

Report of: Gaynor Connor, Director of Primary Care and Same Day Response

Report to: Delivery Sub-Committee

Date: 17 November 2022

Report title: DC 18/22 – Deep Dive: Access to Primary Medical Services

1 Purpose of this report

- 1.1 To provide assurance to the Sub-Committee regarding access to primary medical services, following request at the Leeds Committee meeting held 22 September 2022.

2 Executive Summary

- 2.1 Primary medical services (general practice), nationally across West Yorkshire and in Leeds are under significant pressure, resulting from unprecedented demand for services. Over the past four years the registered practice population in Leeds has grown by 30,000. The total number of appointments offered across the 92 GP practices now exceeds pre-pandemic levels. Recent data shows delivery of 18,700 appointments per day (during August), rising to over 21,000 in September as practices started the flu and covid vaccination Autumn campaigns.
- 2.2 Across our 92 practices currently 44% of all appointments are booked on the same day with a total of 72% being booked within 7 days. In addition to these figures, a further 15,000 appointments per month were delivered through enhanced access services (evenings and weekends in PCN based hubs across the city) and a further 2,800 through the Same Day Response Service.
- 2.3 Services are generally responding well with most people satisfied with the services they receive, but satisfaction is deteriorating and is variable across our system. This is also borne out by insights from Healthwatch and other organisations.
- 2.4 Key concerns include the length of time people wait for appointments, variation in communications approaches used, leading to confusion around access arrangements and frustrations around processes for booking appointments – including telephony systems.
- 2.5 Ensuring we focus on the opportunities to improve patient access to, and experience of, general practice is a key priority shared across the Same Day Response and Primary Care Programme Boards. A 24/7 primary care workstream has been established recognising that poor access to same day primary care

results in increased pressure elsewhere in the urgent and emergency care system.

2.6 Key terms / acronyms:

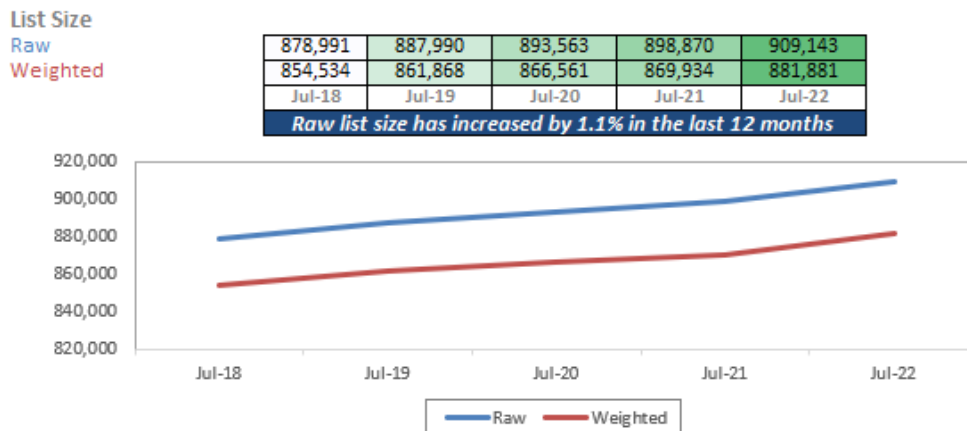
GP – General Practitioner
PCN – Primary Care Network
ICB – Integrated Care Board
CQC – Care Quality Commission
FTE – Full Time Equivalent
DES – Direct Enhanced Service
QOF – Quality Outcomes Framework
QI – Quality Improvement
EA – Enhanced Access
CPCS – Community Pharmacy Consultation Service
UTC – Urgent Treatment Centre
SDR – Same Day Response

3 **Context and Background Information**

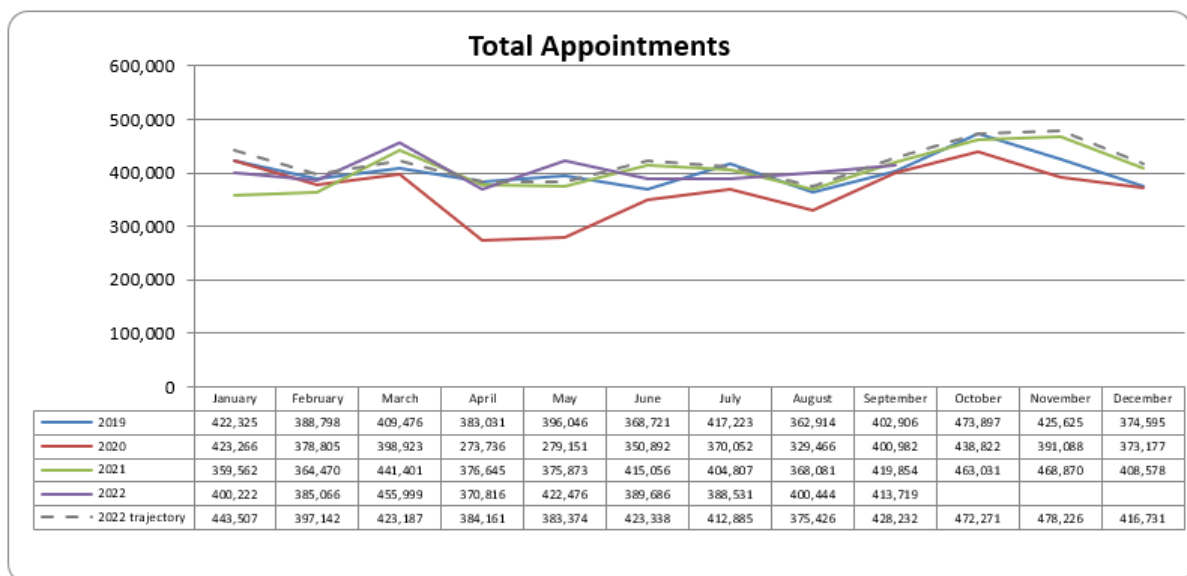
- 3.1 The Leeds Committee of the West Yorkshire Integrated Care Board received a report at its last meeting, shared by Health Watch setting out the insight gained in relation to people's experience of accessing primary medical services (general practice).
- 3.2 This report will set out what we know (using our data); what we have heard (using our insight and intelligence); and how we are seeking to improve.
- 3.3 The responsibility for seeking and delivering improvements sits with the Primary Care Board, established in recent months within the health and care system governance as the place-based group supporting the scheme of delegation for co-commissioning of primary care.
- 3.4 General Practice services are the cornerstone of healthcare in our country. These services deal with the highest volume of patient contacts and satisfaction and trust has historically been very high.
- 3.5 Primary care has played a key role in supporting people through the course of the pandemic: from rapidly changing working practices to minimise the risk of transmission, to playing a significant role in the vaccination programmes.
- 3.6 In recent years, both before and during the pandemic, we have seen increasing pressure on general practice services. Fundamentally, this has been driven by a combination of increased demand for care – resulting from a growing and ageing population with greater morbidity leading to additional workload creating increased pressures on the primary care workforce.
- 3.7 The recent Health and Social Care Committee Report identified a number of national issues facing general practice which we know are echoed in Leeds including the rising demand; reduction in the number of General Practitioners (GPs); and variation in access and experience.

4 What do we know?

- 4.1 Over the past four years the registered practice population in Leeds has grown by 30,000.



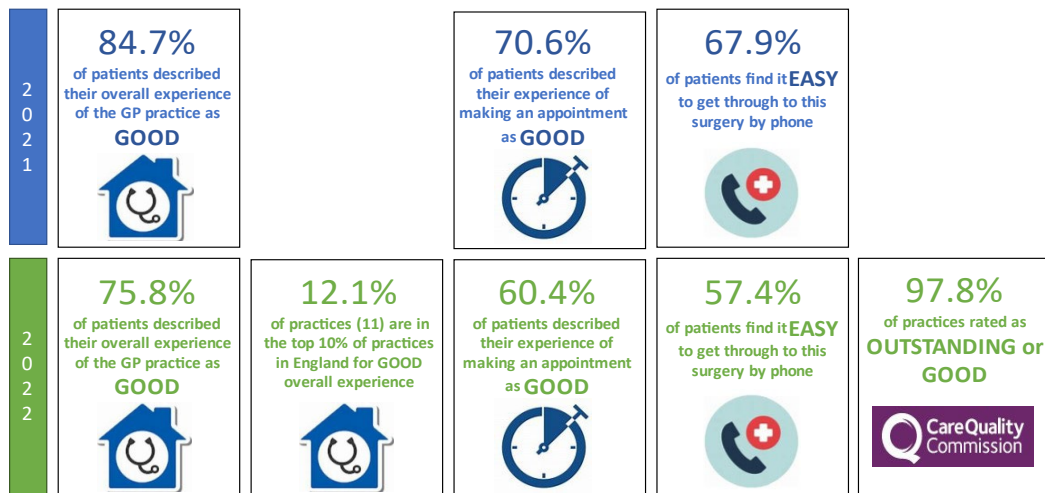
- 4.2 The total number of appointments offered across the 92 GP practices now exceeds pre-pandemic levels.



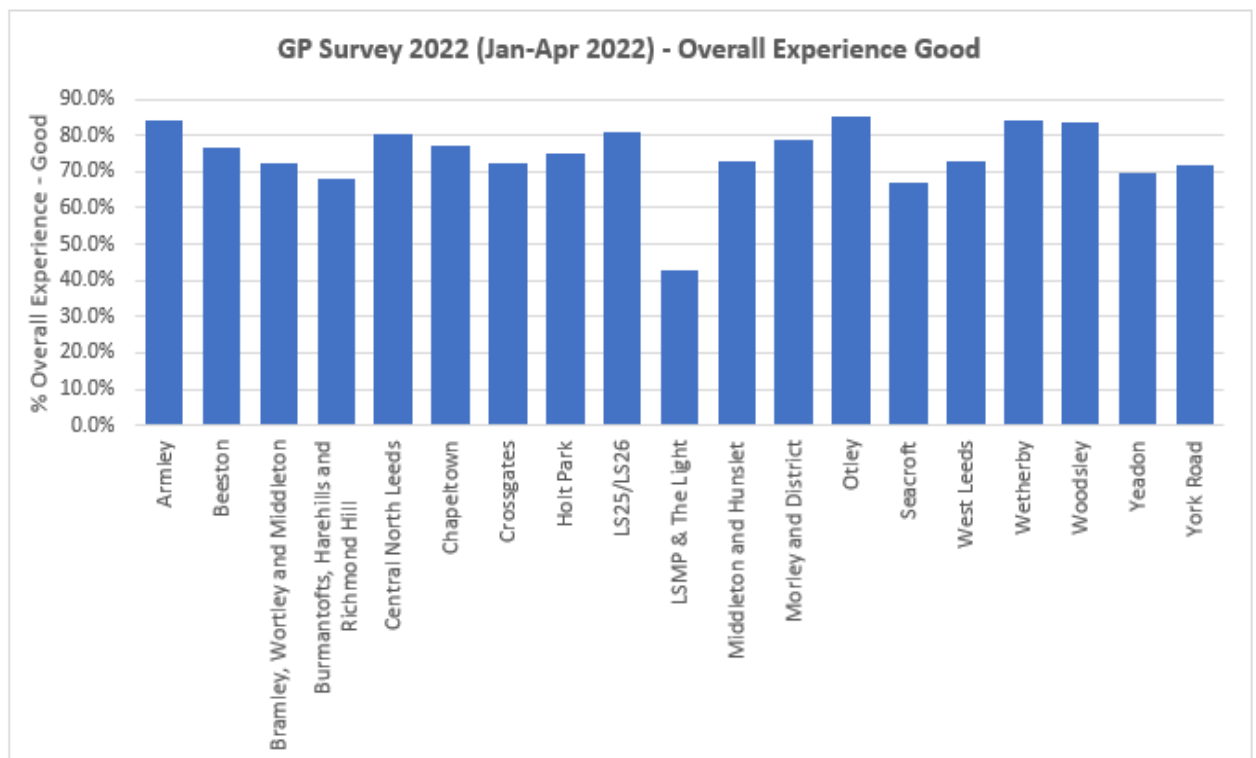
- 4.3 Recent data shows delivery of 18,700 appointments per day (during August), rising to over 21,000 in September as practices started the flu and covid vaccination autumn campaigns. Across our 92 practices currently 44% of all appointments are booked on the same day with a total of 72% being booked within 7 days. In addition to these figures, a further 15,000 appointments per month were delivered through extended access (evenings and weekends in PCN based hubs across the city) and a further 2,800 through the Same Day Response Service.
- 4.4 Over 70% of all appointments are provided face to face and well over 50% of all appointments are with a GP.

- 4.5 98% of our practices are rated good or outstanding by the Care Quality Commission.
- 4.6 However, our data also tells us that people are less satisfied than they were a year ago across a number of indicators as measured by the national Patient Survey, which reflects people's experience nationally and across the rest of West Yorkshire.

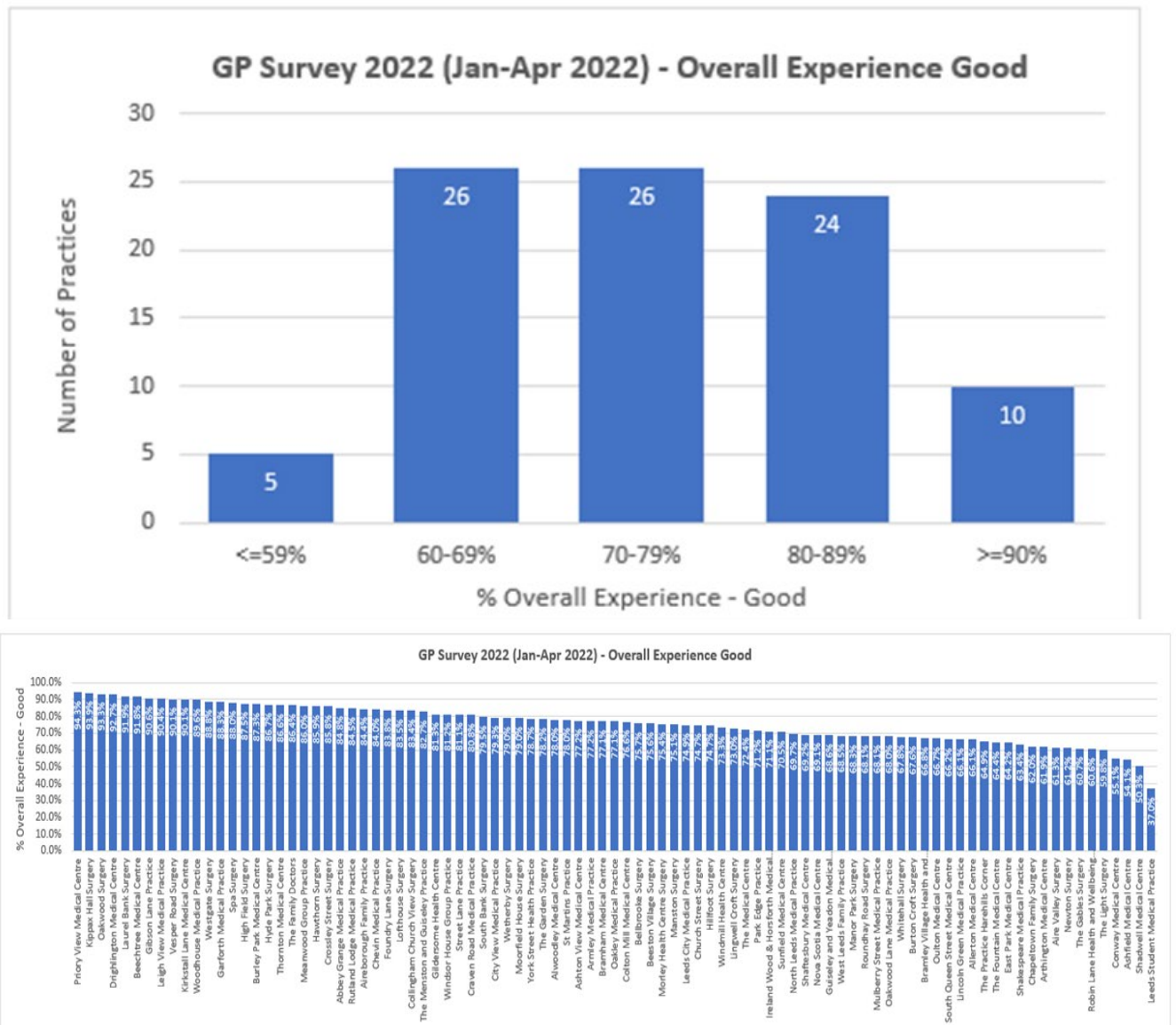
GP Survey/CQC



- 4.7 We also recognise and explore the variation behind these city level summary figures –
- 4.8 At PCN level:

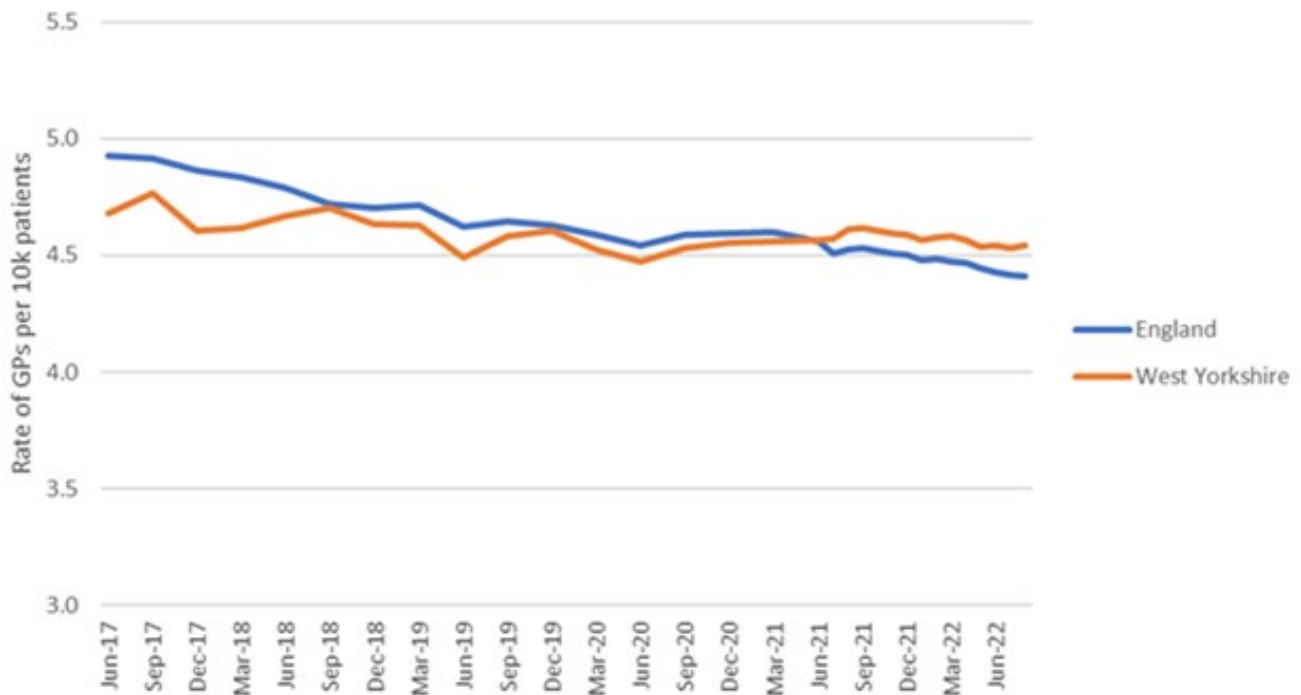


4.9 And at individual practice level:

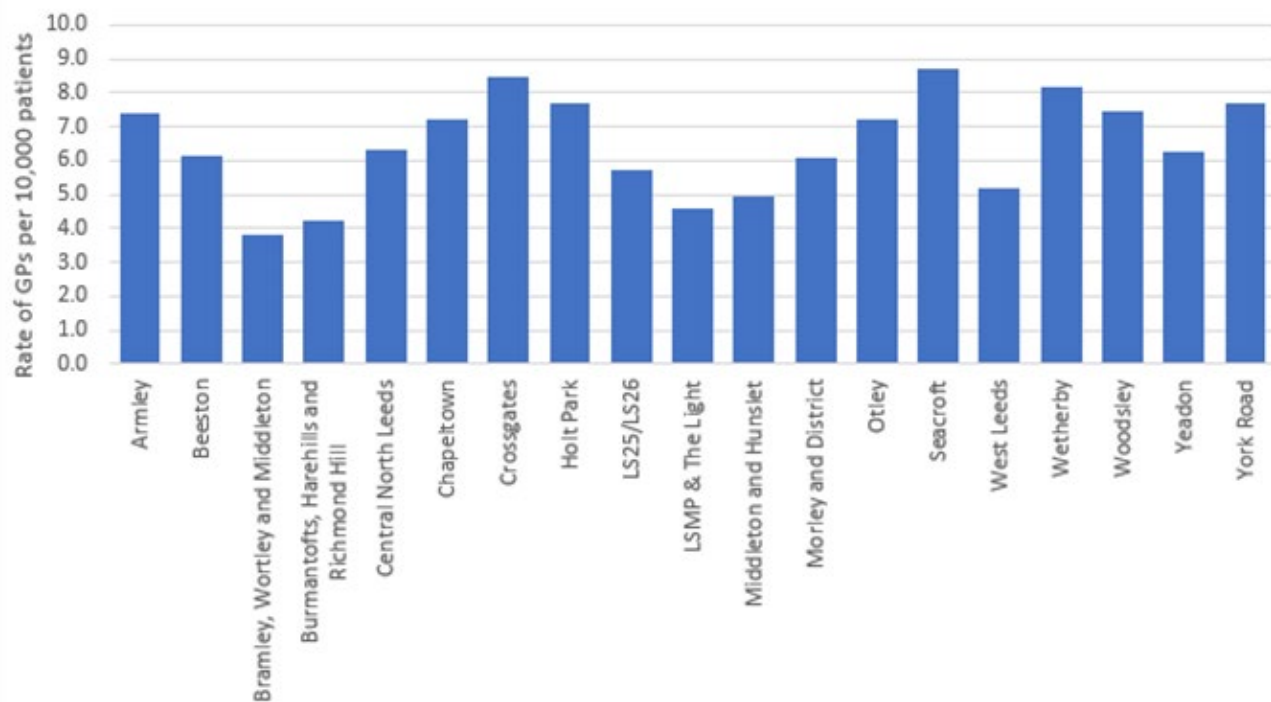


- 4.10 In relation to the workforce to meet the increasing demand we know that in terms of number of GPs per 10,000 population in West Yorkshire there is a levelling off in recent years.
- 4.11 Whilst In Leeds we are still seeing an increase from a higher baseline ratio.
- 4.12 Again, we know the picture is varied across the 19 PCNs.
- 4.13 Please see Appendix 1 for a more detailed view of these tables from the survey.

FTE GPs per 10,000 patients in West Yorkshire



FTE GPs per 10,000 patients for Leeds ICB PCNs

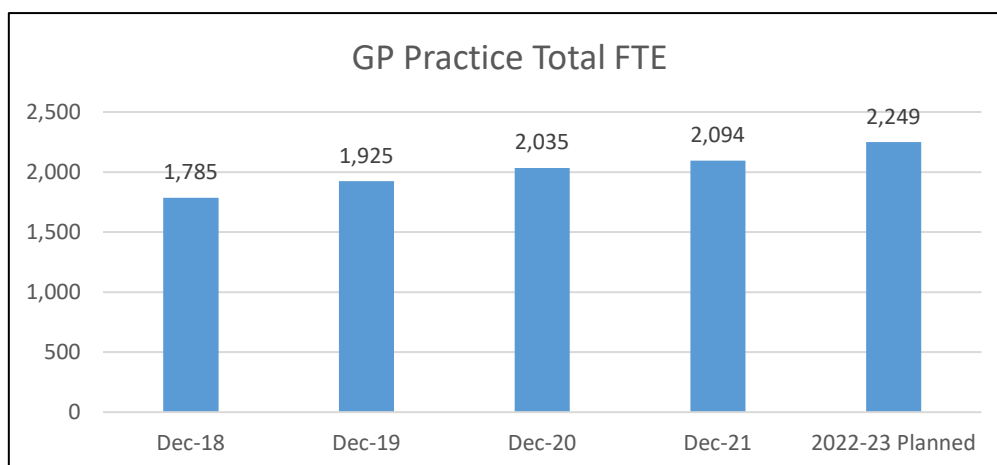


5 What have we heard?

- 5.1 The GP patient survey data is borne out by the citizen insights gathered by the Healthwatch organisations across West Yorkshire. Key concerns in West Yorkshire are as follows:
- The length of time people wait for appointments, particularly for general practice (and dental services)
 - Variation in communications approaches used, leading to confusion around access arrangements
 - Frustrations around processes for booking appointments – including telephony systems.
- 5.2 Contributing to the West Yorkshire level summary described above, we have a detailed report into people's experience of accessing general practice compiled by the Leeds ICB Insight and Involvement Team for the Leeds Health and Care Partnership. The report collated insight and intelligence gathered through a variety of approaches, including from the Big Leeds Chat (Appendix 2).

6 What are we doing about it?

- 6.1 Through the Primary Care Board we ensure that we consider the impact of an available workforce on access. A primary care workforce group has responsibility to understand the current position and to ensure a programme of work that maximises all opportunities to retain and expand our primary care workforce.
- 6.2 Through the national Direct Enhanced Scheme (DES), primary care networks (PCNs) can recruit additional staff from a 'menu' of 12 clinical and non-clinical roles. These roles offer increased access to a range of services provided across practices in each PCN. The primary care workforce group ensures that all PCNs are supported to recruit to the full available complement of additional staff.
- 6.3 Plans submitted by PCNs this year indicate ambitions to increase the staffing in general practice by over 2,200 full time equivalent roles. There is still communication and engagement work to do with the public to ensure they fully understand how and why the general practice team is expanding and what the benefits of being able to directly access appointments with physiotherapists and pharmacists, for example, without needing to see a GP first, are.
- 6.4 Additional roles actual / planned full time equivalent:



- 6.5 Ensuring we focus on the opportunities to improve patient access to, and experience of, general practice is a key priority shared across the Same Day Response and Primary Care Programme Boards. A 24/7 primary care workstream was established to recognising that poor access to same day primary care results in increased pressure elsewhere in the urgent and emergency care system.
- 6.6 On 22 September 2022, the then Secretary of State for Health and Social Care published a policy paper entitled “Our Plan for Patients” which set out a series of objectives to improve care for patients including:
- set the expectation that everyone who needs an appointment with their practice within 2 weeks can get one;
 - prioritise so patients with urgent needs are seen on the same day, including opening up time for more than a million extra appointments over winter;
 - make it easier to contact your practice, by making an additional 31,000 phone lines available for GP practices;
 - inform patients by publishing data on how many appointments each GP practice delivers, and the length of waits for appointments, to enable patient choice;
 - require the local NHS (integrated care boards) to hold practices to account, providing support to those practices with the most acute access challenges to improve performance.
- 6.7 The 24/7 workstream remains focussed on ensuring consistent improvements in access across all 92 practices in their respective 19 Primary Care Networks (PCNs). The nationally produced practice-level data, due in late November 2022, will provide a framework to guide where additional support can be given to practices who may be facing challenges in ensuring good access.
- 6.8 Using local data we can see progress in relation improving access through digital and on-line developments. Using local data we can see progress in relation improving access through digital and on-line developments (for those that can and want to utilise this).

- 6.9 The number of online consultations or e-consultations rapidly increased during the pandemic as a way of accessing healthcare without the need to be seen face to face. There remains variation across practices in how practices utilise online consultations and as this is a contractual requirement we have had to breach a practice who had turned off the facility without seeking commissioner approval.
- 6.10 A West Yorkshire procurement has recently concluded which will provide an opportunity to review the role of online consultations within practices and how this can help improve access for patients. Currently there are approximately 20,000 online consultations being provided each month, across at least 8 online consultation providers. In August 2022, there were over 25,000 online consultations however the data flows from some providers are delayed and therefore at this stage we cannot determine trends of activity i.e increasing or decreasing trend.
- 6.11 During Covid, the ability to book appointments online was ceased in order to prevent transmission of disease. It has taken some time to see improvements in this area due to the increase in demand being experienced so practices are reluctant to switch online booking back on as a way of being able to manage that 'same day' demand. Through the work on capacity and demand and sharing best practice we have recently seen an increase for example:
- The overall number of appointment available online between May and September has increased from 11,512 (2.6%) to 17,835 (6.7%)
 - The number of practices showing less than 1% of appointments online has reduce from 34 to 7
- 6.12 Patients tell us that phoning their practice to make an appointment can often be difficult. We can see the high call volumes that come into our practices on a daily basis (using proxy data from a representative number of practices). Typically, across the city on a daily basis, practices receive 38,000 calls. On a Monday this rises to 55,000 with 56% of all calls coming in before 10am. Currently around 33% of incoming calls are abandoned so work with our practices on ensuring effective telephony systems and staffing rotas that match predicted peaks in demand is included in our programme to improve access.
- 6.13 Included in the improving access programme of work are further examples below:
- Development and distribution of a Quality and Outcomes Framework (QOF) quality improvement (QI) module Understanding and Improving Access guidance
 - Lunch and learn sessions held
 - Primary care team supporting practices to identify any QI support needed, data gathering and developing associated QI projects
 - Peer review meetings organised for Sept & Oct
 - Development of Digital Access Assurance process

- Monitoring compliance with online GP services (Direct Booking, Online Consultations, Online Booking) targeting those practices with the lowest utilisation whilst sharing best practice from practices where uptake is high and is working well
 - Enhanced Access (EA) Service Implementation
 - Worked collaboratively across West Yorkshire to develop common principles and consistent approach
 - 18 PCNs subcontracting all or part of the EA Service to Leeds GP Confederation
 - 1 PCN solely delivering EA service
 - Assurance meetings held with Leeds GP Confederation and those PCNs retaining some elements of the service and the 1 PCN solely delivering the service. Assurance received for go-live 1 October 2022
 - Sign off of plans approved at August Primary Care Programme Board and Leeds Place ICB Committee
 - Community Pharmacist Consultation Service (CPCS)
 - 61/92 practices with live referral licences
 - Currently 1 PCN currently meeting Investment and Impact Fund (IIF) Targets
 - 2 dedicated support roles with Community Pharmacy West Yorkshire to help PCNs to implement CPCS
 - System-wide Winter redirection / mutual aid opportunities
 - System-wide project to explore opportunities for integrated service provision, collaborated working and providing resilience in the system through the winter period
 - Using lessons learned from redirection pilots from ED to UTCs/SDR to inform projects.
- 6.14 Plans are also underway for a patient facing communication campaign that builds on a campaign developed in Bradford supported by Winter Access Funding. The purpose of the campaign is to introduce and explain the new and additional roles within the general practice team, and how they help improve access to services, for example by being seen directly by a physiotherapist without needing to see a GP first.
- 6.15 We know from the insight work that the concept of 'care navigation' is not fully understood or trusted by the public and is often perceived as receptionists 'being nosey' or trying to restrict access to a GP. The campaign will focus on these roles and the benefit of easier access to a range of health professionals who are able to help.
- 6.16 Further details on the campaign can be found at Appendix 3.

The Delivery Sub-Committee is asked to:

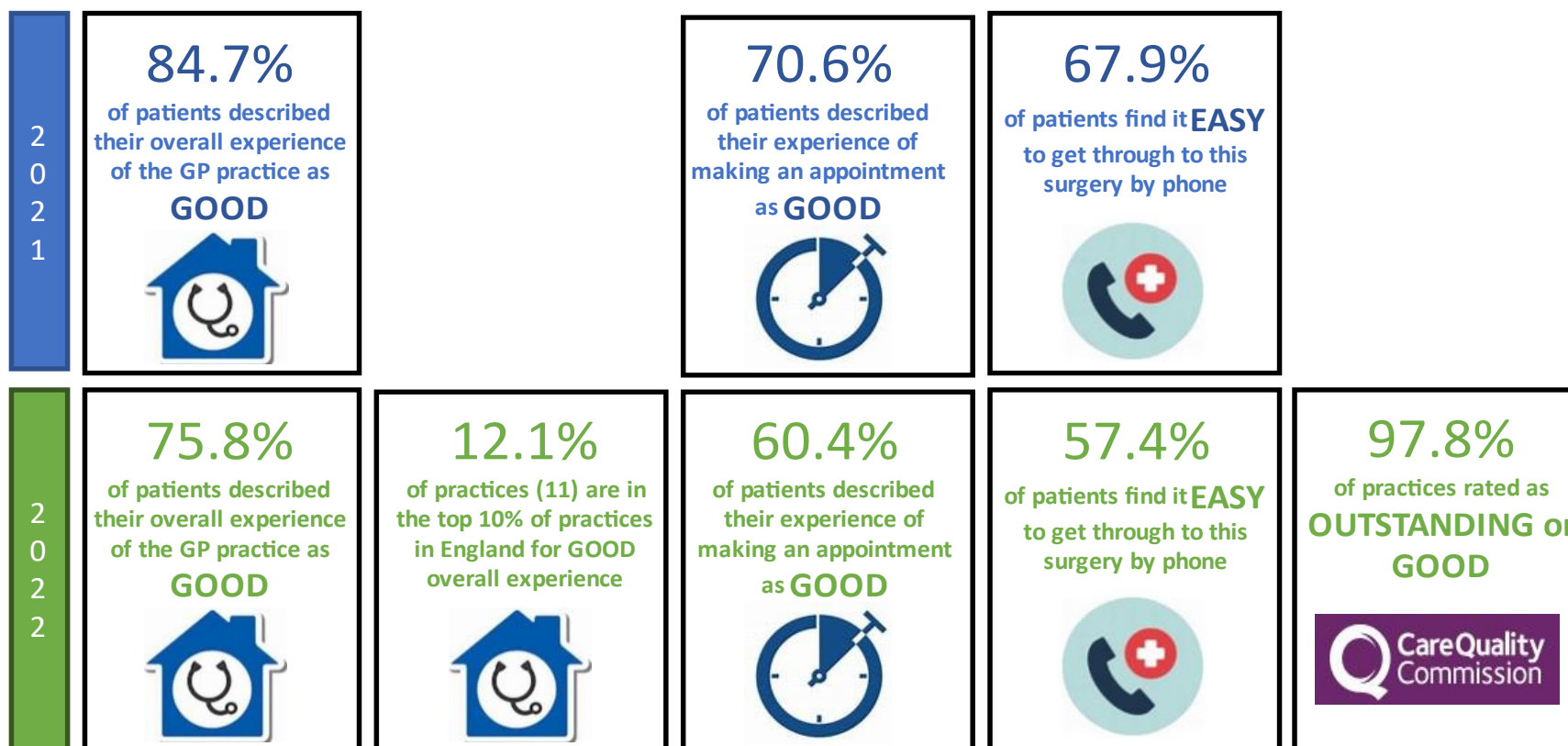
- a) **Note** the work described in the paper and seek further clarification as required; and
- b) **Report** to the Leeds Committee on the level of assurance gained in relation to understanding the data, insight and work programme associated with improving access to primary medical services.

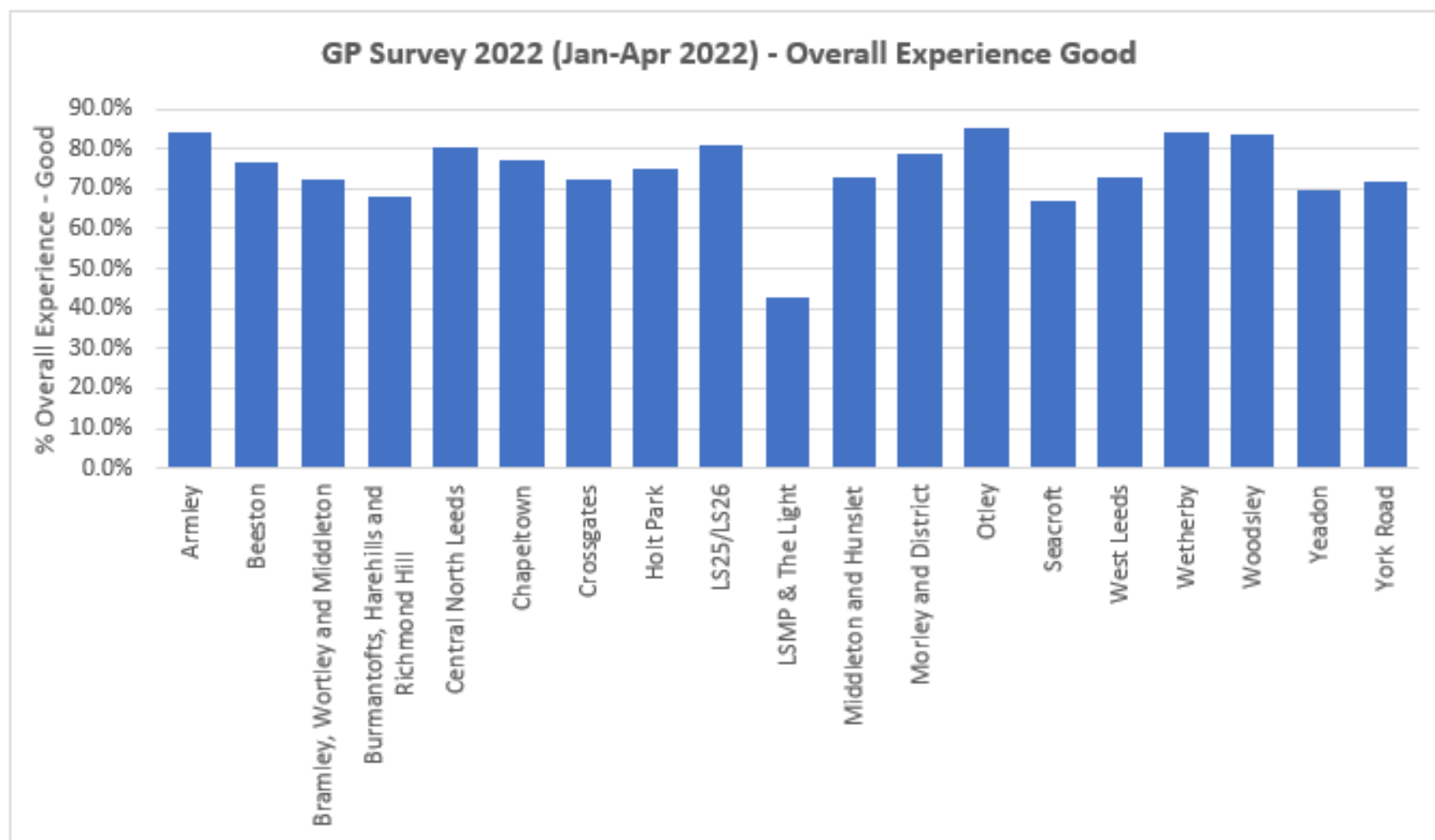
GP Access report to Delivery Sub-Committee

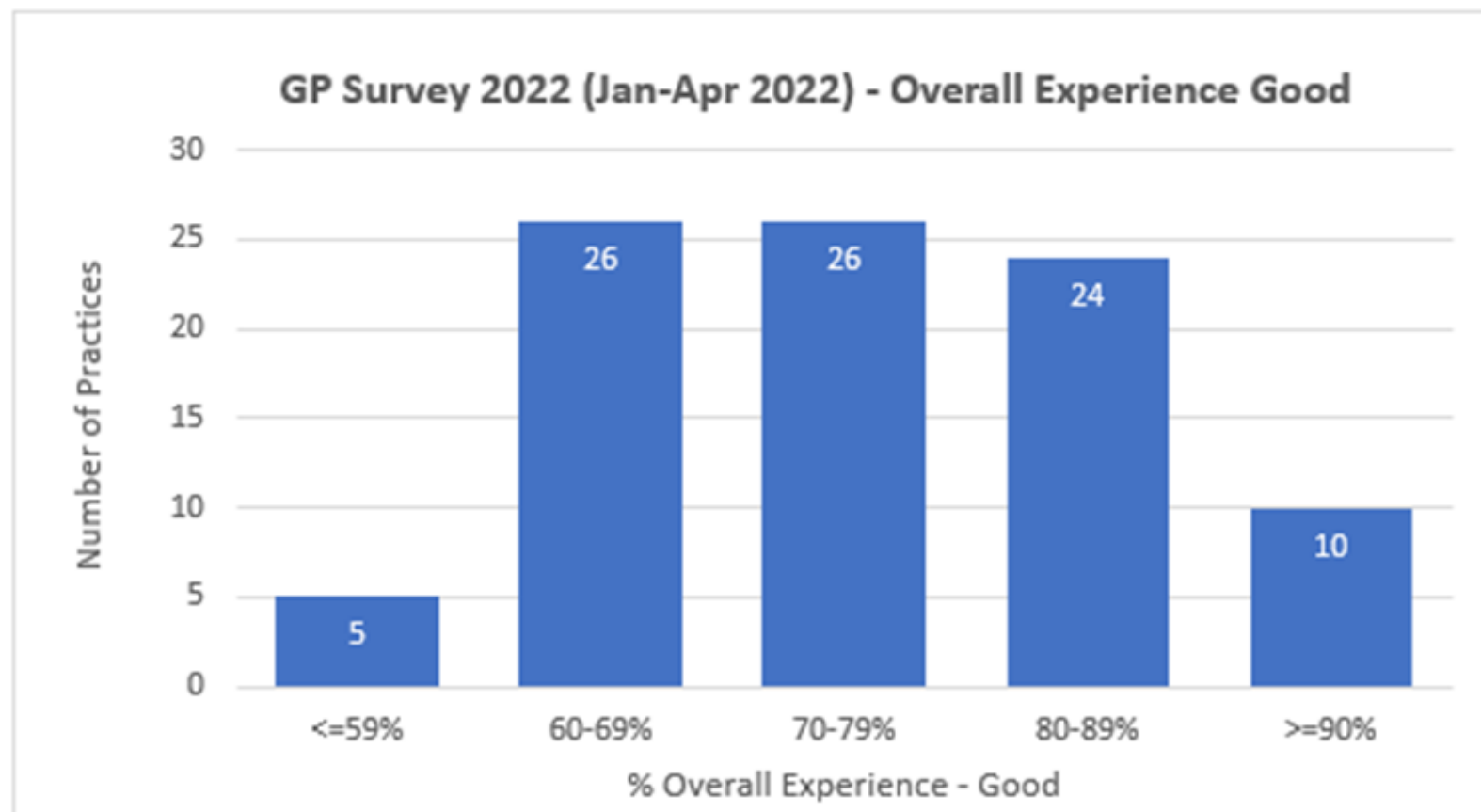
Appendix 1: Tables from section 3



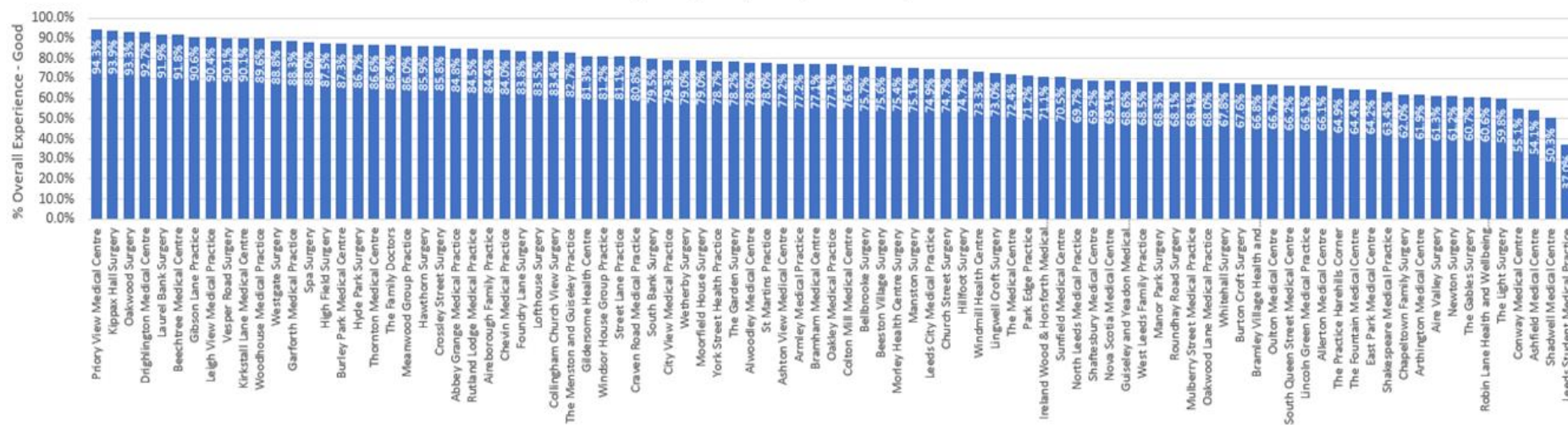
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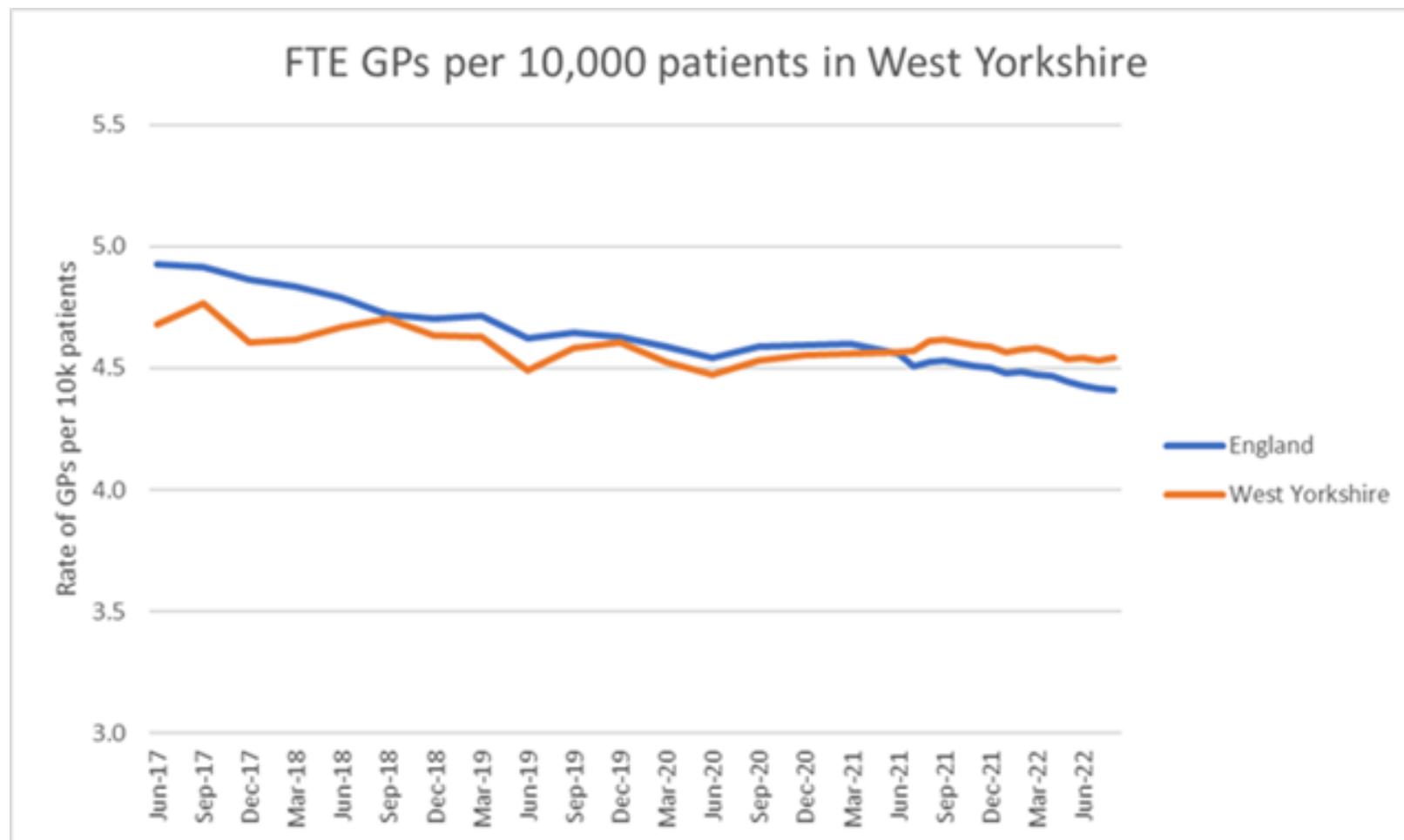


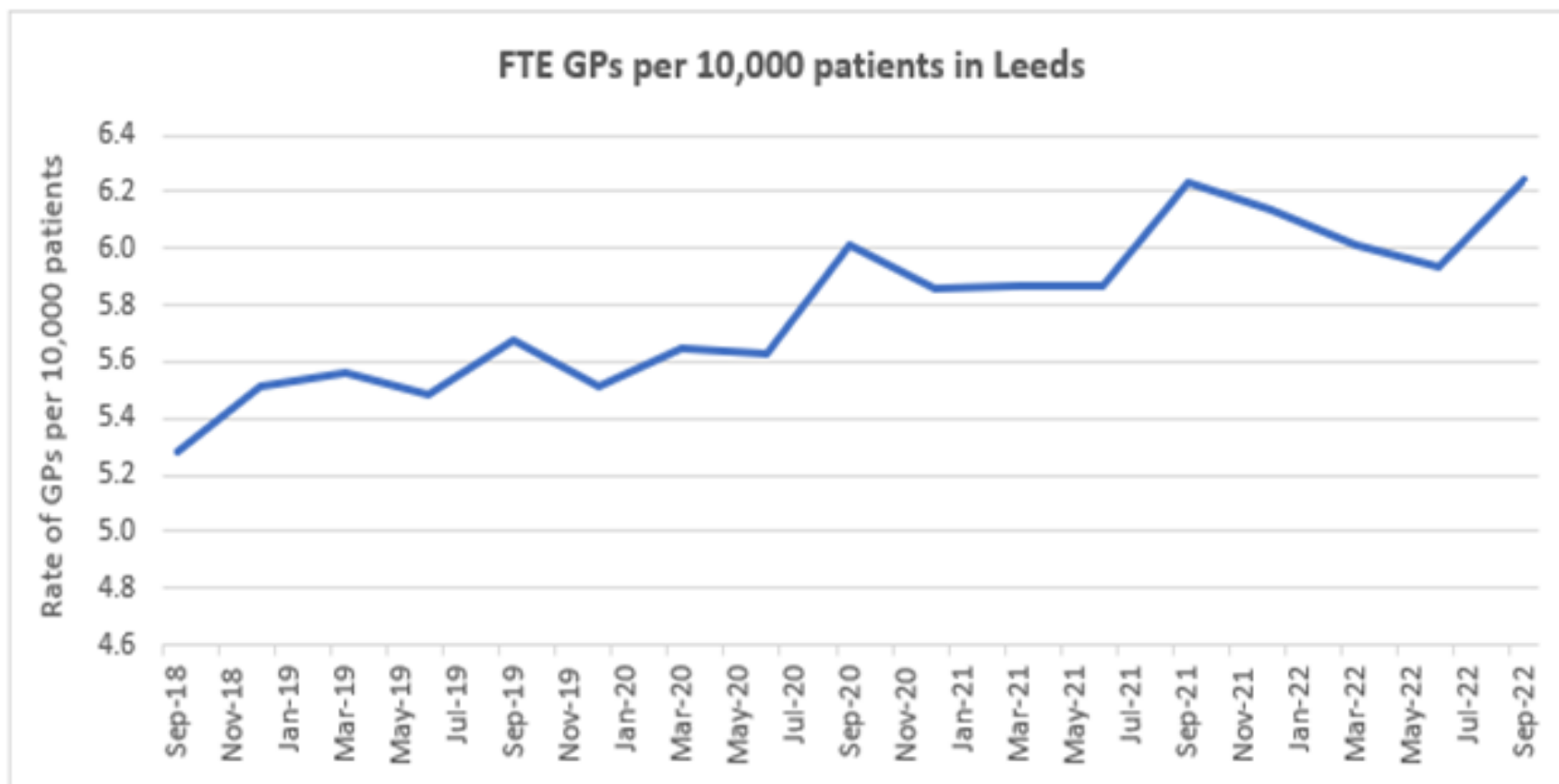


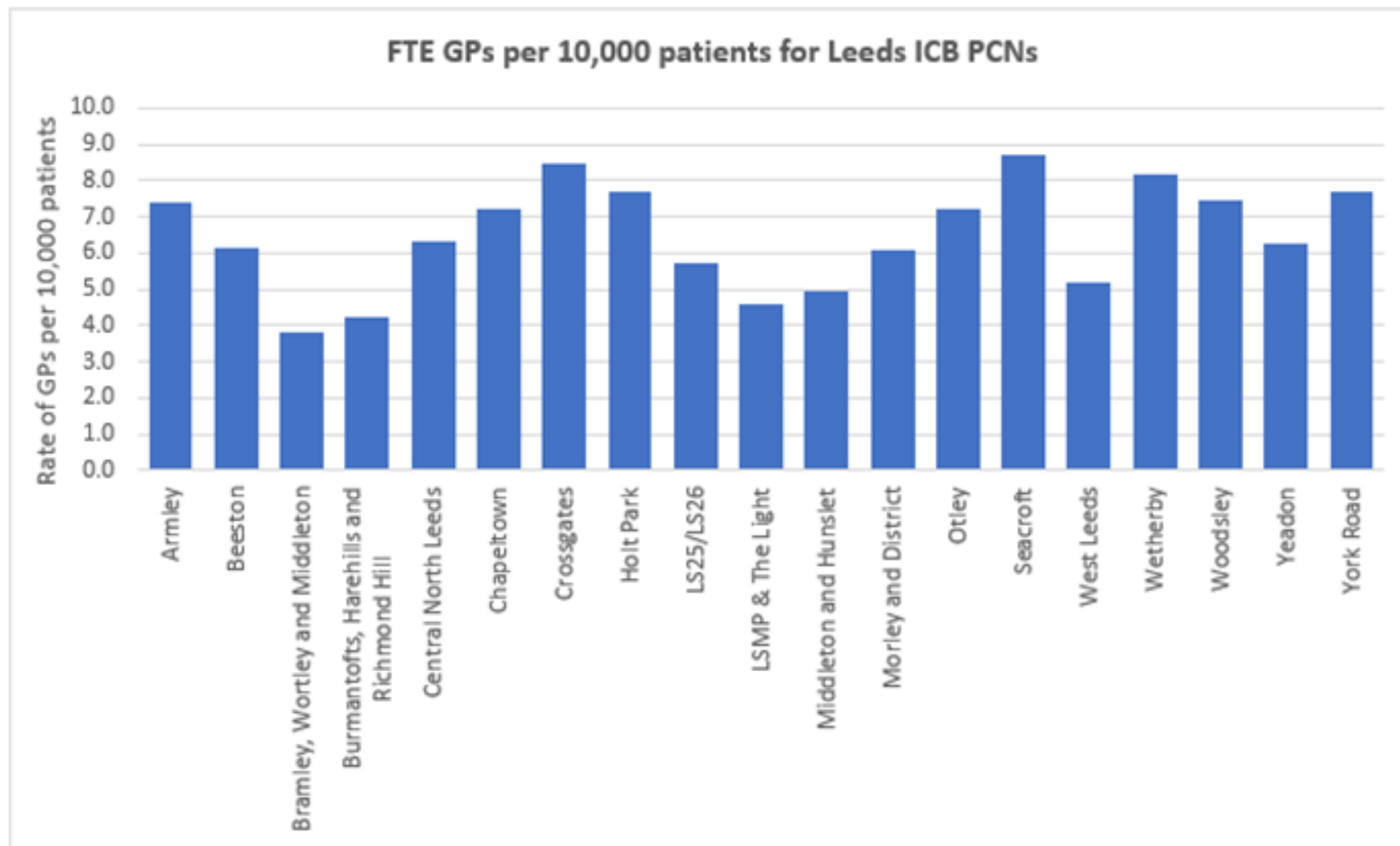


GP Survey 2022 (Jan-Apr 2022) - Overall Experience Good









The Big Leeds Chat - Themes that were identified have been summarised as follows:

Appendix 2

Theme (reoccurring issues throughout the insight)	Description (what is this theme about?)	Summary (summary of feedback)	Feedback (what people have told us in the past or recently)
Booking an appointment	Actual or perceived difficulties booking an appointment with a healthcare professional	Many people find it hard to book an appointment with their GP	<ul style="list-style-type: none"> • Significant numbers of people report difficulty making an appointment at their GP practice. • However, 71% of people in the National GP survey in Leeds report that their experience of booking an appointment is 'good' • People who struggle to make an appointment tell that this is because: <ul style="list-style-type: none"> ○ They have to wait a long time on hold ○ They are cut off after a period of time ○ Appointments are not available when they get through ○ There are not any or enough online appointments available • Over a third of people who call the practice want an appointment on the same day • A third of people who called the practice did not get an appointment on the day they wanted
Use of technology	The use of technology (including telephone) to make or hold an appointment	People have different preferences regarding digital and non-digital access	<ul style="list-style-type: none"> • Some people want to make an appointment online but report that these are often not available • Many people value being able to access appointments by telephone or online as this is convenient to them • Some people are not confident that a diagnosis can be made over the phone or online

			<ul style="list-style-type: none"> • Some people prefer face-to-face appointments perhaps because this is historically how services were offered and because they are more comfortable with this approach • People who need interpreting services find appointments difficult when the interpreter is on the phone.
Joint working	Health and care services working together	People want to see health and care services working better together	<ul style="list-style-type: none"> • Some people report that services often don't appear to work together, and they are passed between different services such as primary care, hospitals and 111. • Some people were concerned that joint working might have a negative impact on consistency of care, because patients end up seeing different clinicians. • Many people presenting in emergency departments report trying to access primary care services first. People said that: <ul style="list-style-type: none"> ○ there were not appointments left that day, ○ that they could not get through on the phone ○ that they simply assumed the service would be closed ○ that they assume the service would be too busy to see them ○ People are more likely to travel to an appointment if they are seen sooner

Inequalities	Health inequalities due to differences in demographics	Some communities face specific barriers to accessing services	<ul style="list-style-type: none"> • Some people from some communities prefer face-to- face appointments. This is particularly the case for people who are deaf or hard of hearing and people whose first language is not English • Some people report that they are not confident that all primary care professionals understand the diverse needs of local communities, in particular the accessible information standard • The experience of people who are deaf or hard of hearing was worse than that of the general population • People from deprived backgrounds, non-English speakers and those with learning disabilities were amongst the groups who said that available health information was difficult to understand and did not help them make the right choices. • People with hearing and sight difficulties want to be offered a choice between digital and face-to-face appointments • People whose first language is not English want information in a range of languages and formats • Some staff feel that they are seeing fewer older people in clinic since the start of the pandemic • Staff report concerns that people who are less likely to use digital technology are less likely to make an appointment • Parking close to the practice, reliable and frequent public transport and opening times outside traditional working hours are particularly important to people with disabilities. • For people with long term conditions, continuity of care and seeing the same professional is particularly important.
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Health information	Information provided to patients about services and health advice	People want better information about health service in a range of formats, that helps them make decisions about their care	<ul style="list-style-type: none"> • Some people report confusion about which service is most suitable for them • Some people report that they are unsure what times and where services are available. This can be particularly confusing when different GP practices offer different services at different times. • A third of people who used the GP practice website said this was not easy to use to find the information they wanted. • Many people see their GP as a trusted source of information • Some people want better quality information about mental health services from their GP • People felt that much of the health information they received from their GP was too complicated and difficult to understand. They told us that information should: <ul style="list-style-type: none"> ◦ Have simple messages with images and limited text ◦ Be in video format with voice overs and subtitles. ◦ be delivered verbally ◦ be translated into community languages • be delivered consistently and across multiple channels • use Whatsapp • Many people felt that using personal stories and case studies is a helpful way of helping people understand how to use health and care services. Personal stories elicit more empathy and understanding that pure • statistics
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Care navigation	Practice based staff who triage patients and help direct them to the right healthcare professional	Many people are not confident in this approach	<ul style="list-style-type: none"> Many people are generally supportive of a triage system that helps them see the right person at the right time Some people are not confident in the care navigation system and are reluctant to share personal information with 'receptionists'.
Workforce	The range of professionals who provide primary care and their skills and competences	People value a range of professionals but need more information about the wider team	<ul style="list-style-type: none"> People report that they are generally satisfied with the care they receive from primary care. Some staff feel that significant numbers of people they see in clinic could have self-cared Friend reception staff was seen as very important to most people Most staff report a significant increase in work pressure Many staff report an increase in abuse from patients People from communities that have communication challenges report that staff need a better awareness of people's differing needs and a more patient approach.
Travel and transport	The ways people travel to their appointment	People value parking close to the practice and regular and reliable public transport. People will travel further if they understand how this will improve their care.	<ul style="list-style-type: none"> Some people had concerns that joint working sometimes meant that they have to travel to a location further away. Parking close to the practice was seen as important to most people People are more likely to travel to an appointment if they can be seen sooner People are more likely to travel to an appointment if they know they are being seen by the right professional Regular and reliable public transport is seen by many people as important when accessing primary care services

Waiting times	The time people wait get an appointment (not the time waiting in clinic)	Being seen quickly is important to most people	<ul style="list-style-type: none"> • Many people feel that low waiting times for primary care services is very important • Some staff feel that patients are more reluctant to wait for an appointment and are keen to be seen the same • day
Opening times	The times of the day and days of the week services are open	People support longer opening times but need better information about when their practice is open	<ul style="list-style-type: none"> • Most people are keen to have access to services outside of traditional working hours • Longer opening times are important to people with disabilities • People often don't know when their GP is open

Access to primary care campaign summary

Due to the current challenges around access to primary care, Bradford District and Craven Partnership (BDCP) have secured funding from NHS England as part of the Widening Access Funds to pilot a communications approach that can be scaled up and rolled out across the whole ICB. Funding is also available to localise elements of the campaign for Calderdale, Kirklees, Leeds and Wakefield.

BDCP have used insight to identify the target audience for the campaign and develop a set of key messages. This is likely to overlap and have parallels with our position in Leeds as we know access to primary care is a national challenge. However, we have explored the situation in Leeds further to understand the specific audiences we need to target and consider any further messaging we may need to develop, which is not captured in the overarching BDCP campaign.

Key messages

- How to contact your GP practice, outlining various access points
- Outlining how triage works
- The role of multi-disciplinary teams including focusing on the role of care navigators
- Choosing the right NHS services
- Extended access information (this is something we will look to develop in Leeds)

The campaign key messages addresses some of the issues highlighted in the [primary care access insight review](#), particularly in reference to wanting health information in a range of formats, use of technology and barriers faced when accessing services.

Target audience

Our target audience for the campaign is those aged between 16-65+ in priority postcode areas LS7, LS8, LS9, LS10, LS12, LS14, LS15, LS27 and LS28.

To identify our target audience, we used insight from the national GP patient survey, ED data with no treatment or investigation for patients, and the primary care insight review.

In terms of the chosen age demographic, we know from anecdotal evidence that primary care access is an issue across different age ranges. Therefore, it is important that the campaign acts as an education/awareness piece for all patients whether that is to inform of the different ways to contact your GP practice or to outline the different roles within a GP practice team. Data* also demonstrates that within Leeds, the top five age groups for patients who attend ED and have no treatment or investigation are: 0-4, 5-9, 10-14, 20-24 and 25-29. Therefore, these groups fit within the age demographics for targeting. For babies and children, this will be done by focusing targeting at patients.

Geographically, the postcodes selected are a combination of the top areas where ED use without treatment or investigation is highest and insight from the national GP patient survey which shows highest levels of dissatisfaction within GP practices in Leeds. It is important to note that whilst the GP practice survey offers insight into experiences at practices, response rate per practice may vary and this may mean it is not always representative. From the postcodes identified, we will look to tailor campaign material depending on what we know about the audience demographics e.g. translated materials for certain areas.

As well as the target audience identified, we will also look to roll this out Leeds wide.

**Data provided from LTHT – ED data for patients with no treatments or investigations 2021-2022*

Implementing the campaign in Leeds

The campaign materials being developed by BDCP include:

- Images and animated videos for using on social media including WhatsApp. These also include audio/video version in additional community languages.
- GP practice leaflet which covers contacting your GP practice, explanation of triage, the role of Multi-Disciplinary Teams and choosing the right NHS services.
- Customisable posters for GP practices.
- Photography of primary care staff in local practices, with scope to photograph staff in Leeds practice.

A breakdown of how these assets will be cascaded and other approaches to implement the campaign are outlined below. *Please note this is a rough outline of proposed plans.*

- **Digital strategy** – using paid for social media and online advertising to target the ads at the relevant age groups and postcode areas. Using budget will ensure the content is visible specifically in those areas. It will also allow comments from patients within the target groups so we can get some organic insight of any of their feedback or challenges they face. We will also do organic advertising on the NHS in Leeds social media channels and ask our key partners to share on their channels.
- **Cascading print materials** – identify key places where the printed materials listed above can be cascaded. These will include areas and places where our target demographics live, work or visit to increase the chance of them seeing the campaign. Examples may include: places of worship, community settings, supermarkets, city centre locations, health settings including ED and pharmacies.
- **Working with key stakeholders** – whilst it is important to share the campaign materials, a key focus for the campaign will be working with our partners in third sector organisations so they can help us to amplify the campaign at a grass roots level. We know from previous campaigns and our work in involvement that trusted sources and those who are influential in communities play a vital role in helping to deliver key campaigns. This may range from faith and community leaders to GPs where we already have well-established links and relationships. We can also look to work with Patient Participant Groups (PPGs) who can help us to amplify key messaging.

Campaign testing

To ensure the campaign covers off the key messages and is accessible, it is tested within key groups including amongst patients and primary care colleagues. As part of the campaign development, BDCP will have tested the campaign materials with key groups to gain feedback on visual concepts and see if the messaging works. As Bradford has similar population demographics to Leeds, we can use the testing for the purpose of the Leeds campaign too.

However, we will also do further testing in Leeds via our reader group and continue to take feedback from key stakeholders as the campaign evolves to ensure the messaging is aligned and updated with the feedback we are receiving. Whilst the scope to amend the visual components of the design will be limited, we are keen to take feedback on board frequently with the view to this being a longstanding campaign.

**Accessing healthcare in
Bradford District and Craven**



Everything **you need to** **know about** **your GP** **practice**



**How to contact your practice including
booking and managing appointments online.**

Meet the healthcare professionals working in
GP practices and find out how they make sure you
speak to the right person as quickly as possible.

Making sure you get the right care



This booklet is available to read
or to listen to in other languages.
Scan the QR code or visit the
links below:



اردو

bit.ly/gp_urdu



বাংলা

bit.ly/gp_bengali



English

bit.ly/gp_english



Polish

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Also available to watch in
British Sign Language
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Română

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Making sure you get the right care as quickly as possible

NHS

It's a
GP
practice
thing.

There is a specialist team at your GP practice who are ready to help you. This booklet has been put together to tell you more about how your GP practice works and what to do if you need to get in touch.

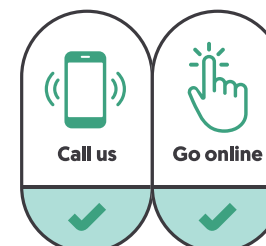
Over the coming months, your GP practice will work towards giving you the option to walk in and book an appointment. For some practices this may take longer as their first priority will always be to keep you and their team safe.

All GP teams are here to help you and may need to speak to you to decide how best to meet your needs. You may not always need a face-to-face appointment. Your practice will make sure you speak to the right person as quickly as possible. Staff at practices in Bradford District and Craven are working hard to give you and your family the right care.



Find your
GP practice
Scan the QR code
or go to
bit.ly/gppractice

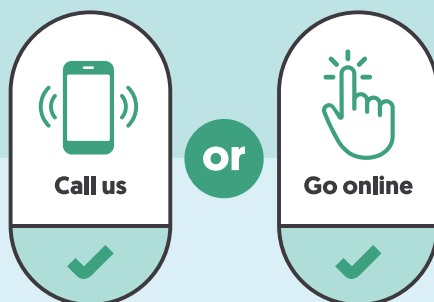
If you think you need to see your GP practice team you can call or go online.



How you can book an appointment

There are two ways to book an appointment. You can still call your GP practice directly or use eConsult online. To help your family and your community, please only try and book an appointment if you think you really need to.

It is important that appointments are only used by people who really need them to make sure that the most vulnerable people in your community get the help they need. If you call, a Care Navigator might ask you some personal questions to make sure you get the care you need. They are **trained professionals** who will make sure you speak to the right specialist as quickly as possible - **not everyone will need to see a doctor.**



You can now use eConsult to get help quickly from your GP practice and get the right care when you need it.

eConsult is an online tool that allows you to get free help and advice, quickly and safely from your own GP practice team. It's easy to use from anywhere, ensuring patients are seen by the right person, at the right time.

**Available on the
NHS App**

**Available from your
GP practice website**

How to book an appointment using eConsult



Make an appointment
Scan the QR code above to get help from your own GP practice.

- 1 Think you need to talk to your GP practice?** There are 3 ways to get in touch using eConsult: use the NHS App, use the eConsult practice finder or go to your GP practice website.
- 2** Choose the relevant section for your need or request.
- 3** Fill out the information requested and submit. Questions may change depending on answers.
- 4** Your practice will review every eConsult request and they will make sure you get the right care as quickly as possible.
- 5** You will get a quick response letting you know what will happen next and what you need to do.



Benefits of using eConsult to book...

- It can be accessed 24 hours a day**
eConsult is available to use any time, day or night, from any device connected to the internet. There's no need to wait in a phone queue or visit the practice.
- It's quick and easy to use**
It takes just 3-4 minutes to complete an eConsult and your practice will get back to you within 1 working day, if not sooner. By submitting an eConsult your doctors can make sure every patient gets the right care.
- Saving time for emergencies**
eConsult is used by patients and practices across the UK. If you can use eConsult it means you free up the phone line for those who are not able to use the internet.

This stage by stage process is called **Triage**. It helps your GP practice work out who needs urgent care and the best specialists for everyone to see. Triage allows the practice team to work efficiently to help as many people as possible.

Start here

Do you think you need advice from your GP practice?

How we make sure you get the **right care** in six simple steps

It's a GP practice thing.



1

Contact your GP practice online through eConsult or call them from 8am. If you are unable to call and have difficulty booking online, you can visit your GP practice in person to ask for an appointment.

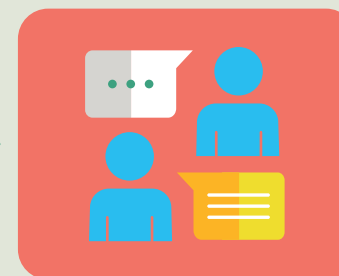


2

If you call or visit your GP practice, you will need to answer some questions so you get the right care. If you have filled in a form online it will go directly to a triage clinician.

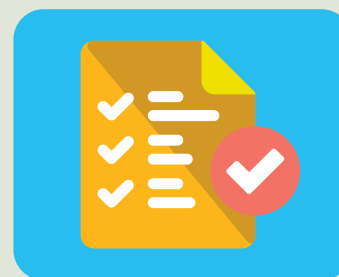
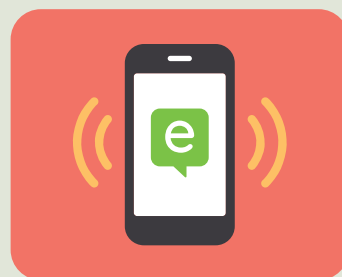


Not everyone needs to see a doctor. You will be seen quicker by a member of a specialist team.



3

Depending on the help you need, you might be offered a telephone or online consultation. This may mean you don't have to come into the practice unnecessarily.



6

If you are given an appointment at your GP practice or at a hospital, it's important to keep your appointments.

5

A GP works with a specialist team of health professionals. You may be referred to one of these specialists at the practice or to a hospital.

4

If they identify you need one, your GP team will give you a face-to-face appointment at the practice.

A team of highly trained specialists



There is a specialist team of health professionals working in your GP practice. This might include nurses, physicians, pharmacists and physiotherapists. Here's a quick guide to what they all do.



Physicians

Work with GPs to support patients by diagnosing illness or injuries and performing physical examinations.



Pharmacists

Provide information and advice about the safe and effective use of medications as well as monitoring progress.



Physiotherapists

Diagnose, assess and treat problems with muscles, bones and joints, through supported exercising and stretching.



Care Navigators

Trained to assess and direct you to speak to the right person. Might ask you questions to make sure you get the right care.



Health Visitors

Identify health needs of 0-5 year olds and improve wellbeing by promoting health and reducing inequalities.



Practice Nurses

Treat wounds, apply dressings and provide emergency first aid as well as taking swabs, smears and samples.



Nurse Practitioners

Diagnose and treat illnesses and ailments often focusing on minor illness or new conditions and prescribing medicines.



Social Prescribers

Look at how illness affects all parts of your life and helps you get the support you need with day-to-day challenges.



Mental Health Workers

Fully trained mental health experts can offer a consultation, treatment, peer support, or a referral to hospital teams.



Advanced Care Practitioners

Assess, diagnose and monitor complex conditions through examinations, testing and prescribing medicines.



Lifestyle Practitioners

Find out what works best to help you stay healthy or improve your health through personalised care plans.



Care Coordinators

Provide support for patients with complex needs and help you learn how to manage your own health.

Not everyone needs to see a doctor.
Your GP practice will make sure you get the right care as quickly as possible.



Find out more

Scan the QR code for further information about your GP practice team. Remember, you can ask to see a specialist if you have a particular question about your health.



Choose the right NHS service for you



**Grazed knee.
Sore throat.
Cough.
Stock up your
medicine cabinet.**

Self-care

Treat yourself at home.
Keep a stock of essentials most
of us need every now and then.



**Diarrhoea.
Runny nose.
Painful cough.
Headache.**

Pharmacy

See your local pharmacist for advice.
To find your nearest one go to
www.nhs.uk and search "pharmacy".



**Vomiting.
Ear pain.
Stomach ache.
Back ache.
Infected bites.**

**Stress or depression.
Blood in urine or stools.
Persistent cough or sore throat.
Recurring headaches.
Unexplained weight loss.**



**Unwell?
Unsure?
GP practice closed?
Need help?**

Call 111 or visit 111.nhs.uk



**Choking.
Chest pain.
Blacking out.
Blood loss.**

Emergency

Go immediately to A&E or call 999 in
a medical or mental health emergency.
This is when someone is seriously ill or
injured and their life is at risk.

More useful links and information



Living Well

bit.ly/mylivingwell



West Yorkshire Healthier Together

bit.ly/wyht



Healthy Minds

bit.ly/gp_healthyminds



Support
Understanding
Compassion
Being kind

**It's a
GP ✓
practice
thing.**

SOFIA
Healthcare
Nurse in
Bradford

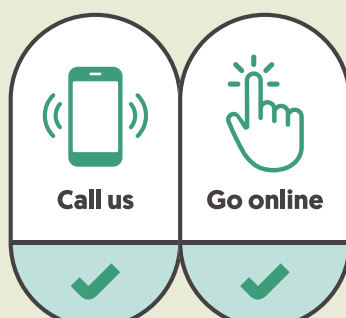
NHS



The Healthcare Nurse will see you now.

Not everyone needs to see
a doctor. **Your GP practice will
make sure you speak to the right
person as quickly as possible.**

If you think you need
to see your **GP team**:



It's a
GP
practice
thing. ✓

NHS

LILY

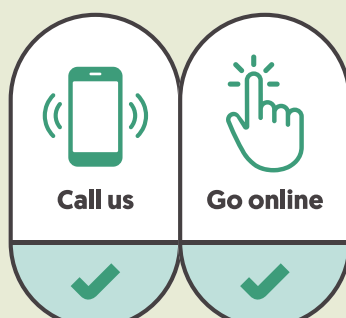
Physician
in Bradford



The Physician will see you now.

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to see your **GP team**:



It's a
GP ✓
practice
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NHS

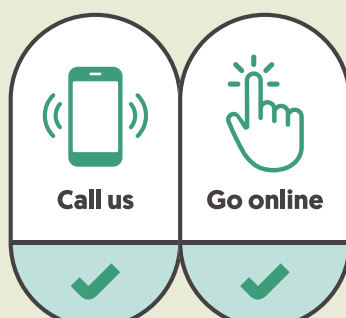
BILAL
Heart
Specialist in
Bradford



The Heart Specialist will see you now.

Not everyone needs to see a doctor. **Your GP practice will make sure you speak to the right person as quickly as possible.**

If you think you need to see your **GP team**:



It's a
GP ✓
practice
thing.

FRANCES

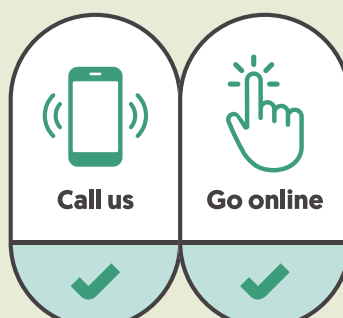
Social
Prescriber
in Bradford



The Social Prescriber will see you now.

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a doctor. **Your GP practice will
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If you think you need
to see your **GP team:**



It's a
GP 
practice
thing.

IRAM
Pharmacist
in Bradford

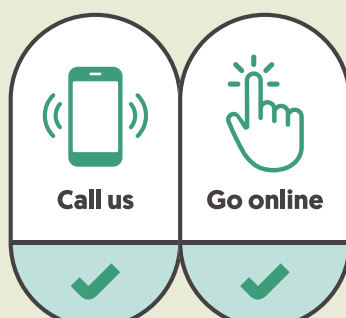
NHS



The Pharmacist will see you now.

Not everyone needs to see
a doctor. **Your GP practice will
make sure you speak to the right
person as quickly as possible.**

If you think you need
to see your **GP team**:



**It's a
GP
practice
thing.**

RICHARD
Physiotherapist
in Bradford

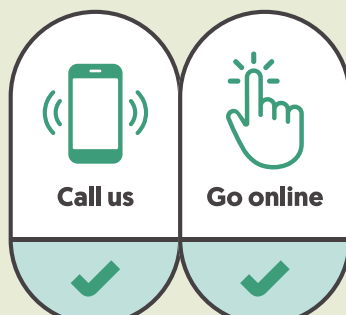
NHS



The Physio will see you now.

Not everyone needs to see
a doctor. **Your GP practice will
make sure you speak to the right
person as quickly as possible.**

If you think you need
to see your **GP team**:



It's a
GP ✓
practice
thing.

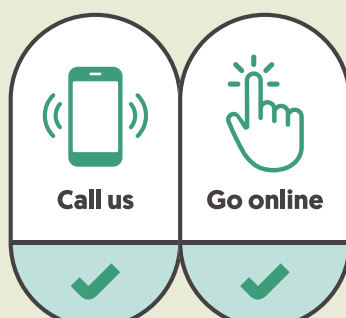


JODIE
Care
Navigator
in Bradford

The Care Navigator will see you now.

Not everyone needs to see
a doctor. **Your GP practice will
make sure you speak to the right
person as quickly as possible.**

If you think you need
to see your **GP team:**



**It's a
GP
practice
thing.**



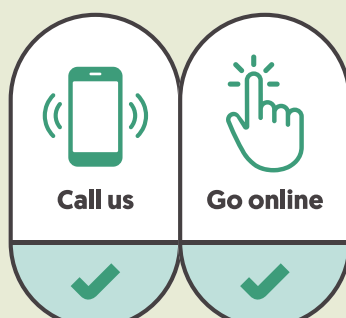
REBECCA

Practice
Nurse in
Bradford

The Practice Nurse will see you now.

Not everyone needs to see a doctor. **Your GP practice will make sure you speak to the right person as quickly as possible.**

If you think you need to see your **GP team**:



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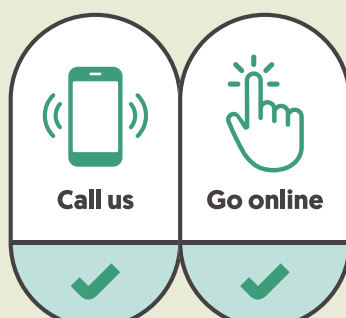
NATASHA
Pharmacist
in Bradford



The Pharmacist will see you now.

Not everyone needs to see
a doctor. **Your GP practice will
make sure you speak to the right
person as quickly as possible.**

If you think you need
to see your **GP team**:



**It's a
GP
practice
thing.**

GARETH
Cancer
Specialist
in Bradford

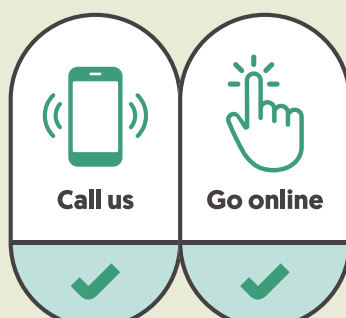
NHS



The Cancer Specialist will see you now.

Not everyone needs to see
a doctor. **Your GP practice will
make sure you speak to the right
person as quickly as possible.**

If you think you need
to see your **GP team**:



It's a
GP 
practice
thing.