

# **NHS Leeds West CCG**

## **Enhancing Primary Care Access Scheme**

### **Assurance Monitoring & Evaluation Update,**

### **July 2015**

#### **Purpose**

The purpose of this paper is to provide assurance on the NHS Leeds West CCG (LWCCG) enhancing primary care access scheme and report emerging key findings from the evaluation.

#### **Introduction**

A Primary Care Enhanced Access business case was approved in September 2014. It was agreed that this pilot scheme would run for a period of 18 months from November 2014 until March 2016.

A significant non-recurrent investment of £9M was secured to enable the scheme to be offered to all 38 member practices and implemented. The approval was made with conflicts of interest well managed during the decision making process. To date £4.5M has been invested.

The funding supported the delivery of increased access by extending opening hours and increasing clinical capacity in Primary Care. Clearly defined outputs were not established at this stage in order to allow the scheme to develop. It was expected that the evaluation of system wide impact would produce data regarding sustainability of the project once the pilot period had ended.

#### **Background**

There is a clear National context and drive towards extending patient access to NHS services over seven days. We have worked with the National Team and facilitated a seven day services workshop in Leeds to gain the wider picture. Work in Leeds Teaching Hospitals and the community services are progressing towards seven day services.

In 2014 the CCG supported an application by a group of practices to the Prime Ministers Challenge Fund- the bid was unsuccessful but the Enhanced Primary Care Access Scheme (a local scheme) was then co-produced with member practices, and funded by the CCG.

## Monitoring and Assurance

A Monitoring & Evaluation sub-group was established in October 2014 and a strategy developed in consultation with member practices. A data model has been developed and refined over the last nine months using an iterative process. This data model enables monthly monitoring of primary care activity and impact on secondary care at practice, scheme level, locality or network level as well as CGG level.

### What has the investment supported?

In October 2014, all LWCCG member practices were invited to participate in the enhanced access scheme. Practice applications were reviewed by a panel and approved in tranches. The first group of applications were approved in November 2014; others were subsequently approved between December 2014 and March 2015. This resulted in varied start dates; in addition, Level 3 (see below) practices adopted a phased implementation in that they provided Level 2 services initially until the hub infrastructure was put in place.

The scheme offers three levels of enhanced access:

**Level 1** – Increased capacity through extended hours (current Enhanced Service requirement)

Additional clinical time per week in minutes = practice population ÷ 1,000 × 30

Level 1 is practice based and mirrors the enhanced service that is commissioned by NHS England. The expected outcomes for Level 1 are to continue to provide the level of service as agreed with NHS England and in addition:

- To participate in demand and capacity modelling to help practices match number of appointments to patient demand and share information on practice appointments
- To participate in peer review and monitoring of the overall project outcomes as part of Locality Development Sessions.

**Level 2** – Increased capacity through extended access (5 days)

Additional clinical time per week in minutes = practice population ÷ 1,000 × 30 × 5

Access to clinicians is spread throughout the week (Monday-Sunday) at times determined by practices in consultation with their patient groups.

**Level 3** – Increased capacity through extended access (7 days) (practice populations over 35,000 only).

Additional clinical time per week in minutes = practice population ÷ 1,000 × 30 × 8

At level 3, practices are required to offer access to clinicians across 7 days with an expectation that they will provide a service for 8hrs on a Saturday and Sunday and on bank holidays.

The major benefit of L3 is that Practices would be supported to collaborate and work more closely together for their combined local population.

The scheme is funded as below:

- Level 1 – Increased Capacity through Extended Hours (£3 per patient)
- Level 2 – Increased Capacity through Extended Access (5 days) (£15 per patient)
- Level 3 – Increased Capacity through Extended Access (7 days) (£30 per patient)

### **Safeguarding the diversity of general practice:**

A key principle of the scheme put forward by practices and agreed was to safeguard the diversity of general practice in west Leeds and was overt in not disadvantaging smaller practices who may not have the capacity to run the per-head funded scheme singlehandedly. To this end a minimum population size of 35,000 was agreed to be eligible to apply for level three funding. With the exception of one member practice (Leeds Student Medical Practice) no member practice had a list size of 35,000 or above. This meant that practices could only deliver level three if they worked in collaboration with other neighbouring (and possibly smaller) practices.

This had the additional benefit of developing new relationships between practices in localities and in several cases has led to further collaborations around other pieces of work.

### **Equity of funding:**

Participation was voluntary for practices and all members were invited to participate at any level subject to meeting the necessary criteria. As this is a pilot scheme with little evidence from similar schemes it is important that the effectiveness of the different levels is evaluated and compared.

All 38 practices<sup>1</sup> signed up to the scheme. Four practices were approved at Level 1, eighteen at Level 2, and sixteen at L3 services.

Table 1 below shows the financial split by scheme level<sup>2</sup>:

	<b>Amount allocated</b>
Level 1	£22,600
Level 2	£3,336,700
Level 3	£5,675,900
<b>TOTAL<sup>3</sup></b>	<b>£9,035,200</b>

Table 1

### **Hubs**

A number of practices have organised themselves into hubs to provide Level 3 services. Hubs are groups of local practices working together to provide extended access services. One practice in the group acts as the hub and patients from the other practices will access their weekend (and some weekday evening) appointments there.

There are four hubs in operation in LWCCG providing Level 3 services consisting of between 2 and 5 practices.

<sup>1</sup> As of 1<sup>st</sup> April 2015 there are 37 practices due to Abbey Medical Centre, Holt Pak Health Centre and Moor Grange Surgery merger. This practice is now known as Abbey Grange Medical Practice.

<sup>2</sup> Financial information provided by Leeds West CCG Finance team.

<sup>3</sup> This figure does not include two L1 practices (Beech Tree Medical Centre and South Queen Street Surgery) as no payment has been made to these practices to date

## **SECTION ONE**

### **What has the investment bought?**

Application forms submitted by practices detail the additional clinical capacity bought with the investment. Aggregated data at CCG and scheme level is provided below.

#### ***Additional time***

Based on the practice application forms, the total additional clinical time bought with the investment equates to 1,055 hours clinical time purchased per week. Table 2 below shows the split at scheme level:

	<b>Additional time funded under the local enhanced scheme (hours/week)</b>
Level 1	8 <sup>4</sup>
Level 2	470
Level 3	577
<b>TOTAL</b>	<b>1,055</b>

Table 2

#### ***Better access to general practice through enhanced practice opening times***

Based on the proposed new opening hours stated in the application forms and subsequent development of the hub sites, the Leeds West practice population has access to over 420 more hours per week than they had pre-scheme.

	<b>Practice opening hours pre-scheme (hours/week)</b>	<b>Practice opening hours post-scheme (hours/week)</b>	<b>Additional practice opening hours (hours/week)</b>
Level 1	205 <sup>5</sup>	213	8 <sup>6</sup>
Level 2	970	1,081	111
Level 3	872	1,174	303
<b>TOTAL</b>	<b>2,047</b>	<b>2,468</b>	<b>422</b>

Table 3

#### ***Increased number of appointments***

Based on the practice application forms the total number of additional appointments bought with the investment is 7,925 per week.

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<sup>4</sup> No additional hours/week are required as part of the CCG enhanced access scheme, L1 practices are expected to continue to provide the level of enhanced service as agreed with NHS England. Two practices (Windsor House Group Practice and Beech tree Medical Centre) indicated on their application forms that they intended to increase their hours (7 hours and 1 hour respectively) as part of the local enhanced scheme.

<sup>5</sup> Based on data supplied by 2 practices; Morley Health Centre and Windsor House Group did not include this information in their application form

<sup>6</sup> No additional hours/week are required as part of the CCG enhanced access scheme; Level 1 practices are expected to continue to provide the level of enhanced service as agreed with NHS England

	<b>Number of appointments/week pre-scheme</b>	<b>Number of appointments/week post-scheme</b>	<b>Additional appointments/week</b>
GP	20,121	24,174	4,053
Nurse Practitioner	697	2,157	1,460
Nurse	9,316	10,754	1,438
HCA/Phlebotomist	4,850	5,824	974
<b>TOTAL</b>	<b>34,984</b>	<b>42,909</b>	<b>7,925</b>

Table 4

Many practices proposed to increase capacity within regular opening hours based on feedback from their Patient Reference Groups, for example extra clinics on a Monday.

### *Increased appointments per thousand population*

Practice application forms suggest an increase in total appointments from 98 appointments per 1,000 population pre-scheme to 121 appointments per 1,000 population post-scheme. Table 5 below shows the split by scheme level.

	<b>List size</b>	<b>Total appointments /week pre-scheme</b>	<b>Total appointments /week post-scheme</b>	<b>Total appointments /week pre-scheme per 1,000 population</b>	<b>Total appointments /week post-scheme per 1,000 population</b>
Level 1*	23,219	1,001	1,033	43	45
Level 2	188,117	17,662	21,798	94	116
Level 3	144,208	16,321	20,011	113	139
<b>Leeds West</b>	<b>355,544</b>	<b>34,984</b>	<b>42,842</b>	<b>98</b>	<b>121</b>

\*Based on data supplied by 3 practices; Windsor House Group did not include this information in their application form

Table 5

### **What is being delivered?**

In order to capture the data needed for monitoring and assurance (as well as impact) of the scheme a data model has been developed internally. This model extracts data on activity from member practices via EMIS and SystemOne and is enabled by a data-sharing agreement with practices. Its development was supported by the Data Quality Team of the Yorkshire and Humber Commissioning Support Unit.

The aim of the data model is to capture monitoring, assurance, impact and evaluation information to support measurement of the scheme in a standardised way and to minimise variation in data collection techniques, which may occur through returns being collected from multiple sources.

The development of the data model was ambitious and, as far as is understood, has not been replicated to such an extent in any other health care system nationally, certainly with regards to the capturing of primary care activity. It has also been beset with many challenges during development including how to best capture activity delivered within the ‘hubs’ described above, and a solution to this issue has not yet been fully identified. Another challenge has been standardising the information captured from the two different clinical systems used by the practices, with many different users.

It has therefore taken time to build confidence in the primary care activity data captured in the LWCCG data model. Validation of this data has taken place with colleagues at the Leeds Intelligence Hub, plus with the monthly returns made by the practices themselves. Although in some cases there are very close similarities between the three data sources, in many cases there were significant differences (see Chart 1 below). Following detailed inquiries into the reasons for the differences, the Monitoring and Evaluation Group has agreed that the data captured in the LWCCG data model (seen as ‘JI model’ on Chart 1 below) is the most valid and reliable.

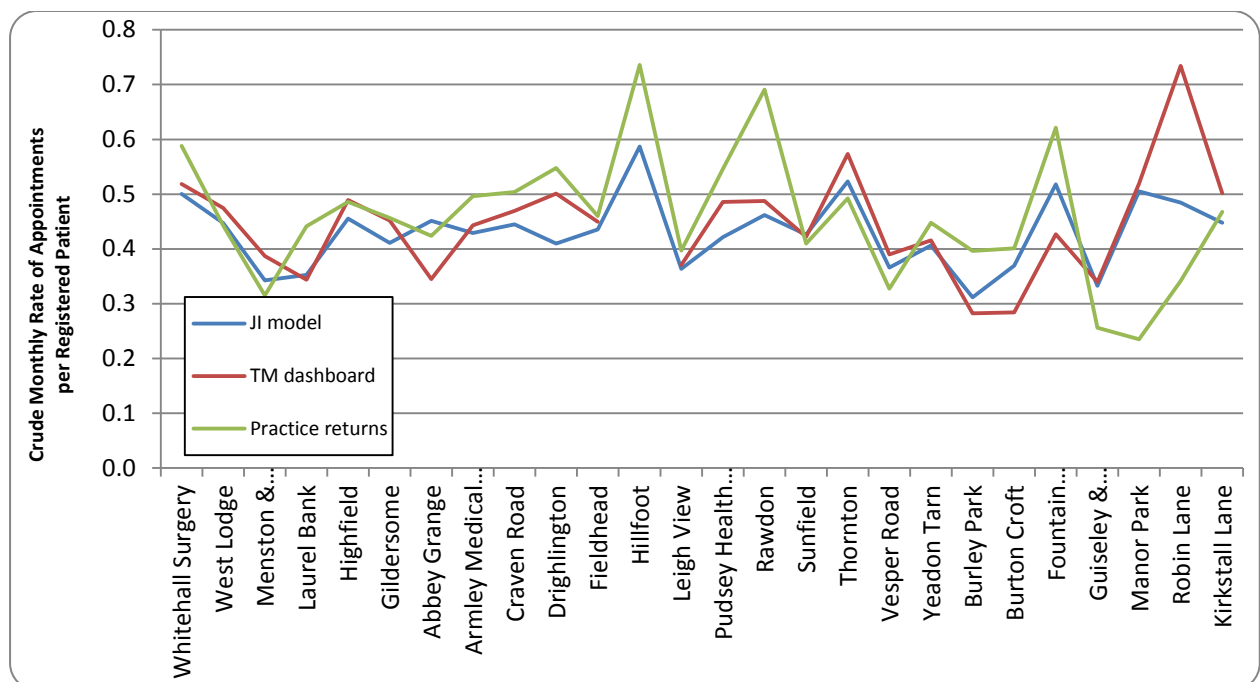


Chart 1

Chart 1 demonstrates that data from three sources may produce differing results

Whilst many of the practices started to introduce enhanced hours from December 2014, in reality implementation has varied across practices depending on practice plans for delivering the additional hours. Although most practices have extended working hours for existing practice staff, some practices have been required to supplement staff with additional locum cover. In terms of primary care activity, the data model is showing:

**It is important to note in the following charts that the data demonstrates emerging trends and not statistically significant results.**

## Appointment slots available

The total number of appointment slots available per month has increased since December 2014. The monthly figures are higher for the period December 2014-May 2015 when compared with the same month in the previous year (see Table 6 below).

There was a marked increase in total appointment slots available in December 2014 and March 2015. This reflects the start date for a large number of Level 2 practices (December 2014) and the subsequent offering of Level 3 services (March 2015).

Please note the appointment slot figures included in Table 6 below are for SystmOne practices only, as EMIS figures are still to be added to the model (however the number of attendances includes SystmOne and EMIS practices).

Summary of Change from Previous Year		Change from Previous Year															Latest Month % Change			
		Latest Data	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Dec	Jan		Feb	Mar	Apr
GP Practice Data - Number of Attendances	May-15	115,274	132,766	120,757	128,633	120,962	114,189	128,569	129,099	122,541	139,005	122,898	118,388	13,295	-3,667	1,784	10,372	1,936	4,199	3.7%
Total Slots		91,629	103,050	92,411	96,298	92,558	86,077	105,714	107,661	101,035	114,054	102,120	97,882	14,085	4,611	8,624	17,756	9,562	11,805	12.8%

Table 6

## Number of attendances

For this evaluation update, primary care activity is defined as all attendances in general practice and includes –

- Face to face consultations
- Telephone consultations
- Home visits
- Walk-ins

The total number of attendances per month has increased since December 2014. The monthly figures are generally higher for the period December 2014-May 2015 (with the exception of January and April 2015), when compared with the same month in the previous year. This may be due to the historic winter planning schemes / Easter arrangements that have previously been in place.

Again, there was a marked increase in the number of attendances for the months of December 2014 and March 2015. This reflects the start date for a large number of Level 2 practices (December 2014) and the subsequent offering of Level 3 services (March 2015).

In total there were approximately 28,500 more attendances in primary care for the six months from December 2014 to May 2015 when compared with total attendances from December 2013 to May 2014.

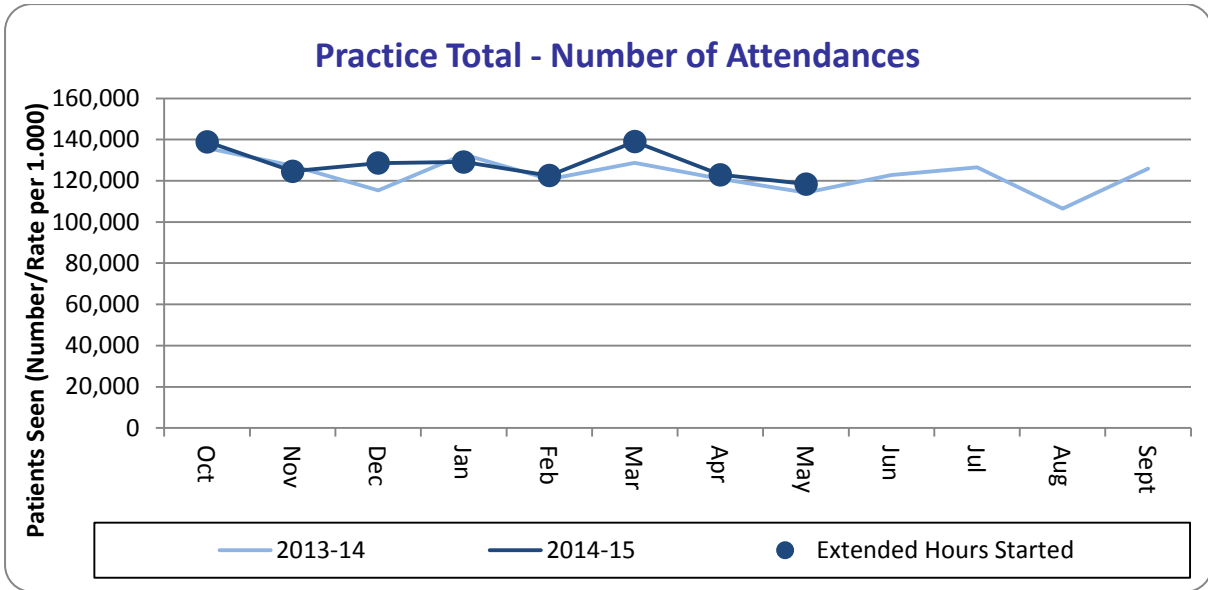


Chart 2

**Total and unused slots**

The trend in unused slots since December 2014 mirrors the trend in total slots available.

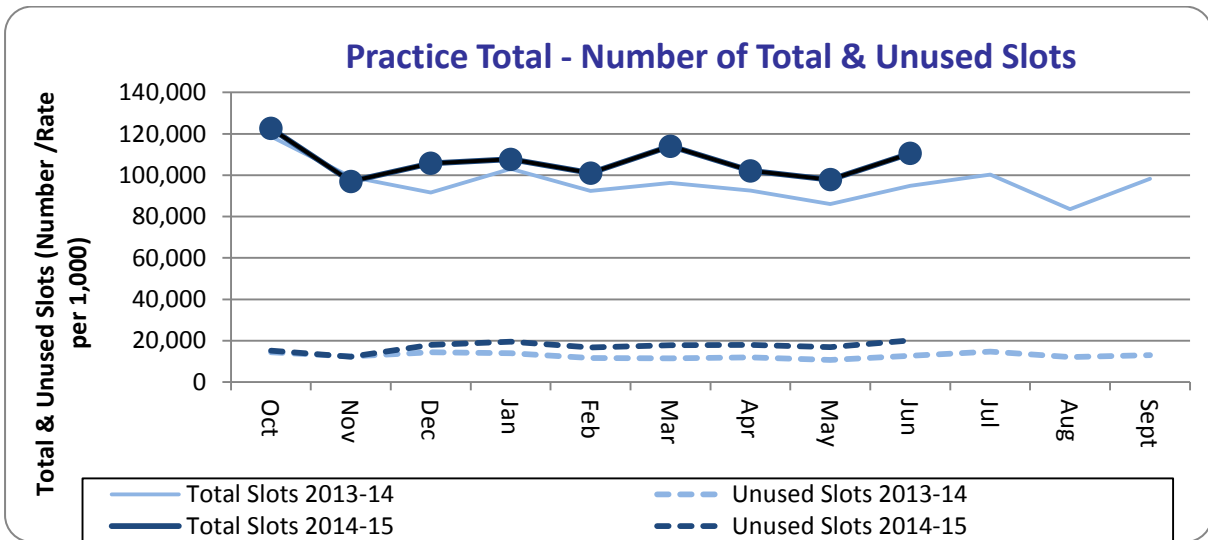


Chart 3

**Did not attend (DNA) rate**

The DNA rate has remained fairly static at approximately 4,000 per month since the scheme was introduced. This will be monitored.

**Telephone appointments**

There is an upward trend in telephone appointments, with approximately 11,000 telephone appointments per month pre-scheme compared to 13,000 appointments per month post-scheme.



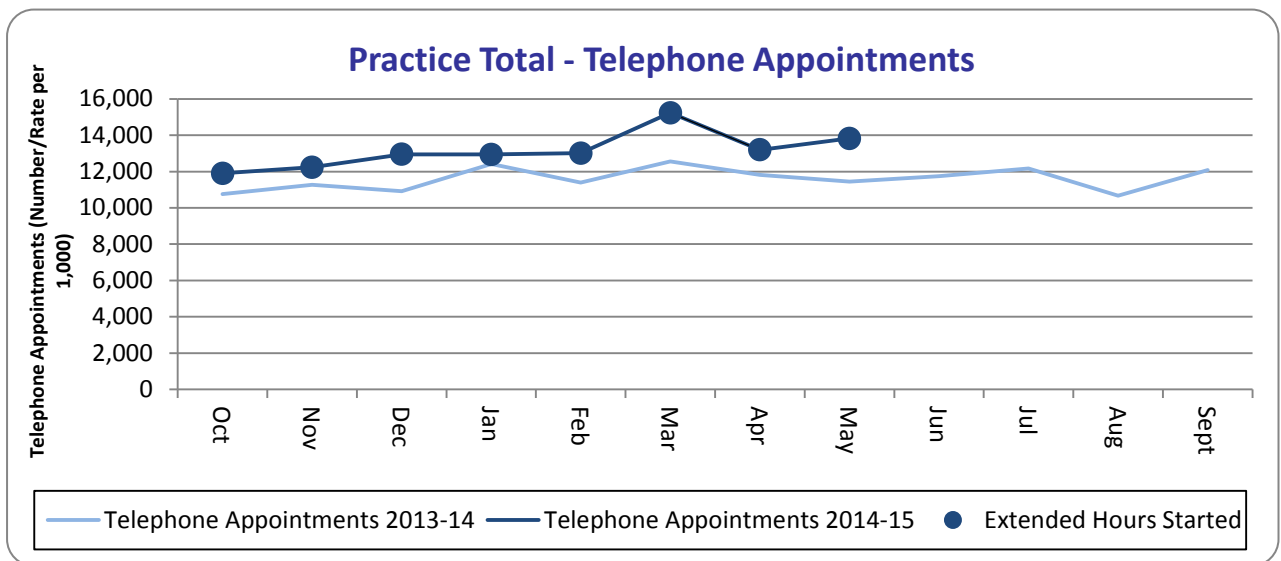


Chart 4

### Time of day

Additional activity in March, April and May 2015 is evident throughout the day when compared with the same months in 2014. Despite evidence of early morning and late evening activity, take-up of these appointments appears to be relatively low at this stage.

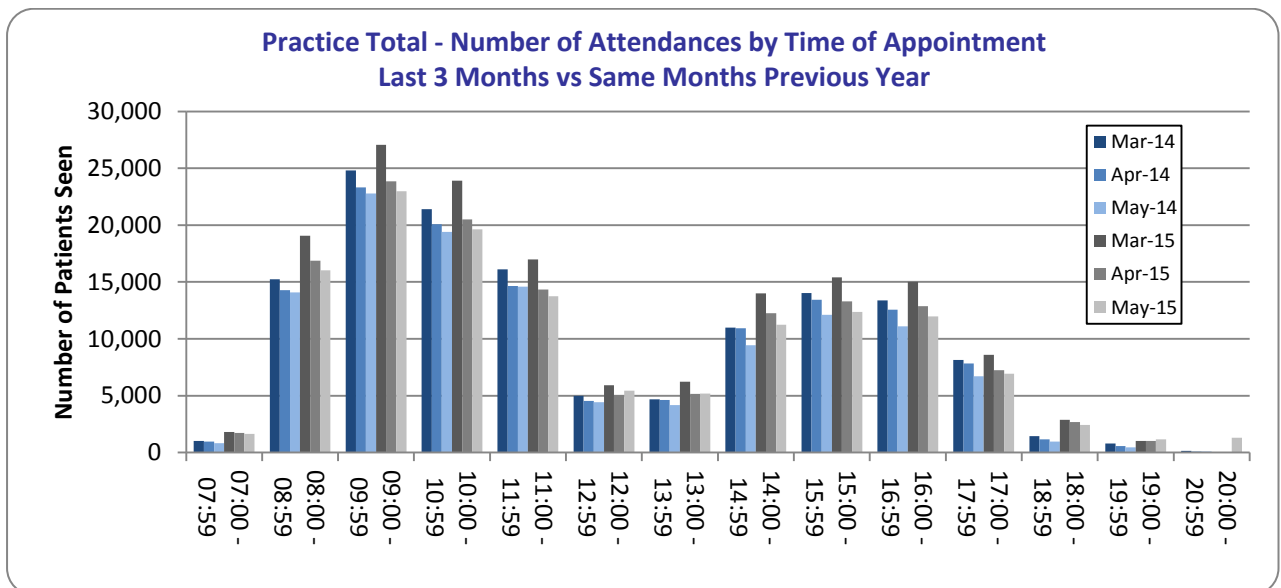


Chart 5

### Day of the week

The total number of patients who attend appointments during the week has remained fairly static at approximately 125,000 per month since the scheme was introduced. The number of patients attending appointments at the weekend has steadily increased in the period December 2014-May 2015 as the hubs have become operational. This increase in weekend attendances also reflects that a number of Level 2 practices open on a Saturday morning (in lieu of a Friday evening), which has been particularly helpful during bank holiday times such as Easter.

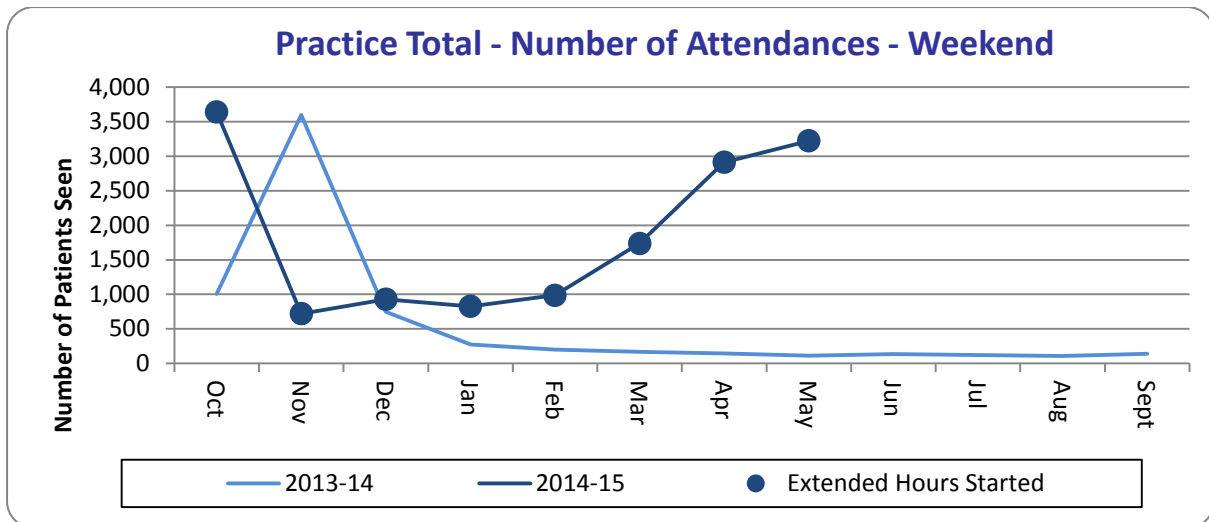


Chart 6

Please note the peaks in weekend appointments in November 2013 and October 2014 were due to additional clinics for 'flu' vaccinations.

## **SECTION TWO**

### **Impact on the wider health care system**

The impact on other services in the health care system is captured and monitored in the LWCCG data model using data sources already in regular use throughout the health economy. For example, impact on secondary care activity is captured via the Secondary Uses Service (SUS) system. This is a well-established data source that is robust and that colleagues are experienced in using. There is therefore a high degree of confidence in the data used to assess impact on the wider health care system. However the data demonstrates emerging trends only and cannot be seen as statistically significant at this mid-point evaluation stage.

For the GP Out-of-Hours service, the data source is regular contract monitoring information which is widely available.

Among the caveats when monitoring impact on the wider health care system is that there are many improvement schemes underway citywide, all with similar objectives, that is to reduce demand on secondary care and enable people to remain in their own homes for longer, avoid hospital admission where possible and facilitate earlier discharge. Whilst none of the evidence below can be directly attributed to the LWCCG enhanced access to primary care scheme as a causal link, it cannot be denied that the increase in access to primary care does support these overarching aims and therefore it is reasonable to assume an association with the scheme.

Comparisons with the other two Leeds CCGs have been included below to add context to the data.

Economic and statistical analysis has been applied to the data by the Health Evidence, Economics and Evaluation (HEEES) team of the Yorkshire and Humber Commissioning Support Unit. However, there are insufficient data points at this stage in the project to enable

any notable observations and none of the analysis undertaken to date or indeed any of the differences in the data reported below can be deemed statistically significant. These processes will continue to be developed and a full economic and statistical analysis will be reported in due course.

### Impact on A&E (selected treatments<sup>7</sup>)

Chart 7 below shows the activity in A&E (selected treatments and investigations) for the three Leeds CCGs. A slight downward trend in demand for this type of A&E activity can be noted for all three CCGs.

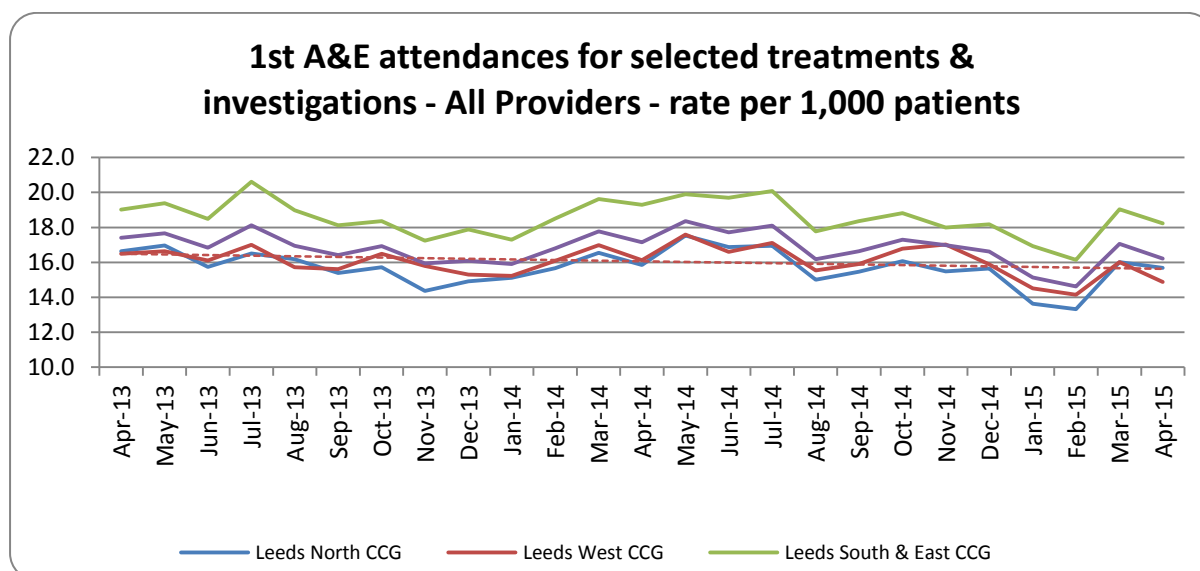


Chart 7

When this type of A&E activity is compared across the three Leeds CCGs and with the same period (December-April) in 2013/14, the Leeds West rate per 1,000 patients has dipped below the Leeds North rate (see Chart 7) – however the reduction in Leeds West (5.4%) for this period is only marginally greater than the other two CCGs, where this type of A&E activity has also decreased. This is shown in Table 7 below.

	Dec13- Apr14	Dec 14- Apr15	Var.	Var. %
LNCCG	15,893	15,122	-771	-4.9%
<b>LWCCG</b>	<b>27,105</b>	<b>25,644</b>	<b>-1,461</b>	<b>-5.4%</b>
LSECCG	26,250	25,099	-1,151	-4.4%
Leeds totals	69,248	65,865	-3,383	-4.9%

Table 7

#### <sup>7</sup> Treatments

Dressing, Bandage/support, Sutures, Wound closure (excluding sutures), Removal foreign body, Physiotherapy, Minor surgery, Observation/electrocardiogram, pulse oximetry/head injury/trends, Guidance/advice only, Tetanus, Recording vital signs, Wound cleaning, Dressing/wound review, Sling/collar cuff/broad arm sling, Joint aspiration, Active rewarming of the hypothermic patient, Medication administered, Occupational Therapy, Loan of walking aid (crutches), Social work intervention, Eye, Prescription/medicines prepared to take away and None (consider guidance/advice option).

#### Investigations

Bacteriology, Biochemistry, Clotting Studies, Haematology, Immunology, None, Pregnancy Test, Ultrasound, Urinalysis, X-Ray plain film.

## Impact on Emergency Admissions (selected specialties<sup>8</sup>)

Chart 8 below shows emergency admissions for selected specialties for the three Leeds CCGs. LWCCG have had a small decrease in emergency admissions for these specialties since the implementation of the scheme, compared with the same period in the previous year.

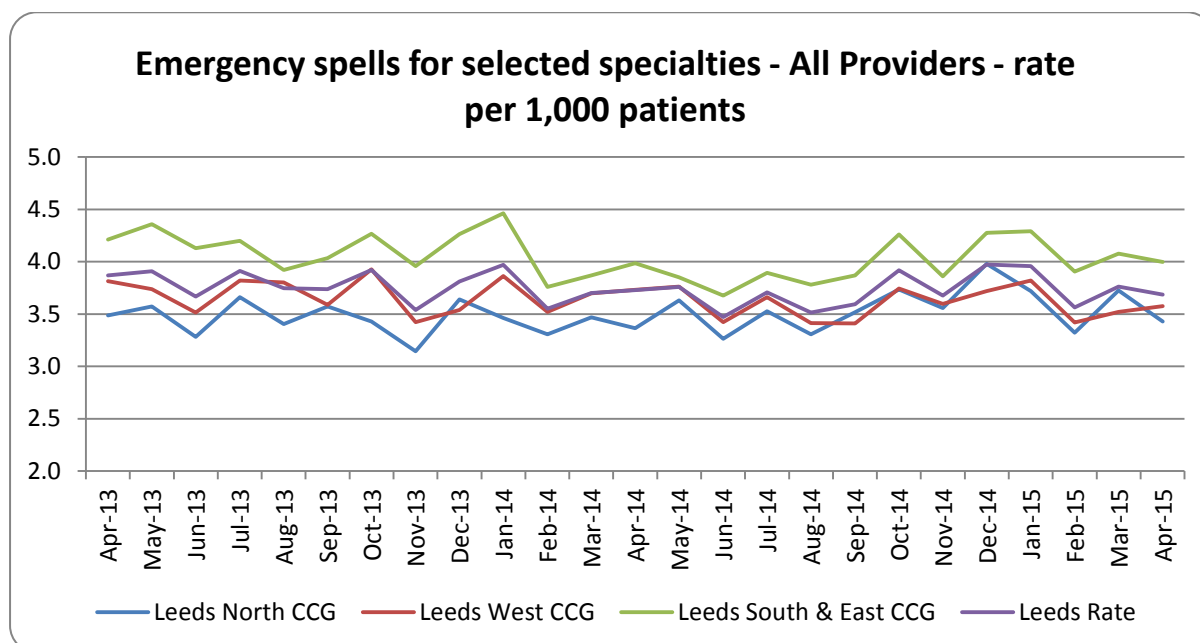


Chart 8

It is notable that the Leeds West year on year reduction of 1.6% for the period December 2014-April 2015 compares with increases in activity for Leeds North and Leeds South and East CCGs. Table 8 below shows the year on year variance of the three Leeds CCGs.

	Dec13- Apr14	Dec 14- Apr15	Var.	Var. %
LNCCG	3,510	3,699	189	5.4%
<b>LWCCG</b>	<b>6,239</b>	<b>6,139</b>	<b>-100</b>	<b>-1.6%</b>
LSECCG	5,767	5,825	58	1.0%
Leeds totals	15,516	15,663	147	0.9%

Table 8

Please note that the above information on emergency admissions does not include direct GP admissions to assessment units. This is being assessed and will form part of the final report. Due to the nature of the 2015-16 contract between the Leeds CCGs and Leeds Teaching Hospitals NHS Trust it is not currently possible to monitor and include assessment unit activity, however a solution to this is being sought.

<sup>8</sup> General Surgery, Urology, General Medicine, Cardiology, Respiratory Medicine, Geriatric Medicine.

## Impact on GP Out-of-Hours service

Chart 9 below shows activity for the GP Out-of-Hours service for the three Leeds CCGs. It shows that since February 2015, LWCCG have the fewest attendances per 1,000 patients. It is notable that prior to that time LWCCG often had the most attendances per 1,000 patients. This is possibly associated with the fact that weekend hub appointments started to become available in January/February 2015.

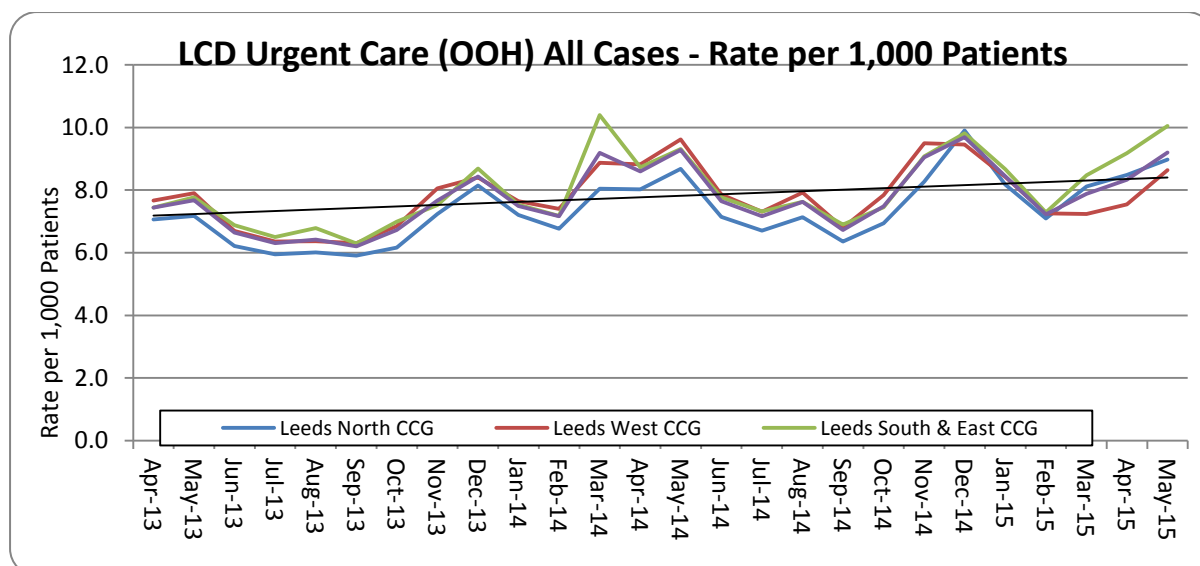


Chart 9

When comparing this activity with Leeds North and Leeds South and East CCGs for the period December 2014 to May 2015 it is important to note that whilst Leeds West have seen a decrease in attendances of 4.3% compared with the same period in the previous year, the other two Leeds CCGs have both seen an increase in attendances. LNCCG's increase was 8.3% for the same period. This variance is shown in Table 9 below.

	Dec13- May14	Dec 14- May15	Var.	Var. %
LNCCG	9,538	10,331	793	8.3%
<b>LWCCG</b>	<b>17,255</b>	<b>16,505</b>	<b>-750</b>	<b>-4.3%</b>
LSECCG	14,696	15,160	464	3.2%
Leeds totals	41,489	41,996	507	1.2%

Table 9

LWCCG activity for GP Out-of Hours service is therefore 12.6% lower than Leeds North CCG and 7.5% lower than Leeds South and East CCG for the period.

Whilst this difference is not currently statistically significant, this indicator is of particular interest going forwards and could develop into a significant outcome by March 2016.

## Impact on Minor Injury Unit (MIU) activity and NHS 111

Activity for MIU has remained relatively static and no impact of the scheme can yet be seen in the data.

Activity for the NHS 111 service has increased slightly since the scheme was implemented. This will be further assessed.

## Financial impact

The tables below set out the financial impact of the enhanced access scheme split by scheme level, month and service.

With regard to potential savings identified from secondary care services, because the Leeds CCGs currently have a fixed income agreement with Leeds Teaching Hospitals NHS Trust the majority of savings from A&E and emergency admissions will not be cash releasing in 2015/16, but may reduce the income agreement in future years.

A major caveat in this data is that there are several transformation schemes running across services in Leeds currently- all of which will be claiming any service, financial or activity improvements, it will therefore be extremely difficult to assess direct and absolute impact of any individual scheme on for example reduced emergency admissions.

The data below therefore needs to be read as- "it would appear that a L2 practice will see a reduction in spend", rather than "the reduction in spend is directly attributable to the L2 work" No correlation between Level of activity and projected savings can be made at this stage, again, it is an emerging theme.

(Reduction)/Increase in spend by Point of Delivery

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total
Leeds West CCG	1	-£9,308	£1,620	£689	£3,429	-£139	£42,622	£38,912
	2	-£33,297	£9,662	-£4,060	-£8,773	-£5,841	-£449,852	-£492,160
	3	-£74,628	£247	£2,211	-£60,849	-£5,239	-£11,867	-£150,125
	<b>TOTAL</b>	<b>-£117,233</b>	<b>£11,529</b>	<b>-£1,160</b>	<b>-£66,193</b>	<b>-£11,219</b>	<b>-£419,097</b>	<b>-£603,373</b>

Table 10

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total	Total List Size	£ saving per patient
Leeds West CCG	1	-£9,308	£1,620	£689	£3,429	-£139	£42,622	£38,912	22,740	£1.71
	2	-£33,297	£9,662	-£4,060	-£8,773	-£5,841	-£449,852	-£492,160	182,450	-£2.70
	3	-£74,628	£247	£2,211	-£60,849	-£5,239	-£11,867	-£150,125	134,614	-£1.12
	<b>TOTAL</b>	<b>-£117,233</b>	<b>£11,529</b>	<b>-£1,160</b>	<b>-£66,193</b>	<b>-£11,219</b>	<b>-£419,097</b>	<b>-£603,373</b>	<b>339,804</b>	<b>-£1.78</b>

Table 11

**(Reduction)/Increase in spend by Month**

CCG	ENHANCED ACCESS LEVEL	Dec	Jan	Feb	Mar	Apr	May	Total
Leeds West CCG	1	-£18,608	-£5,275	-£50,996	£43,858	£63,235	£6,700	£38,913
	2	£122,220	-£68,058	-£128,874	-£174,250	-£131,102	-£112,098	-£492,162
	3	£91,094	£28,444	£3,780	-£102,540	-£109,955	-£60,948	-£150,125
	<b>TOTAL</b>	<b>£194,706</b>	<b>-£44,889</b>	<b>-£176,090</b>	<b>-£232,932</b>	<b>-£177,822</b>	<b>-£166,346</b>	<b>-£603,373</b>

Table 12

CCG	ENHANCED ACCESS LEVEL	Dec	Jan	Feb	Mar	Apr	May	Total	Total List Size	£ saving per patient
Leeds West CCG	1	-£18,608	-£5,275	-£50,996	£43,858	£63,235	£6,700	£38,913	22,740	£1.71
	2	£122,220	-£68,058	-£128,874	-£174,250	-£131,102	-£112,098	-£492,162	182,450	-£2.70
	3	£91,094	£28,444	£3,780	-£102,540	-£109,955	-£60,948	-£150,125	134,614	-£1.12
	<b>TOTAL</b>	<b>£194,706</b>	<b>-£44,889</b>	<b>-£176,090</b>	<b>-£232,932</b>	<b>-£177,822</b>	<b>-£166,346</b>	<b>-£603,373</b>	<b>339,804</b>	<b>-£1.78</b>

Table 13

As emergency admissions data for April and May 2015 is not yet available a monthly average has been taken and extrapolated over the full period to provide a projected estimate of total savings. Over 18 months the scheme has the potential to generate savings of over £1.8m based on current data with 'flat line' progression (pro-rata'd over the total period of the scheme). Clearly if impact on the wider health care economy increases over the duration of the scheme the financial savings generated would be greater.

It is notable that currently Level 2 practices appear to be generating greater cost savings than Level 3. This could be due to the fact that there are fewer patients in total registered at Level 3 practices. In addition it could be noted that L2 practices are based in the more deprived areas of the CCG, which impacts on activity and spend, particularly for emergency admissions. The majority of the hubs did not begin to be operational until January or February 2015 and therefore the impact may yet to be seen in the data.

Also of note is that one Level 3 practice is showing an almost £100,000 increase in spend on emergency admissions for the period December 2014 – May 2015, which is bringing the savings per patient down significantly. This may be a data anomaly and needs to be further investigated. However, whilst excluding this practice's data from the calculations does increase the savings per patient it is still lower than Level 2.

### **SECTION THREE**

#### **Impact on patient experience**

##### **General Practice Patient Survey**

Findings from the General Practice Patient Survey (GPPS) published in January 2015 provide baseline data against which to measure changes in patient experience following introduction of the enhanced access scheme. These findings relate to questionnaires completed in January-March 2014 and July-September 2014.

Findings published more recently (July 2015), which relate to questionnaires completed in July-September 2014 and January-March 2015, provide some early comparative data;

however, as this report includes responses dating back to July 2014, any comparisons should be interpreted with caution.

Later GPPS survey reports due to be published in January 2016 and July 2016 (relating to questionnaires completed in the periods January-March 2015 and July-September 2015, and July-September 2015 and January-March 2016 respectively) will provide more valuable comparative data.

### Friends & Family Test (FFT)

GP practices are required to provide the opportunity for patients to provide feedback through the FFT since December 2014, and to submit monthly data to NHS England. The GP FFT and submission of local data is in its infancy with practices still getting used to the monthly collection and submission of data. The number of returns submitted by Leeds West practices since January 2015 has varied each month, however the percentage of patients who would be either 'extremely likely' or 'likely' to recommend their practice has remained static at 89-90%.

	LW practices returning data to NHS England	Total returns	Number of returns – range (practice level)	% recommended (extremely likely/likely)
Jan 2015	36 practices	3,190	0-394	90%
Feb 2015	25 practices	1,589	0-183	90%
March 2015	25 practices	1,748	0-212	90%
April 2015	30 practices	2,330	4-481	89%

Table 14

### Healthwatch Leeds Patient Survey

In May/June 2015, Leeds Healthwatch visited Leeds West practices to conduct a patient experience survey focusing on access to GP appointments. Four hundred and six patients were interviewed between 11<sup>th</sup> May and 7<sup>th</sup> June; patients from 22 practices were involved in the survey, and 17 patients were attending an appointment in a hub practice.

The aim of the survey was to identify if the enhanced opening hours had impacted on patient access to their GP surgery, and to identify any early improvements in patient experience.

Some of the key observations are summarised below:

- Patients were very willing and happy to speak to Healthwatch representatives
- The impact of the extended opening hours didn't seem to have really filtered through to patients. The majority of people either felt it had not changed anything or they had not had the need to make an appointment so could not comment.
- There were low levels of awareness amongst patients from many of the surgeries about the enhanced opening hours. This was even more so with the weekend surgeries where many people had only found out about them when they had requested an appointment or had called their own surgery at the weekend.
- There was general consensus once people were told about the enhanced hours that this was a good idea.



- Some concerns were expressed from patients at surgeries who were part of the hubs about accessibility to the weekend surgeries. These were when the location of the weekend surgery was considered to be not very accessible or patients didn't know where it was.
- There were a lot of comments made about problems when phoning surgeries to make an appointment. This included problems getting through to the practice, especially when having to ring at a certain time and then not being able to get an appointment when they did eventually get through to the surgery. People also commented that they did not like complicated phone systems and just wanted to speak to someone directly.
- The issue of receptionists was mentioned by some people. Whilst in some surgeries very positive comments were made about receptionists, many patients were quite negative about receptionist attitudes. In some surgeries, patients told us that there was one very nice receptionist and one unhelpful one and the service they received was dependant on which one they spoke to on the day. Others commented that they had no issue with the GPs and surgeries, but the challenge was 'getting past' the receptionist.
- In some of the surgeries concerns were raised about the difficulties in making routine appointments where patients were having to wait weeks, but yet could get an appointment on the same day if it was an emergency. Patients felt that they then had to say it was an emergency in order to get an appointment.
- There were mixed views about the 'walk-in' and 'sit-and-wait' services. Some people felt this was a good system and were happy to sit and wait, whilst others felt they had to wait too long and preferred to have an appointment.
- One surgery received some negative feedback in relation to issues with language and interpreters.

Findings from the Healthwatch survey can be compared with those reported in the General Practice Patient Survey, to give a more current picture. This suggests that whilst getting through to someone at the GP surgery on the phone continues to be an issue for more than a quarter of patients, their overall experience of making an appointment is improving. Similarly, the data suggests that the number of patients who are satisfied with the hours that their GP surgery is open improved from 77.3% in January 2015 to 88.0% in June 2015.

Table 15: General Practice Patient Survey, July 2014 and January 2015 reports relative to Healthwatch Leeds Patient Experience Survey, June 2015 – key questions<sup>9</sup>

<b>Accessing your GP services</b>			
GPPS Q3 - Generally, how easy is it to get through to someone at your GP surgery on the phone?	Easy (very, fairly)	July 2014	75.3%
		Jan 2015	73.4%
		June 2015	72.0%
<b>Making an appointment</b>			
GPPS Q18 - Overall, how would you describe your experience of making an appointment?	Good (very, fairly)	July 2014	74.6%
		Jan 2015	74.1%
		June 2015	78.0%
<b>Opening hours</b>			
GPPS Q25 - How satisfied are you with the hours that your GP surgery is open?	Satisfied (very, fairly)	July 2014	77.7%
		Jan 2015	77.3%

<sup>9</sup> Healthwatch Leeds/Leeds West CCG Patient Experience Survey, June 2015 – Overall Report

	fairly)	June 2015	88.0%
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The table below compares the findings for Level 2 and Level 3 practices.

Table 16: Healthwatch Leeds Patient Experience Survey, June 2015 – Level 2 responses relative to Level 3<sup>10</sup>.

		Level 2 practices	Level 3 practices
	Number of practices visited	6	15
	Number of patients surveyed	119	279
Q2 - In your experience, since January 2015, has it been easier to get an appointment?	Yes	47%	55%
Q4 - Overall, how would you describe your experience of making an appointment?	Good (very, fairly)	64%	83%
Q5 - Generally how easy is it to get through to someone at your GP surgery on the phone?	Easy (very, fairly)	63%	76%
Q6 - How important is it to you to see a particular GP?	Important (very, fairly)	62%	59%
Q7 - For today's appointment - how long ago did you contact the surgery to book?	Today	30%	32%
Q8 - Were you able to get an appointment on the day you wanted?	Yes	62%	67%
Q9 - How satisfied are you with the hours that your GP surgery is open?	Satisfied (very, fairly)	85%	89%
Q10 - Are you attending a 'walk-in' or 'sit and wait' surgery today?	Yes	18%	9%
Q11 - If yes, how satisfied are you with the 'walk-in' or 'sit and wait' system at your surgery?	Satisfied (very, fairly)	62%	79%
Q14 - Where else would you have gone for advice or treatment if you were not able to access an appointment?	A&E	8%	6%
	GP Out of Hours service	13%	10%
	Minor Injuries Unit	8%	3%
	Pharmacy	20%	20%
	Walk-in-centre	19%	9%
	Waited for next appointment	43%	55%
	Other	12%	9%

Two free text questions were included in the survey:

<sup>10</sup> Healthwatch Leeds/Leeds West CCG Patient Experience Survey, June 2015 – Scheme Level Reports

1. What could your surgery do to improve your experience of making an appointment?
2. Is there anything else you would like to say about your GP surgery opening hours?

Over 200 comments were received for each question. A sample of comments is included below:

*"I was surprised to be given an appointment on a Sunday was lucky to get one today. I don't use online services."*

*"Make it easier to get non urgent appointments. You have to wait weeks for an appointment that is routine. It is difficult to see the doctor of your choice, you just have to see who is available or wait a long time."*

*"They should open on weekends as this is the only practice in this area. Seeing a particular doctor depends on if you have a long term condition."*

*"Skype would interest me. Today was about reassurance and this could have been done quite easily over phone. Sometimes we can feel so poorly we might have to cancel. I would like to be able cancel by text or email."*

*"Pretty good now hours have been extended. I'm not an online person so wouldn't take up opportunity to have online consultation or book online."*

*"Change the phone system, it is long and drawn out and you have to wait ages to get through and sometimes get phone put down on you so have to start all over again. Last time I rang it took 20 minutes to get an appointment on the phone so I just come in person now to make an appointment."*

*"Ideally you would want to see a particular doctor but they are sometimes fully booked."*

*"Good idea. I did not know about the extended hours and good that you have the option to go elsewhere. I prefer to see my own GP as I have a long term condition and feel it is better to see the same GP for continuity of care."*

*"Weekend opening times will further be useful. Don't mind attending any other surgery as long as I get seen."*

*"Weekend appointments are good and I would use if needed but not sure where Ireland Wood is."*

All patient comments and suggestions for improvement will be analysed and key themes identified at CCG, scheme (Level 1, 2 & 3) and practice level. CCG and scheme level findings will be shared with members via the Locality Development Sessions. Practice level findings will be fed back to Locality Development Managers and Practice Managers and discussions held locally.

## Case Studies

In addition to the Healthwatch survey, three focused interviews were undertaken by the CCG Patient Engagement Officer.

### Burton Croft Surgery (Level 3)

*"I contacted the surgery to make an appointment and gave staff some dates that I'd be free on. We agreed a date and time and I only had a few days to wait. It's not particularly important to me that I see a named GP but it's important that my wait to see a GP is fairly short.*

*My practice contacted me by email to let me know about the change to the practice hours, and I feel they're very good at keeping me up to date with any changes that are happening in the practice. I know that not everyone uses the internet and maybe the practice could contact people by telephone, although that would probably be quite time consuming.*

*I'm very happy with the extended hours that the surgery has introduced."*

### Leigh View Medical Practice (Level 2)

*"When I contacted the surgery I had no idea about the extended hours and think that these should be advertised more as it'll have a big impact on how appointments are now made. I'd use post, text and posters in the surgery, but when I sit in the waiting room I always watch the information on the TV screens and I know that other people watch it too so you could use that.*

*I've a number of long-term conditions and I want to continue to see my own GP as it works better for me, because then I won't need to keep repeating my symptoms to another GP. If I want to see my named GP I sometimes have to wait for two weeks and occasionally this means that I've had to go to A&E.*

*The practice explained about hub and spoke and I'd have to say that I don't feel that would work for me with my long-term conditions. But if I needed a day-to-day appointment I'd be happy to take one of the first available appointments and would be happy to travel to a local practice. The model would work very well for my husband who works full time and is 30 miles away from the surgery - evenings and weekends would be really beneficial.*

### LS6 practice (Level 3)

*“As I only visit the practice every six months I didn’t know about the extended hours until I rang to make an appointment. The new system was briefly explained to me and I was given an appointment for that day.*

*Having a named GP isn’t important to me but it’s very important that I can access appointments quickly and with minimum disruption to my working day. My practice mentioned the hub and spoke model, which I wasn’t aware of. Once they explained to me how it works and its benefits, I’d be very happy to visit another GP practice as long as it’s only walking distance from mine. I work from 8am to 6pm and hopefully it will be much easier to make an appointment, and I’ll definitely use evening and weekend appointments.”*

## Staff Experience

General practice staff are key to the delivery of the enhanced access scheme. It is therefore important to measure the impact of the scheme on staff pre- and post-implementation of the enhanced hours.

### What do we know about staff experience?

There are approximately 1,000 staff working in our 37 member practices. One of the key drivers for the scheme is that staff were reporting working under increasing stress and pressure. It is therefore important to measure and report any changes in staff morale and wellbeing at work post-implementation of the scheme.

A staff survey was developed and conducted in November/December 2014. All practice staff were invited to complete the baseline survey as practice applications were approved. Four hundred and fifty two completed surveys were received, which represents a response rate of approximately 45%.

Overall staff reported that they felt reasonably confident about achieving future change. The staff survey will be repeated at the end of the project and the findings compared.

Whilst the launch of the enhanced access scheme was met with mixed feelings with a large number of practices disengaged from the scheme, there has been a marked difference in how practices are now viewing the scheme and we have seen a significant shift in the way member practices are engaging with the CCG and their appetite for change.

There has been an increase in practice involvement in a range of schemes, including those practices that have not necessarily engaged in previous projects. It is clear from this increased engagement that member practices are continuously striving to improve the patient experience and to identify new ways of delivering services, such as using technology to support integrated working and to enable patients to access services from their own homes.

This is reflected in verbatim comments made by members as part of the 2015 national 360 Degree Stakeholder Survey:

*“We feel the CCG has tried to involve all practices in discussions about future of general practice and ongoing changes. we have a good working relationship with the CCG”.*

*“The past year has marked a milestone in engagement, consultation and involvement with the membership. I am really impressed with progress and achievement”.*

*“CCG has encouraged and created opportunities for forming links with the neighbouring practices which has resulted in potential collaborative work in the future”.*

*“The support of the recently formed "Enhanced Access Schemes" which will improve access to Primary Care Services, now from 8am to 8pm weekdays and 8am to 4pm weekend days.”*

Also, comments from a recent Locality Development Session with members (June 2015) suggests further staff benefits:

*“Our practice is really feeling the benefit of extended hours, the extra capacity makes a real difference at key pressure points during the week”*

*“Staff are enjoying the ability to say yes to patients more often”*

*“Reception staff report a lot less stress since the introduction of extended hours. They have to say no to people asking for a same day appointment so much less”*

*“Extended hours has increased the capacity and level 3 is proving useful”*

*“Staff feel that it helps to be able to give an appointment to a patient for the weekend”*

*“Clinicians finding it hard to cover the early/late surgeries particularly at holiday times”*

*“Helps the reception team to offer patients an appointment at the weekend”*

## What is the learning from this scheme to date?

This paper provides an update from the monitoring and evaluation work to date and highlights some early headlines. **None of the analysis reported in this paper is statistically significant at this point in time and it is important to recognise that there are insufficient data points to be able to draw any conclusions around the effectiveness of the scheme at this mid-point.**

The monitoring and evaluation group will continue to provide updates and a final report will be produced in 2016.

The Evaluation team and the primary care team have been very impressed with the level of clinical engagement in this project - this is a key strength of this work. Practices remain enthusiastic and indeed several practices wish to progress from L2 to L3 and full weekend service provision.

There are some very encouraging emerging trends developing in the data and support is ongoing from the Leeds Data analysts.

## Conclusions:

From **November 2014 to May 2015** the following emerging findings have been highlighted (in comparison to the same period in the previous year):

- Significant progress made in collaboration and joint working between practices, many of the examples unprecedented. These developments are directly attributable to the implementation of this scheme. This provides a platform for future transformation and is one of the key achievements of the scheme to date
- Early implementation of national direction of travel to provide 7 day working giving an opportunity to test the local approach before national mandate
- Approximately 32,000 additional attendances in member practices
- Potentially significant decrease in GP OOH attendances compared with increases at Leeds North and Leeds South and East CCGs
- Greater decrease in A&E attendances for selected treatments than Leeds North and Leeds South and East CCGs
- Small decrease in emergency admissions (selected specialties) compared with increases at Leeds North and Leeds South and East CCGs
- Over 18 months of the scheme this has the potential to generate savings of over £1.8m based on current data with 'flat line' progression. This is expected to increase over time.
- Emerging positive and improving patient experience about the new opening times

- Some patient feedback that they were not aware of the new opening times and they still find it hard to get through on the telephone
- Emerging evidence from colleagues at Leeds Community Healthcare Trust that community staff are finding it easier to deliver care at weekends because of the availability of GPs and practices

One of the key learnings from the evaluation to date is around working with the primary care activity data. This is a completely new area for the CCG and the level of achievement is unprecedented nationally and should not be underestimated.

Nevertheless it is recognised that we do not yet have this right. There is still progress to be made to ensure full confidence in the LWCCG data model – there is confidence that this will be achieved.

It has been highlighted that practices would benefit from more detailed analysis of their activity data in order to facilitate quality improvement. The resource for such a function has yet to be identified.

### Programme next steps:

1. There is anecdotal evidence of some unfilled capacity in hubs, particularly on Sundays. Practices should address this as a priority by marketing awareness of the new arrangements or by exploring how this capacity could be used differently.
2. In response to comments made by patients during the Healthwatch Survey practices should further advertise their opening hours and raise awareness of the extended opening times they are offering. Local patients should be well informed about what is happening in their local practice and the responsibility for this lies with each practice. The CCG Communications team will assist in this re marketing of the project and will be asked to develop a further patient engagement plan. We must not underestimate the required culture and behavioural change by staff and patients.
3. In response to comments made by patients during the Healthwatch survey the culture of having to telephone a practice at 8am for an appointment is still very unpopular with patients. Practices should consider alternative processes and self-assess their ease of telephone access.
4. There is a need for practices to develop robust plans for the forthcoming Winter 2015/16 and in particular the Christmas / winter period 2015.
5. There is a need to further assess whether the scheme is most benefitting those from the least deprived / most affluent backgrounds in our area. This analysis will be carried out over the coming months.
6. There is some evidence that prescribing spend has increased since this scheme was implemented. There is a need to further understand the data and to assess whether this is an appropriate increase.



7. The challenges experienced in developing the LWCCG data model highlights the need to secure further resource to understand, analyse and use this data effectively. The CCG should contribute to national learning on practice data returns as requested and continue to refine the model.
8. Data analysis and feedback should continue to be shared regularly with practices to enable local schemes to be further developed.