NHS
Kirklees
Clinical Commissioning Group

1. Introduction

1.1 Health Overview and Scrutiny Committee (OSC) have requested an update and presentation in relation to primary care medical (GP) services with a particular focus on the development of Primary Care Networks (PCNs) and access to services during the pandemic.

1.2 The purpose of this report is to outline some of the key areas of focus for Primary Care Networks, especially where these relate to integration with wider stakeholders. The report also describes the challenges faced by general practice during the covid-19 pandemic and the impact this has had on access, staff, and patients.

2. Detail

2.1 Kirklees as a place has nine PCNs which were registered on 30 June 2019 by the former CCGs as fully delegated commissioners of primary medical services. A PCN can be broadly defined as a group of practices (and other providers) serving an identified Network Area with a minimum population of 30,000-50,000 people.

2.2 The Primary Care Networks and their Clinical Directors are as follows:

Primary Care Network	Clinical Director
Dewsbury & Thornhill Primary Care Network	Dr Indira Kasibhatla
Three Centres Primary Care Network	Dr Mohammed Hussain
Batley & Birstall Primary Care Network*	Dr Chantel Ratcliffe*
Spen Health and Wellbeing Network (SHAWN)	Dr Hannah Hughes
The Valleys Health and Social Care Network	Dr Dilshad Ashraf
The Mast Primary Care Network	Dr Louise James
Viaducts Primary Care Network	Dr Sajid Nazir
Greenwood Primary Care Network	Dr Burhan Amhed
Tolson Care Partnership	Dr Sarah Milligan

*currently running a process to identify a new CD from April 22

2.3 As a Primary Care Network, there are a number of requirements they must meet through the Network Contract Directed Enhanced Service (DES). The link to the current service specification is included below for reference.

https://www.england.nhs.uk/wp-content/uploads/2021/12/B1218-network-contract-directed-enhanced-service-contract-specification-2021-22-dec-21.pdf

2.4 There are some key initiatives which help build the workforce of the Primary Care Network and a number of service specifications which enable them to work in partnership with other stakeholders to focus on the health needs and inequalities within their specific area.

2.5 **Additional Roles Reimbursement Scheme (ARRS)**

Since the first year of registration, PCNs have been able to appoint and fund a range of additional roles to support the primary care workforce and workload. The current roles included within this funded scheme are:

i) Social Prescribing Link Worker
ii) Clinical Pharmacist
iii) Pharmacy Technician
iv) Health and Wellbeing Coach
v) Care Coordinator
vi) Physicians Associate
vii) First Contact Physiotherapist
viii) Dietician
ix) Podiatrist
x) Occupational Therapist
xi) Nursing Associate
xii) Trainee Nursing Associate
xiii) Paramedic
xiv) Mental Health Practitioner
xv) Advanced Practitioner

The expansion of the workforce will support GPs at a time when recruitment is challenging and help to improve access for patients. Patients value the relationship they have with the local GP and practice staff and the use of these extended roles is often something that needs education on the scope of the roles and to build confidence with some patients who have typically only seen their GP.

Every PCN has developed their plans to recruit to the new additional roles that have become available. Using data and local knowledge about their populations' health needs, PCNs have identified the roles that they believe will bring most benefit to their patients and have started to recruit to the posts.

2.6 **Social Prescribing Link Workers**

The first year of the ARRS scheme saw the introduction of Social Prescribing Link Workers (SPLW) and Clinical Pharmacists. In Kirklees, there was a collaborative approach to the hosting and providing peer support for the SPLW roles in a partnership

arrangement between the Local Authority and the PCNs. As these roles have now become firmly embedded in PCNs, they are providing demonstrable benefits for patients, the workload of GP practices and wider communities.

Appendix 1 shows an infographic which highlights some of the key metrics and achievements of the Social Prescribing Link Worker team in the current year to date. Of note are:

- 1927 patients referred to SPLW between April 2021 and December 2021
- The average appointment time spent with each patient was 2 hours in length.

Patient Outcomes in Quarter 3

- 32% felt more in control and were able to manage their mental health
- 25% were better able to manage practical situations
- 17% felt more connected to others and less lonely and isolated
- 15% were more physically active

Reason for referral

- 38% were referred for social and complex needs
- 68% were referred for support with 1 or more long term health conditions
- 31% were referred for support with their mental health
- 12% were referred as they were lonely or isolated
- 20% unable to contact
- 8% declined SPLW support / withdrew

There are some positive accounts from across Kirklees of the benefits of Social Prescribing Link Workers and for those members of the Committee who have a particular interest, the links to the videos below bring some of these stories to life.

SPLW success / patient stories https://www.youtube.com/watch?v=8NFZz4mi3Ts

Growing Focal - https://www.youtube.com/watch?v=4DgEzWmBeSk

2.7 **Health Inequalities Projects and Partnership Working**

Each of the nine Kirklees PCNs were awarded £25,000 of Integrated Care System (ICS) PCN development funding in 2021/22 to identify a project which would focus on local Health Inequalities. Utilising this funding, all nine PCNs have started to deliver work programmes to address identified population health and wellbeing needs using intelligence from their PCN data packs. Activity carried out has varied (because of the differing population needs) but include projects to increase cancer screening rates, carrying out more pre-diabetic screening and aiming to reduce asthma admissions and emergency attendances.

As an example, the Mast PCN opted to utilise their allocated funding to make use of a ‘health and wellbeing bus’ which visits the predominantly rural PCN area for health

checks, health promotion and ‘pop up’ clinics in places that are more accessible than traditional health centres.

Wellness, Community Plus and MAST PCN staff came together to provide health checks and engage with members of the public, across five sites:

- Shelley Garden Centre
- Emley Farm Shop
- Scissett Baths
- Springfield Mill, Denby Dale
- Woodsome Hall Golf Club

The project delivered:

- 10 Engagement sessions totalling 47 hours including 2 on a weekend
- Engaged with 273 members of public
- 104 promotional materials distributed
- MAST PCN staff present with staff supporting from Wellness Service/Community Plus Services

On the bus, sessions took place where nursing and health care students held one stop clinics to carry out blood pressure and pulse checks, ECG, and cholesterol checks. One patient story is summarised below.

- Patient dropped into the bus on a Friday
- Identified as hypertensive by PCN clinical staff
- Bloods taken on the day
- Referred to practice and followed up in practice on the next working day
- Had further investigations and commenced on antihypertensives
- Has continued to attend practice for follow up and hypertension now successfully treated.

The project has also really helped with patient awareness of social prescribing and the Wellness Service saw referrals increase of 8% from MAST PCN postcodes. Most of the conversations were around health checks focusing on blood pressure/diabetes, followed by social isolation.

The MAST PCN are planning to deliver another round of sessions in the spring that are more focussed in locations that are accessed by the more isolated/vulnerable patients when they are attending sessions and they are engaging with the 3rd sector regarding this.

2.8 **Future Developments for Primary Care Networks**

Primary Care Networks are on a journey to maturity. Many of the plans and aspirations that were initially laid out for PCNs in the NHS Long Term Plan have been delayed or suspended to allow GP practices and Networks to focus on the response to the pandemic. However, the way in which practices have actively worked together through their PCNs to support each other and the covid vaccination programme has been

testament to the success of the PCN model. This way of collaborating has also accelerated wider partnership working and was particularly evident with the provision of support for care homes with proactive weekly contact and ensuring patients were vaccinated as soon as possible.

2.9 **PCN Covid Vaccination - Partnership working:**

The covid vaccination programme throughout Kirklees has demonstrated excellent examples of seamless working at pace, facilitated through collaborative work. Most workstreams involve colleagues from the CCG, acute trusts, Locala, Community Pharmacy as well as PCNs.

Partnership working has been particularly important with regard to quick mobilisation of JSS where CHFT, CCG, LA, Curo GP Federation, Locala and LCD colleagues came together to mobilise.

When surging the programme, back in Summer 2021 and December 2021, mutual aid agreements and sub-contracts were developed at pace to allow for multi-organisational support, in order to achieve national ambitions and the PCNs have been instrumental in co-ordinating some of that support.

Relationships built and strengthened through the programme have and will facilitate improvements to other aspects of care delivery in Kirklees and have demonstrated the true potential of our place. The picture below shows a pop-up clinic in a mosque in Birkby led by the Cathedral House Primary Care Networks (Greenwood, Viaduct and Tolson) which was a very successful model of working with local communities to improve accessibility and uptake for covid vaccination.

Approximately 75% of the eligible population in Kirklees had received their booster vaccine (data at 05/01/22) and this has only been possible with the support of primary care vaccination sites. The rapid expansion of capacity to meet the national commitment of offering eligible patients a booster vaccination by the end of December saw PCNs and practice staff coming together in the run up to the festive period and the staff have been commended for this effort.

2.10 **Primary Care Network – Service Specifications**

Given pressures on general practice, the expectations for PCNs are now a more gradual introduction of new service requirements. Many of the requirements for both PCNs and practices are still formally suspended to allow a continued focus on vaccination and maintaining essential services.

In the coming year, PCNs will be asked to

- From 1 October 2022 deliver a single, combined extended access offer funded through the Network Contract DES.
- By 30 September 2022, PCNs will be required to agree a plan for delivery of Anticipatory Care with their ICS and local partners with whom the service will be delivered jointly – in line with forthcoming national guidance.
- From April 2022 there will be three areas of focus for personalised care: further expansion of social prescribing to a locally defined cohort which are unable or unlikely to access through established routes; supporting digitised care and support planning for care home residents; and shared decision making training.

2.11 **Access to Primary Care**

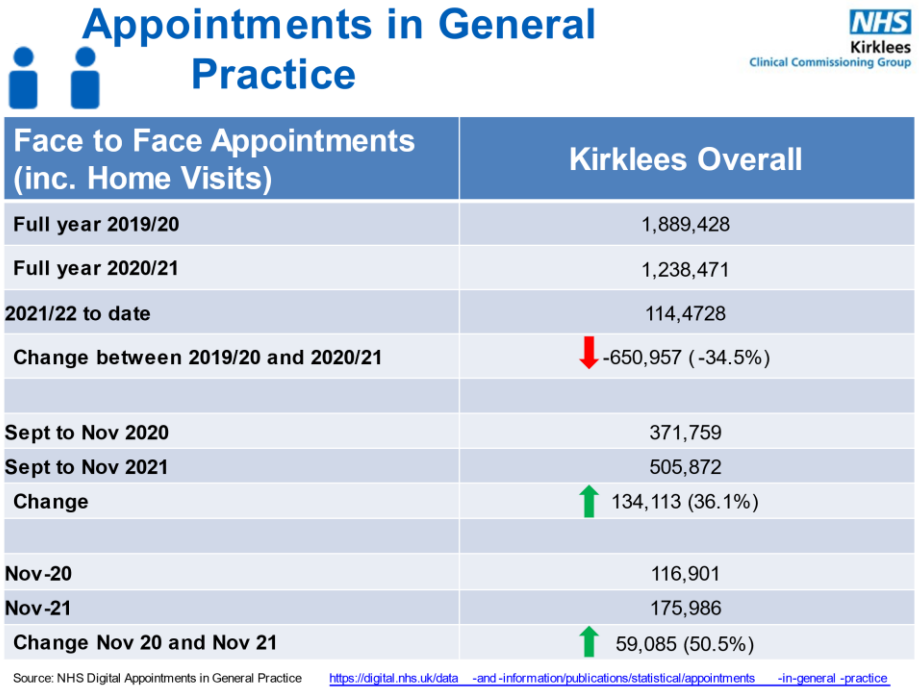
GP practices in Kirklees remained open throughout the pandemic offering both face to face and telephone/virtual consultations. The model of service was changed nationally very early on in the pandemic to manage the risk to patients and to practice staff of exposure to COVID, with telephone triage replacing walk-in services to enable practice staff to firstly ascertain whether the patient may have been exposed to COVID and secondly to assess whether the patient required a face-to-face consultation.

Demand for GP and primary care services had extensive media coverage, particularly towards the latter end of 2021. The graph below shows data collected from GP systems since 2019 and the green line clearly indicates just how much demand has increased over this period. This, coupled with a backlog of some less urgent checks and restrictions on social distancing in practice premises often led to difficult conversations for receptionists, care navigators and clinical staff. The CCG has recently offered conflict resolution training for those staff on the front line who have frequently been in challenging situations trying to balance availability of appointments (often impacted by covid related absence) with patient expectations. However, the message has remained clear, patients should not hesitate to seek help for clinical conditions and concerns.

Graphic 1 – Appointments in General Practice in Kirklees (November 21 data)

One area of focus has been on the provision of face-to-face appointments and the misconception that GP practices were closed. Graphic 2 below shows the trend that reduced significantly during the pandemic in line with a national standard operating procedure and the significant recovery of this in 2021.

Graphic 2 – Provision of Face-to-Face Appointments in Kirklees GP Practices (November 21 data)

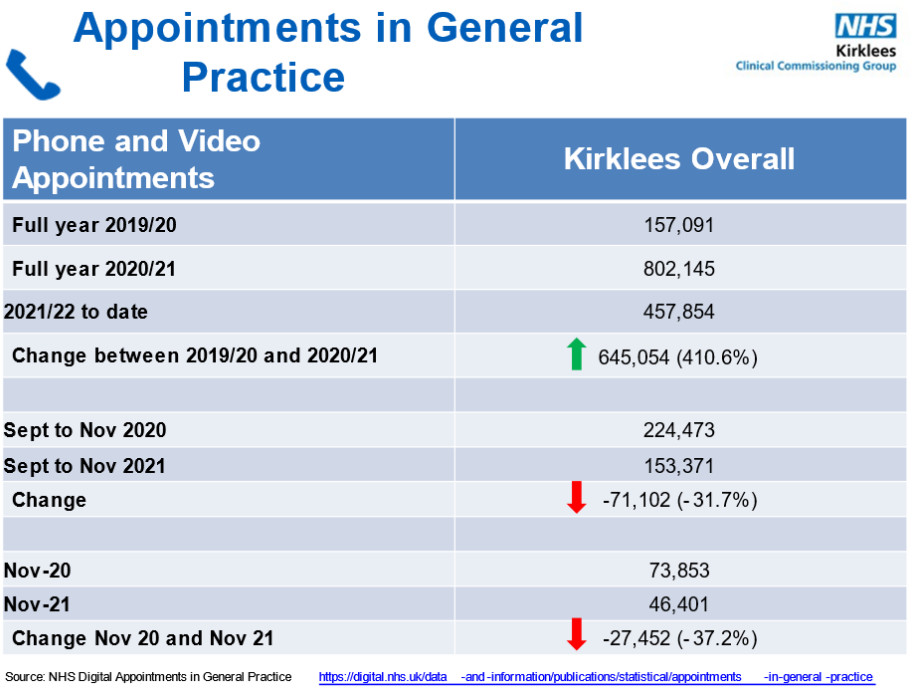


Face to Face Appointments (inc. Home Visits)	Kirklees Overall
Full year 2019/20	1,889,428
Full year 2020/21	1,238,471
2021/22 to date	114,4728
Change between 2019/20 and 2020/21	↓ -650,957 (-34.5%)
Sept to Nov 2020	371,759
Sept to Nov 2021	505,872
Change	↑ 134,113 (36.1%)
Nov-20	116,901
Nov-21	175,986
Change Nov 20 and Nov 21	↑ 59,085 (50.5%)

Source: NHS Digital Appointments in General Practice https://digital.nhs.uk/data -and-information/publications/statistical/appointments -in-general -practice

For many patients, being able to access their GP practice by telephone or video consultation, proves to be a popular option and this has also grown during the pandemic. It is important to remember that the move to 'digital first' solutions was already part of the GP contract in 2020 and the pandemic rapidly accelerated the use of technology.

Graphic 3 – Provision of phone and video appointments in Kirklees (November 21 data)



Phone and Video Appointments	Kirklees Overall
Full year 2019/20	157,091
Full year 2020/21	802,145
2021/22 to date	457,854
Change between 2019/20 and 2020/21	↑ 645,054 (410.6%)
Sept to Nov 2020	224,473
Sept to Nov 2021	153,371
Change	↓ -71,102 (-31.7%)
Nov-20	73,853
Nov-21	46,401
Change Nov 20 and Nov 21	↓ -27,452 (-37.2%)

Source: NHS Digital Appointments in General Practice https://digital.nhs.uk/data -and-information/publications/statistical/appointments -in-general -practice

Being able to email GP practices via e-consultation is a relatively new method of engaging with primary care and again, as with other digital methods, this is seeing a rapid increase in uptake. For example Kirklees practices submitted 6,249 e-consultations in December 2021.

During Winter 2021/22, additional national funds have been made available through the Winter Access Fund and in Kirklees, these funds are supporting a range of initiatives to increase GP appointment capacity both in hours and in extended hours and to engage with a range of other services such as Local Care Direct and Community Pharmacy to help to meet the peak in demand at this time of unprecedented demand.

2.12 Together We Can

To help with messaging to patients and communities during this period of high demand for NHS services, CCGs in Calderdale and Kirklees developed the 'Together We Can' education and communications campaign aimed at:

- highlighting system pressures
- signposting to health services
- sharing self-care information
- encouraging people to choose the right service for their needs.

The campaign development was informed by insight from patients/service users. It was launched in our area during the summer of 2021.

West Yorkshire Health and Care Partnership have now adopted the Together We Can branding and developed a range of new, winter themed materials to support messaging over this important period.

All partners in Kirklees across health and social care (including GP practices, local authority, and NHS providers) have been sent a campaign toolkit and asked to support this work by:

- ✓ sharing messages with their patients / clients directly and via their channels
- ✓ participating in the development of additional content e.g. films and messaging
- ✓ helping to improve and develop the campaign

Urgent care systems in Kirklees have provided additional funding to raise awareness of campaign messages.

The campaign includes:

- A dedicated website - www.togetherwe-can.com
- Social media assets and posts which are being shared widely by NHS organisations and partners in Kirklees. Messages include GP services, NHS 111, mental health services, self-care, and pharmacy.
- Paid-for advertising using social media, out of home (Adshels) and newspaper wraps / features
- Printed leaflets and appointment cards have been circulated to GP practices, pharmacies, and council information points
- Digital assets are available for use in public waiting areas
- A door-drop of leaflets to c.200,000 households in Kirklees will be taking place beginning of February
- Awareness raising activities are underway with targeted communities led by local charity, VAC
- Films for sharing via social media and websites have been produced. The main campaign film is here. Films focusing on pressures in GP practices are here: https://www.youtube.com/watch?v=fPIxfjicFMo; https://www.youtube.com/watch?v=ct7WwC7nt-Q
- Pharmacy and self-care films are planned.
- A leaflet highlighting mental health services is currently in production
- Translations of some material are available in Urdu and Gujarati.

3. Next Steps

Three priorities have been set nationally for primary care for the remainder of the current financial year and these are:

1. continued delivery of general practice services
2. management of symptomatic COVID-19 patients in the community
3. ongoing delivery of the COVID-19 vaccination programme

4. Recommendations

Health Overview and Scrutiny Committee are asked to:

1. note the contents of the report
2. Note the significant progress being made by Primary Care Networks in Kirklees
3. Note the data and challenges relating to accessing primary medical services

5. Appendices

Appendix 1 – Infographic on Social Prescribing Link Worker Activity in Kirklees (South PCNs)

Social Prescribing

South Kirklees PCN's– Year to date (April - December) 2021/2022

791
patients referred for social prescribing in quarter 3.

1927
patients referred for social prescribing since April 2021

0.7%
percentage of registered patients referred for social prescribing
(target for the year is 0.8%)

1238 patient contacts

SPLW made 1238 contacts to patients. The average number of contacts made per patient to help them reach their goals was 2.5 contacts

2 hours

The average time spent with each patient to help them achieve their goals was 2 hours

Reason for Referral

- complex social needs affecting well-being – 13%
- feeling lonely or isolated– 8%
- low mental health - 9%
- one or more long term health condition – 13%
- Carers support– 14%
- Cancer Screening – 28%
- Declined support/unable to contact– 6%

Key Support offered

- We have been working with PCN's to target patients with specific needs such as dementia, carers and housebound patients
- We have supported PCN's to increase cancer screening uptake
- We have been supporting the PCN's to develop their health inequalities projects

Making a difference. Improving lives.

'I would never have dreamt of going there, I'm so glad you told me about it. Thank you for all your phone calls encouraging me'

A once lonely and isolated patient who was supported to attend a confidence building course and now regularly attends 2 community groups

'For the first time in a long time, I actually feel excited about something.'
'It wasn't just what you said, it was how you said it. You really put things into perspective, and I'm so glad you called.'

A patient carer who was struggling with her caring responsibility and managing their emotional well -being. Now attends a carers support group and has gone on to attend 2 other groups within her community

Ambitious Plans 2021– 2022

To achieve referral rate of 0.8% of the patient population across the PCN

Rebecca Palmer and Ann Sweeney have nominated for SPLW of the year at the