

	Recommendations	Updates
GP Pressures	<p>RECOMMENDATION 1 That Hillingdon Health and Care partners explore the establishment of a single online directory of health, care and wellbeing services (delivered and maintained / updated by Hillingdon Health and Care Partners) to be utilised across the partnership, particularly by GPs, and to link into emerging NHS digital applications being promoted nationally for patients.*</p>	<p>The H4All Wellbeing Service has developed its own directory of services that is linked into both the Council's 'Marketplace' - an online directory of local care and support services and the NHS directory of health services. The development of a single directory has not proved feasible. In addition, there has been a pause in the introduction of NHS digital applications since the withdrawal of the Health Help Now APP.</p>
	<p>RECOMMENDATION 2 That Hillingdon Health and Care Partners work with the Citizens Advice Bureau (CAB) to explore the simplification of processes in relation to GP referrals to CAB services.*</p>	<p>Since the onset of the pandemic, ways of working in GP practices have changed considerably, with the result that face to face consultations are kept to a minimum to reduce the risk of infection. The scope for referral to CAB services comes not necessarily directly through the practices but more through the key work role undertaken by the H4All Wellbeing Service. Key workers are attached to each of the Neighbourhood Teams (see below for definitions). One of the roles of the key worker is to sign-post to other organisations where appropriate to meet need and this would include the CAB.</p>
	<p>RECOMMENDATION 3 That Hillingdon Health and Care Partners improve signposting for patients to CAB services and to emerging digital applications via information screens in GP surgeries.*</p>	<p>All GP surgeries now have information screens, but the pandemic has led to a change in working practices to reduce the number of face to face visits. As a result, this action is not relevant at the current time. However, please see the response to recommendation 2 above.</p>

	<p>RECOMMENDATION 4 That Cabinet requests Adult Social Care officers make available information sessions to the emerging Neighbourhood Teams on the scope of the Council's Adult Social Care duties.</p>	<p>Completed. Adult Social Care attended a range of meetings with the Neighbourhood Teams in June and July 2019 to clarify the scope of the Council's responsibility and duties under the Care Act, 2014.</p>
	<p>RECOMMENDATION 5 That Hillingdon Health and Care partners explore affordable options to enable homecare to be triaged and deployed more flexibly by the Neighbourhood Teams to support the independence of residents and prevent GP visits and hospital admissions that are avoidable.*</p>	<p>The mechanism to enable this to happen was included within a homecare tender that was undertaken in 2019/20. Implementation has been delayed by the impact of the pandemic. However, an application for NHSE funding to facilitate implementation was successful and mobilisation arrangements are in progress.</p>
	<p>RECOMMENDATION 6 That Cabinet welcomes the pilot work by Council officers to streamline GP administrative procedures in relation to patient requests for medical information to support their housing assessments, and requests that this be rolled out across the Borough.</p>	<p>Officers from the Council met with Dr Suri & Dr Sira and provisionally agreed a process for requests for information that will significantly reduce the administration required by GPs and will enable the administrative staff within the surgeries to process the requests.</p> <p>Requests for information would be sent from the Council's Housing Service directly to the individual surgeries through the housing team's generic email address (which would include a client consent form and up to date contact details for the client).</p> <p>The request would specify the information that would be required which it is hoped would be able to be pulled from the surgery's IT database. Before the information would be sent back to the Council, it would be shared with the resident (also via email) to confirm that it could be sent back to the Council.</p>

		<p>It is thought that by sending the information to the resident it will not need to be assessed by a GP before it is sent and it would allow the resident to have full sight of the record before the Council is provided with it. It was agreed that this process would be done by email except were the resident does not have access to an email account and then it will be sent via letter.</p> <p>Dr Suri & Dr Sira will be discussing this approach with all Hillingdon surgeries in order to take forward and raise any concerns with this approach.</p> <p>Unfortunately, since the initial meeting, as set out above, progress has not been made in putting this into operation. The Housing Team will therefore be contacting Dr Suri & Dr Sira in order to put it into practice as soon as possible. A further update will then be provided to the External Services Select Committee.</p>
	<p>RECOMMENDATION 7 That planning officers be asked to notify Hillingdon CCG when processing any planning applications relating to accommodation for the elderly that are subject to CIL.</p>	<p>Officers have sought to identify planning applications which, as per the ESSC's recommendation, involve accommodation for the elderly and then consulted the CCG. This was applied with respect to major planning applications and has involved the following two major development proposals being subject to written consultation of the CCG for their views (such that they were able to either comment on the applications or simply note the nature of the submissions to then inform healthcare planning):</p> <p><i>SEYMOUR HOUSE 30-38, CHESTER ROAD NORTHWOOD</i> <i>Erection of 29-bed residential care home (Use Class C2) on land at Nos. 30-32 Chester Road and the change of use of three existing rear bedrooms to storage and ancillary rooms to No. 34 Chester Road.</i></p>

		<p>LAND OFF HAREFIELD ROAD (Halfords/Wickes site adjacent to Uxbridge Police Station), UXBRIDGE Comprehensive redevelopment of the site comprising demolition of existing buildings to provide residential care accommodation (Use Class C2), cafe and nursery (Use Class E) in buildings up to 8 storeys, car parking, landscaping and associated works.</p> <p><i>Detailed Description: 194 units (66x1 bed units, 123x2 bed units and 5x3 bed) together with integrated nursing care and associated communal and support services including ancillary communal, care and well-being facilities including a restaurant, cafe/bar and wellness centre/gym and a 313 sq.m children's nursery.</i></p> <p>At the time of writing, neither planning application has been determined, as both applications were lodged in late 2020, rather than earlier in the year, hence we do not know if they will impact upon future healthcare provision.</p>
	<p>RECOMMENDATION 8 That Cabinet note that the External Services Select Committee will continue to closely monitor any implementation of the above recommendations, along with GP training programmes and the recruitment of new GPs, particularly in the South of the Borough.</p>	<p>The pandemic has had a significant impact on all planned GP training programmes for 2020/21. However, subject to the progress of the pandemic, it is hoped to restart these in the coming months. Recruitment in the south of the Borough also continues to be an issue, but there are a range of initiatives in place to support recruitment and retention of GPs and these include:</p> <ul style="list-style-type: none"> • <i>Training Hub</i> - A training hub has been established and is led by the Confederation. This is responsible for all training for GP practices and the NHS workforce in Hillingdon. It also leads on all work-based placements and placing students within the Borough for GPs, nurses and apprenticeships. The training hub will shortly also be accountable for all PCN learning

environments and ensuring training practices have resources and support in place.

- *Hillingdon Young Practitioner Group* - This was re-established in January 2021. It will be supporting new GPs in Hillingdon and will provide professional supervision. This Group will meet monthly with the first session taking place in February and, so far, 4 GPs have signed up.
- *Mentor and Buddy Schemes* – Led by experienced GPs, these are intended to support new and existing GPs and, at present, there are:
 - 5 x Mentors supporting 9 x Mentees; and
 - 11 x Buddies supporting 7 x Budders
- *SPIN Training* - These are extended training courses open to those who have completed GP training as well as GPs within their first five years of their career. Four courses will have been delivered during 2020/21.
- *Fellowship Programmes* – This is a one-year programme that, subject to funding, will be extended into 2021/22 and includes sessions for specific career development in a range of options, e.g., quality improvement, frailty, cancer, etc.

Key

Clinically Extremely Vulnerable (CEV) List: A person will be on the CEV list if they have one or more of a range of medical conditions, e.g., certain cancers, respiratory conditions, immune deficiency conditions, or are deemed by their GP to be at serious risk should they contract Covid-19. The list is developed by the Primary Care Networks and held by the CCG.

Neighbourhood Teams Neighbourhood Teams (NTs) are multidisciplinary teams but with a core team of GPs, community staff, social care staff and health and wellbeing officers and wider third sector staff, mental health professionals, practice staff and acute consultants.

There are 6 NTs in Hillingdon aligned to the PCNs. Each team is supporting a population of between 30 and 50,000. The NTs identify and manage 15% of people within their population at greatest risk of future hospital admission or attendance.

At risk people are identified through:

- Use of risk stratification tools.
- Intelligence gathering from health and care providers.

Frequent user information from the ambulance service and acute hospital

Primary Care Network (PCN) PCNs are collaborations of GP practices serving a total population of between 30 and 50,000 people.

Each PCN has a clinical director and must agree a collective system of governance, including identification of the lead practice for accepting funding.

Practices within a PCN must collectively decide which one will lead on enhanced services, such as extended opening or support for care homes.

The PCN workforce will include a pharmacist and social prescribing link workers in addition to a clinical director.