

Agenda Item: LW2016/18		FOI Exempt: N
NHS Leeds West CCG Governing Body Meeting		
Date of meeting: 27 th January 2016		
Title: Enhanced Access to Primary Care - Interim Evaluation		
Lead Governing Body Member: Susan Robins, Director of Commissioning, Performance & Strategy / Dr Simon Stockill, Medical Director	Category of Paper	Tick as appropriate (✓)
Report Author: Rebecca Barwick, Head of Strategic Development, Susanne Cox, Evaluation Project Manager	Decision and Approval	
Reviewed by SMT: 6 th January 2016	Information	
Reviewed by Clinical Commissioning Committee: 20 th January 2016	Discussion	✓
Checked by Finance: Y		
Approved by Lead Governing Body member: Y		
Strategic Objectives – that this report relates to		Tick as appropriate (✓)
1. To tackle the biggest health challenges in West Leeds, reducing health inequalities		✓
2. To transform care and drive continuous improvement in quality and safety		✓
3. To use commissioning resources effectively		✓
4. To work with members to meet their obligations as clinical commissioners at practice level and to have the best developed workforce we possibly can		✓
Joint Health & Wellbeing Strategy Outcomes – that this report relates to		Tick as appropriate (✓)
1. People will live longer and have healthier lives		✓
2. People will live full, active and independent lives		✓
3. People will enjoy the best possible quality of life		✓
4. People are involved in decisions made about them		✓
5. People will live in healthy and sustainable communities		✓
Assurance Framework - to which risks on the GBAF does this report relate?		
N/A		

EXECUTIVE SUMMARY:

1. This paper outlines the latest evaluation update of the enhanced access to primary care scheme. The detailed evaluation information can be found in Appendix 1.
2. A Primary Care Enhanced Access business case was approved in September 2014. The pilot scheme is to run for a period of 18 months from November 2014 until March 2016. This paper provides SMT with an update on the evaluation of the scheme at this 12 month point.
3. A significant non-recurrent annual investment of £4.6m was secured to enable the scheme to be implemented. The approval was made with conflicts of interest well managed during the decision making process.
4. An interim evaluation was received in summer 2015 which highlighted some of the early outcomes. This paper updates on findings following 12 months of available data.

NEXT STEPS:

5. A final evaluation of the scheme will be delivered in summer 2016.

RECOMMENDATION:**The Governing Body is asked to:**

- a) **RECEIVE** the evaluation update report and note next steps.

1. SUMMARY

- 1.1 A Primary Care Enhanced Access business case was approved in September 2014. This pilot scheme is to run for a period of 18 months from November 2014 until March 2016. This paper provides Governing Body with an update on the evaluation of the scheme at this 12 month point.
- 1.2 A significant non-recurrent annual investment of £4.6m was secured to enable the scheme to be implemented. The approval was made with conflicts of interest well managed during the decision making process.
- 1.3 An interim evaluation was received in summer 2015 which highlighted some of the early outcomes. This paper updates on findings following 12 months of available data.

2. BACKGROUND

2.1 In response to national and local drivers and following an unsuccessful bid for the first Prime Minister’s challenge fund by a network of member practices a local scheme was coproduced with members and funded by the CCG to enhance access to primary care by increasing opening hours.

2.2 The scheme offered three levels of enhanced access which practices could choose apply for:

Level 1 – Increased capacity through extended hours (National Enhanced Scheme requirement): £3 per patient

Level 2 – Increased capacity through extended access (5 days): £15 per patient

Level 3 – Increased capacity through extended access (7 days). For populations over 35k: £30 per patient

2.3 Implementation:

Following the approval of the business case member practices were invited to apply to provide the scheme and to indicate at what level they intended to work at. Following the initial application process the following practices were providing enhanced services at each level.

Level 1	2
Level 2	18
Level 3	15
Not currently participating in the scheme (but providing 1 day of extended hours under the NHSE arrangements)	2
TOTAL	37

2.4 Level 3 services were provided by practices working together in hubs. In total there are currently four hubs of practices where one practice in a group hosts weekend services on behalf of all the practices in the hub.

2.5 Expanding the scheme:

In September 2015 Governing Body approved the roll out of Enhanced Access Level 3 until the end of March 2016 for the 22 practices who were not currently operating at this level. This was optional for practices and many felt unable to mobilise a level 3 service within these timescales particularly given that funding could not be confirmed beyond the current financial year.

2.6 Following the Governing Body decision; a workshop was held to discuss future plans for primary care whereby it was agreed that there was a need to offer flexibility given the short term nature of the funding with a focus still on supporting weekend working. The monies have therefore been offered to practices working at level 1 and 2 to support system resilience over winter and provide additional capacity for patients over both the Christmas/bank holiday period whereby there is a 4 day 'closed' period.

2.7 Practices submitted proposals that can be segmented as follows:

- **Christmas / Bank holiday opening**

The following practices will open to provide additional capacity around the bank holiday period – Whitehall Surgery, Gildersome Medical Centre, Westlodge Surgery, Hawthorn Surgery and The Gables Surgery, operating as individual practices.

- **Wider winter planning**

Leeds Student Medical Practice will offer a Saturday service to their population until 31st March 2016.

Armley Medical Centre, Pudsey Health Centre & Priory View Medical Centre will open Saturdays and Sundays until 31st March 2016.

The Gables Surgery currently open later 3 days of the week, during December 2015 and January 2016 this will be increased to 4 days a week.

- **Emerging collaborative approaches**

Within the Morley locality 6 practices (Windsor House Surgery, Fountain Medical Centre, Gildersome Health Centre, Drighlington Medical Centre, Morley Health Centre & South Queen Street) will come together to offer a hub service to patients on a Saturday morning. The capacity will be delivered by GP's working from Windsor House Surgery.

2.8 Within the West locality 4 practices(Manor Park Surgery, Robin Lane Medical Centre, Beechtree Medical Centre & Highfield Medical Centre) will come together to offer a hub approach to weekend working within Pudsey/Bramley. This model will include a mixed workforce of physiotherapy, pharmacy and GP's. There will be two hubs in operation – Robin Lane & Manor Park.

2.9 These schemes offer a fantastic opportunity for practices to test out collaborative working to support future development of schemes and services.

2.10 A evaluation of the winter period will be developed once all data is available.

- 2.11 **Assurance:**
Assurance continues to be monitored via the regular review of the information and ongoing discussions with practices. A monitoring template has been circulated to all practices to provide assurance on the capacity delivered through the scheme.
- 2.12 A system of post payment verification is being developed in collaboration with NHS England to avoid duplication with any systems developed for the 'national' enhanced access scheme.
- 2.13 Regular reviews of the governance systems including financial assurance have taken place with the hubs with members of the primary care and finance teams.
- 2.14 'Mystery shopping' has also been undertaken, particularly in the early period.

EVALUATION

- 3.1 **The Governing Body is asked to note the following evaluation summary:**
The evaluation strategy was developed during implementation of the scheme and provides a focus on four domains:
- Activity in primary care
 - Impact on secondary care
 - Patient experience
 - Staff experience.
- 3.2 From November 2014 to October 2015 the following findings have been highlighted (in comparison to the same period in the previous year):
- a. Collaboration**
- Unprecedented examples of practices working together to provide services in locality groups.
 - The enhanced access scheme has been a catalyst for other projects such as the successful award of the Prime Ministers GP Access Scheme which has led to the development of Leeds West Primary Care Network. Within the network with have established leadership teams in localities with some excellent examples of leaders for the future
 - The Primary Care Network was recently shortlisted for Outstanding Collaborative Leadership Award at the Regional Leadership Recognition Awards 2015 (Yorkshire and Humber Leadership Academy)
<https://www.youtube.com/watch?v=wjfishWXD4A>
 - New groups of practices are in discussions around developing the arrangements into locality based new models of care incorporating other providers.
 - Very strong platform for future system-wide change now in place.
- b. Attendances in general practice:**
- There have been an additional 125K attendances in general practice in Leeds West since the beginning of the scheme. **This equates to a cost of approximately £36 per additional appointment.**
 - Weekend and telephone appointments have increased markedly.

- Some evidence to suggest that some of the biggest increases in attendances are from practices with relatively high deprivation.

c. Impact on wider health system

- Very slight decrease in A&E attendances, emergency admissions and Minor Injury Units.
- Marked decrease in GP OOH attendances.
- Increase in cost of emergency admissions means that there is currently no evidence that there will be any reduced spend in wider health system as a result of the scheme.
- Statistical testing has been carried out and supports the findings.

d. Patient experience

- Wide support for the scheme and a breadth of positive comments from patients.
- Some comments around lack of knowledge of the scheme and difficulty in contacting the practices.

e. Staff experience

- Practice staff feel that the scheme has had a positive impact of patient choice and access
- Some evidence that peak times such as busy Monday mornings are being positively impacted.
- Concerns expressed from all staff groups around existing resources being spread too thinly in some cases and the impact of this.

3.3 The findings above and in the attached report are broadly in line with those of the first wave of the Prime Minister's Challenge Fund scheme and other similar schemes in other parts of the country for which evaluations are available.

3.4 The key benefit of the Leeds West scheme being larger than most other examples is that we have achieved collaboration amongst groups of practices across our whole CCG area. This will be a platform for future change as the CCG looks to support the development of new models of care in our localities.

4. NEXT STEPS

4.1 A specific evaluation of the winter period will be developed once all data is available.

4.2 A final evaluation of the initial 18 months of the enhanced access scheme will be developed in summer 2016.

5. STATUTORY/LEGAL/REGULATORY/CONTRACTUAL ISSUES

5.1 N/A

6. FINANCIAL IMPLICATIONS AND RISK

6.1 The financial breakdown associated with this evaluation update can be found on pages 18 to 21 of Appendix 1.

7. COMMUNICATIONS AND INVOLVEMENT

- 7.1 To support the primary care extended hours scheme, the CCG's communications and engagement team undertook a range of marketing activities. Artwork was produced and signed off by the GP leaders, and the team designed and produced posters, A5 information leaflets and banners stands. These were distributed to practices when the enhanced hours scheme first launched.
- 7.2 In summer 2015, the team provided practices with ideas for additional, local promotional work and offered support to deliver any of the suggestions. The team have worked intensively with twelve practices to date to deliver a range of personalised marketing.
- 7.3 Additionally a 16 page booklet was designed, printed and distributed to all households, practices and health centres in the Leeds West area during November 2015. The total print run was 140,000 copies. Information in the booklet included GP practice opening hours, Pharmacy First information and general health messages.
- 7.4 To support these activities the CCG has also commissioned:
- A four week radio advertising on Heart Yorkshire for patient online services starting on 23/11/2015.
 - 4 days of street team activity will including handing out the GP booklet.
 - Telephone box advertising which includes geographically based in app advertising.
- 7.5 Local press were also provided with a series of press releases and interview opportunities throughout 2015.

8. WORKFORCE

- 8.1 A summary of impact on staff experience can be found on pages 32 to 34 of Appendix 1.
- 8.2 A formal staff survey will be completed as part of the final evaluation report in summer 2016.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 A full EIA was completed as part of the business case process in 2014.
- 9.2 The EIA will be revisited as part of the final evaluation in summer 2016.

10. ENVIRONMENTAL

- 10.1 N/A

11. RECOMMENDATION

The Governing Body is asked to:

- a) **RECEIVE** the evaluation update report and note next steps.