

# Primary Care Update to Essex Health Overview and Scrutiny Committee

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June 2022

Contributions from  
Hertfordshire and West Essex  
Mid and South Essex  
Suffolk and North East Essex



# Primary Medical Care in Essex

- Primary medical care in Essex comes under the responsibility of the three Integrated Care Boards that will cover the Essex population from 1 July 2022
  - Within the west Essex (single CCG within the Greater Essex footprint) part of Hertfordshire and West Essex there are 30 practices and 6 Primary Care Networks
  - Within the north east Essex (single CCG within the Greater Essex footprint) part of Suffolk and North East Essex there are 32 practices and 10 Primary Care Networks
  - Within mid and south Essex (five CCGs within the Greater Essex footprint – Basildon & Brentwood, Castle Point & Rochford, Mid Essex, Southend and Thurrock) there are 149 practices and 27 Primary Care Networks
- Primary Care Networks (PCNs) are groups of practices who collaborate with one another and wider stakeholders in order to deliver more enhanced care to their patients that they would otherwise be unable to do as stand alone general practices.
- Primary Care Networks form a fundamental part of the new Integrated Care System infrastructure
- An estimated 80% of all patient interaction with the NHS is undertaken by Primary Care
- For most patients requiring specialist advice/services, primary care is the route of entry into services

# Pandemic changes and recovery

- During the early part of the COVID-19 pandemic, primary care was nationally directed to move to a “total telephone triage model”. This approach was aimed at reducing risk to patients and staff by managing people via telephone where practical.
- National guidance has since changed to move to a hybrid model of telephone and face-to-face appointments.
- Whilst there was a reduction in demand on primary care services during the national lockdowns, the demand has significantly increased since March 2021 to unprecedented levels.
- Primary care manages an estimated 80% of all patient interaction with the NHS and is often the route of entry into services. It also provides the overall continuity of care for patients being treated within different parts of the NHS. The challenges faced by the NHS are therefore most apparent within primary care services.
- In 2021/22, all parts of Essex have seen an increase on pre pandemic (2019/20) numbers of consultations undertaken by primary care

	Total Consultations			2021/22 change since 2020/21	Change since 2019/20 (pre pandemic baseline)
	2019/20	2020/21	2021/22		
Mid and South Essex	5,772,059	5,398,804	6,086,126	12.7%	5.4%
North East Essex	1,956,943	1,777,010	2,040,476	14.8%	4.3%
West Essex	1,436,089	1,340,451	1,538,586	14.8%	7.1%

In MSE, an additional 314k appointments were undertaken

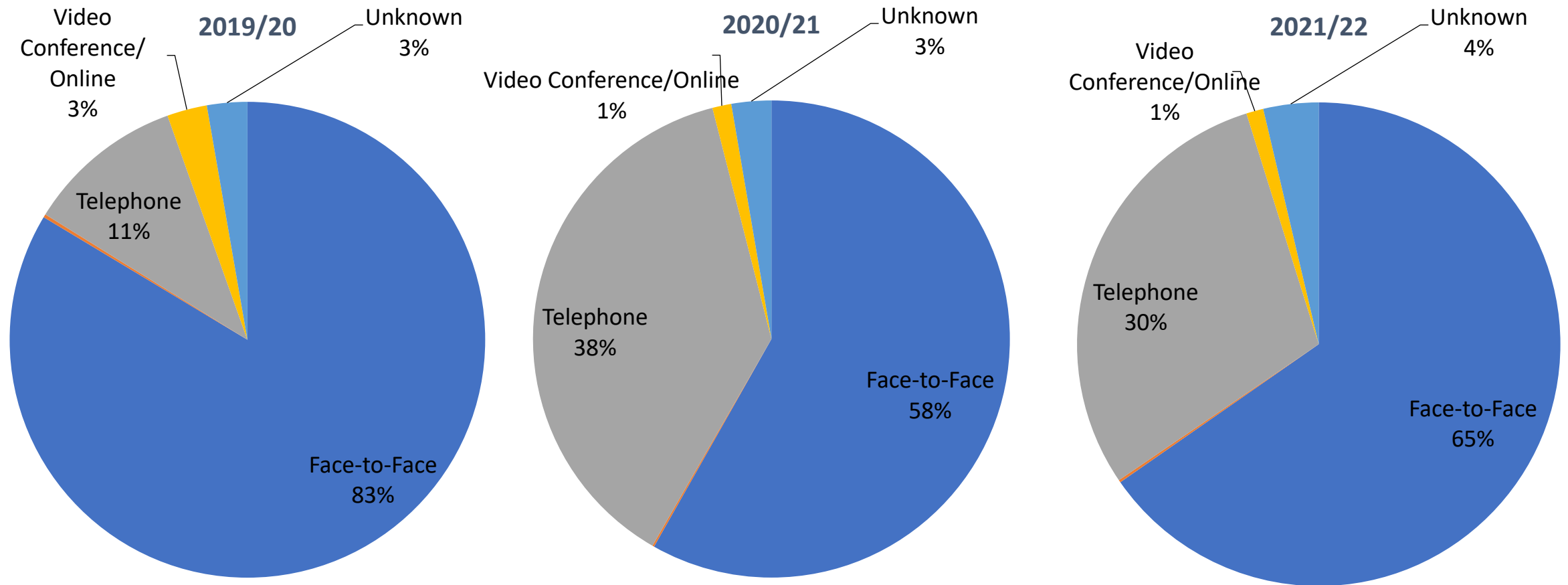
In North East Essex, an additional 83k appointments were undertaken

In West Essex, an additional 102k appointments were undertaken

# Modality of Appointments

(Source Mid and South Essex CCGs only NHS Digital Data)

- The last three years has seen rapid change in the modality of appointments being undertaken



# Taking residents with us

[Our Primary care communications campaign](#) was both in response to concerns linked to GP access and worrying rise in reports of abuse targeted at local staff

- The campaign sought to ensure shared understanding around why GP practices continue to work differently – given then need to triage all calls at the time this campaign ran
- We worked with both staff and patient representatives to develop an insight-led integrated communication campaign. Feedback received was incredibly valuable with the team listening to the themes and consequently reviewing our initial approach.
- This resulting in a radio campaign, newspaper advertising, a GP practice toolkit, easy read materials.
- [A summary of the campaign roll-out](#), gives an overview of the impact the campaign had locally.
- The [campaign website has a range of resources](#) that colleagues are still able to use. This includes a campaign toolkit, social media graphics, a campaign poster and an easy-read leaflet.



# What are local residents saying?

*"As mentioned, digital & face2face need to be offered together to ensure that those who are digitally excluded are not left behind".*

*"I struggle at all times of the day to get through to the GP and if you need an appointment, you won't get one unless you call at 8am on the dot"*

*"I would really like them to talk more slowly and clearly – there's only so many times I can say pardon! I sometimes put the phone down and think what they said"*

*"At 79 I don't find it very easy online and it's almost impossible to get appointment by phone"*

*"Telephone appointments are very helpful as I don't work near my GP"*

*"Need a GP appointment to get help with mental health but haven't yet as can't book online and will take ages to phone and gives me anxiety"*

*"Telephone appointments are flexible and it is easier to get an appointment at a suitable time. There is no need to take time off work to speak to your GP"*

# New Models of Primary Care and Digitalisation

- Pre-pandemic national policy and local strategy recognised that models of primary care needed to evolve to manage the challenges a changing population presents where the number of elderly patients with complex need is rising rapidly.
- Key features of the national and local approach include;
  - Collaboration between practices within “Primary Care Networks”
  - New roles within the workforce including pharmacists, physios, social prescribers
  - GP led primary care but an increasingly multidisciplinary workforce
  - Greater collaboration between primary, community, mental health, social care and voluntary sector providers to proactively support the local population
  - A differentiation of presenting need managing those with chronic and complex needs differently from those with short term, episodic need
  - A greater use of digital solutions such as online consultations, telephone and video consultations, Apps and other tools to enable people to access the right care at the right time
  - A greater use of other services to support patients that would traditionally present to their GPs e.g. community pharmacy, voluntary sector, other statutory agencies.
- In order to successfully support the implementation of these new models of care we need to improve engagement with our communities so that there is a better understanding on this new approach and that new models can be influenced by feedback from service users.
- An example of where engagement needs to improve is the use of administrative staff to support the triage and redirection process. To better support patients, it is important that reception staff ask some key questions when patients contact primary care. Through this process, there is the potential to better direct to the most appropriate solution e.g. nurse appointment, community pharmacy etc.



# Addressing Digital Isolation in Colchester

To address Digital Isolation, North East Essex Alliance, led by Colchester Borough Council have introduced Fixed Digital Asset Points (FDAP). A FDAP is a locked down screen which populates 16 tiles, 5 of which are defaulted to surgery, council, seasonal, NHS and Digital Access Support Team, the other 11 are decided with discussions between support team and the surgery, so that they are all relevant and bespoke to each surgery. One example of the screens:

- Creffield: <https://kiosk.c1-cbcmanager.co.uk/creffield-medical-centre-one/>

Working in conjunction with Colchester Borough Council:

- 39 FDAPs have been installed within 25 Surgeries across NEE
- 20 surgery sites are still to receive them
- 2 FDAPs are available per site



# New Roles in Primary Care

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- Primary Care Networks are recruiting to new primary care posts that offer an alternative and more appropriate service for many patients. This national initiative is called the Additional Roles Reimbursement Scheme (ARRS)



# New Roles in Primary Care

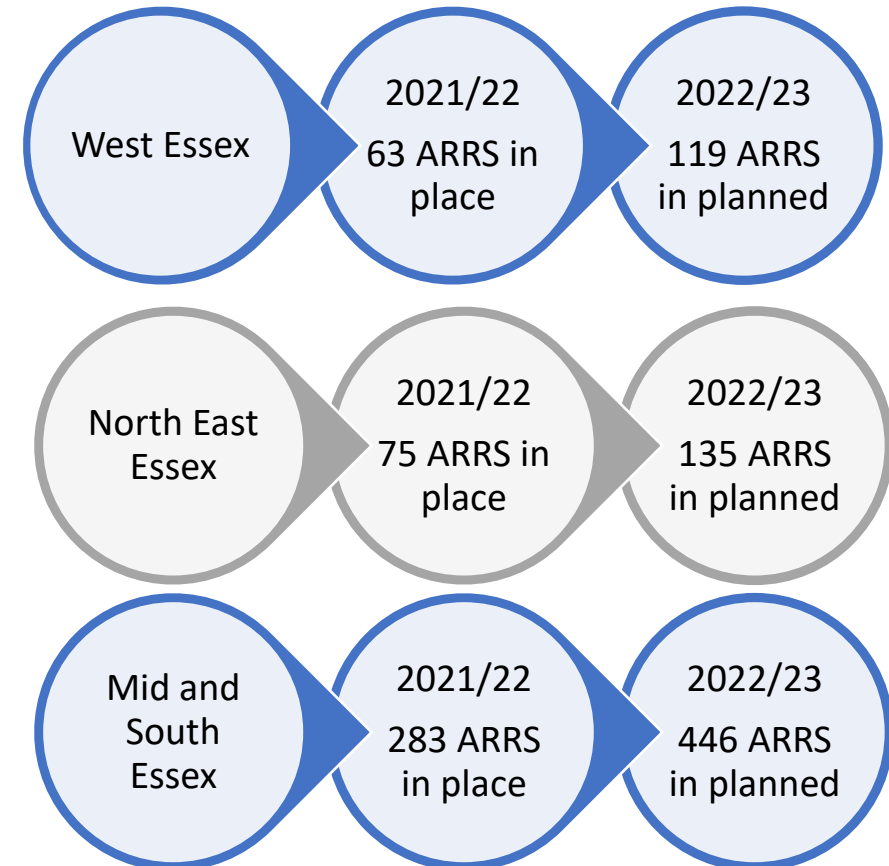
**Care Navigators** are members of the surgery reception team who have been trained to help patients get the right care from the right healthcare professional, as soon as possible, by asking for a little more detail from the patient when they book an appointment.

**Nurse Practitioners** are highly-trained professionals and can undertake complex reviews of patients, just like GPs. They can assess symptoms and build a picture of a patient's condition, treat minor health problems, infections, minor injuries and prescribe medication where necessary.

**Clinical Pharmacists** are becoming more commonplace in GP practices and are qualified professionals whose skills include reviewing medications for patients who have long term conditions. They can also treat minor illnesses and refer patients onto other services.

**First Contact Physiotherapists** - Musculoskeletal health issues such as back, muscle and joint pains are the most common cause of repeat GP appointments and account for around 1 in 5 of all GP appointments. Most of them can be dealt with effectively by a physiotherapist without any need to see the GP. They have the same high safety record as GPs and some are trained to administer steroid injections, order diagnostic tests including scans, and also prescribe medication.

**Social Prescribing Link Workers** also known as a Social Prescribers work in partnership with GP surgeries and can help people to access appropriate support in the community to help them make positive changes to your personal wellbeing.



# Primary Care Workforce

Whole Time Equivalent Workforce By Profession		Mar-20	Mar-21	Mar-22	Change
Mid and South Essex	GP	605	611	608	0.5%
	Admin/Non Clinical	1232	1252	1307	6.1%
	Direct Patient Care	235	243	261	11.1%
	Nurses	300	288	295	-1.7%
West Essex	GP	177	171	179	1.1%
	Admin/Non Clinical	333	334	342	2.7%
	Direct Patient Care	80	79	82	2.5%
	Nurses	61	68	66	8.2%
North East Essex	GP	162	153	176	8.6%
	Admin/Non Clinical	410	440	468	14.1%
	Direct Patient Care	72	98	103	43.1%
	Nurses	133	144	136	2.3%

- GP workforce has remained relatively stable in numbers in West Essex and Mid and South Essex and have seen a reasonable increase in North East Essex
- Underlying the GP workforce position is a general change (mirrored nationally) with an increase in salaried GP numbers and a reduction in the number of GP partners.
- All areas are affected by an ageing primary care workforce – 36% of the primary care workforce in North East Essex is over the age of 55, 38% in Mid and South Essex and 38% in West Essex.
- There is a significant focus across all areas of Essex to increase the number of Training Practices and GP trainees working within our practices. For example in MSE there are currently 109 trainees in our practices an increase of 84 since 2015. There are a number of initiatives to try and retain these trainees within our system upon qualification.

# Initiatives to improve workforce development, recruitment and retention

Training Hubs – Each system has a local training hub which aims to provide a local approach to primary care workforce development	First Five Coaching Scheme – supporting GPs in their first five years of their career establish themselves within primary care	ARRS support – ambassadors and support for the new roles in primary care e.g. pharmacists, physiotherapists etc	Academic Carer Pathways – establishing a route for a portfolio career including academic activity
Continuing Professional Development opportunities – specific training and development opportunities for the general practice workforce	Mid Career Portfolio Placements – aiming to support experienced GPs diversify their interests to retain them in primary care	Practice Manager Supporters Scheme – providing support, development and advice to practice managers	Apprentice Nursing Associate roles – new developmental roles aiming to offer alternative routes into primary care nursing careers
International recruitment schemes – supporting healthcare professionals from overseas to settle in primary care locally	Portfolio Fellowship for new GPs – providing roles that are a blend of general practice, development of a specialist interest and leadership development	Mentoring schemes – aimed at Mid Career GPs and practice managers to improve retention in the primary care workforce	PCN Training Team – supporting the embedding of new staff into clinical and non clinical roles in primary care

# Extended Access – October 2022

- A key requirement of PCNs in 2022/23 is to establish a new approach to Extended Access Services
- These services have been historically commissioned by CCGs but from October 2022, the responsibility for ensuring the population has access to extended access services transfers to PCNs.
- PCNs are encouraged to tailor these services to best meet the needs of their population. However, there are a number of specified requirements that must be delivered including;
  - ✓ Provision every weekday from 6:30pm to 8:00pm
  - ✓ Provision every Saturday from 9:00am to 5:00pm
  - ✓ 60 mins of provision per 1000 registered patients per week
  - ✓ Provision of routine general practice (i.e. not urgent out of hours care)
  - ✓ GP led provision
  - ✓ There must be a consistent offer to all registered patients
- PCNs are currently considering what model would work best for their population
- PCNs are required to engage with patients as part of the design process
- Proposals will be submitted to local commissioners for approval in the summer
- PCNs will then mobilise services in early autumn to then go live from 1<sup>st</sup> October 2022.

