**Paper C**

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| **ELRIUC - Activity & Performance Update** |

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| **Executive Summary** |
| * 111% of contracted capacity provided April 19 (5813 slots) * 3.3% DNA rate , 149 appointments * 54% Walked In; 35% booked via NHS111/CNH; 11% were booked by ELR GP Practices. * Oadby 68% Walk In * 58% of activity ELRCCG patients ; 28% LCCCG patients * Oadby seeing more patients from LCCCG area (44%) than from ELRCCG area (43%) * Performance exceptionally good 4hrs 99.9% ; 1hr 98%+ * To mitigate short 2.5hr shifts in the evening – creative thinking required to combine and extend resource used in other services * Fragility in the resilience of provision - single clinician manned locations as Commissioned. |
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| **Report** | |
| **ELRIUC Contract**  The purpose of this report if to provide a summary update on key contractual activity and performance metrics in relation to the DHU ELR GPfed held contract for ELRIUC Services   1. **Capacity**   Taking the Year 1 FMT activity requirement and extrapolating into a monthly capacity number , the following table is produced showing the required number of slots / appointments which should be made available by location for April 19  **Fig 1. Required Capacity April 19**    **Appointment Provision & Utilisation**  Fig 2. Below then provides key appointment information extracted from the ELR S1 Unit, to illustrate the actual position delivered in April 19.  It can be seen that “Total Slots” provided was 5813. This is c600 higher than the contractually required level of 5218 and represents 111% of contracted requirement.  *Note - In Oakham , Enderby and Lutterworth delivery of the required opening hours will result in slot volumes greater than contract being delivered simply as a result of ensuring that the single clinician is fully productive.*  This positively demonstrates that provision at total level exceeded requirement  In DHUs experience of mobilising similar services, month 1 should be viewed positively, particularly given that a number of the pathways have changed versus the prior service, and both awareness and confidence in the service are still at a formative stage.  Whilst acknowledging that it would be rare to achieve 100% utilisation of appointments, there is clearly an opportunity for DHU , ELR GPfed and Commissioners to work collaboratively to further increase awareness thus increasing appropriate utilisation.  At 3.3% (149 out of 4569) month 1 DNA rates are low (in comparison to DHU experience of other services)   1. **Patient Access Pathways**   When reviewing patient access pathways, Fig2 below illustrates the percentage spilt between the 3 pathways: GP Booked ; NHS111/CNH Booked ; and Walk In. It also provides the analysis at total and site level.  Of the 4569 patients booked or seen in ELRIUC in April: 54% Walked In; 35% were booked via NHS111/CNH; and 11% were booked by ELR GP Practices.  In response to some feedback and concerns received in relation to whether services are positively accepting walk in patients, the information provided clearly demonstrates that this is the case.  Significantly, at the busiest site (Oadby) over two thirds of patients attending do so as Walk Ins.  Furthermore, given that the S1 appointment rotas established for Oadby set an initial provision of c55% Walk In, the fact that 67% of patients that are being booked or seen are walk ins, illustrates the flexibility and responsiveness of the service to accommodate (where appropriate) those patients who do walk in, by utilising a slot not initially provisioned for walk in patients.  **Fig2. Patient Pathways April 19**    The management of walk in patients is done with care by trained reception colleagues  Walk Ins are accepted , and the DoS has been profiled to allow NHS111 call advisors to recommend a patient to Walk in to an ELR service when NHS111 are unable to book an appointment  When Walk In patients present at a site - (as per the SOP that is in place, and has been shared with Commissioners) each patient will be reviewed on arrival and prioritised based on clinical need.  This may mean (where capacity is limited) that patients with non-urgent conditions are offered appointments later in the day; next day; or are referred to an alternative service.” Urgent patients will always be seen.  Continuing support, coaching and monitoring of the "messaging" being used by reception colleagues is occurring - Patients are not being told that walk ins cannot be accepted or that services do not accept walk ins.  By way of monitoring, regular visits have been made to ELR sites (Oadby in particular) by Senior DHU Managers in order to observe; monitor; and feedback to reception colleagues.  These visits have provided internal assurance that processes are being followed.  Additionally, there has now been a Commissioner visit to Oadby, which has also reported very positive findings, in particular with regard to the manner and approach of the reception colleagues.   1. **Patient Access by CCG and Practice**   It can be seen below in Fig3 that whilst ELR CCG registered patients do comprise the majority of service users in April 19 at 58%, there is also a significant volume of patients attending ELRIUC locations who are registered with LCCCG Practices , 28%.  **Fig 3. Usage by CCG April 19**    When reviewing the headline data by ELRIUC location, a number of themes can be identified (see Fig4 below)  There are predominantly ELR CCG registered patients using Melton Mowbray; Market Harborough; and Oakham (ELR proportion over 80%)  65% of the volume being seen in Lutterworth is attributable to ELR CCG Patients, however there is a flow of c20% from WLCCG patients (possibly Hinckley & Bosworth)  Enderby (while 65% of patients of its patient flow is from ELR) is seeing c15% each from WLCCG and LCCCG, probably due to its proximity to CCG borders.  Oadby significantly is seeing more patients from LCCCG area (44%) than from ELRCCG area (43%)    **Fig 4. Usage by CCG by ELRIUC location April 19**    Information is also provided at a practice level in order to provide insight in relation to relative usage weighted by 10,000 Practice Population.  Fig 5 below provides a list of the Top 10 Practices (weighted) in relation to usage of ELRIUC services.  Additionally, Appendix 1 provides the full ELR list for April 19, and Appendix 2 provides the full list of LCCCG Practice usage of ELRIUC services.  **Fig 5 Top 10 Usage by ELR Practices by Weighted Population**     1. **Headline Performance**   DHU ELR GPfed are currently providing performance data to UHL for all sites against measured against Type 3, 4hr standard.  It can be seen below in Fig 6 that both Walk In and Pre-booked cohorts are being seen, treated and discharged within 4hrs , 99.9% of the time in April 19 – an exceptional performance.  By way of demonstration that the care provided is immediate and responsive, performance against a 1hr target is also provided below.  This shows delivery of over 98% compliance against a 1hr standard, further underlining the responsiveness of the service delivered.  **Fig 6 ELRIUC Performance vs 4hr and 1hr targets** | |

Appendix 1 – ELRIUC Usage by ELR Practices weighted by Practice Population – April 2019



Appendix 2 – ELRIUC Usage by Leicester City Practices weighted by Practice Population – April 2019

