

**Meeting: Buckinghamshire, Oxfordshire and Berkshire West CCGs Primary Care Committees in common Meeting (In public)**

<b>Date of Meeting</b>	17 March 2022
<b>Title of Paper</b>	Primary Care Winter Access Fund Update
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<b>Paper Type</b>	For discussion and noting
<b>Action Required</b>	Committee Members are invited to note the contents of the report and the impact that the Winter Access Funding has had on the total numbers of appointments

**Executive Summary**

The Winter Access Fund, introduced to create more primary care appointments during the winter months of November 2021 – March 2022 has been popular with GP practices, and has generated a net rise in GP appointments. In so doing, it will have contributed to a reduction in pressure on Urgent and Emergency Care services, and will to some extent have reduced unplanned hospital admissions through timely primary care consultation, diagnosis, and intervention.

## Primary Care Winter Access Fund

### 1. Background

The Winter Access Fund (WAF) was announced by NHS England on the 14th October 2021 in their letter: Our Plan for Improving Access for Patients and Supporting General Practice. It was part of a package to enable each ICS to:

- Increase and optimise capacity
- Address variation and encourage good practice
- Improve communication with the public, including tackling abuse and violence against NHS staff

Specifically, the uses of WAF were to:

1. Drive improved access to urgent, same day primary care by increasing capacity in a patient's own GP practice or PCN level or in combination
2. Increase resilience of the NHS urgent care system during winter by expanding same day urgent care capacity

Following engagement with practices and PCN Clinical Directors, BOB ICS submitted a plan to NHS England to make optimal use of available funding. This included:

- Enabling GPs and other healthcare staff in practices and PCNs to work extra sessions or hours in order to offer patients additional appointments
- Encouraging PCNs to work collaboratively to devise at-scale solutions for a sustainable offer of more patient appointments, in some locations this took the form of access hubs – such as one that has been operating in Oxfordshire at 98% capacity
- Commissioning remote consultations via LIVI and Push Doctor to provide extra capacity for deployment to those practices which were most in need

### 2. Outcomes

Including appointments offered through LIVI, Push Doctor and access hubs operated by GP federations, activity to date has been:

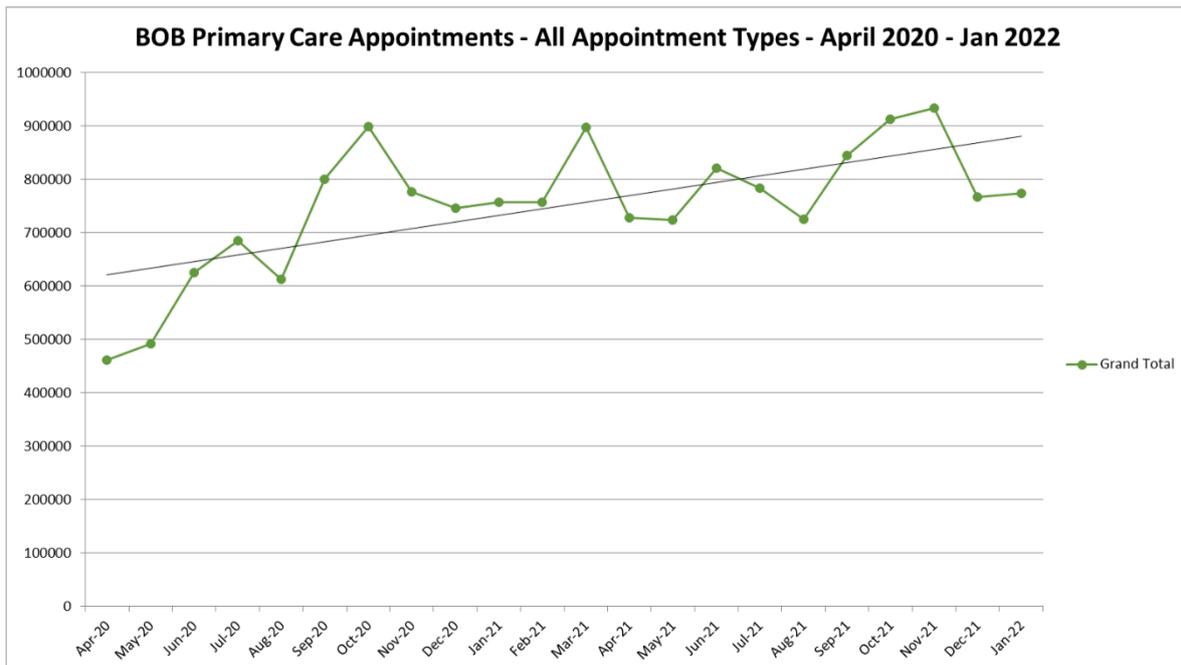
Additional GP sessions	Additional sessions from other healthcare professionals (e.g., nurse practitioner)	Additional GP appointments	Additional appointments from other healthcare professionals	Total additional appointments
1,696	2,473	27,136	4,542	<b>34,555</b>

Assumptions:

Additional GP appointments based on assumption of 16 patients per 4-hour session.  
 Additional Other Healthcare Professional appointments based on 3 patients per hour

NHS England have independently reviewed appointment data extracted directly from GP practice systems (GP Access Data, or GPAD), and this reveals two very encouraging patterns for BOB.

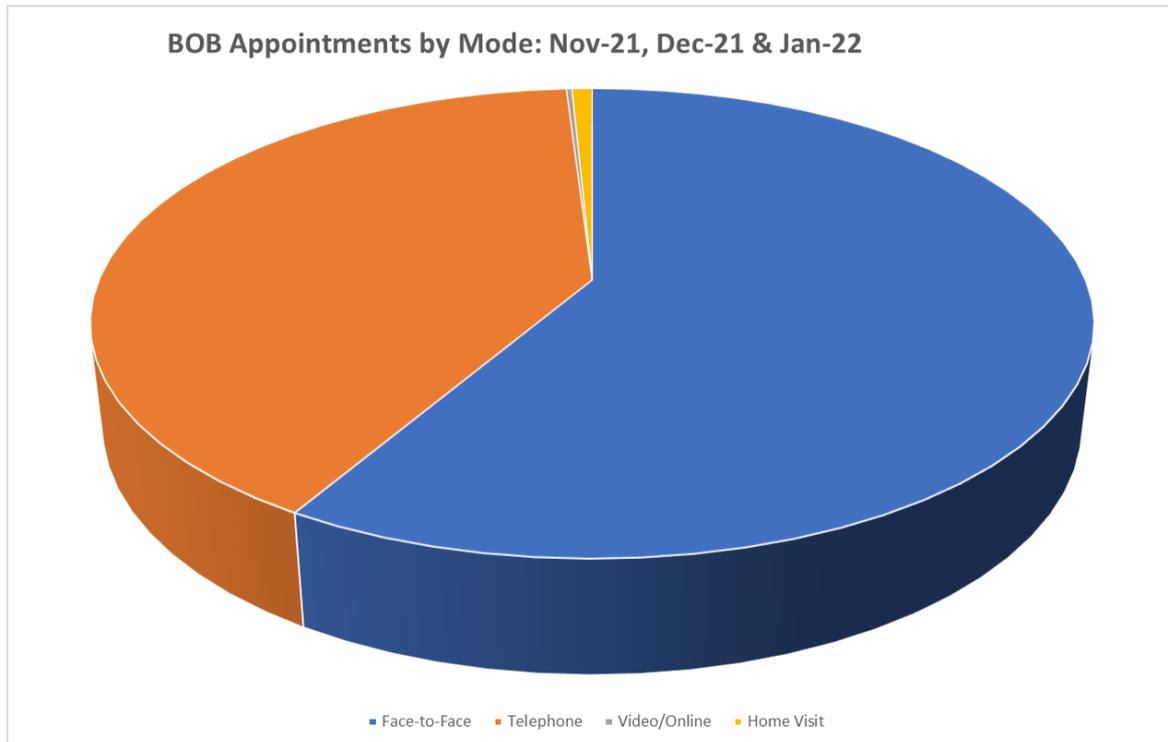
The first is that despite all pressures arising from covid and associated special arrangements, from April 2020 to present, there has been a consistent upward trend in primary healthcare appointments offered across BOB, which the chart below illustrates.



The second pattern is that taking a snapshot of appointments offered across BOB during the period of the WAF, from November 2021 to January 2022, by far the majority of appointments offered via GP practices were face to face (F2F) appointments, followed by telephone.

This does only reflect appointments extracted via GPAD and does not include those provided remotely via external providers of remote LIVI and Push Doctor, but equally it does not record F2F appointments available through access hubs.

Mobilisation challenges. The chart below gives a broad indication of the split between F2F and telephone consultations. Video and online consultations will be higher than indicated because GPAD does not capture LIVI or Push Doctor consultations.



**3. Mobilisation**

It is a credit to primary care practitioners that they were able to actuate WAF schemes without undue delay. The single most limiting factor has been availability of staff, and in the first two months this was subject to considerable non-availability through infection and isolation because of covid.

Reimbursement of practice and PCN costs has been via an NHSE web portal for claims. Several practices have encountered difficulty using this, which has led to delayed claims. This has impacted the ability of the Primary Care teams to understand the full picture of WAF activity as the claims mechanism is an indicator of progress. Assistance has been swiftly offered where this has been a challenge, to ensure that payments are made in a timely fashion.

**4. What is being said about WAF by GPs and others in the health economy of BOB?**

“For sure the WAF monies have allowed us to increase capacity so we can get time to do new patient checks, more health prevention with new patients, medication reviews and de prescribing, dressings for the elderly and more care planning and DNR discussions with our vulnerable patient nurse in the community More GP LTC work too.”

-Senior Partner at John Hampden Surgery

“My colleagues have noticed a drop in A&E demand coinciding with implementation of the Winter Access Fund”.

- Chair of A&E Provider group

“It has been beneficial and has halved waiting time for appointments, plus our locum has decided to stay at the practice. It has also allowed great focus on acute patients. They felt someone cared.”

Rupa, Berkshire West GP

“We’ve employed on-line pharmacists who have been doing daily call lists – answering medication queries, doing SMRs. This has relieved GPs of this workload and provided a quicker response time for patients...also a small amount for admin staff to work overtime to clear workflow and Docman for the GPs.” (a North Bucks PCN)

“As a PCN we have supported our practices to employ locum GPs, ANPs. To date funding across our six practices has provided 202 locum GP sessions and 140 ANP sessions” (ARC Buckinghamshire PCN)

## 5. Lessons

If the Winter Access Fund were to be repeated in future it would be good to have more time to prepare in order that additional winter provision could be realised from late October or early November. If possible, it may be prudent to have a series of proposals already formulated so that submissions to NHS England are made with all possible speed, and schemes may commence within a week or so.

As with vaccination hubs, WAF has been instrumental in helping practices to gel as a PCN through collaboration.

LIVI remote consultations appear to have been a very flexible and responsive solution to managing demand for GP appointments. They have been well received by GPs and indications are that patient satisfaction with consultations via this route is positive.