

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

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<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>} <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> <ul style="list-style-type: none"> <li>➤ Current systems for contact / access to GPs (and changes since COVID-19)</li> </ul> <ul style="list-style-type: none"> <li>➤ Existing issues / opportunities re. GP access</li> <li>➤ Patient feedback / complaint handling (e.g. Patient Participation Group (PPG))</li> </ul> <ul style="list-style-type: none"> <li>➤ Local population feedback re. GP access</li> </ul> </p>

Residents of the Borough	<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>
<b>How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)</b>	
Committee meetings, reports, research, reviewing existing service feedback.	
<b>How will key partners and the public be involved in the review?</b>	
Committee meetings, information submissions, analysis of historical feedback on services.	
<b>How will the review help the Council meet the Public Sector Equality Duty?</b>	
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.	
<b>How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?</b>	
<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>	
<b>Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:</b>	
<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>		<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