



North East London

GP Access

Briefing for the Health in Hackney Scrutiny Committee, 13th June 2023

City & Hackney PBP



North East London

GP workforce and access

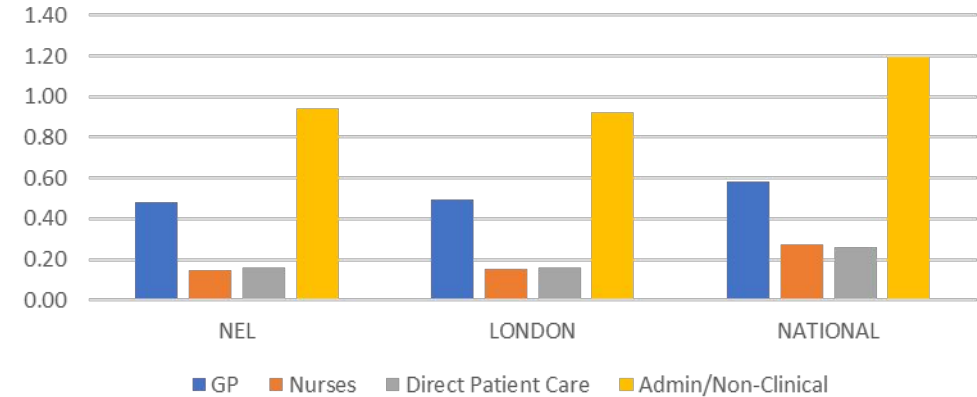
Data update – Oct-22 to Mar-23

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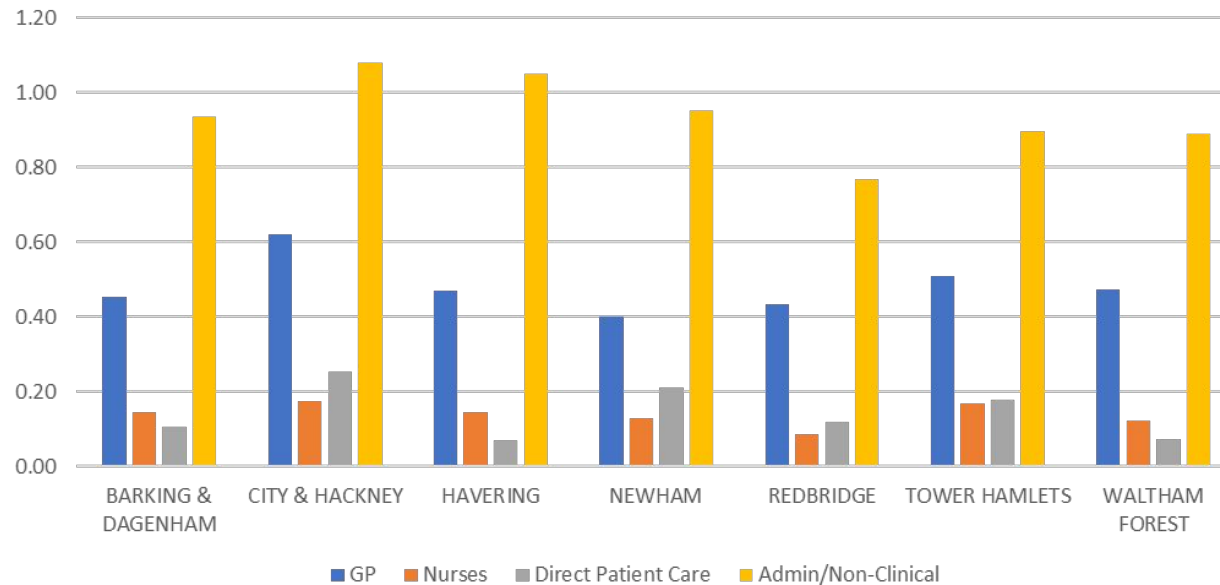
GP workforce – staff type, FTE per 1000 patients

- On average, NEL has fewer staff per 1000 patients than the national average in all categories
- The difference equates to 17% fewer GPs and 44% fewer nurses
- NEL is broadly comparable to the rest of London

Staff type, FTE per 1000 patients, Mar-23



Staff type, FTE per 1000 patients, Mar-23

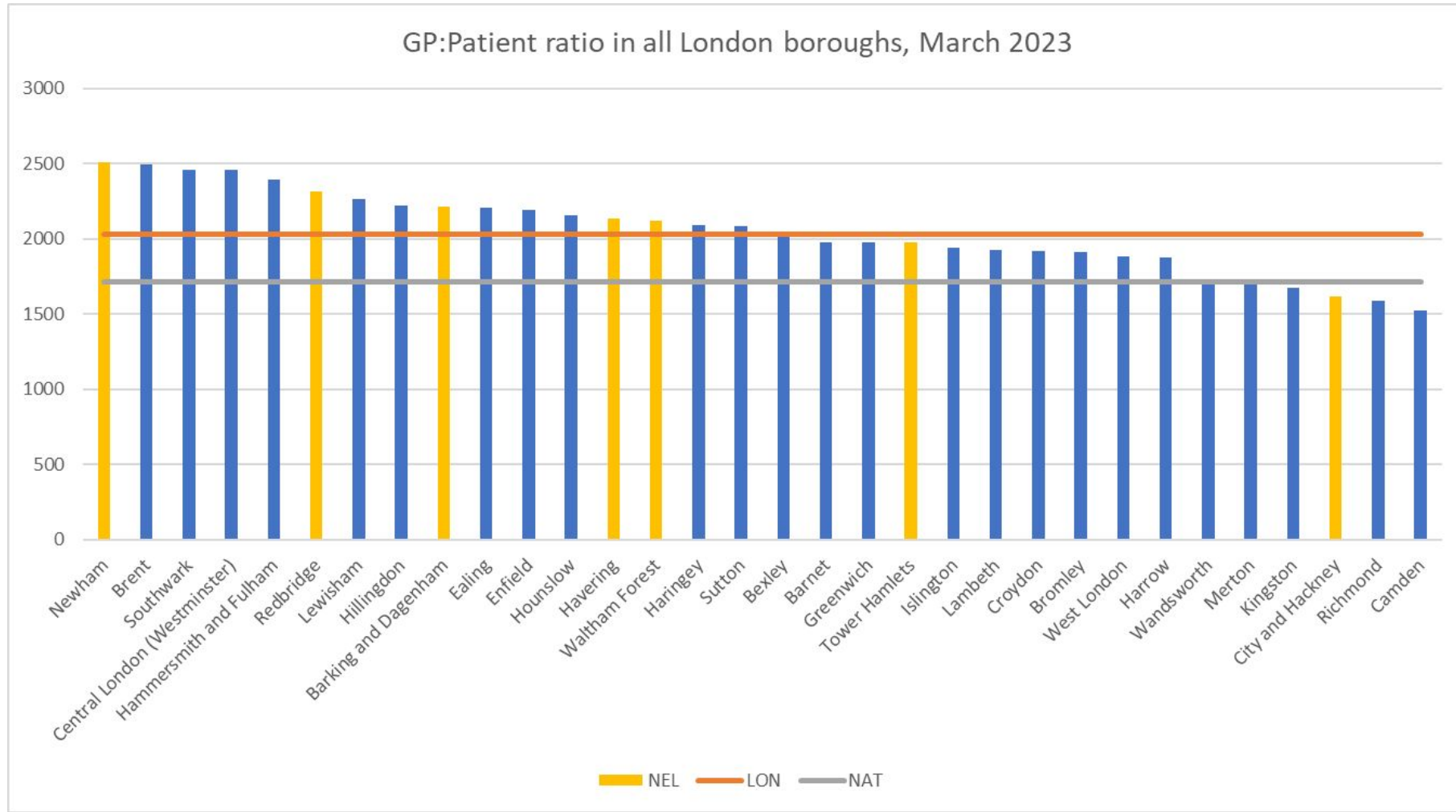


- Taken alone, staff numbers per 1000 patients in City & Hackney are more comparable to national averages and even slightly higher in relation to GPs - and is high relative to other London Boroughs (see next slide)

Source:

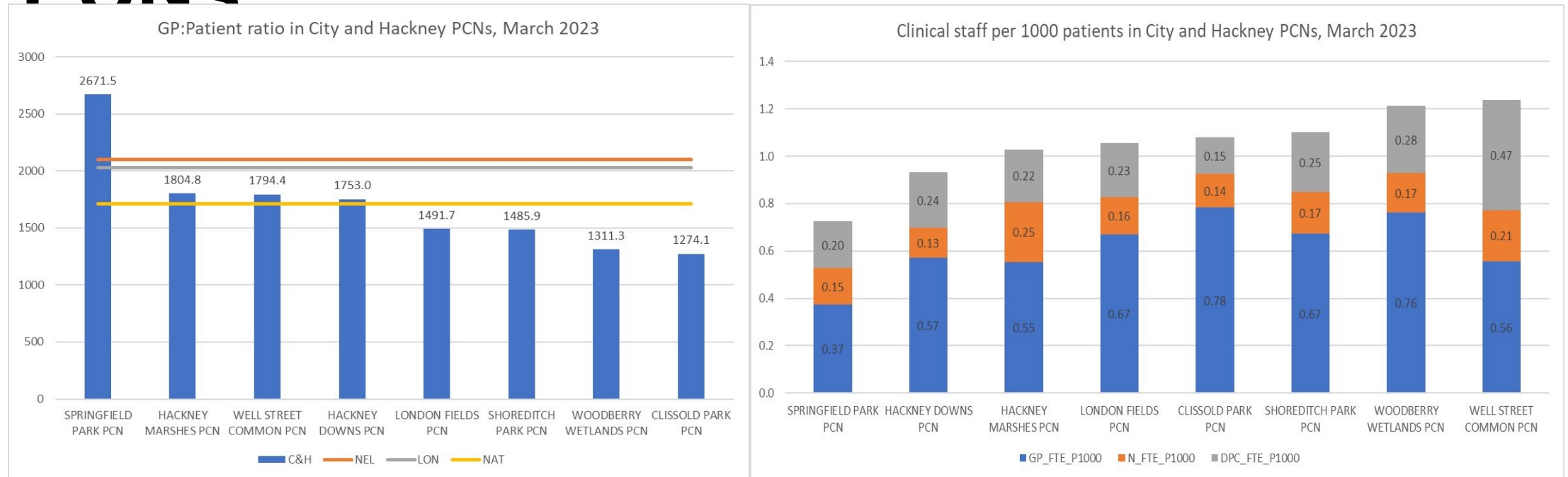
<https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-march-2023>

GP workforce – GP:Patient ratio, London



Source: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-march-2023>

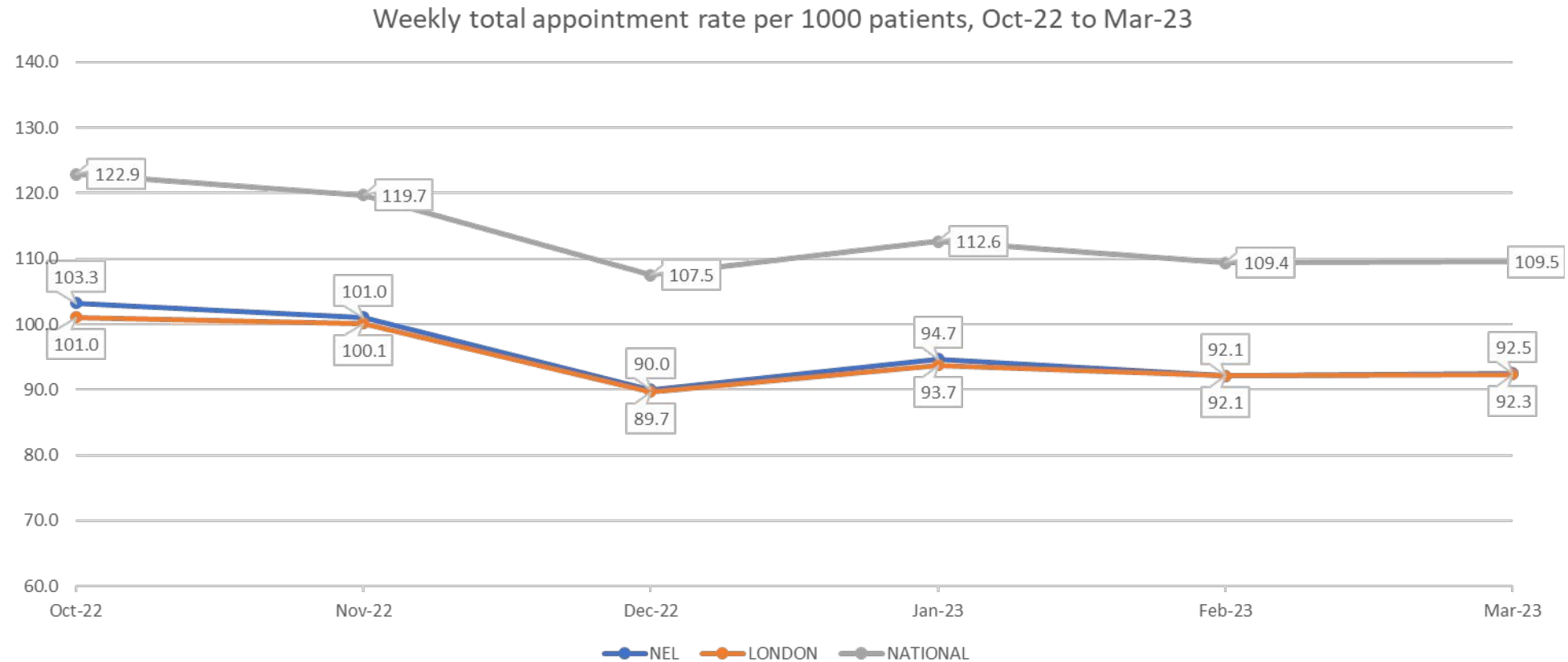
GP workforce – City and Hackney PCNs



- These charts show primary care workforce at the eight City and Hackney PCNs
- On the left is GP:Patient ratios for each PCN. Seven PCNs have fewer patient per GP FTE than the London and NEL averages, with four below the national average. The exception is Springfield Park PCN, which has more patients per GP than the NEL average
- The chart on the right shows clinical staff (by group – GP, nurse, direct patient care) per 1000 registered patient. Clissold Park PCN has the highest number of GPs but lower number of other clinical staff groups. Well Street Common PCN has the most clinical staff per 1000 patients but third lowest number of GPs
- This data set does not indicate where practices are carrying GP vacancies that they are unable to fill.

GPAD – National, regional and NEL

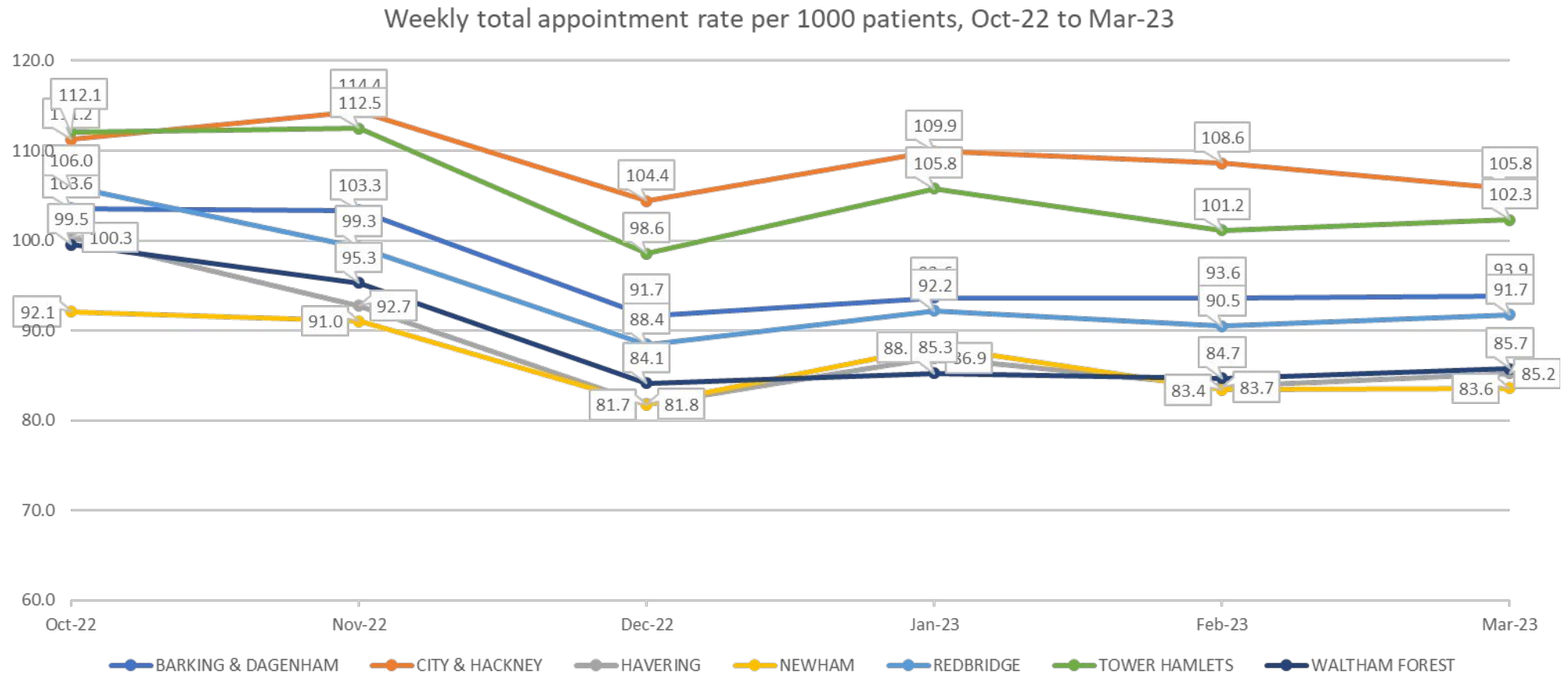
- Chart below shows the rate of booked appointments per 1000 registered patients per week in each month from Oct-22 to Mar-23
- Nationally, the weekly rate of appointments was 19% higher on average than NEL during this period
- Rate of appointments in NEL is very slightly higher than the rest of London



Data source: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

NEL GPAD place/borough level

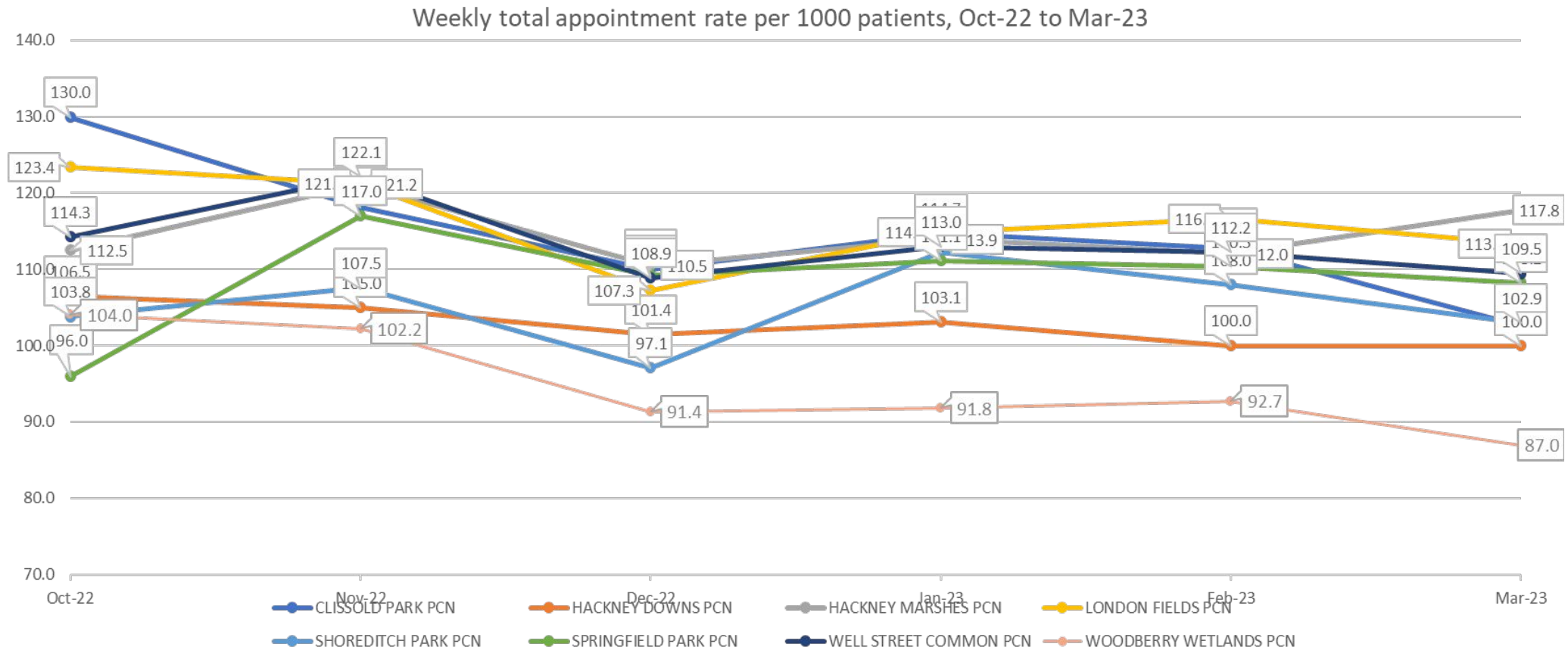
- Chart below shows the same metric as the previous slide but at place level within NEL
- In City & Hackney, the weekly rate of appointments was 14% higher on average than NEL during this period but 4% lower than the national average



Data source: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

GPAD – City and Hackney PCNs

- The chart below shows the same metric as the two previous slides for City and Hackney PCNs
- All eight PCNs have an average weekly consultation rate that is similar to or higher than London, seven are higher than the NEL average and three are higher than the national average



Data source: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

“GP Appointment Data” (GPAD) - appointment mode

PCN	Face-to-Face	Home Visit	Telephone
BARKING & DAGENHAM	73.9%	0.3%	24.7%
CITY & HACKNEY	75.6%	0.4%	23.9%
HAVERING	73.4%	1.2%	25.3%
NEWHAM	61.0%	0.2%	38.8%
REDBRIDGE	68.0%	0.4%	31.0%
TOWER HAMLETS	59.4%	0.5%	40.1%
WALTHAM FOREST	55.3%	0.4%	42.8%

- City & Hackney has a higher proportion of face to face appointment than the NEL (66%), London (65%) and national (70%) averages.

PCN	Face-to-Face	Home Visit	Telephone
CLISSOLD PARK PCN	69.6%	0.9%	29.5%
HACKNEY DOWNS PCN	77.1%	0.4%	22.5%
HACKNEY MARSHES PCN	77.5%	0.6%	22.0%
LONDON FIELDS PCN	77.3%	0.2%	22.5%
SHOREDITCH PARK PCN	79.3%	0.0%	20.7%
SPRINGFIELD PARK PCN	66.5%	0.2%	33.3%
WELL STREET COMMON PCN	79.6%	0.3%	20.1%
WOODBERRY WETLANDS PCN	75.9%	1.5%	22.6%

- Only Clissold Park and Spring Park PCNs have a lower proportion of face to face appointments than the City and Hackney average.

GPAD – time between booking and appt

Place	Same Day	1 Day	2 to 7 Days	8 to 14 Days	15 to 21 Days	22 to 28 Days	More than 28 Days	Unknown / Data Issue
BARKING & DAGENHAM	40.49%	9.12%	25.06%	14.02%	6.55%	2.75%	1.83%	0.18%
CITY & HACKNEY	53.30%	10.69%	19.37%	9.50%	4.06%	1.71%	1.32%	0.05%
HAVERING	36.84%	8.20%	19.44%	14.13%	9.16%	5.60%	5.82%	0.82%
NEWHAM	35.94%	12.53%	29.36%	12.36%	5.38%	2.53%	1.54%	0.36%
REDBRIDGE	45.86%	10.29%	24.37%	11.42%	4.60%	2.01%	1.37%	0.09%
TOWER HAMLETS	41.36%	11.43%	24.96%	12.33%	5.24%	2.52%	1.68%	0.48%
WALTHAM FOREST	47.03%	9.80%	21.01%	12.98%	5.34%	2.23%	1.16%	0.47%

- Over half of C&H appointments take place on the same day they were booked, with 93% taking place within two weeks
- These are the highest proportions in NEL and are higher than the averages for London (44% same day, 89% within 2w) and England (43% same day, 83% within 2w)

PCN	Same Day	1 Day	2 to 7 Days	8 to 14 Days	15 to 21 Days	22 to 28 Days	More than 28 Days	Unknown / Data Issue
CLISSOLD PARK PCN	44.91%	12.73%	22.24%	11.37%	6.02%	1.72%	0.99%	0.03%
HACKNEY DOWNS PCN	57.66%	7.96%	17.77%	9.05%	4.59%	1.72%	1.25%	0.01%
HACKNEY MARSHES PCN	55.67%	10.24%	17.94%	8.83%	3.33%	1.82%	2.09%	0.09%
LONDON FIELDS PCN	59.27%	13.08%	17.59%	6.12%	2.08%	0.95%	0.80%	0.11%
SHOREDITCH PARK PCN	50.78%	11.28%	21.40%	8.85%	3.96%	2.07%	1.65%	0.01%
SPRINGFIELD PARK PCN	62.13%	11.04%	15.77%	6.79%	2.02%	1.13%	1.11%	0.01%
WELL STREET COMMON PCN	47.19%	9.38%	21.91%	12.87%	5.23%	2.07%	1.30%	0.06%
WOODBERRY WETLANDS PCN	44.40%	8.01%	21.00%	15.43%	7.16%	2.57%	1.39%	0.03%

- Springfield Park PCN have the highest proportion of appointments taking place on the same day they were booked
- Over 90% of appointments at seven PCNs take place within two weeks of booking. The only exception is Woodberry Wetlands with 89% taking place within two weeks

Data source: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice> - Data shown for Oct-22 to Mar-23

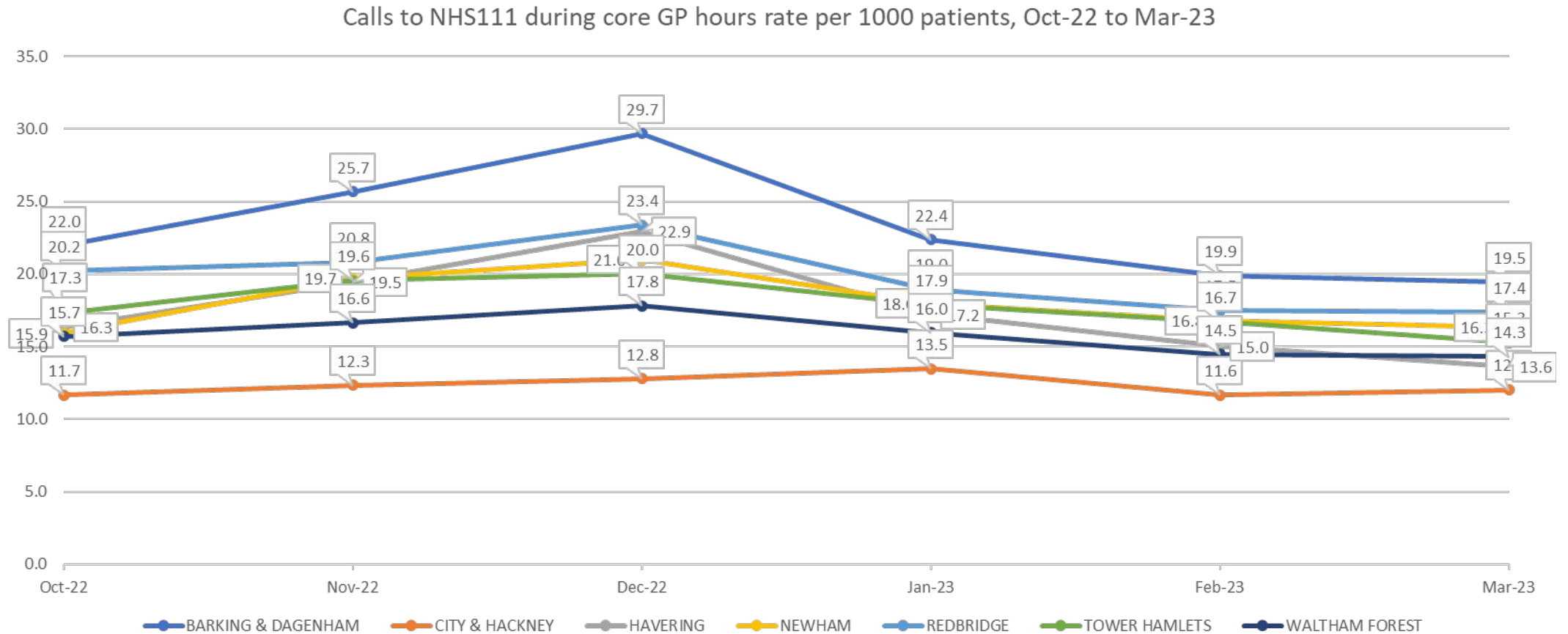
Duty Doctor

- The higher proportion of same day appointments in C&H is in part due to the Duty Doctor service. Audit data for each quarter in 22/23 is shown in the table below
- The average number of calls from patients during the audit weeks constitutes approximately 10% of the average weekly same day appointment activity at C&H practices

Period	PATIENTS			PROFESSIONALS		
	Total number of Duty Doctor calls received from PATIENTS during audit week	Number of PATIENT calls audited for adherence to response times	Number of PATIENT calls responded to (%) within the KPI response time	Total number of Duty Doctor calls received from PROFESSIONALS during audit week	Number of PROFESSIONAL calls audited for adherence to response times	Number of PROFESSIONAL calls responded to (%) within the KPI response time
Q1 April – June 2022	1,613	655	655 (100%)	192	181	181 (100%)
Q2 July – September 2022	1,835	601	600 (99.8%)	165	156	165 (100%)
Q3 October – December 2022	1,917	623	621 (99.7%)	167	153	153 (100%)
Q4 January - March 2023	2,054	614	613 (100%)	212	193	193 (100%)
Average total per audit week	1,855			184		

Duty Doctor and impact on NHS111 calls

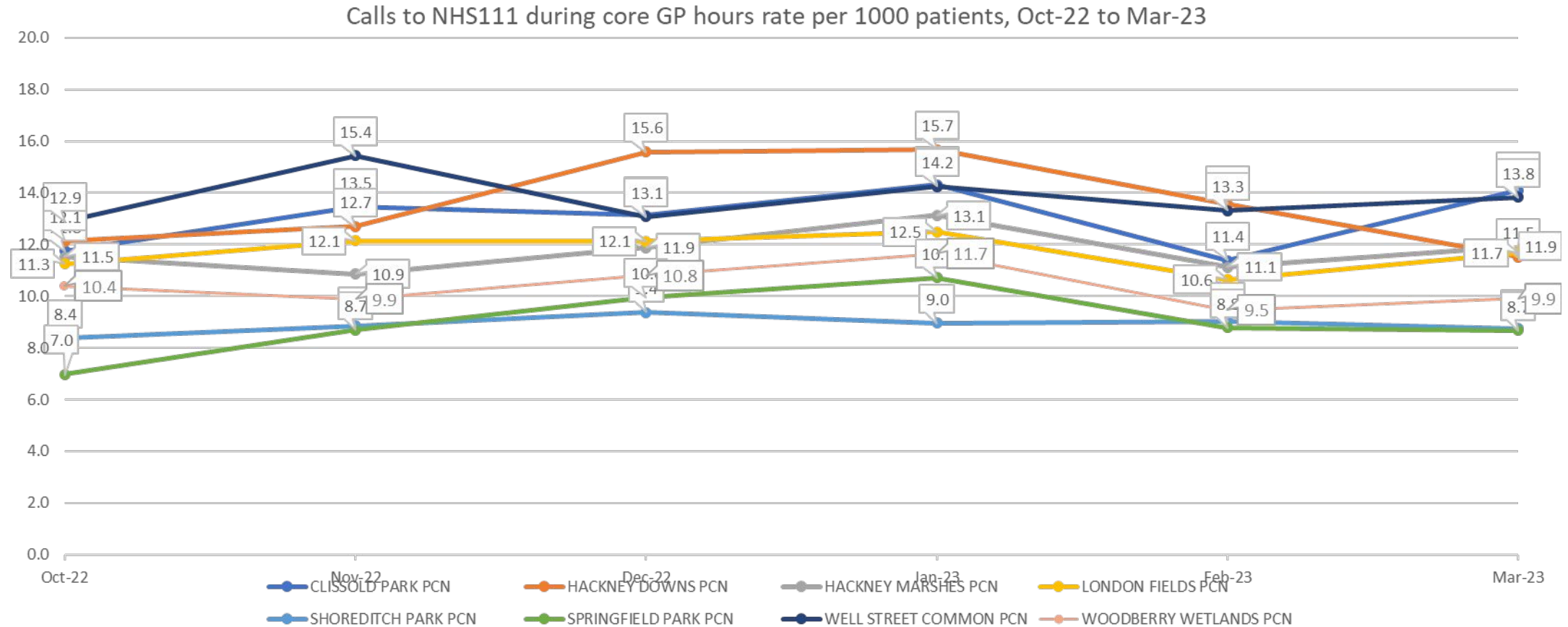
- Chart below shows the rate of calls per 1000 patients to NHS111 during core GP hours from Oct-22 to Mar-23
- The rate for City and Hackney practices is approximately 30% lower each month than the NEL average



Data source: PRM data Oct-22 to Mar-23

Call to NHS111 – City and Hackney PCN

- Chart below shows the same metric as the previous slide but for City and Hackney PCNs
- All eight PCNs are below the NEL average in each month between Oct-22 and Mar-23



Data source: PRM data Oct-22 to Mar-23



North East London

GP Contract 2023/24

Access requirements of GPs and PCNs for the coming year

City & Hackney PBP

GP contract changes 2023/24

The focus for contractual arrangements for 2023/24 is on **supporting teams** and **improving patient access and experience**

This is the last year of the five year GP contract reform framework, [Investment and Evolution](#) (2019), which was introduced to deliver the commitments set out in the [NHS Long Term Plan](#).

The headline changes to the 2023/24 contract are:

- Improving **patient experience and satisfaction of access** – offer of assessment or signposting at first contact with practice, all routine appts within two weeks, mandated use of Cloud based telephony
- A **streamlined approach to:**
 - **The Impact and Investment Fund (IIF)** – Five priority clinical indicators retained relating to flu vaccs, LD health checks, early cancer diagnosis and two week access. Introduction of Capacity and Access Payment to allow PCNs to focus on improvements to help manage demand and improve patient experience of access (see slide 3)
 - **Quality and Outcomes (QOF)** where there is a focus on staff wellbeing in the Quality Improvement (QI) module (see slide 4)
- Taking on board feedback from general practice:
 - expanding flexibility of the **Additional Roles Reimbursement Scheme (ARRS)** and
 - changes to **childhood immunisations**
- Freeing up **workforce capacity through reducing targets**
- Updates to **vaccinations and immunisations**

In recognition of the current workload pressures in general practice, no additional requirements have been added to the PCN service specifications in 2023/24, with only minor changes. These include guidance on suggested best practice for PCNs.

Capacity and Access Payments (CAP)

- Repurposes £246m (80%) of PCN Improvement and Investment Fund (IIF) monies to allow practices and PCNs to focus on improvements to access and patient experience
- Aim of this new indicator is to provide space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so improvement work can be data-led.
- 70% paid in monthly instalments to PCN in proportion to list size as capacity and access support payments (CASP)
- 30% capacity and access improvement payment (CAIP) subject to delivery of improvement plan

1. Capacity and Access support payment (CASP):

The PCN payment should be used to complete local improvement work including but not limited to:

- Consider, plan and implement local processes to ensure:
 - Patients offered an assessment of need signposted to an appropriate service, at 1st contact with the practice
 - Routine patient appointments are held within two weeks where appropriate
 - Prospective (future) record access is provided to patients by 31st October 2023
- Improved local use of data, & training (e.g. care navigation)
- Support achievement of the Access Recovery Plan

2. Capacity and Access Improvement Payment (CAIP):

- Will be made in respect of improvements in the 3 key areas outlined within the [guidance](#): i) patient experience of contact; ii) ease of access & demand management; and iii) accuracy of recording in appointment books
- By 12th May 2023, each PCN should have considered their baseline position and held an initial conversation with their commissioner about their approach to local access improvements – ***initial meetings between local PC team and PCNs already taken place***
- An *Access Improvement Plan (AIP)* should be finalised and agreed 30th June 2023

QI QOF

Quality Outcomes Framework in 23/24 contains two QI modules focused on access:

1. Optimising use of staff capacity and reducing avoidable appointments;
2. Workforce and wellbeing - Improving wellbeing, resilience, and risk of burnout for the GP workforce

Delivery plan for recovering PC access

NHSE published on 9th May, seeking to tie together a number of existing and new workstreams relating to access. It seeks to support recovery by focusing this year on four areas:

- **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
 1. better digital telephony – all practices to migrate to cloud systems with call queueing, auto call back, call routing
 2. simpler online requests
 3. faster navigation, assessment and response – along the lines of total triage models adopted during the pandemic
- **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
 1. larger multidisciplinary teams
 2. more new doctors
 3. retention and return of experienced GPs
 4. higher priority for primary care in housing developments
- **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

Full plan available at link below:

<https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

Delivery plan for recovering PC access

Commitment	Detail	Planned national enablers
<p>Empower patients</p> <p><i>Tools for patients to manage own health using NHS App and community pharmacy expansion</i></p>	<ul style="list-style-type: none"> Patients can see records & practice messages, book appointments and order repeat prescriptions via NHS app (90% practices by Mar 24) ICBs to expand self-referral pathways (Sept 23)¹ Expand pharmacy oral contraception and blood pressure services Launch Pharmacy First – supply prescription only medicines for 7 common conditions (Dec 23) 	<ul style="list-style-type: none"> Expand NHS.uk content Planned changes to VAT, flexibilities around supervision, dispensing Focus on interoperable digital solutions From 2026 updated training standards will ensure all newly qualified pharmacists are independent prescribers
<p>Implement ‘Modern General Practice Access’</p> <p><i>Tackle 8am rush - Patients know on the day how request will be handled, respecting appointment type preferences</i></p>	<ul style="list-style-type: none"> Support all practices on analogue lines to move to digital telephony, if they sign up by July 2023 - Transition all who sign up by Mar 24; All remaining practices must transition by Dec 25 Provide all practices with the digital tools, care navigation training & fund transition cover for those that commit to Modern General Practice Access before March 2025. Deliver training and transformation support to all practices from May 2023 through National General Practice Improvement Programme (GPIP). 	<ul style="list-style-type: none"> Financial and procurement support for digital telephony Fund uplifted framework tools for online consultation, messaging, self-monitoring, and appointment booking tools Care navigation training – every practice and PCN allowed to nominate one member of staff to undertake training ICBs invited to nominate and support practice take up GPIP offers, funding TBC
<p>Build capacity</p> <p><i>Practices can offer more appointments & add flexibility to the types of staff recruited and how they are deployed</i></p>	<ul style="list-style-type: none"> Employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 Expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England. Retain experienced staff through pension reforms and simpler routes back to practice for recently retired. Raise the priority of primary care facilities when allocating funds from new housing developments (LA planning guidance) 	<ul style="list-style-type: none"> Increase flex. by including apprentice physician associates and Advanced Clinical Practitioners Nurses Long Term Workforce Plan and additional ARRS support resources (to be published) Care navigator & digital & transformation staff training Campaign for GPs to return to general practice
<p>Cut bureaucracy</p> <p><i>Reduce workload across interface between primary and secondary care & medical evidence requests, so there is more time to focus on patients’ clinical needs</i></p>	<ul style="list-style-type: none"> Reduce time spent liaising with hospitals Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat. Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators. 	<ul style="list-style-type: none"> Streamlined the IIF from 36 to 5 indicators and repurposing funding as part of the Capacity & Access Payment