



**Scrutiny Committee**  
9<sup>th</sup> September 2015

**Report from the Chief Operating Officer**

For Action

Wards Affected:  
ALL

**Covering Report for Scrutiny Task Group on  
Access to extended GP services and primary care in Brent**

**1.0 Summary**

- 1.1. Brent Clinical Commisisoning Group (CCG) and London North West Healthcare NHS Trust are changing the way healthcare is provided in Brent. The Scrutiny Task Group was established to review the primary care element of Brent CCG's transformation programme and assess the extent of the changes and investment made in the Brent GP networks and primary care services for the effective implementation of the changes to the acute sector set out within Shaping a Healthier Future (SaHF).
- 1.2. The review was primarily concerned with the capacity within the Brent GP network, access to out of hours care and the delivery of out-of-hospital services to provide enhanced extended primary care to meet the needs of local residents. As part of this work the task group also reviewed information relating to the local health profile, primary care workforce and delivery of preventative services.
- 1.3. The work of the task group included identifying areas that are working well, as well as any barriers, weaknesses or risks associated with the transformation of primary care in Brent in making recommendations.

**2.0 Recommendations**

- 2.1. The Scrutiny Committee consider the contents of the report.
- 2.2. The Scrutiny Committee approve the 14 recommendations made by the task group and support the development of an action plan across partner organisations to take these forward.

- 2.3. The Scrutiny Committee agree to receive a progress report against the recommendations in six months time.

### **3.0 Detail**

- 3.1. The task group set out to understand the needs of Brent residents in relation to accessing primary care and how local services are meeting these needs. In doing so, the task group reviewed the capacity within the GP network to provide enhanced extended primary care and any actions required in ensuring effective primary care services and fair and equitable access for all. Key areas of focus were agreed during the work of the task group, these included:

- Demand for primary care;
- Access to primary care in Brent;
- Delivering the out-of-hospital strategy;
- Developing an integrated care approach;
- Investing in the primary care workforce;
- Responsive urgent and emergency care; and
- Focusing on health and wellbeing.

- 3.2. In reviewing the areas outlined above, the task group invited a range of partners to contribute through face-to-face meetings and discussion groups. A range of visits and observations were carried out between January and March 2015. This was supported by the analysis of data relating to the local health profile and services.

#### ***Demand for primary care***

- 3.3. Evidence presented to the task group highlighted the pressure that GPs are under in meeting increasing demand for services. In Brent, a growing population and the projected increase in the number of older people provide additional challenges. The total number of registered patients appears to be growing faster than the resident population. A high population churn and the high number of migrant patient registrations with GP practices also place additional pressure on services.

#### ***Access to primary care in Brent***

- 3.4. Access to GP services appears to vary across the borough, with a range of GP to patient ratios and surgery opening times at practices. The most recent patient survey indicates lower patient satisfaction rates in Brent compared to the national average in relation to accessing primary care and low levels of awareness of services out of hours. The task group feels new opportunities to extend the roll-out of alternative models of access, including Skype and FaceTime consultations, email appointments and e-prescriptions, would be of benefit to Brent's residents.
- 3.5. Recent investment in extended GP services to deliver evening and weekend appointments has supported the development of GP Access Hubs across the

borough. In March 2015, the hubs had offered over 70,000 additional appointments<sup>1</sup>. Following the pilot phase, a new contract came into effect in April 2015. Performance data has shown an improvement in the take-up of appointments in comparison to the pilot scheme but utilisation is still below target levels of 85%. This raises questions regarding the awareness of the hub model and the extent to which the model is fully meeting the needs of the local population.

### ***Delivering the out-of-hospital strategy***

- 3.6. Brent CCG outlined their out-of-hospital strategy in 2012. The strategy set out five main areas of action including easy access to primary care, clear and planned pathways, rapid response to urgent needs, joint working across health and social care and supported discharge from hospitals.
- 3.7. The impact of Brent Short Term Assessment Rehabilitation and Reablement Service (STARRS), with targets for preventing hospital admissions being exceeded, was highlighted as an area of success in evidence provided to the task group. However, other community based services, including the Community Ophthalmology Service, Brent Integrated Diabetes Service and Sickle Cell Service are in the early stages of implementation and the impact of these services has not yet been assessed.

### ***Developing an integrated care approach***

- 3.8. The benefits of a multi-disciplinary approach in supporting the delivery of primary care in Brent was acknowledged by the task group. This includes a clear need for a coordinated role across health, social care and the voluntary sector in supporting people with long-term conditions. A key concern for the task group is ensuring that the patients' needs are central to this role.

### ***Investing in the primary care workforce***

- 3.9. A national programme is in place to expand the primary care workforce. In Brent, there has been a reduction in the number of full time equivalent (FTE) GPs between 2013 and 2014, from 208fte to 200fte<sup>2</sup>, and there is a higher proportion of GPs in older age groups (65 and over) compared to London and England. This raises concerns regarding any potential shortfall in capacity in the future and the further strain it would place on services already under pressure.

### ***Responsive urgent and emergency care***

- 3.10. There has been a general increasing trend in Urgent Care Centre (UCC) and walk-in centre attendances, however, it is felt that there is still further work required in raising awareness of services across the borough. These services are required to offer a breadth of expertise. During a visit to the UCC at

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<sup>1</sup> Brent CCG

<sup>2</sup> HSCIC

Central Middlesex Hospital, the task group were able to see the additional facilities commissioned in providing healthcare.

### ***Focusing on health and wellbeing***

- 3.11. During the review, there were a number of examples shared in which patients attend appointments unnecessarily and where educating members of the public on how to access GP or other primary care services would free up time currently used to address non-medical issues. It is recognised that this needs to be carefully managed in ensuring those who do need medical care seek advice. Links with both schools and workplaces were viewed as important in educating people in making informed decisions in accessing GP services.
- 3.12. It was highlighted that there are a number of areas which create additional workload; time which could be used to address medical issues. For example, GPs receive requests from schools to provide letters, requests from employers for sick notes (with regular requests for sick notes after just three days absence) and regular requests from housing departments, social workers and occupational therapists. This places additional pressure on GP practices.

### ***Recommendations***

- 3.13. In light of the findings of this review, the task group make the following recommendations.
  1. NHS England, Brent CCG and local GP networks carry out a review of current GP opening hours across the borough and consider additional ways of accessing GP services, including the roll-out of Skype and FaceTime consultations, telephone consultation and email consultations where appropriate and within Information Governance principles. Online appointment bookings and e-prescription ordering have been enabled in all Brent GP practices and patients should be encouraged to take up these services.
  2. NHS England and Brent CCG produce an action plan including opportunities for sharing of good practice across networks in improving patient experience when making appointments and contacting the surgery by phone, with a view of improving patient satisfaction rates in the next GP patient survey.
  3. Brent CCG and NHS England clarify the out of hours element of the GP contract for people in Brent and publicise out of hours services across the borough given the lack of information and awareness by local residents highlighted in the most recent GP patient survey.
  4. Brent CCG develops a written protocol between GP practices and GP Access Hubs for the receipt of hub attendance reports to ensure continuity of care and minimise the risk of fragmentation of primary care health services.

5. Brent CCG carries out a detailed review of GP Access Hubs following the initial six months and first full year of operation against the new service specification, providing a detailed evaluation on the level of take up, impact on patient satisfaction regarding access and impact on A&E and UCC attendances.
6. That the review, outlined in recommendation five, includes public engagement to assess the extent to which the model reaches and benefits all residents in any part of the borough, including vulnerable groups, and to determine public support for the model.
7. Brent CCG carries out a rolling programme of evaluation of the impact of the out-of-hospital strategy against individual contractual arrangements for services.
8. Brent CCG outlines its plans to commission any additional community services to support primary care to meet the needs of Brent residents in the community following its support for changes to hospital care.
9. Brent CCG in partnership with Brent Council's Adult Social Care Department review the job description of care coordinators, including the breadth, key requirements and core competencies of the role currently being piloted to ensure these can be fulfilled.
10. Brent CCG in partnership with LNWHT Community Services investigate the extent of the gap in recruitment and retention of district nursing in Brent and consider the need for a programme to support district nursing, focused on ensuring an effective, motivated, independent and responsive service is in place.
11. Healthwatch Brent to work with providers to develop a clear communication strategy for ensuring the public are aware of and informed of the Urgent Care Centres available to the residents of Brent, as well as the services provided at Central Middlesex Hospital.
12. Care UK and London North West Healthcare NHS Trust review access to the Urgent Care Centre at Central Middlesex Hospital, including the introduction of clearer road and access signs for the Urgent Care Centre and a review of the cost of parking at the centre.
13. Brent Council, Brent CCG and Healthwatch Brent develop a communication strategy with targeted activities across the borough, including establishing links with schools, workplaces and local faith groups, in promoting the right access to services, raising awareness of the range of services available and promoting self care. This should include using a range of communication methods across our diverse communities.
14. Brent Council's Public Health Department continues work with NHS England and Brent CCG to improve the take up of preventative services, including health checks.

3.14. The task group recognises that these recommendations will need to be implemented in partnership across agencies and with the support of patients and the public. It is proposed that this is managed through a joint action plan.

#### **4.0 Financial Implications**

4.1 None

#### **5.0 Legal Implications**

5.1 None

#### **6.0 Diversity Implications**

6.1 The recommendations outlined in the report will have positive impacts on Brent's communities and aim to improve access to primary care and promote self care.

#### **7.0 Staffing/Accommodation Implications (if appropriate)**

7.1 There may be implications for key organisations in implementing the recommendations set out in the report, including Brent Council, Brent Clinical Commissioning Group, NHS England and local service providers. Any staffing or accommodation implications would need to be identified during the development of the action plan in taking the recommendations forward, with a proposal that these are reviewed by the relevant lead organisation.

### **Background Papers**

Access to Extended GP Services and Primary Care in Brent - Interim Report  
(June 2015)

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