

Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Scrutiny Officer complete the scoping template.
3. The Council Overview and Scrutiny Committee reviews the scoping document
4. The Select Committee agrees membership of the task and finish group.

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| Review Topic: Access to General Practice in Surrey |
| Select Committee(s) Health Scrutiny Committee |
| <p>Relevant background</p> <p>NHS England directly commissions primary Care (GP's, Dentists, Optometrists and Pharmacists) and has approximately 1,800 Primary Care contracts. Area Teams deal with a limited number of locally contracted GPs. Clinical Commissioning Groups take on a role for developing primary care services for their local population.</p> <p>NHS England states that General practice and wider primary care services face increasingly unsustainable pressures. There is a recognition that primary care wants and needs to transform the way it provides services to reflect these growing challenges.</p> <p>The Committee and its Member have had local reports of issues with accessing GP appointments and wish to pursue the matter at a Surrey level.</p> |
| <p>Why this is a scrutiny item</p> <p>Primary Care is expected to take on a greater role in relieving pressure on the Acute sector of the NHS. It must do this against a backdrop of static or reduced financial resources, demographic change and increasing prevalence of complex conditions.</p> <p>Access to GPs is the entry point to Primary Care for most residents. Scrutiny of the issues facing the sector in Surrey can publicise the pressures specifically facing GPs and the feasibility of an expanded role for them in the health system.</p> <p>The Task group will gather evidence specific to Surrey General Practices to generate awareness of the current situation, potential areas of improvement that would improve outcomes for Surrey residents.</p> |

What question is the task group aiming to answer?

What is the current status of accessibility to General Practice across Surrey?

- What are the current barriers people face?
- What is working well and where?
- How can General Practice improve accessibility?

Accessibility is defined as:

1. Methods – telephone, automated telephone, on-line, in person.
2. Availability of these methods – what does each practice offer?
3. Ease – how easy are these methods to use?
4. Safety net – do these methods accommodate vulnerable/at-risk groups such as those with a disability, the elderly and the un-registered?
5. Results:
 - a) Time taken to receive an appointment (days/weeks etc.)
 - b) Appropriateness of the result (male or female Doctor, continuity of care, requisite expertise/knowledge)

Aim

The group will deliver evidence on the current state of accessibility to General Practice in Surrey.

Objectives

- a) To gather relevant evidence for providers and users
- b) To collate findings into a report
- c) To publicise the investigation and results

To be completed by November 2014

Scope (within / out of)

Within: all Surrey General Practices.

Out: the remaining elements of Primary Care – dentistry, optometry, pharmacy. General Practices outside Surrey which have registered Surrey residents.

Outcomes for Surrey / Benefits

The review can help contribute to the County Councils priorities, in particular:

- *keeping families healthy and helping families thrive* – by creating a body of evidence on ease of access that reassures families that they can make appointments that can make a difference
- *supporting vulnerable adults and protecting vulnerable children* – by highlighting good practice and adaptations in its report for those in need

Scrutiny of the issues in Surrey can publicise the pressures facing GPs and the feasibility of an expanded role in the health system for Primary Care.

The Task group will gather evidence specific to Surrey and make recommendations to providers and commissioners encouraging best practice that improves outcomes for Surrey residents.

Proposed work plan

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

| Timescale | Task | Responsible |
|------------------------|--|---|
| May to July | <p>1. Run a forum for Practice Managers. Forum to be held to brief Practice Managers and gain buy-in for Task Group aims and request their help in the collection of data.</p> <p>2. Ascertain availability and enthusiasm among Practice Managers and whether an existing forum can be used. If not, the Group will need to organise events in different parts of the County to facilitate attendance.</p> <p>3. Brief Commissioners on the aims and objectives of the Task Group and benefits for these organisations.</p> | Task Group/ Scrutiny Officer/ Practice Managers |
| August to September | <p>Design and disseminate questionnaire on access to GPs to Practice Managers</p> <p>Other key stakeholders will include:</p> <ul style="list-style-type: none"> • Clinical Commissioning Groups • Healthwatch Surrey • NHS England Surrey and Sussex Area Team • Patient Partnership Groups • Wider public | Task Group, Scrutiny Officer |
| November | Analysis of data and draft report | Scrutiny Officer |

Witnesses

Practice Managers, GPs, Commissioners, Healthwatch, Patient Groups, Residents

Useful Documents

NHS England Surrey and Sussex Paper to Health Scrutiny January 2014



Primary Care
Commissioning Intent

Improving General Practice – a call to action. Evidence Pack



NHS England
Evidence Pack.pdf

General Medical Services Contract 2014/15 Guidance



GMS_contract2014-2
015_guidance_audit_

Personal Medical Services Agreements and Review



gp pms agreements
0904.pdf



PMS review.pdf

Quality and Outcomes Framework 2014/15



gpqofguidance2014-
15.pdf

Potential barriers to success (Risks / Dependencies)

Dependent on cooperation of Practice Managers to collect data on the accessibility to their Practices.

Requires support from GPs, the various commissioning authorities and sufficient public engagement to deliver comprehensive Surrey-wide evidence on access.

Equalities implications

There are no initial indications of negative impacts. The work could uncover variations and groups or individuals effected by accessibility and lead to positive outcomes.

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| Task Group Members | Ben Carasco, Karen Randolph Tim Evans Tim Hall |
| Co-opted Members | n/a |
| Spokesman for the Group | ? |
| Scrutiny Officer/s | Ross Pike |