

29 th October 2021		ITEM: 6
Thurrock Health and Wellbeing Board		
GP Item Part One – Primary Care Access		
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

As we emerge out of the pandemic, access to primary care continues to be an area of great interest both nationally and regionally. The paper aims to do a deep dive on primary care access, challenges, mitigations, support and improvement initiatives being implemented to address these challenges in Thurrock. Looking at newer models of care and setting out a roadmap to embed newer models of care.

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

MSE Strategy

In 2018 the five CCGs approved a Primary Care Strategy that sought to, address a demand and capacity gap that both existed, and was projected to increase, over the following three years. Improve the sustainability of general practice and increase its attractiveness as a place to work in Essex. Build on a relatively new locality structure in order to improve standards and mutual support across primary care.

The Health and Care Partnership agreed that a refresh of the Primary Care Strategy was required. This strategy was reviewed in 2021 and refreshed considering the pandemic to ensure the strategy is responsive to the current needs.

The strategy refresh built on the existing 2018 strategy – it does not propose an alternative strategic direction but focuses heavily on the element of collaborative

working - and takes account of local and national policy changes that have occurred since the original strategy was approved. Explicitly it takes account of

- The NHS Long Term Plan (2019),
- Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan (2019),
- The Mid and South Essex Health and Care Partnership Five Year Delivery Plan (2019)
- The Mid and South Essex Memorandum of Understanding and H&CP Outcomes Framework
- The impact of the on-going pandemic, and
- Recent publication of the DH&SC White Paper

In summary the MSE strategy refresh says Primary Care Networks are about

- collaboration and will be the vehicle for collaborative working at the local level, and
- improving population health and as a system we will support them grow.

Local Context

The impact of the Mid and South Essex Primary Care Refresh document within Thurrock is that it has supported

- collaborative working through the delivery of COVID-19 vaccine programme where all 4 Thurrock PCNs came together and worked under a collaborative agreement to deliver the COVID-19 vaccine to all Thurrock residents from 2 Local Vaccination Sites (LVS) within Thurrock. This was a unique way of working as across MSE all other PCNs had their individual LVS.
- Collaborative working has also started with clinical leaders across the system coming together in making a success of the Clinical Professional Forum and the Networking meetings to consider pathway design changes and address troubleshooting to improve patient access to services.
- 2 Thurrock PCNs have taken up a role in Population Health Management through the Obesity pilot PCN Accelerator Programme and 1 more PCN in Thurrock is undertaking detailed work in the Population Health Management work through an NHS England/Improvement project.
- Even though the above work is ongoing in Thurrock there is still further work that needs to be done to show the true impact on the MSE Primary Care Strategy Refresh within Thurrock including further work to confirm the clinical model within Integrated Medical Centres.

3. Issues, Options and Analysis of Options

Issues

Primary Care Access

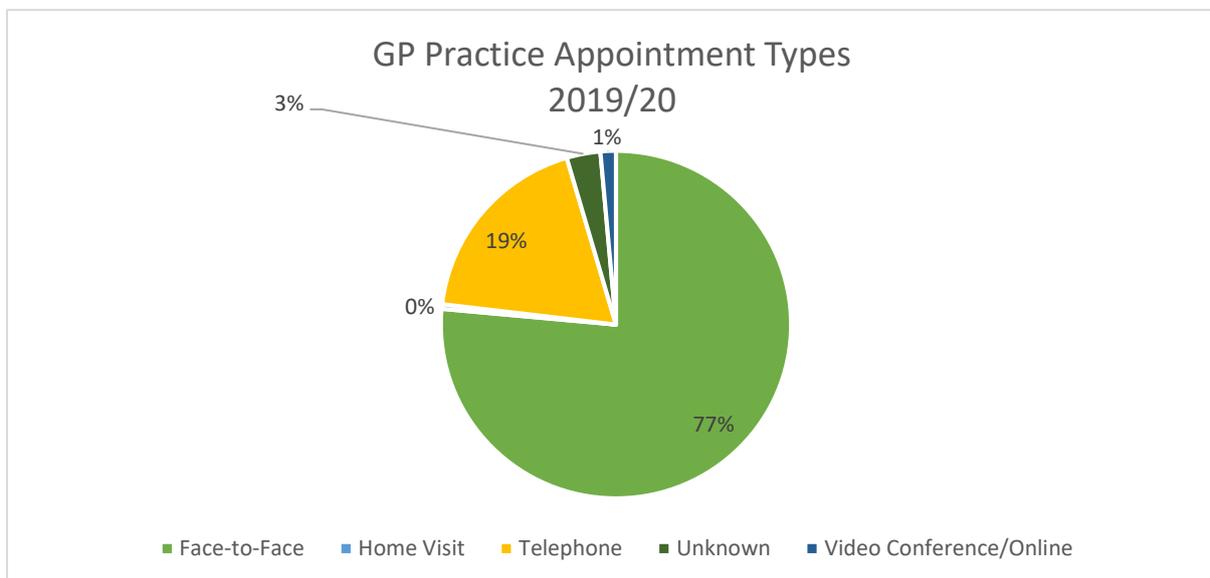
Primary Care Access across the country has been impacted by COVID-19 over the last 19 months. From March 2020, Primary Care was expected to deliver services in a new way and in response to the pandemic. Evolving from in person services, to total virtual triage with increased reliance on IT and digital technology. This has meant most appointments are undertaken remotely, either through video, online and telephone consultations and face to face appointments reserved for urgent and where clinically indicated, to ensure compliance with the national Infection & Protection Control (IPC) guidelines.

Since the publication of the new Standard Operating Procedure and IPC guidelines in April 2021, Primary Care services have been in recovery and reset, working towards business as usual whilst ensuring continued safety measures.

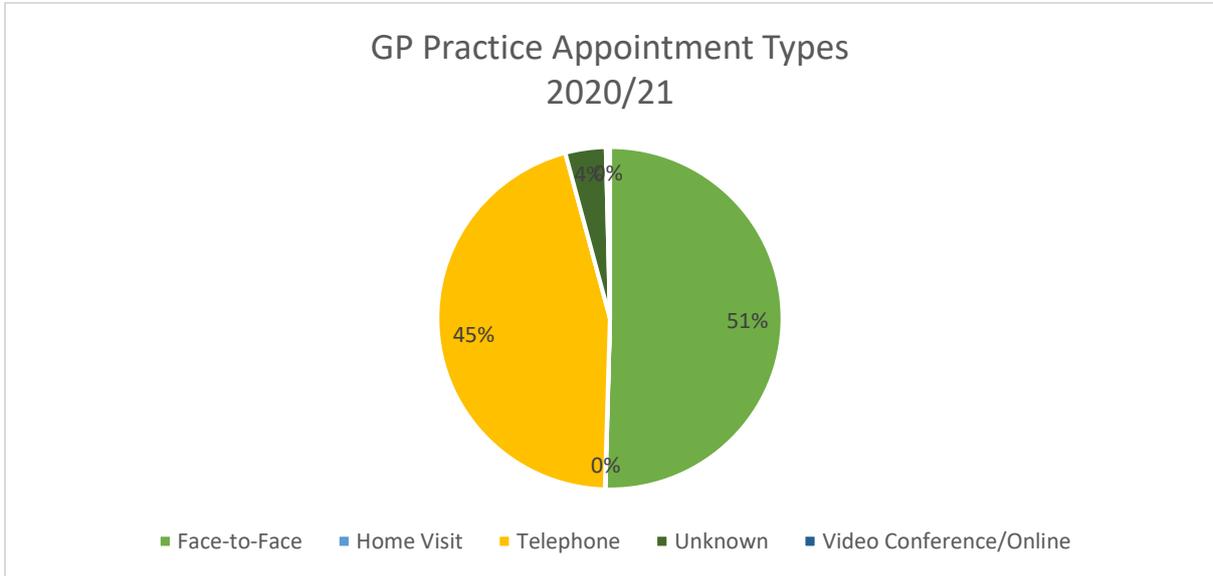
Incrementally the Standard Operating Procedures have been relaxed by NHS England in July 2021 to ensure Primary Care returns to pre-pandemic activity levels.

The CCG is leading this workstream through Business Informatics analysis to ascertain the activity levels and the activity types where the evidence shows that:

- During 2019-2020, 924,412 appointments were provided by GP practices in Thurrock. Appointments mainly comprised of face to face appointments, 77% of all appointments being face to face. Telephone appointments made up 19% of all appointments and were mainly used for triaging, communicating patient diagnostic results or following review by care navigators.

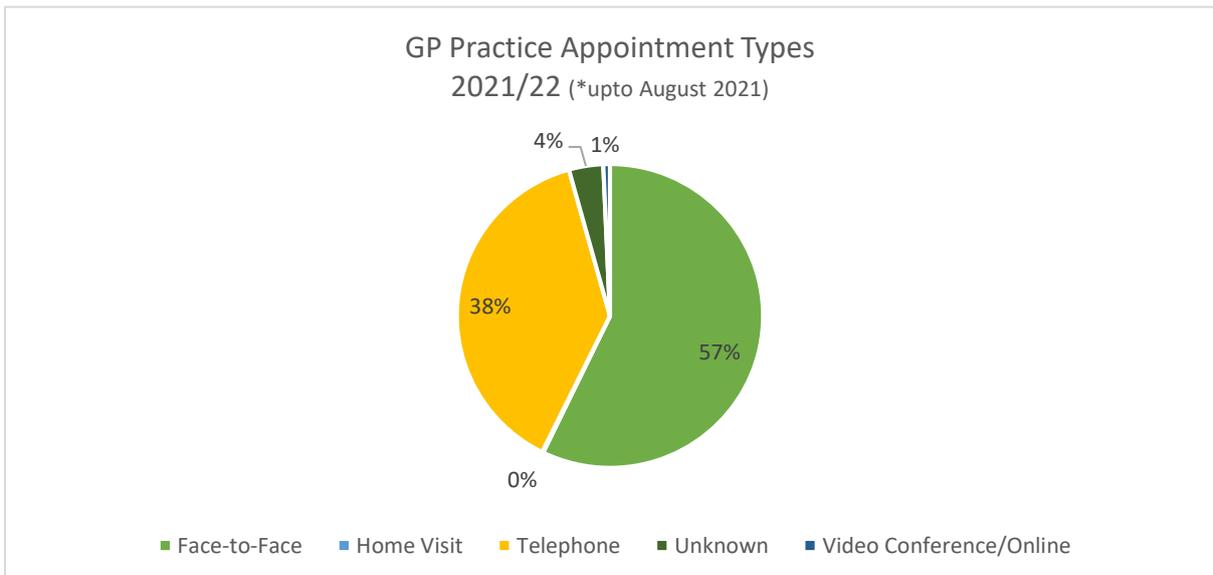


- During 2020-2021, Primary Care developed new ways of working to respond to the COVID-19 pandemic. During this period, GP practices in Thurrock offered 824,318 appointments. New ways of working saw an increase in telephone and virtual appointments to 45% with a drop in face to face appointments to 51%.



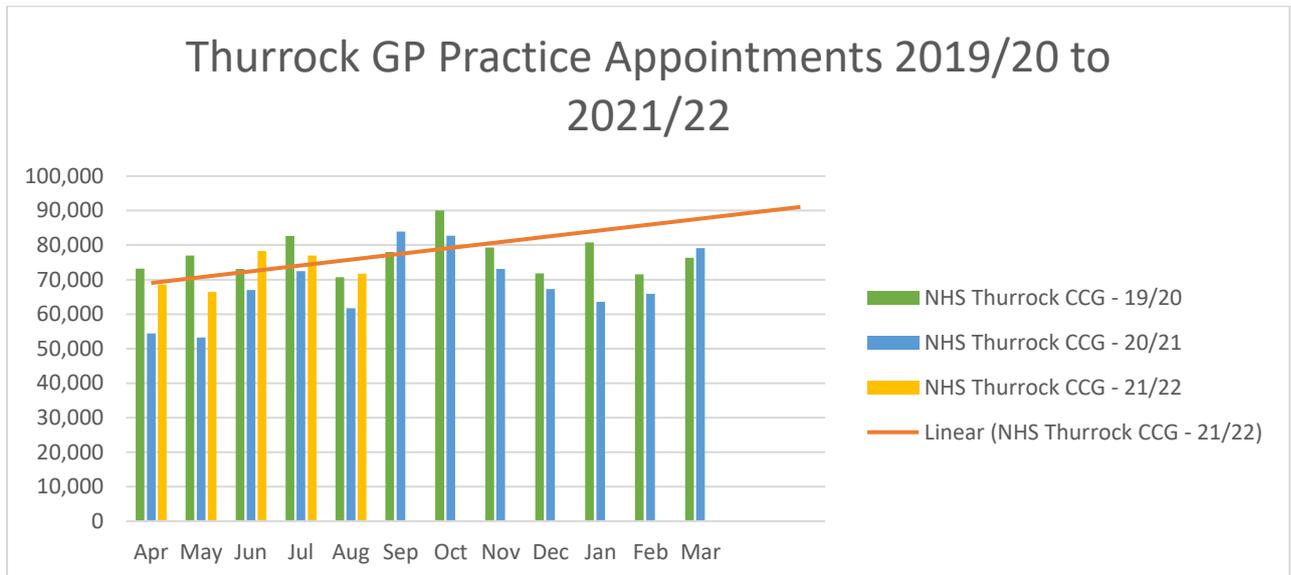
- Between April 2021 and July 2021, 290,346 appointments were provided by GP practices within Thurrock. This was 5% lower than the same period in 2019. Working with practices, GP practice appointments for August 2021 increased to 71,730, an increase of 1.5% compared to August 2019. This increase will be closely monitored and reviewed with a view of increasing face to face appointments.

**These appointments do not include COVID Vaccination appointments that have been delivered mostly by Primary Care whilst delivering primary care services.



- Evidence also details that there are limitations with the data captured. Working with practices to understand the limitations of poor read coding by Primary Care is ongoing. Poor read coding has been noted for online platform consultations such as eConsult and Dr Link. As a result of these read coding issues, this activity cannot be analysed.

Table below shows GP Practice Appointments monthly from April 2019 until August 2021, pre, during and post pandemic.



GP Patient survey

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
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, 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	N/A	N/A
No. of Returns Completed	767	1,311	675	708	N/A	N/A
Response rate (%)	39%	31%	29%	28%	32%	35%

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

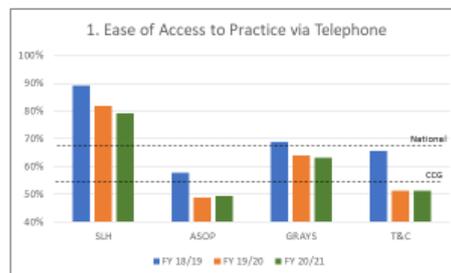
The table below does a similar analysis for trends in 2020 and 2021 and it is evident that some improvements are seen though it is recognised that there is a way to go.

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

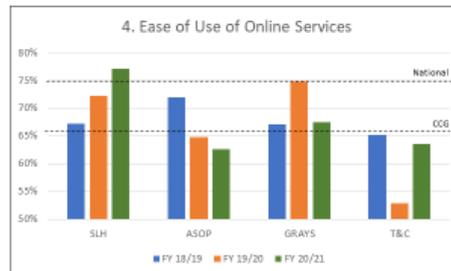
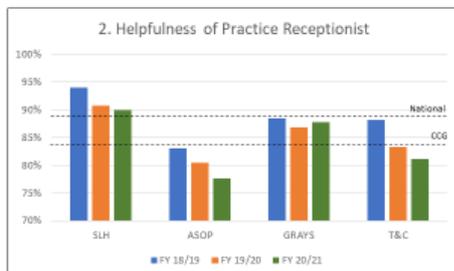
The key point to note is the overall experience is a key question within the survey, as to an extent it incorporates all other domains/questions in to one. The %'s measure a response of 'Very Good' or 'Fairly Good' from recipients.

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.

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.

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.

An 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.

Thurrock is renowned for its innovative approach to transformation. The Integrated Medical Centres (IMCs) are part of this exciting transformative approach under the umbrella of Better Care Together Thurrock (BCTT), it is the latest iteration of a long-standing transformation programme to bring care and the community together with a shared vision and track record of successful implementation. The programme is truly "whole system" covering the delivery of primary care, community healthcare, social care and the role that the community and every individual needs to contribute to achieve a holistic, strengths based and person centric well-being model in Thurrock.

The recommended blueprint for each IMC encompasses a wide range of community health, wellbeing and social care services working together in a single building as integrated place-based teams.

The IMCs will offer integrated health and social care services that also address some of the Estate issues, wider causes of ill health, a place for community assets and voluntary groups to offer a wide range of local support including, Local Area Coordination, Community Led Solutions, Health and Wellbeing Teams, Employment, Education and Training advice, Housing and benefit advice, and where possible cafes and community hub and library facilities. In addition, the IMCs will offer an opportunity for a new and expanded Primary Care Offer, diagnostic facilities, secondary care outpatient clinics for the most common conditions, health and wellbeing improvement and healthy lifestyle programmes, community and mental health treatment, Social Care and third sector services.

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.

Identified Solutions & Next Steps

The NHS is gearing up to a very challenging winter, with access to general practice an essential part of winter plans. A number of further actions have decided to be taken to support general practice and improve access including face-to-face appointments with GPs. They include steps to

- (a) increase and optimise capacity;
- (b) address variation and encourage good practice; and
- (c) improve communication with the public, including tackling abuse and violence against NHS staff.

For the five months November 2021 to March 2022, a new national £250m Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences, instead of going to hospital.

The following are the locally identified solutions to the access issue and what next steps are being taken to address this.

Cloud based Practice Telephony System

During the emergency response to the pandemic and subsequent recovery, practices have continued to face an unprecedented increase in demand across all digital and communication channels, including telephony. With increasing volumes of telephone contacts there has been a significant strain on older analogue technology. For patients and reception staff alike, this can be a source of huge frustration.

2 PCNs in Thurrock, ASOP and SLH, are currently scoping requirements of Patient Access Centres which will combine cloud telephony with expert care navigation. Cloud telephony provides infrastructure for future services across the PCN's. The Patient Access Centres could prove a valuable collaborative solution to chronic issues of unsatisfactory patient access.

The Cloud telephony solution must ideally be a well-tested, off-the-shelf product from a renowned supplier, who preferably, has existing customers in the Health/Medical sector. Once the current proposal fully developed and approved a high-level Project Plan is being developed detailing the critical path, milestones and low-level activities.

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.

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.

PCNs are recruiting to these roles, as of September 2021, Thurrock PCNs have recruited 51% of the aspired ARRS roles. An action plan to increase recruitment can be found in appendix 2:

PCN	Recruitment %
Aveley, South Ockendon & Purfleet (ASOP) PCN	54%
Stanford-le-Hope PCN	100%
Tilbury & Chadwell PCN	58%
Grays PCN	60%

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.

Development of Stretched QoF

Following a review of pre-pandemic schemes, Stretched QoF has been restarted in Thurrock. Seeking to incentivise general practice to improve population health and reduce inequalities through, improved quality of long-term condition management in primary care.

PCN Clinical Directors, Public Health and CCG's primary care staff have been working to developing stretched QoF thresholds.

Practice profile/score cards linked to stretched QoF are being developed by the public health team, this is expected to provide practices with a snapshot on missed income and potential for improvements in the management of long-term conditions.

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

Practice communications

Following GPPS results in July 2021, a CCG analysis of the results have been presented on the bi-weekly CCG/Practice call and this generated rich discussions with practices on how to improve primary care access to patients.

In addition, a primary care access questionnaire has been developed by CCG and shared with practices. 90% of practices have returned this questionnaire and the results are being analysed and 10% of practices are being contacted to remind them to submit the access questionnaire to CCG. The results of this access questionnaire will be shared with all practices at November Clinical Engagement Group (CEG) and then all practices will attend a PCN breakout session and finally come back to the original CEG group to discuss themes identified, outcomes wanted and the next steps.

Practices have also been sent a issues and challenges questionnaire which allows them to be transparent with commissioners about the issues they are facing. These will be collated by the CCG and the results shared back to the practices at November CEG.

Practices have received some communications resources to support local GP practice staff in relation to the ongoing frustrations, criticisms and worrying rise of physical and verbal abuse. This has been led by insight – following a series of focus groups that have been held with patient representatives, practice managers and engagement with a behaviour change specialist.

Facebook Live

CCG, with the support of Healthwatch, have started patient engagement by hosting a Facebook Live session with members of the public and the panel consisting of a Local GP, Practice Manager and Patient Services Manager. This session allowed the public to understand the pressures in general practice and what is currently being done and how we can work with Thurrock residents to improve service delivery.

Feedback on the Facebook Live session is as follows and conversations are on-going with Healthwatch to assess if further Facebook Live sessions would be useful for members of the public.

- 69 people signed up to the event page prior to the event.
- 137 people liked or commented on the session
- 198 post clicks were noted
- 1394 people were reached by this Facebook Live session

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 access to Primary Care services within Thurrock but also improve the health and wellbeing of Thurrock residents.

Recovery Plan

Below details the recovery plan, timelines and next steps to support the improvement of Primary Care Access within Thurrock. This will not only to improve access but also improve the health & wellbeing of Thurrock residents.

Action	Deadline	Status	Update
Identify access issues with primary care stakeholders – GP practices, PCNs and patient groups to work collectively to implement new ways of working	September to November 2021	In Progress	<p>September 2021 – Access baseline questionnaires distributed to all GP practices</p> <p>October 2021 – CCG analysing access baseline questionnaires. PCN Programme Managers working with individual practise to identify good practice and areas of improvement.</p> <p>CCG facilitating the sharing of good practice between GP practices, PCNs and stakeholders and working collectively to implement to improve health outcomes.</p> <p>November 2021 – working with practices to implement outcomes of good practice identified from the analysis of the questionnaire and reviewing areas of improvement.</p>
Targeted patient education communications	September to April 2022	In Progress	September 2021 - Facebook live event held 1 st September 2021 to obtain feedback and update the population on future plans. Outcomes from this event have been reviewed and

			<p>next steps are being planned during October & November 2021.</p> <p>October 2021 – Primary care communications toolkit will be shared with practices to address, patient concerns with access and verbal/physical abuse of practice staff.</p> <p>Practices, along with CCG, will engage and work with these patient groups to explain the new ways of working, including telephone triage, care navigation, use of online platforms and virtual appointment types, such as video calls.</p> <p>Within this engagement, with patient groups, PPGs, PPNG & CRG to inform of new was of working, including care navigation, care navigators are trained to ask certain questions when a patient calls to book an appointment, this is to ensure that the patient is directed to the most appropriate clinician to effectively address their problem.</p> <p>November 2021 – Social media training for GP practices.</p> <p>National incentives to deliver improvements in patient experience is being developed. A new real-time measure of</p>
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			<p>patient reported satisfaction with general practice access is to be rolled out nationally and incentivised</p> <p>Patients will automatically receive a message following their appointment and asked a series of questions about how they rate their access to care. Patient communications is being delivered in numerous formats to ensure patients are aware of the range of skills and expertise available through primary care, alongside GP appointments.</p> <p>Following analysis of baseline GP practice access questionnaires, themes and trends will be shared with PPG's and CRG to gain patient feedback.</p>
<p>Reviewing quarterly primary care appointment data</p>	<p>September 2021 – April 2022</p>	<p>In progress</p>	<p>October 2021 - Data for quarters 1 & 2 complete, awaiting September 2021 data from NHS Digital to complete quarter 3. Review of current data sets have taken place and feedback provided to practices and stakeholders.</p> <p>November 2021 – working with practices who have less than 20% face to face appointments identified in comparison to 2019/20 data.</p> <p>November 2021 – triangulating Primary Care appointment data with A&E attendances and NHS111 calls during core</p>

			hours. Following review of this data, identified practices will be worked with to improve access for these patient cohorts.
Each PCN to review and discuss the GP Patient survey (GPPS) with member practices. PCNs will also work with Thurrock CCG on next steps.	October 2021 - November 2021	In Progress	<p>October 2021 - PCN Programme Managers working with PCN's to analyse GPPS results and reporting themes back. Each PCN to provide action plans and evidence on how to address the GP patient survey feedback</p> <p>Meeting planned for 19th October to discuss outcomes of this review and plan next steps.</p> <p>November 2021 – PCN CDs holding internal conversation to present findings with member practices and providing feedback to the CCG with action plans for those practices that require improvements to their GPPS.</p>
Action plans to be created with each PCN regarding reducing the recruitment gap of ARRS roles	October to November 2021	In Progress	<p>Initial action plans in place, continued work between CCGs and PCNs ongoing. Regular reviews are undertaken on progress against target.</p> <p>October 2021 – working with practices to communicate the ARRS model that is becoming the new norm in general practice is that the GP is supported by a much wider array of clinical professionals via the ARRS roles and patients can increasingly expect to be able to see different types of healthcare professionals in general practice, who are more</p>

			<p>expert or appropriate in dealing with their particular needs and conditions, including clinical pharmacists already in place, alongside paramedics and advanced nurse practitioners. This workforce is essential in expanding general practice capacity and bringing a wider range of skills to the primary care team, enabling GPs to focus on what only GPs can do.</p> <p>In addition, innovative rotational roles are also being seconded alongside other services, for example Thurrock PCNs have employed Mental Health Practitioners in collaboration with EPUT, our mental health provider.</p>
<p>Implementation of National & systemwide initiatives, including the Winter access fund</p>	<p>October 2021 – April 2022</p>	<p>Ongoing</p>	<p>From October 2021 - There is national work on-going in developing the evidence on the hybrid access model which advises on the optimal blend of remote and face to face triage and care. This is due to be released by end of November and will include advice on how practices can ensure they are providing the appropriate proportion of in-person GP appointments for their registered population, that is both clinically warranted and takes account of patient preferences.</p> <p>An additional QOF improvement module, focused on optimal models of access including triage and appointment type has been commissioned on a national basis. A deep-dive analysis of the impacts of remote versus face-to-face consultations is to be undertaken and understanding the role of continuity of care at the core of the GP-patient relationship is being explored.</p>

- 4. Recommendation**
Members are asked to note paper and feedback on improvements on Primary Care access
- 5. Consultation (including Overview and Scrutiny, if applicable)**
N/A
- 6. Impact on corporate policies, priorities, performance and community impact**
N/A
- 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/>
 - [Appointments in General Practice - NHS Digital](#)
 - <https://www.facebook.com/HealthatchThrk>
- 9. Appendices to the report**
 - Appendix 1 - Thurrock CCG Cancer Dashboard Update
 - Appendix 2 – ARRS Action Plan 202122
 - Appendix 3 – Mid & South Essex Communications Toolkit

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