

Primary care update

Context

1. This report summarises Hampshire, Southampton and Isle of Wight Clinical Commissioning Group's (CCG) work programmes relating to delegated primary care commissioning functions in Hampshire. It includes a brief summary of some key achievements, how commissioning of services currently work, information about practice mergers and an update on workforce.

Appointments

2. Practices continue to offer face-to-face, online, video and telephone urgent and routine appointments for patients. Whereas nationally rules have now been relaxed relating to COVID-19, the NHS in England continues to follow the UK Health Security Agency's (UKHSA) infection prevention and control guidelines.
3. Currently this means NHS guidance remains in place across all health services including hospitals, urgent treatment centre, minor injuries clinics, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are as protected as possible from the virus. Staff, patients and visitors are expected to continue to follow social distancing rules when visiting any care setting as well as use face coverings, mask and other personal protection equipment.
4. The latest available appointment data for our GP practices is as below, split to show current levels for December 2021 (the most recent available data) and the comparison to pre-COVID levels for December 2019:

	Dec 2021	%	Dec 2019	%
Total no. of appointments	765,483		722,216	
Appointments attended	699,768	91	654,359	91
Did not attend	35,069	5	34,092	5
GP appointments given	365,650	48	356,204	49
Other healthcare professional staff	373,162	49	347,648	48
Face-to-face appointments	448,529	59	562,021	78
Home visits	6,345	0.8	8,709	1
Telephone	285,589	37	139,080	19
Video/online	5,370	0.7	1,848	0.2

Same day appointment	346,518	45	312,131	43
Next day appointment	66,730	9	38,782	5
2-7 days appointment	133,764	17	122,018	17

5. These latest figures published by NHS Digital show that in December 2021, 765,483 general practice appointments were given across HIOW – an average of 24,693 appointments a day. This is an additional 43,267 appointments given in 2021 vs 2019, which equates to around a 6% increase, and was achieved in addition to delivering the vaccination programme.
6. Almost 60% of appointments given in December 2021 were face-to-face, and while this is lower than almost 80% in December 2019, the figures reflect the amount of work also undertaken by primary care to deliver the accelerated COVID-19 booster programme and the fact that many of the appointments can be safely done virtually. Primary care colleagues continue to work hard to ensure patients who require a face-to-face appointment can have one.
7. The December appointment data reflects the same trend for the majority of the year – more appointments were given throughout the year in 2021 compared to 2019. In total, 9.8m GP practice appointments were given across Hampshire and the Isle of Wight from January 2021 to December 2021. This compares to 9.3m given in 2019 for the same 12-month period and marks an increase of more than 3,846 appointments given across GP practice in Hampshire and Isle of Wight every week on average.

COVID-19 vaccination programme in primary care

8. As we approach the two-year anniversary of our first national lockdown, it is well-known that the COVID-19 pandemic has had a significant impact on the way health services were delivered across the country, including in primary care services across Hampshire and the Isle of Wight. Many of these changes, such as wearing face coverings, maintaining social distancing, practising good hand hygiene and use of virtual appointments where appropriate, remain as we continue to deal with the different phases of the pandemic.
9. The discovery of the Omicron variant late last year required another extraordinary response from the NHS. In December, the Prime Minister announced a new vaccination challenge which was to offer a COVID-19 booster vaccination to every adult aged 18 and over by the end of the year. To help deliver this, local NHS services were asked to prioritise activities to deliver this.
10. To help support practices manage workloads while ramping up the COVID-19 booster vaccination programme, NHS England and Improvement announced that some non-urgent primary care functions could be stopped.

11. All practices had the ability to temporarily change their online consultations (e-Consult) function if they wished to do so to help them manage delivering services alongside continuing to deliver the accelerated booster vaccination programme.
12. Depending on location demand and local vaccination needs, each practice prioritised care to their population. All critical appointments relating to possible cancer, high risk patients or vulnerable people living with long term conditions or urgent and emergency care continued to be dealt with during this time. The clinical decision-making to support the prioritisation was carried out locally with full support from across our Integrated Care System.
13. To support increasing outgoing call capacity, all practice teams were given access to an increased function online on Microsoft Teams which allowed them to increase the number of calls they could make.
14. As in other parts of the country and in-line with national guidance, some routine appointments were postponed where appropriate, in order to free up resources for the vaccination programme. The CCG provided practices with appropriate updates to share with patients whose appointments were postponed. The message to each patient explained why their appointment was postponed and also gave details on where to access help and support if in the meantime their symptoms worsened.
15. The response to the Government announcement locally was tremendous, and together with colleagues in secondary and acute care sectors, more than 1m COVID-19 booster vaccinations were delivered across the Hampshire and Isle of Wight Integrated Care System (ICS) footprint within a three-week period, ensuring that every adult had the opportunity to receive a booster jab by 31 December 2021. Pop-up clinics were held across the area and included outreach work by primary care colleagues to some of the most vulnerable people in our communities in addition to at GP practices and other venues,
16. At the end of January NHS England and Improvement wrote again to practices to outline the steps going forward as the accelerated booster campaign drew to a close. For the period up to the end of March 2022, practices and Primary Care Networks (PCNs) are asked to focus on three key priority areas:
 - continued delivery of general practice services
 - management of symptomatic COVID-19 patients in the community
 - ongoing delivery of the COVID-19 vaccination programme

Commissioning of primary care services in Hampshire and Isle of Wight

17. General practice is the foundation upon which effective patient care rests. NHS health services are divided into primary care, secondary care, and tertiary care. Primary care is the first point of contact for the majority of people in need of

healthcare, and may be provided by professionals such as GPs, dentists and pharmacists.

18. Under current legislation, Clinical Commissioning Groups (CCGs) have delegated commissioning responsibility from NHS England and Improvement for GP services. There are three types of contract used for primary care nationwide, the most being the General Medical Services (GMS) contract. This is a nationally negotiated GP contract and the most common type of primary care contract in Hampshire and Isle of Wight. It is negotiated annually between the British Medical Association's General Practitioners' Committee and NHS Employers. The Carr-Hill Formula has been used as the basis of core funding for GMS practices for over fifteen years, which is a nationally set formula but also takes into account patient needs, demographics such as age and gender, mortality ratios, and cost of living in geographical areas.
19. A GMS contract exists in perpetuity. Unlike other areas of the health service, primary care services are predominantly delivered by small businesses (GP partnerships) and shifting market forces are placing considerable strain on this operating model. In a recent review of the partnership model, commissioned by the Secretary of State for Health and Social Care in 2018, it was concluded that if the GP partnership model were to survive in the future, then changes would be necessary. The review recognised the benefits of GP partnerships in terms of their efficiency and ability to be highly patient centred but also recommended the need for practices to work together to promote resilience and to bring in more skill-mix to support GPs in their working day.
20. CCGs are GP-led commissioning bodies and, in light of the possible conflict of interest under existing legislation, primary care is handled by the CCG's Primary Care Commissioning Committee (PCCC). CCGs are not responsible for commissioning dentists, optometrists and pharmacists, or for prison healthcare or specialised health services, all of which are currently commissioned by NHS England and Improvement. Subject to the relevant legislative approvals, from 1 July 2022 CCGs across the country will be replaced by Integrated Care Systems to help galvanise integration across health and care, encourage greater provider collaboration and deliver even better person centred care.
21. GP services in England are independently regulated by the Care Quality Commission (CQC), which monitors and inspects providers of health and care services on quality and safety standards. Practices rated as good or outstanding usually receive inspections at least every 5 years; practices rated requires improvement or inadequate will be inspected within twelve and six months respectively of the previous inspection.

Practice mergers

22. A practice merger is when two or more practices join together to form a single practice. A practice merger can occur in a variety of ways, for example when two or more practices merge or where one practice takes over another practice.
23. Ultimately, each practice wishing to merge will need to weigh up the potential advantages and disadvantages of merging to establish whether it is right for them, and more importantly to ensure the best and safest patient care can be delivered.
24. Decisions for practices to merge are not taken lightly, and require rigorous checks to ensure any changes benefit the population. The potential advantages of merging include:
 - sustainability in providing services
 - economies of scale through the ability to increase the volume and type of services offered to patients
 - the ability to offer increased/extended patient access
 - a greater chance of successfully bidding for contracts
 - the ability to bulk buy and reduce costs
 - the ability to share facilities and premises
 - the possibility of sharing administrative work
 - the potential to gain greater clinical expertise and skills
 - the ability to offer greater training functions to develop a more skilled workforce
 - the potential to reduce workload pressures
25. As part of any proposed merger, practices are encouraged to carry out patient engagement to inform them of the proposals and be able to provide the crucial public voice to help shape services going forward. All merger applications need to be approved by the CCG under its delegated commissioning responsibilities.
26. CCGs along with the Local Medical Committee (LMC) are part of the process to explore the options with practices and then, if they decide to merge gain the assurance that the care delivery will remain safe.
27. As demand on primary care has increased and the number of GPs has reduced, the resilience of practices has been a focus for the NHS. Leadership, culture, estates, patient experience, quality improvement and a focus on reducing health inequalities are key priorities. The primary care delivery model was already adapting but the COVID-19 pandemic enabled rapid digital innovation along with an emphasis on patient self-management where possible. The adaptability to deliver the vaccination programme along with maintaining access to core services including screening programmes is definitely something to celebrate.
28. As we begin to emerge from the pandemic, there is a re-calibration taking place, a desire to re-connect face-to-face and a focus on continuing to prioritise care for those who need it most. Practices are looking at their population's needs and responding in

a targeted way to help detect cancer earlier, treat and manage long term conditions earlier and continue to support the people who have urgent physical and mental health needs.

Primary Care Networks

29. Since 2019 neighbouring practices have worked together to create Primary Care Networks (PCNs) serving populations of 30-5000 people to help meet the ambition of the [NHS Long Term Plan](#). These networks have received investment to employ additional staff to help improve outcomes and shift the focus to one of prevention.
30. Primary Care Networks have recruited additional roles to improve care and deliver on the PCN contract. Each PCN has developed teams of healthcare professionals, including GPs, pharmacists, district nurses, community paramedics, physiotherapists and other health workers, to provide tailored care for patients in their community. A 'Social Prescriber' will be appointed in each PCN to help direct people to a whole range of non-medical services, like social clubs, community support groups and exercise activities, that will help them take greater control of their own health and stay well.
31. The benefits to patients of the development of PCNs include:
 - Easier and more efficient access to the musculoskeletal and mental health support closer to home.
 - More involvement in decision making and control over your own treatment
 - A greater focus on prevention – such as more help to improve your overall health and wellbeing through community-based activities
 - Better access to other specialists will help free up GPs' time and enable them to offer more routine appointments and greater continuity of care
 - Early intervention will reduce the pressure on hospitals and A&E
 - It is hoped 20,000 additional staff and clinicians will be working in PCNs by 2023/24
 - Services will be more cost effective

Accessing patient records through the NHS App

32. From April 2022, patients with online accounts such as through the NHS App will be able to read new entries in their health record. The change was initially due to take place on September 2021, however was pushed back to give practices more time to prepare.
33. Patients whose practices use the SystemOne and EMIS systems – which are the two patient record systems used across Hampshire and the Isle of Wight – will see any new entries added to their health record.

34. This is an NHS England and NHS Improvement programme, supported by NHS Digital. The change supports NHS Long Term Plan commitments to provide patients with digital access to their health records.
35. Patients will not see personal information – such as positive test results – until they have been checked and filed, giving clinicians the chance to contact and speak to patients first. Currently, patients will not see their historic, or past, health record information unless they have already been given access to it by their GP practice. However the aim is to enable patients to request their historic coded records in 2022 through the NHS App.
36. While the move to enable patients to view their medical record through the NHS App will be beneficial to the majority of patients, for a small minority of patients it does raise challenges, especially in relation to safeguarding vulnerable adults. A person's primary care medical record will contain information that is confidential and sensitive. This could include information about a third party which the patient must not see, or if the medical record was viewed by someone that was not the patient. In such cases of a vulnerable adult, the importance of safeguarding the patient from further harm is paramount, and it may be appropriate to redact or prevent specific information entered into the GP medical record from being shared within the patient's access and view. To help manage these situations, further materials are being produced in collaboration with the Royal College of General Practitioners and safeguarding experts. These materials will explain situations of potential safeguarding concerns, and the appropriate steps that clinicians should take to manage the challenge of vulnerable adults and medical record access. All colleagues across the NHS will do all we can to ensure patient confidentiality continues to be protected at all times.