

 Brent	Community and Wellbeing Scrutiny Committee 24 March 2021
	Report from the Assistant Chief Executive
Scrutiny Task Group Review: Accessibility of General Practice and Primary Care in the London Borough of Brent	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 - Scope of Scrutiny Task Group Review
Background Papers:	None
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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.¹

- 3.2 General practice in Brent faces demographic pressures. Information from NHS Digital published in October 2020 shows that the London Borough of Brent has 52 GP practices and approximately 406,903 registered patients.² 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.³ 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.⁴
- 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.⁵ 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 the first lockdown there was a shift nationally with far more consultations done remotely.⁶ NHS England in September this year wrote to all GPs nationally to reiterate

¹ www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

² www.digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/october-2020 figures released on 1 October 2020

³ Brent Joint Strategic Needs Assessment, 2019

⁴ *Level or Not?* Health Foundation (September, 2020) www.health.org.uk/publications/reports/level-or-not

⁵ www.england.nhs.uk/gp/gpfpv/redesign/improving-access/

⁶ www.health.org.uk/news-and-comment/charts-and-infographics/use-of-primary-care-during-the-covid-19-pandemic

the importance of patients being able to access face-to-face appointments and to ensure information about access to services is clear.⁷

- 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 19.⁸
- 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.⁹ 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.¹⁰
- 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.¹¹
- 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 (CfGS) also highlights the key role non-executive members can play through a scrutiny

⁷ NHS England and NHS Improvement letter, 14 September 2020

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

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

¹⁰ www.england.nhs.uk/gp/gpfv/redesign/improving-access/

¹¹ *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.¹² 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

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¹² www.cfgs.org.uk/revisiting-the-four-principles-of-good-scrutiny/

