

Nottingham City Health Scrutiny Committee

Meeting 11 November 2021

Access to Primary Care

Dear Colleagues,

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

- Access to Primary Care

The brief below provides the update requested.

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Nottingham City Council Health Scrutiny Committee – Access to Primary Care

1. Introduction

Across Nottingham and Nottinghamshire CCG there are 124 GP practices, and these vary from single handed practices to large practices with multiple branch sites.

This brief is to provide the Nottingham City Council Health Scrutiny Committee with a background to primary care contracts and access to primary care services. This paper covers primary care contracts, the quality outcomes framework, enhanced services, workforce, access, regulatory/monitoring and GP survey results.

2. 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.

Practices receive a nationally negotiated price (global sum) for providing 'core primary care' on the basis of a £ per weighted¹ registered patient. The capitation fee is adjusted according to varying workload due to age, sex and patient need using the Carr-Hill formula to weight the patient list size. Further information about GP contracts is set out via the below link:

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

The global sum is £97.28 per weighted registered patient (April 2021).

The CCG has awarded 9 new APMS contracts over the last year and the value per weighted registered patient is higher than global sum for 7 of these contracts. This reflects the new contracts have a shorter contract term (not contracts in perpetuity). The contract values range from £97.28 (global sum) to £110.00 per weighted registered patient, in line with the procurements undertaken. The contract value will reduce annually and by year 5 will be in line with global sum. The APMS contracts are listed below:

¹ A 'Weighted' practice list is adjusted according to varying workload due to age, sex and deprivation for the registered population. A 'Raw' practice list is all patients registered at the practice and unweighted.

- Balderton Primary Care Centre
- Bilborough Medical Centre
- Broad Oak Medical Practice
- Grange Farm Medical Centre
- Kirkby Community Primary Care Centre
- Parliament Street Medical Centre
- Peacock Healthcare
- Southglade Medical Practice
- Whyburn Medical Practice

3. 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 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>

4. Enhanced Services

There are 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 & Afghanistan Resettlement Programme
- 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 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

5. Workforce

Practices are contractually required to report workforce numbers monthly, this includes 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>

As independent businesses practices carry out their own recruitment to ensure delivery of services to their registered population, in accordance with the national contract.

The CCG has an established Primary Care Workforce Group who support practices to access national and local initiatives to attract, support and retain a workforce with the right skills to meet population health needs. This is achieved through increasing training numbers, reducing the attrition of qualified staff by keeping them in Nottinghamshire, offering attractive roles that allow work life balance, career and personal development as well as flexibility of portfolio - with senior practice staff supporting the next generation. The established Primary Care Training Hub supports the training and education of our workforce, embeds new roles and supports workforce planning.

The introduction of Primary Care Networks (PCNs) builds on core primary care 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 e.g. Clinical Pharmacist, Physician Associate, Occupational Therapist, 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 in primary care.

Across Nottingham and Nottinghamshire CCG there are currently 226.8 WTE ARs staff in post.

6. Access

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>

6.1. Practice appointment data

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

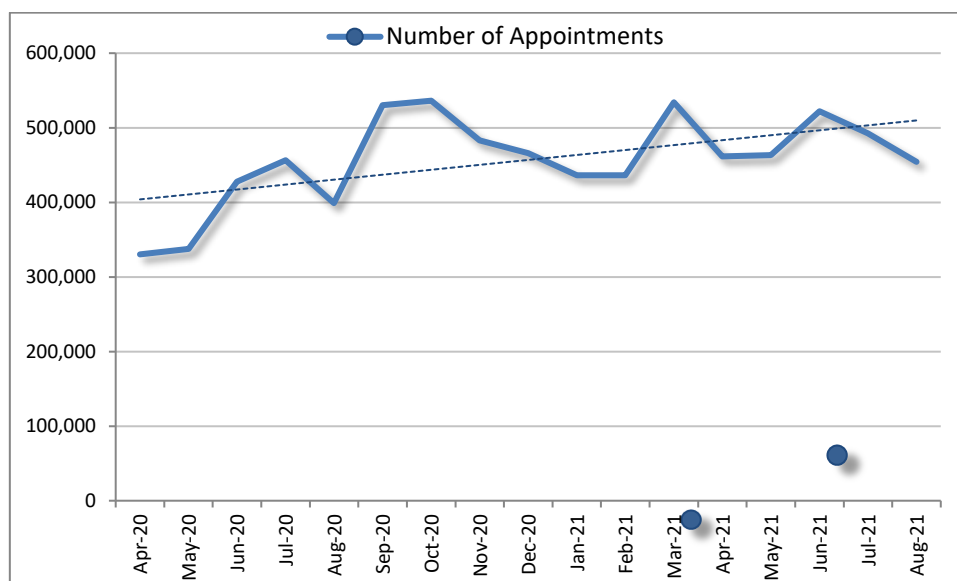
This appointment information is published by NHS Digital but only gives CCG aggregated data, not practice specific data. This can be viewed via the below link:

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

The latest access data available is for August 2021. The figures for Nottingham and Nottinghamshire CCG are provided below (this table also shows data for August 2020 as a comparison):

	August 2021	August 2020
Number of appointments:	454,315	399,056
Appointment type:		
Face to face	263,103	211,162
Home visit	1,629	1,328
Telephone	164,427	164,253
Video/online	2,418	1,984
Unknown	22,738	20,329
From booking to appointment:		
Same Day	206,755	182,822
1 Day	29,227	31,667
2 to 7 Days	85,337	81,754
8 to 14 Days	56,688	49,993
15 to 21 Days	34,092	24,158
22 to 28 Days	22,084	13,724
More Than 28 Days	20,048	14,854

The graph below shows the number of appointments undertaken over the period April 2020 to August 2021. The graph shows a significant increase in September 2020 when lockdown restrictions eased. However, the introduction of a second lockdown shows a decrease in access from November 2020. The reduction in access for August 2021 reflects the traditional summer holiday period for the population, which is also shown in August 2020 (albeit during lockdown), the data shows an increase in access in comparison.



6.2. Booking appointments

The way patients book appointments 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. 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 where there is a clinical need. 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. August 2021 access data for England shows that practices carried out 25.5 million recorded patient appointments in August 2021, including 1 million more non-vaccination appointments compared with August 2019.

7. 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 data, the Nottingham and Nottinghamshire CCG results are higher overall than the national average but there is variation between practices:

GP Survey Results 2021

	CCG Average	National Average	Highest Practice	Lowest Practice
How easy is it to get through to someone at your GP practice on the phone	72%	68%	98%	21%
How often do you see or speak to your preferred GP when you would like to	45%	45%	85%	7%
How would you describe your experience of making an appointment	73%	70%	95%	28%
How would you describe your experience of your GP practice	84%	83%	99%	55%

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 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 and 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/>

8. 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:

8.1. Care Quality Commission

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

8.2. 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 have been 'opening up' and offering 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).

9. Summary

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

Practices have a contractual requirement to report their workforce numbers monthly via the National Workforce Reporting System (NWRS). Recruitment remains challenging in primary care, further compounded by the COVID outbreak. The CCG uses national and local initiatives to support a range of recruitment and retention schemes and training to core clinical delivery.

The GP Survey questions included in this paper are good indicators of patient satisfaction showing that the CCG average score is higher than the national average score. However, the GP Survey results published July 2021 are only one indicator of patient satisfaction. Practices obtain feedback from the Friends and Family Test (paused nationally during COVID), and through their own feedback mechanisms. Nottingham and Nottinghamshire CCG has a registered population of circa. 1.1 million, the maximum number of responses for a GP survey question was 15,500 which is 1.4% of the registered population.

There are no specific contractual requirements in relation to the levels of access for primary care services, however access and quality is monitored through both national and local platforms. Patient reporting of difficulties in accessing services (particularly during the pandemic) isn't unique to Nottingham and Nottinghamshire, this has increased for practices across England.

NHS England published guidance on 14 October 2021; 'Our plan for improving access for patients and supporting general practice' which set out details of support to practices to help improve access and specifically face to face appointments over the winter period. Initial plans were submitted to NHS England regional colleagues on 28 October 2021.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

PCNs are leading the work of appointing and supporting Additional Roles staff to work in general practice to supplement the work of practice GPs and nurses, further improving access. This supports the key role for practices in ensuring that patients access the right care, in the right place and at the right time. This means that practices are 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 in primary care.