

# Agenda

## Health and Adult Social Care Scrutiny Board

**Monday, 4 October 2021 at 6.00 pm**  
**Council Chamber - Sandwell Council House, Oldbury**

**1 Apologies for Absence**

**2 Declarations of Interest**

Members to declare any interests in matters to be discussed at the meeting.

**3 Access to Primary Care**

5 - 28

To receive presentations on the current position on access to Primary Care services in Sandwell.



**Kim Bromley-Derry CBE DL**

**Interim Chief Executive**

Sandwell Council House

Freeth Street

Oldbury

West Midlands

**Distribution**

Councillor E M Giles (Chair)

Councillors H Bhullar, Akpoteni, E Costigan, Davies, Fenton, Fisher, L Giles,  
Khatun and Melia

Contact: [democratic\\_services@sandwell.gov.uk](mailto:democratic_services@sandwell.gov.uk)

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## Report to Health and Adult Social Care Scrutiny Board

4 October 2021

<b>Subject:</b>	Access to Primary Care
<b>Director:</b>	Dr Lisa McNally - Director of Public Health
<b>Contact Officer:</b>	Stephnie Hancock Senior Democratic Services Officer <a href="mailto:stephnie_hancock@sandwell.gov.uk">stephnie_hancock@sandwell.gov.uk</a>

### 1 Recommendation

That the Board considers and comments upon the information presented to in on the current position regarding access to Primary Care in Sandwell.

### 2 Reasons for Recommendations

The Board will receive presentations on the current position regarding access to Primary Care in Sandwell, following which members will have the opportunity to ask questions of the NHS partners in attendance.

### 3 How does this deliver objectives of the Corporate Plan?

	<p><i>People live well and age well</i></p> <p>Access to primary care is fundamental to enabling our population to remain healthy and reduce health inequalities.</p>
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## 4 Context and Key Issues

At its work programming event held in June 2021, the Board agreed to look at access to primary care and the impact that the covid-19 pandemic has had on those services.

## 5 Implications

<b>Resources:</b>	There are no direct implications arising.  Access to primary care is fundamental to the health and wellbeing of Sandwell's residents.  Any further written reports will detail any relevant implications.
<b>Legal and Governance:</b>	
<b>Risk:</b>	
<b>Equality:</b>	
<b>Health and Wellbeing:</b>	
<b>Social Value</b>	

## 4 Appendices

None.

## 5. Background Papers

None.



## Healthwatch Sandwell GP Access update October 2021

### Sandwell Health and Adult Social Care Scrutiny Board

#### Background

The purpose of the report is to share information and stories received from the people of Sandwell about GP access.

Both before and during the pandemic GP access has been the biggest issue that people have talked to us about. GP services are the route to other services as well as the go to place when people have health concerns. Although the pandemic has not helped many of the issues, we are hearing consistent feedback about the same issues:

- Difficulty in booking an appointment
- Waiting time for appointments
- Inconsistent communication about changes to how things are done
- Access to regular treatment and medication

#### What people are telling us

Below are extracts taken from some of HWS reports 2020/21 in regard to GP access.

Link to full reports found here <https://www.healthwatchesandwell.co.uk/reports/>

#### Health and Social care – The Views of Young People March 2020.

There were mixed views about GP access but when asked about what worried them about health services, being able to access appointments was a key area of feedback from survey respondents. Likewise, in some of the focus groups being able to access appointments was a concern that was raised with comments being made such as *'you call, and they are engaged'* or that they *'have to ask for an emergency appointment even if it's not an emergency because other appointments have gone.'* One participant in a focus group said that they used a Doctor App commenting that it was *'pointless, you go through all the questions, and it says you need to see a GP and then there isn't an appointment.'* Another participant commented that the waiting time for appointments *'are really long or you're offered appointments at inconvenient times, and you're forced to take them unless you're willing to wait even longer and sometimes you can't afford to wait.'*

#### Accessing Healthcare in Sandwell: Homelessness Project Report 2020

Respondents were asked about their experiences of accessing GP services in Sandwell. 9 individuals reported that they had experienced significant issues in accessing GP services, where respondents had reported some issues or significant issues, they were asked to provide more detail about this when asked to describe access to services, this included experiences of registration, treatment, professional relationship, and care received from all staff with within primary care.

Feedback from assertive engagement with street homeless found that there were mixed views about accessing GP appointments. Some described it as being *'straightforward'*. However, some described it as being *'difficult'*. This was partly due to appointments not being available but also due to lack of identification. When questioned about what happens when an appointment can't be accessed with a GP, the comment was made *'I just ride it out'* The street homeless talked of feeling uncomfortable in a GP surgery, that people (the public) were looking at them in a way that they felt judged. Some described that staff were either very helpful or rude.

### Deaf Focus Group report June 2020 – pre covid report

The group identified that there were GP practices where it is was difficult to obtain an appointment, sometimes with a 2 to 3 week wait. A person described being asked to arrive at the surgery at 8.00 am and there were over 30 people waiting outside, when they reached the front of the queue there were no appointments. Sometimes they have to hang on the phone to get connected, which is also frustrating. Some were concerned that when they are visiting the surgery to make an appointment the surgery is empty and yet they cannot get an appointment.

Some people have been advised to book appointments via the internet and some said that there no appointments for 3 weeks. This is a national issue for the general public as well as those who are deaf or hard of hearing.

### People Views and Experiences of how Covid 19 had affected them

In relation to GPs, people spoke to GPs directly via telephone for advice. If you think you may have had COVID - 19, did you seek medical advice or care whilst you had symptoms? *'Doctors refused to speak to me... NHS 111 were very helpful. Could not get Drs appointment and at the time ....(early February) Doctors were only interested in people who had come into contact with anyone from Wuhan or visited an infected area'* Respondents described being misdiagnosed as their systems could have been COVID – 19: *'After weeks of a bad cough and flu symptoms and a tight chest I had malaria. This was not treated promptly because health care workers including myself were convinced, I had COVID – 19' 'Symptoms were before COVID - 19 was supposed to be in UK - it now appears COVID was in the UK when I had symptoms'*

### Access to Mental Health and Well-being Services in Sandwell During COVID-19 Pandemic March 2021

One of the focus groups took place with a deaf and hard of hearing group from Sandwell Deaf Community Association. Their concerns and issues were unique to that group with them being largely concerned with communication issues and being able to access services remotely. One participant pointed out *that 'telephone consultations do not work for us'* and more generally that there was a *'lack of understanding of the needs of deaf people'*. Accessing healthcare was a particular source of anxiety because *'now you have to listen to lots of recorded messages'*. The use of masks by medical practitioners was also a source of stress because of the communication issues they caused with one participant saying that *'I had to call 999 in an emergency...and then I had to lipread the Paramedics who were wearing masks. It was so stressful'*.

### Using Digital Technology in Primary care Services March 2021

The Covid-19 pandemic meant sudden adjustments within GP Practice services, including to address patient and staff safety face-to-face services became the last, rather than first option. Individuals and organisations have had to adjust rapidly to using digital technology and remote services. Healthwatch Sandwell wanted to find out how well patients had adjusted to the changes in primary care services and what challenges may have arisen.

We found out that many people were in digital poverty – unable to access digital technology or had issues with data supply. Working in collaboration with some community support organisations in Sandwell we conducted focus group work to look at the particular issues in using and accessing services through digital technology for some groups with support needs. 152 people completed the survey and 57 people took part in focus groups. Some of the main findings are shown below:

- 55% of people were put off contacting G due to Covid
- Online NHS 111 and virtual GP usage increased
- Face to face, phone call and letter were preferred
- 44% of people found digital technology difficult to use

- 56% lack of familiarity due to age
- 22% due to sensory disability
- 17% due to English not a first language
- 30% difficult to access equipment /data supply
- 28% owned a mobile phone without internet
- 5% did not own any technology
- 49% used internet for booking
- 44% used technology for health and well being

### What we are hearing:

Below is a snapshot of some of the issues we have recently heard about from the public:

- A person tried for 5 days to get an appointment with the GP. The GP then cancelled the appointment and informed the person to book again using the online booking system. The person did not have a device where this was possible.
- We heard from a person who tried to cancel an appointment but was unable to get through on the telephone. They waited for the appointment and told the GP that the appointment was not necessary. The GP was not empathetic and said that it was a waste of an appointment.
- We heard from a person that they had been told by GP to book a blood test at the end of June. At the end of May, they called the phlebotomy service on 26 occasions until they got through - only to be told that they were unable to book so far in advance and they would need to call back.
- A person tried to book an appointment with GP as they were concerned about their eyesight. They were told to make an appointment with the Optical services. This appointment took three weeks. The Optician advised that the person needed to see the GP in the first instance.
- We heard from a carer of a person with learning disabilities and Autism, that one of the GPs from the practice had refused to continue with the appointment as the dependant was not present and of consenting age. The parent advised the GP that consent had been given, it was recorded on case files and that there had not been any issues in the past. The GP refused. The carer had waited two weeks for the appointment.
- We heard from a person who was trying to register with a GP. They had tried multiple surgeries in the area but had been turned down.
- We have heard about an individual who felt they had no choice but to arrange a private consultation after being passed between the GP and A&E on a number of occasions.

The following 2 case studies provide a more detailed picture of people's experiences:

#### Case one

We have heard about an individual who visited the GP on numerous occasions over a six-month period seeking support for persistent sickness. They were not offered diagnostic tests with COVID-19 being the reason given. The person eventually arranged a private CT scan Healthwatch Sandwell Local Intelligence Report April – June 2021 Page 9 and was admitted into hospital the same day in a life-threatening situation. Following this the person was diagnosed with advanced stomach cancer and secondary bowel cancer.

#### Case two

We had a person calling us who was experiencing depression and anxiety and expressed suicidal thoughts\* due to family breakdown and being turned down for a job. The person reported that they had no medication and had called the GP practice for over a week to be turned away as there are no appointments. They had been advised to go to the Walk-in centre by staff at the GP practice but they wanted to talk to a GP who knew their history. Healthwatch Sandwell tried to refer them to Healthy Minds as the person informed Healthwatch Sandwell that the GP had made a referral in April 2021. The person had also called Healthy Minds themselves and was informed that they are waiting for the referral from the GP which they haven't received. The person requested contact details for other GPs in the area as they were considering changing. Healthwatch Sandwell contacted the Practice Manager and left voice mail and email requesting them to chase up the Healthy Minds referral and medication. The Practice manager responded and referred this to the deputy to deal with and get person sorted that day. Healthwatch Sandwell was later informed that the person was allocated a telephone consultation that day and they were chasing up the referral with Healthy Minds. Healthwatch Sandwell also contacted the Healthy Minds Counselling Service who had been trying to call the person but was getting through to their voice mail. Healthy Minds signposted Healthwatch Sandwell to the Crisis Team and Single point of referral (Black Country Healthcare NHS Foundation Trust). Healthwatch Sandwell contacted The Crisis Team (as the patient is not known) they gave Healthwatch Sandwell the phone number for Single point of referral, but the latter only take referrals from medical professionals. Healthwatch Sandwell was then signposted to a 24/7 helpline (Black Country Healthcare NHS Foundation Trust) that take referrals from anyone. Healthwatch Sandwell made a referral. Healthwatch Sandwell rang the person and explained what was happening. The person was very thankful.

\* Healthwatch Sandwell risk assessed the situation and believed the patient was not an immediate risk to themselves and a call to the police was not appropriate.

### What should happen next:

Based on what we have been hearing about and conversations with patients' consideration could be given to:

- Methods for supporting patients understand all routes and methods to accessing GP services
- GP practices should be supported to consider how patients may have different communication needs and adapt the method of communication accordingly
- GP practices should ask patients what their preferred method of communication checking in at appointments or proactively getting in touch with patients
- GP practices should ensure relevant and up-to-date information on their websites
- Appointments should meet people's needs
- GP practices to consider that routinely offering remote appointments before face-to-face appointments disadvantage some people, some older people, people with learning disabilities, people with Autism, homeless people, people with sensory and communication impairments, people who cannot access technology
- GP's should provide better access to regular treatment and medication

Healthier place  
Healthier people  
Healthier futures

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# Sandwell GP Access



Black Country and  
West Birmingham  
Clinical Commissioning Group



Dudley | Sandwell | Walsall | West Birmingham | Wolverhampton

[www.blackcountryandwestbirmccg.nhs.uk](http://www.blackcountryandwestbirmccg.nhs.uk)

## Coming out of lockdown

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- Anxiety to contact the GP during the pandemic/lock down
- Not responded to symptoms/changes in their condition
  - Physical and mental health consequences of isolation
  - Concerns raised by the public in accessing primary care
  - Activity across all services/all systems significantly increased

## Additional pressures

- Delivering the vaccine programme
- Managing sickness and isolation of staff
- Review/amended operational processes – blend telephone and face to face



# Restoration of primary care

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National picture – appointments returned to pre-COVID levels  
Replicated in BCWB CCG

- January 2020 – approx. 645k
- June 2021 – approx. 636k



Graph to show GP appointments - Jan 20 – June 2021



# Face to face appointments

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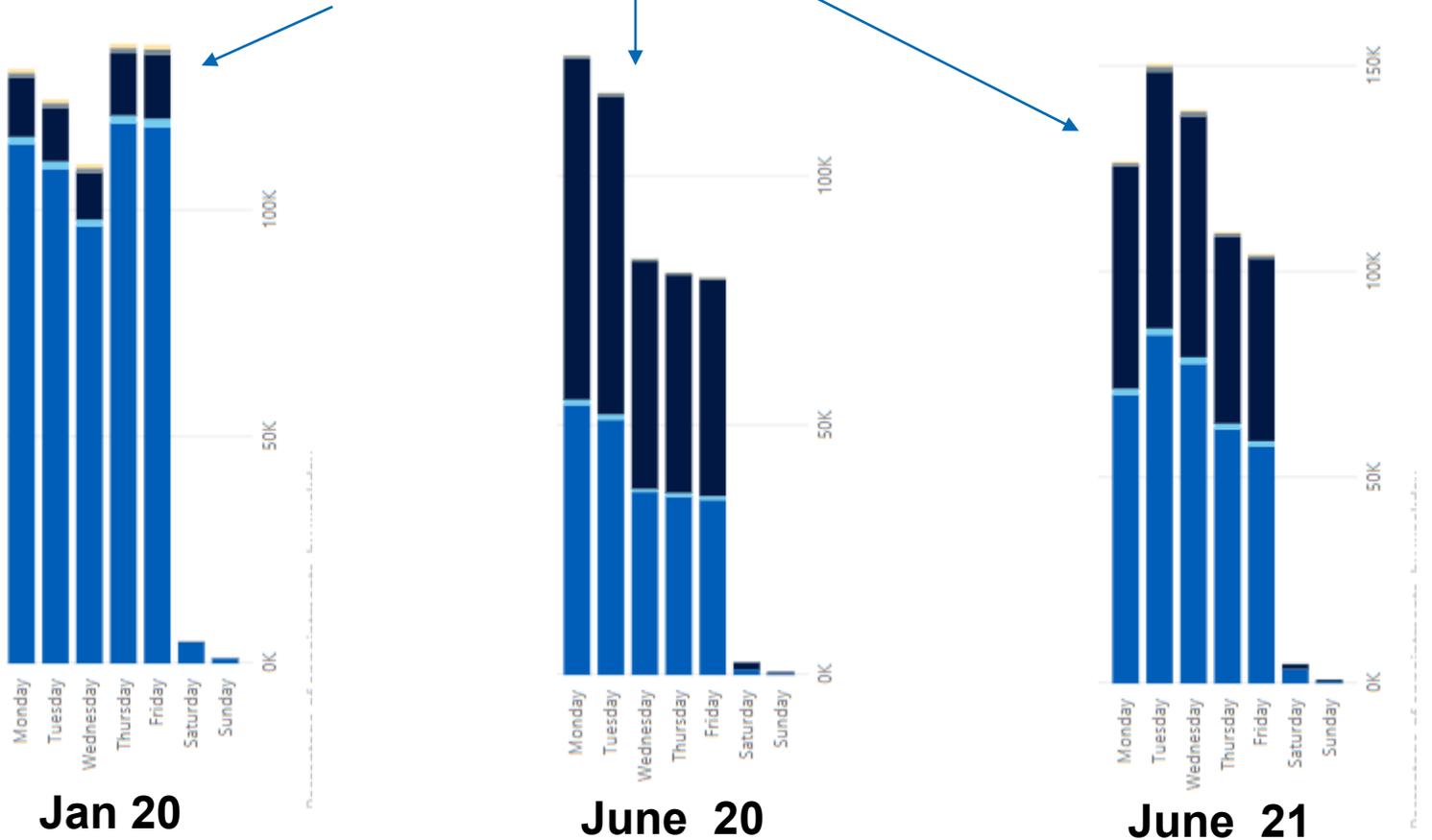
Implementation of telephone triage

Practices now working to dovetail triage with increasing face to face appointments.

Proportion of face to face continues to increase

Face to face appointments →

Telephone appointments



# Changing complexity

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March 2021 – National LMC snapshot survey

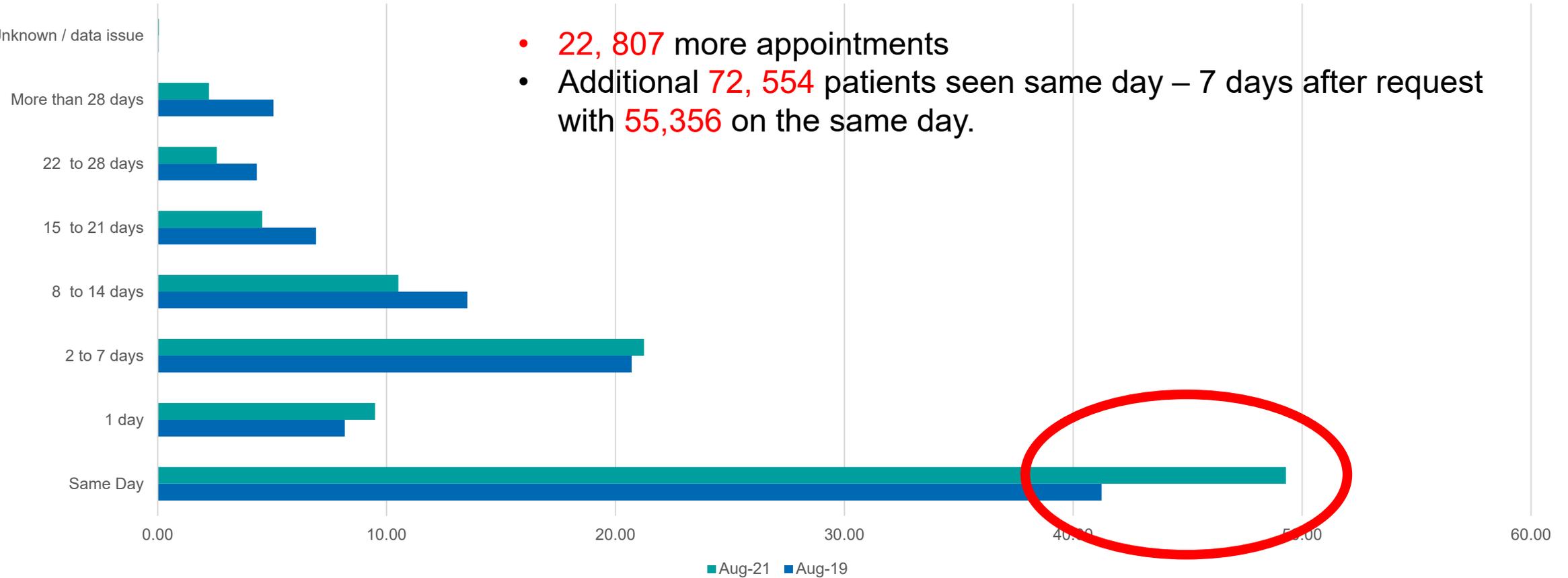
- 69% patients are complex
- Over 50% of GPs advised of increasing consultation times
- An average of 37 patients a day (increased from 28)
- Changing expectations from the public



# National appointment data - BCWB position August 2019 compared to August 2021

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Chart Title



# Approach

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Four areas of work

Underpinned and driven by co-production

Co-ordination of all work on access at both place and at system level

Local  
improvement  
plans

Consolidate  
national must  
dos

Centralised  
oversight of all  
system wide  
programmes

New emerging  
projects

Co-production with patients and clinicians as equal partners



# Early work - enhancing our local knowledge

Complements local intelligence/feedback from patients and the public

Provide information to aid the development of local plans/signpost practices

Three core areas of intelligence :-

a) **Snap shot review** - websites, telephone response times, social media

b) **Dashboard development**

- Small set proxy markers pre/post COVID
- “Near time dashboard” - access priority area

c) **Review of General Practice Satisfaction Surveys** (pre and post COVID)



## Assessment of views from Jan – March 2020 and 2021

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The standards compared are:-

- Find it easy to get through the surgery by telephone
- were satisfied with the type of appointment offered last time they tried
- describe their overall experience of making an appointment as good
- helpfulness of the receptionist
- How often speak or see preferred GP

Areas of high achievement - can be used as best practice

Areas of change - suggests challenges to respond to demand

NB/ the 2021 survey was completed at the height of the vaccination programme



# Proxy markers

Statistical tool z score  
to help to aggregate  
markers.

Markers used to rank  
practices

It highlights where  
practices have  
maintained their  
position - examples of  
good practice

Disproportionate  
changes help to  
illustrate practices that  
may need additional  
support

Rank of Practices		AE Type 1 attends (rate per 1000)		AE Type 3 attends (rate per 1000)		VB11Z Activity (Rate Per 1000)		111 Activity (In core hours) (Rate per 1000)		Total Non Electives (Rate Per 1000)		Readmissions Rate	
Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid	Pre Covid	Post Covid
25	18	186.5458	414.12	44.37	124.05	114.98	57.25	36.74	41.03	85.88	62.50	9.06	5.25
41	26	177.7567	391.63	81.43	179.66	198.35	102.66	42.46	48.48	62.42	51.33	8.24	4.44
47	21	206.1788	459.90	40.75	112.40	118.32	62.45	49.30	45.57	79.75	57.19	9.42	5.04
59	33	221.9262	465.74	43.97	93.07	91.93	58.62	43.21	53.86	84.70	65.66	11.61	7.23
64	30	219.001	494.59	47.50	131.16	117.01	72.13	45.06	58.51	87.15	51.52	11.00	3.84
66	130	285.2433	523.70	61.93	122.61	92.86	91.44	43.64	98.27	69.94	71.11	9.73	7.14
69	48	225.6053	477.23	71.20	142.57	142.57	87.64	43.19	45.72	93.15	68.12	8.22	7.05
72	15	211.963	472.58	74.77	132.92	108.71	89.01	36.55	3.80	96.61	72.87	14.00	5.93
74	124	238.2842	420.72	155.99	271.05	197.71	176.04	27.31	54.30	62.97	71.85	8.59	8.28
84	63	210.5746	457.42	102.08	214.85	176.55	122.15	48.80	51.85	74.78	52.36	9.37	6.21
91	61	216.2162	481.08	65.38	157.53	161.90	84.17	47.62	60.23	87.00	68.98	11.84	5.15
92	93	231.8234	501.62	69.04	187.15	180.88	91.12	53.77	60.89	76.58	66.85	8.68	7.95
93	68	219.2165	497.03	85.00	193.79	205.79	106.06	42.70	46.74	83.05	62.64	9.65	6.39

A+E Type 1 – consultant lead 24 hour service  
 A+E Type 3 – walk in centre, lead by a doctor or a nurse. Can be based in a hospital, or a community facility.  
 VB11Z – the code attached to someone who attends A+E when there is no investigations and no treatment



# Local Improvement Planning

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- Share feedback from snapshot audit with place commissioning boards
- Identify quick wins
- Markers used to guide place team in identifying potential practices/priority areas by identifying disproportional changes over time
- Place teams define own local approach to plans at practice, PCN or place level based on local discussions and agreements
- Co –production at all levels
- Restoration and recovery plans
- Resources - £100k/engagement and access officers
- Practice resilience resource



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Access and engagement resource (£252k)

## Experienced Led Commissioning™

- Strong evidence base
- Co-production (patients, their carers, clinicians and practice staff as equal partners)
- Define core outcome/aim and scope to focus work (what we can - and what we can't do)

## Empowering/Enabling Patients

- Patient champions for access
- Key messages toolkit/briefing and support
- Myth busters – alternative options
- Patient Leadership Development Programme



## Access and engagement resource

### Supporting Practices/PCNs

- Working Together: A guide to involving patients, carers and their communities in general practice/PCNs
- Developing strong and inclusive PPGs
- Practice support to train and support staff to implement guide
- Asset Mapping social support systems/networks/orgs link to Social Prescribers

### Voluntary, Community and Faith Based Sector – Trusted Voices

- Working with VCSE organisations as trusted voices in their communities to engage and support access improvement for vulnerable individuals/communities from the protected characteristic groups



# System planning

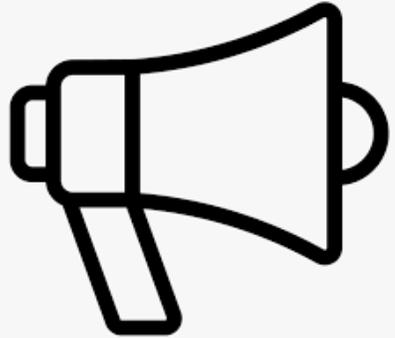
Page 24

- Maximise the opportunity of national priorities
  - On line/ video consultations
  - GP Connect – linking 111 to practice appointments
  - Community Pharmacy Consultation Scheme
- Digital opportunities
- Inequalities
- Communication



# Communications

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## Raising awareness

of the MDTs that now make up General Practice (the different roles and what each does) Also promoting workforce & recruitment opportunities)



## Informing

people on how to access help in different ways (i.e. without having to 'ring' your practice: GP online, NHS 111 appointments, pharmacy, NHSApp etc)



## Encouraging/confidence

building for people to take ownership and make decisions about the care they need (self care & referral) i.e. seeing a GP isn't always the best option – First Contact Physio, IAPT (MH access), Social Prescribers, Pharmacist.



## Zero Tolerance

approach to aggression, abuse, violence, vexatious or anti-social behaviour towards primary care staff. Encourage patients to give feedback a constructive and mutually respectful way.



## Page 26 Clinical Summit - some comments on access

- Recognition that the current model of primary care no sustainable
- Huge changes in processes/responding to the pandemic – not taken our patients with us
- Measurement of the quality of the intervention
- Continuity of clinical care – enhances quality of experience/outcome
- Demand and capacity



# Summary

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- Request support of HOSC to enable co-production/links with user and community fora
- Offer councillors the opportunity to shadow GPs to gain an insight into the changes in practices
- Place teams working to co-produce plans
- Longer term plans to transform the delivery of primary care



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Thank you – any questions?

