Improving Access to General Practice
‘Celebrating Success and Sharing Lessons Learned’

Tuesday 11 July 2017
Mary Ward House, London
Welcome and Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10.00am</td>
<td>Registration</td>
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<tr>
<td>10.15am</td>
<td>GP Access Fund: celebrating our successes – a national overview</td>
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<tr>
<td>10.35am</td>
<td>GP Access Fund – where are we now?</td>
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<td>11.25am</td>
<td>Networking session</td>
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<td>12.00pm</td>
<td>GP Access Fund – successes and challenges</td>
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<tr>
<td>12.30pm</td>
<td>LUNCH AND NETWORKING</td>
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<tr>
<td>1.15pm</td>
<td>Reflections from Robert Varnam</td>
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<td>1.30pm</td>
<td>Sharing the learning: what lessons can we take away from the programme?</td>
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<td>2.45pm</td>
<td>GP Access Fund Awards</td>
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<td>3.00pm</td>
<td>Close</td>
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GP Access Fund: Celebrating our successes – a national overview

Alex Morton
Director of General Practice Access & Public Health Commissioning
11 July 2017
CONGRATULATIONS!

You survived!

Failure was an option.....but we didn’t!
GP Access Fund: the highlights

- Over 18m patients
- 2,500 general practices
- Over 300 access hubs created
- 57 GP Access Fund schemes
- More than £285m invested
- 17 telephone consultation schemes
- 24 trialled e-consultations
- 9 schemes introduced care navigation
- 13 schemes integrated with 111
- 2 roving doctors
- 25 online or web services
- 14 integrated community care teams
- 24 community pharmacy and Pharmacy First schemes
- 16 self management and LTC schemes
At a scheme level...

- Tested a wide range of approaches to transform general practice services and offer more convenient access to patients

- Created new and innovative ways for patients to access services including; general practice ‘hubs’, apps and digital services, telephone consultations, video consultations

- Extended roles for healthcare professionals in general practice, including; advanced nurse practitioners, physiotherapists, community pharmacy, paramedics

- Developed new models of care, including social prescribing, care navigation, specialist nursing services and physio first

- Transforming general practice services through better collaboration, bringing GP practices together to offer services - at scale - to local populations, using a range of governance approaches.
At a national level...

- Provided networking opportunities including national conferences – encouraging sharing and learning from each other, e.g. IG guidance.

- Buddying schemes - working together to generate ideas and tackle problems, including through the NHS Networks forum.

- Bespoke learning and development support provided to schemes by the Sustainable Improvement Team – range of workshops and events focusing on quality improvement techniques and developing leadership capability.

- Identified and addressed specific challenges, e.g. CQC registration guidance to help with federations and practices working at scale, and explored lots of challenges including on interoperability and indemnity.

- Independent national evaluation – finding out what worked and what didn’t – a key part of the programme. Also included developing a GP Appointment Tool which will be used to measure capacity and utilisation in general practice.
What did we achieve?

- Stimulated transformational and sustainable change with practices joining together to deliver broader range of at scale services

- Successfully increased the choice and range of contact modes in general practice

- Demonstrated that joint working with ANPs, pharmacists, the voluntary sector, care homes, physiotherapists and paramedics has released local GP capacity and more appropriately matched the needs of patients with practitioners.

- Showed that increased access to general practice services can reduce demand elsewhere e.g. physio first and pharmacy impact on minor A&E.

- Provided wide ranging evidence which supported national policy development...
...putting GP access at the heart of key national initiatives

- **GP Forward View** set out the ambition to strengthen and redesign general practice, including committing new and additional funding to deliver transformational change in general practice, increasing access and expanding the workforce.

- **Builds on the potential for transformation in general practice tested by GPAF schemes:**
  - Enabling self care and direct access to other services
  - Better use of the talents of the wider workforce
  - Greater use of digital technology
  - Working at scale across practices to shape capacity

- Turning point in investment in access - providing over £500 million by 2020/21.

- **NHS Operational Planning and Contracting Guidance** set out trajectory, funding and core requirements for access.

- **FYFV – Next Steps** reiterated the importance of improving access to general practice.
Positive impact on patients

“The hub was more relaxed and lovely altogether. I hope it can continue.”
Patient, Windsor, Ascot and Maidenhead

“Amazing service, keep up the good work!”
Patient, Basildon

“I think this service is a life saver. A must have service in this day and age.”
Patient, Blackburn

“It was quick and easy to have my health question answered, much better than going to the surgery and waiting a long time to see my GP. I believe and hope it is also less expensive for the practice and the NHS.”
Patient, Bristol

“Very pleasantly surprised to get a weekend appointment. It is very helpful and enables us to make appointments without taking additional leave from work or seeking permission for this from employers.”
Patient, Fleetwood

“Fantastic service, not only did I not miss work but I fitted it round the Manchester derby - unlike football the Manchester GPs are a city united!”
Patient, Manchester

“The service has helped me, it has given me so much information which I know I can rely in the future too.”
Patient, West Cheshire

“Very easy to get an appointment and excellent care received by the doctor I saw”
Patient, West Essex

“An extremely convenient service for anyone who works irregular hours and cannot plan far enough in advance to use normal services.”
Patient, Cannock

“The children’s nurse was fantastic ... otherwise I know we would have had to go back to our GP or wait in A&E.”
Patient, Milton Keynes

”The Hub doctor system is fabulous! “
Patient, Richmond
Positive impact on the system

- Informed the direction and trajectory for national rollout of extended access, providing case studies, innovation showcases, scheme reports and a range of examples for others to learn from.

- Demonstrated the need to move away from 8am – 8pm, 7 days a week to ensure services designed to meet local population needs.

- Provided evidence for development of the seven core requirements for improving access.

- Encouraged development of ‘at scale’ working, leading to development of MCPs and PACs, and provided basis to conduct a bi-annual survey of extended access which identified over 500 federations that have been created.
Positive impact on the system

- Provided learning which led to the development of the 10 High Impact Actions to release time for care, set out in the GP Forward View as an integral approach to general practice.

- Tested approaches to data sharing and interoperability informing development of GP Connect.

- Informed the specification and development of an ‘automated appointment measuring interface’ – GP Workload Tool - for general practices to measure appointment capacity and utilisation, key commitment in the GP Forward View to be provided as a free good to all practices in 2017/18.

- Helped to set the scene for the future integration of services and progression towards new care models of care.
...so what comes next?

Rolling out extended access to the whole population by 2019
The goal...

- **Ensure everyone has easier and more convenient access to GP services**, including appointments at evening and weekends.

- **Greater integration** between primary and secondary, community and voluntary sector providers – new ways of accessing services and opened up modes of access moving away from traditional models.

- **Interoperability and digital integration** to support a better patient experience and sharing of records across service providers.

Making the most of ‘access’............and getting the best outcomes we possibly can for patients
And finally...

A BIG

THANK YOU

FROM THE NATIONAL TEAM
Improving Access to General Practice
‘Celebrating Success and Sharing Lessons Learned’

Tuesday 11 July 2017
Mary Ward House, London
GP Access Fund – where are we now?
Prime Minister’s Challenge Fund / GP Access Fund Evaluations

Key findings and lessons

NHS England
Extended hours provision
### Wave One
- **Schemes:** 20
- **Population:** 7.5 million (1,100 general practices)
- **Funding:** £60 million (increased from £50 million)
- **Timeframe:** October 2013 – September 2015

### Wave Two
- **Schemes:** 37
- **Population:** 10.6 million (1,417 general practices)
- **Funding:** £100 million (bringing total to £160 million)
- **Timeframe:** April 2015 – June 2016

### Aims
- Improve access to general practice
- Stimulate innovative ways of providing primary care

### Programme objectives
- Provide additional GP appointments
- Improve patient / staff satisfaction with access
- Increase contact modes
## Extended hours provision

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<thead>
<tr>
<th></th>
<th>Wave One</th>
<th></th>
<th>Wave Two*</th>
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<tbody>
<tr>
<td>The number of extended hours appointments provided to patients</td>
<td>540,000</td>
<td>£5.60</td>
<td>650,000</td>
</tr>
<tr>
<td>The average cost per head spent on extended access</td>
<td>£5.60</td>
<td></td>
<td>£4.43</td>
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<tr>
<td>The average additional minutes of extended hours appointment</td>
<td>30</td>
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<td>36</td>
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*Represents 23 of the 37 Wave Two schemes*
Provision of extended access appointments: key findings

- In the main, appointments provided by GPs.
- Typically, utilisation is highest during weekday extended hours followed by Saturdays. Available appointments on a Sunday are less well used.
- Of the booked appointments, the proportion of patients who Did Not Attend (DNA) is around 10% with rates of non-attendance being highest on a Saturday within some schemes.
Local market research findings: Extended access

- 75% of patients indicated that having extended access during weekday mornings and evenings and on a Saturday morning were the most important times.

- Whilst some patients were aware of the extended access services being provided during weekdays, most patients did not; particularly access to weekend appointments.
Local market research findings: Patient preferences and experiences

• Getting an appointment quickly regardless of the GP and at a time and location that was convenient for them were the most important preferences.

• A significant proportion of indicated that getting an appointment quickly with your preferred GP was the most important factors for them.

• Of those who had attended an extended access service within the last 6 months, most patients found the experience good.
**Minor A&E attendances**

**Assessment based on:**
- Before & After impact
- Comparison with comparator groups (Difference in difference)

For each scheme, the change in the rate of minor A&E attendances* has been assessed on the basis of the position before and after the start of GPAF and by looking at the difference in the rate of change in the scheme with a local regional comparator group.

<table>
<thead>
<tr>
<th>Wave</th>
<th>Before-After Effect</th>
<th>Difference in Difference</th>
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<tbody>
<tr>
<td>One</td>
<td>-14%</td>
<td>-10%</td>
</tr>
<tr>
<td>Two</td>
<td>-8%</td>
<td>-10%</td>
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*Minor A&E attendances
Increased contact modes
Evidence from wave one schemes

15 out of 20 schemes increased modes of access for patients

2.65 million patients offered telephone appointments at 360 practices

290,000 patients offered video appointments at 33 practices

770,000 patients offered GP e-consultations or online patient diagnostic tools at 100 practices

1.6 million patients provided with a texting service across 265 practices

50%
The percentage of schemes that established collaborative working arrangements (federations and networks)
Programme legacy
Collaborative working

Evidence from wave two schemes

- Collaborative working arrangements are now in place in 50% of schemes
- These include new federations and networks (limited companies or community interest companies)
- PMCF/GPAF was a key driver for establishing federations
- Federations have few (if any) direct staff
- Collaborative working has resulted in culture change and appetite for new models of care and service offers

Benefits of collaborative working

- Single provider bodies are better positioned to secure area-wide service contracts
- Economies of scale are helping to drive efficiency savings and value for money
- Improved service delivery is achieved through joint working (due to: standardised processes and streamlined care pathways, improved access to specialist skills, more efficient use of resources)
- Streamlined commissioning processes and share procurement
- Primary care providers now have a strategic voice and vision, so they can play a role in STPs and work with acute providers
- Less silo-working leads to greater sharing of good practice and more peer support
Networks: Hub and spoke model

Evidence from wave one and two schemes

- High prevalence of ‘hub and spoke’ delivery models for extended hours provision (some of these are multi-hub models to optimise access for patients)
- Potential for wider replication of the model for delivering extended hours
- Success factors:
  - Provide hub GPs with ‘read and write access’ to patient records
  - Integrate telephony and IT between hub and spokes
  - Locate hub(s) at the most appropriate site(s) to optimise access for the patient population
Wider initiatives demonstrating success
Telephone consultation pilots

Key findings

1. Telephone appointments take less time than face to face consultations and typically save over three minutes per appointment.

2. Schemes observed between 66 and 80 telephone consultations are utilised per 1000 patients.

3. Key enablers: engage with GP practices; train frontline staff; share early success to achieve buy-in; provide a clear/precise service specification.

4. Ensure there is critical mass of patient demand before implementation and allow for flexibility in the model to meet changing demand.
Online consultation pilots

Key findings

Evidence of success:

• Online consultations save GP time
• Two online consultations can be conducted in the time it takes for one face-to-face appointment (5 minutes versus 10 minutes)
• Models have demonstrated modest cost savings

Key enablers:

• Secure infrastructure (ClineCall, eConsult)
• GP buy-in and leadership
• Peer support for practices (‘buddy’ system) and training
• Active marketing for patients
Integrating GP services into A&E

Key findings

1. Ensure close proximity of GPs and A&E, or co-location if possible, so patients who are redirected have easy access to primary care.

2. Provide the GP service at peak times when A&E pressures are highest (times will vary between hospitals).

3. Cost savings need to be promoted as ‘system wide’ to ensure savings in one part of the NHS are welcomed by all (address the perverse incentive of tariff payments).

4. Where GP recruitment challenges exist to fill the post, encourage a wider pool of GPs to sign up to a small number of A&E shifts each year. Need for admin staff to support (id scale of demand is reasonable).
Care navigation services

Key findings

“The care navigator has been brilliant at quickly identifying the measures that would help my parents with their health and mobility problems that they are having. She made a difference to their lives and we in the extended family really value what has been done.” carer of older patient of OxFed care navigation

Evidence of success:

- Reducing the burden of social care needs on primary care
- Interventions either face-to-face or via telephone consultations
- Early indications of potential cost-effectiveness although many patients will continue to have primary care clinical needs

Key enablers:

- Dedicated delivery team
- GP buy-in and referrals
- Care navigators with good interpersonal and communication skills
- Addressing the social (non-clinical) needs of patients
- Up-to-date information on local services easily available (with eligibility criteria)
Community pharmacy model

Key findings

1. In over 90% of patient interventions, pharmacists have been able to effectively substitute a GP for activities covered within the scope of service.

2. Utilisation is initially slow to build as pharmacists grow in confidence and patient awareness of the service increases.

3. The co-location of pharmacies in practices or local hubs appears to have been an important factor in patient willingness to use the service.

4. There is evidence that community pharmacies are providing feasible and cost effective alternatives to a GP consultation.
Physiotherapy in primary care

Key findings

Evidence of success:
- Physio services saved GP time
- Patient care improved
- Patients were encouraged to change their behavior and improve their physical health
- Referrals and waiting times for the commissioned specialist service have reduced as a direct result of the physio service (e.g. able to meet KPI of 6 week waits)

Key enablers:
- Strong leadership and shared vision
- Strategic engagement for buy-in and ownership
- Central project team
- Training for frontline staff and physiotherapists
- Allow self-referral and promote the service to patients
- Provide flexible space for exercises
Thank you

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Taurus Healthcare
7 Day Primary Care @ Scale
The Future role of Federations

Graeme Cleland
A Brief Recap..

- Wave One PM GPAF pilot site
- Original Contract signed in July 2014
- Service Delivery commenced in August 2014
- 17 Initial projects, including Integrated Data Sharing in place with contiguous record management
- Entered Sustainability funding arrangements November 2015, and maintained service delivery to contracted rates continuously
- Utilisation initially slow to build however rates are now consistently:
  - GP 97%
  - ANP 93%
  - P’Nurse 75%
  - HCA 60%
- Recently been through procurement and secured a further two year contract based on national funding formula
- On track to deliver 45 Minutes / 000 population / week by 1 April 2018
What Have We Learned

Corporate Governance
Confused Shareholders
Compliance
CQC Registration
Legal challenges
NHS “Authorised” Body Status

Experience
Compliance
Patient Engagement
Alliance Contracting
Acute Provider

Contracting Process
Developing @ Scale
Property
Scale
ACO / ACS / MCP / Alliance

Community Provider
What’s happening now and coming next

STP
Partnering
ACS?

ACO?
Sustainability
Closing Summary

• These are complex changing times, and Primary Care needs “Leadership” and the delivery of new models of care
• 7 Day Primary Care – is an excellent “Trojan Horse” to the future
• Be willing to make mistakes and change with the times
• Primary Care is a significant part of the systemic solution provided
  • It can act in a sensible, structured and unified way
  • 7 Day Primary Care is an opportunity to showcase Capability and Innovation
• Remember to “breathe” – both in and out
• Don’t fall into the trap of Micro Management – stay the course focussed on the strategic end game
MyHealthcare

Our GPAF Journey to New Care Models

Birmingham and Solihull CCG
Ensure our patients, within the South Birmingham population, receive high quality care in the most appropriate setting for their needs.
1. **Hub and Spoke Model**

2. **Virtual Centre**

3. **Integrated Primary & Community Care Services**

4. **Digital Channel**
• 5 hubs with a patient population that are 30-50k. No patient is more than 3 miles from their local hub

• Full record access for all practices and hubs

• Each hub design bespoke to local community needs and aligned with the Federation vision
The Virtual Pharmacist and Virtual GP are located in adjacent consulting rooms, allowing them to easily discuss patient needs if required.
Integrated Primary and Community Care Services

*Diabetes Clinics*

*Physio First Clinics*

*Complex Wound Care*

*Minor Surgery*

*Health Trainers*

*Roving Doctor*

*Diagnostics (ECG / DVT / CRP)*
Key Challenges

- Challenging the status quo and perceptions: Phased approach using PDSA cycle
- Ensuring a seamless shift from current to new services: Double running of services and goodwill from stakeholders
- Variation in behaviours and working patterns in practices: Authentic engagement at practice, network and federation level
- Sustainability and spread of new services: Share and include non-MyHealthcare organisations
MyHealthcare Digital
What we set out to build?

Appointment Booking
Booking of appointments for your own practice, local hub or the virtual services

My Medical Record
View your medical coded medical record as per Patient Online requirements

Medication Management
View medication and order repeat prescriptions from your GP record

Self-Help Guides
Provide personalised guides for key conditions and topics with direct sign-posting into services

Long Term Condition Mgt.
Empower patients to self-monitor their specific conditions

Lifestyle Management
View and manage your key lifestyle factors for prevention of long term conditions

Accessible  Consented  Secure  Multi-Language
MyHealthcare App

- Strategic platform for entire CCG with 1.2m patients (EMIS + TTP + Vision)
- Enables patients to book/use services across the whole system
- Content is tailored based on coded record. Self-help guides and Care Plans
- Support multiple organisations / providers, care settings, CCGs, National?
- Supports accessibility standards and multi-lingual populations
- Sustainability - Work with CCGs to reduce current IT spend to reinvest in development

Current BSol CCG spend ~£600k on patient recalls (SMS + software) at 1.4p per message
MyHealthcare app can reduce this to 0.001p per SMS
Workflow Optimisation

Dr Paul Deffley
Clinical lead

hereweare.org.uk
About Here

- Formerly known as Brighton and Hove Integrated Care Services
- Not-for-profit social enterprise
- Membership organisation (our members are local GPs, Practice Managers, Practice Nurses and our own staff)
- Annual turnover of £50 million
- Partnered with local practices
- Delivering a broad range of NHS Services
- Supporting primary care since 2008 and testing new ways of working
Challenge fund pilot – 5 workstreams

- Extended Primary Integrated Care (EPiC)
  - Extended hours service
  - Community navigation
  - Pharmacy
  - Same day access and GP triage
  - Workflow redirection

But which has made the greatest impact for people who use services, GPs and administrators?

What have we learned about where we should we focus our energy and why?

hereweare.org.uk
About Workflow Optimisation

• What is **Workflow Optimisation**?
  • New approach to incoming correspondence
  • Train an administrative role to process correspondence in systematic way
  • **Effective** – 80% reduction in paperwork, equating to
  • **40 minute saving per GP, per day**
  • **Safe** – trained to over 500 practices with proven governance structure reviewed by MDOs

- **Read**
  • Take time to read thoroughly and reference letter to medical record

- **Coded**
  • Capture relevant information

- **Actioned**
  • Book BP follow up or appointment with HCA

- **Filed**
  • Reducing administrative workload by 80%
Benefit for the people we serve

I am supported to make decisions about my care in a timely way with a person who knows all the accurate information about me
Our Journey - Workflow Optimisation

EPiC Prime Ministers Challenge Fund
- Started with 1 GP working side by side with 1 administrator
- Demonstrated time saving 40mins per day per GP

Access Fund
- Trained 50 practices
- Opportunity to further test evidence

GP Forward View – 10 high impact areas
- Utilised to support STP and CCG plans to release clinical capacity and build collaborative communities of practice
- Over 500 practices trained
- Constant learning journey with a focus on purpose
Case Study – Sackville Medical Centre, Hove

Workflow Optimisation

hereweare.org.uk
Case Study – Sackville Medical Centre, Hove
Implementation– Gaining Maximum Early Benefit

Implementation Workflow Optimisation - % Documents Filed and Completed

- Completed by Workflow
- Completed by GP
Supporting Implementation with data

Workflow Dashboard

Top 10 letter types:
- A&E: 565
- Discharge sum...: 261
- Mental Health: 263
- NHS 111 Service: 261
- Out of Hours: 259
- Unknown: 207
- DNA Letter: 202
- Orthopaedics: 199
- ENT: 159
- Gastroenterology...: 162

% completed by workflow: 71.35%
% sent to GP: 25.46%
5515 letters processed by workflow team

Issues:
- 2.23% advice given to contact GP
- 5.42% advice to GP regarding meds
- 0.83% advice to GP to raise referral
- 0.33% for requesting bloods
- 0.09% request to remove sutures
- 0.51% too clinically complex for workflow

Graphs showing working days taken for workflow to process incoming letters and letters processed by workflow for different months.
Supporting Implementation with data

Incoming Clinical Correspondence Type

% of total incoming Clinical Correspondence

- A&E
- Psychological
- Screening
- Musculoskeletal
- Other (Clinical)
- Discharge Summaries
- Gastroenterology
- Cardiology
- Dermatology
- DNA Letters
- Other (General)
- Ophthalmology
- Endocrinology and Diabetes
- Blood diseases/disorders
- Safeguarding/Child Protection
- Obstetrics and Gynaecology
- Urology
- Paediatrics
- Breast Care
- Referrals
- Surgery
- Pharmacy
- Oncology
- Pain Clinic
- Results/Imaging
- Audiology

0% 2% 4% 6% 8% 10% 12% 14%

hereweare.org.uk
Our Impact

- Up to 80% of all clinical correspondence can be processed by a Workflow Administrator after 4 months
- General Practitioner time saving 40 min day per GP
- Data quality is enhanced in the medical record
- Safety focus: governance structures supported by the medical defence organisations
- Stewardship of the patient journey (including DNA checks, blood test booked there and then, follow up appointment resolved)
Benefits for the practice

Practice Team

• Up skilled staff and increased resilience within practice and between practices
• Ability to review other back office functions and share learning
• Future implementation of new roles simplified
Community Level Benefits

• We work with practices for a two year period
• Supporting and creating opportunities for practices to learn together
• Working with practices to understand the required culture of sustainable change
• Learning together to create a community of practice around Workflow Optimisation teams
• Local practice resilience increased, and a practical step to federations / networks
I have never been involved in a change programme that has led to such a dramatic improvement in service so quickly. In a few weeks the surgery was transformed.

*Dr Naseer Khan – Chief of Clinical Leadership and Engagement Brighton and Hove CCG*
Improving Access to General Practice
‘Celebrating Success and Sharing Lessons Learned’

Tuesday 11 July 2017
Mary Ward House, London
Posters and Networking Session
GP Access Fund - successes and challenges
Number of patients covered: 269,875
Number of practices participating: 26
Names of CCGs covered: 1
Objectives

- Increase access to local integrated GP led services
- Support local BCF initiatives integrating health and social care provision specific to need
- Improve quality of care and patient experience
- Increase efficiencies and sustainability of primary care services
- Reduce duplication and centralise coordination to ensure resilience
- Provide robust governance, quality assurance and audit reporting
- Provide sustainability in economies of scale and solid professional infrastructure
Successes

- Centralised shared accredited training resources
- Shared citywide shared IT and telephony systems
- Central communications hub, full administrative and data analysis team to coordinate hubs and back house functions i.e. CQC, IGSoc, Policies & Procedures.
- Delivery enhanced access to primary care services city wide 0800-2000 365 days a year to include nurse, HCA, ANP, GP and Physio appointments.
- Established full clinical team which provide resilience to struggling practices by sharing resources.
- Fully integrated referral pathways and streaming between 111, SCAS, A&E, community provider between 111, SCAS, A&E, community provider and nursing / residential care facilities.
Barriers / Challenges

- IT and accessibility to clinical systems.
- MIG unreliable as activity increased, central support poor.
- Indemnity providers understanding of project and lack of uniformity in advice to individual GPs.
- Prescribing budgets set up, monitoring and sustainability.
- Enhanced Access to Primary Care v Urgent Care – significant difference in staff mix, indemnity and alignment with 111 DoS.
- Fear of change / uncertainty
Future

- Hubs continue to develop primary care resilience and sustainability by sharing resources in core hours.
- Integration community services – shared service delivery model in the hubs. SPCL providing medical cover to specialist nurses and opportunity for upskilling / shared learning.
- Collaboration with the providers of telephone triage (111), OOH and visiting services.
- Alignment and collaboration ED streaming.
- Direct Access Primary care Physio being integrated component of commissioned service.
- Support the delivery of additional activity / services in the hubs through the continued development of our formal infrastructure and through tender process.
Celebrating Success
GP Access Fund – Wave 2

Debbie Bodhanya – Chief Executive Officer
West Essex Weekend and Evening GP Service

SERVICE PROVISION OVER TIME

FOCUS WAS ON GROWTH OF SERVICE

HOURS LIMITED TO 225 PER WEEK

TOTAL
- Appointments offered: 82,249
- Appointments booked: 57,458
- Appointments unused: 19,271
- DNAs: 6,749
- Streamed from ED: 2,065

SOURCE: Stellar Healthcare Oct 15 to June 17
WHO DO WE SEE AND WHAT FOR?

Cancer • Health checks • Pain control • Asthma • COPD Spirometry & CO2 testing • Contraception • Smear tests • Depo injection • Palliative care • Addiction help & advice • Rashes • Diabetics • Wound dressing Suture removal • Depression & mental health • ECG Ear irrigation • Chronic disease management • Blood glucose testing

West Essex Population: 308,700
Practices involved: 35

Uttlesford
10 practices
90,100 patients

Epping
15 practices
122,300 patients

Harlow
10 practices
96,300 patients

SOURCE: Stellar Healthcare Oct 15 to June 17
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<tr>
<th>Efficient Process</th>
<th>Seven day continual access</th>
<th>Convenience saves time</th>
<th>Good advice expert knowledge</th>
<th>Fits in with my life</th>
<th>Friendliness and helpfulness of staff</th>
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**PATIENT COMMENTS**

- “Only time I’ve ever been able to see a doctor after work”
- “Very easy, very good consultation, very relaxed and welcoming”
- “Very good professional service from both receptionist and GP”
- “A very nice understanding doctor and on a Sunday a Godsend!”
- “Brilliant to be able to access weekend care by appointment”
- “Saturday visit was fantastic, nurse was informative great experience”
- “Professional doctor who listened to me and clearly explained the potential issues”

**Satisfaction**

96%

**Recommendation**

95%

**Total Completed**

Over 8,000

SOURCE: Stellar Healthcare Oct 15 to June 17
Only 2% of Sunday GP appointments filled in some areas according to Pulse

Pulse revealed earlier this year that seven-day pilots have been set a target of filling at least 60% of appointments, with those failing short asked to submit plans on how they will boost demand.

Of the 34 areas able to give complete figures, 85% met the target for evening GP appointments, but this fell to 71% for Saturdays and 68% for Sundays.

The lowest fill rates for appointments were for a scheme in the Wembley area of Brent in north-west London, with only 2% of Sunday appointments and 8% of those on Saturday taken up. A spokesperson said low Sunday uptake ‘is seen across London and nationally’.

### % UPTAKE (Apr17 to Jun17)

<table>
<thead>
<tr>
<th></th>
<th>WEEKDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>88%</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>NURSE</td>
<td>77%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>HCA</td>
<td>78%</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>88%</td>
<td>83%</td>
<td>79%</td>
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</tbody>
</table>

SOURCE: http://www.pulsetoday.co.uk/your-practice/practice-topics/access/only-2-of-sunday-gp-appointments-filled-in-some-areas/20034678.article

Uptake figures includes all routine and A&E reserved slots.
Phase 2

Video Consultations

Self Care Portal

Mobile Working

MDT Video Meetings
timesaving
interoperable
21stCentury
integration
seamless

mobile
document
paperless
efficient
easy
access
continuity
GP Access Fund — celebrating success & sharing lessons learned — Slough CCG: successes and challenges

Dr. Jim O’Donnell
Chair, NHS Slough
at the
NHS England Celebrating Success & Sharing Lessons Learned,
Mary Ward House, London

Tuesday 11th July 2017
The Slough CCG Team Effort
1. Nothing as rewarding as listening to our patients

The Patient Voice...

*We are committed to ensuring that the voice of the patient community is reflected in the design of the health services we deliver and commission*
Our journey began with one simple question .... “I can’t get an appointment with my GP – how can you help me?”
Slough’s landscape...

- Diverse community where English is often not the first language
- High need, significant deprivation & health inequality
- A quarter of children living in poverty
- Growing & ageing population (up 17.1% since 2001)
- Berkshire receives some of the lowest levels of health funding per head in the nation

Slough CCG has achieved improved health outcomes, in challenging circumstances and within budget.

Committed to ensuring that the voice of the patient community is reflected in the design of the health services we deliver and commission ........The Patient Voice.

Our journey began with one simple question .... “I can’t get an appointment with my GP – how can you help me?” on 30th April 2013 : Slough CCG’s first Board meeting in Public.

We responded, and used prescribing savings to increase the number of G.P. appointments – 5,000 extra over the Summer/Autumn and then used Winter Pressures funding to add to this further – 6,000 more)
Prime Ministers Challenge Fund (PMCF)...

• Application submitted 14th February 2014 – 48,000 appointments, 11 additional projects

• Patient-led: What would “good” or “great” general practice look like?

• Notified of our success 14th April 2014 - £2.95m awarded

• Practices & Patient Representative Group Forum mobilised

• Feverish activity, Late evening meetings, concrete plans

• 1st July: phased start of extended hours

• 2nd week in August: full implemented across Slough
Prime Ministers Challenge Fund (PMCF)...

• Covered all patients registered at a Slough practice

• G.P. appointments to 8 p.m. Monday to Friday and Saturday & Sunday from 9 a.m. to 5 p.m.

• Delivered from 4 Cluster practices – Crosby House, Bharani MC, Farnham Road and Langley HC

• Very popular, well subscribed, mainly routine bookable appts., walk-ins also

• Sustainability: part-time GPs increasing their commitments

• Weekend and evening appointments look set to increase as a proportion of the general practice total – the times suit many people
**HSJ: “Slough CCG most improved CCG on GP access 2013-2016”**

*National Patient Survey July 2016: Q. 12 when asked if they could get a GP appointment when they last tried at their surgery, the decrease in patients responding “No”:*

<table>
<thead>
<tr>
<th>Rank</th>
<th>CCG</th>
<th>% decrease in those answering “No”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Slough CCG</td>
<td>-4.94%</td>
</tr>
<tr>
<td>2.</td>
<td>Chorley and South Ribble CCG</td>
<td>-3.11%</td>
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<tr>
<td>3.</td>
<td>Rushcliffe CCG</td>
<td>-2.99%</td>
</tr>
<tr>
<td>4.</td>
<td>Leeds North CCG</td>
<td>-2.24%</td>
</tr>
<tr>
<td>5.</td>
<td>Hammersmith &amp; Fulham CCG</td>
<td>-2.21%</td>
</tr>
<tr>
<td>6.</td>
<td>South Gloucestershire CCG</td>
<td>-1.94%</td>
</tr>
<tr>
<td>7.</td>
<td>Southport &amp; Formby CCG</td>
<td>-1.9%</td>
</tr>
<tr>
<td>8.</td>
<td>Oldham CCG</td>
<td>-1.83%</td>
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<tr>
<td>9.</td>
<td>South Manchester CCG</td>
<td>-1.56%</td>
</tr>
<tr>
<td>10.</td>
<td>Warwickshire North CCG</td>
<td>-1.54%</td>
</tr>
</tbody>
</table>
• We have continued to listen......................

• As groups of patients: Patient Participation Group in the Farnham Road Practice in Slough – feedback, service improvements, support with the wider pt. population, complaints, patient behaviour, support with the CQC inspections. Group Consultations – DM, COPD, Obesity

• Slough-wide Patient Representative Forum, 150,000 pts. The ultimate local patient “authority”. (HealthWatch)

• The Slough “Open Day” – annually in May, 1,100 feedbacks

• Across three CCGs: 450,000 pts. Sharing Innovation, e.g. “Healthmakers”, Community Partnership Forum

• The National Patient Survey

• UK-wide: GPs: Behind Closed Doors, Channel 5 Weds 8pm
2. We didn’t stop at improving access – other projects

• The Slough PMCF also includes an additional eleven projects

• A condition-specific Clinical Support Group in each practice – patients chose

• Primary School Health Education programme – seven key areas

• SMS texting to allow patients to cancel appointments, and get health info

• Online facility for booking appointments

• Bespoke programmes in each practice wrapping care around the “Top2%” of patients with the highest risk of needing unplanned care episodes in next year

• ...................and 6 more projects
Group Consultations

Alternative style of consulting: 10-15pts simultaneously being reviewed

1) Longer appointment slots with their GPs
2) Proactive routine follow up
3) Individualised goal setting
4) A platform to connect with other patients suffering from similar conditions
5) Stepping stone in development of peer support groups.

Outcomes:

1) More connected to patient
2) Increased efficiency and productivity
3) Reduction in face to face to consultations
4) Better compliance of medication
5) Improved health outcomes – HbA1c, cholesterol and blood pressure
6) Transforming the delivery of primary care
3. We leveraged our access success into clinical services & ownership of our local acute trust

Transformation of our local Acute Trust
A&E target – from fifth to first quintile nationally
Diabetes – from low to high achievement at low cost
Cardiovascular Disease
Cancer Mortality
Asthma care in children
COPD outcomes
Prescribing quality & budgets

Success bred self-belief and others’ confidence in us
Outcomes Versus Expenditure (DOVE) Tool - Diabetes quadrant chart 2013/14

Data:
Total spend on diabetes prescribing compared to people with diabetes with a HbA1c of 59mmol/mol or less in the TVSCCN area
**Major amputations** (above ankle) per 1000 adults with diabetes
2012/13 – 2014/15

The five CCGs with the highest rates of major amputations are: Kernow, Fareham & Gosport, South East Hampshire, Thanet & Bristol.

The five CCGs with the lowest rates of major amputations are: Slough, Windsor, Ascot & Maidenhead, Bath & North East Somerset, Swindon & North East Hampshire & Farnham.

Please note: figures for Bracknell and Ascot CCG were suppressed due to small figures.
All treatment targets (Type 2 only) – 2015/16

This map shows the % of Type 2 diabetes patients meeting all three treatment targets by CCG, compared to the England average of 48.4%.

This map highlights that a number of poorer performing CCGs (red) are in the South West, most notably: Bristol, South Gloucestershire & North Somerset. Whereas, a number of good performers (green) are in South Central: Bracknell & Ascot, Aylesbury Vale, Chiltern. However there were also high and low performing CCGs in other areas too. It should also be noted that even CCGs performing well against the England average could still improve their results.

www.england.nhs.uk
Trends are in the right direction - improvement needed to match BW 14/15 cost per item of £42.23. Slough and B&A have achieved similar % reductions to BW but are starting from a higher baseline.
Cost per item of gliptins in East Berkshire

Comment: Slough outperforms BW and BE CCGs on both cost-per item and trend.
Complex Case Management

• Within PMCF resource we commissioned additional, **longer GP appointments** in primary care for all patients on a Complex Patients list, with each patient being seen **once every 3 weeks, for up to 30 minutes**.

• The extra appointments supported an overall care plan for each patient around their medication and treatment regime. GPs are also working with the specialist teams like the COPD and Heart Failure nurses.

• **Some of the interventions included:**
  - Review reasons for any A&E attendances, emergency admissions and 999 ambulance call outs
  - Develop a crisis management plan including alternatives to A&E and 999 ambulance call-outs
  - Discuss with the patient how they can help manage their conditions, maintain their overall health and prevent unnecessary hospital admissions

4. We learned not to wait for permission – if something’s not having the desired outcome…….
Some Slough CCG Indicators

- **Diabetes** – All Slough practices meeting national targets for delivering the 8 care processes: No.2 in England. Slough practices improved diabetes control, particularly in the following indicators from 13/14 to 14/15:
  - HbA1c target (<59) **Improved from 58.41% to 64.48%**
  - BP target (<140/80) **Improved from 72.5% to 80.06%**
  - Cholesterol (<5) **Improved from 72.86% to 76.48%**

- **Under 75 Mortality Rate – Cardiovascular**: Reduced to **98.3** per 100,000 population, down from 101.6 prior year

- **7-Day working in Primary Care**: Slough CCG first to implement 7-day working in GP practice with the Prime Minister’s Challenge Fund (GPAF)

- **Non-Elective Admissions Reduction**: NELAs are **-2.5%** YTD M09 December c/w last year (range - 2.5% to - 6%)

- **Slough CCG Complex Case Management Scheme**: **-33% reduction** in NELAs and A&E attendances, and **-29% reduction** in OPFA in the specific CCM cohort of patients (568 patients; second cohort of 608 pts in progress)

- **NELAs from Care Homes**: Reduced by **-33%** from 274 in 14/15 to 184 in 15/16.

- **Paediatric Asthma** – NELAs down **-29%** at M09 December YTD for childhood asthma (207, down from 290)

- **Under 75 Mortality Rate – Cancer**: Reduced to **138.7** per 100,000 population, down from 156 the previous year, from above to below the England average of 141.5

- **Deprivation**:
  - The number of ‘highly deprived’ neighbourhoods (10% most deprived in England) down from 1 in 2010 to 0 in 2015.
  - The number of neighbourhoods in the 10% - 20% most deprived category also fell from 9 (11.5%) in 2010 to 5 (6.3%) in 2015.
  - Our 2016 Right Care Commissioning for Value pack gives new opportunities different from those in 2015, showing delivery on Right Care priorities. Work already well underway in the areas identified for 2016-17:
    - **Asthma** – we have already real progress in this area with our Paediatric Community Asthma Service
    - **COPD** – as part of our CCM scheme, COPD is included as one of the key morbid conditions
    - **Stroke** – currently reconfiguring our stroke service to implement the ‘London model’ for better outcomes.
SAME DAY DEMAND

Self-Care
Digital Access to health and health services information
See Right Professional first time
Centralised Service to improve efficiency
Improve Care Out of Hospital
Increase Investment in General Practice & Community & Social Care
Eliminate Avoidable Hospital Admissions
Complex Case Management
SAME DAY DEMAND

Complex Case Management

Self-Care
Digital Access to health and health services information
See Right Professional first time
Centralised Service to improve efficiency
Improve Care Out of Hospital
Increase Investment in General Practice & Community & Social Care

Eliminate Avoidable Hospital Admissions

Commissioning opportunities

Transforming Primary Care
5. We have taught practices to listen and respond...

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people’s needs?

Are services well-led?

Farnham Road Surgery
Quality Report CQC 2017
Manor Park Medical Centre

Ethnicity

- Indian
- Pakistani
- British
- Black
- European/Uncertain

Diabetics

% prevalence

- % prevalence for different age groups
<table>
<thead>
<tr>
<th>PRACTICE</th>
<th>PREVALENCE</th>
<th>B/P 140/80</th>
<th>TC 5.0</th>
<th>HbA1c S9</th>
<th>RANK SUM SCORES</th>
<th>PRESCRIBING SPEND</th>
<th>SPENDING RANK</th>
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<td>MPS</td>
<td>10.3%</td>
<td>92.61% (1)</td>
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<td>240</td>
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<td>50.81% (14)</td>
<td>46</td>
<td>£316.19</td>
<td>15</td>
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</tbody>
</table>
and the challenges? ..........

1. Matching local appetite and enthusiasm to budgets.

2. Pioneering pilots – important to ensure governance.

3. Raises expectations all around – “now walk on water”


5. We still need to transform demand....... through “self care” and digital info
### Answers to Questions 13 and 15 Compared:

**Q13. Last time you sought it, were you given an appt. to see a GP at your surgery? (% who answered ‘yes’)**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WAM</td>
<td>82%</td>
</tr>
<tr>
<td>1</td>
<td>SR</td>
<td>82%</td>
</tr>
<tr>
<td>3</td>
<td>SH</td>
<td>81%</td>
</tr>
<tr>
<td>4</td>
<td>CHL</td>
<td>77%</td>
</tr>
<tr>
<td>4</td>
<td>NEW</td>
<td>77%</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
<td>NEHF</td>
<td>75%</td>
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<tr>
<td>7</td>
<td>NWR</td>
<td>75%</td>
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<tr>
<td>9</td>
<td>BA</td>
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<td>10</td>
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<tr>
<td>11</td>
<td>AV</td>
<td>67%</td>
</tr>
<tr>
<td>12</td>
<td>WOK</td>
<td>65%</td>
</tr>
</tbody>
</table>

**Q15. Last time you sought it, was the appointment very or fairly convenient? (% who answered yes to these)**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>WOK</td>
<td>94%</td>
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<tr>
<td>2</td>
<td>NEHF</td>
<td>93%</td>
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<td>2</td>
<td>SH</td>
<td>93%</td>
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<td>2</td>
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<td>90%</td>
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<tr>
<td>12</td>
<td>SL</td>
<td>85%</td>
</tr>
</tbody>
</table>
So what have I learned?

1. Listen to your patients and public, then respond with appropriate action; checking back with them as you go.

2. Keep listening to them: this is your ‘customer’ speaking.

3. You’ll get great ideas, but you need to bring them along with you as you deliver transformation.

4. Not all populations prioritise the same things, nor do they share the same perspectives.

5. Perhaps local demand, NHS usage, levels of engagement and concordance reflect other needs......
Lunch and Networking
Improving Access to General Practice
‘Celebrating Success and Sharing Lessons Learned’

Tuesday 11 July 2017
Mary Ward House, London
Reflections from Robert Varnam
Improving Access to General Practice
‘Celebrating Success and Sharing Lessons Learned’

Tuesday 11 July 2017
Mary Ward House, London
What lessons can we take away from the programme?

Table Discussion
Table discussion:

1: Governance
2: Workforce
3: GP Appointment Tool Feedback
4: Measuring Delivery of the Core Requirements
5: Communications and Engagement
6: Models of Care
7: National and Commissioner Feedback
Improving Access to General Practice
‘Celebrating Success and Sharing Lessons Learned’

Tuesday 11 July 2017
Mary Ward House, London
GP Access Fund Awards 2017
Improving Access to General Practice
‘Celebrating Success and Sharing Lessons Learned’

Tuesday 11 July 2017
Mary Ward House, London