



Health Scrutiny Committee

Date: Tuesday, 5 November 2019

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 1.30pm in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

Meetings of the Health Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Agenda

- 1. Urgent Business**
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. Minutes** 5 - 12
To approve as a correct record the minutes of the meeting held on 8 October 2019.
- 5. Primary Care Access in Manchester** 13 - 28
Report of Deputy Director, Primary Care Integration, Manchester Health and Care Commissioning

This report updates the Committee on access to Primary Medical Care in Manchester; both in core and also extended hours.
- 6. Healthwatch: Primary Care Access in Manchester** 29 - 44
Report of Healthwatch Manchester

This report aims to present the impact of a previous investigation undertaken by Healthwatch Manchester that was detailed in the report entitled 'Week Spot? Access to 7 Day GP Service' published in November 2017.

Health Scrutiny Committee had considered that report at their meeting of 27 February 2018.
- 7. Winter Pressures - To follow**
- 8. Overview Report** 45 - 56
Report of the Governance and Scrutiny Support Unit

This report includes a summary of key decisions that are within the Committee's remit as well as an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to amend or agree as appropriate.

The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

Agenda, reports and minutes of all Council Committees can be found on the Council's website www.manchester.gov.uk

Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
3rd Floor, Town Hall Extension,
Lloyd Street
Manchester, M60 2LA

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

Lee Walker
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

This agenda was issued on **Monday, 28 October 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 8 October 2019

Present:

Councillor Farrell – in the Chair
Councillors Clay, Curley, Mary Monaghan and Newman

Apologies: Councillors Holt, Riasat, O’Neil and Wills

Also present:

Councillor Bridges, Executive Member for Children and Schools
Councillor Ilyas, Assistant Executive Member for Adults, Health and Wellbeing
Councillor Midgley, Mental Health Champion
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)
Professor Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester
Sarah Doran, Consultant in Public Health, MHCC
Jane Thorpe, Deputy Director of Commissioning, MHCC
Dr Leigh Latham, Head of Policy and Planning, MHCC
Kaye Abbot, Head of Operational Finance, MHCC
Darren Wagstaff, Performance Manager, MHCC

HSC/19/34 Minutes

Decision

To approve the minutes of the meeting held on 3 September 2019 as a correct record.

HSC/19/35 Suicide Prevention Update

The Committee considered the report of the Director of Population Health, Nursing and Safeguarding, Manchester Health and Care Commissioning that provided Members with an update on the paper on suicide prevention submitted in December 2017 and specifically reported progress on the delivery of the local suicide prevention plan (2017 - 2019) and on the development of a refreshed plan for 2020 – 2025.

The Director of Population Health referred to the main points of the report which were: -

- The national and local strategic context of suicide prevention;
- Key trends, facts, figures and risk factors relating to suicides in Manchester;
- A summary of key areas of activity contributing to suicide prevention;
- Progress on delivery of specific actions within the local plan; and
- Development of a refreshed plan for 2020 – 2025.

The Committee then heard from Prof Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester. He informed the Members that the issue of suicide prevention had begun to take a more prominent role both locally and nationally, commenting that a Minister for Suicide Prevention had been appointed. He stated that nationally, NICE (National Institute for Health and Care Excellence) guidance had been refreshed and published in relation to both suicide prevention and self-harm. Locally he described the work undertaken to raise awareness of this issue and described the work of the Greater Manchester Shine a Light campaign delivered to coincide with World Suicide Prevention Day, and the powerful Exhibition of Hope delivered in the Town Hall that had been designed and coproduced with people who had experience of suicide. He further described the establishment of a dedicated Bereavement Service, to support people affected by suicide.

Prof Kapur further described recent changes to the legal recording of suicides. He stated that previously a coroner had to apply the criminal test of 'beyond reasonable doubt' when determining cause of death. He said that this had changed and the test now was 'balance of probability'. He stated that this had the potential to increase the number of recorded deaths by suicide, and in response to a question from a Member he advised that consideration would be given to how this data was used to understand comparative information to reflect this change.

The Committee then heard from Cllr Midgley, Mental Health Champion who described the work of the Manchester Suicide Prevention Partnership. She informed Members that the partnership steering group met regularly and oversaw the operational delivery of the local suicide prevention plan and shaped the strategic direction of this work. She described that the Partnership was comprised of a range of stakeholders and they were all committed to working together. She further described examples of this and the positive outcomes achieved by adopting this approach. She stated that the Partnership was working to deliver awareness training around this issue to frontline workers, including staff working within housing providers and school nurses. She described that demand for this training was very high and they were continuing to review this and identify areas that would benefit from this training so as to help support people to engage in this subject. Cllr Midgley concluded by paying tribute to all of the staff working within the Public Health team for their dedication, hard work and support for this important area of work.

Members commented that it was important to always acknowledge that suicide was a tragic event for the individual, their families, friends and all those affected. In response to a question asked by a Member regarding the figure quoted within the report that the estimated cost of a completed suicide was £1.67m, Prof Kapur advised that information on how this figure was calculated would be provided to the Committee following the meeting.

Members noted the statistical information and commented that a link could be identified between the onset of economic recession and austerity and a rise in the numbers of recorded suicides. Prof Kapur responded by informing the Committee that studies across both Europe and the United States had demonstrated that there was a link between economic down turn, austerity and suicide.

A Member commented on the list provided of groups identified as being at risk of suicide and enquired if Looked After Children should have been included. Prof Kapur commented that it was recognised that this was a group at risk and would be included.

Members then discussed their concern regarding suicide being the leading cause of death in the UK for 10-19 year olds. The Deputy Director of Commissioning, MHCC acknowledged this concern and informed the Committee that work was being developed and coordinated across Greater Manchester to respond to this. She stated that dedicated commissioned crisis services for young people were at different stages of development and implementation, commenting that part of this response was the intention to further roll out the CAHMS (Child and Adolescent Mental Health Service) provided in North Manchester. She further stated that the real time data provided by the Coroner's office would be used to help identify trends and emerging issues, both at a local and national level and that would inform appropriate interventions and responses and inform safeguarding work and practices.

The Deputy Director of Commissioning, MHCC stated that Adult Mental Health Services continued to be improved, noting the increase in Home Based Treatment; improved Mental Health liaison with Accident and Emergency Departments and improving mental health care pathways. She further informed the Committee that it was the intention to commission Crisis Cafes in the city to offer face to face appointments and offer peer support. She further described that work was ongoing to align services, such as Improving Access to Psychological Therapies (IAPT) within the Neighbourhood models of service delivery. The Chair commented that the Committee would be interested in learning more of these developments and a report would be scheduled into the Committee's Work Programme.

Members discussed the impact of social media and the negative impact this could have on young people, especially in relation to bullying and issues of self-esteem. Professor Kapur noted this comment and acknowledged that this was an issue but added that not all social media was negative and that it was a useful medium to offer advice and promote services to support young people experiencing crisis. He further commented that social media needed to be used responsibly and appropriately regulated to avoid harm. He commented that research was underway to understand the factors for the reported increased levels of anxiety amongst young people. He further stated that the ambition was to have a mental health provision in every school to help identify and support those young people at risk of self-harm.

Members then discussed the issue of employment and the prevalence of zero hour contracts and unsecure contracts of employment and the impact of this on mental health. A Member commented that a company might have all of the correct written procedures in place regarding staff welfare, however the nature of the terms of employment could result in pressures for individuals and their families. Members commented that other factors such as concerns over climate change and current economic uncertainty could also contribute to levels of anxiety experienced across the general population.

Members stated that work needed to be done to raise awareness of the issue of suicide prevention with all employers, including those in the private sector and Trade

Unions. Cllr Midgley responded that she would look at what could be done to engage with Trade Unions around this issue.

In response to a question posed by a Member regarding how to reach those males who were reported as being three times more likely to die by suicide than females and who might not be known to any service or health professional, Prof Kapur advised that a number of innovative interventions had been developed. He said that these included reaching out and providing a presence in those places where men go, including sports events and public houses.

Decisions

The Committee: -

1. Note the report.
2. Recommend that the research relating to the economic impact of suicide be circulated to the Committee.
3. Recommend that a report on the provision of Mental Health Services in Manchester be included on the Committee's Work Programme to be considered at an appropriate time.

HSC/19/36 2019 Public Health Annual Report

The Committee considered the 2019 Public Health Annual Report prepared by the Director of Public Health/Population Health Consultant in Public Health that focused on the first 1,000 days of a child's life, from conception through to the age of 2 years old.

The Director of Public Health referred to the main points of the report which were: -

- In 2018 there were an estimated 37,768 children aged 0-4 years old in Manchester, accounting for 8.3% of the population;
- Providing comparative data on a range of health indicators and metrics;
- Providing information on the range of activities and initiatives to tackle health inequalities within the first 1,000 days of a child's life using an Our Manchester approach to Bring Services Together for People in Places;
- Noting Under 18 conception rates had reduced;
- The number of mothers smoking during pregnancy had reduced; and
- Providing an update on the Start Well Board, a multi-agency Board established to improve health outcomes, ensure children were ready for school, ensuring a good level of development throughout early years, reduce infant mortality and reduce inequality.

The Committee welcomed Councillor Bridges, Executive Member for Children and Schools who said that the report was a very accessible document. He stated that it was important to recognise the impact of austerity and the levels of childhood poverty experienced across the city and the impact this had on health outcomes. He stated

that the Early Years Delivery Model was a partnership approach and the intention was to increase the numbers of Health Visitors to respond to the increase in demand. He concluded by saying that he commended the report and its recommendations to the Committee.

In response to a question from a Member regarding the recruitment of Health Visitors the Director of Public Health informed the Committee that the intention was to recruit an additional 108 Health Visitors over a four year period. He said that they were seeking to attract experienced nurses to attend the one year course delivered by the Manchester Metropolitan University.

Members discussed the negative and detrimental impact austerity and welfare reform had on the health outcomes of young people in Manchester. Members commented that this influenced wider determinants of health, such as homelessness, poor housing conditions within the Private Rented Sector and fuel poverty, and this needed to be addressed. A Member commented that more needed to be done to regulate and enforce standards within the Private Rented Sector to improve standards for people and families.

The Consultant in Public Health responded by stating that they had good relationships with Housing Providers however the challenge remained to address issues experienced within the Private Rented Sector. She said the multiagency approach in Neighbourhoods would help identify residents at risk and sign post for assistance with issues such as fuel poverty.

The Consultant in Public Health acknowledged that the levels of Infant Mortality in the city were the same as they were 25 years ago. She said that the link between poverty and health outcomes was understood and that work was ongoing to address this through a number of activities. She provided examples of safe sleeping projects that provided emergency funding to purchase cots for babies. The Executive Member for Children and Schools further commented that the Manchester Family Poverty Strategy 2017-2022 had specific actions to address health inequalities.

The Chair commented that local Members were unaware of the Adverse Childhood Experience (ACE) pilot scheme that had been delivered in North Manchester. The Consultant in Public Health described that this had been a targeted pilot scheme, delivered with partners and the outcomes of this were being reviewed. The Director of Public Health apologised if Members had not been made aware of this scheme in advance. The Chair asked that a report on the ACE project and analysis of the outcomes of the pilot scheme be submitted to the Committee at an appropriate time.

In response to a question from the Chair regarding the plan to increase the levels of childhood vaccination, the Director of Public Health advised that local and national resources had been made available to support this targeted activity across Greater Manchester. He said that social media would be utilised to address and counter the misconceptions circulating regarding vaccinations and offer peer support programmes.

Decisions

The Committee: -

1. Note the report and endorse the recommendations of the 2019 Public Health Annual Report.
2. Recommend that an evaluation report on the Adverse Childhood Experience (ACE) pilot scheme be included on the Committee's Work Programme to be considered at an appropriate time.

HSC/19/37 Local NHS planning

The Committee considered the report of the Head of Policy and Planning, Manchester Health and Care Commissioning (MHCC), the Head of Operational Finance, MHCC and the Performance Lead, MHCC that informed Members on the NHS Long Term Plan (LTP), published in January 2019, that set out a ten year programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed five year revenue settlement.

The Head of Policy and Planning, MHCC referred to the main points of the report which were: -

- An overall summary of the guidance;
- National financial analysis;
- National Performance Indicator Requirements;
- National five year planning submission; and
- Key planning milestones across health over the next 6 months.

The report was accompanied by a presentation that summarised the information provided within the report.

Members commented that the Financial Tests described appeared to be extremely challenging, in particular the requirement to reduce growth in demand and return a financial balance in light of the inadequate funding for services. A Member commented that experience had demonstrated that notions of fair funding for Manchester were anything but fair and asked if there was any indication at this stage as to what the funding would be for Manchester.

The Head of Policy and Planning, MHCC informed the Committee that the funding for Manchester was not currently known. Members expressed concern at this and questioned how any plans for important services, such as Mental Health Services could be confidently made if the funding arrangements had not been finalised.

The Head of Operational Finance, MHCC responded by informing the Committee that the Clinical Commissioning Groups were planning based on assumptions on previous funding levels pending any decisions.

In response to comments from Members regarding the complexity and bureaucracy to set and agree budgets, the Head of Operational Finance, MHCC advised the Committee that they were working with colleagues in Adult Social Care and all

partners so that the resultant single MHCC plan would encompass health, public health and adult social care.

Members discussed the use of technology and a move towards online consultations and sought further explanation regarding the NHS App. The Head of Policy and Planning, MHCC stated that online consultations were to be used for secondary care and follow up consultations and not solely for primary care consultations. The Performance Manager informed the Committee that the NHS App allowed patients to check their symptoms, book appointments, request repeat prescriptions, view their own personal records and register to become an organ donor.

A Member commented that funding should be used to reintroduce Walk In Centres to assist those patients who were unable to secure an appointment with their own GP and to avoid the number of unnecessary presentations at Accident and Emergency Departments. The Member commented that whilst the NHS App could be useful for some, the majority of people still required face to face consultations and discussions with a health professional. The Member further commented that we were about to enter the winter period and this resulted in additional pressures on health services.

The Director of Corporate Affairs, MHCC informed the Committee that the Committee would be receiving a report on Primary Care Access and Winter Pressures at their next meeting.

The Chair commented that concerns had been articulated regarding health devolution and if the region had been set up to fail. He said that it would be useful for the Committee to consider the benefits achieved through devolution and he would give consideration as to how this could be progressed to Committee. The Head of Policy and Planning, MHCC commented that Greater Manchester was in a good position to respond to national guidance as a result of devolution, compared to other areas. The Director of Public Health further commented that projects and initiatives developed at a Greater Manchester level, such as the CURE programme, a secondary care treatment programme for tobacco addiction which was recognised nationally and had influenced national policy. He suggested that the Committee may wish to consider inviting colleagues from Greater Manchester to a future meeting to discuss this and other benefits realised.

Decision

To note the report.

HSC/19/38 Overview Report

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

The Chair informed the Committee that the Work Programme would be updated to reflect the reports requested during consideration of the previous agenda items.

Decision

To note the report and approve the work programme subject to the above amendments.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 5 November 2019

Subject: Primary Care Access in Manchester

Report of: Deputy Director, Primary Care Integration,
Manchester Health and Care Commissioning (MHCC)

Summary

The report updates the Committee on access to Primary Medical Care in Manchester; both in core and also extended hours.

In particular, the report focuses on the following issues: -

- Access to General Practice during core hours
- Primary Care Standards
- Extended hours population coverage and Primary Care Networks
- Patient and public perspectives of Primary Care access
- Enhanced 7 Day Access service
- National review of Access
- Developing a model for integrated urgent and enhanced access
- Digital access and Manchester's Strategy for Primary Care IM&T
- Inclusion Health – Safe Surgeries

Recommendations

The Committee is asked to consider and comment on the information contained within the report.

Wards Affected: All

Contact Officers:

Name: Tony Ullman
Position: Deputy Director, Primary Care Integration, MHCC
Telephone: 07773 961656
Email: tonyullman@nhs.net

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents

are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Report to Health Scrutiny Committee, January 2018

(https://democracy.manchester.gov.uk/Data/Health%20Scrutiny%20Committee/20180130/Agenda/5._PrimaryCareAccess.pdf)

Healthwatch Manchester Report – *Extended Access to GP Appointments*, July 2019

(<https://www.healthwatchmanchester.co.uk/wp-content/uploads/2019/08/Extended-Access-Impact-Report-2019-FINAL.pdf>)

1.0 Introduction

This Report updates the Committee on Primary Care¹ Access in Manchester; both in core and also extended hours.

2.0 Background and Context

The issue of access to Primary Care is very high priority for patients and the public across Manchester, and hence for MHCC. Manchester City Council Health Scrutiny Committee has received a number of reports about Primary Care access in the city, most recently in January 2018. Healthwatch Manchester has produced several reports on the subject, and MHCC's Patient and Public Advisory Committee (PPAC) has established a standing Primary Care Access focus group.

Improvements and developments in relation to access to Primary Care continue to be made, but it is recognised that there remain significant challenges, as a result of rising patient and public need and demand.

In Manchester, we currently have 87 GP Practices serving (as at July 2019) a registered population of 658,571, with a weighted list size of 716,962. Recent data from NHS Digital for the period September 2018-August 2019 inclusive, suggests GPs in Manchester see over 3 million patients per annum face to face, carry out over 50,000 home visits, and undertake around 360,000 telephone consultations. In addition, as previously reported to the Committee, population growth in the City has meant that the number of registered patients in Manchester has risen by around 100,000 over the last decade, with a similar further rise expected over the next.

3.0 Access to Primary care in core hours - Manchester's Primary Care Standards

As previously reported, all of Manchester's GP Practices have signed up to MHCC's Manchester Primary Care Neighbourhood Development Scheme 2018-2020, which includes Primary Care Standards, based around those adopted across Greater Manchester (GM). The scheme covers the period from July 2018 to end March 2020, and includes delivery of all 9 Greater Manchester Standards, which are:

1. Improving access and responsiveness to General Practice.
2. Improving health outcomes for patients with mental illness, dementia, learning disabilities and military veterans.
3. Improving cancer survival rates and earlier diagnosis.
4. Ensure a pro-active approach to health improvement and early detection of disease.
5. Improving the health and wellbeing of carers.
6. Improving outcomes for people with a long term condition.
7. Embedding a culture of safety.
8. Improving outcomes in children – childhood asthma.
9. Pro-active disease management to improve outcomes.

¹ Note for the purpose of this Report the focus is on Primary Medical care, ie General Practice. Other Primary care services – Pharmacy, Optometry, Dentistry, are not in scope of the paper.

3.1 Standard 1 – Improving Access and responsiveness to core Primary Care

The national GP Contract² defines core hours for Practices as 8am-6:30pm weekdays, not including Bank holidays³.

Standard 1 focuses on Improving Access to general practice, the aims of which are:

- To support Primary care to deliver effective access and responsiveness to the public of Manchester
- To ensure access meets the needs of Manchester people; of the health and care system; and of Practices
- To enable continuity of care for those patients who need it.

The elements of Standard 1 are:

1. Ensure routine appointments are available Monday to Friday until 8:00pm for patients to be able to pre-book in advance⁴. A minimum of 10 clinical sessions should be available Monday to Friday – 1 morning and 1 afternoon each week day. Patients are able to book routine, pre-bookable appointments until 8pm, 5 days per week; and at weekends.
2. Improve the continuity of care for patients; where evidence suggests that this improves patient outcomes and experience; including those with long term conditions or complex needs. This should be done through the provision of pre-bookable, longer appointments where necessary, for those with complex needs.
3. Ensure that any patient who is considered as having an urgent clinical need have same day access – which can be supported by the neighbourhood model.
4. Enable patients are able to book appointments and order repeat prescriptions online, as per the GP contract.
5. Provide alternative modes of consultation, such as telephone consultations, online consultations, (either e-mail or SKYPE), group consultations.
6. Offer access to both male and female clinicians (note this does not have to be all 10 sessions, and can be delivered through the neighbourhood model).
7. Offer pre-bookable appointments 1 month in advance with a named clinician.
8. Ensure continuity of record for patients attending additional access hubs, through sharing access to medical records.

² <https://www.england.nhs.uk/wp-content/uploads/2018/01/17-18-gms-contract.pdf>

³ The Contract states that Practices must not sub-contract their rights and duties, but also states that they may do so if they are satisfied that it is reasonable to do so, and the person to whom rights and duties are sub-contracted are qualified and competent to provide the service.

⁴ During core hours patients should be able to speak to a staff member to make an appointment and be able to book appointments online at their registered practice. Note that appointments outside core contractual hours, including evenings and weekends, are delivered by individual practices or via the neighbourhood hub model. Out of Hours cover should not be utilised within core contracted hours. Appointments should be with the right person, not always requiring GPs, using skill mix in the Practice and Neighbourhoods including Pharmacists, nurse practitioners, etc. where appropriate. Should a GP not be present on-site, for example, between 6 and 6:30pm, the Practice must ensure that clinical and non-clinical staff are able to escalate any urgent issues to a senior clinician during these times when necessary.

9. Practices to engage with the outcomes of the workforce development tool and work with peers in neighbourhoods to ensure patient safety and workforce resilience.

Reporting arrangements for Standard 1 are

- A quarterly Practice submission/self-assessment form.
- A mystery shopper exercise to be arranged
- Peer review through neighbourhood arrangements
- MHCC has also triangulated Practice responses with the information contained on their public websites.

Initial results through the most recent Self-declaration (to end of September) report highlights that, as at time of writing, the majority of the 9 elements are being met by most Practices across the City:

- 87 out of 88 Practices responded (including one practice since merged).
- All 87 which submitted a response practices achieve 6 or more of the 9 indicators
- 76 Practices achieve at least 8 or more indicators
- 36 practices achieve all 9 indicators. (Note that this figure is due to rise once information and Practice action plans are received in relation to element 4, online booking)

Significant improvement has been made from the previous year in relation to half day closing, with the number of half day/lunchtime closures reducing. In relation specifically to half day and lunchtime closures,

- 1 Practice currently still retains a half day closure (although there are a small number which close at 4:30pm on one day per week). Note a couple more Practices are open for their 10 weekly sessions, but are yet to update their websites.
- 12 Practices list a lunchtime closure on their websites.
- 21 Practices have a half hour closure period, either 8:00-8:30am or 6:00-6:30pm – most have arrangements for dealing with urgent requests during these times.

One Practice does not currently have access to male and female clinicians, which is due to difficulties in recruitment; this Practice is due to merge with 2 other Practices in a local health centre, which will resolve the issue.

All practices now have the facility for patients to book appointments online; take-up of this facility by patients is variable across the city, but rising⁵. As yet not every practice publishes all their slots; although the majority do so.

Practices are also looking to improve access through new and innovative web presences; more information on this is contained in later sections.

⁵ Detailed information on numbers of patients enabled to access online booking in Manchester by Practice is available to Committee members on request.

Practices in their self-declarations submitted many examples of good practice, below are a small selection:

- Practice A - *'All of our nurses provide appointments appropriate to the Long Term Condition (LTC) they are seeing. Our clinical system is set to automatically identify the length of appointment being booked. For example, a patient ringing for an Asthma check the staff will offer a 20 minute appointment and select the reason for the appointment, the system will recognise this reason and automatically select the 20 minute slot for the appointment. We also provide asynchronous appointments and transactional services online via the Footfall website'*.
- Practice B – *'The Practice introduced routine telephone appointments in Jan 2019. We are planning to pilot 'health walks' in 2019 which will be targeted at people with LTCs and will be hosted by our nurses - we see this as an informal way of offering health and lifestyle advice for patients. Our Lead Nurse attended the Group Consultation training last year'*.
- Practice C – *'We have a diabetic specialist nurse attending the practice who offers 30 min appointments to patients to deliver continuity and enhanced care to our diabetic population in which we have a very high prevalence. Outcomes have improved significantly over the past 12 months as a result. All patients are able to book double appointments for complex needs with the practice nurse GP and HCA, we also offer in house services like ECG Lung function testing and annual reviews that are allocated 30 min appointments. Patients with mental health issues or those that attend with carers or disabilities are also able to book extended appointments during core hours'*.
- Practice D *'We use Ask My GP system. This is a digital online system that allows patients to request a consultation either by Telephone, Face to Face, Video consultation, Email consultation or text message. All consultations are recorded in Emis clinical system'*.
- Practice E – *'We provide same day access for learning disability, Mental health, elderly and children, we provide pre-bookable appointments for these groups, and provide longer appointments if necessary. We have flagged these groups with an alert for staff to provide pre-bookable or same day access with longer slots'*.

3.2 Extended full population offer – the introduction of Primary Care Networks (PCNs)

Access to Primary Care has changed during this year as a result of the establishment of Primary Care Networks (PCNs), the initial guidance for which was published in January. PCNs have been in place since July, their purpose being to enable provision of proactive, accessible, coordinated and more integrated primary and community care; and thereby to improve outcomes for patients. PCNs are intended to be formed around natural communities based on GP registered practice lists, generally serving populations of around 30,000 to 50,000 registered patients.

Currently 14 PCNs have been established in Manchester, largely mirroring the geography of the existing integrated neighbourhood arrangements, with a couple of exceptions: -

- A new PCN has been set up covering Practices in the City Centre & Ancoats
- A PCN for the Robert Darbshire Practice (RDP), and other Practices in its group (Whitswood in Alexandra Park and New Bank in Levenshulme)

The PCNs' Directed Enhanced Service (DES) contract commits PCNs to provide full population coverage for Extended Hours, as from July 2019. Note this is the extended hours' provision previously offered by individual Practices, not the hub-based Enhanced 7 Day Access service run by Manchester Primary Care Partnership. Under those previous arrangements over half of Manchester Practices offered extended hours, the rest did not. Whilst the two services (Extended Hours and Enhanced Access) have until recently been seen as separate, over time the intention is that they become integrated, so that by 2021 they develop to become an integrated combined offer, the responsibility of PCNs.

The exact model of Extended Hours delivery in each PCN may vary and can include:

- All practices in the PCN continuing to offer extended hours to its own registered list
- One practice undertaking the majority of the extended hours provision for the PCN's population, with other practices participating less frequently (but that practices' registered patients can still access extended hours services at other sites)
- One practice offering extended hours to its own registered list, and the other practices sub-contracting delivery for their respective patients
- A provider providing the extended hours provision on behalf of all the practices.

Irrespective of the delivery model, under guidance the PCN needs to ensure that all network patients have access to a comparable extended hours service offer; and that the hours and days being offered reflect patient feedback – for example, from Practice Patient and Public Advisory Groups. As at time of writing, most PCNs in Manchester are now delivering full population coverage, others with phased arrangements by the end of November. Full hours will be made up by the end of January 2020, which will assist primary care resilience and winter planning.

3.3 Patient perspective of Primary Care Access

NHS England together with Ipsos MORI, have published the latest Official Statistics from the GP Patient Survey for 2019. The survey provides information on patients' overall experience of primary care services, and their experience of accessing these services. With regard to accessing GP services, below is a selection of the feedback given by patients registered with a GP in Manchester:

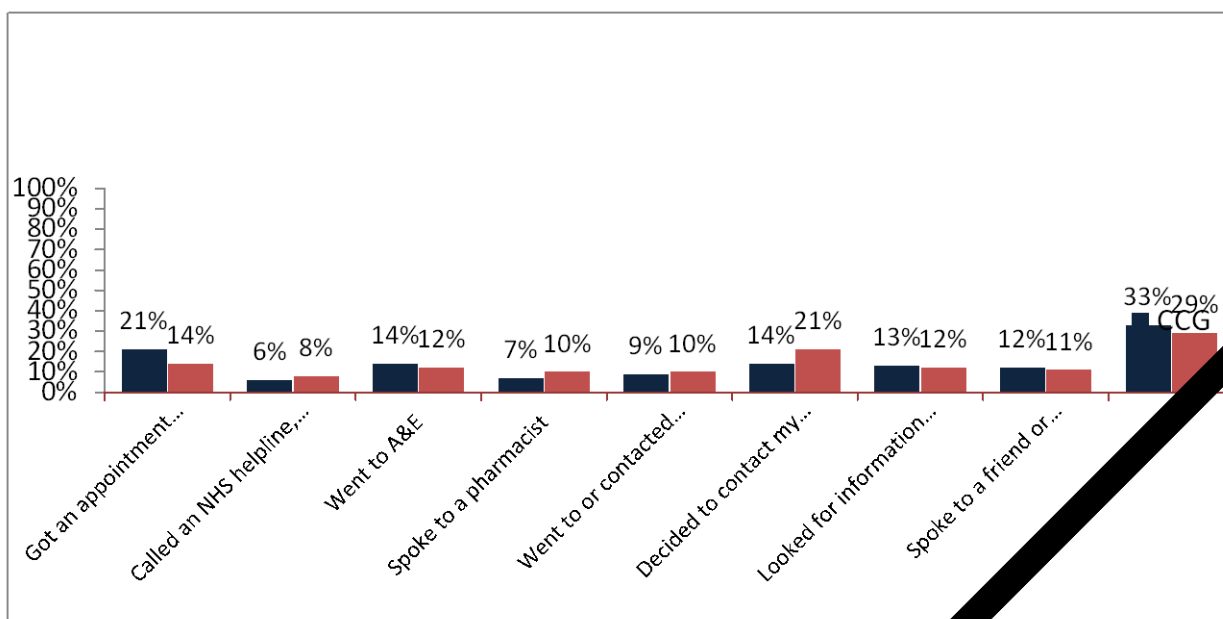
- Overall patient experience of General Practice in Manchester is on par with that of the country as a whole; with 83% of people describing their care as

fairly or very good, 7% poor or very poor, the remaining 11% neither good nor poor⁶.

- 69% of patients found it fairly to very easy to get through to someone at their GP surgery on the phone, slightly above the national average of 68%; with 31% of patients finding it not very easy to not at all easy.
- 89% of patients found receptionists at their GP surgery to be fairly to very helpful, 11% not very or not at all helpful; on par with the national average.
- 67% of patients were fairly to very satisfied with the appointment times of their GP surgery, slightly above the national average of 65%.
- 70% were satisfied with appointment offered, compared to 74% nationally.
- 64% of patients found their overall experience of using NHS services when their GP practice was closed fairly good to very good, 69% nationally.
- 75% of patients found it very easy or fairly easy to use their GP Practice website for information or to access services.

The full patient feedback results, including at individual Practice level, can be found at <https://www.gp-patient.co.uk/Slidepacks2019#M>

The chart below describes responses of what patients do when they are not satisfied with the appointment offered and do not take it, the darker bars referring to Manchester, the lighter nationwide: -



The survey also asked about patient awareness of GP online services, and here Manchester responses were below national averages: -

- 30% were aware of online appointment booking, compared to 44% nationwide.
- 27% aware of ordering repeat prescriptions, 41% nationally.
- 11% of online access to medical records, 15% nationally.

⁶ Note that experience of individual Practices in Manchester varies, from 61% to 98% overall approval ratings.

- Conversely, 75% stated it fairly or very easy to use GP practice websites to look for information or access services, compared to 77% nationwide.

4.0 Enhanced 7 day access service

As previously reported, Manchester was an early adopter area for enhanced seven day access to Primary Care, since 2015/16. Through the service Manchester's registered population can access a primary care appointment across 12 community hubs up to 8:00 pm on weekdays, and at weekends. The service incorporates unique access to the full primary care record - allowing every patient in Manchester to see a GP who has access to their record, letters and results. The service is delivered by the three GP Federations through the Manchester Primary Care Partnership (MPCP), provides 16,000 hours per year of appointments with current performance approaching 100% of capacity.

Utilisation of the service is generally improving; in September 2019 overall utilisation was at 78.7%, with 5,719 appointments available, and 4,499 attended; this is a rise of 11% from the same month the previous year, when utilisation was at 67.7%. Utilisation also varies according to professional group; utilisation of GP appointments is currently at 80.7%, for Health Care Assistants (HCAs) it is at 75.3%, and for nurses 68%. Detailed utilisation is shown in the appendix.

Notwithstanding the variation described, overall the service's performance compares favourably to similar services across the country. In addition, a range of initiatives are in place to improve utilisation, including the ability for NHS 111 to directly book patients into appointment slots⁷. As at time of writing the connectivity has been established in the majority of hub sites, with plans to roll out across the whole city.

Healthwatch review of access to the 7 day service

In December 2017 Healthwatch Manchester published '*Week Spot? Review of Access to the 7 Day GP Service*'⁸, based on a mystery shopper exercise undertaken by Healthwatch volunteers; which was reported to Health Scrutiny Committee. The Report found that awareness of the 7-day service among Practice receptionists appeared to be low, with only 39% of front line staff evidencing their awareness and offer of access to the Service.

In July 2019 Healthwatch produced an update to their 2017 Report, '*Extended Access to GP Appointments - The impact of the report 'Week Spot?'⁹ on the offer to patients*'. This Report identified significant improvement had been made since the 2017 version, with now 91% of front line staff responding positively. Healthwatch are due to attend the meeting of the Committee to present their findings and recommendations in more detail.

⁷ Work is also taking place in Manchester to develop the ability for NHS 111 to implement direct booking into core GP Practices

⁸ Available at <https://d2jlsms9zhgfok.cloudfront.net/2017/12/07142053/Week-Spot-Access-to-7-Day-GP-Service-Review.pdf>

⁹ Available at <https://www.healthwatchmanchester.co.uk/wp-content/uploads/2019/08/Extended-Access-Impact-Report-2019-FINAL.pdf>

5.0 National Review of Access

NHS England (NHSE), are working with stakeholders, to undertake a review to help develop a coherent access offer for both physical and digital services. The intention is to deliver convenient appointments 'in hours', reduce duplication and ensure better integration between settings such as NHS111, urgent treatment centres and general practice. The review commenced during this year, for full implementation by 2021/22.

The review will have one main objective which is to improve patient access both in hours and at evenings and weekends and reduce unwarranted variation in experience. A key output will be the development of a coherent access to general practice appointments offer that practices (in hours) and primary care networks (outside core general practice hours) will make and could sustain, for both physical and digital services, to 100% of patients.

This will include:

- Improving access to patient requested pre-bookable and same day general practice appointments with a view to reducing variations in waiting times;
- Reducing fragmentation by developing a comprehensive access offer for out of hospital care including when practices are closed or unavailable and to improve urgent care services in the community;
- Looking at workforce and workload to make the best use of the available people and resources to improve the wellbeing of the workforce, reduce workload pressures and improve services for patients, and;
- Ensuring the review's main objective can be met.

As part of the review, the Greater Manchester Health and Social Care Partnership (GMH&SCP) are undertaking a deep dive assurance piece on GP extended access; this will test what is being offered, how it's being offered and whether services are being advertised. To support this work the GM team will be conducting a mystery shopper exercise within GP Practices.

6.0 Integrated urgent and enhanced access to primary care

Work is being undertaken in Manchester between MHCC and MLCO to develop a vision and a model for integrated urgent and enhanced access to primary care – to ensure a more joined up approach between a range of services, including core enhanced 7 day access, extended hours, out of hours provision, and related services such as walk-in centres.

This work aligns with the national direction of travel as described in the NHS Long Term Plan,¹⁰ and the five year framework for GP contract reform *Investment and Evolution*.¹¹ Under that framework, it is intended that by April 2021 funding for extended hours access DES and the enhanced 7 day access service will be brought together, under the auspices of Primary Care Networks, for PCNs to deliver integrated provision, incorporating also digital elements and requirements.

¹⁰ <https://www.england.nhs.uk/long-term-plan/>

¹¹ <https://www.england.nhs.uk/gp/investment/gp-contract/>

More detail on Manchester's approach can be brought to future meetings of the Committee.

7.0 Digital access and transformation

There are increasing expectations from the public of digital access to services, public and private; with Primary Care being in way excluded from those expectations. A digitally enabled primary care offer has gained prominence over the last 12-18 months with increasing expectations and scrutiny in relation to Patient Access¹², provision of online consultations/triage and roll out of the NHS App.

A comprehensive and effective primary care digital offer has therefore been identified as a major priority for the city, with MHCC working with its partners to develop an overall Strategy for Primary Care IM&T. The strategy sets out the intention to develop and implement a local, high quality and effective digital offer in conjunction with Manchester's GP practices. A localised digital offer will ensure GP practices can provide increased choice, access and flexibility to their registered patients supplementing the core primary care offer rather than fragmentation and widening of health inequalities.

In addition, there are a range of national expectations, including that patients have online access to their full patient records by April 2020; and that all patients to have the right to online and video consultations by April 2021. Furthermore, there are now new '*Digital First*' Primary care providers being established. One of these, Babylon GP at Hand, is a digital first Primary Care provider operating via a GP contract in London with Hammersmith and Fulham CCG. They have informed us that they are planning to open a new service in Manchester from early 2020 though amended sub-contracting arrangements. As with any new proposal, MHCC's priority will be to ensure that services are high quality, meet the needs of local people, and contribute to the financial and clinical sustainability of the health and care system in the city. Our job is to shape a plan that is best for Manchester, our residents and patients, and health and care organisations in the city.

NHS England and NHS Improvement have undertaken a recent national consultation exercise on proposals to change patient registration, payment and contracting rules around Digital-First providers, with their response published at the end of September¹³. The response is clear that the best response to digital first provider models is to ensure that existing Practices can digitise their offer, and commits to funding (from 2021) to '*ensure that a core digital-first offer is available in general practice including core digital-first capabilities such as online and video consultation systems, triage mechanisms and symptom checkers for patients. As promised in the five year GP contract agreement, these core capabilities will be centrally funded for all of general practice... In addition, we will support all existing general practice to go through the business change necessary to make full use of these digital-first capabilities*'.

¹² Patient Access is a national website which enables registered patients to book GP appointments, order online prescriptions and view their medical records.

¹³ <https://www.england.nhs.uk/wp-content/uploads/2019/09/digital-first-primary-care-response.pdf>

As highlighted in previous sections, it is acknowledged that take-up of digital services from Manchester's Primary care system has up to now been variable, from both Practices and also patients and public. Currently :-

- Around 17% of Manchester patients are registered to be able to book appointments or order repeat prescriptions online.
- 49 of Manchester's 87 Practices are live and offering some form of online consultation to their patients.

MHCC and Practices are accelerating efforts to increase the provision of a digital offer of choice; Any Manchester solution will incorporate the importance of place based care and continuity supplemented by a responsive Primary care; and there is an expectation that Manchester will deliver on the national target that 75% of patients should be able to access online consultations by March 2020.

8.0 Inclusion Health – Safe Surgeries

MHCC has been working to introduce a range of initiatives and programmes to ensure that Manchester's Primary Care system is properly inclusive to all groups and communities. A current example is the "Safe Surgeries" framework – an inclusive health initiative with Doctors of the World humanitarian foundation. GP practices are encouraged to utilise the "Safe Surgeries" framework to show inclusive practice, and eradicate barriers to registration. Currently 26 Practices in the city are using this framework, out of only 200 nationwide.

The Inclusion Health programme is focusing on a range of inclusive programmes during 2019-20, including:

- New Patient registration process is being revised to capture coded information and accessible information around protected characteristics utilising the GP Registration form; this is to be piloted
- Safe Surgery toolkit has been rolled out to all GP practices across the City including proposal for rollout to remaining practices within 2019/2020
- GP Translation and Interpretation Services have been reviewed, with a view to ensuring a consistent high quality offer
- Accessible Information Standards are being rolled out; for example, around meeting needs of non-English speakers or people with hearing impairments
- There is a particular on Homeless patients. 7 Practices have been designated as homeless hubs¹⁴ in areas of high prevalence of homelessness; this means that they will provide ring-fenced appointments, pop up clinics, enhanced support for registration of primary care services, signposting and support, enhanced health checks and Best Practice workshops. The hubs will also provide escalation with patients to more specialist services when needed.

¹⁴ These are – City Health, Dr Cunningham, Ashcroft surgery, Cornbrook Lime Square, Beacon and Cheetham.

9.0 Recommendation

The Committee is asked to consider and comment on the issues contained within this Report.

This page is intentionally left blank

Appendix 1

7 Day Access Service: Year to Date Position



The below outlines the data for each month, across each service, with a year to date position.

	Service									Grand Total			
	GP			HCA			Nurse			% Booked	% Attended	% Utilisation	
	% Booked	% Attended	% Utilisation	% Booked	% Attended	% Utilisation	% Booked	% Attended	% Utilisation	% Booked	% Attended	% Utilisation	
2018/19	April 2018	92.1%	82.1%	75.6%	71.4%	84.4%	60.2%	52.0%	74.1%	38.5%	84.2%	82.1%	69.2%
	May 2018	91.7%	81.8%	75.0%	69.6%	83.3%	58.0%	58.3%	74.1%	43.2%	84.5%	81.6%	69.0%
	June 2018	91.3%	82.5%	75.3%	64.7%	83.4%	54.0%	59.3%	78.1%	46.3%	82.5%	82.4%	68.0%
	July 2018	89.7%	82.2%	73.7%	66.6%	82.9%	55.3%	48.9%	82.1%	40.2%	81.0%	82.3%	66.7%
	August 2018	87.7%	83.9%	73.6%	61.8%	79.9%	49.3%	77.5%	76.9%	59.6%	80.6%	82.7%	66.6%
	September 2018	91.0%	81.7%	74.4%	65.0%	79.0%	51.3%	74.6%	78.2%	58.3%	83.6%	81.0%	67.7%
	October 2018	94.4%	84.3%	79.6%	60.5%	83.9%	50.7%	87.2%	76.0%	66.3%	85.4%	83.7%	71.5%
	November 2018	92.8%	82.4%	76.5%	63.6%	80.8%	51.4%	76.1%	74.7%	56.9%	84.5%	81.6%	68.9%
	December 2018	88.0%	82.1%	72.3%	62.3%	83.0%	51.7%	75.3%	69.6%	52.5%	80.8%	81.1%	65.6%
	January 2019	92.5%	85.0%	78.6%	65.7%	83.1%	54.6%	78.4%	77.6%	60.9%	84.9%	84.1%	71.4%
	February 2019	92.3%	84.4%	77.9%	70.9%	85.4%	60.5%	86.1%	77.6%	66.7%	86.5%	84.0%	72.7%
	March 2019	92.3%	84.6%	78.1%	78.0%	82.2%	64.1%	83.8%	76.2%	63.8%	88.2%	83.2%	73.4%
Total	91.3%	83.1%	75.9%	66.5%	82.6%	54.9%	71.7%	76.1%	54.6%	83.9%	82.5%	69.2%	
2019/20	April 2019	90.6%	84.7%	76.8%	68.1%	87.2%	59.4%	83.3%	73.7%	61.4%	85.1%	84.4%	71.8%
	May 2019	92.1%	84.7%	77.9%	77.2%	88.2%	68.1%	81.9%	73.6%	60.3%	88.1%	84.6%	74.5%
	June 2019	91.7%	82.9%	76.0%	77.9%	85.5%	66.6%	83.5%	75.9%	63.4%	88.1%	82.8%	73.0%
	July 2019	88.6%	85.1%	75.4%	79.6%	84.2%	67.1%	73.2%	85.9%	62.9%	85.4%	85.0%	72.6%
	August 2019	90.6%	86.9%	78.7%	84.8%	87.2%	74.0%	81.6%	84.1%	68.6%	88.6%	86.7%	76.8%
	September 2019	92.3%	87.5%	80.7%	86.1%	87.5%	75.3%	81.4%	83.5%	68.0%	90.2%	87.2%	78.7%
	Total	91.0%	85.3%	77.6%	78.8%	86.6%	68.2%	80.8%	79.6%	64.3%	87.6%	85.1%	74.6%

This page is intentionally left blank

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 November 2019

Subject: Primary Care Access in Manchester

Report of: Healthwatch Manchester

Summary

Frontline staff in GP practices have gained an increased understanding and awareness of the Extended Access service.

Recommendations

1. Continued investment in GP practice staff, especially frontline staff, is required. Training for frontline staff in awareness of the Extended Access service and other associated issues is provided on an ongoing basis.
 2. The disconnect between staff awareness of the commissioned Extended Access service and its offer and promotion to patients requires further investigation. This report provides a clear rationale for such an investigation.
 3. Healthwatch Manchester will actively promote the service through its distribution channels as part of its information and signposting function and as a champion of patient rights.
 4. A dialogue is opened between GP Practice Managers and Healthwatch Manchester regarding these issues and also regarding the issue of registration with a GP practice falling within defined parameters.
-

Wards Affected: All

Contact Officers:

Name: Neil Walbran
Position: Chief Officer
Telephone: 0161 228 1344
E-mail: neil.walbran@healthwatchmanchester.co.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Week Spot? Access to 7 Day GP Service



Extended Access to GP Appointments

The impact of the report 'Week Spot?'
on the offer to patients

July 2019

Contents

Recommendations	1
1. Introduction	2
2. Methodology.....	2
3. Key Findings	4
3.1 Responses to the Extended Access service enquiry	4
3.2 Clarity of Information.....	6
3.3 Politeness	6
3.4 Quality.....	7
4. Conclusions	8
Appendices.....	9
Appendix 1 agreed script	9
Appendix 2 detailed breakdown of data	10

Recommendations

1. Continued investment in GP practice staff, especially frontline staff, is required. Training for frontline staff in awareness of the Extended Access service and other associated issues is provided on an ongoing basis.
2. The disconnect between staff awareness of the commissioned Extended Access service and its offer and promotion to patients requires further investigation. This report provides a clear rationale for such an investigation.
3. Healthwatch Manchester will actively promote the service through its distribution channels as part of its information and signposting function and as a champion of patient rights.
4. A dialogue is opened between GP Practice Managers and Healthwatch Manchester regarding these issues and also regarding the issue of registration with a GP practice falling within defined parameters.

1. Introduction

1.1 Healthwatch Manchester continually seeks to demonstrate the impact of its work upon health and social care services in Manchester. This report aims to present the impact of a previous investigation and its findings.

1.2 The investigation took place in 2017 and its findings were presented in a report: 'Week Spot?'. The investigation took the form of a 'mystery shopper' exercise where frontline staff in GP practices were asked if they were aware of the 7 Day Service (also called the Extended Access Service, Out of Hours and Weekend Service). The service provides extra GP appointments outside usual surgery times in the evenings and at weekends.

1.3 Despite formal commissioning arrangements regarding this service, the findings showed that only 40% of frontline staff were aware of its local availability for patients. This worrying statistic was highlighted to commissioners and other healthcare leads in Manchester and prompted swift action by Manchester Clinical Commissioning Group and Primary Care Partnership.

1.4 In early 2018, frontline staff from GP practices were provided with awareness training regarding the service including when and how to offer it to patients. This was followed by a dramatic fall in the number of complaints received by Healthwatch Manchester regarding long waiting times for GP appointments.

1.5 However, in early 2019 Healthwatch Manchester began again to receive complaints from patients around long waiting times for GP appointments. In June 2019 Healthwatch Manchester conducted the same mystery shopper exercise in order to determine whether staff were now aware of the Extended Access service.

1.6 The main objectives of this report are to:

- Present an analysis of the service through review methodology and key findings and
- Make recommendations regarding areas for improving access to the service.

2. Methodology

2.1 Mystery shopper style phone calls were used as the method of investigation. This provided an opportunity for Healthwatch Manchester to understand the actual, everyday experience of contacting a GP practice to enquire about the service.

2.2 Healthwatch Manchester values individuals' experiences with, and feelings about, health services. A qualitative method such as this means we can better understand some of the issues patients face.

2.3 Healthwatch Manchester conducts investigations with the aim of collecting data that is of practical use. We believe research should be used as a starting point to suggest service improvements.

2.4 Healthwatch Manchester staff and volunteers were deployed to conduct this research and analyse its findings.

2.5 Every GP practice within the Manchester locality was contacted by telephone as part of this investigation.

2.6 These GP practices were all contacted between 18th and 25th June 2019.

2.7 Callers did not disclose they were speaking on behalf of Healthwatch Manchester. This was vital to ensure integrity of results and to keep conversations as naturalistic as possible.

2.8 Callers followed an agreed script. This is included as appendix one and helped ensure a valid comparison across data.

2.9 If nobody from a practice answered the telephone on the first occasion, a maximum of two more attempts were made to contact them. Two practices failed to respond to a call on all three occasions.

2.10 There was no standardisation of what equated to a score of 1-5 on the scales for clarity, politeness and quality. Callers made assessments based entirely on their personal views. This underlines the personal and subjective nature of this investigation. Healthwatch Manchester values individual experience and believes there is a valid comparison to be made. However, we would recommend further research that takes a more standardised approach.

2.11 The results of the investigation are anonymised in this report. There is little value in assigning positive or negative responses to individual GP practices and this report may still achieve its aim of general review to highlight issues around access to the service.

2.12 Results are configured by North, Central & South Manchester and are not configured by postcode, ward or location. This could be a useful direction for future research.

2.13 Healthwatch Manchester recognises the limited scope of this research due to logistical constraints such as only contacting each surgery once. Variation in results may vary according to other factors such as time of call and respondent.

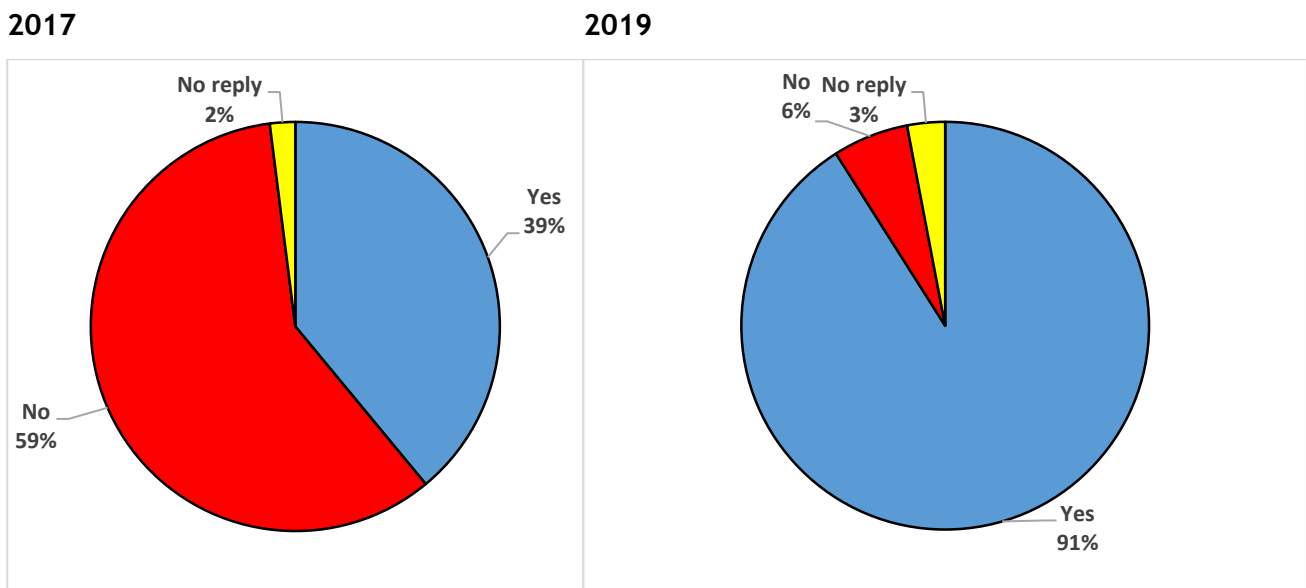
3. Key Findings

3.1 Responses to the Extended Access service enquiry

Callers spoke to frontline staff at each GP practice in Manchester. They asked the following question: “I have just moved to Manchester (or name of the area). I am calling to ask if your practice provide the Extended Access Service.”




3.1.1 Figure 1 illustrates a significant improvement in the proportion of positive responses. An impressive 52% increase in the number of positive responses was observed.

Figure 1. Comparison of 2017 and 2019 overall proportion of responses to the Extended Access service query



3.1.2 Where the service was not offered but a service such as “out-of-hours service” “hub service” or “enhanced service” was proposed, these were included as positive results. Also included as positive results were those frontline staff who talked about a reciprocal arrangement or federation with other services. However, it’s acknowledged that this difference in terminology can be very confusing for patients and staff.

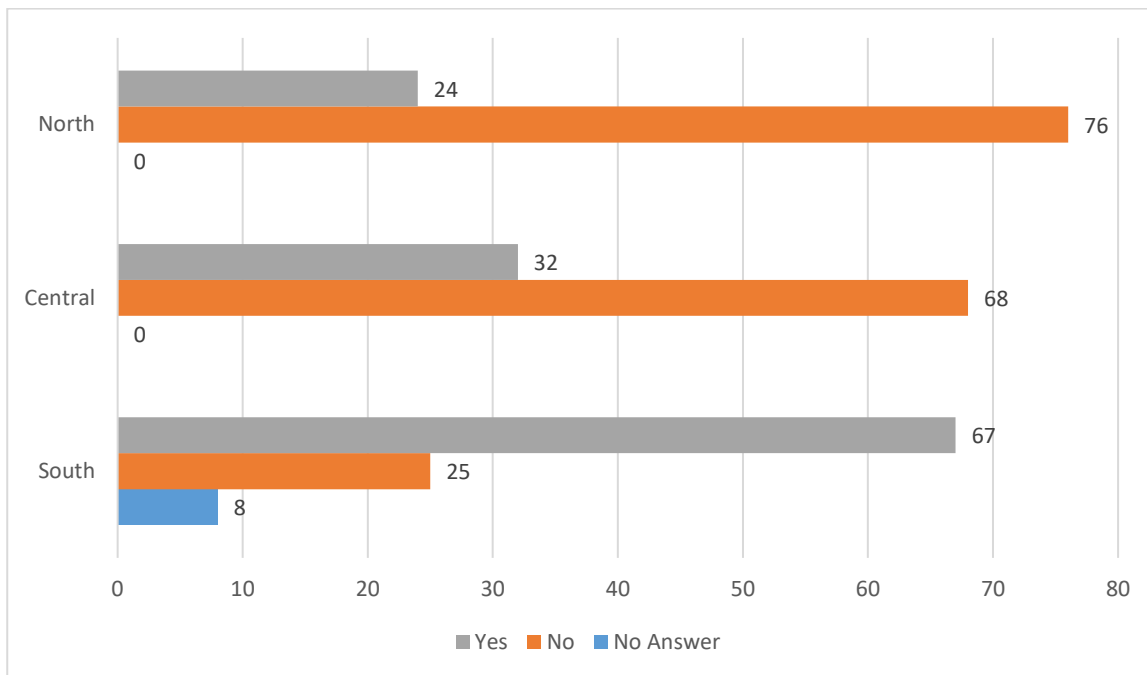
3.1.3 Many frontline staff required lots of prompting or repeated questioning to share relevant information. They are also included as positive responses. However, it should be noted less confident or assertive patients may not have been as persistent and not received this information.

-  *“Really helpful but called it the ‘7 day service’ and ‘the hub’”*
-  *“After 3 prompts mentioning Hub, Out of Hours/weekend service - still no”*
-  *“At first she just said Monday evenings but when prompted said there’s access to ‘the hub’”*

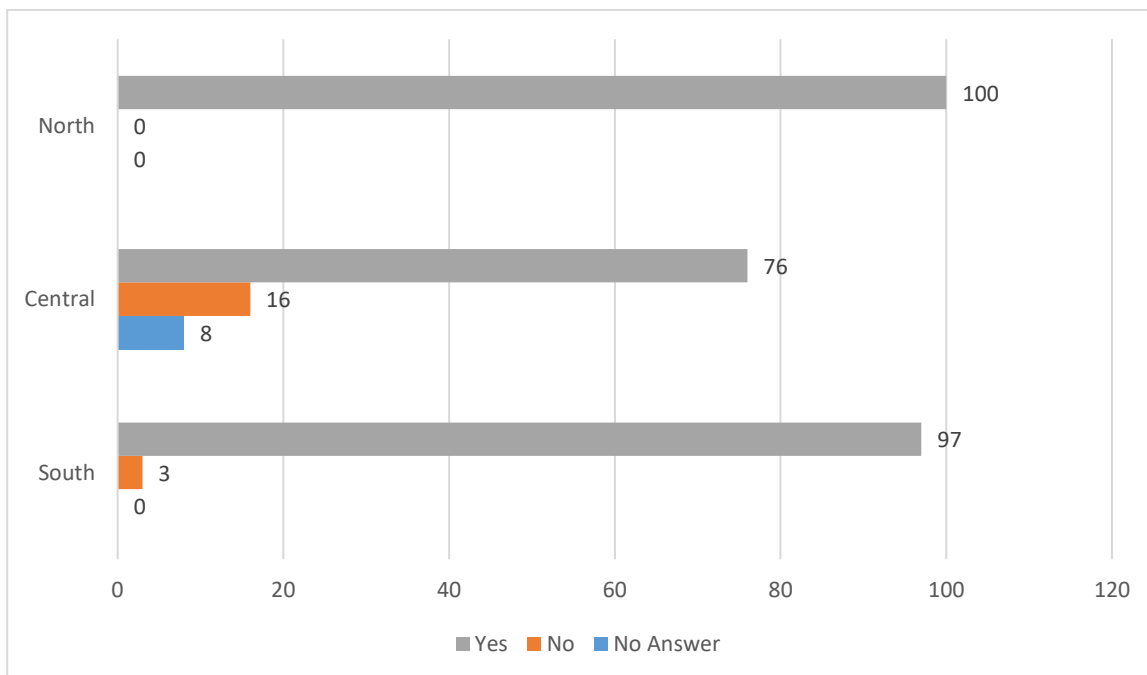
3.1.4 Many frontline staff refused to proceed with the conversation without confirmation from the caller that they were moving to within the postcode boundary set by the practice. This was particularly prevalent for central Manchester practices. When challenged on this, callers were told that this was due to the need to protect limited patient spaces as these were being taken up by transient or commuting workers in the City with local residents missing out.

Figure 2. Comparison of 2017 and 2019 proportion of responses to the Extended Access service query by location

2017



2019



3.1.4 There is now no significant variation between responses from GP practices in the South of the city as opposed to North and Central. There is, however, significant difference in the responses from Central as opposed to North and South.

3.1.5 A more detailed breakdown of data by North Central & South is presented in Appendix 2.

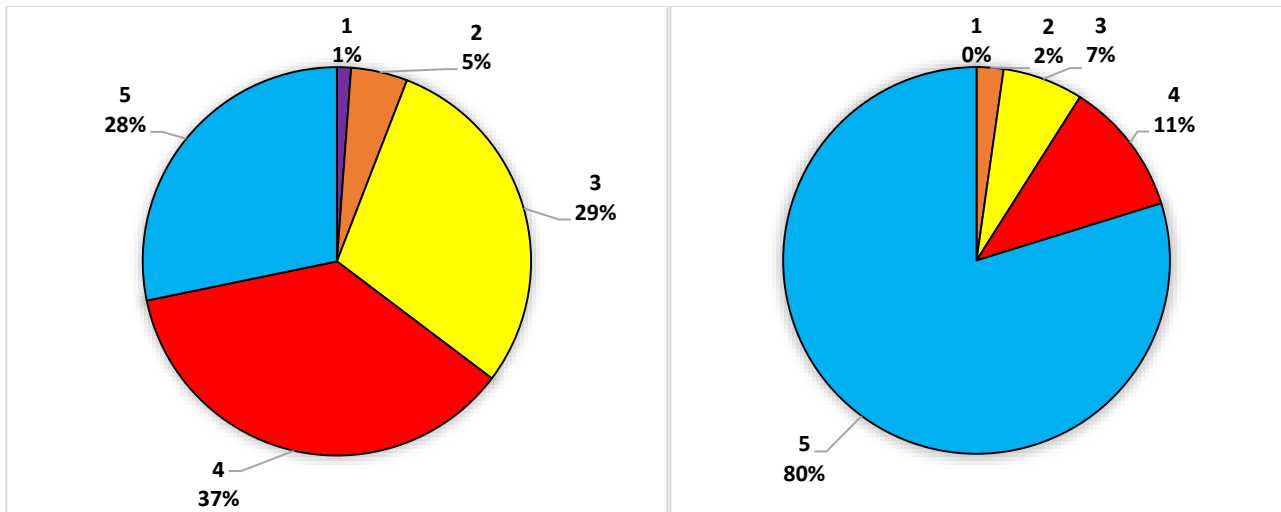
3.2 Clarity of Information

This relates to whether the caller felt information was given in a clear and easy to understand manner.

Figure 3. Proportional rating of clarity of information

2017

2019



Rated 1-5 with 1 being the lowest and 5 the highest

3.2.1 There is a significant improvement in the reported level of clarity provided in the responses.

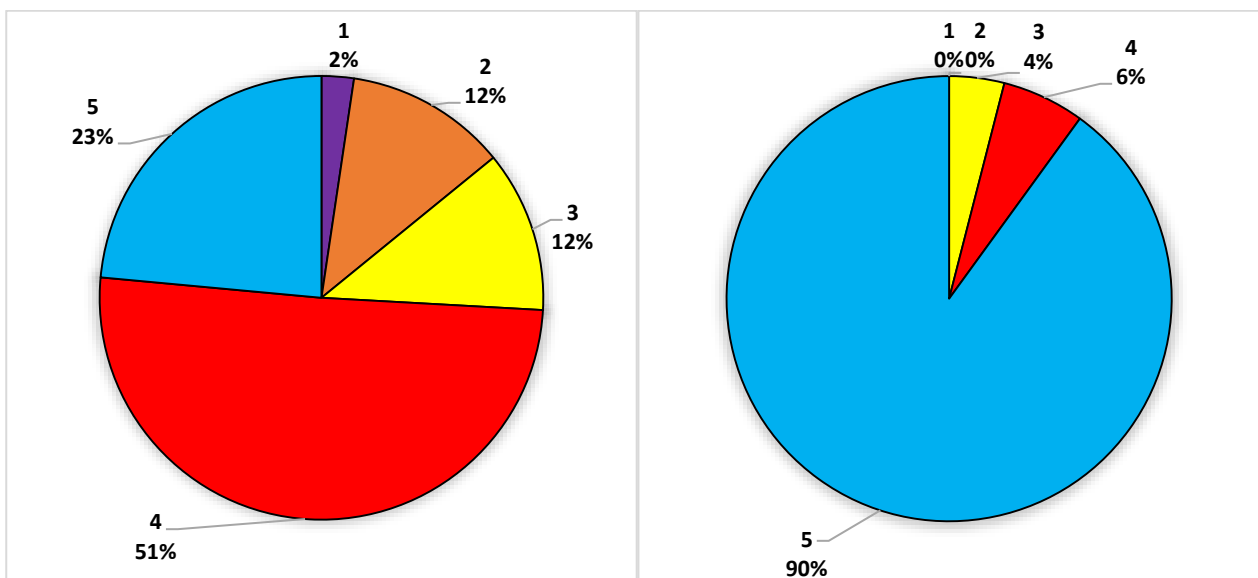
3.3 Politeness

This criterion relates to whether the caller judged the telephone manner of the respondent to be of an appropriate and acceptable nature.

Figure 4. Proportional rating of politeness

2017

2019



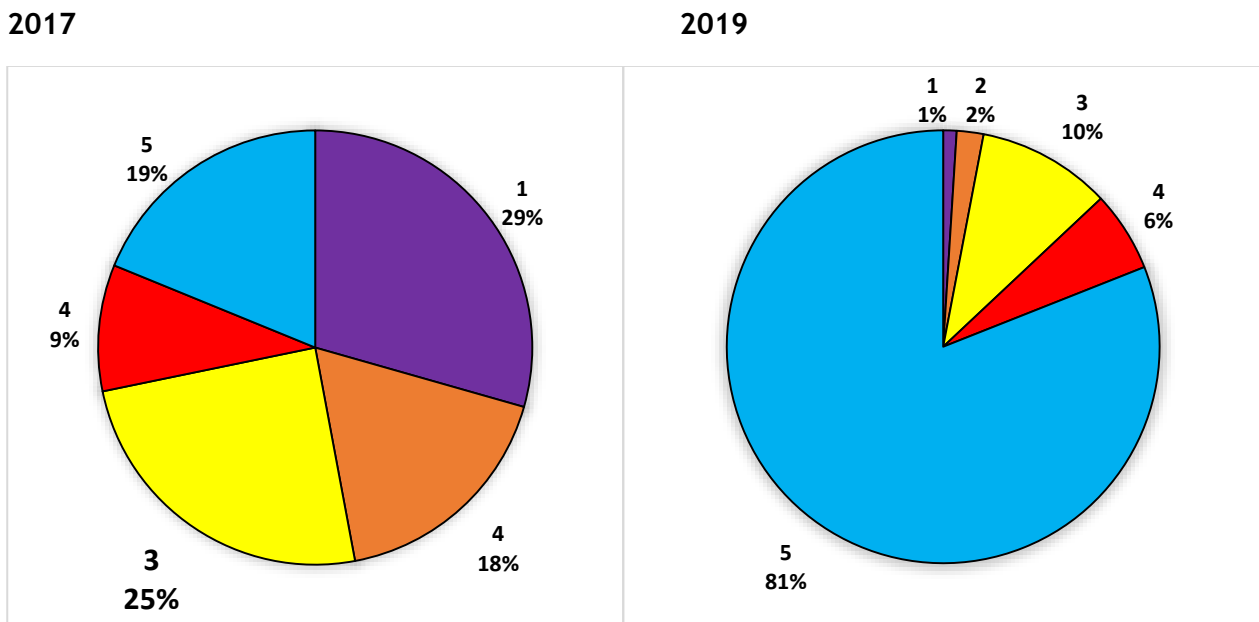
Rated on a scale 1-5 where 1 is lowest and 5 highest

3.3.1 There is a significant improvement in the reported level of politeness provided in the responses.

3.4 Quality

This criterion relates to the quality of information provided to the caller. Practices may be rated highly for clarity and politeness but poorly for quality if they gave poor information.

Figure 5. Proportional rating for quality of information



Rated on a scale of 1-5 with 1 being poorest and 5 highest.

- 3.4.1 There is a significant improvement in the reported level of politeness provided in the responses.
- 3.4.2 It is recognised the scope of this study is limited by a lack of resources. Specifically, only one conversation was had with each practice and experiences may change over time and depending on other factors such as who answers the phone. However, a single conversation is a valid indication of patient experience.

4. Conclusions

4.1 There was an increase in the level of frontline staff reporting their awareness of the Extended Access service and that either their practice provided the service or provided access to it.

4.2 There were improved levels of politeness, quality of information and clarity of information from frontline staff.

4.3 It is highly likely that these improvements are a result of the investment in frontline staff by the Manchester Primary Care Partnership and Manchester Health & Care Commissioning. This investment came as a result of the findings in the Healthwatch Manchester report 'Week Spot?'

4.4 From the patient's perspective it would seem more likely that the service will be offered when faced with a long waiting time for an appointment. This does not, however, account for the recurrence in recent months of an increase in the number of complaints to Healthwatch Manchester regarding this issue. Healthwatch Manchester is unable to pursue an investigation into this matter using a mystery shopper exercise.

4.5 From the commissioner & providers' perspective it would seem more likely that patients who are provided with the service receive treatment in a timely and appropriate manner and are themselves less likely to present at a Walk-in Centre or Accident & Emergency Department.

4.6 There are a small number of frontline staff who, despite prompting, either deny that the Extended Access service exists or that it is provided through their practice.

4.7 There is an issue regarding GP practices establishing postcode boundaries as a barrier to registration. Whilst Healthwatch Manchester acknowledges that this lacks compliance with the NHS Constitution it is apparent that local patients may face issues around accessing a GP practice nearby if limited spaces are taken by transient or commuting populations.

Appendices

Appendix 1 agreed script

Procedure used by the callers from Healthwatch Manchester:

1. Call the GP Practice
2. After greeting the receptionist, explain the scenario by saying “I have just moved to Manchester (or name of the local area). I am calling to ask if your practice provides the Extended Access Service”
3. The receptionist should recognise the term and be able to explain how it works.
4. If the receptionist doesn’t know the term “Extended Access” then an additional hint should be given. For example, “Would I be able to see another GP in Manchester when my own GP is not available?”
5. If the receptionist still doesn’t know what to do, then the receptionist is not aware of the scheme and is recorded as answering no to the question.
6. If the receptionist says that they can book another GP for you then the practice is recorded as offering the service even though they may be calling it by another name.

The answer to the question regarding the Extended Access service is recorded as a YES

- If the receptionist understands/knows the term "Extended Access service" or
- If they say they can book you another GP when the surgery is closed or
- If they offer you an equivalent service but use a different term such as “7 Day service” or “out-of-hours service” or similar or
- says they are part of a federation and can get you an appointment with another GP

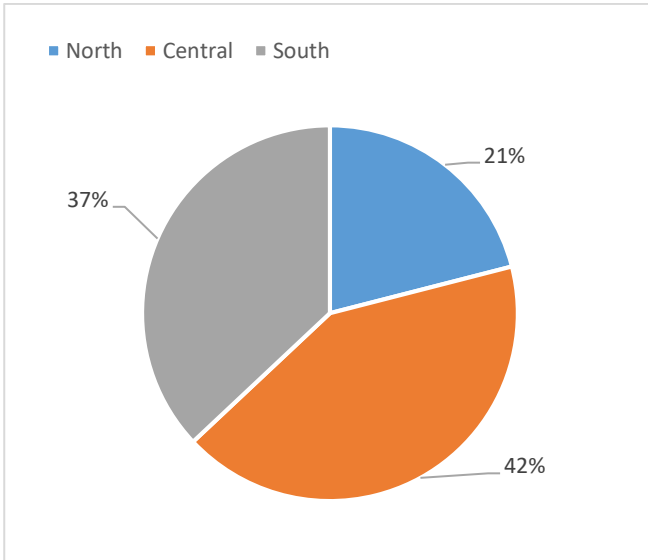
The answer is recorded as a NO

- If they did not understand the term OR the alternative
- If they deny that the service exists
- If they can only provide appointments during opening hours, even if this includes extended opening hours at the weekend
- If they referred the caller to a walk in centre or accident and emergency

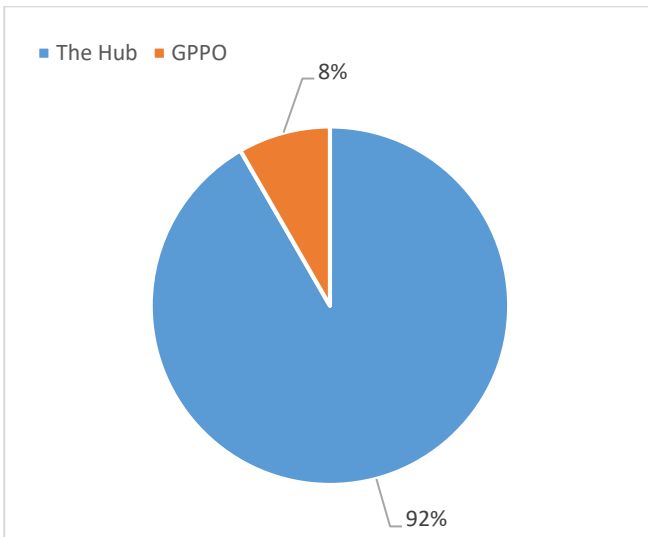
Other factors clarity, politeness and quality are rated on a scale of 1-5 with one being the lowest score and five the highest. Responses are recorded immediately after the telephone conversations and callers may also record narrative comments if they wish.

Appendix 2 detailed breakdown of data

Where frontline staff required prompting in relation to the main query:



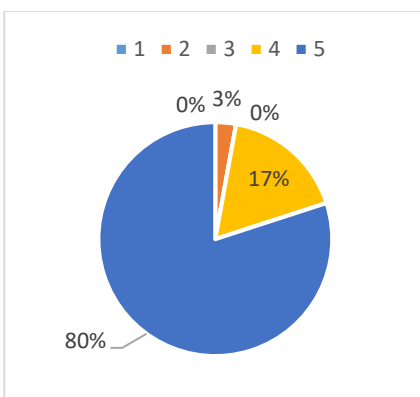
12% of frontline staff gave the Extended Access service a different name. Proportionally:



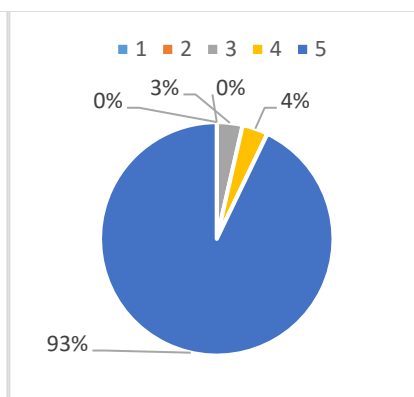
Clarity, Quality & Politeness by Area (Rating 1 - 5 where 1 is poor)

Clarity

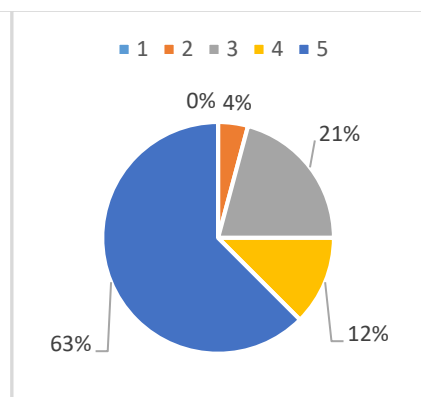
North



Central

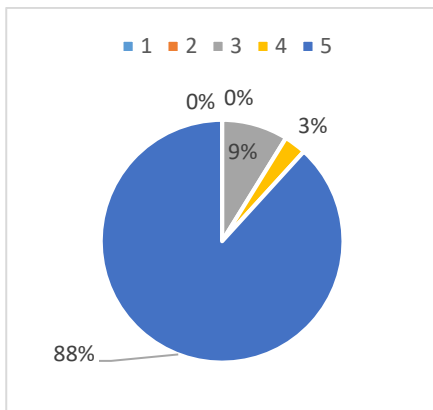


South

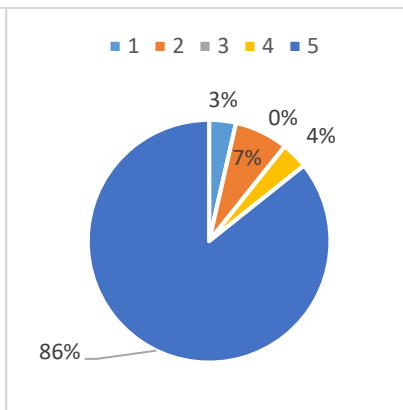


Quality

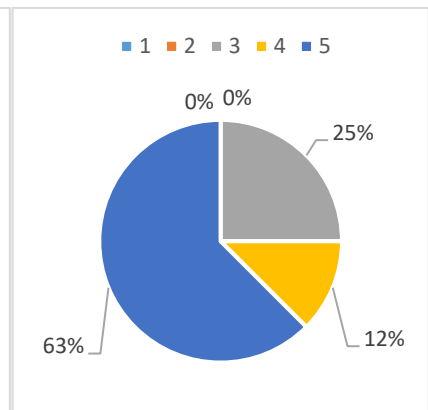
North



Central

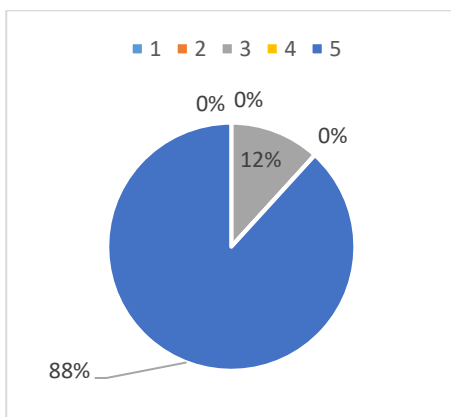


South

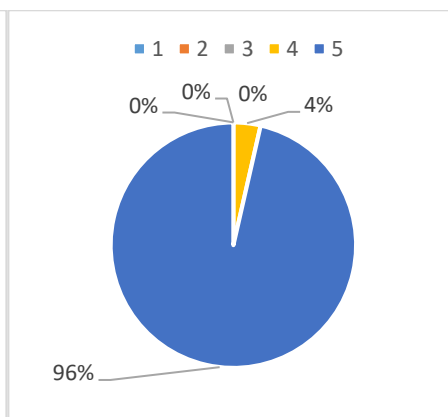


Politeness

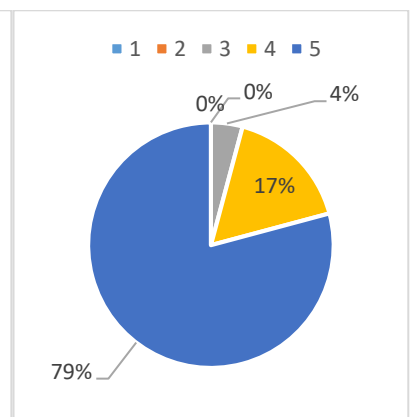
North



Central

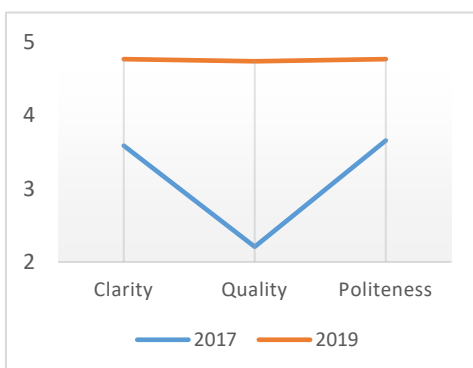


South

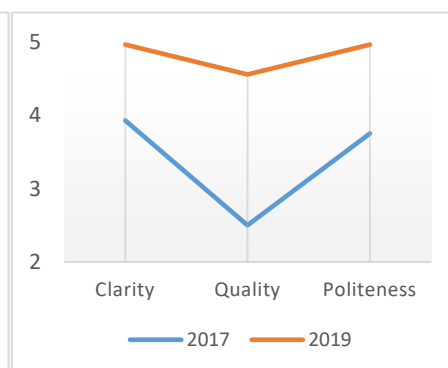


Overall by area

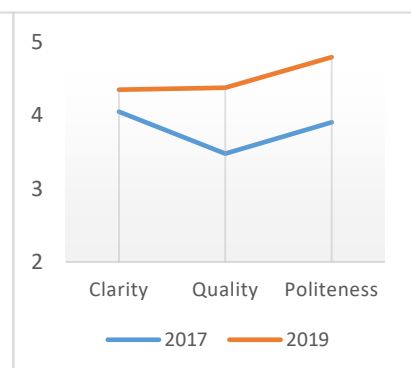
North



Central



South



Acknowledgement: Special thanks to lead volunteer Rossella Romeo for analysing the data and her help with writing this report.



Canada House
Chepstow Street
Manchester
M1 5FW

0161 228 1344

info@healthwatchmanchester.co.uk

www.healthwatchmanchester.co.uk

Company Limited by Guarantee registered in England No. 8465025

Registered Charity No. 1179089

**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 5 November 2019
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: l.walker@manchester.gov.uk

Background document (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Response	Contact Officer
8 October 2019	HSC/19/35 Suicide Prevention Update	Recommend that the research relating to the economic impact of suicide be circulated to the Committee.	This information was circulated to all Members of the Committee following the meeting.	David Regan

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **28 October 2019**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
Contract for the Provision of Homecare Services - Phase 2 (2019/07/26E)	The appointment of Providers to deliver Homecare Services.	Executive Director of Adult Social Services	Not before 1st Nov 2019	Report and Recommendation	Mike Worsley mike.worsley@manchester.gov.uk
Carers Strategy (2019/08/22A)	Allocation of Our Manchester Funding to support the Our Manchester Carers Strategy over a period of two years.	Executive	16 October 2019	Report to the Executive	Zoe Robertson z.robertson@manchester.gov.uk

Subject Care Quality Commission (CQC) Reports
Contact Officers Lee Walker, Scrutiny Support Unit
 Tel: 0161 234 3376
 Email: l.walker@manchester.gov.uk

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

Provider	Address	Link to CQC report	Published Date	Types of Services	Rating
Maybank House Ltd	Maybank House 588 Altrincham Road Brooklands Manchester M23 9JH	https://www.cqc.org.uk/location/1-115738956	25 September 2019	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Francis House Families Ltd	463 463-465 Parrswood Road Didsbury Manchester M20 5NE	http://www.cqc.org.uk/location/1-2295667683	3 October 2019	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Manchester City Council	Hall Lane Resource Centre (Respite Care, Short Breaks Service) 157-159 Hall Lane, Baguley, Manchester, M23 1WD	https://www.cqc.org.uk/location/1-2146647956	1 October 2019	Residential Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement

Community Integrated Care	The Peele 15a Walney Road Benchill Wythenshawe Manchester M22 9TP	http://www.cqc.org.uk/location/1-1212453059	5 October 2019	Nursing Home	Overall: Inadequate Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Inadequate Well-led: Inadequate
SignHealth	SignHealth Claridge Road SignHealth 1 Claridge Road Manchester M21 9WQ	https://www.cqc.org.uk/location/1-118140752	18 October 2019	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
HC-One Oval Ltd	Ringway Mews Care Home 5 Stancliffe Road Manchester M22 4RY	https://www.cqc.org.uk/location/1-3134639162	18 October 2019	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Independent Vascular Services Limited	Vascular Studies Unit Wythenshawe Hospital Southmoor Road Manchester M23 9LT	https://www.cqc.org.uk/location/1-261233607	16 October 2019	Diagnostic Imaging	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Brooklands Medical Practice	Brooklands Medical Practice 594 Altrincham Road Wythenshawe Manchester M23 9JH	https://www.cqc.org.uk /location/1-545937960	14 October 2019	Doctors / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
-----------------------------------	--	--	--------------------	--------------	---

**Health Scrutiny Committee
Work Programme – November 2019**

Tuesday 5 November 2019, 2pm (Report deadline Friday 25 October 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Primary Care Access in Manchester	To receive a report that updates the Committee on access to Primary Medical Care in Manchester; both in core and also extended hours.	Cllr Craig	Nick Gomm	Healthwatch are to be invited to contribute to this item.
Winter Pressures	To receive a report that provides an overview of the preparations to address urgent care winter pressures. It will contain information on the joint system-wide planning taken across the Manchester urgent care system to manage periods of pressure.	Cllr Craig	Nick Gomm	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Tuesday 3 December 2019, 2pm (Report deadline Friday 22 November 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Discussion item: Health improvement interventions for LGBT	The Committee have invited representatives from the LGBT (lesbian, gay, bisexual and transgender) Foundation to discuss specific health improvement interventions for LGBT communities in Manchester, including the Greater Manchester Trans Health Service and Pride in Ageing.	Cllr Craig	-	

communities in Manchester				
Overview Report				

Tuesday 7 January 2020, 2pm (Report deadline Friday 20 December 2019) ** PLEASE NOTE DEADLINE DUE TO CHRISTMAS HOLIDAYS

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget 2020/21 – Officer proposals	The Committee will receive a report outlining the main changes to delivery and funding arrangements. Savings included as officer options to be debated.	Cllr Craig	Bernadette Enright David Regan	There will be no detailed business plans for Directorates included in this report
Overview Report				

Items to be Scheduled

Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Autism Developments across Children and Adults	To receive an update report on Autism Developments across Children and Adults. This item was considered by the Health Scrutiny Committee at their January 2015 meeting.	Cllr Craig	Bernadette Enright	Learning Disabled citizens, family and carers to be invited.
Update on the work of the Health	To receive an update report describing the work of the Health and Social Care staff in the Neighbourhood Teams.	Cllr Craig	Bernadette Enright	

and Social Care staff in the Neighbourhood Teams				
Manchester Health and Care Commissioning Strategy	To receive a report on the Commissioning Strategy for Health and Care in Manchester. The Committee had considered this item at their July 2017 meeting.	Cllr Craig	Bernadette Enright	See minutes of July 2017. Ref: HSC/17/31
Public Health and health outcomes	To receive a report that describes the role of Public Health and the wider deterrents of health outcomes.	Cllr Craig	David Regan	
Manchester Macmillan Local Authority Partnership	To receive a report on the Manchester Macmillan Local Authority Partnership. The scope of this report is to be agreed.	Cllr Craig	David Regan	See Health and Wellbeing Update report September 2017. Ref: HSC/17/40
Mental Health Grants Scheme – Evaluation	To receive a report on the evaluation of the Mental Health Grants Scheme. This grants programme is administered by MACC, Manchester’s local voluntary and community sector support organisation, and has resulted in 13 (out of a total of 35) community and third sector organisations receiving investment to deliver projects which link with the Improving Access to Psychological Therapies (IAPT) services in the city.	Cllr Craig	Nick Gomm	To be considered at the March 2019 meeting. See minutes of October 2017. Ref: HSC/17/47
Single Hospital Service progress report	To receive a bi-monthly update report on the delivery of the Single Hospital Service.	Cllr Craig	Peter Blythin, Director, Single Hospital Service	See minutes of 17 July 2018. Ref: HSC/18/32

			Programme	
Workforce Strategy	To receive a report on the Workforce Strategy.	Cllr Craig	Bernadette Enright	
Assistive Technology and Adult Social Care	To receive a report on how assistive technology will be used to support people receiving adult social in their home. The Committee will hear from individuals who have benefited from using assistive technology to learn of their experience.	Cllr Craig	Bernadette Enright	
NHS Dental and prescription charges	To receive a report on NHS Dental and prescription charges.	Cllr Craig	NHS England	
Air Quality and Health	To receive a report on the work being done to address air quality and the effect this has on health.	Cllr Craig	David Regan	
Reablement services	To receive a report that describes the activities to improve Hospital discharge rates; the activities to prevent hospital admissions and reablement services	Cllr Craig	Bernadette Enright	
Prevention and Wellbeing Services - Social Prescribing	To receive a report on social prescribing that includes information on the rationale and theory for this approach, information on the uptake and how this approach is monitored.	Cllr Craig	Nick Gomm	
Inclusive Health Care	To receive a report that describes the activities and initiatives to engage with and deliver health care to traditionally hard to reach groups.	Cllr Craig	Nick Gomm	
Estates and the delivery of Primary Care	To receive a report on the estates in which Primary Care is delivered.	Cllr Craig	Nick Gomm	
Manchester Mental Health Transformation Programme	To receive a progress report on the delivery of Manchester Mental Health Services.	Cllr Craig	Nick Gomm	

Falls Prevention	To receive a report on the Falls Collaborative work.	Cllr Craig	Nick Gomm Sue Ward Manisha Kumar	To be scheduled for Feb or March 2020.
Supporting People Housing Strategy	To receive a report on the Supporting People Housing Strategy (including extra care, dementia friendly and learning disabilities.)	Cllr Craig Cllr Richards	Eddie Smith	
Adverse Childhood Experience (ACE)	To receive a report on the Adverse Childhood Experience (ACE) pilot delivered in Harpurhey.	Cllr Craig	David Regan	Invitations to Cllr Bridges and Cllr Stone.

This page is intentionally left blank