

NHS North West London Integrated Care Board
15 Marylebone Road
London NW1 5JD

20th February 2024

Dear Robin,

Re: Correspondence regarding Access to GPs, 7th February 2024

Thank you for your recent correspondence and ongoing interest in the NW London improving access to primary care programme.

Working to improve patient access to primary care when needed 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 a direct result of the patient concerns expressed through the NW London “What Matters to You” engagement programme on the challenges 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 extremely clear feedback that access to primary care, in particular GPs, is the number one concern raised by our residents. We recognise the need to review how we are doing, and what things we can do differently to improve patient experience in a timely way. In addition, the national stocktake (Claire Fuller report) has directly put the spotlight on what is working and not working in primary care, and where improvements need to be made 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 to strengthen access to services when needed. Further engagement with Londoners to inform the future of primary care transformation work has therefore been commissioned and is on-going.

At the heart of this NW London Access programme, is improving continuity of care for those that need it - which is the point of the patient/doctor relationship and so this requires us to manage urgent demand better. There are multiple examples from around the country of approaches being adopted which deliver significant improvements in access to same day/urgent care. This allows general practices to free-up the time available each day, to focus on proactive continuity of care and wrap-around support for their more vulnerable patients and those with greatest needs, many of whom have multiple long-term conditions and complex social care needs.

This work is being done through three streams:

- strengthening self-care options, information and access;
- building in triage and navigation;
- initial contact.

The ambition is that every patient who contacts their general practice with a request for same day care is supported to access care. This could be through being directly booked into their usual practice on the day, or within two weeks for non-urgent needs, or for other patients,

having their needs met by another GP or extended primary care team (e.g. for a repeat prescription), either virtually or face-to-face.

It is important to note that the ICB is not looking to impose a blueprint for how these components should be implemented. Each PCN/ borough will have the flexibility to determine the way things function, including:

- the roles and skill-mix of the workforce used for each component;
- 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, taking into account what is already in place and any constraining factors that each area has, such as estates.

The fast-tracked support over the next few months is to help PCNs and general practices locally to carry out their own demand and capacity modelling, engage and develop their local approach and start to move forwards with implementation. In this way, we hope to make a difference to ensure all patients in NW London can access urgent care within primary care, at the time they need it, and in turn strengthen proactive continuity of care and wrap-around support for those that need it. We would be very keen to engage with patient representatives like Brent Voice in the development of ongoing patient engagement. This is a vital component of both the planning and implementation over the coming months. As has been previously offered, the team are happy to hold a bespoke patient forum around this important topic area as a starting point. This meeting could be scheduled for two weeks' time, before the end of February, if that is not too short notice.

Getting key stakeholders in one room to discuss our patient engagement approach can be will be great starting point for how we intend to collectively move forwards. Please contact Rory Hegarty, rory.hegarty@nhs.net on your availability at your earliest convenience.

Kind Regards



Rob Hurd, Chief Executive Officer, NW London ICB

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Penny Dash, Chair NW London ICB

Dr Genevieve Small, Medical Director for Primary Care, NW London ICB

Toby Lambert, Exec Director for Strategy and Population Health, NW London ICB

Javina Sehgal, Director of Primary Care, NW London ICB