Access to General Practice - 7 June 2018 Health & Adult Care Scrutiny

Introduction and Response to Committee Comments

The Devon Health & Adult Care Scrutiny Committee has enquired about the accessibility of GP appointments in the county, following specific concerns within the Newton Abbot area.

As Devon GP Practices serve very different populations with varying circumstances (e.g., age, deprivation, rurality) across the county, the practices' appointment systems have been developed to be sensitive to this. They review the way they work with their peers across federations and local groups to learn from each other to be best placed to manage heightening demand and expectations.

Following comments put forward regarding access to GP appointments in and around Teignbridge, a snapshot audit was undertaken (from the Newton Abbot area) with the outcomes outlined below:

Survey undertaken on 29th May 2018

Practice	Next Urgent GP appointment	Next Non Urgent Appointment with a GP
Practice 1	Telephone and face to face appointment 29th May	12th June 2018
Practice 2	Face to face appointment 29th May	15th June 2018
Practice 3	Face to face appointment available 29th May	31st May 2018
Practice 4	Face to face appointment available 29th May	19th June 2018
Practice 5	Face to face appointment available 29th May	31st May 2018
Practice 6	Emergency sit and wait clinic on 29th May	8th June 2018
Practice 7	Appointments available 29th May for triage and subsequent appointments (29th) if necessary	1st June 2018

Our survey of practices highlighted that if patients needed an urgent appointment they could acquire that on the same day. The availability of non-urgent appointments varied between being available within 24 hours and an appointment within three weeks.

Most practices have systems that allow booking appointments in advance as well as on the day, and it is important that some appointments are held as on the day appointments to ensure those with acute unplanned need can have their needs met promptly. This is important in avoiding those in greatest need having to travel to less convenient and sometimes less appropriate places.

Within the national General Practice survey, Devon has received above average performance in the indicators regarding access, though like most of the country there have been slight declines in performance in recent periods owing to demand.

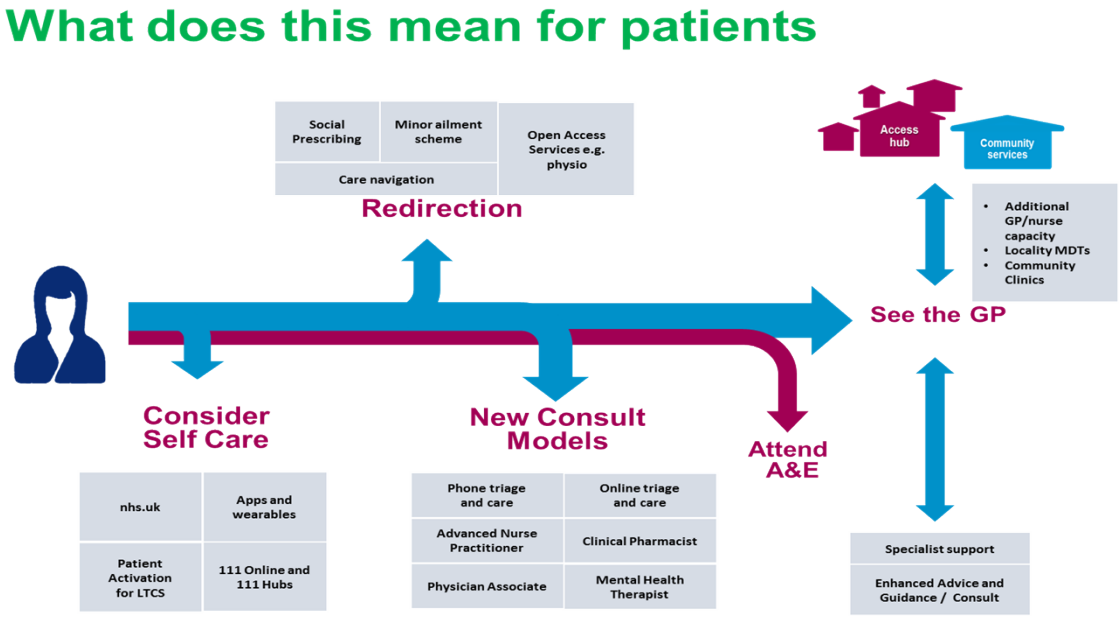
Clearly though, and as the audit above illustrates, we need to work with our GP colleagues to improve responsiveness to non-urgent care requirements.

It should be noted that Primary Care accounts for approximately 90% of all patient contacts.

Future Planned Improvements to GP Access

Public satisfaction with General Practice remains high, but in recent years patients have increasingly reported, through the GP Patient Survey, more difficulty in accessing services including a decline in good overall experience of making an appointment in General Practice.

The General Practice Forward View (GPFV) published in April 2016 sets out ambitious plans for Clinical Commissioning Groups (CCGs) to fund additional GP capacity to ensure that, by 2020, everyone has improved access to GP services including sufficient routine appointments at evenings and weekends. This sitting alongside and complementing effective access to out of hours and urgent care services.



The NHS Operational Planning and Contracting Guidance 2017–2019 sets out the funding trajectory for this work as well as a number of core requirements which commissioners of General Practice will be required to demonstrate they are meeting.

Refreshed planning guidance published in February 2018 now requires CCGs to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand including bank holidays and across the Easter, Christmas and New Year periods.

Access to General Practice

However, good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time.

In Devon we are identifying and developing solutions that allow patients to access care through alternative means where clinically appropriate, including via community pharmacists, the voluntary sector and by using technological solutions. This also includes patients seeing members of the General Practice team in settings other than their registered practice, or by seeing other healthcare professionals involved in their care within GP premises. During 18/19 we will also be introducing in some areas additional in-hours capacity such as early in the day visiting and proactive visiting to the most vulnerable patients such as those in care homes.

In addition we are working as a healthcare system to better our ways of working such that as patient care transfers from one setting to another, the needs of the patient are established in conjunction with the patient and shared promptly so that they can then be met. When a patient is discharged from hospital they and we need to be clear on how soon they will need to be seen by a GP or other healthcare professional, and know that an appointment will be available at that point in time. Patients being seen either too soon or not soon enough are both undesirable.

Provision of Online Offers

We are currently rolling out eConsult across Devon. This enables the patient to interact with their GP practice online in a way that provides a response to their initial contact within 24 hours, and which is convenient to them. The response can take many forms, including where appropriate a face to face appointment, though many queries can be managed remotely, making better use of both GP and patient time. This often allows patient and GP to work effectively to manage conditions in circumstances where doing so had previously been difficult, for example when working away from home, or being on holiday.

Self-care

Developing truly effective preventative approaches means helping people take more control of their own health, improving their life experience and reducing the need for reactive intervention by healthcare professionals in future periods.

We are empowering patients who are willing and able to self-care with support and information. We will also strive to reach those most vulnerable in our population and work with them to improve their health.

We want to enable self-care so that patients take greater control over their health and wellbeing, while being able to readily access the right services conveniently located when they need them. This will be a cornerstone of developing a healthcare system that is sustainable as a result of using our available resources in an optimal way that adequately and appropriately supports a population in which a growing number of people have complex healthcare needs.

To achieve this we will make available to GPs a wider range of easily accessed and readily available alternatives to GP provided care. This will have GPs at the heart of the care model, but they will not be responsible for the delivery of each patient interaction. These alternatives for delivering each patient interaction will include other healthcare professionals, whose voluntary provision will be supported by onsite and remotely available information systems. Delivery will, naturally, though not exclusively, be most effectively delivered where multi-agency teams are co-located or otherwise in close proximity.

Social Prescribing

In recognising the need to support both GPs and patients, it is important to acknowledge that there has been a drift towards medicalisation of some of the impacts of the wider determinants of health, such that the GP surgery is seen as a focal point for the community. This is ever more important as we have seen a departure from the traditional family unit and reduced attendance in churches and religious services, both of which have been traditional sources of social and emotional support. As a result, this leads to many patient contacts with GPs which do not result in a resolution for the patient, triggering a cycle of repeated consultations which are seen as fruitless and frustrating to patients and burdensome to GP services.

We are seeking to empower patients to improve their own health and wellbeing by enabling them to connect with social, environmental and physical activities that will improve the quality of their lives. We are exploring and identifying models of social prescribing for patients who require support and facilitation in order to connect with the appropriate community service or voluntary sector provider which best meets their needs. Examples include art therapy, cooking, gardening, befriending and dog-walking. We will seek to personalise this service in order to maximise the benefits to individuals and to fully exploit the potential of social prescribing to reduce demand on GP services and on our acute hospitals.

With our local authority colleagues, we will work proactively with the voluntary sector to map provision in our communities and identify, where possible, areas of unmet need where voluntary organisations such as communities and charities could work co-operatively with commissioners and Primary Care to support patients to improve their well-being.

Voluntary and Third Sector

Much work has been undertaken locally in recent years to bring together statutory and voluntary entities, and to better align effort such that we complement rather than duplicate, all in pursuit of optimising our combined efforts to assist and support members of our communities.

We will continue the development of these working relationships between primary care (and also the wider health and social care system), and the third sector as we recognise still more can be achieved as a result. This will include exploring how we could better work with our third sector partners to support delivery of primary care provision, particularly where patient expectation extends beyond that which we are able to meet through traditional means. This will be grounded in learning from past experience and pilots.

It will remain important to understand the difference between entirely voluntary provision and that which is provided by voluntary sector providers as a result of commissioned and contracted activity. As a commissioner we recognise the opportunities and values that both offer to patients as well as the wider health and social care system. We acknowledge though that our planning, reliance and expectations must be different for wholly voluntary provision as opposed to that for which we formally contract.

We will actively engage in forums that bring together members of the third sector, as well as Patient Participation Groups and Healthwatch. We will also seek to further strengthen their input within our commissioning bodies where the value of doing so is identified.

In particular we hope to learn from the voluntary and third sector as regards their successes in working with identified communities and groups which for statutory health and social care have been identified as being ‘hard to reach’.