

**Meeting: Buckinghamshire, Oxfordshire, and Berkshire West CCGs Primary Care Commissioning Committees in common Meeting (In public)**

<b>Date of Meeting</b>	16 June 2022
<b>Title of Paper</b>	<b>Winter Access Fund (WAF) Evaluation</b>
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<b>Paper Type</b>	The report presented is for information
<b>Action Required</b>	Members of the Committees are asked to note the information provided

**Executive Summary**

This paper presents a summary of the Winter Access Fund (WAF), the evaluation process and findings to date.

The paper highlights the positive impact of the funding on practices including indicative details of funding awarded and additional appointments provided during the period of the funding. A comprehensive evaluation process is currently being undertaken with this report detailing high level initial findings.

The final evaluation report will be submitted to NHS England before the end of June with the aim of supporting future funding decisions.

## Winter Access Fund (WAF) Evaluation

### Background

The Winter Access Fund (WAF) was announced by NHS England in October 2021 in their letter [Our Plan for Improving Access for Patient and Supporting General Practice](#). The fund covered the five months from November 2021 to March 2022 with the aim of:

- Increasing the total number of appointments
- Increasing the number / or proportion of face-to-face appointments
- Increasing access for more patients

Across Buckinghamshire, Oxfordshire, and Berkshire West (BOB) over 120 proposals were received from practices / Primary Care Networks (PCNs) and a prioritisation exercise was undertaken to ensure that support was provided to those practices and geographical areas with the greatest need because of challenges faced by those areas or the communities they serve. Prioritised bids were shared with NHS England and £7.1m funding was received to support the initiatives.

As well as initiatives from individual practices and PCNs, several larger scale initiatives were also supported. These included:

- Boosting the use of and marketing the locum changers
- Increasing capacity in the out of hours service
- External provision of remote consultation solutions
- Accelerating the roll out of the community pharmacy consultation service
- Accelerating the advanced telephony roll out

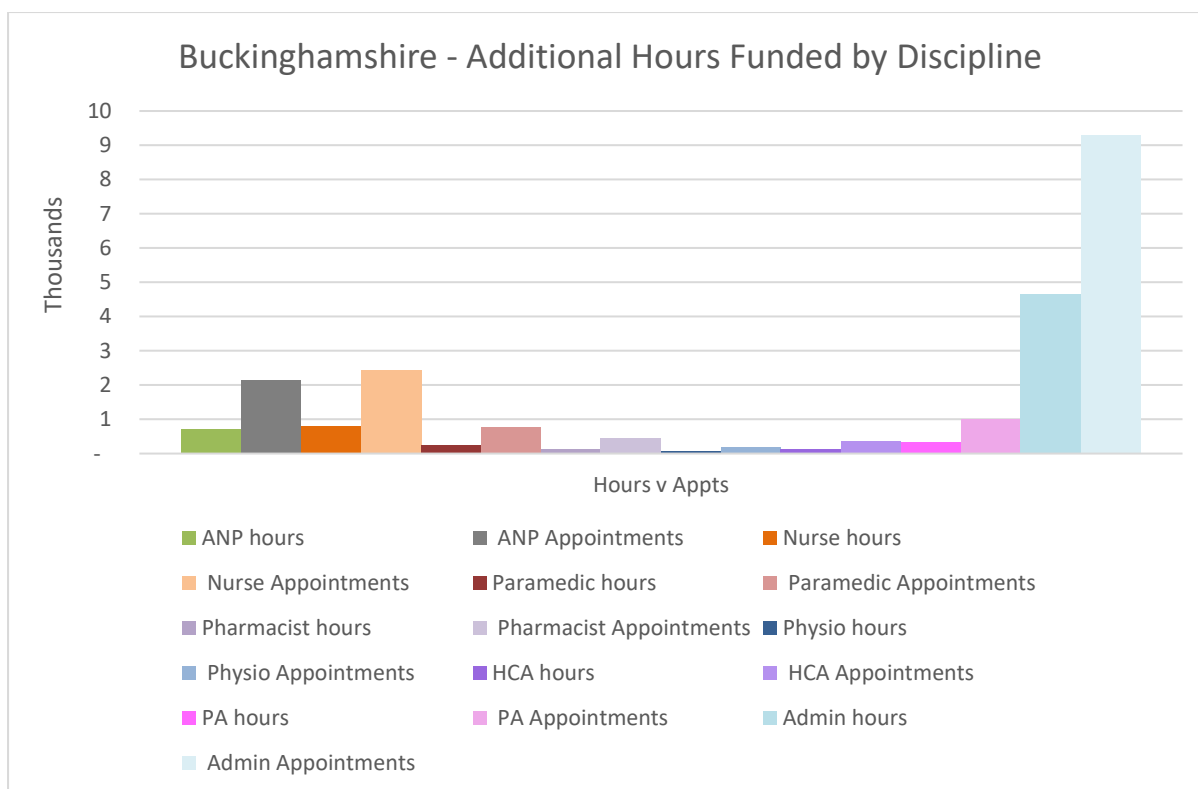
A further £5m was made available nationally to facilitate upgrades to practice security measures with BOB funding totalling around £330,000. This enabled 66 practices to be funded to implement upgrades and ensure their staff can work in a safe and secure environment.

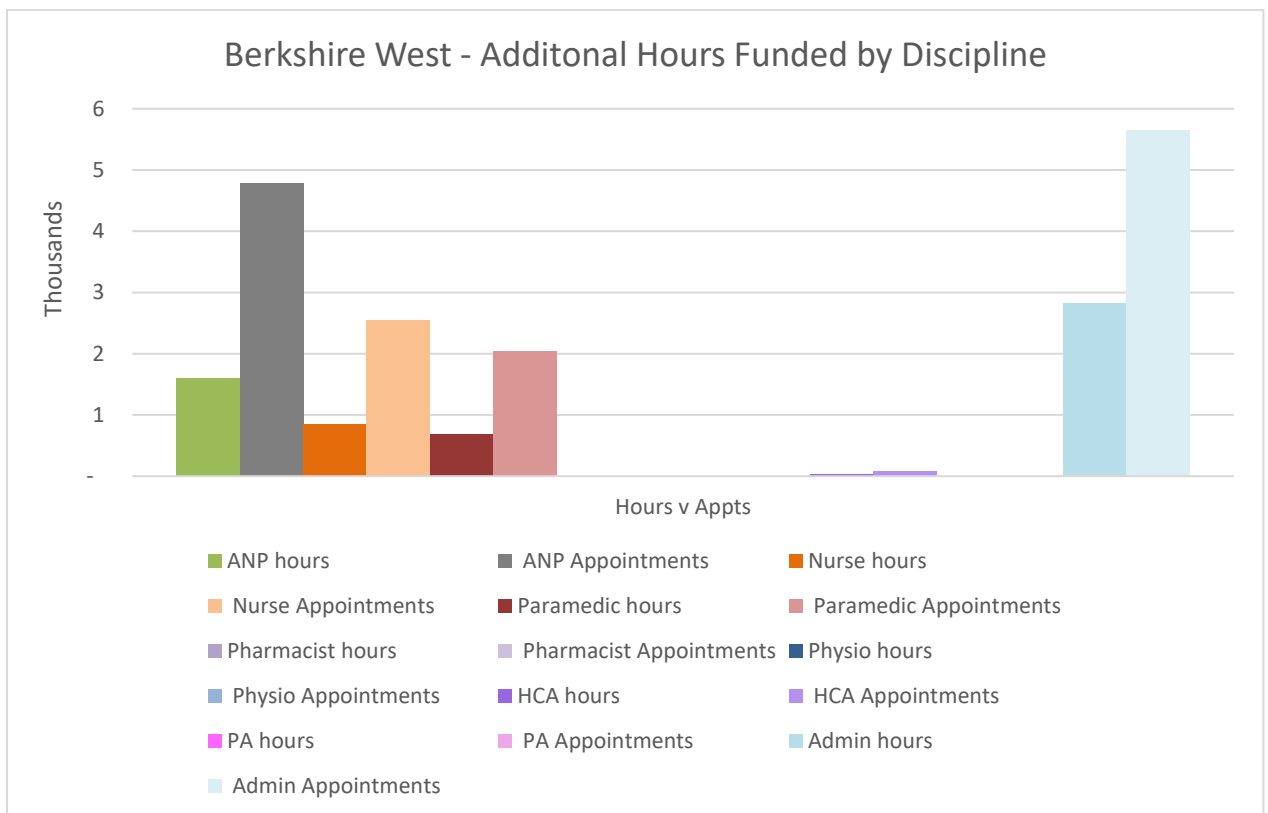
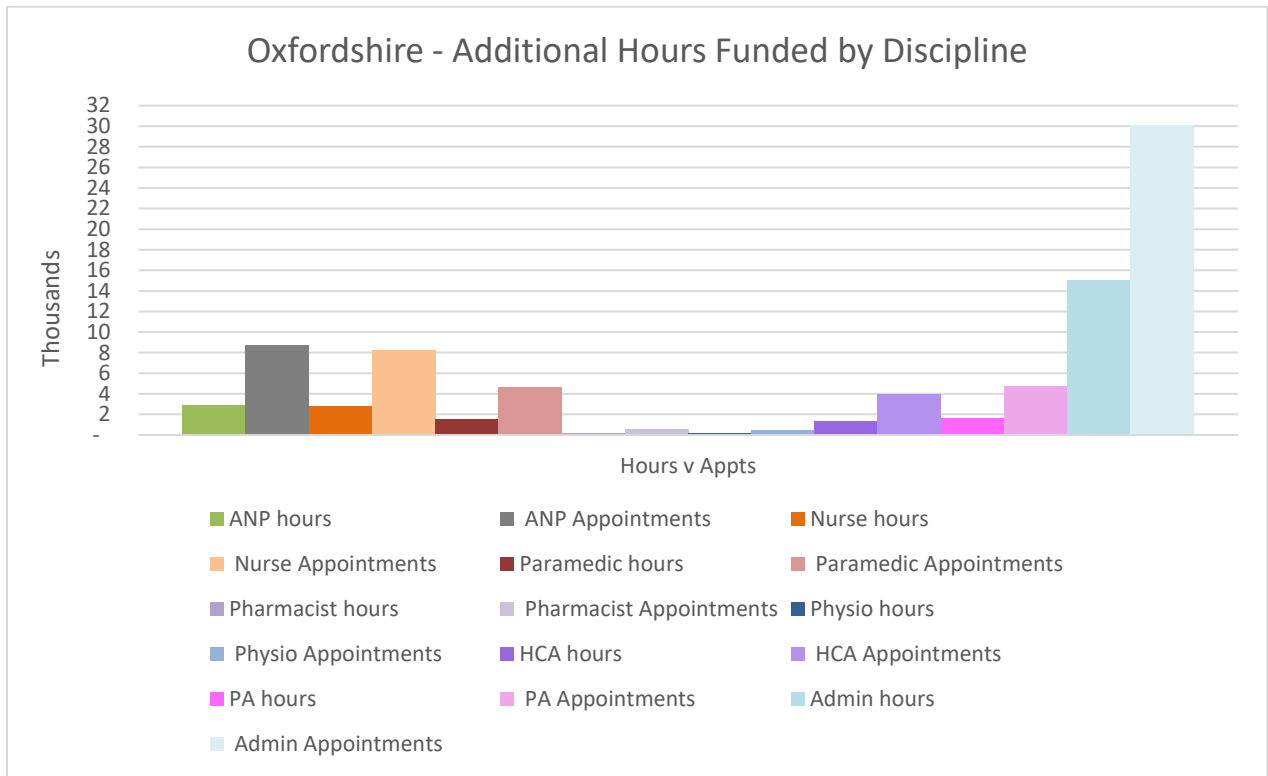
### Impact

The table below details the additional appointments provided during the five-month period by county. This does not represent the final position as there are still several claims to be processed. Additional GP appointments are based on 16 patients per four-hour session. Other healthcare professionals are based on three patients per hour.

Place	Spend	GP Sessions	Other HC professionals Hours	Additional GP appointments	Additional HC professionals' appointments	Total additional appointments
West Berkshire	£ 938,433	2,224	3,148	35,588	9,444	45,032
Oxfordshire	£2,165,565	4,802	10,377	76,828	31,130	107,958
Buckinghamshire	£1,263,609	2,541	2,456	40,656	7,368	48,024
Totals	£4,367,608	9,567	15,981	135,072	38,494	201,014

The next three tables detail the additional hours funded by discipline within each County





## Evaluation

NHS England required evaluation to be undertaken in three parts

- Initial Qualitative Evaluation by 11 April 2022
- Initial Quantitate Evaluation by 3 May 2022
- Full Evaluation Report by end June 2022

As part of the evaluation process practices were asked to complete a survey to gain feedback from their perspective and to understand any barriers to implementation of the funding. The survey closed on 6 June 2022 with over 60 responses received. Full analysis of the survey is currently being conducted but overall the funding was welcomed by practices and provided vital support at a time of high pressure within primary care. The main barrier to implementation being highlighted were availability of additional staff. Included below are some direct quotes from practice staff from the survey:

- “Additional capacity through LIVI was excellent to take pressure off and improve faster access. Gave breathing space for all clinicians to focus on more complex LTC/Multimorbid patients. The technology worked well as proof of concept for future use and good connections made.”
- “Having additional support funding was invaluable for us as a Practice and massively reduced the pressure on an already strained staffing compliment. It also enabled us to implement routine triage within the practice which has been hugely successful and given us greater resilience going forward and has significantly improved patient access. This would not have been achievable had we not had the additional funding.”
- “It was an excellent way of increasing the number of appointments we had available, and this had wider implications for the surgery as a whole with reception seeing less pressure, patients getting a better service.”

Practices / PCNs are being encouraged to develop case studies detailing the implementation of their proposal to provide shared learning opportunities. These case studies can be used should future funding be awarded.

The full evaluation report will be presented by NHS England before the end of June 2022 with the aim of positively supporting future funding decisions.