

Executive Response to the Community and Wellbeing Scrutiny Committee

11th April 2022

On 22 February 2022, the Community and Wellbeing Scrutiny Committee agreed recommendations to the Cabinet after considering the GP Access Task Group's final report. The Cabinet's Executive Response and decisions against those recommendations are provided below.

Please note that the Executive Response outlined below would require delivery through Brent Integrated Care Partnership (ICP) and North West London Integrated Care System (ICS) rather than directly through the Council. This was agreed and recognised through the Health & Wellbeing Board.

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.

Executive Response:

Representations have already been made through Brent ICP to North West London ICS for a fair funding settlement across a range of health services.

Specific analysis at North West London level has shown significant underfunding within mental health services, and work is underway to redress that balance through any new or additional funding allocations to health providers over the coming years.

There is also additional primary care investment of £7million across North West London recurrent for 4 years to improve patient care, £2.4million for diabetes and serious mental illness, and £2million for GP winter funding for Urgent Treatment Centre redirection and GP access.

Community service budgets have also received recurrent (4 year) Ageing Well Funding of £1.5m, plus additional funding for community mental health services

Brent ICP will seek further data from North West London ICS across other health services, recognising not just population size but also the needs of the population, and will continue to seek investment for additional funding to address high priority needs within the borough

Decision: Agreed

Actions:

- i). Brent ICP to formally request data from North West London ICS on funding allocations by 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.

Executive Response:

There is an extensive existing training programme for staff within primary care.

Brent Primary Care Networks (PCNs) have access to a range of roles to support GPs in undertaking routine activities and free up capacity, including Additional Roles Reimbursement Scheme (ARRS) roles and social prescribing link workers, among others.

However, Brent ICP have identified workforce recruitment, training and development as a major blockage to delivery of the borough priorities across a range of health professionals at GP practice level. Work is underway to develop a dedicated whole system workforce strategy and delivery plan at borough level, with a dedicated programme manager to address these challenges.

In addition, Brent ICP Executive have agreed to take forward a programme of work around the establishment of geographically based locality teams, which will bring together community health and social care teams to provide wrap-around support to primary care. Recruitment to the programme lead role is underway.

Decision: Agreed

Actions:

- i). Recruitment of dedicated workforce and locality team programme managers.

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*

Executive Response:

There has been extensive work undertaken with the 51 GP practices to improve access with a range of partners to map and address access needs across the population. It is recognised that there have been significant changes to the way that primary care is run, especially during the Covid-19 pandemic, with new systems and processes initiated including around online appointments and virtual wards as well as the more traditional model of consultation.

Brent ICP Executive recognise the importance of GP access, and have established a dedicated Executive group focussed on PCN development and GP practice variation. It is proposed that the development of GP access standards becomes a core component of this Executive group going forwards, with detailed work to co-develop these standards

These standards will be co-developed with partners across North West London, and will recognise that where digital access is a barrier, that there are other means of accessing appointments.

It is proposed that there is a new digital access platform developed which will improve accessibility, including voice to text messaging, interpretation and a more user friendly on line consultation service

Decision: Agreed in part – subject to amendments below

- *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 (where practice are in receipt of the information)*
- *For rapid access - conversation with registered clinician within fixed period in advance; emergency and urgent needs triaged within four hours. (routes for emergency and urgent access is through 111 who have capacity to triage calls within the stated hours)*

- 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 (**contractually GP practices are required to ensure patient resides in agreed practice area – exemptions exists for homeless, this is to ensure home visiting requirements are met**)
- Patients to be able to communicate with GP practice via online consultation system and **secure online messaging (functionality for on line messaging is by invitation from GP practice)**
- Each practice works towards developing **consultant nurse practitioner and prescriber skills – (consultant nurse practitioner not a known role, nurse’s shortage is well known, suggest we work towards each practice having access to and developing Clinical Pharmacists)**

Actions:

- i). Co-develop detailed Access Standards with GP practices, Patient Participation Groups and North West London London for action within 2022/23

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.

Executive Response:

Significant work has been undertaken through Brent Health Matters and other programmes to improve community awareness of GP access rights. This has included development of communications materials in different languages, the establishment of a dedicated phone line to support with any health and care queries, and also outreach events in different community settings to support GP registration. There is a large pool of volunteers and staff who are available to support people in community settings.

Practices are requested to communicate to patients opening hours, and out of hours’ provision, including weekend provision. Audits are undertaken to ensure the contract requirements are being met.

Annual GP patient survey is undertaken by NHS England with limited opportunity to develop questions/ include additional data.

Decision: Agreed in part – remove reference to the annual patient survey

Actions:

- i). Undertake audit of GP practice messaging systems and communications training for front line staff.*
- ii). Implement new cloud based telephone service to improve access to general practice, including call re-directions, assessing high demand period and ensuring staffing levels meet demand.*
- iii). Continue community based communications support to ensure patients access services and promote key messages*

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 Health watch Brent.

Executive Response:

Brent ICP Executive have commissioned consultancy support which will develop proposals for the the involvement of patient representation in the shaping of services locally.

Additional training will also be provided and support to PCNs to develop PCN wide PPG meetings and develop closer links with patient populations locally

Decision: Agreed

Actions:

- i). Provide bespoke training courses for GP practices/PCN level to further develop the PPG and the benefits of patient engagement in service development

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.

Executive Response:

The Brent Health Matters teams will further outreach model to ensure care is provider closer to the patient home. Future models of care will focus on barriers to accessing care, ensuring no patient is left behind. Practices are also adopting this model and working alongside the Brent Health Matters team to deliver services in community settings. We will seek to develop our integrated care model further to provide services to those communities where engagement may be lower.

Links developed with voluntary organisations, charities and faith leaders to be maintained and further develop in addressing health inequalities

Changes in PCN configuration and delivery of place based commissioning models remains our most challenging agenda, which Brent ICP is committed to developing. Patients are at times apprehensive of change and where these changes directly affect patients, these messages would be communicated to patients, where there are no direct changes we would welcome further discussions.

Decision: Agreed

Actions:

- i). Further develop outreach and community based delivery models recommendation(s).
- ii). Further strengthen links with community, voluntary and faith groups in addressing health inequalities in local populations
- iii). PCN changes directly impacting patients communicated to patients.

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.

Executive Response:

Recruiting dedicated borough analysts with deprivation and ethnicity lens to undertake deep dive on barriers to healthcare in local populations. PCN Variation Executive Group to review variation in care within population groups

Focussed support for asylum seekers, homeless, patients whose first language may not be English, including outreach work, working with local community leads. Equality and Quality Impact assessment to form part of service change proposals.

Continue with digital inequalities work stream including providing digital devices and Wi-Fi access to ensure digital inclusion of patient groups

Decision: Agreed

Actions:

- i). Borough level analysis of health inequalities between patient groups, addressing barriers to health (interpreters, written format, digital).
- ii). Further expand digital inclusion agenda and on line training for patients.

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.

Executive Response:

Work has commenced to review presentation of paediatric cases at acute settings, the lower acuity of these cases highlighted the opportunity to work with Community Pharmacists under the Community Pharmacy Consultation scheme to provide access to health advice on the High Street.

Each of the seven Brent PCNs will provide a GP Access Hub from 1st October 2022 which ensures access for patients from 6.30-8pm on weekdays and 9am to 5pm on Saturdays.

Access to Mental Health Services to children and young people will form a focus of the ICPs plan for the coming financial year with additional mental health team staff employed to work across PCNs and Mental Health providers.

Decision: Agreed

Actions:

- i). Review of demand and capacity access for children and young people. Development of integrated pathways with Community Pharmacy services to improve access to timely advice and intervention.
- ii). Establishment of PCN Access Hubs with dedicated Saturday clinics staffed by multi-disciplinary staff members.
- iii). Review of access to mental health services for children and younger people

Implementation by: Commencement April 2022 to March 2023

Cabinet Member: Councillor Farah – Lead Member for Adult Social Care

Lead Department: Community and Wellbeing

Lead Officer: Phil Porter - Strategic Director of Community and Wellbeing