



North East London

Enhanced Access update – Havering HOSC

Date: September 2022

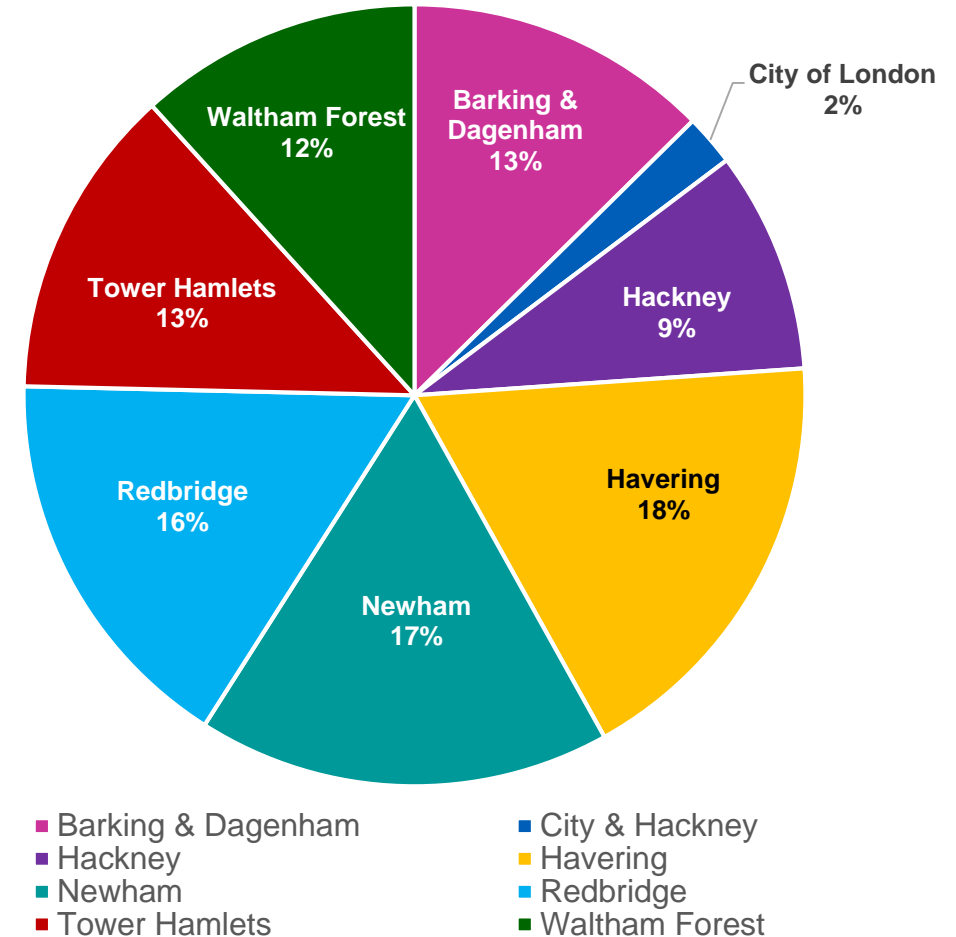
What's changing? - Enhanced access to primary care

- From October 2022, primary care networks (PCNs) will be required to offer patients a new 'enhanced access' model of care, which will see GP practices open from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This change will be happening across England.
- This replaces the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London.
- There is a need for commissioners to ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers to enable the service to run from October 2022.
- In preparation for introducing the new Enhanced Access service, PCNs and commissioners have been asked to produce and agree a plan outlining how they will develop and implement the enhanced access services in line with the local population need.
- The plan should include how the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of levels of capacity and demand.
- PCNs were required to submit their plans by 31st July 2022.

Patient engagement

- To support PCNs with engaging their patient populations we ran a north east London wide survey people's views on the timings of appointments, distance they would be willing to travel to appointments, how they want to book appointments, as well as their preferences on the types of services offered out of hours and health professionals they could be seen by.
- The survey was hosted online, and paper copies were sent to all 275 GP practices with translations available on request. Text messages were issued to all registered GP patients in Havering inviting them to take part.
- Received more than 38,000 responses from patients across north east London including **6,989 people in Havering** – equal to 18% of total responses.
- Findings were shared with all PCNs who will need to demonstrate how they have considered patient preferences when formulating their plans.
- In addition to this practices have engaged with their Patient Participation Groups and in some cases delivered their own patient surveys as well.

Proportion of survey responses



What did the NEL ICB survey show in Havering?

Preferred services out of hours:

1. Urgent same day appointments
2. Routine booked appointments
3. Screenings (for things like smear tests)
4. Vaccinations and immunisations
5. Health checks
6. Physiotherapy
7. Medication reviews

Preferred booking route:

1. Ringing the GP practice was the preferred method of booking (47%)
2. Booking online (40%)
3. Dedicated phone line (12%).

Preferred times:

1. Weekday evenings after 6:30pm was the preferred time – 36%
2. Saturdays - 11%
3. Weekday mornings before 8am - 5%
4. Sundays – 2%

Distance / Time travelled:

Most people would prefer to travel **no more than 2 miles or 30 minutes** to their appointment, although 29% said they would be willing to travel anywhere in the borough.

Preferred appointment type:

1. Face to face 79%
2. Happy with any appointment type 19%
3. Telephone 9%
4. Video call 4%
5. Online 3%

Preferred health professional:

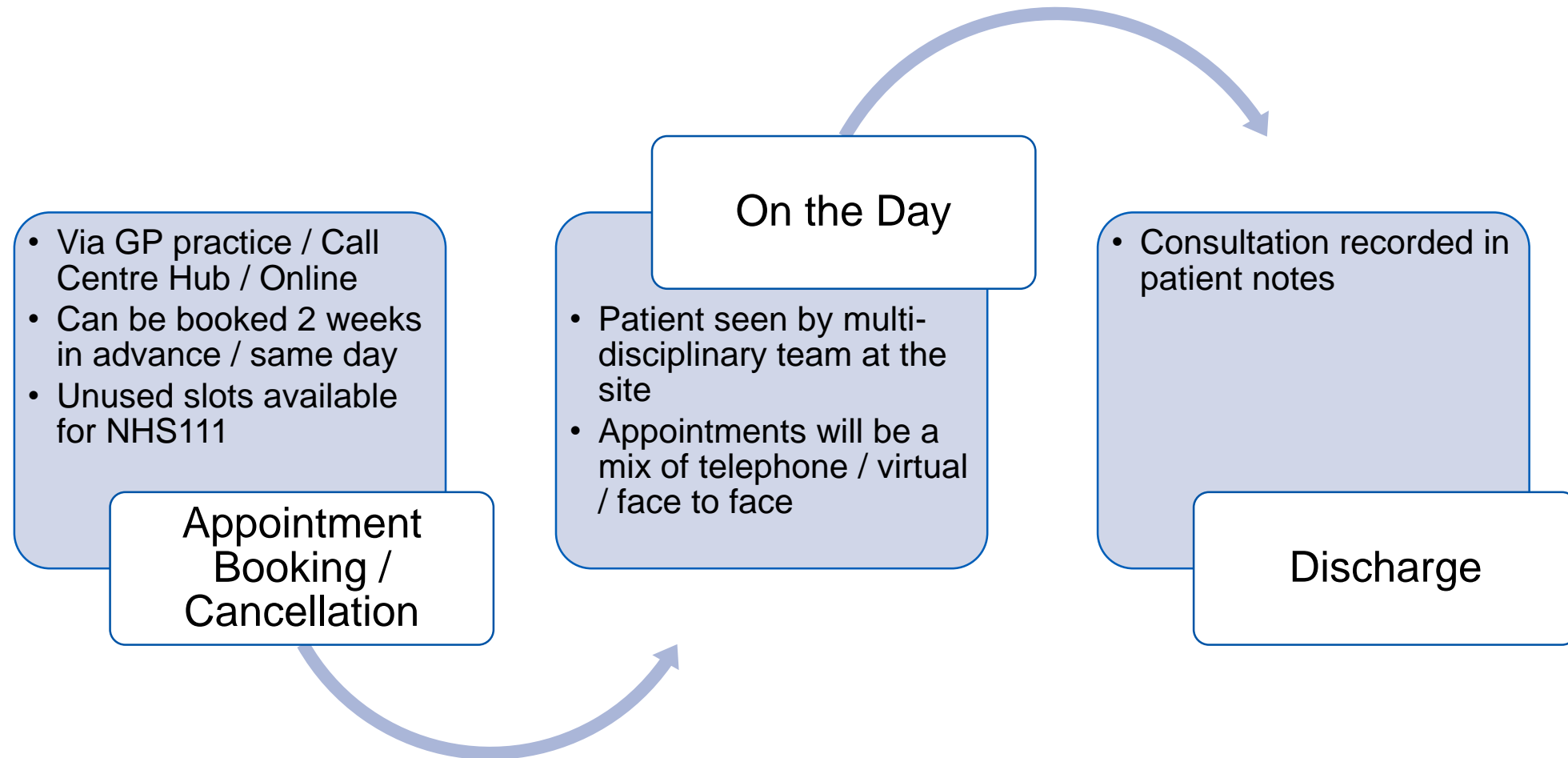
1. Any health professional who can help with their needs – 61%
2. GP – 59%
3. Nurse – 23%

*For some survey questions participants could pick multiple options so not all figures will add up to 100%

How will GP services be changing in Havering?

- From 1 October 2022 the four Primary Care Networks (PCNs) in Havering are going to be providing 'enhanced access' model of care, offering a more standardised offer to patients.
- The 'enhanced access' service will be for core routine GP services, with PCNs providing a mix of services such as immunizations, smear clinics, GP appointments, health checks, diabetic foot checks etc.
- Appointments will be delivered by a multi-disciplinary team of healthcare professionals.
- There will be more integrated offer with urgent care, with any unused slots on the day being made available to NHS111
- Locations and timings:
 - North PCN – Petersfield Surgery, 6.30pm to 10pm (Mon to Fri), 9am to 5pm (Saturday)
 - South PCN – Rosewood Medical Centre, 6.30pm to 10pm (Mon to Fri), 9am to 5pm (Saturday)
 - Crest PCN – Raphael House, 6.30pm to 9pm (Mon to Fri), 9am to 5pm (Saturday)
 - Marshalls PCN – Practice based and Raphael House, 6.30pm to 8pm (Mon to Fri), 9am to 5pm (Saturday)

How will patients be able to access these services?



What does this mean for the GP Access Hubs?

- In Barking & Dagenham, Havering and Redbridge patients can access same-day GP appointments 7 days a week through the GP Access hub contract – up to 10pm on weekday evenings and 8pm on weekends and bank holidays.
- When new Enhanced Access specification was published, NHS North East London carried out an assessment to understand the possible impact this new service could have on capacity for same-day GP appointments as the funding for our existing GP Hubs contract will no longer be available as it will be transferred to the new service.
- While the new Enhanced Access service will provide patients with greater access to routine GP services out of normal practice hours, the assessment identified it could lead to a significant reduction in same-day GP appointments and this could lead to more pressure on the Urgent and Emergency care system this winter.
- To prevent this, we will be continuing to fund the GP Access Hub service locally until 31 March 2023. This means:
 - Patients will continue to have access to same day GP appointments at a minimum of 6.30am to 10pm weekdays and 8am to 8pm on weekends and bank holidays.
 - Unrestricted access for 111 and urgent treatment centres to redirect patients including some ringfencing of appointments to ensure capacity is available at the end of each day.
 - Face to face activity increasing to levels recommended for General Practice and in line with the recent patient surveys.
- Discussions are underway to confirm the long term solution for this activity in line the 'Fuller' review recommendations.



North East London

Primary Care workforce update – Havering HOSC

Date: September 2022

Haverling Data

GP's GPN, HCA and Admin Comparative Rates per 100K	Raw List	GP Exc TG per 100k	GPN per 100K	HCA per 100K	Admin per 100K
HAVERING CREST PCN	42,901	44.03	14.17	6.37	103.01
HAVERING MARSHALL PCN	47,441	43.83	16.22	3.74	109.69
HAVERING NORTH PCN	88,219	32.47	13.84	2.69	103.48
HAVERING SOUTH PCN	109,061	37.50	16.98	3.85	105.02

Aspiration is to improve:

- GP rates to at least 44 per 100K
- GPN to at least 15 per 100K
- ARRS at least utilisation of 80% of allocations

To be achieved as part of local and hyperlocal investment

Additional Roles Recruitment (FTE)	Care Coordinator	Health and Wellbeing Coach	Social Prescribing Link Worker	Clinical Pharmacist	Pharmacy Technician	First Contact Physiotherapist	Mental Health Practitioner Band 7	Physician Associate	Podiatrist	Therapist
HAVERING CREST PCN	1.37	1.00	1.00	2.43	0.48	1.00	1.00	1.00	1.00	2.00
HAVERING MARSHALL PCN		3.00	1.89	3.00	0.80	2.00	1.00			
HAVERING NORTH PCN	1.43	1.00	2.00	5.42		3.00	1.00			
HAVERING SOUTH PCN	1.53	-	2.00	1.28	0.82	3.00	2.00			

Workforce Strategic Aspirations

System:

We will deliver

- annual increases in the size and scope of the PC workforce across NE to deliver minimum targets
- reduced rates of attrition across the workforce through retention initiatives by improving the training, supervision and educational infrastructures available to PC employers and their teams and
- Further reduction in attrition by offering wellbeing resources and interventions that improve the working lives of PC staff
- Increases in the number of SPIN opportunities in each PCN as part of the development of a blended generalist and specialist workforce drawn from all sectors.
- local pipelines to recruit, train and retain Personalised Care ARRS Roles
- reduced inequity in the ratios of Staff : Population ratios across NEL through targeted investment into borough and hyper local interventions

Neighbourhood and PCN:

We will enable

- Each PCN shall develop its own improvement targets based on population needs as part of the NEL Infrastructure Toolkit
- PCNs to improve their training and educational capabilities through local and hyperlocal interventions based on the workforce needs and to have access to staff wellbeing resources
- PCNs to offer protected time, wellbeing resources and reduce individual workloads through different ways of working
- PCNs to offer SPIN roles to all professional staff roles working in specialisms linked to local health need.
- PCNs to have access to PCP staff pipelines and modular training resources that enable them to develop MDT delivering proactive care aligned to local health needs
- PCNs with low staff : Population ratios to co-design interventions based on their bespoke needs that will improve their staff offer in line with Peer organisations

Improvements in Workforce Size and Scope

NEL plans to deliver against the following workforce standards

- For GPs to achieve a ratio of 44 GPs per 100K by 2025
- For GPNs to achieve a ratio of 15 GPNs per 100K by 2025
- For ARRS staff we wish to utilise over 80% of current funding by 2025

To do this we shall

- Expand the GP fellowship scheme with an aim to ensure that fellowships are offered in all PCNs. This will be achieved through flexed offers and hyperlocal interventions to expand supervision and training capacity
- Through strengthened nursing leadership, training and supervision across boroughs and within PCNs we shall offer new nursing opportunities and roles that are more attractive to newly qualified staff and which help retain existing staff
- Develop recruitment pipelines, training and improved job opportunities for PCP roles
- Work across our partnerships to expand our SPIN / Fellowship offer beyond GP roles to ARRS staff and nursing staff. During 2022/23 we plan to have up to 10 SPIN clinical pharmacists and to develop an offer to other AHP roles
- Offer mentoring and guidance to newly qualified staff and existing staff to support them in finding roles with NEL suited to their career needs. During 2022/23 we intend to achieve 90% conversion of trainees within the system footprint
- Ensure that PCN and GP employers have access to workforce planning tools and information by offering a planning tool in 2022/23 and making practice and PCN workforce intelligence available via dashboards

Reducing Attrition and Improving Retention

Reduce the rates of staff turnover by 2% (from c10% to c8%)

- Expansion of SPIN offers to existing staff within and across the NEL system to support Fuller recommendations on development of integrated teams
- Support with recruitment and job design particularly in relation new ARRS roles
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- Enhancement of locally led retentions schemes offered via our Training hubs
- Hyperlocal interventions within practices to facilitate improvement in their workforce offers
- Well-being training and resources offered to all practices
- Up-skilling and personal development offers aligned to local needs and career opportunities
- Mentorship and supervision offered to all practices
- Strengthened professional leadership and supervision
- Development of a Training and Supervision mapping tool to support future infrastructure investment and planning
- New employment offers – flexible fellowships and spin
- Expansion of the flexible pools offers

Hyperlocal Programme

Background and progress

- NEL reviewed the variation of staffing rates per 100K across East London Boroughs, PCNs and Practices. It found that variation across borough and also within boroughs.
- As a consequent we have implemented a Hyperlocal work-stream that shall work with PCNs identified from heat maps and local discussions to develop Hyperlocal and bespoke interventions to develop sustainable recruitment pipelines.
- During 2022/23 we shall agreed interventions and MOUs with the hyperlocal practices and PCNs aimed at facilitating intensive improvements in their recruitment and retention offers

Fuller Response: SPIN, PCP and improvements in Workforce intelligence and data

Expansion of new role offers within NEL

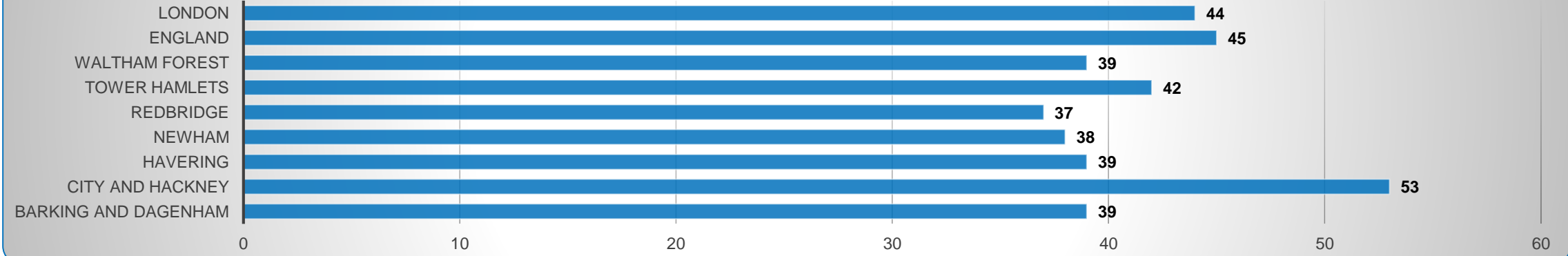
- For 2022/23 we have developed new SPIN opportunities for Clinical Pharmacists working across primary and secondary care. These roles are aligned to a local PCN health need and are being co designed with the PCN leadership and our Trust partners
- We intend to further expand SPIN across other AHP roles
- For 2022/23 we shall build a new PCP pipeline to support local recruitment that offers training based around neighbourhood plans and needs.

Improvements in Data and Intelligence

- We are currently working to improve the quality of data recorded within the NWRS to ensure that all GP employers are regularly reporting changes to their workforce information
- During 2022/23 we shall providing all PCNs with **ta Workforce Analysis and Planning tool (included)** to improve workforce planning that identifies their infrastructure needs into the future in line with Fuller recommendations
- We are developing a new ARRS information report for each PCN to enable to track utilisation of their ARRS resources
- All practices will have access to workforce information as part of our NEL dashboard which shall provide analysis of the impact of workforce as an enabler for Access and delivery

Borough comparison of GP and GPN Staff per 100K

GP Per 100K



GPN Per 100K

