

Title of report: GP Access

Meeting: Adults and Wellbeing Scrutiny Committee

Meeting date: 7 March 2022

Report by: Charmaine Hawker – H&W CCG Associate Director, Primary Care
Dr Mike Hearne – Managing Director, Taurus Healthcare Ltd & GP
Fownhope Medical Practice
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COVID-19 Immunisation, NHS England Associate Medical
Director for Armed Forces & Veterans Health and General
Practitioner Davenal House Surgery Bromsgrove

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

For the Adults and Wellbeing Scrutiny Committee to consider the attached paper and to determine any recommendations it wishes to make.

Recommendation(s)

That the Committee:

- a) considers and comments on the measures being taken to improve patients' access to GP services.
- b) Determines any recommendations it wishes to make to the CCG and/or to the Executive

Alternative options

It is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service within its area. The committee also has the function to make recommendations to a responsible NHS body on any NHS matter it has reviewed or scrutinised, and to make reports or recommendations to the executive with respect to the

discharge of any functions which are the responsibility of the executive. As such, there are no alternative options.

Key considerations

The Adults and Wellbeing Scrutiny Committee has statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting the area and to make reports and recommendations on these matters.

A full report relating to General Practice and primary care access in Herefordshire is attached.

Community impact

This scrutiny activity contributes to the corporate plan – county plan 2020-24 ambition ‘strengthen communities to ensure everyone lives well and safely together’.

Within the NHS, there has been increasing emphasis on the need to understand and respond to the views of patients and the public about health and health services. Responding positively to health scrutiny is one way for the NHS to be accountable to local communities.

Environmental Impact

The work of the scrutiny committee will have minimal environmental impacts, although consideration has been made to minimise waste and resource use in line with the council’s Environmental Policy.

The Committee should be mindful of the potential environmental impacts of any recommendations it may put forward, and responses to such recommendations and any decisions arising from these should also consider the environmental impact

Equality duty

Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- d) The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying ‘due regard’ in our decision making in the design of policies and in the delivery of services. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

There are no resource implications associated with the recommendation. The resource implications of any recommendations made by the committee will need to be considered by the responsible NHS body or the executive in response to those recommendations or subsequent decisions.

Legal implications

Section 9FA of and Schedule A1 to the Local Government Act 2000, Regulations 5 and 11 of the Local Authorities (committee system) (England) Regulations 2012 and Regulation 30 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 make provision for local scrutiny functions to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.

The remit of the scrutiny committee is set out in part 3. Section 4.5 of the Constitution and the role of the scrutiny committee is set out in part 2, section 2.6.5 of the Constitution. The Council is required to deliver a scrutiny function.

Consultees

Councillors and members of the public are able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting. For further details please see the 'get involved' section of the council's website:

www.herefordshire.gov.uk/getinvolved

Appendices:

Appendix A – Briefing paper from the CCG

Background papers:

None identified

Please include a glossary of terms, abbreviations and acronyms used in this report.

Adults & Wellbeing Scrutiny Committee

Monday, 7 March 2022

Primary Care (GP) Access

1. Summary

- 1.1. The Health Overview and Scrutiny Committee (HOSC) has requested a report on the measures being taken to improve patients' access to GP services. This will include how the residents of Herefordshire are able to access appointments with GPs following the COVID-19 pandemic including how services are monitored to ensure equity of access across the County.
- 1.2. The Committee will be able to gain an understanding of how access to GP appointments have changed following the Pandemic (including the timeliness, availability, and types of appointments), the success of changes made/new ways of working, the challenges faced by GPs and residents and how residents' views are being considered.
- 1.3. Senior representatives will be present from NHS Herefordshire and Worcestershire Clinical Commissioning Group, which commissions primary care, together with Taurus Healthcare Limited, the General Practice Federation for Herefordshire who provide the infrastructure for Herefordshire General practice leadership team.

2. Current GP Operating Model

- 2.1. The way in which General Practice has been mandated to operate throughout the pandemic has been determined by NHS England/Improvement (NHSE/I). At the start of the COVID-19 Pandemic NHSE/I mandated a Standard Operating Procedure (SOP) for General Practice (in the context of Covid-19) which was a total triage model with minimal onsite access for patients, to comply with pre-determined infection control procedures. In addition, Primary Care Networks (PCNs) came together to operate as hubs according to the clinical need of patients requiring face-to-face appointments and their infection status. Practices were required to operate in accordance with this SOP to protect both patients and staff.
- 2.2. In order for general practice to respond quickly and consistently, the leaders across general practice formed the 'Herefordshire general practice leadership team', consisting of PCN clinical directors, LMC officer, CCG and executives from the federation Taurus. This enables practices to work at scale where it makes sense, providing consistent guidance throughout the pandemic, working closely with all Herefordshire partners. It continues to provide this leadership function, and supports the delivery of 24/7 general practice to ensure patients receive high quality care at the right place in the right time, by the right person.
- 2.3. The SOP has continued to be reviewed throughout the pandemic with the most recent updates published on 17 January 2022 which requires practices to be covid secure, which can include the offer of a blend of remote and face-to-face, appointments with digital triage where possible. This revised guidance reaffirms the measures needed to protect staff and patients, specifically universal use of face masks for staff and face masks/coverings for all patients/visitors in health and care settings, and additional transmission-based precautions for COVID-19 and other respiratory infection patients. This guidance supports efficient delivery of NHS services to meet

wider patient needs, via the return to pre-COVID-19 social distancing and standard Infection Prevention and Control (IPC) measures for patients who do not have infectious respiratory diseases. In addition, it is a contractual requirement that all practices offer a range of digital appointment types including video and online consultations.

- 2.4. Until further notice, the existing COVID-19 Infection Prevention and Control (IPC) guidance continues to apply in healthcare settings. In an initial COVID-19 Response on 19 July 2021, the Cabinet Office confirmed that: "Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary, and this will be continually reviewed...". All Primary Care contractors have therefore been mandated to follow this guidance, including the use of face coverings in NHS settings. This includes suggested ways to minimise contact in waiting areas. This guidance is unchanged in the updated IPC guidance.
- 2.5. The digitalisation of General Practice to enable remote working and a move to a hub ensured that all practices in Herefordshire remained open during the various waves to date. This did not happen universally throughout the country. Hub working is likely to increase as a resilience measure for sustainable General Practice, to maximise a limited and changing workforce and offer patients more choice of type of appointment and when this is available, for example, outside core hours with a non-GP clinician.
- 2.6. This has been further exacerbated by the escalated Covid Immunisation Programme between October and December 2021, the number of competing priorities which practices are responding to is creating pressure and challenges for many of them. This is no different to any other part of the NHS at the current time.
- 2.7. The nationally agreed priorities for General Practice up to the 31 March 2022 are:
 - i. Continued delivery of general practice services, which includes timely ongoing access for urgent care with clinical prioritisation, the ongoing management of long-term conditions, suspected cancer, routine vaccination and screening, annual health checks for vulnerable patients, and tackling the backlog of deferred care events.
 - ii. Management of symptomatic COVID-19 patients in the community, as part of the local system approach, including supporting monitoring and access to therapeutics where clinically appropriate.
 - iii. Ongoing delivery of the COVID-19 vaccination programme.
 - iv. Ongoing delivery of the PCN contracts where practices are delivering services across a network of practices and with partners.

3. COVID-19 Vaccination Programme

- 3.1. In Herefordshire and Worcestershire 77.4% (78.6% for Herefordshire) of the population have received a covid-19 vaccination. The Herefordshire and Worcestershire system being the highest in the West Midlands for overall uptake. In total 632,207 (159,510 Herefordshire) patients have received their first dose, 596,463 (150,606 Herefordshire) their second dose, and 85.6% (86% Herefordshire) of the eligible population have had their booster. NHS Herefordshire and Worcestershire CCG has been highlighted as a top achiever in the country, often achieving the highest or in the top 3 in the country for delivering targets against cohort patient groups. Overall, we are the second highest achieving CCG in the country. This trajectory is illustrated in Appendix 1, Graph 1f.
- 3.2. The vaccination programme has recently been expanded to include the 12 to 17-year-old cohort (12,517 population size for Herefordshire), and 5 to 11-year old at risk cohort (509 for Herefordshire).
- 3.3. Access was further supported by a Taurus run vaccine call centre that facilitated queries on vaccination, booking people into vaccine appointments, and contacting clinically vulnerable patients who required additional doses. This increased capacity to practices for non-vaccine matters.

4. National and Local Monitoring of Access

- 4.1. General Practice Appointment Data (GPAD) has been collated nationally since December 2018. This is published monthly by NHS Digital. This is the main indicator used by NHSE/I to monitor activity. NHS Herefordshire and Worcestershire CCG analyse this data to benchmark local appointment data against national/neighbouring CCG levels, and to review trends month-on-month. Data is reported to and monitored by the Primary Care Quality and Risk Sub-Committee which reports to the Primary Care Commissioning Committee.
- 4.2. The latest data available (December 2021) is presented in Appendix 1, Graphs 1a to 1f.
- 4.3. Headlines:
 - i. 401,139 appointments – 6% more appointments than December 2020. This figure excludes 224,423 appointments used to administer the COVID-19 vaccine (see Appendix 1, Graph 1f). If included, activity is 43% above 2020 levels and 42% above 2019 levels.
 - ii. Primary Care General Practice is working at higher than pre-pandemic levels - currently 10% up compared to December 2019. Total annual figures for 2019 versus 2021 shows an appointment increase of 7%, excluding Covid-19 immunisation numbers.
 - iii. Primary Care appointment recovery rates compared to 2019 year have been the highest in the region for 4 months out of the past 6 months. (see Appendix 1, Graph 1b)
 - iv. Average daily appointment numbers are 19,102. This averages out to 239 per day per practice, higher than the national rate of 185 (note that practice list sizes vary considerably but the figure is used to compare to national rates).
 - v. As a comparative measure, the number of appointments are equivalent to 0.49 per head of population per month, which is consistently the highest in the Region all year and compares well to a national rate of 0.41.
 - vi. 53% of primary care appointments were with a GP, compared to the national rate of 50% (see Appendix 1, Graph 1c).
 - vii. 57% of appointments were face to face, this is 230,577 appointments in December, and has ranged from 50% to 62% per month over the past year. This is generally about 2% to 5% lower than national levels, however this is equivalent to an annual average of 0.29 face to face appointments per head of population, compared to the national average of 0.26 (see Appendix 1, Graph 1d).
 - viii. 56% of patients booking an appointment are seen within 1 day, compared to the national rate of 55% (see Appendix 1, Graph 1e).
 - ix. Online and video appointments account for 16,720 (local data sources used as national reporting is vastly underestimated). This is now 4% of all appointments, from a baseline of 0% in January 2020.
 - x. NHS 111 direct booking has been increasing over the past year and now all of our practices have been configured to enable direct booking. Our conversion rate (number of patients contacting NHS 111, who are appropriate for a Primary Care appointment, and found a suitable appointment) is 41% (NHSE snapshot audit data November 2021), the highest rate in the Region. This increased again to 43% in December. However, 111 requests only represent <1% of appointments.

5. Winter Access Fund

- 5.1. On 14th October 2021 NHSE issued 'Our Plan for Improving Access for Patients and Supporting General Practice'. This initiative has funded additional activity to bring all GP practices' appointment activity back to pre-pandemic levels, and to support the system over the winter period. **Coronavirus » Our plan for improving access for patients and supporting general practice(england.nhs.uk)** As part of the Winter access fund investment, Herefordshire will

increase capacity with a view to adding an additional 24,096 appointments into the system from January to March 2022. As at January 2022 Herefordshire had delivered 1,495 appointments towards this initiative, (data is still being collected). This will be achieved by a number of initiatives:

- i. Workforce is key to this programme and a Clinical Locum Pool has been established to boost GP capacity.
 - ii. Delivering at scale, the County will benefit from additional Social Prescribers, Pharmacists, First Contact Physiotherapists and Speciality Nursing Teams to offer patients more clinical appointments.
 - iii. Additional 'Super Saturday' clinics have delivered 1,305 appointments.
 - iv. There are plans for more intensive support using a 'virtual hub' model. This will allow a GP to offer an additional 36 appointments per day to support local practices.
 - v. Data quality initiatives will provide hands on support to GP practices to reconfigure their appointment systems and ensure that activity is fully captured.
 - vi. The county will also be part of the CCG Voice Over Internet Protocol (VOIP) telephony project to level up all telephone digital infrastructure across the county. During 2021 there were 7 GP practices in Herefordshire that changed telephone systems to improve patient access. The Winter Access Fund will allow a further 11 practices to up-date their telephone provision. This will cut costs and reduce workload across the practice with a telephone system that integrates with major clinical systems and supports extended access and new forms of consultation. It will help practices manage demand and capacity.
- 5.2. To complement the above, we are also working with individual practices with a suite of additional resources, with a view to increasing appointment activity. This targeted approach allows us to maximise capacity in the system, ensuring local patients are not disadvantaged by local pressures.
- 5.3. Due to the Covid-19 vaccination campaign which was prioritised for December, and allowed the CCG to be the second highest achiever in the country, large numbers of Primary Care staff were diverted to the booster programme. As a result the Winter Access programme was slower to start than expected. However, all Schemes are now in progress and activity will be end-loaded to enable achievement of planned targets.
- 5.4. The diagram in Appendix 5 summarises the Winter Access Fund for Herefordshire and Worcestershire.
- 6. Public feedback and engagement including National Patient Survey findings**
- 6.1. The CCG is aware of some issues or perception with access particularly around the summer of 2021, noted from complaints or local feedback during COVID-19. The pandemic has highlighted inequalities that may/may not have already existed and has increased some barriers faced by marginalised groups. There may be disproportionate numbers of cohorts that are prone to face inequalities eg the elderly or those on lower income/rural poverty which may compound access issues.
- 6.2. As a result, the CCG has reviewed several reports by organisations such as Healthwatch and The Patients Association, together with a NHSE/I Midlands Access Survey report. During 2020 the CCG undertook further engagement exercises (sometimes with other organisations such as Healthwatch) to confirm any findings identified in national reports and highlight areas for improvement or where our patients could be supported. This included a number of local patient feedback exercises where we focused on patient groups, such as those with Cancer or Learning Disabilities and Autism, or where patients were digitally excluded. The recent Patient Association Report (January 2022) indicates that Nationally patients are still finding it difficult to

get a GP appointment, and that the offer is remote or essentially telephone access. Based on appointment data as described previously, we believe that in Herefordshire patients are able to access appointments albeit in a different way or with a different professional than they may be accustomed to. Remote access is as result of formal triage and used when clinically appropriate. We await the National Patient survey results to review the feedback.

- 6.3. At that time, these information sources were also correlated with the National Patient Survey findings. We continue to achieve highly on the National Patient Survey in all the key areas. The findings compared to the previous year, and national comparisons are noted in **Appendix 3**.
- 6.4. This has given us over 13 sources of information to take account of patients' views, ensure accessibility is not compromised at practice level and to help some marginalised groups who have been disproportionately affected. As a result, we have undertaken the following actions:
 - i. A website audit to ensure consistency of message and that practices advertise they are open as usual and describe a range of access options.
 - ii. Telephone audits have resulted in a number of practices that have been contacted following the audit and placed on the NHSE/I Improving Access Programme. Further practices are receiving new telephone systems in line with a planned digital update programme and Winter Access Funding.
 - iii. All survey results have been triangulated to give a clear steer on areas of concern, particularly inequalities. Improvements will be directed through the Digital Group.
 - iv. A Digital Inclusion Advisory Group (DIAG) has been set up with key stakeholders and patient advocates to look at practical initiatives to reduce inequalities because of digital exclusion. This has resulted in a digital inclusion programme being developed, vaccine equity programmes, and improvements in digital communications, ie consistency of message, better website information and use of digital boards.
 - v. The CCG has carried out further feedback initiatives; digital live events and feedback sought from hard-to-reach groups eg LD and autism
 - vi. Two videos have been developed one for Herefordshire, and one for Worcestershire, for patients to understand the roles that each profession undertakes in GP practice, and who may be more appropriate to care for various patient conditions (instead of resorting to a GP appointment as first line).

7. **Workforce Capacity**

- 7.1. A focus for the CCG over the past 5 years has been a recognition of the need to increase the Primary Care workforce to meet the demand and long-term challenges facing General Practice. Despite the challenges we continue to meet current capacity demands and are working towards managing future demand.
- 7.2. Overall GP numbers increased to a high of 583 GPs (in June 2020) from a baseline of 549 in 2015. Current headcount is 577 GPs in Herefordshire and Worcestershire. However, WTE has dropped slightly from 456 in 2015 to 432 in 2021. (see Appendix 2, tables 2a and 2b). Of note, is the increase in other clinical staff groups that would offset the GP workforce, in a changing skill mix. This shows an increase of 296 individuals in 2015 to 428 at the end of 2021 (see Appendix 2, tables 2e and 2f).
- 7.3. However, in anticipation of the age profile of the GPs working in Herefordshire and Worcestershire the programme for training, and then retaining GP Registrars has increased (see Appendix 2 table 2c and 2d). Since 2015, numbers of Registrars have increased by 55 WTE to 129. From a headcount of 61 in 2015 to 128 currently.
 - i. Since General Practice workforce data records began in 2015, we have seen the age profiles of GPs slightly change.

- ii. During 2015, 50% of the GP workforce were over 45 years of age.
- iii. As at December 2021, 39% of GP workforce were over 45 years of age.
- iv. There have been a number of GP retirements, but with the initiatives we have developed to support recruitment and retention, we have seen growth in the workforce and retention of the future workforce pipeline.
- v. With a view to this we have a comprehensive range of packages and support to improve recruitment, but more importantly aid retention of our current workforce (See Appendix 2, Table a).
- vi. It should be recognised that the workforce profile is changing in General Practice and that the GP workforce initiatives are run in parallel to the recruitment of alternative clinicians and health professionals to increase appointment options.

8. General Practice Communications Plan

- 8.1. As with much of the NHS, General Practice across the country is facing huge demand for its services, with even more pressure because of the COVID-19 Pandemic and the COVID-19 Immunisation booster campaign.
- 8.2. Public perception is that GP practices are not open, that GPs themselves are not seeing patients, and that GPs and practices should be 'returning' to pre-pandemic way of working. This has resulted in frustration and a negative narrative often resulting in hostility and abuse of practice staff.
- 8.3. In addition, a Digital Access survey conducted by the CCG in October 2021 shows a low level of understanding of how people can get help through different ways, for example 55% of respondents said they would access their practice online but hadn't seen it promoted.
- 8.4. A communication campaign has been developed to support patient education. It aims to raise awareness and educate patients and public on how they can access the care needed through General Practice and how they can use these services to support them in managing their health and the health of those they care for better. The campaign is dovetailing with the COVID immunisation campaign and is being profiled as part of the Winter Access Fund initiatives.
- 8.5. The campaign has three main aims:
 - i. Raising awareness of the multidisciplinary teams that now make up General Practice (the different roles and what each does).
 - ii. Informing people on how to access help in different ways without having to ring their practice, eg GP online, NHS 111 appointments, pharmacy, and the NHS App.
 - iii. Encouraging and supporting people to take ownership and make decisions about the care they need (personalised care/self-referral), ie seeing a GP may not always be the best option, and sometimes First Contact Physiotherapy, Improving Access to Psychology Therapy (IAPT), Social Prescribers and Pharmacists can be appropriate alternatives.
- 8.6. The campaign's key messages are:
 - i. General Practice/Primary Care has changed and is working differently.
 - ii. Practices have many different professionals working alongside GPs to look after the health and wellbeing of their patients.
 - iii. Much of your health needs can be supported by professionals other than a GP.
 - iv. There are new ways to access the help you need.
- 8.7. The campaign's tactics will be supplemented with a mix of regular online, digital, and public relations, including:

- i. Next Cascading through health and care staff, patient groups, PPGs, voluntary sector, local authority distribution lists and newsletters.
- ii. Publicity through press releases and local spokespeople.
- iii. Development of GP toolkits (assets for practices and guidance on communicating with patients).
- iv. System-wide social media channel promotion.
- v. Digital screens and websites.

8.8. The campaigns commenced in November 2021 and are still ongoing.

8.9. Media and advertising includes:

- i. Bus signs: running from 6-19 December these were on 14 routes in Worcester and Ross on Wye areas.
- ii. BT phone boxes – throughout December and January – Hereford City 5 locations.
- iii. Commencing from 22 November bi-weekly newspaper advertisements were scheduled in the Hereford Times, Ledbury Reporter, Ross Gazette and Malvern Gazette.

8.10. Digital:

- i. **Radio:** Free Radio aired from 6 December 2022.
- ii. **Digital:** Screens at Herefordshire Council customer services, and parish councils.
- iii. **Video:** Developed Multi-Disciplinary Team (MDT) videos & ‘how to access urgent care’.
- iv. **Printed/digital materials:** Pull up banners, leaflets, posters, website and social media content/banners.

8.11. The intention is that this campaign will continue with a focus on access including a focus on the NHS App, online consultations and a pharmacy campaign to promote pharmacy teams and how they can support patients.

8.12. We know from increasing patient and practice concerns that more can be done to help patients understand the changes in general practice and how, for example, they can get the most out of a remote consultation. Healthwatch and Patient Groups across the country are also producing videos to support this aim.

9. Resilience

The CCG has designed a ‘real time’ workforce reporting tool, which allows the CCG to understand the scale of problems and report capacity issues to the system along with other providers. Practices reporting difficulties are contacted and supported to ensure patient access is not adversely affected and practices are not at risk of closure. This includes them utilising mutual aid, and to offer support to the practice during the period until the workforce has returned to normal levels. This is monitored daily.

10. Challenges

- i. Current appointment activity continues to increase.
- ii. Restoration backlog activity being undertaken, alongside the national COVID-19 vaccination and Influenza Programmes, noting we only have the same skills and workforce available to deliver both.
- iii. Restoration backlog in secondary care leads to more activity in general practice to manage such patients.

- iv. The National Covid Immunisation booster campaign has diverted resource away from routine non-urgent primary care services, which will impact on the catch up later on in the year.
- v. Maintaining a total triage model, while enabling more face-to-face appointments.
- vi. Maintaining/increasing online and digital appointments in line with national direction, balanced with patient choice (particularly with regards to face-to-face appointments).
- vii. Concern should a new variant emerge which impacts on the primary care workforce.

11. Moving Forward/Opportunities

11.1. Access to GP surgeries has changed since March 2020. While reverting to pre-COVID-19 levels, the opportunities of working in a COVID-19 environment has fast tracked many developments that were planned that should now be capitalised on. While the infection control procedures will remain for the medium-term, we will continue to maintain a range of access methods that support us working towards the priorities of the NHS Long Term Plan, namely:

- i. Sustainable General Practice, working collectively within PCNs and through them with partners across health and care and the voluntary and community sector.
- ii. Ensure consistent, equitable, high-quality services to patients and the public.
- iii. Continued investment in General Practice through local and national funding streams aligned to PCNs.
- iv. Digital solutions to support the future model of care.
- v. Access to 24/7 general practice where OOH, evening and daytime delivery works as one to supports care at the right care at the right time, so patients can continue to receive continuity of care particularly with complex care.

11.2. By working in this way, we will continue to deliver the NHS Oversight Framework metrics for patient access and outcomes which are:

- i. All general practices to be delivering at, or above, pre-pandemic appointment levels, including through consolidating and maximising the use of digital consultation methods and technology.
- ii. Delivering safe, high-quality care.

12. Conclusion

12.1. 90% of all contact with the NHS is with General Practice. Given the backlogs created by COVID-19 plus the national mandate on delivering the flu and COVID-19 vaccination programmes, work has exponentially increased leading to stress, illness, and resignations from General Practice. The quality of General Practice in Herefordshire has always been high as evidenced by national metrics. Public dissatisfaction has fluctuated at different points throughout the pandemic and there is no one solution to address these concerns voiced by practices or patients. The CCG is committed to working with partners, practices, and patients to ensure that there are no practice closures, quality patient services are sustained, and the General Practice workforce is increased.

Supporting Information

Appendix 1 – GP Appointment Data

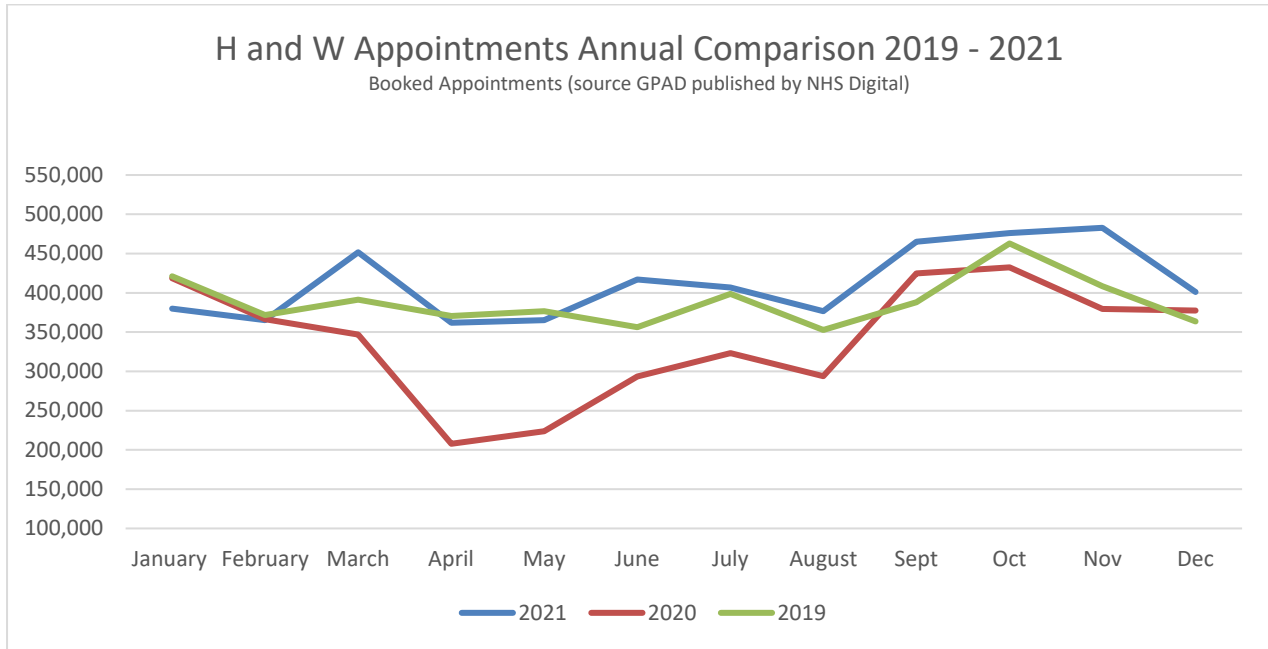
Appendix 2 – Workforce Data

Appendix 3 – Recruitment and Retention

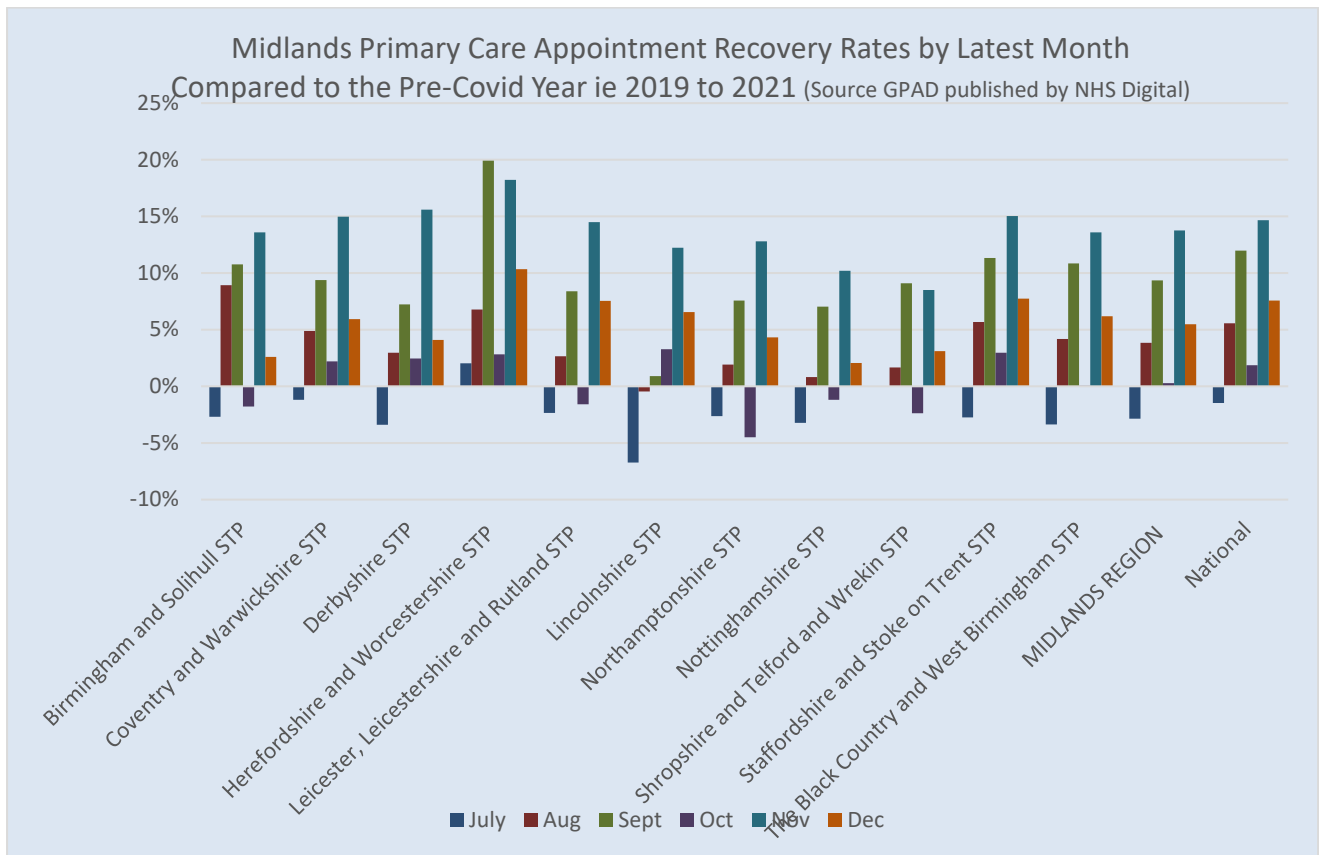
Appendix 4 – H&W CCG Achievement in the National Patient Survey 2021

Appendix 5 – Summary of the Winter Access Fund (Plan on a Page)

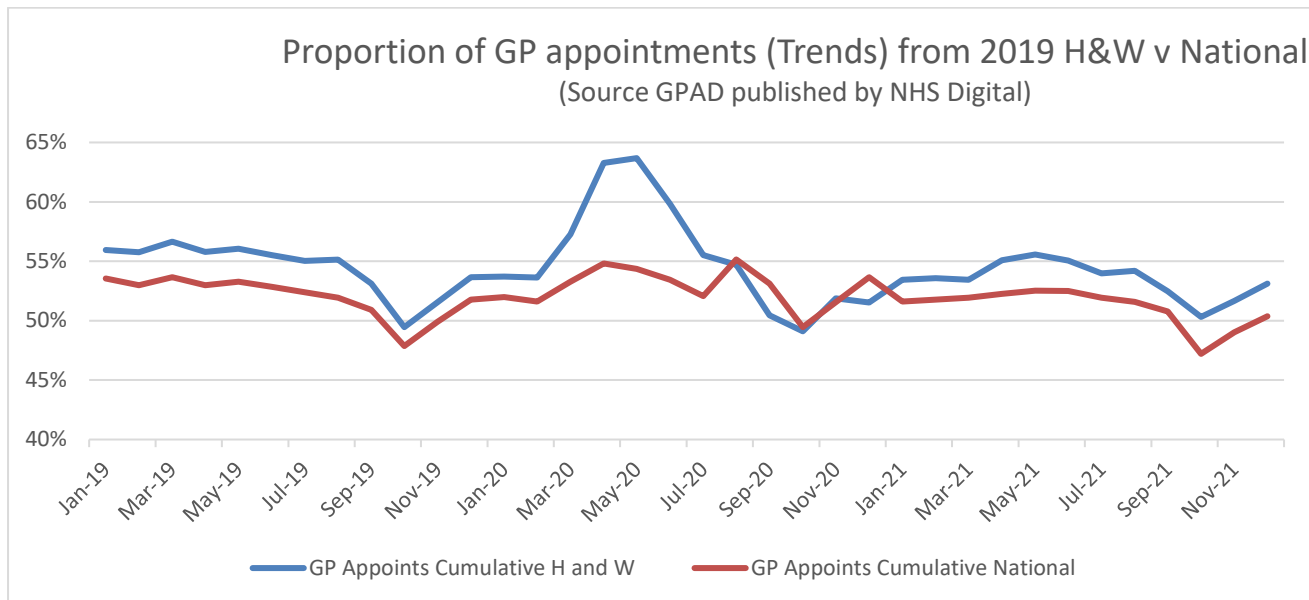
Graph 1a Appointment Numbers and Trends



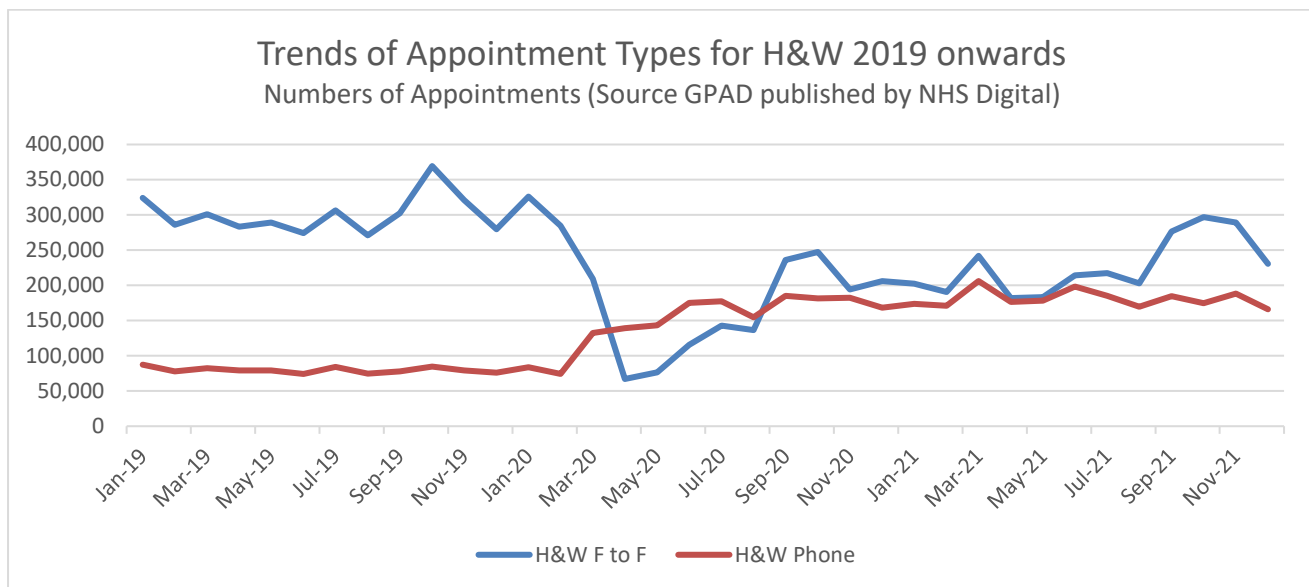
Graph 1b – H&W High Recovery Rates Compared to other CCGs (latest 6 months shown)



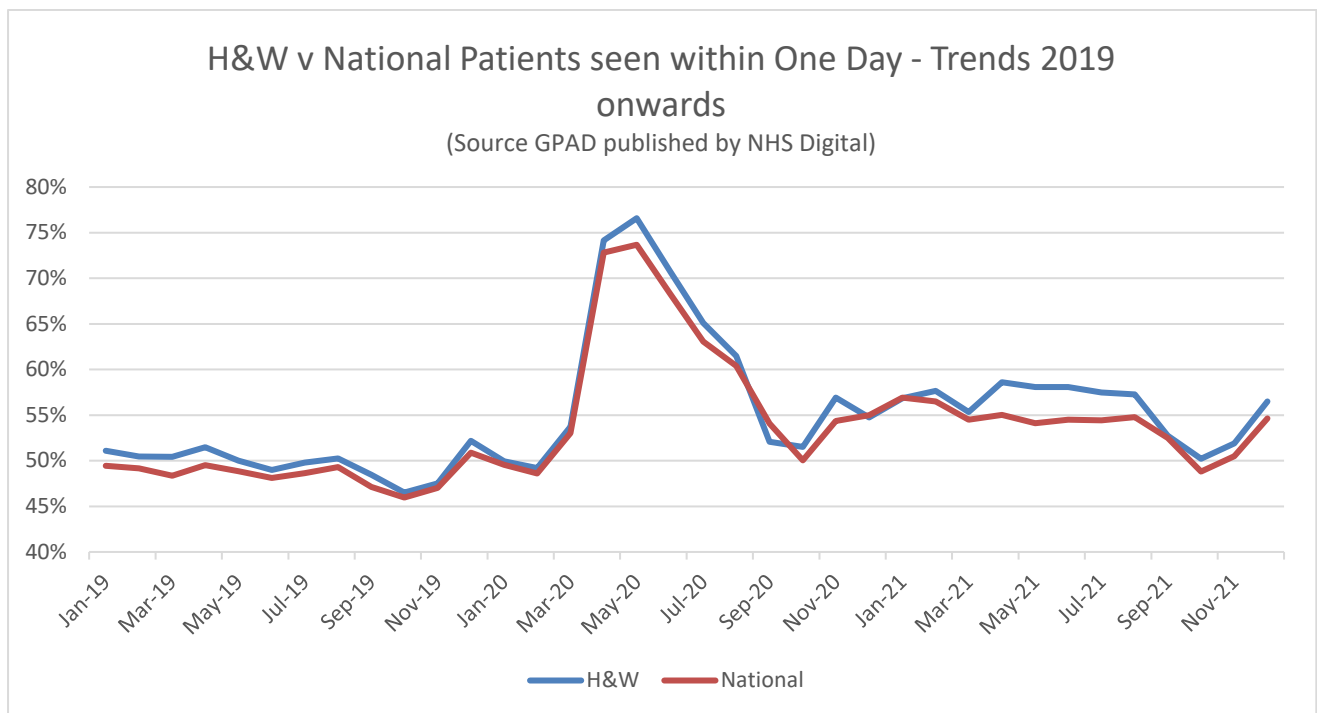
Graph 1c – GP Appointment Rates



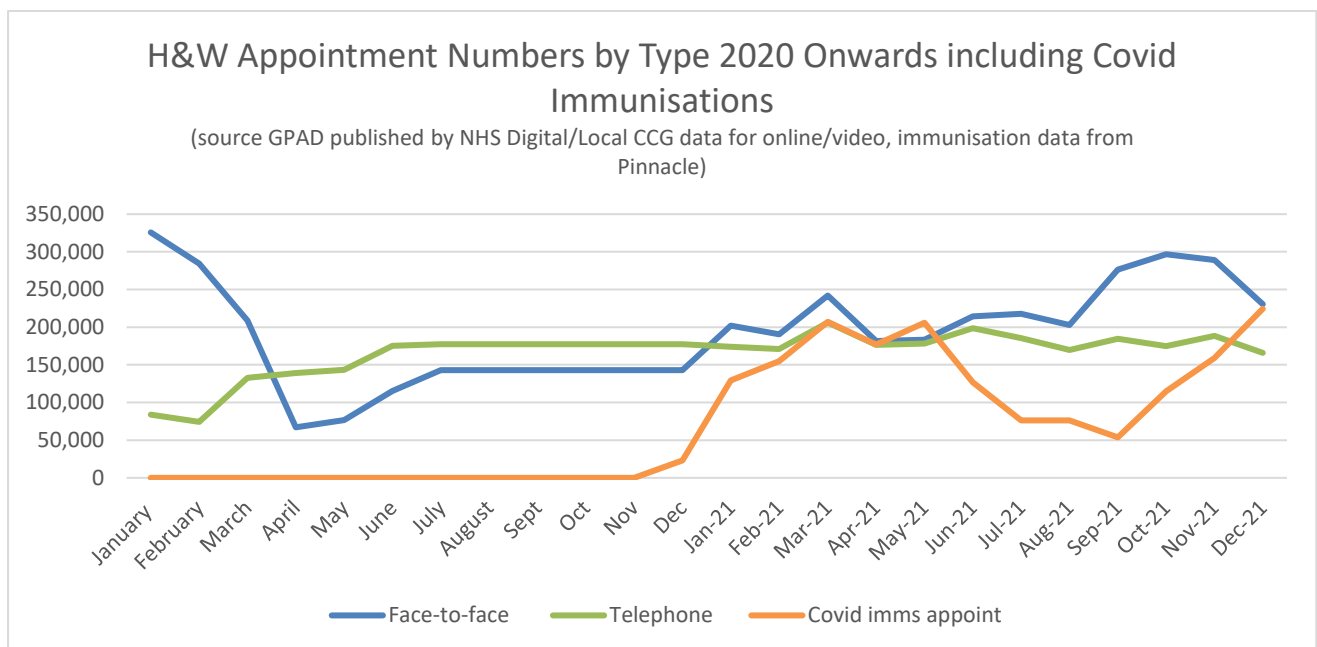
Graph 1d – Face to Face and Telephone Appointments



Graph 1e – Patients Seen with 1 day



Graph 1f – Main Appointment Types Including Covid Immunisations



Appendix 2 – Workforce Data

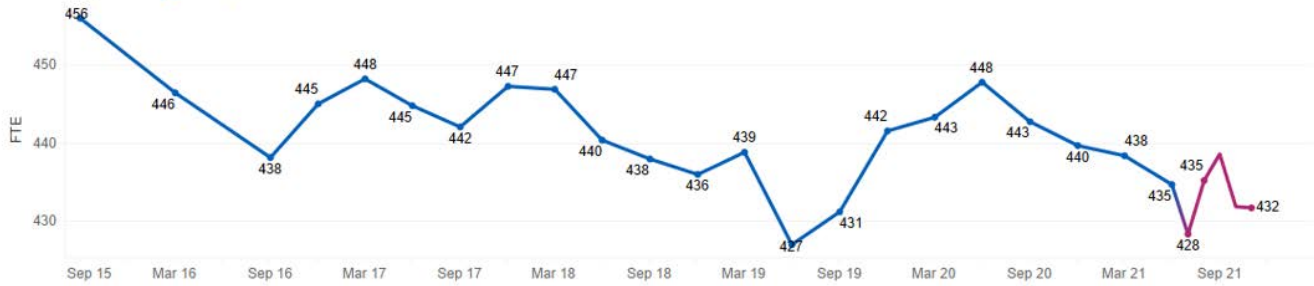
Graph 2a and 2b – GP Workforce (to November 21)

GP Workforce Dashboard Staff Group Trend

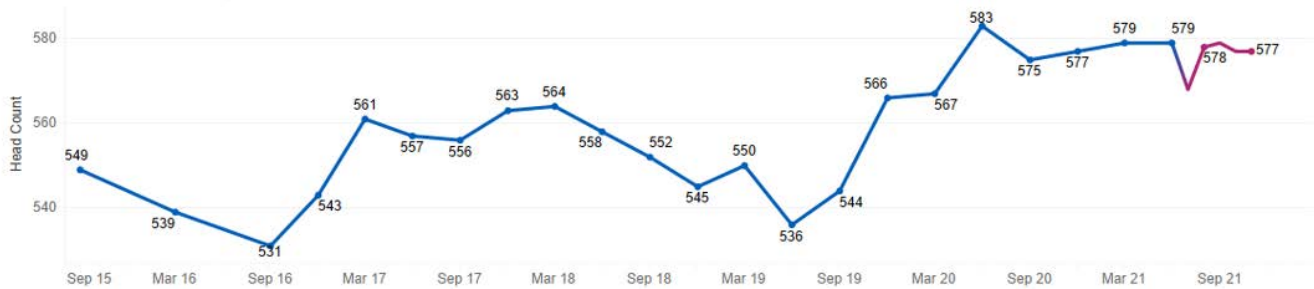


Region Name Midlands ICS Name Herefordshire and Worcestershire CCG Name All Staff Group GP (excl Registrars) Staff Role All

FTE - GP (excl Registrars) - All - November 2021



Headcount - GP (excl Registrars) - All - November 2021



Change in colour denotes move from quarterly to monthly publications by NHS Digital

Graph 2c and 2d – Registrar Workforce

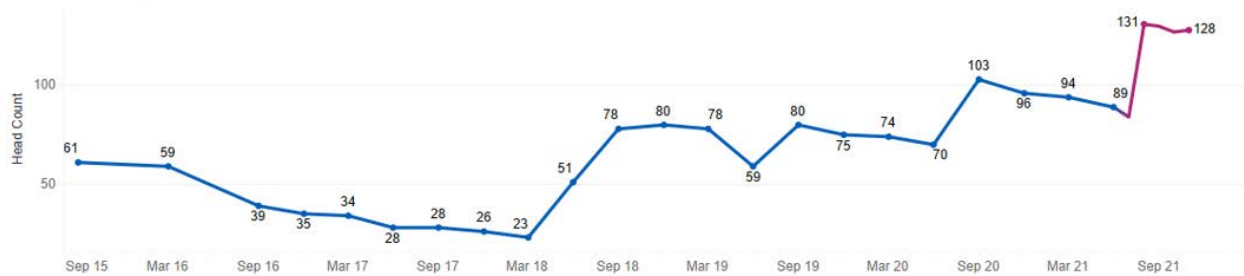
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FTE - Registrar - All - November 2021



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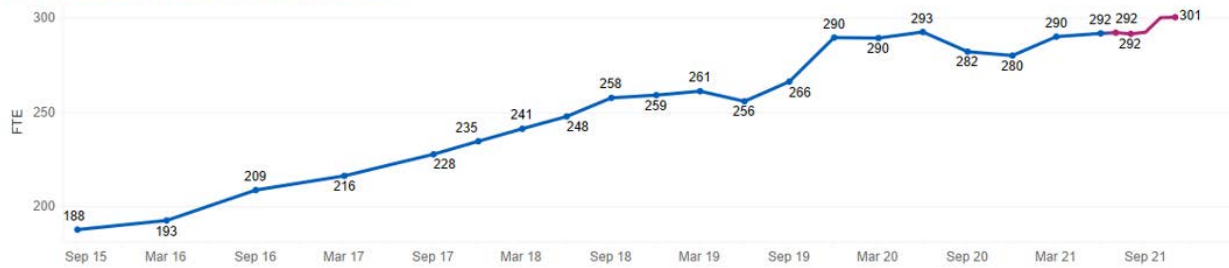
Graph 2e and 2f – Clinical Staff Providing Direct Patient Care

GP Workforce Dashboard Staff Group Trend

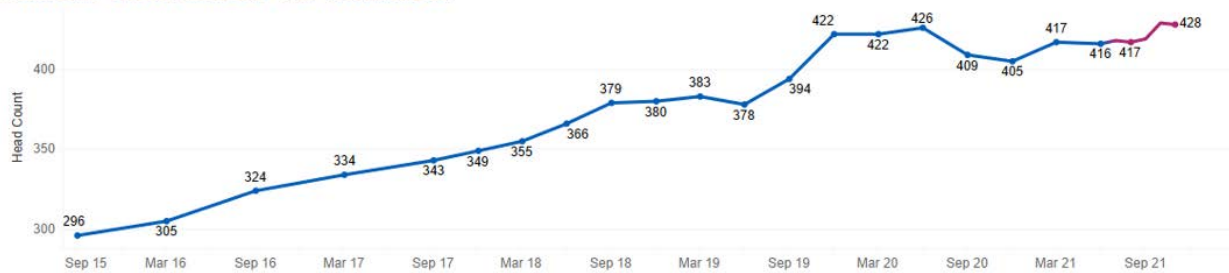


Region Name Midlands ICS Name Herefordshire and Worcestershire CCG Name All Staff Group Direct Patient Care Staff Role All

FTE - Direct Patient Care - All - November 2021



Headcount - Direct Patient Care - All - November 2021



Change in colour denotes move from quarterly to monthly publications by NHS Digital

Table a - Support for Recruitment and Retention

Available to all GPs (including locums) GP Workforce Clinical Lead – Single Point of Access for GP Retention/GP Mentoring/Portfolio Role Grants/GP Medical Education Academy/Training Hub for Education – Events and Jobs/Supported Welcome Back to Work/Flexible GP Pools/GP Workforce.











Early Career GPs ST1 to 5 years post CCT	Mid-career GPs >5 years post CCT	Late Career GPs within 10 years of retirement
<ul style="list-style-type: none"> • Fellowships programme for newly qualified GPs • Next Generation GP programme • Mentoring • Virtual Peer Support • Quality Improvement training • Partnership development • Clinician Welcome Pack • First 5 network – on various channels 	<ul style="list-style-type: none"> • Phoenix GP programme • Balint Groups/Networking/Air and Share/Virtual Peer Support • Quality Improvement training • Mentoring and Mentor opportunities • Partnership development and Leadership Opportunities • GP trainer • GP appraiser • Join GP Support Team 	<ul style="list-style-type: none"> • Mentor opportunities • GP appreciation events • Late Career options sessions • Teaching opportunities • National GP retainer scheme • Retirement options discussion • GP appraiser • Join GP Support Team

Wellbeing and other initiatives:

- Recruited a Primary Care Wellbeing Programme Support Officer to support the delivery of the pilot until March 2022 and an existing staff member has taken on additional working hours to create a Wellbeing Team.
- Engaged with all Primary Care Contractors through their professional networks and committees, which included sharing wellbeing surveys, informal interviews and established a Wellbeing Advisory Group which oversees delivery of the pilot, with representatives from across the Primary Care contractor groups and NHS England.
- The ShinyMind App has been extended to across all Primary Care contractors, with users now exceeding 700.
- The Primary Care Wellbeing Team have worked with Integrated Care System (ICS) colleagues to offer training and support to all frontline staff to recognise different aspects of difficult situations that they may encounter and to be able to understand and be aware of the different methods of resolving such situations on a face-to-face basis or over the telephone. A total of 56 sessions and over 600 places have been made available for free.
- The Primary Care Staff Ethnically Diverse Network has now expanded to include all primary care contractors, with champions in the process of being recruited.
- Mentoring for Community Pharmacy has been established, based on the learning and success of the local General Practice mentoring scheme.

- The Training Hub have provided additional licences for users to access online leadership development and training for all primary care contractors.
- Based on the success of the targeted wellbeing sessions provided to general practice during the pandemic, and the staff survey feedback, interactive wellbeing sessions have been provided virtually to all primary care contractors.
- Contractors have been encouraged to have Health and Wellbeing conversations and attend relevant free training to support their teams.
- Primary Care Networks are delivering small local projects to support staff wellbeing, with 4 of the 11 PCNs commencing this support in the last month.
- The Primary Care Wellbeing Team have developed an open page on Teamnet (<https://bit.ly/HWWellbeingPilot>) for all contractors to outline the offers available as part of the pilot, along with regular communications to distribution lists via email (the preferred method of contact) and have also used social media.
- Employee Assistance Programme - that gives employees 24-hour access to confidential support, professional advice and short-term counselling to help them deal with personal and work-related problems that are impacting their physical and mental well-being at work.
- Exploring other opportunities recognising the current strategic importance of looking after the workforce alongside the current pressures eg:
 - i. Wellbeing conversation tool kit and stress risk assessment tools.
 - ii. Enhanced Occupational Health offers for stress and burnout.
 - iii. On-line health and wellbeing health checks and reports.
 - iv. Promotion of links to other services and support eg Mental Health Hub, Local Authority wellbeing programme, third sector initiatives etc.

Appendix 4 – H&W CCG Achievement in the National Patient Survey 2021

2021 Patient Survey % Good	2020 Result for H&W	H&W 2021	National	2021 v 2020 H&W
Overall experience	87%	87%	83%	
Getting through on the phone	70%	75%	68%	
Ease of online services	80%	78%	75%	
Choice of appointment	62%	70%	69%	
Satisfaction with appointment offered (type)	77%	84%	82%	
Overall experience of making an appointment	71%	75%	71%	
Given time for appointment	90%	93%	91%	
Satisfaction with appointment (times)	67%	70%	67%	
<i>In hours (when they are not happy with the appointment and do not take it) do they go to A&E</i>	9%	3%	8%	
<i>When the GP is closed do, they go to A&E</i>	35%	26%	26%	

Appendix 5 – Summary of the Winter Access Fund (Plan on a Page)

