

**Report of: Director of Public Health**

<b>Meeting of:</b>	<b>Date:</b>	<b>Ward(s):</b>
Health and Care Scrutiny Committee	10/09/2020	All
		Non-exempt

## **SUBJECT: 12 MONTH PROGRESS REPORT ON GP SURGERIES – RESPONSE TO THE HEALTH AND CARE SCRUTINY COMMITTEE RECOMMENDATIONS**

### **1. Synopsis**

- 1.1 The Health Scrutiny Committee’s final report on GP surgeries was received by the Executive in July 2019, and the Executive’s response to those recommendations was agreed in September 2019. The Committee had considered the sustainability of general practice in the borough, and the opportunities for supporting and strengthening its sustainability in the context of rising demand, changing patterns of need, and significant population growth. In its report to the Executive, the Committee made ten recommendations covering a range of areas, including GP premises, workforce development and retention, technological innovation and access to GP services. This report provides an update to the Scrutiny Committee on the actions being taken by Islington CCG, with partners, in response to the Scrutiny Committee’s recommendations.

There have also been significant changes in primary care during this period, driven by the health service response to the COVID-19 pandemic, which continues to impact on provision of general practice. These are described in summary in section 4 to provide context for the later responses to recommendations, and are referred to throughout the report.

Finally, an update is also provided in section 5.7 on the closure of the Walk-in Centre, which took place during this period, and the reinvestment of funds into primary care access.

This is relevant to the recommendations included here.

## **2. Recommendations**

2.1 The Health and Care Scrutiny Committee is asked to:

- Note progress on actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of GP surgeries;
- Note the changes that have been driven by the response to the COVID-19 pandemic; and
- Note the update provided on the closure of the Walk-in Centre in section 5.7.

## **3. Background**

- 3.1 During 2018/19, the Health and Care Scrutiny Committee undertook a review of the sustainability of general practice in Islington, in the context of rising demand, changing patterns of need, and population growth.
- 3.2 The Committee received evidence about a range of service developments that have been or are being implemented to support increased capacity in primary care and strengthen future sustainability, including: social prescribing; primary care 'at scale'; integrated care and interfaces with other services; digital and technological advances; planned developments in the primary care estate; and approaches to both attracting new workforce into Islington and supporting the existing workforce.
- 3.3 The Committee considered a wide range of evidence in relation to GP surgeries in the borough and noted a number of key factors, including: the ageing profile of GPs who work in the borough; changing expectations of a younger generation of GPs; pressures on general practice associated with demographic growth and change; the need to develop more integrated networks of staff working across primary care and beyond; and the need to build resilience amongst Islington's GP community.
- 3.4 The Committee formulated a set of recommendations intended to improve the sustainability of general practice. The Scrutiny Committee noted how the increasing provision of a broader range of services and support in general practice, such as social prescribing, physiotherapists, and practice-based pharmacists, can assist in alleviating the workload and 'free up' GP time/capacity in order to improve access to GPs. The Committee also welcomed the development of digital technology applications that should assist patients and GPs in providing more accessible and efficient delivery of services.
- 3.5 The Executive agreed the recommendations and response to the recommendations in July 2019 and September 2019 respectively. This paper provides a one year update on progress on each of the recommendations set out in the scrutiny review.

There have also been significant changes in primary care during this period, driven by the health service response to the COVID-19 pandemic, which continues to impact on provision of general practice. These are referred to throughout the report.

Finally, in the intervening period the Islington Walk in Centre has also closed. The Committee were previously provided with updates on the engagement process undertaken in the period leading to the expiry of the Walk in Centre contract. This report includes an update on the closure of the Walk-in Centre and the reinvestment of funds into primary care access.

#### **4. Changes in General Practice in response to COVID-19**

4.1 The COVID-19 pandemic has, by necessity, led to rapid large scale change in general practice. In late March 2020, GP surgeries were nationally mandated to move to a 'Total Triage' model. Total triage means that every patient contacting the practice is triaged remotely by a clinician who will assess whether and what type of appointment is needed; to protect staff and patients it is not possible to walk into a practice without first being triaged into a face to face appointment. This can be achieved by phone or using online consultations.

Online consultation has been rolled out rapidly across NCL. The model varies by practice, with different levels of usage; some practices direct all phone contacts to online consultation with exceptions for patients who cannot use it, while some use a mix of online consultation and phone access.

Where a patient does require an appointment, this may be a telephone or video consultation, or a face-to-face appointment. The rapid expansion of remote consultations has enabled some clinicians to work from home, helping with management of social distancing in practices and enabling clinicians who have risk factors relevant to COVID-19 to continue working safely. NCL CCG has distributed over 500 laptops with EMIS access to practices to enable home working.

All face to face appointments require clinicians to wear personal protective equipment (PPE) and the patient to wear a mask. Practices have reviewed patient flow and lengthened appointment slots to ensure appropriate infection, prevention and control (IPC). Islington GP Federation has provided experiential IPC training to practices in Islington.

For patients with symptoms of COVID-19 a newly-funded 'hot' service has been in place since mid-April, staffed by local GPs who have developed a high level of expertise in assessing and managing the symptoms of COVID. This began with the option of on-site appointments at a single hub, and home visiting where required, and as numbers have fallen this has focused on home visiting and advice. Provision of home oxygen saturation monitors has enabled remote monitoring in many cases. This service continues to evolve as the numbers reduce and as practices are supported to begin seeing their own symptomatic patients, but remains in place as an option.

#### **5. Response to Scrutiny Committee recommendations**

5.1 **Recommendation 1. That given that a number of GP Surgeries are at present in ageing premises, and that GP services are provided from a number of different locations, the CCG/Islington GP Federation should work to establish integrated networks of GP surgeries, providing a wider range of facilities and services for patients.**

The Committee are aware that a revised national GP contract 2019/20-2023/24 includes an additional service specification (a Directed Enhanced Service) that practices may opt to provide, which requires groups of practices to work together in Primary Care Networks (PCNs). PCNs are expected, over the five year contract term, to be collectively accountable for provision of a range of services. This will facilitate joint working across primary care practices and premises.

All practices in Islington have opted to provide the Primary Care Networks Directed Enhanced Service (PCN DES), and have formed into four Primary Care Networks. A Clinical Director has been appointed to each Network and infrastructure support is provided by Islington GP Federation.

During 19/20 and 20/21 the Primary Care Networks have worked together to agree collective recruitment of additional roles under the PCN DES Additional Roles Reimbursement Scheme. This has seen an increase in the number of practice-based pharmacists in Islington, and partnerships with Age UK and Help on Your Doorstep, who have employed social prescribing link workers on behalf of the PCNs.

At practice level the establishment of primary care networks has supported a rapid primary care response to the COVID-19 pandemic. As an example, where one practice was initially unable to continue seeing patients face to face, due to the high proportion of staff in categories vulnerable to COVID, a practice in the same PCN was able to take this on and see patients from that practice, with remote access to patient records.

Similarly another practice was able to move all of their non-COVID-19-related services to another practice site to free up their premises to enable patients from across Islington, experiencing symptoms of COVID-19, to be seen face to face in a single site with enhanced infection prevention and control procedures.

The Primary Care Network Clinical Directors have made active links with partners within their PCN geography, and are members of the three Locality Leadership Teams that form part of the Fairer Together Partnership.

5.2 **Recommendation 2. That in relation to recommendation 1 above, the CCG/Islington GP Federation should consider, when looking at the development of integrated networks, establishing a closer working relationship of GPs in the borough, the physical expansion of premises where feasible, relocation of existing premises to larger sites, and remodelling of premises/sharing services to maximise clinical use. This should be done in liaison with the Council Planning Department to ensure that where new housing developments are planned in the borough, premises are allocated for GP provision, where this is necessary.**

**Recommendation 3. That, due to demographic changes taking place in the borough, there is a need to ensure GP surgeries are situated in the right locations, and have the facilities available to cope with an ageing population. The CCG should work with the Islington GP Federation, North Central London, and the Council planners to ensure that they are aware of local housing developments/population trends that may impact on GP services in the borough.**

Islington CCG has developed a strategic estates plan for Islington that identifies areas of need and opportunities for improvement. This has been incorporated into a Strategic Estates Plan for North Central London (NCL) that has been rated 'good' by NHS England. An initial process of Estates Locality Planning took place for Islington between October 2019 and March 2020, which involved partners across the NHS and local authority (including planning, new homes team, adult and children's services leads). The second phase of locality planning will start in Islington in September and conclude by December 2020. The process began by focusing on 'hotspots' for potential reorganisation of how services are delivered and located (optimisation of current estate) but also broadened to consider what 'agile' working and use of space would require i.e. to enable multiple teams to successfully use a shared space. The output for the second phase of this work will be a

prioritised list of premises projects, the development and endorsement of which will have had input from all Borough partners and will be used to make the case for capital funding from central NHS.

The Islington Local Estates Forum (LEF) is now meeting on a bi-monthly basis to ensure oversight of live premises schemes (One Public Estate, ETTF and local NHS schemes) and to consider new opportunities as they arise. The LEF will also help to identify S106 and CIL opportunities for health in a more systematic way.

Islington and Haringey Councils and Islington and Haringey CCGs (now merged into NCL CCG) have also been successful in bidding for funding from the One Public Estate (OPE) programme. This funding is being used to develop feasibility studies for several sites in Islington where the NHS and Local Authority can work together to deliver new and improved primary and community health centres along with new affordable housing. Work to combine the Drivers Day Centre and Goodinge Health Centre sites is advancing well due to Programme management via OPE. The CCG, Whittington Health, GP practice and LBI new homes team are in advanced discussions about delivering a new, improved Primary Care centre along with affordable housing units on the combined site.

The CCG has also been successful in bidding to the Estates and Technology Transformation Fund (ETTF), which is a national fund, in order to support the development of new premises for Andover Medical Centre and Archway Medical Practice. Both of these schemes are joint ventures with LBI. ETTF capital funding of c. £1mil has also been secured to extend The Village Practice. This extension should be complete by March 2021

The CCG is also working with property owners of existing GP premises in the borough to bid for NHS Improvement Grant funding, which can be used to make internal improvements and to build extensions. In the last 12 months, two practices in the South Locality (Amwell and Killick St) have used this funding to create 2 new consultation rooms at each premises, increasing their capacity to see patients.

The CCG also receives proposals from landlords regarding extensions to GP premises that the landlord wishes to fund. These proposals also require consideration by the CCG, and they have an impact on CCG budgets via increased rent. The CCG assesses the strategic fit and value for money of these proposals before approving them.

**5.3 Recommendation 4. That due to recruitment/retention problems of GPs, and the fact that a significant number of GPs in the borough will be retiring in the next 10 years, the work/life attractions of Islington as a location be advertised, in order to attract younger GPs and clinical staff. The Committee noted that the high cost of housing / cost of living in London may however be a deterrent to recruitment.**

During the past year the Community Education Provider Network mentioned in the initial response to recommendations, has evolved into a Training Hub, which is now hosted and administered by Islington GP Federation. The Federation with the support of the CCG has developed a bespoke leadership programme for newly qualified GPs (NQGPs). This is coming to the end of its second year and we are seeing increased interest in the third year of the scheme as word of mouth and actively contacting local VTS schemes has built confidence in the posts. They have become a valuable addition for recruitment in Islington. As funding has decreased for these roles, the Federation has supported a 50% increase in funding for year 3 to allow 4 posts to continue. These will be linked to supporting PCN

activity and we hope to demonstrate their on-going benefit to secure further funding in future.

The Training Hub is also working with Islington PCNs to develop Workforce and Education Leads in each PCN. One of these will be helping to begin work on coordinated induction, educational assurance across PCNs and support for inter-professional educators. We believe that a well-managed educational environment will also support recruitment of GPs and other roles.

The rapid expansion in the option of remote working for clinicians will also impact on work/life balance and may support retention.

- 5.4 **Recommendation 5. That the Committee noted that many younger GPs have indicated that they wish to have more flexibility and variety in their careers, and younger nurses wish to pursue more career development. The Committee are of the view therefore that there should be increased development of team working in GP practices, such as the recruitment of advanced care practitioners, pharmacists, physician associates, based in practices, and there should be more of a focus on provision of care as a team and developing a more holistic approach. The CCG should continue to work towards this goal, and to investigate other new ways of working to encourage and develop recruitment to GP practices.**

Islington practices are currently supported by a shared team of 14 practice-based pharmacists, 8 PCN social prescribing link workers, and by 'super administrators' who are able to undertake some of the administrative tasks that were previously undertaken by GPs, particularly coding of clinical letters into clinical records. At the time of writing, PCNs will shortly be submitting to the CCG their plans for recruitment in 20/21 to the range of roles allowed through the PCN DES Additional Roles Reimbursement Scheme.

In planning to implement the Enhanced Health in Care Homes specification within the PCN DES, which begins in October 2020, the CCG has supported the PCNs to form partnerships with the Islington Learning Disabilities Partnership and the Islington Serious Mental Illness Health Checks team, to provide regular specialist support into the Learning Disability and Mental Health homes covered within the specification.

Federation, PCN and Training Hub Leadership will support the new PCN Workforce and Education Lead roles. Their initial aims are to focus on supporting and developing Social Prescribing Link Worker and Practice Pharmacist roles as well as the Enhanced Health in Care Homes DES specification and educational support for the developing teams. The Training Hub is also working with the CCG to improve its induction of all roles into the borough and to use that as an opportunity to make that first impression for Islington being a great place to work.

Islington GP Federation with the support of the CCG has developed a bespoke leadership programme as referenced in 5.3 above that is different from the national GP programmes with a clear aim to develop great GPs that will remain in the borough. This programme has been running over the last two years with 8 participants having gone through. Of these 8, 4 of these have gone on to take on leadership roles with the borough as well as continue sessions in their practices. 1 has become a clinical lead, 1 now works with the Quality improvement team, 1 has taken a lead role in Long Term Conditions at the CCG and 1 has just been recruited to lead on workforce and education within the PCNs and Training Hub. This portfolio approach is providing a good way to keep GPs in general practice as well as developing our future leaders.

20/21 sees the launch of the CPD support and Fellowship programmes for new and mid-career Nurses and GPs. Islington funding will enable the Training Hub to offer 1 Newly Qualified GP (NQGP) – PG Cert Fellow, 2 NQGP Leadership Fellows, 1 mid-career GP Fellows, 4 Newly Qualified General Practice Nurse (NQGPN) Fellows and 2 mid-career GPN fellows. Islington's Training Hub is also providing access to trainee Nurse Associate schemes, General Practice Nurse qualifications, General Practice Nurse Leadership qualifications and Advanced Care Practitioner qualifications, with a total 16 places across these programmes.

August 2020 also sees the launch of the Supporting Mentors Scheme with the aim to retain experienced GPs through offering portfolio working whilst supporting less experienced GPs through high quality mentoring. This has only recently been published and is being reviewed locally.

- 5.5 **Recommendation 6. That there should be consideration given to common terms and conditions for practice nurses, to enable more movement between surgeries, so that this will create increased job opportunities/job satisfaction for nursing staff. This will be beneficial in recruiting and retaining nurses in the borough in the short and longer term.**

The Training Hub highlighted Nurses and Nursing as a priority within the borough. At its last Steering Committee in June a sub working group was established which includes broad representation across Islington from the LMC, Whittington Health, the CCG and Islington GP Federation and Nurse representation. With the initial aim to understand the issues further, this committee arranged a listening group with the nurses earlier this month identifying the following themes: being valued, having flexibility, fair pay, opportunities for career progression, educational leadership within the practice, mentoring and being mentored, building relationships with patients and seeing their efforts lead to change for patients. Next steps are for the working group to bring together current activity and determine a strategy to address some of these issues.

North Central London CCG is continuing to work with the Londonwide Local Medical Committee (following a pause to the work during COVID-19) to issue guidance on good employment practices across London. It is essential to take a regional view on this work to avoid a competitive market across the different boroughs. Some national guidance is already available, following work by the Academic Health Science Network in South West England, so the London guidance is building upon this, reducing it to a concise set of practical recommendations. Other initiatives are also being implemented, as part of a national pilot 'CARE programme' to build wider workforce leadership within PCNs, including improving access to continuing professional development (CPD), peer support and leadership opportunities.

COVID-19 also provided opportunities for nurses to work more collaboratively with their Whittington Health community nursing colleagues and it is hoped that we can build upon this to create increased job opportunities and career satisfaction. This should enable greater retention of our nursing staff within the borough.

- 5.6 **Recommendation 7. That there is a need to further develop the use of digital technology to support new ways of working in primary care. In addition to those initiatives already being undertaken, the development of online consultations should be further developed, and support should be given to the North London Health**

## **Information Exchange initiative, which will allow clinical staff to view integrated records from across provider organisations.**

One of the rapid responses to the COVID-19 pandemic was the roll out of online consultations to all practices over a very short period of time. This enabled patients to access general practice services online in addition to the telephone. A programme team continues to support practices to embed this new way of working as it requires not just installation of the programme but also adjustments to internal processes to allocate time to review and respond to information submitted. At the time of writing NCL CCG is reviewing the results of a survey of all practices which includes questions on the use of online consultations and practice support needs to enable continued support to be better-tailored.

Online consultations have supported Total Triage by allowing patients to be triaged online – consequently their health need is addressed either via text message, email, telephone and video appointment, and via face-to-face if needed. The introduction of the Total Triage model described in section 4 has led to a huge increase in the number of consultations undertaken over the telephone or by video, with face to face appointments currently in the minority to ensure the safety of staff and patients. This, coupled with the roll-out of over 500 remote working laptops across NCL has enabled general practice staff to work remotely, thus facilitating social distancing within practices and protection of staff in vulnerable groups or who are shielding. This may also support improved work/life balance for staff.

Training has been made available during this period on remote consulting and video consulting, with telephone triage training in development.

The National GP Survey shows that we have seen an improved awareness among patients of online services compared to last year.

### **5.7 Recommendation 8. That discussions should take place with regard to further improving access for patients to GP surgeries, with increased availability of an increased range of services at HUBS, extended access in evenings and at weekends, and provision of investment for additional facilities to provide more appointments at GP surgeries.**

An Extended Access Service, which provides additional GP and nurse appointments 6.30-8pm on week days and 8am to 8pm at weekends, has been in place in Islington since 2017, and in pilot form before this as part of a Prime Minister's Challenge Fund scheme. In addition, practices in Islington have, for several years, been able to opt to provide an Extended Hours service to their own patients. This was expanded in 2019/20, with the Primary Care Networks taking collective responsibility for providing this Extended Hours service to 100 per cent of patients.

The new GP contract mandates that from April 2021 funding and responsibility for the Extended Access service will pass to the Primary Care Networks and be provided as a unified offer with the Extended Hours scheme. National guidance in relation to this is awaited, however borough teams within NCL CCG are working with PCN Clinical Directors and current providers to review learning to date. The current Extended Access provider has, for example begun to use practice-based pharmacists in supporting triage and providing medication based consultations.

In addition to these national developments, Islington CCG has put in place an Improved Access Local Incentive Scheme with local GP practices, that incentivises practices to provide a greater number of appointments, with 'stretch targets' set against the Islington



average number of appointments. The average number of appointments available increased over the first year of the scheme. Due to COVID-19 a full year of data for 19/20 is not available, however using data for April 19 to January 2020 it is possible to see that the increase achieved the previous year had been maintained. The number of primary care booked<sup>1</sup> appointments (recorded as part of the Improved Access Local Incentive Scheme) has increased from an average of 68 per 1000 patients per week in April 2018 (at the start of the scheme) to an average of 75 per 1000 patients over 2018/19, to an average of 76 per 1000 patients in 19/20. The changes to primary care access brought about by COVID-19, with new appointment types, will require this scheme to be measured differently, and the approach to this will be developed with practice managers.

With respect to national GP patient satisfaction data, Islington practices do perform in line with or better than the national average in terms of the percentage of patients reporting:-

- Their overall experience of their GP surgery is good
- That it is easy to get through to their surgery on the phone
- That they were offered a choice of appointment time (with a local improvement in 2020 on 2019)
- That the overall experience of booking an appointment is good (again with local improvement in 2020).

#### Closure of the Islington Walk-in Centre

The Committee are aware that during 2018/19 and 2019/20 Islington CCG undertook engagement with patients and the public about the upcoming expiry of the Walk in Centre contract in March 2020. A report from this engagement is available [here](#).

In September 2019 the Islington CCG Governing Body considered three options for courses of action on the expiry of the Walk in Centre contract. These were informed by:

- the engagement process;
- the new GP contract referenced elsewhere in this paper, which was published in January 2019 and introduced the concept of Primary Care Networks and new roles in general practice; and
- the financial position of the CCG.

The full report that informed this governing body decision is available [here](#). The option approved was for:

- Closure of the Walk in Centre when the contract expired
- 70% (£250k) of the contract value related to Islington patients (£361k) to be reinvested in primary care with the remainder retained as a saving.
- each Primary Care Network to be funded for additional in-hours capacity and required to deliver consultations which at a minimum equal 70% of those provided by the Walk in Centre for Islington residents only;
- a proportion of overall investment to go to Islington Federation to be delivered via the iHub (extended access service), to provide additional out of hours appointments to contribute to the above target;
- a risk reserve (10% of the £250k) to be retained to manage any additional A&E attendances resulting from the closure of the Walk in Centre;
- a navigator to be placed in the Walk in Centre for three months prior to closure to alert patients to the upcoming change and to support unregistered patients to register with a practice and to encourage registered patients to use their own GP practice and not to attend A&E if they have a primary care problem.

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<sup>1</sup> As opposed to available appointments.

Following this decision discussions took place with the PCN Clinical Directors regarding the investment. There was a shared appetite to consider the investment in the context of all the new PCN developments and not assume that Walk-in Centre appointments needed to be 'replaced like-for-like'.

This resulted in a plan to develop a practice nursing team to provide a range of clinics e.g. wound care, immunisations and screening, in evenings and at weekends as part of the extended access service. It is expected that this will support improved outcomes and equality of access for patients but also improved resilience in practice nursing provision for practices, with the team able to support practices with short-term practice nursing vacancies. This plan was at concept stage in February 2020 but progress was delayed by COVID-19. The early discussions of this plan did inform, however, the rapid establishment of a time-limited joint district nursing and practice nursing team to support patients who were shielding during the pandemic, with their ongoing health needs.

The joint district nursing and practice nursing team served to further embed a strong professional relationship with Whittington Health; the federation will be seconding a District Nurse from the WH team who will work closely with the federation's Practice Nurse lead, along with key clinical and operational staff, over September to design the joint nursing team described above. Initial iterations will see teams based at the I:HUB locations, in order to both maximise use of the investment and support patient behaviours around accessing care during the extended hours period.

Also involved in the design of these clinics are the LMC, who are keen to ensure the GP practice teams remain fully core to such changes. Underpinning these nursing teams is the opportunity for practice nurses and HCAs to work in a hybrid model – both in practice and within a nurse team where there will be greater opportunity for peer support, mentoring and supervision, to aid with professional development.

The portion of the investment in immediate additional capacity in iHub has also been made. The COVID-19 pandemic has actually reduced demand for extended access services in the initial months of the year and so the activity has been profiled to provide increased access in the winter months:

- Additional weekly capacity will now be provided in the form of 14 hours of practice based pharmacist resource, to provide additional triaging of patients, plus support around long term condition management.
- In addition to 10 hours of HCA capacity provided weekly, to support around both long term condition management as well as wound care support.
- This will free up 8 hours of GP time, weekly, which will enable more face to face and telephone consultations.
- Given the change in patient behaviour as a result of COVID-19, £15,000 will be utilised to launch a significant bus shelter campaign, akin to the flu campaign that was run in winter 2017. The aim of this will be to encourage patients to feel comfortable and confident calling their GP practices to access face to face appointments throughout the extended access period. This should help to ensure that the additional capacity provided is fully utilised.

It is also important to note that the closure of the Walk in Centre was well-managed, with a clear communications campaign and navigators on site supporting attendees at the Walk-in Centre. Due to COVID-19 walk in attendances ceased in advance of 31<sup>st</sup> March 2020 to

ensure patient and staff safety. Walk-in Centres in other boroughs remain closed due to COVID-19.

- 5.8 **Recommendation 9. That, given that the Committee heard evidence about the benefits that have been achieved for patients through social prescribing, there should be increased development of provision in this area for GPs to link in with non-medical based services, which can provide support and develop skills and self-knowledge, in order to assist patients in managing their conditions. Evidence has also shown that social prescribing builds capacity into the health and social care system, and offers an alternative to traditional health care interventions. There is new funding provided by the national GP Contract specifically for additional social prescribing workforce, which supports this work.**

Since July 2019, the Islington GP Federation has led the contracting of the additional roles and capacity that have been introduced into GP practices, as outlined in the response to Recommendation 5. In addition to the 6 pre-existing, commissioned Social Prescribing Link Workers (SPLWs) in Islington, 8 SPLWs are now working within Islington's PCNs, with further recruitment underway. This additional capacity will be further enhanced by the recruitment of new, additional roles in Primary Care, such as Health and Wellbeing Coaches. NCL CCG continues to work closely with Islington GP Federation, the Primary Care Network Clinical Directors, Age UK Islington and Help on Your Doorstep, to ensure that a joined up, whole-system approach is being taken to the development of Islington's Primary Care Network Social Prescribing offer, in order to maximise the impact of these new roles. Partnership working to-date has been very positive, demonstrating the strength of existing relationships.

The Covid-19 pandemic has accelerated change and forged stronger partnerships in the borough. Throughout the pandemic, the PCN Social Prescribing Link Workers have been actively involved in Primary Care's proactive vulnerable patient contact work. Whilst there has been an increase in demand for social prescribing support, partnership working across Age UK Islington, Help on your Doorstep, the PCN Clinical Directors, NCL CCG and Islington Council, has ensured that service processes are responsive and adaptive to current, local needs which has maintained the social prescribing capacity in the borough. The SPLWs and their host Voluntary, Community and Social Enterprise (VCSE) sector employers have been well connected to various humanitarian support offers in the borough, including; food distribution hubs, medication collection services and befriending.

In the past 18 months, Health and Care System Partners in Islington have established the *Fairer Together Borough Partnership*; a partnership that is striving to improve health and wellbeing outcomes for local people through increased integrated working. This programme has led to the creation of 3 Locality Leadership Teams in the borough, with representation from, but not limited to; Islington PCN Clinical Directors, Secondary Care, Community Services, Social Care, NCL CCG and VCSE partners. These networks have enabled local services to implement change quickly and identify gaps or duplication in provision across services. Through the Locality Leadership Teams, PCNs have been able to explore new opportunities, including identifying new, additional SPLW providers. Furthermore, through the Fairer Together Programme, existing social prescribing services will be continually reviewed to ensure Islington has a clear, streamlined social prescribing offer.

NCL CCG and the Islington GP Federation continue to be active members of the North Central London Social Prescribing and Supported Self-Management Advisory Group. This group brings together colleagues from the NHS, Local Authorities and the VCSE sector from each of the 5 NCL boroughs. It provides a forum to share best practice in social

prescribing as well as build consensus and collaborate on STP-wide priorities. Guidance developed by this group is shared with PCNs in NCL regularly.

- 5.9 **Recommendation 10. That the Committee welcome the additional funding provided through the GP contract, and the development of digital and IT technology to support practices, and the Committee support the workforce projects taking place across the North Central London region. The Committee support the development of the NHS App, and the provision of 25% of appointments being made available on line, recognising that this does not remove the ability for patients to book in person or over the phone, and that any unbooked online appointments are not, therefore, 'lost'. The Committee encourages practices to consider making changes to their appointments booking systems, and to consider their triage processes, as part of their online booking process, recognising that practices already seek to ensure they have effective triage processes to ensure that patient needs are met.**

This recommendation is closely related to recommendation 7 above and progress has been accelerated by the response to COVID-19. As mentioned in the recommendation 7 response, the implementation of online consultations has supported practices to triage their patients online before offering advice either via text, email, telephone and video consultation, and face-to-face consultation if needed. A programme team is supporting practices to embed online consultations through integration with clinical systems (functionality is being tested prior to rollout to practices), regular communications in GP bulletins, and training organised through the online consultation provider. Current areas of focus are further opportunities for training and developing a digital support offer for PCN development. The NCL programme team works closely with the London Digital First Programme Team, which enables them to share and apply regional and national best practice and learnings.

## 6. Recommendations

6.1 The Health and Care Scrutiny Committee is asked to:

- Note progress on actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of GP surgeries;
  - Note the changes that have been driven by the response to the COVID-19 pandemic; and
- Note the update provided on the closure of the Walk-in Centre in section 5.7.

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