

# 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 NHS Lincolnshire Integrated Care Board

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>9 November 2022</b>
Subject:	<b>General Practice Provision [NHS Lincolnshire Integrated Care Board]</b>

### Summary:

The Health Scrutiny Committee has requested an updated report from the NHS Lincolnshire Integrated Care Board (ICB) on the current service provision by General Practice across the county.

In providing this report the ICB would like to acknowledge the outstanding contribution of General Practice colleagues in the county who continue to provide local primary care services and are again 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. General Practice services both locally and nationally are no exception. They are managing the impact of the Covid pandemic 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 and continue to embrace new ways of working, develop new roles and extended partnerships with other agencies to ensure that they continue to provide services that enable patients to get the access, care and treatment they need.

### Actions Required:

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

## 1. Background

General Practice is the primary interface between the public and health services. Approximately 90% of all contacts between the NHS and the public occur within general practice. Every year across the 82 practices in Lincolnshire, this equates to more than 4,300,000 contacts.

General Practice services both locally and nationally continue to work 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 Plan<sup>1</sup>, published in 2019, reiterated the fact that General Practice as a speciality 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 PCN 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, each led by a clinical director. Currently all of the clinical directors are practising GPs.

In May 2022, NHS England published the *Next Steps for Integrating Primary Care: Fuller Stocktake Report*<sup>2</sup> (26 May 2022). In this report Dr Claire Fuller acknowledged the importance of retaining continuity as a core strength of primary care, but that it was also important to recognise that people's needs and expectations are changing. With this, the future vision of an integrated primary care service will need to be centred around three essential offers namely :

- streamlining access to care and advice for people who get ill but only use health services infrequently;
- providing more proactive, personalised care to people with more complex needs; and
- helping people to stay well for longer.

In addition, in September 2022, Dr Thérèse Coffey, the Secretary of State for Health and Social Care, published her plan, referred to as the ABCD plan. In this plan she set out the expectation that those wanting a GP appointment can get one within two weeks and the next day for people with an urgent need. She further outlined the ongoing development of the ARRS [Additional Roles Reimbursement Scheme] within PCNs; and the extension of community pharmacy services to enable them to prescribe some treatments and investment in cloud-based telephony.

This report provides an update on the report presented to the Committee in April 2022 with regards GP provision across the county.

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<sup>1</sup> [NHS Long Term Plan » Primary care](#)

<sup>2</sup> [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

## **2. Access to General Practice / Primary Care Services**

From January to the middle of September General Practice teams in Lincolnshire have provided 3,251,945 appointments, compared to the same period in 2019. This is an increase of 785,664 appointments (25% more).

From the time of booking to the appointment 54.6% were provided on the same day or next day and 82.8% were within two weeks.

Feedback from patients continues to highlight that the biggest frustration is with regards to getting through on the telephone. The primary care team are working with practices to reduce the traffic through the main phone systems to reduce the time people are waiting. Some of the initiatives include :

- using cloud based technology to increase the capacity of phone systems and provide the opportunity for staff working away from the practice to answer the phone, for example, in primary care hubs;
- introducing voice connect, which enables the caller to by-pass the reception and be connected straight to the department they need;
- encouraging those that can, to use the NHS App to order prescriptions etc;
- again for those that can, facilitating access to on line appointments; and
- providing the facility for practice staff to use Teams to make outgoing calls – thus releasing the phone lines for incoming calls.

The increased demand for primary care services presents a challenge to GPs who seek to balance improved access for a higher number of patients alongside the need to provide personalised care for people with more complex needs. Directly linked to the aforementioned volume of contact general practice has with the people they serve, is the breadth of requirement. Some people require only routine and limited support, often preferring remote access, available easily and quickly (for example, online) and some people require multiple contacts each week, often preferring face to face support with a consistent person continuously available to support them.

The ICB primary care team are working with primary care clinical leaders and partners in other services to extend the range of services available to provide greater choice for those who use health services infrequently. Examples include the development of services within community pharmacists; improved access to advice via the NHS App; and 111 on line.

Alongside this, the ongoing development of PCNs is providing increased capacity for more pro-active, personalised care with support from a multi-disciplinary team and helping people to stay well for longer. These developments not only provide additional primary care services, but are also supporting improved access to specialist support in the community, for example the recent establishment of rapid access heart failure clinics.

### 3. Quality of GP Service Provision

Whilst the ICB 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:

Outstanding	4
Good	70
Requires Improvement	5
Inadequate	1
Awaiting Assessment	2

These reflect the following changes :

- the merger of the Newark Road Surgery, the Portland Medical Practice, Lincoln, and the University of Lincoln Medical Practice GP practices to form the Heart of Lincoln Medical Group;
- Lakeside Health Care, Stamford – Inadequate to Requires Improvement;
- Trent Valley Surgery, Saxilby – Good to Requires Improvement; and
- Hawthorn Medical Practice, Skegness – Good to Inadequate (Please refer to separate report on this agenda).

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

### 4. Workforce

The make-up of a GP team has evolved and changed in recent years. Increasingly practices, independently and as part of a PCN, 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.

Supporting the recruitment and retention of primary care staff is a priority for the Lincolnshire ICB. A Head of Primary Care Workforce has been appointed to lead a Primary Care People Group which works with the Lincolnshire People Board.

The following outline some of the key successes:

- establishment of 10 GP *New to Practice* fellowships;

- fellowships in leadership, health in equalities, digital and plans to introduce a joint research fellow with the University of Lincoln;
- training to support the *First5 Group*, which currently has over 108 GPs and is due to be extended to include GPs in their first ten years;
- GP retainer scheme to enable GPs, who need to reduce their sessional commitments to continue to work in GP;
- fellowships for GP Nurses;
- supporting the GP Nurse apprentice scheme operated by the Lincolnshire Training Hub;
- 17 places have been secured for the Advance Clinical Practitioner training at the University of Lincoln
- apprenticeships for pharmacy technicians; and
- establishment of the Practice Manager Academy and PCN Manager Academy.

Alongside the developments outlined it is acknowledged that in order to support patients, GP colleagues must also be supported to look after their health and well being. For this reason the PC people group, alongside other partners, is providing increased access to health and well being services to all primary care staff.

## **5. Primary Care Networks (PCNs)**

Primary Care Networks (PCNs) were first introduced in July 2019 when GP practices came together to enable GPs 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.

PCNs continue to develop as a key enabler to support local service provision that is delivered in communities to reflect the needs of the local residents. Their ongoing development is a core element of the primary care strategy.

PCNs continue to play a critical role in supporting the Covid-19 vaccination programme and are currently in the midst of delivering the autumn booster programme.

In addition they are co-ordinating, leading and managing the provision of :

- enhanced primary care access between the hours of 6.30pm – 8pm Monday to Friday and between 9am – 5pm on Saturday;
- the development of multi-disciplinary teams, enabled by the additional £12.5 million invested in new roles (Additional Roles Reimbursement Scheme) to support the increased provision of proactive and personalised care that both clinicians and patients recognise is required to ensure continuity of care for people with complex needs;

- through the additional investment, support for the recruitment of an additional 260 wte professionals working in primary care, including clinical pharmacists, social prescribing link workers, health and well being coaches, care co-ordinators, first contact physiotherapists, dieticians, occupational therapists, mental health practitioners, advanced clinical practitioners, nurse associates and physician associates;
- co-ordination of the the multi-disciplinary input to the 287 care homes in the county, with the multi-disciplinary model increasingly being being extended to support frail elderly people in their own homes. (This video link is of a speech and language therapist sharing her experience of working in a PCN: <https://vimeo.com/755092312>.);
- targeted programmes to support early cancer diagnosis, proactive review of patients at risk of cardio-vascular disease; and
- the development of new service models including social prescribing and health coaches.

## **6. Conclusion**

Thanks to the commitment, hard work and innovation of GP colleagues across Lincolnshire, GP provision in the county is good, with appointment availability being above the national average.

There are continued challenges associated with increased demand and workforce availability that mean that the model of primary care service provision must 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 ICB is committed to working in partnership with people living in Lincolnshire, GP colleagues, other NHS and care agencies and local communities to invest in and enable the further development of local service provision.

## **7. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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