

Primary Care Services Bracknell Forest

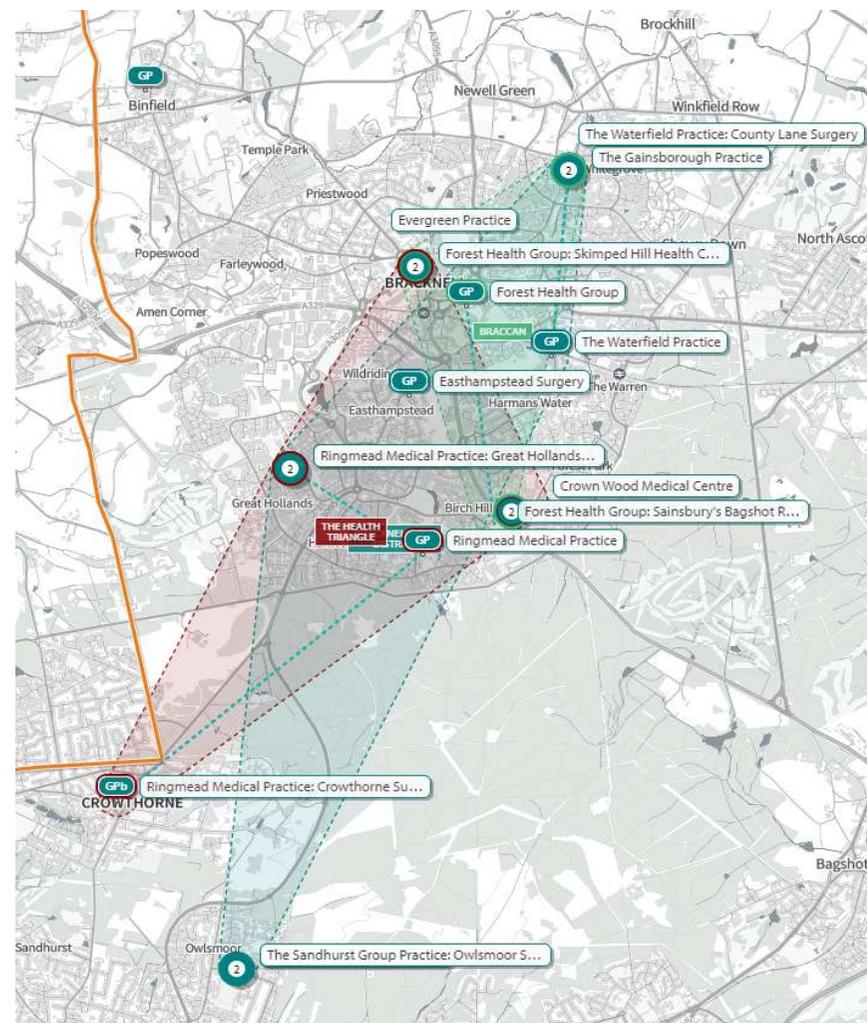
May 2022

Bracknell Forest Primary Care Networks and member practices



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Clinical Commissioning Group

PCN	PCN Clinical Director	Practice	Practice List Size (NHSDig) April 2022
Bracknell & District	Dr Annabel Buxton	The Waterfield Practice	15423
		The Sandhurst Group Practice	18822
		Easthampstead Surgery	5991
		Great Hollands Practice	4237
Braccan Health Network	Dr Jeremy Mellins	The Gainsborough Practice	10189
		Forest Health Group	20970
The Health Traingle	Drs Farhad Daruwalla & Ivan Aloysius	Crown Wood Medical Centre	5838
		Evergreen Practice	5546
		Ringmead Medical Practice	18822
Associate member of Bracknell and District		Binfield Surgery	11692
			117530



Bracknell Forest Access to Primary Care Services

Overview

General practice has adapted to new models of access rapidly to deal with the demands and consequences of the Covid-19 pandemic.

During winter 2021/22, the services provided by general practice continued to be impacted by COVID, particularly the OMICRON variant. Impacts included workforce capacity, ongoing digital transformation, the increased demand due to recovery and impacts of the pandemic on the health of our population, and the changes in behaviours of our populations. The workforce has been under great strain, including being challenged in relation to maintaining capacity whilst keeping people safe, ensuring requirements for infection prevention and control continue to move successfully back to more face to face services. **NHS Digital data shows that general practice appointment levels have increased when compared to pre-pandemic levels**, and this does not take into account the additional activity generated in new ways of working nor that delivered through online consultation episodes. **Despite this increase in capacity, patients continue to report difficulties in access in many areas.**

Although the rapid pace of change to deploy and adopt new technologies in response to the pandemic has overall been positive, it remains critically important for us to work to retain, develop and spread good practice in these new ways of working in a sustainable way that is not counter-productive or leads to poorer levels or inequalities of access. We need to make sure that patients are offered choice around how and when they contact primary care and that there is sufficient capacity to meet the needs of our population – including face to face consultations. How well we engage our populations in these changes will impact on realising the benefits beyond the changes.

Priorities include:

- **Developing a consistent offer for people to access general practices services**, utilising opportunities through face to face, digital and telephony innovation
- **Opening up the 'digital front door'** embedding technology and training existing and new non-clinical workforce required in the new model of care for general practice to improve access to services by navigating effectively to suitable alternatives
- **Utilising the population health information** for an evidence-based approach to securing continuity of care where needed and establishing service models to maximise the available capacity
- **Continuing with the vaccination programme across Bracknell Forest Place** supported by a workforce model that has significantly mitigated the impact on business as usual activity and enable the required flexibility of the national programme
- **Securing the infrastructure requirements** to deliver the PHM model of care in Bracknell Forest Place

Current Position in General Practice

Across the system we are seeing increasing demand across all channels



- Significantly increased demand for appointments, with more patients considering their condition to be urgent
- Particular increase in the working age, generally well population accessing general practice
- Increase in “health anxiety” and mental health consultations

Clinical capacity stretched across routine, urgent, long term condition management and preventative services



- Backlog of routine chronic disease management including diabetes, respiratory and heart disease
- Continuing to see presentations of undiagnosed illnesses following lockdowns
- Ongoing effort to offer preventative services (immunisations and screening)
- Continuing to manage people on the waiting lists to access community and secondary care services

General practice workforce and premise pressures



- Increased staff turnover due to pressures in general practice
- Workforce capacity is stretched to maximum across all services including vaccinations
- Sickness absence of staff both Covid and non-Covid related
- Longstanding premises pressures across surgeries increasingly limiting ability to expand services

Bracknell Forest Priorities



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2022-23 goals

Population health management-based approach to the delivery of general practice, to deliver the following benefits:

- **Reduce demand** by streaming appropriate patients to pathways outside general practice, educating patients in the process to self-care and use the right pathways next time
- **Improve access** and reduce “failure demand” by streaming patients into the most appropriate services to meet their needs
- **Better patient experience** by improving telephony, increasing self-serve options and navigating more patients to the right care first time
- **Maintain continuity of care** for the patients who need it most – not a “one size fits all” approach
- **Make best use of resources**, including non-clinical care navigation and best use of the PCN ARRS workforce to support minor illness and routine care for the generally well population, as well as developing at scale Personalisation and Anticipatory Care Team workforce to support clinical staff with patients with LTCs and complex needs
- **Strengthening the PHM approach including links across planned care, public health and the local authorities through an established PHMD programme**

How we have been listening to local people

Over the past 6 months we have carried out wide ranging engagement to better understand the views of local people about access to health care services

Digital access to Primary Care

Over 600 responses to survey

Winter Communications Survey

Over 200 responses to better understand where people seek information and to test current approaches

Same day urgent care focus groups

Four focus groups with people identified as more frequent users of SDUC services

Healthwatch website and phone line review

Healthwatch review of all Practice website and answer phone messages

Healthwatch patient and staff survey

Survey focussed on Access to GP led services 347 patients from Bracknell took part

Partnership working

Committed partnership approach between Local Authority, Healthwatch, Public Health and Involve (CVS)

Social listening

Continued listening across social media channels to better understand the views of local people around access to services

Innovation fund and charities projects

Continued commitment to supporting local community projects with a focus on health and wellbeing

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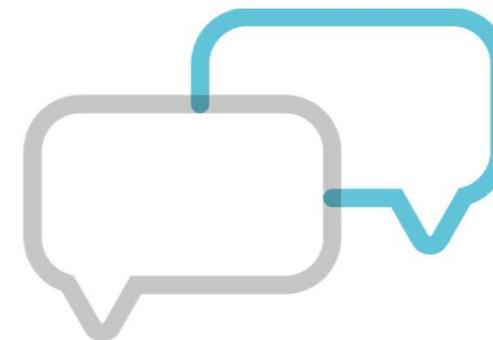
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What we have heard...

Similar themes were common across all of the feedback we received. This includes...

- People consistently told us that they were confused by multiple entry points to care, including GP practices, Urgent Care Centres and Walk-in Centres, NHS 111, 999, and Emergency Departments (A&E).
- People also told us that they are confused by the variation in services, including the level of care provided and different opening times.
- The majority of patients said that they want to access urgent care through their own practice, however their current experience of primary care is variable. Patients are reporting that access to primary care has got worse during the pandemic.
- Digital access is welcomed by the majority of users, some find it too complicated or confusing
- There is a strong need to reconnect with neighbourhoods and communities - they feel they don't know what is currently going on
- The NHS is a trusted source of information but there is less awareness of localised sources of information
- Partnership working in a different way is powerful - shared leadership and ownership of issues is important
- Communities want to help themselves but often don't have the time, money or knowledge to get started
- We still need to work harder to reach people - including accessible materials and making time to have a presence in local communities



What are we doing in response?



Increasing capacity

8,854 Additional appointments delivered between November 21- April 22 in general practice
Additional respiratory and paediatric pathway to support same day urgent care
Covid Vaccination delivery
Proactive Care Management (home visits)



Increasing workforce capacity & skills mix

PCN recruitment to new clinical and non clinical roles in primary care (clinical pharmacists, paramedics and physician associates, mental health practitioners, social prescribers, care navigators etc.)
GPs and nurses fellowship offer



Improving premises and releasing capacity

Minor improvements grants to maximise clinical room capacity in general practice
6 facet survey and PCN estate toolkit launched to identify needs, informing future estates strategy



Utilising digital to support people

Digital solutions implemented to improve access, communications and increase efficiencies (VoIP, Population health segmentation, Online/ Video consultations)
New Practice website development



Self care and alternatives to general practice

Community consultation Service, 111, 111 CAS
Frimley Healthier Together
Ongoing work with PH on CVD prevention workstream (hypertension, obesity, health checks)
Frimley Healthier Together website



Continuing to engage and communicate with our residents

Optimising practice online presence- consistent messaging about services and how to access these
Communication resource centre on Frimley Health and Care website



Population health management

Populations Health Segmentation in place
Care navigators and social prescribers recruited to engage our communities better
Proactive Case management deployed focusing on high risk patients who have not been seen in primary care in the last 6 months
Children and Young People- focus on MH



Maturing PCN development

PCN transformation plans to develop at scale models
– Telephone hubs introduced to improve access to same day urgent care, e-Hubs to improve general practice response time to online queries

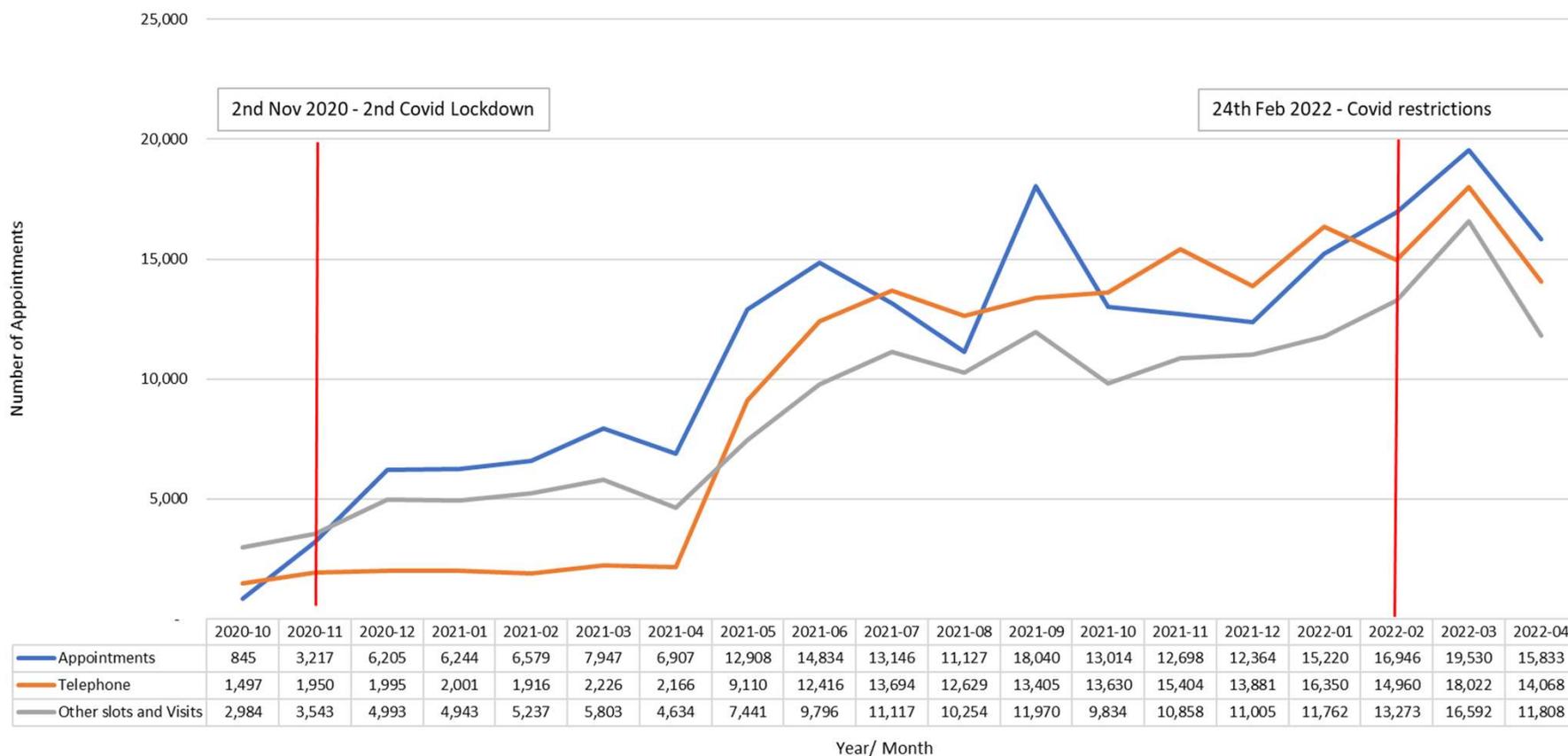
Bracknell Forest - Monthly Care related encounters by Appointment mode type - (Period October 2020 – April 2022)



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Bracknell Forest Primary Care Activity (EMIS XA) by Appointment slot type
(Time period: October 2020 to April 2022)



- All appointments by telephone, Face to face and other modes (visits and other modes) saw a rise from May 2021.
- There were months where telephone appointments increased beyond Face to face appointments

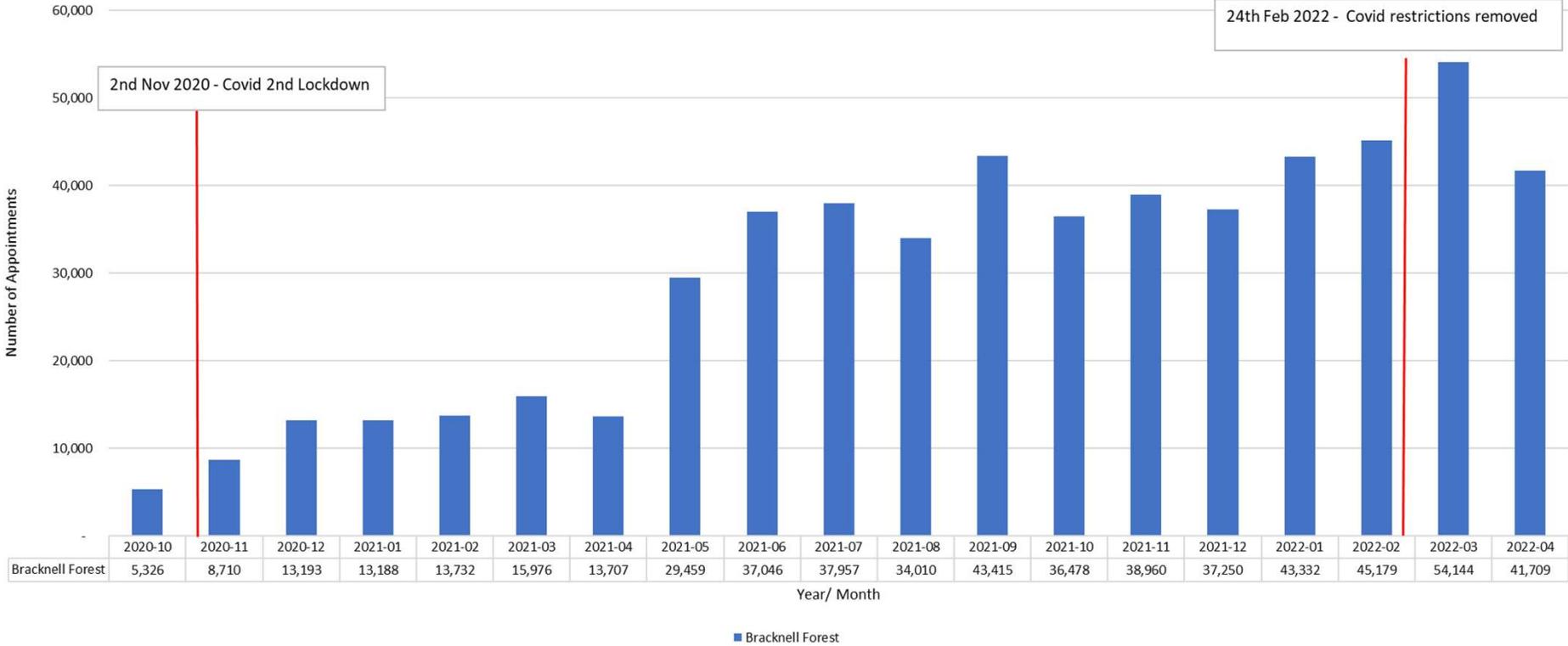
Bracknell Forest -Monthly appointments for Care related encounters - Period October 2020 – April 2022)



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Bracknell Forest Primary Care Activity (EMIS XA) - Number of Appointments
(Time period: October 2020 to April 2022)



- There was drop in appointments following the 2nd lockdown.
- From May 2021, there was a significant increase in appointments

How we are communicating change in Bracknell

A range of communications materials, both internal and external, have been/are continuing to be produced for GPs and partners across the whole system to be able to tell one consistent story to patients. A new series of short animations have been created and will be launched in June.

A communications escalation plan has been developed to ensure consistent messaging across partners at various levels of demand/system pressure.

A [Communications Resource Centre](#) has been set up on the Frimley Health and Care website containing downloadable assets for each campaign to encourage sharing via social media channels, websites and newsletters.



MEET THE TEAM:



Supporting staff in primary care

- A bespoke six month engagement programme for PCN Directors and Managers is now underway with support from the communications and engagement team. The programme is supporting with both patient and community involvement theory alongside practical support.
- Frimley Training Hub staff survey - run by The Picker Institute. Over 350 responses (to date) from staff across Frimley. Specific focus on satisfaction linked to responsibility, skills and organisational value of individual work. Reports now available on request that will allow individual PCNs to drill down into the data. As well as having a view of Place, System and Thames Valley this will also provide the opportunity to benchmark responses against the wider geography.
- Staff Training and Development
 - Care navigation & signposting
 - Digital triage
 - Resilience
 - Managing difficult conversation

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TRAVERSE

The logo for TRAVERSE features the word in a bold, purple, sans-serif font. Below the text is a stylized graphic consisting of two vertical bars connected at the top and bottom by horizontal bars, forming a shape reminiscent of a cross or a bridge.

**Frimley
Training Hub**

supporting the development of the
primary and community care workforce

The logo for Picker features a stylized graphic of three interlocking circles in shades of blue and purple, followed by the word "Picker" in a bold, dark blue, sans-serif font.
Picker

The highest quality person centred care for all, always.

Further information and resources

Frimley health and care website

www.frimleyhealthandcare.org.uk

Frimley Healthier Together website

<https://frimley-healthiertogether.nhs.uk/>

Communication resources page

www.frimleyhealthandcare.org.uk/working-here/communication-resources-for-system-partners/

Insight and Involvement platform

<https://insight.frimleyhealthandcare.org.uk>

Social media



@FrimleyHealthandCare



@FrimleyHC



@Frimleyhealthandcareics



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Healthier Together

Improving the health of babies, children and young people throughout Frimley

