LINCOLNSHIRE LOCAL
MEDICAL COMMITTEE

Report to the Lincolnshire Health Scrutiny Committee

GP Access

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Introduction

This report is prepared for the Health Scrutnity Committee by the Lincolnshire Local Medical Committee (LMC). Lincolnshire LMC is the body that represents all General Medical Practitioners in Lincolnshire. Local Medical Committees have been in existence since 1911, and are enshrined in the Health Act and predate the NHS.

The LMC is not a commissioning body, it represents General Practitioners and their practices in all matters representative, contractual and pastoral. The LMC does not commission services; NHS England is the body that commissions core services from medical practices under a Primary Medical Services contract. The Clinical Commissioning Group's and Local Authority also commission a number of additional services from practices; which are optional for the practice to undertake. (see appendix 1 for the full list of contracted services by the various bodies).

For the purpose of informing the readers of this report, the LMC would expect, where invited to offer support and guidance on patient access, any related contractual issues and any incentivised political initiatives.

Background

Lincolnshire has 100 general practice premises being served by circa 520 general practitioners; comprised of 325 principals/partners (owners of the business) and 110 salaried GP's who work under contract to the practice. There are also approximately 85 locums operating in Lincolnshire who provide much needed patient facing consultations to support the practices, where practices have GP vacancies, additional workload pressures or where the GPs are involved in other NHS work i.e. clinical commissioning groups, GP appraisal etc.,

GP Access

GP Access (availability of appointments within the practice by GP, Nurse practitioner and Practice Nurse) is constantly a source of discussion amongst patients and the public; however there are many factors which affect access and the ability of general practice to meet growing patient demand and expectations. These are; patient demographics, availability of GPs and Nurses of all grades (recruitment and retention issues), increased shift of work from secondary to primary care, lack of community nurse services, patient demand, lack of ability for onward referral, (ie CAMHS, Dementia Services, etc.,) increased support for patients with long term conditions, increased number of services required of practices. This together with an ever burgeoing level of buracracy detracts from the ability of general practice to always deliver consistently.

There has been a significant increase in NHS activity over the last 14 years, including a 24% increase in GP consultations since 1998; over 90% of all contacts with the NHS occur in general practice. In 2008 there were recorded 300 million GP consultations, by 2012 this figure had risen to 340 million (*BMA- Your GP Cares 2014).*

The average member of the public sees a GP six times a year; double the number of visits from a decade ago. In 1996 the average GP consultations per year for over 85's was 6.8, it is now 14 per year (*NHS England- Call to Action- Aug 2013*). It is not infrequent to have one individual patient who will have contact with their practice in excess of 150 times in one year.

Long Term Conditions (LTC) cause most demand for GP services; Lincolnshire is in the highest quintile for patients with LTC's. An example of this is on the East Coast, where the Marisco Medical Practice has a list of 14,000 patients but is weighted with a population of 21,000 to recognise the complexity of the illnesses patients have, together with over 40% of their list over the age of 65 years.

Availability of Appointments

In Lincolnshire, 83% of patients report that they were able to see or speak to a GP when they last tried to make an appointment, though 10% had to call back. This is 3% worse than the national average (*GP Patient Survey 2013*). Clearly an improvement in this would be preferable, however 92% of patients reported that they found the appointment offered either convenient or very convenient *(GP Patient Survey 2013).*

General practice in Lincolnshire endeavours to manage and meet demand by regularly assessing patient demand and matching this with clinical capacity. They look to different ways of working; such as GP or Nurse triage, open surgeries, special childrens clinics or telephone consultations; all of which are successful to a greater or lesser degree dependant on the practice and their patient demographic. Attached, at Appendix 2 is an example of this and what the Galletly Practice in Bourne has undertaken to adjust their appointment system, GP Triage and telephone access to meet increased demand whilst maintaining continuity of care. Practices are required under their contracts to be available for their patients between the hours of 8.00a.m. and 6.30p.m. many practices also offer extended hours; and this can allow patients to be seen from 7.00a.m. in the morning, or up to 8.30p.m. in the evening and for some up to 6 hours on a Saturday.

Alternatives to GPs

To address recruitment and retention problems many practices have started to use "alternative" practitioners to address demand, such as; Advanced Nurse Practitioners (ANP), Nurse Practitioners, Pharmacists, and Paramedics. It is early days as yet, but many practices are investigating working with different IT and technical solutions to improve access to specialist advice.

It is thus interesting to note that nationally, 38% of General Practices employ ANPs (RCN 2013), in Lincolnshire this figure is 47% (*Lincolnshire LMC Survey 2014).* Lincolnshire practices also employ 55% Nurse Practitioners.

With the advent of the Lincolnshire Health and Care programme (LHAC) and the development of Locality neighbourhoods to provide health and social care, the ability of patients to be seen by more appropriate professionals will increase, and will, in all likelihood not be a GP or Practice Nurse. The GP and Advanced Practitioner Nurses will be managing more complex case patients who would otherwise be seen in the secondary care setting.

Patients who fail to attend appointments (DNA's)

The Committee asked about whether practices do their own research on patients who DNA their appointments. The answer is yes; all practices monitor their DNA rates (see Appendix 4 as an example). DNA's count for a considerable amount of valuable clinical time, the average GP DNA rate in Lincolnshire is 4% with 1% being the lowest and 11% being the

highest and for Practice Nurses 6% with 1% being the lowest and 15% being the highest. The National average GP DNA rate is around 6% (BMJ 2001). These percentages do not give the entire picture; taking the example of Cleveland House in Gainsborough who in the month of October only had a 6% DNA rate, this resulted in 27 hours of wasted GP consultation time in that month alone: (see attached DNA survey of booked face to face appointments at appendix 4 of 50% of practices for the month of October 2014)

Practices monitor their DNA rates; they publish them in their practice on notice boards, on their website and practice newsletters. In reviewing the DNA's and the patients who do this, the practice looks to establish if there is a reason; i.e. long waits etc.,. Patient Participation Groups also engage in discussions on how to reduce the DNA rate of the practice. The practices text patients reminders where possible and provide appointment cards. Most practice staff are trained to repeat the date and time to the patient once the appointment is made so that both the practice and patient are clear on the commitment.

In trying to address patients who constantly DNA their appointments, practices will ask the patients to discuss this with them to ascertain if there is a particular reason. If the patient continues to DNA, some practice will write to them siting the amount of wasted GP and nurse time and how the appointment could be offered to other patients. It is interesting to note from a recent LMC survey of DNA's that many practices report that patients who make appointments on the day still fail to attend.

GP Recruitment and Retention Issues

Lincolnshire has an increasing patient demand, with increasing levels of patients with multiple chronic conditions and increasing age profile. The current recruitment crisis for general practice nationally is more severe in Lincolnshire with multiple practices having reduced numbers of GPs and Practice nurses. Nationally the number of unfilled GP posts was 7.9% in Jan 2013 compared to 4.2% in Jan 2012 (*HEE- Securing the Future GP Workforce- Mar 14*). The number of WTE GPs per 100,000 registered patients in England increased from 54 in 1995 to 62 in 2009, but has now declined to 59.5 in 2012 (*HSCIC 2012*). Lincolnshire is in the 4th quintile of GPs per head (*HSCIC 2013*). The Nuffield Trust estimates that in England the average number of patients per GP is 1450. NHS England estimates that this figure is closer to 1750 patients per GP. In Lincolnshire this figure is 1903 patients per GP or nurse prescriber (*Lincolnshire LMC Survey 2014*).

It is a concern therefore that 75% of Lincolnshire practices report that at least one GP plans to retire in the next 5 years; and 25% of practices report at least one GP plans to retire in the next 18 months (*LMC Survey 2014*).

In addition to the imminent decline; 52% of GPs also plan to reduce their commitment to clinical work in the next 5 years, of which 33% plan to retire, and 10% plan to work abroad *(LMC Survey 2014)*

Recruitment

Of practices in Lincolnshire who have tried to recruit GPs in the last year, only 60% have been successful *(LMC Survey 2014).* Whilst replacing GPs with nurses, particularly Nurse Practitioners and Advanced Nurse Practitioners is one answer, it is also difficult to recruit to these posts with only 57% of practices being successful *(LMC Survey 2014).*

In terms of recruitment of potential new GP's to Lincolnshire this is particularly poor. Nationally, only 87% of training places have been filled (*HEE 2014)* In Lincolnshire of the 33 places on the Lincolnshire GP training scheme, only 12 were filled for the 2013/14 intake (36%). The East Midlands as a whole is unattractive to GP trainees, Lincolnshire is particularly unattractive because of the lack of a medical school, the reputation of the secondary care trusts and the perception that Lincolnshire is not the place for younger people with little to attract them.

The LMC is working on a project to market Lincolnshire as a great place to live and work, together with the advantages of good housing, great schools and low unemployment. Together with Health Education England, the LMC is also working on what Lincolnshire could offer in terms of a good educational and training experience by offering teaching through combined primary and secondary care pathways and the support of neighbourhood teams.

7-day-working

The Coalition Government first announced its intentions for 7-day-working in general practice in October 2013. Since then, there has been repeated reinforcement that this will be developed over the next few years. It is not yet clear how this is to be achieved within a workforce that is already under pressure, has difficulty in recruiting and retaining GP's, when morale is low, due to increasing demand and bureaucracy; the suggestion that the working week will be extended is not going to be well received.

The LMC view, however, is that it is inevitable, but difficult to achieve, thus the only way to provide the service is through federated working. Which essentially means that GP practices will work collaboratively, forming organisations to provide primary care at scale. This will possibly result in 7 day working in localities but not at each general practice. In time the number of practices that actually exist as their own entities will inevitably reduce.

Simon Stevens, the NHS Chief Executive, has set out in the "Five Year Forward View" that, integrated working of health and social care is the most effective way to improve health and social care provision in the future. This change is already happening in Lincolnshire with the Lincolnshire Health and Care Programme and the resulting Neighbourhood Teams; the neighbourhood teams will cover GP federations or multiple federations.

Conclusion

Lincolnshire provides high quality general practice in the main, it is often constrained by its premises and lack of investment. It is open to change and transformation and frequently delivers on national initiatives. The issue of recruitment and increased demand will require different ways of working in the future, the patient will over the next few years acess a range of different professionals in the community rather than general practitioners and their staff.

Appendix 1

Additional Service Commissioned from GP Practice in Lincolnshire outside of Core Contract.

The core contract is based upon the following:

I. The Core contract delivers services to patients who are ill; believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable.
II. General management of patients who are terminally ill
III. Management of chronic disease in the manner determined by the practice in discussion with the patient

Other commissioned services which the majority of Lincolnshire practices provide

Commissioner	Service
NHS England	Extended Hours Minor Surgery Dispensing Services Quality Scheme Dementia Extended Dementia recording Learning Disabilities Risk Profiling/Urgent Admissions avoidance Patient participation
NHS England Public Health	Alcohol Childhood immunisations Hib/MenC/PCV Men C Freshers HPV 13-18 year olds Influenza Neo Natal Care Pneumococcal Whooping Cough Shingles and Shingles catch up Hep B New-born babies Rota Virus
Local Authority	Chlamydia Contraceptive Implants IUCD Level 2 Sexual health NHS Health Checks Smoking Cessation
Clinical Commissioning Groups	Anti-Coagulation D-Dimer Learning Disabilities (2) Leg Ulcers Minor Injuries Multiple Sclerosis

	Primary Care Surgical Phlebotomy Sigmoidoscopy Specialised Drug monitoring Treat room Ring and Vault Pessary Insertion Intermediate Care Looked after Children Gonadorellins Community ENT

Other additional work required for submission and scrutiny by practices:

I. Compliance with Care Quality Commission standards
II. Information Governance Toolkit
III. Quality and Outcomes Framework
IV. Appraisal and Revalidation
V. Clinical Governance
VI. Engagement and responding to Clinical Commissioning Group work
VII. Continuing Professional Development and training

Appendix 2
Bourne Galletly Practice Patient Access Review

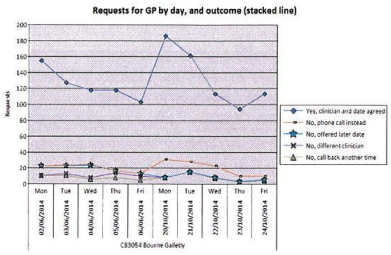
03/12/2014

Bourne Galletly Medical Practice

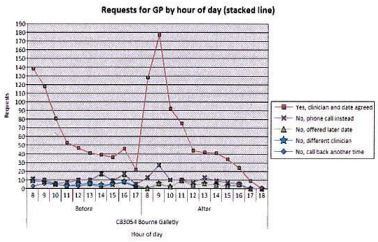
Patient Access Audit

Ian Robinson
Business Partner

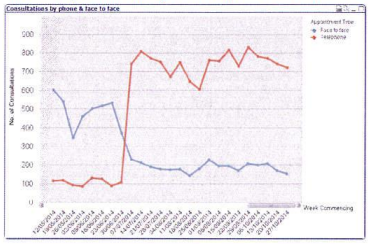
Pattern of reported demand, by day, before & after



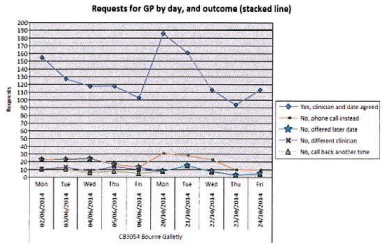
Demand is still peaky in the mornings



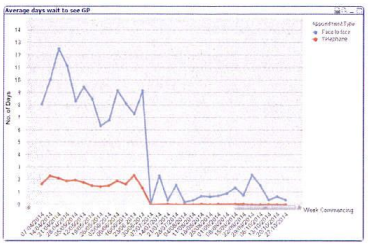
Operational measures from Navigator, data from EMIS Web.
Mode of operation changed to telephone first on 7/7/14



Pattern of reported demand, by day, before & after

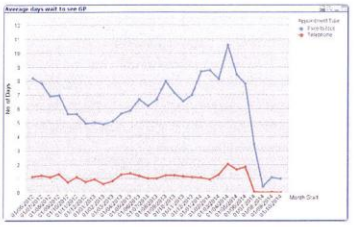


Average days wait to see GP falls from 9 days to under 1 day



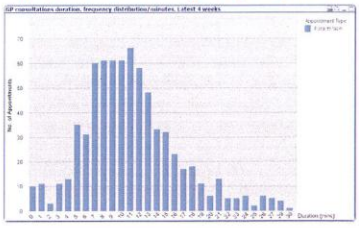
Two year monthly chart of average wait.

Lengthening trend reversed.

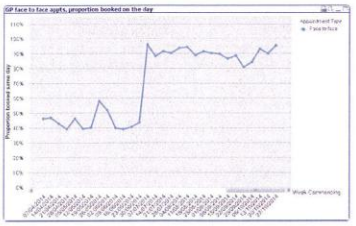


Broad spread of face to face consultation durations shows

GPs can be flexible in time given depending on need.

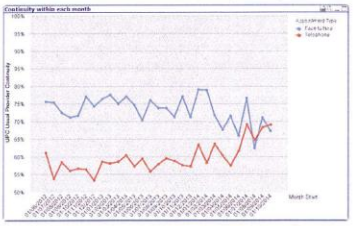


Proportion of patients seen same day rises from 42% to 91%

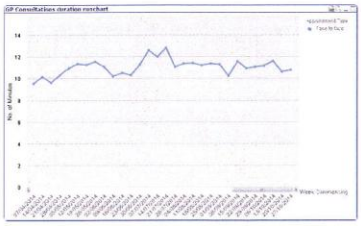


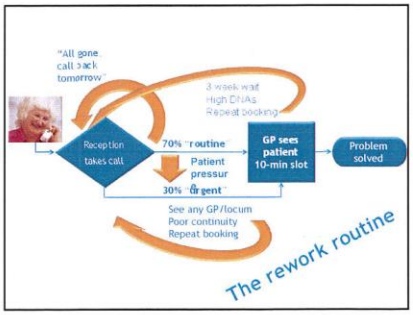
Continuity, UPC measure, monthly view over 2 years:

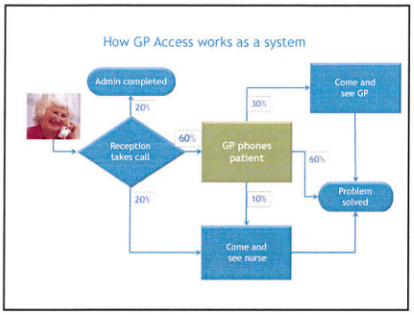
Face to face unaffected, telephone up 8%

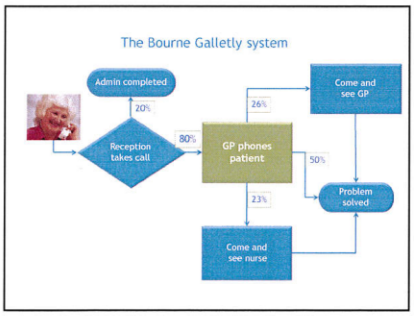


Avg duration of f2f consultations is unaffected.






How GP Access works as a system
Admin completed
20%
Reception takes call
60%
GP phones patient
30%
Come and see GP
60%
Problem solved
20%
10%
Come and see nurse

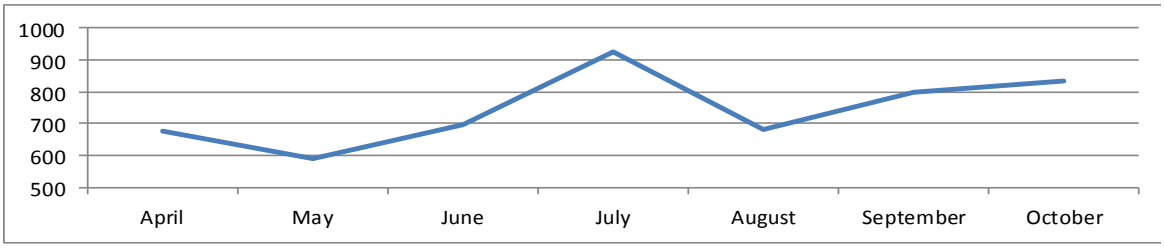

The Bourne Galletly system
Admin completed
20%
Reception takes call
80%
GP phones patient
26%
Come and see GP
50%
Problem solved
23%
Come and see nurse

Appendix 3
Beacon Medical Practice Skegness

DNAs 2014 - 15

DNA-No of Appointments Lost

		April	May	June	July	August	September	October
Location	**Staff**	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**
Chapel Surgery	GP	59	47	44	59	32	40	48
	HCA	34	25	29	51	24	44	38
	NP	10				3	1	1
	Nurse	56	42	62	86	62	76	66
Chapel Surgery Total		**159**	**114**	**135**	**196**	**121**	**161**	**153**
Ingoldmells Surgery	GP	50	47	39	52	45	47	35
	HCA	3	11	9	8	1	9	9
	NP	3		24	29	16		7
	Nurse	17	21	39	37	30	30	33
Ingoldmells Surgery Total		**73**	**79**	**111**	**126**	**92**	**86**	**84**
Main Site	GP	112	88	100	111	88	114	111
	HCA	99	64	73	135	90	143	145
	NP	14	46	43	60	56	52	43
	Nurse	221	196	233	296	234	243	300
Main Site Total		**446**	**394**	**449**	**602**	**468**	**552**	**599**
Grand Total		**678**	**587**	**695**	**924**	**681**	**799**	**836**



Appendix 4

DNA Survey – October 2014

General Practice DNA Report 2014

Average Weekly GP Appts	423
Average Monthly GP Appts	1834
Average Monthly GP DNA's	67
Average % of GP DNA's	4%
Highest GP DNA Rate	11%
Lowest GP DNA Rate	1%

Average Weekly Nurse Appts	326
Average Monthly Nurse Appts	1412
Average Monthly Nurse DNA's	91
Average % of Nurse DNA's	6%
Highest Nurse DNA Rate	15%
Lowest Nurse DNA Rate	1%

Practice	Weekly GP Appts	Monthly GP Appts	Monthly GP Appt DNAs	% of GP Appts DNA'd	Weekly Nurse Appts	Monthly Nurse Appts	Monthly Nurse Appt DNAs	% of Nurse Appts DNA'd
Billinghay	200	867	13	2%	380	1647	54	3%
New Springwells	370	1603	73	5%	600	2600	156	6%
Newark Road	268	1161	47	4%	263	1140	122	11%
Ingham	230	997	41	4%	178	771	66	9%
Brayford	301	1304	60	5%	138	598	64	11%
Branston	320	1387	10	1%	200	867	45	5%
Woodland	430	1863	99	5%	220	953	119	12%
Richmond	603	2613	57	2%	368	1595	101	6%
Abbey Medical	252	1092	120	11%	418	1811	64	4%
Welton	465	2015	64	3%	485	2102	122	6%
Washingborough	366	1586	65	4%	275	1192	85	7%
Nettleham	900	3900	62	2%	475	2058	96	5%
Caskgate	473	2050	180	9%	294	1274	147	12%
Birchwood	630	2730	107	4%	445	1928	145	8%
Bassingham	350	1517	25	2%	375	1625	62	4%
Witham	150	650	28	4%	88	381	59	15%
Cleveland	588	2548	162	6%	540	2340	148	6%
Littlebury	258	1118	28	3%	263	1140	175	15%
Gosberton	266	1153	40	3%	473	2050	40	2%
Little Surgery	225	975	25	3%	150	650	50	8%
Market Rasen	359	1556	21	1%	379	1642	56	3%
Coningsby	500	2167	56	3%	300	1300	96	7%
Stuart House	430	1863	67	4%	665	2882	76	3%
Kirton	321	1391	46	3%	263	1140	52	5%
Parkside	960	4160	225	5%	510	2210	119	5%
Swineshead	420	1820	54	3%	420	1820	71	4%
Westside	605	2622	162	6%	330	1430	135	9%
Tetford	145	628	22	4%	192	832	19	2%
Liquorpond	760	3293	145	4%	534	2314	195	8%
Tasburgh Lodge	280	1213	11	1%	180	780	26	3%
James Street	700	3033	16	1%	156	676	56	8%
Newmarket	301	1304	45	3%	278	1205	17	1%
Holbeach	460	1993	20	1%	300	1300	45	3%
North Thoresby	780	3380	36	1%	380	1647	118	7%
Vine House	622	2695	52	2%	210	910	98	11%
St Peter's Hill	450	1950	168	9%	385	1668	178	11%
Colsterworth	111	481	30	6%	68	295	3	1%
Glenside	250	1083	51	5%	200	867	51	6%
Ingham	230	997	41	4%	178	771	66	9%
Millview	600	2600	86	3%	482	2089	227	11%
Total	**16929**	**73359**	**2660**		**13038**	**56498**	**3624**	