NHS
North West London

Monday, 19 February2024

To: Chaand Nagpaul, Chair, NWL LMCs SLN Chair Harrow LMC
Hannah Theodorou, Medical Director, NWL LMCs
Jamie Wright, Director Primary Care, NWL LMCs
Asiya Yunus, Medical Director, NWL LMCs

Dear Chaand, Hannah, Jamie, and Asiya,

RE: Correspondence regarding concerns re the NW London ICB proposed Same Day Access Service

We are writing in response to your letter sent on the 9th February 2024 about the NW London improving access to primary care programme. Thank you for understanding that the three-day window you initially suggested for a response was not realistic, given that your letter contained so much detail.

Working to improve patient access to primary care is the key focus of this programme. As mentioned in previous board papers, the demand and capacity reviews and trialling of primary care access models in 10 PCNs over the last six months has been instigated as a direct response to the patient concerns expressed through the NW London "What Matters to You" engagement programme on the challenges to accessing general practice.

Insights gathered from local residents, public responses through this process, Healthwatch reports and patient survey responses provide a significant case for change. There is clear feedback that access to primary care, is the number one concern raised by our residents. We have to recognise the need to review how we are doing, and explore what we can do differently to improve patient experience in a timely way. In addition, the Fuller stocktake has shone a spotlight on how patient experience and service provision can be improved further in primary care, to build a sustainable future for general practice.

This work fits within the context of the wider population engagement undertaken by NHS England and Improvement (London region), on expectations around urgent care services. During the dialogue and deliberation, the crucial role of primary care in the delivery of urgent care services emerged as one of the overarching themes. There was agreement on the need for primary care transformation, in order to strengthen access to services delivering access at a time when there is the need.

The October 2023 ICB board paper Improving Access to Primary Care, outlined the different workstreams that have been leading to the identification of a same day access model, and to supporting service redesign and implementation in all NW London PCNs. NW London LMC has been involved in these conversations and part of discussions about this programme during its attendance at the Primary Care Programme Board, with a detailed proposal and discussion in December where it was approved.

Whilst we are always very impressed with the flexibility and openness with which general practice and PCNs transform to adopt new ways of working, it is understandable that there is apprehension in exploring these proposals, particularly

with the existing pressures within the system. In addition, the use of the term 'target operating model', may have raised anxieties and added to the misconception of the intent of the NWL Access Programme. We now appreciate that we have not explained clearly enough to both the NW London LMC and the wider GP body what our thought process was behind this term. As a result, we acknowledge that many myths have arisen out of the implementation of this programme to date.

We have listened to you, our general practices, our patients and wider colleagues. We appreciate that the way this programme has been perceived so far has led to confusion, anxiety, concern and anger. The work to date may have given the impression that this is an inflexible top-down delivery of a plan. This was not our intention, and we apologise.

It is important to note that the ICB is not looking to impose a blueprint for how the same day access model components should be implemented. Whilst adhering to the 9 key principles, each PCN/ borough will have the flexibility to determine the way services function, including:

- the quantum of same day demand being triaged at scale whilst the PCNs are transitioning, which we envisage will take some time
- the roles and skill-mix of the workforce used for each component, which will at the discretion and determination of the PCN depending on the quantum
- the development of pathways for how the model will work locally and agreeing which groups of patients need to be re-directed to the individual's GP Practice.

The phasing that is appropriate to each area will vary and consider what is already in place and any constraining factors that each area has, such as estates. It may be that at scale provision for a PCN can only work at a virtual level. To be clear, there is no expectation that there will be a fundamental change in the same day delivery on the 01 April 2024 and that this will be a process of transformation going forward.

The principle of establishing same day access models is to support general practices to free-up the time available each day, to focus on proactive continuity of care and wrap-around support for their vulnerable and complex patients, many of whom have multiple long-term conditions and complex social care needs. The clinical responsibility for any service provision in general practice rests with the clinician reviewing the patient and the model of care provided at PCN level sits within the clinical governance structure for each PCN.

The intention over the next few months is to work alongside the PCNs to understand their same day demand and then support them in considering ways of managing this demand in a model of care which works for their individual populations and circumstances. As described above, we understand that PCNs will probably want to implement the model in a phased approach. We appreciate that general practice is busy through the year and we will work with NW London LMC to articulate key deliverables that PCNs can work towards over the course of 2024/25 and the subsequent year.

ICB has taken an approach to Population Health Management by addressing health inequalities through levelling up. The single offer is a way of addressing the inequalities that exist between individual practices and PCNs and is a mechanism for

ensuring full service cover no matter where patients are registered. As per the response to the Pulse article the access programme has always been part of single offer and was agreed three years ago. We have been through a comprehensive sign off process relating to all of the funding of the single offer in our internal ICB processes. As you can imagine, a funding package worth a total of £75.4 million requires a lot of scrutiny and agreement. We cannot now unpick the access aspects from the rest of the programme without calling into question the whole piece of work.

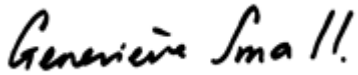
The detail of delivery will be developed in partnership with the PCNs as the programme gains momentum. KPMG is a key partner of this work, but their role is to facilitate conversations and explore new ideas rather than implementing a pre-prepared model. That was never the intention of this programme. KPMG and NW London are keen to to work with PCNs to help them move forward and find solution for this new way of working. We wish to see general practice continue to thrive, where patients get the care they need whilst making the demands of the practices and PCNs achievable and sustainable.

We really appreciate the time and effort you have gone to in outlining the concerns you have heard from your members. We are keen to continue to work with you to continue the development of this programme in a way that enhances, not diminishes general practice and primary care in NW London.

In response to the specific points you raised in your appendix please see below.

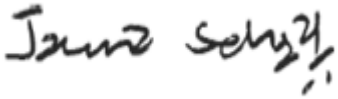
We look forwards to working closely with you over the next few days, weeks and months ahead as we work with general practices, patients and other health and care providers in improving access to primary care in NW London.

Yours sincerely,



Dr Genevieve Small
Primary Care Partner
Member & Medical Director,
Primary Care
NHS NW London

Dr Vijay Tailor
Access Clinical Lead,
NHS NW London
&
Borough Medical Director,
Ealing



Javina Sehgal
Director of Primary Care
NHS NW London

Appendix 1

Patient Safety
NW London Access Programme in no way is looking to compromise on patient safety. Patient safety is our highest priority. However, we also acknowledge that some patients are currently struggling to access appropriate care and advice and that this is particularly an issue for our complex patients where 111 and UTC pathways do not have the expertise that general practice has in providing their care. During triage it is essential that decision making is clearly clinically supervised and patients are reviewed by the most appropriate clinician.

Limits of clinical competency/ARRS working outside remit
As part of the workforce mapping, PCNs will need to ensure that the clinical workforce skill mix has the appropriate competencies and that supervision capacity is identified as integral to the model. We are not prescribing the way that ARRS teams will work but highlighting how some of our wave one sites have utilised the various skill sets of these team members to support new ways of working.

Meeting needs of unregistered patients
Unregistered patients should be encouraged to register with a local practice when they access urgent care at UTCs and A&Es and work is already underway with these providers to proactively signpost to local GP practices.

Loss of personalised care and continuity
We absolutely acknowledge the benefits of continuity of care. The intention behind this model is to support individual practices to focus on providing continuity for those patients where continuity is essential to better health and social outcomes. The purpose of this programme is to help liberate GP practices from managing low acuity reactive and episodic same day consultations and so enable them to see more of the patient cohort where continuity really adds value. We are currently exploring the utilisation of WSIC as a risk stratification tool within the GP IT system to ensure these patients are flagged as requiring continuity. As part of the 9 key principles we are committed to looking at tools that support this identification.

Widen health inequalities
We believe that delivery of enhances services including the access programme through the single offer acts to give a consistent expectation of service delivery across NW London, reducing the post code lottery that had previously existed. The programme is still in its infancy and as it progresses we will be undertaking the appropriate EQIA and QIA which we will be happy to share with you.

Drive up demand for same day care
This model is about exploring how to use existing resources in a more efficient way across a wider landscape to enable the workforce to be used efficiently to meet the current demand. At the same time there is the London deliberative enquiry which is poses questions to the public including how best to use the resources we have as a community to keep people well.

IT
There are a number of key enablers to make this programme a success which includes integration of IT functionality and IG compliance, which are currently in

development. We are working within NW London ICB to address many of these issues.

Estates
The funding for the NW London access programme is to support PCNs to develop, implement and build sustainability into the model. This is not prescriptive of any one particular estate model or hub. It may be that the solution for an individual PCN will exist in the virtual space.

Patient Experience
We are gathering and collating information from our early adopters and will share it as soon as we can. We have rich information and the MORI survey which speaks to some of the difficulties that some of population have accessing primary care and our aim is to support PCNs and General Practice to improve the patient experience and navigation through the system with new models

Patient Engagement
As per the beginning of this letter all the insight and engagement work with residents across NW London has highlighted access to general practice as an issue. Underpinning this programme, we built in a range of engagement activities. In addition, we are working as part of the London Deliberative enquiry and reaching to our patient groups and Healthwatch to support these conversations

Steps and timeframes
We are in the final stages of developing our first draft of key deliverables that PCNs can work towards over the course of 2024/25 and the subsequent year. We are keen to share this with you and discuss your feedback.

Experience of staff/ retention
Staff experience will continue to be very important and we will monitor this going forward. NWL is a great place to work and we would really like your support in continuing to make this even better. A key tenet of this programme is to improve the working lives of our colleagues across individual practices by working more efficiently. We appreciate that many practitioners are feeling isolated and overwhelmed by the different demands on their time. This programme should help address this and we are keen to put the joy back into General Practice.

Single Offer
ICB has taken an approach to Population Health Management by addressing health inequalities through levelling up. The single offer is a way of addressing the inequalities that exist between individual practices and PCNs and is a mechanism for ensuring full service cover no matter where patients are registered.
As per the response to the Pulse article the access programme has always been part of single offer and was agreed three years ago. We have been through a comprehensive sign off process relating to all of the funding of the single offer in our internal ICB processes. As you can imagine, a funding package worth a total of £75.4 million requires a lot of scrutiny and agreement. We cannot now unpick the access aspects from the rest of the programme without calling into question the whole piece of work.