

Extended Access Report

Introduction

There is a national drive to improve access to healthcare in General practice. National evidence demonstrates that:

- A good overall experience of making an appointment declined from 79.1% in 2011/12, to 72.7% in 2016/17
- 11% of patients surveyed reported not being able to get an appointment
- The ability to make a convenient appointment declines for those who work and for younger patients

The aim of the service is to ensure everyone has easier and more convenient access to GP services, including appointments at evening and weekends.

Thanet CCG Commissioning intentions

The Extended access service has defined criteria whereby, primary care must provide additional 37.5minutes of GMS appointments per 1000 weighted patient population. The appointments offered must be up to 8.00pm from Monday to Friday. Over the weekend, there must be a minimum of 20hrs of extended access service on Saturdays and 12hrs on Sundays offering four 15minute appointments per hour.

The CCG commissioned THCIC to deliver this service as it acknowledges THCIC as an enabling organisation which can offer a joined-up solution between primary care and THCIC to meet the necessary requirements.

To facilitate the above, THCIC have developed and implemented a **blended model** which promotes practices to deliver weekday service and THCIC to deliver the weekend and Bank Holiday service when practices are closed.

In addition to the above, THCIC undertake additional administration duties to support the service delivery, these duties include:

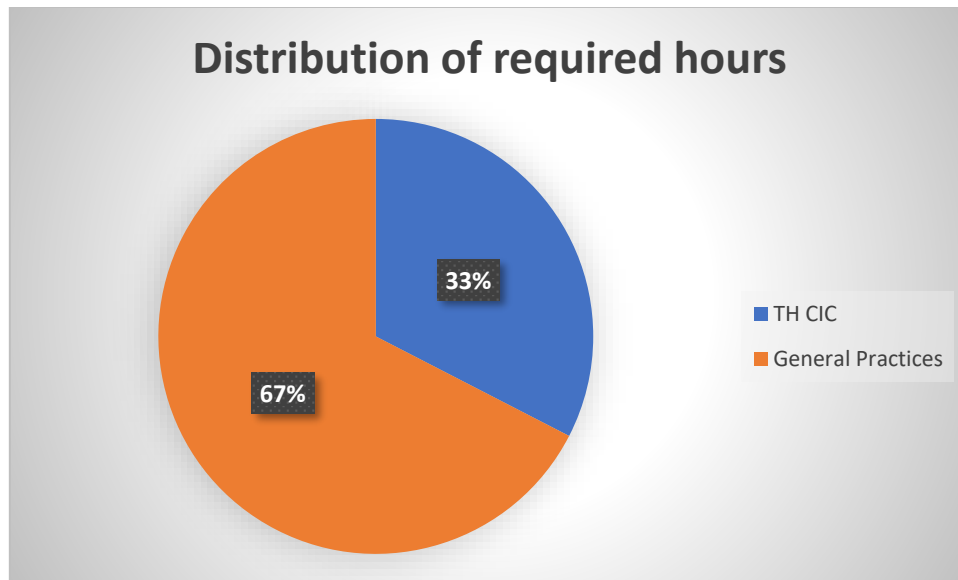
- Collection and analysis of activity data for monthly reporting to CCG
- Production of quarterly reports (quality and performance) for CCG
- Monitoring performance and identifying ways to improve uptake
- Support practices in the monthly submission of claims
- Reimburse practices for work undertaken
- Liaise with practices on regular basis to help address any challenges
- Provide assurance to CCG the required hours will be delivered

Delivery Model

The model THCIC have implemented is a blended model whereby practices deliver weekday requirements (working in a network across PCN's) and THCIC deliver the weekend minimum requirements as well as run additional clinics to mop up any weekday hours which the practices are unable to meet.

Based on the above criteria (37.5mins per 1000 weighted population), across Thanet, there is requirement to deliver 393hrs per month. The graph below shows how these hours are distributed between Thanet and the practices.

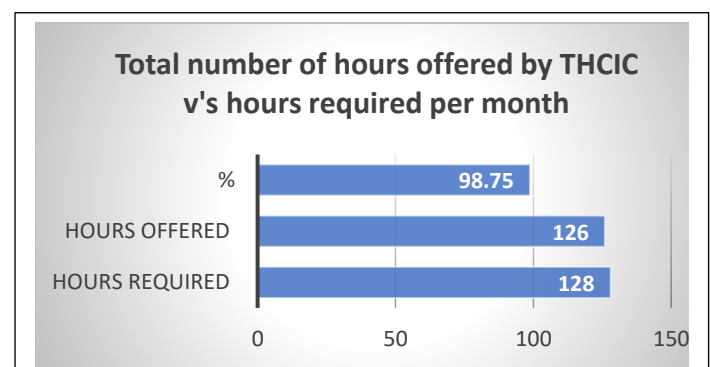
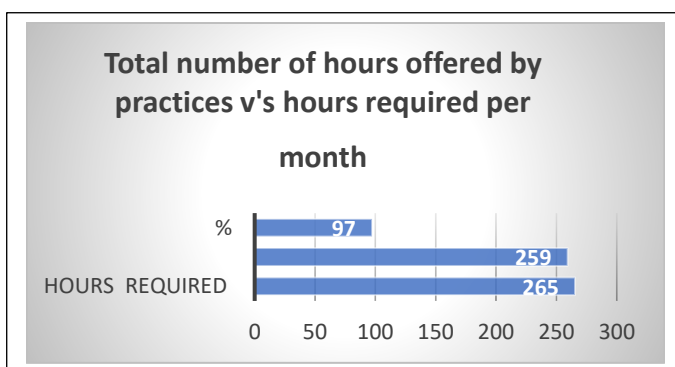
Table 1 : Distribution of the required hours between practices and Thanet Health CIC



Overall, 67% of the service is delivered by practices across Thanet and the remaining 33% is delivered by THCIC.

Analysis and Outputs:

THCIC have undertaken detailed review and analysed the activity over the last 12 – 18 months. The analysis identified both the practices and THCIC have delivered majority of the hours required per month (Practices have offered 97% and THCIC have offered 98%) over the past 18 months.



The number of hours offered by both, the practices and THCIC varied month on month (see tables below) however it is the responsibility of THCIC to monitor the hours and either offer

additional hours during the weekend or work with practices to offer more hours to 'catch up'. The main reason for variation in the number of hours offered is mainly due to staff availability.

Table: Shows monthly breakdown of hours offered v's required by practices.

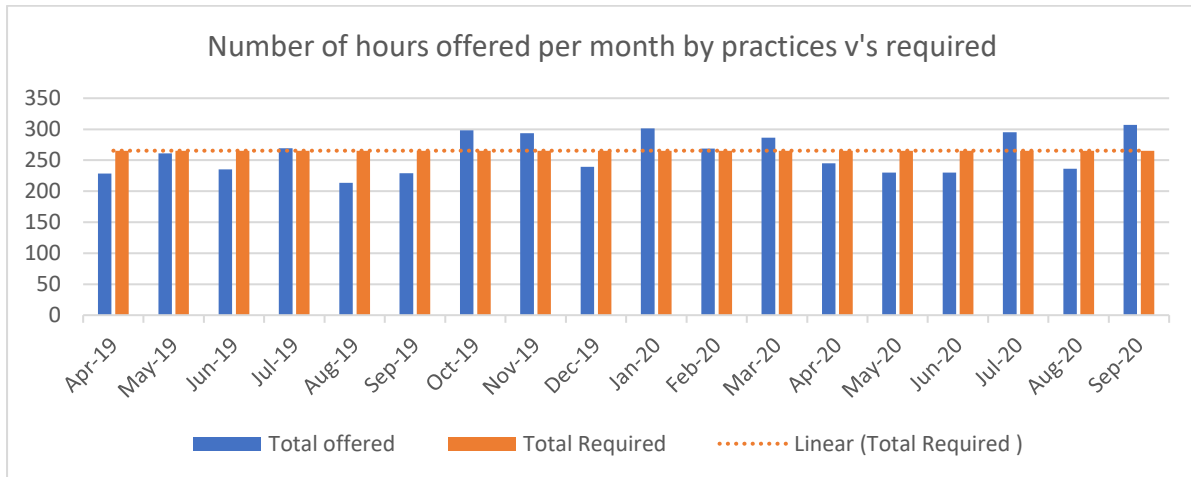
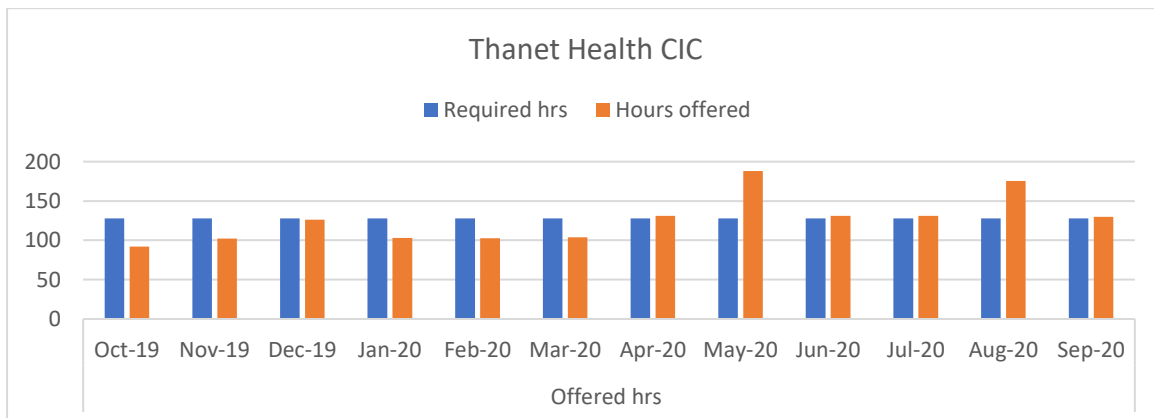
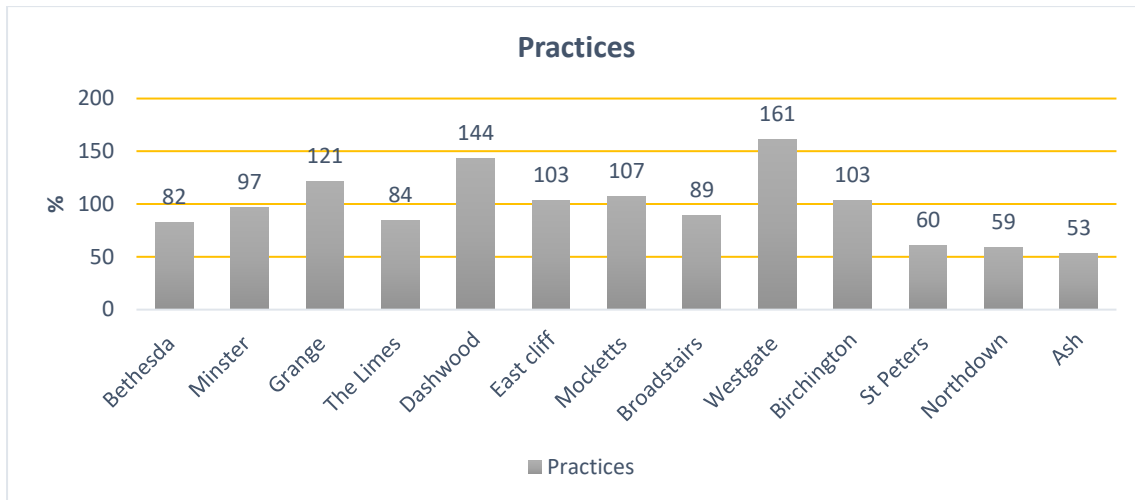


Table: Shows monthly breakdown of hours offered v's required by THCIC.



The most interesting data observed, is the breakdown between the offer of appointments between the different practices, there is large variation, some practices offering greater than their fair share allocation and others offering much lower.

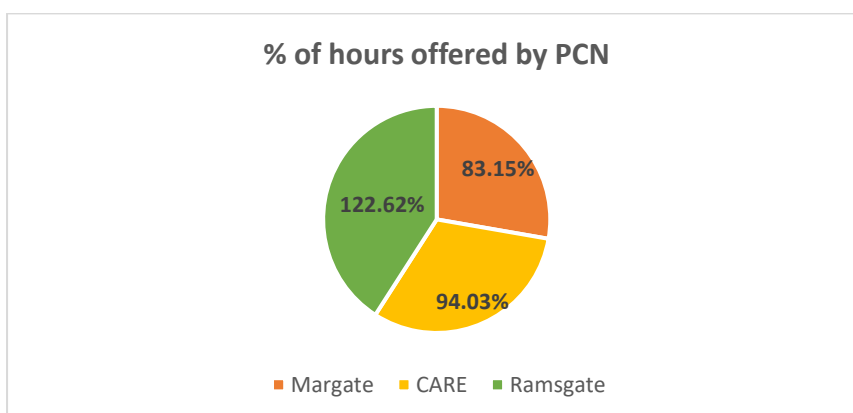
Table below shows the % of appointments offered by each practice



Westgate and Dashwood have offered the greatest % of appointments, this has compensated for the low numbers offered by Northdown, Ash and St Peters. The number of appointments being offered by Northdown has been increasing significantly in the past 4 months and therefore there is a risk of over performing against the contract (and therefore not getting paid) if the lower performing practices increase their offer and therefore risk of not getting paid.

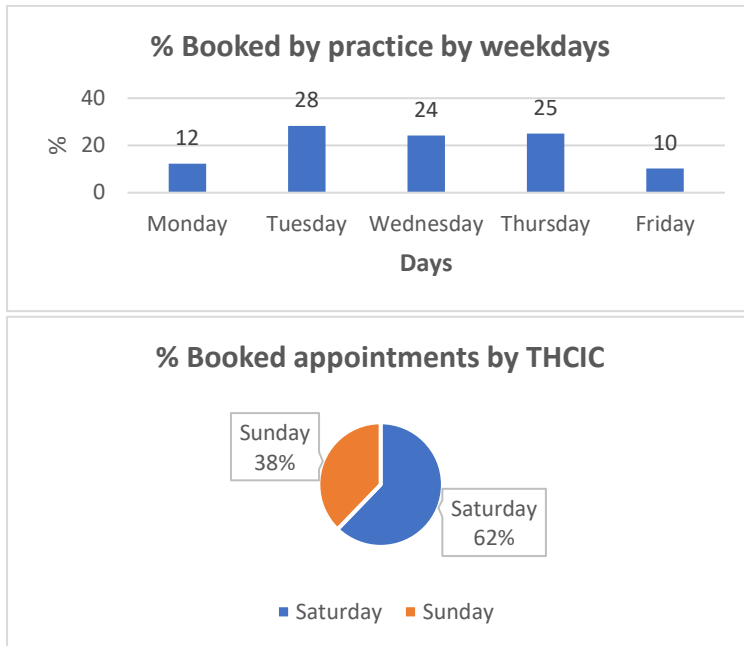
Further work needs to be undertaken to agree minimum and maximum offer of hours per practice to prevent any practice not being paid for the work they have undertaken.

There is also a disparity on the offer of appointments when reviewed at PCN level, the pie chart below indicates Ramsgate PCN has over offered to compensate for the lower offer by the CARE and Ramsgate PCN.



PCN may wish to consider if there needs to be a set number of hours per PCN or if there is a merit in retaining a Thanet wide locality overview and have THCIC monitor and manage the offer.

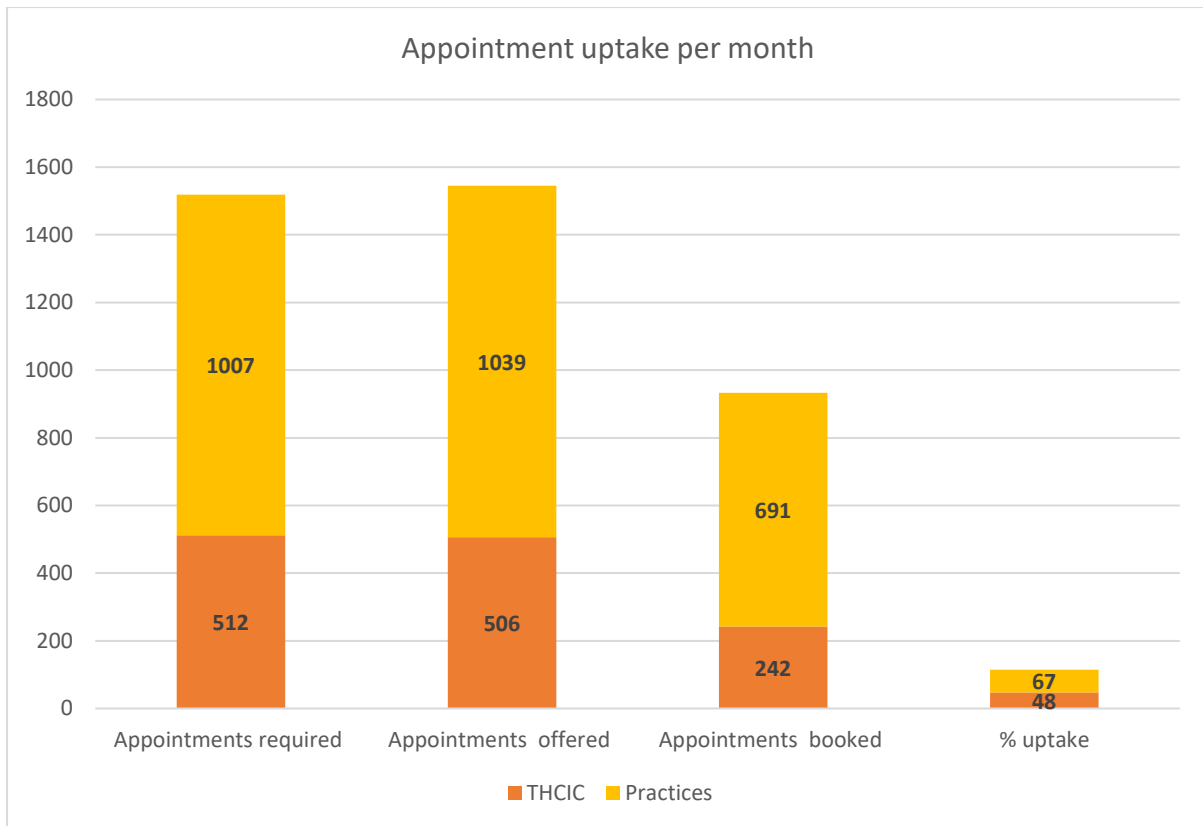
The distribution of appointments offered varies, overall, the larger % of appointments offered are at midweek, the graph below shows the % over the weekdays (delivered by the practices) and the pie chart for Weekend data for THCIC.



This trend is predictable as practices are busy on Mondays and Fridays and therefore are limited with clinical space to offer additional hours. Nationally, Sundays are the least busy days and therefore the number of hours offered is lower.

Comparison between the number of appointments offered and uptake

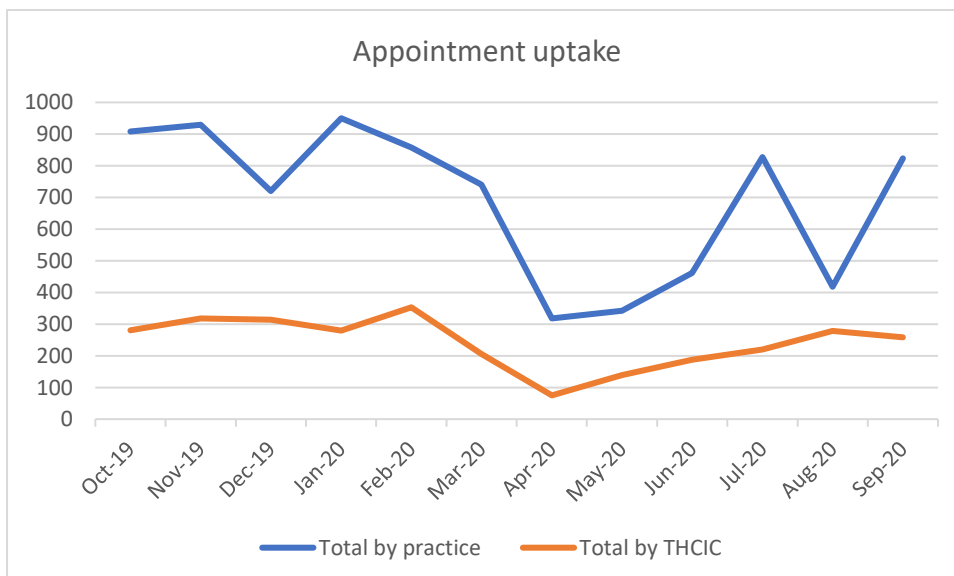
We have compared the last 12 months of data on the uptake of appointments at both practices and THCIC. The graph below shows breakdown between the number of appointments required (based on 4 appointments per hour), appointments offered, and number of appointments booked.



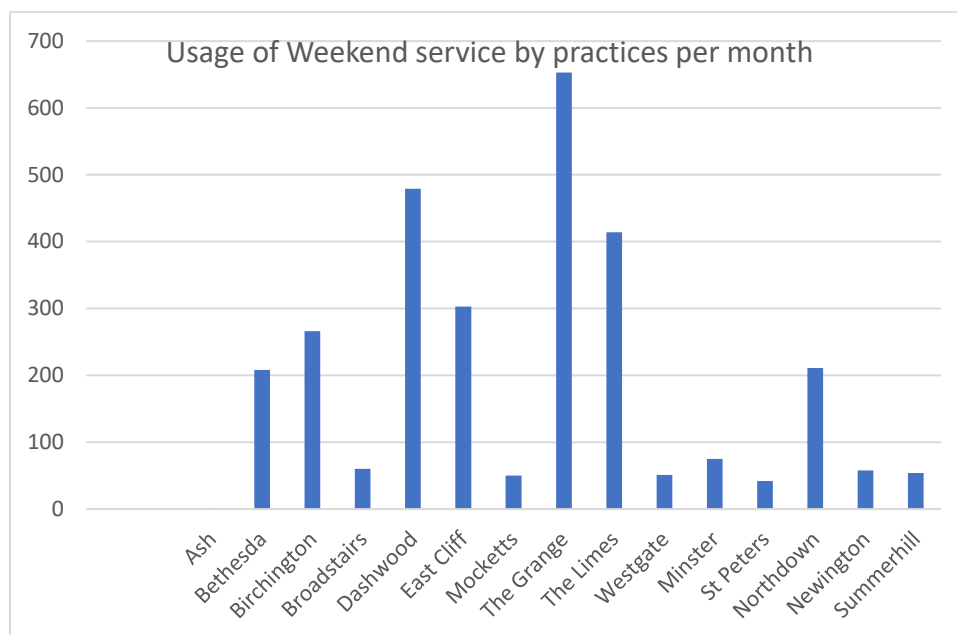
Overall, the uptake of the appointments has been low across the practices and THCIC, this is mainly due to two reasons:

1. The days the appointments are offered, the uptake on Fridays and Sundays remain very low
2. COVID, the number of appointments taken up during April, May and June had reduced considerably especially for THCIC as the appointments offered at QEQMH were face to face which patients refused to attend.

The graph below shows monthly trend of uptake of appointments.



The usage of weekend service by practices is varied however used by all practices. The graph below shows the usage in greater detail.



The greatest users are Grange and Dashwood.

The overall DNA rate for the service is 7.5% however there is marked difference with DNA rates across the different days, the table below shows the breakdown. Overall Fridays, Saturdays and Sundays have the highest DNAs and Mondays are the best attended.

% DNAs by days	
Days	%
Monday	1.8
Tuesday	4.9
Wednesday	7.4
Thursday	3.8
Friday	9.2
Saturday	16.4
Sunday	8.9

Conclusion:

The extended Access service is an important service which offers over 1500 15min appointments per month. The service is 7 days per week and THCIC work hard to ensure the core number of hours are offered across the mandated 7 days to ensure maximum funding is received and all practices actively participating are reimbursed.

The uptake of the service has been low (mainly due to COVID) however the numbers in the last 3 months have increased.

Overall, the service has been positively received by practices and patients. The service is utilised by all practices and there is good participation in the 'blended model' by all practices.

For next year, further considerations need to be taken for:

1. Setting minimum and maximum hours offered by practice to prevent over performance.
2. PCN Directors need to consider if the offer of appointments should be fixed per PCN or remain as Thanet wide.
3. PCN Directors and THCIC need to consider model for delivery for next year. CARE PCN has requested THCIC to cover hours on Fridays and further consideration needs to be taken on how to best use Sunday appointments (111 bookings / remote service)?
4. For ongoing engagement with PCN's and practices it would be good to agree the level of information PCN's / practices would like for ongoing updates (these could be presented at the PCN meetings).