	Brent Health and Wellbeing Board 24 July 2025
	Report from the ICP Managing Director
	Lead Cabinet Member for Adult Social Care, Public Health and Leisure - Councillor Nerva
Brent ICP Primary Care Transformation Executive Group Progress Report	

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
List of Appendices:	Appendix 1 - Modern General Practice Infographic Appendix 2 - Enhanced Service Offer –Service Lines
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Zaid Dowlut Head of Place (Primary Care), NWL ICB az.dowlut@nhs.net

1.0 Executive Summary

- 1.1 This is a progress report giving an update on the projects being progressed within the primary care programme. It covers general practices only and summarises the proactive steps being taken to improve services and their uptake.

2.0 Recommendation(s)

- 2.1 To note the report, and to comment on the strategic direction of the Primary Care Transformation Executive.

3.0 Background

- 3.1 Brent's Primary Care Transformation Executive Group (PCTEG) is responsible for overseeing the delivery of primary care transformation and change priorities relevant to the local partnership and system.
- 3.2 The national General Practice Improvement Programme (GPIP), was introduced as part of the Delivery Plan for Recovering Access to Primary Care (2023) in light of growing challenges that threaten both patient care and the sustainability of services. These challenges include increasing demand, patients with complex, chronic conditions requiring more time and resources

and workforce shortages and burnout in general practice. These challenges are heightened in a place like Brent with significant socio economic issues, including a low employment rate of 64%, high levels of deprivation, a large proportion of children living in poverty and, a higher rate of morbidity e.g. 8% of adults have diabetes and 11% of adults have high blood pressure. The gap between patient demand and capacity available to meet it is widening. Additionally, there is greater emphasis on preventative care and mental health support. This broadens GPs' responsibilities, further straining resources. Current funding models for general practice do not fully address these significant pressures.

- 3.3. Modern general practice is the national response to these challenges, setting the NHS on a transformation journey to better align capacity with need, improve patient experience and improve the working environment for general practice staff. It aims to do so by
- Offering patient choice of access channel (telephone, online and in person) via highly usable and accessible practice websites, online consultation tools and improved cloud-based telephony systems.
 - Gathering structured information at the point of patient contact (regardless of contact channel) to understand what is being asked of the service.
 - Using one care navigation (and workflow) process across all access channels to assess and prioritise need safely and fairly, and to efficiently get patients to the right healthcare professional or service, in the appropriate time frame (including consideration of continuity of care) moving away from a 'first come first served approach'.
 - Allocating existing capacity to need, making full use of a multi-professional primary care team, community services and 'self access' options where appropriate, and helping GPs and practice staff to optimise use of their time to where it's needed most.
 - Building capability in general practice teams to work together and to access, understand and use data, digital tools and shared knowledge to lead, plan, implement, improve and sustain change.
- 3.4 The Brent Borough Plan 2023-27 priorities in terms of thriving communities and a healthier Brent including tackling inequalities and local services and those in the NWL ICB Joint Forward Plan 2024-29 align well with the principles outlined earlier about the Modern General Practice Model, namely,
- Establishing integrated neighbourhood teams with primary care at their heart
 - Reducing inequalities and improve health outcomes through population health management
 - Streamlining patient pathways, improving coordination between different care settings, and utilising technology to facilitate seamless transitions.
- 3.5 The NHS Ten-Year Health Plan published earlier this month reinforces the three shifts – “From hospital to community, treatment to prevention and analogue to digital”- and sets out the changes which will be required to deliver it. The Plan describes a neighbourhood health approach as an alternative to the hospital model of provision. This will involve primary care working in co-located multi-professional teams in neighbourhood health centres in local communities to deliver a preventative model of care, end the existing fragmentation and better

support those most in need, including those with long-term conditions. However, the funding to deliver these neighbourhood health centres (NHCs) is unclear at this stage.

- 3.6 The Plan states that there will be an expansion in the GP workforce and online advice into the NHS App which will improve GP access and ensure better patient experience. Additionally, neighbourhood health centres will be open for 12hrs/day, 6 days/week and be a 'one stop shop' for patient care, co-locating NHS, council and voluntary services. Two new neighbourhood provider contracts will be available – single neighbourhood serving 50,000 population and multi-neighbourhood serving a 250,000+ population. The Plan sets out other proposals including e.g. digital transformation in out-patients' appointments and re-allocation of finances to out-of-hospital care over a 3 - 4-year timescale.
- 3.7 Our Integrated Neighbourhood Teams (INT) work being taken forward locally reflects the neighbourhood model described in the 10-year Plan. We aim to establish neighbourhood centres with dedicated leadership teams in the five neighbourhoods which will support multidisciplinary teams (MDTs), delivering co-located services and ensuring easy access to health and social care. The primary care priorities described in the next section of this report e.g. Child Health Hubs and the Local Enhanced Services are being delivered at PCN level and clearly, can be scaled up to a neighbourhood level as soon as feasible.

4.0 Priorities 2025-6

4.1 Improving Access to Primary Care

I. Objectives

NWL ICB launched its access improvement programme in 2023/4 in line with the Delivery Plan for Recovering Access to Primary Care (2023). Primary Care Networks were incentivised to put in place access and capacity improvement plans to:

- Empower patients: improve patient experience through consistent and high quality service, with access to a range of healthcare professionals, improve utilisation of NHS App, increase use of self-referral pathways and expand community pharmacy joint working.
- Implement modern general practice access: roll out of digital telephony and online consultations to manage 8am rush, care navigation and ensure continuity of care for those patients who require this, by enabling direct booking back into patients own GP practice, rapid assessment and response
- Build capacity: provide capacity and resilience in the system to manage the increase demand for appointments and manage complex and more vulnerable patients using multidisciplinary team (MDT) approach, with on the day demand being managed in at scale settings, more new doctors, retention and returner of experienced GPs and priority for primary care in new housing developments

- Cut bureaucracy: improve the primary care/ secondary care interface, and reduce the number of performance indicators in the Quality Outcomes Framework to free up resources for clinical practice

Building upon the progress made in 2023-24, the ICB required PCNs to undertake local patient and staff engagement through surveys and focus groups, in the autumn last year to inform its approach to the access programme 25-26. This was followed by PCNs submitting an expression of interest on their access improvement plans as a condition for securing funding in year to support continued progress on access. The outputs of the patient and staff engagement exercises enabled the ICB develop a new outcomes based access specification for implementation in 2025-6. This was launched as part of the 25-26 Enhanced Services Single Offer to support PCN implementation, aligning with the wider primary care strategy and neighbourhood development. The new specification reinforces the objectives of:

- Ensure timely, high-quality patient care at local general practice.
- Enable practices to manage demand and provide continuity of care to patients who most need it.
- Relieve system-wide pressures, i.e. urgent and emergency care

II. Service Overview

Primary care services provide the first point of contact in the healthcare system. They are the 'front door' of the NHS and include general practice, community pharmacy, dental, and optometry services. This report only covers general practice services.

51 GP practices operate in Brent, serving a total registered population of c 525, 582 patients, including non-borough residents. GP practices are grouped into 7 Primary Care Networks (PCNs), each led by a Clinical Director and staffed with a mix of clinical and non-clinical roles. Currently Brent primary care hosts nine 'Extended Access Hubs' (EHAs), as detailed in the following table; an increase of two since December last year in Harness PCNs.

Table 1- Extended Access Hubs

PCN	Extended Access Hub	Standard hub opening hours
Harness South PCN	Central Middlesex Hospital (Park Royal MC)	Mon to Fri – 6.30 pm to 8.00 pm Saturday 9.00am to 5.00pm
	Freuchen Medical Practice	
Harness North PCN	Wembley Centre for Health & Care	
	Wembley Park Medical Centre	
	Willow Tree Family Doctors	

Kilburn PCN	Staverton Surgery	Mon to Fri 6.30pm to 8.00pm Sat 9.00am to 5.00pm
K&W PCNs	Wembley Centre for Health & Care	Mon to Fri 6.30pm to 8.00pm Sat 9.00am to 5.00pm
	Lonsdale Surgery	
	Kingsbury Health and Wellbeing	
	Willesden Medical Practice	

The hubs provide access during the hours shown in table one above, offering both virtual and face to face appointments during core and extended service hours. The extended access policy aims to standardise service delivery, enhance patient awareness, and reduce healthcare disparities. It integrates the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently and enables PCNs to utilise extended access capacity for routine care delivery. ARRS workforce is a variety of new healthcare roles within Primary Care Networks (PCNs) to enhance patient care and access to services. They include clinical pharmacists, health and well-being coaches, social prescribers and others.

PCNs have the option to deliver the service directly or subcontract it to an alternative provider. The extended access service complements existing practice operations, ensuring continuity of care through shared access to patient records by hub staff. PCNs are empowered to allocate extended access capacity based on local demand and service priorities. These changes provide PCNs with enhanced control and flexibility in utilising extended access capacity to optimise patient care. Patients may schedule hub appointments through their registered GP practice.

Each hub must deliver a minimum of 60 minutes per 1,000 adjusted patients per week. Appointments should be available for booking up to two weeks in advance. Same-day online booking should be available where triage is not required. Appointments should be accessible through both in-person and remote means. Some hubs deliver enhanced services at scale; i.e. providing some enhanced services as well as core services required under the national GMS contract, further supporting the needs of Brent's working population. Services such as childhood immunisations, flu vaccinations, and cervical screening are also provided for working families.

The workforce composition for extended access hubs is:

- ❖ Harness PCNs: GP, Nurse, Advance Nurse Practitioner and Health Support Worker
- ❖ K&W PCNs: GP, Nurse, Pharmacist and Health Support Worker,
- ❖ Kilburn PCN: GP and Nurses

III. Activity Overview

There has been consistent progress across primary care in improving access. GP appointment volumes across Brent show a consistent upward trend from

mid-2023 through early 2025, with notable increases during winter months, likely reflecting seasonal demand. There was a marked increase in digital appointment bookings, particularly through EMIS and NHS App platforms. This reflects the increased registrations of patients using the NHS App. At March 2025, a total of 288,295 patients (63.7% registered patients) had registered with the NHS App, underlining the upward trend observed during 2024-5.

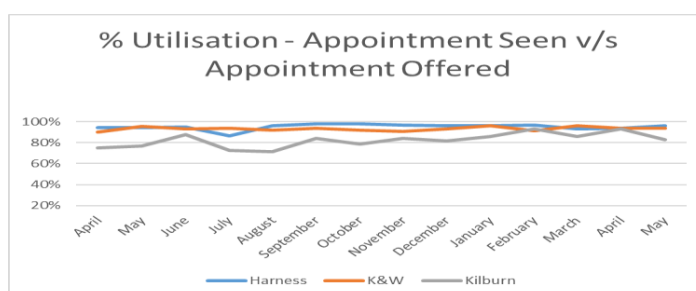
In 2023-24, a total of 172,819 appointments were provided by PCNs at the Enhanced Access Hubs with an overall utilisation of 98% Brent wide. An additional 5,974 appointments were provided within the core hours' same day access hubs with an overall utilisation of 90% Brent wide.

In 2024-25, a total of 178,097 appointment slots across 38,035 hours were offered outside of core practice hours and 165,970 were actually used, achieving an overall utilisation of 93% across Brent. The quarterly summary analysis of activity against plan is shown in table two below.

Table 2- Service activity 2024-25

2024-5	Indicative Activity Plan	Actual Slots Offered	Actual Slots Booked	Actual Slots Used	Utilisation based on Activity offered
Q1	51781	49,134	48,016	45,734	93%
Q2	41488	44,396	42,638	40,843	92%
Q3	39611	43,470	42,452	40,574	93%
Q4	38601	41,097	40,377	38,819	94%
Total	171481	178,097	173,483	165,970	93%

Service analysis 2024-25 in the line graph below shows the relative appointment utilisation rates across the PCNs. For example, Kilburn has a lower utilisation rate compared to the other PCNs.



In the current year to date, a total of 24,602 appointments across 5,540 hours were provided by PCNs in April and May, achieving an overall utilisation of 94% Brent wide. Individual PCNs utilisation is shown in table 3 below.

Table 3- Q1 2025-6 Activity by PCN

Month	Harness	K&W	Kilburn
Apr-25	94%	94%	93%
May-25	96%	94%	83%

IV. NWL Access Specification

The NWL ICB remains committed to enhancing access to primary care through a strategic blend of digital innovation, service redesign, and robust performance monitoring. This approach is fully aligned with the national Enhanced Access framework and underpins our broader ambition to deliver care that is equitable, timely, and centred around patients' needs.

The NWL ICB Access specification, introduced in April 2025, is designed to ensure that patients can access care promptly when required, while also enabling practices to maintain continuity of care where appropriate. The funding allocation is c£1.2m.

The specification supports general practice across North West London in developing resilient service models that make effective use of available resources. This is expected to result in improved access, more efficient use of clinical time, shorter waiting periods, and enhanced continuity and proactive care for patients with ongoing or complex needs.

All seven PCNs submitted their Access Improvement Plan by 30th June as required by NWL ICB. The respective plans describe the access model the PCN will implement to meet the specification's requirements. The following metrics will be used this year to measure PCNs' performance on access:

Type	Improvement Plan Requirements 2025-26
Plan	Improvement Plan (including Self-declaration)
Metric	90% of calls answered within 10 mins
Metric	90% of e-submissions are responded to by end next working day.
Metric	SNOMED coding to record direct clinical care that is not in the appointments ledger
Audit	Audit of use of clinical time
Metric	Continuity flag for at least 2% of the patient list is in place
Audit	Review of a 10% sample of the identified population
Metric	Increase registrations on the NHS App by 10%, or locally agreed measure <i>* Practices with ≥ 75% NHS App registration are required to demonstrate increased utilisation.</i>
Plan	Patient engagement via annual survey (>4% return) and engagement event

The recently published 2025 national GP Survey results show improvements in patients' experience of general practice, NHS dental and community pharmacy services when compared with 2024. 75.4% of patients had a good overall

experience of their GP practice, an increase of 1.5% from 2024. More patients reported they had tried contacting their general practice using their website or the NHS App compared to 2024. Across all three contact methods that patients were asked about (phone, practice website, and NHS App), around 50% of patients reported they generally found it 'easy' to contact their general practice. The results reflect the service improvements being made e.g. digital telephony and triage systems, training care navigators, Pharmacy First, are making it easier for patients to access primary care.

An analysis of these national results will be carried out to understand the extent of progress which has been made in Brent since 2024.

4.2 Enhanced Services Offer 25-26

The Enhanced Services Offer is a suite of 27 service lines (appendix two) delivered at practice/ PCN level. It promotes a consistent offer of services across the eight NWL boroughs to support improved population health outcomes. Service specifications are reviewed annually to ensure they continue to be fit for purpose and comply with national guidelines, e.g. NICE and best practice. An annual indicative activity plan is agreed with PCNs and their performance against the contract is monitored closely. Joint bi-monthly meetings are held with all PCNs, primary care Clinical Lead and the borough primary care team to review and discuss performance. The funding allocation 25-26 is c£8.2m.

In 2024-25, PCNs delivered higher activity volume against plan for the following services:

- Phlebotomy
- ECG and ABPM - strong delivery across 6 PCNs; 1 PCN under plan
- Spirometry- strong delivery in 4 PCNs. 3 other PCNs under plan
- Wound Care- strong delivery in Kilburn PCN but activity below plan for other PCNs

Services	Brent	Brent	Brent	Brent
	Plan	Activity	Payable	% Delivered
Spirometry	1,920	2,279	2,279	118.7%
Spirometry (Equipment)	1,920	2,279	2,279	118.7%
Phlebotomy	248,652	286,116	286,116	115.1%
Wound Care	21,828	17,747	17,747	81.3%
ABPM	4,980	8,159	8,159	163.8%
ABPM (Equipment)	5,952	8,159	8,159	137.1%
ECG	16,584	19,884	19,884	119.9%
ECG (Equipment)	18,036	19,884	19,884	110.2%
Diabetes Level 2 Insulin Initiation	480	533	397	82.7%
Diabetes Level 2 GLP-1 Initiation	612	717	621	101.5%
Diabetes Level 2 Insulin Optimisation or Intensification	696	1,584	818	117.5%
Early Onset Type 2 Diabetes Review	775	775	563	
Latent TB Testing (Call & Recall)	780	2,785	2,785	357.1%
Initial Nurse Appointment	1,500	1,810	1,704	113.6%
Near Patient Testing	4,812	5,115	4,421	91.9%
Better than plan				
Worse than plan				
Early Onset Type 2 Diabetes Review				
Brent				

The following services underperformed against plan:

- Atrial fibrillation,
- Paediatric phlebotomy (5-13years),
- Warfarin monitoring,
- Diabetes level 2 MDT and
- Coil fitting for non-contraception (insertion or replacement)

Q1 performance 2025-6 is not yet available for reporting purposes.

4.3 Local Enhanced Services 25-26

Brent's Local Enhanced Service (LES) are designed to target key areas of population health need across the 5 neighbourhood geographies where enhanced care through general practice can significantly improve patient outcomes. Six schemes, co-designed with primary care networks were agreed with NWL ICB in May this year. They promote comprehensive, person-centred care that supports individuals at every stage of life — from early childhood through to older age and end-of-life care. The funding allocation for these schemes is c£2.48m. The schemes are:

1. Delivery of Healthy Child Clinics to identify and address obesity, unmet physical health and mental health needs in children, with a focus on targeting children from the most deprived postcodes in Brent. This LES aligns with NHS England's CORE20+5 framework and incorporates insights from the Marmot Review on reducing child health inequalities. Funding is based on need rather than activity, so proportionately more investment is targeted to populations with high deprivation.
2. Improved identification and management of children and young people with asthma
3. Proactive hypertension case finding to address undiagnosed high blood pressure and reduce cardiovascular mortality in Brent (which despite having a younger than average population has a significantly higher mortality rate from CVD compared to London and England).
4. Proactive care planning for high-intensity users (patients consulting > 20 times/ year with a general practitioner) and housebound patients, ensuring patients with complex needs are being identified and their care needs are proactively addressed.
5. Welfare checks for carers, including health and wellbeing assessments and signposting to relevant support services in the community.
6. Enhancing end-of-life care through early recognition, advance care planning, and coordinated multidisciplinary support, promoting the use of the universal care plan.

These services have been purposefully developed to align with the NHS's three strategic shifts: moving care closer to home, prioritising prevention, and

accelerating digital transformation. These schemes have been implemented since May this year across all PCNs and will be scaled up to neighbourhood delivery level as soon as feasible. Q1 performance data is being collated and will be reported to the Primary Care Transformation Executive Group next month. Tools to support operational delivery of these schemes have been developed. They include a key messages summary report and an indicative monitoring plan supporting phased delivery, targeting 100% achievement by end of Q4.

4.4 Cancer Screening and Early Detection

I. Cervical Screening 26-49 Cohort

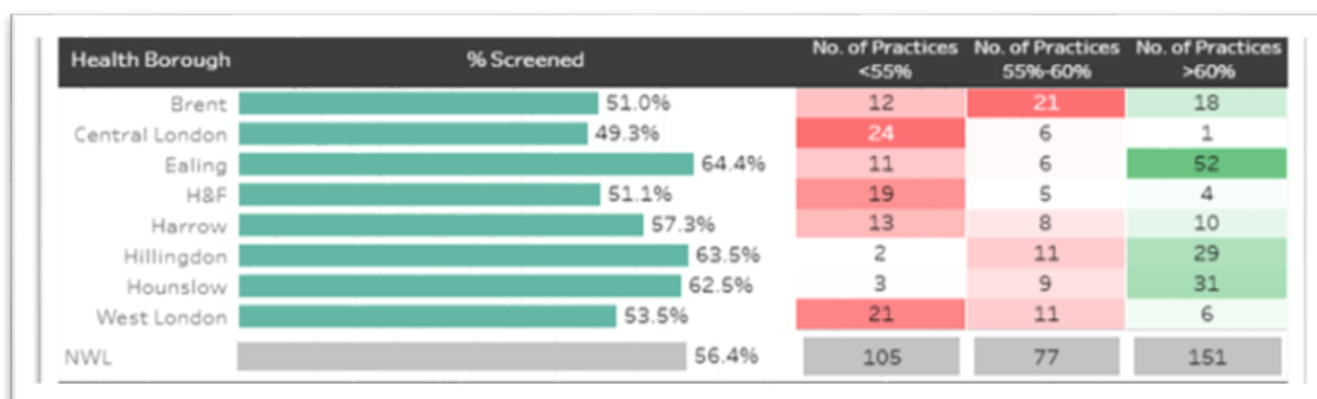
Since December 2024 cervical screening uptake in Brent has shown a steady upward trend, increasing from 49.7 to 51.0 as of 4th July 2025. Our overall borough achievement is skewed by Pathfinders – with many of their patients being out of area, and their achievement only being at around 30%. While the progress made by the borough is encouraging, challenges remain:

- 18 GP practices have met or exceeded the 60% uptake target
- Currently, 33 practices across Brent remain below the 60% uptake threshold for cervical screening. This is well below the national efficiency standard of 75%, and the optimal target of 80%.

Local action to improve uptake is already being progressed. Primary Care teams are actively contacting these practices to offer targeted support from both the Borough and the NWL Screening Team. Practices with high uptake rates are also being engaged to share their strategies and identify opportunities to spread best practice.

Also call and recall systems are being strengthened. NWL is developing a Standard Operating Procedure (SOP) outlining high-impact call and recall procedures to help practices improve efficiency and outcomes. Cervical screening appointments are now being offered through Extended Access Hubs, including early mornings, evenings, and weekends, improving convenience for patients.

Brent remains the second lowest performing borough in North West London for cervical screening uptake, as shown in the diagram below.



Brent GP Practices/PCN 25-49 year cohort) – uptake



The ICP is committed to closing this gap through focused, community driven interventions that ensure equitable access and improved outcomes for all. For instance, NHS England (London region) are introducing a Human Papillomavirus (HPV) self-sampling pilot to women aged 25- 64, and being more than 6 months overdue for their next screening. The aims are to reduce inequalities and increase cervical screening coverage in London and to eliminate cancer in London by 2040 by achieving screening coverage rates of 70% and focusing on practices with coverage below 55%. Five Brent practices have been successful in their expression of interest for this programme. These have low screening uptakes currently. This initiative should contribute to increasing cervical screening rates in female population cohorts with deeply entrenched barriers that keep some women away from potentially life-saving screenings, including a fear of discomfort, embarrassment, cultural sensitivities and the struggle to find time for medical appointments.

A dedicated Brent Cervical Screening Working Group is being established in partnership with Public Health, Primary Care, and other key stakeholders. The group aims to:

- Strengthen integrated working across the system
- Identify barriers, risks, and population-specific challenges
- Develop a coordinated, data-informed action plan to improve cervical cancer screening uptake and early detection
- Community Engagement and Equity-Focused Outreach
- In collaboration with Brent Health Matters (BHM) and Public Health, Primary Care is proactively addressing cancer inequalities through targeted community events held in priority areas. These events will include:
 - Participation from both the Clinical Cancer Lead and the Clinical Primary Care Lead
 - Tailored messaging delivered in multiple languages to ensure inclusivity and cultural relevance

- Engagement with local residents to raise awareness and reduce stigma around cervical screening

Collaborative Working with NWL Cervical Screening Team - Brent is also working closely with the NWL Cervical Screening Team to ensure consistency with regional approaches and align efforts with best practice guidance. This includes joint planning, co-development of communications, and shared evaluation of pilot interventions.

II Other Cancers

Since January 2025 bowel cancer screening rates in Brent have remained steady at around 60% which puts us around average across NWL Brent. The inequality gap in bowel cancer screening uptake between declines 1 and 8 fell from 12.4% in 2023 to 9% in 2025. BHM are running a Bowel Cancer awareness campaign targeting individuals aged 50-74 years as part of its outreach work, and the clinical team also reaches out proactively to target groups of GP patients living in quintiles 1 and 2, where bowel cancer screening uptake is poor.

Brent is seeing a low uptake in Breast screening with rates being around 50%. National target is 70%.

A cancer programme plan has been developed to set clear priorities, to respond to local needs, to co-ordinate action and to reduce inequalities. The Cancer Programme Plan will articulate a clear vision, set strategic objectives, and define coordinated actions aimed at improving cancer outcomes across Brent. This plan serves as a strategic roadmap to drive measurable impact in the following key areas:

- Increasing uptake
- Cancer Prevention
- Early Detection and Diagnosis
- Treatment pathways

The plan reflects a commitment to collaborative working with Public Health, Primary Care Networks, the NWL Cancer Team, and community partners. It is designed to address inequalities, foster innovation, and ensure that every patient has access to high-quality, compassionate care at every stage of the cancer journey.

Improving screening coverage and early detection for cancers encouraging practices to adopt best practice to reduce variation and improve patient experience. Data shows that the lower uptake are around Harlesden, Stonebridge, Church End, Willesden Green, Neasden and some parts of Kilburn. This is due to higher deprivations scores, ethnic diversity and language barriers, lower health literacy and access issues.

4.5 Child Health Hubs

Five GP SPIN Fellows were recruited in May 2025. Child health hubs are being set up across the borough in six locations. Following an upskilling period, the

GP SPIN Fellows will run clinics initially at PCN level hubs from this month under supervision from consultant paediatricians from LNWH/Imperial Healthcare Trusts, thus enabling parents to access care quicker for children with complex medical needs and thereby stem referrals to acute hospital paediatric services. The intention is to scale up these hubs to a neighbourhood delivery model as soon as feasible in this year. The hubs' operational arrangements are being finalised including a single referral form and a standard operating procedure. GPs across the borough will be able to make referrals to the hubs' clinics from around 15 July. A guide to the child health hubs for Brent GPs is being produced as part of the launch and will be presented at a number of clinical meetings, including the GP Forum this month.

4.6 Primary Care Workforce Development, Education & Training

The NWL strategy on workforce development, education & training is predominately based on 5 delivery objectives:

- Developing the integrated neighbourhood teams outlined within the Fuller Stocktake
- Retention of the NWL workforce
- Workforce recruitment under the Additional Roles Reimbursement Scheme (ARRS)
- Transformation - Training Hubs supporting the primary care workforce in their development and upskilling needs
- Strategic workforce planning - identifying key metrics that can demonstrate the impact of new roles in primary care.

The local training hub's workforce priorities 2025-6 align well with these objectives. Hubs are also required to deliver against specific KPIs as listed below, to enable them meet their contractual requirements each year.

- Apprenticeships – offering both non clinical and clinical apprenticeships
- Continuing professional development (CPD) funding – offering CPD funds and utilising funds for each nurse employed within the borough, with c£333 allocated for each nurse for the year.
- Distribution of training delivered through various means such as websites, newsletters & emails
- EDI events organised and carried out within the borough
- Each PCN approved as a learning environment
- Placements organised for multi professionals within primary care with a key focus on allied health professionals (AHPs)
- Quality concerns logged and reported to NWL Training Hub
- Documenting number of GP Educators/Supervisors and supporting them to become GP Supervisors
- Local borough service delivery funds – utilised according to the local borough needs.

The local training hub is already carrying out a number of projects to meet these requirements. E.g.

- Recruitment and retention: – upskilling and creating new opportunities for our current workforce, increasing their skillset and knowledge and enabling better patient care.
 - ❖ 11 GP SPIN Fellows into post, with a mix of 3 pharmacists and 8 GPs thereby creating 5 diabetes hubs and 5 child health hubs across the borough
 - ❖ Nurse CPD funds have been allocated to enable nurses to train and upskill for their continuing professional development.
 - ❖ A Legacy Nurse is being recruited to mentor junior nurses within the borough.
 - ❖ NB Medical "Hot Topics GP Update" for GPs to provide GPs with the latest findings in medical research and guidelines.
 - ❖ Reception and admin training completed with a 70% attendance rate. E.g topics included dealing with difficult situations, telephone triage and customer care
 - ❖ Health Support Workers' course
 - ❖ Lunch and Learn sessions, based on training needs analysis, planned for the remainder of the year with the following sessions:
 - Asthma
 - Cancer
 - Documentation
 - Red Flags in primary care
 - Digital champions refresher
 - Diagnosing diabetes
 - Women's health
- Placements – increasing placements capacity for undergraduate pharmacy and nursing students with a pilot scheme organised with the training hub to host students for a set period of time.
- Learning environment approvals – We have 5 out of 7 PCNs approved as a learning environment with two remaining. By supporting the local PCN Educators, we aim to approve all 7 PCNs within this year.

4.7 Immunisations and Vaccinations

- (i) COVID vaccinations: The COVID-19 Spring Campaign ended on the 17th June 2025. Brent has a total eligible population of 30,145 the uptake assumption is 17%. A total of 5,372 vaccinations were given by Community Pharmacies and 1,659 were given by PCNs. For the Spring campaign, the NWL Roving Team vaccinated 435 patients in care homes and 40 patients through the Making Every Contact Count (MECC) initiative.






Population Cohort	Brent	Uptake %
Care Home Residents	783	49.9
80+ yrs	11,475	26.2%
75-79 yrs	8,651	24.9%
Severely Immunosuppressed	5,074	10.9%
Immunosuppressed	2,862	8.7%

12-15 Severely Immunosuppressed	89	0.0%
12-15 Immunosuppressed	27	3.7%
05-11 Severely Immunosuppressed	133	0.0%
05-11 Immunosuppressed	31	3.2%
Total	29,125	21.8%

The COVID- 19 Autumn/Winter programme will run from 1 October 2025 to 31 Jan 2025. However, the majority of COVID-19 vaccinations should be completed by 19 December 2025. Eligibility will be as previous campaigns. In NWL, access for a COVID-19 Vaccination outside of the seasonal campaign will be available at Park Royal Medical Practice in Brent.

(ii) FLU

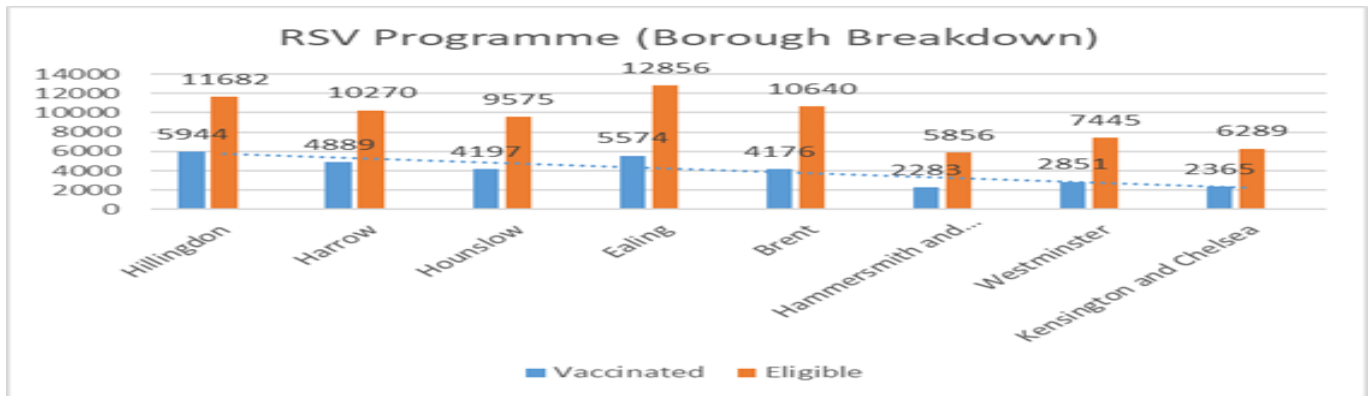
The flu campaign 2024 – 2025 ended on the 31st March 2025. Out of 191,080 eligible patients 59,871 (31.3%) were vaccinated. The table below shows the uptake for each cohort and whether it increased or decreased compared to 2023 -2024.

Organisation	Summary of Flu vaccine uptake % 2024 – 2025				
	65+	Under 65's (at risk only)	All Pregnant	All 2 year olds	All 3 year olds
NWL ICB	61.0	32.6	29.0	34.3	35.2
Brent	56.6 	31.9 	27.0 	30.0 	31.1 

The flu campaign 2025/2026 will start in October for the majority of cohorts. There will be no changes to cohorts or timings. Pregnant women and all eligible children cohorts will start from 1st September 2025. All other adult flu cohorts will start from 1 October 2025 and will run until the 31 March 2026. It is anticipated that the majority of vaccinations will be completed by the end of November 2025, ensuring optimal protection ahead of the winter season.

(iii) RSV Vaccinations

To date, 86.3% (35,151) of the activity has been delivered through primary care with the maternal programme so far administering 9,119 RSV vaccinations to pregnant women across NWL. The table below shows the RSV activity by Borough (older adults); Brent achieving a 39.3% vaccination rate.



(iv) Childhood Immunisations - Measles update

Latest data available up to late June 2025 shows that Brent reported a notable increase in measles cases, though it is not among the top five boroughs in London for total case numbers. Brent has reported 9 confirmed measles cases so far in 2025. This represents an increase compared to 2024, when Brent had only 3 confirmed cases for the entire year. Improving the uptake of immunisations including MMR, with a focus on people from ethnic minority groups and living in deprived areas, is a priority for Brent Health Matters' CYP programme this year. Another factor which might affect uptake is that the timing of the two MMR vaccines is being compressed. We shall need to monitor if this affects uptake at all.

5.0 Stakeholder and ward member consultation and engagement

5.1 The primary care programme works closely with its key stakeholders including primary care networks, GP practices, their diverse workforce, NWL ICB teams and other teams in the ICP. Regular meetings are held in delivering the programme and supporting other programmes with their priorities.

6.0 Financial Considerations

6.1 There are no additional financial implications in this report. All projects are funded as part of the programme's allocations.

7.0 Legal Considerations

7.1 There are no legal implications at this time.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

8.1 The projects outlined in this report are designed to address health inequalities across the borough. The overarching objectives of the primary care programme are to improve access for patients to the whole range of primary care services, to offer a consistently high quality, timely care at the patient's local GP Practice and that practices provide continuity of care where required. This report outlines in a number of instances the proactive steps being progressed already to improve services where gaps have been identified.

9.0 Climate Change and Environmental Considerations

9.1 There are no climate change and environmental considerations at this time.

10.0 Human Resources/Property Considerations (if appropriate)

- 10.1 There are ongoing estates challenges across GP practices in the borough. These are being addressed together with PCNs and NHS Estates Services as best as possible given the challenging financial environment.

11.0 Communication Considerations

- 11.1 There is ongoing engagement with key stakeholders across the programme including system partners, patients and carers.