

**Date:** Tuesday 21 November 2023 at 4.00 pm

**Venue:** Jim Cooke Conference Suite, Stockton Central Library, Church Road,  
Stockton-on-Tees TS18 1TU

**Cllr Marc Besford (Chair)**  
**Cllr Nathan Gale (Vice-Chair)**

Cllr Carol Clark  
Cllr Lynn Hall  
Cllr Vanessa Sewell

Cllr John Coulson  
Cllr Susan Scott  
Cllr Paul Weston

## **AGENDA**

### **4 Minutes**

To approve the minutes of the last meeting held on 24 October 2023. (Pages 7 - 18)

### **5 Scrutiny Review of Access to GPs and Primary Medical Care**

To consider a submission on this scrutiny topic from the Cleveland Local Medical Committee (LMC). (Pages 19 - 42)

**Members of the Public - Rights to Attend Meeting**

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Scrutiny Support Officer Rachel Harrison on email [rachel.harrison@stockton.gov.uk](mailto:rachel.harrison@stockton.gov.uk)

**KEY - Declarable interests are:-**

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

**Members – Declaration of Interest Guidance**



**Table 1 - Disclosable Pecuniary Interests**

Subject	Description
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain
<b>Sponsorship</b>	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
<b>Contracts</b>	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
<b>Land and property</b>	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
<b>Licences</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
<b>Corporate tenancies</b>	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
<b>Securities</b>	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

\* 'director' includes a member of the committee of management of an industrial and provident society.

\* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

## Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
  - (i) exercising functions of a public nature
  - (ii) directed to charitable purposes or
  - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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## Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 24 October 2023.

**Present:** Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr John Coulson, Cllr Richard Eglington (sub for Cllr Paul Weston), Cllr Lynn Hall, Cllr Eileen Johnson (sub for Cllr Carol Clark), Cllr Susan Scott, Cllr Vanessa Sewell

**Officers:** Sarah Bowman-Abouna, Julie Nisbet, Rob Papworth (A,H&W); Darren Boyd, Gary Woods (CS)

**Also in attendance:** Ben Brown, Nikki Brown (The White House Care Home); Sarah Stokes (Springwood); Emma Joyeux (North East and North Cumbria Integrated Care Board)

**Apologies:** Cllr Carol Clark, Cllr Paul Weston

<b>1</b>	<p><b>Evacuation Procedure</b></p> <p>The evacuation procedure was noted.</p>
<b>2</b>	<p><b>Declarations of Interest</b></p> <p>There were no interests declared.</p>
<b>3</b>	<p><b>Minutes</b></p> <p>Consideration was given to the minutes from the Committee meeting held on 19 September 2023.</p> <p>Members were reminded that information had recently been circulated via email following a request for more detail on the Wellbeing (Mental Health) Hub (highlighted during the ‘<i>Healthwatch Stockton-on-Tees – Annual Report 2022-2023</i>’ item) and relaying responses by the Care Quality Commission (CQC) after queries were raised by the Committee during the ‘<i>CQC / PAMMS Inspection Results – Quarterly Summary (Q1 2023-2024)</i>’ item.</p> <p>AGREED that the minutes of the meeting on 19 September 2023 be approved as a correct record and signed by the Chair.</p>
<b>4</b>	<p><b>Well-Led Programme – Update</b></p> <p>The Committee received a presentation on the Stockton-on-Tees Borough Council (SBC) Well-Led Programme which provided an update on developments around this leadership initiative. Led by a SBC Transformation Manager, and supported by three care home leaders who had been through the programme, key features of the presentation included:</p> <ul style="list-style-type: none"> <li>• <u>Why the Well-Led Leadership Programme was introduced:</u> Historically, Care Quality Commission (CQC) inspections had resulted in the identification of issues within the ‘Well-Led’ domain (one of its five key inspection elements). In 2018, 50% of the Borough’s care homes were</li> </ul>

	<p>rated 'Requires Improvement' in relation to leadership; in some cases, this was deemed 'Inadequate'.</p> <ul style="list-style-type: none"> <li>• <u>What the programme entails:</u> This initiative was not a training programme which led to a qualification. Instead, it was an innovative approach to developing strong leadership across the residential care home sector, promoting and supporting new ways of working, challenging the status quo, and embracing (sometimes bold) change.</li> <li>• <u>Who was involved in the programme's creation:</u> A collaborative approach with stakeholders wrapped around the local care home sector – this included the former Tees Valley Clinical Commissioning Group, NHS Leadership Academy (North East and Yorkshire), the CQC, SBC, and local care home providers.</li> <li>• <u>How the programme works and what it seeks to achieve:</u> Providers previously worked in isolation and were often competing against each other. The programme sought to establish effective networks which enabled local care home leaders to share good practice and learn from each other's experiences. It specifically looks at problem-solving and improving professional practices via systematic observations and data collection, and seeks to strengthen an organisation through the development of several key pillars – leadership, working with change, culture, systems navigation, equality / diversity / inclusion, coaching, and values / ethics.</li> <li>• <u>Impact of the first and second cohort (2019-2020):</u> Tangible difference was identified as a result of participation in the programme, with more providers receiving an overall rating of 'Outstanding' or 'Good' following subsequent CQC inspections and less receiving 'Requires Improvement'.</li> <li>• <u>Impact of the programme between 2019 and 2023:</u> Numerous benefits have been attributed to this 'well-led' initiative since its inception, including greater co-operation, increasing tools and confidence to lead a service well, the creation of networks / celebration events / forums for sharing good practice (aiding improvements in service quality), and positive relations with regulators and inspectors. Ultimately, CQC ratings had improved, and of the 73 people who had participated in the programme, 78% of those were still at their care service within the Borough (demonstrating impact on retention). It was also noted that the programme kept going despite the challenges arising from the emergence of COVID-19 (moved to remote sessions).</li> <li>• <u>Care home leader reflections on their experiences and the benefits it had brought them following their involvement:</u> Several quotes from those who had participated in the programme were included. In addition, three care home leaders were in attendance (two who went through the first cohort and one who participated in the latest) to relay the impact of being involved, and emphasised the positive experience, learning and impact in terms of improvements in CQC feedback / outcomes. As well as</li> </ul>
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management, service leads had also accessed the programme to ensure the wider senior team had the skills and confidence to further develop the existing offer (e.g. day trips) – this had aided retention which was an achievement given the effects of the COVID pandemic. Other comments included the value of learning about yourself, understanding how to adapt to different personalities, focusing on the culture of an organisation, and making staff feel important. One provider had also developed a care home residents' social group in co-operation with SBC.

- Cohort six (2023-2024) – supporting quality improvement: The current cohort started in September 2023 – two from services currently rated 'Outstanding' overall, 12 from services rated 'Good', and eight from services rated 'Requires Improvement'. Further information detailing the contents of the programme could be relayed if desired.

Commending officers and care home leaders for their presentation on this highly rated programme, the Committee was pleased to hear that participation had extended to those within the wider leadership team of local providers. Members were encouraged to hear of the positive experiences of those accessing the initiative, as well as the ongoing collaborative working which had underpinned its success, all of which contributed to supporting vulnerable people and their families.

The Committee was informed that the associated Activity Co-ordinators Network was now well established and that a course had been developed around activity provision. Despite sometimes negative media regarding the care sector, local initiatives were doing well, and Members encouraged SBC to keep promoting these messages.

Members asked how they, as Ward Councillors, could get involved with their local care home providers. In response, SBC officers stated that they would happily facilitate conversations following the meeting, and highlighted the Activity Co-ordinators Network as a useful place to start as this gives a good introduction to the Borough's offer.

A query was raised around the support provided to care homes by other organisations such as SBC, NHS Trusts and GPs. Care home leaders in attendance spoke of their positive experiences with such entities, including an awareness that these relationships were much better locally than peers (employed by the same provider) had in other Local Authority areas. There were lots of opportunities to get involved with various initiatives (specific reference was made to the support provided by the North Tees and Hartlepool NHS Foundation Trust Community Matron and Frailty Team, as well as virtual ward rounds and mental health nurse access via a local general practice) – the challenge was getting services to take these up.

As evidenced within a report later in the agenda for this meeting, the Committee drew attention to the increase in the number of services requiring improvement and queried the uptake of the programme for those providers with such a grading. Assurance was given that eight providers with a

	<p>current rating of 'Requires Improvement (RI)' were registered, and that one provider with all four of its services rated 'RI' or 'Inadequate' had signed-up to participate. Members urged SBC to do what it could to sell the programme to those from providers currently graded 'RI'.</p> <p>AGREED that the Well-Led Programme update be noted.</p>
<p><b>5</b></p>	<p><b>Monitoring the Impact of Previously Agreed Recommendations – Day Opportunities for Adults</b></p> <p>Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Day Opportunities for Adults. This was the second progress update following the Committee's agreement of the Action Plan in June 2022, with developments in relation to the outstanding agreed actions noted as follows:</p> <ul style="list-style-type: none"> <li>• <u>Recommendation 1 (SBC and its relevant partners continue working with people accessing services and their families / carers to understand demand for both traditional building-based day service provision and community-based activities. This should include:)</u> <ul style="list-style-type: none"> <li>e) <u>Considerations around the potential for assisting with identified transportation needs (e.g. ensuring public / private transport options are accessible and respond to the needs of people who use day opportunities):</u> The Teeswide Dementia Friendly Community Network had continued to work with the SBC Licensing team and had trained over 500 taxi drivers. No sessions for bus drivers had been completed.</li> </ul> <p>Members expressed disappointment at the lack of training sessions with bus providers to help raise awareness on how they can deliver their services to people who use day opportunities, as well as concern around the clarity of bus stop locations in Stockton High Street (it was felt that SBC had a key role here and that this was not all down to the bus companies). In related matters, the issue of wheelchair-accessible taxis had also been raised within the Licensing Committee, and that whilst such vehicles were more expensive, attempts were being made to introduce more of these into the existing fleet.</p> <ul style="list-style-type: none"> <li>f) <u>Changes to the existing budget for SBC in-house and commissioned services:</u> The planned quarterly dashboard, including data on day opportunities spend, was produced in March 2023 and shared across the team. Work had also been completed to realign staff responsibilities to match changes in demand.</li> </ul> <p>The Committee reaffirmed the need for the continued monitoring of the uptake of services to ensure that the Council's offer was providing value-for-money. Whilst it was positive that some individuals chose, and were able, to manage their own personal finances in terms of accessing day</p> </li> </ul>

opportunities, it was important to track changes in demand for existing services. Officers agreed to share dashboard-related information as part of the next update on progress.

- Recommendation 3 (SBC Adults and Health and Children’s Services directorates reinforce joint-working to identify and support opportunities that are most meaningful to younger people (including a reflection on any updated results from the Disabled Children’s Team online survey), and strengthen the dissemination of information about existing services): Representatives from the Adult Social Care teams, as well as Lanark and day services, attended a ‘Planning for Adulthood’ event on 23 March 2023 – this was well received, and highlighted required work around transitions to ensure the right types of service / infrastructure were in place. Key staff will attend a follow-up event at Newtown Community Centre on 27 November 2023.

Members requested feedback on the November 2023 event as part of the next update on progress.

- Recommendation 4 (SBC to follow-up with Catalyst regarding the views of the wider VCSE sector around future day opportunities involvement (e.g. promotion of / access to existing VCSE activity, potential funding streams, volunteering)): The scheduled meetings between SBC and Catalyst had stalled following key members of the monthly meetings leaving the Local Authority – this had been picked-up with Catalyst and the 1:1 meetings had been reinstated. It was, however, noted that community facilities were now used more effectively and that services continued to move away from solely building-based provision.

Strengthening communication with, and of, the voluntary, community and social enterprise (VCSE) day opportunities offer was emphasised by the Committee, something which officers stated the Council continued to push.

- Recommendation 5 (SBC and its relevant health, social care and VCSE partners share and work towards an agreed vision for day opportunities across the Borough through the most appropriate mechanism (existing or new)): Since March 2023, the Council had continued to implement the transformation of day opportunities, including a decision not to progress with the development of South Thornaby Day Centre (but rather develop the offer through Community Day Options and Allensway), engagement with the top five VCSE day services providers to establish possibilities for more collaborative working, and investigation of digital opportunities to enhance the offer through the Council’s day services providers (e.g. Digital Social Care Record).

In the absence of an ‘assessment of progress’ grading, it was agreed that this recommendation would continue to be viewed as ‘on-track’. Members also requested the names of the ‘top five’ VCSE day services providers as part of the next update (it was noted by officers that this list had now grown).

	<p>AGREED that...</p> <ol style="list-style-type: none"> <li>1) the Day Opportunities for Adults progress update be noted.</li> <li>2) the next update on progress includes requested information as identified.</li> </ol>
<p><b>6</b></p>	<p><b>PAMMS Annual Report (Care Homes) – 2022-2023</b></p> <p>The Committee was presented with the PAMMS Annual Report (Care Homes) for 2022-2023. Led by the SBC Quality Assurance and Compliance Manager, key content was relayed as follows:</p> <ul style="list-style-type: none"> <li>• The Provider Assessment and Market Management Solutions (PAMMS) is an online assessment tool developed in collaboration with Association of Directors of Adult Social Services (ADASS) East and regional Local Authorities. It was designed to assist users in assessing the quality of care delivered by providers. The assessment was a requirement of the Framework Agreement (the Contract) with providers, and they were contractually obliged to engage with the process.</li> <li>• A summary of assessments for contracted care homes undertaken by the SBC Quality Assurance and Compliance (QuAC) Team throughout 2022-2023 showed that 17 services had received a ‘Good’ overall PAMMS rating, 14 services had been graded ‘Requires Improvement’ overall, and one service was deemed ‘Poor’ (a home which had since closed).</li> </ul> <p>2021-2022 overall ratings were also included for comparison – this indicated that 28 services were previously considered ‘Good’ (11 more than in 2022-2023), four services were previously graded ‘Requires Improvement’ (10 less than in 2022-2023), and no services were previously deemed ‘Poor’ (one less than in 2022-2023). Windsor Court’s upgrading from ‘Requires Improvement’ in 2021-2022 to ‘Good’ in 2022-2023 was well deserved given the efforts made by the provider.</p> <ul style="list-style-type: none"> <li>• Key themes from assessments that scored a ‘Good’ rating were listed – these included comprehensive, clear and concise care plans with personalised detail (evidencing people’s preferences and routines), well-managed medication (including checking consent prior to administering), robust processes around safe staff recruitment, and the promotion of choice and independence to residents by staff. Offering residents a choice of meals and evidence of a varied activity programme, tailored to the needs of the individual as well as groups, were also key.</li> <li>• Key themes arising from those assessments that scored ‘Requires Improvement’ or ‘Poor’ showed shortfalls in the completion of staff recruitment records (including gaps in previous employment and DBS checks), inconsistencies in relation to the quality and content of care plans, and issues regarding the management of medication. Other concerns surrounded infection, prevention and control (ICP) procedures, the décor of some homes, and a lack of contractual compliance around</li> </ul>

	<p>staff induction, supervision and training.</p> <ul style="list-style-type: none"><li>• In an attempt to improve the quality / robustness of providers' medication management / processes, SBC undertook a co-ordinated support approach in conjunction with the NECS Medicines Optimisation Team around the medicine elements of the PAMMS tool throughout 2022-2023.</li><li>• As per established practice, following a PAMMS inspection, an Action Plan is developed highlighting those areas that need an improvement in quality / compliance to ensure they are being delivered to a 'Good' standard. The Action Plans are monitored regularly by the responsible QuAC Officer for progress, and will be only signed off as compliant and complete when all identified areas demonstrate and evidence the required level of quality and service delivery. Key themes regarding PAMMS outcomes are also shared with the Care Quality Commission (CQC) as well SBC Transformation Managers and SBC Public Health, whilst ratings are provided to social workers who can share with families searching for a care home so they can access up-to-date information about the Council's view of quality.</li></ul> <p>Committee questions focused on the key themes arising from those services which were rated 'Requires Improvement' or 'Poor'. Members expressed alarm at the identified lack of DBS checks, though it was explained that this usually pertained to supplementary staff going into a setting to provide an additional service (as opposed to the core workforce) or an issue around the renewal of previous documentation. It was confirmed that anyone providing 'personal' care on a 1:1 basis must have a valid DBS check. As for IPC shortcoming, this often related to a lack of understanding / apathy (e.g. lack of mask-wearing / hand-washing) about the required procedures, though it was acknowledged that guidance can quickly and repeatedly change.</p> <p>Several concerns were raised on the reported shortfalls in the management and administration of medication, something which Members considered to be a fundamental element of care. The Committee heard that medicines processes could be very complex and involved requirements often unique to an individual, as well as factors such as consent and storage. The use of agency staff (as a result of recruitment challenges) who have less knowledge about the setting and its residents may cause issue, though it was emphasised that care home managers had a responsibility to ensure any worker was properly inducted. The Committee subsequently requested details on the uptake of the Level 3 medications management training.</p> <p>Noting that providers were usually private businesses who can and do make profits in this sector, Members asked if there was any point where the Council would refuse to place individuals within a service if there were identified concerns. In response, the Responding to and Addressing Serious Concerns (RASC) multi-agency process was highlighted which prohibits admissions when a provider becomes too risky – this remains in place until sufficient improvement can be evidenced.</p>
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	<p>Reflecting on the report as a whole, the Committee was perturbed about the downward trend in overall ratings which was likely to be echoed within any forthcoming CQC inspections. Getting medicines and IPC processes right was crucial in ensuring safe care, and the Council was again encouraged to promote the Well-Led Programme to those services that had been deemed 'Requires Improvement'.</p> <p>AGREED that...</p> <ol style="list-style-type: none"> <li>1) the PAMMS Annual Report (Care Homes) – 2022-2023 be noted.</li> <li>2) information on the uptake of the Level 3 medications management training be provided.</li> </ol>
<p><b>7</b></p>	<p><b>Scrutiny Review of Access to GPs and Primary Medical Care</b></p> <p>Following the Committee's approval of the scope and plan for the Access to GPs and Primary Medical Care review (preceded by the consideration of a background briefing in relation to this scrutiny topic) at the last meeting in September 2023, this first evidence-gathering session involved an initial submission from the North East and North Cumbria Integrated Care Board (NENC ICB). Led by the NENC ICB Commissioning Lead – Primary Care, an extensive presentation addressing several key lines of enquiry covered the following:</p> <ul style="list-style-type: none"> <li>• What is General Practice?</li> <li>• GP Contracts and Regulations</li> <li>• Other Key Agencies</li> <li>• Core Funding and Expenditure</li> <li>• Primary Care Networks (PCNs) and Directed Enhanced Services (DES)</li> <li>• Overview of General Practices in Stockton</li> <li>• Practice and PCN Workforce</li> <li>• Primary Care Appointment Activity</li> <li>• Enhanced Access Utilisation</li> <li>• GP Patient Survey – 2023 Results</li> <li>• Access Challenges</li> <li>• Primary Care Access Recovery Plan (PCARP)</li> <li>• Empowered Patients</li> <li>• Implementing Modern General Practice Access</li> <li>• Building Capacity and Cutting Bureaucracy</li> <li>• Progress To Date</li> <li>• PCN Capacity and Access Improvement Plans</li> <li>• National Public Relations Campaign for GP Access</li> <li>• Links to Key Documents</li> </ul> <p>A 'Stockton-on-Tees Data Pack' had also been provided to supplement the presentation – this included a map of the Borough's general practices and branch sites, practice list sizes, opening hours, current CQC ratings, staffing levels, GP numbers (headcount and full-time equivalent as a ratio to patient</p>

list size), and patient online management information. Appointment data (at a Borough and Tees Valley level) was also detailed, as was a breakdown of GP survey results per Stockton-on-Tees practice.

Whilst the existing GP contract stated that '*practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients*', it was noted that there was no precise definition as to what constituted 'essential' nor 'reasonable needs' ('core hours' were specified, though). The current five-year contract was in its final year, though details regarding subsequent contract plans had yet to be communicated.

In terms of funding, in addition to the core funding via the Global Sum, practices rely on other forms of income to cover expenditure. One of these streams is the Quality and Outcomes Framework (QOF) scheme which, whilst not part of the core contract, can be beneficial for practices and is therefore rarely ignored. A patient list size of around 7,000-8,000 was considered financially sustainable – in Stockton-on-Tees, the average list size was 9,808 – the smallest being 2,303 and the largest 21,555 (as at 1 January 2023).

Regarding the primary care appointment activity, the data did not include 'dropped' calls which had previously been difficult to track – however, new telephony systems (as part of the phasing out of analogue phones) do collect this information, and the Borough's practices could be asked to supply this data if required. Statistics in relation to enhanced access utilisation indicated that significantly less people used the Sunday service in Eaglescliffe (it was stated that patients should be offered appointments during core hours as well as enhanced access options).

The 2023 results of the GP patient survey were probed by the Committee, though it was noted that the data represented a small sample (around 2,500) of the Borough's 200,000+ population. Focus was given to the percentage of patients who found it easy to get through to someone at their practice on the phone (52% in Stockton-on-Tees compared to 50% nationally), and Members expressed deep concern that most other types of business would not be in operation for long if customers were not answered on such a level (in related matters, Members also raised the problem of people attempting to cancel appointments which led to missed appointments if they failed to get through to notify the practice). In response, the limited sample size was reiterated, as was the fact that access had become an issue across the whole country, hence the national recovery plan. Despite the current situation, there was still a lot of good work going on by practices.

A plethora of challenges around access to practices were listed, the most significant of which was arguably the ongoing recruitment and retention difficulties for both clinical and administrative roles. Practices were not an attractive place to work at present, and the abuse of staff was a real issue. Cost-of-living factors also added to the pressure on services, with increases in wages not covered by practice income. Ultimately, practices were limited

in terms of changing their operations and financial reimbursements were not huge (despite practices giving very high value-for-money).

The ambitions of the Primary Care Access Recovery Plan (PCARP), published on 9 May 2023, were discussed. The Committee heard that the high-profile aim to tackle the 8.00am rush did not translate into the existing GP contract, nor did it mean that an individual would get an appointment on the same day (despite some elements of the media interpreting this so). However, if there was a clinically urgent need, a person should be offered an appointment on the same, or next, day.

Assurance was given that local practices were proactively changing the way they delivered their services, and several examples of progress were highlighted. In addition, a national campaign in association with Healthwatch had been initiated with regards access, and the ICB was in the process of contacting practices to verify the accuracy of their opening times on websites / public platforms.

Reflecting on the list of Stockton-on-Tees practices, Members asked where the Lawson Street provision fitted into the local offer. It was confirmed that whilst there were two practices located within the Lawson Street premises, other services that were delivered from there were not part of general practice services.

The Committee drew attention to the Patient Online Management Information (POMI) statistics included within the supplementary data pack, and noted the varying level of patients accessing their records remotely (which would be interesting to compare with any available regional / national figures). Members were informed that, from 31 October 2023, there was a new contract requirement that all people should have access to future (not past) records, though this had created some nervousness amongst practices with regards potential safeguarding issues – the ICB continued to work with providers on this. In terms of the different levels of online bookings / cancellations and repeat prescription ordering, variances in relation to the level of awareness / promotion of remote options may explain data fluctuations, and there was not an ambition to get this close or up to 100% – this was merely just a way of expanding patient choice.

A query was raised as to whether a register of the different services offered by each practice was kept (reported confusion as to which services offered flu and / or COVID vaccinations was relayed by Members). Members were reminded about the difficulty within the GP contract in articulating what 'essential services' included – as such, practice websites and patient leaflets were the main source of information.

Thanking the NENC ICB representative for their detailed submission, attention turned to the second evidence-gathering session scheduled for the next Committee meeting in November 2023. It was subsequently agreed that contributions would be sought from both the Cleveland Local Medical Committee, and Hartlepool and Stockton Health GP Federation.



	<p>AGREED that the information be noted.</p>
<p><b>8</b></p>	<p><b>Regional Health Scrutiny Update</b></p> <p>Consideration was given to the latest Regional Health Scrutiny Update report summarising developments regarding the Tees Valley Joint Health Scrutiny Committee, the Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee, and the North East Regional Health Scrutiny Committee. Attention was drawn to the following:</p> <ul style="list-style-type: none"> <li>• <u>Tees Valley Joint Health Scrutiny Committee</u>: Two meetings had taken place since the previous update report. The first (and first of the 2023-2024 municipal year) was on 28 July 2023 where items included NENC ICB / local NHS Trust updates in relation to Tees Valley Breast Care Services and Community Diagnostic Centres, a North East Ambulance Service NHS Foundation Trust (NEAS) response to recent CQC inspection outcomes and an independent review of the Trust, and a Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) presentation on their Lived Experience / Co-Creation work and the impact of their Lived Experience Directors.</li> </ul> <p>The last meeting took place on 6 October 2023 (<i>note: the meeting was not quorate</i>) with agenda items covering the North East and North Cumbria Integrated Care Strategy and accompanying Joint Forward Plan (JFP), along with TEWV updates on Child and Adolescent Mental Health Services (CAMHS) and Adult Learning Disability Respite Provision. The next meeting was scheduled for 15 December 2023 – anticipated items include a winter plan update, future plans for non-surgical oncology, an update on the state of dentistry, and community water fluoridation proposals.</p> <p>Further to the appearance of senior NEAS representatives at the July 2023 meeting, a link regarding the Trust’s subsequent AGM in September 2023 (which the Chair of the Tees Valley Joint Health Scrutiny Committee / SBC Adult Social Care and Health Select Committee attended) was provided for information.</p> <ul style="list-style-type: none"> <li>• <u>Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee</u>: No further developments regarding this Joint Committee since the previous update in July 2023. In related matters, continuing efforts to tackle smoking rates and its impact were highlighted, as well as a report on health inequalities and the piloting of a new app-based booking system for gastroenterology patients at North Tees and Hartlepool NHS Foundation Trust.</li> </ul> <p>AGREED that the Regional Health Scrutiny Update report be noted.</p>
<p><b>9</b></p>	<p><b>Minutes of the Health and Wellbeing Board</b></p>

	<p>Consideration was given to the minutes of Health and Wellbeing Board meetings which took place in May 2023, June 2023 and July 2023. Attention was drawn to the following:</p> <ul style="list-style-type: none"> <li>• <u>28 June 2023</u>: Under the '<i>Pharmaceutical Needs Assessment 2022 Update</i>' item, reference was made to developments in relation to the Borough's pharmacy provision. Members were reminded that Healthwatch Stockton-on-Tees had identified pharmacies as one of their key priority areas for 2023-2024.</li> <li>• <u>26 July 2023</u>: It was noted that the '<i>Vaping Update – Presentation from FRESH</i>' item was the catalyst for an in-year scrutiny topic suggestion on access to and impact of vaping. This had since been added to the scrutiny work programme and was scheduled to be undertaken by the Crime and Disorder Select Committee in 2024.</li> </ul> <p>AGREED that the minutes of Health and Wellbeing Board meetings which took place in May 2023, June 2023 and July 2023 be noted.</p>
<p><b>10</b></p>	<p><b>Chair's Update and Select Committee Work Programme 2023-2024</b></p> <p><u>Chair's Update</u></p> <p>The Chair had no further updates.</p> <p><u>Work Programme 2023-2024</u></p> <p>Consideration was given to the Committee's current work programme. The next meeting was due to take place on 21 November 2023 and was scheduled to feature the next CQC / PAMMS quarterly update on published inspection reports (Q2 2023-2024) and the second evidence-gathering session in relation to the Access to GPs and Primary Medical Care review. An update from senior representatives of North Tees and Hartlepool NHS Foundation Trust regarding the Trust's maternity services was also intended.</p> <p>AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2023-2024 be noted.</p>

## Agenda Item

### Adult Social Care and Health Select Committee

21 November 2023

## SCRUTINY REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE

### Summary

The second evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care will focus on a submission from Cleveland Local Medical Committee.

### Detail

1. Cleveland Local Medical Committee (LMC) represents all GPs working in the Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees Local Authority areas. Further information can be found at <https://www.clevelandlmc.org.uk/>.
2. During the initial scoping element of this review, Cleveland LMC was identified as a key contributor and has subsequently been asked to respond to the following:
  - Brief background of Cleveland LMCs role with general practice in Stockton-on-Tees, including if they represent all practices within the Borough.
  - What is Cleveland LMCs remit with regards to decision-making on behalf of general practices?
  - Are Cleveland LMC able to deliver services on behalf of general practices and, if so, what do they deliver?
  - How Cleveland LMC engage with local practices, PCNs and the ICB regarding access to general practice.
  - Awareness of any access issues within Stockton-on-Tees (pressure points at different times of the week / day, impact of COVID, staffing, etc.).
  - How does Cleveland LMC respond to any concerns raised (e.g. local interventions with practices, negotiations as part of GPC) and has this informed change?
  - Views / input on published recovery plans.
3. The Interim CEO and Company Secretary of Cleveland LMC is scheduled to be in attendance to address the above lines of enquiry. A presentation has been prepared in advance and is included within these meeting papers.
4. A copy of the agreed scope and plan for this review is included for information.

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# Stockton Borough Council Scrutiny Review of Access to General Practice

Dr Rachel McMahon  
Interim CEO

# What is General Practice?

- Services provided by traditional GP surgeries
  - Routine GP care in the evenings and weekends (Enhanced Access)
  - The Out of Hours GP service
  - Digital General Practice
  - Private General Practice
- 
- Primary Care includes General Practice, alongside pharmacy, optometry and dentistry

# Who are Cleveland LMC?

- Representative body for all GPs and GP practices within Tees
  - Authority to speak on behalf of all GPs and GP practices
  - Authority to negotiate on behalf of all GPs and GP practices
- Funded solely by our practices on a voluntary basis
- Elected Board drawn from our constituents
- Elected leadership team drawn from our Board
- Independent of other organisations and any political party

# What do Cleveland LMC do?

- Support our constituents
  - Formal guidance
  - Represent their views to other stakeholders
  - Escalate their concerns to our national negotiators
  - Contract implementation advice
  - Dispute resolution
  - Job advert service
- Outbound communication is via our weekly bulletin and our website
- Inbound communication is by email or telephone, and at our bimonthly Board meetings



# National Trends regarding GP Access

- Over the past 8 years, the population has grown, and GP numbers have fallen
  - Population increase of 5.8 million, 10.3%
  - WTE GP numbers have reduced by 2,062, 7%
  - 19% increase in number of patients allocated to each WTE GP
- There are significant GP retention issues that are set to worsen
  - Doubling of GP training places has had no impact
  - Trend to reduce working hours
  - Ageing workforce, with 18% of GPs being over the age of 55



**Patient safety is at risk.**

Nearly **9 in 10** GPs fear patients aren't always safe at their surgeries.

**7** out of **10** GPs feel the risk to 'patient safety' is increasing.

(source: survey of GPs, March 2022)



Cleveland Local Medical Committee

# General Practice Capacity

- More appointments than ever are being delivered
  - 2019 (pre-pandemic) – 23.8 million appointments per month
  - 2023 – 29.4 million appointments per month
- This is an average of **6 appointments per year** for every registered patient
- It is not possible to **safely** deliver more appointments
- National drive to focus on Safer Working in General Practice

# 57%

OF PATIENTS IN THE NORTH SAY IT'S IMPORTANT THAT THEY SEE THE **SAME GP EACH TIME** WHEN THEY VISIT THEIR LOCAL SURGERY

REBUILD

GENERAL

PRACTICE

SOURCE: YOUNG & RUBICAM, SEP 2023



**CLEVELAND LMC**

Cleveland Local Medical Committee

# Funding pressures

- Primary Care receives just 8% of the NHS budget
- Funding for core services has not been sufficient
  - Current global sum is £104.73
  - It should be £129.98 just to keep up with inflation
- Investment has been focused on PCNs
  - ARRS funding cannot be spent on core staff
  - ARRS underspend is lost funding
  - Reduction in patient facing time for GPs
    - Increased management
    - Increased supervision
  - Outsourcing of appointments

# Care Navigation

- Call handlers asking personal questions before an appointment is made
- Attempt to manage overall demand
- Attempt to better use non-GP appointments
  
- Incredibly stressful for our patients and our reception teams

# Views on recovery plan

- Limited impact as does not address the key issues
  - Funding
  - Workload
- Improved telephony systems don't increase the number of people available to answer the phones, nor appointment capacity
- A greater focus on the interface with secondary care would be welcomed and supportive
- GPs want to be GPs, spending time with their patients

**REBUILD**

**GENERAL**

**PRACTICE**

**86% of GPs stated they didn't have enough time with patients.**

**77% of GPs said GP shortages were putting patient safety at risk.**

**General Practice is in crisis.  
Patient safety is at risk.**

**(source: survey of GPs, March 2022)**



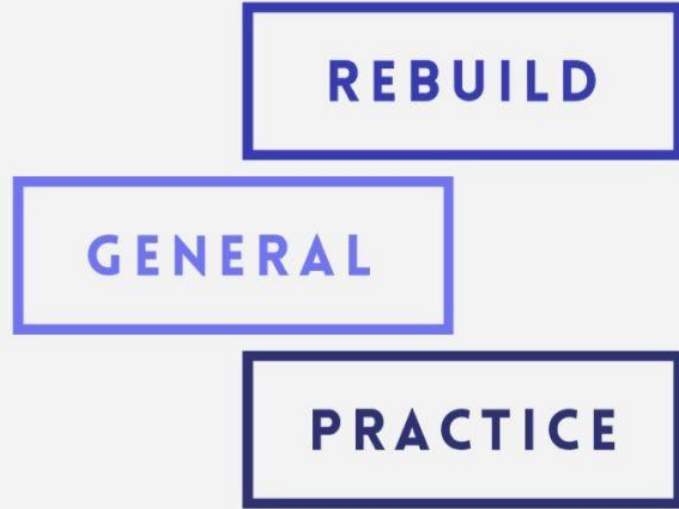
**CLEVELAND LMC**

Cleveland Local Medical Committee



# What is needed?

- More funding overall into general practice
  - Prioritisation of core practice funding
- Focus on Safe Working
- Reduction in bureaucracy
  - Fewer targets
  - Reduced management demands
  - More time with patients
- Improved collaboration with secondary care colleagues



**We need:**

**Recruitment**

**6,000 GPs in England by 2024**

**Retention**

**Tackling the factors driving GPs out  
Safety**

**A plan to reduce GP workload and  
in turn improve patient safety**

**General Practice is in crisis.  
Patient safety is at risk.**

# Further reading

- [clevelandlmc.org.uk](http://clevelandlmc.org.uk)
- [“I need to see a doctor!” | Healthwatch Middlesbrough](#)
- [Pressures in general practice data analysis \(bma.org.uk\)](#)
- [Safe working in general practice \(bma.org.uk\)](#)
- [Home | Rebuild General Practice \(rebuildgp.co.uk\)](#)

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<b>Adult Social Care and Health Select Committee</b>
<b>Review of Access to GPs and Primary Medical Care</b>
<b>Outline Scope</b>

<b>Scrutiny Chair (Project Director):</b> Cllr Marc Besford	<b>Contact details:</b> <a href="mailto:marc.besford@stockton.gov.uk">marc.besford@stockton.gov.uk</a>
<b>Scrutiny Officer (Project Manager):</b> Gary Woods	<b>Contact details:</b> <a href="mailto:gary.woods@stockton.gov.uk">gary.woods@stockton.gov.uk</a> 01642 526187
<b>Departmental Link Officer:</b> Sarah Bowman-Abouna (SBC: Director of Public Health)  Emma Joyeux (NENC ICB: Commissioning Lead – Primary Care)	<b>Contact details:</b> <a href="mailto:sarah.bowman-abouna@stockton.gov.uk">sarah.bowman-abouna@stockton.gov.uk</a>  <a href="mailto:emma.joyeux@nhs.net">emma.joyeux@nhs.net</a>

<p><b>Which of our strategic corporate objectives does this topic address?</b></p> <p>The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):</p> <p><i>A place where people are healthy, safe and protected from harm</i></p> <ul style="list-style-type: none"> <li>• Support people to live healthy lives and address health inequalities through a focus on early prevention, long-term conditions, substance misuse, smoking, obesity, physical activity and mental health.</li> <li>• ... continue to collaborate with the NHS to ensure health and care services work effectively together.</li> <li>• Work with our communities and partners to develop our approach to healthy places, in the context of regeneration plans and the Health and Wellbeing Strategy.</li> </ul>
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<p><b>What are the main issues and overall aim of this review?</b></p> <p>Accessing the help and advice of General Practitioners (GPs) and other professionals working in primary care general medical practices within the UK has long elicited a range of experiences and, indeed, opinions. Exacerbated by the recent COVID-19 pandemic and its subsequent knock-on effect to all health and care providers, the ability to make contact with and then use such services in the context of changed systems, working practices and workforce capacity has further sharpened views on this topic.</p> <p>Conscious of the ongoing debate around these existing challenges, the Government released a new plan in May 2023 to make it easier for patients to see their GP and, in collaboration with the NHS, recently announced a major new primary care access recovery plan which aims to facilitate faster, more convenient care. Regionally, the North East and North Cumbria Integrated Care Board (NENC ICB) publicised a three-year programme bringing together the NHS and Councils with voluntary, community and social enterprise (VCSE) organisations to tackle long-standing inequalities and poor health, an investment which included extra support for the 'Deep End' network of GP practices in the region's most deprived communities, and steps to attract and</p>
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retain more GPs to work in deprived areas, with extra training and support to encourage trainee doctors to build their careers in these practices.

Locally, this scrutiny topic was proposed back in February 2022 (though was unable to be undertaken during the 2022-2023 municipal year due to competing work programme demands). At that point, several related concerns were highlighted around processes involved in accessing general practice, including call wait times, the need to complete online questionnaires, and the initial requirement to tell call-handlers of very personal issues before receiving an appointment. Whilst it is acknowledged that work will have taken place in relation to this topic since early-2022, recent national and regional announcements regarding primary care (general practice) access demonstrates the ongoing high-profile nature of what is a key frontline health service.

The aim of this review will be to:

- Understand the existing local 'access to GPs' landscape in the context of national / regional developments around this ongoing issue.
- Ascertain current systems for accessing general practice services, the communication of these to the public, and how effective they are (including any variations across the Borough's providers).
- Determine any areas which may assist in improving the experience of the local population, and practices themselves, when individuals wish to contact and / or access general practice services.
- Share any identified good practice within the Borough's Primary Care Networks (PCNs).

**The Committee will undertake the following key lines of enquiry:**

What is meant by 'primary care' (including definitions of terminology to be used within the review such as general practice, primary medical care, general practitioners (GPs), etc.)?

How does primary care (general practice) work – how is it commissioned / paid for; what are the contractual mechanisms / expectations? Who are the key stakeholders around the issue of general practice access and what role do they play (individually and in partnership)?

What is, and who decides on, the population density, spread and location of the Borough's practices? How are professionals allocated to practices? Who are practices accountable to / regulated by?

How has access to general practice changed since the COVID-19 pandemic emerged (as a result of either national policy or local decisions)? What systems can the public use to contact their practice; how are these communicated (by who, how, how often)? Do these create barriers to access?

When are practices accessible / open, and how do they manage patient contact (prioritisation / triage)? How effective is this?

What do we know about issues within the Borough – are these confined to specific areas? Do experiences vary when contact is made with practices at different times of the day?

Is there a variation in access according to population characteristic (e.g. disproportionate impact on more deprived, those with disabilities, different ethnic groups, older people)?

How is the public encouraged to raise concerns about access? What mechanisms are in place to report issues and how are these communicated?

Do practices actively seek feedback from its registered patients around access – if so, how has this informed arrangements?

<p>What views do GPs and other practice staff have about access to their expertise? What contact is reasonable when balancing available resources with patient demand, and how has this changed over time?</p> <p>What are the key priorities within nationally published recovery plans for local stakeholders and how are these being implemented? What are the associated opportunities (e.g. reducing demand on hospitals) and challenges / risks?</p>	
<p><b>Who will the Committee be trying to influence as part of its work?</b></p> <p>Council, Cabinet, North East and North Cumbria Integrated Care Board (NENC ICB), Primary Care Networks (PCNs), GP Federation, local practices, public.</p>	
<p><b>Expected duration of review and key milestones:</b></p> <p>6 months (report to Cabinet in April 2024)</p>	
<p><b>What information do we need?</b></p> <p>Existing information (background information, existing reports, legislation, central government documents, etc.):</p> <ul style="list-style-type: none"> <li>• NHS England: Delivery plan for recovering access to primary care, including <i>Implement 'Modern General Practice Access'</i> (May 2023)</li> <li>• Healthwatch: Primary care recovery plan – what does it mean for you and your loved ones? (May 2023)</li> <li>• Royal College of General Practitioners: General practice in crisis: An action plan for recovery.</li> </ul>	
<p><i>Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)</i></p> <p>North East and North Cumbria Integrated Care Board (NENC ICB)</p> <p>Local Medical Committee (LMC)</p> <p>Hartlepool &amp; Stockton Health GP Federation</p> <p>Primary Care Networks (PCNs)</p> <p>Individual Practices</p> <p>Healthwatch</p>	<p><i>What specific areas do we want them to cover when they give evidence?</i></p> <ul style="list-style-type: none"> <li>➤ National / regional context (recovery plans)</li> <li>➤ Existing Primary Care arrangements</li> <li>➤ Borough's current GP provision / contracts</li> <li>➤ Patient feedback / complaint handling</li> <li>➤ Current / future challenges re. GP access</li> </ul> <p> <span style="font-size: 2em;">}</span> <ul style="list-style-type: none"> <li>➤ Views / input on published recovery plans</li> <li>➤ Engagement with NENC ICB and local PCNs / practices re. access to GPs</li> </ul> </p> <ul style="list-style-type: none"> <li>➤ Current systems for contact / access to GPs (and changes since COVID-19)</li> <li>➤ Existing issues / opportunities re. GP access</li> <li>➤ Patient feedback / complaint handling (e.g. Patient Participation Group (PPG))</li> <li>➤ Local population feedback re. GP access</li> </ul>

<p>Residents of the Borough</p>	<ul style="list-style-type: none"> <li>➤ Experiences of contacting / accessing local practices</li> <li>➤ Awareness / understanding of local services and ways to report access issues</li> </ul>
<p><b>How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)</b></p> <p>Committee meetings, reports, research, reviewing existing service feedback.</p>	
<p><b>How will key partners and the public be involved in the review?</b></p> <p>Committee meetings, information submissions, analysis of historical feedback on services.</p>	
<p><b>How will the review help the Council meet the Public Sector Equality Duty?</b></p> <p>The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.</p>	
<p><b>How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?</b></p> <p><u>Stockton Joint Strategic Needs Assessment (JSNA)</u>: The review outcomes will support context and action on access to primary care. Access to services forms part of the JSNA process, in informing the Joint Health and Wellbeing Strategy.</p> <p><u>Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023</u>: The review outcomes will support and inform delivery of the Strategy through informing work on access to primary care. Primary care is an important part of the health and wellbeing system.</p>	
<p><b>Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:</b></p> <ul style="list-style-type: none"> <li>• Better understanding of primary care / GP pressures.</li> <li>• Helping optimise appropriate use of primary care by the public.</li> <li>• Encouraging that feedback on general practice access is done in a respectful / informed way.</li> <li>• Understanding and addressing inequitable access across communities.</li> <li>• Input of communities to work on improving access to general practice.</li> </ul>	



<b>Project Plan</b>
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<b>Key Task</b>	<b>Details / Activities</b>	<b>Date</b>	<b>Responsibility</b>
<b>Scoping of Review</b>	Information gathering	<b>August 2023</b>	Scrutiny Officer, Link Officer
<b>Tri-Partite Meeting</b>	Meeting to discuss aims and objectives of review	<b>25.08.23</b>	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
<b>Agree Project Plan</b>	Scope and Project Plan agreed by Committee	<b>19.09.23</b>	Select Committee
<b>Publicity of Review</b>	Determine whether Communications Plan needed	<b>TBC</b>	Link Officer, Scrutiny Officer
<b>Obtaining Evidence</b>	<ul style="list-style-type: none"> <li>• NENC ICB</li> <li>• Local Medical Committee</li> <li>• Hartlepool &amp; Stockton Health GP Federation</li> <li>• TBC</li> </ul>	<b>24.10.23</b>  <b>21.11.23</b>  <b>19.12.23</b>  <b>23.01.24</b>	Select Committee
<b>Members decide recommendations and findings</b>	Review summary of findings and formulate draft recommendations	<b>20.02.24</b>	Select Committee
<b>Circulate Draft Report to Stakeholders</b>	Circulation of Report	<b>February 2024</b>	Scrutiny Officer
<b>Tri-Partite Meeting</b>	Meeting to discuss findings of review and draft recommendations	<b>TBC</b>	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
<b>Final Agreement of Report</b>	Approval of final report by Committee	<b>19.03.24</b>	Select Committee, Cabinet Member, Director
<b>Consideration of Report by Executive Scrutiny Committee</b>	Consideration of report	<b>[07.05.24]</b>	Executive Scrutiny Committee
<b>Report to Cabinet / Approving Body</b>	Presentation of final report with recommendations for approval to Cabinet	<b>18.04.24</b>	Cabinet / Approving Body

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