



## Community and Wellbeing Scrutiny Committee

**Monday 2 November 2020 at 5.00 pm**

Online Virtual Meeting. The link to view the meeting can be accessed [HERE](#).

### Membership:

#### Members

Councillors:

Ketan Sheth (Chair)  
Colwill (Vice-Chair)  
Aden  
Daly  
Ethapemi  
Hector  
Lloyd  
Sangani  
Shahzad  
Thakkar

#### Substitute Members

Councillors:

S Choudhary, Hassan, Johnson, Kabir, Long,  
Mahmood, Miller, Perrin and Shah

Councillors:

Kansagra and Maurice

#### Co-opted Members

Helen Askwith, Church of England Schools  
Simon Goulden, Jewish Faith Schools  
Dinah Walker, Parent Governor Representative  
Alloysius Frederick, Roman Catholic Diocese Schools  
Sayed Jaffar Milani, Muslim Faith Schools

#### Observers

Brent Youth Parliament, Brent Youth Parliament Jenny Cooper, John Roche

**For further information contact:** Hannah O'Brien, Governance Officer  
hannah.o'brien@brent.gov.uk

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**The press and public are welcome to attend this meeting.  
The link to view the meeting can be accessed [HERE](#).**

## **Notes for Members - Declarations of Interest:**

If a Member is aware they have a Disclosable Pecuniary Interest\* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest\*\* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

### **\*Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences**- Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

### **\*\*Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
  - To which you are appointed by the council;
  - which exercises functions of a public nature;
  - which is directed is to charitable purposes;
  - whose principal purposes include the influence of public opinion or policy (including a political party of trade union).
- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest

# Agenda

Introductions, if appropriate.

Item	Page
<b>1 Apologies for absence and clarification of alternate members</b>	
<b>2 Declarations of interests</b>	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
<b>3 Deputations (if any)</b>	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
<b>4 Scrutiny Task Group Review: GP and Primary Care Accessibility</b>	1 - 12
To agree the scope of the Task and Finish Review on access to GPs and Primary Care.	

**Date of the next meeting: Tuesday 24 November 2020**

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	<p align="center"><b>Community and Wellbeing Scrutiny Committee</b> 2 November 2020</p>
	<p align="center"><b>Report from the Assistant Chief Executive</b></p>
<p align="center"><b>Scrutiny Task Group Review: Accessibility of General Practice and Primary Care in the London Borough of Brent</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	Appendix 1 - Scope of Scrutiny Task Group Review
<b>Background Papers:</b>	None
<b>Contact Officer:</b>	<p>James Diamond Scrutiny Officer, Strategy and Partnerships <a href="mailto:james.diamond@brent.gov.uk">james.diamond@brent.gov.uk</a> 020 8937 1068;</p> <p>Pascoe Sawyers Head of Strategy and Partnerships <a href="mailto:pascoe.sawyers@brent.gov.uk">pascoe.sawyers@brent.gov.uk</a> 020 8937 1045</p>

## 1.0 Purpose of the Report

- 1.1 To enable members of the Community and Wellbeing Scrutiny Committee to commission a task group on GP and primary care accessibility in the borough.

## 2.0 Recommendation

- 2.1 To agree the scope of the scrutiny task group review including the membership and terms of reference as set out in Appendix 1 of the report.

## 3.0 Detail

- 3.1 General practice is fundamental to the NHS. It plays a key role in promoting health, preventing illness, and helping patients to manage long-term conditions. A GP practice is the main point of access to other parts of NHS care such as

acute and community services. The importance of the role of general practice and the right of patients with regard to GP services are set out in the NHS Constitution. <sup>1</sup>

- 3.2 General practice in Brent faces demographic pressures. The most up-to-date information from NHS Digital for October 2020 shows that the London Borough of Brent has 52 GP practices and approximately 406,903 registered patients. <sup>2</sup> There has been a growth in the number of registered patients in the last decade or so as the borough's population has grown.
- 3.3 Deprivation is a key issue in terms of health inequalities and primary care. According to the indices of deprivation, Brent has significant cohorts of the local population experiencing poverty, and in particular has high indicators of poverty in terms of housing with high rates of overcrowding, homelessness and issues with housing affordability. <sup>3</sup> This dimension of poverty linked to housing and barriers to housing was a key finding of the Brent Poverty Commission. National studies suggest that GP practices serving deprived areas have increased workload associated with greater population health needs in poorer areas. In addition, a GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving more affluent areas, according to the study. Single-handed practices are also overrepresented among practices serving patients in the poorest fifth of neighbourhoods. <sup>4</sup>
- 3.4 According to other national studies, while public satisfaction with general practice remains high, in recent years patients have increasingly reported, through the GP Patient Survey, more difficulty in accessing services including a decline in good overall experience of making an appointment with a GP. <sup>5</sup> Furthermore, a report by the Health Foundation, suggests that the Covid 19 pandemic is leading to change nationally in how GP access is being organised. During the lockdown there was a reduction nationally in consultations by GPs. The trend before lockdown was a slight fall in face-to-face consultations and an increase in remote consultation with technology, However, after lockdown there was a shift nationally with far more consultations done remotely. <sup>6</sup> NHS England in September this year wrote to all GPs nationally to reiterate the importance of

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<sup>1</sup> [www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england)

<sup>2</sup> [www.digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2020](http://www.digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2020) figures released on 1 October 2020

<sup>3</sup> Brent Joint Strategic Needs Assessment, 2019

<sup>4</sup> *Level or Not?* Health Foundation (September, 2020) [www.health.org.uk/publications/reports/level-or-not](http://www.health.org.uk/publications/reports/level-or-not)

<sup>5</sup> [www.england.nhs.uk/gp/gp/fv/redesign/improving-access/](http://www.england.nhs.uk/gp/gp/fv/redesign/improving-access/)

<sup>6</sup> [www.health.org.uk/news-and-comment/charts-and-infographics/use-of-primary-care-during-the-covid-19-pandemic](http://www.health.org.uk/news-and-comment/charts-and-infographics/use-of-primary-care-during-the-covid-19-pandemic)

patients being able to access face-to-face appointments and to ensure information about access to services is clear.<sup>7</sup>

- 3.5 Brent is one of the most diverse local authority areas in London and the country. The Covid 19 pandemic has also exposed the extent of health inequalities with high rates of mortality in wards such as Alperton and Harlesden, and a disproportionate impact on the Black and Minority Ethnic (BAME) population. In response to the effects of the pandemic on the local population Brent Clinical Commissioning Group, with the support of the local authority, has started a health inequalities pilot which will extend primary care and GP services to wards and areas in which local residents have been most affected by Covid 19.<sup>8</sup>
- 3.6 The local NHS has invested significantly to improve access to primary care. GP access hubs began as a pilot, under a national initiative, with nine hubs from 2013. This was re-designed in 2018 to operate from five locations on a model of a service offer of seven days a week and opening to 8pm. This model is intended to offer a consistent service offer across Brent, balance capacity and demand, and ensure better booking of appointments and management of pressure on the system is at the main peak times.<sup>9</sup> According to NHS England guidance, In order to be eligible for re-current funding, commissioners need to demonstrate they are meeting seven core requirements for improving access. These are timing of appointments, capacity, measurement, advertising and ease of access, use of digital approaches, addressing inequalities, and ensuring access to wider NHS services.<sup>10</sup>
- 3.7 The last in-depth review by overview and scrutiny of primary care was in 2015. The scrutiny task group reviewed Brent's primary care, including access hubs. It looked at the ability to meet demand and provide fair and equitable access and recommended investment in access, development of innovative ways to meet and manage demand, and encouraging residents to support themselves where possible in terms of improving their own health and wellbeing.<sup>11</sup>
- 3.8 For the reasons set out above, in terms of the pressures on primary care and the changes which the pandemic is bringing about, it is felt to be timely for a members' task group and report to review access to GP services. However, the outcome of a scrutiny review is not just about the outputs of a report and recommendation-making. The Centre for Governance and Scrutiny also highlights the key role non-executive members can play through a scrutiny

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<sup>7</sup> NHS England and NHS Improvement letter, 14 September 2020

<sup>8</sup> *Brent Covid 19 Health Inequalities Pilot: Bringing Primary Care to the People*, Brent CCG Governing Body 23 September 2020

<sup>9</sup> *GP Extended Access in Brent*, (Brent Clinical Commissioning Group, Governing Body, 10 January 2018)

<sup>10</sup> [www.england.nhs.uk/gp/gpfpv/redesign/improving-access/](http://www.england.nhs.uk/gp/gpfpv/redesign/improving-access/)

<sup>11</sup> *Access to Extended GP Access in Brent*, (Brent Council Overview and Scrutiny, September 2015), pp.7-8

committee in helping to provide a voice for local residents in reviewing the provision of important local services. <sup>12</sup> The way in which this review will be undertaken, including the terms of reference and suggested key lines of enquiry are set out in Appendix 1.

#### **4.0 Financial Implications**

4.1 There are no financial implications arising from this report.

#### **5.0 Legal Implications**

5.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 stipulates that a health scrutiny committee may make reports and recommendations to an NHS organisation. These reports and recommendations must include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review, and an explanation of the recommendations made.

#### **6.0 Equality Implications**

6.1 The scrutiny review will consider equalities duties as part of the general duty set out in the 2010 Equality Act.

#### **7.0 Consultation with Ward Members and Stakeholders**

7.1 Ward members who are also members of the task group will take part in this scrutiny review and there will be consultation and engagement with external stakeholders through the evidence sessions organised by the task group.

#### ***REPORT SIGN-OFF***

***Shazia Hussain***  
Assistant Chief Executive

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<sup>12</sup> [www.cfgs.org.uk/revisiting-the-four-principles-of-good-scrutiny/](http://www.cfgs.org.uk/revisiting-the-four-principles-of-good-scrutiny/)

## **APPENDIX 1**

### **Scope of Scrutiny Task Group Review**

#### *Membership*

Cllr Mary Daly, Chair

Cllr Abdi Aden

Cllr Tony Ethapemi

Cllr Claudia Hector

Cllr Gaynor Lloyd

Cllr Ahmad Shahzad

#### *Terms of Reference*

- i) To gather findings based on quantitative data and information about GP accessibility based on face-to-face appointments, physical and digital access, and qualitative information from patients' experiences with particular reference to those who are older, have mental health needs or a disability, and who have long-term health conditions.
- ii) To review the overall local offer of GP services, including the extended GP access hub service, and evaluate any variation in accessibility by practice and the underlying reasons for any variation with particular reference to clinical capacity and nursing.
- iii) To evaluate the local demand to access primary care, changes in demand during the Covid 19 pandemic and changes in access to GP services during the pandemic with particular reference to digital accessibility and face-to-face appointments.
- iv) To understand the role of primary care in addressing health inequalities by gathering findings on population health, deprivation and demographic trends in the borough with particular reference to Black and Minority Ethnic (BAME) patients.
- v) To develop a report and recommendations for local NHS organisations and the local authority's Cabinet based on the findings and evidence gathered during the review.

### *Information Requests*

To progress the review and gather findings the task group may want to request information from Brent Clinical Commissioning Group and local NHS organisations. The following proposed requests will enable the members to gather findings about different types of access to primary care as well as waiting times and access issues.

### **Physical Access**

<b>Access type</b>	<b>Information Requests</b>
Availability	Number of GPs per 100,000 of the population
	Number of GP practices in Brent; list size per GP practice and by Primary Care Network in the borough.
Proximity	Percentage of population within 15 minutes of a surgery or GP practice on foot or by public transport
Premises	Compliance with 2010 Equalities Act by GP practice
Telephone	Proportion of people who found it very or fairly easy to get through on the telephone to GP surgeries by practice
Home visits	Percentage of home visit requests
Face-to-Face appointments	Percentage of patients able to request face-to-face appointments

## Digital Access

Access type	Information Requests
Online	Availability for patients to book appointments online by percentage of practice
	Percentage of patients who find it easy to access information online by GP practice
	Availability for patients to order repeat prescriptions online by percentage of practice
	Access to medical records online by percentage of practice
Email	Can patients communicate directly with GP or practice staff via email.
Digital consultation	Consultations with a GP available digitally.
Apps	Do GP practice work with patients to provide access to apps and digital tools to allow them to manage conditions

## Timely Access

Access type	Information Requests
Appointment	Proportion of people able to get an appointment with a GP within 48 hours
	Proportion of people able to book an appointment more than two days ahead
	Proportion of patients satisfied with surgery appointment times
	Patient satisfaction with choice of appointment offered by GP practice
Out of Hours	Patient satisfaction with out-of-hours GP services
	Patient satisfaction with out-of-hours GP services
Waiting times	Proportion of patients who state that they wait a bit or far too long in a surgery
	Proportion of people able to see a GP quickly

Source: Adapted from *A Rapid Review of Access to Care* (The King's Fund), and *Who Gets In?* (Health Foundation)

### *Evidence Sessions*

In carrying out the scrutiny review, the task group will invite a range of partners, patient representatives and stakeholders to contribute through evidence sessions so that they can share their opinions and experiences of services. The evidence sessions will be meetings with key officers from Brent Clinical Commissioning Group, Brent Council, London Ambulance Service and the Local Medical Committee. The evidence sessions will also involve Healthwatch Brent, GPs, and patient advocacy groups as well as representatives from Brent's local voluntary sector, and community representatives as well.

It is suggested that there are five evidence sessions for this task group. The proposed structure for the meetings will be meetings with representatives from NHS organisations and GPs for evidence session 1 and evidence session 2, meetings with Healthwatch Brent and patient advocacy groups for evidence session 3, and a meeting with the voluntary sector and other relevant community organisations for evidence session 4. There will be a meeting with community organisations for evidence session 5.

### *Key Lines of Enquiry*

To structure the evidence sessions, the scrutiny task group will focus on particular key lines of enquiry to ensure there is accountability about local primary care services.

These will include, but not be limited to, the following suggested key lines of enquiry.

1. What is the local demand for GP services and what are the particular needs of Brent residents, including vulnerable patient groups, in relation to accessing GP care?
2. Is there sufficient provision of GP services in the London Borough of Brent based on local population health needs and the growing population in the borough and is there a difference in provision or accessibility between the north and south of Brent?

3. What has been the long-term trend in how GP services are accessed and what has been happening during the Covid 19 pandemic in terms of the balance between remote appointments using digital technology and face-to-face appointments?
4. Is there a danger of exclusion from primary care services for those patients who are not able to use the digital or online options and rely on face-to-face appointments?
5. What strategy is needed to address variation and ensure that there is fair and equitable access to GP services available to Brent residents across the borough?
6. What does benchmarking data show about primary care and GP performance in Brent compared with the other clinical commissioning groups in North West London?
7. What is the role of Patient Participation Groups in addressing accessibility issues?

#### *Reports and Other Sources of Information*

In addition to the evidence sessions, the task group will also gather key pieces of data and information to inform their understanding of GP accessibility and local services.

This evidence gathering will include, but not be limited to, the following sources and reports:

- Brent's Joint Strategic Needs Assessment
- Brent's Pharmaceutical Needs Assessment
- Reports produced by Healthwatch Brent on patients' experiences of primary care
- National guidance from NHS England in relation to primary care access
- Demographic data in census 2011 and published demographic reports
- NHS Digital reports on GP and patient numbers in Brent
- Data from the Quality Outcomes Framework (QOF) for primary care
- Reports to Brent CCG's Primary Care Commissioning Committee and Governing Body
- Reports to the Joint Committee of the Collaboration of North West London Clinical Commissioning Groups
- Reports on examples of best practice in neighbouring boroughs.

- Reports and information from the Care Quality Commission.
- GP Patient Survey 2020 and in previous years.

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