



Central and West Warrington Primary Care Network (CWW PCN) Enhanced Access Consultation Briefing Paper

In preparation for the PCN taking on the responsibility of enhanced access services for its population (that is the combined extended access and enhanced hours services) the PCN has been talking to and listening to their patient population and making plans for the new service. In August 2021, the PCN accepted the CCG offer of funding to undertake a pilot of the initial plans and since August has been piloting an Extended Access service offer accessible to patients registered to the member PCN Practices.

During this time, the PCN has implemented an initial model based on the feedback received and the ideas of the practices. As service delivery has progressed, using a PDSA approach (plan, do, study, act) the PCN has tweaked this; again based on patient and practice feedback. Once the confirmed date of direction was published by NHS England the PCN has agreed that between April and September 2022, it will extend this offer to registered patients to enable the PDSA approach and the outcome of the consultation to contribute to our learning in preparation for the new Enhanced Access service that is required to be delivered by the PCN from 1st October. The PCN is keen to understand the needs of the registered population and ensure that the service meets those needs. The PCN service will be in addition to the CCG commissioned service from Bath Street.

From the 1st October our service offer will include all practices including The Eric Moore Partnership who currently has their own practice specific service, into the delivery of the Central and West Warrington Enhanced Access model.

To support the consultation process, please note our responses to the 6 questions below:

The expected mix of services the PCN will provide as part of enhanced access services - this will highlight the increased offer and positive impact

The PCN is proposing to maintain a very similar offer to that which we have piloted which is based on patient and practice feedback already received; the model will be tweaked if further comments are received. This will be a mixture of services typically offered in primary care with the exception of emergency care and home visits as the service will be pre-bookable. Appendix 1 describes the variety of conditions appropriate to the different staff types delivering the service. The lists for the other staffing roles are currently under review and will be shared soon.

Patient feedback was that the mixture of services in an enhanced service needs to meet the needs of those who are unable or find it difficult to attend clinic during core hours. The services are It will also help those who are in work during normal core hours or those who need help to attend appointment, but their carers/helpers are unable to support during normal core hours.

The appointment types and channels that will be available to patients in the PCN to book these appointments - this will highlight the increased offer and positive impact

Following patient feedback, the PCN is proposing to maintain a very similar offer to that which we have piloted (unless the outcome of the consultation indicates significant change is required). Appointment types will be a mixture of face to face and remote consultations. The booking process will be via the member practice's reception team during normal GMS core hours. All member practice will have access to PCN hub to book patients into appointment slots. An out of hours phone number will be provided which will be operational outside of core working hours. Member practices of CWW PCN will endeavour to use the service fairly and proportionately in accordance with their practice list size. An appointment policy has already been developed to ensure that COVID Infection Control is adhered to.

Patient feedback was that they needed to be able to cancel appointments already made if their condition had improved or the appointment no longer required. Therefore, at the weekend, an advertised telephone number will be available to cancel appointments should patients be unable to attend their appointment. The number will



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also be shared with AED and NHS111 for referral when a patient is reviewed in either of these settings, meeting the inclusion/exclusion criteria but is subject to there being appointment availability.

Patients did ask that whether in the new service they could use online booking (this is not available in the current service from Bath Street). Unfortunately, due to limitation of the SystmOne hub (IT system used by the Service), it is currently not possible to offer online booking. However, if that becomes available the PCN will consider online booking options.

How the PCN will meet the requirement to ensure a reasonable number of appointments for in person face-to-face consultations are available

The feedback from the pilot service was that the mix of appointments met patient needs. The PCN is proposing to maintain a very similar offer to that which we have piloted but this can and will be tweaked if required during the remainder of the pilot and following any outcome of the consultation. The PCN has reviewed the Practice demand during core hours as well as the pilot service to date to determine the most appropriate mix of face to face and remote consultation appointments.

The ratio of face to face and remote appointments will require further monitoring and changes, as we have learned during the pandemic that patient demand can shift significantly depending on their need and level of risk to catching COVID. External factors such as national infection control guidelines also impact on our ability to provide face to face appointments. Such stringent measures are no longer in place, however these could return and we would have to adapt our model to meet those requirements.

Therefore, the PCN will endeavour to continually review the face to face/remote consultation ratio to suit the needs of our registered patients in a manner that is compliant with national guidelines as well as being sustainable.

What the proposed staffing or skill mix will be to deliver the services - this will highlight the increased offer and positive impact

The PCN is proposing to maintain a very similar offer to that which we have piloted. This will include a mixture of General Practitioner (GP), First Contact Practitioner (FCP), Practice Nurse, Health Care Assistant (HCA), Care Co-Ordinator and other primary care staff.

Other services we plan to incorporate over time will include Structured Medication Reviews delivered by the clinical pharmacist team, mental health follow ups with our mental health practitioners (when available to the PCN, currently under recruitment), a social prescribing service (currently under development) and minor ailment clinic delivered by our Primary Care Paramedics.

Where the PCN intends the site location(s) to be situated for patients to access in person face-to-face services, taking account of reasonable travel times for local patients

The PCN is proposing to maintain a very similar offer to that which we have piloted. The pilot service has received positive feedback from all patients based on the variety of locations on offer. Many patients felt ability to choose locations to suit their needs was helpful and met their needs. CWW PCN locations will be provided out of the registered Practices which already have the appropriate CQC registration and therefore governance and compliance processes.

The PCN will maintain consistency for both the patient and staff by ensuring a fixed location for each day of the week, e.g., Monday will be at Causeway Medical Centre, Tuesday will be at Helsby Street Medical Centre etc. On Saturdays, the PCN is planning to host the Service from the Medi Centre at Eric Moore. There is already an established weekend service from this location through the Eric Moore service offer to date, as well as the PCN pilot.



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Feedback from the patients has been positive as attending the site of their registered practice is both convenient and familiar, further helped by the patient knowledge of transport links to that location and the availability of parking. Patients will also benefit from the offer to attend other locations if they find that more convenient.

All 6 practices are located within Central/ West area of Warrington, making travel via public transport easier.

The PCN believes that this proposal offers greater choice for our patients than the CCG commissioned service at Bath Street.

What does the current Eric Moore Partnership (EMP) Extended Access service offer patients?

The EMP offer is only available to patients registered the Eric Moore Partnership. The Service is available Monday to Friday 18:30 – 20:00 and on Saturday mornings 09:00 – 13:00. The service is a legacy service but under the new guidance must become part of the whole PCN service.

The sessions are delivered by a mix of GPs, Advanced Nurse Practitioners, Practice Nurses, Healthcare Assistants, Clinical Pharmacists and a Physician Associates.

All of these clinics are offered from the Medi Centre site, which is easily accessible, near town centre location and with a free large car park.

The majority of these appointments are pre-bookable with exception of some of the weekday evenings when GP or ANP sessions are reserved for same day appointments.



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Appendix 1 – Overview of types of work that will be undertaken during an Enhanced Access session

Appropriate cases for Practice Nurses

Appropriate	Inappropriate
Cervical neoplasia screening High vaginal swabs Pill and HRT checks – no new starts unless the PN is a prescriber Hormone injections- depo/ sustanon/ zoladex/ testosterone Chronic disease review: Diabetes including new diabetes diagnosis counselling COPD and asthma- without respiratory investigations – spirometry. Heart failure Epilepsy Learning disability	Baby immunisations. Wound care Ear syringing Immunisations- considered because of stock reimbursement / control

Appropriate cases for Health Care Assistant

Appropriate	Inappropriate
Diet and lifestyle advice NHS health check Weight management IHD annual review Hypertension annual review Stoke annual review Reach for health (lifestyle referral) Bloods ECG - if 2 nd clinician on site	Immunisations – stock control/ reimbursement B12 – same reason as above plus not all HCA are trained to administer these. Diabetes reviews Asthma review COPD review

Appropriate cases for First Contact Practitioner

Appropriate	Inappropriate
All soft tissue injuries, sprains, strains or sports injuries Arthritis – any joint Possible problems with muscles, ligaments, tendons, or bone, e.g. tennis elbow, carpal tunnel syndrome, ankle sprains Spinal pain including lower back pain, mid-back pain and neck pain Spinal-related pain in arms or legs, including nerve symptoms, e.g., pins and needles or numbness Post-orthopaedic surgery (can differ between localities)	Acutely unwell Children under 16 Medical management of rheumatoid conditions Women’s health, antenatal and postnatal problems House-bound patients Medication reviews for non-MSK conditions Neurological and respiratory conditions Headaches Acute mental health crises Patients who do not want to see an FCP



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Appropriate cases for Paramedic-led Minor Ailment Clinic

Appropriate	Inappropriate
Same day only - new onset only, not continuing conditions: 2 years and older ONLY Ear Infections (not bilateral) Throat/Tonsillitis UTIs Coughs / Colds / Chest Infection (ENSURE PCR NEGATIVE AND NOTE DATE OF TEST IN BOOKING NOTES) Localised Skin infections / Cellulitis Insect bites / Stings Other minor ailments as appropriate	Headaches Dizziness Post-surgical complications General abdominal pains

Appropriate cases for Pharmacy Team

Appropriate	Inappropriate
Structured medication reviews Medication queries General Medication reviews Individual medication reviews e.g. contraception, antidepressants - depends on individual competencies	Acutely unwell patients Diagnosing of conditions Signing prescriptions (unless an NMP within their scope of practice)