

WOLVERHAMPTON CCG Primary Care Joint Commissioning Committee 2nd May 2017

TITLE OF REPORT:	IMPROVING ACCESS IN PRIMARY CARE 2016/17
AUTHOR(s) OF REPORT:	Matthew Boyce – Primary Care Development Manager.
MANAGEMENT LEAD:	Sarah Southall – Head of Primary Care
PURPOSE OF REPORT:	Overview of WCCG extended access scheme in 2016/17. (December 2016 to March 2017)
ACTION REQUIRED:	□ Decision
	⊠ Assurance
PUBLIC OR PRIVATE:	This document is not private.
KEY POINTS:	 There were three schemes that practice groups participated in as follows - A&E Delivery Board (CCG) Christmas and New Year funded opening scheme, NHSE Winter Pressures – 23rd December to 3rd March 2017. CCG Extended winter pressures scheme, offering additional appointments from the 4th- 31st March 2017). The performance of all schemes has been varied in respect of patient attendance - Varied performance for Christmas and New Year CCG Scheme, 91% utilisation on best date of 5 available. 94% total attendance rate of patients overall during Winter Pressures NHSE Scheme. Extended Winter Pressures - CCG Scheme (64% attendance rate of patients attending extra slots on Saturdays, and 75% weekdays).
RECOMMENDATION:	 Receive & discuss the report and note the contents. Discuss alternative methods of collecting patient feedback in future schemes Note anticipated financial outcomes of schemes.
LINK TO BOARD ASSURANCE FRAMEWORK	1a, 2a, 3a, 3b, 3c, 3d,



 Improving the quality and safety of the services we commission Reducing Health Inequalities in Wolverhampton Ensure on-going safety and performance in the system of the services was check, monitor and encourage providers to improve safety of patient services ensuring that patients are centre of all our commissioning decisions Improve and develop primary care in Wolverhampton Improve and develop primary care in Wolverhampton Frimary Care Strategy to innovate, lead and transformation to achieve this contract the primary care is delivered, supporting emerging clinications are contracted as a service of all our commission to achieve the primary care in wolverhampton 	,
Inequalities in Wolverhampton Wolverhampton Wolverhampton Wolverhampton Primary Care Strategy to innovate, lead and transf health care is delivered, supporting emerging clinic	
fostering strong local partnerships to achieve this	orm the way local
3. System effectiveness delivered within our financial envelope Proactively drive our contribution to the Black Couleading role in the development and delivery of the STP to support material improvement in health and Wolverhampton residents and the wider Black Couleading quality health and care for our patients that me the NHS Constitution, the Mandate to the NHS and Improvement and Assessment Framework Deliver improvements in the infrastructure for health Wolverhampton The CCG will work with our members and other keen courage innovation in the use of technology, effort the estate across the public sector and the development of the state across the public sector and other keen courage innovation in the use of technology, effort the estate across the public sector and the development of the estate across the public sector and the development of the estate across the public sector and the development of the estate across the public sector and the development of the estate across the public sector and the development of the estate across the public sector and the development of the estate across the public sector and the development and delivery of the STP to support material improvement in the Black Couleading to the STP to support material improvement in health and Wolverhampton.	Black Country d wellbeing for both intry footprint sibilities Providing of commissioning eet the duties of d the CCG th and care across y partners to ective utilisation of oment of a modern th and care across y partners to ective utilisation of ective utilisation of order across

1. BACKGROUND AND CURRENT SITUATION

1.1 The General Practice Forward View (GPFV) included a commitment to improve access to general practice.

The scheme supported by the A&E Delivery Board was predominantly to cover Primary Care appointments across the Christmas and New Year period, very late in December NHSE announced a further scheme, Winter Pressure funding, for the period of 23rd December until 3rd March 2017. The CCG also allocated extra funding to enable extended access for

Primary Care Joint Commissioning Committee 2nd May 2017





participating hubs for weekday and weekend appointments until 31st March 2017 to enable continuity.

1.2 Scheme Overview and finance.

1.2.1 Christmas and New Year - CCG Scheme

Wolverhampton CCG initiated a scheme as a pilot with PCH to enable extra access during the dates of 24th, 26th, 27th and 31st December 2016, and also 2nd January 2017. Three hubs took part in this scheme providing appointments for a population of 100,000 patients. This was the first of its kind in Wolverhampton. An allocation of £45,000 was made available by the A&E Delivery Board to assist with reducing the burden on urgent care services during the festive period.

1.2.2 Winter Pressures – NHSE Scheme

As a result of funding made available in late December from NHS England the winter pressures scheme was launched and went live from 23 December through until 3 March 2017 practices from across the city were invited to offer additional appointments for patients, with a total of 10 practices providing additional appointments during core hours and at weekends. Ten practices / sites took part, some working at scale, others independently. Funding for this scheme was committed at a total cost of £125,000.

1.2.3 Extended Winter Pressures - CCG Scheme

The CCG encouraged practices to continue to offer additional appointments up to the end of March, all 10 practices continued - 4 on Saturday and 6 on Weekdays.

Funding for this scheme was made available via the CCG at a cost of £60,000 for the month of March.

1.3 Performance.

1.3.1 Christmas and New Year CCG Scheme.

Five GP surgeries took part in this scheme covering a population of 50,000 patients offering up to 655 GP and 75 Nurse appointments over the 5 dates. Appointments were best utilised on 27th December where 91% of GP appointments were utilised, followed by 2nd January 2017 where 75% of GP appointments were utilised. The lowest utilised GP appointment date was 31st December (53%). Nurse appointments were low across all available dates. Performance can be found in table 6.

1.3.2 Winter Pressures NHSE Scheme.

3 practices took part in the Christmas and New Year Period (as shown in table 1) opening with a total of 192 planned appointments available across all taking part. A total of 180 slots were allocated, and there were a total of 7 DNA's.

The Christmas and New Year period was generally good for these practices, one practice performed at 133% seeing more patients than planned. The total overall percentage from all three participating practices was 94%.







The level of cover varied from practice groups, some provided additional appointments during core hours whilst others worked at scale at weekday appointments during this scheme.

1.3.3 Extended Winter Pressures - CCG Scheme, March 2017. Weekends.

Four hubs took part in the weekend opening scheme in March 2017 with a total of 384 planned appointments allocated to hubs involved. An overall total of 244 appointments were utilised, and there were 9 DNA's across the whole period.

A figure of 64% across all four hubs was the final percentage. Performance was varied across the sites taking part, one surgery achieved a total of 91% and was much higher than the other three with percentages of 68%, 55% and 41% respectively for the same period. Attendance figures improved as the duration progressed.

Weekdays.

Weekday extended access opening was provided by 6 sites on a range of days and planned allowances. A total of 1364 slots were utilised and there were 57 DNA's across all sites, mainly at IntraHealth sites as shown in table 4.

A total figure of 75% was the final calculation for total performance across all hubs.

Three of the six hubs achieved a percentage of over 99% each (Mayfields 101%, Alfred Squire 99%, Ashmore Park 100%), with the remaining three hubs performing at 84% (Lea Road), 71% (Duncan Street) and 68% (IntraHealth) respectively.

1.4 Feedback / Quality of Services -

For the period of 23rd December 2016 to 2nd January 2017, evaluation was captured using a patient satisfaction survey. The patient survey exercise received 138 feedback forms from 465 patients a 29.7% return rate showed an overwhelmingly positive response by patients who used the service, with 81% rating the service as excellent; 16% as good; 2% as average the remaining 1% did not have a response but nobody who responded gave a rating of poor.

Across all other schemes a range of feedback sources have been viewed to determine if any adverse feedback was evident and there does not appear to be any information to confirm if the extra access has been a success or not with patients. It is recommended that for the use of future schemes, all participating practices / hubs utilise a patient feedback survey prepared by the CCG.

FFT data that was available gives a positive view for the month of December/January (March data not available at time of writing this summary as shown in table 5).

1.5 Summary.

The purpose of the schemes was to improve Access to General Practice could be improved, previously there were no additional appointments available, nor funding to enable this. The total projected cost was lower than the overall budgeted amount, largely due to the availability of GP locums.

The overall performance of the scheme has been good, performance increased steadily towards the end of the scheme in some areas whilst others were more variable. DNA rates were however very low.







1.6 Key Themes from each scheme.

1.6.1 Christmas and New Year CCG Scheme and Winter Pressures NHSE Scheme.

- Performance varied throughout scheme with a good rate of utilisation over the Christmas and New Year bank holiday period, however a lower percentage of patients opting for Saturday appointments between January and March 31st 2017.
- Low number of DNA rates across all available appointments.
- Some sites had more than one GP, there wasn't sufficient demand for 2 GPs across all hubs
- Uptake varied depending on day of the week, higher uptake on Saturdays, less on bank holidays but was site dependant.
- Not all appointments were fully utilised due to lack of demand / referral or appointment management panning being purely assigned to same day appointments.

1.6.2 Extended Winter Pressures - CCG Scheme

- A combination of weekday & weekend opening was provided and weekday performance (75%) was better than Saturday performance (64%)
- 6 hubs provided additional weekday appointments.
- 4 hubs opened on Saturdays serving patients from 18 practices.
- Two sites struggled to obtain locum cover from January end of February. This had an adverse impact on overall performance. Performance for all other sites was higher.
- Do not attend rates were very low for both weekdays & weekends.
- Uptake for Saturday opening varied, performance at some sites improved gradually although some sites were more popular than others.

1.7 General Practice Transformation Fund 2017/18.

As part of our commitment to improve access to Primary Care, the CCG has introduced an enhanced service for 2017/18. Wolverhampton CCG are supporting the development of new models of care that enable practices to work together at scale to improve access to primary care services. The CCG's Primary Care strategy is built on the foundations as detailed in the General Practice Forward View and sets out how the CCG will transform primary care in Wolverhampton. In response to the General Practice Forward View the CCG are committed to incentivise practices to improve access and champion each of the high impact actions over a 2 year period that will be achieved through the continued development of sustainable practice groups. Practice groups will continue to offer further additional appointments to practices during 2017/18 through practices working together to offer additional appointments.

1.8 Bank Holiday Cover during 2017/18.

The CCG has agreed a level of cover for all bank holidays with four practice groups to enable additional appointments for patients with an aim to reduce the burden on the urgent

Primary Care Joint Commissioning Committee 2nd May 2017

v1.4



care system. Appointments will be provided via hubs with patients able to book appointments on each day or via NHS 111.

2 RECOMMENDATIONS

- **2.1** Receive & discuss the report and note the contents.
- **2.2** Acknowledge that a patient survey has since been introduced to collect feedback in future schemes.
- **2.3** Note anticipated financial outcomes of schemes.

3. CLINICAL VIEW

3.1. Each of these schemes were developed and implemented with input from the CCG Chairman and group pleaders / GP's from practices.

4. PATIENT AND PUBLIC VIEW

4.1. For some of the schemes patient feedback was routinely captured and information shared upfront, albeit at short notice through posters at surgeries, websites and answerphone messages. Friends and Family / NHS Choices data has been reviewed to identify adverse feedback with no complaints.

5. KEY RISKS AND MITIGATIONS

5.1. All schemes were fully risk assessed and captured on the CCG Risk Register, the risk was not recorded as significant due to a range of controls in place to deliver safe delivery of service. The risk has since been closed.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Finance implications detailed within report and ongoing discussions with finance colleagues throughout all 3 schemes.

Quality and Safety Implications

6.2. The purpose of each scheme was to improve patient experience and manage patient flow into the most appropriate service at the time when patients made contact. There have been no patient safety incidents reported nor concerns raised in relation to the clinical quality of the improving access schemes.

Equality Implications

6.3. These schemes sought to identify how many patients may be able to access primary medical services at times when they would be directed to the out of hours provider. A full impact assessment has not been undertaken by the CCG.

Primary Care Joint Commissioning Committee 2nd May 2017





Legal and Policy Implications

6.4. All relevant policies and procedures at practice level applied during each of the schemes and contractual implications regarding suitability of practice team were in line with usual contractual duties.

Name – Matthew Boyce Job Title – Primary Care Development Manager Date – 26th April 2017.

REPORT SIGN-OFF CHECKLIST

	Details/ Name	Date
Clinical View	Dr H Hibbs	26.04.17
Public/ Patient View	P Roberts	26.04.17
Finance Implications discussed with Finance Team	L Sawrey	26.04.17
Quality Implications discussed with Quality and Risk Team	Dr H Hibbs	26.04.17
Equality Implications discussed with CSU Equality and		
Inclusion Service		
Information Governance implications discussed with IG		
Support Officer		
Legal/ Policy implications discussed with Corporate		
Operations Manager	Not Applica	ble
Other Implications (Medicines management, estates, HR,		
IM&T etc.)		
Any relevant data requirements discussed with CSU		
Business Intelligence		
Signed off by Report Owner (Must be completed)	S Southall	26.04.17







<u> Table 1 -</u>

Chri	Christmas and New Year CCG Scheme // Winter Pressures NHSE Scheme.																
Date(s)	Prim	ary Care	Home	Hubs (x3).	Lea Road .					fields.			Showell Park.				
	Plan	Actual	DNAs	%Performance	Plan	Actual	DNAs	%Performance	Plan	Actual DNAs		%Performance	Plan Actual		DNAs	%Performance	
				Plan vs Actual				Plan vs Actual				Plan vs Actual				Plan vs Actual	
24.12.16	24	10	0	41.7%	18	18	2	100%					24	23	1	96%	
26.12.16					18	16	1	89%					24	12	0	50%	
27.12.16					18	20	1	111%	18	24	0	133%	24	22	2	92%	
31.12.16	24	14	0	58.3%									24	23	0	96%	
2.1.17													24	22	0	92%	
Total	48	24	0	50%	54	54	4	100%	18	24	0	133%	120	102	3	85%	





Table 2

Saturday	Hub 9	Sessio	ns.																	
Date(s)	Prima	ry Care	Home	: Grove.	Primary Care Home : Newbridge.				Primary Care Home : Ashfield Road.					Road.			Showell Park.			
	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual	Plan	Actual	DNAs	%Performance Plan vs Actual
24.12.16	Sec	e Christi	mas &	New Year									Se	e Christ	mas &	New Year	Se	e Christ	mas &	New Year
31.12.16	Sec	e Christi	mas &	New Year													Se	e Christ	mas &	New Year
7.1.17	24	3	0	13%	24	4	0	17%	24	5	0	21%					24	20	0	83%
14.1.17	24	1	0	4%	24	9	0	38%	24	7	0	29%					24	23	0	96%
21.1.17	24	14	0	58%	24	8	0	33%	24	15	0	63%					24	20	0	83%
28.1.17	24	9	0	38%	24	3	0	13%	24	10	0	42%					24	22	2	92%
4.2.17	24	12	0	50%	24	14	0	58%	24	5	0	21%					24	24	0	100%
11.2.17	24	9	0	38%	24	12	0	50%	24	16	0	67%					24	24	0	100%
18.2.17	24	6	0	25%	24	19	0	79%	24	16	1	67%					24	24	0	100%
25.2.17	24	20	2	83%	24	20	3	83%	24	8	0	33%					24	22	1	92%
04.3.17	24	3	2	13%	24	14	0	58%	24	22	0	92%					24	23	1	96%
11.3.17	24	6	0	25%	24	13	0	54%	24	20	1	83%					24	19	1	79%
18.3.17	24	14	0	58%	24	15	0	63%	24	16	1	67%					24	22	2	92%
25.3.17.	24	16	0	67%	24	11	0	46%	24	7	0	29%					24	23	1	96%
Total	288	113	4	39%	288	142	3	49%	288	147	3	51%					288	266	8	92%

^{*}Dates and performance highlighted in grey were part of the CCG's Extended Winter Pressures - CCG Scheme All other data relates to the Christmas and New Year CCG Scheme and Winter Pressures NHSE Scheme.





Table 3

Weekd	Weekdays Week Alfred Squire. Ashmore Park. Duncan Street. IntraHealth (All Sites x2). Mayfields. Lea Road.																													
Week	Alfred Squir	e.				Ashm	ore Pa	rk.			Duncan	Street.				Int	raHealth	h (All Site	es x2).		Mayfiel	ds.				Lea Ro	ad.			
	Day(s)	Plan	Actual	DNAs	%Perform ancePlan vsActual	Day(s)	Plan	Actual	DNAs	%Perform ancePlan vsActual	Day(s)	Plan	Actual	DNAs	%Perform ancePlan vs.Actual	Day(s)	Plan	Actual	DNAs	%Perform ancePlan vsActual	Days	Plan	Actual	DNAs	%Perform ancePlan vsActual	Days	Plan	Actual	DNAs	%Perform ancePlan vsActual
1 22-201216											Mon to <u>Erl</u>	0	0	0	N/A	3	120	0	0	0%	Tue/ Wed	18	19	0	106%					
2 20-5117	Tuesday to Friday	102	12	0	12%	Tue/ Thu	24	25	1	104%		120	120	0	100%	4	150	0	0	0%	Tue	18	19	0	106%					
7-12117	Mon to Friday	89	89	0	100%	None	24	0	0	0%		150	29	1	19%	5	210	0	0	0%	Wed	18	20	1	111%					
14-20117	Monday to Friday	72	72	1	100%		24	0	0	0%		150	131	6	87%	5	210	147	6	70%	Wed	18	19	0	106%					
5 21-27:117	Monday to Friday	90	63	0	70%		0	0	0	N/A		150	114	3	76%	5	210	218	8	104%	Wed	18	17	1	94%					
5 29-2217	Monday to Friday	136	134	1	99%	Mon /Tue/ Thu	24	22	0	92%		150	143	7	95%	5	210	232	12	110%	Wed	18	19	0	106%					
7 4-10.2.17	Mon/Tue/ fri	97	95	0	98%	Wed /Thu	22	22	0	100%		150	128	4	85%	5	210	189	11	90%	Wed	18	19	0	106%					
11-17-2:17	Tue/Wed/ Fri	37	37	1	100%	None	0	0	0	N/A		150	145	5	97%	5	210	1691	17	805%	Wed	18	18	2	100%					
9 1824217	Monday to Friday	150	0	0	0%	Tue/ Wed /Thu	16	16	0	100%		150	147	3	98%	5	210	143	21	68%	Wed	18	16	2	89%					
10 25.2.17- 2.2.17	Mon/Wed /Thu	71	80	1	113%	None	0	0	0	N/A		150	145	5	97%	5	210	159	16	76%	Wed	18	20	0	111%	Wed /Thu	30	30	2	100%
11 6-10217	Mon/Wed /Thu	48	47	1	98%		0	0	0	N/A		150	90	0	60%	5	210	142	8	68%	Wed	18	18	0	100%	Wed /Thu	64	53	1	83%
12 12-17:2:17	Mon/Wed	51	51	1	100%		0	0	0	N/A		150	130	3	87%	5	210	169	8	80%	Tue	18	17	1	94%	Mon /Tue	61	52	7	85%
12 20-242-17	Wed	34	34	1	100%	Mon /Tue/ Wed	18	18	0	100%		150	115	5	77%	5	210	140	7	67%	Wed	18	18	1	100%	N/A.	0	0	0	0%
14 27-21.3.17	Wed/Thu	33	33	0	100%	Fri	6	6	0	100%		150	88	2	59%	5	210	123	10	59%	Mon	18	20	1	111%		0	0	0	0%
Total		1010	747	7	74%		134	85	1	63%		1920	1525	1920	79%		2790	3353	124	120%		252	259	9	103%		155	135	10	87%

^{*}Dates and performance highlighted in grey were part of the CCG's Extended Winter Pressures - CCG Scheme All other data relates to the Christmas and New Year CCG Scheme and Winter Pressures NHSE Scheme.









Table 4 - Performance Overview

NHS Choices ratings of	services.
Alfred Squire Road	No feedback regarding opening hours or weekend opening on NHS Choices.
Mayfields	1 positive review following patient who was able to gain a same day (weekday)
	appointment after new year's day.
Grove MC	No feedback regarding opening hours or weekend opening on NHS Choices.
Newbridge MC	No feedback regarding opening hours or weekend opening on NHS Choices.
Ashfield Road	No feedback regarding opening hours or weekend opening on NHS Choices.
Showell Park	No feedback regarding opening hours or weekend opening on NHS Choices.
IntraHealth (X2)	No feedback regarding opening hours or weekend opening on NHS Choices (for any of the sites)
Ashmore Park	No feedback regarding opening hours or weekend opening on NHS Choices.
Duncan Street	No feedback regarding opening hours or weekend opening on NHS Choices.
FFT responses.	
Alfred Squire Road	No Data.
Mayfields	No Data.
Grove MC	94% feedback score for month however non-specific to opening times etc.
Newbridge MC	No Data.
Ashfield Road	96% feedback score for month however non-specific to opening times etc.
Showell Park	100% feedback score for month however non-specific to opening times etc.
IntraHealth (X2)	75% feedback score for month however non-specific to opening times etc.
Ashmore Park	Only 3 responses for month, non-specific to opening.
Duncan Street	No Data.
Alfred Squire Road	83% feedback score for month however non-specific to opening times etc.







<u>Table 5.</u>

Nb. Upper table displays capacities pre scheme, Lower table displays total utilisation on upper table,

		Totals		Ca	erleon Surge	ry		Newbridge		East Park			W	hitmore Rea	ns	Church Street		
Dates	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts		Avail'ble Nurse appts	Total avail'ble appts	Avail'ble GP appts	Avail'ble Nurse appts	Total avail'ble appts
24-Dec	141	25	166	24	0	24	24	0	24	20	0	20	48	0	48	25	25	50
26-Dec	141	25	166	24	0	24	24	0	24	20	0	20	48	0	48	25	25	50
27-Dec	141	25	166	24	0	24	24	0	24	20	0	20	48	0	48	25	25	50
31-Dec	116	0	116	24	0	24	24	0	24	20	0	20	48	0	48	0	0	0
02-Jan	116	0	116	24	0	24	24	0	24	20	0	20	48	0	48	0	0	0
accum totals	655	75	730	120	0	120	120	0	120	100	0	100	240	0	240	75	75	150
Table 2																		

	Totals													
Dates	Total patients seen	Pre-booked Appts	Appts booked on- day	Avail'ble GP appts	Booked GP App'ts	Avail'ble Nurse appts	Booked Nurse App'ts	Total avail'ble appts	DNA's	No. from 111 or ano GP	Patients via phone triage	Total patients dealt with	Total Appoin't Util'n	
24-Dec	92	55	30	141	85	25	7	166	3	0	4	96	58%	
26-Dec	82	54	17	141	78	25	4	166	3	1	3	85	51%	
27-Dec	124	66	36	141	116	25	8	166	3	7	12	136	82%	
31-Dec	58	44	19	116	58	0	0	116	8	2	3	61	53%	
02-Jan	85	56	31	116	85	0	0	116	2	1	2	87	75%	
accum totals	441	275	133	655	422	75	19	730	19	11	24	465	64%	

Primary Care Joint Commissioning Committee 2nd May 2017

