



# **Adults Wellbeing and Health Overview and Scrutiny Committee**

## **Review Group Report**

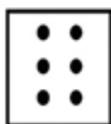
### **GP Services in County Durham**

**September 2020**

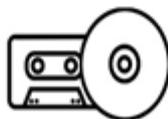
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## Table of Contents

### Contents

Chair’s Foreword .....	4
Executive Summary .....	6
Recommendations .....	10
MAIN REPORT .....	12
Background.....	12
National and Local Strategic Context.....	12
General Practice in County Durham.....	14
Investment in General Practice Primary Care Services .....	17
Patient access and experience of GP services across County Durham.....	20
Care Quality Commission – Primary Care Regulation and Inspection and results within County Durham.....	26
Issues Identified by County Durham and Darlington local medical committee ..	29
Demand for GP services in County Durham - public health and planning policy considerations.....	31
Transport access GP services in County Durham.....	34
CCG led initiatives to address workforce pressures within General Practice ....	38
The role of NHS 111 in accessing Healthcare Appointments.....	41
Impact of COVID-19 on healthcare services and general practice.....	43

## Chair's Foreword



Overall, whilst health and wellbeing has improved significantly in County Durham it remains worse than the England average. County Durham has an ageing population with higher than average numbers of people living with long term conditions many with complex health needs. Access to effective, high quality primary care to help achieve improved health outcomes and reduced health inequalities is essential. An increasing population coupled with high deprivation levels in some parts of County Durham means that demand for General Practice (GP) services is likely to increase and in order to meet this anticipated demand we need to insure that the County has adequate numbers of GPs and other healthcare professionals and that practices have effective appointment systems and a wide ranging skills mix within their practice teams.

The review group examined the extent of GP coverage across County Durham including practice numbers, staffing structures and skills mixes, GP appointment capacity and demand including non-attendance rates. The effectiveness of GP service provision as reflected in inspection ratings was considered, as well as patient satisfaction with GP services. Colleagues from the clinical commissioning groups explained existing and future workforce and demographic pressures which may impact upon access to GP services as well as setting out plans to address workforce pressures including the recruitment and retention of GPs and other health professionals. The role of public health, health promotion and ill health prevention together with planning policies and transport initiatives in ensuring that GP services are sustainable and accessible was also assessed.

The review group has made a series of recommendations which aim to improve the sustainability and accessibility of GP services across County Durham.

Since the review was undertaken we have been impacted by the greatest medical emergency in our generation and the COVID-19 pandemic has resulted in major changes to the way in which general practice services are delivered. A number of these changes support recommendations arising from this review including the increased use of technology to facilitate remote consultations and appointments. This experience will hopefully provide reassurance to patients that alongside face to face services, an increase in the use of such technology can be an effective, efficient and safe way of accessing GP services.

I would like to thank all those who took part in the review for their time and support especially representatives from the County Durham Clinical

Commissioning Groups, North East Ambulance Service NHS Foundation Trust, the Care Quality Commission, County Durham and Darlington local medical committee and officers from the County Council's public health, planning policy and integrated transport teams.

**Councillor John Robinson**

**Chairman**

**Adults Wellbeing and Health Overview and Scrutiny Committee**

# Executive Summary

- 1 During the course of 2018/19 the Adults Wellbeing and Health Overview and Scrutiny Committee was engaged in a number of applications to review, merge or close General Practitioner (GP) branch services across County Durham. As part of these consultations, members received representations from patients, GP practice staff and councillors regarding the potential cumulative impact of these proposed changes and decided to undertake a review of the provision of and access to GP services across County Durham
- 2 Primary care is often described as the 'front door of the NHS' and provides patients with community-based access to medical services for advice, prescriptions, treatment or referral, usually through a General Practitioner (GP) or nurse. It is estimated that around 90% of interactions in the NHS takes place in primary care.
- 3 The NHS Long Term plan published in 2019 sets out a shift from care in hospital settings to more community and primary care provision. Pressures within the healthcare system in terms of funding, staffing, increasing inequalities and an increasing and ageing population are highlighted, which coupled with the shift in provision have a big impact on GP service demand.
- 4 County Durham Clinical Commissioning Groups (CCGs) are clinically-led organisations made up of their respective GP practices. They have previously developed local primary care strategies which aim to ensure the sustainability of general practice in light of the challenges, building on existing strengths and ensuring safe, effective and high-quality care. The merger of North Durham CCG and DDES CCG to form a single CCG for County Durham will require a new countywide primary care strategy to be developed.
- 5 At the time of the review there were 67 GP practices across County Durham - 30 in North Durham CCG and 37 in Durham Dales, Easington and Sedgfield CCG each having a wide range of clinical staff and skills, with on average 27 staff per practice.
- 6 Pressures identified across primary care include an aging population with multiple long-term conditions and complex health needs; workforce pressures such as GP recruitment, retention and retirements; an overdependence on face to face appointments and the lack of innovation in alternative methods of consultation and take up of such options.

- 7 As part of the delivery of the NHS Long term plan, the development of Primary Care Networks (PCNs) provides the opportunity for service reform and supports the aspiration of fully integrated community-based healthcare. There are 7 new national service standards which have been developed for PCNs to deliver, and County Durham CCGs have committed investment to support delivery of these reforms. These standards relate to medications review; improved health in care homes; high needs patients' care; personalised care; early cancer diagnosis, cardio-vascular disease prevention and diagnosis and tackling neighbourhood inequalities.
- 8 Additional workforce investment identified for PCNs includes clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics. An additional role reimbursement scheme has been established to provide 70% of the total cost of these additional posts. Changes to medical indemnity arrangements arising from PCN development means that staff are free to work across GP practices within a PCN and support practices who may be struggling.
- 9 The working group supports the work proposed in respect of the development of Primary Care Networks, investments planned, and recommends adoption of arrangements to work across practices to address any local shortfalls in access to GP services and balance demand.
- 10 It is further recommended that the new staff roles introduced as a result of workforce investment are built into the local care navigation system to ensure that patients get the most appropriate support for their needs.
- 11 The review considered a wide range of user feedback, including evidence from three Healthwatch survey reports and CCG patient surveys. Most patients experience when seeing their GP in County Durham is positive, with 76% of North Durham CCG patients and 75% of DDES patients who completed the 2018 GP Patient survey saying that it was easy to get through to someone at their practice, compared to 70% nationally.
- 12 Patients welcome the ability to speak confidentially when visiting their GP and some expressed issues with the physical environment of GP reception areas to be able to do this. A well-managed GP reception area with clear access to posters, information and display screens reflected in positive patients' experience.
- 13 The lack of availability of same day/urgent appointments was highlighted as a concern by patients contacting their GP. The biggest concern identified by Healthwatch was the ability to get through to practices by telephone and successfully make an appointment.

- 14 Many patients when surveyed were also unaware of the care navigation initiative. Whilst Care Navigation has been introduced across County Durham GP practices, the Healthwatch County Durham review of this identified issues around the communication of the rationale for and benefits of care navigation to patients. It is recommended that the CCG address the issues identified in the Healthwatch review of care navigation including communication of the process.
- 15 A further area identified via the CCG survey was that fewer than 20% of patients used online services within their GP practice to book appointments, order prescriptions and access medical records with over 50% of patients being unaware of the availability of these services. The working group recommend that promotion of digital technology is built into the new Primary Care Strategy.
- 16 Consistently higher levels of satisfaction were reported across County Durham than the national average in terms of how good healthcare professionals are in giving patients sufficient time in appointments, listening to patients, treating patients with care and involving patients in decision making.
- 17 Turning to external regulator and partner views on County Durham GP services. General practice is regulated by the Care Quality Commission (CQC), who rate 94% of GP practices in County Durham as either outstanding or good.
- 18 A new CQC inspection regime is being introduced, which will focus more strongly on those services judged to be “requires improvement” or “inadequate”. As part of its inspection regime, it is recommended that the CQC should consider utilising information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when assessing the effectiveness of GP services provision.
- 19 Public Health is a key partner who work with the CCG, GP Services and other partners to improve health and prevent ill-health. They also work in conjunction with the CCG, NHS Property and County Council planning team to ensure that capacity within the healthcare system and population growth are considered when new housing developments are being examined, and built in as part of the emerging County Durham Plan. As part of local planning authority approval for new developments, developers are expected to contribute to new community facilities (so-called Section 106 funding). The use of Section 106 resources has contributed to improvements to GP facilities in some areas in County Durham and should continue to be supported in line with new infrastructure policy proposals in the emerging County Durham Plan.

- 20 As well as the availability of GP appointments, concerns exist regarding the ability of patients to access GP services particularly in the more rural areas of County Durham. There are a range of transport solutions available for patients to access GP services which, whilst not directly commissioned by the Council, are available via the Council's Travel Response Centre.
- 21 These services do have restrictions/criteria placed upon their availability and use and it is recommended that a more joined up approach between the offer of healthcare appointments for both hospital and GP services and any patient transport requirements should be adopted to ensure access is equitable across the County. This may help in part to address the do not attend (DNA) rates for missed appointments across County Durham, which from October 2017 to November 2018 were 3.9% equating to 129,000 missed appointments.
- 22 County Durham CCG has identified a range of initiatives as part of a five-point plan to provide additional support to General Practice. These include a GP Career start initiative; a Federated Salaried GP scheme; international recruitment, a GP Resilience scheme and a GP Retention Scheme.
- 23 A practice vulnerability tool has also been developed by CCGs and the Local Medical Committee utilising information from NHS England, Health Education England and individual GP practices to enable early identification of vulnerable practices and the availability of support to them.
- 24 In view of the challenges facing General Practice across County Durham and nationally and having experienced first-hand the problems facing vulnerable practices, the review group recommends the further development of the sustainability toolkit and supports its use.
- 25 The final area considered by the review was the way in which the NHS 111 service is used to book in hours GP practice appointments across the CCG. At the time of the review there were fewer than one third of available booking slots utilised via NHS 111 across the CCG area. In view of this the working group agreed that it was essential that CCGs and GP services publicised and communicated the role of NHS 111 in signposting patients to the most appropriate health service together with the ability to access GP appointments through this system should this be clinically required.

## **Recommendations**

### **Recommendation 1**

26 The development of Primary Care Networks and the additional workforce investment planned are supported. Revised medical indemnity arrangements to promote cross GP practice peer support should be promoted where workforce pressures are impacting upon the availability of GP appointments.

### **Recommendation 2**

27 New practice staff roles being introduced as part of the NHS Long Term Plan are built into the local care navigation to ensure the appropriateness of future patient appointments as part of any Primary Care Strategy.

### **Recommendation 3**

28 An extensive communications programme identifying the purpose of Care Navigation and its benefits should be implemented by the CCG and promoted across all GP practices within the County.

### **Recommendation 4**

29 The use of digital technology to access primary care services as an alternative to face to face consultations/appointments with GPs should be promoted as a way of facilitating more accessible and timely GP advice and support.

### **Recommendation 5**

30 As part of its inspection regime, the CQC should utilise information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when gathering evidence to assess the effectiveness of GP services provision.

### **Recommendation 6**

31 Use of section 106 agreements to contribute to the development of enhanced health care services where development is taking place is supported in line with the emerging County Durham Plan.

### **Recommendation 7**

32 An integrated transport solution is developed to address the challenges faced by patients in accessing appointments to include specific and widely publicised patient information relating to the travel support available.

### **Recommendation 8**

33 The CCG's workforce development initiatives detailed within this report are supported and further development and use of the practice vulnerability toolkit to support vulnerable practices through peer support across and within Primary Care Networks is recommended.

### **Recommendation 9**

34 The CCG and North East Ambulance Service NHS Foundation Trust develop an effective communications and marketing campaign to raise awareness and promote the availability of GP appointments via the NHS 111 Service.

# MAIN REPORT

## Background

- 35 During 2018/19, the Adults Wellbeing and Health Overview and Scrutiny Committee engaged in several consultation and engagement processes undertaken by GP practices which included reductions in practice branch sites, reductions in pharmacy/dispensing provision and branch closures. During these processes, the Committee have become increasingly concerned at the issues involving GP recruitment, retention, retirement and other workforce related pressures that are impacting on the level of service provision available to residents within County Durham.
- 36 There are concerns, nationally, regionally and locally about the falling number of GPs, the availability of GP appointments, the number of GP practices that are accepting new patients, the range of services available from GP practices, and the reduction in the number of GP branch sites.
- 37 The review sought to ascertain the extent of GP coverage across County Durham and identify the range of services offered by GP practices and the issues and barriers facing patients in accessing their GP.

## National and Local Strategic Context Key Findings

- Primary Care is considered to be the “front door” of the National Health Service (NHS) with an estimated 90% of interactions within the NHS taking place in Primary Care;
- The NHS Long Term plan published in 2019 sees plans for a shift from care in hospital settings to more community and primary care provision;
- Pressures within the Healthcare system in terms of funding, staffing, increasing inequalities and an increasing and ageing population are acknowledged within the Plan.
- County Durham CCGs have previously developed their own primary care strategies and the merger of North Durham CCG and DDES CCG to form a single CCG for County Durham will require a new Countywide Primary Care strategy to be developed

- 38 Primary care is often described as the ‘front door of the NHS’ and provides patients with community-based access to medical services for advice, prescriptions, treatment or referral, usually through a General Practitioner (GP) or nurse. General practice is the first point of contact with the NHS for most people. Other primary care providers include dentists, community pharmacists and optometrists. It is estimated that around 90% of interactions in the NHS takes place in primary care.
- 39 General practice, both nationally and locally, is under pressure due to rising demand for GP appointments particularly as a result of growing complexity of patient health conditions and their expectations from the health service. All this is set against constraints associated with the availability of financial and staffing resources.

### **NHS Five Year Forward View 2014**

- 40 The NHS Five Year Forward View, published in October 2014, set out the direction of future healthcare, and put forward a number of new innovative models of care which encourage integration and a patient centred approach to delivery of care across a geographic population. The report recognises the vital role which primary care plays at the heart of the NHS, and outlines the need for improvement and innovation, including an ambition to improve access and deliver more personalised, proactive and co-ordinated care.

### **General Practice Forward View 2016**

- 41 The General Practice Forward View published in April 2016 set out NHS England's approach to strengthening general practice and service transformation. It set out plans to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The report also details 10 high impact changes to help release time for care. (Appendix 1)

### **NHS Long Term Plan 2019**

- 42 The NHS Long Term Plan emphasises a shift of focus away from hospitals and towards community and primary care; reshaping ‘*the NHS around the changing needs of patients*’. The Long Term Plan also acknowledges challenges around funding, staffing, increasing inequalities and pressures from a growing and ageing population. The plan sets out how the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal setting.

### **Local Strategic Delivery in County Durham**

- 43 North Durham CCG and Durham Dales, Easington and Sedgefield CCG have each developed a General Practice Primary Care strategy which aims to ensure the sustainability of general practice in light of the challenges, building on existing strengths and ensuring safe, effective and high-quality care.
- 44 Common areas across both CCGs include improving access to general practice; workforce sustainability; workload/resilience; and care redesign linked to the integration agenda and digital infrastructure.
- 45 At the end of evidence gathering, the Adults Wellbeing and Health OSC received details of an application to merge the two CCGs into one organisation to cover the whole of County Durham. This would take effect from 1 April 2020 and the new organisation planned to develop a single primary care strategy for County Durham.
- 46 The key findings and recommendations within this report should be used as evidence to support the development of a countywide Primary Care Strategy by the NHS County Durham Clinical Commissioning Group.

## **General Practice in County Durham**

### **Key Findings**

- At the time of the review there were 67 GP practices across County Durham - 30 in North Durham CCG and 37 in Durham Dales, Easington and Sedgefield CCG;
- GP practices have a wide range of clinical staff and skills mixes with on average 27 staff per practice;
- Do not attend (DNA) rates for missed appointments from October 2017 to November 2018 were 3.9% equating to 129,00 missed appointments ;
- Pressures identified across primary care include an increasing aging population with multiple long-term conditions and complex health needs, workforce pressures such as GP recruitment, retention and retirements; an overdependence on face to face appointments and the lack of innovation in alternative methods of consultation.

- 47 At the time of this review there were 67 GP practices within County Durham with 30 practices with a total practice population of 262,686 in

North Durham CCG area and 37 practices with a total practice population of 292,701 in Durham Dales, Easington and Sedgefield CCG.

48 In respect of staffing structures with GP practices in County Durham the data shows the following:-

Staffing	North Durham CCG	DDES CCG
Average no. of GPs per practice	6.8	5.7
Average no. of Nurses per practice	4.1	4.9
Average no. of Non GP/Nursing staff per practice	2.7	3.0
Average total no. of staff per practice	27.1	27.4

49 The review group received evidence regarding GP workload for the 12 months from November 2017 to October 2018. Over this period the total number of appointments booked across County Durham was 3,307,546. The “Did Not Attend” rate for this period was 3.9% which equated to around 129,000 missed appointments.

50 DNA appointments have an enormous impact on the healthcare system in terms of increasing both costs and waiting times. More than 15 million general practice appointments are wasted each year because patients do not turn up and fail to warn surgeries that they will not be attending. Each appointment costs an average of £30, putting the cost to the NHS at more than £216 million on top of the disruption for staff and fellow patients.

51 A number of GP appointments have been estimated as avoidable and could have been seen outside of General Practice. Schemes such as Care Navigation, which appropriately signposts patients to an alternative pathway should help in reducing ‘avoidable’ appointments. Active signposting is one of the 10 high impact changes to release time for care.

52 NHS England promoted the principle of care navigation which offered individuals choice by providing information to help them move through

health and social care services and access the support that was right for them. The introduction of care navigation in County Durham involved the training of GP practice teams to support patients by sign posting them to the most appropriate professional or service. The aim of this was to help patients receive the right care first time as efficiently as possible. Care navigation also provides patients in primary care with a link to sources of support within community to help improve their health and wellbeing.

- 53 A number of GP workforce challenges were identified across County Durham. The County has an ageing population with increasingly complex health needs . It was also noted that a number of GP's across County Durham would be eligible to retire within the next 10 years (24% of GPs in DDES CCG and 21% of GPs in North Durham CCG). This could potentially mean a reduction in the number of appointments available to patients. The need for workforce transformation based upon new models of care and an increased skill mix within general practice also needed to be addressed within the context of already identified workforce pressures within the NHS and a finite resource envelope to fund this.
- 54 The number of DNA in respect of appointments across County Durham identified in paragraph 50 above highlighted the importance of CCGs and GP practices working to support the service in reducing these.
- 55 The importance of digital infrastructure to support new models of care across general practice cannot be understated. A range of digital approaches have been identified by CCGs in County Durham such as:-
- E-consultations;
  - Online access to clinical records in care homes;
  - Access to PC clinical care records in 13 North East Trusts;
  - Electronic hospital correspondence;
  - Health and Social Care Network Implementation;
  - Veteran Health support;

## Investment in General Practice Primary Care Services

### Key Findings

- The development of Primary Care Networks proposed under the NHS Long Term plan provides the opportunity for service reform;
- 7 new national service standards have been developed for PCNs to deliver;
- County Durham CCGs committed to support primary care with the 2018/19 investment forecast for primary care across County Durham being £93,944,000;
- Additional workforce investment identified for PCNs to include clinical pharmacists, social prescribing link workers, physician associates and first contact physiotherapists and first contact community paramedics;
- An additional role reimbursement scheme established to provide 70% of the total cost of these additional posts. For an average PCN with a patient coverage of 50,000 this would mean an additional investment of £92,000 from July 2019 rising to £726,000 in 2023/24:
- Changes to medical indemnity arrangements arising from PCN development means that staff are free to work across GP practices within a PCN and support practices who may be struggling.

56 In order to deliver the NHS long term plan 2019, a 5 year framework for GP contract reform was developed for 2019 /2020. Key themes amongst the contract reform included the introduction of a new primary care network (PCN) contract and funding to deliver new services at PCN level.

57 The PCN is considered to be the foundation of all integrated care systems and it was essential that PCN's work in an integrated way with other community health services such as community nurses, geriatricians common dementia workers and podiatrists/chiropractors.

58 During the course of the review details were received regarding the initial registration of primary care networks across County Durham with the deadline set for CCG's to confirm PCN network coverage and approved variations to existing contracts by 31st May 2019.

59 The establishment of PCNs required existing GP practices to join together to form collaborative PCNs which covered between 30,000-50,000

population. Whilst these upper and lower thresholds have been set by NHS England it was considered reasonable that where low population density across a large rural and remote area existed this may result in a slightly smaller network list size.

- 60 PCN boundaries were required to make sense to constituent GP practices; other community based providers who configure their teams accordingly and to its local community whose area it served. The networks were required to deliver the “triple integration” of primary and specialist care, physical and mental health services and health with social care.
- 61 Recurring funding of £30,000,000 per annum nationally commencing in 2019/20 would be available to improve access to general practice. This would contribute to the introduction of 111 direct booking and 100% coverage in a PCN for evening morning and weekend extended GP slots. It was envisaged that by April 2021, this together with existing funding would deliver a single combined access offer.
- 62 As part of the development of primary care networks, 7 national service specifications to be delivered by PCNs were established by NHS England which were due to commence in April 2020/21. These service specifications were:-
- (i) **Structured Medications Review and Optimisation**; Structured medication review will be undertaken by the pharmacists employed by the network
  - (ii) **Enhanced Health in Care Homes**, to implement the vanguard model;
  - (iii) **Anticipatory Care requirements** for high need patients typically experiencing several long term conditions, joint with community services; (co-ordinated care pathway in Co Durham) to follow **new community-led urgent response and reablement service**
  - (iv) **Personalised Care**, to implement the NHS Comprehensive Model;
  - (v) **Supporting Early Cancer Diagnosis**;
  - (vi) **Cardio Vascular Disease Prevention and Diagnosis**; and from (2021/22)
  - (vii) **Tackling Neighbourhood Inequalities**.
- 63 In order to support the delivery of general practice primary care services, County Durham CCGs committed to support primary care with the 2018/19 investment forecast for primary care across County Durham being £93,944,000 in total.

- 64 The NHS long term plan also declared a commitment to the principle of shared savings which NHS England anticipated would cover avoidable A&E attendances; avoidable emergency admissions; timely hospital discharge supported by integrated primary and community care teams; outpatient redesign to deliver some services within a primary care network and prescribing costs.
- 65 Within County Durham it was noted that a scheme had been developed whereby GP practices had control of the CCG budget and were accountable for their own spending.
- 66 In terms of additional workforce investment, the newly developed primary care networks were potentially to recruit an additional 22,000 staff nationally across a wide range of clinical disciplines including clinical pharmacists and social prescribing link workers in 2019. The addition of physician associates and first contact physiotherapists was planned for 2020 with first contact community paramedics targeted for introduction in 2021. In order to fund these additional posts, an additional role reimbursement scheme had been established which would provide 70% of the total cost of these additional posts. For an average PCN with a patient coverage of 50,000 this would mean an additional investment of £92,000 from July 2019 rising to £726,000 in 2023/24.
- 67 Significantly GP practices under the new contractual arrangements would no longer be required to provide their own medical indemnity as it would move to a crown indemnity insurance coming covering all GP practices , doctors, and their staff including advanced nurse practitioners. With no indemnity issues staff would no longer be tied to a specific practice and could work across multiple practices within a single PCN.

## **Recommendations 1 and 2**

- 68 The development of Primary Care Networks and the additional workforce investment planned are supported. Revised medical indemnity arrangements to promote cross GP practice peer should be promoted where workforce pressures are impacting upon the availability of GP appointments.
- 69 New practice staff roles being introduced as part of the NHS Long Term Plan are built into the local care navigation to ensure the appropriateness of future patient appointments as part of any Primary Care Strategy.

## **Patient access and experience of GP services across County Durham**

### **Key Findings**

- Most patients considered that they had a positive experience when seeing their GP;
- 76% of North Durham CCG patients and 75% of DDES patients who completed the 2018 GP Patient survey considered that it was easy to get through to someone at their practice;
- Healthwatch County Durham reported in their survey that patients' biggest concern was the ability to get through to their practice by telephone and successfully make an appointment;
- Many patients when surveyed were unaware of the Care Navigation initiative being introduced across County Durham CCGs;
- Patients welcome the ability to speak confidentially when visiting their GP and some expressed issues with the physical environment of GP reception areas to be able to do this;
- A well-managed GP reception area with clear access to posters, information and display screens reflected in positive patients' experience;
- The lack of availability of same day/urgent appointments was highlighted as a concern by patients contacting their GPs;
- Fewer than 20% of patients use online services within their GP practice to book appointments, order prescriptions and access medical records with over 50% of patients being unaware of the availability of these services;
- Consistently higher levels of satisfaction were reported across County Durham than the national average in terms of how good healthcare professionals are in giving patients sufficient time in appointments, listening to patients, treating patients with care and involving patients in decision making;
- Whilst Care Navigation has been introduced across County Durham GP practices, the Healthwatch County Durham review of this identified issues around the communication of the rationale for and benefits of care navigation to patients.

70 The review group were keen to consider evidence from patients about their experience in accessing GP service. Several sources of this information were presented to the review group including :-

- Healthwatch County Durham's "Access to GP appointments systems" report published in November 2018
- Healthwatch County Durham's "GP Practice Enter and View" summary report published in September 2018
- Summary of the 2018 GP Patient Survey – Patient Satisfaction
- Healthwatch County Durham's "Primary Care Navigation" report published in March 2019

71 The first report highlighted that for most patients seeing their GP was a positive experience although some had voiced concerns about their inability to make GP appointments quickly and at the time they need them. Feedback from patients indicated that the biggest concern was their ability to get through to their GP by telephone particularly at peak times. They were often frustrated in being advised when they did speak to the surgery that all appointments for that day had been taken and that they would need to call back the next day.

72 Concern was also expressed at patient ability to talk confidentially when attending their GP particularly in the reception area. 43% of patients surveyed said they were not able to speak confidentially which again proved frustrating given the importance placed upon this by patients. Triage systems introduced by some surgeries appeared to be well received by those patients who had accessed them. The opportunity to discuss symptoms with a GP and being assessed on the need to access an appointment urgently was found to be reassuring and effective with 71% of patients indicating that it worked well.

73 At the time of producing the Healthwatch report, the care navigation system was being adopted by all GP practices within County Durham to mixed responses by patients with a significant number of patients unaware of the system.

74 The GP practice enter and view summary report detailed feedback obtained by Healthwatch County Durham as part of enter and view visits to 8 GP practices across County Durham. As part of this process patients indicated that they value all practice staff considering them to be caring, friendly, approachable and patient, with patients feeling well informed and listened to as part of their appointments. Seeing the same nurses and doctors created a trusting environment and increased patient confidence in terms of their experience.

75 In terms of service provision across the practices visited, patients felt happy with the appointment systems considering that the practices had flexible opening hours and they did not feel rushed in an appointment. Patients welcomed those practices that offered good support for mental health, specialist clinics and had close links with local pharmacies.

76 Patients considered the physical environment within which they received GP services important with effective management of publicity and information a key factor also. Some feedback was obtained that screens within GP reception areas sometimes made communication more difficult and those practices where publicity and information was less well managed led to a less positive experience.

77 As part of face to face interviews with patients as part of the enter and view process, concern was again expressed regarding the difficulty of getting through on the telephone to make an appointment or indeed not knowing your position within a telephone queue. There was also frustration at not being able to see your preferred GP with some practices utilising locum doctors frequently thus reducing the ability to develop patient/GP relationships.

78 Key recommendations put forward by Healthwatch County Durham to the CCG for GP practices to consider include assessing and reviewing the accessibility of reception areas, having easy to read and well managed notice boards and publicity materials, reviewing the practices' appointments system and assessing the effectiveness of its telephony and undertaking a review of practice websites to ensure that all information detailed therein is up to date and relevant.

79 Key findings identified within the 2018 NHS England GP patient survey included:-

- 76% of patients within DDES CCG and 75% within North Durham CCG considered that it was easy to get through to someone at their GP practise on the telephone compared with 70% nationally;
- More than 50% of patients across both CCG's were unaware of the availability of online services within their practice including booking appointments, ordering prescriptions and accessing medical records;
- fewer than 20% of patients within County Durham used the aforementioned online services within their practice;
- 50% of patients across County Durham see or speak to their preferred GP when they would like to which is the same as national data;
- Before trying to get on appointment with their GP :-
  - Fewer than 30% of patients looked for information online
  - 12% of patients spoke to a pharmacist
  - 29% of patients tried to treat themselves/self manage their symptoms

- 8% of patients called an NHS helpline such as NHS 111
- 24% of patients asked a friend or family member for advice
- 40% of patients did not try to obtain any information or advice.
- 43% of patients who attempt to make an appointment expected the appointment to be on the same day as calling;
- 45% of patients within DDES CCG and 53% within North Durham CCG refused to take appointments offered because there weren't any appointments available for the time of day requested compared with 47% nationally;
- 87% of patients within DDES CCG and 83% in North Durham CCG received an appointment to see someone at their GP practice compared with 8% and 11% telephone consultation, 4% were offered another general practice location, 1% home visit and no offers of online consultations;
- Ratings were consistently better than nationally on how good the healthcare professional seen was at affording patients sufficient time during their appointment, listening to patients, treating patients with care and concern, and involving patients in decisions about their care and treatment;
- 96% of patients across County Durham had confidence and trust in the healthcare professional that they spoke to or saw which mirrored national data and 95% of patients across County Durham considered that their needs were met during their last GP appointment which again mirrored national data;
- 85% of patients in DDES CCG considered their experience of their GP practice to be good compared with 88% in North Durham CCG and 84% nationally.

### *Care Navigation*

80 As part of the NHS Five Year Forward View, a new five-year £45 million fund was created to contribute towards the costs for practices of training reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. This “Care Navigation” system provides patients with a first point of contact in their practice which aimed to direct them to the most appropriate source of help. Website and app-based portals could provide self-help and self-management resources as well as sign posting to the most appropriate professional. Receptionists acting as care navigators ensure patients are booked with the right person first time.

- 81 Non-clinical GP staff were provided with training and access to a directory of information about services in order to assist the direction of patients to the most appropriate source of help or advice including services in the community as well as within the practice.
- 82 Introduced in 2018 care navigation was developed by CCGs in County Durham in an attempt to improve patient experience in contacting GP services. The aim of care navigation was to ensure that every patient was able to see the right person to provide them with the right care at the right place and time. This supported GPs to manage their practices so that appointments are available to patients when they need them and also offered patients choice about where and with whom they receive treatment and support.
- 83 The CCGs emphasise that patients do not have to accept what is offered through care navigation and can still request to see a GP or another member of practice staff. A note that the offer of care navigation was declined is added to a patient record in order to monitor the service.
- 84 In order to independently evaluate the care navigation system, Healthwatch County Durham was asked by the CCG to undertake research into the experience of primary care staff and patients in County Durham.
- 85 In respect of staff responses, 79% responded that care navigation was working well on a day to day basis with 86% of respondents indicating that they were supported by other reception and administrative staff whilst 73% felt supported by practice managers. 85% of respondents felt that they had sufficient knowledge to enable them to implement care navigation effectively and 80% also felt they had sufficient information regarding external and alternative service provision. Staff also would like to see physiotherapy and dental services also included in the care navigation programme, and 75% of respondents felt that they did not need any further ongoing support.
- 86 Regarding responses received from patients, of the 79% of respondents who made their appointment by telephone, 62% confirmed that they had heard a telephone message explaining the care navigation process and thought they would be asked some questions to best direct their inquiry.
- 87 60% of respondents were happy to explain to care navigators the reason for their call or visit with 74% feeling that they were listened to. 71% had confidence in the person that they were talking to while 76% felt the information provided to them about care navigation was clear and relevant. 73% were happy with the outcome of the care navigation process and as a result of the conversation with the care navigator, 64% were given an appointment with a GP.

- 88 Care navigation is seen as a positive development by both staff and patients but more could be done to improve the service. Many comments were received on how the service could be improved and these have been submitted to the CCGs as part of the evaluation process.
- 89 Training was a theme that emerged across several questions, both in relation to training new staff and ongoing training for staff who are already using the system. Consideration should be given to responding to this need as staff commented that they felt this was important to support staff to develop their confidence and skills base.
- 90 Staff commented that they are unclear as to how to link to external services once they have signposted a patient and further clarity on this would be helpful for staff as would additional information on waiting/opening times for these services.
- 91 Staff made some specific comments around receiving updates e.g. feedback showing what difference care navigation had made to GP appointments and sharing best practice between surgeries. Communicating positive messages to staff via newsletters etc could be considered.
- 92 Feedback highlighted that 25% patients did not hear a message when they telephoned to make an appointment. The CCG could re-iterate the importance of this message and ask all practices to ensure a message is relayed explaining the purpose of Care Navigation.
- 93 Respondents repeatedly made the comment that the receptionist was not qualified to deal with their problem. Surgeries could relay in their telephone message that navigators are trained to take the call but will not make a clinical decision, as this message is currently not getting across to patients.
- 94 Comments were made about the recorded telephone message being frustratingly long, particularly when having to ring repeatedly at 8.00am. Patients also asked if the telephone systems could tell them their number in the queue.
- 95 Consideration should be given to patients with hearing loss as they reported that they found the system difficult to access. Technology could be used to support these patients.
- 96 Whilst 69% of patients were happy to explain to the receptionist the reason for their call, those who weren't happy had concerns about confidentiality and privacy. All surgeries should look at their reception areas and call handling to ensure they are maximizing the opportunity for patients to speak in private.

97 Although patients were not asked about their experiences of getting an appointment with a GP, many of the comments received related to this. The lack of available appointments, the difficulty of having to ring the surgery at 8.00am or visit at that time and the length of time patients had to wait before they were able to see a GP were repeatedly raised. Patients' concerns could be addressed by providing further information on Care Navigation that highlights the aim of reducing the demand for GP appointments. The importance of promoting Care Navigation, the rationale for the system and the benefits delivered by the system, including access to a wider range of services, cannot be understated.

98 The Working group recognises the benefits of the Care Navigation process as an effective mechanism to ensure that patients are offered appointments with clinical staff which are appropriate to their needs and also signposts patients to alternative care pathways which may be more effective.

### **Recommendation 3**

99 An extensive communications programme identifying the purpose of Care Navigation and its benefits should be implemented by the CCG and promoted across all GP practices within the County.

### **Recommendation 4**

100 The use of digital technology to access primary care services as an alternative to face to face consultations/appointments with GPs should be promoted as a way of facilitating more accessible and timely GP advice and support.

## **Care Quality Commission – Primary Care Regulation and Inspection and results within County Durham**

### **Key Findings**

- The Care Quality Commission has reviewed its Primary Care inspection regime to reflect a change in the delivery of regulated services and the reduction of resources available to the CQC;
- 94% of GP practices in County Durham are rated by the CQC as either outstanding or good;
- The new inspection regime will focus on those services judged to be “requires improvement” or “inadequate”;
- As part of its inspection regime, the CQC should utilise information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when assessing the effectiveness of GP services provision.

101 The Care Quality Commission(CQC) is the statutory regulator for health care and adult social care in England, monitoring services including adult social care services, independent mental health locations, NHS ambulance trusts, hospices, dental practices, independent acute hospitals, NHS acute hospital trusts, NHS mental health trusts, primary medical care services and NHS or independent community health providers/locations.

102 The CQC has developed a revised strategy which reflects a change in use and delivery of regulated services and also acknowledges a reduction in the level of resource available to the CQC to deliver its functions.

103 The ambition of the CQC strategy is for a more targeted responsive and collaborative approach to regulation to ensure that more people get high quality health and social care. The strategy has been developed based upon feedback from service recipients, providers’ staff and partners as well as learning from more than 22,000 inspections.

104 The fundamental principles underpinning the CQC's current model of regulation includes:-

- registration of those who apply to provide health and adult social care services;
- monitoring services, carrying out expert inspections and providing judgments and ratings in respect of the services including recommendations for improvement;
- undertaking enforcement action where poor care/services are found and requiring providers to improve;
- providing an independent voice on the state of health and adult social care in England.

105 The CQC inspection regime is based upon five key questions: whether services are safe; effective; caring; responsive to people's needs and well led. Following an inspection, a report detailing the inspection findings and an assessment of the organisation as either outstanding, good, requires improvement or inadequate is given.

106 An analysis of CQC ratings across GP practices as at March 2019 highlighted the following results:

<b>CQC Rating</b>	<b>National</b>	<b>North-East</b>	<b>County Durham</b>
Outstanding	4.7%	8.1%	10%
Good	90.2%	87.5%	84%
Requires Improvement	3.8%	3.5%	4%
Inadequate	1.3%	0.9%	1%

107 With effect from 20 February 2019 the CQC regulation of general practice was changed. A new insight model was developed and introduced which used nationally available data to assist inspectors to monitor providers and plan inspections. This information was to be used as part of the evidence base within inspection reports.

108 A refined approach to inspection and rating population groups and introduction of short inspection reports were implemented in April 2018. Inspection intervals of a maximum of five years for providers rated as good or outstanding were introduced with a proportion of such providers being inspected every year in order to ensure that all were inspected within the five year period. The CQC would continue to inspect providers rated inadequate within six months and those rated as requiring improvement within 12 months; these inspections would continue to be fully comprehensive looking at all five key questions within the inspection matrix.

109 From April 2019, inspections of providers rated as good or outstanding would be focused rather than comprehensive, with the focus determined by what the CQC knows about each service including data, information from the provider, from stakeholders and the findings from previous CQC inspections. The use of short notice or unannounced inspections would continue if information was received by CQC that was of urgent concern for example from whistleblowers.

110 Information from stakeholders which may be used to contribute to CQC inspection and regulation may include local Healthwatch reports and reports from local authority health overview and scrutiny committees.

111 CQC representatives acknowledged that there were pressures within the CQC in respect of the capacity of inspectors to undertake inspections each year in view of the team covering Cumbria and the North East which contained approximately 350 GP practices. It was in order to address these capacity pressures that the CQC had decided to amend its inspection regime.

112 The review group was pleased to note the high levels of inspection standards within County Durham and also the work undertaken across County Durham to address those GP practices which require improvement or are judged to be inadequate. The CCG were determined to ensure that those poor performing practices were able to access peer support from those judged to be outstanding.

### **Recommendation 5**

113 As part of its inspection regime, the CQC should utilise information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when gathering evidence to assess the effectiveness of GP services provision.

### **Issues Identified by County Durham and Darlington local medical committee**

114 The working group received evidence from Dr David Robertson, honorary secretary of the County Durham and Darlington local medical committee. Dr Robertson indicated that he considered that being a GP was a rewarding occupation and felt fortunate to be working in County Durham with well led Clinical Commissioning Groups who provided excellent support to general practice.

115 He indicated however that there were pressures within general practice which included :-

- an ageing population within County Durham with more people having multiple long-term conditions which were difficult to manage as demands on GPs increased;
- there was an increasing expectation being placed upon general practice to deliver more treatments, therapies and support;
- The impact of lifestyle issues within County Durham contributed significantly to ill health and long term health conditions;

- There was an increase in demand for general practice;
- There was an ageing workforce amongst GPs with many over the age of 50 wanting to cut their working hours or retire and an increase in the use of salaried GPs/ locum GPs rather than GPs wanting to become practice partners;
- There was a sense of frustration across general practice that whilst 90% of work carried out within the NHS was carried out in primary care only 10% of NHS resource was allocated to it;
- The need for more fit for purpose modern GP surgeries was clear with the development of primary care networks to allow GP practises to work collaboratively and share staffing resource as well as developing an extended health care service to include pharmacy, social prescribing, physiotherapy and other specialisms.

116 Dr Robertson supported the principles of health and social care integration with the development of “teams around patients” a positive example of innovation within the County Durham healthcare system. This coupled with an effective public health service to address the issues around health improvement and health inequality could assist in addressing the pressures being experienced within primary care.

117 The review group whilst considering the representations made by the local medical committee, suggested that GPs could make more use of patient reference groups and local intelligence when considering service provision and any need for change.

118 Dr Robertson also identified pressures placed upon general practice by way of the contractual demands placed upon primary care which had often led to a default position whereby appointments were offered to patients to ensure a steady stream of attendance at GP practices and thus provide the practice with income. Potential changes to GP contracting arrangements could deliver beneficial changes to the system which may reduce the need for face to face appointments for patients.

## **Demand for GP services in County Durham - public health and planning policy considerations**

### **Key Findings**

- An effective health promotion programme which aims to reduce health inequality ultimately reduces pressures on the NHS;
- There is a need for much greater integration across health, social care and wider public services which would include better information sharing, collaboration and shared decision making to improve peoples' health and wellbeing;
- The development of primary care networks and the establishment of "teams around patients" across County Durham ensures that better health and social care integration is being delivered.
- Health promotion and ill health prevention initiatives being implemented within County Durham in conjunction with other public sector partners are seen as critical in attempting to reduce the burden upon primary care by encouraging people to take more responsibility for their health and wellbeing;
- New housing developments and an increasing population within County Durham may impact upon the capacity available within General Practice;
- CCGs, NHS Property Services and Public health are all consulted in respect of housing development applications and have engaged in the development of the emerging County Durham Plan;
- Section 106 monies have been used to support GP services within County Durham in specific areas and this is to be supported.

119 As detailed earlier in this report, as part of the development of primary care networks, NHS England requires seven national service specifications to be delivered one of which involves tackling neighbourhood inequalities. The links between health and the built and natural environment together with the role of the environment in shaping the social, economic and environmental determinants of health are increasingly recognised and understood.

120 In order to assess the increasing level of demand being placed upon general practice, the working group examined the steps being taken in respect of health promotion and ill health prevention. In examining the wider determinants of health, it was acknowledged that the tailoring of

public health services to local need would support economic growth and required effective policies in areas such as housing and leisure.

121 In November 2018 the Department of Health and Social Care published “Prevention is better than cure” which set out the government’s vision for stopping health problems arising and supporting people to manage their own health. The document goal was to improve healthy life expectancy by at least five years and to close the life expectancy gaps between the richest and poorest in society.

122 An effective health promotion programme which aims to reduce health inequality ultimately reduces pressures on the NHS, social care and other public services which have been growing year on year and prompted this review.

123 Evidence received from public health emphasised the need for much greater integration across health, social care and wider public services which would include better information sharing, collaboration and shared decision making to improve peoples’ health and wellbeing.

124 The development of primary care networks and the establishment of “teams around patients” across County Durham had been important in ensuring that better health and social care integration was being delivered. The health promotion and ill health prevention initiatives being implemented within the County in conjunction with other public sector partners are seen as critical in attempting to reduce the burden upon primary care by encouraging people to take more responsibility for their health and wellbeing. The working group was encouraged by these initiatives and considered that the success of such initiatives depended upon an effective and sustained communication strategy.

125 In examining the demand being placed upon general practice, the working group were conscious of the impact of an increasing population within County Durham coupled with more housing developments. Anecdotal evidence received by members suggested that any increase in housing provision to meet a rising population across County Durham would inevitably place additional pressure upon general practice and lead to further reductions in GP appointment availability and increased pressure upon other parts of the healthcare system including potentially accident and emergency departments.

126 In order to establish if this was the case, the working group examined the emerging County Durham plan and the key policies therein around economic growth and investment within County Durham, the provision of a wide choice of housing to meet need and enhancing the natural, built and historic environment.

- 127 Regarding future housing development, the emerging County Durham plan detailed proposals for at least 24,852 new homes with 15,946 sites identified as having planning permission or already being under construction.
- 128 The plan included an infrastructure delivery plan which has been developed in conjunction with NHS property services, public health and County Durham CCGs. Members noted that previous population growth within County Durham had been absorbed by existing healthcare facilities and it was acknowledged that future increases in population could potentially put pressure on existing healthcare infrastructures in some areas. No funding was currently in place to support capital investment in new clinical space or recurrent revenue costs.
- 129 It is acknowledged that healthcare infrastructure is an expensive resource and as demand and population within the County grows this resource will need to be used as fully as possible. Consideration has been given as to whether additional funds could be identified to support extending current or new healthcare facilities as part of the planning process. This however would not address any long-term revenue implications or recruitment pressures.
- 130 Throughout the development of the County Durham plan, housing sites have been shared with public health, NHS property services and the CCGs whilst the housing sites identified within the plan had informed the County Durham pharmaceutical needs assessment.
- 131 In considering the impact of new housing development, it was noted that CCGs were engaged within the consultation process for planning applications to establish their impact on GP provision. In assessing this impact, the planning policy currently worked on the basis of 1700 patients per full time equivalent (FTE) GP and, assuming 2.2 patients per house, this would result in 773 new dwellings creating the need for one FTE GP. This equated to an approximate cost of £71 per dwelling where need was established with mitigation being secured through section 106 agreements to reflect this additional demand for GPs created over and above natural population changes. This would be utilised for capital contributions to enhanced services rather than ongoing revenue costs.
- 132 In utilising section 106 agreements in this way, financial contributions had been secured towards extending existing GP practices in Sedgfield and West Rainton.
- 133 Members supported the use of section 106 agreements to contribute to the development of enhanced health care services where demand could be demonstrated and endorsed the proposed policies and approach set out within the County Durham plan.

## Recommendation 6

134 Use of section 106 agreements to contribute to the development of enhanced health care services where development is taking place is supported in line with the emerging County Durham Plan.

### Transport access GP services in County Durham

#### Key Findings

- As well as the availability of GP appointments, concerns exist regarding the ability of patients to access GP services particularly in the more rural areas of County Durham;
- There are a range of transport solutions available for patients to access GP services which whilst not directly commissioned by the Council are available via the Council's Travel Response Centre;
- The services do have restrictions/criteria placed upon their availability and use;
- a more joined up approach between the offer of healthcare appointments for both hospital and GP services and any patient transport requirements should be adopted.

135 As well the need to identify the range and scope of GP services across County Durham, the review group had also identified within its terms of reference the need to examine the local authority's role and responsibilities in developing and delivering sustainable transport solutions which would support access to GP services.

136 Evidence already received by the working group in identifying the number of GP practices across County Durham together with feedback from the County Durham and Darlington local medical committee established that not every settlement within the County had a GP practice. Indeed the development of larger GP practice groups together with the pressures placed upon the smaller GP practices in terms of availability of appointments often required patients to travel in order to access GP services.

137 In an area as large as County Durham this often requires long journeys which, given the issues identified within the County in respect of car ownership, often required accessing public transport or alternative transport solutions.

138 Whilst many of the towns and villages within County Durham were served by an accessible public transport network, there were some concerns that had been identified in terms of the more rural areas of

County Durham where the lack of commercially viable bus routes had led to the council subsidising bus services.

- 139 In view of this, a range of alternative transport solutions providing access to health appointments had been developed and, whilst the County Council did not commission any services specifically for access to health, it did play a role in many of the services on offer.

#### *Patient Transport Service (PTS)*

- 140 Operated by the North East Ambulance Service (NEAS), this service provides pre-planned non-emergency transport to out-patients' appointments, clinics, physiotherapy and non-urgent inter-hospital transfers for patients who have a medical condition that would prevent them from travelling to a treatment centre by any other means, or who require the skills of an ambulance care assistant during the journey.

- 141 The transport is fully accessible but eligibility criteria apply for this service and people wishing to book are asked a series of questions to determine eligibility.

- 142 With the exception of a small number of GP surgeries in North Durham, the service for the County Durham clinical commissioning groups (CCGs) areas is booked through the County Council's Travel Response Centre (TRC). The others are booked by the GP surgery, directly.

- 143 In the case of the TRC, people who are not eligible for PTS are signposted to alternative services.

#### *Help to Health*

- 144 Help to Health is a pre-bookable countywide volunteer driver service, operated by charities Supportive and Volunteering Matters, on behalf of County Durham's CCGs, helping patients attend hospital and other health appointments.

- 145 The service is available between 08:30 and 17:30, Monday to Friday and needs to be booked at least 48 hours in advance of the journey.

- 146 There is a charge of 45p per passenger mile for this service with a cap of £10 per journey. The service does not provide accessible vehicles, although anyone whose wheelchair can be folded and stored would be able to use the service.

- 147 The County Council worked in partnership with the CCGs and the NHS North of England Commissioning Support Unit to develop the specification and facilitate the procurement of this service.

#### *Other volunteer transport services*

- 148 There are a number of additional volunteer driver services that the County Council are aware of, but have no role in, that provide access to health appointments.
- 149 British Red Cross offers door-to-door transport support for people affected by crisis to access medical appointments and essential daily needs.
- 150 “Daft as a brush” cancer patient care provides free transport for outpatients who are undergoing chemotherapy and radiotherapy cancer treatment. This service cannot be booked directly but needs to be referred through nurse or consultant.
- 151 Friends of Darlington Memorial Hospital provides a free volunteer driver scheme for patients who have difficulty getting to and from the hospital.
- 152 North Tees and Hartlepool NHS Foundation Trust provides a volunteer driver scheme to help patients get to and from their hospitals.

### *Link2*

- 153 Link2 is a pre-bookable bus service for people making journeys (up to five miles) where there is no other suitable bus, for example in rural areas where bus services may be limited, or those unable to access mainstream public transport due to mobility issues.
- 154 Fares are the same as regular bus services and concessionary pass holders travel for free. The fully accessible Link2 buses run Monday to Friday from 8.00am to 6.00pm.
- 155 Eligibility criteria apply and bookings are made through the County Council’s TRC on a first come, first served. Bookings can be made 2 weeks in advance of the journey.
- 156 The service is procured and paid for by the County Council and is run with a combination of external contractors and the County Council’s in-house fleet.
- 157 In examining the aforementioned services, potential gaps in current provision have been identified. Whilst the Link 2 service provides a fully accessible service accommodating wheelchair users, journeys are limited to 5 miles meaning that not all appointments to healthcare facilities would be accessible. The first come first served booking arrangement also placed restrictions upon passengers being able to access the service.
- 158 The provision of additional transport services for hospital visitors is also restricted. While both the PTS and Help to Health services, under certain circumstances, allow companions to travel with a patient (eligibility criteria

apply to PTS) none of the above services, other than the Link2 service allows transport for visitors. In the case of the Link2 service the provision is limited, given the 5 mile journey limit and eligibility criteria.

159 In considering the difficulties identified in terms of transport accessibility, the working group considered that a more joined up approach between the offer of healthcare appointments for both hospital and GP services and any patient transport requirements needed to be adopted. This could go some way to addressing the challenges faced by patients in being able to access those appointments offered particularly where these involved early morning or late evening appointments which may require long and expensive journeys.

160 It was also suggested that an exploration of alternative ways in which to access healthcare appointments and consultations which would negate the requirement for patients to travel should be undertaken. The use of new technology, remote/virtual consultations and an increasing ability for patients to manage their own health conditions could be examples where this could be achieved.

161 The importance of integrating health and social care services identified throughout this review should include an effective and integrated transport system to access healthcare.

### **Recommendation 7**

162 An integrated transport solution is developed to address the challenges faced by patients in accessing appointments to include specific and widely publicised patient information relating to the travel support available.

## CCG led initiatives to address workforce pressures within General Practice

### Key Findings

- County Durham CCGs developed a five-point plan to provide additional support to General Practice;
  - A GP Career start initiative to attract GPs to posts in General Practice early in their careers was set up in partnership with Health Education North East – and has attracted over 40 GPs to County Durham in the last 5 years;
  - Federated Salaried GP scheme – encouraging the employments of GPs across a GP federation to enable staff to work across multiple GP practices;
  - International recruitment – A national scheme hosted by NHS England
  - GP Resilience scheme – A national scheme led by NHS England to promote sustainable GP Practices
  - GP Retention Scheme – Led by NHS Education England offering financial and educational support to GPs who may otherwise leave the profession
- A practice vulnerability tool has been developed by CCGs and the Local Medical Committee utilising information from NHS England, Health Education England and individual GP practices to enable early identification of vulnerable practices and the availability of support to them.

163 The review group received evidence detailing steps being taken by the CCGs to improve access to general practice. Improving access to GP appointments was one of the main elements of the NHS England strategy to support and improve primary care services. Amongst the plans to achieve this was the desire to provide extended access to appointments with GPs or nurses outside of normal practice opening hours which may include evenings or at weekends. The rationale for this was about giving patients the convenience and choice to have an appointment at a time that better suited their needs and also assisted those patients who may struggle to find an appointment to fit in with work and family life.

164 In order to respond to the primary care workforce challenge County Durham CCG's collaboratively developed a 5-point plan which was designed to provide additional support to General Practice and included the following initiatives:-

- GP Career Start - This initiative is aimed at attracting GPs who are looking for the opportunity to take up a post in general practice at an early point in their career and offers them the chance for 'added value' personal development e.g. medical student teaching, minor surgery, as well as benefit from a mentorship programme whilst at the same time trying to expand the role of primary care within the local health economy. The scheme, run in partnership with Health Education North East, has proved successful in expanding the GP workforce, with over 40 GPs recruited across County Durham since the scheme commenced in DDES in 2015 and North Durham in 2016;
- Federated Salaried GPs – The aim of this is to encourage the employment of GP and other health professionals across GP federations which will enable staff to work across multiple GP practices in the same Federation:
- International recruitment - The international recruitment programme, hosted by NHS England, aims to recruit primary care clinicians from overseas, providing support to doctors making this challenging transition from other countries whilst providing reassurance to the recruiting practice that the doctor who joins them will be a valued member of their team;
- GP Resilience Scheme - The scheme, led by NHS England, aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients. In 2016/17 there was £16m available to be invested in support to help practices become more sustainable and resilient, with £8m available in 2017/18 and per year thereafter until March 2020;
- GP Retention Scheme - This is a Health Education England scheme, which offers a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The CCG identified those GPs who in the next five years would retire from the NHS. The primary care team work with those clinicians to support revalidation, provide training and development with the potential to extend employment within the NHS

165 A practice sustainability tool has been developed by the CCGs in conjunction with the County Durham and Darlington local medical committee. The tool draws on information already available from NHS England and Health Education England with additional information completed by individual practices. Based upon the information provided a scoring mechanism based upon agreed criteria was used to identify vulnerable practices and which subsequently allowed CCGs to work with them on a tailored offer of support appropriate to their needs.

166 Examples of work around practice vulnerability reported by CCG representatives to the review group included:-

- developing a package of support for practice mergers, particularly relevant to those practices experiencing difficulty in continuing to manage their patient register and contracting obligations due to GP shortage and long-term GP vacancies;
- encouraging practices to share any emerging issues (e.g. staff resource) with their CCG at an early stage so we can work together to provide the right support, as soon as possible;
- support around management of workload;
- approaching practices assessed as being more resilient, to see if they would be willing to offer support to less resilient practices;
- facilitating and establishing a register of GP practices and Federations to share their experience and learning e.g. pre CQC advice and practice improvement; development of significant event process; clinical meeting templates; policies and procedures; practice mergers and leadership; and
- benchmarking the CCG offer of support to general practice, with other CCGs to determine if further actions can be taken to promote sustainability.

167 In view of the challenges facing General Practice across County Durham and nationally and having experienced first-hand the problems facing vulnerable practices, the review group welcomes the development of the sustainability toolkit and supports its use.

### **Recommendation 8**

168 The CCG's workforce development initiatives detailed within this report are supported and further development and use of the practice vulnerability toolkit to support vulnerable practices through peer support across and within Primary Care Networks is recommended.

## The role of NHS 111 in accessing Healthcare Appointments

### Key Findings

- The NHS 111 Service introduced in 2011 triages patients/callers and directs them to a range of healthcare services which are deemed as most appropriate within a set timeframe;
- Call handlers follow a nationally mandated algorithm called NHS Pathways to assess patients/callers and direct them to the most appropriate service within an agreed Directory of Services;
- The NHS 111 service is operated within the North East by North East Ambulance Service Foundation Trust;
- The directory of services is compiled by commissioners and providers and reviewed twice a year to ensure that services are up to date and reflect advances in national clinical standards;
- Utilisation of direct booking of patients into GP appointments via NHS 111 between 2016 and 2018 in North Durham CCG was 29.87% and 35.29% in DDES CCG;
- Previous CCG Service changes have promoted the use of the 111 service as an alternative to walk-in presentations to accident and emergency departments or urgent care centres;
- The success of NHS 111 and the direct booking of appointments within general practice relies upon effective communication and marketing campaigns to increase public awareness of the service.

169 Throughout the review process an issue that has been consistently raised as a matter of concern has been the effectiveness of the NHS 111 service in signposting patients to appropriate healthcare services and their role in the direct booking of GP in-hours appointments.

170 Evidence was obtained in respect of the NHS 111 pathways and direct booking processes.

171 NHS 111 was introduced in 2011 as a replacement for NHS Direct. The service deals with a range of calls and aims to assess the needs of a patient telephoning the service and to direct the patient to a service that is the most appropriate within a set timeframe.

172 All call handlers follow a nationally mandated algorithm designed as NHS pathways for both 111 and 999 calls. Call handlers at no point

diagnose patients but based upon the patient/callers answers to set questions within the algorithm signpost patients into services available within an agreed directory of services compiled by commissioners and providers.

- 173 Each health advisor undergoes extensive training to ensure that they are able to use the system safely and effectively and are supported by and have access to clinicians should a specialised assessment be required.
- 174 As part of this process it has been acknowledged that the services to which patients are signposted are based upon commissioners' preferences or appropriateness of patient requirements and not necessarily those services most local to the patient/caller.
- 175 The agreed pathways are reviewed twice per year to ensure that they remain up to date and that they reflect advances in national clinical standards and services.
- 176 It was established that each call triggered the triage process and in the event that a patient's symptoms deteriorated and they rang 111 again the triage process would start from the beginning . However if such calls are recorded on numerous occasions over a period of four days then this automatically triggers a referral directly to a clinician.
- 177 In analysing the utilisation for the 111 direct booking service between June 2016 and September 2018, it was established that within the North East region this currently stood at 31.14% although there was a variation of some 15% between the highest and lowest performing CCG. For DDES CCG this stood at 35.29% and for North Durham CCG 29.87%.
- 178 Reference was made to previous reports considered by the Adults Wellbeing and Health Overview and Scrutiny Committee regarding the NHS 111 service and the DDES CCG reviews of urgent care and extended/enhanced access to primary care which had promoted the use of the 111 service as an alternative to walk-in presentations to accident and emergency departments or urgent care centres.
- 179 It was also reported that GP practices had agreed to set aside a number of appointments for utilisation via the 111 service in order to reduce demand upon A&E and where clinically appropriate.
- 180 The success of the 111 service was ultimately dependent upon how well informed the public was on how the service operated, its service pathways and the rationale for signposting to services. There was also a significant reliance upon the directory of services and it needed to be constantly updated to make sure that patients were directed to the right place for the right care.

181 In view of this the working group agreed that it was essential that CCGs and GP services publicised and communicated the role of NHS 111 in signposting patients to the most appropriate health service together with the ability to access GP appointments through this system should this be clinically required.

### **Recommendation 9**

182 The CCG and North East Ambulance Service NHS Foundation Trust develop an effective communications and marketing campaign to raise awareness and promote the availability of GP appointments via the NHS 111 Service.

### **Impact of COVID-19 on healthcare services and general practice**

183 A novel coronavirus - severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – was identified in Wuhan, China at the end of 2019. The virus is highly infectious and causes a respiratory illness called COVID-19.

184 The virus spread rapidly across the world and was declared a global pandemic by the World Health Organisation on 11 March 2020. Organisations which make up the County Durham Care Partnership all had emergency and business continuity management planning frameworks in place, which enabled the system to respond promptly to the threat as it emerged. The health and social care system across County Durham has had to respond dynamically and innovatively revising its approach as the national coronavirus action plan, guidance and recovery strategy evolved.

185 The pandemic has had a significant impact on the way that health and care services are delivered to people in County Durham and it is likely that the impact will be ongoing for some time as long as COVID-19 remains a risk to health.

186 Primary care services have adapted very rapidly with a move to a total triage system and most activity taking place via telephone or video conferencing. These changes reflect a number of key findings within this report and recommendations arising from this review including the increased use of technology to facilitate remote consultations and appointments, and increased use of the NHS 111 system. Behavioural changes amongst the population during this pandemic will hopefully provide reassurance to patients and lead to an increase in the use of such technology where appropriate, alongside face to face services, as an effective, efficient and safe way of accessing GP services.

187 As part of the service recovery and restoration planning process for COVID-19 consideration needs to be given to how primary care can be delivered effectively and safely in the future. This report and its

recommendations should be used as evidence as part of the development of future primary care services.

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## Appendix 1: 10 High Impact Actions to Release Time for Care

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1. **Active signposting**: Provides patients with a first point of contact which directs them to the most appropriate source of help. Web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional.
2. **New consultation types**: Introduce new communication methods for some consultations, such as phone and email, improving continuity and convenience for the patient, and reducing clinical contact time
3. **Reduce Did Not Attend (DNAs)**: Maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, encouraging patients to write appointment cards themselves, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment.
4. **Develop the team**: Broaden the workforce in order to reduce demand for GP time and connect the patient directly with the most appropriate professional.
5. **Productive work flows**: Introduce new ways of working which enable staff to work smarter, not harder.
6. **Personal productivity**: Support staff to develop their personal resilience and learn specific skills that enable them to work in the most efficient way possible.
7. **Partnership working**: Create partnerships and collaborations with other practices and providers in the local health and social care system.
8. **Social prescribing**: Use referral and signposting to non-medical services in the community that increase wellbeing and independence.
9. **Support self care**: Take every opportunity to support people to play a greater role in their own health and care with methods of signposting patients to sources of information, advice and support in the community.
10. **Develop QI expertise**: Develop a specialist team of facilitators to support service redesign and continuous quality improvement.