

Oxfordshire Joint Health Overview and Scrutiny Committee

Date of meeting: 10 May 2022	Paper no:
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Title of paper: Oxfordshire Primary Care Provision and access
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Paper is for:	Discussion	✓	Agreement		Information	✓
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<p>Purpose of paper:</p> <p>The paper sets out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It includes appointment data including the significant contribution that was made to the COVID vaccination programme, and recent patient feedback on accessing GP services.</p> <p>The paper is presented to provide Members with data relating to provision of services and patient feedback in relation to those services.</p>
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<p>Recommendations</p> <p>Members of HOSC are invited to note the contents of this update paper</p>
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Date of paper: 3 May 2022

Primary Care Provision and Access in Oxfordshire

1. Introduction

This report is provided to the Joint Health Overview and Scrutiny Committee for information and discussion. The paper sets out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It includes appointment data including the significant contribution that was made to the COVID vaccination programme, and recent patient feedback on accessing GP services.

2. Background Position

The last 2 years, initially in response to the COVID pandemic then in response to the ongoing pandemic and roll out of the COVID vaccination programme, has been unprecedented in the delivery of all public services. The NHS and General Practice within that has key and clear business continuity plans and measures in place for the sustainability of service provision in the event of an unforeseen incident in place.

The County of Oxfordshire responded to these challenges with excellent public sector coordination and joined up response and delivery. Statutory organisations worked with community and voluntary sector partners to ensure that the needs of our populations were met in respect of both the pandemic response and ongoing service delivery. There is a legacy of partnership working across Local Authorities, health and care providers and commissioners including our community and voluntary sector partners which we continue to build on.

The reality of the situation is that aspects of work and delivery were prioritised over others and recovery from that prioritisation is not instant. Primary Care and General Practice is no exception to that. Both the Clinical Commissioning Group (CCG) as commissioner and the practices as providers recognise that we need to help patients understand how services have changed and what further changes there are to come.

The use of total triage and increased use of virtual access are two of the most significant changes in general practice. As a clear step to reduce the spread of COVID-19, patients were assessed by a GP over the phone or online first, allowing many people to be offered advice, prescriptions or referral without the need for a face-to-face appointment. For patients with the relevant technology, appointments have been available using video conferencing with healthcare professionals.

This paper will not repeat the detail of the national policy instruction, as a part of a National Level 4 Incident, to concentrate the delivery of face-to-face services at the height of the pandemic, as this has been discussed in previous meetings. The infection prevention and control aspects of this were reported at the time, and as a part of our restoration and recovery work. These were a key factor in managing the spread the disease amongst patients and health and care staff. This paper sets out that appointments provided by general practice were returned to and have been sustained at pre-pandemic levels since September 2020.

3. General Practice

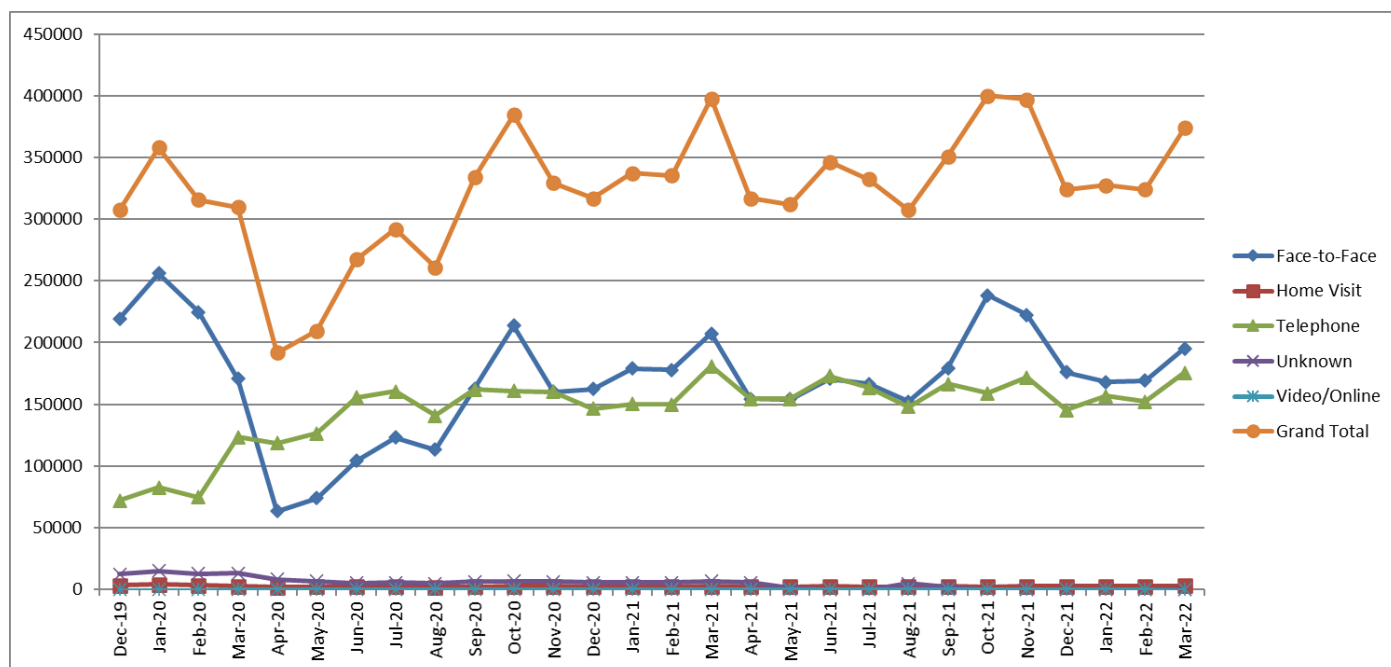
Oxfordshire GP practices at work in 2021-22

<div style="margin-bottom: 5px;"> Face to face consultations 2,147,554</div> <div style="margin-bottom: 5px;"> All consultations 4,112,385 (Face to face, telephone, online, video)</div> <div style="margin-bottom: 5px;"> Blood tests 173,718</div> <div style="margin-bottom: 5px;"> Diabetes reviews 18,547</div> <div style="margin-bottom: 5px;"> Heart health checks 225,735 (BP/ECG readings)</div> <div style="margin-bottom: 5px;"> Medication reviews 68,906</div>	<div style="margin-bottom: 5px;"> COPD/Asthma reviews 31,529</div> <div style="margin-bottom: 5px;"> Children's immunisations 15,123</div> <div style="margin-bottom: 5px;"> Learning Disability health checks 2,078</div> <div style="margin-bottom: 5px;"> Cervical screening (smear tests) 42,347</div> <div style="margin-bottom: 5px;"> Flu vaccinations 323,651</div> <div style="margin-bottom: 5px;"> COVID-19 jabs at PCN sites 610,717</div>
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Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

3.1. Appointment data

Appointments in General Practice are collected and reported nationally each month¹. The graph below sets out the appointments since December 2019.



Graph 1 General Practice appointments by mode

In Oxfordshire appointment levels returned to pre-pandemic levels in September 2020. This was a key deliverable in the restoration and recovery of services. These levels have been sustained at pre pandemic numbers since that time. The appointment patterns follow the

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

seasonal trends seen in previous years and the majority of appointments are delivered face to face.

Primary Care Networks (PCNs) as groups of GP practices played a significant delivery role from the outset of the COVID vaccination programme. This work was commissioned by NHS England directly with the Primary Care Networks, lead providers (Oxford Health NHS FT) and vaccinating Pharmacies. Practices delivered the vaccinations work over and above their core General Medical Services General Practice contracts.

Year	Total general practice appointments Oxfordshire			COVID-19 Vaccination (given by general practice)	Grand total
	April - September	October - March	Full year		
2019/20	1,913,382	2,031,835	3,945,217		3,945,217
2020/21	1,556,001	2,100,639	3,656,640	281,248	3,937,888
2021/22	1,966,244	2,146,141	4,112,385	610,717	4,723,102

Table 1 Summary of general practice appointments and vaccinations delivered by PCNs

The table above shows the total number of appointments delivered by General Practice. There was a reduction in the number of appointments in the first half of 2020/21, this was during the period of first lock down. Appointment figures returned to pre pandemic levels, and were higher in the second half of that year.

When the figures for the numbers of vaccinations are added to the general practice appointments it is easy to see the significant increase in delivery by general practice.

For March 2022 – Oxfordshire provided on average 2.09 appointments per patient compared to 2.07 (national range 1.59 to 3.00) and 2.18 across BOB (Julie - if we have the range for **BOB** then that number has a stronger meaning)

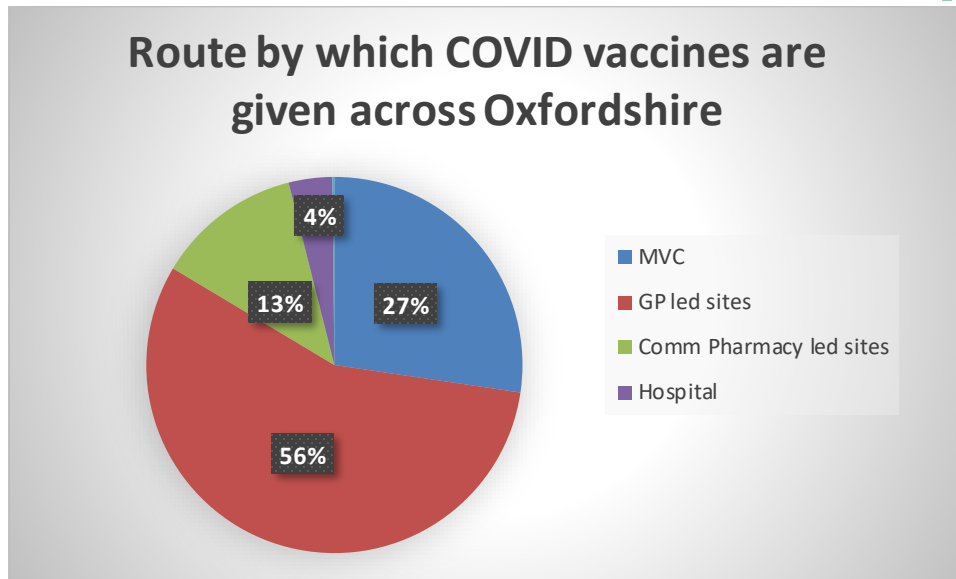
Patient attendance has a significant impact on the ability of general practice to plan and organise work and their workforce. Non attendance at a booked appointments are recorded and monitored.

In March 2022 the *Did Not Attend (DNA)* rate was 3.6%

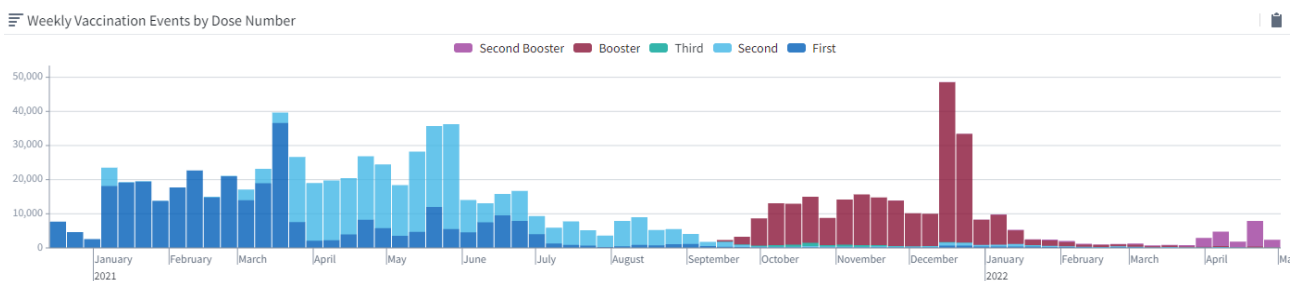
This is more than 13,400 appointments that were missed (BOB range 3.6-4.3% and national range 2.4-7.2%)

3.2. Vaccination programme

Oxfordshire General Practice has maintained an active part in the roll out of the COVID Vaccination programme since the first three sites administered their first vaccine in December 2020. To date they have delivered over 910,000 vaccines across 21 general practice led sites (working at PCN level) accounting for more than 56.2% of the total vaccines delivered.



The 21 sites started vaccinating between December 2020 and February 2021 with all general practice sites 'live' by mid-February. Some sites only offered vaccination to their local population whilst others joined the national booking service offering appointments to patients wider than just the practice list. Sites have also been able to be flexible in their provision allowing them to deliver vaccinations to the older population and most vulnerable whilst the more mobile patients attended the mass vaccination sites, pop up sites and community pharmacies. Most impressive was the ability of General Practice sites to rapidly increase capacity during December 2021 during the accelerated roll out of the booster vaccination.



Weekly number of COVID vaccines administered by general practice sites

The provision of vaccines near an individual's home has enabled a very high uptake across Oxfordshire and BOB. In some categories BOB has been at the top of uptake table.

Covid-19: Vaccinations in numbers across Oxfordshire



Nearly 1.5million vaccinations delivered
By GPs, Community Pharmacies, Mass vaccination sites



47.4% of those 12-15 have received two doses but 67.7% have received a single dose



92.6% of those over 50 have received two doses of vaccine



8.2% of 5-11
Have received a first dose



94.1% of those over 50 have received a booster dose



Vaccination centres

- 1 Large vaccination centre
- 2 Hospital hubs
- 20 GP-led hubs
- 14 Pharmacy sites



59.8% of eligible 75+ have received a second booster



Book your vaccination

Vaccination for those eligible remains through the national booking service or via 119



For more advice
www.oxfordshireccg.nhs.uk

Data to 28 April 2022

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

3.3. Winter Access Fund

A programme of work to improving access to general practice over the winter period known as The [Winter Access Fund](#) (WAF) was introduced by NHS England in October 2021. The aim was to drive improved access over Winter 2021/22 to primary care by increasing capacity and also increase resilience of the NHS urgent care system. The programme of work ran between November 21 and March 22 and a full qualitative and quantitative evaluation is currently taking place.

Across Oxfordshire schemes included more appointments in general practice and out of hours, additional administration staff, a phlebotomy service, and a collaborative on the day service known as an 'Acute Hub'. The Winter Access Fund provided an opportunity to pilot various schemes at practice and PCN level.

Early data suggests the Oxfordshire schemes delivered at least

- 2,427 additional GP sessions (a morning or afternoon surgery)
- 38,832 additional GP appointments
- 4,874 additional hours provided by other clinicians
- 14,622 additional clinician (non GP) appointments
- 9,413 additional hours of reception staff time

The scheme operated across all of BOB and the funding was specifically to increase capacity and improve access through the height of the winter period. The funding sought to enhance those areas where access had been found to be most challenged. The system has learned a great deal from the experience of investment specific to primary care during the winter period. The evaluation work will include work to inform any future funding should it become available. A key point may be is the lead in and planning time that a response like this takes. The system normally plans for Winter in the Summer but primary care did not have the benefit of a long lead time to use this funding to best effect.

4. Patient Feedback

4.1. Patient Access

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The results show how people feel about their GP practice and information on patients' overall experience of primary care services and their overall experience of accessing these services. The latest survey results were published in July 2021 with data collected from January to March 2021. Oxfordshire CCG results can be found [here](#). Across Oxfordshire 22,566 questionnaires were sent out by Ipsos MORI and 8,718 (39%) were returned completed.

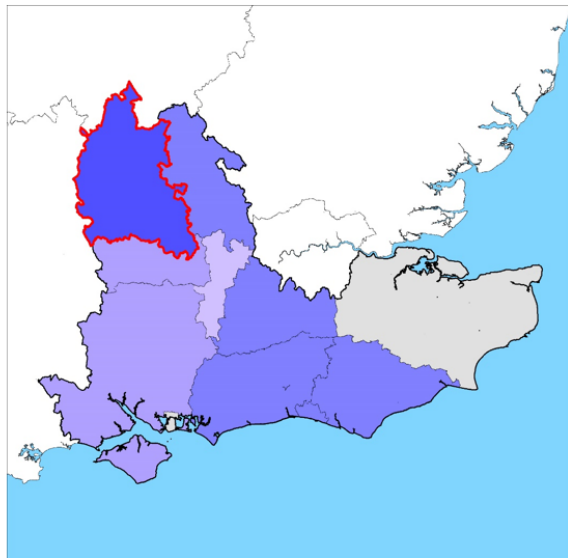
Data showed that 88% of patients surveyed described their experience of GP practice as either good or very good compared to the national average of 83% (and had the best results across the South East). There has also been a small improvement compared to previous years as demonstrated in the slide below. As expected, there is variation across practices and the CCG quality and primary care team continue to work with the five practices that have a result of less than 80%.



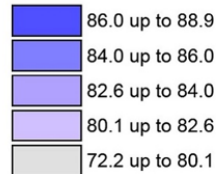
Overall experience: how the CCG's results compare to other CCGs within the region

Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice %Good



Results range from

79%
to
88%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 1,631 to 25,714

%Good = %Very good + %Fairly good

The CCG is aware that many patients report not being able to get through on the phone to their local practice. This has been made more difficult due to new ways of working including remote consultations and total triage. The CCG is committed to improving access and is working with practices to introduce an advanced telephony system which provides more lines into the practice as well as call back and queuing facilities.

Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?



Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (8,253); CCG 2020 (7,073); CCG 2019 (7,686); CCG 2018 (7,306); Practice bases range from 30 to 166; CCG bases range from 1,547 to 24,849

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ipsos MORI
Social Research Institute

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There is a large amount of data presented in an Oxfordshire slide pack and members of HOSC are invited to review the data which can be found [here](#)

4.2. Healthwatch report reflections

Oxfordshire CCG is grateful to Healthwatch Oxfordshire for the work that they do to seek patient experiences of various health services. This provides the commissioners with useful feedback enabling changes to services. In March 2022, Healthwatch published a report on patient experiences of contacting GP surgeries in Oxfordshire undertaken between September and November 2021. The full report can be found [here](#)

As a result the CCG has

- Invested in an advanced telephony solution to make use of the telephone system more consistent and efficient recognising that patients still want to be able to contact their GPs by phone
- Procured a number of different online options for practices to consider. We will be working with practices over the coming months as they consider the most appropriate online tool for their patients
- Supported practices with additional funding through the NHS England Winter Access Fund to provide more GP and nurse appointments over winter
- A project to promote the NHS app where patients can access their records, book appointments, order repeat prescriptions and view text results

The CCG response to the report can be found [here](#)

4.3. Patient Survey on online services

A public engagement was undertaken from 8 November 2021 - 21 November 2021 to inform a procurement process across the Buckinghamshire, Oxfordshire, and Berkshire (BOB) Integrated Care System (ICS). The procurement related to online and video consultation services and text messaging solutions. The purpose was to inform the procurement process, to understand what patients think of the tools and how they help patients to manage their health. Across BOB, 1125 people responded to this survey, with greatest response rate from Oxfordshire.

The key themes raised by Oxfordshire respondents were:

- **Online Consultation** is easy to use, convenient and accessible. People liked that they could see a GP rather than talking on the telephone. They felt that the service was easy and convenient. The service is not widely offered across all practices and for some they felt it does not replace face to face appointments. Screening questions could be improved, and it doesn't save information, so data must be repeated. Online consultation was perceived as being a good tool for quick enquiries or when saving time and convenient for the individual. It was recognised that it also reduces pressure on general practice
- **Video Consultation:** Only 30+ individuals responded about Video Consultation; this suggests that this service has very limited use. There was recognition that the service is useful at reducing face to face appointments during a pandemic or if a patient is too unwell to visit a practice.
- **Text messaging:** It does appear from the responses that most people receive text messages as a means of reminders for appointments. Practices do not appear to be contacting patients by text message for more route healthcare information, such as results or to have a dialogue with the patient. The text messaging service is an outward push notification to patients, rather than a means for consultation or engaging with the patient. People would prefer the option to reply to text messages and have a two-way dialogue with the practice.

Overall, people seemed to prefer the online consultation service for routine appointments, but where complex care or continuity of care is required people still preferred face to face appointments. Text messaging for reminders was perceived as a useful tool. With all three systems, there was recognition that these cannot be used in isolation and that there is still a requirement of face-to-face communication with general practice. It was also recognised that the use of digital technology solutions is not always suitable for all patients.

5. Quality of our practices

All Oxfordshire practices are rated by the Care Quality Commission (CQC) as 'Good' except for four practices who are 'Outstanding' and one which has recently been inspected and as a result improved from Inadequate to 'Requires Improvement'. Ongoing support is being provided to assist the practice in its continuing drive for further improvement.

A BOB primary care quality dashboard can be found [here](#)

6. Next steps and look forward

6.1. Enhanced Access

As a part of the 2022/23 Network Contract for Primary Care Networks from 1 October 2022, PCNs will need to deliver Enhanced Access between the hours of 6.30pm and 8pm Monday to Friday and between 9am and 5pm on Saturdays. This will include the delivery of general practices services including planned care appointments such as vaccinations and immunisations, screening, health checks and PCN services which reflect the demand and preferences of the PCN 's patients' population. Working with the commissioners, PCNs will be able to define what they deliver and when.