Appendix A

1. Primary Care (GP) Access Task and Finish Group

Membership: Cllr Caroline Stock (Chair), Cllr Elliott Simberg, Cllr Matthew Perlberg, Cllr Richard Barnes, Cllr Gill Sargeant, Cllr Nick Mearing-Smith

The Task and Finish Group held its second meeting on 19th October. Since the first meeting a background report was written which contained evidence from the council, ICB and Barnet Healthwatch and described the population, context, and primary care landscape in Barnet.

The Chair of the PCN 2 Patient Participation group, Malcolm Cohen, Dr Nick Dattani, Millway Medical Practice, Colette Wood, Director of Integration NCL ICB and Sarah Campbell, Manager Barnet Healthwatch attended to address the group, provide clarification on the structures and pressures on the system, provided evidence and responded to questions from the Group. More detailed discussions were held on the issues raised at the first meeting in July, resulting in a set of recommendations and actions:

- Learn from the best Practices in Barnet and beyond, to ensure the best models are
 in place for Barnet and recommendations are made to support Primary Care so that it
 can deliver a good and consistent service across the borough. This work will also be
 in line with the NHS National Access Improvement Planⁱ (triage, cloud-based
 telephony, enhanced appointments and more).
- A commitment to closer examination of the funding for Barnet given its older population relative to other Boroughs, and its large number of care homes and importer of residents to care homes from other boroughs. There was an acknowledgement from the ICB that an outdated funding formula is used and that levelling up across NCL may be needed.

Following the meeting on 20th November it remained unclear whether there was equity of funding for Barnet given its large number of care homes. A request was made to the ICB for further clarification though it was understood NHSE funding is complex.

Site visits to GP surgeries

In November the group conducted five site visits to GP Practices across Barnet, which provided constructive information with a clear pattern of issues experienced by many Practices. These were shared with the ICB:

- changing model of Primary Care not being communicated to patients managing patient expectations
- support for Practices around new iCloud telephony system
- demand outstripping supply
- > burden of non-health related work for GPs
- impact of social issues and housing on GPs' workload

The Group also attended a meeting of the PCN Clinical Directors, providing a link with all seven PCNs in Barnet.

The Group decided not to gather evidence directly from patients since there was clear evidence in feedback to Members, Barnet Healthwatch, community groups and other sources, that access is problematic for many. The Group heard from the Healthy Hearts Programme on GP access problems encountered by residents and particularly

underrepresented groups, the ICB Neighbourhood Model, the ICB on funding and the NCL Care Homes Programme at the November meeting.

Final Recommendations

A meeting was held on 11 December and was attended by the Group and Dr Nick Dattani, Colette Wood, Director of Integration, NCL ICB, Sarah Campbell, Barnet Healthwatch, Malcolm Cohen, Chair, Barnet Patient Participation Group and Dr Janet Djomba, Deputy Director Public Health, LBB.

The final recommendations were agreed:

1. Communicating with residents

Access to GP appointments is becoming increasingly difficult, both because of reduced numbers of GPs and increasing needs in the population. At the same time there is a wide range of qualified Allied Health Professionals (AHP) (nurse practitioners, pharmacists etc.) who can meet many of the patients' needs. An action is needed to change people's perception and expectations of Primary Care. The recommendation includes:

- A simple flow diagram to clearly show residents how to reach the right practitioner. The version already circulated can be built on and shared in places such as *Barnet First*, local press and social media – ensure this reaches those who may be digitally excluded. An Action Plan to be provided by Barnet and ICB Comms teams with timelines, exploring all avenues to communicate the changes
- A simple short video/animation to facilitate the message. All materials need to be available in other languages
- As funds are limited, Health Champions, the voluntary sector and social prescribers should also be asked to help communicate this. Also Age Concern and others would be asked to help elderly residents with understanding digital access.

2. Allocation of funding

Barnet needs assurance that it is receiving sufficient funds to support its large and increasing elderly and frail population. The ICB has agreed that it is feasible that Barnet is receiving insufficient funding, as the formula used is heavily weighted towards deprivation, not elderly residents, and the inner London Boroughs have historically received greater funding. However according to the figures produced for the meeting in November it did not appear to be clearly the case that funding was unfair.

It was agreed that a recommendation be made to the NCL finance team to investigate this in more detail, and provide clarification around the funding, including what the weighted population is against the raw data, how funding is allocated across NCL and whether this considers the latest census data and other characteristics. The challenges of staffing in Barnet would be added to this recommendation for the finance team to consider – Barnet is competing to attract and retain a limited pool for staff and is close to places that receive Inner London Weighting.

3. Primary and Secondary Care

Several GP Practices had reported that GP time is wasted when hospitals ask them to make appointments for patients in secondary care, after they have been seen by a hospital consultant, often within the same hospital. This should be done internally to reduce bureaucracy and was an issue that Primary Care had highlighted over many years at the Primary/Secondary Care Interface Group. The ICB is trying to mandate consultant-to-consultant referrals given that the Primary Care Referral Support System would be closed down across NCL at the end of March 2024.

4. Phone system updates (iCloud telephony)

A recommendation that dates for different improvements and final implementation are requested from the ICB and that the Group is kept updated if deadlines are not met. The ICB noted that access is the single most important thing the Primary Care Team is focused on at present, with a view to all Barnet Practices having a full telephony service by March 2024. The ICB Primary Care team in Barnet is working to train and inform Practices that are less experienced with this and need support.

The Group should follow up to check the upgrading to iCloud telephony is completed within the deadline.

A final meeting was scheduled for Thursday 8th February 2024 to meet secondary care colleagues and Dr Dattani, to discuss progress on consultant-to-consultant referrals and try to gain buy-in from the Royal Free London NHS Foundation Trust and University College London Hospitals NHS Foundation Trust. Patient expectation and signposting aspects of this would also be discussed.

The report would be drafted in the interim by the Principal Scrutiny Officer, and sent to the Group. This should be succinct but would include all the problems uncovered by the Group's enquiries. Final report would be circulated to the Adults & Health OSC, 6th March 2024.

2. Discharge to Assess Task and Finish Group

Members: Cllr Phillip Cohen, Cllr Tony Vourou, Cllr Gill Sargeant, Cllr Lucy Wakeley.

First meeting scheduled for 1st February, 6pm (Hendon/hybrid) with NHS and LBB senior system leaders.

Delivery plan for recovering access to primary care (england.nhs.uk)