NHS
North West London

Monday, 19 February 2024

Dear Colleagues,

RE: Same Day Access Programme

We have just written to the LMC with regards to their concerns about the delivery of the “Same Day Access” specification. We appreciate that many of the concerns reflected in the LMC’s letter to us arise out of specific concerns that you and your colleagues have expressed.

Whilst we have replied to the LMC directly and we will continue to have dialogue with them, as they provide representation to us as the professional voice of General Practice in NW London, we also wanted to take this opportunity to write to you directly. Our intention is to explain and reframe some of the language that we have been using as we implement this part of the 24/25 single offer of enhanced services. We know that the LMC will also feedback to you our ongoing dialogue with them, once they have had time to reflect on our reply.

We have been impressed by the volume and themes of feedback we have received from GPs, practice teams, patients and other representatives. We understand that this has come from people being concerned about our same-day access plans and how this will impact on the care that they wish to provide to our residents.

We now appreciate that we have not explained clearly enough what our intention is around our aspirations to support improved same day care for patients in NW London. As a result, we acknowledge that many myths have arisen out of the implementation of this programme to date.

NW London Primary Care is clinically led with clinical leaders working alongside senior professional managers who have years of experience in the area. We would never ask colleagues to do something that we felt was unsafe or unachievable. We do appreciate that change is complex, requires time and will be best delivered when absorbing and responding to feedback.

We have listened to you, our patients and wider colleagues. We are very sorry that the way the programme has been perceived so far has led to confusion, anxiety, concern and anger. This was never our intention. We may have, by using some phrases such as “target operating model” given the impression that this is an inflexible top-down delivery of a plan. This was not our aim, and we apologise.

What we are saying is that this is an opportunity for PCNs to be funded to come together to develop a scheme which improves patient access, not diminishes it. The 9 principles that are part of the scheme will take time to establish but the kernel of work is really building on what many places are already doing through surge hubs and referral processes to schemes like pharmacy first. In addition, we know that many practices are operating a same day triage model at a practice level. The 10 PCN early adopters in phase 1 have already started work on how to support GP practices continue to deliver complex care for patients whilst managing simpler patient queries and conditions differently. This has enabled some places to extend the time length for

some GP appointments. Below we set out some examples of how the 9 principles can be incorporated in a range of different ways. Some of these principles require the ICB to invest in new IT solutions which will help with identification of patients who require continuity of care with their GP practices.

Most of our patients appreciate the enormity of the pressure that general practice is under and hugely value the unique part that general practice plays in the NHS and in its relationship with its patients. However, they also express frustration at the difficulty they experience at getting access in general practice. Many of the patients we frequently see need the continuity of care and support that general practice can provide. However, high volumes of interactions that our population make with general practice do not need this level of continuity. Systems such as the pharmacy first programme can help lower acuity patients access care in a more straightforward, reactive way. This specification aims to encourage that activity into a more collective resource which enables more time to be given to those patients that do need that one-to-one relationship that they value.

We would like to suggest that we reset our conversation together. We want to support you in your PCNs, using the support of colleagues from KPMG, to work out how you can use this new way of working in the best way for patients. We believe no practice or PCN has perfect access and we all want to do the best for our patients.

We don't want to close this letter without addressing the association of this piece of work with the rest of the single offer. 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. However, we do promise to continue to work with you so that these proposals reflect the richness and skills of general practices and their PCNs.

We look forward to working with the NW London LMC and to continued conversations with you about this work. Attached to this letter is a wider articulation of the 9 principles we are looking at implementing. You will see there is a great deal of scope to make this individual to the needs and realities of each PCN. We are also putting together some FAQs to address some of the specific feedback we have received.

Yours sincerely,

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