

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE:**  
**4 JUNE 2025**

**QUESTIONS ASKED UNDER STANDING ORDER 35**

**1. Question asked by Rachel Moore:**

What is the Integrated Care Board doing to improve access to GP appointments and end the 8am scramble?

**Reply by the Chairman:**

I have sought information from the Integrated Care Board in relation to the question and they have provided the following statement:

“Our GP providers in Leicester, Leicestershire and Rutland (LLR) provided 7,881,384 appointments in 2425, against a plan of 7,488,914. This is 33,679 more than 2324. Our plans for 2526 are to provide 7,960,199 appointments for our patients to access.

1. Our GP’s have recognised the difficulty our patients face with the ‘8am scramble’ and have been working with us to resolve. A few of the schemes we have currently in place:
2. 100% of practices have now moved to cloud based telephony. This provides significant benefit to patients as it facilitates an enhanced digital telephony experience which includes:
  - a. Queuing: enables practices to manage multiple calls, patients are notified of queue position and wait time, and never get an engaged tone.
  - b. Call-back functionality: patients have the option to be called back when they are higher in the queue and this enables less frustration and cost to patients.
  - c. The telephone messaging options available for patients enable them to access the right care, this includes multiple options to make an appointment, order prescriptions, etc.
  - d. Through the cloud-based system, telephone data analysis and review, practices are able to make improvements in their workflow and align staffing to manage demand
3. 100% of practices now offer online booking, for appointments either on the same day or in the future.
4. Many of our practices now offer online triage - our patients complete an online form for non-urgent issues, the practice triages and assesses the

information and the patient is streamed into the appropriate patient stream.

5. A cohort of our practices are trialling various AI platforms, with exciting initial results. One of our practices, sited in an area of deprivation, has seen the '8am scramble' practically negated by the use of this system. This practice is sharing its results with all other practices and many more have expressed an interest in trialling the platform. We expect to formally evaluate this through July 2025.
6. We have opened 'pharmacy first' across LLR, providing an additional 108,915 consultations in 2425 for patients with less serious needs. This is hugely popular and current estimates suggest that from July 2024 until April 25 the number of referrals sent equates to a saving of approximately 2014.6 GP sessions (based on the national guideline). LLR pharmacies had the highest number of referrals in the region.
7. Our GP and practice workforce continues to grow, with 31 newly qualified GP roles recruited to in 2425 since October 2024. Our plans are to further invest in GP services in 2526, but we recognise that there are areas of LLR with a lower GP workforce when compared nationally. Our local training hub and workforce team continue to support practices and work with national teams to retain and grow the workforce.

We recognise that not all our patients are comfortable using technology-based solutions and our aim therefore has been to augment all access routes but promote the technology-based solutions to those comfortable. This in turn creates capacity for those needing other routes. We also have a programme for supporting people to become more comfortable using the NHS app, with 'training and help sessions' run in practices across LLR.

The ICB remains committed to improving access to GP's and we value any support from local government in this endeavour. Where patients are reporting a negative experience, we have always welcomed this direct feedback and subsequently used this to engage with our GP providers. Should any newly elected councillors wish to experience first hand how our practices work, we would be happy to facilitate a conversation / shadowing opportunity to support an in-depth understanding of how our practices are seeking to support their patient cohorts."

I am aware that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee regularly discusses this issue at its meetings and you may find it useful to read the reports and minutes of those meetings. I have provided links to recent reports below:

<https://democracy.leics.gov.uk/documents/s184224/GP%20Practices.pdf>  
<https://democracy.leics.gov.uk/documents/s178557/HOSC%20Paper%20-%20Primary%20Care%20Sept.pdf>

## **2. Questions asked by Rachel Moore:**

What is the Council doing about suicide prevention?

### **Reply by the Chairman:**

The County Council plays a key leadership role in suicide prevention, working in close collaboration with partners, to develop and implement a suicide prevention strategy under the umbrella of the LLR Suicide Audit Prevention Group (SAPG). The SAPG is hosted by the council and is co-chaired by Public Health council officers.

The LLR Suicide Prevention strategy (attached) has recently been refreshed through engagement and involvement with a broad range of partners and key stakeholders, including people with lived experience of suicide. This process was led by Leicestershire County Council Public Health officers.

The priorities and focus on the strategy and resulting action plan have been informed by local and national data related to suicide prevention data, and are based on evidence-based practice in suicide prevention.

The work around delivering against the priorities is ongoing and will continue to be delivered under the umbrella of the LLR Suicide Audit Prevention group.

The County Council is involved in a number of specific delivery aspects of the strategy, for example, hosting of the 'Start a Conversation' suicide prevention website providing on-line access to resources and services, and commissioning of the suicide bereavement service for LLR.

The Health Overview and Scrutiny Committee had an agenda item relating to the Draft Suicide Prevention Strategy at its meeting 13 November 2024 and fed into the consultation on the Strategy. Links to the report considered at the meeting, draft strategy summary, minutes from that meeting and the webcast of the meeting are set out below:

<https://democracy.leics.gov.uk/documents/s186325/Draft%20LLR%20Suicide%20Prevention%20Strategy%20HOSC%20Nov%202024.pdf>

<https://www.leicestershire.gov.uk/sites/default/files/2024-10/Draft-LLR-Suicide-Prevention-Strategy-2024-2029.pdf>

<https://democracy.leics.gov.uk/documents/g7436/Printed%20minutes%20Wednesday%2013-Nov-2024%2014.00%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=1>

[Health Overview and Scrutiny Committee - 13 November 2024](#)

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