

GM Primary Care 7-Day Access Evaluation

Final Report: Executive Summary

March 2017

NIHR CLAHRC Greater Manchester

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Funded by

NHS

National Institute for
Health Research

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Executive Summary

1. Background

- This report presents an evaluation of 7-day access to primary care services in Greater Manchester (GM), prepared in March 2017 by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) GM on behalf of NHS England GM.
- Extended access to general practice in England (evening and weekend opening) has been a national health policy priority in recent years and is key to the GM Health and Social Care Partnership Primary Care Strategy.
- As part of devolution, seven CCG areas across GM not in receipt of GP Access Fund (GPAF) support received funding from NHS England (Greater Manchester) to implement extended access. These areas were: Bolton; Heywood, Middleton and Rochdale (HMR); Oldham; Salford; Stockport; Tameside & Glossop and Trafford.
- The seven new schemes were expected to start in December 2015 for 12 months, although some indicated a later start date. All operated on a 'hub' basis.
- The report focuses on six CCG areas: Bolton, Heywood, Middleton and Rochdale (HMR), Oldham, Stockport, Tameside & Glossop and Trafford as Salford did not establish a 7-day access service within the period of evaluation.

2. Methods

- The evaluation combined qualitative and quantitative analysis to assess: activity (what was done in terms of 7-day access availability and uptake); process (how was it implemented) and; outcomes (the impact on wider service utilisation i.e. A&E attendance; hospital admissions and OoH use).

3. Findings: Activity Evaluation

- Approximately 50,000 extra appointments were provided in total, 76% being booked and 67% attended. Provision and proportion booked/used increased over the 12 month period.
- The scale of provision varied substantially, from 144 appointments per 1000 patients in HMR, 23 per 1000 in Bolton and Tameside & Glossop, to 12-15 appointments per 1000 in Oldham and Trafford.
- The proportion of DNAs overall exceeded the typical rate of DNA for core hours, ranging from 10% (Oldham) to 17% (Trafford and Tameside & Glossop),

- The vast majority (82%) of appointments were with GPs.
- Weekday appointments enjoyed a higher rate of utilisation overall (76-86%) than Saturdays (66%) or Sundays (60%). Again, there was high variation between areas.
- Utilisation of Sunday appointments increased gradually throughout the year and varied substantially between areas.
- The proportion of DNAs was highest on Thursday and Friday and lowest on a Sunday.
- The overall patient profile of extended access users was disproportionately female, and relatively young (70% aged <50); fewer patients aged over 60 used the service.
- A 'hub dominance' effect was evident whereby patients registered at a hub practice were more likely to use extended hours than patients at other practices.
- HMR provided substantially more appointments than any other area and more than the other four combined. The highest overall utilisation of appointments was in Trafford (89%) and the lowest in Oldham (56%).
- As access in four areas (Bolton, Stockport, Tameside & Glossop and Trafford) was moderated by the need for patients to be referred through and by their own GP practice (the 'referral moderator' effect), activity data from these areas does not provide a clear measure of patient demand.

4. Findings: Process Evaluation

- There was significant variation in how areas framed and delivered 7-day access, reflecting local CCG area conditions and differing conceptions of the purpose and value of the service.
- Some areas designed 7-day access around routine rather than urgent care (limiting available hubs/appointment hours and promotion of the service and ensuring appointments were pre-booked, typically via GP practices). Others covered both routine and urgent care needs (offering more appointments from the outset, often from a larger number of hubs, and allowing patients to self-refer through central booking lines).
- Differences in estimated capacity to deliver the service and predictions of patient demand were also evident. Some postponed implementation due to wider primary care reconfiguration; some limited their service due to workforce challenges or began cautiously and increased the service gradually through the 12 month period; others provided a more extensive 7-day service from the outset.
- Key issues for implementation were identified:

- Differences in communication strategy (with patients) moderated demand.
 - The relationship between CCG and (multiple) providers in an area, and the history of recent reorganisations of primary care was a key factor in successful engagement with providers.
- Workforce shortages affected service delivery, with competition for GPs and nurses from the same local labour market and associated increases in pay rates. Willingness to work short (2-3 hour) shifts was influenced by timing and location of sessions.
 - Areas with well-established GP federations had certain advantages in the delivery of 7-day access on a hub basis.
 - Common IT systems in GP practices across a CCG area facilitated patient record sharing with the potential for read/write access.
 - Different estates strategies were evident depending on a range of local conditions and a view to longer-term neighbourhood-working. Use of LIFT centres could offer advantages, but also unanticipated challenges.
 - The backdrop of wider primary care reorganisation in GM and across England affected implementation with some areas taking a cautious approach to ensure service sustainability under new models of care and others engaging proactively to accelerate integrated care and thereby maintain funding and sustainability.

5. Findings: Outcome Evaluation

- The outcome analysis suggests an association between 7 day access and A&E attendances.
- Rises in A&E activity were seen in all areas between 2015 and 2016 with the exception of Bolton and HMR, where A&E activity held constant.
- Self-referrals to A&E for minor ailments fell in Bolton and slightly declined in HMR, but rose in all other areas except Oldham, reflecting overall A&E attendance figures.
- There were reductions in minor intensity A&E activity in the age group 20-49 in Bolton and HMR, with no change in Oldham, and increases elsewhere.
- Hospital admissions fell between 2015 and 2016 in all areas, with the only statistically significant falls in HMR and Oldham. Admissions for Ambulatory Care Sensitive Conditions (ACSC) fell substantially in all areas except Bolton, led by a fall in ACSC admissions for those 50+.

- A&E activity in hub practices (which tended to have the highest rates of utilisation of 7-day access services) generally did not increase, while non-hub practices saw increases in A&E activity.
- Minor intensity, self-referred A&E activity by age showed reductions in attendance among those aged 20-49 (the cohort most likely to use the 7-day access service) in Bolton and HMR, and no increases in attendance from 20-49 year olds in Oldham.
- There is no strong evidence on an impact on hospital admissions.
- Reductions in OoH activity were observed but were likely to be compromised by a major change in NHS 111 policy across this period. No conclusions can be drawn on the impact on OoH.

6. Discussion

- Each area chose to implement 7-day access in a different way, depending on local conditions and varying conceptions of the nature and extent of the service. Areas also varied in terms of the level of caution or ambition displayed in their initial implementation, depending on perceptions of likely demand and capacity to meet this demand.
- The approach adopted generated different models of 7-day access in each area that varied in terms of the extent to which the service was publicised, route of referral/booking, number and location of hubs, choice of clinician to staff the service and availability.
- These decisions had implications for the level of demand for the service and utilisation, reflected in the wide variations in activity levels. In particular, extent of direct communication to patients and the route of referral/booking seemed to have the greatest influence on activity level. A 'referral moderator' effect appeared to moderate activity levels in areas where patients were not able to directly book extended access appointments.
- Activity varied substantially between areas and did not mirror provision; hence areas providing the highest number of total appointments saw higher levels of utilisation than other areas offering far fewer total appointments.
- Overall uptake, in terms of number of appointments used and percentage utilisation, appears to have improved overall over the 12 months, suggesting it takes a period of months for patients to become aware of the service and accustomed to using the new service.
- Each of the areas witnessed a 'hub dominance' effect, but the strength of this varied by area and by hub. Hub dominance is likely to be affected by communication strategy, provider engagement, local geography and transport and decisions about hub location.

- Each area also faced different challenges in implementing the service in terms of communications and engagement; workforce and staffing; GP federation arrangements; information technology and governance; and estates. The level of challenge varied substantially presenting a clear need for cross-programme learning.
- The report's conclusions do not take long-term trends into account (an interrupted time-series analysis would be necessary to address this issue fully).
- The evaluation has not attempted a cost-benefit analysis of the 7-day access service. This would be recommended to inform detailed strategic decisions on the continuation or extension of this service.
- Impact on patient satisfaction was not evaluated due to a delay in the publication of national GP Patient Satisfaction survey data for the period. This will be provided as an addendum to the report when it is available.