

# Primary Care Access and GP Service Working Group



Walsall Council

## Foreword

Increasing pressure on GP practices and primary care services has come to the forefront in recent years with a feeling of general dissatisfaction in the delivery of publicly run health services both nationally and locally. This dissatisfaction has become more pronounced and acute since the COVID-19 Pandemic in which the NHS was put under immense pressure. The subsequent adaptations to the Pandemic and the ongoing changes to health service delivery has left many residents feeling left behind and frustrated with services, in particular in relation to the accessibility of GP services.

Thus, the Working Group were driven to understand the current climate in which GP practices operated, changes that were planned and/or already being implemented with a focus on the increasing amount of digitisation and the recruitment and retention of clinicians. A wide range of evidence was received by the Group which informed its conclusions and recommendations.

The Group hopes that through its recommendations to the Council, the Black Country Integrated Care Board (BCICB), NHS England, and Department for Health and Social Care that improvements can be made that will benefit all residents in accessing GP services and primary care. In addition, it is hoped that the recommendations will bolster the ongoing work to drive improvements and reduce inequalities in access.

I would like to thank the witnesses who have given their time and advice to the Working Group, as well as the support of officers, Jack Thompson, Dr Nadia Inglis, Andrew Osborn, Deborah Hipkins, Ruth Smith, Helen Billings and Matthew Powis. I would also like to thank Members of the Working Group for their constructive feedback, analytical approach, and their passion in helping to find solutions to the problems residents face in accessing primary care and GP services.



*Councillor Khizar Hussain*

*Chair, Primary Care and GP Access Working Group*

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## Introduction

At its meeting on the 28 September 2023, the Social Care and Health Overview and Scrutiny Committee considered issues surrounding patient access to Primary Care and General Practice (GP) Services following a number of previous discussions about the subject. The Committee noted that there had been increased pressure on Primary Care access, including general practice, pharmacy, optometry and dentistry services nationally and locally since the COVID-19 Pandemic. The increased pressure had made it harder for residents to secure appointments with GPs and other clinicians in a timely manner, causing frustration and affecting health outcomes. This was coupled with increased pressure in other parts of the health system, which had increased wait times for referrals, elective care and mental health services which in turn added pressure to GP Practices. The Committee therefore sought to establish a Primary Care Access and GP Services Working Group, which would focus mainly on general practice.

Members of the Social Care and Health Overview and Scrutiny Committee had already been consulted on the ongoing national work to improve access to GP services such as the General Practice Improvement Programme and efforts at the Black Country Integrated Care Board (BCICB) level, such as moving all practices to a digital telephone system. However, it was felt that more work was needed to address ongoing issues with access and that some of the changes already being made were leaving some residents behind.

Therefore, the Working Group sort to review the current GP commissioning model so as to understand what changes had taken place for GPs. In addition, Members wished to explore the current issues raised by residents with a particular focus on vulnerable residents and investigate where improvements could be made.

## Terms of Reference

The draft terms of reference were discussed and agreed by a meeting of the Working Group that took place on 27 July 2023. The terms of reference were subsequently approved at a meeting of the Scrutiny Overview Committee 7 December 2023.

The full version of the Working Group's terms of reference can be found at **Appendix 1** to this report. The Working Group was supported predominantly by:

Andrew Osborn	Director of Commissioning
Dr Nadia Inglis	Interim Director of Public Health
Matthew Powis	Senior Democratic Services Officer
Jack Thompson	Democratic Services Officer

## Membership

The Working Group membership consisted of the following Councillors:

Councillor K. Hussain (Chair of the Working Group)

Councillor P. Gill

Councillor R. Martin

Councillor R.K. Mehmi

Councillor W. Rasab

Councillor A. Nawaz

## Witnesses

Deborah Hipkins	Head of Primary Care and Place for Walsall (Black Country Integrated Care Board)
Ruth Smith	Primary Care Commissioning Manager (Black Country Integrated Care)
Helen Billings	Head of Partnerships (Black Country Integrated Care Board)
Joanne Wright	Project Lead (Walsall Connected)
Dr Paulina Ramirez	Assistant Professor of International Business (University of Birmingham)
Emma Sharman	Digital Inequalities Lead (Black Country Integrated Care Board)
Nicola Waite	Resilient Communities Lead (Walsall Housing Group)
Fran Freeman	Senior Project Manager (Black Country Integrated Care Board)
Andrea Smith	Head of Integrated Commissioning (Black Country Integrated Care Board)
Elise Hopkins	Director of Customer Engagement (Walsall Council)
Rehan Symonds	Healthwave Hub

## Findings

The Working Group received information mainly from the BCICB and the Walsall Together team on the current services being offered and national and local changes taking place to GP services. In addition, the Working Group reviewed national documents and publicly available data.

### Current service delivery and data

The Working Group received information on the different types of GP contracts commissioned through BCICB and core parts of GP contracts. The core parts of the General Practice contract include:

- Agreement of the geographical or population area the practice will cover.
- Requirement for the practice to maintain a list of patients for the area and under what circumstances a patient might be removed from its register.
- Establishment of the essential medical services a general practice must provide to its patients.
- Set standards for premises and workforce and requirements for inspection and oversight.
- An outline of expectations for public and patient involvement.
- Provision of a list of key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.

There are two different GP contracts commissioned in Walsall:

1. General Medical Services (GMS): This contract can either be held by an individual medical practitioner or two or more individuals practising as a partnership where at least one partner is a medical practitioner, or a company limited by shares. These contracts last in perpetuity and payments are made based on a list size.
2. Alternative Provider Medical Services (APMS): This contract can be held by a range of individuals or organisations. These contracts are time limited and will have an end date. These contracts are usually awarded through a competitive procurement process and the payment structure will vary for each contract.

In Walsall, there were six practices who held an APMS contract and forty-four who held a GMS contract. It was noted that contracts are updated as a minimum once a year with nationally negotiated contract variations.

There were fifty GP practices operating within the Borough and these were separated into seven Primary Care Networks (PCNs). The breakdown of the seven PCNs and GP practices under each can be found in **Appendix 2**. In addition to the two current GP commissioned contracts, additional services were contracted to GP practices both locally and nationally through the Direct Enhancement Service Contract, the Quality and Outcomes Framework and the Primary Care Offer. There were eight locally commissioned schemes provided by the BCICB. More information

on these additional national and local commissioned services can be found in **Appendix 3**.

Data provided by the BCICB showed the number of patients registered with GP practices within the Borough in October 2022 and October 2023 and the number of GPs working within the Borough.

Primary Medical Services - Workforce Data				
	2022		2023	
Total Patients	297840	305979		
	2022		2023	
	Headcount	FTE	Headcount	FTE
<b>GP - Total</b>	245	177.18	249	181.47
<b>GP - Senior Partner</b>	33	28.03	31	25.73
<b>GP - Partner</b>	79	58.01	80	59.08
<b>GP - Salaried</b>	59	35.95	57	32.79
<b>GPs - 60-64 (excludes locums)</b>	16		17	
<b>GPs - 65-69 (excludes locums)</b>	6		5	
<b>GPs - 70 plus (excludes locums)</b>	8		8	

It was noted that GP practices were paid for each patient registered and not per appointment offered, moreover, according to The King's Fund the average cost of a GP appointment in 2021/22 was £42.<sup>1</sup>

Members were then informed of the inspection process for GP Practices. Practices rated good and outstanding by the Care Quality Commission<sup>2</sup> would be reviewed once every twelve months, whereas those rated poor would be inspected every twelve months and those rated inadequate every six months. Healthwatch Walsall also carried out 'Enter and View' inspections of Practices and collected feedback from patients. More information on Healthwatch and its recent report can be found in **Appendix 4**.

Data from the GP Patient Survey<sup>3</sup> was also considered. It was highlighted that this was an independent national survey carried out by Ipsos Mori on behalf of NHS England. The data showed that Walsall, compared to national and Black Country level data, performed worse and better respectively in terms of patient satisfaction. The data also showed that the decrease in patient satisfaction since 2020, was more marked in Walsall than the national figures, but similar to the decrease for the Black Country.

The graphs below show the levels of satisfaction for GP practices from 2020 to 2023. The first graph shows the break down at the national (England), Black Country and Borough level. The second shows the breakdown between the seven PCNs in the Borough, with lower satisfaction levels in the South 1, South 2 and North PCNs.

<sup>1</sup> [NHS: Key Facts And Figures | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/key-facts-and-figures)

<sup>2</sup> [How we monitor GP practices - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/how-we-monitor-gp-practices)

<sup>3</sup> [GP Patient Survey \(gp-patient.co.uk\)](https://www.gp-patient.co.uk/)



As part of their role, Healthwatch Walsall carried out 'Enter and View' inspections of practices in the Borough and would collect patient feedback directly. There was a mix of feedback from patients with some positive and some negative feedback being expressed. Some examples of this feedback are listed below:

*"Last 6 months appointments have increased, no issues getting appointments"*<sup>4</sup>

*"Telephone issues getting through sometimes"*<sup>4</sup>

*"Get called back, no issues with appointments"*<sup>5</sup>

*"Train receptionists – can be rude"*<sup>5</sup>

*"Staff always accommodating"*<sup>6</sup>

*"Can't get GP, can't get through on phone, don't use I.T."*<sup>6</sup>

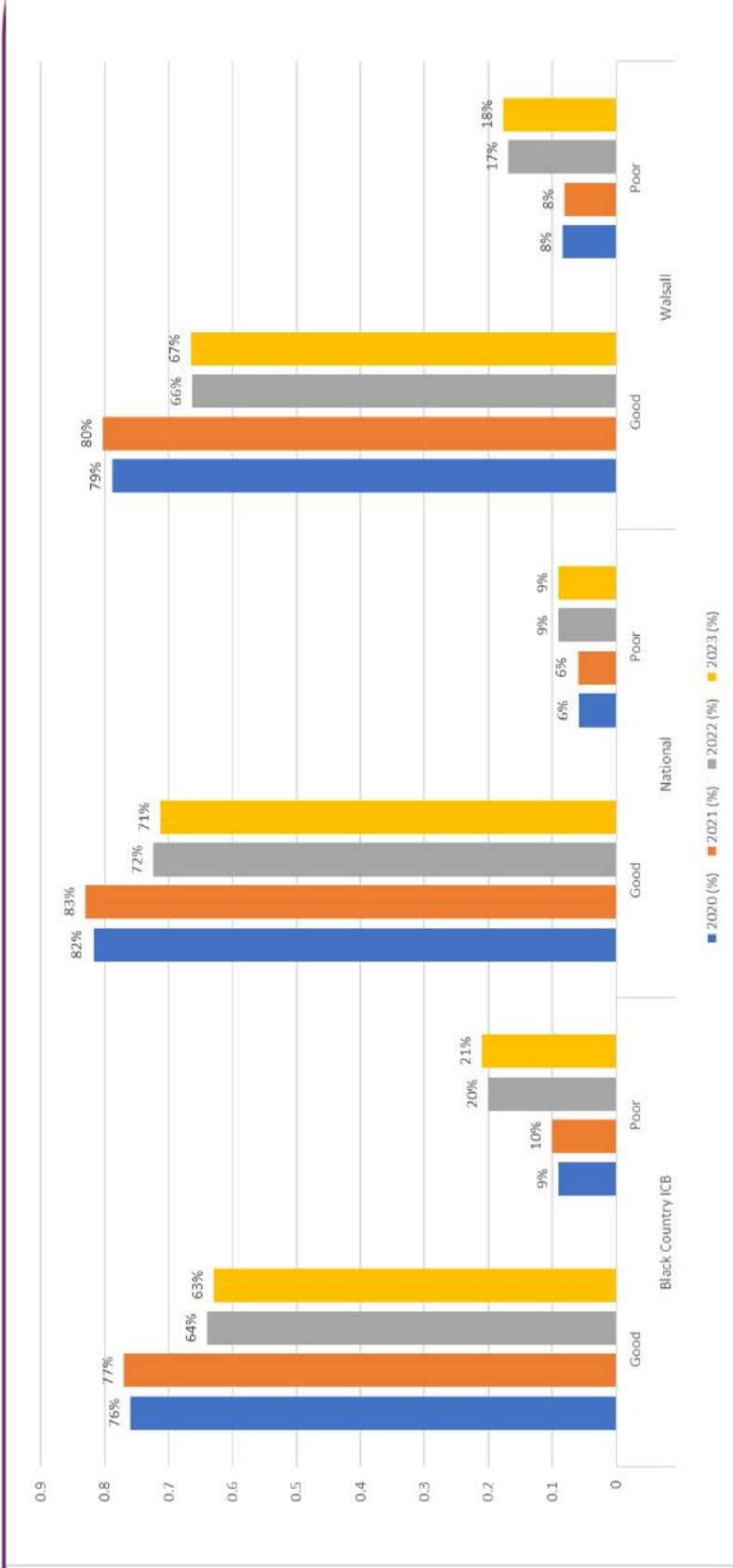
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<sup>4</sup> [Final 301123 Palfrey Health Centre \(1\).pdf \(healthwatchwalsall.co.uk\)](#)

<sup>5</sup> [020823 Final Pleck Health Centre.pdf \(healthwatchwalsall.co.uk\)](#)

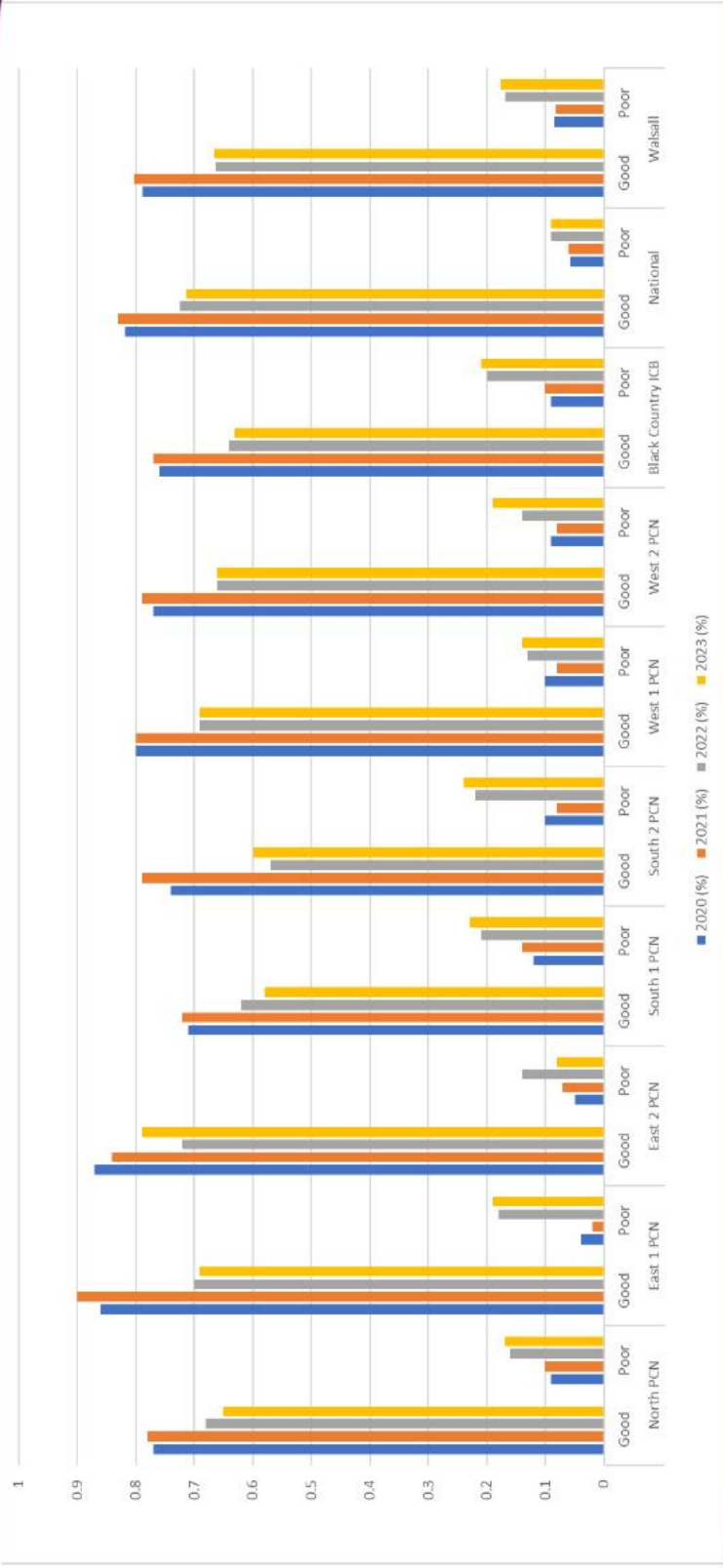
<sup>6</sup> [BFP FINAL report 310523 0.pdf \(healthwatchwalsall.co.uk\)](#)<sup>6</sup>

# Overall, how would you describe your experience of your GP practice



PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

# Overall, how would you describe your experience of your GP practice



PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

## Ongoing changes

With the aid of BCICB colleagues, the Working Group received a comprehensive report containing recent appointment data, how GP contracts had changed, and how changes are being made to improve access including the national model for Modern General Practice.

Members learned that there had been a 16% increase in the number of appointments offered from 2022 to 2023. In addition, all but nine of the GP practices within the Borough had updated their websites to improve access to information for patients.

The Working Group expressed a particular interest in appointment methodology. They were advised that the introduction of the Modern General Practice<sup>7</sup> model would support Practices in providing the best appointment options for patients whilst achieving efficiencies. Furthermore, the introduction of The Modern General Practice Model by NHS England would enable practices to:

- see all patient need, by providing inclusive, straightforward online and telephone access.
- understand all need through structured information gathering.
- prioritise and allocate need safely and equitably (including continuity of care).
- make best use of other primary care services and the multi-professional team.
- improve the efficiency of their processes and reduce duplication.

Equity of access is key to a delivery of a modern and effective primary care system. Access to GPs is known to be poorer in areas with more deprived communities, linked both to community and staffing related<sup>8</sup> factors.

The Delivery Plan for Recovering Access to Primary Care<sup>9</sup> underpinned the Modern General Practice model and outlined the practice steps that would be implemented to achieve the ambitions of the model.

Members of the Working Group were particularly focused on the proposed changes to the triage process in General Practice and that patients would now be required to complete an online form or engage with a receptionist to ascertain what medical help they require. Following this the patient would then be clinically triaged by a GP. This new method of triage was also known as 'Total Triage'. In practice, this would be mean:

1. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.

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<sup>7</sup> [NHS England » Modern general practice model](#)

<sup>8</sup> [Tackling the inverse care law | Health Foundation](#)

<sup>9</sup> [NHS England » Delivery plan for recovering access to primary care](#)

2. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
3. Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

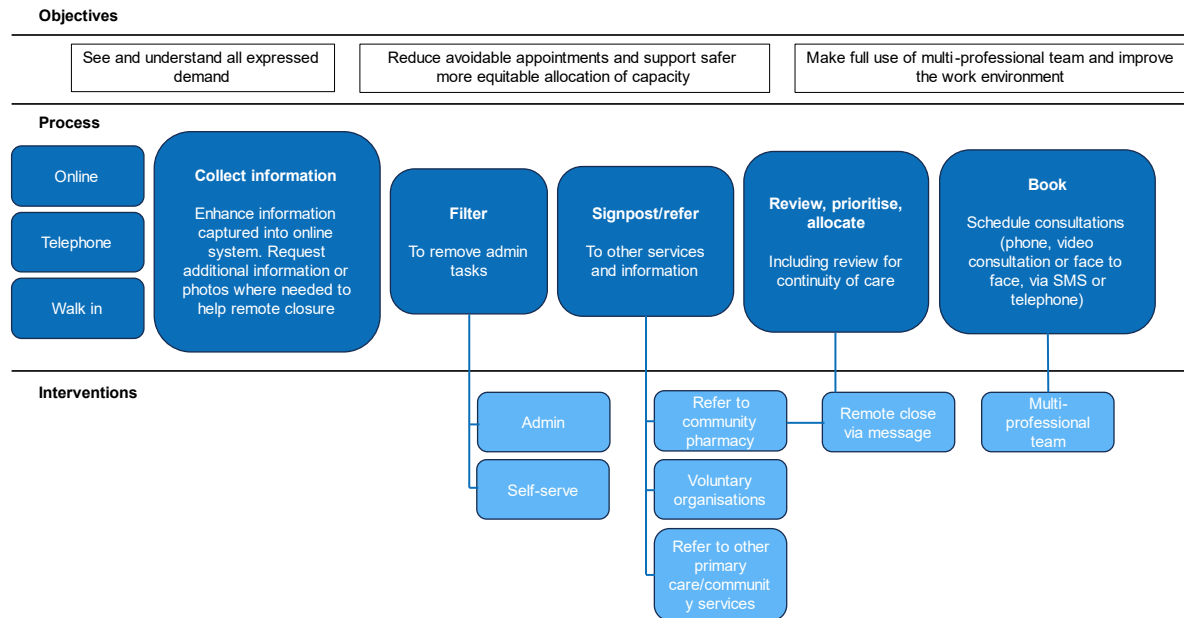


Figure 1 - visual representation of the Modern General Practice Model (BCICB)

Additionally, the BCICB was supporting practices across the Black Country transitioning onto the new model with 64% of practices across the Black Country having completed a baseline assessment to determine what support they will need to move towards to the Modern General Practice Model.

There were also planned improvements in building capacity within Primary Care, through the introduction of new roles such as social prescriber paramedics, pharmacists, advanced nurse practitioners and physiotherapists. In addition, there were plans to reform GP pensions to encourage practitioners to stay in general practice for longer. There were also proposals to change guidance for local planning authorities to engage with Integrated Care Boards (ICBs) when large housing developments were proposed to ensure that capacity within primary care was sufficient.

It was noted that work was also being undertaken as part of the Primary Care Access Recovery Plan to cut bureaucracy in general practice with a focus in relation to referrals to secondary care. The planned work would reduce the number of administrative tasks generated by the interactions between primary and secondary care services, such as:

- secondary care carrying out onward referrals for an immediate or related need rather than referring back to general practice.

- secondary care ensuring that patients have fit notes on discharge rather than requesting they attend their GP practice.
- secondary care having effective call and recall systems in place.
- primary care having clear points of contact within secondary care.

There was support for the work being undertaken to help improve access and capacity at GP Practices, however, the Working Group had several concerns about the current training of GP reception staff and the process for ordering repeat prescriptions. There was an overall consensus that even with the proposed changes under Modern General Practice there were still a large number of inconsistencies between GP practices across the Borough and that there needed to be a more guaranteed level of service for residents.

Additionally, the level of inconsistencies and the planned changes would make it more difficult to navigate primary care for residents even if some of the changes would eventually reduce the level of inconsistency in the longer term. To support this, there was a desire for the creation of a toolkit to help Elected Members to support residents with up-to-date information on how services would be delivered, what they should expect from primary care and how to effectively escalate issues.

Members were informed of the increased use of clinicians other than GPs to enable and empower patients to see the right person for their needs. They expressed concerns at the lack of understanding amongst the general public of the roles of other clinicians and how clinical oversight was carried out, which they felt could lead to some confusion. More information on how these clinicians fitted into the primary care offer would give reassurance to residents when they were offered an appointment that was not with a GP.

Members of the Working Group were supportive of efforts within the BCICB to secure funding for a Black Country level diagnostic centre to help alleviate demand on primary care services.

## Digitisation

The Working Group received a detailed presentation from NHS, Walsall Housing Group and Council Officers on the transitional arrangements towards digital health service delivery and what support was being offered to residents.

Members noted that whilst digitisation of health services could bring great benefits in areas of high economic and social deprivation, it could also exacerbate already existing digital inequalities. The main source of digital inequality was the lack of skills and confidence to engage with technology. To address this, it was highlighted that a local system of training and skills development was needed in tandem with ongoing support to enable groups to engage with digitisation in a sustainable way. The Group noted that assuming technology dependency based on generational stereotypes was not always accurate and that older generations were more likely to access technology with a stable support network.

Members also heard how the Council had moved to support the digitisation of its services through the Walsall Connected service and the work being carried out by the West Midlands Combined Authority in this area as well. There was also support offered by the BCICB's Black Country Connected programme, which offered support to people with limited or no access to digital devices and/or internet connections and those with limited digital skills. As a result, it was recommended that, following the successful rollout of the Walsall Connected Partnership, the Council offer support to residents in using the NHS app, subject to resource being available, as part of national digitalisation initiatives.

Members were very interested to receive information on the NHS App<sup>10</sup> and the planned expansion of its functionality. The Working Group noted the following functions of the NHS App:

- ordering repeat prescriptions and nominating a pharmacy where you would like to collect them.
- booking and managing appointments.
- viewing your GP health record to see information like your allergies and medicines (if your GP has given you access to your detailed medical record, you can also see information like test results).
- booking and managing COVID-19 vaccinations.
- registering your organ donation decision.
- choosing how the NHS uses your data.
- viewing your NHS number or finding out what your NHS number is.
- using NHS 111 online to answer questions and get instant advice or medical help near you.

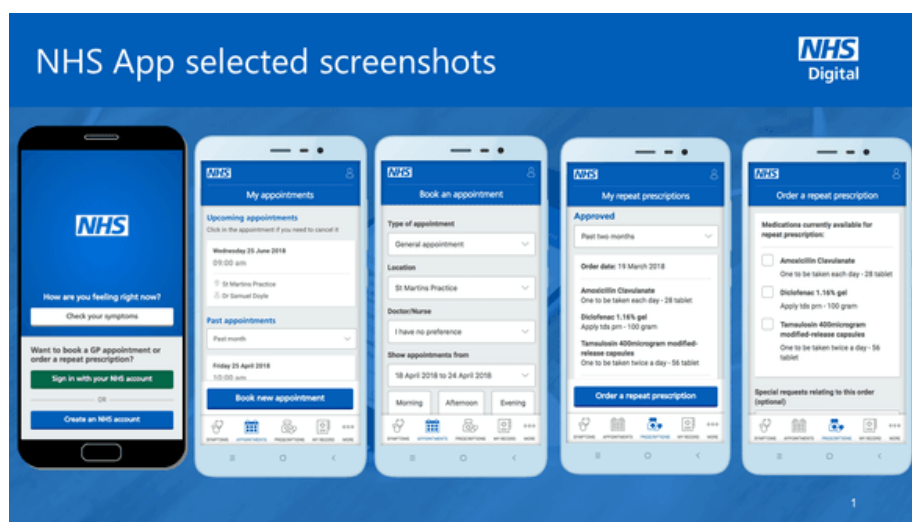
The Working Group also noted that, depending on the GP Practice or hospital, the App could allow the user to:

- message a GP surgery or health professional online.

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<sup>10</sup> [About the NHS App - NHS \(www.nhs.uk\)](https://www.nhs.uk)

- access health services on behalf of someone they care for.
- view and manage hospital and other healthcare appointments.
- view useful links sent by a doctor or health professional.
- view and manage care plans.



Members of the Working Group were concerned by the varied uptake of the App across the Borough. The data did however show that the uptake of the NHS App was higher in Walsall at 56% compared to Black Country Average of 48%. See **Appendix 5** for further information.

Taking into consideration the level of disparity across the Borough in relation health inequalities and health outcomes Members were concerned that evidence showed a correlation between poor health outcomes and digital poverty. Therefore, there was a risk that the digitisation of GP services would disproportionately affect those already experiencing poor health outcomes. The Working Group supported the ongoing work to help alleviate the potential negative effects of digitisation of the services but stressed that more work was needed to make sure that local systems of support were robust and were built with patient support and not imposed upon them.<sup>11</sup>

Members of the Working Group noted the range of opportunities involved in increased digitisation, yet they were concerned that residents, in particular vulnerable residents, could be left behind by these changes. It was suggested that workshops in each locality of the Borough be offered and that digital support for using the NHS App be considered by the Council through the Walsall Connected service, subject to resource availability.

<sup>11</sup> What Good Looks Like for Our Communities Report 1, July 2023: Research Results from work by whg peer researchers (University of Birmingham & whg)-  
[https://www.biis.org.uk/files/ugd/ac4bc9\\_5fa8f8fb2ca545f2b287d09b457654f8.pdf](https://www.biis.org.uk/files/ugd/ac4bc9_5fa8f8fb2ca545f2b287d09b457654f8.pdf)



## Workforce Strategy

The NHS Long Term Workforce Plan was published by NHS England in June 2023. This plan was built on three pillars:

- Train – Growing the workforce.
- Retain – Embedding the right culture and improving retention.
- Reform – Working and training differently.

Members were supportive of the ambition to increase the number of training places for GPs by 50% to 6000 by 2031/32 and the ambition to train more staff domestically.

There was a concern that, without intervention, current modelling predicted a shortfall of qualified GPs of 15,000 full time equivalents by 2036/37. There was also support for making sure that all foundation doctors carried out at least a four-month placement in a General Practice setting and for a proposed new way of working which is to be developed to allow non-GP doctors to work in General Practice settings under the supervision of a GP.

The initiative to increase the number of training places for all doctors including additional training places for GPs was welcomed. However, the recruitment and retention of staff within primary care was seen as the key to delivering better services for residents and meeting current levels of demand.

Concerns remained about the current disputes between NHS workers and the Government over pay and conditions and the impact this would have on efforts to recruit and retain staff. The Working Group felt that progress in this area would be vital to improving the level of service delivery for primary care. Members also wished to see more promotion of health careers at a secondary school level, as it was felt that too much focus was currently placed on sixth form and university level students.

There were concerns that training for reception and other front of house staff may not be adequate enough to support vulnerable residents. There was a view that comprehensive training was required for reception staff to support them in helping residents navigate the changes to booking appointments and accessing digitised services so that vulnerable or digitally excluded patients were not left behind. There was also concern that abuse of these staff led to higher turnover which would negatively affect the service delivered to residents. As such the Working Group supported the sector wide zero-tolerance approach to abuse of NHS staff.

## Conclusion

Increasing demand on health systems across the UK and a shortage of trained clinicians including GPs has created an acute problem for residents who need to access primary care services. In addition, the COVID-19 pandemic led to the accelerated use of technology and the digitisation in accessing care and risked leaving vulnerable residents behind.

The current data and services provided within the Borough showed the hard work that clinicians carried out on a day-to-day basis with increasingly high workloads. There was also an understanding that while there had been an increase in the percentage of patients who viewed GP services as poor, the majority expressed a positive view of services. The current changes through the Modern General Practice would deliver a better service to patients and help to reduce the inconsistencies between GP practices. However, the changes relied heavily on increased digitisation and risked leaving some patients behind. Moreover, some of the digitisation work that had taken place, for example through the NHS App, did not yet deliver what had been expected.

The data was clear that the demand on services vastly outstripped the supply of clinicians and whilst the planned changes could help make efficiencies in care delivery and triaging patients more effectively it was clear that to solve underlying problems in Primary Care and GP services an increase in the training of doctors and other clinicians was needed. As such, there was a view that the Council should work with partners to help facilitate this aim and make Walsall an attractive Borough in which to train and gain experience as a clinician.

Using other clinicians to supplement the work of GPs was welcomed but more work was needed to explain their role to the public and how the quality of care would be maintained and improved. Overall, there was a consensus that improving pay and conditions for clinicians would go some way to improving the recruitment and retention crisis currently being experienced by primary care.

To tackle the issues in accessing care requires a national approach, however, there were opportunities locally to help improve the experience of accessing care for residents and reducing inequalities in access. The importance of partnership work was also highlighted through the information received by the Working Group and there was a desire to see this work bolstered to support residents, particularly in relation to adapting to the increased digitisation of services. Many of the recommendations by the Working Group are focused on changes that would need to be directed by National Government through NHS England, however, Members reflected that the current system had not deviated from its original model as established in 1948 and could be easily modified. However, Members felt that this should not deter local NHS bodies such as the BCICB and partners from making local changes to help and support residents, reduce variation, and continue to push for reform at a national level.

## Recommendations

### Walsall Council

1. That, the Council work with partners to develop a toolkit to assist Elected Members to help constituents navigate primary care access.
2. That, the Council and partners work with Walsall Healthwatch as an effective tool for GP engagement and as an independent body for the public to voice complaints and concerns.
3. That, the Cabinet explore the use of artificial intelligence (AI) and assistive technology in Adult Social Care to help those receiving care to access primary healthcare and improve efficiencies.
4. That, the Council support GP Practices to reduce abuse of staff and work with partners to encourage health professionals to develop and train in the Borough. This could include:
  - a. Supporting staff by offering training on conflict resolution and lone working;
  - b. Supporting practices through the Safer Streets team by providing on the ground support for practices experiencing continuing problems;
  - c. Utilising community outreach to reinforce zero tolerance of abuse policies in GP Practices.
5. That, following the successful rollout of the Walsall Connected Partnership, the Council consider, subject to resource considerations, supporting residents in using the NHS app as part of national digitalisation initiatives.

### Black Country Integrated Care Board

6. That, the Integrated Care Board work with local GP Practices on advertising and explaining Social Prescribing (including the ranges of schemes available in Walsall), and its benefits in tandem with clinical advice.
7. That the ICB works with GP Practices to modernise the way they operate in relation to appointment booking, triage systems and repeat prescriptions in line with national guidance taking account of the needs of their local population. This could include:
  - a. Booking appointments
    - i. These should be offered to be booked in person, via the phone and through the NHS App.
  - b. Ordering repeat prescriptions
    - i. Ordering repeat prescriptions should be offered through the NHS App, via the phone and where needed paper forms should still be available at practices.
  - c. Telephone systems
    - i. All practices should move to the cloud-based telephone system that allows residents to be called back when it is their turn in the queue.
  - d. The offer of both same day and future appointments

- i. Subject to triaging, all practices should offer a face-to-face or telephone appointment with a GP or other suitable clinician within two weeks.
- e. Total Triage
  - i. The move to the 'Total Triage' model of offering appointments should be consistent in its triaging, operation and staff training across the Borough to avoid confusion and frustration from patients.
  - f. Prioritising digital skills development at a very local level, through understanding and working with communities, as well as for GP staff to ensure patients adapt to increase uptake of digital options for appointments such as video consultation.
- 8. That, the Integrated Care Board provides an update each municipal year to both the Health and Wellbeing Board and the Health and Social Care Overview and Scrutiny Committee on inequalities in access and outcomes, and the quality assurance of GP Practices within the Borough, and any variations in quality.
- 9. That this report be shared with the Walsall Primary Care Collaborative and so that general practice within the Borough can engage in the delivery of its recommendations.

## NHS England and The Department of Health and Social Care

- 10. That, the NHS App be the primary app utilised across all GP Practices to reduce inconsistencies with digital service delivery.
- 11. That, NHS England and the UK Government work to increase funding to ensure more GP appointments can be made available.
- 12. That, NHS England together with the Department for Health and Social Care strengthen the intervention power of Integrated Care Boards to intervene in underperforming practices. This should include powers, in exceptional circumstances, to directly buy out and take control of practices as set out in the recommendations of the Hewitt Review<sup>12</sup>.
- 13. That, NHS England allow and create the following functionality within the NHS App: (NHS England)
  - a. The option to request a GP appointment by leaving a voice note;
  - b. Video consultation functionality;
  - c. The reason for the refusal/delay of repeat prescriptions and referrals.
- 14. That, NHS England develop a national advertisement campaign on the roles of clinicians and support operatives (i.e. other roles within GP practices) with the aim of creating a greater understanding amongst the public that other clinicians may be better placed for their care and that clinical oversight of care takes place.
- 15. That, the Department of Health explore alternative funding arrangements for GP Practices to allow the flexibility to increase funding to practices in areas of high deprivation and poor health outcomes.

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<sup>12</sup> [The Hewitt Review: an independent review of integrated care systems \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## Background Papers

- The Hewitt Review: an independent review of integrated care systems - <https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/te-hewitt-review.pdf>
- The NHS Constitution for England NHS Constitution for England - GOV.UK <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
- Delivery plan for recovering access to primary care NHS England <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/>
- GP Patient Survey Datam GP Patient Survey - Analysis Tool <https://www.gp-patient.co.uk/>
- NHS Long Term Workforce Plan – June 2023 <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>
- What Good Looks Like for Our Communities Report 1, July 2023: Research Results from work by whg peer researchers [https://www.biis.org.uk/files/ugd/ac4bc9\\_5fa8f8fb2ca545f2b287d09b457654f8.pdf](https://www.biis.org.uk/files/ugd/ac4bc9_5fa8f8fb2ca545f2b287d09b457654f8.pdf)

# Social Care and Health Overview and Scrutiny Committee – Primary Care Access and GP Services Working Group

## Initiation Document

Working Group Name:	Primary Care Access and GP Services Working Group
Committee:	Social Care and Health
Municipal Year:	2023/24
Chair:	Councillor Hussain
Lead Officers:	Andrew Osborn (Director of Commissioning, Lead Health and Social Care Officer) Jack Thompson (Democratic Services Officer) Matt Powis (Senior Democratic Services Officer)
Membership	Councillors P. Gill, R.K. Mehmi, K. Hussain, R. Martin and W. Rasab.
Co-opted Members	Not specified

### 1. Context

- 1.1. On 28 September 2023, the Social Care and Health Overview and Scrutiny Committee considered issues surrounding patient access to Primary Care and GP Services.
- 1.2. Members noted that since the Covid-19 Pandemic there has been significant pressure on GP Practices and Primary Care Access nationally and within the Borough. This has made it harder for residents to secure appointments with GPs and other health professionals in a timely manner, causing frustrations and affecting health outcomes. Coupled with this has been the increase in wait times for referrals, elective care and mental health services which further adds pressure onto GP Practices.
- 1.3. The General Practice Improvement Programme (GPIP) is being implemented by NHS England and delivered by the Black Country Integrated Care Board (ICB) to help improve support for GP Practices to meet demand and improve patient satisfaction. In addition, continued work is being undertaken by the ICB to improve GP telephone systems and complaints processes.
- 1.4. There was a consensus that the Committee needed to establish a working group to investigate and review obstructions within the industry and work with partners to improve patient outcomes.

### 2. Objectives

- a. Review the current GP commissioning model, the National General Practice Improvement Programme and rights of patients under the NHS Constitution;
- b. Understand changes made to GP and primary care access in light of the Covid-19 pandemic and review delivery plan for recovering access to primary care;
- c. Explore the current issues raised by residents, in particular those who are vulnerable, in regard to accessing GP appointments and primary care access and identify salient themes;
- d. Investigate improvements that could be made to primary care access and healthcare pathways.

### 3. Scope

- 3.1. Consider the issue around primary care and GP access within the Borough.
- 3.2. Investigate and consider the actions of local health partner led services:
  - a. GP practices (commissioned through the Black Country ICB)
  - b. Walsall Urgent Care Centre (Walk in Centre - commissioned through the Black Country ICB)
  - c. Urgent and Emergency Care Centre (A&E – Walsall Healthcare NHS Trust)
  - d. Referrals and elective surgery (Black Country ICB and Walsall Healthcare NHS Trust)
  - e. Mental health services (Black Country Healthcare NHS Foundation Trust)

- f. West Midlands Ambulance Service
- 3.3. To identify key points for the improvement in access to primary care and access to GP services within the Borough, and develop a joint strategy with partners to improve the healthcare pathways for residents.
- 3.4. Review delivery plan for recovering access to primary care.

#### 4. Equalities Implications

- 4.1. The Equality Act 2010 protects children, young people and adults against discrimination, harassment and victimisation in relation to housing, education, clubs, the provision of services (including healthcare) and work.
- 4.2. The public sector equality duty in Section 149 of the Equality Act requires public bodies, including local authorities and healthcare providers, to take active steps to eliminate discrimination and to do positive things to promote equality.

#### 5. Who else will contribute

- 5.1. In addition to lead officers and members contributions will be required from the following partners and stakeholders:
  - a. Black Country Integrated Care Board (ICB)
  - b. Walsall Healthcare NHS Trust
  - c. Black Country Healthcare NHS Foundation Trust
  - d. West Midlands Ambulance Service
  - e. Public Health (Walsall Council)
  - f. Healthwatch Walsall
  - g. Adult Social Care (Walsall Council)
  - h. Child Services (Walsall Council)
  - i. Walsall Housing Group and WATMOS

#### 6. Timescale and Reporting Schedule

- 6.1. The following dates are based upon the need for the working group to be completed in the same municipal year:
  - a. Terms of Reference – November 2023
  - b. Terms of Reference to be approved by Overview Scrutiny Committee – 7 December 2023
  - c. Draft report to be considered by Working Group – TBC
  - d. Final report to be considered by Overview and Scrutiny Committee - TBC
- 6.2. A detailed timetable of meetings and activities can be found at Appendix A.

#### 7. Risk Factors

- 7.1. The following table documents potential obstacles to the progress of the working group:

Risk	Likelihood	Mitigation
Input from officers will detract from service delivery.	Medium	Identify a manageable scope.
A lack of engagement from external partners.	Medium	Early engagement to provide the best opportunity to identify a mutually convenient time for input.
Complexity of current overlapping health systems	Medium	Provide the working clear guidance on current systems and processes operated.

## Appendix A Timetable

Date	Activity
27/10/2023	Issue draft Terms of Reference for consideration and comment
03/11/2023	Comments on Terms of Reference returned to officers
07/11/2023	Final Terms of Reference agreed with group members
07/12/2023	Terms of Reference presented to Scrutiny Overview Committee
TBC	Review the current GP commissioning model, the National General Practice Improvement Programme and rights of patients under the NHS Constitution.
TBC	Understand changes made to GP and primary care access in light of the Covid-19 pandemic and review delivery plan for recovering access to primary care.
TBC	Explore the current issues raised by residents, in particular those who are vulnerable, in regard to accessing GP appointments and primary care access and identify salient themes.
TBC	Investigate improvements that could be made to primary care access and healthcare pathways.
TBC	Review evidence and draw conclusions in preparation for a draft final report with recommendations.
TBC	Present final report and recommendations to Scrutiny Overview Committee.



# Walsall Primary Care Networks

Walsall PCNs:	GP Practices
North PCN	Mossley Fields Surgery
	Bloxwich Medical Practice
	Leamore Medical Practice - Dr P L Kaul
	Khan Medical Practice
	St Mary's Surgery
	Lower Farm Health Centre
	Birchills Health Centre
	St Luke's Surgery
	Pinfold Medical
	Blakenall Family Practice
East 1 PCN	Parkside Medical Practice
	St John's Medical Centre
	Streets Corner Surgery
	Chapel Street Surgery
	New Road Medical Centre
	Holland Park Surgery
	Walsall Wood Health Centre
Pelsall Village Surgery	
East 2 PCN	Portland Medical Practice
	Northgate Practice
	Rushall Medical Centre
	Collingwood Family Practice
	Blackwood Health Centre

South 1 PCN	Little London Surgery
	Brace Street Surgery - Dr A Sinha
	The Saddlers Health Centre
	Beechdale Surgery
	Forrester Street Practice
	Pleck Health Centre
	Ambar Medical Centre
	Brace Street Health Centre - Dr Mahbub
	Brace Street Health Centre - Dr Kumar
	Broadway Medical Centre
South 2 PCN	Palfrey Health Centre
	St Peter's Surgery
	Umbrella Medical
West 1 PCN	Kingfisher Berkley Practice
	Modality Darlaston Practice
	Darlaston Health Care - Dr Quresh
	Darlaston Family Practice - Dr Khan & Dr Merali
	New Invention Practice
West 2 PCN	Stroud Practice
	Croft Surgery
	Darlaston Medical Centre – Dr Ismat & Imam
	Lockfield Surgery
	Lockstown Practice
	Moxley Medical Centre
	Rough Hay Surgery
Sina Health Centre	
The Keys Family Practice	

## Primary Care Offer (all practice signed up to):

- end of life supportive care: practices to keep a register of patients within their last year of life and patients on this list should have an advanced treatment plan.
- carers: practices to increase the number of people coded as carers, offer the carers a flu vaccination and smoking cessation.
- Multi-disciplinary teams supporting adults with complex health and care needs: practices to identify the top 1% of severely frail patients to be referred to the multidisciplinary team who will review patients care.
- Frailty – practices to support patients living with severe and moderate frailty and provide a medication review, have a falls review and have asked consent to activate their summary care record.
- Diabetes – practices to increase the number of people reaching all 3 NICE treatment targets.
- COPD – practice to record CAT score, carry out a medication review and have a personalised care plan in place.
- Bowel Cancer Screening – practices to improve uptake of bowel cancer screening.
- Electronic Palliative Care Coordination Systems –practices to provide people on the gold standards framework register with information on their end of life wishes, details of illness and next of kin recorded either via Electronic Palliative Care Coordination Systems or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).
- Practices are paid based on their performance against each of the elements.

## Black Country Integrated Care Board – Locally Commissioned Schemes (LCSs):

- Electrocardiograms (ECGs).
- Treatment room (dressing of wounds including: surgical wounds, removal of sutures/clips/staples and compression bandages for skin ulcers.).
- Near patient testing (monitoring of bloods for patients on licensed disease modifying drugs for rheumatoid arthritis).
- Phlebotomy.
- Insertion, change and removal of ring pessary.
- Severe Mental Illness Health Checks (9 point health check for patients suffering from an SMI).
- Spirometry test to diagnose lung conditions.
- Prescribing Incentive Scheme.

Practices are paid on activity/performance.

Additional information on GP contracts and additional commissioned services can be found in the below links:

<b>Document:</b>	<b>Link:</b>
GMS Contract	<a href="#">PR00497-standard-general-medical-services-contract-august-2023.pdf (england.nhs.uk)</a>
APMS Contract	<a href="#">PR00497-standard-alternative-provider-medical-services-contract-august-2023.pdf (england.nhs.uk)</a>
Network Contract DES	<a href="#">Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements (england.nhs.uk)</a>
Network Contract DES: Capacity and Access Improvement Plan Guidance	<a href="#">PRN00157-ncdes-v2-capacity-and-access-payment-2023-24-guidance.docx (live.com)</a>
Network Contract DES: Investment and Impact Fund	<a href="#">Report template - NHSI website (england.nhs.uk)</a>
Quality and Outcomes Framework	<a href="#">NHS England » Quality and outcomes framework guidance for 2023/24</a>

# Healthwatch Walsall Intelligence on GP Issues



March 2024



Engaging  
Communities  
Solutions

**healthwatch**  
Walsall

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## **Introduction**

Healthwatch Walsall is the independent voice of the public in health and social care issues in Walsall. Healthwatch Walsall collect feedback from the public in Walsall about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services.

Healthwatch Walsall receives regular patient feedback regarding primary care services and were are pleased to be able to support the work of the Democratic Service Team being undertaken for the Health & Social Care OSC, a brief overview of our intelligence is included in this paper.

## **Intelligence Received**

From November 2023 to date the following intelligence has been recorded. The sources of data include speaking to people through our community outreach work, website submissions, "Have Your Say" feedback platform and from Enter & View visits.

During the period noted above, the intelligence received is themed as:

- Difficulties in getting G.P. appointments.
- Attitude of Reception staff.
- Patients unable to see the same G.P.
- Lack of knowledge of Extra GP Appointments.
- Dissatisfaction about how being treated by the practice.
- Inaccurate information on patient record.

From our recent work project around the Accessible Information Standard, we met service users with sensory impairment/disability and there were a number of issues raised from these focus groups which are as noted below:

- Lack of appointments/GP access.
- Paramedics give advice and this is overridden by GP.
- GP and Pharmacy information not consistent.
- Electronic patient check in system no good to a blind person.
- No Audio at GP have to rely on names being called out
- Issue around having to book two weeks in advance to see a GP for an interpreter to be present for the appointment.

From the survey used for this project, we learned that 32 out of 61 service users had difficulties using GP services due to communication problems.

## Enter & View

Part of Healthwatch Walsall remit is to carry out Enter & View visits to health and social care premises and we have undertaken visits to GP Practices. We speak to service users directly to understand their experiences and their feedback is included in the reports, the links for which are shown below.

Palfrey Health Centre: <https://www.healthwatchwalsall.co.uk/report/2023-12-01/our-enter-view-visit-report-palfrey-health-centre-now-available>

Pleck Health Centre: <https://www.healthwatchwalsall.co.uk/report/2023-08-02/our-latest-enter-and-view-report-pleck-health-centre-now-available>

Blakenall Family Practice: <https://www.healthwatchwalsall.co.uk/report/2023-05-31/our-enter-and-view-report-blakenall-family-practice-now-available>

All the reports contain both positive and negative patient feedback.

For the forthcoming work year, we will continue our E&V visits to GP practices. Our reports are shared with providers, Walsall place ICB, CQC and Healthwatch England. Reports are also available through our website.

Through our contact with patients, it is clear there is a lack of patient awareness of alternative GP access routes, such as 'Extra GP Appointments'. So Healthwatch Walsall staff have been able to signpost patients, relatives and carers to this opportunity.

In addition we have been able to update GP practices around the change of service provider for adult carers which has changed within the last 18 months as some practices were displaying out of date information.



# healthwatch

## Walsall

Share your health or social care services experiences  
by visiting our 'Have Your Say' section of our website  
<https://www.healthwatchwalsall.co.uk/share-your-views>



### Contact us

Blakenall Village Centre  
79 Thames Road  
Blakenall  
Walsall  
WS3 1LZ

Tel: 0800 470 1660

Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

Website: [www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk)



**Engaging  
Communities**  
Solutions

# NHS App Uptake by PCN

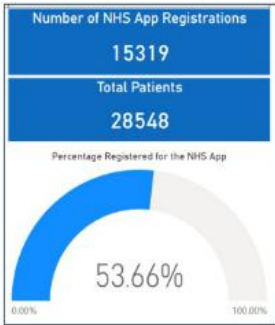
Data taken from Black Country ICB Digital First Dashboard (as of 16.01.2024)

(Number of Practices in each suburb in brackets)

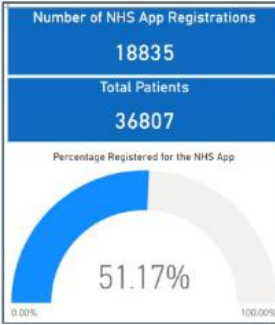
**Walsall East (1&2) are particularly strong >55% across the patch.**

**Walsall South 2 has one of the lowest uptake Practices (Hatherton Medical Centre) c.20%**

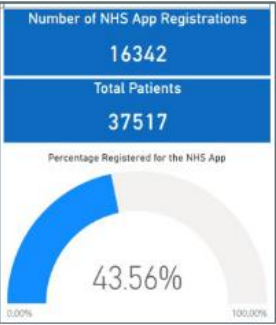
**Walsall East 1 (8)**



**Walsall East 2 (5)**



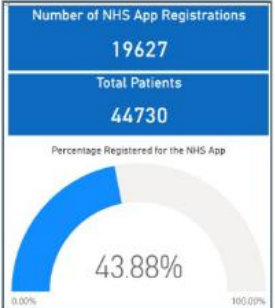
**Walsall South 1 (9)**



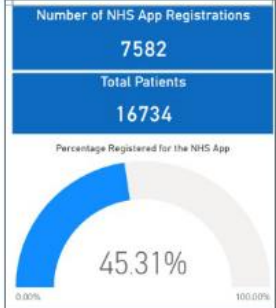
**Walsall West 1 (6)**



**Walsall North (10)**



**Walsall South 2 (3)**



**Walsall West 2 (8)**

