

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 September 2021

Subject: Access to General Practice in Manchester

Report of: Head of Primary Care, Manchester Health and Care Commissioning

Summary

The report to Health Scrutiny is intended to outline the current position in relation to access to General Practice in Manchester including:

- The impact the Covid-19 pandemic has had on access to primary care and the modifications that have been put in place to continue to provide access to General Practice in Manchester
- New ways of working including the digital
- Plans that are underway to support the recovery of General Practice including improving access and reducing barriers patients face when accessing General Practice
- An update on the GP Patient Survey for 2021

Please note that attending the Committee will be:

- Dr Manisha Kumar, Medical Director, Manchester Health and Care Commissioning (MHCC)
- Dr Paul Wright, Deputy Medical Director MHCC
- Caroline Bradley, Head of Primary Care MHCC
- Dr Vish Mehra, Gorton and Levenshulme Primary Care Network Clinical Director and Chair of Manchester GP Forum

Recommendations

Members of the Health Scrutiny Committee are asked to:

1. Note and comment on the information within the report; and
 2. Receive further updates on access to General Practice as appropriate.
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Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None listed.

1.0 Introduction

The report to Health Scrutiny is intended to outline the current position in relation to access to General Practice in Manchester including:

- The impact the Covid-19 pandemic has had on access to primary care and the modifications that have been put in place to continue to provide access to General Practice in Manchester
- New ways of working including the digital
- Plans that are underway to support the recovery of General Practice including improving access and reducing barriers patients face when accessing General Practice
- An update on the GP Patient Survey for 2021

2.0 Background

General Practice is the bedrock of our National Health Service (NHS), providing the first point of contact with healthcare for most people and providing equivalent to 1 million GP consultations everyday (RCGP). In addition, General Practice provides essential continuity of care by holding patients' medical records for their life course from pre-conception to old age (Figure 1).

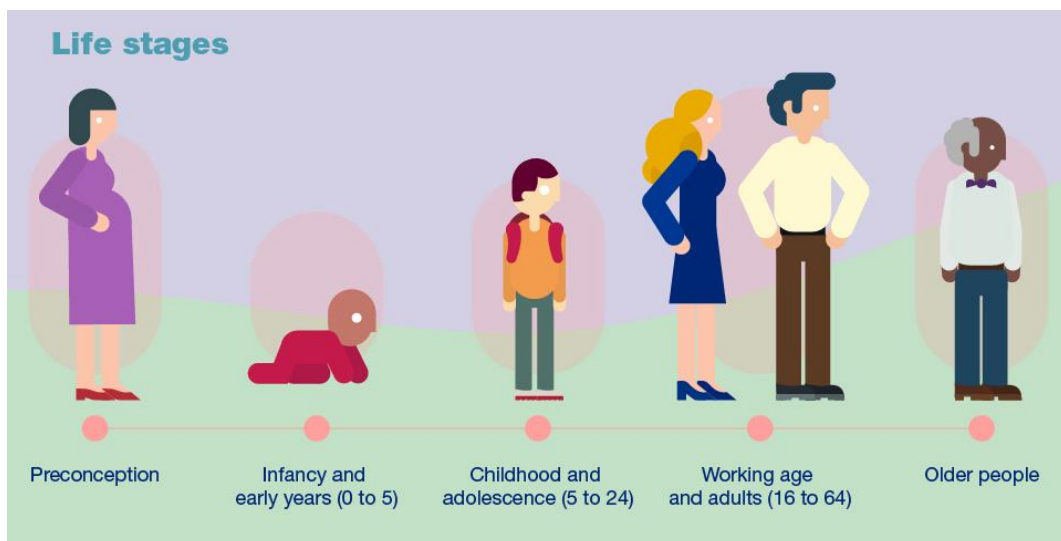


Figure 1: [Health matters: Prevention - a life course approach - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-matters-prevention-a-life-course-approach) Public Health England. May 2019

Therefore, good access to GP services is important and is a longstanding concern for both patients and the NHS.

Good access to General Practice including how this should be measured, and what it means in practice, has been a matter of debate for some time. A range of factors contribute to whether patients feel they have good access to general practice care, including practice location, opening times, ease of arranging appointments, and waiting time for an appointment. Every patient has their

own preference regarding how their care should be delivered with some patients valuing convenience whilst other value continuity.

However, what is clear is that patients need a consistent way to access General Practice and equity is paramount.

3.0 General Practice in Manchester

Currently, there are 85 GP practices in Manchester with large variation in the number of patients registered at the practices. This ranges from 1,820 for the smallest through to 23,096 for the largest practice with a citywide total of 679,284 patients registered at Manchester GP practices (data correct at 1st July 2021). This is a rise of 51,003 registered patients since March 2017 with further population growth expected.

Over the last few years, there has been a reduction in the number of GP practices in Manchester due to a combination of mergers and retirements. Although there are less practices, the changes that have taken place have resulted in larger, more resilient practices that are making General Practice more sustainable and providing a solid base for transformation.

In addition to the challenges of population growth, General Practice in Manchester is working with increasingly complex caseloads, demographic challenges, health inequalities and a rising pressure on resources.

Through their contractual obligations, GP practices are required to provide essential services to their registered patients during 'core' hours, from 8.00am–6.30pm on Monday to Friday, excluding bank holidays. Over the last few years, a lot of work has been undertaken through the Manchester Primary Care Standards Scheme to improve access and reduce variation amongst practices. This includes the removal of half day closures that were still in place in some parts of Manchester until March 2020.

However, not all access to General Practice is provided through individual GP practices. In recent years, the General Practice Forward View¹ and NHS Long Term Plan² have been the catalyst for General Practice operating at scale to deliver services including improved access. These changes to national policy have resulted in an extended, seven-day access offer for General Practice through evening and weekend appointments. In Manchester, this is delivered through:

- Extended Access Service – provided by Manchester GP Federations
- Extended Hours –provided by 14 Manchester Primary Care Networks (PCNs)

In addition, the following services are commissioned to provide additional access to General Practice in Manchester:

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

² <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

- Out of hours services
- Primary Care Walk-In Centre (two located in Manchester)

Further information on all the General Practice service listed above is provided in section 4.1.

4.0 Impact of the Covid-19 pandemic

The Covid-19 pandemic has had a significant impact on the health and social care system, including General Practice.

Throughout the pandemic, General Practice in Manchester has remained open and has responded by rapidly adopting new ways of working to continue delivering essential primary care services to the population of Manchester in a Covid-secure way. In addition, General Practice in Manchester has been the major delivery route for the Covid Vaccination Programme, the largest vaccination programme in the history of the NHS.

These new ways of working have meant a change in the way that services are delivered together with a change in the way patients access services. These changes are summarised in the following sections:

4.1 GP contractual modifications in response to Covid-19

In response to the pandemic, NHS England and NHS Improvement has issued a series of documents and guidance for General Practice to adopt to ensure continuity of services whilst at the same time keeping patients, GP practice staff and the public safe.

As mentioned above, not all access to General Practice is delivered by individual GP practices. There are several other providers across Manchester that operate services which deliver access to General Practice.

National guidance issued in response to the Covid-19 pandemic has meant most providers making modifications to their usual contractual requirements to enable safe delivery of services. The contractual requirements, and the modifications made in response to the pandemic, for these services are summarised in Figure 2 below:

	Contract requirements (key points)	Covid-19 modifications
GP practices		
Core hours	<ul style="list-style-type: none"> • 8am - 6.30pm, Mon to Fri (excl. bank holidays) • Essential and additional services 	<ul style="list-style-type: none"> • April 2020 - Triage first model implemented • May 2021 – further NHS England guidance issued stating:

		<ul style="list-style-type: none"> • All GP practices must ensure they are offering face to face appointments. • Patients and clinicians to have a choice of consultation mode. Patients' input into this choice should be sought and practices should respect preferences for face to face care unless there are good clinical reasons to the contrary • All practice receptions should be open to patients • Patients should be treated consistently regardless of mode of access. • Practices should continue to engage with their practice population regarding access models and should actively adapt their processes as appropriate in response to feedback
GP Online	<ul style="list-style-type: none"> • Booking and cancelling appts • Ordering of repeat prescriptions • Viewing of GP record • Minimum of 25% of all appointments to be available online 	<ul style="list-style-type: none"> • Functionality for booking/cancelling appointments turned off during Covid-19 pandemic
Digital Primary Care*	<ul style="list-style-type: none"> • Online consultations (by April 2020) • Video consultations (by April 2021) 	<ul style="list-style-type: none"> • This is currently guidance (aspirational) and not yet contractual. However, the pandemic has accelerated the delivery of digital services.
Primary Care Networks		
Extended Hours	<ul style="list-style-type: none"> • minimum of 30 minutes per 1,000 registered patients per week 	<ul style="list-style-type: none"> • January 2021 - Extended Hours was reprioritised nationally to allow additional

	<ul style="list-style-type: none"> • available to all registered patients within the PCN • for emergency, same day or pre-booked appointments • delivered by a healthcare professional or another person employed or engaged by the PCN • to be delivered at times outside of the hours that the PCN Core Network Practices' primary medical services contracts • must deliver demonstrable addition to any appointments provided by the PCN's practices under the CCG Extended Access Services • are provided on the same days and times each week with sickness and leave of those who usually provide such appointments covered by the PCN • may be provided face to face, by telephone, by video or by online consultation provided that the PCN ensures a reasonable number of appointments are available for face-to-face consultations where appropriate. 	<p>capacity to support the Covid-19 Vaccination Programme</p> <ul style="list-style-type: none"> • Further national guidance expected
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GP Federations

<p>Extended Access</p>	<ul style="list-style-type: none"> • minimum of 45 minutes per 1000 registered population per week. • Mon – Fri provision of access to pre-bookable and same day appointments to GP services in the evenings (after 6:30pm) provides an additional 1.5 hours per day • weekend provision of access to pre-bookable and same day appointments (both Saturdays and Sundays) to meet local population needs 	<ul style="list-style-type: none"> • During March 2020 the Extended Access Service capacity was re-purposed to provide Hot (Covid symptomatic) and Cold (non-Covid symptomatic) hubs across the City • Additional appointment slots are made available each week in North, Central and South Manchester • Covid 'hot hub' capacity is flexed between hot and cold activity as the Covid recovery
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		<p>continues and in response to need</p> <ul style="list-style-type: none"> • The same level of funding remains but allows flex to demand • Each PCN has an identified clinical lead for access to work with the GP Federations to ensure the offer meets the needs of their population
Out of Hours		
gtd healthcare	<ul style="list-style-type: none"> • service is open from 6.30pm-8.30am • service is accessed via NHS111 • patients are assessed via telephone triage, called back and offered a home visit or face to face on MRI site after 7.30pm 	
Primary Care Walk-In Centres		
Manchester Urgent Primary Care Hub (City Centre)	<ul style="list-style-type: none"> • service is open Mon-Sun from 8am-8pm • walk in service 	<ul style="list-style-type: none"> • patients to phone in advance where they will be triaged and where an appointment is required patients will be seen via video, telephone or given a time for a face to face appointment. where clinically appropriate patients will be seen face to face.
Hawthorn	<ul style="list-style-type: none"> • service is open Mon-Fri from 8am-8pm, Sat/Sun from 10am-5pm (except Bank Holidays) • walk in service 	<ul style="list-style-type: none"> • patients to phone in advance where they will be triaged and where an appointment is required patients will be seen via video, telephone or given a time for a face to face appointment. where clinically appropriate patients will be seen face to face.

Figure 2: Modifications to General Practice contracts in response to the Covid-19 pandemic

In addition to contractual requirements, further modifications had to be made by General Practice in the way that they deliver care. To ensure the safety of staff and patients, several precautions had to be introduced such as 'donning and doffing' of personal protective equipment (PPE) and cleaning of clinical

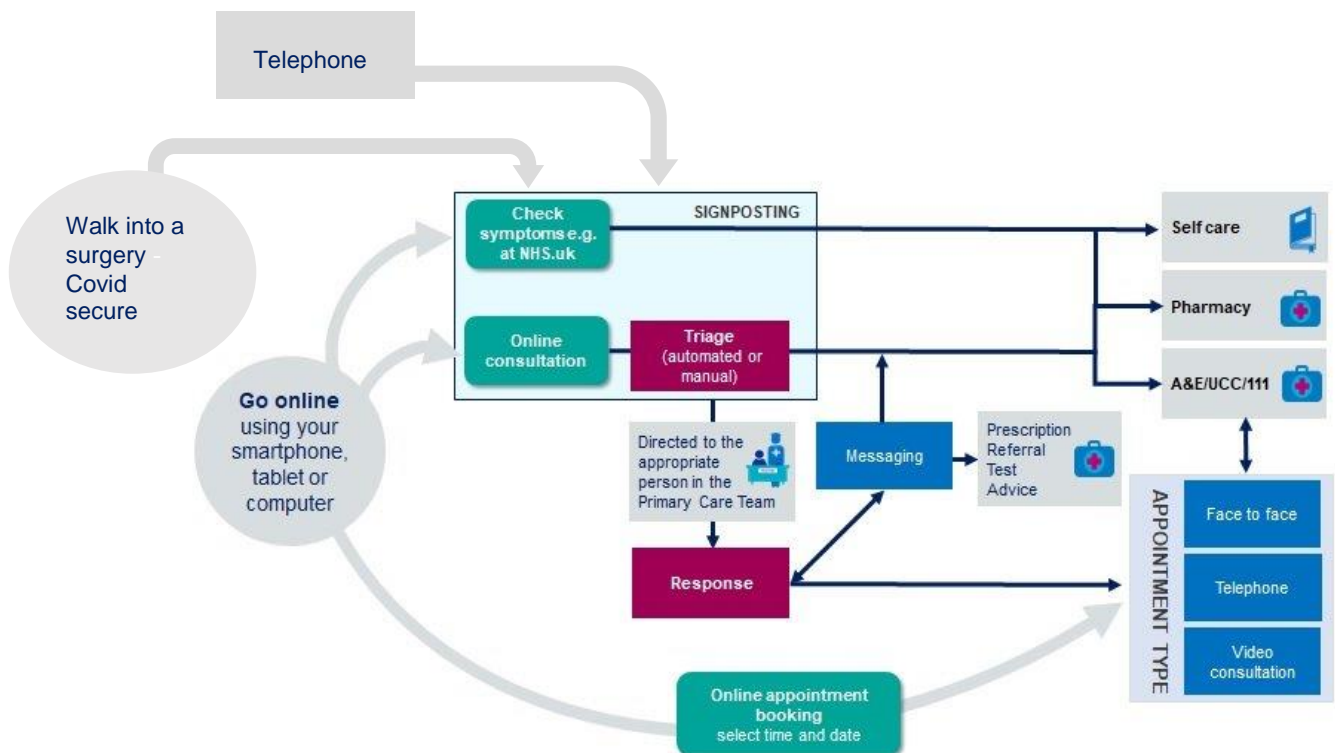
rooms after patients. The result has been a longer appointment times and challenges operating in GP practice estates.

4.2 Digital

In April 2020, a triage first model was implemented in line with guidance from NHS England and NHS Improvement³. Triage first means that every patient contacting their practice (by telephone or online) is being asked to provide information on the reason for contacting their practice and is triaged (by a clinician) before making an appointment. The implementation of this model has been important to:

- protect patients and staff from the risks of exposure to Covid-19
- reduce avoidable footfall in practices
- ensure patients receive care from the right person at the right time

Following triage there are several outcomes shown in figure 3 below. These outcomes include a range of different appointment types which are determined by what is deemed clinically appropriate and based on patient preferences. These include telephone, video and face to face appointments. Where an appointment with the GP practice is not the most appropriate course of action, patients will be signposted to the relevant alternative course of action including self-care, pharmacy and where necessary urgent care services such as the Covid-19 Urgent Eyecare Service (CUES).



³ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf>

Figure 3: Current ways to access General Practice

The introduction of a total triage model resulted in an acceleration of the adoption of digital services (digital triage, online and video consultations).

In Manchester, prior to the pandemic, a Digital Strategy for General Practice had been agreed and was in the early stages of implementation. Ensuring alignment to the GP Forward View and the NHS Long Term Plan, this would deliver against several GP contractual requirements and ensure that every patient be offered digital primary care by 2023/24.

The Manchester Digital Strategy was to be implemented through a structured approach, underpinned by a communication & engagement plan and robust equality impact assessments, to provide:

- Timely access and a more responsive General Practice
- Increased choice and flexibility for patients
- Embedding of a digital culture within General Practice

The timelines for implementation of the Manchester Digital Strategy were surpassed by the rapid need to digitise General Practice in response to the Covid-19 pandemic; and ensure General Practice could operate and deliver essential services to the population.

To support the rapid deployment of a triage model and enable digital functionality across General Practice has required significant resource. The resource has included equipment, training and digital expertise.

4.3 Appointment Activity

The adoption of a triage first model, for the last 16 months, has led to a shift in the type of appointments being delivered by General Practice. This can be seen in figure 4.



Manchester GP Appointments Financial Year Comparison

National Dataset

Appointment Variation
Appointment Mode

Measure
Appointments

Patients Registered
Open GP

2018-19 2019-20 2020-21 2021-22

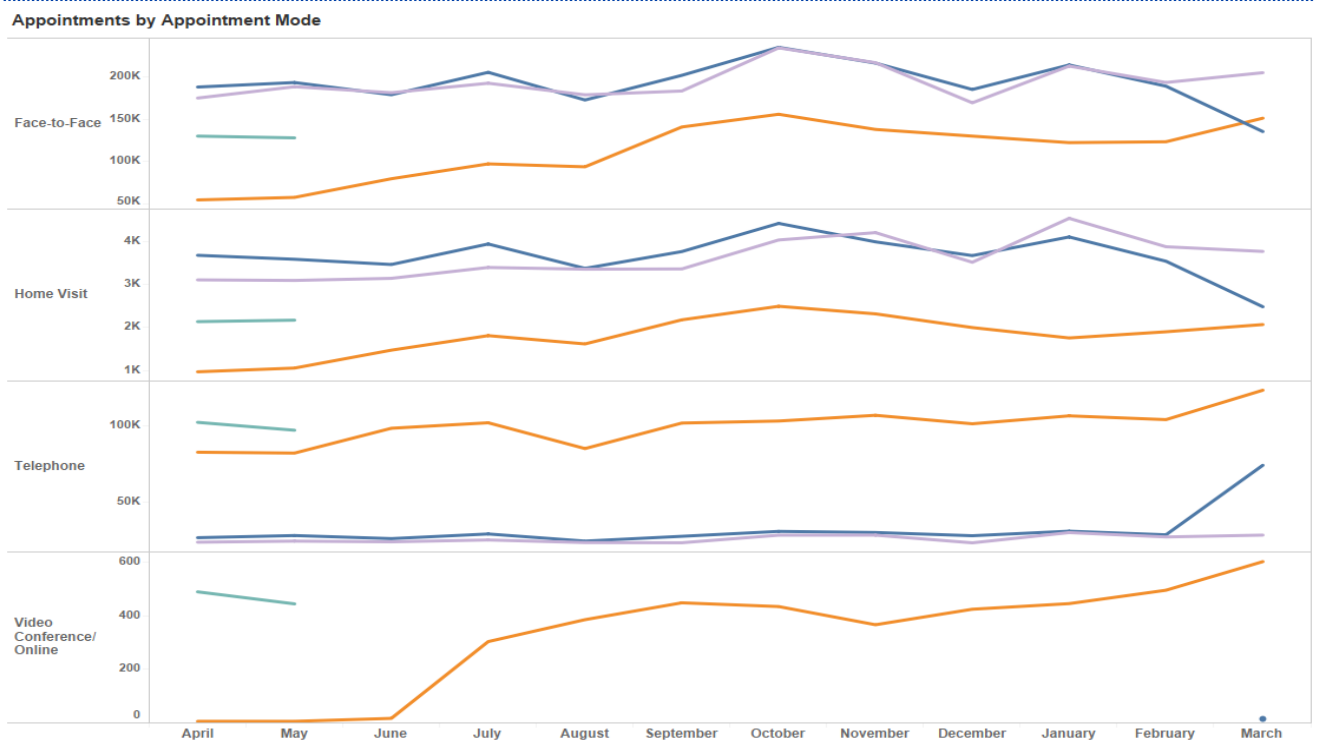
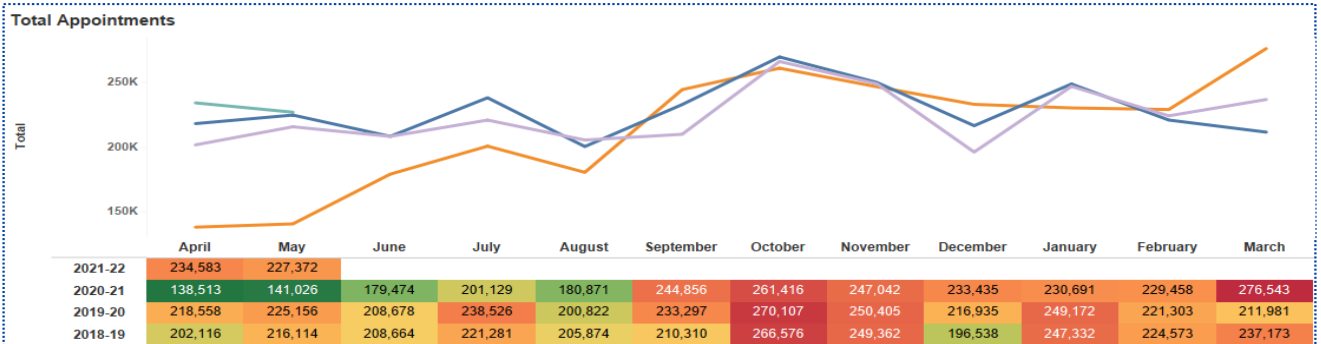


Figure 4: Manchester GP appointment data (via NHS Digital) from April 2018 – May 2021

The National dataset⁴ in figure 4 shows that whilst the number of appointments delivered during the first lockdown decreased, since then the numbers of patients accessing General Practice has been steadily rising and the number of appointments currently being delivered in General Practice is in line with activity levels pre-pandemic. To note – this data does not include vaccination appointments delivered by General Practice

In fact, the total number of appointments delivered in March 2021, April 2021 and May 2021 have surpassed activity of previous years.

⁴ [Appointments in General Practice June 2021 - NHS Digital](#)

The data also shows that during the pandemic, the number of telephone, video and online consultations has increased significantly. The number of face to face appointments has reduced, most noticeably in the early months of the first lockdown. Home visits have also reduced although the reasons for this are multifactorial.

However, the national data significantly underrepresents the activity that is being delivered through General Practice in Manchester. The move to more digital way of working has seen the introduction of new software (AccuRx) that integrates with the GP practices electronic record (EMIS) to:

- Send ad hoc text messages
- Have asynchronous conversations (text chat)
- Share photos and documents
- Complete health screening information
- Send emails
- Undertake video consultations

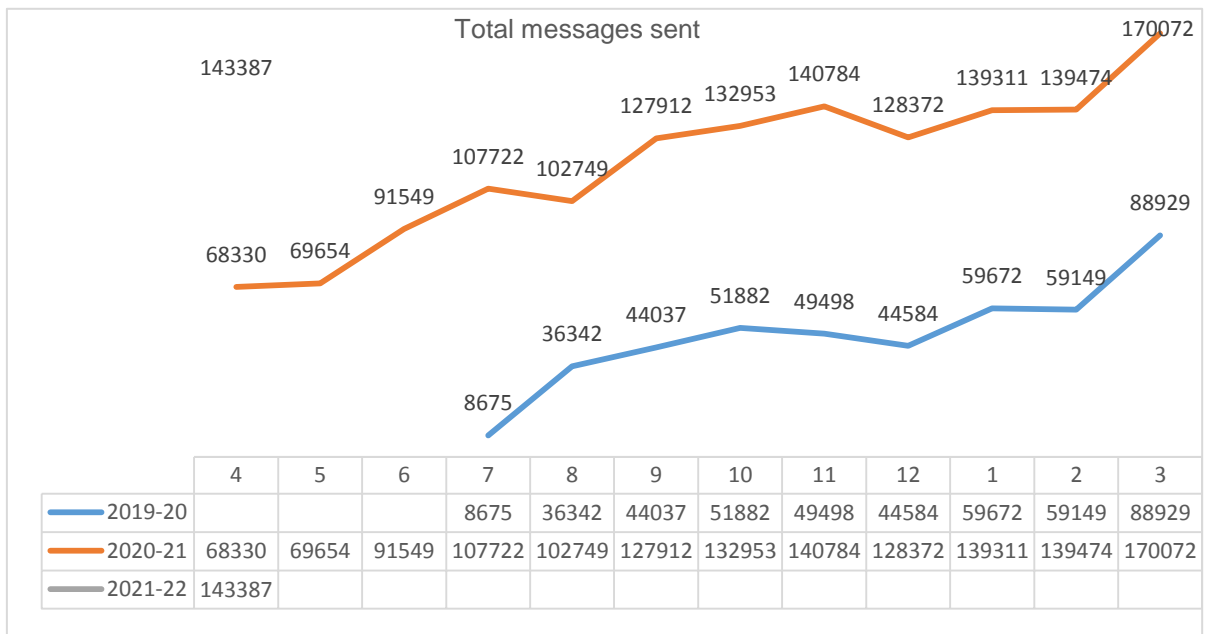


Figure 5: Total number of messages sent (AccuRx) by Manchester GP practices from July 2019 to April 2021

Including the activity shown in figure 5, it can be seen that General Practice is facing more demand and operating at a level above pre-pandemic levels.

A challenge when analysing appointment data for General Practice is the time lag on the data which ranges from weekly to annually. For a timelier understanding of access to General Practice, the capacity available and the demand being faced, a Situation Report (SitRep) has been developed which GP practices in Manchester are asked to complete three times per week. The SitRep gives real time data across several areas which is available to commissioners via the MHCC Tableau Portal within 15 minutes. If a GP

practice is reporting increased demand or reduced capacity / access, then MHCC can offer support to the practice in a real time manner. An example of the Manchester SitRep is provided in Appendix 1.

4.4 Digital Transformation

Many patients prefer the ability to have a telephone, video or online consultation with a GP or member of the practice clinical team, as it can provide extra flexibility and conveniences. It is recognised that this digital first model may not be appropriate for all patients, or in all cases which can lead to inequalities for patients trying to access GP services.

MHCC is aware that inequalities in General Practice access have arisen during the pandemic, for example:

- Some patients may not have access to the internet or have a device to use, or a mobile phone from which to contact or receive communication from their GP
- Patients may not be confident going online to manage their healthcare
- Disabled patients facing barriers to getting online or consulting over by video or telephone
- Language barriers faced by non-English speaking people when trying to get online

To understand the inequalities better and pro-actively work to reduce inequalities associated with the digital enablement of General Practice, MHCC has created a Digital Transformation Group (DTG) as shown in Figure 6 below. The DTG's aim is two-fold and that is to improve the patient experience and the practice process regarding digital services.

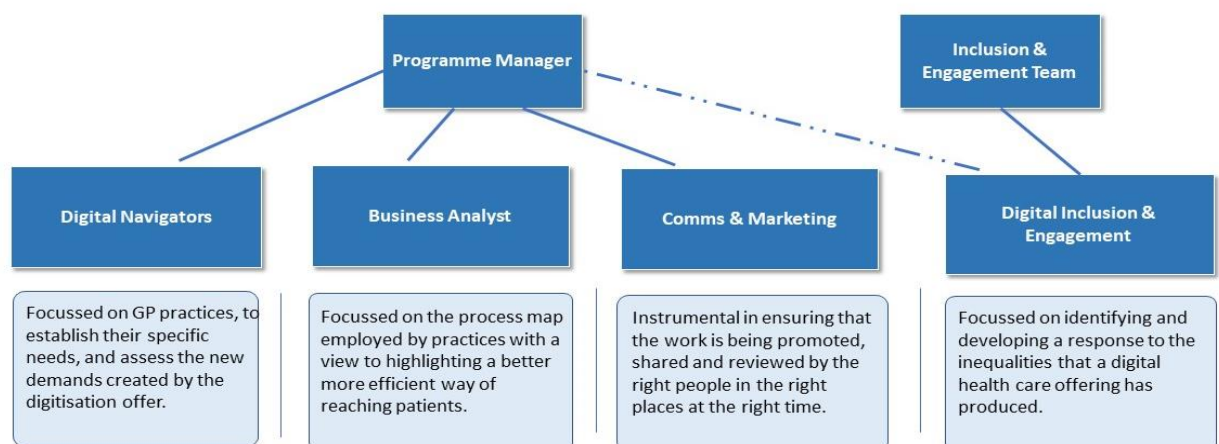


Figure 6: Manchester Digital Transformation Group

Key areas to note regarding the work the DTG is undertaking:

- A team of Digital Navigators has been created. The team are focussed on supporting GP practices to improve the ways in which staff manage the

increase in demand, while working to develop their digital processes to allow more time for those patients who won't be going online to contact their GP.

- A Digital Inclusion and Engagement Project Manager has been appointed and is working to address the inequalities that have developed because of the rapid implementation of digital services. Working with partners across Manchester (e.g. Adult education, Manchester City Council, CAM, Manchester Libraries, People First, Breakthrough) to create support for patients to:
 - access their GP practice online
 - download the NHS App
 - feel confident to go online
 - to improve health literacy by supporting the discovery of reliable online health resources
- Working collaboratively with VCSEs to encourage those communities that are known to be adversely affected by digital exclusion to find ways to go online safely, and to offer greater activity over their healthcare and the decisions they make around it.

There is a wealth of learning that has been gained from the Manchester Covid Vaccination Programme that has been invaluable to this work and it has helped to highlight the communities that most need support.

4.5 Covid Capacity Expansion Fund

In November 2020, NHS England and NHS Improvement announced the Covid Capacity Expansion Fund (CCEF) which provided £150 million additional funding nationally to General Practice. The funding was to be used across seven priority areas:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple Covid pulse oximetry@home model
3. First steps in identifying and supporting patients with Long Covid
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely

In Manchester, as per point 1, an element of this funding was used to increase access to General Practice through the provision of additional sessions at every GP practice between November 2020 and March 2021.

In March 2021, NHS England and NHS Improvement extended the CCEF making further funding available until the end of September 2021. Therefore, GP practices in Manchester have received funding to deliver additional clinical sessions until the end of September 2021. Further guidance is awaited from NHS England and NHS Improvement regarding another expansion to the CCEF from October 2021.

5.0 Impact on General Practice

As outlined above, the Covid-19 pandemic has led to unprecedented change in the way General Practice operates.

The continued provision of services throughout the Covid-19 pandemic, the rapid implementation of digital and triage first models of care, the increasing demand on services and the delivery of the largest vaccination programme in history is seeing General Practice endure one of the most challenging periods in its history.

The impact of this, and the negative portrayal of General Practice in the media, should not be underestimated.

Many staff have worked throughout the pandemic and worked longer hours to keep practices open with reduced staff due to sickness and self-isolation, endured unpleasant working conditions due to the need for PPE and are now seeing increasingly complex patients that have not accessed care throughout the pandemic.

This is coupled with rising levels of abuse from patients who are frustrated with the impact of Covid-19 on the health system, the delays to care they may be experiencing and the Covid-19 restrictions that have changed access to many services including healthcare. Often the reasons for this are outside the control of General Practice. This has left General Practice staff feeling exhausted, overwhelmed, less resilient and in some cases fearful for their safety.

The effects of being on the receiving end of abusive behaviour are multiple and include staff sickness and workforce shortages, reduced productivity and possibly reduced quality of care which risks compounding an already challenging situation.

There have been calls from NHS England, the British Medical Association (BMA) and the Institute for General Practice Management (IGPM) for patients to be kind and patient with practice staff and for a zero-tolerance approach to abuse to be adopted.

Across Manchester, MHCC has been working with practices to offer their staff support through occupational health services, wellbeing support and access to an Employee Assist Programme. The Greater Manchester Resilience Hub has

also been engaged regarding further support that can be offered to staff working in General Practice in Manchester.

6.0 Primary Care Recovery

The impact of Covid-19 will be felt for many years and recovery is expected to be a long haul that will require a system wide response across acute hospitals, primary care, community, mental health and social care services.

As Manchester moves into the recovery phase it will retain the positive elements of the Covid-19 driven transformation.

Several programmes of work are being implemented that not only restore service provision, whilst remaining prepared for possible future waves of the pandemic, but also aid reform and recovery.

6.1 Primary Care Quality, Recovery and Resilience Scheme (PQRRS) 2021/22

It is recognised that recovery from the pandemic for our patients, and for society, has only just started. Covid-19 has had a disproportionate impact on some communities and patients, particularly Black and Asian communities, disabled people and inclusion health groups such as refugees, asylum seekers and homeless people. In addition, section 4.4 highlights some of the existing health inequalities such as poverty, language and digital exclusion.

The PQRRS is an opportunity to build on the addressing inequalities work that practices have played a major role in over the past year. The aim of this proposed scheme is to support the recovery of primary care, to boost the resilience of our primary care workforce and to fund time for care and time to ensure quality is embedded in recovery across Manchester General Practice to meet the needs of our diverse communities.

6.2 Workforce

To deliver the Covid-19 response, Covid-19 vaccination and Covid-19 recovery, there needs to be an expansion of the primary care workforce. MHCC has funded additional clinical capacity for GP practices over the past 12 months. This has included the CCEF additional clinical sessions for each GP practice, from November 2020 until September 2021. This additional clinical capacity directly supports patient access to primary care by increasing the volume of available clinician time and improves practice and staff resilience. Additional funded administrative capacity and Health Care Assistant / Practice Nurse time has also been funded between November 2020 and September 2020.

There has also been a focus on the Additional Roles Reimbursement Scheme (ARRS) that is part of the PCN Direct Enhanced Service (DES) running from 2019-2024 and is a nationally funded scheme under which PCNs can employ and embed new roles within General Practice. These new roles initially started with pharmacists and social prescribing link workers, and have been

expanded to include Physician Associates, Health and Wellbeing Coaches, First Contact Physios, Podiatrists, Dietitians, OTs, Pharmacy Technicians, ACPs and Mental Health Practitioners. In Manchester there is considerable work underway to recruit fully to these roles and to develop and embed these new roles within General Practice to increase capacity and access.

The Covid-19 pandemic has impacted the resilience of the Manchester General Practice workforce. It has also highlighted pre Covid-19 challenges around GP and nursing numbers, succession planning and retention. In response to these challenges, MHCC has developed a Primary Care Workforce Organisational Development Plan to deliver short, medium and long-term solutions and change.

6.3 Supporting Increased demand on General Practice

As referenced throughout this report, General Practice has seen a significant rise in demand and is facing unprecedented levels of activity. Although the demand has been rapidly increasing, primary care is still the right place to support the majority of patients be it through supporting complex care, holistic care, preventative care and, when needed, providing urgent care.

To support General Practice in managing the rising demand for services, a MHCC Group including clinicians, primary and urgent care commissioners, business intelligence and communications & engagement has been established. The Group is developing a plan that is focusing on five priority areas that include:

- Improved access to General Practice
- Health and Wellbeing support for General Practice staff
- Communications and engagement
- Workforce development
- Collaboration and system wide working

As increasing demand is an issue that is not specific to Manchester, the five priorities above are aligned to work that is underway through an overarching Greater Manchester (GM) Task and Finish Group that is co-chaired by Dr Vish Mehra. The GM Task and Finish Group has recently submitted an Accelerator bid, on behalf of the GM CCGs, requesting additional funding for primary care to enable plans to be implemented at pace.

7.0 GP Patient Survey Results 2021

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England to assess patients' experiences of healthcare services provided by GP practices.

The survey is sent to a random selection of patients who are registered with GP practices in England. On average, approximately 2 million adult patients asked to complete the survey annually. The response rate for Manchester for 2020 and 2021 is shown in figure 7 below:

Year	Number of surveys distributed	Number of surveys returned	Response rate
2020	38,916	8,469	22%
2021	40,164	9,957	25%

Figure 7: Comparison of response rate to GP Patient Survey for Manchester 2020 and 2021

A summary of the key indicators and a comparison of the data for 2021 and 2020 for Manchester is shown in figure 8:

















Question	2021 compared with 2020
Overall, how would you describe your experience of your GP practice?	
Generally, how easy is it to get through to someone at your GP practice on the phone?	
Helpfulness of receptionists at GP practice	
Which of the following general practice online services have you used in the past 12 months?	 In patients using online booking, ordering repeat meds, accessing medical records online
How easy is it to use your GP practice's website to look for information or access services?	
Were you satisfied with the type of appointment (or appointments) you were offered?	
Overall, how would you describe your experience of making an appointment?	
Perceptions of care at patients' last appointment with a healthcare professional	
During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?	
In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?	
How satisfied are you with the general practice appointment times that are available to you?	
How do you feel about how quickly you received care or advice on that occasion?	
Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?	

Figure 8: Comparison of GP Patient Survey results 2021 and 2020 for Manchester GP practices

Key

	Increase in 2021 position compared to 2020
	No change in position
	Decrease in 2021 position compared to 2020

Further analysis of the GP Patient Survey can be found online at a CCG⁵ and an individual GP practice level⁶.

The information in figure 8 shows that although it has been a challenging year responding to the pandemic, lockdowns, changes to the ways General Practice is accessed and delivered, patients have reported an improvement in General Practice services in Manchester across a number of areas.

There are two areas where there has been no change and two areas where patients have felt things were not as good as in previous years.

The results of the GP Patient Survey for 2021, and any actions required, will be discussed at the Supporting Increased Demand Group.

8.0 Risks

The last 16 months have been unparalleled for General Practice, it has proved challenging to deliver core services throughout the pandemic with continuously changing guidance and at the same time the Covid-19 vaccination programme. However, General Practice has adapted and responded to ensure General Practice has remained open, safe for its patients and enabled patients to be vaccinated.

Section 6 of this report has outlined several programmes of work that are underway to support General Practice and patients as we move into recovery. However, there are challenges that remain which must be considered as continue to plan and develop services. These include but are not limited to:

- Ensuring that General Practice is seeing the right patients. There are patients that have chosen not to access health care throughout the pandemic and there are patients who have not been able to access healthcare.
- Working to reduce inequalities across our communities, including those where Covid-19 has had a disproportionate impact, to ensure an equitable and consistent way to access General Practice. This will be supported by relevant Equality Impact Assessments to remove barriers and ensure communities and/or groups of patients are not disadvantaged when accessing General Practice.

⁵ <https://www.england.nhs.uk/statistics/statistical-work-areas/gp-patient-survey/>

⁶ <http://www.gp-patient.co.uk/>

- Workforce recruitment and retention and making General Practice an attractive place to work with staff feeling valued, resilient and confident in their jobs underpinned by training and development.
- Communication & engagement and the value of clear, consistent messages for General Practice, patients and the public to ensure patients are accessing the right service at the right place at the right time.
- System wide working and the importance of collaboration across the health and care sectors.

9.0 Recommendations

Members of the Health Scrutiny Committee are asked to:

- Note and comment on the information within the report; and
- Receive further updates on access to General Practice.