;
- Mixed engagement from primary care stakeholders limiting ability to offer consistent support;

Despite these, our ambition is to develop and implement a strategic approach to resilience to offer at-scale solutions and support, and to develop and implement a Primary Care Engagement policy including thresholds for support and intervention.

Progress and Actions to Date:

Care Quality Commission (CQC) Notifications

28. If/when a Leicestershire practice receives prior notice of an impending CQC inspection, or a provisional or final inspection outcome report, officers of the Clinical Commissioning Group's (CCG) Primary Care, Quality and Contracting teams, supported by Clinical Leads, work together to develop a bespoke improvement/recovery plan for that practice, and work with the practice to implement and make the required improvements.

General Practice Quality and Operations Group/Risk Share Group – Primary Care Quality Dashboard

29. These committees, (again with membership from Primary Care, Quality and Contracting teams, and Clinical Leads), meet regularly to identify LLR practices "at risk". This "risk" maybe due to a specific quality, performance, or contractual issue, it maybe because of an impending or realised CQC inspection, or it may be because a practice has reached out to the Clinical Commissioning Group with chronic resilience and sustainability issues.

30. Numerous sources of data and information in respect of primary care and general practice quality, sustainability, and resilience are pulled together in our Primary Care Quality Dashboard, which both committees review to also identify practices at, or potentially at, risk so appropriate support and improvement plans can be developed and implemented with the practices.

31. Currently there are 7 County GP practices with active CQC and or Risk improvement plans in place.

Primary Care Operational Pressures Escalation Level Reporting

32. At the end of March '22 we implemented our LLR wide Primary Care Operational Pressures Escalation Level (OPEL) reporting process to bring LLR primary care into line with our other System provider partners – UHL, East Midlands Ambulance Service, Leicestershire Partnership

Trust etc., - who use OPEL to inform of operational pressures that may impact on overall patient care and or that require support from other parts of the LLR Care System.

33. As well as giving us a robust and consistent view of the pressures on and issues impacting on primary care in the County and LLR, it is also the mechanism through which practices can, daily, Monday – Friday, flag individual operational and resilience issues and reach out to the CCG for advice and support.

34. The Primary Care Team, the relevant managers, and the LLR Workforce Team, have worked with several practices who have flagged issues through the OPEL report and have been able to support them through their difficulties whilst continuing to provide services in a safe way. Most of these issues, particularly in March and April, were in relation to workforce and the impact of Covid-19, but we have also been able to agree a range of actions including: -

- Allowing practices to close for a half day, with cover provided by Derbyshire Healthcare United, where it has not been clinically safe to open;
- Allowing practices additional Protected Learning Time session to enable the training of new staff;
- Allowing a short series of lunchtime closures to enable practice staff to catch up on a backlog of tasks.

<u>Royal College of General Practitioners Support Programme</u>

35. The LLR CCGs have commissioned a support programme for all LLR Practices from the Royal College of General Practitioners (RCGP).

36. This programme will provide a two staged offer for practices in the County and across LLR:

I. CQC Preparation - for all LLR practices, delivered at Primary Care Network level;

II. Bespoke Practice Support - for individual practices identified via a holistic prioritisation and “Expression of Interest” process – comprising a scoping discussion, a diagnostic visit, development of bespoke action/improvement plan, and direst support to deliver that plan

37. The RCGP support is focused on resilience and sustainability and achieving and embedding long term change and improvement through

developing leadership and an improvement culture within the practice, rather than specific or critical quality, safety, or performance issues.

38. Recruitment of practices for the bespoke support – prioritised and motivated to participate – is under way, and the CQC Preparation element is expected to commence early summer.

NHSE/I "Time 4 Care - Accelerate Access" Programme 22/23

39. This is a recent initiative/opportunity being offered "to nominated" LLR practices from NHSE/I, aimed at supporting practices to improve all aspects of access, from how they manage/smooth demand and realise/optimise capacity, increase appointments, reduce waiting times, improving signposting etc., through to increasing staff resilience and improving the experience of their patients.

40. We are in the process of reviewing practice data and intelligence relevant to the aims and objectives of this programme, for example, located in an area of high deprivation, experiencing a high level of complaints, where Healthwatch have concerns, where our access data and benchmarking shows significant variation etc., to identify practices we will engage with to support and encourage them to take up our nomination and this support offer.

Engaging and communicating with our people

29. We are in the process of rolling out a campaign under the theme of *You and your GP practice*. This campaign will promote better relationships between patients and practices and support patients to access the most appropriate care and understand how practices are changing and transitioning:

- **Routes of access**: this will highlight the options patients have for contacting their GP. It highlights the online booking process in practices as an alternative to phoning. Patients able to use this method can benefit from a convenient, secure and time saving way to seek help from their practice;

- **Awareness of alternatives to a GP – the Multi-disciplinary team**: Some patients are unaware of the extent of the GP practice team available to provide care. In some circumstances patients may benefit from care provided by another health professional able to provide specific care. Examples of other members of the practice team includes; Clinical Pharmacists, Physiotherapists, Dieticians, Podiatrists, Occupational Therapists, Care Coordinators, Health and Wellbeing Coaches.

- **Promoting the use of self – referral services:** These are services patients can access directly without needing a GP referral. Examples are 'Talking Therapies', Podiatry and Musculoskeletal self-care through a locally developed App.

- **Community Pharmacy Consultation Scheme (CPCS):** The (CPCS) allows our practices to use the expertise of our community pharmacists to support delivery of care. If a patient's symptoms can be resolved by a booked consultation with the pharmacist instead of the GP, patients will be given a same-day referral to a pharmacy of your choice. In some circumstances the pharmacist can prescribe. This service was recently highlighted on BBC East Midlands.

- **Active signposting/care navigators:** Aim is to connect patients with the most appropriate alternative source of advice and support when a GP or health service may not be the best response to meet someone's needs. Where it works effectively, active signposting has been shown to significantly reduce unnecessary appointments. This is a very popular service with practice staff and patients and has enabled effective integration across health, care services and the voluntary sector, learning from the model of care piloted with our 'Local Area Coordinator' service across Leicestershire.

- **NHS App:** We are continuing to promote the use of the NHS App by patents comfortable using digital applications. The App provides access for patients to a range of NHS services including heath advice, ordering a prescription and manage appointments.

30. In early autumn we will be launching a major campaign under an umbrella theme and working title of Treat it right. This campaign focuses on self – care. Using data to ensure we adopt an evidence – based approach highlighting the most common minor conditions/ailments that have led to unnecessary attendance at ED or GP practices. The campaign will highlight the self-care options and the role of the pharmacist as well NHS111 online.

31. We are also working with GP practices to develop capability to improve communications with patients. Locally, following a patient survey last year, an initiative is taking place to improve GP practice websites.

32. We have also been involved in setting up a national support programme for digital skills for practices. This will promote the development of digital skills for better patient engagement through a series of workshops.

33. To support the campaign, we are already working with practices to reduce demand and support patients to self-care through hyperlocal engagement at a practice, PCN or neighbourhood level. We are bringing practices together with community, Voluntary, Community and

Social Enterprise organisations and patients and patient groups. Practices being supported are being prioritised based on the health inequalities of their population.

34. Work will also commence with PCNs and practices to develop a Primary Care Engagement Framework including reinvigoration of PPGs which for some practices has significantly declined during the pandemic. This Framework, which is a key priority within the Integrated Care Board (ICB) People and Communities Strategy, will work at practice, PCN, place and system level to ensure that communities are engaged with in a way that fits their needs, and their voices are heard and their impacts influence service design and delivery.

35. Joint work with patients, carers, practices and Primary Care Networks is vital to develop the primary care engagement framework. The framework would ensure that PPGs are revitalised and linked into their GP practice, their Primary Care Network and the ICB:

- Support PCNs and health system to engage and consult on enhanced access and gaps that emerge from national ask.
- Support practices to reduce demand and support patients to self-care through hyperlocal engagement bringing practice together with community, VCSE sector, patient. Practices prioritised and links established with use of A&E.
- Working with Quality Team support practices to enhance their collection of lived experiences from patients and carers to enhance quality of care
- Support practices with contractual changes, or improvements requiring statutory public consultation (Forest House/Lubbesthorpe, Wymondham, Barwell, Husbands Bosworth, Cossington Park, LLR Violent patient scheme)
- Support practices with Care Quality Commission and quality visits through pre and post activities
- Work with PCNs and practices to develop a primary care engagement framework including reinvigoration of PPGs and engagement activities

36. In summary there are significant challenges that exist exacerbated by the pandemic for Primary Care. However, these are not insurmountable and certainly working together with our partners and patients we can start to work on redressing the variation and the inequity including a systematic approach to start to improve service provision. This will take time and will not be a quick fix but the work set out in this report will

support setting the right approach to delivering the solutions that improve outcomes for our patients.

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