Sandwell GP Access

NHS

Black Country and West Birmingham
Clinical Commissioning Group

Local context

Coming out of lockdown

- Anxiety to contact the GP during the pandemic/lock down

- Not responded to symptoms/changes in their condition

- Physical and mental health consequences of isolation

- Concerns raised by the public in accessing primary care

- Activity across all services/all systems significantly increased

Additional pressures

- Delivering the vaccine programme

- Managing sickness and isolation of staff

- Review/amended operational processes – blend telephone and face to face

Healthier place
Healthier people
Healthier futures

NHS
Black Country and
West Birmingham
Clinical Commissioning Group

National picture – appointments returned to pre-COVID levels
Replicated in BCWB CCG

- January 2020 – approx. 645k
- June 2021 – approx. 636k

Graph to show GP appointments - Jan 20 – June 2021
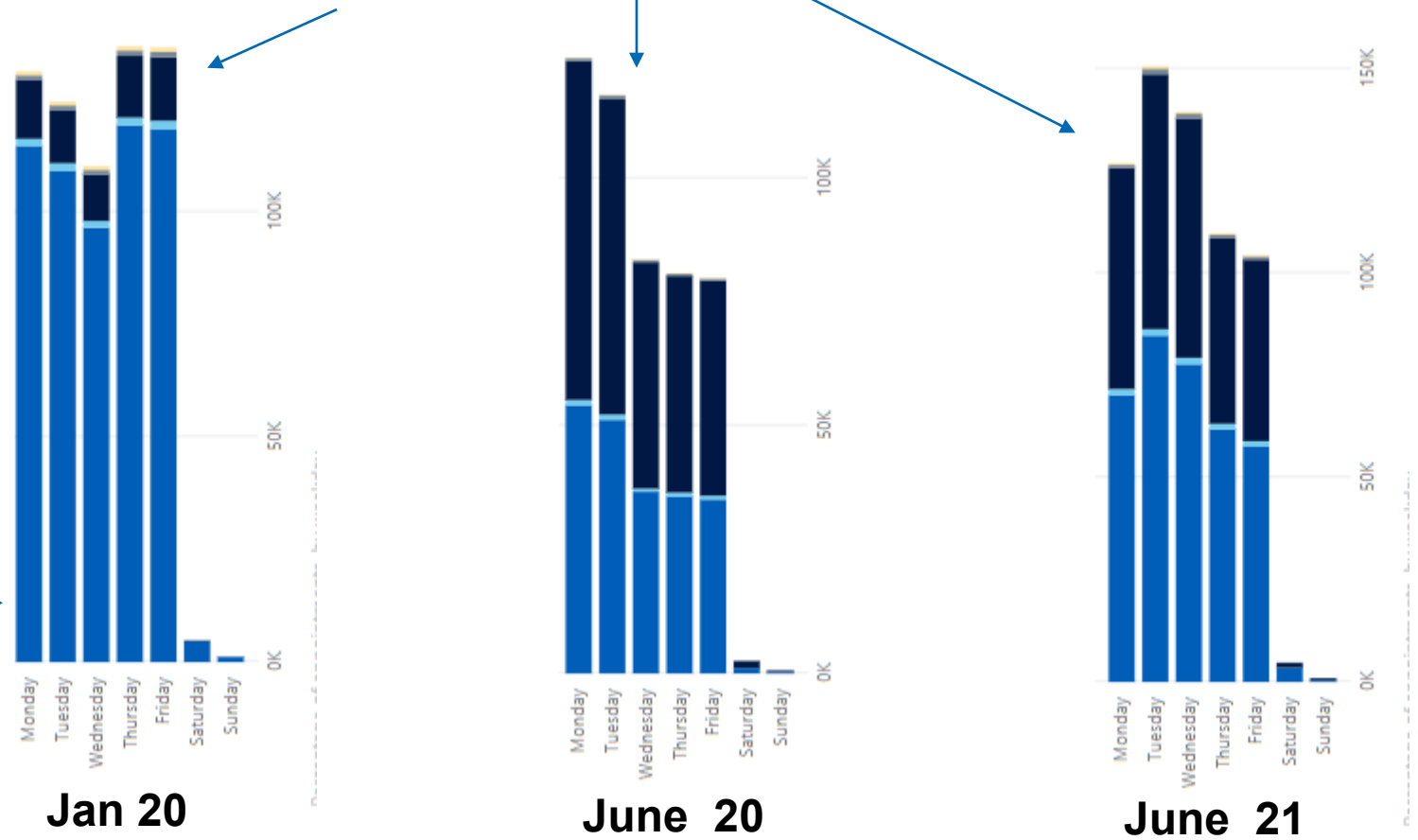
Face to face appointments

Implementation of telephone triage

Practices now working to dovetail triage with increasing face to face appointments.

Proportion of face to face continues to increase

Telephone appointments

Face to face appointments
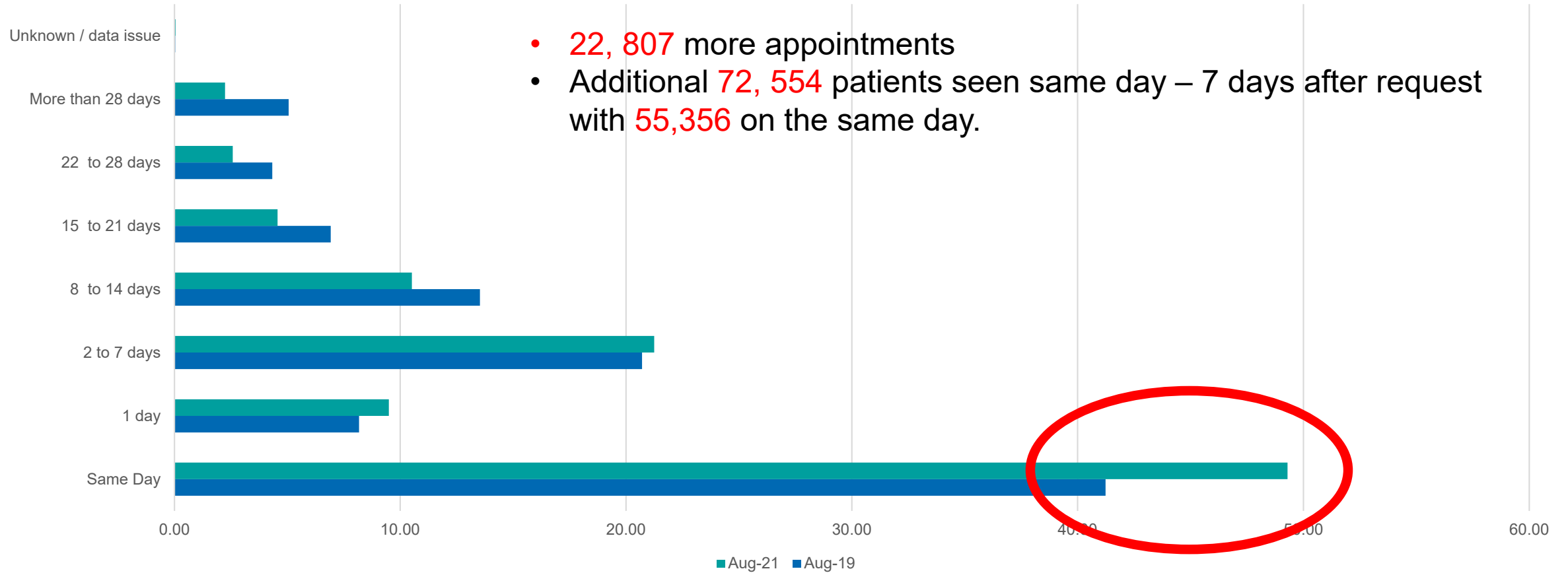
Jan 20

June 20

June 21

Changing complexity

March 2021 – National LMC snapshot survey

- 69% patients are complex
- Over 50% of GPs advised of increasing consultation times
- An average of 37 patients a day (increased from 28)

- Changing expectations from the public

Healthier place
Healthier people
Healthier futures

NHS
Black Country and
West Birmingham
Clinical Commissioning Group

Approach

Four areas of work
Underpinned and driven by co-production
Co-ordination of all work on access at both place and at system level

| Local improvement plans | Consolidate national must dos | Centralised oversight of all system wide programmes | New emerging projects |

Co-production with patients and clinicians as equal partners

Early work - enhancing our local knowledge

Complements local intelligence/feedback from patients and the public

Provide information to aid the development of local plans/signpost practices

Three core areas of intelligence :-

 a) Snap shot review - websites, telephone response times, social media

b) Dashboard development
- o Small set proxy markers pre/post COVID
- o "Near time dashboard"   - access priority area

c) Review of General Practice Satisfaction Surveys (pre and post COVID)

Healthier place
Healthier people
Healthier futures

NHS
Black Country and West Birmingham
Clinical Commissioning Group

Assessment of views from Jan – March 2020 and 2021

The standards compared are:-

• Find it easy to get through the surgery by telephone

• were satisfied with the type of appointment offered last time they tried

• describe their overall experience of making an appointment as good

• helpfulness of the receptionist

• How often speak or see preferred GP

Areas of high achievement - can be used as best practice

Areas of change - suggests challenges to respond to demand

NB/ the 2021 survey was completed at the height of the vaccination programme

Proxy markers

Statistical tool z score to help to aggregate markers.

Markers used to rank practices

It highlights where practices have maintained their position - examples of good practice

Disproportionate changes help to illustrate practices that may need additional support

Rank of Practices		AE Type 1 attends (rate per 1000)		AE Type 3 attends (rate per 1000)		VB11Z Activity (Rate Per 1000)		111 Activity (In core hours) (Rate per 1000)		Total Non Electives (Rate Per 1000)		Readmissons Rate	
Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid
25	18	186.5458	414.12	44.37	124.05	114.98	57.25	36.74	41.03	85.88	62.50	9.06	5.25
41	26	177.7567	391.63	81.43	179.66	198.35	102.66	42.46	48.48	62.42	51.33	8.24	4.44
47	21	206.1788	459.90	40.75	112.40	118.32	62.45	49.30	45.57	79.75	57.19	9.42	5.04
59	33	221.9262	465.74	43.97	93.07	91.93	58.62	43.21	53.86	84.70	65.66	11.61	7.23
64	30	219.001	494.59	47.50	131.16	117.01	72.13	45.06	58.51	87.15	51.52	11.00	3.84
66	130	285.2433	523.70	61.93	122.61	92.86	91.44	43.64	98.27	69.94	71.11	9.73	7.14
69	48	225.6053	477.23	71.20	142.57	142.57	87.64	43.19	45.72	93.15	68.12	8.22	7.05
72	15	211.963	472.58	74.77	132.92	108.71	89.01	36.55	3.80	96.61	72.87	14.00	5.93
74	124	238.2842	420.72	155.99	271.05	197.71	176.04	27.31	54.30	62.97	71.85	8.59	8.28
84	63	210.5746	457.42	102.08	214.85	176.55	122.15	48.80	51.85	74.78	52.36	9.37	6.21
91	61	216.2162	481.08	65.38	157.53	161.90	84.17	47.62	60.23	87.00	68.98	11.84	5.15
92	93	231.8234	501.62	69.04	187.15	180.88	91.12	53.77	60.89	76.58	66.85	8.68	7.95
93	68	219.2165	497.03	85.00	193.79	205.79	106.06	42.70	46.74	83.05	62.64	9.65	6.39

A+E Type 1 – consultant lead 24 hour service
A+E Type 3 – walk in centre, lead by a doctor or a nurse. Can be based in a hospital, or a community facility.
VB11Z – the code attached to someone who attends A+E when there is no investigations and no treatment

Healthier place
Healthier people
Healthier futures

NHS
Black Country and West Birmingham
Clinical Commissioning Group

Local Improvement Planning

- Share feedback from snapshot audit with place commissioning boards

- Identify quick wins

- Markers used to guide place team in identifying potential practices/priority areas by identifying disproportional changes over time

- Place teams define own local approach to plans at practice, PCN or place level based on local discussions and agreements

- Co –production at all levels

- Restoration and recovery plans

- Resources - £100k/engagement and access officers

- Practice resilience resource

Engagement

Access and engagement resource (£252k)

Experienced Led Commissioning™

- Strong evidence base

- Co-production (patients, their carers, clinicians and practice staff as equal partners)

- Define core outcome/aim and scope to focus work (what we can - and what we can't do)

Empowering/Enabling Patients

- Patient champions for access

- Key messages toolkit/briefing and support

- Myth busters – alternative options

- Patient Leadership Development Programme

Access and engagement resource

Supporting Practices/PCNs

- Working Together: A guide to involving patients, carers and their communities in general practice/PCNs

- Developing strong and inclusive PPGs

- Practice support to train and support staff to implement guide

- Asset Mapping social support systems/networks/orgs link to Social Prescribers

Voluntary, Community and Faith Based Sector – Trusted Voices

- Working with VCSE organisations as trusted voices in their communities to engage and support access improvement for vulnerable individuals/communities from the protected characteristic groups
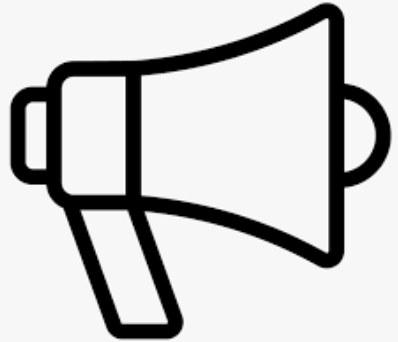
System planning

- Maximise the opportunity of national priorities
  - On line/ video consultations
  - GP Connect – linking 111 to practice appointments
  - Community Pharmacy Consultation Scheme

  - Digital opportunities

  - Inequalities

  - Communication

Healthier place
Healthier people
Healthier futures

NHS
Black Country and
West Birmingham
Clinical Commissioning Group

Communications

Raising awareness
of the MDTs that now make up General Practice (the different roles and what each does) Also promoting workforce & recruitment opportunities)

Informing
people on how to access help in different ways (i.e. without having to 'ring' your practice: GP online, NHS 111 appointments, pharmacy, NHSApp etc)

Encouraging/confidence
building for people to take ownership and make decisions about the care they need (self care & referral) i.e. seeing a GP isn't always the best option – First Contact Physio, IAPT (MH access), Social Prescribers, Pharmacist.

Zero Tolerance
approach to aggression, abuse, violence, vexatious or anti-social behaviour towards primary care staff. Encourage patients to give feedback a constructive and mutually respectful way.

Clinical Summit - some comments on access

- Recognition that the current model of primary care no sustainable

- Huge changes in processes/responding to the pandemic – not taken our patients with us

- Measurement of the quality of the intervention

- Continuity of clinical care – enhances quality of experience/outcome

- Demand and capacity

Summary

- Request support of HOSC to enable co-production/links with user and community fora
- Offer councillors the opportunity to shadow GPs to gain an insight into the changes in practices
- Place teams working to co-produce plans
- Longer term plans to transform the delivery of primary care

Healthier place
Healthier people
Healthier futures

NHS
Black Country and
West Birmingham
Clinical Commissioning Group

Thank you – any questions?