

Agenda Item 7

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|  | | 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

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| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 13 April 2022 |
| Subject: | General Practice Provision |

Summary:

The Health Scrutiny Committee has requested a report from the Lincolnshire Clinical Commissioning Group (CCG) on the current service provision by General Practice across the county.

In providing this report the CCG would like to acknowledge the outstanding contribution of General Practice colleagues in the county who have continued to provide local primary care services throughout the pandemic. In addition, working together in their Primary Care Networks (PCN), they have been and continue to be at the forefront of delivering the Covid vaccination programme to people living in their local communities.

It is acknowledged that all services across the NHS are under increased pressure due to increased demand, a need to recover the backlog of work that was paused during the pandemic and increased workforce pressures due to absence of people who have the Covid virus. General Practice services both locally and nationally are no exception and are managing these additional pressures alongside the growth in demand generated by the increase in the number of people living with long term conditions and the changing societal expectations with regards access.

General Practice colleagues have embraced new ways of working, developed new roles and extended partnerships with other agencies to ensure that they continue to provide services that enable patients to get the access they need.

Actions Required:

The Committee is asked to consider the information provided about General Practice provision in Lincolnshire.

Background

General Practice is the primary interface between the public and health services. Every year the 84 GP practices in Lincolnshire provide more than 4,200,000 appointments.

General Practice services both locally and nationally are working hard to address the impact of the Covid pandemic and continued growth in demand generated by the increase in the number of people living with long term conditions and the changing societal expectations with regards access.

The NHS Long Term Plan¹, published in 2019, reiterated the fact that General Practice as a specialty was changing. The plan provided a description of how General Practice 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 practising GPs.

The following provides an overview of current provision across the county.

1. Access to General Practice / Primary Care Services

When compared with the same period pre Covid in 2019/20 GP colleagues are providing on average 20% more appointments.

During the pandemic, in line with Infection Prevention & Control (IPC) guidance to minimise the risk of transmission of the virus, clinical triage, either phone or via an on line tool, such as *Ask My GP*, was used by all practices to assess patient need and direct the patient to the intervention that would best meet this need. Where it was clinically indicated patients were booked in for face to face appointments, but, as in all NHS settings, there was an increase in the use of remote consultations. In line with the changes to IPC guidance, General Practice has re-established normal service provision arrangements but have retained the use of clinical triage and remote consultations where these best meet patient need.

This new way of accessing primary care services has seen an increase of 5% in same day appointments and a 4% increase of appointments being provided between 1 – 6 days.

GP colleagues are mindful that the new ways of accessing primary care services has been welcomed by the majority of people, but for some the new arrangements do not meet their personal needs. Practices are working hard to better understand these issues so that they might refine their processes and enable continued development of local access arrangements.

¹ [NHS Long Term Plan » Primary care](#)

Over the winter period the CCG has invested an additional £1.5 million to enable practices to provide an additional 60,000 appointments during January to March. In addition to these extra GP, Advanced Nurse Practitioner and other clinical sessions, practices have been working with local Community pharmacies to develop the Community Pharmacy Consultation Scheme, links with 111 and Urgent Treatment Centres to provide increased access for people with a minor illness.

In the coming year, the CCG along with GP colleagues and other partner organisations will be continuing to develop the arrangements to improve access to primary care services. This will include continuing to develop services to enable timely access for people with a minor illness so that GP can develop local arrangements to create the time for supporting vulnerable people and those with complex health needs.

2. Quality of GP Service Provision.

Whilst the CCG works closely with practices to ensure/facilitate continuous improvement of local provision, we rely on the assessment of the Care Quality Commission (CQC) to provide independent assurance of the quality of services provided.

The current CQC ratings of Lincolnshire practices reflects that we are in a strong position with:

- 4 - Outstanding
- 76 - Good
- 3 - Requires Improvement
- 1 - Inadequate

Practices that have been assessed as requires improvement or inadequate receive additional support from the CCG quality team to develop and implement an action plan to address issues highlighted by the CQC. Progress is carefully monitored by the Primary Care Commissioning Committee.

3. Workforce

The make-up of the GP team has developed and changed in recent years. Increasingly practices, independently and as part of a Primary Care Network have introduced new roles that aim to not only provide additional capacity but also offer the professional support best able to treat the person's individual need.

During the last twelve months an extra £5.6 million has been invested in recruiting 105 more people to work as part of the Primary Care Networks to support local primary care provision. These additional people are working in new roles such as Clinical Pharmacists, First Contact Practitioners (Physiotherapists with enhanced skills), Advanced Practitioners, Health Coaches and Social Prescribers. Not only do these new staff enhance local service provision, but they are an essential part of the primary care workforce plan.

Lincolnshire has slightly lower than the national average number of GPs but overall the number of clinical staff working in primary care compares favourably.

It is recognised that there is variation across the county and the recently appointed primary care workforce lead is working with practices most affected to support the development of innovative workforce plans and associated recruitment and retention strategies.

It is also noted that there has been a reduction in the number of GP partners and an increase in salaried GPs. This is consistent with the national picture and has prompted a national discussion with regards the need to reform general practice. The following provides an overview of the current position when compared to the national average, which is based on the National Workforce Reporting System, February 2022:

| Full Time Equivalent Staff in Lincolnshire GP Practices | | Rate per 100,000 Population ² | |
|---|-----------------|--|---------------|
| | | Lincolnshire | England |
| General Practitioners | 447.82 | 55.36 | 56.95 |
| Advanced Nurse Practitioners | 96.49 | 11.93 | 6.20 |
| General Practice Nurses | 225.53 | 27.88 | 20.12 |
| Direct Patient Care ³ | 429.50 | 53.09 | 24.28 |
| Total Clinical Staff | 1,199.34 | 148.25 | 107.55 |
| Admin | 1,135.00 | 140.30 | 116.40 |

| Variance Lincolnshire and England Rates | |
|---|---------------|
| General Practitioners | 97.2% |
| Advanced Nurse Practitioners | 192.3% |
| General Practice Nurses | 138.5% |
| Direct Patient Care | 218.6% |
| Total Clinical Staff | 137.8% |
| Admin | 120.5% |

² The National Workforce Reporting System (February 2022) uses population figures of 808,995 for Lincolnshire and 61,557,838 for England.

³ Direct Patient Care staff include anyone who is directly involved in delivering patient care within general practice but who is not a Nurse or GP. This group includes Dispensers, Health Care Assistants, Phlebotomists, Pharmacists, Physiotherapists, Podiatrists and Therapists.

4. Primary Care Networks (PCN)

Primary Care Networks were first introduced in July 2019 when GP practices came together to enable GP to share staff and collaborate to deliver extended primary care services to local communities. Since that time they have become an established part of the NHS structure across Lincolnshire. Their importance in ensuring local service provision that reflects the needs of the local community was evidenced by the critical role they played in supporting the Covid vaccination programme.

There are 15 Primary Care Networks across Lincolnshire, and attached as appendix A is a copy of their annual report for 20/21. In addition to the £5.6 million invested in workforce there has been a further £5.8 million funding allocated to PCNs to enable them to extend local service provision for example the Enhanced Health in Care Home and Extended hours. These developments are key to the continued development of primary care and community services for the most vulnerable in our community.

5. Conclusion

Thanks to the commitment, hard work and innovation of GP colleagues across Lincolnshire, GP provision in the county is good. There are continued challenges associated with increased demand and workforce availability that mean that the model of primary care service provision will change and evolve in the coming years.

The establishment of Primary Care Networks, increased availability of digital services and opportunities to work in partnership with other agencies / services will influence and enable how people access primary care in the future. Increasingly people with minor illness will have greater choice of where they go to access care and treatment, this will in turn provide the opportunity for GP to redesign the way they provide services such that they have the time to provide personalised care that people with complex health needs and particularly for the most vulnerable in our communities need.

The CCG is committed to working in partnership with people living in Lincolnshire, GP, other NHS and care agencies and local communities to invest in and enable the further development of local service provision.

6. Appendices – These are listed below and attached at the end of the report

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| Appendix A | Lincolnshire Primary Care Network Alliance Annual Report 2020-21 |
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7. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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

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