



People and Health Scrutiny Committee

General Practice access and service provision

Date of Meeting: 17 September 2020

Portfolio Holder: Cllr Laura Miller – People – Adult Social Care & Health

Local Member(s): All

Director: Vivienne Broadhurst, Acting Executive Director of People – Adults and Housing

Executive Summary: To provide assurance regarding General Practice access and service provision.

Equalities Impact Assessment: N/A

Budget: N/A

Risk Assessment: N/A

Climate implications: N/A

Other Implications: N/A

Recommendation: To note General Practice progress and actions NHS Dorset CCG is taking to increase engagement and public awareness.

Reason for Recommendation: N/A

Appendices: None

Background Papers: None

Officer Contact:

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1. Introduction

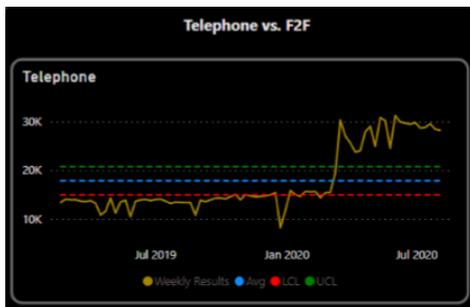
1.1. Concerns were raised by Councillors regarding current access to General Practice and level of service provision.

1.2. This report addresses these concerns and provides assurance to the Committee including the actions Dorset CCG is taking to increase engagement and public awareness.

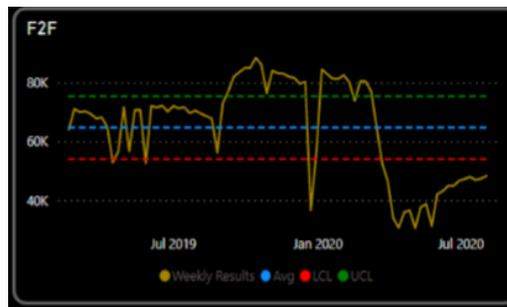
2. Access

2.1. During the Coronavirus Pandemic, General Practice has always been open and never switched off access to patient care at any point. Surgeries have continued to provide consultations all be it in a remote manner (telephone / video consultations) and ensuring where clinically appropriate all patients are seen in a suitable / safe environment. This has meant that patients may have been directed to see a GP / Clinician in a practice they are not familiar with which has been set up to ensure the safety of staff and patients from COVID-19.

2.2. Analysis of activity show that whilst face to face activity had dropped during March – July, telephone consultations have doubled and so has online consultations over the same period. General Practice activity is already back at or exceeding normal levels. The charts below show the trends for telephone, face to Face (F2F) and online consultations (e-consult).

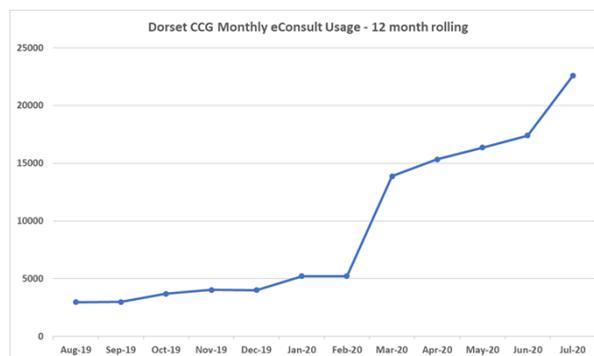


Telephone consultations



Face to Face consultations

● Avg ● LCL ● UCL
AVG – Average
UCL/LCL - Upper & Lower Control Limits.
These are used to highlight activity considered outside 'normal' range.



Online consultations

2.3. Access has improved and GPs are working really hard to meet the needs of their population in a challenging environment. Currently on average where clinically appropriate, 70% of patients (urgent cases) are seen on the day and 30% (routine) seen within a week. Urgent appointments show continuous increasing trend with no reduction during COVID-19 and higher number of urgent patients were seen on the day than average as compared to July 2019. Routine appointments, as expected, fell dramatically during COVID but has picked up quickly during July and August as practices are resuming routine services in accordance with national guidance. The charts below show the trends.



Urgent appointments

Routine appointments

2.4. It is generally accepted that we are going to continue 'living with COVID-19' until such time a vaccine is available and as such will need to adapt to the new ways of accessing General Practice services with remote consultations remaining a key method and patients seen in a practice that may not be their usual practice.

2.5. With the introduction of online consultations and a rapid increase in usage by patients (100% coverage from March), there is a danger that this becomes additional demand which some practices are currently finding. The CCG working with General Practice, patient groups and through media education are encouraging patients to view remote consultations as the 'new norm' and accept face to face contacts only where this is clinically appropriate.

3. Service level provision

3.1. For a period of time (March – July) General Practice and Community Providers were unable to undertake certain procedures due to the risks resulting from COVID-19. The standing down of some services / procedures have been in accordance with National instructions and guidance. Where some procedures have not been possible, General Practice and Community Providers were provided guidance on alternative care.

3.2. An example is where it was not possible to administer coils and implants as part of contraceptive care, women were offered alternative contraception methods in the interim period. Another example, where patients on certain drugs that required twice weekly blood tests, they were switched to an

alternative drug (where clinically appropriate) to reduce the need for blood tests and thus reduce the risk to the patient and staff needing to go into the surgery/ hospital to have their blood taken. Some procedures were stood down e.g. minor surgery which are now being partially restored.

- 3.3. With regards to Sexual Health services, this is commissioned by public health and whilst we are unable to comment on the specific cases, we are aware that Community Providers of the contraceptive clinic service have put in place measures to risk assess, provide telephone consultations and undergo sexual health routine testing using online / postal service, a method successfully used in London prior to COVID-19.
- 3.4. Up until the end of July, General Practice prioritised some services over others in accordance to national guidance. These include services such as Immunisations / Vaccinations and high-risk and vulnerable patient groups. NHSE/I recently provided updated phase three (restoration of services) guidance in July 2020 which the CCG is working with Providers to put in place. GP surgeries and community Providers are now working hard to restore all services either partially or fully depending on their risk assessments and the availability to manage treatments safely within a socially- distance environment.
- 3.5. The CCG is planning an assurance check in September of General Practice position with regards to readiness and preparations to meet the potential increase in COVID-19 cases over the autumn / winter and gauge the level of service provision in place. We recognise that things may change and have in place a Situation Report (SitRep) where General Practice can escalate and inform the CCG of any service changes.

4. Communications and Engagement

- 4.1. Since the start of the COVID-19 pandemic we have been proactive in our communications, working collaboratively on campaigns and messages to inform the public. We launched a Dorset-wide campaign entitled #HereForYou to communicate that services were still here for people to access during the pandemic, including Primary Care/GP services.
- 4.2. Significant efforts have been made to maintain, and strengthen, stakeholder relationships to help keep people informed and involved. Regularity of meetings and contact with groups like Healthwatch Dorset, Dorset Race Equality Council, the Community and Voluntary Sector organisations and GP Patient Participations Groups have been increased – enabling ongoing and regular communication. A weekly COVID-19 e-bulletin was widely circulated to all such groups and across all partner engagement and communication networks. This included the #HereForYou messaging.
- 4.3. We are working to ensure that messages are accessible to all, including those who might be less often reached/seldom asked e.g. diverse communities, young people, rural communities & those not digitally enabled (or those who choose not to engage online). For example; we produced

information videos about access to NHS services (including Primary Care) working with and featuring trusted community leaders from the Gypsy Roma Traveller community, used Instagram to communicate these messages to younger people and produced an audio version of a letter to 'everyone in Dorset' which was also shared with the local press and on social media.

- 4.4. More recently we have launched a campaign entitled #WithYouDorset to communicate with the public about how services have changed, and to ask for their support in accessing services wisely and looking after their own health and wellbeing www.withyoudorset.nhs.uk
- 4.5. This campaign has included messages on accessing services including primary care via a series of channels, including videos with trusted NHS voices in primary care to reassure the public, outdoor advertising on buses across Dorset, and advertising in both Dorset Council and BCP Council magazines to all households.
- 4.6. We recognize the need to continue to develop our communications to ensure accessibility to all. 1,747 Dorset residents recently responded to a regional survey about accessing services since the start of the pandemic – analysis includes consideration of access to GP services and local communications. We will use the outcomes to inform future planning and communications. We will continue to review and develop our communications (including both digital and non-digital channels).