



# **Health and Social Care Select Committee Review Scoping Report - 2025/2026**

## **A Single Meeting Review of GP Coverage in Hillingdon**

### **1. OBJECTIVES**

#### **Aim of the review**

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 GP coverage in Hillingdon at its next meeting. This review aims to consider the number and geographical location of GPs in the Borough as well as the adequacy in serving the local population.

#### **Terms of Reference**

The following Terms of Reference are suggested for the single meeting review, subject to any changes agreed by the Committee:

1. to gain an understanding of the services currently provided by GPs in Hillingdon.
2. to understand how GP services are commissioned and how this will be affected by the changes being faced by Northwest London Integrated Care Board.
3. to review the current availability of support for GPs.
4. to establish what services have already been commissioned from pharmacies and other providers to alleviate pressure from GPs and identify how successful this change has been in achieving its objective.
5. to explore the possibility of pharmacies providing additional services to alleviate the pressure on GP; and
6. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

## **2. BACKGROUND**

### **Context and Key Information**

The system of General Practitioners (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.

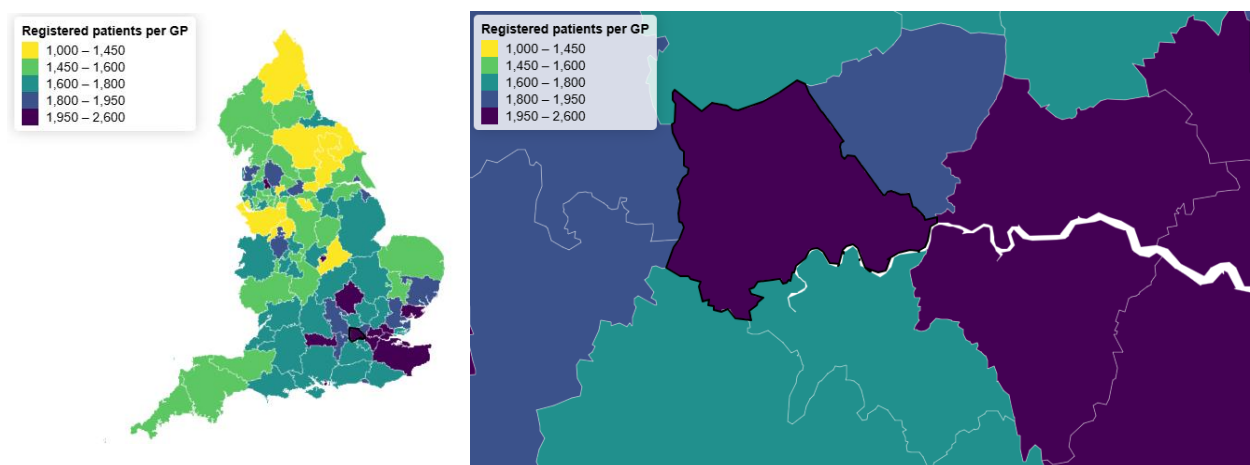
An NHS GP is a medical doctor who works in primary care and provides general healthcare services to patients within the NHS system. They are highly trained professionals who provide a broad range of services, from managing common illnesses to offering preventative care and coordinating more specialised treatments. At the end of September 2024, there were 38,421 NHS GPs in England (according to data from NHS Digital). This is measured on a full-time-equivalent basis (FTE) which considers whether GPs work full-time or part-time.

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>.

### **Ratio of Patients Per GP**

The maps below show the number of registered patients per full-time-equivalent GP in NHS areas. A lower ratio of patients per GP in an area indicates better provision of GPs and a higher number indicates worse provision. The analysis is based on data from NHS Digital.

The ratio of registered patients to GPs varies across England (left) and London (right) with the darker shading on the maps below indicating a higher number of registered patients per GP. It is worth noting that some areas have a higher need for GP services (for example if they have an older population), so some differences might reflect demographics.



The number of patients per GP is higher in North West London than the London or England average as shown in the table below. The ratio change for All GPs (including

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

GPs in training grades) can only be compared from June 2018 onwards at the sub-national level whereas the ratio change for fully qualified GPs is available from December 2016. These figures do not include other practice staff.

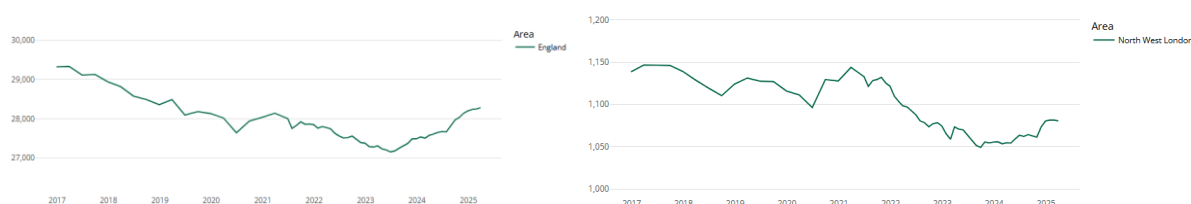
| Area name         | Patients per GP (all GPs) | Ratio change since June 2018 (all GPs) | Patients per GP (fully qualified GPs only) | Ratio change since Dec 2016 (fully qualified GPs only) |
|-------------------|---------------------------|--|--|--|
| North West London | 2,216                     | +213                                   | 2,696                                      | +642   |
| London NHS region | 2,002                     | +83                                    | 2,497                                      | +426   |
| England           | 1,671                     | -88                                    | 2,255                                      | +274   |

## Number of GPs

The table below shows the number of GPs in NWL compared to London and England. The data is sourced from NHS Digital and represents full-time-equivalent (FTE) figures which consider whether GPs work full-time or part-time. These figures do not include other practice staff.

| Area name         | Fully qualified GPs | GPs in training grades | All GPs | Change in Fully qualified GPs since Dec 2016 | Change in GPs in training grades since June 2018 | Change in All GPs since June 2018 |
|-------------------|---------------------|------------------------|---------|--|--|-----------------------------------|
| North West London | 1,081               | 234                    | 1,315   | -58  | +134   | +96                               |
| London NHS region | 4,455               | 1,102                  | 5,557   | -163   | +489   | +417                              |
| England           | 28,281              | 9,892                  | 38,173  | -1,039                                       | +4,875   | +4,581                            |

The following two graphs show the trends with regard to Fully Qualified GPs in England and NWL.



These two graphs show the trend in terms of All GPs in England and NWL

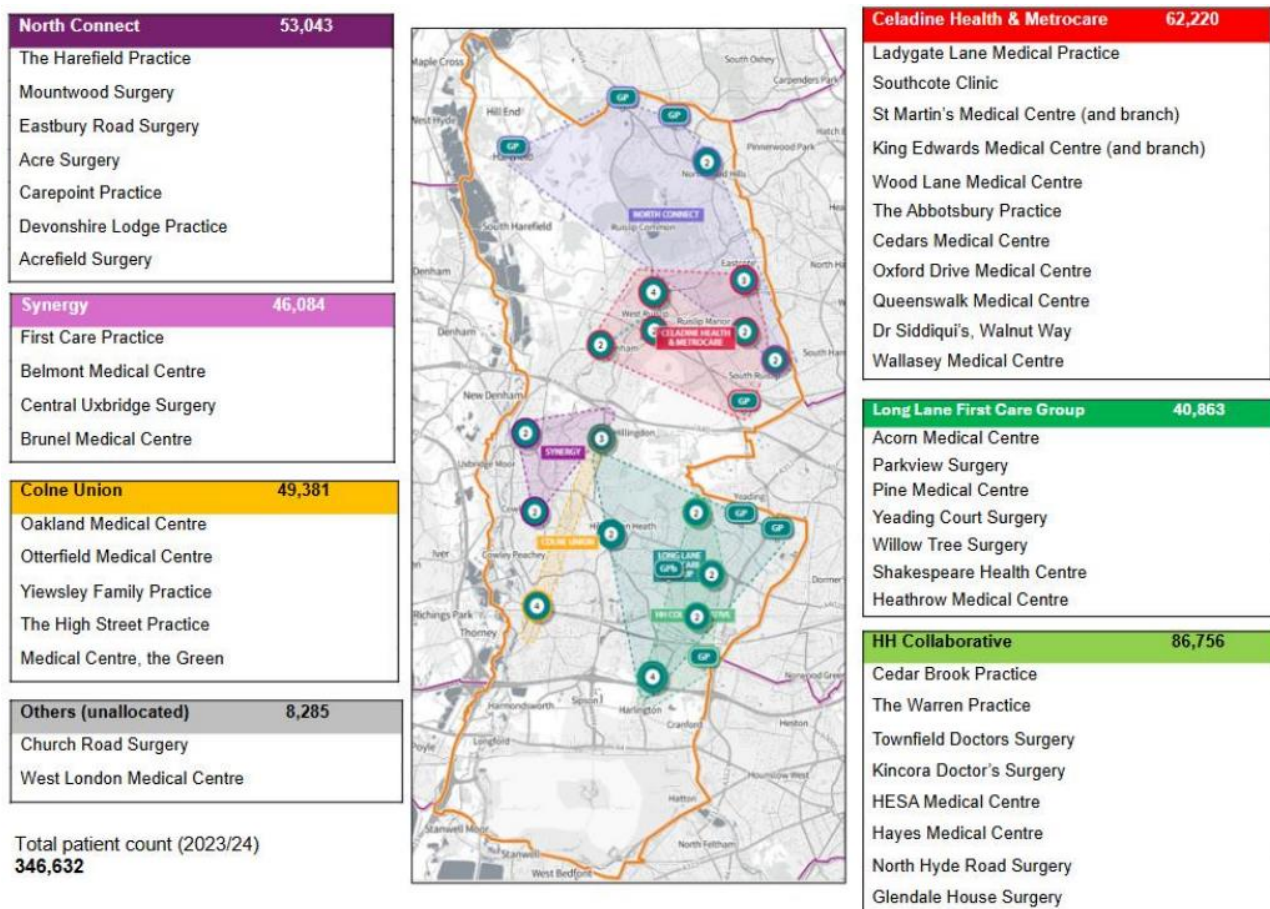


## The Local Situation

Hillingdon has 42 GP surgeries organised into six Primary Care Networks (PCNs), with two GP practices that have made the decision not to be allocated to a PCN. Hillingdon has no GPs in Ruislip Manor or Hillingdon West wards<sup>2</sup>. A PCN is a group

<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)

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. The table and map below show the PCNs in Hillingdon aligned to GPs<sup>3</sup>.



## Enhanced Access

NHS England implemented new requirements implemented from 1 October 2022 that all PCNs would be required to provide Enhanced Access appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. The new arrangements aimed to remove variability across the country by putting in place a more standardised and better understood offer for patients. It provides an opportunity to develop a better blend of appointment modes including taking advantage of a more digitally enabled offer, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services including screening and vaccination.

## Same Day Urgent Care Services

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

<sup>3</sup> Constituency data: GPs and GP practices - <https://commonslibrary.parliament.uk/constituency-data-gps-and-gp-practices/#:~:text=This%20interactive%20dashboard%20allows%20you%20to%20explore%20data,radio%20of%20patients%20to%20GPs%20in%20each%20area.>

hub 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).

## **Executive Responsibilities**

The portfolio Cabinet Member responsible is Councillor Jane Palmer.

## **3. EVIDENCE & ENQUIRY**

### **Potential witnesses (including service users)**

Witnesses will be identified by the Committee in consultation with relevant officers and may include:

- Sean Bidewell, North West London Integrated Care Board / Hillingdon Health and Care Partners
- Edmund Jahn, Chief Executive, Hillingdon GP Confederation / Hillingdon Health and Care Partners
- Lisa Taylor, Managing Director, Healthwatch Hillingdon

### **Lines of Enquiry**

Lines of enquiry can be expanded as the review progresses or included in relevant witness session reports. However, lines of enquiry may include:

1. Is the service provided by each GP the same at all practices?
2. Are the services provided by pharmacies in Hillingdon alleviating the pressure on GPs?
3. What additional services could be provided by pharmacies to alleviate pressure on GPs?
4. How is the quality of service provided by each practice monitored and what action is taken in response to concerns about quality and complaints?
5. What is the service user experience in relation to the availability/accessibility of appointments?
6. How are the waiting times for appointments monitored and managed?
7. How is the scope of provision geographically located and does this meet residents' needs?
8. Are complaints and compliments managed centrally to enable practices to share best practice? Do the PCNs produce a "*You Said, We Did*" to close the feedback loop?
9. How is the enhanced access being promoted and applied?
10. What the issues concerning the recruitment and retention of GPs to support Hillingdon residents and how are they being addressed?
11. What action has been taken / is being taken to increase the number of GPs practicing in the Borough to address the high GP/patient ratios?
12. What action is taken to ensure that there is a consistent approach taken by all GP practices to referring patients to the Hubs?
13. What are the implications for GP coverage and practice in Hillingdon arising from the NHS 10-year plan?

### **Surveys, site-visits or other fact-finding events**

Such opportunities will be identified as the review progresses.

## **Future information that may be required**

Further information may be identified as the review progresses.

## **4. REVIEW PLANNING & TIMETABLE**

Proposed timeframe and milestones for the review:

| <b>Meeting Date</b> | <b>Action</b>                                 | <b>Purpose / theme</b>  |
|---------------------|---|---|
| 22 July 2025        | Agree Scoping Report / Single Witness Session | <ul style="list-style-type: none"><li>• Information and analysis</li><li>• To discuss key findings and identify potential recommendations</li></ul> |
| 16 September 2025   | Approval of draft final report                | Proposals – agree recommendations and final draft report to Cabinet   |
| 23 October 2025     | Final report to be presented to Cabinet       |   |

## **Resource requirements**

The review will be undertaken within existing resources.

## **Equalities impact**

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. There are no equality impact issues relating to the matters set out in this report. When analysing information on victims, offenders or location of crime and ASB generally, the protected characteristics are recorded, analysed and disproportionate trends identified when planning the appropriate strategic and operational intervention.

## **Background Papers / further reading**

None.