



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 November 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Access in Primary Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Providing good access to Primary Care services continues to be a priority for the NHS, both nationally and locally through primary care services provided across Hywel Dda University Health Board (HDdUHB). More recently, as measures to re-instate services across society have increased as the COVID-19 alert status changes, both the increased demand for Primary Care services and raised patient expectation have led to a greater focus on access to Primary Care services through the media, at both national and local level.

The Board is asked to note the current status of access to Primary Care services across the Contractor professions within the HDdUHB area.

The **7-minute** briefing attached at Appendix 1 provides an overview of the current position relating to access across the Contractor professions.

Cefndir / Background

Throughout the COVID-19 pandemic, whilst a number of arrangements were put in place to support the relaxation of various elements of the Contractual requirements across the four Contractor professions (General Medical Services, Community Pharmacy, General Dental Services and Optometric Services); essential services were maintained throughout, to ensure that urgent needs were managed on a day to day basis. This was achieved by introducing a range of different mechanisms to support patient access, with the most significant development being the use of remote technology. As the NHS now takes steps to reset services, many of the new opportunities introduced to access services will remain, with the intention of providing services that support patients in a timely way and enable them to be managed by the professional most appropriate to their care need. However, it is also important to note that access to services remains challenging, either due to the status of the contract reset, or as a result of the impact of current community transmission and the high demand for all Primary Care services at this time.

Asesiad / Assessment

In view of the ongoing challenges regarding access to services, and the concerns expressed not only by patients, but also by those working within Primary Care, this report sets out the range of developments available across the Contractor professions, which continue to be developed to support patient care.

General Medical Services

GP Practices across Wales are reporting an increase in demand for patient consultations now compared to the same time period prior to the pandemic. This comes at a time when Practices are reporting high levels of escalation as a result of staff sickness (both COVID-19 and non-COVID-19 related) and an inability to recruit into vacancies, both administrative and clinical. All Practices will have a revised Business Continuity Plan, which includes 'buddying' arrangements with a neighbouring Practice to enable support when business continuity becomes critical. It is important to note that workforce issues within General Practice can have an impact on wider system pressures, as patients may try to access services from Accident and Emergency Departments, Minor Injury Units, etc. Workforce pressures also have an impact on the Out of Hours service, as GPs who are not able to work in hours or are having to work additional sessions due to colleagues' sickness etc, may not be able to undertake the extra sessions.

Whilst many Practices have started to re-open their doors to allow patients ease of access to their premises, for some of the smaller Practices this is not possible, due to space restrictions and the need to ensure continued adherence to social distancing guidance. Practices have access to a risk assessment tool to ensure that they continue to review their service provision in line with national guidance.

Just prior to the pandemic, the Health Board had approved the use of Pacesetter funding to support a pilot and subsequent roll out of E-Consult as an additional mechanism to enable patients to contact their GP Practices with non-urgent health concerns. Since the Pacesetter funding has ceased, 33 GP Practices (69%) have continued to use E-Consult. Other systems such as Ask My GP are also available and in use in a number of Practices. In September 2021, there were 14,238 visitors to the E-Consult platform across the Health Board. Of those visiting the site, 7,999 were unique visitors and 6,578 people went on to submit an online consultation, with 499 patients directed to other services.

My Health Online (MHOL) is a tool that continues to be used by the majority of GP Practices (47 out of 48) that can enable patients to make an appointment, request a repeat prescription or request access to their records. The functionality of the system varies across GP Practices but is currently used in the following ways:

- 27 GP Practices use MHOL to enable patients to book an appointment
- 47 GP Practices use MHOL to enable patients to request repeat medication
- 36 GP Practices use MHOL to enable patients to access their summary access record

Furthermore, during the pandemic, whilst there has been an increase in the number of GP Practices that offer telephone triage and telephone consultations, additional technical ability to enable virtual consultations has also been made available through further opportunities such as Attend Anywhere or AccuRx.

Many Practices continue to offer a mix of telephone, virtual and face to face consultations in an attempt to support improved access for patients as well as ensuring that those patients who clinically need to be seen face to face by a GP are able to do so. Telephone triage continues to play an important part in ensuring that patients have quick and easy access to the most

appropriate member of the clinical team, both within the Practice and across other Contractors and Cluster commissioned services.

During October 2021, GP Practices were invited to participate in an access questionnaire; 36 Practices (75%) have submitted responses. All responding Practices confirmed that they offer face to face appointments for patients, 8 advised that they do not use video consultations; however, again all responding Practices confirmed that they had undertaken telephone consultations.

21 of the responding Practices telephone triage all patients, with the majority having GP led triage followed by Practice Nurse or Advanced Nurse Practitioner. Some Practices use other clinicians as part of their triage system. 26 of the Practices advise that they tell the patients if the call back will be in the morning or in the afternoon, with nine giving an approximate time when the patients can expect a call. 13 Practices advised that they call the patient twice before abandoning the call back, 11 will call three times, and of those who responded 3 confirmed that they will leave an answerphone message for the patient.

All of the responding Practices confirmed that they have risk assessed their premises to ensure they can adhere to social distancing measures. 5 of the responding Practices advised that they still have locked doors, with a further 3 indicating that they would like to open their doors but their risk assessment indicates that their waiting space is too small to keep the doors open. 2 out of the 3 Practices ask patients to wait in their cars until they are called in, with the other Practice making timed appointments to limit the footfall in the Practice at any one time.

14 of the responding Practices reported having five or less protected incoming telephone lines into the Practice, which could impact on patients accessing services in a timely way.

Archus have been commissioned to undertake a demand and capacity management exercise at both Practice and Cluster level and it is anticipated that this programme of work will help to identify areas where additional support and/or development may be needed. This work will be completed by April 2022. In terms of outcome reporting arrangements, Archus will report their findings through the Access Forum and the Primary Care Contract Review Group.

Community Pharmacy Services

Whilst access to Community Pharmacies has remained consistent throughout the pandemic, apart from a reduction in the number of Enhanced Services that were able to be safely provided, the third wave of the pandemic has resulted in a significant impact on workforce and accessibility to services. There has been an ongoing trend of short-term closures, particularly with some of the larger corporate pharmacy companies, due to staff sickness and/or a requirement to isolate due to household contacts. This has had an impact on neighbouring pharmacies who have seen increased patient demand during these closures. Workforce and the ability to cover gaps in the rota with locum Pharmacists has been cited as a significant issue for several pharmacies; as locums often need to be sourced from England and their ability to cover at short notice and for short periods of time is, therefore, constrained, which exacerbates the problem.

A number of Pharmacies are still requesting, on an ad hoc basis to close at lunchtimes, either to catch up on workload or for staff welfare; this is in line with national guidance.

Prescribing data for 2020/2021 (10,390,739) indicates a 1.24% reduction compared to 2019/20 (10,521,365), however both flu and common ailments activity was higher in 2020/21 and appears to be on the same trajectory in 2021/22.

Service	2019/20	2020/21	2021/22 (current position)
Flu	9,798	13,396	14,994
Common Ailments	7,470	9,309	7,595

Attend Anywhere was made available to Community Pharmacies during the pandemic, to assist them in undertaking remote consultations where appropriate; however, all Pharmacies welcome seeing patients face to face where possible.

The reset of services has recently seen the roll out of Urinary Tract Infection (UTI) Test and Treat services across Pharmacies in Pembrokeshire with a training and delivery plan in place to complete the roll out across Ceredigion and Carmarthenshire before the end of 2021.

The full range of Community Enhanced Services (including Emergency Contraception, Minor Ailments, Smoking Cessation and Triage and Treat) continue to be provided. The Care Homes Support and Medicines Optimisation service has been suspended temporarily, along with the Medicines Use Review service, which is part of the contract reform discussions.

General Dental Services

Dental Practices have remained in the amber phase according to national guidance, due to a number of procedures being considered as Aerosol Generating Procedures (AGPs) which require enhanced air flow systems and the use of FFP3 masks to ensure patient and staff safety. Welsh Government made additional funding available to support the purchase of air flow systems in Dental Practices as part of the contract reset, which the Health Board match funded, to assist in the purchase of systems and to increase the number of patients that Practices are able to see.

Dentists are asked to continue to focus on patients who have an urgent dental need and those patients who are deemed to be high risk for recall before they consider calling any patients for routine check-up appointments.

There have been four fundamental changes to contracting monitoring since the commencement of the pandemic:

- Units of Dental Activity have been stood down as a measurement for the delivery of dental contracts for 2020/2021 and 2021/2022;
- WG agreed that there would be no financial sanctions passed to Providers for 2020/2021 and 2021/2022, but further guidance may be issued in the final quarter of the year;
- WG introduced a data collection system outside of FP17s to capture activity data not recorded via the submission of an FP17, and since April 2021 this has related mainly to the delivery of an aerosol generating procedures (AGPs);
- Annual Contract Values (AVC) will be paid at 90% unless there is specific agreement with the Health Board to receive 100% AVC for additional services.

In looking at the percentage of patients seen by Health Board compared to an All Wales average 2019/20 to 2020/21, HDdUHB is showing as 5% above the average. Prior to COVID-19 approximately 53,000 patients were seen in each quarter, however in Quarter 2 of 2020/21 28,000 were seen which is approximately 50% of patients seen pre-pandemic; however, this now seems to be plateauing in line with the 40% metric.

Urgent and Out of Hours access remains a challenge for the Health Board as, despite an increase in service capacity during the initial peak of the pandemic, it has been difficult to match capacity with the level of demand that was experienced, particularly over the summer months when there were holiday makers staying in the area. 42 out of 57 Dental Practices

(74%) are currently providing urgent access appointments, based on revised Welsh Government guidance issued in April 2021.

Over recent months, the Health Board has been fortunate to support the opening of a new General Dental Practice in the Cardigan Integrated Health Centre and a new Orthodontic contract in Lampeter; both were areas where access to NHS dental services has been challenging to secure, despite previous commissioning attempts.

Attend Anywhere was made available to Dental Practices during the pandemic, to assist with remote consultation with patients where appropriate.

General Ophthalmic Services

Whilst Optometrists were the only Contractor without a national contract in place during the pandemic, they were nevertheless subject to guidance on the provision of services during the first and second wave. Generally, optometric services now seem to be operating, as they were pre-pandemic, although the throughput of patients is likely to be less than before, due to the need to ensure adherence to social distancing.

The Independent Prescribing Optometric Service (IPOS) along with the Domiciliary Emergency Eye Care Service (DEECS) were established during the pandemic, in line with Welsh Government guidance. Both services have continued, despite the reset programme, and form part of the Health Board's recovery programme to support the ongoing provision of timely and effective service provision.

13 out of 42 Optometric Practices delivered the IPOS service and, between September 2020 and February 2021, saw 1201 patients that would otherwise have needed to have been seen in an alternative clinical setting.

Argymhelliad / Recommendation

The Board is asked to note the content of this report for information, recognising the current workforce pressures being experienced across the four Contractor professions, which may impact on access to services.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Dental Contract activity data, prescribing data, Hywel Dda GMS Access Survey
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A within contractual framework
Ansawdd / Gofal Claf: Quality / Patient Care:	Access to services being managed through offering telephone triage and telephone consultations and additional technical ability to enable virtual consultations across the contractor professions where appropriate.
Gweithlu: Workforce:	Covid and non-Covid sickness impacting on service accessibility at points in time, but managed by each Independent Contractor as part of their business continuity plans
Risg: Risk:	N/A
Cyfreithiol: Legal:	Compliance with contractual arrangements monitored on an ongoing basis.
Enw Da: Reputational:	Potentially through social media messages. Being addressed through Health Board-wide communications.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Access to services being managed through offering telephone triage and telephone consultations and additional technical ability to enable virtual consultations.

Background

Throughout the COVID-19 pandemic there have been a number of arrangements in place that have seen the relaxation of various elements of the contract across the four contractor professions (General Medical Services, Community Pharmacy, Dental and Optometry) which will have had some impact, both positive and negative to access of services. As we have moved through the reset period, it is important to note that access to services remains changeable either due to the status of the contract reset or as a result of the impact of current community transmission on the ability of contractors to deliver services as they would wish to be able to do so.

Dental (continued...)

We have recently commissioned a new Dental Practice in Cardigan Integrated Care Centre and an Orthodontic Service for the residents of North Ceredigion will be available from the 5th November.

Attend Anywhere was made available to Dental Practices during the pandemic to assist with remote consultation with patients.

Optometry - Whilst Optometrists were the only contractor without a national contract in place during the pandemic, they were nevertheless subject to guidance on the provision of services during the first and second wave. Generally, optometric services now seem to be operating as they were pre-pandemic, although the throughput of patients is likely to be less than before due to the need to ensure adherence to social distancing.

Dental

Urgent and Out of Hours (OOH) access remain a challenge for the Health Board, as despite an increase in service capacity during the initial peak of the pandemic it has been difficult to match capacity with the level of demand that was experienced, particularly over the summer months when there were holiday makers staying in the area. We have **235** Urgent and **24** OOH Access slots per week. During October 2021 all appointments have been fully booked by Thursday each week. This lack of capacity could cause onward pressures in A&E.

Access to General Dental Services is at 40% of its pre-pandemic levels. This is in line with the all-Wales average for this metric.

We are holding the growth on the Orthodontic waiting list.

Appendix 1 Primary Care Patient Access Overview as at October 2021

General Medical Services and eConsult

Whilst many Practices have started to re-open their doors to allow patients ease of access to their premises, for some of the smaller Practices this is not possible due to space restrictions and the need to ensure continued adherence to social distancing guidance. Practices have access to a risk assessment tool to ensure that they continue to review their service provision in line with national guidance.

Just prior to the pandemic the HB approved funding to support a pilot of **eConsult** as an additional mechanism to enable patient to contact their GP Practices with non-urgent health concerns. **33 (69%)** of GP Practices continue to use eConsult. Other systems such as Ask My GP are also in use in Practices. Please see usage stats over the page.

My Health Online / Virtual Consultations

My Health Online (MHOL) is a tool that is used by the majority of GP Practices (47 out of 48) that can enable patients to make an appointment, request a repeat prescription or request access to their records. The functionality of the system varies across GP Practices but is currently used in the following ways:

- 27 GP Practices use to enable patients to book an appointment
- 47 GP Practices use to enable patients to request repeat medication
- 36 GP Practices use to enable patients to access to their records

We have had the additional technical ability to enable virtual consultations either through Attend Anywhere or AccuRx.

Community Pharmacy

Workforce and locum cover on the rota with locum Pharmacists has been cited as a significant issue for a number of pharmacies as locums often need to come across from England and therefore their ability to cover at short notice and for short periods of time exacerbates the problem.

Some Pharmacies are still requesting on an ad hoc basis to close at lunchtimes either to catch up on workload or for staff welfare; this is in line with national guidance.

Attend Anywhere was made available to Community Pharmacies during the pandemic to assist them in undertaking remote consultations where appropriate.

SITREPs

The third wave of the pandemic has significantly impacted on workforce and accessibility to some services. GMS and Community Pharmacy have been hardest hit, and we've seen a worsening position in relation to SITREP reporting at the higher levels (3 and 4). Please see further details over the page.

For further information please contact the Primary Care Team



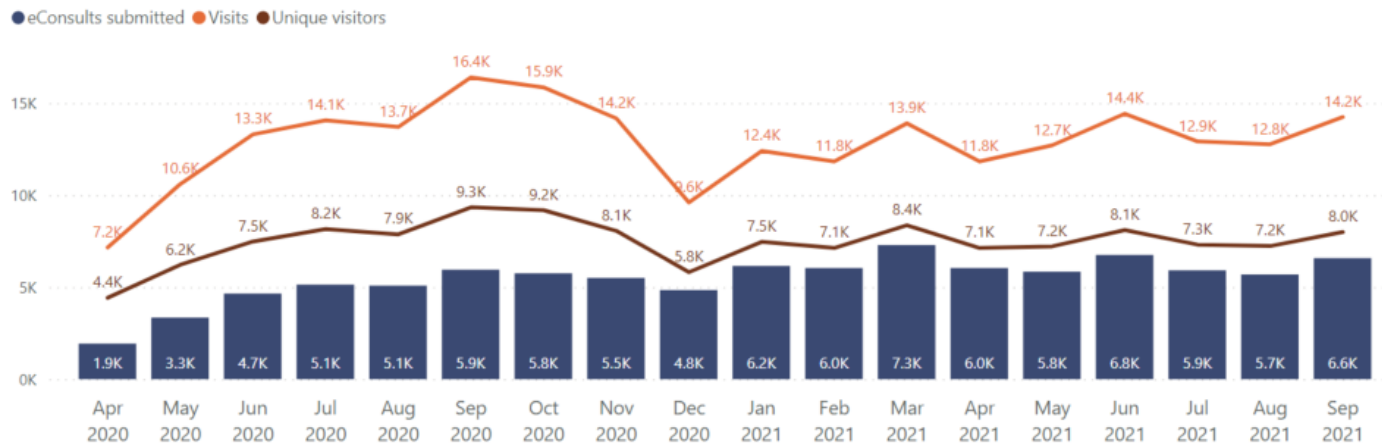
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NHS

Bwrdd Iechyd Prifysgol
Hywel Dda

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eConsult

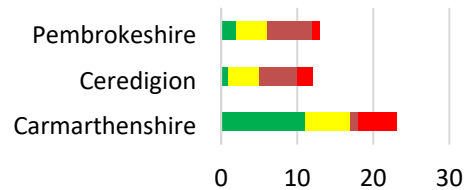
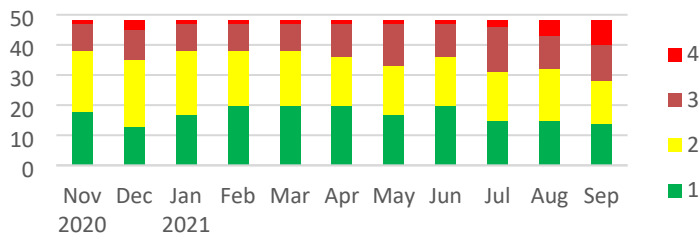
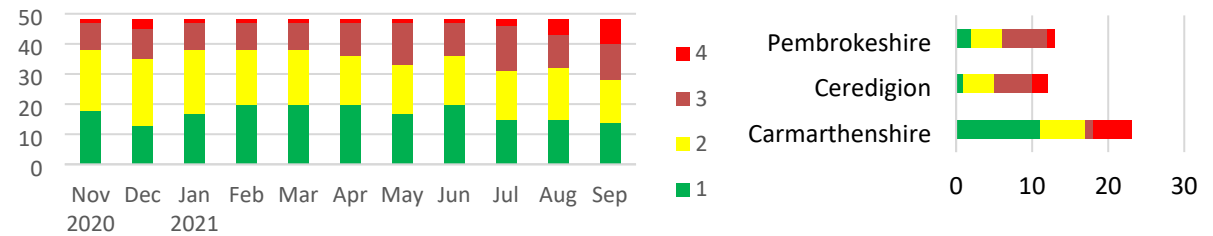
On this chart we can see the number of visits to the eConsult platform (orange line), and how many of these were unique (brown line). From these visits, the blue bar shows how many resulted in the submission of an online consultation.



In September 2021 there were 14,238 visitors to the eConsult platform, of those 7,999 were unique visitors, and 6,578 people went on to submit an online consultation (please see further details over the page). The peak in terms of both visits and unique visits was seen in September 2020. Since December 2020, we've seen convergence between unique visitors and the number of online consultations submitted. This could suggest patients are more comfortable submitting online consultations than they were at the outset. Further analysis will be undertaken on patient satisfaction with the service.

SITREPs

GMS – The first chart shows the end of month SITREP position since November 2020. This is a worsening position with practices moving from the lower levels (1 and 2) to those levels which are cause for concern (3 and 4). The second chart shows the latest position (September) by County.



Pharmacy – as with GMS there is a worsening position. There has been an ongoing pattern of short-term closures (**167** since April 2021) particularly with some of the larger corporate pharmacy companies due to staff sickness and/or a requirement to isolate due to household contacts, which has had an impact on neighbouring pharmacies who have picked up the increased patient demand during these closures.