North West London Integrated Care System
Working together for better health and care

Access

- PCN Briefing Pack

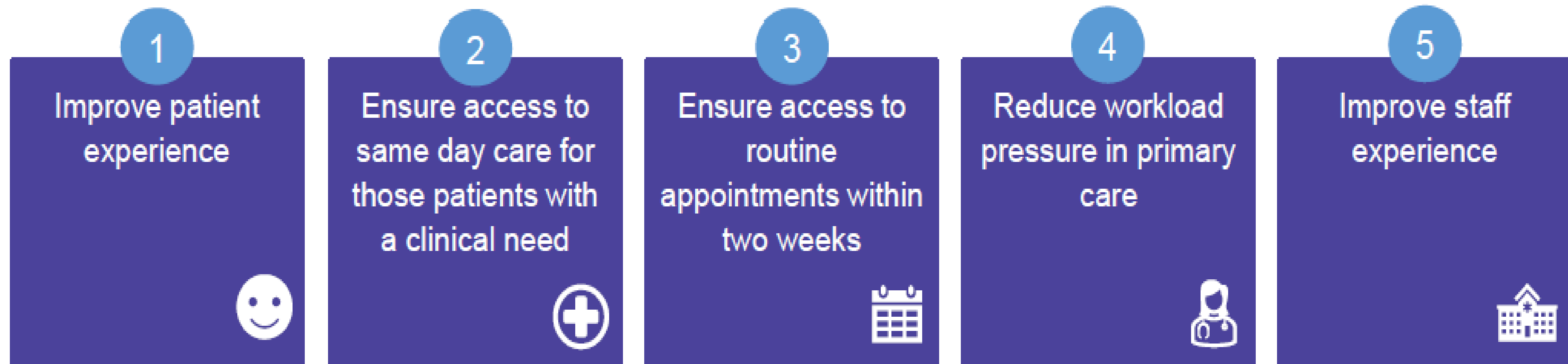
Improving same day access to Primary Care in North West London

Primary Care services are at the **heart of local communities and have an enduring relationship with their local population** – they are well placed to take action on health inequalities; improve access and experience for patients; and turn the dial on population health outcomes.

The Fuller Stocktake set out that *"**inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care to those patients who need it most**. In large part because of this, **patient satisfaction with access to general practice is at an all-time low**, despite record numbers of appointments: the 8am Monday scramble for appointments has now become synonymous with **patient frustration**."* It also suggested that '**creating a resilient infrastructure and resilience around GP practices** that enables **same-day access to urgent care** to be delivered creates space to **deliver more continuity of care**'.

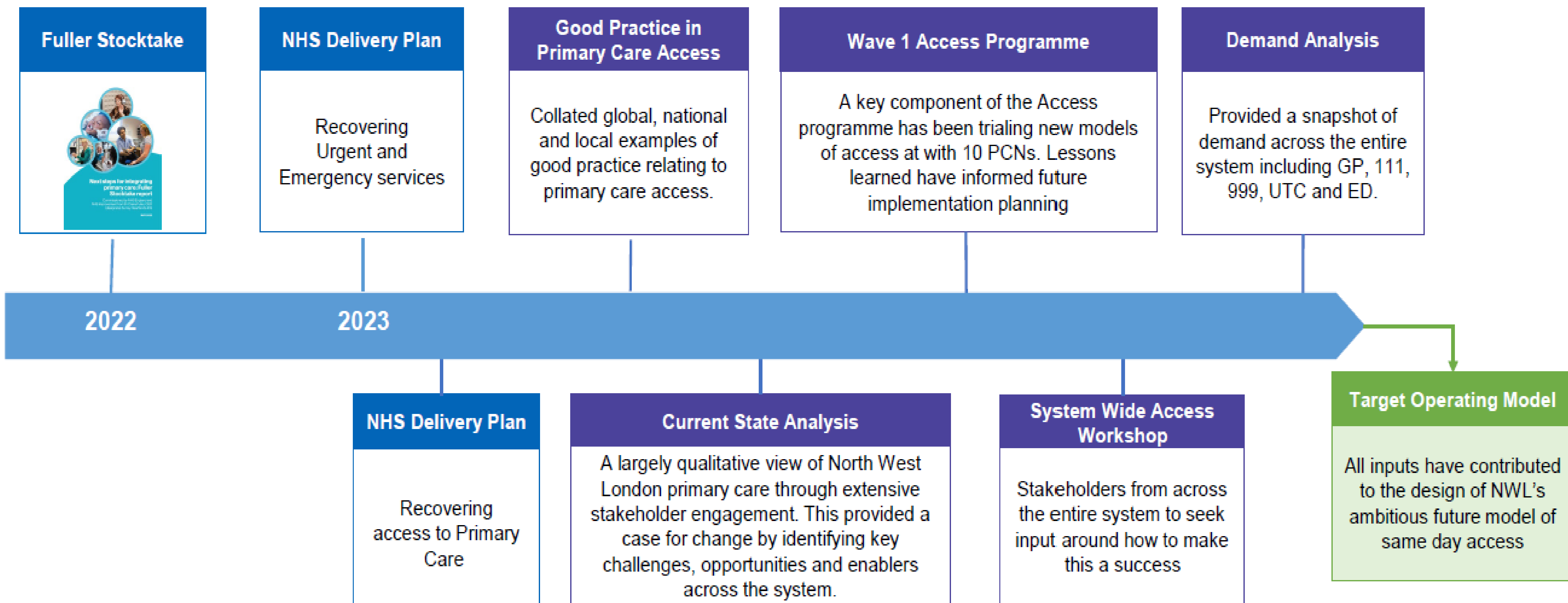
There is a strong case for change to making improvements to primary care. In particular, we know that currently in North West London (NWL), **access to same day care is sometimes difficult to navigate and availability of same day appointments in general practice is variable.** We've heard through stakeholder engagement, that this causes **anxiety for patients and staff, and performance issues for the wider health and care system.**

To address these challenges, NWL ICB has put Primary Care at the heart of its transformation, focussing on improving the model for access to same day, non-complex care, in line with national requirements. The ultimate aim is to better match demand and capacity across the system, reduce duplication and ensure patients are seen in the most appropriate setting first time, freeing up time for proactive care and the care of those with greater complexities. The **NWL Access Programme** has been initiated to deliver this change and is underpinned by **five key objectives (see below)**, with the objective of delivering **improved outcomes for the people of North West London.**



Activity to date

A number of key inputs such as national guidance, along with a range of activities completed in 2023 have informed the design of the future state model of same day access to Primary Care as follows. This report provides a summary in relation to some of this activity to help provide insight into how the target operating model has been developed. Below is a rough timeline of activity. It should be noted that some activity happened in parallel, and have all contributed to the design of the Target Operating Model outlined in this report.



Current state of Primary Care in NWL

Through engagement and 1:1 interviews with key stakeholders from across the ICB representing Primary, Acute, Mental Health and Community care in NWL, the following challenges were identified around how the model of Primary Care currently operates.

General Practice

- **There is variation in the triage and navigation approach across PCNs and practices:** some have started to do triage and navigation at scale, using a standardised protocol, AI-supported clinical decision support tools and defined clinical pathways, but this is not the case across the majority of the patch. Most offer a mix of face-to-face and remote appointments. All provide access to electronic requests and some have started to work at scale to process those requests in e-hubs, with teams costed for processing. However, some are still operating a first come first served approach to appointments, and switch their phone to answerphone when their on-the-day lists are full.
- **Enhanced Access is not being fully executed or utilised:** some practices are not delivering on the contractual requirements to deliver Enhanced Access. Efficiencies are limited due to poor interoperability and access to diagnostics.

General Practice and 111/UTC

- **There is low utilisation of 111-assigned GP appointments in some practices:** whilst 111 deals with (and closes) a high number of calls, some GPs feel the algorithms used by 111 do not make best use of their 111 appointment slots, leading to recorded under-utilisation of 111-assigned appointments across NWL.
- **There is a lack of clarity on the purpose of UTCs:** it is not clear amongst staff whether the purpose of these centres is to support Primary Care or the Emergency Department. There is also confusion about the relationship between General Practice and the Urgent Treatment Centres.

Community pharmacy

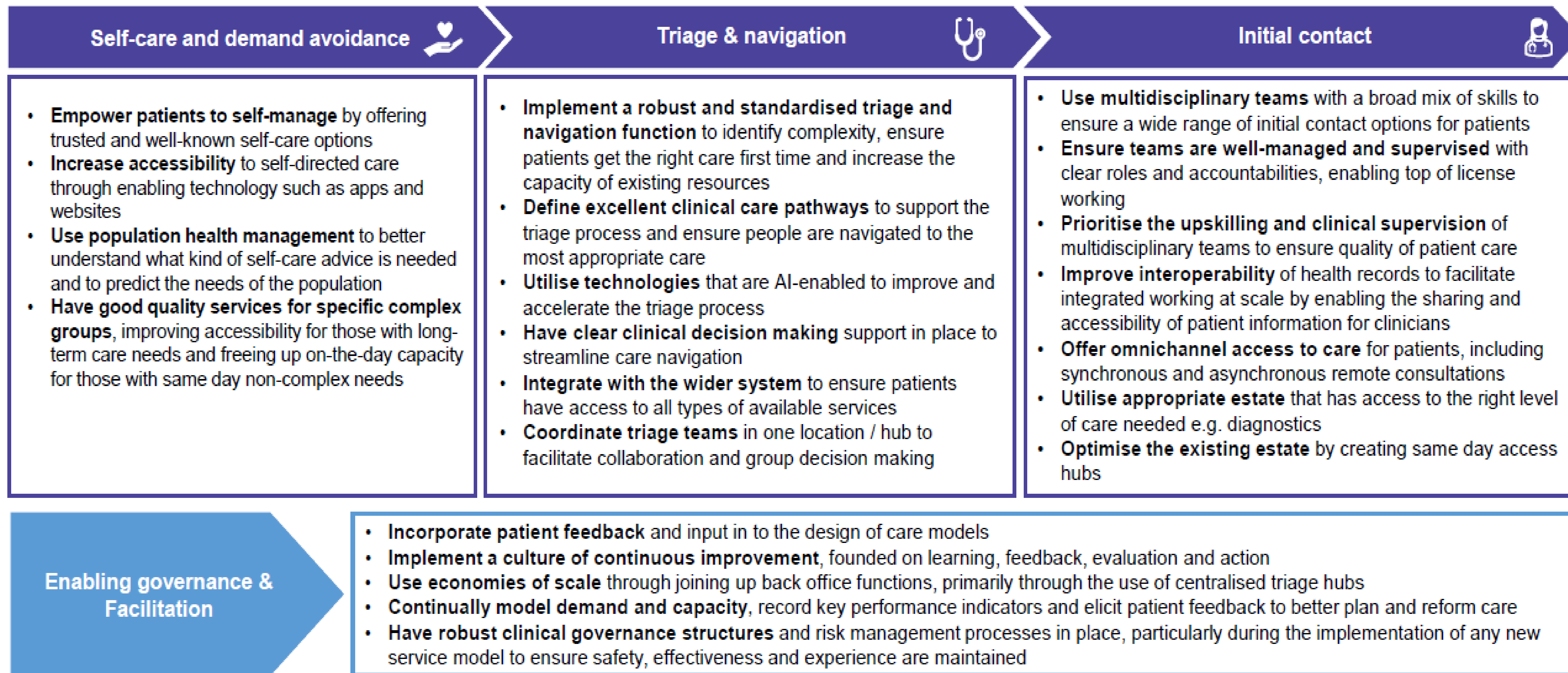
- **The Community Pharmacy Consultation Service (CPCS) is underutilised:** meaning the skills and capacity in community pharmacy to manage same day non-complex care is under employed. This scheme will soon be changing to Pharmacy First.
- **Lack of interoperability of digital systems is contributing to low utilisation:** Pharmacy Outcomes is interoperable with EMIS, however Pharmacy Refer is not interoperable with SystmOne, making access to CPCS and onward referral difficult, reinforcing underutilisation.

Patient awareness and system-wide operations

- **Patients aren't sure where to go when unwell:** patients report confusion around where to go when they need same day care, according to the National GP survey and Healthwatch feedback. They are unsure of the role of 111 vs. UTC and what options pharmacy can and cannot provide.
- **Patients therefore present to a variety of settings for same day non-complex care in NWL:** this results in duplication of the triage and navigation function across the system, inefficient use of clinical resource and, sometimes, a poor patient experience.

Summary of global good practice findings for same day access

A report compiling local, national and global research identified key components that are typically in place in high-performing primary care systems. This has informed the design of the target operating model for same day access outlined in this summary.



Design principles and the new model of care

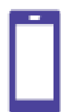
The new model of care sees the introduction of **'Same Day Access Hubs'** in NWL. There are certain high-level **design principles** which are fundamental for the hubs to run effectively and meet patient demand. Adherence to these will also allow for consistency across the ICS and ensure efficiency and quality. These design principles (listed below) have been socialised and discussed at ICB Board level. They have been instrumental in the design of the Same Day Access Hub model.

Ability to triage same day demand at scale i.e. PCN or borough-level function

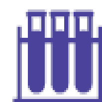
Staffed by multi-disciplinary extended Primary Care team, according to patient need

Ability to manage low complexity patients both face to face and remotely

Ability to accept all 111 dispositions

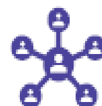


Ability to accept and triage online consultations



Ability to order diagnostic tests and issue prescriptions

Ability to book appointments with patient's 'home' practice for those with complex needs



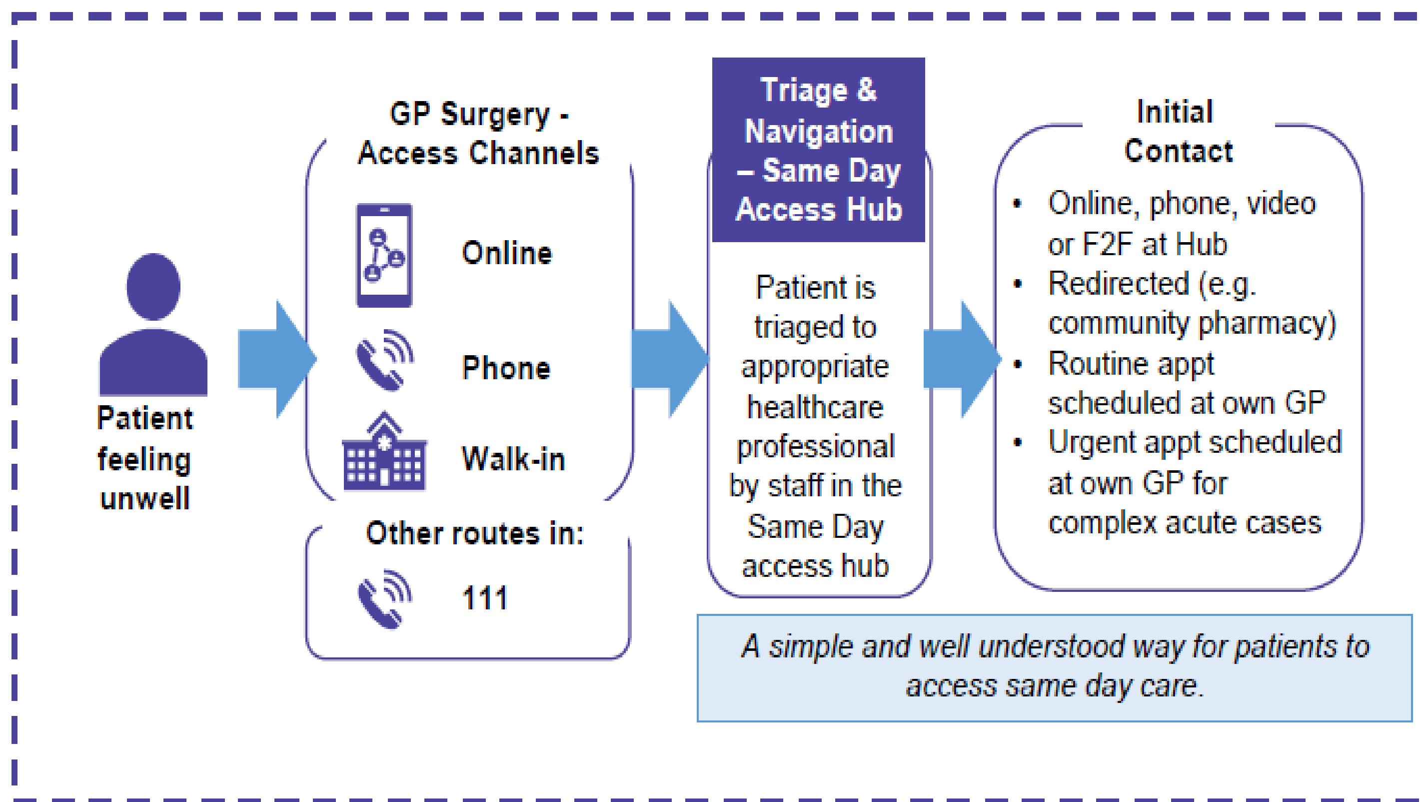
Referral to other primary, acute, mental health and community care services as needed

Ability to provide appointments at a minimum between 8am-6pm, and seek opportunities to integrate with core, enhanced, and out of hours services to the design principles

The new model of care: Same Day Access Hubs

A high-level view of the **'Same Day Access Hubs'** model is depicted below. The next slide provides further detail on the patient journey through this new model, highlighting key touch points, and the remainder of the section explains the detailed target operating model for the hubs. This new model of care should become **mainstream for NWL and sustained** over time to achieve NWL's 5 **overall access programme aims**: 1) improve patient experience, 2) ensure same day need for those who need it, 3) reduce workload pressures in primary care, 4) ensure access to routine appointments within two weeks and 5) improve staff experience.

New model of care - Same Day Access Hubs:



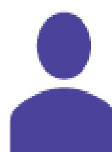
The model process flow is as follows:

1. The patient is encouraged to self manage where appropriate
2. If the patient requires further support they can contact their usual GP surgery through multiple channels, with online and phone channels encouraged.
3. The clinical enquiries are directed seamlessly to the Same Day Access Hub for triage
4. Patients can also be redirected to the Same Day Access Hub if they contact 111
5. Appropriate action is taken – this could be with an online, phone or face to face meeting at the hub. Alternatively a routine appointment may be scheduled or the patient may be redirected.

Future patient pathway under the new model

This page depicts the pathway the patient will go through under the new model of care.

Self-care / demand avoidance → **Triage & navigation** → **Initial Contact**



Patient feeling unwell

Self-care / Management

If appropriate direct patient to self-manage and resolve. Use publicly available regulated information.
Examples:

- NHS website/app
- Pharmacy advice

Patient contacts home GP Practice

Same Day Access Hub Front Door

The patient decides they need further support and contacts **their local** GP surgery through a choice of access channels:

Online

Phone

Preferred access options

Walk-in

111

Patient either:

- **Chooses 'Same day' option 1** via **cloud telephony**, or
- **Submits** an **online form** via the online patient triage form or the NHS App. Anything administrative e.g. sick note, repeat prescription, will be filtered to the home practice. **Anything clinical requiring a same day response will go to the hub.**

Clinical triage & Navigation – in hours Same Day Access Hub

- Patient is triaged by the SDA Hub Care Coordinator (who has clinical support from the supervising GP when needed).
- Patient segmentation RAG rating pops up on screen to assist triage.
- Information can be captured by a **consistent triage tool** (e.g. online patient triage platform) whether on the phone or online.

If a same day appt is required, this will be **scheduled into the Same Day Access Hub.**

Same day appointment not needed or complex case

If a same day appointment is not needed, or the patient is complex, the hub care coordinator will either:

a) Book the patient in for a routine appointment in the coming days at their home practice by accessing the local GP **EPR system**, or
b) **Re-direct** them elsewhere e.g. 111, CPCS, dentist, community service, mental health service etc.
c) If the patient is complex with an acute presentation, the hub can book them a same day appointment at their **own GP practice**

This model could be implemented on a continuum with Enhanced Access if desired.

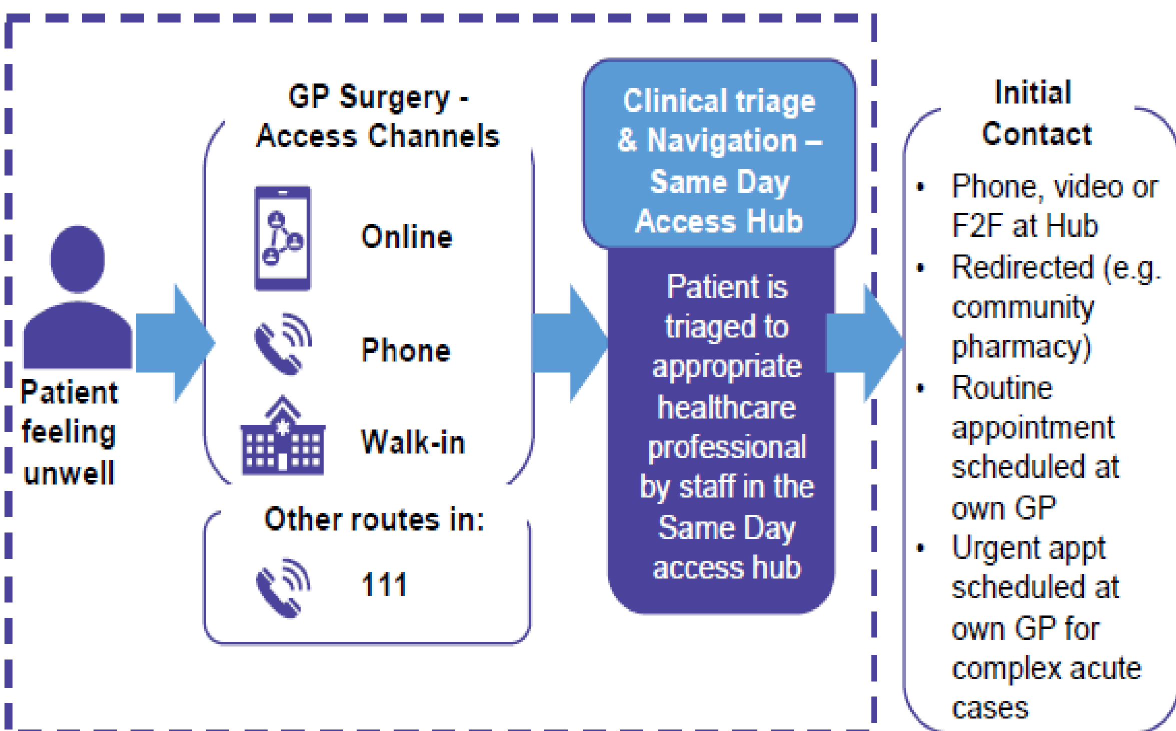
Same Day Hub – Initial Contact

A patient is seen in either:

- A same-day face to face, telephone or video appt with a GP
- A same-day face to face or virtual appt with another member of extended general practice/ primary care network team

SDA hub: triage and navigation

In the future, patients seeking same day clinical advice and treatment from Primary Care will be triaged by the **Same Day Access Hub**. This is achieved through having a central triage function for Primary Care queries that can book patients appointments if appropriate to do so. This page details the key features of the access hub with respect to triage and navigation.



Initial Contact

- Phone, video or F2F at Hub
- Redirected (e.g. community pharmacy)
- Routine appointment scheduled at own GP
- Urgent appt scheduled at own GP for complex acute cases

The patient knows how to contact the service (i.e. via their own GP surgery) and has a positive experience because they are triaged by competent care coordinators who are able to understand what action is needed and in what time frame

Features of the Same Day Access Hub:

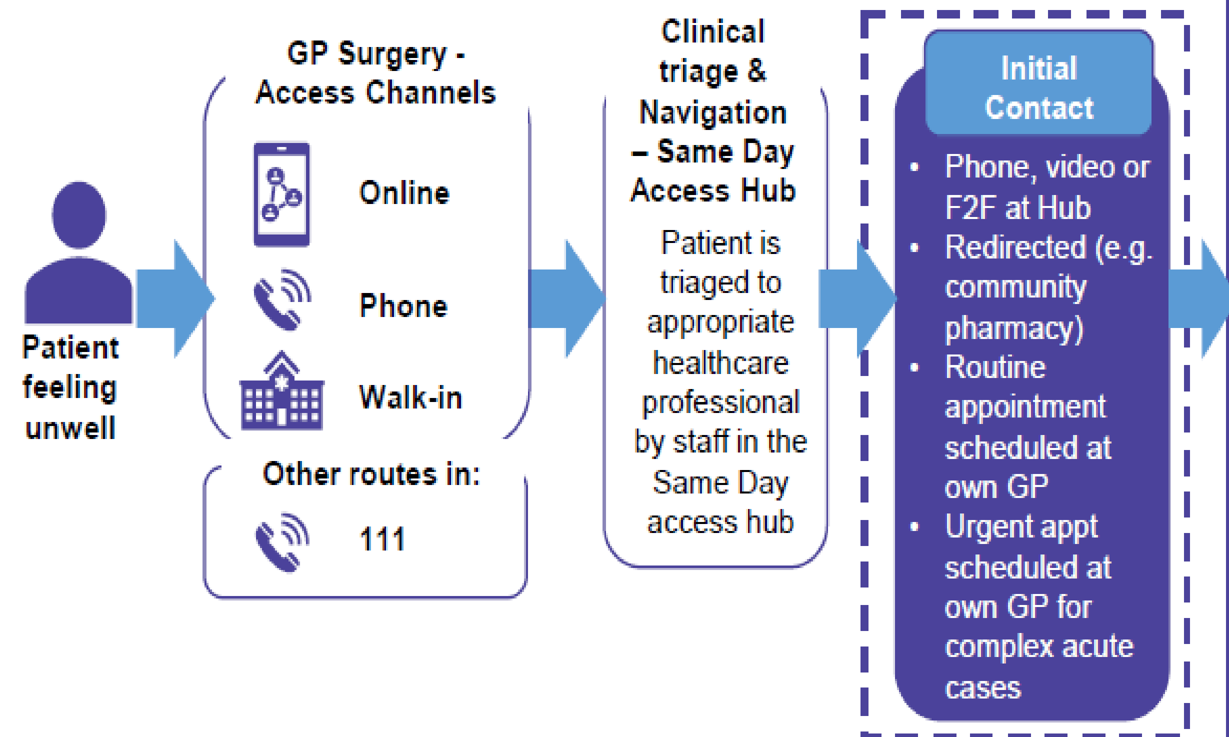
- ✓ Centralised and at-scale - it is a **Same Day Access Hub** for Primary Care queries in the area (**either PCN or borough level**)
- ✓ It is accessible through **multiple channels** e.g. phone, online
- ✓ It is **well known** as a service to patients; they know that it is accessed via their home practice but that they could be seen by a GP or member of staff from a different practice
- ✓ It uses **standardised clinical pathways** and **PHM** tools (e.g. patient segmentation) to enable suitable navigation
- ✓ It has **standard operating procedures** for clinical governance and triage
- ✓ It is **integrated** with the following services (accepts referrals and can refer or divert onto): 111, 999, UTC, ED, Acute/ Mental Health/ Community Services, Community Pharmacy, Optometry, and Dentistry.
- ✓ It closes off patient episodes i.e. books routine appointments at 'home' practices, orders diagnostics, issues prescriptions etc

Estates:

- ✓ The hub is located **at one of the practices** within a PCN (this could be done on a rotational basis if deemed appropriate) **or** in a **suitable alternative premises** within the PCN/ Borough in line with the individual borough estates strategy.
- ✓ Taking the 'one public estate' view, the hub could utilise **existing public estate** that is easily accessible for citizens – taking a 'health on the high street' approach.
- ✓ The hub could be co-sited with, or located near a **community pharmacy / UTC** for ease of access if prescriptions are required.

SDA hub: initial contact

In the future, patients in NWL receive the **right advice from the right person**, in a timely and convenient way. 'Initial contact' refers to the contact the patient has with a medical professional / service **post** triage. This page details the key features of the access hub with respect to initial contact



With the current model, patients often have to wait longer for appointments or are passed from one healthcare professional to another. With the new model, the patient has a more positive experience because they are seen by the right healthcare professional first time, and in the appropriate clinical time frame.

What does Initial contact mean for patients in NWL?

- ✓ The **robust triage at-scale** system that is in place ensures people are navigated to the **right** healthcare professional / service
- ✓ Patients will only have appointments at the Same Day Access Hub if the patients' needs **can be met** there and if they are deemed to have a **same day non-complex need**
- ✓ The hub consists of **multi-disciplinary** teams with a **variety** of **roles** and **skill mixes**, including a GP operating as a consultant in primary care and supervising other staff, expanding the services on offer to patients
- ✓ Where possible the healthcare professionals are **co-located**. Co-located teams means there is the opportunity to take advantage of **training** and **education** opportunities and facilitate more **efficient, effective and in the moment supervision** for staff
- ✓ Face to face and remote appointments are offered at the hub, allowing patients to have the most appropriate type of consultation and / or their preferred method of consultation
- ✓ If the SDA hub is not the right place for the patient, they will be redirected elsewhere e.g. to the pharmacy, to community services etc. or the hub will book them in for a routine appointment at the patient's 'home' GP surgery, or for a same day appointment at their 'home' practice if they are a complex patient with an acute need

Essential vs flexible criteria for the SDA model

The wave 1 programme has revealed that a 'one size fits all' approach to same day access is not always feasible. Practices are individual entities with their own culture and ways of working, and PCNs across NWL all have differing levels of integration and differing patient population needs. Therefore, whilst a model is outlined in this report, there are elements of flex that can be tweaked based on the PCN and the population it serves. This page outlines these essential vs flexible elements.

	Essential	Flexible
Model of care	• This is for all same day demand, not a surge model • This is for non-complex patients who have a clinically assessed same day need • Patients must know on the day how their request will be managed, in line with the Delivery Plan for Recovering Access to Primary Care. Hubs must be able to book routine appointments for patients not judged to be suitable for SDA. • Patients know that the 'front door' to the hub is their home practice • Hubs must be accessible through a number of channels (i.e. e-consults, phone and face to face) so as not to exclude any patient groups (e.g. those who might not be digitally literate or non-English speaking) • Must accept 111 dispositions and be able to issue prescriptions	• This could be merged with the Enhanced Access offering (i.e. operating hours of the hub could be 8am-8pm) • The hub can be in an independent premise OR hosted in one of the PCN's practices OR rotated between the PCN's practices
Workforce	• There must be a senior GP working in the hub who has overall clinical accountability and time to supervise staff & support triage • Care coordinators must undergo care navigator training to ensure they are skilled enough to perform triage • The team must be multi-disciplinary and not solely GP-led and set up to enable 'top of licence' working • There must be sufficient time for supervision and on-the-job training for ARRS staff	• The roles and skill mix in the hub can be determined by which ARRS staff are already employed, as long as the necessary skills are reflected in the hub workforce model • Staffing for the hub will be drawn from existing core practice and ARRS staff. They can either be permanently allocated or can rotate in and out of the hub.
Processes	• There must be clinically-agreed standardised operating procedures for triage and navigation, and clinical governance • The clinically accountable GP **must** support triage when care coordinators need them • Staff must be aware of wider services and able to refer patients to other services (e.g. CPCS, Community Services, Diagnostics etc.) and systems must be set up to enable this	• Once the hub has the patient information, the choice of how this is handled and processed is at the discretion of the PCN (e.g. this could be that everything is put through PATCHs)
Technology	• There must be interoperability between the hub and practice EPRs (EMIS/S1) and common share record functionality enabled in it's entirety to allow for: 1) booking appointments in to either the hub or home practice and 2) seamless working and communication on tasks between the hub and individual practices • All practices must be on compatible cloud telephony providers, and the systems must be configured to allow connection between practices and the hub	• If cloud telephony is not yet correctly configured, practice coordinator/receptionists could book a patient directly in to hub following triage by accessing the hub EMIS/S1. • Use of an automated or artificial intelligence supported triage tool to support triage when available in NWL
Information	• A set of metrics and KPIs must be outlined and recorded to monitor quality and performance • Patient and staff feedback on the model must be captured • Once PHM tools are available, hubs must use patient risk segmentation to triage and navigate patients	
Governance	• SOPs for 1) triage and navigation and 2) clinical governance and quality must be created and regularly reviewed/updated. The latter **must** include sections on all types of governance (see page 37) • A governance structure that allows for regular discussion between practices in the PCN on the performance and quality of the hub, and protected time to make any improvements as a result of these discussions	

3d) Workforce: Capacity modelling methodology

The workforce element of the model is important as:

- Getting the right skill mix ensures the **same day needs of the population** are met first time
- The model of care is more efficient as it **harnesses different skill sets and capabilities**, enabling **top of licence working**
- It can be a catalyst for improved job satisfaction, learning and development, provided the **right supervision is in place**

Having the right staffing for the hub is therefore a key success factor. Understanding indicative same day demand provides an understanding of the capacity required for the SDA hub. A simple methodology for determining the number and type of staff needed for the hub (capacity modelling) is captured below to guide PCNs in their SDA hub design.

The following slide provides a worked example, for illustrative purposes to demonstrate how to identify and match your demand to your capacity. Depending on the scale of the hub, each PCN/ Borough will need to do a review of which roles they already employ and therefore what the hub workforce model could look like.

Capacity modelling methodology for the hub:

1	2	3	4	5	6	7
Identify your total number of weekly appointments based on an annual average e.g. 2,085 *appts*	Based on data collected over a suitable time period, identify what % of your weekly appointments are: **All same day (complex and non-complex)** e.g. **50% of total appts** *(1,042 appts)*	Based on data collected over a suitable time period, identify what % of your weekly same day appointments are: **Non-complex** e.g. **40% of total appts** *(834 appts)*	Assume a proportion of this demand could be redirected to Pharmacy First (and therefore don't need an appt) e.g. **5% of total appts** *(104 appts)*	Come to final % of total same day non-complex appts needed for the hub by removing the % of those who could be seen by Pharmacy First e.g. 40%-5% = 35% of total appts	Calculate how many weekly same day non-complex appts you need in the hub e.g. 35% of 2,085 = **730** weekly appts. This means **146** appts needed per day (hub operated Mon-Fri)	Work backwards from this number and the opening hours of the hub to decide how many staff (and what types) you need. *e.g. see next page*

3e) Workforce: example SDA hub staffing model

Same day access model

Workforce

Processes

Technology

Information

Governance

This is an **EXAMPLE** only for **ILLUSTRATIVE** purposes, informed by the capacity modelling from the wave 1 programme. PCNs will need to consider: the true demand in their PCN, the specific needs of their population using PHM segmentation, the workforce skills required and the ARRS roles already employed.

Using the example in the methodology on the previous page, this SDA hub needs **146 appointments per day.** The below staffing mix has been suggested based on:

- The ARRS roles already employed (and need for those who can prescribe)
- The need for a care coordinator for triage
- The need for a supervising GP who has overall clinical accountability
- The opening hours of the hub and the length of appts held by each type of staff

Illustrative Hub staffing

1x **care coordinator**

1x **senior supervising GP** (holds overall clinical accountability)

3x **prescribing ANPs or *PAs*** *(or alternative suitable ARRS roles)*

1x **prescribing pharmacist**

1x **social prescriber**

Staffing for the hub will be drawn from existing practices, and PCN ARRS staff, either permanently allocated to, or rotate in and out, of the hub. The PCN should have a live database with **the competencies of all staff** including: scope of practice; professional registrations; additional qualifications e.g. special interests, advanced practice; mandatory training e.g. safeguarding

Illustrative Hub operating logistics

Hub operating hours	Mon-Fri 8am-6pm (opportunities to integrate with Enhanced Access should be considered)	
Appt hours	9am-6pm (first hour of opening for calls and booking appt)	
Appts release	Released in 2 blocks: 9am-1pm and 1pm-6pm	
Appt proportion	A % proportion of same day appts, based on weighted list size, should be dedicated to each practice within the PCN / Borough	
Appt length	**ANP**	15 min (4 appt per hour)
	Pharmacist	15 mins (4 appt per hour)
	GP	10 mins (1-2 appt per hour – remaining time for supervision of ARRS)
In one day	**ANP**	102 appts (3 ANPs with 34 appts each (4x8.5hrs))
	Pharmacist	34 apps (1 pharmacist with 34 appts each (4x8.5hrs))
	GP	10 appts (1 GP with 8-10 appts in the day)
	Total	**146 daily appt**
Weekly same day appt	**730 appts** (~2% of population size of 35,300)	

Anticipated benefits of the new model of care – practices and PCNs

The target operating model outlined in this report is anticipated to deliver **multiple benefits** for patients, staff, practices and the wider system. These are a broad range of financial and non-financial benefits and will help **NWL to achieve its 5 Access Programme aims**: improve patient experience, ensure same day need for those who need it, reduce workload pressure in primary care, ensure access to routine appointments within two weeks and improve staff experience.

The **benefits expected for patients, staff, practices and PCNs** highlighted and this section explores the capacity implications that the new model of care will have across both Primary Care and the wider system.

Patients

- ✓ Shorter waiting times for appointments (both same day and routine)
- ✓ Patients are seen by the right clinician first time
- ✓ Improved overall user experience as patients understand how their need will be dealt with without needing to call back
- ✓ Improved knowledge of how to self-navigate, as the purpose of same day access hubs are well understood
- ✓ Improved knowledge of how to self-manage, as resources are signposted to patients

Non-clinical staff

- ✓ Reduced pressure on staff from more efficient and standardised triage, supported by SOPs and pathways. If care coordinators take on triage, this relieves pressure on reception staff
- ✓ Encouraging patients to access the practice online rather than walking in can reduce on-the-spot pressure as receptionists deal with a patient there and then.

Practice / PCN

- ✓ Reduction in repeated appointments, releasing time for more complex patients needing continuity and proactive care, supported by PHM
- ✓ Improved self-care education offer provided by eHub triaging could result in patient health improvements and long term reduced primary care activity
- ✓ Improved practice reputation
- ✓ Better ways of working and collaboration between practices in the PCN / Borough

Clinical staff

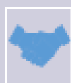
- ✓ More efficient and effective clinical supervision of ARRS roles, and .
- ✓ Anticipated reduction in repeated appointments due to patients being seen by the right person first time and avoiding patients being passed back and forth
- ✓ Rotational working enables staff to have variety in their clinical work, which should improve job satisfaction
- ✓ Allows clinical staff to work to the top of their license
- ✓ better learning opportunities for ARRS staff who can learn on the job from the GP in the new model

Commercial / financial

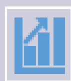
- ✓ Benefits of sharing resources and infrastructure, and working at scale
- ✓ Potential improved efficiencies due to more streamlined ways of working
- ✓ Potential reduced spend on locums due to more efficient ways of working

Lessons learned: key takeaways

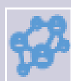
This section outlines lessons learned from both colleagues running the access programme and the wave 1 sites. Key insights were captured throughout the programme in weekly progress meetings, weekly site coaching calls, and a dedicated feedback exercise in workshop 3. This slide explains the most important takeaways from the programme; the next two explain the key success factors for future waves, broken down in to the different stages of the programme from kick-off to go-live.



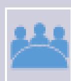
Borough team involvement: The involvement of borough Assistant Directors (ADs) and Clinical Directors (CDs) from the beginning was crucial to success and achieving go-live in appropriate timeframes. This worked best when they were clear on their accountabilities and the importance of their involvement, joining weekly calls with sites and helping to troubleshoot.



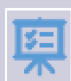
Protected time and consistent action team members: Wave 1 sites bringing together an appropriate number of people for the scale of work, with the necessary skills, ensured the workload was manageable. Where this wasn't the case, teams were too stretched to complete their actions on time.



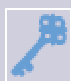
ICB Subject Matter Expert (SME) input: Involving wider ICB colleagues from key enabler workstreams (e.g. Workforce, IT, Estates, Digital First) early on in the programme was key to ensuring issues were escalated to the right place and the right teams were aware of what need to be done to support go-live.



Learning together as a cohort: Grouping the wave 1 sites together in one large action learning set was an extremely powerful way of ensuring success. They were able to learn from one another, share key learnings, discuss barriers and challenges and inspire each other. Getting together face to face made this even more impactful.



Communicating an aligned vision and gaining buy-in: Some of the sites were delayed in starting their initiatives because there was limited alignment and collaboration between practices within in the PCN. A number of sites held PCN 'Away Days' to explain the concept to all practices, gain their buy-in and conduct some detailed action planning. Wave 1 sites that are live also reinforced the importance of patient communications.



Ownership of the sites: Wave 1 sites were supported and facilitated, but they did the work themselves to stand up their hubs. This was critical to ownership of the model, their accountability for it and giving themselves confidence in their own ability to make change happen.

Key success factors for future waves

Prior to programme | During programme | post go-live

ICB preparation

- ✓ Create a **'wave 1 champion' group** to support wave 2 cohorts. Have 'lessons learned' sessions with wave 1 champions to support wave 2
- ✓ Consider **grouping PCNs in to cohorts/action learning sets** based on maturity and the IT systems they are on
- ✓ Hold a **kick off session with borough ADs and CDs** to explain the model and their role in supporting PCNs in wave 2
- ✓ Run a good **kick off session with the cohorts** which focuses on introducing the model, business case, plan going forwards etc. This is important to **gain buy-in** and get them excited about the new model. Share success stories from wave 1. Ensure right stakeholders there and engaged
- ✓ Instil confidence in what is being delivered and developed by **demonstrating success from wave 1** and hosting a session with wave 1 'champions'
- ✓ Circulate and communicate all details about the **model specification** to the PCN cohorts and borough team
- ✓ Communicate **'essential' vs 'flexible' elements of the SDA hub model** so that PCNs know where they have a level of flex in their model design
- ✓ ICB to set out funding for each site

PCN/Borough Preparation

- ✓ Bring together the PCN to **communicate the vision, benefits and action plan**
- ✓ **Set up an action team** for each PCN who has the **right bandwidth and skills**
- ✓ Understand teams' bandwidth for change may mean that things need to be done **incrementally** to ensure people do not become overwhelmed
- ✓ Understand the PCNs **baseline maturity** and position on enablers such as workforce and IT. Also consider the geography and relative measure of deprivation (IMD) of the PCN to understanding demand pressures
- ✓ Create a **collaborative and trusting culture between the practices within the PCN**; this could be done by a PCN 'Away Day'
- ✓ Bring in the **Borough CD's knowledge** on their individual practices and local area sensitivities in the development of the hub
- ✓ Gather and share **baseline access metrics** and monitor these going forward to demonstrate impact
- ✓ Encourage PCNs to **'dream big'** and have the ultimate end goal in mind *(this was advice from those in wave 1)*

Key success factors for future waves

Prior to programme | During programme | post go-live

During programme

- ✓ Create / allocate **protected time** to work on the model and action plan
- ✓ Set up a space for PCNs in each cohort to **collaborate outside of workshops** e.g. virtual meetings, Teams site
- ✓ **Set deadlines** and maintain pace to ensure progress on the project
- ✓ Make sure the action team continues to be **well resourced**, and includes people with the right skills and network, and take appropriate action if not
- ✓ Ensure a specific person is responsible for creating and maintaining **an action tracker** to keep on top of the plan, **ensure progress against timelines and create accountability**
- ✓ Have **clear escalation routes** for PCN and borough teams into the ICB colleagues e.g. workforce, IT, digital
- ✓ Speak to **people working 'on the ground'** e.g. care coordinators to make the model develops using their insight to the services
- ✓ Ensure **regular contact with ICB Access Programme colleagues** throughout for additional support and escalation

Post go-live

- ✓ **Ensure SOPs and pathways are continually reviewed and updated** to reflect any changes as a result of learnings from go-live
- ✓ Review **workforce model** and make any amends based on **true demand and capacity**
- ✓ **Ensure clear messaging and comms** around the hubs to patients so that they know they could be contacted by someone outside of their 'home' practice.
- ✓ Organise a **weekly check-in meeting** with practice managers and care coordinators to **raise challenges and learnings**
- ✓ Ensure that there is **consistent data sharing** between practices and PCN hub to ensure the accuracy of activity/coding data in the background
- ✓ **Gather staff and patient feedback** on the new model, recording and reviewing this and make any model amendments as a result
- ✓ **Gather metrics** as agreed in the kick off phase to monitor progress
- ✓ Capture proper **evaluation** of wave 1 sites progress **after 3-6 months of operation and feed these outputs in to any future specs/waves**

Summary

Outlined in this report is an ambitious but achievable model for improving same day access to Primary Care. This document has explained how the new model of Same Day Access Hubs should operate, and the estates, processes, workforce, technology, information and governance that should be in place to support the implementation of the model. The information below gives confidence in the model and in its feasibility to be scaled up across all PCNs in NWL, in line with the intentions of the ICB.

This model has been co-developed by 10 PCNs (6 individual PCNs and 1 whole borough) between August and December 2023. The programme helped them to build on their current work and accelerate their own ambitions to improve same day access, as outlined in their capacity and access recovery plans. There has been some additional direction to ensure alignment with the ICB's design principles for the same day access hubs.

Four of these new hubs have 'gone live' with their new models of same day access, albeit with slight variations based on scale, current technology and the needs of the local population. This has reinforced the need for some flexibility in the model to take account of local circumstances. So far, the feedback from staff and patients has been resoundingly positive, although not formally captured at the time of completing the programme.

As a result, we know that this new model is both feasible and effective. There will be slight variations of the model across PCNs in NWL to begin with, but this is an exciting time for NWL to lead the charge on improving same day access by dealing with patients with low complexity at scale to better meet the needs of the population.

"We've been live for three weeks now and have had good feedback from patients and staff"

- Northolt PCN, *Digital and Transformation Lead*

"This programme has been a great catalyst to going from 'thinking' to actually 'doing'"

- North Connect PCN, *GP Partner and PCN Clinical Director*

"At the start we felt very disparate as a cohort and on a different page, and now at the end of the programme, we are all aligned and it has been really valuable seeing what everyone is doing and seeing their progress"

- Westminster borough, *Borough Medical Director*

"Our patients are already noticing that someone is getting in touch much sooner to arrange an appointment"

- Healthsense PCN, *Digital and Transformation Lead*

Phase 2

Enhanced services planned for launch from April 2024

Specification	Description
NWL Asylum Seeker for Overnight Initial Accommodation Centres (OIACs)	Service put into place in recognition of the additional clinical and administrative pressures placed on general practice in the proximity of asylum seeker OIAC hotels, given the complex care needs of asylum seekers and the volume of throughput in delivering health services for this patient population.
Respiratory	Improve care for chronic respiratory disease (including but not limited to COPD, Asthma, Bronchiectasis) and to deliver high quality integrated respiratory services to patients in the community by staff, which supports the Out of Hospital ambitions.
Hypertension	To stretch existing targets to foster awareness and education surrounding hypertension within the Black/Black British community. Addressing the unique challenges faced by this cohort in obtaining appropriate healthcare, tailored resources, and culturally sensitive advice can help empower individuals to actively participate in their own blood pressure management.
CKD	Improve care for CKS and to deliver improved testing, diagnosis, coding and offer CKD management in accordance with NICE guidance.
Coil Fitting for Non-Contraception	Deliver the fitting and removal of LNG-IUDs for non-contraceptive indications where appropriate to Help reduce inequality of care across NW London and provide a cost effective alternative to secondary care supporting national and local ICB priorities and ensuring value for money.
Safeguarding	Service aims to support the ongoing development and maintenance of more robust arrangements in General Practice to Safeguard Children in line with Working Together to Safeguard Children and GMC Good Practice guideline.
Access	**Improve access and at scale working, based on the learning from KPMG programme wave 1 PCNs.**

NB: the Access specification will operate differently to the other services as it will not be funding new, extra activity. It will, instead, fund you to fundamentally change and improve the way you work for the benefit of patients and staff and to make your Practices more resilient and sustainable

Supporting PCNS to implement a SDA model

What this phase will achieve

Following the PCN self-assessment, working as a "team of teams" alongside PCN Development Leads and Borough ADs, we will continue our current PCN support approach, focused on the helping the remaining 35 PCNs implement the commissioning specification for Same Day Access.

To achieve this, we will group the remaining 35 PCNs into 3 cohorts and will mirror our approach from the current phase of work. This means delivering support through a blend of cohort workshops, fortnightly troubleshooting calls to maintain pace and remove barriers, and continued support to develop and iterate practical tools and resources such as SOPs for triage and clinical governance

We will deploy an agile approach to our support based on PCN need and an ongoing feedback loop. We will build on our learnings from the current phase of work and anticipate delivering a mobilisation session focusing on background to the work, good practice and the key enablers (workforce, digital and estates) at the start of the support.

The cohort-specific calls would then cover relevant development needs tailored to each PCN, focused on addressing any key barriers to implementing the Same Day Access commissioning specification.

What we will do

- Mobilisation session with all PCNs
- Regular 'lessons learned' session with wave 1 PCNs
- Initial 'all PCN' session on enablers
- Targeted engagement with borough directors
- Monthly all PCN workshops to share learnings
- Joint working alongside PCN Development Leads and Borough ADs

Deliverables for this phase

- Co-designed initial support package to be delivered to each PCN cohort, as agreed with the NWL team (PCN CDs, borough and ICB leads) in advance of the sessions.
- Monthly summary on progress made by cohort with overview of issues, key lines of enquiry or wider work required by others in the system, and lessons learned.
- Final evaluation report summarising progress made against initial areas of challenge in implementing the same day access specification, with recommendations next steps on PCN development

Supporting PCNs to understand a PHM approach

What this phase will achieve

We understand that you are considering whether to make further investment in your Whole System Integrated Care (WSIC) solution or an alternative PHM tool. While you make this decision you need some support to test the WSIC PHM dashboard with PCN CDs and understand what functionality and processes will be required to hardwire this information into triage processes in SDA hubs.

We understand that you initially require a series of workshops with PCNs, run jointly with the ICB PHM and BI teams, to showcase the existing tool and resources, and how these can be applied by PCNs in triage.

The final scope of this phase of work will be clarified following further discussions with you regarding your preferred approach and solution, and we will deploy a flexible approach within the agreed fee envelope.

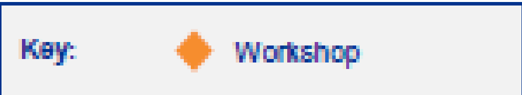
What we will do (subject to further discussion and agreement

- **Refine and agree specific scope with ICB leads**
- **Engagement with PCNs to understand use of WSIC**
- **Workshops to support PCNs in their PHM journey**
- **Identification of relevant data sets**
- **SME input to PCNs**

Deliverables for this phase

- PHM Workshop, designed and held jointly with the ICB PHM and BI Teams, to test existing tools and resources with wave 1 PCNs
- Collation and analysis of PCN feedback to inform PHM evaluation. We will design and facilitate a process to understand PCN views on the current NWL tool and user interface, and capture the user interface specification to inform the future widescale PHM rollout.
- Broader upskilling of PCNs on PHM. We will work alongside your PHM team to support the upskilling of PCNs on the principles of PHM and how to use it, as well as wider themes as needed eg change management, using data and insights, pathway redesign

High-level timelines



To coincide with the end of the first wave pilots, we have set out a 13 week period of support below to be delivered from January 2024 onwards.

Workstream	Week 0	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
Mobilisation	Mobilisation meeting with ICB teams; Detailed workplan development; Cohorting of PCNs													
Supporting PCNs on SDA	'Wave 1 Champions identified'; Engagement with borough directors and PCN CDs; Co-design of initial support packages		Initial support package rollout – workshop series	Workshop	Workshop	Workshop	Stocktake and refresh of workshop plans based on PCN needs; Workshop	Workshop	Further tailored support package rollout – workshop series; Workshop	Workshop	Workshop	Workshop	Workshop	Workshop
Supporting PCNs on PHM	Further discussions with ICB teams re: requirements; Review of existing tool functionality (e.g. WSIC)			PHM support package design)										
PMO	Weekly progress meetings; Input to system communications and engagement plan													

Support for Access Recovery

Programme	Details
IIF Capacity and access improvement Payments	• 70% paid to PCNs monthly - Equating to an average of £11,500 monthly per PCN. • 30% paid to PCNs upon delivery of plans - £56,000 per average PCN
NWL Access Programme	• £6.6m invested across NWL to fund new models of access to deliver "at-scale offer" for same day non-complex care. • Wave 1 PCNs supported by KPMG to design and implement offer
General Practice Improvement Programme.	• National programme to support practices and PCNs to move to a Modern General Practice Access Model. • Three levels of support based on need; Universal, Intermediate and intensive
National funding for high-quality digital tools	• £90 million nationally to support practices to cloud based telephony systems • £71 million nationally for online consultation, messaging and appointment booking tools
Care navigator training	• Funded and contracted nationally - one nominated staff member per practice • Further training planned by NWL Training Hub
Transition cover and transformation support funding	• In NWL, up to £10,465 is available per practice to support transition to Modern General Practice Model over the next two years

All practices to move to delivering **Modern General Practice** over the next two years.

Practices who move to this model will:

- Make best use of cloud-based telephony systems
- Simplify online requests and digital self-service using integrated digital tools
- Implement faster and more effective triage and care navigation processes

30mins

North West London Integrated Care System