

# Adult Social Care, Health and Wellbeing Sub-Committee

**GP** access and recruitment

08 September 2016

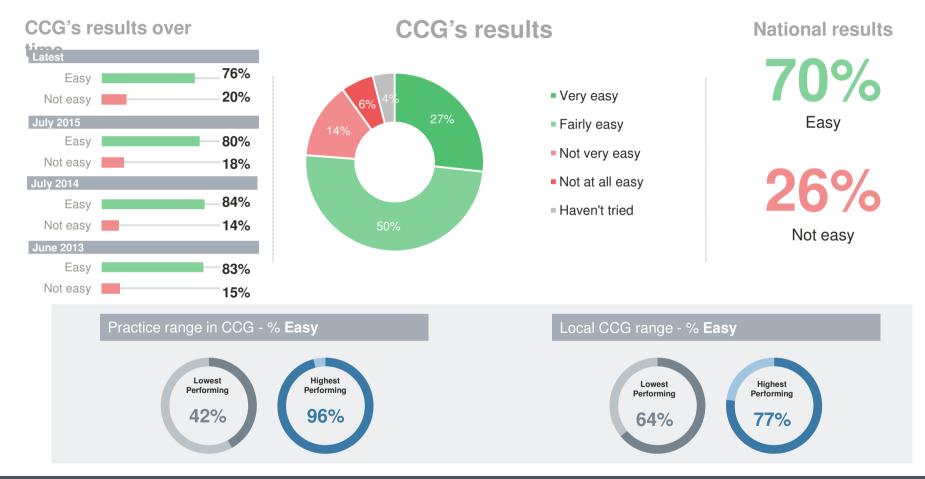
James Martin – Commissioning and Performance Manager, North Tyneside CCG Tracy Johnstone – Head of Primary Care, NHS England (Cumbria and North East)



Working together to maximise the health and wellbeing of North Tyneside communities by making the best use of resources.

#### Ease of getting through to GP surgery on the phone

Q3. Generally, how easy is it to get through to someone at your GP surgery on the phone?



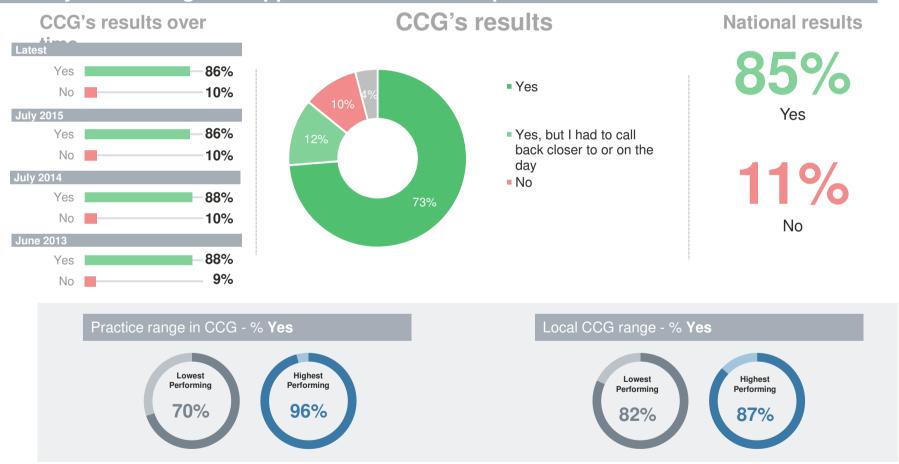
Base: All those completing a questionnaire: National (832,192); CCG 2016 (3,272); CCG 2015 (3,274); CCG 2014 (3,383); CCG 2013 (3,638); Practice bases range from 1,00 to 126; CCG bases range from 1,227 to 9,114

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



#### Success in getting an appointment

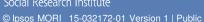
Q12. Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?



Base: All those completing a questionnaire: National (798,498); CCG 2016 (3,115); CCG 2015 (3,169); CCG 2014 (3,304); CCG 2013 %Yes = %Yes, but I had to call back closer to or on the (3,542);

Practice bases range from 95 to 126; CCG bases range from 1,161 to 8,687 lpsos MORI

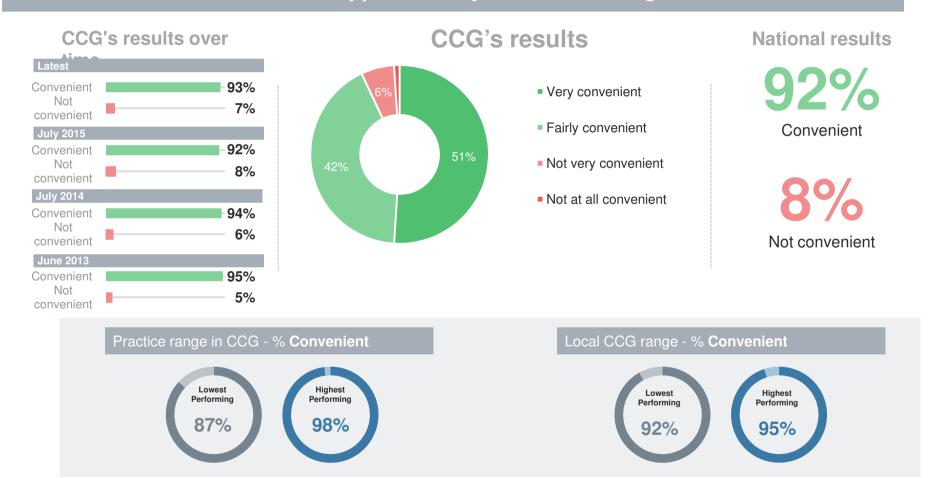
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#### Convenience of appointment

#### Q15. How convenient was the appointment you were able to get?



Base: All those able to get an appointment: National (685,063); CCG 2016 (2,696); CCG 2015 (2,782); CCG 2014 (2,927); CCG 2013 (3,148);

%Convenient = %Very convenient + %Fairly convenient %Not convenient = %Not very convenient + Not at all convenient

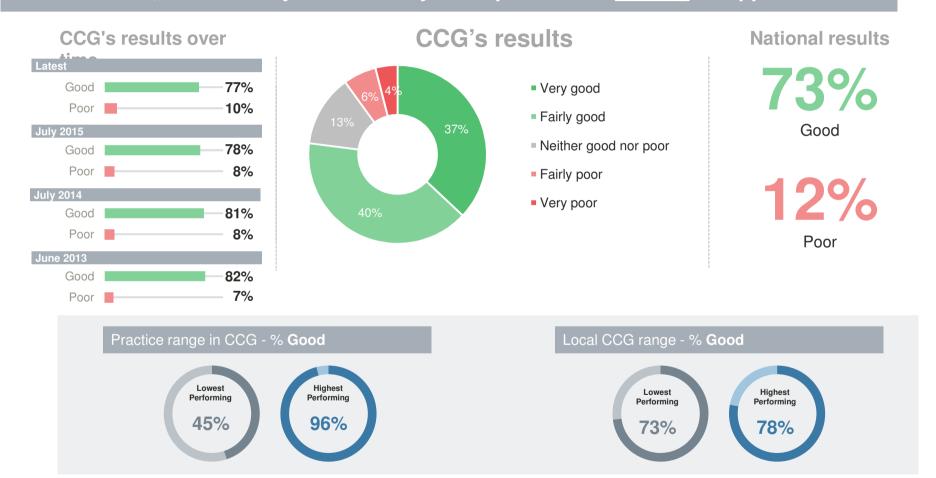
Practice bases range from 76 to 110; CCG bases range from 1,015 to 7,749 lpsos MORI

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#### Overall experience of making an appointment

#### Q18. Overall, how would you describe your experience of making an appointment?



Base: All those completing a questionnaire: National (795,484); CCG 2016 (3,093); CCG 2015 (3,166); CCG 2014 (3,278); CCG 2013 (3,535); Practice bases range from 92 to 124; CCG bases range from 1,149 to 8,628

%Good = %Very good + %Fairly good %Poor = %Fairly poor + %Very poor



#### Context



#### Increasing demand

- Population increasing projected increase of 23,000 residents by 2032
- Aging population 51% increase in >65 year olds
- More patients with long term conditions, on complex medication more time in primary care to manage
- Reduced funding across health and social care
- Policy government pledge that all patients to have access to 7-day GP care by 2020

#### Reduced capacity

- GP training places unfilled
- High proportion of newly trained GPs choosing to locum or work for Out Of Hours providers





- Open acknowledgement of the pressures that general practice is facing.
- Commitment to increasing the proportion of investment going into general practice services in the longer term.
- Sets out a number of one-off measures to address immediate problems whilst funding comes on stream, which also support transformation.
- NHS England published the General Practice Forward View (GPFV) on 21 April 2016.
- The GPFV was developed with Health Education England and in discussion with the RCGP and other GP representatives.
- It sets out national commitments to stabilise and transform general practice, improving services for patients and investing in new ways of providing general practice services.
- The GPFV sets out a package of national investment and transformation.
- This is a five year programme of work, and it will be important that we continue to learn and respond to changing circumstances



#### Investment

- Further £2.4 billion a year by 2020/21 into general practice services (14% real terms increase).
- A five year £500 million national sustainability and transformation package to support GP practices and includes additional funds from local clinical commissioning groups (CCG).





#### WORKFORCE



Creating an extra

5,000

doctors

working in general practice



3,000 new

fully
funded
practice-based
mental health
therapists



1,000 new

physician associates



**£6 million** in practice manager development

Extra 1,500

co-funded practice clinical pharmacists

£15



investment as part of general practice nurse development strategy





#### WORKLOAD



# An extra **£16 million**

to provide services for doctors suffering burn-out (expected December 2016)

#### £30 million

'Releasing Time for Patients' programme to release capacity

# 10 high impact actions'

to support staff working across the practice



#### £45 million

extra funding nationally over five years to help reception and clerical staff play a greater role in signposting and clinical paper work

# Working to simplify the reporting and payment systems





New legal requirements in the

NHS Standard Contract for hospitals in relation to hospitals/general practice interface from April 2016



#### PRACTICE INFRASTRUCTURE



over £900 million

capital investment in estates and technology infrastructure



extra investment to support practices to adopt online consultations

Four year **£40 million**practice resilience

programme, starting in 2016



18 percent

increase in CCG allocations for IT and technology provision

# New technology and self care

creating approved Apps library, offering patients more online self care services and full IT interoperability across practices



# Tripartite Primary Care Strategy



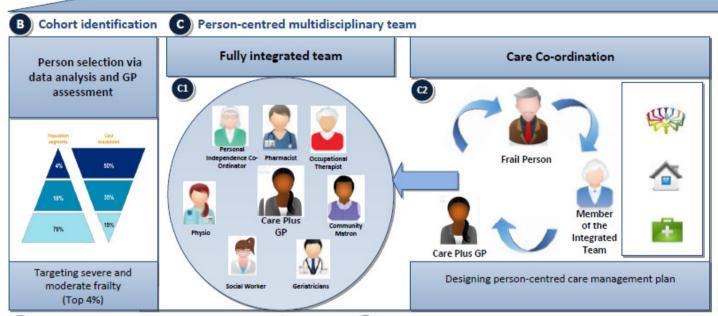
- A collaboration between TyneHealth GP Federation, Newcastle & North Tyneside LMC and North Tyneside CCG.
- Focus on 4 key workstreams
- 1. Redesigning Access to Primary Care Changing how we deliver urgent and same day appointments
- 2. Extended Primary Care Team (EPCT) broadening the skill mix within the primary care team with collaborative working to deliver the best care for each patient, and free up GP time to do the things that only GPs can do
- 3. Integrating Specialist Support bring specialist skills into the community, closer to patients, to support the primary care team to deliver whole-person healthcare.
- 4. Prevention and self-management supporting people to manage their own health, linking them with social support systems in their community and identifying when a non-clinical intervention will produce the best experience and outcomes for patients.

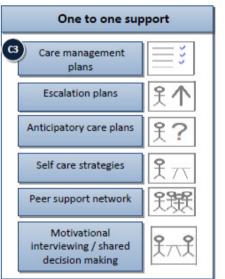
## Projects already underway / completed – Care Plus pilot



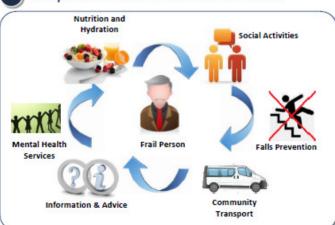
Whole system change: Care Plus at centre of person's health and social care











E Care Plus Aims



To ensure health and social care work more effectively together to deliver person centred seamless care delivery. We will listen carefully and share information prudently – ensuring a cohesive patient story.



Deliver early interventions so that frail people can stay healthy and independent at home avoiding unnecessary hospital admissions and reduce A&E visits.



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Assessing immediate needs and addressing barriers to improve quality of life.





Deliver care that is centred on the individual needs; rather than what the system wants to provide.





Provide integrated support to carers.

Produced by Age UK

F Outcomes



Reduction in avoidable admissions to hospital



# Projects already underway / completed CCG Transformation team



- Patient Online all practices
- Practice websites updated for 7 practices
- Practice mobile app developed for 11 practices
- Woodlands park telephone system
- Patient partner pilot
- Document scanning projects at 7 practices
- Streamlined admin process at 2 practices
- Marine Ave GP appointments process
- Workforce planning and access project at Portugal Place
- Workforce planning and recruitment project at West Farm

