



Phlebotomy Services in Brent

July 2016

CONTENT

GLOSSARY OF TERMS	3
INTRODUCTION	4
EXECUTIVE SUMMARY	5
METHODOLOGY	8
BACKGROUND	9
Current service provision	9
Pathology incidents.....	10
FINDINGS.....	11
A. Patient journey.....	11
B. Patient experience	12
C. Overall feedback from patients	13
ANALYSIS.....	14
A. Individual’s experience	14
B. Community picture	14
C. Service provision	14
RECOMMENDATIONS	15
CONCLUSION.....	16
REFERENCES.....	16
ACKNOWLEDGEMENTS.....	17
APPENDIX.....	18

GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
CMX	Central Middlesex Hospital
GP	General Practitioner
HOSC	Health Overview and Scrutiny Committee
ICE	Integrated Clinical Environment
LNWHT	London North West Healthcare Trust
NPH	Northwick Park Hospital
PCT	Primary Care Trust
RCA	Root and Cause Analysis
TDL	The Doctor's Laboratory

INTRODUCTION

Healthwatch Brent is an independent local organisation, and part of the national network led by Healthwatch England, established under the Health and Social Care Act 2012. Healthwatch is the independent voice of local people to get the best out of their health and social care services, to enable residents to contribute to the development of quality health and social care services, and to provide information on local services in Brent. It was formed in April 2013.

We listen to people's views about Brent health and social care services. We listen to individuals of all ages and from all of Brent's communities. We visit community groups, public events, hospitals and health and social care venues to tell local people about Healthwatch. We listen to what they say about health and social care – the good and the bad. If there are concerns about the quality or safety of services, or there are unmet needs, we feedback patients' experiences, to local commissioners and decision makers, in order to improve the service.

The Community Outreach Team of Healthwatch was swift to build upon existing positive contacts and a range of outreach sessions in a variety of venues were arranged. In October 2015, Healthwatch Brent held a public meeting. The aim of the event was to raise awareness of Healthwatch's role, and how people could get involved. A number of local residents shared their experience with us about phlebotomy services, with some individuals saying that their 'test results were lost, so I was asked to do the test again'. In response to this and other similar local feedback, Healthwatch Brent designated phlebotomy services as a priority area for research.

Note: All responses of individuals, who took part in our research, are anonymous except for those who have explicitly provided consent.

EXECUTIVE SUMMARY

Purpose: Why we are looking into phlebotomy services

At Healthwatch Brent's public meeting in **October** 2015, concern was raised about phlebotomy services, and asked Healthwatch to look into the service and the patient experience. There was no clarity on whether the services were provided directly by GP services or secondary/acute care providers. Some concerns had been raised about the performance of this service in Brent Clinical Commissioning Group (CCG) report about the quality and risk management of handling phlebotomy and pathology results (Update, Brent and Harrow PCT, 2013), which further prompted us to explore the service further.

In 2013, a Root and Cause Analysis (RCA) highlighted the factors behind these concerns and was carried out by a multi-disciplinary team. The analysis emphasised the importance of communication, and how it differs among providers, which should guide commissioners to invest in building capacity in having a more robust approach in phlebotomy services between primary and acute care providers.

Healthwatch Brent talked to patients who lived in Brent and who had a blood test in the past six months, either at GP or hospital settings. Feedback from patients in Brent revealed mixed experiences with the service. However, overall, patients value the contact and rapport they develop, with clinicians, during their visit to the phlebotomy clinics, confirming the vital role that professionals play in the lives of patients on a daily basis.

Aim

- To learn about the patient experience with phlebotomy services in Brent

Objectives

- To learn about the patient journey with GP-based services
- To learn about the patient journey with hospital-based services
- To learn about the reasons for requesting repeat blood tests
- To learn about what patients need and suggest for service development and improvement

Methodology: How we made our findings

A mixed methodology of interviews and survey was used to inform our findings including:

- Face-to-face interviews with patients who attended phlebotomy services between January and May 2016
- 70 patients responded to our Healthwatch face-to-face survey
- 10 professionals, from primary and acute care settings, provided service information to Healthwatch Brent including:
 - 5 GP Practice Managers
 - 4 professionals from London North West Healthcare Trust (LNWHT)
 - 1 professional from Brent CCG

Findings:

Key themes emerged:

1. Individual's experience:

- Patient awareness of alternative services: Approximately 38% of patients (41% from hospital; 35% from GP clinics) surveyed do not know that they can have their blood test

at an alternative GP practice. Around 40% claim that their GP practice does not offer this option.

- Patient's self-care and clinical follow-up: Patients who receive regular follow-ups from their clinician tend to be aware of their health condition and attend their test appointment when requested by their clinician.
 - Patient satisfaction: Around 83% of patients rate the phlebotomy service either at their GP practice or hospital, as good. GP patients would like to see faster information about their test results, and quicker access to appointments. Hospital patients would like to have less waiting time at the drop-in service.
 - Some patients, while having a blood sample taken, had experienced pain, discomfort, and on occasion, bruising.
2. Community picture:
- Some patients show signs of social isolation, which may be a key factor in frequenting health or phlebotomy clinics to overcome loneliness.
3. Service provision:
- Some patients believe that hospital care is more holistic than less-resourced GP services, which have led them to frequent hospital phlebotomy clinics rather than their GP.
 - Mixed experiences with waiting times for a blood test, at the hospital drop-in service, may largely depend on the patient in-flow in a given venue at a given time, where Central Middlesex clinic may have capacity to see more patients at the phlebotomy clinic.
 - The waiting time for booking appointments for a blood test at a GP practice may vary depending if the patients make an appointment on the phone or at the reception. Phone booking seems to take longer to make, while patients are given appointments more quickly at the GP reception. GP patients in larger clinics report facing longer waiting times for an appointment.
 - Booking an appointment for a blood test online is available at some GP practices, and patients may not necessarily be aware of the service.

Recommendations

A. For commissioners

- To commission voluntary schemes to explore how the incidence of social isolation can be addressed, and to identify support for community cohesion and to tackle loneliness among patients who visit health services frequently.

B. For acute providers

- To explore the waiting times at the Northwick Park clinic in order to identify ways that this can be shortened and/or clear communication is provided for patients so they understand why this may be the case.
- To consider ways that more patients can be referred to Central Middlesex Hospital phlebotomy clinic.

C. For primary care providers

- To promote the option of attending alternative GP practices for blood tests, specifically among GP patients who may have to wait for a blood test for longer than 5 days.
- To inform patients as to when test results will be made available.

- To identify ways to improve the patient experience when making appointments on the phone.

D. For all providers

- To ensure the provision of refresher guidance and information to patients on how to reduce the incidents of pain, discomfort, and bruising after a blood test. Additionally, patients could be advised that the test may result in discomfort or bruising.

E. For individuals and communities

- To ask your GP, phlebotomist, or clinician involved in your blood test for help and guidance when you are in need of advice on how to reduce the incidents of pain and discomfort of finding a vein or how to reduce the likelihood of developing a bruise after a blood test.

METHODOLOGY

Healthwatch Brent followed a collaborative 360 approach, working in partnership with GP practices, London North West Healthcare Trust (LNWHT), and Brent CCG. Healthwatch Brent sought the views and feedback from GP practice managers and hospital service managers, and equally from patients. Information was collected as follows:

- *Patient survey*: This is an in-house survey developed by Healthwatch Brent to learn about the patient experience. 70 patients took part in the face-to-face survey; 29 GP-based respondents, and 41 hospital-based respondents. The survey was presented at:
 - 4 Brent GP practices in Kilburn, Wembley and Willesden
 - Northwick Park and Central Middlesex Hospital phlebotomy clinics
- *Practitioner interviews*: An in-house semi-structured interview was held to learn about the phlebotomy and pathology current practice, from the point of referral to reporting results to the requesting clinician and to patients. The interviews were held either face-to-face or over the phone with:
 - LNWHT Pathology Manager
 - The Doctor's Laboratory (TDL) Laboratory Manager
 - Five GP Practice Managers including Chichele Road Surgery, Law Medical Group Practice, Gladstone Medical Centre, Alperton Medical Centre, and Harness Harlesden Medical Centre
- *Literature review*: Healthwatch Brent looked into the following:
 - Brent CCG Phlebotomy Service Specifications 2014-2017 for primary care, provided by Brent CCG¹.
 - Family and Friends Test results for Northwick Park phlebotomy services obtained from LNWHT, for the month of October 2015².

Note: All responses of patients who took part in our report are anonymous.

¹ Provided by Brent CCG Primary Care Project Manager on 13 June 2016

² Provided by LNWHT on 19 January 2016

BACKGROUND

Definition: Phlebotomy and pathology

The National Association of Phlebotomists defines phlebotomy or blood testing or taking as “...the practice of obtaining blood from a vein, and will often be an additional skill for Healthcare professionals”³. This can be carried out by a phlebotomist, a healthcare assistant, a nurse, a doctor or other health professionals. In the UK, there is no entry requirement or qualification to become a phlebotomist, however, training-on-the-job is usually provided by employers⁴.

Once a blood sample is taken from a patient, the sample is transferred to a pathology laboratory. In the NHS, pathology⁵ is defined as “...the study of disease, its causes and progression...Every time [one gives] a blood, stool, urine or tissue sample, it is analysed by a pathologist, [who] looks for abnormalities within samples ... to help with the early detection of potentially fatal conditions” or for research purposes to find a cure.

Phlebotomy in Brent

In 2014, Brent CCG commissioned phlebotomy services in accessible community GP practices, to make health services available in the local area. Brent service providers deliver 190,000 blood tests in 58 GP practices, 2 walk-in clinics in Sudbury and Burnley (Brent CCG Service Specifications Phlebotomy, 2014-2017), and also a drop-in service at Northwick Park and Central Middlesex hospitals.

Current service provision

a. GP or community-based services

Healthwatch Brent had interviewed five GP practice managers in Brent, from both small and larger practices, where their patient population may range from 2,500 to 15,000. The interviews focussed on how the service is being delivered at GP practices.

From April 2014, around 58 Brent-based GP practices provide phlebotomy services either on their premises or in an alternative GP practice in the local area. Six other practices are part of a local GP network where they share resources to increase patient access to primary care services at a convenient time and location for patients⁶. Some GP practices run the phlebotomy service five days per week, while others offer it on a weekly basis. GP practices that offer the service weekly or exclusively in an alternative GP practice often inform the patient to book an appointment directly with the alternative GP practice. Test results are returned electronically to the patient’s GP on a system called ICE (Integrated Clinical Environment). According to LNWHT pathology management, some GPs may submit requests to the laboratory for tests manually, not electronically, which may delay the process of reporting results. GP compliance with ICE requests are monitored by LNWHT pathology management on a monthly basis.

³ www.phlebotomy.org/faq Retrieved on 10 May 2016

⁴ www.healthcareers.nhs.uk/explore-roles/clinical-support-staff/phlebotomist Retrieved on 10 May 2016

⁵ www.nhs.uk/NHSEngland/AboutNHSservices/pathology/Pages/pathology-services-explained.aspx Retrieved on 10 May 2016

⁶ Information provided by Brent CCG Primary Care Project Manager, on 13 June 2016

Opening hours generally are from 8am to 12pm, after which a courier collects the blood samples at or after 2pm to transfer them to the laboratory located at Northwick Park Hospital, on a daily basis. According to TDL pathology management and GP practice managers, results are usually reported back, the next day or on the second day, to the GP who requested the blood test, however, this may vary occasionally based on the type of the blood test requested.

b. Hospital-based services

LNWHT provide phlebotomy services at Northwick Park and Central Middlesex hospitals. During the three-hour visits that Healthwatch Brent carried out to the hospital sites in Northwick Park, 90 patients were seen during the visit, and in Central Middlesex, 60 patients were seen during the visit. The average number of patients seen per day may vary, based on whether a number of hospital departments would refer their patients on any given day for specific blood tests. The opening hours are from Monday to Friday, 8am to 4pm. It is a drop-in service.

A private company, TDL, is the pathology provider where they analyse all blood samples, and other tests, since December 2012. They are based at Northwick Park Hospital.

Pathology incidents

In 2012, pathology incidents and concerns were raised by a number of Brent and Harrow GPs. The concerns raised included missing samples, spurious results, and pathology results received by GPs had a different format than previously experienced; and the pathology provider, at the time, failed to report on or to flag some abnormal results, which may cause a clinical risk (RCA, 2013).

Between January and March 2013, a comprehensive Root-and-Cause Analysis (RCA) report (RCA, March 2013; Update on Investigation, May 2013)⁷ was chaired by a Brent GP, to look into these pathology incidents. The report outcomes were presented to the Health Partnerships Overview and Scrutiny Committee (HOSC), after which an action plan was put in place. The plan was overseen by clinicians and managers from three commissioning bodies (Brent CCG, Harrow CCG, and LNWHT).

The RCA report (2013) identified seven causes as to why these incidents took place, during the period of transition from PCT to CCG:

- No measures taken by PCT to mitigate risks (in transition and implementation)
- IT system set-up had technical issues resulted in producing different formats of results
- Equipment stability was malfunctioned
- The transition from PCT to CCG has affected the Shared Drive, and the electronic and paper records
- Lack of clinical engagement in the process (no grass roots GPs; used same clinicians, too thinly spread)
- Poor reporting and communication structure in both PCTs (Brent and Harrow)

⁷ Update on the Investigation into incidents involving the Pathology Service for Brent and Harrow PCTs 23rd May 2013. <http://democracy.brent.gov.uk/documents/s17282/pathology-update.pdf>. Retrieved on 10 May 2016

- Laboratory staff needed familiarisation with equipment and systems, and customisation of system to meet the end-user’s clinical needs

The storage, transportation and delivery times of the courier service provider were also reviewed, to support the transfer of the samples between GP practices and the laboratory.

FINDINGS

A. Patient journey

There are two types of patients taking a blood test (phlebotomy):

- *GP patients:* When a GP refers a patient for a blood test, they usually have the test in a community-based centre, either at their GP practice mainly, or a local health centre.
- *Hospital patients:* When a hospital clinician refers a patient for a blood test, they usually have their blood taken either at Northwick Park Hospital or Central Middlesex Hospital, on a drop-in basis.

All blood samples are sent to a laboratory in Northwick Park Hospital for analysis (pathology). Although phlebotomy and pathology are distinct disciplines from one another, both services are part of the blood testing circle:

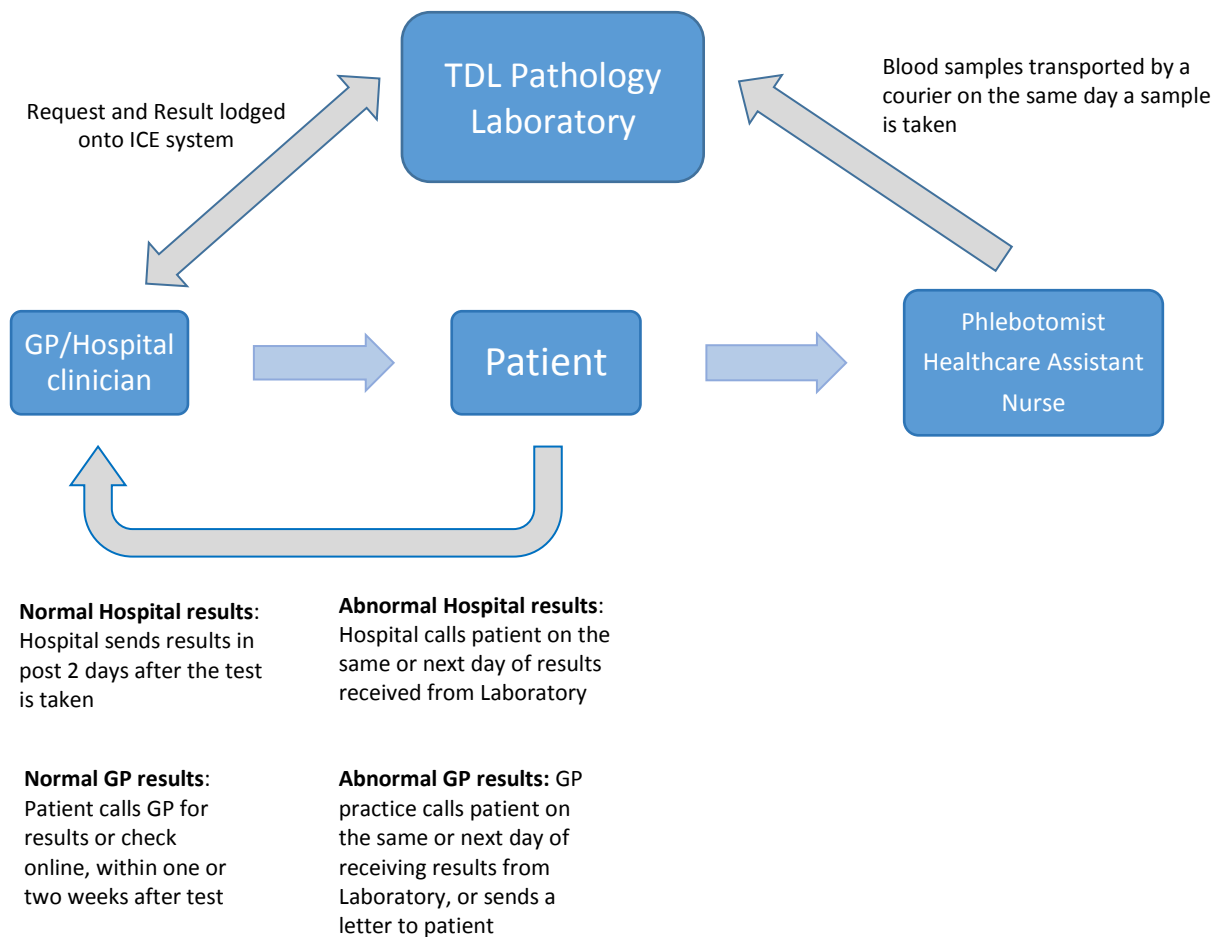


Figure 1. Patient Journey in Phlebotomy (based on patients' survey)

B. Patient experience

Healthwatch Brent looked into the patient's feedback from two sources:

1. Family and Friends Test (FFT)

In October 2015, 5 patients responded to FFT at Northwick Park clinic⁸, and provided the following feedback:

- Staff are caring, helpful and friendly
- The drop-in ticketing system is well-received
- A long wait at the drop-in service
- An overcrowded waiting room raises the concern for infections from other patients
- Not enough parking places

2. Healthwatch Brent Survey

The following findings are based on the feedback provided by patients from Healthwatch Brent survey, which look into the patient journey in GP and hospital settings.

	GP patients	Hospital patients
Waiting times for a blood test	10-15 minutes	Up to 2 hours
Access to making appointments	42% appointments made available within 2-5 days 21% appointments booked on the same or next day 12% booked more than 5 days	Drop-in service Mon-Fri 8am to 4pm
Venue location	GP practice or an alternative practice	Northwick Park or Central Middlesex Hospitals
How to book appointments	59% at the GP reception/drop-in 25% On phone	Ticketing system at a drop-in service
Medical care	GPs provide long-term care including regular health checks and follow-up	Clinicians may recognise more issues facing a patient, and therefore provide holistic care, and GPs are less likely to provide comprehensive care.
Result reporting	Normal results are patient-led Abnormal results are practice-led. Patients report that normal results are available within one-two weeks after the test.	Normal and abnormal results are hospital-led. Patients report that they receive a yellow booklet in post two days after the test if the results are normal. If results are abnormal, hospital calls patients.
Awareness of phlebotomy appointments at an alternative GP practices	25% are aware of the service 75% do not know or affirm that the service is unavailable	18% are aware of the service 82% do not know or affirm that the service is unavailable

⁸Information provided by Ward Matron, Northwick Park and Central Middlesex, LNWHT on 19 January 2016

C. Overall feedback from patients

1. Hospital patients

What is working well?

- Staff are helpful, friendly, and competent
- Regular reminders and check-ups
- Care is holistic at the hospital
- A quick process and short wait for a blood test, at Central Middlesex clinic
- Clinic facility includes drinking water
- Signage helps to get around the hospital

What is not working well?

More frequently received feedback

- Long wait which can go up to two hours at Northwick Park clinic
- Some phlebotomists are unable to find a vein and patients have experienced pain or discomfort as a result

Less frequently received feedback:

- Results only sent upon appointment with consultant which may be scheduled weeks or months after taking a blood test
- Location is not locally accessible
- Results can take too long to be sent to patients
- Chairs at Northwick Park are hard and cold to sit on
- Coordination between Northwick Park and St Mark's Hospital can be improved when referred from one unit to another and when making appointments
- Car parking is expensive
- No advanced technology for diabetes test

2. GP Patients

What is working well?

- Caring and helpful staff
- Choice of available appointment slots
- Regular reminders and check-ups
- Clinical capability in taking blood samples (i.e., "it doesn't hurt")
- Short waiting time on the day for appointments

What is not working well?

More frequently received feedback

- Difficulty to get through to the practice on the phone to book an appointment for a blood test
- It can take up to one month to have a GP appointment

An individual feedback

- Patient reports receiving wrong information given about their condition which resulted in a visit to A&E and a repeat test

"Everything here is professional"

– A patient at Northwick Park

"I came here...to do this test, and I was surprised that they don't have a gadget...like for diabetes to do the test as it is easier...but generally they are very nice staff"

– A patient at Central Middlesex

"Phlebotomists appear inexperienced. Fiddle around looking for veins..."

– A patient at Central Middlesex

"I was feeling unwell, and I didn't know why. So I went to the GP...I was given a 6-month course of tablets for iron. They sent me a letter about this, and it was good, and they were checking with me regularly"

– A GP patient

"They don't always answer [the] phone. Sometimes [I] have to wait for up to a month for an appointment"

– A GP patient

Note: from patients' feedback, there seems to be no evidence of lost results, and only one repeated test was found, as stated in the section above.

ANALYSIS

A. Individual's experience

- *Patient awareness of alternative services*: Around 42% of GP patients report having an appointment available within 2-5 days, and 12% had an appointment available more than 5 days. GP patients highlight that generally some appointments were made as per the patient's request, and other appointments were made available within one week or more due to the non-availability of earlier appointments at the patient's GP practice. Approximately 38% of patients (41% from hospital; 35% from GP clinics) surveyed do not know that they can have their blood test at an alternative GP practice. Around 40% claim that their GP practice does not offer this option. Hospital patients claim that they cannot have their blood test in the community as the test is available at the hospital clinic only, and not at their GP practice.
- *Patient's self-care and regular follow-up*: Patients who receive regular follow-ups from their clinician report to be aware of their health condition and attend their test appointment when requested by their clinician. Regular follow-up may empower patients to have less hospital visits and to manage their health more independently and in the community.
- *Patient satisfaction*: Around 83% of patients rate the phlebotomy service either at their GP practice or hospital as good. GP patients would like to see faster information about their test results, and quicker access to appointments. Hospital patients would like to have less waiting time at the drop-in service. Consistent feedback was provided from both GP and hospital patients that the long-standing dedication from the health professionals is appreciated. Patients emphasise that the staff's caring and supportive attitude is what makes the valuable difference to their care experience.
- *Patient's confidence in clinical competence*: Patients recognise that some phlebotomists or health care assistants may need further support to develop their clinical expertise and confidence in administering blood tests. Some patients report experiencing pain and discomfort while having their blood taken.

B. Community picture

- *Social isolation*: While carrying out the face-to-face survey in phlebotomy clinics, a number of patients, during their contact with Healthwatch, shared personal challenges and family issues openly. Most of these patients were older people or single adults. Sharing their experiences with a stranger seems to be urged by a feeling of loneliness and social isolation; an opportunity for connecting with other individuals is often appreciated, and therefore, a patient's frequent visits to a health clinic could be mainly driven by a sense of isolation, and an innate need to connect with another human being.

C. Service provision

- *Hospital holistic care*: Patients appreciate the holistic care and regular contact they receive from the hospital. For example, a number of patients report to have attended for a blood test, but then they had other checks as they were deemed necessary by hospital professionals at the time, including knee pain, kidney problems besides other issues. This feedback was consistent among hospital patients. Having the reassurance of receiving

holistic care, and having a good relationship with one's hospital consultant, may explain why patients, if they have the option, prefer to attend the phlebotomy clinic at hospital rather than locally in the community.

- *Hospital waiting times and resources:* Mixed patient experiences, with waiting times for a blood test, at the drop-in hospital service may have been impacted by the patient in-flow at any given day. Patients attending Central Middlesex clinic appear to report shorter waiting times, compared to Northwick Park clinic. CMX may have capacity to have more patients seen at the phlebotomy clinic. For example, one patient reports having to go to NPH clinic, which is a long journey for her. She says that the professional designated for conditions like hers is available at Northwick Park only, and that she would benefit from having her test at CMX.
- *GP service access:* There seem to be variations in patient experience having access to GP appointments for blood tests. This may vary depending on how the patient makes their appointment; patients who make an appointment on the phone claim that they are more likely to experience difficulties getting through to the practice, and to be given an appointment within 2-5 days; while patients who make an appointment at the reception may get their appointment on the day or next day. Some patients, from smaller practices, report that they get drop-in appointments with easy and quick access on the day, where practices also share phlebotomy resources with other GP practices. Some patients, from larger GP clinics, claim that they have a longer waiting time for a blood test appointment.
- *Online GP services:* In some practices, online services are increasingly becoming available, including booking appointments or checking test results. However, GP patients tend to mostly make their appointment for a GP or a blood test either at the reception or over the phone which may require resources. Booking a blood test online may be available, and patients may not be aware of the service.

RECOMMENDATIONS

A. For commissioners

- To commission voluntary schemes to explore how the incidence of social isolation can be addressed, and to identify support for community cohesion and to tackle loneliness among patients who visit health services frequently.

B. For acute providers

- To explore the waiting times at the Northwick Park clinic in order to identify ways that this can be shortened and/or clear communication is provided for patients so they understand why this may be the case.
- To consider ways that more patients can be referred to Central Middlesex Hospital phlebotomy clinic.

C. For primary care providers

- To promote the option of attending alternative GP practices for blood tests, specifically among GP patients who may have to wait for a blood test for longer than 5 days.
- To inform patients as to when test results will be made available.
- To identify ways to improve the patient experience when making appointments on the phone.

D. For all providers

- To ensure the provision of refresher guidance and information to patients on how to reduce the incidents of pain, discomfort, and bruising after a blood test. Additionally, patients could be advised that the test may result in discomfort or bruising.

E. For individuals and communities

- To ask your GP, phlebotomist, or clinician involved in your blood test for help and guidance when you are in need of advice on how to reduce the incidents of pain and discomfort of finding a vein or how to reduce the likelihood of developing a bruise after a blood test.

CONCLUSION

Individuals who attend phlebotomy services at their GP practice in the community appreciate the convenience and the long-term relationship they have with their GP. Hospital patients appreciate the rapport they develop with their hospital consultant, and the provision of holistic care for various health issues. Individuals, whether attending community or hospital services, generally value building a long lasting relationship with their clinician, who is able to recognise them by their first name, and to make them feel valued and cared for. Most of the feedback provided by the patients in the survey emphasises the value of long-term investment in staff development and recruitment of experienced and competent professionals, who are also caring and supportive of the patient's needs. It would be useful to work in partnership with patients, keeping in mind, that investing in relationship-building between patients and professionals is what would provide good care and healthy communities on the long-term. Further research is needed to explore a sustainable approach to reinforcing self-care, community cohesion, championed by both health and social care authorities, as well as by the local community.

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- Healthwatch Brent staff and volunteers
- London North West Healthcare Trust
- Participants and members of the public who took part in our survey
- The Doctors Laboratory (TDL)

APPENDIX
Graphs

