

Two items

A. Access to GP Appointments (Including Out of Hours)

Purpose of the Report

The report provides the Committee with an update on access to GP appointments and primary care services in Worcestershire. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) were invited to provide assurance and answer questions.

Structure of Primary Care in Worcestershire

- **59 GP practices**
- Organised into **10 Primary Care Networks (PCNs)**
- PCNs work with community, mental health, social care, pharmacy, hospital and voluntary services to deliver integrated care locally

Access to general practice remains a high local and national priority.

National Policy Context

The report references:

- The **National Delivery Plan for Recovering Access to Primary Care (May 2023)**
- Introduction of **Modern General Practice Access (MGPA)**
- NHS England 2024/25 operational planning guidance reinforcing improved access and patient experience

Nationally, GP contract reforms agreed in 2025 include increased funding and a focus on improving patient access, including expanded digital access routes.

Key Issues Identified

1. Demand vs Capacity

- Appointments have increased by **19%**
- However, demand continues to outstrip supply

2. Workforce Pressures

- GP workforce shrinking
- Leaver rate: **10%**
- Joiner rate: **8.9%**

This imbalance contributes to ongoing access pressures.

3. Patient Experience

- Patient satisfaction rates fell by **10% in 2022**
- 85% of local GP practices saw declining satisfaction, including appointment booking experience

4. Variation Between Practices

- Significant performance variation across Worcestershire
- Reducing variation is identified as a priority for the ICB

Out-of-Hours (OOH) Provision

The report outlines:

- Current activity levels
- Governance and assurance arrangements
- Procurement update for future GP Out-of-Hours services

Overall Position

The system has:

- Increased appointment numbers
- Introduced digital triage and modern access models
- Operated within national reform frameworks

However, challenges remain:

- Workforce shortages
- High and rising demand
- Patient dissatisfaction
- Variation in performance

The report positions access as improving but still under structural pressure, requiring continued oversight and performance management.

Appendices 1–6: Access to GP Appointments (Worcestershire)

The appendices accompanying the GP Access report provide quantitative evidence to support the Committee’s review. They focus primarily on appointment volumes, practice-level variation, and trends over time.

1. Overall Appointment Trends (Appendix 1)

Appendix 1 compares **annual GP appointments (2019 vs 2025)**, enabling assessment of post-pandemic recovery and demand growth

Key analytical themes likely covered:

- Total number of appointments pre-COVID (2019 baseline).
- Total appointments in 2025 (current system performance).
- Percentage change over time.
- Growth in demand relative to population change.
- Shifts in consultation mode (face-to-face vs remote, if included in later appendices).

Scrutiny implication:

The critical issue is not simply whether appointments have increased, but whether growth has kept pace with:

- Population growth
- Increasing clinical complexity
- Ageing demographic pressures
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2. Average Daily Appointments per Practice (Appendix 2)

Appendix 2 details the **average number of daily appointments per GP practice**

This enables comparison of:

- Practice workload intensity
- Variation between practices
- Capacity distribution across the county

Scrutiny implication:

Wide variation may indicate:

- Workforce shortages
- Recruitment and retention disparities
- Structural inequality in access across localities

As Vice Chair, a key line of questioning is whether variation reflects:

- Efficiency differences
- Case mix differences
- Or under-capacity in certain Primary Care Networks (PCNs)

3. Likely Additional Appendices (3–6)

Although not detailed in the summary page, the full appendix pack (Appendices 1–6) typically includes:

- Mode of access (face-to-face vs telephone vs online)
- Waiting time indicators
- Same-day access performance
- Practice or PCN comparisons
- Benchmarking against regional/national averages

Strategic Interpretation

The appendices collectively aim to demonstrate:

- Whether GP access in Worcestershire has recovered post-pandemic

- Whether appointment volumes are rising
- Whether practices are meeting demand

However, volume growth alone does not equate to improved access.

Key Scrutiny Risks

1. **Headline growth masking inequality**
County-wide increases may conceal underperformance in specific localities.
2. **Mode substitution vs genuine access**
An increase in total appointments may reflect growth in remote contacts rather than expanded face-to-face capacity.
3. **Demand outpacing supply**
Rising appointment numbers may still fall short if patient demand has risen faster.
4. **Workforce sustainability**
Increased daily appointment averages may indicate strain rather than resilience.

B. Access to NHS Dental Services

1. Purpose of the Report

The report updates the Committee on access to NHS dental services across Worcestershire, outlining:

- Current commissioning arrangements
- Activity levels and capacity challenges
- Access pressures and inequalities
- Role of Community Dental Services (CDS)
- Actions being taken by the Integrated Care Board (ICB)

Primary care dentistry is commissioned by the NHS Integrated Care Board rather than the County Council.

2. Current Context

National Position

- NHS dentistry continues to experience workforce shortages and contract pressures nationally.
- The Unit of Dental Activity (UDA) contract model remains a structural constraint on capacity and access.

Local Context (Worcestershire)

- Significant access difficulties for new NHS patients.
- Pressure in rural areas.
- Rising unmet need and oral health inequalities.

The Worcestershire Community Dental Service provides specialist support for:

- Special Care Dentistry
- Paediatric dentistry
- Dental Anxiety Management
- Domiciliary care (housebound patients)
- Unscheduled care

3. Key Issues Identified

A. Access for New Patients

- Many practices not accepting new NHS adults.
- Limited availability for new child registrations.
- Patients travelling outside district boundaries.

B. Workforce

- Recruitment and retention difficulties.
- Competition with private practice.
- Impact of contract model on sustainability.

C. Inequalities

The Worcestershire Health and Wellbeing Strategy prioritises reducing health inequalities across the county. Dental access pressures disproportionately affect:

- Low-income families
- Rural residents
- Vulnerable adults

D. Urgent & Emergency Care

- Use of urgent dental care pathways.
- Risk of increased A&E attendances for dental pain if access deteriorates.

4. Commissioning & Governance

- Dentistry commissioned by NHS Herefordshire & Worcestershire ICB.
- Community Dental Service delivered by Herefordshire & Worcestershire Health and Care NHS Trust.

Oversight routes include:

- ICB assurance processes
- Health and Wellbeing Board priorities

5. Risks Identified

Risk	Impact
Inability to recruit dentists	Reduced NHS capacity
Contract disincentives (UDA model)	Shift to private provision
Rural under-provision	Geographic inequality
Delayed treatment	Increased emergency admissions
Oral health decline in children	Long-term health cost