

Health Inequalities Audit 2019 - Access to General Practice**Background**

NHS England have identified there are “*currently significant inequalities in different groups’ experience of access. Whilst making changes designed to improve access, CCGs should ensure that new initiatives work to reduce inequalities as well as improve overall access*”.

As part of the NHS Operational Planning and Contracting Guide 2017-19, NHS England set out their 7 core standards for improving access to general practice.

As part of these core standards, one relates to inequalities with patients’ experience of accessing general practice.

Through the commissioning arrangements there is a real opportunity to improve access to general practice for patients, however funding alone will not deliver our aspirations to improve access particularly for those groups of patients that traditionally have a poorer experience of accessing GP services.

NHS Leeds CCG in collaboration with public health has undertaken a review which examines barriers to access that exist for the population of Leeds. Whilst individual patients will each have a different experience of access we want to ensure equality in experience of access for all patients regardless of protected characteristics, personal circumstances or condition.

Appropriate access to primary care services is key to supporting the Leeds CCGs high level strategic commitments which are to:

- deliver better outcomes for people’s health and well-being
- reduce health inequalities across our city

Assessing local issues

As outlined within NHS England’s “Improving Access for all: reducing inequalities in access to general practice services”, Ford et al outline 6 key factors which may influence a patients ability to access general practice:

1. Identification of health problem – barriers can include: health literacy (including education and health beliefs) and problematic experiencing causing a health issue.
2. Decision to seek help – barriers can include: health beliefs, understanding the local health system, support.
3. Actively seek help – barriers can include: patient and community, use of technology and discrimination.
4. Obtain appointment – barriers can include: registration at a practice, access to an interpreter, navigating the booking process, diversity in patient backgrounds, GP preference,
5. Attending an appointment – barriers can include: waiting room experience, transportation.
6. General practice interaction – barriers can include: the consultation, communication, cultural competency, equality.

Health Inequalities

Health inequalities are differences in health between people or groups of people that may be considered unfair. Health inequalities exist across a range of dimensions or characteristics,

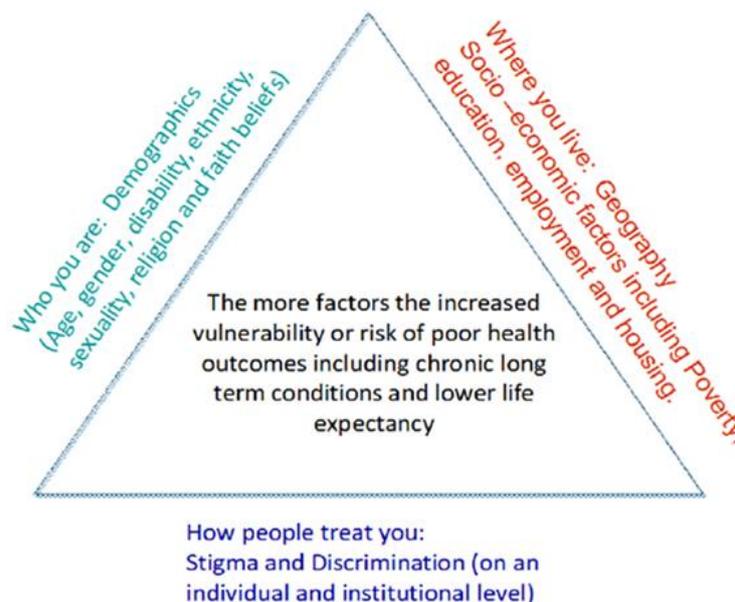
including personal characteristics, lifestyle factors, social networks, living and working conditions, and socio-economic and environmental conditions.

By tackling health inequalities we can help ensure everyone has the same opportunities to lead a healthy life, regardless of who they are or where they live. However, despite efforts to address inequalities in health, stark health inequalities remain. Nationally, there has been little change in: the gap in male life expectancy; male and female healthy life expectancy and premature cancer mortality. Life expectancy for females has actually widened between those living in the most and least deprived areas.

A key determinant of health is where people live, with poorer health outcomes being closely related to higher levels of deprivation. As some ethnic groups are far more likely to live in more deprived areas than others, this results in further inequalities for some groups. Similarly, those who are considered vulnerable may also experience greater health inequalities.

It is widely known that some groups within Leeds have a poorer experience of accessing healthcare services. The following model (developed by Leeds Public Health) is helpful in illustrating the impact of health inequalities for groups who may be considered vulnerable, including highlighting links with ethnicity, where people live and the relationship to healthcare access and experience.

Health Inequalities Model of Vulnerability



Current Picture

A review of national evidence in relation to primary care access was undertaken by Public Health and the following provides an overview of the main barriers and access issues experienced, as evidenced nationally:

- Accessing a Practice
 - Registration i.e. lack of paperwork, lack of capacity to take on new patients
 - Understanding of healthcare services i.e. cost
 - Staff attitudes acting as a barrier i.e. prejudice, discrimination, understanding needs
 - Location i.e. transport links, rural areas
 - Building access

- Accessing an Appointment
 - Ability to make an appointment
 - Timeliness of appointments available
 - Suitability of appointments available

- Patient Experience
 - Understanding within the consultation i.e. low health literacy, language barrier
 - Communication i.e. respect, listening, appropriate delivery of information
 - Satisfaction with consultation i.e. confidentiality, privacy, confidence in advice provided
 - Responsive service i.e. speed of appointment, convenient time, appointment with preferred member of staff, sufficient time allocated for appointment.

The findings from the evidence review also supported the view that those from vulnerable groups are most likely to report the access and experience issues outlined above. Such groups include those sharing one or more protected characteristic, the result of which is poorer health outcomes than the rest of the population.

Target Groups

Someone who may be considered vulnerable may require additional support to help live their lives, including accessing healthcare services. The following groups may be considered vulnerable:

- | | |
|------------------------------------|-------------------------------|
| • People insecurely housed | • Drug and alcohol addiction |
| • Gypsy, Traveller and Roma groups | • Gang/serious youth violence |
| • Refugees and asylum seekers | • Harmful sexual practices |
| • Migrant populations | • Domestic violence |
| • Sex workers | • FGM |
| • Faith groups | • Poverty |
| | • Homelessness |

Evidence also highlights the following groups may be similarly challenged in relation to primary care access and experience:

- People with mental health problems
- People with learning disabilities
- People with low health literacy
- People with drug and alcohol problems

Groups who are not registered with a GP practice are also highlighted and may be considered 'invisible' in the primary care system. Action is therefore required to reduce the number of Leeds residents who are not registered with a GP practice and to highlight any areas where this is a particular concern for community groups. This is supported by the NHS England report 'Improving access for all: reducing inequalities in access to general practice services' (NHSE, 2017).

Methodology

An action plan has been developed in line with the 6 key factors identified that prevent patients accessing primary care and the factors that have been identified as the main barriers to access. The action plan takes into consideration comments from patients and service users through both the national GP patient survey 2018 and feedback given to the CCG. The action plan identifies current action taken by the CCG to address these barriers and outlines any existing gaps where future insight work is required. This insight work will then inform any future commissioning intentions to support access into primary care.

In order to ensure that we do not exclude patients who do not often attend primary care we will also ensure that insight work would seek to engage these groups. Research has led us to identify the elderly, young males and gypsy and traveller community as groups that are less likely to access primary care.

As a Leeds system we have committed to focus on our frail population as we move to a commissioning for population health approach. We also are aware that there are particular challenges for this group in terms of cognitive function, mobility and travelling to appointments and complexity of health conditions. A number of patients (young males) attend Accident & Emergency for primary care amenable complaints, often citing access to GP services as the reason for attendance. We have reviewed the cohort of patients who have attended A&E and were streamed to GP services using this as a proxy measure for identifying groups who are struggling to access general practice. This will also be an opportunity to evaluate a scheme we have recently put in place in Leeds aimed at improving access for the gypsy and traveller community.

Primary Medical Services – GP Practice Provision

Through delegated commissioning arrangements, Leeds CCG is responsible for the commissioning of primary medical services from our 100 GP practices. Each practice has its own way of providing services to the local population which responds to patient feedback and the population demographic and we encourage practices to actively review capacity and demand as part of a quality improvement approach.

Access is key indicator of quality and workload and as part of our regular review of quality forms part of our Primary Care Quality Improvement Dashboard including:

- Patient Experience
 - GP Survey
 - Friends and Family Test
 - www.nhs.uk ratings
- Access
 - Use of A&E, GP Streaming, Minor Injury Units, Walk in Centre, 111, out of hours and Extended access hubs
 - Use of online consultations

Where local intelligence identifies recurring themes, the team will work with individual practices to develop an action plan to address areas of concern.

Current Service Model for Extended Access

The delivery of extended access services is currently provided via the Leeds GP Confederation through 12 physical 'hub' locations as well as a virtual access to physiotherapists and pharmacists available in specific areas of the City. The hub locations are identified as:

Aire Valley
Armley
Hyde Park / Burley Park
Ireland Wood
Leeds Student Medical Centre
Morley
Otley
Pudsey
Rutland Lodge
Seacroft
St Georges
Wetherby

The physical locations have been identified through discussions locally as to the preferred locations to respond to patient accessibility.

Between April 2018 and January 2019 there have been an additional **82,739** appointments available across the City, which reflects a growing number as the roll out of extended access occurred throughout the year to meet the October 2018 target for implementation. Leeds West practices had early access to funding for extended access and therefore the utilisation / awareness of appointments is currently greater in those areas whilst the rest of the City continues to embed the services.

Services available through the hubs include appointments with GP, nurse, HCA, physiotherapist and pharmacist.

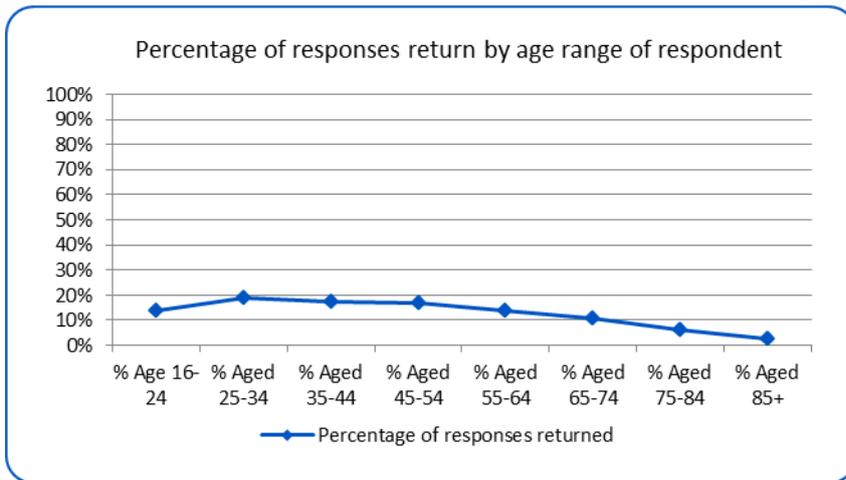
The GP Survey 2018 results

The patient demographic results show that out of the 33,034 survey forms distributed, there was a 31% response rate with 10,367 surveys returned. These results in part have been included within the action plan. There are different response rates to each individual question provided by patients and the actual number has been included after the percentage figure to show the number of patients who have responded to that particular question.

The male population are slightly under represented with a 49% (5,529) response rate with 51% (5,681) of females replying.

Those aged between 25-34 provided the most responses 19% (2,132) with those aged over 75+ provided the least responses.

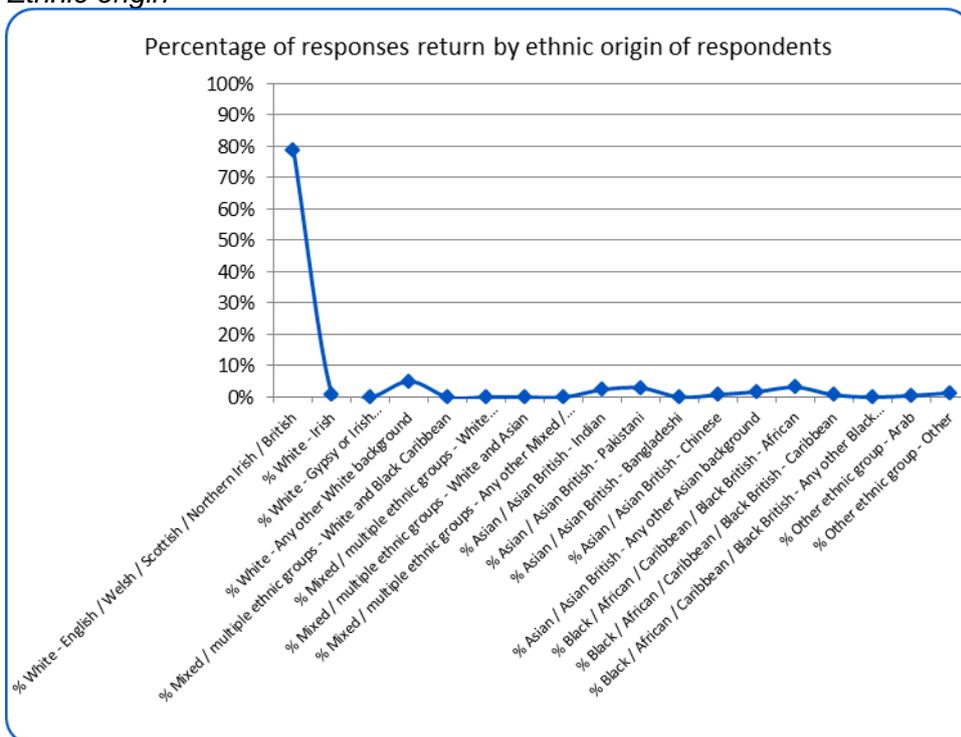
Age Range



The ethnic origin of respondents demonstrates that from the 11, 141 total responses received, the majority of respondents was predominantly “White – British” with a response rate of over nearly 9,000 as shown in the chart below.

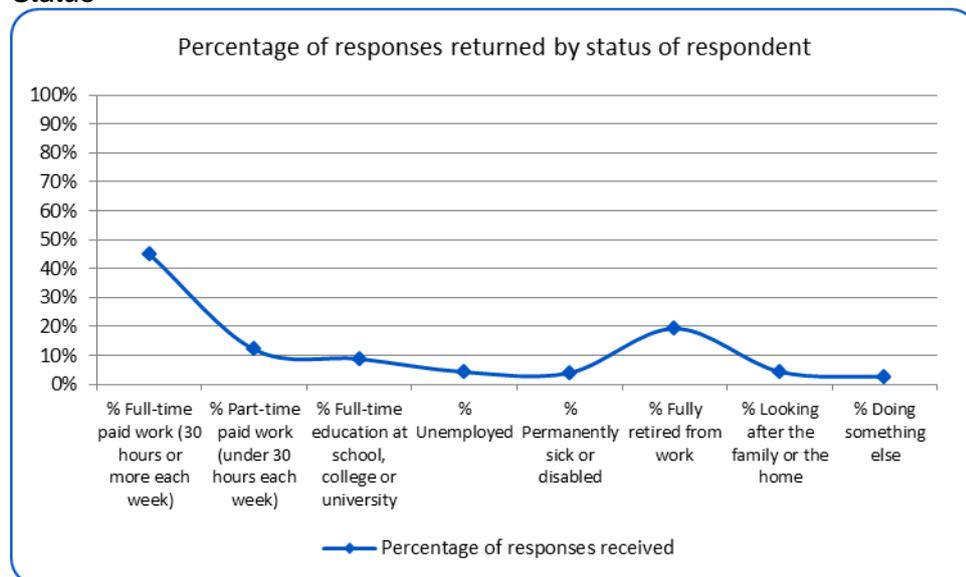
The lowest return rate was from “White - Gypsy or Irish Traveller” with only 2 responses received. We know that this cohort of patients are a hard to reach group and have poorer health outcomes due to limited accessibility to health care services and in particular, primary care. To understand why this community struggles to access health services, the CCG visited the local authority Gypsy and Traveller site called Cottingley Springs in a previous exercise. Residents were asked what worked well and what could be improved upon. The feedback provided identified that the majority of people wanted it to be easier to register with a GP practice and that they would also like to be able to choose a practice of their choice.

Ethnic origin



The majority of responses were received from full-time paid work for more than 30+ hours per week. This cohort of patients also experience issues when utilising general practice where improved access or alternative commissioned services would be beneficial.

Status



Frail & Elderly and Long Term Conditions

As a Leeds system there is a commitment to focus on our frail population as we move to a commissioning for population health approach. There is evidence of particular challenges for this group in terms of cognitive function, mobility and travelling to appointments and complexity of existing health conditions.

The 'What matters to older people living with frailty review' found that one of the most important things to this group is 'experience of using healthcare services, in particular whether they feel they have been listened to and treated with dignity'.

In relation to end of life care 'people's experience of care' and 'how people's wishes are taken in consideration' were highlighted as most important.

This evidence is echoed by the 2017 GP Survey findings for those living with long term conditions which highlighted that whilst the way people are treated with Long Term Conditions in Leeds is generally good, there is a gap in the way local organisations help them to manage their condition and the way plans are discussed and communicated between health care professional and patients.

One in 5 patients who responded to the GP Survey felt that they had not had enough support from local organisations to manage their health condition. In addition, more people reported that they had not had a conversation with a healthcare professional around managing their condition than those who had. However, 60% of those who had, had a plan in place to help them manage. 92% of those found this helpful, but 56% had not been given a written copy.

Given the high number of patients (1 in 2) living with a long term physical or mental health condition, disability or illness and 1 in 5 using 5 or more types of medication (GP Survey

Data) there is a clear need for primary care to play a greater role in supporting patients to self-care.

Furthermore, 15% respondents felt that the healthcare professional did not understand their mental health needs, suggesting a need for greater awareness among primary care staff.

Working Population

Patients of working age 16-64 are slightly under represented in the responses to the national GP survey within Leeds. Of those that do complete the survey young males appear to report poorer experiences of accessing services compared to the Leeds average of 74.9% (males 18-24, 65.2% and males aged 25-34, 67.9%).

Those of working age (20-39) also appear to be frequent users of GP Streaming, Walk-in Centres and Minor Injury Units compared to other age groups, with the exception of those aged 0-4 (accessed GP streaming and Walk-In Centres more frequently); and 10-19s (accessed Minor Injury Units more frequently, followed by those age 0-4).

However, 10-19 year old accessed Minor Injury Units more often than any other group. This could suggest age-related healthcare needs relating to lifestyle i.e. accidents and sports related injuries rather than lack of access to a GP practice.

Findings

The action plan pulls together the GP survey results and patient feedback provided to the CCG through engagement exercises. We mapped this against engagement already undertaken for existing work programmes which will enable better access to services.

Through our local commissioning arrangements such as through the Quality Improvement Scheme, we have already identified actions for primary care which support improvements in health inequalities, including:

- Principle of using the weighted capitation approach to target resources to greatest need
- Equitable funding review will providing additional investment in some of our most deprived populations rectifying historic levels of disinvestment
- Embedding personalised care through Collaborative Care and Support Planning
- Focus on annual health checks for people with serious mental illness and learning disabilities
- Ethnicity and first spoken language – focus on improving the coding and review of patients who may experience barriers to healthcare due to language differences
- Recommissioning of British Sign Language interpretation services
- The implementation of the 10 high impact actions will support improvements in access for patients through the use of alternative modes of consultation, increasing the workforce availability and focusing on improvements on areas such as DNA which should enable patients easier ways of cancelling (and making) appointments.
- The new GP Contract provides additional funding for additional workforce to help support improvements in capacity

There are however a number of developments that are required, which include:

- Working with the GP Confederation to ensure extended access services support a focus on health inequalities, this could include:
 - Greater focus on preventative measures to improve screening, health checks (LD, SMI and NHS Check)

- Review of locations to ensure ease of access for patients who may find it difficult to travel
- Ongoing training and development of GP receptionists through care navigation
- Further development of 'online' services including ability to book appointments and availability of other consultation types