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GP Forward View: Extended Access Assurance visit - Wolverhampton CCG

Published by NHS England and NECS Consultancy



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GP Forward View Implementation:

Extended Access Assurance visit - Wolverhampton CCG

Version number: 1.0

First published: 14/01/2019

Updated: 30/01/2019

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Classification: OFFICIAL

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2. Background

In October 2013, the Prime Minister announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services, of which NHS England were asked to lead the process of inviting practices to submit innovative bids and oversee the programme. The first wave of twenty pilots was announced in April 2014. Following this first wave of funding, further funding of £100 million for 2015/16 was then announced by the former Prime Minister on 30 September 2014 as part of a second wave.

Bringing both these waves together, the two cohorts give 57 pilots covering over 18 million of the population (a third of the country) in over 2,500 practices that will benefit from improved access and transformational change at local level.

In 2018/19 Wolverhampton CCG received £967,635 funding through the GP Access Fund. When the National target of 31st March 2019 was brought forward to 1st October 2018 the West Midlands DCO identified additional funding to support the delivery of the earlier deadline and provided £322,545 to the CCG as non-recurrent top-up funding.

Wolverhampton had begun incrementally working to this target from the previous financial year. Bank holidays had previously been locally commissioned at hub level as preparatory work for this programme of work. Saturday access hubs were established from September 2017, with governance in place. From 1st April 2018, hubs increased their availability to 20 minutes per 1000 patients, developing evening appointments and Sundays. This rose further to 25 minutes per 1000 from the July, with the access requirement of 100% in place from September 2019.

The funding was provided to meet the seven core requirements for the delivery of extended access as part of the GP Forward View. These are:

1. Timing of appointments:

- Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week;
- Appointments can be provided on a hub basis with practices working at scale.

2. Capacity:

- Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population

3. Measurement:

- Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours

4. Advertising and ease of access:

- Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service;
- All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
- Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

5. Digital:

- Use of digital approaches to support new models of care in general practice.

6. Inequalities:

- Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

7. Effective access to wider whole system services:

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

Based on the above, this report provides an evaluation of how this funding was used in line with these seven core requirements to support improved access across the CCG area.

3. Introduction

To deliver an extended hours service as part of the GPFV Extended Access Scheme, the CCG has worked with their GP Provider Groups to develop a service to meet the 7 core requirements. The contract has been awarded by direct award after consultation with their GP Practices using the NHS Standard Contract through to March 2020. There are four contract holders who sub-contract using a Service Level Agreement with the remaining practices. Wolverhampton CCG has a population of over 289,000 patients across the four areas.

The scheme is delivered by all Wolverhampton Practices who are subcontracted to one of the four groups below;

Primary Care Home 1 – Wolverhampton Total Health, 8 Practices

Primary Care Home 2 – Wolverhampton Care Collaborative, 8 Practices

Medical Chambers – Unity, 16 Practices

Vertical Integration – Royal Wolverhampton Trust, 8 Practices

Extended access is provided through four hubs, the principle that the service runs on is that all patients registered with Wolverhampton GP Practice are eligible to use the service.

The clinical model that the service operates as below;

- GPs, Advanced Nurse Practitioners, Clinical Pharmacists, and HCA's
- Regular team of clinicians in each Hub
- Protocol driven patient booking with right professional (feedback and review)
- Full access to usual GP patient records
- 15 minute appointments
- Consultations sent via EMIS workflow by 8am next working day to usual GP
- Local protocols and formulary followed

4. The NHS England Assurance Process

On the 30th September 2016 the North of England Commissioning Support Unit (NECS) received a specification requesting significant support for the establishment of the Project Management Office (PMO) and delivery support for the implementation of the General Practice Five Year Forward View (GPFV) across the Midlands and East region. The focus of the work is to support the Regional Executive to deliver various elements of the GPFV alongside other Primary Care initiatives. Team members were deployed to the four Directors of Commissioning Operations (DCOs) localities to support the deliverables in these areas, reporting back regularly to the Regional PMO.

As part of this service the NECS West Midlands DCO support covers a number of elements of GPFV extended access. Two of these areas include the reporting of progress and sharing of best practice. To achieve this, the NECS team has established an access assurance process for those CCG's that meet the 7 core elements of delivering extended access.

A scope discussion to agree the process was held between the CCG and West Midlands NECS team in August 2018. The assurance review meeting was then completed 29th November 2018. As part of this assurance the CCG provided documentation evidence to support the achievement of the 7 core requirements, and presentations were given from hubs from across the CCG area.

The next section of this report will focus on the seven core requirements, and will discuss how these requirements were met.

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5. Funding

The CCG financial plan complies with the funding requirements of Extended Access of £6 per head of population, £3.34 for 2018/19. With the DCO top-up allocation the CCG has fully allocated funding to the practices at £4.36 per head for 2018/19. The CCG closely monitors financial activity and realigns funding if a practice moves to a different group. Figure 1 outlines the breakdown and allocation of funding.

FIG 1

M Code	Row Labels	NORMALISED WEIGHTED LIST SIZE Jan 18	Access	50% Access	per Head	Comments
M92016	M92016 - TUDOR MEDICAL CENTRE	17,288	75,421	37,710.35	4.36	
M92629	M92629 - DRS KHARWADKAR & MAJI	3,101	13,528	6,764	4.36	
M92019	M92019 - KEATS GROVE SURGERY	6,460	28,181	14,091	4.36	
M92030	M92030 - CHURCH STREET SURGERY	5,480	23,905	11,953	4.36	
M92630	M92630 - EAST PARK MEDICAL PRACTICE	5,575	24,323	12,161	4.36	
M92029	M92029 - NEWBRIDGE SURGERY	5,207	22,715	11,357	4.36	
M92607	M92607 - WHITMORE REANS MEDICAL PRACTICE	14,151	61,734	30,867	4.36	
M92649	M92649 - DR MUDIGONDA	4,196	18,305	9,152	4.36	
M92012	M92012 - DUNCAN STREET PRIMARY CARE PARTNERSHIP	10,120	44,151	22,075	4.36	
Primary Care Home 1 – Wolverhampton Total Health		71,577	312,263	156,131		
M92612	M92612 - GROVE MEDICAL CENTRE	14,102	61,523	30,762	4.36	
Y02736	Y02736 - SHOWELL PARK HEALTH & WALK IN CENTRE	4,258	18,578	9,289	4.36	
M92647	M92647 - BRADLEY MEDICAL CENTRE	3,510	15,313	7,656	4.36	
M92609	M92609 - ASHFIELD ROAD SURGERY	5,034	21,959	10,980	4.36	
M92039	M92039 - DR ST PIERRE-LIBBERTON	6,770	29,536	14,768	4.36	
M92009	M92009 - PRESTBURY MEDICAL PRACTICE	15,871	69,239	34,620	4.36	
M92013	M92013 - WODEN ROAD SURGERY	7,271	31,719	15,860	4.36	
M92003	M92003 - DR SURYANI	1,915	8,352	4,176	4.36	
M92654	M92654 - BRADLEY CLINIC PRACTICE	8,150	35,555	17,777	4.36	10m in PCH2
Primary Care Home 2 – Wolverhampton Care Collaborative		58,731	256,219	128,110		
M92040	M92040 - MAYFIELD MEDICAL CENTRE	8,459	36,903	18,451	4.36	
M92001	M92001 - POPLARS MEDICAL CENTRE	3,553	15,502	7,751	4.36	
M92026	M92026 - DR BILAS - Ashmore Road	4,015	17,515	8,757	4.36	
M92043	M92043 - PENN SURGERY	5,701	24,873	12,437	4.36	
Y02636	Y02636 - PENNFIELDS MC INTRA HEALTH LIMITED	4,589	20,022	10,011	4.36	
Y02757	Y02757 - BILSTON URBAN VILLAGE MEDICAL CENTRE	6,607	28,823	14,411	4.36	
M92015	M92015 - IH MEDICAL (DR PAHWA)	2,542	11,088	5,544	4.36	
M92627	M92627 - DR SHARMA	3,595	15,684	7,842	4.36	
M92041	M92041 - PROBERT ROAD SURGERY	4,263	18,596	9,298	4.36	
M92014	M92014 - FOWLER	2,102	9,170	4,585	4.36	
M92022	M92022 - DR RAJCHOLAN & DR GEORGE	4,228	18,446	9,223	4.36	
M92004	M92004 - PRIMROSE LANE PRACTICE	3,420	14,918	7,459	4.36	
M92640	M92640 - THE SURGERY (Dr Whitehouse)	2,426	10,585	5,293	4.36	
M92024	M92024 - PARKFIELD MEDICAL CENTRE	14,192	61,916	30,958	4.36	
M92008	M92008 - CASTLECROFT MEDICAL PRACTICE	13,136	57,309	28,655	4.36	
M92010	M92010 - LOWER GREEN HC- TETTENHALL	13,015	56,780	28,390	4.36	
Medical Chambers – Unity		95,844	418,130	209,065		
M92006	M92006 - COALWAY ROAD MEDICAL PRACTICE	5,247	22,890	11,445	4.36	3m not aligned to any group
		5,247	22,890	11,445		
Y02735	Y02735 - ETTINGSHALL MEDICAL CENTRE	4,603	20,081	10,041	4.36	
M92028	M92028 - THORNLEY STREET MEDICAL CENTRE	9,550	41,662	20,831	4.36	
M92007	M92007 - LEA ROAD MEDICAL PRACTICE	7,033	30,683	15,341	4.36	
M92011	M92011 - PENN MANOR MEDICAL PRACTICE	11,767	51,333	25,667	4.36	
M92002	M92002 - THE GROUP PRACTICE ALFRED SQUIRE ROAD	9,740	42,492	21,246	4.36	
M92006	M92006 - COALWAY ROAD MEDICAL PRACTICE	5,247	22,890	11,445	4.36	9m payment made to VI
M92654	M92654 - BRADLEY CLINIC PRACTICE	8,150	35,555	17,777	4.36	2m VI
M92042	M92042 - TETTENHALL ROAD MEDICAL PRACTICE- TAYLOR	3,614	15,767	7,883	4.36	
M92044	M92044 - DRS DE ROSA & WILLIAMS	4,593	20,035	10,018	4.36	
Vertical Integration – Royal Wolverhampton Trust		64,296	280,498	140,249		
	Total	295,695	1,290,000	645,000		

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6. Seven Core Requirements of Extended Access

6.1 Timing (and the booking process)

The data reviewed, and information given during presentations from providers, confirm that the CCG has commissioned the appropriate timings required. Patients can book and cancel appointments via their own practice with plans to extend this to other methods. Figure 2 shows the relevant details for the service.

FIG 2

Group	Requirements	Day							
	Weighted List size	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Unity	95,844								
Apts Available	192 per week								
Times	48 hours	6:30 pm-8 pm	6:30 pm-8 pm	6:30 pm-8 pm	6:30 pm-8 pm	6:30 pm-8 pm	8am- 2pm	6.5 h	31.5
Location		Pennfields Health Centre							
model		1x gp	1x gp	1x gp	1x gp	1x gp	1x gp, 3 x additional clinical staff (18h)		
PCH1	71,577								
Apts Available	143 per week								
Times	35	6.30pm to 8.00pm	6.30pm to 8.00pm				8.00am to 2.00pm		
Location		East Park	Whitmore Reans				Newbridge Surgery or Church Street Surgery on alternate weeks		
model		Dr Majid 1.5 hours + HCA 1.5h	2x Dr 1.5 hours (3h)	1.5	1.5	1.5	2 Doctors and 1 Nurse for 6 hours each = 18 hours	8h	24
PCH2	66,881								
Apts Available	134								
Times	29	6:30pm to 8pm			6:30pm to 8pm		8.00am to 12.15pm		
Location		Health and Beyond (All Saints Surgery)			Health and Beyond (The Grove)		Cannock Road Surgery	Ashfield Road	
model		1 gp x 1.5 hours	1.5	1.5	2 gp x 1.5 hours	1.5	16.5 hours using 4 clinicians offering 4.25 hours each	5 H	19.5
VI	56,146								
Apts Available	112								
Times	18.7 hours	1.5	1.5	1.5	1.5	1.5	12	10	29.5
Location		Lea Road	Penn Manor	Ettingshall	Alfred Squire	Coalway road	West Park	West Park	
model		1 gp x 1.5 hours	1 gp x 1.5 hours	1 gp x 1.5 hours	1 gp x 1.5 hours	1 gp x 1.5 hours	2 gp x 6 hours= 12	2 gp x 5 hours= 10	

6.2 Capacity

Based on the “Capacity” core requirement of GP Access, the CCG must offer an additional 30 mins of consultation capacity per 1000 population and steadily work towards offering 45 mins per 1000 population.

In order to manage the workload effectively practices are encouraged to work at scale within their practice group to share their resources. Figure 3 give an example from Primary Care Home 1 – Total Health on the capacity provision for 2018/19;

FIG 3

Q1	Q2	Q3	Q4
20 mins/1000 patients	20 mins/1000 patients	30 mins/1000 patients	30 mins/1000 patients
23.5 hours	23.5 hours	35.25 hours	35.25 hours

The CCG were able to demonstrate clearly that they have achieved the core criteria of 30 mins additional consultation capacity per 1000 population per week needed in line with this core requirement. An example of a rotating hub rota is as per Fig 4.

FIG 4

WOLVERHAMPTON TOTAL HEALTH - EXTENDED HOURS PROVISION								
Day	Date	Practice	Opening Hours	Doctor Hours	ANP	Nurse Hours	HCA	Total Number of Hours
MONDAY	1.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	2.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	3.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
THURSDAY	4.10.18	East Park	6.30pm-8pm	1.5			1.5	3
FRIDAY	5.10.18	Fordhouses	6.30pm-8pm	1.5				1.5
SATURDAY	6.10.18	Church St	8am-2pm	12		5		17
SATURDAY	6.10.18	Fordhouses	flu clinic 10am-3pm	5				5
SUNDAY	7.10.18	WR	9.00am-1.30pm	4.5				4.5
MONDAY	8.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	9.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	10.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
THURSDAY	11.10.18	East Park	6.30pm-8pm	0		0		0
FRIDAY	12.10.18	WR	6.30pm-8pm	1.5		1.5		3
SATURDAY	13.10.18	Newbridge	8am-2pm	12		6	6	24
SUNDAY	14.10.18	WR	9.00am-1.30pm	4.5				4.5
MONDAY	15.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	16.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	17.10.18	Duncan St	6.30pm-8pm	1.5	1.5			3
THURSDAY	18.10.18	East Park	6.30pm-8pm	1.5			1.5	3
FRIDAY	19.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
SATURDAY	20.10.18	Church St	8am-2pm	12		5		17
SUNDAY	21.10.18	East Park	9am-1.30pm	4.5			4.5	9
MONDAY	22.10.18	East Park	6.30pm-8pm	1.5			1.5	3
TUESDAY	23.10.18	WR	6.30pm-8pm	1.5		1.5		3
WEDS	24.10.18	Duncan St	6.30pm-8pm	1.5		1.5		3
THURSDAY	25.10.18	East Park	6.30pm-8pm	1.5			1.5	3
FRIDAY	26.10.18	Newbridge	6.30pm-8pm	1.5				1.5
SATURDAY	27.10.18	Newbridge	8am-2pm	12		0	0	12
SUNDAY	28.10.18	East Park	9am-1.30pm	4.5			0	4.5

6.3 Measurement

The National tool was not available during the time of assurance visit. Therefore, this section was deemed to be out of scope. However, it must be noted that CCG, and its provider have adopted an internal approach until the National tool is available which provides data as in figures 5 to 7 below;

Hub Monitoring

FIG 5

Appendix B

Improving Access Hub Monitoring

Date of session: 21 Sept 2018

			Patient Registered Practice											
		total	SPHC	Group active Practice	Group active Practice	Group active Practice	Group active Practice	Group active Practice	Group active Practice	Group active Practice	Group active Practice	Group active Practice	Group active Practice	Group active Practice
Availability	Appts available through 111	0	0											
	Appts pre-booked through practice	8	8											
	Appts Available to walk ins	0	0											
	Total number of appts available	8	8											
Take – up of appts	Appointments booked by 111 directly	0	0											
	Appointments booked by practice directly	8	8											
	Appointments utilized by walk-ins	0	0											
	Appointments utilized by other GPs	0	0											
	Total Appts where a patient was seen	7	7											
Clinic Type	% take up of practice appts	100%	100%											
	GP F-2-F	8	8											
	Nurse F-2-F	0	0											
	Clinical Pharmacist	0	0											
	GP telephone	0	0											
Did Not Attend (DNA)	Other	0	0											
	GP F-2-F	1	1											
	Nurse F-2-F	0	0											
	Clinical Pharmacist	0	0											
	GP telephone	0	0											
TOTAL		0	0											

FIG 6

Cannock Road Medical Practice			Patient registered practice									
		TOTAL	Ashfield	Bradley	CR	HCB	Showell	Presbury	Woden	Hill Street	Unknown	
Date of session 29.9.18												
Availability	Appointments available through 111											
	Appointments pre-bookable through practice											
	Appointments available to walk ins											
	Total number of appointments available	52										
Take up of appointments	appointments booked by 111 directly.											
	appointments booked by practice directly.	50										
	Appointments utilised by walk ins											
	Appointmets utilised from other areas (please state in Total appointments where a patient was seen.	49										
	percentage take up of practice appointments	96%										
Clinic Type	GP f-2-f	17	1		9			6			1	
	Nurse f-2-f	15			14			1				
	HCA	17			16							
	GP (telephone)											
	DM Specialist	0										
Did Not Attend (DNA)	GP f-2-f											
	Nurse f-2-f	1			1							
	HCA											
	GP (telephone)											
	DM Specialist											
	TOTAL	50										

FIG 7

SUNDAY APPS		GP APPOINTMENTS					
		GP Face to Face					
DATE	SURGERY	Total number of GP appointments available	How many are set up as pre-bookable	How many are set up to release on the day	Booked	Utilisation	DNA
2.9.18	East Park	18	10	8	16	88.89%	0
9.9.18	WR	18	15	3	8	44.44%	2
16.9.18	East Park	18	11	7	14	77.78%	0
23.9.18	WR	18	15	3	14	77.78%	3
30.9.18	East Park	18	11	7	16	88.89%	6
7.10.18	WR	18	12	3	17	94.44%	3
14.10.18	WR	18	12	3	16	88.89%	0
21.10.18	East Park	18	11	10	15	83.33%	1
28.10.18	East Park	18	11	10	17	94.44%	0

6.4 Advertising and Ease


The CCG has a communications plan produced with the aim of increasing awareness of extended access into primary care and to encourage uptake of extended hours appointments in general practice. The key messages were identified and the use of various methods as per below have been implemented;

- Posters
- Leaflets
- Bus Campaign
- Social Media- Facebook, linked in and Twitter feed
- Online ad messenger campaign
- Radio
- Newspapers

Practice receptionists are trained and able to direct patients to the service.

Promotional material is displayed in GP Practices, community venues, e.g. libraries, supermarkets, local football club, and recruitment fairs.

Figures 8 and 9 show promotional materials used by the CCG to advertise the service.



IMPORTANT PATIENT INFORMATION
Did you know your practice is part of the **Unity** group?

This means you can access [appointments at the weekends, week day evenings and Bank holidays.](#)

The Unity hub is based at:

Pennfields Health Centre
Upper Zoar Street
Pennfields
Wolverhampton
WV3 0JH

For on the day bookings [when your surgery is closed.](#)
Telephone 01902 446688

To pre book appointments at the Unity hub please speak to
your own practice

You may be offered an appointment with a practice nurse, clinical pharmacist, advanced nurse practitioner or a doctor.

The receptionist will book you in with the most appropriate clinician to deal with your problem.

Please Note: Service provided for and on behalf of following practices:
Bilston Urban Village Medical Centre, Dr Sharma (The Bilston Family Practice), Dr Bilas, The Surgery (Dr Whitehouse), Probert Road Surgery, Penn Surgery, Dr Fowler, Primrose Lane Surgery, Poplars Medical Practice, IH Medical, Dr Rajcholan & Dr George, Mayfield Medical Centre, Pennfields Medical Centre, Parkfield Medical Centre, Tettenhall Medical Practice, Castlecroft Medical Practice



Wolverhampton Care Collaborative

Do you need an appointment? If so, you can access evening or weekend appointments at the following surgeries:

<p>Monday 6.30 pm to 8.00 pm at <u>Caerleon Surgery</u>, Dover Street, Bilston, WV14 6AL. Telephone: 01902 493426</p>
<p>Tuesday 6.30 pm to 8.00 pm at: MGS, Low Hill Medical Centre, 191 First Avenue, Wolverhampton, WV10 9SX. Telephone no: 01902 728861</p>
<p>Wednesday 6.30 pm to 8.00 pm at: <u>Showell Park Health Centre</u>, Fifth Avenue, Low Hill, Wolverhampton, WV10 9ST. Telephone no: 01902 446711</p>
<p>Thursday 6.30 pm to 8.00 pm at: Grove Medical Centre, 175 <u>Steelhouse Lane</u>, Wolverhampton, WV2 2AU. Telephone no: 01902 455771</p>
<p>Friday 6.30 pm to 8.00 pm at: <u>Showell Park Health Centre</u>, Fifth Avenue, Low Hill, Wolverhampton, WV10 9ST. Telephone no: 01902 446711</p>
<p>Saturday 08.00 am to 12.00 noon at: Cannock Road Medical Practice, 60-62 Cannock Road, Wolverhampton, WV10 8PJ. Telephone no: 01902 739973.</p>
<p>Sunday 08.00 am to 12.15 pm at: <u>Caerleon Surgery</u>, Dover Street, Bilston, WV14 6AL. Telephone: 01902 493426</p>

This service is available to patients registered at the surgeries listed below

Grove Medical Centre All Saints and <u>Rosevillas</u> <u>Caerleon Medical Practice</u>	Medical Group Services (Low Hill Medical Centre)
Bradley Medical Centre	Cannock Road Medical Practice
Grove Medical Centre	Hill Street Surgery
<u>Prestbury Medical Practice</u>	Showell Park Health Centre
<u>Woden Road Surgery</u>	Ashfield Road Surgery
To make an appointment call the numbers above or NHS 111. This is not a walk-in service, you MUST book an appointment	

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During the GPFV Team pre-audit on a total of 29 (out of 42) practices had advertised the service clearly on their own website which equates to 69%. The CCG is partially compliant with the core requirements due to having other advertising methods in place. It is a requirement for all practice websites to be compliant with advertising extended access.

The CCG have been working with practices to ensure this information is available on websites, however as the CCG has no direct influence over practice websites this has had limited success. When enforcing this requirement practices have found it difficult to comply due to internal issues.

In order to support this, the CCG has invested in online promotion of the service. Both the ad messenger campaign and the social media posts direct patients to a designated page on the CCG website; the page is averaging 5,000 hits per month. The ad messenger campaign, which is a 140 character ticker tape which appears when browsing, has resulted in over 400,000 impressions

6.5 Digital

The service has electronic read/write access to patients' notes so the GP or nurse can understand the patient's medical background, which helps with assessment and treatment. Data sharing agreements and relevant governance arrangements are in place between practices, to enable this to happen.

The notes are updated by the GP / healthcare professional so the patient's own GP is able to access details of the appointment. As Emis Remote provides read/write access this provides increased assurance that the patient's record is kept up to date and live. It is also possible to send a 'task' to the patient's own practice with the consultation details and any follow-up required.

The CCG has rolled out Wi-Fi across the 42 GP Practices and branch surgeries by April 2018. As the extended access hubs are in GP practices Wi-Fi is available to this cohort of patients too.

Two-way text messaging is in place to remind patients of appointments and gives the ability to cancel thereby improving the DNA rate.

The CCG Provider are trialling other digital strategies such as video consultation, and online triage, both of which are currently being piloted in selected practices across the City. There is currently a procurement in progress to enable these schemes to be rolled out further which is due to conclude January 2019.

The CCG is also to be a test site for the national app, however other Patient apps which to link to Patient Online are also in progress of being considered. Another area being explored is Online Triage where the patient logs into the GP system and is asked a series of questions which lead to a disposition and creates a consultation form into Emis which goes into the GP Workflow list for any required follow-up action.

It is clear that the CCG and the provider have digital strategies and are progressing towards compliance with the core criteria.

6.6 Inequalities

This core requirement addresses the potential inequalities in patients' experience of accessing general practice and should be identified via the use of local evidence.

The CCG has undertaken a full EIA that covers its Extended Access service and the providers are required to submit a monitoring report which will include equality monitoring data of all the patients who are accessing the service. This data will be monitored on a regular basis to assure the commissioner that the service is being accessed by all protected groups. Any issues highlighted by this process will be escalated and development plans will be put in place. This criteria is compliant.

6.7 Effective access to wider whole system services

There is technical ability for NHS 111 to book into three of the hubs, one has completed the necessary documentation and a pilot is due to commence at one of the hubs, and the other two are in the process of completing the necessary documents. The remaining hub has technical difficulties due to the way the hub is set up and at present there is not a workaround available to resolves this. It is evident that the CCG is working towards compliance for this criteria and will become compliant when direct booking by NHS111 is in place.

There is a long term plan to integrate urgent care services, walk-in centres and extended access to provide a seamless service to patients from 2020.

6.8 Leadership and Governance

As part of setting up the service, and the on-going monitoring of service, the CCG has met the Governance requirements of delivering a robust service. The CCG has a named senior lead and strong clinical leads with a clear structure of how the service is monitored.

The operational aspects of extended access are managed through regular contract meetings with the providers and overseen by the Primary Care Milestone Review Board. The CCG Primary Care Strategy Committee maintains an oversight of the service.

7. Summary of Performance

Wolverhampton CCG utilised transformation funding to support early adoption of extended access. This preparatory work ensured that relevant governance and protocols were in place for the contract year 2018/19, resulting in practice groups being ready to deliver, and were able to increase capacity at a pace. The CCG have used their extended access fund to engage with their GP Providers and direct award contracts that align with the infrastructures that are already in place within the CCG. They have gained clinical engagement with local GPs and practice staff who in turn have engaged with the process and participate in the supporting the Extended Access Programme. The discussions for the assurance were clear and informative and provided assurance that the CCG have actively implemented and progressed the Extended Access Service and also sought to overcome any obstacles.

The Extended Access service was evaluated in this assurance visit against the 7 core criteria of extended access. As discussed at the start of this report, the “Measurement” criterion was deemed ‘out of scope’ as the National tool was not available at the time of the visit. Although the tool the CCG / Providers have created can provide the information required at present.

The CCG met 3 of the remaining 6 criteria; Timing and the booking Process, Capacity, and Inequalities. The other 3 criteria; Advertising, Digital, and Access to wider services are partially compliant.

The evidence, presentations, plans and discussions held satisfied the GPFV team that the CCG were committed to delivering the service as per the core criteria or have plans in place to do so. It is expected the CCG will achieve full compliance.

The next section of this report will discuss the key recommendations for the CCG.

8. Recommendations

8.1 Website Advertising

The CCG must ensure that all Practice websites are compliant and show how patients can access Extended Access Services. Screenshots of practice websites are to be forwarded to the GPFV team to provide evidence of compliance. This criteria has to be met by 31st March 2019.

8.2 Access to Wider Services

It is acknowledged that the CCG has a plan to trial direct booking for NHS111 for its Extended Access Service. It is recommended that the GPFV team is notified when this is fully live to record in the assurance evidence log to achieve compliance with this criteria. It is also recommended that the CCG also notify the GPFV team of any wider service development plans which could also support the CCG to become fully compliant. Whilst the deadline in the NHS Long Term Plan for this is March 2020, there is an aspiration from the National Team to achieve as soon as possible.

8.3 Digital Strategy

It is acknowledged that the CCG has digital transformation plans in development and it is recommended that this continues to keep Extended Access and supporting technology as part of the agenda.

It is recommended that the GPFV team is notified when developments, such as those listed earlier in the report, are progressed to record this in the assurance evidence log to support the CCG becoming compliant with this criteria.

8.4 Future Commissioning

Future commissioning activities should look at:

- Increasing capacity to 45 minutes per 1000 population:

Currently, the service is achieving the required 30 mins of additional consultation capacity per 1000 population per week. It is acknowledged that CCG is reviewing capacity work towards the target of 45 mins per 1000 population, and plans to have a 45 min service in place from 1st April 2019. There is currently no national timeframe for achieving this but it is an aspiration within GPFV.

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9. Improving the assurance process

Prior to this visit it had already been identified that the assurance visit could be undertaken on one day rather than the two which were originally planned at the start of the process which reduced the time commitment for the CCG.

Following the visit the CCG will be asked to give some feedback to review the overall process in order that lesson can be learnt for future assurance visits. The key areas that should be replicated in future visits should include:

- Discussions with CCG and NHS England staff
- Meetings with local providers, hubs, and practice managers

Going forward the NECS GPFV team will review this assurance process to include lessons learnt in future visits.

The CCG suggested having patient representative at the visit, to support this assurance process.

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10. Acknowledgements

As recognised throughout this report the CCG has been very transparent and supportive during the assurance process. Additionally to this the Providers spoken to as part of the visit has also been open regarding the service and engaged in the process. The input from all concerned should be commended, and used as the benchmark for future assurance visits across the region.

In particular a special thank you should go to the following people;

Sarah Southall

Jo Reynolds

Lucy Sherlock

Liz Green

Dr Kamran Ahmed

Jackie Smith

Laura Harper

Charlotte Hill