Transforming access to general practice

North West London

Number of patients covered: 2.1m

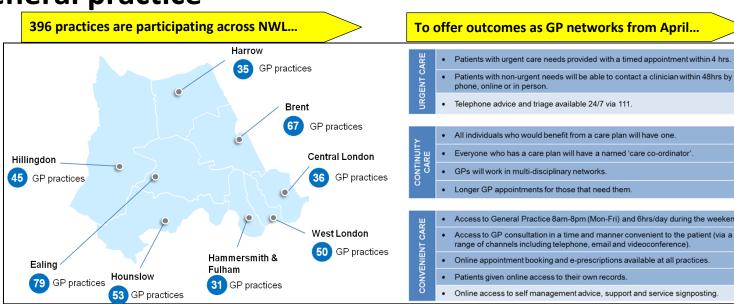
Number of practices participating: 396

Names of CCGs covered: Brent, Central London,

Ealing, Hammersmith and Fulham, Harrow,

Hillingdon, Hounslow, West London

Our top three innovations are:



Extended hours

- As GP networks have formed and matured, they are able to take on extended hours services and contracts for other services that support the out of hospital strategy.
- To reduce unnecessary A&E attendances (and pressure on local hospitals), we are improving access to primary care as a viable alternative for patients.
- For example Central London CCG GPs have been piloting 7 day services. Five practices offer services on Saturdays and Sundays – this provides patients who need care at weekends an alternative to A&E. This is having a demonstrable impact on A&E attendances and admissions.
- Successful out of hospital services require:
 - Advertising patients know about the service and how to access it
 - **Fixed locations** promoting continuity and coverage
 - Motivated practices to lead th

Evaluation of the Central London pilot show

- **10% reduction** in attendance from practices involved in the pilot
- 7% reduction in admissions of patients aged 65+

- patients

GP Networks

- GPs across NWL have joined together to form provider networks that are the foundation for delivering primary care services differently and at scale. These are supporting development of a new model of care built around population needs
- GP networks have needed to develop rapidly to meet changing demands in North West London. Significant changes have been made in ways of working, workforce, organisational form, service design, capacity planning and IT infrastructure.
- Building this capability has taken time but is now driving delivery of tangible service improvements for patients benefits that are sustainable and ongoing. These are the basis of whole systems working
- Time, engagement and technical support are all essential in nurturing GP networks. The case for change also needs to be clear – to outline the benefits of working differently and enabling GPs to "own" this change

At the start of the 2015, NWL had:

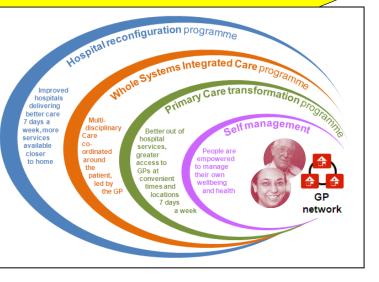
- Providing improved access (evenings and / o weekend opening) and alternative means of access for 1.5m patients out of NWL's total population of 2.1m people
- Through 27 provider networks
- Comprising 291 practices



network



To deliver an NWL model of care built around patients



Video consultations

• A video consultation pilot commenced in June 2014 at the Cavendish Medical Centre

• This reflects changing expectations of general practice. Patients want the convenience of alternative means of consultation. The widespread availability of personal video conferencing technologies on mobile devices and in people's homes means more extensive use of visual consultations is possible

• Video calls offer real benefits for patients in allowing access to their GPs that is more convenient, offers a better clinical service and makes the best use of time • Key learning includes working out how to overcome some of the technical and information governance challenges involved with running this kind of service. Robust information governance is essential to assure

Patients using the Cavendish Medical Centre initiative said: • 94% felt satisfied or better with how their medical needs were assessed in the appointment • 95% would use the service again