

CABINET

13 JUNE 2023

GP ACCESS TASK GROUP

Portfolio Holder: Councillor Teresa Murray, Deputy Leader of the Council

Report from: James Williams, Director of Public Health

Author: Teri Reynolds, Democratic Services Officer

Summary

This report asks the Cabinet to reconsider the GP Access Task Group report, which includes 14 recommendations 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.

2. Background

2.1. A report was initially submitted to the Health and Adult Social Care Overview and Scrutiny Committee on 12 January 2023 to consider the interim report of the GP Access Task Group.

2.2. The membership of the Task Group comprised Councillors Wildey (Chairman), Murray, Price, Purdy and Mrs Elizabeth Turpin.

2.3. Despite its best efforts, the Task Group had been 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.

- 2.4. 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. 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.
- 2.5. 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 agreed to submit the report and recommendations to the Health and Adult Social Care Overview and Scrutiny Committee as interim, with an intention to revisit the review work later in 2023, when it was hoped that more effective engagement with a larger number of Medway GPs could take place.
- 2.6. The Committee was asked to determine whether to forward the interim report and its interim recommendations to the Cabinet for its consideration. On 12 January 2023, it agreed the following:
- a) to note the interim report from the GP Access Task Group.
 - b) that the report is not forwarded to the Cabinet at this stage.
 - c) that the report and its interim recommendations be revisited in the summer when the work can be completed with more engagement with GPs.
- 2.7. Following the meeting, Councillor Murray requested that an item be placed on the Health and Adult Social Care Overview and Scrutiny Committee agenda for 9 March 2023 as follows:

“At the last meeting of this Committee, following a discussion on the Interim GP Access Task Group, the following was agreed:

- a) to note the interim report from the GP Access Task Group.*
- b) that it is not forwarded to the Cabinet at this stage.*
- c) that the report and draft recommendations be revisited in the summer when the work can be completed with more engagement with GPs.*

A number of Members spoke during the debate in favour of the Committee agreeing to forward the report and recommendations to the Cabinet. The decisions made by the Committee (on the Chairman's casting vote), demonstrated that the Committee could not agree on a final set of proposals to be forwarded to the Cabinet.

Paragraph 11.2 of the Overview and Scrutiny Rules state: “If an Overview and Scrutiny Committee cannot agree on one single final set of proposals or recommendations to the Council or Leader/Cabinet (as appropriate), then a minority view which is

supported by the largest minority, but at least three members, may be prepared and submitted for consideration by the Council or Leader/Cabinet (as appropriate) with the proposals and recommendations supported by the majority of the Committee. The names of those who dissent may, at a member's request, be recorded on the main submission."

Therefore, I request that (at least) three Members of this Committee indicate their support for a minority view which is to submit the GP Access Task Group interim report and interim recommendations to the next meeting of the Cabinet (4 April 2023)."

- 2.8. On 9 March 2023 five members of the committee gave support for a minority view. In support of the minority view, the Lead Member for the Member's item stated that she did not agree with the view that the report's findings were insufficient. She accepted the Task Group had not seen as many GPs as they would have liked but the Group had spoken to key practitioners and allied professionals who shared good practice and ideas. The people who the Task Group had engaged with felt the report was an excellent piece of work. There had been no forward planning about how this work could be progressed after the elections and this was the time to forward the recommendations.
- 2.9. On 4 April, the Cabinet considered the report, which set out the minority view above. At that meeting the Cabinet noted the report and agreed that the Task Group report and its draft recommendations be revisited in Summer 2023 to enable completion of the work, including further engagement with GPs and that the completed Task Group report be presented to a future Cabinet meeting.
- 2.10. Following the local elections, which took place on 4 May 2023, a new administration was formed and it has been requested that the report be resubmitted to the Cabinet for reconsideration.

3. Findings and conclusions of the Task Group

- 3.1. Using the evidence gathered by the Task group, it made 14 interim recommendations, which it believed would 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 at Appendix 1 to this report.
- 3.2. Its recommendations are set out at Appendix 1 and in full at section 6 of this report.
- 3.3. Since reporting, NHS England published the joint NHS and Department of Health and Social Care [Delivery Plan for Recovering Access to Primary Care](#) on 9 May 2023. The commitment within this document is attached at Appendix 3. This plan further complements the work and aims of the Task

Group, one of which is to improve patient satisfaction with access by expanding capacity and transforming the way in which services are delivered.

4. Risk Management

- 4.1. There are no specific risk implications for Medway Council arising directly from the contents of this report. For completeness, the following risk management implications were reported to the Health and Adult Social Care Overview and Scrutiny Committee on 12 January 2023:

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

5. Legal and Financial Implications

- 5.1. There are no specific financial or legal implications for Medway Council arising directly from the contents of the report.

6. Recommendations

- 6.1. The Cabinet is asked to reconsider the GP Access Task Group's report, attached at Appendix 1, and to agree its recommendations, which are as follows:
- 6.1.1. To agree that the K&M ICB be requested to offer appropriate training and support to practice staff, in particular reception staff to enable them to signpost and support patients without digital access or with low digital literacy to enable them to book GP and other primary care appointments.
- 6.1.2. Recognising that Medway residents need to be supported towards improving their digital literacy skills, thereby enabling more people to access the right advice and/or services across the whole system to suit their health and care needs, Cabinet is requested to agree:
- That the Council review and revive the digital inclusion programme
 - That the Council (in partnership with K&M ICB) raise awareness of Medway Council's digital literacy courses across the health and social care networks so that patients can be signposted by primary care and social care settings.
- 6.1.3. Recognising that there may be additional opportunities within the Council to assist the K&M ICB/NHS in maximising its reach within the community. Cabinet agrees that the Council (subject to resources being available), led by the communications team, assist the K&M ICB/NHS in resharing messages issued by the NHS on Medway channels and in schools concentrating on the following key areas:
- Raising awareness of the multidisciplinary teams that make up General Practice (the different roles and what each does)
 - Using engagement opportunities to inform and encourage people on how to access help in different ways, supporting them to take ownership and make decisions about the care they need, and signposting them as seeing a GP may not always be the best option. For instance, GP online, NHS 111 appointments, pharmacy, the NHS App, First Contact Physiotherapy, Social prescribers can be appropriate alternatives
 - Raising awareness about social prescribing services in Medway and how they can be accessed
 - Raising awareness about Patient Participation Groups and encouraging members of the public to join their practice's PPG in order to have a voice and inform their practices on what matters most to them and identify solutions to problems they face.
 - Assist with encouraging the uptake of screening and immunisation programmes in areas of low uptake across Medway, specifically childhood immunisations ensuring there is enough provision to meet demand.

- Tailoring PSE programmes in schools to inform and empower young people to better understand the range of health and care services available to them and how to access these services
 - Utilise Medway Matters to communicate the above messages, reaching patients who are not generally active online.
- 6.1.4. That Cabinet agree to request that the K&M ICB supports PCN's in recruiting additional roles (i.e., allied health professional such as mental health practitioners, physiotherapists). This will allow GPs to devote resources and time to support patients and deal with issues that GPs are uniquely best placed to resolve.
- 6.1.5. That Cabinet agree to request that the K&M ICB collates and shares best practice amongst surgeries, that can enhance practice efficiency and the quality of care provided to patients (areas including Primary Care Team dynamics, telephone systems, use of Community Pharmacy Consultation Service etc.).
- 6.1.6. That Cabinet agree to request the K&M ICB provide training to receptionists across Medway in the following areas:
- Patient compassion training;
 - Efficient and effective use of technology (computer terminals & answering of phone calls);
 - Majority of administrative duties so that tasks that only need actioning by a GP are passed onto to them.
- 6.1.7. That Cabinet agree to request the Kent and Medway Local Pharmaceutical Committee (community pharmacies) and the Kent Local Medical Committee (general practices) work together and align in the following areas to provide the best and most efficient care for patients:
- Pharmacy Prescribing;
 - Clinical Pathways;
 - Workforce Planning including ICT compatibility & connectivity;
 - Signposting patients in General Practices to Local and National Commissioning services provided by community pharmacies.
- 6.1.8. That Cabinet agree that the Public Health team provide an annual update of the Medway Social Prescribing Plan to the Health and Adult Social Care Overview and Scrutiny Committee.
- 6.1.9. That Cabinet agree to request the K&M ICB that the ICB ensures that GP practices are following [BMA's safe working in general practice](#) guidelines and providing the necessary support for GPs to be able to continue delivering safe patient care whilst preserving their wellbeing and health.
- 6.1.10. That Cabinet agree to request the K&M ICB to investigate how online consultations are being utilised in General Practices and share best practices with other practices for improvements/adoption.

- 6.1.11. That Cabinet agree to request the K&M ICB to support all PCNs and general practices to ensure they are making the best use of technology. This includes having an efficient telephone system to manage their calls and being shown the advantages of having telephone hubs across a PCN to pool resources and provide a more effective and efficient call answering service (such as that seen at the St Mary's Island Practice).
- 6.1.12. That Cabinet agree to request the K&M ICB to ensure patients can access the right services (GP appointments, preventative programmes, social prescribers etc.) to suit their health and care needs by supplying practices with the necessary technological infrastructure (i.e., computer terminals).
- 6.1.13. As other parts of primary care system including community pharmacies are going to be playing a critical role in relieving pressures on General Practices, ICT interface and integration across the system is key to enabling an integrated system that allows for clear communication of a patient's medical records (including referrals, prescriptions, outcomes of tests and assessments, feedback to clinicians). Therefore the Cabinet agrees to request that the ICB explore funding opportunities for ICT integration, to increase compatibility and connectivity between IT systems and to enable a more efficient and adequate provision of healthcare services.
- 6.1.14. That Cabinet agree to make representations to Central Government to consider the need to:
- Increase the proportion of training practices and GP educational and clinical supervisors;
 - Increase the quantity of undergraduate teaching in general practice;
 - Review funding into undergraduate placements in general practice;
 - Review the career structure and pathways for GPs interested in undergraduate medical education or clinical research.

7. Suggested reasons for decision

- 7.1. The recommendations are aimed at improving the workforce capacity across primary care in Medway to ensure patients receive better access and outcomes for their health needs.

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Appendices

Appendix 1 – GP Access Task Group interim report

Appendix 2 – Diversity Impact Assessment

Appendix 3 – Access to Primary Care Commitment by NHS and Department of Health and Social Care

Background papers

As detailed at section 10 of the interim report attached at Appendix 1.