	Health and Wellbeing Board 28 July 2022
	Report from NHS NW London – Brent Place Based Team
GP Access Update and Implementation	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Fana Hussain AD Primary Care NHS NW London – Brent Borough 6 Th Floor Brent Civic Centre' HA9 0FJ

1.0 Purpose of the Report

1.1 This report sets out the proposal for improving access to medical services in the Borough. The report sets out the challenges faced by front line NHS providers and seeks to set out practical steps to take forward the recommendations from the Community and Wellbeing Scrutiny Committee on GP Access in Brent.

2.0 Recommendation(s)

- 2.1 Board members are requested to note the contents of the action plan and provide a steer on the draft proposal to improve outcomes for patients.
- 2.2 The Board is requested to note the challenges faced by the NHS and the implications of the rising Covid cases, which has led to a re-focus on booster vaccination.
- 2.3 Board members are requested to note that GP access remains a development area, the proposals for improving access are aimed for delivery within the next three to twelve months, there will be a continued focus on improving access to medical services in the Borough and new initiatives continue to be developed by Primary Care Networks and their management teams.

3.0 Detail - Background

3.1 It is important to acknowledge that issues with accessing a GP appointment are not exclusive to Brent. National reports highlight the growing issue with availability of GP appointments in most parts of the country, with patient satisfaction rates dropping as a result. The British Medical Association and the British Heart Foundation are two organisations which reference the growing issue within their publications (see extract below). Similarly, NHS England on its website highlights the feedback from patients in the national survey.

Public satisfaction with general practice remains high, but in recent years patients have increasingly reported, through the [GP Patient Survey](#), more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice. However, good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time. <https://www.england.nhs.uk/gp/improving-access/>

Is there a GP appointments crisis?

News reports claim there's a crisis in your doctor's surgery, with patients struggling to get appointments. Lucy Trevallion investigates the reality and what it means for you.



It has been called a "staffing crisis", "workload crisis" and "funding crisis" by journalists and by some politicians. General practice is "on the brink", "near meltdown", "failing" and "crippled", according to headlines. Some news reports suggest that people who need regular check-ups, such as those with [heart conditions](#), simply can't access GP appointments.

Pressures in general practice data analysis

We monitor data on GP workforce, working patterns and appointment numbers to help build a picture of the level of strain GP practices in England are under.

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GP practices across the country are experiencing significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and knock-on effects for patients.

They have been at the forefront of the NHS's response to the COVID-19 outbreak, delivering vaccines whilst maintaining non-COVID care for patients throughout.

This page provides analysis on the pressures in general practice and is updated monthly with new data.

Last updated: July 2022

3.2 The report briefly touches on some of the challenges facing the NHS, how these challenges are being addressed and actions being taken to put in place sets aimed at improving access to health care advice.

- **Patient living longer:** Pressure on appointments in general practice was already a significant issue before the pandemic – driven in part by demographic changes that mean people are living longer, but with more years spent in poorer health and often with more than one long-term health condition (multi-morbidity).
- **Recruitment:** the number of qualified GPs in England has fallen, with limited progress towards the government goal of 6,000 more GPs and rising need from

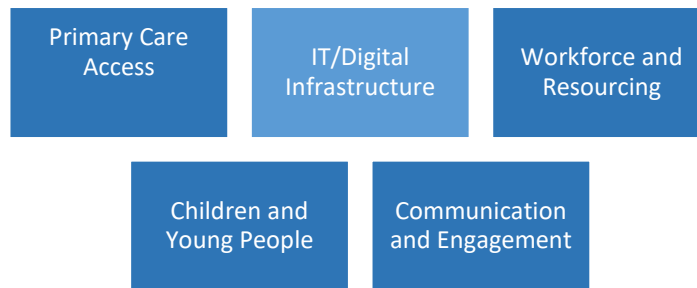
a growing population. Since 2016, the number of fully qualified GPs has fallen by 416. Recruitment issues are also highlighted in other professions, especially nurses and clinical staff.

- **On the day demand:** Rapid access has distracted attention from the wider roles and core values of prevention, holistic care and continuity that underpin general practice. The balance between reactive care (demand led care) and pro-active (preventive care) needs to be balanced to ensure patients receive the care they require.

There remain other challenges around investment in health services, both in GP practices and other services such as community, acute and social care. The on-going covid vaccine programme still requires additional clinical support, and a significant number of patients remain on waiting lists, with elective backlog clearance a major priority.

Supporting the acute sector – because of the significant numbers of patients already waiting for elective treatment, there has been an increase in the number of patients that are referred back to their GP from hospitals with advice on how to manage patients in primary care (for example to prescribe a particular medicine or to monitor the patient on an ongoing basis). This has the advantage of providing more immediate care to patients rather than waiting a longer time to see a hospital doctor on a waiting list. However, it also adds to GP workload, as some of this activity would have been undertaken in hospital before the pandemic.

- 3.3 The recommendations of the Community and Wellbeing Scrutiny Committee as set out in its report 'No-one left behind – GP Access in Brent', have been shared with Primary Care Network (PCN) Clinical Directors (CD), the Local Medical Committee (LMC) (a committee which represent GP practices), the North West London Primary Care team and the Borough based team.
- 3.4 A local Task and Finish Group has been established to oversee the implication of the recommendations, the group will also oversee the establishment of the Enhanced Access Hub Directed Enhanced Serviceⁱ (DES). The Task and Finish Group will report directly to the Primary Care Development and Variation Executive Group, which in turn reports to the ICP Executive Group.
- 3.5 Enabling good access, especially for vulnerable and disadvantaged groups, is inherently practical work. To be successful, this needs to focus on three things:
 - (1) understanding population needs;
 - (2) tackling barriers to equitable access and co-designing inclusive access pathways; and
 - (3) ensuring access is targeted appropriately.
- 3.6 This paper focuses on those areas that Primary Care Networks have assessed as making the most positive impact to patient care, areas that are achievable in the timescales identified and the implementation of the service/product may form the building block to further development. The five areas identified for development are:



- 3.7 **Primary Care Access** – The Enhanced Access model due for implementation from 1st October 2022, will aim to support the 51 GP practices in Brent with additional capacity in the evenings from 6.30 to 8.00pm Monday to Friday and Saturday from 9am to 5pm. This existing Access Hub will transition to the new Enhanced Hubs with increased capacity, more face to face appointments, with both routine services (screening and immunisation) to pro-active care management (long term condition review clinics).

In addition to the Enhanced Access Hubs, the eight Boroughs in NW London will seek to introduce a standard for general practice – which will aim to improve access to primary care; the service specification is currently undergoing a governance process. The focus will be on ensuring core hours’ provision, timely management of the home visiting service, telephone access, timeline for responding to on line consultation and patient registration.

- 3.8 **IT/Digital Infrastructure** – Accessing care on an equal footing. When a patient needs a GP appointment, the way they contact their surgery must be flexible to their needs and circumstances. Practices that insist on telephone or online access are inaccessible to some patients and a more tailored approach is needed. This should include access through digital services (online consultations) for people able to use these, options to contact the surgery in person or by phone for people without digital access, or using email for selected patients with special needs. Practice staff – particularly receptionists – must proactively identify patients who cannot use digital services and inform them about alternative access routes.

It is fully acknowledged that those patients who hold a preference for **on-line/digital access**, free up telephone capacity by utilising on line services, therefore initiatives aimed at supporting patients to utilise on line services are being fully supported. It is also acknowledged the current on line platform is long and not always patient friendly. The move from ‘E-consult’ as a provider for on-line services to ‘PATCHS’ from 1st August 2022 will enable patients to complete a more simplified form for on line consultation, Patients will be able to complete the form in seven steps, three of which are mandatory. A number of languages are available and the aim is to enable ‘voice to text’ in the near future, where a patient is able to relay their condition onto the on line form.

GP practices are actively being supported to move to a **cloud based telephone** service, which will enable practices to better map their peak telephone call times and develop an action plan to better manage patient demand. The cloud based telephone service also enables transfer of calls to another site to enable

telephone lines at GP surgeries to be freed e.g. transfer of relevant calls to a central booking hub for child immunisation clinics.

- 3.9 **Workforce and Resourcing:** Increase in workforce capacity in general practice will support the delivery of additional capacity; all PCNs are fully committed to recruiting additional roles, the current proposal suggests a substantial increase in the staffing, including increase in clinical pharmacists, podiatrist, physiotherapists, health coaches etc.

PCN CDs have outlined their commitments to supervision, development, education and training of current staff in general practice. PCNs are developing plans to ensure patients receive a better experience when contacting their GP surgeries and staff are empowered and supported to assist patients safely with their requests.

- 3.10 **Children and Young people:** Co-designing inclusive access pathways. The delivery of a joint access pathway across school nursing/ health visits and general practice was identified as a key step towards improving access to children and young people. It will seek to ensure a clear and joint message on access routes, managing expectation and ensuring a more seamless pathway between school based/delivery team and GP practices. This pathway should also seek to introduce efficiency and prevent wastage of valued NHS resources – for example a central store for emergency medication, as opposed to each child receiving a second emergency medication – which inevitably expires and is therefore disposed.

Expansion of the **Paediatric Hubs** is proposed with a more joint approach to developing paediatric services for children and young people. The current clinicians are developing literature for new first time mums on managing nine common conditions in young babies. With second paediatric clinician encouraging families to take up the child immunisation vaccines, through Beat Radio shows and local Saturday GP led child immunisation clinics.

- 3.11 **Communication and engagement:** there is a need for clear, open public communication campaign to explain that, with new multi-professional teams in general practice; patients may not always see a GP. Even with efforts to increase GP capacity and to better target GP care according to need, there is likely to be pressure on services for some time. The public also have a part to play in enabling the NHS to provide the care they need, and a patient charter may help in setting out these expectations – for example 30-40% of calls to 111 over the Bank Holiday weekend are for repeat prescription requests. Repeat prescription ordering is available through the NHS App, through on-line consultation platforms or via a local community pharmacy.

The Community Pharmacy Scheme facilitates patients to have a same day appointment for a minor illness, or an urgent supply of a regular medicine, improving access to professional advice and providing more convenient treatment closer to the patient's home. Community pharmacy and GP practices aim to work together to raise awareness of the scheme and encourage patients

to utilise the services of high street community pharmacies for same day appointments.

4.0 Next Steps

- 4.1 We will respond to the issues and concerns raised in both the Scrutiny report and clear messages we have heard from the community events through the access task and finish group. We will develop a series of clear public commitments and a clear 5-point access plan that addresses these concerns directly, and will continue engagement with the community on the basis of “You said, we did”.
- 4.2 We will share a draft with the Board during August, and would welcome any involvement from Members in future events and on the final proposed action plan

5.0 Financial Implications

- 5.1 Both capacity and workforce remain challenging at primary care level, the diversion of primary care staff to lead on innovative new practices, inevitably leads to capacity issue for routine service delivery.
- 5.2 Funding for digital innovation has been identified and presented to NW London – the outcome of this investment request is awaited. Funding for the Community Pharmacy Consultation scheme is part dependant on funding for IT infrastructure.
- 5.3 A number of initiatives are in train for which funding has been released – for example roll out of cloud base telephony, improved on-line access to practices. Those initiative are being progressed locally.

6.0 Legal Implications

- 6.1 The requirement for Enhanced Access provision is set out in the PCN Network DES (page 31 onwards) <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-directed-enhanced-service-guidance-updated-march-2022.pdf>. The ICP Executive will be required to sign off the proposed extended hours provision by PCNs.

7.0 Equality Implications

- 7.1 Primary Care Network leads, borough team and partner organisations will continue to work together during and throughout the duration of the implementation and delivery phase to ensure that patient views, feedback and needs are taken into account in the commissioning and delivery of access locally. An Equality Impact assessment is developed for new initiatives e.g. Enhanced Access

Related documents:

Community and Wellbeing Scrutiny Committee recommendations - No one left behind. GP access in Brent

<https://democracy.brent.gov.uk/documents/s120898/6.2.b.%20Appendix%20%20-%20GP%20Access%20Scrutiny%20Task%20Group%20Report.pdf>

Report sign off:

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ⁱ <https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/>