March 2017

Health and Social Care Scrutiny Sub-Committee

Access to Primary Care in Harrow

Report from Health Scrutiny Members

Health scrutiny members

Health and Social Care Scrutiny Sub-Committee Members:

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For further information on our work, contact the Policy Team on 020 8416 8774.

ACKNOWLEDGEMENTS

The contributions of a number of organisations and individuals have made our enquiries into access to primary care within the borough, and subsequently this report, possible.

We extend our sincere thanks to the staff at Harrow's three walk in centres (at Alexandra Avenue Health and Social Care Centre, the Pinn Medical Centre and Belmont Health Centre) and Northwick Park Hospital A&E for giving us such valuable insight into their services and sharing with us their experiences of providing healthcare to the residents of Harrow. Thanks also are passed on to colleagues at Harrow CCG for their cooperation in facilitating our enquiries, especially Adam Macintosh who was our main point of contact for our visits to the walk in centres.

We are grateful to colleagues at Healthwatch Harrow for sharing the findings of the research they have undertaken on GP accessibility to date and that has been so important to informing our observations and recommendations. This continues the positive working relationship the council's health scrutiny function has with our local Healthwatch, which we hope we can further progress in the year ahead in our mutual roles of championing health and social care issues for local people.

Finally we extend our appreciation to Nahreen Matlib, Senior Policy Officer, for her support and steer in our health scrutiny work – in organising our visits, pulling together the evidence that has enabled us to formulate our conclusions, and drafting our final report.

We hope our report is helpful and will influence the way forward for those who are planning healthcare services for Harrow residents.

BACKGROUND

The Scrutiny Leadership Group dedicated extra support to health scrutiny members (channelled through the Health and Social Care Scrutiny Sub-Committee) to fulfil the council's health scrutiny responsibilities. The Chair and other members of the sub-committee agreed to conduct a programme of visits in 2016/17 to the three walk in centres and pull together some local intelligence around residents' access to primary care. This is an issue identified locally as needing attention and reflected in the numbers attending the Urgent Care Centre (UCC) at Northwick Park Hospital which was aimed at relieving pressures on A&E. It is also especially important given the stretched capacity at Northwick Park Hospital and with the hospital being asked to take on more capacity as a consequence of the Shaping a Healthier Future (SaHF) programme.

Our visits focused on the boroughs' walk in centres (late 2016/early 2017) and the intelligence used from other sources including the Council's community engagement evidence for the Independent Healthcare Commission (summer 2015) as well as Healthwatch Harrow's recent and ongoing research on accessibility of GP surgeries. The latter in particular demonstrates how as a locally elected body we are drawing on the health protocol agreed in 2015/16 and better triangulating intelligence gathered by the Health and Social Care Scrutiny Sub-Committee, Health and Wellbeing Board and Healthwatch Harrow. We have also drawn on the intelligence from our discussions with local people and healthcare providers through our sub-committee work, our role on the NW London Joint Overview and Scrutiny Committee examining the implementation of the SaHF programme regionally, CQC inspection reports of local services, our roles as scrutiny leads, as well as residents' concerns brought to our attention in our roles as local councillors and health champions.

The nature of our enquiries is not a comprehensive scrutiny review but rather a snapshot look using intelligence pulled together over the last 18 months to build up a picture of local trends or recurring issues identified through various sources. The main focus of our recent scrutiny visits was Walk In Centres and the Healthwatch Harrow research focussed on GP surgeries, and therefore most of our observations relate to GP access (surgeries and walk in centres).

The aim of our work is to provide strategic support and a residents' perspective to the local CCG and NHS who strategically plan local services around access to primary care, as well as identifying what we councillors as community leaders can do to encourage residents to make best and most appropriate use of the healthcare resources available to them in Harrow.

CONTEXT

Strategic context

The NW London Sustainability and Transformation Plan (STP)[1], published in October 2016, notes that:

> *"Concerns remain around the NHS's proposals developed through the Shaping a Healthier Future programme i.e. to reconfigure acute care in NW London. All STP partners will review the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical quality and safety concerns and expected demand pressures." (page 2)*

One of the priorities within the STP is to "ensure people access the right care in the right place at the right time" and it is clear that effective primary care is the backbone to acute services running efficiently. To this end, the STP key deliverables for 2016/17 include:

- Increased accessibility to primary care through enhanced hours and via a variety of channels (e.g. digital, phone, face to face)
- Enhanced primary care with focus on more proactive and co-ordinated care to patients

The STP talks of delivering more services through local services hubs by 2020/21 which will enable more services to be delivered in community settings and support the delivery of primary care at scale. It also recognises that the current primary care estate is poor. Although there has been a growth in the demand for primary care of 16% between 2007 and 2014, there has been limited investment in estate "meaning that in addition to the quality issues there is insufficient capacity to meet demand, driving increased pressure on UCC and A&E departments".[2]

One of the challenges to the STP in NW London is workforce – a high turnover of GPs is anticipated given that NW London has a higher proportion of GPs over 55 compared to London and the rest of England (28% of GPs and almost 40% of nurses are aged 55+).[3]

Primary care in the context of out of hospital transformation

The development of a complete and comprehensive model of out of hospital care, in line with the Strategic Commissioning Framework, is critical to the delivery of the STP. The

[1] NHS England has published the Five Year Forward View (FYFV), setting out a vision for the future of the NHS. Local areas have been asked to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service that will address the FYFV 'Triple Aims' of improving people's health and well being, improving the quality of care that people receive and addressing the financial gap. This is a new approach across health and social care to ensure that health and care services are planned over the next five years and focus on the needs of people living in the STP area, rather than individual organisations.
[2] STP, page 35
[3] STP, page 39

STP envisages integrated out of hospital care – 'local services' – which will deliver personalised, localised, specialised and integrated care to the whole population in a system that proactively manages care, provides care close to people's homes and avoids unnecessary hospital admissions wherever possible. Boosting the capacity and capability of GP leaders will strengthen the delivery of primary care. As a recent headline in the British Medical Journal put it: "if General Practice fails, the whole NHS fails".

CCGs have agreed to support primary care providers in delivering a clear set of standards over the next five years around proactive care, accessible care and co-ordinated care. Within this are standards on routine opening hours (the provision of pre-bookable appointments at all practices, 8am-6.30pm Monday to Friday, 8am-12pm on Saturdays in a network) and extended opening hours so that patients can access a primary care professional 7 days a week, 12 hours per day for unscheduled or pre-bookable appointments. It is envisaged that NWL accessible care will be 100% complete by Quarter 1 of 2018.

The local picture

Harrow has one of the highest proportion of those aged 65 and over compared to the other boroughs in NW London. More than 50% of Harrow's population is from black and minority ethnic (BAME) groups. Cardiovascular disease is the highest cause of death in Harrow, followed by cancer and respiratory disease[4]. With regard to primary care, in Harrow there are 34 GP practices, 3 walk in centres and the UCC at Northwick Park Hospital.

The Care Quality Commission (CQC) inspection report for London North West Healthcare Trust[5] which operates Northwick Park Hospital rated the trust as requiring improvement. Within this, acute services in urgent and emergency care were also rated as requiring improvement, although it is noted that the UCC is subject to a separate inspection. The report includes details of both Harrow Healthwatch and Harrow CCG raising issues with the capacity in A&E, something we as councillors have repeatedly raised through our Health and Social Care Scrutiny Sub-Committee as well as in our participation on the NW London Joint Health Overview and Scrutiny Committee (JHOSC). CQC recognises that "there were complex pressures due to local demographics with some local people not using GP practices as their point of contact" (p8). Northwick Park Hospital's A&E struggle to meet the four hour target to see and treat people is well documented and we remain concerned that this busy emergency department will be further strained under the pressures of the acute reconfiguration as envisaged under the Shaping a Healthier Future programme. People turning up to A&E inappropriately only exacerbate the problems and therefore local campaigns around accessing care appropriately are important.

[4] STP, page 16
[5] http://www.cqc.org.uk/sites/default/files/new_reports/AAAE4700.pdf
Inspection in October 2015, report published in June 2016

Harrow Health Help Now – CCG campaign

Harrow CCG has recently launched a campaign to help better signpost people to the most appropriate care – Harrow Health Help Now[6]. Harrow Health Help Now is a free website which helps people find the most appropriate local health services for common symptoms – "whatever the time, wherever you are, Harrow Health Help Now can help find the right service for you". The website provides information through sections on symptoms, services and advice. This is supported by a smartphone app that people can download. As of 9 February 2017, over 5,000 Harrow residents had already downloaded the new app in its first week of release. Posters with the strapline of 'Not all conditions need hospital attention" have been posted around the borough.

RECOMMENDATION 1 (TO ALL COUNCILLORS AND HARROW CCG)

That Harrow CCG and councillors work together to ensure that councillors use their role as community leaders to help promote the CCG's campaign on Harrow Health Help Now campaign. The effectiveness of this campaign should be reviewed by the Health and Social Care Scrutiny Sub-Committee in its 2017/18 work programme.

[6] http://harrow.healthhelpnow.nhs.uk/health-help

Plans for local services

In Harrow, the STP proposes that services are added to existing hubs at the Pinn Medical Centre and Alexandra Avenue Health and Social Care Centre, whilst also a business case is being developed for another hub in the north east of the borough.

When the STP was presented to us at the Health and Social Care Scrutiny Sub-Committee in February 2017, the CCG told us that it had received commitment from the 34 GP practices in borough and significant capital investment in 2016 to implement changes to service delivery at the Pinn Medical Centre and the Alexandra Avenue clinic. Any further development of the hub at Belmont is under review and a number of other sites are being considered for the location of the third hub in the east of the Borough. The CCG wants to ensure that each hub has the appropriate skill mix and staff numbers. Whereas the Pinn and the Alexandra Avenue centres are well established, the one at Belmont has been under-used for some time. It has been suggested that it may be more appropriate for the Belmont site to be included in the Council's Regeneration Programme and re-developed for housing. The CCG is looking for a site that is fit for purpose. The freehold of the Belmont site is held by the Council and the leasehold is held by NHS Estates. The CCG has bid for funding for the third hub and is in discussions with the Council regarding a possible new site for it.

At this same meeting, the CCG also told us that it recognised that although the purpose of the walk-in centres had been to reduce pressures on A&E at Northwick Park Hospital, this had not proved to be the case. It is anticipated that there would be service provision from 8.00am to 8.00pm, 7 days a week by 2020.

WHAT THE INTELLIGENCE IS TELLING US

Evidence to the Independent Healthcare Commission – community engagement

In the summer of 2015, Harrow Council submitted to the Independent Healthcare Commission for NW London[7] its evidence that had been gathered as a result of specially-commissioned community engagement on the implementation of Harrow's out of hospital strategy to examine how effectively residents are being diverted from hospital care[8]. The local out of hospital strategy was designed to alleviate potential capacity issues at Northwick Park Hospital by minimising the need for residents to attend. Access to GP services is a key component of this strategy.

The evidence summarised residents' feedback under the themes of:

- There is insufficient joint planning and delivery of care in the community
- Planning may not be sufficiently aspirational:

  "in the context of the poor performance of out of hospital services, it seems that residents may actually be making informed conscious decisions about how to access health care – sooner wait 4 hours in A&E than 4 days to see a GP" (page 1)

- Understanding our community:

  "the successful delivery of change to health provision must recognise the rich and varied composition of our population: what works for one group of residents may not work for all. Harrow is not alone in having an increasingly transient, ageing, multi-cultural community who may have differing expectations, requirements and different communication needs" (page 2)

- Performance of General Practice – there are examples of excellent practice amongst Harrow's GP surgeries however service delivery is inconsistent and dependent on where you live:

  "Even if service were consistent and consistently good across the borough, they would still need to be sensitive to the specific needs of the more vulnerable residents for whom a standard service isn't enough – one size cannot fit all. Whilst there is clearly failings in general practice from a patient/resident perspective are the changes in service anticipated in SaHF and the out of hospital strategy placing too much burden on GPs themselves: Are we expecting too much of GPs?" (page 2)

Harrow Council's report concluded that the out of hospital strategy did not adequately support the delivery of the SaHF plans despite reassurances given. Also it concluded that

[7] An independent Commission established by 5 NW London boroughs (Brent, Hammersmith & Fulham, Ealing, Harrow, Hounslow), two years into the implementation of the Shaping a Healthier Future programme, to examine whether or not SaHF was, is,or can be, fit for purpose.

[8] *Shaping a Healthier Future, Report to the Independent Healthcare Commission – Evidence from Harrow Council's Community Engagement*, June 2015

the GP system is insufficiently equipped (numerically, financially and professionally) to deliver what is expected.

Furthermore the report alluded to residents' views on where services are best located – somewhere they can receive care most speedily and where the services required can be delivered in one place:

> *"The logic of this is that our residents would prefer to wait fours hours in A&E rather than four days to see a GP. Clearly this begs the question as to whether the right investment in GP services will reduce the delays being experienced by residents, but it also poses an interesting challenge to service planners: are we investing in the right services, in the right place? Are we effectively just moving the deckchairs around the ship struggling to stay afloat?" (pages 11/12)*

The crux of planning health services, it is argued, is services must reflect the changing nature of our population. In particular, the capacity to divert residents from A&E emergency services to services in the community may be dependent on the NHS' understanding of the community and its ability to engage with it. Issues raised by residents included:

- Do people understand NHS processes?
- Is the complex network of GPs, clinics and hospitals and the appropriate means for accessing these clear to people not familiar with 'the system'?
- Is information about the system provided in a format which is easy to access and understand?

These questions are particularly pertinent when considering populations new to this country.

We would suggest that this is where the NHS' interface with the council and councillors as community leaders is key, to best understand what residents need and want from public services. Documents such as the Joint Strategic Needs Assessment (JSNA) must be used to provide the intelligence for all those bodies that plan local health and social care services.

The aspect of the implementation of the out of hospital strategy which elicited the most comment from residents was General Practice. There were many examples of excellent practice provided however it was apparent that there was no overall consistency in the delivery of General Practice. Although the core contracted opening hours for GPs are from 8.30am to 6.30pm there were significant variations on this standard between surgeries, as there also was on access to appointments.

Harrow Council's research also found considerable sympathy for GPs, "who as a result of NHS policy and other influences, find themselves increasingly in situations which stretch their resources to the limit".

Visits to walk in centres and A&E in the borough

As part of our health scrutiny work over the last 18 months, we have visited the A&E and Urgent Care Centre (UCC) at Northwick Park Hospital and also more recently the borough's three walk in centres (WICs) at Alexandra Avenue Health and Social Care Centre, the Pinn Medical Centre and Belmont Health Centre[9].

The WICs offer people the opportunity to see a GP within a target time of one hour at one of the borough's three WIC sites. The new three-year CCG contract with these three sites which started in November 2016 allows for 60,000 additional GP appointments within Harrow per year over the three sites. Although the CCG contract with each WIC is the same (with a specification of operating with one GP from 8am-8pm every day, up to 60 appointments per day), in practice they all operate differently. For example, at the Pinn there are two GPs available at all times at the WIC, taken from a compliment of 12 GPs at the surgery. Alexandra Avenue is already projecting to exceed its cap of 20,000 appointments per year as it provides extra capacity at peak times to reflect demand. Belmont sticks to the specification and on weekdays, the WIC can reach 60 appointments. If all appointment slots are booked up (10 minute slots), patients have to be turned away as there is only one GP in this WIC.

[9] Visit to Northwick Park Hospital A&E and UCC, 14 July 2015, attended by Councillors R Shah, M Borio, S Suresh, K Suresh, J Dooley, plus Julian Maw, Dr Nizar Merali
Visit to Alexandra Avenue Walk in Centre, 15 September 2016, attended by Councillors M Borio, K Marikar, plus Dr Nizar Merali
Visit to the Pinn Walk in Centre, 30 November 2016, attended by Councillors K Marikar, C Mote, V Mithani
Visit to Belmont Walk in Centre, 6 February 2017, attended by Councillors M Borio, C Mote, plus Dr Nizar Merali

WICs are open 8am-8pm so offer greater accessibility to a GP than many surgeries. At Alexandra Avenue WIC, a patient survey conducted in 2016 asked "where would you have gone had the WIC not been available?". Responses were: 60% NPH A&E, 22% own GP, 7% rung 111 and 12% other. This compares to two years previously when only 40% said A&E. An interesting question is raised here – why would people not use their GP as an alternative if the WIC did not exist, why would they go to the hospital? We would suggest the answer lies in more often they cannot get a GP appointment when they want it whereas at the WIC they can see a GP at a time that suits them (the target waiting time is of one hour) and, as the community engagement piece also showed, some would prefer to wait four hours at hospital to see a doctor rather than a few days to see their GP. "Patients will come when they can" – within general practice there seems to be a mismatch between surgery opening hours and when most people can get appointments that suit their needs. However juxtaposed to this is the work/life balance of GPs and asking them to cover extended hours at evenings and weekends, and the impact this would have on recruiting GPs, as well as the debate as to whether offering additional appointments merely increases demand rather than redirects people to a different route into primary care or even self care.

Evidence suggests that opening up WICs has seen demand go up overall for accessing primary care rather than necessarily reducing the pressures on Northwick Park Hospital's UCC. The question remains whether WICs with time will slow down the use of the UCC. WIC tariffs are cheaper than UCCs. When we visited the WICs, we were told that it is estimated the cost to the NHS of someone using the WIC is £25 per patient, in contrast to £55 using the UCC. And so, how can the CCG, council and wider community work together to change the habits of patients to use WIC rather than UCC, or should we expect that people will prefer a hospital setting and invest resources accordingly?

The CCG needs to cap the service as they cannot commit to the extra resource. The message from the CCG is that if the WIC has reached its capacity, patients should be redirected to 111 (NHS telephone service). In practical terms however, patients would then tend to end up at the UCC on the advice of the 111 service as many patients come to the WICs having been redirected by 111 to do so.

WICs are able to redirect to each other as they have access to each other's booking systems and so can see if one WIC has free appointments. This is important as different areas experience different footfalls at different times of day.

WICs should be integrated into the local GP community and seen as an additional resource rather than an alternative. The provision of additional GP appointments through the WIC model raises people's expectations around accessibility to primary care. For example, since Belmont WIC opened in November 2016, the top three complaints that people have been presenting with at the WIC are 1) coughs 2) ear, nose, throat complaints 3) vomiting bug – most of these cases can be advised upon by community pharmacist rather than needing to take up GP attention.

WICs should be for emergency situations and not just because the patient cannot get an appointment at their own surgery. The CCG does capture data of who uses WICs and whether this over represents certain GP surgeries. This is then fed back to those surgeries.

In Harrow, WICs cannot access patients' records even if the patient gives them permission to do so. There is a need for better data sharing across GPs/WICs and also across the NHS and Council e.g. in placing alerts on patient files around CLA or child protection issues etc. Currently the data sharing protocol allows all Harrow GPs to see if one of their patients has been to a WIC, but not the other way around. However, across the border in Brent, the sharing is mutual – "so if Brent has cracked it, why can't Harrow?" – Brent and Harrow both use the same EMISWeb system.

RECOMMENDATION 2 (TO HARROW CCG):

That Harrow CCG ensures that data sharing protocols are put in place so that WICS can access the GP records of Harrow patients (with patients' permission).

The out of hospital strategy and STP heavily involves service expansion at WICs – an incremental development of out of hospital and community services. All three WICs run other services at the same time as WIC services, and the Pinn in particular benefits from enhanced diagnostics and outpatient services.

Our visit to the WIC at Alexandra Avenue made us acutely aware for the need for greater public transport access to the WIC, especially as it serves many vulnerable people, for whom the long walk from Rayners Lane Station, or a number of bus changes, is not practical. Especially if this WIC is to be invested in to provide more services as part of the STP plans for Harrow, we believe it needs to be more accessible by public transport. One option could be to re-route the H9/H10 bus routes so that they stop outside Alexandra Avenue Health and Social Care Centre.

RECOMMENDATION 3 (TO THE CHAIR OF HARROW HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE):

That the Chair of the Harrow Health and Social Care Scrutiny Sub-Committee, on behalf of the sub-committee, writes to Transport for London urging them to consider providing greater access by public transport to Alexandra Avenue Health and Social Care Centre, and also writes to the local MP and our GLA member to ask them to also lobby TfL in this regard.

When we visited Belmont Health Centre we could see just how busy and congested it is. There is a struggle to find rooms at Belmont as it is only the ground floor that is used and

this is shared with three other surgeries. Therefore for the WIC, one GP uses one room. The entire first floor of Belmont Health Centre is unused for clinical purposes as there is no disabled access to it, and therefore it cannot be used by the WIC.

RECOMMENDATION 4 (TO HARROW CCG):

That Harrow CCG explores opening up the first floor of Belmont Health Centre for clinical services so that the whole building is used rather than services increasingly being congested on to the ground floor.

The Pinn Medical Centre was rated 'outstanding' following its inspection by CQC in July 2016 – the only GP practice in Harrow to receive an 'outstanding'[10]. We would like to see the good practice from this practice applied across the borough at other settings wherever appropriate. The Pinn recognises that it benefits from a very active patient group which helps drive some of its work, especially in patient education and engagement. Maybe it is the nature of the area that it serves; local residents have the time and desire to be active and engage in the practice for example in leading weekly seminars on clinical matters and also providing a chaperoning service to get patients into the practice who otherwise would have to wait for a home visit. Perhaps as a consequence of this high level of engagement and being better informed about healthcare services, patients can tend to have high expectations and be demanding of GPs at the Pinn.

RECOMMENDATION 5 (TO HARROW CCG):

That Harrow CCG ensures that there is better sharing of good practice around primary care and WICs across the borough, whilst recognising that one size does not fit all and all surgeries operate differently to meet the needs of different communities.

Healthwatch Harrow – Interim Report on GP Accessibility in Harrow

Between November 2016 and March 2017 Healthwatch Harrow is researching GP accessibility in the borough. Intelligence from their interim report produced in January and covering key themes and trends from research during November to January is included here. We recognise that the piece of work is yet to conclude and this provides a snapshot of local people's experiences and concerns. The Health and Social Care Scrutiny Sub-Committee hopes to receive the final report later in the Spring.

[10] http://www.cqc.org.uk/sites/default/files/new_reports/AAAF3058.pdf

Healthwatch Harrow's piece of research is in response to its intelligence gathered from its CRISPI database (Concerns, Request for Information, Signposting and Intelligence) where concerns were raised around GP accessibility[11]. The aim of this research is to gain an understanding of patients and service users experience of GP services within the borough. For most people visiting their doctor is their most frequently used element of the health care system and acts as a gateway to other health and social care services. Healthwatch Harrow has gathered information through an online questionnaire and surveys, desk-based (telephone and web-based) research, a telephone mystery shopping exercise and a number of focus groups with seldom heard communities.

Key headlines from the online survey on GP accessibility that is currently running (72 responses received between December and January) include:

- 52% booked their appointment with a GP by telephone, (17% had to redial due to high demand / surgery phone engaged), 22% online and 26% in person. In terms of how people would prefer to book an appointment, 40% said by telephone, 27% online, 16% in person, 9% by email and 8% by SMS.

- 36% indicated that they rarely or never were able to have an appointment on their chosen day. 36% indicated they were either always or often able to have an appointment on their chosen day.

- 78% found their surgery's opening hours as very satisfied/satisfied with 9% indicating that they were either dissatisfied/very dissatisfied with their surgery's opening hours. However 36% of respondents also stated that they could rarely or never get an appointment on their preferred day and time.

- The table below gives the responses to the question: If you are not able to get a preferred GP appointment: what was your next choice of action?

	%
Take the appointment that was offered	34%
Decided to contact the surgery another time	9%
Went to an Urgent Care Centre	3%
Had a consultation over the phone	4%
Made an appointment for another day	27%
Saw a pharmacist	3%
Went to A&E	4%
Went to a Walk-in Centre	13%
Nil Answer	3%

[11] For the purposes of the Healthwatch research, GP access means: Knowing how to register with a GP; Finding a GP to register with; Being able to book an appointment to see a GP (telephone, online, at the surgery); Being able to see a GP when you need to, without long waiting times; Being able to a see a GP at a convenient time for you; Being able to physically access a GP surgery; Being able to communicate with and be understood by GP Staff; Knowing how and where to access out-of-hours GP services; Knowing how to make a complaint about your GP surgery

In Healthwatch Harrow's desktop research reviewing the websites for all of the 34 GP surgeries in Harrow, it found that all had out of hours visibility by listing their opening and closing times. 26 provided information on NHS 111, 12 on the UCC, 17 on 999 but only one on the walk in centres. Therefore it is evident that most of the GP websites did not have information on accessing other triage services such as the UCC, walk in clinics and 999 information.

In the mystery shopping (telephone research) exercise reviewing out of hours messages (for 33 of the 34 surgeries), 29 covered opening hours, 25 closing hours, 30 NHS 111 service, 5 covered the UCC, 14 gave information on 999 and 6 covered the walk in centres. This would suggest that GP surgery out of hours telephone messages are perhaps better equipped to redirect patients than their websites are.

RECOMMENDATION 6 (TO HARROW CCG):

That Harrow CCG encourages all GP surgeries in Harrow to advertise and signpost patients to alternative primary care services on their websites and in their out of hours telephone messages, in a consistent manner. All GP surgery websites should provide the link to the CCG Harrow Health Help Now website.

Healthwatch's interim report concludes:

> *"The primary findings indicate that not all GP Practices are in adherence to the Harrow's CCG Accessible Information standard protocol and the use of locum doctors by some GP practices could potentially affect continuity of patient care. A recent report from the British Medical Journal (3 February 2017) found that seeing the same GP each time they visit the doctor reduced avoidable hospital admissions amongst older patients. However the Government's focus on increasing access to GPs, such as through longer surgery opening hours, could unintentionally be affecting the continuity of care patients experience, the study suggests. The researchers found that older patients who saw the same GP most of the time were admitted to hospital 12% less for conditions that could actually be treated in GP surgeries."*

Healthwatch Harrow's research is ongoing and Healthwatch will conduct a number of focus groups with local people and seldom heard groups over February and March, as well as continue to gather intelligence through their online survey.

RECOMMENDATION 7 (TO HEALTHWATCH HARROW):

That Healthwatch Harrow presents its final report on GP accessibility to the Health and Social Care Scrutiny Sub-Committee in July 2017 so that the findings may be considered in full.

OUR OBSERVATIONS

Our observations from this review of access to primary care in Harrow can be summarised under the following themes:

- **Accessing care appropriately** – accessing the right care in the right place at the right time is the central plank to patients achieving the best outcomes for their health and the best deployment of resources for the NHS. It must not be assumed that residents know the 'health system' in its entirety and of all the different options open to them. The default behaviour may be to go to their GP or hospital. We should not assume that people know that walk in centres, urgent care centres, community pharmacists, 111, Harrow Health Health Now exist and what they can offer residents.

- **Educating people** about what is appropriate healthcare for their needs is so important. There are many cases where for example a community pharmacist would have been able to advise rather than someone needing to see a GP – coughs, colds, sore throats etc. Health messaging around treating all symptoms seriously and immediately has fostered a new sense of urgency in people that means more and more they are approaching GPs sooner rather than later, rather than giving symptoms time to get better. There is also the issue of people coming to GPs to get on prescription what is available over the counter (e.g. Calpol, paracetamol, simple linctus syrup) because it is cheaper if they are exempt from NHS prescription charges. This costs the NHS much more than it would cost the individual.

- **One size does not fit all** – Harrow benefits from a diverse community and everyone involved in planning local healthcare services needs to understand these communities and demographics so as to best inform strategies around how best to divert residents from A&E to more appropriate settings in the community.

- **Changing community habits** around accessing primary care or changing expectations around accessibility is not an easy challenge to tackle and will not happen overnight. Residents understandably have high expectations and demands where their health and that of their loved ones are concerned. More often than not, people want speedy resolution and care provided in a single place. Partnership working across the NHS, council and third sector will help ensure that consistent messages are heard about accessing primary care and proliferate into the changing attitudes and health and wellbeing behaviours of the communities concerned.

- **Relieving or shifting the pressures on local healthcare sectors?** The CCG recognises that the provision of WICs has not relieved the pressure on the UCC. Whilst the provision of WICs may relieve some pressure on the acute sector as less people go to A&E unnecessarily, it may also just increase demand on primary care and shift this pressure to primary care. Does the provision of WICs encourage

people to see a GP when primary care is not appropriate? If more appointments are made available in 'the system', does this just serve to increase demand that in the long run is not sustainable? WICs should be for urgent primary care access. If all GP surgeries were to open 8am-8pm, would this just increase demand and be unsustainable?

- **Workforce considerations** - Aligned with extending GP surgery hours is an increased difficulty in recruiting GPs to work unsocial hours – a problem made even more acute by the fact that NW London has a primary care workforce where there are higher numbers of GPs and nurses over 55 years.

- **Continuity of care** – especially for older patients, Healthwatch Harrow has highlighted the benefits of residents seeing the same GP who better understand their multifaceted healthcare needs and often long term conditions. This is also related to all GPs in the borough being able to see patient records (with patients' permission) – at the moment GPs at WICs are unable to access patient records so can not see the full medical background to the person they are seeing.

- **Redirection and signposting** – a holistic approach needs to be taken to redirecting residents from one primary care provider to another so as to make use of capacity in the system e.g. GPs, WICs, UCC, 111 telephone service, community pharmacists, online resources to promote self care etc. GP surgery websites and telephone out of hours messages need to be attuned to all these alternatives and be able to signpost accordingly as often it will be GP surgeries that residents approach in the first instance for their health needs.

- **Developing local services** – increasingly primary care will be delivered through hubs. The existing sites at the Pinn and Alexandra Avenue (and another in the NE of the borough) will be invested in to ensure that they are fit to deliver these services.

RECOMMENDATIONS

Our recommendations, as contained within the body of this report, are as follows:

RECOMMENDATION 1 (TO ALL COUNCILLORS AND HARROW CCG): That Harrow CCG and councillors work together to ensure that councillors use their role as community leaders to help promote the CCG's campaign on Harrow Health Help Now campaign. The effectiveness of this campaign should be reviewed by the Health and Social Care Scrutiny Sub-Committee in its 2017/18 work programme.

RECOMMENDATION 2 (TO HARROW CCG): That Harrow CCG ensures that data sharing protocols are put in place so that WICS can access the GP records of Harrow patients (with patients' permission).

RECOMMENDATION 3 (TO THE CHAIR OF HARROW HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE): That the Chair of the Harrow Health and Social Care Scrutiny Sub-Committee, on behalf of the sub-committee, writes to Transport for London urging them to consider providing greater access by public transport to Alexandra Avenue Health and Social Care Centre, and also writes to the local MP and our GLA member to ask them to also lobby TfL in this regard.

RECOMMENDATION 4 (TO HARROW CCG): That Harrow CCG explores opening up the first floor of Belmont Health Centre for clinical services so that the whole building is used rather than services increasingly being congested on to the ground floor.

RECOMMENDATION 5 (TO HARROW CCG): That Harrow CCG ensures that there is better sharing of good practice around primary care and WICs across the borough, whilst recognising that one size does not fit all and all surgeries operate differently to meet the needs of different communities.

RECOMMENDATION 6 (TO HARROW CCG): That Harrow CCG encourages all GP surgeries in Harrow to advertise and signpost patients to alternative primary care services on their websites and in their out of hours telephone messages, in a consistent manner. All GP surgery websites should provide the link to the CCG Harrow Health Help Now website.

RECOMMENDATION 7 (TO HEALTHWATCH HARROW): That Healthwatch Harrow presents its final report on GP accessibility to the Health and Social Care Scrutiny Sub-Committee in July 2017 so that the findings may be considered in full.