

General practice access

September 2024

Introduction

The Devon Health and Adult Care Overview and Scrutiny Committee has requested an update on equity of access to general practice across the Devon County Council footprint.

This paper:

- Provides an update on GP access performance in Devon
- Provides headlines from the GP Patient Survey results published in July 2024
- Notes some of the challenges relating to accessing services
- Describes access to primary care for people who are homeless and vulnerably housed and prison leavers

GP access and performance

The latest data tells us that overall general practice in Devon is performing strongly for access, as well as when compared with regional and national data.

Devon GPAD dashboard (data as of July '24)		North	East	South	South West	England
Appointments	% seen within 1 day	43.7%	48.5%	51.4%	47.7%	51.6%
	% seen within 2 weeks	77.5%	78.6%	83.3%	78.8%	82.7%
	% DNAs	3.9%	2.7%	3.3%	3.7%	4.7%
	Appts per 1000 patients	660.5	603.1	620	564.9	497

However, there is variation across the county, which continues to be an area of focus through our work on the Primary Care Access Recovery Plan (PCARP), which was presented to OSC in February 2024. PCARP has four main areas of focus:

Area	Focus
Empower Patients	<ul style="list-style-type: none"> • improving information and NHS App functionality • increasing self-directed care where clinically appropriate • increasing the number of self-referral options, guided by clinical advice • expanding community pharmacy services
Modern General Practice	<ul style="list-style-type: none"> • better digital (cloud based) telephony • simpler online consultation, booking and messaging • faster navigation, assessment, and response
Build Capacity	<ul style="list-style-type: none"> • more new doctors • retention and return of experienced GPs
Cut Bureaucracy	<ul style="list-style-type: none"> • improving the primary-secondary care interface

Devon Integrated Care Board (ICB) is one of 10 ICBs working with NHS England to co-design and test their commissioning and transformation support programme that will better assist ICBs in understanding and addressing variation, delivering intervention support models to practices in most need, ensuring they have the appropriate capacity and capability in place to deliver general practices transformation initiatives.

GP Patient Survey results 2023/24 (published July 2024)

2023/24 achievement against NHS Devon ICB's eight selected key General Practice Patient Survey (GPPS) access indicators is shown below. Northern, Eastern and Southern localities exceed the national average on all selected indicators.

The GPPS data is a snapshot in time and represents a small sample of a practices' patient population. However, Devon ICB use the results in tandem with other key access data and resilience intelligence to triangulate outliers that could most benefit from intervention and support, such as enrolment on the national General Practice Improvement Programme (GPIP).

Indicator	National	Eastern	Northern	Southern
Easy to contact GP practice on the phone	49.69%	60.51%	64.45%	54.90%
Easy to contact GP practice using their website	47.88%	63.59%	59.81%	58.56%
Good overall experience of GP practice	73.93%	82.68%	81.73%	78.32%
Healthcare professional was good at treating with care and concern	85.34%	90.43%	88.49%	88.94%
Involved in decisions about care and treatment	90.92%	93.80%	94.37%	92.73%
Knew next step once contacted GP practice	82.70%	90.91%	90.29%	86.71%
Reception and administrative team were helpful	82.63%	91.32%	90.21%	85.62%
See or speak to preferred healthcare professional always, almost always or a lot of the time	39.73%	52.35%	58.05%	41.33%

Access challenges

Rurality

Limited public transport in rural and coastal areas can make it difficult for people without personal vehicles to access care, particularly elderly or low-income individuals.

The ICB has a responsibility to ensure that all patients are within the catchment area for a GP practice and in Devon all patients are covered by at least one GP practice.

The GP funding formula applies a rurality weighting to the amount a practice receives per patient.

Rural dispensing practices in Devon tend to perform well in the GP Patient Survey in terms of patient satisfaction and access. Chagford, Moretonhampstead and Bradworthy surgeries all received special commendation from NHS England on their outstanding results in 2024.

Digital access

While digital innovations in healthcare have the potential to bridge some geographical gaps, rural areas often face issues with poor broadband infrastructure, limiting access to online healthcare services.

We need to ensure our approach to digital access does not disadvantage those who do not have access to modern technology or do not feel confident using it. Organisations such as Learn Devon have recently been working with some of our GP practices to support people in with access and using the NHS App.

Deprivation

Around 5% of the Devon population live in the most deprived 20% of areas nationally, including parts of Exeter, Ilfracombe, Barnstaple, Bideford, Dawlish, Dartmouth, Teignmouth, Newton Abbot and Tiverton. People in these areas often experience poorer health outcomes.

As part of our GP Strategic Framework, the ICB increasingly seeks to differentially invest - to focus resources where change is needed most, in our most deprived populations and where life expectancy and outcomes are lowest.

Access to primary care for people who are homeless, vulnerably housed and prison-leavers

Homeless people and prison-leavers face significant healthcare challenges, including limited access to services, untreated mental health conditions, substance misuse, and chronic illnesses. Both groups often encounter barriers such as a lack of continuity of care, stigma and unstable living conditions, which exacerbate existing health issues and prevent timely medical intervention, worsening their overall health.

Registering with a GP

Anyone in England can register with a GP surgery to access NHS services. Patients do not need proof of address or immigration status, ID or an NHS number and a practice's decision to register any person must be made in a non-discriminatory manner.

However, for many reasons, homeless people and other vulnerable groups do not always find it easy to access primary medical services and can have poorer health outcomes.

To address this, NHS Devon commissions, in addition to mainstream services, specialist services for primary medical care for people experiencing homelessness.

South Devon service model

In South Devon, the ICB commissions Chilcote Surgery in Torquay to provide a primary care homeless service through an enhanced service specification.

The service provides GP and nurse sessions during the week and includes:

- Specialist assessment of the physical and mental health of homeless people
- Provision of a health promotion and harm minimisation programmes
- Liaison with local statutory services and other services working with homeless people and those who are vulnerably housed
- Appropriate referral to mental health and drug and alcohol services

North and East Devon specialist primary care service model

In Exeter and Barnstaple, the ICB has recently awarded the homeless service contract to a newly established community interest company, Inclusion Health Devon (IncluDe).

The organisation has been established by the former clinicians of the Clock Tower Surgery (homeless surgery in Exeter) and Freedom Centre (homeless surgery in Barnstaple). The new contract commenced on 1 September 2024.

The service is provided five days a week through drop-in appointments and scheduled face-to-face care with a range of health care professionals to deliver a range of outcomes including:

- Improved health outcomes and reduced mortality rates for the practice population.
- Increased engagement with, and trust of, health services and those providing them.
- Increased uptake of vaccination and screening offers, reducing incidence of infectious diseases particularly prevalent in this cohort.
- Patients successfully transferred to mainstream general practice, with continued engagement with primary care services.
- A reduced level of ED attendances and emergency admissions by this patient group through multi-agency case monitoring of high intensity users
- Reduced average duration of these admissions through multi-agency discharge planning for these patients.
- Reduced emergency (unplanned) admissions into mental health secondary care services

Other activity to improve access to primary care

- Two health inequalities GP Fellows are working to explore the barriers to mainstream primary care experienced by people with complex needs including substance misuse issues and homelessness
- The ICB Population Health Management team is working with partners including, Devon County Council, District Councils and the voluntary care and social enterprise (VCSE) sector to explore aligned or integrated commissioning to improve our system response to working with complex service users.
- The ICB is working with Devon County Council and others to develop an Inclusion Health framework. Inclusion Health focuses on improving healthcare access and outcomes for marginalised groups like homeless people, migrants, and sex workers.

It addresses social determinants of health, tackling barriers such as stigma and inequality to ensure equitable healthcare for these vulnerable populations.

In the longer term, there is a wider Devon ambition being developed, bringing together key organisations, agencies, and voluntary sector to work together to improve the health and social wellbeing of this client group.

In Plymouth, this alliance model is already in place (Health Inclusion Pathway in Plymouth - HIPP). The ambition is to implement a similar model in Devon in the next 2-3 years' time.

In the meantime, primary care can start to shape the model of delivering primary care services, while ensuring its services are flexible to fit in with future aspirations and developments.

Prison releases

Prison healthcare teams undertake release planning. Where there are ongoing healthcare needs, prisoners/patients will be referred to the release planning team (RECONNECT in Exeter) who support onward referral and access to relevant services including primary care, mental health and substance misuse support. GP registration forms part of that process, where relevant.

The policy of early prison release follows this same process.

Asylum seekers and refugees

The ICB commissions an enhanced service that aims to provide refugees and asylum seekers, no matter their country of origin, with fair and equal access to primary medical services.

Community pharmacy

Community pharmacies provide an important first-point-of-contact for healthcare. They are easily accessible, with many found in high street locations, in supermarkets or attached to doctor surgeries, and offer a growing number of clinical services as well as the dispensing of medication.

Public Health Devon commissions a supervised consumption scheme from community pharmacy for individuals prescribed an opiate substitution treatment (OST). The reasons for this pharmacist supervision are:

- a) to ensure individuals are receiving harm reduction advice from a pharmacist
- b) enables the pharmacist to check other health issues, i.e., wound infections and ask how the dosage is helping manage their addiction, and
- c) to ensure the dosage has been consumed and isn't being diverted to others.

Community pharmacies are also commissioned to dispense injecting equipment to people who inject drugs (which helps prevent blood borne viruses and wound infections associated with injecting drug use), which in turn improves patient outcomes and avoids hospital admissions, reducing pressure in other areas of the healthcare system. As part of this specification pharmacies provide harm reduction advice, refer individuals to the treatment service and collect used waste.

Community pharmacy closures or limited pharmacy capacity has a significant impact on these services, as well as stigma associated with delivery of these schemes.

To ensure there is resilience in the accessibility of needle and syringe provision, work is needed to ensure workforces and communities understand the behaviours driven by addiction and trauma and that we better understand how people who use drugs wish to access clean injecting equipment and where and how they wish to dispense of their used equipment.

Community pharmacy is a valued delivery model for the needle and syringe provision programme across Devon.

Dental

Peninsular Dental Social Enterprise (PDSE) is a project currently funded until March 2025 via a Rough Sleeper Drug and Alcohol Treatment Grant. It has been running for approximately three years. The service provides one day per week (c.7 appointments) to patients.

The charity-run Dentaaid Dental bus visits CoLab in Exeter (where Clock Tower Surgery is based) 4-6 times per year. The service can generally see up to eight patients per visit. However, they are unable to provide complex work or dentures and many of the target demographic have needs in those areas and require a series of appointments.

Optometry

Vision Care is a charity that provides checks and glasses for CoLab patients (not only those experiencing homelessness). Due to reliance on volunteer workers, patterns of service can vary.

Recommendations

- 1) The Committee is asked to agree to exploring a process to integrated/aligned commissioning to improve system responses for and with people with complex needs.
- 2) If members are aware of specific issues, the ICB would be grateful to hear about these so they can be followed up and addressed where that's possible locally.