

## Primary Care Commissioning Committee

<b>Title</b>	<b>Improving Access (IA) Update</b>	<b>Agenda Item</b>	3.2
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<b>Purpose</b>	<b>Approval</b>	<b>Discussion</b>	X	<b>Information</b>	X	<b>Assurance</b>	
<b>Meeting</b>	<b>Primary Care Commissioning Committee (PCCC)</b>						
<b>Date</b>	<b>17 January 2019</b>						
<b>Executive Lead</b>	Corinne Edwards, Interim Chief Operating Officer, BaNES CCG					<b>Executive Lead Sign off</b>	✓
<b>Clinical Lead</b>						<b>Clinical Lead Sign off</b>	
<b>Author</b>	James Childs-Evans, Senior Commissioning Manager for Primary Care, BaNES CCG						
<b>Appendices</b>	Two: Improving Access Survey Monkey Reports Oct / Nov 2018						

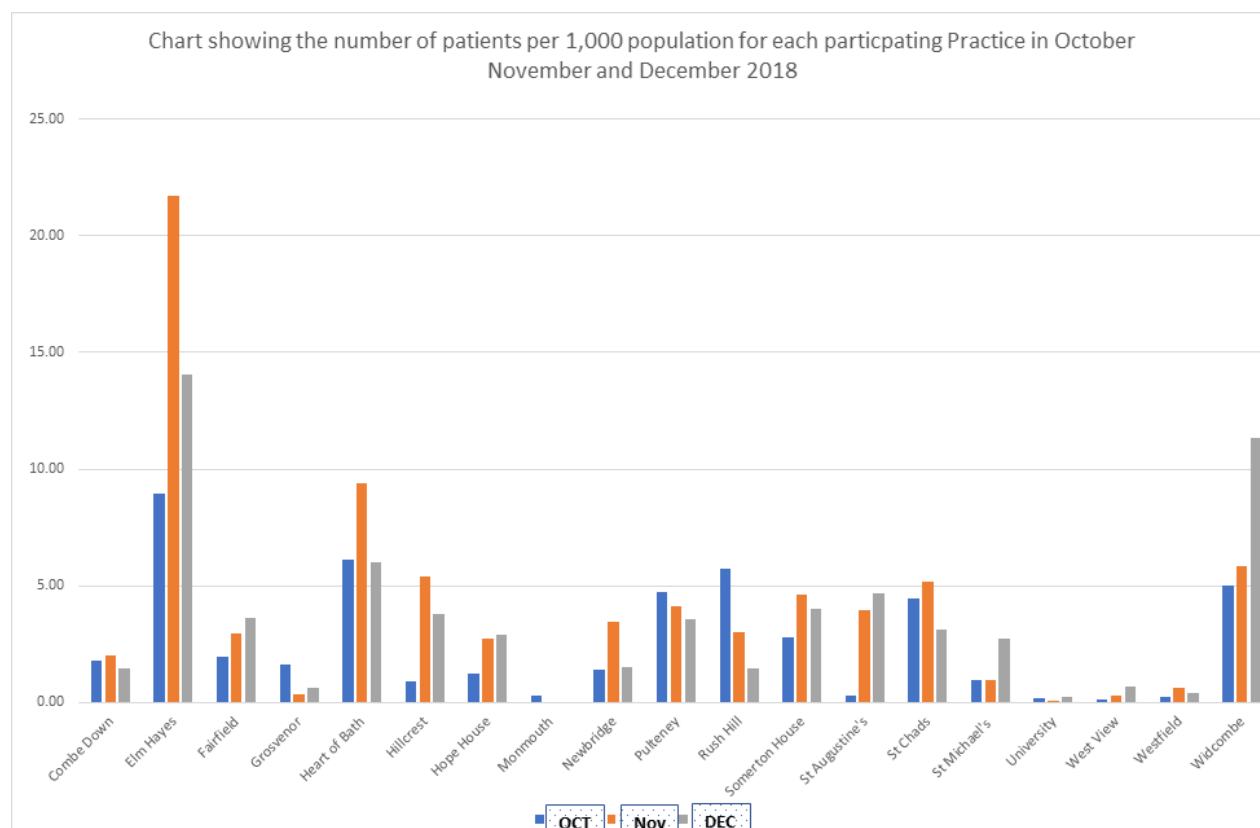
<b>Executive Summary</b>	To provide PCCC with initial service data and patient feedback following the pilot service commencement on October 1, 2018.						
<b>Recommendation</b>	The committee are asked to note the initial data provided by BEMS.						
<b>Risk</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>		<b>X</b>
<b>Impact on Quality</b>	The GPFV and related schemes such as Improving Access intend to support quality by improving patient care and access, and invest in new ways of providing primary care.						
<b>Impact on Finance</b>	No direct negative impact on CCG finance as General Practice Forward View schemes are supported and delivered through NHSE budget allocations received during 2018/19 and expected for 2019/20.					<b>Finance Lead Sign off</b> <b>Name Lead:</b>	n/a
<b>Report reviewed by</b>							
<b>Potential Conflicts of Interest</b>	None						

## **1. Improving Access Update**

- 1.1. Data relating to the first three month period has been received and summarised by BEMS. The target hours for the service are 95 per week based on the CCG weighted population. Usage across the week has been good with Saturday / Sunday GP slots taken up, although Sundays have been less utilised. The service had approached the target with 93 hours offered during a week in December, although data for the w/c 7 Jan 2019 and 14 Jan 2019 are at 76 hours and 84 hours respectively. Whilst challenges also remain in terms of technical solutions for EMIS practices to book into the service, this is a positive position. There has been a good spread of referring practices into the service so far with a wide range of primary care conditions presenting. Referrals have been low as expected, given the structure of the IA service. The service currently offers approximately 1000 appointments a month in total, of which around two thirds are utilised.
- 1.2. Recruitment for nurses to work in the Paulton hub has improved, an early concern, and shifts for all staff are looking more positive up to and throughout December / January. The Keynsham Saturday morning service commenced on 10 November. The switch of Bath hub from Oldfield to Widcombe took place as planned this month and no problems have been reported so far.
- 1.3. At present it does not appear that GP recruitment to IA is affecting other areas such as GP OOHs, UTC or EHVS. This will be kept under review over the coming months, and work with Urgent Care Commissioners / CSU is underway to monitor demand and any risks arising to related services. Further work is continuing with the CSU to explore direct booking by 111 into the service. For now weekly monitoring and calls with NHSE have been stood down, although may be re-introduced if the overall target of 95 hours per week are not consistently achieved.
- 1.4. It is planned to provide a more comprehensive review of the service after 31 March 2019. This will offer 6 months of data, including information from all planned hub locations. This report will also outline early recommendations for potential pilot service changes during 2019/20 and future procurement plans.

## 2. Improving Access Service Data

### 2.1 Patients and participating practices



### 2.2 Primary Presenting Problem

Data for this KPI is difficult to collate accurately due to the complex range of presenting problems. BEMS are working to develop a template which will enable diagnoses to be grouped into broad categories. Below is a summary of problems presented in October and November 2018.

Lump	Depression	Knee injury	Shoulder injury
?TIA	diarrhoea	Leg pain	Skin Lesion
Abcess	Dizziness	Low Mood	Skin problem
Abdominal bloating	Ear pain	Lump	SOB
Abdominal pain	Ear problem	Lymph nodes	Sore Throat
Allergy	Elbow pain	Mole	Steroid injection
Ankle sprain	Enlarged Prostate	Nail disorder	Stomach pain
Anxiety	Fainting	Nasal congestion	Swollen abdomen
Arm pain	Falls	Neck pain	Swollen ankles
Asthma	Female Rectocele	Nose pain	Swollen finger
Back pain	Fibromyalgia	Orchitis	TATT
Bleeding	Finger pain	Palpitations	Thigh strain
Blocked ear	Foot pain	Pelvic pain	Ulcer
Bloods	Haematuria	Plantar Fasciitis	UTI
Bowel problem	Hair loss	Pregnant	Vertigo
BP check	Halitosis	Prolapse	Viral infection
Breast disorder	Hand pain	Psoriasis	Wrist pain

Bruising	Headaches	Raised BP	
Cellulitis	Herpes	Raised temperature	
Chest pain	Hip pain	Reflux	
Chlamydia	Inflammation	Renal artery stenosis	
Contraception advice	Irregular periods	Sciatica	
Cough	Itching	Sebaceous cyst	

### 2.3 Referral data

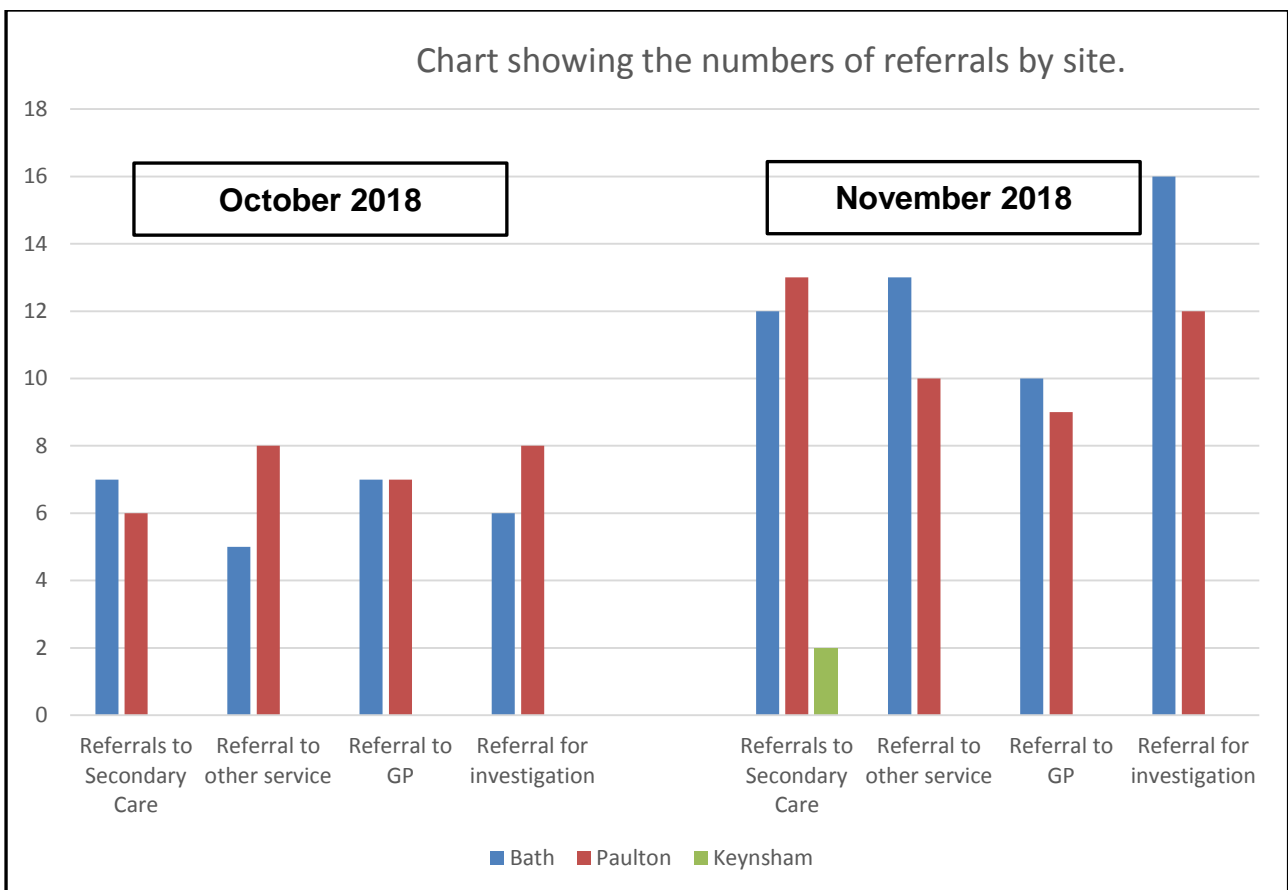


Chart showing number of referrals to specialties in secondary care, by site.

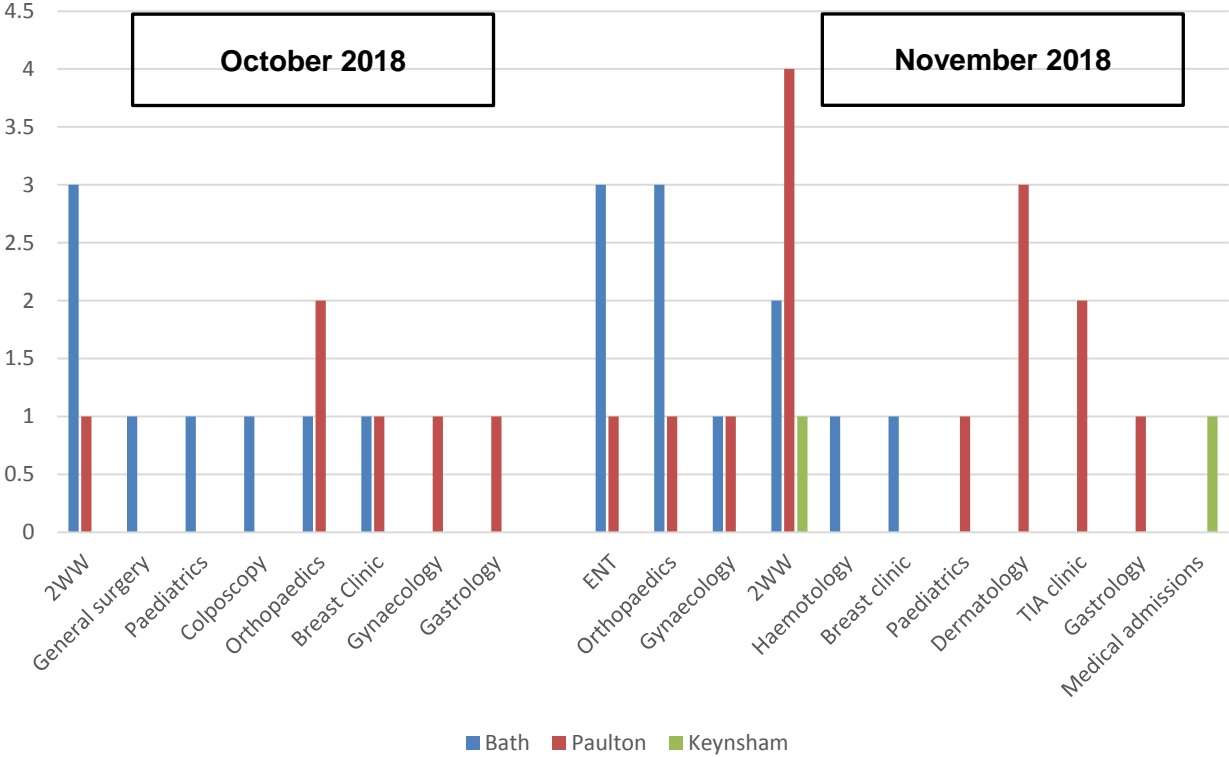


Chart showing the number of referrals to other services, by site

