



Mid and South Essex
Integrated Care
System



Mid and South Essex

Under Doctoring in Thurrock

**Steve Porter , Alliance Director
(Interim)**

November 2022

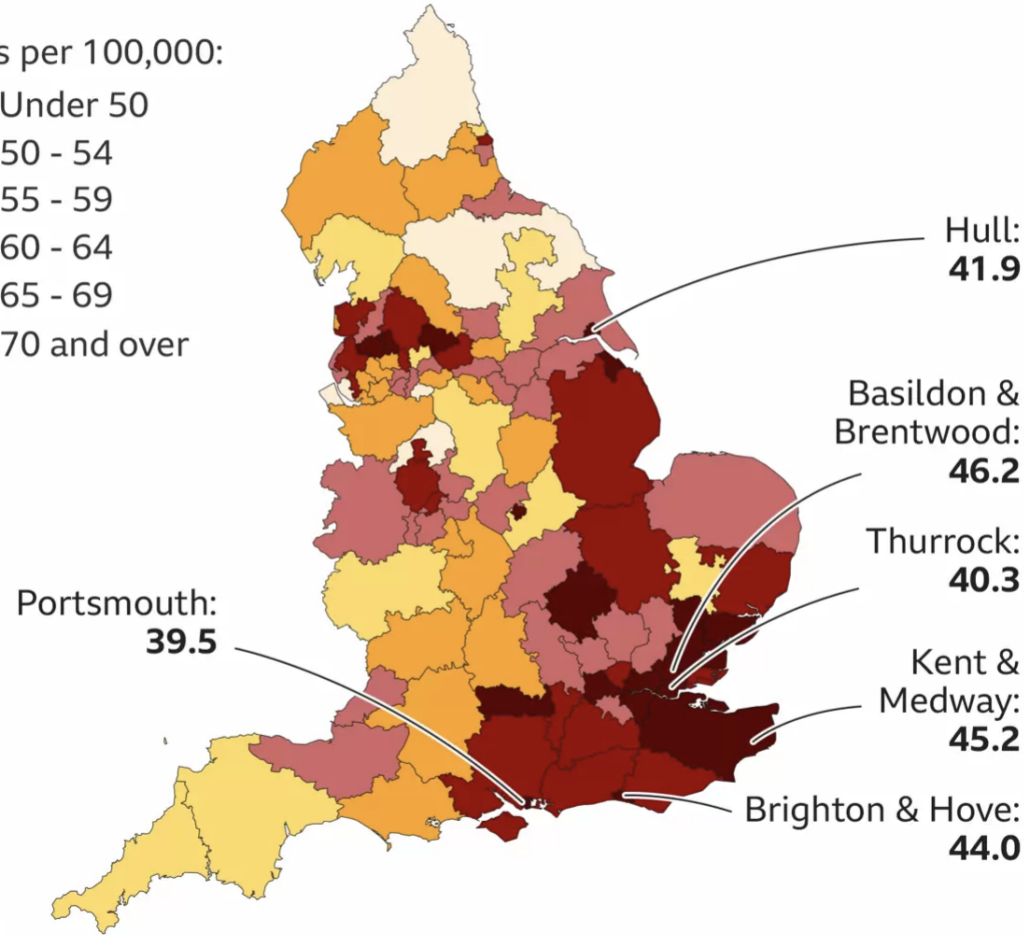
Context: workforce- GPs per capita

The areas with the fewest GPs

Number of GPs per 100,000 patients in Clinical Commissioning Groups across England

GPs per 100,000:

- Under 50
- 50 - 54
- 55 - 59
- 60 - 64
- 65 - 69
- 70 and over



Source: Nuffield Trust



The National Picture 'Daily Mail' 31st May 2022

“England's GP postcode lottery laid bare: Some areas have HALF number of doctors as others while Portsmouth, Brighton, Essex and Hull have as little as 40 GPs per 100,000 patients

- **Parts of England have half the proportion of GPs per patient as other areas, according to new analysis**

- **Nuffield Trust data shows there are 39.5 family doctors caring for every 100,000 people in Portsmouth**

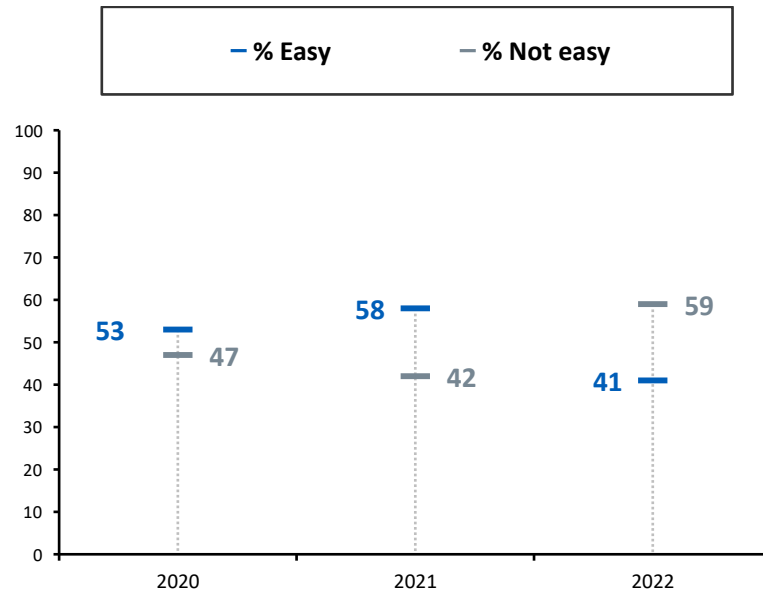
- **Meanwhile, people in the Wirral have 80.7 GPs — double the amount — caring for every 100,000 people ”**

Context: ease of getting through by phone

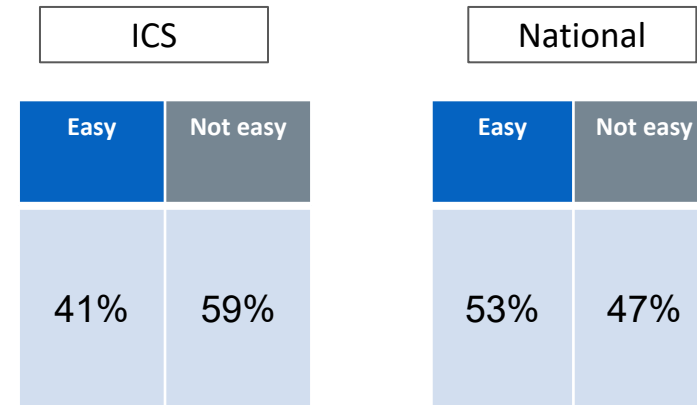
GP Patient Survey (IPSOS MORI)- 22

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

ICS result over time



Comparison of results



Reasons

- Across Thurrock and the UK as a whole, there are variations in the ratio of patients to clinicians, a situation which is often exacerbated in the most deprived areas (an example of the inverse care law in action).
- It is important to note that this is not a reflection on individual practices, but a result of the way in which primary care has traditionally been funded
- Also as well as a consequence of staffing pressures resulting from the age profile of GPs and Thurrock's proximity to London (London Weighting)

Response

- Healthwatch England has asked the government to address the issue
- Now that we've got a medical school at ARU in Chelmsford, we're hoping that will make a difference. We can train doctors who will be Essex doctors and treat Essex patients.
- 13 point action plan to transform Primary Care Networks – arising from Thurrock joint strategy 'Better Together, the Case for Further Change'- some of this is about reducing pressure on GPs by utilising other supports like social prescribing, pharmacy or local area coordination
- We are investing in additional capacity through the Additional Roles Reimbursement Scheme (ARRS) roles. 40 WTE staff are now in place in Thurrock through this initiative and we are working on delivering 80 in total by 2024.
- MSE is investing in GP apprenticeships with Anglia Ruskin University over the longer term
- Recruiting 12 GP fellows to work from Corringham Integrated Medical and Wellbeing Centre – campaign live now

Additional Roles Reimbursement Scheme (ARRS)

- There are now 319 WTE ARRS staff in post across Mid and South Essex
- Includes
 - 93 WTE Pharmacists
 - 44 Social Prescribers
 - 35 First Contact Physios
 - 30 Paramedics
 - 34 Care Coordinators
 - Others including Physician Associates, H&W Coaches, Trainee Nurse Associates, Advanced Nurse Practitioners, etc.



MSE Training Hub

- Offer advice with workforce planning and training needs analysis, to help find which roles best meet the needs of patients and practice population
- Help to embed new staff into roles through the Additional Roles Reimbursement Scheme (ARRS) who can explain each role to PCNs as well
- Opportunities for continuing professional development (CPD)
- Career support at all stages, including portfolio options and GP retention programmes
- Support for new GP partners through the tailored development programme
- Train and recruit more educators
- Develop and help to keep staff through for example, mentoring, and preceptorships
- Support for practices and PCNs who are looking to become learning environments to increase the number of placements for a variety of trainees and students

GP Recruitment and Retention Initiatives

Enhanced and Core Fellowship programmes for new GPs– providing roles that are a blend of general practice, development of a specialist interest and leadership development	Thurrock Integrated Medical Wellbeing Centre Fellowship which builds on the NHS England 'New to General Practice Fellowship Programme,' It provides participants with additional support and development post-qualification, including specialist portfolio working opportunities and extra-funded sessions.	First Five Scheme – supporting GPs in their first five years of their career establish themselves within primary care.	Increasing trainees - Clinical Leads in place to oversee the Quality Approval process and increase the number of Learning Organisations and Educators.
Continuing Professional Development opportunities – specific training and development opportunities for the general practice workforce	Mid-Career Portfolio Development Scheme– aiming to support experienced GPs diversify their interests to retain them in primary care	International recruitment scheme – supporting GP's from overseas to settle in primary care locally	Fully funded access to Primary Care Careers service offering recruitment support and advertising through NHS Jobs. Funded support to Locum Deck a simple and easy to use for both locums and practices.
Coaching and Peer to Peer Mentoring schemes – aimed at Mid-Career GPs and to improve retention in mid and south Essex	Respiratory Academy To strengthen the clinical respiratory network across MSE and improve the primary-secondary care interface	Leadership and Development (Leadership Academy & other offers)	Career Break Support (Keeping in Touch Days, GP Retainer scheme)
Academic Career Pathways – establishing a route for a portfolio career including academic activity	Wise Five / Late Career Support	Strong links with Higher Education Institutes to ensure future workforce supply is aligned with workforce plans	Promotion and signposting of wellbeing support and resources



GP Recruitment and Retention Initiatives

For further information about any of these initiatives please contact:

primarycare.workforce@nhs.net

The MSE website will be available very shortly

'Our plan for patients'

- The overarching theme for primary care was a drive to improve access to GP appointments
- Expectation that everyone who needs an appointment should have one within two weeks and that patients with the most urgent needs should be seen on the same day
- Practice-level appointment data will be published from November 2022
- An additional 31,000 phone lines to be made available to make it easier for patients to contact their practice
- More time will be made available for patient appointments 'by introducing digital tools and improving IT systems to ease administrative burdens
- Reformation of the ARRS to broaden the criteria and roles



'Our plan for patients'- local implementation

Patient Plan Commitment

"We can expect to **increase the number of appointments for patients by over 1m**"

For MSE, this equates to circa 24k additional appointments

"Make it easier to contact your practice by making an additional **31,000 phonelines** available for GP practices"

"We will **expand the range of services available from community pharmacies**, increasing convenience for patients and freeing up GP time for more complex needs of patients. Pharmacists will be able to manage and supply more medicines, without a prescription from a GP."

6 Key Actions

1) New Winter Access Scheme – provision of longer consultation for complex patients (co-morbidity/co-pharma) to enable proactive winter planning. Delivering an additional 13k consultations by end of January 23 (**SRO WG, Project Lead AB**)

*Continued delivery of ARRS roll out including new national changes announced as part of Plan for Patients. Forecast increases in staff numbers should equate to an additional 36k consultations in Q4 (**Workforce team, Alliances and PCNs**)*

2) Roll out of new VOIP telephony solution to at least 25 practices by end of March 23 (**SRO BF, Project Lead AH**)

3) Implement sign posting programme across all PCNs to identify six alternative pathways to GP/practice nurse. This includes developing algorithms and training admin staff.

Provision of customer service and resilience training for practice reception staff. Six algorithms to be developed and first waves of training to have been completed by March 23 (**SRO WG, Project Lead LR**)

4) Further roll out of the Community Pharmacy Consultation Service scheme. Seeking to increase activity to provide an additional 2k consultations by March 2023. (**SRO PW, Project Lead AH**)

'Our plan for patients'- local implementation

Patient Plan Commitment

"We will make **more time available for appointments by introducing digital tools and improving IT systems** to ease administrative burdens. This includes automating appointment reminder messages, consultation booking and triage responses."

Making change happen

Awaiting national guidance

We will incentivise our most experienced GPs to stay in practice by correcting pension rules regarding inflation.

Patients will have more information available to choose the right practice for them. From November 2022, we will publish easy-to-use data showing exactly how many appointments each practice in England is delivering and how long people wait between booking an appointment and receiving one.

We expect that patients who need an appointment with their GP practice within 2 weeks should get one, and that patients with urgent needs should be seen on the same day.

6 Key Actions

5) Ensure website functionality across practices that a) enables an easy to use solution to booking of all planned appointments e.g. phleb, smears, annual reviews b) online consultations c) prescribing d) signposting e) improve uptake & functionality of NHS App
(SRO BF)

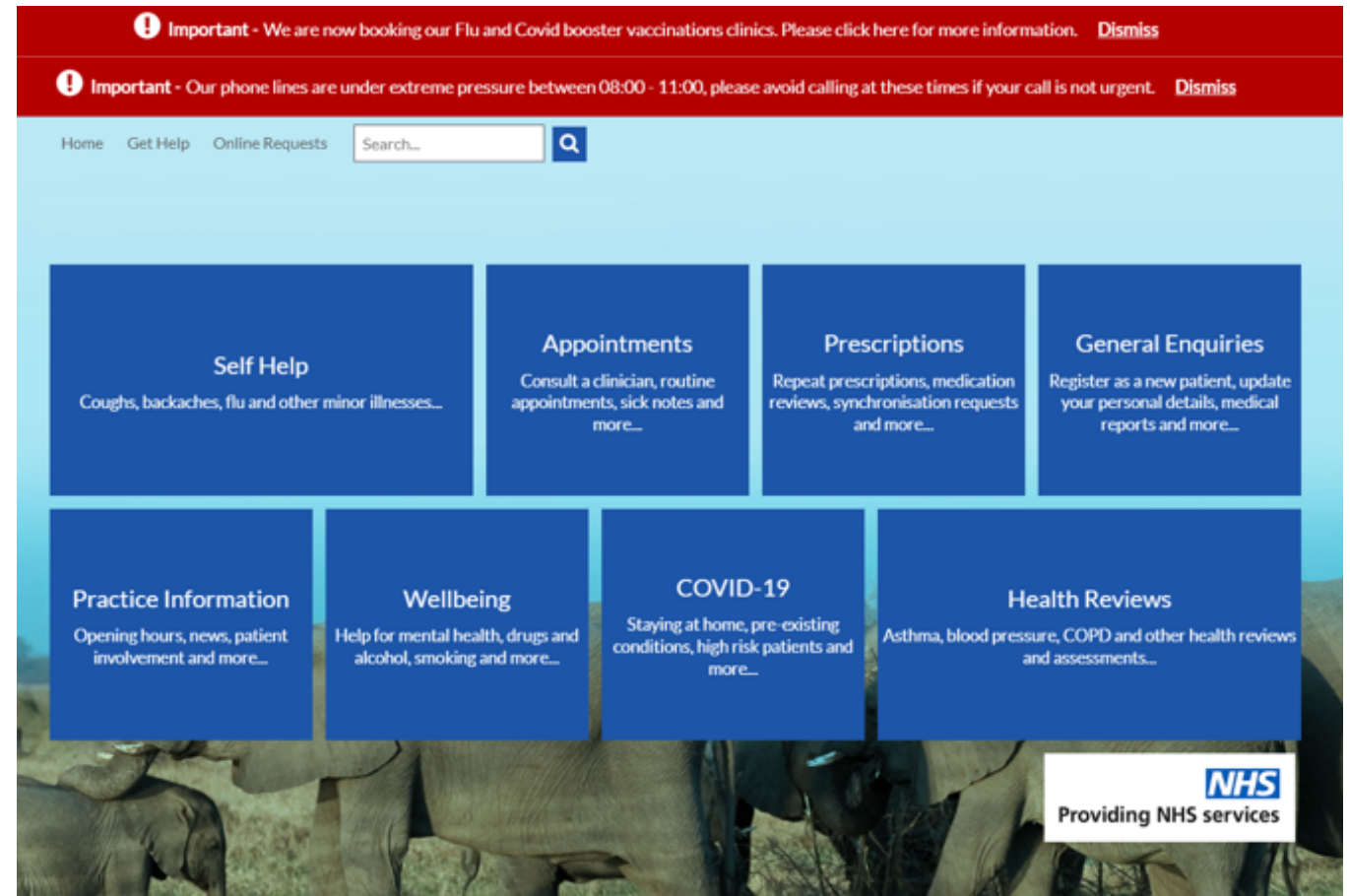
6) Support PCNs with the securing of Digital Transformation Posts announced in the Plan for Patients
(SRO WG, Project Lead KP)

Implementation of targeted Commercial Framework (see separate slide)
(SRO WG)

'Our plan for patients'- local implementation

We will improve access by...

- Having a common and generic approach to admin led triage
- Enabling suitable alternative dispositions to be commonly used and valued by patients
- Moving planned work that doesn't require triage to bookable via apps and websites (reducing telephony traffic)
- Enabling ICS to support communications and engagement with patients on new approaches to "front door" primary care





Comments or Questions