ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

SCRUTINY REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE

1.0 Executive Summary

1.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Access to GPs and Primary Medical Care.

1.2 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.

1.3 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, then announced a major new primary care access recovery plan which aimed to facilitate faster, more convenient care. Regionally, the North East and North Cumbria Integrated Care Board (NENC ICB) publicised a three-year programme in June 2023 bringing together the NHS and Councils with voluntary, community and social enterprise (VCSE) organisations to tackle long-standing inequalities and poor health. This investment 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.

1.4 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.

1.5 The main aims of this review were to firstly understand the existing local 'access to GPs' landscape in the context of national / regional developments around this ongoing issue. The Committee then sought to ascertain current systems for accessing general practice services, how these were communicated to the public, and how effective they were. Finally, and most importantly, determining 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 was established.

1.6 The Committee heard that 'primary care' functions are the entrance to the healthcare system (acting as the 'front door' of the NHS), and include general practice, community pharmacy, dental, and optometry (eye health) services. General practices are the first point of contact with healthcare for many patients and act as gatekeepers to secondary care – they exist as individual businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Responsibility for commissioning primary care services, including general practice, sits formally with NHS England – however, Integrated Care Boards (ICBs) have taken on full delegation of these commissioning requirements.

1.7 GP contracts are complex, with three different types used by NHS commissioners in England. There are, however, core requirements for all general practices, one of which is an expectation for public and patient involvement in shaping service delivery. Whilst the existing GP contract stated that 'practices must provide essential services at such times, within core hours (8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays), as are appropriate to meet the reasonable needs of its patients', there was no precise definition as to what constituted 'essential' nor 'reasonable needs'. It was recognised that practices, as independent businesses, were able to (and indeed many did) meet their core contract requirements differently depending on registered population demographic needs and skill mix of staff (as well as enhance service provision depending on appetite to deliver additionally commissioned services), though this was not a standard offer across the Borough and could lead to the impression that some residents were getting better / worse services than others. From a practice perspective, frequent changes to contract expectations (often resulting in further pressures on financial and / or staffing resources) were not helpful.

1.8 The crucial issue of funding for general practice was explored, with providers able to supplement core 'Global Sum' payments (based on an estimate of a practice's patient workload and certain unavoidable costs, not on the actual recorded delivery of services) with several other potential income streams. Some of these can be accessed independently by a practice (e.g. Quality and Outcomes Framework (QOF)), whereas others involve collaboration as part of a wider Primary Care Network (PCN) (groups of practices working together which are led by a Clinical Director). There are four PCNs within Stockton-on-Tees which are expected to deliver nationally directed enhanced services (DES) in addition to what practices need to provide as part of core contracts – one of the requirements of the PCN DES since October 2022 is 'enhanced access' (evening and weekend) obligations.

1.9 21 general practices exist across Stockton-on-Tees providing a range of services, with an average list size of 9,808 (as at January 2023). The Committee heard that a list size of 7,000-8,000 was considered financially sustainable, though there were significant fluctuations across the Borough, with the largest list size being 21,555, and the smallest 2,303.

1.10 Despite the publication of the national Primary Care Access Recovery Plan (PCARP) in May 2023, it was important to recognise that the high-profile aim to tackle the '8.00am rush' did not translate verbatim 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 appropriate to that need, which could be on the same day). That said, several other national measures were in place to support providers, including the General Practice Improvement Programme (GPIP), the Additional Role Reimbursement Scheme (ARRS) which provided funding to recruit to 18 roles (June 2023 data showed an additional 61 headcount (58.04 WTE) across the Borough through this scheme), and cloud-based telephony / digital tools funding. Local providers had been proactive in seeking involvement in these, and other, initiatives.

1.11 Whilst practices themselves, supported by various health bodies, were trying to facilitate better access to services, there were several issues influencing these efforts. An overriding factor was the ongoing legacy of the COVID pandemic which, as had been well documented nationally, led to greater demands on the health system, with associated problems arising in terms of a backlog of patients requiring often increasingly complex care and staffing challenges (sickness and recruitment / retention difficulties) – this had, in turn, affected many patients' attitudes towards, and experiences of, contacting their local general practice, with frustrations growing about access limitations (e.g. higher call waiting times), and increases in reported abuse of practice staff. From a practice perspective, other external events were also at play, with cost-of-living / inflationary pressures (increasing staff wages) contributing significantly to a tough period for the sector.

1.12 As the representative body for all general practices and GPs within Tees, Cleveland Local Medical Committee (LMC) emphasised its focus on 'workforce' considerations (i.e. capacity, workload, ensuring patient safety) as opposed to 'access', with improvements to the latter being inextricably linked to progress on the former. However, ensuring an appropriate staffing resource across the Tees Valley was not aided by trainees preferring to work in larger city areas, nor the case that around 18% of GPs were over the age of 55 (a significant loss of expertise was therefore looming which, without action, would exacerbate existing workforce concerns). Interestingly, Cleveland LMC stated that there were a number of GPs seeking work / additional work within Teesside who practices could not afford to employ due to financial restrictions.

1.13 With regards care navigation, Cleveland LMC highlighted that call handlers did not like having to ask questions of those contacting services, and that this was causing problems in relation to the retention of reception staff who were seeking less stressful roles outside the sector. Given reports that patients often feel uncomfortable in having to discuss their (potentially sensitive) health condition to someone over the phone (albeit that this can aid the individual being directed to the most relevant health professional), health authorities and practices themselves should consider what can be done to relieve this burden on all parties.

1.14 Hartlepool & Stockton Health (H&SH) GP Federation provide a vital service in supporting local practices through a variety of initiatives, particularly its digital staffing pool which providers could tap into if experiencing workforce pressures (the acquisition of a bus to assist in taking healthcare into the community was another innovative development which may help engagement with hard-to-reach individuals). In terms of ongoing challenges, H&SH expressed concerns around nursing numbers (an issue raised by PCNs and Cleveland LMC), an element of the workforce which serviced many of the populations day-to-day needs rather than GPs.

1.15 The Borough's four PCNs provided their collective views on the current situation around access to services, and the Committee was encouraged by the broad acknowledgement that patients must not be digitally excluded and that practices must continue to think of those who may not be technologically minded / able when designing contact / access pathways. Echoing concerns raised by the Cleveland LMC, PCNs noted delays to secondary care resulting in patients contacting primary care providers for support in the interim, a situation which amplifies how pressures in one part of the healthcare system can impact on other elements. Of course, this can also work the other way round, with those struggling to access general practices sometimes attending secondary services (e.g. A&E) when not necessarily appropriate.

1.16 Given concerns evident in the national media, it was perhaps not surprising to hear of local frustrations around a lack of face-to-face appointments from the public / patients, as well as issues in using technology (particularly for older residents) which had been brought in to enhance access to services. Worryingly, 2023 GP patient survey feedback showed significant difficulties for individuals trying to get through on the phone to a good proportion of local practices, an experience which data showed had become a deteriorating trend for many over recent years. On a more positive note, public / patient feedback also demonstrated a number of welcome developments that were acknowledged by those contacting / accessing services. As is often the case, experiences can be very individual, and what health bodies introduce / change can suit some whilst at the same time cause difficulties for others. Patient Participation Groups (PPGs) reporting that they felt listened to by their practices is therefore an encouraging and necessary finding, particularly when shaping current and future service delivery.

1.17 National leaders continue to wrestle with this highly charged scrutiny topic, and finding solutions to fundamental issues (headlined by the need for consensus around GP contract content / funding) at a local level is extremely difficult. 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. Whether enough health staff are in place to meet that need is, however, a much more significant concern moving forward.

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.

(continued overleaf…)

Recommendations (continued)

The Committee recommend that:

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.