

Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	13 October 2021
Subject:	Support for General Practice

Summary:

The Health Scrutiny Committee has requested a report from the Lincolnshire Clinical Commissioning Group on the support it is providing to General Practice across the county to improve access for local people.

It is acknowledged that General Practice services both locally and nationally has been working hard for years to meet growth demand generated by the increased in the number of people living with long term conditions and the changing societal expectations with regards access.

The General Practice Forward View and the NHS Long Term Plan identified that primary care as a specialty needed to change.

Lincolnshire CCG are working closely with GP colleagues and other partners to progress developments that will support the development of new service models.

This report provides an overview of the key areas of work including the actions to address immediate pressures.

Actions Required:

The Committee is asked to consider the work being undertaken to support local GP services.

1. Background

General Practice is the primary interface between the public and health services. Every year across the 85 practices in Lincolnshire they provide over 4,200,000 appointments.

General Practice services both locally and nationally has been working hard to meet growth demand generated by the increased in the number of people living with long term conditions and the changing societal expectations with regards access.

In 2016 the government published the General Practice Forward View (GPFV)¹. This provided both a new vision for how General Practice would be delivered and a commitment to provide the investment that would support local developments. The core and underpinning principles to expand the workforce by introducing new roles in GP, invest in technology and estates, and support transformation of service models, are as relevant today as they were in 2016.

The NHS Long Term Plan², published in 2019, reiterated the fact that Primary Care as a specialty was changing . The plan provided a description of how primary care should lead on improving the ‘whole person’ health of a local population and provided investments to enable the establishment of Primary Care Networks (PCN). A primary care network includes GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services to develop and provide services that best support the needs of a local population. There are 15 Primary Care Networks in Lincolnshire, with each led by a Clinical Director. Currently all of the Clinical Directors are practicing GPs.

The CCG is working with and supporting General Practice and PCNs to make the changes to deliver improved access to community based services that will help local people improve their own health and wellbeing and access treatment when they are ill.

The following provides a summary of four key areas of support :

I. Workforce

There are currently 2,000 people working in GP practices and an additional 158 working as part of a PCN team.

Over the last 18 months GP practices and PCNs have introduced new ARRS (Additional Roles Reimbursement Scheme) roles, including Clinical Pharmacists, First Contact Practitioners (Physiotherapists), Occupational Therapist, Care Co-ordinators, Paramedics, Nurse Associates, Pharmacy technicians, Health Coaches and Physician Associates.

The introduction of new roles within practices provides the opportunity for patients to be seen by the professional best able to meet their needs. To facilitate this GP practices have established a process for triage that involves a clinician to review a patients request and direct them to the right person in the team. These changes reduce delays in enabling

¹ [NHS England » General Practice Forward View](#)

² [NHS Long Term Plan » Primary care](#)

patients to access treatment and as the multi-disciplinary team develops will create the time for GPs to spend more time with patients who have complex needs and to co-ordinate care delivery.

Case Study

Patient contacted the GP practice using Ask My GP. The patient explained that they had considerable pain in their shoulders and were finding general day to day activities increasingly difficult.

The GP arranged for the First Contact Practitioner (Physiotherapist) to contact the patient to arrange a face to face appointment.

The GP replied to the patient via e mail, advising that the Physiotherapist would contact them to arrange an appointment

Feedback from the patient was that whilst they were surprised that they had not had to see the GP, the fact that they did not have to wait for a referral to be made but could go straight to the Physiotherapist reduced the delay in them accessing treatment and speeded up their recovery.

The development of multi-disciplinary working will change the services that patients receive from practices but the introduction of new roles is not a substitute for GPs but supports better access to healthcare and GPs retain clinical oversight. Despite the fact that Lincolnshire had the biggest increase of salaried GPs across the Midlands region there are still a significant number of GP vacancies. The number of vacancies varies across the county for example the rate of FTE GPs per 100,000 ranges from 23.86 – 61.77.

To support the recruitment and retention of GPs and the wider multi-disciplinary team the CCG established a Primary Care Workforce Group (representatives from Lincolnshire Training Hub/CCG/PCN Alliance lead Clinical Director/PCN Business Manager lead/First Five Group lead). This group works as part of the Lincolnshire People Board to consider workforce issues and develop plans to address these

Currently the team are working on the following :

- Developing localised additions to the overarching Lincolnshire Economic Partnership (LEP) Attraction Strategy – working with district councils/DWP/Job Centres to devise new and non-traditional pathways to attract staff on flexible contracts across and between health and care sectors to work in areas that historically have found it hard to recruit.
- With the Lincolnshire Training Hub, Lincoln University and local schools identifying career paths into health and care and ensuring that young people have access to support to obtain foundation level GCSEs and that travel/accommodation expenses etc are not blocking applications.

- Linking with all provider health Trusts to develop portfolio/rotational careers where staff can move between different settings across primary/community and acute care to produce a varied and interesting career to encourage retention and improved job satisfaction.
- Ambassador/Fellowship roles have been established by Lincolnshire Training Hub – these roles provide specialist educational advice/champion role and support in convening training and mentoring for new ARRS roles.

Four roles now exist across the county:

- Lead for Allied Health Professionals (including Mental Health Practitioner roles);
- Trainee Nurse Associates Fellow;
- Pharmacy Fellow; and
- Health Inequalities Fellow (joint funded by CCG and Health Education England (HEE)).
- Development of :
 - A regional Paramedic Ambassador role.
 - Ambassador role that helps us bring together Care Coordinators/Social Prescribing Link Workers and Health and Wellbeing Coaches.
- The CCG is introducing a workforce planning development tool with all our PCNs. This tool allows PCNs to understand their local workforce strengths and gaps across health and care sectors. PCNs are able to set their own priorities and use their local knowledge to personalise the tool for their area. The toolkit produces the required role numbers and skill mix to aid PCNs to set their resultant recruitment strategies.
- By December 2021 we will have in place the start of our new digital staff bank working with a national provider (currently undergoing procurement). The staff bank is for all roles working across primary care. We will work with every practice and GP to ‘on board’ them onto this system which will advertise vacant positions. Staff will be encouraged to join the bank with mentoring/training incentive support packages and the intention is create greater awareness of vacancies across the county and to reduce dependency on costly locums and improve consistency in provision.
- CCG meets with Lincolnshire Training Hub and Health Education England on a monthly basis to share the latest recruitment information at PCN level for Additional Roles to create a Training Needs Analysis of relevant courses that match the development of new PCN specifications e.g. new training on Shared Decision Making; Personalised Care Institute training.

Whilst there is evidence that the work of the Primary Care Workforce group is supporting recruitment and retention e.g. Lincolnshire have recruited the highest number of salaried GPs in the Midlands and have 15 Nursing Associates in post, the CCG recognise that there are GP vacancies today that are impacting on access to services. Given this the CCG are working with practices to establish new pathways that will increase the number of appointments, current examples include:

- Links with urgent treatment centres (UTCs) to enable GPs to book patients into appointments where staff in the UTC will be able to meet their clinical needs
- Strengthening links with community pharmacists so that GPs can book patients into appointments
- Working with partners to increase access to clinicians who can undertake remote consultations and as such creating the capacity for GPs in the practice to see patients who do require a face to face appointment or a higher level of expertise .

II. Estates

Some GP practices are unable to appoint additional staff as the estate they are working within has not kept pace with the demand and they are unable to provide additional consultation rooms. The CCG Primary Care Estate group is working together with practices, health partners and as part of the One public estate programme to address this and to secure Estates Technology and Transformation Funds (ETTF) to provide the capital investment to support local developments.

Case Study

The Abbey practice, located on Monks Road in Lincoln, had utilised every bit of space they had to provide the clinical consultation space to meet the needs of the patients registered with the practice. The accommodation was tired, inefficient in terms of layout and provided insufficient accommodation to meet the needs of the local population. The re-development of the site, due to be completed in 18 months, will provide modern facilities and sufficient accommodation that will not only meet the needs of the GP surgery but provide space for members of the PCN team to see patients living in the local area.

The Primary Care estates group are currently working on the following :

- Working with NHS England/ NHS Improvement to secure additional funding (capacity) to support PCNs to develop an estate strategy to meet the needs of their local population.
- Working with a number of practices to create additional capacity by digitising records and funding the refurbishment of this space to become patient facing capacity
- Identifying and securing additional accommodation to support PCN development
- Directly supporting individual practices to address current estate issues

- Streamlining strategic and administrative approach to secure Section 106 funding so that the GP secures capital funds to provide additional accommodations to meet the needs of population growth
- Working with PCNs to plan for significant housing growth
- Primary care estate development is included in the wider System infrastructure and Investment group

III. Developing the Digital Infrastructure and Capability

The introduction of digital solutions such as AskMyGP, E Consult and AccuRx has provided additional communication routes for patients and GP practices.

Further more patients are now able to request repeat prescriptions, view test results and their medical records online.

The wider Lincolnshire digital development programme provides increased opportunity for clinicians to link together so that GPs can quickly access advice from Specialists, process referrals and provide the framework for shared care. These developments not only reduce delays with regards patient referrals but they save time both for clinicians and administrative staff.

There is a well established primary care digital group which includes clinicians working with technical experts to identify and progress the digital developments across Primary Care. Representatives of this group are members of the Lincolnshire Digital and Data system group.

The Primary Care digital group are currently working on the following

- Review of IT hardware and upgrading
- Digital transformation including telephony review
- Digital storage of records to release space within GP practices
- Ongoing training for clinicians and administration staff
- Continued development on interactive web applications including a dedicated Lincolnshire Primary Care web based video
- Ongoing development of clinical systems to support provision of integrated care
- Completion of equality impact assessment and health inequality assessment to ensure that no patients / population are disadvantaged by digital developments and, where issues are identified, development of plans that mitigate / manage these

IV. Communication and Engagement

The CCG appreciates that there can never be too much communication and engagement and are investing in additional capacity to support enhanced engagement with local communities and develop communication so that patients are better informed of changes and developments.

We welcome the opportunity to update Health Scrutiny colleagues on the developments across GP, PCN and the wider portfolio of developments that will bring care and treatment closer to people's homes

Following patient feedback we are working jointly with Healthwatch to develop a programme to support people to understand the digital offer and provide a step by step guide on how to use it. This will include a webinar where patients will be able to ask clinicians questions about the use of remote consultations and how to access services in the wider community.

2. Consultation

This is not a consultation item.

3. Conclusion

It is acknowledged that General Practice services both locally and nationally has been working hard for years to meet growth demand generated by the increased in the number of people living with long term conditions and the changing societal expectations with regards access.

The GPFV(2016) and the NHS Long term plan identified that the primary care as a specialty needed to change.

Lincolnshire CCG are working closely with GP colleagues and other partners to progress developments that will support the development of new service models.

GPs will continue to be the clinical leaders for primary care services but increasingly their role will evolve to enable them to spend more time with patients who have complex needs and as the co-ordinator of care provided by an extended multi-disciplinary team working both as part of the practice and PCNs.

The development work commenced prior to the Covid pandemic but some aspects were accelerated to ensure that patients could continue to access primary care throughout the pandemic in as safe way as was possible. Key changes for patients included consistent use of triage to determine how best to meet the patient need and an increased utilisation of remote consultations.

GP practices across the county are working hard to meet patient need but there are issues such as workforce availability and estates that are constraints to them being able to meet the increased demand.

The CCG is working with primary care to mitigate some of the today challenges such as workforce availability that are affecting patients access whilst we progress medium term plans.

The level of change across primary care is significant and the CCG are investing in increased capacity to strengthen public and stakeholder engagement and communication.

4. Background Papers

None

This report was written by Sarah-Jane Mills, Chief Operating Officer, Lincolnshire CCG who can be contacted on Sarah-Jane.Mills1@nhs.net, Tel: 01522 515381

Agenda Item 8

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DRAFT RESPONSE TO NATIONAL CONSULTATION ON ELIGIBILITY CRITERIA FOR NON-EMERGENCY PATIENT TRANSPORT

1. Medical Need

Criterion A

A patient qualifies for non-emergency patient transport, if they have a medical need, typically because they:

- require oxygen which they are unable to self-administer during transit;
- need specialised equipment during the journey;
- need to be closely monitored during their journey;
- need to be transferred to another hospital;
- have a medical condition, have undergone major surgery such as a transplant, and /or the potential side effects of treatment are likely to require assistance or monitoring during their journey;
- reside in a nursing home or hospice without access to suitable transport to healthcare treatment;
- have a medical condition or disability that would compromise their dignity or cause public concern on public transport or in a taxi, and do not have access to appropriate private transport; or
- have a communicable disease, for which travel on public transport or in a taxi is not advised, and do not have access to appropriate private transport.

Consultation Question

Do you agree with our proposed criterion on qualifying medical needs?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	✓			

Additional Comments

The Health Scrutiny Committee for Lincolnshire believes that the medical need criterion is sufficiently clear so that patients and their families are clear whether they would qualify.

However, the Health Scrutiny Committee notes that the consultation document (paragraph 6.5) states that only patients who meet the reasons for appointment criteria, which are:

- "the patient will have been referred by a doctor dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare services, ie diagnostics or treatment; or
- The patient is being discharged from NHS-funded treatment."

The Committee believes that this definition as worded could be construed to exclude patients attending at the request of a secondary care service provider where an appointment has been given for a clinical review to follow up a previous referral and which does not necessarily involve further diagnostics or treatment. The Committee would like to see the appointment criterion reworded to address this.

2. Cognitive or Sensory Impairment

Criterion B

A patient qualifies for non-emergency patient transport, if they have a cognitive or sensory impairment requiring the oversight of a member of patient transport staff or suitably trained driver, meaning that they:

- have dementia or another mental health condition which requires the assistance of patient transport staff to ensure a safe journey;
- have a confused state of mind, learning / communication difficulties, hearing loss, impaired sight, to such an extent that they are unable to use public transport or a taxi, and do not have a carer who is able to transport them; or
- pose a risk to themselves or others through independent travel.

Note: Secure mental health transport for high-risk patients is managed separately from non-emergency patient transport.

Consultation Question

Do you agree with our proposed criterion on qualifying cognitive or sensory impairment?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	✓			

Additional Comments

The Health Scrutiny Committee for Lincolnshire believes that the cognitive or sensory impairment is criterion is sufficiently clear so that patients and their families are clear whether they would qualify.

3. Significant Mobility Need

Criterion C

A patient qualifies for non-emergency patient transport, if they have a significant mobility need which cannot be met through public or private transport, including the support of available family or friends or a taxi (including available mobility or assisted taxis or community transport provision). Examples are likely to include patients who:

- need to travel lying down for all or part of the journey and/or need a stretcher or sling/hoist for their journey;
- need specialist bariatric provision;
- are unable to self-mobilise (ie unable to stand or walk more than a few steps);
- have been clinically determined as at risk from using public transport due to being immune-compromised, and do not have access to appropriate alternative private transport (personal vehicle or taxi unless taxi travel advised against on clinical grounds); or
- are wheelchair users who do not have access to an appropriate alternative source of transport, do not have a specially-adapted vehicle (or are unable to use the vehicle for that journey), and they require the assistance of patient transport staff to undertake the journey.

Consultation Questions

Do you agree with our proposed criterion on qualifying significant need?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	✓			

Additional Comments

The Health Scrutiny Committee for Lincolnshire believes that the significant mobility criterion is sufficiently clear, subject to clarify of the definition of 'ability to self-mobilise'.

Do you have any views on the best way to define someone's ability to self-mobilise (third bullet point above), including whether and how to take into account the use of equipment and assistance?

Response

If it is not possible to satisfactorily define 'ability to self-mobilise', the Health Scrutiny Committee for Lincolnshire suggests that this could be addressed by assessors, provided they have access to the relevant patient record.

4. In-Centre Haemodialysis

Criterion D

A patient qualifies for transport support, specialist transport or non-specialist transport or rapid reimbursement for their journeys to and from an in-centre haemodialysis unit. This would involve access to:

- specialist transport, when adapted vehicles or staff with particular training is required;
- non-specialist transport, when people need less support; or
- simple and rapid reimbursement for the cost of journeys where people are able to drive themselves, their family or friends can take them, or they can

The appropriate type of transport should be a shared decision, reflecting people's needs and preferences as well as the appropriate use of NHS resources. Patients should be supported to retain their independence and a personalised approach should be promoted. A survey of over 60 dialysis units indicated that about 30% of patients are likely to require specialist transport; 40% non-specialist transport; and 30% are likely to be able to travel independently if appropriately reimbursed. However, flexibility is required to ensure that patients can vary the degree of support needed.

Consultation Questions

Do you agree that all patients receiving in-centre haemodialysis patients should qualify for transport support or either specialist transport, non-specialist transport or rapid reimbursement?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
✓				

Additional Comments

The Health Scrutiny Committee for Lincolnshire strongly supports the principle that the transport needs of all patients receiving regular in-centre haemodialysis should qualify for the patient transport support set out in the consultation.

Do you agree with a shared-decision making model between dialysis patients and the NHS to select the appropriate mode of transport?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
✓				

Additional Comments

The Health Scrutiny Committee for Lincolnshire strongly supports the principle that the transport needs of all patients receiving regular in-centre haemodialysis should qualify for the patient transport support.

5. Safeguarding Concern

Criterion E

A patient qualifies for non-emergency patient transport, if there is a safeguarding concern raised by a relevant professional in relation to the patient travelling independently, which means that the patient requires the oversight of a suitably trained driver or other patient transport member of staff.

Consultation Question

Do you agree with our proposed criterion on qualifying safeguarding concern?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	✓			

Additional Comments

The Health Scrutiny Committee for Lincolnshire believes that the safeguarding concern criterion is sufficiently clear so that patients and their families are clear whether they would qualify.

6. Wider Mobility or Health Needs

Criterion E

A patient qualifies for non-emergency patient transport, if in the opinion of an authorised eligibility assessor, no other transport is suitable or available given the patients wider mobility or medical needs (not covered in the criteria above) and treatment or discharge would be missed or severely delayed as a consequence. Transport options which should be exhausted prior to provision of patient transport include:

- the patient's own transport – eg the person does not have a car or would not be able to drive due to medical side-effects of treatment;
- a relative, friend or carer who could help out;
- patient booking their own taxi, including a mobility or assisted taxi – reasonable efforts should be made to book a taxi;
- public transport, including community transport, where the public transport journey is not unreasonably complex or long; and
- transport which people are entitled to as part of funded social care provision or a social security benefit.

A local area **may also choose to add a threshold to the requirement on individuals to fund taxi travel themselves, including a mobility or assisted taxi**, if other forms of private or public transport are not available or suitable, such as:

- a very high frequency of treatment; and/or
- long distances or high costs associated with proposed taxi journey

Consultation Questions

Should patients in this category be offered patient transport at the discretion of an authorised eligibility assessor?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	✓			

Additional Comments

The Health Scrutiny Committee for Lincolnshire accepts that whilst the proposed criteria A-E are sufficiently detailed and clear, there will be circumstances falling outside these criteria, where support with transport would be fair and appropriate.

One such circumstance is the issue of rurality. In Lincolnshire there are long distances from many towns and villages to hospital and health care sites. The cost of taxi journeys would be excessive and beyond the means of many patients. The Committee strongly supports local health systems being able to exercise discretion, within their own guidelines on whether support with transport can be offered.

Are there any other options which should be exhausted prior to the provision of patient transport?

Reply

The Health Scrutiny Committee for Lincolnshire would like to highlight that linked to the Lincolnshire Community Transport Forum, there are seventeen voluntary car schemes across Lincolnshire, where transport is offered to individuals for health appointments, as well as other needs. A nominal fee is charged to cover driver expenses.

7. Escorts and Carers

Criterion F

Non-emergency patient transport is available to individuals with carers/escorts when:

- the individual is under 16 years of age and is required to travel with an escort or carer;
- an escort or carer's particular skills and/or support are needed, and the person's condition needs the support of someone who knows them well, and to not have so would put them at risk of not being able to access transport; or
- they are under the care of the patient eligible for NEPTS, cannot be left alone, do not require the support of the NEPTS ambulance care assistant when travelling, and no alternative care is available at that time.

Consultation Question

Do you agree with the proposals on escorts and carers?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
✓				

Additional Comments

The Health Scrutiny Committee for Lincolnshire is keen that carers are supported, where possible, and believes that this criterion is sufficiently clear so that patients and their families are clear whether they would qualify.

The Health Scrutiny Committee also believes that consideration should also be given in the eligibility criteria to patients with assistance dogs of all types.

8. Other Consultation Questions

Proposal

Non-emergency patient transport services will provide better signposting to wider transport support in line with national guidance, which would include:

- eligibility assessors considering whether a person meets the criteria for the Healthcare Travel Costs Scheme and seeking to facilitate access to this scheme;
- the NHS providing patients details of potential journey options, including community transport or taxi companies; and
- patients being signposted to other transport support, for example from the mobility component of the Disability Living Allowance; from social care or other local transport schemes.

Consultation Question

Do you agree that transport coordination mechanisms or wider healthcare systems should be obliged to provide signposting to the Healthcare Travel Cost Scheme and information on wider transport options?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
✓				

Additional Comments

The Health Scrutiny Committee for Lincolnshire is strongly support of providing as much information as possible to individuals.

As stated in an answer to a previous question, there are seventeen voluntary car schemes across Lincolnshire, where transport is offered to individuals for health appointments, as well as other needs.

Proposal

This consultation will close in October 2021. Following this, the final updated published criteria will be published in April 2022. It is our ambition that newly planned services from this date onwards reflect the new criteria, and that existing services use it by April 2023.

Do you agree with our proposed timeline?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	✓			

Additional Comments

The Health Scrutiny Committee for Lincolnshire supports the proposed timeline, as a new contract for non-emergency patient transport service is due to begin in Lincolnshire from 1 July 2022.

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