

INTERIM DRAFT RECOMMENDATIONS FROM THE HEALTH SCRUTINY COMMITTEE : GP Appointment systems

Key recommendations:

1. **Core and extended hours:** That Islington CCG, working with NHS England, ensure that the availability of core and extended hours in Islington general practice is adequate and appropriate to meet patient's needs.
2. **Performance benchmarking:** That performance benchmarks for GP appointments be established across the borough, in order that voluntary performance targets can be agreed with all Practices. (This recommendation seeks to drive up performance standards, where necessary, by the mechanism of peer pressure rather than a contractual approach, and to achieve a greater consistency of performance without challenging differing management approaches to appointments between individual practices.) The Committee note that NHS England are at present developing methods of benchmarking, and that following publication of proposals the Committee will review this again.
3. **Patient feedback:** That the committee, working with the CCG, review current approaches to patient feedback, in order to establish consensus on best (and most effective) practice, and drawing on the lead from acute hospitals in securing feedback on an individual appointments basis. The feedback to be used to inform under recommendations 1 and 2.
4. **Long term conditions:** That alternative appointment systems be established for patients with long term conditions that require regular appointments, in order to avoid the requirement to repeatedly re-book under the daily appointment system.
5. **Social support functions:** That GP practices, the Council and the CCG work jointly to establish an alternative approach to providing social support services currently provided by GPs, such as school sick notes and letters in support of housing applications, to enable GPs to concentrate on core medical responsibilities.
6. **Practice information:** That GP practices be required to fully publicise information regarding the availability and means of obtaining GP appointments at their practice. This information should be clear, available through all currently recognised channels of communication, and explain when and how appointments can be made, give clear information about Out of Hours Options, and the range of medical services on offer from the surgery in addition to basic appointments. The committee also strongly recommends the use by all practices of SMS text reminders for appointments to reduce DNAs.
7. **Telephone triage:** That where telephone triage is used, this should be carried out in accordance with agreed protocols on best practice, to ensure that all patients have a positive experience, and that vulnerable patients are not challenged or distressed by their initial contact with the service.
8. **Public awareness:** That a public awareness campaign be developed to promote treatment options on the basis of 'The right care, in the right place, at the right time', and also to increase awareness of alternative treatment options, such as the minor ailments scheme in pharmacies.

Additional recommendations:

1. **Procurement of additional GP services and premises:** That a mechanism be established jointly between NHS England, ICCG and the Council to assess demand for GP services, identify existing and predicted shortfalls – especially in areas where population is increasing due to new developments, to procure premises – where necessary by the mechanism of planning gain in new developments, and to procure new GP services to fulfil existing and predicted need where identified.
2. **Practice nurses:** The Committee propose that the Council and ICCG lobby the Government to change the employment strategy for practice nurses, so that they are employed directly via the NHS, rather than by individual GP practices. This on the basis of evidence heard of a shortage of practice nurses, resulting in GPs having to carry duties of the practice nurse, taking time away from their core work as GPs. It was put to the committee that the shortage was due to GP practices having difficulties in attracting practice nurses, as they are not able to offer the same terms, conditions, and career opportunities, as nurses employed directly by the NHS.

Chair.