



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Wednesday 6 December 2017 at 6.30 pm**

Present: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Conneely, Nerva and Shahzad

Also Present: Councillors Hirani and Perrin

Officers present from Brent Clinical Commissioning Group (Brent CCG): Sheik Auladin (Chief Operating Officer), Fana Hussain (Interim Assistant Director for Primary Care), Sue Hardy (BHH Strategic Estates), Michelle Johnson (Head of Engagement), Ethie Kong (Chair and Co-Clinical Director), Meena Mahil (Primary Care Project and Delivery Manager), Shafeeq Tejani (Assistant Commissioning Director, Integrated Urgent Care & Long Term Conditions), and Alan Rubin (Procurement Programme Manager)

1. Apologies for absence and clarification of alternate members

The following apologies for absence were received:

- Councillor Hector
- Councillor Hoda Benn
- Councillor Jones
- Simon Goulden (Co-opted Member)
- Lesley Gouldbourne (Observer)

2. Declarations of interests

There were no declarations of interest.

3. Improving the General Practice extended access offer in Brent

The Chair welcomed all to the meeting and thanked the Brent Clinical Commissioning Group (CCG) for the report on improving the General Practice extended access offer in Brent. The Chair highlighted that a number colleagues from Brent CCG were present to address members' queries and invited Sheik Auladin (Chief Operating Officer, Brent CCG) to introduce the report.

Sheik Auladin outlined the current offer for extended GP access services, which comprised nine GP Access Hubs across Brent and the (walk-in) GP Access Centre at the Wembley Centre for Health and Care. The contracts for these services were due to end in March 2018 and Brent CCG was reviewing both the Hub and Access Centre services to ensure future provision met the needs of Brent's residents.

Meena Mahil (Primary Care Project and Delivery Manager, Brent CCG) advised that in reviewing the services, the CCG had considered a raft of data, including information from patient surveys, and sought to address issues of underutilisation. Under the current offer, only 57 per cent of available appointments were utilised,

though all available appointments had be paid for by the CCG. The issue of underutilisation was compounded by differing hub opening times, varying models of service and in some cases, restrictions on which hub a resident could access. The new model sought to address these issues and therefore improve appointment utilisation by providing a consistent offer across five GP Hubs, with regularised opening hours and more GP appointments. Residents would be able to access any of the five hubs and their clinical records would be available to the GP or Nurse at the appointment.

Shafeeq Tejani (Assistant Commissioning Director, Brent CCG) advised that in line with the NHSE Edge of Care Strategy, the new model would be fully aligned with the 111 service, enabling a system-wide approach to managing demand and allowing direct booking of GP appointments via 111. Outlining the CCG's strategic objectives regarding the Estates Strategy, Sue Hardy (BHH Strategic Estates, Brent CCG) explained that the overarching aims were to deliver earlier, easy-to-access care, closer to home for Brent's residents and in doing so, to deliver the major shift of care from a hospital to an out-of-hospital setting. The Estates Strategy identified three key locations for the GP Access Hubs: the Wembley Centre for Health and Care, Willesden Centre for Health and Care and Central Middlesex. The locations of the two remaining GP Access Hubs had not yet been decided upon and a process of engagement was underway to garner views of Brent's residents and other stakeholders.

The committee subsequently asked CCG colleagues to outline the patient pathway for accessing GP Access Hub services, both currently and under the proposed model. It was questioned when residents would be able to directly book GP Access Hub appointments online and why access to this facility was not being made available sooner. Members queried what processes were in place to cope with high demand on the 111 service and whether translation services were available. Questions were raised regarding the effectiveness of Patient Champions at Accident and Emergency (A&E) and why awareness of the extended GP Access Service in Brent was low. Members raised several queries about residents who were not registered with a GP and how they would access services under the proposed model. The committee queried what walk-in services would be available under the new model and whether cross-borough arrangements would continue to be supported.

The committee discussed the potential locations of the remaining two GP Hubs and acknowledged that the engagement process had not yet been completed. Confirmation was sought from the Council's Spatial Planning Officer of the key population growth areas in the borough and it was questioned whether Northwick Park Hospital had been considered as a possible site.

With reference to the Equality Impact Assessment (EIA) which had been undertaken by the CCG and was provided at Appendix F to the report, a Member questioned whether sufficient consideration would be given to accessibility considerations and noted that there was no reference to expanding parking facilities for disabled patients. It was further noted that the EIA identified that people with Learning disabilities could face difficulties traveling to unfamiliar GP premises and seeing a GP who they did not know. It was queried how these issues would be addressed.

Fana Hussain (Interim Assistant Director for Primary Care) outlined the patient pathway for accessing GP hub services via 111 or a GP practice and explained that under the new model, the 111 call-handler would have direct access to book appointments with GP Hubs, rather than having to first contact the hub to identify availability. It would also be possible for Urgent Care Centres, the London Ambulance Service and patients themselves to book directly in to the GP Hubs. It was expected that direct booking by patients (Patient Online) would be in place by 1 July 2018. It was not possible for the CCG to accelerate the introduction of this as it was being managed across the whole of London by Healthy London Partnership on behalf of NHSE. Shafeeq Tejani (Assistant Commissioning Director, Brent CCG) advised that the 111 service had been commissioned across North West London and therefore, in the event of a surge in demand, calls could be diverted to neighbouring centres with no disruption in the service received by the patient. For non-English speaking patients, the 111 service could be accessed via the Language Line interpreting service.

Shafeeq Tejani further explained that Patient Champions focussed on assisting patients presenting at A&E for whom it would be appropriate to be redirected to other health services. In support of this, a new process had been implemented to allow parking costs to be refunded to patients being directed to alternative services. Patient Champions also assisted patients to register with a GP to enable them to better access primary care services. This role was considered highly important in supporting the cultural change needed across the system. Ethie Kong (Chair and Co-Clinical Director, Brent CCG) explained that under the new model, those who were not registered with a GP would not be able to access the GP Access Hubs. However, a six-month transition period, following the introduction of the new model would be allowed, during which time unregistered patients could access services, with the expectation that they would then register with a GP. Currently, five per cent of users accessing the walk-in GP Access Centre were not registered with a GP. After the transition period, unregistered patients could still access care at the walk-in Urgent Care Centres and would then be encouraged to register with a GP. It was confirmed that Brent residents would still be able to access services in neighbouring boroughs where convenient, the cost of which would be recharged to Brent CCG.

Addressing concerns regarding low public awareness of the GP Hub services, Ethie Kong advised that the CCG had invested in engagement with Brent's residents including producing a Youtube video and posters identifying the different patient pathways available. Meena Mahil further advised that training had been provided to each GP practice to help disseminate the message and public events held.

Responding to members' questions on the potential locations of the two GP Access Hub sites to be identified, Meena Mahil acknowledged that there were gaps in coverage in the North and South of the borough. Other considerations would include the locations of existing GP practices, the availability of free parking, quality of transportation networks, accessibility for disabled users and space for future expansion. Public workshops would be taking place in the next two weeks to seek views on possible locations and members' contributions would be welcomed. Rob Kryszowski, Spatial Planning Manager, advised that information on population growth areas was regularly shared with the Brent CCG and it was expected that the council's planning department would be consulted as potential sites were identified. Sue Hardy advised that the council worked closely with Brent CCG on a Joint Asset Strategy for the borough which encompassed all sites in public

ownership and aimed to provide capacity collaboratively, where needed. Brent CCG was working with the Council to identify if additional primary care infrastructure was needed in areas of population growth. Ethie Kong reflected that this was a more collaborative and cohesive approach than had previously been undertaken. Sue Hardy advised that Northwick Park Hospital had not been considered as a location of a GP Hub as the intention was to maximise use of the Primary Care Estate, which tended to be located within communities and therefore be more accessible.

Michelle Johnson (Head of Engagement, Brent CCG) confirmed that potential difficulties for patients with Learning Disabilities had been identified as a negative of the new model; however, Brent CCG was working with providers to adhere to the LD Standard. A comprehensive engagement plan was in place to ensure that a cross-section of Brent's communities were consulted, using a variety of methods such as online and printed surveys, street canvassing, drop-in sessions at Health and Care Centres and public events. Julie Pal (Healthwatch Brent) advised that the CCG had commissioned Healthwatch Brent to undertake a piece of work exploring different methods of engagement to support the CCG in delivering its duty to consult with patients and users around changes to healthcare services. The first draft of the report had been considered by different users of healthcare pathways and the first set of results were in the process of being presented.

The Chair invited closing remarks. Sheik Auladin advised that the proposals for the new model of extended GP Access Hub services were robust and would benefit the residents of Brent. Brent CCG was keen to engage with councillors and residents. Councillor Hirani (Lead Member for Health and Wellbeing) noted that a key challenge lay in ensuring Brent's residents were aware of the extended GP Access Hub services.

A member expressed disappointment regarding the lack of context in the report and noted that the need for the extended GP Access Hub services would be reduced if GP practices increased opening hours. It was acknowledged however, that Brent CCG was unable to amend GP opening hours as these services were commissioned by NHSE and therefore Brent CCG was required to separately commission extended GP Access Hubs to meet this need.

RESOLVED:

That the Brent Clinical Commissioning Group:

- i) provide a transitional period of 12 months following the introduction of the new system, during which unregistered patients have continued access to GP Hub services.
- ii) ensure that the two further sites selected for new GP Access Hubs are appropriately located to maximise equality of access for residents and are fully compliant with transport and disability access requirements;
- iii) ensure that the communication strategy is comprehensive and references all services used, including out of borough services used by Brent residents;

That NHS England:

- iv) enables the quickest development of an online booking system for the new GP Access Hubs in Brent.

The meeting closed at 8.24 pm

CLLR KETAN SHETH
Chair