

London Borough of Barnet

SCRUTINY TASK AND FINISH GROUP -

Primary Care (GP) Access

1. Purpose/Objectives of the Review

Improving GP access has been identified as a top concern for Barnet residents. Anecdotal information implies that residents are finding it increasingly difficult to see their GPs both in Barnet and in many other parts of the country, particularly since the pandemic, as demand has grown. NHS England has recently published the GP Access Recovery Plan ¹ in response to some of these concerns. This includes improving digital access and tools to support citizens' remote care, and building capacity, including the use of community pharmacies.

This review will aim to highlight the voice of residents and provide a link between residents and the relevant individuals who coordinate digital and face-to-face GP services in the Borough to respond to the issues and make access to GPs as smooth and straightforward as possible. The review will reach out to communities that are found to not be accessing GPs by reviewing demographic data and will make efforts to include such groups in providing feedback on their experiences.

Amanda Pritchard, NHS chief executive said: "The care and support people receive from their local GP is rightly highly valued by patients and so it is essential that we make it as easy as possible for people to get the help they need."

The aim of the GP Access Recovery Plan is to make it easier for people to get GP appointments and will include upgrading to digital telephone systems and the latest online tools as well as expanding community pharmacies.

The review will hear directly from residents to find out the extent/areas where problems in accessing GPs exist in Barnet and will investigate the reasons for this. The review will invite providers to present on their current and future plans on improving access, and towards addressing health inequalities around access to GPs. The review will make suggestions to improve GP access in the areas of greatest need, feeding back the voice of residents to service providers, and will make recommendations for further action and reporting.

Key lines of Inquiry:

¹ [NHS England » Patients to benefit from faster, more convenient care, under major new GP access recovery plan](#)

- Receive information on the national, system-level and local context and performance in relation to access to GP appointments
- Listening to local residents to get a picture of the main obstacles to GP access
- Understand what action is being taken by primary care commissioners in relation to access in Barnet, including extended hours access and addressing inequalities in access
- Review different contracting, commissioning and operational models in other parts of North Central London/other systems and understand what is most effective for residents
- Review funding arrangements and per head expenditure against local, regional and national benchmarks to understand equity of current and proposed models.

2. Outcomes Required

Be fully informed on areas where GP access remains problematic for residents and make recommendations to primary care clinicians, commissioners and the GP Federation on demographic and geographical areas where there is the greatest need for improvement and provide a link with residents to feed back to providers on what the problems are. Also share findings with the GP Federation, British Medical Association, Royal College of GPs, the voluntary sector and resident groups in the borough.

Carry out a communications campaign to provide residents across Barnet with the information and tools to improve their access to GPs and work with Primary Care Networks to provide any other assistance the council can to maintain and improve better and more equitable access to general practice for all Barnet residents.

3. Information Required

Background data, including:

- NHS England and GP Federation data on inequalities in GP access nationally and locally
- Barnet HealthWatch reports
- Evidence from residents/user groups
- Reports and papers developed by the Integrated Care Board (ICB) on GP access across NCL and specifically Barnet
- [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/publications/delivery-plan-for-recovering-access-to-primary-care/)
- Relevant data:

- Best practice and successful initiatives
- Case studies
- Witness evidence: including key stakeholder:

Internal

- Adult Social Care
- Public Health
- Communications team
- All Ward Members

External

- Adult Social Care Involvement Board
- Residents
- North Central London Integrated Care Board
- Central London Community Healthcare NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Primary Care Network Clinical Directors
- Central London Community Healthcare NHS Trust
- Walk-in Centres
- Voluntary sector eg Age UK
- Primary Care Networks
- Patient Groups
- Patient Advice and Liaison Service (PALS)
- Health Champions

4. Format of Information

- Background reports and presentation
- Best practice data
- Desktop research
- Evidence from expert external witnesses
- Evidence from expert internal witnesses

5. Methods Used to Gather Information

- Minutes of meetings

- Desktop research
- Officer reports
- Statistical data
- Presentations
- Examples of best practice
- Witness Evidence: -

6. Co-Options to the Review

To be confirmed

7 Considerations for Community Impact, such as health, equalities and human rights

This Scrutiny Review will gather evidence with the aim of supplying Scrutiny input into improving residents' access to GPs. It will look to put forward informed recommendations to all relevant parties.

The Scrutiny Panel, in having regard to the general equality duty, will be mindful of the protected characteristics when undertaking this scrutiny activity; so that any recommendations that it made could identify disproportionate and unintended potential positive and negative impacts on any particular sector of the community, including any potential mitigation required. This will be borne in mind as the Scrutiny progresses with the review and evidence is gathered.

In order that the Scrutiny obtains a wide range of views, a number of key witnesses will provide evidence as detailed in section 3 of this report.

Any recommendations about access to GPs will consider impact and potential mitigation as appropriate and relevant across all protected characteristics. Impact assessments will be integral to any reports including actions plans.

8 Evidence gathering Timetable

Meetings to commence at xx

Dates from and to

Dates	Scoping meeting
	Evidence gathering
	Evidence gathering
	Evidence gathering
	Approve final report

- Site visits will be programmed during this period.

9. Responsible Officers

Integrated Care Board (ICB) - tbc

10. Resources and Budgets

To be agreed.

11. Final report presented by:

Completed by Chair of the Task and Finish Group. Presented by the Chair of the Adults & Health Overview and Scrutiny Sub-Committee to the Overview and Scrutiny Committee and then to Cabinet.

12. Monitoring procedure:

Review the impact of the report after approximately six months.