

# GP Services Scrutiny: Final Report





## 1 LEAD MEMBER'S FOREWORD

General medical services in Barking and Dagenham have been changing and will continue to develop in response to a combination of factors – significant projected housing and population growth coupled with a 'vision' for future health services in London based on care outside hospitals from multi-disciplinary staff teams with new roles. The Thames Gateway and the 2012 Olympic and Paralympic games developments provide both a catalyst and opportunity to make this vision a reality by accelerating modernisation of health services.

Over the last two years and for the next three years NHS Barking and Dagenham are investing significant resources to address the big challenges faced by general practice in meeting public expectations around access to and quality of general medical services. New health service policies, focusing on public health, better management of long term conditions and a modernised workforce and infrastructure, provide an additional stimulus for and means of enabling change in general practice and wider primary care services.

This review has attempted to identify some areas where further improvements could be made. As the topic of GP Services encompasses so many wide-ranging issues, and given the relatively short time-span allotted to this review, it was not possible to give thorough consideration to all aspects. Instead, we decided to focus on the key areas that would most benefit from scrutiny input, and to highlight other issues for possible future review as necessary.

I am grateful to all those who contributed and I trust that the recommendations put forward will assist those responsible for delivering GP services within the borough and benefit local residents.

*Councillor Marie West, Lead Member of the GP Services Scrutiny Review Panel*

## **2. INTRODUCTION**

2.1 On the 17 September 2008, the Scrutiny Management Board commissioned an in-depth scrutiny of General Practitioner (GP) services and established a time-limited scrutiny panel to undertake this work. Terms of reference for the Panel can be viewed in Appendix One.

2.2 The review was prompted by a number of considerations, as follows:

- In 2007, the Health Scrutiny Panel consulted with the local community to determine which health topic residents felt would benefit from a scrutiny review. The community identified primary care services, which are predominately delivered through GP practices, as a priority.
- The provision of GP services is strategically linked to the Council's Community Priority 'Improving health, housing and social care by providing the right care for vulnerable people, creating a better environment for healthy living, building homes that suit people's needs and educating people on how to improve their own health.
- The choice of review topic also provided an opportunity to follow up work undertaken during the 2004 scrutiny review of access to primary care.

2.3 The GP Services Review Panel consisted of six Councillors and two lay members:

- Councillor Marie West (Lead Member)
- Councillor Bob Bailey
- Councillor John Denyer
- Councillor Mohammed Fani
- Councillor Kay Flint
- Councillor Terry Justice
- Mr. Jim Campe, Local Involvement Network (LINK) Member
- Ms. Sharon Moorton, GP Practice Manager

The Lead Services Officer for the review was Matthew Cole, Joint Director of Health Improvement. The Senior Scrutiny Officer was Pat Brown.

2.4 The Panel held five formal panel meetings between 22 September 2008 and 17 November 2008 to hear evidence from a number of health professionals. Members also undertook five site visits to small GP surgeries and the Broad Street Medical Centre to hear views from GPs, Practice Nurses, Practice Managers, Administration and Reception Staff and Patients.

Additional background information, listed in paragraph 6 of this report, was also made available to the Panel. Full details of witnesses and site visits are given in Appendix Two.

## **3 FINDINGS AND RECOMMENDATIONS**

3.1 In compiling the findings, the evidence gathered by the Panel has been grouped into key themes, and recommendations are presented with the relevant themes to provide

context. For ease of reference the recommendations can be reviewed as a list in Appendix 3.

### 3.2 Quality and Outcomes Framework

Since the scrutiny review of access to primary care services in 2004, a new GP contract, Quality and Outcomes Framework (QOF), has been agreed nationally and GPs in the Borough have all signed the new contract.

QOF was an innovatory model of care introduced in the 2004 contract that, for the first time, emphasised the importance of chronic disease management and the standards of care that patients should expect. Indeed, the NHS now provides a unique worldwide model concentrating on these diseases.

Although not mandatory for GPs to sign up to QOF, NHS Barking and Dagenham would take a negative view of any practice that chose not to provide such services to patients.

The framework provides additional measurable clinical outcomes that now form part of the General Medical Services balanced scorecard, along with standards such as access times and the ratio of one GP to seventeen hundred patients, now achieved in Barking and Dagenham.

QOF now targets significant resource investment into general practice and those that score within the desired range.

The process of revalidation of the GP's licence will be introduced in 2009 and involve two strands:

- Re-licensing (confirming that doctors practise in accordance with the General Medical Council's generic standards); and
- Recertification (confirming that doctors on the specialist and GP registers conform with standards appropriate for their specialty of medicine).

The Panel received reports setting out how GPs meet the required standards and the procedures NHS Barking and Dagenham have in place to assist GPs who do not meet the standards.

Across the borough GP practices undertake essential services, but can select the additional and enhanced services that they provide for their patients. The following services that are part of the QOF contract that was introduced in 2004:

**Essential services** - these are services expected of any general practice, such as the availability of appointments, diagnostic and treatment services, the management of patients who believe themselves to be ill, appropriate referral to other agencies, the management of long term illnesses and conducting appropriate home visits.

**Additional services** – these include cervical screening, immunisations, contraceptive services, child health surveillance and maternity services, but exclude confinement care, minor surgery procedures including cauterisation (to seal a wound or to destroy damaged or infected tissue by burning), curettage (a surgical procedure

to remove unwanted growths or other tissue) and cryocautery (a procedure that destroys tissue by freezing).

**Enhanced services** – these are services delivered to a higher standard and specification than essential services. They are commissioned by NHS Barking and Dagenham and will reflect local health priorities. Enhanced Services are divided into:

- **National Enhanced Services** – national specifications determined centrally to meet local needs, such as monitoring of anticoagulant treatment (to prevent blood from clotting) or intrapartum care (such as post natal depression).
- **Direct Enhanced Services** - such as services for violent patients.
- **Local Enhanced Services** - enhanced services that specifically reflect local health needs, such as alcohol and substance misuse services.

### 3.3 Infrastructure development programme

In addition to the requirements of the new GP contract, an ambitious infrastructure development programme is in progress in Barking and Dagenham, including eighteen multipurpose, community-based health facilities funded by the Local Improvement Finance Trust (LIFT) process and GP third party developments.

One example is a '24 hour hub' on the Barking Hospital site, which is planned to include a walk-in centre, an urgent care service and a birthing unit, alongside numerous other services. Others include the planned Porter's Avenue Chronic Disease Management Centre and the Barking Town Centre Children and Young People Health Promotion Centre. Barking and Dagenham has a good record of working with other organisations to improve health.

Other innovative models that Barking and Dagenham has introduced are the virtual young people's service and alternative providers of medical services, such as Broad Street, which is a combined practice and walk-in centre.

### 3.4 Healthcare for London

The Panel has noted the outcomes from 'Healthcare for London: Consulting the Capital'. The consultation was intended to explore and develop new ways to improve the healthcare of Londoners over the next ten years. The outcome of the consultation will have significant implications on how local GP services are delivered and new models of service.

The key driver is the pressure to address performance in general practice, centralise hospital-based care and the requirement to unpack those parts of current hospital care that can be provided locally or in networks of care from those that must be based in a specialist institution, i.e. specialist unit or local hospital.

NHS Barking and Dagenham is required to produce commissioning strategy plans for 2009/10 that set out the changes being made to services commissioned to deliver the 'Healthcare for London' vision for general medical services. NHS Barking and

Dagenham will be expected to communicate their plans to the public, patients and key stakeholders.

Despite year on year improvements in general practice, significant variation in performance exists against a range of standards and targets, between practices and against comparators within London and nationally.

Based on standards and best practice, NHS Barking and Dagenham operates a Balanced Scorecard to assess practices.

### 3.5 **Extended hours**

NHS Barking and Dagenham piloted the GP extended hours scheme, which has proved very popular with patients. The pilot has now finished and the Panel strongly supports NHS Barking and Dagenham's decision to continue funding the scheme and plans to ensure that new surgeries will be required to adopt extended hours.

In general, GPs operating under the current extended hours scheme do not open on a Saturday morning. The Panel recognises that asking every practice to offer a Saturday morning surgery may not be necessary, and could potentially lead to a waste of resources in areas where there are several GP surgeries operating in very close proximity.

**Recommendation 1:** The Panel recommends that NHS Barking and Dagenham investigate ways to encourage GPs to provide Saturday morning surgeries, on an appointment only basis. To avoid wasting resources and in order to promote a healthy work life balance, the Panel suggests that NHS Barking and Dagenham look at a range of models including a rotation system. The Panel notes that, under such a system, patients requiring a Saturday morning appointments would be required to give permission for their records to be shared with the GP on duty.

### 3.6 **Polyclinics and the Hub and Spoke model for delivery of GP services**

As part of the Government's review of the NHS, Lord Darzi, Parliamentary Under Secretary of State at the Department of Health, has presented his vision for the delivery of future healthcare in London. The polyclinic model proposed was of a large GP practice covering 50,000 patients, with a range of other health professionals and services under the same roof, to improve a more locally based and integrated health service. There has been widespread media coverage, often with a negative focus reporting the demise of the local GP and replacement with super-sized practices. However, many of the other services proposed for polyclinics are currently only offered at hospitals out of the Borough for Barking and Dagenham residents.

One of London's first examples of a polyclinic is being commissioned by NHS Redbridge on the border with Barking and Dagenham. The Loxford Centre is the first purpose built polyclinic centre and is scheduled to open in the spring of 2009. It will be situated in the most deprived area of Redbridge and will provide the full range of polyclinic services with extended access hours. Eleven GP practices will form part of the network.

It is now widely accepted that the small single GP practice model can no longer meet the diverse needs of our large urban communities. The Department of Health has stated that health centres with more than one doctor and some specialists can deliver integrated, extended and more convenient services for patients, and this has already been put in place in some areas. However, the Department has also stated that local people and clinicians will decide what is most appropriate for their community.

NHS Barking and Dagenham has reviewed the various options for polyclinics and how they fit the needs of residents in the borough, and is proposing to deliver the full range of polyclinic services through a 'Hub and Spoke model'. The 'Hub' is a large medical centre, such as the Broad Street Medical Centre, but houses a much smaller general practice (list size 6,000 to 10,000 patients) and greater population coverage for primary care services is achieved through links with existing general practices. Primary care hub services will have referral pathways to current GP services so that patients choosing to be registered elsewhere will still be able to access the specialist services a primary care hub can offer.

NHS Barking and Dagenham has stated that all service providers in these facilities will be commissioned to take advantage of their co-location to deliver a joined-up approach to care and a seamless service for the patient.

The Panel endorses NHS Barking and Dagenham's view that the Hub and Spoke model will create a more flexible service and will be better able to meet the needs of local residents, GPs and health staff, and will be interested to hear the results of public consultation on these proposals.

**Recommendation 2:** The Panel recommends that NHS Barking and Dagenham actively and widely consult patients and health professionals regarding the Hub and Spoke model proposed for the delivery of GP services. If the consultation response is favourable, it is recommended that the model be implemented at the earliest possible time, and that regular updates be provided to local residents informing them of progress and services available throughout the Borough.

### 3.7 The ageing GP community and recruitment proposals

There are a high number of GPs in the Borough nearing the state retirement age and it is recognised that some new GPs must be recruited to the Borough. NHS Barking and Dagenham has been working hard with some success in recruitment of additional GPs.

Other steps being taken include the setting up of GPs with special interest and the new grade of general practitioner, namely, the salaried general practitioner<sup>1</sup>. Now that the Borough is being funded at a higher and more appropriate level, NHS Barking and Dagenham is investing in premises, resources and improved doctor / patient ratios, which is assisting in attracting new GPs.

**Recommendation 3:** The Panel supports the proactive approach currently being taken to recruiting health professionals, and notes the importance of achieving the target of one hundred and one full time equivalent GPs by March 2009. The Panel recommends that NHS Barking and Dagenham be mindful of the importance of

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<sup>1</sup> The salaried general practitioner can be employed by either a GP practice or NHS Barking and Dagenham, working to a job description, funded by the innovative resourcing structure introduced by the QOF contract.



prioritising specialist services and achieving gender balance when recruiting new GPs, in order to meet the needs of our local multicultural community.

### 3.8 Premises

A number of GP surgeries are run from adapted residential properties, which have small access doors and corridors. Many of these do not meet full accessibility requirements and are currently submitting bids to NHS Barking and Dagenham for a grant to upgrade premises.

**Recommendation 4:** The Panel recommends that NHS Barking and Dagenham ensure that all GP premises meet the requirements of the Disability Discrimination Act 2005 and provide reasonable access for patients of all disabilities, including adequate access for patients who require aids for mobility problems.

**Recommendation 5:** The Panel recommends that NHS Barking and Dagenham encourage sufficient car parking and access for ambulance transport at new medical centres and, where possible, ensure that existing GP surgery parking facilities are upgraded.

### 3.9 Training

The Panel was concerned to hear some of reports relating to the training of Practice Nurses and administration staff, including Practice Managers. Although GP funding includes provision for training of staff, it appears this has not always been encouraged or made available.

General training, such as customer care, health and safety, and equal opportunities, is provided free of charge by NHS Barking and Dagenham. Practice Nurse training, including refresher courses, is also available. With regard to training of Practice Managers, this is available out-of-borough and has to be fifty percent (currently £600 to £700) funded by GPs. None of the above training is mandatory.

**Recommendation 6:** The Panel recommends that NHS Barking and Dagenham pursue the ring-fencing of GP funding for ongoing staff training.

**Recommendation 7:** The Panel recommends that NHS Barking and Dagenham develop and distribute guidance on the following training standards for practice staff, and promote and monitor the implementation of these standards:

- 1) That mandatory accredited induction training, including customer care, should be identified for all new reception and administrative staff and included as part of their terms and conditions of employment and job descriptions.
- 2) That new Practice Managers should be required to undertake accredited training, funded from the GP training budget, as part of the terms and conditions of employment and job description.
- 3) That all Practice Nurses attend refresher courses and development training.

### 3.10 Phlebotomy Services (blood testing)

Health professionals in GP practices are willing and able to take blood samples from patients for testing. A courier service collects the samples from GP surgeries and medical centres to transport them to the hospital for testing.

The courier service collects samples in the morning only, as some blood tests need to be carried out within a short timeframe. However, in order for the courier service to pick up samples from individual GP surgeries around the borough, the courier would have to collect either prior to, or soon after, surgery opening times. This makes it very difficult for those patients who require assistance to attend the surgery in the early morning.

**Recommendation 8:** The Panel recommends that GP surgeries within the same local area should provide the blood testing service on a rota basis, to achieve less and later pick-ups for the courier service.

### 3.11 Cross-boundary billing

To further enable local services for local people, the Government has recently announced that cross-boundary billing will be considered for implementation.

Currently, the responsibility for primary care services lies with the borough in which the patient is resident. However, a number of people live on the edge of neighbouring boroughs and have to travel across their home borough to receive appropriate medical services, when they are delivered in very close proximity to their home across the borough boundary.

The Panel understands that a reciprocal system is currently in place with a neighbouring borough, but unfortunately not with others.

**Recommendation 9:** The Panel recommends that NHS Barking and Dagenham take the lead in negotiating with all neighbouring boroughs to implement cross-boundary billing as soon as possible, as is already in place for acute services and Hospital Trusts and community services through the 'Choose and Book' system.

### 3.12 Improving access for young people

The Panel received some preliminary results from a consultation with young people entitled "Designing Accessible General Practice Services for Children and Young People: Mapping Service Provision". Forty per cent of BAD (Barking and Dagenham) Youth Forum representatives that responded to the consultation indicated that there had been times when they wanted to see a GP without their parents, and forty four percent said they did not have access to a same sex GP. Responses from some young women indicated that they often perceived hostility from practice staff and GPs, and that they felt the age and gender of GPs was a significant contributory factor to the level of comfort when using GP services.

The Panel believes there is a need for GPs and health professionals to engage more effectively with young people and to provide confidential access in schools and/or youth clubs. Such an approach would also assist in educating young people on a one-to-one basis about a variety of health issues, such as smoking, teenage pregnancy, drugs and the best use of any prescription medication.

**Recommendation 10:** The Panel recommends that NHS Barking and Dagenham work with GP services to put in place the following measures to improve access for young people:

- 1) On reaching 16 years of age, all young people should be invited by their GPs to a confidential consultation without their parents to discuss any health related issues.
- 2) GP sessions (a mixture of drop-in and appointment-based) should be offered at a central location in Dagenham and in schools at the end of the school day (for example, between 3.30pm and 5.00pm).
- 3) A website for young people to ask questions on line about health related issues should be developed in consultation with young people.

### 3.13 Pharmacy Services

The Panel received a presentation from Mr. Sunrinder Kalsi, an independent pharmacist who has worked in the local community for over twenty years. The Panel was interested to note the level of skills and training required, and the number of services that pharmacists could offer patients without having to make an appointment (for example, blood pressure screening).

There are specialist pharmacists in the borough that are qualified to monitor patients following a stroke or heart attack. This can benefit the patient by reducing the time involved, for example half an hour at the pharmacy instead of potentially spending half a day at a hospital located some way from their home. The Panel also heard that pharmacies are often open longer hours than GP surgeries, at weekends, sometimes late at night and/or on bank holidays.

The Panel was pleased to note that GPs in the borough work closely with pharmacists, recognising the benefit to their patients.

**Recommendation 11:** The Panel recommends that NHS Barking and Dagenham continue to work with local pharmacists to further publicise the services they provide and the availability of confidential consultation facilities.

**Recommendation 12:** The Panel recommends that NHS Barking and Dagenham encourage the use by GPs and Patients of the process by which GPs can issue six prescriptions of one month's supply of medication to be held by a local pharmacist, nominated by the patient. The Panel suggests that the pharmacy should assume responsibility to monitor the correct use of the medication.

**Recommendation 13:** The Panel recommends that NHS Barking and Dagenham should attempt, where possible, to ensure that a pharmacist is located within medical centres or in very close proximity to GP services when planning services at new surgeries and medical centres.

**Recommendation 14:** The Panel recommends that NHS Barking and Dagenham develop and put in place procedures for the safe disposal of unused end of life medication by agencies in partnership with the patient's relatives.

### 3.14 Public information

The Panel heard that many residents are not aware of the full range of primary care services available, who to contact or where non-emergency treatment can be accessed. If their GP is not available, patients, especially children and young people with asthma, gastrointestinal disturbances and Ears, Nose and Throat conditions, present themselves to the Accident and Emergency Department at their local hospital. This inappropriate use of services by patients can lead to a delay in those requiring emergency treatment.

The Panel felt this could be a result of the right information not being presented to users in an effective and clear way. This issue was highlighted when the Panel heard that some patients did not attend the Broad Street Medical Centre because they thought it was a facility for private patients only.

**Recommendation 15:** The Panel recommends that NHS Barking and Dagenham work with the Public Health Network to develop a joint protocol to publicise health messages, changes of policy and consultations.

**Recommendation 16:** The Panel recommends that NHS Barking and Dagenham develop a customer access strategy and improve the marketing of services to all residents, including, once the new medical centres are constructed and operational, the distribution to all properties in the Borough a concise health directory booklet, outlining specialist services available, opening times and locations. The publication should be vibrant and headline text carefully worded to encourage its use and retention by residents. The Panel believes this will greatly assist residents to locate the most appropriate health service to meet their needs.

### 3.15 Staff issues

In general, the Panel was very impressed with the health professionals and staff they met during the course of the review and recognised that the delivery of services is at times carried out in very challenging and emotional circumstances.

The Panel was informed that recruitment of practice nurses and nurse practitioners to the privately owned medical centres, such as the Broad Street Medical Centre, was particularly difficult because the current rules of the NHS Pension Scheme do not allow staff to continue their membership, even though they are delivering health services solely under the NHS.

The Locum service used by local GPs was discussed and concern was raised with regard to the communication skills of some locum and salaried GPs with patients. The Panel recognised that NHS Barking and Dagenham recruitment process adhered to the absolute requirement of oral and written communication skills of all new primary care staff, including GPs.

**Recommendation 17:** The Panel recommends that NHS Barking Dagenham investigate and / or lobby to ensure that staff working in privately built clinics (such as the Broad Street Medical Centre) that are specifically employed to deliver NHS services are able to continue their membership of the NHS pension scheme.

**Recommendation 18:** The Panel recommends that, in line with the GP's Code of Conduct and their professional duty, NHS Barking and Dagenham should strongly advise local GPs to assess and engage locums and salaried GPs with appropriate communication skills for all segments of the community.

## **4 CONCLUSIONS**

- 4.1 Given the large topic area encompassed by GP services, it was not possible for the Panel to thoroughly investigate all issues that potentially could have been included in the review. Members specifically identified the appointment system and multi-agency receptions as issues worthy of further investigation.

Scrutiny Management Board may wish to establish panels to undertake further scrutiny of these issues at a future stage.

## **5 BACKGROUND PAPERS**

- Minutes and papers of GP Services Review Scrutiny Panel meetings
- Your Health, Your Care, Your Say Consultation Survey results
- Enhanced services available through individual GP Practices
- Healthcare for London consultation summary
- Prescriptions dispensed in the community 1997-2007
- Healthcare Commission survey 2008 – Better Access to GPs

### GP Services Scrutiny Panel Terms of Reference

- 1) To review the progress made so far in implementing the recommendations arising from the 2004 scrutiny review of GP services provision. This will involve focusing on the following areas:
  - Appointments
  - Opening times
  - The use of primary care premises and physical access
  - Training for receptionists
  - Access to services for different groups
  - Resources for primary care
- 2) To understand and assess public perceptions of the availability and quality of GP services in the borough, specifically in the light of the public consultation exercise undertaken last year (as reported to the Health Scrutiny Panel on 9 July 08), and input from Barking and Dagenham Local Involvement Network (LiNK).
- 3) To consider the impact of the 'Healthcare for London' plan on local GP services.
- 4) To understand the latest position on the planned development of polyclinics.
- 5) To review best practice nationally and in other local authorities, including the London Borough of Barking and Dagenham (LBBD)'s statistical neighbours.
- 6) To consider any related equalities and diversity implications, and to encourage members of the public to engage with this important issue.
- 7) To report back to the Health Scrutiny Panel and Scrutiny Management Board with findings and recommendations for future policy and/or practice.

**Contributors to the review**

The following people submitted reports or presented evidence at formal Panel meetings:

|                   |  |
|-------------------|--|
| 22 September 2008 | Pat Brown – Senior Scrutiny Officer, London Borough of Barking and Dagenham  |
|                   | Matthew Cole – Joint Director of Health Improvement, NHS Barking and Dagenham and London Borough of Barking and Dagenham |
| 6 October 2008    | Dr. Eric Saunderson - Medical Director, NHS Barking and Dagenham   |
| 20 October 2008   | Colin Alderman – Head of Contracting, General Practice and Marketing, NHS Barking and Dagenham                           |
|                   | Jemma Gilbert - Assistant Director of Primary Care Contracting, NHS Barking and Dagenham                                 |
| 3 November 2008   | Jemma Gilbert - Assistant Director of Primary Care Contracting, NHS Barking and Dagenham                                 |
|                   | Matthew Cole – Joint Director of Health Improvement, NHS Barking and Dagenham and London Borough of Barking and Dagenham |
| 17 November 2008  | Sunrinder Kalsi - Pharmacist   |
|                   | Alison Holloway – Nurse Practitioner   |
| 1 December 2008   | Pat Brown – Senior Scrutiny Officer, London Borough of Barking and Dagenham  |

The following people assisted the Panel by making contributions at one or more of the following site visits undertaken:

|                             |   |
|-----------------------------|---|
| GP Surgery Dagenham         | <p>Dr. Assadullah</p> <p>Dr. Pervez</p> <p>Susan Gibbins - Practice Manager</p> <p>Various staff members and patients</p> |
| GP Surgery Dagenham         | <p>Dr. Fateh</p> <p>Daphne Brown - Practice Manager</p> <p>Various staff members and patients</p>                         |
| Broad Street Medical Centre | <p>Ms. T. Mayer - Practice Manager</p> <p>Various staff members and patients</p>  |

The Panel is very grateful to all those who took part in this review.



### List of Recommendations

The following recommendations are set out here as a list, for ease of reference.

**Recommendation 1:** The Panel recommends that NHS Barking and Dagenham investigate ways to encourage GPs to provide Saturday morning surgeries, on an appointment only basis. To avoid wasting resources and in order to promote a healthy work life balance, the Panel suggests that NHS Barking and Dagenham look at a range of models, including a rotation system. The Panel notes that, under such a system, patients requiring a Saturday morning appointments would be required to give permission for their records to be shared with the GP on duty.

**Recommendation 2:** The Panel recommends that NHS Barking and Dagenham actively and widely consult patients and health professionals regarding the hub and spoke model proposed for the delivery of GP services. If the consultation response is favourable, it is recommended that the model be implemented at the earliest possible time, and that regular updates be provided to local residents informing them of progress and services available throughout the Borough.

**Recommendation 3:** The Panel supports the proactive approach currently being taken to recruiting health professionals, and notes the importance of achieving the target of one hundred and one full time equivalent GPs by March 2009. The Panel recommends that NHS Barking and Dagenham be mindful of the importance of prioritising specialist services and achieving gender balance when recruiting new GPs, in order to meet the needs of our local multicultural community.

**Recommendation 4:** The Panel recommends that NHS Barking and Dagenham ensure that all GP premises meet the requirements of the Disability Discrimination Act 2005 and provide reasonable access for patients of all disabilities, including adequate access for patients who require aids for mobility problems.

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**Recommendation 6:** The Panel strongly recommends that NHS Barking and Dagenham pursue the ring-fencing of GP funding for ongoing staff training.

**Recommendation 7:** The Panel recommends that NHS Barking and Dagenham develops and distributes guidance on the following training standards for practice staff, and promotes and monitors the implementation of these standards:

- 1) That mandatory accredited induction training, including customer care, should be identified for all new reception and administrative staff and included as part of their terms and conditions of employment and job descriptions.
- 2) That new Practice Managers should be required to undertake accredited training, funded from the GP training budget, as part of the terms and conditions of employment and job description.

- 3) That all Practice Nurses should attend refresher courses and development training.

**Recommendation 8:** The Panel recommends that GP surgeries within the same local area should provide the blood testing service on a rota basis, to achieve less and later pick-ups for the courier service.

**Recommendation 9:** The Panel recommends that NHS Barking and Dagenham take the lead in negotiating with all neighbouring boroughs to implement cross-boundary billing as soon as possible, as is already in place for acute services and Hospital Trusts.

**Recommendation 10:** The Panel recommends that NHS Barking and Dagenham work with GP services to put in place the following measures to improve access for young people:

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**Recommendation 18:** The Panel recommends that, in line with the GP's Code of Conduct and their professional duty, NHS Barking and Dagenham should strongly advise local GPs to assess and engage locums and salaried GPs with appropriate communication skills for all segments of the community.

NHS Barking and Dagenham are asked to report back on all recommendations regarding their implementation or progress in March 2009.