

TITLE OF REPORT: Review of GP Access

REPORT OF: David Bunce, Strategic Director, Care, Health & Wellbeing

Summary

Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2015/16 will be GP Access. This report sets out the proposed scope of the review and the process for taking it forward.

Background

1. GP Access was previously the subject of a case study by Healthier Communities OSC in January 2013. The case study examined work being undertaken to improve access to GP services, including service improvements across GP practices, major service developments impacting upon access to GP services, GP Practice mergers, and patient and public engagement arrangements.
2. The case study was undertaken at a time when significant health reforms were about to be introduced from 1 April 2013 with the newly established NHS Commissioning Board having responsibility for the commissioning of GP primary care services as PCTs were abolished. Clinical Commissioning Groups (CCGs) were also identified as having a key role to play in driving up the quality of primary medical care.
3. Since 2013, the NHS has continued to undergo significant change both structurally and functionally. The NHS Commissioning Board has become NHS England, with NHS England Cumbria and North East having statutory responsibility for GP primary care services in Gateshead. At the same time, the former Gateshead CCG has merged with Newcastle CCG's to become Newcastle Gateshead CCG from 1 April 2015 and is now also responsible for co-commissioning GP primary care services in Gateshead with NHS England.
4. Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. As well as providing a range of services directly to patients from their practices, GPs also provide onward referral to secondary and tertiary services as

required. They also signpost and refer patients to community based programmes to assist with rehabilitation from illnesses, promote healthy lifestyles and to access other forms of support.

Overview

5. GP primary care services are currently provided by a total of 31 GP practices across the borough. List sizes range from 1,392 to 16,332 (see map and list of GP practices at appendices 1 and 2).
6. The practices serve a Gateshead population of 200,000 comprising 90,600 households. The population has grown over the last decade by around 8,000. This growth has been most significant for older age groups with an 11% increase in 45-64 year olds and an 11% increase in those aged 65 and over. Population projections from the Office for National Statistics (ONS) predict that this ageing population trend will continue into the future, becoming more pronounced as life expectancy continues to increase.
7. At the same time, Gateshead experiences high levels of deprivation and health inequality. There are 20 areas which fall within the 10% most deprived areas in England, equating to almost 31,000 people or 16% of the population of Gateshead. Much of this deprivation is based within the central and eastern urban areas of the borough. The gap in life expectancy between one part of Gateshead and another remains significant. For men, the gap in life expectancy is 9.2 years between the most deprived and affluent areas of the borough; for women, the corresponding gap is 7.3 years (ONS 2011-13).
8. Around 22% of people in Gateshead reported that their health limits day to day activities compared to around 18% nationally (Census 2011).
9. The borough stretches almost 13 miles along the south bank of the river Tyne and covers 55 square miles. It has a large urban hub centred around the main town centre area and has a number of smaller urban centres such as Blaydon, Whickham, Felling and Birtley. However, around two thirds of the borough is rural with numerous small settlements such as Kibblesworth, Sunnyside, Chopwell and High Spen.
10. It is against this background that access to GP services in Gateshead is being reviewed.

Scope and Focus of the Review

11. Key issues which have already been identified by the Committee include:
 - *Access to GP appointments*: ease of making appointments, timescales, patient satisfaction etc.

- *Access to quality primary care services:* Patient experience of care, how this varies across different areas of Gateshead and work that is taking place to address issues linked to the quality of care provided.

12. It is proposed that the scope of the review will therefore incorporate:

Access to GP appointments

This would include:

- Ease of making contact with local GP (phone/online)
- Ease of getting an appointment, waiting times and convenience of appointment with local GP
- Ease of ordering repeat prescriptions from GP
- On-line services provided by GP and ease of navigation
- Patient satisfaction with opening hours
- Patient views on additional opening times
- Out-of-hours services: ease of contact, timeliness of care provided and experience of care

Quality of Care

This would include whether patients feel that:

- They are given enough time by their GP / Practice Nurse
- They have been listened to
- Tests and treatments are explained well
- They are involved in decisions about their care
- They have been treated with care and concern
- They have confidence and trust in their GP / Practice Nurse
- They have a good experience of care provided by their GP surgery

13. In considering these issues, it is proposed to have regard to:

- The physical and socio-demographic characteristics of Gateshead (rural and urban dimensions, levels of deprivation and health inequality across Gateshead etc.)
- The GP Patient Survey and other sources of information on patient views and experiences of care such as the recent survey undertaken by Healthwatch Gateshead.
- CQC Inspection findings regarding access to and quality of GP services in Gateshead and action plans to address issues raised
- Current issues relating to the provision of GP services e.g. GP provision in the west of Gateshead - Blaydon/High Spennings
- Initiatives underway locally to enhance access/quality of GP services, spread good practice etc.
- National agenda around GP access and implications locally e.g. 7 day services, Prime Minister's Challenge Fund, extended opening hours etc.
- Other aspects of the quality of care such as quality indicators etc.

14. In agreeing the 'Review of GP Access' as its topic for 2015/16, the Committee also felt that it was timely to consider this issue in the light of

the move towards co-commissioning of primary care (paragraph 3 above refers).

Process for Taking the Review Forward

15. The Review is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead. The proposed process and timescales are set out at Appendix 3.
16. The Review will take place over the period September 2015 to April 2016 and will involve national and local research, presentations and site visits.

Involvement

17. The Review will involve:
 - The Council
 - NHS England Cumbria & North East
 - Newcastle Gateshead CCG
 - HealthWatch Gateshead
 - Other partner organisations as may be required

Outcomes

18. The Overview and Scrutiny Committee Review will identify:
 - Opportunities for partner organisations to work together to enhance access to GP services in Gateshead
 - Potential gaps in services and how they can best be addressed
 - Improvements for individuals, carers and families

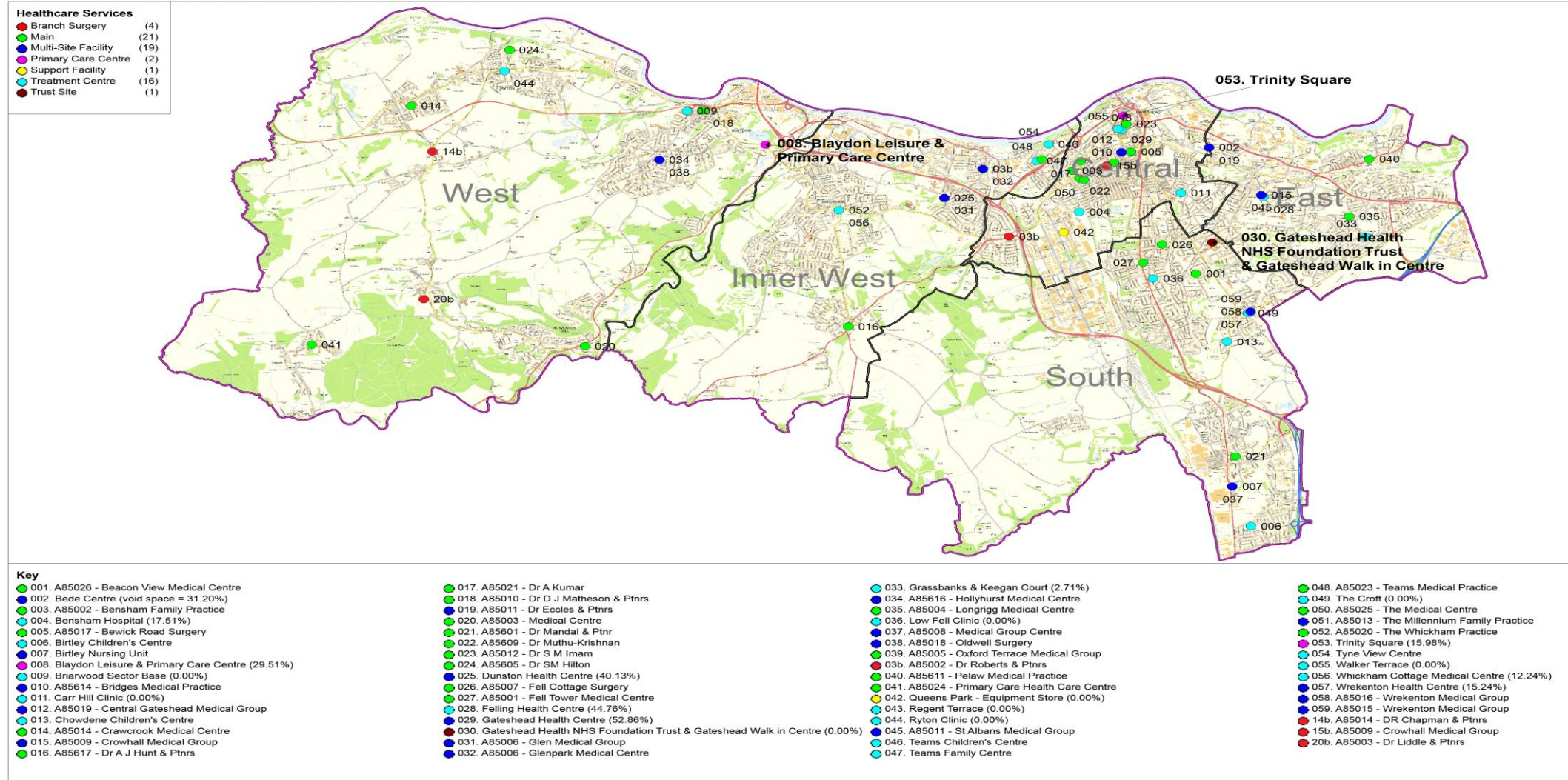
Recommendation

19. Overview and Scrutiny Committee is asked to:
 - (i) Note the background to the Review set out in this report.
 - (ii) Agree the scope, process and the timescale for the Review as set out in this report.

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NHS North of England Commissioning Support - Primary and Secondary Care Services - Gateshead (July 2015)

Source: NHS North of England Commissioning Support - Business Information Services



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Appendix 2

List of GP Practices in Gateshead

Practice Name	Practice List Size
A85001 Fell Tower	7342
A85002 Bensham	4519
A85003 Rowlands Gill	6793
A85004 Longrigg	10819
A85005 Oxford Terrace/Rawling Road	15174
A85006 Glenpark	9166
A85007 Fell Cottage	8417
A85008 Birtley	15915
A85009 Crowhall	6666
A85010 Chainbridge	11237
A85011 St Albans	8291
A85012 Metro Interchange	3922
A85013 Millennium	3369
A85014 Crawcrook	7360
A85016 Wrekenton	10381
A85017 Bewick Road	6008
A85018 Oldwell	5280
A85019 Central Gateshead	10273
A85020 Whickham	16332
A85021 Second Street	2741
A85023 Teams	5147
A85024 Chopwell	2667
A85026 Beacon View	4562
A85605 Ryton (Elvaston Road)	2294
A85609 108 Rawling Road	1640
A85611 Pelaw	5289
A85614 Bridges	4625
A85616 Hollyhurst	2476
A85617 Sunnyside	3277
A85620 Grange Road	3635
Y02658 Blaydon	1392

Review of GP Access – Process and Timeline

The key stages and proposed timeline for the Review of GP Access is set out below.

Stage 1

The scope of the review should firstly be agreed by Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

Proposal

- 15th September 2015 – Scoping report to be considered by Overview and Scrutiny Committee

Stage 2

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting people and organisations to give evidence before it. Relevant Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by OSC will be written up by officers.

Proposal

- 20th October 2015 – this will focus on core issues relating to ‘Access’ to GP services, drawing on survey findings and other evidence as required on GP appointments, opening hours, out-of-hours etc.
- 1st December 2015 – this will focus on issues relating to the quality and experience of care.
- 19th January 2016 – this will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
- VISITS – the following site visits are proposed:
 - In advance of its meeting on 20 October, OSC will be invited to visit a GP practice to see its backroom telephone and appointments system in operation. Also, as part of the visit to the practice, to look at opportunities and challenges linked to GP premises.
 - In advance of its meeting on 1st December 2015, OSC will be invited to visit CCG headquarters at Riverside House, Newburn in order to be taken through the CCG’s ‘Visibility Wall’ which has been developed to provide an overview of its work on improving the quality care. As part of the visit, links will be made with the committee’s review topic.

- In advance of its meeting on 19 January 2016, OSC will be invited to observe a patient engagement forum meeting at a GP practice.

Stage 3

The Overview and Scrutiny Committee will then meet to analyse the information and evidence gathered and prepare its conclusions.

Proposal

- 1st March 2016 – OSC to analyse the evidence presented and to consider an Interim report.

Stage 4

Officers will then prepare a report on the issue based on the views of the OSC. Officers will submit this report to the next practicable meeting of the OSC to secure agreement that the report is a fair, accurate and complete reflection of the OSCs conclusions.

Proposal

- 19th April 2016 – draft Final report to be considered by OSC.

Stage 5

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.

Proposal

- May 2016 (subject to confirmation)