


# Agenda Item 7

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|---|--------------------------------|---|-------------------------------|
|  |                                | <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>9 November 2022</b>   |
| Subject:  | <b>General Practice Provision [Lincolnshire Local Medical Committee]</b> |

**Summary:**

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

General Practice continues to work hard to meet the needs of patients, providing new services and more appointment. Data suggests this summer was as busier than a traditional winter.

The most recent appointment data shows that activity levels in general practice were 20% higher than in 2019.

Aug 2019 = 326,010  
Aug 2022 = 391,062

While delivering these increased numbers of appointments, both general practice in Lincolnshire and our patients face challenges and opportunity in the changing NHS.

**Actions Required:**

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

## 1. Background

General Practice in Lincolnshire continues to work hard to meet the needs of patients during a time of ongoing significant challenge. 90% of all contact with the NHS is via general practice with patients needing a wide range of support.

The needs of our population have and will continue to change both in terms of increasing age and medical complexity and the expectation for rapid access to one off episodes of care for younger, usually fit and well patients.

General practice has changed significantly since the beginning of the covid-19 pandemic. Widespread adoption of online consultation tools for both triage and consultation increased access and reduced waiting times for GP consultations. Capacity previously used by patients for administrative queries and simple medical conditions was released to allow increased support for patients with more complex needs. A blended approach of face to face, telephone, video and online consultations gave greater choice, access and flexibility for patients.

However, general practice has faced significant challenges both due to and independent of the pandemic.

The pandemic understandably caused anxiety amongst all of us. For some people this has had an ongoing effect and mental health concerns continues to be a significant increased workload for General Practice. These patients need time to understand and support their concerns. With the large demand on general practice, we need support to do this and there are ongoing recruitment efforts for mental health practitioners alongside GPs to help these patients.

General Practices continues to face additional workload supporting patients with their medical conditions while they face long waits, exacerbated by the pandemic, for their hospital appointments and operations. While much work is being done in the hospitals to try to address these waits, which are unfortunately not rapidly decreasing, many patients appropriately consult their GP practice for medical support during this wait which is additional demand on general practice capacity.

While continuing to provide general practice services, we are underway with the autumn covid vaccination boosters, though initial supplies of vaccine was low and made rollout to our population challenging.

We are supporting further promotion of the GP Community Pharmacy Consultation Service across the county, where GP practices refer patients to their local pharmacy for advice on minor illness releasing GP capacity to help patients with other more complex medical problems.

Practices within Primary Care Networks (PCNs) have recently updated their enhanced access hours provision outside of core hours of Monday to Friday 8am-6:30pm to both increase

access to general practice services and be more convenient particularly to working age patients.

Since the inception of primary care networks in 2019 which aimed to make general practice sustainable, there has been expansion of the multidisciplinary team working with practices including clinical pharmacists, first contact physio therapists, occupational therapists, care co-ordinators and several other roles.

While these colleagues do not directly replace GPs, they help support both practices and patients in their specific area of expertise. Work is ongoing in Lincolnshire to raise patient awareness of these roles so that patients utilise the offer of these colleagues for their health care needs when appropriate so that the capacity of our GP workforce can help those patients with the most complex medical conditions.

Lincolnshire's PCNs have not used their full allocation of additional roles funding (which is the scheme via which many of these colleagues have been recruited) due to several factors: The funding is restricted to specific job roles, Lincolnshire has a deficit of available professionals in these roles, practices in rural and coastal communities are less able to recruit, Additional Roles funding is limited by national pay scales which disadvantages rural PCNs. Being unable to fully utilise all this funding has reduced the potential benefit to patients.

This year we did not see the historic summer reduction in demand for appointments and demand has already started to significantly rise as we approach winter. Data suggests this summer was as busier than a traditional winter.

#### Appointments in Lincolnshire's general practices<sup>2</sup>

|                    | <b>August 2019</b> | <b>August 2022</b> | <b>Change</b> |
|--------------------|--------------------|--------------------|---------------|
| Total appointments | 326,010            | 370,170            | +19.9%        |
| Face to Face       | 282,130 (81%)      | 275,665 (70.5%)    |               |

54.6% of these appointments were within 24 hours of request. 82.8% were within two weeks and many of the remainder will be scheduled outside of two weeks for appropriate clinical purposes or patient preference.

This appointment data does not include the additional clinical work which is carried out such as looking at blood test results, dealing with hospital correspondence, and managing prescriptions which it is thought may be as much as an additional 70% of activity.

The British Medical Association has recommended that for a GP to deliver safe care, they should conduct no more than 25 contacts per day. At Your Service<sup>4</sup> published by the Policy Exchange and with a foreword by the Rt Hon Sajid Javid MP (the Secretary of State for Health and Social Care) until July Secretary states that 28 patient contacts per day is safe. Present contacts per day by GPs in England are significantly more than this, At Your Service highlights that GPs are seeing on average 37 patients per day.

As of August 2022, in England there is the equivalent of 1,850 fewer fully qualified full-time GPs compared to 2015. In the last year alone the number of fully qualified GPs has fallen by 314<sup>1</sup>. Increasing workload causes GPs and other clinical staff to leave the profession early. Many of these staff do not want to leave but this reflects the challenges faced.

In addition to these decreases in permanent staffing, the pandemic caused and continues to cause significant levels of staff absence in general practice which exacerbates difficulties for practices and patients.

This mismatch of workforce and demand is not a new challenge, but is a worsening one for general practice, our patients and the wider health and social care system. As well as addressing this mismatch with increased workforce and new services and access options we need to support and empower our patients in self-care and navigation of the services available to them.

General practice in Lincolnshire strives to provide safe, timely and effective care for our population. More demand, an older and more medically complex population, fewer GPs, longer hospital backlogs, a challenged social care system and more services and workload moved into general practice that was traditionally done in hospital all contribute to a significant challenge for general practice. However, General Practice is the most efficient part of the NHS and will constantly evolve to meet the needs of our population.

With the formation of integrated care systems (ICSs) on 1 July 2022 a new era of health care and social care provision was created. The aim to have a fully integrated system with collaboration across all organisations to address population health and tackle health inequalities brings both further challenges but also opportunity. Early discussions are underway as to how the system could work in Lincolnshire and general practice will be at the heart of this.

The *Fuller Stocktake*<sup>3</sup> highlights the direction of travel for integration of primary care. Designing how general practice, as part of the wider system, can balance the increased overall demand and both episodic care for minor illness and continuity of care for those patients who we know are most benefitted by support from the team that know them best is a challenge within a finite workforce capacity and NHS funding envelope.

However, general practice wants to do the best for the communities we support and despite the challenges faced will continue to do so. There are challenges and frustrations for patients, but general practice shares these and while delivering our core services and developing new ones, we will be a strong voice and advocate in local and national discussion and transformation for a system that sustainable, safe and high quality for both patients and general practice.

## **2. Consultation**

This is not a consultation item.

### **3. Conclusion**

Lincolnshire general practice is under pressure due to multiple factors. Despite this, Lincolnshire's practices have significantly increased the number of appointments they are providing.

The recruitment of ARRS [Additional Roles Reimbursement Scheme] roles into primary care networks has provided some support to practices, but has not been able to recruit fully to particularly in Lincolnshire's rural and coastal areas.

Self-care and patient understanding of service provision must be part of the wider agenda to optimise our health and social care system. The Lincolnshire health and social care system is undergoing a period of transformation which is both a challenge and opportunity to general practice and our patients.

### **4. Background Papers**

1. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>
2. [Appointments in General Practice, August 2022 - NHS Digital](#)
3. <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>
4. [Policy Exchange - At Your Service](#)

This report was written by Dr Reid Baker who can be contacted on 01522 576659 or [reid.baker1@nhs.net](mailto:reid.baker1@nhs.net)

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