

Access Improvement Plan Guidance 2025/26

Background

Across NW London, we want patients to know they will get high quality, timely, care at their local GP practice.

The NW London Improving access specification aims to support general practice services to develop models which build resilience and make effective use of resource. This should mean better access, best use of clinical time, reduced waiting times, and increased continuity and proactive care for those that need it. The first year of delivery will focus on the responsiveness of general practice, build the foundations of a model to provide high quality continuity of care, and drive better use of digital tools to promote access.

Access Improvement plan

To support improvement across the system, the access specification in 2025/26 NW London ICB asks PCNs to work with their constituent practices to develop access improvement plans.

This plan will need to be submitted to the ICB by **30th June 2025** at the latest. Submission of this plan is a condition of the release of payment to PCNs. PCNs are encouraged to use the template below and attached to complete their plans, but submission in other formats will also be accepted.

Plans will not be subject to formal assessment, but checked to ensure that they include:

- ✓ an **overarching model for access** that describes how the PCN will meet the requirements of the specification, outlining what will be developed/delivered at both PCN and practice level
- ✓ a locally-agreed **approach to triage and navigation** – with a focus on managing same day and next day demand
- ✓ detail of the internal Standard Operating Procedures to **managing online consultation** – including safety netting to ensure urgent online consultations are dealt with in a timely way
- ✓ plans to **engage with patients** throughout the year and how engagement responses will be fed back into service improvement
- ✓ detail of **how funding will be apportioned** to support delivery
- ✓ local **measures of success**
- ✓ expected **timeframes for delivery**
- ✓ consideration of how these plans will **improve health equity**

In developing their plans we would expect PCNs build on local data on both demand and capacity and a sound understanding of the demographics and clinical needs of their population. PCNs should reflect on whether they have the right skills, knowledge and infrastructure they need to support the delivery of high-quality care and should make reference to the model of modern general practice. The plan should include the activities, and assessment measures that will be used to drive improvement. It should also be clear on who is responsible for delivering against each of the activities and the timeframes for doing so.

Template

1. Self-Declaration – condition of participation

In submitting this plan I confirm that our PCN and all constituent practices are already:

- delivering all GMS/APMS core contract requirements,
- using the full functionality of cloud-based telephony systems during core hours, including the use of call-back, waiting times, and queuing messages signposting patients to online options,
- providing clear and consistent signposting and information on website home pages related to the PCN and constituent practices, to promote the use of online consultation, the NHS App and Pharmacy First,
- ensuring online consultation software/systems and digital telephony systems are switched on through core hours with no caps,
- accurately coding activity using the standardised categories (GPAD),
- signed up for the 'safe surgeries' initiative <https://www.doctorsoftheworld.org.uk/safesurgeries/>, and
- working to improve uptake of the Friends and Family test and are submitting results and taking action on findings.

Signed (on behalf of the PCN):
Print Name:
Job title:

1. Model of delivery
<ul style="list-style-type: none">- what you are aiming to achieve with your model of access- your approach to effective triage and navigation – with a focus on same/next day demand- the Standard Operating Procedures do you have in place for managing online consultation – including safety netting- why this is the right approach for your PCN (based on population and current ability to meet demand)

What We Aim to Achieve with Our Access Model

We aim to make it easier and faster for patients to access the right care by improving demand management across the PCN. This includes reducing wait times, responding promptly to online consultations, and using staff more effectively. We are Exploring tools like RapidHealth. Recently we implemented our surgery assist chatbot, and signposting to the NHS App, Pharmacy First, and community services help guide patients to the most appropriate care—supporting both urgent needs and continuity for complex cases.

Our Approach to Triage and Navigation

Across the PCN we are trying to improve our total triage model where all patient requests (online, phone, in-person) are reviewed before appointments are booked. We are exploring the usage of RapidHealth too. To help practices gather key information to prioritise same/next-day needs and direct others to alternative services. Our Chabot supports this by guiding patients through forms and signposting non-GP issues, ensuring clinical and reception/administrative time is focused where it is most needed.

Online Consultation Procedures and Safety Netting

Our multilingual chatbot supports online triage and redirects patients when GP care isn't required. Practice websites offer self-care resources and links to community services. With total triage a duty clinician to ensure safety and timely care reviews model requests daily. Regular audits ensure quality, consistency, and continuous improvement.

Ealing Park Health Centre & Grosvenor House Surgery

- Use **AccuRx Patient Triage** for all appointment requests (online, phone, or walk-in).
- Patients or staff complete an online form, which is triaged by an on-call GP in real time.
- Patients are booked with the most appropriate clinician or sent a self-book link.
- Preferences for specific clinicians are considered where clinically appropriate.

Elthorne Park Surgery (EPS)

- Uses **eConsult** and a care navigation **spreadsheet** to manage requests.
- Reception ensures all required information (photos, questionnaires) is collected.
- Requests are triaged to the right clinician, balancing online and phone access equally.
- Continuity of care is encouraged by matching patients with the same clinician when possible.
- While walk-ins are rare, patients are either assisted by reception to complete an online consultation or booked into a telephone slot. This ensures equal treatment of all patient requests, regardless of how they contact the practice.

Florence Road Surgery

- Uses **AskMyGP** for all patient requests.
- A **GP Assistant** pre-triages all requests and assigns them to the right clinician or service.
- Patient preferences and continuity are respected whenever possible.
- Urgent requests are prioritised to the next available suitable clinician
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Northfields Surgery

- Uses **eConsult** with **SystemConnect**.
- All requests (online, phone, or walk-in) are triaged by the duty clinician in order of receipt.
- Patients are booked based on clinical need and signposted if another service (e.g., Pharmacy First, 111) is more appropriate.

Although each practice uses different online consultation platforms, the processes have many similarities ie information is gathered whether its online, walk-in or by telephone and then patients are booked with most appropriate clinician or signposted to a service eg Pharmacy First or 111. Elthorne Park Surgery have created a care navigation spreadsheet for their reception staff to book the most appropriate appointment for the patient. The other four practices triage requests using a clinician or care navigator/GP assistant , to book the most appropriate appointment for the patient

Why This Approach is Right for Our PCN

This approach is designed to reflect the **unique characteristics of our patient population**, including levels of deprivation, digital literacy, language needs, and patterns of demand. By embedding a flexible yet standardised model:

- We ensure that care remains **safe, accessible, and equitable**, particularly for vulnerable groups.
- It allows each practice to manage **capacity sustainably**, while supporting the delivery of **same/next day care where clinically appropriate**.
- It promotes a shift from reactive to **proactive care**, enabling us to manage rising demand without compromising on safety or quality.

General Service Disclaimer

The information provided here describes our usual processes for triage, appointments, and care navigation. These may be updated from time to time to reflect new tools, staff capacity, or national guidance. We will always communicate any significant changes to patients in advance where possible.

2. Approach to improvement

What specific work-streams do you want to introduce in 2025/26

- **Total Triage in Every Practice**
All five practices will continue to improve/Implement their 'total triage' system. This means every request (online, phone or in person) is checked first, so you are booked with the right person or service as quickly as possible. Elthorne Park Surgery in the process of implementing *Rapid Health*, a new tool that helps prioritise requests — we plan to share what works well with other practices.
- **Helping GP Assistants Support You**
We're running regular training to help GP Assistants (GPAs) build skills in triage, care navigation, and patient support, so they can help you get the right care faster.
- **More Support for Housebound Patients**
We're expanding our home visiting service for patients who can't come to the surgery. This frees up appointments at the practice and ensures housebound patients get proper reviews and support at home.
- **Better Care Navigation**
All practices use our *Surgery Assist* chatbot to guide patients to the right help — including self-care, local pharmacies, or booking with the GP. At some point this year we are considering to upgrade this with AI to answer more questions and help reduce waiting times on the phones.
- **Encouraging NHS App Use**
We're planning a local campaign to help more people use the NHS App, so you can manage appointments, repeat prescriptions, and your health information easily online.

What Will Happen Across the PCN

- ✓ *Total triage* and *Surgery Assist* used by every practice
- ✓ *Home visiting service* available to patients who need it
- ✓ *Patient engagement events* and annual surveys to listen to your views

What Will Happen at Each Practice

- ✓ GP Assistants getting extra training
- ✓ Each practice using its own online consultation tool
- ✓ Better call handling so more calls are answered quickly

- ✓ Using digital tools to flag patients who need regular follow-up
- ✓ Checking clinical notes and coding to keep records clear and accurate

WHAT IS STOPPING YOU FROM DOING THIS CURRENTLY?

- Each practice has recently adopted a new online consultation (OC) tool or is tied into fixed contracts, preventing a move to a single OC system across the PCN at this time.
- Ealing Park Health Centre (EPHC) uses a non-NHS approved provider and cannot currently provide data on the percentage of calls answered within 10 minutes; therefore, an audit will be conducted at the practice.
- The OC tools in use across practices are unable to provide data on the percentage of submissions answered by the next working day, so an audit is underway to gather this information.

General Service Disclaimer

The details provided here are intended for general information about our PCN's plans and priorities. Service delivery may be subject to change. Patients should always seek individual medical advice directly from their practice.

Measures	Baseline	Change required	How this will be achieved
90% of calls answered within 10 mins	Financial year 2024/25 report of calls answered within 10 minutes shows: FRS: 78 % GHS :78.9% NS: 78.5% EPHC: 85.5% EPS: 100%	Improvement of % needed to reach the target FRS: 12% GHS: 11% NS: 12% EPHC: 5% EPS: Met -maintain performance	-Implementation of the Chatbot functionality aimed at reducing number of calls. -Extended access to online consultations systems. -Enhanced training for the call answering staff members to improve efficiency;
90% of e-submissions are responded to by end next working day.	 FRS: 95% GHS: 100% NS: 100% EPHC: 100% EPS: 100%	 FRS: Met -maintain performance GHS: Met -maintain performance NS: Met -maintain performance EPHC: Met maintain performance EPS: Met - maintain performance	We are utilising a paramedic to carry out home visits, which helps release GP time and allows them to focus more on managing e-submissions in a timely manner. GPA training. In addition, we are exploring the use of the RapidHealth e-consultation platform, which has the potential to streamline workflows, generate efficiency savings, and ultimately increase clinical capacity.

SNOMED coding in the appointments ledger to record direct clinical care	354 unmapped appointments: All practices (January 2025)	100% mapped appointments	Quarterly audits to ensure progress.
Audit of use of clinical time			
Continuity flag for at least 2% of the patient list is in place	No data to support this – Baseline from 0%	2% increase of the patient list size	We are implementing a risk stratification tool to proactively identify patients who would benefit most from personalised, continuous care. To support this, we are establishing a multidisciplinary team (MDT) dedicated to delivering coordinated and consistent care for these identified patient groups, improving outcomes and supporting continuity.
Review of a 10% sample of the identified population			
Increase registrations on the NHS App by 10%, or locally agreed measure	Total number of patients registered on the NHS App per practice as per 2025 EPHC: 67% EPS: 66% FRS: 71% GHS: 58% NFS: 70%	EPHC: Target: 77% (1,022 patients) EPS: Target: 76% (845 patients) FRS: Target: 75% (474 patients) GHS: 68% (495 patients) NFS: Target: 75% (386 patients)	We will actively promote the NHS App through newly established social media channels, using targeted content to raise awareness and encourage uptake among patients. A programmed chatbot will be utilised to support and promote the NHS App, providing patients with step-by-step guidance on how to install and use the app. This includes user-friendly training resources aimed at increasing digital confidence and accessibility.
Patient engagement via annual survey and engagement event	1) Patient engagement event as per 2024/2025: 30 attendees	1) Patient Engagement event target: 60 attendees	Patient participation group engagement. Patient survey. Analysis of the family and friends test results and feedback.

		2) Patients experience Survey as per 2024/2025 1891 patient return	2) Patients experience Survey Target: 2000 patient return, of the patient experience survey	Engagement event: Online, and in person!
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3. Patient engagement
<ul style="list-style-type: none">How do you plan to engage patients throughout the year?What learning does this build on from 2024/25?What are your current routes to patient engagement; how effective are these?How will you ensure patients are involved in the design and delivery of your engagement initiatives?
<ul style="list-style-type: none">✓ Regular Patient Participation Group (PPG) meetings are held at each practice, with active involvement of PPG members in co-designing patient engagement events.✓ We are working to increase the uptake of the Friends and Family Test (FFT) to gather more comprehensive patient feedback.✓ Patient feedback is regularly analysed, and findings are used to inform and implement service improvements in line with identified needs. <p>Based on last years' experience, the response rate to engagement invitations and actual patient participation in events was relatively low compared to the number of invitations sent. Considering this, we aim to redesign the engagement campaign to make it more appealing and accessible, with the goal of increasing patient interest and participation.</p> <p style="text-align: center;">General Service Disclaimer</p> <p>Please note that while we actively seek and value patient feedback through groups, surveys, and events, participation levels may vary. Efforts are ongoing to improve engagement and ensure that patient voices help shape the services we provide.</p>

4. Costs

<p>Targets & Objectives:</p> <p>90% calls answered within 10 minutes – To Improve patient experience Enhanced patient satisfaction – Better understanding of expectations Improve continuity of care – To enhance the quality and efficiency of clinical consultations Increase uptake of NHS APP- Reduce cost of SMS and easier patient access to the clinical information and contributes to the reduction of calls.</p> <p>What barriers are preventing you from doing this?</p> <p>GPA Training: Clinicians have restricted time for supervising GPA training due to their existing workload.</p> <p>Paramedic: High cost of employing a paramedic.</p>

90% calls answered within 10 minutes: High volume of calls, heavy reliance on phone channels instead of any other channels.
 Limited staff time and high volume of activities.
 Digital exclusion of some group of patients.

What would be the cost of additional activity if measured in appointments? (Appointments saved through diverted activity)

Paramedics save 35 hours of GP time per PCN – This is 140 appointments saved per week across the PCN

GPA and Pharmacy first referrals: Saved around 200 GP appointments per week across the PCN

Workstream	Resource required	Timescale
Care Navigation	<ul style="list-style-type: none"> ✓ Use of chatbot technology to help reduce the volume of incoming calls. ✓ Additional staff training to enhance call-handling skills and improve patient communication. ✓ Increased call-handling capacity to support improved patient access and reduce waiting times. 	End of the financial year.
Enhancing Continuity of Care through Patient Risk Stratification	Additional clinical costs will be used to provide clinical backfill, allowing the core team to dedicate time to progressing this project.	End of the financial year.
Total Triage, Improving Access for Housebound Patients	Cost of Paramedic Cost of Rapid Health GPA Training	End of the financial year.
Improving Data Quality and Clinical Coding	Admin time	End of the financial year.
Driving Digital Access Through NHS App Uptake	A targeted marketing campaign will be launched to promote NHS App uptake, using social media and text messaging to reach patients who are not yet registered.	End of the financial year.
Patient engagement via annual survey and engagement event	Use of a facilitator to lead the engagement event and related activities. Locum costs to provide backfill support, enabling the team to progress with this project.	End of the financial year.

General Service Disclaimer:

The targets, objectives, and challenges outlined reflect our current goals and operational realities within the PCN. While we strive to achieve these aims, factors such as staffing, resource limitations, and patient access barriers may affect progress.

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5. Expected outputs

Expected Benefits

- **Practice/PCN:** Improved call handling, appointment coding, continuity of care, and reduced admin via NHS App.
- **Patients:** Faster access, better digital response times, and more personalised care.
- **System:** Lower demand on urgent care, cost savings, and better data for planning.

How the Plan Increases Appointments or Use of Local Services

- Better call and online handling increase appointment capacity
- More signposting to services like **Pharmacy First**
- NHS App reduces unnecessary contact

How It Improves Effectiveness and Contact Ease

- Cloud telephony and app reduce wait times
- Faster digital response improves access
- Better coding enables smarter workforce planning

How It Improves Patient Experience

- Quicker access to care
- Improved continuity and personalisation
- Ongoing engagement through surveys and PPG feedback

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Benefit	Measure	At Practice or PCN?	Data Source	Baseline	Target	Timescale
Improve call handling.	90% of calls answered within 10 mins	At practice level	Cloud based telephony data report	Provided above	Provided above	End of year

Improve continuity of care.	Continuity flag for at least 2% of the patient list is in place	At practice level	Risk stratification tool	No data to support this – Baseline from 0%	Provided above	End of year
Improve patient access and experience when using the online consultations platforms	90% of e-submissions are responded to by end next working day.	At practice level	Audit	Provided above	Provided above	End of year
Improve appointment coding to ensure more accurate data across the PCN.	SNOMED coding in the appointments ledger to record direct clinical care	PCN	GPAD	Provided above	Provided above	End of year
Increase NHS App usage to lower the number of incoming calls. Achieve savings by reducing SMS messaging costs.	Increase registrations on the NHS App by 10%, or locally agreed measure	At practice and PCN level	NHS App Dashboard	Provided above	Provided above	End of year
Enhanced understanding of patient needs and expectations to provide more targeted access.	Patient engagement via annual survey and engagement event	At practice and PCN level	Friends and Family test Results of the engagement survey Feedback from the PPG	Provided above	Provided above	End of year

6. Health Equity

- What assessment have you made of the impact on health equity for your local population?
- How will this plan improve health equity and reduce local inequalities in access, experience, and outcomes?


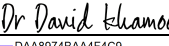
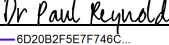
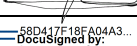
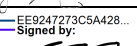
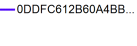
- The multilingual chatbot will enhance access for patients with limited English proficiency, ensuring they can navigate services more easily.
- Increased home visiting capacity will improve care access for housebound patients who face mobility challenges.
- By freeing up phone lines and reducing wait times, we aim to make phone access easier for patients who are less comfortable with or unable to use digital tools.
- Continuity of care will be enhanced for 2% of risk-stratified patients, benefiting high risk patients by providing more consistent and personalized support.

General Service Disclaimer:

The targets, objectives, and challenges outlined reflect our current goals and operational realities within the PCN. While we strive to achieve these aims, factors such as staffing, resource limitations, and patient access barriers may affect progress.

7. Authorisation

The PCN leads and a nominated lead for each constituent Practice

Signature	Name (Printed)	Role	Organisation
<div>Signed by:  A0BECC48D44424...</div>	Dr Bindu Dasogu	GP Partner	Grosvenor House Surge
<div>Signed by:  DAA8974BAA4F4C9...</div>	Dr David Khamoo	Clinical Director	Florence Road Surgery
<div>Signed by:  6D20B2F5E7F746C...</div>	Dr Paul Reynolds	Dr Reynolds& Partners	Elthorne Park Surger
<div>Signed by:  58D417F18FA04A3...</div>	roman folad	Dr	Northfields Surgery
<div>Signed by:  EE9247273C5A428...</div>	Pav Grzyb	Managing Partner	Florence Road Surger
<div>Signed by:  0DDFC612B60A4BB...</div>	Dr Ned Tapley	Dr	Ealing Park Health

Date: _____

Once signed and dated by the PCN representatives and each constituent practice, the plan should be submitted to the ICB via the Local Services mailbox (nhsnwl.localservices@nhs.net), with a clearly defined subject on the email: **ImprovingAccess_Plan and Declaration_XXPCN_Submission Date**

Submissions should be made by **30 June 2025** at the latest.