

General Practice in Derbyshire: Update Paper

County Adult and Health Scrutiny Review Board

March 2021

Aim of the paper

This paper aims to set out:

- A review of the primary care response to the COVID 19 pandemic to maintain and deliver key services
- Opportunities for April 2021 and beyond

Section 1: The current position of General Practice in Derbyshire

A. Access

All Derbyshire General Practices are open and seeing patients face to face. GPs have followed national guidance and adopted a 'total triage' system, treating patients over the phone or online whenever appropriate. Appointments have actually risen since this time last year, and access has improved.

- 2.2% more appointments were offered in December 2020 compared to December 2019
- 2.66% more appointments were offered the same day or the next day (50.21% compared to 47.55% in December 2019)
- There were fewer face to face appointments (67.27% compared to 80.86%) with telephone and online consultations making up the difference

Some branch surgeries have temporarily closed due to difficulties ensuring COVID security or the need to rationalise staffing but all surgeries are open and are advertising this on websites, in reception and on phone messages. The CCG and Local Medical Committee (LMC) have produced joint communications to advise patients that their surgeries are open. The CCG has investigated all patient concerns raised about practices being closed, or refusing face to face appointments. To date none of these concerns have been upheld.

B. Sickness levels and practice outbreaks

On the 25th February 2021 General Practice reported 5.7% absence levels (5.1% non-clinical, 6.3% clinical). This is relatively low compared to other parts of the NHS and social care system and low compared to the height of the first wave where absences ran at 15-20%.

None of the 112 Derbyshire practices are currently experiencing outbreaks (as of 25/02/21). An outbreak is any situation where 2 or more staff test positive. Practices have updated their business continuity plans to address this risk and the CCG is working with the GP Task Force to establish a clinical and non-clinical staff bank which practices can call on if they need staff in an emergency.

C. Current pressure on General Practice

Primary Care Network Clinical Directors have worked with the CCG to establish a RAG rating system to assess pressure on General Practice. This asks practices to assess themselves as green, amber or red in terms of pressure on practice, balancing demand on services against capacity to deliver

As of the week commencing 24th November General Practice is on 'amber' alert. The definition of amber is that the 'service has limited capacity. The service can accept referrals but they are busy and may not be able to meet the disposition time frame. Alternative services should be considered where possible'. This is equivalent to OPEL level 2 in the wider Derbyshire system. This is in line with national assessments. In November the BMJ stated that it expected General Practice nationally to be at amber or red currently and for the foreseeable future.

D. Restoration and recovery

Since May General Practice has been working to catch up and restore services. In particular it has been focusing on:

- Health checks for adults with a learning disability;
- Children's vaccination and immunisation programmes;
- Early cancer diagnosis and expediting all urgent referrals to secondary care;
- Screening programmes and catching up the care of people with long term conditions;
- Flu vaccination (including planning for those aged 50-64); and
- Supporting care homes (including weekly check ins, personalised care planning and medication reviews).

Overall Derbyshire practices are on track to deliver all the national targets linked to recovery and restoration. Whilst this is on track practices and the CCG are monitoring progress in light of the increasing pressure on services from COVID and normal winter demands.

Infrastructure: IT

The pandemic has forced a transformation in the way practices and patients use IT, moving General Practice from a predominantly physical and 'face to face' service to a predominantly virtual, telephone and online service. Responding to staff sickness and self-isolation the CCG issued hundreds of laptops and clinicians are now routinely working away from their surgeries using online consultation tools.

Some of this change is temporary, some permanent. Practices are rapidly moving back to face to face contact for those patients who need it. However there have been benefits in remote working in terms of improved patient choice and experience, more rapid access and more efficient use of time and we wish to make those improvements permanent. The CCG is currently surveying practices to get their view on the IT benefits which should be retained and extended. This will then feed into our local implementation of the national programmes designed to embed the positive gains made over the last six months.

Section 2: Opportunities for April 2021 and beyond

A. Our local commissioning approach so far

As well as the national strategy to develop Primary Care Networks and invest in additional staff to support new enhanced services at scale the CCG has been working on consolidating and developing our local commissioning approach. We have delivered the first two phases of this:

- Phase 1: ensure all practices are delivering a high quality 'core' service. The Primary Care Quality Team has developed a programme of monitoring and support to ensure that a consistent high quality of care is offered by all our practices. This has included facilitated Clinical Governance meetings, protected learning time for Practices, local quality assurance visits and support for practices with the CQC process.
- Phase 2: ensure that patients can receive services from their local practice wherever possible and appropriate. Working with the LMC and GPs the Primary Care Commissioning Team has looked at all the services that were commissioned by the four legacy CCGs in Derbyshire and commissioned a single set of services, including new services which we believe can and should be commissioned from General Practice. We have agreed county wide specifications and funding so that all practices are paid fairly and all patients, regardless of where they live in Derby or Derbyshire, can expect the same services from their local GP practice.

B. The next phase: urgent response in the community

The next phase will look at new services we could commission from General Practice and other community providers to improve care, focusing on those who need support the most.

From April 2021 we would like to focus on how we provide urgent care for people in the community. We intend to establish a service for people who are 'housebound' and cannot get to their practice but need care quickly. At the moment GPs and staff from the NHS and from Adult Social Care visit people in their own homes and we tend to do this separately and often responding to an urgent need. We'd like to develop and invest in a team of people from different organisations who work together to visit people in their own homes, providing proactive care as well as urgent reactive care.

We'd like this team to work at scale and to commission this service from Primary Care Networks. It will link to the Directed Enhanced Service for Care Homes that we started commissioning from Primary Care Networks in October 2020. The two together will mean that patients will get the same service whether they live in a care home or their own home. It also links to the national 'Ageing Well' programme of work which focuses on improving how we provide care for older people both proactively and reactively.

This work is still in the early planning phase and will need further discussion with commissioners and providers.

C. Longer term: working at scale to improve access

Access to General Practice has improved in terms of number of appointments offered and speed of offering a response, as described above. However delivering good access for patients with finite capacity and increasing demand is one of the big challenges for General Practice.

One of the ways to improve this is to triage people and channel them to the right service or person. Evidence shows that many people who wish to see a GP could have been equally well treated by a nurse or ANP, people seeing a nurse or ANP could have been seen by another health professional, and people seeing a health professional could have cared for themselves had they had the right information and support.

There is also evidence to show that patients can be broadly differentiated into 'hot' patients who need or want on the day care for urgent treatment, or for time limited or minor ailments and 'cold' patients who need care for more complex long term conditions. This first group value rapid access over continuity of care, the second continuity over access.

At a practice level services are already organised like this to some extent. This could be developed at a network level, where we establish 'hot hubs' for on the day care, freeing practices to focus on patients with more complex problems with specialist 'cold hubs' offering support. The hot hubs could co-locate with staff from other organisations and with existing urgent treatment centre facilities in some localities, and could form the base site for the home visiting teams.

Some places are already doing a version of this, including some places in Derbyshire. These plans have not yet been developed county wide and they will need proper discussion with practices and PCNs. However they give a sense of how practices could work at scale to pool capacity, link up services and improve patient experience.