

Capacity & Access

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Recap from last PPG meeting

- Surgery seeing increase in demand
 - Post Covid, mental health, aging population, more long term conditions
 - 20% of patients consult their GP for problems that are non-clinical or social
 - Increase in administrative tasks: nationally up 50% since 2019
- GPs trying to keep up but working long hours and staff morale is low
- Increased appointments in April 2021 but made little difference
 - Extra 131 per week (average 26 per day) by replacing Dr McNeilly with Dr Dawton and Warren, paramedic practitioner
- Receptionists taking average 230 calls per day (answer every 2 minutes)
- Accelerate Change Management Programme
 - Plan A: re-introduce care navigation and PCN E-Hub – February 2023
 - If not successful, need a Plan B, which might be to cap appointments

Delivery Plan for Recovering Access to Primary Care (May 2023)

- **Empower patients:** Tools to manage own health; monitoring long term conditions from readings taken at home; enable patients to self-refer to specialists for certain conditions.
- **NHS App:** Used by 20% patients nationally, aim to increase to 90%; enable online access to records (Nov 2023); offer online appointments where no triage is required e.g. vaccination clinics
- **NHS.uk:** Expand information on local services and women's health; provide information to support new parents; improve heart age and BP monitoring tools; promote use.
- **Pharmacy:** Expand services to 'Pharmacy First' scripts for antibiotics & antivirals for 7 common conditions: Sinusitis, Sore throat, Earache, Infected insect bite, Impetigo, Shingles, Uncomplicated UTI in women; BP monitoring; Over counter contraceptives; Manage ongoing oral contraceptives

For GPs: Modern General Practice Access

- Digital telephony
- Full triage *? right for us, unpopular in Hastings*
- Care navigation training and tools to help receptionists
- Build capacity: employ 26k more direct patient care staff & deliver 50m more appointments by March 2024 - *? direct impact to us*
- Cut bureaucracy with hospitals and requests for GPs to provide medical evidence
- Communication campaign: explaining evolving nature of primary care and how patients can best use the NHS; digital access, wider practice team, wider care available inc self care, pharmacy, NHS 111 & A&E.

Asking GPs to give:

- Same day response:
 - Appointment booked, care navigation, self-help/website, NHS 111 or A&E
- Routine appointment within 2 weeks

BUT...

- No direct funding for new staff to help achieve this
 - Changes in secondary care v. GP work
 - Last 5 years: increase 19% income v. 46% increase in staff costs
 - Core GP contract income (GMS) covers running costs only
- Funding for PCN staff but in limited fields:
 - ? appropriate for rural area and hard to recruit

BMA: Safe Working in General Practice

- European Union of General Practitioners and British Medical Association (BMA) have recommended a safe level of patient contacts per day of 25
- 15 minute appointments
- For ½ day session:
 - Max 4 hours 10 minutes
 - Max 3 hours in patient consultations
- Push back inappropriate work to hospitals

What do we provide currently?

- Appointment book:
 - 455 GP or paramedic practitioner appointments per week (10 minute slots)
 - Averages to 29.4 appointments per clinician per day
 - See extras on top of this: average 6.3 per day in period February – April 2023.
Note: some due to absences as we do not use locums
- Patient admin for GPs on top of appointments:
 - Patient queries, referrals, hospital discharge letters, reviewing results, prescriptions, medication reviews, certifying deaths, medical reports
- Other admin for GPs:
 - Manage staff, run practice, audits, monthly reports/claims, CQC etc.

Patient statistics

- 6,240 registered patients (increase 300 since April 2021)
- 953 aged 70 or over (national statistics see GP 5 times more than teenagers)
- 3,492 long term conditions with 1,332 patients (equates to 38 hours per week of annual reviews if see patients individually for each condition. Aim is to review multiple conditions at the same time, where possible).
- 54 nursing home patients – weekly ward rounds to 4 homes
- 8 patients in complex learning disability care
- 155 frail people living at home
- 284 patients with cancer
- 22 palliative patients
- 834 frequent attenders (10 or more appointments per year)

Our proposal

- Plan A has not worked
- Move to Plan B and cap appointments done by majority of other surgeries
- Use 'Safe Practice Working in General Practice' as a guide for cap:
 - Provide 25 x 10 minute appointments per GP per day (less appointments if patient requires longer e.g. for annual review)
 - Provide holiday cover internally: spread equally throughout the year (equates to additional 10.7 appointments per day across all GPs)
 - This meets general guide of 70 appointments, per 1,000 patients, per day.
- Once appointments have gone for the day, direct to self-help, care navigation or NHS 111

Our proposal continued...

- Continue with 10 minute appointments; BMA recommendation of 15 minutes means we simply see less patients
- Attempt to book routine appointments within two weeks but recognise when we have GPs on holiday or patients request a particular GP, this may extend longer
- Promote NHS App and Engage
- Work with the PCN to provide additional staff across Rural Rother
- Stop patient emails and direct to Engage instead (provides workload management and automatically uploads to medical record)

PPG

Please give us your feedback & recommendations for wider communication.