

IMPROVING ACCESS FOR PATIENTS AND SUPPORTING GENERAL PRACTICE

Rutland HOSC

November 2021

Summary of Key Requirements

Planning Guidance published on 14/10 for improving access for patients and supporting general practice sets out the following requirements:

- Increase and optimise capacity
- Address variation and encourage good practice
- Improve communication with the public – including tackling abuse and violence against NHS Staff

Additional funding capacity between November and March of £250m 'Winter Access Fund' to support:

- Improvements for on the day, urgent care need – increasing capacity either at practice/PCN or both level
- Increase resilience of the NHS UEC system during winter by expanding same day urgent care capacity through other services for type 3 and 4 services

Local systems need to determine the optimal use of the funding inline with local issues and solutions aligning to national expectations and requirements

The amount deployed will depend on local systems being able to demonstrate value including a quantification of the scale of increase capacity and expected impact

Maximum indicative amount will be calculated based the CCG PC weighted capitation formula

Plan submission is required in order to release this funding by 28th October – assured by the ICS Board

Engagement with CDs and LMC required to inform the plan

Key Metrics

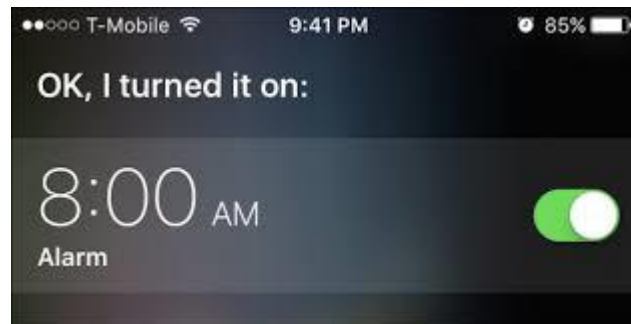
The system needs to submit a plan to deliver against the following key metrics for the Winter Access Fund:

- **All practices to achieve at least pre-pandemic activity levels for the equivalent period**
- **Increase overall appointment volumes in general practice and ensuring they reflect the full deployment of ARRS Staff**
- **Increase proportion of face to face appointments with GPs**
- **Minimise 111 calls in hours and avoidable ED attendance that could have been seen in General Practice**
- **All practice to sign up to CPCS by December making full use of the scheme**
- **Systems will be required to produce fortnightly update report for the region – linked to the UEC Winter Plan**

The key wicked issue for access (1)

- PCN / place based call centre model – build on local models
- Practice based best practice – Duty Doctor model, every patient that needs to be seen is seen

The 'ring at 8am' model



The key wicked issue for access (2)

Collaborative working across CCG, Primary Care, the LMC and the LPC to support:

- Community Pharmacy Consultation Service (“CPCS”) – target of 100% engagement and active referrals by December 2021
- Reduction in the numbers of telephone calls received in General Practice by
 - NHS App – access to appointment booking and prescription ordering
 - Online Consultations – EngageConsult or AccuRX
 - Electronic Repeat Dispensing
 - Self-Care – key link with Comms Big Conversation messaging
 - Active Signposting

Creating capacity to deal with demand



RUTLAND SNAPSHOT

Rutland Winter Access Plan

Rutland has submitted a plan to invest additional funding to improve access over winter. The Primary Care Network intends to focus on the following areas:

- Provision of extra on the day appointments
- Increased number of phlebotomy (blood test) appointments
- Undertaking health checks for patients with long term conditions
- Investing in software and staff training to make processes more efficient and free staff time
- A PCN wide Patient Participation Group has recently been established that will seek to share best practice across all 4 Rutland practices, supporting collaboration and engagement on health care services on a local level

Rutland Access Data

Review of the access data for Rutland has demonstrated:

- More appointments being provided now than in 2019
- 59% of all appointments are currently face-to-face (compared to 38% for Leicestershire on average)
- Lower than average attendances at Emergency Departments
- More overall appointments being provided by practices in Rutland than average in other areas

Workforce Solutions

- Supporting PCNs to maximise use of ARRAs through a range of initiatives addressing; supply, recruitment and retention.
 - System recruitment solution of key roles including paramedics, mental health practitioners and Trainee Nurse Associates
 - Development of 3rd Party approach to address backlog recruitment.
 - Dedicated primary medical workforce team supporting PCNs with planning and removing barriers to recruitment and retention.
- Digital GP Locum bank pilot to commence in November with full role out December 2021
- Range of Primary Care Workforce Resilience Projects supporting 4 key priorities
- Bespoke Primary Medical Care Health and Wellbeing offer launched in October to support increasing resilience and retention

RUTLAND HEALTH PRIMARY CARE NETWORK



Current Activity

- The Kings Fund recommends the safe number of clinical contacts per week to be 75 per 1000 patients.
- A manual count of available appointments in an average week (7th June) shows that every practice exceeds this.
- As a PCN our list size was 41037 that week, meaning our safe number of contacts would have been 3078.
- We provided 4190 – more than 1000 above recommended.

Additional Staff

- Social prescriber link worker – RISE team in partnership with Rutland County Council.
- First contact practitioner – First contact for patients with muscle, joint and bone problems. Increased from 1 physiotherapist to 1.5 in October 2021.
- Clinical pharmacists – medicines management and structured medication reviews. (5 whole time equivalent pharmacists)
- Health and well-being coach – increasing screening uptake, proactive care, weight management.

Additional Staff

- Physician associate – some same day minor illness, and some reviews of people with multiple long-term conditions.
- Care coordinator 1 – Covid vaccination boosters for care home and housebound people. Proactive care and immunisations.
- Care coordinator (2) – out to advertisement proactive care and prevention.
- Mental health practitioner – from 6/12/21

Additional staff appointments

	Social Prescribing Referrals	Pharmacist Consultations	First Contact Practitioner Consultations	Health and Wellbeing Coach Consultations	Physician Associate (to April 21)
Total	238	6200	1025	49	167

Alternatives to GP appointments

- Mental health central access point 0808 800 3302 (freephone 24/7 helpline)
- Mental Health – Vitamins <https://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/leicester-leicestershire-rutland/>
- Direct access physiotherapy 0300 300 0046
- Community Pharmacist Consultation Scheme

Winter Access Plan

- Increased GP appointments – additional capacity
 - Telephone appointments with GPs working remotely
- Automated telephone triage – book appointments 24/7, free phone lines.
- Remote document management – free up clinicians' time
- Dedicated admin staff to triage digital consultations – free phone lines
- Additional phlebotomy – improve backlog
- Staff bank - additional clinical capacity

OAKHAM MEDICAL PRACTICE UPDATE

Improvements at Oakham (1)

- Requirement for same day access:
 - Redesigned the Acute Care Access model which now operates with an appropriate team of clinicians rather than two GP individuals. Same Day Team (SDT) operates with HCA/ Advanced Practitioner/ Triage Clinician/ Minor Illness Nurse/ Minor Injury Nurse/ GP- with joint capacity to manage on the day acute activity.
- Additional clinical capacity:
 - Currently in the process of producing a business case to look at the re-purposing of a waiting room in to two additional clinical rooms in conjunction with RCC and utilisation of S106 funding.
 - Continuation of the Covid Vaccination Programme – boosters
 - Additional phlebotomy capacity across the PCN to reduce backlog of long term conditions management post Covid pandemic.
 - Employing locum cover from existing clinical staff or locums to provide pre-defined sessions. This will increase same day provision and face to face provision, as more telephone appointments will be dealt with by locum cover.
 - **Back to pre-pandemic capacity from 1st December 2021**

GP to Patient ratio

Requirements

Recommended GP to patient ratio =
1 GP = 2283 pts

OMP Registered List Size as at
01/10/2021 = 15627

Recommend number of GP's for current
list size = 6.8 FTE

This is **61** sessions of GP time

Actual

From the 1st December 2021, Oakham
Medical Practice will be providing **61.5**
sessions of GP time

We also have senior staff employed in
roles to see advance clinical conditions:

- Advanced Nurse Practitioner = 2 FTE
- Advanced Clinical Practitioner = 1.8 FTE
- Trainee Advanced Clinical Practitioner = 1.0 FTE
- 2.8 FTE ST3 GP registrars

Improvements at Oakham (2)

- Better patient information:
 - New website now live which will include a dedicated patient resource hub, allowing them to better understand how we operate our clinics/manage expectations and provide important information to share at the point of joining us as a new patient or with a new condition;
 - Informing patients of access options are presented to patient when they are waiting to be answered by PST, this includes visiting the website for self-help information, sign up for S1 online to book appts/req meds and clicking on the 'Contact us' link/picture on our website which will take them to the online consultation tool- AccuRx. This is being reviewed and updated.
 - New OMP twitter account which sends regular feeds with relevant local and national information as well as updating patients on how we are operating as we continue to develop and return to routine services
 - Working with the PPG on communicating the impact of 'wasted appts'. *363 DNAs account for over 30 hours of lost clinical input lost and unable to be re-utilised, equivalent to nearly 1 FTE Clinical staff. DNA in last 3 months = 800 in total, circa 16% of all appointments (66 hours of clinical time lost and unable to be re-utilised) equivalent to nearly 2 FTE Clinical Staff*

Improvements at Oakham (3)

- Online booking:
 - Recently setup online appts for non-clinical activity, allowing patients to book in for a contact with the 'Medicines Management Team' or 'Secretaries' etc.
- Telephone System change:
 - Telephone announcements have reduced to allow patients to join queue to be answered immediately.
 - Call position and average time to wait is also given.
- Learning from best practice:
 - Practice Leads/ Managers and Dr Pearson have attended the 'Smoothing Patient Flow' pilot to improve the way we signpost patients to the most appropriate services we have an easily and effectively set up a series of systems that can enhance their experience. This is ongoing but some very good work achieved and will become an on-going improvement project for the Practice in other elements of work.

Summary

- All four Rutland practices are experiencing challenges to capacity caused by increased demand, backlog and workforce.
- CCG plans are in place to support practices.