



Report of: Julie Billett, Director of Public Health

Meeting of	Date	Ward(s)
Health and Care Scrutiny Committee	7 <sup>th</sup> March 2016	All

Delete as appropriate	Exempt	Non-exempt

## **SUBJECT: 12 MONTH PROGRESS REPORT ON GP APPOINTMENT SYSTEMS – RESPONSE TO THE HEALTH AND CARE SCRUTINY COMMITTEE RECOMMENDATIONS**

### **1. Synopsis**

1.2 The Health Scrutiny Committee's final report on GP appointment systems was received by the Executive on 15<sup>th</sup> January 2015, and the Executive's response to those recommendations was agreed in June 2015. The Scrutiny Committee's recommendations were directed towards a number of organisations, including Islington Clinical Commissioning Group (ICCG), Islington Local Medical Committee (LMC), NHS England (London), in addition to Islington Council. The recommendations set out a range of measures to be taken by these organisations to improve the accessibility of GP practices in Islington, with a particular focus on GP booking and appointment systems. This report provides an update to the Scrutiny Committee on the actions being taken by, Islington CCG, the Local Medical Committee, NHS England and Islington Council in response to the Scrutiny Committee's recommendations.

### **2. Recommendations**

2.1 To note progress on actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of GP appointment systems.

### **3. Background**

3.1 In November 2012, the Health and Care Scrutiny Committee initiated a scrutiny review focusing on GP appointments systems in Islington, to assess the effectiveness of both urgent and non-

urgent appointment systems and to understand how these vary across the borough. It was also agreed that the review would examine the availability of GP appointments against current access targets, identify areas of under-performance and collect evidence of patient experience and assess any unmet needs.

- 3.2 The review looked specifically at the demand for GP appointments in Islington, which had 37 GP practices at the time (34 as of February 2016). These range from smaller, single-handed practices to others with multiple GP partners, practice nurses and health care assistants, and very large patient lists. The review also looked at capacity to meet local demand for GP appointments, having regard to the challenges posed locally and wider considerations such as public expectations, the availability of urgent care, the changing interface between acute and primary care, and the increasing shift towards delivering more integrated care, closer to home.
- 3.3 The Committee formulated a set of recommendations which are intended to improve general practice access for patients, help to alleviate pressure on A&E departments, whilst also supporting GPs to optimise their approach to appointment systems. The Scrutiny Committee acknowledged the positive work that is already underway across Islington practices and through the CCG, and their recommendations seek to build on this foundation to further improve patient experience in obtaining appointments.
- 3.4 The Executive agreed its response to the Health and Care Scrutiny Committee's recommendations in June 2015. The Executive welcomed the Health Scrutiny Committee's review and recommendations on GP appointments, and the collaborative way in which the review was conducted, and its recommendations formulated with key NHS partners. It specifically addressed each recommendation setting out how the council and its NHS partners were addressing and supporting each recommendation. This paper provides a one year update on progress on each of the recommendations set out in the scrutiny review.

#### **4.0 Response to the Recommendations**

- 4.1 Access to GP services is a key concern for Islington residents. Whilst the reviews' recommendations are predominantly directed towards NHS partners, the Council is working with partners as necessary to support implementation, as set out below in section 4.5.
- 4.2 Islington CCG is required, under its constitution, to support NHS England in improving the quality of services provided within primary care. The CCG therefore also welcomed the recommendations of the Scrutiny Committee, and is working with local partners towards achieving them. It is, however, important to acknowledge that GP Practices are independent contractors, operating individual businesses and are not employees of the NHS, and as such, many of the recommendations cannot be mandated or enforced by the CCG. However, Islington CCG maintains very good relationships with local practices, who themselves are keen to improve local services in Islington, and is already working with them to take forward many of the recommendations.
- 4.3 Islington Local Medical Committee (LMC) have similarly responded positively to the Committee's review, and welcomed the Committee's understanding and recognition of the challenges faced by general practice in Islington in relation to high patient turnover, levels of deprivation, the spectrum of presenting illness, general practice capacity, premises, resources and workforce to meet the needs of patients. The LMC welcomed the report's role in increasing the Local Authority's awareness of these challenges, especially with regard to the future planning of GP provision and services. The LMC has also noted some concerns, particularly in relation to the capacity and resources available in general practice to support implementation of all the Committee's

recommendations. Overall, however, the LMC has signalled its support for being involved in the next steps of this work.

## 4.5 Response to individual recommendations

### 4.5.1 Recommendation 1

***That NHS England (London) works with ICCG and local GPs to develop GP surgery opening hours that offer core and extended opening hours (evenings and 7 days per week) that are adequate and appropriate to meet the population's needs across the borough, including access for key population groups, eg working age adults. The extended hours offer should ideally be shared and co-ordinated across the Borough, with cover being rotated between practices within the GP clusters.***

#### **Response:**

NHS England and Islington CCG are committed to working with local GPs to extend opening hours in the evenings and 7 days a week. Investment (both locally and nationally) in supporting GPs to offer extended hours appointments on a practice by practice basis has continued throughout 2015/16.

In 2015/16, the number of practices now providing extended hours in Islington is 34 i.e. all Islington GP practices, providing a total of 98.25 extended hours per week.

NHS England has also now included a requirement within the new London APMS (Alternative Provider of Medical Services) Contract for the delivery of weekend opening (Saturday Morning). APMS contracts are or will be used for the following Islington practices:

- Hanley Road
- Mitchison Road

The Primary Care Infrastructure Fund is a national, four-year investment programme in workforce, technology and infrastructure. Two Islington GP Practices have applied to receive funding through this programme; one scheme has already been approved whilst the other is going through the due diligence process.

NHS England has also allocated financial resources for premises improvement grants. Seven Islington GP Practices have applied; five have been successful, one has been deferred until next financial year and one remains outstanding for approval.

The new Islington i-Hub service became operational in October 2015. This service offers a hub based core primary care service between the hours of 18:30 and 20:00 on weekdays, and 08:00 to 20:00 at weekends. The i-Hub service is being offered via three Primary Care Hubs across Islington, which provides balanced geographic coverage. The service aims to work in conjunction with all Islington GPs to deliver primary care access 8am – 8pm, 7 days per week. Over the Christmas period 2015, Islington i-Hub provided patient access for core GP services across the four Bank Holidays. The service has also extended the weekend consultant-led ambulatory care services at Whittington Health and UCLH. Initial data from the i-Hub service shows that the number of attendances are highest on Saturdays and Sundays. However, average attendances per hour during i-Hub opening hours are higher on weekdays.

The Islington CCG-funded **Improving Access** Locally Commissioned Service (LCS) has been extended to run in its present format until October 2016. The LCS currently enables an additional

250 appointments (doctor, nurse and HCA) per week to be offered across participating practices in Islington, with most practices choosing to offer additional appointments mostly on weekday evenings. Meanwhile CCG support for the development of a local GP Federation in Islington is likely to facilitate the aspect of Recommendation 1 relating to 'clusters' of GP surgeries being able to deliver access at a borough wide level. In addition, the new Service Specification being developed for practices on PMS (Personal Medical Services) contracts will mean that Islington PMS practices will offer, as part of their core contract, an additional 4 hours of clinical appointment time on Saturdays.

Looking beyond this financial year, a **Primary Care Access Working Group** has been set up to review existing access arrangements and to generate recommendations for the future primary care access offer in order to improve the patient experience, meet the access specification set out in the London Strategic Commissioning Framework (LSCF) and deliver affordability and value for money for the CCG. The LSCF is available at <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/Indn-prim-care-doc.pdf> and mirrors Recommendation 1 of the Islington Health Scrutiny Committee Report

#### 4.5.2 Recommendation 2

***That NHSE works with the CCG, LMC and GP practices to agree and establish voluntary performance bench marks across the Borough for provision of appointments. Benchmarking should be based on the research findings of the Primary Care Foundation's (PCF) report 'Access and urgent care in general practice - Islington CCG', and should include ongoing monitoring (at intervals) of length of appointments, average number of appointments per patient per annum, % of patients seen by GP compared to other health professionals, length of phone calls taken by receptionists, availability of reception staff at key times, and balance of same day and book-ahead appointments. The Primary Care Foundation's recommendations on the appropriate levels for these benchmarks should be taken as a starting point, with GP practices allowed to deviate from these benchmarks on the basis of justifying any deviation. Benchmarking is proposed in order to reduce variability of accessibility and patient experience in obtaining appointments, which is a quality issue for the service.***

#### **Response:**

NHS England and Islington CCG monitor performance through a number of indicators including the national GP patient survey. Performance against these indicators is reported to the NCL Primary Care Joint Committee as part of a report on Quality and Performance for GP practices, which sets out performance within each CCG area.

The GP Patient Survey covers 8 areas:

- Ease of getting through on the telephone;
- Helpfulness of receptionist;
- Overall experience of making an appointment;
- Confidence and trust in GP;
- Confidence and trust in Nurse;
- Satisfaction with opening hours;
- Overall experience of GP surgery; and
- Recommending GP surgery to someone who has just moved into the area.

Outcomes from the patient survey are analysed and published nationally on <https://gp-patient.co.uk/>

NHS England and the CCG shall be rewarding improvement in patient experience and patient voice indicators as part of new key performance indicators (KPIs) they intend to introduce in 2016/17.

The Friends and Family Test (FFT) has also been introduced in primary care services. The results of the FFT are published at monthly intervals on both NHS England and NHS Choices websites

A national technical solution to gathering GP data on capacity is currently being procured as part the **Prime Minister's GP Access Fund programme**. Once implemented, this solution may be of potential use in future benchmarking exercises nationally or locally. In the interim, local technical solutions are being investigated in order to gather capacity data on GP appointments for the evaluation of the i-HUB service. If successful, these will provide valuable insights into capacity levels within Islington general practice.

Additionally discussions with NHS England on the **PMS Premium Service Specification** indicate that PMS practices in Islington will be required to submit a 'Demand and Capacity Analysis' report to NHSE, presenting practice level data that are key drivers/factors in terms of clinical capacity at practice level. PMS Practices in Islington will be expected to exceed a ratio of 72 appointments:1000 registered patients. Other KPIs relating to ease and convenience of access will also be implemented within the Islington PMS specification.

As well as looking at capacity, the CCG is also supporting a number of initiatives looking at managing demand for GP and Practice Nurse appointments. These initiatives are referred to throughout this up-date report, and include locally commissioned services (LCS) such as the Long Term Condition LCS, Integrated Care Networks, Workforce pilots (such as the **practice based pharmacist pilot** providing practices in Islington with pharmacist sessions in order to free up GP time) and other projects that support training and development.

#### 4.5.3 Recommendation 3

***The window for book-ahead appointments should be extended to six weeks as standard, following the recommendations of the Primary Care Foundation.***

#### **Response:**

This remains a practice decision. **Islington i-HUB** sites offer extended hours appointment to all Islington residents that are bookable up to 3 weeks in advance.

#### 4.5.4 Recommendation 4

***All GP practices should offer a choice of access options for making appointments, including telephone, internet, and face-to-face, in order to achieve equality of access for all patient groups.***

#### **Response:**

Islington practices continue to offer a choice of access options to registered patients (as outlined in the June 2015 report). **Local investment in digital technology** is continuing apace with Islington CCG submitting a bid into NHSE for capital funding to develop an **e-consultation module**. If successful, this will enable practices to increase their online offer to patients and will help support patients to navigate and access to the best service to meet their needs.

Practices are now required to offer online booking as part of their contractual requirements.

#### 4.5.6 Recommendation 5

***That patient management plans and allocation of a named GP be established for all patients (including children) with long-term conditions. Where patients require regular or repeat appointments, the appointment should be made by the doctor to avoid the patient having to repeatedly re-book under the daily appointment system.***

#### **Response:**

In line with 15/16 NHS England contractual requirements all patients in Islington will have a **named GP** by March 2016

As well as national schemes such as the **Unplanned Admissions Direct Enhanced Service (UPA DES)** (outlined in the June 2015 report), Islington CCG commissions a **Long Term Conditions Locally Commissioned Services (LCS)**. The scheme supports participating practices to provide enhanced clinical management of patients with LTCs and to implement a “Year of Care” coordinated care planning approach.

Following a successful ‘test and learn’ pilot, the CCG is also implementing Integrated Care Networks across the borough which will deliver coordinated care to those who need it - including patients with long term conditions. **Integrated Network Co-ordinators** facilitate planned care from the most appropriate member of the patient’s care team, who may not always be a GP.

Additionally the CCG has increased the number of locality navigators it funds from 2 to 6. The navigator service is commissioned from Age UK Islington. Navigators work closely with GPs and Practice Nurses to help patients reach personal goals and support them to self-manage their condition, particularly long term conditions. This not only improves care planning but can free up clinical time and reduce the need for GP appointments

#### 4.5.7 Recommendation 6

***That GP practices, London Borough of Islington 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. An example of an alternative approach could be, in the case of school sick notes, school nurses could be trained to assess children’s fitness for school, in order to avoid taking up GP appointment slots.***

#### **Response:**

The initial response published in June 2015 set out a range of actions being taken in response to this recommendation. In addition to the Employment Adviser pilot involving three Islington practices (as outlined in that previous report) the CCG and Islington Council are also taking forward implementation of a **NHSE sponsored research project** trialling the use of practice-based employment specialists. All 34 GP practices in Islington will be invited to participate and will be able to access the services of an employment adviser via their involvement in the project. It is anticipated that this will further free up clinical time at a practice level.

A new leaflet has been developed by Islington’s Housing team to discourage tenants from approaching GPs for requests to support housing applications where this is unnecessary.

GPs in Islington are also reporting that the use of **Health Navigators** to support patients to better self-care is proving to be effective in freeing up clinical time previously spent on providing non-medical support. There is still some further work to do locally, however, to manage demands from various local partners/agencies for additional documentation from GP practices to back up appeals etc.

#### 4.5.8 Recommendation 7

***That NHSE (London) and ICCG work with all GP practices across the borough to ensure training of reception staff, including the use of a script as a basis for taking calls, to ensure staffing levels are appropriate to match demand at peak times, and that GP practices support their reception staff on an ongoing basis. Where telephone triage is used, this should be carried out in accordance with agreed protocols on best practice, to maximise the possibility that all patients have a positive experience, and to ensure that vulnerable patients are not challenged or distressed by their initial contact with the service.***

#### Response:

Islington CCG has continued to support improvements to those elements of telephone access that are within its remit e.g. via investment in GP IT (via reimbursement of practice costs) to support the migration from analogue to digital telephone systems (i-HUB Pilot match funding). Digital system functionality enables practices to use analytics to help them with call management. This sits alongside other CCG support for the enhanced use of technology within practices, such as equipping all Islington practices with WIFI.

GP providers also have taken steps consistent with the training focus of this recommendation, where the opportunity for doing so has arisen. For instance, as part of the IHUB service development, staff manning the extended hours IHUB telephone line have received standardised training on call handling. All calls to the IHUBs are triaged in accordance with an agreed protocol. As IHUB staff are all drawn from the existing pool of Islington practice teams, this allows for the cascading of best practices across all GP providers.

Moreover the **Long Terms Condition LCS** provides support for practice staff to maintain up-to-date skills and knowledge on LTCs, including support for customer care training for admin/reception staff.

Finally in order to support the development and maintenance of a pool of high quality practice administrators and managers across Islington the CCG has fully funded 10 training places on a **practice manager development scheme** providing participants with the opportunity to obtain level 3, 4 & 5 NVQ qualifications.

#### 4.5.9 Recommendation 8

***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 individual surgeries in addition to basic appointments. The committee also strongly recommends the use by all practices of SMS text reminders for appointments.***

#### Response:

The CCG has identified funding to support the continued use of **SMS text messages** for GP appointment reminders in 2016/17 and has procured access for practices to a text service offering full functionality i.e. a service that supports the use of 2 way messaging, allowing patients to text back confirming their attendance as opposed to only 1 way messaging which simply reminds patients of their appointment details.

#### **4.5.10 Recommendation 9**

***That NHSE and the CCG should work with local GP practices to establish a basket of patient feedback strategies, including patient user groups and post-appointment surveys to supplement the NHS Choices internet feedback option. Surgeries should assess feedback from all these sources to ensure they capture a balanced view of patient experience. Patient feedback should be monitored regularly.***

#### **Response:**

As part of the Extended Access Review the Primary Care Access Working Group has developed an online survey on extended access and is asking all Islington Practices to display a link to the survey on their practice websites and share this with their Patient Participation Gro. Up (PPG). The online survey sits alongside a menu of engagement strategies including face to face approaches which will see community groups and patients attending practice clinics being asked to provide feedback on their experience of booking GP appointments. This feedback will provide additional information and insight to that collected centrally e.g. GP Patient Survey.

Since 1 April 2015, it has been an NHSE contractual requirement for all practices in England to form a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population.

Patient feedback is also being collected as part of the I-HUB pilot.

### **ADDITIONAL RECOMMENDATIONS**

#### **4.5.11 Additional recommendation 1**

***That a mechanism be established jointly between NHSE, ICCG and the council's planning department to assess present and future demand for GP services and facilities across the borough, especially in areas where population is increasing due to new developments. The purpose of the process would be to match the need for premises with options to procure those premises via the planning system. The committee recommends establishing a Borough-wide Improvement Plan, similar to Ward Improvement Plans, which identifies areas or locations in the borough where premises are needed, or anticipated to be needed, in order to inform planning officers of the requirement when negotiating planning gain with developers. (The mechanism of the Bunhill Short Life Group established by NHSE in early 2014, see report at appendix 2, could be used across the Borough as a model for the NHS to identify needs to be included in the Improvement Plan).***

Since assuming joint commissioning responsibilities for primary care in October 2015, the CCG is working at a NCL strategic planning group level to deliver system wide enablers: with an immediate focus on estates. The CCG and Islington Council is also involved at NCL/London level in the development of a devolution pilot for estates, alongside the other boroughs and CCGs in NCL. The proposed pilot will focus on the devolution of powers related to public estates across health and social care with the aim of delivering more effective utilisation of the existing estate.

An **Islington & Haringey Estates Group** has been established and meets regularly. The group includes membership from Islington and Haringey CCGs, the Local Authorities, and key providers: Whittington Health, Camden & Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust. A key focus of this group is to assess present and future demand for GP and out of hospital services and facilities across the two boroughs and to join up intelligence on and maximise opportunities arising from negotiating planning gain with developers.

From 2016/17 the CCG will lead proposals for how monies within the Primary Care Transformation Fund will be invested and will work with GPs locally. A primary care estates workshop (with LMC representation) was held in December 2015 and put forward **key principles to guide primary care premises planning** in Islington.

With regard to existing primary care premises the CCG has also commissioned a building consultancy to conduct an **audit of all 34 Islington practice premises** to be completed by the end of March 2016. The CCG and LBI are also proactively engaged with Peabody Housing Association in early planning for future health and education premises use within the PTA Archway Campus Development.

NHS England, as part of its assurance role, has asked all Strategic Planning Groups to develop **Strategic Estates Plans for CCG** areas. These will include planning for primary care expansion and transformation. These plans are being developed with the involvement of all partner organisations as well as local planners.

To support developments in Primary Care, NHS England has set aside a £1bn investment fund nationally for Primary Care, **The Primary Care Infrastructure Fund**. This is already being used to fund capital developments in GP practices across London either as improvement grants for practices or to support capital project development.

The CCG intends to deliver its finalised **Estate Strategy** in the last quarter of 15/16.

#### **4.5.12 Additional recommendation 2**

***That NHSE and ICCG work with GP practices to improve job security, Terms and Conditions, professional development and work opportunities for Practice Nurses. Measures could include rotating nurses between practices, and between practices and the Out of Hours service, in order to improve training opportunities, work experience, and to add variety and interest in the post. The possibility of establishing a jointly hosted employment scheme between practices should be investigated to assist with the implementation of the rotation scheme. This recommendation arises from evidence heard by the committee of a shortage of practice nurses, resulting in GPs having to carry out the duties of the practice nurse, taking time away from their core work as GPs.***

#### **Response:**

During 15/16 the CCG (in partnership with HENCEL – Health Education North Central and East London) funded the **development of ‘blended’ nurse roles** in order to support nurses to move across GP, A&E and ambulatory care settings. However the number of nurses applying for these roles was small and none were considered appointable. The project lead is currently capturing lessons learnt from this initiative and will use these to aid the development of future nurse roles so as to address the issues and challenges encountered.

More positively the CCG is working with the emerging Islington GP federation to investigate possible models for a future General Practice nurse bank. The I-HUB pilot has also employed Islington Practice Nurses sessionally within its 3 hubs, thus giving existing general practice nurses experience of working across different practices, and perhaps helping to address some of the concerns staff may have about the demands of cross organisational working.

#### 4.5.13 Additional recommendation 3

***That LBI and ICCG work together to lobby the Government to review the funding allocation formula for general practice to ensure funding adequately reflects the increased and complex needs of patients living in deprived areas, as well as the particular challenges facing general practice in London.***

##### **Response:**

Whilst the current financial situation remains challenging for both the NHS and local authorities the funding allocation for primary care in Islington over the next 3 years will increase by 12% to address historic under-investment. The detail of this is still to be confirmed however it provides the CCG with an opportunity to review investment in primary care and address key challenges in General Practice including practice resilience and sustainability.

#### 4.5.14 Additional recommendation 4

***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.***

##### **Response:**

As part of its **review into Extended Access** the Primary Care Access Working Group will be examining current and future offers to ensure that routes into primary care services are clear and easily understood and navigated by our local population. A communication and engagement plan has been developed by the group and will feed into wider CCG communication work on patient pathways into services e.g. linked to work already undertaken in other areas such as Urgent Care.

The **Extended Access patient survey** (online and face to face approaches) will be circulated widely and will ask the public about their views on GP access in the evening and during the weekends. It will also ask residents about those services provided by nurses, HCAs and pharmacies and, via face to face approaches, will explore further patient views on options available to them such as the pharmacy minor ailments service.

The CCG is also planning to invest in tools directly accessible by patients and the public such as **e-consult** (an online self-triage and patient information service) which will support patients to make informed decisions about treatment options and provide information on how to locally access the right care for them.

## 4. Implications

- **Financial implications**

This report provides a number of recommendations affecting various organisations.

There are no financial implications as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

- **Legal Implications**

The Health and Social Care Act 2012 confers duties on local authorities to improve public health.

Section 12 of the ("the 2012 Act") inserted a new section 2B into the National Health Service Act 2006 ("the 2006 Act") which imposes a duty on each relevant local authority to take such steps as it considers appropriate to improve the health of the people in its area. Section 2B(3) of the N HS Act 2006 provides that such steps include providing services for the prevention, diagnosis or treatment of illness.

The 2012 Act established Clinical Commissioning Groups as the foundation of the new health system with responsibility for commissioning the majority of health services. Section 28 of the 2012 Act required all GP practices to be members of CCGs.

Section 26 of the 2012 Act also inserted a new section 14R into the 2006 Act which imposes a duty on CCGs to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals, as part of the health service.

**Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

Neither the initial screening for a Resident Impact Assessment (RIA) nor a full RIA has been completed, as this is an information report only on work undertaken and thus has no additional resident and/or equalities implications.

- **Environmental Implications**

None identified

## 5. Conclusion and recommendations

**The Executive is asked to:**

1. To note progress made on the actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of GP appointment systems.

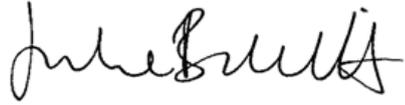
**Background papers:**

- GP Appointment Systems, Report of the Health and Care Scrutiny Committee, October 2014
- GP Appointment Systems – Executive Member's Response to the Health and Care Scrutiny Committee Recommendations, June 2015

**Attachments:**

**Final Report Clearance**

**Signed by**

A handwritten signature in black ink, appearing to read 'Julie Billett', written in a cursive style.

Julie Billett, Director of Public Health

Date: 25/02/16