

Oxfordshire Health Overview and Scrutiny Committee

24 November 2022

HOSC Primary Care Workshop Summarised Findings on GP Capacity and GP Workload

RECOMMENDATION

The Health Overview Scrutiny Committee is RECOMMENDED to-

- a) note the summarised findings on GP Capacity and GP Workload; and
- b) make any arising recommendations.

Executive Summary

1. This report summarises some of the notable findings and statistics heard by HOSC members at its Primary Care Workshop on 17 October 2022. The issues of the use of additional roles and primary care estates are covered within the same item by a report by the Integrated Care Board.
2. The report and appendices also provides collated statistics to supplement the discussion on Primary Care Estates and use of additional roles.

Demand, Capacity, and Activity in General Practice Presentation by Dr Richard Wood, CEO Berkshire, Buckinghamshire and Oxfordshire Local Medical (LMC) Committees

3. Dr Richard Wood, CEO of Berkshire, Buckinghamshire and Oxfordshire Local Medical Committees gave a presentation which outlined the situation in respect of demand, capacity and activity in General Practice. These points, the statistics from the presentation and the resulting discussion are captured below. The original presentation slides are also appended to this report (Annex C).
4. The British Medical Association (BMA) issued guidance to practices specifying that the average maximum amount of appointments which could be seen of a complex nature was 12 per day; when these were contacts of a simple nature the maximum number of safe appointments per day was 25. However, as is stood 34 appointments per day on average were being seen by BOB GPs.
5. A local informal study was undertaken in 2014, analysing 15 GPs' time spent in Medical Records for a half day session over one month in 2014. What was found was whilst contracted hours for a half day session were 4.1 hours, the actual

hours in medical records per GP per session were 06.39 hours and up to 7.24 hours, equating to 60% - 78% of unresourced overtime per GP.

6. BBO LMC's data shows that 80% of all medical record entries are done outside of the consultation. As NHS England only captures clinical appointment data, it misses 80% of the work GPs do (when counting medical record entries). Enough time for administrative tasks is rarely adequately protected in practices. The BMA has released guidance specifying that for every 2 hours of clinical consultations, one hour of administrative work will be generated.

'A capacity Problem and not an access problem'.

7. Dr Wood argued that an access problem would be characterised by available appointment slots going unfilled because patients could not access them to book them. However, available appointments for the day will often be booked completely in minutes and by many different routes – telephone, online, via Apps, via e-consultations, and on walk-ins. As such, access to general practice appointments is, arguably, excellent. The issue people face is where to find capacity when all those appointments are full. As such, the fundamental problem with 'access' is actually a 'capacity' problem.
8. During 21-22: Across England there was a Net Loss of almost 2 GPs every day. However this is in contrast to an anticipated increase in population in Oxfordshire to 801,700 in 2028. (An increase of 16% from 2019 to 2028 as per the Oxfordshire CCG Estates Strategy).
9. Whilst there had been a national promise of 6,000 more GPs nationally by 2024, it was felt that in fact that nationally 12,000 more GPs were needed nationally.
10. At the workshop it was felt that a narrative that there was 'A capacity problem and not an access problem', wouldn't resonate with the public. This was something which was drawn out by the Healthwatch representative.

Demand throughout Primary Care

11. Across 10 BOB practices it was found that the equivalent of 3% of the entire population contacted their practice every working day. (Some registered-patients contacted their practice multiple times in one day). This equated to 69% of the population per month.

Potential Resolutions and Good Practice

12. The Local Medical Committee presentation identified 3 solutions for where demand on General Practice outstripped supply:
 - a) Reduction of demand through methods such as education and prevention agendas.
 - b) Increasing capacity by tackling workforce issues and increasing the amount of GPs and the use of additional roles.
 - c) Changing Activity through methods such as:
 - i. Clinical Triage

- ii. Bottom Slicing and making use of Allied health professionals / Pharmacists.
 - iii. Maximisation of efficiencies – for example use of telephone appointments and video consultations.
13. In addition to the Local Medical Committees' representative the workshop was attended by several Oxfordshire GPs, Healthwatch Oxfordshire, as well as a selection of HOSC members and local Councillors. From the resulting discussions following the presentation a number of key points were made and good practice shared:
- a) There were examples of good practice taking place at Woodlands Medical Centre where use of a nutritional therapist had been used as a tool to promote prevention; and where social prescribers had holistically worked with patients who had contacted their GP 20 times within one week, within the past year. This resulted in a 45% drop-in appointments made by the group.
 - b) It was emphasised that in order to be effective social prescribers needed to be at the 'front door', of general practice.
 - c) Clinical triage and the 111 service would have much more positive outcomes in relation to releasing the strain on demand if they were serviced by those with the necessary qualifications and knowledge. Clinical triage is most effective when it employs your best clinicians.
 - d) There was a potential opportunity to make use of clinical triage on a larger scale; making use of economies of scale over the ICS area.
 - e) Whilst ultimately tackling the social determinants of health may relieve some of the demand on General Practice; any new initiatives would entail a 5 to 10 year wait until they took effect.

Collated Data and Statistics relating to increased populations and isolation in relation to Primary Care

14. Appended to this report (Annex A) is a table detailing the results of the Oxfordshire GP Patient Survey (2022) to the question of whether respondents had experienced 'feeling isolated from others' over the last 12 months. It is also noted from the Oxfordshire Joint Strategic Needs Assessment that Oxfordshire was above the national average and Buckinghamshire and Berkshire West; in relation to the percentage of respondents who felt this way.
15. Also appended to this report (Annex B) is a table which details registered patient numbers for 2014 and 2020 detailed in the Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy 2020 – 2025; and registered patient numbers from NHS Digital (2022).
16. These tables aim to inform the discussion in respect of Primary Care Estates and the use of additional roles, but should be considered with the wider information and report provided by the Integrated Care Board.

Corporate Policies and Priorities

17. The report ties in with the Council's Corporate Priority to prioritise the health and wellbeing of residents.

Legal Implications

18. The report does not have direct legal implications, but is evidence that the Council is carrying out its health scrutiny function pursuant to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Comments checked by:

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Financial Implications

19. There are no financial implications arising from this report.

Comments checked by:

Lorna Baxter, Director of Finance.

Staff Implications

20. None immediately arising from this report.

Equality & Inclusion Implications

21. None immediately arising from this report.

Sustainability Implications

22. None immediately arising from this report.

Risk Management

23. There are limited risks arising from this Report

Anita Bradley
Director of Law and Governance

Annex: Annex A – GP Patient Survey Isolation Results by Practice

Annex B – Registered Patient Numbers per Practice.
Annex C – Local Medical Committee Presentation from Dr
Richard Wood

Background papers: Oxfordshire Primary Care Estates Strategy 2020- 2025
([Oxfordshire Primary Care Estates Strategy 2020 - 2025
v19.pdf \(oxfordshireccg.nhs.uk\)](#))

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