

Extended primary care access

Southwark

Number of patients covered: 305,038

Number of practices participating: 44

Names of CCGs covered: Southwark

Service: 8am-8pm 7-day-a-week GP services - two clinics accessible via general practice or GPOOH telephone management. First clinic went live 11 November, with second clinic due to launch end of February. Challenge Fund has supported infrastructure and set-up with CCG committing £2.1m recurrent funding annually for service delivery.

Vision: Putting GPs at the heart of providing local health services – routine and urgent needs.

Rationale:

- *Variability in quality, access to services and patient outcomes*
- *Increasing demands upon primary and community care health services*
- *Patients find it difficult to navigate the system*



Delivering services through a practice-led federated model:

As part of the delivery of Southwark's Primary and Community Care Strategy, practices have come together to form two geographically coherent federations - Improving Health (20 practices) and Quay Health Solutions (23 practices) to contract for and deliver a range of population health services, including Extended Primary Care Access.

These federations have provided the platform and leadership to support the co-design, mobilisation and delivery of Extended Access service models ; with a focus on practice member engagement, peer support and consistent high quality access for their combined registered populations.

Co-design of service model with practices and patients:

Practices engaged and co-designed the service model with patient input. We felt that the service model could only be successful with buy-in from all practices.

Sessions were led by GP federation leaders, externally facilitated, and well attended by all practices – backfill provided incentive for good skill-mix of practice representatives. Practices engaged and inputted into the model and practice requirements, with a small working group of federation leads and practice representatives supporting design and delivery in between larger meetings. Regular communication was vital – a balance of informing vs. information overload.

Patient engagement was key in informing the service design – we have listened to what patients told us was important and incorporated this into our service models and patient experience surveys.

Shared patient records system:

We have implemented EMIS WEB record and appointment sharing across the patch (supported by robust IG). This system enables sharing of clinical information between general practice clinicians and the staff at the access clinic sites (with the patient's consent). Appointments at the access clinic can also be booked directly from general practice and GPOOH, and we are exploring the ability for direct booking via A&E/UCC.

The outcome for patients is greater continuity of care and on-going management. The safety of prescribing and consultation is improved by having full access to information on current medications, allergies and adverse reactions.

We have also enabled high level information sharing between our GPOOH provider and the service via a MIG.

The use of EMIS Web also gives our GP Federations access to real time reporting to inform on-going service improvements.