ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE – SCRUTINY REVIEW PANEL:

Access to Health Services

1. INTRODUCTION AND PURPOSE OF REPORT

1.1. The review sought to understand the reasons for current, extended waiting times for GP appointments and hospital specialist appointments for Stockport residents, in the context of the ongoing NHS recovery from the COVID-19 pandemic. The topic selection resulted from concerns expressed by residents across the borough, and the panel has sought to explore the extent of current waiting lists for appointments as well as to explore any solutions that the panel are able to recommend.

2. CONTEXT

2.1. NHS Organisations and responsibilities

2.1.1. In England, NHS Acute Hospital Services are provided by NHS Foundation Trusts (including Stockport NHS FT and Manchester University NHS FT and commissioned by NHS Clinical Commissioning Groups (such as NHS Stockport CCG). General Practice care is provided by independently run GP surgeries, who work together within Primary Care Networks. These practices, while formally commissioned by NHS England are in practice commissioned by CCGs under a delegation arrangement known as co-commissioning.

2.1.2. This report is being written in a moment of transition, when the responsibility for NHS commissioning is in the process of being transferred from NHS England and the local CCGs to new subregional bodies – Integrated Care Boards, which will collaborate with local authorities in Local Care Partnerships. As such, the responsibility for implementing the recommendations will be shared between the existing bodies and the new bodies, which will take on their responsibilities from July 2022.

2.2. COVID-19 Pandemic

2.2.1. The covid-19 pandemic created severe constraints on the ability of the NHS to provide its business-as-usual healthcare services. National lockdowns meant that face to face appointments were rapidly changed to remote consultations, using email, telephone calls, videoconferencing, and similar technologies. Inpatient capacity for planned (elective) care was radically reduced to free up beds for waves of emergency admissions occurring as a direct or indirect result of the virus. Consultation lengths in both primary and secondary care were increased to allow time for additional infection, prevention, and control measures. From January 2020 onwards, GPs were asked to spend a substantial proportion of their time as a key part of the delivery arrangements for an extensive vaccination programme, which to date has included an offer of between 2 and 5 doses of vaccine to every person aged five years and older in Stockport.

2.2.2. In that context, this review is less about trying to understand the reasons why delays in accessing appointments have occurred, or understanding why a waiting list for planned procedures has built up, and is more focussed understanding the extent of the waiting lists and on what is being done to address this situation; to support recovery of reasonable waiting times in the shortest possible period, to support those residents who are currently waiting; and to ensure that services remain fully accessible to all Stockport residents as services are transformed to reflect learning from the pandemic.

3. BACKGROUND

3.1. At the meeting of Adult Social Care and Health Scrutiny Committee on 9 September 2021, Members of the Committee were asked to suggest Scrutiny Review Topics for inclusion in the 2021/2022 scrutiny work programme. Following discussions, it was determined that the Council Meeting be recommended to include “Access to Health Services” (to include waiting lists for GP’s and hospitals) within the 2021/22 Scrutiny Work Programme. Subsequently, at the Council meeting held on 7 October 2021, it was resolved that approval be given to the Scrutiny Review Programme for 2021/22. Membership of the review was requested and confirmed at the Adult Social Care & Health Scrutiny Committee meeting on 14th October 2021, membership includes Councillors John Wright (as Lead Member), Angie Clark, Helen Foster-Grimes and Dickie Davies.

4. REVIEW METHODOLOGY

4.1. An informal meeting of the review panel was held on 24 November 2021, and the panel reviewed the scope of the review, which was to include both GPs (primary care) and the acute hospital (secondary care). In the interest of delivering a manageable review process, the chair determined that the review should exclude other primary care services (pharmacy, dentistry and optometry) and mental health services (provided by Pennine Care NHS FT) but wished to record their appreciation of the importance of mental health services and make reference to the previous scrutiny reviews concerning this topic. Access to mental health services should be considered as a topic for a future scrutiny review. Furthermore, the panel members identified that services provided by Stockport NHS FT should be the focus of the secondary care part of the review, while acknowledging that many residents make use of hospital services provided by other organisations, and particularly Manchester University NHS FT.

4.2. The panel agreed that the Scrutiny Review would be undertaken as two half day sessions, the first of which would be focussed on Primary Care (GP's) and second focussed on Secondary Care (Hospitals). These sessions were subsequently held on 9 February and 17 January respectively. At each session, reports were received from relevant NHS officials and officials answered questions put by panel members. Additional information was requested by panel members at the secondary care session; this was provided by the hospital trust to members on 23 February.

4.3. A draft of this report written by the council's lead officer and then reviewed and approved at an informal meeting of the panel on 25 May 2022.

5. ACCESS TO PRIMARY CARE SERVICES

5.1. A series of reports was presented to members on this topic, with staff from across the primary care system attending to address questions from panel members. The findings of this session are summarised below, but the reports are also available as an appendix

5.2. Context of primary care access.

5.2.1. The panel received a report from the Head of Primary Care, GM Health and Social Care Partnership. The report outlined the context of primary care access and provided an update on the NHS long term plan

5.2.2. Primary care is at the centre of the NHS's Long Term Plan (January 2019), which established Primary Care Networks (PCNs) - groups of GP surgeries working together across a local area as the foundation of Integrated Care Systems. PCNs were established to have a lead role in preventing ill health and tackling health inequalities, supporting the workforce and enhancing efficiency. PCN services should be driven from what practices know about their patients, delivered as close to home as possible and focussed on prevention and anticipatory care.

5.2.3. PCNs are funded to expand extended hours provision, and for additional roles (Additional Roles Reimbursement Scheme) to enable the recruitment of pharmacists, physician associates, physiotherapists, paramedics and social prescribing link workers.

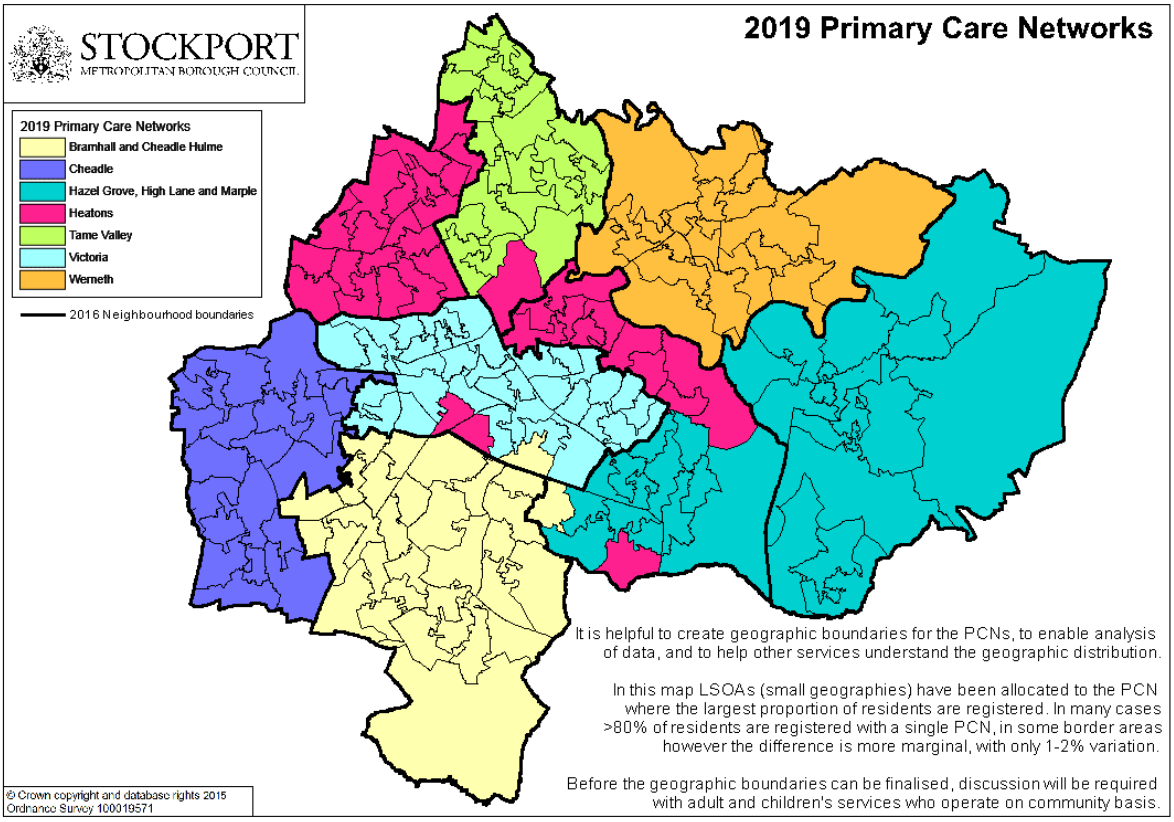


Figure 1: A map showing the seven Primary Care Networks in Stockport

5.2.4. The Long Term plan also introduced a ‘digital first’ approach to primary care, where patients can use online tools to access all primary care services no later than 2023/24. The COVID-19 pandemic accelerated these changes. Practices have online triage of patient queries, and all GP practices are now able to conduct virtual appointments and online consultation, while preserving access to face-to-face appointments when these are needed.

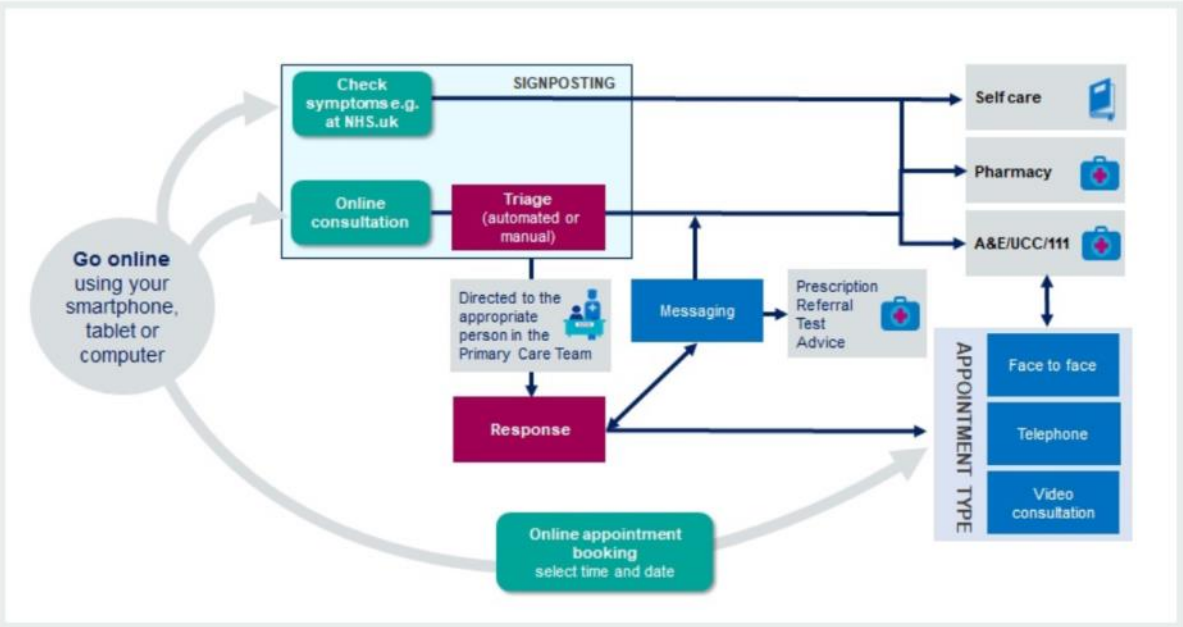


Figure 2: Patient journey under a digital first primary care model

5.3. Stockport General Practice Access, what the data is telling us.

5.3.1. The panel received a report from the Medical Director, Stockport CCG, outlining the primary care access data, and an update on the impact of covid-19 on Stockport general practice

5.3.2. Stockport GP practices have remained open throughout the pandemic, but changed their appointment booking processes to enable every patient enquiry to be triaged using clinical prioritisation and then directing patients to the most appropriate person in the primary care team. This approach reduced footfall (and infection risk) to keep staff and patients safe at the height of the pandemic, but also enabled practices to work more efficiently while promoting continuity of care and equity of access

5.3.3. Stockport has 221.5 full-time equivalent GPs, which is 6.9 per 10,000 registered patients, and a higher number of GPs per person than the England, GM and peer group CCG averages, but has lower numbers of practice nurses, advanced nurse practitioners and other direct care staff than would be expected. This number is, however impacted by the sickness absence experienced, including as a result of COVID-19. PCN network clinical directors also told the panel that GP numbers were short of what they should be and did not feel safe.

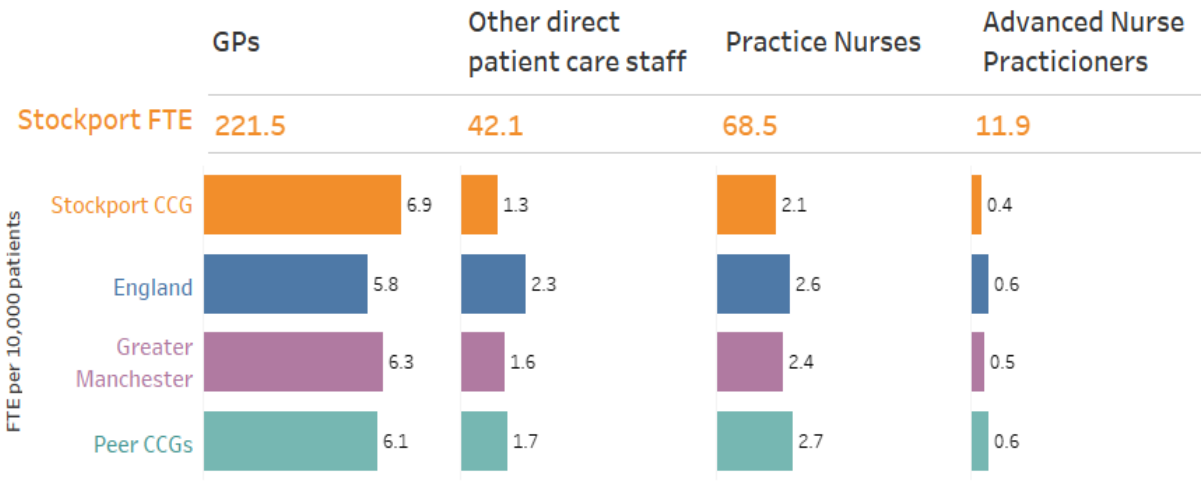


Figure 3: Numbers of primary care staff in Stockport compared to the averages across England, GM and Peer CCGs

Figure 4: Numbers of additional roles staff being recruited to new roles across the seven Stockport PCNs

5.3.4. The number of appointments provided in general practice in Stockport is the highest across Greater Manchester and is also high compared to similar CCGs and the national average. While Stockport's number of appointments compares well to other areas in England, this does not mean that the available appointments are sufficient to meet patient need either in Stockport (or elsewhere).

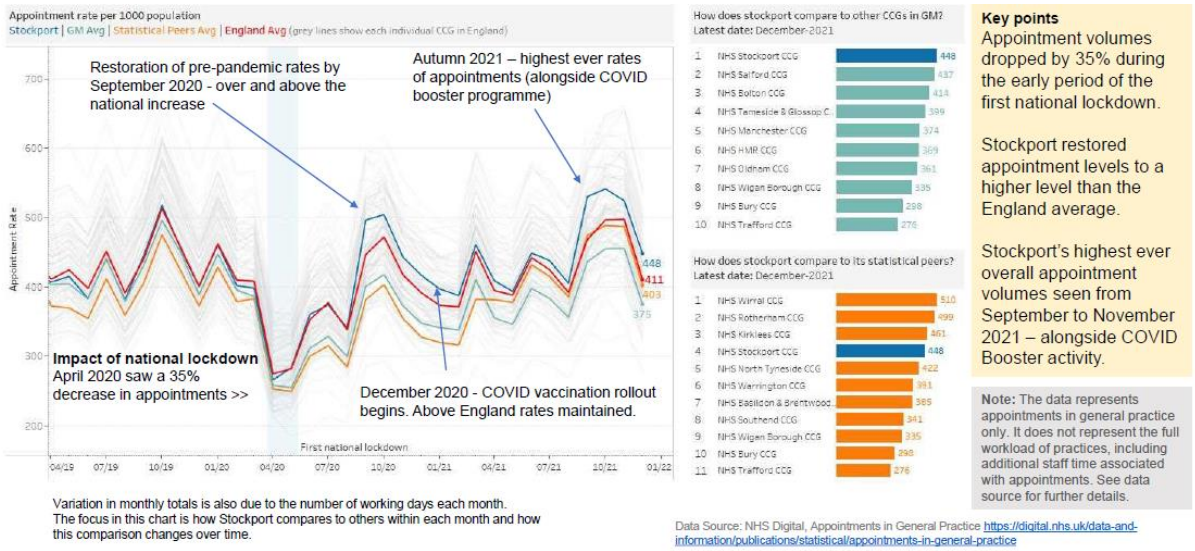


Figure 5: Change in number of appointments in GP surgeries over time in Stockport compared national, GM and peer CCG averages.

5.3.5. Face to Face appointments in Stockport comprise around 48% of appointments, a slightly lower percentage of appointments than the England and Peer CCG average, but a higher percentage than the GM averaged. Given higher total numbers of appointments, Stockport still offers a higher number of face-to-face GP appointments than the GM, national and statistical peer averages.

5.3.6. Prior to the pandemic, around 45% of GP appointments in Stockport were booked on the same day, but this increased during the first lockdown. Today, the data given suggests that around 60% of appointments are booked on the same day, a higher percentage than the GM, England and statistical peer averages.

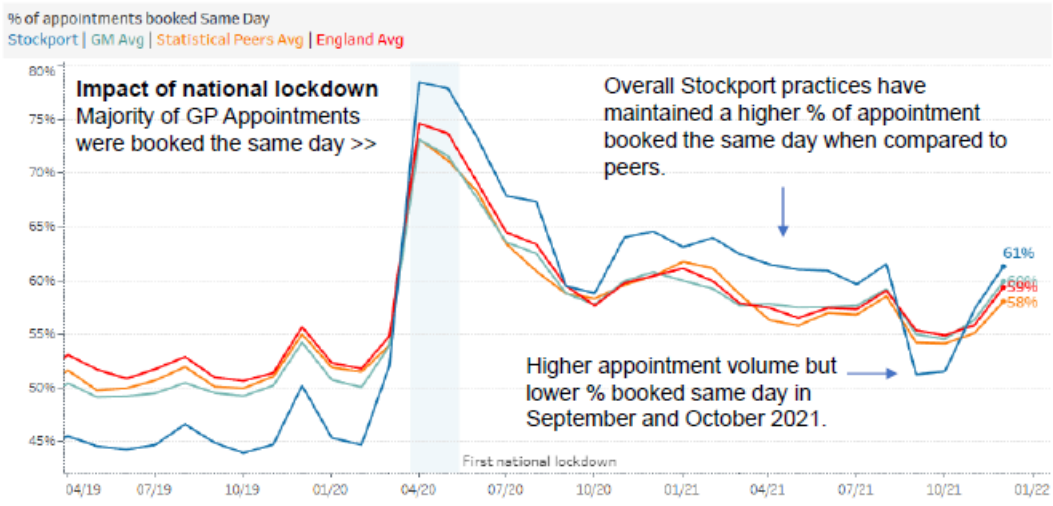


Figure 6: Change in proportion of appointments booked on the same day in Stockport compared national, GM and peer CCG averages.

5.4. Digital Access

5.4.1. The panel received a report from the Information Management and Technology lead, Stockport CCG

5.4.2. The report detailed an upgrade to the GP practice telephone systems, with improved queue management functions (that can let each caller know their position in the queue) as well as enable call-backs to be requested to avoid patients needing to wait on the phone. The upgrade also allowed practices to access the system away from the surgery.

5.4.3. The panel reflected that contact via the telephone with GP surgeries is a vital and well used form of support to residents, and that it is crucial that this works well so that residents can get access to the help they need at the time they need it.

5.4.4. The Panel were concerned that this upgrade has increased the digital exclusion that residents face. Patients who pay for phone calls on a pay as you go contract may not be able to afford to hold.

5.4.5. The use of online triage was also explored, with 28 out of the 36 GP practices now using this system, although the extent of use in each practice was unclear

5.5. Patient Experience

5.5.1. The panel received a report from the Chief Officer, Stockport Healthwatch, updating on the progress and early findings of patient access surveys

5.5.2. The Stockport Healthwatch patient experience survey showed that most participants contacted their surgery by phone (79.8%), but some used apps and websites, but some people still visited the surgery to make an appointment.

5.5.3. Participants were split on how easy it was to contact their GP with similar numbers rating access as easy or extremely easy to those who considered it difficult or extremely difficult. The high proportion of respondents who felt access was difficult or very difficult is of great concern. Members of the panel related the conversations they have with residents which would suggest that the true proportion of residents who struggle to access their GP surgery is far higher.

Answer Choices		Response Percent	Response Total
1	Extremely easy	18.49%	66
2	Easy	24.09%	86
3	Neither easy or difficult	11.20%	40
4	Difficult	27.45%	98
5	Extremely difficult	18.77%	67

Figure 7: Healthwatch Stockport GP access survey responses: How easy is it to contact your GP surgery?

5.5.4. On making contact, most people found the first person they spoke to was helpful or very helpful.

5.5.5. Most patients who were offered an appointment were offered a same day appointment, but many were not offered an appointment, and commented that they could not get through or were offered an appointment much later than they felt was needed.

5.5.6. While 72% wanted to be able to book appointments by telephone, other methods were also popular. 49% of people wanted to be able to book through the NHS App or a practice website, and 55% also identified that they would like to be able to book online. Booking appointments by visiting the surgery is still valued, with 26% wanting to be able to book in person. Many respondents commented that they didn't mind what method they had to use so long as they had confidence in getting a response.

5.5.7. Of those who had an appointment, 52% had a telephone appointment, 3% had a video call, 32% were seen face to face and 13% had an initial phone/video call followed up with a face-to-face appointment. Many people thought that the telephone or video call was a helpful and efficient approach, but many also felt helpless or fobbed off, and commented that face to face appointments might only be offered two weeks after the initial call. Telephone appointments were felt to be less helpful for management of skin conditions, which can include skin cancers, and comments were made about the challenges patients face when given vague times for when GPs will call them.

5.5.8. Despite these comments on the Healthwatch survey, the Stockport general practice survey shows generally positive results for the overall experience compared to the England and GM average. While ratings for access are lower than the overall experience rating, there is a strong correlation between access and the overall experience. Reported satisfaction did not change substantially during the pandemic, but is very variable between PCNs.

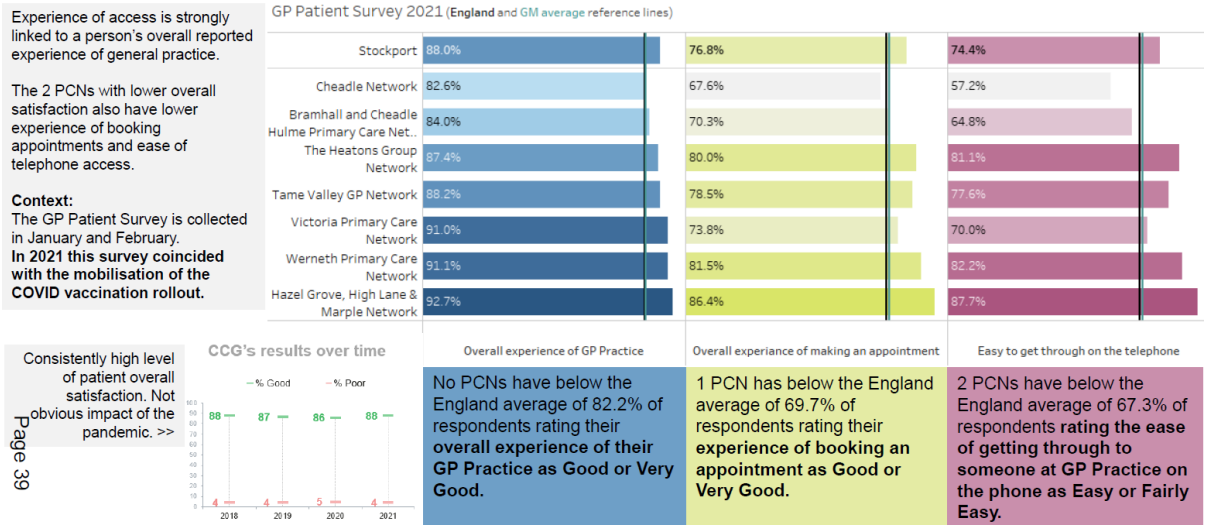


Figure 8: National GP access survey: Summary of Stockport findings

5.6. General practice experience

5.6.1. The panel heard accounts from four representatives of general practice across Stockport, including two Primary Care Network clinical directors and a representative of the Stockport Local Medical Committee, who were all practicing GPs.

5.6.2. These doctors described in great detail the increasing and unsustainable pressure on GP practices from personal experiences and the experience of colleagues in their networks. They also referenced national figures from the British Medical Association (BMA) for increasing consultation rates (a 26% increase from November 2019 to November 2021) together with reductions in the number of GPs nationally (707 fewer GPs than in December 2020). The reductions in numbers of patients have led to an increase in the average GP list size of 16% since 2015. The doctors spoke about high rates of burn out and resilience problems, and a huge impact on GP mental health. This combination is further exacerbated by the increasing demand for further consultations per patient and additional activity, and the increasing number of issues patients bring to each consultation (comorbidities). A common theme highlighted by one of the doctors was general practice is facing a 'perfect storm'.

5.6.3. An account was given of a member of a GP practice's team being threatened by a patient when the patient's preferred appointment could not be offered. The panel discussed the legitimate concerns that many patients have about disclosing sensitive information to reception staff, and felt it was important that receptionists were appropriately trained and supported and able to support patients with empathy.

5.6.4. The representatives suggested that the solutions to this challenge needed to involve additional GP training, additional GP recruitment, use

of winter access funding and recruitment of staff to additional roles (pharmacists, physios, wellbeing and self-care staff, care coordinators and health coaches), but noted that this would take funding and time and would be constrained by the current General Practice estate.

5.6.5. The use of other public sector estate owned by the council or the housing providers, particularly for non-clinical activities, was noted as a possible short-term measure to allow primary care support to expand more quickly.

5.7. Commissioning for improved primary care access

5.7.1. The panel received three reports, including a report from the associate director of commissioning, Stockport CCG on Wider Commissioning of Primary Care Access, a report from the senior commissioning manager, Stockport CCG on the Winter Access Fund and a report from the Head of Primary Care, GM Health and Care Partnership on support available to the primary care workforce.

5.7.2. The primary care system includes many other elements in addition to the traditional GP practice. These include NHS 111, the GP out of hours service from Mastercall (also accessed through 111), extended hours appointments commissioned from Viaduct, acute home visiting, commissioned from Viaduct, Covid 'hot' clinics commissioned through viaduct and a minor eye conditions service. Consultations are also available for minor illnesses from Stockport pharmacies. Collectively, these services extend the GP service offer around the clock and provide alternative access to services that can reduce demand on GP surgeries.

5.7.3. There are three further primary care offers that provide care for specific population groups – the homeless population, Afghan evacuees and asylum seekers. These services are provided through a series of partnerships, involving the council, the CCG, Mastercall, the Wellspring and a number of GP surgeries.

5.7.4. Stockport was awarded winter access funding in 2021/22 - a share of a £13.3 million GM allocation - and used a proportion of this to improve access to primary care through:

- Expansion of COVID-19 Hot Clinics
- Extra extended hours capacity
- Additional capacity on high demand days in general practice
- Additional admin support for telephone access
- Increased phlebotomy services
- Increased urgent treatment centre capacity
- Additional support to reduce variation

5.7.5. The Greater Manchester NHS system also developed an enhanced health and wellbeing service, including a mental health hub under the 'primary care excellence' initiative to support the primary care workforce.

5.8. Communications on general practice access

5.8.1. The panel received a report from the Health of Communications and Engagement, Stockport CCG on communications about General Practice Access

5.8.2. Good communications with patients are an essential part of enabling patients to access the right service for them as quickly and directly as possible, which also reduces the amount of time spent re-directing patients between NHS services that cannot meet their needs.

5.8.3. Stockport uses an integrated communication approach with system partners, including social media, press releases, research and partnership working. This winter, the CCG ran the 'Your Health, Your GP Practice' campaign, focussed on patient access to services, and treating practice staff with respect.

5.8.4. The CCG also ran a self-care campaign, providing advice on guidance on how to manage minor ailments at home. This campaign complements the Healthy Stockport approach led by Stockport Council.

5.8.5. The panel reflected that the CCG's communications are really good, and were particularly effective during the pandemic, but were concerned that there are gaps around communications from each individual GP practice.

5.9. Primary Care Estates

5.9.1. The panel received a report from the Deputy Finance Officer, Stockport CCG about Primary Care Estates issues in Stockport.

5.9.2. Stockport's 36 practices work from 47 properties in varying conditions. 26 of these are GP owned, 15 are leased from NHS Property Services and 6 are leased from private landlords. 32 buildings are converted housing, 12 are purpose built 1940s-1970s health centres and only 3 are modern health centres. This current estate therefore includes many buildings that are not fit for purpose.

5.9.3. The CCG is currently conducting a survey of the estate to identify issues and opportunities and inform a future estates strategy to consider how the estate can meet patient needs in the future. The strategy will provide a better understanding of known issues in the town centre, and reflect the impact of population increases, as well as describing what is needed to deliver new facilities.

6. ACCESS TO SECONDARY CARE SERVICES

The head of Strategic Planning, Stockport NHS Foundation Trust submitted a report providing an overview of access to trust services and outlining how services have changed during the pandemic. The report also detailed the trust's plans to recover activity levels to pre-pandemic services.

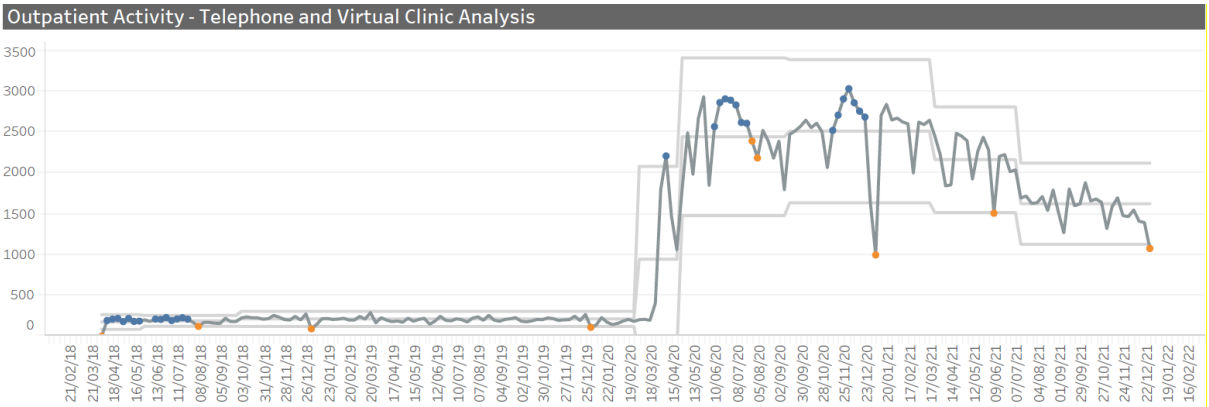
Karen James, the Trust's chief executive and Jackie McShane, the Trust's director of Operations attended the meeting to respond to questions from councillors

6.1. The impact of COVID-19

6.1.1. During the pandemic, the trust had to reconfigure its site to maintain safe services, with red (covid positive), yellow (unknown covid status) and green (tested covid negative) zones identified. The trust designated specific wards for COVID-19 patients, implemented social distancing and introduced strengthened PPE requirements. Each of these measures had an impact on the trust's capacity to treat patients, and therefore on the elective waiting list. Additional service need arose though acute covid-19 infections but also post-acute COVID-19 syndrome (long Covid). The long covid service is delivered with partners across the borough and Greater Manchester, and includes self-help services, community and primary care services and acute services led by a multi-disciplinary team.

6.1.2. The trust introduced a range of measures to limit the impact of COVID-19, including clinical prioritisation of cases with individual risk assessments, enhancements to the discharge process (collaborating with partners including GPs, the CCG and the council) and virtual outpatient appointments.

6.1.3. Virtual appointments were introduced in March 2020 and provided a safe way of providing essential services for patients. Face to face appointments continued where clinically appropriate. Virtual appointments are well attended (fewer appointments are missed) and reduce travel time (and associated cost) for patients. Around 25% of clinic appointments are now held virtually, and the trust plans to maintain this approach where clinically appropriate.



AppointmentType		2019/20	07-Nov	14-Nov	21-Nov	28-Nov	05-Dec	12-Dec	19-Dec	26-Dec	Last 8 Weeks	2021/22 YTD
Grand Total		334,770	6,461	6,780	6,428	6,465	6,305	6,514	6,390	4,687	50,030	237,330
Total	Telephone/Virtual	12,851	1,592	1,699	1,479	1,466	1,549	1,410	1,394	1,076	11,665	68,059
	% of Tele/Virtual	3.8%	24.6%	25.1%	23.0%	22.7%	24.6%	21.6%	21.8%	23.0%	23.3%	28.7%
New	Telephone/Virtual	1,441	585	554	524	486	548	430	488	327	3,942	23,928
	% of Tele/Virtual	1.3%	24.9%	22.8%	23.0%	21.7%	24.5%	19.2%	22.0%	21.0%	22.5%	29.1%
FU	Telephone/Virtual	11,410	1,007	1,145	955	980	1,001	980	906	749	7,723	44,131
	% of Tele/Virtual	5.1%	24.5%	26.3%	23.0%	23.2%	24.6%	22.9%	21.7%	23.9%	23.8%	28.4%

Figure 9: Data showing numbers of telephone and virtual appointments per month since 2018

6.2. Emergency care

6.2.1. Emergency care and urgent cancer services continued to be provided, albeit with changes. Emergency attendances were reduced during the first lockdown but increased above pre-pandemic levels during more recent waves of infection. This increase in attendances was accompanied by an increase in the extent of patient need (acuity) – with both COVID-19 and mental health concerns increasing.

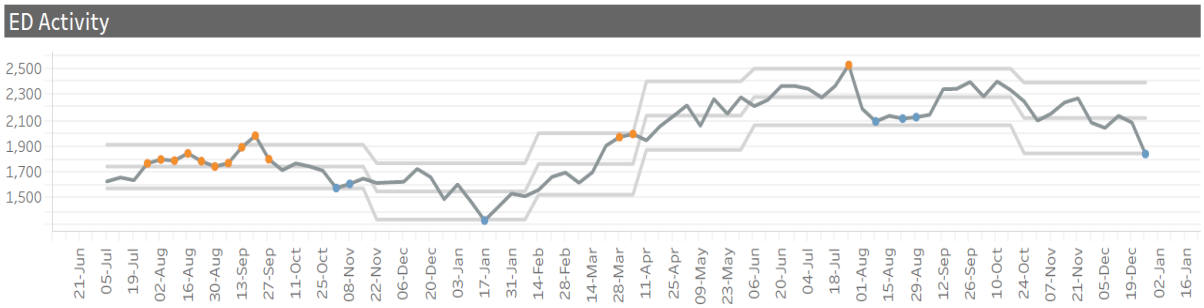
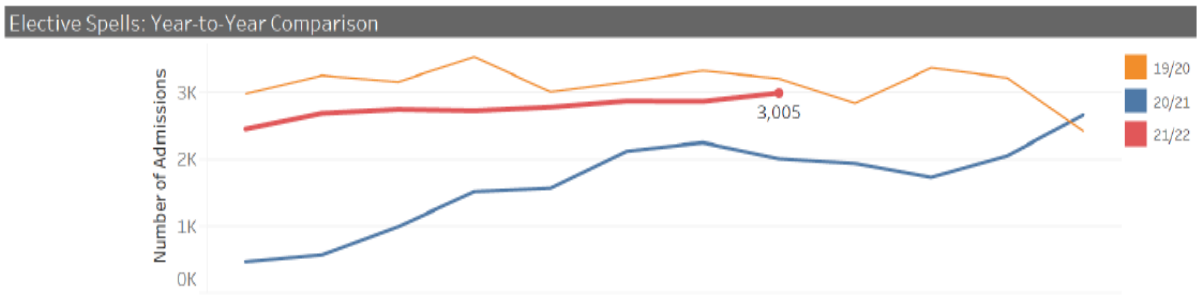


Figure 10. Graph showing emergency department attendances from July 2020 to January 2022

6.3. Planned (elective) care

6.3.1. Elective activity reduced at the start of the pandemic as capacity was re-directed to the covid-19 response. The trust has a comprehensive recovery plan to return planned activity to pre-pandemic levels, but

achieving this aim has been impacted by ongoing waves of covid-19, staff absence and growing demand for emergency and urgent care. In November 2021, planned activity reached 91% of pre-pandemic levels. We understand that the 'Omicron' wave of the pandemic has since led to a decrease in activity, but activity levels are, at the time of writing, returning close to pre-pandemic levels.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
19/20 Actual	2,996	3,265	3,171	3,539	3,024	3,170	3,334	3,220	2,851	3,377	3,231	2,428	37,606
20/21 Actual	472	576	1,002	1,522	1,575	2,132	2,259	2,020	1,949	1,740	2,064	2,674	19,985
21/22 Actual	2,460	2,697	2,756	2,736	2,790	2,883	2,878	3,005					22,205
19/20 to 21/22 Variance	-536	-568	-415	-803	-234	-287	-456	-215					-3,514

Figure 11. Graph showing elective hospital admissions in 2019/20, 2020/21 and 21/22

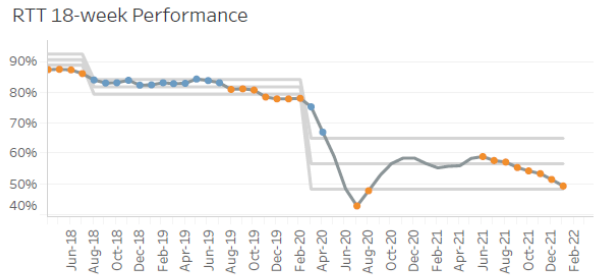
6.4. Access to diagnostics

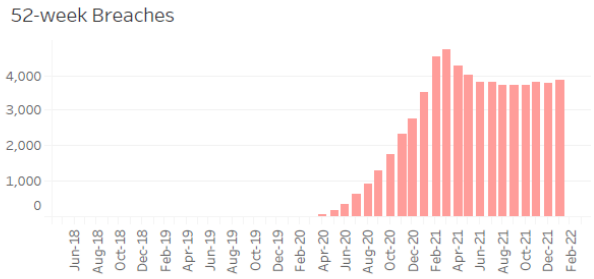
6.4.1. Diagnostic delays are an important contributor to the overall delays to patient's treatment. The NHS aims to provide diagnostic tests within 6 weeks of request. At the height of the pandemic, performance against this target dropped, with 63.6% of patients waiting over 6 weeks. Subsequent efforts saw this improve to 30.7% at the end of 2021. The trust is continuing to work towards improvements in access to diagnostic testing, with a particular focus on endoscopy, computed tomography (CT) and echocardiography. Investments have included an additional endoscopy suite, additional weekend working, a new contract with a local provider and an additional CT scanner.

6.5. Elective waiting times

6.5.1. The NHS aims to treat patients within 18 weeks of their referral to a hospital specialist, with a target that 92% of patients should be treated within this time. Referrals are made through the national 'choose and book' system. In December 2021, there were 37, 281 patients on the trust's 18-week referral to treatment waiting list. Of the patients treated in December, 52% had waited less than 18 weeks, meaning that 48% had waited more than 18 weeks. The trust has continued to prioritise cancer treatment, maintaining delivery of the national standards throughout the pandemic.

	Targ..	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	* Latest position
RTT Performance (% within 18 weeks)	92%	57.0%	55.6%	56.1%	56.3%	58.7%	59.3%	58.0%	57.5%	55.7%	54.6%	53.7%	51.8%	49.6%
Total Incomplete Backlog (18+ week waiters)		13,221	13,747	13,951	14,214	13,941	13,912	14,800	15,429	16,164	16,741	17,456	17,963	18,600
Admitted Backlog		3,600	3,843	3,981	4,071	3,909	3,770	3,836	3,872	3,870	4,030	4,190	4,198	4,250
Non-Admitted Backlog		9,621	9,904	9,970	10,143	10,032	10,142	10,964	11,557	12,294	12,711	13,266	13,765	14,350
Incomplete Backlog (52+ week waiters)		3,515	4,524	4,753	4,271	4,017	3,819	3,817	3,742	3,745	3,736	3,803	3,848	
52-77 week waiters		3,197	4,022	4,132	3,529	3,090	2,763	2,506	2,114	2,125	2,267	2,430	2,482	
78-103 week waiters		307	482	630	728	909	1,032	1,272	1,574	1,548	1,371	1,207	1,074	
104+ week waiters		11	20	18	14	18	24	39	54	72	98	166	292	





	Targ..	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	* Latest position
Total Incomplete Waiting List		30,750	30,972	31,782	32,528	33,759	34,203	35,259	36,268	36,466	36,912	37,690	37,281	36,939
Incomplete < 18 weeks		17,529	17,225	17,831	18,314	19,818	20,291	20,459	20,839	20,302	20,171	20,234	19,318	18,339
RTT Performance (% within 18 weeks)	92%	57.0%	55.6%	56.1%	56.3%	58.7%	59.3%	58.0%	57.5%	55.7%	54.6%	53.7%	51.8%	49.6%

Figure 14: Graph and data showing elective waiting list performance at 18 weeks and 52 weeks over time

6.5.2. The trust has a comprehensive plan to address waiting lists. This includes providing extra wards in 2022/23 to protect elective capacity, use of the independent sector for NHS-funded patients and use of NHS 'Green' Elective Hubs, such as Trafford General Hospital. To support patients who are waiting, the trust undertakes clinical prioritisation and reviews of patients in line with national guidance from the Federation of Surgical Specialty Associations.

6.6. While you wait

6.6.1. The trust is also working with Stockport Council and Stockport CCG on the 'While you wait' initiative. This approach provides patients with an assessment of their wider health needs and aims to support patients more effectively while they remain on the waiting list, with targeted support to address health behaviours that contribute to a patient's condition as well as support to ensure that patients are fit for surgery (or other treatments) when these can be provided.

6.6.2. Patients are triaged by Public Health's START team (Stockport Triage Assessment Referral Team) who contact the patient, assess their need through an EQ Questionnaire and suggest suitable services which may be able to support the patient in optimising their health prior to surgery. Support services include:

- Weight management services (ABL Healthy Weight)
- Smoking cessation

- Alcohol & Substance Misuse services
- Physical activity (PARIS scheme provided by Life Leisure)
- Mental health support provided by Stockport's GP Federation (Viaduct).

6.6.3. The pilot began in December 2021 and is initially focussed on Trauma & Orthopaedics patients, as these tend to be the longest waits for care. Over the first two months of the pilot:

- 244 patients have been offered support
- 130 agreed to be contacted by the START team
- 38 patients were referred onto additional support services.

6.6.4 This initiative was warmly welcomed by the panel as a potential way of reducing the impact of longer waiting lists.

7. CONCLUSION

7.1. The NHS has been severely impacted by the COVID-19 pandemic, and the panel would like to offer their thanks and support to all the staff who have worked tirelessly to develop and maintain essential health services to Stockport residents during and after the pandemic. We recognise that the NHS is still under extremely high pressure, and that it is constrained by its available qualified staff and estates.

7.2. In Primary Care, we recognise the pressure that the service is under, but remain concerned that the current approaches to providing access to services for patients risks creating a situation in which people cannot get the help they need and give up on trying. Too many residents report being unable to access help, and this must be addressed. The NHS needs to ensure that everyone knows how to get the help they need, and this means thinking about people who are uncomfortable with using technology, people who cannot afford the technology and people who find interacting with the health service difficult or stressful. The NHS needs to consider the concerns the panel heard from front line primary care clinicians and find a way to address these.

7.3. In Secondary care, the panel recognises the efforts being made to transform services, to take advantage of modern technology, and to invest in additional equipment and facilities to improve capacity. While this is reassuring, the panel remained unclear as to whether this would have the

impact we need to see in reducing the waits that residents are enduring in a reasonable period of time, and about whether the reduction in waiting times envisaged by the hospital could be sustained in the event of further Covid-19 admissions, a heavy flu season or other reasonably foreseeable challenges.

7.4. We would like to thank the dedicated professionals who gave up their time in these exceptional circumstances despite the immense pressure that they are under, to prepare information for and present to this scrutiny review. We would also like to thank everyone who we know will need to be involved in implementing the recommendations that we have made below.

8. RECOMMENDATIONS

1. NHS GP practices should produce and publicise clear guidance setting out how patients can get the help they need, including all the routes that can be used to book a virtual or face to face appointment, both for on the day appointments and appointments (like medicines reviews) that are not urgent. This should be published both in paper form and on the surgery's website, and must not just include the ways in which the surgery would prefer patients to seek help.
2. NHS GP practices that offer online or app-based triage, appointment bookings, consultations and other services should work with and clearly signpost patients who struggle to use these services to the council's digital inclusion support, while continuing to support patients to access services in the way they choose until they are ready to transition to a digital approach.
3. Call backs should be an option at all GP surgeries to ensure access by telephone is affordable and accessible to all residents. All GP surgeries and PCNs should implement this functionality. Where possible, the panel supported the suggestion that verbal messages on telephone services should be recorded by one of the practice's GPs in order to provide reassurance to patients.
4. GP surgery receptionists in all practices need to have access to ongoing learning and development to support handling of patient queries, their involvement in triage processes and to enable them to speak with empathy to patients.
5. Doctors also reflected that they need help to use the technology. The Integrated Care Board should ensure that opportunities are available so that GPs and their practice staff can learn the skills they need to enable them to make best use of the opportunities that the technology offers.
6. The new Integrated Care Board should work directly with NHS GP practices in Stockport to understand whether additional professionals are needed to work in or with general practice, which could include more GPs, additional nurses and further allied health professionals to increasing capacity.

7. Stockport Healthwatch should make the full findings of their patient access survey available to the local NHS, including anonymised 'free text' comments, so that the findings can be further analysed and used to identify changes to patient access that GP surgeries need to consider.

8. The council's estates team should work proactively with GP surgeries and other local NHS providers to identify any property that can be used on a long term, short term, or sessional basis for clinical or non-clinical services to overcome the challenges posed to the NHS by its current estate in Stockport.

9. The NHS and its partners should continue to collaborate to improve secondary care services, reducing length of stay, reducing avoidable unplanned admissions, and implementing service transformation to reduce the length of patients' waits.

10. The panel welcomed the plans mentioned by Stockport FT for opening additional wards and other facilities to protect elective capacity. The FT should publish clear and regularly updated information about its trajectory towards meeting usual (18 week) waiting list standards and the risks that could prevent it from achieving this.

11. Use of private sector capacity to reduce waiting times may well be a necessary and appropriate way to support recovery from the pandemic. This must be closely monitored by NHS commissioners to ensure that money spend in this way does not detract from or destabilise NHS-provided services, and that this spending is a cost-effective way to reduce waiting times.

12. The panel welcomed the information about the 'While you wait' service but are concerned that this is just a pilot rather than a full service. The council and NHS should work together to identify and fund opportunities to extend this pilot and ensure that more Stockport residents are able to benefit from it.

13. A Scrutiny Review in the near future should consider access to and the quality of mental health services.

9. BACKGROUND PAPERS

Anyone requiring further information should contact Ben Fryer on telephone number 07929 847 904 or alternatively email ben.fryer@stockport.gov.uk

10. ACKNOWLEDGEMENTS

The gratitude of the Scrutiny Committee is recorded to all those involved in the review:

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- Councillor John Wright (Lead Member)
- Councillor Angie Clark
- Councillor Helen Foster-Grimes
- Councillor Dickie Davies

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- Dr Simon Woodworth, GP, Beech House Medical Practice and Medical Director, NHS Stockport CCG