

North West London

2026/27 Enhanced Services: Access Specification

25 March 2026

Primary Care Webinar

NWL Primary Care Team

Access Specification: Overview

The **2026/27 Primary Care Access plans** build on the foundations established in 2025/26, with a focus on continuous improvement against the principles of Modern General Practice.

The specification retains the **same core themes** highlighted through patient engagement and feedback from PCNs:



Accessibility of care



Continuity of care



Use of digital tools



Patient engagement



Health equity

The emphasis is on **“evolution rather than revolution”**, while still looking to demonstrate tangible improvements for patients and deliver value for money

The specification has been developed through **4 Task & Finish Group discussions** with the LMC, wider system stakeholders and patient reps. LMC feedback has been incorporated, and the specification is currently progressing through governance.

26/27 Access Specification

In the spirit of evolution, we are looking to:

- **remove** the elements that were intended as one-off requests (e.g. Improvement Plan, and monthly audits of clinical time), or which may duplicate changes within the 2026/27 GP contract (e.g. the requirement to respond to Online Consultations by next working day)
- and **retain** a number of key metrics as they are

This then **creates some capacity** to

- deliver more continuity of care
- promote neighbourhood working, through supporting general practice to outreach into their local communities and build relationships with patients and partner organisations
- support the “left shift” through enabling patients presenting with primary care needs to be seen in a primary care setting

Access Specification: Changes for 2026/27

	25/26 Requirement	25/26 Funding	26/27 Changes
Return	Self-Declaration	/	Retained , and expanded
	Improvement Plan	40%	REMOVED
Accessibility	90% of calls answered within 10 mins	35%	Retained
	90% of e-submissions are responded to by end next working day.		REMOVED
	<ul style="list-style-type: none"> Record all direct clinical care encounters, incl. MDT case discussions. Return 0 unmapped appointments. 		<ul style="list-style-type: none"> Moved to pre-requisite section Updated to $\geq 95\%$ appointments mapped correctly
	Audit of use of clinical time		REMOVED
Continuity	Flag 2% of high-risk population for continuity	10%	Retained , and increased to 3%
	One-off audit of continuity (10% sample of the 2% identified)		Retained , but changed to 20% of the 3% identified
Digital + Engagement	Increase NHS App registrations by 10% (from baseline), or 75% met	15%	Retained , but changed to stretch target
	Patient engagement: <ul style="list-style-type: none"> Annual survey (>4% return) A well-attended event; attendance matches local demographics. Engagement report 		Retained , but with revised requirements

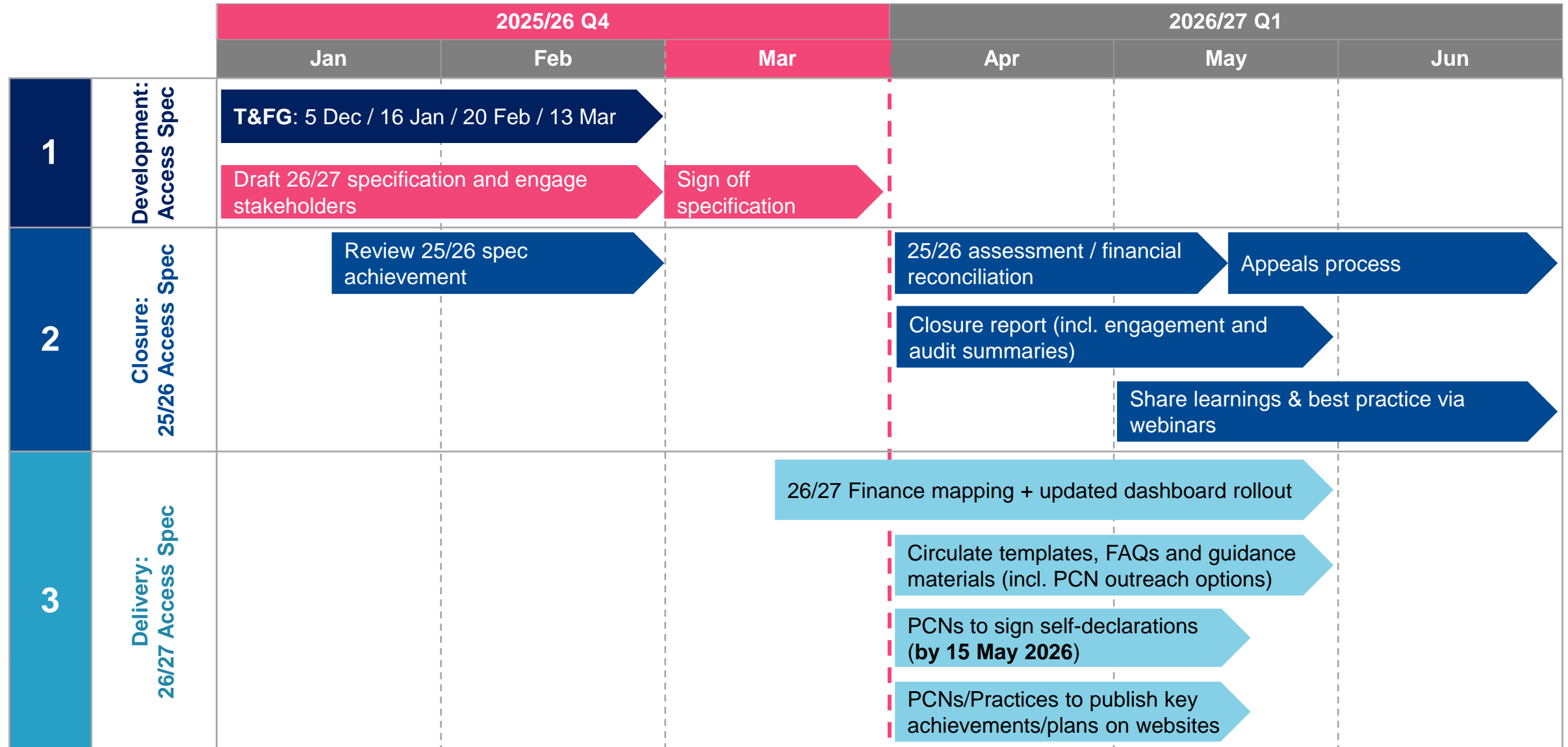
2026/27 Access Specification: Requirements on a page

*Funding: £2.50 pp. In line with Enhanced Services, 80% to be paid upfront and 20% subject to year-end reconciliation
(The weighted list size is used for payment calculations, while the registered list size is used for service delivery)

		Requirement	Funding
Pre-requisite	Self-Declare	<p>Every PCN will sign self-declaration to confirm that the pre-requisites are in place, and that their constituent practices will:</p> <ul style="list-style-type: none"> • Publish Practice bypass numbers and email addresses on NHS Service Finder • Ensure online consultation solution which supports translation is enabled where available • Actively promote use of Pharmacy First • ≥95% of Practice appointments mapped correctly; and record all direct clinical care encounters (incl. MDT case discussions) • Refresh their bullet points on PCN and Practice websites relating to Access 	2%
	Accessibility	<p>Telephony</p> <ul style="list-style-type: none"> • 90% of calls answered within 10 mins <p>Slot provision</p> <ul style="list-style-type: none"> • Practices to move from providing 1/3000 registered slots for 111 use to providing 1/2000 registered slots; the extra slots to be used for 111 and UTC redirection • All appointment slots to be distributed throughout the day, without any embargoes in place, in line with guidance • PCNs to monitor Practice compliance, provide assurance to the ICB and look at innovation to improve slot utilisation • PCNs have the flexibility to determine slot delivery model (e.g. through direct practice booking or at scale using existing hubs, using a separate rota with virtual appointments (a “worklist”) or as appointments in a named GP’s rota) 	40%
KPI	Continuity	<ul style="list-style-type: none"> • Flag rolling 3% of registered patient list for continuity: <ul style="list-style-type: none"> ○ Continue to provide continuity of care for the 2% high-risk patients identified in 25/26 ○ Use the 25/26 methodology to identify a rolling 3% cohort, until full rollout of the WSIC Risk Stratification tool. ○ Once available, use the WSIC Risk Stratification tool to identify additional high-risk/rising-risk population 	18%
	Continuity audit	<ul style="list-style-type: none"> • One-off audit of a 20% sample of the identified 3% registered population • Submit a PCN summary report at year-end (26/27), incl. actions taken in response to 25/26 learning to ensure continuity 	
	Digital	<p>NHS App registration</p> <ul style="list-style-type: none"> • Practices with ≥ 75% NHS App registration must maintain their level • All other practices to increase uptake until 75% is reached, using a sliding scale approach at PCN level: i.e. Practices furthest from 75% must improve by up to 10%, while those closer to the target have proportionately smaller increases <p>Ambassador</p> <ul style="list-style-type: none"> • Each PCN and each of its constituent Practices, has at least 1 identified NHS App Ambassador registered with NHSE 	10%
	Engagement	<p>Survey</p> <ul style="list-style-type: none"> • A patient experience survey, using the set questions and demographic questions provided, supplemented with extra Practice questions, with >4% return for the registered population (aged 14+) <p>Community outreach</p> <ul style="list-style-type: none"> • Each PCN will participate in 4 outreach sessions during the year to build relationships with their target disengaged population/s, and submit PCN-level engagement report template. PCNs can arrange sessions, or support existing community outreach sessions, but must work with other community organisations 	30%



Access Programme: High-level Timeline

Details of the 2026/27 returns timeline are included within the specification



Toolkit: What to expect from us

Use of dashboards, SharePoint, MS Forms to support interactive reporting, streamline processes, and reduce workload

Materials	<i>To be provided in Q1</i>	<i>Q1</i>	<i>Q1</i>	<i>Q1</i>	<i>Q1</i>
	Socialisation pack	Dashboard	FAQ	26/27 Finance mapping	List sizes
Pre-requisite	 PCN Self-Declaration Form Self-declaration Form (PCN)	<i>TBC</i>	<i>Q1</i>	<i>Q1</i>	
		Pharmacy First referrals data (PCN, Mar-26)	Support Guide for coding	Support Guide for Worklists	
Continuity	 Continuity Audit Template Continuity Audit template (Practice)	<i>Q1</i>	<i>Q1</i>	<i>TBC</i>	
		Audit Summary Report template (PCN)	Patient Letter template (Practice)	WSIC Practice Guide	
Digital	<i>Q1</i>	<i>Q1</i>			
	NHS App registrations baseline data (Mar-26)	NHS App Ambassadors Report template (PCN)			
Engagement	<i>Q1</i>	<i>Q1</i>	<i>Q1</i>		
	Survey Results template (PCN)	Engagement Report template (PCN)	Engagement events info		

Q&A

(10 minutes)

Thank you so much



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26/27 Return Timeline

	PCNs will need to demonstrate:	Timeline	List size
Pre-requisites	• compliance via a signed self-declaration confirming that all pre-requisites are in place.	Return by 15/05/2026	
	• they have published their bypass number and email address for healthcare professional use on the NHS Service Finder website	By 15/05/2026	
	• have turned on their online consultation translation support	By 15/05/2026	
	• maintenance or improvement of Pharmacy First activity	Throughout 2026/27	
	• all clinical contacts have been recorded in the ledger, with any clinical contacts not leading to appointments being coded in line with established SNOMED principles	Throughout 2026/27	Registered list size
	• have refreshed the bullet points on their website relating to Access 2025/26 to show what they have achieved, and added new bullet points for 2026/27 that build on previous ones	By 15/05/2026	
Accessibl.	• on average, 90% of calls are answered within 10 minutes and that the Practices are working towards a 2-5 minute timeframe in line with NHSE reporting	Quarterly submissions: 10/07/2026, 09/10/2026, 15/01/2027, 09/04/2027	
	• that they are providing/monitoring ongoing provision of 111/UTC slots at the required rate, in line with guidance on timings/visibility, and supporting UTCs to utilise the slots effectively	Monthly monitoring	Registered list size
Continuity	• a rolling total of 3% of registered patients at high risk/rising risk are flagged, identified and provided with continuity of care	Identification throughout 2026/27	Registered list size (rolling)
	• a continuity audit of a 20% sample of the identified 3% registered population has been conducted, with learnings from 2025/26 applied to improve management, and learnings from 2026/7 consolidated and shared across the PCN	• One-off audit at any point between 11/2026 - 01/2027 • PCN summary report due 19/03/2027	Registered list size
Digital	• an improvement against the provided baseline in registrations on the NHS App that is in line with the sliding scale provided, or maintenance of 75%	Quarterly monitoring	
	• NHSE champions have been identified and confirmed as such and a report submitted	• Email confirmation by 30/06/2026 • Report due by 19/03/2027	
Engagem.	• a patient survey has been carried out, with a return of >4% of the local 14 years+ pop.	Survey results due by 19/03/2027	Registered list size (aged 14+)
	• Engagement champions have been identified and have led a minimum of 4 PCN-level outreach sessions throughout the year	Engagement report due by 19/03/2027	