

THE TOP 10 CONSIDERATIONS

HOW LONG HAS THE EXTENDED ACCESS SERVICE BEEN OPERATIONAL?



- Patients need to be aware of the service and trust it - practice teams should encourage patients to use the service. Helping the initial understanding of the service as an extension of the patients own GP practice with access to their records can help.
- Practices need to become familiar with extended access services as a referral option so early and ongoing communication with practices is important.

HOW AWARE ARE GP PRACTICES OF THE SERVICE AND HOW EASY IS IT FOR THEM TO REFER INTO?



- Practices should promote extended access at all available points and ensure that teams, particularly receptionists, are aware of and are promoting the service. The use of scripts, badges for staff and training should be explored.
- Using just one booking system for all practices and extended access providers can lead to ease of appointment booking and improved referral pathways.
- Providers should be engaging and working closely with GP practices.

DO PATIENTS KNOW THAT EXTENDED ACCESS SERVICES ARE AVAILABLE IN ADDITION TO STANDARD GP SERVICES?



- Information should be displayed in practices, on their websites, on electronic messaging boards, in urgent care centres, community centres, social media and other appropriate places.
- There are lots of local and regional communications resources and support available.
- CCG communication plans should be in place to support this.

ARE THERE INTEGRATED SYSTEM PATHWAYS WITH EASY REFERRAL PATHWAYS?



- Extended access should be integrated into wider pathways, including 111 and Urgent Care (UC) services - to ensure extended access services appropriately support the system and are used effectively, especially when practices are closed.
- The IT systems for referral to extended access from 111 or UC should integrate to allow for ease of checking of availability and booking of appointments.
- Correct information should be available on DOS or other systems, in regard to extended access services, to support accurate referrals. Some STPs have worked with 111 providers to ensure training for staff on following the correct pathways.
- Consider the appropriate level of capacity to be made available to 111 and UC, which also allows for a certain level of flexibility to be built in depending on need.
- Some areas have, closer to the end of the week, opened up more appointments to 111 to support improved weekend utilisation.
- A good relationship between extended access service providers, UC and 111 providers will help the development of effective and responsive pathways.

WHAT CONTRACTUAL LEVERS HAVE YOU BUILT IN AND HOW ARE YOU MANAGING THE CONTRACT?



- Commissioners should build in measures of good utilisation to extended access contracts. Some CCGs have built in incentives or penalties for meeting utilisation targets to encourage providers to take ownership or have activity based contracts.
- It is important to build in integration of services and acceptance of referrals from other areas into contracts.
- Contract management with providers should include regular discussions of utilisation and what is being done to address any issues.
- CCGs that have high utilisation tend to have providers who take ownership of this issue.

IS THE SERVICE IN THE RIGHT LOCATION?



- The location of the service can impact utilisation. Extended access services need to be in easily accessible sites with access to public transport.
- Some CCGs have advised that good utilisation has resulted from co-location of extended access services with urgent care services. This means a short journey for patients who need to be redirected from urgent care to extended access services resulting in better patient flows.

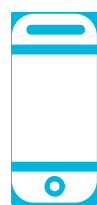
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HAVE YOU COMMISSIONED THE RIGHT LEVEL OF CAPACITY AND IS IT FLEXIBLE?

- 30 mins per 1000 patients per week is the target benchmark figure for London.
- Commissioners need to be confident that they have commissioned the right level of capacity for the service. It is not a case of reducing capacity if it is not currently being used as there is a lot that can be done to improve utilisation. However, commissioners need to build the right level of availability depending on demand, patient flows, other services available and taking into account fluctuations such as days or times of high pressure such as winter. A service which can increase and decrease capacity based on need will have more effective utilisation particularly when there are pressures on services.
- One CCG has commissioned reduced number of appointments in the summer period based on measured assessment of demand levels during this period.
- Some CCG areas have reported low levels of utilisation at weekends particularly Sunday. This has led them to review the level of service in place, consider how to maximise 111 referrals and to identify how improvements such as how services can be used to support system areas where there are capacity issues like A&E.
- A number of CCGs with low utilisation have numerous access points and services which are also not integrated. This complexity leads to poor patient flows and in turn poor utilisation.



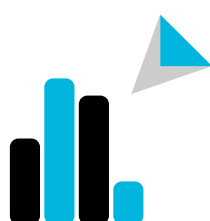
IS TECHNOLOGY BEING USED TO MAXIMISE UTILISATION AND MANAGE ATTENDANCE?

- Some CCGs have used technology to extract timely data on utilisation that can then be shared and targeted work undertaken to address areas for improvement.
- Online patient booking can help increase utilisation.
- DNAs can be a big issue with all services and are linked to utilisation levels. A number of areas are using text messaging services to remind patients of appointments and allowing them to cancel appointments if needed which maximises capacity effectively.



HAVE YOU CONSIDERED USING APPOINTMENTS FOR MORE THAN JUST ROUTINE GP APPOINTMENTS?

- A number of extended access providers offer services beyond GP routine appointments. This includes the use of nurses, pharmacist and physio's to provide services alongside GP's. Additional services that are currently being provided include wound care, physio, immunisation and screening.
- This ensures that commissioned capacity is utilised as well as supporting primary care to improve outcomes.



ARE YOU USING AVAILABLE DATA AND SHARED LEARNING TO DRIVE UP UTILISATION?

- The use of daily, weekly and monthly utilisation data can help keep track of utilisation levels.
- Data collection should include number of appointments offered broken down by clinics and types, appointments booked, used and DNA's.
- Practice level utilisation data can help to identify who is and is not referring into the service and for action to be taken,
- Service providers can provide data in regard to who is using the service to allow for targeted communications to improve uptake.
- Data on what patients are being seen for, can help to understand if services are being used effectively or if pathway reviews need to take place.
- Bench marking the service against other similar services can provide a good understanding of utilisation and help to explore what others may be doing well for shared learning.

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