



**Community and Wellbeing Scrutiny  
Committee**  
18 April 2023

**Report from Brent Borough Team  
(NHS)**

**GP Access Task Group – 1 Year Update**

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key Decision – Progress Update
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>No. of Appendices:</b>	Appendix 1 – Response to Task Group's Access and Treatment Standards
<b>Background Papers:</b>	None
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**1.0 Purpose of the Report**

- 1.1 To provide a progress report on improving access to primary care services after the publication of the Brent Community and Wellbeing Scrutiny Committee report 'No one left Behind' GP Access in Brent, July 2022'.

**2.0 Recommendation(s)**

- 2.1 To note the steps taken to date to improve access to primary care services for patients registered with Brent GPs. The report also sets out progress to date on the Access priorities, the challenges and the planned proposals for improving access to GP led services in Brent in the coming financial year.

**3.0 Detail**

- 3.1 It is recognised that good access to GP led services in Brent is central to ensuring that all residents receive the right healthcare, in the right setting, at the right time.

The publication of No-one Left Behind, a report on GP Access in Brent highlighted the inequality in access to GP led services. While GP practices remained open during the pandemic of 2020-2021 the model of consultation was adapted to protect both patients and clinicians, a move to telephone consultation, on-line consultations and remote consultations was adapted. The recovery phase, post the pandemic years focused 'recovery', where practices attempted to catch up on services which may not have been fully accessed during the pandemic years e.g. cancer screening and child immunisation. The adaption to consultation forms (on-line, telephone, remote) has been recognised as introducing increased accessibility to certain patient groups, especially the more digitally savvy younger population group. The digital innovations introduced during the pandemic era also introduced inequity in access for the more traditional population group. The report No-one left Behind made a number of recommendations to improve both access to primary care and reduce health inequalities.

- 3.2 While it is recognised that access to health care remains a challenging area, the increasing demand for GP led appointments continues to exceed the capacity within primary care setting. This picture is repeated in Acute Care with increasing Urgent Care Treatment (UTC) attendances and increasing telephone calls to the national NHS 111 service. The focus to address the areas identified in the report to Scrutiny on GP Access has been on
- Increasing capacity in general practice – recruitment of clinical staff to compliment existing teams
  - Increasing hours of operation – extending working day to 8pm and increasing capacity in the Enhanced Access Hubs on Saturdays
  - Reaching out to vulnerable communities and targeted support to high risk patients – out reach work and weekend clinics
  - Integration with Partner organisation – community pharmacies supporting management of minor conditions
  - Introducing efficiency – automating patient registration, on-line triage models, introducing new telephone systems to manage patient flow

The 'Reactive' element of general practice focuses on the day demand from patients. In addition to Reactive care, general practice has made considerable progress in supporting the 'Proactive' Care agenda, which focuses on managing patients with Long Term Conditions (LTC) and preventing deterioration. Focus on Diabetes patients and those with Serious Mental Illness (SMI) have been a key area of improvement in the current financial year.

- 3.3 The recommendation from the No-one left Behind report are set out together with progress on the recommendations.

#### 3.4. Recommendation 1

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

Representations have already been made through Brent ICP to North West London ICS for a fair funding settlement across a range of health services. This has resulted in a substantial investment of £4.6m into primary care for delivery of Enhanced Services within general practice setting. The aim of this funding will seek to ensure all Brent registered patients will receive enhanced services, such as ECG testing, Ring pessaries, Wound Care services within primary care settings. Further

investment is proposed to enable levelling up of funding for primary care in the financial year 2024-25.

A commitment has also been made to increase the investment into Mental Health services in the Borough. This will help to support the work of the Mental Executive Group and build a stringer more integrated model of care across the Borough. Additional funding released through the ARR (Additional Roles Reimbursement Scheme) has resulted in seven Mental Health Practitioner being jointly appointed and funded by CNWL and Primary Care Networks. Continued discussion are ongoing to address the increasing population needs in the Borough.

### 3.5 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.***

An extensive existing training programme is in place for staff within primary care. The NW London Training Hub which operates across the eight Boroughs commissioned and procures training based on local needs, the economies of scale achieved from this model ensures a more varied and encompassing agenda on training. Training is offered to all professional groups from GPs (who are supported to upskill to manage more complex conditions) to training the new Health Care Assistants (HCA) of the future. The table below sets out some of the focused training undertaken for Health Care Assistants with an aim to create capacity and

<u>Staff group trained</u>	<u>Date course run</u>	<u>Course name</u>	<u>Attendance number</u>
HCA	19 <sup>th</sup> October 22	Hypertension	19
HCA	2 <sup>nd</sup> November 22	Heart Disease (Level 3)	18
HCA	22 <sup>nd</sup> November 22	Hypertension	20
HCA	2022 - 2023	Foundation Programme (3 Cohorts)	12
HCA	19 <sup>th</sup> January 23	Diabetes Foot Check	25
HCA	30 <sup>th</sup> March 23	ECG Monitoring	23
<u>Upcoming Training for HCA's</u>			
HCA	1 <sup>st</sup> May 23	Wound Care Management	23 sign-ups
HCA	19 <sup>th</sup> & 24 <sup>th</sup> April 23	Anti-coagulation Monitoring	TBC

Developing professional practice and personal leadership skills for Health Care Support Workers- 12-week course covering:

- Leadership and management
- Coaching in practice and facilitation of learning
- Clinical skills
- An introduction to the Nursing Associate role

The new GP Assistant Roles<sup>ii</sup> which have been recently introduced are aimed at reducing the administrative burden on GPs and therefore freeing up time for GPs to

focus on clinical workload. Each PCN has/aims to recruit one GP Assistant per practice, with training being offered at PCN/practice level.

The Community Pharmacy Consultation Scheme (CPCS) has also introduced additional capacity within general practice, enabling practices to refer minor ailment conditions to local community's pharmacies. The scheme covers a range of conditions from skin conditions to blood pressure monitoring.



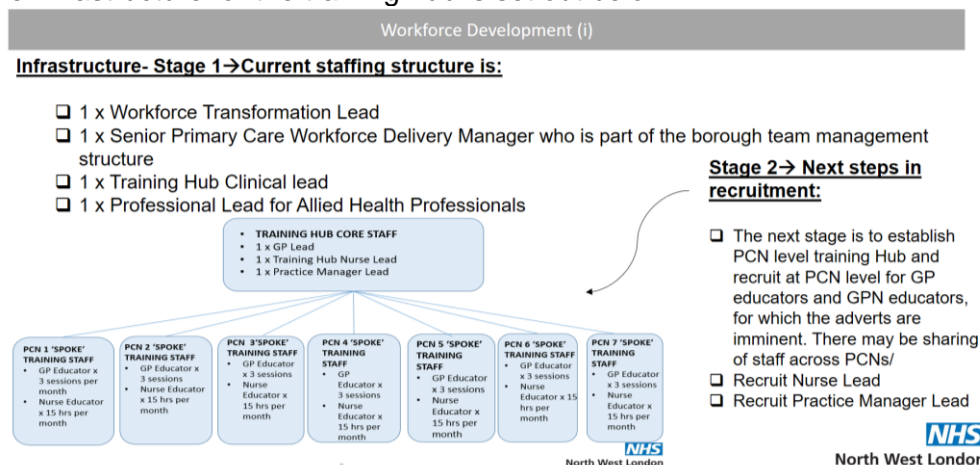
## What conditions can be referred?

This list is not exhaustive but reflects the expected case mix based on current NHS 111 calls

<ul style="list-style-type: none"> <li>• Acne, Spots and Pimples</li> <li>• Allergic Reaction</li> <li>• Ankle or Foot Pain or Swelling</li> <li>• Athlete's Foot</li> <li>• Bites or Stings, Insect or Spider</li> <li>• Blisters</li> <li>• Constipation</li> <li>• Diarrhoea</li> <li>• Dressing Problems</li> <li>• Ear Discharge or Ear Wax / Earache</li> <li>• Eye, Red or Irritable</li> <li>• Eye, Sticky or Watery</li> <li>• Eyelid Problems</li> <li>• Failed Contraception</li> <li>• Headache</li> <li>• Hearing Problems or Blocked Ear</li> <li>• Hip, Thigh or Buttock Pain or Swelling</li> </ul>	<ul style="list-style-type: none"> <li>• Knee or Lower Leg Pain</li> <li>• Lower Back Pain</li> <li>• Lower Limb Pain or Swelling</li> <li>• Mouth Ulcers</li> <li>• Nasal Congestion</li> <li>• Rectal Pain</li> <li>• Scabies</li> <li>• Shoulder Pain</li> <li>• Skin, Rash</li> <li>• Sleep Difficulties</li> <li>• Sore Throat</li> <li>• Tiredness</li> <li>• Toe Pain or Swelling</li> <li>• Vaginal Discharge</li> <li>• Vaginal Itch or Soreness</li> <li>• Vomiting</li> <li>• Wrist, Hand or Finger Pain or Swelling</li> </ul>
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The Training Hub within the Borough team has been strengthened with a dedicated Senior training lead, a GP Training Hub lead and an operational manager. The Nurse and practice manager leads are currently in progress with post holders aimed to be in place in the first quarter.

The infrastructure for the training hub is set out below:



## 3.6 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.**

An Access Task and Finish Group has been established, which has identified five main priority areas for improving access. The priorities include a focus on, ease of registration with GP practices, improving the interface with reception staff, improving telephone access and increasing capacity in general practice.

- 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 below:

3.7.1 **Priority 1 – Access to Primary Care**

This focuses on meeting the needs of an increase in demand for primary care access/ services by identifying initiatives aimed at creating capacity in primary care and enabling clinicians to focus on those most in need. The initiatives include working alongside Community pharmacies, UTC team and patient representative groups to ensure accessibility to services in the right setting. In addition, to improve access to health care there has been a focus on 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:

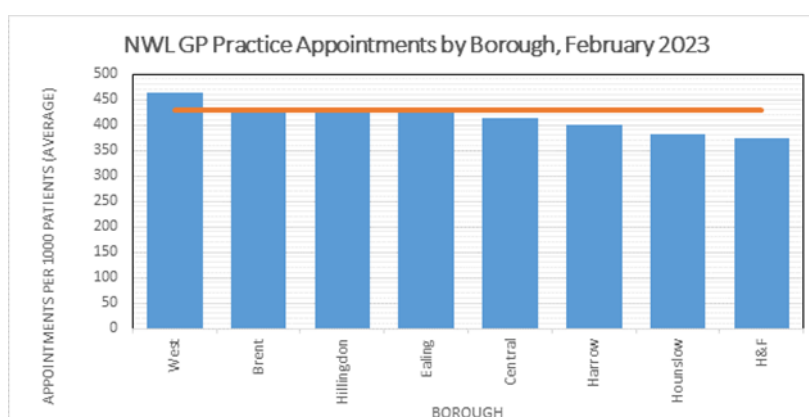
- a. **Safe Surgeries and Digital Registration** – GP practices which commit to taking steps to tackle the barriers faced by patients (particularly migrants) in accessing healthcare is considered a *Safe Surgery*. Across Brent, 40 practices (76%), the highest in NW London, have signed up this initiative 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
<b>Total</b>	<b>24</b>	<b>21</b>	<b>23</b>	<b>30</b>	<b>33</b>	<b>35</b>	<b>28</b>	<b>194</b>

The February GP Appointment data<sup>iii</sup> shows Brent Borough as providing the second highest numbers of GP led appointment data across NW London.

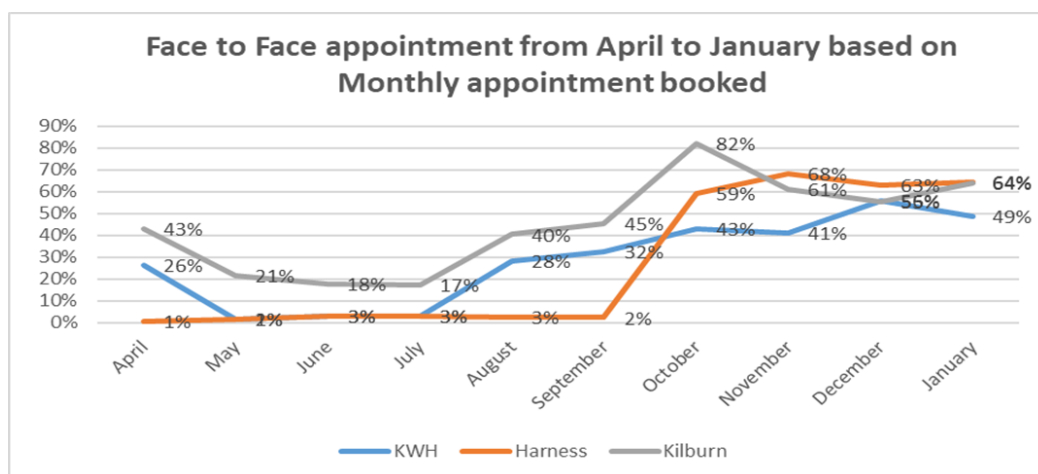


- c. **Upskilling of Reception and Other Admin Staff in GP Practices** – reception and Practice admin staff have all been offered Customer Service Training and Handling of Difficult Conversations Training to give patients the best experience when accessing primary care services and to direct patients 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. The development of reception staff into Care Navigation roles is the long terms vision to better managing on the day patient triage.
- 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. The table below sets out the Access hubs across the Borough and their hours of opening.

PCN	Enhanced Access Hub	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 8.00pm

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	<i>Wembley Centre for Health &amp; Care</i>	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 within the Access Hubs have increased across all the PCNs. Similarly face to face appointments in general practice have increased to over 60%. The graph below sets out the increased availability of face to face appointments in the Access Hubs, with Harness and Kilburn PCNs providing over 60% of face to face appointments.



### 3.7.2 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 supported PCNs to raise awareness and encourage collaborative working. 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.

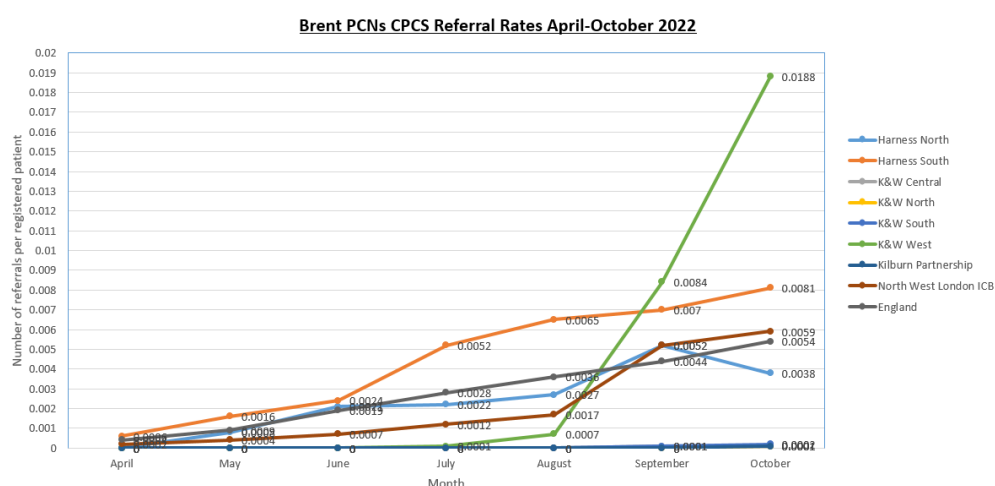
### Community Pharmacy Consultation Service (CPCS)



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. The integrated model of care enables lower acuity patients to be supported by appropriately trained professional, while working in a co-ordinated and integrated way to support the patient. The model of care enables on the day demand to be better managed with referral back to the GP if required and it seeks to create capacity in primary care.

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.



K&W West PCN showing highest management of patients through integration with community pharmacies.

### 3.7.3 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:

- 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 8<sup>th</sup> 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.

#### **3.7.4 Priority 4 – Population Coverage of Local Enhanced Services**

The expansion of services provided within primary care is aimed at reducing attendance within secondary care setting for diagnostic services. The focus has been on ensuring all patients have access to the same range of enhanced services from their registered practice. 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 and implementation has commenced 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. PCNs have been equipped with the necessary equipment to enable them to provide ECG, Spirometry and 24-hour blood pressure monitoring in the community.

#### **3.7.5 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 with the K&W PCNs exploring integrated working with UTC teams.

The treatment standard is being taken forward at local level alongside the access standards being developed at NW London level and those directed through national contract changes. Appendix 1 sets out the suggested treatment standards – these have been annotated show current delivery and proposed plan for delivery

### **3.8 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***

Significant work has been undertaken and continues to be undertaken through Brent Health Matters and other programmes to improve community awareness of GP access. 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. Regular bi-monthly community forums are held with faith leaders and community teams to share information on GP access and the Enhanced Access Hubs.

Practices continue their communication with registered patients through Patient Participation Group, GP Website and directly with community groups. Most practices in Brent have installed cloud based telephony systems that enable practices to assess demand on call volumes and allocate staff accordingly. Customer Care training is ongoing to further develop front line staff.

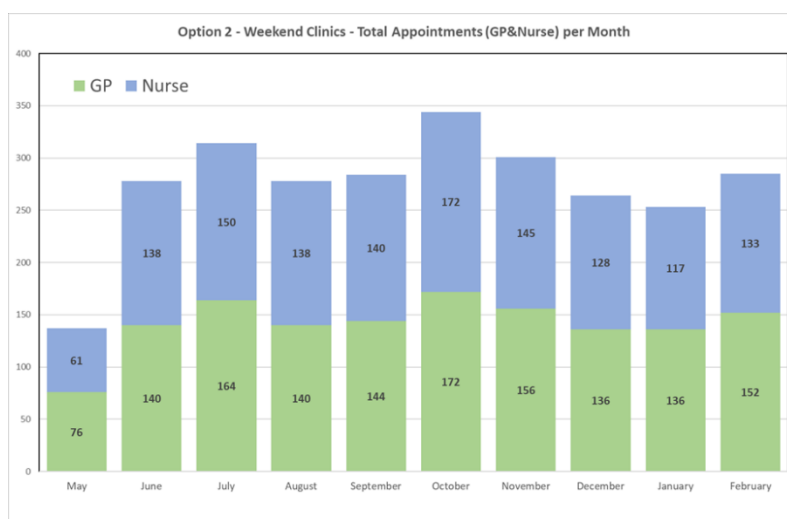
### 3.9 Recommendation 6

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

The Brent Health Matters teams has undertaken numerous out reach events, (from 8 to 12 outreach events per month) particularly focusing on those communities who may not be accessing services or have experienced difficulty in navigating the system. The out reach work ensures patients are supported to register, they receive a health check and are supported to access onwards treatment if required. Practices are also adopting this model and working alongside the Brent Health Matters team to deliver services in community settings, including one stop Diabetes clinics which includes Retinal screening, phlebotomy, foot checks etc. Summary of the 77 outreach clinics are tabled below.

Health and wellbeing events - data			
No. of Attendees registered	5043	No of Attendees with BMI > 30 (Obese/Severely Obese)	883
No. of Attendees living in Brent	2897	No of Patient Escalations to Brent Registered GP	1017
No of Attendees registered with Brent GP	2793	No of Smokers Attending	142
No. of health checks completed	4278	No of People with Eye Test within the last Year	345
No. of attendees with diabetes	871	No. of attendees seen by podiatry	116
No. of non diabetic hyperglycaemic	360	No. of attendees seen by Dietitian	496
No of Hypertensive Patients Identified NOT on Medication	372	No. of attendees seen by MH team	798
No of Tachycardic Patients Identified	198	No. of attendees seen by Pharmacy	267
No. of Attendees with an Abnormal Atrial Fibrillation Result	137	No. of attendees seen by PH	377
No unwell patients escalated to Local event GP	278	No. of attendees seen by Health Educator	455
No of Hypertensive Patients Identified	141	No. of attendees seen by Xyla Health	198
No of Non Diabetic Attendees with Completed Diabetic Risk Scores	2551	No. of attendees seen by Eye Screen	155
No of Diabetic Hyperglycaemic Attendees	296		

In addition, GP practices have held Saturday clinics specifically aimed at patients who may not be engaging with their health needs. The table below provides a summary of numbers of GP and Nurse appointments provided during the weekend clinics.



While there have been PCN changes, the Brent Health Matters teams and the NHS team have continued to communicate with patients and their representatives on changes to the PCN landscape including new services and accessing current services

### 3.10 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 focus support for asylum seekers, homeless, patients whose first language may not be English, including outreach work, working with local community leads has been strong in the previous financial year. Work is on going with a greater focus in the coming year on Carers, Housebound patients, those living in sheltered accommodations and continued work with homeless charities. The Equality and Quality Impact assessment documents, which form part of the commissioning documents, provide a format to ensure the interest of patients with protective characteristics are foremost in commissioning decisions. Two recently recruited analysts are supporting the work of the teams in assessing barriers to health.

### 3.11 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.***

Two Paediatric hubs have been established with Consultant support from Imperial College to delivery a Multi-disciplinary model of care within community settings. This model proactively manages paediatric conditions with the assistant of the lead consultants and enables shared learning across primary care. The limited capacity of consultant support has hampered further paediatric hub development.

The Enhanced Access Hub now provide double the capacity of appointments and are recommended as first point of call with parents with young children. The Hubs work alongside UTC and 111 teams to enable patients to be seen in local settings.

## 4.0 Financial Implications

- 4.1 No direct financial implications. Investment is provided from Integrated Care Board in the form of levelling up funding totalling £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 There are no legal implications arising from this report.

## 6.0 Equality Implications

- 6.1 There are no equalities implications arising from this report.

## 7.0 Consultation with Ward Members and Stakeholders

- 7.1 Ongoing engagement with councillors and Partner organisation to address health inequalities in Borough

### Related documents:

Community and Wellbeing Scrutiny Task Group Report: 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:**

**Phil Porter**

Corporate Director Adult Social Care  
and Health

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<sup>i</sup> 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>

<sup>ii</sup> GP assistants role <https://www.hee.nhs.uk/our-work/gp-assistant>

<sup>iiiiii</sup> NHS England, GP appointment data <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>