

## **HEALTH SCRUTINY COMMITTEE**

### **Minutes of a meeting of the Health Scrutiny Committee held on Thursday 1 May 2025 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG**

**Present:** Councillors D R W White (Chair), F Doran (Vice-Chair), M Boylan, P Davis, N A Dugmore, S Handley, R Sahota and P Thomas.

Co-optee: D Saunders

**Also Present:** Councillor K Middleton (Cabinet Member for Public Health & Healthier Communities)

**In Attendance:** S Fogell (Chief Executive: Healthwatch Telford & Wrekin), S Hardwick (Lead Lawyer: Litigation & Regulatory), H Onions (Director: Health & Wellbeing), F Mercer (Executive Director: Adult Social Care, Customer Services & Commercial), P Starkey (Senior Democracy Officer (Scrutiny)) and E Walker (Head of Primary Care and PCN Development Shropshire, Telford & Wrekin Integrated Care Board)

**Apologies for Absence:** Councillor J Urey

Co-optee: H Knight

#### **HAC-23    Declarations of Interest**

None.

#### **HAC-24    Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meeting held on 6 March 2025 be confirmed as a correct record and signed by the Chair.

#### **HAC-25    Update from the JHOSC**

Due to the local elections taking place in Shropshire, the Co-Chair advised that the Joint Health & Overview Scrutiny Committee had been unable to meet and meetings would resume following the conclusion of the pre-election period.

## **HAC-26    Update from the Health & Wellbeing Board**

The Director: Health & Wellbeing advised that the meeting due to be held on 20 March 2025 was postponed and had been rescheduled to take place on 21 May 2025.

## **HAC-27    Primary Care Access - Healthwatch GP Access Report**

The Committee received a presentation from the Chief Executive, Healthwatch Telford & Wrekin on the GP Access Report published in September 2024 which outlined the results of a survey conducted between August and December 2023.

The survey aimed to explore patient satisfaction at GP practice-level and received over 9,200 responses. The survey consisted of 21 questions exploring methods for accessing appointments, ease of access, suitability of appointments offered, experiences with, and confidence in clinical and non-clinical staff, general perceptions of general practice and ideas for service improvement. Members heard that the largest group of respondents were those aged between 50 – 64 years old. Just under a quarter of respondents were those identified as having a disability and over half of respondents were identified as having a long-term health condition.

The report highlighted key concerns for residents accessing GP services with over half of respondents rating their experience of making their last appointment as poor. Key barriers included long telephone queues, limited ability to book in advance and the removal of face-to-face booking at GP practice reception areas. Many respondents described the booking process as inflexible, particularly for those working full-time or lacking digital access. While there was some correlation between poor experiences and higher deprivation scores in the Borough, this was not consistent across all practices. Some respondents reported negative experiences with call centre-style systems, citing a lack of access to medical records and poor continuity of care. Some practices only offered same-day appointments, which were not suitable for non-urgent issues. The survey results also highlighted the frustration felt by respondents with a general feeling that services were stretched beyond capacity. Wide appointment windows for telephone consultations caused inconvenience, and patients were often told to call 111 or attend A&E if no GP appointments were available. Despite these challenges, once an appointment had been secured, the majority reported positive experiences with clinical staff.

At the time of the meeting, GP practices had been delivering 15% more appointments than during Covid-19. Practices were being encouraged to review demand patterns and ensure adequate staffing at peak times. As a result of the survey, Healthwatch outlined 15 recommendations to improve access, including upgrading telephone systems, reintroducing advance booking options, providing more face-to-face and online booking opportunities, further training for reception staff to improve empathy and

communication, and increasing the visibility and role of non-GP staff to support access.

Members heard that work was already underway to address these issues. Practices had been encouraged to review demand patterns and ensure adequate staffing during peak times. From October 2025, all practices will be contractually required to offer online appointment systems, regardless of capacity. Practices are also being supported to improve call handling, including callback options and better staffing during peak times. However, implementation varies between practices, and efforts are ongoing to ensure more consistent service delivery across the borough.

The report also outlined two further phases of work to be undertaken by Healthwatch. Phase 2 would look to produce individual reports for each GP practice, including detailed feedback while Phase 3 would involve working directly with practices to understand patient perceptions and support improvements. Where Patient Participation Groups (PPGs) were not currently active Healthwatch would offer support to establish groups.

In response to concerns raised about GP appointment access, the Head of Primary Care and PCN Development Shropshire, Telford & Wrekin Integrated Care Board (STW ICB) acknowledged that while practices had been meeting national targets for appointment availability, patient experience did not always reflect this. The shift to triage-based systems and online bookings had created barriers for some, particularly those without digital access. Practices were being encouraged to improve telephone systems and offer more flexible booking options, including face-to-face and advanced booking where possible. The perception of empty waiting rooms had been noted, and it was explained that many consultations took place via telephone or video, which changed how busy practices appeared.

In response to questions about patient engagement, the Head of Primary Care and PCN Development STW ICB confirmed that practices are expected to have active PPGs and Healthwatch Telford & Wrekin was offering support to establish Groups where they were not currently in place. Feedback from the GP Access survey performed by Healthwatch Telford & Wrekin would help will inform individual practice reports as part of phase 2 and Healthwatch would continue to work with practices to understand and address patient concerns as part of phase 3.

In response to workforce concerns, it was noted that additional GP roles were being funded through Primary Care Networks (PCNs), with recruitment ongoing. Practices were also expanding the use of multidisciplinary teams, including pharmacists and nurse practitioners, to manage demand. Members were informed that whilst this may mean patients are seen by different professionals, all staff were trained and qualified to provide appropriate care. Capacity had remained a challenge and work was ongoing to ensure resources aligned with patient need.

In response to concerns about communication between hospitals and GPs, the Head of Primary Care and PCN Development STW ICB acknowledged that delays in correspondence and referrals had impacted patient care. This was an area which was under review and improvements in digital systems and administrative processes were being explored to ensure timely and accurate information sharing.

In response to questions raised in relation to Pharmacy First, it was confirmed that the scheme was being promoted as a way to manage minor conditions without GP involvement. However, uptake in Telford and Wrekin has been slower than in Shropshire. Members heard that there had been potential to expand the role of prescribing pharmacists and nurses to reduce pressure on A&E and GP services, and this was being explored as part of the wider Primary Care Strategy.

In response to questions about the survey results, the Chief Executive Healthwatch Telford & Wrekin confirmed that the sample size was statistically representative for Telford and Wrekin residents. Practices based in Shropshire, such as Shifnal and Priorslee, were not included within the data. Demographic analysis showed that respondents were largely aged 50–64 years old, with a significant proportion reporting disabilities or long-term conditions, which may have had influence on their experiences and expectations of services. The Chief Executive Healthwatch Telford & Wrekin also acknowledged the importance of public education around how to access primary care appropriately, while emphasising that the system must remain accessible to all, including those without digital access.

#### **HAC-28    Work Programme**

The Senior Democracy Officer: Scrutiny presented the updated work programme to the Committee. Members were advised that there were no further meetings scheduled to take place for the 2024/25 municipal year and any remaining items on the work programme would be carried forward into the next year.

#### **HAC-29    Chair's Update**

The Chair thanked Members for their contributions over the municipal year.

The meeting ended at 3.27 pm

**Chairman:** .....

**Date:**            Thursday 9 October 2025