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

Access type	Information Requests
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 at 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.