

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Local Medical Committee (LMC)

Report to	Health Scrutiny Committee for Lincolnshire
Date:	15th May 2024
Subject:	General Practice Provision

Summary:

The Health Scrutiny Committee for Lincolnshire has requested that Lincolnshire Local Medical Committee provide a report on provision of general practice services.

General Practice continues to work hard to meet the needs of patients, providing new services, more access and the highest number of appointments per 1000 population above baseline in the midlands.

The most recent appointment data from February 2024 shows that activity levels in general practice were 452704. This is a 38.8% rise in comparison to Aug 19 = 326,010 before new models of consultation were deployed both nationally and throughout Lincolnshire and general practice in Lincolnshire continues to sustain these increase activity levels despite significant financial and workforce pressures.

While currently sustaining this delivery, both general practice in Lincolnshire and nationally and our patients face challenges in the future of their health unless real-time investment is made into general practice and the wider NHS and social care system.

Actions Required:

The Committee is asked to review the information provided about General Practice provision in Lincolnshire.

1. Background

General Practice in Lincolnshire continues to work above and beyond meet the needs of patients during a time of ongoing significant challenge for the country, but particularly for general practice and our patients. 92% of all contact with the NHS is via general practice with patients needing a wide range of support. Only 6% of current NHS funding is allocated to general practice.

GP practices receive approximately £165 a year per patient per year on average. This is only a £13 increase since 2015 which equates to a 20% real term decrease in funding.

The needs of our population have and will continue to change both in terms of increasing age and medical complexity. Nationally, there has been a 30% increase in the population of people over 70, with more medical conditions since 2010. These patients tend to value continuity of care and strong evidence as to the benefits of such continuity to their health outcomes exists. Conversely, the expectation for rapid access to one off episodes of care for younger, usually fit and well patients has increased significantly through the last few years, partly fuelled by online consultation tools, media campaigns and health concerns exacerbated by the covid-19 pandemic. The escalating needs of these very different cohorts of patients, make service delivery for general practice more challenging than ever.

General practice has changed significantly in the last 3 years. Widespread adoption of online consultation tools for both triage and consultation increased access and reduced waiting times for GP consultations. Capacity previously used by patients for administrative queries and simple medical conditions was released to allow increased support for patients with more complex needs, however, increased patient requests have now saturated that released capacity. A blended approach of face to face, telephone, video and online consultations gave greater choice, access and flexibility for patients.

Patients used to express dissatisfaction that they may have to wait 4-6 weeks in some circumstances for an appointment, but the increasing push nationally for ease of access and changing models of delivery have reset the expectations of patients while the pressures on general practice service delivery have increased. Even though general practice in Lincolnshire is above national average for same day appointments (44.6% v 43.5%) and for face-to-face appointments (66.9% v 66.6%), there is narrative of commentary that suggests general practice in Lincolnshire and nationally should do more. However, sustaining current service is not viable if financial, workforce and demand pressure continue or escalate.

While general practice has adapted to deploy new tools to try to maximise the benefit of our capacity, demand has increased further and there have been new pressures across general practice.

The cost-of-living crisis and inflation has impacted the nation. Thankfully for the nation, some of this has eased more recently, but General practice has felt significant impact. Staff wage costs, energy bills and consumables have significantly impacted general practice finances and viability.

As well as the BMA survey from August 2023 previously quoted which highlighted the additional challenges to sustainability of general practice while we strive to provide high quality and safe care for our patients including:

- 74.6% of GP practices were concerned that inflation would affect their financial stability.
- National minimum wage has increased >26.9% in the current 5-year GMS GP contract cycle while the staff uplift funding of the contract has increased by only 10.5%.
- Average practice electricity costs rose 17.6% while gas 24.4%. Practices received 2.1% increase in funding for energy costs in the same period.
- 53% of practices were considering halting recruitment and 12% considering staff redundancy which may result in an increased workforce challenge which limits the ability of general practice to provide additional capacity or new services.

Since then, increases in national minimum wage this April and the resulting wave of pay adjustments within general practice throughout staff groups means that:

- National minimum wage has increased ~38% in the previous 5-year GMS GP contract cycle and new contract for 24/25 while funding has only increased by 12.5%.
- This 25.5% shortfall, just in the financial year 24/25 could cause a £80,000 cost to a single GP practice which may a halting of workforce expansion, replacing departing staff or even redundancy.
- Clinical staff including GPs and nurses in general practice both nationally and in Lincolnshire have been made redundant in an unprecedented last 6 months.
- General practice staff are leaving for roles in the private sector as pay and conditions in general practice due to the demands of the job and finances invested in general practice cannot compete with other industry.

Since 2014 in Lincolnshire, the number of GP practices has decreased from 101 to 81. Nearly a 20% decrease. As each practice closes, the patients join another practice, increasing the pressure on that new practice. This all occurs while real term funding has decreased and costs have increased as outlined. This is not sustainable for general practice in Lincolnshire or the rest of the county.

The financial risks to practice viability are exacerbated by some of the non-core services that are delivered. Enhanced services such as phlebotomy and provision of suture removals and post-operative wound dressings are so unviable that practices lose money every time they take a blood sample or remove a suture. For our patients to have high quality, sustainable general practice, provision of services which cause financial losses cannot be something that continues. One practice has calculated that they lose £33000 a year just on staffing costs to take blood samples. That figure is much higher once estates, utilities and consumables are calculated. Practices, while wanting to provide a wide range of such services to their

patients close to their home are sadly having to review what they can provide without risking practice closure and the impact such closures then have on their patients.

General Practice continues to face additional workload supporting patients with their medical conditions while they face long waits for their hospital appointments and operations. While much work is being done in the hospitals to try to address these waits, which are unfortunately not rapidly decreasing, many patients see their local GP surgery for medical support during this wait which is additional demand on general practice capacity.

The NHS is aims to alleviate pressure on hospitals and reduce waiting lists in several ways. One of these ways is referral pathways redesign to reduce referrals to hospital. Such changes risk moving further unresourced work, usually performed by hospitals, into general practice. Moving care and services closer to the patient, in their community, should be the aim of our Lincolnshire system and is in keeping with the Fuller report of 2022 and an aspiration of work underway in Lincolnshire on Community Primary Providers. However, for it to be effective and sustainable it must be accompanied by the appropriate workforce and resources to avoid further strain on general practice performing our core functions.

We continue to support Community Pharmacy Consultation Service across the county, where GP practices refer patients to their local pharmacy for advice on minor illness releasing GP capacity to help patients with other more complex medical problems. This service is one of the services intended to support patients as part of the *Delivery Plan for recovering access to Primary Care*. The rollout of the Pharmacy First service from 31st January 2024 has provided patients with another access point for support with 7 clinical conditions including sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated UTIs in women. As this service fully embeds, will support a small percentage of the appointments provided to our Lincolnshire population. Both of these services may support patients but have added additional pressure to our hardworking colleagues in community pharmacy.

Practices within Primary Care Networks (PCNs) have completed the first year of their updated enhanced access hours provision outside of core hours of Monday to Friday 8am-6:30pm to both increase access to general practice services and be more convenient particularly to working age patients. They have also worked to highlight and develop digital communications with patients including utilisation of the NHS app for access to patient records, medication requests, appointment management and results viewing. Nationally mandated cloud-based telephony is also being rolled out with the intention of further access and support for patients. While robust and user-friendly access is welcome, increased access can only be successful and improve patient experience if there is accompanying capacity in general practice to answer a call and handle a query or to provide an appointment.

PCNs continue their expansion of the multidisciplinary team working with practices including clinical pharmacists, first contact physio therapists, occupational therapists, care co-ordinators and several other roles. These colleagues are providing a wide range of services to our patients that were not previously available.

While these colleagues do not directly replace GPs, they help support both practices and patients in their specific area of expertise. While we want many additional GP colleagues due to their wide skillset and autonomous working, joining Lincolnshire practices, these ARRS colleagues now play a significant role in supporting our patients especially as we continue to lose GPs with approximately 12 WTE GPs lost from our Lincolnshire workforce in the last 12 months.

Lincolnshire's PCNs have not used their full allocation of Additional Roles funding each year (which is the scheme via which many of these ARRS colleagues have been recruited) due to several factors: The funding is restricted to specific job roles, Lincolnshire has a deficit of available professionals in these roles, practices in rural and coastal communities are less able to recruit, Additional Roles funding is limited by national pay scales which disadvantages rural PCNs and has led to challenges in retaining these staff members. There have also been challenges retaining some of these staff members due to the pressures of working across multiple sites within PCNs. Being unable to fully utilise all this funding has reduced the potential benefit to patients. Previously there was some flexibility that any underspend in one area of the county could be redistributed to other areas to provide services to patients. Nationally, this is no longer permitted and this is a loss of funding for the population of Lincolnshire.

The recently announced GP contract 24/25 included £1.4billion for staff recruitment, but this is not for core general practice staff such as GPs and practice nurses and if areas are unable to recruit using this funding, it will again be lost from the Lincolnshire system. Investment and funding make nice headlines but are of no use if unable to be used by the GP services caring for our population.

On the new GMS contract GPC England recently summarised:

"The Government, DHSC & NHSE are removing and reducing GPs; closing old-fashioned family doctor practices; and pushing a model of primary care where you might be seen very quickly, but you might be unsure who or what role the clinician does, and it may take several contacts before you finally get to see a GP or receive a diagnosis."

Appointments in Lincolnshire's general practices

While currently activity levels of appointments are being sustained, we must be aware to avoid increasing the pressure and risk of burnout of not only GP's, but also all general practice staff. Capacity provided needs to be safe and sustainable for patients and staff.

The BMA and other publications have recommended that for a GP to deliver safe care, they should conduct no more than 25-28 contacts per day. Data suggests that GPs are seeing on average 37 patients per day. This appointment data does not include the additional clinical work which is carried out such as looking at blood test results, dealing with hospital correspondence, managing prescriptions, supervising colleagues, completing reports amongst many other things which takes items of activity into several hundred a day.

The average number of patients each GP is responsible for has increased by nearly 17% since 2015 to 2,260. Our population has grown while numbers of GPs and practices has

reduced. There are now just 0.44 fully qualified GPs per 1,000 patients in England – down from 0.52 in 2015. This is a loss of 1862 WTE GPs since 2015.

In February 2024 there were 16,159 FTE GP partners compared to 16,563 in February 2023: a total loss of 405 FTE GP partners in the last year alone. On a headcount basis, this is a loss of 438 GP partners.

GP partners work together with their teams to run each GP practice. Loss of GP partners increases pressure on the remaining partners and risks sustainability of GP practices.

Increasing workload causes GPs and other clinical staff to leave the profession early. Many of these staff do not want to leave but this reflects the challenges faced.

The highlighted mismatch of workforce, demand and funding in the current economy is a significant and worsening challenge for general practice, our patients and the wider health and social care system. As well as addressing this significant mismatch, we need to support and empower our patients in self-care and navigation of the services available to them, which is an objective reflected in *Delivery Plan for recovering access to Primary Care*.

General practice in Lincolnshire strives to provide safe, timely and effective care for our population. Real term funding cuts, more demand, an older and more medically complex population, fewer GPs, longer hospital backlogs, recent cost-of-living crisis, a challenged social care system and more services and workload moved into general practice that was traditionally done in hospital all contribute to a significant challenge for general practice.

While general practice does not do everything perfectly in any area of the country, the levels of service provision and quality of service provided is beyond what is funded and sustainable. We should all be supporting the call to support real term, sustained increased investment and support for general practice and the wider NHS and social care system to benefit our patients, our population and those working within it.

Integrated care systems (ICS) are nearing two years of existence. The aim to have a fully integrated system with collaboration across all organisations to address population health and tackle health inequalities was a significant first step to a preventative rather than treatment model of health and social care and will support the long-term change required to help our Lincolnshire population in all spheres of their lives and health.

As previously mentioned, The Fuller Stocktake highlighted the direction of travel for integration of primary care. Designing how general practice, as part of the wider system, can balance the increased overall demand and both episodic care for minor illness and continuity of care for those patients who we know are most benefitted by support from the team that know them best has both potential risks and benefits for both patients and general practice. Community Primary Partnerships may build on this, but these partnerships, for population benefit, will need to ensure that general practice as the bed-rock of the system is robustly supported to help deliver improved outcomes for our system.

As previously mentioned, the *Delivery Plan for recovering access to Primary Care* was published in May 2023. This plan covers 4 domains to “tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care” This plan is not limited to general practice. Aspects around empowering patients to navigate available services and use resources appropriately is key to the success of the NHS and is welcomed. The aim to cut bureaucracy by mandating hospitals to ensure they meet their contractual duties and not shift their workload into general practice is also welcomed as this has been a significant unnecessary and unresourced workload in general practice for many years. It is important to note, however, that this term has been present in the NHS standard hospital contract since 2015. 8 years later, this stipulation must be enforced if it is to help release some capacity across the general practice team to support our patients.

Since late 2023, it is positive to note that work has begun in Lincolnshire to address this workload shift, but the complexities of addressing this in a multi-organisational system has slowed progress and benefits to workload in general practice, releasing more capacity for us to help patients has not yet materialised. By working with our colleagues in Lincolnshire trusts, understanding of shared pressures and challenges has improved, as have relationships, but we must translate this to improvement of workload shift and patient experience and outcomes. If this programme of work is robustly embedded, it will help the experiences and outcomes for patients but also improve general practice capacity and working conditions and helping with recruitment, retention and further enhancing patient experience. Some figures suggest 20% of general practice capacity is used actioning workload that should have been performed by secondary care such as onward referral, sick notes, reviewing hospital tests and communicating all this with patients. One paper from a local area suggested at least £4m a year was wasted in the ICS with this workload but is likely to be a significant underestimate.

Despite the ongoing and new challenges, general practice in Lincolnshire strives to do the best for our patients. We are caring people working hard despite the barriers placed in front of us. There are challenges and frustrations for patients, but general practice shares these. Now more than ever, we all need to support one another to protect general practice and our population from the escalating risks.

Upstream investment in Primary Care, particularly general practice as the most efficient part of the NHS would reduce pressure on secondary care services and improve the population health of Lincolnshire.

Lincolnshire general practice needs the support of yourselves and the population of Lincolnshire to be our advocate in local and national discussion to improve the narrative and investment for general practice. We deserve general practice that sustainable, safe and high quality for both patients and general practice and without your and the public support, we all risk losing something we should treasure.

2. Consultation

This is not a consultation item.

3. Conclusion

Lincolnshire general practice is under ongoing pressure due to multiple factors including the inflationary and cost-of-living pressures, real term contractual funding decreases and an increasing population.

Despite this, Lincolnshire's practices continue to deliver increased levels of activity compared to other regions.

Delivery Plan for recovering access to Primary Care provided useful platform to move forward work on releasing capacity in general practice currently absorbed by issues at the primary secondary care interface.

The Lincolnshire health and social care system is undergoing a period of transformation which is both a challenge and opportunity to general practice and our patients but with increasing risks due to the economic situation the NHS finds itself within, impacting both the ICS and general practice as a result.

The risk to general practice and impact on our patients if national and local support and real term investment are not delivered is significant.

4. Background Papers

1. <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>
2. <https://app.powerbi.com/view?r=eyJrIjoieMTQ4NjZiYjMtM2VIZS00NWFiLTImOWEtYzE1MDQ0NDZiZjQ4IiwidCI6ImUwZjYwNmZmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjE5>
3. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>

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