

Hampshire Health and Adult Social Care Select Committee primary care update November 2021

1. Context

- 1.1. This report summarises Hampshire, Southampton and Isle of Wight Clinical Commissioning Group's (CCG) work programmes relating to delegated primary care commissioning functions in Hampshire. It includes a brief summary of some key achievements, priorities, and plans for the future.
- 1.2. We recognise the frustrations many people are experiencing in accessing GP appointments at the current time. The pace of change brought on by the COVID-19 pandemic has had benefits, particularly for those patients who prefer digital consultations and the speed at which this type of remote consultation can be delivered at times. However, a number of patients have a strong preference for face-to-face appointments and, now COVID-19 restrictions are reducing, there is frustration from some patients around the way primary care is currently operating. We are committed to improving access to high quality general practice, which requires both urgent and long term action. The NHS, working closely with the Department of Health and Social Care (DHSC), has published a blueprint for improving access to GP appointments for patients alongside supporting GPs and their teams. As a part of this, we are currently putting our local plan together to outline how we plan to spend our share of the national £250m winter access fund which is being made available to GP practices. More details can be found within this report.
- 1.3. Primary care is meeting the needs of more patients now than ever before. The method of seeing patients has widened, supporting access, with telephone and online consultations becoming more widely used in GP practices following new ways of working during the COVID-19 pandemic. All GP practices have continued to offer face-to-face appointments throughout the pandemic when clinically appropriate to do so, and this remains the case today.
- 1.4. Patients who are COVID-19 positive remain able to receive face-to-face appointments with a GP or primary care health practitioner in a safe setting, if clinically necessary.
- 1.5. Commissioning arrangements remain as before, with the CCG receiving delegated responsibility from NHS England and Improvement. Within the CCG, primary care is handled at a local level, which reports to a CCG-wide Primary Care Commissioning Committee. These new governance arrangements for commissioning do not represent a significant change. A larger CCG has allowed for better and more streamlined ways of working, such as learning from best practice of other areas and closer working across boundaries.

- 1.6. There are a number of exciting developments in primary care. The projects mentioned below are the result of close collaboration between commissioners, GP practices, Primary Care Networks (PCNs), wider NHS providers, and the voluntary sector.

2. Development of Primary Care Networks (PCNs)

- 2.1. In 2019 NHS England launched its new Five Year Primary Care Contract Framework and the associated Directly Enhanced Service for Primary Care Networks (PCN DES). These arrangements have led to the development of PCNs in the county which bring together groups of local GP practices to work collaboratively to support primary care resilience, promote access and develop more integrated models of care working with other local health and care providers.
- 2.2. There are significant additional investments associated with PCNs, the largest of which is to fund additional roles, via the Additional Roles Reimbursement Scheme (ARRS). These new roles include pharmacists, social prescribers and physiotherapists (among others) which will grow capacity in primary care services and broaden the range of services available to patients.

3. Appointments in Primary Care

- 3.1. All practices are offering face to face, online and telephone urgent and routine appointments for patients.
- 3.2. Whereas nationally rules around shops and non-clinical settings have now been relaxed, the NHS in England continues to follow Public Health England's infection prevention control guidelines.
- 3.3. This means NHS guidance remains in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, mask and other personal protection equipment. It is very important that in healthcare settings, we do all we can to reduce the risk of infection for our staff and those who need our care.
- 3.4. GP practices are offering face-to-face appointments when it is clinically appropriate to do so, but are also delivering care to patients via telephone and online (through eConsult®). GP practices locally are encouraging patients to use eConsult® in the first instance if they are confident internet users. Almost all practices are relying on some form of triage to ensure that patients are given an appointment with the most suitable member of the primary care team. Furthermore, practices are continuing to support patients with the management of their long term conditions (virtually and face to face) and screening programmes.

- 3.5. On October 19, 2021, the UK Health Security Agency (made up of functions previously hosted by Public Health England) issued the following updated guidance for general practice settings:
- Face-to-face consultations can now go ahead where this is safe for patients and staff, whilst recognising that telephone and video consultations continue to have an important role. The decision about when to see patients face to face or through video consultation is for local clinical leaders based on a number of factors, including patient needs and preferences, configuration of premises, local capacity and the ability to ventilate spaces
 - Patients will continue to be required to wear a face covering if attending a face-to-face consultation unless exempt. The importance of hand and respiratory hygiene should be emphasised, along with other control measures to minimise the risk of transmission of infection
 - Patients with symptoms of COVID-19 or flu should telephone their GP or primary care provider before attending an appointment
 - Physical distancing can be reduced from two metres to one metre in primary care and general practice with appropriate mitigations, such as the continued use of face coverings or masks
 - Primary care providers and general practitioners will need to undertake local risk assessments, including the hierarchy of controls, to identify where physical distancing can safely be reduced

3.6. The latest available appointment data for our GP practices is as below, split to show current levels for September 2021 (the most recent available data) and the comparison to pre-COVID levels for September 2019:

	September 2021	September 2019
Total no. of appointments	895,534	700,543
Appointments attended	804,972	638,908
Did not attend	37,666	30,277
GP appointments given	440,231	343,584
Other healthcare professional staff	428,038	338,145
Face-to-face appointments	536,315	549,375
Home visits	5,857	7,940
Telephone	325,005	131,656

Video/online	5,261	1,760
Same day appointment	375,542	287,592
One day appointment	82,244	41,135
Two-seven days	180,076	128,797

- 3.7. These latest figures published by NHS Digital show that in September 2021 895,534 general practice appointments were given across HIOW – an average 29,851 a day.
- 3.8. In total 542,172 of those appointments were face-to-face or home visits. This is 60.4% - 4% higher than the previous month, but 2.7% lower than September 2019. Practices continue to do all they can to provide face-to-face appointment for patients who wish to have them, while adhering to all infection prevention and control measures to keep people safe.
- 3.9. The number of face-to-face appointments and home visits is against the backdrop of a 27.8% rise in appointments given compared to the same period in 2019 (an increase of nearly 195,000)
- 3.10. There are 11 fewer practices across Hampshire and Isle of Wight compared to September 2019 (144 v 158).
- 3.11. In total 37,666 appointments were not attended in September 2021 across Hampshire and Isle of Wight – an average 1,255 a day. This is important to note as these appointments could have been given to other patients in need had they been cancelled. This is also a 24.4% increase in Do Not Attends (DNAs) compared to 30,277 in September 2019.
- 3.12. eConsult® appointments are in addition to the above and for many practices this represents a significant level of activity, with some larger practices receiving several hundreds of e-consults each week.

4. Vaccination programme in primary care

- 4.1. The Government announced its plans for the current phase of the COVID-19 vaccination programme as part of its wider autumn and winter strategy, which is now being delivered through numerous routes, including primary care. Details of who is eligible for the vaccine are as follows:
- People aged over 16 who are yet to receive a first or second COVID-19 vaccination dose remain eligible. Even if you have previously declined the opportunity of a vaccine, the offer is still open for you to get the jab should you wish to.

- The vaccine is also now being offered to people between the ages of 12 and 15. Parental, guardian or carer consent will be sought by vaccination healthcare staff prior to vaccination of anyone aged 12 to 15. This cohort is receiving the vaccination primarily through the School Immunisations team, provided by Southern Health NHS Foundation Trust.
- We continue to identify and offer the vaccination to those aged 12 to 15 who either live with someone who is more likely to get infections or have a condition that means they're at high risk from COVID-19.
- We also continue to identify and offer a third jab to people aged 12 and over who are immunosuppressed following updated guidance from the Joint Committee on Vaccination and Immunisation (JCVI).
- A booster jab is available to people who have previously received two vaccine doses to ensure continued protection for those most at risk. The booster is being offered to people in priority groups 1 - 9 identified by the JCVI. National guidance states that the booster should be offered no earlier than six months after the second dose. The NHS will contact people when it is time for them to receive the booster vaccination.

4.2. The flu vaccination programme is progressing well locally and we continue to promote the need to be vaccinated against flu. Flu vaccination is important because:

- more people are likely to get flu this winter as fewer people will have built up natural immunity to it during the COVID-19 pandemic
- if you get flu and COVID-19 at the same time, research shows you're more likely to be seriously ill
- getting vaccinated against flu and COVID-19 will provide protection for you and those around you for both these serious illnesses

5. GP Access Winter Fund

5.1. On 14 October 2021, NHS England and Improvement published details of a national £250m winter access fund which is being made available to GP practices. The indicative allocation in the publication to Hampshire and the Isle of Wight is circa £7.7m. The money will be made available from the end of November through to the end of March 2022 to support Primary Care. With this funding there are two key aims:

- to drive improved access to urgent, same day primary care, ideally from patients' own general practice service, by increasing capacity and GP appointment numbers achieved at practice or PCN level, or in combination
- to increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings

5.2. This will be achieved by:

- Increasing and optimising capacity

- Addressing variation and encouraging good practice
 - Improving communication with the public
- 5.3. An initial plan to demonstrate how the funding can be spent was submitted to NHS England and Improvement on behalf of the Hampshire and Isle of Wight Integrated Care System (ICS) on 28 October 2021. The plan has had:
- Involvement from Primary Care Network Clinical Directors
 - Integrated Care System Board level assurance
 - Discussed with the Wessex Local Medical Committee
- 5.4. The next steps are for Hampshire and Isle of Wight Integrated Care System (ICS) to submit a final version of the plan to NHSE/I by 8 November 2021. The national team will agree plans and associated financial support by 26 November 2021.
- 5.5. We are working closely together with our partners in primary care in the creation of this plan, and to alleviate concerns around the plan. There have been concerns raised by both general practice and national bodies that represent the profession to the national approach. We understand and acknowledge these concerns. We remain conscious of the ongoing commitment and effort made by primary care and wider NHS staff for which we offer our thanks, and we are building on the strong relationships we have with general practice to develop our proposals to better support both our patients and primary care staff.

6. Contract and estate developments

Living Well Partnership

- 6.1. The CCG recently received an application from The Living Well Partnership to merge its two contracts with the CCG together into one. The Living Well Partnership provides GP services locally to its 38,000 patients from a number of surgery sites. One GP practice is within the city of Southampton, east to the River Itchen, and operates from five surgery sites. The other GP practice, St. Luke's and Botley Surgeries, has sites in Hedge End and Botley in Hampshire.
- 6.2. The two practices had already worked together within one Primary Care Network (PCN). A PCN brings GP practices together to work at scale to provide a wide range of services to patients and to integrate with other health and care service providers.
- 6.3. The Living Well Partnership has operated the two practices with one clinical and management team. It requested to merge the two practices together into one NHS contract from 1 October 2021, and the CCG approved its application.
- 6.4. This means the two separate NHS General Medical Services (GMS) contracts held by The Living Well Partnership have now merged into one. By merging the

separate NHS contracts, which currently use two different IT systems to manage records and work with patients, there will now be one system.

- 6.5. The benefits of a contract merger will reduce the administrative work for both clinical and non-clinical staff and free up time and resources for the practice clinical team to see and treat patients.
- 6.6. The CCG received feedback from the public about the proposal and issues raised during this, such as patient access and concern over travel, were considered by the GP practice and the committee.
- 6.7. The contract merger does not mean any site will be closed and patients will still be able to use their local site. Patients registered with either practice will not experience changes to the GP services they receive or to the services they are referred to by their GP.

Blackthorn Health Centre and Bursledon Surgery

- 6.8. The CCG received an application to merge Bursledon Surgery with Blackthorn Health Centre.
- 6.9. Due to the COVID-19 pandemic, Bursledon Surgery has been used as a hub for consultations with patients from across the Eastern Southern Parishes with suspected COVID-19 infection. More recently it has also been used as a vaccination site supporting the highly successful delivery of the COVID-19 vaccination programme.
- 6.10. Whilst Bursledon Surgery has been used for other purposes since spring 2020, patients have been offered face to face appointments at Blackthorn Health Centre or remote consultations via telephone, video or online.
- 6.11. The application confirmed that all GP services for all patients of both practices will in future be provided only from Blackthorn Health Centre.
- 6.12. The CCG's Primary Care Commissioning Committee has now agreed the application and the practice's proposal to create a single, stable practice able to deliver high quality continuing care to all patients from a single site.
- 6.13. The committee considered feedback on the proposal from over 1,200 people. Matters raised by local people, such as ability to travel between sites and GP practice sustainability, have been taken on board. The CCG is committed to working with local partners to ensure as many mitigations are in place as possible to support patients.
- 6.14. The Lowford Centre surgery site will now be used as a base for new staff employed by practices across the Eastleigh Southern Parishes (which includes Hedge End Medical Centre and West End Surgery) to support GPs in the delivery

of care to their patients. This includes social prescribers, care navigators, physiotherapists, mental health practitioners, clinical pharmacists, youth counselling services and health and wellbeing coaches. It will also be used as a base for GP services at evenings and weekends, known locally as Appointments+ or 'the Hub'.

Opening of new Emsworth Medical Centre

- 6.15. Emsworth Medical Centre received its first patients in the new building on 26 July 2021, two weeks after the construction works were completed. The new surgery has been built on the site of the former Victoria Cottage Hospital on the other side of the A27, a very short walk from the previous building in North Street.
- 6.16. A £3.5m scheme involved redeveloping the derelict hospital site with some new build, but internally the building has been transformed to a health setting fit which provides light, spacious rooms for GPs, staff and patients.
- 6.17. The GP partners at Emsworth worked closely with NHS Hampshire, Southampton and the Isle of Wight CCG, NHS Property Services, other partners - particularly the community - to select the site for their new home.
- 6.18. The local LIFT Company, Hampshire LIFT Limited, was appointed to oversee the design and construction of the project on behalf of the CCG and the GPs, with NHS Property Services acting as landlord. Contractors Mountjoy started on-site in January 2020 for what was expected to be a twelve-month construction period - but the COVID-19 pandemic led to delays caused in part by a shortage of building material and the need for various contractors to socially distance themselves whilst working.
- 6.19. The scheme was funded by NHS England through an Estates, Technology and Transformation Fund grant. It included demolishing single-storey outbuildings, providing a new rear single-storey extension to the main building, installing a new lift shaft, roofing and canopy construction, complete reconfiguration of g rooms, and extensive internal and external decorations.

7. Supporting GP practice staff against abuse

- 7.1. The majority of people who need support from NHS staff do so in a respectful way that helps us create a safe environment for all. Sadly, there are a very small number of people who can be abusive towards our staff and our patients. Both CCGs in Hampshire and Isle of Wight are united with practices in sending a clear message that we have a zero tolerance approach to abuse against our staff.
- 7.2. The CCGs and practices are promoting materials to explain to patients the zero tolerance approach to abuse.

8. Patient feedback and satisfaction

- 8.1. This year's patient survey results were published in July 2021, based on research which took place during January – March 2021.
- 8.2. It is encouraging that local patients rate their GP practices largely in-line with the national averages, but we accept some practices show disappointing results for patient satisfaction. Every year in Hampshire we share best practice of those practices who score very highly so that practices can learn from each other. Where practices are scoring below expectations, we are working with them to better understand and improve the patient experience. It is important to note that the CCG and all GP practices want to reduce the inequalities that have been exposed by the pandemic. We also recognise this has been an exceptionally challenging year for everyone, including patients and GP practice staff.

9. Improving our communications to the public

- 9.1. Working with primary care, we have started to increase our communications to the public to explain how GP practices work and the vast range of skilled staff they employ. Below is an explanation of those roles and services. We are creating a range of content to share with the public and partners, including social media imagery. More can be found on the CCG's website [here](#).

10. GP surgeries are still open

- 10.1 GP surgeries are still open and are working differently to how they did before the COVID-19 pandemic, due to a number of reasons. [This poster explains why practices continue to work differently.](#)
- 10.2 GP practice staff are also helping patients to manage their conditions at home while they wait for hospital appointments.
- 10.3 We are still dealing with the pandemic, and so in order to keep patients and our staff safe, GP practices continue to make best use of telephone, online and video consultations. Face-to-face appointments are still being given to those who need it. When patients ring, or use an online form to contact their GP surgery to make an appointment, they will be asked some questions which are designed to help staff guide them to the most appropriate clinical person to help them with your condition. This could be a nurse, clinical pharmacist, physician's associate, GP or paramedic.

11. Types of appointment

- 11.1 Across Hampshire and the Isle of Wight, GP practices are carrying out hundreds

of thousands of appointments every month. To ensure sure people can get access to care safely and quickly, practices aim to deliver a range of different ways of having an appointment to provide you with more choice and more Types of appointments include phone consultations, online consultations or video consultations. Face-to-face appointments are still available if patients need them.

12. Different roles in GP practices

- 12.1 GP practices offer a wide range of specialist roles, alongside GPs, to ensure you get the right help as soon as possible? Below are details of just some of the experts patients may see and how they can help:
- 12.2 **Clinical pharmacists** undertake medication reviews for patients with complex, long-term needs and helping them to manage their conditions. They also work closely with the practice team to help with prescription and medication enquiries, supporting the repeat prescription system, dealing with acute prescription requests, and providing expertise in clinical medicines advice and medicines optimisation.
- 12.3 **First contact physiotherapists** are usually physiotherapists with enhanced skills who can help patients with issues such as back, neck and joint pain. By making it easier for patients to see a physiotherapist, they will have quicker access to diagnosis and treatment, helping them to manage their conditions more effectively and recover faster, so they can get back to normal life quickly. They will also help GPs to manage their workload more effectively and reduce the need for onward referrals.
- 12.4 **Physician associates** are clinical graduates who, while not a doctor, have the skills and knowledge to help diagnose and manage the treatment and care of patients, alongside the practice team, under the supervision of an experienced GP. They can provide extra capacity to help with continuity of patient care and help free up consultants to concentrate on more complex cases.
- 12.5 **Nursing associates** help bridge the gap between healthcare support workers and registered nurses to deliver hands-on care as part of the nursing team. They allow nurses to focus on more complex clinical work. Nursing associates work with people of all ages and in a variety of settings.
- 12.6 **Pharmacy technicians** work alongside the clinical pharmacists and the wider practice team. They help with prescription and medication enquiries, providing safe and effective medicines optimisation as well as ensuring any hospital medication changes are up to date and accurate.
- 12.7 **Occupational therapists** work with people who have difficulties carrying out

various day to day activities because of disability, illness, trauma, ageing, and a range of long-term conditions. They help people to get on with their every-day activities and stay in their own homes by providing adaptations.

- 12.8 **Dieticians** are experts in nutrition. They work with patients to alter their diets based on their medical condition and individual needs. Dietitians advise people and help them make informed and practical choices about their food and nutrition. This could include people with digestive problems, those who want to lose weight, or who need to put on weight after an illness, or people with an eating disorder or a food allergy.
- 12.9 **Social prescribers** - sometimes people visit their GPs for issues caused by non-medical issues like loneliness, debt and unemployment, where a medical prescription is not the best solution. A social prescriber works with patients and their families to help them access a range of local community services that provide practical or emotional support and guidance of a non-medical nature. This helps improve the health and wellbeing of people in the community and allows people to remain independent and live their best lives.
- 12.10 **Health and wellbeing coaches** engage with people to support them in taking an active role in their health, by providing advice and support. They take a holistic approach, helping people to identify difficulties or issues in all areas of their life and helping them find solutions and lifestyle changes that mean they can lead happy and fulfilled lives. Health and wellbeing coaches can also play a key role in helping to tackle health inequalities.
- 12.11 **Care co-ordinators** are trained health professionals who help to support people's care. They offer a range of support such as monitoring and coordinating treatment plans, help educate people about their condition, connect people with services, and evaluate people's progress.
- 12.12 **Patient advisors** – receptionists are trained as advisors to ensure patients get the right care, from the right person at the right time. Providing them with brief information means they can signpost you accordingly. This can save you time if an appointment is not needed or there are other services that can also support your needs. For example other members of the practice team or community services.
- 12.13 **Paramedics** work in a variety of roles within a general practice. Their background in pre-hospital care means that they are used to working with people with a variety of health conditions from coughs and minor injuries to more serious conditions such as asthma and heart attacks. They work alongside GPs and help manage routine or urgent appointments, telephone triage (assessment of urgency of illness or injury) and home visits.

For more information about the different healthcare professionals that work at GP surgeries and the wider community, [download this NHS leaflet](#).

12.14 Need to register with a GP practice?

Patients can search for their nearest GP practice by entering their address [on the on the NHS website](#). [Find out more about how to register with a GP practice](#).

12.15 What should patients do if they need support when their GP practice is closed?

If you need medical help and your GP practice is closed, and it is not a life-threatening emergency, contact the [111 service online](#) or call 111. A trained adviser will direct you to the right NHS service depending on your needs. The NHS 111 service is available 24 hours a day, seven days a week.

If you or someone you know is experiencing a medical emergency, you/they should still attend an Emergency Department or call 999.

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