

GP Access In Medway

An interim report prepared by a Task Group of the Health and Adult Social Care
Overview and Scrutiny Committee

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2. Chairman's Foreword

- 2.1 As Chairman of the GP Access Task Group, I introduce the Interim report of our review and findings so far. It has been a very interesting piece of work, looking at a topic so important to so many.
- 2.2 Sadly, we have been unable to look at this topic in depth due to the unavailability of GPs, rural GPs in particular, but also other professionals. It has been frustrating that throughout our work on this review, we have not been able to hear more directly from GPs themselves who are working across Medway and facing the challenges that we have in primary care every day. We wanted to hear first hand from GPs about their experiences and their thoughts of what needed to change. Understandably however, given the capacity issues in general practice, exacerbated by post covid recovery, winter pressures and most recently, Strep A, it has been incredibly difficult to meet with GPs.
- 2.3 We were able to undertake 2 practice visits and met with 4 GPs (3 of which work within Medway) and I wish to take this opportunity to formally thank those involved for providing their limited time and incredibly valuable contribution to our evidence gathering. The numbers of those we did manage to meet are clearly not as representative of Medway's GP community as we would have hoped. However, we were able to meet many other stakeholders, including various Patient Participation Group representatives, representatives from community groups such as wHoo Cares and Medway Diversity Forum, Healthwatch Medway, various NHS staff including representatives from Medway Community Healthcare and the Health Hub, representatives from pharmacists and an external expert who shared examples of out of area transformation and best practice. The Task Group was also particularly supported by the Director of Primary Care from NHS Kent & Medway and by colleagues from Public Health who attended most Task Group meetings.
- 2.4 We have therefore produced this interim report to demonstrate our findings so far, but with a strong intention to revisit this work later in 2023, when we will attempt again to reach more GPs across Medway to contribute to this work.
- 2.5 Lastly, I would like to take this opportunity to thank our NHS for continuing to work under great pressure.

3. Introduction

- 3.1 On behalf of the Health and Adult Social Care Overview and Scrutiny Committee, we are pleased to present the interim report for the review titled 'GP access in Medway', with its associated interim recommendations, to Medway Council's Cabinet.
- 3.2 The work of the Task Group so far has considered the impact of a number of factors on GP access in Medway Council including GP capacity, COVID-19 pandemic and increasing demand, particularly from a Public Health and Primary Care perspective. More importantly, careful consideration has been given to the impact on Medway residents. There is much that the Council, working in partnership with national government, partners and residents

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can do to support Medway to be a connected and healthy community. The Task Group hopes that the recommendations contained in the report will act as a catalyst for further tackling the issues around GP access in Medway.

- 3.3 The Task Group would like to thank all the witnesses who have been involved to date and helped it to gather evidence at its meetings, particularly those representing external organisations, for the time they have given to the Task Group and most importantly, for the invaluable information provided. The Task Group would also like to thank the GP practices that hosted visits that enabled the Task Group to experience first-hand the issues being faced and the variety of incredible work undertaken to tackle the issues that surround GP access.
- 3.4 Due to the pressures GPs and Primary Care generally are under, it has been incredibly difficult for the Task Group, despite its best efforts, to meet with Medway GPs to hear directly from them about Primary Care Services in Medway. The Task Group would like to thank the GPs that did find the time to meet with them and share their incredibly valuable views. The Task Group does, however, consider the inability to hear directly from more GPs across Medway a barrier in completing its work and has therefore decided to present this interim report, to bring forward its findings and recommendations from the evidence it has gathered to date, with a clear desire to continue this work and attempt again to hear from GPs later in 2023. The Task Group recognised that it will be necessary to hear from GPs both from the urban and rural areas in Medway to look into any particular challenges they each face.

4. Executive Summary

- 4.1 General practice is the bedrock of the NHS. It is the first point of contact with the national health service and is highly valued by patients. However, GP capacity issues has been a longstanding challenge across the country. This poses a threat to access including the availability and timeliness of appointments.
- 4.2 The issues surrounding GP access are critical in view of the impact that they can have on an individuals' quality of life and wellbeing, adversely affecting health. Although the title of the Task Group is 'GP access in Medway', the Task Group anticipates that the review and recommendations will be addressing not only general practices but the wider multidisciplinary Primary Care system.
- 4.3 Due to this long-standing challenge and its importance to the people of Medway, Medway Council's Business Support Overview and Scrutiny Committee agreed to select this topic for an in-depth scrutiny review.
- 4.4 The Director of Public Health advised that the review should be delayed due to a number of reasons including pressures within primary care and the Public Health team, and the CCG being replaced with the Integrated Care Board. However, the Committee considered

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that, given the importance of the issue to the people of Medway, it should be the topic of the next Task Group, even if it needed to take longer than usual.

- 4.5 It's clear that there is already a significant amount of work being undertaken across Medway to improve GP access and tackle GP capacity issues. However, a key concern highlighted to the Task Group was that this work is not always as joined up as it could be and given that this issue is a complex one, a multidisciplinary and collaborative approach is needed in order to make best use of local assets within the Council and other local organisations. These local assets include the voluntary sector, thereby ensuring that the local offer is promoted effectively.
- 4.6 The Government's publication of the Autumn Statement emphasises the importance of investing in the health service. Health and social care funding will increase, and detailed full recovery plans will be published, including improved access to general practice, particularly how anyone needing a GP appointment with their GP practice can get one within two weeks, and anyone who needs an urgent appointment can get one on the same day.
- 4.7 The Task Group hopes that its recommendations will act as a catalyst to further assist in the issue surrounding GP access and Primary Care access in Medway. The full list of recommendations of the Task Group are set out in section seven of this report.

5. Background

Choosing a Review Topic

- 5.1 The Council's Business Support Overview and Scrutiny Committee agreed on 25 January 2022 to select this topic for an in-depth scrutiny review given the importance of this issue to the people of Medway.
- 5.2 The review topic was chosen due to the impact of limited GP access on an individuals' quality of life and wellbeing, adversely affecting health.
- 5.3 Ensuring good access to general practice has been a complex and challenging issue for many years; for example, getting through to the practice on the phone, particularly first thing in the morning, and sometimes long waiting times for more routine care. In large part, the access challenge mirrors overall workforce capacity including the number of GPs which had been rapidly shrinking, and a vast backlog of care generated by the Pandemic (which has exacerbated patients' conditions). Patients awaiting treatments in secondary care due to backlogs are presenting in primary care. Demand across all health and care services has risen.
- 5.4 Despite nationally there being 1,857 fewer fully qualified full-time equivalent GPs today (July 2022 workforce data) than there were in 2015, each practice has on average 2,222

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more patients than they did then. GPs are continuing to provide [over a million appointments per day](#), with the great majority face-to-face, and with [increasing consultation rates per patient](#).

5.5 Patients' ability to access primary care is often not as good as it should be. Some patients are experiencing unacceptably poor access to general practice, including an inability to contact practices. Unwarranted variation in practice performance has always existed but Healthwatch and the Care Quality Commission record a rising number of concerns and complaints, typically about appointment availability, waiting times, and in particular, the ability to see a GP, and specifically face-to-face.

5.6 The main issue faced is balancing demand versus supply and understanding when patients need to see a GP versus when they might need to see another healthcare professional depending on what their health and care needs are. Widespread changes in the way that people accessed general practice services during the pandemic have been overlaid on these longstanding and growing access challenges.

General Practices in Medway

5.7 Medway has 7 PCNs and 38 GP practices serving 320,157 patients registered as at September 2022. In terms of PCNs and number of practices:

PCN	No. of practices
Gillingham South	6 Practices
Medway Central	6 Practices
Medway Peninsula	3 Practices
Medway South	5 Practices
Medway Rainham	10 Practices
Rochester	4 Practices
Strood	5 Practices

5.8 Regarding training practice information, there are 8 GP training practices, 4 PCNs host Kent and Medway Medical School students, and 5 Practices hosts multi-professional students. Since the latest CQC inspection on 24 October 2022 about 76% of GPs in Medway have been rated overall good.

5.9 Quality & Outcomes Framework (QOF)

- The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
- QOF points are achieved based on the proportions of patients on defined disease registers who receive defined interventions within the preceding year.

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- There was no QOF achievement rate for 2020-21 due to the part suspension of QOF implementation as a result of the COVID-19 pandemic
- As of 2021-2022, Medway achieved 576.82 QOF points similar to the national average at 582.43. This means that Medway has 90% achievement across the whole QOF. This information is valuable for many secondary uses including for GP practices to assess their performance in context, for CCGs to monitor and commission, for CQC to use in GP monitoring and for the general public to review their local GP care information.

Work Underway to combat GP capacity issues and improve access to GPs in Medway

5.10 There are several ongoing work and funding packages in Medway to invest in improving GP access. These include:

- Winter access schemes including looking at measuring capacity/demand to help improve access.
- A £500,000 package (towards employing doctors & practices) was authorised in March 2022 by the Kent and Medway CCG to combat GP capacity issues in the most disadvantaged areas of Kent including Medway, Swale and Thanet.
- £4.3m is being invested across Kent and Medway in telephony, broadband upgrades, websites and infrastructure to improve digital enabled access to general practice.
- APEX system has been invested until March 2023 to support practices with improving access through demand and capacity tools. 95% of Kent & Medway practices have currently installed this system.
- Majority of Medway practices are referring patients with a variety of minor ailments to the Community Pharmacy Consultation Service thereby freeing up capacity for more complex conditions or those requiring continuity of care in general practice.
- Further details around Medway's GP Attraction Offer can be found in section 6.18.

6. Setting the Context

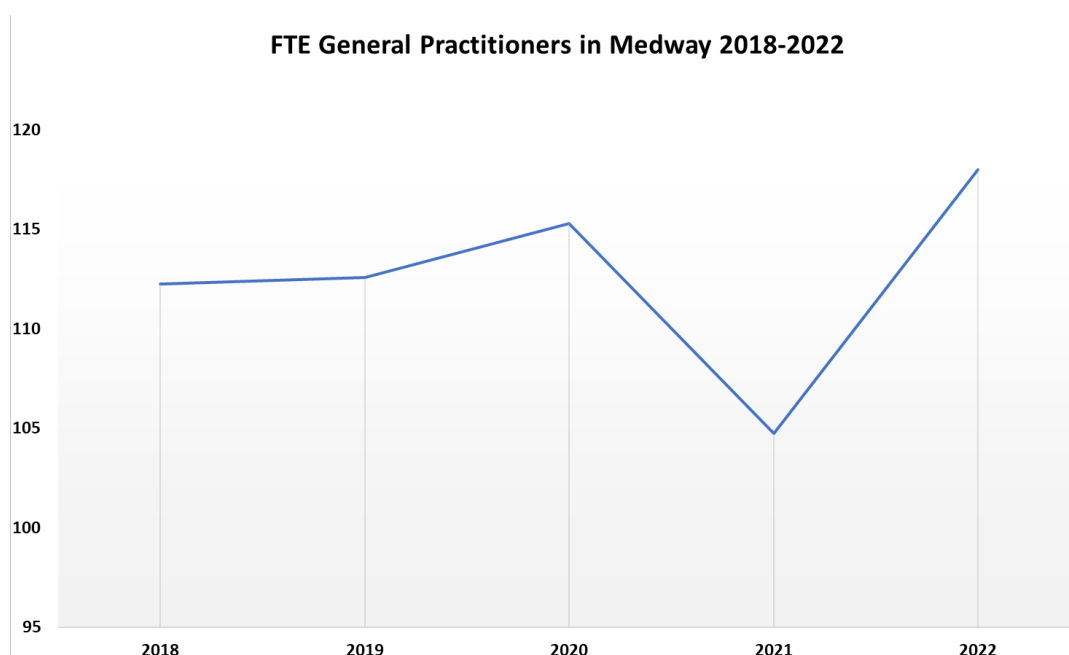
Definition of General Practitioners (GPs)

6.1 General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. Although general practitioners and medical doctors perform similar duties, there are a few differences between them. GPs treat minor illnesses, while medical doctors tend to be more specialised in their practices. As of 31 October 2022, there were 36,854 full-time equivalent (FTE) GPs in the UK. In Medway, as of September 2022 there were 118 FTE (including Locums) GPs¹. The graph below shows the trend in numbers of FTE GPs in Medway between September 2018 to September 2022.

¹ Figures as provided by the Integrated Care Board

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- 6.2 It is important to note that although the number of FTE GPs have increased since 2021, GPs are seeing an increase in demand due to backlog generated by the COVID-19 pandemic which has exacerbated patients' conditions.



Definition of a GP Practice

- 6.3 A GP practice is an organisation of one or more GPs who provide general medical services to a particular group ("list") of patients. A shift to remote working, accelerated by COVID-19 as well as the introduction of PCNs means that GPs may be working at home (or any remote location) or providing services out of another practice or physical location as part of a PCN –wide service. As of June 2022, there were 6,495 practices in operation in England. As mentioned in section 5.7, there are 38 practices in operation in Medway.

Definition of Primary Care Networks (PCNs)

- 6.4 Since July 2019, GP practices have been joining with other health and care providers to form Primary Care Networks (PCNs). PCNs deliver accessible and integrated primary, mental health, and community care to patients. They aim to reduce the need for hospital treatment, build on existing primary care services and enable greater provision of proactive, personalised, co-ordinated and a more integrated health and social care for people. Each PCN would normally be based around natural local communities typically serving population of between 30,000-50,000. There are currently about 1,250 PCNs in England. As mentioned in section 5.7 there are 7 PCNs in Medway. A table is provided in section 5.7 highlighting the number of practices in each PCN.

Definition of Social Prescribing

- 6.5 Social prescribing is a means of enabling GPs and other frontline healthcare professionals including all health and social care professionals, allied health professionals and trained

volunteers to refer patients to a link worker- to provide them with a face-to-face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e., 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary, community and social enterprise sector. As of December 2022, there are 7 known social prescribing providers in Medway and some of the support can be found [here](#). Further details about Medway and Swale's Social Prescribing Plan can be found in section 6.25.

National Policies, Strategies, Guidance and Research

The GP Patient Survey

- 6.6 The GP Patient Survey, an annual England-wide survey (run by Ipsos MORI on behalf of NHS England), was sent out to around 2.47 million people across the UK. The results show how people feel about their GP practices and information on patients' overall experience of primary care services and their overall experience of accessing these services.
- 6.7 The latest survey results were published in July 2022 with data collected from 10 January 2022 to 11 April 2022. The survey measures patients' experiences across a range of topics including; Access, Online GP services, Making an Appointment, Last Appointment, Health, and when GP practice is closed. The questionnaire was redeveloped in 2021 to reflect changes in primary care services as a result of the COVID-19 pandemic, the effect of which should be considered when looking at results over time. It is important to consider the statistical reliability of the patient survey data (this could account for 1% either way).
- 6.8 Across Kent and Medway 62,050 questionnaires were sent out to patients and 21,779 (35%) were returned completed. 67% of responders described their experience of their GP practice as either very good or fairly good compared to the national average of 72%. Kent and Medway overall GP practice experience increased slightly from 78% in 2020 to 80% in 2021 before declining to 67% in 2022. Similarly, the national average on GP practice experience has declined to 72% from 83% in 2021. It is important to note that there are significant variations across PCNs with the lowest at 41% and highest at 93%.
- 6.9 42% of responders found it easy to get through to their GP practice on the phone, a decrease of 17% from the previous year. This rate is below the national average of 53% which has also seen a decline of 15% from 2021. However, within the ICS the PCN range varies considerably between 13% and 77%. Of the patients that responded, 79% reported finding receptionists at GP practice either very helpful or fairly helpful, a decrease of 9% from the previous year. However, this is very similar to the national average at 82%.
- 6.10 60% of patients surveyed reported finding it easy to use their GP practice's website to look for information or access services. This is similar to the national average at 67%. There are significant variations across PCNs within the Integrated Care System with the lowest at 33% and highest at 82%. 54% of responders reported having offered the following choices of appointment when they last tried to make a GP appointment.

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Yes, a choice of place

Yes, a choice of time or day

Yes, a choice of healthcare professional

Yes, a choice of type of appointment

This is similar to the national average at 59%

- 6.11 Regarding perceptions of care, 80% and 82% of responders reported that the healthcare professional was good at giving them enough time and good at listening to them respectively. This is very similar to the national average at 83% and 85% respectively.

Autumn Statement 2022

- 6.12 The national government published the Autumn Statement 2022 on 17 November 2022 which sets out the government's plan which makes up to £8 billion of funding available for the NHS and adult social care in England in 2024-2025.
- 6.13 This includes £3.3 billion to respond to the significant pressures facing the NHS, enabling rapid action to improve emergency, elective and primary care performance towards pre-pandemic levels and introducing reforms to support the workforce and improve performance across the health system over the longer term.
- 6.14 The NHS will publish full urgent and emergency care and primary care recovery plans in the new year to deliver improved:
- Cat 2 ambulance response times to 30 minutes on average over 2023-24
 - A&E waiting times, year-on-year
 - access to GP appointments, with all patients seen within 2 weeks and urgent patients seen on the same day
- 6.15 The Government will publish a comprehensive NHS workforce plan next year, including independently verified workforce forecasts, covering training new health professionals, increasing workforce productivity, and retention.
- 6.16 An independent review will be undertaken into oversight of Integrated Care Boards and how they can best work with autonomy and accountability, led by former Health Secretary Patricia Hewitt. The NHS will continue the Elective Recovery plan, with more patient choice of providers. Maternity services will be bolstered by 2000 more midwives as per the Ockenden Review. The Government's New Hospital Programme will continue.
- 6.17 The NHS's performance is closely tied to that of the adult social care system, so the government will also make available up to £2.8bn in 2023-24 and £4.7 billion in 2024-25 to put the adult social care system in England on a stronger financial footing and improve the quality of and access to care for many of the most vulnerable. This includes:

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- 0.6bn in 2023-24 and £1 billion in 2024-25 to directly support discharges from hospital into the community, to support the NHS.
- £1.3bn in 2023-24 and £1.9bn in 2024-25 distributed to local authorities through the Social Care Grant for adult and children's social care
- £0.4bn in 2023-24 and £0.68 in 2024-25 through a ringfenced adult social care grant which will also help to support discharge.

Medway Specific Plans & Strategies

Medway's GP Attraction Offer

- 6.18 The Primary Care team at Medway have put together an Attraction Package to recruit 20 GPs to Thanet, Swale & Medway. The package designed include 15 roles across Thanet, Swale and Medway and 5 Clinical Fellows in Coastal Medicine linked to practices in Swale and Thanet. Further details on the 15 roles across Thanet, Swale and Medway is provided below:
- 6.19 There will be £15,000 for each GP and £10,000 to each practice over two years to provide a session per month of support and mentoring. There will be a relocation navigator from KCC or Medway Council as appropriate to support GPs in housing, school childcare and 'finding your feet in Kent and Medway'. There will be peer network across the area facilitated by Training Hubs, training as GP Clinical Supervisor and involvement in practice development project.

General Practice Development Plan 2022-2024

- 6.20 The General Practice Development Plan was presented in [Medway's Health and Wellbeing Board meeting](#) on the 01 September 2022 by the Director of Primary Care, who also shared the document with the Task Group as part of its evidence sessions.
- 6.21 The GP Development Plan concentrates on the following key areas
- a. Patient Engagement- This includes work to achieve improved patient experiences of GP practices such as routinely seeking the views of residents and patients to help shape and inform primary care service delivery and supporting GP practices and PCNs to engage with their local communities.
 - b. Access- This includes work to improve access to general practice services such as supporting all GP practices to install digital telephone systems to make it easier for patients to call their GP practice, increasing the number of people referred to community pharmacy services from 2022/23 baseline of 4,000 referrals, increasing the number of people using online primary care services, and ensuring there is an integrated ICB approach to tackling access to health for the homeless ensuring health inequalities are addressed.
 - c. Primary Care Networks (PCNs)- This includes supporting GP practices to work at scale in networks to enable patients to have improved access to general practice and

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to be offered a wider range of services. Some of the work includes increasing the number of additional roles staff working in general practice to a total of 1053, supporting all PCNs to have a development plan that leads to maturity and sustainability, ensuring all clinical staff have a laptop to support remote working and supporting PCNs to develop their understanding and delivery of their population health management work and the Tackling Neighbourhood Health Inequalities service specification requirements.

- d. **Workforce, Training and Development-** This area will concentrate on diversifying the general practice workforce and providing training and development for those who work with GPs. Initiatives include providing an attraction offer for GPs to work in areas with higher deprivation including Medway, Swale and Thanet in 2022-2024. Collaboration is continuing with the Kent and Medway Medical School (KMMS). The aim is to expand the offer of high-quality medical school placements in primary care. The ICB will support practices to develop and grow placement opportunities for multi-professional students and trainees to expand the future workforce. Additionally, a range of training and development initiatives will continue to be offered to develop and retain the workforce. These include fellowships and advanced practitioner training, to enable staff to remain in general practice. The benefits of new roles in general practice will continue to be promoted and explained to members of the public and partners to improve patients' confidence and understanding of the multidisciplinary workforce.
- e. **Estate-** This area aims to ensure that locations in which general practice services are commissioned are fit for purpose and meet the needs of growing populations, workforce and service model.
- f. **Quality and Safety-** This area aims to ensure that general practice services are safe, effective and patients have good outcomes when accessing general practice.
- g. **Technology-** This area aims to continue to enhance digital technology that will transform services at scale in general practice.
- h. **Finance and Investment-** This area aims at continuing to invest in general practice both to maintain core services and to bring about transformation that reflects the NHS Long Term Plan.

6.22 For ease of implementation, our recommendations are structured against each of the subheadings listed above.

6.23 Implementation of the GP development plan is well underway, and highlights include:

- Giving patients a voice in how GP services are delivered
- Ensuring all GP websites are up to date with the latest information
- Creating public awareness of research and getting them involved in solutions
- Providing access to clinical trials to offer more care options to our patients

Medway and Swale Social Prescribing Plan 2022-2027

- 6.24 The Social Prescribing Plan sets out how the Medway and Swale Health and Care Partnership, health and social care services, commissioners, provider partners and voluntary organisations will evolve the social prescribing system. The plan was developed by Medway Council, KCC and NHS partners, in conjunction with a wide range of stakeholders that are part of the Social Prescribing Network. As of December 2022, there are 7 known social prescribing providers in Medway.
- 6.25 The five-year plan aspirations include:
- 40,000 people access a social prescribing service by 2027
 - 15,000 Voluntary and Community Sector activities accessed by clients
 - 1,000 more Voluntary and Community Sector activities supporting people to improve their health and wellbeing
 - All social prescribing services achieve an average of 90% on The Friends and Family Test
 - The establishment and roll out of a set of standards and a competency framework for all link worker staff and organisations delivering a social prescribing service

7 Methodology and Approach

- 7.1 On 24 June 2022, the Task Group met to discuss the background, the review scope and agree its Terms of Reference. At this point, the group also considered the methodology for the review. It was agreed to progress with a series of roundtable evidence sessions. This would, provide an opportunity for stakeholders to examine the issues as they relate to their specific service or organisation.
- 7.2 In addition to the evidence gathering sessions, the Task Group also undertook visits to General Practices at Thames Ave Surgery and St Mary's Island Surgery to discuss some of the challenges practices are facing and learn about innovative ideas they are using to improve the quality of primary care services to their patients. They also visited the Health Hub, hosted by Medway Community Healthcare (MCH) which was a unique and innovative model, which saw the eHub taking on 100% of eConsult enquiries from 2 PCNs which consisted of practices and approximately 56,000 patients.
- 7.3 Following the first roundtable setting the scene and evidence gathering session it was agreed that further roundtable discussions would be held with locally based public and voluntary sector organisations. This would enable the Task Group to find out more about the consequences and challenges that lack of access to GPs has caused and discuss what recommendations could be put forward to ameliorate access and what if any, support Medway Council could provide to assist.

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Terms of Reference

7.4 The Task Group agreed the following terms of reference:

To review the access to GPs across Medway to explore whether the number of GPs and primary care staff in Medway is sufficient to meet the needs of the population.

To review the access to GPs across Medway to explore how the COVID-19 pandemic has affected access to primary care.

7.5 The Task Group also agreed a number of key lines of enquiry to inform its evidence gathering and recommendations:

- i. To establish the roles and responsibilities from NHS England through to GP practices in relation to access to primary care.
- ii. Identify national and local pressures that impact on GP access and primary care access generally.
- iii. Determine how practices manage appointments and identify examples of best practice and identify variations across Medway and the impact this has on patient experience.
- iv. Explore how practices adapted to access during the pandemic and how they are responding/adapting post pandemic and going forward.
- v. Explore patient satisfaction data and compare to the national picture.
- vi. Explore how GPs and practices learn best practice from each other and how they apply that learning to improve services and patient experience/outcomes.
- vii. Explore Patient Activation Measures- if and how these are being used.
- viii. Identify how well the public understand alternative ways to access primary care services and how accessible these alternative methods are.
- ix. Review the Kent and Medway Primary Care and General Practice Strategies in relation to how they are aligned to deliver population outcomes for the population of Medway.

7.6 The approach, methodology and programme for the review is set out below:

Date	Task Group Members in Attendance	Attendees	Purpose
24 June 2022	Councillors Murray, Price, Purdy, Elizabeth Turpin & Wildey	Witnesses: Dr. Mohsin Patel- External Expert Officers: James Williams- Director of Public Health Logan Manikam- Consultant in Public Health Teri Reynolds- Democratic Services Wayne Hemingway- Democratic Services	Review scoping document, setting the scene, presenting best practice from other regions.

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<p>20 September 2022</p>	<p>Councillors Price, Purdy, Murray, Elizabeth Turpin & Wildey</p>	<p>Witnesses: Michelle Trumper- wHoo Cares Martyn Cheesman- Healthwatch Sue Scanlan- PPG Chair, Reach Healthcare, Medway South Primary Care Network Kevin Jaspar- PPG Chair, Castle Medical Practice Sukh Singh- Director of Primary Care NHS Kent and Medway</p> <p>Officers: James Williams- Director of Public Health Logan Manikam- Consultant in Public Health Ummi Bello- Senior Public Health Officer Teri Reynolds- Democratic Services Stephanie Davies- Democratic Services</p>	<p>Patient Experience Session with Director of Primary Care. Witnesses shared with the Task Group feedback from the community regarding patient experience of GP services in Medway. Michelle from wHoo Cares has also shared findings from a survey they carried out towards the end of 2021. Members were asked to identify and reflect on key messages and outcomes from the session</p>
<p>21 September 2022</p>	<p>Councillors Price, Purdy Elizabeth Turpin & Wildey</p>	<p>Witnesses: Jo Quinn- ICB Donna Rowell, Director of Transformation, MCH Sukh Singh- Director of Primary Care, ICB</p> <p>Officers: Teri Reynolds- Democratic Services</p>	<p>Visit to Medway & Swale Healthcare & Care Partnership- Amberley Green Site. Discussed work doing to improve GP/primary care access. Meeting with the Director of Transformation and clinical team to see how the Health Hubs work and how it has been received by patients and practice teams.</p>
<p>23 September 2022</p>	<p>Councillors Price, Purdy & Elizabeth Turpin, Cllr Wildey (observing remotely)</p>	<p>Witnesses: Graham Trice- City Way PPG Paul Stephens- PPG Rep Derek Gallagher- PPG rep Rupa Sen- Medway Diversity Forum (MDF) Clare Delap- ICB comms Sarah Gorlov- PH Marketing Manager Kuwant Singh Jhita- Medway Diversity Forum Sukh Singh- Director of Primary Care</p> <p>Officers:</p>	<p>Patient Experience Session with Director of Primary Care</p>

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		<p>James Williams- Director of Public Health</p> <p>Logan Manikam- Consultant in Public Health</p> <p>Ummi Bello- Senior Public Health Officer</p> <p>Teri Reynolds- Democratic Services</p> <p>Stephanie Davies- Democratic Services</p> <p>Wayne Hemingway- Democratic Services</p>	
25 October 2022	Councillors Price, Elizabeth Turpin & Wildey	<p>Witnesses</p> <p>Sue Mitchell- Practice Manager</p>	Visit to Thames Ave Surgery
11 November 2022	Councillors Murray, Price, Purdy, Elizabeth Turpin & Wildey	<p>Witnesses:</p> <p>Sharon Hogarth, Practice Manager and Partner</p> <p>Dr Mallick, Partner GP</p> <p>And other members of staff, roles which included but were not limited to; Digital Transformation Manager, Advanced Clinical Nurse (Elderly and Care Homes), a GP.</p> <p>Officers:</p> <p>Teri Reynolds- Democratic Services</p>	Visit to St Mary's Island Surgery
14 November	Councillors Murray, Price, Purdy, Elizabeth Turpin & Wildey	<p>Witnesses:</p> <p>Dr Nicola Tyers- Medway School of Pharmacy</p> <p>Mark Anyaegbuna- Kent Local Pharmaceutical Committee</p> <p>Officers:</p> <p>Ummi Bello- Senior Public Health Officer</p> <p>Teri Reynolds- Democratic Services</p> <p>James Williams, Director of Public Health</p>	Role of community pharmacy and key outcomes and findings. This session involves exploring the role and opportunities there are in relation to community pharmacy and primary care provision. Members are then asked to identify and reflect on the key outcomes and findings from the session.
17 November 2022	Councillors Murray, Price, Purdy, Elizabeth	<p>Witnesses:</p> <p>Sukh Singh- Director Primary Care</p> <p>Dr Farnaaz Sharief- Medway GP</p> <p>Dr Sharon Hadley- Out of area GP</p>	This session delved into the experiences of GP

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	Turpin & Wildey	Officers: Ummi Bello- Senior Public Health Officer Logan Manikam- Consultant in Public Health Teri Reynolds- Democratic Services	Draft interim recommendations
14 December 2022	Councillors Murray, Purdy & Wildey	Witnesses: Scott Elliott – Public Health Principal & Head of Health and Wellbeing Services Katherine Bell - Senior Public Health Manager Officers: Ummi Bello- Senior Public Health Officer Logan Manikam- Consultant in Public Health Wayne Hemingway – Democratic Services Teri Reynolds- Democratic Services	This session explored the role of social prescribing and its impact in relation to demand in Primary Care. Task Group Members also went through the draft report and recommendations and provided their comments which are reflected in this final version.

8 Summary of Evidence Collected and Recommendations

8.1 Primary Care Team

8.1.1 This section will explore the outcomes following discussions around multidisciplinary team working and composition within Primary Care Team and how these teams can support each other to reduce the pressure on GPs.

8.2 Impact of COVID-19 on GP (Transformation of Primary care since COVID-19)

8.2.1 In the first session with members, Dr Mohsin Patel, an Independent Health and Social Care Consultant delivered a presentation on how Primary Care has evolved post-COVID and shared some best practice examples of Primary Care GP access:

8.2.2 COVID-19 has brought about a comprehensive transformation to the management of patient populations remotely. During the Pandemic, primary care providers deployed telehealth, behavioural health interventions, crisis lines, nurse help lines, patient portal communications, interactive chatbots, email, text communications and a variety of online teaching tools to remotely meet patient needs. Many of the changes mentioned above are currently being utilised for lasting primary care transformation and maximising access to

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primary care. Many areas of primary care are all available through telehealth and/or virtual communications including:

- Disease prevention
- Diagnosis of acute illness
- Diagnosis of chronic disease
- Management of chronic disease
- Complex patient care management
- Health promotion
- Patient education

8.2.3 Dr Patel provided specific examples of Best Practice in two general practices in relation to operation pre-COVID and post COVID. In summary, these practices although different in region and in structure, with one being a large practice serving about 38,000 patients across 5 sites and one being a small practice with about 4,500 patients, adapted their service offer based on their patient needs. The large practice co-designed a new digital access service working with the local community and patients. This service provided access based on clinical needs (triage) rather than demand. It provided place-based care and worked with the community including councils, patient participation groups (PPGs), volunteers, and social prescribing. This practice's patient experience and satisfaction is now coming in line with national average. The smaller practice, due to its small list size was able to maintain delivery of all services face-to-face. Patients were supported with on the day walk-in appointments which were effectively managed. They adapted the practice through patient feedback to cater for those patients who preferred virtual appointments and for those patients who walked in, the issues they presented with were able to be resolved through an appointment with an allied health professional (AHP) rather than a GP. This practice had very high patient satisfaction rates with 5-10% average higher than national average.

8.2.4 Dr Patel mentioned the following steps were critical in improving GP access:

- Having a coterminous vision, values and plan for primary care across the ICS
- Having good leadership (both clinical and general) at system level
- Involving all practice staff, small and large practices alike with good regular communications
- Involving patients, carers and representative groups in how GP services are being delivered and receiving feedback
- Having capacity and demand management planning toolkits at system level
- Staffing and workforce planning (recruitment, retention, training)
- Investing in IT services (telephony, internet, etc.) that are the latest, updated, and inter-operable, inter-connectivity and which acts as an enabler and not a blocker
- Estates – for face-to-face appointments and consultations, vulnerable group access, group consultations and sessions (like Physio, MH, rehab etc.)
- Use PCNs, ICS models and provider networks to scale up, improve pathways and efficiencies, back-office function reduction
- GPs having more front-line time with patients, less paperwork and documentation
- Using data, Population Health Management to risk stratify and develop access pathways accordingly

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- Working with Acute Care A&E, UCC, 111, Care and Nursing Homes, pharmacies, mental health, social care, and all other routes at system level that can by-pass primary care and put pressure on health and social care

8.3 General Practices & Practitioners

- 8.3.1 GPs have moved from seeing patients on their own, to having access to a broad multidisciplinary team wrapped around practices. This enables patients to be seen as quickly as possible, by the most appropriate healthcare professional.
- 8.3.2 High levels of burnout have been found amongst GPs with pre-pandemic levels at about 80-90%. The health and wellbeing of GPs is of the utmost importance. Fewer GPs providing care for more patients increases the risk of harm and suboptimal care through decision fatigue, as well as risking of harm to the GP through burnout, and psychological injury. Members expressed great concern for the wellbeing of GPs and believed it is important that the ICB ensures that GP practices are following [BMA's safe working in general practice](#) guidelines and providing the necessary support for GPs to be able to continue delivering safe patient care and preserve their wellbeing and health.
- 8.3.3 Dr Farnaaz Sharief, an external witness at one of the task group sessions, provided the group with an overview of work she had been involved in focussed on improving referrals to community mental health teams. This initiative enabled GPs to refer complex Mental Health patients into specialist services with a revised set of guidelines in line with NICE guidance. This initiative enabled GPs to improve referral rates to specialists allowing patients to access timely mental health support. Members also heard that every PCN in Southend-on-Sea had a mental health practitioner aligned to them. Both GPs estimated that of the patients presenting in general practice, 85% of the factors contributing to their health are determined by social or lifestyle measures and therefore the increase in mental health support was considered a huge asset. Members expressed interest in exploring similar interventions in Medway and believed it was important that the ICB supports and equips PCNs with the resources to recruit additional roles (i.e., mental health practitioner, physiotherapist) to better support their population needs which in turn will allow GPs to devote their resources to those patients and problems that general practice is uniquely positioned to help.
- 8.3.4 A discussion was conducted around the negative perception of General Practice by the public and patients on some social media platforms. A member of the group raised concern around a perceived increase in patient anger and frustration. A recommendation put forward is to provide more transparency regarding the reality surrounding the lack of GPs and the reasons why that is. The communication needs to be done using lay terms so that the public can understand. Additionally, the public need to understand that they might not need to see a GP specifically depending on their health needs. It could be that their needs are better addressed and assessed by other health services, such as a physiotherapist or a social prescriber for instance. Related recommendations are provided under communications.

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- 8.3.5 The consensus amongst Task Group members was that, overall, significant work needed to be conducted surrounding communications in several areas including tackling the negative perceptions of accessing GP services on social media, empowering and providing the public with knowledge of other support (primary care services) available to them. It was agreed that messaging needs to empower the community and its patients by signposting them to where they could be provided with the best service for their health and care needs. This could be through community pharmacy, self-care, online digital tools, or other health professionals.
- 8.3.6 Furthermore, it was recognised that the level of support that individuals might need are varied. Some individuals might only need to be signposted to the relevant service for their needs while others might need to be engaged or supervised as they explore and decide on what services meet their needs.
- 8.3.7 Due to the complexity of the NHS it was discussed that members of the public might not always understand how the system works and therefore might not necessarily have the knowledge of the support and services available to them and how to access them.
- 8.3.8 The Task Group recognised the culture change that was needed in relation to patients generally changing their mindset from needing to always see a GP, to seeing the member of the healthcare team that is best suited to assist with the issue. It was suggested that this change in the way we all need to approach our access to primary care going forward, could also be picked up through schools so that young people understand the new world we live in and how to navigate primary care effectively, rather than believing a potentially inherited misconception of how it works or should work. This could be done through PSHE for example.
- 8.3.9 Members discussed that there is an issue in the recruitment of patient participation group members from the community. Patient involvement and feedback, especially from a wide diversity of age groups and ethnic minorities, in decisions about the range and quality of services provided by a practice is critical in improving primary care services. Members therefore believe it is important to raise awareness about PPG, encouraging members of the public to join their practice's PPG in order to have a voice and inform their practices on what matters most to them and identify solutions to problems they face.
- 8.3.10 Therefore, in recognising that effective communication to Medway patients is key, the Task Group recommends Medway Council (subject to resources being available), led by the communications team, assist the K&M ICB/NHS in resharing messages issued by the NHS on Medway channels and in schools concentrating on the following key areas:
- Raising awareness of the multidisciplinary teams that make up General Practice (the different roles and what each does)
 - Using engagement opportunities to inform and encourage people on how to access help in different ways, supporting them to take ownership and make decisions about the care they need, and signposting them as seeing a GP may not always be the best option. For instance, GP online, NHS 111 appointments, pharmacy, the NHS App, First Contact Physiotherapy, Social prescribers can be appropriate alternatives

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- Raising awareness about social prescribing services in Medway and how they can be accessed
- Raising awareness about Patient Participation Groups and encouraging members of the public to join their practice's PPG in order to have a voice and inform their practices on what matters most to them and identify solutions to problems they face.
- Assist with encouraging the uptake of screening and immunisation programmes in areas of low uptake across Medway, specifically childhood immunisations ensuring there is enough provision to meet demand.
- Tailoring PSE programmes in schools to inform and empower young people to better understand the range of health and care services available to them and how to access these services
- Utilise Medway Matters to communicate the above messages, reaching patients who are not generally active online.

8.4 Reception Teams

8.4.1 Before a GP is accessed, patients pass through other healthcare staff within the general practice, namely the reception team. Members of the Task Group heard about the frustrations being experienced by patients across Medway who were finding it difficult to get through on busy phone lines and to book a timely GP appointment. Some described their experience of dealing with GP reception staff as a barrier in some cases and needed to be more compassionate and understanding to help rebuild relationships between a practice and its patients. The Task Group also heard that staff morale was low within GP practices, particularly within reception team members who are dealing with frustrated patients daily. Some practices appeared to be caught in a cycle of unhappy patients and unhappy staff and the Task group recognised how vital it is for staff to have empathy when dealing with patients and to be able to manage stress and workload demand. Members of the Task Group recommend that the ICB provide patient compassionate training to receptionists.

8.4.2 It is important for staff to be well trained and equipped to know where to signpost patients, to recognise what is urgent versus routine queries and to recognise the signs of a patient with deteriorating health. It is also important to train reception staff to deal with most administrative duties so that tasks that only need actioning by a GP are passed onto to them.

8.5 Community Pharmacies

8.5.1 One of the evidence sessions concentrated on exploring the role of community pharmacy and opportunities, pharmacy presents in relation to supporting primary care provision. Dr Nicola Tyers, the Deputy Head of Medway School of Pharmacy, and Mark Anyaegbuna, Chief Executive of Kent Local Pharmaceutical Committee, presented to members on both the Medway School of Pharmacy and Community Pharmacies. One potential concern raised during the session was in terms of consultations and how pharmacies are able to work out individuals that might be turning up multiple times as that can be important in understanding the issues that person is presenting with and allow for an in-depth

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assessment of the situation. It was clarified there is only national data available.

Unfortunately, there is no data for Medway specifically. However, although this data is not available, community pharmacists know the drugs that are likely to be abused and are not easily available to be picked up as they are locked away. Therefore, pharmacists can soon find out if an individual presents multiple times as they would need to meet a member of staff in order to gain access.

- 8.5.2 In terms of interaction with other parts of the community and the care pathway, all patients are tracked through a system. There is a feedback loop to GP between pharmacists and GP which is sent to the clinician. Additionally, there is a bypass number community pharmacies use to get an appointment for a patient with a GP. If there is an emergency, patients are screened to ensure they are being triaged to the right service i.e., NHS 111 or A&E.
- 8.5.3 A member of the Task Group described a situation whereby their community pharmacy lost their prescribing licence and went through a process with the pharmaceutical council following a CQC inspection. One of the elements that was found lacking was around training and keeping up to date. Assurance was needed in terms of what support would be in place to turn this around more quickly in the future as the local and wider community had been impacted by this during the lockdown following inspection. It was explained that there had been issues around training and keeping up to date and the disparity between medicine and pharmacy. In GPs they have an annual appraisal which is funded and supported by the NHS England. There is a performance list where issues are highlighted before going to a regulator. In pharmacies, NHS England have inspectors in community pharmacies who check quality. The regulator requires everyone to do an annual revalidation which is reported to the regulator. This is not as robust as that which is applied to medicine. It was highlighted that there is lack of infrastructure around prescribing. However, the NHS is looking into bringing out a set of standards to support the skill set of prescribers.
- 8.5.4 One main area discussed was around the new pharmacy contract which will be moving away from pharmacists solely dispensing medication as skill set is evolving. Some of the wider skill sets and roles will include a dispensing assistant, pharmacist technician, and clinical IT technician.
- 8.5.5 By January 2023, the nationally commissioned services will be activated including contraceptive national service and later on contraceptive pills can be initiated from prescribers. Hypertension case finding is another service that will become available which will ease pressure on GPs. Cancer screening services will become available with Medway being one of the pilot areas. People can come into a pharmacy and be screened which will also enable the ability for patients to be triaged directly to secondary care. Smoking cessation services from acute trust will also become available. Patients can be referred to community pharmacies from the hospital. Discharge medicine services will also become available whereby people discharged from hospital with medications can be referred to the pharmacy. Other services include urinary tract infections, flu and covid vaccination and signposting. Regarding local commissioned services, pharmacies will be able to provide services in terms of needle exchange, substance misuse, sexual health services including

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chlamydia screening and treatment, referral to weight management, health checks, and ADHD. Members believed that it was crucial for GPs to engage with the commissioning services provided in pharmacies.

8.5.6 A key concern raised by members was that although these nationally and locally commissioned services will be available, if patients are not provided with a level of privacy during consultations in pharmacies, they might choose not to go and benefit from these services. It was clarified that it is a requirement for all pharmacies to have consultation rooms and utilise those rooms for the purpose of consultation rather than other purposes such as storage etc.

8.5.7 A general consensus amongst members was the lack of continuity in the national system. A member shared her experience of being told to go into the pharmacy to get their prescription, but once they arrived, it was not there, but at a different branch. Another systematic issue discussed was that some patients would phone 111 but on phoning, they are not provided with any advice and told to go into the hospital if they have related symptoms, they turn up at the hospital and this takes roughly 7 hours. A key recommendation provided was that the Kent and Medway Local Pharmaceutical Committee (community pharmacies) and the Kent Local Medical Committee (general practices) should work together in the following areas to provide the best and most efficient care for patients:

- Pharmacy Prescribing
- Clinical Pathways
- Workforce Planning including ICT compatibility & connectivity
- Signposting patients in General Practices to Local and National Commissioning services provided in community pharmacies

8.6 Value in having a Multidisciplinary Primary Care Team

8.6.1 Medway has very different types of practices across the whole area working in very different ways. From its visit to St Mary's Island Surgery, the Task Group could see the benefit of practices that have highly skilled Primary Care Teams, made up of not just GPs but included other health care professionals, such as specialist nurses (e.g., mental health or diabetes), physiotherapists and palliative care experts. This clearly enabled capacity to be spread more evenly across the whole team and for patients to be seen in good time by the right person, thereby having better and more timely outcomes. Members recommended that the ICB should collate and share best practices such as the one mentioned above amongst all surgeries for learning and improvements/adoption, with PCNs leading that sharing. This sharing of best practice should not only be about structures and staff models but also explore other areas including Primary Care Team dynamics, telephone systems, use of Community Pharmacy Consultation Service, use of eConsult etc.).

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8.7 Social Prescribers

8.7.1 There was some scepticism raised around social prescribing and whether this service works. Member of the Task Group wanted to know whether there has been an evaluation into how well it works and how much it improves outcomes. The Director of Public Health, James Williams signposted members to evaluations of UK-based social prescribing interventions that has been conducted. The current evidence from the evaluation suggests that social prescribing has the potential to improve both physical and mental wellbeing. However, more research is needed to establish what works, for whom and in what circumstances. Medway Council Public Health team are currently evaluating the effectiveness of social prescribing services in Medway. Members are keen for the findings and outcomes to be shared.

8.7.2 In an evidence session with Dr Farnaaz Sharief and Dr Sharon Hadley, an out of area GP, they explained that of the patients coming into general practice, 85% of factors contributing to their health are determined by social or lifestyle measures. Some examples include teenagers coming into the practice as a result of not getting enough support from their school network, people with inappropriate jobs coming in for evidence of sickness leave, people coming in as a consequence of poor housing. There is a big space to fill in tackling these socially driven problems. There is value in care coordinators, health and wellbeing navigators and social prescribers in helping these patients with their social care needs. This adds to the value of having a multidisciplinary team as discussed above.

Technology & Digitalisation

8.8 Medway and Swale Health Hub

8.8.1 In a meeting with MCH, the Director of Transformation shared with members a new online consultation model called the Health Hub. This is a clinically led model providing additional capacity with managing patient access on behalf of primary care and reducing some of the extraordinary demands on practices. This unique model serves as an online consultation (e-consult) for 2 PCNs namely Hoo Peninsula and Strood (8 practices initially while in its first phase), a remote monitoring service and a virtual ward. The aim of the Health Hub is to enable the Health and Care Partnership to bring together system partners and services and create a centralised model. The benefits of this model include:

- Providing additional clinical capacity
- Reduced administrative and clinical pressures on practices
- Allows increased capacity within practices to 'reinvest' for patients with complex care needs
- Increased capacity for practices reception to complete in-practice administrative duties
- Increased virtual appointments as eConsult reduces pressure on face-to-face consultations
- Opportunity to increase the use of eConsult as an alternative approach to delivery of care

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- Additional access options for patients to be directed to ED/UEC where appropriate treatment on the day, access to diagnostics or onward referral through eRS
- Prescribing ability with remote prescribing and scripts direct to pharmacy
- Closure on online consultations within 1 working day

8.8.2 This model first went live on 18 May 2022. Since going live, the first phase of the Health Hub has led to a 400% increase in appointments. Based on patient satisfaction, 83% were either very satisfied or satisfied with the health hub, while 87% would recommend the use of the Health Hub. Members were impressed and welcomed the idea of health hubs.

8.9 Voice Connect

8.9.1 The Task Group heard from one surgery that was about to launch a new service called Voice Connect. This initiative enables patients with access to a telephone, to dial a number and access an automated service. Voice Connect provides an alternative method for patients without access to online or smart devices, to order repeat prescriptions. Some surgeries also have dedicated lines for prescriptions, easing the pressure on the main call lines. Members believe these best practices should be shared between practices and PCNs for learning and potential adoption or adaptation.

8.10 Online & Telephone System

8.10.1 Econsult is the main digital triage tool used in NHS primary care, built by NHS GPs for NHS patients, designed to enhance patient access, improve practice efficiencies and signpost patients to the right place at the right time for their care. This tool allows patients to submit their symptoms or requests to their own GP electronically, and offers around the clock NHS self-help information, signposting to services, and a symptom checker.

8.10.2 There was consensus amongst the Task Group members surrounding the lack of knowledge of eConsult amongst patients. The tool is efficient when used correctly however not everybody knows how to use it. Moreso, it was discussed that duty doctors treat and assess through eConsult due to limited GPs. When a patient cannot ring up in the morning, they are told to submit an enquiry via eConsult and if they do not have a computer one of the receptionists is able to do an eConsult light form on the patient's behalf. However due to limited GPs, people cannot get through to eConsult in the first place due to limiting its operational hours for instance. The ways in which eConsult is being used was shown to be quite worrisome in some areas. A Task Group member gave an example of a surgery that was running their eConsult and phone system simultaneously, both opening and closing at the same time, therefore eConsult was being used as an extension to the phone system which was not an efficient use of its abilities and was not giving the best outcomes for the patients. This creates additional pressure on surgeries to go through the information and get appointments out.

8.10.3 The Task Group also noted that the effective use of technology to access GP was to a significant extent reliant on the human resources available to maintain and support technology and respond to patient queries. The Task Group wishes to emphasize that while technology can be an efficient tool in terms of supporting the GPs to manage demand and

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access, if not used effectively then it can tie up the system. Therefore, members recommend that the ICB investigates how online consultations are being utilised in General Practices and share best practices with other practices for improvements/adoption.

8.10.4 During a visit to St. Mary's Island Surgery on 11 November 2022, members witnessed the practice's excellent use of technology. Receptionist team were skilfully using two screens to make appointments, answer calls and direct patients at the same time. Members were impressed and believed that this demonstration and a vision of good practice should be shared across PCNs for learning, adoption and consistency across the network. Members believed it was crucial for PCNs to collaborate with each other sharing these best practices particularly where a practice is inadequate or failing. Moreso, members believed receptionist teams should be encouraged and trained to answer more phone calls and use other forms of electronic communications (computers) in a timely and effective manner.

8.11 Digital Exclusion

8.11.1 In an increasingly digital world, people who are digitally excluded are at risk of worse access to services and worse health outcomes as a result. As the GP health system is becoming more and more digitalised, it is important to be aware and to support those that do not have access to these networks. Members of the Task Group highlighted that these people include the elderly and those with no internet access. One recommendation put forward by the Task Group is to provide computer terminals in GP practices so that people who do not have one at home can use these to book an appointment or even search for other health and social care services. Other reasons why patients or the public might feel digitally excluded include those with limited digital skills, disability, and language barriers. The Task Group also highlighted Medway Matters as a tool for sharing information about primary care to all residents by way of the magazine posted through people's doors, helping to expand the reach beyond those with digital access.

8.11.2 Representatives from the Medway Diversity Forum highlighted digital exclusion as a real barrier for large numbers of the BAME population who, if unsuccessful in getting through to their practice over the phone, lacked the knowledge and confidence to seek advice or try eConsult online. Supporting them with digital literacy support would be key.

8.12 Digital literacy

8.12.1 As mentioned above, those with low levels of digital literacy or limited digital skills might find it particularly difficult to access their GP. Therefore, members recommend that the K&M ICB:

- Offers to support practice staff, in particular reception staff to signpost and support patients without digital access or with low digital literacy to enable them to book GP and other primary care appointments.
- Support patients to access the right services (GP appointments, preventative programmes, social prescribers etc.) to suit their health and care needs by supplying practices with the necessary technological infrastructure (i.e., computer terminals).

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8.12.2 Additionally, members recommend that the Medway Council Adult Education team support Medway residents in improving their digital literacy skills via Medway Adult Education to assist them in their ability to access the right services across the whole system to suit their health and care needs.

Finance & Investments

8.13 IT infrastructure

8.13.1 IT infrastructure was an important issue raised. Community pharmacies for instance have to purchase their own IT services which could be entirely different to and incompatible with IT services used in GPs and acute trusts. ICT interface and integration across the system (acute trust, GP practice, pharmacies) is key to enable an integrated system that allows for clear communication of a patient's medical records (including referrals, prescriptions, outcomes of tests and assessments, feedback to clinicians). This in turn will potentially lead to a more efficient, adequate and empathetic provision of healthcare services. As other parts of the primary care system, including community pharmacies, are going to be playing a critical role in relieving pressures on General Practices, members of the Task Group requests that the ICB explore funding opportunities for ICT integration.

8.14 Training

8.14.1 A main issue raised was that of the training budget. The training budget for allied health professions has hit rock bottom and there are GPs that are interested in expanding their skill set by linking in with the relevant specialist, sharing their experiences in ward while consultant spends time in GPs. Additionally, as mentioned previously, investing in training of receptionist staff in both patient compassion and administrative duties is important.

8.15 GP Attraction Offer

8.15.1 There was consensus amongst members for the need of long-term investment and commitment in developing an attractive culture to encourage more students to take up general practice as a career. Therefore, members of the Task Group request Cabinet to make representations to Central Government to:

- Increase the proportion of training practices and GP educational and clinical supervisors
- Increase the quantity of undergraduate teaching in general practice
- Review funding into undergraduate placements in general practice
- Review the career structure and pathways for GPs interested in undergraduate medical education or clinical research

9. Recommendations

The following recommendations are structured using the sub-headings of the General Practice Development Plan 2022-2024 for ease of implementation.

1. Access

Recommendation 1.1

That members of the Task Group request the K&M ICB offers appropriate training and support to practice staff, in particular reception staff to enable them to signpost and support patients without digital access or with low digital literacy to enable them to book GP and other primary care appointments.

Recommendation 1.2

Members of the Task Group recognise that Medway residents need to be supported towards improving their digital literacy skills thereby enabling more people to access the right advice and/or services across the whole system to suit their health and care needs. The Task Group therefore request:

- The Medway Council to review and revive the digital inclusion programme
- The Medway Council and K&M ICB to raise awareness of Medway Council's digital literacy courses across the health and social care networks so that patients can be signposted by primary care and social care settings.

Recommendation 1.3

Members of the Task Group recognise that there may be additional opportunities within the Council to assist the K&M ICB/NHS in maximising its reach within the community. Therefore, the Task Group recommends Medway Council (subject to resources being available), led by the communications team, assist the K&M ICB/NHS in resharing messages issued by the NHS on Medway channels and in schools concentrating on the following key areas:

- Raising awareness of the multidisciplinary teams that make up General Practice (the different roles and what each does)
- Using engagement opportunities to inform and encourage people on how to access help in different ways, supporting them to take ownership and make decisions about the care they need, and signposting them as seeing a GP may not always be the best option. For instance, GP online, NHS 111 appointments, pharmacy, the NHS App, First Contact Physiotherapy, Social prescribers can be appropriate alternatives
- Raising awareness about social prescribing services in Medway and how they can be accessed
- Raising awareness about Patient Participation Groups and encouraging members of the public to join their practice's PPG in order to have a voice and inform their practices on what matters most to them and identify solutions to problems they face.
- Assist with encouraging the uptake of screening and immunisation programmes in areas of low uptake across Medway, specifically childhood immunisations ensuring there is enough provision to meet demand.

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- Tailoring PSE programmes in schools to inform and empower young people to better understand the range of health and care services available to them and how to access these services
- Utilise Medway Matters to communicate the above messages, reaching patients who are not generally active online.

2. Primary Care Networks (PCNs)

Recommendation 2.1

That members of the Task Group request that the K&M ICB supports PCN's in recruiting additional roles (i.e., allied health professional such as mental health practitioners, physiotherapists). This will allow GPs to devote resources and time to support patients and deal with issues that GPs are uniquely best placed to resolve.

Recommendation 2.2

That members of the Task Group request that the K&M ICB collates and shares best practice amongst surgeries, that can enhance practice efficiency and the quality of care provided to patients (areas including Primary Care Team dynamics, telephone systems, use of Community Pharmacy Consultation Service etc.).

3. Workforce, Training and Development

Recommendation 3.1

That members of the Task Group request the K&M ICB provide training to receptionists across Medway in the following areas:

- Patient compassion training
- Efficient and effective use of technology (computer terminals & answering of phone calls)
- Majority of administrative duties so that tasks that only need actioning by a GP are passed onto to them

Recommendation 3.2

That members of the Task Group request the Kent and Medway Local Pharmaceutical Committee (community pharmacies) and the Kent Local Medical Committee (general practices) work together and align in the following areas to provide the best and most efficient care for patients:

1. Pharmacy Prescribing
2. Clinical Pathways
3. Workforce Planning including ICT compatibility & connectivity
4. Signposting patients in General Practices to Local and National Commissioning services provided by community pharmacies

Recommendation 3.3

That members of the Task Group request that the Public Health team provide an annual update of the Medway Social Prescribing Plan to the Health and Adult Social Care Overview and Scrutiny Committee.

4. Quality and Safety**Recommendation 4.1**

That members of the Task Group request the K&M ICB that the ICB ensures that GP practices are following [BMA's safe working in general practice](#) guidelines and providing the necessary support for GPs to be able to continue delivering safe patient care whilst preserving their wellbeing and health.

5. Technology**Recommendation 5.1**

That members of the Task Group request the K&M ICB investigates how online consultations are being utilised in General Practices and share best practices with other practices for improvements/adoption.

Recommendation 5.2

That members of the Task Group request the K&M ICB to support all PCNs and general practices to ensure they are making the best use of technology. This includes having an efficient telephone system to manage their calls and being shown the advantages of having telephone hubs across a PCN to pool resources and provide a more effective and efficient call answering service (such as that seen at the St Mary's Island Practice).

Recommendation 5.3

That members of the Task Group request the K&M ICB ensures patients can access the right services (GP appointments, preventative programmes, social prescribers etc.) to suit their health and care needs by supplying practices with the necessary technological infrastructure (i.e., computer terminals).

6. Finance and Investment**Recommendation 6.1**

As other parts of primary care system including community pharmacies are going to be playing a critical role in relieving pressures on General Practices, ICT interface and integration across the system is key to enabling an integrated system that allows for clear communication of a patient's medical records (including referrals, prescriptions, outcomes of tests and assessments, feedback to clinicians). Members of the Task Group requests that the ICB explore funding opportunities for ICT integration, to increase compatibility and

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connectivity between IT systems and to enable a more efficient and adequate provision of healthcare services.

Recommendation 6.2

That members of the Task Group request Cabinet to make representations to Central Government to consider the need to:

- Increase the proportion of training practices and GP educational and clinical supervisors
- Increase the quantity of undergraduate teaching in general practice
- Review funding into undergraduate placements in general practice
- Review the career structure and pathways for GPs interested in undergraduate medical education or clinical research

10. References

Gov.UK

Autumn Statement (2022)

www.gov.uk/government/publications/autumn-statement-2022-documents/autumn-statement-2022-html

NHS

GP Patient Survey (2022)

<https://www.gp-patient.co.uk/>

Medway Council

General Practice Development Plan- Health and Wellbeing Board Meeting

<https://democracy.medway.gov.uk/mgAi.aspx?ID=28515>

NHS Digital

Quality and Outcomes Framework (QOF) (2021-22)

<https://app.powerbi.com/view?r=eyJrIjoiYWVlY2VkZTEtMThhMi00ZGZkLTgxYWVlNTU3NGM1ZGE3OTl0IiwidCI6IjUwZlYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMmIsImMiOiJh9>

The Institute for Research and Innovation in Social Services (Iriss) (2020)

Evaluating social prescribing

<https://www.iriss.org.uk/resources/insights/evaluating-social-prescribing>

NHS

General Practitioner

<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/general-practitioner-gp/general-practitioner>

NHS Digital

General Practice Workforce (November 2022)

<https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-october-2022>

11. Abbreviations

A&E	Accidents and Emergency
ADHD	Attention deficit hyperactivity disorder
AHP	Allied Health Professionals
BMA	British Medical Association
CAT 2	Category 2 ambulance calls
CQC	Care and Quality Commission
ED	Emergency Department
e-RS	NHS e-referral service
GP	General Practitioner
ICB	Integrated Care Board
ICS	Integrated Care System
ICT	Information and Communication Technology
LMC	Local Medical Committee
MCH	Medway Community Healthcare
MH	Mental Health
NHS	National Health Service
PCN	Primary Care Networks
PPG	Patient Participation Group
PSHE	Personal, Social, Health and Economic Education
UEC	Urgent and emergency care