

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

<b>1. Meeting:</b>	<b>Health Select Commission</b>
<b>2. Date:</b>	<b>17 April 2014</b>
<b>3. Title:</b>	<b>Scrutiny review: Access to GPs</b>
<b>4. Directorate:</b>	<b>Resources All wards</b>

### **5. Summary**

This report sets out the main findings and recommendations of the scrutiny review of access to GPs. The draft review report is attached as Appendix 1 for consideration by Members.

### **6. Recommendations**

**That the Health Select Commission:**

- 6.1 Endorse the findings and recommendations of the report and make any amendments as necessary.**
- 6.2 Agree for the report to be forwarded to the Overview and Scrutiny Management Board and then Cabinet.**

## **7. Proposals and details**

Following discussion in Health Select Commission meetings a scrutiny review of Access to GPs was agreed as a priority in the work programme for 2013-14 as Members had raised concerns about waiting times for appointments on the basis of public feedback.

The key focus of Members' attention was to identify any anomalies, issues or barriers which impact on patients in Rotherham accessing their GP and in particular in respect of obtaining a convenient appointment within 48 hours.

There were seven aims of the review, which were to:

1. establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
2. ascertain how NHS England oversees and monitors access to GPs
3. identify national and local pressures that impact on access to GPs – current and future
4. determine how GP practices manage appointments and promote access for all patients
5. identify how NHS England Area Team will be responding to changes nationally
6. consider satisfaction data from the GP Patient Survey on a practice by practice basis and to compare Rotherham with the national picture
7. identify areas for improvement in current access to GPs (locally and nationally)

A full scrutiny review was carried out, chaired by Cllr Emma Hoddinott and evidence gathering began in October 2013, concluding in March 2014. This comprised round table discussions and written evidence from health partners, reviewing the National GP Patient Survey data, desktop research and fact finding visits to four GP practices.

Members recognised the national and local pressures that impact upon access to GPs. On the supply side there is reducing funding, shortages of GPs and nurses, and premises that are not always suitable for the increasing range of services now delivered at GP practices. Patient demographics with a growing and ageing population, coupled with the prevalence of ill health and long term conditions, and local deprivation in some areas, means increasing demand. This needs adequate resourcing to ensure good access to services for all patients.

Patients' experiences of accessing GPs do vary from practice to practice with some long waiting times reported. Expectations and preferences are changing and it a question of striking a balance between clinical need, patient expectations and convenient access, with practices needing to work with their patients to develop systems that work well for both.

### **Recommendations:**

There are 12 recommendations and these focus on:

- improving access to GP services including taking account of patient views
- sharing existing good practice in improving access and effective communications
- improving information for patients, about how their practice works and about accessing the right service
- capacity to deliver primary care in light of national and local pressures

1. Patients' experiences of accessing GPs vary from practice to practice; therefore NHS England needs to ensure that patients' views on access are reflected in the forthcoming Personal Medical Services contract re-negotiations and five year commissioning plan.
2. The continuation of the Patient Participation Directed Enhanced Service in 2014-15 should be used to ensure patients are well informed and empowered through the Patient Participation Groups to challenge poor access and suggest improvements.
3. Although recognising the importance of clinical need, the expectations and preferences of patients are changing, and practices should explore more hybrid and flexible approaches to appointments, such as having part of each day for sit and wait slots.
4. NHS England should maintain access to interpretation services for GPs, with an emphasis on professional services, supported by training for GPs and practice staff to increase confidence in using telephone services where appropriate.
5. NHS England should review their current interpretation provision to see if economies could be achieved through signing up to Rotherham MBC's framework agreement, which is open to partner agencies.
6. GP practices should regularly showcase best practice and share successes on providing good access to patients through existing means such as the practice manager forum and Protected Learning Time events.
7. Patient information and education is important, both generic information about local services and specific information about how their surgery works.
  - a. GP practices should ensure their practice leaflets and websites are kept up to date about opening times, closure dates for training and how the out of hours service works.
  - b. NHS England should explore developing an App with practice information that people with smartphones and tablets can download.
  - c. Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.
  - d. GP practices should work with their reception staff, patients and Patient Participation Groups to encourage patients to provide more information to staff when contacting the practice, enabling them to see the right person in the practice team.
  - e. 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.
8. In light of the future challenges for Rotherham outlined in the 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.

9. NHS England should consider incentives to attract GPs to start their career in Rotherham following training in the area, to help address the demographic issues of our current GPs.
10. Rotherham CCG should collect and analyse monitoring information to ensure that services are resourced to meet peaks in demand during protected learning time at the new Emergency Care Centre from 2015.
11. NHS England needs to be more proactive in managing increases in GP demand due to new housing developments, rather than waiting for existing services to reach capacity.
12. Rotherham MBC, when considering its response to the scrutiny review of supporting the local economy, should ensure health partners are invited to be part of the multi-disciplinary approach to proposed new developments.

## **8. Finance**

Any recommendations from the Select Commission would require further exploration by Cabinet, the Strategic Leadership Team and health partners on the cost, risks and benefits of their implementation.

## **9. Risks and Uncertainties**

It is important that people in all parts of the borough have accessible and high quality primary health care. Due to the demographic profile of Rotherham with an ageing population and high incidence of limiting long term conditions, demand for GP services is likely to increase further over time.

The national review of the Personal Medical Services contracts by NHS England poses a risk of reduced financial resources for the majority of our GP practices and therefore to future services.

## **10. Policy and Performance Agenda Implications**

RMBC Corporate Plan Priorities:

- Helping to create safe and healthy communities.
- Ensuring care and protection are available for those people who need it most.

Health and Wellbeing Strategy

Public Health Outcomes Framework

**11. Background Papers and Consultation**

See Section 8 of the review report and appendices.

**12. Author**

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