

Salford Wide Extended Access Pilot (SWEAP) evaluation



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Background

- Extended access to general practice is stipulated in the NHS General Practice Forward View and aims to ensure *'everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out-of-hours and urgent care services'*
- Extended access has been in place throughout Greater Manchester since 2016 in line with the region's devolution and health and social care strategy
- Service should meet Association of Governing Groups standards
 - 7-day access to primary care services via a networked model in localities/neighbourhoods
 - 4-6 hours at weekends
 - 1.5 hours weekday evenings (6:30-8:00pm)
 - These standards are in line with national requirements which also stipulate a minimum of 30 mins consultation per 1,000 patients

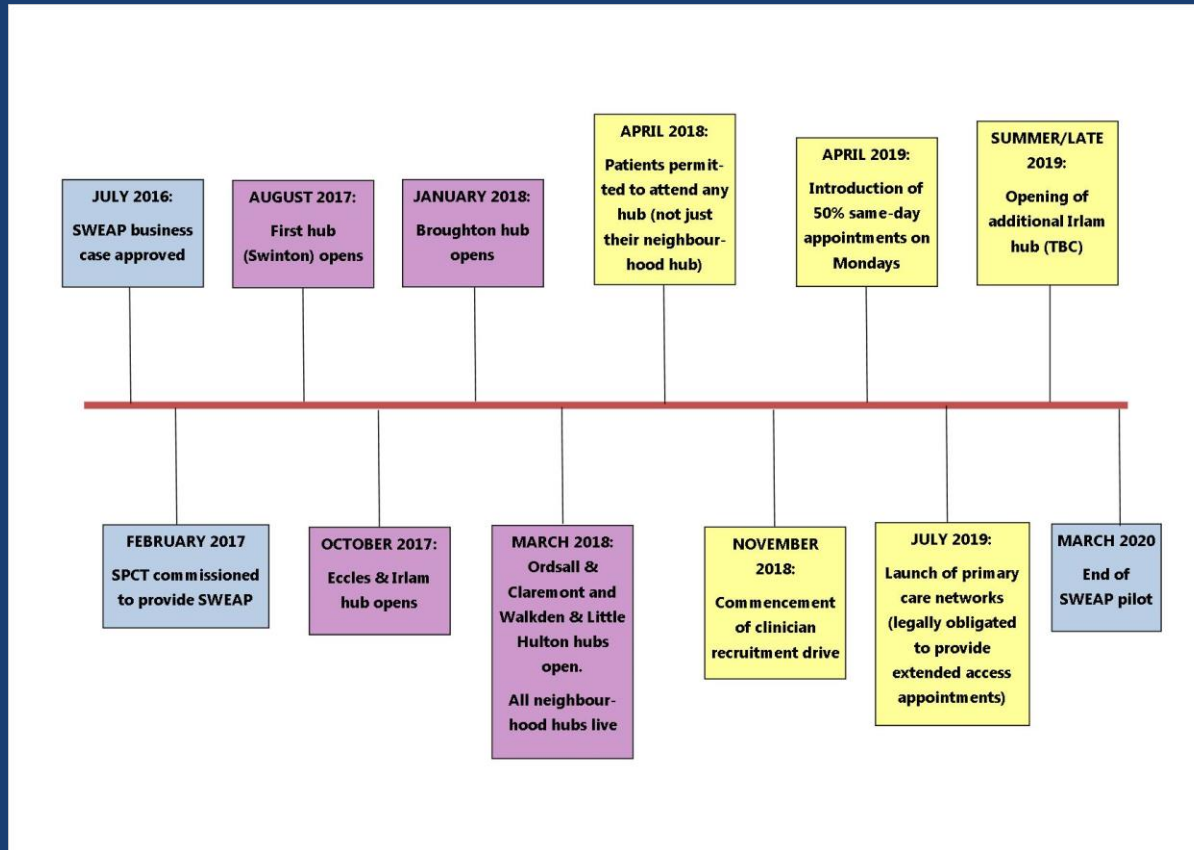
Background

- February 2017 NHS Salford CCG commissioned Salford Primary Care Together (SPCT) to provide extended access services for general practice
 - Extended access services are appointments:
 - Delivered in the evening and at weekends
 - Delivered from 5 neighbourhood hub buildings
 - Staffed by either a GP, practice nurse, or healthcare assistant, and receptionist
 - Made available based on clinician availability
 - Booked via normal core hours practice

Evaluation approach

- NIHR CLAHRC Greater Manchester commissioned by NHS Salford CCG to evaluate SWEAP
 - Aimed to evaluate the processes, activity, and outcomes associated with SWEAP to assess implementation and impacts of the service
 - Mixed-methods evaluation comprised of:
 - Semi-structured interviews
 - Documentary analysis
 - Activity/appointment analysis
 - Quantitative assessments of impacts on urgent care activity
 - Clinical audit of patient records

SWEAP service overview



Qualitative evaluation

- 18 semi-structured interviews with participants working within NHS Salford CCG. 5 key themes emerged

Theme	Summary
Information technology	Central booking system was considered appropriate but Vision Anywhere software had been inconsistent resulting in sessions being cancelled and clinicians being unable to access patient notes. Referrals require core hours practices to complete.
Information governance	Sharing of patients notes was considered an issue for practices on EMIS where limited notes were available. software is limited in it's ability to enable auditing (requiring patient consent).
Workforce	Sessions driven by clinician uptake. SPCT have expanded sessions to provide financial incentives for uptake and enhanced remuneration rates. In November 2018 a recruitment drive was made which led to a greater number of appointments being made available.

Qualitative evaluation

- 18 semi-structured interviews with participants working within NHS Salford CCG. 5 key themes emerged

Theme	Summary
Communications and engagement	<p>SPCT actively engage with practices as part of service development. This has resulted in modifications to the service (for example, 50% on-the-day SWEAP appointments on Mondays).</p> <p>Practice offers of SWEAP varied with some offering as part of routine practice, some dependent on waiting lists, and some not actively promoting at all. Reasons for disengagement included perceptions of ability to self-manage lists, of the benefit on patient care and satisfaction, and negative experience(s) with the service.</p>
Resources and infrastructure	<p>The use of hubs was generally seen as appropriate though Gateway buildings could have access issues. Concerns of resourcing beyond existing funding.</p>

Appointment evaluation

- Appointments data covering the period August 2017 to June 2019

Table 6 Total NHS Salford CCG extended access provision by financial year and day of week

Wave	Mon	Tue	Wed	Thu	Fri	Sat	Sun	All
2017/18	305	374	339	364	270	1,730	1228	4,610
2018/19	1,244	832	1,136	936	411	2,954	2974	10,487
2019/20	424	420	523	388	125	1306	1258	4,444
Total	1,973	1,626	1,998	1,688	806	5,990	5,460	19,541

Table 7 SWEAP activity by financial year (wave)

Wave	Attended (%)	DNA (%)	Cancelled (%)	Not booked (%)	Total
2017/18	2,977 (64.58)	820 (17.79)	266 (5.77)	547 (11.87)	4,610
2018/19	7,179 (68.46)	2,302 (21.95)	567 (5.41)	439 (4.19)	10,487
2019/20	3,056 (68.77)	952 (21.42)	158 (3.56)	278 (6.26)	4,444
Total	13,212 (67.61)	4,074 (20.85)	991 (5.07)	1,264 (6.47)	19,541

Appointment evaluation

- Appointments data covering the period August 2017 to June 2019

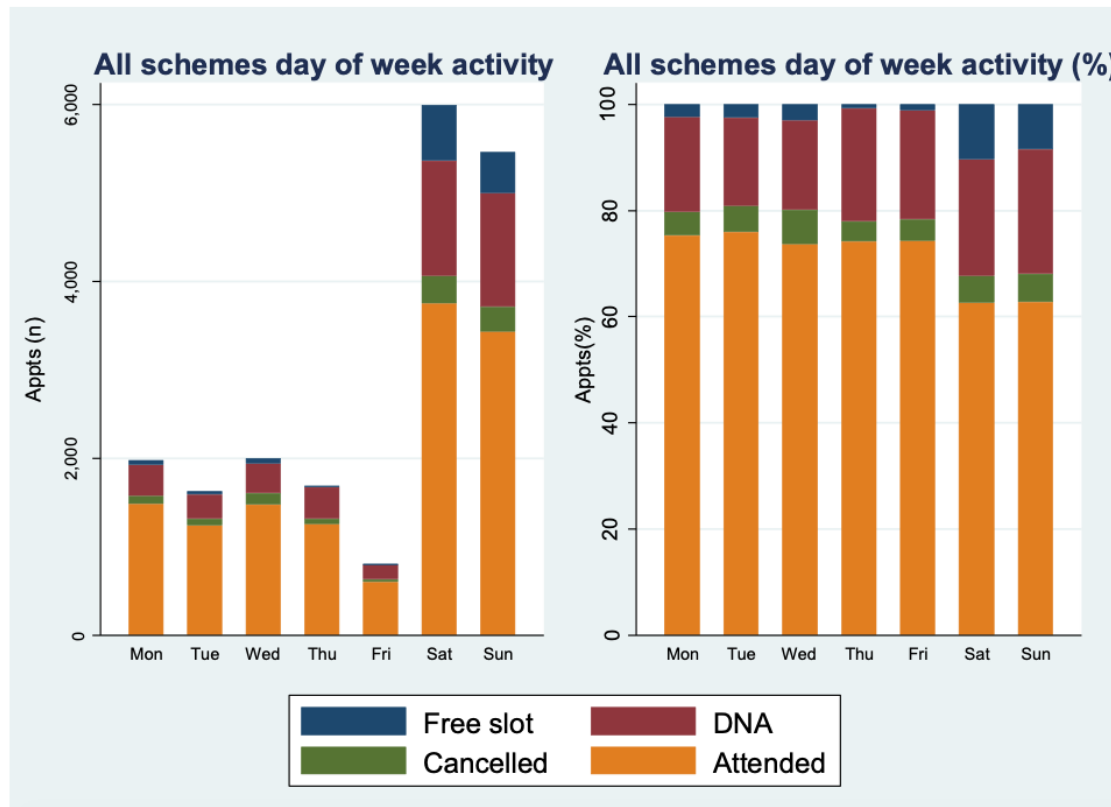
Table 11 NHS Salford CCG cost per appointment provided

	Commissioned annual activity	2017/18 activity delivered	2018/19 activity delivered	2019/20 activity delivered*
Activity	47,320	4,610	10,487	4,444
SPCT Cost	£1,296,724	£354,379	£1,296,724	£272,150
Cost per appointment	£27.40	£74.91	£123.65	£61.24

*Period April to June

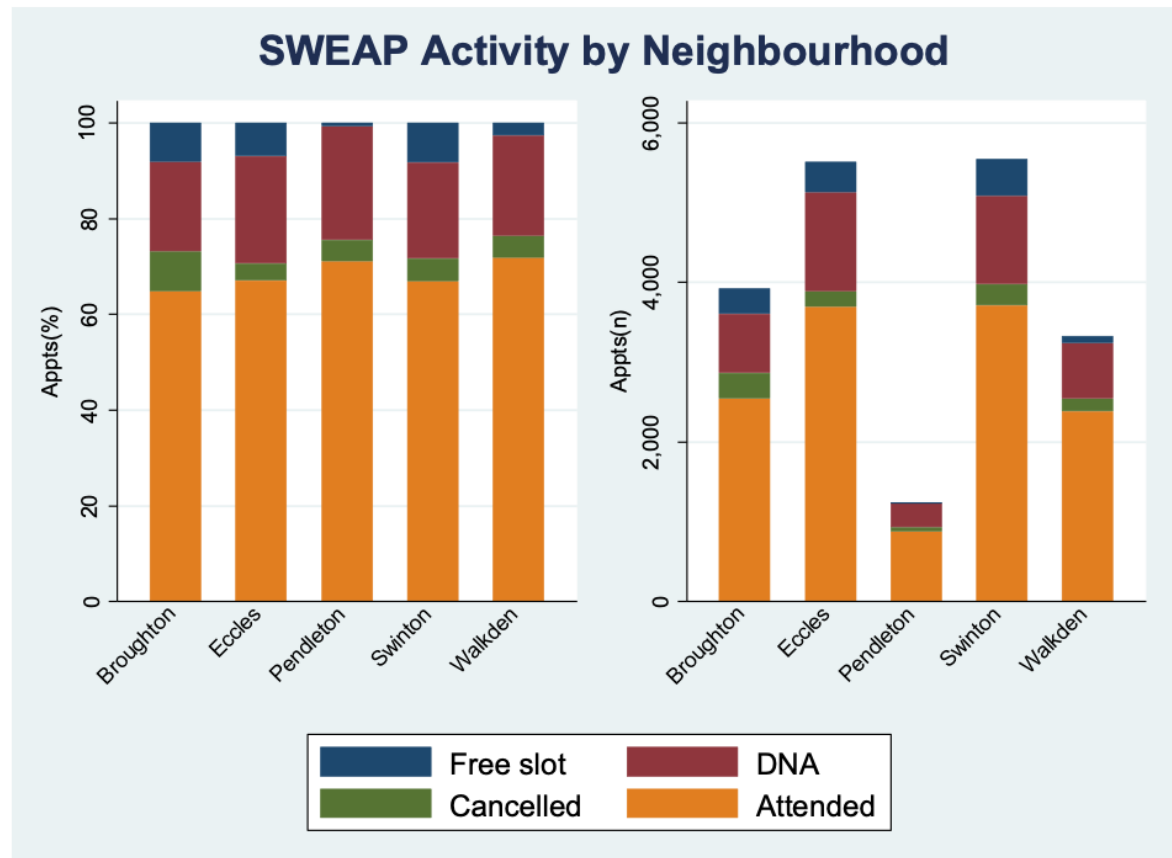
Appointment evaluation

Figure 5 SWEAP activity by day of week



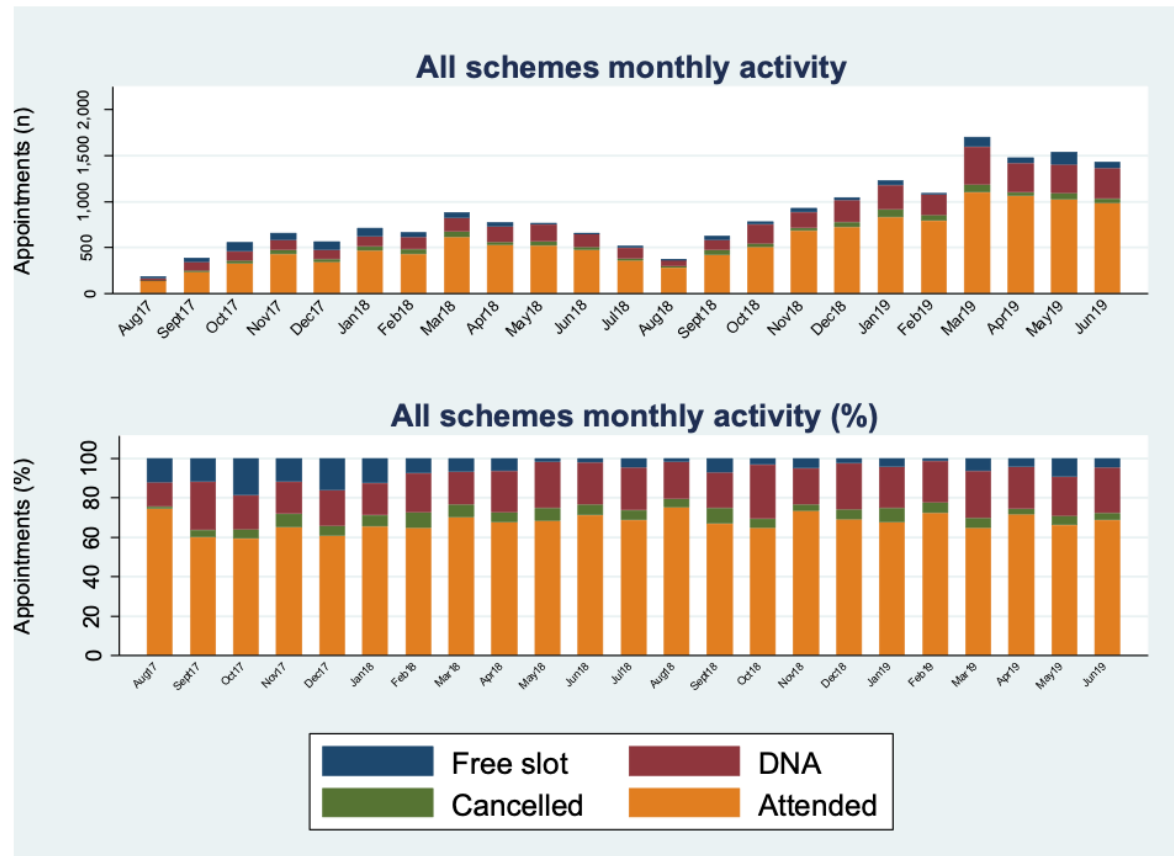
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Figure 4 SWEAP activity by neighbourhood



Appointment evaluation

Figure 7 SWEAP activity by calendar month (August 2017-June 2019)



Appointment evaluation

Figure 10 SWEAP attendance by gender - 2018/19

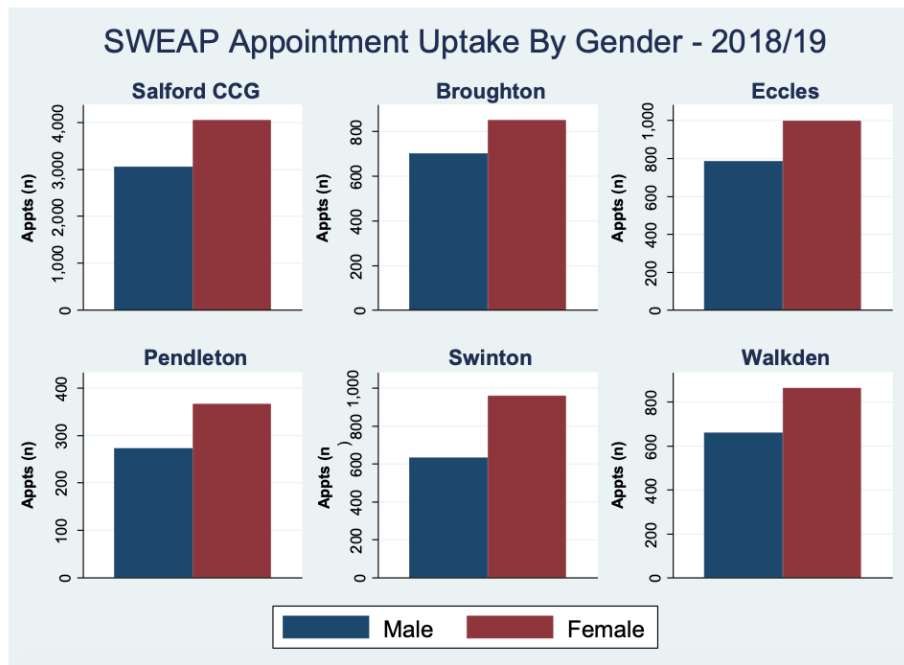
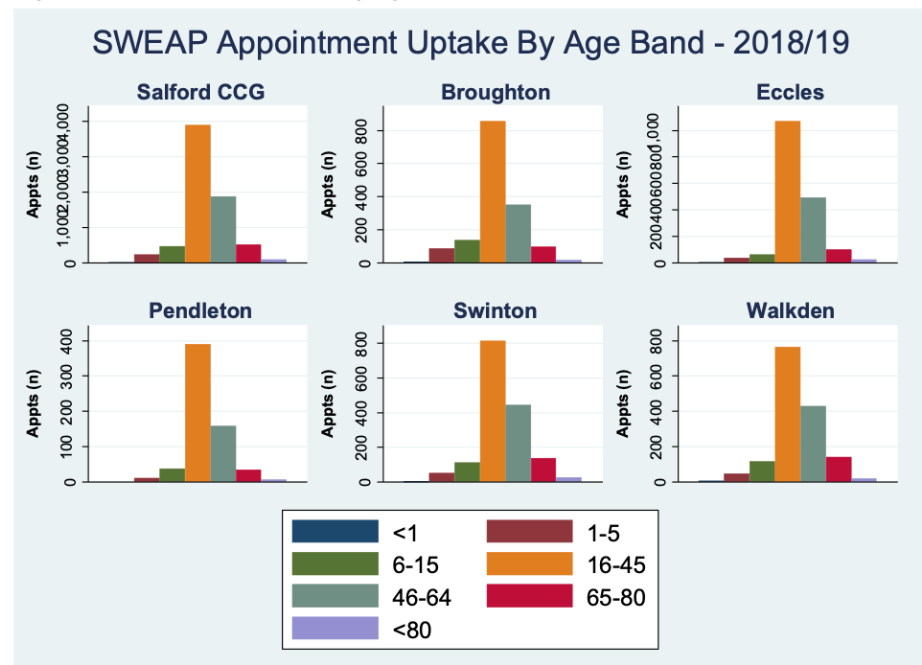


Figure 11 SWEAP attendance by age band - 2018/19



Appointment evaluation

Figure 12 Appointments booked by practice: Broughton

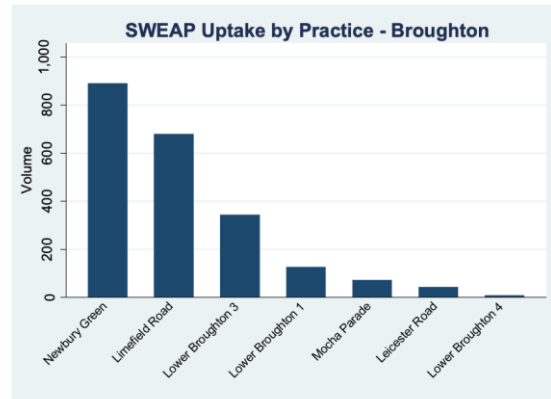


Figure 13 Appointments booked by practice: Eccles

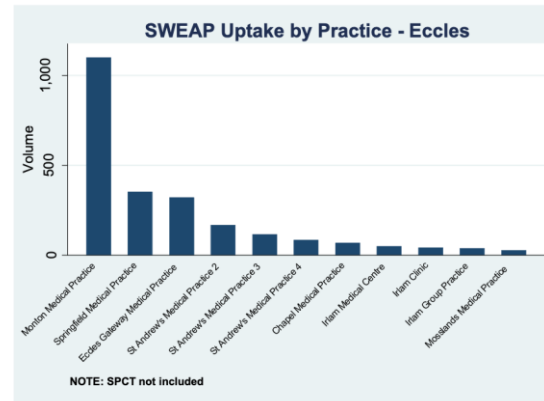


Figure 14 Appointments booked by practice: Pendleton

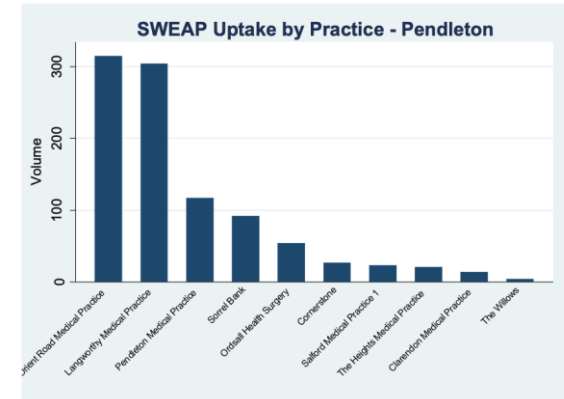


Figure 15 Appointments booked by practice: Swinton

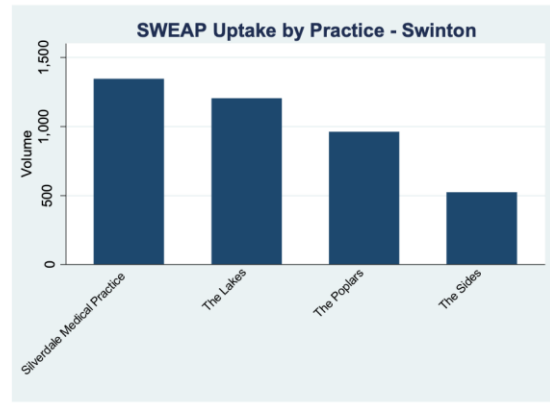
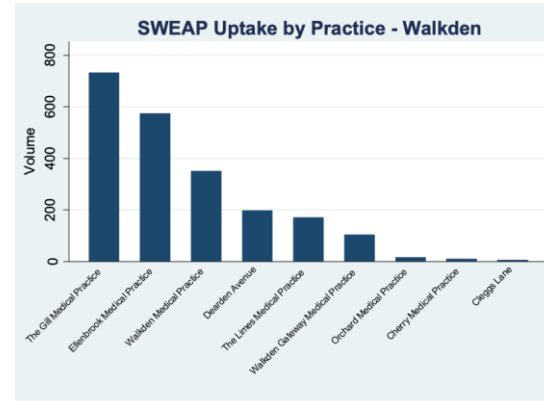


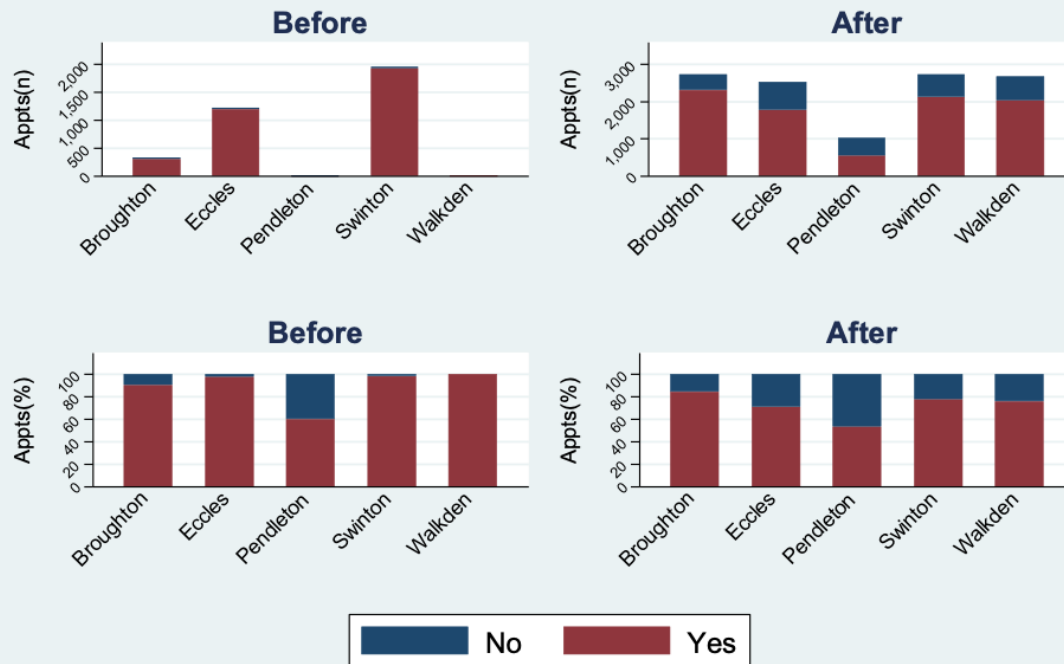
Figure 16 Appointments booked by practice: Walkden



Appointment evaluation

Figure 18 Patient use of neighbourhood hubs before and after the introduction of the policy to use any Salford neighbourhood hub

Use of Hub in Practice Neighbourhood by SWEAP Patients Before & After 'Any Hub' Policy



Appointment evaluation

- Key findings include
 - 67.61% appointments booked and attended
 - 20.85% appointments were booked and not attended
 - Service has expanded year on year
 - Provision varied over the period (dipping summer 2019)
 - Expansion has not resulted in reductions in uptake suggesting the service is not yet at saturation point
 - Patients using the service tend to be more female and of age group 16-64 than registered patients and patients using core hours
 - For most hubs there are one or two practices dominating use
 - Provision is lower than that commissioned and is mainly a GP service making appointment costs greater than anticipated

SWEAP patient survey

- SPCT developed a short questionnaire delivered to patients over the period December 2019 and May 2019
 - Some caution needed regarding representation with respondents unrepresentative in terms of gender and hub
 - 99% would use the service again and 98% would recommend

Figure 21 Participants' (n=1626) reasons for attending SWEAP appointment rather than core hours

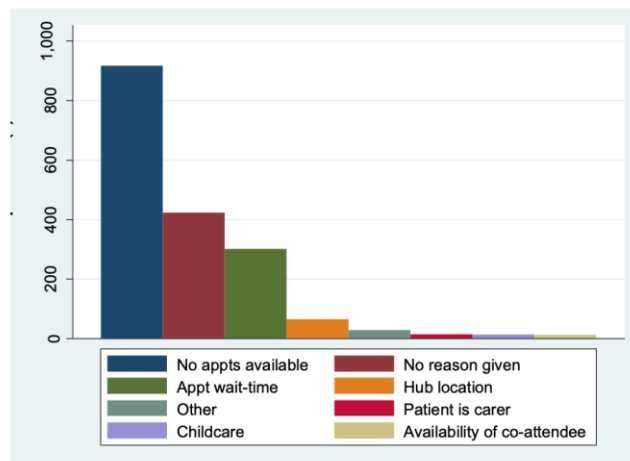
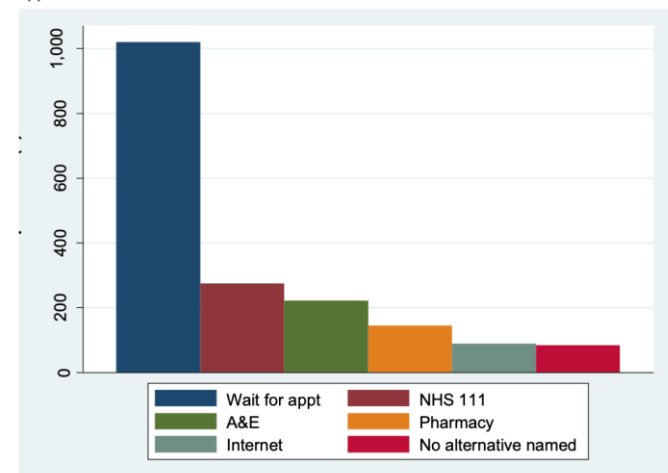


Figure 24 Participants' (n=1626) choice of alternative had they not attended SWEAP appointment



Clinical audit

- GP from the NIHR CLAHRC Greater Manchester team examined patient case notes of 211 appointments over the period June 2018 to November 2018, these were randomly selected from practices covering each neighbourhood with variation in SWEAP usage and proximity to hub

Table 16 Rating of clinical note documentation

<i>Information classification</i>	<i>Number of records</i>	<i>% records audited</i>
<i>Satisfactory</i>	<i>184</i>	<i>87%</i>
<i>Reasonable with some omissions</i>	<i>14</i>	<i>7%</i>
<i>Unsatisfactory</i>	<i>13</i>	<i>6%</i>
<i>Total</i>	<i>211</i>	<i>100%</i>

Satisfactory: insufficient documentation to ascertain what had happened during the consultation

Reasonable with some omissions: purpose and outcome of the visit was evident but other information was missing

Unsatisfactory: no data/entry

Clinical audit

Table 17 Reason for patient attendance

<i>Reason for SWEAP appointment</i>	<i>Number of records</i>	<i>% records audited</i>
<i>Minor</i>	<i>148</i>	<i>74%</i>
<i>Chronic</i>	<i>42</i>	<i>21%</i>
<i>Not clear/not recorded</i>	<i>11</i>	<i>5%</i>
<i>Minor + process</i>	<i>3</i>	<i>1.5%</i>
<i>Acute</i>	<i>2</i>	<i>1%</i>
<i>Minor + chronic</i>	<i>2</i>	<i>1%</i>
<i>Process</i>	<i>1</i>	<i>0.5%</i>
<i>Prevention (e.g. discussion about a screening test)</i>	<i>1</i>	<i>0.5%</i>
<i>Minor + prevention</i>	<i>1</i>	<i>0.5%</i>
<i>Total</i>	<i>211</i>	<i>100%</i>

Minor: includes presentation with more than one minor problem

Chronic: a condition present for 6 months or more

Acute: potentially life threatening required immediate action

Process: an administrative issue e.g. re-issue of a previous sick note

Clinical audit

*Table 18 Attendance elsewhere in the system before or after a SWEAP appointments**

<i>Activity</i>	<i>Number of records</i>	<i>% records audited</i>
<i>2 weeks before SWEAP appointment</i>		
<i>General practice</i>	<i>8</i>	<i>4%</i>
<i>Other provider (111/A+E/secondary care)</i>	<i>13</i>	<i>6%</i>
<i>2 weeks after SWEAP appointment</i>		
<i>General practice</i>	<i>34</i>	<i>17%</i>
<i>Other provider (111/A+E/secondary care)</i>	<i>5</i>	<i>2%</i>
<i>48 days prior to SWEAP appointment</i>		
<i>General practice</i>	<i>11</i>	<i>5%</i>
<i>48 days after SWEAP appointment</i>		
<i>General practice</i>	<i>51</i>	<i>24%</i>

**Patients could present at general practice and at other providers meaning the total may not amount to the summation of general practice and other providers*

Clinical audit

Table 19 Reasons for appointments resulting in avoidable subsequent attendance in general practice

<i>Reason for subsequent appointment in general practice</i>	<i>Number of patients</i>
<i>Referral or bloods requested from SWEAP clinician was not performed by GP practice</i>	<i>3</i>
<i>Lack of access to notes/letters/investigation results for SWEAP clinician</i>	<i>3</i>
<i>SWEAP clinician altered long term condition management which was then changed back by in-hours GP</i>	<i>3</i>
<i>Unclear</i>	<i>3</i>
<i>SWEAP patient wanted to see a female GP</i>	<i>2</i>
<i>SWEAP clinician appears unaware of local services</i>	<i>1</i>
<i>Should have been seen in different clinic e.g. stop smoking rather than SWEAP</i>	<i>1</i>
<i>SWEAP clinician unhappy to issue fit to work note (MED3)</i>	<i>1</i>
<i>Total</i>	<i>17</i>

Clinical audit

Table 20: Appointment outcomes

<i>Outcome of appointment*</i>	<i>Number of records</i>	<i>% of records</i>
<i>1 or more prescriptions issued</i>	79	39%
<i>Advice only given</i>	40	20%
<i>Blood tests requested</i>	32	16%
<i>Referral to another service</i>	26	13%
<i>X-ray or other imaging request</i>	20	10%
<i>Asked to see in hours GP</i>	8	4%
<i>Stool/self-swab/nail clippings requested</i>	4	2%
<i>Urine sample (MSU) requested</i>	3	1.5%
<i>Electrocardiogram (ECG) requested</i>	3	1.5%
<i>Emergency admission</i>	2	1%
<i>Fit for work note (MED3) issued</i>	2	1%
<i>Gynaecological swabs taken in appointment</i>	1	0.5%
<i>Echocardiogram requested</i>	1	0.5%

**The total number of records does not equal 211 since some consultations, other than those recorded "advice only given", have multiple outcomes e.g. a patient may have had a prescription + referral + blood test request.*

Clinical audit

Table 21: Activity post-SWEAP appointment

<i>What work did a patient's registered practice have to do after the SWEAP appointment</i>	<i>Number of records*</i>	<i>% of records</i>
<i>No further work</i>	<i>107</i>	<i>52%</i>
<i>Order and/or chase up blood/imaging/investigation results</i>	<i>42</i>	<i>21%</i>
<i>Create/send referral letter</i>	<i>25</i>	<i>12%</i>
<i>Review a patient</i>	<i>24</i>	<i>12%</i>
<i>Practice to review correspondence which EA clinician could not access</i>	<i>4</i>	<i>2%</i>
<i>Alteration of repeat prescription</i>	<i>1</i>	<i>0.5%</i>
<i>Practice to try and expedite a secondary care appointment</i>	<i>1</i>	<i>0.5%</i>

**More than one activity could be generated from an appointment*

Clinical audit

- Clinical audit suggests the service
 - Is providing a safe service and effective service
 - 94% clinical notes were satisfactory or reasonable
 - 76% patients did not re-present with core hours services for the same issue within 48 days
 - Those re-presenting appeared to have had some value added due to the SWEAP service (52/69) though some duplication (17/69, 8.5% of all appointments sampled)
 - 48% resulted in follow-up work for core hours
 - Continuity of care may not clinically benefit the majority of patients

Impact analysis

- Comparisons were made of average monthly contacts before and after the introduction of the SWEAP service for 2013/14 to 2019/20

Table 22 Estimates of the impact of SWEAP on A&E attendance, NHS 111 contacts, and OOH contacts

	NHS Salford CCG	High dose	Low dose	Broughton	Eccles	Pendleton	Swinton	Walkden
A&E attendance								
Total A&E attendances	-0.35	0.16	-0.52	-2.58	0.06	-1.57	-0.35	2.26
Total A&E cost (£)	1,092.93	941.09	1147.17	1,153.04	1,309.56	1,094.77	1,191.12	727.10
Minor A&E attendances	-6.47	-5.92	-6.66	-6.72	-7.75	-8.33	-7.23	-2.61
Minor A&E cost (£)	-389.94	-369.15	-397.54	-425.53	-438.61	-503.15	-406.55	-191.14
Self-referral A&E attendances	0.47	1.10	0.25	-0.63	0.28	-0.36	0.37	2.62
Self-referral A&E cost (£)	664.63	662.60	666.06	465.29	824.24	746.37	794.37	523.27
Self-referral minor A&E attendances	-4.83	-4.30	-5.02	-4.36	-6.25	-6.30	-5.61	-1.75
Self-referral minor A&E cost (£)	-279.16	-265.94	-283.87	-254.99	-345.53	-361.50	-303.76	-131.01
NHS 111								
Total NHS 111 contacts	-1.44	-0.90	-1.62	-1.58	-1.55	-2.28	-1.29	-0.56
NHS 111 contacts with recommendation for non-emergency care	-1.49	-1.07	-1.64	-1.48	-1.61	-2.11	-1.41	-0.93
OOH								
Total OOH contacts	-0.63	-0.73	-0.60	0.04	-0.84	-1.37	-0.79	-0.16

Estimates from separate linear regressions (Ordinary Least Squares) of volume or cost of attendance or contact per month per 1,000 against month dummy variables and a SWEAP active identifier. Neighbourhood dummies included in NHS Salford CCG regression. Robust standard errors are clustered at practice level.

Estimates that are in bold have a p-value less than 0.05 and deemed significant at conventional levels of statistical significance.

Impact analysis

- For A&E activity there is evidence of reductions for self-referral minor conditions, this is driven by a reductions in minor conditions in general
- For NHS 111 there were reductions in contacts in general and contacts with a non-urgent care recommendation
- For OOH there were reductions in contacts for NHS Salford as a whole and selected neighbourhoods
- However:
 - Pendleton is found to have largest impacts yet was the neighbourhood with least appointment activity
 - Aside from OOH contacts, high dose practices had smaller reductions than low dose practices which is counterintuitive
 - These cast doubt over whether the findings here can be attributed to the SWEAP service

Summary

- The SWEAP service:
 - Is valued by patients
 - Appears to result in limited duplication
 - Is adding to patient care
 - Currently has limited slack
 - Is expanding
 - Is commissioned to meet the AGG standards (though actual provision falls short)
 - Has complications caused by differing systems
 - Has variation in practice buy-in
 - Is driven by clinician availability
 - Has mixed evidence regarding impacts on urgent care services

Summary

- The SWEAP evaluation findings confirm several findings from other extended access services
 - Hub dominance effect
 - Practice variation in uptake
 - Demographics of patients using the service
 - Obstacles in implementation
- The evaluation adds value to the existing evidence base in the following ways
 - The service is delivered in a different way to other extended access services (driven by clinician availability)
 - Clinical audit gives an insight into impacts on core hours and benefits or duplications of the service

Summary

- The report also contains neighbourhood-level assessments of uptake (appendix)
- Report deviates from the protocol in the following ways
 - We requested information on the purpose of the appointment but this was not recorded in the data
 - We planned to assess ethnicity and deprivation of patients but this was not provided or available
 - Demographics were provided in aggregate form which restricted the ability to assess variations in use by demographic factors
 - The GP Patient Survey underwent significant changes over the period restricting the ability to assess changes in patient perceptions of access

Summary

- The report contains 22 recommendations to help facilitate:
 - Implementation
 - Uptake of the service
 - Monitoring of the service (e.g. ethnicity and deprivation)
 - Efficiency of the service
 - Future evaluations of the service (e.g. comparisons to similar areas without the service; GP Patient survey assessment; core hour impacts)

Acknowledgements

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