

**REPORT TO CABINET**

**17 JUNE 2024**

**REPORT OF ADULT  
SOCIAL CARE AND HEALTH  
SELECT COMMITTEE**

**CABINET DECISION**

**Lead Cabinet Member – Health, Leisure and Culture – Cllr Steve Nelson**

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

**SUMMARY**

The attached report presents the outcomes of the Adult Social Care and Health Select Committee's review of Access to GPs and Primary Medical Care.

**REASONS FOR RECOMMENDATION(S) / DECISION(S)**

This topic was included on the Scrutiny Work Programme for 2023-2024. The review is now complete, and the recommendations have been endorsed by the Adult Social Care and Health Select Committee for submission to Cabinet.

**RECOMMENDATIONS**

The Committee recommend that:

*General*

- 1) All relevant health bodies (NENC ICB, Cleveland LMC, H&SH, NHS Trusts, and general practices) engage regularly and constructively around the issues raised as part of this review to ensure that patients are approaching / receiving care from the most appropriate services based on need.

*Communications*

- 2) All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the *Pharmacy First* initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced.
- 3) Councillors and local MPs be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community), and encourage positive feedback as well as concerns (to help share and spread learning and best practice).
- 4) The value and importance of all general practice roles are highlighted and publicised by health bodies and practices themselves.

- 5) Local practices be recognised for continuing to deliver primary medical care services safely in Stockton-on-Tees despite the ongoing challenges raised during this review.

#### *Operational*

- 6) All general practices move towards providing the full use of digital telephony capabilities (including call-back functionality), with appropriate staff in place to support these arrangements.
- 7) All general practices be encouraged to review and refresh care navigation processes, ensuring adequate training is in place to support implementation to ensure both staff and patients are comfortable with the approach.
- 8) To ensure appropriate workforce capacity is in place to maximise the local general practice offer:
  - a) NENC ICB continue to support / encourage uptake of the ARRS scheme, particularly amongst those PCNs which had not accessed this initiative.
  - b) All relevant health bodies continue to explore further and develop options to increase GP recruitment and retention in the Borough.
  - c) Options to increase nursing numbers (including strengthening training offers and uptake) be explored further.
- 9) The Borough's four PCNs be encouraged and supported to work together collaboratively to share and adopt good practice.

#### *Public / patient feedback*

- 10) Relevant health stakeholders be proactive in encouraging involvement of patients in practice Patient Participation Groups (PPGs), aim to ensure these are representative of a practice's patient list demographic, and consider fostering links between the Borough's PPGs to assist in identifying / addressing any access issues.
- 11) NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level.

## **DETAIL**

1. 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.
2. 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.

3. 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.
4. The aim of this review was 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).
5. The Committee has taken evidence from several relevant health bodies including the North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (LMC), Hartlepool & Stockton Health (H&SH) GP Federation, and the Borough's four Primary Care Networks (PCNs). To ascertain experiences of contacting / accessing local practices, public / patient views were sought and considered from a variety of sources including the Care Quality Commission (CQC), NENC ICB, Healthwatch Stockton-on-Tees, and Patient Participation Groups (PPGs) from the Borough's general practices. GP patient survey data was also reflected upon.

## **COMMUNITY IMPACT IMPLICATIONS**

6. This scrutiny topic is pertinent to every resident within the Borough. As noted within the final report, general practices are the first point of contact with healthcare for many patients and act as gatekeepers to secondary care. However, this review has shone yet another light on a sector which remains under significant strain, principally due to the twin pressures of sustained high-level demand and ongoing workforce challenges (which could get worse). Despite this, stakeholders were being proactive in trying to ensure that local people could access general practice services in a timely fashion via multiple routes (both digitally and in-person), and the challenge remains to help the public understand who to contact and which services they should be trying to access depending on their presenting condition.

## **CORPORATE PARENTING IMPLICATIONS**

7. There are no direct implications in the report.

## **FINANCIAL IMPLICATIONS**

8. There are no direct implications for the Council in the report.

## **LEGAL IMPLICATIONS**

9. There are no direct implications in the report.

## **RISK ASSESSMENT**

10. The review is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

## **WARDS AFFECTED AND CONSULTATION WITH WARD/COUNCILLORS**

11. This review is relevant to all Wards across the Borough.

## **BACKGROUND PAPERS**

12. None.

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