



# Priority 1

Non-complex same-day care



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# Our first priority is to expand at-scale triage and navigation to appropriately direct same-day non-complex need

This is the first priority as it will directly address the biggest concern of our population – access to care – and can also rapidly reduce pressure on staff by reducing people needing multiple appointments before they get to the right place.



Approximately half of General Practice activity is same-day care and a large proportion of this is for non-complex needs, like Urinary Tract Infections. In these cases, speed of access is generally more important than continuity of care.

Non-complex needs can often be directed to other primary care services such as community pharmacy or virtual/physical access hubs (where practices collaborate to triage and treat same-day need).

This way of working is emerging in parts of BOB and is in line with national direction of travel around at-scale working. Working at-scale (e.g. through same-day access hubs) can help to improve access as it involves a multidisciplinary way of working, utilising a varied workforce to deliver a wide range of services e.g. a hub could have pharmacists, physician associates, dentists and specialist nurses. This can help manage demand more effectively in a local area.

## What impact will this way of working have?

- **Improve patient experience** by making it easier to navigate to the support they need.
- **Release capacity for GPs** to see people who have medium to high complex needs
- **Enhanced staff satisfaction and retention** due to at-scale supervision models that make it easier to provide appropriate oversight and support to ARRS roles, and possibility to rotate in and out of hub roles providing more variety
- **Make better use of current estate** through hub working and an increase in virtual consultations.

# 1 An example of a future same-day access pathway

## Self management

## Triage & navigation

## Initial Contact

### Same Day Access Hub Front Door



Patient feeling unwell

#### Self Care / Management

If appropriate the patient tries to resolve through publicly available, regulated information, advice and guidance e.g. from NHS Website/App, or goes to the pharmacy



Patient requests support

The patient decides they need further support and requests through their preferred route (most often likely to be **their local GP surgery**):



**Online**



**Phone**



**Walk-in**



**111**



**Community Pharmacy**

Patient is seeking 'same day' which they can request via **cloud telephony, online consultation, or speaking with staff member.**

This redirects them or their online form directly to the hub.



Triage & Navigation

Patient is triaged based on need - by the Same Day Access Hub Care Coordinator (who has support from a clinician when needed). Patient segmentation RAG rating pops up on screen to assist triage. Information will be captured by a **consistent digital tool** whether on the phone or online. If a same day appt is required this will be scheduled in to the Same Day Access Hub.

Same day appointment not needed



If a same day appointment is not needed, the hub care coordinator will either:

- Book the patient in for a routine appointment in the coming days at their home practice by accessing the local GP **EPR system**, or
- Direct them elsewhere e.g. 111, Community Pharmacy, dentist, community service, mental health service etc.
- If the care coordinator feels they need to speak directly to their home practice reception, they can divert them back through cloud telephony*



Initial Contact

A patient is seen in either:

- ✓ A same-day face to face or virtual appt with a GP
- ✓ A same-day face to face or virtual appt with another member of extended general practice/ primary care network team
- ✓ Redirected to Community Pharmacy, Optometry, Dentistry or UTC
- ✓ Redirected to community services such as audiology or mental health services
- ✓ Redirected to VCSE

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# Triage and navigation will be designed locally but with common features

The specifics of the model of care must be determined at local level to reflect the differing needs of populations, existing workforce and estate, and configurations of partner providers. However, patients and staff will benefit from consistent features.

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Patients continue to request same-day care in a range of ways that suit them – on their GP website/app, NHS app, by phoning their GP, walking into their community pharmacy, or calling 111.

02



Data is collected to support triage through an online form – filled in by the patient or receptionist/care coordinator – that is consistent across the neighbourhoods. Online tools are used to support clinical decision-making.

03



Triage is undertaken only once – either by the practice, 111 or, ideally and over time, by the same day access hub.

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Over time, triage can be backed by prior patient need and risk stratification to support clinical decision-making.

05



Where triage determines that the patient should be seen by their home practice, either due to complexity or because routine appointment is more appropriate, they are ideally booked directly or transferred back to the practice (i.e. they do not need to make a new request).

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Where triage determines the patient should be seen outside of General Practice – e.g. Urgent Care/Treatment Centre, community pharmacy, dentist or optometrist, agreed clinical pathways will enable this. Patients will be booked in to the right service e.g. into urgent dental slots, transferred by phone, or clearly directed, ideally with accompanying clinical communication.

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The same day access hub is resourced by multi-skilled staff from practices and the wider system, who will contribute staff by agreement, likely based on list size. The hub should offer face to face as well as virtual appointments – this could be in existing estate by rotating around practices, or in an existing dedicated space if available.

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The hub will use Standard Operating Procedures agreed with all practices and partners, and will have documented approach to Clinical Governance.



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# Action Plan for same-day non-complex care

Primary care is at different stages of adopting this way of working, and the detailed design of same-day access pathways must build from where neighbourhoods are starting from. Place Teams will support a Quality Improvement approach to delivery.



## The ICB and Place Teams will:

- ✓ Bring teams together for focused sessions to progress activities on the right – enabling them to **share learning**, do things once where **consistency** makes sense, and support each other to **overcome blockers**
- ✓ Provide **resources** based on national, global and local good practice on same day access
- ✓ Work to enable **patient records to be shared** across all of Primary Care and broader system and improve ability to **communicate and refer** between all primary care professionals (digitally).
- ✓ Make available the ICB Expert teams responsible for **key enabling areas** like workforce, digital, data and estates to provide updates, help unblock issues, escalate where needed and provide extra support, as required.
- ✓ Support the setting of **clear outcome metrics** and the tracking and collation of these to demonstrate impact
- ✓ Ensure **involvement of system partners** in co-designing pathways, and promote visibility of new ways of working across their Place
- ✓ Roll out **Population Health Management tools** to help segment our population into groups based on their needs and identify those most likely suitable for same-day non-complex care.



## Local Action Teams will be supported to:

### Existing pathways

- ✓ **Map current access pathways** that exist e.g. across GP, Pharmacy, Mental Health etc.
- ✓ Identify where the **biggest improvements** can be made and set measurable outcomes.
- ✓ **Agree and test a small number of changes** to the pathways on a small scale, discuss how all system partners could support these changes.
- ✓ Capture and **analyse impact** of the change, collecting data and tracking the impact against the outcome measure.
- ✓ If the changes demonstrate sustainable improvement, agree plans for **implementation of changes at a wider-scale**.

### New pathways

- ✓ For new pathways e.g. **same-day access hub, Minor Eye Conditions** etc, map future state, set outcome metrics and conduct small-scale test of change.
- ✓ Capture and analyse impact of the change, spread scale if improvement is demonstrated.

### Supporting discussions:

- ✓ Identify **enablers required** to support best use of pathways – Standard Operating Protocols, digital interoperability of patient records and appointment booking systems
- ✓ Estimate impact of **increased referrals to Community Pharmacy** and build into plans for Pharmacy First – look to increase referrals from A&E and UCC using EMIS.
- ✓ Review **demand and capacity modelling**, agreeing capacity required in same day access hub and workforce contributions from each practice.
- ✓ Identify enablers required to support at-scale working – rotational or dedicated use of existing estate, interoperability of systems (cloud telephony, EPRs, triage tools etc).