



## Health and Overview Scrutiny Panel – 8 February 2024

### PRIMARY CARE UPDATE

#### 1 National context

1.1 In May 2022, Dr Claire Fuller, published her stocktake [report](#) of how primary care can best be supported within the emergent integrated care systems (ICSs) to meet the health needs of people in their local areas. The vision for integrating primary care, improving access experience and outcomes for communities was centred around:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

1.2 In May 2023 the government published its recovery plan for primary care, launched by the Prime Minister during a visit to Southampton. The plan sets out four key areas to support recovery:

- Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.
- Implement modern general practice access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

1.3 This is steered by two central ambitions, set nationally:

- To tackle the 8am rush – meaning patients should be able to not only contact their practice easily but be able to book an appointment (not necessarily on the same day as when they ring) when they ask for it.
- For patients to know on the day they contact their practice how their request will be managed. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where

clinically appropriate. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks. Where appropriate, patients will be signposted to self-care or other local services.

## **2 Local Developments**

2.1 Progress has been made against the ICS recommendations set out in the Fuller Stocktake including expanding dedicated Primary Care workforce training and support; establishing dedicated forums for Primary Care Network (PCN) Clinical Directors and Managers, and the completion of PCN Estates Toolkit to support estate planning.

2.2 We have been building on the already strong work our PCNs have started. In-line with the national ask they all submitted Capacity and Access Improvement Plans (which were subsequently signed off) during quarter 1 of 2023/24, examples of actions they had identified include:

- Reviewing data for telephone calls (total number of inbound calls and waiting times) to inform improvement work on call handling.
- Updating practice websites to include more information for patients on how and where they can access services, also helping to improve access to online booking.
- Increasing use of Patient Participation Groups (PPGs) and ensuring regular meetings are in place.
- Improving uptake of the Friends and Family Test (FFT) to inform future improvements.

2.3 We are currently supporting practices to apply for transition funding to support moving towards modern general practice models. Nine of the 25 practices across the city have already secured funding from this two year programme which was launched locally in November at an event hosted by the ICB. To date, over £146,000 has been awarded to Southampton practices.

2.4 Some of the initiatives that have been successful in gaining funding are:

- Reviewing and further developing triage models to ensure patients are allocated to the right appointment within the wider healthcare team
- Further upskilling of reception staff to deal with the 8am rush and direct patients to the most appropriate pathway
- Placing GPs within the reception to work with staff such as care navigators or receptionists to help them gain confidence in signposting patients to the most appropriate service and enable clinical triage at point of contact where appropriate.
- Clearing any backlogs to enable move to modern general practice model including by risk stratifying individual patients
- Investment in staff training and development
- Development of 'team around the patient' model to improve continuity of care

- 2.5 To support our clinicians to focus as much time as possible on frontline, senior clinicians across our ICS have agreed a set of principles to improve patient care and reduce bureaucracy. This includes improving the connections between GPs working in our local practices and consultants working in our acute hospitals. Last year, the NHS Hampshire & Isle of Wight Integrated Care Board (ICB) established a steering group focused on improving communication and reducing duplication across primary and secondary care.

### **3 Practices and Primary Care Networks (PCNs)**

- 3.1 Locally, there have been a number of practice mergers with more scheduled as well as some planned changes to PCN configurations providing greater economies of scale and improved resilience:

- West End Surgery merged with the Living Well Partnership on the 1<sup>st</sup> January 2023
- Woolston Lodge Surgery and Chartwell Surgery merged on the 1<sup>st</sup> October 2023 to become the Woolston and Chartwell Partnership
- St Marys Surgery and Mulberry Surgery are planning to merge on the 1<sup>st</sup> April 2024
- St Marys and Victor Street Surgery are joining together to form a new PCN in central Southampton from 1st April 2024 called Southampton Sea City PCN. Alma Road and Solent Surgeries will remain as the existing Central PCN.

- 3.2 It is likely we will see further mergers as national contracts and guidance supports more at-scale delivery models. This should result in increased resilience of our practices and will not automatically lead to a reduction in the number of sites general practice is delivered from, any reductions in sites would be considered separately through formal application process.

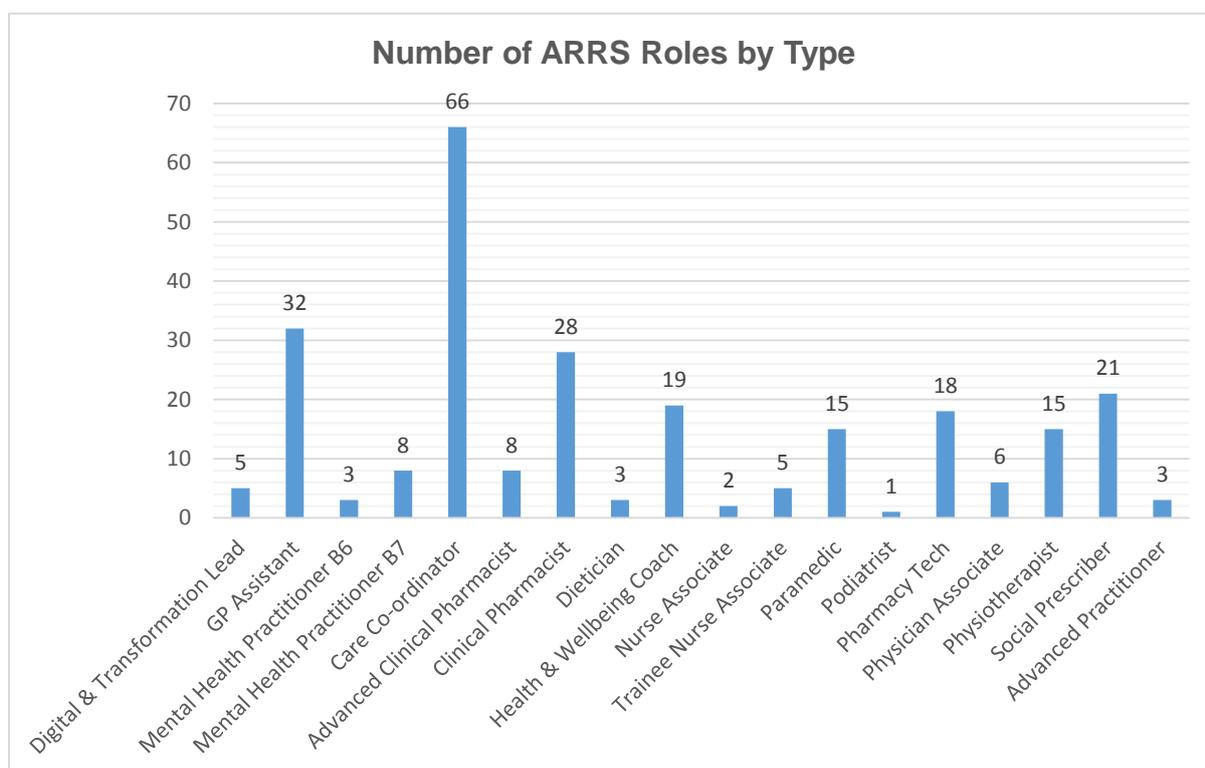
- 3.3 In September 2023, the ICB approved an application to formally close the Peartree Practice branch site based at Bitterne Health Centre with effect from 1<sup>st</sup> October 2023. The decision was made following extensive engagement work with patients and stakeholders throughout July 2023 which included:

- A patient survey sent out via text, letter and also available in paper form at their sites
- Involvement with the practice's Patient Participation Group (PPG)
- Letters sent to local stakeholders including local MPs and Councillors,
- Two patient drop-in sessions at local venues to allow opportunities for feedback.

No specific patient concerns were raised via any of these routes. An Equality Impact Assessment was also completed for the proposed closure with the outcome supporting closure of the site. Since the closure, there has been no notable negative impact and no formal complaints received by the ICB.

The Peartree Practice vacant space in the Health Centre has been used by Solent NHS Trust since April 2022 to deliver musculoskeletal (MSK) services with agreement from the ICB and the practice. Solent have now formally taken over the space and will continue to offer front line patient services from the site.

- 3.4 Following an item presented to Health & Overview Scrutiny Panel in June 2021, we can confirm that the development of the former Lidl site on Shirley Road has progressed and Shirley Health Partnership is planning to move from their existing premises in Grove Road to a modern, functional health centre based on the former Lidl site in Spring 2024. The new building will provide an increased number of clinical rooms and administrative space for staff, as well as spacious waiting areas, improved toilet facilities and more car parking spaces for patients. The additional space means a wider range of services and clinics can be offered to patients.
- 3.5 Workforce remains a significant challenge for primary care locally and nationally. Although GP numbers remain relatively stable, the number of partners has decreased and the increase in demand has put significant pressure on all clinicians. GP Practices and PCNs in Southampton have undertaken a good deal of work relating to the recruitment and retention of additional primary care roles.
- 3.6 We have expanded our Additional Roles Reimbursement Scheme (ARRS) roles by recruiting an additional 107 people across Southampton since April 2023 which takes the total number of staff recruited through the scheme in the city to 258. Roles include health and wellbeing coaches, pharmacists, pharmacy technicians, paramedics and first contact physiotherapists, all working in GP practices to help people get support from the most appropriate professional first time round.

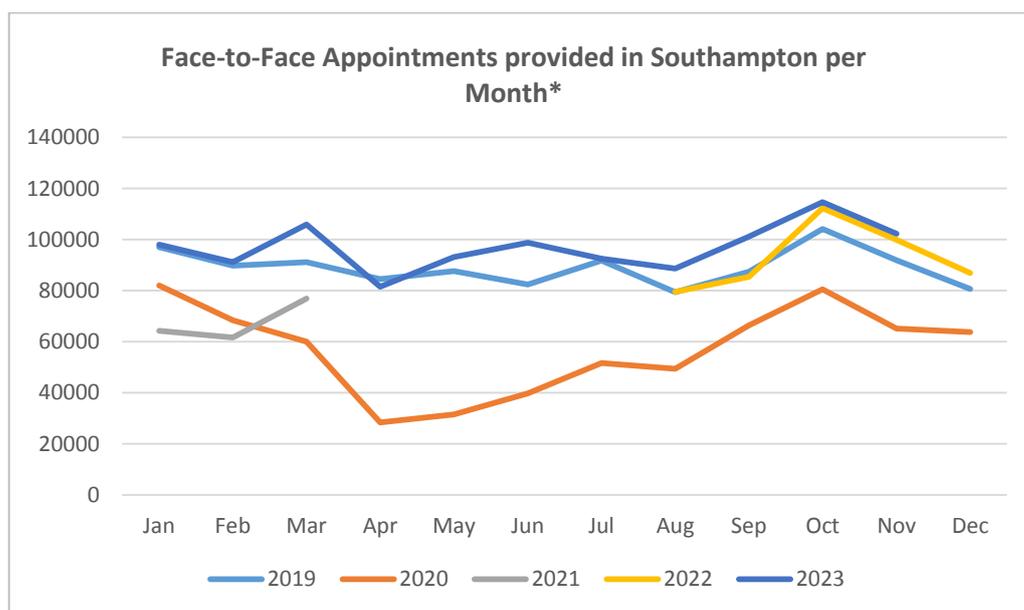
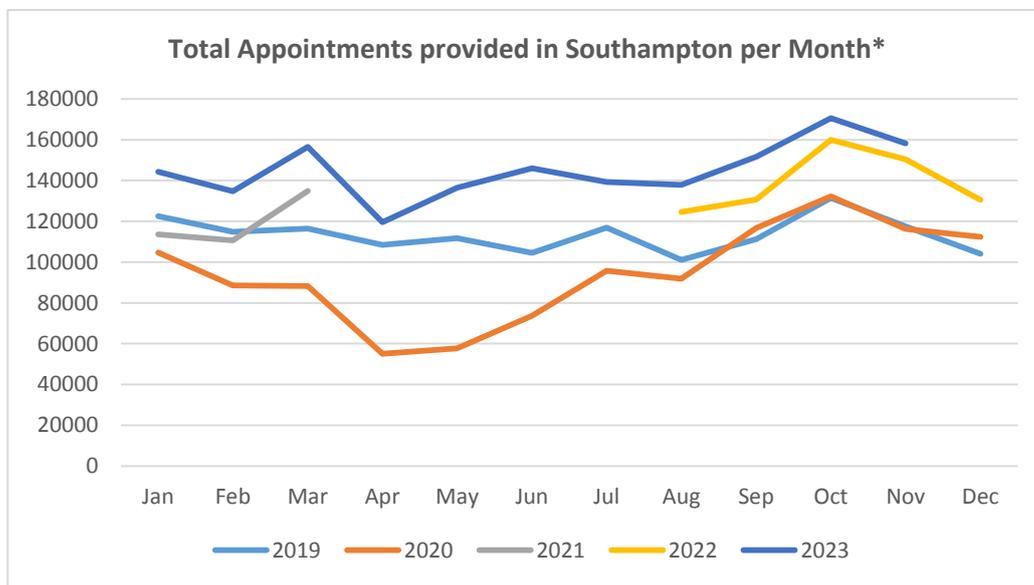


3.7 Staff working in GP Practices and PCNs have been offered care navigation training by NHS England as part of the delivery plan to recovering access to primary care. The training is designed to support staff in directing patients to the best support to meet their needs.

#### 4 Access to appointments and patient satisfaction

4.1 In response to increasing patient demand, GP Practices are offering more appointments year on the year; demand for these services continues to rise significantly due at least in part to the increasing complexity of our population's health. The data below shows the number of GP appointments, and appointment type, from January 2019 to November 2023 for all Southampton GP practices.

\* Data missing from April 2021 to July 2022 as data unavailable at Southampton level during this time period

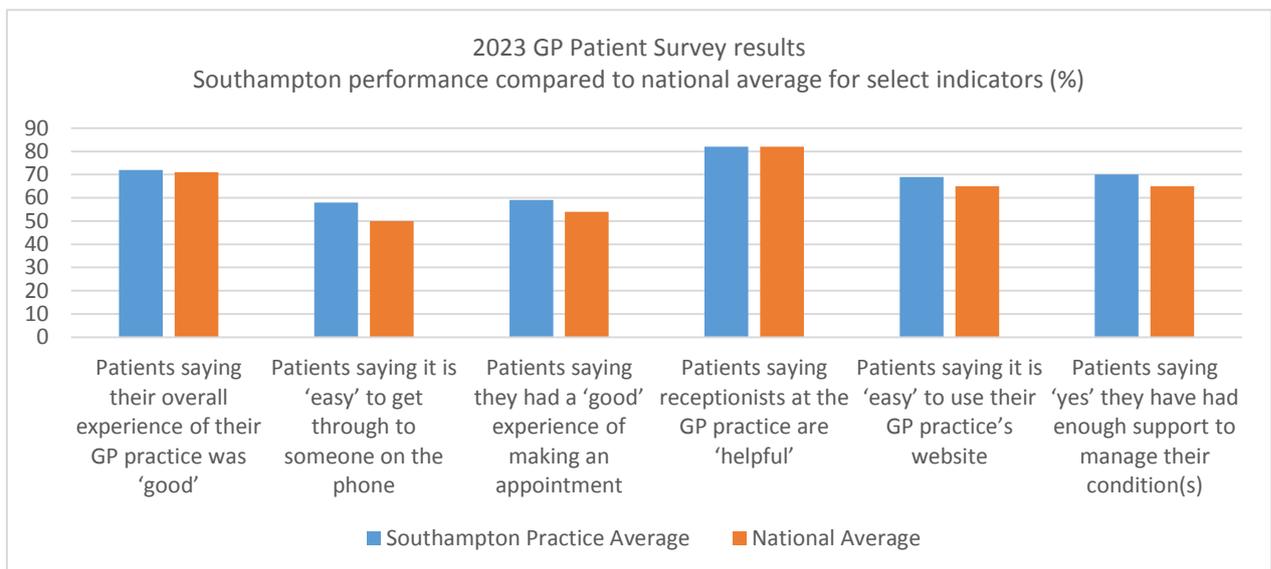


Source: NHS Digital, General Practice Appointments Data

4.2 The data shows stabilisation in primary care across the year. In October 2023 we saw the highest number of appointments for one single month, with over 170,000 appointments, supporting an overall registered population of c.390,000 people. Throughout the year approximately 67% of appointments have been face to face, and around 44% of all appointments being on the same day. The data also shows GP practices utilising a wide range of clinical professionals to support as many patients as possible.

4.3 The GP Patient Survey results for 2023 show that:

- 72% of patients registered with a GP Practice in Southampton said their overall experience of their GP practice was 'good'.
- 58% of patients said it was 'easy' to get through to someone on the phone
- 59% stated they had a 'good' experience
- 70% of responding patients replied 'Yes' when asked if they had enough support to manage their conditions



4.4 In-line with national results an area of concern expressed by patients in Southampton is difficulties in getting through to their GP practice by telephone. GP practices, as small enterprises, have faced challenges in providing a telephone system which can handle the increased number of people requiring support. Following this, all practices now offer cloud-based telephony which has improved patient experience when waiting to speak to their clinician. A programme of updating systems for some of our early adopter sites next year will further improve patient experience.

4.5 111 non-clinical direct booking has been implemented across Southampton with General Practice enabling direct booking into their triage arrangements via non-clinicians within 111. Data analytic software (APEX) has been rolled out to all GP practices which complements the practices' clinical systems to provide information on data patterns and inform demand management. Practices are using the data to review frequent attenders and implement proactive care plans to reduce this type of demand as well as looking at ways to better align capacity to demand across the week.

- 4.6 GP practices have played a key part in supporting our patients to be 'winter strong', delivering COVID-19 and flu vaccination in addition to providing urgent and routine appointments. In Southampton, over 50,000 COVID vaccinations have been given since the autumn/winter programme began in September 2023. This includes the work by GP practices, PCNs and other primary and community care providers to vaccinate local care home residents.
- 4.7 We are working to ensure the NHS locally is maximising the opportunities that the NHS App and online access provides. By doing so, we are freeing up capacity for those patients who cannot access online services, who are often the most vulnerable in our population.

## 5 Examples of innovative working

- 5.1 In the face of significant pressure and increasing demand, local primary care services are committed to exploring new ways of working to improve access to services and deliver patient care. Below are a few examples of how changes have been made to benefit patients across the city:

### **Case study 1: Improving patient access - Triage Co-ordinator, St Mary's Surgery**

#### **Changes implemented:**

- Senior member of GP team undertakes an oversight and supervisory function within the practice in a Triage Coordinator capacity
- GP provides clinical advice to reception, supervision for ANP and other non-medical workforce, initial review of patient and general overseeing of the 'front end' of surgery
- Stationed at a desk just behind reception
- Triage Coordinator sessions are split by morning session and for afternoon sessions
- Due to intensive nature of the role, Triage Coordinators are limited to 2 sessions per week for each participating doctor

#### **Outcomes:**

- Reception team have been highly trained and skilled in signposting patients, but since developing the Triage Coordinator these skills have been further strengthened
- Significantly contributed to demand management and ensured access for patients who need more urgent support
- Improved patient experience and increased confidence in reception advice and decisions knowing this has been supported by a doctor

## Case study 2: Utilising digital technologies – Online systems, University Health Service

### Changes implemented:

- Increasing number of online services for patients, e.g. booking of appointments through NHS app
- Performing holistic view of website content to ensure it is accurate and easy for patients to use and understand
- Emphasis on using IT equipment effectively including upgrading of equipment

### Outcomes:

- Reducing pressure on admin staff and telephones, therefore can use time effectively to support patients who cannot use online services
- Change in more staff using the IT, occasionally from home, has allowed practice to host more staff of varying specialism from ARRS
- Online registration form which simplifies the registration process for patients and frees phone lines for individuals who need urgent attention
- A new documents team created to screen and code documents based on priority - some will need no action so therefore saved time for GPs to undertake additional appointments

## Case study 3: Teams around the Patient - Continuity Teams, Victor Street Surgery

### Changes implemented:

- Inspired by Fuller Stocktake to develop a new clinical model to enable continuity of care back to patients
- A GP Assistant looks after 4000 patients and is aligned to a named list holding GP and supported by additional staff including sessional GPs and AHPs
- RAG rating patients to support 'right person, first time' approach:
  - Green** – Any issues can be dealt with by any team
  - Amber** – Issues where continuity is more important; e.g. multiple comorbidities, cancer, dementia or on multiple medications. These patients will be prioritised to see a member of their team for appointments
  - Red** – Patients with more complex needs and that will benefit from more experienced GP support – this makes up less than 1% of each list

### Outcomes:

- Improved significant quality of life
- Incredibly positive feedback
- Improved job satisfaction
- GP Assistants have been pivotal in reducing the administrative burden on GPs
- More successful in recruiting sessional staff and allied health professionals

## **6 Next steps**

- 6.1 A more modern general practice model will improve patient experience and access to GP services as well as expand access to additional services and roles across primary care. Over the coming months we will continue working towards this, improving continuity of care and doing more to release GP time to focus on frontline care and managing the most complex.
- 6.2 A key area of focus is further integration of services in the form of integrated neighbourhood teams which will focus on continuity of care as well as having preventative elements of delivery. We will keep the Panel updated on our progress.