

HEALTH AND SOCIAL CARE SCRUTINY PANEL

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Report of:	Harry Golby, Deputy Director of Commissioning / Dr Tom Regan, Clinical Director of Commissioning NHS Salford CCG
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Subject:	GP Access: The Impact of COVID-19
In case of query Please contact:	Anna Ganotis Head of Service Improvement, NHS Salford CCG
Strategic Priorities:	Please tick which strategic priorities the paper relates to:
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X	<input checked="" type="checkbox"/> Primary Care
	<input type="checkbox"/> Enabling Transformation
Purpose of Paper:	
<p>A detailed report regarding access to general practice in Salford came to the August 2019 Health and Social Care Scrutiny Panel and this was followed up with an update in February 2020. This paper provides the Panel with an overview of how the COVID-19 pandemic has impacted upon access to appointments in general practice for people who are registered with a Salford GP. This includes:</p> <ul style="list-style-type: none"> - Contractual requirements - What data exists to give an understanding of GP access in Salford - Rapid progress in the digitalisation of general practice - Support to our general practice workforce - Communicating to patients and the public. 	

GP Access: The Impact of COVID-19

1. Executive Summary

The COVID-19 pandemic has impacted all NHS services; it has disrupted and changed demand on services and the methods of accessing services. In recent months, the availability of appointments in general practice has received much scrutiny and attention from the public and media. National and local evidence suggests that general practice has never been busier, but despite this some patients are reporting dissatisfaction with the accessibility of GP care.

This paper explains the contractual requirements regarding the provision of primary medical care and how these have been impacted by the COVID-19 pandemic.

Nationally collected general practice appointment data is now available to the CCG, however, issues with data quality mean that it is not yet possible to fully analyse the impact of the pandemic upon GP appointment activity. However, the 2021 GP Patient Survey results have been published and these demonstrate that overall patient satisfaction with general practice appointments has increased.

The COVID-19 pandemic rapidly accelerated the digitalisation of general practice programme of work. The CCG supported practices with the supply of additional IT equipment and the procurement of online consultation systems. The focus now is upon supporting practices to embed the new ways of working and to optimise the benefits for patients and practices.

The pandemic has exacerbated the recruitment and retention crisis in general practice. Staff remaining in general practice frequently report burnout and low morale, especially in the face of a widescale media and public backlash against general practices services and staff. The CCG has tried to support practices facing such issues and a range of measures have been put in place. Good progress has been made in Salford in terms of bringing new job roles (such as pharmacists and physiotherapists) into general practice teams.

The CCG's communications team has had a particular focus upon messages in relation to access to primary care in Salford and zero tolerance to abuse. These messages have reached a large number of people and further campaigns are planned for the coming months.

Any Salford councillor receiving concerns regarding individual Salford GP practices can refer them to the CCG's Patient Services team via email salccg.patientservices@nhs.net or telephone 0161 779 8800 for logging and theming.

2. Introduction

2.1 A paper regarding access to general practice in Salford came to the August 2019 Health and Social Care Scrutiny Panel and this was followed up with an update in February

2020. Since then, the COVID-19 pandemic has impacted upon all NHS services across the country and availability of appointments in general practice has received much scrutiny and attention from the public and media. Whilst general practice in Salford has been working throughout the pandemic and GPs are currently reporting being busier than they have ever been, the CCG acknowledges that a number of patients are reporting dissatisfaction with the accessibility of GP care. Intelligence suggests that there is variation between practices and that access is likely to be a particular issue at a small number of Salford practices.

2.2 The CCG's Chief Accountable Officer answered a number of questions regarding the impact of COVID-19 upon GP access at the October 2021 Health and Social Care Scrutiny Panel. A formal update was requested for the November 2021 meeting and this paper provides that update.

2.3 The paper will explain the contractual requirements regarding the provision of primary medical care and how these have been impacted by the COVID-19 pandemic. Specific updates in relation to data, digitalisation, workforce and communications will also be provided.

3. Contractual Requirements

Core GP Contract

3.1 Nationally negotiated GP contractual regulations specify that core GP opening hours are 08:00 – 18:30, Monday to Friday (excluding bank holidays). This has not changed during the pandemic, although the nature of service provision has. Apart from a couple of short-term practice closures due to COVID-19 outbreaks and the need for deep cleaning, all Salford practices have remained open and have continued to see patients throughout the pandemic period.

3.2 In March 2020, NHS England, informed by Public Health England, mandated all GP practices in England to implement a 'total triage' model whereby all patients requiring appointments were remotely screened by practice staff (online or on the telephone) and directed to the most appropriate health service for their problem. Many issues could be dealt with at the triage stage, whilst other patients were assigned to telephone, online, video or face-to-face appointments with the most relevant professional, as clinically appropriate. This model was intended to maintain infection control in GP practices, keep patients and staff safe, and allow general practice staff to continue delivering care should they need to self-isolate. The mandate remained in place until May 2021.

3.3 In March 2021, NHS England's '*2021/22 priorities and operational planning guidance*' stipulated that health systems should continue to support practices to increase significantly the use of online consultations, as part of embedding total triage, whilst also ensuring that face-to-face consultations were being offered. Further planning guidance published in October 21 stated: '*Building on the successful deployment of remote consultation systems during the pandemic, systems are asked to continue to support PCNs and practices to optimise the use of these technologies*'. Therefore, whilst total triage is no longer mandated, NHS England clearly supports elements of the system, where this works for clinicians and patients, remaining in place. In fact, more widespread utilisation of triage and virtual consultation types were outlined in the August 2019 report to this scrutiny panel as they were supported in national policy, were wanted by some groups of patients and where used well, were seen as a way of helping to alleviate workload challenges facing practices and helping to free-up time for patients with more complex problems. The COVID-19 pandemic has simply accelerated

the implementation of this policy direction (in hospital as well as primary care) and learning from the last 20 months can be used to ensure the best use of such tools for patients and practices alike.

Network Contract Directed Enhanced Service (DES)

3.4 In addition to core contractual requirements, from July 2019, GP practices have had the opportunity to sign-up to deliver the Network Contract Directed Enhanced Service (DES). One of the requirements of this DES is that networks of GP practices should work together to provide additional appointments outside of core contracted hours (extended hours) that equate to a minimum of 30 minutes per 1000 registered patients per week. All 38 Salford GP practices have signed-up to this DES, working across 5 primary care networks (PCNs). In total this provides an additional 158 hours of consultation time per week.

3.5 In March 2020, the CCG agreed to temporarily suspend the extended hours requirements in order to enable GP practices to focus upon ensuring adequate levels of service during core opening hours. In June 2020, this suspension was lifted and assurance was gained that all PCNs had resumed offering extended hours services to their patient population.

Salford Wide Extended Access Pilot (SWEAP)

3.6 For a number of years, NHS Salford CCG has commissioned the Salford Wide Extended Access Pilot (SWEAP) to deliver additional primary care appointments from neighbourhood hubs over evenings and weekends. The CCG has continued to commission Salford Primary Care Together (SPCT) to provide SWEAP in 2021/22. During the pandemic, there has been a shift in the focus of extended access appointments from pre-booked appointments to appointments meeting the demands of on the day / urgent care and COVID. Salford's Primary Care Commissioning Committee (PCCC) approved the use of two thirds of the 21/22 CCG extended access funding / resources to support the delivery of 'hot' primary care services for assessing and managing patients with COVID-19 symptoms.

3.7 In May 2021, PCCC approved the running of an integrated primary care pilot project (known as EPiC 24), for two years up until June 2023, with 6 monthly evaluations. The EPiC 24 model aligns urgent and unscheduled care services via a digital hub and enables economies of scale and flexibility via the integration of delivery of the following primary care services: SWEAP, GP Out of Hours, emergency care by appointment and a Local Clinical Assessment Service. Under the EPiC 24 model, extended access appointments are offered between 18:30-20:00 Monday – Friday and 08:00-20:00 on a Saturday, Sunday and bank holidays. The appointments can be accessed by everyone registered with a Salford GP.

The Salford Standard

3.8 Salford GP practices are commissioned by the CCG to deliver the requirements of the 'Salford Standard', which financially incentivises practices to improve the quality of care against a set of quality standards. The Salford Standard service requirements were suspended in 2020/21 to enable practices to focus upon the delivery of core services, however, they were re-introduced in 2021/22 with a limited set of requirements.

3.9 Recognising the importance of access to appointments, a specific key performance indicator (KPI) relating to access was included within the 2021/22 contract. All Salford practices are required to write a report which reviews the impact of the pandemic upon practice

appointment systems and patient access to appointments, along with an accompanying action plan for making improvements. The plan must include actions which are likely to result in an improvement in equality of access, including reasonable adjustments for specific groups of more vulnerable patients, e.g. those who are deaf or hearing impaired, those with learning disabilities and those for whom English is a foreign language. The KPI will also incentivise practices to undertake an audit of their appointments over a two-week period. This will support practices to understand how their proportion of appointments taking place face-to-face and virtually compares to other practices in Salford and will facilitate discussion with other practices in their locality. It is acknowledged that there is no 'right answer' and that the patient demographics at different practices may explain some of the variation (e.g. patients registered at the university practice and the practice serving Salford Quays are more likely to prefer online and virtual appointments).

COVID-19 Vaccination Programme Enhanced Service

3.10 When considering capacity within general practice, it should be acknowledged that on top of 'business as usual', practices have been commissioned to deliver the COVID-19 vaccination programme to registered patients. An enhanced service was introduced in December 2020 to facilitate this. In Salford, agreement was made that Salford Primary Care Together would manage and deliver the vaccination programme on behalf of all Salford patients. This had the benefit of protecting general practice workload to some extent, although the programme did generate a high volume of patient queries and practices did support in promoting the vaccination programme to their patients.

3.11 In the second phase of the vaccination programme, which commenced in September 2021, practices in the Swinton and Walkden and Little Hulton primary care networks have opted to deliver the vaccinations themselves, so this will be taking up more time and resources from within the practices based in these two network areas.

3.12 An assessment exercise was undertaken with the aim of minimising the impact of the vaccination programme on general practice access. However, whilst mitigations have been put in place (e.g. additional workforce identified) all practices will have felt some impact from the vaccination programme.

NHS England's Plan for Improving Access for Patients and Supporting General Practice

3.13 On 14 October 2021, NHS England published a plan for improving GP access¹. The plan is divided into three main sections: increase and optimise capacity; address variation and encourage good practice; and zero tolerance of abuse and public communications. Central to the plan is a new £250m winter access fund, which will '*help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences, instead of going to hospital.*' This represents an additional £1.3m for Salford in the second half of 2021/22. The CCG is currently working with partner organisations across Salford and Greater Manchester to agree how the plan will be implemented and how funding will be utilised to ensure that practices are supported and that patients see increased access to primary care services.

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

4. General Practice Data

General Practice Appointment Data

4.1 The 2019 GP Access report to this scrutiny panel explained that as independent businesses, GP practices had no obligation to share information in relation to their appointments / waiting times, making it difficult to draw a complete picture of GP access across Salford. *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan* (January 2019) acknowledged this difficulty and committed to developing a comprehensive dataset which would enable the publishing of robust activity and waiting time data at individual practice and PCN level no later than 2021.

4.2 Progress has been made in this area and NHS Digital now publishes monthly general practice appointment data² at CCG (but not yet practice) level. However, as an 'experimental dataset' there are several caveats and issues which mean that using the published data to understand GP access and draw any conclusions is problematic.

4.3 The NHS Digital data provides a monthly figure for the number of general practice appointments across each CCG. In August 2021, this was 106,494 appointments for Salford. However this is only for 34/38 Salford practices and despite enquiries to NHS Digital, the CCG does not know which practices are missing from the data and the reason for this. Extrapolation is not possible because we do not know if the missing practices are small or large. This makes reliable comparisons over time and between CCGs impossible.

4.4 The NHS Digital data also provides a CCG level breakdown of 'appointment mode' and lists the numbers of appointments according to whether they were 'face-to-face', 'home visit', 'telephone', 'video conference / online', or 'unknown'. The August 2021 data suggests that 40.62% of appointments in that month were 'face-to-face'. However, as well as the issues described in 4.3 above, reliable analysis of the data is not possible because a large % of Salford data is categorised as 'unknown' (20.71% in August 2021). It is thought that this is likely to be due to a significant number of Salford practices utilising a clinical computer system that NHS Digital does not have complete data from. Therefore, it is extremely likely that the actual proportion of face-to-face appointments is significantly higher, but this cannot be quantified or compared over time.

SITREP Data

4.5 A daily situation report 'SITREP' was introduced by Greater Manchester Health and Social Care Partnership in April 2020. The purpose of the SITREP is to gain a complete and accurate picture of the situation across primary care to enable the CCG and PCNs to target support appropriately.

4.6 Initially, the SITREP reported on the status of a practice in relation to being open and seeing patients remotely, face-to-face or a mixed model. It also asked practices to report their staffing and PPE levels. In terms of resilience, a practice was able to report a Green, Amber or Red status. The SITREP has seen a number of updates since its initial inception, including the introduction of a 'Pulse Check' allowing practices to rate themselves between 0 and 10. Further changes were made so that practices now report between 4 (Quieter than normal) and 10 (Critical Risk). The PPE and staffing questions have also been removed from the SITREP.

² <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

4.7 Salford practices have in the majority, generally reported between a 6 (Increased Demand) and an 8 (Very significant increase in demand) with a small number of practices flagging as a 9 or 10. The number of practices increasing their rating to an 8 or above has increased in recent months, reflecting the workload pressures that are being experienced.

GP Patient Survey

4.8 The national GP Patient Survey (GPPS) provides a snapshot of patient satisfaction with access to appointments in GP surgeries. The GPPS is an England-wide survey administered by Ipsos MORI. The most recent data set for 2021 (surveys sent to patients in January 2021) has recently been published by NHS England. As part of the published data set, NHS England provide supporting documentation by CCG. This level of additional information can be accessed via the survey website³.

4.9 4,650 Salford patients completed the 2021 survey, a response rate of 27%. This was up from 2020, when 4,404 people (24%) completed the survey. It should be noted that the questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the Covid-19 pandemic, the effect of which should be taken into account when looking at results over time. The questionnaire, including past versions, and the Technical Annex can be found on the survey website.

4.10 Appendix 1 sets out Salford CCG's member practices' performance and national / CCG average performance against some key survey questions. The CCG has identified three key questions for consideration by the Health and Social Care Scrutiny Panel. The questions focus on appointments available, experience of making an appointment and overall access. It should be noted that in recent years, the CCG has placed a strong emphasis on practices' engaging with their patients through their 'Patient Participation Groups' (PPGs), which GP practices are contractually obliged to have in place. In addition to this, the CCG has also required practices to demonstrate and evidence their engagement with patients through PPG meeting minutes and improvement plans, which draw upon patient feedback from the national GP Survey, the national 'Friends and Family Test' and other sources of patient data intelligence.

4.11 The tables below summarise the CCG average score (an average of all Salford CCG practices) and the national average for the three questions identified. In general, patient satisfaction has improved or remained similar for 2021. With the exception of 2018, the CCG exceeds the national average each year, in all 3 questions.

Question	How satisfied are you with the general practice appointment times that are available to you?			
Rating	(% Satisfied)			
Year	2018	2019	2020	2021
National Average	65.9%	64.7%	63.0%	67.0%
CCG Average	66.1%	66.3%	67.0%	70.8%

³ <https://gp-patient.co.uk/surveysandreports>

Question	Overall, how would you describe your experience of making an appointment?			
Rating	% Good			
Year	2018	2019	2020	2021
National Average	68.6%	67.4%	65.5%	70.6%
CCG Average	67.1%	71.3%	69.0%	72.0%

Question	Overall, how would you describe your experience of your GP practice?			
Rating	% Good			
Year	2018	2019	2020	2021
National Average	83.8%	82.9%	81.8%	83.0%
CCG Average	84.3%	85.7%	83.7%	83.5%

4.12 The CCG is now undertaking a full analysis of the 2021 GPPS results and when areas for improvement are identified, development and support will be provided to practices. Good practice will also be shared and promoted.

5. Digitalisation of General Practice

5.1 The previous GP access reports to this committee highlighted that work was in progress to pilot online consultation systems and to procure a city-wide solution for providing online consultations for patients. The COVID-19 pandemic rapidly accelerated this programme of work.

5.2 As a response to the pandemic, Salford CCG issued a range of additional hardware to GP practices. The hardware was issued over 6 phases due to delays in the supply chain effecting access to the kit and totalled 458 laptops, 711 headsets, 490 webcams, 274 smartcard readers and 252 monitors with built in webcams. Two remote access solutions were also offered to allow clinical staff to have remote access via personal devices where required.

5.3 A rapid rollout of two online consultation solutions, Footfall and PATCHS, took place across Salford practices which allowed patients and practices to interact digitally through online consultation forms and video consultations. This was additionally supported by Iplato and Accurx SMS solutions which allowed 2way text messaging between patients and practices. In April 2021, the online consultation solutions offer was expanded to include Accurx triage for a pilot group of practices at their request.

5.4 Over the course of 2021, Salford practices started to highlight that online consultation solutions were having the unintended consequence of demand coming into practices 24 hours / 7 days a week. In response, practices started to limit the capacity of requests by switching off the solutions outside of core working hours in order to be able to manage the demand safely.

5.5 There is acknowledgment that the necessarily rapid deployment of digital solutions in GP practices did not allow for practices to consider how best to deploy them operationally and

consulting remotely is a skill that clinicians have to learn. The CCG has organised training on consulting remotely and has shared and promoted useful resources. Nationally, the NHS England access plan states: *'To assist practices in working through what is the new optimal blend of remote and face to face triage and care, NHS England and DHSC⁴ have asked RCGP⁵ to consider providing a further update to its guidance to practices by the end of November, including their advice on how practices can ensure they are providing the appropriate proportion of in-person GP appointments for their registered population, that is both clinically warranted and takes account of patient preferences'*.

5.6 At a Greater Manchester level, there was a successful bid for funding for a programme of work to optimise capacity management in primary care via digital tools. The programme has three phases: 'understand', 'reimagine' and 'implement'. This project commenced in September 2021 with 50 practices from across Greater Manchester (5 in Salford) taking part in a series of surveys and workshops to understand current challenges and benefits of online consultation solutions. With the 'understand' phase now complete, work is underway to 'reimagine' the process to best support practices in managing demand through the systems. Funding is available for Salford to use digital facilitators to support rollout during the 'implement' phase.

6. Workforce Initiatives

6.1 The August 2019 paper to the scrutiny panel explained that there was a national shortage of GPs and practice nurses. A range of national and local initiatives aimed at improving recruitment and retention and diversifying the general practice workforce were described. It was the CCG's aspiration to develop a highly skilled, flexible workforce and to support Salford practices to recruit and retain the best primary care professionals in the right numbers to meet local needs. Patient experience and access to general practice services was hoped to increase as a result.

6.2 Unfortunately, the pandemic has only exacerbated the recruitment and retention crisis and the staff remaining in general practice frequently report burnout and low morale, especially in the face of a widescale media and public backlash against general practices services and staff. There have been some high-profile stories of attacks upon general practice staff in recent months and Salford practices have reported increased incidents of verbal and physical abuse and vandalism of practice property. Outbreaks of COVID-19 and isolation rules have impacted upon many Salford practices and high rates of sickness absence across Greater Manchester practices has led to staff shortages and difficulties in obtaining locum staff to provide backfill in their absence.

6.3 The CCG has tried to support practices facing such issues and a range of measures have been put in place including staff wellbeing initiatives, raising awareness of occupational health services, support in sourcing temporary staff and signposting practices to help and advice from a range of organisations working in Salford. The Greater Manchester Health and Social Care Partnership has also had a particular focus upon supporting general practice and wherever possible, local workforce projects are also aligned to the wider GM workforce programme to maximise the benefit to Salford practices.

⁴ Department of Health and Social Care

⁵ Royal College of GPs

6.4 The primary care workforce programme paused following the first wave of Covid 19 and re-commenced in April 2021. Prior to this re-start, support for the Salford system response to Covid 19 was the priority with CCG staff being re-deployed during a period when general practice staff had limited capacity to progress workforce initiatives. Following re-prioritisation, a scaled back workforce programme is in place. The CCG and the wider workforce team has remained committed to ensuring that any investment targeted at workforce development is utilised to maximum benefit, but with minimum impact on primary care resource.

6.5 There has been particular progress in relation to the Network Contract DES (as described in 3.4), which has afforded all 5 Primary Care Networks (PCNs) in Salford the opportunity to participate in the 'Additional Roles Reimbursement Scheme' (ARRS). The ARRS makes funding available to support PCNs to develop multi-disciplinary teams, working across several practices on a neighbourhood basis, supporting patients with a variety of needs. From 1 October 2020, a PCN was able to directly employ or engage any one or more of the following roles:

- Clinical Pharmacists
- Pharmacy Technicians
- Social Prescribing Link Workers
- Health and Wellbeing Coaches
- Care Co-ordinators
- Physician Associates
- First Contact Physiotherapists
- Dieticians
- Podiatrists
- Occupational Therapists
- Nursing Associate
- Trainee Nursing Associate

From April 2021, the following roles were added to the options available:

- Paramedics
- Mental Health Practitioners
- Advanced Practitioners

6.6 All 5 Salford PCNs have recruited or engaged new roles working within local practices. PCN plans developed in September 2021 project that by the end of 2021/22, there will be the following new staff working in general practices across the city:

- 2 adult mental health practitioners
- 1 advanced practitioner (paramedic)
- 2 care co-ordinators
- 50.8 clinical pharmacists
- 11.5 first contact physiotherapists
- 3 health and wellbeing coaches
- 3 paramedics
- 19.9 pharmacy technicians
- 2 physician associates
- 13 social prescribing link workers

These numbers and the range of roles is set to increase further in subsequent years. This will have the outcome of providing patients with the care they need from the professional most

able to support their needs and freeing up GP and practice nurse appointments to support the patients who would most benefit from their professional skills and competencies.

7. Patient and Public Communications

7.1 In response to some of the issues raised above, the CCG's communications team has had a particular focus upon messages in relation to access to primary care in Salford and zero tolerance to abuse.

7.2 In relation to access to primary care, the communications team has sought to dispel the myths that GP practices are closed and that people cannot get appointments. A video⁶ was made explaining how to safely contact a doctor during COVID-19. Monthly updates have summarised how many appointments have been held, the types of appointments and the length of time people had to wait. Examples of the graphics created can be seen on the CCG's Facebook page⁷. In the last six months, these posts have been posted 162 times on the CCG's Facebook, Twitter and Instagram channels, reaching 518,800 people.

7.3 The communications team have also worked on refreshed graphics to promote the options available for people to access the care they need; self-care, pharmacy, general practice and NHS 111. To date, 78 posts have been shared on social media reaching 311,700 people.

7.4 In relation to zero tolerance to abuse, an awareness campaign has been run, with graphics and films shared on social media featuring images of Salford practice staff and quotes. Launched in July 2021, to date 162 posts have been shared reaching 525,600 people. Many of the graphics and films can be viewed on a page on the CCG website⁸, which outlines a zero tolerance to abuse.

7.5 The work of the CCG communications team to support messaging to the public around general practice is ongoing. Between now and the end of the year, they will:

- Continue to create and share the monthly 'stats' graphics around appointments, expanding to show the comparison between pre-Covid and today (once available) to highlight the increase in demand;
- Undertake more work to 'myth bust' around how many GPs there actually are in Salford and how many patients they each cover;
- Share information on the different roles in primary care, e.g pharmacists, practice nurses, physiotherapists, to challenge the notion that patients can only be helped by a GP;
- Produce graphics and films using children from a practice in situ (e.g behind reception, answering the phone) with examples of the abuse directed at their parents;
- Share real examples of the abusive comments from social media directed towards Salford GPs;
- Promote a Greater Manchester campaign (which is in the early stages of development) focusing on the fact that digital is 'here to stay' and that there will not be a full return to how things were pre-Covid.

⁶ <https://fb.watch/8yVnUZGbk6/>

⁷ www.facebook.com/salfordccg

⁸ www.salfordccg.nhs.uk/about-us/how-we-do-things/zero-tolerance-statement-gp-practices

Councillor Queries

7.6 When the CCG's Chief Accountable Officer attended the October Panel meeting, he explained that whilst the CCG cannot investigate and respond to every individual query / complaint / issue that has been raised with local councillors, it would be helpful to have a log of the queries to see if there are any trends or themes arising for particular GP practices which could then be raised and addressed.

7.7 This request has been discussed and it has been determined that any Salford councillor receiving concerns regarding individual Salford GP practices can refer them to the CCG's Patient Services team via email salccg.patientservices@nhs.net or telephone 0161 779 8800 for logging and theming.

8. Conclusion

7.1 Providing good access to appointments at a GP practice was a national challenge prior to the pandemic and COVID-19 has exacerbated these challenges.

7.2 Whilst the CCG recognises that some patients have expressed frustration regarding difficulties in access GP care, it should be recognised that many more are satisfied with the new ways of accessing appointments and the flexibility and convenience that this affords. The GP Patient Survey points to increased levels of satisfaction.

7.3 GP practice staff have been working under great strain, with staffing shortages, increased levels of demand and increased anger and abuse from registered patients and the general public. The CCG has sought to support general practice, and patient access to care with digital solutions, workforce initiatives and communications campaigns. This is work in progress and it is anticipated that more work will arise as a consequence of NHS England's 'Plan for Improving Access for Patients and Supporting General Practice'.

7.4 Salford councillors are encouraged to report concerns relating to individual practices to the CCG's patient services team. This information will be used to identify any themes and particular sources of concern that can then be addressed.

Name (Author) Anna Ganotis

Job Title Head of Service Improvement