



Prime Minister's Challenge Fund (PMCF): Improving Access to General Practice

Innovation Showcase Series

Pace of Implementation

February 2015: Showcase One

About PMCF

In October 2013, the Prime Minister announced a **£50 million Challenge Fund** to help improve access to general practice. The Challenge Fund is designed to test innovative ways of providing primary care services. Of the 254 expressions of interest received for the Challenge Fund, 20 pilot sites were selected across the country; covering **1,100 general practices** and **7.5 million patients**.

This paper is the first in a series of 'innovation showcases' designed to highlight the successes of the **20 pilots**.

This paper focuses on pilots which have been effective in **implementing extended hours at pace**; The pilots featured are Slough, West Hertfordshire and Morecambe which had all launched their extended hours operations by August 2014.



Key Messages

How have pilots managed to implement their plans at pace?

Size

Having relatively few member practices (less than 20) has enabled quick implementation; engagement of key stakeholders has been easier to manage and the PMCF project team can maintain close relationships with practices involved in delivery.

Hub delivery system

Pooling resources supports more rapid implementation.

Project management capacity

Strong project management is critical to build momentum and drive progress.

Clinical inclusivity

Ensuring clinicians are involved in designing and decision-making keep developments focused on clinical outcomes and maximises buy-in.

Staff engagement

Establishing effective communication and governance structures aids decision-making and ensures smoother implementation.

Dedicated IT resource

It is important to build in resource and time for developing joint IT and data sharing solutions from the outset. This is vital to minimise implementation delays.

Existing premises and workforce

Utilising the existing workforce avoids recruitment delays, whilst using existing premises can help minimise staff logistical or legal issues.

Evidence of Success

"...good service and saved us taking our child to A&E".

Slough patient

"...the routine appointments available are of great use for working patients..."

Morecambe pilot staff member

According to local evaluation data, 26% of patients would have gone to A&E or an out of hours service if the extended access appointments weren't available.

West Hertfordshire

Slough Steps to the Future

Delivery model:

Weekday hours: 18.30-20.00
Weekend hours: 09.00-17.00
Operational since: July 2014

How are extended hours being delivered?

The 16 practices are organised into **four clusters**, which range in size from two to eight practices.

Each cluster has a designated hub where the extended service is provided.

The hubs operate as extensions to the existing practices; hub appointments are booked in advance by patients through each practice's existing booking system.

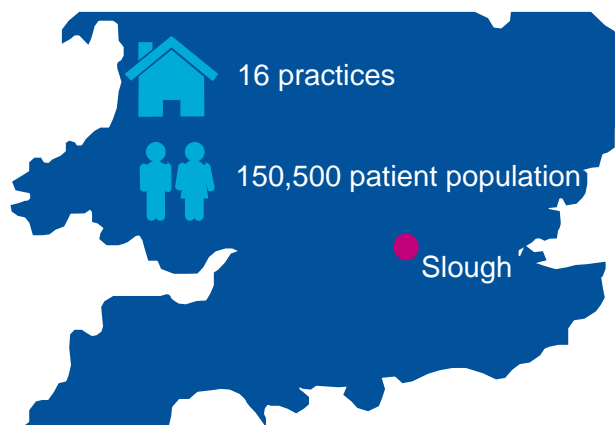
Three of the clusters staff their hubs with existing GPs from across the cluster, serviced by those who expressed an interest in working evenings and weekends (in addition to their contracted hours). In the remaining cluster, it is senior partners who provide the largest share of hub appointments and they only see patients registered at their own practice.

Evidence to date

Appointments are utilised by patients from all of the 16 GP practices.

An **additional 922 appointments** are offered each week (341 on weekdays, 581 over the weekend). Over a 12 month pilot period this equates to **48,000 additional GP appointments**.

Slough is able to offer **longer appointment times** for patients with complex conditions - hub appointments are 15 minutes in length compared to the standard 10 minute appointment slots offered by Slough practices. This provides patients with more time to discuss their needs with their GP.



"Finally appointments for people who work full time."

Slough patient

"The Prime Minister's scheme is really great. I usually struggle to get to see you, and now because there are more appointments I came here today and got straight to see you. It's such a long time since that happened."

64 year old patient

"I have been putting off my diabetic review because it is so difficult to get time off work"

30 year old man using a Sunday appointment



Transformational Innovations for Primary Care in West Hertfordshire (Watford Care Alliance)

Delivery model:

Weekday hours: 18.30-20.00

Weekend hours: 08.00-17.00

Operational since: July 2014

How are extended hours being delivered?

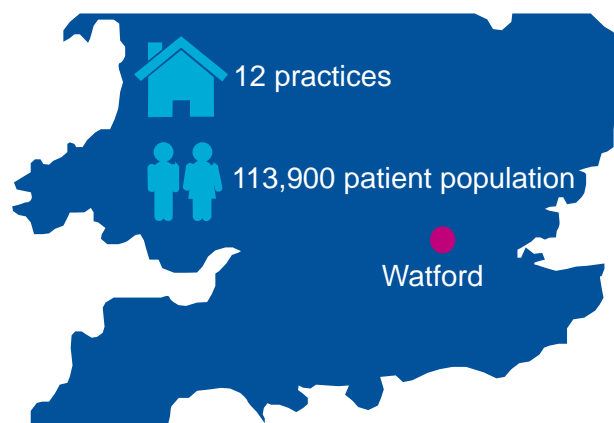
The pilot operates a **hub model**. There are two surgeries out of the 12 identified as hub sites.

From Monday to Friday, the model employs one central hub site (this rotates regularly between the two hub sites) which is supported by a satellite surgery at one of the practice premises.

On Saturday and Sunday extended access is provided at the two hub sites.

GPs usually deliver extended access at their own surgery or a hub site. The consultation rooms at the hubs are set up identically, so medical equipment and other important resources are kept in the same place. This maximises convenience for doctors who are staffing at both hubs.

The delivery team has **immediate access to the complete medical records** of all the patients of the practices involved through the Medical Interoperability Gateway (MIG).



Evidence to date

From July 2014 to December 2014, over **3000 patients** accessed extended hours appointments through the pilot.

Local patient survey data reports patient satisfaction of the survey as extremely high and **95% of patients rated care as either "good" or "excellent."**

Evidence from the local patient survey data shows that it is patients in employment who are accessing the weekend appointments.

The local survey also indicates that 26% of patients would have gone to A&E or an out of hours service if the extended access appointments weren't available.

"I was thrilled to find out that the surgery is open on the weekend. I am a sales executive and spend most of my week travelling. Seeing my GP was almost impossible for me. I admit that I would end up ignoring health problems because of this..."

West Hertfordshire patient

"I am a single parent and I teach full time... my young daughter attends a nursery near my place of work. If she ever becomes unwell I need to take a day of annual leave to attend the GP. This new service has solved my problems..."

West Hertfordshire patient

Opening Doors-Alingning and Integrating Health and Care Services in Morecambe

Delivery model:

Weekday hours: 18.30-20.00
Weekend hours: 08.00-17.00
Operational since: August 2014

How are extended hours being delivered?

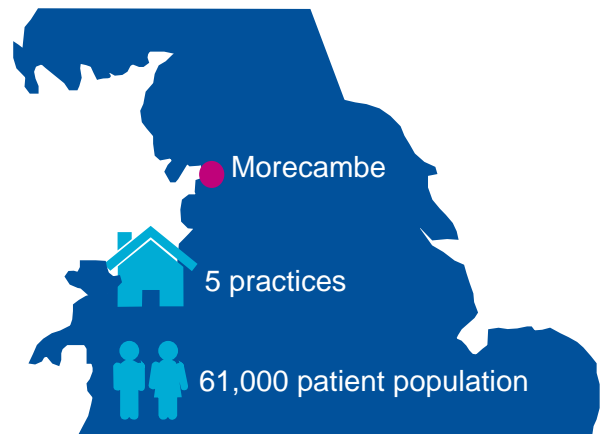
A **GP led phone based clinical triage system** (referred to as the '8-8 service') is provided from a central hub at Morecambe Health Centre. This site was chosen due to its co-location with the Out of Hours (OOH) and the Same Day Services (SDS).

Pre-bookable routine appointments are available at weekends (08.00-20.00) at the central hub.

The team providing this service consists of two receptionists and a GP. Since January, an Advanced Nurse Practitioner has also been supporting the service at weekends.

The delivery team has **immediate access to the complete medical records** of all the patients registered at participating practices through EMIS web.

The GP triage service either resolves the query, make the patient an appointment for a face to face consultation, book them into an (urgent next day, or routine) appointment with their own GP practice, or may make an urgent referral into the OOH or SDS service. This is intended to avoid attendance at A&E or call for an ambulance.



"The routine appointments available are of great use and popular for working patients, where they are unable to attend their own GP surgery midweek..."

Pilot staff member

"...it has become apparent that the service does prevent unnecessary emergency admissions/unnecessary out of hours/same day service appointments/home visits... the main reason for the initial success, I feel, is having access to the medical notes of patients presenting"

Pilot staff member

Evidence to date

The service provides **90 evening weekday phone triage sessions per week; 384 phone triage slots each weekend**; and 40 prebookable weekend appointments.

Call volumes to the 8-8 service are continuing to increase, notably at weekends and Saturdays. There has also been good uptake of routine prebookable weekend appointments and the **DNA rate for the appointments are very low.**

"The process in place for the 8-8 service (for own GP Practice follow-ups following a [phone] consultation with the 8-8 service), ...appears to be working extremely well and also offers continuity of care for patients who may see a particular GP at their own practice"

Pilot staff member

How have they done it? Common success factors

Size

The pilots have **relatively few member practices**. This has meant that engagement of key stakeholders has been more focused and easier to manage; the time taken to develop and agree the service model for providing extended hours has been shorter compared to pilots trying to agree and implement changes across many practices.



Project management capacity

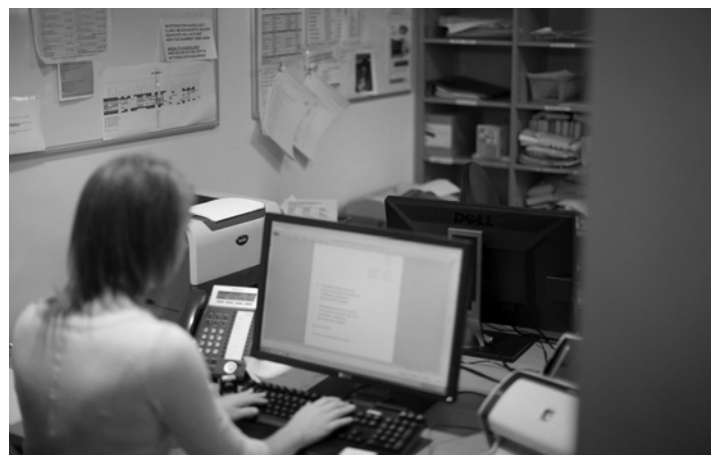
All three pilots have benefited from **strong project management, dedicated to implementation and delivery on a full time basis** (and on some occasions supported by additional administrative resource). This has built early and sustained momentum, driving progress and leading on the resolution of arising issues. The pilots all had project managers in post early into the PMCF pilot period (within one month of securing the funding). This is not considered to be a role which can be filled by GPs or existing practice staff, on top of their existing commitments. Appointing dedicated project management support is therefore vital to address this issue and drive pilot implementation forward.

Hub model

All three pilots use variations of a hub model. They do not provide extended hours at all practices, but rather **resources are being pooled and focused at the hubs**. This supports more rapid implementation.

Staff engagement

The speed of change can be disorienting or unsettling for some practice staff and can leave them feeling removed from the decision-making process. As this can affect staff morale, overcoming this is important. This has been achieved through **dedicated engagement with practice managers and their staff** (for example by arranging visits to the individual practices to problem solve and discuss any issues or concerns with staff on the ground). Another solution is the formation of appropriate governance structures (including a steering group) where staff have a clear route of communication to the project management team.



Clinical inclusivity

Clinical leads have helped to maintain buy in from practices and their staff, as well as keeping developments focused on the patient, clinical inputs and outcomes. Programme and project managers and clinical leads have also developed strong and effective working relationships, which has also enabled implementation at pace.

How have they done it? Common success factors

Information technology

Having the same provider of IT systems across all member practices has been a key enabler for two of the pilots included within this showcase. Not only has this facilitated the sharing of patient records but it has also minimised training requirements for delivery staff who may have to utilise different systems.

Irrespective of this, pilots have also invested time into finding IT solutions, for example:

- Appointing a dedicated IT lead in Slough.
- Developing work around solutions. In West Hertfordshire, to ensure implementation was not delayed, patients initially were only offered extended hours appointments at their registered surgery, whilst an interoperability solution was developed in parallel.
- Using Aداstra to book patient appointments and the MIG to access patient records to achieve interoperability across different IT systems. West Hertfordshire took this approach as they had a number of different IT systems used by practices. This required significant testing both before and since operation to ensure that all patient data could be accessed by doctors regardless of the patients' registered practice or appointment location.



Workforce

All three pilots have **utilised their existing workforce** which has avoided implementation delays associated with recruitment. The pilots have been able to utilise the existing skill base of the workforce and develop user-guides and staff mentoring to deliver any training requirements. For example, in Morecambe, an 8-8 receptionist handbook has been developed. West Hertfordshire has developed a 'how to' guide for receptionists. This has meant that implementation and training has been able to run in parallel.

Premises

The **pilots are delivering their extended services from existing premises**. This has meant that staff are familiar with the premises and using existing infrastructure has enabled implementation at a faster pace. This is in contrast to pilots who may be looking to find and secure additional facilities.

Keep it simple

Some of the pilots have highlighted their reflections on the importance of developing **a programme which is realistic and achievable**. Agreement of core objectives makes the design and agreement of the service model simpler. There is also a recognition that the model itself may not be perfect from day one, but that this evolves and adapts in light of lessons learnt through implementation.

The National Evaluation

In summer 2014, NHS England commissioned Mott MacDonald, an independent organisation, to undertake an evaluation of the programme. The evaluation team is working alongside the pilots as they deliver their projects, working with them to learn and share delivery lessons. The evaluation involves a multi-methods approach including:

- Interviews with pilot leaders and those involved in implementation during the programme.
- Interviews with pilot partners and stakeholders involved in delivery.
- Engagement with a selection of practices and patients.
- Assessment of the impacts and outcomes measured against a basket of nine national metrics.
- Identifying, examining and sharing good practice.



About PMCF

There are three primary objectives of the challenge Fund programme and also some supplementary objectives that the programme is looking to achieve:

Primary objectives:

- To provide additional hours of GP appointment time.
- To reduce demand elsewhere in the system (e.g. A&E, NHS 111 and existing out-of-hours services).
- To improve patient satisfaction with access.

Supplementary objectives:

- To tackle health inequalities in the local health economy.
- To facilitate learning to better enable pilots to implement change.
- To stimulate a culture change amongst staff involved in general practice with regard to future delivery of primary care.
- To deliver value for money and a return on investment.
- To establish sustainable models which go beyond the PMCF pilot lifetime.
- To identify models that can be replicated in similar health economies elsewhere.

Coming up next.....

The next innovation showcases will look at:

- **Using technology** to extend and enable better patient access to primary care services.
- **Engaging with patients** to help ensure pilot activity is aligned to their needs.
- **Liaising with practices** to maximise buy-in, co-design and ownership.

