MID & SOUTH ESSEX STP
Primary Care Strategy Communications and Engagement Plan

1/ What is Primary Care?

Primary care covers those NHS services which are most likely your first port of call when you are feeling unwell or need medical advice, and this includes your local GP practice, community pharmacy, dentist and optometry (eye health) services.

2/ Why are you trying to change primary care services?

We know many patients have come to see their local GP as the first person they want to see when they are feeling unwell or need medical advice. This has created an enormous amount of pressure on local GP practices and often means patients can struggle to get an appointment as quickly as they would like. We estimate the gap between demand for appointments and the number of available appointments is about 20,000 per week, and if we do nothing this will widen significantly in future.

We also know that a large portion of GP appointments are taken by patients who could actually be seen by a different health professional. As an example, a recent national analysis by NHS England concluded that patients with self-treatable conditions account for around 18 million GP appointments and 2.1 million visits to A&E.

In order to improve the situation for both patients and GP practices, we know we need to change the way services are delivered. A core part of our plan is to make it easier for patients to see other health professionals, closer to where patients live.

3/ So will my GP just refuse to see me?

If you need to see your GP you will get an appointment. But if it would be better for you to see someone else – such as a nurse, physiotherapist or mental health specialist – then you will be given an appointment with them instead. Not only does this mean you will be seeing the right professional for your illness or condition, but it also means you will be seen more quickly.

4/ So are these changes just about improving services for patients?

That's a big part of it. But we are also trying to make things better for local health workers and that includes your GP and practice staff. There is enormous pressure on GPs who often see more patients during the course of a day than we think they should.

This also makes it difficult to attract new GPs to come and work in mid and south Essex. By creating an environment where GPs can focus on patients with the greatest need and where they can also specialise in certain types of conditions or medicine, we think we will have a much better chance of attracting GPs to the area.

5/ I've heard about something called Localities. What are they?

This is an important part of this strategy. Each part of mid and south Essex has been separated into a number of Localities, or Hubs as they are called in some areas. For instance, Southend has four localities. GP practices within each Locality now have a better opportunity to work together and support each other. It will also make it easier for different services (such as community nurses, mental health and social care) to work together.

6/ Won't patients just go to A&E even more than they do now?

We know it is frustrating for patients when they cannot get an immediate GP appointment and that some will go to the hospital's A&E department instead, even though they know they don't have an urgent condition. We think if we can make it easier for them to get an appointment locally, even if it's with someone other than a GP, patients will be far less likely to go to A&E.

7/ Why are you suddenly trying to change primary care services?

These changes have been underway for the past few years across the five CCG areas, although each CCG has approached this in a slightly different way. Our aim is to bring all of this work together into a single strategy and allow our primary care teams to work together.

8/ So this just means I might see someone other than a GP?

No, what this also means is that we will have a varied team of health and social care professionals working side by side. We know some patients are using a number of different health and social care services and this new way of working means that different professionals – for instance, a social workers, a nurse and a pharmacist – can work together to deliver a single package of care. Hopefully this will mean patients won't have to keep repeating their story over and again to different professionals and the care they receive will be more joined up.

We appreciate some people prefer to see a GP for all their medical needs and concerns, but this places enormous pressure on GP appointments. Not only is this bad for GPs and practice staff, it is also bad for patients. Some will have to wait longer for a GP appointment who could more easily and quickly be seen a different health professional whilst those who do need to see their GP will also have to wait longer.

Over time we hope patients will appreciate the many benefits of being navigated more quickly to other health professionals and only seeing their GP when they really should.

9/ Surely all we need is more money to hire more GPs?

We already have the money to hire more GPs, but we really struggle to recruit to this area. Although this is a national issue we know that across mid and south Essex we have significantly fewer GPs per head of population than the national average. We think this new way of working will provide a more attractive career opportunity that will draw GPs and other health professionals to mid and south Essex. This includes better premises, training and specialism opportunities. We also aim to reduce pressure on appointments so GPs can focus on those patients with the most complex needs.

10/ How many more GPs do we need in mid and south Essex?

We need to recruit another 120 GPs in mid and south Essex and have a detailed plan on how to do this. If successful, these plans will enable us to hit our national

target of having 682 Full Time Equivalent (FTE) GPs in post by 2020.

But it's important to remember that it's not just about getting more GPs. In order to fully implement this new way of working we also need to recruit or redeploy almost 200 other health staff including clinical practitioners, physiotherapists, mental health and social care professionals.

11/ So how much will this cost and where's the money coming from?

We have identified an immediate funding need and estimate that in order to fully implement this strategy, recurrent investment is needed from this point year on year reaching approximately £30m by 20/21. Each of the CCGs has developed a detailed investment plan to support implementation of this strategy.

12/ Why wasn't this done before the STP started to look at changing local hospital services?

This work has been underway for several years and although the five CCGs are following very similar models, this work has largely been done by each in isolation. When the joint committee of the five CCGs was formed it created an opportunity for this work to be brought together under a single strategy. Not only will this allow us to take a 'big picture' view across the whole of mid and south Essex in terms of primary care, it also allows us to apply for millions of pounds of additional funding to support this work.

13/ Are local GPs on board with these changes?

We have worked with local practices to develop this approach and this has been important as we are essentially shifting services from being GP-delivered to GP-led. Importantly, we are seeking to ensure we can measure morale among GPs and practice staff to see if these changes are actually delivering an improvement to their working lives, alongside other measures of success. Importantly, the Essex Local Medical Committee (LMC) has also endorsed this approach. The Essex LMC is a local committee of GPs which represents their interests within Essex.

14/ Is the plan to close local practices?

We have a large number of older GPs and are facing exceptionally high levels of predicted retirement. In fact, Health Education England recently identified that the retirement challenge in mid and south Essex is the greatest in England. We also have a high level of small and single-handed practices and so this will naturally lead to some practices closing as GPs retire. No patient is ever without a GP practice as they are automatically aligned to a new one should their current practice close. They also have the right to register elsewhere. Our challenge is to ensure we can lessen the impact of these retirements partly through attracting more GPs to the area but also by expanding our workforce with other health professionals who can manage appointments which are not appropriate for a GP.

15/ Where are all these additional staff members going to come from if you cannot recruit now?

We are heavily reliant on international recruitment in order to achieve our target. Although we have experience of running successful international recruitment programmes in the area, we recognise that this is a considerable risk. This is one of the reasons why, in this strategy, we want to move away from a service that is predominantly GP delivered to one that is GP led, building up a primary care workforce that includes a much wider range of professional disciplines. We have a detailed plan to recruit more GPs and nurses but also a wide range of other professionals so that we have vibrant, multi-disciplinary teams in general practice.

16/ Do you need to undertake another consultation?

We do not need to consult on the changes being developed but we do think it important local people and patients are involved. As such, each CCG will be delivering a programme of engagement for its local community to keep them informed and involved as plans develop.