

## GP COVERAGE IN HILLINGDON

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| <b>Cabinet Member &amp; Portfolio</b>  | Councillor Jane Palmer, Cabinet Member for Health and Social Care |
| <b>Responsible Officer</b>             | Sandra Taylor. Corporate Director of Adult Social Care and Health |
| <b>Report Author &amp; Directorate</b> | Nikki O'Halloran, Central Services                                |
| <b>Papers with report</b>              | None.   |

### HEADLINES

#### Executive Summary

At its meeting on 19 June 2025, the Health and Social Care Select Committee confirmed that it would like to undertake a single meeting review of General Practitioner (GP) coverage in Hillingdon. The review aimed to consider the number and geographical location of GPs in the Borough as well as the adequacy of the provision in serving the local population now and into the future.

The report highlights the challenges faced by GP practices amid population growth and evolving healthcare demands, and outlines recommendations to improve service delivery and patient experience. The recommendations are based around meeting future demand, the expansion of the champions role, awareness raising, streamlining IT systems, improving online bookings and equality.

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| <b>Putting Our Residents First</b> | Putting our residents first: <i>Our People</i>   |
| <b>Financial Cost</b>              | There is no direct financial cost to the Council associated with the recommendations in this report. |
| <b>Select Committee</b>            | Health and Social Care Select Committee  |
| <b>Ward(s) affected</b>            | All  |

### RECOMMENDATIONS

**That Cabinet welcomes the insight and findings of the Health and Social Care Select Committee and asks that:**

- 1. officers work with partners to identify where GP surgeries are likely to be needed by 2035;**
- 2. Health and Wellbeing Board partners be asked to:**
  - a. investigate a reduction in the complexity and quantity of data governance and IT systems currently being used in Hillingdon to enable patient data to**

- be easily passed between professionals;
  - b. subject to the outcome of the pilot, expand the provision of champions to other health related issues; and
  - c. increase awareness that the nature of community care is changing; and
3. The Confederation Hillingdon CIC be asked to:
- a. investigate the possibility of increasing patients' use of online bookings systems, including being able to specify convenient call back times; and
  - b. ensure equality with regard to the ability to request to be seen by the same sex medical professionals at GP surgeries.

### Reasons for recommendations

Health partners have provided the Health and Social Care Select Committee (and its predecessor, the External Services Select Committee) with regular updates on the challenges faced by GPs in Hillingdon. With population growth in the Borough expected to continue, it is important that action is taken to ensure that this does not compound the challenges already being faced by GPs.

The Committee looked at the work that has already been undertaken in the Borough and identified possible further improvements. These recommendations have been formulated to improve organisational resilience in providing GP services in the Borough.

### Alternative options considered / risk management

Cabinet could choose to not approve or amend any of the recommendations.

## SUPPORTING INFORMATION

### Background

1. The system of GPs and primary care is the cornerstone of the NHS. They are often the first point of contact for anyone with a physical or mental health need and either treat patients or refer them on to the appropriate pathway for diagnosis and treatment. An NHS GP is a medical doctor who works in primary care and provides general healthcare services to patients within the NHS system. They are highly trained professionals who provide a broad range of services, from managing common illnesses to offering preventative care and coordinating more specialised treatments. At the end of September 2024, there were 38,421 FTE NHS GPs in England (according to data from NHS Digital).
2. NHS England has delegated its responsibilities for the direct commissioning of primary care services (primary medical, dental, ophthalmic and community pharmacy services) to Integrated Care Boards (ICBs). The responsibilities delegated are set out in the standard Delegation Agreement between NHS England and each ICB. This includes contractual management and supporting improvement and transformation of services<sup>1</sup>.
3. In 2018, the average number of patients per fully qualified GP was higher in North West London (NWL) (2,696) than the London (2,497) and England (2,255) averages (these figures do not include other practice staff). NHS Digital states that there are 1,081 fully

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<sup>1</sup> NHS England - <https://www.england.nhs.uk/commissioning/primary-care/>

qualified GPs and 234 GPs in training grades in NWL which is a reduction of 5.1% in fully qualified GPs and a 134% increase in GPs in training grades, giving an overall combined increase of 7.9%.

4. 42 of Hillingdon's 44 GP surgeries have been organised into six Primary Care Networks (PCNs) – there are no GPs in Ruislip Manor or Hillingdon West wards<sup>2</sup>. A PCN is a group of general practices and other health and care providers that come together to provide health and care services for their community. PCNs are a key aspect of the NHS Long Term Plan, allowing services to be developed locally in response to the needs of patients in their area.
5. In Hillingdon, GP hubs have been set up to support practices by providing same day appointments for patients who have an urgent need on the day. GP and ANP (Advanced Nurse Practitioner) appointments are available face-to-face and by telephone, depending on the patient's needs. GP practices may book patients into the hub if they need a same day appointment but the practice is unable to see them. Appointments are available for all ages but the hubs are not suitable for routine appointments (which should be booked with the patient's own GP).

### **The Health and Social Care Select Committee Review**

6. Having received regular updates from partners on GP services in the Borough, the Health and Social Care Select Committee met on 22 July 2025 to undertake a single meeting review of GP coverage in Hillingdon. The Committee was able to question and solicit evidence from the following witnesses:
  - Sean Bidewell, Assistant Director – Integration & Delivery / Acting Joint Borough Director, North West London Integrated Care Board (NWL ICB)
  - Carleen Duffy, Your Voice in Health and Social Care (Healthwatch)
  - Edmund Jahn, Chief Executive Officer, The Confederation Hillingdon CIC
  - Lisa Taylor, Managing Director, Healthwatch Hillingdon
7. The discussions held during the meeting highlighted a number of matters as set out below:

### **Future Demand**

8. Although there has been an increase in the overall number of GP appointments available, the feedback on patient experience is still not where partners would like it to be. In 2022/23, there were 1.7 million appointments with a 6% increase in 2023/24 and a 9% increase in 2024/25 (68% of these had been face-to-face, which was an increase on the previous year). There had also been an increase in the number of patients wanting a same day appointment (up from about 3k to 3½k). A lot of effort is being made by partners to try to improve this.
9. As the commissioner, the ICB is responsible for proactively deciding where and when additional GP capacity is needed and how this is done in practice. Given the increasing demand for GP appointments and the increasing average age of current GPs in Hillingdon, Members have concerns about the possibility that practices may close when the last GP in

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<sup>2</sup> Draft Pharmaceutical Needs Assessment 2025 - [https://www.hillingdon.gov.uk/media/16706/Draft-PNA-2025/pdf/s8Hillingdon\\_DRAFT\\_PNA\\_2025.pdf?m=1750254962493](https://www.hillingdon.gov.uk/media/16706/Draft-PNA-2025/pdf/s8Hillingdon_DRAFT_PNA_2025.pdf?m=1750254962493)

a practice retires. If no action is taken to ensure continuity, their list would need to be redistributed to other practices that are already dealing with longer-than-average patient lists.

10. Although a new GP surgery had been planned for inclusion in the St Andrews Park development, this had not happened and a large number of patients had had to join the Uxbridge practice list, making that one of the largest practices in the Borough and putting it under greater pressure. The Confederation had worked closely with the Council, NWL ICB and providers to put an integrated estates strategy in place. However, the development of general practice had not followed the plan very closely and there are gaps where some GP practices cater for four times as many patients for the same size practice as others. It had been hoped that the strategic plan would address these inconsistencies (for example, more GP capacity is needed in Yiewsley / West Drayton).
11. It is recognised that this is not an easy challenge to resolve and that, if a practice is needed, it will be referenced on the basis of the strategic plan. However, partners need to look at predicting where the increasing population within Hillingdon will settle and where new major developments are likely to arise. Insofar as GP premises are concerned, although the current commissioners have not had it in their gift over the last ten years, they now have a reference document / plan.
12. Closer working relations have also developed between the Council and health partners so there is the possibility of sharing estate as the local authority has fewer restrictions (freeing up capital allocation is a Government decision and is hampered by significant restrictions). Although not in complete control, it is hoped that place partners will be able to put pressure on the centre by identifying where future GP capacity will need to be located.

## **IT Systems**

13. There had been some confusion about how patients from different practices are able to access the same services (for example, dressings) and where they are provided, particularly if the patient is unable to use / access IT. Healthcare is complex and staff will often try to deal with this complexity behind the scenes but this doesn't always work. There are currently at least five patient digital systems in use by General Practice in Hillingdon that patients needed to interact with for different things (this should probably be a maximum of two). The computer systems tend to be siloed and patients often have to move from one system to another providing the same information multiple times.
14. Although it seems logical that the NHS should be able to work as a single team without the patient having to intervene, the data governance needs to be sorted out to enable this to happen. Members have been advised that this challenge is bigger than NWL ICB but that, locally, work is being undertaken to enable systems to talk to each other through Whole Systems Integrated Care (WSIC) dashboards which provide a linked integrated summary of patient's health and social care. This information could be used to case find and case manage patients who require more targeted and proactive care.
15. This issue is regularly brought to Members attention and there are continuing concerns that residents get lost in the system between services. With regard to the communication with GPs in relation to actions taken by other clinicians, the last four years have seen better cooperation across practices and networks, and staff have been collaborating more than

ever. First contact physiotherapists have been employed in general practice with another tier in CNWL (MSK) and another at the hospital. However, these siloes have still not been completely joined together and patients might be asked to complete similar forms for each of the services which ask for very similar information. Ideally, as part of the 3-5 year plan being developed across and between local NHS providers (including GPs), there will be integrated physiotherapy teams collocated in each of the three Hubs.

16. With the increasing integration of services, it is becoming even more important to ensure that the patients' journey around the NHS is as seamless and smooth as possible, with as little repetition as is necessary. This means reducing the number of systems, eradicating the duplication of information and minimising effort on the part of the patient as well as partners.

## **Champions**

17. GPs are, by definition, general practitioners and are therefore not expert in everything health related. Consideration is regularly given to potential additional services that could be explored and implemented that would take the pressure off GPs. One such initiative is the creation of a Children and Young People's Champion role as a one year pilot in one of the PCNs. The aim of this role is to alleviate the impact of mental health presentations on GPs and get young people and their families to the right support as quickly as possible (there is also a need to reduce the reliance on CAMHS by diverting to other services that are available and more appropriate). There are also plans to introduce additional roles such as practice nurses in some PCNs.
18. As the neighbourhood population needs are analysed, action will be needed to ensure that services are tailored to meet those needs. Where patients need detailed and personalised support (and this is not available from GPs), a knowledgeable champion would be useful to help guide them. This is especially true for young people's mental health, as the Committee knows from its report on this subject. However, it is suggested that, subject to the outcome of the pilot, consideration be given to introducing champion roles for other issues that would benefit a large number of patients, for example, weight loss.

## **Awareness Raising**

19. The way that health services are being delivered is changing. The Integrated Neighbourhood Teams are working to bring care closer to patients (including the PCNs) and core services (such as community nursing, musculoskeletal (MSK), adult social care, third sector and acute services). The Paediatric Clinics are a good example of this closer working in the community, which see teams from different organisations working together to improve patient experience and increase the number of patients seen. These clinics are being run from the Integrated Neighbourhood Hub and practices are able to book appointments at the Hub through patient contact with GPs. In future, neighbourhood working should enable patients to be booked in to see the community nurse and the community nurse should be able to book the patient in to see their GP.
20. Action is being taken to try to introduce more personalised care for patients with complex needs as well as dealing with same day access for other patients. The Pharmacy First consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. It enables community pharmacies to complete

episodes of care for seven common conditions following defined clinical pathways (infected insect bites, impetigo, shingles, sinusitis, sore throat, urinary tract infections and ear infection) thus circumventing the need to see a GP.

21. Patients are often unaware of the role of each individual in a practice (or the role of other organisations) so will sometimes feel that they are not being seen by the most appropriate person. It seems that residents have not really engaged with how community health care is changing and still see the GP as being the answer to all of their issues (rather than an alternative, and more appropriate, pathway that could help them). More effort is needed to ensure that residents understand that community health care goes beyond the GP.

## **Online Bookings**

22. Healthwatch Hillingdon (HH) has recently published its report on GP access which highlights that the most common reason for residents to contact the organisation is in relation to getting a GP appointment. Seemingly, patient satisfaction has not improved even though there has been an increase in the total number of GP appointments available.
23. HH's research for the GP access report had started in 2024 but, as the survey had been put on hold whilst NWL ICB looked at same day access issues, discussions had been undertaken with groups such as carers, travellers and asylum seekers. Although 62% had been satisfied with GP contact there were concerns about issues such as booking appointments, telephone systems and continuity of care (these concerns were largely from people of working age).
24. The PATCHS system had been introduced to try to reduce phone waiting times by enabling patients to make an appointment request online. However, access times have been limited and there have been some technical issues resulting in practice staff having to call patients back. Furthermore, issues have been identified with regard to the telephone call back system (which is not currently working properly). Currently, the system does not allow patients to specify a convenient time for a call back so they might be busy and unable to answer their telephone when the call comes. Four Digital Transformation Managers have been looking at this type of issue to help simplify it from the patient perspective.
25. The Committee is mindful that it should be standard practice that residents can make all of their bookings online as this would alleviate pressure on the GP receptionists. Whilst the receptionist would still need to triage, this should be designed as simply as possible, for example, include a free text box (maximum 500 words) for the patient to explain what the appointment is for. This online triaging system would need to be simple because if it is too complicated, it will put people off.
26. To this end, the Committee would like The Confederation to investigate the ways in which patients' use of online bookings systems could be increased and include the ability for patients to specify convenient call back times.

## **Equality**

27. Over a number of years, there has been a shift to ensure that GP practices make every effort to meet patients' preferences to see the doctor, nurse or other healthcare professional when they need an appointment (although there are some occasions when this might not be

possible). This has been publicised particularly for women who would like to see a female practitioner but greater effort is needed to publicise that this is also open to male patients who may want to see a male practitioner as some men may feel uncomfortable with a female.

28. It is suggested that future publicity about choices proactively advertises the ability for men to request a male practitioner.

Should Cabinet agree the recommendations contained within this report, it is proposed that the Chief Executive and / or the Corporate Director for Adult Social Care and Health write to the organisations concerned to raise the recommendations from the Committee, enabling them to be considered, taken forward and monitored accordingly.

### **Financial Implications**

There are no direct financial implications arising from this report.

## **RESIDENT BENEFIT & CONSULTATION**

### **The benefit or impact upon Hillingdon residents, service users and communities?**

The recommendations in this report are designed with the purpose improving the resilience of GP practices in the Borough.

### **Consultation & Engagement carried out (or required)**

Witness testimony from the Committee as outlined in this report.

## **CORPORATE CONSIDERATIONS**

### **Corporate Finance**

Corporate Finance has reviewed this report, confirming that there are no direct financial implications associated with the recommendations outlined above.

### **Legal**

There are no legal implications arising from the recommendations in this report.

## **BACKGROUND PAPERS**

NIL.