

# PRIMARY CARE ACCESS SERVICE EVALUATION (12 month review)

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## Executive Summary

This report collates patient experience and key findings from the first 12 months of the Seven Day Primary Care Access Service.

Following the launch of a restricted list-based procurement on 4<sup>th</sup> November 2016, three Primary Care Access hubs were commissioned to provide services from 6.30pm – 8.00pm Mondays to Fridays and 8.00am – 8.00pm on Saturdays, Sundays and public Holidays. These services operate from:

- Evergreen Primary Care Centre opened on 1<sup>st</sup> December 2016
- Carlton House Surgery opened on 27<sup>th</sup> February 2017
- The Woodberry Practice opened on 27<sup>th</sup> February 2017

Since the 22<sup>nd</sup> December 2017 the Single Point of access telephone booking service (**03000 333 666**) was extended to 8am – 8pm seven days to improve access to appointments for local residents.

From 1<sup>st</sup> October 2017, Enfield CCG has also commissioned three Walk-in Centre services that provide services from 8.00am – 8.00pm Saturdays, Sundays and public Holidays. These services operate from:

- Carlton House Surgery opened on 1<sup>st</sup> October 2017
- Evergreen Primary Care Centre commenced on 1<sup>st</sup> October 2017 (replacing the previous contract commissioned since 2009)
- Eagle House Surgery opened on 2<sup>nd</sup> December 2017

While Walk-in Centre services are commissioned independently from our extended access services, they do form part of the primary care extended access outside of general practice core opening hours response, in creating additional capacity. As such, activity and intelligence is included within this evaluation to supplement the evolving picture of extended access primary care capacity.

## Key Findings

- **49,718** seven day access primary care appointments were commissioned between 1<sup>st</sup> December 2016 and 30<sup>th</sup> December 2017;
- This equates to over **12,400** additional primary care clinical hours;
- Taking the final month's (December 2017) GP capacity as a total, the services' overall utilisation of **84%** was the best recorded to date. This is the highest rate recorded within North Central London and rated as one of the top performing Clinical Commissioning Groups (CCG) across London;
- The service has saved **13,423** Accident & Emergency (A&E) and Urgent Care Centre (UCC) attendances since December 2016;
- The service has made a potential saving of **£1,225,987** from A&E and UCC attendances;

- The main service users are residents in full-time employment, part-time employment or full-time education;
- The service has collected over **2,500** questionnaire responses, the largest survey commissioned by Enfield CCG. Analytical data from patient experiences confirms:
  - o **82%** of patients would recommend the service to a friend and/or family member;
  - o Over **50%** of patients gave our service **10/10** – less than **5%** of patients provided a poor satisfaction rating;
  - o **95%** of patients using the service felt they received an appointment convenient for them;
  - o Over **50%** of patients were seen within 5 minutes of their allocated appointment time, with **2%** waiting more than 30 minutes;
  - o On average, patients provided a **94%** positive rating for the following '5 care' indicators:
    - Giving you enough time
    - Listening to you
    - Explaining the test/treatment and/or condition(s)
    - Involving you in decisions about your care
    - Treating you with care and concern.
- **4,534** walk-in patients were seen between 1<sup>st</sup> October 2017 and 30<sup>th</sup> December 2017;
- This equates to **1,100** hours of primary care walk-in access.

## Recommendations

Drawing together the findings of the quantitative analyses, this evaluation provides the following recommendations:

- 1- **Weekday provision** – The current weekday commissioned capacity is no longer able to meet the existing weekday demand for these extended access services. Finances permitting, Enfield CCG intends to increase capacity to better meet demand through either extending operational hours; or in-hours where A&E demand is higher.
- 2- **Future commissioning intentions** – The Primary Care Team will undertake a further review to establish if additional hub locations are required. Scheduled for July 2018, the review will cover the time period from the deployment of the Walk-in Service at Eagle House (since 2<sup>nd</sup> December 2017) and the following 6 months. The review will consider the following:
  - o **Affordability** – Any future commissioning will need available funds beyond the current financial envelope. Irrespective of any future key findings, if the programme fails to secure an increase in the existing budget, a fourth hub may not be affordable/viable.
  - o **North East Walk-in Centre activity** – Walk in services are currently proving more popular in the North East than in the South East and West localities combined, considering walk-in access has been available in the south

east locality since 2009, activity is inconsistent with comparative forecasts. The evaluation will review:

- The current nature of the activity – environmental factors such as the lack of pre-bookable access within locality.
  - Impact of deploying same day activity will have on pre-bookable demand from the locality and overall utilisation.
- 3- **Integration with acute pathways** – These access services are able to demonstrate (via patient feedback) deflection of activity from emergency services if additional primary care access was not available. The service has little evidence to demonstrate that patients presenting at emergency services are being signposted/redirected to local primary care services. The service should consider development of a jointly agreed pathway that enables repatriation of patients.
  - 4- **Reduction of 'Did Not Attend' Rates** - The service should review opportunities to support the reduction of 'did not attend' (DNA) rates, which would improve overall utilisation and value for money.
  - 5- **Clinical Skill Mix** – expand the type of treatment areas to improve overall utilisation of nursing provision and to pilot use of additional skill mix to broaden the scope of services provided.
  - 6- **Appointment Slots** – establish regular meetings to review how appointment slots are released, published, configured and embargoed. This will ensure optimal availability of access, customised to patient booking behaviours.
  - 7- **Communications and Engagement** – the communications and engagement plan needs to be refreshed to ensure continued promotion of the service to Enfield residents.

## Introduction

This evaluation has been completed by Enfield CCG to highlight patient experience and key findings collated from the initial 12 months of the Seven Day Primary Care Access Service (December 2016 – December 2017). The purpose of this report is to:

1. Build upon the key findings as reported within the mid-point review (July 2017) by including an additional six months' data;
2. Report on emerging key findings; and
3. Review and update conclusion and recommendations

## Background

Following the introduction of the GP Forward View in April 2016 and availability of General Practice Access Funding in October 2016, the CCG sought to commission a seven day primary care access service for the patient population registered with an Enfield GP Practice and those who had moved to Enfield, but had not yet registered with a GP. The benefits of this new service were anticipated to be:

1. A system that could respond to patients more quickly, so that an improvement in patient satisfaction with regard to access is delivered;
2. A primary care system that could offer accessible, co-ordinated and proactive care from 8am to 8pm seven days a week;
3. Enhanced primary care provision that supported the urgent and emergency care system.

The CCG launched a restricted list-based procurement on 4th November 2016, as a result of which three applications to deliver four access hubs were received.

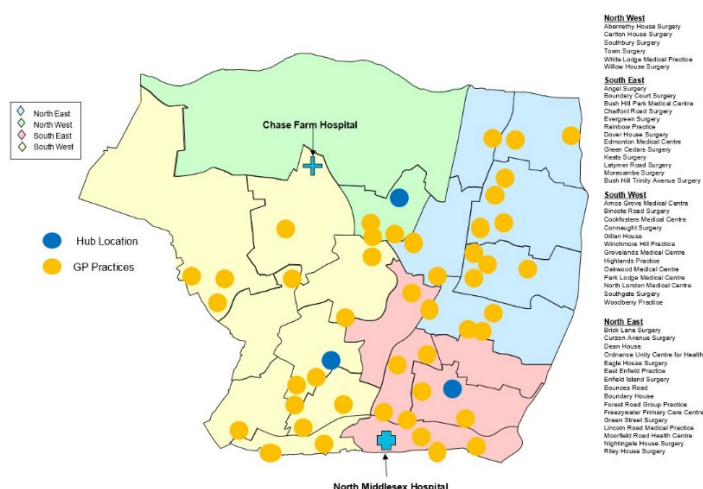
## Service Locations

Three Access Hubs were commissioned to provide services from 18:30pm – 20:00pm Mondays to Fridays and 8:00am – 20:00pm on Saturdays, Sundays and Public Holidays.

Sites were visited and assessed against the following criteria:

- ✓ Compliance with the Disability Discrimination Act (DDA), Health and Safety, Care Quality Commission (CQC) and Infection Control and Prevention.
- ✓ In close proximity to community pharmacies for dispensing of prescriptions and sale of over the counter medication
- ✓ Availability of parking for patients and good public transport links

The map below highlights the site locations of the Hubs (marked in blue), the GP Practices (marked in yellow) and the unscheduled care services (marked as a cross).



Carlton House Surgery	28 Tenniswood Rd, Enfield EN1 3LL
Evergreen Primary Care Centre	1 Smythe Cl, London N9 0TW
The Woodberry Practice	1 Woodberry Ave, London N21 3LE

A hub in the North East of the borough was not commissioned, as an accessible location was not proposed by the applicant.

## Service Specification

The service the CCG was seeking to commission included:

1. Hubs in fit for purpose, CQC and DDA-compliant premises, with good transport links for the geographic population coverage proposed and accessible pharmacy provision.
2. Provision of both pre-bookable and on the day appointments outside of core contractual hours for patients registered with a GP practice in Enfield.
3. Open and delivering appointments from 6.30pm-8.00pm/8.30pm Mondays to Fridays and 8.00am-8.00pm on Saturdays, Sundays and Public Holidays.
4. Provision of advice and treatment for primary care type problems/symptoms for patients who present.
5. Provision of essential services (as defined by the GP contract), including diagnostic tests and referrals where clinically required.
6. Access to the most appropriately qualified primary care clinician – GP, Practice Nurse or Health Care Assistant. A GP must be available at all times for face-to-face

consultations; however, the CCG would welcome proposals that offer a skill mix of GP, Practice Nurse and Health Care Assistant capacity.

7. Provision of appointments of 15 minutes. It was anticipated that patients with different needs who may require longer appointments would be accommodated.
8. Lead Provider(s) who work collaboratively with relevant partner organisations including, A&E and Integrated Urgent Care to agree a process by which these services can access appointments. This will include providing a number on which a receptionist can be reached during Hub opening hours and direct booking of appointments by 111 into the hub service.
9. Assurance that all patients can access services by providing translation services, including British Sign Language whenever necessary.
10. Offer a mixture of appointment types including face to face, telephone and e-consultations.
11. Provision of the optimal proportion of each appointment type.
12. Clinical standards with regards to prescribing, referrals and clinical care were maintained.
13. All efforts to maximise uptake of appointments by proactively offering the service to patients would be made.
14. Data reporting and patient feedback in order to monitor and evaluate the service would be provided.

## Funding

The CCG received confirmation of its GP Forward View allocation of General Practice Access Funding (GPAF) in October 2016. In total, the CCG received £1.8m in 2016/17 and £1.7m in 2017/18.

## Infrastructure

The CCG has utilised 2016/17 and 2017/18 funding to establish a service infrastructure that will not only support the development of the primary care access hubs, but the 'at scale' offer of services that general practices are now being asked to deliver through the Enfield Single Offer. The Single Offer is a range of services that will increase year on year, that are delivered to all patients in Enfield ensuring equity of access. This infrastructure includes:

- Data Sharing Agreement
- EMIS Web Clinical Service
- Single Point of Access call handling

To support the equity of access, and quality of service, all Enfield practices have signed a Data Sharing Agreement (DSA), to enable clinicians, working at the access hubs, to access a summary of individual patient's medical records with their explicit consent. This enables the clinicians to offer a better service to the patient. This functionality will also support the quality in the development of new services for patients.

The CCG has also invested resources in establishing a Single Point of Access (SPA) telephone number (03000 333 666) which enables patients to book an appointment with any of the three access hubs by just dialling a single number. This offers more convenience for patients and could be applied to an increasing range of services delivered at scale.

## Service Updates

Subsequent to the mid-point review, the following modifications have been made to the service:

- Extension of the SPA telephone booking number during December 2017 - Enfield CCG extended the telephone booking service to 8:00 to 20:00 seven days a week.
- Reinvestment of Sunday Activity – Enfield CCG has commissioned nursing capacity at both Carlton House and Evergreen in order to extend nursing provision to 7 days a week.
- Re-procurement of Walk in Services – During June and July 2017 NHS Enfield CCG started the process of re-procuring walk-in centre capacity. Following successful applications from three providers, two walk-in services became operational from 1<sup>st</sup> October and a third site from 2<sup>nd</sup> December 2017:

Eagle House Surgery

- Evergreen PCC
- Carlton House Surgery

## Communication and Engagement

The following activities have taken place during the first 12 months of the service:

- Placed several adverts in the local press.
- Placed advert in Enfield Council's *Our Enfield* magazine (distributed to every household in the borough).
- 3 different creative designs were developed aimed at targeted audiences: Parents of young children, those in full time work or education, young people.
- Outdoor advertising campaign comprising bus shelter adverts and adverts deployed at every underground and train station across the borough. The campaign in total provided an estimated 3,760,000 'views'.
- Details of the Hub service were shared with our stakeholders: Healthwatch Enfield, Enfield Council, local MPs, community and voluntary organisations, PPGs.
- Over 100,000 text messages were sent to Enfield patients informing them of these new services.
- Promoted the service via Enfield CCG website – one of the most viewed pages - and via Twitter.
- Individual GP practice websites have been updated to promote the use of Hub services and provide signposting information to alternatives to A&E, such as pharmacy, UCC.
- GP practice answering machine messages updated to promote 111 and Hub telephone booking line.

- Regular public and internal presentations to update staff and the public on the services performances and recommendations.

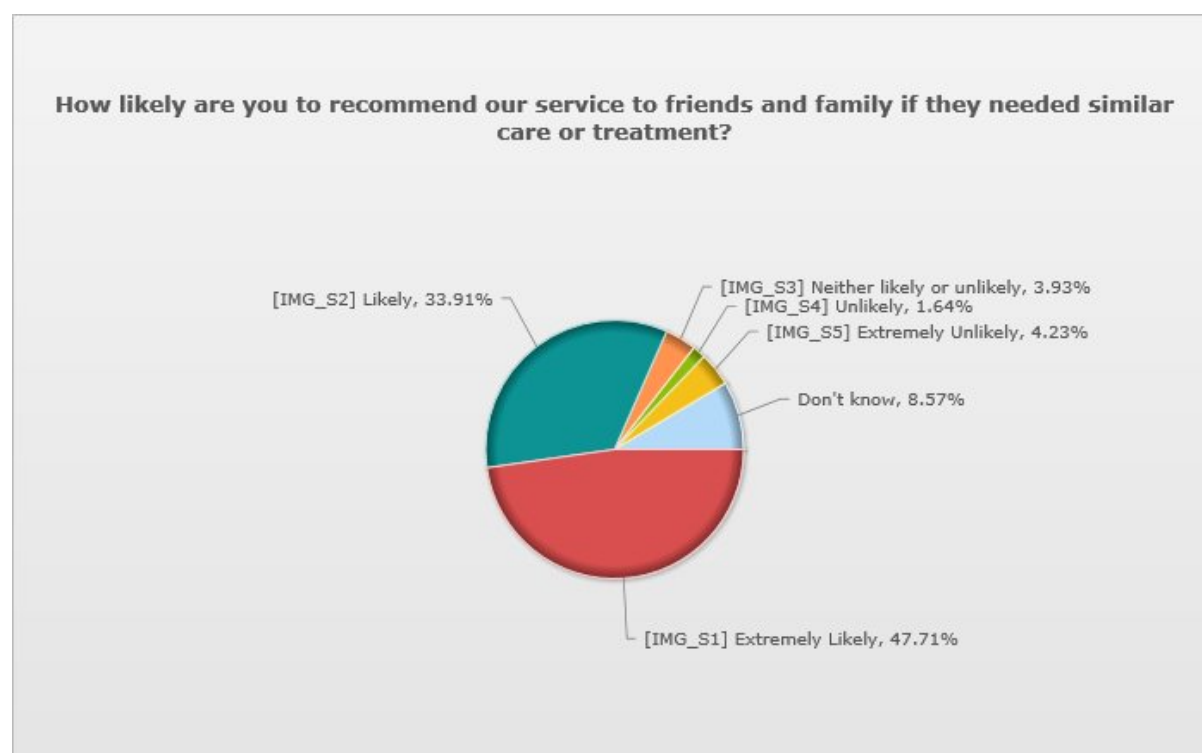
## Reporting Methodology

The key findings are based on the following extracts:

- Key Performance Indicator returns from both providers covering 1<sup>st</sup> December 2016 to 31<sup>st</sup> December 2017
- Patient experience survey results covering 1<sup>st</sup> December 2016 to 31<sup>st</sup> December 2017
- Walk In Centre activity data covering 1<sup>st</sup> October 2017 to 31<sup>st</sup> December 2017
- A&E Trend Analysis covering December 2015 to December 2017

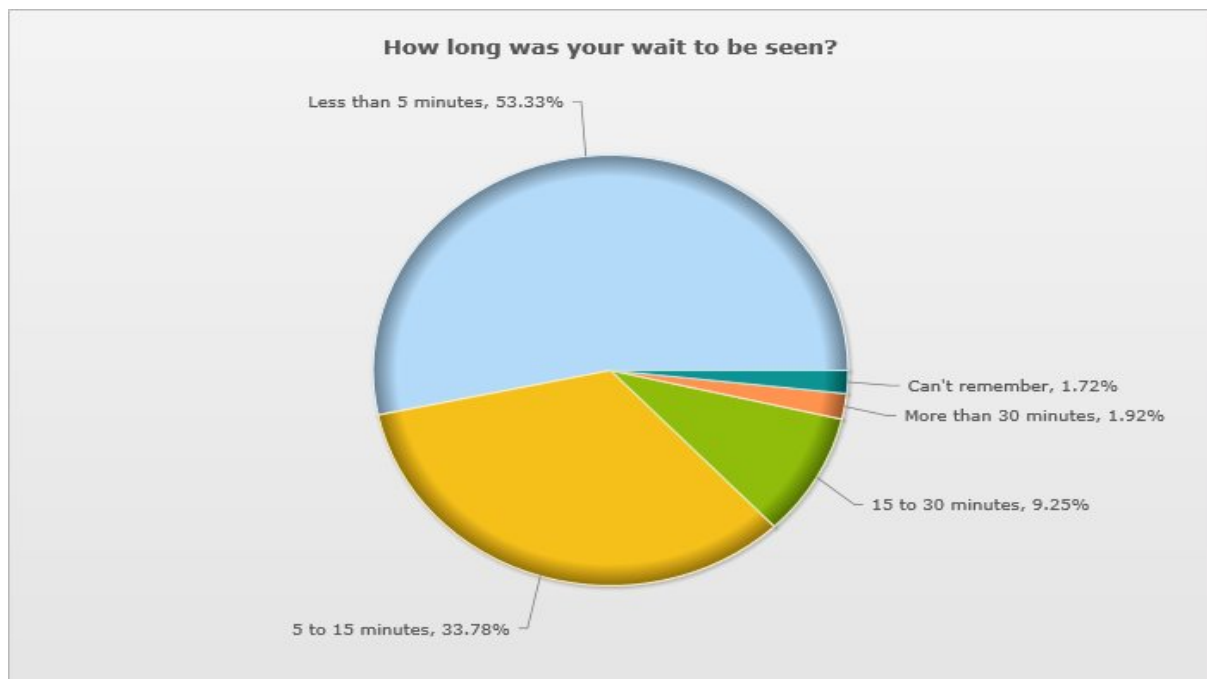
## Key Findings

### Friends and Family Metric



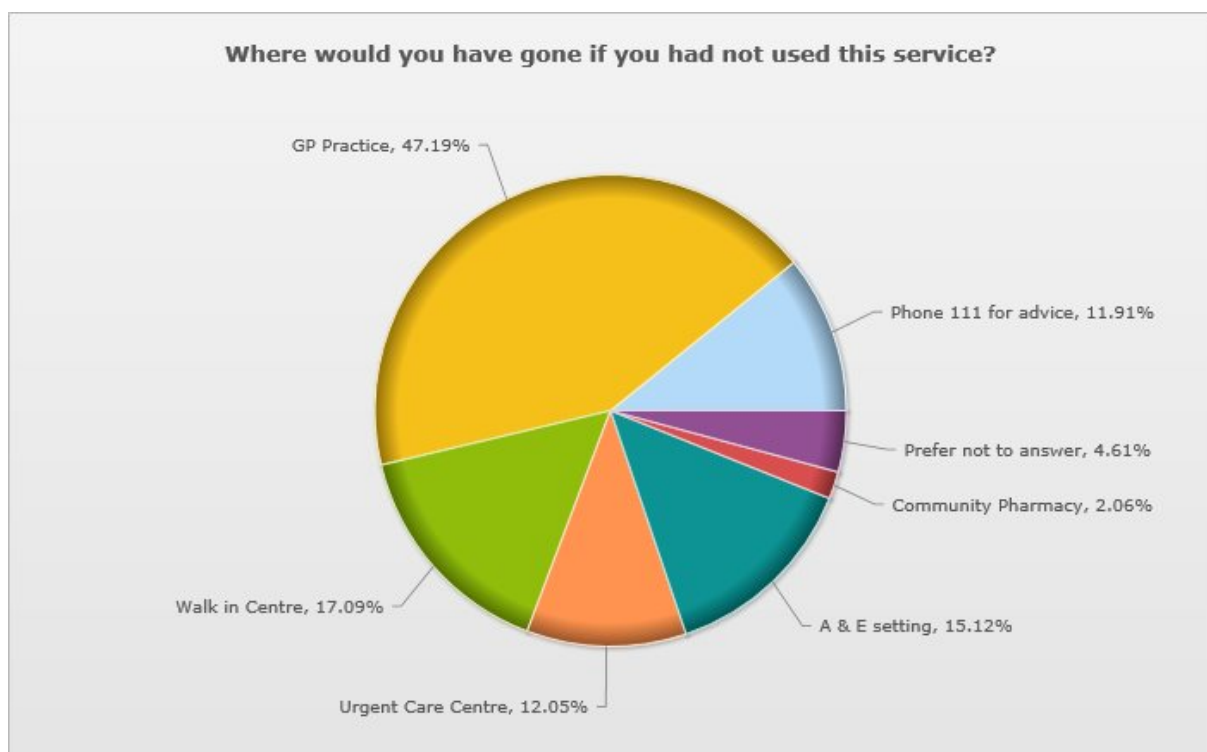
The chart shows that 82% of patients would recommend the service to a friend and/or family member. This has improved by 1% since the mid-point review.

## Waiting times



The chart shows that 53% of patients were seen within 5 minutes of their appointment time. This is an improvement of 3% since the mid-point review. Only 2% waited beyond 30 minutes.

## Alternative use of services



The chart shows the service is absorbing a mixture of primary care and unscheduled care service demand. If you modelled from the patient experience where the patient would have presented, against activity over the year, this service has saved/created:

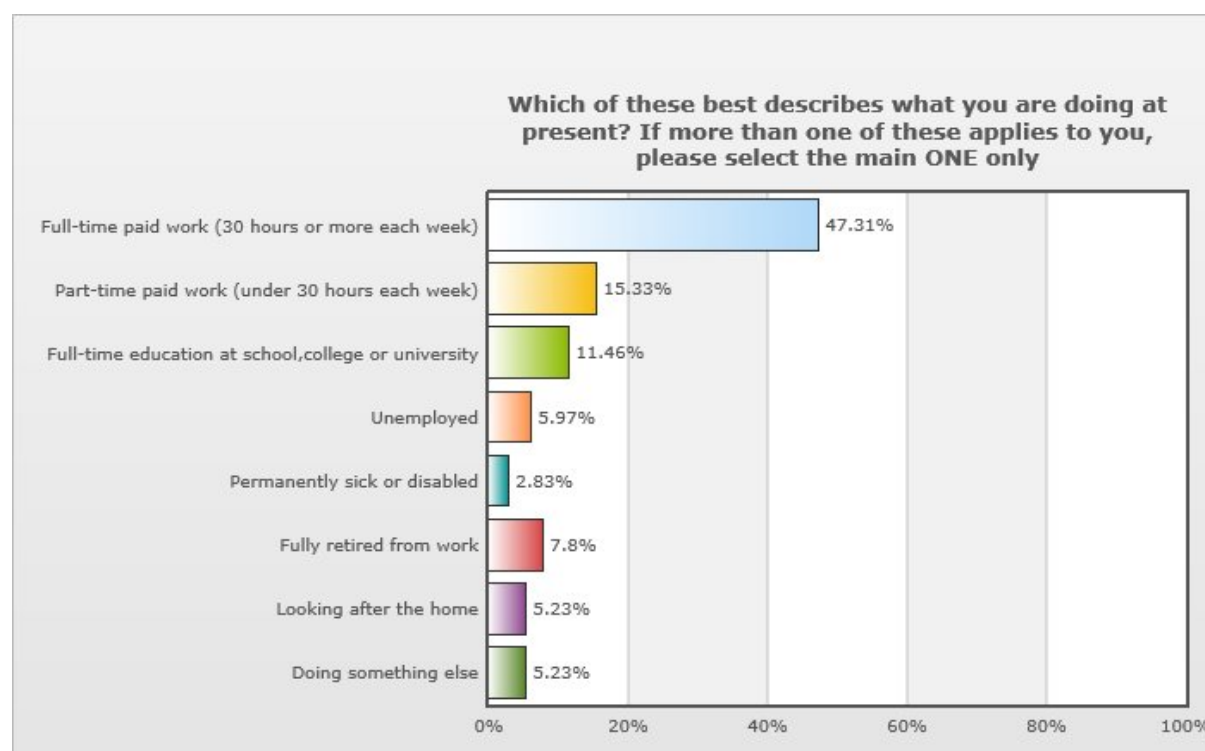
- 23,367 additional GP appointments at a comparable price to current projected primary care costs
- 8,452 attending a local Walk in Centre
- 5,966 attending a Urgent Care Centre; and
- 7,457 attendances to A&E.

If you factor the CCG costs for WIC, UCC and A&E attendances, the CCG has made a potential saving of:

- £329,628 for WIC attendances:
- £411,654 of UCC attendances; and
- £484,705 of A&E attendances

Although the above statistics are encouraging, the CCG has yet to see a corresponding reduction on A&E attendances in 17/18, when compared to 16/17, particularly for the lower priced HRGs (No treatment or Investigation) and therefore further work is required to understand the true impact the service is having, and how best to provide this service going forward.

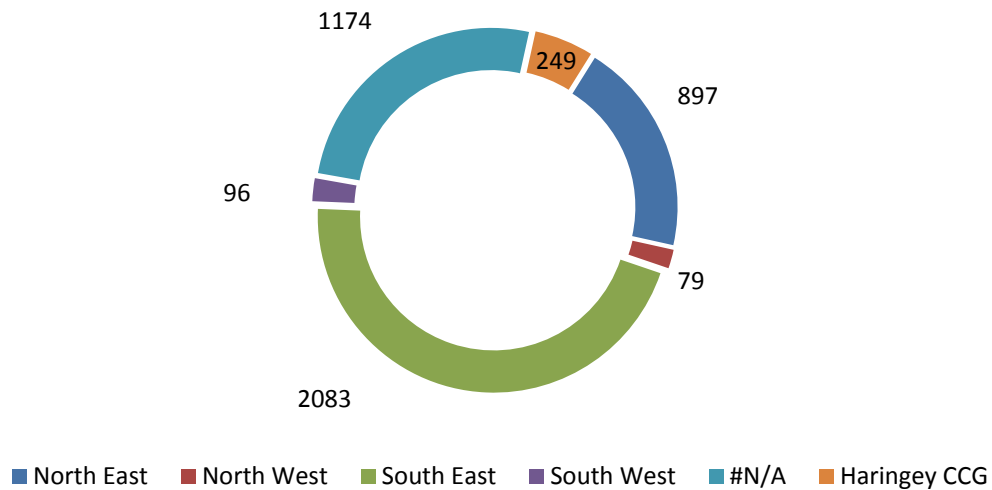
### Occupation status



The main service users are residents in full-time or part-time work or in full-time education. This remains consistent with the Primary Care Urgent Access pilot service.

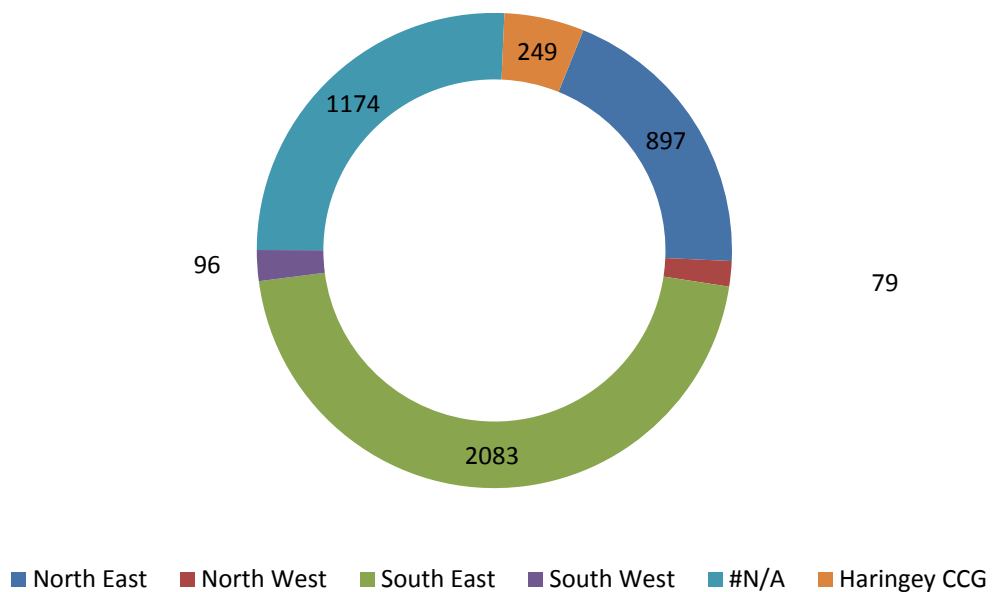
## Walk in Centre Activity

### WIC Locality Activity between Oct 17 - Dec 17

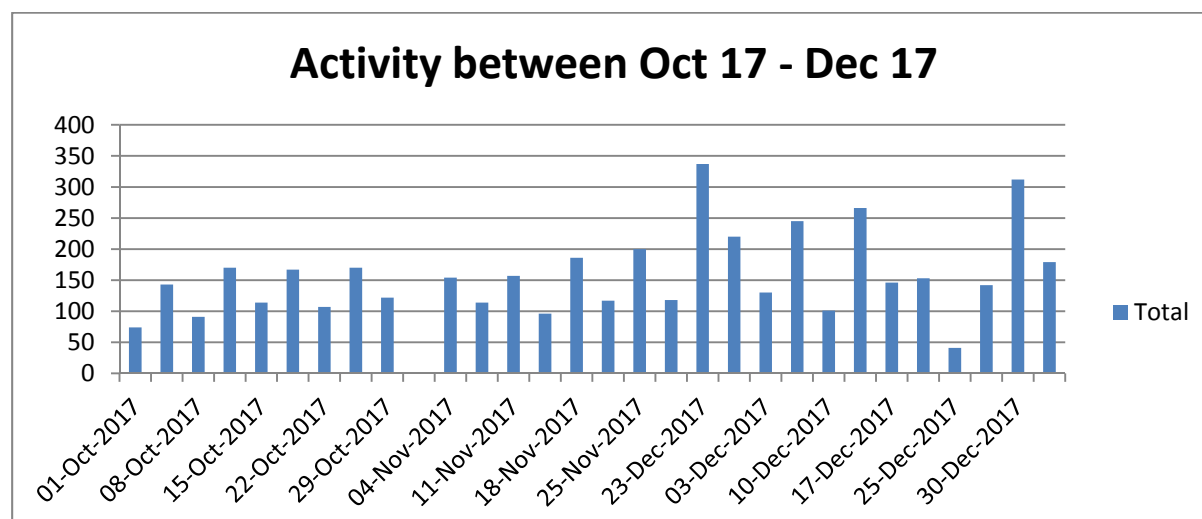


The chart shows activity broken down by locality. Since increasing the number of access points there has been a marked increase in North East Locality users accessing walk in services.

### WIC Locality Activity during Dec 17



The chart shows activity broken down by locality for December 2017 only. This chart again demonstrates that walk-in services are most popular with residents residing in the east of the borough.

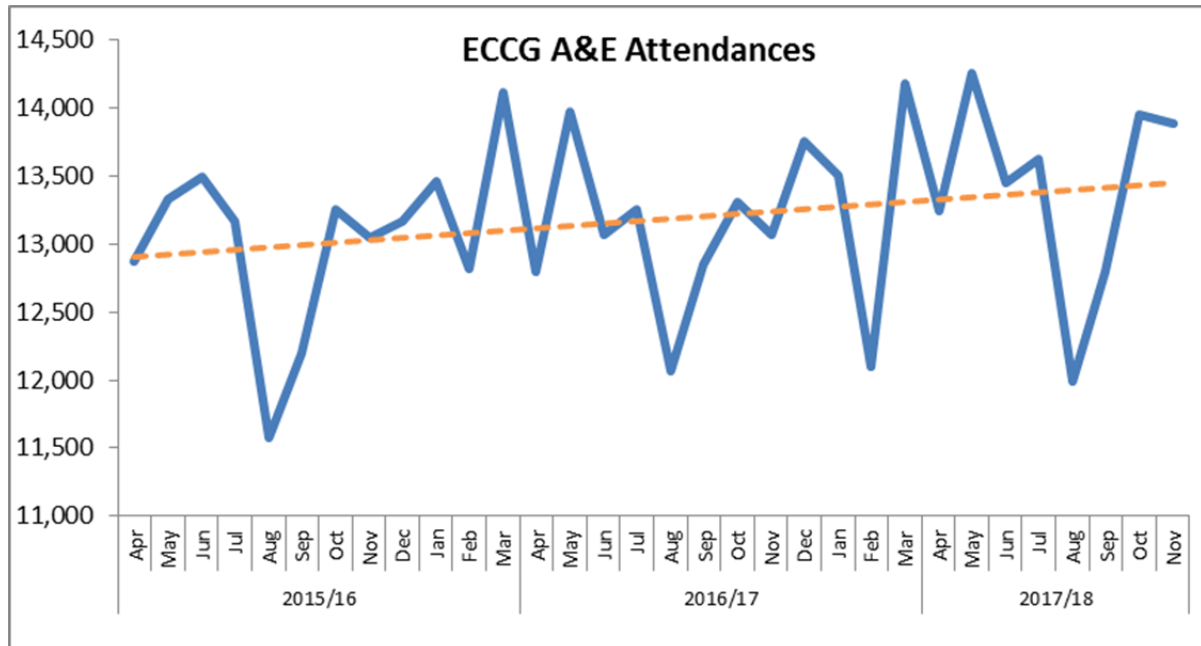


The bar charts shows that walk-in demand is increasing. This is partially due to extending access points and also likely to be better awareness of these services.

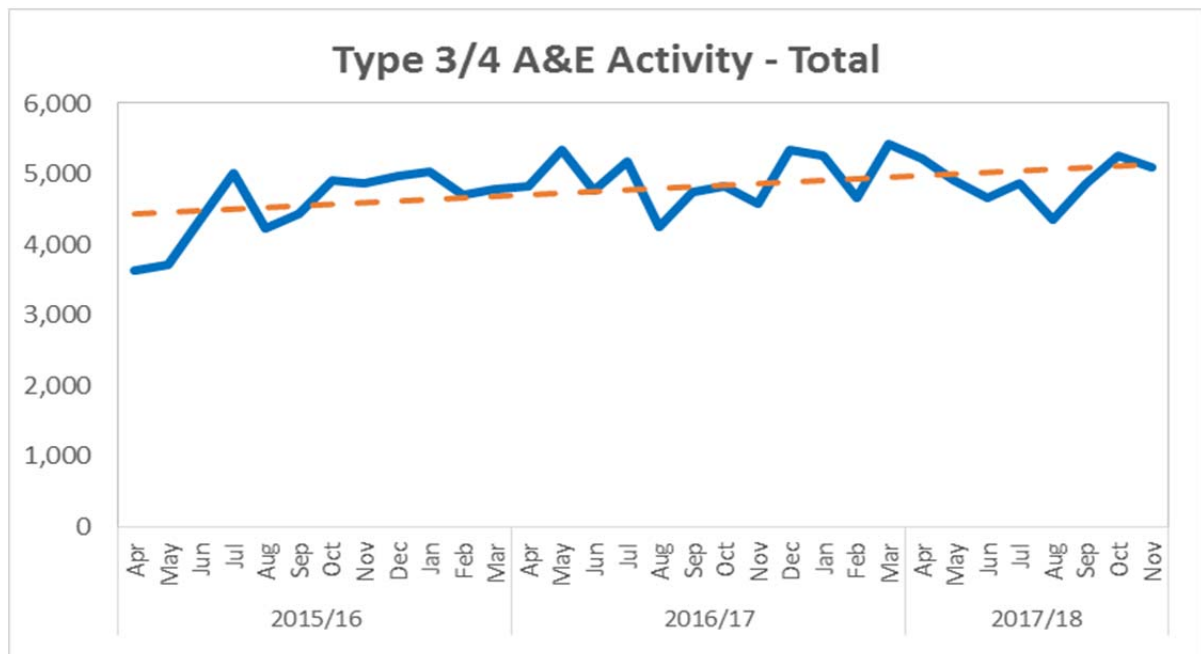
Oct-17	Nov-17	Dec-17
Viral upper respiratory tract infection NOS	Upper respiratory tract infection NOS	Upper respiratory tract infection NOS
Upper respiratory tract infection NOS	Viral upper respiratory tract infection NOS	Viral upper respiratory tract infection NOS
Cough	Cough	Acute tonsillitis
Acute tonsillitis	Acute tonsillitis	Chesty cough
Medication requested	Medication requested	Cough
Suspected UTI	Suspected UTI	Medication requested
Otitis externa NOS	Lower resp tract infection	Chest infection NOS
Lower resp tract infection	Otitis externa NOS	Sore throat symptom
Otitis media NOS	Otitis media NOS	Suspected UTI
Urinary tract infection, site not specified	Rash	Otitis media NOS

The table provides a list of common presentations at walk-in services. The data suggests that each site treated similar conditions, and of those conditions, most are considered primary care type ailments.

## A&E Attendance



This table shows there is no appreciable impact on total A&E attendances or the growth rate since deploying the primary care access services.



This shows type 3 & 4 (low acuity) A&E attendances. Type three cases are classified as other type of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor led or nurse led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. Type four is classified as NHS walk in centres.

While the chart does not demonstrate a step-change in A&E attendances. Examining the wider evidence, growth rates in Enfield are lower than growth experienced across London.

## Seven Day Access KPI Return

### Evergreen Hub

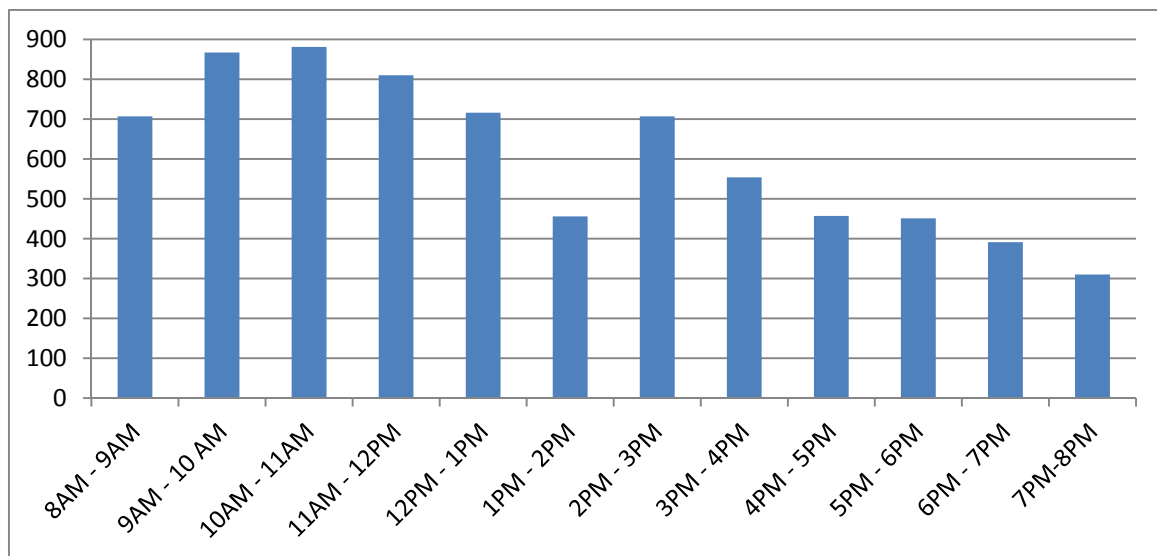
#### Activity profile

	<b>TOTAL Capacity</b>	<b>Utilisation %</b>	<b>DNA Rate</b>	<b>Patients seen within 30 mins</b>
<b>December 2016</b>	1230	45.45%	24.69%	97.39%
<b>January 2017</b>	1164	55.50%	28.17%	93.32%
<b>February 2017</b>	1272	56.76%	22.99%	77.88%
<b>March 2017</b>	1378	47.75%	22.80%	97.24%
<b>April 2017</b>	1640	62.93%	15.21%	97.99%
<b>May 2017</b>	1420	67.61%	17.71%	95.87%
<b>June 2017</b>	1224	68.22%	20.84%	98.46%
<b>July 2017</b>	1452	56.47%	19.27%	97.46%
<b>August 2017</b>	1336	48.43%	23.96%	98.81%
<b>September 2017</b>	1340	64.78%	17.63%	97.66%
<b>October 2017</b>	1080	82.13%	17.25%	99.25%
<b>November 2017</b>	968	91.12%	19.50%	98.92%
<b>December 2017</b>	1620	71.05%	15.73%	97.59%

Table highlights:

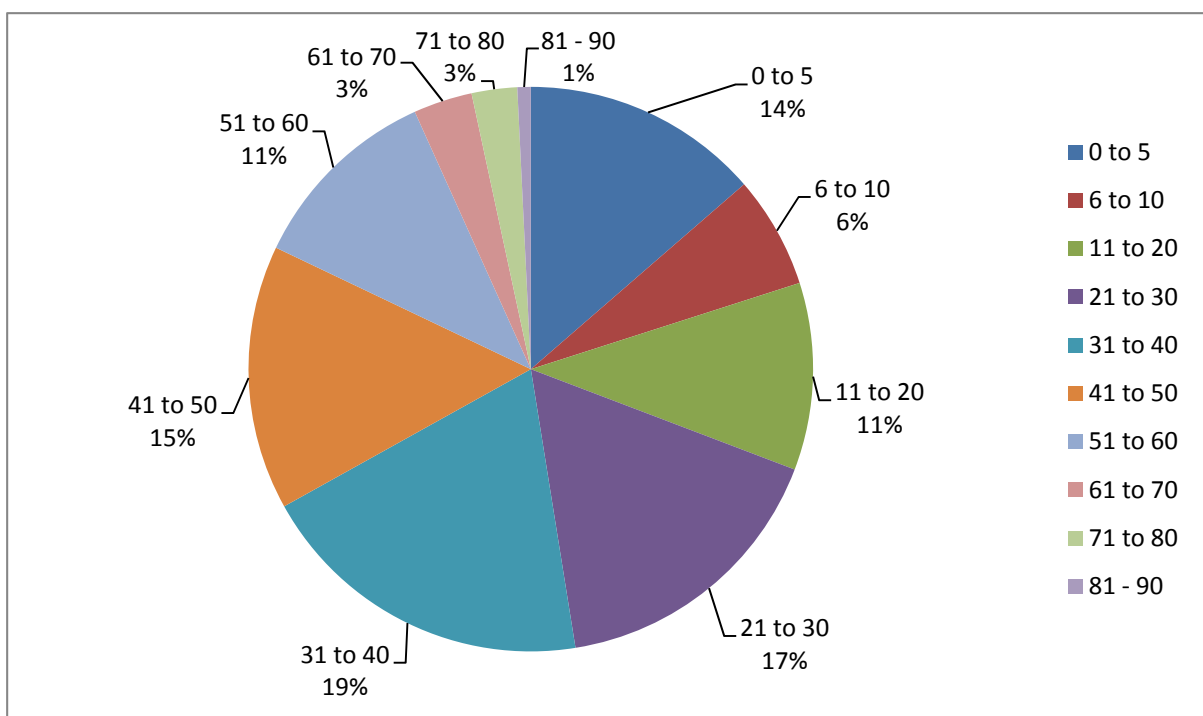
- Steady and continual growth in demand for this service
- Patients seen within 30 minutes have remained consistently high
- DNA rates are decreasing

### Weekend and Public Holiday Bookings (by hour)



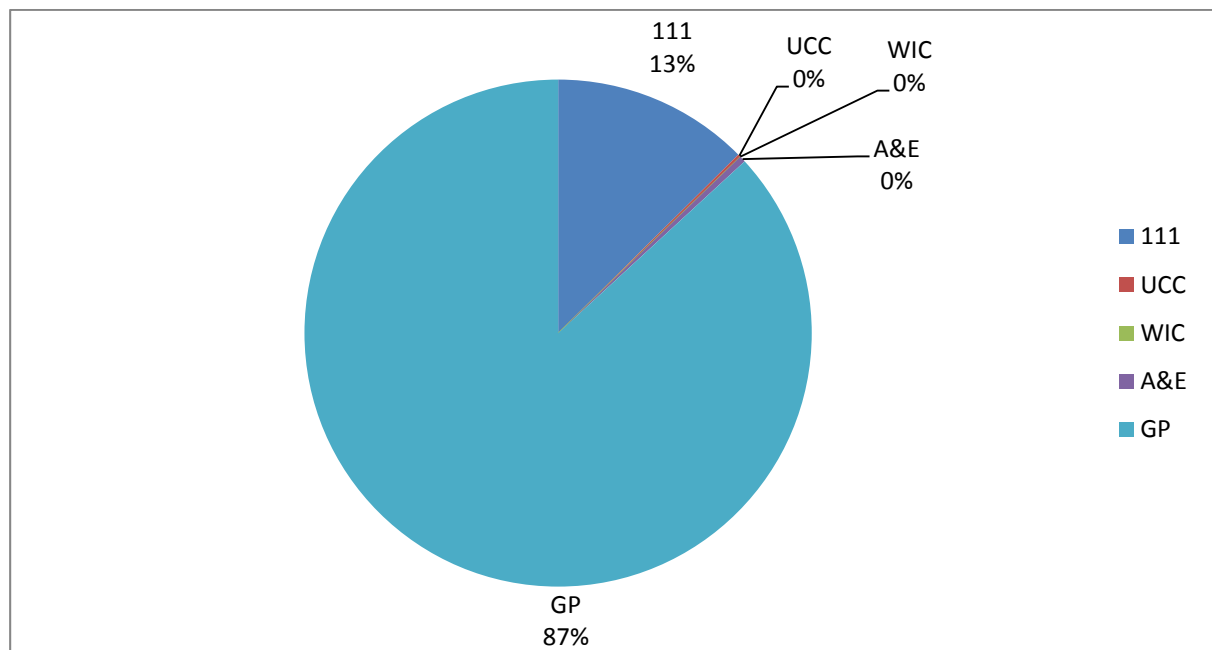
This shows the popularity of times for weekend services. Mornings remain the most popular times for weekend provision – however, afternoon and evening sessions are improving as the service becomes more widely publicised.

### Age profile



The chart shows this service is popular with, 21-30, 31-40 and 41-50 age groups respectively.

### Care settings redirection



The chart shows where patients have been booked. Most services users were directed by their general practice, while a modest 13% directed from 111 services. There is little material evidence to suggest that either UCCs or A&E services are routinely signposting patients to alternative primary care medical services, even with this site being situated 1.5 miles from North Middlesex University Hospital.

## Conditions treated

	Dec-16	Jan-17	Feb-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
1	Unknown	Cough	Viral upper respiratory tract infection	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Viral upper respiratory tract infection
2	Cough	Upper respiratory tract infections	Medication requested	Medication requested	Medication requested	Medication requested	Medication requested	Medication requested	Medication requested	Medication requested	Upper respiratory tract infection
3	Viral Respiratory tract infection	Viral upper respiratory tract infections	Suspected UTI	Low back pain	Low back pain	Knee pain	Low back pain	Low back pain	Suspected UTI	Upper respiratory tract infection	Medication requested
4	Upper respiratory tract infections	Medication requested	Cough	Viral upper respiratory tract infection	Knee pain	Low back pain	Suspected UTI	Suspected UTI	Upper respiratory tract infection	Viral upper respiratory tract infection	Unknown
5	Medication requested	Flu like illness	Unknown	Upper respiratory tract infections	Acne vulgaris	Otitis externa	Dyspepsia	Otitis externa	Low back pain	Suspected UTI	Low back pain
6	Chesty cough	Low back pain	Dyspepsia	Suspected UTI	Rash	Rash	Dermatitis	Upper respiratory tract infection	Viral upper respiratory tract infection	Cough	Cough
7	Suspected UTI	Otitis media	Low back pain	Dyspepsia	Hay fever-pollens	Dyspepsia	Asthma	Tiredness symptom	Cough	Low back pain	Suspected UTI
8	Headache	Patient pregnant	Upper respiratory tract infection	Eczema	Piles-haemorrhoids	Dressing of wound	Acne vulgaris	Viral upper respiratory tract infection	Patient pregnant	Otitis externa	Eczema
9	Low back pain	Unknown	Otitis media	Knee pain	Suspected UTI	Suspected UTI	Wax in ear	Dyspepsia	Knee pain	Abdominal pain	Lower resp tract infection
10	Otitis externa	Acute tonsillitis	Dizziness symptom	Abdominal pain	Viral upper respiratory tract infection	Rash and other nonspecific eruptions	Viral upper respiratory tract infection	Acne vulgaris	Headache	Knee pain	Abdominal pain

Respiratory tract infection, lower back pain and Cough appear to be popular uses of the service. This activity is consistent with Primary Care Type presentations.

## Carlton House Surgery Hub

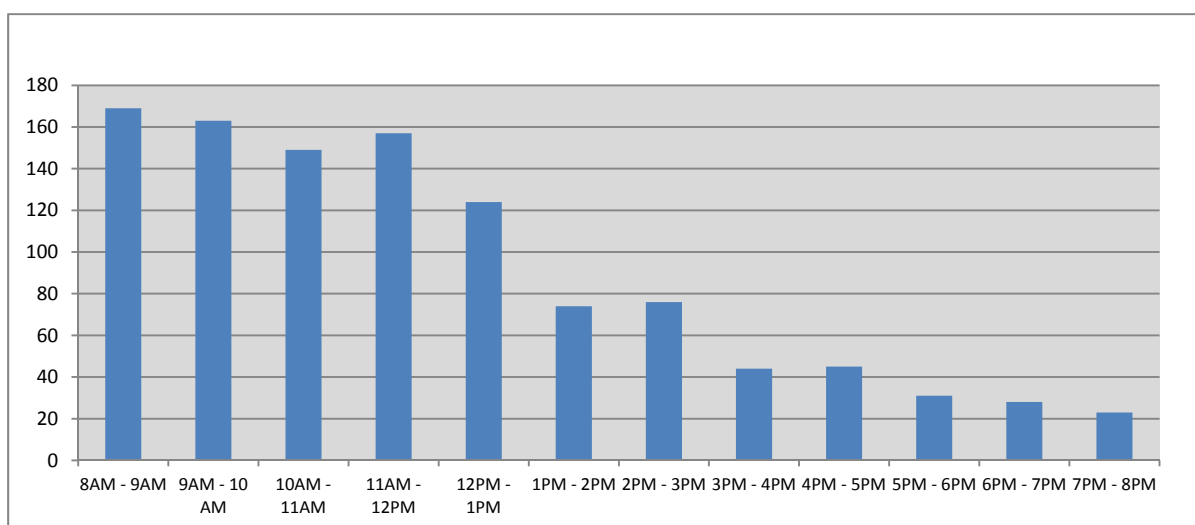
### Activity profile

	Total Capacity	Utilisation (%)	DNA rate	Patients seen within 30 mins
<b>Feb-17</b>				
<b>Mar-17</b>	1044	37.26%	20.16%	98.03%
<b>Apr-17</b>	1368	40.64%	21.30%	97.33%
<b>May-17</b>	1468	55.25%	20.35%	94.92%
<b>Jun-17</b>	1157	41.05%	17.63%	97.39%
<b>Jul-17</b>	1500	43.80%	15.19%	98.39%
<b>Aug-17</b>	1320	49.02%	14.97%	97.33%
<b>Sep-17</b>	1388	60.09%	15.03%	97.87%
<b>Oct-17</b>	1468	65.40%	22.52%	97.76%
<b>Nov-17</b>	1356	60.18%	19.80%	91.64%
<b>Dec-17</b>	1666	59.30%	20.45%	95.40%

Table highlights:

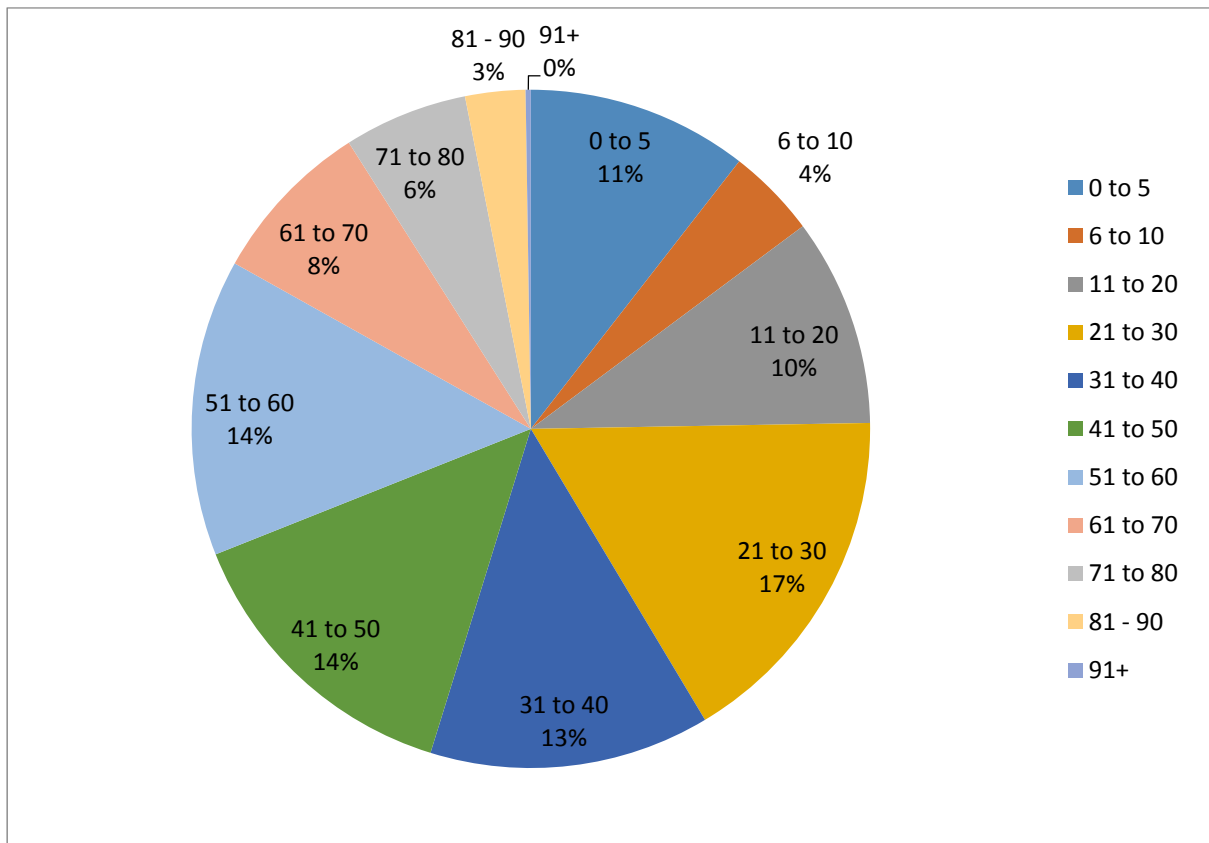
- steady and continual growth in demand for this service
- Patients seen within 30 minutes has remained consistently high

### Weekend and Public Holiday Bookings (by hour)



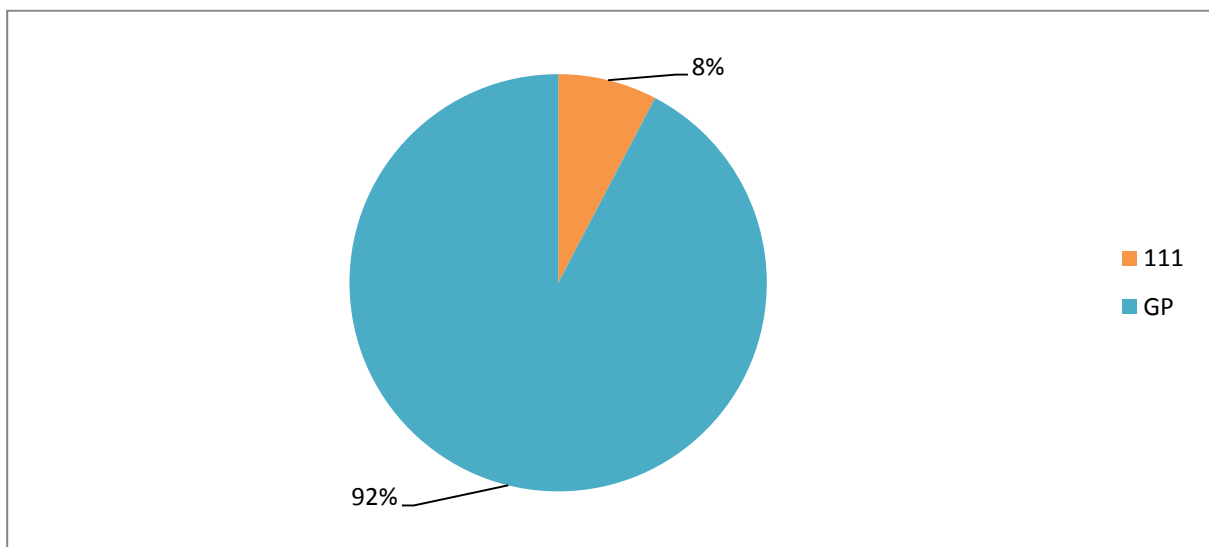
Weekend services were most popular between 8AM – 1PM.

### Age Profile



The chart shows the service is popular with 21-30, 51- 60 and 41-50 age groups respectively.

### Care settings redirection



This chart shows where patients have been referred from, 92% were directed from general practice while 8% directed from 111 service.

### Conditions treated

	Feb-17	Mar-17	Apr-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
1	Ear Wax	URT/Cough	URT /Cough	URT/cough	medication request	URT/Cough	URT/Cough	URT/Cough	URT/Cough
2	Unequal leg length	Back pain	UTI	UTI	UTI	Tonsillitis/sore throat	medication request	medication request	Tonsillitis/sore throat
3	sinusitis	Rash	Abdominal Pain	Tonsillitis/sore throat	URT/cough	medication request	UTI	Tonsillitis/sore throat	medication request
4	rash	Tonsillitis/sore throat	Otitis Externa	Rash	Tonsillitis/sore throat	UTI	Tonsillitis/sore throat	UTI	UTI
5	dyspepsia	UTI	Acne	Medication request	wound dressing	back pain	wound dressing	back pain	back pain
6	Ear ache	Abdominal pain	Tonsillitis / sore throat	Pill check	rash	wound dressing	rash	wound dressing	wound dressing
7	haemorrhoids	neck pain	shoulder pain	Headache	acne	knee pain	acne	acne	knee pain
8	headache	foot pain/ plantar fasciitis	foot pain	Otitis externa	knee pain	Otitis externa	skin lesion	rash	acne
9	otitis externa	sinusitis	medication review	Skin infection	shoulder pain	headache	back pain	contraception request	otitis externa
10	UTI	Otitis externa	rash	Sinusitis	otitis externa	shoulder pain	abdominal pain	headache	eczema

Respiratory tract infection, lower back pain and Cough appear to be popular uses of the service. This activity is consistent with Primary Care Type presentations.

## Woodberry Avenue Hub

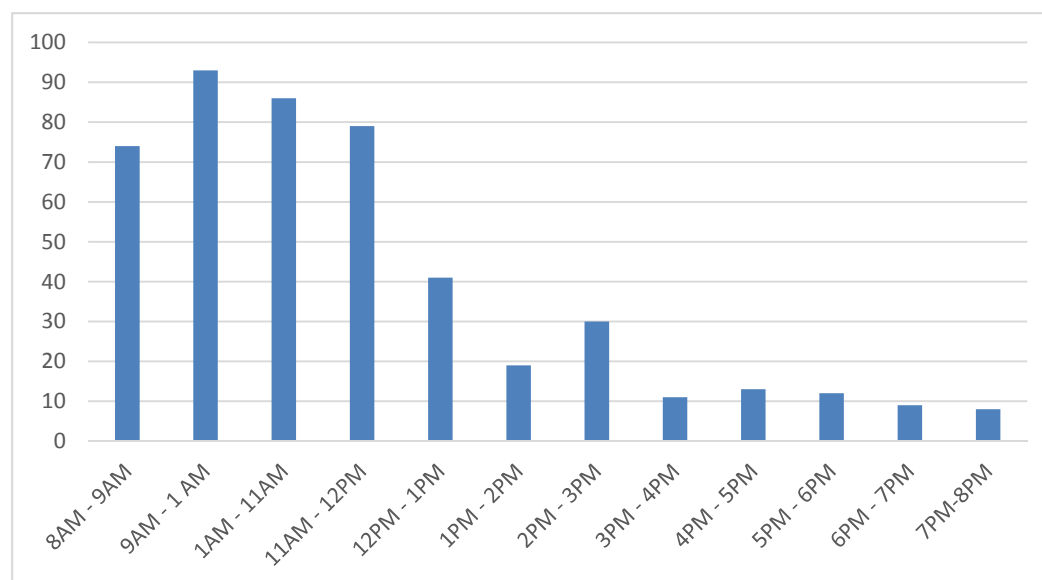
### Activity Profile

	Total Capacity	Utilisation %	DNA rate	Patients seen within 30 mins
<b>February 2017</b>				
<b>March 2017</b>	1044	35.06%	16.09%	80.87%
<b>April 2017</b>	1368	35.45%	18.43%	77.53%
<b>May 2017</b>	1388	34.08%	11.54%	84.90%
<b>June 2017</b>	1224	35.21%	0.10%	91.87%
<b>July 2017</b>	1452	32.58%	14.73%	88.86%
<b>August 2017</b>	1352	33.28%	14.30%	98.72%
<b>September 2017</b>	1340	46.57%	13.43%	94.17%
<b>October 2017</b>	1336	47.83%	11.68%	94.44%
<b>November 2017</b>	776	74.61%	17.90%	87.96%
<b>December 2017</b>	1044	62.64%	18.08%	85.78%

Table highlights:

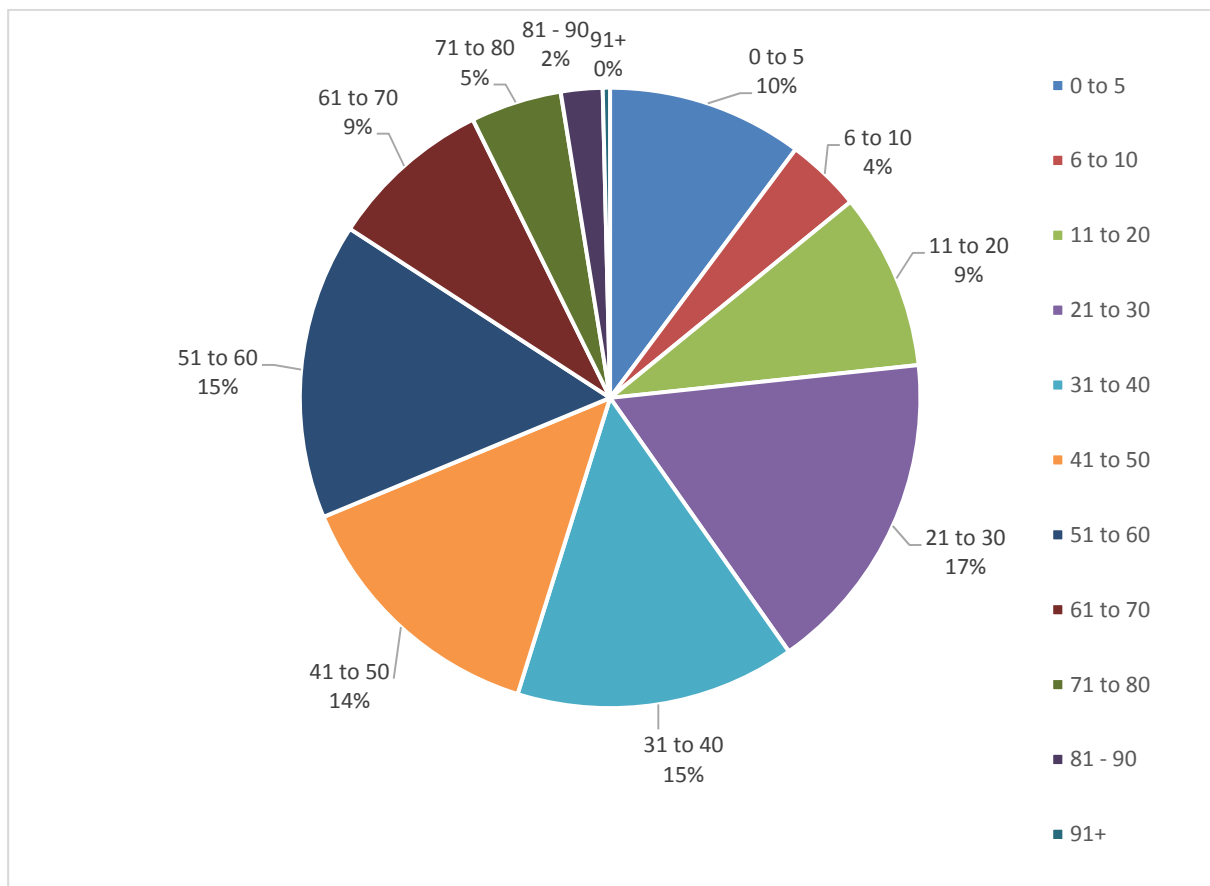
- Consistent demand for this service since its commencement
- Patients seen within 30 minutes has remained consistently high
- DNA rates have remained stable

### Weekend and Public Holiday Bookings (by hour)



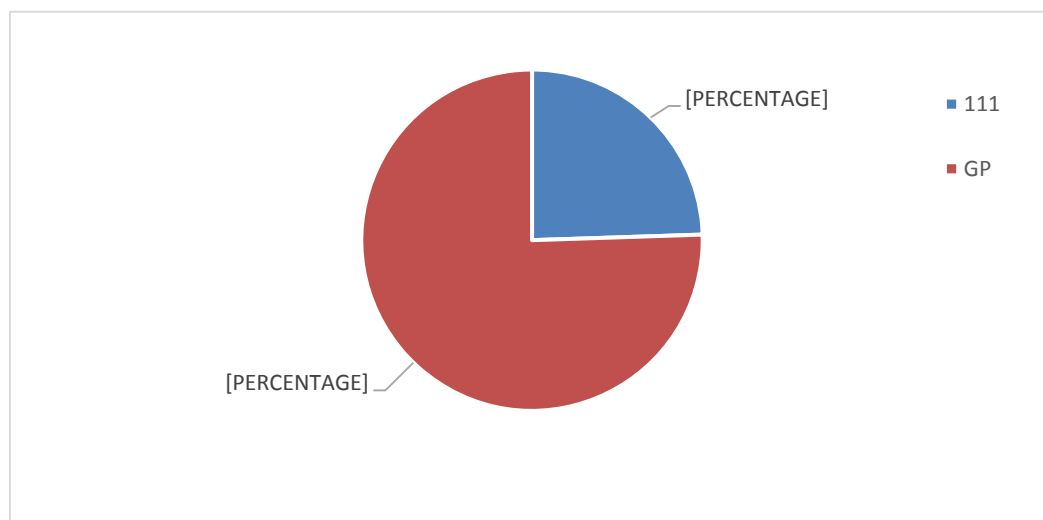
Weekend service is most popular between 8AM – 1PM.

### Age profile



The chart shows the service is popular 21-30, 31-40, and 51-60 age groups respectively.

### Care settings redirection



The chart shows where patients have been referred from, 76% of patients were directed from general practice and 24% from 111 service.

### Conditions treated

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
1	Groin pain	tonsillitis/sore throat	URT /Cough	URT/Cough	URT/Cough	Wound dressing	URT/Cough	URT/cough	URT/Cough	URT/Cough	URT/Cough
2	URT/Cough	URT /Cough	rash	tonsillitis/sore throat	UTI	URT/cough	UTI	rash	UTI	UTI	wound dressing
3	knee pain	Rash	UTI	anxiety	knee pain	Earache	rash	wound dressing	wound dressing	knee pain	medication request
4	Boils	Abdominal pain	abdominal pain	rash	Fungal nail infection	Tonsillitis/sore throat	wound dressing	tonsillitis/sore throat	tonsillitis/sore throat	wound dressing	viral illness
5	medication review	Conjunctivitis	Acne	abdominal pain	Tonsillitis/sore throat	UTI	medication request	abdominal pain	abdominal pain	tonsillitis/sore throat	abdominal pain
6		Anxiety/depression	Tonsillitis /sore throat	back pain	Acne	Back pain	eczema	medication request	medical review	abdominal pain	UTI
7		headache	dyspepsia	UTI	Rash	Rash	otitis media	dyspepsia	ear pain/wax	viral illness	tonsillitis/sore throat
8		back pain	eczema	pharyngitis	Hayfever	Anxiety/depression	tonsillitis/sore throat	depression/anxiety	medication request	cervical smear	knee pain
9		UTI	back pain	hair loss	Lump	Conjunctivitis	knee pain	eye symptoms	knee pain	eczema	back pain
10		Ear ache/ear wax	breast lump	vertigo	Cervical smear	Hip pain	acne	mole on skin	otitis externa	medication request	acne

Respiratory tract infection, lower back pain and cough appear to be popular uses of the service. This activity is consistent with Primary Care Type presentations.

# Conclusions

## Conclusion headlines

1. A&E performance – this review highlights a significant gap between the proportion of patients who would have presented at A&E services had this service not been commissioned (15%) and the total number of patients signposted by A&E services.
2. DNA rates – remain high across all sites, especially on weekends.
3. Pre-bookable vs walk-in– pre-bookable appointments seem to be more popular in the west of the borough, while walk-in activity is more popular in the east. Creating additional walk-in capacity has not resulted or created a negative impact of pre-bookable utilisation.
4. The service remains most popular with residents in full-time employment, part-time employment or full-time education.
5. Friends and Family Metric – Overall the Primary Care Seven Day Access service scored 82%, which is in line with London general practice and local unscheduled care services.
6. Utilisation – remains variable at the individual sites. The current service provides:
  - GP capacity
  - Nursing capacity
  - Restricted 111 and IUC capacity.

GP capacity is well-utilised (84% in December 2017). Nursing provision is inconstant; the current scope of nursing provision is limited and likely limiting how this resource could be used. 111 and IUC capacity is a new addition to the service and was commissioned from December 2017. As with any new service, utilisation has been below projections. It's likely that once 111 deploy their IT solution to be able to directly book appointments, there is an expectation that utilisation will improve.

## Recommendations

Drawing together the findings of the quantitative analyses, this evaluation provides the following recommendations:

- 1- **Weekday provision** – The current weekday commissioned capacity is no longer able to meet the existing weekday demand for these extended access services. Finances permitting, Enfield CCG intends to increase capacity to better meet demand through either extending operational hours; or in-hours where A&E demand is higher.
- 2- **Future commissioning intentions** – The Primary Care Team will undertake a further review to establish if additional hub locations are required. Scheduled for July 2018, the review will cover the time period from the deployment of the Walk-in Service at Eagle House (since 2<sup>nd</sup> December 2017) and the following 6 months. The review will consider the following:

- **Affordability** – Any future commissioning will need available funds beyond the current financial envelope. Irrespective of any future key findings, if the programme fails to secure an increase in the existing budget, a fourth hub may not be affordable/viable.
  - **North East Walk-in Centre activity** – Walk in services are currently proving more popular in the North East than in the South East and West localities combined, considering walk-in access has been available in the south east locality since 2009, activity is inconsistent with comparative forecasts. The evaluation will review:
    - The current nature of the activity – environmental factors such as the lack of pre-bookable access within locality.
    - Impact of deploying same day activity will have on pre-bookable demand from the locality and overall utilisation.
- 3- **Integration with acute pathways** – These access services are able to demonstrate (via patient feedback) deflection of activity from emergency services if additional primary care access was not available. The service has little evidence to demonstrate that patients presenting at emergency services are being signposted/redirected to local primary care services. The service should consider development of a jointly agreed pathway that enables repatriation of patients.
  - 4- **Reduction of 'Did Not Attend' Rates** - The service should review opportunities to support the reduction of 'did not attend' (DNA) rates, which would improve overall utilisation and value for money.
  - 5- **Clinical Skill Mix** – expand the type of treatment areas to improve overall utilisation of nursing provision and to pilot use of additional skill mix to broaden the scope of services provided.
  - 6- **Appointment Slots** – establish regular meetings to review how appointment slots are released, published, configured and embargoed. This will ensure optimal availability of access, customised to patient booking behaviours.
  - 7- **Communications and Engagement** – the communications and engagement plan needs to be refreshed to ensure continued promotion of the service to Enfield residents.