

Health and Adult Social Care Overview and Scrutiny Committee

20 August 2024

Primary Care Access Task Group

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Summary

This report and attached action plan outline the progress made in implementing the 14 recommendations from the Primary Care (PC) Access Task Group report of June 2023.

1. Recommendation

1.1 The Committee is asked to note the updates and progress achieved in implementing the recommendations set out in the Primary Care (PC) Access in Medway Task Group June 2023 report, as set out in Appendix 1.

2. Budget and policy framework

2.1 In accordance with Chapter 4 of the Constitution (Part 5 – Overview and Scrutiny Rules - paragraph 21.1 (xviii)), individual overview and scrutiny committees bear the responsibility of appointing time-limited Task Groups. These Task Groups are tasked with conducting comprehensive reviews, as sanctioned by the Business Support Overview and Scrutiny Committee with the primary objective being to formulate recommendations to be presented to the Council, Leader, and Cabinet as deemed appropriate.

3. Background

3.1 The initial report, presented to the Health and Adult Social Care Overview and Scrutiny Committee (HASC) on 12 January 2023, provided the interim findings of the Primary Care (PC), formerly called the General Practitioner (GP) Access Task Group. The Task Group was led by Councillors Wildey (Chairperson), Murray, Price, Purdy, and Mrs Elizabeth Turpin. At this meeting, the Committee agreed to note the interim report; that the report be not forwarded to Cabinet at this stage. The report and its interim

recommendations were to be revisited in the summer with further engagement work with GPs.

- 3.2 **At the March 2023 meeting of the Committee**, the Committee noted that a member's item from Councillor Murray requesting that (at least) three Members of the Committee indicate their support for a minority view, which was to submit the PC Access Task Group interim report and interim recommendations to the next meeting of the Cabinet on 4 April 2023.
- 3.3 **Cabinet on 4 April 2023** considered this minority report and agreed to note the interim report and 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.
- 3.4 **At the Cabinet meeting on 13 June 2023** the new administration asked for the report from the Task Group to be presented to Cabinet for reconsideration, where the report was agreed.
- 3.5 On **18 January 2024**, work conducted between June 2023 and January 2024 was presented at the HASC. Alongside progress on recommendations, various concerns were discussed at the meeting. Considering the discussions at this meeting and the inter-relationships of healthcare professionals in primary care in serving Medway's residents, it was agreed that the GP Access Task Group be renamed to the Primary Care (PC) Access Task Group. Concerns that were discussed at the meeting included.
 - 3.5.1 The patient-to-General Practitioners (GPs) ratio in Medway was over 2,500 patients per GP in 2019 which made Medway to have one of the highest patient-to-GP ratios in England. This ratio has shown improvement in areas such as Chatham and Gillingham with the current ratio of patients to GPs being 737 to 1. Some other areas such as Tunbridge Wells, have a ratio of under 700 to 1.
 - 3.5.2 Training programs are vital for preparing future GPs to meet the demands of primary healthcare. A key cultural issue is the tendency for patients to visit GPs as their first point of contact. This often leads to overburdened GP services. To address this, strategies for achieving a cultural shift were explored, including efforts on social media and other platforms to guide people to the appropriate healthcare services. For minor ailments, patients can consult pharmacists. For more serious but non-emergency conditions, urgent care centres are a suitable option. For mental health issues, patients should be encouraged to contact mental health hotlines or community services. Effective communication was emphasised, ensuring patients know when and where to seek care. Training GP staff to direct patients correctly was also emphasised. Receptionists and other front-line staff should be trained to provide accurate information about alternative services. This will reduce pressure on GPs and allow them to focus on more complex cases. These strategies are further detailed in actions 2 and 3 under Appendix 1.

- 3.5.3 The relationship between GPs and pharmacies, particularly the signposting from GPs to pharmacies. The national launch of the "Pharmacy First" initiative, addresses seven common health issues which includes, Acute otitis media (age range 1 to 17 years), Impetigo (age range 1 year and over), Infected insect bites (age range 1 year and over), Shingles (age 18 years and over), Sinusitis (age 12 years and over), Sore throat (age 5 years and over) and Uncomplicated urinary tract infections in women (age range 16-64 years), was noted. The committee also touched on the financial implications of healthcare usage, stressing the need to ensure that A&E is used appropriately. This is covered further under action 7 under Appendix 1.
- 3.6 The attached Action Plan (Appendix 1) provides an update on the progress made against the recommendations of the Task Group thus far.

4. National Primary Care Updates

- 4.1 On **09 April 2024**, the NHS released a report on the delivery plan for Access to Primary Care 2024/25. The report highlights NHS England's achievements from February 2023 to February 2024:
- 4.1.1. A record number of general practice (GP) appointments were delivered, exceeding 360 million appointments – excluding Covid vaccinations – in the 12 months up to February 2024. This represents an additional 57.5 million appointments compared to pre-pandemic levels. Notably, 60% of these GP appointments were conducted face-to-face, more than half were booked and attended on the same or next day, and nearly 90% of appointments were attended within two weeks of booking (for appointments not usually booked in advance).
- 4.1.2. The largest expansion of pharmacy services in years, making it easier for patients to access treatment for common conditions through their local pharmacy.
- 4.1.3. More than 36,000 additional direct patient care roles compared to 2019.
- 4.1.4. 90% of general practices (GP) enabling patients to use the NHS App to send messages, book appointments, and order repeat prescriptions.
- 4.2. Looking ahead, the NHS will prioritise improving timely access to primary care as a core part of recovery in the NHS Planning Guidance for 2024/25. The second year of the delivery plan focuses on recovering access to primary care and realising benefits for patients and staff based on the following four priority areas:
- 4.2.1. **Empowering patients:** The NHS will continue to break down barriers to make accessing care easier for patients, thus reducing pressure on general practice. By March 2025, the number of patients viewing their records on the NHS App is expected to increase from 9.9 million to 15 million per month, and

those using the NHS App to order repeat prescriptions will rise from 2.7 million to 3.5 million per month.

- 4.2.2. Self-referral will become more common, with the number of self-referrals across all pathways increasing by a further 15,000 patients per month by the end of March 2025.
- 4.2.3. The NHS will expand the use of community pharmacies, aiming for at least 71,000 blood pressure check consultations, 25,800 oral contraception consultations, and 320,000 Pharmacy First clinical pathway consultations per month by March 2025.
- 4.3. **Implementing Modern General Practice Access:** Over the next year, the NHS will support practices in fully utilising digital telephony capabilities, including callback functionality, and ensuring practices meet capacity and access improvement payment (CAIP) criteria. This includes implementing a single view of all requests (online, phone, or walk-in) using digital tools with structured data to support assessment and streaming to appropriate responses.
 - 4.3.1. The NHS will begin sharing data on the number of calls to 111 during core hours with primary care network (PCN) clinical directors to support quality improvement, ensuring practices divert to 111 only in exceptional circumstances.
 - 4.3.2. For 2024/25, the NHS will enhance locally owned delivery of transformation support while continuing to provide funding and national support through the General Practice Improvement Programme.
- 4.4. **Building Capacity:** The NHS needs more GPs. As outlined in the NHS Long Term Workforce Plan (LTWP), the NHS and Government have pledged to increase the number of GP training places by 50% to 6,000 by 2031/32. This year, the NHS will take steps towards this goal by focusing on growing GP specialty training by 500 places in 2025/26, allowing more newly qualified doctors to train in primary care.
- 4.5. **Cutting Bureaucracy:** The NHS aims for GPs and their teams to spend more time treating patients and less time on paperwork. This year, the GP contract has been changed to suspend and income protect 32 out of the 76 Quality and Outcomes Framework (QOF) indicators.
 - 4.5.1. A new online patient registration service will be expanded to all practices by 31 December 2024, saving time for patients and practices.
 - 4.5.2. Improving the primary-secondary interface will be a key focus in 2024/25, aiming for significant progress in implementation, recognising the benefits for both patients and staff, including those in general practice.

5. Key Findings and Analysis

- 5.1. The report findings indicate progress between January 2024 and July 2024 in alleviating the strain on the primary healthcare system.
- 5.2. All the action logs recommendations and tasks are now 100% completed, including substantial progress in implementing the recommendations.
- 5.3. One task that had to be closed due to technicality is action item 9. This recommendation involves a request for the Kent and Medway Integrated Care Board (K&M ICB) to ensure that GP practices follow the British Medical Association's (BMA) guidelines for safe working in general practice and provide necessary support to GPs for delivering safe patient care while preserving their wellbeing. However, the ICB cannot enforce these BMA safe working limits, as practices manage their own appointment allocations. Recognising the challenges and pressures faced by general practice staff, the ICB encourages all staff to access support through the health and wellbeing hub.
- 5.4. Further updates will be provided to the Health and Adult Social Care Overview and Scrutiny Committee (HASC) in 12 months, reflecting both local and national progress on primary care access.

6. Risk management

- 6.1. There are no specific risk implications for Medway Council arising from the contents of this report.

7. Climate change implications

- 7.1. There are no climate change implications for Medway Council arising from the contents of this report.

8. Financial and legal implications

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

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9. Appendices

Appendix 1- Action Log

10. Background papers

10.1. **Medway Council**

[Report from the GP Access in Medway Task Group \(June 2023\)](#)

10.2. **BMA's Safe Working in General practice**

[BMA's Safe working in general practice](#)

10.3. **Primary care Network**

[Primary Care Network](#)

10.4. **Kindness in Action**

[Kindness into Action](#)

10.5. **Health and Wellbeing**

[Health and Wellbeing Hub](#)

10.6. **Folkestone, Hythe and Rural PCN Hub**

[The Folkestone, Hythe and Rural PCN Hub Pilot Project- A blueprint guide](#)

10.7. **NHS England**

[NHS England's "Securing Excellence in Primary Care \(GP\) Digital Services: The Primary Care \(GP\) Digital Services Operating Model 2021-2023"](#)

10.8. **NHS England**

[NHS update on the delivery plan for Primary care access 2024/2025](#)

10.9. **NHS GP Patient Survey 2019**

[GP Patient Survey 2019](#)

10.10. **Kent Online News**

[Kent and Medway have highest patient to GP ratio in UK](#)