

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Cabinet
2. Date:	21 May 2014
3. Title:	Scrutiny Review: Access to GPs
4. Directorate:	Resources All wards

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

- 6.1 That Cabinet receives the report and recommendations.**
- 6.2 That Cabinet submit their response to the review to OSMB within two months of the report submission.**
- 6.3 That Cabinet considers how best to take this forward in order to elicit support from appropriate health partners.**

7. Proposals and details

- 7.1 Following discussion at 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 GP appointments on the basis of public feedback.
- 7.2 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:

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

- 7.3 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.
- 7.4 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.
- 7.5 Patients' experiences of accessing GPs do vary from practice to practice with some long waiting times reported. Expectations and preferences are changing and it is 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. Patient education and information is also important.
- 7.6 GPs offer a range of appointment booking systems and one size does not fit all given the variations in practice size and practice populations. Members noted some very good practice and willingness to trial new systems but would like all practices to consider opening up some time each day for sit and wait appointments.

7.7 There are 12 recommendations, set out in full in section 7 of the review report and these are summarised below, covering the following areas:

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.

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

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.

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.

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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