


Item Number: 9	
Name of Presenter: Gary Young	
Primary Care Commissioning Committee Date of meeting: 19 September 2019	 Vale of York Clinical Commissioning Group
Report Title – Primary Care Resilience and Capacity (Central Locality)	
Purpose of Report <i>(Select from list)</i> For Approval	
Reason for Report A Rapid Review of General Practice was undertaken across the City of York to understand the risks and issues that affect General Practice resilience and identify steps that can be taken to improve resilience. The purpose of this report is to present the findings of this review and to make recommendations on what can be done to improve the position. The Primary Care Commissioning Committee is asked to consider the report and support the recommendations.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	
Impact Assessments Please confirm below that the impact assessments have been approved and outline any risks/issues identified. <input type="checkbox"/> Quality Impact Assessment <input type="checkbox"/> Data Protection Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment	

Risks/Issues identified from impact assessments:

Not all practices in the City are at crisis point, but some are. The risk is that if one practice fails, General Practice in York does not have sufficient capacity to absorb the fall out and the impact will be felt across the whole health and care system

Recommendations

To accept the recommendations identified in this report

Decision Requested (for Decision Log)**Responsible Executive Director and Title**

Dr Andrew Lee
Executive Director of Primary Care
and Population Health

Report Author and Title

Gary Young
Lead Officer Primary Care (Central York)

Primary Care Resilience and Capacity (Central York)

Overview

A review of the pressures, capacity, and resilience of General Practice within Central Locality/City of York was conducted in August and September through a series of structured interviews and meetings with GPs, Practice Managers, and GP Rota Managers. Ten of the twelve central practices responded to offer a deeper insight into the health of General Practice across the Central locality.

All practices report operating at, or near, maximum capacity with some reflecting they feel they are, on some days, possibly operating beyond maximum capacity.

Practices with the greatest pressures report lengthening waiting times for routine GP appointments and, when asked what it feels like to be a GP today, almost all GPs responded along the lines of “it’s tougher than it’s ever been”, “I’m feeling saturated” and “I’m not surprised GPs are leaving the profession”. While some practices say they are coping, there are those that feel they are at crisis point, and all practices say recruiting new GPs is more difficult now than at any time in the past. Some practices reported they are unable to recruit new salaried or partner GPs and, in some cases have not received a single response to recently advertised vacancies.

This shortage of GPs is not local to York, it’s a national crisis is supported by figures from NHS Digital (Aug 2019) showing the number of full-time equivalent, fully qualified GPs in England fell by 576 (2 per cent) in the year up to June 2019, while the number of FTE partners fell by more than 1,000 (5.3 per cent).

The practices we spoke to were all very candid about the support needed, both at an individual practice level and at a broader system level. Changes in service and specification with other providers, along with changes in hospital waiting times, were commonly cited as putting additional pressure on General Practice (detailed in “Risks and Drivers”). Improving Access had a varied impact on capacity and resilience with some practices saying it was helping; others say Improving Access is making little difference to helping them cope. Reporting pressures through OPEL was widely dismissed due a combination of lack of trust in the system (concern about being performance managed rather than supported) and also no obvious supportive response mechanisms for the CCG to support practices within OPEL.

Not all practices in the City are at crisis point, but some are. The risk is that if one practice fails, General Practice in York does not have sufficient capacity to absorb the fall out and the impact will be felt across the whole health and care system. The overwhelming conclusion is that all commissioners, providers, and stakeholders across the city have a vested interest in supporting General Practice to become more resilient in the months and years ahead.

Risks and Drivers

1. GP Workforce

By far the greatest risk to General Practice resilience across York is the difficulty recruiting new GPs. Practices report widespread problems recruiting salaried GPs and GP partners. The main factor is the shortage of newly qualified GPs entering the profession. Nationally, the number of GP partners has continued to fall sharply, with a drop of more than 1,000 FTE partners in the year to June 2019 (BMA, 2019). Local factors include the pay differential between York and Hull/Leeds with neighbouring areas more likely to attract newly qualified GPs. Securing reliable GP locum cover is also a rising problem with some practices reporting they cannot book short-term locum cover for rota gaps due to holiday and sickness. Many locums are advance booked in blocks of 3-6 months and, for some practices, are prohibitively expensive.

GPs are generally hopeful that working closer together and recruiting new support staff through primary care networks will go some way to ease workload pressures. Clinical Pharmacists and Urgent Care Practitioners in particular can help reduce GP workload but these roles need to be recruited, trained, and supervised and, many feel, may not be as cost effective as GPs managing patients as clinicians working in these roles tend to be more risk averse, which may result in more hospital referrals.

Practices gave a mixed response to the Improving Access service in central York. Some felt it was effective in helping to manage workload while others said it made little or no difference, with availability of GP appointments often difficult to book.

The bottom line is, as patient demand rises and the workforce gets smaller, GPs are taking on more work. Some GPs feel they are putting their own health and wellbeing at risk to manage workload, with a credible danger of burnout, which increases the risk of individual practice resilience. With the shortage of GPs being felt across the city, the greatest risk is that if one practice fails to cope, there is not enough capacity within practices across the city to manage the fallout.

2. Changes in Services, Specifications, and Waiting Times

A number of practices reported that changes to services and/or specifications of existing services cause unexpected increases in workload. The most commonly cited example was the Sexual Health service redirecting “pill checks” to primary care.

Most practices agree this is ‘primary care work’ but felt they were unsighted on the change and were feeling the impact of an estimated additional 3,000 appointments needed across the 12 city practices. For some, the demand is felt most acutely by practice nurses while, for others, patients can only book a GP appointment online so the GP has to see the patient and then rebook the patient to see a practice nurse, creating ‘wasted’ GP appointments.

Lengthening hospital waiting times cause a direct increase in GP workload by way of patients feeling less able to manage their own sense of risk, returning to their GP to chase/rebook appointments. Respiratory, Pain, and (especially) Dermatology stand out. One GP reported a patient waiting over 12m for a Respiratory appointment which was cancelled and needed to be rebooked by the GP. Even small increases in Cardiology and Cancer waiting times cause concern for patients. There's a strong sense amongst GPs they are responding to more work coming out of hospital, with many reporting they "increasingly feel like house officers" being asked to do blood tests, ECGs, etc. While experienced GPs feel able to "push back", it's more difficult for new qualified GPs to be so robust, and so the work builds up across the practice.

Many GPs felt that the MSK Triage service should be able to directly book onward referral (without referring back to the GP first) and most welcomed recent changes allowing consultant-to-consultant referrals. Likewise the York Integrated Care Team (YICT) was widely acknowledged as a highly effective and responsive team that was positively impacting on improving patient care and helping to reduce GP workload.

3. IT and Estates

Most practices reported problems with IT, ranging from interoperability problems between, for example, Docman and Windows 10 upgrade, through to different clinical systems creating potential clinical risk in the Improving Access hubs. It was acknowledged these issues are being addressed, but pace remains an issue.

Larger, multiple branch practices, especially those that have grown by merger in recent years, report problems managing smaller surgery sites. Often the issue is managing clinical risk, either as a consequence of providing medical supervision for isolated clinicians and, quite simply, not having enough GPs and clinicians to safely and effectively staff all of their surgeries all of the time. This is a complex problem which creates as much concern for patients as it does for GPs and practices. For some practices the issue is managing outdated buildings or, as patient lists increase in size and workforce grows to substitute the shortage of GPs, not having enough space to manage the changes being experienced within General Practice.

4. Individual Practice Support

It's important to note that not every practice in York feels they are vulnerable, but some are, as are some individual practitioners who recognise they are at risk of burnout. For some practices, especially (but not only) smaller practices, losing just one more GP risks destabilising the entire practice.

Proposals for Improvement

VOYCCG is unusual in appointing two “Lead Officers” to support primary care and Primary Care Networks. In addition, VOYCCG has an estates and digital strategy (a GP at Governing Body has a special interest in digital), and is carrying out an on-going workforce survey to support a wider workforce strategy, and review/implement solutions suggested by General Practice to help ease the shortfall in GP numbers.

The key proposals emerging from Central practices in response to the rapid review in August/September are detailed below:

1. GP Workforce

Many GPs suggested creation of a “locum bank” that practices can access at short notice to fill short-term gaps arising from holiday, sickness and being let down by locums at short notice. This could be supported by VOYCCG as a positive response to practices reporting Level 3 or 4 through OPEL. This suggestion would need to be worked through to create a viable solution and, with Improving Access hubs and GP Front Door at ED, there may be opportunity to directly employ GP locums in such a way as to create flexible and responsive GP workforce to support practices.

Another solution emerging from practices we spoke to is deployment of Urgent Care Practitioners (UCP) to help manage the home visit workload. Some practices feel UCPs would need to be qualified prescribers, others consider that they can manage the risk of non-prescribing UCPs. Again, this would need to be worked through to create a viable solution and, with VOYCCG commissioning a UCP service, this could be a viable option to consider if co-created with GP input.

A number of practices cited the “Scarborough model” of managing same and next day primary care outside of General Practice as a “pressure relief valve” to help cope with the flux of demand. A small ‘task & finish’ group, led by York GPs, could be established to determine the effectiveness and viability of echoing such a model.

2. Changes in Services, Specifications, and Waiting Times

There’s an ask from General Practice to be consulted in advance about changes to how services are delivered, and the causes/consequences of longer waiting times, where the impact may reasonably be expected to impact on GP workload.

An open dialogue between city commissioners, York Hospital and GPs about the real impact on patients and GP workload arising from lengthening hospital waiting times (and the causes of lengthening waits) would be welcomed, as would a review of how the MSK Triage service could directly book patients for onward referral without referring back to the GP first.

3. IT and Estates

Across the board, practices recognise VOYCCG has prioritised addressing problems with IT and Estates and would welcome an even greater focus, given the problems that these two infrastructure issues create for General Practice.

4. Individual Practice Support

A key part of VOYCCG conducting regular practice visits, supported by the Lead Officers working more closely with practices, is to provide the CCG with a more in-depth understanding and overview of where pressures are being most acutely felt in order to enable system-wide and, where needed, individual support to practices.

Conclusions

Driven primarily by a shortfall in GPs, practices across York identify a mix of issues that risk creating a 'perfect storm' in General Practice. The system is already feeling the consequences of these combined pressures including patients presenting at York Hospital Emergency Department with primary care conditions. Modelling by Venn Consulting¹ concluded pressure is felt across the entire system every day, with little or no spare capacity in the city to cope with demand beyond a 'usual day'.

1. GP Workforce

The shortage of newly qualified GPs is a national crisis which is being felt strongly in the City of York; some are feeling it acutely now, and all say it is a growing problem. Without positive intervention and new solutions there is a real and credible risk to the sustainability of some practices, with a potential knock-on that will be felt throughout York. Three ideas emerged from our review (Locum Bank, Urgent Care Practitioners for Home Visits, review the 'Scarborough model) which warrant further investigation by VOYCCG working together with GPs. A review of the Improving Access service specification could be part of this overview refresh.

2. Changes in Services, Specifications and Waiting Times

There are often unintended consequences of changes to service specifications and hospital waiting times, which create a direct and unnecessary increase on already overstretched GP time. The danger is that, if ignored, the increase in workload risks stretches an overloaded GP workforce even further, increasing the risk of failure.

3. IT & Estates

For some practices, the risk of operating 'unsafely' is real and, for a handful of practices, keeping surgeries open is a daily struggle. A greater focus on supporting 'at risk' practices is an urgent requirement if we are to maintain continuity of service.

4. Individual Practice Support

As a result of the rapid review, we now have a good overview of individual practice and GP needs - this can now be considered within the larger picture of how the CCG supports General Practice going forward.

¹ Commissioned by Better Care Fund/CYC

Recommendations

1. GP Workforce

As part of the workforce review and strategy refresh, VOYCCG to work with GPs to establish the viability of establishing (1) Locum Bank, (2) Urgent Care Practitioners for Home Visits, and (3) review the ‘Scarborough model. Within this, support/facilitate all practices in the central locality to jointly review the Improving Access service with a view to improving equitability of access and efficiency of the service.

2. Changes in Services, Specifications and Waiting Times

As local ‘partnership boards’ are created through the PCN contract, Commissioners and providers should find a mechanism to jointly consult with General Practice to establish workload impact before finalising changes to existing services, including a review of hospital waiting times. Where GPs are experiencing a clear increase in appointments and administration, they should, together with consultants, establish pathway specific working parties to review waiting list and follow-up management.

VOYCCG should review the feasibility of allowing the MSK Triage service to directly book patients for onward referral without referring back to the GP first.

A rapid review of resource available to the York Integrated Care Team (YICT) would establish if further investment would be a cost-effective intervention to help reduce GP workload and support more patients to navigate effectively through the system.

3. IT & Estates

A dedicated group, led by General Practice, should be created to refocus attention on the risk to patients and practitioners arising from the multiple and complex issues around IT and Estates. For example, any practice looking to reduce the number of surgery sites it operates from faces a huge amount of scrutiny and resistance. This is right and proper but presents a major barrier to practices looking for solutions to the complex pressures they face. A wide stakeholder group including public and patient representatives, other providers (including neighbouring practices), Shared Agenda (estates strategy), councillors, and commissioners would be a positive step forward.

4. Individual Practice Support

The resilience funding offered to General Practice last year (December to January) was warmly welcomed as a solution that supported overstretched practices to add additional short-term capacity to their teams. This should be repeated this winter.

VOYCCG to recognise increasing workload on practices close to surgeries that are themselves under pressure - working with groups of practices on a ‘neighbourhood’ basis should be part of the remit of the local estates stakeholder group/s.

A review of specific needs identified should be carried out with the individual practices and GPs identified to create bespoke packages of support.

The PCCC is asked to consider the information contained in this report and to support the following recommendations outlined above.