

Report of the NHS Bradford District and Craven CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 21 October 2021

Subject: UPDATE ON THE RESTORATION AND RECOVERY OF GENERAL PRACTICE PRIMARY CARE AND COVID -19

Summary statement:

Covid -19 has and continues to have a significant impact on General Practice.

General practices continue to support the Covid-19 pandemic in delivering the vaccination programme as well the new Covid-19 booster programme. Practices continue to take mitigating actions in line with national guidance to ensure both staff and patient are kept safe, and practices can continue to deliver, high quality care for their registered population.

This paper provides an overview on the Restoration and Recovery of General Practice aligned to national guidance.

Even with the success of the vaccination programme, Covid-19 remains prevalent and presents an ongoing risk to the health and wellbeing of our communities. We acknowledge the tremendous efforts our General Practice and system partners are making to retain ongoing safe delivery of primary care services.

Portfolio:

Healthy People and Places

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1. Summary

Covid -19 has and continues to have a significant impact on General Practice.

General practices continue to support the Covid-19 pandemic in delivering the vaccination programme as well the new Covid-19 booster programme. Practices continue to take mitigating actions in line with national guidance to ensure both staff and patient are kept safe, and practices can continue to deliver, high quality care for their registered population.

Whilst during the first phase of Covid -19 as per national directive all but essential services in general practice were paused to deal with the pandemic. With the role out of the vaccination programme. That primary care has been integral to the success of the vaccination programme and continues to deliver the programme with their PCNs whilst moving back to business as usual in line with national guidance on Restoration and Recovery of primary care. This brings challenges of clearing the back log of work accumulated during the pandemic as well as dealing with unprecedented demand for general practice access against workforce shortages, especially as we go into our winter plans, this year general practice along with extended flu vaccination patient cohorts are delivering the Covid-19 booster programme.

During 2020/2021, primary care medical services underwent a significant transformation in the way that services were provided to patients in response to the Covid pandemic moving rapidly to a triage and online digital service whilst continuing to offer face to face appointments in a safe environment. Whilst this change towards digital services was envisaged in the NHS's Long-Term Plan and Five-Year Plan for GP services, the transformation happened much more rapidly than planned.

Nationally as part of the Restoration and Recovery of services within primary care the key areas in 2021/2022 are to expand primary care capacity to improve access, local health outcomes and address health inequalities. This also includes focusing on the Seven Priority areas, as detailed in section 2 (background) and the five key PCN outcomes detailed in section 5. These priorities were in the NHS March 2021 planning guidance and have been repeated in the latest 2021/22 priorities and operational planning guidance: October 2021 to March 2022 published on the 30 September 2021

This paper provides an overview on the Restoration and Recovery of General Practice aligned to national guidance.

Even with the success of the vaccination programme, Covid-19 remains prevalent and presents an ongoing risk to the health and wellbeing of our communities. We acknowledge the tremendous efforts our General Practice and system partners are making to retain ongoing safe delivery of primary care services.

2. Background

The CCG along with system partners, general practice, Primary Care Networks, Community Pharmacies, local authority, community partnerships and community providers are now working into phase 3 of the Covid-19 vaccination programme as well as delivering the first phase of the booster programme for those patient cohorts that are eligible.

In addition, as part of the national Restoration and Recovery of primary care, general practices for 2021/22 have 3 key areas for delivery: *expanding primary care capacity to improve access, local health outcomes and address health inequalities*. This also includes focusing on the Seven Priority areas as detailed below:

Seven Priorities:

- 1. Increasing GP numbers and capacity*
- 2. Supporting the establishment of the simple COVID oximetry@home model.*
- 3. First steps in identifying and supporting patients with Long COVID*
- 4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list*
- 5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations*
- 6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records*
- 7. Potentially offering backfill for staff absences where this is agreed by the CCG, required meeting demand, and the individual is not able to work remotely.*

In addition to transforming the way in which services were delivered during the pandemic practices and Primary Care Networks (PCNS) continue to rise to the challenge of participating in the significant work of vaccinating large groups of patients as different cohorts are prioritised by the national JCVI.

The restoration of services should not mean returning to the way services were provided pre-pandemic. But adopting the benefits of transformation, whilst ensuring health inequalities are identified and access is enabled for all patients making effective use of a diverse clinical skill mix and making full use of the additional roles available to PCNs.

To meet both national and local priorities the CCG is working with colleagues and has developed a draft Primary Care Recovery and Restorations plan that will prioritise and focus on the key areas for delivery as identified in the latest NHS England planning guidance and earlier directives issued. To achieve these objectives, the plan has been broken down to three key areas:

- Primary care Access – with integration into the wider Act as One Access programme.
- PCN Development and Workforce (including drawing down maximum national funds available to PCNs and CCGs to support the Additional Role Reimbursement Scheme)
- Moving back to business as usual for primary care to include the national core prioritise, plus local transformation areas for primary care including equity of service type and provision across the CCG, as well as identifying areas of left shift from secondary to primary care.

3. Covid 19 - Update

3.1 Phase 3 Covid -19 update- Bradford District and Craven Strategic Approach:

During the pandemic NHSE/I have issued a series of guidance documents for general practice, they have also amended the terms of the general medical care contracts to enable delivery of primary care over this difficult period. <https://www.england.nhs.uk/coronavirus/primary-care>. General practices must still ensure that their premises can be zoned according to current infection and protection control guidance, to enable staff to deliver and patients to access services safely. The requirement for staff and patients to use protective face covering whilst accessing a health care setting remains.

Joint Committee on Vaccination and Immunisation (JCVI) advises that for the 2021 COVID-19 booster vaccine programme should be given to individuals who received vaccination in Phase 1 and 2 of the Covid-19 vaccination programme (priority groups 1 to 9).

This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
 - all those aged 16 to 49 years with underlying health conditions that put them at higher risk of serious COVID-19
- adult carers
 - adult household contacts of immunosuppressed individuals

The booster vaccine can be delivered jointly with the flu vaccination for eligible patient cohorts. As part of the overall covid vaccination programme work continues to encourage patients who have not yet received the vaccine.

Phase 3/Covid-19 delivery - PCNs were asked to submit an expression of interest in taking part in Phase 3 of the COVID-19 vaccination programme. Out of our twelve PCNs, four PCNs decided not to sign up to Phase 3. These are Bingley Bubble, Five Lane Ends, WISSH and Bradford North West. However, regarding the latter, three of the practices within that PCN have continued to work with Bradford South PCN so their patients will access their vaccine and boosters from The Ridge Medical Practice, other patients will access via alternative vaccination sites.

PCNs are now delivering Phase 3 of the Covid-19 vaccination programme. All the four PCNs who decided not to sign up to Phase 3 of the vaccination programme are delivering the boosters to their patients in care homes and housebound. PCNs are also delivering the vaccination to at risk 12–15-year-olds where they have the relevant procedures in

place (as set out nationally). All 'healthy' 12–15-year-olds are being vaccinated by schools.

3.2 General Practice Staff affected by Covid-19

Local Outbreaks

The CCG continues to support practices with any concerns that they have in respect of staff absences because of staff testing positive with covid. Currently we have 221 practice staff that have a Covid-19 active case of (28 days) which affects 10% of our practices.

3.2.1 Supporting staff:

All employers including general practice are required to undertake a risk assessment of all their employee groups and seek advice and guidance from the CCG if there are any concerns or additional support is required.

The national standard operating procedure (SOP) is in place and updated regularly and practices have suitable safeguards in place (such as social distancing; use of PPE) to reduce the risk of infection. Since the last report to the committee, we have seen a rise in the number of Covid-19 out breaks amongst general practice staff.

The CCG can also support the back fill of staff; however, this is a challenge due to the roles required in general practice are in short supply.

In addition to Covid related absences the practices are reporting to the CCG high levels of incidents of abuse and violent/threatening behaviour from patients, which is having an impact on already stretched and tired workforce.

Nationally it has been reported that the Health Practitioner Programme (used for GPs) experiencing health issues/stress etc referral rates have trebled. A range of local and national health and wellbeing support offers are available to support staff wellbeing.

The CCG is also concerned about the resilience of practices and its staff and we are looking to commission further wellbeing services to support a sustainable general practice.

The increase in violent patient behaviour towards NHS staff is also of a national concern and the NHS national team will launching a public awareness campaign.

Patient behaviour is also having a knock on effect for our Special Allocations Scheme (SAS), this is a CCG commissioned specialised service to enable patients that have been struck to access primary care services. It has seen an increase in the number of patients being placed on to the scheme where they have been struck off by their practice due to violent/abusive behaviour.

3.3 Red Hubs:

As reported previously the reduction in demand led to the step down of the initial red hubs from four to one, the remaining one being Hillside Bridge in Bradford.

In early May 2021 a review of the site utilisation was completed which concluded that there was a:

- A decreased use of the hub and a reduced prevalence of positive Covid patients

- A sustained reduction of Covid transmissions in the community
- Vaccination rollout for primary care staff and at-risk patient cohorts

Therefore, with the agreement of the CCG and PCN Clinical Directors a decision was made to stand down the service from the 28 May 2021. A “step up” mobilisation plan is in place in case the hub is required in the future and can be set up quickly within 24 hours.

Some PCNs decided from the start to operate their own model of a red hub for their own patients from existing sites: Modality Partnership and Wharfedale; Airedale; Craven Alliance (WACA). These practices feel they can offer care with appropriate safeguards from their own sites.

3.4 Long Covid:

Long COVID is an increasingly widespread condition, which can have a substantive impact on the quality of life of those affected by it. According to estimates by ONS, around 932,000 people were living with long Covid in England in the four weeks to the beginning of March 2021.

As per NICE/SIGN/RCGP guidance, ‘Long COVID’ is a commonly used term to describe:

- ongoing symptomatic Covid-19: signs and symptoms of Covid-19 from 4 to 12 weeks
- post-Covid-19 syndrome: signs and symptoms that develop during or after Covid-19 and continue for more than 12 weeks and are not explained by an alternative diagnosis

General practice is playing a key role in managing patients with long Covid. Therefore, to support general practice in managing this new and complex condition, NHS England has introduced from the 1 July 2021 until 31 March 2022 a Long Covid Enhanced Service. This will support professional education, training and pathway development that will enable management in primary care where appropriate and more consistent referrals to clinics for specialist assessment.

Patients, both adults and children, with long term symptoms of Covid-19, will be supported. This includes assessing, diagnosing, referring where necessary and longer-term holistic support of patients.

The CCG has 71 practices, and all have signed up to this new enhanced service.

3.5 Practice Closures during Covid-19

Whilst overall during the height of the pandemic our practices remained open there was an impact for primary care workforce being unable to work/self-isolating. This led to some requests to close sites (mainly branch sites) so that practices could consolidate and prepare for the expected surge and any further reductions in available workforce. Whilst some sites may have temporarily closed it is important to emphasise that patients have always been able to access care. We continue to work with practices to ensure that the overriding priority is the safety of patients and safety of staff.

We have been working with practices that had closed their branch sites in the previous year due to either staff/workforce capacity or premises were unsuitable to see patients safely whilst maintaining Covid-19 infection and protection control measures.

In the previous report to the Health and Overview Scrutiny Committee (HOSC) there were 22 practices affected by full or partial closure of their branch sites. We are pleased to report that a majority have now re-opened and only 4 remain either fully closed or delivering half day access due to staffing capacity.

Please see an update on Appendix A.

3.6 Support to care home residents:

New models of remote working and clinical pathways are helping to reduce the risk of infection between residents/patients and clinicians, ensuring that our population receive the right care, right place, first time. The overarching model is the Care@Home Covid-19 operating model, delivered through the Digital Care Hub (DCH) and a Super-rota.

The DCH is commissioned to support all care homes across Bradford District and Craven until 31/03/2021, due to its effectiveness this has now been extended for further 12 months. The Digital Care Hub and the virtual Multi-Disciplinary Team (MDT) also continues as described in the previous HOSC report.

4. Restoration and Recovery of Primary Care:

NHS England issued in March 2021 its first 6 months operational priorities and planning guidance. A refresh of the 2021/22 priorities and operational planning guidance was published on the 30 September 2021, which covers the period from October 2021 to March 2022. The priorities for primary care remain the same which are:

- Expanding primary care capacity to improve access
- Address local health outcomes and
- address health inequalities

The 7 core priorities detailed in section 2 still apply but have been encapsulated into the overarching 3 areas above as well as being more detailed on delivery in the new PCN Network DES that has 5 key objectives for PCNs to deliver during 2021 to 2023 by working closely with local communities.

The CCG is working closely with PCNs and General Practices to finalise a Restoration and Recovery Plan and how we support our PCNs to work with the local Community Partnerships in improving the health of our local population.

4.1 Improving Primary Care & Access:

During the pandemic in line with national requirements a new “total triage” access model was adapted. Were by patients who are deemed clinically suitable, and it is safe to do so can be supported remotely through use of phone; video and e-consultation and are seen by qualified health care professional, which is not just limited to GPs, but also includes a variety of other clinical roles such as, Nurse Practitioners, Advance Nurse Prescribers, paramedics, PCN employed pharmacists. This increases the capacity of primary care to respond to patient demand, which since Covid has increased significantly.

The “total triage” digital offer is supported by the national team and whilst during the pandemic face-to-face appointments were only offered to patients who had an urgent clinical need. The national guidance has recently changed to unless there are Covid-19

concerns practices should offer patients a choice of appointment types which includes a face-to-face appointment.

NHS Digital has made available an assessment of GP appointments by CCG area. The snapshot for Bradford District and Craven taken from July 2019 to August 2021 shows that, aggregated CCG level data suggests appointments are showing signs of returning to pre pandemic levels e.g., July 2019: 350,000 appointments total, July 2021 (latest data): 344,000 appointments total.

Within this telephone appointments have increased significantly as established in the Total Triage approach to managing Primary Care patients in the pandemic, data demonstrates 11% of all appointments were telephone appointments in 2019 previously and now 34% of all appointments. This can present as a perceived lack of face-to-face access for patients. However, this needs to be balanced against workforce capacity and the General Practices willingness and compassion to keep their services open and accessible for patients

The data for Bradford and Craven is available at **Appendix B**:

4.1.1 GP Online Triage Access / e-Consultations

E-Consultations data is continuing to show a steady increase for patient access via Online Triage, Bradford District and Craven CCG continue to have the highest utilisation rates within West Yorkshire ICS. However, this is somewhat variable within our local place and across our PCN's. Data to August is potentially beginning to plateau, this is a result of partial switch offs / switch offs outside of core opening hours for practices managing the most significant demand pressures.

There is a national contractual requirement for general practices to offer a GP Online Consultation service and NHS England have suggested that this be available 24/7 but there is no legal contractual requirement for this to be made available outside of core practice hours of 08.00am to 18.30pm Monday to Friday.

Despite the switch of practices struggling with online enquiries, aggregated data to August 2021 demonstrates Bradford District and Craven Practices deliver over 21,000 e-Consultations consistently each month at a rate of 33.28 per 1,000 patients currently.

Patient feedback is varied below are some of the comments received:

- *Very Satisfied - "Very satisfied with the quality of the service, just wish that it was available for more hours in the day, even if you didn't get the answer until the following day".*
- *Very Satisfied – "Brilliant service got my condition dealt with without having to waste doctors busy schedules".*
- *Very Satisfied – "simple and easy alternative to trying to get through on the very busy phones for simple and fast responses".*

- *Very Dissatisfied – “The algorithms used did not cater for dealing with my issue without giving a response that was not connected with my query in order to progress through the process”.*
- *Bradford Student Health Centre – Very Dissatisfied – “It was pointless using it as I was told I needed to phone the practice to make an appointment. I did this, and was given a phone appointment, and then the doctor said I needed to make a face-to-face appointment, which I now have to wait for”.*

Overall patient satisfaction with e-consultations is increasing. A snapshot of e-consultation usage data is contained in **Appendix C**:

4.1.2 Extended Access within Primary Care:

There are two national extended access schemes, one is a national DES called *Extended Hours* which was delivered by practices, but since last year PCNs are responsible for the delivery of this scheme. PCNs are required under this scheme to ensure that a 100% of their population can access primary care services Monday to Friday outside of core primary care hours i.e., before 8.00am and after 6.30pm.

The second scheme known as the *Extended Access* is commissioned by the CCG and is nationally funded to deliver a 7 day a week primary care provision. This includes cover over, weekends, bank holidays, Christmas day and new year. The core requirements are:

- Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day,
- Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs,
- Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

There is also a contractual requirement for general practices to make available one appointment slot per 500 patients per a day for 111 to be able to book directly into practice clinical systems for patients that have been triage by 111 and can be seen within primary care.

The CCG and the PCNs have collectively pooled these two schemes together and are delivered via three providers, Bradford Care Alliance, Modality and Wharfedale, Airedale & Craven Alliance – PCNs.

Appendix(s) D & E – Details the current Extended Access provision across Bradford, District and Carven CCG.

There is also a national new primary care access service specification being published shortly that will be implemented from 1 April 2022, whereby PCNs will be accountable for the delivery of this revised access service specifications.

With the new specification being published and the CCG via PALs and CQC have seen an increase in patient complaints on being able to access general practice appointments, we have commenced a full-scale review of our current access arrangements. We envisage

the review to be completed by the end of November 2021. The review will also seek out further feedback and views of issues faced by patients and local communities and how we can address these are part of the new service design and implementation.

4.1.3 Workforce in Primary Care:

With the formation of PCNs several additional roles have been created and funded by NHSE nationally, e.g., dietitians, physiotherapists, paramedics, pharmacists, physician associates, all to help reduce the workload of GPs, so they are freed up to see the most clinically vulnerable as well as transforming primary care provision.

There are also a range of national incentives to support the recruitment and retention of GPs. Despite these incentives Bradford, District and Craven CCG struggles like a lot of other areas to recruit new GPs. However, as part of the national recruitment drive, we have recruited 13 new GPs to BDCCCG.

As, part of our workforce planning we are starting to map out our current and future GP requirements, to support a sustainable general practice.

Our local workforce group has undertaken an in-depth analysis of practices nurses who deliver a vital service within primary care. The data shows that we will lose 40 nurses a year, 400 over 10 years, through career progression/retirement etc. These figures are just to keep the current system stable and do not consider population growth. To address this shortage by offering additional nurse training schemes, fellowships and mentoring has attracted 19 new nurses into the system.

There are also plans to recruit a further 10 paramedics in addition to the 2 recently recruited.

This is a challenging area, and we need to do ensure staff are appropriately supported to stay within the system.

4.1.4 Community Pharmacy Consultation Service:

To further support and ease the pressure on general practices and other urgent care providers, the NHS has introduced a formal nationally specified Community Pharmacy Consultation Service.

Through this service general practice can make a formal referral of a patient who has a minor ailment that can be seen and managed by a pharmacist. As this is a formal referral the receiving pharmacists must offer a booked appointment of 15-minute slots. Pharmacists who opt into this scheme are nationally funded and must meet the following criteria:

- pharmacies must have a consultation room, which complies with the following minimum requirements:
- the consultation room must be clearly designated as an area for confidential consultations.
- it must be distinct from the public areas of the pharmacy premises.
- it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff),

other than a person whose presence the patient requests or consents to (such as a carer or chaperone).

- They must have access to the patient's summary care records

Sunnybank Medical Practice part of Affinity Care has been piloting this model and have seen very positive results, all our practices are being encouraged to be part of the formal Community Pharmacy Consultation service.

5. Address local health outcomes and address health inequalities

PCNs were established to work at scale with local communities and providers to address health inequalities and use an evidence-based approach to improve the health of their local population.

Our PCNs have been working closely with the local Community Partnerships to develop plans on how they can work together to close the health inequalities gap and improve population health.

The recent 30 September 2021 planning guidance from NHS England states that they will continue the focus on the five priority areas for tackling health inequalities and redouble efforts to see sustained progress across the areas detailed in the NHS Long Term Plan, including early cancer diagnosis, hypertension detection, respiratory disease, annual health checks for people with serious mental illness, continuity of maternity carer, and improvements in the care of children and young people.

The Primary Care Network, Plans published on the 23 August 2020 by NHS England sets out the PCNs areas of focus for 2021/22 and 2022/23:

- Improving prevention and tackling health inequalities in the delivery of primary care
- Supporting better patient outcomes in the community through proactive primary care
- Supporting improved patient access to primary care services
- Delivering better outcomes for patients on medication
- Helping create a more sustainable NHS.

Appendix F: Contains a summary of the PCN objectives

5.1 Learning Disabilities and Mental Health:

In addressing health inequalities, we must ensure that two of the most vulnerable patient cohorts affected by Covid-19 is people and young people with a learning disability/Autism or experiencing mental health issues. There has been a significant increase reported nationally of patients experiencing mental ill health. Both patient cohorts are eligible for an annual full health check to detect early additional medical conditions as well as preventing any further deterioration in health.

There is a nationally set target of 75% for uptake of LD/Autism health checks for 2021/22 an increase on the target of a minimum of 67% for 2020/2021. Last year we achieved 81.1%, which was well above the target of 67%.

Serious mental health checks have an annual target of 60% and last year we achieved 55.5%, we expect our practices to make all efforts and reasonable adjustments e.g., longer appointment times to encourage patients to take up their annual health check and support delivery to 60%.

6.1 Risks

- The primary care workforce is stretched and under extreme pressure
- Patient abuse may lead to staff needing to take time off
- Demand is out stripping capacity

7. Members may wish to comment on the contents of the report.

8. Recommendations

Members of the Health and Care Overview Scrutiny committee are asked to:

Note the contents of this report as assurance of the continuation of the safe delivery of care by GP practices during Covid-19 and the steps towards Restoration and Recovery of primary care in line with the NHS 2021/22 priorities and operational planning guidance for October 2021 to March 2022, published 30 September 2021.

9. Background documents

None

10. Not for publication documents

None

8. Appendices

8.1 **Appendix A:** Practice site temporary closures

8.2 **Appendix B:** Snapshot of NHS Digital GP appointments - Bradford District and Craven CCG

8.3 **Appendix C:** e-Consultations Data

8.4 **Appendix D:** Extended Access Provision (BCA)

8.6 **Appendix E:** Extended Access Provision (Modality & WACA)

8.7 **Appendix F:** PCN 5 Key Objectives

Appendix A: GP practice temporary site closures

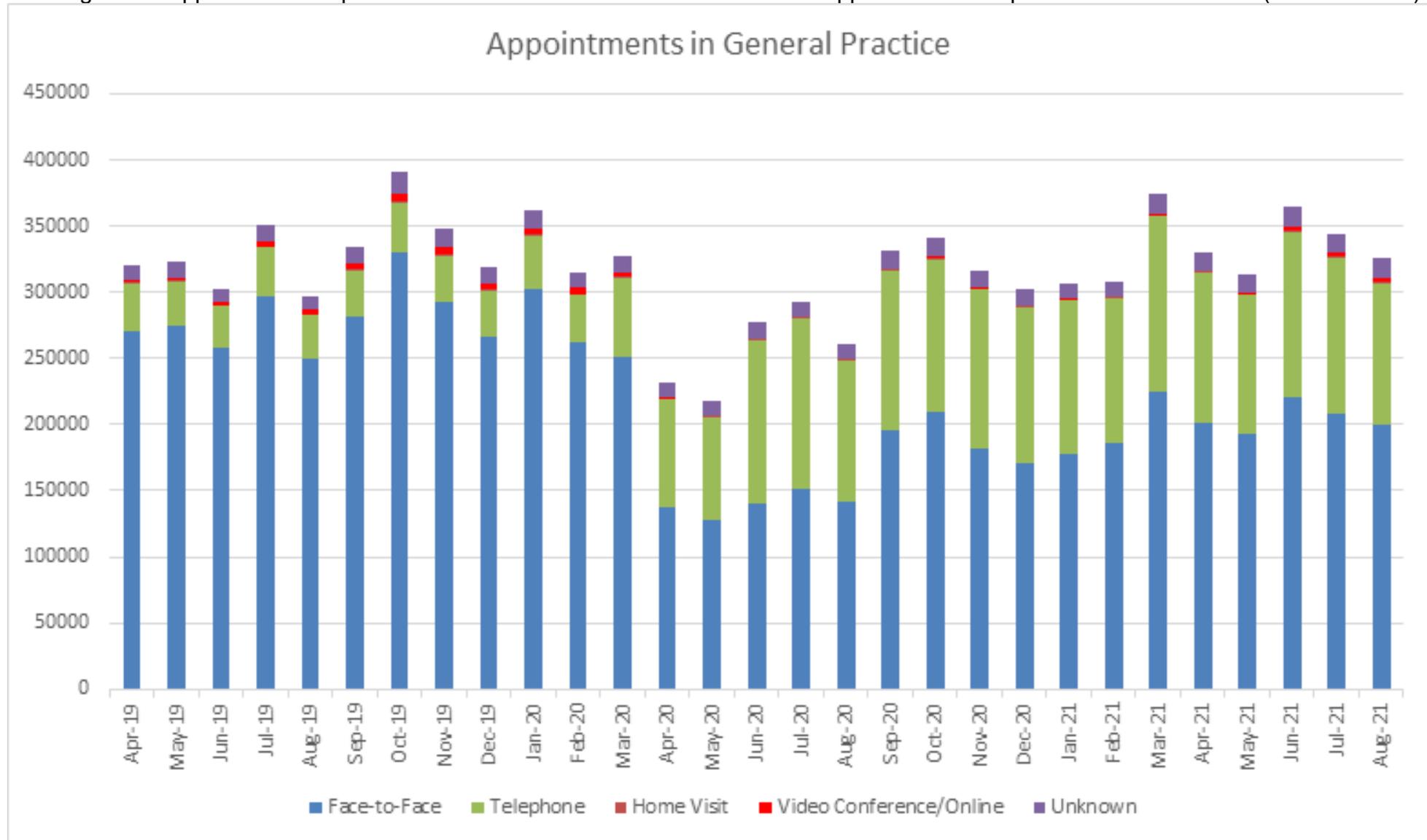
Site Closures as at – 4 October 2021

B Code	Closed	Alt Site	PCN	Locality	Date Closed	Proactive/Reactive	Open
B83006	Steeton	Silsden (RED SITE)	Modality	Airedale	18 th March 2020	Proactive	Steeton is now re-opened whilst Silsden is being used as Modality - Red Site for their patients.
B83040	Cottingley	Saltaire/Windhill	PCN1	North	23 rd March 2020	Reactive	Is now re-opened every morning until 1pm. staffing capacity reviewed every month with a view to opening full time once there is sufficient workforce. In the meantime, afternoon patients are seen at the Saltaire branch.
B82028	Gargrave	Fisher	Modality	Craven	23 rd March 2020	Proactive	The size of the building does not make it Covid safe
B83061	Oakworth	Kilmeny	Modality	Airedale	23 rd March 2020	Proactive	Building not Covid safe – CCG are working with the practice to explore grant funding to make improvements.

Red Site	Locality	Date Opened	Date Closed as a Red Site	
Hillside Bridge (LGF)	Central	3 rd August 2020	28 th May 2021	Step down due to reduction in demand. Mobilisation plan in place to step up if required.

Appendix B:

NHS Digital GP appointment snapshot for Bradford District and Craven and GP appointment data presented in a bar chart (Source NHSd)

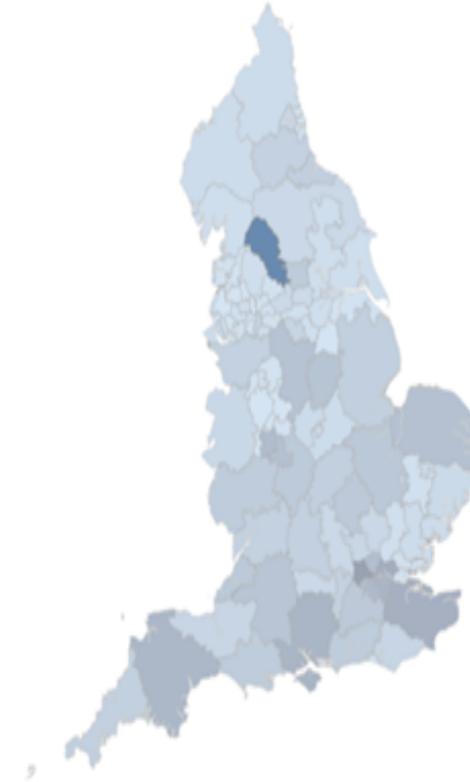
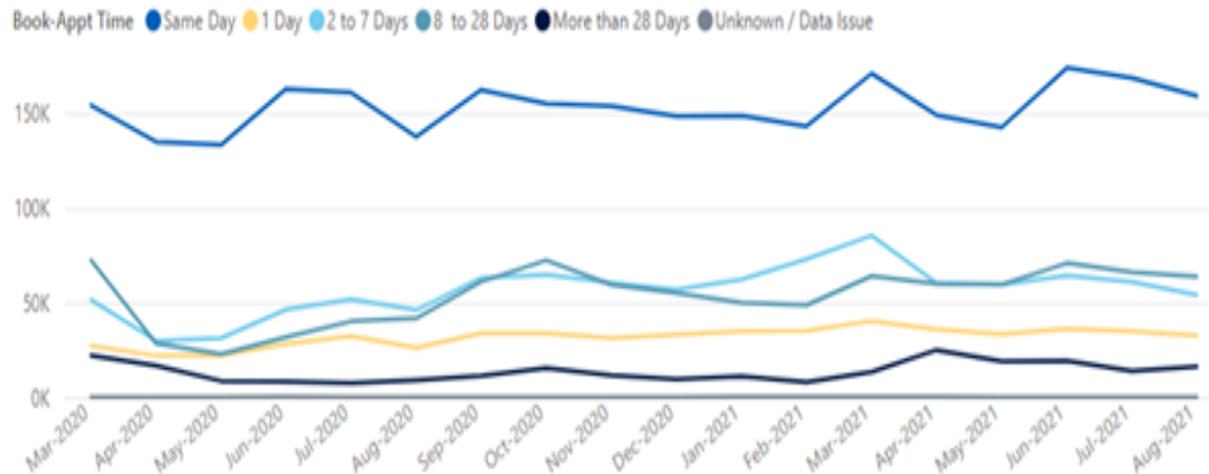


Appendix: B

Number of Appointments, by Month



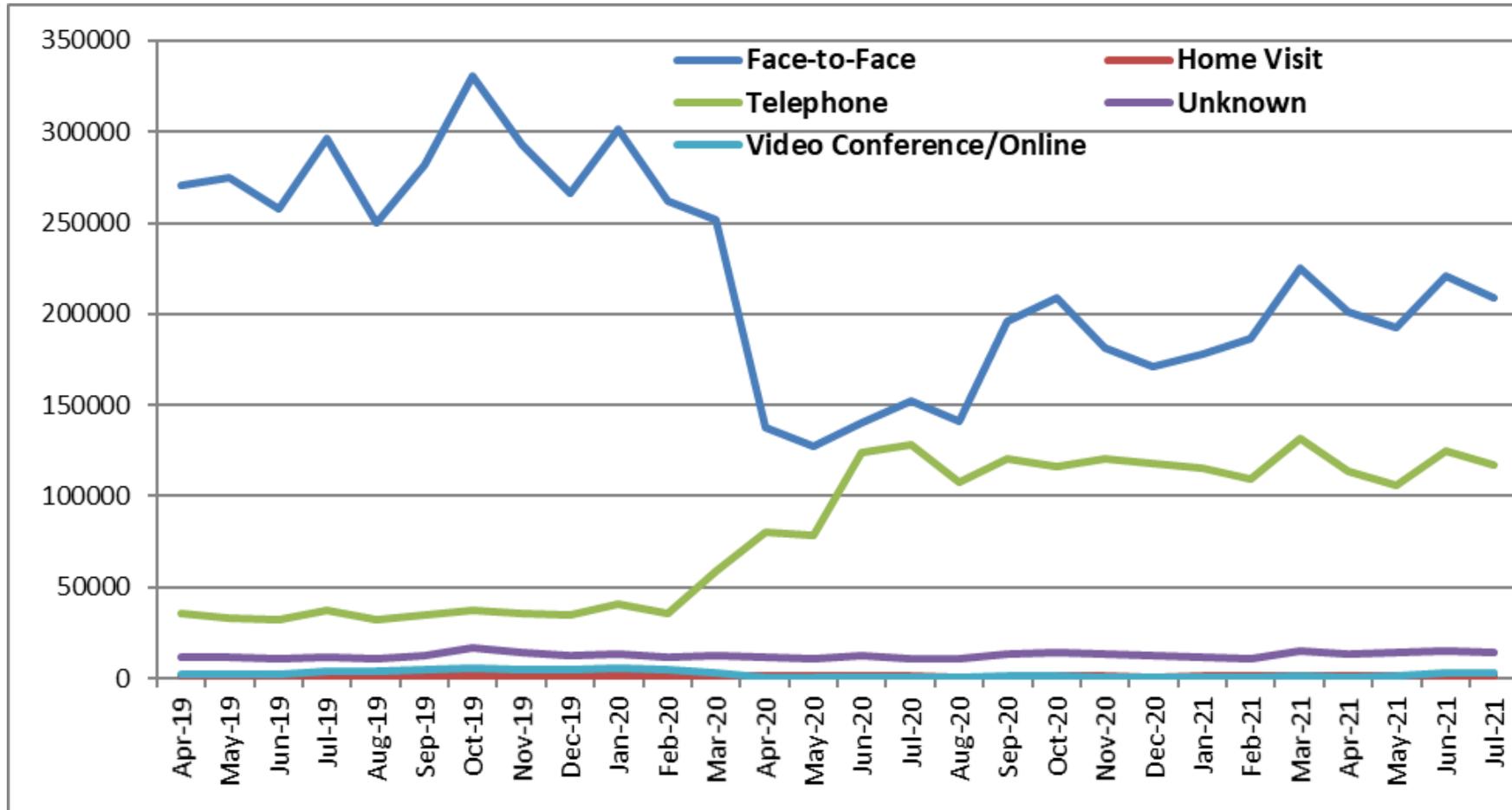
Number of appointments, by Time between booking and appointment



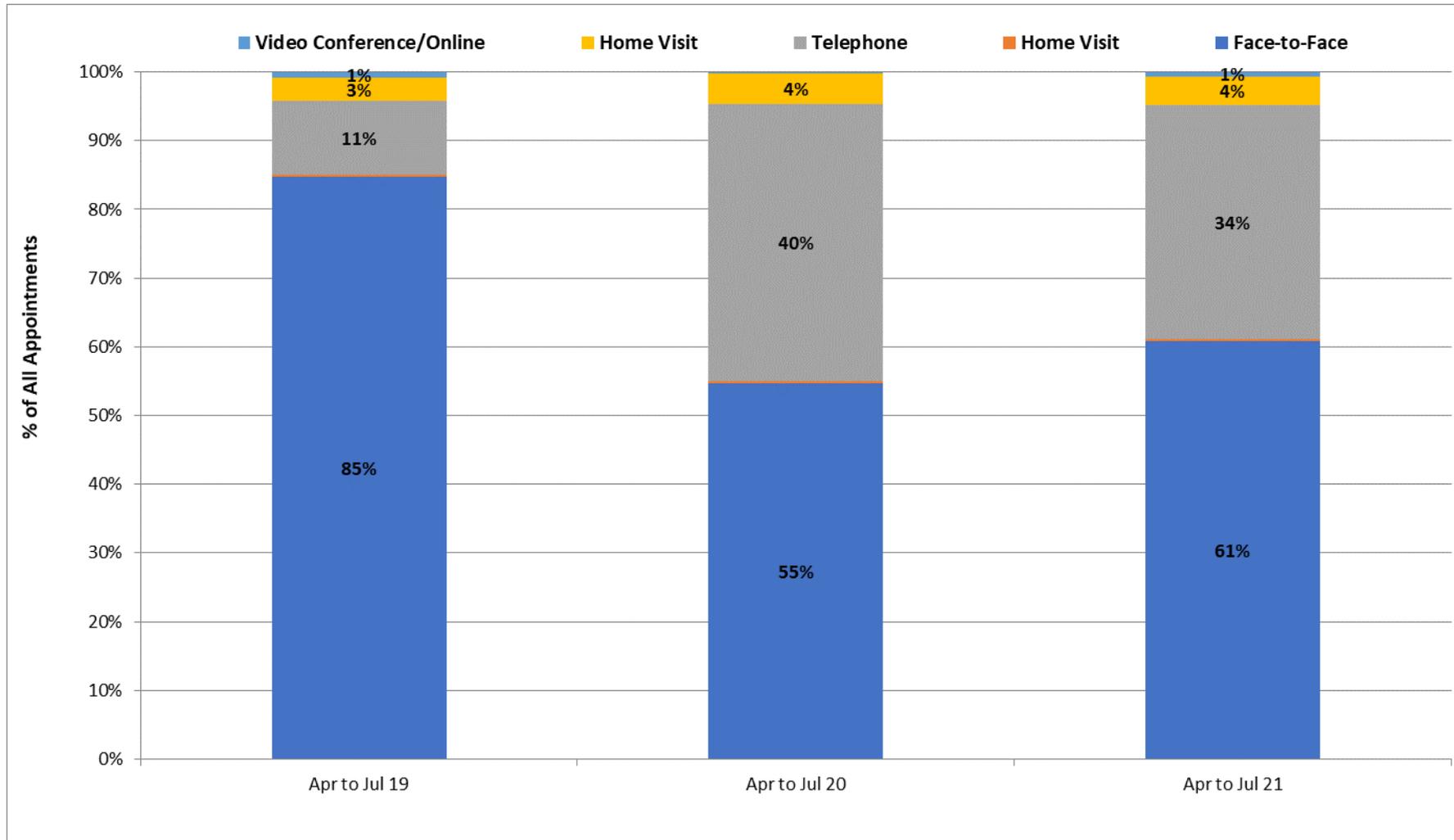
The outbreak of Coronavirus has led to unprecedented changes in the work and behaviour of General Practices and subsequently the GP appointments data. The variation in approach to appointment management between practices is likely to be greater than usual and as a result data quality will be impacted. See the main publication for further information.

Appendix: B - GP Appointment Data

1.) Appointment Type Trajectories:



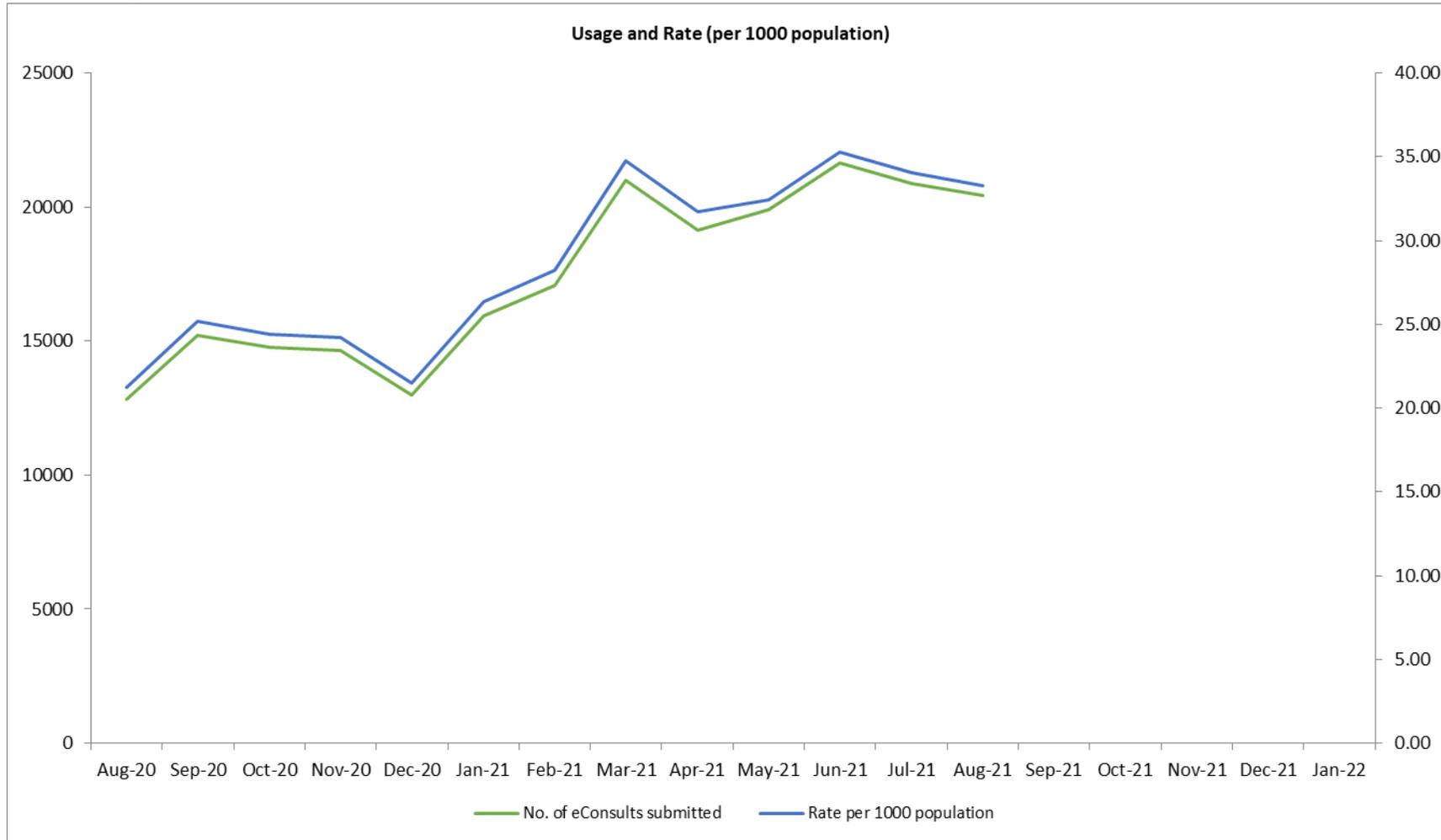
2.) Appointment Type as Percentage of Total Appointments:



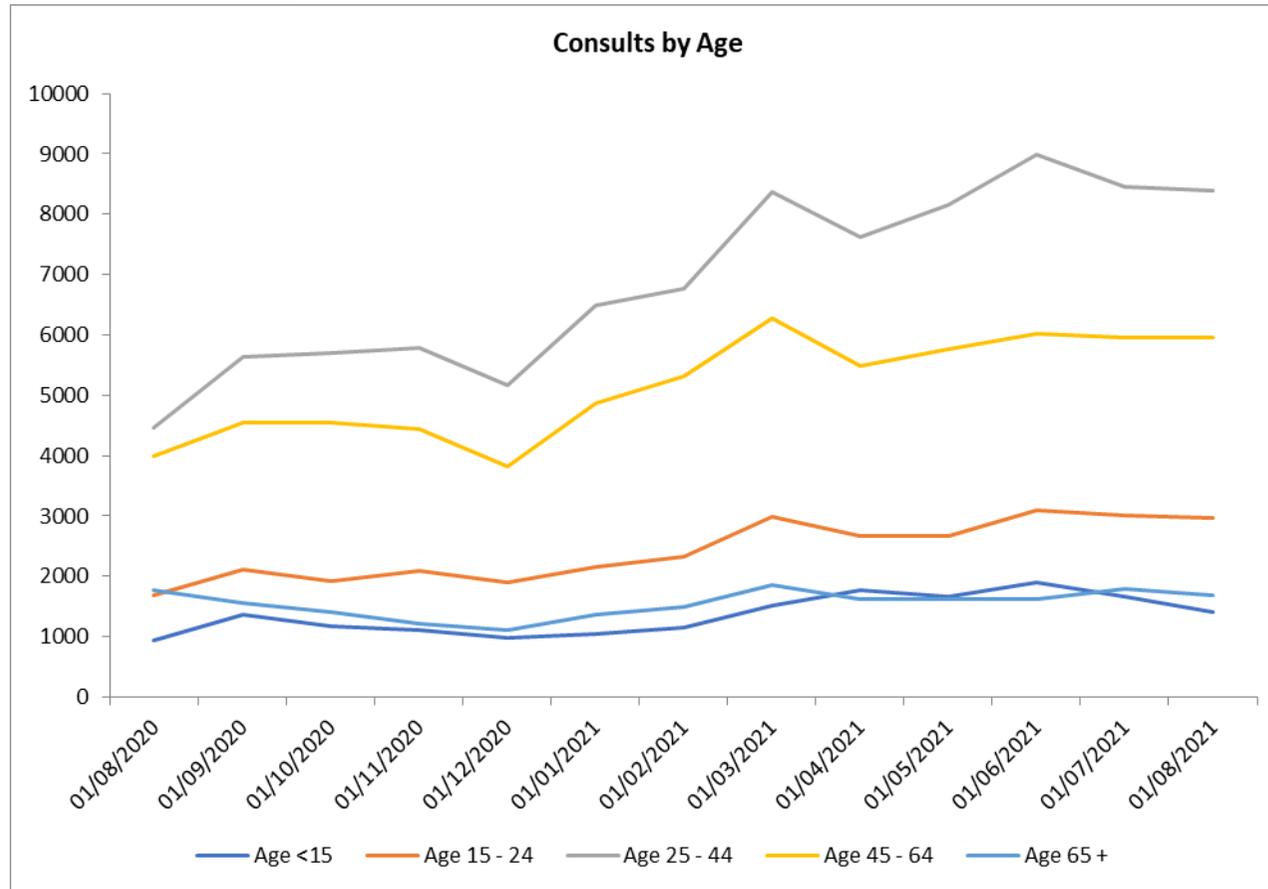
Appendix: C

e-Consultation Data

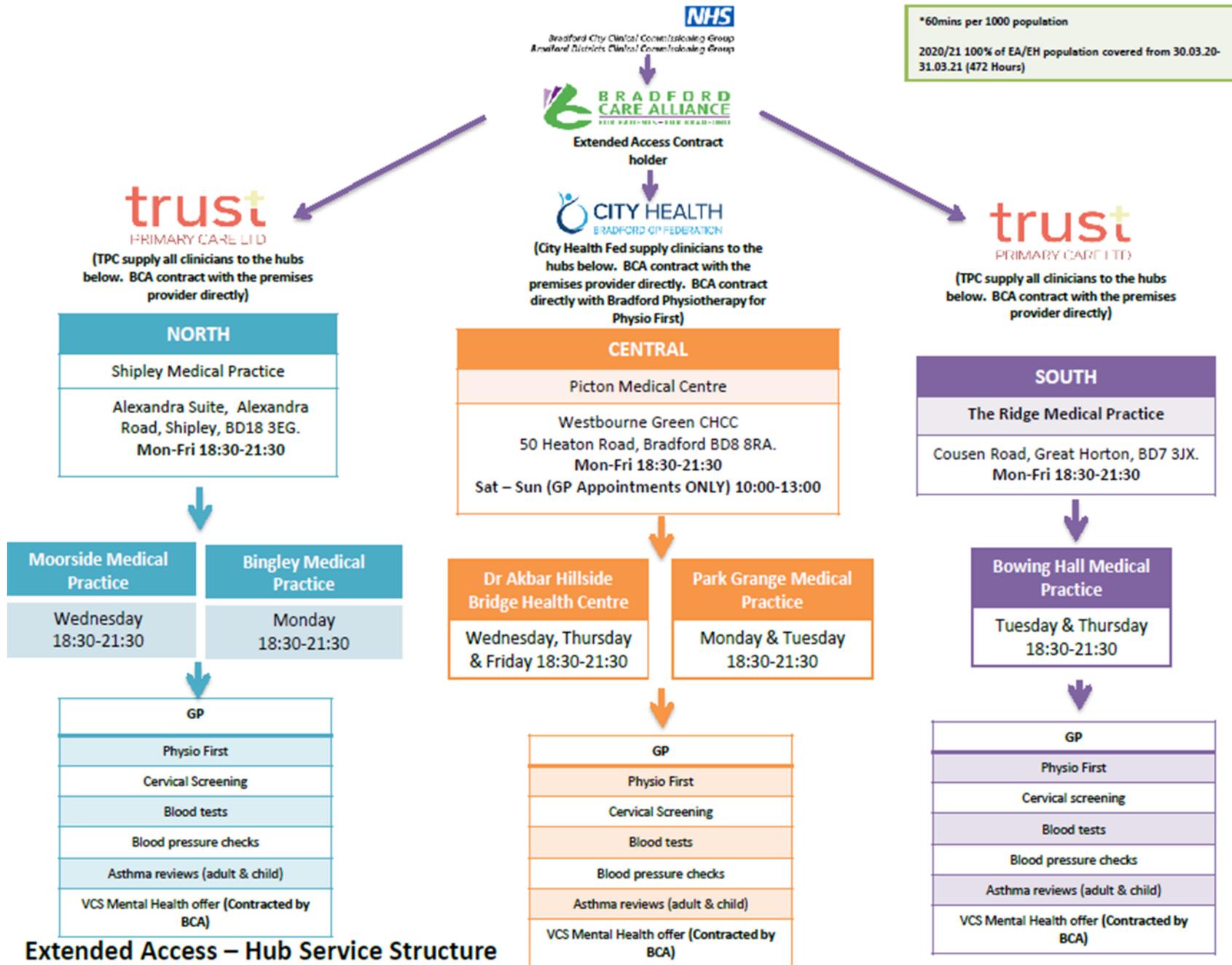
1.) Usage (20,413) and Rate of Submissions (33.28):



2.) Consults by Age:



Appendix: D - Extended Access Provision (BCA)



Extended Access – Hub Service Structure

Appendix: E – Extended Access Provision (Modality and WACA)

Extended Access Provision		
Modality PCN 8 GP Practices covering a patient population of 87,000	Remotely appointments only at present through the week (18:30 to 20:00). Saturday provision allocated to Covid Vaccination programme.	
Wharfedale, Airedale & Craven Alliance – PCN 8 GP Practices covering a patient population of 72,000	WACA Weekend Hub	Currently closed due to system issue.
	Springs Medical (Ilkley)	Monday to Friday 18:30 to 20:00.
	Ling House (Keighley)	Tuesdays 18:30 to 20:00.
	Dyneley House (Skipton)	Wednesdays and Thursdays 18:30 to 20:00.
	Townhead (Settle)	Monday (18:30 to 20:00) and Saturday mornings.

Appendix: F

Summary of PCN Objectives 2021/22 and 2022/23

The table below sets out the 5 key objectives for PCNs in 2021/22 and 2022/23, and how different elements of the Network Contract DES will support them.

<p>Key Objectives. Aligned to general practice priorities, LTP priorities and NHS response to Covid-19</p>	<p>Service requirements New requirements introduced in a phased way will support the key objectives</p>	<p>IIF Indicator areas of focus Financial indicators to improve and reward performance against DES Service requirements and wider NHS priorities</p>
<p>1. Improving prevention and tackling health inequalities in the delivery of primary care – PCNs will be required to identify high need local populations and tailor services to them, as well as address inequalities in rates of diagnosis for cardiovascular disease and cancer.</p>	<ul style="list-style-type: none"> • Tackling Neighbourhood Inequalities • CVD Diagnosis and Prevention • Early Cancer Diagnosis • Personalised Care 	<ul style="list-style-type: none"> • Progress towards the national ambitions for: <ul style="list-style-type: none"> ○ Learning Disability Health Checks ○ Flu vaccinations to at-risk groups ○ Closing the hypertension diagnosis gap ○ Personalised care interventions e.g. social prescribing • More complete recording of ethnicity in patient records
<p>2. Support better patient outcomes in the community through proactive primary care – including delivery of the Enhanced Health in Care Homes and Anticipatory Care services through multidisciplinary teams, offering more personalised services which will help people avoid unnecessary hospital admissions</p>	<ul style="list-style-type: none"> • Tackling Neighbourhood Inequalities • Anticipatory Care • Enhanced Health in Care Homes (EHCH) • Personalised Care 	<ul style="list-style-type: none"> • Delivery of key elements of the EHCH model and associated moderation of care home resident emergency admissions • Moderated admissions for ambulatory care sensitive conditions (ACSCs)
<p>3. Support improved patient access to primary care services – implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic</p>	<ul style="list-style-type: none"> • Extended Access service requirements • Delivery of all new services will support improved access for particular cohorts. 	<ul style="list-style-type: none"> • Improved patient experience of accessing general practice • Reduction in the proportion of patients waiting longer than two weeks for a routine general practice appointment • Improved provision of online consultations • Increased utilisation of Specialist Advice services, and community pharmacist consultations

<p>4. Deliver better outcomes for patients on medication – including through the delivery of Structured Medication Reviews to priority patient cohorts, and through targeting prescribing behaviours known to improve patient safety.</p>	<ul style="list-style-type: none"> • Structured Medication Reviews and Medicines Optimisation 	<ul style="list-style-type: none"> • Improved provision of SMRs to priority groups • Targeted prescribing behaviours known to improve patient safety • Supporting more preventive treatment of asthma through increased use of inhaled corticosteroids.
<p>5. Help create a more sustainable NHS - through reducing the carbon emissions generated by asthma inhalers.</p>	<ul style="list-style-type: none"> • Structured Medication Reviews and Medicines Optimisation 	<ul style="list-style-type: none"> • Encouraging clinically appropriate inhaler switching to low-carbon alternatives