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Tuesday 23 September 2025

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 1 October 2025**.

This meeting will be webcast live and will be available to view via the Council's website.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "S Lawton".

Samantha Lawton

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Jo Lawson (Chair)

Councillor Bill Armer

Councillor Eric Firth

Councillor Alison Munro

Councillor Darren O'Donovan

Councillor Habiban Zaman

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Panel

To receive apologies for absence from those Members who are unable to attend the meeting.

2: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Panel held on 6th August 2025.

3: Declaration of Interests

7 - 8

Members will be asked to say if there are any items on the Agenda in which they have any disclosable pecuniary interests or any other interests, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

4: Admission of the public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Panel.

5: Deputations/Petitions

The Panel will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the

Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

7: Patient Transport from Home to Hospital

9 - 22

To receive a presentation on Patient Transport from Home to Hospital across Kirklees from Yorkshire Ambulance Service.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer. Tel: 01484 221000.

8: Access to GP's

23 - 50

To receive a presentation on Access to GP's for Kirklees from Kirklees Health and Care Partnership.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer. Tel: 01484 221000.

9: Work Programme 2025/26

51 - 58

The Panel to review its work programme and agenda plan for 2025/26.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer. Tel: 01484 221000.

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Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 6th August 2025

Present: Councillor Jo Lawson (Chair)
Councillor Eric Firth
Councillor Alison Munro
Councillor Darren O'Donovan

Co-optees Kim Taylor

In attendance: Michelle Cross, Executive Director, Adults & Health
Cath Simms, Service Director, Adults Social Care
Operation,
Alexia Gray, Head of Quality Standards & Safeguarding,
Councillor Nosheen Dad, Portfolio Holder for Adult Social
Care,
Helen Juke, Locala
Gary Boothby, Calderdale and Huddersfield NHS
Foundation Trust,
Vicky Dutchburn, Integrated Care Board,
Sheran Loran, Healthwatch

Apologies: Councillor Bill Armer
Councillor Habiban Zaman

- 1 Membership of the Panel**
Apologies were received on behalf of Councillor Bill Armer and Councillor Habiban Zaman.
- 2 Minutes of previous meeting**
RESOLVED – That the minutes of the meeting dated 9th April 2025 be approved as a correct record.
- 3 Declaration of Interests**
Councillor Jo Lawson declared ‘an other’ interest as a bank nurse for Calderdale and Huddersfield NHS Foundation Trust.
- 4 Admission of the public**
All items were considered in public.
- 5 Deputations/Petitions**
No Deputations or Petitions were received.

6 Public Question Time

No Public Questions were received.

7 Health System Financial Overview 2025/26

The panel received a presentation on the financial position across the Kirklees health system for the 2025/26 financial year.

Gary Boothby, Executive Director of Finance, Calderdale and Huddersfield NHS Foundation Trust advised the Panel that NHS partners were projecting a collective deficit of £7.5 million, with Kirklees contributing a planned deficit of £380,000 after delivering £46.43 million in efficiencies. Other partners aimed to break even, contingent on achieving £28.7 million in savings. Overall, the system was targeting £75.13 million in efficiencies, representing approximately 5–6% of partner budgets. These figures exclude the £7.7 million stretch target allocated to Kirklees as part of the wider West Yorkshire system stretch target.

Efficiencies were being pursued through a combination of transactional, tactical, and transformational approaches. All partners had implemented Quality Impact Assessment and Equality Impact Assessment processes to evaluate the implications of proposed savings. A shared principle had been agreed to avoid cost shunting between organisations.

The panel was advised of significant risks to financial plan delivery, including performance-related income clawbacks, system-wide accountability, where failure by one partner affects all, and operational pressures such as winter demand, industrial action, and staffing challenges. Recruitment and retention issues persisted, particularly within the Integrated Care Board, where organisational changes had led to a loss of local expertise and local knowledge. The system was actively identifying recurrent opportunities to meet the stretch target for 2026/27 and beyond, focusing on slowing or stopping spend rather than additional efficiencies.

Questions and comments were invited from Members of the Health and Social Care, and Children's Scrutiny Panels, and the following was raised:

- Clarification was requested on the principle of “no cost shunting,” which was explained as a system-wide approach to avoid shifting costs between organisations at the expense of patient care and overall value for public money.
- Concerns were raised about the clarity and accessibility of the presentation slides, which contained jargon and unexplained abbreviations.
- Members asked for further explanation of the financial risks to delivery, including the impact on organisations such as Kirkwood Hospice.
- The panel discussed the significant changes within the ICB, including the mandated 50% reduction in running costs, and the uncertainty around future service delivery responsibilities.
- Questions were raised about the “stretch” target of £33 million across West Yorkshire, with Kirklees' share being £7.7 million, and how services were being reviewed to identify duplication and improve system-wide efficiency.

Health and Adult Social Care Scrutiny Panel - 6 August 2025

- Members sought reassurance that service users were being engaged in decision-making and that patient impact was being monitored through Quality Impact Assessments and Equality Impact Assessments.
- The panel queried the rationale behind the projected £7.5 million deficit despite £105.2 million in efficiency savings, and asked how this would be addressed at year-end and noted that the £7.5 million was part of the West Yorkshire System which balanced with various funding changes taking place across the system.
- Historical context was discussed, with members noting that efficiency savings had been a recurring challenge over many years, and questioning whether savings had ever not been required.
- It was confirmed that savings must be made recurrently to avoid compounding future financial challenges, and that national benchmarking was being used to identify opportunities.
- Members asked whether any partners were at risk of under-delivering on activity targets, which could result in financial penalties or loss of income to the system and noted that there was potential income loss to the West Yorkshire system if partners did not deliver the volume of activity planned, and performance improvements they had signed up to.
- Staffing concerns were raised, including whether efficiencies would result in redundancies. It was confirmed that CHFT had no plans for redundancies and that efficiencies would be met through natural turnover.
- The potential role of AI in delivering efficiencies was discussed, with recognition that while AI could contribute to cost savings, initial investment, training, and governance would be required before benefits could be realised.
- The panel acknowledged the ongoing uncertainty surrounding ICB changes and their impact on the Kirklees health landscape, and noted the current delivery of £105 million in efficiencies against a provisional system-wide deficit of £7.5 million

RESOLVED –

- 1) That Officers be thanked for their attendance and presentation.
- 2) That the Health System Financial Overview 2025/26 be noted.

8 Winter Pressures 2025/26

The panel received a presentation on the Kirklees Health and Care System's preparations for Winter 2025/26.

Cath Simms, Service Director, Adults Social Care Operations, Vicky Dutchburn, Interim Accountable Officer for Kirklees, Integrated Care Board (ICB) and Helen Juke, Locala, explained that plans had been developed early to allow time for embedding protocols and reviewing mutual aid governance. The system-wide draft submission had been due by 31st July 2025, with final plans expected by the end of August. Integrated partnership working had been demonstrated across key organisations including Kirklees ICB, local NHS trusts, Locala, Kirklees Council, Kirkwood Hospice, and voluntary sector partners. The plans had focused on shifting care from hospitals to the community, improving discharge and patient flow, and enhancing mental health support to avoid A&E attendance.

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Seven urgent and emergency care priorities had been outlined, including ambulance response times for category 2 patients, reducing handover delays, improving emergency department throughput, and minimising long waits for mental health admissions and discharge-ready patients.

Joined-up care initiatives had included protocols for care home falls, urgent community response, virtual wards, and enhanced GP capacity. The Home First Discharge Pathway had been structured into five levels of support, ranging from discharge without new support to long-term care, with services tailored to individual needs and supported by multidisciplinary teams.

The presentation also addressed challenges in the domiciliary care market, which had been fragmented and unsustainable due to competition for limited commissioned hours. A new locality-based contract model was being developed for implementation in June 2026. Lessons from previous winters had informed improvements such as the introduction of discharge dashboards, streamlined transfer of care meetings, and enhanced coordination between acute trusts and hospice services. Additional winter support had included ARI hubs, extended primary care access, vaccination campaigns, and pharmacy-first referrals. Mental health discharge processes and governance escalation protocols had also been strengthened to ensure a more resilient system response

Questions and comments were invited from Members of the Health and Social Care, and Children's Scrutiny Panels, and the following was raised:

- Members welcomed the move to locality-based domiciliary care, noting improvements in travel times, staff retention, and continuity of care.
- COVID-19 remained a factor in winter planning, with outbreaks still occurring and being managed as part of routine operations.
- Clarification was sought on whether the UEC (Urgent and Emergency Care) plan's seven priorities were aspirational or achievable; it was confirmed that the system had accepted the challenge and was already making progress, particularly in reducing four-hour waits and ambulance handover delays.
- The figure of 30,000 patients waiting over 21 days for discharge was confirmed as a national metric, not specific to Kirklees, and members requested more localised data to better understand discharge pressures.
- Mental health discharge delays were discussed, with assurance given that system partners were working collaboratively to address housing and care coordination issues early in the patient journey.
- Members asked about the impact of winter pressures on community services, and were reassured that Kirklees had improved recruitment and retention, with demand and capacity modelling in place to maintain service delivery.
- Ambulance response times for category 2 patients were queried, such as those experiencing heart attacks, and were informed that West Yorkshire consistently achieved faster response times than national averages.
- The role of virtual wards in preventing hospital admissions was discussed, with plans to expand wraparound support and enable direct transfers from community teams to consultants.

Health and Adult Social Care Scrutiny Panel - 6 August 2025

- Contingency plans in the event of domiciliary care provider failure was questioned, it was confirmed that the local authority would ensure continuity of care, either through other providers or by stepping in directly if necessary.
- It was noted that no additional central government funding was expected for winter 2025/26, and that collaborative working and innovative practices were key to managing pressures and avoiding unnecessary admissions.

RESOLVED –

- 1) That Officers be thanked for their attendance and presentation
- 2) That the Winter Pressures update be noted.

9 Adults Social Care Risk Management

The panel received a presentation from Adult Social Care outlining their approach to risk management and provided assurance that robust processes were in place to identify, manage, control, mitigate, and escalate risks.

The presentation covered the governance structure for risk oversight, including monthly and quarterly meetings across service leadership, risk management groups, and corporate executive levels. Risk discussions and submissions had been coordinated through a structured cycle involving Heads of Service, the Social Care Leadership Team, and the Executive Leadership Team, ensuring that emerging and existing risks were regularly reviewed and escalated where necessary.

Alexia Gray, Head of quality standards and safeguarding informed the Panel that risk identification within Adult Social Care followed a structured process using a Risk Matrix to assess both the likelihood and impact of potential risks. Risks were scored and reviewed in consultation with corporate colleagues, with controls implemented to reduce either the probability or severity of the risk. The Risk Matrix included detailed criteria across financial, legal, reputational, and service provision domains, with scoring scales to guide prioritisation and response. This framework enabled consistent evaluation and monitoring of risks across the directorate.

One risk had been recorded on the Corporate Risk Register. This risk related to the potential failure to adequately safeguard vulnerable adults due to increased complexity, referral volumes, and limited-service capacity. The risk had been scored at 8 using the matrix and was owned by the Service Director for Adult Social Care Operations. A range of controls had been implemented, including safeguarding policies, mandatory training, multi-agency escalation pathways, strategic representation, and governance through the Kirklees Safeguarding Adults Board. The panel was assured that safeguarding remained a priority, with continuous review and improvement embedded in operational practice.

Questions and comments were invited from Members of the Health and Social Care, and Children's Scrutiny Panels, and the following was raised:

- Assurance was sought regarding risk management arrangements for commissioned and arms-length organisations. It was confirmed that robust monitoring processes were in place, including early escalation procedures and partnership working with Care Quality Commission and Integrated Care Board colleagues.

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- The panel queried the reference to fraud risk. It was clarified that fraud risks were reviewed across directorates and typically related to direct payments and provider claims, with strong checks and balances in place.
- Members asked how many risks were currently recorded at the directorate level. It was confirmed that Adult Social Care had six risks and Strategic Commissioning and Partnerships had seven, none of which were rated red.
- Examples of directorate-level risks included ensuring quality care planning and managing demand around Deprivation of Liberty Safeguards (DoLS), with mitigations such as revised audit cycles, practice and quality groups, and updated signatory systems.
- It was confirmed that risks were monitored monthly across both areas, with collective oversight to ensure controls remained effective.
- The panel acknowledged the importance of maintaining visibility of risks that may be unlikely but could have significant impact if realised.

RESOLVED –

- 1) That Alexia Gray be thanked for the presentation and great work that was being undertaken
- 2) That the Risk Management Report be noted.

10

Work Programme 2025/26

The Panel reviewed the work programme for 2025/26.

RESOLVED- That the work programme be noted.

KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Health & Adult Social Care Scrutiny Panel				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



Report title: Patient Transport from Home to Hospital

Meeting	Health and Adult Social Care Scrutiny Panel
Date	01 October 2025
Cabinet Member (if applicable)	Cllr Beverly Addy
Key Decision Eligible for Call In	Not applicable
Purpose of Report To provide members of the Health and Adults Social Care Scrutiny Panel with an overview of Patient Transport from Home to Hospital	
Recommendations <ul style="list-style-type: none"> To consider the information provided and determine if any further information or action is required. 	
Reasons for Recommendations <ul style="list-style-type: none"> To provide assurance Patient Transport from Home to Hospital 	
Resource Implication: N/A	
Date signed off by <u>Executive Director</u> & name	N/A
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	N/A

Electoral wards affected: None specific

Ward councillors consulted: Not applicable

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. Executive Summary

The Kirklees Health and Adults Social Care Scrutiny Panel as part of their 2025/26 Work Programme have asked representatives from key organisations to provide assurance on Patient Transport from Home to Hospital which includes:

- Missed appointments due to incorrect transport
- Who has responsibility of booking transport
- What criteria is used for use of patient transport

2. Information required to take a decision

Not applicable.

3. Implications for the Council

Not applicable.

3.1 Council Plan

No specific implications.

3.2 Financial Implications

No specific implications.

3.3 Legal Implications

No specific implications.

3.4 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

No specific implications.

Integrated Impact Assessment (IIA)

No specific implications.

4. Consultation

Not applicable.

5. Engagement

Not applicable.

6. Options

Not applicable.

6.1 Options Considered

Not applicable.

6.2 Reasons for recommended Option

Not applicable.

7. Next steps and timelines

That the Health and Adults Social Care Scrutiny Panel takes account of the information presented and considers the next steps it wishes to take.

8. Contact officer

Nicola Sylvester, Principal Governance and Democratic Engagement Officer
Nicola.sylvester@kirklees.gov.uk

9. Background Papers and History of Decisions

Not applicable

10. Appendices

Attached

11. Service Director responsible

Samantha Lawton – Service Director, Legal, Governance and Commissioning.

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Kirklees Health and Adults Social Care Scrutiny Panel

Patient Transport from Home to Hospital

1st October 2025



Questions raised and addressed in relation to Access to GP's



NHS West Yorkshire
Integrated Care Board

Kirklees Adult Overview and Scrutiny Committee requested information to address and provide assurance on the following points:

- Missed appointments due to incorrect transport
- Who has responsibility of booking transport
- What criteria is used for use of patient transport



PTS Missed Appointments

Kirklees

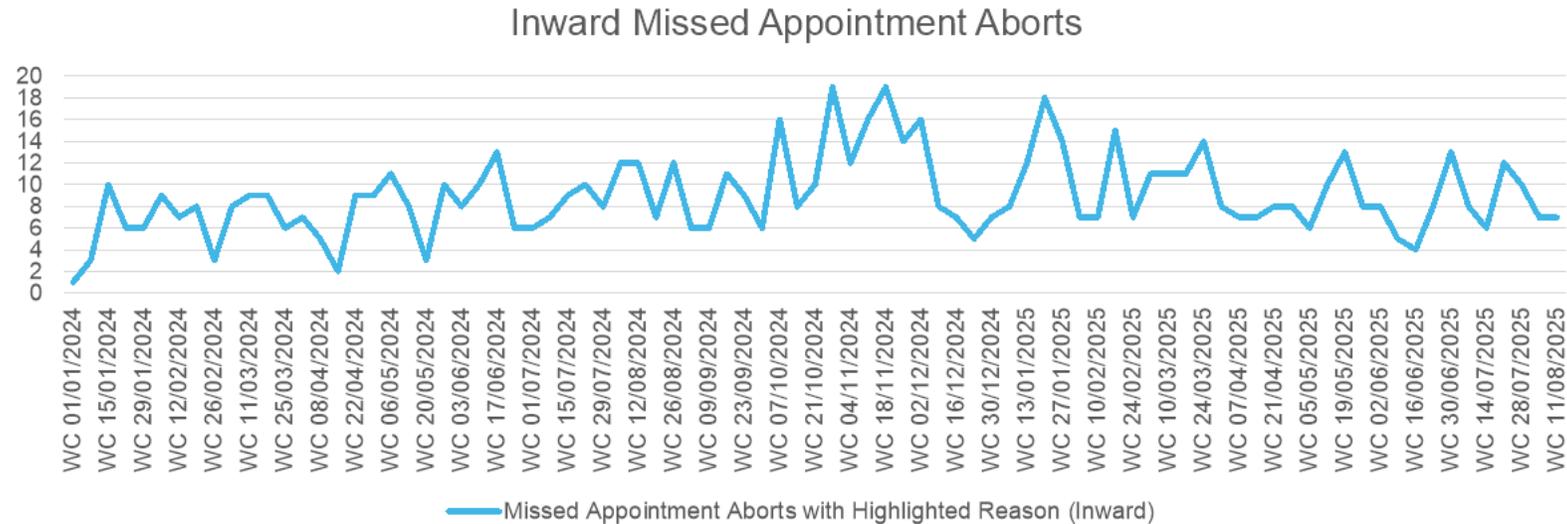
Contents



Figures have been updated to the latest definition of a missed appointment: inward only, specific abort reasons (wrong mobility, wrong address, failed journey, YAS delay), and have excluded journeys where the same patient has another inward delivered journey on the same date

- Aborted Journeys Trend
- Abort Reasons
- Hospitals
- Clinics

Missed Appointments: Inward Aborts

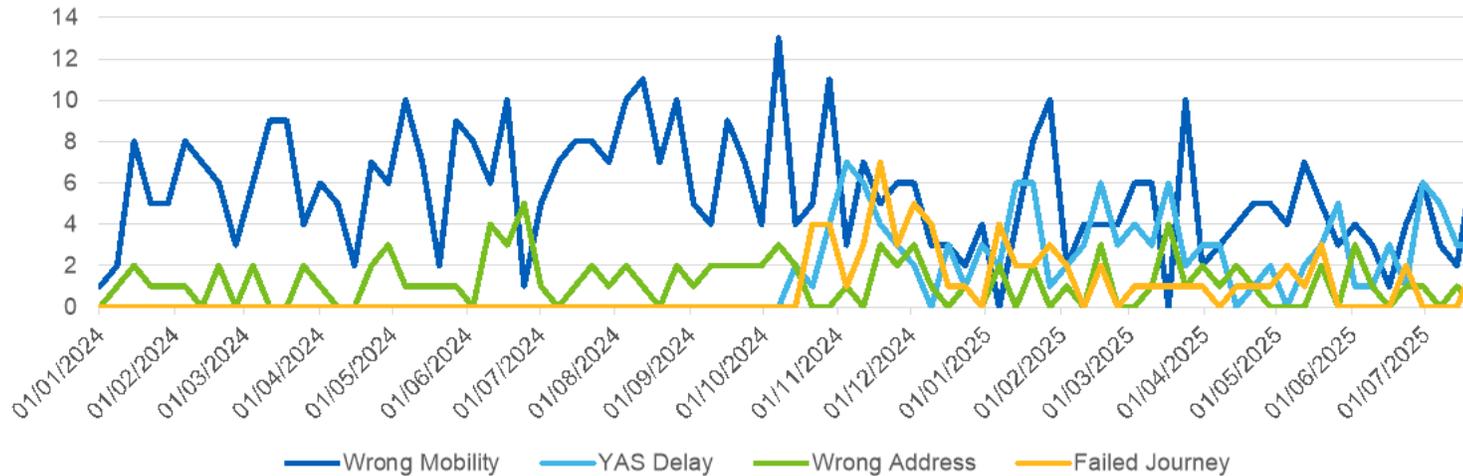


- The graph shows the trend of inward missed appointment abortions for Kirklees patients since 01/01/2024
- There have been 9 per week on average, across the whole date range

Missed Appointments: Abort Reasons



Missed Appointment Aborts by Reason and Week



Abort Reason	Aborts	% of Missed Appointment Aborts
Wrong Mobility	462	60.6%
YAS Delay	130	17.1%
Wrong Address	102	13.4%
Failed Journey	68	8.9%

- Above are the missed appointment abort reasons during the period: 01/01/2024 – 17/08/2025
- Wrong Mobility makes up 60.6% of the missed appointment aborts
- This is followed by YAS Delay (17.1%), Wrong Address (13.4%) Failed Journey (8.9%)
- Failed Journey and YAS Delay were introduced in October

Hour of Day & Day of Week Profile



Missed Appointment Aborts Weekly % Profile

DoW	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Monday	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	3%	5%	1%	2%	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%	17%
Tuesday	0%	0%	0%	0%	0%	0%	0%	0%	1%	2%	3%	4%	2%	4%	3%	1%	0%	0%	0%	0%	0%	0%	0%	0%	22%
Wednesday	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	3%	6%	2%	4%	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%	21%
Thursday	0%	0%	0%	0%	0%	0%	0%	0%	1%	2%	4%	6%	1%	4%	3%	1%	0%	0%	0%	0%	0%	0%	0%	0%	24%
Friday	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	3%	4%	1%	4%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	14%
Saturday	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Sunday	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Total																								100%	

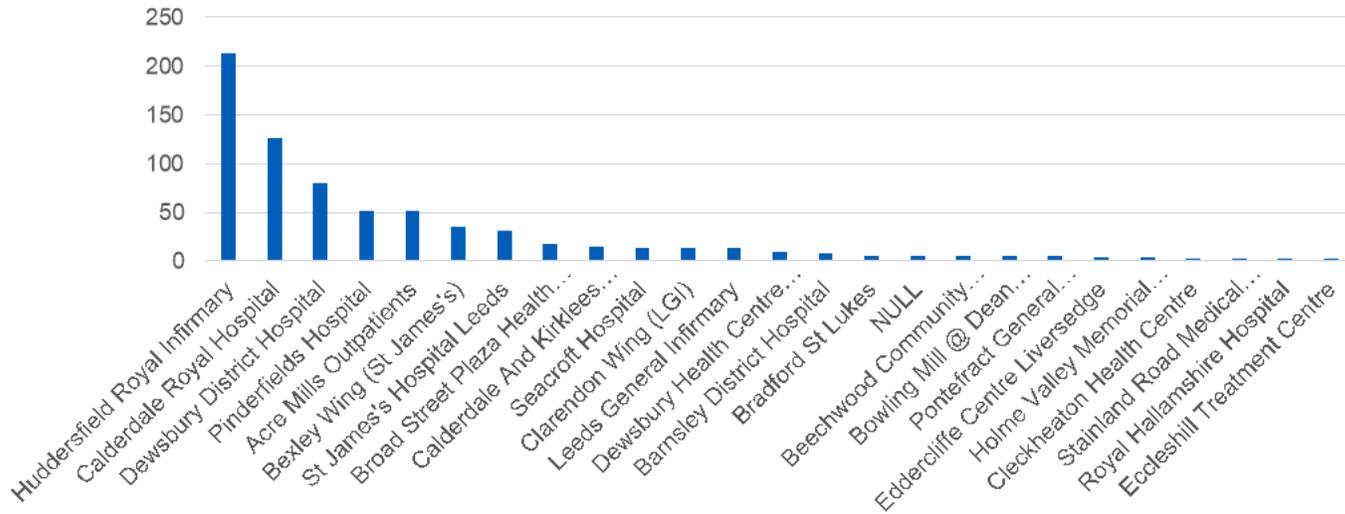
Inward Delivered Journeys Weekly % Profile

DoW	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Monday	0%	0%	0%	0%	0%	0%	0%	2%	1%	1%	2%	3%	2%	2%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	17%
Tuesday	0%	0%	0%	0%	0%	0%	0%	2%	1%	2%	3%	4%	2%	2%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	20%
Wednesday	0%	0%	0%	0%	0%	0%	0%	2%	1%	2%	2%	3%	2%	2%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	18%
Thursday	0%	0%	0%	0%	0%	0%	0%	2%	2%	2%	3%	4%	2%	2%	2%	1%	1%	0%	0%	0%	0%	0%	0%	0%	19%
Friday	0%	0%	0%	0%	0%	0%	0%	2%	1%	2%	2%	3%	2%	2%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	17%
Saturday	0%	0%	0%	0%	0%	0%	0%	2%	1%	0%	0%	1%	1%	0%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%	8%
Sunday	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Total																								100%	

- The profiles are similar however the missed appointment abortions are slightly more concentrated around 9am – 4pm: 93% of missed appointment abortions happen Monday – Friday between 9am and 4pm
- On the other hand, 69% of inward delivered journeys happen during this time



Missed Appointment Aborts: Top 25 Hospitals

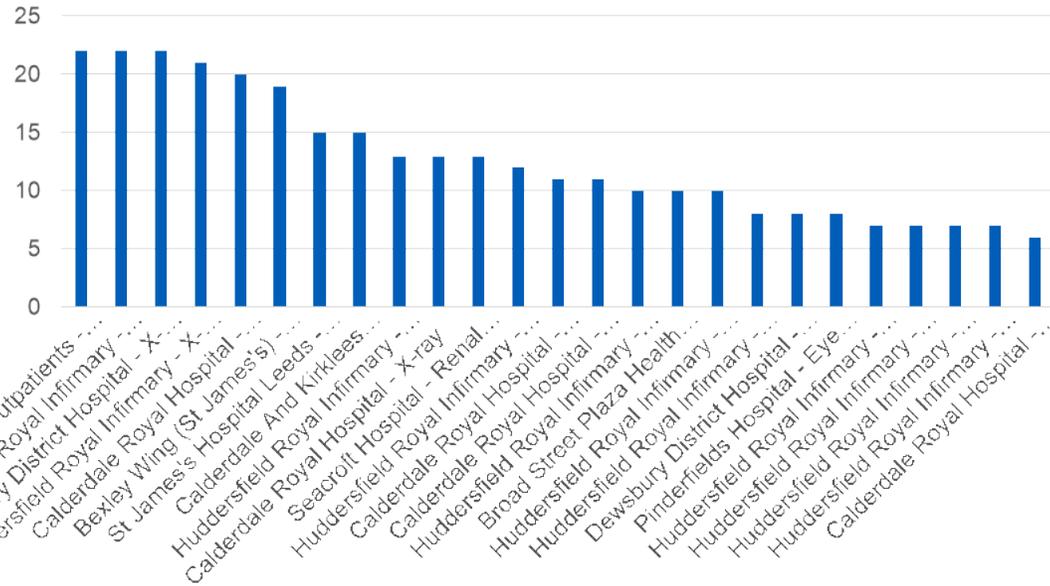


- These are the top 25 hospitals for North Kirklees CCG, Greater Huddersfield CCG, Calderdale CCG patients, which make up 95.5% of the missed appointment abortions
- Huddersfield Royal Infirmary was the top hospital, followed by Calderdale Royal Hospital
- Only 0.8% of total inward activity was a missed appointment abort

Hospital	Aborts	% of Inward Total Activity
Huddersfield Royal Infirmary	213	1.0%
Calderdale Royal Hospital	126	0.7%
Dewsbury District Hospital	80	0.6%
Pinderfields Hospital	52	1.2%
Acre Mills Outpatients	52	1.5%
Bexley Wing (St James's)	36	0.3%
St James's Hospital Leeds	31	0.5%
Broad Street Plaza Health Centre	17	4.0%
Calderdale And Kirklees Wheelchair Service - Rosscare	15	2.6%
Seacroft Hospital	14	0.3%
Clarendon Wing (LGI)	14	1.0%
Leeds General Infirmary	14	0.7%
Dewsbury Health Centre (Wellington Rd)	10	5.9%
Barnsley District Hospital	8	1.1%
Bradford St Lukes	6	0.8%
NULL	6	2.9%
Beechwood Community Centre	5	2.0%
Bowling Mill @ Dean Clough Mills	5	2.4%
Pontefract General Infirmary (New Building)	5	0.5%
Eddercliffe Centre Liversedge	4	0.4%
Holme Valley Memorial Hospital	4	3.2%
Cleckheaton Health Centre	3	3.5%
Stainland Road Medical Centre	3	15.8%
Royal Hallamshire Hospital	3	0.9%
Ecclehill Treatment Centre	2	20.0%
Total	728	0.8%

Top 25 Clinics

Missed Appointment Aborts: Top 25 Clinics



- These are the top 25 clinics for North Kirklees CCG, Greater Huddersfield CCG, Calderdale CCG patients, which make up 41.6% of the missed appointment abortions
- Acre Mills Outpatients – Ophthalmology, Huddersfield Royal Infirmary - Orthopaedic, and Dewsbury District Hospital - X-Ray Dept were joint top with 22
- Only 0.7% of total inward activity was a missed appointment abort for these clinics

Hospital - Clinic	Aborts	% of Inward Total Activity
Acre Mills Outpatients - Ophthalmology	22	1.5%
Huddersfield Royal Infirmary - Orthopaedic	22	1.7%
Dewsbury District Hospital - X-Ray Dept	22	2.3%
Huddersfield Royal Infirmary - X-ray	21	2.6%
Calderdale Royal Hospital - Cardiology	20	2.0%
Bexley Wing (St James's) - Radiotherapy Reception (-2 Flr)	19	0.2%
St James's Hospital Leeds - Ward J48 Renal Dialysis	15	0.4%
Calderdale And Kirklees Wheelchair Service - Rosscare - Wheelchair Services	15	2.6%
Huddersfield Royal Infirmary - Cardiology	13	1.8%
Calderdale Royal Hospital - X-ray	13	1.8%
Seacroft Hospital - Renal Dialysis Ward R&S	13	0.3%
Huddersfield Royal Infirmary - Renal Dialysis Ward - South Drive	12	0.1%
Calderdale Royal Hospital - Ophthalmology	11	1.1%
Calderdale Royal Hospital - Dermatology	11	2.4%
Huddersfield Royal Infirmary - Vascular Clinic (Surgical OP)	10	1.8%
Broad Street Plaza Health Centre - Orthotics	10	5.7%
Huddersfield Royal Infirmary - Physio	10	1.5%
Huddersfield Royal Infirmary - Ambulatory Assessment Unit. (ward 3)	8	1.7%
Dewsbury District Hospital - Diabetes Centre(Staincliffe Wing)	8	4.4%
Pinderfields Hospital - Eye Centre (New)	8	0.8%
Huddersfield Royal Infirmary - Ultrasound U/S	7	2.5%
Huddersfield Royal Infirmary - Maxillofacial	7	2.0%
Huddersfield Royal Infirmary - Frailty Same Day Emergency Care	7	6.7%
Huddersfield Royal Infirmary - MRI Scan	7	2.4%
Calderdale Royal Hospital - Physio rehabilitation level 2	6	0.7%
Top 25 Clinics Total	317	0.7%

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Report title: Access to GP's

Meeting	Health and Adult Social Care Scrutiny Panel
Date	01 October 2025
Cabinet Member (if applicable)	Cllr Beverly Addy
Key Decision Eligible for Call In	Not applicable
Purpose of Report To provide members of the Health and Adults Social Care Scrutiny Panel with an overview of Access to GP's	
Recommendations <ul style="list-style-type: none"> To consider the information provided and determine if any further information or action is required. Reasons for Recommendations <ul style="list-style-type: none"> To provide assurance on Access to GP's 	
Resource Implication: N/A	
Date signed off by <u>Executive Director</u> & name	N/A
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal and Commissioning (Monitoring Officer)?	N/A

Electoral wards affected: None specific

Ward councillors consulted: Not applicable

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. Executive Summary

The Kirklees Health and Adults Social Care Scrutiny Panel as part of their 2025/26 Work Programme have asked representatives from key organisations to provide assurance on Access to GP's which includes:

- Number of GPs in Kirklees Council
- Number of patients in practices
- Shortage of GPs in high deprivation areas
- How many GP's using advanced/nurse practitioners
- Explanation of a Physician Associates and use in GP Surgeries
- What is being done to attract GPs to Kirklees with shortages
- Method of access (How to make an appt)
- Pharmacy First route
- 111 how affective, how many people ring, when do they ring, do they ring due to not getting access to a GP

2. Information required to take a decision

Not applicable.

3. Implications for the Council

Not applicable.

3.1 Council Plan

No specific implications.

3.2 Financial Implications

No specific implications.

3.3 Legal Implications

No specific implications.

3.4 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

No specific implications.

Integrated Impact Assessment (IIA)

No specific implications.

4. Consultation

Not applicable.

5. Engagement

Not applicable.

6. Options

Not applicable.

6.1 Options Considered

Not applicable.

6.2 Reasons for recommended Option

Not applicable.

7. Next steps and timelines

That the Health and Adults Social Care Scrutiny Panel takes account of the information presented and considers the next steps it wishes to take.

8. Contact officer

Nicola Sylvester, Principal Governance and Democratic Engagement Officer
Nicola.sylvester@kirklees.gov.uk

9. Background Papers and History of Decisions

Not applicable

10. Appendices

Attached

11. Service Director responsible

Samantha Lawton – Service Director, Legal, Governance and Commissioning.

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Kirklees Health and Adults Social Care Scrutiny Panel

Access to GP's

1st October 2025



Questions raised and addressed in relation to Access to GP's

Kirklees Adult Overview and Scrutiny Committee requested information to address and provide assurance on the following points:

- Number of GPs in Kirklees Council
- Number of patients in practices
- Shortage of GPs in high deprivation areas
- How many GP's using advanced/nurse practitioners
- Explanation of a Physician Associates and use in GP Surgeries
- What is being done to attract GPs to Kirklees with shortages
- Method of access (How to make an appt)
- Pharmacy First route
- 111 how affective, how many people ring, when do they ring, do they ring due to not getting access to GP

GPs in Kirklees

There are approx. 240 GPs at different grades working in general practice in Kirklees. There are an additional 12.8 FTE GPs working in PCNs under the Additional Roles Reimbursement Scheme.

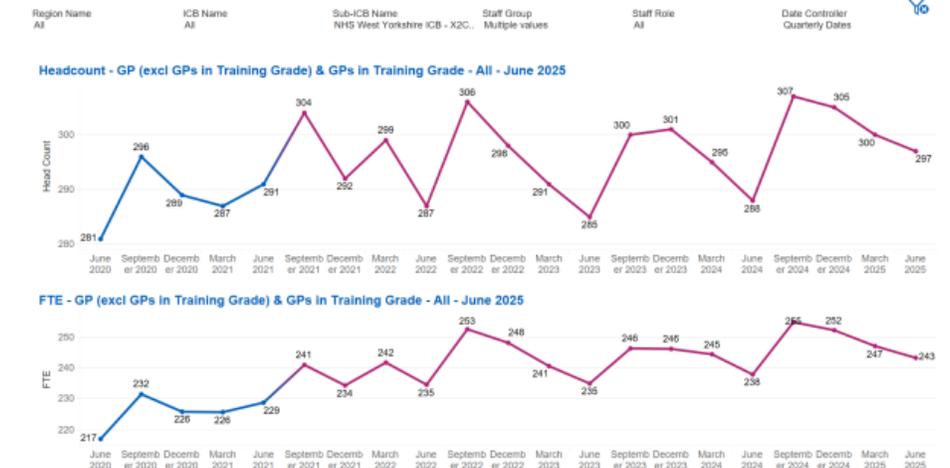
Role Type	Staff in post FTE
GP Partners	123.9
GP Regular Locums	5.5
GP Retainers	0.4
GPs in Training Grade	68.1
Salaried GPs	39.6
ARRS GPs (PCN)	12.8
Total GPs	250.3

Attracting GPs to Kirklees

- GP Retainer Scheme
- Sponsorship for Skilled Workers
- Flexible Pool
- GP Training Practices

It is difficult to quantify the shortage of GPs in the area, this graph shows the trend over 5 years:
In June 2020 = 217 FTE / In June 2025 = 243 FTE

GP Workforce Dashboard Staff Group Trend



Change in colour denotes move from quarterly to monthly publications by NHS Digital
Please note that selecting all Staff Group options will result in an incomplete time series due to NHS Digital limiting historic publications for some Staff Groups before September 2017

Physician Associates in General Practice

There are a small number of Physician Associates employed in Kirklees.

- 4.3 FTE through general practices
- 5.75 FTE in PCNs (2 PCNs, 1 based in South Kirklees / 1 based in North Kirklees)

Physician Associates (PA) are healthcare professionals who work under the supervision of a GP, bridging the gap between patient needs and medical expertise. PA's perform various clinical duties which includes:

- Patient Care: Conducting physical exams, diagnosing illnesses, and developing treatment plans.
- Medical Procedures: Performing certain medical procedures such as suturing wounds and assisting in surgeries.
- Patient Education: Educating patients about their health conditions and preventive care.
- Collaboration: Working alongside physicians and other healthcare professionals to provide comprehensive care.
- Documentation: Maintaining accurate patient records and documentation of care provided.

Advanced Nurse Practitioners in General Practice

Advanced Nurse Practitioners (ANPs) roles include:

- prescribe any medicine for any condition within their competence (including some controlled medicines) provided they have completed an Independent Prescribing qualification
- see patients with undiagnosed, undifferentiated medical conditions and make treatment decisions, including ordering necessary investigations
- refer patients to secondary care, although this can vary depending on local arrangements and protocols
- undertake appropriate home visits
- sign fit notes.

ANPs are employed in over 20 practices. In addition, there are 12 FTE employed by PCNs through ARRS.

Role Type	Staff in post FTE
Advanced Nurse Practitioners	32.76
Nurse Dispensers	0.6
Nurse Specialists	2.59
Other Nurses	1.44
Practice Nurses	59.23
ARRS ANPs	12
Total Nurse Roles	108.62

Method of access (How to make an appt)

All patients in Kirklees can access their GP Practice in 3 ways:

By Phone

- A patient can phone their general practice during core hours (8am – 6:30pm) for urgent and non urgent appointments.

In person

- By going into the surgery and talking to the receptionist.

Online

- From 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours (8am – 6:30pm) for non-urgent appointment requests, medication queries and admin requests.

Modern General Practice Access

Modern General Practice Access is a model of how patients interact with general practice services. It's part of NHS England's Delivery Plan for Recovering Access to Primary Care, aiming to improve patient experience, better match capacity with demand and create a more sustainable working environment for practice staff.

Multiple Access Channels

Patients can contact their GP via:

- Telephone
- Online (including NHS App and practice websites)
- Walk-in

Structured Information Gathering

At the point of contact, practices collect consistent information about the patient's needs to enable effective triage.

Care Navigation & Triage

A unified workflow across all access channels helps:

- Prioritise patient needs safely and fairly
- Direct patients to the right healthcare professional or service
- Move away from the outdated "first come, first served" model

Better Use of Capacity

Practices use data to understand demand patterns and allocate resources accordingly. This includes:

- Multi-professional teams (e.g. pharmacists, paramedics, social prescribers)
- Community services
- Self-access options

Digital Tools & Transformation Support

Practices are supported with:

- Cloud-based telephony systems
- Online consultation tools
- Improved websites
- Data analytics for demand and capacity planning

Improved Patient Experience

Patients benefit from:

- Shorter call queues
- Clearer signposting
- Easier online access

More appropriate and timely care
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Support for Modern General Practices Access

Transition funding

55 out of 64 GP practices in Kirklees have received funding to support them transition to Modern General Practice Access. The remaining 9 GP practices have been offered funding and support to transition.

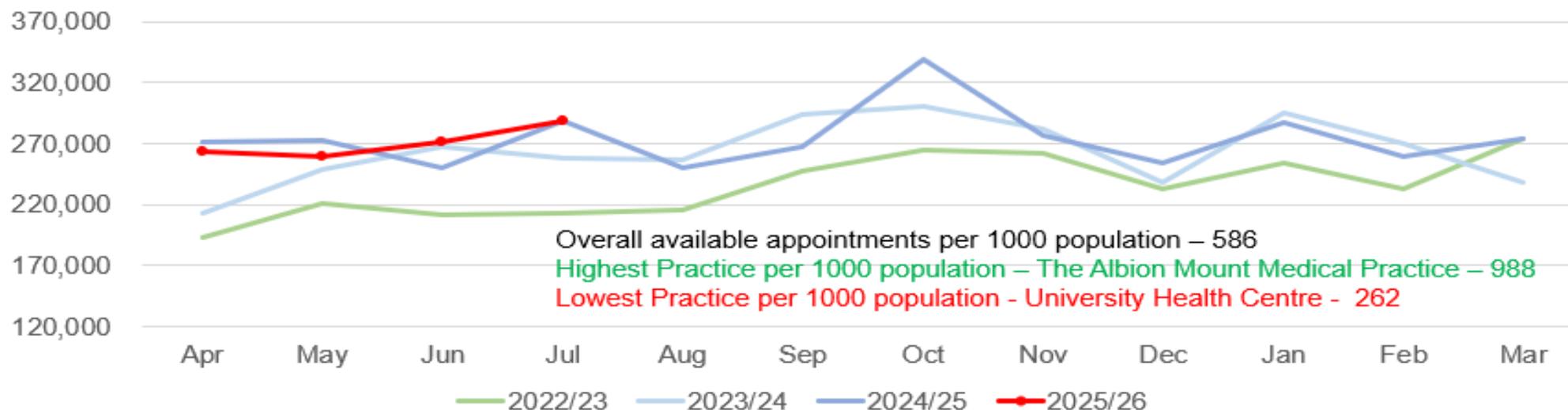
Practice Level Support

Practice Level Support is designed to assist practices to improve their efficiency, productivity and overall patient experience - often with a particular focus on patient access. The 15 week course is designed to support modern general practice access.

5 GP Practices in Kirklees are participating in Practice Level Support in 2025-26. 10 GP Practices in Kirklees participated in PLS in 2024.

Appointments in General Practice - Overall

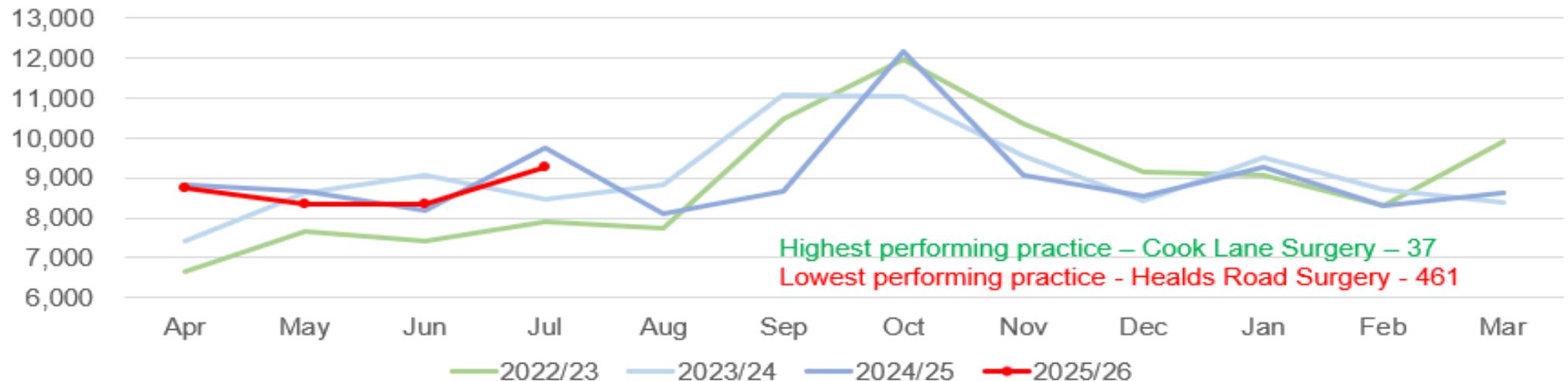
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Change from Previous year
Overall Appointments													
2022/23	192,989	220,835	211,517	212,949	216,146	247,779	264,532	261,652	232,310	254,116	232,706	273,645	224,408
2023/24	212,830	249,392	267,312	257,789	257,380	294,588	301,139	281,796	238,157	294,641	269,876	237,904	341,628
2024/25	270,921	272,498	250,367	288,880	249,792	267,263	339,004	276,407	254,438	287,979	259,846	273,391	127,982
2025/26	262,887	259,263	270,855	288,969									2,768,636
Change from the same point last year 2024/25	8,034	13,235	20,488	89									Monthly Change
Change from previous month	10,504	3,624	11,592	18,114									↑ 6.7%





Appointments in General Practice - DNA

DNA Tracking	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Change from Previous year
2022/23	6,675	7,649	7,411	7,902	7,753	10,464	11,950	10,362	9,168	9,079	8,300	9,916	19,920
2023/24	7,437	8,630	9,062	8,468	8,834	11,070	11,023	9,538	8,431	9,505	8,713	8,378	2,460
2024/25	8,819	8,669	8,189	9,768	8,092	8,674	12,167	9,065	8,532	9,267	8,294	8,615	-938
2025/26	8,762	8,334	8,353	9,264									-91,055
Change from the same point last year 2024/25	-57	-335	164	-504									Monthly Change
Change from previous month	147	428	19	911									↑ 10.9%

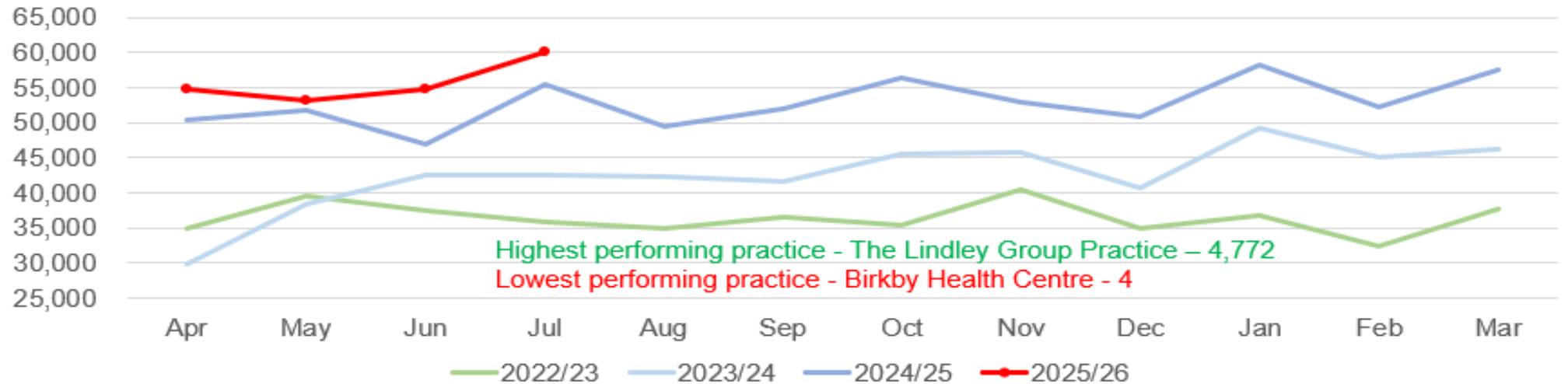




Appointments in General Practice – Phone and Video

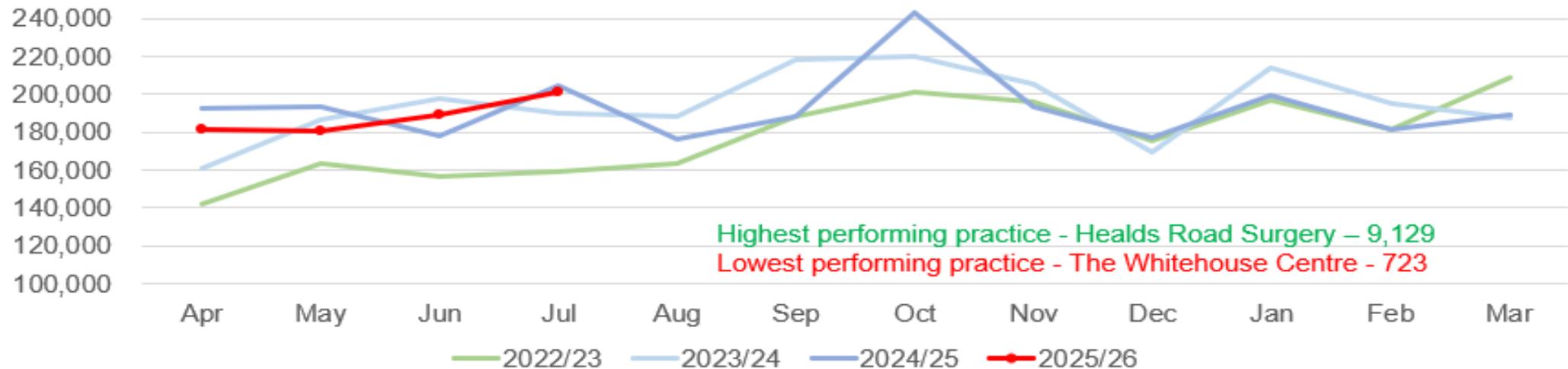
Phone and video appointments tracking	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Change from Previous year
2022/23	34,974	39,517	37,543	35,903	35,035	36,630	35,434	40,581	34,851	36,780	32,319	37,772	-185,633
2023/24	29,788	38,364	42,612	42,570	42,285	41,533	45,580	45,677	40,602	49,158	45,093	46,236	72,159
2024/25	50,503	51,689	46,865	55,432	49,487	52,074	56,458	52,936	50,816	58,161	52,249	57,638	124,810
2025/26	54,796	53,277	54,669	60,043									-526,235
Change from the same point last year 2024/25	4,293	1,588	7,804	4,611									Monthly Change
Change from previous month	-2,842	-1,519	1,392	5,374									↑ 9.8%

Phone and video appointments



Appointments in General Practice – Face to Face

Face-to-face (inc home visit) appointments tracking	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Change from Previous year
2022/23	142,040	163,102	156,309	158,816	163,335	188,352	200,946	196,192	175,333	196,629	181,445	208,947	373,700
2023/24	161,054	186,576	197,270	189,561	187,931	218,466	220,233	204,983	169,862	213,556	194,796	187,794	200,636
2024/25	192,452	193,043	177,833	204,093	175,877	188,182	242,915	193,441	177,077	199,627	181,566	189,431	-16,545
2025/26	181,587	180,825	188,965	200,920									-1,953,125
Change from the same point last year 2024/25	-10,865	-12,218	11,132	3,173									Monthly Change
Change from previous month	7,844	762	8,140	11,955									↑ 6.3%

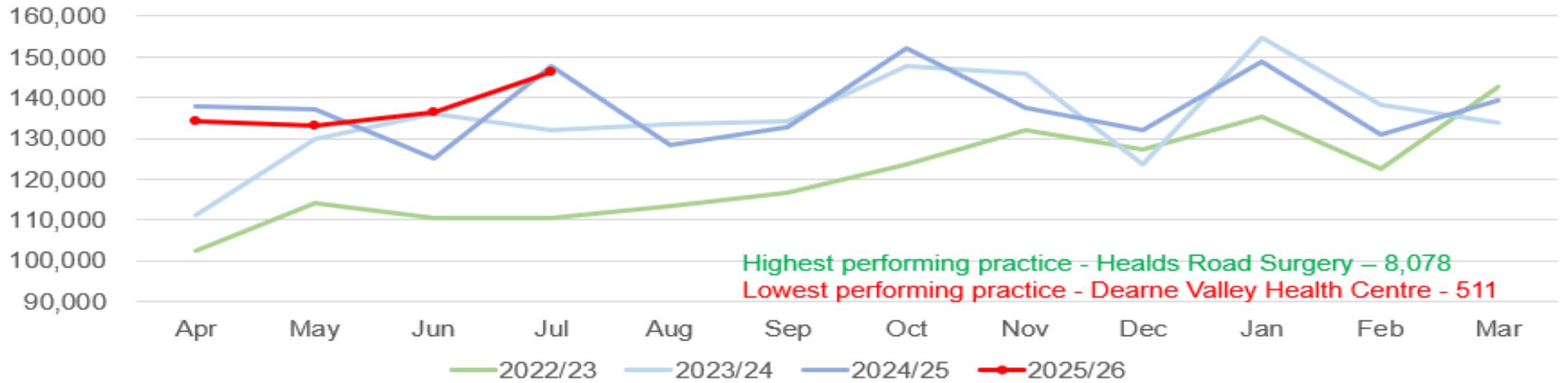




Appointments in General Practice – Same or next day



Appointments took place same or next day tracking	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Change from Previous year
2022/23	102,519	114,179	110,566	110,510	113,465	116,562	123,503	132,161	127,448	135,442	122,544	142,520	115,292
2023/24	111,103	129,953	136,053	132,205	133,573	134,108	147,898	145,816	123,657	154,802	138,134	134,040	169,923
2024/25	137,923	137,345	125,063	147,604	128,501	132,748	152,176	137,531	132,142	148,720	130,979	139,220	28,610
2025/26	134,176	133,185	136,590	146,262									- 1,382,591
Change from the same point last year 2024/25	3,747	4,160	11,527	1,342									Monthly Change
Change from previous month	5,044	991	3,405	9,672									↑ 7.1%

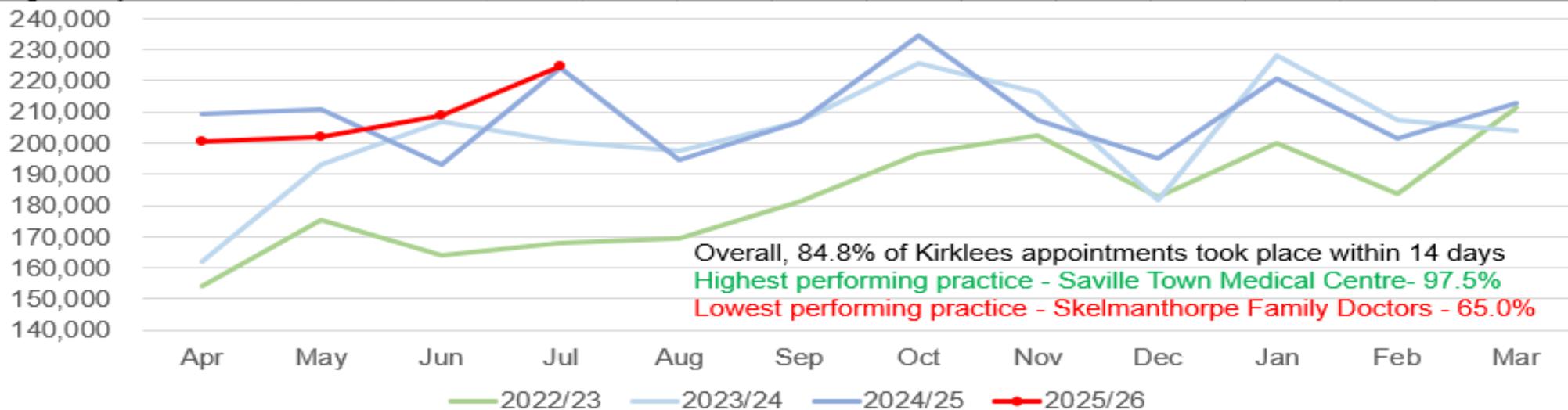




Appointments in General Practice – Within 14 days



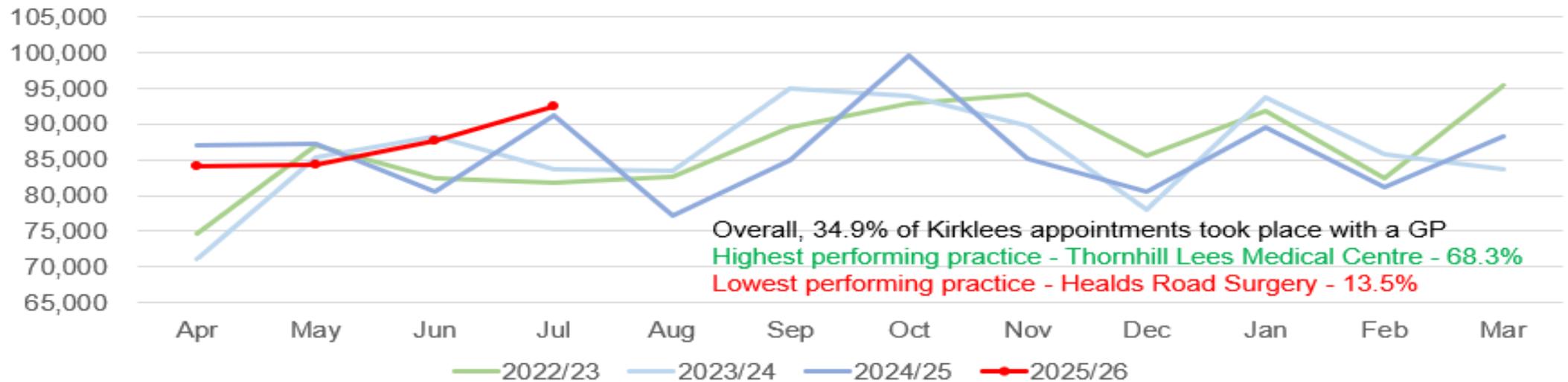
Appointments took place within 14 days tracking	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Change from Previous year
2022/23	154,006	175,509	164,028	167,835	169,658	181,235	196,507	202,531	182,577	200,079	183,901	211,535	73,305
2023/24	162,065	193,057	207,060	200,423	197,553	206,683	225,606	216,426	181,646	227,895	207,558	204,126	240,697
2024/25	209,424	210,769	192,929	224,294	194,360	207,014	234,615	207,319	194,903	220,726	201,546	212,768	80,569
2025/26	200,413	201,831	209,112	224,709									- 2,108,423
Change from the same point last year 2024/25	9,011	8,938	16,183	415									Monthly Change
Change from previous month	12,355	1,418	7,281	15,597									↑ 7.5%



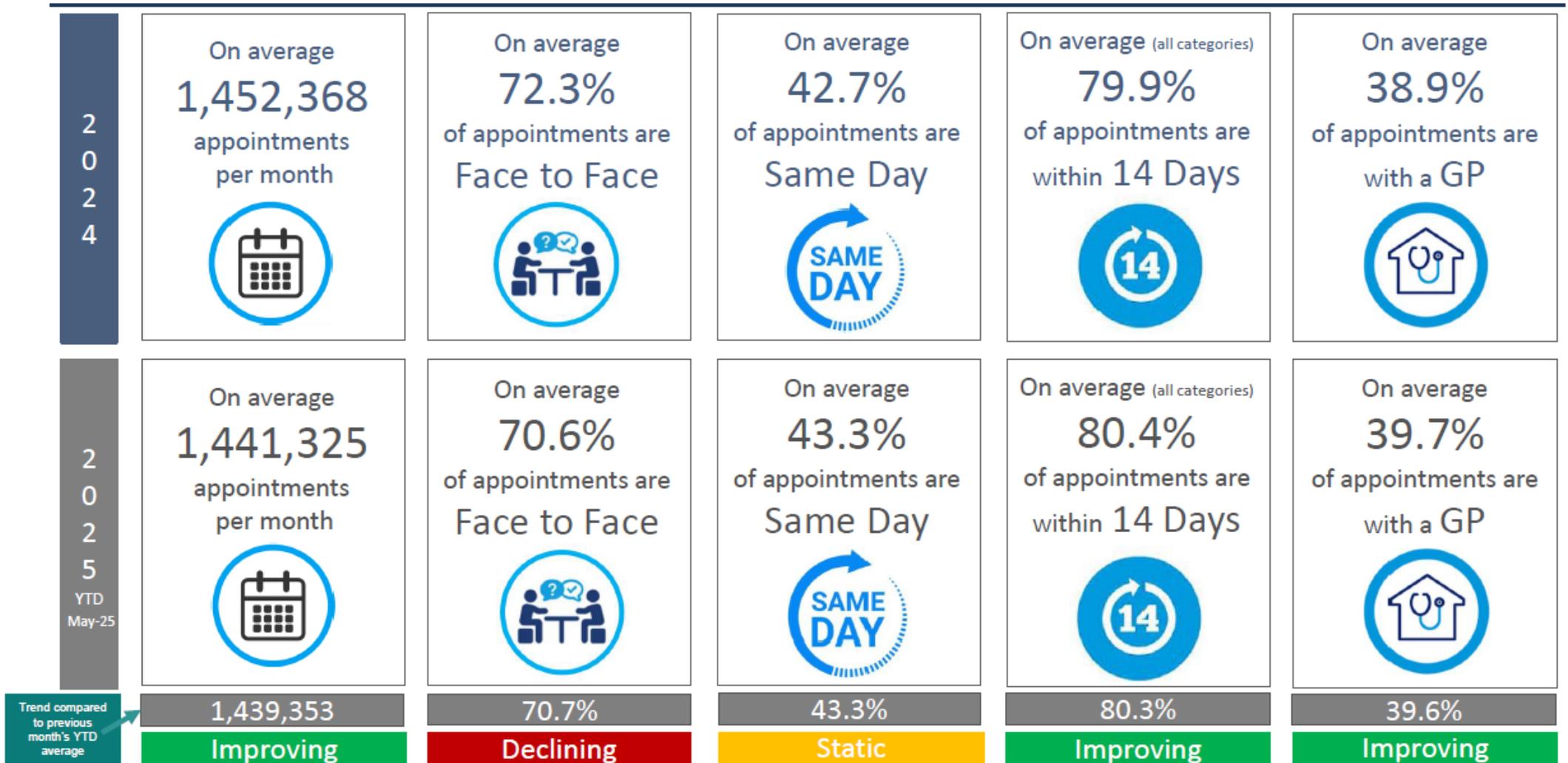


Appointments in General Practice - GP

Appointments took place with a GP tracking	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Change from Previous year
2022/23	74,645	86,951	82,417	81,875	82,556	89,551	92,957	94,076	85,606	91,749	82,494	95,492	28,595
2023/24	71,080	85,453	88,355	83,689	83,375	94,997	94,023	89,829	78,004	93,723	85,714	83,728	-8,399
2024/25	87,124	87,188	80,637	91,214	77,285	85,010	99,682	85,223	80,447	89,523	81,153	88,359	875
2025/26	83,999	84,361	87,607	92,529									-864,485
Change from the same point last year 2024/25	3,125	2,827	6,970	1,315									Monthly Change
Change from previous month	4,360	362	3,246	4,922									↑ 5.6%



WY GP Practice Total Appointments



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National GP Patient Survey results 2025



NHS West Yorkshire
Integrated Care Board

Survey Response Rates for England and West Yorkshire

	Number of surveys sent to adults registered with a GP Practice	Completed Surveys	Response Rate
England	2,700,000	702,837	25.8%
West Yorkshire	130,305	30,944	24%
Kirklees	30,177	7,417	24.6%

Results for Kirklees Primary Care

Overall, how would you describe your experience of your GP practice?

	2024 results	2024 results	2025 results	2025 results
PCN	Table ranking (lowest to highest out of 52)	Percentage of patients saying their overall experience of their GP Practice was good	Table ranking (lowest to highest out of 52)	Percentage of patients saying their overall experience of their GP Practice was good
Dewsbury and Thornhill	17 (L)	71%	9 (L)	70%
Batley and Birstall	25	73%	38	81%
Greenwood	21	73%	12	73%
Tolson	42	83%	33	80%
SPEN	28	74%	22	76%
3 Centres	36	78%	23	76%
Viaduct	29	74%	18	75%
Mast	39	79%	45	83%
Valleys	52 (H)	89%	52 (H)	91%

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Generally, how easy is it to get through to someone at your GP practice on the phone?

	2024 results		2025 results	
PCN	Table ranking (lowest to highest out of 52)	Percentage of patients saying it is easy to get through to their practice by phone	Table ranking (lowest to highest out of 52)	Percentage of patients saying it is easy to get through to their practice by phone
Dewsbury and Thornhill	25	48%	17 (L)	49%
Batley and Birstall	28	49%	38	58%
Greenwood	20 (L)	47%	25	55%
SPEN	27	49%	28	55%
3 Centres	35	54%	46	62%
Mast	46	58%	50	68%
Tolson	45	58%	40	59%
Viaduct	37	56%	29	55%
Valleys	52 (H)	76%	52 (H)	82%

Generally, how easy or how difficult is it to contact your GP using their website?

	2024 results		2025 results	
PCN	Table ranking (lowest to highest out of 52)	Percentage of patients saying it is easy to contact GP practice using their website	Table ranking (lowest to highest out of 52)	Percentage of patients saying it is easy to contact GP practice using their website
Dewsbury and Thornhill	9 (L)	36%	7 (L)	37%
Batley and Birstall	12	38%	12	43%
Greenwood	32	49%	29	53%
SPEN	34	49%	25	50%
3 Centres	45	63%	41	61%
Mast	43	60%	48	66%
Tolson	36	54%	32	54%
Viaduct	28	46%	17	46%
Valleys	52 (H)	67%	52 (H)	71%

Generally, how easy it is to contact GP practice using the NHS App?

	2024 results	2024 results	2025 results	
PCN	Table ranking (lowest to highest out of 52)	Percentage of patients saying it is easy to contact GP practice using the NHS App	Table ranking (lowest to highest out of 52)	Percentage of patients saying it is easy to contact GP practice using the NHS App
Dewsbury and Thornhill	18 (L)	41%	16 (L)	45%
Batley and Birstall	28	46%	20	46%
Greenwood	24	43%	22	47%
SPEN	31	49%	30	54%
3 Centres	47	60%	33	55%
Mast	43	56%	51	66%
Tolson	42	56%	27	53%
Viaduct	29	47%	24	49%
Valleys	50 (H)	62%	52 (H)	69%

Overall, how would you describe your experience of contacting your GP on this occasion?

	2024 results	2024 results	2025 results	
PCN	Table ranking (lowest to highest out of 52)	Percentage of patients saying their overall experience of contacting their GP was good	Table ranking (lowest to highest out of 52)	Percentage of patients saying their overall experience of contacting their GP was good
Dewsbury and Thornhill	15 (L)	64%	12 (L)	64%
Batley and Birstall	18	65%	43	76%
Greenwood	17	65%	20	69%
SPEN	25	68%	22	70%
3 Centres	34	73%	36	74%
Mast	42	76%	49	81%
Tolson	45	77%	31	73%
Viaduct	31	70%	19	68%
Valleys	52 (H)	87%	52 (H)	88%

How do you feel about how long you waited for your appointment?

	2024 results	2024 results	2025 results	
PCN	Table ranking (lowest to highest out of 52)	Percentage of patients who felt the wait time for their appointment was about right	Table ranking (lowest to highest out of 52)	Percentage of patients who felt the wait time for their appointment was about right
Dewsbury and Thornhill	13	60%	16	64%
Batley and Birstall	26	68%	48	79%
Greenwood	11 (L)	60%	25	68%
SPEN	43	76%	34	74%
3 Centres	44	76%	51	81%
Mast	33	72%	46	78%
Tolson	37	73%	31	71%
Viaduct	17	64%	9 (L)	61%
Valleys	48 (H)	80%	52 (H)	81%

In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

	2024 results	2024 results	2025 results	
PCN	Table ranking (lowest to highest out of 52)	Percentage of patients saying yes, they have had enough support to manage their conditions or illnesses	Table ranking (lowest to highest out of 52)	Percentage of patients saying yes, they have had enough support to manage their conditions or illnesses
Dewsbury and Thornhill	5 (L)	60%	7 (L)	64%
Batley and Birstall	20	65%	35	74%
Greenwood	33	70%	27	71%
SPEN	28	69%	19	69%
3 Centres	29	69%	20	69%
Mast	43	74%	47 (H)	77%
Tolson	11	63%	28	71%
Viaduct	25	68%	17	68%
Valleys	48 (H)	77%	46	77%

Pharmacy First route

The following table shows the 7 conditions pharmacists can manage across various age ranges

- Pharmacy First will enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.
- You can get treatment for these conditions by walking into the pharmacy or contacting them virtually. GP receptionists, NHS 111 and providers of emergency care will also be able to direct patients to pharmacies, that offer the service, if contacted.
- Patients can still choose to visit a GP if they wish to.

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Clinical pathway	Age range
Acute otitis media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

Patient Population in Kirklees

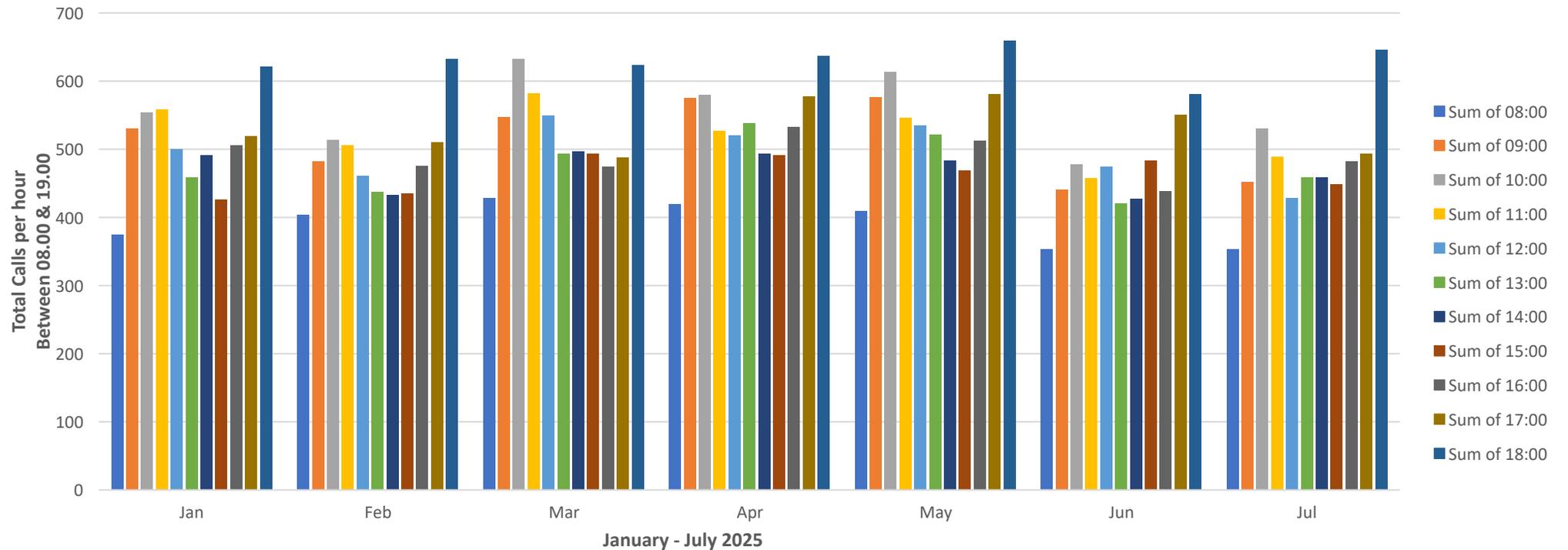
No of patients in practices in Kirklees approx. 462,500

Breakdown across PCNs

PCN	No of Patients	PCN	No of Patients
Bately and Birstall	61450	The Mast	35827
Dewsbury and Thornhill	42669	The Valleys	58657
Greenwood	63286	Tolson	51058
3 Centres	43781	Viaduct	52458
SPEN	53324		

Accessing NHS 111 – Calls received monthly

Monthly calls during core hours



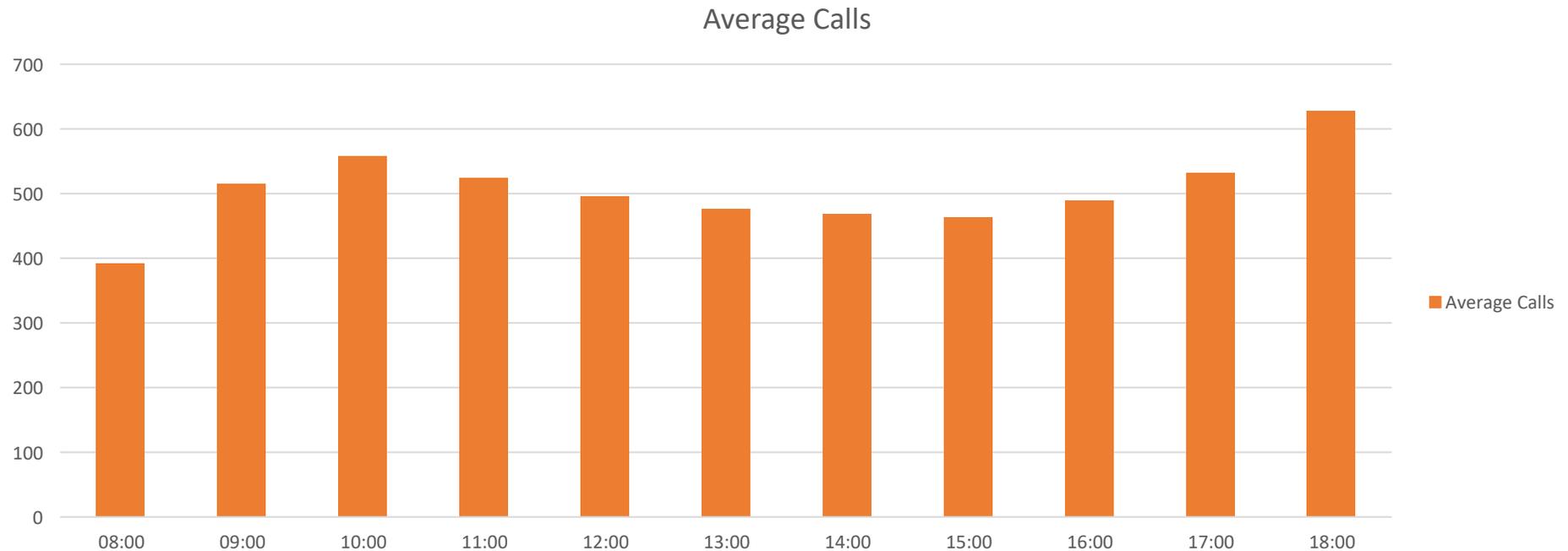
During **core hours** there are between 5000 and 6000 calls taken per month

Highest monthly volume: May (5,906 calls)

Lowest monthly volume: June (5,106 calls)

Proud to be part of West Yorkshire
Health and Care Partnership

Accessing NHS 111 – Average calls hourly



Over the seven-month period the average call each hour was approx. 500 calls

Peak hour: 18:00, with an average of 628.43 calls

Lowest activity: 08:00, with an average of 391.86 calls

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

MEMBERS: Cllr Jo Lawson, Cllr Alison Munro, Cllr Eric Firth, Cllr Darren O’Donovan, Cllr Habiban Zaman, Cllr Bill Armer, Helen Clay (Co-optee) Kim Taylor (Co-optee)

SUPPORT: Nicola Sylvester, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
1. Access to GP’s	<ul style="list-style-type: none"> • Number of GPs in Kirklees Council • Number of patients in practices • Shortage of GPs in high deprivation areas • How many GP’s using advanced/nurse practitioners • Explanation of a Physician Associates and use in GP Surgeries • What is being done to attract GPs to Kirklees with shortages • Method of access (How to make an appt) • Pharmacy First route • 111 how affective, how many people ring, when do they ring, do they ring due to not getting access to GP 	
2. 0-19 Commissioning – Access to Care	<ul style="list-style-type: none"> • Role of a Health Visitor • Focus on partners through the antenatal/postnatal journey • What role does a Health Visitor play in Ante Natal Care • What is the purpose of the visit • How often are visits undertaken • Data on targets met 	
3. Patient transport from Home to Hospital	<ul style="list-style-type: none"> • Missed appointments due to incorrect transport • Who has responsibility of booking transport • What criteria is used for use of patient transport 	

4. Safeguarding Adults	<ul style="list-style-type: none"> • Safeguarding within Kirklees as an organisation • Safeguarding Adults Board Annual report • Impacts/support for workforce 	
5. Prevention of Suicide	<ul style="list-style-type: none"> • What is the work done at each stage of prevention • Bereavement support after suicide • Progress made on suicide • What work is undertaken to prevent suicide (working with groups) • Andy's man club & other organisations to provide an update • Statistics for Kirklees Council • Armed forces veterans, number in Kirklees and suicide rate of these 	
6. Health System Financial Overview	<p>To consider the Health System Financial Overview with an overview of the financial position of the local health and social care system to include</p> <ul style="list-style-type: none"> • The work that is being carried out to meet current years budgets • And identify risks • Recruitment and retention 	<p>Panel Meeting 6th August 2025</p> <p>Representatives from CHFT and ICB provided an overview of the financial performance management which advised that NHS partners were projecting a collective deficit of £7.5 million, with Kirklees contributing a planned deficit of £380,000 after delivering £46.43 million in efficiencies. Other partners aimed to break even. All partners had implemented Quality Impact Assessments and Equality Impact Assessment processes to evaluate the implications of proposed savings.</p> <p>There were significant risks to financial plan delivery, including performance-related income clawbacks, system-wide accountability, where failure by one partner</p>

		affected all, and operational pressures such as winter demands, industrial action and staffing challenges. Recruitment and retention persisted, particularly with the ICB where organisational changes had led to a loss of local expertise and local knowledge.
7. Changes relating to NHS England, ICB and Healthwatch	<ul style="list-style-type: none"> • How will relationships be maintained to influence primary prevention at place level and retain knowledge • 10-year plan • What is the governance model for Kirklees and their population • How can Kirklees place be assured of the governance structure • Assurance on resources going to reduce inequalities in Kirklees Council • Who will be held accountable and what will they be accountable for • What does the change mean • What will the impact be • What services will be passed to Kirklees (will there be funding) • Risk, Finance and Performance 	
8. CQC	<ul style="list-style-type: none"> • How well is the new model working • Challenges • Good news stories • Number of inspections in Kirklees Council • Outcomes of inspections 	
9. Quality of residential and domiciliary care	<ul style="list-style-type: none"> • Timely inspections from CQC • Operation of the contracts team to ensure quality is maintained • Complaints followed up and what action taken 	

	<ul style="list-style-type: none"> • Are there themes of complaints • How is quality measured • View of social workers 	
10. Winter pressures	<ul style="list-style-type: none"> • Joined up care between organisations • Care packages available • Services Locala provide • Community care offered • Is there a shortage of domiciliary providers • What has been learnt from previous years and how approaching 25/26 differently 	<p>Panel meeting 6th August 2025</p> <p>Representatives from partners and officers from Adults Social Care explained the plans that had been developed for embedding protocols and reviewing mutual aid governance which focused on shifting care from hospitals to the community, improving discharge and patient flow, and enhancing mental health support to avoid A & E attendance. Joined-up care initiative had included protocols for care home falls, urgent community response, virtual wards and enhanced GP capacity.</p> <p>The Panel was also advised on the challenges in the domiciliary care market, which had been fragmented and unsustainable due to competition for limited commissioned hours. A new locally-based contract model was being developed for implementation in June 2026.</p>
11. CQC Kirklees Inspection outcome	<ul style="list-style-type: none"> • Outcomes of the CQC inspection • Lessons learnt 	
12. Adults Social Care Risk Register	<ul style="list-style-type: none"> • Provide risks of adult's social care 	<p>Panel meeting 6th August 2025.</p> <p>The Panel received a presentation from Adults Social Care outlining their approach to risk management and provided assurance that</p>

		<p>robust processes were in place to identify, manage, control, mitigate and escalate risks.</p> <p>The Panel was informed that a structure process was in place that used a risk matrix to assess both the likelihood and impact of potential risks which were scored and reviewed in consultation with corporate colleagues, with controls implemented to reduce either the probability or severity of the risk. One risk had been recorded on the Corporate Risk Register which was owned by the service director with a range of controls being implemented.</p>
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Golden Threads: Workforce recruitment and retention.
Performance data to be included where appropriate to inform the individual strands of work.
Reducing Inequalities.

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2025/26**

MEETING DATE	ITEMS FOR DISCUSSION
06 August 2025	<ol style="list-style-type: none"> 1. Adults Social Care Risk Register 2. Winter Pressures 3. Health System Financial Overview
01 October 2025	<ol style="list-style-type: none"> 1. Patient Transport from Home to Hospital 2. Access to GP's
03 December 2025	<ol style="list-style-type: none"> 1. 0-19 Commissioning – Access to Care 2. CQC Kirklees Inspection Outcome
04 February 2026	<ol style="list-style-type: none"> 1. Changes relating to NHS England, Integrated Care Boards and Healthwatch
04 March 2026	<ol style="list-style-type: none"> 1. CQC 2. Quality of Residential and Domiciliary Care
22 April 2026	<ol style="list-style-type: none"> 1. Safeguarding Adults 2. Prevention of Suicide

All meetings have been scheduled to start at 2:00 pm with a pre-meeting at 1:30 pm

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