	Community and Wellbeing Scrutiny Committee 15 November 2021
	Report from the GP Access Task Group

GP Access Scrutiny Task Group Progress Report

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
Appendices:	Appendix 1 – Task Group Activity
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Craig Player Scrutiny Officer Strategy and Partnerships craig.player@brent.gov.uk Angela d'Urso Strategic Partnerships, Policy and Scrutiny Manager Strategy and Partnerships angela.d'urso@brent.gov.uk

1.0 Purpose of the Report

1.1 To update the Community and Wellbeing Scrutiny Committee on the progress of the GP Access Scrutiny Task Group.

2.0 Recommendation(s)

2.1 To note the contents of the report and the progress made by the GP Access Scrutiny Task Group.

3.0 Detail

Background Information

3.1. At its meeting on 24 March 2021, the Community and Wellbeing Scrutiny Committee established the GP Access Scrutiny Task Group. The task group is made up of non-executive members of the Council.

3.2. It was proposed to hold a series of evidence sessions between May 2021 to January 2022 and to agree any reports and recommendations that may be agreed by the Community and Wellbeing Scrutiny Committee for submission to Cabinet in February 2022.

3.3. The comments and recommendations from the task group are scheduled to be considered by the Community and Wellbeing Scrutiny Committee on 24 January 2022. It is envisaged that the report would then be presented to Cabinet for consideration and thereafter to the Brent Health and Wellbeing Board.

3.4. The following membership of the Task Group was agreed by the Community and Wellbeing Scrutiny Committee on 24 March 2021:

- Cllr Mary Daly (Chair)
- Cllr Abdi Aden
- Cllr Tony Ethapemi
- Cllr Claudia Hector
- Cllr Gaynor Lloyd
- Cllr Ahmad Shahzad

3.5. The following Terms of Reference for the Scrutiny Task Group were agreed by the Community and Wellbeing Scrutiny Committee on 24 March 2021:

1). 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.

2). 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.

3). To evaluate the local demand to access primary care, changes in demand during the Covid19 pandemic and changes in access to GP services during the pandemic with particular reference to digital accessibility and face-to-face appointments.

4). 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.

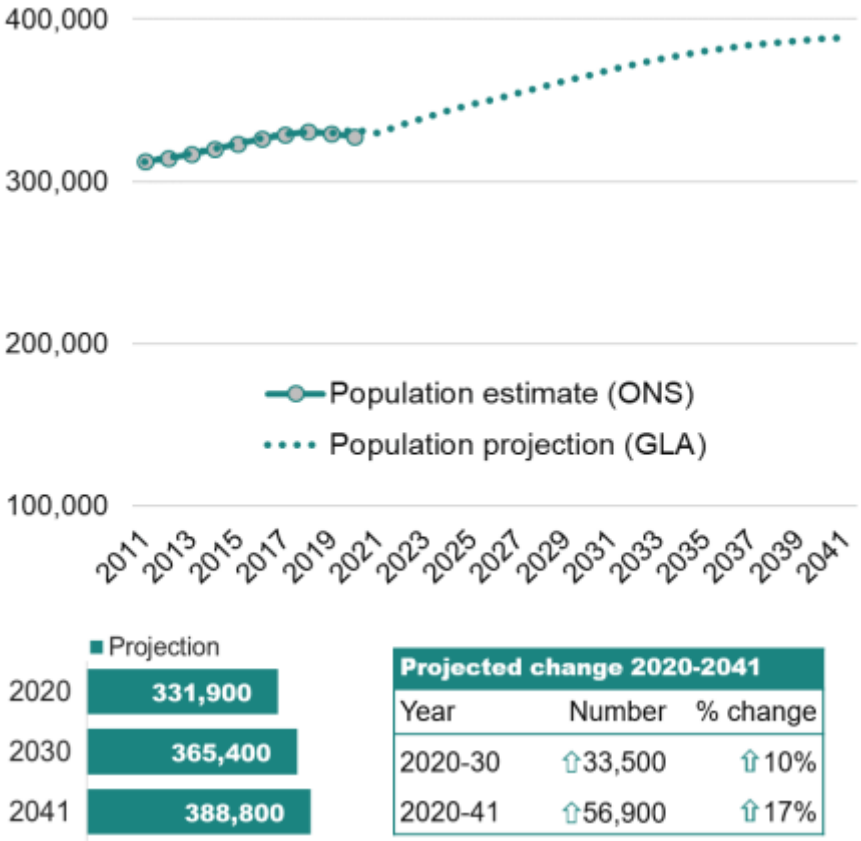
5). To develop a report and recommendations for local NHS organisations and the local authority's Cabinet based on the findings and evidence gathered during the review.

3.6. The Task Group has heard from a range of stakeholders and expert witnesses during its evidence sessions. A list of the evidence sessions held, and key stakeholders in attendance, is provided in Appendix 1. The Task Group has been impressed by the knowledge and insight of all stakeholders and expert witnesses involved, and thanks them for their contribution to a shared vision of GP access across Brent in which no patient is left behind.

Preliminary Findings

Health inequalities are a significant issue in Brent, and this is increasing demand on GP services

3.7. The Task Group has heard that the Brent population has been growing strongly over the last few decades. During 1998-2018, the population grew by 27% – an increase of 70,900 residents. As shown in Figure 1, the population is expected to grow by another 25% by 2041 - an increase of 84,800 residents. The two fastest growing wards are Tokyngton and Alperton, which are expected to accommodate 47,600 more residents by 2041.[1]



Projected change 2020-2041		
Year	Number	% change
2020-30	⇧33,500	⇧10%
2020-41	⇧56,900	⇧17%

Figure 1: Brent population estimates and projections 2011-2041[2]

[1] North West London Collaboration of Clinical Commissioning Groups
[2] 'Population change in Brent', Brent Council

3.8. The impact of the population expanding has increased the pressures on primary care across the country. These pressures are compounded by the increasing prevalence of long-term conditions in the population and the impact of risk factors like substance misuse, unhealthy weight and smoking.

3.9. Around one in seven Brent residents have a long-term health problem or disability that limits their day-to-day-activities in some way. The prevalence of long-term conditions rises sharply with age: more than half of all residents aged 65 and over had a long-term health problem or disability.[3] Around 16% of working age residents in Brent are disabled, which is slightly lower than the national average and reflects the fact that Brent has a young age profile. The number of people in Brent with a learning disability is high, and is expected to rise by 8% from 2014-2030.[4] The number of children and young people with Special Educational Needs and Disabilities (SEND) is also high and continuing to rise, with 3.2% of children in who attend school having an education, health and care plan (EHC), compared to 3.1% nationally.[5] We know that people with a learning disability have worse physical and mental health than people without a learning disability – in fact, the life expectancy of women with a learning disability is 18 years shorter than women in the general population, and 14 years shorter for men with a learning disability compared to men in the general population.[6]

3.10. The Task Group has heard that Brent is one of the most diverse boroughs in London. As outlined in Figure 2, most two thirds of the population (64%) are from BAME (Black, Asian and minority ethnic) groups, the third highest in London. It has a large Asian population: one third of its residents are from Asian groups compared to 20% across London. Around 18% of residents are from Black ethnic groups, higher than the London average (13%).[7]

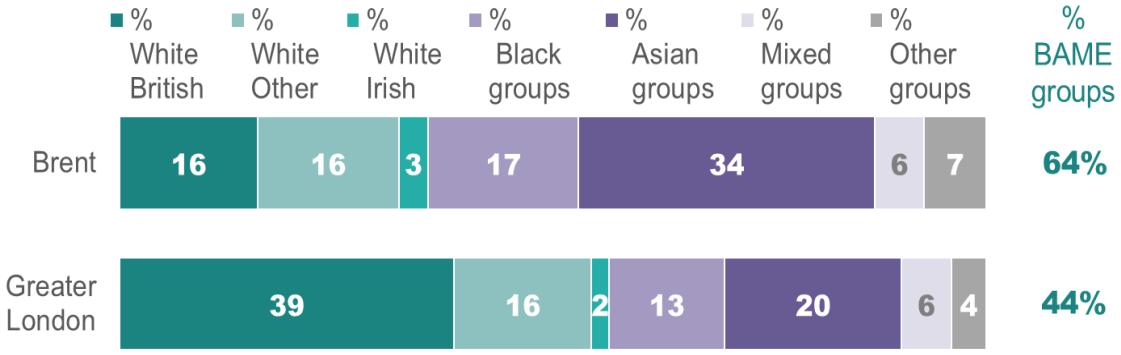


Figure 2: Population by ethnicity, Brent and London[8]

[3] Brent Open Data
[4] 'Brent Joint Learning Disability Strategy 2017-18', Brent Council
[5] 'Brent Joint Strategic Needs Assessment 2019-20', Brent Council
[6] NHS Digital
[7] 'Ethnic Group Predictions', Greater London Authority
[8] Ibid

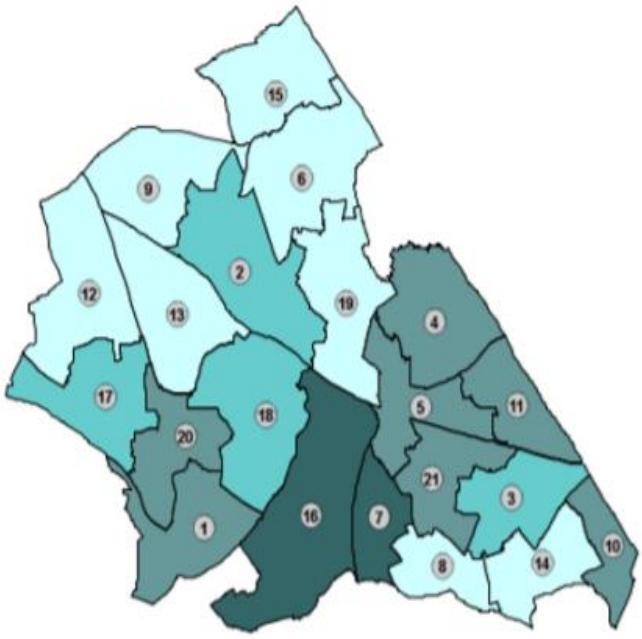
3.11. In Brent, we know that ethnicity is a factor in health inequalities. As widely noted – and confirmed by Public Health England – the death rate from Covid-19 is far higher amongst some BAME communities. The risk of developing diabetes, for example, is higher in BAME groups than white groups. The percentage of people in Brent with Type 2 Diabetes was 80.1% for BAME groups compared to 17.1% for white groups in 2019.[9]

3.12. Brent has a relatively young population. In 2017, the median age of the population was 35 – five years lower than the national average. The population is expected to age in the future: the number of residents aged 65 and over is expected to increase by two thirds (+67%) between 2018 and 2038 and this will pose its own challenges to primary care.[10] We know that mental health issues are often begin in childhood and adolescence, with 50% of mental health problems being established by age 14 and 75% by age 24.[11] We also know that for many with existing health conditions and emotional distress, the Covid-19 pandemic has served to exacerbate the problem. Studies also show that almost half of 16 to 24-year-olds showed new symptoms of psychological distress during the pandemic.[12]

3.13. The Task Group has also heard that Brent has high levels of poverty and deprivation. One in three households in Brent live in poverty – compared to one in five in the country as a whole.[13] The pandemic has placed a spotlight on what poverty means for people's health, quality of life and life chances. In Brent, the life expectancy gap between the most and least deprived areas is 4.7 years for males and 4.4 years for females.[14] Hospital stays for alcohol-related harm were highest in the two most deprived areas of Brent – Stonebridge and Harlesden – suggesting that poverty is closely linked to people's ability to make healthy lifestyle choices. Figure 3 presents the proportion of households in poverty by their ward.

[9] Public Health England
[10] Brent Open Data
[11] 'Mental health statistics: children and young people', Mental Health Foundation
[12] Public Health England
[13] 'Households in Poverty estimates for middle layer super output areas', Office for National Statistics
[14] Office for National Statistics

Figure 3: Brent households in poverty by middle layer super output areas[15]



Key	Ward	Proportion of households in poverty
1	Alperton	35%
2	Barnhill	32%
3	Brondesbury Park	32%
4	Dollis Hill	35%
5	Dudden Hill	34%
6	Fryent	29%
7	Harlesden	39%
8	Kensal Green	28%
9	Kenton	25%
10	Kilburn	36%
11	Mapesbury	35%
12	Northwick Park	24%
13	Preston	29%
14	Queens Park	25%
15	Queensbury	28%
16	Stonebridge	42%
17	Sudbury	33%
18	Tokyngton	33%
19	Welsh Harp	29%
20	Wembley Central	34%
21	Willesden Green	38%

GPs act as a 'front door' to healthcare

3.14. The Task Group has heard that, as stipulated in the national contract, the core purpose of general practice is broadly described as the services that GPs must provide to manage their registered list of patients when they are ill. These services involve direct consultation and examination, and/or making available further investigation as appropriate, including referral to specialists. GPs usually deliver services in partnership with other GPs, leading a number of nurses or other support staff who altogether comprise the primary care team.

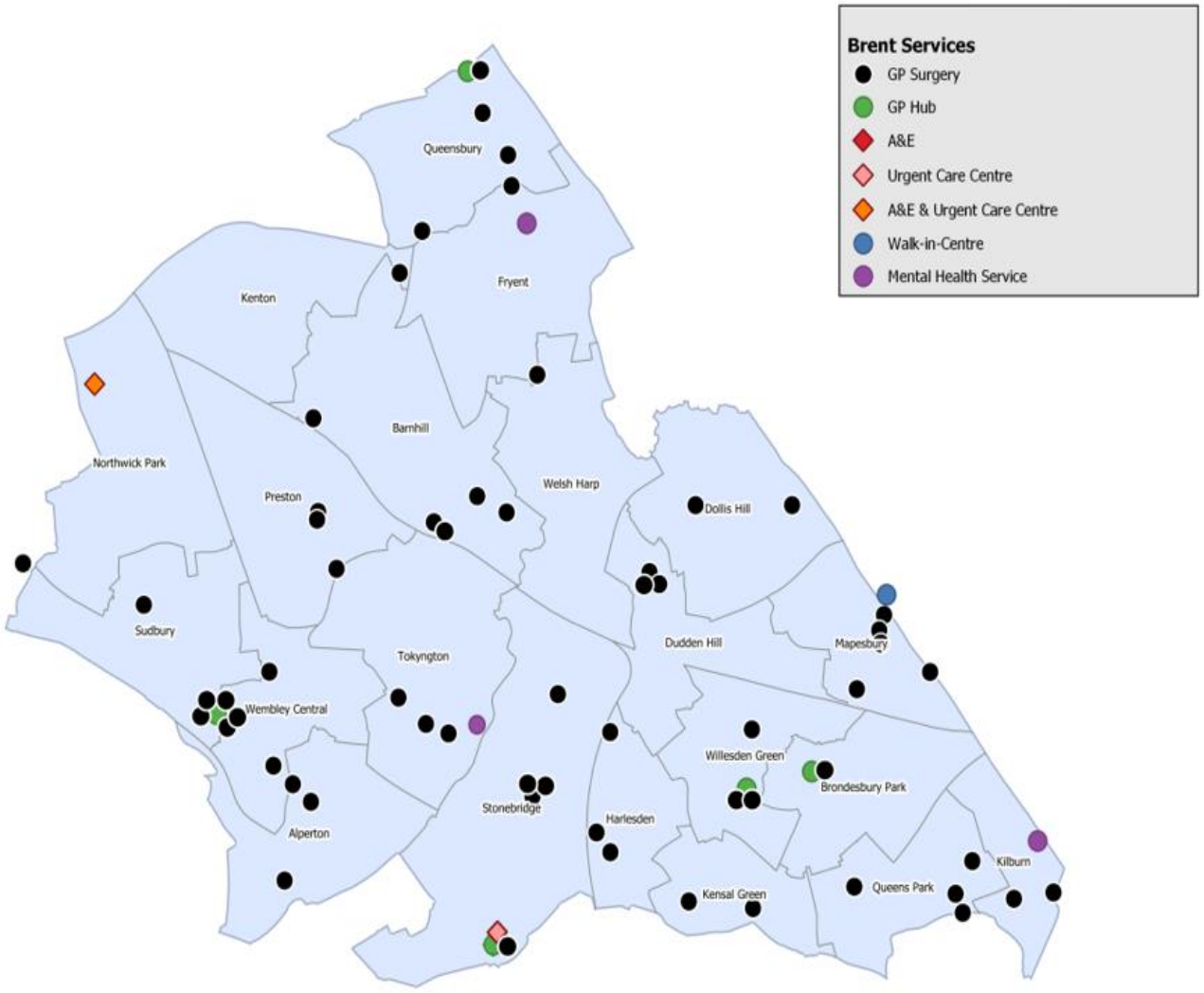
3.15. In addition to this core function, GPs also play a crucial role in the provision of extended primary care services, such as prevention, screening, vaccinations and immunisations, and some diagnostic services. Part of this role is to help patients navigate through the wider health care system and access care appropriate to their needs. GPs also help to ensure effective co-ordination of care for their patients, including social care and services within and outside the NHS.

3.16. The NHS Constitution sets out the principles and values of all NHS bodies, private and voluntary providers supplying NHS services and local authorities in the exercise of their public health functions. These include commitments to putting patients first at all times, treating all with respect and dignity, providing quality care, listening to feedback from patients, families, carers and the public and ensuring compassion is central to the care provided.

[15] Ibid

3.17. GPs work as independent contractors under the terms of the national contract. There are several ways that GP practices currently receive payment for delivering services – through their core GP contract for the delivery of essential services and through enhanced or extended service contracts, agreed both nationally and locally. In recent years there has been an increase in the number of GPs employed on a salaried basis, usually by fellow GPs who as independent contractors are partners who own their own practice. Preference for salaried position rather than taking on partnerships means they are not obliged to take responsibility for the management of the practice as a small business or purchase equity in it. Where a GP contract is led by one GP partner, a number of salaried and long term GPs would support the delivery of services along with nurses, health care coordinators, clinical pharmacists, social prescribers, healthcare assistants and many more.

Figure 4: Map of health services in Brent[16]



[16] Brent Clinical Commissioning Group

3.18. In 2019, the organisation of GPs changed further with the establishment of Primary Care Networks (PCNs). A PCN is a group of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to local populations. In Brent, there are 51 GP practices affiliated to seven PCNs. Figure 4 demonstrates the geographical spread of GP practices across Brent. All seven PCNs are led by GP Clinical Directors (CDs) with some PCNs appointing two job shares to improve the quality and effectiveness of commissioned services. Figure 5 lists all GP practices by their PCN. PCNs are expected be the mechanism by which primary care representation is made stronger in integrated care systems (ICS), with the accountable clinical directors from each network being the link between general practice and the wider system. The role of an ICS, and the organisation of the North West London ICS, will be covered in more detail in later paragraphs.

Figure 5: List of PCNs in Brent [17]

PRACTICE	PCN AREA	MANAGERIAL LEAD	CLINICAL DIRECTOR
Brentfield Medical Centre	Harness South	**Managerial Lead:** Caroline Kerby	**Clinical Directors:** Subash Jayakumar / Mousoumi Mukherjee
Church End Med Centre	Harness South		
Stonebridge Medical Centre	Harness South		
Aksyr Medical Centre	Harness South		
Hilltop Medical Practce	Harness South		
Oxgate Gardens Surgery	Harness South		
Roundwood Park Medical Centre	Harness South		
Walm Lane Surgery	Harness South		
Park Royal Medical Centre	Harness South		
Freuchen Medical Centre	Harness South		
	Total Harness South		
The Surgery	Harness North		**Clinical Directors:** Sachin Patel / Milind Bhatt
Pearl Medical Practice	Harness North		
Wembley Park Drive Medical Centre	Harness North		
SMS Medical Practice	Harness North		
Lanfranc	Harness North		
Sunflower Practice	Harness North		
Church Lane Surgery	Harness North		
Willow Tree Family Doctors	Harness North		
Preston Road Surgery	Harness North		
Sudbury & Alperton Practice	Harness North		
	Total Harness North		
Kilburn Park Medical	Kilburn Partnership	**Managerial Lead**: Germaine Brand	**Clinical Director:** Dhanusha Dharmarajah / Candice Lim
Chichele Road Surgery	Kilburn Partnership		
Staverton Medical Centre	Kilburn Partnership		
Mapesbury Medical Centre	Kilburn Partnership		
Willesden Green Surgery	Kilburn Partnership		
The Law Medical Centre	Kilburn Partnership		
	Total Kilburn		
Gladstone Medical Centre	K&W South	**Managerial Lead**: David Hunter	**Clinical Director:** Nigel De Kare-Silver
Willesden Medical Centre	South		
St George's Medical centre	South		
Burnley Practice	South		
St Andrews Medical Centre	South		
The Lonsdale	South		
	Total K&W South		
Neasden Medical Centre & Greenhill Park	North		**Clinical Director:** Sadik Merali
Uxendon	North		
Jai Medical Centre	North		
The Fryent Way	North		
Kingsbury Health & Wellbeing	North		
Brampton	North		
Kings Edge Medical Centre	North		
	Total K&W North		
Forty Willows Surgery	Central		**Clinical Director:** Shikha Gosain /Raja Intkhab
Tudor House Medical Centre	Central		
Chalkhill Practice	Central		
Ellis Practice	Central		
Preston Road Medical	Central		
Sudbury Surgery	Central		
	Total K&W Central		
Premier Medical Centre	West		**Clinical Director:** Mohammad Haidar
The Wembley Practice	West		
Hazeldene	West		
Alperton	West		
Lancelot	West		
Stanley Corner	West		
	Total K&W West		

[17] Ibid

3.19. The Task Group has heard that the experience of a patient in Brent is often dependant on the organisation of the PCN covering their local area. A PCN is expected to offer patients better, more personalised health and care services, support for individual with complex conditions that is better coordinated across different health and care services and stronger support for patients to make safe and informed decisions about their own health and care. However, while many patients emphasise the importance of primary care being easily accessible in their local area, some patients were unclear on the role a PCN might play in doing so.

3.20. We know that, nationally, the number of full-time equivalent GPs is falling. Brent was ranked the 7th most under doctored CCG in London with a decreasing and older GP workforce, and was identified as having the greatest number of patients per nurse in North West London.[18] This is coming at a time of population growth and rising patient need, and could be affecting people's access to primary care.

Figure 6: Total number of GPs and other healthcare professionals in Brent practices[19]

Practices	GP Partners	GP Salaried	Practice Managers	Nurse	HCA	Pharmacist	Physician Associates
51	116	114	72	77	64	51	5

3.21. However, it must be noted that Brent has a large and growing healthcare professionals involved in providing direct care to patients including nurses, clinical and practice based pharmacists, health care assistants and physician associates. Recruitment and retention programmes are being introduced to reverse the decline in the GP and General Practice Nurse (GPN) workforce with fellowships for newly qualified and experienced GP and GPNs, continuing professional development training opportunities, clinical skills development, staff education forums and mentorship and supervision. The introduction of the Additional Role Reimbursement Scheme in 2020 has also sought to increase the direct patient workforce with the introduction of new roles such as nursing associates, paramedics, pharmacy technicians, mental health therapists and physiotherapists.

Brent's health economy is changing

3.22. The Task Group has heard that NHS organisations have been increasingly focusing on population health, moving to models that ensure the integration of primary and specialist care, physical and mental health services, and health with social care. The phrase 'population health' is used to convey a way of thinking

[18] NHS Digital Data
[19] Brent Clinical Commissioning Group

that involves creating a sense of responsibility across many organisations and individuals, in addition to public health specialists. Such models bring together local organisations to redesign care and improve population health, creating shared leadership and action.

3.23. Integrated care systems (ICS) bring together all parts of the NHS and local authorities in an area to focus on improving the health of the local population. They take the lead on planning and commissioning care for their populations and providing system leadership. The ISC will be expected to work closely with the Brent Health and Wellbeing Board and will be required to 'have regard' for Brent's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. All NHS organisations and local authorities in North West London have been working informally as an ICS ahead of legislation to make ICSs statutory bodies, which is led by an Independent Chair and a Chief Executive. Legislation is expected during 2021, with ICSs becoming legally recognised bodies from April 2022.

3.24. There is also a recognition of the importance of 'place', which has a smaller footprint than that of an ICS and is in many cases that of a local authority. Integrated care partnerships (ICPs) are alliances of local health providers including the local authority, hospitals, community services, mental health services and GPs. The Brent Integrated Care Partnership Executive Committee (ICPEC) (formerly known as the Quartet) is the place-based partnership in Brent within the ICS. It has established a further four executive groups which focus on health inequalities and vaccination, PCN development, community and intermediate health and care services and mental health and wellbeing. Healthwatch Brent engage and provide key input at the executive group level as representatives of patient and community voices.

3.25. NHS organisations and local authorities have also set out a commitment to improve prevention, which relates to the measures taken to decrease the prevalence of disease of health conditions. These organisations do so whilst recognising that a comprehensive approach to preventing ill health also depends on action that only individuals, companies, communities and national government can take to tackle the wider determinants of health, and ensure health is hardwired into social and economic policy. These measures recognise that there are barriers to people keeping healthy in Brent, such as financial constraints, housing, work/caring constraints, language and digital exclusion.

3.26. The North West London ICS will help deliver preventive health programmes as the NHS continues to move from reactive care towards a model embodying active health management. It will also provide stronger foundations for working with local authorities and voluntary sector partners on the prevention agenda, and work alongside neighbouring GP practices. Similarly, the Brent Health and Wellbeing Board's emerging Joint Health and Wellbeing Strategy will focus on a whole-system approach to addressing the health inequalities that exist in Brent, working with and understanding local communities to deliver better outcomes.

3.27. The Task Group has also heard that recent innovation and advances in health care have provided GPs an opportunity to improve access to primary care. The

NHS Long Term Plan sets out an ambition to offer digital-first primary care – where patients use online tools to access primary care services remotely – to most people by 2023/24. The Covid-19 pandemic, however, rapidly brought these plans forward as GP practices were required to reduce avoidable footfall, and to protect patients and staff from risk of infection. Under NHS England guidance, remote consultation (via telephone, online message or video) has been rapidly introduced to replace face-to-face consultation. People have been encouraged to use the NHS App to seek advice, check symptoms and connect with healthcare professional, and they have been able to access virtual services alongside face-to-face services via their computer or smartphone. Most GP practices in Brent are now offering people the choice of a telephone or online consultation before being offered a face-to-face appointment.

Access is not always consistent across GP practices

3.28. The Task Group has heard that access to primary care is not always consistent across GP practices in Brent, and in many cases across PCNs. There was found to be variation in a range of services, from referral rates to secondary care, GP extended access services and the registration of new patients, to telephony systems, remote booking and consultation platforms and the availability of face-to-face appointments. Such variation means that people often see their health outcomes dictated by the area they live in – highlighting and exacerbating the health inequalities we know are present in the borough.

3.29. Currently, there are two types of service which provide GP extended access services in Brent – the extra GP and nurse appointments provided in the evenings and weekends. There are currently five GP Access Hubs in Brent which operate by appointment only (booked through a patient's GP practice) or when a patient phones NHS 111. The service is only available to people who are registered with a GP in Brent. There is also one GP Access Centre located in Wembley, which is accessed by walk-in only and will see any patient whether they are registered in Brent or not. Referral to these services is largely dependent on the person who makes your appointment, for example, staff who are less tolerant of uncertainty or who perceive serious disease to be a more frequent event may refer more patients. In fact, 51% of Brent residents felt that it took too long to access care or receive advice when their GP practice was closed.[20]

3.30. Brent residents have a number of routes to accessing urgent and emergency care, including Urgent Care Centres (UCCs) and A&E. It is recognised that access to this service will vary, as what is deemed urgent may differ between individuals and clinicians. In recent months, the number of patients presenting to UCCs with a 'primary condition' has been high, and has largely returned to its pre-pandemic level.

[20] GP Patient Survey 2020, Brent Clinical Commissioning Group

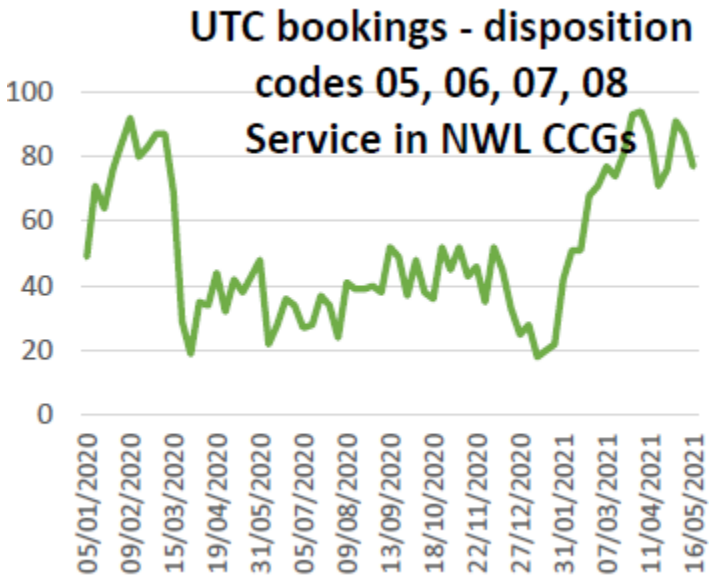


Figure 7: Bookings into Brent UCCs. Disposition codes 05, 06, 07 and 08 relate to patients presenting with a 'primary care' condition.[21]

3.31. This may be as a result of difficulty in accessing GP appointments in some areas. There may also be other factors, such as a patient's proximity to a UCC or the deprivation of an area (with patients in high deprivation areas with limited access to resources to access self-care services such as pharmacies or the NHS App more likely to attend this setting). Indeed, UUCs were utilised more in Stonebridge and Harlesden than any other area in Brent – the two highest areas of deprivation in the borough.[22]

3.32. The Task Group has heard that primary care is available through GP practices for general mental health needs, such as anxiety, depression, or post-traumatic stress disorders. A GP can then advise the patient with general self-help materials, refer them to counselling and prescribe medication. While the situation is often complex, there is also an established pathway for referral to secondary care should a patient present to a GP practice in mental health crisis. Brent's Single Point of Access (SPA) provides a referral point, 24/7, to secondary mental health services for emergency, urgent and routine referrals. If deemed an emergency situation, an emergency response team would arrive to assess the patient and decide whether the patient is transferred to an acute bed or given treatment at home. Inconsistent decision-making can result in delays to access and the individual's care and treatment. These delays can result in the patient becoming more distressed and unwell, as well as increasing the potential risk to GP staff and other patients. However, it is important to consider the difficult considerations a GP may have in dealing with a patient in crisis, such as patient and staff safety, infection control measures, the different ways that patients may present and the time it takes for an emergency response team to arrive.

3.33. Following the Covid-19 pandemic, people have continued to find it difficult to access face-to-face appointments. Nationally, only 58% of appointments in August were face-to-face, compared with 54% in January and 80% per cent

[21] North West London Collaboration of Clinical Commissioning Groups
[22] Brent Clinical Commissioning Group

before the pandemic.[23] Local NHS organisations have emphasised that rising demand, infection control measures and shortages of staff meant that they were struggling to return to pre-pandemic levels. However, some people in Brent have struggled to get face-to-face appointments, or have been unable to get one at all. It was felt that, in some cases, GP practices may overlook individual support requirements, and that there may be insufficient systems in place to anticipate these.[24] As show in Figure 8, 36% of people were unsatisfied with the type of appointment they were offered in Brent last year, compared to 27% nationally.[25]

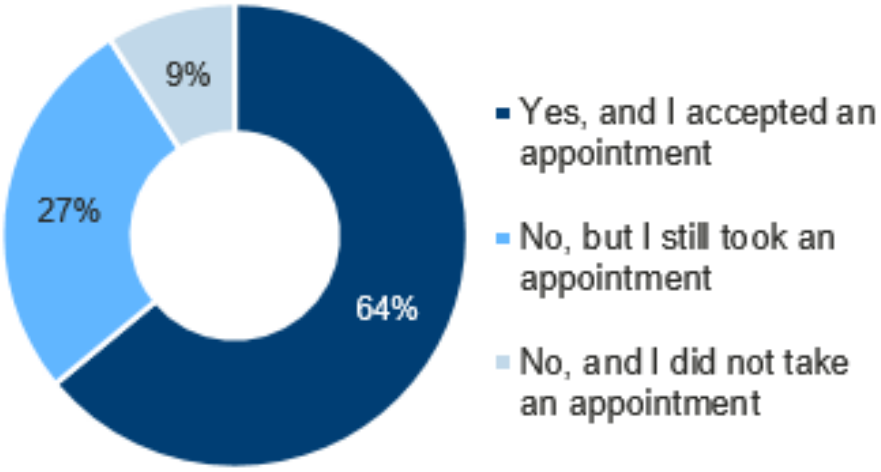
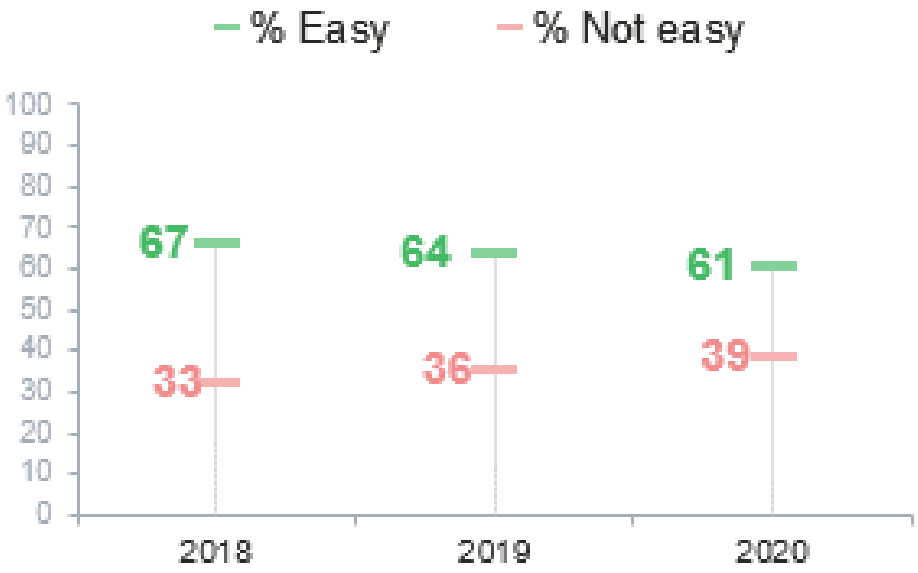


Figure 8: Patient satisfaction with GP appointment offered in Brent[26]

3.34. The Task Group has heard that the scale and configuration of telephony systems across Brent varies greatly. This variation and complexity is reflected in the telephony market, where it is estimated that over 40 different suppliers are currently providing services to primary care providers in England.[27] The Covid-19 pandemic has also placed primary care telephony in Brent under the spotlight, which has highlighted some of the limitations with older traditional telephony systems. People would often not be able to get through to GP practices or, if they did, found that appointments were fully booked. In fact, 39% of people in Brent found it difficult to get through to their GP practice on the phone last year, as detailed in Figure 9.

[23] 'Appointments in General Practice', NHS Digital
[24] 'Digitally excluded people's experiences of remote GP appointments', Healthwatch England
[25] GP Patient Survey 2020, Brent Clinical Commissioning Group
[26] Ibid
[27] NHS England

Figure 9: Ease of patient getting through to a GP practice on the phone in Brent[28]



3.35. Currently, practices are responsible for providing their own telephony systems paid for using funding allocated for them by NHS England, and many practices are locked into expensive contracts with telephone systems which are not capable of effectively supporting new ways of working. Through working at scale, for example through PCNs, there have already been opportunities to share back office functions such as appointment booking or managing out-of-hour services. The Task Group has heard that such arrangements are under consideration for telephony systems in Brent, with Brent Clinical Commissioning Group looking at proposals to share back office functions at PCN level. While such integration is encouraged and the benefits of a shared front-door experience are recognised, such a system would need to be adequately funded and ensure that patients' access to the care that they need is not adversely impacted

3.36. People also experienced a range of challenges in accessing remote care related to the accessibility or functionality of online platforms. Different online platforms were used at different GP practices, although the most of common of those was eConsult. It has been found that some people were unsure if their online requests were successful, as people did not always receive notification, leading to people having to chase their GP practice to ensure requests had gone through. Others experienced missing information in online communications, such as a missing link to upload requested information. Such difficulties in using online platforms has created issues for GP practices too, with some reporting that unnecessary requests had been made around minor conditions manageable at home and that the time required to process such requests created staff capacity issues. There remains differences in the information provided by GP practices about the possible ways to access primary care, with some not knowing how to use online booking systems and others not having any information on what to expect once a request is made.

[28] GP Patient Survey 2020, Brent Clinical Commissioning Group

Some people experience significant barriers to accessing GP services

3.37. The Task Group has heard that many people who traditionally experience barriers to accessing primary care found that the shift to remote care improved accessibility. For example, those with mobility issues felt that remote care had helped them to avoid difficult trips to the practice. People with caring responsibilities also found it easier to talk to doctors remotely without leaving loved ones alone. Remote access to health information can empower patients and carers, leading to increased knowledge and health literacy. For example, accessing online records meant that patients could review-up-date and relevant information before or after their consultation.

3.38. People also experienced a range of challenges in accessing care specific to their conditions or demographics, or their digital skills, literacy or the affordability of technology. Many older people, people with limited English, and people with sight or hearing impediments struggled with remote bookings and appointments. Not knowing how to seek alternatives to remote booking systems or appointments could mean that some people become reliant on their families for accessing healthcare, receive poorer quality care, use complimentary or alternative treatments or even abandon attempts to seek healthcare altogether, especially if they experience multiple barriers to accessing care.

3.39. The Task Group has heard that there remains a number of challenges to digital inclusion in Brent, and that this is proving to be a significant barrier to some people accessing primary care. In fact, 19% of adults in Brent have no laptop, and 7% have no internet at home.[29] Harlesden, Stonebridge and Dollis Hill were all included in the 10% of wards nationwide most at risk to digital exclusion, with digital exclusion being closely linked to poverty, disability, age and social isolation.[30] For example, some people may not have access to suitable devices, may have low or no digital skills to make use of existing technology, may have poor internet speeds or unaffordable broadband or may have low awareness of the benefits of being a digitally included resident. Others may have privacy or security concerns when using the internet. As they move to a digital-first primary care model, North West London Clinical Commissioning Group have focused on ensuring the barriers to digital access are addressed through training, equipment and ensuring patients continue to access services through traditional methods. However, it is important to recognise that when talking about people lacking digital skills and confidence online, this can also include healthcare professionals. Staff within many GP practices in Brent had to adapt to a new way of working overnight during the Covid-19 pandemic, and this invariably had an effect on the ways people accessed primary care.

3.40. Brent is one of the most linguistically diverse areas in the country. In 2011, 37% of the Brent population used a main language other than English, which is the second highest in England after Newham (41%). While the majority using other languages are also highly proficient in English, 1 in 11 of the adult population

[29] 'Digital Inclusion in Brent', Citizens Online
[30] Ibid

could not speak English well, or at all.[31] Such language barriers can lead to miscommunication between clinicians and patients, which can decrease the quality of care offered. Whereas interpreters can usually be present during a face-to-face appointment, remote booking systems and phone appointments present a more significant challenge for those that do not speak English.

3.41. The Task Group has heard that people have the right to register with a GP practice – without the need for proof of address or immigration status, ID or an NHS number. A GP must also provide any treatment which is immediately necessary, even if the patient is not registered with them. If a GP refuses to accept you, they must have reasonable grounds for doing so, such as the practice's register being too full or the patient living too far away. However, there is concern that people undocumented immigrants are being turned away from GP practices or will not register with a GP practice for fear of deportation. This suggests that some GP practices were failing to assure patients that their immigration and residency status have no bearing on their entitlement to register with a GP practice.

People want to be reassured that GP services are there for them when they need them

3.42. The Task Group has heard that people are not always aware of basic GP service information, and wanted more proactive communication from GP practices about changes in working practices. For example, some people had not been aware that practices were now offering face-to-face appointments, and others were concerned that they may miss out on preventative care like having a flu jab or their blood pressure taken. As well as good levels of information, people preferred the use of simple, accessible language and formats, ideally suited to the needs of the recipient. Figure 10 demonstrates that, in 2020, people in Brent found it harder to use their GP practice's website than the national average. Some practices have produced supporting guidance, like YouTube videos, demonstrating how to use e-consult platforms. However, these are not accessible to all patients, such as older people, people with limited English, and people with sight or hearing impediments. As a result, people were confused about how to get in touch with their GP, whether they could make an appointment and how, and what to expect when they attended an appointment both remotely and in person.

[31] 2011 Census

Figure 10: Comparison of Brent CCG and national results for patient's ease of use of their GP practice's website[32]

3.43. The Task Group has also heard that people benefit from knowing what services exist within and around the borough, however information is not always easily available from GP practices. For example, 33% of people in North West London that said they knew what the NHS 111 service was incorrectly thought it was for emergencies.[33] Surprisingly, a recent Healthwatch Brent survey also uncovered that 26% of people were unaware that they were attending a GP Access Hub appointment and instead thought they were attending an appointment with a GP practice.[34] Patients not knowing what services are available to them could negatively impact the care they receive, and could put pressure on GP practice staff who may have to spend considerable time redirecting patients to relevant health and social care services.

3.44. The involvement of patients, carers, their relatives and the community to help shape their experience of primary care is enshrined in NHS Constitution and has become a key indicator of NHS performance nationally. This includes involving patients in decisions about their own care, seeking feedback about their experiences, having patient representatives on boards and committees making decisions about changes to services, and involving the public in planning future services, fundraising and volunteering. Many of the GP practices across Brent have patient participation groups (PPGs) which meet regularly to share information about health services locally, how they are provided and how they can be improved. In general terms, PPGs can provide communication channels between patients and a practice, provide support services, fundraise and monitor patient satisfaction and contribute to practice decisions. A PPG is open to every patient on a GP practice list, and membership should as far as possible be representative of the practice population, and should share the concerns of the wider practice population. There is considerable variation in the organisation of

[32] GP Patient Survey 2020, Brent Clinical Commissioning Group
[33] 'NHS Long Term Plan: North West London Healthwatch Engagement', Healthwatch England
[34] 'GP Access Hub appointments in Brent', Healthwatch Brent

PPGs across nationwide and, similarly, there is considerable variation in the purpose, equitable access and effectiveness of PPGs in Brent.

3.45. The NHS Complaints Advocacy Service can provide independent support for anyone wishing to make a complaint about the treatment or care that they or a friend or family have received from an NHS service in Brent. However, while some improvements to the system are made using complaints data, many concerns are never raised in the first place. According to the Care Quality Commission, three in ten people using health and social care have had concerns about their care but never raised them because they did not know how to or felt that nothing would change.[35]

3.46. The Task Group has heard that proactive patient outreach is essential to improving health outcomes for local residents, especially those who usually experience significant barriers in accessing health care services. Many people experience difficulty in accessing primary care, and others may be unware of the various services that exist in and around Brent. This has been recognised by local health organisations and the local authority, who have made efforts to ensure bring together local people, groups and organisations together to ensure clinical support. Brent Health Matters is one example of a joint-approach to engaging with local communities on a wide range of health issues, and the programme has taken a lead on providing primary care services within those communities that may traditionally be hard to reach. Its work on diabetes prevention is one example, with local people, groups and organisations providing free diabetes checks, exercise and diet advice and Q&A sessions in community settings.

4.0 Financial Implications

4.1 There are no financial implications for the purposes of this report.

4.2 It is possible that some recommendations made by the Task Group in future will have financial implications for local NHS organisations and/or the local authority. It is expected any possible financial implications will be considered by Cabinet and thereafter the Brent Health and Wellbeing Board.

5.0 Legal Implications

5.1 Section 9F, Part 2 of the Local Government Act 2000, *overview and scrutiny committees: functions,* requires that Executive Arrangements by a local authority must ensure that its overview and scrutiny committees have the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are or are not the responsibility of the executive, or on matters which affect the authority's area or the inhabitants of that area.

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[35] 'New research for CQC shows people regret not raising concerns about their care – but those who do raise concerns see improvements', Care Quality Commission

5.2 Section 9Fe, *duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive;-

(a) consider the report or recommendations,

(b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,

(c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

6.0 Equality Implications

6.1 The scrutiny review has been driven by the Task Group's desire to ensure that each resident in Brent has equal access to GP services. The consideration of health inequalities and the ways in which these can be addressed has been at the heart of the scrutiny review.

6.2 The scrutiny review should also consider equalities duties as part of the general duty set out in the 2010 Equality Act.

6.3 Under Section 149 of the Equality Act 2010, the Council has a duty when exercising their functions to have 'due regard' to the need to:

a) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
b) advance equality of opportunity; and
c) foster good relations between those who share a "protected characteristic" and those who do not.

6.4 This is the Public Sector Equality Duty (PSED). The 'protected characteristics' are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

7.0 Consultation with Ward Members and Stakeholders

7.1 The report has been drawn up in consultation with Task Group members.

Report sign off:

LORNA HUGHES
Head of Strategy and Partnerships

on behalf of

SHAZIA HUSSAIN
Assistant Chief Executive