Independent evaluation of the North East Hampshire and Farnham Vanguard

Farnham Integrated Care Centre

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Disclaimer

The findings of this independent evaluation are those of the author and do not necessarily represent the views of Farnham Integrated Care Services.

Acknowledgements

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Executive Summary

The Farnham Integrated Care Centre (FICC) opened in June 2017 in redesigned accommodation at the Farnham Centre for Health and is run by Farnham Integrated Care Services, a federation of the five local practices. It provides urgent, on the day primary care advice and treatment to the c.30k patient in three of the practices – Downing Street, Farnham Dene and River Wey. It sees a lot of patients – an average of 1500 per month – and 46% of these are under 20 years old.

The evaluation found good evidence of a good patient experience. R-Outcomes were collected from 141 patients in the FICC waiting room for Health Status and Experience. Their self-reported health status was generally good, but with low scores given for pain and discomfort. Scores for their experience of the FICC service were very high, particularly for being treated kindly, listening and explaining and being well organised. The service had also produced its own satisfaction survey that had been completed by 82 patients. 80% of these surveys described being very satisfied with the service, with positive feedback on accessing the service, waiting times, the staff and the environment. The main negative feedback related to car parking.

Eight staff interviews were undertaken by an experienced qualitative researcher using recognised qualitative evaluation methods. A detailed synthesis of these interviews identified a set of six active ingredients – including a clear vision for staff and patients; practice managers role in training and implementation; and paramedics providing home visits. The staff identified some important positive impacts for the three practices – including around half the consultations being dealt with on the telephone; a calmer environment in the practice; GPs appreciating working with a wider range of GPs and having fewer interruptions while in surgery. Five disruptive factors were also identified, including challenges with the redesign of the PFI building, slow IT, sharing patient records across practices and some GPs concerns about the impact on continuity of care. A key lesson is that successfully redesigning urgent primary care across practices is a large and complex task that takes time and resource and requires good engagement and trust to deliver.

The evaluation also found evidence that this improvement in access to urgent primary care coincided with a reduction in patients choosing to attend A&E. Focusing on the patients that had attended FICC, it was possible to see that as a group they attended A&E 2.7% fewer times in the 120 days following attendance at FICC. Assuming this reduction is maintained over a year, this could reduce the commissioning costs of A&E by £25,000. For the Farnham locality as a whole (all five practices) A&E attendances in January 2018 were 1.9% lower than at the same time in 2017 – which compares with a 5.5% increase for England as a whole.

The report describes an evidence base for the link between patient survey results for accessing general practice and rate of attendance at A&E. The GP survey results preceding the opening of FICC were relatively good – slightly worse than NEHF and slightly better than England. It will be interesting to see if these change following the opening of FICC. The patient feedback in this evaluation has been positive.

The capital cost of creating FICC was £713K and the additional revenue costs were £154K.

Overall, this evaluation has found that Farnham Integrated Care Services have implemented a complex change in a high-volume service well. There is good evidence that patients appreciate it and report a good experience. Staff report many benefits to their own and their practice's working life. There is early evidence that this is having a positive impact on people's decision to use urgent primary care rather than A&E.

1. The Farnham Locality

1.1 Farnham is situated in the west of Surrey on the border with Hampshire. The Farnham locality is made up of the following five general practices:

Practice	Population
Holly Tree Surgery	5,645
River Wey Medical Practice	6,535
The Ferns Medical Practice	10,642
Farnham Dene Medical Practice	11,602
Downing Street Group Practice	12,492
	46,915

Holly Tree, River Wey and The Ferns are all based at the Farnham Centre for Health at Farnham Hospital. Farnham Dene practice has two surgeries, one at the Farnham Centre for Health and one at Lower Bourne. Downing Street Group Practice is located in central Farnham.

Farnham Hospital is a modern community hospital combining these four General Practices, inpatient and outpatient community and rehabilitation services provided by Virgin Care and general acute outpatient services provided by Frimley Health.

1.2 Farnham is healthier and wealthier than England and Surrey as a whole. Residents aged 65-84 years account for 16.9% of the population compared to 15.1% in Surrey and 14.6% in England. The total population is projected to increase by 5% by 2020 and by far the greatest increase will be the over 85 year olds which are projected to increase by 29.8%, compared to a very small increase in the size of the working population of just 1.4%. There are small pockets of deprivation and worse health outcomes in the north of Farnham.

1.3 The Farnham practices and locality have a history of collaborating to improve services and quickly recognised the opportunity that the Vanguard offered to advance their ideas for new ways of working. Wessex AHSN are working with the locality to evaluate four of these:

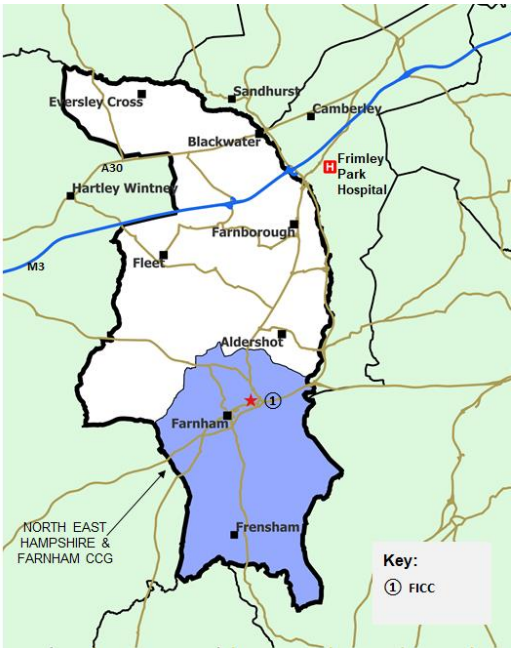
- Integrated Care Team
- Referral Management service
- Pre-diabetes education
- Farnham Integrated Care Centre

2. The Farnham Integrated Care Centre

The Farnham Integrated Care Centre (FICC) is based in Farnham Hospital and run by Farnham Integrated Care Services, a federation of the five local practices. It provides urgent, on the day primary care advice and treatment to three of the practices – Downing Street, Farnham Dene and River Wey.

The Ferns Medical Practice participated in the first six months of implementation but left in December 2017 to revert back to providing their own urgent care. At the time of implementing FICC, this practice was going through a lot of change, with 3 partners leaving. This added to the pressure of staffing FICC and the practice. The practices still

work closely together on many other new care models and the option to re-join is open to them.



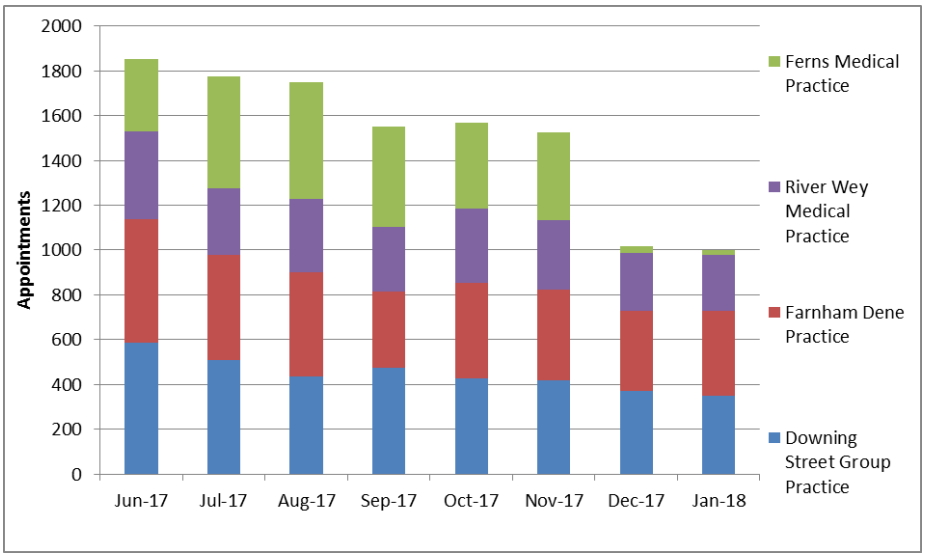
The FICC is based in refurbished accommodation in the Farnham Centre for Health. This map shows the Farnham locality, the location of the FICC and where this is in relation to the local A&E department at Frimley Park Hospital.

The Integrated Care Team includes GP's and registrars from the participating practices, Health Care Assistants, Paramedics and Nurse Practitioners – with access to a wider team including therapists and orthopaedic practitioners. The service is structured as follows:

- Patients book appointments through their own practice reception team, who will ask for consent to share their health record.
- Patients are referred to FICC if they need a same day appointment, triaged to the appropriate team member for their need.
- FICC is open between 08:00 and 20:00 Monday to Friday and 09:00 to 12:30 on Saturday.
- Up to four GPs staff each session, supplied by the three practices involved.
- Patients appointments are generally 10 minutes, though can be longer if they see other members of the team.
- All activity is recorded on EMIS.
- Healthcare professionals working in FICC are able to read and amend patient records through EMIS web.

Activity

The following chart shows the numbers of patients seen in FICC each month. It shows the reduction following the withdrawal of the Ferns Medical Practice in December 2017. However, the reduction in activity in December and January is greater than the Ferns share – the service believes that lower activity in these months may be because they added additional urgent appointment capacity into practices as part of their winter planning. It will be important to see what happens to activity levels in February and March.



Number of appointments per month

Jun-17	Jul-17	Aug-17	Sept-17	Oct-17	Nov-17	Dec-17	Jan-18
1854	1776	1750	1552	1569	1527	1018	1000

The following table describes the age and gender of the patients attending FICC between June 2017 and January 2018. It shows that children and young people are the biggest age group attending, and that females use the service more than males.

Age band	Female	Male	Total
0-4	651	703	1354
5-19	2328	1203	3532
20-49	1010	705	1715
50-64	831	791	1622
65-74	648	491	1140
75+	750	541	1291

3. Patient reported outcomes

3.1 Introduction

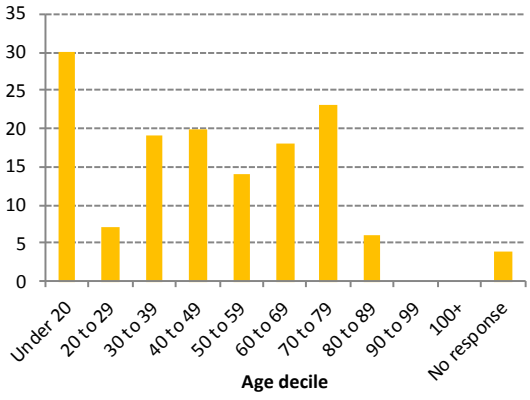
Understanding the impact of the new care models and services on how patients feel is an important part of evaluation. To help do this, the R-Outcomes measures have been widely used in the evaluation of the vanguard. For the evaluation of the Urgent Care Centre, two have been used:

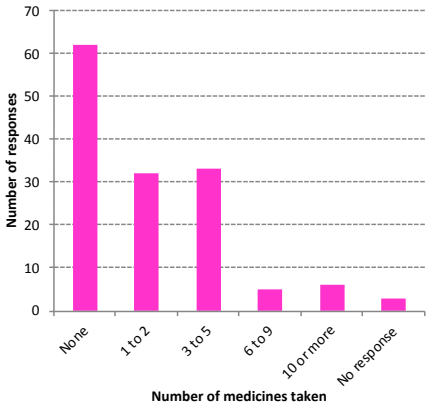
- HowRwe – measuring their **experience** of using the Urgent Care Centre
- HowRyou – measuring people's perception of their **health status**

Outcomes were collected for analysis from 141 patients. Vanguard Community Ambassadors supported this, basing themselves in the waiting room with an iPad. The following charts show demographic information for these patients – they are of all ages, more likely to be female and taking low numbers of medications.

3.2 Demography

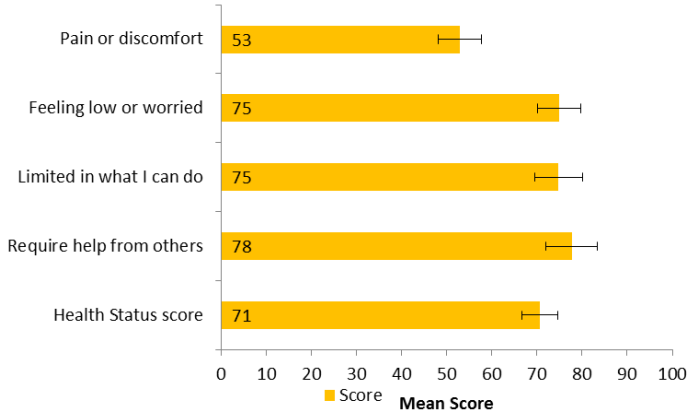
These charts show that the majority of patients attending FICC and completing R-Outcomes surveys are young and taking no medications.





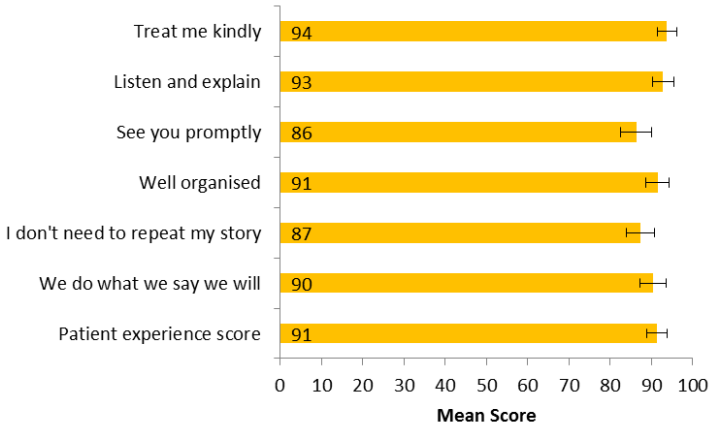
The R-Outcomes results show mean scores on a 0-100 scale. If all respondents choose the best response, the score is 100. If they choose the worst, the score is 0. So, the higher the mean score and the longer the bar in the following charts, the more positive the response has been from the 123 patients. As an indication of how to judge these mean scores, a score of over 80 is high, 60-79 moderate, 40-59 is low and below 40 is very low.

3.3 Health status



Patients report pain or discomfort as being their main health concern when attending FICC.

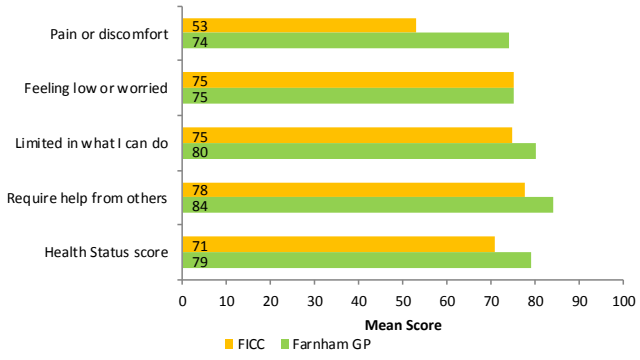
3.4 Experience

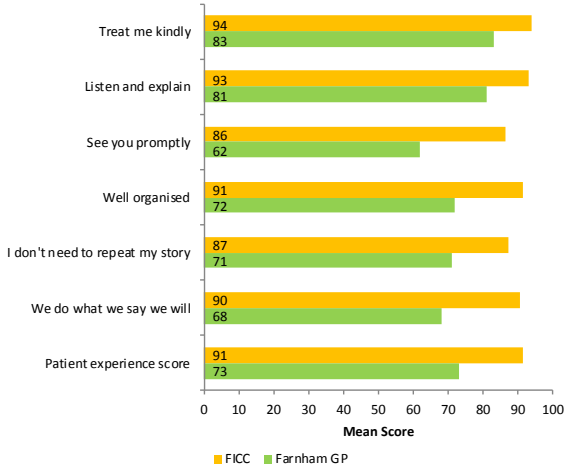


Patients reported a good experience of care when attending the UCC. Their highest score was being treated kindly.

3.5 Comparing FICC with Farnham General Practices

R-Outcomes have also been collected from 960 patients while attending the five general practices in Farnham, by using iPads in waiting areas. These patients will be attending for urgent and routine appointments. It is interesting to compare the two sets of responses and to see that patients attending FICC report a higher level of pain and discomfort, and higher scores for all of the experience questions.





3.6 Conclusions

The majority of patients attending FICC and completing the R-Outcomes survey were young and not currently taking medications. Their main health concern is that they are in pain of discomfort. They report high levels of satisfaction with the care they receive from FICC, higher than those reported in waiting rooms across the five practices.

4. Staff interviews

4.1 Introduction

Interviews with FICC staff were conducted between July and September 2017. The staff interviews were semi-structured and promoted open-ended responses to allow room for divergence to expand on topics that were not pre-judged to be relevant. Semi-structured interview questions were based on the Farnham Locality logic model. Staff consented to interview were audio-recorded so their views could be thematically analysed. A recognised process of thematic analysis was used[1] and sought to identify themes from the qualitative data – the goal being a set of well defined and described themes. Eight staff interviews were conducted at one time-point only and took approximately 45 minutes each. Of the eight staff, five were GPs and 3 were practice managers.

4.2 Interview findings

A wide range of issues were identified in the staff interviews. These were combined into themes and are presented in figure 1 on the next page. A total of 23 themes were identified. Of these themes, 6 were 'active ingredients' to FICC work, 4 were types of patient impact, 8 were types of system impact, and 5 were disruptive factors to FICC work.

4.3 Active ingredients

Six active ingredients were identified by the staff. Firstly, most interviewees highlighted it was an opportunity to engage in **coordinating/signposting work, triage work, and educate patients on the telephone**. It was often a chance to reduce anxiety / reassure patients by giving them timely advice on the telephone. This was seen as an important precursor to the impacts identified in the staff interviews.

Secondly, FICC managers worked to **ensure the FICC vision was clear for staff and patients**, as described by this staff member:

"I think staff have a good sense of what the FICC is about, in the beginning there was a lot of discussion about the vision of FICC and how that must be considered within the wider vision of other plans in the system, such as the Five Year Forward View. Part of this was to demonstrate to staff FICC was financially sustainable in these times of restricted money."

The third active ingredient was reported as **practice manager involvement in training.** All undertook a training role with their staff to ensure the system/processes/access to patient notes/IT worked as planned. Moreover, the fourth active ingredient was perceptions that **practice managers were often considered the silent and effective partner** for effective FICC activities. All practice managers were reported to work as project managers for FICC and organised themselves as a group across their patch, to attribute multiple jobs for FICC to specific practice managers. Practice managers shared the workload of FICC work related to extending access, governance/CQC, being an I.T. lead, HR and recruitment, being a finance lead. All FICC participating practice managers met and talked each week to discuss FICC workload and priorities.

The fifth active ingredient was the work of **paramedics providing home visits.** This was considered vital to FICC work and part of its perceived success.

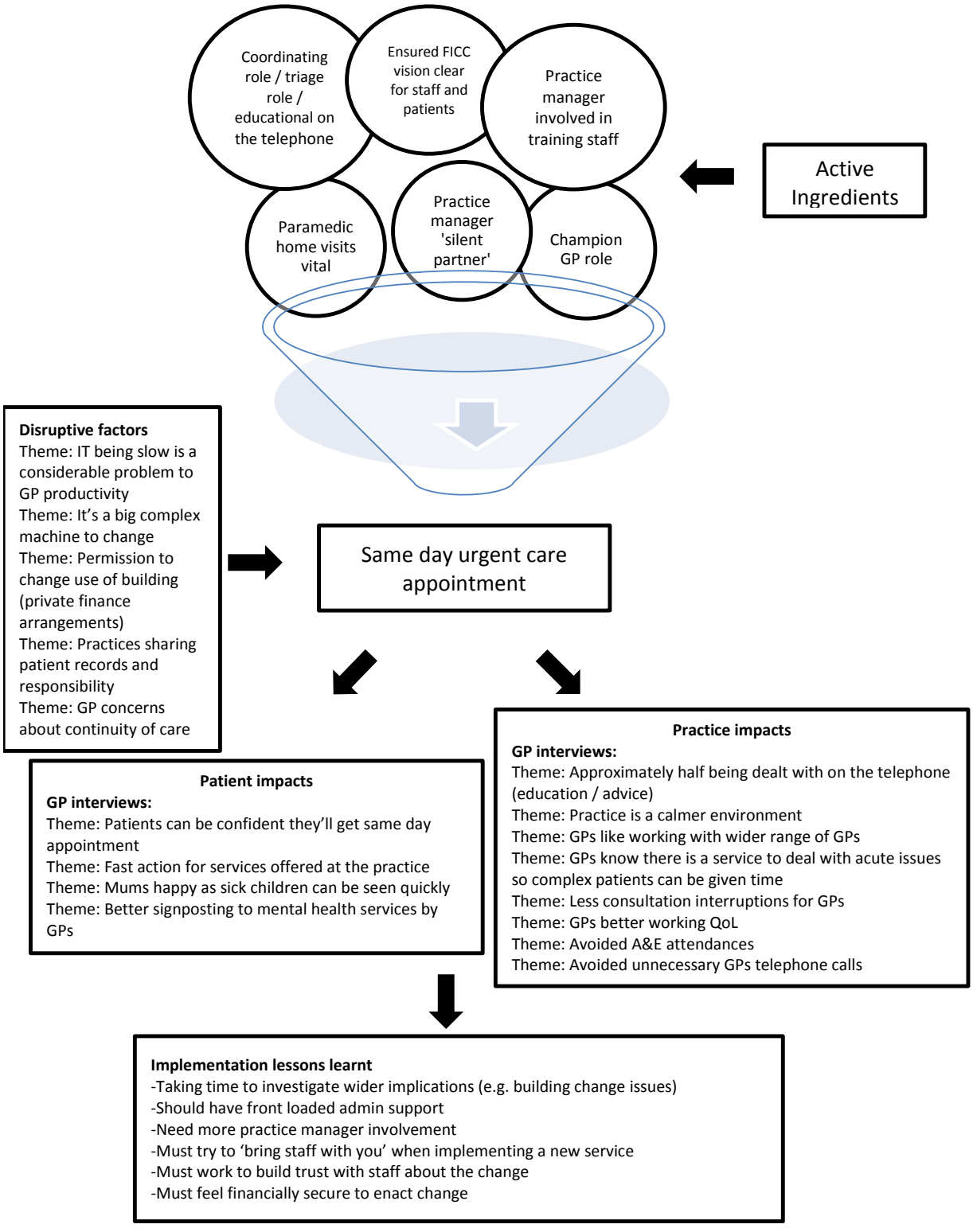
"The paramedic home visit service has made a massive difference to our workload, it helps us manage cases more effectively and given us space to address patients with a larger range of needs. They've [paramedics] been very enthusiastic in their work and brought new energy to situation and we've welcomed that."

[1] Braun V and Clarke V (2006) Using thematic analysis in psychology. Qualitative Research in Psychology. Vol 3: 77-101.

The final active ingredient was the need for a **GP champion.** One was present for FICC and this was considered vital.

"We needed a GP champion to drive this forward, and they are themselves being driven by the necessity to change practice to make it a more attractive place to work for GPs."

Figure 1: Staff-reported active ingredients, impacts, disruptive factors and implementation challenges



4.4 Patient impacts

Four different patient impacts were reported by staff. Firstly, staff reported **patients' fed back they were confident they'd get a same day appointment** and this was widely welcomed by patients and staff.

Secondly, staff reported patients' benefited from **fast action for services offered at the practice**, as reported by this staff member:

"One patient told me the unit was incredible, she said she phoned the practice at 8.30am, a GP phoned back at 9.30am, had an appointment with a GP at 11am, and shortly after had an x-ray in the same building. It was all done and dusted by 12 o'clock."

Thirdly, many staff reported mothers were often contacting FICC and very happy to witness their **children seen quickly.** This was strongly welcomed by parents and an important impact for them. Furthermore, the fourth impact, reported by staff, was **better signposting of patients to mental health services by GPs.** Most staff believed patients were getting to the right place in mental health services faster than before.

4.5 Practice impacts

Eight practice impacts were identified from the staff interviews. Firstly, staff reported **approximately half of FICC consultations were being dealt with on the telephone.** Consultations like this were often in an education or advice capacity and avoided the need for a GP appointment or other appointment with practice staff.

Secondly, staff strongly believed **FICC activity led to a calmer environment in the practice**, as described by this staff member:

"It feels like a calmer environment, by taking the urgent care and putting it somewhere else. Clearly we haven't changed the number of people we have to care for, that just keeps increasing of course. But the day feels nicer, calmer, more organised. It's hard to keep organised when you have a large number of people calling the practice about all sorts of things."

Thirdly, it was widely reported the FICC experience was perceived as positive because **GPs appreciated the chance to work with wider range of GPs.** Also, the fourth impact involved GPs reporting there were **less consultation interruptions for GPs** due to FICC activity in their area, described by this staff member interviewed:

"The day feels nicer, calmer, more organised. It's hard to keep organised when you have a large number of people calling the practice about all sorts of things. It means constant interruptions and distractions from the main work of dealing with appointments. Although it's still a big workload, it is more controlled than it was before."

The fifth practice impact was **avoided unnecessary GPs telephone calls**, as described by this interviewee:

"We had a lady who had COPD, she was treated appropriately and getting by at home ok. But she would get very anxious at home on her own and was making a lot of calls to the practice and sometimes 999 calls. We knew she was being managed as best we could so we asked the a member of the ICT team to routinely call the lady to see how she was and try and reduce those calls. It did work as it meant the lady had her anxiety addressed and we could work with her to help her manage."

The sixth practice impact was GPs knew FICC was a service to deal with acute issues so **complex patients can be given more time.** Many of the previous impacts were often referred to in the context of the seventh practice impact, being **better quality of life for GPs**. Almost all the interviewees reported the FICC service helped GPs experience a better working day. The final practice impact reported was **avoided A&E attendances** due to the activities of FICC, as described by this GP:

"It was clear being able to see them and deal with them quickly was likely to stop them going to A&E, especially when they think they need immediate help. It's been really positive from that point of view."

4.6 Disruptive factors

Five disruptive factors to the implementation and operation of FICC were reported by staff. Firstly, all interviewed staff highlighted the **challenge of gaining permission to change use of buildings**. This logistical challenge was a major disrupting factor to implementing FICC, as described by this interviewee:

"It was really difficult, our building is a private finance initiative building involving 5 different entities and trying to manage the changes was extremely hard. There were leases, rule books, you can't do this without thinking about this, and it's taken a year to do a relatively minor change. All we were doing was taking a bay which used to be a renal unit and turning it into a consultation room. This was just a few hard board walls, a sink and a few sofas, you know, it's not difficult stuff but it's been a real challenge."

Other logistical challenges were also disruptive factors. **I.T. being slow was a considerable problem to GP productivity.** This was often reported in reference to entering information onto GP system(s) and the having to click through multiple systems. All five practices reported I.T. as difficult when attempting to access patients notes on different systems. This was often discussed in the context of the third disruptive factor which was difficulties between **practices sharing patient records and responsibility.** At the time of writing, this was reported to not be at the optimal point and required more work to reduce the administrative burden on GPs. The fourth factor was **GP concerns about continuity of care for patients.** Some GPs highlighted the challenge from different standpoints, firstly from their point of view some preferred to manage patients they were familiar with, and secondly they reported some patients preferred their own GP rather than seeing any GP via the FICC route. This issue was raised as an issue but little was said about whether solutions exist to manage patient/GP preference whilst being involved in FICC. As this issue could be a barrier to successful FICC activity, it would benefit from further investigation and potentially adjusting FICC processes to accommodate patient/GP preference.

The fifth implementation challenge was a mind-set GPs reported. Most reflected on how hard it was to set up FICC. They reported it was a **big complex machine to change.** It was felt this was an important message to convey to other staff thinking of transformation work, as described by this interviewee:

"If it's not in the rule book then we don't know what to do, so we'll put it in the 'all too difficult pile'. Trying to introduce a flexible service into a big complex machine was hard. The CCG had to help us, by putting people in, to move things forward. We had to demonstrate we're spending public money in the best way possible. Staff have to feel that their voices are being heard, especially the practices which weren't sure."

4.7 Lessons learnt

During the interviews, staff were asked to reflect on any lessons learnt from the process of implementing FICC. Six implementation lessons were reported and recommended for other staff setting up integrated care. Firstly, they wished to encourage other staff to **take time to investigate wider implications (e.g. building change issues).** Secondly, they highlighted it would have been better to **'front-load' administration support** as this was not done during the set up of FICC. Thirdly, interviewees wished for **more practice manager involvement during the set up process.** Importantly, interviewees believed it was **vital to 'bring staff with you' when implementing a new service.** Some GPs reported having a difficult time as new staff joined FICC and had concerns about working with people they didn't know well. Related to this was the need to **work to build trust with staff about the change** as not doing so we perceived a problem during the FICC set up. Finally, many staff believed practices **must feel financially secure to enact change.** It was felt considerations about the status/position/prospects of a practice should be consider prior to transformation planning.

5. Patient and GP surveys

The FICC service surveyed their own patients and GPs between May 2017 and August 2017. This data was passed to the evaluation team for analysis. The findings from both the patient and GP surveys are presented below.

5.1 Approach to analysis

In the first stage of the analysis, each of the 82 patient and 19 GP feedback forms were given a 'positivity' rating based on all the comments in the feedback form. This judgement was made by the analyst. This would provide an overall sense of positivity or negativity toward the FICC. The second stage of the analysis involved a deeper examination of the issues and themes within each feedback form.

5.2 Patient survey findings

Each of the 82 patient feedback forms was given a 'positivity' rating based on all the comments in the feedback form. The table below shows the vast majority of people provided completely positive (46.5%) or mostly positive feedback (34.1%) about FICC. Combined, these categories indicated 80.6% of patients who provided feedback forms were very satisfied with the FICC service.

Thematically aggregated categories from 82 patient feedback forms

Thematically aggregated categories from 82 patient feedback forms	Frequency (%)
Completely positive feedback	38 (46.5%)
Mostly positive feedback	28 (34.1%)
Mixed feedback	11 (13.4%)
Mostly negative feedback	3 (3.6%)
Completely negative feedback	2 (2.4%)

The second stage of the analysis thematically analysed 82 patient feedback forms for issues and themes. These are presented in the table below via 8 distinct themes. Patients' perceptions overall were positive about FICC.

Patients' perceptions of FICC

Themes	Description of theme
Fast appointment given / short waiting time	Most patients reported gaining appointments quickly and spent little time waiting. This was perceived very positively by patients.
Friendly service by staff	Most patients were very positive about the staff, both clinical and non-clinical, highlighting their friendliness as excellent and welcome.
Clean, tidy, good environment	Most patients reported the environment was in good shape and they welcomed the clean and tidy FICC facilities.
Quality of care high / competent service	Most patients reported a high quality of care was received from their experience of FICC. They highlighted and welcomed staff reassurance efforts, giving anxious patients the opportunity to be seen, and having their concerns addressed professionally.
Fast call back from Doctor	Most patients reported a fast call back when waiting to hear about an appointment time. Most reported they were organised within 2 hours.

Booking process clearly explained and understood	Many patients reported the booking process was clear, was explained by staff when needed, and understood as part of a new service.
Easy access to FICC service	**Many patients reported the FICC was easy to access geographically and telephone systems were accessible and helpful.**
Well organised and efficient service	Many patients stated an overall satisfaction with FICC being well organised and efficient.

A number of **improvements** were reported in the 82 patient feedback forms. These improvements have been themed and presented below:

Building related improvements suggested were:

- Better parking availability
- Warming temperature in waiting area
- Light background music in waiting area
- Water cooler for patients in waiting area
- More colourful decoration in waiting area
- Toys for children in waiting area
- An appointment tv/screen in the waiting room to provide waiting time information
- Better internal signage to direct to FICC
- Better parking related signage to direct to FICC
- Extra chairs in consultation room for family members

Service related improvements suggested were:

- Better organisation to avoid running late
- Acceptance that some patients prefer the continuity of their own GP
- More fully equipped consultation rooms
- Appointment system improvement, e.g. using internet/app/video connection to triage
- Nurse-led triage either face to face or by telephone
- Longer opening hours
- Better organisation to avoid slow call backs (waiting over 2 hours was dissatisfying for patients)
- Patients acknowledged their awareness of FICC service was poor and wanted more information displayed publically
- Geographical distance to FICC was a problem for some patients but they did not offer a solution to this issue

A number of **conflicting themes** were apparent from the findings and the improvements suggest:

- Parking was considered by some patients to be both good and bad
- Geographically, the FICC was both accessible to most but not all patients in the area
- The facilities in the waiting room were considered by most to be clean, tidy, and a good environment. But for some it was cold and lacking appropriate amenities.
- Most patients reported appointments were arranged quickly and call backs were done in a prompt manner. However, for some this was slow or troublesome.

5.4 GP survey findings

Each of the 19 GP feedback forms was given a 'positivity' rating based on all the comments in the feedback form. The table below shows the vast majority of GPs provided completely positive (10.6%) or mostly positive feedback (52.6%) about FICC. Combined, these categories indicated 63.2% of GPs who provided feedback forms were overall very happy with FICC services.

Thematically aggregated categories from 19 GP feedback forms

Thematically aggregated categories from 19 GP feedback forms	Frequency (%)
Completely positive feedback	2 (10.6%)
Mostly positive feedback	10 (52.6%)
Mixed feedback	7 (36.8%)
Mostly negative feedback	0
Completely negative feedback	0

The GPs provided general statements of support and satisfaction on their feedback forms, e.g. the patients liked it, reception staff were efficient. The more detailed text related to a number of improvements. These **improvements** have been themed and presented below:

Capacity related improvements suggested were:

- The need for a dedicated FICC manager
- Some mornings there were not enough clinicians
- Due to clinician capacity, it was easy to run over/late and end up behind schedule
- Chocolate digestive biscuits in the staff room and time to eat them requested

Internal processes related improvements suggested were:

- Education for reception staff about appropriate patients for FICC
- Easy to miss appointments/not know who is to be seen
- Reminders about patients arrived/waiting
- A pooled list of appointments needed
- Better access to patient notes needed
- A missed call/broken communication process needed
- A system for winter hours/pressures needed
- More comfortable chairs in consultation rooms

IT related improvements suggested were:

- General speed of IT system poor and needs improving to ensure better use of GPs time
- Multiple users online at the same time affects speed and operability of IT system
- Copying and pasting information on the IT system takes too long
- Better use of IT fields for triage (reason and booking fields)
- Better access to ICE to check bloods

External issues to be improved were:

- Booking errors (e.g. wrong patient) by GP practices onto IT system
- Patients' telephones not accepting/allowing calls from GP 'hidden' number
- HCAs need better training on dressings and path forms.

6. Impact on A&E

6.1 Urgent Care Centre patients use of A&E

The evaluation sought to understand if there was a link between opening the UCC and attendance rates at the A&E department at Frimley Park Hospital. As the UCC improves the access to and experience of urgent primary care, do fewer people go to the local A&E department?

The South Central and West Commissioning Support Unit (CSU) analysed the health records of the 7,057 patients that attended the UCC to see if there was evidence of an impact on A&E attendance. Their analysis compared UCC patients use of A&E in the 120 days before they attended FICC with the 120 days that followed and found a **2.7% reduction** in A&E usage.

Time band	Pre-appointment	Post-appointment	Difference	No. of patients
+/- 120 days	**1187**	**1154**	**-33 (2.7%)**	**7057**

If we assume that this 2.7% reduction observed over 120 days continues equally across one year, and that this reduction can be applied to all of the patients that might attend FICC over one year, then this could reduce the commissioning cost of A&E by **£27,162** annually.[2]

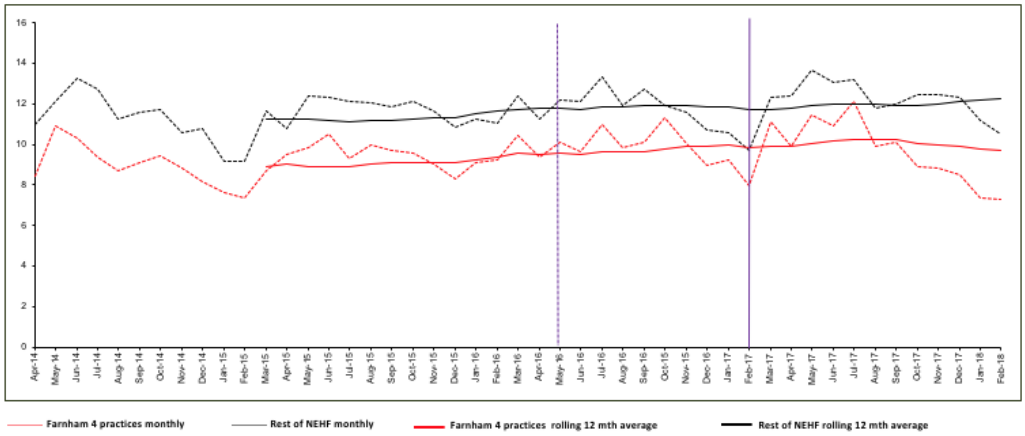
6.2 Farnham locality A&E attendances

The Happy, Healthy and at Home Vanguard has tracked A&E activity by locality through its monthly dashboard. The Farnham locality has had the best performance in controlling growth in A&E attendances, with the following key statistics at January 2018:

- **-1.9% A&E** attendances compared with same period last year (9,775 vs 9,941)
- **-2.8%** A&E attendances compared with CCG target
- **+5.5%** A&E attendances in England compared with same period last year.

The chart on the following page compares the number of self-referral attendances at A&E for the four Farnham ICC practices with the rest of NEHF. It is very encouraging to see a clear reduction since summer 2017 when FICC opened.

Chart showing FICC 4 practices self-referral A&E attendances compared with the rest of NEHF



[2] Assumes an average FICC monthly attendance rate of 1497 patients – this is based on 8 month attendance data (Jun17 to Jan18) and an A&E attendance costs £106. This cost is derived from the 2018/19 national tariffs, and this is the average cost of the lower four emergency medicine HRGs, excluding dental care. The lower four HRGs have been used as it is expected these are patients who are appropriate to primary care, and do not require extensive/costly investigation or treatments (i.e. higher HRGs). It also excludes any cost uplift associated with the NHS market forces factor payment index.

6.3 Evidence of the link between urgent care and A&E

In March 2017, the King's Fund published analysis called "What's going on in A&E?"[1]. This included the question of whether a lack of GP appointments was contributing to pressure in A&E. They looked at the 2016 GP Survey which found a deterioration in people's reported ability to get an appointment from 88% to 85%; and that 4% of people that couldn't get an appointment said that they went to A&E. They concluded that while access to primary care is important, there hasn't been a dramatic deterioration to describe the pressures in A&E.

In 2017, nationally the number of people that said that they go to A&E when they can't see their GP increased to 5%. In NEHF this is 3%. The GP survey results (2017) for the four FICC practices access are relatively good – slightly worse than NEHF and slightly better than national.

GP Survey Question	FICCS 4 practices	NEHF	National
Find it easy to get through on the phone?	72%	71%	71%
Able to get an appointment to see or speak to someone?	86%	86%	84%
Last appointment was convenient?	80%	82%	81%
Experience of making an appointment was good?	72%	75%	73%
Feel they don't normally have to wait long to be seen.	56%	58%	58%
Last GP they saw or spoke to was good at giving them enough time.	91%	89%	86%
Satisfied with surgery's opening hours.	72%	77%	76%

The National Audit Office published a report in September 2015[2], on their investigation into the impact of out-of-hours GP services on A&E attendance rates. They found that the factors that explained variation in A&E attendance rates were:

- Characteristics of the underlying population (age, gender and socio-economic deprivation) explain most of the variation that could be explained by their model)
- Overall satisfaction with GP services is significantly associated with the level of A&E attendance. A 1% increase in satisfaction with GP opening hours is associated with a 1% reduction in A&E attendances.
- Other factors associated with lower A&E attendance were larger GP practices, distance from A&E and spend on community health services.

A study looking at all of the 2010/11 GP survey results[3] to examine the relationship between access to GP appointments and self-referral A&E attendances. They found that in the practices in the bottom 20% for being able to get an appointment within 2 days, the A&E self-referrals were 10.2% higher than in the top 20%.

7. Costs of providing developing and running FICC

The capital cost of refurbishing accommodation in the Farnham Centre for Health to create the physical space for FICC was £713,000.

The annual running costs for FICC in 2017/18 have been:

- £110K additional staff costs (administration, reception, nurse practitioners, health care assistants)
- £44K non-staff costs
- **£154k total**

References

1. What's going on in A&E?. King's Fund. March 2017. www.kingsfund.org.uk
2. Investigating the impact of out of hours GP services on A&E attendance rates: multi-level regression analysis. National Audit Office – Audit Insights Health 3/9/15. www.nao.org.uk.
3. TE Cowling et al. Access to primary care and visits to emergency departments in England: a cross sectional population based study. June 2013. www.ncbi.nim.nih.gov.uk