

**HEALTH SCRUTINY PANEL**

**23 April 2014**

**FINAL REPORT –  
ACCESS TO GP SERVICES**

**PURPOSE OF THE REPORT**

1. To present the findings, conclusions and recommendations of the Health Scrutiny Panel following their investigation into the topic of how people in Middlesbrough are able to access GP practices.

**AIM OF THE SCRUTINY INVESTIGATION**

2. The panel held a short review into the Access to GP Services due to evidence that came to light regarding the use of premium numbers and anecdotal evidence regarding difficulties in being able to make appointments to see a GP.

**MEMBERSHIP OF THE PANEL**

3. The membership of the Panel was as detailed below:  
Councillors E Dryden (Chair), Councillor L Junier, (Vice-Chair),  
Councillors Biswas, Cole, Davison, Kahn, McPartland, H Pearson OBE and P Purvis.

**THE PANEL'S FINDINGS**

4. The panel met on 2 occasions, 31 March and 23 April to discuss how the public access GP practices and to consider how easy it was to get an appointment with a doctor. Some of the panel also visited a GP practice that uses the Doctors First appointment booking system.
5. The panel considered:
  - Why GP practices used 0800 numbers, which GP practices were still using those numbers and what was being done to ensure that practices did not use an 0800 number and how they were being advised to switch to a non-premium rate number.
  - Why there were differences between practices in how their appointment systems are managed.
  - How receptionists prioritised calls and prioritised appointments with GPs.

6. The panel learnt that historically Primary Care Trusts (PCTs) had encouraged practices to adopt the 0800 number system because it meant that the practice could add additional telephone lines, the aim of which was so that calls could be answered quicker. However, the unintended consequences of that had meant that where practices had adopted an 0800 number, people had to pay a premium rate to call their GP practice. With the increased use of mobile phones and the decrease in the number of people who used a landline, this would mean that for many people, using a mobile to ring their doctor could cost them a considerable amount of money, especially if they had to make regular calls. The panel were also concerned about young people, who primarily use mobile phones to make calls, being prohibited from ringing their GP practices due to the high call cost or their phone contract barring them from calling 0800 numbers.
7. It was brought to the attention of the panel that there were GP practices in Middlesbrough which had or still have an 0800 number for patients to call to make appointments and speak to the practice. Following a desk top review of the practices in Middlesbrough, it was noted that there were 2 practices which currently had an 0800 telephone number. Three practices have switched to the 0300 number and the rest had an 01642 (local) number.
8. The two practices with an 0800 number are as follows

<b>Practice</b>	<b>Position</b>
Prospect Surgery The Health Centre Cleveland Square Middlesbrough	It has been confirmed by NHS England that this number will change in August 2014 to a local rate number
The Village Medical Centre Linthorpe Middlesbrough	Awaiting information from NHS England, although the practice's website acknowledge people's unhappiness with the number and states that it will be changed in 4-6 weeks.

9. Guidelines on the use of premium line numbers were introduced by the government in 2011 following complaints by patients. The government stated that the cost to contact a GP practice should not cost more than calling a local rate number. Local Area Teams, overseen by NHS England, then reviewed practices to check how many were still using the 0800 number.
10. Three practices in Middlesbrough have changed to an 03 number which Ofcom introduced as an alternative to the chargeable 08 numbers. These new numbers allow 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 an 01 or 02 number and must count towards any inclusive minutes in the same way as 01 and 02 numbers. These rules apply to calls from any type of time including mobile, BT, other fixed line or payphone. Revenue sharing (where the dialled party can receive a share of that the consumer pays to make a call) is not allowed on calls to 03 numbers).
11. The panel were assured by NHS England that they had written to all GPs to ask them to cease using premium telephone numbers and revert back to local numbers and that they should take reasonable steps to change their contracts that did not

comply with the rules. The panel heard that an exercise was currently underway to identify those GP practices which are still currently operating the premium telephone lines.

### **The National Picture**

12. Nationally, there appears to be a link in rising A&E numbers and access to GP appointments. Government analysis has showed that people are going straight to A&E because they are unable to access their GP. The number of people going to emergency departments in England has risen by 32% in the past decade<sup>1</sup>. The panel discussed this issue and considered how people accessed appointments at practices in Middlesbrough.

### **How Appointment Systems are managed**

13. Throughout the year and throughout the various reviews that Members undertook, a common theme that emerged through anecdotal evidence suggested that there appeared to be inconsistencies across the town between practices and there were variances in appointment systems. It had been noted that in some cases people were able to get an appointment on the same day, other may have to wait a week and some people had been telephoned by their doctor, once they had called the practice, and received a consultation on the telephone, rather than a face to face appointment. The process had been described by some as confusing and one which could cause anxiety, especially amongst the elderly.
14. In discussing this issue the panel learnt that access to information and advice is better than it ever has been. People should be able to get an appointment to see a GP, perhaps where people have to wait is if they want to see a particular GP and are prepared to wait to do so. The way GP appointments are made can vary between practices and it is down to each individual practice as to how they manage their appointment system. There is no minimum time within which people can see their GP. Advice from the Royal College of General Practitioners states that if people feel the problem is urgent that they should ensure the receptionist understands this when the appointment is being made.

### **GP Patient Survey – South Tees CCG – December 2013**

15. The GP Patient Survey has been designed to give patients the opportunity to comment on their experiences of their GP practice. The survey asks about experiences of local GP practices and other local NHS services. The survey includes questions about a range of issues, such as how easy or difficult it is for patients to make an appointment at their practice, satisfaction with opening hours, the quality of care received from their GP and practice nurses, amongst other things. The survey is an opportunity for patients to have their say about how well their practice is doing at providing these services to patients.
16. Results from the December 2013 for the South Tees CCG area show that 32% of people find it very easy to get through to someone at a GP practice on the phone and 45% find it fairly easy. 74% of people were able to get an appointment or to speak to someone.
17. Regarding the type of appointment, 69% of people got an appointment to see a GP at the practice, 28% of people saw a nurse at the practice, 8% of people spoke to a

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<sup>1</sup> The Guardian, 10 September 2013.

GP on the phone. The majority of people, 59%, got an appointment on the same day or the next working day with only 9% waiting a week or more. The main reason for not being able to get an appointment was due to there not being any appointments on the day the patient wanted it, 51% and for 10% of people it was because they could not see their preferred GP. Overall people found the experience of making an appointment as very good, 39% and fairly good 40%.

18. The results of the survey are attached at Appendix 1.

### **Doctor First System**

19. The representative from the Local Medical Council, who attended the panel meeting, discussed the use of the Doctor First system, which was the name of the appointments booking system that was used in his practice, which includes the method of doctors calling patients where a face to face appointment is not deemed necessary. The system is a demand led system that allows practices to effectively manage patient demand by clinicians talking to all patients. Patients will be assessed on a clinical priority basis, if either the doctor or patient needs or wants to see the other then an appointment is booked without question.
20. Practices that have used the system have found that only half of the patients want to come in to see a doctor. The rest are helped directly, resulting in enough slots of the right size to give the patients the time they need on the day they want it. The potential knock-on effects are to reduce inappropriate patient usage of emergency and secondary care admissions and out of hours facilities.
21. The focus of the attention was much more on doctors working together with practice nurses and community matrons and freeing up doctors' time to help those most in need.

### **Findings from the visit to the GP practice**

22. The panel were invited to visit the GP practice in order to get a better understanding of the Doctor First appointment system.
23. TO BE INSERTED

### **The role of the receptionist**

24. The panel also discussed the role of the receptionists, due to anecdotal evidence regarding concern that receptionists were being used to 'filter' the appointments system and the perception that they were part of the clinical triage assessment. Dr Canning explained to the panel that the receptionist were part of a triage system to some extent in that they would follow an immediate course of action in circumstances, for example, where the patient on the end of the line outlined that they had chest pains or severe bleeding. They would also ask questions in order to direct the patient to the best person in the practice to deal with their ailment, often minor issues could be dealt with by a nurse practitioner for example. When Members expressed a view about the importance of the training for receptionists, Members were told that there are a variety of training courses which were available in terms of the Doctor First approach for receptionists, given the significant cultural change taking place in booking GP appointments. The panel were also keen to know that training was available for receptionists, in particular relating to interpersonal skills, child protection and confidentiality.

25. Members discussed the use of online facilities in order to be able to contact a GP. The panel were advised that this may work in limited circumstances, because an immediate response was not always possible. So for example, a person who may have a recognised on going minor problem such as hay fever, they could receive information on how to deal and treat minor symptoms. However this form of contact might not be appropriate for more urgent cases.

### **Future issues**

26. The panel were made aware of some issues for the future which may affect the access to GP services. Firstly, changes in legislation from October 2014 will mean that people will be able to register with a practice from outside their traditional practice boundary area. However there will be no obligation for the practice to provide home visits for such patients.
27. In terms of numbers of GPs, Members were advised about some of the difficulties in recruiting GPs, reference was made to a number of factors which could impact on the number of people entering in to the profession, such as the continuing administrative changes, different levels of remuneration to doctors based in hospitals, increasing workloads, changes to pension scheme and an increasing number of patients with complex conditions. Many GPs were also moving away, particularly to Canada, where there is a shortage of GPs and a very good quality of life, where the cost of living was lower and the wages were higher. Many GPs are women and when they leave to start a family, if they do not return to the workforce within 2 years they will have to pay to undergo training to return. It could be argued that this may inhibit women from returning and again, may have a long term impact on the numbers of GPs in the future.
28. The panel also heard that it was difficult to assess how many GPs there were across the country as the data held on GPs did not break down the number of days/hours worked per week for GPs. There are currently 45,000 GPs registered, however no data is collected on how many hours are worked by individual GPs.

### **CONCLUSION**

29. Based on evidence given throughout the investigation the Panel concluded:
- a) That they were reassured to hear from NHS England that they were encouraging GP practices to remove the premium rate 0300 service.
  - b) TO BE DISCUSSED AT THE MEETING

### **RECOMMENDATIONS**

30. That the Health scrutiny Panel recommends to the Executive:
- a) That NHS England ensures that there are no GP practices left in Middlesbrough which operate an 0800 number.
  - b) TO BE DISCUSSED AT THE MEETING

## **ACKNOWLEDGEMENTS**

31. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:

- Dr John Canning, Chair of the Local Medical Board
- Wendy Stephens, Primary Care Contract Manager, Cumbria, Northumberland, Tyne & Wear and Durham, Darlington & Tees Area Teams
- Steven Donlan, Practice Manager, Endeavour Practice, Middlesbrough

### **COUNCILLOR EDDIE DRYDEN CHAIR OF THE HEALTH SCRUTINY PANEL**

Date: April 2014

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## **BACKGROUND PAPERS**

The following background papers were consulted or referred to in the preparation of this report:

- (a) The minutes of the Health Scrutiny Panel 31 March 2014