

Subject:	Task and Finish Group Report: GP Practice Appointment Accessibility	Status:	For Publication
Report to:	Overview and Scrutiny Committee	Date:	7 th March 2022
Report of:	Task and Finish Group	Portfolio Holder:	Corporate Services
Key Decision:	<input type="checkbox"/> Forward Plan <input type="checkbox"/>	General Exception	<input type="checkbox"/> Special Urgency <input type="checkbox"/>
Equality Impact Assessment:	Required:	No	Attached: No
Biodiversity Impact Assessment	Required:	No	Attached: No
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1.	OVERVIEW AND SCRUTINY RECOMMENDATION(S)
1.1	That the Overview and Scrutiny Committee note the work carried out by the task and finish group.
1.2	That the Overview and Scrutiny Committee note the Cabinet response to the recommendations as detailed at 3.4.
1.3	That updates on the recommendations, progress and work carried out are reported back to future committee meetings in line with the suggested timescales.

2. PURPOSE OF REPORT

- 2.1 To inform members of the work carried out by the GP Practice Appointment Accessibility Task and Finish Group. The task and finish group report is attached at Appendix A.

3. BACKGROUND

- 3.1 The task group was set up after residents raised concerns with councillors that they were experiencing difficulties obtaining GP appointments in Rossendale and it was agreed to set up a task and finish group.
- 3.2 Meetings took place between October and November 2021 to gather evidence and scope the review, and the task and finish day was held in January 2022. This meeting was attended by health partners and other invited witnesses as detailed in the final report at Appendix A.
- 3.3 The final report was sent to task and finish group members for comment and also to the health partners who attended on the task and finish day. The report was also reviewed by Corporate Management Team on 8th February 2022, where the recommendations were noted prior to circulation to Cabinet members for their formal response.
- 3.4 The formal response of the Portfolio Holder for Health and Leisure, on behalf of the Cabinet is as follows:

Cabinet accepts all the recommendations and welcomes the cautionary note in Recommendation 6, to “explore” Planning options.

It is recognised that this has been a difficult exercise, given that as stated in the report, GP surgeries are privately run and as such are autonomous. However, it is hoped that these recommendations will support all GPs to continue to work for the benefit of Rossendale patients. Clearly a number of patients have had difficulty in getting through to

their surgery and don't necessarily understand the "care navigation" system. Patients need help in understanding this system via various communication channels.

The Council looks forward to continuing the good working relationship with GPs already established via the Primary Care Networks, the Health and Well-being Partnership and the about to be set up Health and Well-being Board. This relationship is essential to the success of the newly adopted Local Health Plan.

4. RISK

4.1 All the issues raised and the recommendations in this report involve risk considerations as set out below:

- There is a risk of negative publicity and increased councillor contact unless the council works with its partners to keep members of the public informed of the changes regarding access to appointments and referrals, and also the range of medical professionals that are available for appointments.

5. FINANCE

5.1 Any financial implications arising will be contained within existing budget resources.

6. LEGAL

6.1 There are no legal implications identified in this report.

7. POLICY AND EQUALITIES IMPLICATIONS

7.1 There are no policy or equality implications identified in this report.

8. CONCLUSION

8.1 The recommendations of the report will work towards enhancing the existing patient experience.

No background papers

Overview and scrutiny task and finish group report GP practice appointment accessibility

January 2022



This report reflects the views and recommendations of the Overview and Scrutiny Task and Finish Group. It does not necessarily reflect the view of Rossendale Borough Council as a whole. In many cases, suggestions are made to enable further consideration to be given to issues, and this would need to include a full assessment of the legal and financial implications and any associated risk.

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1. Introduction and background

- 1.1 In summer 2021, a Rossendale councillor wrote to the Secretary of State for Health, Sajid Javid, expressing concerns regarding the difficulty of getting an appointment at the doctors. This was following concerns raised by local residents who reported that they were having to visit NHS walk-in centres, because they were unable to get an appointment to see their doctor. The matter was also raised as a member's question at the Council meeting on 8th September 2021. Council members were informed that the matter would be looked into further and in September 2021 an Overview and Scrutiny Task and Finish Group was set up to undertake a brief review.
- 1.2 An initial meeting was held on 6th October 2021 to review initial evidence and to identify what additional information was required. The scoping was put on hold as it was acknowledged that the Rossendale General Practitioner (GP) Leads were holding a Primary Care Network Partnership meeting on 8th October 2021 to keep key partners updated on the local situation.
- 1.3 After further information had been gathered a follow up meeting was held on 28th October to review the additional evidence (including information from the Primary Care Network meeting), scope the review and agree the terms of reference.

2. Terms of reference

The terms of reference of the group were agreed at the meeting on 28th October 2021 as follows:

Following a councillor raising concerns on behalf of their constituents it has become clear that some residents are experiencing difficulties getting through to obtain GP practice appointments in Rossendale. A task and finish group has been established and the terms of reference for this group are as follows:

1. To explore access to GP practice appointments in Rossendale and gain an understanding of how the booking systems work.
2. To gain a better understanding of current issues from Lead GPs and patient representatives.
3. To explore ways in which to support or recommend improvements which will benefit members of the public in relation to accessing GP practice appointments in Rossendale.

3. Membership

Members of the Task and Finish Group

Councillor Janice Johnson (Chair)
Councillor Ann Kenyon
Councillor Marilyn Procter
Councillor Granville Morris
Councillor Laura-Beth Thompson

Officer support was provided by the Communities Team and Committee and Member Services.

Task Group meeting attendees

Rossendale Borough Council (RBC):

Councillor Janice Johnson (Chair)

Councillor Ann Kenyon

Councillor Marilyn Procter

Councillor Granville Morris

Councillor Barbara Ashworth (Portfolio Holder)

Councillor Alan Neal (witness)

Adam Allen, Director of Communities

Stephanie Thornton, Public Services Reforms Officer

Carolyn Sharples, Committee & Member Services Manager

Other attendees:

Andy Laverty, ELCCG

Dr A Mannan, GP Lead

Dr J O'Malley, GP Lead

Pauline Aspinall, Strategic Manager Irwell Medical Practice

4. Meetings

Meetings took place as follows:

Initial meeting - 6th October 2021

Scoping meeting - 28th October 2021

Task Group meeting - 21st January 2022

4.1 Initial meeting

At the initial meeting members reviewed the current information available including the recent news reports, press extracts, videos and online comments made by patients. Members noted their preliminary questions, and as a result, more fact finding was undertaken and additional evidence collated in advance of the scoping meeting. This included any available data on GP ratios and Practice Nurse ratios, in addition to collating feedback from constituents who had contacted councillors directly regarding their experiences.

4.2 Scoping meeting

Information was shared from the Primary Care Network meeting, which took place on 8th October 2021 to discuss the current situation and had been attended by the chair of the task group. This included information regarding other health professionals available through the surgeries to assist patients, the operation of the telephone systems and the messaging and communications.

Anonymous information obtained through constituent contact was also shared by the members regarding experiences, in addition to GP and Practice Nurse ratios and

information regarding the messages and communications being provided by the surgeries via their phone messaging systems, websites and through social media.

Members also reviewed the scoping document and noted the limitations of the review in that the task group only had the ability to fact find and make recommendations for consideration, particularly since primary care fell under the NHS, and GP surgeries were privately run and came under the Primary Care Network (East and West Rossendale). The terms of reference were agreed and members emphasised that the purpose of the group was to gain a better understanding for councillors: to enable them to keep residents informed and provide the right advice/signposting when residents contacted them about any issues they were experiencing. It was also about understanding the issues and pressures faced by the medical/support staff and to try to help make suggestions which would improve their situation too. Members confirmed their desire to work together in partnership to discuss the way forward and key health professionals were invited to attend the task group meeting.

4.3 Task Group meeting

At the meeting discussion took place between all attendees and the following points were raised:

- Access for patients had changed over the last 12 months. Care navigators (receptionists) could offer appointments with the most appropriate medical practitioner, which included Clinical Pharmacists and Physician Associates, for example.
- Patients were required to share information with care navigators (receptionists) about the nature of their problems for them to access the most appropriate appointment.
- Patients needed to be accepting of other people who were able to see them and assist them.
- GPs were also trying to look into new ways of working with the pharmacies to increase capacity in the system.
- Surgeries had recruited to a lot of different roles, but there had also been a high turnover of staff and it took time for new staff to become trained up and get up to speed. Surgeries were working hard to attract primary care workers. The Primary Care Network East and West Rossendale had one of the highest recruitment rates and every Rossendale practice was a training practice.
- More resources had been attracted to create extra appointments through the Enhanced Access Appointments service, the extra appointments were currently telephone appointments, but this would be expanded to include face-to-face appointments. This service was open to all practices across East Lancashire, and was for on the day problems where there were no appointments available via the patient's own GP surgery.
- Covid had brought a number of challenges and pressures to which surgeries were constantly addressing and adapting, including managing vaccinations and covid clinics.

- Backlogs of patients waiting for surgery had also increased surgery workloads as conditions needed to continually be managed until surgery had taken place.
- There had been increases in population over the last 20-30 years, whilst GP numbers were decreasing.
- Pressures were not unique to Rossendale.
- There was a need for collaborative working to understand pressures and address concerns and to look at what we can do together to help.
- The Primary Care Network was looking to develop the Patient Participation Groups (PPGs) and communicate with them to engage and consult with patients, and to listen and respond to concerns.
- There had been challenges with the telephone systems and the Strategic Manager of the Irwell Medical Practice had attended a task group to look at the telephone system issues. A cloud based system was required to manage the volume of calls and a new gold standard system was being pursued which would be able to build in other solutions to help improve access.

In discussing improvements, Dr Mannan outlined a five point action plan:

- A robust communications strategy, which would help get messages out via the Primary Care Network and partner organisations and include:
 - messages on broader NHS information
 - how resources impact on public
 - access information
 - information on additional roles
 - communicating positive messages
 - how to address challenges as a community
 - system responses
- Promote the Health and Well-being agenda and use the strategy to look at priorities such as mental health and other areas of concern and get behind them.
- Councillors to help be involved in, and get more people involved in, the Patient Participation Groups. To help connect practices with patients and communities and find out what improvements can be made.
- Include a robust plan for NHS capacity by including it in the development strategy using S106 funding.
- Promoting recreation and leisure and self-empowerment to help alleviate non-physical issues such as mental health and social health.

Members also discussed:

- Exploring the use of Community Infrastructure Levy (CIL).
- Organisations such as local pride groups, which could be beneficial for non-physical issues such as mental and social well-being.
- Also using the town council to get information out about the Patient Participation Groups.

5. Findings

- 5.1 The task group noted that the issues raised were not unique to Rossendale and it was crucial to work together to find solutions to peoples' concerns and look at how each organisation can provide support and find the best way forward. The task group also recognised that since the issue with appointments had been raised, a huge amount of work had taken place though through the Primary Care Network and at the individual surgeries in addressing patient concerns and adapting to make improvements on an ongoing basis.
- 5.2 Feedback initially collated by the task group indicated that the majority of patient issues and frustrations concerned the process of getting through on the telephone, rather than there being issues with face to face appointments or medical care. The task group recognised the potential for these types of issues in creating additional strain and knock on effects for other services, and also the potential in generating inappropriate behaviour directed towards medical/support staff, especially frontline. Issues with the telephone systems were being looked into, but it was recognised that surgeries were tied into existing contracts and some surgeries had limited choice over supplier owing to where their premises were located. It was acknowledged that improvements to these systems were planned, and whilst it was initially thought that it may take approximately 2 years to resolve, the task group was pleased to hear that changes at the majority of surgeries could be imminent (within the next 2-3 months).
- 5.3 In reviewing messaging, particularly telephone messages, the task group noted that there was existing good practice within Rossendale, which could be shared and adopted across the other surgeries (where individual systems would allow). It was noted that the most effective telephone messages were:
- brief and to the point
 - explained the process for getting an appropriate appointment
 - explained who the appointment may be with
 - detailed any other options e.g. clinics available
- This good practice would assist in managing patient expectations and encourage acceptable behaviour, particularly with reference to informing patients of the care navigation that would take place and the maintenance of confidentiality to counteract any resistance from patients in disclosing the nature of their medical need when trying to book an appointment. Other types of messaging concerned where surgeries had updated their websites or posted on social media to inform of any current issues/updates. This type of communication kept patients informed giving them a better understanding and would help change the way they interacted with the services provided. This combined with the imminent changes to the telephone systems would create an improved experience for patients phoning the surgeries.
- 5.4 The task group noted that appointments with other medical professionals were also available and face to face appointments with a GP were not always required, so long as the right level of care could be obtained. Access to other individuals, for example, practice nurses, medical pharmacists, physiotherapists or physician associates could ease the pressure on the need for GP appointments and could be obtained through

the care navigation process. The task group recognised the need for this information to be communicated to patients, and also the need for patients to be receptive to the way appointments were accessed and allocated.

- 5.5 In looking into how patients could feed back their issues and concerns to make future improvements, the task group acknowledged the existence of the Patient Participation Groups. Whilst some of the Patient Participation Groups needed further development, the task group agreed with the point from the action plan regarding councillor involvement: either through their own participation, or through connecting Patient Participation Groups with relevant participants.
- 5.6 The five point action plan presented by Dr Mannan provided further clarification on how improvements could be made to communications, working in partnership on key priorities and areas of concern, the development of the Patient Participation Groups, exploring avenues of funding and revisiting existing policies to help support NHS capacity and in promoting recreation and leisure to help alleviate non-physical issues, which would in turn would alleviate the need for medial support. Members of the task group were supportive of the proposed action plan and noted that whilst there were limitations with S106 funding, that the possibility of exploring Community Infrastructure Levy (CIL) may be beneficial.
- 5.7 During the review, the task group acknowledged the immense pressure that the GP surgeries have been under with the increased workloads owing the impact of covid, which has created a situation where surgeries have needed to continually respond and adapt on an ongoing basis. Whilst the report makes recommendations in the hope to make further improvements across Rossendale, the task group recognises that surgeries have been continually adapting and responding to a situation, which has been created mainly as a result of the covid pandemic.

6. Conclusion

The recommendations of the report will work towards enhancing the existing patient experience.

7. Recommendations

Cabinet is asked to endorse the following recommendations made by the GP Appointment Task and Finish Group and for agreed actions to be progressed with the relevant organisations:

No.	Recommendation	Who by:	When:
1.	To develop a robust communications strategy to get key messages out via the Primary Care Network and partner organisations.	Rossendale surgeries	Jul 2022

No.	Recommendation	Who by:	When:
2.	Rossendale Council to help promote key communications on social media, including information on care navigation and the appointments process.	RBC Communications	Jul 2022
3.	To develop Patient Participation Groups to connect practices with patients/communities and find out what improvements can be made.	Rossendale surgeries	Jul 2022
4.	Councillors to have involvement with Patient Participation Groups and provide feedback and connect them with relevant participants.	Rossendale councillors	Jul 2022
5.	Promote the Health and Well-being agenda, including promoting recreation, leisure and self-empowerment to help alleviate non-physical issues (such as mental and social health) and link into relevant activities and organisations such as pride groups.	Rossendale Health and Well- being Partnership/ Rossendale Connected/ RBC Communities Team	Dec 2022
6.	Explore the use of S106 funding and Community Infrastructure Levy to assist with building NHS capacity, and if viable include reference in relevant planning strategies.	Planning	Jul 2022

8. **Note from the Chair**

The Chair would like to thank all the people who have taken their time to assist the Task and Finish Group in their work. This includes those who have participated in the task group meeting, met with the Chair to keep the group informed and also those who have provided their feedback, additional evidence and responses to the various questions and queries throughout the process.

This has not been an easy subject to review during the ongoing covid pandemic particularly with the additional workloads and pressures being experienced by our healthcare and medical professionals and those who are employed to support this work. I am hopeful that the recommendations will be of assistance in easing the pressure for staff working in the GP surgeries and also in making improvements to the patient experience.

9. **Glossary of terms used**

- ELCCG** - East Lancs Clinical Commissioning Group
<https://eastlancscg.nhs.uk/>
- GP** - General Practitioner
- NHS** - National Health Service

PCN
PPG
RBC

- <https://www.nhs.uk/>
- Primary Care Networks
- Patient Participation Group
- Rossendale Borough Council
- <https://www.rossendale.gov.uk/>