



North West London

North Kensington Recovery Programme Review

Phase one insight report

October 2024

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Introduction and background

Following the Grenfell Tower Fire on the 14 June 2017, the NHS introduced a range of services and support for survivors, bereaved and the wider community aimed at addressing the resulting additional need. This was initially funded by NHS England with £50 million allocated for the 2019-24 financial years.

This funding has come to an end and the NHS needs to work with survivors, bereaved and the wider community to assess the evidence on future population health needs and how health services can meet those needs.

On 22 July 2024, we commenced a short period (phase one) of involvement designed to make sure the substantial feedback we had received so far was relevant and correctly understood by us. The original intention was for the phase one engagement to support the development of a business case that would describe how we could enhance a community-led recovery across the programme and ensure we are using the resources we have as effectively as possible, which is something people have fed back they want us to do.

However, the decision was taken to pause development of the business case and allow us to concentrate on making sure we have the right services and support in place for the longer-term.

Phase one involvement consisted of a short survey and a number of face-to-face conversations with individuals and groups. We recognised at the beginning that engagement in the summer was always going to be challenging but felt it was a worthwhile exercise as a double check on what we had heard and if views had changed post year seven anniversary.

The report details the insights we have gained from our involvement during 2023/24, this includes service feedback from providers to ensure currency and relevance, and what we heard in the short period of involvement that has been carried out. The report is structured so we can clearly see:

- What are the common themes from the survey?
- What are the messages that we have heard before?
- What are the new messages we have heard?
- Issues needing to be carried forward into phase two of engagement.

It is also worthwhile reiterating that the report builds on the [Next Steps document](#) that collates all the rich insight the NHS alongside our valued partners had pulled together over the last few years by asking survivors, bereaved and the local community lots of questions about their current health needs and what they are worried might occur in the future. This substantial body of evidence demonstrates the wide ranging involvement and influencing the communities have had in shaping our services.

This also involved our ground breaking work in making clinical services culturally competent by working closely with a variety of stakeholders in co-producing our approach and training material which was accredited by the Royal College of

General Practice (RCGP). We have also ensured that all service contracts contain a clause requiring providers to demonstrate cultural competence.

Insights from feedback and health data was also fed into the Joint Strategic Needs Assessment (JSNA) 2024, which has now been [published](#).

The understanding and insights gained from listening and involving survivors, bereaved and the wider community over the last seven years has directly influenced the services that have and are being delivered. We also recognise that there will be many views in a community impacted by a disaster on this scale. Some of these views will be louder than others and we have strived for equity of views and influence. Working in such a landscape requires understanding of the contradictory views and messages that are shaped by many experiences. It is essential that this context is understood, this is not a standard NHS involvement and engagement exercise.

We also received lots of feedback from our valued partners that people want more of a say and that the NHS overall needs to be more open about what they are doing.

We plan to move to phase two of the involvement period, commencing late autumn/winter 2024 where we will work in more detail with survivors, bereaved, wider community and service providers as we assess the evidence on future population health needs and how health services can meet those needs.

We would like to thank survivors, bereaved, local community and partners for their continued patience, support and goodwill as go through the business case process.

Insights gained through ongoing engagement during 2023/24

The report details the insights we have gained from our ongoing involvement with survivors, bereaved and the wider community during 2023/24. There is a consistency to the feedback that can be summarised as:

- Survivors and bereaved have different needs and this should be recognised in providing services. One size does not work for all survivors and bereaved.
- Disabilities need to be considered and planned for when services are being planned. It is important to involve survivors and bereaved with disabilities in service planning.
- Faith is an important dimension of recovery-and needs to be recognised and structured into decision making. Faith groups supported to deliver services.
- The majority of respondents are not convinced that the need for long-term health monitoring is being taken seriously. People want to be more involved and understand what is being done. Concern was expressed about why current data on monitoring is not being shared.
- Appreciation by some of the work that the NHS has undertaken in North Kensington in a difficult and challenging environment.
- Strong statements around the need to move forward at speed with the deconstruction of the Tower. The Tower acts as a constant reminder and not helpful with recovery.
- Getting an appointment with their GP remains a challenge and a wish for more to be done to improve access. Also for some long-waits getting through to speak to the practice to get an appointment ([See Appendix B for detail of current position on GP access](#)).
- People felt the need for more cultural awareness within service provision as this is very helpful in making patients more receptive of the services and support that is available.
- Mental health services need a clear explanation of what difference services will make to patients- need for honesty;
- Strong views from survivors and bereaved that services should not be provided for them within close proximity of the Tower;
- Local residents who live around the Tower appear to have been forgotten and not a priority for the NHS;
- Trust in NHS is low and the NHS system does not fully understand how needs can be translated into services.

from immediate physical ailments to long-term mental health concerns, particularly in the context of trauma from the Grenfell Tower fire.

4. The role of the **GP** is crucial in the community's health management, as evidenced by the frequent mention of *GP*. Respondents express concerns about the accessibility and responsiveness of GPs, indicating that timely appointments and understanding from healthcare professionals are vital to their wellbeing. Whilst at the same time praising their GPs for understanding their Grenfell needs.
5. The word **bereaved** is prominently featured, underlining the specific needs of those who have lost loved ones in the Grenfell Tower fire. The unique grief and ongoing emotional strain faced by the bereaved and their families are significant factors influencing their health and wellbeing, which they feel are not always adequately understood or addressed by existing services.
6. **Community** is another important word, reflecting the collective experience and the need for community-based support systems. There is a strong desire for community engagement, peer support, and services that are locally accessible and culturally sensitive.
7. **Appointments** is a critical issue, with many respondents highlighting difficulties in securing timely and face-to-face appointments with healthcare providers. This reflects a broader concern about the efficiency and effectiveness of health service delivery in their community.
8. The word **needs** frequently appears, pointing to the importance of services and support systems that are developed to the specific needs of the individuals affected. The emphasis is on understanding and addressing these needs rather than offering a one-size-fits-all solution.

Overall insights gained from the survey

The word cloud reveals a community deeply concerned with the accessibility and quality of health services, particularly in the context of ongoing trauma from the Grenfell Tower fire. There is a strong emphasis on the need for personalised and culturally appropriate support, with particular attention to the unique challenges faced by the bereaved.

Insights gained by face-to-face involvement summer 2024

During the summer 2024, a short period of involvement took place to make sure the substantial feedback we had received so far was relevant and correctly understood by us.

What are the insights that we have heard before?

- Low levels of trust in the NHS and other statutory services
- Need for greater cultural competence across all services
- Insufficient consultation and communication on long term health monitoring and what is being done
- Deconstruction of the Tower must happen before the community can move forward
- Survivors and bereaved do not want services delivered close to the Tower
- Different needs are not leading to different service provision
- More and better communication on services and how to access;

- Schools, NHS, children and parents need to work closer together
- There needs to be greater community led recovery, by people who are qualified and know what to do.
- Some community providers are causing more harm than good
- People want faster GP appointments, they are waiting too long on the telephone and want an end the 8am scramble for an appointment
- Lack of transparency in decision making by the NHS is fuelling mistrust
- Culturally appropriate care is welcomed and more needs to be done.

What are the new insights?

- Emotional needs not well understood
- Cultural competence is needed beyond GP services
- Key stakeholders do not trust the long-term health monitoring that is taking place
- Services are not considering disabilities in service planning and delivery
- Not all Grenfell services needed all the time, when the need arises, they should be able to access
- Clear statements around different needs and NHS understanding of these needs
- Large responses from Next of Kin, indicates greater family concerns around health and cultural aspects of connectivity
- Majority of respondents were female, which has not been the case to date and may reflect responses on “family concerns”
- Need for continued health check-ups that are meaningful with explanations as to what they address
- Health equity was raised as being previously neglected which needs to be considered to rebuild trust
- More work to be done by NHS in building confidence around health concerns of those impacted by the fire.

Areas to carry forward into the phase two engagement

- A review of self-care services and how it could be better delivered to survivors and bereaved needs to take place
- Further explore the role of voluntary, community and faith groups in providing meaningful support
- What is the evidence of voluntary and community sector consulting service users
- Clear evidence of need shared with key stakeholders that influence services to be commissioned
- Long-term health monitoring, plans to be shared with communities;
- Coproduction of services by service providers that should include addressing health equity considerations
- Grenfell specific CYP inputs and community meetings with parents;
- Primary care needs to share data on appointments, delays and same day access
- Not much support for the health Dedicated Service and a questioning of what the next steps should be
- Demonstrate listening and acting
- What future services would look like
- What future health monitoring services would be
- Measure satisfaction with services beyond patient feedback
- Is the NHS doing enough to look after health.

Conclusion

The above insights are drawn from the survey and narrative. The section on what we have heard before included a review of Health and Wellbeing Strategy 2023 Update, service provider data, engagement reports, JSNA, RBKC consultation and engagement around their dedicated service and restorative justice programme.

The business case needs to ensure that what we have heard is reflected in the 2024/25 work plans and clearly reflect the changes suggested. Key concerns that need urgent addressing are:

- How do we continue to meet the Section 28 requirements?
- What does long-term health monitoring look like and who is eligible to receive it?
- What does future mental health and wellbeing services look like and who provides them?
- Future services addressing different needs, health equity are built into service design and delivery?
- The planned phase two involvement would need to be undertaken over a two to three-month period so that participation and engagement is seen to be meaningful
- Any substantial service change may require public consultation
- Transparency around allocation of resources by services.

We also need to start a meaningful conversation with stakeholders about the different phases of recovery since the fire and following the seventh anniversary, what this could look like moving forward.

This would include a discussion on how we can integrate capacity, knowledge and understanding within mainstream NHS services.

Appendix A Supporting evidence and what we heard in 2023/24

Appendix A provides a summary of the supporting evidence that has been drawn upon in the development of the business case.

Regulation 28 (report to prevent future deaths)

On the 19 September 2018, Dr Fiona Wilcox, HM Senior Coroner, Inner West London published a Regulation 28 (report to prevent future deaths) regarding the Grenfell Tower fire. The coroner noted eight concerns within the report, requiring action to prevent future deaths.

Information about activities and services that contribute to the NHS delivery of regulation 28. The services were commissioned by the ICB and they meet the individual concerns set out in the Regulation 28 report as follows:

	Regulation 28 Concern	Service(s)
1	That no structured health screening programme is in place for those who were exposed to risks of smoke and dust inhalation during the Grenfell Tower fire.	<ul style="list-style-type: none"> • Primary care led enhanced health checks • Adult respiratory long-term monitoring • Paediatric long-term monitoring
2	That those subject to smoke and dust inhalation are at risk of developing health conditions in particular respiratory illness after particulate and poison inhalation.	<ul style="list-style-type: none"> • Primary care led enhanced health checks • Adult respiratory long-term monitoring • Paediatric long-term monitoring
3	That there may have been exposure to asbestos during and after the fire that could possibly cause late onset health issues such as mesothelioma.	<ul style="list-style-type: none"> • Primary care led enhanced health checks and Grenfell related appointments • Adult respiratory long-term monitoring • Paediatric long-term monitoring
4	That without an appropriate system of health screening, there is a risk that illness may arise unnoticed or present later in survivors, first responders and site workers, and thus reduce their life expectancy.	<ul style="list-style-type: none"> • Primary care led enhanced health checks and Grenfell related appointments • Adult respiratory long-term monitoring • Paediatric long-term monitoring
5	That the NHS needs to undertake a risk evaluation and then consider an appropriate regular health screening programme for survivors of the fire and first responders and site workers.	<ul style="list-style-type: none"> • Primary care led enhanced health checks • Adult respiratory long-term monitoring • Paediatric long-term monitoring
6	That survivors and first responders and site workers, need to be given access to guidance and/ or information that would help them to	<ul style="list-style-type: none"> • Primary care led enhanced health checks and Grenfell related appointments

	understand what could be the health consequences of being exposed to the hazardous environment of the site of the fire.	<ul style="list-style-type: none"> • Adult respiratory long-term monitoring • Paediatric long-term monitoring • Healthcare advice is given on an individual basis when patients attend their annual appointments.
7	That the NHS needs to oversee and co-ordinate and provide appropriate mental health support for all those affected by their involvement in the incident, be they survivors, bereaved, local residents or first responders or other workers involved in the aftermath. The potential impact of this disaster is very wide ranging.	<ul style="list-style-type: none"> • Grenfell Health and Wellbeing Strategy • Self-care services
8	It may be that the provision of some care services, for physical or psychological damage may be provided by occupational health services outside the NHS, however a scale and risk assessment of need and care provision needs to be undertaken to minimise persons affected slipping through the net and being lost from appropriate supportive services.	<ul style="list-style-type: none"> • Grenfell Dedicated Service • Annual recall in place for: <ul style="list-style-type: none"> ○ Enhanced health checks ○ Paediatric long-term monitoring ○ Adult respiratory long-term monitoring.

Grenfell Joint Strategic Needs Assessment 2024 Refresh

The 2018 Journey of Recovery Joint Strategic Needs Assessment (JSNA) acknowledged the lasting effects of the disaster and the complex path of recovery.

The Grenfell JSNA 2024 is a refresh of the 2018 JSNA. It highlights some of the key health and wellbeing needs of those impacted by the tragedy to inform the next phase of support.

Environmental and Air Quality Monitoring

Environmental checks and soil testing took place around Grenfell Tower, overseen central government. Similarly, air quality in the area surrounding Grenfell Tower has been assessed and continues to be monitored alongside the Council. Findings show no evidence of harmful contamination due to the fire.

Although promising, this doesn't take away from high levels of anxiety and worry experienced by residents that feel their health has been impacted as a result of the fire.

Population health monitoring

The Council's Public Health team routinely monitor and interpret NHS health data across five wards in North Kensington. The purpose is to look for any key trends or changes in health. The data is anonymised and reviewed by both public health specialists and NHS clinicians. To date, population health monitoring has identified no increases in monitored conditions.

Survivors and bereaved

For many survivors and bereaved, Grenfell happened because of a failure to listen. They are still asking statutory agencies to listen to their health and wellbeing concerns.

Concerns continue to be around physical and mental health as it was impossible to prioritise these factors when their focus was housing and family. Communities want more reassurance on the longer-term impact of the fire and smoke on their respiratory health. They are worried about the risk of developing cancers or other long-term illnesses in the future.

Emotional and mental health

We understand that emotional and mental health needs continue to vary and change depending on potential triggers and external factors. Social and cultural norms, alongside a sense of feeling less in control, can impact someone's ability to identify or understand the effects of poor mental health, making them less likely to get support. In some cases, the support available may not always fully resonate with cultural beliefs. A more tailored, proactive but patient-centred approach may be needed for people to feel heard and seen.

Children and young people

It is important to recognise the specific impacts of trauma on those children and young people most affected by the tragedy and to acknowledge that it will continue to manifest in different ways. It may take time, sometimes several years to stabilise. Additional tailored work with them may be necessary when they experience significant life changes in adolescence and the transition into adulthood.

Schools and educational institutions, youth hubs and grassroots community organisations enable community-based recovery for children and young people, addressing the impact of complex grief and trauma. Community based services can be a lifeline to many, and their approaches should be better understood and supported.

Health inequalities

Growing health inequalities are a key concern for our residents and community-based providers. The North Kensington community continue to face challenges related to social deprivation and health equality. There is an imbalance in access to healthcare, quality and relevance of support, behaviours that put health at risk and wider factors that impact on people's health.

Tackling health inequalities requires action across all areas that impact health. We must all continue to work together to build on effective practices to prevent early death, improve living conditions and increase life expectancy for those experiencing the most disadvantage.

Wider local community

Local people were impacted in different ways, even within the area immediately around the Tower. This depends on a range of circumstances, including proximity to the Tower, experience of the tragedy and personal circumstances. It is clear residents feel there is more work to do, with a focus on ownership, accountability, and service availability.

Transparency, further co-design, community-led approaches, and community decision-making should be central to the next phase of recovery and building resilience.

Ongoing engagement is crucial in building trust. Work must be done to understand and embed a representative community perspective, whilst considering engagement fatigue and risk of having people re-live their trauma.

Recommendations to support survivors and bereaved

1. Service providers need to recognise that there are different experiences within the survivor and bereaved population. Different and overlapping needs should be considered with specific offers of support available based on an individual's current and future needs. Particular attention should be paid to the specific long-term impacts of this public tragedy, the longer-term justice process and decisions about the Tower.
2. Services that provide health care to survivors and those bereaved should collect, monitor, and clinically review health information regularly. Findings from this information should be regularly shared with survivors and those bereaved.
3. Provide a consistent offer of enhanced support for children and young people to maximise their health, wellbeing and future life chances of children living in families and households affected by the Grenfell tragedy.
4. Provide choice, flexibility, and control for families in deciding what support to access, when and how, including the need for a menu of different culturally appropriate options.
5. Service providers should focus on peer support, creating opportunities for people to connect and come together to support one another and to enable onward community-led recovery.
6. Ensure that bereaved and survivor voices are at the centre of plans for the future.

Recommendations to support the immediate local community

1. Focus health and wellbeing support in a more targeted way on the immediate local community living near the Tower, recognising the continued challenge that living near the tower is creating for some members of the community.
2. Services need to adjust and respond to the needs of people linked to the Grenfell tragedy, as they change over time. Providers should proactively plan for impact of decisions about the future of the Tower on the immediate local community and other key announcements.
3. Ensure the community living in the immediate area can access appropriate high quality mental and physical health services that take into account the impact of the Grenfell tragedy.
4. These services should collate, monitor, and clinically review health information regularly. Findings from this information should be regularly shared with the community and those affected by the tragedy.
5. Provide a specific focus on the mental and emotional wellbeing needs of children and young people that recognises their experience of the tragedy and intergenerational trauma.
6. Support community-led recovery wherever possible in a context of low levels of trust in public authorities.
7. Ensure residents can access support in trusted, community-based settings including through local organisations.
8. Provide suitable homes and housing support to maximise health and wellbeing. Improvements to housing conditions need to be delivered sensitively and with community support.

Recommendations to support the broader population

1. The Grenfell legacy should not be limited to a narrow focus on 'recovery' and supporting those that still feel impacted by the tragedy. Service providers should be led by communities to address the complex and cumulative interplay of inequalities which pre-date the tragedy.
2. Grenfell highlighted the imbalance of power and lack of engagement with communities and therefore systems should aspire to have a broader equal partnership with the communities we serve and the voluntary and community sector at the frontline of delivery.
3. Improve health equity by increasing the focus on preventive health interventions and proactively building health and wellbeing, acknowledging the impact of deprivation and financial poverty on health.
4. Give every child the best start in life and enable all children and young people to maximise their capabilities and have control over their lives through fairer access to education, skills development, and good work.
5. A diverse range of ethnic groups were impacted by the Grenfell tragedy. Systems should recognise and respond to the structural disadvantage that is rooted in racism and discrimination. Particular consideration should be given to the steps taken to rebuild community trust and the cultural competency of any services provided.

North Kensington Health and Wellbeing Strategy current delivery July 2024

In July 2024 we published an update on the North Kensington Health and Wellbeing Strategy to highlight the progress that had been made in delivering the actions we said that we would take action as result of what the local community had said to us.

We heard that the main health concerns related to physical health and the potential impact of toxins and smoke inhalation, insomnia, asthma, COPD, elevated blood pressure and heart problems. Alongside this was emotional wellbeing.

[View the report](#)

Insights gained through engagement

The North Kensington Programme carries out a continuous programme of engagement and involvement meeting with survivors, bereaved and the wider community to gain insights so that they can inform and shape our thinking on health and care services.

Physical health: A key health insight is the need for culturally appropriate health education sessions tailored specifically for women, particularly those from BAME (Black, Asian, and Minority Ethnic) communities. These sessions should cover essential topics such as diabetes prevention, high blood pressure, asthma management in children, and women's health issues, including menopause

An important health insight identified through community engagement is the need for tailored information and workshops on men's health, addressing both emotional and physical well-being. In many BAME (Black, Asian, and Minority Ethnic) communities, men are often reluctant or feel ashamed to seek traditional mental health support, particularly older men who may be less likely to talk about mental health due to cultural norms and stigma. To effectively support these men, there is a need for culturally appropriate strategies that encourage open discussions and provide accessible resources. Additionally, raising awareness about specific health issues, such as prostate cancer, is crucial to ensure men are informed and proactive about their health.

The speed of digital changes within services is proving a challenge for some members of the community. They have said if they could be trained and given the right information in a way that they can understand, that would help.

Vaccine insights highlighted the need for more effective strategies to engage and communicate with parents to address their fears and misconceptions. Communication efforts needed to go beyond simply providing information; they should aim to foster trust and drive behaviour change by understanding cultural contexts and delivering clear, empathetic messages that resonate with their experiences and concerns. Insights need to drive the communication

Mental health: Mental health continues to be a significant concern and priority for residents, underscoring the need for more community-based interventions. Additionally, there is a clear need for more informal, non-clinical interventions

focused on overall well-being, such as a luncheon club that currently provides a supportive environment for social interaction and mental health support. These initiatives can play a crucial role in fostering a sense of community, reducing stigma, and enhancing mental well-being for all residents.

Our conversations have highlighted a critical need for culturally relevant and sensitive mental health support. Many individuals from diverse backgrounds feel that traditional mental health services do not adequately reflect their cultural experiences, beliefs, or values. This gap can lead to a lack of trust, underutilisation of services, and unaddressed mental health needs. To effectively support these communities, it is essential to develop mental health resources and programs that are not only inclusive but also respectful of cultural nuances.

There is a growing demand for mental health activities and support that specifically cater to children and young people (CYP), ensuring that they have access to tailored resources within their community.

Children and young people (CYP): An important insight is the widespread concern about the health needs of children and young people, particularly regarding mental health. Many community members feel that they are not being adequately involved in discussions about services that impact the well-being of their youth. This highlights the need for greater engagement with community-based organisations that work with children and young people, ensuring their voices are heard and their needs are met.

Self-care: Residents expressed a need for accessible, inclusive activities around self-care that promote well-being and are adaptable to different cultural and religious practices.

Promoting Enhanced Health Checks through Community Partnerships: Evidence demonstrates that promoting enhanced health checks through community partnerships significantly increased participation. By bringing these services directly into community settings, we successfully encouraged more people to engage with and take advantage of health checks. This model of localised outreach proved effective in overcoming barriers to access, building trust, and motivating individuals to prioritise their health.

Toxicity health concerns: Concern among residents living in close proximity to the tower about the potential health risks from PERCIEVED high toxicity levels in the area. This anxiety is exacerbated by a widespread perception that not enough is being done to address these risks or provide clear, actionable information. The lack of information has led to growing fears and distrust among the community.

Community trust: An important insight is the strong Lack of trust and potential damage to NHS's reputation within the community, particularly among health partners who feel deeply let down. Many community members have expressed anger and frustration believing that their significant contributions have not been recognised or valued by the NHS. Despite repeated requests for information on Programme finances and support to community providers, the lack of action has further eroded trust, fostering a sense of disillusionment and frustration among

health partners and threatening to undermine the NHS's relationship with the community

Seventh anniversary insights

The seventh anniversary of the Grenfell Tower fire, which occurred on June 14, 2017, served as a poignant reminder of the ongoing health and community challenges faced by those affected by the tragedy.

Ongoing quest for justice and accountability: This was a strong theme. Many survivors, families of the victims, and community members continue to seek justice. They demand accountability from those responsible, including government bodies and corporations involved in the construction and maintenance of the tower.

Long-term health monitoring and physical health concerns: Concerns about long term health including respiratory health. There have been calls for comprehensive, long-term health monitoring programs and information on this to be in the public domain and the clinical evidence that the health offer is the right one in providing assurance.

Emotional wellbeing and support for children and young people: Children and young people who experienced the Grenfell fire directly or were indirectly affected by losing family, friends, or neighbours continue to face psychological and emotional challenges. Many require specialised mental health support to deal with trauma, loss, and the experience of displacement.

Community-led recovery: We received an ongoing and consistent basis of the need for a commitment to community-led recovery. Ensuring the voices of survivors and local residents are prioritised, allowing them to actively shape the healing and rebuilding efforts according to their unique needs and experiences that foster long-term resilience and ensure that those affected have a meaningful role in determining their path forward.

Greater assurance on how future health needs would be met: The North Kensington community sought stronger assurances that the NHS would continue to address the additional health needs arising from the fire, while also acknowledging and addressing the long-standing and ongoing health inequalities in the area.

North Kensington Recovery Programme Outcome and Delivery Report 2023/24

The North Kensington Recovery Programme Outcome and Delivery Report for 2023/24 presents details on the achievement of the programme against the health outcomes indicators and measures, and status on reporting against these outcomes.

An important elements of the report is the feedback obtained from the survivors, bereaved and local residents who have made use of the services and support that is available.

Appendix B GP access remains a key ongoing priority within West London.

A number of initiatives exist in West London to improve GP access including:

- West London Access Local Borough Service - this service requires practices to provide at least 100 appointments by a registered healthcare professional per 1,000 patients per week.
- Enhanced Access - a national scheme to provide additional appointments when GP Practices are usually closed. In West London, the service is delivered from 2 'Hub' sites one of which is St Charles Hospital in North Kensington. The service predominantly offers same day access during the weekday evenings but some appointments are also pre-bookable up to 2 weeks' in advance by patients contacting their registered GP Practice. The West London offer goes over and beyond national requirements Enhanced Access is available 365 days a year, including weekday evenings, Saturdays, Sundays and Bank Holidays.
- Specialist Winter Access Support - In 2023/24 West London elected to stand-up additional capacity over the winter months to provide more appointments for patients. This service was unique to West London. Over 5,500 additional appointments were offered from mid-December 2023 through to the end of March 2024, with over 90% utilisation.
- Urgent Integrated Care Service - builds on pre-existing established relationships and provides same-day primary care for frail or housebound medical conditions

Patient satisfaction data indicates that West London practices as a whole provide good GP access compared to North West London and the rest of England.

The GP Patient Survey (GPPS) is a national independent survey run by Ipsos on behalf of NHS England. The survey is sent out to over two million people and is the only patient experience survey that is standardised across the country enabling comparison of patients' experiences with those of other practices. The survey is anonymised and is the best available barometer for patient satisfaction with their GP practice.

Averaged across the ten North Kensington practices, 71.2% of patient's survey indicated that they found it easy to contact their practice by phone compared to an England average of 50%. Similarly, an average 76.8% of patients indicated a good experience of contacting their North Kensington practice compared to an England average of 67%. Nine practices in North Kensington are above the England average of patient satisfaction across these areas, however, one practice is below across both indicators.

We recognise that examples do occur where local residents experience of GP access is sub-optimal, and that there is always scope for improvement. GP access continues to be an area of focus and review to ensure that we continue to improve.