

Date: Tuesday 24 October 2023 at 4.00 pm

Venue: Jim Cooke Conference Suite, Stockton Central Library, Church Road,
Stockton-on-Tees TS18 1TU

Cllr Marc Besford (Chair)

Cllr Nathan Gale (Vice-Chair)

Cllr Carol Clark

Cllr Lynn Hall

Cllr Vanessa Sewell

Cllr John Coulson

Cllr Susan Scott

Cllr Paul Weston

AGENDA

**8 Scrutiny Review of Access to GPs and Primary
Medical Care**

To consider information on this scrutiny topic from the
North East and North Cumbria Integrated Care Board
(NENC ICB).

(Pages 7 - 56)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Scrutiny Support Officer Rachel Harrision on email rachel.harrison@stockton.gov.uk

KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance

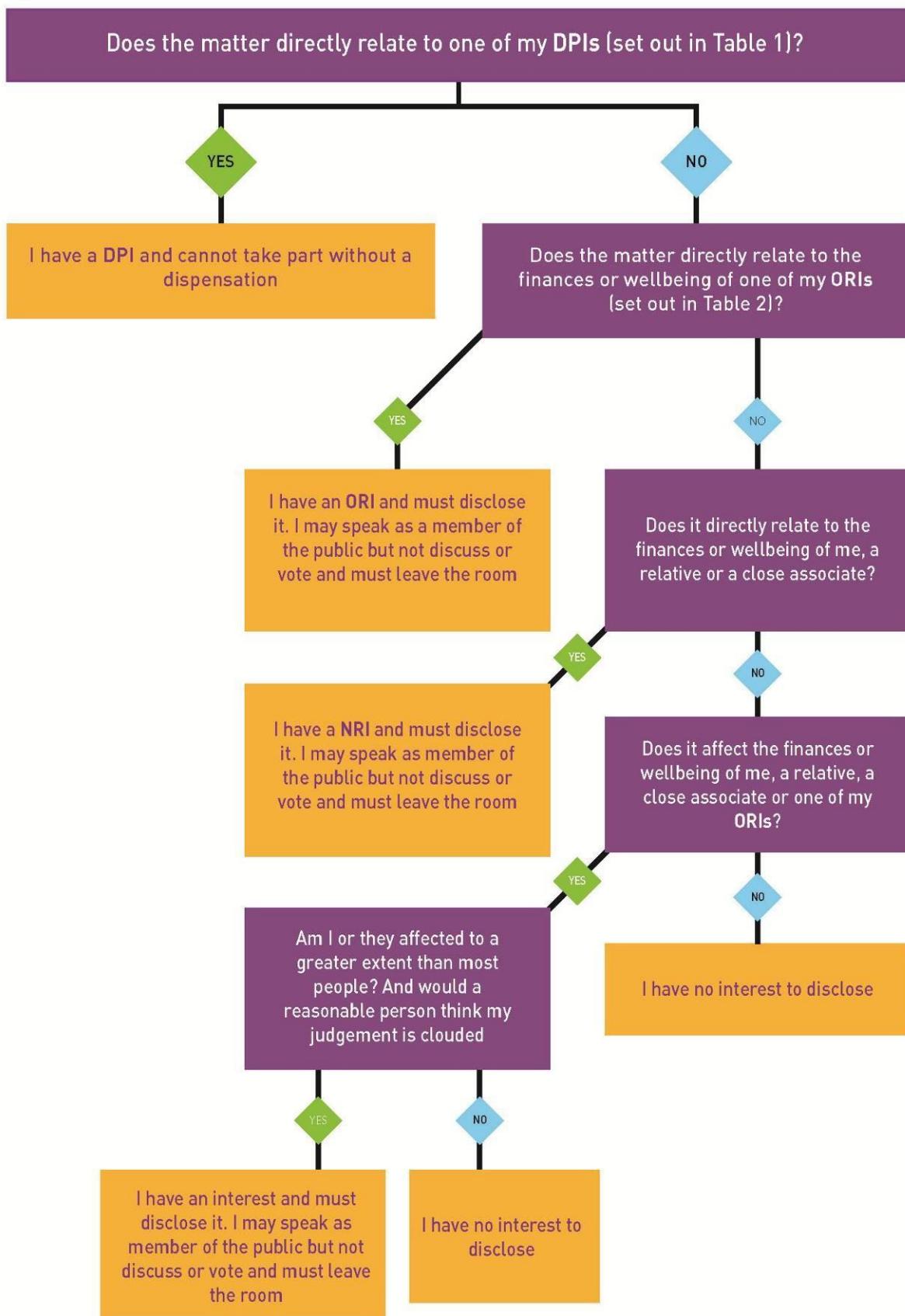


Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or</p> <p>a body that such person has a beneficial interest in the securities of*) and the council—</p> <ul style="list-style-type: none"> (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	<p>Any beneficial interest in land which is within the area of the council.</p> <p>'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.</p>
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the councillor's knowledge)—</p> <ul style="list-style-type: none"> (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	<p>Any beneficial interest in securities* of a body where—</p> <ul style="list-style-type: none"> (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— <ul style="list-style-type: none"> (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
 - (i) exercising functions of a public nature
 - (ii) directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Agenda Item 8

Agenda Item

Adult Social Care and Health Select Committee

24 October 2023

SCRUTINY REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE

Summary

The first evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care will focus on a detailed presentation from a representative of the North East and North Cumbria Integrated Care Board (NENC ICB).

Detail

1. Building on the background briefing that was presented at the last Committee meeting in September 2023 (prior to consideration of the draft scope and plan), the NENC ICB Commissioning Lead – Primary Care (and joint Link Officer for this review) has prepared an initial presentation covering the following:

- Existing Primary Care arrangements (terminology, structures)
- How general practice works
- Borough's current GP provision
- Impact of COVID-19 on access to general practice
- Other challenges – recruitment, backlog, demand, technology, abuse, etc.
- National / regional context (including Access Recovery Plan: key components / priorities, initial response, future focus)
- Summary of Stockton-on-Tees plans as part of access recovery

The presentation is included within these meeting papers.

2. A 'Stockton-on-Tees Data Pack' has also been provided to supplement the presentation – this is available at **Appendix 1**.
3. A copy of the agreed scope and plan for this review is included for information.

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**North East and
North Cumbria**

Access to GP's and Primary Medical Care

Emma Joyeux – Commissioning Lead, Primary Care

What is General Practice

- General practices are the small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area
- Some practices are operated by an individual GP, some by provider organisations (e.g. IntraHealth) but most are run by a GP partnership. This involves two or more GPs working together as business partners, employing staff, and together owning a stake in the practice business
- Every individual or partnership of GPs must hold an NHS GP contract
- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides
- General practice is the first point of contact with healthcare for many patients, as gatekeepers to secondary care; as generalists, practices see the whole patient and even whole patient's families
- Responsibility for commissioning primary care services, including general practice, sits formally with NHS England, however Integrated Care Boards (ICBs) have taken on full delegation of these commissioning responsibilities

GP Contract

- There are three different types of GP contract arrangements used by NHS commissioners in England:
 - General Medical Services (GMS)
 - Personal Medical Services (PMS) and,
 - Alternative Provider Medical Services (APMS)
- Some core parts of the GP contract include:
 - Agreeing a geographical or population area the practice will cover
 - Maintaining of a list of patients for the area and setting out specific circumstances a patient might be removed from it
 - Provision of essential medical services to registered patients
 - Standards for premises and workforce and requirements for inspection and oversight
 - Expectations for public and patient involvement
 - Key policy requirements including indemnity, complaints, liability, insurance, clinical governance and contract termination conditions
- **Practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients**
- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays

Regulation of general practice

- The **Care Quality Commission** is the regulator of primary medical care and is responsible for the inspection of GP practices in England in order to monitor standards against set key areas:
 - Safe
 - Effective
 - Caring
 - Responsive
 - Well-led
- Each practice must be registered with the CQC and appoint a registered manager
- The practice is expected to be able to evidence how it is run in considerable detail, helped by the prior preparation of a series of policy documents, protocols and procedures

Other key agencies

Local Medical Committee

- A Local Medical Committee (LMC) is the body statutorily recognised by successive NHS Acts as the professional organisation representing individual NHS GPs and GPs as a whole in NHS England, including Primary Care organisations
- An LMC is the only elected professional body that represents the views of local GPs and practice teams, at a national and local level, on issues of local interest in general practice
- NHS England and ICBs have a statutory responsibility to recognise local practitioner committees
- An LMC is an independent, self-financing body with statutory functions. LMCs are funded via a levy paid by each practice
- Representatives of LMCs meet at an annual conference which makes policy which the General Practitioners Committee is mandated to effect through negotiating with NHS Employers and the Departments of Health.

Federations

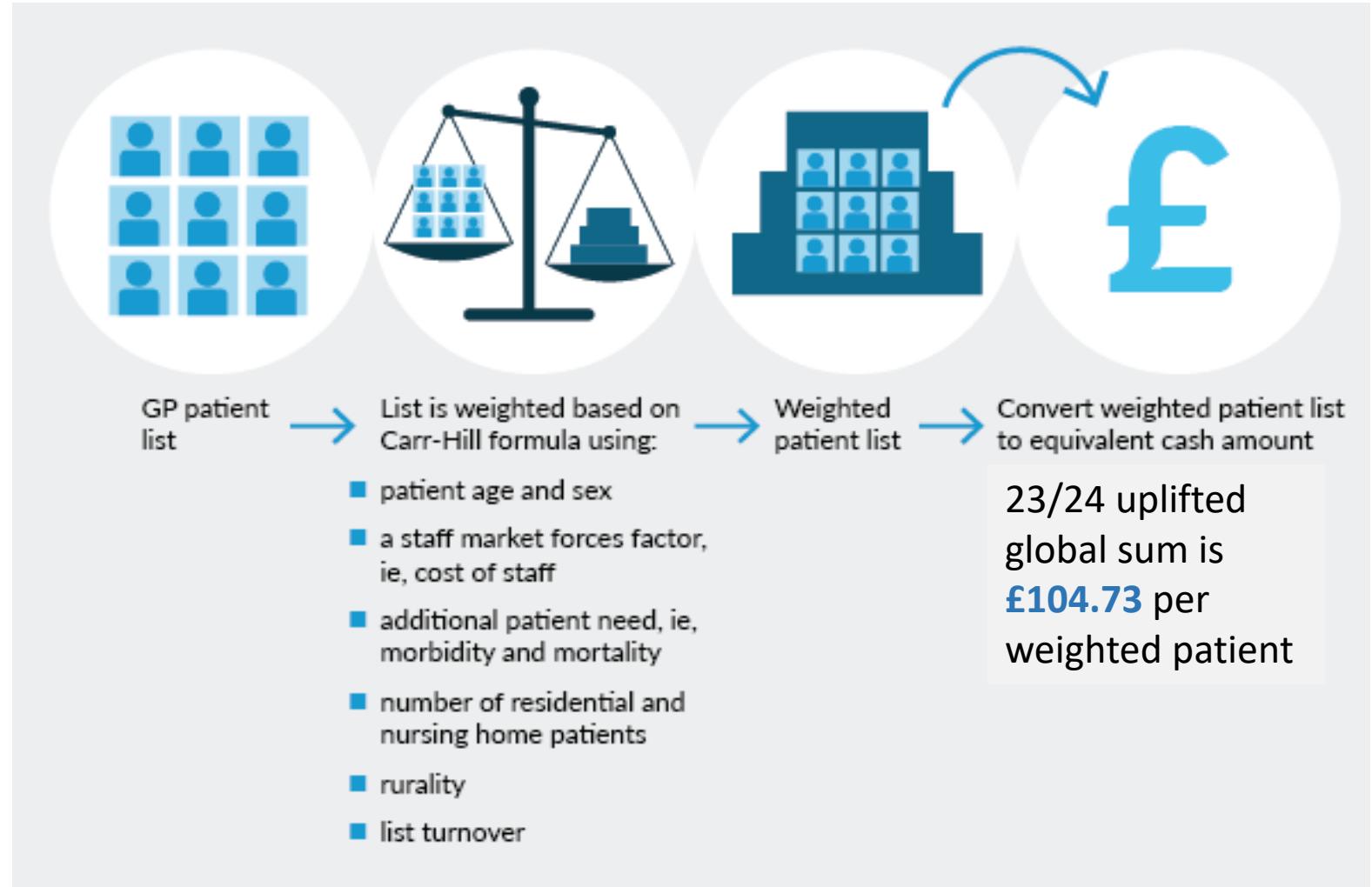
- GP Federations are groups of primary care providers, which form a single organisational entity and work together as economies of scale to deliver services for their combined patient communities, membership organisations of all practices

Healthwatch

- Healthwatch are governed by a Committee who set strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for them to work effectively and are statutory committee of the Care Quality Commission (CQC)
- Healthwatch is the independent champion for people who use health and social care services
- They use patient feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure patient experiences improve health and care services for everyone.
- They also have a role helping patients to get information and advice and can signpost patients to support available
- As an independent statutory body, Healthwatch have the power to make sure NHS leaders and other decision makers listen to patient's feedback and improve standards of care
- The Department of Health and Social Care (DHSC) fund Healthwatch through local councils

Core funding - global sum

Global sum payments are based on an estimate of a practice's patient workload and certain unavoidable costs (e.g. the additional costs of serving a rural or remote area or the effect of geography on staff markets and pay), **not on the actual recorded delivery of services**



Core funding – other income

- The Statement of Financial Entitlements (SFEs) sets out what General Practice can be reimbursed for
- Many practices also top up their NHS funding with fees for private services, such as medicals and travel prescribing that is outside of commissioned services.
- Most practice income is paid to the practice rather than to individual GPs

Quality and Outcomes Framework scheme (QOF)

- QOF is a voluntary scheme that provides funding to support aspiration to and achievement of a range of quality standards, by rewarding practices for the volume and quality of care delivered to their patients
- Practices earn points according to their levels of achievement and payments are calculated on the points the practices achieve
- The value of a QOF point in 2023/24 is £213.43 – and the scheme has 635 points

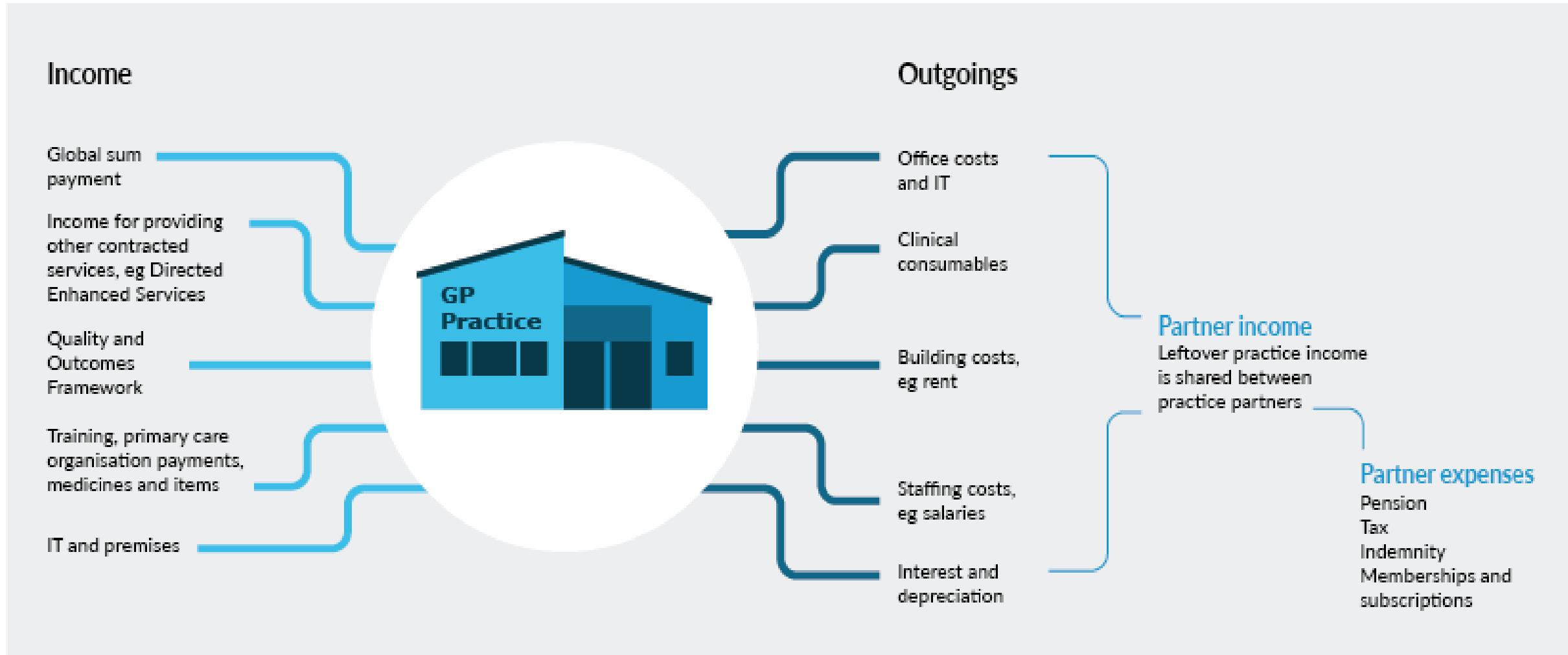
DES

- Each DES attracts a separate payment amount as set out in the SFEs

PCN

- Clinical Director payment
- Core PCN funding
- Enhanced Access payment
- Care Home premium
- PCN Leadership and Management payment
- Capacity and Access Support payment
- Additional Roles Reimbursement Scheme (ARRS)

Core funding - expenditure



Source: *The Kings Fund*

Primary Care Networks (PCNs)

- PCNs, established in July 2019, are groups of practices working together to deliver nationally directed enhanced services (DES)
- PCNs are not organisations or legal entities – the PCN DES is offered to each individual practice as the legal entity agreeing participation
- Each PCN is led by a Clinical Director (CD) who represent the group of practices
- PCNs have their own governance arrangements agreed through collaborative agreements across the grouping in relation to decision making and operational arrangements
- There are 4 PCNs in Stockton
- PCNs have taken a fundamental role in the COVID-19 vaccination programme, establishing local vaccination services as PCN groupings and the provision of enhanced access
- PCNs have risen to these challenges, continuing to develop their relationships between practices and across the system to develop new ways of working

PCN Contract Directed Enhanced Services (DES)

PCNs are required to provide the following services – this is in addition to what practices are expected to provide as part of core GMS contracts

Services	
Enhanced Access	Medication reviews and medicines optimisation
Enhanced Health in Care Homes	Early Cancer Diagnosis
Social Prescribing Service	Tackling neighbourhood health inequalities
Personalised Care [including reviewing shared decision-making audit]	Cardiovascular disease and prevention

Investment & Impact Fund: redesigned for 23/24 to focus on 5 indicators:

Domain	Area	Indicators	Domain	Area	Indicators
Prevention and tackling health inequalities	Vaccination and immunisation	VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	Providing high quality care	Cancer	CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral
		VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024			
	Tackling health inequalities	HI-03: Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	Access		ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less

Overview of General Practices in Stockton

21 Practices

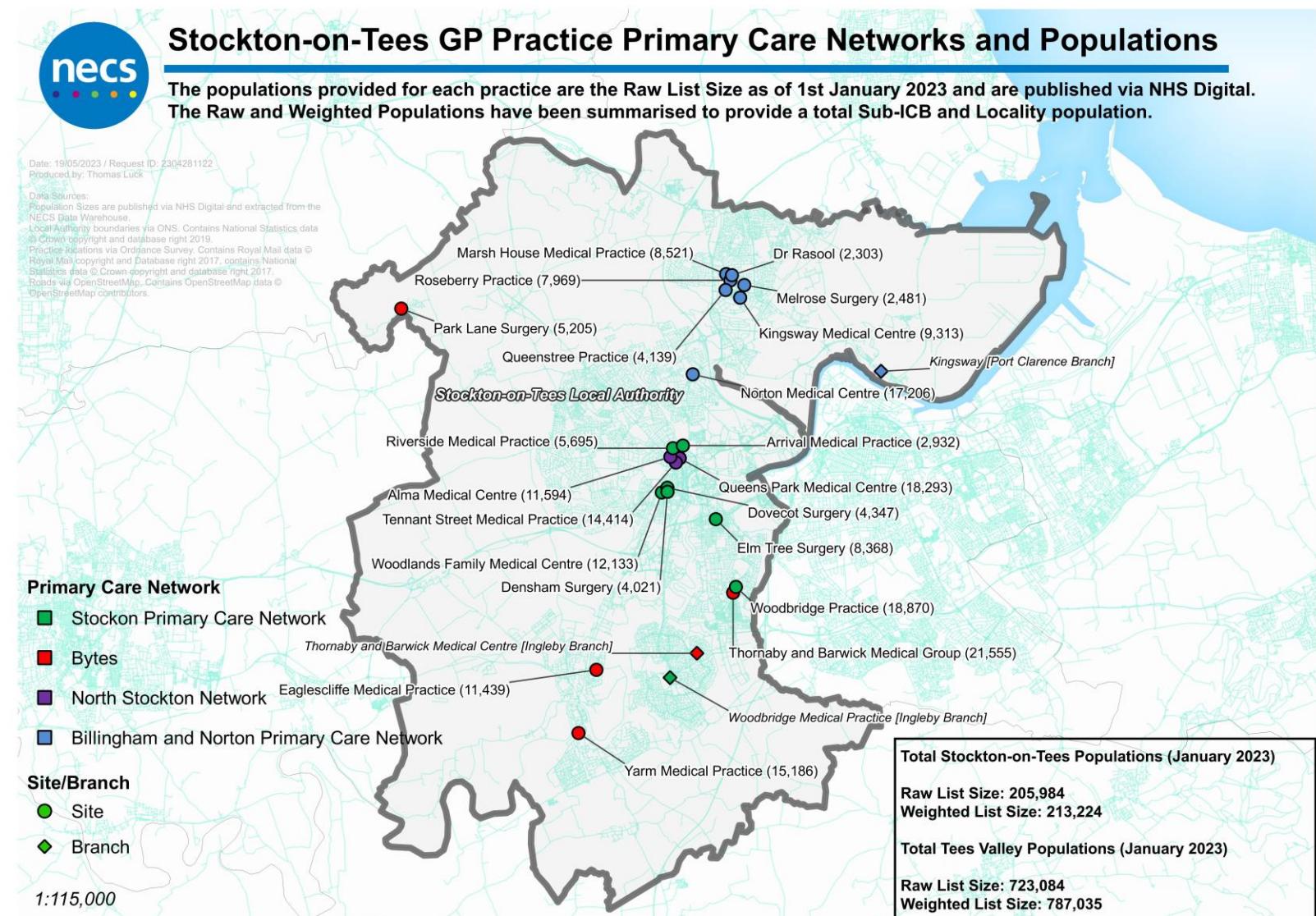
Smallest list size: 2,303

Largest list size: 21,555

Average list size: 9,808

4 Primary Care Networks

Registered population:
205,984 (Jan 23)



Data pack overview

- Practice opening hours
- CQC rating
- Staffing levels – Headcount, full time equivalent and ratio of patients to GP
- Directed Enhanced Services (DES) overview
- Patient Online Management Information – appointment booking and cancellation; repeat prescription ordering; view detailed coded record
- General practice appointment data
- GP patient survey results

Practice and PCN workforce

- Practices work as a Multi-Disciplinary Team (MDT). These figures provide a snapshot in time of the workforce as this data can fluctuate month to month.
- August 2023 workforce data from NHS Digital:

152 GPs (131.3 WTE)	47 Direct Patient Care (36.7 WTE)
94 Nurses (66.2 WTE)	377 Admin/ Non-Clinical (279.2 WTE)

- PCNs receive funding through the Additional Role Reimbursement Scheme (ARRS) to bring in new workforce to support an MDT approach and to deliver the DES requirements and in addition to current practice workforce
- Stockton PCNs have employed 61 staff (headcount)/ 58.04 whole time equivalent (WTE) roles as of June 23:

ADDITIONAL ROLES (as of June 23)	
12 x Clinical Pharmacists	4 x Pharmacy Technicians
18 x Social Prescribing Link Workers	1 x Physician Associates
1 x Children and Young Peoples Practitioner [Band 7]	4 x First Contact Physiotherapists
7 x Mental Health Practitioners [3 at Band 4, 4 at Band 7]	5 x Trainee Nurse Associate
1 x Care Co-ordinators	6 x Health and Wellbeing Coaches
2 x Digital and Transformation Lead	

Primary care appointment activity

Stockton practices	April 2023	May 2023	June 2023	July 2023	Aug 2023
Total number of appointments	73,727	83,357	89,189	82,848	83,408
Total appointments per 1,000 population	357.1	403.7	431.7	400.7	403.2
% of appointments where the time between booking and the date of the appointment was either same day or 1 day	46%	45.6%	44.5%	44.8%	44.9%
% of appointments where the time between booking and the date of the appointment was up to 2 weeks	38%	38.5%	38.6%	39.4%	38.4%
% of appointments where the time between booking and the date of the appointment was over 2 weeks	12.7%	12.9%	13.1%	12.0%	12.7%
% of appointments categorised as face to face	84.9%	85%	84.2%	83.6%	82.6%
% of appointments categorised as telephone or video	12.4%	12%	12.9%	13.3%	14.2%
Number of appointments recorded as Did Not Attend (DNA)	3,590	4,067	4,036	4,003	3,694

Enhanced access utilisation

PCN Name	Site	Day and time offered	April Booked Utilisation	May Booked Utilisation	June Booked Utilisation	July Booked Utilisation	August Booked Utilisation
Stockton	Woodbridge (Ingleby Barwick)	Monday – Friday: 6:30-9pm Saturday: 9-5pm	78.50%	82.00%	81.70%	86.60%	93.10%
	Tennant Street	Monday – Friday: 6:30-9pm Saturday: 9-5pm	83.20%	81.20%	85.10%	81.90%	90.70%
	Eaglescliffe	Sunday: 9-5pm	56.60%	55.90%	69.60%	58.10%	77.20%
North Stockton	Woodbridge (Ingleby Barwick)	Monday – Friday: 6:30-9pm Saturday: 9-5pm	71.90%	71.10%	73.40%	77.50%	81.80%
	Tennant Street	Monday – Friday: 6:30-9pm Saturday: 9-5pm	86.30%	83.10%	89.90%	87.10%	91.70%
	Eaglescliffe	Sunday: 9-5pm	61.80%	55.60%	71.20%	48.50%	69.80%
BYTES	Woodbridge (Ingleby Barwick)	Monday – Friday: 6:30-9pm Saturday: 9-5pm	85.50%	84.50%	80.70%	86.40%	87.80%
	Tennant Street	Monday – Friday: 6:30-9pm Saturday: 9-5pm	77.10%	83.40%	85.00%	81.70%	83.30%
	Eaglescliffe	Sunday: 9-5pm	68.10%	68.70%	64.70%	63.80%	77.60%
Billingham & Norton	Abbey	Monday – Friday: 6:30-9pm	88.60%	87.40%	93.10%	92.50%	88.60%
	Norton	Saturday 9-5pm	87.00%	72.40%	82.40%	79.70%	93.60%

GP Patient Survey - 2023 results

Survey question	National average	Tees Valley	Stockton	Practice ranges
% of patients surveyed found it easy to get through to someone at their GP practice on the phone	50%	49%	52%	9% - 98%
% of patients surveyed found the receptionists helpful	82%	85%	89%	70% - 99%
% of patients surveyed were satisfied with the GP appointment times available to them	53%	55%	59%	26% - 93%
% of patients surveyed were satisfied with the appointment(s) offered	72%	75%	77%	54% - 96%
% of patients surveyed would describe their experience of making an appointment as good	54%	57%	62%	41% - 96%
% of patients surveyed would describe their overall experience of their GP practice as good	71%	75%	78%	51% - 99%

Key: indicates better than national average; indicates worse than national average

Access challenges

- Covid-19
- Staff sickness
- Recruitment and retention difficulties – admin and clinical
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Did Not Attend (DNA) appointments
- Public health concerns in press e.g. mpox, Strep A
- Outdated technologies e.g. analogue telephony
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Estates limitations



Primary Care Access Recovery Plan (PCARP)

- Published 9th May 2023
- **Ambitions:**
 - To tackle the 8am rush and reduce the number of people struggling to contact their practice
 - For patients to know on the day they contact their practice how their request will be managed
- **23/24 Focus:**
 - Empowering patients to manage their own health
 - Implementing Modern General Practice Access
 - Building capacity
 - Cutting bureaucracy

Empowering Patients

- **Improving information and NHS App functionality**
 - Enable prospective record access for patients by November 2023
 - Make online booking of routine appointments available
- **Increasing self-directed care**
 - Direct-referral – from community optometry to Ophthalmology services for urgent and elective consultations
 - Expansion of self-referral to community-based services from September 2023
- **Expanding community pharmacy services**
 - Introducing a Pharmacy First service to enable pharmacists to supply prescription-only medicines to treat seven common health conditions, and
 - Expanding two existing services - blood pressure check service and oral contraceptives [by the end of 2023 if agreed through consultation]

Implementing Modern General Practice Access

- **Better digital telephony**

- All practices using analogue lines to move to digital telephony that handles multiple calls and includes queueing, call-back, call routing and integration with clinical systems

- **Simpler online requests**

- All practices to have access to use online consultations
- Work with practices and PCNs to ensure they have appropriate messaging and booking tools to enable the move to Modern General Practice Access
- ICBs to review practice websites and work with practices to make improvements where required

- **Faster navigation, assessment and response**

- National Care Navigation programme available for one staff member per practice
- Approx £13,500 for practices who sign up to significant transformation

Building capacity

- **Larger multi-disciplinary teams [Additional Roles Reimbursement Scheme funding]**
 - PCNs encouraged to make full use of their entitlement
 - ARRS roles have been expanded to include
 - Digital and Transformation Leads [who will support the move the MGPA]
 - Advanced clinical practitioner nurses
 - Training for nursing associates
- **More new doctors**
 - All doctors completing GP specialty training can access the two-year fellowship
 - Increase the number of GP practices holding visa sponsorship licences
- **Retention and return of experienced doctors**
 - Pension changes
 - National and local GP retention schemes

Cutting bureaucracy

Improving the primary–secondary care interface

- Onward referrals
 - Patients referred into secondary care who need another referral, for an immediate or a related issue, the secondary care provider should make this for them, rather than sending patient back to GP to refer
- Complete care
 - Hospitals should ensure that on discharge or after an outpatient appointment, patients receive everything they need, including fit notes
 - Discharge letters should highlight clear actions for the GP (including prescribing medications required)
- Call and recall
 - Hospitals should establish their own call/recall systems for patients for follow-up tests or appointments so that patients do not have to ask their practice to follow up on their behalf
- Clear points of contact
 - Hospital providers should establish single routes for general practice and secondary care teams to communicate rapidly

National support

General Practice Improvement Programme

Universal offer	Intermediate offer	Intensive offer
<ul style="list-style-type: none"> Fundamentals of change programme Care navigation training Digital and Transformation Leads programme 	12 facilitated sessions with Practices/ PCNs to agreed shared purpose	Delivered over 6 months practices will benefit from on-site support

Support Level Framework

To support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve, they can undergo a support level framework discussion with the ICB Primary Care Place Team

Transition cover and transformation funding

Practices will be able to receive an average of £13.5k in either 2023/24 or 2024/25 to enable them to pay for additional support to help clear existing work before they transition to a ‘modern general practice access model’

Additional role reimbursement scheme

Ongoing funding to recruit to 18 roles available under the scheme

Ongoing support

- Support from ICB Primary Care Team to access expert advice and guidance, interpret national guidance and liaising with system partners and regional/ national colleagues, where required
- Implementation of key actions in the Primary Care Access Recovery plan e.g. cutting bureaucracy

Cloud based telephony funding/ High quality digital tools

- Non- recurrent funding to support practices on analogue telephony systems to move to a cloud-based system
- Funding for high quality tools for online consultation, messaging, self-monitoring and appointment books

Progress to date

- Telephony – 5 practices identified for priority transfer from analogue to digital
- General Practice Improvement Programme (GPIP) – 5 practices have signed up to the intensive 26- week programme
- National care navigation training – 13 practices have signed up to access the training
- Modern General Practice Access (MGPA) - 13 practices have indicated they intend to move to MGPA in the next 2 years and 3 practices feel that they have already implemented this
- 1 practice has participated in a Support Level Framework discussion to identify areas of focus when developing and redesigned practice processes and procedures
- 7 practices are working with the ICB Digital team to make improvements to websites
- Improved use of social media and other communication methods to inform patients of the changes to practice and the benefits of these changes
- 5 practices in Stockton are enrolled with the ‘register with a GP’ online service
- PCN Capacity and Access Improvement Plans (CAIP) approved and being implemented for March 2024

PCN Capacity and Access Improvement Plans

- **Patient experience of contact**
 - Improve phone systems and websites
 - Undertake local patient surveys to seek feedback
 - Increase Patient Participation Group numbers
 - Promote Friends and Family Test feedback
- **Ease of access and demand management**
 - Standardise care navigation templates
 - Implement Modern General Practice Access approaches
 - Increase offer and uptake of online tools
- **Accuracy of recording in appointment books**
 - Review mapping of appointment slots
 - Capture non-clinical appointment activity
 - Accurately record PCN related activity

National Public Relations Campaign for GP Access

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Phase one of a six-month public relations campaign to promote improvements in GP access is tentatively due to launch mid-October

The campaign will focus on care navigation and the multi-disciplinary approach, with case studies from the most commonly occurring roles in the general practice team (clinical pharmacists, paramedics, physios, social prescribers, care coordinators, health and wellbeing coaches, mental health practitioners, physician associates and nurses)

Key messages:

- To improve public confidence and understanding of accessing general practice services and of the role of reception/care navigation teams in directing requests for help to the right health professional or service.
- General practice reception teams are trained so that when a patient contacts their practice for help, whether that's online, by phone or in person, they will be asked some questions about their query so they can be directed to the right health professional in the team (or other service, such as a community pharmacy) helping them get the right care more easily and quickly.
- A wide range of health professionals work in general practice teams and the wider community to help you get the right care for your needs in a timely manner.

Links to key documents

- National GP contract: <https://www.england.nhs.uk/gp/investment/gp-contract/>
- National PCN DES contract: [NHS England » Network Contract DES – contract specification for 2023/24 – PCN requirements and entitlements](#)
- Access Recovery Plan: [NHS England » Delivery plan for recovering access to primary care](#)
- Capacity and Access guidance: [NHS England » Network Contract DES – capacity and access improvement payment for 2023/24](#)
- HealthWatch South Tees GP resource for public:
<https://www.healthwatchmiddlesbrough.co.uk/sites/healthwatchmiddlesbrough.co.uk/files/HW%20ST%20GP%20Booklet%20Digital.pdf>
- GP workforce statistics: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>
- Appointments in general practice: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>
- Patient Online Management Information: <https://digital.nhs.uk/data-and-information/publications/statistical/mi-patient-online-pomi/current>

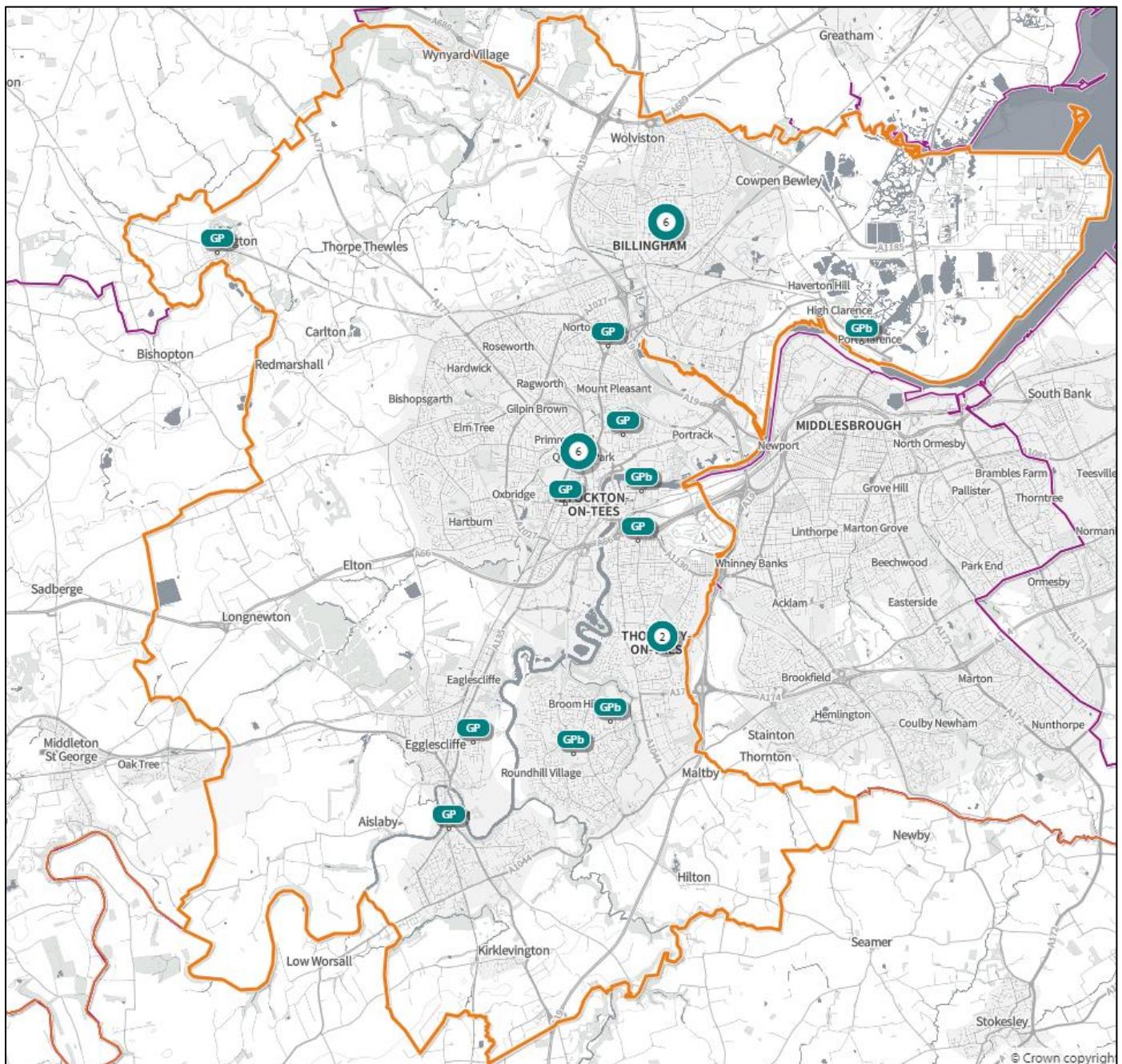
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Access to GP's and Primary Medical Care: Stockton-on-Tees Data Pack

**Better health
and wellbeing for all...**

Stockton-on-Tees General Practice Overview

Location of general practices and branch sites:



Data Source: SHAPE Atlas (<https://app.shapeatlas.net/>)

In Stockton-on-Tees there are 21 practices in 4 Primary Care Networks, covering a registered population of 206,858 (August 2023).

Number of Practices	Smallest List Size	Largest List Size	Average List Size	Number of PCNs
21	2,303	21,555	9,808	4

The 21 practices and list sizes as of 31 August 2023 is seen below:

Practice	Primary Care Network (PCN)	Location	Practice List Size
Marsh House Medical Practice	Billingham and Norton	Billingham	8,519
The Roseberry Practice	Billingham and Norton	Billingham	8,001
Dr Rasool's Practice	Billingham and Norton	Billingham	2,290
Kingsway Medical Centre	Billingham and Norton	Billingham	9,415
Melrose Surgery	Billingham and Norton	Billingham	2,480
Queenstree Practice	Billingham and Norton	Billingham	4,105
Norton Medical Centre	Billingham and Norton	Norton	16,970
Alma Medical Centre	North Stockton	Central Stockton	11,571
Tennant Street Medical Practice	North Stockton	Central Stockton	14,360
Queens Park Medical Centre	North Stockton	Central Stockton	18,368
Woodlands Family Medical Centre	Stockton	Central Stockton	12,155
Dovecot Surgery	Stockton	Central Stockton	4,307
Densham Surgery	Stockton	Central Stockton	3,964
Riverside Practice	Stockton	Central Stockton	6,278
Arrival Medical Practice	Stockton	Central Stockton	2,982
Elm Tree Surgery	Stockton	Central Stockton	9,214
Woodbridge Medical Practice	Stockton	Thornaby-on-Tees	18,764
Eaglescliffe Medical Practice	BYTES	Eaglescliffe	11,685
Park Lane Surgery	BYTES	Stillington	5,174
Thornaby & Barwick Medical Group	BYTES	Thornaby-on-Tees	21,179
Yarm Medical Practice	BYTES	Yarm	15,077

Practice Opening Hours

Practice	Opening Hours
Marsh House Medical Practice	Monday to Friday: 08:00 – 18:00
The Roseberry Practice	Monday to Friday: 08:00 – 18:00 <i>(Closed between 13:00 – 14:00 on a Wednesday)</i>
Dr Rasool's Practice	Monday: 08:00 – 20:00 Tuesday, Wednesday, and Friday: 08:00 – 17:00 Thursday: 08:00 – 13:00 and 14:00 - 17:00
Kingsway Medical Centre	Monday to Friday: 08:00 – 18:00
Melrose Surgery	Monday & Wednesday: 08:00 – 18:00 Tuesday & Friday: 07:30 – 18:00 Thursday: 07:30 – 13:00 (Emergencies only 13:00 – 18:00)
Queenstree Practice	Monday to Friday: 08:30 – 18:00 Monday to Thursday: 07:35 – 08:30 (pre-booked only)
Norton Medical Centre	Monday to Friday: 08:00 – 18:00
Alma Medical Centre	Monday to Friday: 08:30 – 18:00 <i>(Closed Wednesday 12:00 – 13:45 for staff training)</i>
Tennant Street Medical Practice	Monday to Friday: 08:00 – 18:00
Queens Park Medical Centre	Monday to Friday: 08:30 – 18:00
Woodlands Family Medical Centre	Monday to Friday: 08:00 – 18:00 Thursday: 18:30 – 20:30
Dovecot Surgery	Monday to Friday: 08:30 – 18:00
Densham Surgery	Monday to Friday: 08:30 – 18:00
Riverside Practice	Monday, Tuesday, Wednesday & Friday: 08:00 – 18:00 Thursday: 08:00 – 14:30
Arrival Medical Practice	Monday to Friday: 08:30 – 18:00

Elm Tree Surgery	Monday to Friday: 08:00 – 18:00
Woodbridge Medical Practice	Monday to Friday: 08:00 – 18:00
Eaglescliffe Medical Practice	Monday to Friday: 08:00 – 18:00
Park Lane Surgery	Monday to Friday: 08:00 – 18:00
Thornaby & Barwick Medical Group	Monday to Friday: 08:00 – 18:00
Yarm Medical Practice	Monday to Friday: 08:00 – 18:00

Data Source: GP Practice Websites

CQC Rating

Practice	Overall CQC Rating	CQC Domain Ratings
Marsh House Medical Practice	Good Latest Inspection: 21/06/2016 Latest Review: 21/08/2019	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
The Roseberry Practice	Good Latest Inspection: 23/06/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dr Rasool's Practice	Good Latest Inspection: 10/08/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Kingsway Medical Centre	Good Latest Inspection: 10/03/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Outstanding Well-led: Good
Melrose Surgery	Good Latest Inspection: 04/07/2018 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Outstanding Responsive: Good Well-led: Good
Queenstree Practice	Good Latest Inspection: 14-15 and 30/11/2022 Latest Review: 09/10/2019	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Norton Medical Centre	Good Latest Inspection: 15-16 and 30/11/2022 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Good
Alma Medical Centre	Good Latest Inspection: 12/07/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Tennant Street Medical Practice	Outstanding	Safe: Good Effective: Outstanding

	Latest Inspection: 09-16/11/2019 Latest Review: 06/07/2023	Caring: Good Responsive: Outstanding Well-led: Outstanding
Queens Park Medical Centre	Good Latest Inspection: 16/12/2015 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Outstanding Well-led: Good
Woodlands Family Medical Centre	Good Latest Inspection: 18/10/2018 and 24/10/2018 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dovecot Surgery	Good Latest Inspection: 28/04/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Densham Surgery	Good Latest Inspection: 17/08/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Riverside Practice	Good Latest Inspection: 08/12/2015 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Arrival Medical Practice	Good Latest Inspection: 02/08/2023	Safe: Good Effective: Good Caring: Good Responsive: Outstanding Well-led: Good
Elm Tree Surgery	Good Latest Inspection: 20/06/2019 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Woodbridge Medical Practice	Outstanding Latest Inspection: 09-16/11/2019 Latest Review: 06/07/2023	Safe: Good Effective: Outstanding Caring: Good Responsive: Outstanding Well-led: Outstanding
Eaglescliffe Medical Practice	Outstanding Latest Inspection: 11/08/2015 Latest Review: 06/07/2023	Safe: Good Effective: Outstanding Caring: Outstanding Responsive: Good Well-led: Outstanding
Park Lane Surgery	Good Latest Inspection: 26/10/2016 Latest Review: 06/07/2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Thornaby & Barwick Medical Group	Good Latest Inspection: 21/10/2022	Safe: Good Effective: Good

	Latest Review: 06/07/2023	Caring: Good Responsive: Good Well-led: Good
Yarm Medical Practice	Outstanding Latest Inspection: 21/08/2015 Latest Review: 06/07/2023	Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Outstanding

Data Source: [Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Staffing Levels

Practice	Headcount (HC) and Full Time Equivalent (FTE)* for:			
	GP	Nurse	Direct Patient Care	Admin
Melrose Surgery	HC 2	HC 1	0	HC 4
	FTE 1.2	FTE 0.4	0	FTE 2
Kingsway Medical Centre	HC 5	HC 7	HC 1	HC 18
	FTE 4.5	FTE 4	FTE 0.7	FTE 13.5
Queenstree Practice	HC 3	HC 2	HC 1	HC 8
	FTE 1.4	FTE 1.2	FTE 0.6	FTE 5
Dr Rasool's Practice	HC 1	HC 3	0	HC 5
	FTE 1	FTE 1.3	0	FTE 3.5
Marsh House Medical Practice	HC 9	HC 2	HC 2	HC 19
	FTE 8.2	FTE 1.6	FTE 1.2	FTE 12.9
The Roseberry Practice	HC 3	HC 6	0	HC 11
	FTE 3	FTE 4.5	0	FTE 8.8
Norton Medical Centre	HC 12	HC 10	HC 6	HC 49
	FTE 9.5	FTE 7.8	FTE 4.3	FTE 30.6
The Arrival Practice	HC 1	HC 2	0	HC 6
	FTE 0.3	FTE 1.1	0	FTE 5.7
Riverside Medical Practice	HC 2	HC 6	HC 1	HC 12
	FTE 2.4	FTE 4.1	FTE 0.6	FTE 11.7
Alma Medical Centre	HC 8	HC 3	HC 2	HC 17
	FTE 6	FTE 2.4	FTE 1.5	FTE 14.6
The Densham Surgery	HC 4	HC 1	HC 1	HC 10
	FTE 4.1	FTE 0.5	FTE 0.4	FTE 7.3
The Dovecot Surgery	HC 4	HC 2	HC 1	HC 10
	FTE 4.3	FTE 0.7	FTE 0.5	FTE 5.6
Queens Park Medical Centre	HC 11	HC 9	HC 4	HC 34
	FTE 9.1	FTE 7.6	FTE 3.5	FTE 25.5
Tennant Street Medical Practice	HC 11	HC 7	HC 6	HC 23
	FTE 7.9	FTE 5.6	FTE 4.4	FTE 18.4
Woodlands Family Medical Centre	HC 10	HC 6	HC 3	HC 25
	FTE 8.5	FTE 4.4	FTE 2.1	FTE 18.3
Elm Tree Surgery	HC 12	HC 5	HC 3	HC 18
	FTE 10.8	FTE 3.9	FTE 2.9	FTE 12.2
Thornaby & Barwick Medical	HC 19	HC 3	HC 8	HC 29
	FTE 18.3	FTE 2.4	FTE 7.8	FTE 25.5
Woodbridge Practice	HC 13	HC 7	HC 2	HC 26
	FTE 10	FTE 5.3	FTE 1.6	FTE 18.6
Yarm Medical Practice	HC 9	HC 4	HC 5	HC 27
	FTE 9.1	FTE 2.2	FTE 4.3	FTE 19.7

Eaglescliffe Medical Practice	HC 10 FTE 8.8	HC 4 FTE 3.4	HC 1 FTE 0.5	HC 15 FTE 11.7
Park Lane Surgery	HC 3 FTE 3	HC 4 FTE 1.9	0 0	HC 11 FTE 8.1

Data Source: SHAPE Atlas (<https://app.shapeatlas.net/>) General Practice Workforce Data – 31 August 2023

*FTE refers to the number of full-time hours being worked, whilst HC is the number of staff employed.

GP Headcount and Full Time Equivalent as a ratio to patient list size:

Practice	Headcount		Full time Equivalent	
	GP	GP: patient ratio	GP	GP: patient ratio
Melrose Surgery	2	1:1,240	1.2	1: 2,066
Kingsway Medical Centre	5	1:1,883	4.5	1: 2,092
Queenstree Practice	3	1:1,368	1.4	1: 2,932
Dr Rasool's Practice	1	1:2,290	1	1: 2,290
Marsh House Medical Practice	9	1:946	8.2	1: 1,038
The Roseberry Practice	3	1:2,667	3	1: 2,667
Norton Medical Centre	12	1:1,414	9.5	1: 1,786
The Arrival Practice	1	1:2,982	0.3	1: 9,940
Riverside Medical Practice	2	1:3,139	2.4	1: 2,615
Alma Medical Centre	8	1:1,446	6	1: 1,928
The Densham Surgery	4	1:991	4.1	1: 966
The Dovecot Surgery	4	1:1,076	4.3	1: 1,001
Queens Park Medical Centre	11	1:1,669	9.1	1: 2,018
Tennant Street Medical Practice	11	1:1,305	7.9	1: 1,817
Woodlands Family Medical Centre	10	1:1,215	8.5	1: 1,430
Elm Tree Surgery	12	1:767	10.8	1: 853
Thornaby & Barwick Medical	19	1:1,114	18.3	1:1,157
Woodbridge Practice	13	1:1,443	10	1:1,876
Yarm Medical Practice	9	1:1,675	9.1	1:1,656
Eaglescliffe Medical Practice	10	1:1,168	8.8	1:1,327
Park Lane Surgery	3	1:1,724	3	1:1,724

The table above is based on August 2023 workforce data and August 2023 GP practice list sizes.

Area	HC GP: patient ratio	FTE GP: patient ratio
Stockton-on-Tees	1:1,360 patients	1:1,574 patients
Tees Valley	1:1,409 patients	1:1,768 patients
England	1:1,288 patients	1:1,671 patients

The table above is based on August 2023 workforce data and August 2023 GP practice list sizes.

As seen in the table, Stockton-on-Tees has a GP (HC) to patient ratio of 1:1.3 compared to England which has a ratio of 1:1.2.

Data Source: General Practice Workforce Data ([General Practice Workforce - NHS Digital](#)) and Patient List Sizes ([Patients Registered at a GP Practice - NHS Digital](#))

Direct Enhanced Services - NHS England

Direct Enhanced Services (DESs) are nationally agreed and have to be offered to all GP practices in England. Practices can decide whether they sign up to a DES or not, but they must be offered the opportunity to do so.

Weight Management DES: The Covid-19 pandemic focused on obesity and weight management, which led to the introduction of a new DES in 2022/23. The aim of this DES was to introduce new measures to tackle obesity.

Learning Disabilities DES: The DES is designed to encourage practices to identify patients aged 14 and over with learning disabilities, to maintain a learning disability 'health check' register and offer an annual health check, which will include a health action plan.

Minor Surgery DES: The DES allows GPs to conduct minor surgical procedures, including injections and incisions or excisions which helps increase patient satisfaction in general practice.

Out of Area DES: All GP practices are free to register new patients who live outside their practice area without any obligation on the practice to provide home visits for such patients when the patient is at home, away from, and unable to attend, their registered practice. The purpose of the DES is for the practice to provide primary medical services to patients in their home area during core hours if they have an urgent care need and if they cannot reasonably be expected to attend their registered practice.

- 17 of the 21 practices in Stockton are signed up to the Minor Surgery, Learning Disability and Weight Management Direct Enhanced Services
- 3 of the 21 practices in Stockton have signed up to the Out of Area DES, whilst 1 practice has only signed up to the Minor Surgery and Weight Management DES.

Patient Online Management Information

Practice	% of patients enabled to use:		
	Appointment booking and cancellation	Repeat prescription ordering	View detailed coded record
National average	43.79	49.23	23.01
Melrose Surgery	53.75	53.75	48.19
Kingsway Medical Centre	36.8	49.93	44.64
Queenstree Practice	36.27	60.85	58.34
Dr Rasool's Practice	58.38	58.43	1.66
Marsh House Medical Practice*	-	56.66	32.01
The Roseberry Practice	51.54	51.79	1.81
Norton Medical Centre	59.31	62.83	28.68
The Arrival Practice	16.23	17	0
Riverside Medical Practice	47.01	47.66	3.92
Alma Medical Centre**	-	-	-
The Densham Surgery	47.88	48.03	48.06
The Dovecot Surgery	36.64	55.47	9.82
Queens Park Medical Centre	53.72	55.61	9.38
Tennant Street Medical Practice	52.25	56.75	51.27
Woodlands Family Medical Centre	47.12	47.66	4.17
Elm Tree Surgery	47.23	47.86	9.27
Thornaby & Barwick Medical	51.67	51.68	41.89
Woodbridge Practice	52.65	53.92	8.68
Yarm Medical Practice	43.87	63.06	43.97
Eaglescliffe Medical Practice	36.65	43.53	14.21
Park Lane Surgery	47.08	47.2	46.08

Data Source: Patient Online Management Information: <https://digital.nhs.uk/data-and-information/publications/statistical/mi-patient-online-pomi/current> (31 August 2023)

*Marsh House –functionality not enabled for patients to book online.

**Alma - participation in the data collection not accepted.

General Practice Appointment Data

The appointment rate per 1,000 for all appointments include face-to-face, telephone, online/ video, home visits and unknown appointments.

Tees Valley

Month	Appointment rate per 1,000 (All appointments)	Telephone appointment rate per 1,000	Face-to-Face appointment rate per 1,000
August 2019	427.2	44.8	351.1
August 2020	379.9	132.9	225.4
August 2021	419.9	129.9	274.2
August 2022	448.7	97.43	333.9
August 2023	475.1	81.44	367.1

Data Source: [Appointments in General Practice - NHS Digital](#)

From August 2019 (pre-pandemic) till August 2023 the appointment rate per 1,000 has increased in Tees Valley, meaning that more appointments have been booked in 2023 than in 2019. Also double the amount of telephone appointments have been booked since 2019 and there has been a slight increase of face-to-face appointments since before the pandemic.

Stockton-on-Tees

Month	Appointment rate per 1,000 (All appointments)
October 2022	414.9
November 2022	465.2
December 2022	401.3
January 2023	445.0
February 2023	408.3
March 2023	474.2
April 2023	357.1
May 2023	403.7
June 2023	431.7
July 2023	400.7
August 2023	403.2

Data Source: [Appointments in General Practice - NHS Digital](#)

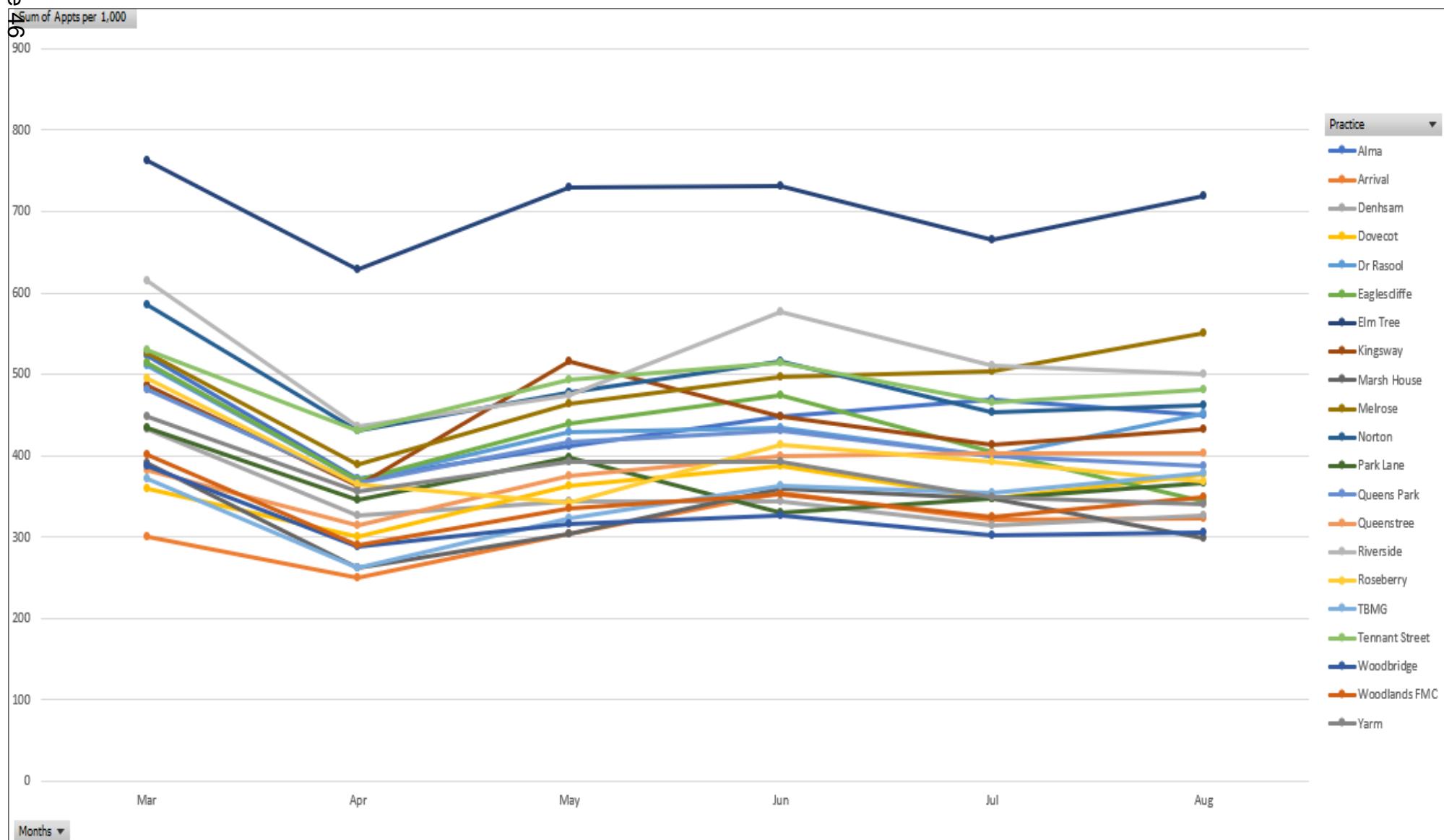
General practice appointment data for individual practices was not published by NHS Digital until October 2022, therefore Stockton-on-Tees appointment rates per 1,000 can not be compared to pre-pandemic levels.

Detailed practice breakdown Mar-Aug 2023:



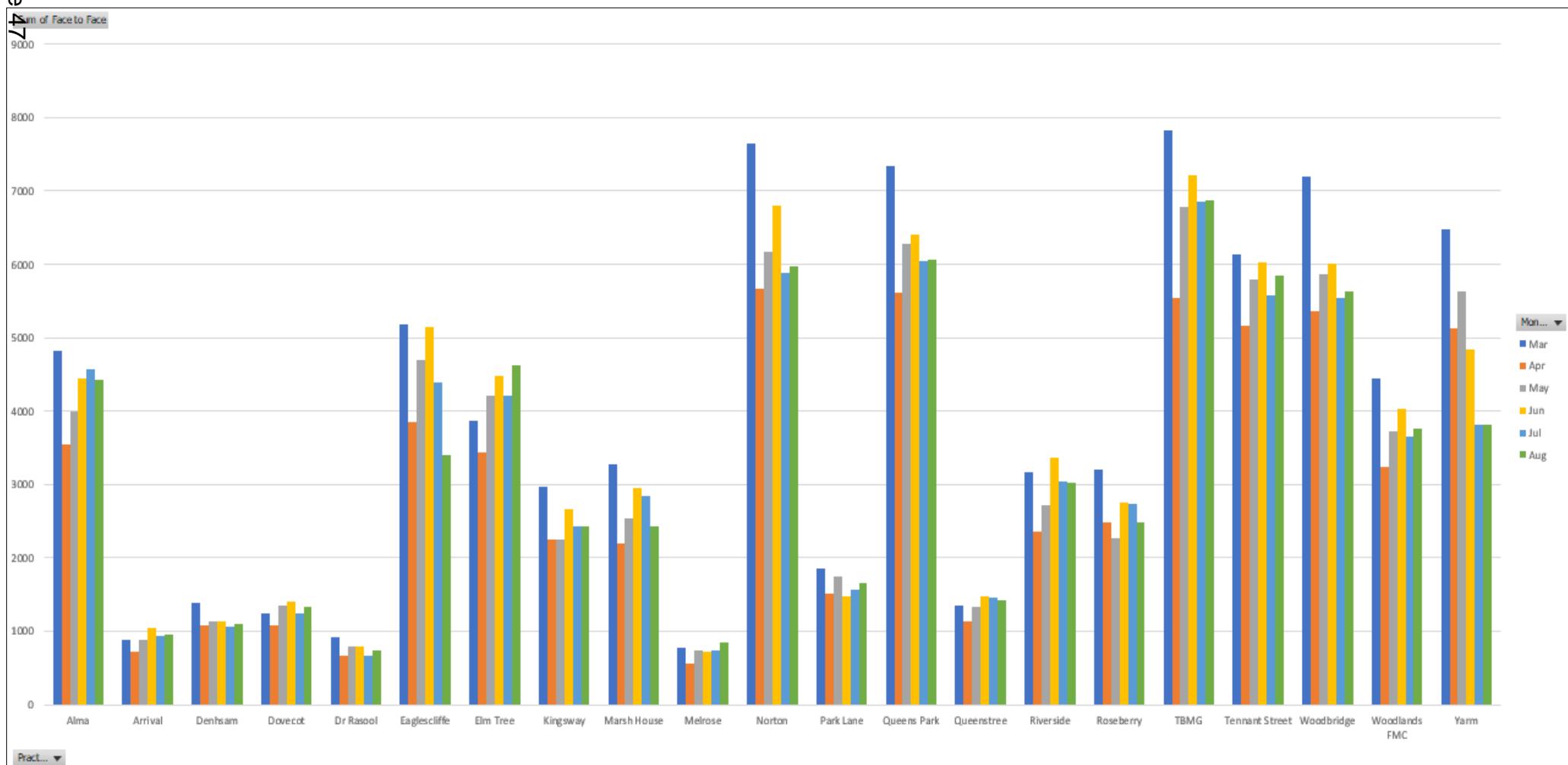
GP Appointments- 6 month rolling.xlsx

Stockton-on-Tees Appointment rate per 1,000 (March 2023 – August 2023)



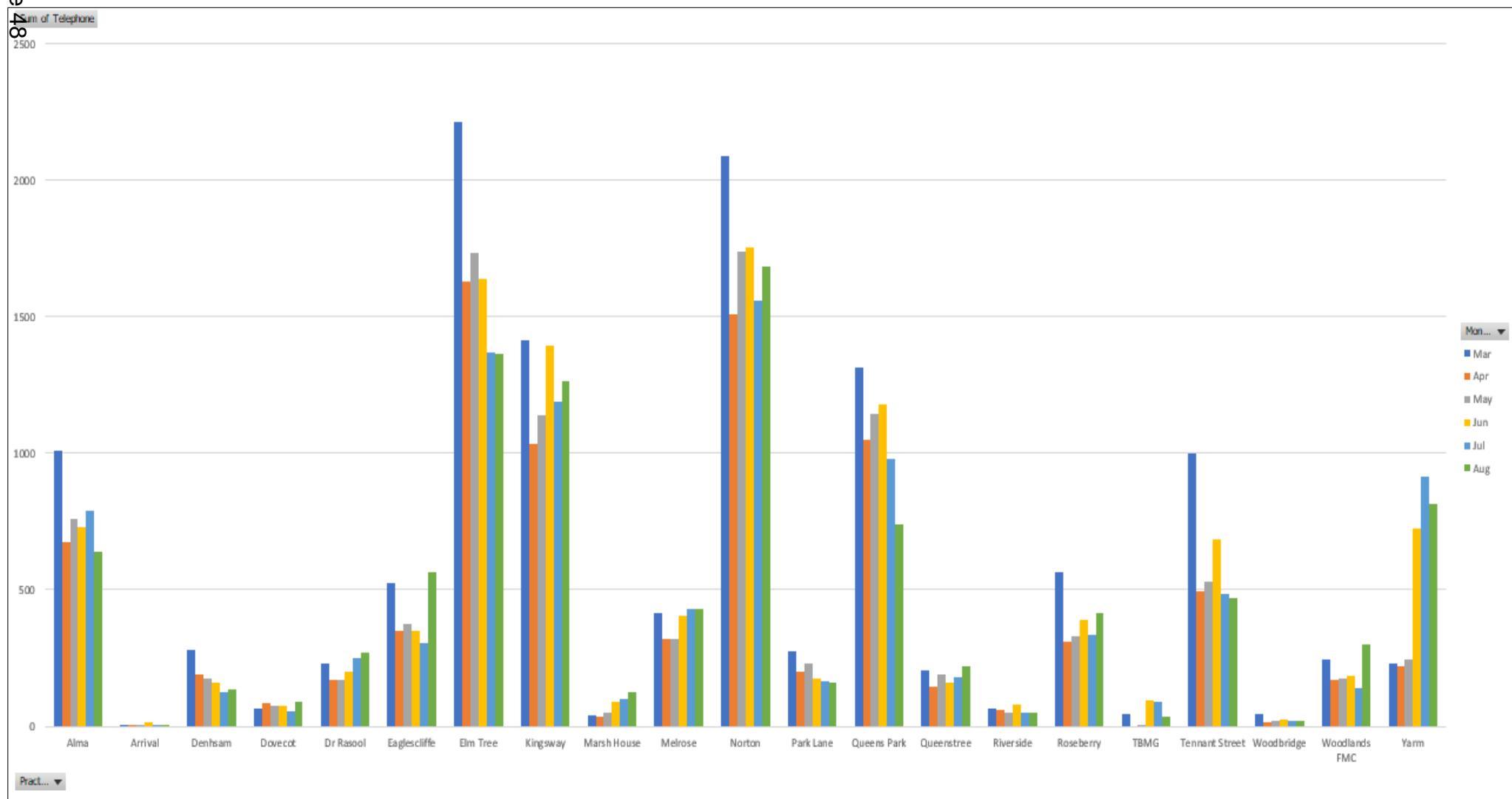
Data Source: [Appointments in General Practice - NHS Digital](#)

Stockton-on-Tees Face-to-Face Appointments (March 2023 – August 2023)



Data Source: [Appointments in General Practice - NHS Digital](#)

Stockton-on-Tees Telephone Appointments (March 2023 – August 2023)



Data Source: [Appointments in General Practice - NHS Digital](#)

GP Patient Survey resultsData Source: [GP Patient Survey \(gp-patient.co.uk\)](http://GP Patient Survey (gp-patient.co.uk))

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Practice Code	Practice	Q32. Overall, how would you describe your experience of your GP practice?			Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?			Q16. Were you satisfied with the type of appointment you were offered?			Q21. Overall, how would you describe your experience making an appointment?			Q6. How satisfied are you with the general practice appointment times that are available to you?																		
		National Average 2023			71%			National Average 2023			50%			National Average 2023			72%			National Average 2023			54%			National Average 2023						
		2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve	2023	2022	+/- ve				
A81001	The Densham Surgery	65%	85%	-20%	48%	51%	-3%	79%	71%	8%	54%	53%	1%	48%	66%	-18%	53%	62%	11%	51%	36%	14%	41%	43%	-1%	48%	66%	-18%				
A81002	Queens Park Medical Centre	73%	62%	12%	26%	24%	3%	73%	62%	11%	51%	39%	16%	53%	36%	17%	56%	66%	10%	56%	39%	16%	53%	36%	17%	57%	67%	-10%				
A81006	Tennant Street Medical Practice	89%	75%	14%	27%	16%	11%	75%	66%	10%	56%	39%	16%	53%	36%	17%	71%	61%	12%	61%	49%	23%	23%	20%	21%	21%	50%	30%	21%			
A81014	Queenstree Practice	79%	84%	-5%	60%	77%	-17%	74%	71%	3%	65%	70%	-5%	57%	67%	-10%	57%	65%	22%	59%	35%	24%	50%	30%	21%	50%	30%	21%				
A81017	Woodbridge Practice	64%	50%	13%	47%	27%	20%	74%	52%	22%	59%	35%	24%	50%	30%	21%	50%	35%	24%	59%	35%	24%	50%	30%	21%	50%	30%	21%				
A81025	The Dovecot Surgery	60%	70%	-10%	23%	37%	-14%	60%	76%	-16%	45%	52%	-7%	42%	64%	-22%	42%	52%	-7%	45%	52%	-7%	42%	64%	-22%	42%	52%	-7%	48%	66%	-18%	
A81027	Yarm Medical Practice	77%	67%	10%	27%	31%	-4%	72%	72%	0%	40%	47%	-7%	51%	46%	6%	51%	62%	8%	64%	77%	14%	9%	46%	51%	6%	51%	62%	8%	64%	77%	14%
A81034	Thornaby & Barwick Medical Group	74%	67%	8%	23%	21%	2%	72%	59%	13%	56%	47%	9%	46%	51%	-6%	51%	60%	8%	64%	77%	14%	9%	46%	51%	6%	51%	62%	8%	64%	77%	14%
A81036	Norton Medical Centre	51%	62%	-10%	9%	7%	2%	61%	49%	12%	23%	23%	0%	26%	23%	3%	23%	23%	0%	26%	23%	3%	23%	23%	3%	23%	23%	3%	23%	23%	3%	
A81039	Eaglescliffe Medical Practice	90%	87%	2%	63%	62%	1%	86%	82%	5%	67%	68%	0%	70%	56%	14%	70%	68%	0%	70%	56%	14%	70%	56%	14%	70%	56%	14%	70%	56%	14%	
A81040	Marsh House Medical Practice	70%	75%	-5%	37%	36%	2%	54%	60%	-6%	43%	46%	-3%	40%	38%	-2%	40%	46%	-3%	40%	38%	-2%	40%	38%	-2%	40%	38%	-2%	40%	38%	-2%	
A81046	Woodlands Family Medical Practice	55%	61%	-6%	30%	42%	-12%	66%	63%	3%	42%	49%	-7%	43%	40%	-3%	43%	49%	-7%	43%	49%	-7%	43%	49%	-7%	43%	49%	-7%	43%	49%	-11%	
A81056	Melrose Surgery	93%	89%	4%	96%	92%	3%	96%	88%	8%	87%	83%	4%	92%	87%	4%	92%	83%	8%	92%	87%	4%	92%	87%	4%	92%	87%	4%	92%	87%	4%	
A81057	Kingsway Medical Centre	83%	75%	9%	61%	55%	6%	84%	71%	13%	70%	62%	8%	64%	60%	3%	64%	60%	3%	64%	60%	3%	64%	60%	3%	64%	60%	3%	64%	60%	3%	
A81066	Park Lane Surgery	94%	95%	-1%	83%	94%	-11%	83%	83%	-8%	83%	83%	-1%	83%	83%	-1%	83%	83%	-1%	83%	83%	-1%	83%	83%	-1%	83%	83%	-1%	83%	83%	-3%	
A81067	Alma Medical Centre	88%	80%	9%	32%	26%	6%	86%	81%	5%	60%	58%	3%	55%	55%	56%	55%	55%	56%	55%	56%	56%	55%	56%	56%	55%	56%	56%	55%	56%	-1%	
A81068	Dr Rasool	99%	98%	1%	98%	96%	2%	96%	99%	-3%	96%	99%	-3%	96%	91%	5%	91%	91%	5%	90%	84%	6%	84%	80%	6%	84%	80%	6%	84%	80%	6%	
A81069	Elm Tree Surgery	91%	91%	0%	97%	93%	4%	96%	93%	2%	94%	91%	2%	91%	91%	2%	91%	91%	2%	91%	91%	2%	91%	91%	2%	91%	91%	2%	91%	91%	11%	
A81070	The Roseberry Practice	58%	63%	-6%	33%	43%	-9%	60%	74%	-14%	41%	56%	-15%	39%	46%	-7%	39%	46%	-7%	39%	46%	-7%	39%	46%	-7%	39%	46%	-7%	39%	46%	-7%	
A81029	Riverside Medical Centre	92%	96%	-5%	90%	92%	-2%	89%	93%	-4%	88%	89%	-1%	89%	90%	-5%	89%	90%	-5%	89%	90%	-5%	89%	90%	-5%	89%	90%	-5%	89%	90%	-5%	
A81634	The Arrival Practice	87%	83%	4%	81%	82%	0%	83%	81%	2%	76%	78%	2%	80%	87%	7%	80%	87%	7%	80%	87%	7%	80%	87%	7%	80%	87%	7%	80%	87%	7%	

The table above is a comparison of the results from 2023 to 2022.

Practice Code	Practice	Q32. Overall, how would you describe your experience of your GP practice?			Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?			Q16. Were you satisfied with the type of appointment you were offered?			Q21. Overall, how would you describe your experience making an appointment?			Q6. How satisfied are you with the general practice appointment times that are available to you?																		
		National Average 2023			71%			National Average 2023			50%			National Average 2023			72%			National Average 2023			54%			National Average 2023			53%			
		PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021			
A81001	The Densham Surgery	73%	65%	85%	88%	59%	48%	51%	56%	78%	79%	71%	86%	65%	54%	53%	53%	66%	63%	48%	66%	58%	53%	51%	51%	41%	43%	64%	64%	64%		
A81002	Queens Park Medical Centre	84%	73%	62%	89%	28%	26%	24%	49%	78%	73%	62%	88%	56%	51%	51%	51%	66%	50%	41%	41%	43%	64%	64%	64%	64%	64%	64%	64%	64%	64%	
A81006	Tennant Street Medical Practice	84%	89%	75%	88%	28%	27%	16%	39%	78%	75%	66%	84%	56%	56%	56%	56%	64%	50%	53%	53%	36%	69%	69%	69%	69%	69%	69%	69%	69%	69%	
A81014	Queenstree Practice	76%	79%	84%	91%	56%	60%	77%	87%	75%	75%	74%	91%	61%	65%	70%	88%	58%	57%	67%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	
A81017	Woodbridge Practice	73%	64%	50%	73%	59%	47%	27%	53%	78%	74%	52%	79%	65%	59%	59%	65%	63%	63%	50%	50%	30%	51%	51%	51%	51%	51%	51%	51%	51%	51%	
A81025	The Dovecot Surgery	73%	60%	70%	82%	59%	23%	37%	56%	78%	60%	76%	87%	65%	45%	52%	64%	63%	63%	42%	64%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	
A81027	Yarm Medical Practice	84%	77%	67%	88%	49%	27%	31%	68%	79%	72%	72%	87%	62%	40%	47%	80%	61%	51%	46%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	
A81034	Thornaby & Barwick Medical Group	84%	74%	67%	79%	49%	23%	21%	42%	79%	72%	59%	81%	62%	56%	56%	47%	62%	61%	45%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	
A81036	Norton Medical Centre	76%	51%	62%	78%	56%	9%	7%	47%	75%	61%	49%	79%	61%	23%	23%	23%	57%	58%	26%	26%	23%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%
A81039	Eaglescliffe Medical Practice	84%	90%	87%	86%	49%	63%	62%	78%	79%	86%	82%	86%	62%	67%	68%	81%	61%	70%	56%	56%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	
A81040	Marsh House Medical Practice	76%	70%	75%	82%	56%	37%	36%	75%	75%	54%	60%	82%	61%	43%	46%	69%	58%	58%	40%	58%	58%	58%	58%	58%	58%	58%	58%	58%	58%	58%	
A81046	Woodlands Family Medical	73%	55%	61%	75%	59%	30%	42%	45%	78%	66%	63%	77%	65%	42%	49%	59%	63%	63%	43%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	
A81056	Melrose Surgery	76%	93%	8																												

		Q32. Overall, how would you describe your experience of your GP practice?		Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?		Q16. Were you satisfied with the type of appointment you were offered?		Q21. Overall, how would you describe your experience making an appointment?		Q6. How satisfied are you with the general practice appointment times that are available to you?	
Practice Code	Practice	TV Av. 2023	2023	TV Av. 2023	2023	TV Av. 2023	2023	TV Av. 2023	2023	TV Av. 2023	2023
A81001	The Densham Surgery	74%	65%	49%	48%	75%	79%	57%	54%	55%	48%
A81002	Queens Park Medical Centre	74%	73%	49%	26%	75%	73%	57%	51%	55%	41%
A81006	Tennant Street Medical Practice	74%	89%	49%	27%	75%	75%	57%	56%	55%	53%
A81014	Queenstree Practice	74%	79%	49%	60%	75%	74%	57%	65%	55%	57%
A81017	Woodbridge Practice	74%	64%	49%	47%	75%	74%	57%	59%	55%	50%
A81025	The Dovecot Surgery	74%	60%	49%	23%	75%	60%	57%	45%	55%	42%
A81027	Yarm Medical Practice	74%	77%	49%	27%	75%	72%	57%	40%	55%	51%
A81034	Thornaby & Barwick Medical Group	74%	74%	49%	23%	75%	72%	57%	56%	55%	46%
A81036	Norton Medical Centre	74%	51%	49%	9%	75%	61%	57%	23%	55%	26%
A81039	Eaglescliffe Medical Practice	74%	90%	49%	63%	75%	86%	57%	67%	55%	70%
A81040	Marsh House Medical Practice	74%	70%	49%	37%	75%	54%	57%	43%	55%	40%
A81046	Woodlands Family Medical Practice	74%	55%	49%	30%	75%	66%	57%	42%	55%	43%
A81056	Melrose Surgery	74%	93%	49%	96%	75%	96%	57%	87%	55%	92%
A81057	Kingsway Medical Centre	74%	83%	49%	61%	75%	84%	57%	70%	55%	64%
A81066	Park Lane Surgery	74%	94%	49%	83%	75%	83%	57%	83%	55%	76%
A81067	Alma Medical Centre	74%	88%	49%	32%	75%	86%	57%	60%	55%	55%
A81602	Dr Rasool	74%	99%	49%	98%	75%	96%	57%	96%	55%	90%
A81608	Elm Tree Surgery	74%	91%	49%	97%	75%	96%	57%	94%	55%	93%
A81610	The Roseberry Practice	74%	58%	49%	33%	75%	60%	57%	41%	55%	39%
A81629	Riverside Medical Centre	74%	92%	49%	90%	75%	89%	57%	88%	55%	84%
A81634	The Arrival Practice	74%	87%	49%	81%	75%	83%	57%	76%	55%	80%

The table above show the Stockton-on-Tees practices' results in 2023 compared to the Tees Valley average.

Adult Social Care and Health Select Committee

Review of Access to GPs and Primary Medical Care

Outline Scope

Scrutiny Chair (Project Director): Cllr Marc Besford	Contact details: marc.besford@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	Contact details: gary.woods@stockton.gov.uk 01642 526187
Departmental Link Officer: Sarah Bowman-Abouna (SBC: Director of Public Health) Emma Joyeux (NENC ICB: Commissioning Lead – Primary Care)	Contact details: sarah.bowman-abouna@stockton.gov.uk emma.joyeux@nhs.net

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):

A place where people are healthy, safe and protected from harm

- Support people to live healthy lives and address health inequalities through a focus on early prevention, long-term conditions, substance misuse, smoking, obesity, physical activity and mental health.
- ... continue to collaborate with the NHS to ensure health and care services work effectively together.
- Work with our communities and partners to develop our approach to healthy places, in the context of regeneration plans and the Health and Wellbeing Strategy.

What are the main issues and overall aim of this review?

Accessing the help and advice of General Practitioners (GPs) and other professionals working in primary care general medical practices within the UK has long elicited a range of experiences and, indeed, opinions. Exacerbated by the recent COVID-19 pandemic and its subsequent knock-on effect to all health and care providers, the ability to make contact with and then use such services in the context of changed systems, working practices and workforce capacity has further sharpened views on this topic.

Conscious of the ongoing debate around these existing challenges, the Government released a new plan in May 2023 to make it easier for patients to see their GP and, in collaboration with the NHS, recently announced a major new primary care access recovery plan which aims to facilitate faster, more convenient care. Regionally, the North East and North Cumbria Integrated Care Board (NENC ICB) publicised a three-year programme bringing together the NHS and Councils with voluntary, community and social enterprise (VCSE) organisations to tackle long-standing inequalities and poor health, an investment which included extra support for the 'Deep End' network of GP practices in the region's most deprived communities, and steps to attract and

retain more GPs to work in deprived areas, with extra training and support to encourage trainee doctors to build their careers in these practices.

Locally, this scrutiny topic was proposed back in February 2022 (though was unable to be undertaken during the 2022-2023 municipal year due to competing work programme demands). At that point, several related concerns were highlighted around processes involved in accessing general practice, including call wait times, the need to complete online questionnaires, and the initial requirement to tell call-handlers of very personal issues before receiving an appointment. Whilst it is acknowledged that work will have taken place in relation to this topic since early-2022, recent national and regional announcements regarding primary care (general practice) access demonstrates the ongoing high-profile nature of what is a key frontline health service.

The aim of this review will be to:

- Understand the existing local 'access to GPs' landscape in the context of national / regional developments around this ongoing issue.
- Ascertain current systems for accessing general practice services, the communication of these to the public, and how effective they are (including any variations across the Borough's providers).
- Determine any areas which may assist in improving the experience of the local population, and practices themselves, when individuals wish to contact and / or access general practice services.
- Share any identified good practice within the Borough's Primary Care Networks (PCNs).

The Committee will undertake the following key lines of enquiry:

What is meant by 'primary care' (including definitions of terminology to be used within the review such as general practice, primary medical care, general practitioners (GPs), etc.)?

How does primary care (general practice) work – how is it commissioned / paid for; what are the contractual mechanisms / expectations? Who are the key stakeholders around the issue of general practice access and what role do they play (individually and in partnership)?

What is, and who decides on, the population density, spread and location of the Borough's practices? How are professionals allocated to practices? Who are practices accountable to / regulated by?

How has access to general practice changed since the COVID-19 pandemic emerged (as a result of either national policy or local decisions)? What systems can the public use to contact their practice; how are these communicated (by who, how, how often)? Do these create barriers to access?

When are practices accessible / open, and how do they manage patient contact (prioritisation / triage)? How effective is this?

What do we know about issues within the Borough – are these confined to specific areas? Do experiences vary when contact is made with practices at different times of the day?

Is there a variation in access according to population characteristic (e.g. disproportionate impact on more deprived, those with disabilities, different ethnic groups, older people)?

How is the public encouraged to raise concerns about access? What mechanisms are in place to report issues and how are these communicated?

Do practices actively seek feedback from its registered patients around access – if so, how has this informed arrangements?

What views do GPs and other practice staff have about access to their expertise? What contact is reasonable when balancing available resources with patient demand, and how has this changed over time?

What are the key priorities within nationally published recovery plans for local stakeholders and how are these being implemented? What are the associated opportunities (e.g. reducing demand on hospitals) and challenges / risks?

Who will the Committee be trying to influence as part of its work?

Council, Cabinet, North East and North Cumbria Integrated Care Board (NENC ICB), Primary Care Networks (PCNs), GP Federation, local practices, public.

Expected duration of review and key milestones:

6 months (report to Cabinet in April 2024)

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- NHS England: Delivery plan for recovering access to primary care, including *Implement Modern General Practice Access* (May 2023)
- Healthwatch: Primary care recovery plan – what does it mean for you and your loved ones? (May 2023)
- Royal College of General Practitioners: General practice in crisis: An action plan for recovery.

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)

North East and North Cumbria Integrated Care Board (NENC ICB)

What specific areas do we want them to cover when they give evidence?

- National / regional context (recovery plans)
- Existing Primary Care arrangements
- Borough's current GP provision / contracts
- Patient feedback / complaint handling
- Current / future challenges re. GP access

Local Medical Committee (LMC)

Hartlepool & Stockton Health GP Federation

- Views / input on published recovery plans
- Engagement with NENC ICB and local PCNs / practices re. access to GPs

Primary Care Networks (PCNs)

- Current systems for contact / access to GPs (and changes since COVID-19)

Individual Practices

- Existing issues / opportunities re. GP access
- Patient feedback / complaint handling (e.g. Patient Participation Group (PPG))

Healthwatch

- Local population feedback re. GP access

Residents of the Borough	<ul style="list-style-type: none">➤ Experiences of contacting / accessing local practices➤ Awareness / understanding of local services and ways to report access issues
How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)	
Committee meetings, reports, research, reviewing existing service feedback.	
How will key partners and the public be involved in the review?	
Committee meetings, information submissions, analysis of historical feedback on services.	
How will the review help the Council meet the Public Sector Equality Duty?	
The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.	
How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?	
<u>Stockton Joint Strategic Needs Assessment (JSNA)</u> : The review outcomes will support context and action on access to primary care. Access to services forms part of the JSNA process, in informing the Joint Health and Wellbeing Strategy.	
<u>Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023</u> : The review outcomes will support and inform delivery of the Strategy through informing work on access to primary care. Primary care is an important part of the health and wellbeing system.	
Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:	
<ul style="list-style-type: none">• Better understanding of primary care / GP pressures.• Helping optimise appropriate use of primary care by the public.• Encouraging that feedback on general practice access is done in a respectful / informed way.• Understanding and addressing inequitable access across communities.• Input of communities to work on improving access to general practice.	

Project Plan

Key Task	Details / Activities	Date	Responsibility
Scoping of Review	Information gathering	August 2023	Scrutiny Officer, Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	25.08.23	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	19.09.23	Select Committee
Publicity of Review	Determine whether Communications Plan needed	TBC	Link Officer, Scrutiny Officer
Obtaining Evidence	NENC ICB	24.10.23 21.11.23 19.12.23 23.01.24	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	20.02.24	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	February 2024	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	TBC	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	19.03.24	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	[07.05.24]	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	18.04.24	Cabinet / Approving Body

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