



**North Central London**  
Integrated Care Board

# Primary Care Update to JHOSC

Clare Henderson, Director of Integration (Islington)

March 2023

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## **Primary care challenges going into winter 2022/23**

- Summary of primary care access challenges going into winter
- Latest position on primary care appointments (from December 2022 data).

## **Summary of primary care winter plans**

- High-level summary of what has been funded to support General Practice through winter 2022-23. A full evaluation of winter plans will be carried out once the schemes finish at the end of March 2023.

## **Primary care access – next steps**

- Summary of future developments around GP access the ICB will be considering going into 2023/24.

## **Update on community pharmacy schemes**

## **Update on primary care estates**

## Primary care position – winter 22/23

- In November 2022, JHOSC invited an update on General Practice. The discussion covered access to GP appointments, development of the primary care workforce, and use of data on GP appointments to inform our work. It also acknowledged the need to ensure that practices were able to deliver a balance of urgent and proactive care to meet residents' needs.
- Comprehensive plans were developed to progress this approach, including dedicated schemes to support primary care in winter. However, primary care has since experienced one of the most challenging winters on record, due to:
  - Increase in respiratory infections, with a significant spike in invasive Group A Strep presentations requiring additional face to face capacity for symptomatic children and young people, with mandated Acute Respiratory Hubs mobilised in each borough.
  - Additional demand created by industrial action across the system, reducing urgent capacity elsewhere in the system, more ill people presenting to general practice, and making it harder for practices to convey patients to hospital in emergencies.
  - Recruitment and retention challenges for General Practice staff and greater levels of staff sickness, including flu and covid, putting pressure on capacity and stretching workforce.
- GP Practices as smaller providers have less resilience to respond to these challenges than larger organisations.

## Developing primary care winter plans

- Despite these challenges, overall NCL primary care appointment numbers continue to rise. Demand for primary care appointments continues to rise, with a spotlight on provision of both same-day and F2F appointments – meeting this demand needs to be balanced against the need to protect capacity for proactive care and long-term condition management.
- Rates of face to face appointments are slightly lower than the national average, while NCL is one of the best performers nationally for % same day appointments.
- For winter 2022-23 specific funding was allocated to develop Primary Care winter plans, with the majority of schemes developed at place, based on local needs, with some projects and capacity boosts agreed across NCL. Plans built on learning from our 2021-22 primary care winter response. The high-level winter plan is summarised on the next slide.
- Looking ahead, the ICB has approved a business case for significant investment into primary care to launch a consistent approach to the management of long term conditions in primary care, to be delivered through a Locally Commissioned Service. This will protect capacity for proactive LTC management, alongside ongoing work to meet urgent demand, working with other primary care stakeholders including 111 and community pharmacy.

# Summary of primary care winter plans 2022/23



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Focus area	Description	Evaluation plan
<b>Increasing hub capacity</b>	ICB funded hub appointments on Saturday evenings, Sundays, Bank Holidays and 111 bookings to provide additional out of hours primary care appointments in all boroughs. Dedicated Acute Respiratory Infection Hub capacity has also been mobilised in all boroughs.	Track number and spread of additional appointments.
<b>Additional primary care appointments</b>	<ul style="list-style-type: none"> <li>Primary Care support to provide additional capacity for low-acuity presentations at the front door at our most challenged Emergency Department: North Middlesex.</li> <li>Contingency plans / funding for spikes in demand including: responding to 111 demand, extra primary care capacity on an ad hoc basis to cover winter pressures and strike action, pulse oximetry services to all patients.</li> </ul>	Track number and spread of additional appointments.
<b>Place-based primary care improvement work</b>	<ul style="list-style-type: none"> <li>Accelerating PCN models for Integrated Urgent Care in line with Fuller – prioritising specific pathways e.g. respiratory, palliative care rapid response;</li> <li>High intensity users (established model in Camden);</li> <li>Dedicated paediatric clinics to manage urgent 0-5 demand in Enfield and Haringey</li> <li>Sustainable model of proactive care for clinically and socially vulnerable patients – data driven approach</li> <li>Telephone triage at PCN level;</li> <li>Implementation of digital tools and PCN online consultation hubs;</li> <li>Community pharmacy developments;</li> <li>Targeted capacity increases (e.g. admin, HCA, locum, social prescribing link worker)</li> </ul>	Scheme-specific including: tracking number and spread of appointments provided / patients seen, number of additional staff sessions added to primary care, qualitative evaluation of impact on patient care.
<b>Primary care access review</b>	<ul style="list-style-type: none"> <li>Further development of weekly practice SITREP process to capture quantitative and qualitative data providing more in depth reflections on patterns of demand and activity, includes:                             <ul style="list-style-type: none"> <li>impact of advice and guidance on primary care</li> <li>understanding demand - what prevents today's work being done today?</li> <li>Note Secretary of State priorities includes general practice SITREPs and telephone access audit</li> </ul> </li> <li>Response to access recommendations from HealthWatch and wider public engagement – models and principles of primary care access</li> <li>General Practice Impact assessment of Advice and Guidance</li> </ul>	Outputs and findings of the work including better data about primary care demand and capacity and recommendations for further improvement work

# Update on General Practice access

## Latest data on primary care appointments (Dec 2022)

- December data shows the number of core primary care appointments offered in NCL continues an upward trajectory with further growth expected in 2023-24.
- A seasonal dip was seen in December (as expected based on previous years), and provision of face to face appointments dipped in December to accommodate an increase in the number of same-day appointments offered.

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Core Primary Care Appointments	635734	697242	700259	590561	658821
% Face to Face Appointments	63%	67%	65%	56%	64%
% Same Day Appointments	47%	45%	48%	53%	51%

- Core primary care capacity in December was supplemented by a significant boost to hub capacity funded to cover additional bank holidays and LAS strike action. Some areas used hubs to add targeted winter capacity e.g. face to face appointments for young children or for the frail elderly.
- Beginning in Jan, hubs are also providing additional nationally directed Acute Respiratory Infection (ARI) hub capacity.
- At practice level, appointment data quality continues to offer opportunity for improvement; the ICB is exploring how we support practices to improve data quality. We are also working with primary care networks on accessing data on their evening and Saturday appointments to provide a fuller picture of primary care appointments

## Forthcoming access changes

- At a national level, access to General Practice remains a priority, with a national GP access recovery plan expected imminently.
- In NCL there has been an increase in the number of practices participating in the national NHS England’s “accelerate” programme.
- The ICB will also need to consider the urgent care provision in primary care, in the context of the final year of the PCN DES contract.
- Nationally and within NCL we are working to roll out cloud-based telephony to all practices to improve patient experience of phoning their practices.

# Community Pharmacy Integration in NCL

**Kristina Petrou**

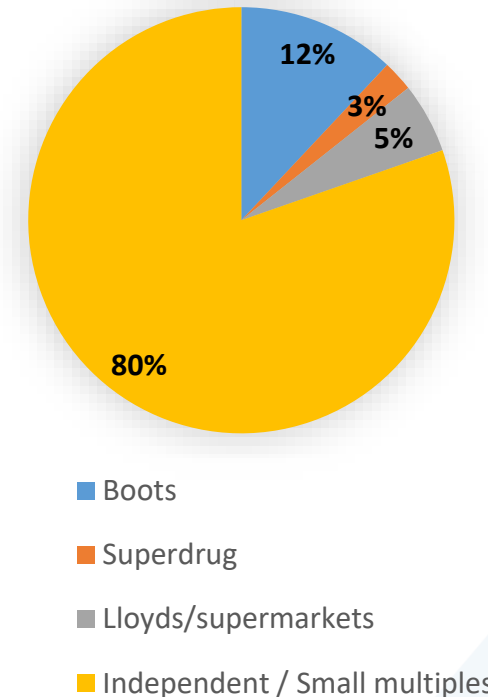
NCL Community Pharmacy Clinical Lead (CPCL)

March 2023

# NCL Community pharmacy contractors

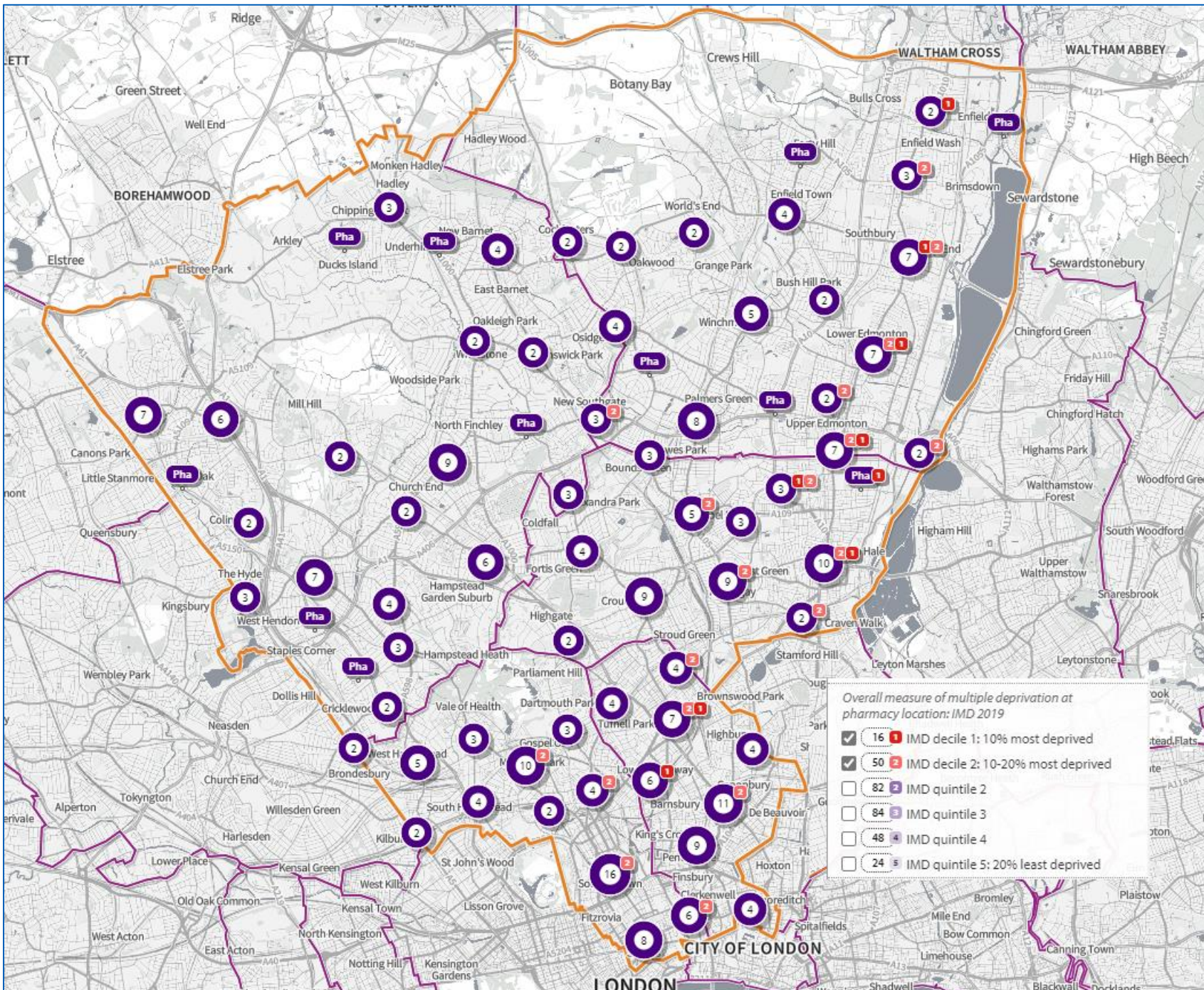
Borough	Pharmacies (Dec22)	Registered Population (Dec22)	pharmacies per 100k registered population
Barnet	75	444k	16.9
Enfield	60	360k	18.9
Haringey	56	338k	16.7
Camden	65	344k	16.6
Islington	48	292k	16.4
<b>NCL</b>	<b>304</b>	<b>1.778m</b>	<b>17.1</b>

NCL Pharmacies





# North Central London Integrated Care Board



Data Feb'23

Source: SHAPE

<https://app.shapeatlas.net/place/>



# Pharmacy Integration Programme

- Ensure good clinical leadership and support for the implementation of community pharmacy clinical services.
- Commitment for community pharmacy to be more fully integrated in the NHS
- Range of clinical services
- Vision for community pharmacy to be the first port of call for healthy living advice and for managing minor illness, and staying well
- Support for managing demand in general practice and urgent care settings

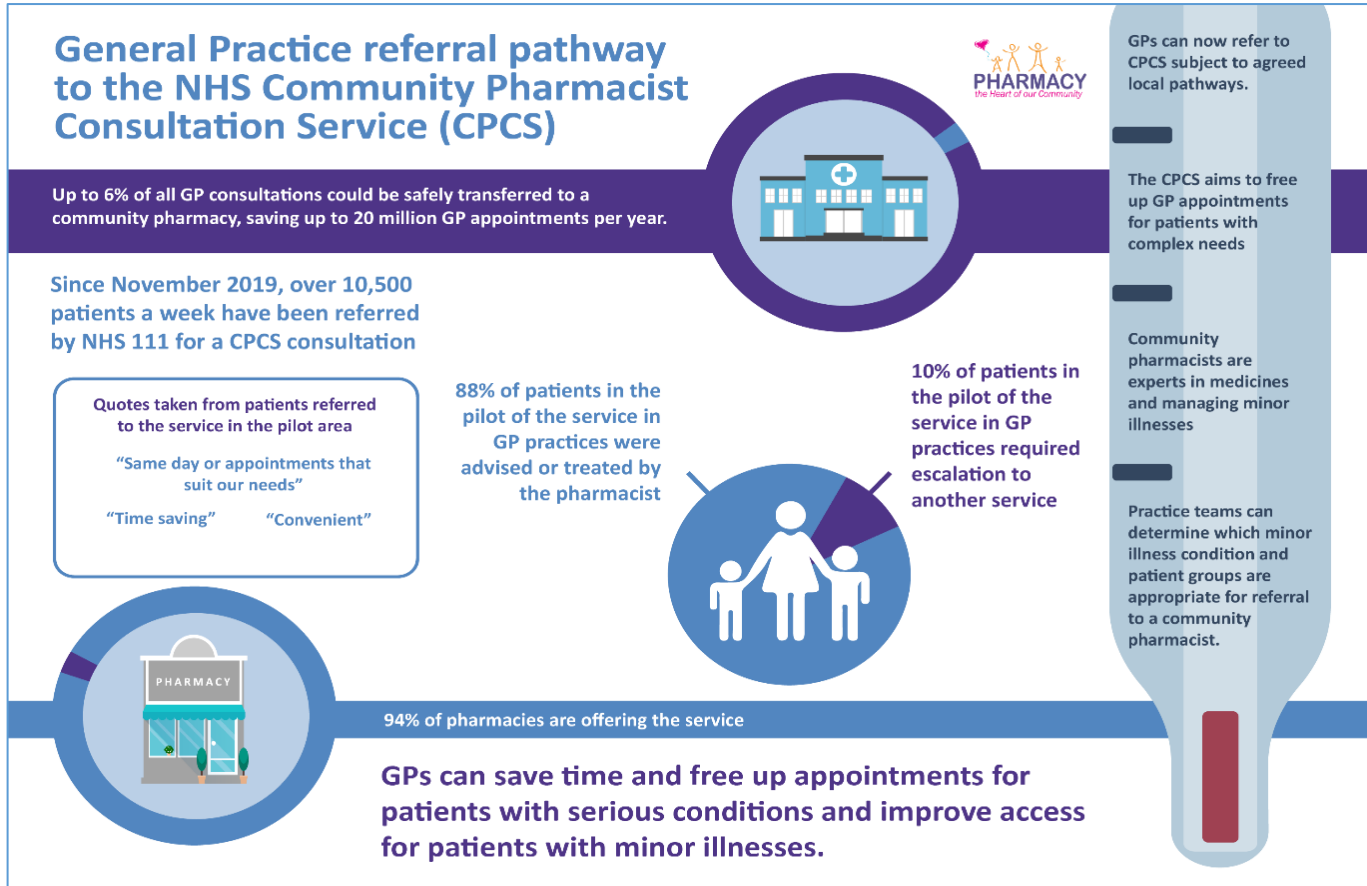
# Community pharmacy services



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NATIONAL		REGIONAL	NCL ICB/PH
Essential Services	Advanced Services	Enhanced Services	Locally Commissioned Services
<ol style="list-style-type: none"> <li>1. Dispensing Medicines</li> <li>2. Repeat Dispensing and eRD</li> <li>3. Dispensing Appliances</li> <li>4. Disposal of unwanted medicines</li> <li>5. Support for Self Care</li> <li>6. Signposting</li> <li>7. Healthy Living Pharmacies</li> <li>8. Public Health (Promotion of Healthy Lifestyles)</li> <li>9. <b>Discharge Medicines Service (DMS)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Flu vaccination service</li> <li>2. <b>Community Pharmacist Consultation Service (CPCS)</b></li> <li>3. <b>Hypertension case-finding service</b></li> <li>4. New Medicine Service (NMS)</li> <li>5. Appliance Use Review (AUR)</li> <li>6. Stoma Appliance Customisation (SAC)</li> <li>7. <b>Smoking Cessation Advanced Service</b></li> <li>8. Hepatitis C testing service</li> </ol>	<ol style="list-style-type: none"> <li>1. London Vaccination Service</li> <li>2. COVID-19 vaccination (national)</li> <li>3. Bank holiday rota</li> </ol>	<p><u>PH</u></p> <ul style="list-style-type: none"> <li>• Needle Exchange</li> <li>• Supervised self-administration</li> <li>• Stop Smoking Service</li> <li>• Emergency Hormonal Contraception(EHC)</li> <li>• Condom Distribution</li> </ul> <p><u>ICB</u></p> <ul style="list-style-type: none"> <li>• Supply of End of Life (EoL)</li> <li>• Medicine Reminder Device (MRD)</li> <li>• Self-Care Pharmacy First (SCPF)</li> </ul>

# What is GP CPCS?



Implementation is locally led but nationally supported

Key aims include:

- Help to alleviate pressure on general practice
- Improve access for patients
- Promote self-care
- Strengthen relationships between general practice and pharmacy

[psnc.org.uk/GPCPCSanimation](https://psnc.org.uk/GPCPCSanimation)

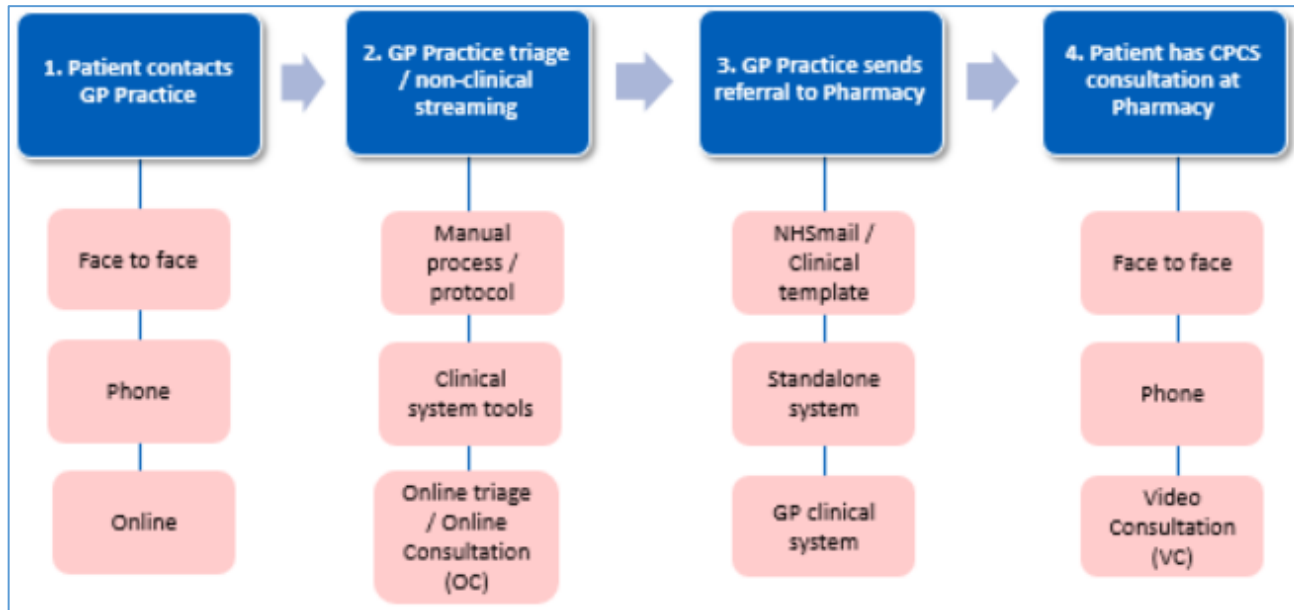
# Example minor illnesses

CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES / STINGS	•Bee sting •Wasp sting	•Stings with minor redness	•Stings with minor swelling	•Drowsy / fever •Fast heart rate	•Severe swellings or cramps
COLDS	•Cold sores •Coughs	•Flu-like symptoms	•Sore throat	•Lasted +3 weeks •Shortness of breath	•Chest pain •Unable to swallow
CONGESTION	•Blocked or runny nose	•Constant need to clear their throat	•Excess mucus •Hay fever	•Lasted +3 weeks •Shortness of breath	•1 side obstruction •Facial swelling
EAR	•Earache	•Ear wax •Blocked ear	•Hearing problems	•Something may be in the ear canal •Discharge	•Severe pain. •Deafness •Vertigo
EYE	•Conjunctivitis •Dry/sore tired eyes •Eye, red or irritable	•Eye, sticky •Eyelid problems	•Watery / runny eyes	•Severe pain •Pain 1 side only	•Light sensitivity •Reduced vision
GASTRIC / BOWEL	•Constipation •Diarrhoea •Infant colic	•Heartburn •Indigestion	•Haemorrhoids •Rectal pain, •Vomiting or nausea	•Severe / on-going •Lasted +6 weeks	•Patient +55 years •Blood / Weight loss
GENERAL	•Hay fever	•Sleep difficulties	•Tiredness	•Severe / on-going	
GYNAE / THRUSH	•Cystitis •Vaginal discharge	•Vaginal itch or soreness		•Diabetic / Pregnant •Under 16 / over 60 •Unexplained bleeding	•Pharmacy treatment not worked •Had thrush 2x in last 6 months
PAIN	•Acute pain •Ankle or foot pain •Headache •Hip pain or swelling •Knee or leg pain	•Lower back pain •Lower limb pain •Migraine •Shoulder pain	•Sprains and strains •Thigh or buttock pain •Wrist, hand or finger pain	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Chest pain / pain radiating into the shoulder •Pharmacy treatment not worked •Sudden onset
SKIN	•Acne, spots and pimples •Athlete's foot •Blisters on foot •Dermatitis / dry skin •Hair loss	•Hay fever •Nappy rash •Oral thrush •Rash - allergy •Ringworm/ threadworm	•Scabies •Skin dressings •Skin rash •Warts/verrucae •Wound problems	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Pharmacy treatment not worked •Skin lesions / blisters with discharge •Diabetes related?
MOUTH / THROAT	•Cold sore blisters •Flu-like symptoms •Hoarseness	•Mouth ulcers •Sore mouth •Sore throat	•Oral thrush •Teething •Toothache	•Lasted +10 days •Swollen painful gums •Sores inside mouth	•Unable to swallow •Patient has poor immune system •Voice change
SWELLING	•Ankle or foot swelling •Lower limb swelling	•Thigh or buttock swelling •Toe pain or swelling	•Wrist, hand or finger swelling	•Condition described as severe or urgent •Condition ongoing for +3 weeks	•Discolouration to skin •Pharmacy treatment not worked •Recent travel abroad

- Minor illnesses often treated with advice and/or over the counter medicines.
- Practices and PCNs can determine specific exclusions/inclusions within service parameters



# GP CPCS patient pathway



From **March 2023**, the CPCS will expand to enable Urgent and Emergency Care settings (hospital Emergency Departments and Urgent Treatment Centres) to refer patients to the service for a consultation for minor illness or urgent medicine supply.

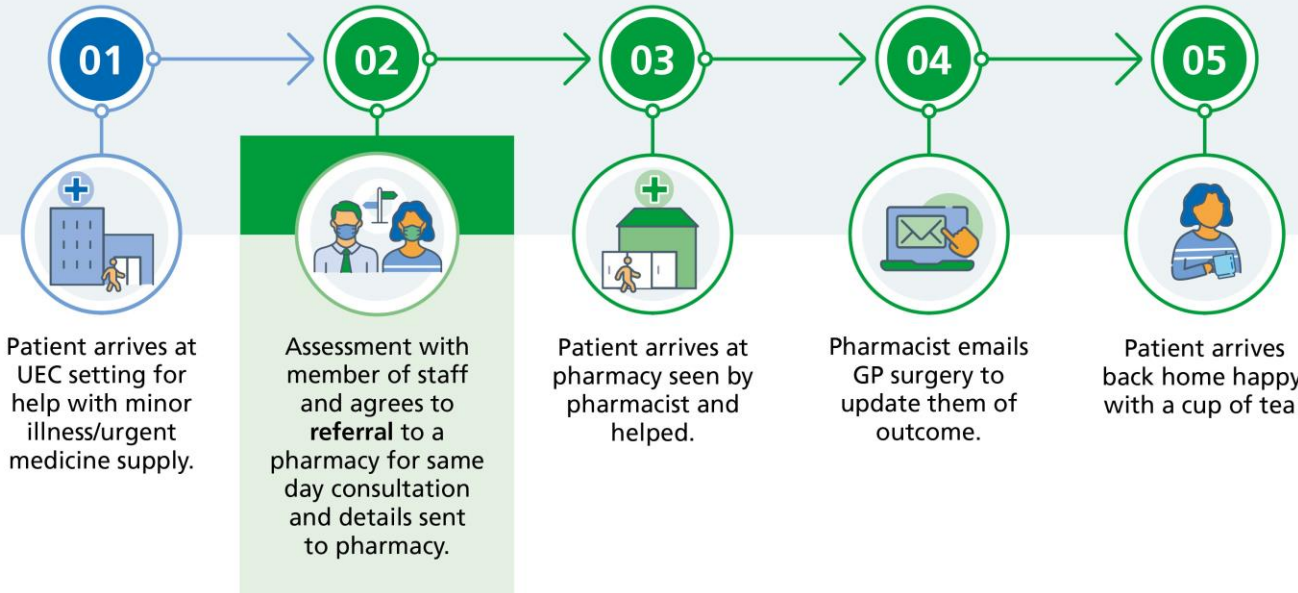




# GP and A&E referrals into the Community Pharmacist Consultation Service (CPCS)



People going to urgent treatment centres or A&E with minor illness symptoms or needing an urgent supply of regular medicines can now be referred to a pharmacy for a convenient same day consultation with a pharmacist.



# Hypertension Case-Finding

- High blood pressure is a major risk factor for cardiovascular disease (CVD) and significantly increases the risk of having a heart attack or stroke, but early detection and treatment can help people live longer, healthier lives.
- Cardiovascular disease (CVD) is the second most common cause of premature death in England, after cancer, affecting seven million people. One in four premature deaths are caused by CVD and it is a leading cause of disability.
- Participating community pharmacies across England are offering a blood pressure check service to people over 40, as an easy and convenient way for people to get their blood pressure checked.
- The service can be offered opportunistically or at the person's request.
- Checking the blood pressure of people over the age of 40 who have previously not been diagnosed with hypertension (high blood pressure)
- All blood pressure readings are sent to the practice from the community pharmacy.
- General practices can also refer patients to a participating community pharmacy for a clinic blood pressure reading, or for 24-hour ambulatory blood pressure monitoring.

# Discharge Medicines Service (DMS)

It is estimated that **60% of patients** have **three or more changes** made to their medicines during a hospital stay

**30-70% of patients** experience **unintentional changes** to their treatment, or an error is made because of a lack of communication or miscommunication on discharge

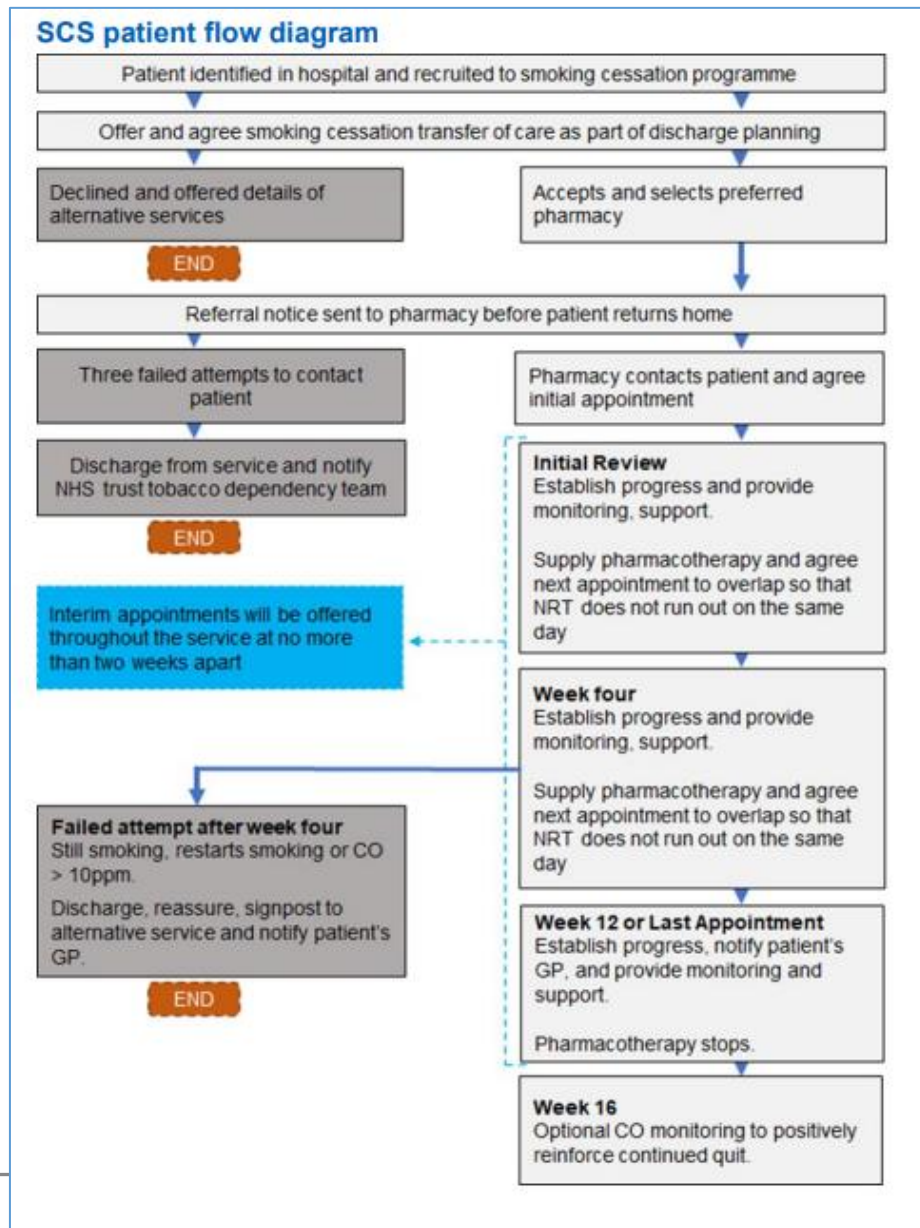
**Only 10%** of older patients will be **discharged on the same medication** that they were admitted to hospital on

**20% of patients** have been reported to experience **adverse events** within three weeks of discharge, 60% of which could have been managed or avoided

# Discharge Medicines Service (DMS)

- Discharge from hospital is associated with an increased risk of harm due to medicines, but this can be avoided.
- When people are discharged from hospital, there are frequently changes to their medicines, which can result in confusion about what medicines they should be using.
- Sometimes errors are made when new prescriptions are issued following a stay in hospital, as there may be communications problems between the hospital and the patient's general practice.
- NICE recommends communication systems about medicines should be put in place when patients move from one care setting to another.
- The DMS is an essential service which all pharmacies in England have to provide.
- NHS Trusts (hospitals) refer patients who would benefit from extra support with their medicines after they are discharged from hospital, to their community pharmacy.

# Smoking cessation service (SCS)



- NHS trusts are responsible for promoting this service to their eligible patients.
- The service should not be actively promoted to the public by contractors.
- The service is specifically for patients referred from NHS trusts who choose to continue their tobacco dependence treatment in community pharmacy following discharge from hospital, by committing to participate in the SCS.
- The service may not otherwise be used as an alternative to existing, locally commissioned specialist stop smoking support.