

GP patient survey results and Improving Access

Report to Health & Wellbeing Board

This report provides an assurance on proposed plans to manage the increasing demand for Primary Care Appointments, including:

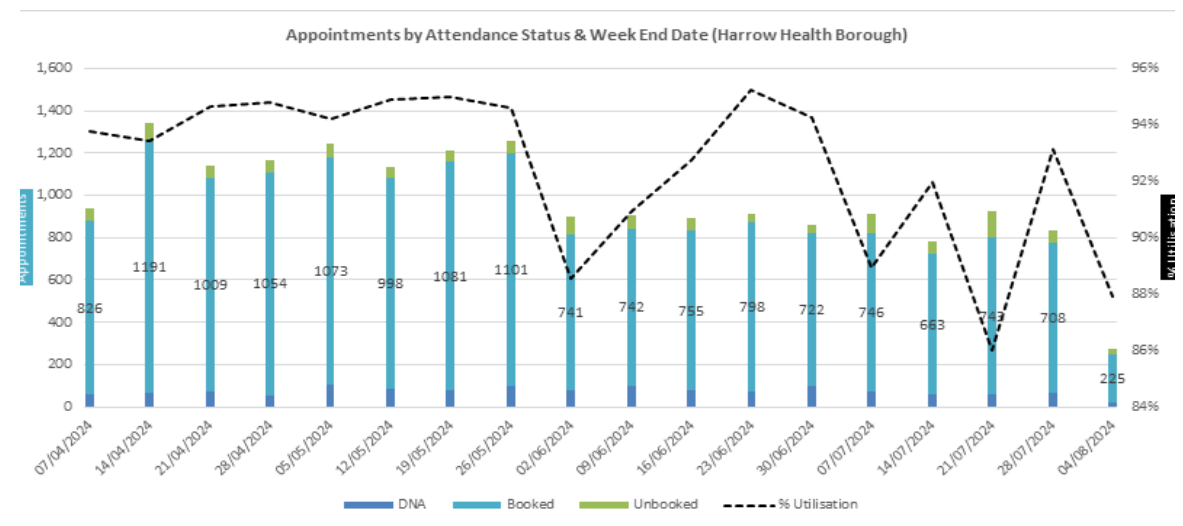
1. National Patient Survey undertaken by iPSOS Mori on access to primary care
2. Sets out the current primary care access provisions and continued increase in capacity
3. Sets out the proposals to managing the increasing demand for GP led appointments with the aim of improving patient access and satisfaction
4. Sets out the request from partner organisation for an integrated approach to managing demand

October 2024

Access in Harrow

- The demand for GP led appointments in Harrow continues to increase. There are multifactorial issues that affect the increasing demand that is being seen, these include increasing health needs, deprivation factors, increasing waiting lists in acute settings, cost of living crisis, which means **more patients are reliant on their GP practice as a gateway to access services** e.g. social care, social prescribing, social referrals.
- Demand for GP led appointments are at its highest during core hours, (Mon-Fri: 8am-6.30pm). The appointment capacity in GP practices and in Enhanced Hubs remains high, with **Harrow GPs offered 1,606,725*** during the last financial year, this equates to 5.5 appointment per patient per year. In addition, there is high utilisation of enhanced appointments, these are appointments offered outside core hours in the evenings and on Saturdays, Appendix 1 provides sets out the Hubs in Harrow. Irrespective of the high level of appointment activity, demand continues to outstrip supply.

Enhanced Hubs: Between Aug 23 – Jul 24 64,454 additional appointments on the evenings (Mon-Fri: 6.30-8pm) and Saturday were offered across Harrow.



As demand for appointments continues to rise, Primary Care Networks and practices are collaborating to ensure effective triage models are in place. This approach will assess patient needs and direct them to the appropriate care setting on their first contact. A key part of this strategy is workforce development, where frontline staff are now trained to triage, assess, and manage patients, guiding them to the most suitable healthcare professional. By ensuring patients receive the right care in the right place, this approach aims to reduce duplications in the system and increase overall capacity.

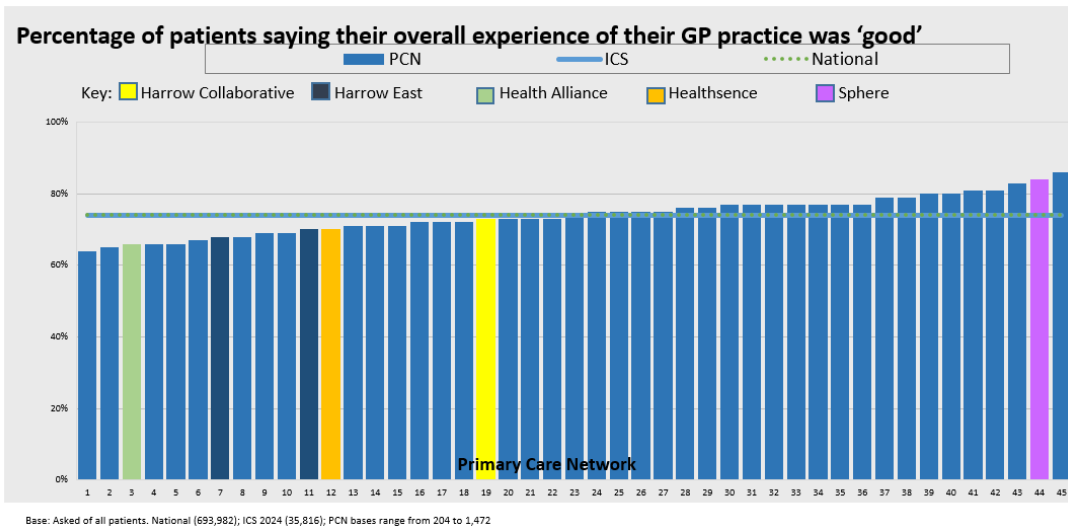
National Patient Survey (1/2)

National patient survey

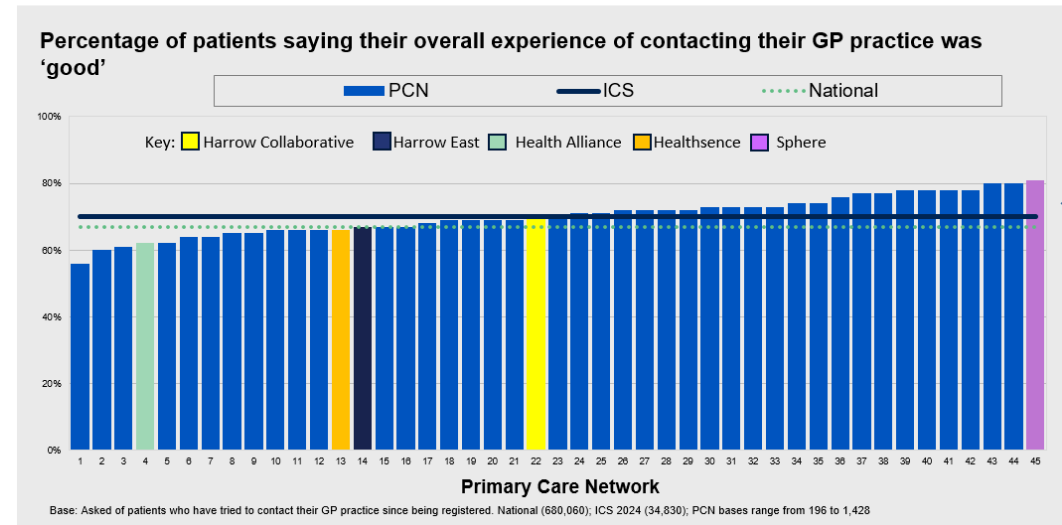
The National Patient Survey conducted between January and April 2024 shows that most PCNs in Harrow perform well in terms of overall patient satisfaction and ease of contacting their GP surgery. **Harrow is home to the best-performing PCN in NW London for contacting your GP practice**, with three other PCNs performing at the national average. While there is some variation at the practice and PCN level, we have outlined steps later in this presentation to address these disparities.

Our approach aims to tackle the access challenge in the borough by providing additional same-day capacity, supported by effective triage and a motivated workforce. In parallel, the "We Are General Practice" campaign will raise awareness about the range of healthcare professionals available to help patients manage their health.

Q32. Overall, how would you describe your experience of your GP practice?



Q16. Overall, how would you describe your experience of contacting your GP practice?



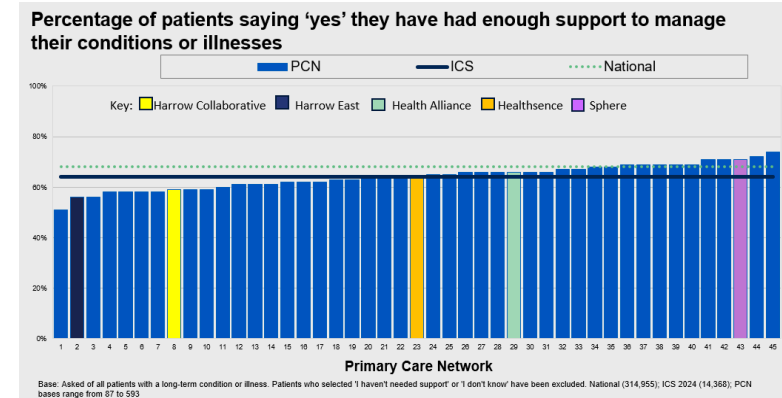
Highest performing PCN in NW London



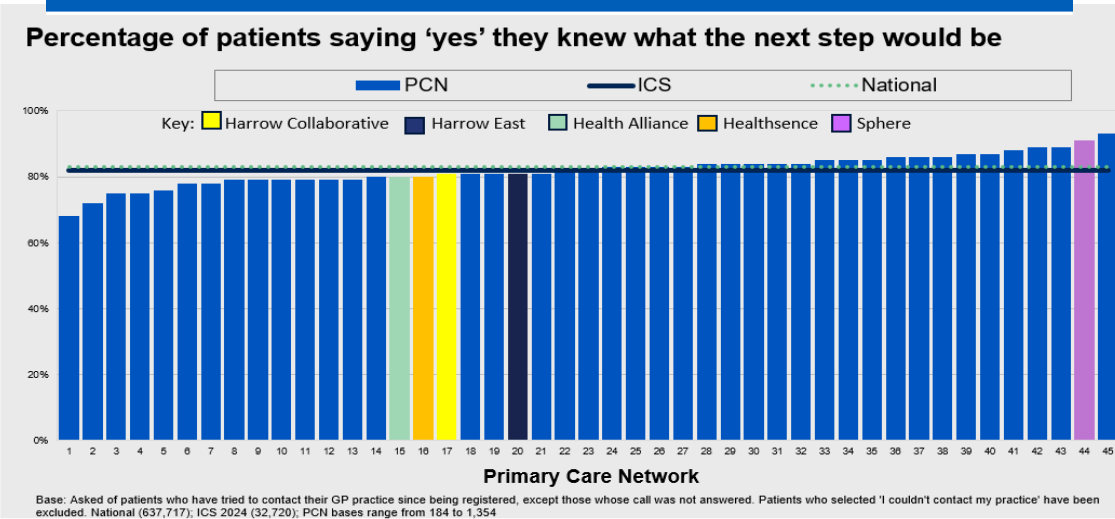
National Patient Survey (2/2)

The return rate for the national patient survey is conducted by Ipsos Mori and commissioned by NHS England, in Jan- April 24. A total of 15,586 surveys were distributed and **3,324** returned, equating to a return rate of 21.33%. The three graphs indicates:

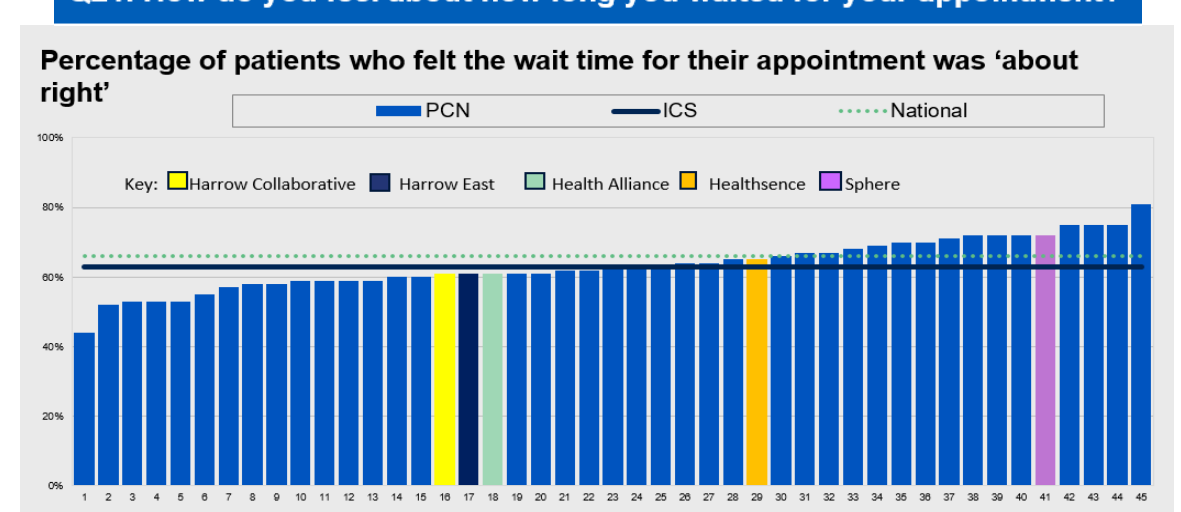
- Once a patient contacts their practice they are aware of the next steps in dealing with their condition. This demonstrate the high quality of care provided by general practice and confidence levels
- Length of waiting for a GP appointment, shows majority of Harrow PCNs performing well against other PCNs in NW London.
- Having enough support to manage their conditions or illness shows a variation with health inequality issues clearing impacting on survey results



Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?



Q21. How do you feel about how long you waited for your appointment?



Health watch survey (1/2)

Health watch survey undertaken during June to July 2024 and involved **1,638 participants**.

Both surveys reaches certain cohorts of the population, for example the Ipsos Mori survey is based on a methodology of those patients registered with a practice the Healthwatch survey is more on the ground and based on service users.

The table to the right summarises the survey results, the high scoring **'negative'** areas are summarised below

- Ability to book, reschedule or cancel appointments (246)
- Level of support provided (226)
- Length of wait at appointments (200)
- General quality of service e.g. staff (120)

The table also identify **high scoring 'positive' results**

- Level of support provided (964 positives)
- General quality of service or staff (958)
- Involvement of the service user (497)
- Ability to book or reschedule or cancel (362)

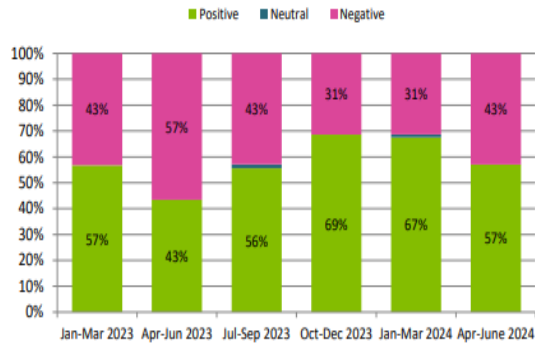
In conclusion, the **positive results far out way the negative results**. While is is acknowledge further work needs to be undertaken to support improvement, the table demonstrate that patients value their GP surgery and the service they provide

5. Data Table: Number of issues

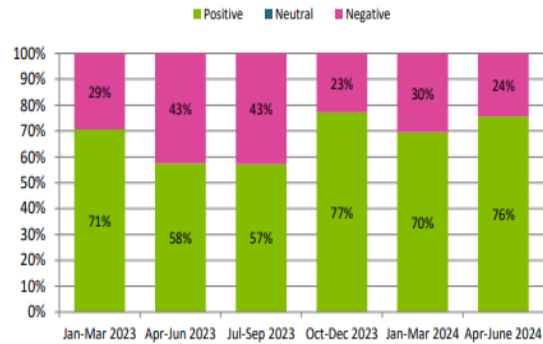
	Issue Name	Descriptor	# Issues			
			Positive	Neutral	Negative	Total
Patients/Carers	Advice/Information	Communication, including access to advice and information.	254	0	93	347
	Carer Involvement	Involvement of carers, friends or family members.	33	0	5	38
	General Comment	A generalised statement (ie; "The doctor was good.")	132	4	18	154
	User Involvement	Involvement of the service user.	497	1	71	569
Systems	Administration	Administrative processes and delivery.	25	1	80	106
	Booking	Ability to book, reschedule or cancel appointments.	362	14	246	622
	Cancellations	Cancellation of appointment by the service provider.	0	0	4	4
	Data Protection	General data protection (including GDPR).	0	0	3	3
	Referral	Referral to a service.	64	0	8	72
	Medical Records	Management of medical records.	1	0	3	4
	Medication	Prescription and management of medicines.	46	0	32	78
	Opening Times	Opening times of a service.	3	0	7	10
	Planning	Leadership and general organisation.	86	0	19	105
	Registration	Ability to register for a service.	13	0	7	20
	Support	Levels of support provided.	964	6	226	1196
	Telephone	Ability to contact a service by telephone.	11	0	68	79
	Timing	Physical timing (ie; length of wait at appointments).	240	6	34	280
Waiting List	Length of wait while on a list.	328	4	200	532	
Values	Choice	General choice.	24	1	19	44
	Cost	General cost.	2	0	4	6
	Language	Language, including terminology.	4	0	6	10
	Nutrition	Provision of sustenance.	1	0	1	2
	Privacy	Privacy, personal space and property.	0	0	4	4
	Quality	General quality of a service, or staff.	958	4	120	1082
	Sensory	Deaf/blind or other sensory issues.	1	0	2	3
	Stimulation	General stimulation, including access to activities.	1	0	0	1

Healthwatch survey (2/2)

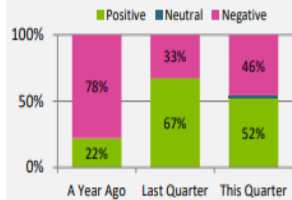
3.5 Administration, Sentiment



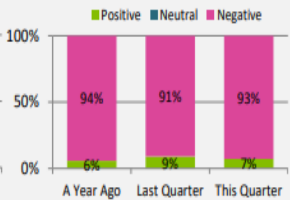
3.6 Communication, Sentiment



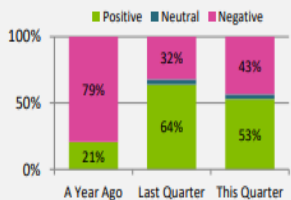
3.7 Booking, Snapshot



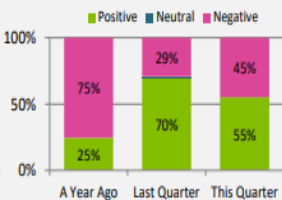
3.8 Telephone, Snapshot



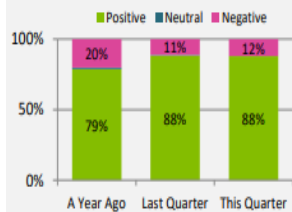
3.9 Online Access, Snapshot



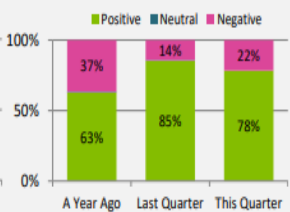
3.10 Waiting List, Snapshot



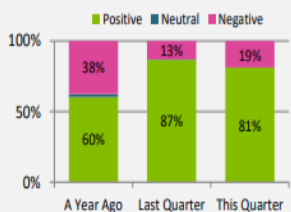
3.11 Involvement Snapshot



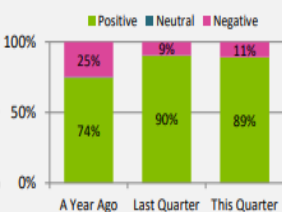
3.12 Support, Snapshot



3.13 Staff Attitude, Snapshot



3.14 Quality, Snapshot



The Healthwatch survey results will help shape delivery of primary care in the borough. It is recognised that whilst

- Communication is improving (76%), telephone access remains a challenge (7%).
- Waiting lists at hospitals (55%) are not where we would like them to be but quality of care remains high (89%).
- Online access to services have dropped (53%) while Involvement (of patients) has stayed at a 88% high

These survey results and the more recent PCN level survey results will help to further develop access to primary care.

The high positive score of 1,280 for 'Attitude, compassion and empathy of staff' is clearly demonstrated in the Healthwatch survey

5. Data Table: Number of issues

Issue Name	Descriptor	# Issues			Total
		Positive	Neutral	Negative	
Environment	Catchment/Distance	5	0	5	10
	Environment/Layout	22	0	5	27
	Equipment	3	0	3	6
	Hazard	0	1	1	2
	Hygiene	20	0	3	23
	Mobility	1	0	0	1
	Travel/Parking	1	0	2	3
	Omission	0	0	4	4
Staff	Security/Conduct	1	0	6	7
	Staff Attitude	1280	7	266	1553
	Complaints	0	0	14	14
	Staff Training	6	1	23	30
	Staffing Levels	0	0	6	6
	Total:		5389	50	1618

The North West London picture

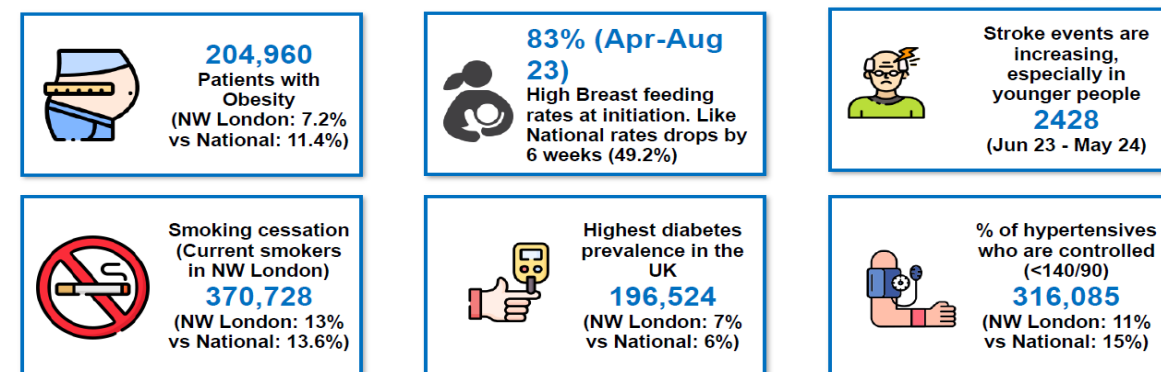
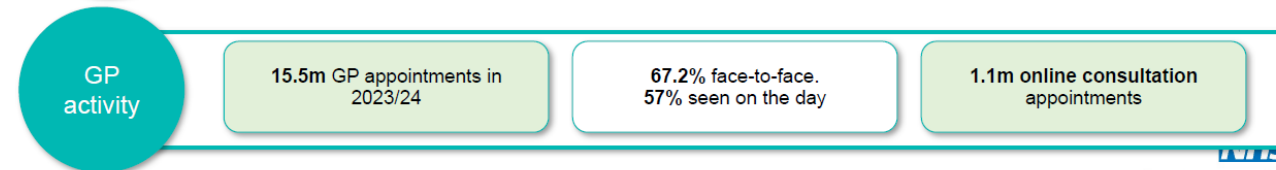
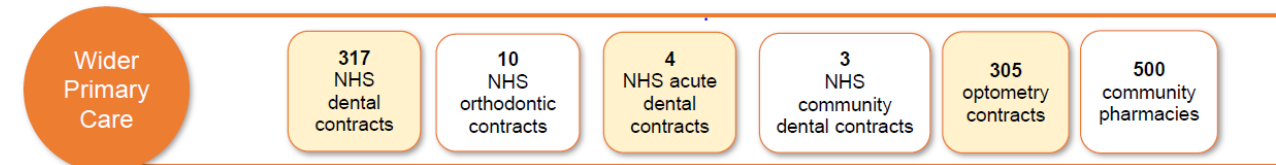
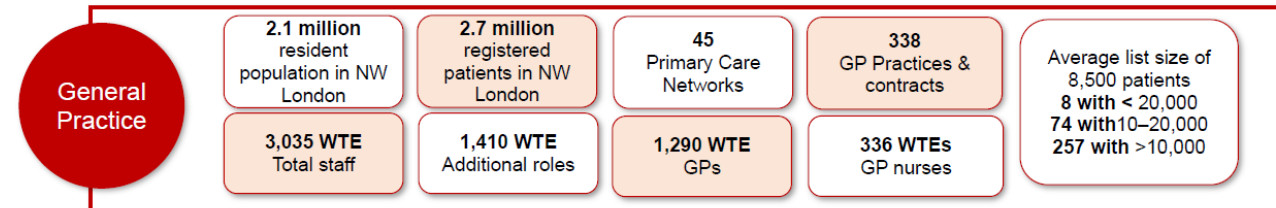
GP access remains a key area of focus within the NHS both at national, local, and borough levels. Improving access to primary care services is a commitment made by successive national government policies. The latest report by [Darzi](#) continues with the aim to improve access and create capacity in GP settings.

Over the years, access to primary care services has expanded and improved, driven by innovations such as:

- **Online consultation platforms**, enabling patients to receive care through digital channels (include advice, guidance and consultations)
- **Telephone and video consultations**, platforms expanded during Covid
- **Self-care and self-referral pathways** supporting patients to self care
- The introduction of **new healthcare roles**, including clinical pharmacists, podiatrists, and care navigators to improve capacity
- The recent launch of the **Pharmacy First Scheme**, aimed at creating capacity

These innovations have significantly increased the number of available appointments. Across the 338 GP practices in NW London, more than **15.5 million** general practice appointments are now offered annually, with an additional **1.1 million online consultations**. Yet these numbers do not include the thousands of appointments provided through Enhanced Access Hubs within the 45 Primary Care Networks (PCNs).

As the population continues to grow in numbers, age and as more people adopt sedentary lifestyles, the demand for healthcare services continues to grow, reflecting a greater need for managing long-term health conditions. For a service which is free at the point of access, the demand for GP led appointments continues to outstrip supply

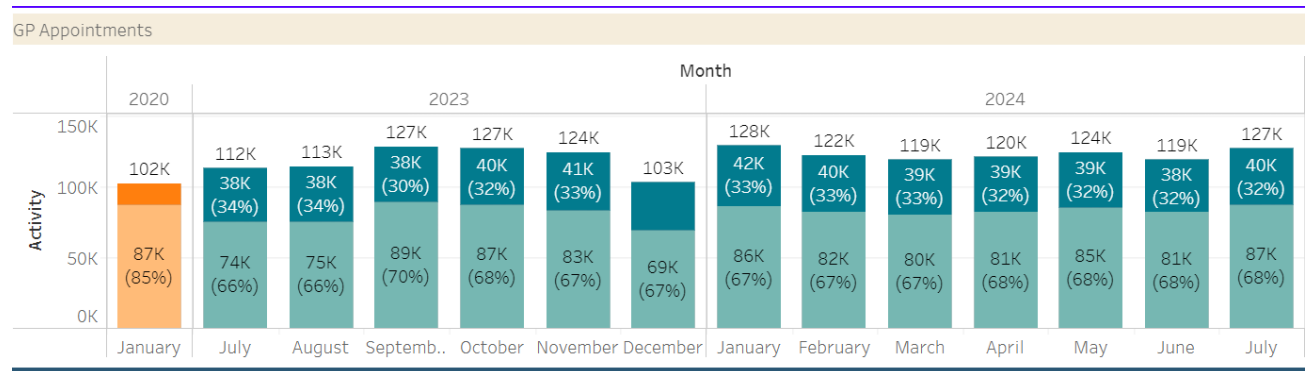
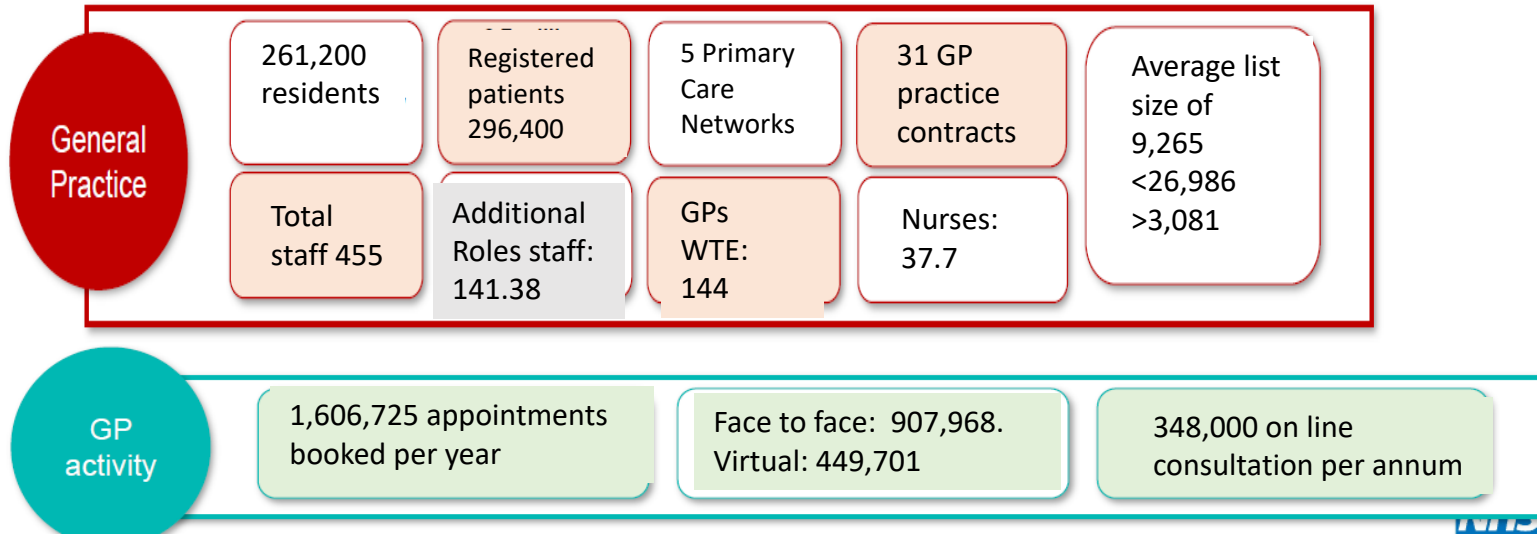


The Harrow Borough picture

The ICB in NW London includes **eight London boroughs** – Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster. The Harrow Borough forms part of the NW London ICB, the borough is responsible for supporting the delivery of the 15 ICB work streams, one of which includes primary care services. A consistent approach for delivery of services is adopted to ensure equitable, consistent and comparable access to services.

An increase in front line staff over the past four years has resulted in an increase mix of staff available in primary care settings, including clinical pharmacists, social prescribers, physiotherapists

The Harrow picture of population demographics is set out to the right. The bottom graph shows the **considerable increase in appointment** since the baseline year of Jan 2020 (orange bar). Light green denotes face to face with darker green denoting telephone/virtual consultations.



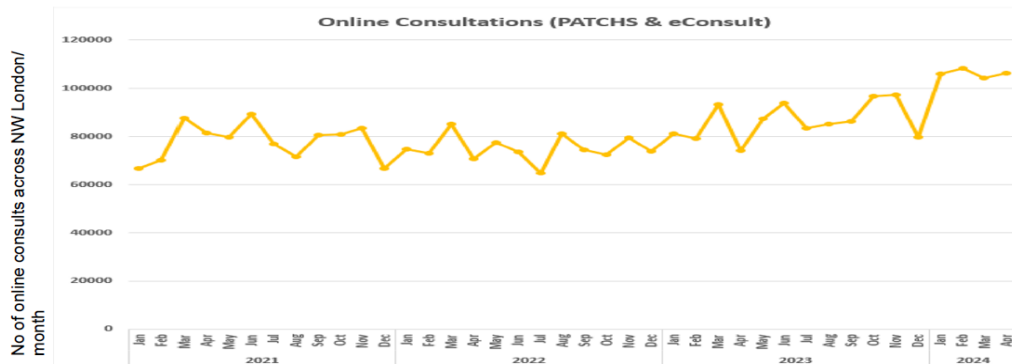
Increasing demand

Face to Face & Telephone

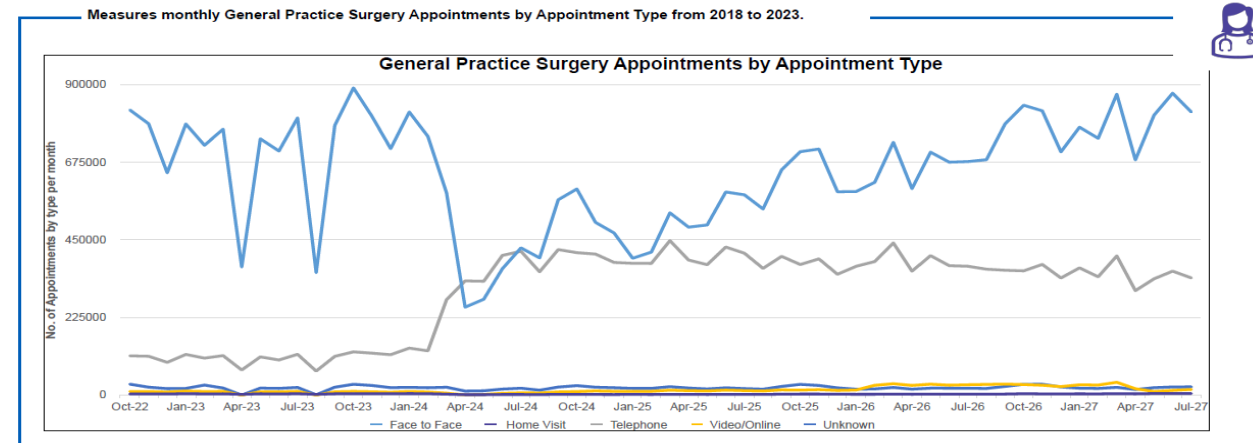
Across NW London Boroughs, within the last five years the demand and capacity for general practice appointments has increased. From 900,000 face to face appointments at its peak in October 2023, to approximately 600,000 face to face and a further 400,000 telephone consults = 1 million appointments per month. With approximately 17 million consultations per year.

On-line Consultations

NW London GPs report the highest numbers of on-line consultations in London. On-line consultations only account for 8% of consultations.



Demand for primary care has increased over the last five years with greater range of channels



Telephone calls

Initial data collected from cloud based telephone system indicates that half the practice population call their GP practice each month. This means for a practice of 10,000 patients this would equate to approximately 5,000 calls per month. The move to [cloud based telephone systems](#) in 2023/24 enables telephone activity to be captured. NHS England will shortly publish details on telephone access at practice level. This will enable us to share quantifiable data on telephone usage.

Challenges and Risks

Current challenges

The current challenges facing expansion of general practice further are set out below:

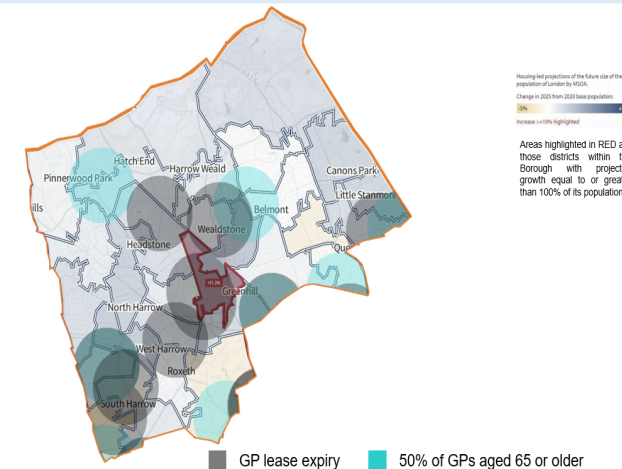
- **Aging estates:** most practices operating from converted houses with limited consultation space and capacity to deliver services at scale. Recent surveys commissioned by the ICB show that the majority (>75%) of primary care sites are operating at capacity **and nearly 18% are operating over capacity**
- **Increasing population in the Borough:** with the increase in housing development and more patients moving into the Borough, GP practice capacity is stretched with no or limited capacity to register patients and employ additional staff.
- **Increasing demand:** with acute trusts carrying long waiting lists, more activity is diverted into primary care, with practices now operating Multidisciplinary Team Meetings (MDTs) with consultants/specialists to manage patients in the community
- **Innovation:** new innovation and pilots aimed at better supporting patient care for example Integrated Neighbourhood Team development, Child Health Hubs, digital automation, national triage and navigation training, increases demand on local practitioners, impacting on capacity in front line services.
- **Digital poverty:** limited ability in the patient population to access healthcare services digitally e.g. repeat prescriptions requests, patient registration, access self referral pathways. This leads to dual running of systems to ensure health inequality issues are addressed.
- **Health inequality:** cost of living crisis has increased health inequality in certain areas within Harrow, once seen as an affluent area Harrow is now seeing deprivation factors in the South and East of the Borough. Priorities are being identified to focus and address these identified health inequalities.
- **Aging GP population:** increasing age of experienced GPs in the borough may result in loss of a substantive knowledge base which will be mitigated by developing our workforce initiatives.

Primary Care estate built pre 1948



Over 14 sites built prior to 1948 and deemed as requiring substantial investment to meet future health needs

Primary Care at risk of loss 2030



Over 50% of GPs are aged 65 or over in Harrow, with a possible risk of losing a highly experienced capacity from the Borough.

Similarly a high proportion of premises lease are due to expire in the near future.

Premises capacity remains our biggest challenge

New housing developments

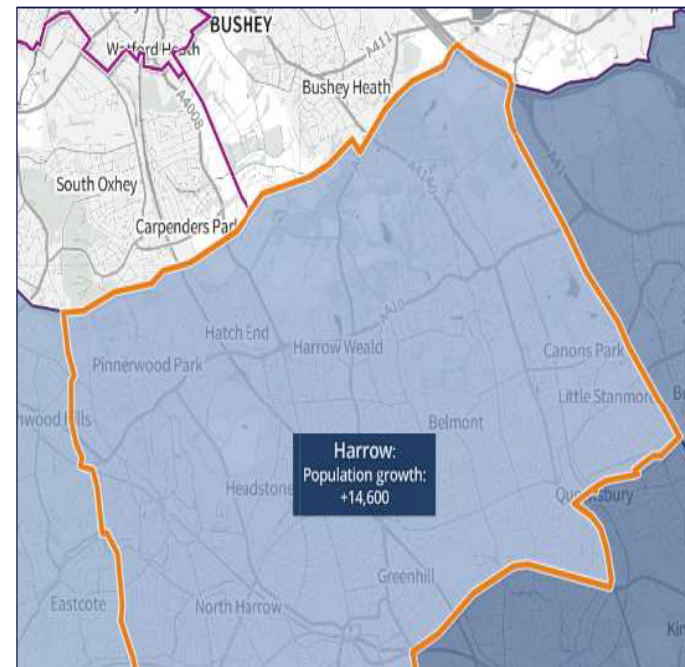
Harrow Overview

Harrow has a growing population where there were 261,200 residents at the time of the 2021 Census. It has a population that is aging, with over 65s making up a growing percentage of residents. Residents of Harrow are relatively less socio-economically deprived overall than those in most other London boroughs. The borough has one of the most diverse populations in the UK, in terms of religion, ethnicity, languages, and place of birth.

Key Facts

- Between 2011 – 2021 there has been a population growth of 9.3% (London – 7.7% increase).
- The number of people aged 35 to 49 years rose by just under 8,000 (an increase of 15.9%), while the number of residents between 20 and 24 years fell by just under 950 (5.8% decrease).
- In 2021, 48.6% of Harrow residents described their health as "very good", increasing from 43.6% in 2011. Those describing their health as "good" fell from 36.9% to 35.0%. These are age-standardised proportions.

The map below illustrates the anticipated population change within London overall for the period 2020 – 2030 for Harrow.



The current numbers of patients registered equate to 296,400 far higher than the 2021 Census and the predicted growth in the Borough. **Population growth alone has resulted in a 7.7% increase** in registrations in past 3 years, new residential developments will further add to the population growth. The premises report for Harrow highlights the population growth of 14,600 patients for the period from 2020 to 2030, from new developments alone and with possibility of Harrow GP registered population exceeding 333,800 by 2027. This takes into account GP registrations for residents outside the borough

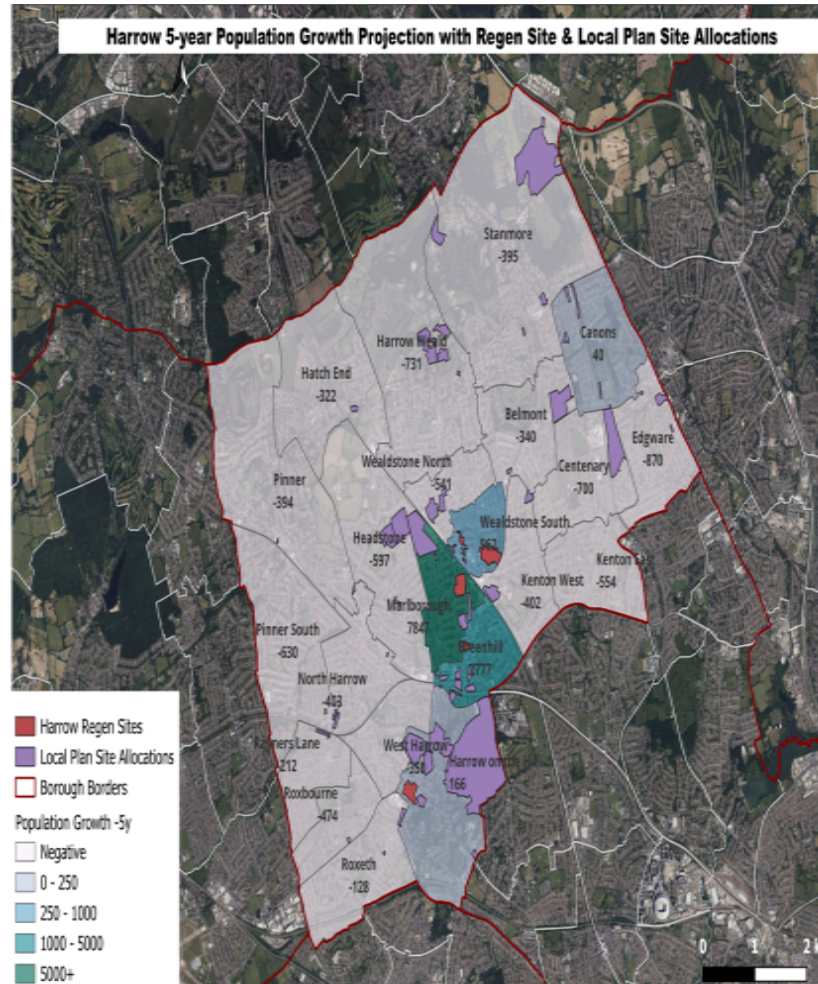
There are a number current and proposed developments across the Borough including **The Wealdstone regeneration project, Kodak development, Poets Corner developments, Central Harrow Residential Construction Projects (Byron, Greenhill Way, Safari Cinema site etc.)** which will add to the population growth. As the number of residential dwellings have not yet been confirmed on all proposals which makes it difficult to predict what the actual growth will be, but it is expected to be far greater than what has been predicted in the premises report. All new residents will require access to primary care services.

We are working with Harrow Council colleagues to secure **CIL (Community Infrastructure Levy)** and **Section 106 funding** (financial provisions associated with new housing development) to support health infrastructure which has been lacking for many years.

Population growth

Under the GLA's demographic population projections, which incorporate assumptions about future housing development, Harrow expects to see **significant population increases in growth** areas with the Marlborough Ward forecast to **double in population** over the next 15 years. The wards of Greenhill and Wealdstone South are expected to **grow 20-40%** over the same period. Healthy Urban Development Unit (HUDU) -10year GLA projections suggests 2006m2 space would be needed with an approx. cost of £9.5M

The JSNA projects that people in Harrow are living longer and population is increasing, resulting in a **significant need for healthcare** infrastructure. There is expected to be a **38% increase in people aged 65 by 2041**, which will put increased and sustained pressure on services and infrastructure across the system. The JSNA also sets out 'vitality profiles' and explains priorities for provision to help people **start well, live well, work well and age well**. The needs assessment also identifies a series of other health and wellbeing challenges facing Harrow, such as smoking, alcohol misuse, sexually transmitted infections, and cardiovascular disease.



Although the GLA states that the population in Harrow is 254,806 in 2024, the conservative weighted registered population is 261,441. However, the actual number of patients registered with Harrow practices is significantly higher, at 296,400 as of July 2024. This growth is mainly due to the new developments and gentrification which started a five years ago.

Consequently, list size projections are expected to surpass current growth trends (7.7% over the past three years) and taking into account new housing developments, the registered population is expected to increase to approx. 333,800 in three years' time.

As demonstrated by the GLA illustrations on the left, the current population of 261,000 was not expected to happen until 2034. Current list size growth is exceeding initial projections.

Plans and Proposed actions

Actions to improve access

PCNs are currently developing models to support **additional appointments to address same day urgent demand**. The aim is to increase capacity within general practice for GP led appointments.

The following Nine Key principles for the Same Day Access Hubs have been set out, which aim to improve access to primary care while ensuring patients continue to be able to see a GP practice:

1. **Ability to triage same day demand at scale** i.e. PCN or borough-level function
2. **Staffed by Multidisciplinary extended primary care team**, according to patient need
3. **Ability to manage low complexity patients both face to face and remotely**
4. **Ability to accept all 111 dispositions**
5. **Ability to accept and triage online consultations**
6. **Ability to order diagnostic tests and issue prescriptions**
7. **Ability to book appoints with patient's home' practice for those with complex needs**
8. **Referral to other primary, acute, mental health and community care services as needed**
9. **Ability to provide appointments at a minimum between 8am-6pm**, and seek opportunities to integrate with core, enhanced, and out of hours services to the design principles.

The blue box to the right sets out the Fuller Stocktake report for Recovering access to primary care. PCNs are working towards these principles, with the following actions being taken

- Local patient survey to be undertaken in October 2024 to understand local needs, challenges and input into the same day service
- Patient engagement sessions to be held, both digitally and face to face to receive qualitative feedback on access
- PCNs develop business case to deliver same day access model across PCN footprint
- Implementation of model, proposed for 2025

NHS Fuller Stocktake Report and the Delivery Plan for 'Recovering access to primary care

- **Manage the 8am rush**, with those patients who need to be seen on the day, are appropriately triaged and supported as opposed to the current model of 'first past the post' or more appropriately the first to phone in.
- Provide **capacity and resilience in the system to manage the increase demand for appointments**. Aiming to prevent staff burnout at practice level. Improve the patient experience through consistent and high quality service, with **access to range of healthcare professionals**
- Support practices to manage the increasing demand for On-line consultations, creating **increase confidence in patients** to utilise this form of consultations
- Ensure **continuity of care** for those patients who require this, by enabling direct booking back into patients own GP practice
- Provide **capacity at practice level** to manage complex and more vulnerable patients, with on the day demand being managed in a at scale settings
- Support practices to manage 'on the day demand' on the same day. **Managing todays work today**, where appropriate.
- Improve **patient satisfaction** in accessing primary care services

Enablers to improving access

Workforce development - the first ever NHS Long Term Workforce Plan was commissioned by the government to set out a series of interventions train, retain and reform the workforce, and put the NHS on a sustainable footing into the future. The NHS will:

- **Train** significantly more staff so we have the right number of doctors, nurses and midwives, GPs, dentists, allied health professionals - such as physiotherapists, pharmacy staff and other staff.
- **Retain** our dedicated NHS workforce by allowing greater flexibility and career progression and improving culture, leadership and wellbeing, while continuing to focus on equality and inclusion.
- **Reform** the way we work so healthcare staff have the right multidisciplinary skills and can harness new digital and technological innovations, allowing them to focus on patient care.

Digital Expansion

- Lord Darzi report highlights “low digital maturity” across the NHS and calls for a “major tilt towards technology to unlock productivity”, including digital systems for NHS staff and using AI to transform care.
- The last decade was a missed opportunity to prepare the NHS for the future and to embrace the technologies that would enable a shift in the model from ‘diagnose and treat’ to ‘predict and prevent.

To support the digital journey, GP practices are developing the following programmes:

- Promoting the NHS App
- Expanding on-line consultation
- Automating certain processes
- Support self care and self referrals options

Pharmacy First - with increasing demand in primary care, NHS England have commissioned Community Pharmacies to provide a Pharmacy First Scheme.

- The Pharmacy First Scheme enables patients to get certain prescription medications directly from a pharmacy, without a GP appointment.
- This new service is expected to free up GP appointments for patients who need them most and will give people quicker and more convenient access to safe and high quality healthcare.
- It includes the supply of appropriate medicines for 7 common conditions including earache, sore throat, and urinary tract infections.
- Our aim is to develop a more integrated model with community pharmacy to enable patients receive the access they require for these conditions without the need for referrals to their GP surgery

Appendix 1 - Enhanced Access Hubs

All five Primary Care Networks provide an Enhanced Access Hub for their registered patients.

These hubs offer appointments in the evening from 6.30pm to 8.00pm on weekdays and Saturdays from 9.00am to 5.00pm

All offer Same day appointments and are directly bookable by the member PCN practices.

Each Hub offers a minimum of one hour extended provision per 1,000 patients

PCN Name	Operating Hours (weekdays & evenings)	Services Provided	Process for contacting/booking appointment	Service Contact Details (direct tel. no.)
Sphere PCN	Mon-Fri: 7am-8pm except Wed (8am-8pm) Sat 9am-5pm	-Same day appts -LTC appts -PCN Diabetes clinic -CYP Phlebotomy	Direct Cross Org Telephone Patches Accurx PCN direct telephone access	0208 432 6366 And practices direct contact numbers. Patients seen within one of the PCN practices.
Healthsense	Weekdays: 6.30-8pm Sat 9am-5pm	GP appointments ANP appts HCA appts Pharmacists appts -Same Day appointments -NHS Health checks -Immunisations -Cervical Screening	Direct booking by practices. Patients will contact their practices and be offered appointments into these clinics which are based at The Pinn MC or Alexandra Avenue hub (alternate weeks)	The Pinn 0208 429 7303 nhsnwlcgg.e84024@nhs.net Alexandra Avenue 0208 537 1385 nhsnwl.e84068@nhs.net ; ridgeway.info@nhs.net
Harrow East PCN	Weekdays: 6:30pm – 8pm and Saturdays: 9am-5pm	Appointments with GPs, Pharmacists, FCPs, Nurses and HCAs. - Routine and urgent same day GP appointments -Nurse appointments e.g smears, immunisations, wound care, LTCs -Medication reviews -Phlebotomy, ECGs, diabetes etc.	Direct booking by member practices through EMIS community platform Centralised team of PCN Care Coordinators proactively contact and book patients due for their routine checks. Patients preference for evening and weekend appointments are catered for through Enhanced Access slots.	Our lead PCN practice is Honeypot Medical Centre: 020 8204 1363 Address: Honeypot Medical Centre – Charlton Annexe, 223 Charlton Road, Stanmore, HA3 9HT
Health Alliance PCN	Monday to Friday: 16:00 to 20:00 Saturday: 9am – 5pm	GP and Advanced Nurse Practitioner	Practice booking system. Service contactable via telephone for GP practices and patients	Access Centre – Operations Manager = 07974710593 Proposed: Belmont Health Centre as central location
Harrow Collaborative	Mon-Fri: 6.30-8.00pm Sat 9am-5pm	GP, Clinical Pharmacist, Nurse	Direct Cross Org Telephone	Practice direct numbers Patients seen within one of the PCN practices.