

Impact on primary care

Appointment slots available¹

There has been an 11.8% increase in the total appointment slots available in the period November 2014-October 2015, when compared to the same period 2013-2014. The monthly figures are markedly higher for the period May-October 2015 when compared with the same month in the previous year (Table 1).

Summary of Change from Previous Year	Latest Data	Change from Previous Year										Latest Month % Change							
		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	May-15	Jun-15	Jul-15	Aug-15		Sep-15	Oct-15					
GP Practice Data - Number of Attendances	114,189	122,790	126,454	106,437	125,925	138,887	120,438	135,307	137,699	126,072	146,371	166,680	6,249	12,517	11,245	19,635	20,446	27,793	20.0%
Total Slots	161,674	176,834	195,738	170,153	205,072	251,395	206,355	231,841	229,162	201,721	232,377	267,000	44,681	55,007	33,424	31,568	27,305	15,605	6.2%

Table 1

Number of attendances

The total number of attendances per month has increased markedly since December 2014. The monthly figures are higher for the period December 2014-October 2015 (with the exception of January 2015), when compared with the same month in the previous year.

There were 125,032 more attendances in primary care for the 11 months from December 2014-October 2015, when compared with the same period in 2013/14. Chart 1 below shows an increased trend in the total number of attendances in 2014/15 compared to 2013/14

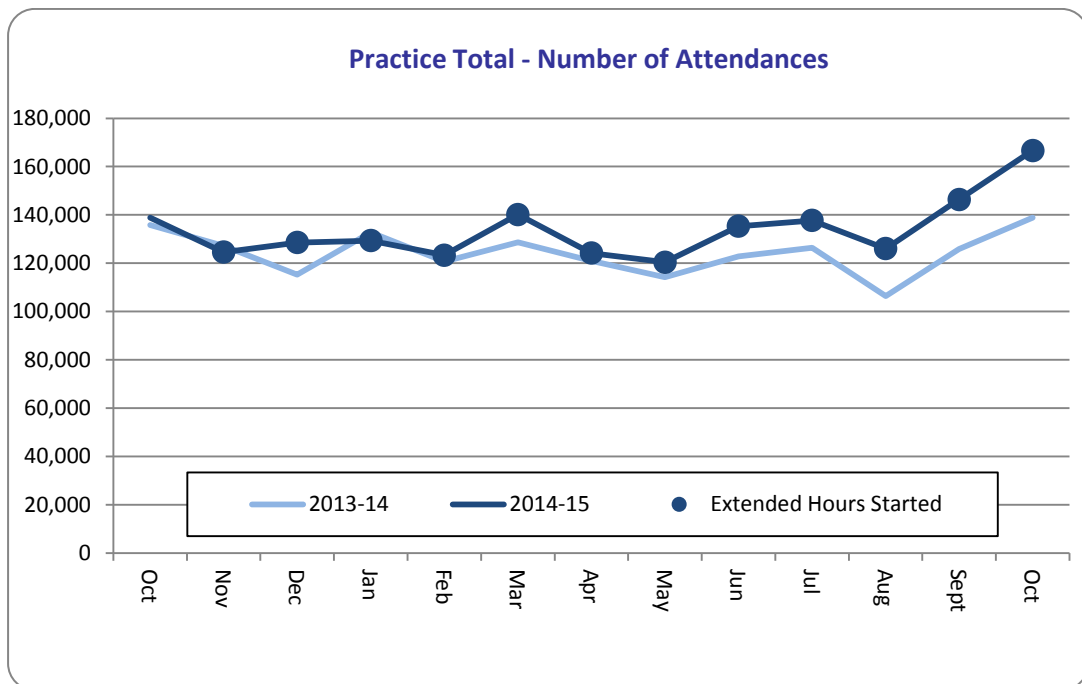


Chart 1

¹ 'Slots' data may not be reliable due to the way in which practices use their clinical information systems

Total and unused slots²

The trend in unused slots during the period December 2014-October 2015 is similar to the trend in total slots available (Chart 2).

The number of unused slots relative to total slots available has increased during the period December 2014-October 2015, compared to the same period 2013/14 (19% vs 15%).

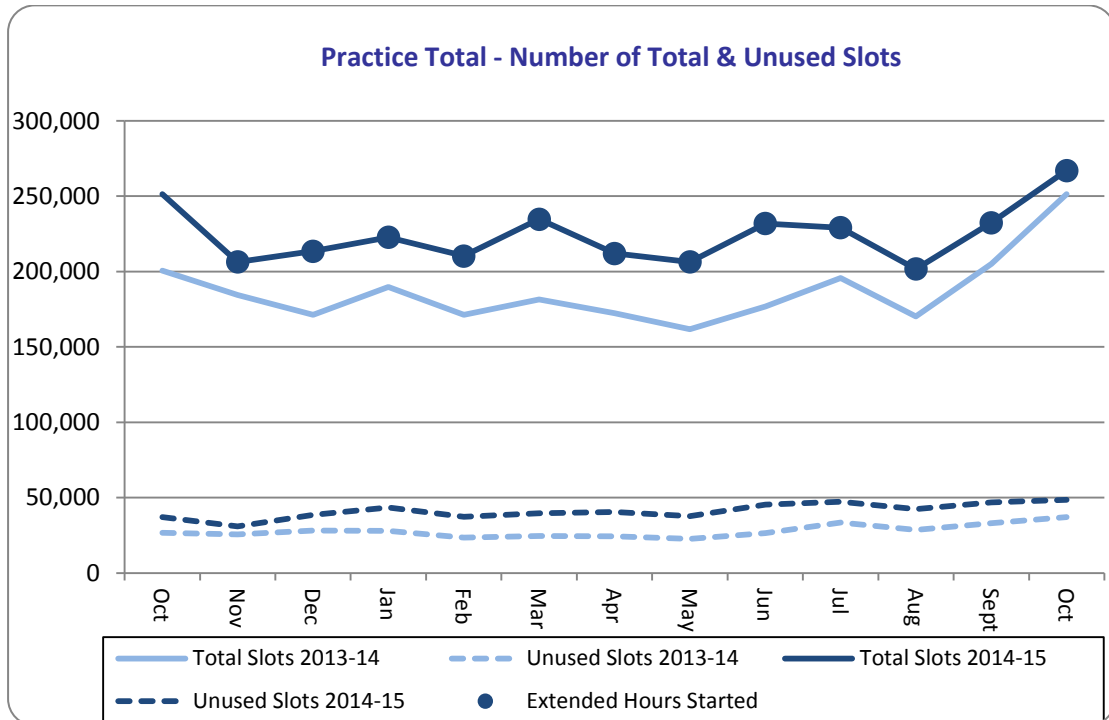


Chart 2

Did not attend (DNA) rate

The DNA rate has remained fairly static since the scheme was introduced (79,758 December 2014-October 2015) and is similar to the rate pre-scheme (76,409 for the same period 2013/14).

There were on average 7,251DNAs per month for the period December 2014-October 2015, compared to 6,946 per month for the same period 2013/14.

Telephone appointments

There continues to be an upward trend in telephone appointments (Chart 3). There were on average 14,440 telephone appointments per month for the period December 2014-October 2015, compared to 11,739 for the same period 2013/14.

² 'Slots' data may not be reliable due to the way in which practices use their clinical information systems

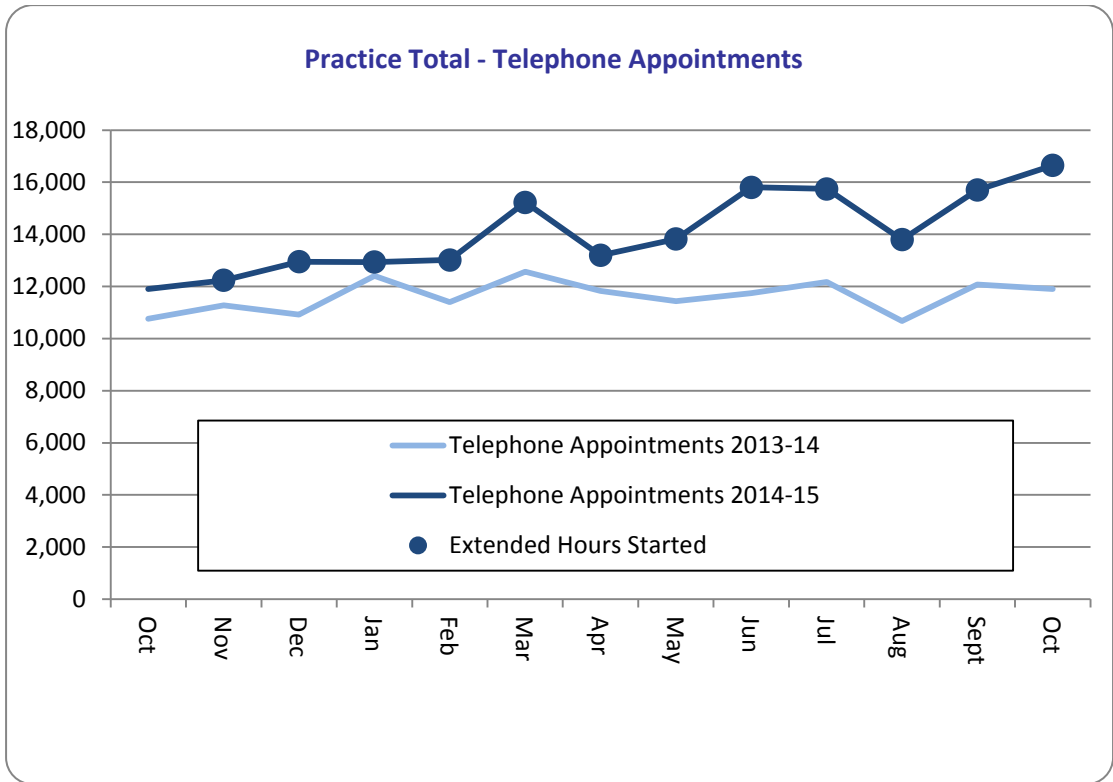


Chart 3

Time of day

Additional activity in August, September and October 2015 is evident throughout the day when compared with the same months in 2014 (Chart 4).

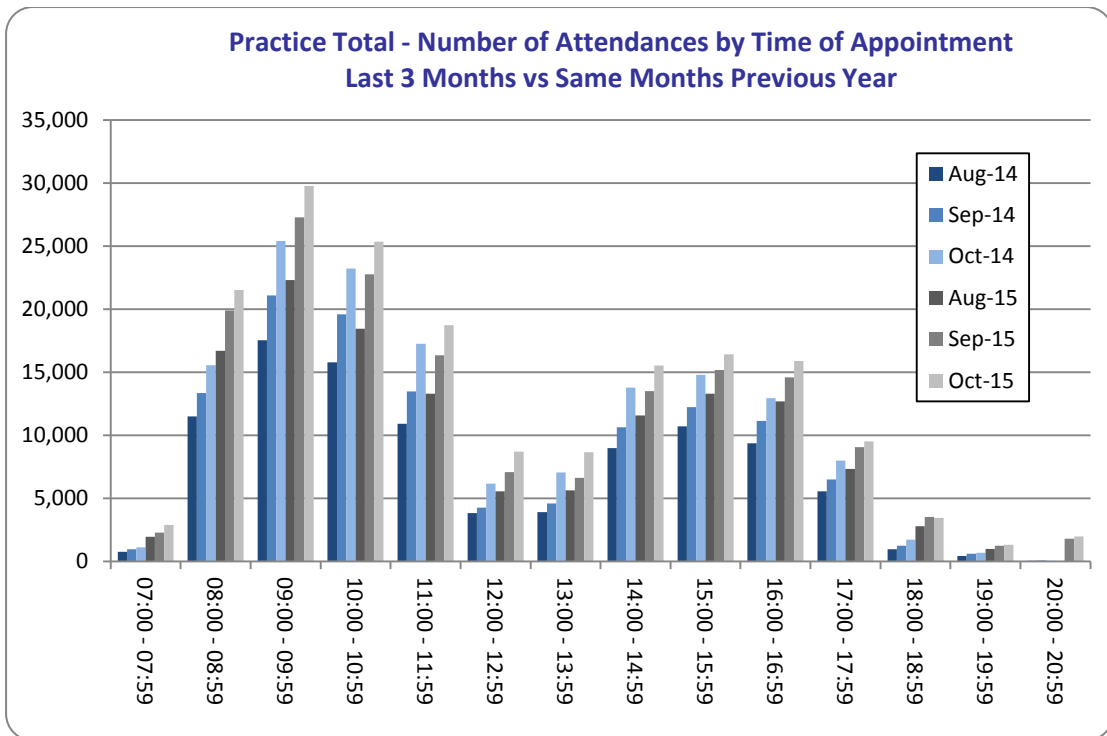


Chart 4

Take-up of weekday early morning (before 08:00) and evening appointments (after 18:00) have increased significantly compared to the same period pre-scheme (Chart 5).

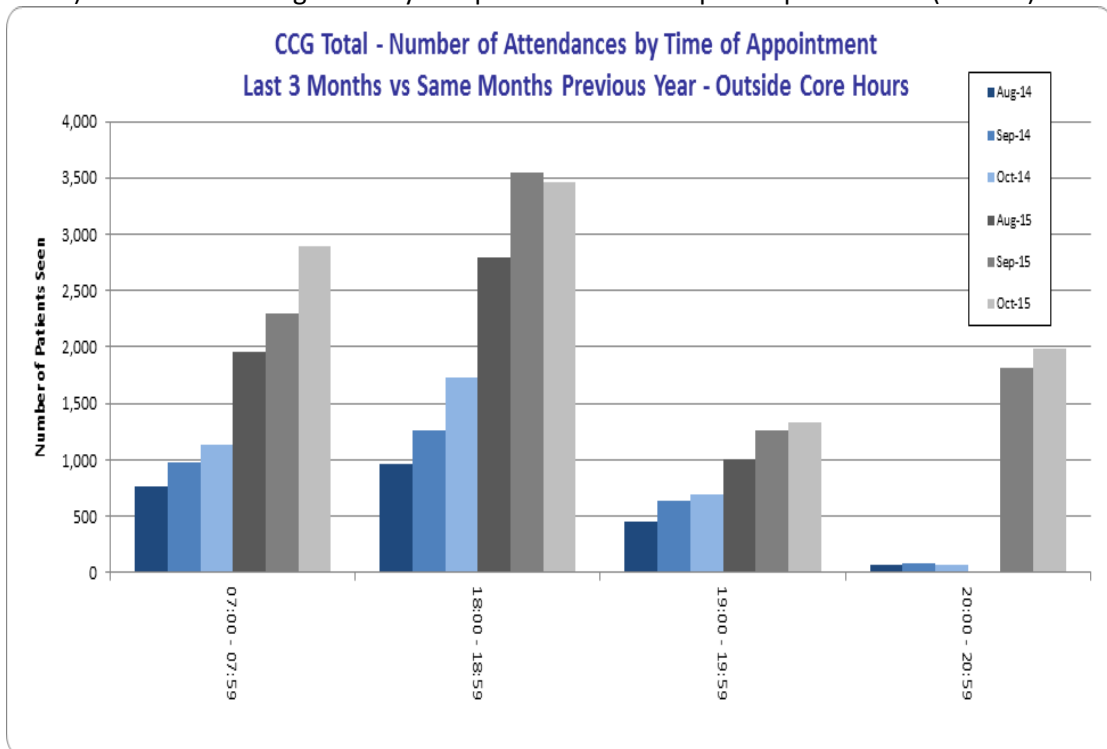


Chart 5

The data suggests that there have been approximately 1,344,500 attendances ‘in core hours’ pre-scheme compared to 1,339,918 post-scheme, representing a small drop (0.02%) in attendances. ‘Outside of core hours’ there has been a significant increase in

attendances, approximately 36,500 pre-scheme compared with 118,900 post-scheme. This equates to a rise of 225%.

Day of the week

The total number of patients who attended appointments during the week has remained fairly static. There were on average 128,011 weekday attendances per month in the period December 2014-October 2015, compared with 122,378 per month during the same period in 2013/14.

The number of patients attending appointments at the weekend has increased significantly in the period December 2014-October 2015 (Chart 6). There were on average 3,262 weekend attendances per month in the period December 2014-October 2015, compared with 518 per month during the same period in 2013/14.

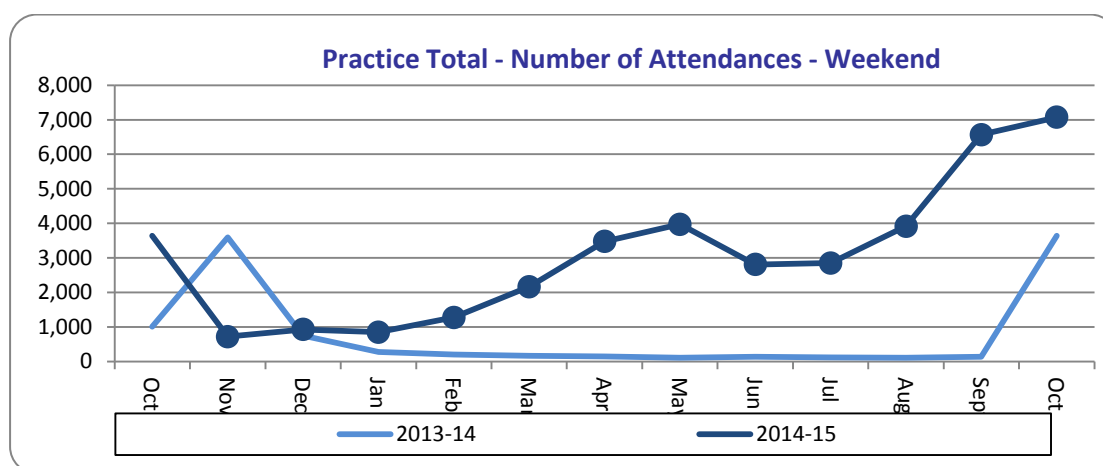


Chart 6

The following section contains specific analysis relating to:

- Age/gender split
- Disease prevalence
- Deprivation

Age/gender profile³

³ Please note the age/gender data is incomplete; it does not include data from the Headingley hub, Ireland Wood hub and Hyde Park/Burley Park hub due to inconsistencies in the way this data was manually collated

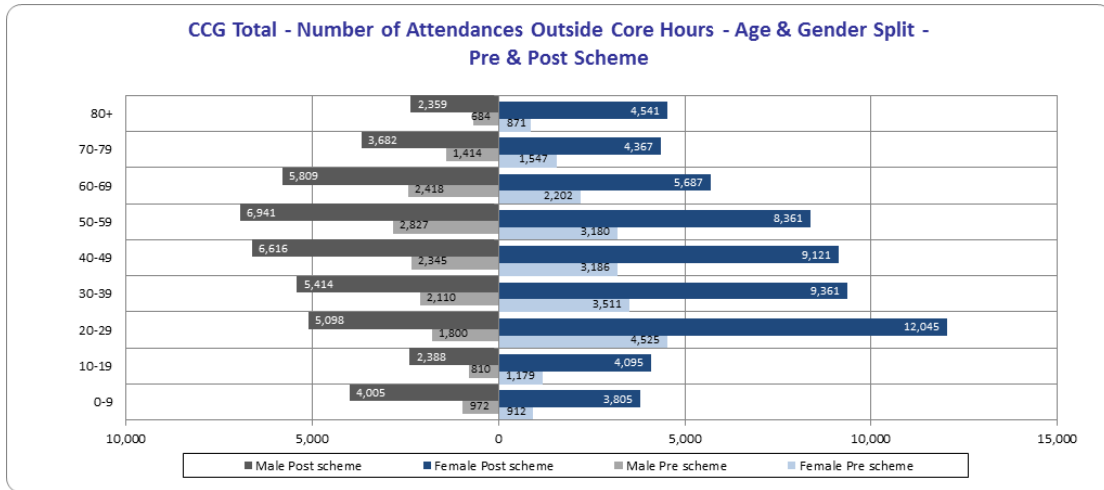


Chart 7

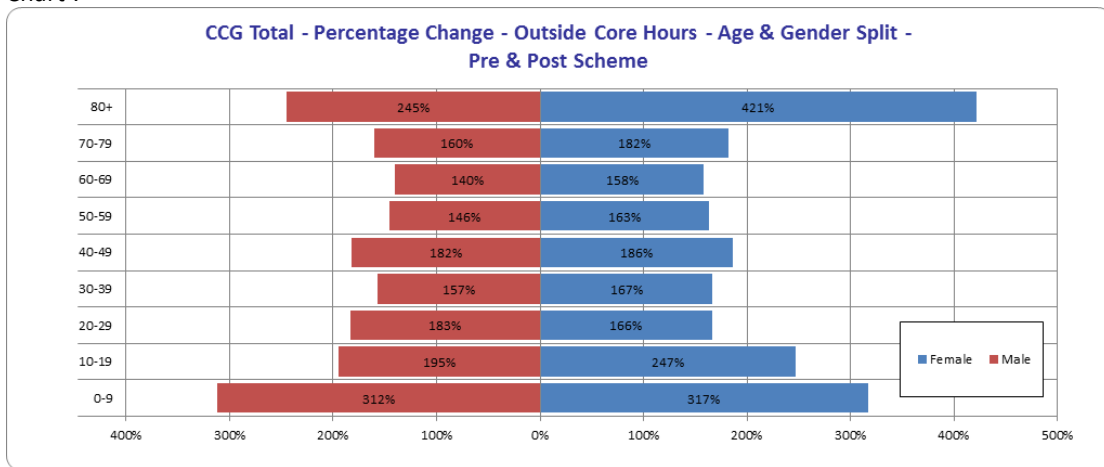


Chart 8

Prevalence

Prevalence rates for Leeds and broken down by CCG are shown in Table 2 below.

Disease Prevalence - Leeds West CCG

Comparing - July 2014 to July 2015

	Prevalence Percentage							Count of Prevalence (Number of patients)						
	CHD	Cancer	CKD	COPD	Dementia	Diabetes	Hypertension	CHD	Cancer	CKD	COPD	Dementia	Diabetes	Hypertension
All Leeds	-0.06	0.04	-0.11	0.03	0.07	0.17	0.12	-225	703	-635	450	718	1943	2230
NHS Leeds North CCG	-0.11	0.08	-0.13	-0.01	0.08	0.14	0.03	-152	251	-186	24	192	388	428
NHS Leeds South & East CCG	-0.01	-0.02	-0.06	0.05	0.08	0.27	0.40	99	152	-49	243	247	894	1567
NHS Leeds West CCG	-0.07	0.06	-0.13	0.04	0.07	0.10	-0.04	-172	300	-400	183	279	661	235

Table 2

Deprivation

Table 3 below summarises the change in patient attendances by practice in the periods before and after implementation of Enhanced Hours. The data is taken from practice systems and shows the total attendances recorded from scheme implementation date to the end of October 15 ('post scheme') compared to the same time period in the previous year ('pre scheme') together with the resultant percentage increase in attendances. The practices are grouped by Deprivation Score using local practice scores produced by Public Health Intelligence.

Comparison of the percentage increases in attendances of practices in the different deprivation groups suggests that some of the biggest increases in attendances are from practices with relatively high deprivation. There is certainly no clear evidence that the low deprivation practices are overly benefiting from increases in practices' attendance capacity.

Leeds West CCG Enhanced Hours Scheme: Comparison of Practice Attendances Pre and Post Scheme Implementation Date						
Practices Grouped by Public Health Deprivation Score						
Data to October 15						
		Attendances pre scheme	Attendances post scheme	Increase	dep. Score	Hub
PH Deprivation Score = High						
B86003	ARMLEY MEDICAL PRACTICE	61,974	69,859	12.7%	39.1	
B86060	THORNTON MEDICAL CENTRE	48,055	48,734	1.4%	38.7	
B86104	THE HIGHFIELD MEDICAL CENTRE	11,649	12,883	10.6%	37.1	
B86024	PRIORY VIEW MEDICAL CENTRE	39,558	43,342	9.6%	37.1	
B86655	BEECH TREE MEDICAL CENTRE	5,489	6,029	9.8%	36.4	
B86015	MANOR PARK SURGERY	74,299	82,321	10.8%	35.0	
B86041	VESPER ROAD	22,826	24,166	5.9%	33.8	Ireland Wood
B86672	HAWTHORN SURGERY	25,957	27,991	7.8%	30.8	
B86071	WHITEHALL SURGERY	35,361	34,914	-1.3%	30.1	
PH Deprivation Score = High Total		325,168	350,239	7.7%	35.3	
PH Deprivation Score = Medium High						
B86094	THE GABLES SURGERY	19,469	22,405	15.1%	27.6	Ireland Wood
B86068	ABBEY GRANGE (total of merged practices)	52,198	46,920	-10.1%	27.1	
B86025	HYDE PARK SURGERY	48,067	48,671	1.3%	26.3	Hyde & Burley Park
B86069	BURLEY PARK MEDICAL CENTRE*	10,363	11,593	11.9%	25.8	Hyde & Burley Park
B86086	LAUREL BANK SURGERY	23,708	25,987	9.6%	23.5	Burton Croft
B86017	CRAVEN ROAD MEDICAL PRACTICE	52,084	57,949	11.3%	23.5	Burton Croft
B86109	KIRKSTALL LANE MEDICAL CENTRE	39,041	40,677	4.2%	22.9	Burton Croft
B86001	MORLEY HEALTH CENTRE	8,806	9,294	5.5%	22.0	
B86110	LEEDS STUDENT MEDICAL PRACTICE*	18,924	21,891	15.7%	21.9	
B86067	FOUNTAIN MEDICAL CENTRE	76,426	77,692	1.7%	21.7	
B86028	SOUTH QUEEN STREET MEDICAL CENTRE	16,799	16,235	-3.4%	21.4	
B86014	ROBIN LANE MEDICAL CENTRE	54,558	61,197	12.2%	20.9	
B86018	PUDSEY HEALTH CENTRE	33,538	33,643	0.3%	20.2	
PH Deprivation Score = Medium High Total		453,981	474,154	4.4%	23.5	
PH Deprivation Score = Medium Low						
B86058	SUNFIELD MEDICAL CENTRE	16,112	16,949	5.2%	19.8	
B86050	WEST LODGE SURGERY	69,444	74,814	7.7%	19.0	
B86057	WINDSOR HOUSE GROUP PRACTICE	48,935	51,180	4.6%	18.8	
B86004	HIGHFIELD SURGERY	41,372	43,345	4.8%	18.4	Ireland Wood
B86101	GILDERSOME HEALTH CENTRE	8,878	9,378	5.6%	17.2	
B86064	LEIGH VIEW MEDICAL PRACTICE	43,213	45,839	6.1%	16.9	
B86011	HILLFOOT SURGERY	41,600	41,722	0.3%	16.7	
B86678	DRIGHLINGTON MEDICAL CENTRE	7,594	8,470	11.5%	16.0	
B86030	BURTON CROFT SURGERY	44,723	47,489	6.2%	15.1	Burton Croft
B86044	IRELAND WOOD & HORSFORTH MEDICAL PRACTICE	114,818	122,636	6.8%	14.6	Ireland Wood
B86051	YEADON TARN MEDICAL PRACTICE	26,122	27,633	5.8%	14.4	Aire Valley
B86038	GUISELEY AND YEADON MEDICAL PRACTICE	39,768	42,494	6.9%	12.3	Aire Valley
PH Deprivation Score = Medium Low Total		502,579	531,949	5.8%	16.6	
PH Deprivation Score = Low						
B86074	FIELDHEAD SURGERY	24,537	25,880	5.5%	9.4	Burton Croft
B86047	RAWDON SURGERY	34,261	37,209	8.6%	9.3	Aire Valley
B86052	MENSTON & GUISELEY PRACTICE	40,502	43,746	8.0%	8.8	Aire Valley
PH Deprivation Score = Low Total		99,300	106,835	7.6%	9.2	

*Note: Only partial pre and post scheme data available for Leeds Student Medical Practice and Burley Park due to change of practice clinical systems

Table 3

Impact on the wider health care system

This section of the report sets out trend data relating to the following parts of the NHS system:

- A&E (selected treatments and investigations)
- Emergency Admissions & LTHT Assessment Unit Attendances (selected specialties)
- GP Out-of-Hours
- Minor Injury Unit
- Walk-in Centre
- NHS 111

For each part of the system, a chart showing comparative trend data is included for all three Leeds CCGs (rate per 1,000 patients) for the period April 2013-October 2015⁴. A table showing the difference in activity across the three CCGs for the period December 2013-September 2014 (pre scheme) and December 2014-September 2015 (post scheme) is also included for each part of the system.

A number of t-tests were run to see whether any perceived differences in activity (Leeds West CCG relative to Leeds North and Leeds South & East CCG pre- and post- scheme) are statistically significant. T-tests were run on the following data:

- A&E (selected treatments and investigations)
- Emergency Admissions (selected specialties)
- GP Out-of-Hours

Further detail can be found in Appendix 1 T-tests.

A&E (selected treatments)⁵

Chart 1 below shows comparative A&E activity data (selected treatments and investigations) for the three Leeds CCGs (rate per 1,000 patients). A slight downward trend in activity can be noted for all three CCGs.

⁴ October 2015 SUS data is only provisional (rec) at this stage; October data was not available for GP Out-of-Hours, Minor Injury Unit and NHS 111 at the time of writing this report.

⁵ Treatments

Dressing, Bandage/support, Sutures, Wound closure (excluding sutures), Removal foreign body, Physiotherapy, Minor surgery, Observation/electrocardiogram, pulse oximetry/head injury/trends, Guidance/advice only, Tetanus, Recording vital signs, Wound cleaning, Dressing/wound review, Sling/collar cuff/broad arm sling, Joint aspiration, Active rewarming of the hypothermic patient, Medication administered, Occupational Therapy, Loan of walking aid (crutches), Social work intervention, Eye, Prescription/medicines prepared to take away and None (consider guidance/advice option).

Investigations

Bacteriology, Biochemistry, Clotting studies, Haematology, Immunology, None, Pregnancy test, Ultrasound, Urinalysis, X-ray plain film.

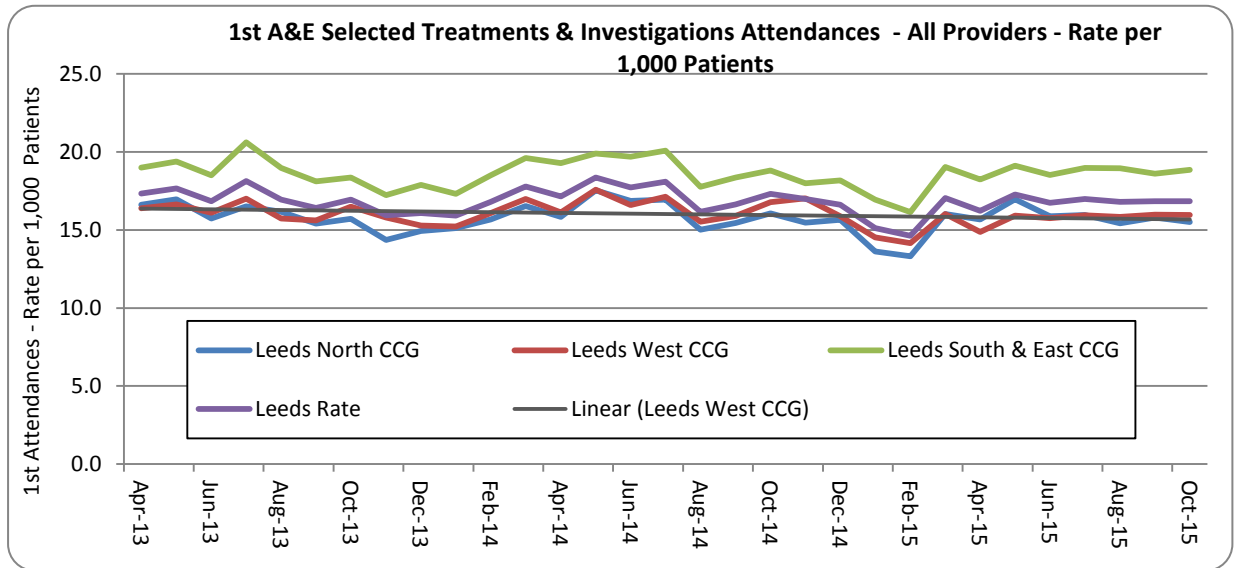


Chart 1

When this type of A&E activity is compared across the three Leeds CCGs the Leeds West rate per 1,000 patients is generally slightly higher than the Leeds North rate over time. However, during the period March–July 2015 the Leeds West rate fell below the Leeds North rate; the two rates have remained very similar since (Leeds West 15.9, Leeds North 15.6 July-Oct 2015).

The total number of attendances at A&E for selected treatments and investigations has reduced (-3.8%) across Leeds over the last year (December 2014-September 2015) when compared with the same time period 2013/14. The reduction in Leeds West (-4.7%) is marginally greater than the other two CCGs. This is shown in Table 1 below.

	Dec 2013- Sept 2014	Dec 2014- Sept 2015	Var.	Var.%
Leeds North CCG	32,547	31,410	-1,137	-3.5%
Leeds West CCG	55,239	52,645	-2,594	-4.7%
Leeds South & East CCG	53,415	51,798	-1,617	-3.0%
Leeds Total	141,201	135,853	-5,348	-3.8%

Table 1

Table 2 below relates to A&E attendances (selected treatments and investigations) and compares the difference in average attendances (rate per 1,000 patients) across the city 'before' (November 2013-October 2014) and 'after' (November 2014-September 2015) the scheme was introduced. None of the differences in average attendances are statistically significant at this stage in the scheme.

A&E (selected treatments and investigations)

<i>Leeds West CCG compared to Leeds North CCG</i>			
	Average attendances	Average attendances	T-test

	(per 1,000 patients) Leeds West CCG	(per 1,000 patients) Leeds North CCG	
Pre-scheme	16.25	15.86	Difference is not statistically significant (p-value>0.05)
Post-scheme	15.62	15.43	Difference is not statistically significant (p-value>0.05)

<i>Leeds West CCG compared to Leeds South & East CCG</i>			
	Average attendances (per 1,000 patients) Leeds West CCG	Average attendances (per 1,000 patients) Leeds South & East CCG	T-test
Pre-scheme	16.25	18.70	Difference is not statistically significant (p-value>0.05)
Post-scheme	15.62	18.24	Difference is not statistically significant (p-value>0.05)

<i>Leeds West CCG 'before' and 'after' intervention</i>			
	Average attendances (per 1,000 patients) – pre-scheme	Average attendances (per 1,000 patients) – post-scheme	T-test
Leeds West CCG 'before' and 'after' intervention	16.25	15.62	Difference is not statistically significant (p-value>0.05)

Table 2

Emergency Admissions (selected specialties⁶)

Chart 2 below shows comparative emergency spells & LHT Assessment Unit Attendances data (selected specialties) for the three Leeds CCGs (rate per 1,000 patients). A slight upward trend in emergency admissions activity can be noted for all three CCGs.

When the emergency admissions data is compared across the three Leeds CCGs the Leeds West rate per 1,000 patients is generally slightly higher than the Leeds North rate over time.

⁶ General Surgery, Urology, General Medicine, Cardiology, Respiratory Medicine, Geriatric Medicine

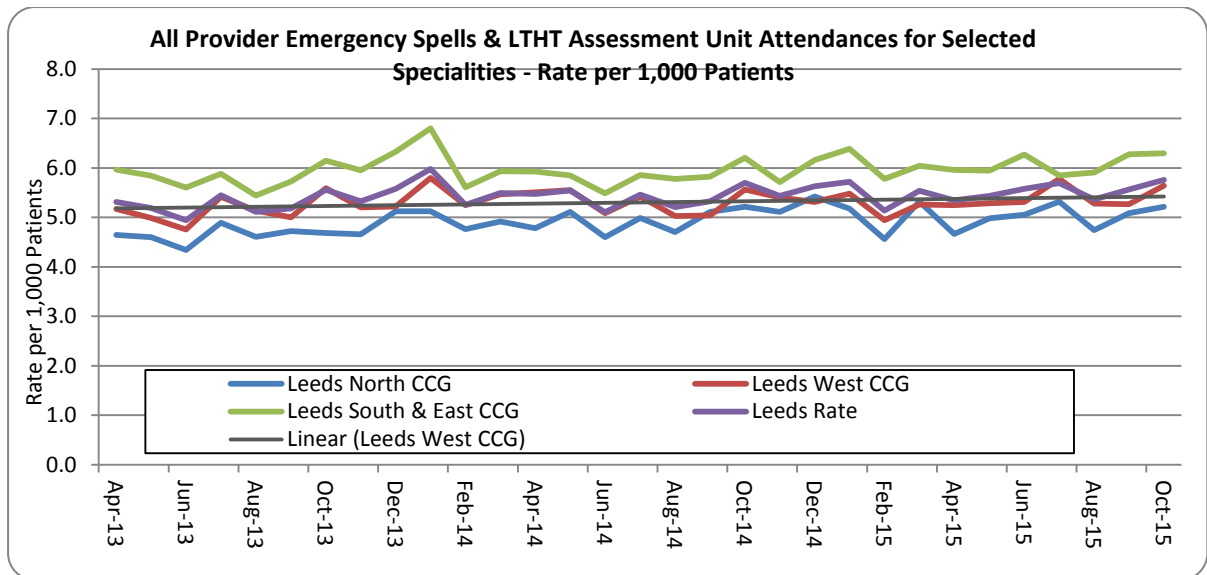


Chart 2

The total number of emergency admissions (selected specialities) has increased slightly across Leeds over the last year. However, in Leeds West there has been a very slight overall reduction in emergency admissions (-0.3%) for the period December 2014-September 2015 when compared to the same time period in 2013/14; this is in contrast to slight increases in emergency admissions for Leeds North and Leeds South and East. This is shown in Table 3 below.

	Dec 2013- Sept 2014	Dec 2014- Sept 2015	Var.	Var. %
Leeds North CCG	10,020	10,239	219	2.2%
Leeds West CCG	18,140	18,077	-63	-0.3%
Leeds South & East CCG	16,839	17,166	327	1.9%
Leeds Total	44,999	45,482	483	1.1%

Table 3

Table 4 below relates to Emergency Admissions & LTHT Assessment Unit Attendances (selected specialities) and compares the difference in average attendances (rate per 1,000 patients) across the city 'before' (November 2013-October 2014) and 'after' (November 2014-September 2015) the scheme was introduced. Of note, is the Leeds West average compared to the Leeds North. Whilst the difference in average attendances pre-scheme is statistically significant, this is not the case post-scheme.

Emergency Admissions & LTHT Assessment Unit Attendances (selected specialities)

<i>Leeds West CCG compared to Leeds North CCG</i>			
	Average attendances (per 1,000 patients) Leeds West CCG	Average attendances (per 1,000 patients) Leeds North CCG	T-test
Pre-scheme	12.44	11.54	Difference is statistically significant (p-value<0.05)

Post-scheme	12.68	11.73	Difference is not statistically significant (p-value>0.05)

<i>Leeds West CCG compared to Leeds South & East CCG</i>			
	Average attendances (per 1,000 patients) Leeds West CCG	Average attendances (per 1,000 patients) Leeds South & East CCG	T-test
Pre-scheme	12.44	13.99	Difference is not statistically significant (p-value>0.05)
Post-scheme	12.68	14.06	Difference is not statistically significant (p-value>0.05)

<i>Leeds West CCG 'before' and 'after' intervention</i>			
	Average attendances (per 1,000 patients) – pre-scheme	Average attendances (per 1,000 patients) – post-scheme	T-test
Leeds West CCG 'before' and 'after' intervention	12.44	12.68	Difference is not statistically significant (p-value>0.05)

Table 4

GP Out-of-Hours

Chart 3 below shows comparative GP Out-of-Hours (Local Care Direct Urgent Care) data for the three Leeds CCGs (rate per 1,000 patients). The data shows a similar pattern of use across the city with peaks in activity reflecting traditional holiday periods.

When the data is compared across the three Leeds CCGs there is a clear shift in activity post February 2015. Since then, Leeds West had the fewest out-of-hours attendances per 1,000 patients each month (February-September 2015). Prior to this time Leeds West frequently had the highest monthly rate of attendances per 1,000 patients. This shift in activity post February 2015 may be associated with weekend hub appointments starting to become available in January/February 2015.

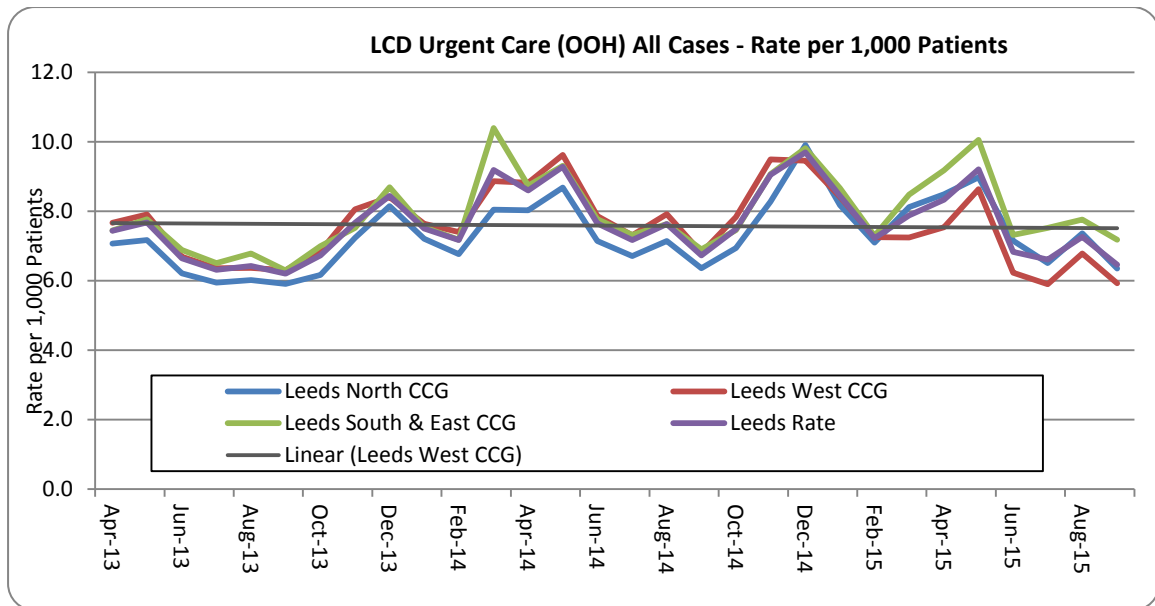


Chart 3

The total number of GP Out-of-Hours attendances has decreased slightly (-1.8%) across Leeds over the last year. However, there has been a marked shift in attendances across the three CCGs during the period December 2014-September 2015 relative to the same period in 2013/14. Whilst Leeds West has seen a marked decrease in attendances (-9.0%) compared with the same period in the previous year, the other two CCGs have seen an increase in the number of out-of-hours attendances. This variance across the city is shown in Table 5 below.

	Dec 2013- Sept 2014	Dec 2014- Sept 2015	Var.	Var. %
Leeds North CCG	15,105	15,901	796	5.3%
Leeds West CCG	27,415	24,948	-2,467	-9.0%
Leeds South & East CCG	23,092	23,598	506	2.2%
Leeds Total	65,612	64,447	-1,165	-1.8%

Table 5

Table 6 below relates to GP Out-of-Hours attendances and compares the difference in average attendances (rate per 1,000 patients) across the city 'before' (November 2013-October 2014) and 'after' (November 2014-September 2015) the scheme was introduced. Of note, is the Leeds West average compared to the Leeds North. Whilst the difference in average attendances pre-scheme is statistically significant, this is not the case post-scheme. Again, this may suggest that the gap in average attendances between Leeds West and Leeds North has closed since the scheme was introduced.

GP Out-of-Hours

<i>Leeds West CCG compared to Leeds North CCG</i>			
	Average attendances (per 1,000 patients) Leeds West CCG	Average attendances (per 1,000 patients) Leeds North CCG	T-test

Pre-scheme	8.04	7.37	Difference is statistically significant (p-value<0.05)
Post-scheme	7.53	7.85	Difference is not statistically significant (p-value>0.05)

<i>Leeds West CCG compared to Leeds South & East CCG</i>			
	Average attendances (per 1,000 patients) Leeds West CCG	Average attendances (per 1,000 patients) Leeds South & East CCG	T-test
Pre-scheme	8.04	8.03	Difference is not statistically significant (p-value>0.05)
Post-scheme	7.53	8.39	Difference is not statistically significant (p-value>0.05)

<i>Leeds West CCG 'before' and 'after' intervention</i>			
	Average attendances (per 1,000 patients) – pre-scheme	Average attendances (per 1,000 patients) – post-scheme	T-test
Leeds West CCG 'before' and 'after' intervention	8.04	7.53	Difference is not statistically significant (p-value>0.05)

Table 6

Minor Injury Unit

Chart 4 below shows comparative Minor Injury Unit data⁷ for the three Leeds CCGs (rate per 1,000 patients). The Leeds West rate is generally higher than Leeds North but lower than Leeds South and East. There is a very slight downward trend in activity for Leeds West CCG patients. This is in contrast to the other two CCGs, where activity has remained static.

⁷ St George's Centre and Wharfedale Hospital MIU combined

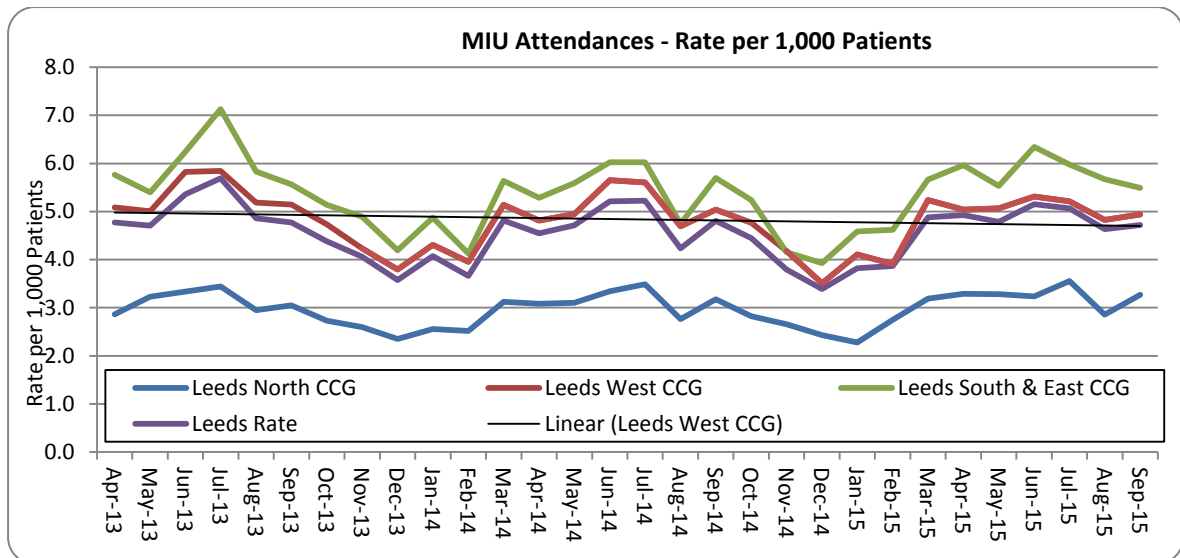


Chart 4

When comparing activity across the three CCGs, Leeds West has seen a slight decrease in activity (-1.7%) compared with the same period in 2014. In contrast, both Leeds North and Leeds South and East have seen a slight increase in activity over the same period. This variance across the city is shown in Table 7 below.

	Dec 2013- Sept 2014	Dec 2014- Sept 2015	Var.	Var. %
Leeds North CCG	6,005	6,131	126	2.1%
Leeds West CCG	16,302	16,032	-270	-1.7%
Leeds South & East CCG	14,797	15,245	448	3.0%
Leeds Total	37,104	37,408	304	0.8%

Table 7

Walk-in Centre

Chart 5 below shows comparative Shakespeare Medical Practice (Walk-in-Centre) data for the three Leeds CCGs (rate per 1,000 patients). Data is only available from March 2014.

Leeds West activity is generally lower than the other two CCGs. The general downward trend in activity for Leeds West CCG patients is in contrast to Leeds North CCG, which has remained relatively static, and Leeds South and East CCG which has seen a slight upward trend.

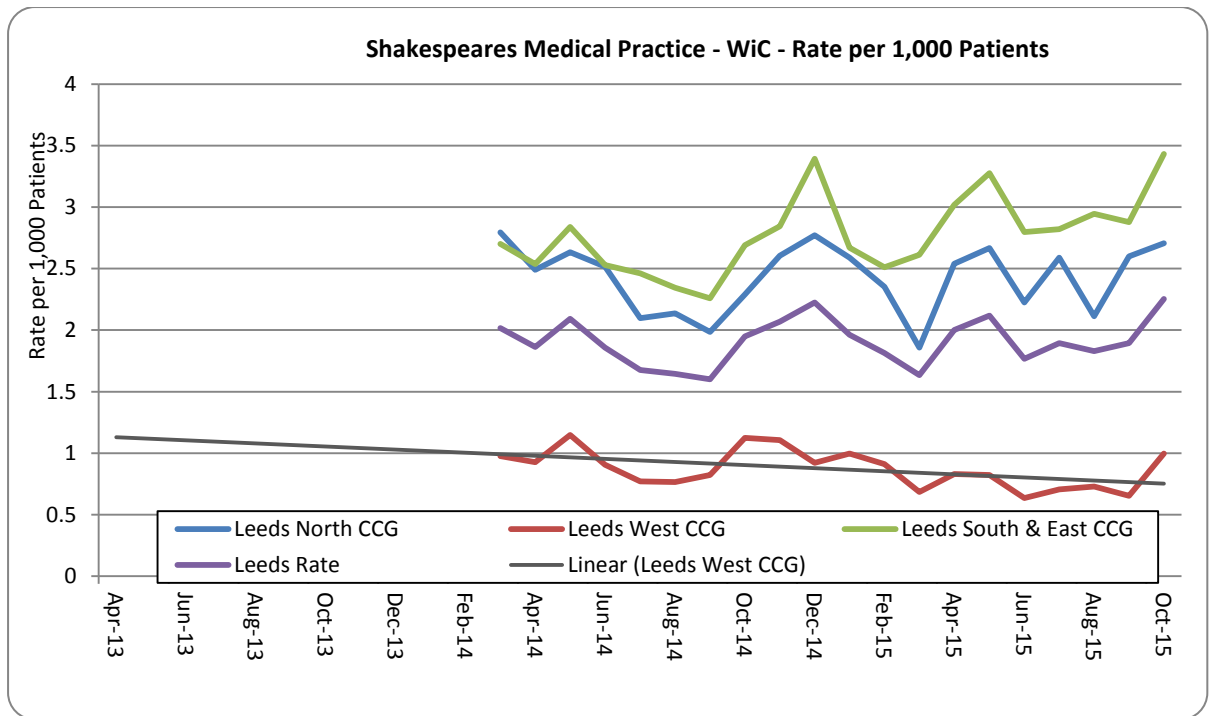


Chart 5

When comparing activity across the three CCGs it is important to note that Leeds West has seen a marked decrease in attendance (-19.8%) compared with the same period in 2014. Leeds North activity has remained static over the same period, whilst Leeds South and East has seen a marked increase in activity. This variance across the city is shown in Table 8 below.

	March 2014- Sept 2014	March 2015- Sept 2015	Var.	Var.%
Leeds North CCG	3,390	3,377	-13	-0.4%
Leeds West CCG	2,147	1,721	-426	-19.8%
Leeds South & East CCG	5,010	5,770	760	15.2%
Leeds Total	10,547	10,868	321	3.0%

Table 8

NHS 111

Chart 6 below shows comparative NHS 111 data for the three Leeds CCGs (rate per 1,000 patients). The data shows a similar pattern of use across the city with peaks in activity reflecting traditional holiday periods.

The chart shows a general upward trend in NHS 111 activity across the city. Leeds West activity is generally higher than Leeds North and similar to Leeds South and East. When activity is compared across the three Leeds CCGs there is a clear shift in activity for Leeds West post February 2015. Prior to this time Leeds West frequently had the highest monthly rate of NHS 111 activity per 1,000 patients (alongside Leeds South and East). Again, this shift in activity post February 2015 may be associated with weekend hub appointments starting to become available in January/February 2015.

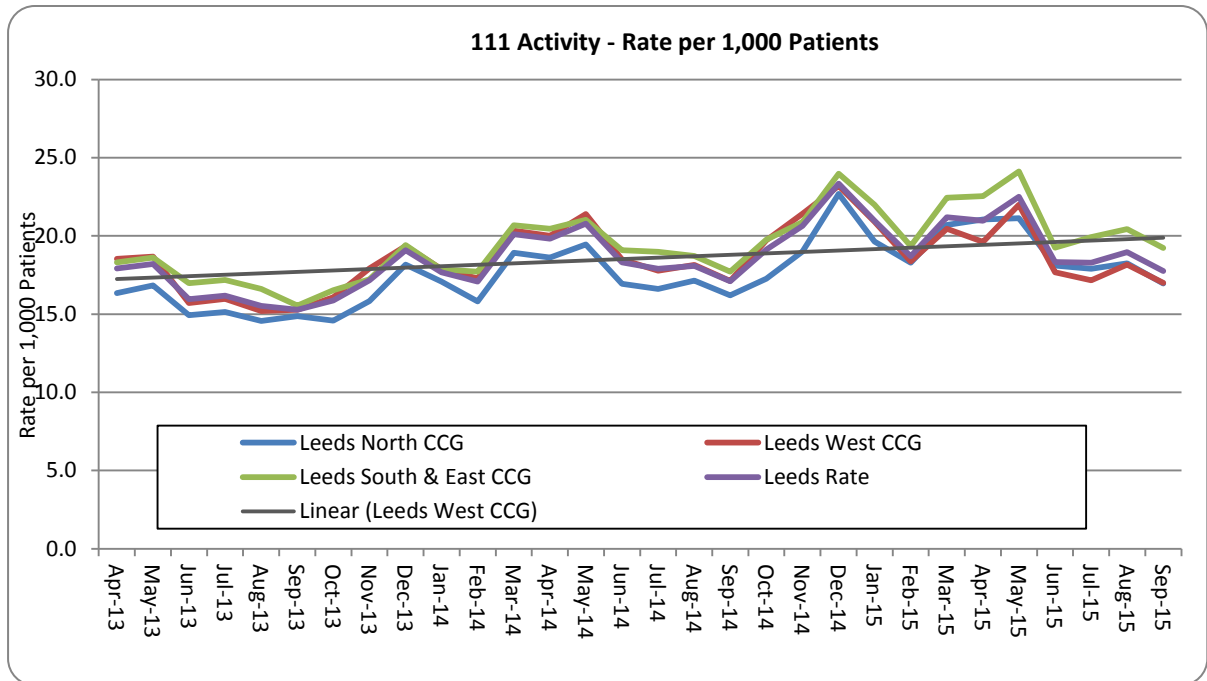


Chart 6

The total number of NHS 111 attendances has remained static across Leeds over the last year. This is shown in Table 9 below.

	Dec 2013- Sept 2014	Dec 2014- Sept 2015	Var.	Var.%
Leeds North CCG	174.9	194.7	19.8	0.11
Leeds West CCG	187.8	194.5	6.7	0.04
Leeds South & East CCG	191.6	213.2	21.6	0.11
Leeds Total	185.9	201.0	15.1	0.08

Table 9

Financial impact

The tables below set out the financial impact of the enhanced access scheme split by scheme level, month and service. Further comparative analysis by Leeds CCG is also included⁸.

With regard to potential savings identified from secondary care services, because the three Leeds CCGs currently have a fixed income agreement with Leeds Teaching Hospitals NHS Trust any savings from A&E and emergency admissions will not be cash releasing in 2015/16, but may reduce the income agreement in future years.

⁸ Total list size is based on weighted population

Whilst the figures suggest the CCG is almost £1million over on non-elective spend, it is important to note that for any spend above the non-elective threshold the provider only receives 30% of the normal price. The commissioner is usually expected to reinvest the remaining 70% to control demand for emergency care.

A major caveat in this data is that there are several transformation schemes running across services in Leeds currently, all of which will be claiming any service, financial or activity improvements. It will therefore be extremely difficult to isolate and assess direct and absolute impact of any individual scheme on another part of the healthcare system (for example impact of the primary care enhanced hours scheme on emergency admissions).

List sizes in the tables below are **weighted**.

Totals in tables show in aggregated format for the most part. This does mask achievements at individual practice level where improvements can be seen in the data.

Impact by Point of Delivery

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total							Total List Size	£ cost per patient
Leeds West CCG	1	£4,830	£2,516	£-1,704	£2,472	£-232	£-40,451	£-32,568							22,651	£-1.44
	2	£76,999	£12,590	£-181	£-28,630	£-8,901	£545,281	£597,158							185,334	£3.22
	3	£-16,210	£-5,106	£-8,918	£-147,936	£-12,610	£537,648	£346,869							134,669	£2.58
	TOTAL	£65,619	£10,001	£-10,803	£-174,094	£-21,743	£1,042,478	£911,458							342,654	£2.66

Table 1

Table 1 above suggests that Level 1 practices appear to be generating small cost savings (cost per patient **£-1.44**); this in contrast to Level 2 (£3.22) and Level 3 (£2.58) practices. As expected, reduction in spend relates primarily to reduced Out-of-Hours activity.

Impact by month

CCG	ENHANCED ACCESS LEVEL	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	Total	Total List Size	£ cost per patient
Leeds West CCG	1	£-23,634	£30,249	£-22,078	£6,739	£79,652	£-26,788	£7,174	£57,633	£1,786	£-5,078	£-138,224	£-32,568	22,651	£-1.44
	2	£188,626	£130,075	£2,577	£-230,331	£53,916	£-4,467	£26,715	£231,112	£29,673	£125,580	£43,682	£597,158	185,334	£3.22
	3	£48,296	£-1,980	£146,965	£-94,258	£-93,572	£-96,973	£-11,662	£125,592	£76,758	£111,436	£136,267	£346,869	134,669	£2.58
	TOTAL	£213,288	£158,344	£127,464	£-317,850	£39,995	£-128,227	£22,227	£414,337	£108,217	£231,939	£41,725	£911,458	342,654	£2.66

Table 2

Table 2 above suggests the majority of savings in Level 1 practices were generated in October 2015, whilst the majority of savings in level 2 practices were generated in March 2015 and in Level 3 practices in the period March-May 2015. Only Level 1 practices generated a reduced overall spend (**£-32,568**).

Impact by Point of Delivery projected for full 18 months

CCG	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total
Leeds West CCG	£98,429	£15,001	£-16,204	£-261,141	£-32,614	£1,563,716	£1,367,187

Table 3

It would appear that based on current data the scheme does not have the potential to reduce spend over the 18 months.

Emergency Admissions by Treatment Function

Impact	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
General Surgery	-£116,195	-£8,349	-£38,612	-£77,351	-£19,861	-£212,998	£29,054	£90,309	-£34,877	-£2,024	-£35,598	-£426,502
Urology	£9,704	£23,096	-£17,778	-£12,200	£49,819	-£40,906	-£8,386	£24,318	-£35,781	£5,176	£14,593	£11,656
General Medicine	£129,805	£13,598	£83,738	£52,099	-£4,511	£8,215	£63,079	£190,735	£156,707	£58,193	-£39,563	£712,094
Cardiology	£4,739	-£44,119	-£75,344	-£117,266	-£88,842	-£71,403	-£29,106	£33,710	£52,613	-£41,785	-£30,713	-£407,516
Respiratory Medicine	£20,680	£3,816	-£40,218	-£13,175	-£1,720	-£23,954	-£12,382	-£38,646	£1,723	-£30,658	£18,090	-£116,444
Geriatric Medicine	£126,022	£179,223	£193,270	-£21,938	£136,387	£257,049	£5,952	£145,193	-£62,118	£215,571	-£15,498	£1,159,113
Total Impact	£174,755	£167,265	£105,056	-£189,831	£71,272	-£83,997	£48,212	£445,619	£78,268	£204,472	-£88,689	£932,400

Table 4

Table 4 above shows emergency admissions broken down by treatment function. This suggests that whilst there has been a reduction in non-elective spend on General Surgery, Cardiology & Respiratory Medicine, there has been an increase in spend on General Medicine and Geriatric Medicine.

Impact of Level 3 practices by hub

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total	Total List Size	£ cost per patient
Level 3 HUBs	Aire Valley	£24,492	-£3,321	-£8,736	-£46,973	-£278	-£35,856	-£70,672	34,547	-£2.05
	Headingley	-£28,614	-£942	£435	-£30,624	-£6,166	£269,388	£203,476	36,205	£5.62
	Ireland Wood	£7,002	£183	-£1,305	-£46,654	-£3,570	£378,328	£333,984	45,208	£7.39
	Hyde/Burley Park	-£19,090	-£1,025	£689	-£23,686	-£2,596	-£74,212	-£119,920	18,709	-£6.41
	TOTAL	-£16,210	-£5,106	-£8,918	-£147,936	-£12,610	£537,648	£346,869	134,669	£2.58

Table 5

Table 5 above compares financial impact at hub level. This suggests that the Aire Vally hub and Hyde Park/Burley Park hub have generated small cost savings (-£70,672 and -£119,920 respectively). This is in contrast to the Headingley hub and Ireland Wood hub.

Impact by Point of Delivery: All three Leeds CCGs

CCG	ENHANCED ACCESS LEVEL	A&E	111	MIU	LCD - OOH	Shakespeare WIC	Emergency Admissions	Total	Total List Size	£ cost per patient
Leeds North CCG	TOTAL	£51,560	£22,756	£4,568	£42,826	£3,338	£475,662	£600,709	205,454	£2.92
Leeds S+E CCG	TOTAL	£208,648	£40,937	£16,240	£61,248	£44,969	£837,282	£1,209,324	285,465	£4.24
Leeds West CCG	TOTAL	£65,619	£10,001	-£10,803	-£174,094	-£21,743	£1,042,478	£911,458	342,654	£2.66

Table 6

Table 6 above compares financial impact across all three Leeds CCGs. This suggests minimal reduction in spend relative to Leeds North and Leeds South & East CCGs.

Impact by month: All three Leeds CCGs

CCG	ENHANCED ACCESS LEVEL	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	October	Total	Total List Size	£ cost per patient
Leeds North CCG	TOTAL	£99,079	£182,235	£33,926	£2,395	£27,244	£40,439	£82,290	£136,582	£33,980	£25,439	-£62,899	£600,709	205,454	£2.92
Leeds S+E CCG	TOTAL	£125,621	£16,846	£88,828	£219,713	£171,846	£330,125	£232,761	-£31,547	£73,453	£38,887	-£57,210	£1,209,324	285,465	£4.24
Leeds West CCG	TOTAL	£213,288	£158,344	£127,464	-£317,850	£39,995	-£128,227	£22,227	£414,337	£108,217	£231,939	£41,725	£911,458	342,654	£2.66

Table 7

Leeds West CCG saw a reduction in spend in March and May 2015. Both Leeds North and Leeds South & East CCG saw a reduction in spend in October 2015 (Table 7).

Impact on Patient Experience

As part of the early evaluation work, Healthwatch Leeds conducted a survey in May/June 2015, the key aim of which was to identify whether the enhanced opening hours had an impact on patient access to their GP surgery. Over 400 patients participated in the survey, which involved visits to 22 surgeries. Findings from this survey were included in the July 2015 update report.

In July 2015 NHS Leeds West CCG Governing Body requested that further patient experience data be collated, focusing specifically on those practices working as part of a hub. As a result, Leeds Involving People (LIP) were asked to conduct a focused piece of work with those practices (16) working as part of a hub.

The aims of the work were to find out:

- Whether patients were aware of the enhanced opening hours offered by their GP practice/weekend hub service
- Whether patients had used the enhanced opening hours/weekend hub service; if not, why
- What patients think about the enhanced opening hours/weekend hub service
- What action patients would have taken if they had not been able to get an appointment at the weekend
- How patients feel about not seeing the same healthcare professional
- Whether patients would recommend the enhanced opening hours/weekend hub service

A semi-structured survey was used to collate patient's views. This focused on

- Patients attending their own GP practice during the week (LIP Appendix 1)
- Patients attending the hub practice at the weekend (LIP Appendix 2)

LIP staff visited all 16 practices during a one-month period (07/11/15 - 07/12/15). Visits were planned in order to get a range of views from patients attending the surgeries at different times and on different days of the week, as well as at weekends (LIP Appendix 3). Patients were surveyed in the practice waiting area. All information was collated using iPads. In total 326 patients were surveyed (230 patients during the week and 96 patients at the weekend). The key findings are described below.

Patients attending their own GP practice during the week

A total of 230 patients were surveyed during the week (Monday-Friday). LIP staff visited all 16 GP practices on a weekday. Patients were asked about their experience of using the enhanced service⁹ provided by their own GP practice, as well as the weekend service provided by their local hub practice (see LIP Appendix 4 for details of which practices are working together as a hub)¹⁰. Key findings plus qualitative comments are set out below.

⁹ Before 8am and after 6.30pm

¹⁰ Hyde Park Surgery (Saturdays) and Burley Par Medical Centre (Sundays), Guiseley and Yeadon Medical Practice, Ireland Wood & New Croft Medical Practice, Burton Croft Surgery

Patient views on the weekday enhanced service provided by their own GP practice

Overall, 76% (175) of respondents were aware that their practice is now offering early morning and evening appointments with a healthcare professional, less than one quarter of respondents (55, 24%) were not aware.

Just over one quarter of respondents (27%, 61) had used the early morning/evening service provided by their practice.

Those who had used the weekday enhanced service

Of those who had used the early morning/evening service:

- 48% (29) had a long-standing health condition
- 69% (42) were female, 23% (14) were male
- 70% (43) were White British, 13% (8) identified themselves as BME
- 54% (33) were aged < 55, 31% (19) aged ≥56

Almost all respondents (98%, 60) had **confidence and trust** (definitely, to some extent) in the healthcare professional that they saw. Comments suggested that the main reason for this was seeing someone that they knew. Other reasons given included generally being happy with their appointment, getting what they needed, generally trusting the staff, and staff being reassuring and empathetic.

“Was my usual GP who I like”

“Was just like seeing a GP as normal. Was seen very quickly”

“They gave me the medication I needed”

“They believed me and listened to me”

Only one respondent said they didn't have confidence and trust in the healthcare professional they saw, this person reported feeling “rushed”.

Almost all respondents (97%, 59) were **satisfied** (very, fairly) with the service they received. Comments suggested that the main reason for this was being seen quickly. Other reasons for this included getting what they needed from the appointment, receiving good advice/care and having confidence in the healthcare professional that they saw.

“Got in when I needed to”

“Seen within an hour, for my daughter as well”

“Appointment and follow-up were very good and quick”

“Really good advice, high quality care”

“They're experts in their field, and they put me on the pathway to a better situation”

More general comments included:

“Good service, friendly, informed, efficient, good relationship with pharmacy, fits with my life”

“It was my normal doctor. It enabled me not to take time off work”

Of those who said they were fairly satisfied with the service they received, long waiting times and being unable to see the same doctor featured in comments:

“Usually long waiting times”

“It's good, but it's hard to see a regular doctor, but this has saved me having to travel to Leeds for out of hours at Wharfedale”

Almost all respondents (97%, 59) said that they would **recommend** the early morning/evening service, based on their previous experience. When asked about how the service could be improved, respondents commented on the need to improve waiting times and difficulty in booking appointments.

"Waiting for appointments, can wait 30 minutes"

"Can't always get an appointment"

"More early appointments"

"Need more phone lines"

Two respondents felt that the enhanced service wasn't publicised well enough.

Six respondents commented very positively:

"No. It is brilliant"

"No, as it's already being done with the weekend availability"

Those who had not used the weekday enhanced service

73% of respondents (164) had not used the early morning/evening service. Of these, the majority (61) said that this was because they hadn't needed to use the service, followed by respondents not being aware of the service (36). Several respondents (33) said they had not used the service because they were able to attend appointments during normal hours, these respondents were mostly retired or students.

"I can attend daytime appointments"

"My child is usually in bed in the evening, so daytime appointments are easier for me"

"Due to my old age I don't like to attend early morning or late appointments"

"If find early mornings hard due to my medication"

More general comments included:

"Not sure if it's a good idea as there is already a lot of pressure on GPs and they are already working over hours"

Overall, respondents were very positive about the enhanced opening hours at their practice. Very few respondents had complaints. Those that did have complaints focused on difficulty booking appointments first thing in the morning and waiting times at walk-in clinics.

Patient views on the weekend hub service

Overall, 74% of respondents (170) were aware that their practice is now offering appointments with a healthcare professional at weekends as part of a group of practices. Only 15% of respondents (35) had used the weekend hub service.

Those who had used the weekend hub service

Of those who had used the weekend hub service:

- 43% (15) had a long-standing health condition
- 74% (26) were female, 17% (6) were male
- 71% (25) were White British, 17% (6) identified themselves as BME
- 60% (21) were aged < 55, 14% (5) aged ≥56

Almost all respondents (33) had **confidence and trust** (definitely, to some extent) in the healthcare professional that they saw at the hub. Comments suggested that the main reason for this was being happy with their appointment in general. This was followed by seeing a knowledgeable healthcare professional, convenience, and getting what they needed from their appointment.

"Felt listened to"

"They knew what was wrong with me, they were knowledgeable"

"Rang up at 1pm and had an appointment at 3pm, really satisfied"

Less positive comments from those who had confidence and trust in the healthcare professional 'to some extent' included:

"Rushed appointment"

"Didn't listen, made his mind up what was wrong"

"Not as much as with my own GP"

Almost all respondents (94%, 31) were **satisfied** (very, fairly) with the service they received. Comments suggested that the main reason for this was being happy with the service overall. This was followed by the convenience of appointment and being seen quickly.

"I was able to see my regular GP"

"Appointment at 9:30, got in very quickly"

"Seen quickly, doctor knew what they were talking about"

Other positive comments included:

"Good for workers, not just 9-5"

"Prevented a trip to hospital, so really satisfied"

"Fact that I didn't need to go to A&E and could just go to a surgery"

Almost all respondents (97%, 32) said that they would **recommend** the weekend hub service.

Those who had not used the weekend hub

Of those respondents who had not used the weekend hub service (189), more than half (57%, 107) said that this was because they had not needed to use the service. A further 15 respondents added to this, saying that they hadn't used the service as they can access weekday appointments. 18% (35) of respondents said that they weren't aware of the weekend service, whilst four respondents said that their hub practice wasn't convenient. Other comments related to the availability of appointments/staff.

"I would need to get a taxi" (92 year old with a long-standing health condition, physical disability and sensory disability)

"Too far" (79 year old with a long-term health condition)

"Couldn't get an appointment"

"Nurse I wanted to see wasn't available"

"No female doctor available"

Respondents were given an opportunity to add general comments about their practice's enhanced opening hours at the end of the survey. One hundred and nine patients made further comments.

Eighty-nine respondents made positive comments. These included:

"Much better now, especially at weekends"
"When I need an appointment, I usually get one"
"It's easier to get appointments around work. Used to have to book on my day off"
"Great for workers and consistency for GP - more nurses"
"I think it's excellent. Lot of talk about seven day service and this is providing it"
"In recent months it has improved, much more accessible. I work 8-6, so need evening, early morning or weekend appointments"
"Much more accessible, it's always been good. They will fit you in. They will also let you book the doctor that you want to see"
"I like the flexibility of varied times"
"I rarely have to wait more than 2 or 3 days for an appointment"
"It is better now, you have more choice now"

Ten respondents made comments about it being hard to book appointments and waiting times at walk-in clinics. These comments included:

"It takes a while to get an appointment"
"Hard to get appointment, walk in clinic can be 2 hours. Cannot book appointments in advance. Have to constantly ring at 6:30 or 8:30"
"It seems to be that no one is available at....., so the earliest appointment I can usually get is at..... This is within a reasonable time"
"I find it difficult when you have to ring at 8am sharp to get an appointment and sometimes you miss out completely"
"It is poor that you have to ring on the day to get an appointment or you have to wait weeks"
"The opening hours are better. Just that more appointments need to be available"

Six respondents commented on the enhanced opening hours not being advertised enough.

Other comments included:

"Individual surgeries should be open on the weekend rather than in clusters. It would be hard for me to get to the other surgery on the weekend"
"The hours are fine, there is no need to have Sundays"
"The practice uses a lot of trainees and students which means it is hard to develop a relationship"

Patients attending a hub practice at weekends

Visits to hub practices took place on a Saturday and Sunday. Ninety-six surveys were completed by patients attending a hub practice. The majority of respondents were registered at the hub practice (i.e. they were attending their own practice) (Table 1).

Hyde Park Surgery/Burley Park Medical Centre	
	Respondents
Hyde Park Surgery	10
Burley Park Medical Centre	10
Unsure	1
Not answered	1
Total	22
Burton Croft Surgery	
Burton Croft Surgery	21
Hollybank Surgery (Craven Road Medical Practice)	9
Kirkstall Lane Medical Centre	2
The Highfield Medical Centre	0
Laurel Bank Surgery	0
Total	32
Guiseley & Yeadon Medical Practice	
Guiseley and Yeadon Medical Practice	10
Yeadon Tarn Medical Practice	7
Rawdon Surgery	1
Menston & Guiseley Practice	0
Total	18
Ireland Wood & New Croft Medical Practice	
New Croft Medical Practice (Ireland Wood & New Croft Medical Practice)	7
Vesper Road Surgery	5
High Field Surgery	4
Ireland Wood Surgery (Ireland Wood & New Croft Medical Practice)	4
Abbey Grange Medical Centre	2
Holt Park Health Centre (Abbey Grange Medical Centre)	2
Total	24

Table 1

Just over half of the respondents (51%, 49) had used the hub service previously.

Of the respondents:

- 31% (30) had a long-standing health condition
- 65% (62) were aged < 55, 34% were aged ≥ 56
- 70% (67) were female, 30% (29) male

When asked about 'today's appointment', 32% of respondents (31) had booked their appointment on the day of the appointment; 23% (22) had booked their appointment the previous day, whilst a further 30% (29) had booked their appointment a few days ago.

The majority of respondents (84%, 81) felt that they could get an appointment with a healthcare professional at a time that is convenient for them.

Almost all respondents (91%, 87) felt that having access to weekend services at the hub practice helps them to better manage their own healthcare. Reasons focused on being able to get appointments whenever they needed them, being able to fit appointments around work, and the need to have children seen as quickly as possible.

"When you ring up they are very attentive and go the extra mile to ensure they can give you an appointment"

"I work 8-6, so find it hard to make appointments"

"I can fit appointments around work, family and studying"

"I have small children and don't have to wait worrying about their health"

"It's important to have access to immediate appointments for my child"

Other positive comments included:

"I'm grateful to have an alternative to A&E"

"I can get temporary residency appointments for my daughter when I need them, shared custody, have her at weekend"

Less positive comments included:

"I was signposted through NHS 111 which took two hours".

"My son is ill and I need someone to see him but there are no appointments. I came in the hope that someone would see him"

Just over a quarter of respondents (28%, 27) felt that it was important (very, quite) for them to see a particular healthcare professional, whilst a third of respondents (33%, 32) said that it depended on the situation. A third of respondents (36%, 35) said that they did not consider it important. Those that considered it to be very important were more representative of the BME community, and also those aged over 55. Those that said that it depended on the situation suggested that if they wanted to see someone about a long-standing health matter they would prefer to see a particular healthcare professional. The majority of these respondents were aged ≤ 55 .

Of those who felt that it was important to see a particular healthcare professional, reasons included familiarity with the healthcare professional and them knowing the patient.

Comments included:

"I have a relationship with that person"

"I want to speak to someone who I'm familiar with"

"I trust the GP"

"I'd prefer to see a particular healthcare professional for something personal"

"It's important to me as I have a long-standing health condition"

"I have certain health needs, so like to see the same person about them"

Of those respondents who said it depended on the situation, comments included:

“It’s important if the matter is relating to an ongoing problem or long-term health condition”
“I don’t want to have to explain myself again when I see someone different”
“I just prefer to see my own GP”
“I’d rather see a female healthcare professional for certain matters”
“It would be helpful to see the same GP but it doesn’t matter too much”
“All the staff are equally experienced so it doesn’t really matter”
“I want my child to be seen as quickly as possible so I don’t mind who I see”
“In an emergency I’ll see anyone”

Of those respondents who said it was not important, access to an appointment seemed to take priority:

“I just want to be seen”
“I don’t have a long-term health condition so it doesn’t really matter to me who I see”
“All staff have access to my health records – it’s not important to me to be seen by the same person
“As long as they’re qualified I don’t mind, I respect them all the same”

One respondent commented:

“I’m more bothered about the convenience of the location”

More than half of respondents (56%, 59) said that if they had not been able to get a weekend appointment at the hub, they would have waited for the next available appointment at their practice. Nine patients said that they would have attended A&E (Chart 1 below)

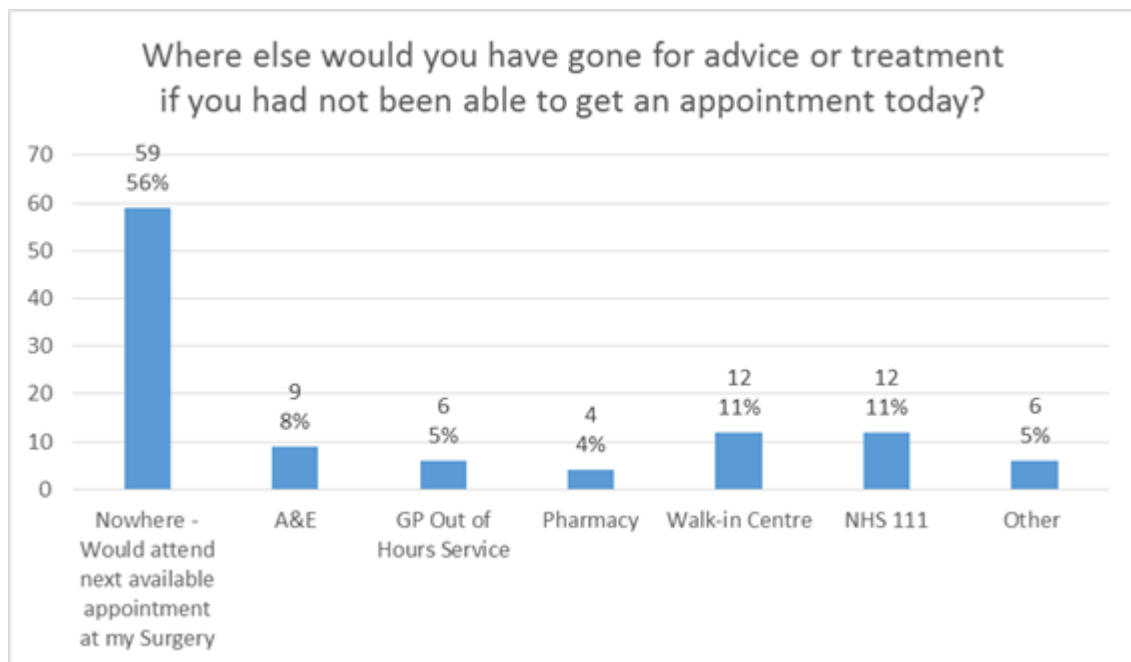


Chart 1

Those who had used the weekend hub service before

Of those who had used the weekend hub service previously, almost all (90%, 44) said that they had **confidence and trust** (definitely, to some extent) in the healthcare professional that they saw. The most common reasons given for this was the staff member being knowledgeable, followed by the staff member being familiar.

“No different to weekday, saw one of regular doctors”

“As they have access to my records it is just like seeing my own GP”

“They were helpful and provided advice”

“She was quick to diagnose and treat”

Some respondents commented less positively:

“Would have preferred my own doctor”

“GP didn't know me and couldn't access my details, so I had to come back a week later”

One respondent who had previously attended the weekend hub but was not seen, commented on feeling quite frustrated – she was there with a child and felt it was important to be seen. When asked where-else she would attend she was one of the few respondents who said A&E.

Of those respondents who had used the weekend hub service previously, almost all (90%, 44) reported that they were **satisfied** (very, fairly) with the service that they received. The most common reasons included respondents being generally happy with their appointment, and getting what they needed from their appointment.

“Rang up on morning, in in an hour”

“Same as seeing my usual GP”

“Got what we needed. I was worried and was reassured. Given advice about what to do at home for child”

Some comments were less positive:

“Really hard to get through and book an appointment on the day. Find it frustrating that I can't pre book appointments”

“If a child is really ill, they should make sure they are seen. Under 5s should be seen without any questions”

Almost all respondents (96%, 44) who had used the weekend hub service previously said that they would **recommend** the service.

Those who had not used the weekend hub service before

Of those who had not used the weekend hub service previously (46), the most common reason given was they had not needed to use the weekend service, followed by them not knowing about the service.

“Didn't know about extended hours until I checked website this morning”

The weekend respondents were mostly positive about the enhanced access saying that it gave them flexibility around their working lives. Those that were less positive about the service focused on not being able to book appointments in advance and waiting times. Very few respondents mentioned concerns about not seeing a familiar healthcare professional.

Respondents were given an opportunity to add further comments about their practice's enhanced opening hours at the end of the survey. Fifty-six patients made further comments.

Thirty-eight respondents made positive comments. These included:

"Fast, efficient & no waiting at pharmacy"

"I'm impressed, open longer than my old practice"

"Always pleased. Easy to get appointment"

"We very much appreciate the drop in weekday surgery, as getting non urgent appointments has otherwise meant a long wait"

"Love the variation of hours. Evening openings are good as well"

"Really good. Convenient when you have kids and are working.....reduces hospital need when you have babies"

Eighteen respondents made less positive comments. These related to availability of appointments and difficulty booking appointments.

"Hard to get appointments, even when my youngest daughter was really poorly"

"I had to wait 2 weeks for an appointment which I wasn't happy about. I would have preferred to have gone during the week and leave the weekend appointment for someone who can't get in during the week"

"Even though they open longer, you still have a problem getting in"

"Really inconvenient, have to ring up and book appointment for the day. By the time I get through I can't get one"

"More than one receptionist or phone line would help"

"It can be hard to get prescriptions when you need them. The different surgeries don't communicate well when you need a prescription"

Next steps

The findings from this survey will be used to inform a small number of unstructured interviews exploring in more depth patient experience of the weekend hub service. These interviews will be conducted by Jayne Garnett, (Project Officer – Patient Experience & Involvement, NHS Leeds West CCG) in early 2016.

Impact on practice staff

General practice staff are key to the delivery of the enhanced access scheme. It is therefore important to measure the impact of the scheme on staff pre- and post-implementation of the enhanced hours.

What do we know about staff experience?

There are approximately 1,000 staff working in our 37 member practices. One of the key drivers for the scheme is that staff were reporting working under increasing stress and pressure. It is therefore important to measure and report any changes in staff morale and wellbeing at work post-implementation of the scheme.

A staff survey was developed and conducted in November/December 2014. All practice staff were invited to complete the baseline survey as practice applications were approved. Four hundred and fifty two completed surveys were received, which represents a response rate of approximately 45%.

Overall staff reported that they felt reasonably confident about achieving future change. The staff survey will be repeated at the end of the project and the findings compared.

Whilst the launch of the enhanced access scheme was met with mixed feelings with a large number of practices disengaged from the scheme, there has been a marked difference in how practices are now viewing the scheme and we have seen a significant shift in the way member practices are engaging with the CCG and their appetite for change.

The survey will be re-run for the final evaluation of the scheme in spring / summer 2016, however it was seen as important to include some staff views in this report and we therefore invited practice staff to give us some comments about how they felt the scheme had been for them

We received 22 detailed responses from a range of practices and staff groups and a summary can be found below. This can in no way be viewed as scientific or used to draw conclusions however it is helpful to get a feel for the sorts of views of our GP practice workforce.

Themes – November 2015

There were several comments about the positive effect the scheme has had on **patient choice**. This was the most common theme in the comments we received.

“It is a great service for patients to access us and offers much better access and options for patients when booking an appointment”

“Good for patients who need to be accompanied by relatives, lifts, support etc. Especially the elderly who don't like to inconvenience working relatives”

Also related to this was a theme around the **reduced pressure on GPs**.

*“Excellent service, patients have responded so positively to the extra appointments available at a time they can attend. Taken the pressure off the Doctors as the amounts of extras have gone down and patients happier with the service. Please don't take this service away.
Thank you”*

There were several comments about having the **benefits of having specimen collections later in the day.**

“Happy that pathology collections are now later - benefits all patients.”

There were also comments about the **popularity of the evening and weekend appointments** on offer.

“We have been able to offer an extra 10 sessions a week, including 8pm Monday to Thursday and also extra appointments on a weekend, where we have over 92% usage”

However there were some comments that expressed confusion about what the **purpose of the enhanced access** was and also reporting that it was **not used effectively** at all times.

“Overall its good service but not used effectively all the time. Still confusing as if it’s meant for out of hours or routine appointments or both. I feel must be streamlined to each individual Hub need. Frequent DNAs”

There were comments about the **additional pressure placed on supporting teams** as a result of the increased number of appointments.

“There has been a noticeable increase in work generated by the enhanced access scheme which was possibly not planned for when setting it up. The workload has largely been carried by existing staff - doctors in terms of follow up of letters, results, prescriptions and admin staff in term of appointments referral etc. We have spent all of the funding on providing increased Doctor appointments while not accounting for additional administrative costs to the practice (the work generates at least one full time administrative staff member's worth of time)”

Additionally there were some comments about **increased stress levels** and **detrimental effect on work-life balance** as a result of the additional hours.

“For staff 12-13 hour days are very long and I suspect clinical decision making is affected late on in the day.”

“Early and late starts have had a detrimental impact on my home-life, stress levels, health and enjoyment of the job.”

“I really hate re the tiredness on the long days, somehow seeing patients until late is different from staying late to catch up on paperwork. I get home dog tired.”

There were also **concerns expressed that the funding would be withdrawn.**

“Many GPs suspect that funding will be withdrawn leaving practices with decision to revert back to standard working hours or continue this level of service without appropriate funding- a further example of primary care doing more for less. “

“My main concern is that if funding is withdrawn later we will have difficult reducing the service, esp. when we have taken more staff hours on to provide the longer

hours. We felt we had to take this work on because practice profits have dropped again this year-- the 4th or 5th year running, but actually after taking on or extending the hours of staff, we are just working harder for the same money. I fear that this may put new GPs off joining us as they already have said they think we work too hard. It seems a catch 22. I'd like to retire, but worry for the practice if I do, as GP applications are so low, so I don't know how easy it would be to replace me."

There were a number of comments around the **positive effect the scheme has had on demand during core hours.**

"Our scheme has had a major impact on our practice – ironing out the peaks and troughs making a major impact on our practice workload especially on Mondays."

"My Friday afternoons have been made less stressful. People usually want an appointment on Mondays but being able to offer Saturdays and Sundays has received very positive comments from patients."

Finally, there were comments made about the **impact of the scheme on the wider health economy.**

"Not clear is actually saving any money or really impacting on A&E attendance however"

"Reduced in OOH including A & E for our practice - information provided by the CCG"

Next steps

The formal survey will be re-run for the final evaluation of the scheme in spring / summer 2016 and the themes highlighted above will be used to develop new questions in order to focus down on the key areas.