PRIMARY CARE ACCESS IN BARNET

Background report

Adults and Health Overview and Scrutiny Task and Finish Group
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CONTENT Page

1. CONTEXT

Demographics of the borough

1.1 Census 2021 suggests that Barnet's population figure is 389,352 which represents a 9.2% increase from 2011. This is a higher percentage increase than seen for England (6.6%) and London as a whole (7.7%). Barnet has the 2nd largest population in London.[1]

1.2 A quarter of Barnet's 2021 population were children and young people under 19 years of age. This represents a 40% increase from 2011.[1] However, there has been an 8% decrease in the proportion of under-5s in Barnet (Figure 1), which has been driven by fewer births in recent years. Despite birth decline locally, demand for health services for children and young people has continued to be high due to an increase in population coupled with an increase in mental ill health in children and young people as well as improved diagnoses of various conditions such as asthma, allergies and neurodivergence.

1.3 The percentage of young people in Barnet in 2021 aged under 24 years old who reported that they were disabled under the Equality Act was 5.6%. This is an increase compared to 2011 of 3.5%.[1] Similarly, when looking at young peoples' mental health, nationally since 2017, 39.2% of 6 to 16 year olds experienced deterioration in their mental health and 52.5% of 17 to 23 year olds[2]. It is likely that this pattern would also be seen at a local level. This would suggest that rather than expecting a decrease in demand for young peoples' primary care services, we should be expecting an increase as young people seek support for increasingly complex and long-term health conditions.

1.4 Similar to trends seen across England, Barnet's population has continued to age, with 14% of people aged 65 years and over in 2021, representing an increase of 18.3% from 2011. While one-in-ten Barnet residents are now aged 75 years and over.[1] Working age adults, aged between 20 and 64 years represented 61% of the population in 2021. However, there has been a reduction in the number of younger aged adults (20-29 years old) residing in Barnet while the number of 30 to 34 years old has remained static since 2011 (Figure 1).

1.5 There have been increases in the number of older aged adults residing in Barnet particularly in adults aged 50 to 64. The numbers of older adults in Barnet will continue to increase as the 'Baby Boomer' generation ages which will put increasing demand on adult social care and health care for the elderly.

[1] Census - Office for National Statistics (ons.gov.uk)

[2] Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital

1.6 Children and young people aged under 15 years tend to reside towards the west of the borough, with the highest proportion of under-15s found in the wards of Golders Green (28.9%), Edgwarebury (25.4%) and Colindale North (23.6%) [1]. These wards correspond to Barnet primary care networks (PCN) Barnet 1D PCN, Barnet 1W PCN and Barnet 5 PCN. These areas tend to be amongst the more deprived areas of the borough (Figure 2) and are more culturally diverse in terms of ethnicity and religion. This highlights the importance of having culturally competent services for children and their families.

Figure 2: Map of Barnet showing Index of Multiple Deprivation

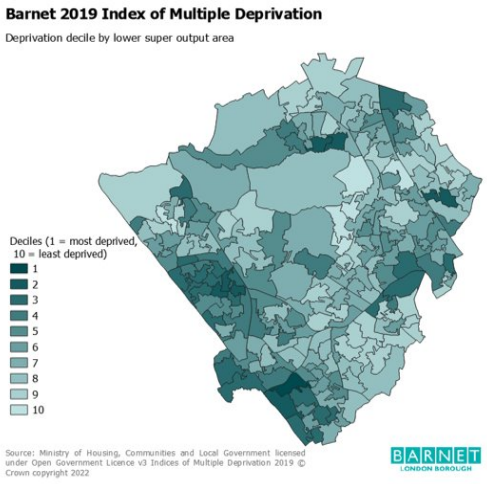
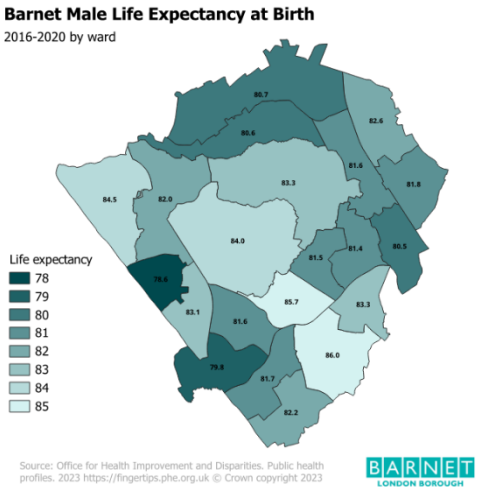


Figure 3: Map of Barnet showing average male life expectancy by ward.



1.7 The highest proportion of over-65s reside in the wards of Garden Suburb (21%), High Barnet (20.3%) and Finchley Church End (18.2%).[1] These wards correspond to Barnet 3 PCN and Barnet 6 PCN. In contrast to the areas of Barnet with a greater proportion of younger people, the over-65s tend to reside in the less deprived areas of the borough as well as areas that are less diverse in terms of ethnicity and religion.

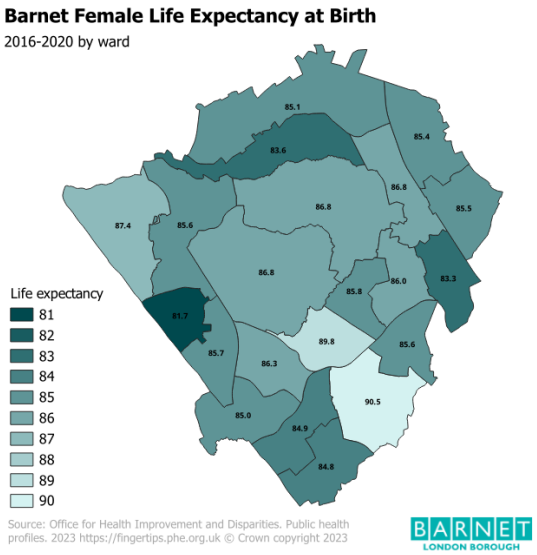
1.8 Barnet residents have a higher average life expectancy than England and London for the period 2018-2020 and female residents on average live longer than male residents (85 years versus 82 years, respectively)[3]. However, overall life expectancy in Barnet has decreased in recent years following a trend seen nationally. There is also variation in life expectancy within Barnet; females who reside in the most deprived wards live on average 8.8 years less than females who reside in the least deprived wards and similarly men in the most deprived wards live on average 7.4 years less than men who reside in the least deprived Barnet wards (Figures 3 & 4)[4].

[3] Local Authority Health Profiles - Data - OHID (phe.org.uk) (Office for Health Improvement and Disparities)

[4] Local Health - Office for Health Improvement and Disparities - Indicators: maps, data and charts

1.9 Barnet residents tend to spend the last 18 to 19 years of their life in poorer health although the average healthy life expectancy for females and males in Barnet is higher than the averages for both London and England.[3] However, over recent years there has been an increase in the number of years lived in poorer health suggesting that while people in Barnet may be living longer, they are now living longer in poorer health. This pattern combined with an ageing population is likely to put increasing pressures on health services as they support ageing Barnet residents living with multiple long-term conditions.

Figure 4: Map of Barnet showing average female life expectancy by ward.



Demand on services

1.10 The prevalence of long-term conditions in Barnet and the wider North Central London Integrated Care Board (NCL ICB) is generally expected to increase. For example, the estimated number of people aged 16 years or older with diabetes in Barnet was approximately 8.9% in 2020 and this is expected to increase to 9.2% by 2025 and 10% by 2035.[5]

1.11 The estimated prevalence of hypertension in NCL in the year 2021/22 was 10.4%.[6] This is a reduction from previous years but in general, hypertension prevalence across NCL has remained between 10-11%. Similarly, arthritis prevalence in NCL in the year 2021/22 was 0.5% which has remained stable over the past 10 years.[7] As Barnet's population continues to age, monitoring prevalence of long-term conditions at a local level will becoming increasingly important. Monitoring will help us to understand where demand for primary care services will be highest and to ensure that the local system can support residents with multiple, complex needs.

Primary care landscape

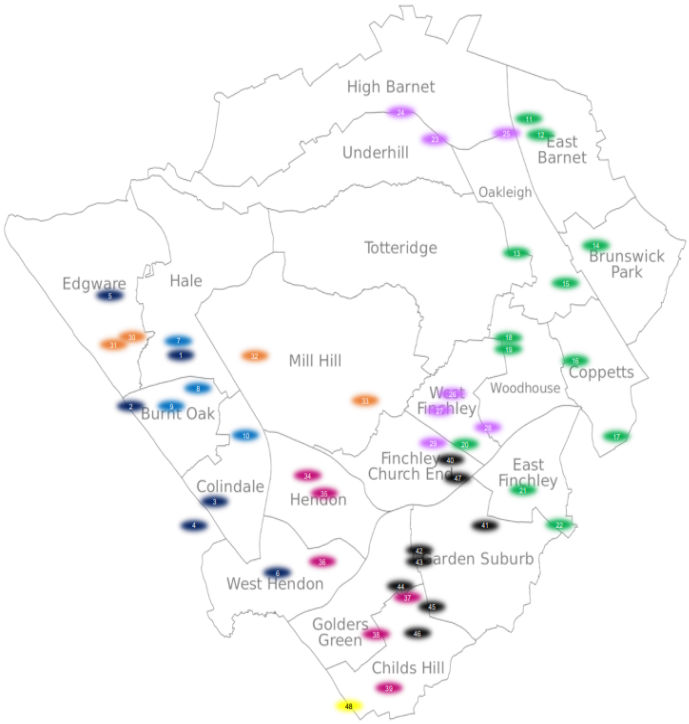
1.12 There are 48 General Practice (GP) practices who form part of 7 Primary Care Networks (PCNs) in Barnet. They all belong to one federation, Barnet Federated GPs Community Interest Company (CIC). Practices within each PCNs cover all roughly the same geographical catchment area. Cricklewood Practice is not currently aligned to a PCN (Figure 5).

[5] Diabetes prevalence estimates for local populations - GOV.UK (www.gov.uk)

[6] Hypertension Public health profiles - OHID (phe.org.uk)

[7] Arthritis Public health profiles - OHID (phe.org.uk)

Figure 5: General Practices by Primary Care Networks in Barnet



Key	Practice Name	PCN
1	Mulberry Medical Practice	PCN 1D
2	Oak Lodge Medical Centre	PCN 1D
3	Colindale Medical Centre	PCN 1D
4	Wakeman's Hill Surgery	PCN 1D
5	Jai Medical Centre	PCN 1D
6	Hendon Way Surgery	PCN 1D
7	Deans Lane Medical Centre	PCN 1W
8	Parkview Surgery	PCN 1W
9	Watling Medical Centre	PCN 1W
10	The Everglade Medical Practice	PCN 1W
11	The Village Surgery	PCN 2
12	East Barnet Health Centre	PCN 2
13	St Andrews Medical Practice	PCN 2
14	Brunswick Park Medical Practice	PCN 2
15	The Clinic (Oakleigh Rd North)	PCN 2
16	Friern Barnet Medical Centre	PCN 2
17	Colney Hatch Lane surgery	PCN 2
18	The Speedwell Practice	PCN 2
19	Torrington Park Group Practice	PCN 2
20	Rosemary Surgery	PCN 2
21	Woodlands Medical Practice	PCN 2
22	East Finchley Medical Practice	PCN 2
23	Longrove Surgery	PCN 3
24	The Old Courthouse Surgery	PCN 3
25	Addington Medical Centre	PCN 3
26	Wentworth Medical Practice	PCN 3
27	Cornwall House Surgery	PCN 3
28	Squires Lane Medical Practice	PCN 3
29	Lichfield Grove Surgery	PCN 3
30	Penshurst Gardens	PCN 4
31	Millway Medical Practice	PCN 4
32	Lane End Medical Group	PCN 4
33	Langstone Way Surgery	PCN 4
34	St George's Medical Centre	PCN 5
35	The Phoenix Practice	PCN 5
36	Dr Azim & Partners	PCN 5
37	Ravenscroft Medical Centre	PCN 5
38	Pennine Drive Surgery	PCN 5
39	Greenfield Medical Centre	PCN 5
40	Supreme Medical Centre	PCN 6
41	Heathfielde	PCN 6
42	PHGH Doctors	PCN 6
43	Temple Fortune Medical Group	PCN 6
44	The Practice @ 188	PCN 6
45	Drs Adler & Rosenberg	PCN 6
46	Hodford Road Surgery	PCN 6
47	Mountfield Surgery	PCN 6
48	Cricklewood Health centre	TBC

1.13 As of July 2023, there were 441,655 registered GP patients in Barnet.[8] This number fluctuates regularly, and detailed practice size list is included in Appendix I. In addition, GP practices serve residents in care home and Barnet has the highest number of care homes in North Central London (Appendix I).

1.14 The average number of Full Time Equivalent (FTE) clinical staff (including doctors, nurses and direct patient care staff) working in a primary care setting in Barnet is 13.6 per 10,000 registered patients. This is above the NCL average of 11.8 per 10,000 registered patients but below the England average of 15 per 10,000 registered patients. There is also considerable variation when looking at the PCN level from a low of 8.3 per 10,000 in Barnet 6 PCN to a high of 15.6 per 10,000 in Barnet 3 PCN.

1.15 When looking solely at doctors, as of July 2023, there were 302 GPs across all Barnet PCNs[9] (Table 1). This means that there is one GP for every 1,462 registered patients in Barnet or 6.8 GPs per 10,000 registered patients. This is slightly below the NCL average of 7.08 GPs per 10,000 registered patients. There is variation when comparing between Barnet PCNs, with PCNs that overlap with wards which have a younger population having some of the lowest rates of GPs per 10,000 registered patients. Barnet PCNs that overlap with wards which have an older population show more of a mixed picture, with Barnet 6 PCN having the second lowest rate of GPs per 10,000 registered patients while Barnet 3 PCN has the second highest (Table 1).

[8] Patients Registered at a GP Practice - NHS Digital

[9] General Practice Workforce - NHS Digital

1.16 Similarly, when looking at the average number of appointments per registered patient, two of the Barnet PCNs with the highest number of appointments per patient are PCNs which overlap with wards which have a higher proportion of older residents. The average number of appointments for these PCNs is also higher than the average for Barnet and for NCL. This reflects that with an ageing population with multiple, complex needs, there is increasing demand for GP appointments.

Table 1 – The number of registered patients, GPs, rate of GPs per 10,000 patients and average number of appointments for NCL, Barnet and each Barnet PCN as at July 2023.

Indicator	NCL ICB	Barnet	Barnet 1D PCN	Barnet 1W PCN	Barnet 2 PCN	Barnet 3 PCN	Barnet 4 PCN	Barnet 5 PCN	Barnet 6 PCN
Number of registered patients [8]	1,785,917	441,655	60,254	39,273	104,203	73,396	50,912	52,702	59,453
Number of GPs [9]	1,265	302	36	27	86	54	33	31	35
Rate of GPs per 10,000 registered patients	7.08	6.83	5.97	6.87	8.25	7.36	6.48	5.88	5.89
Average number of appointments per registered patient [10]	4.31	4.46	4.42	4.11	4.78	4.78	4.46	4.00	4.69

1.17 If we look back 10 years, there were 388,902 registered GP patients in Barnet in October 2013[8] and 273 GPs[9]. This is almost 55, 000 less patients compared to today's total number of registered patients. At that time, there was one GP for every 1,424 patients in Barnet or 7 GPs per 10,000 registered patients compared to one GP per 1,462 patients in 2023 or 6.83 per 10,000 nowadays. Demand for GPs in Barnet has not changed significantly over the last decade.

1.18 We can see that Barnet has an ageing population with residents living more of their life in poorer health and with increasing complex and multiple long-term conditions. We must, therefore, consider whether a 'stable' GP workforce is able to provide the level of support required for Barnet's ageing population and ensure that appropriate access to primary health care services is available.

Patient satisfaction survey in GP practices

1.19 With the publication of the GP Patient Survey, the data shows very clearly that Barnet patients are unhappy about accessing their GP. When looking at the 20% of practices nationally with the lowest scores, a high proportion of those practices are in NCL with a higher percentage in Barnet. This indicates that we have a larger number of patients dissatisfied with their experience of accessing their practice in Barnet than the national average. This is further evident in the five survey questions NHS England believe are most reflective of a good patient experience of accessing a GP practice (Table 2). This trend has deteriorated over the time (Table 3).

Table 2: GP Patient Survey Data

			Barnet	NCL
Q1	Generally, how easy or difficult is it to get through to someone at your GP practice on the phone?	Number of practices	48	175
		Number in lowest 20% nationally	15	28
		Percentage in the lowest 20% nationally	**31%**	**16%**
Q2	How easy is it to use your GP practice's website to look for information or access services?	Number of practices	48	175
		Number in lowest 20% nationally	17	51
		Percentage in the lowest 20% nationally	**35%**	**29%**
Q3	Were you satisfied with the appointment (or appointments) you were offered?	Number of practices	48	175
		Number in lowest 20% nationally	15	51
		Percentage in the lowest 20% nationally	**31%**	**29%**
Q4	Overall, how would you describe your experience of making an appointment?	Number of practices	48	175
		Number in lowest 20% nationally	20	47
		Percentage in the lowest 20% nationally	**42%**	**27%**
Q5	Overall, how would you describe your experience of your GP practice?	Number of practices	48	175
		Number in lowest 20% nationally	18	41
		Percentage in the lowest 20% nationally	**38%**	**23%**

Table 3: Trend in GP Survey Data

National GP Patient Survey Responses: 2023 results and trajectories 2018-2023

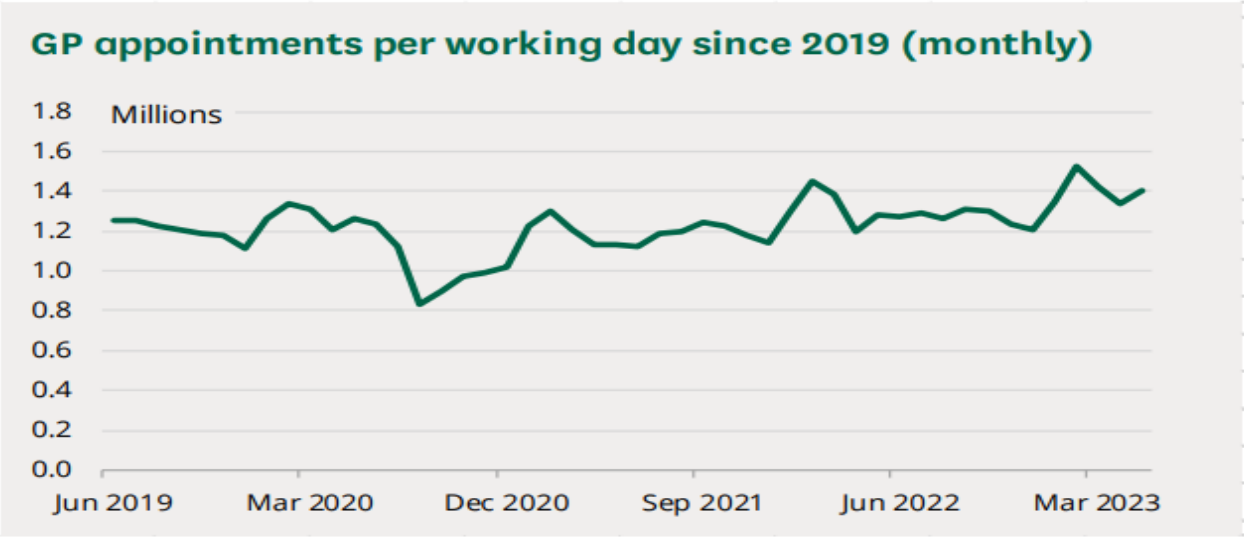
PCN name	Borough	Number of practices	Five Q total (2023 and % change)	Five Q total - average for PCN
South Camden	Camden	3	45	15.0
North Camden	Camden	5	168	33.6
Central Hampstead	Camden	6	260	43.3
West Camden	Camden	2	87	43.5
Kentish Town Central	Camden	3	157	52.3
Haringey - North Central	Haringey	6	350	58.3
South Network	Islington	7	465	66.4
Haringey - East Central	Haringey	5	344	68.8
PCN 5	Barnet	6	449	74.8
Central 1 Network	Islington	7	551	78.7
PCN 1W	Barnet	4	316	79.0
Haringey - North East	Haringey	5	402	80.4
West Enfield Collaborative PCN	Enfield	3	246	82.0
Haringey - North West	Haringey	4	329	82.3
Islington North 2	Islington	8	669	83.6
Islington North	Islington	4	336	84.0
Central Camden	Camden	8	680	85.0
Central 2 Network	Islington	5	456	91.2
Haringey - South West	Haringey	4	369	92.3
PCN 6	Barnet	8	738	92.3
Enfield South West PCN	Enfield	6	555	92.5
Haringey - Welbourne	Haringey	6	561	93.5
Haringey - N15/South East Haringey	Haringey	4	392	98.0
Edmonton PCN	Enfield	5	512	102.4
PCN 4	Barnet	4	411	102.8
Enfield Care Network PCN	Enfield	8	863	107.9
Kentish Town South	Camden	2	229	114.5
PCN 2	Barnet	12	1378	114.8
West and Central	Camden	2	244	122.0
Enfield Unity PCN	Enfield	9	1126	125.1
PCN 3	Barnet	7	884	126.3
PCN 1D	Barnet	6	820	136.7

1.20 When looking at the data at practice level, there are a range of percentage responses within a PCN. The only PCN with consistently low responses across all the constituent practices is PCN 1D. There is no easy pattern to the response rate that we can associate with demographics (deprivation, age, geography, health data). There is a tenuous link between high satisfaction with the appointment and high number of face-to-face appointments. This is often found in the same practice where there is low satisfaction with access to appointments.

Impact of the pandemic on primary care

1.21 From March to July 2020 there was a dramatic drop in demand for appointments in general practice. Since then, the demand has increased through peaks and troughs to higher demand than pre-pandemic levels.

Figure 6: GP appointments during the pandemic, England



Source: NHS Digital, Appointments in General Practice May 2023, Summary tables

1.22 The lack of capacity in secondary care meant GPs also saw increased demand as a result of cancellations elsewhere. They were responsible for many patients whose health issues had been exacerbated by lockdowns, and who had nowhere else to go for care. The model of delivery within primary care changed significantly due to the pandemic. To mitigate infection risk, general practice shifted to remote consulting, where feasible, which further exposed the limitations of IT infrastructure within the UK health services. There was an exponential growth in the use of new technology to support safe remote working in GP Practices. For example, there were very few practices who didn't adopt the use of AccuRx (software that allowed two-way text communication, video call or document/photo sharing between healthcare professional and the patient). Telephone consultations became the main consultation type in general practice.

2. DIGITAL ACCESS

2.1 During the pandemic, there was a great shift from face to face consultation to online access. There are many pros and cons with this shift however this has accelerated a national move to improve digital access to general practice through a number of different routes. These include online consultation, cloud telephony and text messaging.

GP Appointments (GPAD) data

2.2 All practices are contracted to code/map their appointments. Through mapping we will be able to monitor access areas that give is an accurate indication of the access in a particular practice and PCN. Examples of the coded data and the areas they will monitor:

- Number of appointments
- Appointments per 1000 patients
- % same day appointments
- % appointments within 2 weeks
- % face to face appointments
- % telephone appointments
- % online consultations
- % GP appointments

- % appointments broken down by healthcare professional type (practice nurse, clinical pharmacist, paramedic, nurse associate etc.

2.3 The data at the moment is already of good quality but isn't accurate enough to report on. Although almost 100% of appointments are mapped, in NCL, there are still 15% of appointments that are inconsistently mapped. Through 2023-2024, practices and PCNs will be addressing these inconsistencies with the aim that by April 2024 all GPAD data will be accurately mapped.

Table 4: GPAD data July 2023

	% Inconsistent Mapping	% Unmapped
London average	10%	2%
National average	9%	2%
NCL average	15%	0%

NHS App

2.5 Online access works through the NHS App or can be accessed through a link on the practice website. E-Consult is the most well know provider of online consultations but GP practices may choose from a number of online consultation service providers. Many practices are moving to the same consultation platform as the other practices in their PCN. A provider of choice in many practices in Barnet is PATCHS. The aim of online consultation is primarily to enable patients to communicate with their practice about a new or ongoing issue in a way and at a time that is convenient to them. It takes the patient through a series of questions that help the clinician to understand the issue before having the consultation. This means that an appointment can be made with the appropriate clinician (not necessarily the GP) in the appropriate time frame. The online consultation is automatically saved to the patients medical record, which also saves time.

2.6 The NHS App not only offers online consultation but offers a quick digital route to a number of other services which are convenient for the patient and save clinical and practice admin time. These include but are not limited to:

- Order repeat prescriptions and nominate a pharmacy for collection
- Book and manage GP appointments (and where the functionality is available, view referrals and other appointments)
- View your medical record (allergies, medication, vaccination record) and where the practice has switched on the functionality (test results, access your coded medical record)
- Book and manage Covid vaccination appointments
- Use NHS 111 online to get medical advice or help

2.7 In addition to these services it can also be used for messaging between a patient and their practice. This can be used for both medical conversations and admin requests. When used to its full potential, the NHS App provides a one stop route into the GP practice and further services, additionally providing access to their medical information whenever they need it. Table 5 shows percentage of patients signed up to the NHS App August 2023:

Table 5: NHS App uptake in Barnet

Practice Name	ODS Code	PCN	NHS App: % of Patients Registered NCL average is 54%
Colindale Practice (Dr Lamba)	E83637	PCN1D	59.00%
Hendon Way Surgery	Y03663	PCN1D	53.00%
Jai Medical Centre	E83038	PCN1D	51.00%
Mulberry Medical Practice	E83046	PCN1D	55.00%
Oak Lodge Medical Centre	E83032	PCN1D	49.00%
Wakeman's Hill Surgery	E83041	PCN1D	40.00%
Deans Lane Medical Centre (Dr SP Talpah	E83668	PCN1W	56.00%
Parkview Surgery	E83028	PCN1W	50.00%
The Everglade Medical Practice	E83011	PCN1W	52.00%
Watling Medical Centre	E83018	PCN1W	57.00%
Brunswick Park Medical Practice	E83621	PCN2	61.00%
East Barnet Health Centre	E83613	PCN2	63.00%
East Finchley Medical Practice	E83050	PCN2	70.00%
Friern Barnet Medical Centre	E83045	PCN2	58.00%
Rosemary Surgery	E83639	PCN2	63.00%
St Andrews Medical Practice	E83024	PCN2	55.00%
The Clinic (Oakleigh Rd North)	E83003	PCN2	52.00%
The Speedwell Practice	E83010	PCN2	67.00%
The Surgery, Colney Hatch Lane	E83034	PCN2	60.00%
The Village Surgery	E83031	PCN2	61.00%
Torrington Park Group Practice	E83021	PCN2	60.00%
Woodlands Medical Practice	Y00316	PCN2	55.00%
Addington Medical Centre	E83044	PCN3	61.00%
Cornwall House Surgery	E83013	PCN3	66.00%
Lichfield Grove Surgery	E83005	PCN3	59.00%
Longrove Surgery	E83017	PCN3	63.00%
Squires Lane Medical Practice	E83007	PCN3	61.00%
The Old Courthouse Surgery	E83012	PCN3	61.00%
Wentworth Medical Practice	E83035	PCN3	60.00%
Lane End Medical Group	E83053	PCN4	57.00%
Langstone Way Surgery	E83049	PCN4	64.00%
Millway Medical Practice	E83016	PCN4	67.00%
Penshurst Gardens	E83030	PCN4	64.00%
Cricklewood Health Centre	Y02986	PCN5	52.00%
Dr Azim & Partners	Y03664	PCN5	53.00%
Greenfield Medical Centre	E83006	PCN5	57.00%
Pennine Drive Surgery	E83025	PCN5	55.00%
Ravenscroft Medical Centre	E83039	PCN5	56.00%
St George's Medical Centre	E83020	PCN5	58.00%
Phoenix Practice	E83653	PCN5	55.00%
Adler & Rosenberg/ Adler JS	E83600	PCN6	54.00%
Heathfielde Medical Centre	E83008	PCN6	73.00%
Hodford Road Surgery	E83649	PCN6	63%
Mountfield Surgery	E83638	PCN6	69.00%
PHGH Doctors	E83009	PCN6	65.00%
Supreme Medical Centre	E83026	PCN6	60.00%
Temple Fortune Medical Group	E83622	PCN6	61.00%
The Practice @ 188	E83027	PCN6	50.00%

Cloud Based Telephony

2.8 There is a national drive to have all GP practices using a cloud-based telephony service by March 2024. In Barnet there is only one practice not already using a cloud telephony service provider. However practices vary greatly in how effectively they are using the functionality of the telephone system, specifically the cal back function and the queuing function. Enabling queuing and call back is part of the PCN Capacity and Access Implementation Plan to be completed in all practices by March 2024.

2.9 Cloud telephony differs from traditional analogue telephony in a number of ways. There is no limit to the number of lines into and out of the practice. This means that a patient can always get through on the telephone and won't get a busy line. It also means the practice staff can always get a line

out of the practice to reach a patient, hospital or another medical professional. However, there is no point in a patient getting through on the phone only to be put on endless hold until there is someone available to take the call. Cloud telephony offers two options to support patients and staff with the 8am rush. The first is that the caller will be told how many people are queuing ahead of them. The second is that it gives the patient the option to be called back when their call is at the front of the queue. That way they can get on with other tasks and not have to sit waiting for the call to be answered.

2.10 In addition, other functionality allows the call to be directed to the correct clinician or administrator for their concern, so that when the call is answered, the person answering the call is knowledgeable about the subject and the call can be dealt with immediately. For example, the patient can choose 'prescription query' which will put them in the queue to be answered by a clinical pharmacist or prescription administrator. It can also allow the patient to book an appointment without even having to wait in line for the call to be answered, through a fully automated appointment booking process.

2.11 The cloud systems are also able to work across multiple physical sites and other locations so it can be used by PCNs as well as individual practices. It is also a safe and easy option for remote working. And due to the real time dashboards and reports, the practice is able to see patterns in number of calls at certain times on certain days and plan staffing levels accordingly or respond to a surge in demand.

Traditional methods of contact

2.12 Digital access is imperative to supporting practices to meet the ever growing demand. It is also a convenient and effective method for many working and generally younger patients to contact their GP Practice. For those patients who still need to be able to access the surgery in the more traditional way, such as by walking into the surgery to talk to a receptionist or to call the surgery and talk through their issues, digital access has an unexpected benefit. The use of digital technology can free up reception time so that patients are able to speak to a member of the GP surgery team over the phone more quickly, and as less people walk into the practice it gives the receptionists time to focus on those that do need the personal touch at the front desk. It also allows the receptionist/ care navigators time to address the specific concerns of those who don't speak English, those who are illiterate or who have learning disabilities.

Modern General Practice Model

2.13 Patient Flow is the movement of patients through a healthcare facility. With there now being so many different ways in which a patient can communicate with their GP practice, it is increasingly important that every method is monitored to ensure patient safety? and that patients are prioritised effectively based on their concern rather than the way they choose to communicate with their practice. The aim being that they take the least number of steps (and time) to reach a point where their concern is addressed.

2.14 This is where the move to a Modern General Practice Model is important. When digital access and traditional methods of contacting a GP practice (telephone and walk in) are funnelled through a care navigation and triage process, this is known as the Modern General Practice Model (Appendix II). There is transformation funding available nationally to support practice to move to this model over the next two years. Many practices in Barnet are already on this pathway.

2.15 Using this model, in the first instance, all communications with the practice go to a trained Care Navigator. The navigator assesses the communication to determine how urgent the concern and how the patients needs would best be met. This could mean redirecting the patient to community pharmacy or a social prescriber or an administrator. Or deciding which type of clinician would be best placed to triage their call, based on the nature of their concern.

2.16 The next step is triage for those patients who have a clinical concern that is appropriate for general practice. This is the stage where either a GP or another healthcare professional would have a conversation with the patient. They would either be able to address the concern over the phone or online and save the patient having to come into the practice for an appointment or they would decide the patient needed to be seen to assess the concern. If the patient needed to be seen they would either be booked into a same day appointment or booked into a routine appointment within the following 2 weeks depending on the nature of the concern.

2.17 In this model, the patient's concern would be addressed on the day. They would either have their concern addressed, be booked a further face to face appointment that day or be given an appointment date and a clear explanation of who they would be seeing, when and why.

2.18

3. RESIDENTS AND PATIENTS AWARENESS RAISING

3.1 Barnet Primary Care Team give regular updates at the Barnet Patient Participation Network (BPPN) meetings and take actions and learning from those meetings to inform support for patients and GP practices. One of the main topics of discussion in meetings is around access to GP practices.

3.2 Areas for exploration following the BPPN meeting in September include:

- Although all these different routes can be used to contact and access the practice (NHS App, telephone, online form etc), patients either aren't aware of them and /or need help to use them.

- The communications they receive from the practice or Barnet NHS about access are in the format of digital communications and there appears to be nothing going out to those patients who don't use digital communication.

- How can we make sure the receptionists/ care navigators all have this access knowledge and are able to support patients and give them up to date, accurate advice and support.

- Some practices share similar demographics and have similar list size etc. Yet their results on the Patient GP Survey differ greatly. Can practices learn from each other and share best practice?

- Although each practice will have very specific reasons for capacity and access issues that may not be shared with other practices, some things can be addressed across all practices. If they are all using the same telephone system, how can they all learn to use it effectively?

3.3 As an ICB, we supported the national NHS England General Practice Team campaign that began in October 2022. This involved sharing campaign information via our various communications channels. We also briefly ran our own campaign around Primary Care access with localised assets describing the different roles and specialties to be found in practices that patients could access as an alternative to always seeing a GP. This campaign was largely retired when the national campaign launched. A new national campaign around Primary Care access linked to

the Recovering Access to Primary Care initiative is shortly being launched which the ICB will support.

3.4 The ICB also engages with Community Barnet and supports communication with patients via Healthwatch. Senior leads from Barnet regularly meet with Healthwatch Barnet. Healthwatch Barnet also attends the Borough Partnership Board and the Barnet Health and Wellbeing Board. The five NCL Healthwatch organisations are represented by Healthwatch Islington's Chief Executive on the NCL Primary Care Committee. Healthwatch is also a part of NCL ICB's Community Partnership Forum. This forum is an active expert reference group on community engagement, as well as a forum for discussion and debate on emerging proposals and strategies.

There are a number of borough-wide forums for voluntary sector organisations in Barnet, including the Barnet Together Alliance, and the regular Barnet Equalities Meeting (the latter is hosted by Inclusion Barnet). Voluntary sector partners can offer feedback on the specific practical barriers to primary care access faced by their service users, including people with disabilities, non-English speakers and people in financial hardship.

3.5 There are also communications toolkits available nationally to support access:

General Practice Access Routes

- Campaign explaining the three access routes to contact a practice
- Printable materials include posters, leaflets in various languages a sample patient letter and contact slips

NHS app

- Materials from NHS Digital to introduce patients to the app
- Printable materials include posters and a patient leaflet

Enhanced access

- Printable materials include posters, a patient leaflet and a pull-up banner

Recovering access to primary care

- We're expecting a national campaign to launch in October. Key themes will be digital telephony, simpler online requests and faster assessment/response.

Patient Services Leaflet

3.6 The Primary Care Engagement Group (PCEG) approached the ICB as they wanted to put together a simple leaflet describing local services available during the day and out of hours to help residents to choose the most appropriate service for their particular health needs. The ICB was supportive of this but was not in a position to offer any budget to go towards the production of the leaflet. The PCEG developed their leaflet with the support of Community Barnet and it is now complete with all service information confirmed by the ICB. The ICB will help to distribute the leaflet digitally by sharing it with voluntary and community sector (VCSE) groups across the borough and via our various communications channels (social media, newsletters etc).

The ICB has also approached Barnet Council to find out about including the information in a future edition of Barnet First (printed and emailer). The prospect of distributing printed copies alongside printed copies of the ICB's winter leaflet is being determined. This will depend on whether the ICB's leaflet is printed and is dependent on budget. Leaflet is included in Appendix III.

3.7 The ICB will be in touch with the PCEG should any service changes occur so that they can update the leaflet. It can then be re-distributed but they will not be able to provide updates to hard copies or print more.

4. PRIMARY CARE WORKFORCE AND SKILL MIX

4.1 It is important to note that GP Practices are privately owned businesses. They are the employer and decide what skill mix they need in their practice. Every practice and PCN is different with a different patient demographic and different patient needs. It is natural that their staffing will reflect this. This does not detract from the fact that the number of GPs has fallen since 2016.

- Between Sep 2021 – Aug 2023 there has been a reduction of -54.3 WTE GPs (excl. GP Trainees)
- During this period there has been an increase of 41.9 WTE GP Trainees in NCL
- All NCL Boroughs observed a decrease to their GP (excl. Trainees) workforce in this period:

Table 6: NCL data on GP staffing changes

By Borough	WTE change in this period
Enfield	-14.4
Barnet	-12.9
Haringey	-10.5
Islington	-9.6
Camden	-6.9
Grand Total	**-54.3**

4.2 Although the number of GP trainees is growing, this is also an ageing workforce with more GPs nearing retirement than are being trained. This is also true of practice nurses which are particularly hard to recruit in Barnet.

Figure 7: Staffing groups over 55 years of age

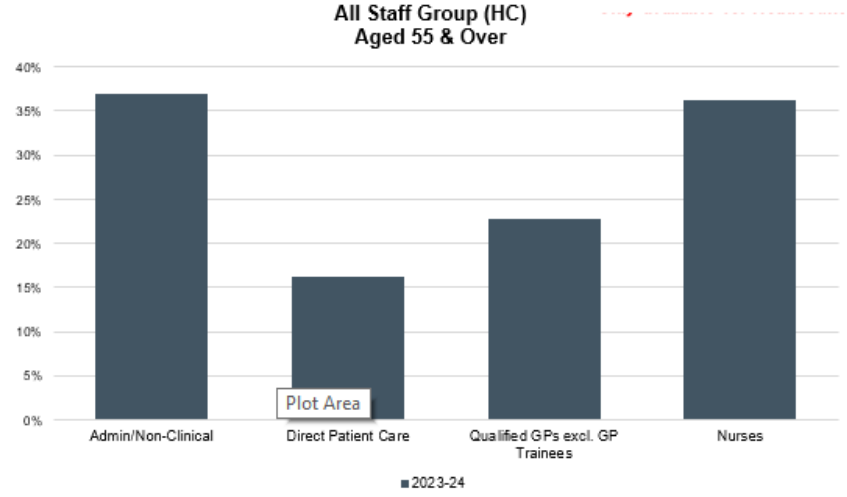
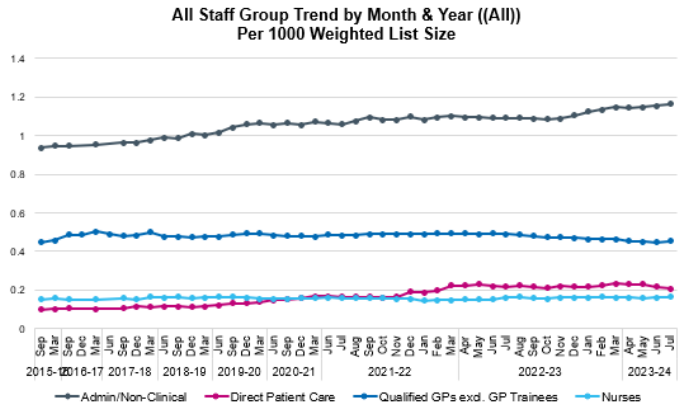


Figure 8: Staffing groups trend



4.3 There has been a steady fall in general practice clinical staff over the last 10 years. Admin staff numbers have grown as roles traditionally taken on by the clinical staff have had to move to admin staff to free up clinical staff time for clinical work. However this has still not compensated for the decline. More healthcare professionals are still needed to match demand. When we look at number of staff employed by GP Practices over time, we see that the only staff group that has expanded measurably is the Admin/Non Clinical staff.

Figure 9: Total number of staff employed by GP practices in a PCN per 1000 patients:

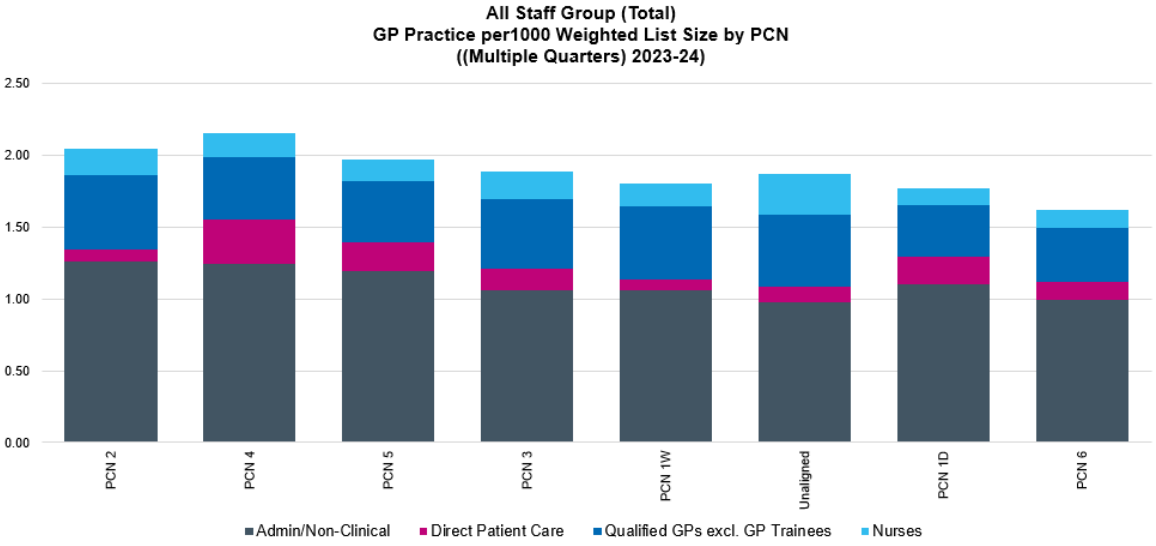
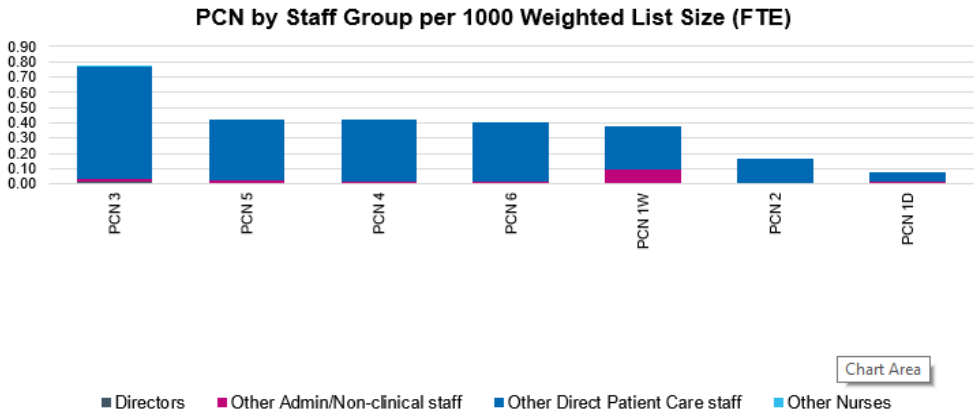


Figure 10: Total number of staff employed by PCNs per 1000 patients:



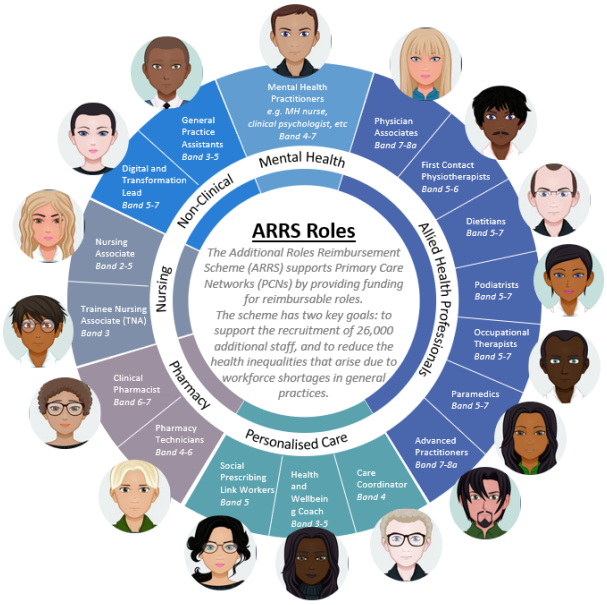
ARRS (Additional Role Reimbursement Scheme)

4.4 Through the introduction of ARRS (Additional Role Reimbursement Scheme) roles over the last 5 years the number of health care professionals working in primary care has increased and the variety of roles has increased dramatically. Alongside the GP and practice nurse there are now Clinical Pharmacists, Physician Associates, First Contact Physiotherapists, Paramedics, Mental Health professionals, Nurse Associates and many more new roles. Working hand in hand with these healthcare professionals are other non-clinical specialists such as Social Prescribers, Health and Wellbeing coaches and Care Coordinators. The latest addition to the new roles is the Digital and Transformation Lead. In Barnet, PCNs have fully utilised their ARRS budget. There is however at PCN level uncertainty around the future planning we haven't been informed nationally about the future of the scheme.

4.5 NHSE has published Additional Roles:

A quick reference summary

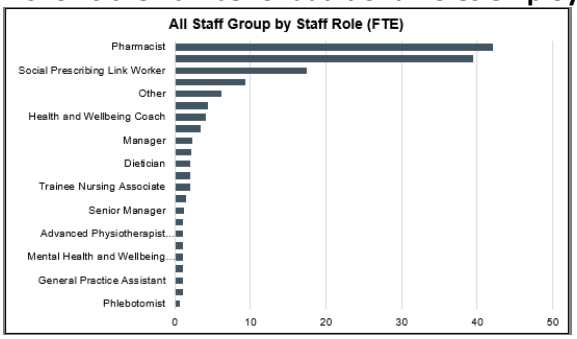
The following are all the roles funded through the scheme:



- [Clinical/senior pharmacist]
- [Pharmacy technician]
- [Social prescribing link worker]
- [Health and wellbeing coach]
- [Care co-ordinator]
- [First contact physiotherapist]
- [Paramedic]
- [Occupational therapist]
- [Podiatrist]
- [Dietitian]
- [Nursing associate]
- [Trainee nursing associate]
- [Adult mental health practitioner]
- [Children and young people's mental health practitioner]
- [Physician associate]
- [General practice assistant]
- [Digital and transformation lead]
- [Advanced practitioner]

4.6 In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.

Figure 11 shows the number of additional roles employed through PCNs as of July 2023 in Barnet.



Staff Retention

4.7 *"core work is also required to make primary care more attractive to staff by addressing work-life balance, parity with other NHS career paths, and making a portfolio career more accessible. Training and education to encourage career development should be rolled out across primary care, from clinical to managerial and reception roles"* The Fuller Report.

4.8 In Barnet there is a programme of work being run by our training hub to offer personal development opportunities to our GP staff. This is further bolstered by both NCL and national offers of training and development.

GP practice and PCN staff retention initiatives

4.9 These initiatives are all available via Barnet Training Hub but some programmes are available across NCL and others more widely (e.g. New to Practice Fellowships is a national programme).

- SPIN (Salaried Portfolio Innovation scheme). This is a combined offer with NHSE New to Practice Fellowship programme (combined in London only). This is an enhanced fellowship offer.
- Mentoring
- Leadership opportunities
- Clinical supervision
- Multi professional education
- Nurse education
- Pharmacy education
- PMLG (Practice Manager Learning Group) regular educational sessions for practice managers and coffee mornings
- Care coordinator and SPLW (Social Prescribing Link Workers) sessions

GP practice and PCN staff recruitment at a national, NCL and Barnet level

4.10 The Barnet Training Hub helps to facilitate recruitment, e.g. identify practices with nurse vacancies and alert the NCL Training Hub who will be matching candidates to vacancies

- GP Speciality Training
- General Practice Nurse recruitment
- Trainee Nurse Associate recruitment
- Prescribing Clerks
- GP Assistants
- PTPT (Pre-reg trainee pharmacy technician) Apprenticeship Programme for aspiring pharmacy technicians
- Primary Care Anchor Network - Supports the supply workstream by connecting local employers with the community e.g. link with local schools to promote entry level roles in primary care, link with local authority to identify opportunities to support underemployment

5. INEQUALITIES IN ACCESS

Cross-bBorder Working

5.1 The national position is that where NHS services are commissioned through an ICB, the delivery of that service should be linked to the GP the patient is registered with. This works well with clinic-based community services where patients can travel to those within the ICB area. This does not work so well with services that are delivered at home, although most NHS community services will offer some flexibility by travelling into neighbouring boroughs to provide some home-based care services. However, where the service is solely or jointly commissioned with a specific Local Authority that service will be contained within geographical boundaries of the borough in question.

5.2 The patchwork nature of London Boroughs means there are more borders in this patch than elsewhere in the country. There is a London region approach to overcoming the Mental Health border challenges and we are expecting a policy document to be made public shortly.

5.3 Since the development of the ICBs in July 2022 and the move to a population health model of strategic planning there has been a move towards a collaborative approach to resolving complex issues, including the development of cross-border agreements for community care. However, we recognise that in NCL we have more work to do with our partner organisations to ensure a consistent offer for those patients who live on the border. Through the pandemic response our ability to work together and agree fundamental principles to manage patients that live in one borough and choose to have their GP in another have progressed well in relation to supporting hospital discharge, and NCL is eager to build on this work to find similar solutions for other services.

5.4 Central London Community Healthcare is the community provider in Barnet, as well as in several boroughs in North West London, South West London and in Hertfordshire. They work with their colleagues in these different areas to ensure patients with cross -border issues are seen by the most appropriate community team as quickly as possible. Where once this would have required an escalation to a commissioner to resolve, the move is for system partners to resolve together.

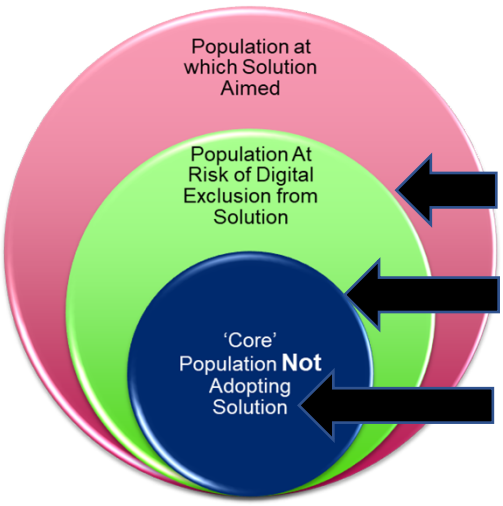
5.5 Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) is the community mental health provider in Barnet and serves residents with a Barnet GP and Barnet residential address. This approach will be reviewed in line with the London-wide policy document expected shortly.

Digital Inclusion – Access Focused

5.6 Some patients are not ready or able to use digital technology. Examples of these groups are low income families, unemployed, 65+, disabled including hearing impaired and those with learning disabilities, homeless, adults with low numeracy & literacy skills. It is important to note that not all people in these categories will be digitally excluded.

5.7 In many of these cases where patients are digitally excluded, patients could be given the skills, knowledge, confidence and resources to become digitally enabled but in some cases this will not be possible. That is why it is so important that although we focus on increasing the offer of digital access to primary care we also ensure that the traditional methods of contacting the GP surgery still exist and are equally prioritised by the GP practice alongside digital access.

5.8 Digital Inclusion doesn't only apply to health services and doesn't only apply to access to health services or even more specifically, primary care health services. It affects almost all aspects of life. This makes it difficult and not very helpful to look at digital access improvement initiatives in primary care in isolation. There needs to be a whole system approach to digital inclusion.



Want as many people as possible in our target population to be digitally enabled to a solution…

By reducing size of population at risk of exclusion from the solution…

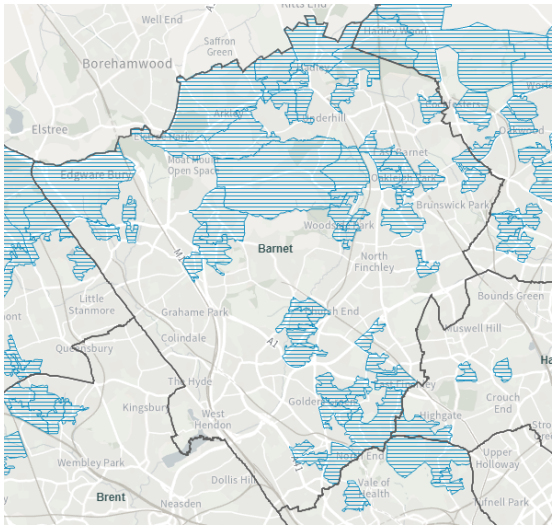
Whilst acknowledge always be a 'core' group who can't or won't adopt

5.9 NCL ICB has a Digital Inclusion workstream, looking at help with Remote Access to GP Appointments, Outpatient and NHS information. They have been working in partnership with Barnet Council and voluntary organisations to build a picture of digital excluded patients across Barnet and work to find solutions for their particular digital needs.

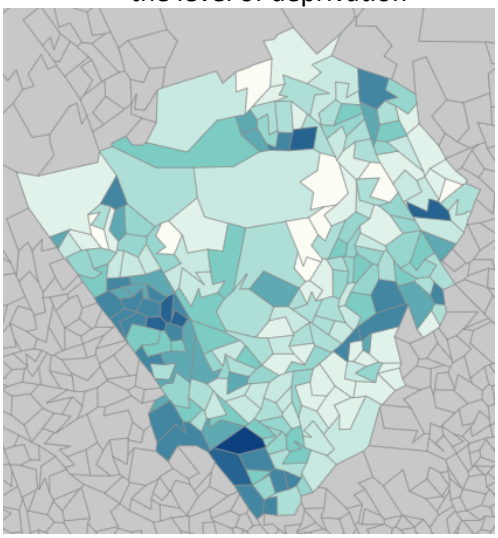
5.10 Barnet has an older and aging population. We also have a much higher number of care homes and housebound patients than any other NCL borough. The aging population in Barnet is a large part of the population considered digitally excluded. We also have geographical pockets where there is a high level of low income families and unemployment. These geographical areas are distinctly different. This highlights the need for a nuanced approach to any new service or initiatives looking at digital inclusion. It also highlights how the approach to access in each practice and PCN needs to consider those specific cohorts that are considered digitally excluded in their catchment area.

5.11 The map below shows the distribution of people aged 65 and over in Barnet. It doesn't fit the geography usually associated with health issues ie. those in indices of high deprivation. This shows how important it is to match the need to specific populations in specific geographical locations.

Distribution of population aged 65+



Map showing areas of deprivation. The darker the colour, the higher the level of deprivation



5.12 There are a number of initiatives and projects built to tackle digital exclusion:

Boost Digital: Is an employment, financial and digital support service helping Barnet residents. They work in partnership with Barnet Council. They offer training and support to improve the skills and knowledge of residents. They also offer support in accessing free internet.
Digital – BOOST (boostbarnet.org)

Patient Participation Group (PPG) Support:

- Some practice PPG groups offer hands on support sessions to guide patients through how they can use the NHS App
- Other PPGs said they did volunteer work in the reception area to help other patients with 'iGP' IT

London Digital Exclusion Personas is a Pan London toolkit created by LOTI (London Office of Technology and Innovation) for designing services based on user needs. The pack of 24 personas is designed to help you understand the needs, experiences and barriers of people experiencing digital exclusion.

London Digital Exclusion Personas - LOTI

Below is an example persona, particularly relevant to the Barnet demographic: **Delaisay**

6. PRIMARY CARE IMPROVEMENTS AND SUCCESSION PLANNING

6.1 A report, 'Primary Care and Neighbourhoods Deep Dive', was presented to Barnet Health and Wellbeing Board (HWBB) on 11th May 2023, providing a general update on Primary Care and to give assurance that the NCL Integrated Care Board (ICB) is progressing in line with the Fuller Report recommendations. The report also included an update on the Fuller Stocktake report (a detailed national review of integrated primary care looking at ways to address dissatisfaction from both patients and staff).[10] The report also sets out the development of neighbourhood models of care in Barnet (as recommended in the Fuller report), led by the Barnet Borough Partnership.

The following updates were outlined in the report:

- the NHS and General Practice continued to operate under immense pressure at this time, and that Secondary Care service reduction due to industrial action was having a further impact on General Practice.
- the Barnet Borough Partnership is working to implement and develop integrated care and improve access, experience, and outcomes through neighbourhood models and community based multi-disciplinary working – the recently agreed NCL Population Health and Integrated Care Strategy also emphasises the importance of neighbourhood models of integrated health and care as a key vehicle for improving health and tackling health inequalities.

GP Appointments

- Overall appointment capacity is higher than pre-pandemic across NCL ICB yet there is high demand for appointments, which is being addressed in various ways.
- Succession planning is a concern in Barnet [11] due to several single-handed GPs being near retirement age. Recruitment and retention remains a challenge for General Practice
- Data presented outlined GP attendances by attendance mode and demonstrated a lower number of face-to-face appointments across NCL than pre-pandemic to February 2023, though overall capacity is higher than pre-pandemic.
- Primary Care Networks (PCN) have recruited to additional roles as part of the Network Contract Directed Enhanced Service to try to ensure the workforce is fit for purpose
- Changes to the GP contract are detailed in the national document[12]. From 1 Oct 2022 PCNs have been responsible for delivering extended access appointments in the evenings and 9-5 on Saturdays as part of the national DES access specification. This provides additional nurse and GP appointments, more reviews of high-intensity user patients, and structured medication reviews for housebound patients, through NHS England funding for winter 2022-23.

PCN Directed Enhanced Service Access Specification

- Changes to requirements of the PCNs due to the national DES Access Specification – to support this there is a national move to improve digital access to general practice including online consultation

[10] NHS England » Next steps for integrating primary care: Fuller stocktake report
[11] Health and Wellbeing Board report (moderngov.co.uk)
[12] Changes to the GP Contract in 2023/24 (moderngov.co.uk)

- PCNs are supporting their practices to make the best use of the cloud telephony functionality and will be introducing call queuing and/or call back in all practices by March 2024 to support patient access

Additional Facilities

- New schemes include the Colindale Integrated Hub (a new primary, community and social care integrated hub) and refurbishment of the Finchley Memorial Hospital community diagnostic centre, creating additional diagnostic capacity.
- Other activities to support the reduction of health inequalities in the borough include the Healthy Hearts Campaign, Ageing Well pathway model, 0-19 Hubs providing early intervention to support children and families.
- There is a comprehensive social prescribing service in each PCN with a manager located in Age UK Barnet funded by Public Health.
- The Council's Adult Social Care Prevention and Wellbeing Service is borough-wide and working closely with the social prescribing team.
- NHSE has allocated specific funding to develop Primary Care Winter plans as in previous years
- The PCN led plan will focus on proactive care for at-risk cohorts, PCN-level Triage Hubs – to manage telephone and online consultation demand
- Targeted capacity boost – clinical capacity ringfenced for a patient cohort with an increased need for appointments during winter
- General Capacity Boost – additional sessions to increase urgent appointment capacity within PCN member practices to help meet demand for additional appointments during winter.
- Funding is available for PCN pilots, aligned with the draft Integrated Neighbourhood Framework to help them build on existing neighbourhood provision. PCNs will be encouraged to partner with other organisations to propose Integrated neighbourhood pilots that develop neighbourhood services.
- The Barnet Borough Partnership (BBP) team is working with PCN Digital and Transformation Leads, ICB data team and Public Health data leads to support PCNs to develop data packs to help identify neighbourhood and health inequalities priorities.

Recognising the issues with Capacity and Access

6.2 The NHS has recognised the issue with Capacity and Access in General practice and has published plans to address this.[13,14 ,15] Work to support the workforce in primary care has been in place for years. In addition to this a number of plans and reviews have been published over the last year highlight Capacity & Access.

[13] Delivery Plan for Recovering Access to Primary Care https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/
[14] Hewitt Review https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/
[15] The Future of General Practice Report (Gov)
https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/113/report.html

6.3 In particular the *Delivery Plan for Recovering Access to Primary Care focuses* on access. The plan has two central ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.

- For patients to know on the day they contact their practice how their request will be managed.

If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks. Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

6.4 This plan seeks to support recovery by focusing this year (2023/2024) on four areas:

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.

2. **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.

3. **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.

4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

6.5 There will also be Place specific issues with Capacity and Access. The geography and population demographics will play a role in both capacity and access. In Barnet we have a Place specific issue with Capacity & Access. There are large number of care homes and house bound patients in Barnet. This takes capacity away from the practice and away from on the day access and access for new patient concerns, as clinical time is taken up on both routine, proactive care in the community and acute visits. Care home and housebound patients are usually complex patients, and their care involves travel. Their visits and take a larger proportion of clinical time than the average appointment time. Access to the GP practice will therefore suffer as a consequence.

6.6 We also need to recognise that inefficient service provision in other areas of the NHS has a knock-on effect with capacity and access in primary care. An example of this is hospital consultants not giving a prescription to a patient at discharge or following a consultant appointment, or when the consultant has written to the GP with this information, letters have taken in excess of two weeks to reach the GP. Also patients have experienced waits of 2-6 hours at hospital pharmacies and been advised to see their GP for their prescription as a result. GPs have a 48-hour turnaround for hospital prescriptions as they need to be vetted, causing distress to patients due to the additional wait time. All of the above lead to GPs having to prescribe the medication and patients having to access primary care unnecessarily.

Extended Access and the Bridging Service

6.7 In October 2022, it became a national requirement for extended hours and enhanced access to be combined into one pot with one set of requirements to be delivered at PCN level. Prior to October 2022 Extended Access was a service provide by a practice for its patients. The practice was commissioned to provide a number of 'out of hours' appointments, based on their weighted list size, at their own practice premises. These were pre bookable appointments, delivered in the main by GPs and practice nurses. Enhanced Access is a separate service provided at scale for all the patients in a PCN.

6.8 It is for the PCN to determine, based on discussions with their commissioner and patient engagement:

- The site of the extended access service (usually the practice or practices in the PCN with enough space and good transport links)
- The exact mix of in person face-to-face and remote (telephone, video or online) appointments
- How many appointments are for emergencies, same day or pre-booked (including screening, vaccinations and immunisations)
- Which services should be available when and what skill mix is needed to deliver these
- Services are delivered 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays
- Some provision can be offered within core hours where evidence demonstrates this is needed and in agreement with the commissioner.
- PCNs are required to provide 60 minutes per week per 1000 patients (weighted). This equates to 23,882 hours a year. If appointments are 10 minutes long this works out to 138,492 appointments a year.

6.9 The timing of these extra appointments at a local site improves access to general practice for many people who are unable to attend their practice during the normal working day. It is especially popular with the working aged population and parents with children. All 7 PCNs in Barnet provide this service. The service times and appointment types vary from PCN to PCN which reflects local need. The extended access service in PCNs is strengthened through support from the federation who are able to provide extra capacity to support PCNs when they have workforce issues.

6.10 Not only has extended access provided extra appointments on a weekly basis but the infrastructure put in place to deliver this service has expanded the way in which the PCN practices can work together to deliver other services. For example, software allows the sharing of medical records and there are data sharing agreements in place to support this.

6.11 In addition to extended access, Barnet has commissioned the Barnet Federation to offer an extended access Bridging Service to provide appointments not offered under the PCN extended access. One of the objectives of the service is to provide the registered and non-registered but resident populations with convenient and equitable access to general practice. The service is commissioned to provide over 25,292 extra appointments a year. The service provides:

- Ringfenced appointments for 111 to book into, weekday evenings from 6.30pm - 8pm, Saturday daytimes 8am – 5pm.
- Urgent appointments (also accessible to 111) on Saturday evenings 5pm – 8pm and Sundays 8am – 8pm for patients whose care cannot wait until Monday when their practice opens as usual.
- Urgent Bank holiday appointments.

- The service also has the capability to respond to unscheduled demand. An example of this is the extra appointments they have provided and continue to provide during the doctors strikes.

NHS Contracts, Funding and Support for Access Recovery

Core GMS Contract

Capacity and Access now forms part of the GP core GMS contract.

Offer of assessment will be equitable for all modes of access: patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time.

Prospective (future) record access to be offered by 31 October 2023: To make it easier for patients to access their health information online without having to contact their practice, new health information is available to all patients. NHS England will continue to provide support to practices as more patients gain online access to their records. Support will continue nationally and through commissioners to enable practices to make this offer to all their patients.

Mandate use of the cloud-based telephony (CBT) national framework: All practices using cloud telephony by the end of 2025. This includes call queueing or call back.

Practices will be required to procure their telephony solutions only from the Better Purchasing Framework (BPF) once their current telephony contracts expire. The Delivery Plan for Recovering Access to Primary Care will describe further support available for practices who are interested in making this move in 2023/24

QOF (Quality and Outcomes Framework)

6.12 The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results. It is not about performance management but resourcing and rewarding good practice. Access and Capacity has been added to QoF in the Quality Domain (Appendix IV).

PCN DES (Directed Enhanced Service) Contract

6.13 Primary care networks (PCNs) build on the core work of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for our communities. PCNs are formed via sign up to the Network Contract Directed Enhanced Service (DES) Contract Specification 2020/21, which sets out core requirements and entitlements for a PCN. The objective is for the Network Contract DES to support PCNs to deliver the ambition for improved standards of care across the country, setting realistic expectations for delivery that benefit patients. Capacity and Access is a significant part of the PCN DES. It is part of the IIF (Impact and Investment Fund) and the delivery of a PCN Access Improvement Plan.

6.14 The number of indicators in the IIF was thirty six and is now five. One of these indicators focuses on access. The 2 week access indicator records the percentage of appointments where time from booking to appointment was two weeks or less.

The Capacity and Access Improvement Plan focuses on three areas:

- patient experience of contact
- ease of access and demand management
- accuracy of recording in appointment books

The plan at a minimum needs to deliver the following:

Cloud Telephony:

- All practices move to a cloud based system (if not already on one)
- Only 1 practice in Barnet still on an old telephone system – planned move to the new system in October 2023
- All practices to use the telephone system functionality of Call Back and/or Call Queuing
- 6 practices on a different cloud system to the rest of their PCN

Online Consultation:

- All practices to use Online Consultation
- Promote online consultation (website access)
- % of online appointments in line with NCL/London/national averages

Family & Friends Test:

- All practices reporting responses on a monthly basis
- To promote FFT
- To learn and respond to results

Improving GP appointment data (GPAD)
This will allow us to monitor and understand the appointments being offered by practices and find the gaps in provision.

Further NHS Support

6.15 In addition to the contracts, there are also other ways in which the NHS supports practices with access, either through additional funding or through training and other resources.

Cloud Telephony:

- Funding to move from an analogue to a cloud based telephone system.
- Potentially some funding for practices to move to the same cloud based system as the rest of their PCN

GP Improvement Programme:
'Hands on' support available to practices to help make changes and improvements.

- Intermediate: three months of support with a facilitator
- Intermediate (PCN): 12 half-day sessions over a flexible time period
- Intensive: six months of support with a facilitator

Modern General Practice Access Model: Transition Cover and Transformation Support Funding
Funding to be used over the next two years to support the goals of the access recovery plan and move practices into a Modern General Practice access model.

Digital Transformation Manager:

- New ARRS (Additional Roles Reimbursement Scheme) Role
- National training available

NCL Support – Access MDT and local support offers:

6.16 Work is being undertaken to bring together a multi-disciplinary team to stratify practices based on access data into three tiers (category A, B and C), in order to offer change management support to practices. As a system we need to ensure practices are supported to make meaningful change to operational models and ways of working to ensure these changes realise improved outcomes for staff and patients. There are number of local and national support offers to practices – but need to ensure practices experience these as both coherently presented and available at the right time.

Category A - Universal Support Offer
Change is supported by an all-practice offer provided by the ICB, delivery of PCN Capacity and Access Plans, supported by practice-level transition and transformation funding.

Category B – Additional Support
Discuss what is driving the data and identify areas for change management support to help making meaningful improvements in addition to the universal offer.
Category C – Targeted Support Offer
Match practice to an intensive change management offer

6.17 As part of this work there will be a discussion with identified practices to work through the Support Level Framework.

Support Level Framework:

- The Support level framework (SLF) is a tool to support GP Practices in understanding their development needs and where they are on the journey to embedding modern general practice – as there is no "one size fits all" approach to improvement.

- The Practice SLF will be completed with practices identified through the Access MDT, via a facilitated conversation with members of the practice team with honest reflection encouraged. The findings will then be used alongside available data to agree priorities for improvement and development of an action plan.

Winter planning

6.18 This year's plan for winter draws on evaluation of the 47 PCN projects from 2022/23. 43 projects were delivered as planned. Where PCNs were not able to fully deliver, funding was still used to add value for staff and patients, in most cases the issue was mobilising plans during the peak of winter. The majority had a demonstrable positive impact on practice resilience and patient care. This year the plan strives to support planning ahead of time and commencement of delivery before winter demand increases and reduce delays in releasing funding. Building on our learning from 2022/23, PCNs across NCL were given 'pre-approved' options to consider for winter 2023/24.

6.19 This year we have already received signed Memoranda of Understanding (MOUs) from all Barnet PCNs and know how they will be using the funding to support their patients this winter, choosing from the agreed options. The good news is that we have a plan in place in PCNs for this coming

winter, earlier than we have in any previous year. Barnet PCNs will be using their winter funding to do one or more of the following:

- Provide proactive care for at-risk cohorts (identification and outreach to the severely frail, housebound, over 75 not seen in the last 2 years and LTC LCS high-risk + complexity cohorts to help prepare them for winter)
- Provide additional sessions to increase urgent appointment capacity within PCN member practices helping them to meet the increased demand for appointments during winter.
- Ringfence capacity for a patient cohort with an increased need for appointments during winter

6.20 Winter planning in GP practices is part of the winder primary care planning which includes the promotion of community pharmacy services. The increased scope in the Access Recovery Plan for Community Pharmacy to manage low-acuity conditions (including prescribing) presents a capacity-boosting opportunity ahead of winter. It builds on local initiatives and complements services for oral contraception and hypertension case finding.

Monitoring GP Quality and Access

6.21 Barnet Primary Care team meets monthly with the NHS Commissioning and Contracting Team to maintain a case log and risk register for any access issues with GP practices that are identified through any pathway – including anecdotal and witness reports. They also meet on a regular, monthly basis with CQC where updates on any identified issues or risks are given by both parties.

Table 7: CQC rating of Barnet practices, 2023

Practice Name	PCN Name	CQC Rating
The Clinic (Oakleigh Rd North)	PCN 2	Good
Greenfield Medical Centre	PCN 5	Good
The Speedwell Practice	PCN 2	Good
Millway Medical Practice	PCN 4	Good
Watling Medical Centre	PCN 1W	Good
Supreme Medical Centre	PCN 6	Good
Parkview Surgery	PCN 1W	Good
Ravenscroft Medical Centre	PCN 5	Good
Lane End Medical Group	PCN 4	Good
Adler & Rosenberg (682 Finchley Road)	PCN 6	Good
Brunswick Park Medical Practice	PCN 2	Good
Phoenix Practice	PCN 5	Good
Cricklewood Health Centre	TBC	Good
Lichfield Grove Surgery	PCN 3	Good
PHGH Doctors	PCN 6	Good
The Old Courthouse Surgery	PCN 3	Good
St George's Medical Centre	PCN 5	Good
Penshurst Gardens	PCN 4	Good
Oak Lodge Medical Centre	PCN 1D	Good
Wakeman's Hill Surgery	PCN 1D	Good
Friern Barnet Medical Centre	PCN 2	Good
Rosemary Surgery	PCN 2	Good
Hodford Road Surgery	PCN 6	Good
Deans Lane Medical Centre	PCN 1W	Good
Woodlands Medical Practice	PCN 2	Good
Dr Azim & Partners	PCN 5	Inadequate
Squires Lane Medical Practice	PCN 3	Good
Heathfielde	PCN 6	Good
The Everglade Medical Practice	PCN 1W	Requires Improvement
Cornwall House Surgery	PCN 3	Good
Longrove Surgery	PCN 3	Good
Torrington Park Group Practice	PCN 2	Good
St Andrews Medical Practice	PCN 2	Being reviewed
Pennine Drive Surgery	PCN 5	Good
The Practice @ 188	PCN 6	Good
The Village Surgery	PCN 2	Good
Doctors Surgery (Colney Hatch Lane)	PCN 2	Requires Improvement
Wentworth Medical Practice	PCN 3	Good
Jai Medical Centre	PCN 1D	Good
Addington Medical Centre	PCN 3	Good
Mulberry Medical Practice	PCN 1D	Good
Langstone Way Surgery	PCN 4	Requires Improvement
East Finchley Medical Practice	PCN 2	Good
East Barnet HC (Monkman)	PCN 2	Good
Temple Fortune Health Centre	PCN 6	Good
Colindale Medical centre	PCN 1D	Good
Mountfield Surgery	PCN 6	Good
Hendon Way Surgery	PCN 1D	Good

Succession planning

6.22 In the last 5 years Barnet has moved from having 62 practices, many of them single handed, to having 48 practices. 6 of those closures were mergers with other practices. It is very difficult to succession plan for single handed practices. The shift to part-time working along with a relative increase in female GPs contributes to the reduction of single-handed practices. When a single handed GP comes to retirement age it is extremely hard to find another GP willing to take on a practice list on their own. In addition to this, when a single handed practice GP goes on leave or

falls ill, they are not always able to recruit consistent and knowledgeable short or medium term cover into the practice to look after the patients. The fact that Barnet single handed practices have reduced over the last 5 years is good for the sustainability of GP practices in Barnet.

Estates

6.23 Information on ensuring adequate GP coverage when new housing developments are planned:

We use multiples tools, forums and approaches to short, medium, and long term capacity planning, which are summarised in the list below:

- Regular planned engagement with the Council and NHS partners
- An annual primary care deep dive process, which looks at the current capacity and infrastructure, and planned new estate schemes
- An annual capital prioritisation process for investment into primary care for the next financial year and outlines the borough's 10 year plan for investment in primary care infrastructure
- The ICB are a consultee to the Local Plan and provided a detailed response to the draft Local Plan via an Infrastructure Delivery Plan
- The ICB have an open-door policy for our practices to approach the local Barnet to discuss their capacity concerns and submit requests for additional space or site relocations. This is manged via the NCL Primary Care Committee
- There is a national NHS England programme for all ICS regions to develop/ update their Infrastructure strategy by March 2023. This process is underway in NCL

Completed and planned estate projects that will improve access to GP practices:

Improving the primary care estate and access is of great importance to the ICB. Please find below a list of completed and proposed schemes in planning:

Completed:

- Borough wide projects:
  - Digital Patient Check-In Kiosk and patient information boards across all Barnet Primary Care Sites
  - Patient Chase Upgrade- IT upgrade across all Barnet Primary Care Sites
  - Phase 1 Patient Records digitisation and room conversion
- Barnet General A & E Refurbishment - expansion of the A & E and creation of a new Urgent Treatment Centre
- Finchley Memorial Hospital Community Diagnostic Centre
- Cressingham Road refurbishment - branch Site relocation and Primary Care Expansion
- Vale Drive Clinic - internal reconfiguration and Primary Care Expansion
- Grahame Park Health Centre - essential works to extend the life of the building and meet the initial Colindale population growth

Proposed Schemes in Planning (*please note the below schemes are subject affordability, technical building viability and tenant commitment, and would require NCL Primary Care Committee approval*):

- Edgware Community Hospital Optimisation
- Pan Barnet PCN Hub
- Stone X Stadium GP relocation
- East Barnet Health Centre extension
- Hendon Broadway redevelopment
- OPE Phase 8 Scheme - Osidge Library development

- Colindale Gardens Integrated Hub
- Edgware Town Centre redevelopment
- Brent Cross Cricklewood Regeneration
- Phase 2 Patient Records digitisation and room conversion
- NCL Sustainability Projects

7. INVESTMENT IN PRIMARY CARE IN BARNET

7.1 The funding for GP Practices and PCNs is complex, and it is difficult to pull out which parts of the funding are specific to Capacity and Access. In 2023-2024 the funding is considerably more than in previous years.

The ICB can ascertain this but it will take time to do so across NCL as there are various funding streams (also they flow nationally, regionally, locally, by borough etc). This information can be brought to the next meeting if requested.

7.2 Capacity and Access is now part of many of the contracts the NHS holds with general practice. It forms part of the GMS core contract for which practices are paid through an annual payment to implement. It is part of QoF (Quality and Outcomes Framework) where practices are paid to achieve a target. It is part of the PCN DES where PCNs are paid to achieve a target and implement planned changes across the year.

7.3 There is Practice transition and transformation funding - £1.2m across NCL this year, to be distributed to practices calculated partly on a block payment and partly on list size. There is also PCN Capacity and Access Funding which is linked to list size.

7.4 In addition to this, there is System Development Funding – Primary Care Transformation pot from which we have carved out a pot for change support. This funding support will be distributed dependent on where we see support needs arising. Arguably even the investment in Digital First supports on capacity and access.

8. CASE STUDIES OF BEST PRACTICE

8.1 The Fuller stocktake report, Next Steps for Integrating Primary Care, outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy. The report provides practical steps that Integrated Care System (ICS) and national leaders should take to create this shift through locally driven change through a system-wide approach to workforce, estates and data; and building more resilience within general practice.

8.2 At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations. Integrated neighbourhood 'teams of teams' need to evolve from PCNs, and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. The development of PCNs has already enabled many neighbourhoods to make progress in this direction. However, a lack of infrastructure and support has held them back from achieving more ambitious change.

8.3 The key drivers identified for change in the Fuller report link in very clearly with the focus of this report on Access to Primary Care.

Fuller Report Key Drivers:

- Inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care to those patients who need it most
- patient satisfaction with access to general practice is at an all-time low, despite record numbers of appointments
- primary care teams are stretched beyond capacity, with staff morale at a record low

In the report there are many examples of good practice from across the regions in England which we can learn from and use to evaluate what will work well for our population in NCL and Barnet.

Case Study
Barnet Frailty MDT (Multi Disciplinary Team) LCS (Locally Commissioned Service)

The Frailty MDT LCS offers Barnet GPs the option of providing a more comprehensive level of care than is specified in their GMS contract. The service is to be offered to the moderately and severely frail population of Barnet, not living in a care home environment, through referral to and attendance at multi-disciplinary case discussions and collaborate with wider frailty integrated team to offer proactive, holistic enhanced care in the community.

The CLCH service focuses on supporting Barnet patients who are 65 years or older, living in their own home with moderate to severe frailty. The Barnet Frailty team seek support from GP practices and PCNs to identify, refer and participate in collaborative case discussions with the Barnet Frailty multidisciplinary team at the twice weekly virtual multidisciplinary team meeting. The service aims to enhance care coordination of the 'frail' population in Barnet through case-based discussions with acute and community healthcare professionals.

Furthermore, the team continue to support GPs who are currently managing those patients with complex healthcare needs, who may benefit from a comprehensive holistic assessment and development of a personalised care plan. GPs in Barnet continue to refer and attend the multi-disciplinary meeting and collaborate with the wider frailty team. GP practices free up dedicated time and resource to provide educational and clinical support in managing this complex, vulnerable caseload and to provide proactive, joined up care to their frailty population.

CASE STUDY:
PAN LONDON POLIO CAMPAIGN – BARNET & NCL APPROACH TO ACCESS

Genetically-related polio virus was found in sewage samples taken from February to late into 2022. In response to this finding there was a two phase campaign to vaccinate unvaccinated or partially vaccinated children from the age of 1 to 11 years. In addition to this, in phase 1 of the campaign an extra booster dose was also offered to all age appropriately, fully vaccinated children.

This campaign required large time and resource from primary care to follow up on and vaccinate these children. The system responded by offering support and Barnet delivered 18,110 vaccines in Phase 1 of the campaign. Most of these vaccines were delivered in GP Practices but they were also delivered by other providers:

- There were large clinics in Hornsey and UCLH offering walk in appointments for any NCL child. At the start of the campaign they could only offer vaccines to 6 to 9 year olds, by the end of the campaign they were able to administer vaccines to 1 to 9 year olds. They were trained to administer the hexavalent as well as Boostrix (preschool booster / 5-IN-1) and Revaxis (3-In-1).

- Two Community Pharmacies in Barnet were able to offer vaccines to any NCL child eligible for a Revaxis (3-IN-1) and Boostrix (preschool booster / 5-IN-1) vaccinations aged 4 to 9.

- There were two outreach clinics at the Jewish Centre for patients in PCN 5 and PCN 6, primarily for the Jewish Community but open to all eligible patients.

In addition to the hands on support offered to vaccinate the children, there was real partnership working when it came to the communication and engagement with our population with NCL and Barnet Primary Care comms and engagement team working with Barnet Council Public Health and with community organisations to ensure that parents were informed of the important of the vaccine campaign but also supporting the communication around who, where and when the children could be vaccinated.

Links to other case studies:

Islington GP Federation – Primary Care Networks in NCL

https://www.transformationpartnersinhealthandcare.nhs.uk/wp-content/uploads/2019/07/Iglington-GP-Federation-Case-Study.pdf

North Islington PCN – Integrated Support for those in need
https://www.bbbc.org.uk/wp-content/uploads/2021/03/North-Islington-case-study.pdf

Haringey GP Practices - Homeless Haringey Covid
https://www.england.nhs.uk/gp/case-studies/gps-in-haringey-join-forces-with-health-and-care-services-to-support-local-homeless-population/

Care Rounds weekly Barrow and Millom Primary Care Network , North West
https://www.england.nhs.uk/gp/case-studies/implementing-weekly-care-rounds-in-care-homes-barrow-and-millom-primary-care-network-north-west/

Hillingdon Confederation Care Home Support Team and Weekend Visiting Service
https://www.theconfederationhillingdon.org.uk/services/weekend-visiting-service
https://www.theconfederationhillingdon.org.uk/services/care-home-support-team

Managing high demand – MSK and paramedic Walnut Tree Health Centre, East of England
https://www.england.nhs.uk/gp/case-studies/managing-high-demands-for-gp-appointments-walnut-tree-health-centre-east-of-england/

PCN and Practice Digital Champions

PCN Digital Champions.pdf

https://future.nhs.uk/EOEICSDigitalCollaboration/page/casestudy/view?objectID=34251344&nextURL=%2Fsystem%2Fpage%2Fcasestudy%2Flist%3FstartRow%3D1%26sort%3Dname%26dir%3Dasc%26search%3Ddigital%2520champions

Improved patient access through digital triage

Improving Patient Access through Digita

https://future.nhs.uk/EOEICSDigitalCollaboration/page/casestudy/view?objectID=42824144&nextURL=%2Fsystem%2Fpage%2Fcasestudy%2Flist%3FstartRow%3D11%26sort%3Dname%26dir%3Dasc%26search%3Ddigital%2520triage

Whitley Surgery – Ask My GP

Witley Surgery Ask My GP.pdf

https://future.nhs.uk/DigitalPC/page/casestudy/view?objectID=24291760&nextURL=%2Fsystem%2Fpage%2Fcasestudy%2Flist%3FstartRow%3D21%26sort%3Dname%26dir%3Dasc%26search%3Daccess%26futureNHSCategory%3DPrimary%2520care

9. CONCLUSIONS

Key points

- Barnet is the second biggest borough in London with 389, 352 residents versus 441, 665 GP registered population;
- Barnet residents live longer than their counterparts in London and England but, on average, last 18-19 years they spend in poor health, which poses burden to local health and social care services;
- Recent years have seen increase in local population, particularly those under 19 years of age and elderly residents;
- Recent years also have seen an increase in long-term conditions, mental ill health and other conditions, suggesting an increase in demand on services;
- Total practice list over the last 10 years have grown in Barnet by over 55,000 thousand however number of GPs have increased too;
- GP survey data suggest wide-ranging dissatisfaction with Barnet's primary care, significantly worse than the national average and this trend has been deteriorating;
- During the pandemic, there was a big shift to online consultation from usual, face to face consultations and number of face to face appointments continues to decrease;
- Nationally, there is a big push to modernise Primary care and increase digital access in order to meet demand in services;
- In Barnet, there is varied practice across the borough in modernisation and digitalisation;
- This is exacerbated by digital exclusion divide by specific population groups;
- There are a number of different contractual leavers in GP contracts but it is unclear how is this used to drive local improvements and improve quality and standards equally across the borough;
- A significant national investment has been directed towards improving Primary care but it is unclear how is this used in Barnet;
- There is no comparative data on investment in Primary care in Barnet over the last 10 years and in comparison with NCL boroughs;
- It is evident that a lot of work has been happening locally but it is unclear how is it all co-ordinated and how these improvements are not linked to patients' satisfaction.

Conclusion

There is a need for better access to primary care, nationally, in NCL and in Barnet. The issues with access are rooted in increased demand and flagging capacity.

To address demand we need to inform and educate the patients in Barnet about what services are available to them and which service to go to in the first instant for their specific concern. We need to inform expectations and let them know how soon their concern will be addressed, who will be supporting them and what form their consultation will take. Driving towards a model where all patient concerns are addressed by the appropriate clinician in the appropriate time span, signposting to self care where appropriate.

To address capacity we need to address the infrastructure and process issues associated with patient flow. We also need to keep improving our workforce and estates. Alongside that we need a system approach, acknowledging that this is an issue not of the GP practices making and that it will take a change in the way the system works together to improve access to primary care.

There is acknowledgement that this will need national support which is being offered in the form of recruitment to the healthcare profession, training and development support and crucially, funding. At NCL level there are more bespoke offers of support being made to practices and PCNs to help them develop a

new and sustainable way in which patients can access their GP practice and how this works together with changes to the way patient flow works within trusts, community services and community pharmacy. At Place level we are supporting the development of the emerging neighbourhoods to ensure the patients receive the access they need based on their local demographics and needs.

We now need to work together as an ICS to make the best use of our combined resources to support all this good work and ensure that it achieves the desired outcome – great access to primary care.

Appendix I - Barnet Registered List Size as of January 2023

Practice Name	PCN	Raw List Size 01/01/2023
Oak Lodge Medical Centre	PCN 1D	17581
Jai Medical Centre	PCN 1D	9108
Wakeman's Hill Surgery	PCN 1D	4408
Mulberry Medical Practice	PCN 1D	8847
Colindale Medical Centre	PCN 1D	10963
Hendon Way Surgery	PCN 1D	9033
The Everglade Medical Practice	PCN 1W	10950
Watling Medical Centre	PCN 1W	17407
Parkview Surgery	PCN 1W	6491
Deans Lane Medical Centre	PCN 1W	4180
Oakleigh Road Clinic	PCN 2	9365
The Speedwell Practice	PCN 2	11523
Torrington Park Group Practice	PCN 2	12386
St Andrews Medical Practice	PCN 2	11456
The Village Surgery	PCN 2	5422
Colney Hatch Lane surgery	PCN 2	5188
Friern Barnet Medical Centre	PCN 2	9820
East Finchley Medical Practice	PCN 2	7760
East Barnet Health Centre	PCN 2	11383
Brunswick Park Medical Practice	PCN 2	8571
Rosemary Surgery	PCN 2	6109
Woodlands Medical Practice	PCN 2	4883
Lichfield Grove Surgery	PCN 3	6476
Squires Lane Medical Practice	PCN 3	5542
The Old Courthouse Surgery	PCN 3	8920
Cornwall House Surgery	PCN 3	5778
Longrove Surgery	PCN 3	17676
Wentworth Medical Practice	PCN 3	18680
Addington Medical Centre	PCN 3	9639
Millway Medical Practice	PCN 4	20529
Penshurst Gardens	PCN 4	6146
Langstone Way Surgery	PCN 4	9131
Lane End Medical Group	PCN 4	14571
Greenfield Medical Centre	PCN 5	7244
St George's Medical Centre	PCN 5	11844
Pennine Drive Surgery	PCN 5	8463
Ravenscroft Medical Centre	PCN 5	5728
The Phoenix Practice	PCN 5	10270
The Hillview Surgery	PCN 5	2042
Dr Azim & Partners	PCN 5	8781
Heathfielde	PCN 6	8778
PHGH Doctors	PCN 6	12123
Supreme Medical Centre	PCN 6	4484
The Practice @ 188	PCN 6	9076
Drs Adler & Rosenberg	PCN 6	6781
Temple Fortune Medical Group	PCN 6	8801
The Mountfield Surgery	PCN 6	4971
Hodford Road Surgery	PCN 6	4137
Cricklewood Health Centre	TBC	4439
Registered Total		443884

PCN	Raw List Size 01/01/2023
PCN 1D	59940
PCN 1W	39028
PCN 2	103866
PCN 3	72711
PCN 4	50377
PCN 5	54372
PCN 6	59151
Cricklewood Health Centre	4439
Total registered patients	443884

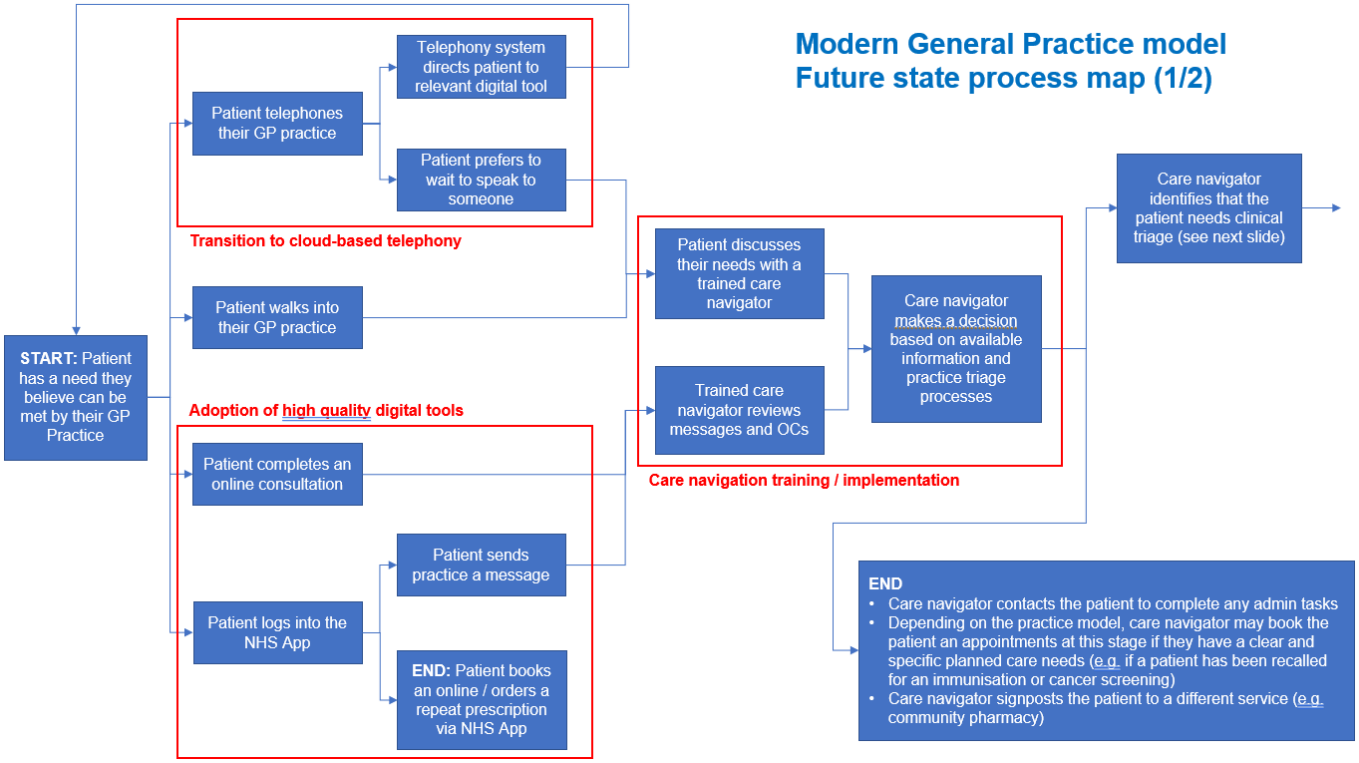
Of note is the high number of care homes and housebound patients in the borough.

PCN Name	Number of care homesCare home
PCN 1D	9
PCN 1W	0
PCN 2	31
PCN 3	23
PCN 4	4
PCN 5	5
PCN 6	13

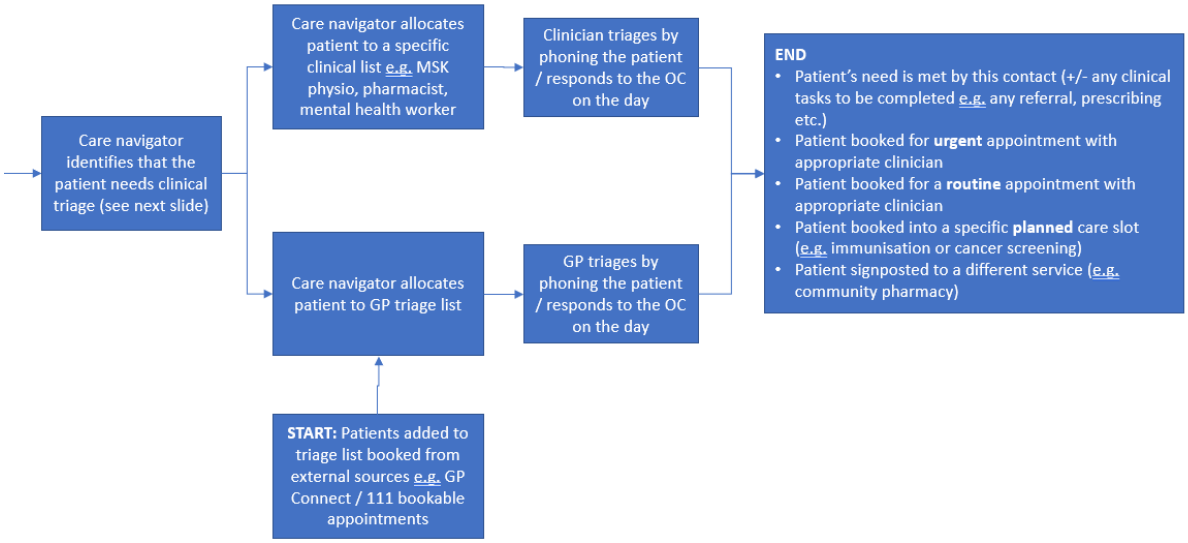
PCN	Housebound Patients	Parent Population
PCN 1D	483	61043
PCN 1W	210	39491
PCN 2	926	105031
PCN 3	902	83892
PCN 4	424	51095
PCN 5	330	53396
PCN 6	441	54717
Cricklewood Practice	8	4821
Grand Total	3724	453486

BARNET	3612
ENFIELD	1815
CAMDEN	2131
HARINGEY	1798
ISLINGTON	1902

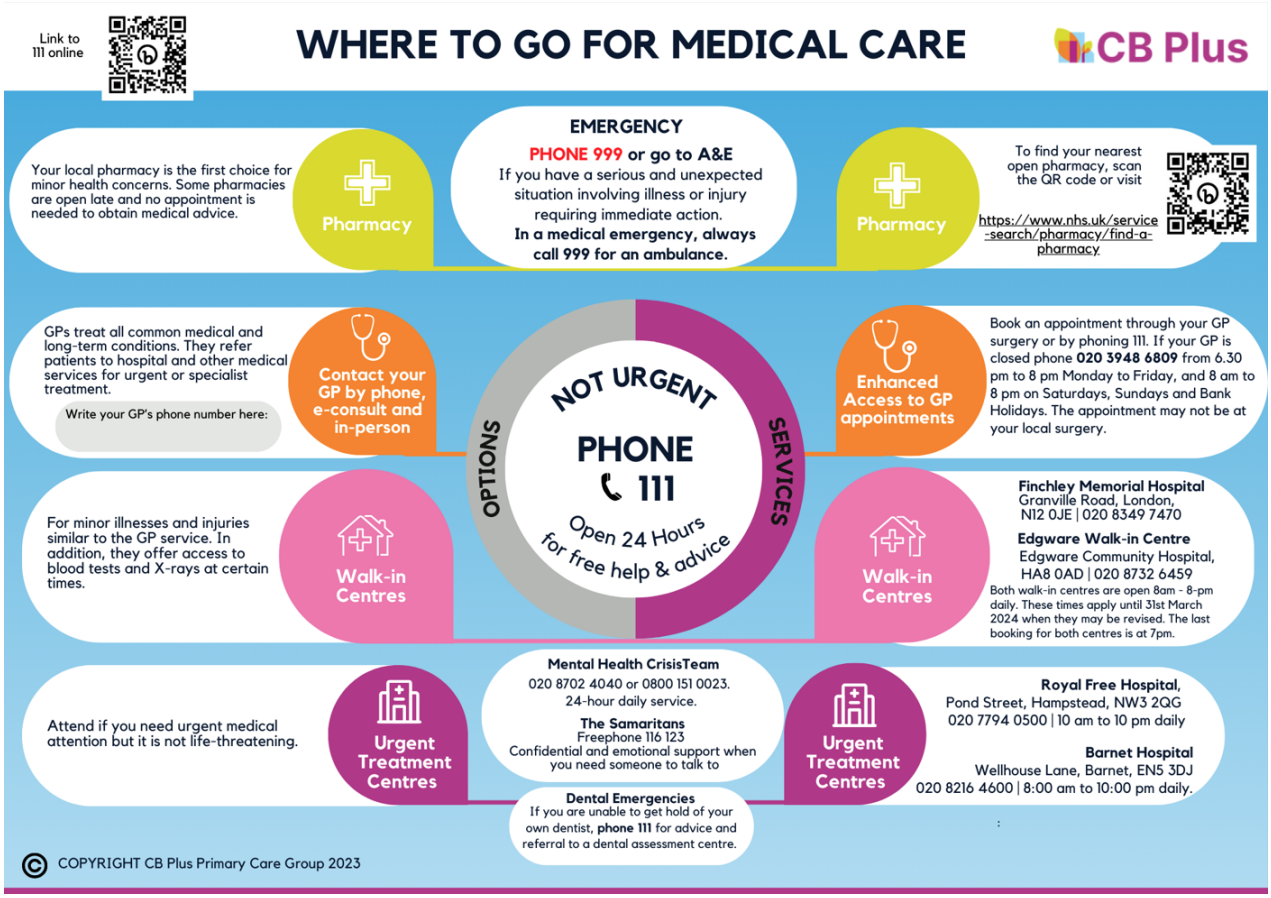
Appendix II – Modern General Practice Model



Modern General Practice model
Future state process map (2/2)



Appendix III – Patient Information Leaflet



Appendix IV – QOF - Optimising Demand and capacity in general practice:

Indicator	Points	Thresholds
Part 1: Optimise use of staff capacity		
QI016. The contractor can demonstrate that it has in place a recognised and validated approach to understanding demand/activity, capacity and appointment data and has made improvements to data quality to better reflect practice work.	10	N/A
QI017. The contractor can demonstrate that it has utilised demand and capacity data to inform operational decisions and plan for demand and capacity matching	6	N/A
QI018. The contractor has participated in network activity to review the smart cards of all staff employed under the Additional Roles Reimbursement Scheme (ARRS)	6	N/A

Table 8

Part 2: Reducing avoidable appointments		
https://bmjopen.bmj.com/content/11/12/e054666 40% of General Practice appointments are from the top 10% of patient users. Focused improvement work to reduce avoidable appointments will support the contribution of GP practices to a system-wide approach to address high intensity service users, support practices to embed their care navigation processes and build a shared understanding across the system about the impact on general practice workload. It will enable clinical time to be spent on managing more appropriate appointments, enabling more time with complex patients and contribute to more manageable workloads and GP retention. The starting point for addressing avoidable appointments is understanding current activity. QI019. The contractor can demonstrate improvement in reducing avoidable appointments. A suggested approach is outlined below: 1. Using BI tools, if available and practice collected data where not, to understand the practice activity including variations over the days of the week, time of day and time of year. 2. Developing an understanding of the telephone queue either by extracting data from their cloud-based telephony system or asking staff to collect data over a period. 3. Using that data to understand their peaks of activity and better matching their capacity to their demand by, for instance, reviewing rotas. 4. Using improvement techniques described in the Primary Care Transformation Team's webinar series on Demand and Capacity which provides practical advice and guidance.	15	N/A
5. Referencing the Royal College of General Practitioner's 6 steps to start to improve delivering continuity of care from their Continuity Toolkit for those who need it and adapting to suit the needs of the practice.		

Table 9

Excerpt from the QoF guidance:

“With increased demand for general practice services, it is more important than ever that practices can access and understand relevant data and use this to effectively match capacity to demand,
optimise use of the multi-disciplinary team and wider primary care services, and use care navigation and triage to support equitable access to care for patients.”

“Through practice engagement with these and future modules, we expect to see measurable improvement in the quality of care and patient experience at a national level against the areas of focus described in the individual modules – though we recognise that in some instances these improvements may only be realised with a lag, i.e. after the end of 2023/2024. Furthermore, while we expect to see measurable improvements at a national level, we also recognise that not all quality improvement activity at a practice level will be successful in terms of its impact upon patient care.”