

Health Select Commission

Title

Access to GPs scrutiny review – progress on recommendations

Date

14 April 2016

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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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.

This report provides an updated summary of the action being taken for each of the recommendations.

Recommendations

Members are asked to:

- a. note the action being taken in relation to the access to GPs review

List of Appendices Included

Appendix 1, updated Cabinet response.

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 2015. An update in relation to the

specific recommendations made to the Health and Wellbeing Board was presented to Health Select Commission on 22 October 2015.

Council Approval Required

No

Exempt from the Press and Public

N/A

Access to GPs scrutiny review – progress on recommendations

1. Recommendations

1.1 Members are asked to:

- a) Note the action being taken in relation to the access to GPs review.

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).

2.2 The review produced 12 recommendations, which are described, along with detail of the action being taken, in the attached appendix. Recommendations covered the following areas:

2.3 Improving access – ensuring patients' views on access and ways to improve are heard; maintaining access to professional interpretation services; and adopting hybrid and flexible approaches to appointment systems.

2.4 Sharing good practice – showcasing best practice and sharing successes on providing good access to patients.

2.5 Improving information for patients – maintaining up to date information about each GP practice; the importance of cancelling unneeded appointments; and accessing the right health care service and health care professional at the right time.

2.6 Capacity to deliver primary care – mitigating risk to primary care in Rotherham in light of future challenges; encouraging GPs to remain in Rotherham after training; and being proactive about future increases in demand.

2.7 The Health Select Commission carried out further scrutiny of the initial response from partner agencies in January 2015 and undertook a mini survey with GP Practice Managers at their Forum meeting in May last year.

3. Key Issues

- 3.1 The majority of the actions in response to the 12 recommendations fall to Rotherham Clinical Commissioning Group (CCG) and NHS England.
- 3.2 Three of the recommendations were aimed at the Health and Wellbeing Board, and although it was clear the board would not lead specifically on any campaigns, it had a role in bringing partners together to ensure consistent messages were delivered. One of the ways in which this would happen would be through a revamped website, due to be completed by end of May 2016, and a Twitter account now set up to keep the public and stakeholders updated on partners' activity and health and wellbeing initiatives.

4. Options considered and recommended proposal

- 4.1 A range of methods have been used to address the issues raised in the access to GPs review, the activity which has taken place is outlined in the attached appendix. The broad approach recommended was 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.

5. Consultation

- 5.1 This report has been informed by the activity undertaken by the CCG and NHS England.

6. Financial and Procurement Implications

- 6.1 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 have fallen to Rotherham CCG to deliver, but it will be important for all partners and RMBC directorates to work together to ensure consistent messages are provided. This will continue to be done through the Health and Wellbeing Board.

13. Risks and Mitigation

- 13.1 Risks in relation to GP access generally relate to the 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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