

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 31 March 2014.

PRESENT: Councillors Dryden (Chair), Biswas, Cole, Davison, McPartland, Mrs H Pearson and P Purvis.

ALSO IN ATTENDANCE: Wendy Stephens, Primary Care Contracts Manager, NHS England Durham and Tees Area Team
Dr John Canning, Secretary of the Cleveland Local Medical Committee.

OFFICERS: J Bennington, E Pout and N Sayer.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Junier and S Khan.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

1 MINUTES - HEALTH SCRUTINY PANEL 11 MARCH 2014

The minutes of the meeting of the Health Scrutiny Panel held on 11 March 2014 were submitted and approved as a correct record.

2 ACCESS TO GP PRACTICES

In a report of the Scrutiny Support Officer Members were reminded of the Panel's previous discussions regarding the use of premium line numbers which the public had to ring to access certain GP surgeries. A list of Middlesbrough GP Surgeries was shown in Appendix 1 to the report submitted.

The report indicated that there were currently two GP Practices in Middlesbrough still using a premium line and that several practices had changed to 0300 numbers, following Government advice. The Panel was advised that Ofcom had introduced UK wide 03 numbers as an alternative to chargeable 08 numbers. The new numbers allowed organisations to have a single national point of contact without consumers having to pay extra to call them. Calls to 03 numbers cost no more than a national rate call to a 01 or 02 numbers and must count towards any inclusive minutes in the same way as 01 and 02 calls. Such rules applied to calls from any type of line including mobile, BT, other fixed line or payphone. Revenue sharing, where the dialled party could receive a share of what the consumer paid to make a call was also not allowed on calls to 03 numbers.

During various scrutiny reviews over the year one of the recurring issues related to inconsistencies which occurred between surgeries when people were trying to get an appointment to see a doctor. It had been noted that in some cases, people were able to speak to their doctors by telephone, some people could get an appointment on the same day, and for others it could take up to a week to get an appointment. From the evidence received not everyone wanted to speak to their doctor by telephone alone as they preferred face to face contact. The process had been described by some as confusing and often caused anxiety, especially amongst the elderly.

The Panel had also heard concerns about the 'triage' systems operating in some GP Practices, where a receptionist would 'filter' calls to decide if an appointment with a doctor was necessary. Some people had indicated that they didn't want to disclose their illness to someone other than their doctor.

The Chair welcomed all representatives to the meeting. Following Members' questions it was clarified that NHS England, national commissioning board for health services commissioned specialised services covering primary care and had 27 area teams.

In commenting on the list of Middlesbrough GPs as shown on NHS Choices website it was

suggested that they be checked to ensure that they were up to date as it had become apparent that certain numbers were out of date and there were other practices using premium line numbers which was a concern to the Panel. It was indicated that GPs tended to focus their attention on ensuring accurate information on their own websites as the current process for amending the information on NHS Choice website could be cumbersome.

Dr Canning explained the context in which GPs had previously been encouraged some years ago by primary care trusts to sign up to premium rate 08 telephone contracts and have a greater number of lines available for people to access GPs. The revenue implications were acknowledged with such resources being utilised to enhance or increase equipment in GP practices.

It was confirmed that NHS England had written to GPs requesting that they should cease from using premium telephone numbers and revert back to local numbers and that they should take reasonable steps to change contracts that didn't comply with the rules, an extract from which was circulated at the meeting. Reference was made to a current exercise to identify those GP practices which were currently operating the premium telephone numbers requesting compliance with the regulations at the earliest opportunity. The Panel was advised that the GP surgery identified on the list circulated as still using the premium line number had indicated that having regard to current contract arrangements they were committed to ceasing such numbers in August 2014 and revert back to a local number.

The Panel's attention was drawn to the Doctor First appointment system and of the reasons for change in the way GP Practices worked over the years given ever increasing demand for services and rise in the number of patients with a greater number of complex conditions. The focus of attention was much more on doctors working together with practice nurses and community matrons and freeing up doctors time to help those when most needed.

An offer was extended to Members of the Panel to visit a GP practice to gain a better understanding of the Doctor First appointment system.

As part of such a process the Panel was keen to seek clarification as to the role of receptionists as from anecdotal evidence patients had expressed concern that they were perceived as part of the clinical triage assessment. Dr Canning explained that receptionists were part of the triage system to a certain extent in that they would follow an immediate course of action in circumstances where a patient had chest pains or severe bleeding. It was acknowledged that appropriate training was an important aspect. A variety of training courses were available in terms of the Doctor First approach given the significant change of culture in this regard. Reference was also made to other training such as those relating to interpersonal skills, child protection and confidentiality.

Reference was made to other ways of contacting a GP such as by an online facility. Dr Canning suggested that in limited circumstances such as a patient with a recognised ongoing hay fever problem could receive information on how to deal and treat minor symptoms.

In discussing potential problems of patients in accessing a doctor of their choice the Panel was advised of the intention for legislation in October 2014 for GP practices to be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients.

It was recognised that unlike 30 years ago doctors tended to see only the very frail and sick patients for home visits. In current circumstances and greater number of patients travelling time could equate to not seeing six patients. The current population was currently more transient with 45% turnover of patients unlike a more settled population years ago with around a 10% turnover.

In overall terms Members were advised of some of the difficulties with recruitment for GPs such as the trend for doctors moving abroad to certain areas where there was a shortage, cost of living was lower but had higher wages. Reference was made to a number of other factors which impacted on the current situation which included ever continuing changes, different levels of remuneration to doctors in hospitals, increasing workloads, changes to

pension scheme and an increasing number of patients with multiple complex conditions. Whilst there were currently 45,000 GPs not all were full time and often worked a few days per week. Current national data did not provide a breakdown of the days/hours per week each GP worked. It was also noted that should doctors leave the service for a particular period of time they would be responsible for the costs of any required retraining.

The Panel concluded:-

(i) It would be beneficial to check for accuracy the current telephone numbers of Middlesbrough GP Practices.

(ii) Concerns regarding the costs involved for people having to use premium telephone numbers especially the most vulnerable were reiterated especially if such a process was a deterrent from to people accessing a GP.

(iii) The Panel stressed the Importance of encouraging and ensuring GP Practices complied with the regulations in relation to telephone services for use by the public.

(iv) That ways be examined of ensuring a consistent approach by GP Practices to the Doctor First appointment system and to raise public awareness to the benefits of such a scheme.

(v) That the invitation for a few Members of the Panel to visit a GP Practice to view how the Doctor First system operates be accepted.

AGREED as follows:-

1. That the representatives be thanked for the information provided which would be incorporated into a Final Report.

2. That a Final report be compiled covering the aspects involved in relation to access to GP practices.

3. That the possibility of a few Members of the Panel visiting a GP Practice to view the Doctor First appointment system be pursued.

3 **OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel Members were advised of the key matters considered and action taken arising from meetings of the Overview and Scrutiny Board held on 20 February and 4 March 2014.

NOTED

4 **ANY OTHER BUSINESS - DATE OF NEXT MEETING**

Members discussed the possible dates and business to be transacted at a further meeting of the Panel prior to the Annual Council Meeting on 14 May 2014.

AGREED that in consultation with the Chair a meeting of the Health Scrutiny Panel be held on 23 April 2014.