

Item: 3.1

Meeting name:	Brent Primary Care Committee- Part 1
Date	Wednesday, 12 February 2020

Title of paper	Review of the Homelessness Service provided by Burnley Medical Practice
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Presenter	Versha Varsani, Head of Primary Care			
Author/s	Versha Varsani, Head of Primary Care			
Responsible Director	Fana Hussain, AD Primary Care			
Clinical Lead	Dr M C Patel, Chair Brent CCG			
Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> Items are only confidential if it is in the public interest for them to be so

The Committee is asked to:
Make a decision on the future of the homelessness service in Brent

Strategic Objectives and Board Assurance Framework
<p>This paper supports the following Strategic Objectives:</p> <p>SO1 Improve the health and wellbeing of people in Brent by commissioning high quality, safe and sustainable models of care</p> <p>SO2 Involve and empower Brent’s diverse communities to focus on prevention and self-care so that they have greater control of their health and well being</p> <p>SO3 Implement the Brent Local Services Strategy to improve local services through, reducing variation, increasing integration and developing new models of care delivered through accountable care partnerships</p> <p>SO4 Improving performance in line with the NHS Constitution</p> <p>SO5 Engage Brent residents and patients in shaping the design of services to improve patient experience</p>

Item: 3.1

Summary of purpose and scope of report

Background and Summary

- 1.1 This paper serves to
- Detail changes to the Homelessness service that is currently provided by AT Medics from Burnley Medical Practice
 - Set out arrangements to provide an equitable service for all Brent homeless residents
 - The Primary Care Commissioning Committee is asked to make a decision on the future management and provision for people that are homeless
- 1.2 Burnley Medical Practice has been run by AT Medics under an APMS contract since the last procurement in 2016. They inherited the homeless service upon their appointment to the APMS contract for core medical services. The responsibility for commissioning transferred to Brent CCG upon the CCG moving to full delegation in April 2018.
- 1.3 Following an evaluation of the homelessness service provision and the publication of NHS Long Term Plan¹ and PCN Network Contract DES², the PCCC in September 2019 decided for the Burnley Medical Practice to continue to provide the homelessness service until 31st March 2020 in order to enable the CCG to conduct a detailed review of the service and also enabling PCNs to identify the needs of its registered population and provide services to meet this need through population health management. In addition, for all Brent practices to take responsibility to register homeless people along with other vulnerable groups as per the NHS England Primary Medical Care Policy and Guidance³ and the CQC⁴ requirement (see 1.5 for further details).
- 1.4 Analysis of the current service shows that it is not delivering value for money and there is dwindling demand for its GP and counsellor outreach clinic. The service was first initiated in 2004 as **patients used to experience difficulty in registering with a GP practice due to lack of proof of address, hence limiting their access to healthcare services. The service included a wider multi-disciplinary team including GP, counsellor, mental health practitioner, housing service, homeless charities etc.** The majority of the service now consists of a counselling service seeing patients (some who are not homeless). These people are alternatively suitable for referral to either Improving Access to Psychological Therapies (IAPT) counselling, therapist at Ashford Place, secondary care mental health service or seen by a counsellor or mental health support team from a charitable organisation working to tackle homelessness.

Item: 3.1

1.5 The NHS England primary medical services contracts³, makes it clear that **GP practices cannot refuse an application to join its list of NHS patients** on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Other than that, they can only turn down an application if:

- The commissioner has agreed that they can close their list to new patients,
- the patient lives outside the practice boundary; or
- if they have other reasonable grounds

In practice, this means that the GP practice's discretion to refuse a patient is limited. There is no contractual duty to seek evidence of identity or immigration status or proof of address. Therefore practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

1.6 Both the British Medical Association and NHS England are committed to ensuring homeless patients receive the same level of care as those with permanent addresses. CQC² expects practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Once the patient is "registered", GPs can manage the patient like any other patient with minimal emphasis required on elements of care to focus on.

1.7 Following an evaluation of the existing service it was agreed to de-commission the service provided by Burnley Medical Practice. From data from GP practices and per the GP contract requirements outlined above, we know that they already register people who are homeless, thereby providing a service from a standalone practices creates an inequitable service across the borough . Brent CCG is committed to helping patients access the right services when they need them. Various local services and programmes are now available to support people with particular health needs. These include:

- In line with the NHS Long Term Plan³ commitments, **Primary Care Networks (PCNs)** have become established and are the best vehicle to provide population health management in creating shared leadership to **improve health and wellbeing of the population**. PCNs are also best placed to **reduce any health inequalities**. The PCN contract Direct Enhanced Service (DES) is designed to deliver commitments made in the NHS long term plan, for example on medicines management, health in care homes, early cancer diagnosis and cardiovascular disease case finding. PCNs are the key vehicle

Item: 3.1

for doing this. During 2019 and 2020, NHS England and GPC England⁴ will develop the seven national service specifications and networks will have responsibility for delivering these as set out in the contract in return for the new funding. One of these specifications is Tackling Neighbourhood Inequalities to help tackle the wider social determinants of health.

- **PCN social prescribers (care navigator)** support and appropriately signpost individuals to a wide range of non-medical support. These services support a whole-system approach. It can contribute to advancing equality and reducing inequalities in access and outcomes for all - this includes people who are homeless and rough sleepers, vulnerable migrants (refugees and asylum seekers), sex workers, and those from the Gypsy, Roma and Traveller communities.
- **Integrated Care Partnership (ICP) Programme** and the **Whole System Integrated Care (WSIC) Programme** in Brent proactively identifies patients at rising risk including frequent attenders at UCC/A&E and provided appropriate information and support to improve health and well-being.
- **GP Access Hubs** offer additional appointments in the evening, at the weekend or on a bank holiday.
- **Online registration and consultation** is available across majority of our GP practices providing an alternative access option for patients. The CCG have commissioned GP websites which enables patients to register remotely with our practices. All practices also have an open list.
- **NHS 111 (phone service or online)** is available to help people get the right advice and treatment when they urgently need it.
- **Health Help Now app** helps patients find the right health services, medical advice and trusted information.
- **Mental Health Services** such as IAPT, counsellors employed by the community support centre (Ashford Place), secondary care mental health service (with outreach services), Immigrant Counselling and Psychotherapy (ICAP), MIND and Crisis Brent counsellor or mental health support team from charitable organisation working to tackle homelessness. In addition, a 24/7 helpline is available for help in a mental health crisis.

Item: 3.1

- **Drug and Alcohol Team** help people in Brent recover from drug and alcohol addiction.
- Refer to section 4 for details of other agencies working to tackle homelessness.

1.8 The paper proposes two options.

Option 1: No action taken – service will terminate as agreed at Sept 2019 PCCC and all practices to continue to deliver to their core contract to register people who are homeless.

Option 2: CCG to re-commission the service for one year with a defined service specification and seek approval from the CCG to fund this. This will require a procurement process to determine the most suitable provider.

We support option 1, which is to take no further action and to terminate the service. Practices are already registering people who are vulnerable, this includes homeless people. This is further supported through online registration, which many agencies and patients are utilising. All practices have an open list to accept patient registration. This option will also provide an equitable service for all Brent homeless residents and break down any possible barriers to patient registration. We will ensure practices are further reminded of the requirements to register all patients in their practice area including those patients who are homeless. Practices will continue to be supported through the services and programmes available through primary care and agencies working to tackle homelessness.

What are the benefits of this project?

- Enable an equitable service aligned to new models of care, avoiding pockets of homelessness.
- Breaks down any possible barriers in patient registration. Once the patient is “registered”, GPs can manage the patient like any other patient with minimal emphasis required on elements of care to focus on.

Patient, staff and stakeholder engagement

This includes, but not exclusive:

Item: 3.1

- GP Practices and Practice Managers
- CCG Executive Team, Clinical Directors and Primary Care Commissioning Committee
- Brent Council; Housing and Public Health Team
- NWL CCGs and other Outer NWL CCGs
- Healthy London Partnership
- Lay Members
- Burnley Medical Practice; Lead GP, Practice Manager and Counsellor
- Ashford Place
- Pound Lane
- Livingstone House (LookAhead)
- Brent Healthwatch
- Crisis Brent
- St Mungo's
- Service users

Jargon buster

APMS - Alternative Provider Medical Services
NHSE – National Health Service England
CCG – Clinical Commissioning Group
PCCC – Primary Care Commissioning Committee
PCN – Primary Care Network
CQC – Care Quality Commission
ICAP - Immigrant Counselling and Psychotherapy
NWL – North West London
MIND – Mental Health Charity
DES – Direct Enhanced Service

Quality & Safety

Refer to the attached Quality Impact Assessment (QIA)

The components of the QIA included the addressing of four core domains (Patient Safety, Patient Experience/Patient & Lay Feedback, Clinical Effectiveness and Sustainability).

Equality analysis

Refer to the attached Equality and Health Inequalities Impact Analysis (EHIA)



Item: 3.1

Finance and resources
Brent CCG currently commissions the homelessness service from Burnley Medical Practice at £80,000 / annum through the primary care delegated budget.

Risk	Mitigating actions
As per the QIA and EHIA	

- Supporting documents**
- Detailed report and proposals in the document titled 'Review of the Homelessness Service provided by Burnley Medical Practice'
 - Equality and Health Inequalities Impact Analysis (EHIA)
 - Quality Impact Assessment (QIA)

Conflict of interests

Following the review of the paper by the main co-ordinating team (secretary; committee chair and executive lead), have any potential conflicts affecting the membership been identified?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If yes, please identify conflicted individual(s) and confirm what action is being taken, ticking all the actions that apply. If actions differ for more than one conflicted individual, please record this clearly by further naming each individual alongside each action that applies to them.

Name and nature of conflict (describe):

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Action taken:	Please tick one
1. The paper has been withheld from the individual(s) concerned.	<input type="checkbox"/>
2. The individual(s) will not attend the meeting where the paper	<input type="checkbox"/>

Item: 3.1

will be discussed.

3. The paper is being shared; however, the individual(s) will not participate in discussion.

4. The paper is being shared for discussion purposes; however the individual(s) will not participate in, or be present for the final decision

For the avoidance of doubt, the use of the above chosen handling strategy will also be formally recorded by the secretary in the minutes of the meeting to confirm the action that was taken, which shall further be added to the CCG's COI management actions log and made available online alongside the CCG's register of decisions taken.

OR if there are no conflicts:

Conflict of interests

The authors declare no conflicts of interest.

Governance, reporting and engagement		
<i>Provide a brief overview of where this paper – or work in developing it – has been discussed. Signpost to where in the paper more detail on this can be found.</i>		
Name	Date	Outcome and where in the report can you find out more
Brent CCG Senior Management Team	4 th Feb 2020	Agree to the recommendations laid out in the paper
Brent CCG Clinical Directors	5 th Feb 2020	Agree to the recommendations laid out in the paper
Equality and Quality leads	Jan / Feb 2020	Comments received and reviewed.