

24 September 2021		ITEM: 6
Thurrock Health and Wellbeing Board		
GP Item Part One - GP Satisfaction Survey		
Wards and communities affected: All	Key Decision: N/A	
Report of: Rahul Chaudhari, Deputy NHS Alliance Director, Thurrock CCG		
Accountable Head of Service: Mark Tebbs, NHS Alliance Director, Thurrock CCG		
Accountable Director: Mark Tebbs, NHS Alliance Director, Thurrock CCG		
This report is public		

Executive Summary

The paper aims to do a deep dive on primary care provision in Thurrock, discuss the GP Patient Survey results, primary care access, challenges, mitigations, support and improvement initiatives being implemented to address these challenges. The CCG commits to bringing in a detailed action plan looking to address and improve all the 9 survey domains that are used within the national primary care survey at the next board. The Health and Wellbeing Board is asked to take note of the contents of this paper and advise how primary care services can be improved further.

1. Recommendation(s)

Members are requested to take note of the contents of this paper

2. Introduction and Background

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The results show how people feel about their GP practice through a range of questions.

The survey is sent out to over two million people across the UK. In Thurrock, a total of just over 10,000 questionnaires were sent to Thurrock residents. Table below shows how many questionnaires were sent out over the last 3 years and the uptake of returned questionnaires.

Year	2019	2020	2021
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No. of Questionnaires sent out	10,478	10,294	10,956
No. of Returns Completed	3,070	2,916	3,461
% Complete	29%	28%	32%
GP Registered Population	178,916	181,196	182,673
% Population questionnaires sent to	5.9%	5.7%	6.0%
% Population questionnaires completed	1.7%	1.6%	1.9%

The response rate relates to the number of GP Patient Survey questionnaires being completed and returned and this also has a variation with the highest response rate being from Stanford-Le-Hope (SLH) PCN although they had least number of questionnaires distributed out. Aveley South Ockendon and Purfleet (ASOP) PCN had the lowest response rate despite having the second highest number of questionnaires distributed. Results show ASOP PCN has consistently achieved lower percentage scores than other PCNs which may be due to the low response rate. Grays PCN and Tilbury & Chadwell PCN are ranked second and third in terms of response rate.

PCN	Stanford-Le-Hope PCN	Grays PCN	Tilbury & Chadwell PCN	ASOP PCN	TCCG	National
No. of Questionnaires sent out	1,971	4,175	2,295	2,515		
No. of Returns Completed	767	1,311	675	708		
Response rate (%)	39%	31%	29%	28%	32%	35%

3. Issues, Options and Analysis of Options

The main issues that have been identified from the GP Patient Survey have been analysed to look for trends and the table below compares the results in certain key areas from 2019 to 2020 and the trends are shown in the up and down arrows.

No.	Question	POSITIVE SATISFACTION		CHANGE SINCE 2019	
		CCG result (%)	National result (%)	CCG result (%)	National result (%)
31	Overall experience of GP practice (likely IAF indicator)	72 ↓	82 ↓	-5	-1
1	Ease of access to practice via phone	55 ↓	65 ↓	-10	-3
2	Helpfulness of practice receptionist	83 ↓	89 →	-4	0
6	Ease of use of online services	68 ↓	76 ↓	-3	-1
8	Satisfaction with appointment times available	55 ↓	63 ↓	-4	-2
16	Choice of appointment when last booked	53 ↓	60 ↓	-2	-1
17	Satisfaction with type of appointment offered	64 ↓	73 ↓	-4	-1
22	Overall experience of making an appointment	56 ↓	65 ↓	-6	-2
27	Mental health needs recognised and understood	81 →	85 ↓	0	-1

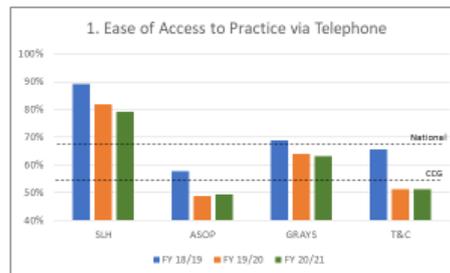
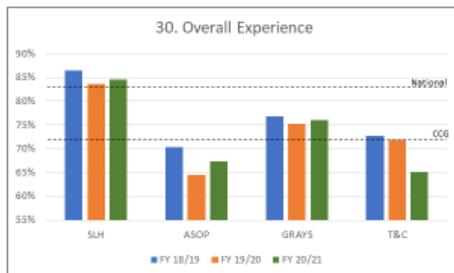
The table below does a similar analysis for trends in 2020 and 2021 and it is evident that some improvements are seen though it is recognised that there is a way to go.

No.	Question	POSITIVE SATISFACTION		CHANGE SINCE 2020	
		CCG result (%)	National result (%)	CCG result (%)	National result (%)
30	Overall experience of GP practice (likely IAF indicator)	72 →	83 ↑	0	+1
1	Ease of access to practice via phone	55 →	68 ↑	0	+3
2	Helpfulness of practice receptionist	84 ↑	89 →	+1	0
4	Ease of use of online services	66 ↓	75 ↓	-2	-1
6	Satisfaction with appointment times available	60 ↑	67 ↑	+5	+4
14	Choice of appointment when last booked	61 ↑	69 ↑	+8	+9
15	Satisfaction with type of appointment offered	75 ↑	82 ↑	+11	+9
20	Overall experience of making an appointment	60 ↑	71 ↑	+4	+6
26	Mental health needs recognised and understood	80 ↓	86 ↑	-1	+1

The key point to note is the overall experience is a key question within the survey as to an extent it incorporates all other domains/questions in to one. The %'s measure a response of 'Very Good' or 'Fairly Good' from recipients.

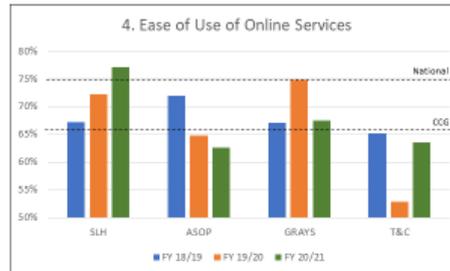
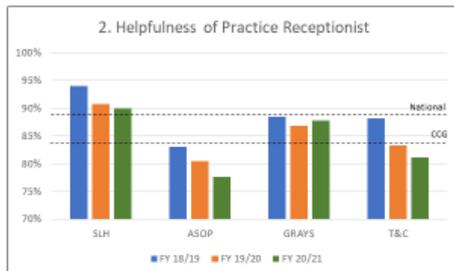
The graphs below show aggregated results for Thurrock PCNs and how the results compare to national and CCG averages.

PCN Trends



• Important to note these scores are based on questionnaire returns from only 2% of the population.

• National & TCCG benchmarks based on 20/21 results.



CCG is working with specific practices and PCNs to carry out a deep dive of the GP Patient Survey results and identify where improvements need to be made.

There are a variety of reasons for the low GPPS results and these are listed below:-

3.1 – Primary Care Telephony

GP practices have seen a significant pressure on their telephone lines due to:

- The number of appointments provided have increased in June 2021 compared to June 2020 and June 2019.
- Added to this, the reduced walk in capacity in primary care has put additional pressure on telephone lines.
- Alongside, all the COVID vaccination queries from patients are coming into the existing and already busy GP practice telephone lines.
- Practices have been affected by COVID-19 staff outbreaks and have no access to NHS bank staff to back up the workforce with interims if required.
- The backlog created by the pandemic is significant and this is evident in the number of patients contacting the GP practice seeking treatment, advice and guidance whilst waiting for hospital care.

3.2 - Primary Care Estates

The poor quality of Primary Care estates in some parts of Thurrock is making service delivery in certain practices more challenging as Infection Protection and Control (IPC) guidelines still need to be followed in all healthcare premises. This has impacted on the patient perception of their practice's ability to deliver services.

A MSE wide workstream is looking at primary care estates per PCN and assessing how primary care estates need to be made future proof especially with the new PCN workforce that is being recruited to.

3.3 - Primary Care Workforce

Thurrock is one of the lowest under doctored areas in Primary Care. Workforce data shows a decrease in GP Partners alongside an increase in Salaried GPs with an overall small decrease in GP workforce from March 2019 to March 2021. Thurrock also has a decrease in nursing capacity in Primary Care. However, Direct Patient Care Roles and admin/non-clinical staff numbers have increased slightly from March 2019 to March 2021.

Evidence also shows that the clinical workforce in Thurrock has a significant higher proportion of older (over 55) staff compared to England and MSE average. This has had an impact during the pandemic as there have been staff who have taken early retirement and moved onto pastures new due to burnout. A proportion of practice clinical staff have also been categorised as shielding and Clinically Extremely Vulnerable (CEV) so not able to provide their services like pre-COVID times.

3.4– Primary Care Access

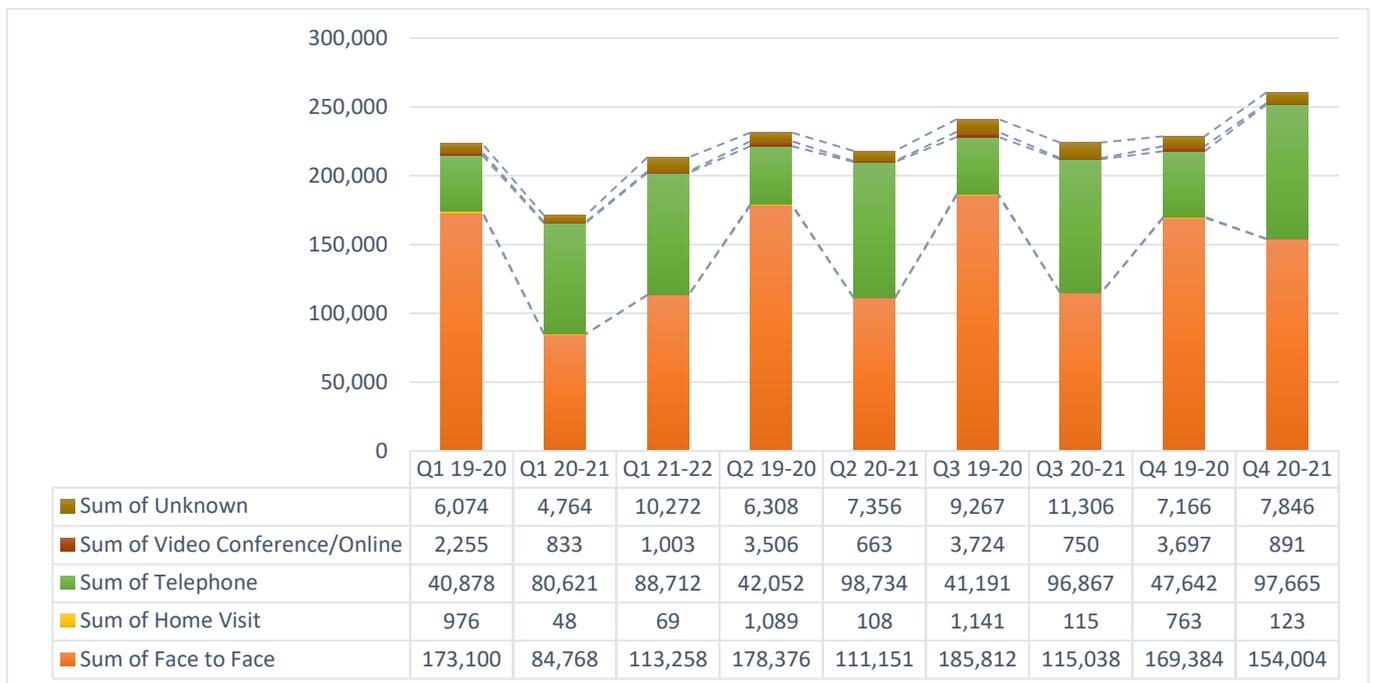
The GPPS results are directly linked to the various aspects around Primary Care access. The CCG is leading this workstream through Business Informatics analysis where the evidence shows that –

- During 2019-2020, GP practice appointments mainly comprised of face to face appointments, 78%, which makes a total of 737,536 of all appointments being face to face. Telephone appointments were mainly used for triaging or following review by care navigators
- During the COVID-19 pandemic, evidence shows an effect during quarter 1 of 2020-2021 of telephone and virtual appointments increased to 67% to total 379,142 appointments compared to 184,945 in the previous year of all appointments with a drop in face to face appointments to 56% which totalled 482,882 appointments.
- Additional digital resources were implemented into Primary Care in 20/21, improving access types for patients into Primary Care such as Online Consultation Platforms, Away from My Desk and additional laptops.
- The total number of appointments within all aspects of Primary Care (core GP services and Extended Primary Care services in evenings and weekend) totalled 922,508 during 2019-2020. A 6.5% decrease of appointments was seen within Primary Care during the pandemic year 2020-2021, totalling 862,024 appointments.

- None of the above data sets cover the Covid Vaccination Programme appointments that have been delivered mostly by Primary Care whilst delivering primary care services.
- Table below shows a year on year comparison of Quarter 1 appointments which are pre, during and post pandemic and this evidences the consistent increase in appointments delivered in Q1 2021 compared to Q1 2020 however not as high as pre-pandemic activity:-

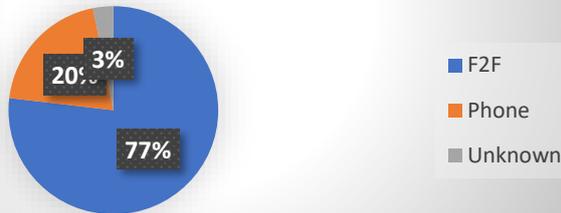
Period	Face to Face	Home Visit	Telephone	Video Conf/ Online	Unknown	Total Appts in Quarter
Q1 19-20	173,100	976	40,878	2,255	6,074	223,283
Q1 20-21	84,768	48	80,621	833	4,764	171,034
Q1 21-22	113,258	69	88,712	1,003	10,272	213,314

The graph below shows the above data in a clearer way and the effect the pandemic has had on service provision, that is, how the service delivery model has changed the type of appointment provided:- face to face, telephone, video or online consultation appointment.

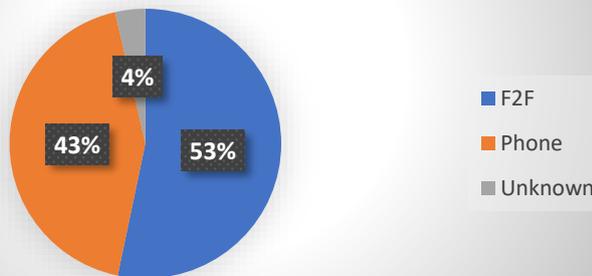


The pie charts below show how the type of appointments have changed during the pandemic in comparison with pre-pandemic times.

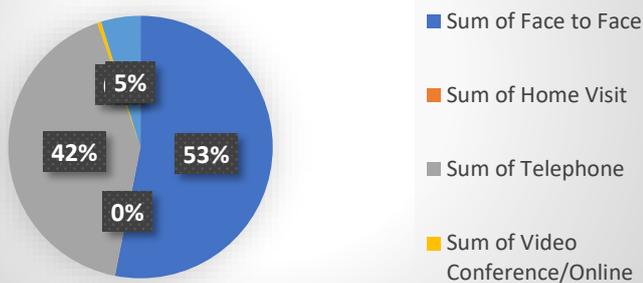
Type of Appointments in 19/20 - Pre-pandemic



Type of Appointments in 20/21 -During Pandemic



Type of Appointments in Q1 21-22 - Post Pandemic



3.5– Quality and Patient Safety

CCG Quality Team is supporting improvements in the quality of Primary Care delivered to Thurrock residents by aspiring to have no CQC challenged practices in Thurrock. The dedicated input into specific practices has improved CQC rating of a specific practice from CQC Special Measures to CQC Requires Improvement and

continuous ongoing support is being provided to ensure a Good CQC rating is achieved for this practice and this is sustainable in the foreseeable future.

This detailed work will help to improve the care provided to patient and the patient experience of the service. This workstream is linked into MSE, NHS England, CQC and Healthwatch Thurrock so that learning can be shared from system partners. Similar improvement measures are also being discussed to support the only remaining CQC Special Measures practice in Thurrock.

3.6– Stakeholder Engagement

CCG is supporting the stakeholder engagement element by linking in with Healthwatch Thurrock and supporting the hosting of a Facebook Live session which took place on 1 September 2021 where patients could ask direct question to the panel comprising of local GPs, Practice Manager and Patient Liaison Manager. This session will be assessed and if deemed helpful for patients will be repeated.

CCG has engaged through the Commissioning Reference Group Forum and will continue to do so alongside GP practice-based Patient Participation Groups (PPGs) and Patient Participation Network Groups (PPNG). Links are being made with Thurrock CVS to request patient engagement through the community builders and other staff groups to ensure there are ties to the local communities. CCG is working with Communication colleagues to ensure queries regarding covid vaccination programme are channelled appropriately and all key messages are out on social media platforms and CCG/practice websites.

Engagement is also taking place through multiple forums and targeted discussion groups including

- CCG Monthly Clinical Engagement Group
- Bi-weekly Practice/CCG Call
- PCN CD Strategic Meeting
- Healthwatch Thurrock supporting patient engagement with Facebook Live session to start with followed by other sessions
- Practice Level Patient Participation Groups
- Healthwatch CVS to support with community engagement
- PCN level financial support via PCN Accelerator funding to improve access
- CCG providing specific support to CCG challenged practices with the support of Primary Care and Quality Teams
- Encouraging sharing best practice at local forums

3.7– PCN Recruitment Support

CCG are working with Primary Care Network (PCN) leads to support the recruitment to the PCN Additional Roles Reimbursement Scheme (ARRS) which supports recruitment of holistic and innovative roles such as Care Coordinators, Health and

Well-being Coaches, Paramedics, Clinical Pharmacists, Physicians Associates and First Contact Physiotherapists. The low uptake of LD and SMI Health Checks in primary care are being supported by recruitment of PCN Level Mental Health Practitioners who are supporting Primary Care to deliver these much needed checks.

Thurrock Council Public Health are supporting this work by analysing health need in relation to workforce capacity, to help ensure additional capacity is directed where it will have most impact.

3.8– PCN Accelerator Programme

Additional Funding has been provided to PCNs via the PCN Accelerator program whereby management support has been provided to progress with specific local projects which have a focused Thurrock need. For example, currently there is scoping being done for an Obesity Pilot which will provide dedicated support to specific patients who fall in certain criteria.

Some PCNs as part of their accelerator programme are also looking to scope the potential for merging back office function on a PCN footprint that will see a common telephony system for patient struggling to get through their GP phone lines.

3.9– Development of Stretched QOF

PCN Clinical Directors and CCG are in co-production with Public Health to develop stretched Quality Outcome Framework (QOF) that will see improvements in the management of long-term conditions beyond QOF thresholds.

Practice profile/score card linked to stretched QOF being developed by Public Health team - this is expected to provide practices a snapshot on missed income and potential for improvements in the management of long-term conditions whilst also improving on patient outcomes.

3.10 – MSE Workstreams

CCG working with MSE colleagues to look at innovative ways in managing the long hospital waiting list such as training and education packages for both healthcare professionals and public.

Essex Public Health teams are also working with MSE to establish referral processes for wellbeing advice for those on priority waiting lists where such support is likely to have a beneficial impact, such as orthopaedics.

The MSE Population Health Management work programme includes reviewing how preventative activity can impact on system demand and inequalities in need. It will identify the patients that need the most support so that they can receive this proactively before issues arise. This will improve patient outcomes and reduce practice workload.

It is anticipated that supporting the above workstreams will not just help to improve the GP Patient Survey results in 2022 but also improve the health and wellbeing of Thurrock residents.

4. Recommendation

5. Consultation (including Overview and Scrutiny, if applicable)

6. Impact on corporate policies, priorities, performance and community impact

7. Implications

7.1 Financial

N/A

7.2 Legal

N/A

7.3 Diversity and Equality

N/A

7.4 Other implications

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

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

9. Appendices to the report

- N/A

Report Author:

Rahul Chaudhari
Deputy NHS Alliance Director,
Thurrock CCG