



NHS
Brent
Clinical Commissioning Group

Health and Wellbeing Board 24 January 2018

Report from Assistant Director of Primary Care, Brent NHS CCG

Improving the GP Extended Access Offer in Brent

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	5 (Appendices 1-4 are contained at the bottom of this report)
Background Papers:	GP Extended Access Information Booklet - http://brentccg.nhs.uk/en/review-of-brent-gp-access-services Community and Wellbeing Scrutiny Committee – Primary Care Transformation Report from Brent Clinical Commissioning Group (19 July 2017)
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1.0 Purpose of the Report

- 1.1 This report provides the Health and Wellbeing Board with an update on the review of GP extended access in Brent. On 10 January 2018 the CCG approved a business case to improve the GP extended access offer across Brent. This approval was granted after the CCG completed a 8.5 week public engagement period. The engagement period was the route through which Brent patients, residents, GP providers and key stakeholders will shape and inform the final proposal for GP extended access locally.
- 1.2 This report gives the Board an overview of the review process and the model being commissioned. It also reports the findings from our public engagement period which ran from 13 November 2017 until 9 January 2018.

2.0 Recommendation(s)

- 2.1 The Board are asked to note the content of this report.

3.0 Detail

- 3.1 The Board will be familiar with the challenges around access to GP services. Brent has 62 GP practices serving a registered population of 371,405 people - growth of approximately 7.4% in the last 4 years. With demographic growth and local regeneration and housing projects the population needing primary care services, will continue to grow.
- 3.2 Extended access became a national priority over 3 years ago when the Prime Ministers Challenge Fund (PMCF) was put in place to improve access to general practice. This sought to provide additional hours of GP appointment time, improve patient and staff satisfaction with access to general practice, reduce demand elsewhere in the system and make use of emerging 'at scale' delivery models (partnership working between GP providers) to ensure extended access appointments were shared, staffed and managed.
- 3.3 Extended access has also been a local priority for some time; in 2015 a Brent Scrutiny Task Group considered primary care's ability to meet demand and provide fair and equitable access. It recommended investment in access, development of innovative ways to meet and manage demand, promotion of health and wellbeing and encouraging residents to support themselves wherever possible.
- 3.4 The model delivered locally (and seen nationally) is the Hub model; these generally take two forms - 'top up hubs' (a practice that provides a combination of routine core services and opens in the evenings and weekends) or through 'standalone hubs' (designated sites) which offer additional pre-bookable GP appointments 8am- 8pm, 7 days a week. Brent meets the requirement through top-up hubs which operate from GP practice sites in each of the Networks. Hubs provide pre-bookable appointments with GPs or Nurses outside 'core' or standard practice hours (for example in the evenings and at weekends).
- 3.5 In Brent we have two types of extended access service:
- GP Access Hubs
 - GP Access Centre ('walk-in service').
- There are currently 9 Hubs in Brent available to the registered population weekday evenings and weekends. Between them, the 9 hubs offer an additional 64,000 evening and weekend appointments annually, covering the hours Monday-Friday 6-9pm and weekends and Bank Holidays 8am-8pm. In addition the GP Access Centre offers approximately 37,000 GP or Nurse slots (attendances).
- 3.6 At present, the hubs operate different days/hours and are only open to patients whose practice is a member of the Network that runs that hub. This reflects the fact that – at the time the original contracts were commissioned – there was no single GP Federation and as such these services were commissioned through 5 separate contracts, reflecting the primary care provider landscape of the last few years.

- 3.7 Hub contracts expire 31st March 2018 and the Access Centre ('walk in service') contract expires 31st March 2018. So we are reviewing the service now to ensure any newly commissioned service preserves the best aspects of the local offer, respond to patient (and practice) feedback, offers an equitable service to all Brent patients, represents value for public money and delivers against national expectations and guidelines. We are also seeking to future-proof the model by ensuring it can support delivery of Integrated Urgent Care and has more effective links with the 111 service and with Urgent Care Centres.
- 3.8 The GP Access Centre (walk in service) was established in April 2009 and is at the Wembley Centre for Health and Care. The service provides a "see and treat" model; this means the clinician bases their treatment on the patients presentations at the appointment. Furthermore they are not commissioned to provide repeat prescriptions, order diagnostics or provide onward referrals to other services (except for urgent referrals to A&E and Cancer 2 week wait referrals).
- 3.9 There have been many improvements to the service since it was first designed. This includes:
- Extending opening hours to 8-8 /7 days a week
 - Ensuring appointment availability available to every practice online so they can offer and book straight away when a patient contacts their practice.
 - Ensuring online access for Hub GPs to the patients clinical record so they can offer a full service and better continuity of care
 - Making use of the clinical system to directly share discharge and follow up information with the patient's own practice.
 - Implementing text messaging so patients get a text from the Hub with their appointment and are able to cancel if they can no longer attend.
 - Production of a short video raising awareness of the hub service as well as posters and leaflets.
 - Linking the hubs to NHS 111 through the 'directory of services' used by 111 and now the trialling of technology to enable direct booking by 111 when a patient calls.
 - Redirection of patients attending Urgent Care Centres where they might be better served by the GP access hubs.
- 3.10 Our review initially focused on identifying and implementing the improvements above, and the delivery of key objectives within the GP Forward View (GPFV). The *Access Task & Finish Group* (CCG officers and clinical directors, hub providers and Healthwatch) identified a number of areas where further work was needed:
- Underutilisation (especially at the weekend): there are more Hubs in Brent than in any other North West London borough and from April until August 2017 GP Access Hub utilisation across the 9 sites averaged 57%.
 - Variation in the model of care delivered across the Hubs.
 - Availability of Nurse appointments and dressing service at some hubs
 - Variation in hours and days of opening which led to difficulty in promoting the Access Hubs
 - Variation in way patients are booked into the Access Hubs and notification to patients
 - Patient choice being limited to Network hubs

- The ability of the current Access Hub to deliver the national requirements on skill mix, direct booking by NHS 111 and patients etc
- Meeting standards and requirements: the GP Access Centre 'walk in' service is not compliant with national GP out of hours access requirements¹.

The review has culminate in a business case that the CCG Governing Body approved on 10 January 2018.

3.11 Our design for the new service has taken into account the key objectives and requirements for GP Extended Access and feedback from engagement with clinicians, patients, the public, providers and key stakeholders. We believe the improved design will mean:

- Brent patients are seen in the right place first time.
- Extended access services are a true extension/continuation of GP services (e.g. full access to clinical records, ability to view test results, full prescribing capability).
- There is a consistent service offering across Brent.
- Capacity and demand are better matched (with room for growth in the number of appointments available and booked).
- Appointments are pre-bookable in line with national requirements (with scope to also book same day).
- Pressure on the system is better managed (including at peak times)
- There is better alignment to and joint working with Urgent Care and 111.
- We are compliant with national out of hours standards.
- We are achieving better value for public money.

3.12 The proposed model will:

- Condense appointments at a smaller number of sites to enable longer and more consistent opening hours so appointments are available at times when people need them (like after-school/early evening).
 - Ensure we have hubs at our 3 strategic sites - Wembley Centre for Health & Care, Willesden Centre for Health & Care and Central Middlesex Hospital.
 - Convert the GP Access Centre into a pre-bookable stand-alone Hub open 8-8/7 days a week. This will help manage times of high demand in the individual practices and enable Brent to meet new national requirements including redirection of patients from Urgent Care Centres into practices during core hours. This would otherwise be difficult to manage for the 62 practices. We have mapped peak demand for appointments at UCC and will match this demand to availability of appointments at the Hub
 - Provide more equitable access to the residents of Brent.
 - Ensure patients can access any hub site.
 - Commission Nurse and GP appointments across the borough consistently.
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- Ensure when they do, their clinical records are available to the GP or Nurse and are subsequently updated so their own practice can see what support their patient has received.
 - Ensure clinicians are not 'lone working'
 - Support Brent residents (and those within the catchment area of a Brent GP practice) to register.

¹ Integrated Urgent Care Commissioning Standards Guidance (Amanda Doyle & Keith Willetts, September 2015)

- Encourage patients registered with a GP outside Brent to use services in the borough in which they are registered – this ensures better continuity of care and clinical record sharing is not enabled between practices in different boroughs.
- 3.13 One notable change to the future model is to move away from providing extended access services to unregistered and out of borough patients. The current ‘walk in’ service provides for people not registered and/or living in a different borough. If this is converted to a hub it will not do so.
- 3.14 The review has identified that 80% of people who use the current ‘walk in’ service are already registered with a Brent GP, 15% are registered with a GP in another borough, and only 5% are currently unregistered. Furthermore, 57% of attendances are from patients who are registered with a practice within 2 miles of the walk in service.
- 3.15 We have undertaken an Equality Impact Assessment and a Quality Impact Assessment. We have also met with other CCGs who have implemented similar changes. Our plan includes a commitment to:
- Support Brent residents to register
 - Mitigate the risk of people redirecting themselves the A&E at Northwick Park by facilitating them to use the Access Hubs or to attend the Urgent Care Centre when appropriate
 - Ensure Brent residents know the ‘walk in’ model for meeting urgent needs is still be available at our two Urgent Care Centres at Central Middlesex Hospital and Northwick Park Hospital by raising awareness of services as part of our mobilisation plan.
- 3.16 The exact locations will be agreed with the provider during mobilisation; however 3 locations are defined by our strategic estates plans (Wembley, Willesden and CMH) and the other 2 will be located in the areas of Brent that we expect to have the highest demand based on population growth and demographics. Appendix 1 and 2 provide the current operating hours for the nine hub sites and GP Access Centre² and the proposed operating hours.
- 3.17 The model will ensure there are enough appointments to meet demand based on 2016/17 data and there will be more appointments during GP practice ‘core’ hours (8.00am - 6:30pm) to address unmet demand during that time.
- 3.18 The total number of GP and Nurse appointments commissioned across the hubs and ‘walk in’ service in 16/17 was approximately 100,000. Of this 75,800 appointments were used. Our proposal is to commission approximately 89,000 Nurse and GP appointments from 18/19 onwards. This will provide room for growth in utilisation of 18.5% (or over 14,000 appointments). The new contract will include the option of increasing provision in line with demand to future proof growth as the new model should also increase awareness and improve uptake. Appendix 3 shows the current utilisation from April to November 2017 at an average of 59% across the hubs.
- 3.19 The proposal was taken to the CCG Executive Committee on 18 October 2017 and agreed subject to public engagement. A paper was taken to the Community and Wellbeing Scrutiny Committee (CWSC) – Special Meeting on

² Nine locations total as the Wembley Centre for Health & Care houses a hub and the GP Access Centre

6 December 2017. The business case was updated based on the recommendations from the CWSC. The CCG Governing Body met in public on the 10 January 2018 and approved the business case.

- 3.20 The engagement period commenced on 7th November 2017 and ended at 9 January 2018. The engagement undertaken included:
- Produced a booklet outlining the proposals called “GP Access. Improving our GP access offer in Brent
 - Produced an FAQ which provide more information on our proposals
 - Produced an information pack outlining key facts and figures related to the GP Access Hubs and the GP Access Centre
 - Launched a dedicated webpage on the CCG website at <http://brentccg.nhs.uk/en/review-of-brent-gp-access-services>
 - Set up a dedicated email address for questions/suggestions/comments breccg.gpaccessengagement@nhs.net
 - Launched a survey (online and paper)
 - Pop-ups in public places including @ Brent Civic Centre, Central Middlesex Hospital, Willesden Sports Centre etc.
 - Reached out to Children’s Centres and Sports Centres – as we know some of the highest users of the GP Access Centre are children and people between the age of 26-34.
 - Held drop in sessions for Patient Participation Groups (PPGs) and other members of the public across Brent
 - Planned workshops to engage the public in review of future locations for the Hubs (November and December)
 - Conducted surveys and interviews at all 9 existing GP Access Hubs and at the GP Access Centre.
 - Pop-up areas at popular locations in Brent (e.g. ASDA)

4.0 Financial Implications

- 4.1 Our proposal will not require any additional spend; indeed it will result in a potential cost saving to the NHS in the short term whilst appointment uptake improves. It is intended that any savings made through this proposal be reinvested in primary care services.

5.0 Legal Implications

- 5.1 A new specification for GP extended access is now being finalised.
- 5.2 As this is a primary care service the final decision on contract award will be taken by the Brent CCG Independent Procurement Panel (IPP) which includes senior management team members, an independent GP, the Londonwide Medical Committees (LMC), a Procurement advisor and is chaired by one of the Lay members on the CCG Governing Body.
- 5.3 The IPP will ensure the route to market complies with our statutory duties and regulations including adhering to the Public Contracts Regulations 2015 and NHS (Procurement, Patient Choice & Competition) Regulations (No2) 2013. We will ensure any ensuing contracting or procurement is undertaken in a way that manages conflict of interest and secures the highest quality and value. This panel has been established in accordance with, and shall be bound by, the CCG Constitution, Standing Orders and Scheme of Delegation.

6.0 Equality Implications

- 6.1 Delivery of our proposal for GP extended access should support delivery of our equality duty and positively contribute to a reduction in health inequalities and variation across Brent and its communities. Our duties will be reflected in the design of the services.
- 6.2 We have considered the potential impact of our proposal on different groups and how the service change may impact different groups of stakeholders in different ways. This is contained in our Equality Impact Assessment (EIA). The assessment highlights that no particular group will be negatively affected by our proposal. The EIA is available at the following link: http://brentccg.nhs.uk/en/publications/cat_view/1-publications/3-governing-body-meeting-papers/488-10-january-2018
- 6.3 The CCG will work with providers during the mobilisation period and throughout the duration of the contract to ensure that patient views, feedback and needs are taken into account in the commissioning and delivery of the service.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 In October 2017, the CCG engaged Councillors Butt, Hirani, and Sheth to discuss the future GP extended access model for Brent. We have engaged the public and key stakeholders in November, December and January to gather views on our model. Information on the proposed changes and the evidence supporting them was and is still available on the CCG's website here <http://brentccg.nhs.uk/en/review-of-brent-gp-access-services>. Our engagement process and materials and reflected the Councillor's suggestions. Our detailed engagement plan is contained in Appendix 4.
- 7.2 We have also planned a series of in-person events that are listed below. Our engagement process included having a number of drop in sessions and stalls across. We also visited GP Access Hubs to conduct surveys.

NOVEMBER		
Tuesday	7	Event/Activity
		Willesden Centre for Health and Care - Stall from 9am-2pm
Wednesday	15	Event/Activity
		Wembley outlets - Surveys 2-5pm
Thursday	16	Event/Activity
		Survey at the Shaping Brent's Future Together event from 7-9pm at Brent Civic Centre
Friday	17	Event/Activity
		Surveys at Nail Salons in Wembley 2-4
Monday	20	Event/Activity
		Drop in session – 11-1pm – Mtg Rm 3 – Willesden Centre for Health and Care
		Brent Civic Centre stall
Tuesday	21	Event/Activity

		Stall at - Physical Play Session - At Alperton Children's Centre
		Drop in session - 12.30 – 2.30pm – Board Room - Wembley Centre for Health and Care
		Surveys at The Welford Centre - GP Access Hub from 7-8pm
Wednesday	22	Event/Activity
		GP and GP practice service design workshop - Sattavis Patidar Centre - 11:30-2:00
		Surveys at GP Access Hub - Kingsbury Health and Wellbeing - 6-7pm
		Willesden Market on Wednesday - hand out surveys and speak to public - Lunchtime
Thursday	23	Event/Activity
		Foyer of CMH to set up a stall to inform the general public and do surveys
		Brent Civic Centre stall
		Public Workshop providing more details about the review and determining future locations
		Stall with Brent Carers
Friday	24	Event/Activity
		Drop in session - 11-1pm – Board room – Hillside
Monday	27	Event/Activity
		Drop in session - 12-3pm – Rm 121 - Chalkhill/Welford centre
Tuesday	28	Event/Activity
		Surveys at Tube stations
Wednesday	29	Event/Activity
		Surveys at Tube stations
Thursday	30	Event/Activity
		Surveys at Tube stations

DECEMBER		
Friday	1	Event/Activity
		Wembley High Rd – Surveys at Barber Shops
Monday	4	Event/Activity
		Surveys at Tube stations
Tuesday	5	Event/Activity
		Stall/survey at the Shaping Brent's Future Together event from 7-9pm at Willesden Green Library
Wednesday	6	Event/Activity
		Special Scrutiny Meeting at BCC from 7-9pm
		Chalkill Mental Health Group
Thursday	7	Event/Activity
		Stall with Brent Carers - Drop in
Monday	11	Event/Activity
		Stall/survey at the GP Access Centre in WCHC - After 9:30
Thursday	14	Event/Activity

		GP and GP practice engagement - Willesden Library - 12pm to 14.30pm
Friday	15	Event/Activity
		Vale Farm Sports Centre 10 -12
Tuesday	19	Event/Activity
		Drop in session - Willesden Centre for Health and Care - Meeting room 1 from 2:30-4:30
Thursday	21	Event/Activity
		Detailed workshop about reviews and future locations – CVS Training Room - 3:00-5:00

January		
Tuesday	9	Event/Activity
		Drop in session – Tricycle Theatre -

8.0 Human Resources/Property Implications

- 8.1 The CCG will be engaging with the Strategic Estates Teams and any landlord or property owners to implement any necessary changes during the mobilisation period.

Report sign off:

SHEIK AULADIN
Chief Operating Officer

Appendix 1: Current locations and hours

Sites	Operating hours
1. Harness Wembley Health Centre	18.00-21:00 (M-F); 09.00-15:00 (Sa, Su)
2. Harness Harlesden Practice (<i>practice merging and moving to CMH in early 2018</i>)	18.00-21:00 (M, W-F); 09.00-15:00 (Sa)
3. Roundwood Park Medical Centre	18.00-21:00 (T); 09.00-13:00 (Sa)
4. Kilburn Park Medical Centre	18-21:00 (M-W)
5. Staverton practice	18-21:00 (Th-F); 9-15:00 (Sa); 9-13:00(Sun)
6. The Welford Centre	18-21:00 (M-F); 9-15:00 (Su)
7. Kingsbury Health & Wellbeing practice	18-21:00 (M, W); 9-12 (Sa)
8. Willesden Centre for Health & Care	8-21.00 (Sa, Su)
9. Sudbury	18-21:00 (M-F); 9-15:00 (Sa, Su)
Wembley GP Access Centre @ Wembley Centre for Health & Care	08.00-20:00 7 days/week

Appendix 2: Proposed locations (where known) and hours

Proposed sites	Weekday Hours	Weekend Hours
Strategic site – Wembley Centre For Health and Care	8am-8pm	8am-8pm Saturday and Sunday
Strategic site – Central Middlesex Hospital	4-8pm	9am-6.30pm Saturday Only
Strategic site – Willesden Centre for Health and Care	4-8pm	9am-6.30pm Saturday Only
Other location	4-8pm	9am-6.30pm Saturday Only
Other location	4-8pm	9am-6.30pm Saturday Only

Appendix 3: Current utilisation

Day	All Networks GP Access Hub utilisation per day (Apr- Nov 2017)		
	Target appts per day	Actual patients seen	% Utilisation
Monday	6,501	4751	73%
Tuesday	5,426	3842	71%
Wednesday	5,225	3761	72%
Thursday	4,279	2975	70%
Friday	4,324	2875	66%
Saturday	8,808	3599	41%
Sunday	4,645	1257	27%
Total	39,208	23060	59%

Brent wide GP Access Hub (Willessden) Utilisation per day (Apr to Nov 2017)		
Target appts per day	Actual patients seen	% Utilisation
180	13	7%
0	0	
0	0	
0	0	
36	5	14%
1,260	291	23%
2,520	154	6%
3,996	463	12%

Appendix 4: Engagement plan

Stakeholder	Activities
GP Federation/Network leads	Letter and materials sent
Councillors	Letter and materials sent
Healthwatch	Letter and materials sent Newsletter copy for cascade to networks
GPs, Practice managers, GP practice staff	Letter sent to all 62 GP practices 2 workshops have been planned to gain input Leaflet and posters sent to all practices
Community and voluntary services	Letter sent Newsletter copy for cascade to their networks
Patient groups & lay member groups: PPGs,	Letter sent to GP practices to cascade to PPGs Newsletter copy for cascade to their networks
Patients and public Local schools Faith communities Local mother and baby groups Patient groups & lay members: PPGs,	CCG Website Stakeholder letter Social media Twitter PPG channels CCG engagement channels Local media releases Copy for GP websites Patient group channels Posters – digital copies Leaflet (digital copies)
Patients who use the walk in service and/or the Hubs	Local media releases SMS to patients using the walk in service and/or Hub services Council magazine editorial and advertising Newspaper editorial and advertising Posters in practices and pharmacies