TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **7th September 2021**
Report for: **Information**
Report of: **Jason Bamford-Swift, Head of Primary Care Trafford CCG.**

Report Title

Primary Care Update September 2021

Summary

The report provides an update to the committee on the position in primary care in terms of demand, changes undertaken and new ways of working as a result of the covid pandemic and the ongoing work on quality improvement.

Recommendation(s)

The committee is ask to note the content of the report.

Contact person for access to background papers and further information:

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NHS
Trafford
Clinical Commissioning Group

Overview & Scrutiny Committee Briefing for Primary Care September 2021

1.0 Introduction

1.1 Since the outbreak of the Covid-19 pandemic, general practice and primary care has been at the forefront of the vaccination programme, whilst still delivering core primary medical services to the population of Trafford. From the outset, benchmarked across GM, Trafford CCG has been a consistent high performer in terms of the percentages of the population vaccinated.

1.2 The pressures across the whole health and social care system have been exacerbated with each new wave if covid infections. As such the system has been operating under a command and control system in order to manage the pandemic response.

1.3 Part of the system assurance is the GM resilience reporting. Each practice in GM has the ability to report its resilience and capacity, (via online portal), in order that there is overall sight of those practices rating themselves as "red". This allows the system to understand the specific reasons for the rating and offer a support package as appropriate.

1.4 The pandemic has brought particular focus on the health inequalities in Trafford. As such a work stream for improvement is on place with attention on improvement particularly in the north of Trafford (further details in section 5).

2.0 Increasing Demand on Primary Care

2.1 Primary Care continues to deliver its core services in the midst of the covid vaccination programme, as it has done throughout the pandemic.

2.2 The demand put on general practice has been unprecedented. On top of this, we are now seeing the demand for access to general practice continue to increase.

2.3 This rise in demand has partly been driven by several factors including but not exclusively;

- ill health and illness as a result of COVID-19
- unmet health needs as a consequence of the pandemic
- the backlog of elective care procedures
- reduced access to community services
- new demand created by opening a digital front door.

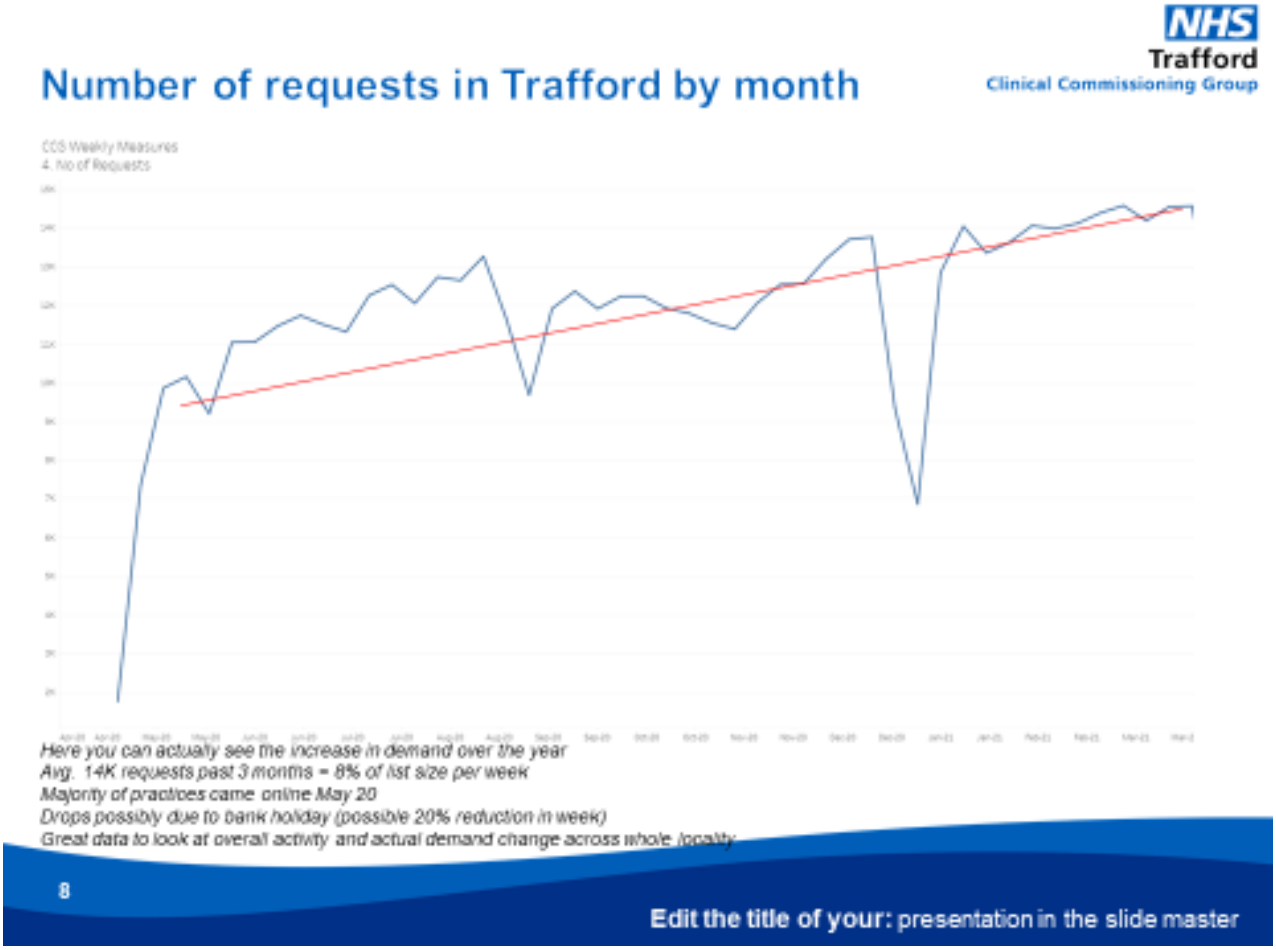
The issues are multifactorial and are not fully understood. Work is ongoing at Greater Manchester level to better understand the drivers of the increase.

2.4 The quality and outcomes framework (QoF) for general practice was suspended last year due to covid, this gave general practice more flexibility on managing the workload through the pandemic. However QoF was reinstated this year in spite of the continued covid workload placing more operational pressure on practices.

2.5 Although the demand has been rapidly increasing primary care is still the right place to support the majority of patients be it through holistic care, preventative care, supporting complex care and, when needed, providing urgent care.

2.6 In Trafford, currently approximately 8-10% of the registered list is contacting the practice every week. This was previously averaged at 6% of the list.

2.7 The chart below shows the activity trend over the last 12 months.



At a GM level, the same situation is being reported and appears to be system wide, Trafford is not atypical.

2.8 A GM level, a Task and Finish group was established (with Trafford representation) to rapidly mobilise a plan to support primary care in managing the rising demand for services. The group comprised primary care providers and commissioners, urgent care leads and communications and engagement. Following

discussions at the Primary Care Cell it was agreed that a system wide, targeted approach is required to support this programme of work.

2.9 The next steps will be work on priority areas; improved access, health wellbeing and resilience support, communications and engagement, workforce, and urgent care.

2.10 Further details of this work at GM level will be brought back for information as the programme becomes more detailed

3.0 System Changes to Business as Usual Working

3.1 Back in April 2020 (and before COVID hit) the national GMS contract outlined specific digital improvements in primary care, this included the requirement for all GP practices to purchase a digital system that gave the ability for patients to have an online consultation, then the ability to offer video consultations by April 2021. The need for this online platform magnified when the COVID pandemic hit and the population was required to stay at home. Practices had the choice to adopt a simple "add-on" product that allowed patients to submit requests into the practices that would usually take up to 3 working days to be actioned, systems like this would work alongside a telephone triage service and would not have much impact on how practices ran and patient flow, patients were triaged and then offered the most appropriate appointment; telephone or F2F. Practices also had a chance to adopt a more radical approach to online access, systems like "Ask My GP" allowed for up to 90% of patient activity to be submitted through the online portal and for patients to be triaged and dealt with in a number of ways; instant messaged, telephone, F2F, home visit.

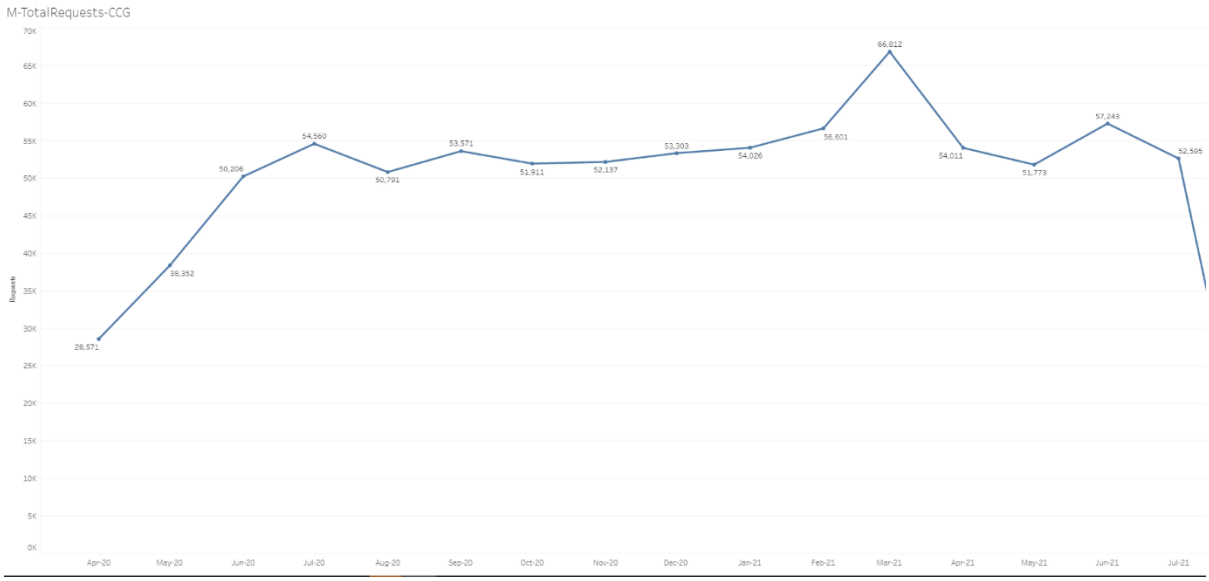
Back in 2020 the simple "add-on" products were adopted by 12/29 practices Trafford (most of them being the smaller practices this consisted of 28% of the Trafford population). These products included EMIS Online Consult and E-Consult. Links were added to GP practices' websites and patients could fill in online forms describing their symptoms, they were submitted and patients were informed that they would receive a response in a number of days. Anecdotally we were advised that on the whole there was little uptake by the patients and practices reporting that they may have only received 1 to 2 requests a day. On the whole this had little impact on patient activity and patient flow and mostly the process and capacity remained the same as pre 2020. Patients were still ringing up the GP practice, offered whatever appointments were still available on the day, and once these appointments were no longer available they were told to call back the next day. EMIS reporting system does not allow the ability to report on "unused appointments" that would indicate that there is capacity within the system that is not being used, it also does not allow us to report on the number of requests for appointments that were unmet on a particular day, we ideally would like to look at the number of contacts that were made to see what proportion of them received an appointment and what didn't.

17/29 practices adapted the more radical approach to digital access using the Ask My GP system and this totalled around 72% of the Trafford population. Patients were advised to all submit requests via the online link on the practice website that asked four simple questions such as; what is the problem, who do you want to deal with the

problem, and how would you like to be contacted. Patients without online access could answer the questions over the phone and the receptionist would fill in the online request on behalf of the patient. Every single GP request was submitted into the system, the requests were then shared out among the clinicians that were working that particular day and patients were usually deal with within a couple of hours. Patients were triaged and F2F/home visit appointments were offered if appropriate. As the clinician had a lot of the information in front of them prior to speaking with the patient, the clinicians were able to deal with a larger number of requests over the telephone in comparison to their previous face to face clinics. With AskmyGP, patients were assured that their requests would likely to be dealt with that same day once submitted. Phone calls reduced massively, as up to 80% of activity went online. With all activity going through the Ask My GP system were are able to report on data such as; number of requests, capacity vs. usage of practice, appointment type, patient experience.

3.2 From April 2021 three practices using the add-on systems moved onto a more advanced and sophisticated add-on system, Accurx Patient Triage which has shown some improved uptake by patients. All but one practice continued to stay with the Ask My GP system. The demand on GP practices has grown continuously since January 2021, we are only really able to track this demand using the data from the Ask My GP system as this is the only digital solution to give us an indication of true demand, as the requests give the total number of requests that are sent in by patients. The “add on” solution sites are still largely offering the level of same telephone/F2F slots as usual and once they are gone the patient is having to call back tomorrow, whereas the Ask My GP solution allows for patients to contact and submit a request whenever the system allows the requests (usually within the working hours of the practice).

In recent months it has been reported that the demand on the Ask My GP system has been so high that practices are having to close the system in working hours to allow clinicians to deal with the requests for that day so that no more are received. Practices are given an approximate capacity figure per day based on their practice list size (with data suggesting that around 7% of the practice list size contacts the practice in a working week), practices are finding that they hit this daily capacity figure sometimes within a few hours of the system being open in a morning. Practices are then closing the online request facility on the website, this is driving the phone calls up and patients are being told to try again in the morning unless the request is urgent. This is highlighting a level of unmet demand in the system that practices just do not have the capacity to deal with. We believe that this unmet demand is felt in the “add-on system” users GP practices also as we are being informed anecdotally but we there is no way we are able to report on this data for those sites.



AskmyGP requests by month – here we see a peak of activity in March then a tailing off of activity onwards of around 55,000 requests a month. This graph no longer indicates true demand as the practices are closing their systems off within the working day.

3.3 From all GP practices in Trafford using a digital online consultations platform for the past 18 months, the lessons learnt were:

For non-AskmyGP "add-on" solution sites:

- A lighter touch add on system was a preferable choice for smaller sites as many did not have the clinical team to support level of requests, and they were able to plan their time better for the clinicians that were working with planned telephone triage appointments/F2F clinics
- Some practices reported that access wasn't really an issue for them, as some were able to mostly always offer appointments on the day where required
- The add on solutions were put in place so practices were adhering to their contract requirements but they were not necessarily in place to drastically change practice patient flow
- Data to report on access and appointment activity has always been an issue from the clinical system, appointments are not standardised and are hard to compare as there are so many different appointment types. There has been a national incentive that has recently been completed that has required practices to map all appointment types so we are able to standardise and compare across all practices, this will allow CCG's to report more accurately on appointment activity.

For AskmyGP solution sites:

- It is possible for the majority of patients to access the practice online (up to 90% of patients in some practices)

- Patient experience is a large part of this system, from over 25,000 responses received in the last year on average over 90% found the system “very good” or “good” which shows patients are happy with the online platform and like using it
- On average the system is dealing with around 50,000 requests a month from the 16 practice signed up this is substantially more than the level of appointments that were offered pre COVID
- Data has been an extremely useful tool in order for practices to highlight the actual demand from patients, it has also highlighted how current demand is exceeding the capacity these practices have.
- It is felt that access is not the issue for this practices, in fact many are reporting that it is in fact too easy for patients to access their GP practice when AskmyGP is open. The issue is that there is just not enough clinician capacity in the system to deal with the level of requests that are sent into the practice on a weekly basis. The CCG has been working with system suppliers and is now exploring how are able to show this data across the practices.

4.0 Future New Ways of Working

4.1 As society moves forward and has to learn to live with COVID, Primary Care needs to evolve the current way of working into a safe, effective and inclusive system for the future that builds on the current quick access patients are getting but with greater convenience and appointment times whilst also being able to cope with increasing levels of demand. Some ways in which they can do this are:

- Further patient education as to what is appropriate and when to request services such as; pharmacy services, GP appointments, 111, A&E.
- A way to build on the quick access to the GP practice using online access systems but then GP can easily and seamlessly refer on to services such as; pharmacy, additional roles in PCN like physio, paramedics (ensuring the services are available to refer to in the first place) allowing a two way conversation between clinicians and service, this increases the primary care workforce without necessarily employing more GPs – GP’s aren’t necessarily best to deal with a lot of patient problems
- A way for patients to separately send and deal with admin requests and non-medical queries online without the need for requesting GP appointments or calling the phone like a webchat function. These are clogging up phone lines and online consultation contacts when they do not require GP contact.
- Practices working together and taking advantage of the PCN model and the ability to offer more evening and weekend access across the patch

4.2 NHS letter dated 23/8/21 outlined plans for networks for 2021/22 and 22/23, improved access being one of the areas, not all relate to digital though (highlighted digital one) but others will link in e.g. coding of appointment types.

> *“From April 2022, PCNs will deliver a single, combined extended access offer funded through the Network Contract DES implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic.*

Financial incentives relating to;
• Improvements in patient experience of access to general practice, in relation to the forthcoming survey-based real time measure of patient experience
• Improved utilisation of Specialist Advice services –will support the wider NHS recovery of elective care services through avoidance of unnecessary outpatient activity and community pharmacist consultations
• Reductions in rates of long waits for routine general practice appointments, which are a leading cause of dissatisfaction with primary care services and can result in the escalation of clinical needs. Introduction of reward for PCNs for reductions in the percentage of patients waiting more than two weeks for an appointment".
• GP Appointments Data will be used to construct a measure of waiting time for an appointment, using the new national appointment categories as well as a forthcoming system of appointment exception reporting to restrict attention to appointments for which time from booking to appointment is a valid proxy for 'true' waiting time

5.0 Primary Care Health Inequalities Quality Aims Plan and Measurement Framework

5.1 Introduction. As part of the COVID recovery plans 21/22 it was agreed that the focus for quality in primary care would be built around reducing health inequalities. The Primary Care Quality Aims Plan for 21/22 was developed during Q4 20/21 and is built around the ethos of reducing Health inequalities in primary care that were further highlighted during the COVID pandemic. The plan incorporates some of the key strategic priorities around health care and inequalities which are evidence based, such as the Joint Strategic Needs Assessment (JSNA) for Trafford. The plan is also built around the aspirations of the Trafford Locality Plan 2019-2024 and the obligations within the NHS Operational Planning Guidance 21/22 to ensure the relevant national priorities are captured within this work.

5.2 Primary Care Health Inequalities Quality Aims Plan 21/22 – Themes

The plan includes the following themes:

- Improving Data to help identify health inequalities
- Long Term Conditions prevention and early diagnosis
- Continuation of Mental Health and LD Annual Health checks
- Improving Access eg: digital/remote consultations and avoiding A&E
- Vaccination and cancer screening programmes – improving uptake

The themes were approved at the Primary Care Commissioning Committee in March 2021 and there are identified Senior Reporting Officers (SRO's) who are responsible for leading on the themes. The plan includes collaborative working with colleagues in areas such as Public Health and the Community Engagement team and progress reports have been tabled at various committees since early in 2021 including monthly

Primary Care Quality Assurance Group (PCQAG) and Primary Care Commissioning Committee.

5.3 Improving Data

The focus for this year is around improving ethnicity data within patient records so that we can identify health inequalities across Trafford that are specific to a patient's ethnic background. Patient ethnicity data within EMIS currently shows high numbers of "not known". A new MJOG (text messaging system) is now being piloted in a practice with a view to rolling out to all practices over Quarter 2/3 21/22. Practices have been offered guidance on how to MJOG will capture a patients ethnicity and auto code the details back into EMIS. Considerations are also being made on providing future texts in other languages as the system only allows texts in English at this time

5.4 Long Term Conditions (LTC's)

Using our up to date GP Quality Outcomes Framework (QOF) registers, we have identified the top 5 LTC's in Trafford as:

1) Depression
2) Hypertension
3) Obesity
4) Asthma
5) Diabetes

There are now a number of work streams in this area of the plan including**:**

- Ensuring annual health checks take place for the over 40's to identify long term conditions early.
- Focus on depression as this is the top condition in Trafford across all networks linking in with the mental health teams
- Development of a Health Inequalities dashboard that looks at measures from both health and public health within the top 5 LTC's. Measures to be broken down by age, ethnicity and network as a starting point, the aim is to identify areas of health inequalities with a view to planning improvement work going forward.
- Development of plan around LTC prevention – working alongside on of our Trafford GP's who supports work in Trafford around living healthy lifestyles
- Review of the model for the over 40's Health Check which is carried out every 5 years in primary care and commissioned by Public Health England. The CCG is working in close collaboration to support the redesign of the model at local level and improve equity across the borough.

5.5 SMI/LD Annual Health Checks

Collaborative working with both Greater Manchester Mental Health Trust (GMMH) and Cheshire Wirral and Partnership (CWP) is in place to support in the increased uptake

of SMI Annual Health Checks and work continues with Cheshire Wirral and Partnership to maintain the good performance seen in 20/21 around the LD Annual Health Checks. New trajectories have been set for the year based around the national targets and work has been undertaken to ensure the Quality Outcomes Framework (QOF) recall systems are set up to allow practices to target all relevant patients on their registers.

5.6 Access

As there has been an introduction of remote consultations during COVID, part of our access work this year in the plan has been to establish activity data and gather information on patient experience of the technical platforms that our GP practices are using. We have focused on AskmyGP up to now as the majority of our practices (70%) are using this platform to support triage and remote consultations. Feedback of AskmyGP so far has been 90% positive but we want to consider the other 30% of practices and also review the experience later this year to see if there are any changes in experience going forward. Increasing the use of online consultations features in the operational guidance for this year so we want to ensure our patients are satisfied with this service and to resolve any issues that may be occurring. We also want to ensure that we are offering equal access to those patients who do not have access to digital technology.

Another areas of access is ensuring patients are not defaulting to A&E for conditions that could be managed in Primary Care, especially during practice hours and why there is a gap across networks in terms of attendance rates. We are seeing significant increases in A&E attendance in the last 6 months so this year the plan is to try to reduce that by 25% based on pre-pandemic rates, this mirrors the target within the Urgent Emergency Care by Appointment Programme and is a national target.

5.7 Cancer Screening and Vaccination programmes

We have engaged with the CCG cancer lead and colleagues in public health to support with the associated actions. Some areas of improvement will link into wider work that is part of the Trafford Cancer partnership programme and work has commenced at primary care network level to support this. Screening dashboards by network and practice have been developed to enable practices to track their own uptake levels and there is also a plan around community engagement via the Trafford Cancer Partnership in low uptake screening areas. Both COVID and FLU programmes are developed to target specific eligible groups and work continues to support those patients who may be hesitant around these vaccines.

5.8 Development of Measurement Framework

There has been a lot of work over the last month to develop measures so that we can track the success of the Health Inequalities Quality Aims Plan going forward. The timeframe of the plan works in conjunction with the Trafford Locality plan which takes us to 2024, therefore we have developed measures with “in year” targets and final outcome targets.

Examples of the high level measures for this year include:

- 75% of patient records will have a completed valid ethnicity code (exc unknown)
- 75% of the eligible population of Trafford will complete an over 40's 5 year health check.
- We aim to reduce A&E attendance by 25% across Trafford from pre-covid data.
- Cancer screening measures will follow the current CCG targets around pre-covid levels in uptake, with a longer term plan to meet the national targets by 2024.

There are measures that sit behind the high level measures to help us close the gap between networks across all the quality aims, these include data that will help us support specific ethnic communities as the plan progresses.

5.9 Aims and Patient Outcomes

Patient outcomes have been developed that work alongside the aspirations of the Trafford Locality plan which are Better lives for our most vulnerable people, Better Wellbeing for our population and Better connections across communities. The table below shows the aims and the outcomes by theme.

Theme	Aim	Outcome
Data	Patients ethnicity is to be accurately recorded (in line with national census read codes) in GP records unless they choose not to state	This is an essential first stage in identifying disparities in service provision and this information can help provider organisations develop local health policy for ethnically diverse populations which will result in higher quality of care, greater experience and improved morbidity and mortality.
Long Term Conditions	Patients over the age of 40 to be offered equal access to 5 year health checks across all networks	This pro-actively promotes timely healthy wellbeing and lifestyle interventions to reduce the risk of cardio vascular disease and other associated conditions. This is also an opportunity to address entrenched health inequalities.

	High risk patients given priority access to 5 year health checks to identify or prevent a LTC	We recognise that specific groups develop chronic conditions at a younger age eg: hypertension and diabetes and therefore interventions can be made earlier to reduce the risk of cardio vascular disease.
Learning Disabilities	Patients with LD will have improved health and wellbeing through regular annual reviews in primary care	An annual health check can identify undetected health conditions early and ensure the appropriateness of ongoing treatment and help establish continuity of care. Increasing access to this will improve physical and mental health and avoidable deaths.
	Patients with LD have the same access to their annual review regardless of which network their GP fits into.	
Serious Mental Illness	Patients with SMI will have improved health and wellbeing through regular annual reviews in primary care	An annual health check can identify undetected health conditions early and ensure the appropriateness of ongoing treatment and help establish continuity of care. Increasing access to this will improve physical and mental health and avoidable deaths.
	Patients with SMI have the same access to their annual review regardless of which network their GP practice is part of.	
Access	Patients have a positive experience of digital platforms and other similar platforms	Having timely equal access to healthcare, will improve early detection and treatment of disease, chronic disease management and preventative care. Continuity of care within general practice is associated with better clinical outcomes, reduced mortality, better uptake in preventative services, better adherence to medication, reduced avoidable hospital admissions and better overall experience. This will also improve the quality of Dr/patient relationships.
	More people feel able to manage their condition at home or in the community with lower numbers of patients attending A&E	
Screening and Vaccinations	Improved health and wellbeing and protection from COVID for our most vulnerable patients	Improving the uptake in Trafford in particular in ethnic communities where hesitancy and poor uptake is evident we

	Improved health and wellbeing and protection from Flu for our most vulnerable patients	can prevent and protect against serious disease.
	Patients are given equal opportunities and support to attend cancer screening across Trafford and to improve the uptake in screening in line with national targets	Screening can improve early detection and timely management of disease. In Trafford, reduce the variability that is evident in uptake across the borough and reduce the health inequalities that exist.

5.10 How the plan has been shared

The plan has been shared widely at various committees including CCG Patient Reference Advisory Board (PRAB) as well as with our GP Practices in Trafford. Regular updates on further progress will be provided at the monthly Primary Care Quality Assurance Group which is chaired by Dr Manish Prasad GP/CCG Deputy Medical Director and Clinical Quality Lead as well as Primary Care Commissioning Committee and Quality, Finance and Performance Committee.