CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny

April 2017

Report title

Cabinet member with lead responsibility	Cllr Samuels
Key decision	No
In forward plan	No
Wards affected	All
Accountable director	Linda Sanders – People
Originating service	People
Accountable employee(s)	Steven Marshall – Director of Strategy & Transformation, Wolverhampton CCG
Report to be/has been considered by	Steven Marshall - Director of Strategy & Transformation, Wolverhampton CCG

Recommendation(s) for action or decision:

Health Scrutiny Panel is recommended to:

- Consider the content of this report
- Confirm if any queries or clarification are required in relation to content

1.0 Purpose

1.1 To provide a report on access to general practice including availability of appointments, opening hours, use of walk in centres and consistency in seeing the same GP.

1.2 In response to this request the report also provides an overview of some of the initiatives that are taking place to improve access in primary care.

2.0 Background

2.1 National & Local Perspective

At national level there is a drive for general practices to improve access through introducing a range of new consultation types including online and telephone consultations

This is being achieved through a number of projects that have been launched locally in response to the General Practice Forward View (published April 2016). An extensive programme of work is well under way to ensure we respond appropriately.

Whilst there are some 93 projects attached to the responsive action plan for the General Practice Forward View the CCG is committed to ensuring that these projects are linked to the work already taking place in the city to implement our Primary Care Strategy. All projects seek to achieve improvements in the following areas:-

- Invest more money in general practice
- Address workforce difficulties that have been identified as a major threat to the delivery of general practice in the future
- Manage the workload in general practice through introducing new ways of working
- Commitment to improve practice infra-structure
- Redesign care through practices working together at scale to deliver general medical services in the future.

The CCGs Governing Body has oversight of both programmes of work & timely progression that is taking place.

2.2 Patient Engagement & Feedback

The CCG is working closely with practices from across the city in response to feedback from patients and carers about the improvements they would like to see in general practice. Feedback and suggestions were sought on what the priorities were for patients using primary medical services. A range of suggestions were made but the most prominent expectation was that access should be improved so that patients could be seen more flexibly, whether at their GP practice or during the evening or weekends.

The General Practice Forward View encourages groups of practices to work together and offers the opportunity to tackle the frustrations that so many people feel in accessing care in general practice.

2.3 NHS Operating Guidance October 2016

Since 2016/17 Primary Care has been one of the ‘must do’ national priorities and continues to be recognised as such through until 2018/19. This is underpinned by ensuring the sustainability of general practice is achieved through implementation of the General Practice Forward View, including plans for practice transformation detailed within the CCGs Primary Care Strategy and implementation of the Ten High Impact Actions.

By March 2019 access to primary care will have been extended and improved by 45 minutes per 1,000 patients, national funding will be available from 2018/19 although work has already begun locally to commence the journey of improvement in 2016/17.

3 Access to General Practice

3.1 Availability of Appointments & Opening Hours

Practices are commissioned to provide general medical services during core hours which are from 8.00 am till 6.30 pm Monday to Friday. Some practices may choose to close for half a day at some stage in the week and have arrangements in place with another provider to provide care for their patients whilst they are closed. Similarly, outside of core hours the CCG commission an out of hours provider (Vocare) to provide care for patients whilst their practice is closed, they are based at the Urgent Care Centre, New Cross Hospital and calls are streamed via NHS111 to ensure patients are directed to the most appropriate service.

All practices will have in place a practice information leaflet confirming how to access the practice, the minimum information that should be included within the leaflet is as follows:-

- Practice opening hours
- Whether an appointment system is operated by the practice
- How to access a doctor or nurse
- A description of all services provided by all members of the team & how patients can contact them
- How to obtain repeat prescriptions
- How to make a complaint
- A description of patient rights and responsibilities, including choice of GP
- How the practice use personal information
- Broader health resource information including NHS111 and website address, local walk in centres & out of hours services
- Information about the assignment by the contractor to it's new & existing patients of an accountable GP
- Information about the assignment by the contractor to its patients aged 75 & over of an accountable GP

Practice information leaflets are a great source of local information and will often help patients to address any queries or concerns they have about how to access their practice.

3.2 Improving Access Schemes

There are a range of initiatives that have taken place recently in response to patient feedback and national guidance that has enabled in the region of 8000 more appointments to be available to patients registered with GPs in the city, as follows:-

CCG Xmas & New Year Opening Scheme

Primary Care Home is a collaborative of practices (18 total) who have committed to working together to provide health care services. Over the bank holiday period there were 3 hubs open serving patients from 18 practices across the city.

The highlights from the evaluation report were as follows:-

- Not all appointments were fully utilised
- Appointments with GPs were better utilised than those with Practice Nurses
- Some sites had more than one GP available, there wasn't sufficient demand for 2 GPs
- Uptake varied depending on day of the week, higher uptake on Saturdays, less on Boxing Day & New Year's Day
- Did not attend rates were very low, out of a total of 54 appointments only 4 patients didn't attend
- Patients who provided feedback confirmed that if the practice hadn't been open they would have waited until the next working day to be seen or gone to the Urgent Care Centre

The total cost for this scheme was £40,000.

Winter Pressures Scheme

As a result of funding support from NHS England the winter pressures scheme was launched mid December and went live from 23 December through until 3 March 2017. Practices from across the city were invited to offer additional appointments for patients. To be eligible for funding practices were required to increase bookable appointments on the day with no reduction in other appointments or activity. The increase in appointments was to be achieved through more staff (Doctors and/or Nurses) being available or longer opening hours for practices and was in addition to any other agreed extended opening hours.

The highlights from our evaluation report confirm the following:-

- 10 practices provided additional appointments
- A combination of weekday & weekend opening was provided
- Weekend opening was Saturday only
- 6 practices provided additional appointments in hours
- 4 hubs opened on Saturdays serving patients from 18 practices through working at scale
- Do not attend rates were very low for both weekdays & weekends, most days zero but on some days upto only 3 at one site
- Appointments during weekdays were fully utilised & helped manage demand
- Uptake for Saturday opening varied, performance at some sites improved gradually although some sites were more popular than others
- Communications to patients have been consistently reinforced via posters, practice website(s), text messages, answerphone messages, redirection via 111 and also advertised via CCG website too

Funding for this scheme was fully committed at a cost of £125,000 in total.

Extended Winter Pressures Scheme

The CCG encouraged practices to continue to offer additional appointments upto the end of March involving all 10 practices. Uptake on Saturday mornings continued to be variable, the most popular site was Showell Park. However, additional appointments available during weekdays continued to be more popular with patients and continued to have very low did not attend rates.

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

Improving Access 2017-19 Scheme (including Bank Holidays)
In response to national guidance & learning from the above schemes the CCG is encouraging practices to work together at scale to improve access during 2017/18 by providing 20 minutes per 1,000 patients additional appointments per week by the end of June. Practice groups are finalising their delivery plans to confirm who will be providing the service and which practices they are working together with. The funding for this scheme focusses on 3 priorities:-

- Improving Access
- Working at Scale
- Implementation of 6 of the 10 high impact actions

The 10 high impact actions can be found in Appendix 1, this overview confirms what action is being taken by the CCG and it's member practices across the city to improve access through the use of technology, investment, training for staff & patients that will be delivered through new ways of working.

In addition and as a result of planning for periods of higher demand the CCG has commissioned each practice group to provide at scale coverage across each bank holiday during 2017/18. Each model of care will provide hub opening through working together with other practices to improve access and share the workload placed upon primary care. There were 4 hubs open over the Easter Bank Holiday, from May onwards there will be at least 5 hubs open providing access to primary care and reducing demand on the Urgent Care Centre.

The anticipated annual cost for this scheme is likely to be £560,000.

3.3 Other Sources of Support
There are also two walk in centres in the city, as follows:-

Phoenix Walk in Centre
Activity has been above contracted levels during 2016/17 and in the previous year also. At month 9 of 2016/17 activity was above contracted levels by 1,617. Further data is awaited & activity will continue to be monitored closely in order to determine how demand can be managed more effectively through correlation with other provisions in the city.

Urgent Care Centre
This is a new configuration for activity that had previously provided services from Showell Park, GP Out of Hours and also Accident & Emergency.

All activity regardless of type (telephone, home visits or face to face) is monitored separately but pooled together for contract purposes. The Total activity for Wolverhampton was approximately 70% of contracted levels in 2016/17. In 17/18 the contracted activity levels will be adjusted to reflect this. The Out of Hours element is fully integrated into the full 24/7 Urgent Care Centre, the timescale has been adjusted/ extended from the traditional timeframe (from 18:30 - 08:00 each week day to 17:30 – 09:00) to enable patients that call NHS111 during this extended time period to secure access to a GP at times when practices may be unable to accommodate them.

This should result in fewer patients calling NHS111 back as their surgery has either only just opened and they cannot get through, or the surgery is just closing.

We are working with practices, NHS111 and the Urgent Care Centre to ensure patients can access a GP at the Urgent Care Centre if their practice is at full capacity. Alongside this we are also working with Accident & Emergency to ensure all patients suitable for the Urgent Care Centre are redirected from Accident & Emergency in order manage demand effectively.

4.0 Financial implications

4.1 Local and National Funds have been made available to improve access in general practice. Individual costs are detailed above, investment in the region of £750,000 has been committed since December 2016. National funding will be available in 2018/19 taking the total available funds next year to £1,500,000 in line with national requirements.

5.0 Legal implications

5.1 There are no direct legal implications associated with this report at this stage.

6.0 Equalities implications

6.1 Through adopting a collaborative approach to responding to local demand management there is an expectation that all practices will begin to offer a consistent level of provision by the end of June 2017. This consistent provision will enable patients to access services across the city any day of the week through either their usual practice, a practice working in partnership with their practice or the usual out of hours provider for the city.

7.0 Environmental implications

7.1 NA

8.0 Human resources implications

8.1 The Primary Care workforce is being met with unprecedented demand and as a key strand of the implementation of our Primary Care Strategy care redesign and workload are pivotal areas of work that are vitally important if we are to achieve a sustainable primary care for the city.
Through the development of new models of care and commissioning primary care differently in future we are confident that we will achieve sustainable primary care services for our the population.

9.0 Corporate landlord implications

NA

10.0 Schedule of background papers

NA

Further Guidance : 10 High Impact Actions **Appendix 1**

Whilst the Transformation Fund seeks to deliver achievement of the 10 High Impact Actions through practices working together to provide services at scale it should be recognised that in addition to the Transformation fund payment there are a range of other projects and funding streams that will enable practices to successfully achieve this new way of working. These are indicated in the bottom row for each High Impact Action above.

Priority 2017/18			
High Impact Action	**Benefit for practice**		**Benefit for patient**
1 Active signposting Patients towards the most appropriate source of help to include Web and app-based portals which provide self-help resources	Frees GP time. Makes more appropriate use of each team member's skills. Reduces internal referrals.		Improves appointment availability. Reduces low-value consultations and onward referrals. Shorter wait to get to see the most appropriate person.
Other projects working towards this High Impact Action funded separately by the CCG			
Link to Social Prescribing below Admin and Reception Training (Introductory and Online training 3 year programme) Directory of service update and relaunch (WIN) Sound Doctor			
Short Term plan **6 months**	**Medium Term Plan** **12 – 18 months**	**Longer Term Plan** **24 months +**	**Measures of success & triggers for practices to receive payment**
Reception staff training Social Prescribing Link Workers in post. Agree definitions of low value consultations Monitor the numbers of patients supported by Social Prescribing Link Workers Monitor the impact of SP on number patients supported by the service Enhanced Directory of Services available locally (WIN)	DOS embedded across health & social care sectors Online Care Navigation Training Medical Assistant(s) Role embedded		1 Number of patients supported by social prescribing 2 Reduction in attendances at practice by patients supported by social prescribing 3 Numbers of patients accessing online directory 4 Reduction in the number of low value consultations

Priority 2017/18			
High Impact Action	**Benefit for practice**		**Benefit for patient**
2 New consultation types, such as phone and email.	Shorter appointments (eg phone consultation average 50% shorter, 66% dealt with entirely on phone). More opportunities to support self care with e-consultations, text message follow-ups and group consultations.		Greater convenience, often no longer requiring time off work/caring duties. Improves availability of appointments. More opportunities to build knowledge, skills and confidence for self care.
Other projects working towards this High Impact Action			
Online Consultation software to enable implementation of different types and working at scale Patient Online services i.e. Sound Doctor ,apps and Online access to appointments.			
Short Term plan **6 months**	**Medium Term Plan 12-18 month**	**Longer Term Plan** **24 months +**	**Measures of success and triggers for practices to receive payment**
Phone Consultation Set baseline of phone consultations by practice. Agree trajectory of increasing the % of all consultations undertaken by phone over 6 month, 12-18 month and 24+ months. Complete public awareness campaign on the benefits of telephone consultation and the clinical presentations where this would be appropriate.	E-Consultation improved uptake & availability to patients Simple Telehealth Group Consultations		1 Number of contacts using new consultation types Increase in number of consultations completed by phone 2 Numbers of patients taking part in group consultations

Priority 2018/19			
High Impact Action	**Benefit for practice**		**Benefit for patient**
3 Reduce DNAs	Improves appointment availability. Free GP time.		Easier to avoid queues developing, through more accurate matching of capacity with demand.
Other projects working towards this High Impact Action			
Social Prescribing			
Short Term plan **6 months**	**Medium Term Plan** **12 – 18 months**	**Longer Term Plan** **24 months +**	**Measures of success & triggers for practices to receive payment**
Set baseline of DNA rates by practice. Review of practice DNA policies. Agree trajectory of improving attendance rates over 6 month, 12-18 month and 24+ months. Text Messaging to confirm appointments Patients completing appointment cards Appointment Reminders by text Practices reporting attendances (e.g. number of appointments booked and attended)	Telephone follow up Primary Mental Health Strategy implementation		1 Reduction in practice DNA rates from baseline levels

Priority 2017/18			
High Impact Action	**Benefit for practice**		**Benefit for patient**
4 Develop the team	Frees GP time. Makes more appropriate use of each team member's skills. Reduces internal referrals. Improved job satisfaction for administrative staff undertaking enhanced roles.		Improves appointment availability. Reduces low-value consultations and onward referrals. Shorter wait to get to see the most appropriate person.
Other projects working towards this High Impact Action			
Vulnerable Practice programme Practice Resilience Programme Time for Care programme Practice Manager Development programme Correspondence Management IT automated tasks Develop Community Neighbourhood Teams Introduction of a range of new roles within the practice team including Clinical Pharmacist, Mental Health Therapist, Practice level Counsellor, Nurse Associates, Physician Associate, partnership working with Paramedics.			
Short Term plan 6 months	**Medium Term Plan 12 – 18 months**	**Longer Term Plan 24 months +**	**Measures of success & triggers for practices to receive payment**
Workforce training and development programme ie Time for Care, Practice Resilience & Practice Manager Programme	Physician Associates Mental health Support Workers Nursing Associates Admin & Reception Staff/Medical Assistants Practice Managers Practice Pharmacists Minor Illness Nurses		1 Number of contacts delivered by non-medical practice staff 2 Activities undertaken by Medical Assistants

Priority 2018/19			
High Impact Action	**Benefit for practice**		**Benefit for patient**
5 Productive work flows Introduce new ways of working which enable staff to work smarter, not just harder. Improves appointment availability and patient experience.	Frees time for staff throughout the practice. Reduces errors and rework		Improves appointment availability and customer service.
Other projects working towards this High Impact Action			
As in High Impact Action 4			
Short Term plan 6 months	**Medium Term Plan 12 – 18 months**	**Longer Term Plan 24 months +**	**Measures of success & triggers for practices to receive payment**
Better work flow for prescriptions, letters and queries	As above Consider ways to release GPs from administrative tasks		1 Number of additional appointments generated as a result 2 Positive patient experience ie GP Survey/FFT etc

Priority 2018/19			
High Impact Action	**Benefit for practice**		**Benefit for patient**
6 Personal productivity Support staff to work in an optimal fashion by reducing waste in routine processes .	Frees clinicians to do more in each consultation, with fewer distractions and frustrations. Improves staff wellbeing and job satisfaction		Improved quality of consultations, with more achieved. Reduced absence of staff.
Other projects working towards this High Impact Action			
As in High Impact 4			
Short Term plan 6 months	**Medium Term Plan 12 – 18 months**	**Longer Term Plan 24 months +**	**Measures of success & triggers for practices to receive payment**
Computer confidence & greater use of IT (patients/practice staff) Continued support for both individual & team resilience Less administrative work undertaken by clinicians	Sustained improvement in use of clinicians time		

Longer appointment slots for complex patients			

Priority 2017/18			
High Impact Action	**Benefit for practice**		**Benefit for patient**
7 Partnership working Practices working at scale offers benefits in terms of improved organisational resilience and efficiency,	Frees GP time, makes best use of the specific expertise of staff in the practice. Creates economies of scale and opportunities for new services and organisational models.		Access to expanded range of services wrapped around the patient in the community. Reduces delays introduced by referrals to different providers.
Other projects working towards this High Impact Action			
All of the above mentioned additional projects underpin the successful delivery of the GP Transformation Fund.			
Short Term plan **6 months**	**Medium Term Plan** **12 – 18 months**	**Longer Term Plan** **24 months +**	**Measures of success & triggers for practices to receive payment**
Implementation of the Consultant Connect platform or the further development of the Advice and Guidance. Training and development required for both these systems.	Practices working at scale Direct Access to Therapists Work collaboratively with specialists Healthy Living Pharmacies		1 Number of additional appointments generated through collaborative working 2 Number of direct access referrals to therapists 3 Reduction in the number of referrals to secondary care 4 Number of appointments for patients registered at another practice

Priority 2017/18		
High Impact Action	**Benefit for practice**	**Benefit for patient**
8 Use social prescribing Refer or signpost patients to services which increase wellbeing and independence.	Frees GP time, makes best use of their specific medical expertise.	Improved quality of life. Improved ability to live an independent life.
Other projects working towards this High Impact Action		
Social Prescribers x3 12 month pilot Directory of service update and relaunch (WIN)		

Short Term plan 6 months	**Medium Term Plan 12 – 18 months**	**Longer Term Plan 24 months +**	**Measures of success & triggers for practices to receive payment**
Social Prescribing (12 month pilot intially with commitment to extend) Monitor the numbers of patients supported by Social Prescribing Link Workers Monitor the impact of SP on number of attendances at the practice by patients supported by the service	Reduction in patients who are socially isolated Improved physical/ mental wellbeing & independence GP time freed up for patients with complex needs		1 Number of patients supported by social prescribing 2 Patient feedback positive experiences of care 3 GP Survey & Complaints/Compliments 4 Improved patient outcomes including reduced presentations within urgent care system

Priority 2017/18		
High Impact Action	**Benefit for practice**	**Benefit for patient**
9. Self Care	Frees GP time, makes best use of their specific medical expertise.	Improved ability to live independently.
Other projects working towards this High Impact Action		
Patient Online services i.e. Sound Doctor ,apps and Online access to appointments. Social Prescribers x3 12 month pilot Directory of service update and relaunch (WIN) Making Every Contact Count resources		

Short Term plan 6 months	**Medium Term Plan 12-18 month**	**Measures of success and triggers for practices to receive payment**

Number of staff in practice completing MECC training Numbers of patients with Long Term Conditions taking part in a LTC review – with a defined self care component Reduce dependance on community neighbourhood teams	Continued reduction in dependency on practice / community neighbourhood team	1 Number of patients taking part in a comprehensive long term conditions review 2 Number of referrals to Stop Smoking Services 3 Number of referrals to Drug and Alcohol services
Priority 2018/19		
High Impact Action	**Benefit for practice**	**Benefit for patient**
10 Build QI Expertise .	Improved ability to achieve rapid, safe and sustainable improvements to any aspect of care. Increased staff morale and sense of control	Assurance of continuous improvement in patient safety, efficiency and quality of care.
Other projects working towards this High Impact Action		
As in High Impact Action 4 above and GP Peer Review, Consultant Connect and Partnership Working (High Impact Action 7)		
Short Term plan 6 months	**Medium Term Plan 12-18 month**	**Measures of success and triggers for practices to receive payment**
Timely care provided closer to home Continued co-production of improved service provision through working with PPGs & engaging with population Cohesive team working & commitment to continuously improve care & service quality	Reduction in negative care & service experiences Multi-disciplinary Team Work fully embedded at Practice/Group & Community Neighbourhood Team level	1 Practice undertaking 1 comprehensive QI project per year. 2 Practice Group & Community Neighbourhood Team 3 Service Quality Dashboard Performance