

	<b>Community Wellbeing Scrutiny Committee</b> 4 September 2019
	<b>Report from the Brent Clinical Commissioning Group</b>
<b>Urgent Care Developments and Cricklewood Walk in Service</b>	

<b>Wards Affected:</b>	Queensbury, Kenton, Fryent, Barnhill, Welsh Harp, Dudden Hill, Dollis Hill, Mapesbury, Willesden Green, Brondesbury Park, Kilburn
<b>Key or Non-Key Decision:</b>	Non-key
<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>	One: <ul style="list-style-type: none"> <li>Appendix A Cricklewood_Engagement 6pp 4pp insert</li> </ul>
<b>Background Papers:</b>	n/a
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## 1.0 Background

- 1.1 This paper sets out the proposals for the Cricklewood walk in service, which is commissioned by Barnet CCG under a standard NHS contract, Brent CCG are associate to this contract and work closely with Barnet CCG as the lead commissioner.
- 1.2 The Cricklewood GP Health Centre comprises a GP practice and walk-in service, both provided by Barndoc Healthcare Ltd. It is located in the south of the borough in Barnet; it is a member practice of Barnet CCG and borders the boroughs of Brent and Camden.
- 1.3 The walk-in service is open to all patients, not just those from Barnet, its close proximity to the borough of Brent, a distance of approximately 338 feet results in a number of Brent patients accessing the service for routine primary medical services.

- 1.4 The North Central London Commissioning Team, in conjunction with Barnet CCG, leads on commissioning the GP practice element of this contract. The Cricklewood Health Centre registered patient list totals approximately 5059 patients, with 2,180 patients residing in the Brent area and registered with the Barnet practice. The contract is held under an APMS (Alternate Provider of Medical Services), this means the contract is time limited and would require re-procurement after the expiry of the contract term. A separate consultation period with regards to the registered list has been undertaken. This consultation was completed on 19 July 2019. Due to the location of the practice, within the Barnet area, the Barnet CCG has lead on the consultation for the practice list. Registered patients and stakeholders were informed in writing of the consultation and provided with an opportunity to respond
- 1.5 The outcome of the consultation for the registered patient list was discussed at the North Central Joint Primary Care Commissioning Committee on 22 August 2019. A decision was made to re-procure the APMS practice for a further 5 years as is standard practice. That process will start immediately with the aim of completing in March 2020.

## **2.0 Walk in Service services**

- 2.1 The walk-in service is utilised by residents living in Barnet, Brent, Camden and Harrow, and attracts approximately 19,000 people per year with the majority of visits during GP daytime hours. The majority of patients who use the walk-in service are also registered with a local GP. Approximately 58% of the attendances are from patients residing and registered with a Brent GP practice, 21% Barnet and the remainder in Camden and other boroughs in smaller numbers. Cricklewood walk-in service does not offer diagnostics or minor injury services
- 2.2 The walk-in service provides services from 8am to 8pm every day, staffed by a mix of GPs and nurses. The contract for the walk-in service is due to come to the end of its term on 31 March 2020. No changes to services are planned until the end March 2020.
- 2.3 Pre-engagement events have been held both at the walk in service and at local GP surgeries to obtain a fuller understanding of patients views, including barriers to accessing mainstream primary medical services, knowledge of availability of in hours and out of hours' services and the view on on-line access. The main learning from this engagement has been the lack of knowledge of local services, especially the Access Hubs.
- 2.4 On 12 August 2019, Brent launched a 12-week engagement exercise on the future of the walk in service, in tandem with the Barnet CCG process. An important factor that affects the future of all walk-in service is NHS England's principles and standards for urgent treatment centres (UTCs) set out in the document entitled 'Commissioning Standards Integrated Urgent

Care<sup>1</sup> which places a requirement on CCGs to align locally commissioned services to an Integrated Urgent care model, with patients being triaged and directed to appropriate services and for providers having access to patient notes to ensure continuity of care. The review of the Cricklewood walk in service will ensure national directives are adhered to while ensuring patients are able to access services in the right setting, first time. Moving away from the commissioning of 'duplicate services' and working towards a more integrated approach to managing urgent and emergency care.

- 2.5 Given the national focus on integration of services around networks, the development of Primary Care Networks (PCN) is also important, presenting opportunities to provide better joined up care to keep people well and associated investment streams into the networks.
- 2.6 **The Brent Primary Care Strategy<sup>2</sup>**, which has been supported by the Local Authority and Councillors on the Primary Care Commissioning Committee, empowers the development of primary care with practices working at scale with each other and with other sectors such as social care, acute care, voluntary and community providers to deliver integrated seamless care to patients. The primary care strategy sets out the direction of travel for delivery of primary medical care in Brent and links to the wider NW London strategy, which places the patient at the centre of care.
- 2.7 The Community Wellbeing Scrutiny Committee is a key stakeholder in respect of local health services. The CCG would like to engage the Community Wellbeing Scrutiny Committee on the proposal to decommission the walk in service based at Cricklewood GP Health Centre and on the wider strategic direction for urgent care locally and how this informs the decision making on Cricklewood.

### 3.0 Reasons for Recommendation

- 3.1 Registered patient list  
The decision to re-procure a GP practice list has agreed by the North Central Joint Primary Care Commissioning Committee on 22 August 2019. While the patient registered at the Cricklewood Health Centre will continue to be registered at this practice, due to the expiry of the current lease in December 2020, it is however unlikely that the practice will remain at this location.
- 3.2 If the practice premises re-locate further into the Barnet area, the patients from the Brent will be offered the opportunity to register with local practices, should they wish to do so. There are eight Brent GP practices within a mile

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<sup>1</sup> Commissioning Standards Integrated Urgent Care [www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf](http://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf)

<sup>2</sup> [http://brentccg.nhs.uk/en/publications/doc\\_download/3420-item-5-2-i-brent-primary-care-strategy-template-v13&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjCmvi\\_iJnkAhXPAlAKHYdTA\\_UQFggWMAA&usg=AOvVaw3z\\_aL1I0v40SQ48pGHIQXd](http://brentccg.nhs.uk/en/publications/doc_download/3420-item-5-2-i-brent-primary-care-strategy-template-v13&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjCmvi_iJnkAhXPAlAKHYdTA_UQFggWMAA&usg=AOvVaw3z_aL1I0v40SQ48pGHIQXd)

of the Health Centre, and the majority of people who use the service live within this radius. All of these practices are open to registering new patients.

### 3.3 List of Brent GP practices within one-mile radius of the Cricklewood Health Centre

Practice name	Distance
<b>The Jai Medical Centre (formerly The Sheldon Practice)</b>	0.1m
<b>Burnley Practice</b>	0.2m
<b>Chichele Road Surgery</b>	0.2m
<b>Willesden Green Surgery</b>	0.3m
<b>Maplesbury Practice</b>	0.5m
<b>Walm Lane Surgery</b>	0.5m
<b>Oxgate Road Surgery</b>	0.7m
<b>Staverton Surgery</b>	1 mile

3.4 The walk in service is commissioned from Barndoc Healthcare Ltd and provides consultation for primary care conditions on an episodic basis for approximately 20,700 Brent patients per annum. Episodic care refers to a single encounter with a patient focused on a presenting concern(s), identified medical condition(s), where neither the provider nor patient have the expectation of an on-going care relationship. Brent commissions GP extended access through three routes:

- GP Access Hubs – over 63,000 GP and nurse appointments commissioned per year. Brent commissions the most Access Hub appointments in North West London<sup>3</sup>
- GP Extended Hours – outside of GP core hours of Mon-Fri 8.00-6.30pm. Approximately 11,700 appointments per annum (30 mins/per 1,000 patients) 32 appointments per day
- E-consultation Hub appointments: Over 5,980 appointments commissioned per annum

3.5 In summary, we have set out below the current provision within Brent for patients to access advice, guidance or direct treatment.

## 4.0 Current provision in Brent

4.1 There are 55 GP practices in the borough of Brent which are required to provide as a minimum 72 appointments per 1,000 patients per week. For a list of 5,000 patients this equates to over 18.700 per annum, this would not include additional services commissioned by the CCG (Whole System Integrated Care, phlebotomy etc). As outlined above, Brent CCG has

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<sup>3</sup> [https://www.healthiarnorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/7.\\_health\\_and\\_care\\_partnership\\_progress\\_report\\_1.pdf](https://www.healthiarnorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/7._health_and_care_partnership_progress_report_1.pdf)

commissioned additional GP appointments both in and outside of normal working hours to meet patient demand and improve access to a GP. Brent currently commission over one hour extended hours provision per 1,000 patients per week, between the Access Hubs and Extended Hours at GP surgeries.

4.2 In addition, there are the following services that can support patients with their health needs:

- 60 community pharmacies
- Five GP extended access hubs:
  - Wembley Centre for Health and Care Mon-Sun 8am-8pm
  - Roundwood Park Medical Centre, Willesden Centre for Health and Care, Mon-Fri 4pm-8pm and Sat 12pm-4pm
  - The Jai Medical Centre (formerly Stag Hollyrood Surgery), Edgware, Mon-Fri 4pm-8pm
  - Staverton Surgery, Kilburn Mon-Fri 4pm-8pm and 10am-2pm Saturday
  - Park Royal Medical Centre, Central Middlesex 4pm-8pm Mon- Fri and 10am-2pm Saturday
- At the GP Access Hubs, clinicians can access all GP-registered Brent patient records, enabling better treatment to be given. In 2018/19 there were over 63,000 appointments provided through access hubs.
- All GPs (Primary Care Networks) received funding to deliver 30 minutes of extended hours provision per 1,000 patients per week (outside core hours of Mon-Fri: 8.00-6.30pm)
- GP out-of-hours accessed via NHS 111 will direct patients to the most appropriate healthcare need, and includes ability to directly book patients into GP Access Hubs.
- Urgent Care Centres at Central Middlesex Hospital and Northwick Park are currently open seven days-a-week, 24 hours a day.

4.3 The three nearest GP Access Hubs to the Cricklewood walk in service are located at the Jai Medical Centre, Staverton Surgery and the Willesden Centre for Health, these three sites will provide access to extended hours appointments for patients who have previously attended the Cricklewood walk in service

4.4 In addition to existing services commissioned to support our local patient population, set out below are the most recent investment and development in primary care, together with our plan to increase capacity in general practice through additional staffing roles, the development of Primary Care Networks (PCN) and the focus on population health.

## 5.0 The NHS Plan<sup>4</sup>

5.1 Additional investment in primary care was set out in the NHS Plan, with substantial investment being made to increase the workforce and funding to develop and further build on the primary care infrastructure. The forthcoming changes outlined in the NHS Plan will focus on:

- Securing and guarantying the necessary extra investment;
- Make practical changes to help solve the big challenges facing general practice, not least workforce and workload;
- Deliver the expansion in services and improvements in care quality and outcomes set out in The NHS Long Term Plan, phased over a realistic timeframe;
- Ensure and show value for money for taxpayers and the rest of the NHS, bearing in mind the scale of investment;
- Get better at developing, testing and costing future potential changes before rolling them out nationwide.

5.2 Brent GPs have come together to form Primary Care Networks (PCN), these are groups of like-minded GPs working together with particular focus on the needs of their population. The characteristics of a PCN are set out below.

The core characteristics of a Primary Care Network (PCN) are:

- **Practices working together and with other local health and care providers**, around natural local communities that geographically make sense, to provide coordinated care through integrated teams
- **A defined patient population in the region of 30,000-50,000**
- **Providing care in different ways to match different people's needs**, including flexible access to advice and support for 'healthier' sections of the population, and joined up care for those with complex conditions
- **Focus on prevention and personalised care**, supporting patients to make **informed decisions** about their care and look after their own health, by connecting them with the full range of statutory and voluntary services
- **Use of data and technology** to assess population health needs and health inequalities, to inform, design and deliver practice and population scale care models; support clinical decision making, and monitor performance and variation to inform continuous service improvement
- **Making best use of collective resources across practices** and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups

## 6.0 Additional roles

6.1 The CCG has supported the development of each PCN through direct and indirect, including funding for additional staff. The investment of circa £1.9m within the current financial year has focused on increasing capacity in general practice, freeing up lead GPs to take a strategic role within their PCN and funding for extended access at PCN level.

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<sup>4</sup> Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan  
<https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

- 6.2 Through a new Additional Roles Reimbursement Scheme, Networks will be guaranteed funding for an up to estimate 20,000+ additional staff (nationally) by 2023/24. The table below set out the additional roles which will be funded by the CCG over the next four years.

Year	Professional	Funding
Year 1	Clinical pharmacists and & Social prescribing link workers	£92K
Year 2	Physician associates & first contact Physiotherapists	£213K
Year 3	Paramedics	£342K
Year 4	From 2022, all of the above workforce will be increased, by 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), 3 social prescribers, 3 first contact physiotherapists, 2 physicians associates and 1 community paramedic.	£726K

- 6.3 The scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, physiotherapists, and community paramedics; and 100% of the costs of additional social prescribing link workers.
- 6.4 The aim of the additional roles will be to provide additional and increased capacity in general practice with patients being seen by the right clinician in the right setting. For Brent this means an **additional 10 Clinical Pharmacists and social prescribers** treating and supporting patients, in the current financial year. For 2020 **a further 10** pharmacists, physician's associates and physiotherapists will be funded by the CCG. This increase capacity in workforce will increase access to primary care.

## 7.0 Digital Innovation

- 7.1 The NHS recognises the increase demand on patient's time and the demand for a more accessible primary care, particularly for those patients who are deemed 'time poor'. It is also recognised that accessibility primary care may result in patients neglecting their health. The increase in registration with digital providers has demonstrated the demand for on-line access. In Brent we have recognised this demand and our Brent GPs have embraced the digital era, with Brent GPs being the first and only CCG to provide electronic consultation through an E-hub. Patients are able to access an on-line platform for their medical condition 24 hours a day over 7 days a week. The practice receives and reviews the e-consult and liaises with the patient remotely or if necessary, by booking a face to face consultation.
- 7.2 The E-consultation platform enables a patient to contact a clinician for specific advice relating to their condition. This digital work has **improved access to**



**primary care while increasing GP capacity**, on average an E-consult takes 7 minutes as the patient history has been made available prior to the consultation. An extract of the e-consult report for 18 August 2019 shows 219 e-consults being submitted on a weekly basis across 31 of the 55 Brent practices. August is normally deemed a quiet month for primary care access, therefore the activity for the week is lower than normal.

4 Visits 5 1182	7 Unique visitors 8 864	10 Self-help visits 11 46
13 Pharmacy self-help visits 14 11	16 Call service provider visits 17 5	19 eConsults submitted 20 219
22 eConsults diverted to other services 23 10	25 Attempts to save appointment** 26 150	28 Estimated appointments saved 29 131.4

## 8.0 Pharmacy appointments

- 8.1 From April 2020 patients will be able to book appointments with Community Pharmacists for Minor Illnesses. Pharmacists will be funded for treating patients who require advice, guidance, medication or even a second opinion for conditions that they are qualified to provide advice on. This scheme draws upon previous Minor Ailments schemes which have been successful in certain areas. Patients will be able to self book, be referred by NHS 111, their GP practice or Urgent Care Centres. This national scheme aims to increase access to primary care services.

## 9.0 Population health needs

- 9.1 The focus of the NHS Plan is on prevention and personalised care, providing care in a different way to meet patient's needs. The CCG is working closely with each PCN Clinical Director to support the mapping of local patient population needs and develop services aimed at addressing these needs. A more integrated approach to managing patient care is encouraged with PCN's working closely with their social care colleagues, community, mental health, voluntary and acute providers to provide a seamless service. Additional funding for this work will be released shortly to implement this approach as well as supporting the development of our PCNs.

## 10.0 Integrated approach

- 10.1 It is important that patients are seen within their own group of practices which make up the PCN to enable joint up care, continuity of care and for practices to understand the needs of their patients better. The fragmentation of services and duplication that currently exists prevents this continuity of care with patients continually being confused by the different avenues for



accessing services.

- 10.2 The ultimate aim, as set out in the national NHS England documents is to ensure an integrated approach to urgent and emergency with one point of access for patients during this time. We aim to empower our PCNs to manage their patients care and will work with them to deliver care which meets their population needs.

#### **11.0 Alternative Options Considered and not Recommended for the walk in service**

- 11.1 The current walk in service contract with Barndoc Healthcare Ltd comes to a natural end and therefore cannot be extended in its current form. The current service provides episodic care with limited access to patient history and their care plans. It is deemed a duplication of existing services provided by GP practices and Access Hubs.

- 11.2 The Commissioning Standards Integrated Urgent Care places a responsibility on the CCG to commission services aligned to the new model of integrated primary and unscheduled care and ensure

*‘any savings realised from the newly commissioned services are not offset through commissioning of unnecessarily duplicated services elsewhere in the urgent and emergency care system (for example through ambulance services, urgent care centres or locally commissioned general practice enhanced services).’ (page 16)*

- 11.3 The NHS Plan focuses on population health management and working in a more integrated approach with partner organisations. The direction of travel proposed by Barnet and Brent CCG embraces and seeks to draw upon the opportunities presented by the national directive and aims to ensure the development of primary care to better meet the needs of its population.

#### **12. Post Decision Implementation**

- 12.1 As our partner organisation, the CCGs seeks the backing of the Community Wellbeing Scrutiny Committee to support the changing primary care landscape and empower our local Primary Care Networks (PCN).
- 12.2 The CCG will continue to work closely with PCNs to ensure patients accessing the current service are aware of the availability of services locally for routine and emergency care. We are currently reviewing the three funding streams for GP access (Extended hours, Access Hub and Digital) to provide a joint up and integrated approach for patients.
- 12.3 A detailed engagement programme has been agreed between Brent and Barnet CCG which includes weekly drop in sessions at the Cricklewood Health Centre, local GP surgeries and places frequented by members of the public including shopping centres, tube stations etc

- 12.4 The outcome of the engagement will be presented to the Brent Primary Care Commissioning Committee in December (meeting in public). A similar process will occur in Barnet CCG. Members of the Committee would take into account views of residents and stakeholders as well as range of other information – including quality/equalities impact, demographic information, strategic directives, value for money etc the report will be published on the Barnet and Brent CCG websites.
- 12.5 If the decision taken in December is not to re-commission the walk-in service, then notice would be given to the current provider with the service coming to an end in March 2020. Barnet and Brent CCGs will work together and with their respective PCNs to support patients during and after the transition period.

### **13. Implications of decision**

#### **13. Corporate Priorities and Performance**

The engagement proposal and rationale are in line with the corporate priorities set out in the Health and Wellbeing Delivery Plan, which includes care closer to home as a key vehicle for the delivery of better outcomes for local people and the Commissioning Standards Integrated Urgent Care which places a requirement on CCGs to develop an integrated model of care

#### **14. Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

The rationale for the engagement proposal is based on value for money given that the walk-in service duplicates other local services and does not provide as integrated or effective provision of care. The current attendance at the Cricklewood walk in service from Brent patients equates to 11,000 attendances per annum.

#### **15. Social Value**

Primary care and associated network provision including social prescribers is the key vehicle for population health management as part of an integrated care system.

#### **16. Legal and Constitutional References**

NHS Act 2006 as amended by S14 of the Health and Social Care Act 2012  
Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan Commissioning Standards Integrated Urgent Care CCG Primary Care Strategy

#### **17. Risk Management**

Risks associated with the engagement process are focused on ensuring patients using the walk-in service are able to feed in views.

**18. Equalities and Diversity**

A full Equalities Impact Assessment is being developed which will be available during the engagement period.

**19. Corporate Parenting**

N/A

**20. Engagement**

The draft engagement materials are attachments to this paper.

**21. Insight**

N/A