Stockton-on-Tees BOROUGH COUNCIL
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Adult Social Care and Health Select Committee

Agenda

Date: Tuesday 23 January 2024 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 John Coulson
Cllr Ray Godwin
Cllr Lynn Hall
Cllr Susan Scott
Cllr Vanessa Sewell
Cllr Paul Weston

AGENDA

5 Scrutiny Review of Access to GPs and Primary Medical Care

To consider submissions on this scrutiny topic from representatives of the Borough's four Primary Care Networks (PCNs). (Pages 7 - 24)

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Adult Social Care and Health Select Committee

Agenda

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

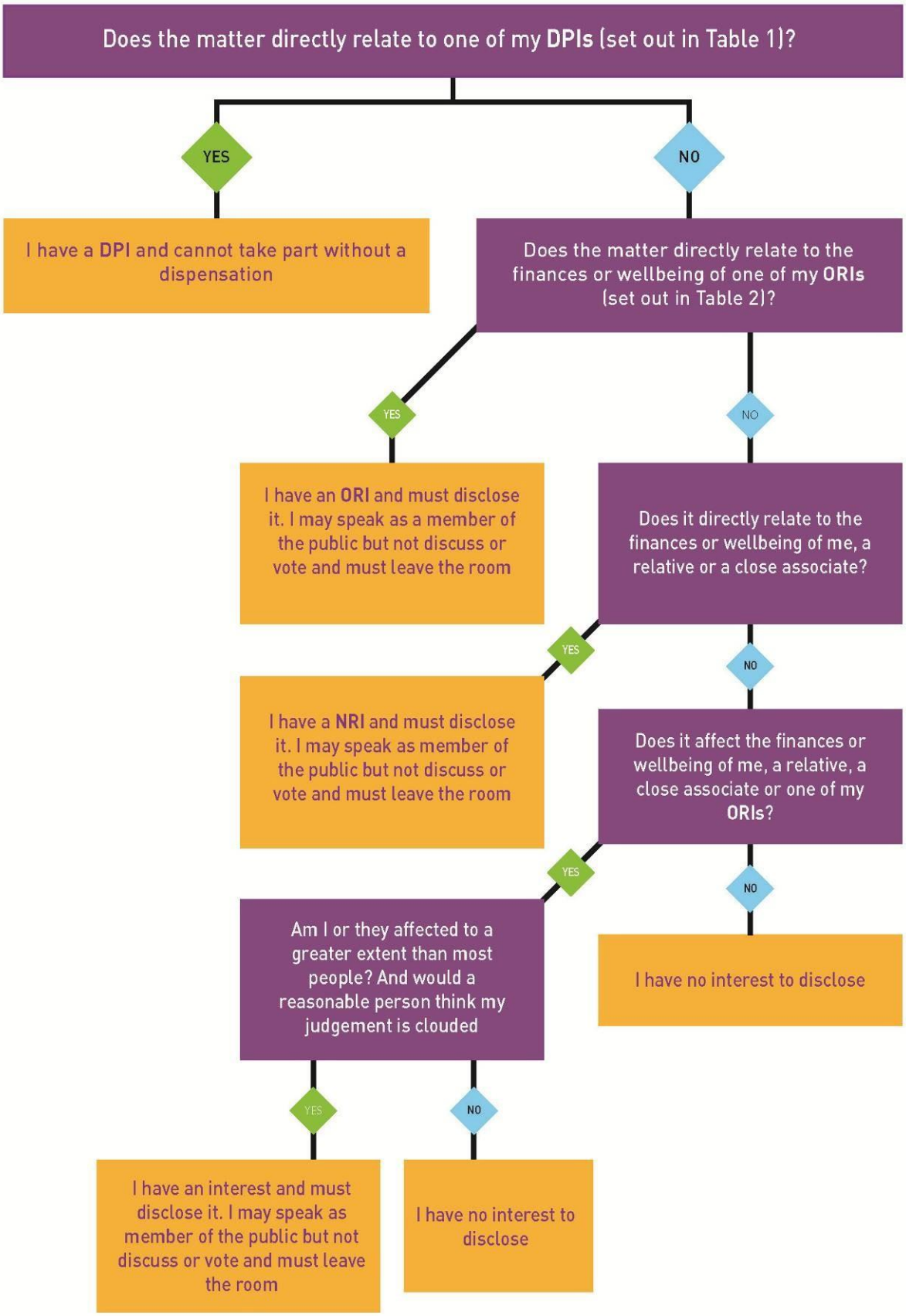
Contact: Scrutiny Support Officer Rachel Harrsion on email rachel.harrison@stockton.gov.uk

Stockton-on-Tees BOROUGH COUNCIL

KEY - Declarable interests are:-

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

Members – Declaration of Interest Guidance



Stockton-on-Tees BOROUGH COUNCIL

Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	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.
Contracts	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.
Land and property	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.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	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.
Securities	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.

Stockton-on-Tees BOROUGH COUNCIL

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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Agenda Item 5

Adult Social Care and Health Select Committee

23 January 2024

SCRUTINY REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE

Summary

The fourth evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care will focus on views from the Borough's four Primary Care Networks (PCNs).

Detail

1. As outlined during the Committee's first evidence-gathering session back in October 2023, PCNs were established in July 2019 and are groups of practices working together to deliver nationally directed enhanced services (DES). Further background information can be found at https://www.england.nhs.uk/primary-care/primary-care-networks/.

2. There are four PCNs covering Stockton-on-Tees, with the Borough's 21 general practices aligned to each as follows:

Billingham & Norton PCN	BYTES PCN	North Stockton PCN	Stockton PCN
Dr Rasool Practice	Eaglescliffe Medical Practice	Alma Medical Centre	Arrival Medical Practice
Kingsway Medical Centre	Park Lane Surgery	Queens Park Medical Centre	Densham Surgery
Marsh House Medical Centre	Thornaby and Barwick Medical Group	Tennant Street Medical Practice	Dovecot Surgery
Melrose Medical Centre	Yarm Medical Practice		Elm Tree Surgery
Norton Medical Centre			Riverside Medical Practice
Queenstree Practice			Woodbridge Medical Practice
Roseberry Practice			Woodlands Family Medical Centre

3. During the initial scoping element of this review, PNCs were identified as key contributors and have subsequently been asked to respond to the following:

- Awareness of any access issues within your PCN area (pressure points at different times of the week / day, impact of COVID, staffing).
- Management of patient contact (systems, prioritisation, triage) – communication to patients / are these effective / any issues?
- Mechanisms for the public to raise concerns about access issues and how this is communicated / managed / responded to.
- Do practices seek feedback around access – how has this informed arrangements?
- Summary of any planned changes within PCN practices to improve access or improve patient experience (e.g. linked to capacity and access plan, modern general practice access models, etc.).

4. Clinical Directors and / or Operational Leads for each of the Borough's four PCNs are scheduled to be in attendance to address the above lines of enquiry. Responses have been submitted in advance and are included within these meeting papers.

5. A copy of the agreed scope and plan for this review is included for information.

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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

SCRUTINY REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE

January 2024

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

1. Awareness of any access issues within your PCN area (pressure points at different times of the week / day, impact of COVID, staffing).	
Billingham & Norton	All practices in PCN report on OPEL weekly. All practices aware of the ongoing issues with many facing the same issues. Regardless of the size of the practice there has been an impact. Sickness is the biggest impact. One of the practices has recently changed to a total triage model and sickness has affected how this model works and the effectiveness of this.
BYTES	**Workforce Constraints:** There is a shortage of primary care workers, both clerical and clinical nurses, and this has a significant impact on the ability of practices to provide timely and effective care to all patients. Additionally, the PCN struggles with recruitment and retention, particularly in rural and underserved areas. This is compounded by issues that practices experience in the affordability of recruitment and the inability to compete with other service providers' salaries. Furthermore, the capacity for training and supervision is restricted, both financially and in relation to accessibility, without further reducing access to appointments. **Demand and Capacity Constraints:** Many practices are struggling to keep up with growing patient demand, particularly in areas with rapidly growing populations. This can lead to increased wait times for routine appointments and delays in getting patients the care they need. Additionally, many practices are operating at or near capacity, which can make it difficult to accommodate new patients and expand services. **Estates Facilities:** Expanding services is often hindered by estates and facilities which pose challenges and can also be a barrier to recruitment. Many practices are working with limited room availability and some outdated or inadequate facilities, which can impact the quality of care they are able to provide. Additionally, maintaining and upgrading facilities can be costly, which can strain already limited resources. **Signposting:** Patients accessing signposting often bring with them a set of expectations shaped by their unique needs and personal circumstances. These expectations may include timely access to relevant information, clear guidance on navigating the healthcare system, and efficient referrals to appropriate services. However, the challenge lies in aligning these expectations with the capacity of the healthcare system to meet them. Limited resources, long waiting times, and complex administrative processes can create a mismatch between patient expectations and the system's ability to deliver timely and comprehensive signposting. **Winter pressures:** Significantly impact the capacity and access within practices. During the colder months, there is a notable surge in patient demand due to seasonal illnesses, flu outbreaks, and an increase in chronic conditions exacerbated by the cold weather. This heightened demand places strain on the already limited resources of GP practices, leading to longer waiting times for appointments and potential delays in accessing necessary healthcare services. **Erosion of Funding:** Inflation has had a profound impact on capacity to provide essential healthcare services. As costs rise due to inflation, the real value of funding allocated to GP practices diminishes, making it increasingly challenging to maintain operational efficiency and meet growing patient demands.

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

	Demand for appointments is highest at the start of the week; practices increase staffing to reflect this. At times of higher demand, more appointments will be available and same day appointments will also be increased. The impact of the COVID pandemic on primary care is multifaceted. Productivity has increased as digital access has expanded with increased usage of virtual consulting, electronic messaging and self-care supported by home monitoring. However, the pandemic coincided with a period when training opportunities were restricted and, as a result, new staff in particular practice nursing teams have lost experienced staff. There is a lag in reskilling team members.
North Stockton	The usual 8.30 rush of phone calls, but this is managed quite well internally by having multiple staff taking calls for the first hour across the practices. COVID is still impacting on staffing at times. Recruitment across the PCN remains very difficult given the inability of practices to offer a meaningful salary to admin staff. In terms of access, practices have increased the number of appointments offered by GPs and continue to monitor appointment systems to ensure the correct balance of same day and pre-bookable appointments.
Stockton	Patient demand does continue to grow. However, practices within our PCN area respond to this increased demand by reviewing data as to when the greatest patient demand occurs; for example, on the telephone, e-consultations, patient footfall within the practice, or through patient questionnaire responses in what services are being requested by patients at what times suitable to them. Consequently, in response, practices within our PCN area do alter staffing rotas to accommodate the changes in access demand to ensure additional non-clinical and clinical staffing at peak times (i.e. early morning or after school hours) to ensure the access to our services can be successfully managed. Collaboration with PCN practices' Patient Participation Groups is also a very useful tool to understand direct from patients how they find accessing practices services and improving where necessary. There have been many success stories (e.g. improving hearing loops and disabled access, large print posters and plain English letters). The impact of COVID is an example of practices within our PCN area still delivering the best possible patient journey to accessing primary care services in a national climate of fear and uncertainty. Practice emergency contingency plans were employed which ensured access to primary care services were not unduly affected, with clinical facetime technology introduced and practice environments adapted with one-way systems, personal protective equipment issued, and hygiene stations assembled. The fortitude and determination from Stockton PCN practices was further exemplified when collaboration of staff was used to deliver the COVID vaccination programme, whilst still delivering access to primary care services.

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

2. Management of patient contact (systems, prioritisation, triage) – communication to patients / are these effective / any issues?	
Billingham & Norton	Volume of patients on a Monday impact on telephone systems – challenging despite heavy loading of reception and clinical staff on those days. The accumulation of lab results and prescriptions can be overwhelming. S1 and HasH apps book up very quickly and unable to access. HASH Acute Respiratory Clinic is helpful to signpost patients to, but in Ingleby Barwick or Hartlepool, difficult for patients to attend with transport issues. Staffing issues with clinicians at one practice due to absence. Prioritisation: reception is signposting patients, trying to work towards appointments being given on a need-basis, not just patient want – GP to spend time in reception helping reception team improve signposting and protected time to establish pathways. Huddles between GP / Nurse Practitioner / Reception Team Lead regarding any capacity access and advice to patients.
BYTES	**Care Navigation:** By recording their care navigation efforts, administrative staff and front-facing staff help to increase insight into where patients are booked / signposted, etc. **Online Booking:** Where possible, our practices utilise online appointment systems, allowing patients to schedule appointments at their convenience – this reduces the need for phone calls and queues, whilst helping to streamline the booking process. However, this also brings challenges and is sometimes misused by patients. **Phone and Digital Appointments:** In addition to face-to-face appointments, phone and digital appointments provide an alternative for patients with non-urgent concerns, making the most of time for both patients and healthcare professionals. **Electronic Triage Tools:** All our practices use electronic healthcare systems to triage patients based on the information they provide, helping prioritise cases according to urgency and book with alternative healthcare professionals as appropriate. **Urgent vs. Non-Urgent:** Prioritising patients based on the urgency of their medical needs ensures that critical cases are addressed promptly. This might involve same-day appointments for acute issues or chronic conditions that require immediate attention. **Chronic Disease Management:** Implementing systems for regular follow-ups and management of long-term conditions to help prevent exacerbations and improves long-term outcomes. **SMS and Email Reminders:** Automated reminders for appointments help to reduce DNA (did not attend) rates and increase appointment utilisation. **Patient Portals:** Providing access to a secure online portal allows patients to view their medical records, test results, and communicate with healthcare providers. Practices are actively encouraging the use of these systems (e.g. ordering prescriptions via the NHS app). **Social media and websites:** Are increasingly used for the management of patient contact, employing various systems, prioritisation techniques, and triage mechanisms. Through these platforms, practices communicate important information to patients, offer appointment scheduling, and share other health-

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

	related updates. We have also created a centralised hub as a PCN for patient resources. However, disparities in digital access among patients may pose challenges, potentially excluding some individuals from benefiting. **Incentive schemes:** In primary care, this can sometimes create a delicate balance between promoting effective patient management and maintaining optimal service delivery. While incentive programmes are designed to encourage healthcare providers to meet specific performance targets or prioritise certain aspects of patient care, there is a risk of unintended consequences. Providers may become overly focused on meeting incentivised metrics, potentially leading to a shift away from patient-centred care. Mismatch between incentives and patient management / service delivery. Each of the components all play a part in making practices more effective whilst each presenting challenges. For example, online booking and electronic communication methods enhance accessibility, making it easier for patients to access healthcare, but sometimes these are misused by patients, sometimes having an effect that is contrary to its intended use. In addition, Electronic Triage and Online Appointments help to reduce the need to contact the practice and can be assessed prior to being assigned to a healthcare professional, helping to reduce avoidable appointments. But, some patients may face challenges using online systems or may not have access to the necessary technology.
North Stockton	Offer of every available option for contact is working well: • eConsults • telephone • walk-ins • online booking (for specific appointments slots) Use of AccuRx automated booking has been revolutionary in terms of not only making it easy for patients to make appointments without contacting the practice at all, but has improved response for QOF-related work without using precious admin time. Some practices have embedded the duty doctor in Reception with access to a PC. They can help triage difficult calls whilst being able to do their own work. It is improving access in terms of patients not always being offered same day when it isn't necessary. It has reduced the number of same-day appointments, but we think this is mitigated by improved appointing of patients. AccuRx in general has also revolutionised patient contact and we use this to send out advice and information, including self-help leaflets. We are also about to adopt the TPP equivalent of eConsults (launches around end of January 2024) because this is much improved, less 'clunky' and, because it is embedded within S1, it automatically adds appropriate codes and is a massive improvement on eConsults. We use bulk SMS messaging as much as possible. The ability for bulk responses was taken away when MJOG was decommissioned, but AccuRx has a facility that is not dissimilar, and we have used that with some success. However, a better notice period for the decommissioning of MJOG would have been useful rather than the 10 days we were given to change from MJOG to AccuRx – this required some setting-up work at practice level with no support from the ICB.

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

Stockton	The management of patient contact is effectively managed within our PCN area. A relatively new system called AccuRx, which is an electronic platform where patients and healthcare professionals communicate, is used by all Stockton PCN practices and has further supported the management of communication to patients. Reception staff are all aware of the prioritisation and triage of patients, which ensures any emergency patients are seen the same day. Overall, the effectiveness is very good, as witnessed through patient questionnaire feedback. The main issues have been ensuring full training occurs in respect of AccuRx, as not all staffing generations are computer savvy. This has resulted in many hours of additional training to reaffirm learning.

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

3. Mechanisms for the public to raise concerns about access issues and how this is communicated / managed / responded to.	
Billingham & Norton	Patients will raise concern to reception via telephone or f2f and discussed with reception supervisor. If not resolved, directed to the PM – offered to either put in writing or speak via telephone or F2F. We review the complaints at CG meetings and look to potential action points. Raise at PPG and ask for ideas. All patients attending appointments are asked for feedback routinely; electronic communication sent to patient. Feedback is discussed internally.
BYTES	**Patient Feedback Forms:** Practices provide patient feedback forms, either in physical or electronic formats, where patients can express their concerns regarding access issues, such as difficulty scheduling appointments or delays in receiving care. **Online Platforms:** Practices use online platforms or portals where patients can submit feedback and concerns outside of opening times. **Information Campaigns:** Practices run information campaigns to educate patients about the available channels for expressing concerns. This can include posters in waiting areas, information on the practice's website, or announcements through social media. **Clear Guidelines:** Practices have well-defined procedures outlining how patients can raise concerns, the steps involved, and the expected timelines for responses. **Complaints Officer:** Designating a specific staff member responsible for managing and responding to patient concerns helps streamline the process. **Front Desk Engagement:** Reception staff play a crucial role in addressing immediate concerns. They can help gather information about the issue and guide patients on the appropriate steps to formally submit their concerns. **Continuous Improvement:** Feedback is used for, and contributes to, continuous improvement and reinforces the practice's commitment to providing quality care. **External Bodies:** In case concerns are not adequately addressed within the practice, patients are made aware of external bodies (such as the CQC) who they can approach for further assistance. **Patient Participation Groups (PPGs):** Forums for responding to patient issues rather than solely relying on these groups to raise concerns – addressing constructive feedback, demonstrating transparency, and providing the ability to implement improvements based on patient feedback.

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

North Stockton	Practices have complaints forms at Reception; patients are provided with the generic email and there is a facility for feedback on the practice websites. Most practices have a Facebook page, and some allow feedback / comments. The managers will also meet any patient on request face-to-face in the practice. All such feedback is treated as a complaint, and we follow the established complaints process to address them. Google reviews are also responded to by some practices.
Stockton	Patients are able to raise concerns direct to individual practices for investigation by an independent clinician who will formulate a written response. This procedure is communicated within practice leaflets, when patients join a practice, on practice websites, and through practices Patient Participation Group newsletters (to act as a reminder).

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

4. Do practices seek feedback around access – how has this informed arrangements?	
Billingham & Norton	Yes. Telephone waiting systems have been changed by practices (variety). One practice has move to consult triage. This could be better, but the reason behind not obtaining feedback frequently is fully understood. Constant negative feedback lowers staff morale and makes the teams feel that, even though they are working incredibly hard, this isn't good enough. Practices have introduced various improvements that allow for monitoring without negative feedback (i.e. telephony systems that are cloud-based and support patient call-back).
BYTES	Yes – Our practices have sought additional feedback from patients beyond FFT (Friends and Family Test) and the national GP survey. In addition to this data and feedback, to improve patient satisfaction and better understand the challenges that patients face, our practices carried out their own patient satisfaction surveys. The surveys aimed to gather more detailed feedback from patients on their experiences with the practice, as well as identify any areas where improvements may be necessary. The survey helped to provide practices with deeper insights into what patients experienced and what areas of appointments they felt needed improvement. The feedback received has been used in assessing changes and improvements to the services provided by the practice, ultimately resulting in a better overall patient experience. Adding to this, the number of respondents to the practice level satisfaction surveys was much greater than those who responded to the Friends and Family Test and included a greater level of detail than other surveys, aiding practices with actionable feedback. By gathering feedback from patients and making improvements based on that feedback, practices can ensure that they are providing the best possible care to their patients and improving patient outcomes. Practices also have Patient Participation Groups which provide a forum for discussion and feedback.
North Stockton	Patient questionnaires were sent out in November and will send out a second one in February to a different group of patients. • The first questionnaire did highlight access issues, particularly on the phone, but the problems raised had already been addressed with the advent of a new telephone system and various other processes, and the comments were from legacy access. Use of Mjog for Friends and Family questionnaires, which as you are aware is a stipulation of our capacity and access plan, and it did take some work to get this set up in Accurx.
Stockton	Yes, we are obliged to consult with our patients to seek their views on our services. This is achieved through questionnaires, focus groups, patient access data and external sources (i.e. Healthwatch). The above helped inform our out-of-hours access provision as to what services at which locations patients wished to see open. This included patients wishing to access those practices out-of-hours, with good public transport links, car park, nurse treatment room procedures and GP appointments for working people.

PRIMARY CARE NETWORKS (PCNs) – RESPONSES

5. Summary of any planned changes within PCN practices to improve access or improve patient experience (e.g., linked to capacity and access plan, modern general practice access models, etc.).	
Billingham & Norton	Adoption of cloud-based telephony systems – including for some practice call-back. Review of the consult triage experience. In consult re FC physio to increase apps. Wish list – pharmacists to do med reviews and change patients to repeat dispensing. KMC is trying to increase use of digital tools to free-up phone lines (i.e. work on website to simplify for patients). Work on increasing use of NHS app to request telephone appointment, request medication, view results to not have to contact the surgery unnecessarily. KMC granted online registration for patients to save them coming down to the surgery to register, and working on General Practice Improvement Programme working to streamline processes and improve patient experience / journey by reducing duplicating, making every contact count, and improving efficiency. New telephone systems have helped but demand is still high. One of the practices has adopted the total triage model which has generated positive feedback from the patients and the practice team. Practices are constantly aware of the access issues and the patient experience. Great ARRS team (Pharmacy, FCP, MHP, Personalised Care) to support the patients and teams in practice.
BYTES	• Increased recruitment efforts • Scope out business models such as incorporation to reduce risk to practices • Improving our digital front door • Improving awareness of / access to digital solutions (addressing inequalities and digital poverty) • Optimising the effectiveness of existing systems • Explore additional estates solutions
North Stockton	• As stated, we are about to begin to use the new TPP version of eConsultations. We have worked tirelessly in the last 6 months to improve access for patients, and I can report a much-improved service. • One practice has re-purposed two rooms into clinical rooms to accommodate extra appointments via an HCA apprentice and an FCP, but this has hit a brick wall because the ICB is refusing to provide new IT equipment, and we are expected to pay the over-inflated prices of IT equipment from NECS ourselves.
Stockton	Stockton PCN has an exciting array of changes to improve access or improve patient experience – this is seen via the capacity and access plan and modern general practice access models. A selection of our targets are: • To create stronger PCN Patient Participation Group links to inform global patient journey feedback. • To promote the Friends and Family Tests throughout all practices. • To migrate to cloud-based telephony which includes call-back and call queuing functionality. • To review and update any unmapped and inconsistent mapping in all practices. • To enhance and update their websites with signposting and patient journey advice (this includes triage online). • To further promote Electronic Repeat Dispensing and AccuRx text messaging in all member practices.

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Adult Social Care and Health Select Committee

Review of Access to GPs and Primary Medical Care

Outline Scope

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

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):

A place where people are healthy, safe and protected from harm

- 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.
- … continue to collaborate with the NHS to ensure health and care services work effectively together.
- 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.

What are the main issues and overall aim of this review?

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.

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

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?

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?

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?

Who will the Committee be trying to influence as part of its work?

Council, Cabinet, North East and North Cumbria Integrated Care Board (NENC ICB), Primary Care Networks (PCNs), GP Federation, local practices, public.

Expected duration of review and key milestones:

6 months (report to Cabinet in April 2024)

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- NHS England: Delivery plan for recovering access to primary care, including *Implement 'Modern General Practice Access'* (May 2023)
- Healthwatch: Primary care recovery plan – what does it mean for you and your loved ones? (May 2023)
- Royal College of General Practitioners: General practice in crisis: An action plan for recovery.

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)	*What specific areas do we want them to cover when they give evidence?*
North East and North Cumbria Integrated Care Board (NENC ICB)	➢ National / regional context (recovery plans) ➢ Existing Primary Care arrangements ➢ Borough's current GP provision / contracts ➢ Patient feedback / complaint handling ➢ Current / future challenges re. GP access
Local Medical Committee (LMC) Hartlepool & Stockton Health GP Federation	➢ Views / input on published recovery plans ➢ Engagement with NENC ICB and local PCNs / practices re. access to GPs
Primary Care Networks (PCNs)	➢ Current systems for contact / access to GPs (and changes since COVID-19)
Individual Practices	➢ Existing issues / opportunities re. GP access ➢ Patient feedback / complaint handling (e.g. Patient Participation Group (PPG))
Healthwatch	➢ Local population feedback re. GP access

Residents of the Borough	➢ Experiences of contacting / accessing local practices ➢ Awareness / understanding of local services and ways to report access issues

How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)

Committee meetings, reports, research, reviewing existing service feedback.

How will key partners and the public be involved in the review?

Committee meetings, information submissions, analysis of historical feedback on services.

How will the review help the Council meet the Public Sector Equality Duty?

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.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

Stockton Joint Strategic Needs Assessment (JSNA): 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.

Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023: 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.

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

- Better understanding of primary care / GP pressures.
- Helping optimise appropriate use of primary care by the public.
- Encouraging that feedback on general practice access is done in a respectful / informed way.
- Understanding and addressing inequitable access across communities.
- Input of communities to work on improving access to general practice.

Project Plan

Key Task	Details / Activities	Date	Responsibility
Scoping of Review	Information gathering	**August 2023**	Scrutiny Officer, Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	**25.08.23**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	**19.09.23**	Select Committee
Publicity of Review	Determine whether Communications Plan needed	**TBC**	Link Officer, Scrutiny Officer
Obtaining Evidence	• NENC ICB • Cleveland Local Medical Committee • Hartlepool & Stockton Health GP Federation • Primary Care Networks • Patient / Public Views	**24.10.23** **21.11.23** **19.12.23** **23.01.24** **20.02.24**	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	**19.03.24**	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	**March 2024**	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	**TBC**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	**23.04.24**	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	**07.05.24**	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	**16.05.24**	Cabinet / Approving Body

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