

# Agenda

## Health Overview and Scrutiny Committee

**Monday, 19 February 2024, 10.00 am**  
**County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## DISCLOSING INTERESTS

There are now 2 types of interests:  
'Disclosable pecuniary interests' and 'other disclosable interests'

### WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

### WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

### WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

### WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

### DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR**  
relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

### DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## Health Overview and Scrutiny Committee Monday, 19 February 2024, 10.00 am, County Hall

### Membership

**Worcestershire County Council** Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor and Cllr Tom Wells

### District Councils

Cllr Paul Harrison, Wyre Forest District Council  
Cllr Antony Hartley, Wychavon District Council  
Cllr Bakul Kumar, Bromsgrove District Council  
Cllr Emma Marshall, Redditch Borough Council  
Cllr Richard Udall, Worcester City Council  
Cllr Christine Wild, Malvern Hills District Council (Vice Chairman)

### Agenda

Item No	Subject	Page No
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 16 February 2024). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> To follow	
5	<b>Access to GP Appointments</b>	1 - 14
6	<b>Work Programme</b>	15 - 20

Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Friday, 9 February 2024

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19 FEBRUARY 2024

### ACCESS TO GP APPOINTMENTS

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#### Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on access to GP appointments.
2. GP access was added to the HOSC's work programme in order to understand more about how people are able to contact their local GP, availability of appointments/advice and the role of primary care in avoiding people presenting directly at Emergency Departments.
3. This follows recent discussions about in hospital patient flow and the Emergency Department (7 December 2023) and community-based health and care to reduce inappropriate admissions (9 January 2024).
4. The Chief Executive of NHS Herefordshire and Worcestershire Integrated Care Board (ICB) which commissions primary care, and a GP representative, have been invited to attend this meeting to respond to any questions the Committee may have.

#### Background

5. Access to primary care remains a high priority nationally for the population and local politicians, culminating in the publication of the national delivery plan for the Recovery of Primary Care Access in May 2023. It is a topic that is frequently raised at local meetings with partners and stakeholders, specifically the variation in patient experience, and often features as a discussion topic in the press and on social media.
6. On average, 5.5 million appointments are delivered in General Practice across Herefordshire & Worcestershire each year, excluding other local access incentive schemes. This is 19% more appointments than before the COVID-19 pandemic.
7. National data, studies and surveys frequently show that the population of Herefordshire and Worcestershire has some of the best access to, and experience of, primary care anywhere in England. The latest [national survey results \(2023\)](#) show the following headlines:

Question	HW ICS	National
% of patients reporting that it was easy to get through to the GP practice by telephone	56% (Rank 7/42)	50%
% of patients rating their overall experience of making an appointment as good	61% (Rank 6/42)	54%
% of patient rating their overall experience with their GP practice as good	76% (Rank 6/42)	71%

8. However, there is significant variation and not all patients have the same experience:

Question	Best	Worst
% of patients reporting that it was easy to get through to the GP practice by telephone	98%	25%
% of patients rating their overall experience of making an appointment as good	96%	35%
% of patient rating their overall experience with their GP practice as good	98%	54%

9. Addressing this variation is a significant priority to ensure that all patients experience services more akin to those that are experiencing the best. This pattern is reflected nationally, which has made it a high priority for Government to address.
10. Appendix 1 provides a summary of key headlines for primary care in Herefordshire and Worcestershire, and the main issues and plans to address the variation in access. Ease of access via telephone is of particular concern and the investment made by NHS England (NHSE) as part of the national programme to fund cloud-based telephony in all practices will have a significant impact on improving this. This is a requirement in the national plan and all 79 practices across Herefordshire and Worcestershire have already moved to the new system.
11. The variation will also be addressed via the production of the Primary Care Network (PCN) Capacity Access Improvement Plans (Page 13 of Appendix 2). During 2023/24 the ICB has been working with PCNs to monitor improvement against the current position for i) patient experience of contact and ii) ease of access and demand management for patients.

### Herefordshire & Worcestershire Primary Care Access Recovery Plan (PCARP)

12. Work has been undertaken to produce a local Herefordshire and Worcestershire plan to meet the national requirements. A full copy of the plan was presented to the ICB in November 2023, which is attached at Appendix 2. The plan has been updated to reflect the current position and some key features are set out below. The plan has two central ambitions:
- i. To tackle the 8am rush
  - ii. To enable patients to know on the day they contact their practice how their request will be managed
13. The Plan focuses on four key areas to deliver the main ambitions and to support recovery:
- **Empower patients to manage their own health** including using the NHS App, self-referral pathways and via more services offered from community pharmacy.

- **Implement modern general practice access** to tackle the 8am rush, provide rapid assessment and response and avoid asking patients to ring back to book an appointment.
- **Build capacity to deliver more appointments** from more staff and add flexibility to the types of staff recruited.
- **Cut bureaucracy and reduce the workload** across the interface between primary and secondary care so that practices have more time to meet the clinical needs of their patients.

## Current Assessment of Progress

14. The current assessment of progress is set out below, along with comments on key areas of strength and weakness. Good progress has been made in a number of areas, with 7 out of the 12 areas being rated as Green on the RAG rating.

Vision & Improvement	G	Alignment to PCARP, General Practice Strategy, Fuller, System Plans (Joint Forward Plan, Elective Care Recovery, Urgent Care Recovery)
Health Inequalities	G	Supports Equality, Diversity & Inclusion
PCN/Practice Actions	G	Overview of PCN (Primary Care Network) Capacity & Access Improvement Plans, MGPAM Transition/Transformation, prospective access & empowering patients - assurance and delivery
ICB Actions	G	Delivery plan checklist, SLF (Support Level Framework), Care Navigation, GPIP, Cloud Based Telephony
Assuring Delivery	G	Clear trajectory and milestones, progress to date
Finance	G	All funding tracked, payable in line with delivery
Transformation Programmes & Support	G	Practice participation in Improvement Programmes, Care Navigation Training, numbers signed up to Modern General Practice Model, Numbers participating in Support Level Framework visits, practice webinars
Communications	A	Delivery plan enablers in place (patients & Staff), including non-GP care routes
Co Production & Patient Voice	A	Plan co-produced – Healthwatch/PPGs
Primary/Secondary Care Interface	A	Reducing Bureaucracy, delivery plan in place
Self-Referral	A	Empowering Patients, prioritisation process in place to enable delivery
Expanding Community Pharmacy	A	Community Pharmacist Consultation Service (CPCS), Common Conditions, Independent Prescriber Pathfinder Programme, Blood Pressure, Oral Contraception, Discharge Medicines

15. The timeline for implementation is set out below, with the following key indicating the timelines for achievement.

	Already achieved		To be achieved before the end of the 23/24 financial year
	To be achieved by end of calendar year		To be achieved in 2024/25 financial year

## Purpose of the Meeting

16. The HOSC is asked to:

- Consider and comment on the information provided on GP access; and
- Determine whether any further information or scrutiny on a particular topic is required.

## Appendices

**Appendix 1** – Primary Care Access (summary slides)

**Appendix 2** – [Herefordshire and Worcestershire system delivery plan for recovery of primary care access \(2023-25\)](#)

## Contact Points

Emma James/Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964/844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- GP Patient Survey Website [GP Patient Survey \(gp-patient.co.uk\)](http://gp-patient.co.uk)
- Agenda and Minutes of the Health Overview and Scrutiny Committee on 9 January 2024, 7 December, 11 September, 15 June and 10 February 2023, 1 December, 17 October 2022, 18 October 2021 [Health Overview and Scrutiny Agendas and Minutes](#)

All agendas and minutes are available on the Council's website here.





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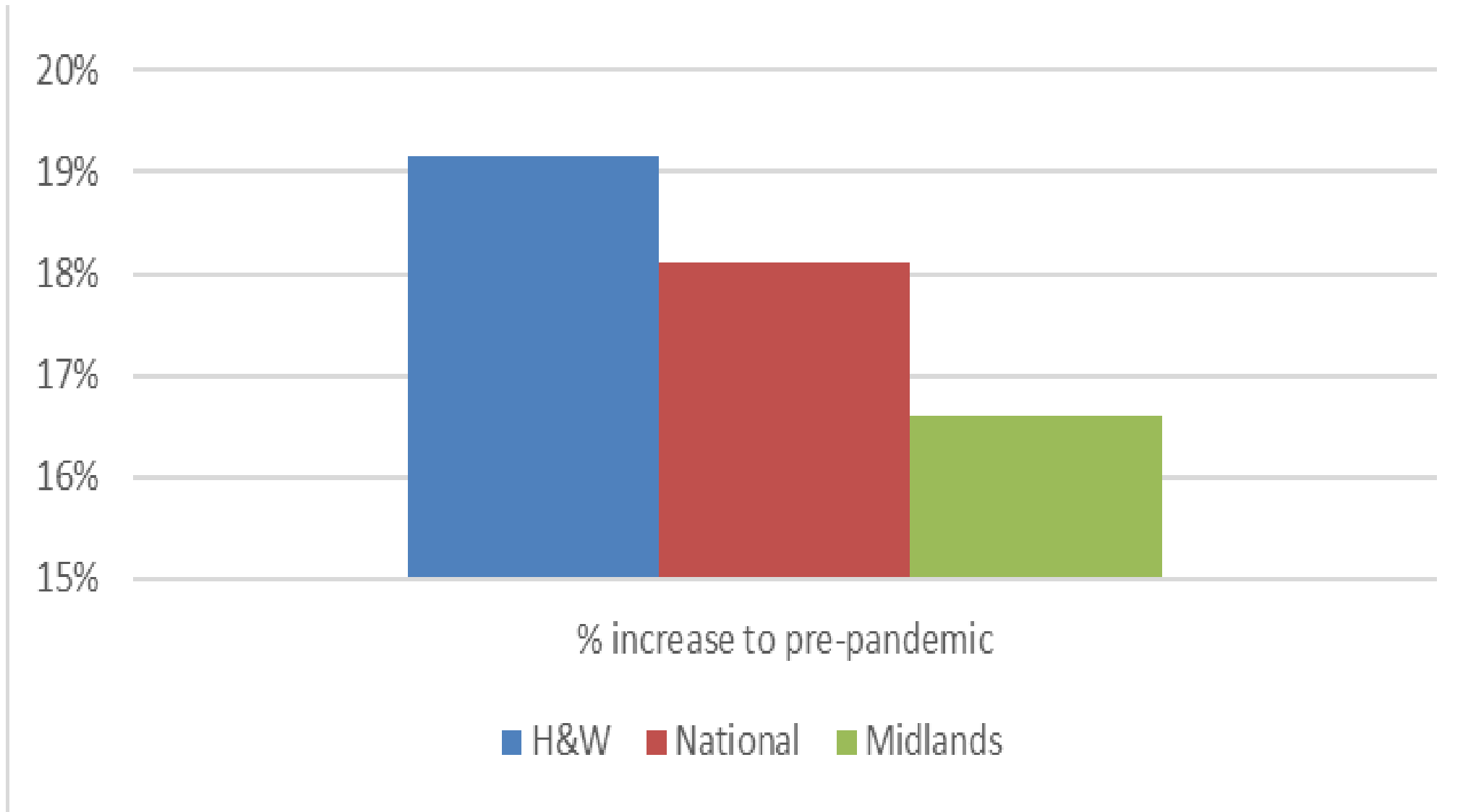
# Primary care access (summary)

19 February 2024

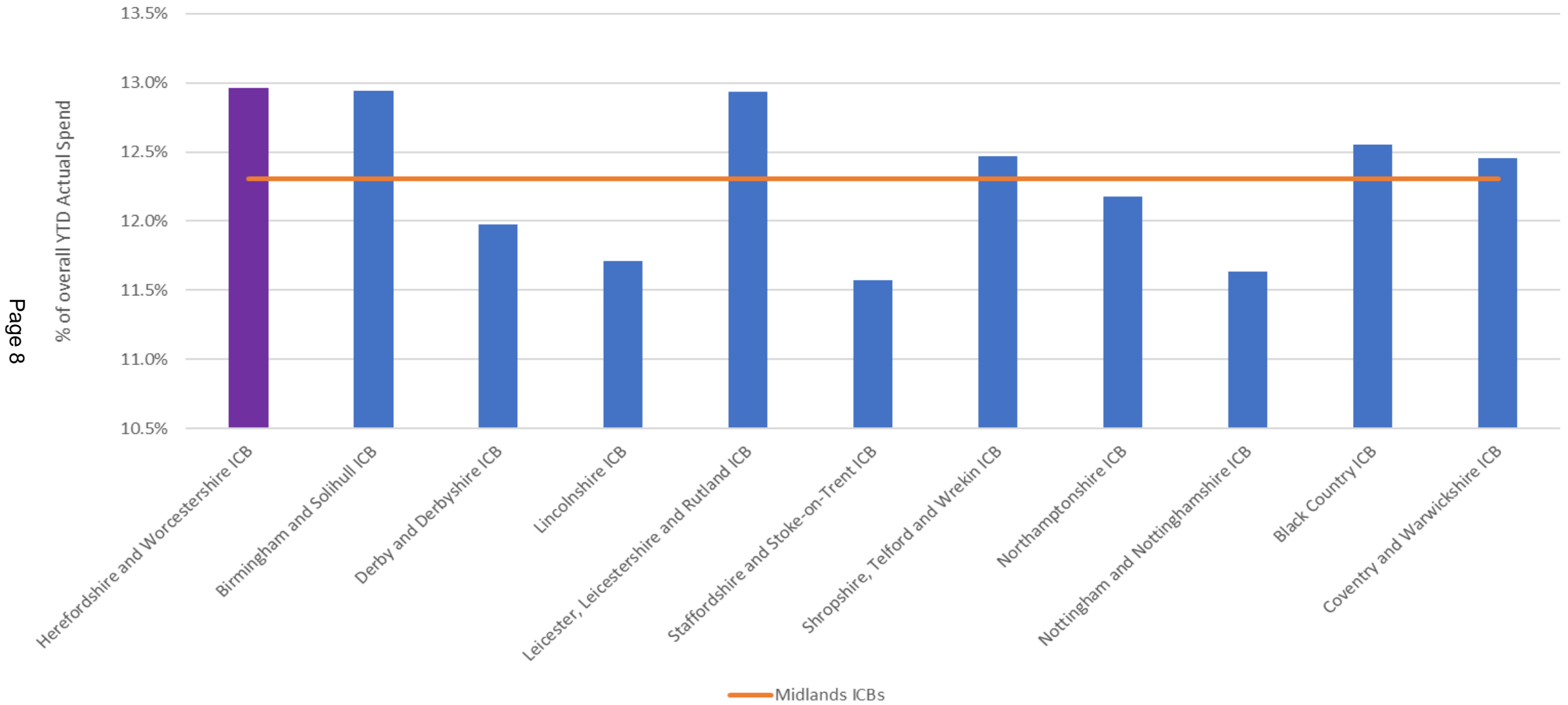
# Current context

- The way that patients access primary care has changed significantly since the COVID-19 pandemic
  - Ensuring access to high-quality primary care remains a high priority for the NHS
- ↑ There are 19% more appointments available General Practice across Herefordshire and Worcestershire compared to pre-pandemic (see Figure 1)
- ↑ Patient satisfaction rates indicate 6<sup>th</sup> highest levels of satisfaction across county (2023 National Patient Survey)
- ↑ NHS Herefordshire and Worcestershire spends more on delegated primary care services (as % total ICB spend) than any Midlands ICB (see Figure 2)

**Figure 2. GP appointment numbers comparison to pre-pandemic levels**



# Figure 2. Delegated services YTD spend as % of ICB total YTD spend

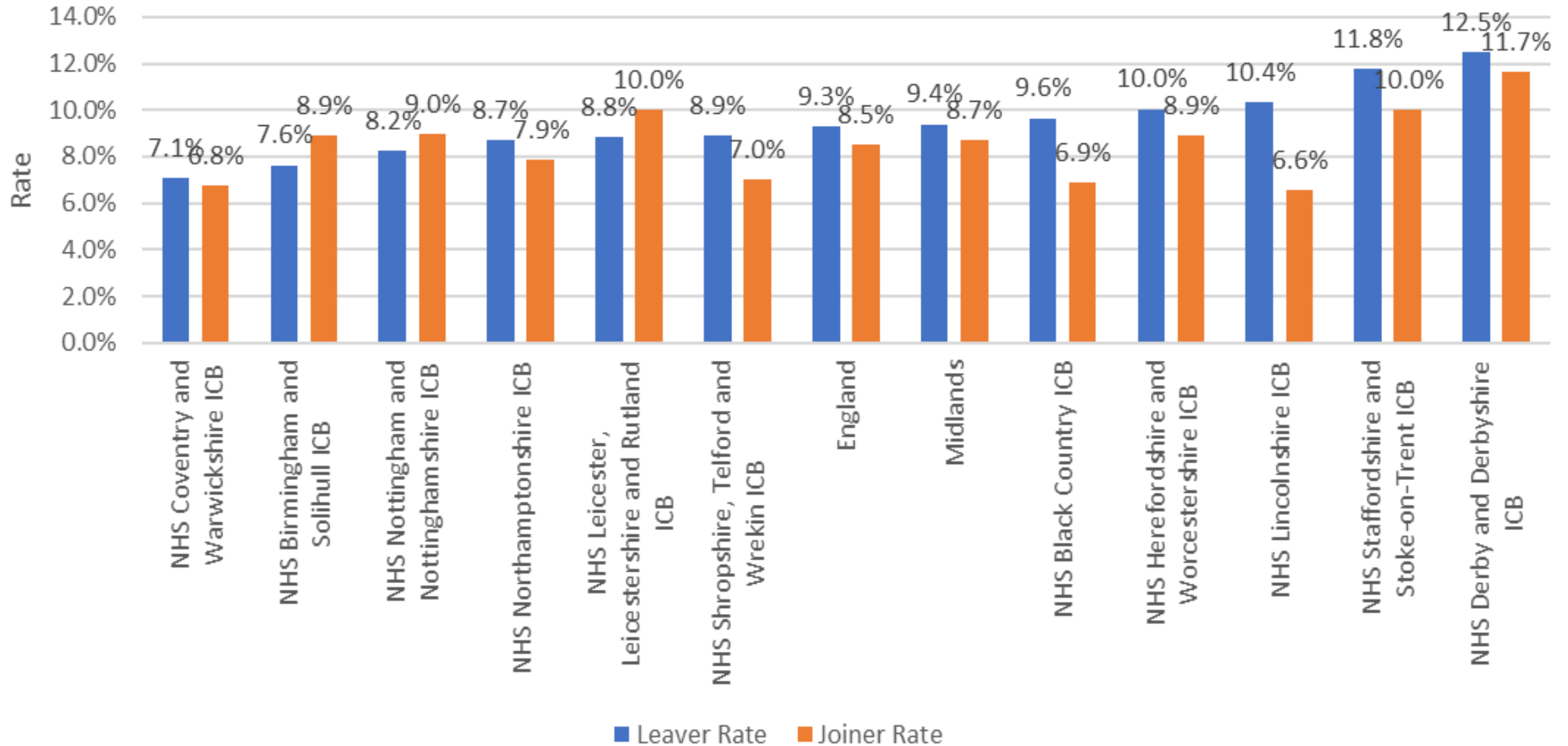


# There remain significant challenges

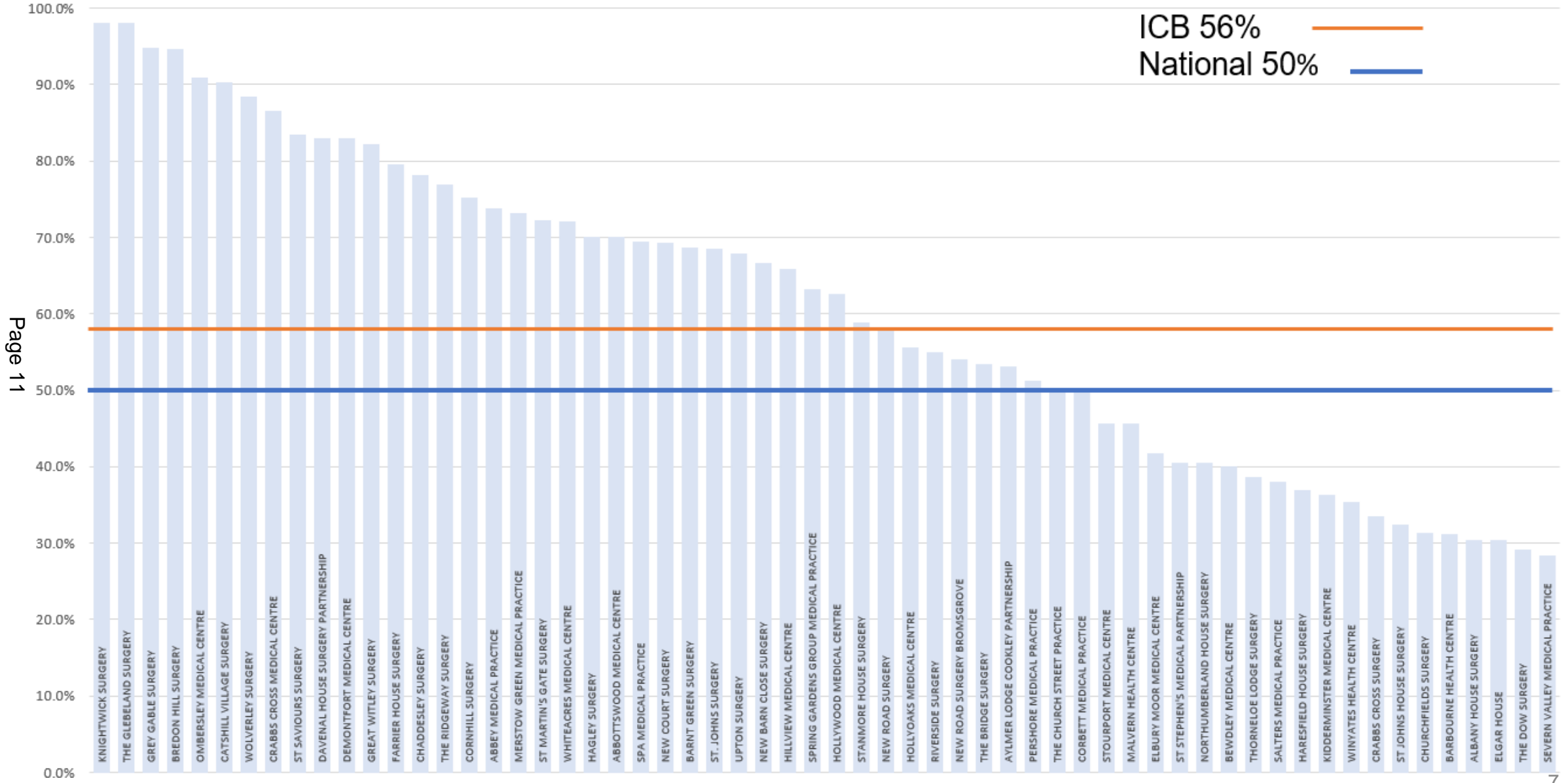
- ↓ Patient satisfaction rates are declining – satisfaction rates fell by 10% in 2022 across 85% of local GP practices, including ‘experience of making an appointment’
- ↓ Despite 19% more appointments it is clear that this is not enough to meet current levels of demand
- ↓ The GP workforce is shrinking - leaver rate 10%, joiner rate 8.9% (see Figure 3)
- ↓ There is significant variance in practice performance across Worcestershire (see Figure 4 and Figure 5) - managing this variation and improving practices with low levels of performance is a key priority for the ICB



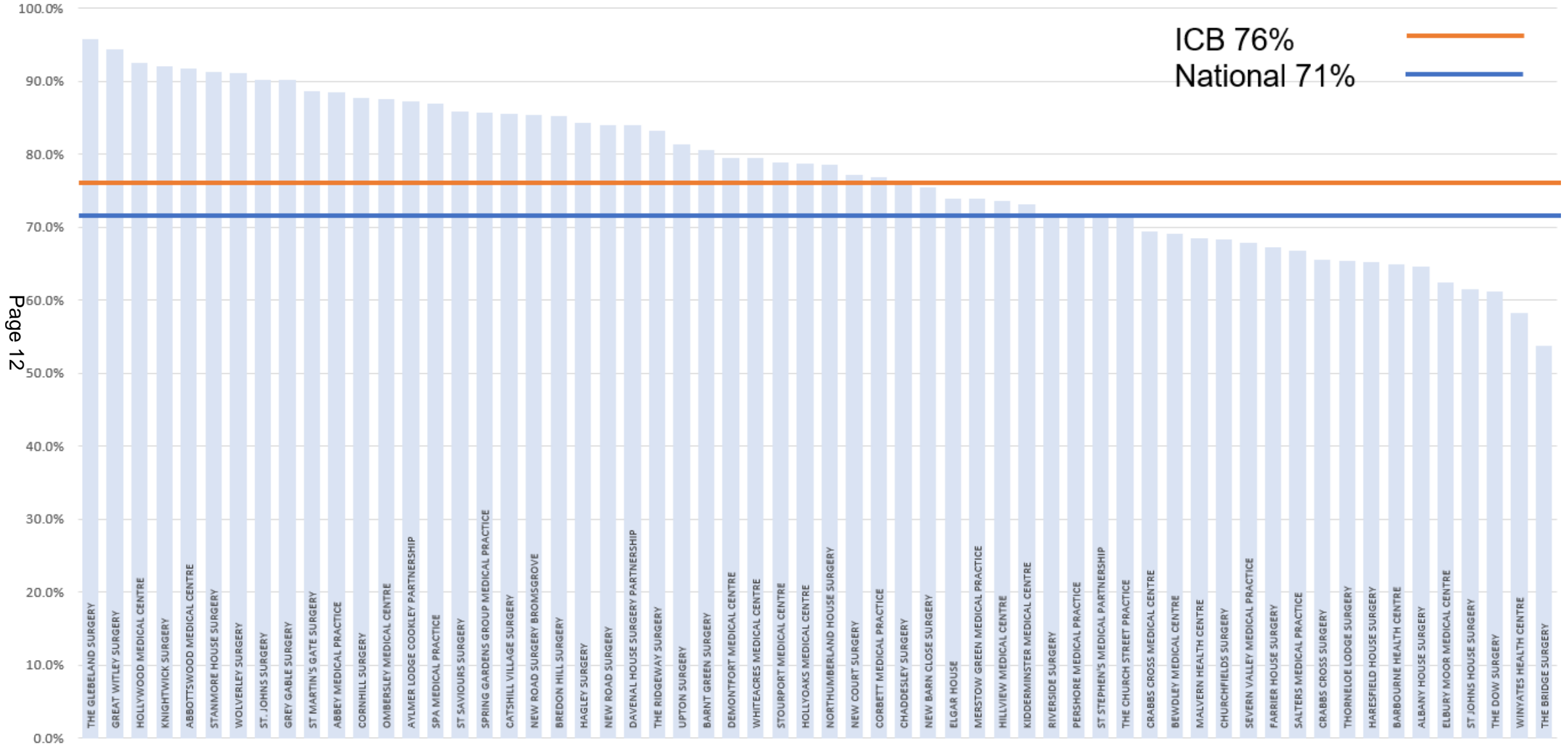
# Figure 3. Fully qualified permanent GPs – leavers and joiners (to June 2023)



# Figure 4. Ease of phone access



# Figure 5. Overall practice experience





# A new model of care is required

- The Primary Care Access Recovery Plan is a platform for scalable delivery
- Standardisation across general practice, ensuring that patients receive the right care, from the right person at the right time
- Focuses on streamlining access to care and advice, providing more proactive, personalised care from a multidisciplinary team of professionals and helping people stay well for longer.



# Modern General Practice Access Implementation – Delivery (2023/24)

## 100% on Cloud Based Telephony (CBT)

71 practices X-On, 8 other providers

### Features enabled

- 76% call-back
- 89% call routing
- 90% EMIS integration

## 54% patients (aged 13+) registered on NHS App

- 1,157 registrations per month
- 242,220 logins per month
- month
- 2,791 appointments managed per month

## 100% practices have digital communication tool Accurx

Including SMS, Bulk SMS, appointment reminders, pathway SMS, photo messaging  
3 practices also using MJOG

## 100% of PCNs have submitted a Capacity Access Improvement Plan

All 15 PCNs submit quarterly returns for monitoring improvement

## Local & National Support Programmes

- 18 practices and 1 PCN signed up to NHSE Practice Level Programme (GPIP)
- 28 Practices undertook Carradale reviews
- 61 Practices taken part in Care Navigation Training

## 100% practices have Online Consultation solution

- 77 practices: Accurx
- 1 practice: Footfall
- 1 practice: Klinik

## 100% practices have released online access to patient records

## 100% practices are reviewing websites

- 8 practices have recently migrated to new platform
- 17 practices are in the process of migrating supplier

## Modern General Practice Access Model Implementation

- 37 practices (47%) signed up to MGPA implementation 23/24
- 42 practices anticipated to go live 2024/25

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **19 FEBRUARY 2024**

## **WORK PROGRAMME**

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### **Summary**

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

### **Background**

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2023/24 Work Programme has been developed by taking into account issues still to be completed from 2022/23, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
  - Local NHS bodies and health services (including public health and children's health).
6. The scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 28 April and was agreed by Council on 18 May 2023.

### **Dates of Future 2024 Meetings**

- 15 March at 10am
- 16 April at 10am
- 13 June at 10am
- 8 July at 2pm
- 9 September at 2pm
- 11 October at 10am
- 12 November at 10am

### **Purpose of the Meeting**

7. The HOSC is asked to consider the 2023/24 Work Programme and agree whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

## **Supporting Information**

Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2023/24

## **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board on 28 April 2023](#)

[Agenda for Council on 18 May 2023](#)

All Agendas and Minutes are available on the Council's website [weblink to Agendas and Minutes](#)

## SCRUTINY WORK PROGRAMME 2023/24

### Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
19 February 2024	GP Access	11 October 2023 (Planning for Winter) 11 September 2023 (GP Out of Hours activity)	Requested at 11 October 2023 meeting
15 March 2024	HWHCT CQC Inspection (including Hill Crest)	11 October and 13 March 2023 (Hill Crest CQC Inspection)	Requested at 11 October 2023 HOSC HOSC members also had the opportunity to visit the Hill Crest Ward and Elgar Unit in December 2023
	Dermatology		Agenda planning November 2023
16 April 2024	Routine Immunisation - Using Measles as a case study to demonstrate the importance of routine immunisation	19 July 2021	Suggested at 19 July 2021 Meeting
	Update on Community Pharmacies	18 April 2023	Requested at 18 April 2023 and 9 January 2024 meeting
	Screening (Cervical/Antenatal/Newborn/Diabetic/Eye/AAA/Breast/Bowel)		Suggested at 19 July 2021 meeting
13 June 2024	Adult Mental Health Inpatient Services Redesign - TBC		Suggested by Herefordshire and Worcestershire Health and Care NHS Trust on 17 April 2023. HOSC also had opportunity to visit the Hill Crest Ward and Elgar Unit in December 2023
12 November 2024	Annual Review of Public Health (including the Public Health Ring Fenced Grant)	13 November 2023	To include Health and Wellbeing Strategy

#### **Possible Future Items**

Early 2024 TBC	Frailty		Outcome of 7 December 2023 meeting
Ongoing	Integrated Care System (ICS)	10 May 2023, 2 November 2022	Requested at 10 May 2023 meeting
Ongoing	Update on Workforce Pressures	10 May 2023, 10 June 2022	Requested at 10 May 2023 meeting
Ongoing	Update on Improving Patient Flow*	7 December, 15 June & 10 February 2023, 9 May, 8 July, 17 October, 1 December 2022	
TBC	Maternity Services	10 May 2023, 17 October and 9 May 2022, 21 September 2021	Requested at 9 January 2024 meeting
TBC	Commissioning Arrangements under the Integrated Care System (ICS)		Including Pharmacy, Dentistry, Optometry, Specialised Acute, new arrangements for Mental Health, Specialist Mental Health and Prison Health
TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
TBC	Haematology		Suggested at 10 May 2023 Meeting
TBC	Neurology		Suggested at 10 May 2023 Meeting
TBC	Stroke Services – update	17 October 2022	
TBC	Update on Dental Services Access	9 March 2022	Requested at 9 March 2022 meeting
TBC	End of Life Care	10 June 2022	Requested at 10 June 2022 meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting
TBC	Podiatry services		Requested at 10 February 2023 meeting
TBC	Long Term plan for WAHT Theatres		Requested at 13 March 2023 meeting
TBC	Dementia	9 May 2022	Requested at 7 December 2023 meeting
<b>Standing Items</b>			
When required	Substantial NHS Service Changes requiring consultation with HOSC		

TBC	NHS Quality Accounts Quality and Performance		
Annual	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 November 2023	To include Public Health Ring Fenced Grant (PHRFG) and Update on Health and Wellbeing Strategy
TBC	Performance Indicators		
TBC	Update from West Midlands Ambulance Service	27 June 2019 7 December 2023	
March	Review of the Work Programme	13 March 2023	

\*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

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