

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 Local Medical Committee (LMC)

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>10 July 2019</b>
Subject:	<b>General Practice Access and Demand</b>

### Summary:

The Health Scrutiny Committee for Lincolnshire requested that Lincolnshire Local Medical Committee provide a report on GP access and demand. GP services in Lincolnshire face the same significant pressure as elsewhere in the country as a result of high demand and workforce shortages, which introduces challenges in providing the appointments and access which patients demand.

GP practices and the Lincolnshire system are employing a number of strategies to counter these issues, however these are long term solutions, rather than immediate.

### Actions Required:

The Committee are invited to review the work being undertaken to support the system.

## 1. Background

There are 86 GP practices in Lincolnshire. All health services have been facing increasing demand, with attendances at GP surgeries, hospitals, and community escalating over the last decade. At the same time the complexity of medical needs has also changed; increasingly frail and older population, more patients with multiple long term medical conditions.

The workforce crisis in general practice and the wider NHS has been well publicised. Nationally there was a drop of 600 GPs from January to December 2018, with 230 less GP partners. There are 41,000 nurse vacancies across the NHS in England, up from 20,000 in 2014.

General practices try to provide appointments for patients on basis of need. Practices have to balance the demand for; “urgent” on-the-day, non-urgent, and follow-up appointments. Each practice has a different method for doing this, some have sit and wait clinics, and others use a duty-doctor system. Whichever method is used clearly cannot satisfy every individual’s needs. This demand and access conundrum is faced by all sectors of the NHS.

There are a number of possible solutions to this demand and access conundrum:

- Reduce demand by improving patient education about self-care, negating the need for an appointment
- Reduce demand by improving health by public health interventions, again focusing upon the prevention and self-care elements of the process
- Reduce demand by using “care navigators” to direct patients to more suitable services, ensuring that patients are seen by suitably qualified professionals in a timely manner
- Reduce demand by social prescribing, providing an alternative to the traditional GP route, and freeing up these specialist appointments
- Increase workforce
  - Train more GPs- incentivised GP training in Lincolnshire, and Lincoln Medical School
  - Train more nurses
  - Use alternative practitioners such as; First Contact Physio, Clinical Pharmacists, Mental Health Practitioners, Physicians Associates
- Use technology to modernise appointment booking and consultation types, so that patients can access appropriate care quickly
- Use technology to monitor patients remotely, avoiding the need for them to travel and freeing up face to face appointments for those with a specific need
- Integrated working between health, social care, third sector and other agencies, to support frailest and “at risk” patients to prevent them becoming unwell and reaching the stage they need specialist care urgently
- Work “at scale” across Primary Care Networks to improve consistency of provision
- Primary care is an integral part of our Integrated Community Care programme. Ambition within this includes a 15% reduction in hospital outpatient appointments, 10% less outpatient activity and 17% fewer A&E attendances. Whilst joined up care in the community is the focus of this programme, it also targets a 30% reduction in primary care appointments. This is because GPs will be refocused upon the most complex patients in the community setting with lower level needs being seen by an Advanced Nurse Practitioner or suitably qualified professional, enabling the county’s GPs to spend more time with a smaller cohort of patients.

The Lincolnshire health system is adopting all of these approaches and we believe over time, these will reap the reward of better health outcomes for patients. However, none of these solutions can provide a short term solution. Improvement will be incremental as each solution takes effect. A summary of initiatives and results can be found below:

### **Workforce initiatives**

- Have commissioned workforce planning and modelling work to inform Primary Care Networks and Neighbourhood Teams of future workforce needs, both numbers and skills
- International GP recruitments, 26 posts secured as part of the national pilot. Another cohort will be recruited to in September with the aim to bring in an additional 39 over the next 2 years
- National pilot for 10 general practice nurses on a fundamentals programme
- Developing a proposal for trainee nursing assistants in primary care
- Commissioning a practice manager development programme, managed through the Lincolnshire Training Hub, funding for 3 cohorts of 16 people
- Resilience initiative to unify administrative practices in a PCN
- National pilot for rotating specialist paramedics
- Development of 'Home First' which bring together providers across the health and care system, and includes root cause analysis of people attending acute hospital
- National pilot for 'Service Finder', digital enablement for mobile clinicians to identify pathways
- Appreciative inquiry into primary care to identify issues for clinicians and administrative staff (publication June 2019)
- Resilience initiative for care home visiting service using paramedics
- Medicines optimisation in care homes (MOCH) pharmacists
- Time for Care team has partnered Lincolnshire practices in supporting primary care through action learning sets and Productive General Practice Quick Start and General Practice Improvement Leadership Programme
- Development of practice based learning

Workforce modelling and planning has utilised WSP's Strategic Workforce Integrated Planning & Evaluation Framework (*SWiPe*<sup>®</sup>), which takes a strategic approach to transformation, incorporating population needs, the future vision for meeting these needs and workforce requirements (Appendix 1) .

*SWiPe*<sup>®</sup> utilises 4 levels of clinical skills;

- Foundation (e.g. healthcare assistant)
- Core (e.g. practice nurse)
- Specialist (e.g. specialist nurse)
- Autonomous (e.g. GP Advanced Nurse Practitioner)

Table 1 shows the level of workforce Lincolnshire needs in 2018 and 2025 by *SWiPe* clinical levels. This demonstrates that Lincolnshire requires an additional 137 wte from December 2018 over the following 5 years, based on current primary care services (adjusted for growth).

Whole workforce:	wte 2018	wte 2025	Change		
Autonomous	433.0	478.6	45.6		
Enhanced	29.0	70.0	41.0		
Core	291.0	235.3	-55.7		
Foundation	651.0	757.0	106.0		
TOTAL	1404.0	1540.9	136.9		
Autonomous skill level:	wte 2018	% autonomous	Future split:	2025	Change:
GP Partners	268.0	61.9%	55%	263.5	-4.5
Salaried GPs	85.0	19.6%	20%	111.4	26.4
ANP/ACP	79.0	18.2%	25%	103.6	24.6
					46.6

Table 1 Source Whole System Partnership 2018. Workforce Modelling 2018 to 2025.

## Technology initiatives

- 8 pilot sites for GP on-line consultation. These include both rural and urban sites and are testing out 3 different systems.
  - The evaluation of the pilots is presented below
  - The available funding, circa £750k (including 2020/21 funding) will be managed through Primary Care Networks to ensure local consistency and interoperability. The aim would be for Lincolnshire to have one system, although this may not be achievable in the first instance.
  - Roll out is planned for July/August/September
  - Target set for 50% of practices to be offering online consultation options by end of October 2019
  - Target set for further 5% of practices online each month reaching 75% by March 2020 with 100% coverage by end of August 2020
- Lincolnshire has provided Q-Doctor software licences, fully funded for three years, to deliver an online face to face to consultation solution that will be made available to all practices in Lincolnshire in early July. This system is being distributed and implemented across the Lincolnshire Health system and will offer scope for collaborative online consultations with primary and secondary care providers.
- A Federation (also a recommended PCN) is trialing Whzan (a Disease and condition agnostic digital assessment tool that is tailored for each patient and uses a cloud based digital platform to allow GPs and health care providers to access patient information and make informed decisions on a remote system).
- Whzan is also being opened up to the ambulance trust
- Virtucare (an on-line service for patients and care teams) is being made available to primary care. This system puts patients and carers in control of their health and provides support at any stage of life when the patient needs
  - To manage long term conditions
  - Help themselves prevent the onset of long term conditions
  - Prepare for surgery and recovery
  - Receive help during chemotherapy and 'live beyond cancer'
  - To co-ordinate their care for frailty and complex conditions
  - To go through rehabilitation after injury

- Lincolnshire has been the 'First of Type' (FOT) with NHSD for testing the import or download data on a patient's medicines and allergies with Access Record Structured within the GP Connect service
- GP Connect allows practices and authorised clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently. This will make sure patient medical information is available to clinicians when and where they need it, improving patient care) will be rolled out to all practices in July/August
- We are due to appoint a GP Fellow on a 0.4 WTE to work with the STP specifically on Digital Primary Care

Summary of GP on-line consultation: (NB. not all sites have reported back yet)

#### AskMy GP

- Source of people using AskMy GP
  - 69% on-line
  - 31% via telephone
- Patients preferred method of contact;
  - Face to face – 13%
  - Phone 56.5%
  - Message 31.5%
  - 88% managed remotely
- Resolution of consultation, by:
  - Face to face 18%
  - Phone 55%
  - Message 37%
  - Abandoned .1%
- Feedback
  - Better 87%
  - Same 9%
  - Worse 4%
- 31% consultations were completed in under 5 minutes
- Comments received back from patients and staff
  - Significant improvement in patient access
  - Patient feedback and engagement predominantly very good
  - Demand modelling is very accurate and predictable
  - Significant change to fundamental ways of working. Not for everyone (patient and staff)
  - Preparation is key, differing experience of implementing at different sites
  - Workforce benefits have not been fully realised yet at all sites

In addition to the above solutions;

- We have care navigation in place across the county, serving to direct patients at the point of first contact with their GP (reception) to the most appropriate professional for their care. This may not always be a GP, but potentially a pharmacist or Advanced Nurse Practitioner for example.
- Lincolnshire Community and Voluntary Service & Voluntary Centre Services have been working with neighbourhood teams for a number of months. There will be a

social prescribing event 23 July for Primary Care Networks (PCNs) and Neighbourhood Teams (NHTs). LMC are involved in this  
We are seeing an increase in alternative practitioners, we have 2 pilots in Lincs with specialist paramedics working with primary care to support home visits and care home visits. In addition we have 10 paramedics employed by practices, along with Clinical Pharmacists

## 2. Consultation

This is not a consultation item.

## 3. Conclusion

Lincolnshire general practice is under pressure of workload and workforce shortages. This has led to a mismatch between demand and access to GP services. A number of solutions are being enacted by the Lincolnshire system, but this will take some time to take effect.

## 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	WSP's Strategic Workforce Integrated Planning & Evaluation Framework ( <i>SWiPe</i> <sup>®</sup> )

## 5. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

### **What is the root cause of the GP workforce crisis?**

Chantal Simon et al British Journal of General Practice 2018; 68 (677): 589-590.

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