Paper H

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP (WLCCG)

BOARD MEETING

Tuesday 10th September 2019

Title of the report:	West Leicestershire Clinical Commissioning Group Extended Access Scheme Evaluation
Section:	Delivery
Report by:	Lindsay Widdowson, Primary Care Delivery Manager, WLCCG
Presented by:	Ian Potter/David Muir

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:

1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.

2. The CCG will work with providers, service users and communities of interest to ensure that any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	5.2 General Duties 5.2.5 Assist and support NHS England in relation to the Board's duty to improve the quality of primary medical services
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Alignment with other strategies	WLCCG Operational Plan Delivery of General Practice Five-Year Forward View NHS Long Term Plan
Environmental Implications	N/A
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	The evaluation report and its recommendations have been discussed at the extended access steering group, which includes representation from 4Fed and DHU, CCG clinical leads at the locality development group meeting and in practice locality meetings. The report and its recommendations have been approved by extended access steering group members.

EXECUTIVE SUMMARY

1. The WLCCG Extended Access Scheme pilot has been running since October 2018.

2. A full evaluation of the scheme was conducted through June/July 2019. Information gathered as part of the evaluation included:

   a. Staff and patient feedback

   b. Activity data obtained from DHU for the period October 2018 to April 2019 inclusive.

3. This paper provides an overview of the evaluation and a summary of key findings and recommendations.

4. Full results and findings from stakeholder feedback and activity data analysis can be found in the embedded document in Appendix 4.

5. The overwhelming picture from the evaluation is one of a valued service that is increasing access to primary care, improving equity of access (particularly for those in full time employment and families) and helping to ease pressure on GP practices.

RECOMMENDATION:

West Leicestershire Clinical Commissioning Group is asked to:

RECEIVE the West Leicestershire Clinical Commissioning Group Extended Access Scheme Evaluation Report and its recommendations, approved by the Extended Access Steering Group.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING
10th SEPTEMBER 2019

West Leicestershire Clinical Commissioning Group
Extended Access Scheme Evaluation Report

PURPOSE OF PAPER

1. The purpose of the paper is to update the Board on the work undertaken to evaluate the Extended Access Scheme. The report builds on the paper presented to Board in May 2019 and details the methodology and findings of the evaluation work, demonstrating the performance against the seven core requirements set by NHS England in the GPFV.

BACKGROUND – A NATIONAL IMPERATIVE

The General Practice Forward View - April 2016

2. The General Practice Forward View published in April 2016 set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020, everyone has improved access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

3. In 2017/18, a financial allocation was provided to West Leicestershire CCG (WLCCG) to meet a range of criteria, which would then be developed into the seven core requirements for the delivery of extended access as part of the GP Forward View. The seven core requirements can be found in Appendix 1.

4. The refresh of NHS Plans for 2018/19 required all CCGs to provide extended access to general practice to their whole population by 1 October 2018. This included ensuring that access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.

The NHS Long Term Plan - January 2019

5. "Investment and Evolution": A five-year framework for GP contract reform to implement The NHS Long Term Plan, published on 31st January 2019, introduces some key changes that will impact the way extended access is delivered across CCGs. These are outlined below:

   - 2019 NHS England access review (see below), to develop a more coherent set of access arrangements
   - April 2019 recurrent investment into practice global sum to enable extended access DES and direct 111 bookings

- July 2019 – PCNs to provide 30 minutes of extended hours per 1000 population a week as part of the extended hours DES
- Extended access scheme monies to transfer to PCNs by 31st March 2021
- 1st April 2020 transition to combined access offer[1].
- 1st April 2021 full implementation of combined access offer

National Access Review

6. The draft terms of reference of the NHSE access review have now been published. The access review has one main objective, which is to improve patient access both in hours and at evenings and weekends and reduce unwarranted variation in experience.

7. Locally extended access is likely to be replaced by, or will become part of, a much wider programme of work looking at improving access to primary care and/or even improving access to health and care systems.

8. An interim report and set of recommendations arising from the national access review is expected by the end of October 2019. The final outcome of the review is unlikely to be known until the end of 2019/early 2020.

9. This report includes initial consideration of the potential implications of the Long Term Plan and Access Review for the current provision of Extended Access in West Leicestershire.

WLCCG RESPONSE TO THE GPFV REQUIREMENTS AND THE NHS LONG TERM PLAN

10. During 16/17, WLCCG, working collaboratively with practices, federations and providers through the development of an urgent care test bed, identified the clinical presentations suitable to be seen both in tier 1 and tier 3 urgent care settings. As a result, the CCG developed an Integrated Community Urgent Care Service Specification (IUC), undertaking an open procurement process to secure a provider to commence from 1st April 2017. The successful bidder was a Community Interest Company jointly provided by DHU and the GP Federations in WLCCG.

11. From 1st April 2017, the service has been providing patients with access to same-day urgent appointments to meet patient need.

12. It was felt that the Integrated Community Urgent Care Service already covered many of the parameters required for extended access, as open 24 hours a day, 365 days a year and offering bookable appointments with a healthcare professional. It was estimated that circa 50% of the GPFV access requirement was already covered by this service.

[1] In July 2019, NHSE published the draft terms of reference for the national access review. The draft terms of reference for the revised National Access Review state one main objective, which is to improve patient access both in hours and at evenings and weekends and reduce unwarranted variation in experience. It is unclear under what contractual form these requirements will be introduced and whether procurement will be necessary.

13. From October 2018, 4Fed Healthcare Ltd and Derbyshire Health United (DHU) have been piloting the delivery of extended access through the IUC via a contract variation encompassing the remaining 50% of the necessary requirement.

14. The publication of the NHS long-term plan at the beginning of 2019, the pending national access review and uncertainty around what the proposed combined access offer will look like resulted in agreement from Board – approved by WLCCG Procurement and Investment Committee (PIC), May 2019 – to extend the existing pilot until the end of March 2021. This is the latest date by which monies are transferred to PCNs.

15. With this agreement and approval came the expectation that whilst maintaining the pilot service, working with all relevant stakeholders through the EA Steering Group, work would be undertaken based on the outputs and recommendations, (and eventual requirements) of the Access Review to review the overall model of access to primary care and general practice: with 'extended access' becoming part of a wider programme of improved access which will enable a patient access to the right care, in the right place, with the right person at the right time.

16. A full timeline of CCG actions is contained in Appendix 2.

Current delivery model

17. Through its service provision, the provider will:

- Provide operational hours 365 days a year, including bank holidays, at sites in Coalville, Hinckley and Loughborough;
- Offer appointments that are outside of core primary care hours (08.00-18.30) and which take into account patient need;
- Provide appointments of 15 minutes with a GP or an ANP to allow the clinician time to see and treat the patient and update the clinical record. Patients with different needs, who may require a longer appointment, should be accommodated;
- Provide both pre-bookable and on the day appointments for patients registered with a GP in WL CCG

18. Appointments are allocated via referral from a practice or NHS111 only in accordance with a clearly defined set of inclusion/exclusion criteria. Currently, the West Leicestershire extended access service does not accept self-referral or 'walk-in' patients.

19. Following discussion and feedback at and from the CCG's Primary Care Commissioning Committee, a sub group of the Steering Group, with primary care and Public Health input, reviewed and revised the pilot service access criteria in regard to patients with mental health needs.

20. The agreed revision was implemented in August 2019. Patients with common mental health condition are now included and patients on the practices 'mental health register' who present with a mental health concern should be triaged by a clinician as suitable for the service.

INTRODUCTION TO THE EVALUATION

Governance

21. The Senior Responsible Officer (SRO) is Ian Potter, WLCCG Director of Primary Care. Dr Geoff Hanlon, WLCCG Board GP, is the clinical lead.

22. The Extended Access Steering Group was established April 2017 to develop the clinical model and oversee implementation and delivery of the service whilst identifying and managing conflicts of interest, reports to the Primary Care Commissioning Committee, WLCCG Board and the LLR General Practice Resilience Programme Board as required.

23. Since the contract variation with 4Fed/DHU (October 2018), the extended access scheme has been included in the monthly formal Integrated Urgent Care contract meetings with 4Fed/DHU.

Aims of the evaluation

24. In the context of the LTP 'combined access offer' commitment, the overall aim of the evaluation was to learn from the current service model and provision and to consider the appropriateness of the existing model of delivery.

25. To ensure that the ongoing provision of the pilot service reflects the learning from the pilot and in addition to the core components of any service specification that it:

    - Meets NHS England requirements for extended access
    - Is cost effective
    - Meets quality and safety requirements
    - Ensures equity of access, including its inclusion/exclusion criteria, the locations from which extended access appointments are provided and the hours of opening
    - Demonstrates changes made in response to stakeholder feedback, where appropriate
    - Meets the requirements of transferring care safely principals
    - Ensures that the right patient receives the right care, at the right time, by the right person

Cohort and Methodology

26. Staff and patient (n.96) feedback gained through fieldwork undertaken during July 2019:

    - Patient interviews and interviews with duty GPs (n.14)

- Facilitated discussion with practice managers
- Online survey used by patients and referring GPs (n.10)
- Questionnaire completed by GP reception staff

27. Areas covered in the survey include awareness of the scheme, ease of access and experience of the appointment.

28. Activity data obtained from DHU for the period October 2018 to April 2019 inclusive.

EVALUATION OUTCOMES

High level summary

29. Across all stakeholders we surveyed, the overwhelming picture was one of a **valued service** that is **increasing access to primary care**, **improving equity of access** (particularly for those in full-time employment and families) and **helping to ease pressure** on GP practices.

30. 37% of people when asked the question about what alternative services they would have accessed if they'd been unable to book today's appointment said they would have gone to the urgent care centre (26%) or to A&E (11%). A further 22% said they'd have contacted NHS111.

31. The EA pilot does appear to be helping patients that might normally struggle to access primary care, to get same day or next day appointments. This is helping to **reduce the inappropriate use of health services** (i.e. Urgent Care Centres and A&E) that many of these patients would otherwise use.

32. 93% of the 14 clinicians working in the scheme reported that the majority of referrals received were clinically appropriate. This has exceeded expectation and is a key strength of the adopted model of delivery.

33. 97% of the 96 patients surveyed confirmed that they were satisfied with their appointment – a positive outcome of a service that is working well. The reasons given by those reporting they weren't satisfied were an unsatisfactory appointment outcome (including one not getting a fit note), one patient was uncertain about whether the outcome of the appointment would be shared with their GP and one patient was unhappy with the distance travelled.

34. The Provider felt trusted by the CCG to deliver the service and welcomed a relationship that enabled them the flexibility to make changes that would improve outcomes for patients.

More detailed findings and adherence to core requirements

35. The CCG is meeting the core requirements set by NHS England as part of the General Practice Forward View (GPFV).

36. The recommendations from the evaluation against core requirements (detailed in Appendix 3) and full evaluation findings (Appendix 4) will ensure that future

provision reflects the learning from the pilot, both in terms of operational changes that can be made by the current Provider and what may be commissioned in the future as a result of the national access review.

NEXT STEPS

37. Update the contract variation and service specification for the period April 2019-September 2019 to reflect changes made since service commencement and planned changes already agreed.

38. Work with Provider on operational recommendations and consider what other recommended changes can made between October 2019 and March 2021.

39. Update the contract variation and service specification where necessary.

40. Await publication of the interim report from the national access review team at the end of October 2019 and consider implications/take appropriate action.

41. Keep up to date with progress on the national access review and take appropriate action as and when necessary.

CONCLUSION

42. The evaluation of the extended access scheme has shown that the current service is a **valued service** that is **increasing access to primary care**, **improving equity of access** (particularly for those in full time employment and families), **helping to ease pressure** on GP practices.

43. The current model of delivery is resulting in good levels of utilisation, high levels of patient satisfaction and clinicians working within the service seeing patients that are, on the whole, clinically appropriate.

44. The CCG is meeting NHS England requirements for extended access and partially meeting the new draft requirements.

45. The recommendations from the evaluation will ensure that future provision reflects the learning from the pilot, both in terms of operational and commissioned changes that can be made by the current Provider within the existing contract term and what may be commissioned in the future as a result of the National Access Review.

ACKNOWLEDGEMENTS

46. Particular thanks should go to the following people for their efforts and support with this process:

Ian Kingsbury	Communications and Engagement Manager
Helen Cullinan	Patient Experience and Quality Support Officer
Helen Rose	Managing Director, Charnwood GP Network

Dave Rowson Communications & Engagement Service Partner, WLCCG

RECOMMENDATION:

West Leicestershire Clinical Commissioning Group is asked to:

RECEIVE the West Leicestershire Clinical Commissioning Group Extended Access Scheme Evaluation Report and its recommendations, approved by the Extended Access Steering Group.

Appendix 1 – GPFV Seven Core Requirements

Timing of appointments	• Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6.30pm) – to provide an additional 1.5 hours • Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs • Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.
Capacity	• Commission a minimum additional 30 minutes consultation capacity per 1000 population per week, rising to 45 minutes per 1000 population
Measurement	• Ensure usage of a nationally commissioned new tool to be introduced during 20171/8 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of great demand.

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

Digital	• Use of digital approaches to support new models of care in general practice
Inequalities	• Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place
Effective access to wider whole system services	• Effective connection to other system services enabling patients to receive the right care the right professional including access from and to other primary care and general practice services such as urgent care.

Appendix 2

TIMELINE OF EVENTS

2017/18

In April 2017 the Extended Access Steering group developed the clinical model, outlined in the next section.

Agreed clinical model tested by the incumbent integrated community urgent care service provider (4Fed/DHU) at the Loughborough Urgent Care Centre (LUCC).

2018/19

In September 2018 Board delegated approval of a three-phase plan to Procurement and Investment Committee (PIC).

From October 2018 to September 2019, 4Fed/DHU were commissioned to pilot the test model at scale and provide the remaining quantum required to meet GPFV capacity and access criteria via a contract variation to the ICUCS[2].

The intention was to evaluate the pilot and procure an interim service operating from October 2019 to March 2022 to bridge the gap between the end of the 4Fed/DHU pilot and EA being delivered as part of a basket of integrated urgent care services from April 2022.

2019/20

The five year framework for GP contract reform (I&E) introduces significant changes in the approach to the commissioning of both the Extended Access Scheme and the Extended Hours DES.

The procurement of the interim service has not started due to uncertainty introduced by I&E about the future model of extended access, its relationship with the extended hours DES and the implication of funding transferring to PCNs by April 2021.

In May 2019, a paper was presented to the WLCCG Board and the WLCCG Procurement and Investment Committee and an extension to the existing contract variation to March 2021 was agreed. A recommendation was also made to update the inclusion/exclusion criteria for the scheme to make it more inclusive to people experiencing problems with their mental health.

Work has been ongoing nationally to refresh the seven core requirements for extended access services to reflect the changed position and operational planning guidance. In June 2019, a draft set of core requirements was circulated. These can be found in Appendix 1.

[2]A contract variation for 4 years (the remaining length of the current ICUCS contract) with the current Provider was deemed a risky option, as it may be deemed as anti-competitive and the CCG could be open to a risk of challenge.

In June 2019, the inclusion/exclusion criteria was updated. The Provider hopes to adopt this from October 2019.

A full evaluation of the scheme was conducted in June 2019. Detailed findings and recommendations are included in this report.

In July 2019, NHSE published the draft terms of reference (ToR) for the national access review. The ToR include one main objective, which is to improve patient access both in hours and at evenings and weekends and reduce unwarranted variation in experience.

An interim report and set of recommendations is expected by the end of October 2019.

Appendix 3

Table 1 – Performance against NHSE GPFV requirements for extended access 2018/19 (see Appendix 2 for full description)

Current requirement	Performance	Recommendation
1 Timing of appointments	Disposition of services across the week is good and meets the NHSE requirements. The Provider has stopped early mornings and reduced Sunday opening in response to demand. Trends in utilisation across the week show peak utilisation is a Saturday.	Consider disposition of appointments across the week in line with trends in utilisation.
2 Capacity	The CCG have commissioned 45 mins per 1000 population per week commissioned and provided through a combination of bookable appointments under the IUC contract and EA appointments.	No further action required.
3 Measurement	All practices have access to the NHS workload tool; however, they are not all routinely or consistently using the tool/measuring capacity and demand.	The NHS workload tool is one of a number of capacity and demand management tools available. Available tools need to be scoped and an appraisal of each undertaken in order that practices can make an informed decision about what tool will work best for them. This cannot be finalised until we understand reporting requirements, including what and in what format.

4 Advertising and ease of access	General awareness of the scheme among patients is low. The majority of patients were only aware following the offer of an appointment from their practice or NHS111. A recent audit of GP websites identified that 22 out of the 48 (46%) WLCCG practices had no information about the extended access scheme on their practice website. This is in the context of a scheme that has managed access to bookable appointments by the GP or NHS 111. Self-referrals are not currently accepted.	Consider what, when, where, why and how to raise awareness of the scheme, including the key message(s) we would want to promote as part of this campaign.
	Observations from people carrying out survey suggested signage could be improved at certain sites.	Provider to improve signage at these sites.
	All receptionists at SystmOne practices have access to a live appointment system; however, practice staff raised numerous queries relating to use of the system.	Refresh training required for practice staff on use of appointment system.
	EMIS practices have to telephone the clinical navigation hub to book an appointment.	There is no interoperability between the GP EMIS system and the booking system currently to enable direct booking.
	A few patients reported difficult in accessing medication. Not all extended access 'hubs' are sufficiently close to a pharmacy that is open at the same time.	• Follow up on discussion with NHSE pharmacy leads on current gaps • Map late night and weekend opening pharmacies to current EA sites to identify gaps. For example, there is a notable absence of a late night pharmacy in Coalville in an evening. The nearest pharmacy is in Ashby.

		• Ensure that any future model considers access to pharmacy in its specification.
5 Digital	- Access to patient notes by clinicians working in the scheme is patchy. - NHS111 book directly into the scheme. 46% of appointment activity is generated by NHS 111 bookings.	Explore this issue further and, where necessary, consider how access to notes can be improved.
6 Inequalities	The inclusion criteria has been reviewed and updated. This will be implemented in October, including a relaunch to relevant practice and DHU staff. More locations are needed: - Distances are too travel prohibitive for some patients. Most people are travelling up to 2 miles to their appointment. - GPs are unwilling to do EA shifts due to the location not being convenient.	- All impacts assessments, including a full EIA will be required on revised specification prior to any re-procurement/change in Provider. - Consider the feasibility of improving the geographical coverage within the current contract period. - Ensure that any future model considers geographical equity access of access in its specification.
7 Effective access to wider whole-system services	The scheme maintains effective connections to other system services, such as primary care and urgent care. For example, patients that need an urgent response will be referred into the IUC/UEC system. The extended access service is a small part of a wider system responsible for improving access. A system that needs to ensure that patient receives the right care, in the right place, at the right time, by the right person. GPs delivering extended access are unable to instigate test results and make referrals from the	Extended access needs to become an integral part of a wider programme of work looking at improving access to primary care, which includes a review of what happens 'in hours' and outside of GP contracted hours. Consider adoption of the SOPs implemented in Leicester City: • Two-week wait referrals • Post Consultation Communication with Patient's Registered GP regarding suggested actions, investigation or referral.

	extended access clinics. Systems are not currently capable of enabling the outcome of a referral made by a patient's non-registered GP to be sent back to the registered GP.	

Appendix 4 – Full evaluation findings

WLCCG EA
Evaluation Findings_F