

General Practice update

Kent Health Overview and Scrutiny Committee, 11 November 2021

1 Overview of General Practice in Kent and Medway

From November 2021 there are 192 separate practices across Kent and Medway. Practices are now working together in 42 Primary Care Networks. Practices work in these networks on a range of issues; the Covid-19 vaccination programme being a clear. Specialist additional services are increasingly being offered in these networks with roles employed at the network level to support patients from all practices within the network.

Workforce data from June 2021 shows the number of staff across different clinical roles as set out below (more detail on this including data on trends since 2015 is given in section 5 and appendix 1 of this paper).

Role	Headcount	Full Time Equivalent (FTE)
GPs	1,180	879
Practice nurses	994	719
Advanced nurse practitioners	144	114
Paramedics	62	52
Clinical pharmacists	61	50

The latest appointment data for September 2021 shows 883,900 appointments of all types, of which 522,500 were face-to-face (including 9,000 home visits). See section 5 for more details.

The majority of practices, 151, are rated *Good* by the Care Quality Commission and 9 are rated *Outstanding*. Only 9 are rated *Requires Improvement* and none are rated *Inadequate*. Other practices are awaiting inspection updates. See section 8.3 for more information.

Like elsewhere in the country general practice in Kent and Medway is under intense pressure at the moment. With the pandemic continuing and winter approaching this pressure will intensify before it subsides. We recognise this pressure is frustrating patients who cannot get through to their practices. General practice, the Local Medical Committee, the Clinical Commissioning Group and many of our partners across the Kent and Medway integrated care system are working on a range of actions to address the pressures and improve access for patients.

2 The context of pressure across health and care

The pandemic and intensified workforce challenges across health and care services have put all parts of the system under pressure. It is a complex picture where challenges in one area increase pressure on other services. Whilst there have been some suggestions that lack of access to general practice is driving people to accident and emergency the reality is not as simplistic, for example:

- Increased waiting lists for surgery and other hospital treatment means more people are living with untreated conditions, some of which need on-going and increasingly complex support in primary care which would stop once they get the hospital treatment they need.
- Increased impact from seasonal viruses which lock-down suppressed is driving pressure on both general practice and urgent care services. A third wave of Covid-19 infections is also increasing pressure despite how effective the vaccine programme has been in limiting the most serious effects of the virus.
- Workforce shortages in social care and domiciliary care are making it harder to discharge people from acute and community hospitals; which is a critical factor in how busy A&E departments are and how soon ambulances can hand over their patients and get back on the road.

The current intense pressure on general practice must be seen as part of this complex picture but must not be singled out as the cause of pressures elsewhere.

3 How practices are working today

Given the continued presence of Covid-19 within the community and the high demand for general practice appointments it is right that practices triage appointment requests and other queries. This is both to limit potential spread of the virus and to ensure patients who need an appointment are seen by the right member of staff through the most appropriate type of appointment.

Most practices continue to require patients to phone or use the online system *e-Consult* to provide information about their condition/query.

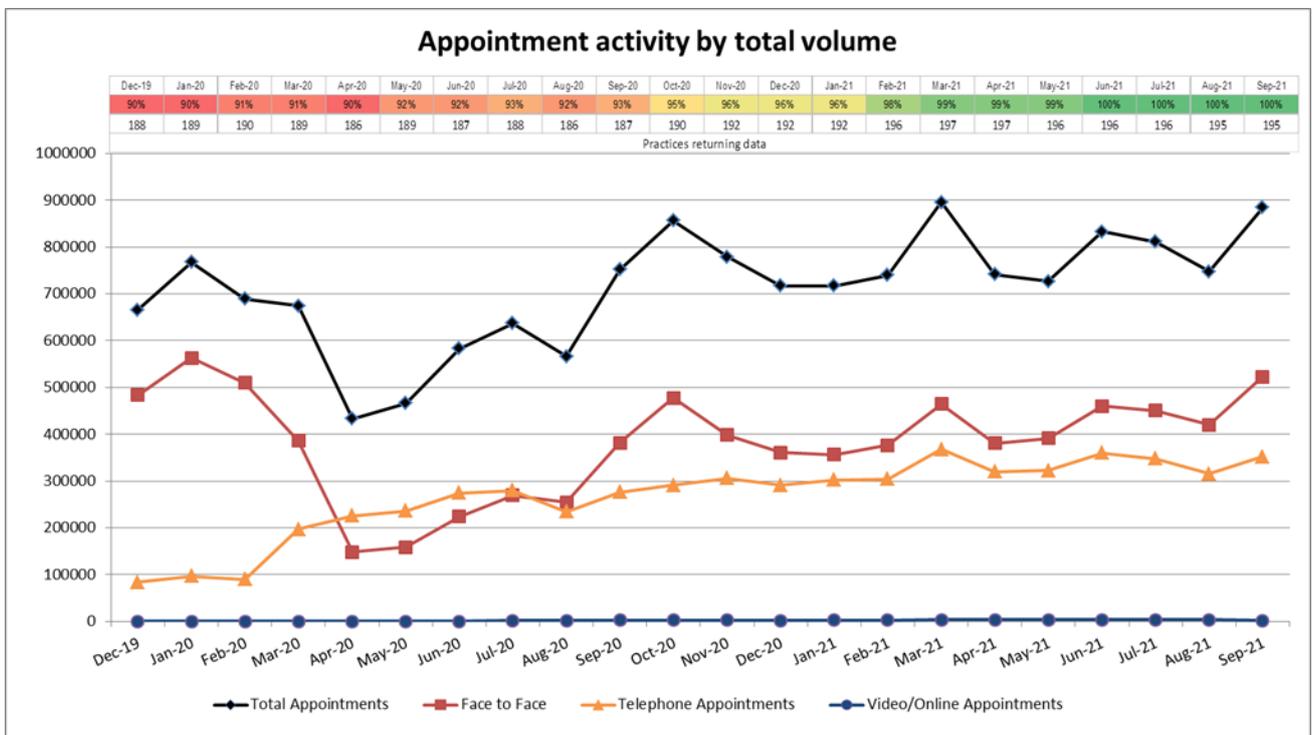
Practices continue to require people to wear face coverings when coming in. Social distancing and increased cleaning between patients remains in place. However, national guidance has recently been published (19 October) advising that primary care can reduce social distancing to one metre rather than two metres; provided risk assessments are carried out and other appropriate infection prevention measures are also in place.

4 Capacity in General Practice

It is recognised that one of the most significant challenges patients face at the moment is getting through on very busy general practice phone lines. Given the range of phone systems in use across 192 practices we are not able to quantify the level of unmet demand in terms of people who do not get through and seek alternative options. However nationally published data on the number of appointment slots recorded on GP systems does indicate the total capacity available.

4.1 Latest appointment data

The graph below shows how general practice appointments changed when the pandemic hit. The very latest data for September 2021 shows a considerable increase in face-to-face from the position in the last few months. Face to face appointments are now at their highest level since January 2020.



NB: the video/online appointments line shows as zero in the graph above due to the scale. Video/online appointments are a relatively small proportion with 1,800 in September. Prior to the first pandemic lockdown there were no online consultations being recorded.

September 2021 data in more detail shows 883,900 appointments of all types. Of which:

- 522,500 were face-to-face (including 9,000 home visits)
- 351,800 were telephone calls
- 1,800 were video/online
- 7,700 did not have the type of appointment recorded

It should be noted that these are appointment slots and include 42,600 recorded as Did Not Attend.

Covid vaccination appointments are removed from this published national data to give a more accurate indication of comparable activity to before the mass vaccination programme began in December 2020.

The graph shows that face-to-face appointments have been higher than telephone appointments since August 2020. The September 2021 data show a significant increase in face-to-face appointments from August 2021, taking face-to-face appointments to their highest level since the pandemic began.

Flu vaccination data will be recorded in this data and some early flu vaccinations may be included within September, but most flu clinics start from October so this is not likely to be a significant number.

This data is captured by NHS Digital directly from GP systems and is officially classified as “experimental statistics” due to limitations in data reporting across multiple GP clinical systems in use across the country.

4.2 Practice List sizes

Between April 2016 and April 2021 the total Kent and Medway practice list size increased by 5 % from 1,839,941 to 1,937,142 registered patients.

The number of practices has reduced from 249 practices in April 2016 to 192 in November 2021. This has meant the average list size of practices has grown. In many cases this is a positive step that makes practices more sustainable and enables them to offer a wider range of services to their patients. In 2016, there were 40 practices with a list size of fewer than 3,000 patients. In 2021, this has fallen to 11 practices.

4.3 Current additional vaccination activity

General practice run Covid-19 vaccination services continue to deliver the bulk of the vaccine programme. Practices are also now busy with seasonal flu vaccination clinics. Both of these vaccination programmes are critical to protecting patients from serious illness and as a result protecting the wider NHS from even greater pressure in the months ahead. These programmes are rightly priority activity for general practice, but that does mean capacity to do other work is reduced.

4.4 General practice activity beyond direct patient appointments

It is important to note that the appointment data only tells part of the story. The time when general practice clinicians are not seeing patients they are managing thousands of letters from other parts of the system, discharge summaries with medication changes, clinic letters with recommendations, referral rejection letters, diagnostic results – bloods and scans, safeguarding reports, patient requests for a range of reports from insurance to firearms certificates, multi-disciplinary team meetings. There are also a host of staff and administrative activities involved in running a practice from recruitment of new staff, sourcing locums for staff absences, staff appraisals, payroll, information reporting to the

CCG, and much more. Seeing patients is of course the priority, but giving patients effective care also involves these other activities.

5 The general practice workforce

Workforce shortages within primary care are one of the factors contributing to the current pressure and the challenges patients are facing. It is a long-term issue which the CCG is working with local practice and the LMC to tackle. Progress is being made, however, there remains much more to do and this will continue to be a challenge in the years ahead.

5.1 A multi-professional team

It is essential that everyone recognises that general practice teams include a range of clinical and non-clinical roles all of whom play a vital part in making sure as many people as possible are seen as quickly as possible by appropriately trained staff.

This has been a feature of how practices have worked for many years now. The range of roles working alongside GPs is growing and this is good for patients and the right thing to do. It is not a complete alternative to addressing GP shortages, but it is an essential element of providing a modern, effective and efficient general practice service.

The traditional image of the general practice team has been GPs, practice nurses and reception and administrative support. But the reality of general practice today is very different, with more and more practices having additional roles, either employed directly by a single practice or shared across several practices. Additional roles now common across general practice include:

- Advanced nurse practitioners
- Paramedics
- Clinical pharmacists
- Physiotherapists
- Mental health therapists and practitioners
- Health care assistants
- Physician associates
- Nursing associates and trainee nursing associates
- Social prescribers
- Advanced Clinical Practice Apprenticeships

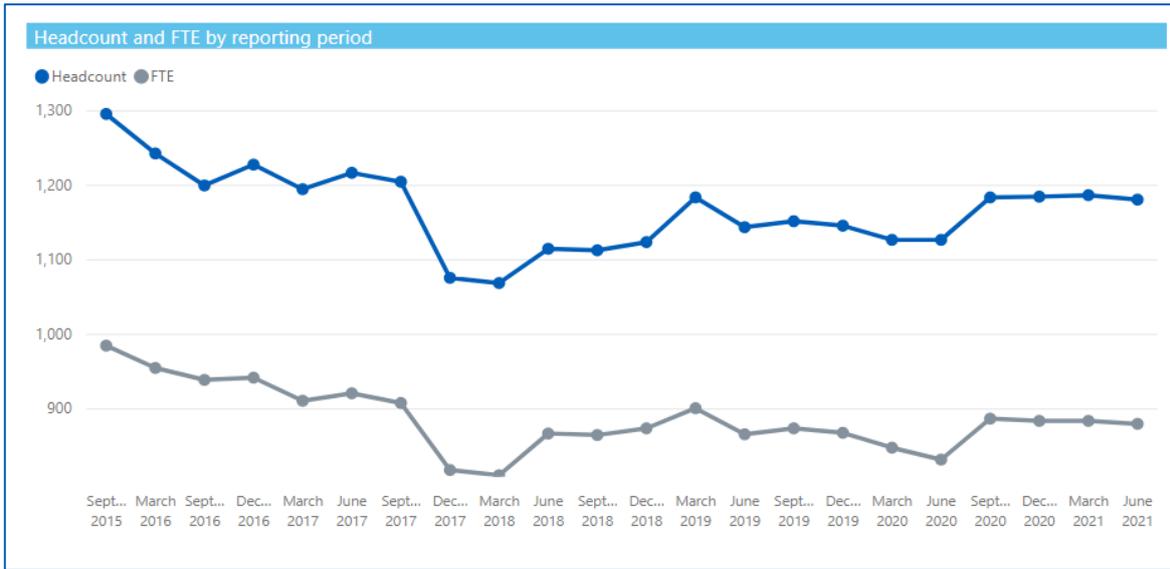
A number of these associate and trainee roles are offering skills progression and local career opportunities which never previously existed within general practice. Their increasing use will help to grow the future workforce of highly trained clinicians experienced and committed to primary care.

Patients come to general practice with a vast range of conditions and queries; many of these can and should be dealt with without people needing to wait for an appointment with a doctor.

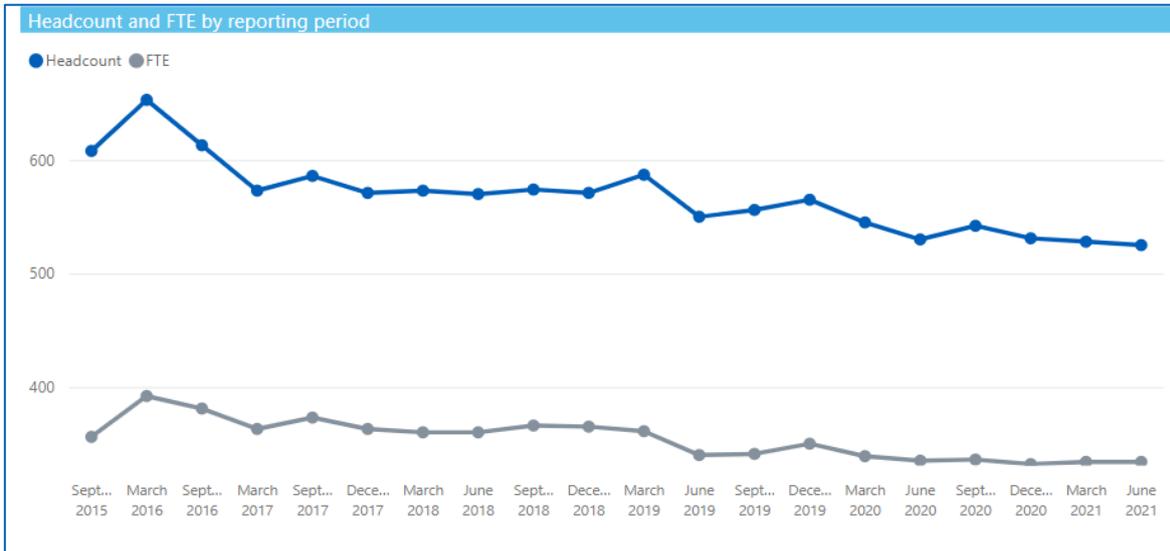
5.2 General practice workforce trends since 2015

The CCG’s Primary Care Commissioning Committee meeting on 21 October 2021 received a report including the latest data on general practice workforce from June 2021. The report tracks changes since September 2015 a number of roles within primary care. A full copy of the paper is included as appendix 1 to this report. In summary, it shows:

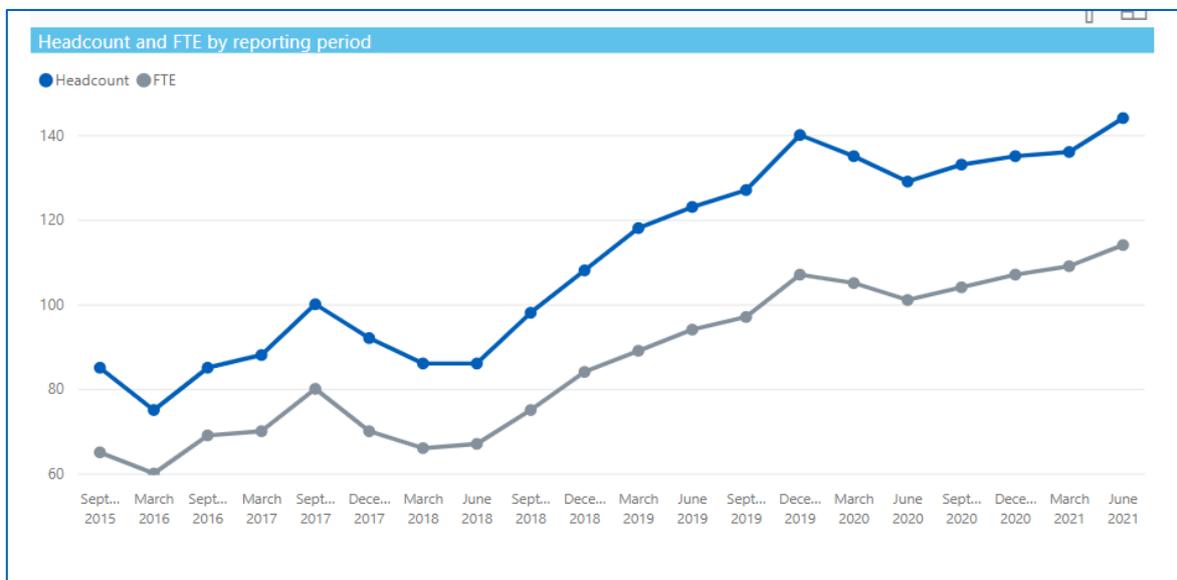
- **General practitioner** numbers (including locums and GP registrars) fell between 2015 and 2018. From 2018 the numbers have been recovering
 - Sept 2015 headcount 1,295 (FTE 984)
 - June 2021 headcount 1,180 (FTE 879)



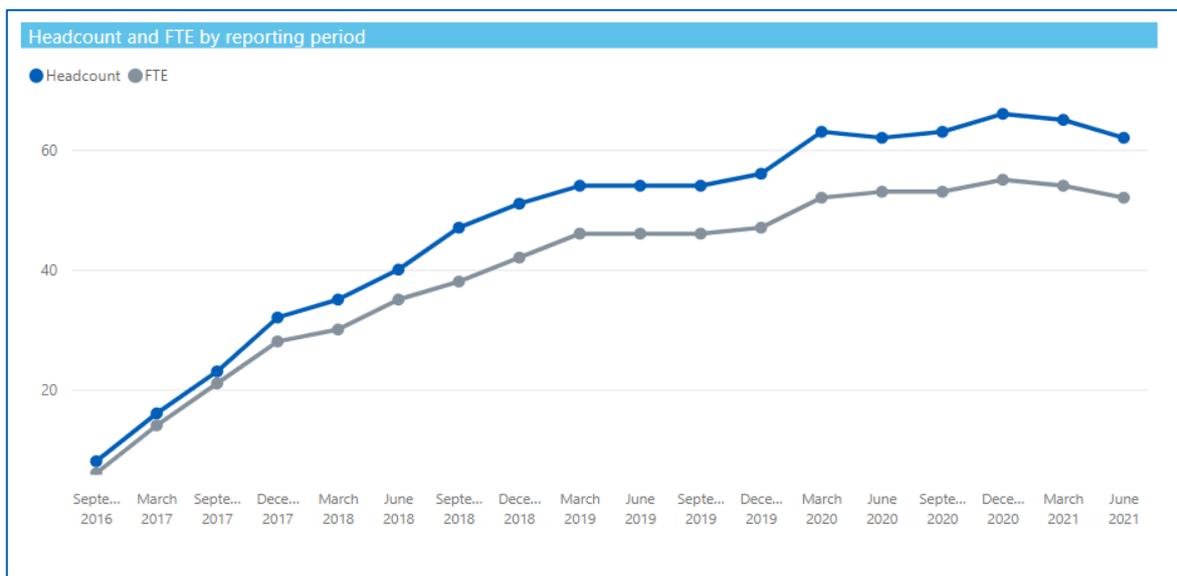
- **Practice nurse** numbers have fallen but by a smaller amount. The trend continues downward but the rate has slowed.
 - Sept 2015 headcount 608 (FTE 356)
 - June 2021 headcount 525 (FTE 334)



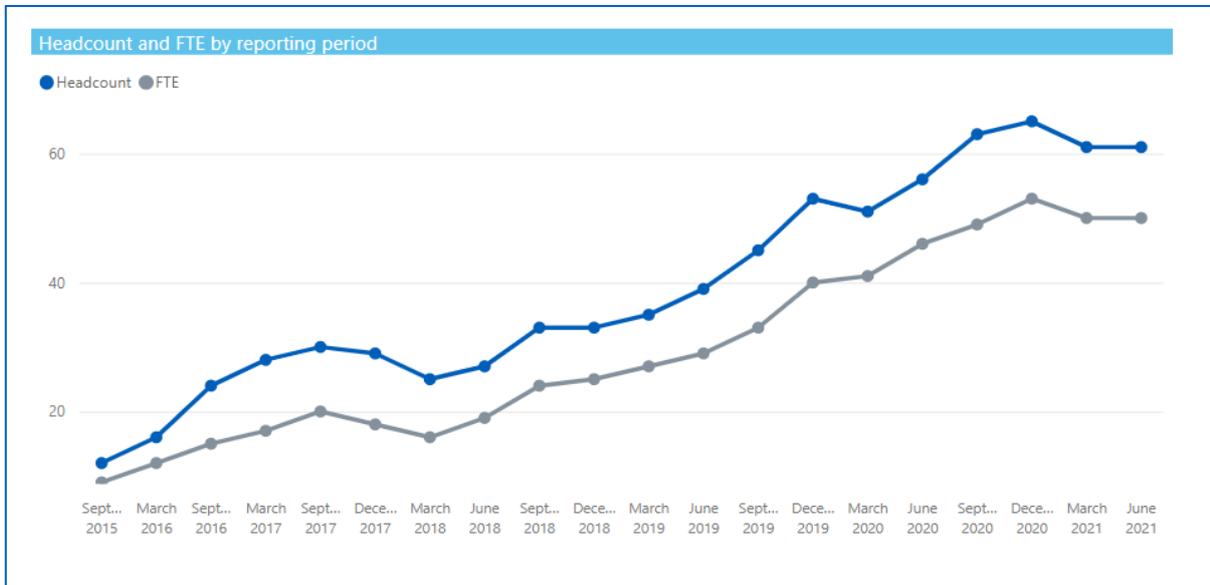
- **Advanced nurse practitioner numbers are increasing.**
 - Sept 2015 headcount 85 (FTE 65)
 - June 2021 headcount 144 (FTE 114)



- **Paramedic numbers are increasing.**
 - Sept 2015 headcount 8 (FTE 6)
 - June 2021 headcount 62 (FTE 52)



- **Clinical pharmacist** numbers are increasing.
 - Sept 2015 headcount 12 (FTE 9)
 - June 2021 headcount 61 (FTE 50)



Trends for further roles are included in the full workforce report in appendix 1.

5.3 Workforce shortages

The GP to patient ratio is often quoted as a marker of whether there is adequate capacity within general practice; but this data does not reflect the true capacity of the wider roles within general practice. In addition, the data does not capture how many vacancies are being regularly filled through locums. For these reasons we do not believe it is helpful data to present. The data is however used to target improvement actions in areas of greater need. Swale and Thanet for example have the lowest and third lowest GP ratio by registered population in England, and these areas are being prioritised within the wider work across Kent and Medway to increase the general practice workforce.

We do absolutely acknowledge that there are shortages in GPs within Kent and Medway. When compared to the national picture Kent and Medway has 39 GPs per 100,000 population compared to national average of 46 per 100,000 population. Kent and Medway is closer to the national average for practice nurses but there are also shortages.

As at March 2021, it was anticipated that in order to meet the future demand for primary medical care services we would need to increase the GP workforce (including GP trainees) by an additional 140 Full Time Equivalents (FTE) and the nursing workforce by an additional 22.5 FTE, by 2023/24. The total number of Direct Patient Care Staff (which includes all other non-medical clinical roles such as paramedics, pharmacists and health care assistants) was 486 FTE; this exceeds the national average by 25.8 FTE. We acknowledged that this modelling was done prior to the current peak in demand.

With an aging workforce significant numbers of the current primary care workforce are approaching retirement age. Across Kent and Medway, 28.8% of GPs are aged 55 or over

this compares to a national figure of 23.6%. For nurses the position is very close to the national average at 34%. For other Direct Patient Care staff and admin/non-clinical roles Kent and Medway also exceeds the national average.

5.4 Training the GP workforce of the future

The Kent and Medway Medical School was established in 2020 and aims to offer first-class medical education and research. It welcomed its first cohort of just over 100 students at the beginning of September 2020.

The Medical School has a Primary Care focus and as such is unique in that medical students are placed in Primary Care in their first year. Building interest and enthusiasm for general practice amongst medical students is key to addressing our long-term challenge to ensure we have enough GPs. To become a fully qualified GP involves a 5-year degree, 2 years of foundation training and then 3 years vocational GP training.

In the academic year 2021-2022 medical students have been working in practices across 24 of our 42 Primary Care Networks and the CCG and Medical School continue to support more PCNs to take on medical students. The medical school has had a positive response from students on Primary Care placements and the Dean of the GP School will be writing to GPs to express their thanks.

6 Improvement actions

This section summarises some of the work taking place to address the workforce challenges and other improvements to make access for patients easier and decrease pressure on general practice teams. The CCG is working with Kent LMC on actions which are being implemented in the short, medium and long term.

6.1 Additional funding to improve patient access and support general practice

On the 14 October NHS England and the Department of Health published plans, including additional investment, designed to help improve the current position; with a particular focus on the winter months and practices which data suggests are facing the hardest access challenges. Kent and Medway's indicative allocation of the extra funding is approximately £8.3million.

The CCG, LMC and local practices are working on our response and identifying specific additional actions which the funding will be used for. We have a range of projects already in progress or in planning stages which could be supported by this funding.

6.2 Short term actions

We are working to identify requests that people are calling practices about that could be dealt with by other parts of the NHS or, for those who can, using online options.

- **Hospital appointment queries** – prior to the pandemic it was normal process for patients on hospital waiting lists to seek updates via their GP surgery. With current waiting list pressure this is adding significant burden on practices. We now have agreement with all four acute hospitals in Kent and Medway that they will manage waiting list queries directly.
- **Repeat prescription extension** – Earlier in October our clinical cabinet approved a recommendation to allow practices to extend the period they can provide medication for. 28 days is the standard and still remains best practice, but as a temporary position we are asking practices to extend to 56 days where appropriate for individual patients. Will also be pushing for greater uptake of electronic repeat dispensing that means patients can get repeat prescriptions refilled by a pharmacy for up to 12 months before needing to be reviewed by the practice.
- **Productive General Practice Quickstart Programme** – A fast practical improvement programme putting extra support into practices to identify local ways to reduce pressure and release efficiencies within the practice. This is an established model that identifies high impact changes to be completed over a three month period.
- **Communications to ensure people understand alternative options** – as part of a wider NHS pressures communications campaign over the next six months we are promoting awareness of the range of services which can help people who may not need an appointment with their general practice, for example using 111, visiting a pharmacy or using one of the nine community based urgent treatment centres that are open 12 hours a day.

6.3 Medium term actions

- **eHub solution development** – we are developing plans to establish a number of eHubs across Kent and Medway which will support groups of general practices by managing the messages received through the *e-consult* system that all practices use. Dedicated teams in eHubs doing this work would free up other practice teams for other activity. We are also looking at how eHubs could create a centralised model for supporting the management of online consultations and home monitoring services.

- **Expanding home monitoring services** – during the pandemic we developed a successful remote monitoring service for blood oxygen levels. A similar model has also been developed for blood pressure monitoring. Approximately 6,000 blood pressure monitors have been delivered to practices since May 2021. Supporting patients to self-monitor at home and submit readings by phone, text or app helps promote self-care, improves adherence to monitoring and reduces the need for face-to-face appointments.
- **Premises improvements** – some practice could improve access and potentially increase appointment capacity with relatively small changes to surgery layout and/or moving archived patient notes to off-site secure storage. All practices have been given an opportunity to submit proposals to make use of capital funding available this year. 21 projects have been supported in principle and practices are now developing plans for approval. These projects will need to deliver by March 2022.

In addition, a number of larger extension or new build projects are being progressed; including three larger extensions supported in principle through NHS capital to deliver during 2022.

- **Phone systems** – Very aware that phones are a critical issue for the current situation. While there is lots of other work to reduce the number of people needing to call practices we are also looking at what can be done to improve the phone systems themselves. There are a variety of systems in use and some practices do have inadequate telephone systems for the level of demand now being experienced. We are working with NHS England and have been given some funding to pilot new systems and develop a national standard for primary care telephone systems.
- **Electronic prescribing in hospitals** – systems are being implemented in acute trusts which will enable consultants to issue prescriptions with ease, this will reduce the current transfer of work to general practice where consultants ask GPs to prescribe.
- **Community Pharmacy Consultation Service** – this is a community pharmacist-led clinical service that has been managing referrals from NHS111 since 2019. It is being rolled out to general practices who will be able to send referrals for minor illness conditions. When the referral is received, the pharmacist will carry out a consultation with the patient which can include advice or purchase of over-the-counter medicine. 70 practices across Kent and Medway are engaged as early adopters with 28 practices live (highest in the south east) and over 700 referrals already made.

6.4 Long-term actions

As highlighted in the previous section, workforce is a critical element of improving the position in general practice. No single action will solve what is a national challenge. But we are working on a spread of initiatives designed to recruit, support and retain our whole workforce. While we talk of workforce as a long-term action the work we have been doing is already bearing fruit, and will continue to do so over the next few years. Examples of progress made already are:

- We have 12 **GP Trainees** (8 in Thanet & 4 in Swale) through a Targeted Enhanced Recruitment Scheme. These are new doctors to the system, spending longer in GP than usual on the training scheme and we are supporting practices to give these trainees a good experience and get them to stay in Kent and Medway.
- Retaining and bringing new doctors into the area with the **Fellowship scheme**, we have 20 on offer and are working to get more, with 70 interested applicants.
- Jointly appointed 3 **Educational Fellows** with the medical school to build the educational infrastructure of the area. We know this makes it more attractive to GPs to come and work with us.
- Successfully hosted over 100 **medical students in general practice** during the first year of their course with excellent evaluation.
- Focused on Swale & Thanet, learning from colleagues in Oldham who face similar challenges with workforce. The areas we are working on are:
 - Educational infrastructure
 - Creating portfolio careers
 - Promoting the area as a place to live
 - Providing supportive practice environments where people want to work
 - Building an estates strategy that provides space for more staff.

6.4.1 A new primary care strategy

The CCG is working to develop a new primary care strategy which will set out the challenges and proposed actions to improve general practice in the years ahead in more detail. Developing the strategy will include engagement with patients and a range of local stakeholders. Recognising the current operational pressure requires the focussed attention of general practice and the likelihood that pressure will grow over the winter months this is work we will be able to provide more information on at a later time.

6.4.2 General Practice estates strategy

A Kent and Medway CCG General Practice Estates Strategy has been recently approved by the CCG Primary Care Commissioning Committee in August 2021

The strategy is set within the national and local context including The NHS Long Term Plan, workforce, population health, digital first roadmap and sustainable development. The purpose and focus of the document is to strategically define the key areas of future population growth across Kent and Medway along with a set of key principles and requirements that will be used to inform the identification of premises development and improvement priorities to support sustainable and resilient general practice.

Analysis of council local plans and housing supply information has been undertaken at a point in time to inform the strategy and will change as council local plans are developed and the impact of additional housing developments (not in local plans) are assessed each year. The strategy provides an overview of estimated growth by area, linked to Primary Care Networks (PCNs), and also includes the details of premises schemes progressing through CCG governance in line with the CCG GP Premises Development Policy. A copy of the strategy is available in the [August 2021 papers for the CCG's Primary Care Commissioning Committee](#).

7 Conclusion

General practice is open across Kent and Medway with doctors and their wider teams working extremely hard to provide as many appointments as possible to local people. But demand is currently exceeding supply and this understandably is frustrating patients who are trying to contact their practices.

General Practice teams are under immense pressure at the moment. This is a national issue. It is a combination of backlogs caused by the pandemic, the on-going impact of Covid-19 and wider seasonal viruses, coming on top of wider challenges in general practice that existed prior to the pandemic.

General practices, the Local Medical Committee, the Clinical Commissioning Group and wider partners in the integrated care system are working on a broad range of short, medium and long-term improvement actions. However, we expect the intense pressure on General Practice to continue throughout the winter of 2021/22 and there will continue to be more demand for general practice appointments than there is capacity. We will support general practice and patients as much as possible to make sure the appointments that are available are used in the most effective way.

A fundamental issue is retention and recruitment to all types of roles within general practice teams. To achieve this general practice must be a place people want to work. Unfortunately, when patient frustrations boil over into verbal and physical abuse and ill-informed accusations are hurled at general practice through social media and other channels for being somehow lazy or hiding behind closed doors this just compounds the problems and extends the time it will take for general practice to recover. There are

employment opportunities for local people in general practice and in wider health and social care roles and community and voluntary services that would help ease pressure on general practice. The NHS and councils are working together on these broader challenges and must continue to do so with a firm focus on collaboration and positive actions.

7.1 Keeping HOSC informed of progress

Monitoring progress against our key improvement actions for general practice happens through the Clinical Commissioning Group's Primary Care Commissioning Committee which meets in public on a monthly basis. We propose sharing the relevant public papers with HOSC members each month for information and providing a written update to HOSC (similar to this report) on a quarterly basis.

8 Background information

Information on the following pages is provided as general background to how General Practice is organised and regulated, including:

- Commissioning arrangements for general practice
- The two key contract types that general practices work under
- Current Care Quality Commission ratings of practices across Kent and Medway
- Latest official GP patient survey

8.1 Commissioning General Medical services

Kent and Medway Clinical Commissioning Group (CCG) took on delegated responsibility for commissioning primary medical care services when it was established from 1 April 2020. Prior to this all eight of the former Kent and Medway CCGs were delegated commissioners for primary medical care services. The CCG has a signed delegation agreement with NHS England and NHS Improvement (NHSEI) which sets out the delegated functions the CCG must provide. This includes decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts.

The CCG is required to establish a Primary Care Commissioning Committee (PCCC) to exercise its delegated functions and there are clear guidelines on how it must be constituted. The committee meet monthly as a meeting in public and committee papers are available on the CCG website <https://www.kentandmedwayccg.nhs.uk/news-and-events/events>

The PCCC has the responsibility for overseeing all changes proposed by GP practices; this may include applications to merge with one or more practices, permanently close a branch surgery and proposals to relocate to new premises.

8.1.1 Changes proposed with the 2021 Health and Care Bill

If the Health and Care Bill progresses through Parliament without amendment the Clinical Commissioning Group will be closed on 31 March 2022 and all of its responsibilities for primary care commissioning will transfer to a new NHS organisation called the Kent and

Medway Integrated Care Board. At the same time NHS England will transfer all remaining responsibilities for general practice commissioning to the Integrated Care Board. This will make the new Kent and Medway ICB fully responsible for commissioning general practice including managing the formal complaints process for general practice.

8.2 General Practice contract types

Most GPs are independent contractors, either running the business on their own or in partnership with others. As with all other independent NHS contractors, GPs are responsible for running the business affairs of the practice, providing adequate premises and infrastructure to provide safe patient services and they employ and train practice staff. The GP contractor holds a contract with the NHS. The contracts that GPs work under outline GP obligations and provide details of funding. There are two types of contracts for general practice in Kent and Medway:

8.2.1 General Medical Services (GMS) contract

This is nationally negotiated with the British Medical Association and underpinned by nationally agreed payment arrangements as set out in the statement of financial entitlements (SFE).

GMS Regulations state that except in certain circumstances a contract must provide for it to subsist until it is terminated in accordance with the terms of the contract or the general law. So a general rule is that GMS is a contract in perpetuity (no end date). Of the 192 practices in Kent and Medway 188 operate under a GMS contract.

The General Medical Services (GMS) contract does afford significant operational flexibilities to practices as independent contractors. The operational flexibility of the GMS contract has always allowed practices to determine their own delivery model. The regulations within the GMS contract do not specify the percentage of face-to-face consultations versus telephone or video consultations.

8.2.2 Alternative Provider Medical Services (APMS) contract

These are locally negotiated by the CCG and are fixed term contracts. APMS contracts tend to be for a fixed-term period of three to five years, often with an option to extend for a maximum of a further two years. There are four practices operating under APMS contracts in Kent and Medway.

8.3 Care Quality Commission ratings

The Care Quality Commission (CQC) is an independent regulator of health and adult social care services in England. Their job is to check whether services are meeting national government standards for quality and safety. All health services are inspected by CQC on a rolling basis. There are four ratings that CQC give to health and social care services.

Rating	Explanation
Outstanding	The service is performing exceptionally well
Good	The service is performing well and meeting our expectations
Requires Improvement	The service is not performing as well as it should and the CQC have told the service how it must improve
Inadequate	The service is performing badly and the CQC have taken action against the person or organisation what runs it

The inspection looks at the quality and safety of the care provided. It looks at whether the service is Safe, Effective, Caring, Responsive to people’s needs, and Well-led. These five areas or domains are also individually rated.

During the pandemic the CQC prioritised those practices where they had received reports of patient safety concerns. There are a number of practices that are either awaiting inspection or have been inspected recently and are awaiting confirmation of the outcome.

Area	Total Practices	Outstanding	Good	Requires Improvement	Inadequate	Awaiting inspection/ inspection outcome
Kent and Medway	192	9	151	9	0	23
DGS ICP	24	0	21	0	0	3
East Kent ICP	65	7	51	2	0	5
Medway and Swale ICP	51	0	37	4	0	10
West Kent ICP	52	2	42	3	0	5

8.4 Annual GP patient survey

The fieldwork for the GP Patient Survey was undertaken between January and March 2021, which pre-dates the current pressures. A total of 64,230 survey forms were distributed across Kent and Medway and 26,156 forms were returned giving a response rate of 41%. This is close to the 2020 response rate of 37%.

Kent and Medway GP Patient Survey Results	2020	2021	National Average	Direction of Travel
Overall experience of their GP practice described as good	79%	80%	83%	↑
Easy to get through to their practice by phone	57%	59%	68%	↑
Overall experience of making and appointment described as good	60%	66%	70%	↑
Satisfied with the appointment offered	N/A	80%	82%	NEW
For last appointment - in person appointment offered	N/A	64%	64%	NEW
For last appointment - remote appointment offered	N/A	36%	36%	NEW
Last appointment – with a GP	68%	63%	64%	↓
Last appointment – with a nurse	25%	27%	28%	↓
Patients were very or fairly satisfied with the general practice appointment times	59%	63%	67%	↑
Had confidence and trust in the last healthcare professional they saw	94%	95%	96%	↑
Online services tried in past 12 months - Booking of online appointments	15%	14%	19%	↓
Online services tried in past 12 months - Ordering prescriptions online	18%	25%	26%	↑
Online services tried in past 12 months – access to medical record online	13%	4%	7%	↓
Easy to use GP practice's website	71%	73%	75%	↑
Over last 12 months avoided making a GP appointment as worried about the risk of catching covid	N/A	18%	17%	NEW

Appendix 1 follows (Kent and Medway CCG Primary Care Commissioning Committee October 2021 report on workforce)