

## **Health Select Commission**

### **Title**

**Access to GPs scrutiny review – Health and Wellbeing Board response**

### **Date**

22nd October 2015

### **Is this a Key Decision and has it been included on the Forward Plan?**

This is not a key decision.

### **Strategic Director Approving Submission of the Report**

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### **Report Author(s)**

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### **Ward(s) Affected**

All

### **Executive Summary**

The Health Select Commission's access to GPs scrutiny review, carried out between September 2013 and March 2014, produced a number of recommendations grouped in four broad areas: improving access, sharing good practice, improving information for parents and capacity to deliver primary care.

Three recommendations were directed to the Health and Wellbeing Board:

#### *Improving information for patients*

- The Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.
- The Health and Wellbeing Board should consider revisiting the "Choose Well" campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations.

#### *Capacity to deliver primary care*

- In light of the future challenges for Rotherham outlined in the (review) report, the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care.

This report provides a brief summary of the action being taken.

**Recommendations**

Members are asked to:

- a. note the action being taken in relation to the access to GPs review's specific recommendations directed to the Health and Wellbeing Board.

**List of Appendices Included**

None

**Background Papers**

Scrutiny review: access to GPs – final report

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

The Health and Wellbeing Board considered the access to GPs scrutiny review recommendations at its meeting on 8th July.

**Council Approval Required**

No

**Exempt from the Press and Public**

N/A

## **Access to GPs scrutiny review – Health and Wellbeing Board response**

### **1. Recommendations**

1.1 Members are asked to:

- a. note the action being taken in relation to the access to GPs review's specific recommendations directed to the Health and Wellbeing Board.

### **2. Background**

2.1 The Health Select Commission undertook a review of access to GPs between September 2013 and March 2014. The aims of the review were to:

- a) establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
- b) ascertain how NHS England oversees and monitors access to GPs
- c) identify national and local pressures that impact on access to GPs – current and future
- d) determine how GP practices manage appointments and promote access for all patients
- e) identify how NHS England will be responding to changes nationally
- f) consider patient satisfaction data on a practice by practice basis and to compare Rotherham with the national picture
- g) identify areas for improvement in current access to GPs (locally and nationally).

The review produced 12 recommendations, three of which were directed to the Health and Wellbeing Board:

#### *Improving information for patients*

- The Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.
- The Health and Wellbeing Board should consider revisiting the “Choose Well” campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations.

#### *Capacity to deliver primary care*

- In light of the future challenges for Rotherham outlined in the (review) report, the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care.

### **3. Key Issues**

3.1 The majority of the actions in response to the above recommendations would fall to Rotherham Clinical Commissioning Group (CCG) given their role in commissioning GP services.

#### *Publicity campaign on cancelling unneeded appointments*

- 3.2 The CCG provides a text messaging reminder service for patients, though this does rely on patients signing up. It should also be noted that a significant number of appointments made on the day are also missed, so forgetting appointments is clearly not the sole issue.
- 3.3 Screens and posters in GP practices will promote messages asking patients to cancel unneeded appointments with the intention that practices may also maintain and publicise a running total of appointments missed and hours lost. The CCG and other partners will include similar messages in staff bulletins, emphasising the fact that the NHS is busy and missed appointments cost money and prevent the slot being used for other patients who need help. This could include Rotherham Chamber pushing messages out through their member employers.
- 3.4 Within the council, we can raise awareness amongst staff via the managing director's briefing, Friday Factfile (the weekly corporate bulletin) and Take 5 staff newsletter. The message will include a request to spread the word through friends and family.
- 3.5 Finally, missed appointments/cancelling unneeded appointments will be picked up with the public at a 19th November CCG event on *the changing face of GP services*.

*Revisit the "choose well" campaign to raise awareness of how to access the most appropriate service*

- 3.6 Locally, *choose well* has been superseded by *right care, first time*, which has a similar focus on changing behaviour and encouraging people – in the appropriate circumstances – to use options such as Pharmacy First or self-care rather than a GP, or to call NHS 111 before attending A&E. The CCG have produced leaflets and other literature to support this initiative, which will tie-in with national campaigns, such as *stay well this winter*.
- 3.7 The CCG have now produced a winter communications action plan, linked to right care, first time. Again, this will focus on four key steps: self-care, Pharmacy First, NHS 111 and GP or walk-in centre. There will be a multi-agency campaign utilising banner stands in practices, adverts and interviews in the local media, social media messages, websites and internal publications.

*The Health and Wellbeing Board takes a proactive approach to mitigate risk to the delivery of primary care*

- 3.8 In all of the actions above, the board will have a role in bringing partners together to ensure consistent messages are delivered, though the board would not lead on any campaigns. Beyond that, the board will take a wider perspective – working with the new Rotherham Together Partnership – in promoting Rotherham as a destination and highlighting local health and wellbeing initiatives.
- 3.9 The board will use a revamped website, a Twitter account and a new quarterly newsletter to raise awareness of partners' activity and disseminate important messages.

#### **4. Options considered and recommended proposal**

- 4.1 As outlined above, a range of methods will be used to address the issues raised in the access to GPs review. The broad approach recommended is for the CCG to lead on specific activity, but with the Health and Wellbeing Board having an overview and channelling efforts from a range of partners. An alternative would be for the board to take a lead role, but given that it has no budget and relatively low public awareness, this is not considered to be the best option.

#### **5. Consultation**

- 5.1 This report is informed by discussions with the CCG and incorporates wider partner input from discussions at the Health and Wellbeing Board.

#### **6. Timetable**

- 6.1 The CCG's winter communications action plan timetable has activity running from October through to February 2016. The Health and Wellbeing Board aims to have a Twitter account up and running for its next meeting on 25th November, with the new-look website running to a similar timetable and the first newsletter due no later than February 2016.

#### **7. Financial and Procurement Implications**

- 7.1 There are no direct financial or procurement implications for the council arising from this report.

#### **8. Legal Implications**

- 8.1 There are no direct legal implications.

#### **9. Human Resources Implications**

- 9.1 There are no direct human resources implications.

#### **10. Implications for Children and Young People and Vulnerable Adults**

- 10.1 Blocking up the system by not cancelling unneeded appointments or using the "wrong" service, leads to increased pressure on primary care services and can make it more difficult for vulnerable people – adults or children – to get help when they need it. This can create a vicious circle where parents or carers, unable to get a timely GP appointment, attend A&E instead, putting further pressure on the system.

#### **11 Equalities and Human Rights Implications**

- 11.1 It is vital to ensure that Rotherham can attract sufficient numbers of GPs and provide an effective service, given that levels of deprivation are likely to correlate with relatively high demand for GP services in the borough.

- 11.2 Communications should consider language barriers, people with autism or learning disability, and people with a sensory impairment, as well as specific barriers faced by other disadvantaged groups.

## **12. Implications for Partners and Other Directorates**

- 12.1 As noted in the report, the majority of actions will fall to Rotherham CCG, but all partners and RMBC directorates will need to work together, through the Health and Wellbeing Board, to provide consistent messages.

## **13. Risks and Mitigation**

- 13.1 Risks in relation to GP access generally relate to the twin pressures of reduced funding combined with rising demand, exacerbated by workforce / recruitment issues.
- 13.2 Local partners need to work effectively together, through the Health and Wellbeing Board, to maximise resources, provide good quality information to enable people to access the right service at the right time, and ultimately work towards improving health and reducing health inequalities to minimise future demand.

## **14. Accountable Officer(s)**

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