

Developing the Extended Access Service

As you may be aware, an independent evaluation of the Enhanced Primary Care Programme was completed earlier this year. The evaluation, conducted by Sheffield Hallam University, aimed to provide us with an unbiased review of how the 16 pilot schemes within the Programme had delivered on the overall aim of improving access to primary care. It also aimed to identify where there was the potential to further develop and embed those services where there had been a positive impact.

We have now been able to consider the findings reported in the evaluation together with your feedback, operational data for the piloted services and patient feedback. This has then been used to help us to further develop and refine our extended access model for Sheffield beyond the pilot phase and alongside other forms of urgent and out of hospital care. This is a crucial time as the city moves towards a long term embedded solution that offers more choice for patients, closer to home and that supports sustainable primary and secondary care.

The evaluation told us that the schemes:

- **Improved access to primary care** in the city, by extending the hours of operation and increasing the number of appointments available. 24,448 appointments were provided October 2015 to November 2016 with 90% approval ratings from patients and although some appointments were considered not to have been for urgent needs, less than 1% were considered inappropriate by the GPs working in the Satellite Units.
- **Demonstrated a significant level of engagement and participation** by 87 practices working together and closer to other professionals from across the health and social care system.
- **Released 3171 hours of GP time** and provided specialist expertise in medicines and prescribing, as well as enabling closer working between GPs and Pharmacists.
- **Created an additional 30,068 in hours' appointments** for acute same day needs.
- **Provided a primary care solution** for patients who would otherwise have attended A&E.
- **Provided health literacy for a marginalised population**, who had previously shown an overreliance on A&E for health care.
- **Supported practices** in providing care to house bound patients.

Areas in development

We acknowledge that though the schemes piloted evaluated predominantly positively, there were some learning points that we have already built into planning for providing Extended Access in the longer term.

We have also learned from aggregated data showing rates of access to the Satellite Units, Walk in Centre and A&E at both a practice and neighbourhood level. This data has highlighted some interesting differences in the use of all these services across the city. For example, there are patches of the North of the city where patients are low users of the satellite units but high users of A&E whereas this is reversed in other areas. Though we need to explore why this is the case in more detail, these differences in the utilisation of the Satellite Units are something we are already working to address.

We want to ensure that all practices and ultimately all patients have fair access to appointments. To do this we need to engage with those practices which the data suggests are referring a low number of patients. We want to understand why this is the case and whether there are any potential barriers preventing their patients from using the service more fully, whether these are barriers that we can put measures in place to address quickly and easily or more ingrained issues that may be a result of place-based, cultural differences or the alternatives for managing urgent care demand already in place within the practices in the area, such as drop-in clinics.

Equally, we need to understand why some practices have a much higher rate of referral. We have already introduced some booking restrictions for those practices who are high referrers to try to ensure fairer access. However, we also need to understand whether there are underlying reasons why we are seeing this disparity and your feedback and insight into this is incredibly valuable.

Developing the service

As well as increasing the fairness of access to the satellite unit GP and nurse appointments for practices booking into them, we are also working to enhance the provision to offer even more choice for patients in how they access primary care. This includes the addition of mental health workers and expanding the role of nurses to provide a wider range of services out of hours, such as smear tests.

From June, we also plan to introduce Extended Scope Physiotherapists into the satellite units. These Physiotherapists will provide a first contact service for the assessment and triage of possible MSK pain or related conditions (which may include Rheumatology, Cardiovascular or any other specialties that present with pain).

We are also exploring the opportunity to provide a Thursday afternoon service through the satellite units for patients whose registered practice would normally be closed and Diabetic reviews for patients who are hard to engage.

This additional provision is still in the development phase and we will update practices when further information is available.