

# Report to the North West London Joint Health Overview Scrutiny Committee

22 October 2024

<b>Report Title:</b>	General Practice Access for North West London
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<b>Purpose</b> To provide an update on the General Practice Access plans, following on from the last NWL JHOSC meeting held in March 2024 where the Same Day Access (SDA) model was discussed.	
<b>Detail</b> <u>Background/Context:</u> The Access programme was set up in 2023 with the intention of <ul style="list-style-type: none"><li>improving access for patients – as this is the single most pressing and talked about issue at all ICB events</li><li>in the face of ever-increasing demand, helping to reduce the pressure on general practice by supporting General Practice to reconfigure their services to better manage demand and to create more time and space to support patients needing continuity</li></ul> The plans to commission a same day access model across NWL from April 2024 were not well-received and, shortly after the last JHOSC meeting, the ICB agreed to pause and re-set the programme.  <u>Current status:</u> The purpose of this presentation is to update the JHOSC as to the revised plans to improve access into general practice. The refreshed plans aim to ensure a bottom-up approach, grounded on how patients experience and navigate access and what they say is working well/ what is not working well.  To achieve this, the ICB is proposing to have two elements to the Access programme:  1. Engagement Recognising that a one-size-fits-all approach does not work, we want to ensure that future plans are based on a shared understanding of what patients want at a local level. Each area has, therefore, be asked to do a thorough engagement exercise to understand patients', staff, wider communities' and Healthwatch's views of access into their Practice/PCN. There will be a number of components to the engagement programme to try and ensure we get a wide range of feedback from as many sources as possible.  The final approvals were given for this work on 13 September and the slides provided outline the components of the contract.  Key points to note are that: <ul style="list-style-type: none"><li>The survey will give us data on how patients feel access is working now in each PCN. It is the first stage of the process and co-design at local level will follow</li><li>The survey will be triangulated with what the ICB has heard and continues to hear from community outreach work and used to encourage discussions at PCN level</li><li>The LMC was a significant contributor to the survey questions and we made a number of changes based on their input</li></ul>	

- We accept that the timescales are tight. Additional funding to improve access to primary care is available for a limited period and PCNs and the LMC tell us they are keen to access this funding
- The ICB will pull together an over-arching report for NW London from the engagement exercise, including patient, staff and stakeholder views of access.

## 2. Part 2 – developing modern general practice

A business case has been submitted to the ICB to gain approval for enabling each PCN area to make a case for funding to the ICB, to support plans they might have for improving access. The plans will need to be based on what the engagement process has highlighted about patients' experiences, as well as any other data the PCN has available to support their plans. The plans will also need to:

- demonstrate a return on investment
- take into account local limitations to services and resources
- take learning from what they might have tried and tested before
- consider the constrained timeframes available for implementation

Those areas that have previously implemented same day models may look to build on and develop these further or decide to focus on something different. Each area will, however, be expected to incrementally trial and test their plans, to involve patients in developing and shaping their plans, to continuously evolve and improve what they are doing and work to organically improve patient satisfaction with access.

As part of setting up any new ways of working, the Practices/PCNs will also need to determine how they work together, which patients their plans impact, how those patients can get involved, plus how they work with their partner organisations, such as 111, to ensure clarity, minimise duplication and promote easy-to-understand pathways. Lastly, all areas would be expected to assess the effectiveness of what they are doing on improving access and report to the ICB.

The business case proposal is still going through due process to get sign off by the ICB. A template will be drawn up to enable submission and early applications will be accepted where areas already have services up and running and data to support their plans readily available.