

Review of GP Pressures



A review by the External Services Select Committee

Councillors John Riley (Chairman); Nick Denys (Vice-Chairman); Simon Arnold; Vanessa Hurhangee; Devi Radia; Kuldeep Lakhmana (Labour Lead); Ali Milani and June Nelson

2018/2019

The review was conducted by a Select Panel comprising:

Councillors John Riley (Chairman); Ian Edwards; Vanessa Hurhangee; Kuldeep Lakhmana and Kerri Prince



HILLINGDON
LONDON

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Chairman's Foreword

‘A review of GP Pressures in Hillingdon’



On behalf of the External Services Select Committee, I am pleased to present this report which was prepared by a Select Panel established by the main Committee. The Select Panel was requested to conduct a comprehensive review of current pressures on GPs in the Borough and to consider ways in which said pressures could be alleviated. Members were aware that residents in the Borough had highlighted difficulties in securing timely GP appointments and had raised concerns regarding the apparent low GP : patient ratio (as further evidenced by way of the figures detailed on page 11 of this report).

A number of witness sessions were held during which the Panel Members had the opportunity to meet with a wide range of external stakeholders including representatives of the Citizens Advice Bureau (CAB), Hillingdon Clinical Commissioning Group (HCCG), the Local Medical Committee (LMC), Health Education England (HEE) and Healthwatch Hillingdon. As the review progressed, it became apparent that the pressures currently experienced by GPs and others within the primary care sector are both complex and far reaching. Moreover, it was noted that, inevitably, said pressures have impacted negatively on both the recruitment and retention of GPs in the Borough and on the patient experience itself.

Further to the witness sessions and on completion of the review, the Select Panel prepared a number of recommendations; these related to collaborative working, improved signposting to raise awareness of services available to residents, the simplification of administrative procedures and the establishment of a single online directory of services. It is anticipated that the implementation of these recommendations will result in a more joined up approach to the health and social care provision within the Borough which will, in turn, lead to a reduction in the pressures currently experienced by GPs and an improved customer experience overall.

Finally, I would like to take this opportunity to thank those officers who have given up their time to help the Committee, and commend them for their continued hard work in striving to ensure the provision of high quality health and social care within the Borough.

Councillor John Riley

Chairman of the External Services Select Committee

Summary of recommendations to Cabinet

Through the witness sessions and evidence received during the detailed review by the Select Panel, Members have agreed on the following recommendations to Cabinet:

1	That Hillingdon Health and Care partners explore the establishment of a single online directory of health, care and wellbeing services (delivered and maintained / updated by Hillingdon Health and Care Partners) to be utilised across the partnership, particularly by GPs, and to link into emerging NHS digital applications being promoted nationally for patients.*
2	That Hillingdon Health and Care Partners work with the Citizens Advice Bureau (CAB) to explore the simplification of processes in relation to GP referrals to CAB services. *
3	That Hillingdon Health and Care Partners improve signposting for patients to CAB services and to emerging digital applications via information screens in GP surgeries. *
4	That Cabinet requests Adult Social Care officers make available information sessions to the emerging Neighbourhood Teams on the scope of the Council's Adult Social Care duties.
5	That Hillingdon Health and Care partners explore affordable options to enable homecare to be triaged and deployed more flexibly by the Neighbourhood Teams to support the independence of residents and prevent GP visits and hospital admissions that are avoidable. *

6	That Cabinet welcomes the pilot work by Council officers to streamline GP administrative procedures in relation to patient requests for medical information to support their housing assessments, and requests that this be rolled out across the Borough.
7	That planning officers be asked to notify Hillingdon CCG when processing any planning applications relating to accommodation for the elderly that are subject to CIL.
8	That Cabinet note that the External Services Select Committee will continue to closely monitor any implementation of the above recommendations, along with GP training programmes and the recruitment of new GPs, particularly in the South of the Borough.

* Subject to Cabinet endorsement, these external recommendations are not within the Council's control, and Council officers will formally submit them to Hillingdon Health and Care Partners at a senior level for a response.

NB: Hillingdon's Health and Care Partners (HHCP) is the Borough's Integrated Care Partnership, including the local GP Confederation, CNWL, Hillingdon Hospital, H4All and other voluntary and community sector partners.

Background to the review

Introduction

A review into GP pressures was originally initiated in 2015/16. Given that the topic continues to be of considerable importance and relevance today, the Committee agreed to resume the review in 2018/19. Consequently, in October 2018, a Select Panel chaired by Councillor John Riley and charged with the undertaking of a revised review of current GP pressures within the Borough, was set up by the External Services Select Committee. This review aimed to consider the work undertaken by the previous External Services GP Pressures Working Group in 2015/16. Furthermore, it intended to examine changes which had occurred more recently with a view to making recommendations to Cabinet. The remit of the review was to explore current pressures on GPs in the Borough and consider ways in which said pressures could be alleviated, thereby enhancing the experience of local residents and improving levels of satisfaction Boroughwide.

The review aimed to gain a thorough understanding of the challenges faced by GPs in Hillingdon at present which included:

- the inadequate number of GP training places allocated to Hillingdon;
- the increasing population;
- the increasing acuity and number of conditions experienced by patients;
- the positive move to improve the health and social care pathway which will result in more patients being monitored by GPs;
- the increasing trend to move the care of people with long term conditions out of a hospital setting and closer to home at the GP surgery;
- the number of GPs that could retire in the next 5 years or leave the profession; and
- Government proposals to ensure that everyone in England has access to GP services seven days a week.

Whilst it was acknowledged that the Council has limited direct responsibility in this area, it was agreed that the issues be reviewed locally with a view to making recommendations on behalf of the Council and Hillingdon residents.

The NHS

The NHS was launched in 1948. It was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth – a principle that remains at its core. With the exception of some charges, such as for prescriptions and optical and dental services, the NHS in England remains free at the point of use for anyone who is a UK resident.

There are currently nearly 67 million people living in the UK; over 55 million in England alone. The NHS in England deals with over 1 million patients every 36 hours. It covers everything from

routine screenings and treatments for long-term conditions, to transplants, emergency treatment and end-of-life care.

The NHS employs approximately 1.5 million people, placing it in the top eight of the world's largest workforces. The NHS in England is the largest part of the system, employing approximately 1.2 million people. Of those, the clinically qualified staff include approximately 106,430 doctors, 285,893 nurses and health visitors, 21,597 midwives, 132,673 scientific, therapeutic and technical staff, 19,772 ambulance staff, 21,139 managers and 9,974 senior managers. Nationally, it is estimated that GPs undertake approximately 90% of NHS activity for 7.5% of the cost, seeing more than 320 million patients each year. In March 2017, there were 33,423 full-time equivalent GPs (excluding locums), which was a reduction of 890 (2.59%) on March 2016¹.

Funding for the NHS comes directly from taxation. Since the NHS transformation in 2013, the NHS payment system has become underpinned by legislation. The Health and Social Care Act 2012 moved responsibility for pricing from the Department of Health, to a shared responsibility for NHS England and Monitor. When the NHS was originally launched in 1948, it had a budget of £437 million (roughly £9 billion at today's value). In 2018/19 total health spending in England was around £129 billion and is expected to rise to nearly £134 billion by 2019/20, taking inflation into account.

GP Confederation / Primary Care Networks

General practice in England is under significant strain. Many GPs and their teams are struggling to meet the increasing pressures of decreasing resources and the burden of patients with long term and complex conditions. Fundamental changes in the way the NHS works encourage competition between companies to bid for areas of work in the NHS and there are already a wealth of independent sector organisations providing services to patients under NHS contract.

An increasing number of GP practices are entering into some kind of collaborative arrangement with other practices. Whether this is driven by the desire to share costs and resources or as a vehicle to bid for enhanced services' contracts, providing general practice at scale is increasingly being viewed as the way forward.

Hillingdon Primary Care Networks have been created and Hillingdon CCG has put measures in place to support them to become fully operational and more active providers of enhanced health care services. It is anticipated that this will ensure the GP community has the best opportunity to deliver consistently high quality healthcare to its local population. In 2017/2018, there were 46 GP practices in Hillingdon, 44 of which were members of the Hillingdon Confederation. More recently, in 2019, eight Primary Care Networks (PCNs) have been established.

Primary Care Networks are a new way for local health services to work together to care for populations in a particular geographical area. It is anticipated that PCNs will help practices in Hillingdon meet recruitment and workload challenges, and achieve the objectives set out in the NHS Long Term Plan and General Practice Forward View. Patients will benefit by having access to a wider range of health and wellbeing services based around the needs of their local

¹ <https://www.nhsconfed.org/resources/key-statistics-on-the-nhs>

populations. The intention is that, in the longer term, PCNs will include a wide range of staff and services, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers, providing tailored care for patients closer to home. This will allow GPs to focus more on patients with complex needs. From the 1 July 2019, a PCN contract has been introduced as a Directed Enhanced Service (DES) for GP practices. It will ensure General Practice plays a leading role in every PCN and means much closer working between networks and the wider services in the community.

Joint Commissioning

In April 2016, NHSE set out plans to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020, everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. In April 2017, full delegation of primary care commissioning authority was transferred from NHS England (NHSE) to HCCG. Thereafter, in February 2018, NHSE published guidance which required CCGs to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This had to include access during peak times of demand including bank holidays and across the Easter, Christmas and New Year periods.

To address the increased demand for hospital services, The Hillingdon Hospitals NHS Foundation Trust (THH) has been working with HCCG. A number of successful small pilots have been undertaken to provide better access to GPs and consideration is being given to how this can be scaled up across the Borough.

Better Care Fund (BCF)

The Better Care Fund is a Government initiative intended to improve efficiency and effectiveness through increasing integration between health and social care. The focus of the BCF in Hillingdon has been on preventing older people from being admitted to hospital and expediting their discharge home should admission to hospital be necessary. The scope of Hillingdon's 2019/20 plan has been expanded to include early intervention and prevention for children and young people with special educational needs and also integrated care and support for people with learning disabilities and/or autism care.

The Hillingdon Primary Care Strategy - General Practice Services 2017-21 - aims to set out how general practice will be supported to achieve key objectives working in the wider context of community based services².

² <https://www.hillingdonccg.nhs.uk/download.cfm?doc=docm93ijim4n11014.pdf&ver=25014>

Evidence & Witness Testimony

At the onset of the review, the increasing pressures on GPs in the UK were widely recognised. In December 2018, the Royal College of General Practitioners published an article entitled ‘Excessive workload forcing GPs to quit, RCGP survey shows.’³ Said article highlighted GPs’ concerns and noted that “About a third of the GPs we surveyed said they were unlikely to be working in general practice in five years’ time. This is gravely concerning. We are talking about highly-trained, highly-skilled doctors, that the NHS is at risk of losing – some will retire, which is to be expected, but many are planning to leave earlier than they otherwise would have done because of stress and the intense pressures they face on a day to day basis, whilst simply trying to do their best for their patients.”

Key Challenges identified

As the review progressed, a number of witness sessions were held during which the Panel Members had the opportunity to meet with, and hear from, a wide range of external stakeholders which included representatives of the Citizens Advice Bureau (CAB), Hillingdon Clinical Commissioning Group (HCCG), the Local Medical Committee (LMC), Health Education England (HEE) and Healthwatch Hillingdon. The witness testimony highlighted a number of significant challenges to modern day general practice; notably, excessive workloads, difficulties in recruiting and retaining staff, funding, an ageing population and deprivation in the south of the Borough.

An ageing Population

Greater London Authority (GLA) projections for the London Borough of Hillingdon suggest that the number of residents aged 65 and over will increase by 13% between 2019 and 2025 from 41,700 to 47,700 and by 23% between 2019 and 2030 from 41,700 to 54,400. Moreover, it is estimated that those aged 80 and over will increase by 10% between 2019 and 2025 from 12,100 to 13,500 and by 25% between 2019 and 2030 from 12,100 to 16,100⁴

Such increases will inevitably have a significant impact on general practice and will undoubtedly result in additional strain on care home provision. It was noted that there were concentrations of care homes in certain parts of the Borough which had a disproportionate impact on particular practices in those areas. Consequently, GPs in said practices were at times reluctant to register patients from care homes due to the increased workload this entails. Moreover, since considerable efforts were being made to assist older people in staying in their own homes for longer, it was acknowledged that people moving into care homes were likely to have more complex needs in the future. It was also noted that all nursing homes in the Borough were privately run and could accept anyone willing to pay their fees, whether or not they had previously lived in the Borough.

In view of the aforementioned points, Panel Members suggested that the impact on NHS services

³ <https://practicebusiness.co.uk/excessive-workload-forcing-gps-to-quit-rcgp-survey-shows/>

⁴ Joint Strategic Needs Assessment - main report - Demographics

be taken into consideration when the Local Authority received any new planning applications, subject to the Community Infrastructure Levy (CIL), relating to new care home developments for the elderly. It was noted that the Community Infrastructure Levy (CIL) was a charge which allowed local authorities in England and Wales to raise funds from developers undertaking new building projects in their area. Members of the Select Panel were informed that the money raised was used to pay for infrastructure required to support development - this could include transport schemes, flood defences, schools, health and social care facilities, parks, open spaces and leisure centres.

Members were advised by the Council's Head of Planning that the CCG already receive notification of new planning applications through a weekly list. Furthermore, at liaison meetings, the CCG and Council officers discuss the health impacts of major development proposals. However, given that new elderly persons' accommodation could have a far greater impact on healthcare provision than other forms of housing, it was suggested that the planning team could amend their procedures and consult the CCG directly on all planning applications involving elderly persons' accommodation. It is considered that this could be beneficial to developing the CCG's understanding of likely future healthcare demand and how they should prioritise healthcare delivery.

Funding

GPs are in receipt of central Government funding which represents approximately two-thirds of their income stream while additional income (approximately one-third) comes from offering other services (vaccinations, minor surgery, etc) and for hitting targets. GPs rely on both their healthy patients and the extra funding received for additional services to make their businesses viable. The original funding structure was founded on the principle that there would be enough healthy people to make it workable; however, patients now tend to visit the GP more frequently - on average six times per year - and no additional money has been made available to GPs to reflect this change.

The South of the Borough

Hillingdon is a diverse Borough and the challenges encountered by GPs in the semi-rural northern part of the Borough differ to those faced by colleagues in the more densely populated south. There are a considerable number of locums currently working in the south of the Borough; recruiting permanent staff is often challenging. This is attributed to the fact that the work in the south of the Borough is deemed to be particularly demanding. Other considerations are travelling impracticalities, the availability of schools and a lack of suitable housing for GPs and their families.

The Panel heard from trainee GPs who indicated that they preferred to be given an opportunity to gain work experience in both the north and the south of the Borough; unfortunately, this did not always happen in reality. It is acknowledged that this does not assist with recruitment since, on qualifying, trainees often opt to accept a permanent role in the practice in which they had trained.

With regards to workload, GPs in the south of the Borough are regularly required to help patients

with enquiries relating to non-clinical matters such as housing, school places and benefit claims - medical priority letters for the housing department are frequently requested. Furthermore, some patients present with serious issues related to drug addiction, homelessness, smoking and alcoholism; hence the work is exceptionally demanding, yet rewarding. The cohort of patients is very different to that in the north of the Borough and there are sometimes language barriers which impede communication. As a consequence, consultations often take far longer than the ten minutes allocated.

Workforce and Workload

Increasingly challenging GP workloads are impacting negatively on the perception of the profession and discouraging newly qualified doctors from joining general practice, as evidenced in the attached report prepared by Healthwatch Hillingdon in May 2018⁵. The Select Panel was informed that in June 2019 there was only one GP to every 2032 patients in Hillingdon which is approximately 500 more than the recommended number. Moreover, a key concern is the ageing workforce; 28% of Hillingdon GPs are over 55 and pressure will be increased further as many GPs are due to retire in the near future.

It was acknowledged that partners often struggle to find the time to run both the business and the clinical side of a practice. Being a partner offers the possibility to work independently and is still perceived to be an attractive option by some young doctors; however, the burden of bureaucracy and administration in general practice is off-putting and will need to be reduced going forward to improve recruitment levels. It is reported that many GPs now opt to work as locums as the money is better and the amount of paperwork is less onerous; some locums can now earn even more than partners.

In terms of workload, in the past, the work of a GP was more straightforward; nowadays GPs are expected to complete a multitude of administrative tasks in addition to treating patients with long-term health conditions and complex comorbidities. Moreover, patients aged 45 - 60 are now routinely invited in for health checks and GPs are expected to offer supplementary services for older patients. The aforementioned additional duties have served to increase the workload of a GP exponentially.

Initiatives

Citizens Advice Bureau (CAB)

The Director of the Citizens Advice Bureau in Hillingdon appraised Members of the CAB services currently on offer within the Borough. Key services offered in Hillingdon included initial help at Uxbridge and Hayes Citizens Advice Bureau, a telephone assessment helpline, debt advice including benefits advice, seasonal energy savings advice, financial advice and outreach advice at Hillingdon Aids Response Trust (HART).

Members commented that the breadth of the services offered by the CAB was not widely known

⁵ <https://healthwatchhillington.org.uk/?p=9925>

and it was likely that many vulnerable residents were unaware of what was available to them. It was recognised that problems relating to debts and benefits could be detrimental to both mental and physical health. The Panel recommended that the Local Authority Directory of Services be updated to incorporate signposting to CAB services and suggested that, where possible, signposting information be displayed on information screens in GP practices and on the Hillingdon Health Help Now app. Additionally, it was recommended that, if feasible, GP websites be updated to incorporate information regarding the CAB with a direct link to relevant pages. Moreover, it was noted that it was not currently possible for GPs to refer their patients to CAB services via a single referral form; it was suggested that such a simplified option would be beneficial to GPs as it would be more efficient and far less onerous.

Health Education England (HEE)

A representative of HEE - The Head of Primary Care Education England (London NW) addressed the Panel and informed Members that one of the biggest challenges at present relates to legislation, as general practice requires a licence in order to be able to work.

GP training is centrally funded; practices are paid approximately £8,000 to have a trainee for a year. Going forward, new contracts include a proposal to invest money in training hubs to educate all staff in a small geographical area. As these new contracts are being phased in, the allocation of more trainees in the south of the Borough will be a possibility.

Under the terms of current GP contracts, trainees are obliged to make crucial decisions about their future careers at a very early stage; this is deemed to be unhelpful as trainees lack the experience to make an informed choice at this point. Moreover, should qualified GPs opt to take a break from the profession, re-entering general practice is particularly challenging and involves sitting further exams. Furthermore, there is a requirement for those GPs who have been absent from the profession for more than five years to be reassessed and supervised for three to six months at junior doctor pay level. It is agreed that the aforementioned stipulations do little to assist in improving recruitment and retention levels within general practice.

With regards to the recruitment of specialist registrars, there are currently four working in the south and eight in the north of the Borough. It is suggested that the three years of registrar training should include one year in the south of the Borough; it is felt that this would assist in addressing recruitment challenges. The Head of Primary Care Education England - London NW commented that the fair allocation of trainees around the Borough was a matter which could be considered further. However, there is little leeway to increase GP registrar numbers within the Borough at present as London is deemed to be over-provided and is therefore not considered a priority area.

A number of recruitment initiatives are underway within the Borough. Moreover, GP Fellowships in Hillingdon are currently being considered - these will offer additional support to newly qualified GPs and, it is hoped, will encourage more people to join the profession.

Housing - Administration

A reduction in the administrative burden placed on GPs from the south of the Borough - particularly in relation to medical priority letters for the housing department - would reduce their workload significantly. The Council's Housing Manager and the Housing Register, Allocations and Lettings Manager were invited to address the Panel to clarify their administrative procedures in relation to housing assessments. It was agreed that GPs and Council Housing officers would meet separately at a later date to flesh this out and discuss further.

In a subsequent witness session, the Panel heard that the aforementioned meeting had taken place and had been extremely productive; a new process had been discussed which would streamline procedures and assist in reducing GP workload. Members were informed that, in most cases, a brief medical summary (for which there was no charge) would suffice and a medical priority letter for housing would not be required. It was suggested that a similar approach could potentially be adopted in relation to other departments within the Council. Members were informed that the new approach would be piloted in an attempt to reduce the administrative burden on GPs and, if successful, would be rolled out across the Borough.

Online Directory of Services / Improved Signposting

A comprehensive central hub of information detailing services available to residents within the Borough and accessible via a single common pathway would be a very useful development and was the 'Holy Grail' that everyone strove for. Such a hub of information would assist in reducing pressures on GPs as residents would have easy access to the array of health and social care services on offer to them and an improved understanding of who to approach in relation to their needs; the GP is not always the best person to contact.

The local authority is obligated to prepare a single Local Directory of Services and ensure that said document is in the public domain. The current Directory of Services needs to be updated to reflect the development of the new neighbourhood teams. The Directory of Services is the back end of the Health Help Now app (a patient app available to people across NW London to assist residents in finding the right health services, medical advice and trusted information). Promotion of the app and improved signposting to it would be extremely beneficial to residents. It was agreed that signposting within GP surgeries via information screens could also be used to better effect to promote the Health Help Now app and the CAB services available to residents.

In addition to the above, in relation to Social Care and Wellbeing, steps are being taken to improve signposting utilising the Council website as a repository for advice and information; this digital strategy is already well underway and the website is being redesigned to make it more transactional.

Triaging

In order to alleviate the pressure on GPs, a more nuanced triaging system was discussed which would attempt to ensure that only those patients who had a genuine medical need were offered

an appointment with a GP. Members recognise that this would be difficult to manage since receptionists are not clinically trained and have limited medical knowledge. However, the Panel heard that the CCG is working with a number of GP receptionists to build their confidence and increase their knowledge; it is hoped that this will enable them to triage / signpost residents more successfully. It was also noted that some GP practices have already adopted a nurse-led telephone triage system and offer telephone consultations. Another initiative involves bringing in volunteers from organisations such as the Citizens Advice Bureau and Dementia Friends. Said volunteers provide surgeries in the GP waiting room and can issue 'social prescriptions'.

Workforce Training

On the topic of workforce training, there are currently twelve training practices in the Borough, four of which are located in the south. At present, there are 14 trainee GPs which is the maximum number allowed on the scheme. Approximately 60-70% of newly trained GPs opt to take up their first job at the practice in which they trained.

Members were briefed by two trainee GPs who informed them that the GP training scheme was very competitive - most of the trainees were from the Hillingdon area. Some trainees were given an opportunity to complete a work placement in both the south and the north of the Borough, though this was not always the case. Most of the trainees preferred to work in Hillingdon after qualifying and many were interested in taking on a mixed business / clinical role in the future but were concerned about unmanageable workloads. The trainee GPs commented that flexibility was important to young trainees hence many chose to pursue the locum route.

The current training scheme incorporates little information regarding running a business and, although they preferred to focus on clinical matters, the trainees felt that more business training throughout the course would be beneficial. It was noted, however, that the content of the Vocational Training Scheme was set in stone with little flexibility.

On qualifying, trainees complete two years of foundation training before deciding on which route to take next. Following a recent change to GP contracts, trainees are obliged to make decisions about their futures at an early stage. If they start working in hospital then opt to transition into general practice, they will lose out financially; hence it no longer makes sense monetarily to make such a transition.

The trainees informed the Panel that, traditionally, working as a GP was seen to be a fulfilling and rewarding career. It was reported that this was no longer perceived to be the case; consequently, some trainees opt to work in the private sector and many older GPs are choosing to leave the profession.

Social Care and Health Services

As detailed in a House of Commons briefing paper dated 20 October 2017:

“Health and adult social care services in England have traditionally been funded, administered and accessed separately. Health has been provided free at the point of use through the

National Health Service, whilst local authorities have provided means tested social care to their local populations. As a result of demographic trends, including an ageing population, an increasing number of people require support from both health and social care services. It is argued that these patients can be badly served by the current health and social care model, and that by integrating the two services, the patient can be put at the centre of how care is organised. As well as improving the experience for the patient, it is argued that integration can save money by cutting down on emergency hospital admissions and delayed discharges.”

The Panel was advised by the Council’s Corporate Director - Adult, Children and Young People Services that a programme of asset rationalisation is in progress within Hillingdon. Said programme aims to optimise the use of assets within the Borough; one option could be to co-locate social work services in new health centres in the future.

The Council works increasingly with the Care Connection, Neighbourhood and Rapid Response teams. Current arrangements and emerging initiatives would be reflected in the 2019/20 Better Care Fund plan, which was the Government’s only statutory vehicle for securing health and social care integration.

Neighbourhood Teams

Members were informed that virtual Integrated Care Partnership (ICP) teams were already in operation helping local health and social care professionals, voluntary and community sector organisations and service users and carers to work more closely together (the Neighbourhood team model). The Panel heard that eight 'Neighbourhood Teams' were being developed which would serve to identify and manage the 15% of the population within their neighbourhoods deemed to be at greatest risk of hospital admission and of developing long-term care needs.

Members were advised that there was a widely held belief that any need in relation to adults that was not medical in nature was 'social' and therefore fell within the scope of Adult Social Care. The Panel was reminded that the scope of Adult Social Care was defined by the Care Act 2014, which established a national eligibility criteria. It was also noted that Adult Social Care was not free at the point of delivery like healthcare, but subject to an assessment of financial resources. It was agreed that training on the scope of the Council's Adult Social Care duties would be beneficial to address such misconceptions.

Integrated Homecare

Members were made aware of the Enhanced Support for Care Homes and Extra Care Service being delivered by Hillingdon Health and Care Partners (GP Confederation, Hillingdon Hospital, CNWL and the H4All third sector consortium); this would provide dedicated support for GPs and other healthcare professionals with the intention of preventing admissions to hospital that were avoidable. Said initiative will incorporate an acute visiting service whereby a GP employed by the care service will visit care homes; this will free up GP time as, at present, GP visits to care homes are frequent and time consuming. All GPs, visiting GPs and ambulance staff will have access to a shared portal to enable them to view and update patient records accordingly. This would be a supplementary service which would offer additional primary care support when required on an ad

hoc basis; patients will continue to be registered with their own GP surgeries.

Partners are currently in discussion regarding the scope for the commissioning of additional homecare hours that could be deployed more flexibly by, for example, GP practices and/or the Neighbourhood Teams to support admission avoidance. This is being considered as part of the development of a new homecare model that will be included within a tender later this year.

Findings & Conclusions

Single online directory of health, care and wellbeing services

As previously indicated within this report. Panel Members have noted that there is at present a plethora of services, information, advice and guidance available to Hillingdon residents regarding health, care and wellbeing services in the Borough. It is agreed that the sheer volume of information in the public domain is often bewildering and residents are unsure how to access the appropriate services pertinent to their needs. Consequently, many people prefer to approach their local GP on non-clinical matters for advice and guidance - this is both time consuming for the GP and frustrating for the patient who will invariably need to be referred elsewhere.

The Panel commented that an easily-accessible central online directory incorporating details of all the relevant services available to residents in the Borough would be an invaluable resource which would assist in reducing pressure on GPs. Said hub of information would link into emerging NHS digital applications such as the NHS App currently being promoted throughout the UK.

On that basis, it is recommended that:

1

That Hillingdon Health and Care partners explore the establishment of a single online directory of health, care and wellbeing services (delivered and maintained / updated by Hillingdon Health and Care Partners) to be utilised across the partnership, particularly by GPs, and to link into emerging NHS digital applications being promoted nationally for patients

GP referrals to CAB services

As mentioned previously in the report, during one of the Select Panel witness sessions, Members heard from the Director of the Citizens Advice Bureau in Hillingdon who appraised them of the scope of the CAB services on offer. Members remarked that the range of services available to residents was extensive, yet expressed concern that this information was not widely known or understood. It was acknowledged that this was disconcerting; particularly in view of the fact that the CAB had recently assumed responsibility for the Universal Credit (UC) Help to Claim Service. The Panel was informed that at present there were opportunities for local GPs to work with the CAB in a number of ways:

- GPs could refer patients to specific projects such as Debt Free London, Mental Health Money Advice, Universal Credit Help to Claim (new claims only), EU Settled Status, Energy Best Deal projects (November to March) and MoneyPlan (independent financial advice).
- GPs could signpost to the general CAB service - patients could access the service via online telephone call-back request, by calling Adviceline, emailing a project or by visiting the bureaux in person; of these, the online call-back request was the simplest option. Web chat was also available for UC claims;

Although GPs are free to refer patients to CAB services whenever they choose to, it is recognised that current referral pathways to said services are complex and lacking in clarity. Members agreed that a simplified referral process would be extremely beneficial, thereby reducing time pressures on GPs and assisting in improving services to local residents.

On that basis, it is recommended that:

2

Hillingdon Health and Care Partners work with the Citizens Advice Bureau (CAB) to explore the simplification of processes in relation to GP referrals to CAB services.

Improved signposting to CAB and to emerging digital applications

As discussed above, the Panel observed that residents in the Borough are often unaware of the range of services available to them; this is a matter of considerable concern which needs to be addressed forthwith. It is noted that many, though not all, the GP surgeries in the Borough are already equipped with screens which are used to relay vital information to patients as they wait to see their GPs. It is agreed by the Panel that these are an invaluable resource which could potentially be utilised to raise awareness of the CAB services available to residents and to signpost patients to emerging health and social care digital applications such as Health Help Now.

On that basis, it is recommended that:

3

Health and Care Partners* improve signposting for patients to CAB services and to emerging digital applications via information screens in GP surgeries.

Information sessions regarding the Council's Adult Social Care duties

Members note that there are a number of changes in progress in respect of the provision of primary and social care within the Borough. Hillingdon Health and Care Partners (HHCP) - the Borough's Integrated Care Service - has been working together for a number of months to develop a new model of care known as Neighbourhoods. Each of the proposed eight Neighbourhoods will be led by a network of GPs and will provide enhanced out-of-hospital care. Said Neighbourhoods will be empowered to tailor services and move resources to best meet the needs of the local population. The Neighbourhoods teams will be supported by skilled staff from community, mental health, acute and voluntary sector services and each will have a named social worker. It is anticipated that this joined-up and flexible approach will provide a seamless service, thereby assisting in further reducing the pressures on GPs themselves.

The Panel commented that information sessions regarding the scope of the Council's Adult Social Care duties will be invaluable; it has been reported that this is a complex area which lacks clarity hence many staff have little understanding of the intricacies of social care and what it actually entails. Members were pleased to note that some information events were already planned and supported this approach.

On that basis, it is recommended that:

4

Cabinet requests Adult Social Care officers make available information sessions to the emerging Neighbourhood Teams on the scope of the Council's Adult Social Care duties.

Triaging and Deployment of homecare by the Neighbourhood Teams

During the witness sessions, Members heard that the additional workload generated by an ageing population contributed significantly to the already unsustainable pressures on GPs in the Borough. It was noted that GP visits to care homes were particularly time-consuming and were increasing in number. The Panel was supportive of the proposed acute visiting service whereby a clinically trained GP employed by the care service would be tasked with the completion of visits to care homes, thereby freeing up GP time. Moreover, the Panel recognised that elderly residents in the Borough preferred to retain their independence and remain at home whenever possible. Members therefore supported the Neighbourhood Team model which would assist in both maintaining said independence and in preventing hospital admissions that were avoidable. An example of a patient suffering from an anxiety attack was cited whereby the symptoms could appear similar to a heart attack but a hospital admission could be avoided if a suitably trained professional were available to establish the root cause of the problem.

On that basis, it is recommended that:

5

Hillingdon Health and Care partners explore affordable options to enable homecare to be triaged and deployed more flexibly by the Neighbourhood Teams to support the independence of residents and prevent GP visits and hospital admissions that are avoidable.

Streamlined administrative procedures

As indicated earlier in this report, the Select Panel meetings provided a platform for officers and GPs to explore and gain a better understanding of administrative requirements in relation to medical requests to support housing assessments. This is a fortunate 'bi-product' of the main review and has already served to reduce some of the administrative pressures on GPs, particularly in the south of the Borough. A more streamlined approach to such requests for medical details has been trialled and it is hoped that, with the support of the Vice-Chair of Hillingdon LMC, this simplified system will be rolled out across the Borough in the near future.

Members welcome this new approach and are also supportive of initiatives to introduce a similar modus operandi in relation to benefit claims, although it is recognised that these are now the responsibility of the Department of Work and Pensions and are therefore out of the Council's control. Notwithstanding this, Members note that, in relation to medical records to support benefit claims, the appropriate contacts have already been established to enable such an approach to be explored going forward.

On that basis, it is recommended that:

6

Cabinet welcomes the pilot work by Council officers to streamline GP administrative procedures in relation to patient requests for medical information to support their housing assessments, and requests that this be rolled out across the Borough.

GP Training Programmes and the Recruitment of new GPs

As the review progressed, a number of concerns were raised regarding current GP training contracts which were deemed to be somewhat inflexible and, at times, unhelpful in assisting with the recruitment and retention of GPs, particularly in the south of the Borough. Panel Members felt it was of vital importance that trainee GPs be provided with an opportunity to gain work experience both in the north and the south of the Borough. Members note that Health Education England has indicated a willingness to be flexible in terms of their training programmes and it is suggested that this be explored further to encourage the allocation of more trainees in the south

of the Borough. It is noted that the range of experience trainees could gain from working in different parts of the Borough would also be a selling point to encourage them to apply to train in Hillingdon. Moreover, it is recommended that all training practices in the Borough be encouraged to recruit trainees to fill their training programmes since it is widely acknowledged that, once qualified, trainees often opt to take up a permanent position in the practice in which they complete their training.

On that basis, it is recommended that:

7

Cabinet note that the External Services Select Committee will continue to closely monitor any implementation of the above recommendations, along with GP training programmes and the recruitment of new GPs, particularly in the South of the Borough.

Planning Applications for new Care Homes for the Elderly

As previously indicated within the body of this report, the population of the UK is ageing and the consequent demand on healthcare services is particularly challenging. The Select Panel recognised that care homes and centres of accommodation for the elderly had a disproportionate effect on the demand for NHS services in a given area.

Hillingdon CCG currently receive a weekly list of all new planning applications. Moreover, at liaison meetings, the CCG and Council officers discuss the health impacts of all major development proposals. However, as identified by the Select Panel, new elderly persons' accommodation can have a far greater impact on healthcare provision than other forms of housing. As such, it was suggested by the Head of Planning that the planning team amend their procedures and notify the CCG directly regarding all planning applications involving elderly persons' accommodation. It is considered that this could be beneficial in developing the CCG's understanding of likely future healthcare demand and how they should prioritise healthcare delivery.

On that basis, it is recommended that:

8

Planning officers be asked to notify Hillingdon CCG when processing any planning applications relating to accommodation for the elderly that are subject to CIL.

Terms of Reference of the review

The Committee established a Select Panel to undertake the detailed investigation, whose membership comprised:

- Councillor John Riley (Chairman)
- Councillor Ian Edwards
- Councillor Vanessa Hurhangee
- Councillor Kuleep Lakhmana
- Councillor Kerri Prince

The following Terms of Reference for the Select Panel were agreed by the Committee from the outset of the review:

1. To review the evidence gathered by the GP Pressures Working Group in 2015/2016;
2. To understand the key / central current pressures that are faced by GPs;
3. To explore the possible implications for residents of expected changes to services provided by GPs;
4. To identify what support is currently in place for GPs and whether this level of support will be sufficient in the future;
5. To examine best practice elsewhere through case studies, policy ideas and witness sessions;
6. To explore ways in which services can improve and work more collaboratively to alleviate the pressures faced by GPs in the Borough, and recommend these to the appropriate body; and
7. After due consideration of the above, to bring forward recommendations to the Cabinet and, if required, the Health and Wellbeing Board, in relation to the review.

Witnesses and Select Panel activity

The Committee's Select Panel received evidence from the following sources and witnesses:

<p>Witness Session 1 - 6 December 2018</p>	<p>Dr Ian Goodman (Chair - Hillingdon CCG) Dr Veno Suri (GP and Vice-Chair - Hillingdon Local Medical Committee) Turkay Mahmoud (Interim Chief Executive Officer - Healthwatch Hillingdon) Gary Collier (Health and Social Care Integration Manager)</p>
<p>Witness Session 2 - 23 January 2019</p>	<p>Annette Alcock (Workforce Education Training Lead - Hillingdon CCG) Emma Jenkins / Shreya Morzeria (Trainee GPs) Caroline Morison (Managing Director - Hillingdon CCG) Dr Mita Mukerjee (GP Partner - Hayes Medical Centre) Dr Jaipal Sira (GP and Local Medical Committee representative) Dr Veno Suri (GP and Vice-Chair - Hillingdon Local Medical Committee)</p>
<p>Witness Session 3 - 27 February 2019</p>	<p>Turkay Mahmoud (Interim Chief Executive Officer - Healthwatch Hillingdon) Dr Jaipal Sira (GP and Local Medical Committee representative) Dr Veno Suri (GP and Vice-Chair - Hillingdon Local Medical Committee) Dr Steve Hajioff (Director of Public Health) Mark Billings (Housing Manager) Melissa Murphy (Housing Register, Allocations and Lettings Manager) Tony Zaman (Corporate Director - Adult, Children and Young People Services)</p>

<p>Witness Session 4 - 24 April 2019</p>	<p>Heather Brown (Director - Hillingdon Citizens Advice Bureau) Dr Clare Etherington (Head of Primary Care Education England - London NW) Turkay Mahmoud (Interim Chief Executive Officer - Healthwatch Hillingdon) Caroline Morison (Managing Director - Hillingdon CCG) Dr Venio Suri (GP and Vice-Chair - Hillingdon Local Medical Committee) Dan West (Director of Operations - Healthwatch Hillingdon) Dr Steve Hajioff (Director of Public Health)</p>
<p>Witness Session 5 - 29 May 2019</p>	<p>Caroline Morison (Managing Director - Hillingdon CCG) Dr Venio Suri (GP and Vice-Chair - Hillingdon Local Medical Committee) Gary Collier (Health and Social Care Integration Manager)</p>
<p>Witness Session 6 - 24 July 2019</p>	<p>Caroline Morison (Managing Director - Hillingdon CCG) Dan West (Director of Operations - Healthwatch Hillingdon) Gary Collier (Health and Social Care Integration Manager) Dr Steve Hajioff (Director of Public Health)</p>

References

NHS Confederation 'NHS Statistics, Facts and Figures' *14 July 2017*

NHS Hillingdon CCG 'Hillingdon Primary Care Strategy General Practice Services 2017-21'
November 2017, Version 16.0

Practice Business 'Excessive workload forcing GPs to quit, RCGP survey shows' *4 December 2018*

Joint Strategic Needs Assessment Report, London Borough of Hillingdon Website

Healthwatch Hillingdon 'GP Shortages Put Pressure on Doctors and Patients'
<https://healthwatchhillingdon.org.uk>

House of Commons Briefing Paper, Number 7902 'Health and Social Care Integration' *20 October 2017*