

## **GP at Hand PCN Access Improvement Plan 2025/6**

### **Background**

The GP at Hand PCN consists of two practices with a combined list size of c115,000 patients.

<b>Practice</b>	<b>Weighted list size as of January 2025</b>
GP at Hand	64,824
Dr Jefferies and Partners	13,024

### **Declarations**

Both practices already

- Deliver all GMS/APMS core contract requirements,
- Use 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,
- Provide 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,
- Accurately code activity using the standardised categories, and
- Have systems in place to improve uptake of the Friends and Family test and are submitting results and taking action on findings.

### **Model of delivery**

The GP at Hand PCN is based upon a digital-forward, highly accessible approach to care. Using a combination of digital tools and more traditional in-person and call centre methods, patients are able to access a consistent approach to triage and same day care via the route that suits them best. Both practices offer the same methods of access (telephone, in-person and digital), but given that the population of the two practices is different, each practice has a slightly different mix of access methods.

GP at Hand is a digital first practice, with the vast majority of patients choosing a digital approach to booking appointments and getting care. As a result, the focus of the practice is on digital triage tools as these are preferred by patients. GP at Hand uses a next-generation e-consultation system that allows patients to immediately book into the most appropriate appointment following their submission, as well as choosing to send a message to the practice to be responded to by a clinician or other appropriate member of staff within one working day. This system is switched on 24/7, and digital appointments are also available 24/7. The practice

maintains access to the same system in-hours via telephone and in-person for those who choose not to access digitally.

Dr Jefferies and Partners has an older average population, and as a result places more emphasis on telephone and in-person access to appointment bookings and triage. The practice also offers digital access to the same system, but this is less used by patients.

We are seeing a steady increase in demand from patients for same day access, in line with local and national trends. We expect this demand to increase during the year, leading to more pressure on our services.

### Approach to improvement

Measure	Baseline	Target	How this will be achieved	PCN / Practice level
86	85%	90%	Analysis of peak call times and deployment of additional staff to meet this target. Review of messaging to ensure alternative contact methods are well-described to patients. Review of messaging to ensure that call-back functionality is being offered to patients early in their waiting time at peak times. Promotion of online methods of contact with consistent prompt reply to reduce the need for many patients to call.	GP at Hand
	86%	90%		DJP
e-submissions responded to by end of next working day	This has been requested from the SmartTriage provider and will be added as soon as received	90%	Build on our establishment of an eHub last year, strengthening the staff rota (both clinical and non-clinical) at peak times to ensure a consistent prompt response to queries. Review of websites to ensure that these provide clear ways to access information to reduce common queries.	GP at Hand
	90%	90%		DJP
SNOMED coding in the appointments ledger to record direct clinical care	n/a	All non-appointment clinical activity will be coded	Codes will be accessible via a custom SystmOne template and all clinicians will be instructed on how to use this via the practice newsletter	Practice
Audit of use of clinical time	N/A	Carry out an audit of clinical activity on a monthly basis at each practice. PCN to meet to review findings and suggest actions on		Both

		a quarterly basis. Summary to be shared with ICB by 13/3/2026		
Continuity flag in place	Zero	2%	Bulk code top 2% highest risk patients	GP at Hand
	Zero	2%		DJP
Audit of sample of patients with continuity flag	N/A	A one-off audit of 10% of the top 2% of high risk patients will be carried out in line with the audit template provided by the ICB A Summary to be shared with ICB by 13/3/2026 including learning and actions taken.		Both
NHS App registrations	>95%	Maintain this number and increase use for appointment booking and cancellations	Our system provider is not yet fully integrated to allow appointment booking with the NHS App, but has recently switched on the ability to view and cancel appointments within the NHS App. We will communicate with patients regarding this, and ensure this message is in appointment reminder messages to increase usage of the NHS App for cancellations. We will work with our supplier and, with NHSE approval, aim to have appointment booking in place within the NHS App by the end of 25/26.	GP at Hand
	45%	55%	The practice will create a marketing campaign as well as advertising on their practice website to encourage patients to download the NHS App. They will include the benefits of having the app including the integration with other services, appointments, prescription requests etc.	DJP
Patient engagement survey	N/A	>4600 responses (4% response rate)	PCN engagement survey to be developed, based upon ICB survey sent out in 2024/5. Findings to be analysed and discussed at PCN level, then presented at patient engagement event in Q3 2025/6	PCN
Patient engagement event	N/A	At least one well-attended event	Hybrid in-person and digital event to be held following conclusion of survey	PCN

## Patient engagement

Both practices have well-established mechanisms for gathering ongoing real-time patient feedback. We will continue these mechanisms which are currently generating around 350 responses per month across the PCN.

The ICB access survey sent out in 2024/5 generated a lot of patient responses and provided some useful insights. We will develop a PCN-level survey based upon these questions to be sent out to patients. We will be aiming for a response rate of >4% (4,600 responses across the PCN).

Following this, we will hold a PCN Patient Engagement event. It has historically been very difficult for us to encourage patients to attend in-person events. Feedback from patients regarding our 2024/5 events was that these should be held in a hybrid fashion, in the evening, with lots of notice given to patients to enable them to attend. We will take account of this feedback when scheduling the 2025/6 event to ensure that this is well-attended.

### **Expected outputs**

This work builds on that achieved by the PCN last year, of moving both Practices to a common approach to a triage model but with local needs taken into account.

Now that we have a common model and understanding across the PCN, this work will improve the patient experience of care by:

- Improving response times to e-submissions
- Improving the experience of calling the practices
- Improving access to continuity of care for those patients for whom this matters the most

It is designed to ensure that patient views and experiences are taken into account, by giving every patient the opportunity to comment upon their experience and suggest ways to improve the service. Patient feedback was a key component of the access work that the PCN completed last year, and patient experience of the PCN practices has improved significantly over the past few months as a result of this. We aim to build on this work to further improve patient participation and experience.

Our 2024/5 work also aimed to push more clinical care, where appropriate, to an asynchronous model. This has meant that we are able to respond much more quickly to patients who do not want or need an actual appointment, and also enabled us to increase our supply and length of appointments as asynchronous care can often be completed in a shorter period of time. We will build on this foundation in 2025/6 to transition more appropriate care to an asynchronous model.

Enhanced access to **primary care** acts as the crucial gateway for the entire NHS. By offering timely consultations and proactive management, it significantly lessens the burden on **emergency services** and **hospital waiting lists**. This approach ensures patients get the right care at the right time, preventing minor issues from escalating and ultimately creating a more efficient and sustainable healthcare system that benefits everyone.

We will be inviting our PCN population's view on the changes via our planned 2025 Access survey. We will also be auditing whole system parameters such as unscheduled care contacts to evaluate the impact on the whole system.

## **Health equity**

Across both our practices, all patients have access to their preferred method of contact, including in-person, telephone and digital. Whatever method of access they chose, they will receive the same care and response time.

Both practices have access to telephone and in-person interpreting services for those whose first language is not English. Both practices have translation tools on their website to enable all the patient information contained within to be accessible. Both websites are accessible to screen readers.

The increases in access detailed above are designed to improve patient experience whatever method of interacting with the Practices that they choose. By increasing telephone answering times and e-submission response times, we improve access for those choosing these methods of contacting the practice. By moving as much care as possible to asynchronous channels, we increase the access for those choosing to seek to interact with the practice in person.

Both practices already provide the option of choice of clinician to patients. By identifying those who would most benefit from continuity of care, and communicating with them proactively to explain how they can access the same Clinician or subset of Clinicians, we will ensure that this is prioritised for those where it matters the most.

Additionally, we will proactively seek the views of all patients who are registered with our PCN practices, making particular effort to gather opinions from those who may be digitally excluded, or struggle to complete questionnaires in English.