

HEALTH SCRUTINY REPORT FROM THE MEETING OF 13 OCTOBER 2021 FOR WEST SUFFOLK OVERVIEW AND SCRUTINY 11 NOVEMBER 2021

The main focus of this meeting was to consider the impact that current challenges in delivering Primary Care services has on patients. I am including pages 11 to 33 which provides detailed information on the Scrutiny Focus, the Provision of GP Services in Suffolk (**Appendices 1A and 1B**) and the Healthwatch report (**Appendix 1C**) prepared for the meeting.

I would particularly note Page 15 of Evidence Set 1 (**Appendix 1B**), item 2 where it identifies many of the additional pressures impacting the Service.

The Committee wished to consider ways in which the demand on the Primary Care Services could be reduced or supported and I have included the (very) DRAFT recommendations from that meeting – which have yet to be formally prepared and agreed but are for your general information.

One of the significant learning outcomes from the discussions is how Primary Care has changed over the years. Whilst it has always been the “gateway” to public health, it has had to absorb much of the care in the community work and is often challenged by the problems arising from secondary care – for example, where a patient is ‘referred’ but has not received an appointment in a timely manner, the patient invariably re-contacts the surgery to have this chased up on. The lack of dental care, podiatry or blocked ears are just some of the issues which end up back at the GP Surgery seeking help.

Any GP practice with a patient load of 10,000 will typically have 20,000 prescriptions to review each month – this alone is exceptionally time consuming and much of these administrative duties are undertaken after the surgery closes. With patient expectation and the demands of the service growing rapidly, it is unsustainable, even given the proposals for integrated services with seamless transfer of care which seek to avoid duplication of work.

It is quite clear that the service needs more staff, more funding, more work on prevention and self-care and less administration. The public are unconcerned with the pressures on the system and simply want to have their needs met.

There is of course often a significant difference between what is “needed” and “wanted” and perhaps some more education in this area would help diffuse the frustrations and provide greater confidence in the system.

It is evident that the public do not understand the huge benefit of having multi-disciplinary teams and seem to believe this to be a “cheap option” and “second-class service”. In reality of course, these highly qualified and competent staff were historically the “secondary” service to whom the GP referred patients but are now integrated in the Surgery, avoiding the unnecessary step of seeing the GP first. Changing a long-established public perception that the GP needs to see every patient is one of the primary challenges and will feature within the Recommendations.

It is important that the Committee focuses on what is realistic and achievable when considering its recommendations. We will need to consider:

- What are we seeking to achieve?
- To whom do we make the recommendation?
- What is the benefit of implementation?
- How and when can we measure the impact?

DRAFT NOTES NOT YET APPROVED
Agenda Item 5 – GP Services in Suffolk

1. At Agenda Item 5, a report was received on the current issues affecting capacity and demand within general practice in Suffolk. The Committee received evidence from Ipswich and East Suffolk CCG, Norfolk and Waveney CCG, the Suffolk Local Medical Council, a frontline GP, the Suffolk Local Pharmaceutical Committee and Healthwatch Suffolk.
2. Following consideration of the written reports, presentation and responses to the questions, the Committee thanked the Panel for making time to attend the meeting and acknowledged the current pressures being experienced within general practice.
3. The Committee:
 - a) agreed that there was significant evidence to demonstrate that the business model for general practice was no longer fit for purpose and was effectively constraining innovation and adaptation to meet new challenges, whilst noting this was a national issue and not something the Committee was likely to be able to influence;
 - b) expressed support for Norfolk and Waveney CCGs campaign to raise public awareness of the range of qualified professionals now involved in providing health services at their local GP practice;
 - c) commended the proposal of Suffolk and North-East Essex CCGs to deliver a similar campaign of awareness raising with their population;
 - d) recommended to the CCG Boards that these campaigns should take a two-pronged approach aimed at i) developing public trust in multi-disciplinary services and managing patient expectations of primary care across the CCG area, and ii) asking practices to undertake communications with their own practice population about “who’s who” at the practice and what services they can deliver;
 - e) recommended to CCG Boards that a piece of work should be instigated with their relevant system leads to seek to identify some quick wins to improve referral pathways which would eliminate double handling, bureaucracy, delays and inefficiencies (for example, self-referral for some specific pathways where this was deemed appropriate);
 - f) recommended to CCG Boards that consideration should be given to what support could be offered to practices currently experiencing extremely high/unmanageable telephone call volumes;

- g) requested the following information bulletin items:
 - i) information about the model and services available at the Riverside Clinic in Ipswich, which was suggested as an example of good practice;
 - ii) details of the nurse practitioner role within general practice including information about training and types of treatment being delivered on 26 January 2022.

END