

**Adults Wellbeing and Health Overview  
and Scrutiny Committee**

**19 November 2021**

**Primary Care Update**



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**Report of Joseph Chandy, Director of Commissioning Strategy and  
Delivery - Primary Care, NHS County Durham Clinical  
Commissioning Group**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 The purpose of this report is to provide members of the Adult, Health and Wellbeing Overview and Scrutiny Committee with an overview of NHSE guidance issued on 14<sup>th</sup> October 2021 entitled **Improving Access for Patients to Primary Care and Supporting General Practice** and the associated **Winter Access Fund**.

**Executive summary**

- 2 NHSE guidance has been issued aimed at:
  - addressing variation in access to primary care and encouraging good practice
  - increasing and optimising primary care capacity and
  - improving communication with the public about primary care, including tackling abuse and violence against NHS staff
- 3 This report outlines the expectations of NHSE and work underway to respond to the same.

**Recommendation(s)**

- 4 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
  - (a) receive this report and note contents

- (b) offer any insight that will inform the County Durham response
- (c) be open to further reports and dialogue that respond to NHSE expectations

## **Background**

### **Improving Access for Patients to Primary Care & Supporting General Practice**

- 1.1 In preparation for what is expected to be a very demanding winter period NHSE has issued a [Plan](#) which sets out actions designed to support improved patient access to general practice including access to face to face appointments with GPs.
- 1.2 It is recognised within this Plan that nationally, primary care has:
  - delivered the COVID vaccination programme in addition to existing workload
  - provided more appointments for patients than in equivalent period before the pandemic
  - increased patient satisfaction
- 1.3 And to improve access and treatment, overall, general practice has rapidly developed an offer which, in accordance with policy:
  - successfully blends face to face alongside remote appointments
  - fully optimises an increasingly diverse general practice workforce
- 1.4 Actions contained in the Plan are aimed at:
  - addressing variation in access to primary care and encouraging good practice
  - increasing and optimising primary care capacity and
  - improving communication with the public about primary care, including tackling abuse and violence against NHS staff
- 1.5 It should be recognised that the Plan was issued without dialogue and that general practice is still considering the implications of this guidance.

## **2. Additional Funding Capacity**

- 2.1 A new £250 million Winter Access Fund has been established to support implementation of the Plan and specifically, to improve patient access to urgent, same day care, outside of hospital.
- 2.2 The County Durham allocation of Winter Access Fund is c£820k. This investment is not specifically aligned to individual practices but will be distributed into the County to achieve maximum impact.

## **3. Place-based Planning**

3.1 Following issue of this Plan, work was undertaken by NENC ICS to identify what additional resources and/or improvement work can be done with practices across the following areas:

- overall practice appointment levels
- face to face appointment levels
- patient satisfaction
- A&E attendances from practice
- workforce capacity
- 111 in-hours use by patients
- CQC intelligence
- demography of patient population

3.2 Further work is required to understand how data has been used and assumptions made by NENC ICS. County Durham CCG is therefore committed to working with practices to undertake further analysis to ensure an accurate position is achieved.

3.3 As CCG timescales to respond to the Plan left little room for local engagement, County Durham CCG has established a small Task Group of wider stakeholders<sup>1</sup> to progress NHSE expectations. This Task Group will support learning and knowledge transfer in relation to general practice patient access. The Task Group will build upon activity which the CCG was working on prior to this guidance being issued, described in paragraphs 4, 5 and 6 below.

3.4 Pipeline work relating to public engagement, primary care access data, mapping national data sets to practice ledgers and telephony will be brought online early to help in the task at hand.

#### **4. Addressing Access Variation**

4.1 OPEL level reporting guidelines and a standard operating procedure have been issued to practices. The CCG is monitoring the reporting processes on a daily basis and contacting practices to offer support, where indicated in the Standard Operating Procedure. Additional work is being undertaken across County Durham and South Tees CCGs to align organisational policies for reporting Opel levels.

Since the beginning of August 2021, there have been 151 notifications of Opel level 2, 18 notifications of Opel level 3 and one practice reported Opel level 4. The majority issues raised and impacting on the delivery of

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<sup>1</sup> *business intelligence, communication, engagement, estates, digital, and medicines optimisation*

service was related to reduced staffing / staff isolation and increased demand.

- 4.2 A successful GP Career Start scheme has been running in County Durham since 2015 with almost 50 GPs accessing the programme to date. A proposal to increase capacity in the current GP Career Start scheme is currently in development. It is anticipated that an 'enhanced offer' will attract more GPs to work in the 'place' of Durham, contributing to general practice resilience.
- 4.3 To support practice compliance with the introduction of a national performance regime and associated cash penalties as set out in the Plan (from April 2022), the Task Group will work to develop real time data to identify practice performance in relation to:
- overall appointments in comparison to pre-pandemic levels
  - face-to-face appointments levels (as a percentage of overall appointments)
  - 111 calls in-hours and avoidable A&E per practice
- 4.4 This activity will include on-site engagement with practices to identify data transfer issues which may affect accurate presentation of performance.
- 4.5 Where primary care access is challenged, the Task Force will consider alternative provision for vaccination of the patient population.

## 5. **Increasing and optimising primary care capacity**

- 5.1 A range of activity has recently been undertaken to extend and diversify primary care to ensure that face to face access to general practitioners can be optimised in accordance with plans laid out in the GP Five Year Forward View. This includes;
- significant progress to enhance primary care teams with Additional Roles Reimbursement Scheme (ARRS)<sup>2</sup> roles and the CCG continues to support the developing relationship between PCNs and local providers.
  - PCNs have completed workforce plans for 2021/22 and are currently recruiting well to a range of additional roles. If the plans are realised in full, c80% utilisation of the total Additional Roles Reimbursement Scheme (ARRS) fund allocation is anticipated, improving upon last year.

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<sup>2</sup> <https://www.england.nhs.uk/gp/expanding-our-workforce/>

- work has been undertaken to promote a more proactive approach to reach vulnerable and excluded patient groups
- Care Navigation has been implemented in all practices across County Durham and engagement with the programme is linked to Local Incentive Schemes within Primary Care. A suite of Care Navigation templates has been developed and implemented to support faster access to appropriate health care professionals within primary care.

5.2 Moving forward, the Task Group will engage with practices in relation to NHSE proposals to modernise primary care infrastructure including the replacement or upgrade of existing telephone systems with smarter, digital solutions. Investment has already been made in County Durham to optimise systems within existing contracts. The Task Group will work with practices to baseline current infrastructure and support improvements.

5.3 Medicine optimisation will also continue work with practices to ensure the Community Pharmacist Consultation Service is fully optimised in Durham

5.4 County capacity has also been increased to include 6 Primary Care Access Hubs to offer 12pm-6pm overflow for same day access to GPs in addition to the existing extended access arrangements between 6pm-8pm weekdays.

5.5 The Hubs are an extension of the practices in County Durham and work in collaboration across the County to ensure that urgent demand can be seen on the day. Winter Access Funding would enable an increase in the number of appointments available in the Hubs.

5.6 There is collaborative working between primary care hubs, UTCs and the ED in County Durham. Through previous integrated urgent care system re-design, the UTCs in County Durham:

- can book patients into primary care appointments.
- handle all 111 primary care dispositions out of hours.

Increasing primary care capacity will have a positive impact on the UTCs and ensure that they can respond promptly to any speak to dispositions they receive.

5.7 Durham CCG GPs and management staff have worked in A&E to understand the proportion of patients that can be seen in primary care and

to help understand how an ED based primary care service could work. As a result, plans are underway to mobilise an additional Hub, adjacent to Emergency Department that is able to offer access to general practice Monday-Friday 12-8pm and Saturday-Sunday 8am-2pm

The hub team will operate from ED, proactively triaging patients and re-directing them to the on-site primary care service. Winter Access Funding offers the opportunity to increase capacity in each Hub over the winter months and explore demand for up to 2 additional Hubs in North Durham

- 5.8 Increasing capacity in the primary care extended access services will reduce pressure on Emergency Departments. Hours of opening are based on the times that EDs are busy with walk in patients.
- 5.9 The planned transfer of current CCG commissioned extended access services to PCNs will now be postponed until October 2022 to allow more time for PCNs to further explore:
- how best to unlock synergies with in-hours services at practice level
  - collaborative working at larger scale than individual PCN footprints

## **6. Improving communication**

- 6.1 To aid understanding of how people in Durham are responding to the changing primary care offer, the Task Group will roll out wide scale engagement activity.

The intention is to use insight gathered to deploy smarter approaches to communicating with our communities about for example,

- blended remote and face to face triage and care
  - enhanced teams
  - support to self-care
- 6.2 To enable primary care better to understand patient expectation and experience, a new real-time measure will be introduced in April 2022, where patients will automatically receive a message following their appointment to rate their care. It is envisaged that this will incentivise practices to improve patient experience.
- 6.3 Recognising the need to protect the most valuable NHS asset, support will be offered to primary care to safeguard staff. Measures include a £5m fund to upgrade practice security and a campaign of zero tolerance on the abuse of NHS staff.

## **7. Primary Care Strategy & Planning**

7.1 As previously reported to this Committee, a Primary Care Commissioning & Investment Strategy has been developed for the County. Much of the activity described in this report is referred to in the Strategy as either started or planned.

7.2 It is recognised that whilst NHS reorganisation may result in changes that require a review of this Strategy, in the short-medium term, there will still be a need for place based planning in support of improving access for patients to primary care and supporting general practice