‘No One Left Behind’

GP Access in Brent

A Scrutiny Task Group Report

Chair, Councillor Mary Daly

Brent Community and Wellbeing Scrutiny Committee

Members of the Task Group

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Councillor Abdi Aden

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The task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 24 March 2021.

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Chair's Foreword

Good access to GP services in Brent is central to ensuring that all residents receive the right healthcare, in the right setting, at the right time. Many residents will be aware of the impact that the Covid-19 pandemic has had on general practice, and in particular on the ways in which residents are able to access services.

We recognise the significant pressures the pandemic has placed on general practice, already impacted by rising and ageing populations, an increase in long-term conditions and changing patient expectations. To reduce transmission of Covid-19, general practice implemented predominantly remote consulting via telephone, video or online consultation platforms during the pandemic. This move was largely backed by the public, who understood its necessity in order to protect the health of staff, patients and the public.

Following the end of lockdown in March 2021, a national debate has emerged about whether general practice should return to its pre-pandemic face-to-face model. Some doctors and patients have voiced concern that the system adopted during the pandemic may be preventing some patients from accessing the care they need, and that the pandemic has exacerbated long-term issues and made them more apparent. It was therefore felt that a scrutiny task group would be timely in light of the pressures on general practice during the pandemic, and the various changes that it has brought about.

It is recognised that people will have different views and experiences of general practice, and the Task Group has endeavoured to capture a range of these in its findings and recommendations. The tireless work of GP staff to ensure general practice remained open during the pandemic is acknowledged and, for many patients, their experiences of the care they receive from their GP has continued to be positive. However, the Task Group has come away with a sense that, even in these challenging circumstances, there are things that can be done across Brent's health economy to improve the accessibility of GP services. Our ambition is for Brent to be a borough where no one is left behind – in which all residents live well, with access to high quality appropriate healthcare whenever it is needed.

Our work was conducted in the spirit of cooperation and partnership, and we were encouraged by the willingness of all of those who participated in our work to contribute to a shared vision of GP access across Brent. On behalf of my Task Group colleagues, I would like to thank everyone who participated in our work, including officers, local commissioners and service providers. In particular, I wish to thank Dr Madhuker C Patel, Brent Borough Lead at North West London CCG for his wisdom, knowledge and contribution to the Task Group's work, and to all the residents who gave their time to complete the GP access survey.

I would like to thank Councillor Ketan Sheth, Chair of the Community and Wellbeing Scrutiny Committee for inviting me to Chair the Task Group, as well as my fellow Task Group colleagues for volunteering to be part of this important work and for their vital contributions. I would also like to express my gratitude to those Cabinet Members that offered up their expertise in their respective portfolios during our research, and to the support received from officers at Brent Council, in particular those within the Scrutiny Team.

Councillor Mary Daly
Chair, GP Access Scrutiny Task Group

Recommendations

Recommendations

In light of its findings, the Task Group makes the following recommendations. The recommendations will be shared across the key partners including: Brent Council's Cabinet, Brent Integrated Care Partnership (ICP), North West London Clinical Commissioning Group (NWL CCG), North West London Integrated Care System (NWL ICS) and local primary care networks (PCNs).

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.

1) **Brent Council's Cabinet works with NWL ICS to ensure fair funding for local health services.**

   The Task Group recognises the high levels of need and demand in Brent. It is recommended that Brent Council's Cabinet works with NWL ICS to ensure fair funding for local health services to meet this need.

2) **Brent PCNs demonstrate a clear career development pathway for health care professionals in order to make best use of professional practice staff that enables greater capacity and more appropriate use of GPs. Brent PCNs should report progress against the development pathway to Brent ICP.**

   The Task Group has found that many GP appointments, such as for minor illnesses and injury, could be dealt with by a health professional. It is recommended that Brent PCNs ensure each GP practice has a clear development pathway in place for health care professionals with a view to utilising their full expertise, allowing them to deal with more routine appointments and increase the capacity of GPs. PCNs should ensure that the increased role of health care professionals in delivering GP services is communicated to patients.

3) **Brent PCNs adopt a GP access and treatment standard that all GP practices sign up to and are accountable to. The standard should describe what services are available and what patients can expect from them. All patient participation groups (PPGs) should be involved in setting this standard, and PPGs should be regularly updated on the performance of the standard.**

   The Task Group has found that the ease with which patients access GP services varies across practices, and their experience of services varies too. An access and treatment standard will ensure that Brent residents experience consistently high levels of service in access and treatment when they need them, and in a way that suits their needs. The Brent standard should build on best practice of other local areas, and Brent Council should promote the standard across the West London Alliance.

   The Task Group has identified the following access and treatment standards based on the experience of patients, which should be used a minimum:

   i. Reception and telephone access for all patient needs during opening hours
   ii. Agreed arrangements for evening and weekend access communicated to patients
   iii. Reception telephone answered within a maximum time frame or call back facility available (subject to the move to cloud based telephony systems)
   iv. Appointment and prescription requests addressed within a maximum time frame – regardless of whether request is made via telephone, online or in person

v. Patients make one call only to make an appointment during core hours (subject to the move to cloud based telephony systems)
vi. Appropriately trained clinicians should be involved in all stages of the triage process
vii. Patients updated on all further action taken in respect of requests, appointments and/or treatments where these are carried out by the practice
viii. Referrals to secondary care are clinically appropriate and in accordance with any agreed clinical pathways and referral protocols – patients are updated at each stage of the referral
ix. For rapid access - conversation with registered clinician within fixed period in advance; emergency and urgent needs triaged within four hours. Practices clearly set out the process for routine, rapid and emergency access by agreement with NHS 111 and PPGs – this should be made clear on practice websites
x. Flexible appointment types should be offered and booked in line with clinical need and patient's preference, including face-to-face, telephone, remote/digital and home visits – the range of appointment types should be made clear on practice websites
xi. Bookings available to patients up to four weeks in advance for routine care and patients are made aware of process for cancelling and rebooking routine care appointments
xii. Registration at any GP practice, where this is possible with no requirement for address, immigration status, identification or NHS number – with digital and face-to-face registration options for new patients
xiii. Patients have their digital literacy and access to digital devices recorded on their patient file and taken into account when treatment is given
xiv. Consent for digital communication and services and recorded in patient file
xv. Guidance on online consultation service and digital communication communicated on practice website in easy to use language
xvi. Patients to be able to communicate with GP practice via online consultation system and secure online messaging
xvii. Each practice works towards developing consultant nurse practitioner and prescriber skills
xviii. Non-clinical staff should be available at each GP practice e.g. social prescribers – availability made clear on practice websites
xix. Treatment plans for all patient care agreed with and shared with patients
xx. Prescription medicines issued where clinically effective and cost-effective, ensuring patients are engaged in the process at each stage by their clinical team
xxi. Newly registered patients should receive information on GP practice and NHS England complaints procedures, as well as local complaints and advocacy services

4) Brent PCNs widely communicate the GP access and treatment standard and information on patients' rights to access and treatment including registration, appointments and prescriptions.

The Task Group has found that some patients were unaware of their rights to access GP services, the various GP services available to them, the clinical and social teams at a practice and the ways in which they are delivered. It is recommended that Brent PCNs communicate the GP access and treatment standard, as well as information on patients' rights concerning access and treatment including registration, appointments and prescriptions to ensure they have a clear understanding of what to expect from general practice. Brent PCNs should also measure and communicate the delivery of the standard, for example through the annual GP patient survey, practice websites and PPG meetings.

5) Brent PCNs develop an action plan to ensure that patient participation groups (PPGs) are supported to be actively involved in improving GP services. Brent PCNs

should report progress against the action plan to Brent ICP and Brent Community and Wellbeing Scrutiny Committee.

The Task Group is keen to ensure that practice PPGs are well resourced, representative of the practice population, have input from relevant health and voluntary professionals and are actively involved in service improvement. Brent PCNs should also set up PCN-wide PPGs that are representative of the geographical area they cover and actively involve patients in designing future service delivery. Brent ICS and Brent Community and Wellbeing Scrutiny Committee should ensure that the action plan is delivered by monitoring the effectiveness of PPGs, and Brent ICS should report to Brent Health and Wellbeing Board on PPG performance. Where appropriate, PPG representatives should be co-opted onto the Community and Wellbeing Scrutiny Committee and/or its Task Groups and consideration should be given to formalising links with Healthwatch Brent.

6) **Brent PCNs demonstrate that the configuration of their services does not disadvantage patients based on where they live.**

The Task Group is concerned that the current arrangement of GP services in local areas may disadvantage some patients based on where they live. It is recommended that Brent PCNs consider ensuring that their configuration recognises pre-existing localities such as the five Brent Connects footprints. This should facilitate more geographically accessible services for patients and more effective integrated working between PCNs and statutory health and care partners. PCNs should consult statutory health and care partners on any proposal to change the configuration of a PCN, and if a change is made the rationale for doing so should be communicated to registered practice patients.

7) **Brent PCNs implement a SMART action plan to reduce the barriers experienced by patients when accessing GP services, with a focus on deprivation, ethnicity, disability and other protected characteristics. Brent PCNs should report progress against the action plan to Brent ICP and Brent Community and Wellbeing Scrutiny Committee.**

The Task Group has repeatedly found that some groups of patients experience significant barriers and unequal access to GP services, including patients on persistent low incomes, those with a disability, some older patients, patients whose first language is not English, some children and young people, refugees and asylum seekers and those who cannot access digital technology. It is recommended that a SMART action plan is developed to advance equality of access between people who share a protected characteristic and those who do not (with consideration for the Equality Act 2010), and that the actions identified are incorporated into the access treatment standard.

8) **Brent ICP should work alongside Brent Children's Trust to conduct further research into the experience of children and young people in accessing GP services and take any action as identified.**

The Task Group has concern that some parents with young children and children and young people themselves are having difficulty accessing GP services, especially in accessing mental health support and rapid access to primary care for infants and young children with childhood illness. As such, there is an urgent need to quantify the service offer for children and young people. It is recommended that Brent ICP works alongside Brent Children's Trust to commission necessary expertise to conduct further research on this matter, and that the findings inform an update of the actions identified in the SMART action plan to address the barriers to access and deliver the GP access and treatment standard.

Introduction

The last in-depth review by scrutiny of primary care in Brent was in 2015. It was therefore felt both timely and necessary for the Community and Wellbeing Scrutiny Committee to undertake a review of GP access in Brent. The previous scrutiny task group looked at the ability of primary care to meet demand and provide fair and equitable access, and recommended investment in access, development of innovative ways to meet and arrange demand, and encouraged residents to support themselves where possible in terms of improving their own health and wellbeing.

The GP Access Task Group was established to review the accessibility of general practice in Brent following the end of lockdown in March 2021. It was considered timely in terms of the pressures on primary care and the transformations underway in general practice and the wider health economy, some of which have been accelerated in response to the Covid-19 pandemic. Importantly, the Task Group was set up in response to residents' concern about the ease with which they are able to access their local GP practice.

General practice plays a key role in promoting health, preventing illness, and helping patients to manage long-term conditions. A GP practice provides the first point of contact in the healthcare system, and is the main point of access to other parts of NHS care such as acute and community services.

The significance of the role of general practice and the right of patients with regard to GP services are set out in the NHS Constitution:

- You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.
- You have the right to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.
- You have the right to transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally.
- You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices.

The NHS also pledges to:

- Inform you about the healthcare services available to you, locally and nationally
- Offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it.[1]

Task Group Membership

The Task Group was comprised of the following six elected members:

- Councillor Mary Daly (Chair)
- Councillor Abdi Aden
- Councillor Tony Ethapemi
- Councillor Claudia Hector
- Councillor Gaynor Lloyd
- Councillor Ahmed Shahzad OBE

[1] NHS England, (2021), NHS Constitution

Terms of Reference

The following Terms of Reference were agreed for the Task Group:

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 Covid19 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.

Methodology

The Task Group gathered qualitative and quantitative evidence to complete its report and develop its recommendations. In particular, the Task Group carried out a number of discussions with those involved in providing GP services. A full list of those who took part is detailed in Appendix A.

Members of the Task Group took part in seven themed evidence sessions in which they discussed issues relating to GP accessibility and demand, health inequalities, primary care workforce and capacity, GP digital services and digital exclusion, mental health services, GP contingency planning and the vision for primary care in Brent.

As well as carrying out evidence sessions, the Task Group requested data and quantitative information from a range of stakeholders. The Task Group also developed and carried out a survey on patients' experience of accessing GP services since March 2021, which comprised of a questionnaire with scalable answers provided by anonymised residents. Task Group members worked alongside Healthwatch Brent as volunteer data collectors to conduct the survey in various communities in Stonebridge, Preston, Wembley and Willesden.

Recommendations were developed according to existing legislation for local authority scrutiny. The Task Group notes that an external body or local authority executive is not compelled to act on a recommendation; however, a local authority executive must respond within two months, and NHS organisations are expected to give a meaningful response within 28 days of recommendations being agreed by a scrutiny committee. [2]

During the review, the Task Group had the opportunity to speak with a range of key stakeholders who shared their opinions and experiences of services. The Task Group recognises that people have different experiences of general practice and, through the analysis of information gathered, has tried to present a balanced view of the opinions given.

[2] Department of Health (2014), Local Authority Health Scrutiny

Background

The local health profile

Brent is home to around 327,800 people, making it the ninth largest borough in London. The Brent population has been growing strongly over the last few decades, with the population growing by 27% from 1998-2018 – an increase of 70,900 residents. The population is expected to grow by another 17% between 2020 and 2041 - an increase of 56,700 residents. The wards of Tokyngton and Alperton are expected to see the fastest growth: considered together, they are projected to accommodate an additional 33,200 residents by 2041.[3]

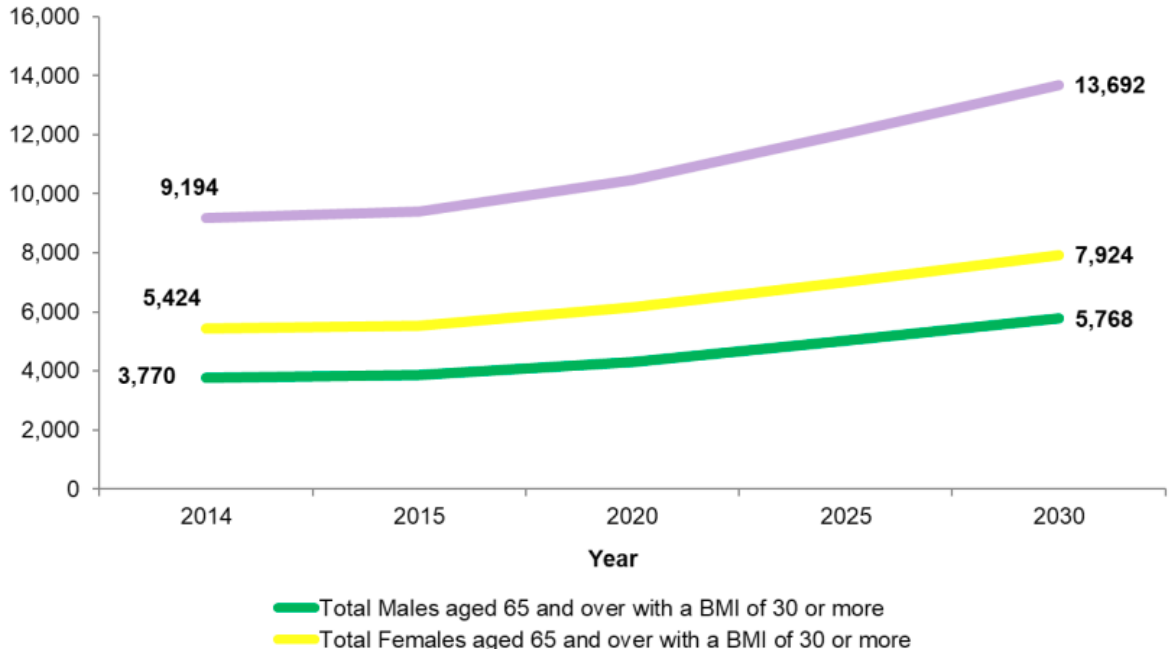
In Brent, life expectancy has been growing steadily. Life expectancy for men in Brent was 81.3 between 2017 and 2019, and 85.5 for women. This is slightly higher than the London average – which is 80.9 for males and 84.7 for women. Healthy life expectancy (the number of years of full health rather than with a disability or in poor health) for men in Brent was 61.6 between 2017 and 2019 – lower than the London average of 63.5. For women, it was 71.3 – second highest behind Richmond upon Thames.[4] Healthy life expectancy is fundamental to a person's quality of life and reducing pressures on primary care.

The premature mortality (dying under the age of 75) rate from all causes in Brent is 288 per 100,000, compared to 326 nationally and 299 across London between 2019 and 2020. Brent has a high rate of premature mortality from cardiovascular disease at 76.2 per 100,000 people, compared to 70.4 nationally 69.1 across London 2019 and 2020. Brent ranks comparatively well nationally in regards to premature mortality caused by cancer with 108.9 per 100,000 compared to 129.2 nationally and 117.4 in London 2019 and 2020.[5] The number of older people with higher dependency is predicted to rise by 62% between 2015 and 2035, which is likely to increase demand on primary care.[6]

In 2018, the proportion of adults aged 18 and over in Brent who are overweight or obese was 55.4%, compared to the national average of 63%. While this is significantly better than the national average, it still represents a present and future burden on primary care. Although rates have improved slightly in recent years, fewer residents in Brent are active (for more than 150 minutes a week) than London and Brent is the fourth most inactive borough in London. Just over half of adults (55.5%) in Brent are estimated to achieve the recommended minimum five portions of fruit and vegetables per day – similar to the national average of 54.8%.[7]

[3] Brent Council (2021), Population Change in Brent
[4] Office for National Statistic (2021), Health and life expectancies
[5] Public Health England (2019), Local Authority Health Profiles
[6] Brent Council (2019), Inclusive Growth Strategy: Health
[7] Brent Council and Brent Clinical Commissioning Group (2019), Joint Strategic Needs Assessment: Health and Lifestyle

Figure 1: People aged 65 and over who are obese or morbidly obese in Brent projected to 2030[8]

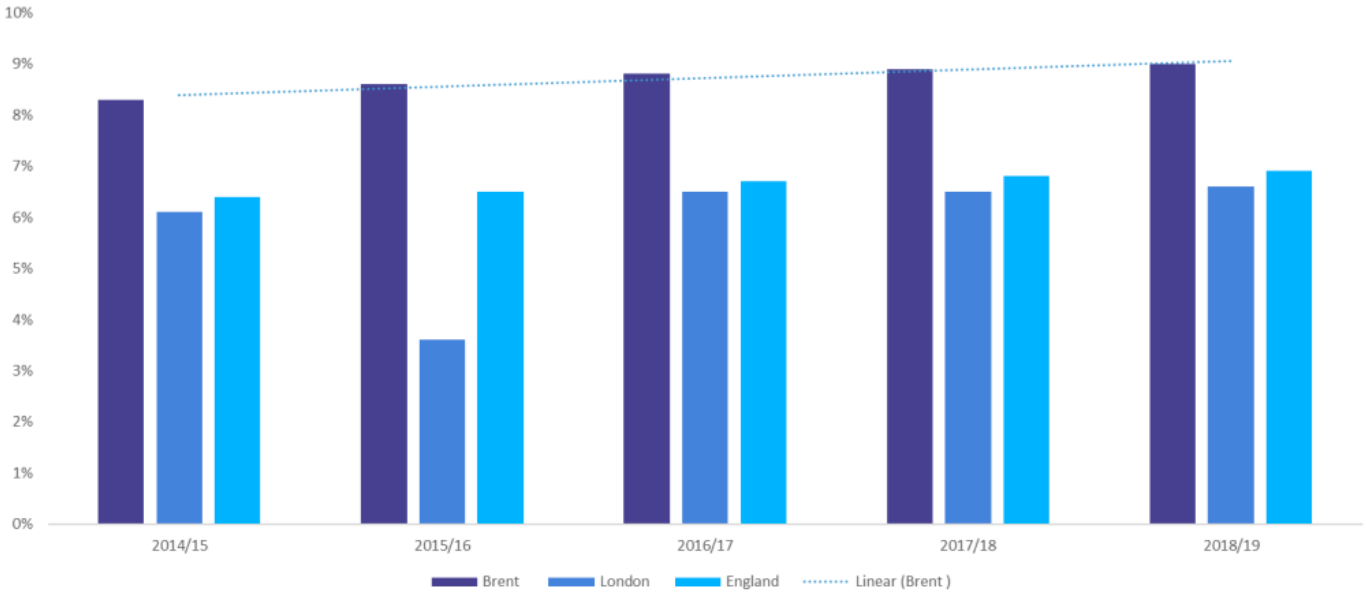


Childhood obesity in Brent is especially high – this is problematic because childhood obesity can affect an individual's health and wellbeing for the long-term, as it is also a predictor of adult obesity. In Brent, 1 in 3 children are obese by the time they leave primary school. In 2019, Brent had a higher prevalence of obese school children leaving primary school compared to the national and London average – in 2019, 26% of children in Brent were obese at Year 6, compared to 23% across London and 20% across England. By 2023, it is estimated that 70% of adults in Brent will be overweight or obese.[9]

In Brent, 17% of all deaths are attributable to diabetes - by 2030, it is estimated that nearly 15% of people aged 16 and over in Brent will have diabetes. In 2019, 9% of adults in Brent had diabetes, compared with 6% across London and 7% nationally. Research shows that people of South African, African, African Caribbean and Middle Eastern descent have a higher than average risk of Type 2 diabetes. Demographic changes and the high obesity rate mean that, if the costs of treating a patient with diabetes stays the same, the overall costs of diabetes are set to grow in England over the next 20 years, when it is projected to account for 17% of the entire NHS budget. This is mainly because of its complications, such as amputation, kidney failure and strokes.[10]

[8] Ibid
[9] Brent Council and Brent Clinical Commissioning Group (2019), Joint Strategic Needs Assessment: Childhood Obesity
[10] Brent Council and Brent Clinical Commissioning Group (2019), Joint Strategic Needs Assessment: Diabetes

Figure 2: Prevalence of adults (17+) with diabetes in Brent, London and England



It is estimated that 16% of the adult population in Brent has a common mental health disorder – slightly higher than the national average of 15.1%.[11] Data suggests that a high proportion of people in Brent feel low levels of worthwhileness, happiness and satisfaction – 17% feel low levels of satisfaction and 16.7% feel high levels of anxiety. Mental health issues often begin in childhood, with 50% of mental health problems being established by age 14 and 75% by age 24. The Covid-19 pandemic has served to exacerbate these – studies show that almost half of all 16-24 year olds nationally showed new symptoms of psychological distress during the pandemic.[12] As of 2017, Brent had approximately 7,000 residents with a learning disability when applied to census population estimates and, between 2014 and 2030, the number of people in Brent with a learning disability is expected to rise by 8%.[13] We know that people with a learning disability have worse physical and mental health outcomes than people without a learning disability – in fact, the life expectancy of women with a learning disability is 17 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.[14]

There is a strong correlation between deprivation and health in Brent. In Brent, the life expectancy gap between the most and least deprived areas is 4.7 years for men and 4.4 years for women. In the ten year period between 2011 and the 2011 Census, overcrowding increased substantially – in Brent, there was an increase of 8,745 overcrowded units. In 2010, 12.1% of households in Brent were overcrowded, which was the third highest level amongst London boroughs, and was much higher than the London-wide overcrowding level which was 7.5%.[15] Within Brent, around half of households in the private rented sector claim Housing Benefit and 45% of people claiming Housing Benefit are in the PRS. Such data suggests that a significant number of people in poverty in Brent are in the private rented sector, where rents are higher and there is less security.[16] In 2015, Brent had the highest number of households in temporary accommodation. However, it has managed to reduce the overall number of

[11] Brent Council, (2018), Public Mental Wellbeing Strategy and Action Plan
[12] Mental Health Foundation (2020), Mental Health Statistics: Children and Young People
[13] Brent Council & Brent Clinical Commissioning Group (2017), Joint Learning Disability Strategy 2017-2020
[14] NHS Digital (2020), Health and Care of People with Learning Disabilities
[15] Brent Council (2013), Brent 2011 Census Profile
[16] Brent Council (2020), A Fairer Future: Ending Poverty in Brent

households in temporary accommodation by 10% year on year between 2015 and 2020, leaving it as the 7th highest.[17] The effects of poor housing on physical and mental health are well documented, especially in relation to overcrowding and substandard housing conditions. Poor housing can lead to a number of health issues, including people seeking medical help or taking medication for mental health issues, not getting enough sleep, people experiencing depression or stress, as well as those falling physically ill or catching Covid-19.

Fuel poverty (the inability to adequately heat a home) is caused by low income and poor housing standards. Data shows that 17,000 households in Brent are in fuel poverty – 15% of all households in the borough. Brent has the second highest rate of fuel poverty of any London borough, and 14th highest of all 326 local authorities across England.[18] The health impacts of fuel poverty for children include weight gain, high hospital admission rates, lower developmental status, and the severity and frequency of asthmatic symptoms. For older people it is associated with higher mortality rates and has a negative impact on physical health. 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.[19]

Brent workers are relatively low paid: almost one third of residents (31%) earned less than the London Living Wage – the second highest percentage in London, after Newham. The local economic consequences of the Covid-19 pandemic are set to be significant – Brent had the second highest proportion of its working age population furloughed in London. Most jobs in Brent are in less well paid occupations (such as wholesale/retail, health and care, hospitality, transportation and food industries). As such, a high proportion of the workforce – 29% earned less than the living wage as of 2019.[20] Unemployment and insecure or low-paid employment has consistently been found to have a negative impact on health, such as the increased prevalence of mental health issues.

The local health economy

Brent has 51 GP practices, with practice list sizes ranging from 533 patients to 22,685. A full list of practice sizes is shown below.

[17] Brent Council (2020), Homelessness and Rough Sleeping Strategy
[18] Ibid
[19] Brent Council (2020), A Fairer Future: Ending Poverty in Brent
[20] Brent Council and Brent Clinical Commissioning Group (2019), Joint Strategic Needs Assessment: Economy and Employment

Figure 3: List of PCNs and practice sizes in Brent[21]

PRACTICE	PCN AREA	Practice List Size 01/01/2021
Brentfield Medical Centre	Harness South	9075
Church End Med Centre	Harness South	7986
Stonebridge Medical Centre	Harness South	7284
Aksyr Medical Centre	Harness South	4624
Hilltop Medical Practce	Harness South	4196
Oxgate Gardens Surgery	Harness South	6727
Roundwood Park Medical Centre	Harness South	4775
Walm Lane Surgery	Harness South	7841
Park Royal Medical Centre	Harness South	7895
Freuchen Medical Centre	Harness South	8929
	Total Harness South	**69332**
The Surgery	Harness North	5680
Pearl Medical Practice	Harness North	4838
Wembley Park Drive Medical Centre	Harness North	12448
SMS Medical Practice	Harness North	5355
Lanfranc	Harness North	6045
Sunflower Practice	Harness North	3202
Church Lane Surgery	Harness North	9201
Willow Tree Family Doctors	Harness North	15917
Preston Road Surgery	Harness North	4359
Sudbury & Alperton Practice	Harness North	8694
	Total Harness North	**75739**
Kilburn Park Medical	Kilburn Partnership	8492
Chichele Road Surgery	Kilburn Partnership	5656
Staverton Medical Centre	Kilburn Partnership	8925
Mapesbury Medical Centre	Kilburn Partnership	8906
Peel Precinct Surgery	Kilburn Partnership	533
Willesden Green Surgery	Kilburn Partnership	6197
The Law Medical Centre	Kilburn Partnership	17899
	Total Kilburn	**56608**
Gladstone Medical Centre	K&W South	9326
Willesden Medical Centre	South	13678
St George's Medical centre	South	2245
Burnley Practice	South	9431
St Andrews Medical Centre	South	1839
The Lonsdale	South	22685
	Total K&W South	**59204**
Neasden Medical Centre & Greenhill Park	North	9678
Uxendon	North	5469
Jai Medical Centre	North	6369
The Fryent Way	North	8273
Kingsbury Health & Wellbeing	North	4572
Brampton	North	5347
Kings Edge Medical Centre	North	3637
	Total K&W North	**43345**

[21] NHS Digital (2021), Patients Registered at a GP Practice

Forty Willows Surgery	Central	6905
Tudor House Medical Centre	Central	3897
Chalkhill Practice	Central	7119
Ellis Practice	Central	8876
Preston Road Medical	Central	6875
Sudbury Surgery	Central	8684
	Total K&W Central	**42356**
Premier Medical Centre	West	9293
The Wembley Practice	West	14312
Hazeldene	West	24569
Alperton	West	5855
Lancelot	West	7017
Stanley Corner	West	6008
	Total K&W West	**67054**

The total number of each type of NHS GP contract held by GP practices in Brent is shown below, and further information on the NHS GP contract is provided in Appendix E. 75% of GP practices in Brent operate under the GMS contract – much like nationally, where 70% of GP practices operate under it.[22]

Figure 4: Total numbers of GP practices in Brent by contract type[23]

Contract type	Total number of contracts in Brent
General Medical Services	37
Personal Medical Services	10
Alternate Providers of Medical Services	4
Total	51

In a report presented to the Community and Wellbeing Scrutiny Committee in July 2017, Brent CCG outlined its ambition to increase the capacity and effectiveness of primary care in the borough. Brent CCG stated that it would focus on extended access and improved access to GP services, provider development and resilience at both individual practice level and at scale, online consultations and the use of technology, developing the local primary care workforce and the delegation of commissioned GP services.[24] The report also highlighted the significant pressures facing primary care in Brent, including an increasingly ageing population, increasing demand on services, variation in care quality and outcomes, financial pressures, ageing infrastructure and recruitment and retention issues.

In 2019, the organisation of GPs in Brent changed with the establishment of 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. PCNs are expected to be consistent in their sizes and geography, and with local ICP and CCG/ICS footprints. Initially in Brent, the GPs established ten PCNs, but later decided to reduce the number to seven in order to work at scale. There are now 51 practices affiliated with the seven PCNs, as detailed in Figure 3. All seven PCNs are led by GP Clinical Directors.

PCNs are expected to be the mechanism by which primary care representation is made

[22] NHS Digital (2020), NHS Payments to General Practice
[23] North West London CCG, Evidence received at Evidence Session 1
[24] Report to the Community and Wellbeing Scrutiny Committee (July 2017), Brent CCG: Primary Care Transformation

stronger in integrated care partnerships (ICPs) and integrated care systems (ICSs), with the accountable clinical directors from each network being the link between general practice and the wider system. ICSs seek to bring together all NHS organisations and local authorities to redesign care and improve the health of local populations, and will take the lead on planning, commissioning care and providing system leadership. All NHS organisations and local authorities in North West London have been working as an informal ICS, led by an Independent Chair and a Chief Executive. The Health and Care Bill was published in July 2021, with ICSs due to become legally recognised bodies in July 2022.

ICSs will also have a key role in working with local authorities, hospitals, community services, mental health services and GPs at local levels at 'place' level through integrated care partnerships (ICPs). 'Place' has a smaller footprint than the ICS, and in many cases will be that of the local authority. The Brent Integrated Care Partnership Executive Committee (ICPEC) is the place-based ICP in Brent within the ICS.

Demand on GP services

Registered patients

The number of registered patients across GP practices in Brent has risen since 2015 and is continuing to rise. As of April 2021, there were 422,377 registered patients across Brent's 51 GP practices, compared to 365,165 across 67 GP practices in April 2015. Of those patients 220,609 were men, and 201,768 were women.[25] A breakdown of the number of registered patients by age groups can be seen below.

Figure 5: Number of registered patients in Brent by age group[26]

0-4	**5-14**	**15-44**	**45-64**
22,067	46,600	211,968	98,972

65-74	**75-84**	**85+**
24,268	13,156	5,346

The picture is similar across North West London CCG. Between November 2020 and November 2021, registered patients grew by over 100,000.[27] Population projections for Brent suggest an ongoing increase in the number of residents in the borough, and a further increase in patients registered to a GP practice in Brent. It is important to note that the population is not projected to increase in all wards. Tokyington (+85%), Alperton (+84%) and Dollis Hill (+47%) are projected to increase most between 2020-41, whereas Queens Park (-9%), Sudbury (-7%) and Kensal Green (-7%) are projected to decline most.[28]

These projections also show likely changes to the age profile of residents with an increase in older people. The number of registered patients is largest in the 15-44 age group, and as these patients get older they are likely to place additional pressure on GP services. This correlates with increased prevalence of long-term health conditions such as diabetes. For example, Kingsbury and Willesden North PCN has one of the highest prevalence for diabetes, which may be due to the PCN having a greater population of 64+ years.[29]

GP practice workforce

Before merging into a single CCG as North West London CCG, Brent was ranked the 7th most under doctored CCG in London with a decreasing and older GP workforce. It was identified as having the most patients per nurse in London as well as the greatest proportion of nurses over 55.[30] As of December 2020, Brent had 177 GPs, 58 nurses, 77 direct patient care staff (such as pharmacists and physician associates) and 351 administration/non-clerical staff (such as practice managers and receptionists).[31]

[25] NHS Digital (2020 & 2021), Patients Registered at a GP Practice
[26] Ibid
[27] Ibid
[28] Brent Council (2021), Population Change in Brent
[29] North West London CCG, Evidence received at Evidence Session 1
[30] Ibid
[31] NHS Digital, (2020), General Practice Workforce

Figure 6: Total number of GPs and other healthcare professionals in all Brent practices[32]

GP Partners	GP Salaried	Practice Managers	Nurses	Pharmacists	Physician Associates	Receptionists
94	53	56	58	12	5	225

It is important to note that the general practice workforce has seen little growth nationally since 2015, with the number of GP partners significantly declining over that time. As of September 2021, there were 1,704 fewer fully qualified full-time GPs nationally compared to 2015.[33] The picture is much the same in Brent – the number of fully qualified full-time GPs in Brent has decreased from 200 in 2015 to 177 in December 2020. Similarly, the number of nurses in the borough has decreased from 105 in 2015 to 58 in December 2020.[34]

However, the level of cover of GPs varies across England – in 2019, North West London had the lowest number of GPs per 100,000 population (54). Some differences are justifiable because the need for healthcare varies due to factors like age, poverty, and rurality in different areas. However, there is concern that there are significantly less GPs per head in North West London than other regions across London.[35] It should be noted that the cover of the GP workforce varies across North West London, too – while Brent had 177 fully qualified full-time GPs in December 2020, Ealing had 221. Similarly, while Brent had 58 nurses in December 2020, Ealing had 82.[36]

Recruitment and retention programmes are being introduced in Brent to reverse the decline in the GP and general practice nurse workforce with fellowships for newly qualified and experienced GPs and general practice nurses, 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, which provides funding for PCNs to recruit to new roles to expand their healthcare teams, has also sought to increase the direct patient workforce with the introduction of new roles such as nursing associates, pharmacy technicians, mental health therapists and physiotherapists.

It is important to recognise that GPs, nurses, direct patient care staff and administrative/non-clerical staff work together in practices as part of multidisciplinary teams, with other healthcare professionals within PCNs called upon when necessary. Practice nurses have become significantly more skilled over recent years and are now providing some services to patients that were previously delivered by GPs, leading to the creation of roles such as nurse practitioners (a nurse who has additional education and training in a speciality area, such as family practice or paediatrics) and independent nurse prescribers (nurses that are able to prescribe any medicine for any medical condition). Some practices may implement nurse-led triage services, meaning that only patients who need to see a doctor are seen by a GP and the remaining patients have their needs met by other healthcare professionals or services, releasing GP time for essential cases.

[32] Ibid
[33] NHS Digital, (2015, 2020 & 2021), General Practice Workforce (comparison of 2015, 2020 and 2021 data)
[34] Ibid
[35] Nuffield Trust (2019), Level of GP staffing in 2018
[36] NHS Digital, (2015, 2020 & 2021), General Practice Workforce (comparison of 2015, 2020 and 2021 data)

The Task Group has concerns regarding the issue of recruitment and retention and the impact this may have on the ability of patients to access GP services. It is clear that there are fewer GPs and other primary healthcare professionals in Brent, despite the number of registered patients rising since 2015. More registered patients does not just mean greater demand for appointments, but also more paperwork, test results and administrative work too. This, mixed with rising patient need, places additional pressure on GP practices.

Covid-19 pandemic

Since the start of the pandemic, the impact of Covid-19 on primary care, and those working within it, has been significant. Staff have been under considerable pressure to maintain services despite social distancing measures, adjusting to virtual consultations and helping to roll out the Covid-19 vaccine. In March 2020 the UK government instructed GP practices to conduct consultations remotely unless there was urgent need for a face-to-face appointment. As a result, most GP practices stopped using face-to-face appointments and introduced remote or digital consultation (via telephone, online message or video) to reduce footfall, and protect patients and staff from risk of infection. Many of these types of consultations continue to be delivered to patients today.

Despite the end of lockdown in March 2021, there remains practical challenges to delivering routine care while Covid-19 remains a risk. Infection control measures are likely to slow the pace at which patients can be treated, having an impact on waiting times and people's outcomes and experiences of care. GP practices also face the challenge of delivering routine care at the same time as continuing to deliver a mass vaccination campaign. GP services will also need to deal with the ongoing health effects of Covid-19, including rehabilitation needs stemming from the virus, and support for those whose health has deteriorated as a result of delayed presentations or gaps in routine care.

Recommendation 1

Brent Council's Cabinet works with NWL ICS to ensure fair funding for local health services.

The Task Group recognises the high levels of need and demand in Brent. It is recommended that Brent Council's Cabinet works with NWL ICS to ensure fair funding for local health services to meet this need.

Recommendation 2

Brent PCNs demonstrate a clear career development pathway for health care professionals in order to make best use of professional practice staff that enables greater capacity and more appropriate use of GPs. Brent PCNs should report progress against the development pathway to Brent ICP.

The Task Group has found that many GP appointments, such as for minor illnesses and injury, could be dealt with by a health professional. It is recommended that Brent PCNs ensure each GP practice has a clear development pathway in place for health care professionals with a view to utilising their full expertise, allowing them to deal with more routine appointments and increase the capacity of GPs. PCNs should ensure that the increased role of health care professionals in delivering GP services is communicated to patients.

Access to GP services

Registering with a GP practice

The number of unregistered patients is not routinely monitored by most CCGs in England – including North West London CCG. The trend of patients registered at GP practices has been in excess of population estimates since recording began in 2013 – though this is thought to be because patients who should have been de-registered are still recorded (for example, because patients move away and do not de-register when they leave).[37]

Anecdotal evidence heard by the Task Group suggests that a significant portion of Brent residents are not registered with a GP practice. Not registering with a GP may be a personal choice (for example, short or medium-term economic immigrants or people who have relocated who are younger and healthier may defer registration until they need to see a GP) or due to systematic barriers (for example, homeless patients or refugees have difficulty accessing NHS services because they have no permanent address). It is also important to note that some residents may be registered with a GP practice outside of Brent.

> *"I was recommended a GP practice to register with on e-consult. However, that practice refused to register me. I tried another and they refused to register me too. I finally managed to register with a third practice, but this was outside of Brent."*
>
> ***Patient from Park Royal***

NHS England guidance makes it clear that you do not need to have proof of address, immigration status, identification or NHS number when registering with a GP. This also applies if you are an asylum seeker, refugee, homeless patient or an overseas visitor – whether lawfully in the UK or not. However, a GP practice does have the right to refuse registration if the practice cannot take on new patients, if the practice is not accepting patients that do not live within its practice boundary or if it may not be appropriate for a patient to register with a practice because it is a long way from where they live.

Booking an appointment

Nationally, 21 million fewer primary care appointments were booked between April 2020 and March 2021 compared to the previous 12 months – a fall from 310 million to 279 million. The picture was similar in Brent - in total, GPs across Brent delivered 1.7 million appointments from March 2019 to February 2020, yet delivered just 1.56 million appointments between March 2020 and February 2021.[38] However, appointments have largely returned to pre-pandemic levels since March 2021. In September 2021, 1.9 million GP appointments were delivered in North West London compared to 777,737 in September 2020. It should be noted that this may in part be due to the number of Covid-19 vaccinations delivered by practices.

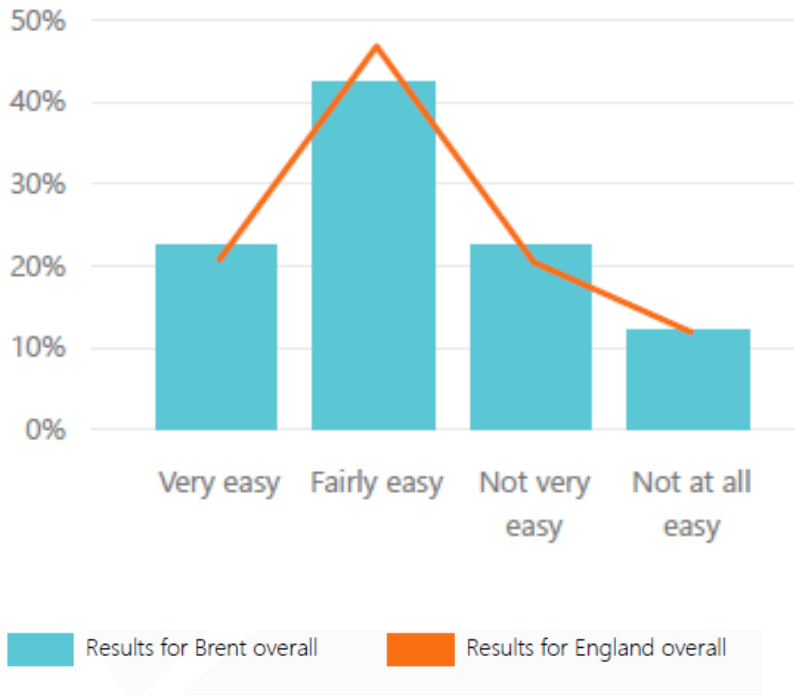
Of the respondents to the Task Group survey who had booked one or more GP appointments since March 2021, 83% booked via telephone, 21% booked via their GP's app or website and 12% booked by visiting their GP practice. It appears that many GP surgeries are still using

[37] NHS Digital (2021), Patients Registered at a GP Practice
[38] NHS Digital (2020 & 2021), Appointments in General Practice

online triage systems such as eConsult, or telephone triage via a receptionist or practice nurse to determine which type of appointment to provide. This often means that patients are offered telephone or video consultations first and face-to-face appointments if the initial appointment(s) indicates it would be appropriate. The Task Group is concerned that this may mean that some people have three interactions with their GP practice before they get the care they need.

Local health commissioners have said that the scale and configuration of telephony systems across Brent varies. The Covid-19 pandemic has 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, 29% of people in Brent found it difficult to get through to their GP practice on the phone in 2021, compared to 25% nationally.[39]

Figure 7: Ease of getting through to someone at GP practice on the phone in 2021[40]



Some patients have expressed their frustration about telephone appointments and not knowing exactly when a doctor will call within a wide time slot. Some patients were discouraged by the short slots given to appointment bookings on each morning, and spoke of unsuccessful waits to get through to a receptionist to book an appointment. Other patients have been told that a GP will call any time in the morning or afternoon, or any time during opening hours without checking if this is convenient. People who work full-time may find this particularly difficult. For many people this challenge is also exacerbated by needing an interpreter, carer or family member to help with the appointment.

[39] NHS England (2021), GP Patient Survey: Brent results
[40] Ibid

"I had difficulty getting through to my GP practice on the phone and, once I did get through, I waited a long time to be called back by a doctor."

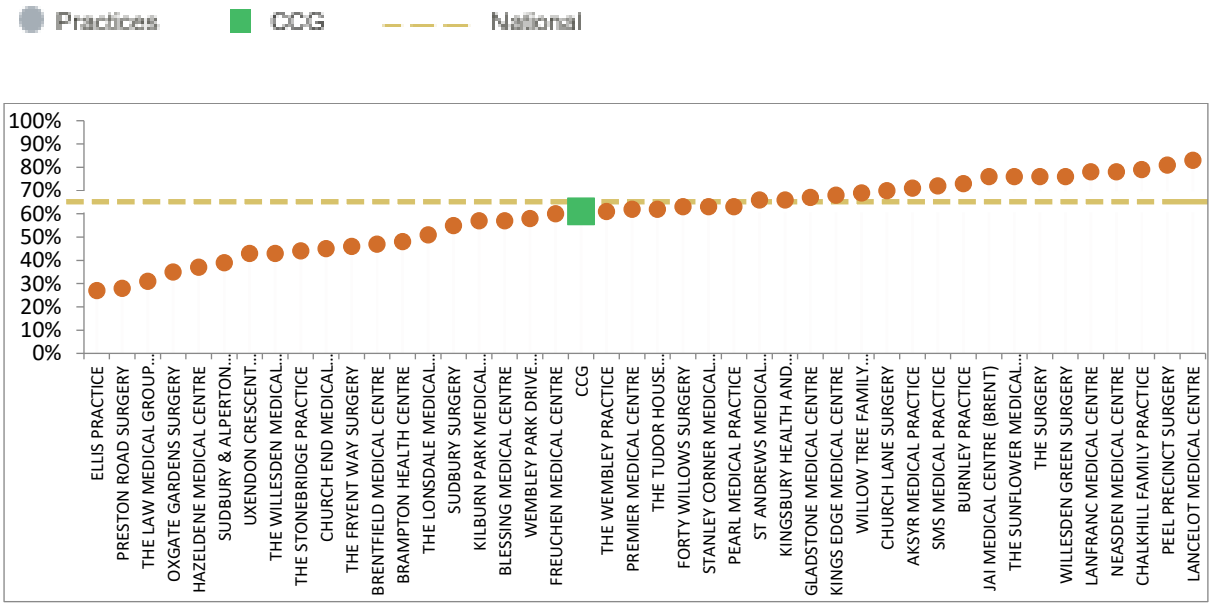
Patient from Wembley

"Booking an appointment on the telephone is stressful. It feels like pot luck whether I get through or not."

Patient from Stonebridge

As in Figure 8, there is significant variation in the percentage of patients saying it is 'easy' to get through to someone on the phone at practice level. Currently, practices are responsible for providing their own telephony systems paid for using funding allocated to them by NHS England, and some practices are locked into expensive contracts with telephony systems which may not be capable of effectively supporting new ways of working. The Task Group has heard that practices are looking at proposals to share back office functions at PCN level, including telephony systems. While such integration is encouraged and the benefits of a shared front-door experience is 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.

Figure 8: Percentage of patients saying it is 'easy' to get through to someone on the phone[41]

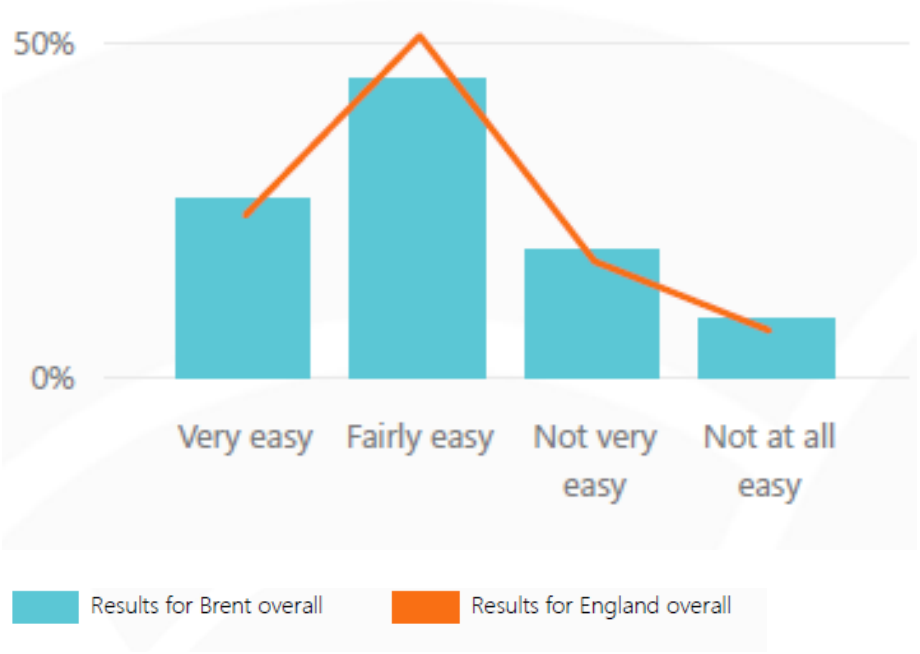


[41] NHS England (2020), GP Patient Survey: Brent results

It was frequently heard that some patients experience difficulties when trying to use GP websites or apps to book appointments. 28% of patients in Brent found it difficult to use their GP practice's website to look for information or access services in 2021.[42] Different online platforms were used at different GP practices, although the most of common of those was eConsult (33% of respondents to the Task Group survey had used eConsult since March 2021). eConsult is an online platform that patients access via their GP practice website. Patients who want help for a specific condition are given options to access self-help information, learn about pharmacy treatments or contact NHS 111. Patients can also submit their symptoms to a GP electronically through their practice website, creating an online consultation. Any urgent symptoms identified during this process will immediately signpost the patient to their practice, emergency services or NHS 111. Some respondents felt that their GP practice did not have clear information on how to book appointments through their website, and others said that the format of some GP websites made it difficult to read or navigate to information on how to make an appointment.

[42] NHS England (2021), GP Patient Survey: Brent results

Figure 9: Ease of using GP practice websites to look for information or access services[43]



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 such as eConsult 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 requests created staff capacity issues. There is concern that patients at some practices are finding it easier to use digital or remote services than others – suggesting that there is variation in the online consultation service offered across practices. While the Task Group recognises the benefits of online consultation platforms, especially in relation to simple and routine medical enquiries and repeat prescriptions, it is keen to ensure that it does not replace investment in the GP workforce.

"I found e-consult confusing and difficult to use. I ended up calling NHS 111 instead."

Patient from Preston

"I found it unhelpful for acute problems such as abdominal pain, headaches or rashes. It cannot judge the severity of your physical symptoms like a GP can."

Patient from Alperton

The Task Group has heard that North West London CCG are currently looking at proposals to recommission its service provider for online consultations, with eConsult's contract due to expire shortly. The Task Group welcomes the offer to meet with North West London CCG and

[43] Ibid

share its views on the current service, which it hopes will support the procurement exercise and help to deliver an improved online consultation service for patients in Brent.

Some respondents to the Task Group survey felt that the receptionist at their GP practice was unhelpful, or made it difficult to book an appointment. Receptionists in GP practices are generally the first point of contact for people seeking medical help, acting as gatekeepers to the service. In fact, 16% patients in Brent did not find their receptionist helpful in 2021, compared to 11.3% nationally.[44] However, it is important to note that the role of a receptionist has been more challenging than ever throughout the Covid-19 pandemic, with receptionists receiving a high volume of telephone and online requests with patients being asked to avoid trips to the practice.

"The receptionist at my GP practice wanted to know my medical issues before they would book me an appointment with a doctor. I found this quite intrusive."

Patient from Wembley

Overall, 60% of people in Brent described their experience of making an appointment in Brent in 2020 as good, compared to 65% nationally. Of those, 19% described it as poor, compared to 17% nationally.[45] Of those who responded to the Task Group survey and had contacted their GP since March 2021, 43% had found it either more difficult, much more difficult or were unable to contact the GP at all.

Some residents said that they were giving up before they are offered an appropriate GP appointment, and even presenting at A&E as an alternative.. Of the respondents to the Task Group survey who had used healthcare services other than their GP practice since March 2021, 27% had used NHS 111 and 26% had used A&E after making contact with their GP – suggesting that patients did not always access the necessary care at the first time of asking. As demonstrated in Indeed, 19% of patients went to A&E after declining an appointment with their GP in 2020, compared with 13% nationally.[46] This may put additional pressure on A&E units – with some patients presenting with issues that could be resolved at general practice.

It is important to note that the majority of respondents to the Task Group survey were happy with the treatment they received from their GP since March 2021. Of those who had sought care and treatment from their GP practice since March 2021, 52% felt that their GP had been good or very good at giving them enough time, and 60% felt that their GP had been good or very good at listening to them. This suggests that the main issue for many patients is accessing GP services, rather than the care they receive from GPs themselves.

Type of appointment

Unlike the overall number of appointments delivered by GP practices, the number of face-to-face appointments offered has failed to return to pre-pandemic levels. Following the easing of social distancing rules in May 2021, NHS England issued updated guidance for GP practices which stated that all practices must ensure they are offering face-to-face appointments alongside the use of video, online and telephone consultations.[47] Nationally, only 58% of

[44] NHS England (2021), GP Patient Survey: Brent results
[45] NHS England (2020), GP Patient Survey: Brent results
[46] Ibid
[47] NHS England (2021), Updated Standard Operating Procedure to Support the Restoration of General Practice Services

appointments in August 2021 were face-to-face, compared with 54% in January 2021 and 80% before the pandemic.[48] The picture is the same across North West London – 62% of appointments in August 2021 were face-to-face, compared with 64% in January 2021.[49] Of those respondents to the Task Group survey who had been offered a consultation with their GP since March 2021, 68% were via telephone, 8% were via video and 28% were face-to-face.

Many residents said that they were not given a choice of appointment when making contact with a GP practice. NHS England issued updated guidance on patients' choice of consultation type in May 2021, stating that practices should respect preferences for face-to-face care unless there were good clinical reasons to the contrary.[50] The benefits of using online or telephone triage is well documented and recognised. However, there is concern that patients are becoming increasingly dissatisfied with the type of appointment offered, as well as the lack of choice in the appointment offered. Last year in Brent, 36% of patients were unsatisfied with the type of appointment they were offered, compared with 27% nationally.[51]

Moreover, some respondents to the Task Group survey stated their dissatisfaction with the type of appointment given by their GP practice since March 2021. Some people preferred the option of face-to-face appointments, whereas others believed that a lack of face-to-face appointments hindered an effective diagnosis. 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. Whilst the demand on GP services and current infection measures in place are recognised, it is clear that face-to-face appointments do not work for every patient.

> *"I asked for a face-to-face appointment but was told to make my appointment online. I was given treatment following my online consultation but that did not work. I think if the doctor had seen me face-to-face they would have found it easier to diagnose me. I ended up getting private treatment."*
>
> ***Patient from Preston***

Extended services and urgent care

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 in 2020.[52] There is also concern that patients are not aware that GP Access Hub

[48] NHS Digital (2019 & 2021), Appointments in General Practice
[49] Ibid
[50] NHS England (2021), Updated Standard Operating Procedure to Support the Restoration of General Practice Services
[51] NHS England (2020), GP Patient Survey: Brent results
[52] Ibid

are available outside of GP practice hours. This has been heard by respondents to the Task Group survey and, in January 2020, 26% of respondents to a Healthwatch Brent survey stated that they were unaware that they their out-of-hours appointment was provided by a GP Access Hub.[53] Patients not knowing what out-of-hours services are available to them could negatively impact the care they receive, and could put pressure on A&E as well as other healthcare staff who may have to spend considerable time redirecting patients to appropriate health and social care services.

Brent Urgent Care Centre (UCC), based at Central Middlesex Hospital, is open 24 hours a day, seven days a week, and every week of the year. Its GP-led team offers urgent and immediate medical care when patients are unable to see their own GP and as an alternative to A&E without having to book an appointment. It is recognised that access to this service will vary, as what is deemed urgent may differ between individuals and clinicians. It has been heard that 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. 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, the Task Group has heard that Brent UCC was utilised more in Stonebridge and Harlesden than any other area in Brent – the two highest areas of deprivation in the borough, and two areas of close proximity to Brent UCC.

Local commissioners explained 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. According a Mind survey, two in five (40%) of all GP appointments in 2018 involved mental health issues.[54] 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. It has been heard that 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.

[53] Healthwatch Brent (2020), GP access hub appointments in Brent
[54] Mind (2018), 40 per cent of all GP appointments about mental health

Recommendation 3

Brent PCNs adopt a GP access and treatment standard that all GP practices sign up to and are accountable to. The standard should describe what services are available and what patients can expect from them. All patient participation groups (PPGs) should be involved in setting this standard, and PPGs should be regularly updated on the performance of the standard.

The Task Group has found that the ease with which patients access GP services varies across practices, and their experience of services varies too. An access and treatment standard will ensure that Brent residents experience consistently high levels of service in access and treatment when they need them, and in a way that suits their needs. The Brent standard should build on best practice of other local areas, and Brent Council should promote the standard across the West London Alliance.

The Task Group has identified the following access and treatment standards based on the experience of patients, which should be used a minimum:

i. Reception and telephone access for all patient needs during opening hours
ii. Agreed arrangements for evening and weekend access communicated to patients
iii. Reception telephone answered within a maximum time frame or call back facility available (subject to the move to cloud based telephony systems)
iv. Appointment and prescription requests addressed within a maximum time frame – regardless of whether request is made via telephone, online or in person
v. Patients make one call only to make an appointment during core hours (subject to the move to cloud based telephony systems)
vi. Appropriately trained clinicians should be involved in all stages of the triage process
vii. Patients updated on all further action taken in respect of requests, appointments and/or treatments where these are carried out by the practice
viii. Referrals to secondary care are clinically appropriate and in accordance with any agreed clinical pathways and referral protocols – patients are updated at each stage of the referral
ix. For rapid access - conversation with registered clinician within fixed period in advance; emergency and urgent needs triaged within four hours. Practices clearly set out the process for routine, rapid and emergency access by agreement with NHS 111 and PPGs – this should be made clear on practice websites
x. Flexible appointment types should be offered and booked in line with clinical need and patient's preference, including face-to-face, telephone, remote/digital and home visits – the range of appointment types should be made clear on practice websites
xi. Bookings available to patients up to four weeks in advance for routine care and patients are made aware of process for cancelling and rebooking routine care appointments
xii. Registration at any GP practice, where this is possible with no requirement for address, immigration status, identification or NHS number – with digital and face-to-face registration options for new patients
xiii. Patients have their digital literacy and access to digital devices recorded on their patient file and taken into account when treatment is given
xiv. Consent for digital communication and services and recorded in patient file
xv. Guidance on online consultation service and digital communication communicated on practice website in easy to use language
xvi. Patients to be able to communicate with GP practice via online consultation system and secure online messaging
xvii. Each practice works towards developing consultant nurse practitioner and prescriber skills
xviii. Non-clinical staff should be available at each GP practice e.g. social prescribers – availability made clear on practice websites
xix. Treatment plans for all patient care agreed with and shared with patients
xx. Prescription medicines issued where clinically effective and cost-effective, ensuring patients are engaged in the process at each stage by their clinical team
xxi. Newly registered patients should receive information on GP practice and NHS England complaints procedures, as well as local complaints and advocacy services

Recommendation 4

Brent PCNs widely communicate the GP access and treatment standard and information on patients' rights to access and treatment including registration, appointments and prescriptions.

The Task Group has found that some patients were unaware of their rights to access GP services, the various GP services available to them, the clinical and social teams at a practice and the ways in which they are delivered. It is recommended that Brent PCNs communicate the GP access and treatment standard, as well as information on patients' rights concerning access and treatment including registration, appointments and prescriptions to ensure they have a clear understanding of what to expect from general practice. Brent PCNs should also measure and communicate the delivery of the standard, for example through the annual GP patient survey, practice websites and PPG meetings.

Recommendation 5

Brent PCNs develop an action plan to ensure that patient participation groups (PPGs) are supported to be actively involved in improving GP services. Brent PCNs should report progress against the action plan to Brent ICP and Brent Community and Wellbeing Scrutiny Committee.

The Task Group is keen to ensure that practice PPGs are well resourced, representative of the practice population, have input from relevant health and voluntary professionals and are actively involved in service improvement. Brent PCNs should also set up PCN-wide PPGs that are representative of the geographical area they cover and actively involve patients in designing future service delivery. Brent ICS and Brent Community and Wellbeing Scrutiny Committee should ensure that the action plan is delivered by monitoring the effectiveness of PPGs, and Brent ICS should report to Brent Health and Wellbeing Board on PPG performance. Where appropriate, PPG representatives should be co-opted onto the Community and Wellbeing Scrutiny Committee and/or its Task Groups and consideration should be given to formalising links with Healthwatch Brent.

Recommendation 6

Brent PCNs demonstrate that the configuration of their services does not disadvantage patients based on where they live.

The Task Group is concerned that the current arrangement of GP services in local areas may disadvantage some patients based on where they live. It is recommended that Brent PCNs consider ensuring that their configuration recognises pre-existing localities such as the five Brent Connects footprints. This should facilitate more geographically accessible services for patients and more effective integrated working between PCNs and statutory health and care partners. PCNs should consult statutory health and care partners on any proposal to change the configuration of a PCN, and if a change is made the rationale for doing so should be communicated to registered practice patients.

Barriers to accessing GP services

Language

Brent is one of the most linguistically diverse areas in the country, with around 150 different languages used. 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, around 9% of adults in Brent could not speak English well, or at all. Proficiency in English was related to both age and gender: older women typically had poorer levels of proficiency in English.[55]

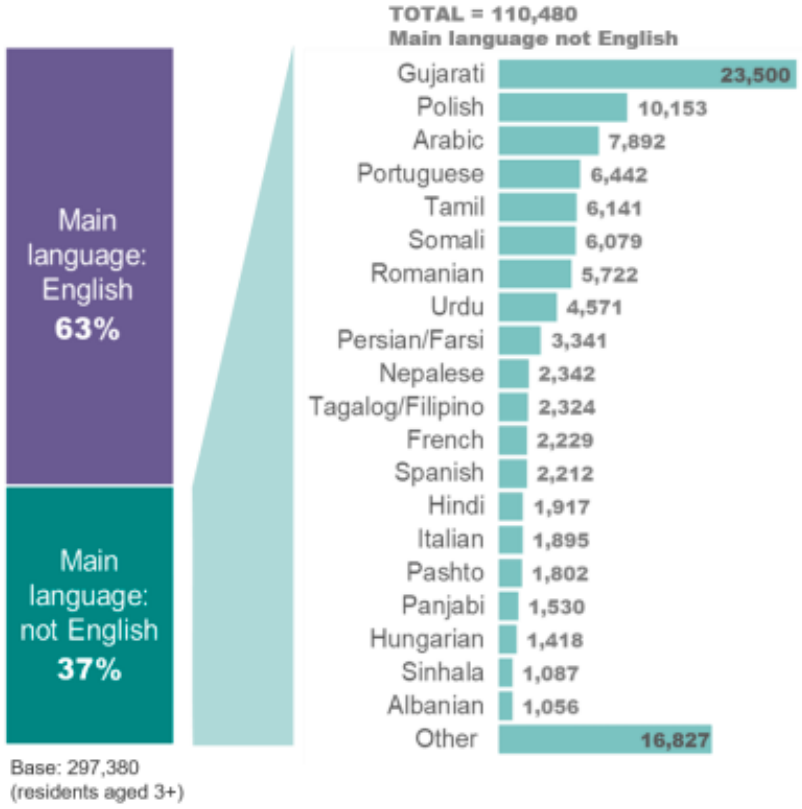


Figure 10: Residents by main language, Brent 2011[56]

Deaf patients are specifically entitled to British Sign Language (BSL) interpreters to ensure they can receive and understand information about their care and communicate with practitioners. While patients who do not speak English or have English as a second language and require extra support are not legally obliged to receive it, NHS England guidance states that patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others.[57]

[55] Brent Council and Brent Clinical Commissioning Group (2019), Joint Strategic Needs Assessment: Migrants and Refugees
[56] Ibid
[57] NHS England (2018), Interpreting and Translation Services in Primary Care

Residents who do not speak English as their first language expressed concern that language barriers can lead to miscommunication between clinicians and patients, which can decrease the quality of care given. Whereas interpreters can usually be present during a face-to-face appointment, remote booking systems and telephone consultations present a more significant challenge for those that do not speak English. People with limited English proficiency, especially the elderly, tend to rely on body language and facial expressions to communicate with their doctors during face-to-face appointments, making remote appointments difficult. People with language barriers often depend on family to translate their issues during consultations, which can be an issue when sharing private medical information and can put people off contacting their GP practice. As most online information is in English, people with language barriers, including those who use British Sign Language, find it hard to understand. For example, trying to book or confirm an appointment on an English-based online consultation platform, such as eConsult, can be a problem and can prevent patients from accessing care.

"We can't express our medical issues over the phone because English isn't our first language. We can't demonstrate our concern in the same way."

Patient from Wembley

"I have to use e-consult for my grandparents because they do not speak English. Once an appointment I made I need to make sure I'm around for most of that day because the appointment slots are so wide."

Patient from Harlesden

Disability and long-term conditions

Around one in seven Brent residents (14%) have a long-term health problem or disability that limits their day-to-day activities – either a little (7%) or a lot (7%). Those who regularly use GP services are more likely to have a disability or long-term condition - of those who responded to the Task Group survey, 33% had a disability. The prevalence of disability and poor health rises sharply with age: 83% of residents aged 85 or over had a long-term health problem or disability compared with 3% of children. Of all those aged 65 and over, more than half (54%) had a long-term health problem or disability. The prevalence of disability in Brent and London is lower than nationally (20%), reflecting the fact that the population in London has a younger age profile.[58]

Nationally, 2.2% of the population have a learning disability. In Brent, this equates to approximately 7,000 people when applied to census population estimates. As of 2017 approximately 3,300 adults were registered as diagnosed with a learning disability with Brent CCG and 640 are known to Brent Council as users of statutory funded services to meet their Care Act eligible needs.[59] The number of children and young people with Special Educational Needs and Disabilities (SEND) is relatively high and continuing to rise, with 3.9% of children

[58] Brent Council (2020), Equality Profile of Brent

[59] Brent Council and Brent Clinical Commissioning Group (2017), Brent Joint Learning Disability Strategy 2017-20

who attend school having an education, health and care plan (EHC), compared to 3.7% nationally.[60]

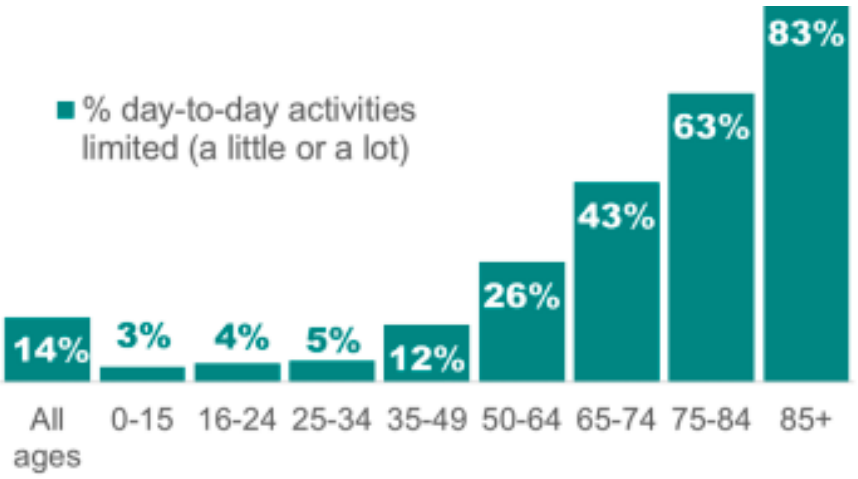


Figure 11: Long-term disability or health problem by age, Brent 2011[61]

It is estimated that 4,300 disabled residents in Brent are offline. Disabled internet users are less likely to access public services online that non-disabled internet users – 37% vs 43% nationally. This gap varies among people with different impairments: it is largest for visually impaired people (27% vs 43%), while hearing-impaired people are as likely as non-disabled people to use the internet to access public services (44% vs 43%).[62] The Task Group has heard that some people with a learning disability did not have digital access or were unable to use technology without support or a carer present. Some people with sight impairments were unable to read instructions unless they were in Braille, and those with hearing impairments may struggle to make or attend appointments via telephone. There is concern that this can make some people reluctant to contact their GP practice via telephone or online, and as a result they may not access the care that they need.

Physical disabilities can also be a barrier to accessing digital or remote healthcare. For example, people with disabilities affecting their arms may not be able to use a computer or telephone screen. Holding the telephone for a long time to get through to a GP practice can also be difficult. Some people who responded to the Task Group survey were unaware that their GP practice may offer home visits – suggesting that some disabled patients and their carers did not have access to home visits either due to a lack of communication or because their GP practice were not offering them at the time. There is concern that for many disabled people the alternatives are not always appropriate.

Some disabled residents have said that prior to the Covid-19 pandemic they found it difficult to book same-day appointments if their GP practice required them to physically attend the surgery and queue in the morning. Similarly, people with paid carers were only able to attend appointments at certain times of the day, but this did not always match with the times available for same-day appointments. Therefore, some disabled people, especially those with mobility issues, have found that remote or digital healthcare has made it easier for them to access GP services and to avoid difficult trips to their practice.

[60] Office for National Statistics (2021), 'Special educational needs in England: January 2021'
[61] Brent Council (2020), Equality Profile of Brent
[62] Citizens Online (2020), Digital Inclusion in Brent

"I can't get an appointment. I struggle with technology and making an appointment via telephone is difficult for me – I have a hearing impairment and have to wear a hearing aid."

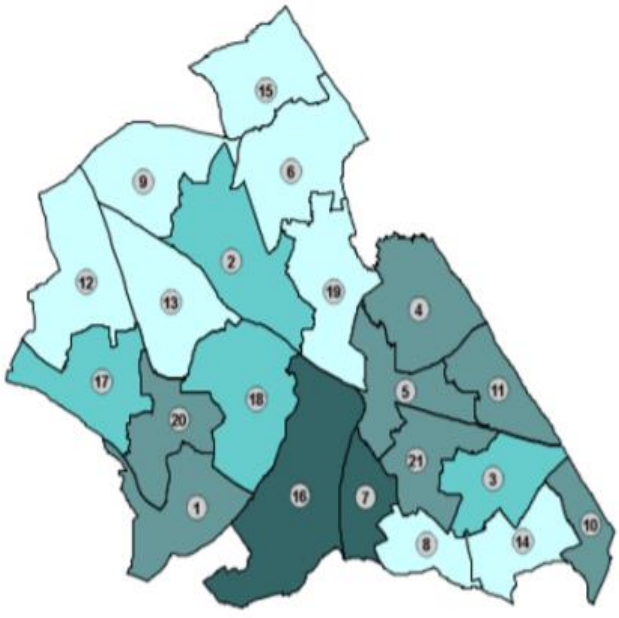
Patient from Wembley

"My surgery is not accessible for disabled people like myself. Due to my disability, I also find it difficult to make appointments online and the wait to get through on the telephone is just too long. I find it difficult to contact my GP practice."

Patient from Willesden Green

Deprivation

Brent has high levels of poverty and deprivation. One in three households in Brent live in poverty - compared to one in five in England. This is the sixth highest rate in London and the highest in outer London. Of Brent's 34 neighbourhoods, 15 are in the top 10% nationally for poverty rates. There are particular concentrations of poverty in areas such as Harlesden and Stonebridge. Poverty rates are particularly high for young people in Brent - one study has found that for every five children in Brent, two will be in poverty.[63]The local economic consequences of the pandemic are set to be significant too - Brent had the second highest proportion of its working age population on furlough during the pandemic.[64]



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%

Figure 12: Brent households in poverty by middle layer super output areas[65]

[63] Brent Council (2020), A Fairer Future: Ending Poverty in Brent
[64] Ibid
[65] Ibid

Residents on lower incomes have said that they are less likely to have digital skills and therefore may struggle to access digital or remote GP services. Nationally, only 25% of people earning under £11,499 per year have skills in each of the five essential digital skills groups (communicating, handling information and content, transacting, problem solving and being safe and legal online), compared to 61% of people earning over £25,000. Furthermore, people on lower incomes are less likely to be able to afford digital devices, and are therefore more likely to be digitally excluded - between 34,000 and 98,000 adults in Brent lack access to one or more digital devices (between 13% and 37% of the adult population).[66] In fact, Harlesden, Stonebridge and Dollis Hill were all included in the 10% of wards nationwide most at risk to digital exclusion – three of the most deprived wards in Brent.[67]

Some people on lower incomes may be unable to afford the extra charge of a broadband contract, or some may opt for devices with more basic features which may prevent them from using certain healthcare applications. Access to the internet is not the only barrier – it can also be difficult for people to afford to call their GPs using a telephone if they are on a pay-as-you-go contract or a contract with limited call allowances, and people may be put off by the cost of long waiting times to get through to their GP practice. It has also been heard that people on cheaper internet deals may have poor connection and slow internet speed, making remote or digital consultation difficult. This becomes more challenging for those with language barriers and in need of interpreter services when communicating with their GP online.

"I haven't looked into using e-consult. I don't have the money to afford a device to use it, nor the digital skills or confidence to navigate it."

Patient from Stonebridge

Age

Like other boroughs in London, Brent has a relatively young population. The median age of the population is 36, four years lower than the national average. Brent has proportionately fewer over 50s than England (30% vs. 38%), and more adults aged 25-44 (31% vs. 26%). Brent also has a higher proportion of children aged under ten compared with England (14% vs. 12%).[68] Between 2020-41, the number of residents aged 65 and over is projected to increase by 78% – an additional 33,000 older residents by 2041. In contrast, the child population is expected to see little change over the same period, increasing only marginally by 1%.[69]

[66] Citizens Online (2020), Digital Inclusion in Brent
[67] Ibid
[68] Brent Council (2021), Population Change in Brent
[69] Ibid

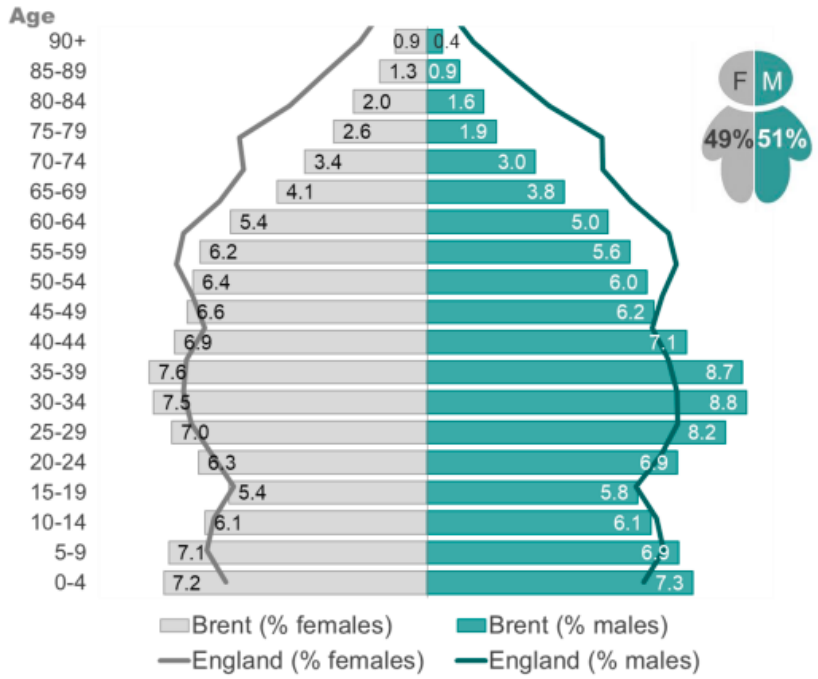


Figure 13: Population by age and gender, Brent and England 2020[70]

Older people are more likely to be digitally excluded – to be offline, to lack digital skills and to be less likely to have access to digital devices. Nationally, 33% of people aged over 65 have not been online in the last three months. The majority of these (86%, or 29% of all people aged over 65) have never been online.[71] Of those who responded to the Task Group survey and had not used eConsult, 18% were over the age of 64. There may be number of reasons for this, including a lack of knowledge, cost and security concerns. It has been heard that some elderly patients are more comfortable depending on family to help them access digital or remote healthcare services, but this has not been possible for some who may be isolating due to the Covid-19 pandemic and cannot meet their family. There is concern that a lack of alternatives to remote or online consultations may mean that they do not receive vital healthcare. However, it should be noted that some elderly patients do feel comfortable using digital devices. The Task Group has heard that some elderly patients find online platforms such as eConsult useful in managing long-term conditions – especially in accessing routine care, medical reviews and prescriptions.

> "*My elderly mother struggled to get through to her GP practice on the telephone. She had to wait a long time and wasn't called back within the time frame given to her. She doesn't have access to any technology and doesn't have the digital skills to use online services so her options are limited."*
>
> ***Patient from Tokyngton***

[70] Ibid
[71] Citizens Online (2020), Digital Inclusion in Brent

Some young people have said that they find it difficult to make appointments with their GP. Once children reach the age of 16, they can agree to examination and treatment just like adults, and GP practices do not need to seek parental consent to see them. However, Brent Youth Parliament has told the Task Group that contacting a GP practice was daunting for some young people. Some felt that GP staff were not always empathetic towards the issues that young people present with, such as mental health concerns, and others felt altogether unimportant to their GP. Generally, it was felt that GP practices were unwelcoming for young people and that staff sometimes failed to ease any concerns that they may have prior to attending an appointment. Anecdotal evidence has also been heard from some parents with young children that they are being turned away from GP practices, and are instead reverting to NHS 111 or even presenting at A&E. There is concern that practices are refusing to see children with flu-like symptoms such as a cough, runny nose and fever, even if they are Covid-19 negative. It is important to note that some children and young people (especially those with long-term conditions) are regular users of GP services. Asthma is the most common long-term condition in childhood nationally – in Brent, there were 168 emergency admissions of children (under 10 years) due to asthma in 2019/20. Indeed, this is higher than the average rate for England, which lied at 161.[72]

"My GP practice refused to see my infant child because she had a cough and a fever. We were told to present at A&E instead."

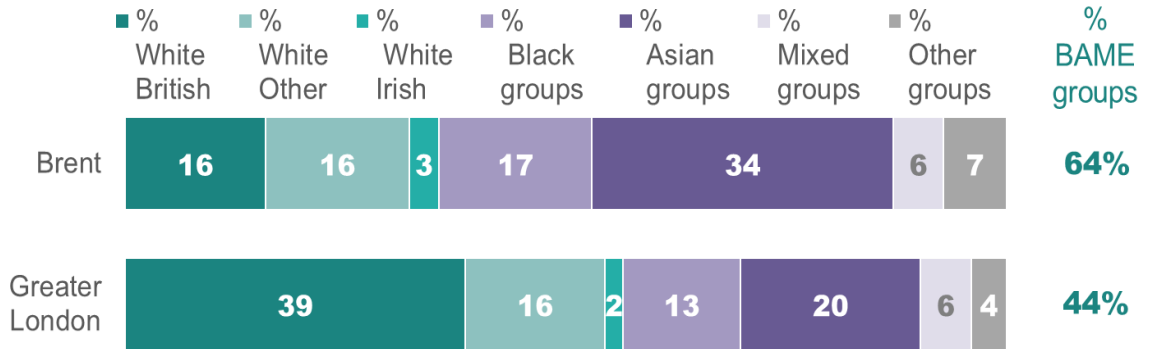
Patient from Wembley

Ethnicity and country of birth

Brent is one of the most diverse boroughs in London. In Brent, almost two thirds of the population are from minority ethnic groups, the third highest in London behind Newham and Redbridge. A further 19% of residents are from White minority groups, and the remaining 16% are White British, the second lowest rate in London after Newham. 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%). It is estimated that around 16% of the Brent population are from 'White Other' groups – up from 14% in 2011. Around three quarters of this ethnic group were from countries in Eastern and Western Europe in 2011.[73]

[72] Public Health England (2021), Child Health Profiles
[73] Brent Council (2021), Community Profiling: Diversity in Brent

Figure 14: Population by ethnicity, Brent and London 2020[74]



Brent attracts residents from all over the world. In 2011, over half (55%) of the Brent population were born outside the UK – the highest percentage in England and Wales. The 2011 Census identified Brent residents born in 215 different countries. The top countries of origin included: India, Poland, Ireland, Sri Lanka, Kenya, Jamaica, Somali, Pakistan, Romania and Iraq. In 2011.[75]

While there is little data on the levels of asylum seekers and refugees in Brent, the number is thought to be considerable. Brent Council offered to home 52 Syrian refugees under the Vulnerable Person Resettlement Scheme between March 2017 and June 2019, including 25 children. 306 unaccompanied asylum-seeking children came to Brent between 2017 and 2019. More than half of Brent's unaccompanied asylum seeking children came from two countries: Afghanistan and Albania.[76]

Some residents have said that GP practices in Brent are not providing undocumented migrants, refugees and asylum seekers with the necessary support to register with a GP practice, or are not allowing them to register altogether. An investigation by the Bureau of Investigative Journalism (BIJ) in 2021 found that undocumented migrants without proof of address or ID were being refused registration with GP surgeries in Brent. It contacted 19 surgeries posing as a migrant's friend – four would not respond to the enquiry at all, and a further 12 refused to register an undocumented prospective patient.[77] The Task Group has also heard about the difficulties refugees and asylum seekers have found in registering with a GP practice - some were unaware of their right to register with a GP practice, which led to delayed access to free NHS prescriptions and dental care. It also affects the effectiveness of

[74] Ibid
[75] Ibid
[76] Brent Council and Brent Clinical Commissioning Group (2019), Joint Strategic Needs Assessment: Migrants and Refugees
[77] Kilburn Times (2021), Undocumented migrants in Brent denied access to GPs

the Covid-19 vaccination programme, as people will only be contacted to arrange a vaccination appointment if they are registered with a GP practice.

"Many of the asylum seekers and refugees I work with are unaware of their rights to access primary care. This makes receiving any treatment a lengthy process, as we have to support them to navigate the registration process and to book an appointment. Only then can they get the treatment they need."

Refugee Resettlement Officer based in Stonebridge

Recommendation 7

Brent PCNs implement a SMART action plan to reduce the barriers experienced by patients when accessing GP services, with a focus on deprivation, ethnicity, disability and other protected characteristics. Brent PCNs should report progress against the action plan to Brent ICP and Brent Community and Wellbeing Scrutiny Committee.

The Task Group has repeatedly found that some groups of patients experience significant barriers and unequal access to GP services, including patients on persistent low incomes, those with a disability, some older patients, patients whose first language is not English, some children and young people, refugees and asylum seekers and those who cannot access digital technology. It is recommended that a SMART action plan is developed to advance equality of access between people who share a protected characteristic and those who do not (with consideration for the Equality Act 2010), and that the actions identified are incorporated into the access treatment standard.

Recommendation 8

Brent ICP should work alongside Brent Children's Trust to conduct further research into the experience of children and young people in accessing GP services and take any action as identified.

The Task Group has concern that some parents with young children and children and young people themselves are having difficulty accessing GP services, especially in accessing mental health support and rapid access to primary care for infants and young children with childhood illness. As such, there is an urgent need to quantify the service offer for children and young people. It is recommended that Brent ICP works alongside Brent Children's Trust to commission necessary expertise to conduct further research on this matter, and that the findings inform an update of the actions identified in the SMART action plan to address the barriers to access and deliver the GP access and treatment standard.

Appendices

Appendix A
Participants

The task group would like to thank the following participants who contributed to the report and/or took part in evidence sessions held between 26 May 2021 and 11 November 2021:

- Fana Hussain, Interim Brent Borough Director, North West London Clinical Commissioning Group
- Dr Madhuker C Patel, Brent Borough Lead, North West London Clinical Commissioning Group
- Jonathan Turner, Brent Borough Director, North West London Clinical Commissioning Group
- Councillor Harbi Farah, Lead Member for Adult Social Care, Brent Council
- John Licorish, Public Health Consultant, Brent Council
- Sheik Auladin, Managing Director, North West London Clinical Commissioning Group
- Councillor Neil Nerva, Lead Member for Public Health, Culture and Leisure, Brent Council
- Dr Sachin Patel, Clinical Lead, North West London Clinical Commissioning Group
- Jon Baker, Deputy Medical Director, London North West Healthcare NHS Trust
- Norrita Labastide, Divisional Manager, London North West Healthcare NHS Trust
- Patrick Brooke, Director of Totally Urgent Care, London North West Healthcare NHS Trust
- Jo Kay, Manager, Healthwatch Brent
- Isha Coombes, Programme Director, Brent Integrated Care and Community Services
- Dr Jahan Mahmoodi, General Practitioner, Hazeldene Medical Centre
- Behtenie Woolfson, Area Inspection Manager, Care Quality Commission
- Dr Ishani Patel, Clinical Lead, North West London Digital Accelerator
- Rehena Ramesh, Digital Lead, Brent Council
- Madeleine Leathley, Digital Workstream Lead, Brent Council
- Kemi Akanle, Clinical Director for Brent Mental Health Services, Central and North West London NHS Foundation Trust
- Michelle Reilly, Practice Manager, Lonsdale Surgery
- Dr Sana Rabbani, General Practitioner, Freuchen Practice
- Karen McCartney, Practice Nurse, The Surgery
- Dr Mohammed Haidar, General Practitioner, The Wembley Practice
- Sarah Nyandoro, Head of Joint Commissioning for Mental Health, Learning Disability and Autism, North West London Clinical Commissioning Group
- Philippa Galligan, Borough Director for Brent Mental Health Services, Central and North West London NHS Foundation Trust
- Zena Kazeme, Refugee Resettlement Officer, Sufra North West London
- Kenechi Ezeajughi, Chair of Brent Youth Parliament

The Task Group would also like to thank all residents who took part in the survey on their experiences of access to GP services in Brent since March 2021. It has been valuable to hear directly from patients with experience of accessing general practice in Brent.

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.

Appendix B
Evidence Sessions

	Themes and Areas for Discussion
Evidence Session 1 26 May 2021	Demand and Access for Primary Care GP Services GP and Out of Hours Provision in Brent Health Inequalities Primary Care Workforce and Capacity
Evidence Session 2 9 June 2021	Quality Standards GP Access and Deprivation, Deprivation GP Primary Care and Health Inequalities Cultural Communities GP Primary Care and Health
Evidence Session 3 24 June 2021	Understanding Digital Exclusion in Brent Digital GP Access and Health Inequalities Digital Local Offer for GP Primary Care
Evidence Session 4 15 July 2021	General Practice Teams and Primary Care Services Supporting Patients to Access GP Primary Care General Practice Workforce and the Digital Offer
Evidence Session 5 20 October 2021	Vision for Primary Care in Brent Pathways from GP Services to Mental Health Services GP Practice Contingency Planning
Evidence Session 5a 27 October 2021	Vision for Primary Care in Brent
Evidence Session 6 11 November 2021	Accessibility of GP Mental Health Services Pathways from GP Services to Mental Health Services

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Appendix D
Glossary of Terms

- A&E: Accident and Emergency
- CCG: Clinical Commissioning Group
- GP: General Practitioner
- GP Access Hub: GP practice offering evening and weekend appointments for patients registered with other practices in the area, providing access to primary care out of normal GP practice opening times.
- NHS: National Health Service
- NHSE: NHS England
- ICS: Integrated Care System
- ICP: Integrated Care Partnership
- NWL: North West London
- Primary Care: Primary care is the day-to-day healthcare given by a health care provider. Typically, this provider acts as the first contact and principal point of continuing care for patients within a healthcare system, and coordinates other specialist care that the patient may need. Patients can access primary care services through their local general practice, community pharmacy, optometrist, dental surgery and community hearing care providers.
- PCN: Primary Care Network
- PPG: Patient Participant Group
- UCC: Urgent Care Centre

Appendix E
NHS GP contract explained

Every individual or partnership of GPs must hold an NHS GP contract to run an NHS-commissioned general practice. These set out mandatory requirements and services for all general practices, as well making provisions for several types of other services that practices may also provide. There are three different types of GP contract arrangements used by NHS

commissioners in England – General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS). All types of contract are managed by the NHS commissioner (either NHS England or a local CCG).

The GMS contract is the national standard GP contract. This contract is negotiated nationally every year between NHS England and the General Practice Committee of the British Medical Association, the trade union representative of GPs in England. It is then used by either NHS England and/or CCGs (depending on delegated powers) to contract local general practices in an area. The PMS contract is another form of core contract but unlike the GMS contract, is negotiated and agreed locally by CCGs or NHS England with a general practice or practices. This contract offers commissioners an alternative route with more flexibility to tailor requirements to local need while also keeping within national guidelines and legislation. The APMS contract offers greater flexibility than the other two contract types. The APMS framework allows contracts with organisations (such as private companies or third sector providers) other than general practitioners/partnerships of GPs to provide primary care services. APMS contracts can also be used to commission other types of primary care service, beyond that of ‘core’ general practice.