

Health and Social Care Scrutiny Sub-Committee Tabled Documents

DATE: Tuesday 22 June 2021

Agenda - Part I

- 10. Covid and Vaccinations Update for Harrow** (Pages 3 - 22)

Presentation from the Director of Public Health.

- 11. Progress of the Integrated Care Partnership in Harrow** (Pages 23 - 34)

Presentation from the National Healthcare Service (NHS)/ Local Authority.

- 12. System Response to the Healthwatch Reports on GP and Primary Care Access** (Pages 35 - 46)

Presentation from Healthwatch/National Health Service (NHS).

Agenda - Part II - Nil

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Covid Report

Health Overview and Scrutiny Sub-Committee

22/06/2021

Carole Furlong
Director of Public Health
Harrow Council

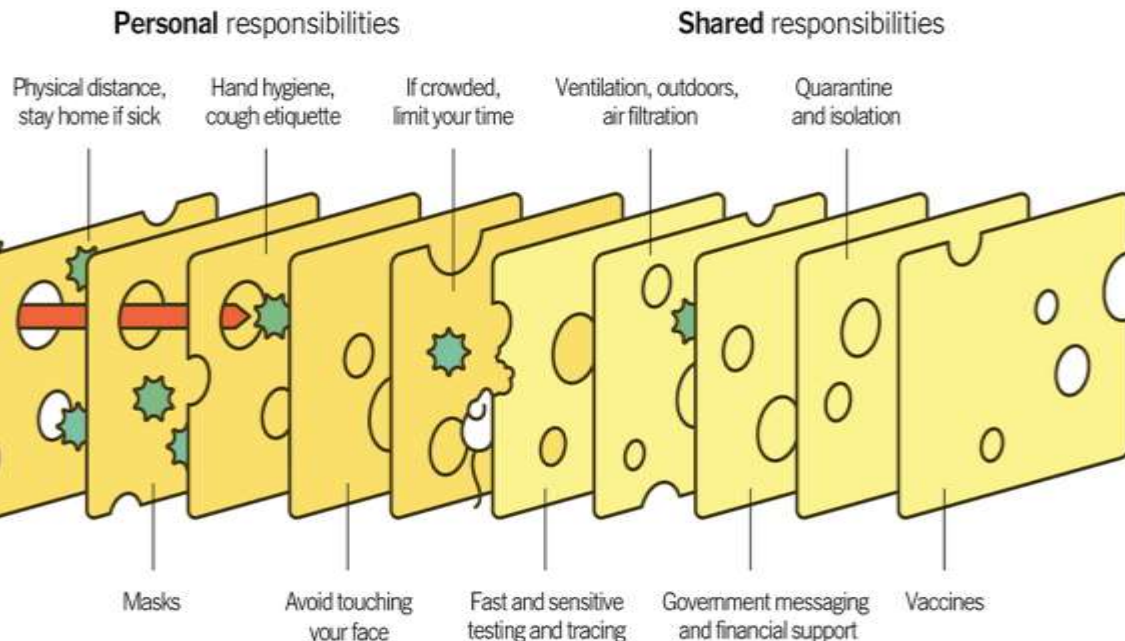
Lisa Henschen
Acting Borough Director, Harrow
NWL ICP

Remember to stay safe and break the chain of infection

Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.

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There are lots of things we can all do to reduce our chance of getting or spreading Covid.

Think of them as slices of swiss cheese – no one action or intervention is perfect and all will have holes.

But the more actions we take, the less chance we have of the holes lining up to allow the infection to pass through.

You and I can break the chain of infection.

Harrow COVID 19 Dashboard

report date: 21/06/2021

Data from June11/2021 to June 16/2021

Confirmed Positive Cases (all ages) in 7 days to 17/6/2021

132

% Change in past 7 days

65%

Interim positive cases (all ages) in 7 days to 21/06/2021

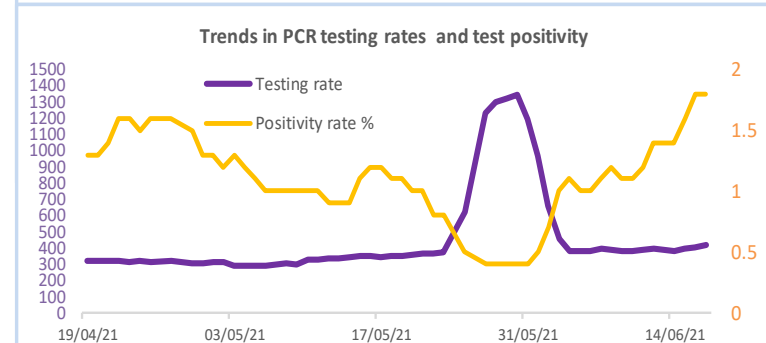
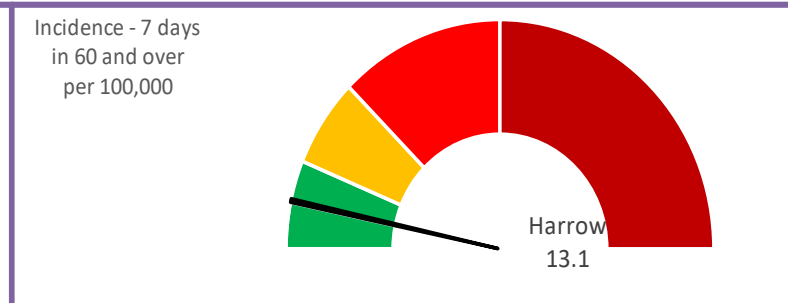
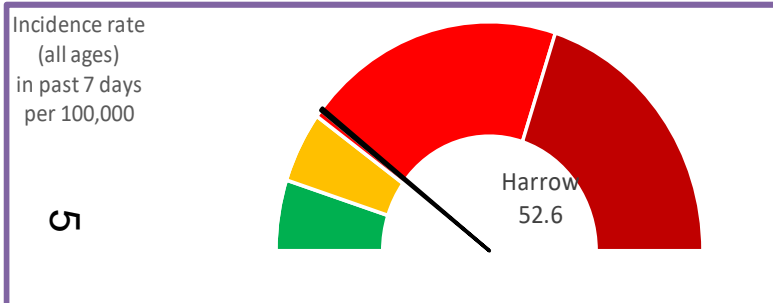
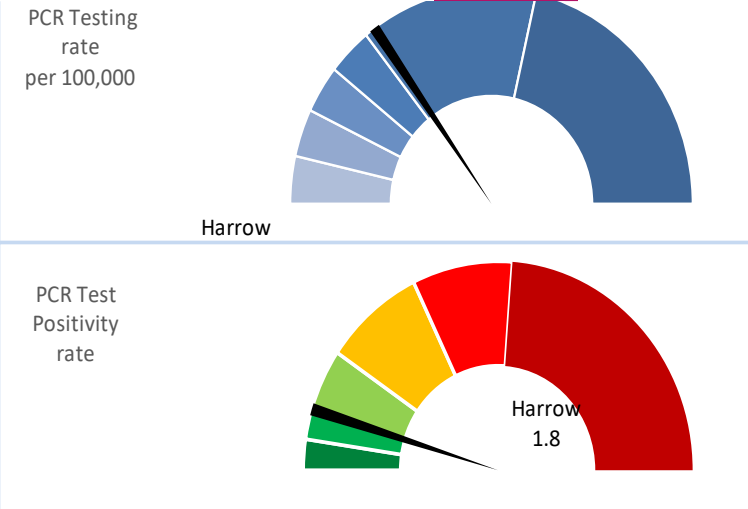
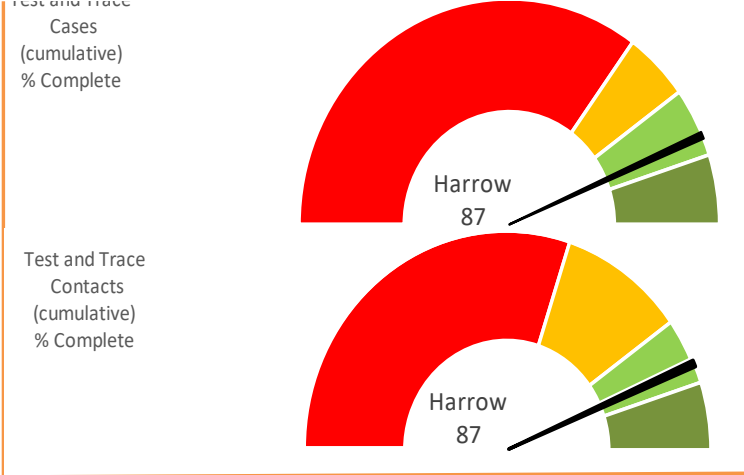
156

Confirmed Positive Cases (age 60+) in 7 days to 17/6/2021

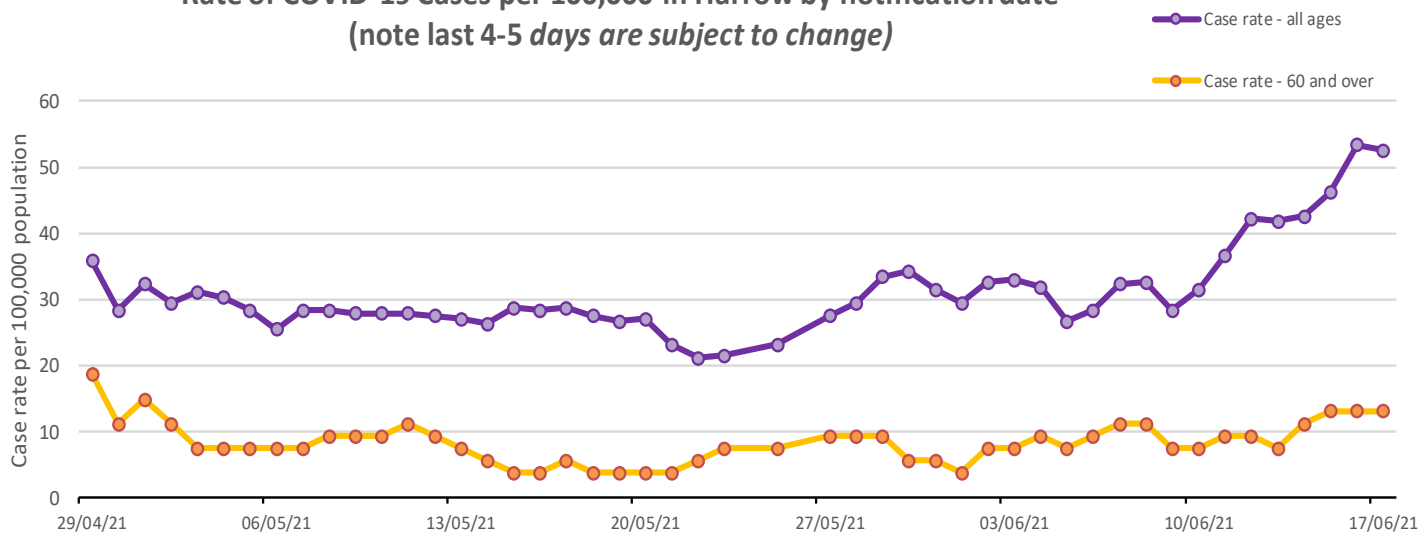
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% Change in past 7 days

75%



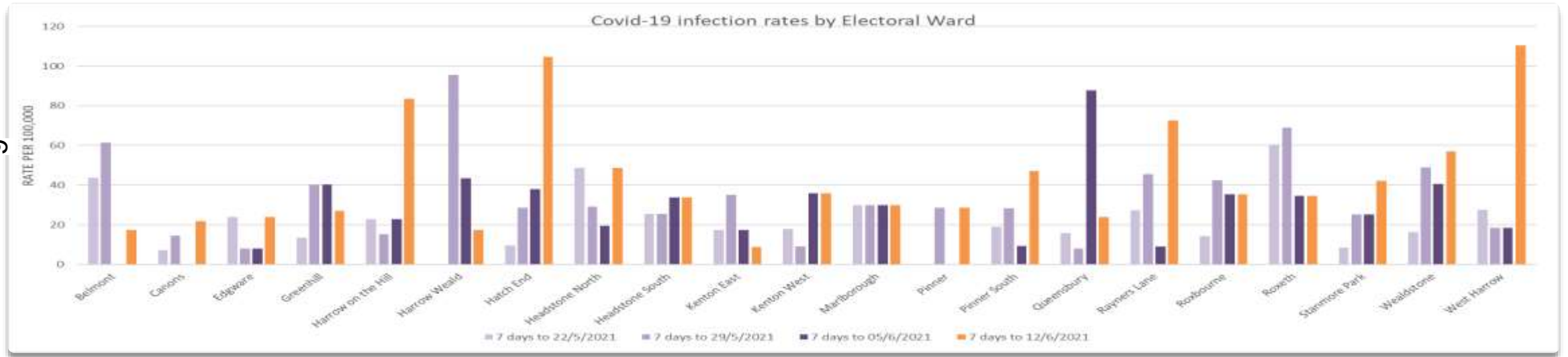
Rate of COVID-19 Cases per 100,000 in Harrow by notification date (note last 4-5 days are subject to change)



Although Harrow has the sixth lowest rate in the capital, the rate is now the highest it has been since late March. The interim numbers (154 notifications to 20th compared to 134 confirmed cases to 16th) and the positivity rate of almost 2% suggests it will continue to rise.

Fewer than one in 10 cases in Harrow are due to the Alpha variant and we assume that the majority of the remainder are due to the Delta variant. PHE evidence shows that one dose of the vaccine is over 70% effective against the delta variant and two doses are over 90% effective.

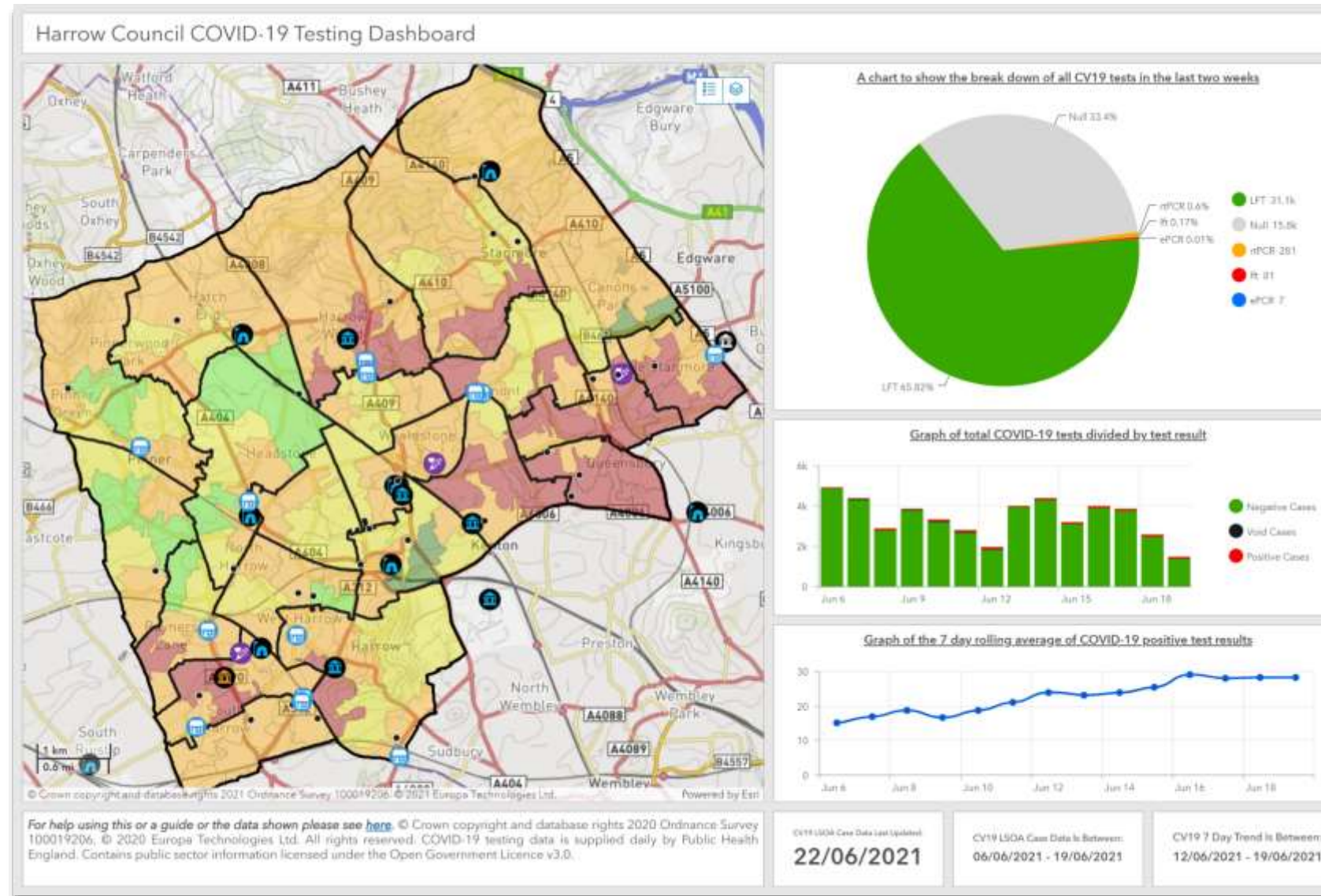
Rates by Ward



► The highest rates in the seven days to 12/6/2021 were in Hatch End, West Harrow and Harrow on the Hill. The lowest rate was in Kenton East. There were cases in every ward but there were only 5 wards with more than 5 cases. There were no large clusters of cases in any LSOA – biggest clusters were family/household groups.

Testing in past 2 weeks

- ▶ Dark green areas highest testing rate and dark red lowest
- ▶ Majority of tests are lateral flow tests – highest rates in care homes, NHS staff and school children/staff
- ▶ All LF tests are followed up with a PCR test.

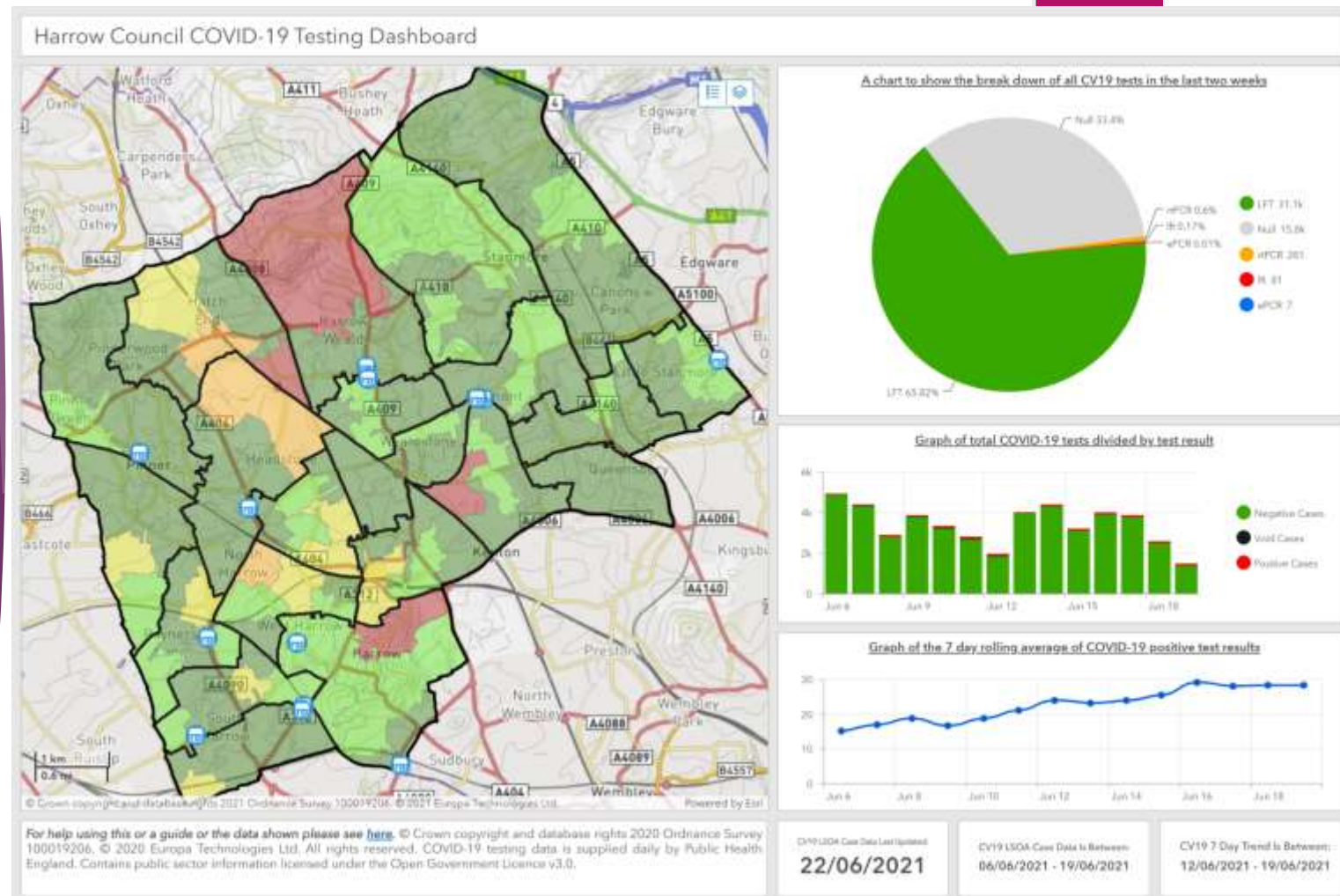


Positives in past 2 weeks

The positive cases don't correlate with areas where testing is very high or very low.

Most are family clusters.

Only 7 cases in the past 2 weeks had travelled and five of these were in a managed quarantine hotel out side of the borough.

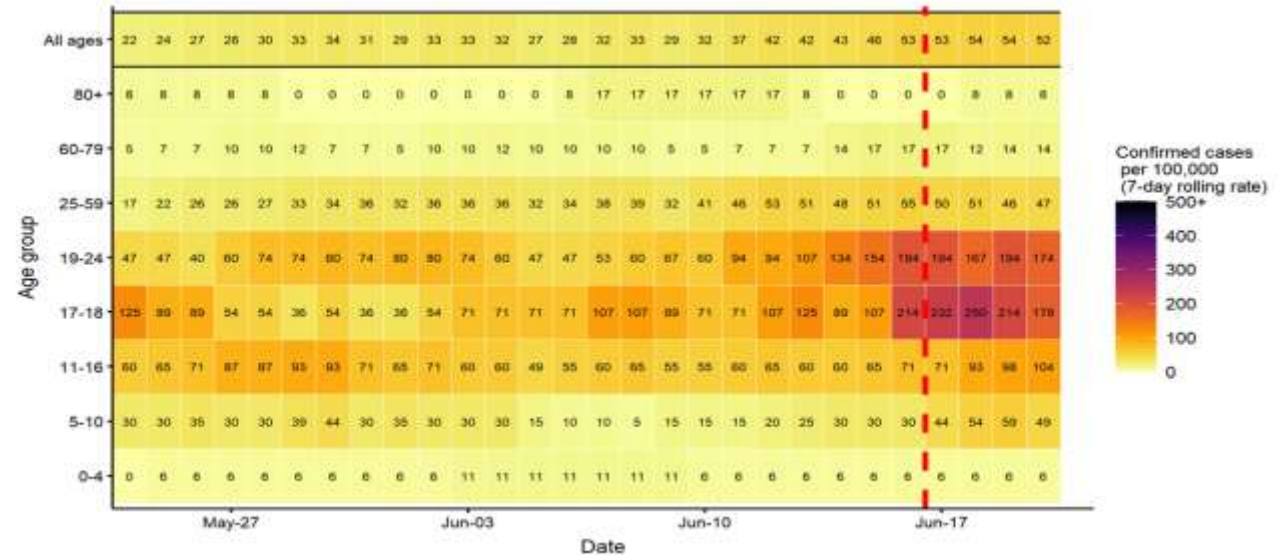
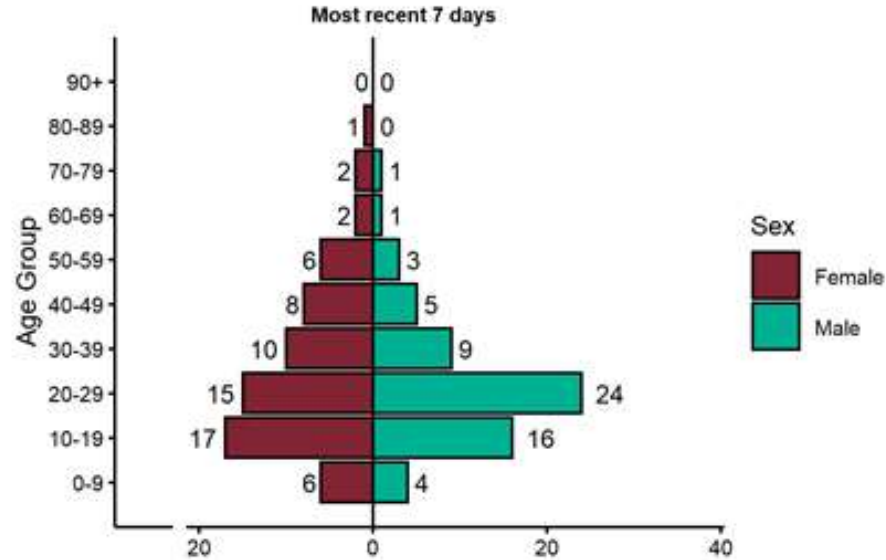


Rates by age

The highest number of cases are in people in 20s followed by 10-19 age group

But this is predominantly in 17-24 year olds
19-24 are 5x and 17-18 4x Harrow average

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Community Asymptomatic Testing

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- ▶ to increase the take up of asymptomatic testing by disproportionately impacted and underserved groups;
- ▶ to increase reach and impact, in particular by:
 - ▶ supporting Local Authorities to use increasingly innovative delivery models, make the most of self-testing and to work through the Voluntary and Community Services where appropriate to reach key groups of people; and
 - ▶ differentiating DHSC's engagement to reflect Local Authorities' different circumstances and performance;
- ▶ to break chains of transmission at a community level through enabling Local Authority action to target disproportionately impacted and underserved groups;
- ▶ to maximise the impact of targeted community testing in reducing prevalence and transmission, particularly for disproportionately impacted and underserved groups;
- ▶ to deliver testing efficiently and effectively and demonstrate good value for money; and
- ▶ to contribute to wider strategic objectives as set out in the road map and beyond.

Plans for Community Testing

Until end of June, we have a number of static sites and pharmacy sites.

The Government have changed the funding model and have capped the level of funding available. This has meant we need to change the plans and we are putting in our plans to DHSC next week.

Harrow Targeted Community Testing Model



Priority Target Cohorts for Harrow

Areas of deprivation – S. Harrow, Town Centre/Wealdstone Corridor, Edgware/Burnt Oak

Housing Estates: Honeypot lane, Pinner Park Estate, Rayners Lane, Grange Farm

HMOs

BAME – Tamil, Somali, Romanian

Faith Groups

Disability

Pregnancy/New mothers

Homeless Families

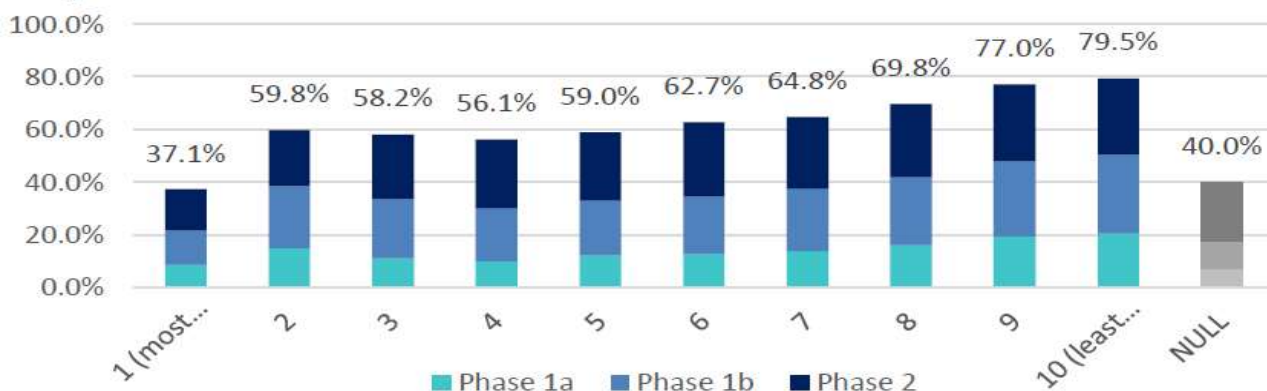
Vaccination

- Almost 148,000 people (52.6%) of adults in Harrow have had at least one dose of the vaccine. Almost 107,000 have also had their second dose.
- There remain significant differences in vaccine uptake within the population. While the White British, Indian, Irish and other Asian groups have uptake between 70% and 85%, Black Caribbean, Black African and other Black groups have uptake below 51%.
- People living in the most affluent part of Harrow are much more likely to be vaccinated than those living in the most deprived (79.5% compared to 37%)

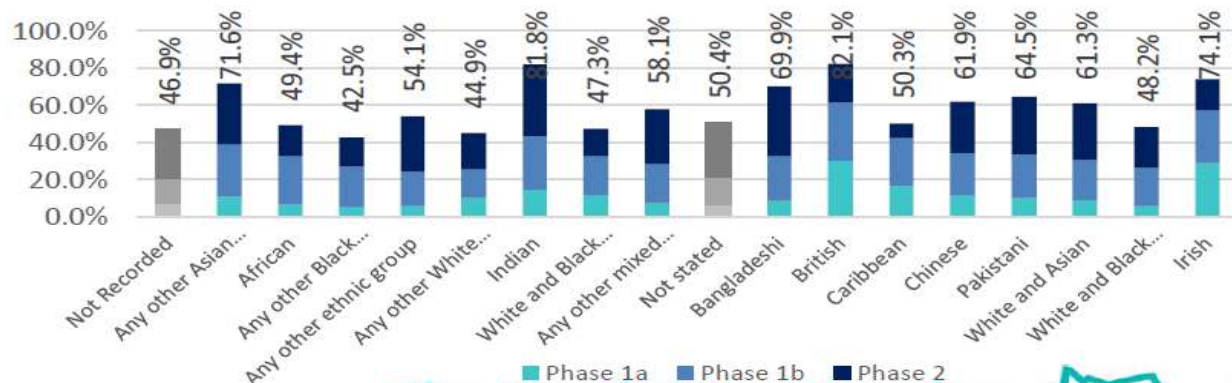
Proportion of population vaccinated by protected characteristic

Cumulative of position (Source: WSIC. Reporting period cumulative of 13th June)

Deprivation



Ethnicity

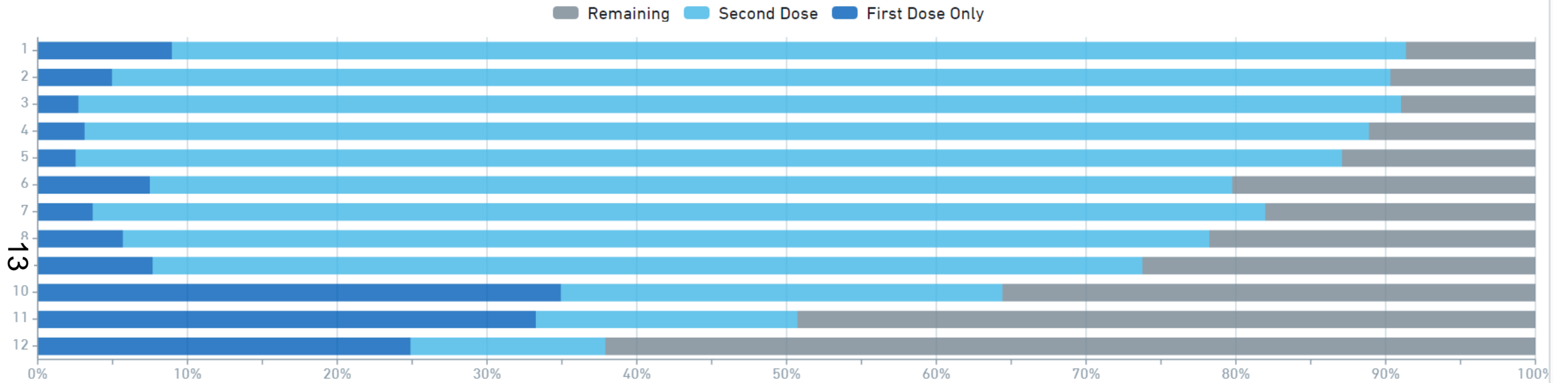


Note: (1) The denominator for uptake by deprivation and ethnicity is based on the total JCVI 1-12 cohorts of the relevant sub-cohort.
 (2) Phase 1a: JCVI cohorts 1-4. Phase 1b: JCVI cohorts 5-9. Phase 2: JCVI cohorts 10-12. Phase 2: JCVI cohorts 10-12 (3) Percentages represent the number of people vaccinated per decile/ quintile.

Percentage Absolute Cumulative Percentage Cumulative

Uptake by JCVI group - Percentage

Use paging



Vaccination by JCVI group



Harrow COVID-19 vaccination programme

Briefing on current position

Lisa Henschen, Acting Borough Director, Harrow

Overview

The aim of this briefing is to:

- Highlight changes in the way that vaccinations are being delivered in Harrow
- Present latest position in terms of vaccination performance
- Discuss focus areas for vaccination over coming weeks

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Change to the delivery model

- The mass vaccination centre in Harrow is now approved for delivery of Pfizer and Astra Zeneca vaccines. It started operations on 8th June and people are now able to book through the National Booking System.
- The Primary Care led site at Byron is now closed, allowing GPs to respond to the increasing pressures in General Practice. They completed the second vaccinations for cohorts 1-9 and second vaccinations for cohorts 10-12 will be transferred to the mass vaccination site.
- Harrow ran two successful vaccination pop up sites on the weekend of 5th and 6th June, vaccinating 500 people at the Roxbourne site and 1,874 at the Belmont site.
- We are exploring how future pop up arrangements can be operated under the mass vaccination site arrangements.
- We continue to try to secure additional pharmacy provision in Harrow.

Current uptake rates (first doses)

Cohort	Harrow uptake rate
Care home residents	91.4%
Healthcare Workers NHS Trust	88.3%
80+	91.4%
75-79	91%
70-74	89%
Clinically extremely vulnerable	88.8%
QCOVID	82.4%
65-69	87.1%
At Risk (16-64)	79.8%
60-64	82%
55-59	78.3%
50-54	73.8%
40-49	64.5%
30-39	50.9%
18-29	38.4%

Foundary Data taken at 20/6/21

Current uptake rates (second doses as percentage of first doses)

Cohort	Harrow uptake rate
Care home residents	90.2%
Healthcare Workers NHS Trust	91.8%
80+	96.2%
75-79	97.1%
70-74	97.4%
Clinically extremely vulnerable	95.4%
QCOVID	90.8%
65-69	97.1%
At Risk (16-64)	91.4%
60-64	95.7%
55-59	92.9%
50-54	90.1%
40-49	48.4%
30-39	39.7%
18-29	34.4%

Foundary Data taken at 20/6/21

Vaccination rates by borough as published by the BBC

Borough	1st dose population vaccinated	2nd dose population vaccinated
England Average	80%	58%
Harrow	65%	46%
Hillingdon	65%	44%
Hounslow	61%	38%
London average	59%	37%
Ealing	57%	36%
Brent	53%	35%
Kensington and Chelsea	50%	32%
Hammersmith and Fulham	50%	28%
Westminster	49%	30%

Foundary Data taken at 20/6/21

Areas for focus over coming weeks

- We must increase the pace of our vaccination further to support in moving the Country out of current COVID restrictions. We need to do this through:
 - Bringing forward second doses to between 4 & 8 weeks
 - Maximising uptake of first dose vaccinations in our younger population
 - Focusing on areas of lower uptake in particular sections of our community through more flexible models of service delivery

To conclude

- We recognise the change to the delivery model in Harrow and that we need clear communication to local people about how they now access vaccination services
- Our uptake rates in Harrow remain strong but we need continued efforts and focus to get maximum vaccination protection for our local population
- Whilst we work to deliver high volumes of vaccination, we must retain a focus on parts of our community who are not yet vaccinated and tailor the services to meet their needs

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Harrow ICP

Development of the Harrow Integrated Care Partnership

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Harrow Health and Social Care Scrutiny Sub-committee

22nd June 2021

Lisa Henschen, Acting Borough Lead Director, Harrow, NWL CCG

Ayo Adekoya, Head of ICP

Introduction and Context

1. Integrated Care Partnerships (ICP) are at the heart of health and care integration and improving population health in England.

- Unlike the Integrated Care Systems (ICSs) that have been mandated across England, or Primary Care Networks which are designated building-blocks in the NHS Long Term Plan, the scope, ambition and focus of ICP development has been relatively undefined and varies significantly nationwide.
- Both recent publications from NHS England & Improvement and the Department of Health and Social Care White Paper have re-emphasised the “primacy of place”, in a London context our borough-based ICPs, in the future architecture of the NHS.

2. Developing ICPs has proven particularly complex in the context of ongoing financial and operational pressures across health and social care services and the voluntary and community sector.

- After working together over four years to develop the Whole Systems Integrated Care (WSIC) model for the over 65s in Harrow, a decision was taken in 2016 to create an Integrated Care Alliance / Partnership (ICP) in Harrow as a vehicle for improving health and care outcomes.
- In August 2017 an Integrated Care Development Programme team was established and programme and governance infrastructure developed, with detailed plans to progress the broader development of integrated care in Harrow.
- In 2019, the decision was made to transition from the development stage of the ICP (which included prototyping service developments) to a delivery stage, involving “scaling-up” and accelerating change across the system.

3. At the start of 2020 the Harrow Joint Management Board (JMB) re-affirmed the vision and objectives of the ICP jointly developed across Harrow; committing to a clear roadmap for improvements at scale, built around the future health and wellbeing of the people of Harrow.

4. The Harrow Health & Care Executive (HHACE) was formed in February 2020 bringing together system leaders from across the local authority including public health and social care, CCG, Primary Care Networks, community, mental health, acute services, and voluntary and community sector partners to oversee a “100 day programme” of joint work across Harrow, based on the roadmap and priorities agreed by the JMB.

5. From February 2020 onwards HHACE and the broader ICP became involved in helping to co-ordinate Harrow’s pandemic response including formally being designated as the Borough Silver Command in October 2021.

6. In June 2020 the ICP published its “Out of Hospital Recovery Plan”, jointly developed with all partners and used as a model across London focussing on renewed commitments to mutual aid and support; and applying the learning from COVID-19, re-doubling efforts to address health inequalities in Harrow.

7. From March 2021 the ICP has been looking at how it continues to develop and puts patients, citizens and communities at the heart of everything it does one year on from the establishment of HHACE and in the context of national, regional and local developments around integrated care.

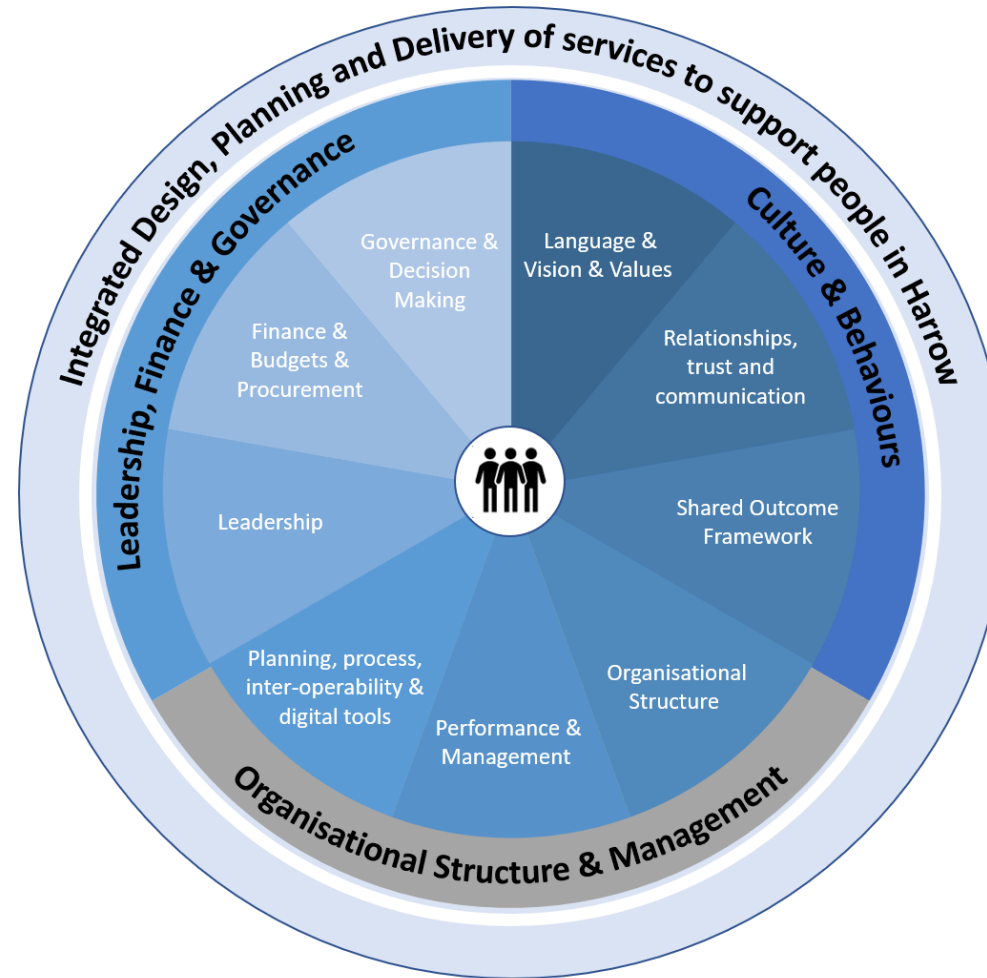
What is the ICP?

Integrated Design, Planning and Delivery of Services

- Across all areas of health and wellbeing, being able to come together to produce real change, from jointly designing new services to delivering shared outcomes for local people, co-produced with them.

Leadership, Finance & Governance

- Clear, shared, strategic leadership with well-understood roles and responsibilities.
- Shared financial understanding and pooling resources around the needs of our communities wherever possible and practical.
- Robust, flexible and purposeful governance, where decision-making is transparent and respected, and actions are taken forward with Harrow-wide support.



Culture & Behaviours

- Shared vision and values for how we can improve people's health, wellbeing and lives in Harrow.
- A shared set of outcomes which we are all working towards – a joint view on what “good” looks like.
- Shared language describing key concepts we need to be able to co-ordinate effectively.
- Recognition and spread of collaborative behaviours and skills at all levels.

Organisational Structures & Management

- A pragmatic organisational structure and processes to operate effectively and enable collaboration.
- Shared performance metrics.

What does this mean in practice?

Working together as individuals, professionals, patients and service users, carers and families, organisations and as Harrow to improve health and wellbeing across all of our communities.

Although our plans have been significantly impacted by the pandemic, we have continued to work jointly on developing number of key priority areas:

- **Frailty and Care Settings**
- **Mental Health and Wellbeing**
- **Learning Disabilities and Autism**
- **Prevention, Self-care and Social Prescribing**
- 26 • **Long Term Conditions**
- **Children and Young People**
- **Tackling Inequalities**
- **Support to Carers**
- **Integrated Education and Training**
- **Digital Transformation**
- **Communications and Engagement**

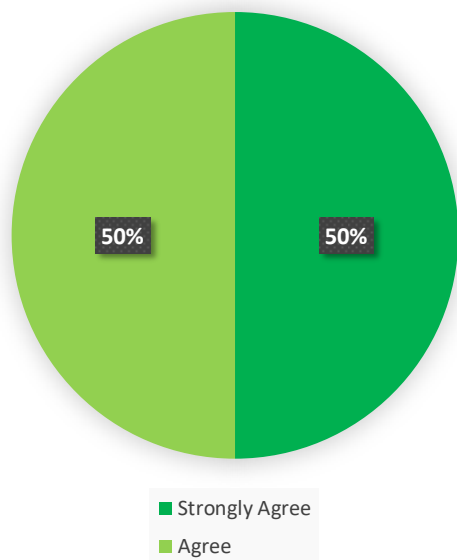
Harrow Health & Care Executive: Reflect and Refresh, 1 Year On

Area		Key Lines of Enquiry
1	Overall lessons learnt	<ul style="list-style-type: none"> What has worked well, what would we like to do differently: e.g. membership, priorities, links to other structures and the ICS? Feels like we are operating as a system, but a lot is based on individuals and their goodwill: how do we build on this to improve integration (not just services but outcomes), codifying relationships between health and care, develop our “blueprint” for areas such as performance, delivery and culture; and understanding of who is doing what?
2	Enhancing support to primary care	<ul style="list-style-type: none"> Primary Care and our five PCNs have performed a critical role in Harrow during the pandemic response: as we work jointly to restore services, and to address both long-standing and new inequalities in our communities arising from Covid, how do we ensure that primary care colleagues are appropriately recognised, represented and supported at all levels of local and system governance?
3	Responding to the White Paper	<ul style="list-style-type: none"> What is the likely future “ask” of Harrow as part of North West London ICS: how can we use the experience of HHACE to help shape and influence this? What are the implications for our ICP: how can we get ahead, and use the direction in the White Paper to accelerate our priorities? What is our experience of place-based working, and how will this affect the future role of place and neighbourhoods: how can we build the required tools, infrastructure and freedoms?
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4	Addressing resourcing challenges	<ul style="list-style-type: none"> How will changes in the CCG model affect the work of the partnership: there is an opportunity and a need to think about how we staff and deliver our priorities, including agreed principles resourcing and funding partnership activity. What is the role of HHACE: for example, in managing some of the shared financial challenges ahead.
5	Understanding our future priorities	<ul style="list-style-type: none"> Understanding our current priorities: including reducing health inequalities, maintaining progress on discharge, addressing Long Covid, supporting mental health, growing critical care and diagnostic capacity. Understanding what this means for existing workstreams: for example frailty, and what is important / how these link moving forwards.

Harrow Health & Care Executive: Reflect and Refresh, 1 Year On: Findings

I believe the Harrow Health & Care Executive has been effective in improving joint-working over the last 12 months...

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What people said...

"Issues get resolved"

"Trust has grown between partners"

"Partners are equal players"

"Partners [are] getting closer to a single shared vision"

"...support across the system has been mobilised quickly, especially in relation to testing and vaccine hesitancy"

"[in the] joint Covid response in Harrow [HHACE] allowed us to work through areas of concern across all partners with joint solutions often achieved."

"Strong, productive relationships in place"

"Has fostered closer relationship between partners"

"Solutions focussed - e.g. between primary and secondary care; community and local authority support for primary care"

"definitely feel more connected with partners, especially the Local authority"

"Very good at sharing and mobilising support during Covid - suspect the alliance at 'the top' has facilitated more cooperation and action at a 'lower' operational level"

"[there is a] sense of genuine collaboration within the Friday meetings"

"I want HHACE to be the voice of Harrow population within the ICS and [to] give Harrow citizens the best caring services they deserve by bringing in the resources to address inequity and co-morbidities."

Harrow ICP conversations June – July 2021

1. Friday 11th June 8 – 10.30am
Putting patients and citizens at the heart of the ICP

3. Friday 25th June 8 – 10.30am
Reaffirming shared commitments

2. Friday 18th June 8 – 11.30am
How we hold ourselves to account?

4. Friday 9th July 8 – 10.30am
Developing our shared culture

- What are we committing to doing differently as a result of what we've heard?
- What do we need to focus on developing further in the coming weeks?

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- 1. Putting patients and citizens at the heart of the ICP:** Including in the planning, delivery and assurance of better health and care outcomes
- 2. How we hold ourselves to account?** Including the role of primary care leadership, future of commissioning, self-assurance, conflict resolution and relationship with the ICS
- 3. Reaffirming our shared delivery commitments:** Including the operational changes and workstream development to support the above
- 4. Developing our shared culture:** Including how to make this real for people, engaging staff, integrated training and development, and promoting staff wellbeing

Key next steps

1. Putting patients and citizens at the heart of the ICP

- **Invitations were sent to community groups and representatives** including the 35 groups which are part of the **Covid Awareness Funding** in Harrow; patient representatives including **Healthwatch Harrow** and the **Harrow Patient Partnership Network (HPPN)**. There was also an open invitation to extend the invite to any other organisations and communities that may have been missed.
- **Support was given to HHACE / JMB members** to facilitate the first hour through small-group breakouts which paired each system leader with approximately 2-3 community representatives to hear their stories.
- **Part two of the meeting** brought system leaders back together to reflect on individual conversations and to develop specific thinking and practical proposals for how to incorporate into the ICP development roadmap for Harrow.
- Leaders will be communicating with the representatives they were buddied with in their groups over the coming year so that they can be accountable to them for the changes they are working towards.

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There is a risk we keep asking people to repeat to us their priorities, and then failing to deliver on what we are told. The focus of the session was to move beyond the “what” to the “how” we will take these priorities forward as an ICP.

1. Afghan Association
2. African Cultural Association
3. Alridha Foundation
4. Carib and Co Brunch Community Interest Company
5. Community Barnet
6. Greater London Youth Foundation
7. Harrow African-Caribbean Association (HACAS)
8. Harrow Carers
9. Harrow Ghanaian Association
10. Harrow Mencap
11. Harrow Sikhs
12. HASVO
13. Hendon Tamil School
14. HFTRA (Harrow Federation of Tenants and Residents Associations)
15. I Serve
16. Ignite Youth
17. Institute of Jainology
18. KSIMC of London
19. Lohana Community North London
20. Middlesex Association for the Blind
21. Noor Trust Charity (Represented by its subsidiary Noor Orphans Fund).
22. North Harrow Community Library
23. Pegasus Partnership Trust
24. RCCG House of Joy
25. RCCT CIC
26. Roconnect
27. Romanian Women in UK
28. Sangat Centre
29. Special Needs Community CIC
30. Sri Lankan Muslim Cultural Centre UK
31. St Lukes Harrow and Barnet
32. St Paul's Church
33. The Pothohar Association UK
34. The Tamil Association of Brent
35. Zawiyah

Workstream Summaries (1/2)

Frailty and Care Settings

Simon Crawford, Angela Morris and Dr Amol Kelshiker

- Work is on-going to support the **completion of Co-ordinate My Care (CMC) and other care plans** for care home residents and other frail patients in the community.
- Work is on-going to **improve the link between the hospital and community frailty**  ways
- Primary Care Enhanced Frailty Service: **PCNs have confirmed their plans** for delivering this.
- The development of the workstream **outcome indicator dashboard** will be resumed when the ICP BI Analyst is recruited.

Mental Health and Wellbeing

Ade Odunlade and Dr Dilip Patel

- The workstream **membership now includes patient Experts By Experience and VCS organisations.**
- Partners are currently populating a **whole system mental health matrix** – mapping existing service offerings to **life course** and three key areas in the care spectrum (**Prevention, Living with Mental Ill Health and Crisis Management**)
- Transformation work will be agreed based on whole systems matrix.

LD and Autism

Paul Hewitt

- **Priorities are now based on life course and three key areas: Prevention, Living with LD and Autism, Crisis Management**
- **LD and Autism Strategies** will be drafted into one document.

Prevention, Self-care and Social Prescribing

Carole Furlong and Dr Meena Thakur

- **Work programme prioritized as:**
 - Immunisations
 - Screening
 - Ethnicity coding in practices
 - Proactive case-finding for NHS Healthchecks
 - Delivery of the obesity strategy
- A **workstream dashboard** will be developed to track the indicators linked to logic model outcomes – when ICP BI Analyst is recruited.

Long Term Conditions

James Benson and Dr Kaushik Karia

- **Addition of CNWL mental health reps to the workstream membership**
- **Primary Care Enhanced Services** (Level 1 and Type 2 REWIND) being implemented. Level 2/3: Focus on PCN, ARRS, Community, and Mental Health integration
- **Respiratory Diagnostic Hubs:** Focus on establishing these in Harrow, in conjunction with NW London colleagues
- **Pulmonary Rehab:** Focus on streamlining pathway
- **Cardio-Vascular Disease (CVD):** Diagnostics: Focus on reviewing pathway, with a view to including a network approach.
- **Atrial Fibrillation:** Link in with NW London workstream

Children and Young People

Paul Hewitt and Dr Varun Goel

- **ToR being developed**
- Initial **CYP priorities** have been agreed and fed back to the NW London CYP programme.
- A **work plan** is being developed and leads assigned to each programme of work.

Workstream Summaries (1/2)

Tackling Inequalities

*Alex Dewsnap and
Dr Meena Thakur*

Bringing together intelligence from ongoing engagement work with specific communities to identify areas for targeted interventions. This should all also help the models of care workstreams identify inequalities and mitigations.

A pilot has started in Harrow East PCN to identify top 5 population groups, enhance engagement, encourage GP referral, promote screening and checks. Progress will be assessed and increased uptake measured. Harrow East PCN is the most geographically-defined area so is well-suited for a pilot. Other PCNs could adopt a similar approach if pilot is successful.

Work is ongoing to improve data integrity, collection and mapping to Indices of Multiple Deprivation.

A business case is to be developed to demonstrate the need for additional resource to support the work on tackling inequalities in Harrow specifically on engagement and analytics.

Carers' Sub-group

Ayo Adekoya (lead)

The new Carers strategy will be developed as a joint LA/CCG strategy using the 10 principles for commissioning for carers as the starting point. Carer engagement will be part of the strategy development.

Public Health colleagues are developing a literature review for the strategy.

An action plan template has been created with the 10 principles to be populated by commissioning colleagues.

Integrated Education and Training

James Benson and Dr Ashok Kelshiker

- First workstream meeting took place on 4th June 2021. Next steps: priorities to be defined and agreed.

Digital Transformation

Andrew Chronias

Immediate Priorities:

- **Single platform for MDT discussions**
- **Record sharing across MDT providers.** Screen sharing on MS Teams (tactical). Strategic solution in the pipeline (HCIE)
- **Electronic prescribing** for LNWUHT
- **Sharing investigation requests** – NWP/Primary Care
- **Stop paper letters** from LNWUHT to GPs
- Medium to Long Term Priorities:
- **Record sharing at the point of care** (HCIE)
- **Clinical workflow solution** (e.g. transfers of care)
- **Digital solution for managing capacity as a system**

- A Data Protection Impact Assessment (DPIA) and a guidance for use of MS Teams as a collaboration and comms tool has been developed for sign-off in July.

- Clinical workflow is the only element of our medium-long term plans for which a solution is yet to be developed.

Communications and Engagement

*Internal: Mike Waddington
External: Alex Dewsnap*

- **Work continuing in local communities to increase vaccination uptake.**
- **JMB/HHaCE engagement sessions to put patients and citizens at the heart of the ICP.**
- Work to engage staff will also be discussed as part of a **Cultural Development** Away-day session.

Recommendations

The Health and Social Care Scrutiny Sub-committee is asked to:

- Note the update on the development of the ICP in Harrow
- Comment or ask questions on any of the aspects of development
- 33 ○ Comment on how we can continue to strengthen the relationship between the sub-committee and work of the ICP

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GP & Dental Access in Harrow Report & Mental Wellbeing Report

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- ❖ The role of Healthwatch is to gather intelligence / evidence, to check and challenge service delivery, identify where services need to change and to make recommendations to the Clinical Commissioning Group (CCG), Council and other health and social care providers
- ❖ Access to General Practice's (GP's) and Dental Services is an issue that we are increasingly hearing about, our recent report can be found here:
<https://www.healthwatchharrow.co.uk/insight-and-reports>
- ❖ There is general awareness of the issues that need to be addressed. Our report was written in the spirit of collaborative working, knowing how hard people are working due to the pandemic but also recognising that patients have the right to access services
- ❖ In April we shared our Quarterly Trend Analysis Reports for Q4 - January to March 2021. It is important to note that these reports are only as reflective as the data we collect and people are more likely to raise negative feedback than positive. The GP Patient Experience Report - April 2020 to March 2021 is based on the experiences of 561 people.
http://healthwatchharrow.co.uk/sites/default/files/gp_patient_experience_01.04.20_-_31.03.21.pdf
- ❖ In summarising the key issues and recommendations we would like to highlight the general concerns raised do not relate to the quality of care that people receive, the issues that need to be addressed relate to accessing services.



Key points re GP & Dental Access:

- ❖ Feedback suggests that people are broadly satisfied with customer service (staff attitude and quality). While service access remains an issue for many - complaints about ability to book appointments, waiting times and lists have all marginally decreased this quarter. Administration also remains an issue, with more complaints recorded. Overall sentiment is 60% positive, 39% negative and 1% neutral.
- ❖ Accessibility on appointment bookings has improved in quarter 4 by 4%.
- ❖ Positive feedback remains low at 32% (figure 4.1.3 in the report).
- ❖ Health Alliance PCN appears to have a particular issue with 92% of feedback negative (figure 4.1.4 in the report). The following GP surgeries are all part of the Health Alliance PCN: Aspri Medical Centre, Belmont Health Centre, Stanmore Medical Centre, Streatfield Medical Centre, Circle Practice, Enterprise Practice.
- ❖ Bacon Lane Surgery, GP Direct and Mollison Way Surgery receive a notable volume and ratio of positive feedback, while others receive a notable volume of negative comments particularly regarding appointment booking.
- ❖ The ability to obtain timely appointments is a problem for many, with accounts of congested telephone lines and waits of days (or more) to see a clinician. Choice is also an issue, with some patients not comfortable with, or able to undertake remote appointments. However, sentiment about booking and waiting has improved by 11% this quarter.
- ❖ More clarity and promotion is required for patients around how to make appointments, for many patients they start with a phone call not the website. So therefore, awareness needs to be raised with some patients on how the system is currently working.



Summary of key issues:

- ❑ GP Telephone systems and online booking systems are not efficient and do not meet the demands / needs of patients needing to contact the surgery. For those experiencing difficulty with access, over half (58%) cite telephone related issues, while over a third (42%) suggest a problem with online booking. *“ I dread needing to make an appointment to see my doctor”.*
- ❑ Commissioning of NHS Dental Care is not meeting current demand. *“My usual dentist has said I am no longer registered with them and cannot register as an NHS patient at this time.” “NHS practice has now told me that I have to go private.”*
- ❑ The Black, Asian and Minority Ethnic communities are disproportionately affected in accessing services.

Those with Mental Health conditions, Carers, Black, Asian and Minority Ethnic respondents and those of working age are disproportionally impacted, in terms of access, confidence across platforms and overall satisfaction.

- ❑ Accessibility is particularly an issue for those patients with language, mental health and learning disabilities.



Recommendations

1. CCG to work with the Primary Care Networks and Harrow GP surgeries to put in place improved, quicker and more accessible phone and online appointment booking systems to reduce patient waiting times and cancelling appointments, and to review the effectiveness of their GP texting service in reducing missed appointments.
2. NHS England to review the commissioning of NHS Dental Care in Harrow, to ensure commissioning is kept up to date with demand and that the dental contract is fit for purpose. For example, one element is the Units of Dental Activity (UDA'S), as each dental practice is commissioned for a set number of UDA's and in Harrow this is not meeting the current demand.
3. Primary Care Networks, GP practices and Dental Surgeries to work collaboratively with the Black, Asian and Minority Ethnic communities to further understand the issues which are affecting these communities in accessing services e.g. language barriers, lack of digital access etc. and to put a plan of action in place to address these issues.
4. CCG to work with the Primary Care Networks and Harrow GP surgeries to improve accessibility particularly for those patients with language, mental health and learning disabilities.



Responses to report:

Clinical Commissioning Group Response:

- The CCG Executive team have agreed that they will support General Practice in their transition back to normal business arrangements, supporting access, particularly telephone access to services, will be a critical component. They will work with Practices to look at what the right capacity and balance of virtual and face to face conversations will be within this.
- The issue of GP access was discussed at a GP Forum, highlighting the findings of the HWH report, and practices were asked to consider the access challenges that patients are facing as part of their recovery plan. Many Practices have highlighted that telephone access has been a significant problem over recent months due to the volume of patients calling with COVID vaccination queries. As a result, the CCG have worked with Harrow Council to promote the Harrow contact centre as a place local people can call with queries about COVID vaccinations.
- Looking at how extended access GP arrangements can support some of the issues that patients are facing. Encouraging Practices to re-engage in using these extended access services for Harrow patients, as well as looking at how they can provide additional access to essential services, such as NHS Health Checks, they may have been paused over the COVID surge period.



Responses to report (continued):

Where specific issues were highlighted about Practices, this has been shared with them:

- ❑ Concerns relating to Stanmore Medical Centre have been raised by the CCG Executive team and an action plan put in place to address the key issues. The Q4 report was too early to access the impact of these changes. The Practice (to date) have made progress in engaging with Patient Group representatives to discuss their action plan, communicate changes to the way telephone/appointment systems will operate and raise local awareness on changes made to their digital points of contact.
- ❑ The CCG raised concerns arising from the Q4 report with the Pinn Medical Centre, who acknowledged the findings and responded formally via a letter to the CCG Executive. A meeting between the Practice and the CCG Primary Care Team is due to take place on 2nd June to discuss the practice response and a plan going forwards.
- ❑ Given the on going concerns with a practice in the Health Alliance PCN, the CCG reached out to the PCN Clinical Director to look into the findings of the Q4 report and are awaiting a statement from them on how the PCN will collaboratively address these matters.



Responses to report (continued):

NHS England:

- Responded to state the context is that the NHW General Dental Services are currently operating a significantly reduced capacity due to the pandemic and the controls now in place set out by the Chief Dental Officer for England and Public Health England.
- If a patient is seeking an earlier routine NHS appointment than is currently available, a private appointment may be offered by the practice.
- The response did not address the recommendation to ensure commissioning is kept up to date with demand to ensure NHS patients are receiving the service they are entitled to. This is national issue, not specific to Harrow, which Healthwatch England are escalating.

CQC Response:

- They are aware of access concerns continuing across NWL which includes Harrow. It does appear to be largely based around the new remote methodologies implemented at pace.
- They are monitoring this risk in line with other regulation monitoring activity. This includes provider reviews and if required inspection activity.



Harrow Mental Wellbeing Report

Report conclusions:

- ❖ Accessing out of hours services is cited as an issue along with the consequences of digital exclusion.
- ❖ Stress, worry and anxiety are cited as key areas of concern as a result of isolation, demanding workloads, risk of infection, poverty and job security.
- ❖ The easing of restrictions will certainly improve some of the key issues identified regarding loneliness and isolation, as people will be able to meet with friends and family and be able to take up their hobbies etc.
- ❖ The longer-term impact places a greater reliance on support services being available and people being aware of where they can get support. This relates to local community support through Community teams, GP's and the voluntary sector and also through Central and North West London NHS Foundation Trusts (CNWL) who care for people with a wide range of physical and mental health needs.
- ❖ There needs to be greater communication of the support that is available and future commissioning of services needs to meet the increasing demand.

“Appreciate that it is not just formal mental health services which contribute to a person's mental health, it is also clubs like the bowling clubs which contribute hugely to people having a positive outlook on life.”



Next steps: Response from CNWL

- ❖ All Community Adult Hubs are offering Patients' choices for face to face appointments, Telephone Consultations and Telemedicine. We have set target for our face to face contacts to go up gradually.
- ❖ The Psychotropic Medication and Physical health Clinic for Depot and Clozapine has remained opened through the Pandemic and Patients attend Bentley House as per usual and where necessary we facilitate home visits and we are carrying on with Physical health checks.
- ❖ We have invested through the VCSE project and currently Dawn is providing Social inclusion groups 2 days a week Wednesdays and Sundays and Ignite due to also offer services in the coming weeks.
- ❖ We also have the option of referring our Patients to the Coves for extra support during Crisis.
- ❖ We have three Social Prescribers in the adult hubs and going forward we expect their relationship to strengthen with Primary Care.
- ❖ We have received new LTP funding for new posts.
- ❖ Our Group therapies are more formalised now across a number of mental health conditions and we follow the Trauma Informed Approach.



In Summary:

- CCG have responded and are taking steps to address the issue of access to GP Surgeries
- Issues relating to specific GP Practices are being addressed with a plan of action being put in place
- CQC are monitoring
- NHS England have not responded on the issue regarding commissioning not being kept up to date with demand
- Working in partnership we all need to build in improving communications for those communities who suffer from the greatest inequalities
- Mental Health services need to be commissioned to meet the increased demand.



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