

TOPICS FOR TASK GROUP IN-DEPTH REVIEWS

Appendix 3

<p>Name of O&S Committee: HASC</p>	<p><u>Suggested topic: GP appointments and access to services.</u></p> <p><u>Reason for Review:</u></p> <p>This is a Member suggestion which has been put forward due to concerns about:</p> <ul style="list-style-type: none"> a) whether the number of GPs in Medway is sufficient to meet the needs of the population and b) how the covid-19 pandemic has exacerbated access problems in general practice. <p><u>Potential for impact on one or more sections of the population?</u></p> <p>Yes, GP services are provided to all sections of the population.</p> <p><u>Is this an issue of corporate concern and/or an issue for partners?</u></p> <p>This is not a corporate concern but will affect the Council's partners in the Clinical Commissioning Group and Primary Care Networks.</p> <p><u>Will it add value/lead to effective outcomes?</u></p> <p>Potentially</p> <p><u>Will the review duplicate other work?</u></p> <p>The issue of access to GPs is being looked at on a regional basis by officers.</p> <p><u>Is it timely / do we have the resources?</u></p> <p>The view of the Director of Public Health is this review would be more timely later in the year given the current pressures on primary care and his team. This would also allow any recommendations from the Task Group to be considered by the soon to be created Integrated Care Board, which will replace the Kent and Medway Clinical Commissioning Group within the next few months.</p> <p>The Director of Public Health is leading on a regional piece of work with South East Chief Executives on the issue of GP</p>
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access. His advice is to defer any review into GP appointments at this time for the following reasons:

- GP access has been impacted by a range of factors outside the direct control of local NHS commissioners and providers, principally the Pandemic.
- There is a national review into GP access and the Secretary of State has directed all Integrated Care Boards to take action to ensure people (where practicable) are able to get face to face appointments.
- The timing of any review should be such that it can make recommendations that will be able to be actionable in practice. Until the system is operating in a business as usual fashion, any review or task group recommendations would be subject to clinical challenge.
- There will be a national report (post pandemic review) that will include GP access as part of its remit. It would make sense to allow this formal process (and the other NHS local actions) to take place before undertaking local reviews

There is the resource within Democratic Services to support this review. The review will require support from the Clinical Commissioning Group, who may not at present be in a position to provide dedicated support over a period of several weeks. The Director of Public Health would not at present be able to free up officers to support the review as the people with the necessary expertise are working on other urgent priorities as a result of the pandemic. However, he would be able to support the Physical Activity Task Group at this point as this would not impact on these priorities.

Will the review provide scope for service improvement?

Potentially.