

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

12 JANUARY 2022

GP ACCESS TASK GROUP – INTERIM REPORT

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Summary

This report asks the Health and Adult Social Care Overview and Scrutiny Committee to consider the interim report of the GP Access Task Group. The Task Group have made 14 recommendations which are aimed at improving the workforce capacity across primary care in Medway to ensure patients receive better access and outcomes for their health needs.

1. Budget and policy framework

1.1. Under Chapter 4 of the Constitution (Part 5 – Overview and Scrutiny Rules - paragraph 21.1 (xviii)), each overview and scrutiny committee has the responsibility to appoint time limited Task Groups to undertake in-depth reviews within the overall programme of reviews agreed each year by the Business Support Overview and Scrutiny Committee and to make recommendations to the Council, Leader and Cabinet as appropriate. The topic of this review is within the remit of this Committee.

2. Background

2.1 In June 2011 the Business Support Overview and Scrutiny Committee agreed to exercise a more proactive role than previously in prioritising the programme of in-depth scrutiny review work. This followed a Council decision that a maximum of three reviews or themed meetings can be undertaken annually across all four Overview and Scrutiny Committees, in light of shrinking capacity across the organisation. This represented a shift from the previous position of multiple Task Groups, with no fixed timelines, running at any one time.

- 2.2 In line with best practice, the Committee also decided to adopt a more systematic approach to the selection of topics, with nominations submitted by each Committee, taking into account suggestions and advice from Directors.
- 2.3 This review topic was not part of the latest programme of in-depth scrutiny reviews approved by Members but it was agreed by the Business Support Overview and Scrutiny Committee on 25 January 2022 to prioritise GP appointments and access to services as the next review topic. The Director of Public Health did advise that the review should be delayed, due to a number of reasons including pressures within primary care and the Public Health team, and the CCG being replaced with the Integrated Care Board. However, the Committee considered that, given the importance of the issue to the people of Medway, it should be the topic of the next Task Group, even if it needed to take longer than usual.
- 2.4 The membership of the Task Group comprised Councillors Wildey (Chairman), Murray, Price, Purdy and Mrs Elizabeth Turpin.

3. Scope of the review

- 3.1. The Task Group agreed that its terms of reference was to explore:
- a) whether the number of GPs and primary care staff in Medway is sufficient to meet the needs of the population and
 - b) how the covid-19 pandemic has affected access to primary care.
- 3.2. It also agreed the following key lines of enquiry:
- 3.2.1. To establish the roles and responsibilities from NHS England through to GP practices in relation to access to primary care.
 - 3.2.2. Identify national and local pressures that impact on GP access and primary care access generally.
 - 3.2.3. Determine how practices manage appointments and identify examples of best practice and identify variations across Medway and the impact this has on patient experience.
 - 3.2.4. Explore how practices adapted to access during the pandemic and how they are responding/adapting post pandemic and going forward.
 - 3.2.5. Explore patient satisfaction data and compare to the national picture.
 - 3.2.6. Explore how GPs and practices learn best practice from each other and how they apply that learning to improve services and patient experience/outcomes.
 - 3.2.7. Explore Patient Activation Measures – if and how these are being used.
 - 3.2.8. Identify how well the public understand alternative ways to access primary care services and how accessible these alternative methods are.

3.2.9. Review the Kent and Medway Primary Care and General Practice Strategies in relation to how they are aligned to deliver population outcomes for the population of Medway

4. Methodology

4.1. The methodology adopted by the Task Group is set out in its report, attached at Appendix 1.

4.2. Despite its best efforts, the Task Group were unable to meet with many GPs during the review. This was anticipated due to the pressures general practices are under but regardless, this was still a frustration. The Task Group had wanted to visit more practices and to meet with more GPs to enrich their understanding of the current situation and to identify possible solutions.

4.3. They did, however, meet with 4 GPs (1 external to Medway) and visited 2 surgeries. All the evidence gathering sessions were incredibly valuable in informing some of the Task Group's findings and recommendations to date. Additionally, the Task Group was well supported by the Director of Primary Care from NHS Kent and Medway and met with other stakeholders including Patient Participation Group representatives, Community based organisations and Community Pharmacists representatives.

4.4. The Task Group recognised that it was difficult to meet with GPs at this time due to the pressures within primary care and the wider NHS system. It therefore considers the report and recommendations as interim, but with a strong intention to revisit the review work later in 2023, when it is hoped that more effective engagement with a larger number of Medway GPs can take place.

4.5. A Diversity Impact Assessment has been completed and is attached in Appendix 2.

5. Findings and conclusions of the Task Group

5.1 Using the evidence gathered by the Task group to date, it has made 14 interim recommendations, which it believes will assist in tackling capacity issues across the primary care landscape. The findings and recommendations are set out in full within the Task Group's interim report, attached in Appendix 1 of the report.

5.2 The Task Group considered it most appropriate at this point to prepare an interim report and interim recommendations, based on the evidence it has been able to gather across its nine meetings, but with a view that the work remain incomplete until a time when more GPs can be effectively consulted with as part of the Task Group's work. The Committee is therefore asked to determine whether to forward the interim report and its interim recommendations to the Cabinet for its consideration.

6. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Lack of engagement of Medway GPs	The review and recommendations are based on evidence gathered by very few Medway GPs due to their unavailability and work pressures throughout the Task Group's work.	The Task Group engaged with many other stakeholders, including some GPs and was supported throughout the review by the Director of Primary Care. It believes its recommendations will contribute positively to the issues relating to primary care access and hopes to pick this work up again in the summer of 2023 to reattempt at reaching and consulting with more GPs.	B2
The recommendations are not carried out	The report and recommendations are in addition to other work that is taking place to tackle this issue and the recommendations in this report may not be prioritised or undertaken	The recommendations are aimed to enhance the work already being undertaken to improve patient access to and outcomes from primary care and have been written in a way that they align with the GP Development Plan's priorities so will work alongside other actions being undertaken.	C2

Likelihood	Impact:
A Very high B High C Significant D Low E Very low F Almost impossible	1 Catastrophic (Showstopper) 2 Critical 3 Marginal 4 Negligible

7. Financial implications

7.1. There are no direct financial implications associated with this report for the Council.

8. Legal implications

8.1. There are no known legal implications associated with this report for the Council.

9. Recommendations

- 9.1. The Committee is asked to comment on the attached Task Group report and decide whether to forward it and its interim recommendations to the Cabinet for approval.

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Appendices

Appendix 1 – GP Access Task Group Interim Report

Appendix 2 – Diversity Impact Assessment

Background papers

As detailed in the interim report attached at Appendix 1.