

Report of the Bradford District and Craven Health and Care Partnership to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 26 October 2023

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Subject:

UPDATE ON GP ACCESS ACROSS THE BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP.

Summary statement:

This paper, and accompanying report, provides an update on progress made since October 2022 in helping people understand the services available from their GP practice and accessing support when they need it.

This paper, and accompanying report, highlight areas of improvement and challenges that continue, including those that are not just local to our geography. The paper also asks for support from members in our public information and awareness work to help people access the right support from the right health professional.

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Portfolio:

Healthy People and Places

Overview and Scrutiny Area:

Health and Social Care

1. Summary

1.1 This report provides an update on the work we have been doing to address issues identified through our local insight, by members of Health and Social Care Overview and Scrutiny Committee and wider stakeholders around people's experiences of accessing their GP practice. We recognise that this update demonstrates the progress we have made, however we wanted to provide a balanced and accurate reflection of our work and the impact this is having.

1.2.1 We would like to highlight the following to members:

- We acknowledge the feedback on GP practice access we have received through our public involvement work, through insight from Healthwatch Bradford and District, hearing from the experiences shared by members and national data such as through the NHS GP Patient Survey.
- We know that our GP practices are offering significantly more appointments than ever before and doing so in a range of flexible ways that reflect clinical need as well as personal preference. While more appointments are being offered, and with a wider range of healthcare professionals, we know that demand is higher than the total available appointments.
- Our focus goes beyond only addressing people's concerns based on personal experience or wider perceptions about access to GP practices, with a focus on the quality of access to the right healthcare professional and in the right setting.
- We acknowledge that national, regional, and local workforce challenges continue to impact on our ability to recruit and fill roles across our place. This in turn leads to an increased workload for existing teams, while ensuring we can safely care for people.
- To protect future sustainability of GP practices and to offer more proactive support to local people, we recognise the role primary care networks will play. PCNs are based on GP-registered lists and are made up of practices, typically serving 30,000 to 50,000 people. This can include enhanced access outside of normal working hours, while benefitting from a broader team of healthcare staff.
- Working with our members and our communities we need to continue to help people make the best and most appropriate use of their whole GP practice team. This is a longer-term behaviour change programme that needs a consistent approach to community awareness and education as well as helping people understand the changing model of delivery to help protect the future sustainability of GP practices.
- We need to recognise the work of colleagues in GP practices and dispel the myth that fewer appointments are being offered when we have a record number of appointments now being booked.

- We are aware that media reporting, alongside strong and often unchallenged views on social media has resulted and continues to result in unacceptable verbal and physical abuse of GP practice colleagues. We would like to gain the support of members to share a strong message of zero tolerance against inexcusable behaviour towards people carrying out their jobs.

2. Background

- 2.1 We presented an update to members of Health and Social Care Overview and Scrutiny Committee in October 2022, our latest update describes the work we have done to address the challenges we described as well as those shared by members on behalf of their constituents. This paper and accompanying report provides an open and transparent progress update, that includes a reflection on where we continue to see areas of challenge - specifically around recruiting to our GP practice teams. This is not unique to our place however we know that some GP practices are unequally affected by this for a number of reasons.
- 2.2 We know through Healthwatch reports and our local 'Listen In' engagement model that being able to book an appointment with a GP is an important concern for our population. Despite more appointments being made available than ever before, General Practice access is an issue both nationally and locally. The expectations of patients are changing and yet we have a model of delivery that has changed little over the decades. This is against a backdrop of challenges that leads to [GPs in crisis](#).
- 2.3 Our current reactive approach to GP access is unsustainable. This paper discusses how we, as a health and care partnership, aim to improve the *quality* of access to general practice, rather than simply working to increase the number of appointments. It is informed by the [Fuller Stocktake Report Next Steps for Primary Care](#) and local learning in Bradford District and Craven as we continue to work with London South Bank University (LSBU) on Universal Healthcare pilots. While an ever-increasing number of appointments that are available, this is not meeting the needs and expectations of our population. The recovery of access in primary care needs to go beyond simply offering 'more of the same'.
- 2.4 We want to continue our ongoing dialogue with members so that we can work together to understand and respond to community concerns on access to GP practices, while seeking support for any patient information and education campaigns.**

3. Report issues

- 3.1 This section of our paper provides a summary of the key points from our full report that is included in the pack for members. The full report includes technical detail on contracting and commissioning arrangements as well as a range of data sets.

3.1.1 Number of appointments

- Despite a commonly held misconception that we are now seeing fewer appointments provided by our GP practices locally (and nationally), our data shows that more people are being seen by their GP practice team. Some of this misconception could be based on widely shared media and social media articles, as well as personal experience when trying to book an appointment - from telephony challenges ('I can't get through') through to a person's personal choice to be seen by a certain healthcare professional ('I want to be seen by Dr xxx'). These are valid reasons for people sharing their experience, however it does not reflect the trend shown by our data.
- Bradford district and Craven averaged 386,000 appointments per month over the last twelve months (full year 4.6million). Most appointments are within 7 days and most take place face-to-face (around 7 in 10 now, higher than the national average). Between July 2019 and July 2023 there was **growth** in the number of appointments by 36,593, or **10.4%**. We have used data set from a period that pre-dates the Covid pandemic for a more accurate reflection on demand as well as patient/societal behaviour.
- When comparing our figures with other places across our NHS West Yorkshire Integrated Care Board (ICB) area. Our place-based partnership covers 24.8% of the population of the ICB. In July 2023, our place-based practices offered 387,160 appointments 28.5% of the WY total 1,356,606.
- It is worth noting that some people have fed back that they prefer the flexibility on offer through telephone or video consultations or by seeing other healthcare professionals such as a physiotherapist, pharmacist, or nursing colleague.

3.1.2 Growing our GP practice teams

- It is widely reported and recognised that across health and social care, we currently have several workforce challenges. Despite efforts and dedicated activities to address these issues, we know that this will not deliver immediate results. Set against this backdrop, we have been working with local and regional colleagues to attract, recruit and retain (and retrain people looking to move specialities) people into the multi-disciplinary GP practice teams we have now.
- Locally our GP practice workforce has increased in recent years from 1,565 full time equivalent (FTE) staff in September 2019 to 1,615 FTE staff in July 2023, a rise of 50 (3%). Of these, there are 798 FTE clinicians (49% of the total workforce), of which there are 389 FTE GPs (49% of the clinical workforce). Bradford District and Craven has 0.59 FTE General Medical Practitioners per 1,000 registered patients. We average 1,697 patients per FTE GP, which is in line with the national average.

- While the data around the number of FTE GPs locally is important to be sighted on, modern healthcare and modern ways of treating people requires a more rounded multi-disciplinary team within our GP practices. In response to the growing demand for wider services that can be delivered by appropriately trained colleagues, freeing up GP time, we have continued to work across our primary care networks to recruit to a range of roles. As a result, since September 2019 our GP-registered population has grown by 2.89%, our GP workforce by 7% and our overall clinical workforce by 9.7%.
- We recognise that when people cannot get through to their GP practice or feel they need to see a GP, these numbers may not provide the assurance they want. It is worth noting that we have ensured clinical cover, across all professional roles, is maintained at or above national average as much as possible.

3.1.3 What do local people tell us?

- The Healthwatch [Insight Report](#) notes that GP access remains one of the key areas that people are talking to Healthwatch about. People see GPs as the door to wider health and care services, and many feel let down when they cannot access their GP in a way that works for them. Some improvements in satisfaction were noted however it is clear there is still more work to do to reduce the barriers some patients face when accessing services. There are positive experiences, however for many this remains a challenge.
- Our Bradford District Health and Care Health and Care Partnership's 'Listen In' programme, which is our community outreach involvement approach, has visited community groups across our place to find out about people's experience of health and care services. Through these listening exercises we have had consistent feedback that is reflective of the insight gathered by Healthwatch and other regional and national surveys.
- The other feedback we have been looking to respond to is where people tell us they understand why GP practices have a range of professionals providing support to patients however they are unsure what the different practitioners do. Later in this paper we will describe how we are looking to address this through our 'it's a GP practice thing' patient awareness and education drive.

3.1.4 Why do we see variance among GP practices?

- All GP practices are expected to meet core standards and service levels as set out in the GP contract. However as responsible commissioners of services we want to work with our local providers, including our GP practices, to understand what local communities need based on what our data tells us as well as what people feedback to us. This then means that we offer services that are as tailored to each community's need as possible, while ensuring the core standards are met. As a result we see some variance across GP practices, including the type of wider professionals employed by each practice and primary care network.

- We recognise that around 20% of patients consult their GP for primarily social issues (source [British Journal of GP Practice](#)) and as a result practices in some less affluent areas, as well as those in affluent areas, need to ensure their wider GP team can help with these issues. This could be through social prescribers that link people up with the right community support or to statutory services that help address the underlying non-medical reason for their appointment.
- There is variance at PCN level in the number of appointments available per 1,000 patients, those done face-to-face, and those undertaken on the same day of booking. Though, this does not necessarily mean that quantity is better than quality.

3.1.5 Responding to our challenges

- We are actively monitoring activity levels across our GP practices using a system called General Practice Alert Scheme, which is aligned with OPEL (Operational Pressures Escalation Levels Framework) used by our hospitals. Using the same methodology we can anticipate pressure points and look to address these with mutual aid from across our wider health and care system. In addition, this data can help us predict if this will result in pressure in other services such as attendance to emergency departments. This can help us proactively consider mutual aid actions.
- We have previously shared our patient information and education campaign called 'it's a GP practice thing'. This is in direct response to feedback that showed people wanted to know more about how GP practices are working, the range of services offered and the specialist team members who are available to help people get the care they need. The campaign was developed using community insight and testing, and resources include community language and easy read materials.
- We have highlighted in the summary section the rising incidences of verbal and physical abuse experienced by GP practice teams. Our insight work across West Yorkshire highlights that media negativity was given by 25% as a reason for staff considering leaving their role in a survey. In 5/10 primary care focus groups, there was a direct call to action to combat unhelpful and inaccurate misconceptions of GP practice teams. We want to address this and need to ensure that we work together with all partners to understand the reasons for people's frustrations when accessing GP practices but also help people understand what happens when colleagues are confronted by challenging behaviour that is not acceptable.

3.2 Next steps

3.2.1 Our proposed next steps would be as follows:

- We will continue work on a national proto-type called universal healthcare that addresses some of the barriers to access some people face, as well as helping those who regularly book appointments with their GP practice when other wellbeing support is better suited for their needs. This includes working with children and young people who are experiencing physical and mental ill health and distress.

- We are looking at how we can address the issues caused by the current funding formula used when commissioning and contracting GP practice services. This results in an unequal funding arrangement that impacts on GP practices working in less affluent communities.
- We will continue to implement the key findings and recommendations of *Next steps for integrating primary care: Fuller Stocktake* moving towards a population health approach. However as our full report accompanying this paper highlights we need to ensure we have appropriate safeguards in place for some of the Fuller Stocktake recommendations.
- In May, NHS England published the [Delivery plan for recovering access to primary care](#) with two aims, firstly to avoid the '8am telephone rush' and secondly to ensure patients know on the day how their request will be managed by their GP practice. We will work with our GP practices to ensure we can implement the aims outlined within the plan as smoothly and as safely as possible, while also working on the wider integration of services ambition in the plan. This means helping people navigate to the right healthcare service and professional within their GP practice and in their community. In addition to taking more control of their health and wellbeing through using the NHS app and using their community pharmacies for common health conditions.
- We recognise that we need to do more to increase the visibility and spread of our 'it's a GP practice thing' campaign, we will continue to work with partners to do this.
- We want to work with partners and members to dispel some of the misconceptions especially where they increase the risk of physical or verbal abuse of colleagues, increasing the risk of people leaving roles within our GP practices.

4. **Options**

Not applicable

5. **Recommendations**

- 5.1 The Committee receive this update on GP Access.
- 5.2 The Committee receive another report in 12 months' time.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

Appendix A: Focus on: GP Access

A report to Bradford Health and Social Care Overview and Scrutiny Committee.

10. Background Documents

Hyperlinks referenced in Appendix A

Page 1:

GPs in crisis

<https://www.thetimes.co.uk/article/gp-crisis-nhs-burnout-patient-numbers-uk-2023-times-health-commission-6twwn0992>

Fuller Stocktake Report: Next steps for Primary Care

<https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

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Contract models: GP contract

<https://www.england.nhs.uk/gp/investment/gp-contract/>

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Direct Enhanced Services contract specification

<https://www.england.nhs.uk/publication/des-contract-specification-2020-21-pcn-entitlements-and-requirements/>

Investment and Evolution

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

Fuller Stocktake Report: Next steps for Primary Care

<https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

Delivery Plan for recovering access to primary care

<https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf>

Changes to the GP contract in 2023/24

<https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2023-24/>

Enhanced services GPs can seek funding for

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-can-seek-funding-for>

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Enhanced access to General Practice services through the network contract DES

<https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/enhanced-access-faqs/>

ARRS: Expanding our workforce

<https://www.england.nhs.uk/gp/expanding-our-workforce/>

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BMJ: consultation patterns and frequent attenders in UK primary care

<https://bmjopen.bmj.com/content/11/12/e054666>

BMA: Safe working in General Practice

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice>

Policy Exchange: At your service. A proposal to reform general practice and enable digital healthcare at scale

<https://policyexchange.org.uk/publication/at-your-service/>

British Attitudes Survey: Public satisfaction with the NHS and social care in 2022

<https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-and-social-care-2022>

Healthwatch Insight Report: What people across West Yorkshire are telling us about their experience of health and care services

<https://healthwatchleeds.co.uk/wp-content/uploads/2022/10/Healthwatch-Insight-Report-WY-Strategy-Refresh-12.10.22.pdf>

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Making sure you get the right care as quickly as possible

<https://www.wypartnership.co.uk/campaigns/its-a-gp-practice-thing>

GP practice thing video – West Yorkshire

<https://www.youtube.com/watch?v=BruRJAmAChs>

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Delivery Plan for recovering access to primary care

<https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf>