

Agenda Item 6

		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 Local Medical Committee (LMC)

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

Summary:

The Health Scrutiny Committee for Lincolnshire has requested that Lincolnshire Local Medical Committee provide a report on access to general practice services.

General practice services are now accessed by “total triage” as instructed by Department of Health and Social care during the pandemic. However, 63% of general practice contacts in Lincolnshire are face-to-face, with 47% occurring on the same day that the patient requests the appointment.

Lincolnshire’s general practices continue to struggle with workload and reduced workforce, and thus access for some patients is affected.

Actions Required:

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

1. Background

General practice nationally is over-stretched. An older population with more long-term conditions was already increasing workload before the pandemic, and pandemic pressures have exacerbated this.

Hospital trusts are also under pressure and have long waiting lists due to the pandemic. This has an impact on general practice as patients seek support from their general practice and have increased health needs which cannot be managed by secondary care.

General practice workforce has also changed. The number of GPs has been falling consistently despite promises that there will be 6000 extra GPs. In March 2016 there were 51.5 GPs for every 100,000 patients, this has fallen to 46.3 in March 2021¹. Since March 2021 the British Medical Association reports a loss of a further 597 GPs and 920 general practice nurses.

To compensate for the reduced numbers of GPs and nurses practices and Primary Care Networks (PCNs) now employ other health professionals who can manage patient conditions: clinical pharmacists, paramedic practitioners, first contact physiotherapists, social prescribers, mental health practitioners, and more. These professionals are qualified to manage conditions in their sphere of practice, but do not have the holistic skills of a GP.

Total Triage

To cope with this mismatch general practices have moved to a “Total Triage” model of providing services. Total Triage is the method by which practices navigate the patient to the most appropriate professional to manage their condition.

When using Total Triage patients who have a health concern contact their general practice, either by telephone or by using an online tool, and provide some basic health information so that the practice’s care navigators can direct the patient to right professional. It is important that the patient provides adequate information to facilitate this.

Health professionals will receive the information that the patient has provided and will then manage the patients concern in various ways: offer a face-to-face consultation, offer a telephone consultation, provide management advice and support by electronic means.

Total Triage enables the professional most suited to the patient’s problem to manage the concern. However where patients have multiple clinical issues Total Triage does not make it easy for all of these to be addressed.

In July 2021 in Lincolnshire 63% of triaged contacts resulted in face-to-face appointments, 47% on the same day, and 73% within seven days of request.² In the past patients often waited weeks to be seen.

Will Total Triage continue?

Total Triage was being introduced gradually prior to the Covid-19 pandemic and was accelerated as a result of the pandemic.

Total Triage allows general practices to protect patients and staff from risks of exposure to infection, and thus whilst Covid-19 remains we must continue to use Total Triage.

Total Triage also enables practices to manage the workload and workforce mismatch and thus will remain until this is addressed.

¹ NHS Digital Workforce Data

² NHS Digital GP Appointment Data

Addressing workforce shortages

Lincolnshire has always had difficulty recruiting and retaining clinical workforce. Lincoln Medical School and other developments at University of Lincoln will help this, though this does not support short-term shortages.

In the short to medium term practices and PCNs are developing workforce strategies and trying to recruit non-medical workforce to improve workforce levels. Non-medical clinicians though do not provide the holistic service that a GP can.

The Lincolnshire Clinical Commissioning Group, working with the Whole Systems Partnership, have modelled the clinical workforce and this indicates that there will be a shortage of 220 “autonomous” practitioners by 2025. This needs to be addressed.

In 2018 Lincolnshire LMC in partnership with NHS England and NHS Improvement, and Health Education England recruited 26 GPs from Europe, 80% of whom remain in Lincolnshire’s workforce. A similar recruitment campaign may be required to fill this 220 practitioner gap.

Managing Workload Differently

Historically, general practices manage 90% of contacts with the NHS. General practices manage patients with long-term conditions and patients who have a short-term health need. Often the demand for short-term interventions reduces the capacity for practices to properly manage long-term conditions, which results in patients’ health deteriorating and thus increased dependence on social care and increased hospital admissions. This is bad for patients and bad for the health and social care economy.

Some health systems separate long-term and short-term health management. This allows better management of each of these groups by focusing the skills of the professionals to the needs of the patient. One model known as “Primary Care Home”³ identifies patients who fall into the different levels of need and manages their care in different ways. This model relies upon an integrated model of care providing tailored care to populations of about 50,000 patients.

PCNs have brought general practices into groups with populations which would fit well with the Primary Care Home model, however integration and reorganisation takes both time and political will.

This model will also require patient acceptance. For instance, a patient requiring health support for a new short-term condition may have to travel further and be managed by a different health professional. Services for most patients would not be provided by “my GP” anymore, but would be provided at a population level by larger groups of clinicians.

³ <https://napc.co.uk/primary-care-home/>

Reducing Workload

Ideally the population would be healthier without the need to seek health advice. This is the remit of public health, to prevent people becoming unwell. This must be a focus of health and non-health providers. Better housing, better jobs, better education, better transport all lead to better health. Society has a responsibility to reduce the workload for health and social care by investing in these to reduce workload long-term.

In the short to medium term empowering patients to self-care is essential. Most conditions do not require medical intervention and will get better on their own.

2. Consultation

This is not a consultation item.

3. Conclusion

Lincolnshire general practice is under dual pressures of increasing workload and workforce shortages. This has led to a mismatch between demand and access to GP services.

Total Triage helps with both workload management and prevents infection so will continue to be utilised.

Recruitment campaign is likely to be required to fill the projected clinical shortfall.

Lincolnshire and other health systems are considering moving to a Primary Care Home model, which will require public and stakeholder engagement.

Self-care and prevention must also be prioritised alleviate future pressures on health and social care.

4. Background Papers

¹ NHS Digital Workforce Data

² NHS Digital GP Appointment Data

³ <https://napc.co.uk/primary-care-home/>

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