NHS
North Central London
Integrated Care Board

GP access in North Central London

July 2024

Executive summary

There are more appointments being provided than ever before. Despite this, patient satisfaction with access to General Practice has declined:

- Patient satisfaction with General Practice, as measured through the national GP Patient Survey, complaints and stakeholder feedback, has declined in recent years. This is a National trend.
- Within NCL there is significant variation between practices, with some exemplar providers who have been able to maintain a consistently good patient experience.

The National Delivery Plan for Recovering Primary Care Access was published in May 2023:

- This is focused on recovery of patient experience of and satisfaction with access.
- The two-year programme sees ICBs support practices to transition to the '*modern general practice*' operating model. This involves operational and technical changes to the way practices work and improvements to the interface with patients.
- It aims to tackle the '8am rush' for appointments and ensure all patient requests are reviewed, triaged and a responded to on the day

We are 1 year in to implementing this locally:

- Interventions have been designed to support practices to manage demand and improve patient satisfaction.
- The ICB is tailoring the programme to meet local need and will support this with a communications campaign for local patients
- Reducing Practice workload is key as demand outstrips capacity – so improvements to the primary/secondary care interface and optimal use of other areas of primary care (in particular community pharmacy) are local priorities.

General practice delivers 95% of all NHS patient contacts in NCL. The number of appointments offered by General Practice in NCL continues to grow. In 23/24 our Practices delivered:

- Approximately 680,000 appointments per month.
- Approximately 100,000 Online Consultations per month
- Approximately 30,000 out-of-hours appointments per month (evenings, weekends and bank holidays).
- Enhanced services - including vaccinations - not counted above.

Appointment demand outstrips list size growth:

- Practice list sizes have grown by about 15% over the last 5 years
- Appointment numbers are up 15-30% at most practices (2023/24 compared to 2019/20):
- New ways of working, new roles, use of technology are all there to help manage workload, support productivity and manage this demand.

- In 23/24 an average 64% of all appointments were face to face. They have remained at this level for 12 months. This represents roughly the same number of face to face appointments as delivered pre-pandemic.
- 52% of NCL appointments (as at April 2024) are provided same day. This is higher than many peers in other ICS.
- NCL practices are consistently exceeding the national standard of 90% of appointments taking place within 2 weeks of booking.
- Same-day 'episodic' care needs to be balanced against capacity for planned and proactive care. We are therefore focused on embedding the new NCL Long Term Conditions locally commissioned service.
- Further growth in capacity is unlikely to be sustainable without comparable growth in workforce, funding and estates.

Workforce is critical:

- NCL has gone from having one of the highest GP leaver rates in the country to one of the lowest. We now stand at the top of the table, having seen the largest reduction in GP leaver rates over the past 12 months (since the figures began, Dec 21-Dec 22) and one of the lowest leaver rates in the country.
- In 23/24 600 staff joined NCL under the Additional Roles Reimbursement Scheme (ARRS). The combined Practice and PCN workforce has grown by over 6% under this scheme.
- The Long Term Workforce Plan will need to support any further growth in workforce.

Estates is critical:

- NCL ICB has invested £13m in primary and community estate in the last two years.
- We have prioritised development of primary care estate in deprived areas.
- We have established 6 new health centres over the last three years and begun work on 2 more expected to complete in 2024/25.
- As a system we have committed 5% of the NCL ICS Capital envelope to Primary Care – one of the only places in the country to do so.
- We are also creating clinical capacity with conversion of records rooms, approval of additional rooms where free in health buildings and use of void space for integrated working.

Digital is critical:

- All GP Practices now have a Cloud Based Telephony (CBT) System - this improves patient experience through features like call routing and allowing patients to request callbacks rather than wait on hold.
- Data from these systems helps Practices review call volumes and patient waiting times, which they can use to make changes to their ways of working and staffing rotas to align capacity to demand.
- 136 Practices have received new Wi-Fi connections.
- We are also implementing technology that support primary care staff to work flexibly and deliver in their Primary Care Networks.

We are already hearing success stories:

- NCL PCNs are reviewing patient feedback (collected from multiple sources) together and taking collective action on common themes.

- Several have already been able to demonstrate sustained improvements in patient satisfaction scores.
- With telephone data some practices are working together to support each other during busy periods.
- Practices have increased the range of self-booking options available via the NHS app
- Practices are investing in care navigation training for reception teams.

1 Introduction

The national Delivery Plan for Recovering Primary Care Access was published in May 2023. In November 2023 the ICB Board received the NCL plan, reflecting national requirements and local priorities. In response to board feedback we have strengthened our planned approach to communication and engagement with patients and the public, enhanced work on digital inclusion and further developed our approach to benefits realisation and evaluation of impact. The national and NCL plans are designed to support Practice transition to the *Modern General Practice* operating model (appendix 1).

This report summarises progress since November (as of March 2024) and our approach to delivery and evaluation of impact. In February 2024 a more detailed report was received by the NCL ICB Primary Care Committee (PCC). This covered all national assurance requirements and is publicly available. Delivery is on track across all areas of the plan, with slower progress around self-referral pathways and the Primary-Secondary Care Interface, but this is the case nationally.

This summary paper was presented to NCL ICB Board in March 2024 to support Board review of progress against plan. It is shared here with the JHOSC as it describes steps the ICB has taken to maximise impact and positions this work in the wider context of challenges and areas of focus for General Practice.

2 Background and context

2.1 Scale of contribution of General Practice

General practice is delivering ~95% of all patient contacts in NCL. In 2023/24 NCL GP practices delivered, collectively, on average 680,000 appointments / month, and the most recent data (April 2024) shows they also triage ~100,000 online consultations a month. This data does n[1]ot include the ~30,000 out-of-hours appointments / month provided across NCL in evenings, at weekends and bank holidays. In total this represents >800,000 documented patient contacts with General Practice a month.

Practice list sizes have grown by ~15% over the last 5 years but appointment volumes are up 15-30% compared to pre-pandemic volumes (2023/24 compared to 2019/20). This is the result of increased productivity as appointment demand continues to outstrip list growth. In 2023/24, levels of face to face GP appointments recovered to an average 64% of all appointments and have remained at this level for 12 months. NCL practices provide a higher than average volume of same day appointments (52% April 2024) compared to peers in other ICS', and consistently exceed the national standard of 90% appointments taking place within 2 weeks of booking.

General practice is delivering ~95% of all patient contacts in NCL. In 2023/24 NCL GP practices delivered in average 680,000 appointments / month, and the most recent data (April 2024) shows they

[1] Through practices working together in Primary Care Networks to deliver *enhanced access services* and through borough-based GP hubs commissioned by NCL ICB

also triage ~100,000 online consultations a month[2]. This data does not include the ~30,000 out-of-hours appointments provided a month across NCL at evenings, weekends and bank holidays. In total this represents >800,000 documented patient contacts with General Practice a month.

Practice list sizes have grown by ~15% over last 5 years but appointment volumes are up 15-30% compared to pre-pandemic volumes (2023/24 compared to 2019/20)[3]. This is the result of increased productivity as appointment demand continues to outstrip list growth. In 2023/24, levels of face to face GP appointments recovered to an average 64% of all appointments and have remained at this level for 12 months. NCL practices provide a higher than average volume of same day appointments (52% April 2024) compared to peers in other ICS', and consistently exceed the national standard of 90% appointments taking place within 2 weeks of booking.

Demand for appointments has outpaced growth in practice list sizes. There is variation at practice level but all sites are under considerable pressure and the extraordinary workload is impacting patient experience, staff retention and wellbeing. The activity picture is incongruent with declining levels of patient satisfaction with access.

Major transformation of the practice operating model has taken place over the last 3 years – new staffing models, new access routes and rapid digitisation with new technology for access, consulting and communication. The access recovery plan assumes practice systems and processes, people's understanding of them, and the overall efficacy of the practice operating model can be improved and in doing so, patient satisfaction with access will improve. We know that patient satisfaction with General Practice, as measured through the national GP Patient Survey, complaints and stakeholder feedback, has declined in recent years. This is a national trend, but within NCL we have significant variation between practices, with some exemplar providers who have been able to maintain a consistently good patient experience. Patient outcomes overall remain high.

Access to General Practice is a major priority nationally and locally and continues to be a focus in political debate. Appointment numbers do not convey the full scale of work undertaken on behalf of patients by General Practice. Changes to Acute services in particular – changes to their operating model, backlog from the pandemic and the impact of frequent industrial action – impact General Practice. Appendix 2 has been prepared by General Practice providers to show the scale and type of 'behind the scenes' work undertaken in general practice on top of appointment activity.

2.2 Patient satisfaction with General Practice

Practices are providing more appointments than ever before, but there is an overall drop in satisfaction with access and significant variation in national and local GP Patient survey results. A negative perception of general practice is also prominent in national media coverage, and practice staff have seen an increase in verbal and physical abuse.

In response to the pandemic, and to help practices handle increasing demand, new routes into General Practice and new tools for triage and consultation have been introduced at pace over the last four years. Digital tools play a dominant role in access (online bookings, online consultations e.g. e-consult, NHS app usage) and patient list management (supporting risk stratification for proactive care, call / recall etc). However, there is variation between Practices in the way changes have been implemented and the

[2] National GP Appointment Data, National Online Consultation Data
[3] Raw list size January 2023, National GP Appointment Data 2019-2023

extent to which different tools are used or used effectively. Some tools are not yet intuitive for practices or patients and considerable development work is needed by those who own the products.

Work to communicate changes to patients and to support them to use digital channels has sometimes lagged behind their introduction or been sufficiently broad and deep to effect understanding. Digital exclusion and language barriers also remain a risk.

2.3 Policy context

Delivery of the Primary Care Access Recovery Plan is taking place in the context of a heightened national focus on General Practice more broadly:

- The Fuller stocktake Next steps for Integrating Primary Care articulated well *why* General Practice needs to change and at a high level *what* needs to change, with the proposed introduction of Integrated Neighbourhood teams, a streamlining of access and segmentation of episodic demand and proactive, personalised care, development of end to end urgent care pathways, and a focus on prevention. Work continues on *how* these changes should be achieved;
- The Hewitt Review made recommendations for a new framework for GP primary care contracts, an outcomes focus, a new approach to incentive schemes; support to primary care at scale;
- NHS England are consulting on the future of national incentive schemes – the Quality and Outcomes Framework and the Investment and Impact Fund;
- The current national GP contract ends in March 2024, with a one-year contract in negotiation for 2024/25, and significant change expected from 2025/25;
- The Academy of Medical Royal Colleges reviewed action needed at the interface between primary and secondary care – recommendations from this have been incorporated into the Primary Care Access Recovery Plan; and
- We know that challenges related to workforce, primary and secondary care interface, primary care estate, patient safety, access and proactive care are part of current discussions at many levels.

In London:

- a Londonwide Strategy for Health is in development, with a goal related to patient access to care;
- Deliberative Engagement with patients and the public about the future of primary care has been jointly commissioned by London ICBs with NHSE (London) – this is focusing on choices, implications and 'trade-offs' to be considered in future developments (see section 5)
- Londonwide LMCs has published a report focused on retention in London General Practice, with Key Lines of Enquiry for ICBs to consider in supporting retention.

In NCL the ICB is leading the development of local Ambitions for General Practice, through extended local dialogue. These ambitions will underpin our decisions and actions and articulate shared aims to frontline teams and patients. Whilst focused on General Practice they will be set in the context of integrated working and population health, and consider interfaces with other sectors and partnership working, in particular at Neighbourhood level.

3 Our response to access recovery: programme overview

The National Access Recovery Plan has four key aims and fourteen areas for action. These are outlined in Figure 1 below. The detail of NCL progress against each area was recorded in the full PCC report. There is a national practice and PCN support offer and an expectation that ICBs provide and arrange for local hands-on change support.

It is expected that the overall impact of the programme will be *improved patient experience of accessing general practice* – as measured through the national GP Patient Survey. A related aim is reducing pressure on General Practice by increasing capacity elsewhere in the system (community pharmacy) or reducing administrative workload (self-referral into community services, reduction of bureaucracy at the interface). Effective access – for urgent, planned and proactive care – is essential to population health improvement and this programme of work has been shaped to support progress against three key NCL population health outcomes:

- The care navigation and triage elements of modern general practice allow practices to better direct people to the *local services that can best meet their needs*;
- Digital General Practice access routes allow people to take *greater control of their healthcare and keep themselves well*;
- Strengthening the interface and between General Practice and Community Pharmacy creates opportunities for collaboration on *preventative care* such as vaccinations, and development of better *integrated care for patients with complex needs*.

Since the last report we have mobilised the practice change support offer, shaped and commissioned a communications and engagement programme, seen significant shifts in key KPIs related to digitisation and the practice operating model and undertaken a significant amount of work with local Community Pharmacies to mobilise Pharmacy First (which enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways). The detail and impact to date is described in section 4.

We will continue to develop the link between the programme and NCL outcomes framework to demonstrate these impacts more clearly. We have described briefly in this report (see section 4.3 and full detail in the PCC paper) how we expect to track impact of the programme using structure, process and outcome measures.

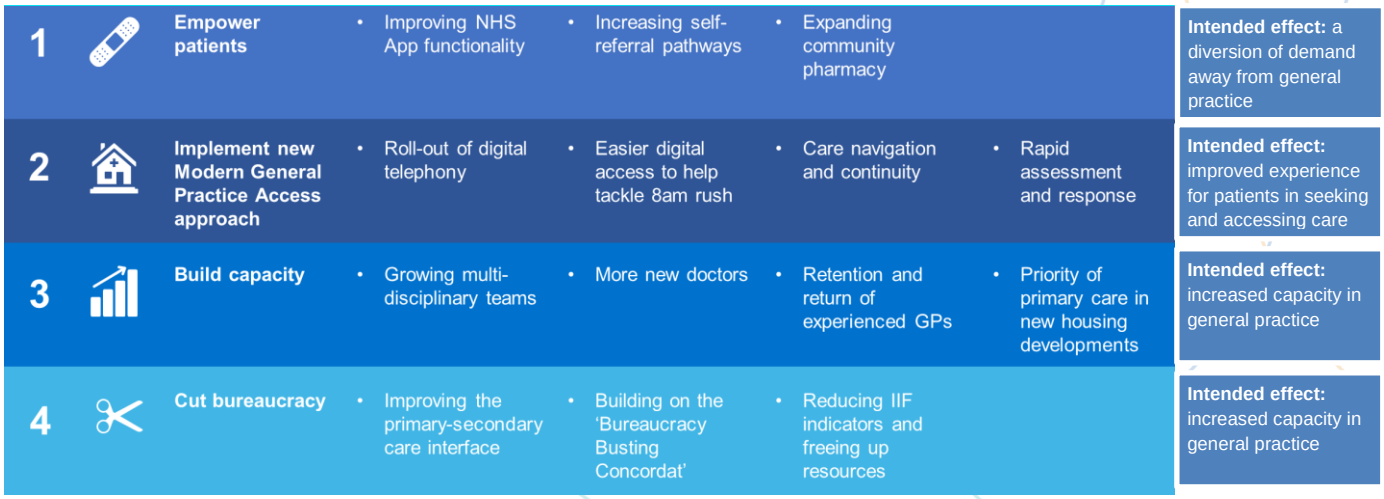

Figure 1 – key aims, actions and intended effect

4 Programme delivery (As March 2024)

4.1 Progress since November 2023

We are on track with programme delivery against each major area above and have made significant progress since November. Highlights are:

1. Empowering patients – supporting a diversion of demand away from general practice when appropriate	• 95% of NCL practices are now correctly configured to enable online records access for patients • 80% of NCL practices are now offering prospective online access as default in the NHS app (a 58% increase from November 2023). • 54% of NCL patients are registered with the NHS app with 36% of patients logging in to the app in January 2024 (significantly up from previous months). Viewing records is the most popular feature, followed by ordering repeat prescriptions, viewing test results and managing appointments. • We are on track to meet targets for increasing self-referral activity into Community services, allowing patients to self-direct across a range of pathways. • 96% of Community Pharmacies in NCL have signed up to deliver *Pharmacy First* services.
2. Implementing new Modern General Practice Access approach – improving the experience for patients in seeking and accessing care	• 92% of practices are using digital telephony. 100% of practices have signed agreements for digital telephony systems, supporting transition to these systems by the national deadline of March 2024. • 100% of practices have digital access and online consultations enabled. • We released our full 23/24 practice transition and transformation funding by March 2024. This has supported 36% of practices to plan transition to the modern General Practice operating model to date. All practices will be covered during the programme. • Using data and insight we identified 65 practices for a structured diagnostic conversation with a clinical facilitator. We completed 40 by March 2023, informing understanding of practice support needs. • We have commissioned a local GP Federation to provide leadership, expertise and hands-on change support to practices from March 2024 (see section 4.2).

3. Building capacity – growing and strengthening the multi-disciplinary general practice team	• Work with practices includes:
	  ◦ support for recruitment, induction and supervision of ARRS staff. We have seen data that suggests we are now the ICB with the highest GP retention rate in the country.
	  ◦ delivery of GP retention initiatives via the Training Hub (mentoring, fellowships, coaching and leadership development)
	  ◦ appointment of joint PCN and Training Hub workforce and education leads
	  ◦ development of multi-professional education
	  ◦ introduction of a flexible staffing pool (to develop an NCL pool of locums)
	  ◦ initiatives to support primary care staff wellbeing.
	• We are funding a deep dive into the supervision of ARRS staff and designing training for ARRS Supervisors to support high quality supervision and the retention of the ARRS workforce.

4. Cutting bureaucracy – freeing up capacity in general practice	• The NCL Clinical Advisory Group has approved a *Consensus Document* detailing how primary and secondary care will work together to reduce bureaucracy at the interface of these two key sectors.

	• Relationships are good in NCL supported by local interface groups around each Trust. • We are reviewing the work programme and thinking about how we support buy in to operational changes from primary and acute providers, focused on 'win-wins' and evidence of the positive impact streamlining this interface could have for staff and patients.

4.2 Optimising impact

The transformation effort under this programme – from practices / providers and the ICB - is significant, and we want to optimise the impact of the programme. As an ICB we are going beyond the nationally prescribed change support offer for practices.

We have scoped individual practice support needs through practice engagement and desktop review of data held by ICB teams. 'MDT' meetings brought together leads from Primary Care, GP IT, Digital, Workforce and Estates to share insight and develop bespoke practice support offers to optimise impact. Through this process we identified our own priorities:

- Telephone access processes
- Practice website quality
- Demand and capacity management
- Engagement and communication with patients
- Digital maturity amongst practice teams
- Supporting practice managers and reception teams

We have appointed a lead provider and the offer will include subject matter experts working in practices to effect change. Technical support will come from ICB GP IT and Digital First teams, who will support practices to implement the "must-do" requirements of the access recovery plan. GP IT are working with digital telephony suppliers to offer training and support to leverage the full benefits of the telephony systems. We have shaped a Digital Change Facilitator role and commissioned this additional capacity to provide hands-on support at practice level. Dedicated resource packs are in development to ensure practices have high-quality information and guidance. The team will take an agile approach and continuously adapt in response to practice and facilitator feedback, aligning support where required from external suppliers.

Acknowledging the risk that increased digitisation will exclude people who do not have access to – or are not confident using – technology, we have focused on over the last few months on digital exclusion / inclusion. We are funding pilot projects in each borough. These will connect practice teams to voluntary sector organisations with expertise in digital inclusion. Leads will work in General Practice settings to help patients engage with tools like online consultations and the NHS app. We will use the learning from pilots to develop a longer-term digital inclusion plan for General Practice based around interventions with proven impact.

The success of the programme rests on our ability to help practice teams create the space to engage, shape and embed change at practice level. Given the number of asks on practices, and the multiple elements under this programme alone, we have worked with the GP Alliance and Federation providers to shape a Joint Oversight Group. Convened by the lead provider of the change support, this will coordinate all offers of support and ensure a coherent package and logical sequence of interventions for each practice.

4.3 Measuring impact

We want to ensure the programme delivers meaningful and demonstrable change for patients. Building on Board feedback from November, we have developed an impact monitoring approach - tracking several indicators that would as a whole represent improved patient experience. We will use a three-stage approach measuring structural, process and outcome measures for each area of the programme. The framework is shown in appendix 3 with a detailed description in the PCC report.

The primary outcome measure for the programme is improved *patient experience of access* as measured through the national GP Patient Survey. We are looking for and working towards:

- an overall increase in NCL average scores
- a reduction in the variation between the highest and lowest scoring practices
- a reduction in the number of NCL practices who appear in the lowest 20% of practices nationally for each of the questions.

As the survey reports annually, with data collection in Winter and publication of results in July, it is unlikely that we will see the full impact of the work until summer 2025. We will work in the meantime with qualitative feedback from patients and other stakeholders and monitor complaints trends, online reviews. Local surveys are undertaken with patients where there may be formal concerns about a practice and/or it is subject to a formal Performance Review. This is taken via PCC.

In some cases, increased digitisation has correlated with a reduction in patient satisfaction with making an appointment as measured by the GP Patient survey. Our change support offer includes work with practices where this may have happened, but we note the potential for survey results to decline before they get better. We will benchmark against National data to isolate local issues and use local case studies and the GP Friends & Family Test (once firmly established) as interim measures of satisfaction.

An important aim of the wider programme of work is reducing pressure on General Practice by increasing capacity elsewhere in the system (community pharmacy) or reducing administrative workload (self-referral into community services, reduction of bureaucracy at the interface). Outcome measures require further development but will focus on reduction in pressure on practice staff and patient satisfaction with alternative pathways.

4.4 Programme challenges and risks

At programme level the overall risk profile has reduced since November 2023 and several risks will be closed as we near the end of the first year of the programme. The most significant programme risks are:

- that we deliver the plan but do not significantly impact key outcomes like patient satisfaction and staff morale. This is mitigated in part by our approach to optimising impact, but also relates to general practice challenges that we are seeking to progress beyond the scope of this programme – see section 5.
- that variation persists at practice and PCN level. Locally we have developed an approach to mitigate this risk - using data to baseline, target change capacity and track impact in a formative and summative way.
- practice engagement with the plan. We have reduced the risk-rating since November due to positive responses to date, but practice funding and capacity for change is limited at a time when practices are also focusing on implementation of the long-term conditions locally commissioned service (LTC LCS). We have identified specific risks around engagement with the NHS App and the Support Level Framework which we will continue to monitor.

- varying levels of engagement from acute trusts with implementing the recommendations in the plan about improving the primary / secondary care interface and reducing the administrative burden on practices, which will in turn free practice staff up to focus on other areas of delivery.

We are identifying critical success factors not prominent in the National plan. Digital inclusion is key - closing the gap between the presence of technology and digital channels and patient use and satisfaction with them. The lack of recurrent funding and capacity to support sustained work on digital inclusion has been highlighted as a risk by National and NCL Equality Impact Assessments. The ICB Primary Care, Communities and Digital teams are developing plans to address this, within scope of ICB remit and influence.

5 Wider considerations

Whilst the Access Recovery Plan is a significant programme of work for NCL ICB, it is somewhat narrowly focused on patient experience of access to general practice. As an ICB we are aware of, and actively seeking to address a much broader set of challenges for general practice. The NCL ICB Ambitions are key to this. We are also influencing at London and National level to shape the future of primary care. Considerations for the Board include:

Continued increases in demand for primary care

We anticipate demand for general practice services will continue to outstrip capacity and resources. The 2024/25 GP Contract was released at the end of February, positioned as a 'stepping stone' to a longer term deal, however national messaging emphasises financial challenges. ICBs and ICS need to consider discretionary investment locally, with some national evidence suggesting the relative proportion of investment into general practice has reduced over the last few years.

New pathways (self-referral to community services, and use of community pharmacy) will have a small benefit if they can contain the activity (avoiding multiple contacts for the same presentations), however the capacity will not make a significant dent. We hope to access better data on demand (met and unmet) from telephony systems. We believe action is needed around staying well, self-care and self-management and standardised triage to analyse need and navigate patients. Technology and AI offer opportunities in this space. This will require significant work to build public understanding of new models as they emerge.

Trends in patient expectation

Rapidly changing patient expectations might impact work to improve patient satisfaction. The five London ICBs, together with NHSE (London), have commissioned a London-wide programme of deliberative engagement to support deeper conversation and choices around the future of primary care in London. Topics for deliberative engagement include the role of digitalisation, how patients may be better navigated to meet need, and multi-agency ways of working. There will also be a focus on the knotty question of standardisation of service vs local flexibility across London. We will also consider 'trade-offs' that accompany change, for example having need met more swiftly, may mean that patients are not able to see their clinician of choice.

Balancing on-the-day demand with capacity for proactive and preventative care

We have noted a significant increase in appointment numbers since before the pandemic; however we need to acknowledge that with a finite workforce this may be at the expense of capacity for prevention and proactive care. In North Central London we have recently commissioned a model for proactive management of care for patients with long term conditions. We have worked closely with General Practice and partners to design this, thinking about how we deploy population health management tools

to increase the efficacy of the interventions, the role of the GP and wider practice team and how general practice and partners such as the VCS and Trusts might integrate their approaches. If we continue to prioritise this – and there is no significant investment into general practice or growth in workforce – we would expect appointment numbers to remain relatively static and would not expect the rapid growth we have seen over recent years. We will need to monitor patient satisfaction and outcomes for key population groups closely to ensure we get the balance right.

Improving general practice premises

The ICB is responsible for strategic estates planning and support to develop the General Practice estate. This covers approximately 200 buildings in NCL. We must work with providers to ensure there is sufficient space to deliver commissioned models of care, secure a fit for purpose estate that meets standards, secure value for public money and support redevelopment. Revenue costs for the General Practice estate are managed via PCC.

Just under half the NCL general practice estate was built before 1948. There are declining numbers of 'owner occupied' premises (GP Partners as landlords) and as Partners retire and release premises we see an increase in Leasehold which increases cost to the NHS and impacts the General Practice business model. The current General Practice estate is not sufficient – nationally or locally - to support and sustain the *Modern General Practice* model. National changes are also needed to reflect in estates guidelines the significant growth in the workforce, the PCN model and integrated working and changes to the practice operating model.

The ICB is reviewing estates needs – triangulating contract, estates, finance and other information to understand current and future patterns in the estate. We are taking proactive action on capital allocations for the general practice estate, securing 5% of the Capital envelope per annum (one of the only ICBs in the country to do so). We are also digitising patient records and converting record rooms to clinical to optimise space. We are influencing at a National level with local lessons shared to inform the anticipated national Infrastructure Strategy.

Securing recurrent investment for digital developments

We are seeing an acceleration in the development of new digital tools and approaches that may support the sustainability of general practice. However with this comes both development costs and the recurrent costs of licences and kit. Currently this tends to be supported with non-recurrent funding which enables pilots of new approaches, however to be able to embrace, test, evaluate, roll-out and sustain the use of new digital tools, we will require recurrent investment. This forms part of the ICS Capital envelope and we need to achieve a balance between estate and digital investment.

Maintaining and strengthening the multi-disciplinary team

The introduction of a wider multi-disciplinary team in general practice is changing the nature of work for senior GPs, who now spend a larger proportion of their time supervising the wider team. In developing our Ambitions for General Practice, we will consider how the growth of the MDT is changing the nature of practice leadership and supervision models, and how we can support practices to make this shift safely and consistently. There is also some risk to retention of staff recruited under the additional roles reimbursement scheme (ARRS) as national investment is set to level out in 2024/25 after five years of growth.

Supporting change and a quality improvement approach

Through our System Access Improvement Plan we are exceeding national requirements for change support to practices, because we understand the level and pace of change required. This offers a prototype approach to change support which could be built upon to embed a consistent model, similar to

the Clinical Effectiveness Group approach used in other ICBs. We are keen to explore this as part of our ambitions and approach to financial planning for general practice in NCL.

6 Communications and engagement

In November the Board noted the importance of communication and engagement to support patients to effectively self-manage, access support when it is needed and understand the challenges and choices faced by general practice teams. The previous section makes clear the scale of change that may be experienced, beyond the delivery of the System Access Improvement Plan. This in turn underlines the need for sustained communications, engagement and dialogue with patients, the public, and stakeholders locally, aligned to the outputs of the Londonwide deliberative engagement and our general practice ambitions.

The national access recovery campaign launched in January 2024. Building on previous campaigns, activity focuses on three key themes - digital access, the wider practice team and wider care available. There are also national communications on the launch of Pharmacy First to supplement our local approach to increasing patient awareness of new access routes into services.

National materials linked to the recovery plan are relatively high level so we are supplementing this with a full communications plan locally. We will message via partner and stakeholder channels, traditional local media and digital platforms such as newsletters, websites and social media. Working closely with our local voluntary and community sector groups we will use trusted voices to help share our message. We will also draw on ICB clinicians and primary care staff to enhance the impact of the campaign. Materials to be developed include profile pieces, template materials that partners and stakeholders can adapt, video content and images.

We have developed a practice-facing Directory of Services web page available via the NCL GP Website to support practice staff with care navigation.

7 Next steps

North Central London has developed its programme of work, has clear plans and is making progress against national deadlines. It is a whole-ICB approach with critical support from across our Directorates.

This will need to be maintained as a priority during transition of our own structures and operating model. We are enhancing the work as necessary and considering all key success factors.

Beyond this work we are seeking to develop, through local dialogue, our *Ambitions* for general practice in NCL which will seek to address the wider considerations outlined in this paper.

Appendix 1 – The patient journey under the modern General Practice operating model

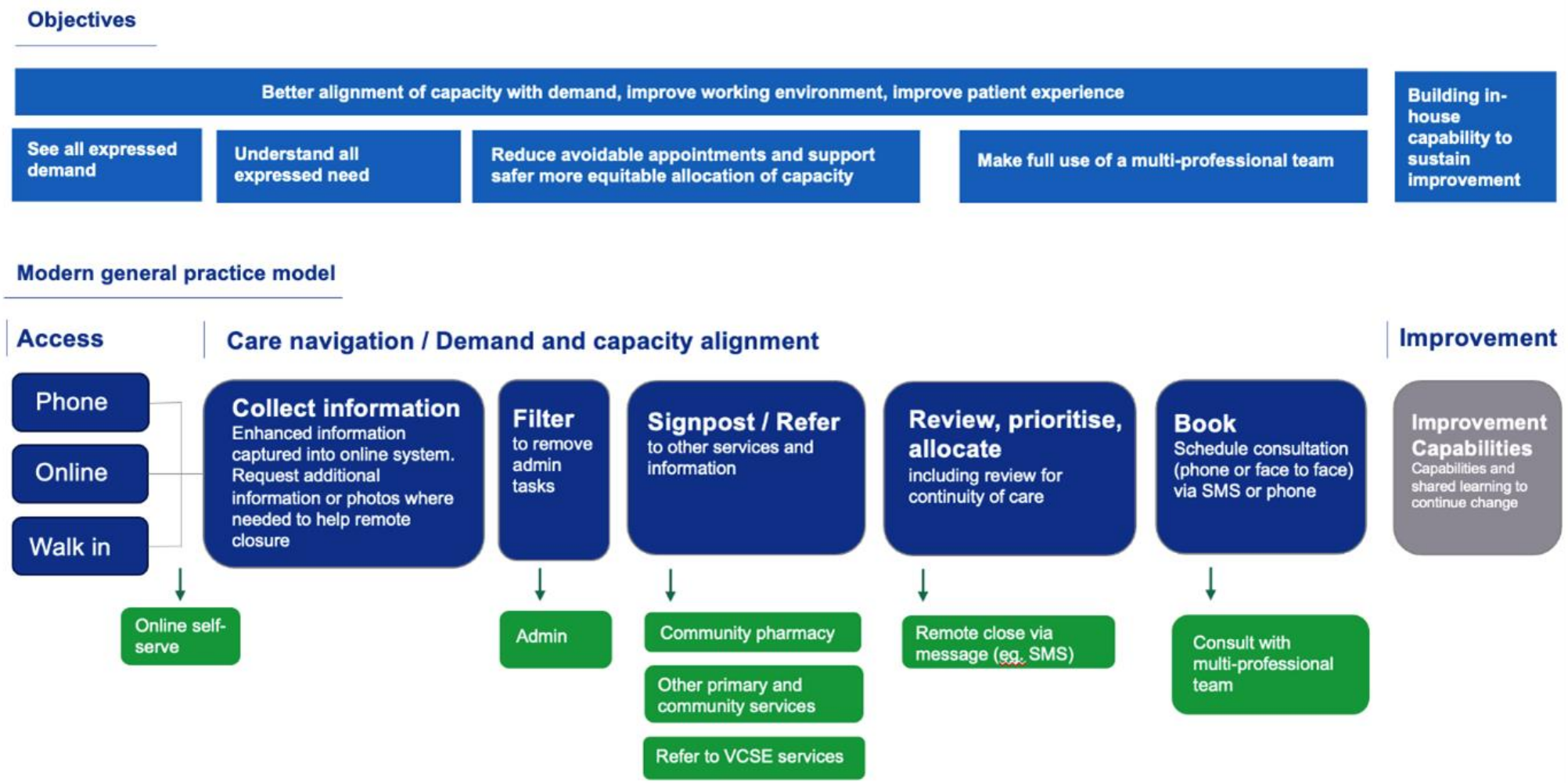

Figure 2 – visualisation of the modern General Practice operating model

Appendix 2 – the work of a GP and their team (source: Londonwide LMCs)

Appendix 3 – Measuring impact

		2023/24				2024/25				2024/25	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Practice-level change	**Patient experience of GP access**		**2023 GP survey** (baseline)				**2024 GP survey** (interim)				**2025 GP survey** (final)
		Ongoing qualitative feedback from patients and other stakeholders									
	PCN capacity and access improvement	**Structure:** PCNs write improvement plans	**Process:** PCNs track progress against the deliverables in their improvement plans			**Outcome:** PCNs demonstrate improved patient outcomes					
	Transition to modern General Practice		**Structure:** Practice survey measures readiness for change			**Process:** practice uptake and use of transition funding is monitored against NCL schedule and practice plans					
							Outcome: impact of practice use of their transition funding to move to modern general practice				
	Hands-on change support			**Structure:** MDT meetings agree support needs		**Structure:** SLF conversations develop understanding of need					
							Process: practice uptake of hands-on change offers				
									Outcome: impact of hands-on change offer		
Digital& IT	**Digital and IT change**		**Structure:** implementation and switch-on of key digital tools / features								
						Process: reducing variation in levels of digital activity					
			Structure: telephony upgrades in place								
				Process: reducing variation in telephony activity							
								Outcome: impact of digital and IT change on patients			
Wider programme	**Pharmacy First**			**Structure:** pharmacy sign-up to deliver the service							
							Process: Pharmacy First activity				
	Self-referral		**Structure:** provider uptake of self-referral pathways								
						Process: Patient self-referral activity					

	Interface		**Structure:** Interface infrastructure baseline	**Process:** Ongoing interface measures to demonstrate achievement of 4 priorities (details TBC)	