

Health Scrutiny Committee

13 October 2021

The provision of GP Services in Suffolk

Summary

1. This report considers the current provision of GP services in Suffolk, although many of the issues explored here are not exclusive to Suffolk. The report includes information about the experience of patients (both positive and negative) of general practice in Suffolk and looks at what is being done to ensure people can access appropriate services to meet their need.

Objective of Scrutiny

2. To examine the current issues affecting capacity and demand within general practice in Suffolk.

Scrutiny Focus

3. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:
 - a) What are the issues leading to additional demand pressures in general practice in Suffolk and to what extent are these reflected nationally?
 - b) Why are GPs leaving general practice and what can be done to address this?
 - c) To what extent are COVID-19 restrictions continuing to have an impact on the availability of GP services?
 - d) To what extent do internal processes within the wider health and care system impact upon practice workload?
 - e) What can be done to improve patient experience in relation to telephone and digital (on-line) access?
 - f) To what extent are system partners, (eg Integrated Neighbourhood Teams and pharmacies) alleviating the pressures on general practice? Is this consistent across Suffolk?
 - g) What is being done to raise public awareness of the issues being experienced in general practice and to help manage patient expectations?
 - h) How can we move to a more sustainable model for the future?
4. Having considered the information, the Committee may wish to:
 - a) make recommendations to NHS commissioners;
 - b) make recommendations/seek to influence general practice and/or its representative bodies;

- c) make recommendations/seek to influence partner organisations in the health and care system;
- d) request further information;
- e) agree to undertake further scrutiny.

Contact details

Theresa Harden, Business Manager (Democratic Services); Email: Theresa.harden@suffolk.gov.uk; Tel: 01473 260855

Background

5. On 27 August 2021 members of the Health Scrutiny Committee met informally with representatives from NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG) to receive a briefing on general practice. The purpose of the informal briefing was to bring new members of the Committee up to speed with current issues in general practice and to agree the key areas of investigation for a formal scrutiny review in October 2021. A summary of the topics covered in the informal session is set out below.
6. Members were informed that general practice was commissioned and funded on a per capita basis, based on the practice registered patient list. It was up to the practice how it used the funding received, as long as the requirements of their contract for the provision of services was met. Therefore it followed that a larger practice, with a large but relatively healthy patient list may find itself on a firmer financial footing than a smaller practice with a poorly population.
7. A practice was usually formed as a partnership for the purposes of contractual arrangements and employment of staff. A partnership with several partners meant that risk was shared. However, GPs were leaving the service to move to other opportunities or retiring and newly qualified professionals appeared to find buying into a partnership less desirable in recent times, potentially due to increasing financial risk and reduced financial incentive as well as wider opportunities to work across a range of settings within the health and care system.
8. Members heard that practice premises were often owned by a third party and rented or owned by the practice. Over time, buildings had become in need of investment, too small, or no longer fit for purpose. Where a new surgery was required (for example as a result of significant housing development) NHS England and the CCG would seek expressions of interest from practices to run the new build surgery, or a practice may open up a branch surgery. However, availability of staffing for new provision was a significant constraining factor. The issue of efficiencies of larger scale provision was discussed, with the resultant economies of scale this could achieve. However, members highlighted that there was a need to also consider the practicalities of patient access to services, particularly in rural areas of the County where transport was less readily available.
9. Members were informed about the Quality and Outcomes Framework (QOF), a voluntary annual reward and incentive programme for general practice which provided a set of achievement measures against which practices could score points and gain financial reward. The information about annual points scored by

practices was published and members questioned whether judgements may be made about how well a practice was doing based on these scores, when the scores may be a result of issues which were outside of the practice's control (for example the availability of a vaccine).

10. Discussion took place about demand and capacity and it was generally accepted that a growing ageing population and people living longer with more complex health issues meant demand for services was increasing. Meanwhile, GPs were retiring and fewer newly qualified GPs were entering the profession. These issues had been compounded further by the impact of the COVID-19 pandemic, and additionally by the backlog of elective care in acute hospitals meaning people were having to manage health problems themselves for longer. It was a misnomer that there was a national requirement for a maximum number of patients per GP and demand and capacity pressures on services were continuing to increase.
11. The Committee considered the role of the Suffolk GP Federation, which was an umbrella body in the form of a not for profit Community Interest Company. The Federation provided services for which there was benefit in delivering over a wider geographical footprint. Examples were provided of the Out of Hours Service and GP+ which provided extra appointments for people who urgently needed to see a doctor in the evenings and weekends and bank holidays.
12. Primary Care Networks (PCNs) had been put in place with the aim to address what was fundamentally a fragmented service made up of numerous individual businesses with no single voice. PCNs also sought to help address problems with recruitment and retention by employing a range of health professionals to work across practices to help in easing the load on the numbers of people needing a GP appointment.
13. Suffolk Primary Care was explained as a partnership of like minded GP surgeries covering around 130k patients, which worked to share resources and collaborate with a view to achieving economies of scale through, for example, shared clinical oversight and back office services such as HR and Payroll. Members of the Committee questioned whether there was an opportunity to develop shared systems to manage patient enquiries (for example through diversion of telephone calls to another number at busy times) to avoid lengthy waits. Members heard that the current multitude of systems within the various practices would mean significant financial and staff resources would be required to achieve this, when staff were already stretched to the limit.
14. Discussion took place about the patient perception and expectations of general practice, for example the expectation of being able to request an appointment with a named GP. It was noted that practice staff were increasingly becoming subjected to rudeness and verbal abuse from members of the public who considered that the service they were receiving from their practice was below what they should expect. This in turn meant staff were leaving. The question was discussed of how public awareness could be raised about the role of the wider range of professionals now working in practices and the pressures being experienced. It was noted that discussions had taken place with NHS England about a national communications campaign to raise public awareness but no action had been taken on this to date. The role of local media was also discussed in influencing public opinion and awareness raising.

15. Members discussed issues raised by constituents who had become frustrated with on-line systems, such as e-consult, which were not user friendly and people found difficult to navigate. The issue of lengthy telephone answering messages was also raised. There was discussion about the role and effectiveness of e-consult and the extent to which this system was able to alleviate pressures on services.
16. Following the discussion, members were invited to come up with key issues for investigation for the formal scrutiny meeting on 13 October 2021, and these are set out at paragraph 3 above.

Main body of evidence

17. The main body of evidence has been compiled by the Deputy Chief Operating Officer for Ipswich and East Suffolk CCG and is attached as Evidence Set 1.
18. To supplement the report, the Committee will receive a joint presentation from representatives of Ipswich and East Suffolk and West Suffolk CCGs and also Norfolk and Waveney CCG (for the Waveney area of Suffolk) at the meeting.
19. Evidence Set 2 has been compiled by Healthwatch Suffolk. This report is intended to offer a general overview of some of the issues (both positive and negative) local people have raised about GP practices in Suffolk.

Glossary

AHP – Allied Health Professionals

CAMHS – Child and Adolescent Mental Health Services

CQC – Care Quality Commission

DXS – referral software

EAU – Emergency Admissions Unit

ECG – Electrocardiogram

EEAST – East of England Ambulance Service NHS Trust

GP – General practitioner/general practice

HEEoE – Health Education East of England

ICS – Integrated Care System

IMG – International Medical Graduate

INTs – Integrated Neighbourhood Teams

IRMER – Ionising Radiation (Medical Exposure) Regulations

NHSEI – NHS England/Improvement

NSFT – Norfolk and Suffolk NHS Foundation Trust

PCN – Primary Care Network

PGDs – Patient Group Directions

SNEE – Suffolk and North East Essex

SOP – Standard Operating Procedure

WSHFT – West Suffolk Hospital NHS Foundation Trust