

## **OVERVIEW AND SCRUTINY BOARD**

**1 JULY 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 the premium rate numbers beginning with 08 numbers (in particular 0844 and 0874), which GP practices were still using those numbers and what was being done to ensure that practices did not use an 08 number in the future.
  - How practices 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 premium rate 08 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 08 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 08 numbers.
7. It was brought to the attention of the panel that there were GP practices in Middlesbrough which had or still have an 08 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 08 telephone number. Three practices have switched to the 0300 number and the rest had an 01642 (local) number.
8. The two practices with an 08 number are as follows

Practice	Position
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	NHS England have confirmed that the number will be changing in 4 weeks (as at 23 April 2014) 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 be no 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 08 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
13. This statistic was however questioned as a somewhat doubtful statistic as the more recent figures include Walk in Centre attendances so the comparison is not 'like for like'
14. It was announced by the Government in April 2014 that £50m GP Access Fund will mean that patients at 1,1487 GP practices across England will be able to see their family doctor outside normal working hours, including late-night and weekend appointments or use of one the modern consultation tools for convenience.<sup>1</sup>

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

15. 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 GP, 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.
16. 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**

17. 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

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<sup>1</sup> The Guardian, 13 April 2014

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.

18. Results from the December 2013 Survey for the South Tees CCG area show that 77% of people found it very easy or fairly easy to get through to someone at a GP practice on the phone. 74% of people were able to get an appointment or to speak to someone.
19. 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 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%.
20. The results of the survey are attached at Appendix 1.

### **Doctor First System**

21. The representative from the Local Medical Committee, 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 GPs 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 GP or patient needs or wants to see the other then an appointment is booked without question.
22. Practices that have used the system have found that only half of the patients want to come in to see a GP. 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.
23. The focus of the attention was much more on GPs working together with practice nurses and community matrons and freeing up GPs' time to help those most in need.

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

24. The panel were invited to visit the GP practice in order to get a better understanding of the Doctor First appointment system.
25. The system is a demand led appointment booking system. It was viewed on 22 April, which, following the long Easter weekend holiday, could potentially be one of the busiest days of the year for the practice but as testament to the confidence in the system the practice allowed us to view the system in operation. The appointment system is such that when a person contacts the practice they are advised that a doctor will contact them to discuss their case. It is up to the patient as to whether or not they disclose the nature of their illness to the receptionist that takes the call, but they are advised that if they do so it will assist the doctor to be able to prioritise their call back. Approximately half the patients who speak to the

doctor will then come in to the practice for a face to face appointment, generally that will be on the same day. Some patients might be directed to the nurse in the first instance, for example for a blood sample, which saves them from having to take a trip to the doctors only to be told that they need a test first, they can then make an appointment to see the GP once the blood test results are known. Watching the system in operation, it could be seen that appointments were being made on the same day as people were calling the practice. There was a particular case which was viewed on the 22 April which showed that a person had contacted the practice at 8.15am and was seen by 9.15am that day.

26. If a person contacts the practice and it is inconvenient for them to wait for a doctor to ring them back they are generally put on hold until a doctor can speak to them. When viewing the system, it could be seen that there were vacant slots for each day. What the system does is allow the practice to be more responsive and therefore able to see people on the day they want the appointment.
27. The practice also issues a chart, on a business card, which has the details of the working days of each of their GPs within the practice, this assists patients when they ring to make an appointment because if they want a particular GP they know what days they are available.

### **Improvements**

28. Overall it was noted by the Management Partner that the system was working very well, the GPs at the practice were happy with the way it was running, patients seemed comfortable with the system and some improvements were being seen elsewhere as a result.
29. It is noticeable, in the practice, that there has been a decline in the number of 'Did Not Attend' ie. People not turning up for appointments. This could happen in the past for a number of reasons, when people are given appointments too far in the future they either get better, forget to turn up or no longer need the appointment. The more responsive system gives people an appointment within a day and means they are more likely to attend that appointment and the number of DNAs at this practice had almost halved.
30. The practice also reported a notable decrease, since the introduction of the Doctors First system, of patients from their practice presenting themselves to walk in centres. It could be argued that some people go straight to walk in centres rather than contact their practice, especially if they think they won't get an appointment. The walk-in centres were described by the Management Partner as having the potential to become a buffer for poor access elsewhere in the system. GP practices are given the details of all of their patients who have presented themselves to a walk in centre; sometimes those patients have not contacted their own GP practice to even try to make an appointment. When people know that they can always get an appointment, at a time suitable to them, then they are less likely to use the services of a walk in centre.

### **Table – CCG Implications – Urgent Care**

31. For the 4 practices which use the Doctors First system in Middlesbrough, the following impact on their share of the urgent care system, before and after the implementation of the Doctors First system, can be seen.

Service	Time	Share of Urgent Care System	
		Before	After
Walk in	During Surgery Hours	14.80%	11.10%
Walk in	Out of Hours	16.40%	15.7%
A&E	During Surgery Hours	17.20%	16.50%
A&E	Out of Hours	16.80%	16.50%

32. Another benefit of this system which has led to the freeing up of appointments through the day and thus a greater flexibility for the appointments, is that GPs at the practice are now able to schedule home visits earlier in the day, and if someone does need admitting to hospital as a result, the earlier visits have helped with staggering demand for ambulances and hospital beds throughout the day.
33. The practice did not claim that doing home visits earlier in the day had accounted for this drop relative to other practices but they did believe that it had contributed. Getting the most ill patients to hospital as soon as possible increase the chance that they will be dealt with on the day and back at home rather than taking up a hospital bed. The North East Ambulance Service have emphasised the importance of GPs visiting earlier in the day (Multi-disciplinary South Tees Urgent Care Conference 2012).
34. The cost for patients at the practice of non-elective admissions is now £8 lower than any other longstanding practice in Middlesbrough. In August 2012 (before adopting the Doctors First approach), the practice was the 4<sup>th</sup> lowest. The practice's costs have dropped by \$40 per patient since August 2012 whilst the average for Middlesbrough is a drop of £26.

### The role of the receptionist

35. At the meeting the panel also discussed the general role of a doctor's receptionist, 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.
36. 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

37. 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.
38. 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.
39. 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

40. 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 08 service and that no GP practices in Middlesbrough will have a premium rate from August 2014.
  - b) That they could see some of the benefits for patients as demonstrated by the Doctors First system. Particularly in the reduction of missed appointments, less use of the walk in centres and the positive spin off effects of earlier home visits for the ambulance service and on hospital admissions. However the panel does still have concerns about people speaking to their doctor on the phone rather than face to face. Anecdotal evidence from one panel member highlighted an incident where a patient had visited a surgery with one set of symptoms and the doctor, having physically seen that person, made a different diagnosis. Therefore the panel had concerns that if a person chooses to access their doctor by telephone there as some dangers in that the GP can't make a judgement by observation. This must be considered against the risk to the patient who may wait for a particular doctor or appointment and therefore waits for intervention which may have been more appropriately undertaken earlier.
  - c) Teamwork and an excellent telephone system are essential for the Doctor First system to work well. The panel saw the merits of the Doctor First system and would be confident in the system's ability were it to be introduced in other practices in the town. However, it was noted that greater funding any appointment system could be used to increase supply and that there are practices in the town that use the traditional approach and have good access.

- d) There are still some inconsistencies across the town in people's experiences of booking appointments. The patient survey highlights that 77% of patients found it very easy or fairly easy to get through to someone at a GP practice on the phone, leaving 23% of people who didn't find it easy or who didn't try.
- e) The panel understood the changing role of the doctor's receptionist and that they can be part of a 'triage' process to some degree which assessing the right course of action for a patient. The panel agreed that to ensure that they aren't 'gatekeepers' of doctors' appointments that practices must ensure that receptionists receive appropriate and ongoing training.
- f) The panel were worried about the possible looming crisis in GP numbers. Currently the fact that no information is held about the days/hours that GPs worked and which made it difficult to assess how many accessible hours were available to patients concerned the panel greatly.
- g) In addition to the panel's findings regarding the future numbers of GPs, the panel were also concerned about the impact of the policy of GPs having to pay to undergo training if they have been out of the workforce for more than 2 years. Whilst recognising that GPs' skills need to be up to date, the panel were concerned about the impact this may have of people taking career breaks, who may then be put off from returning to the workforce, particularly women GPs who may have taken time out to have a family.
- h) The panel noted the changes which were due to take place in legislation October 2014, which would allow people to register with a practice from outside their traditional practice boundary area.
- i) The panel were also interested in the recent announcement which may see more practices opening longer hours in Middlesbrough.

## RECOMMENDATIONS

41. That the Health Scrutiny Panel recommends to the Executive:

- a) That NHS England ensures that there are no GP practices which operate a premium rate 08 number in Middlesbrough now or in the future.
- b) That a piece of work is undertaken in the Health Scrutiny Panel 2014-15 work programme by the Panel in conjunction with the South Tees CCG and NHS England on the current coverage of GPs in the area how the health service is assessing the situation and planning for the future supply and demand of GPs.
- c) That the Council writes to the NHS England to ascertain more detailed statistics on the numbers of GPs and to capture the number of hours they are available to patients.
- d) That the Council writes to the Department of Health, with their concerns about the falling numbers of GPs, and the future impact that this may have, and ask them to comment on how they could facilitate making a GPs return to practice easier.



- e) That people are fully informed when they join a practice which might not be near their home address that they will not be eligible for home visits from a doctor from that surgery due to the distance.
- f) That the Panel will request a position statement on the topic of longer opening times from the Local Medical Committee with a view to undertaking a further investigation of this issue if appropriate.

## **ACKNOWLEDGEMENTS**

42. 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 Cleveland Local Medical Committee
- Steven Donlan, Management Partner, Endeavour Practice, Middlesbrough
- Wendy Stephens, Primary Care Contract Manager, Cumbria, Northumberland, Tyne & Wear and Durham, Darlington & Tees Area Teams

### **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