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Sent via email

Dear Councillors,

RE: Changes to primary care access in Enfield to respond to the NHS Long Term Plan

Thank you for meeting with Enfield CCG on 15 August on behalf of the Health Scrutiny Panel.

In our letter of 12 August 2019, we explained how Enfield CCG was responding to the NHS Long Term Plan and how we proposed to transition walk-in activity, including walk-in activity at Evergreen Primary Care Centre, which takes place on weekends and public holidays, into our [Extended Access Service](#) delivered from our four geographical hubs from 1 October 2019. As you will be aware, these hubs provide GP, nurse and healthcare assistant appointments. There are no changes proposed to hub sites or opening hours. We are only proposing changes to how Enfield residents who present as walk-in are managed, in that they will be offered a same day appointment at the hubs, if clinically appropriate.

We are the only CCG in north central London that has been providing walk-in access as part of our extended access service, due to our successful application for additional non-recurrent funding from NHS England. As this funding stream is coming to an end, we plan to manage the flow of Enfield residents presenting as walk-in by:

- triaging them and offering them a bookable appointment OR
- advising them to visit their GP practice OR
- directing them to an alternative NHS service OR
- advising them to self-care, if clinically appropriate.

In doing this, we will be developing our local services in line with the national model of care, which is bookable GP, nurse and healthcare assistant appointments at evenings and weekends accessed via the patient's own GP practice or via NHS111.

During our meeting you asked for a list of the most common conditions that patients present with when accessing extended access appointments. We have reviewed the data for the last year and can confirm that respiratory tract infections, coughs, ear, nose and throat, medication requests and musculoskeletal conditions are the most common reasons why patients access these services. We discussed with you that some of the presentations, particularly for those that present as walk-in (when patients are not being triaged by their GP practice or NHS111) are not appropriate and would be better managed by self-care, advice from NHS111 or by the patient's own GP practice. Examples include medication reviews, repeat prescriptions, mental health assessments and fitness to work certificates, where continuity of care is required and it is safer for patients to be in the care of their own practice. Moving forwards, we would like to use the opportunity of going back to bookable appointments to triage patients more effectively which should ensure that they receive the right advice and the right response to meet their needs.

We have reviewed data across the local healthcare economy, and there is no evidence that the additional walk-in appointments have reduced attendances in local urgent care centres or at local A&Es, despite the patient experience survey results that show that 26% of people using bookable appointments in the Extended Access Service would have accessed either UCC or A&E and 49% of walk-in patients would have accessed either UCC or A&E if this service was not available.

We have reviewed activity to ensure we have commissioned enough capacity going forwards and that we have planned for a smooth transition of patients into the extended access service. In the six months period from January to June, we commissioned 24,463 bookable appointments. For the same period there were 19,106 walk-in appointments from Enfield residents. Of the 24,463 bookable appointments, only 17,124 appointments resulted in patients being seen, the remaining 7,338 were wasted appointments. We are confident that transitioning the walk-in activity into the extended access service along with triaging will improve the utilisation of the service, making it more cost-effective and sustainable.

Our review of activity has identified that there is enough same day bookable and pre-bookable appointments commissioned through the extended access service to transition all walk-in activity. We are confident that there are benefits to changing the model for our residents and stakeholders for the following reasons:

1. Ensuring local resources are invested for the benefit of Enfield residents

Enfield CCG is the only borough in north central London that has walk-in access as part of Extended Access. This means that patients are travelling from other boroughs and using the walk-in services, at a cost to Enfield. An analysis shows that 9% of activity at the hubs is from out of area patients and 5% of this is from Haringey. Moving forwards, we propose that only Enfield residents will have access to use this service. Out of area patients will be directed back to their local services.

2. Reducing Did Not Attends (DNAs)

The average did not attend (DNA) rate between January 2019 – June 2019 in the extended access service was 17%. General Practice DNA rates are typically between 5% - 10%. Patients who continue to walk-in will be offered an appointment, if clinically appropriate. By improved triaging and directing more patients to bookable appointments we expect to reduce the DNA rate.

3. Improving utilisation of the service

Enfield CCG is required by NHS England to achieve an 85% utilisation (uptake) rate. Currently our local service only has 70% utilisation. The transition of walk-in activity into the Extended Access Service will help us to improve the utilisation of bookable appointments in Enfield.

4. Sustainability of workforce

By offering walk-in appointments for which demand is unpredictable, there needs to be a greater number of GPs, nurses and healthcare assistants working or on standby at any given time to respond to varying demand. Not surprisingly, this is a more expensive model to commission. By moving towards bookable appointments, the CCG can better plan and manage demand, as well as freeing up GPs, nurses and healthcare assistants to work in other parts of the NHS system as needed.

5. Fit with wider primary care improvements

Enfield CCG has already invested further in core GP practice provision including:

- Quality Premium investment which will increase core hour access locally
- From July 2019, the extended access DES provides 100% population coverage (through the Primary Care Network)

This investment means that there is more capacity this year for patients needing a GP appointment both within and outside of core hours.

6. Success of national NHS111 campaign and local marketing of the hubs

Signposting patients to call their GP practice or NHS111 as their primary contact, in line with the national model of care, will support more appropriate use of appointments at the Extended Access Service, including redirecting patients to self-care, if appropriate.

Following discussions at our meeting, we were pleased to agree that Enfield CCG can move forward with beginning to make the changes to transition walk-in access with the aim of phasing out instant walk-in access by 1 October 2019. To start this work, we agreed the following actions with you:

To improve triaging of walk-in patients

Patients will be asked where they are registered and the service will now redirect out-of-area patients back to their own borough. Depending on their reason for visiting the service, patients may be asked to self-care or to go back to their own GP practice.

To move to bookable services at all locations

Walk-in patients will be offered the soonest bookable appointment available. This may mean that rather than walking in and waiting, they may be asked to come back later in the day or evening. Where possible we will offer a booked appointment at their choice of hub.

To carry out engagement/patient education on the change to transition the walk-in patients into the Extended Access Service

We know that this service is valued by patients and that the convenience has created a demand. However, many patients are using the service very early on in an illness, or they are attending the service for something that their own GP practice should be managing – such as medication reviews or mental health issues. We are aware that some of our communities also have expectations that the hubs will prescribe antibiotics as a first course of treatment or be able to expedite referrals and diagnostics because it is offering a rapid access service. We will work with our community to educate patients on how to use the Extended Access Service and to reassure them that their registered GP practice is best placed to look after them for the majority of their healthcare needs. We will also undertake patient education around medicines and antibiotic awareness. We will work closely with local community groups to facilitate this work and build on work that Enfield Voluntary Action have recently done for the CCG with the Turkish speaking community on understanding alternatives to A&E. We will also use our schedule of regular public events and patient groups to shape and spread the messages.

To continue with our patient survey

We will continue with our local survey and in addition we will simplify the questions to be in line with the new national performance measures as well as asking about the patient's experience of same day access.

Working with our local healthcare economy

Going forward, only Enfield residents will be able to access extended access services at the hubs. We will work with neighbouring CCGs to ensure that they are aware of this change and can plan for any (small) rise in activity from their patients coming back into their services. We will also work closely with North Middlesex University Hospital and the Royal Free London Hospital to ensure that we closely monitor any impact on urgent care and A&E as well as ensuring that they have the right information when they are redirecting patients away from hospital.

Next steps

We want to thank you for your time and consideration of the issues we discussed and for your helpful suggestions. We hope that you are assured that we have a plan in place to start to work towards redirecting walk-in presentations to bookable appointments, and that we have the capacity to absorb the activity. Improved triaging and patient education will ensure that the available appointments are being used more effectively for Enfield residents.

We will be pleased to attend the Health Scrutiny Panel on 10 September to update you on our progress with this project.

Yours sincerely



Deborah McBeal
Director of Primary Care Commissioning and Deputy Chief Operating Officer