

## **BRIEFING FOR STAKEHOLDERS**

### **Same day access to primary care**

#### **What is same day access?**

NHS North West London is introducing an ambitious but achievable plan to improve same day access to primary care for patients.

This approach was co-developed by 10 primary care networks (PCNs -6 individual PCNs and 1 whole borough) between August and December 2023. The approach is aligned to the recommendations set out in the national 'Fuller Stocktake' review of primary care.

The new approach sees the introduction of 'same day access hubs' across North West London. Patients contacting their GP surgery either online or by telephone may be directed to the same day access hub for triage to the right service for their needs. This is an approach that will evolve over time but ultimately, patients may have telephone, online, video or face to face contact with staff at the hub, who will direct them to the right place. This could be a community pharmacy, a routine appointment with their GP or an urgent appointment with their GP. Where appointments are not available with their own GP or the patient will get easier access, they may be directed to a neighbouring practice.

Hubs can be either physical or virtual and will usually be managed through the local PCNs, with each hub including a senior GP. All clinical decisions will have a senior clinical decision making and GP lead, with support from a multi-disciplinary team.

This approach ensures patients needing primary care services that day are more likely to be looked after in the quickest way. The plan is for this to apply to same day cases only.

Primary care access is the issue most consistently raised by North West London residents we speak to about health services. We have launched a public information campaign called *We Are General Practice* in order to explain how primary care is changing, the challenges it faces and some of the new roles and proposed solutions to improve access and care for patients.

#### **Frequently asked questions**

##### **Why is NHS North West London introducing same day access hubs?**

We want to increase access to primary care services for patients. The most consistent message we hear through talking to residents and patients is that access to primary care is difficult: they are struggling to get through to their GPs or to get a timely appointment, especially when they need one the same day.

Same day access hubs bring GP practices together in networks, making it easier to arrange appointments the same day and to support patients in finding the care that is best suited to their needs. Patients who need a GP appointment that day are more likely to get one and GPs will be able to focus on providing proactive care to patients who need it. Where appropriate, patients may be referred to other services best suited to their needs, such as community pharmacists, physiotherapists or nurses. GPs will continue to see patients who need to see them and will be able to offer proactive continuity of care to people with long term conditions and others who need it.

### **Will I still be able to see my GP?**

Of course. The aim of this programme is to make access to GP appointments easier for those who need them.

### **Will non-clinical staff such as Care Navigators and Care Co-ordinators be making decisions about my care?**

No. All clinical referrals and clinical decisions will be made by clinicians. Those in supporting roles like Care Navigators and Co-ordinators will signpost patients to the right care for them. They will work in an identical way to how they work in practices now, but with greater clinical oversight as the same day access hubs will all include senior GPs and multi-disciplinary teams and with a better understanding of the types of services that might support their population's needs.

Clinical Safety remains our top priority. Clinical consultations will still occur with qualified health professionals and these will be appropriately supervised by senior clinicians. Decisions made by the same day access hubs will happen with the oversight of the senior clinical decision maker. Our aim is by streamlining the way patients achieve access we will be able to enable more patients to seek advice and treatment and that this will improve the care patients receive.

### **Will I have to travel further for care?**

Where appointments are needed the same day and no slots are available at your local practice, it is possible that you might be referred to a different practice, in much the way patients sometimes see different GPs out of hours. You may also be referred to another service such as a community pharmacist if they could better meet your needs.

This might involve travel in some cases, but not all same day access hubs will be physically co-located: it is for local primary care networks to decide whether their hubs are physical or virtual. Patients can currently move to other local practices to access some services such as physiotherapy, ECG testing or particular services not available at their own practice location. This will work in a similar way.

### **What influence can patients have on the new system?**

We are asking primary care networks to work with their patients to co-design the same day access hubs and how they will work in their area.

### **Are GPs being mandated to introduce same day access hubs?**

Same day access hubs form part of our 'single offer' to general practice, which aims to introduce a consistent approach to enhanced care across North West London. If practices are not part of same day access hubs, their patients may not be able to access other parts of

the single offer, such as specialist diabetes and mental health care. Same day access hubs are not mandated, but we are recommending them to practices and they are part of our single offer as this will help them deliver better access for all the PCNs patients.

**Are same day access hubs there to provide appointments when a practice has none left?**

No. Same day access hubs are about ensuring more patients get the help they need the same day. They are not a 'surge' service for when practices run out of appointments. This is about pooling all the clinical resources in an area – GPs, community pharmacists, nurses, physiotherapists and other clinicians – to ensure people can quickly access the care they need.

**Will the new approach be introduced from 1<sup>st</sup> April?**

There is a misapprehension in some quarters that everything will be expected to change on 1<sup>st</sup> April, whereas our intention is to introduce new ways of working gradually, managed at local level by PCNs. The aim is that practices and PCNs are given time to co-design and collaborate with colleagues and patients to help this way of working improve primary care access. We know that this will take time and will be a gradual process as each PCN profile is different. There will be no expected radical change but an adopting of new ways of working over time.

**What has been the experience of early adopters of the scheme?**

The primary care networks who were early ('wave 1') adopters reported that they have been able to provide their most complex patients with increased access and time with their GPs as the simpler requests have been managed by signposting to other parts of the system. Patient experience reports have been positive,

**Will practice staff recruited through the Additional Roles Reimbursement Scheme (ARRS) will be expected to work differently, and what will be the impact on their practice?**

We are flexible about how the plan is delivered. Care coordinators will be trained signpost patients to the right care; this could be from their own practice in a virtual hub if that is the preferred local approach, or from a physical hub at an agreed location. The means of delivery is a matter for PCNs to decide locally and in a way that works best for the population of residents

Practices are already working collaboratively at scale to deliver out of hours care or that patients are already being signposted to other members in the primary care systems

**What was the involvement of KPMG?**

KPMG provided programme management support and shared good practice from elsewhere, supporting PCNs and NHS North West London as they developed their approach, which is closely aligned to the recommendations of the national 'Fuller Stocktake' of primary care, led by Dr Claire Fuller.