

Extending access to primary healthcare: the roll-out of 7-day services in Greater Manchester

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Context

- Since 2013, extended access to general practice in England has been a national health policy priority, with the GP Access Fund (GPAF) and General Practice Forward View (GPFV) providing financial support to CCGs for expanding primary care provisionⁱ.
- In Greater Manchester (GM), the recent roll-out of 7-day access arrangements across 7 CCG areas has been evaluated by NIHR CLAHRC GMⁱⁱ. Areas submitted plans for 7-day primary care provision to NHS England in mid-2015, to run throughout 2016. Provision comprised of 'hub' GP practices serving all GP practices within the CCG.

Research Questions

How has 7-day access been implemented in Greater Manchester?

How have patients responded to the 7-day access service?

Methods

NIHR CLAHRC GM carried out a mixed methods evaluation:

- 18 in-depth, semi-structured interviews were carried out with NHS commissioners and providers to determine organisational and operational issues arising in the implementation of 7-day access, and how areas had addressed them.
- 7-day activity and appointment data from each of the CCG areas was collected. This data was processed and analysed to provide an assessment of the implementation of the new service.

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Findings and Discussion

Despite agreed standards for 7-day access provision, there was substantial variation across GM, including differences in interpretation of the policy steer:

- The number of hubs in each area ranged from one to four;
- A range of different estates were used to deliver the service, from small private practices to large, new primary care service centres;
- Whilst all areas referred patients via their practices, some also had a central booking line for patients to call directly;
- Availability varied in volume and days of appointments (Figure 1);
- Range of services varied from GP appointments only to nurse appointments and diagnostics, although most appointments were used to see a GP;
- Utilisation increased over time (Figure 2) but varied by CCG area (56%-89%);
- The demographics of additional appointment users varied from those in core hours (Figure 3);
- Different implementation strategies reflected different contexts but also different conceptions of 7-day access.

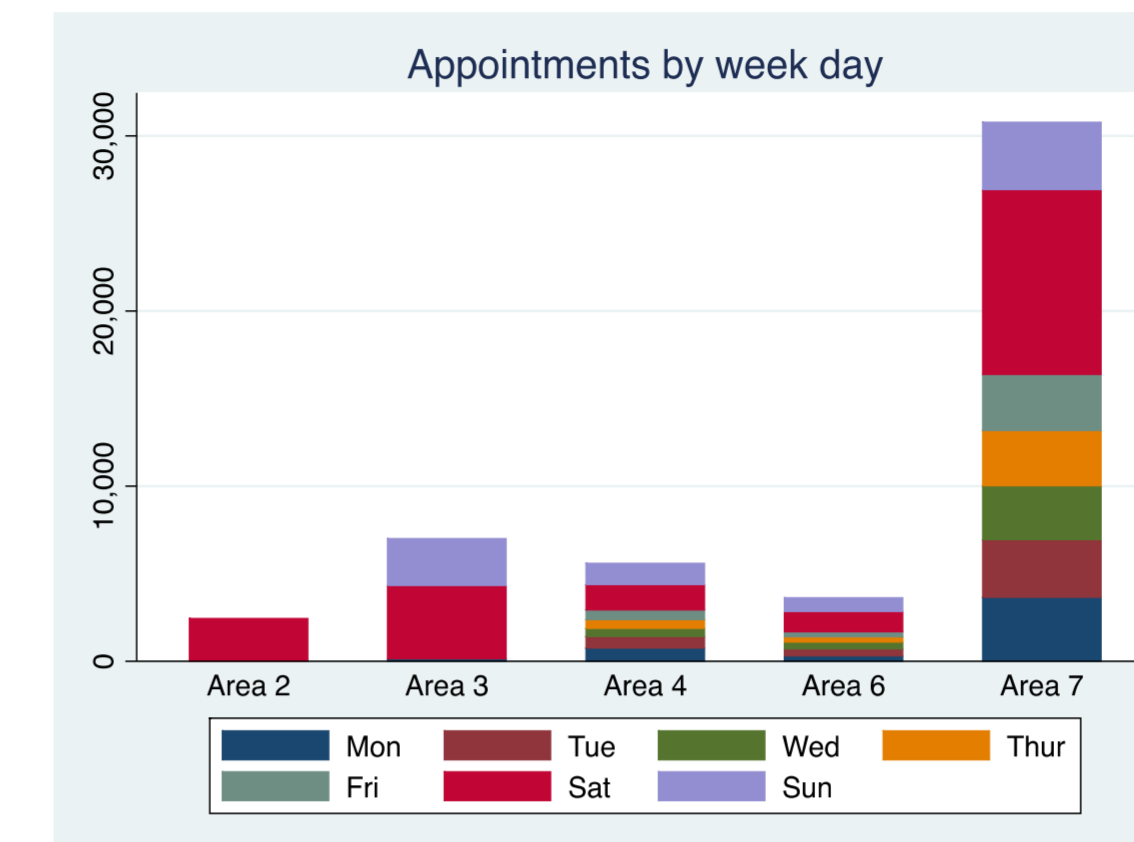


Figure 1: Availability by week day and CCG area

- CCG provision varied widely between area and by day of week

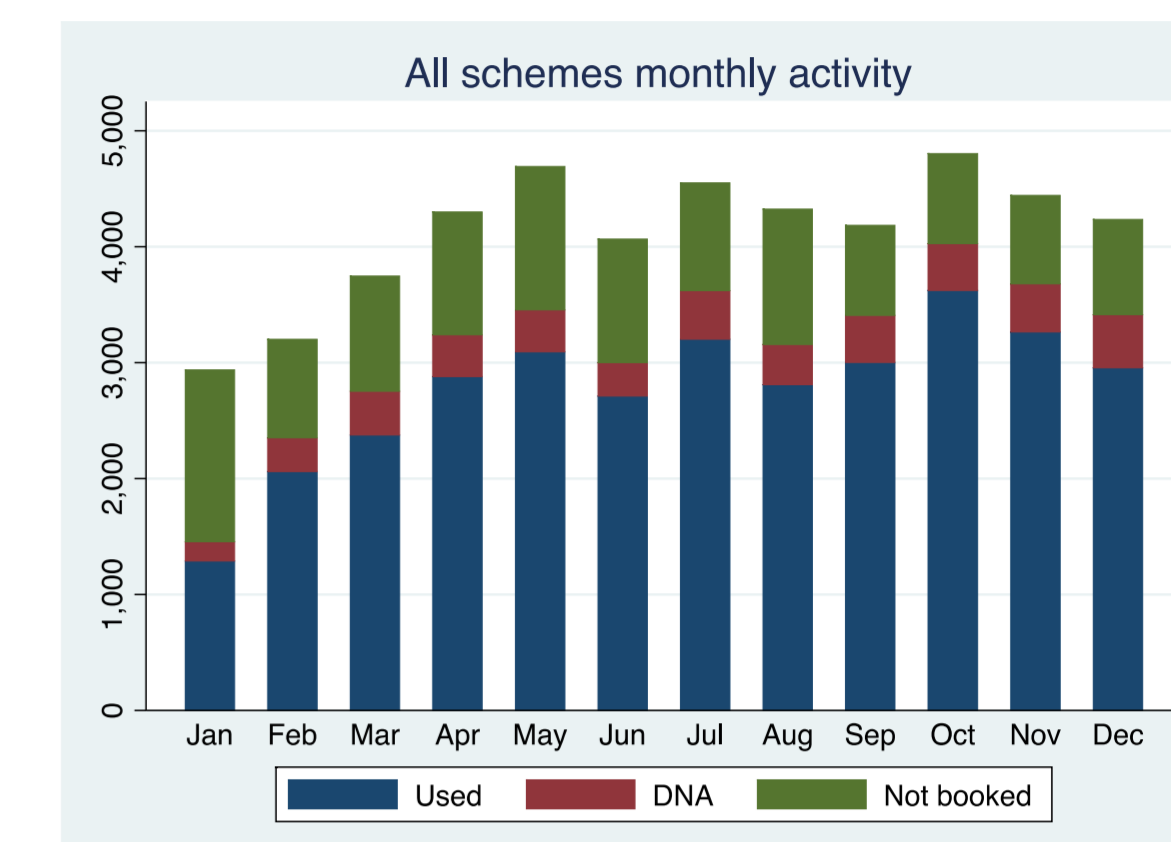


Figure 2: Appointment uptake over 2016

- Provision and uptake (% used) increased over time

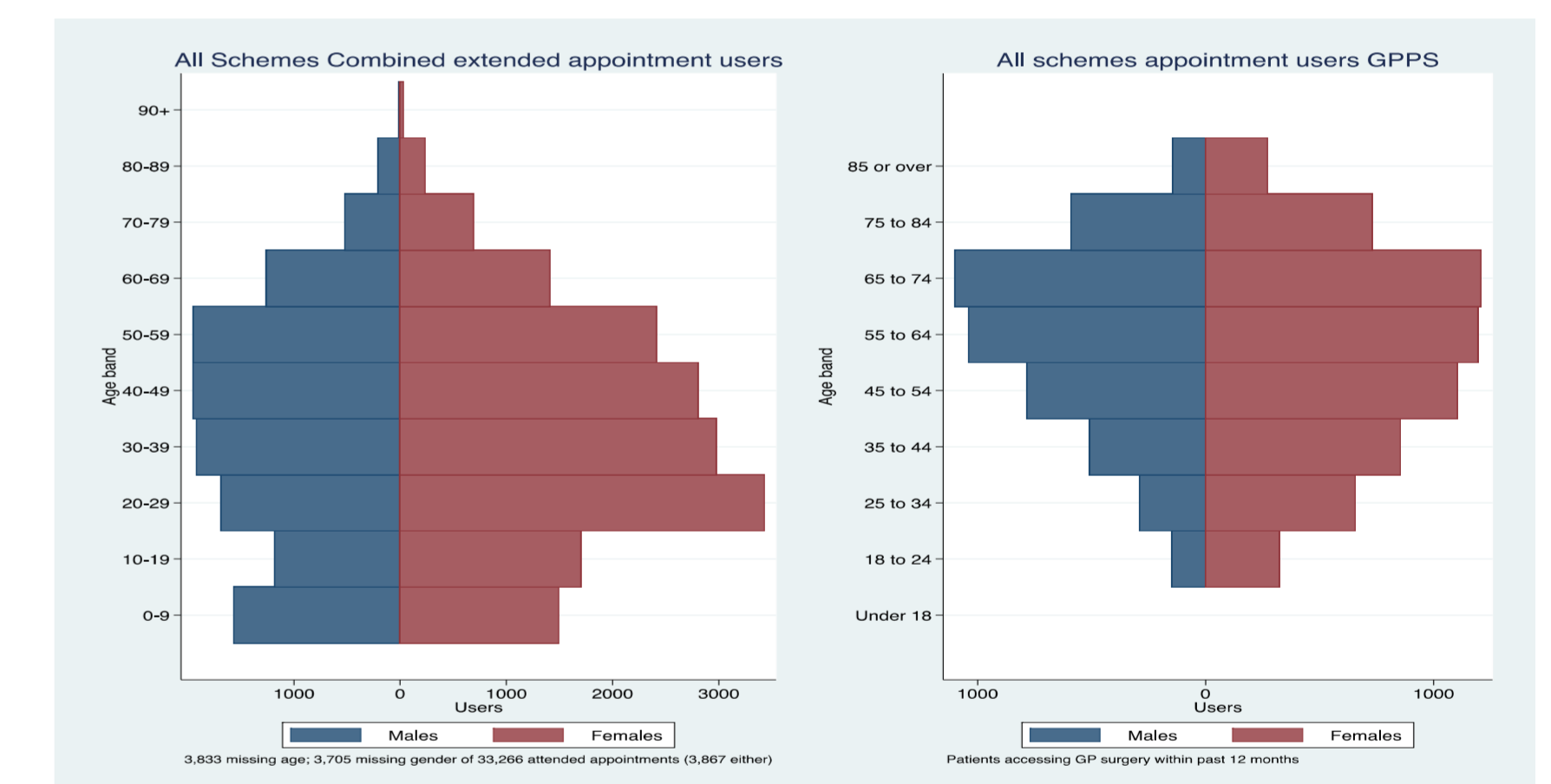
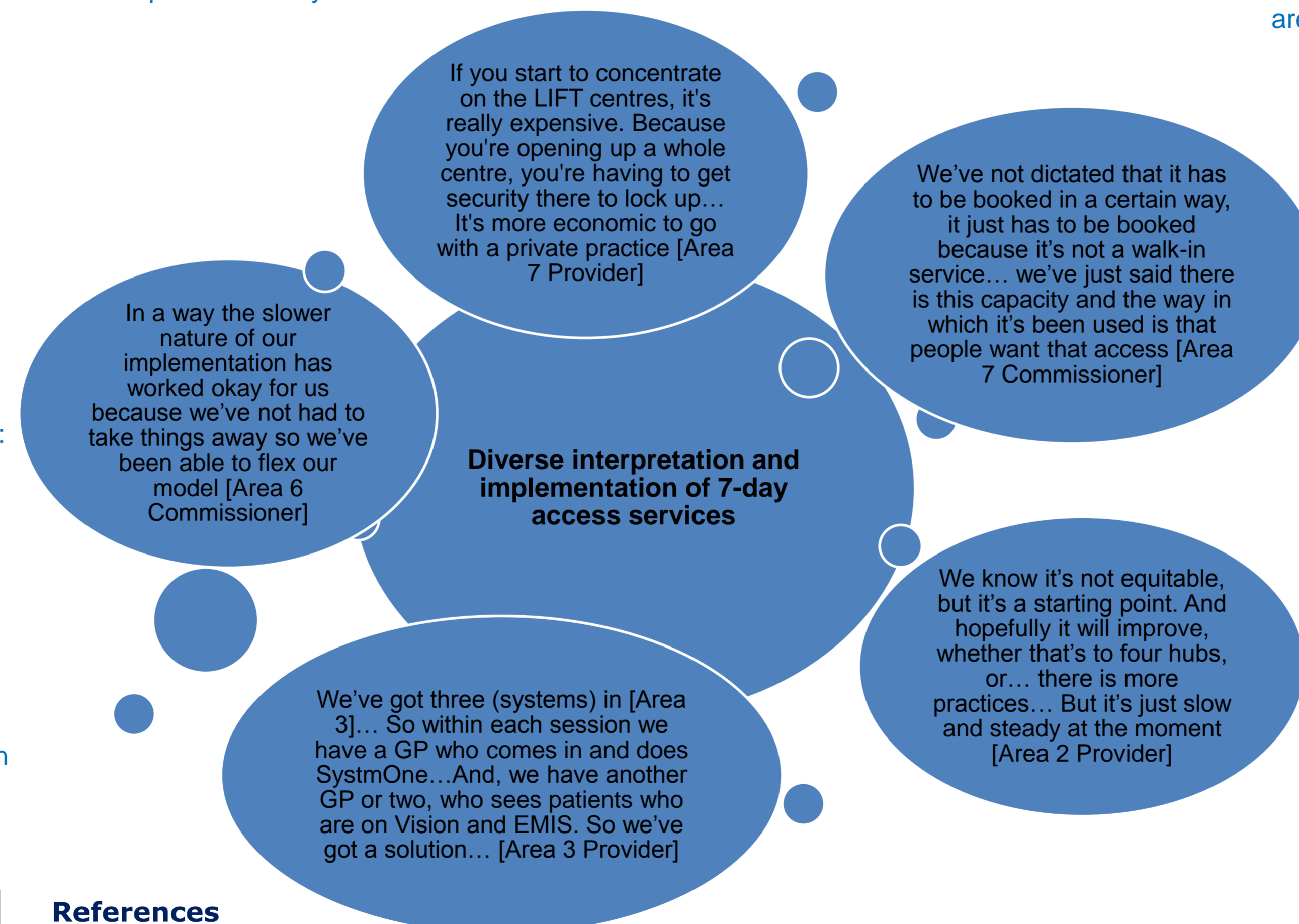


Figure 3: Patient demographics

- Extended access appointment patients were generally younger than core hour patients

Recommendations for policy

- The concept of 7-day primary care in GM has been shown to be diverse and complex, both at scale and over time, suggesting any services offered in the future will need to ensure quality and continuity of care, as well as equal access.
- 7-day access means many different things; as such there is a need for clarity of vision, as well as allowing 7-day access to be tailored for different local conditions.

References

- <https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/>
- Collaboration and Leadership in Applied Health and Care (CLAHRC) Greater Manchester (2017) GM Primary Care 7-Day Access Evaluation: Final Report