 Brent NHS North West London	Brent Health and Wellbeing Board 29 March 2023
	Report from Brent Borough Team
GP Access in Brent - Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key Decision – Progress Update
Open or Part/Fully Exempt:	N/A
No. of Appendices:	None
Background Papers	None
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1.0 Purpose of the Report

- 1.1 To provide an update on progress of the five Priority areas for improving access in Brent to address the findings of the Brent Community and Wellbeing Scrutiny Committee report ‘No one left Behind’ GP Access in Brent, July 2022ⁱ.

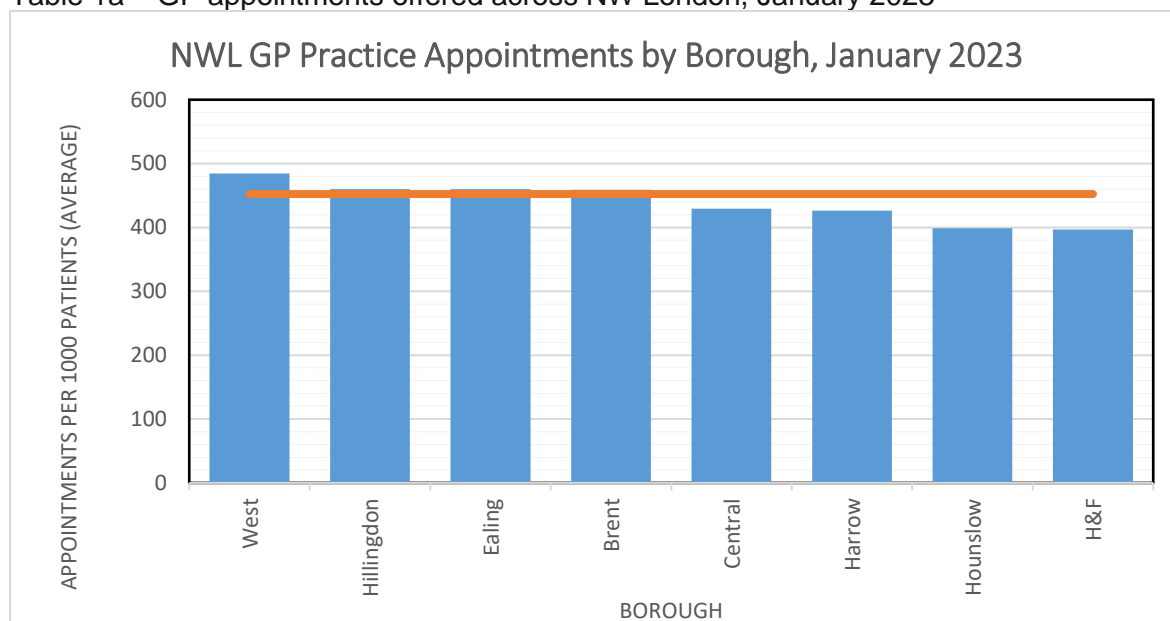
2.0 Recommendations

- 2.1 To note the progress to date on the Access priorities, the challenges and the planned proposals for improving access to GP led services in Brent.

3.0 Detail

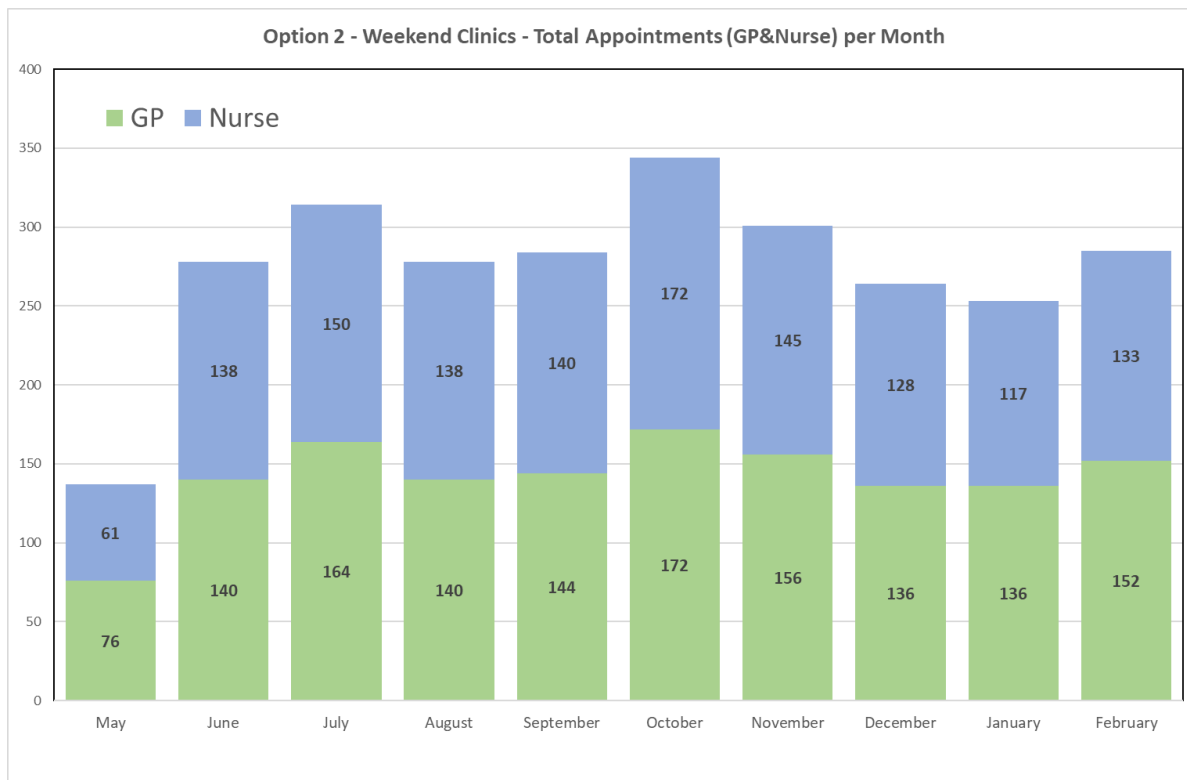
- 3.1 Availability of GP led appointments are at their highest they have ever been since the last five years – the numbers of appointments offered by practices in Brent is amongst the highest in North West London (source: NHS Digital GP appointment data, Jan 2023ⁱⁱ). In spite of efforts to make more GP appointments available through various local and national initiatives, demand for appointments continue to outstrip supply with increasing challenges in recruitment and retention in general practice.
- 3.2 GP appointment data for January 2023 in comparison to the eight NW London Boroughs are set out below. Please note that, the data excludes appointments provided in the Enhanced Access Hub and those provided in Multi-Disciplinary Team (MDT) settings.

Table 1a – GP appointments offered across NW London, January 2023



3.3 GP practices have highlighted the increasing demand in primary care and the increasing requirements on practices to manage patients in community settings, with new initiatives adding additional pressures to limited resources at practice level. For example, Advice and Guidance from secondary care consultants has resulted in upskilling of GPs, who are able to manage patient’s conditions without the need for referral into an acute setting, the limited number of GPs and very limited nursing capacity.

3.4 As part of efforts to increase access to GP-led appointments we launched a local scheme; Health Inequalities Clinics (HIC), to provide more GP and Nurse-led appointments on weekends. Some of our GP surgeries provided additional appointments on alternative Saturday mornings, offering those people with a busy lifestyle, carer responsibilities or extended shift work with additional appointments at their own surgery. These clinics have added an additional 2,738 GP-led appoint. We also provided additional weekday, weekend and evening clinics for Acute Respiratory Infections (Suspected Strep A) clinics (7,954 appointments) and Polio clinics (752 appointments)



- 3.5 The Brent Community and Wellbeing Scrutiny Committee report ‘No one left Behind’ GP Access in Brent, July 2022, set out the challenges facing patients in the Borough when accessing health care. The report focused on barriers to accessing healthcare e.g. registering with a GP practice, with requirements for photographic ID forming part of the registration process to timely access to advice and guidance. The report highlighted how access issues were impacting the most vulnerable patients in the community, those patients where English was not a first language, the younger populations and those with disabilities.

Addressing The Challenges - Update on Progress

- 3.6 Since the publication of the report, the Clinical Directors of the seven Primary Care Networks (PCNsⁱⁱⁱ) and the Borough team have assessed the challenges and identified five main priority areas to develop. These priority areas have sought to improve accessibility while also ensuring the systems and infrastructure required to deliver services are in place, for example the Training Hub role is to ensure the recruitment and retention of staff meets the current skills shortages and the future staff skill set.
- 3.7 For ease of reference the five priority areas for access are set out below, please note Priority 1, Access to Primary Care, is further sub-divided into additional four focus areas. The progress to date on the priority areas are also set out:

Priority 1 – Access to Primary Care

This focuses on meeting the needs of an increase in demand for primary care access/ services by working alongside Community pharmacies, UTC team and patient representative groups to ensure accessibility to services in the right setting. In addition, we are facilitating easier patient registration and upskilling front line staff to co-ordinate patients into the most appropriate setting and also meeting demand by expanding the staff mix in primary care:

- a. **Safe Surgeries and Digital Registration** – any GP practice which commits to taking steps to tackle the barriers faced by patients (particularly migrants) in accessing healthcare is considered a *Safe Surgery*. Across Brent, 40 practices (76%) have signed up this initiative and 80 staff have attended a training session on safe surgeries. We continue to engage with practices that are yet to sign-up to this initiative and encourage them to do so. The Safe Surgery training raises awareness at practice level on barriers to patient registration and assists the practice in eliminating or reducing these barriers. Patients requesting registration, whether face to face or on line are able to register more easily.

All practices are encouraged to enable digital online registration on their websites without the need to physically attend the GP surgery. At the time of this report 42 practices (**82%**) have digital online registration. Practices are reminded to provide further information on their websites to explain to patients why an ID may be required in some instances and that this will not be a barrier to registration. Discussions are on-going with the remaining 9 practices to work with them and website providers to offer digital online registration.

- b. **Increase in Appointment Options Through Additional Alternative Staff in Primary Care** – The Additional Roles Reimbursement Scheme (ARRS) is designed to expand the primary care workforce and enable more proactive, personalised and integrated health and social care provision within primary care settings. PCNs across Brent have taken advantage of the scheme and are being supported in the proactively recruiting additional staff. Through active recruitment throughout the year we have seen a **101%** increase in ARRS roles across different disciplines supporting priorities within the Network Contract DES, achievement of QoF indicators and personalised care planning for patients on different care pathways. There are currently 167 (194 staff minus 27 leavers) active ARRS staff in post across the 7 PCNs. Turnover of staff remains high and the capacity for training and development of new recruits remains a challenge. The additional staffing levels increase capacity in general practice which translate to an improvement in access within primary care.

ARRS Roles	K&W Central	K&W North	K&W South	K&W West	Harness North	Harness South	Kilburn Partnership	Grand Total
Advanced Practitioner	1	1						2
Care Coordinator					7	6	4	17
Clinical Pharmacist	11	9	11	14	10	6	16	77
Dietician	1	3	2	2	2	2		12
Digital and Transformation Lead							1	1
First Contact Physiotherapist	5	4	4	6	1	3	1	24
Health and Wellbeing Coach	2			3	3	3	1	12
Pharmacy Technician					1	1		2
Physician Associate		2	1					3
Social Prescribing Link Worker	5	2	5	5	9	14	5	45
Total	24	21	23	30	33	35	28	194

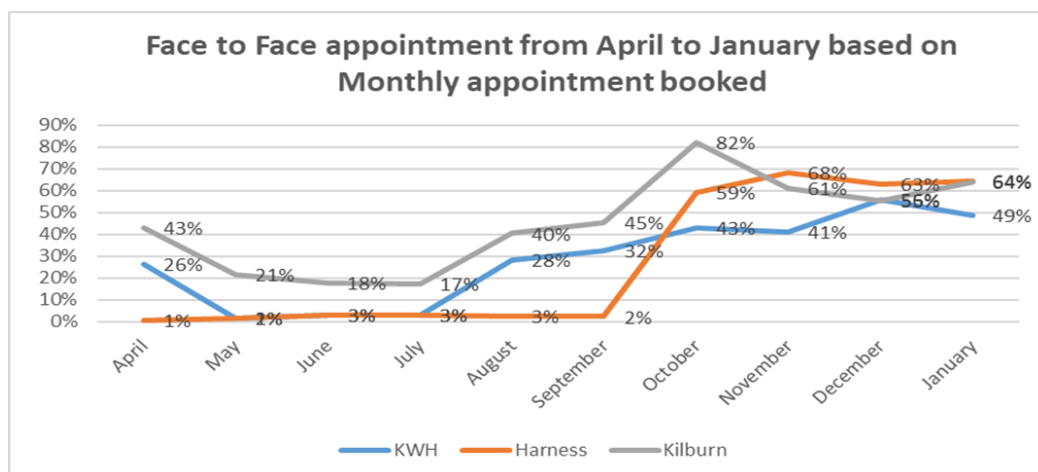
- c. **Upskilling of Reception and Other Admin Staff in GP Practices** – as part of this reception and Practice admin staff have all been offered Customer Service Training and Handling of Difficult Conversations Training to give patients the best experience when accessing primary care services and to direct patients appropriately to the right service for care. Initial course offered to 100% of practices with further courses planned. To date 29 staff from 15 practices have attended the Customer Services training and 27 staff from 14 practices attended the Handling of Difficult Conversations training.

- d. **Implementation of the Enhanced Access Hub Service** – this service provides additional at scale access to primary care on weekdays from 6.30pm to 8pm and Saturdays from 9am to 5pm. All PCNs have mobilised an Enhanced Access Hub service providing one hour of extended provision per 1,000 patients. This equates to

10,418 appointments per month (>135,000 additional appointments per year). Patients are able to book into the service via their GP or through NHS 111. A direct booking telephone number is also available for patients for Harness and Kilburn PCNs.

PCN	Hub name and address	Hub Address	Proposed Standard hub opening hours
Harness South PCN	Central Middlesex Hospital (Park Royal MC)	Acton Ln, Park Royal, London , NW10 7NS	Monday to Friday – 6.30 pm to 8.00 pm
Harness North PCN	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	Saturday 9.00am to 5.00pm
Kilburn PCN	Staverton Surgery	51 Staverton Road, NW2 5HA	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm
K&W PCNs	Wembley Centre for Health & Care	116 Chaplin Road, Wembley, HA04UZ	Monday to Friday – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm
	Lonsdale Surgery	24 Lonsdale Rd, London NW6 6RR	
	Kingsbury Health & Wellbeing	235 Stag Lane, Edgware, HA9 0EF	

Patients requests for face-to-face appointments has been acknowledged with an increased focus on availability of face-to-face appointments (F2F). The second graph sets out the increased availability of these appointments, with Harness and Kilburn PCNs providing over 60% of face to face appointments. Similarly, in GP practices over one third of patients are F2F.



Priority 2 – Children and Young People

Improving access to on the day demand for Advice and Guidance (A&G) through closer working with Community Pharmacies and expanding on our Paediatric Hubs to support management of patients in the community. We are working to increase public awareness of the support available through the Community Pharmacy Consultation Service (CPCS) and access to Paediatric Hub GPs. All Pharmacies in Brent offer CPCS and there are two Paediatric Hubs in Brent, with a third hub proposed.

All PCNs have Community Pharmacy Lead who hold regular meetings with the PCN. Community Pharmacy Leads are established and they drive the CPCS and other services that require collaborative work with PCNs to implement. The Pharmacy team have been doing presentations at PCN meetings to raise awareness and encourage collaborative working, especially once the support plan for NW London with PCC has been finalised. Two of the four Paediatric Hubs are in place with a Clinical GP in post:

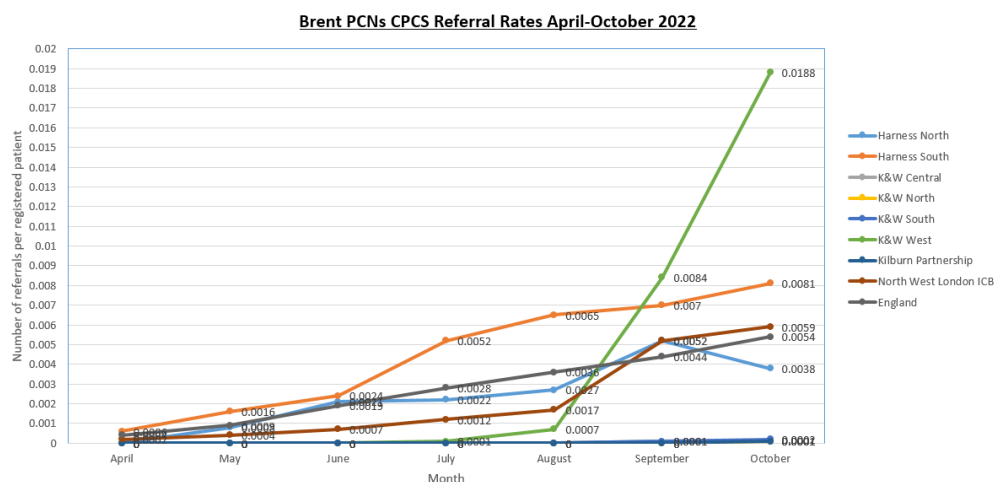
- K&W South – Paediatric MDT established with oversight from Consultant.
- Harness South, focus on prevention, child immunisation & MDT established.
- Clinical lead has identified a third Spin GP for the third hub, focus on UTC integration for paediatric patients.

The graph below shows the increased number of referrals between GP surgeries and community pharmacies under the Community Pharmacy Consultation scheme, leading to a much more integrative way of working across GP and Community pharmacy to manage on the day demand for appointments.

Community Pharmacy Consultation Service (CPCS)

CPCS aims to relieve pressure on GP surgeries by connecting patients with community pharmacy for low acuity conditions such as bites and stings, coughs and cold and gastric and bowel issues.

CPCS takes referrals from NHS 111 and GP practices, and with most people living within easy reach of a pharmacy, with many open in the evening and weekends CPCS offers patients with improved access. Brent is the highest user of CPCS referrals in NW London with approximately 5000 referrals per month.



Priority 3 – Integrated Working at Scale

Focusing on wrapping around services based on assessed population health needs and working with Partners to deliver services in the community / neighbourhood areas of Brent, closer to home. Patients will receive improved access to services through partner organisations working in integration, enabled by:

- Resilient (MDT) workforce, who are motivated, engaged and flexible
- Integrated and closer to home “super hubs” across Brent’s 5 connect areas / neighbourhoods
- Inter-operable Information Systems across provider partners providing near real-time information / data.
- More joint up working with Community Pharmacy teams and other community providers to deliver joint initiatives to support patient care.

Progress:

- a. Workforce and OD Action Learning Sets 1, 2, 3 and 4 were successfully completed with over 250+ participants from partners representing the NHS, Council, VCSEs and wider community. The next stage is to operationalise themes captured through structured facilitation in all (5) neighbourhoods, starting from end of April. / early May
- b. On-going ocular site visits to further 11 sites across the Borough. Completed 24 ocular site visits out of 35 identified sites to date. Created a local catalogue of estates to assist in matching supply with partners' needs / demand, i.e. community clinics for heart failure, retinal screening, audiology, IAPT, CYP assessment for ASDs, carers programme, etc. Brent Strategic Estates Group (SEG) has its inaugural meet last 8th of March 2023.
- c. NWL NHS ICT, Digital and Data Strategy has been refreshed and shared locally to the ICP. DHSC Digital strategy is available too. We will look to identify synergies with the Council's digital strategy alongside other partners in the Borough as well as its alignment with the national DHSC digital ambitions.

Priority 4 – Population Coverage of Local Enhanced Services

We are working to ensure that essential local primary care services are accessible to all Brent registered patients. Where a practice is unable to provide a service PCNs are encouraged to provide and deliver at scale to ensure equity in service provision. The aim is to have a 100% coverage of ECG, ABPM and Paediatric Phlebotomy and the remaining enhanced services, to ensure all patients in Brent have access to the same services at the same standard, irrespective of where they are registered. The Enhanced Service contract is currently in mobilisation phase with implementation from April 2023.

PCNs will continue to refer to a Phlebotomy walk-in service where the service is not provided at a Practice level. Practices are also encouraged to inter-refer for ABPM and ECG where this is not provided in-house. Improvement in quarterly activity through continued efforts with practices to ensure accurate coding and in-house monitoring. PCNs continue to explore at scale delivery for services which require specialist staff, e.g. Spirometry.

Priority 5 – Workforce Development

Establishing a Training Hub structure and supporting PCNs to develop into Learning Environments, to enable them to provide on the job training for future healthcare staff. The Clinical Lead and managerial lead have recently been recruited. The Workforce Transformation Lead (short-term contract) and the Training Hub Lead all in post. Portfolio supported with Integrated Neighbourhood Teams and Professional Lead for AHP. Harness South and Harness North are on track to become Learning Environments.

Next steps – Ambitions and Planned Work

- 3.8 As highlighted the demand for GP led appointments remains at an all-time high with requests for appointment exceeding capacity. The 'first past the post' concept has resulted in patients with more acute conditions being unable to access a much needed appointment. The requirement to triage patients appropriately and manage demand based on clinical need is a priority for successful management of patient care.
- 3.9 The PCN Clinical leads' vision is to establish a **Single Point of Access (SPA) service** – this would be a direct telephone number into a triage hub and also a single point of access for on line consultation. The Triage hub will assess the patient's condition and aim to direct patients to the right setting first time. Patients may be offered a face to face appointment, or clinically managed via a telephone consultation or re-directed to an appropriate service (Community Pharmacy, Self-help, IAPT etc.).

- 3.10 The SPA will draw upon partner organisations to establish an integrated model of care for patients, working closely with NHS 111, District Nursing team, Health visitors, Out of Hours providers as well as Community Pharmacies.
- 3.11 The Clinical leads are reviewing proposals for targeted and proactive focus on some of the most vulnerable patients within our communities, especially housebound patients and their carer, the homeless and those in none CQC registered homes. Investment of £1.2m is available for a locally commissioned service to develop services based on population needs.
- 3.12 In recognition of the fact some communities may be apprehensive to access services in an unfamiliar setting, especially for vulnerable patients, the familiarity of their own GP practice provides reassurance, there has been more focus on practice level access with national funding being allocated to PCNs to review the national patient survey and appointment data to improve patient experience of contacting the practice and improving overall patient satisfaction, further details on the GP Contract for 2023 are awaited at the time of writing this report, a high level summary is set out below

In Q1 of 23/24 PCNs will be required to review baseline data e.g. GPAD, national GP survey results, local results and agree with commissioners an access improvement plan covering 3 broad areas:

- (i) Improving patient experience of contacting their practice and receiving a response
- (ii) Accuracy of coding in GP appointment dataset
- (iii) Improving overall patient experience

- 3.13 In addition to the priority areas identified there remains a focus on managing vulnerable patients and those who may not be engaging with their health professional. A new pilot to focus on Clinical Effectiveness is to be piloted in Brent Borough.
- 3.14 **Patient registration** will be simplified for those patients already registered with a GP and have access to the NHS App. Patients will be able to change GPs without need for any form of validation (documents or practice approval) under the digital changes being introduced in the new financial year
- 3.15 **Integration and neighbourhood teams** – the increase demand on the NHS has further highlighted the need for joint working and the sharing of skills and resources across teams. The Enhanced Service contract and the Access model sets the grounds for development of the neighbourhood team and the new financial year will focus on expanding the Access Hub to include partner organisations
- 3.16 **Additional staff in Primary Care** – a further increase in Additional Roles Reimbursement (ARR) is proposed for the upcoming year – with a proposed increase of 25% more staff, the aim will be to Advanced Nursing staff roles and apprentice Physicians Associates.

Building on the success of ARRS we will support PCNs to recruit the teams they need by:

- **increasing the cap on Advanced Practitioners** from two to three per PCN where the PCN's list size numbers 99,999 or fewer, and from three to six where the PCN's list size numbers 100,000 or over
- **reimbursing PCNs for the time that First Contact Practitioners** spend out of practice undertaking education and training to become Advanced Practitioners
- **including Advanced Clinical Practitioner Nurses** in the roles eligible for reimbursement as Advanced Practitioners (APs)
- **introducing apprentice Physician Associates (PAs)** as a reimbursable role
- **removing all existing recruitment caps** on Mental Health Practitioners
- **amending the Clinical Pharmacist role description** to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

3.17 Practice staff development and ensuring a happy and supported workforce remains a critical area of focus. Further investment in developing front line reception staff to manage patient needs more effectively will remain a focus area for the Training Hub. A new role of GP assistant is in development which will aim to support individual GPs at practice level and reduce the time GPs spend on administrative tasks, the ultimate aim is to free up clinical capacity at practice level.

Communication plan

3.18 Feedback on local communities continues to focus on not being able to gain a GP appointment. While feedback from local GPs focuses on the range of enquiries received from patients including housing letters, test kit requests for national campaigns (recent bowel cancer TV campaign), worried well patients and solicitor requests. These varied requests distract from practices being able to manage those sick patients that require their intervention. It is therefore important patients are signposted correctly to the right service. A current pilot in K&W South PCN and Harness PCN which is trialling a single point of access number has highlighted the number of non-GP related queries received where patients have tried various telephone numbers in an aim to address their query. Our communication will focus on:

- signposting to appropriate services – each grouping of PCNs to provide a **direct telephone number for General practice related enquiries** – this team to work alongside partner organisation to assist signposting of patients to appropriate services.
- feature article in Your Brent household magazine to raise profile of Enhanced Access Hub and direct booking numbers
- engagement with faith leaders and community groups through Community Forums to support patients in accessing healthcare. The bi-monthly forum is well attended and serves as an opportunity to share the new innovative plans developed to help improve access
- Practice level communication on accessing appointments in hours and out of hours through practice GP websites
- GP practices engaging with registered patients and involving them in plans to improve access, with regular Patient Participation Group (PPG) meetings held at practice level

4.0 Financial Implications

4.1 No direct financial implications to ICP. Investment is provided from Integrated Care Board in the form of levelling up funding to the tune of £4m for 2023/24 and £133K for current financial year for Medical devices.

Direct funding from NHS England for GP Contractual changes for financial year 2023/2024 of 8% across England.

5.0 Legal Implications

5.1 Not applicable

6.0 Equality Implications

6.1 None identified

Report sign off:

Tom Shakespeare
Integrated Care Partnership Director

ⁱ Brent Community and Wellbeing Scrutiny Committee report ‘No one left Behind’ GP Access in Brent, July 2022

<https://democracy.brent.gov.uk/documents/s119673/10a.%20Appendix%201%20-%20GP%20Access%20Task%20Group%20Report.pdf>

ⁱⁱ NHS Digital, GP appointment data [Appointments in General Practice, January 2023 - NDRS \(digital.nhs.uk\)](#)

ⁱⁱⁱ Primary Care Networks (PCNs) definition <https://www.england.nhs.uk/primary-care/primary-care-networks/>