Supporting Statement: Dr Ashwin Balabhadra, GP Clinical Lead, Hanley Primary Care Centre

As a Clinical Lead GP working at Hanley PCC, I thought I should highlight some of the underlying issues that have influenced our practice on the challenges we face, where health needs are greater and more complex.

Our Practice Hanley PCC is located within the Islington borough of London.

According *to Closing the Gap-Tackling Health Inequalities* in Islington 2010-2030, NHS Islington strategy:

- Islington residents experience poorer physical and mental health that results in early deaths from cancer and circulatory diseases (heart disease and stroke). This is predominantly due to deprivation across all Islington wards coupled with unhealthy lifestyle choices and poor access to the right services at the right time. Deprivation and health inequalities are inextricably linked, and deprivation stands out as the main risk factor for early death and poor health in Islington. Islington is the eighth most deprived borough in England and fourth in London. Health inequalities in Islington are stubborn and because of the diffuse nature and spread of deprivation, a comprehensive systematic approach over the short, medium, and long term is required.
- Life expectancy in Islington is lower than the national average.
- Men in Islington have the lowest life expectancy in London at 75.1 years, and women have the fourth lowest life expectancy, at 81.0 years. Although life expectancy in Islington is increasing, the gap between Islington and the rest of London and England is widening, as life expectancy is increasing elsewhere at a faster rate. (Closing the Gap-Tackling Health Inequalities in Islington 2010-2030, NHS Islington strategy).

As per the State of Equalities in Islington, annual report, 2022:

- Islington is a proudly diverse borough where people from all faiths, nationalities and backgrounds have made their homes - our diversity is one of our most important strengths. Islington is also borough of contrasts. It's a place where the gap between the 'haves' and 'have nots' is stark, where many are coping with multiple issues and where too many children are growing up in poverty. A decade of austerity, the rise of the cost of living, political uncertainly and welfare reform have made life even more challenging for some of the most vulnerable people in our community and that's why we won't rest in our determination to make Islington fairer.
- The population of Islington is estimated to be 245,827 in 2022. This is an increase of approximately 19% (39,189 people) since 2011. It is estimated that the population of Islington will grow by 2.7% (6,600 people) between 2022 and 2032. Islington is the most densely populated local authority area in England and Wales, with 16,699 people per square km. This is almost triple the London average and more than 38 times the national average. Islington is the third smallest borough in London covering 15 km squared.
- People aged 65 and over living in Islington make up 9% of Islington's resident population in 2022. This means the borough has a relatively young population: 12% of the population of London and 19% of England are aged 65 and over.
- The last 12 months have been an unsettling time for many residents – but especially the 20,000 EU citizens who call Islington home. We're working hard to make sure everyone who

wants to stay in Islington knows they are welcomed and valued and that they get the support they need to secure settled status.

- 32% of Islington residents were born outside of the United Kingdom compared to 14% nationally. The most common countries of birth for Islington residents outside of the UK are: Ireland, Turkey and the United States. As of August 2021, Islington Council has pledged to welcome 15 Afghan households by the end of the year. The council already provides assistance resettling unaccompanied asylum-seeking children and people who have fled the Syrian civil war.
- The workforce crisis in general practice is no secret, but its disproportionate impact on practices in deprived areas is less well-known. After accounting for different levels of need, a GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving patients in more affluent areas. NHS England has introduced a raft of measures to try and improve recruitment and retention in general practice.
- Initiatives to recruit and retain more GPs are necessary but not sufficient to level up general practice. Specific programmes are needed to ensure that additional GP capacity is directed to the areas of highest need. Efforts are being made, but equitably distributing GPs has been an enduring policy struggle.

Based on the above summary, Hanley is situated in a highly deprived area, its population is a mix of this diverse population, with obvious health inequalities. There is a considerable cohort of elderly population with long term complex conditions. There is also a younger intermittent population of overseas students, travellers and young professionals with complex gender identity and mental health issues with little support around them. In Mental health, there is an increasing young population of people with emotionally unstable personality disorders. We also cater for the needs of refugees with difficult PTSD and Domestic abuse histories. We also see a lot of drug and alcohol dependant patients. These very illness burdened patients often do not turn up for appointments in both primary and secondary care. There is a lot of emphasis on educating our patient population and involving them more actively in looking after their own health. We face daily challenges with language barriers and cultural differences in perception of illness.

Therefore, all these underlying factors that can influence performance and targets must be considered when reviewing our status contractually for Hanley. It is clear to me that there has been an unfair assessment made of Hanley and a lack of proper comparable analysis between our practice and those within the borough when having our contract reviewed. We as a team have been working hard non stop.

Despite the challenging conditions, we continue to significantly outperform most practices within the Islington borough in a number of performance areas. This has been detailed within our report but I feel, has not fairly been considered when reviewing the contract.

At Hanley PCC we have taken a number of remedial actions to address the above wide range of issues including:

1. Access to appointments for the frail, elderly, patients with mental health problems, children under 5 and patients with safeguarding issues - for each clinician in a session 2 appointments are blocked daily for unexpected/ emergencies.
2. All patients on the palliative register, needing cancer care reviews, mental health reviews are prioritised for their annual reviews.

3. The Clinical Lead and the associate nurse review all patients on adult and child safeguarding once in 2 weeks. We have developed our own and unique monitoring system on a traffic light system for categorising these patients.
4. We have regular MDT meetings to discuss complex mental health patients with the Consultant Psychiatrist-Dr Matteo Pizzo and the mental health nurse.
5. We have regular meetings with the health visitor to discuss under 5 children on child/family safeguarding alerts.
6. Alerts and reminders are created regularly for the vulnerable and those who are on safeguarding register.
7. We submit regularly reports for child protection and monitor these cases.
8. We regularly liaise with the Palliative Consultant Dr Caroline Stirling and we discuss all our Palliative care patients.
9. The Clinical Lead discusses with the INC Whittington Health NHS, integrated MDT once in a fortnight all complex care patients in the community, those who are admitted and in Whittington/UCLH/RFH hospitals as in-patients and those who are recently discharged from secondary care.
10. There is a weekly Clinical meeting where we discuss all new cancer diagnoses, deaths, SEAs, complex patients, and we have minutes of these meetings in the shared folder. The learning from SEAs in stored in a shared care folder plus added to the Radar platform for all members of staff to access. This is a clinically oriented learning team.
11. We have once a week tutorial with the PAs and the Pharmacist discussing topics of interest relevant to General Practice and as learning objectives/ NICE & CKS Guidance/ Integrated care pathways/A&G to secondary care.
12. We have a protected de-brief session for all our PAs, Nurse Associates and Pharmacists daily and in each session if they need to discuss any patient with the duty Dr/GP.
13. We have a daily AM/PM duty Dr rota.
14. We are read coding our DNA patients including children as part of safeguarding and arranging appropriate follow-ups.
15. We have a procedure in place where patients who do not respond to FOB/FIT/ Post 2 week Referrals-DNA appointments and those not attending Breast screening and Cervical screening appointments.
16. All MHRA alerts are discussed in clinical meetings weekly and information for audits is assigned to our pharmacist plus learning is disseminated across the team.
17. The Clinical Lead regularly audits consultations for all of the PAs and Pharmacists plus a spot check audit of consultations of all the GPs. This is then included in the annual appraisal of the PAs and the Pharmacists.
18. There is a secure communication channel created by the Clinical Lead for all clinicians to access latest NICE/CKS/MHRA/Public Health England etc types of guidance.
19. The Pharmacist audits are regularly carried out on high-risk drugs/DMARDS/ oral Steroids-Asthma/ Antibiotics. We also review of all our Asthma/COPD inhalers to make sure we follow carbon footprint guidance.
20. The Clinical Lead organises where possible teaching sessions with secondary care consultants via teams for Hanley MDT. There are also regular Consultant led training sessions once a fortnight for the Clinical Leads and weekly Clinical Leads team meetings.
21. We are updating our PPG list and inviting new members from all backgrounds and we will be conducting more regular meetings with PPG-at least once quarterly.

As most of our patients find it easy to access and submit reviews on Google, please also consider reviewing these as part of patient feedback. From our submitted report it has detailed that Hanley has one of the highest review counts compared to other local practices in Islington. We are proud of this outcome.

As a Clinical Lead, I have always strived to build up a team, care proactively for my patients involving them in their care and ensure we prescribe safely. I am concerned with the way that our contract is being reviewed and the risks associated to the current progress being made should the decision be made not to continue the contract.

I am really enjoying my time at Hanley and have the pleasure of working with a dedicated team who are deeply passionate about serving our patients and providing high standards of care. This is reflected in the continued improvements made despite the challenges highlighted above and those challenges faced during COVID 19.

Looking ahead at Hanley PCC there are several great initiatives and workstreams that I am focusing on with the senior and practice teams which focus on improving performance as we continue to engage with patients and the local community we serve. I am confident that, should we continue to keep the contract, we will be providing stability for our patients and staff and a real opportunity to, not only ensure that our patients receive high standards of care, but that we help support the local borough, the ICB and other stakeholders to drive positive initiatives that really help tackle health inequalities.

Dr Ashwin Balabhadra
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