

Caring Sub-Committee

Thursday, 28 November 2024

Present: Councillor J Shaw (Chair)
Councillors J Webster, A Holdsworth, J Kirwin,
C McGinty, L Marshall, K Nott, A Spowart, J O'Shea
and L Bones

In attendance P Jones, Healthwatch North Tyneside

Apologies: Councillors P Bunyan, S Burtenshaw, T Neira
O Scargill, K Clark and J Hunter

C12/24 Appointment of Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute members were made:

Councillor J O'Shea for Councillor P Bunyan
Councillor L Bones for Councillor O Scargill

C13/24 Declarations of Interest or Dispensations

Item 6. Breast Screening.

Councillor Claire McGinty, Registerable Personal, works for Newcastle Hospital Trust.

Item 6. Breast Screening.

Councillor Joe Kirwin, Registerable Personal, works for a cancer charity.

C14/24 Minutes

Resolved that the minutes of the meeting held on 26 September 2024 were agreed as a correct record

C15/24 GP Access

James Martin, Strategic Head of Primary Care (Northumberland and North Tyneside Delivery Team), NENC ICB attended the meeting to provide an overview of GP access in North Tyneside. Dr Shaun Lackey, GP, also attended the meeting.

The overview covered:

- information relating to the structure of a GP surgery
- what 'GP access' looks like in North Tyneside
- challenges that are impacting on access to GP services
- The Primary Care Access Recovery Plan and the local response to implementation of that plan
- Current levels of workforce in general practice

The Committee were informed that GP services are contracted by NHS commissioners to provide generalist medical services in a geographical population area. Some practices may be operated by an individual GP, some by provider organisations but most are ran by a GP partnership. Every individual or partnership of GPs must hold an NHS GP contract and GP partners are jointly responsible for meeting the requirements of the contract. The commissioning of primary care services, which includes GPs is the responsibility of NHS England however ICBs have taken on full delegation of these commissioning responsibilities.

It was noted that there are three different types of GP contract arrangements, of which core parts include:

- Agreeing a geographical or population area the practice will cover
- Maintaining a list of patients for the area and setting out specific circumstances a patient may be removed from it
- Provision of 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

GPs must provide services within core hours, being 8am to 6.30pm Monday to Friday, with the exception of Good Friday, Christmas Day or bank holidays and

they are funded through a global sum payment which is calculated based on an estimate of the practice patient workload.

It was highlighted that within North Tyneside there are 23 GP practices providing services from 32 surgery sites with a registered population of 227,761. The Committee were informed that this figure is higher than the resident population due to practices along the borders of North Tyneside supporting patients in Northumberland and Newcastle. The practices also range in size with the average practice list being 10,113 patients.

Information which has been gathered informs that the number of appointments per month is increasing year on year and that the North Tyneside appointment rate per 100,000 patients is broadly in line with the England average and below the ICB average. It was however explained that the data collection at present is not able to include PCN delivered activity in North Tyneside.

It was highlighted that there is a significant variation between the 23 practices within North Tyneside in the rate of appointments being provided. Within North Tyneside, the percentage of appointments that are face to face has been on a downward trend since September 2023. This reflects that it is in line with the encouraged shift towards modern GP delivery models that have an increased focus on clinical triage, often by phone or online services. It was however noted that the levels of face to face appointments remain above the England average and the highest level in the NENC ICB.

Regarding waiting times for appointments it was highlighted to the Committee that just over 40% of patients are seen on the same day that they book an appointment. The next largest category is two to seven days from booking. The profile of waiting times in North Tyneside is broadly the same as that of the ICB and England.

A GP patient survey, which is independently ran, is sent to over two million people across the UK and the results will provide data on how people feel about their GP practice. It was noted that 45% (which equates to just under half) of all patients surveyed find it difficult to contact their practice by telephone, 29% (one in three) patients are not satisfied with the time they are waiting for an appointment or describe their experience of contacting their GP as 'not good' and there is also significant variation between the experience of patients at local practices.

It was highlighted that there are a number of challenges that impact the level of GP access and include:

- Increased demand – the list size of practices in North Tyneside has continued to increase and there has also been an increase in age of the demographic profile with older populations having a greater prevalence of frailty and multiple long-term conditions
- Capacity – services are limited by the number of staff that can be employed
- Technology – outdated telephony symptoms have few lines in use and do not have queuing or call back functionality. Practice websites are often limited. The shift to tirage models often requires patients to contact their practice in a different way than they are used to
- Patient Expectations – it can be difficult for practices to meet the broad range of expectations of how patients feel health services should be delivered.

The Committee were informed that in response to recognising these challenges and the change in landscape following the Covid-19 pandemic a 'Delivery Plan for Recovering Access to Primary Care' was published in May 2023. The Plan has two overall key 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

To support the ambitions the plan is divided into four key areas of delivery: empowering patients; modern GP access; building capacity; and cutting bureaucracy.

The actions within the plan are not the sole responsibility of general practice or PCNs. It was noted that within the ICB a systematic and coordinated approach is being taken.

In terms of progress within North Tyneside, the ICB has developed a system-level access improvement plan in response to the national recovery plan and this has been board approved. A number of actions or projects that have been delivered or are underway were outlined within the report along with the data for workforce capacity.

At the last meeting of the Sub Committee the ICB attended and provided a

presentation which included information around funding and reductions in budgets. A query was therefore raised in relation to funding and whether this was a challenge. It was advised that funding is an underlying theme in terms of increasing access to GPs, making practices more efficient, funding more staff and improving technology.

A query was made in relation to the location of GP practices and whether there can be any influence regarding their locations. The Committee were informed that scope to do so is limited as practices may have been in existence for long periods of time however where there could be opportunities to discuss his matter, for example as a result of possible new major housing developments, there are opportunities to look at current provision against the potential increase in patient numbers and possible locations.

A query was raised around the Darzi review and what impact the recommendations may have on GP access and patient care. It was noted that the challenge for GPs includes issues around contracts which are complex and more time will be needed to understand the outcomes from the review.

Due to the number of different roles held within GP practices, such as physician associates and paramedics it was queried how this information is communicated to members of the public so that they are aware of who they may meet when receiving help or treatment from their GP practice. The importance of communication was acknowledged and that it would be useful to consider how changes which are happening are explained to patients including the scope of each role.

Following comments in relation to the need for flexibility in any plans which are developed and also the need for continuance in healthcare advice the Committee were reminded of the delivery plan to improve and increase practice capacity. This will include technology improvements along with a triage model to allow better assessments to be undertaken so appointments can be given to people who have the greatest need.

Resolved That the comments of the Committee and the report and presentation be noted

C16/24 Breast Screening

Fergus Neilson, Screening and Immunisation Lead, NHS England North East and North Cumbria attended the meeting to provide an overview of the national breast screening programme within North Tyneside.

The committee were informed that NHS breast screening uses mammograms to look for cancers that are too small to see or feel. The programme offers screening once every three years to women in the age range of 50 to 71. After 71 it is possible to self-refer for an appointment every three years.

Breast cancer is the most common type of cancer in the UK with around 12,000 women who die from the disease each year. It was highlighted that survival is however improving over time with around 3 out of 4 women diagnosed are alive 10 years later. The risk of getting breast cancer increases with age and around 4 out of 5 breast cancers are found in women over 50 years old.

The Committee noted that the screening programme within North Tyneside is commissioned by NHS England and provided by the Newcastle upon Tyne Hospitals NHS Foundation Trust. The programme has a mixed model of delivery through static sites based in hospital locations and on mobile screening sites that are periodically moved to different community locations.

In terms of the Programme's offer, the Committee were informed that the screening service uses a fixed date and time model. Research has shown that this achieves higher uptake than an 'open' appointments model where women are asked to make contact to arrange an appointment. Following the Covid-19 pandemic, Newcastle Breast Screening Programme was an early adopter to return to the fixed appointment model to ensure that uptake recovered more quickly.

It was highlighted that there is continuous development of learning and building of an evidence base for what works in terms of improving uptake at local, regional and national levels.

From a health equity audit for breast screening, the key findings were:

- Uptake is lower in more deprived populations

- Uptake is lower in younger women and, in particular, for their first screening invite between ages 50-53
- There is variation by ethnicity
- Uptake is lower for people with learning disability

The Screening Programme has a dedicated breast screening health promotion officer to maintain and improve uptake. The service has also joined North Tyneside's cancer prevention network which features a range of stakeholders who work together on the cancer agenda.

The Committee were informed of a range of activities to increase screening uptake which include:

- Newcastle Breast Screening dedicated health promotion officer
- Work with partners in local authority and local NHS
- Targeted work younger women via social media
- Early return to "fixed" appointments
- Text reminders
- Multiple community engagements
- Learning disability "Quality Check" visit

and the report also highlighted details of 17 targeted community in-reach events, organised by North Tyneside Council which was also attended by the Breast Screening Service Health Promotion Officer.

(Councillors A Spowart and J Webster left the meeting at 7.20pm)

A query was raised regarding the age of the screening programme and whether this could be lowered and offered between the ages of 40 – 50. It was explained that the National Screening Committee take into account all relevant evidence/data relating to cancer and that at present it is considered that screening under the age of 50 does not outweigh possible risks/harm. It was noted that the Committee review screening progress and it is not unusual for programmes to be tweaked.

The Committee welcomed the promotion work undertaken but queried if any retrospective work was carried out to analyse its success. The Committee were informed that it is difficult to capture the effectiveness of each engagement session but any overall increase in uptake is a positive. The Committee were

reminded that any take up is a choice.

The siting of mobile screening vans and information for screening in Wallsend was queried along with suggested promotion via various social media platforms. The Committee were informed that this information would be clarified and provided following the meeting.

A query was made in relation to the screening uptake data and if it were possible to provide a breakdown per sub-population which clearly shows the uptake position of North Tyneside. The Committee were informed that this would be clarified and if possible, information provided following the meeting.

The Committee welcomed the work which is being undertaken but queried what patient care and public involvement has been undertaken to establish why the screening offer may not be taken up. It was confirmed that it would form part of the role of the Breast Screening Health Promotion Officer to have those conversations and to use this information with the aim of improving take up.

The Committee welcomed the information presented.

Resolved That the comments of the Committee and the content of the report and presentation be noted.

C17/24 Work Programme

The Committee considered the work programme report and the outline work programme topics for 2024/25.

Discussion took place regarding the topics and the most appropriate meeting dates for which they should come forward.,

Resolved that the work programme be updated to reflect the dates in which the agreed topics will be presented to future meetings of the Sub-Committee