8. Healthcare Usage
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1. Introduction

The health service in the UK is facing unprecedented demand, and therefore costs. In 2013, £150.6 billion was spent on healthcare in the UK, corresponding to £2,350 per person, which is 8.8% of national GDP. Five in six pounds of this expenditure was public sector spending (83%, £125bn), with the majority of that on the NHS. This is an increase of 2.7% on 2012. Total healthcare spending has increased every year since 1997, when it was £54.9 billion.¹

In St.Helens, the current General Practice (GP) registered population in NHS St.Helens Clinical Commissioning Group is 195,027 (HSCIC, 2015). This population is ageing, (see Section 1 – Demographics and Wider Determinants), and in future years this would be expected to increase use of healthcare services. Therefore to ensure sustainability of service in challenging economic times, it is important to understand current usage of the healthcare system. This may then help develop new ways of working to reduce this impact in future or indicate areas in which to focus prevention work.

This section considers some of the key issues affecting healthcare services for St.Helens residents and patients. By looking at potential future trends, this will help inform future changes to systems and services.

2. Key findings

2.1.1 Primary care

- There are 36 general practices in St Helens Clinical Commissioning Group (CCG), covering 195,027 patients. They have list sizes varying from 684 patients at the specialist Eldercare service, up to 14,246 at Rainbow Medical Centre.
- On average, there are 21,318 general practice appointments to St Helens Clinical Commissioning Group practices in a week.
- The availability of appointments at GP practices can, potentially, influence the number of patients using the more expensive and potentially unnecessary accident and emergency services (AED) at hospital. Across the CCG, there is an average of 109.4 appointments available on the day, per 1,000 patients. However this varies from a high of 186 per 1,000, down to 64 per 1000, where this was offered.
- St Helens CCG commission an Acute Visiting service which is available for patients aged over 60 registered with a St Helens CCG member practice. The scheme is aimed at patients where the GP feels there is genuine risk of A&E attendance if the patients is not seen quickly and operates during core GP opening hours. In 2014/15 the AVS activity was 3,895 visits. An independent evaluation by Edge Hill University in June 2015 concluded that AVS visits were sometimes used to absorb normal GP workload supplementing existing domiciliary visits.

2.1.2 Secondary care

- The number of St Helens CCG patients referred to secondary care acute and general specialties in 2014/15 had increased by 6.6% compared to the previous year. This was higher than the corresponding increases for England (3.6%) and Cheshire and Merseyside (4.9%).
- There were 29,907 elective admissions to all providers from St Helens CCG patients, a 2.8% increase on 2013/14.
- There were 49,773 accident and emergency attendances for St.Helens CCG in 2014/15, which was an increase of 1.8% on the previous year.
- Use of urgent care services varies widely by GP practice. The total number of urgent contacts per 1,000 weighted population in Quarter 1 2015/16 varied from a high of 230 per 1,000 at Eldercare, down to about half this figure at Rainford Medical Centre (117 per 1,000).

2.1.3 Workforce

- Health Education North West conducted a General Practice Workforce Survey on St Helens Clinical Commissioning Group GP Practices in August 2015, which benchmarked a range of measures against North West and National averages.
- The report found that there are 74 GPs, 40 nurses, 20 direct patient care staff and 207 administrative staff in St Helens CCG GP Practices.
- Just over a quarter (27%) of the workforce is aged over 55 years, with a further 15% aged between 50 and 54 years. Due to impact of retirement, this is likely to present significant recruitment challenges over the next 5-10 years across General Practice.
- Nationally, there is an average of 65 GPs per 100,000 head of weighted population (including registrars and retainers). The figure for St Helens CCG is considerably lower with only 52 per 100,000.
- The data shows that there is a considerable range in the average list size of practices when aggregated at CCG level. St Helens CCG has an average of close to 5,300, which is lower than both the England average of 7,200 and the North West average of 6,200 patients per practice. There is however no apparent correlation within the data to suggest that larger practices enjoy economies of scale in terms of needing fewer GPs per patient.
3. Primary care

3.1 General practice

There are 36 general practices in St Helens Clinical Commissioning Group (CCG), covering 195,027 patients. They have list sizes varying from 684 patients at the specialist Eldercare service, up to 14,200 at the Rainbow Medical Centre.

3.1.1.i Availability of appointments

The availability of appointments at GP practices can influence the number of patients using the more expensive and potentially unnecessary accident and emergency services (AED) at hospital. There is wide variation in the number of appointments available on the day by practice, with some practices offering more to book on the day, some offering more to book in advance, and some offering more telephone appointment and emergency extra appointments.

Figure 1 shows the proportion of GP practices in St Helens that offer appointments in non-standard hours on a Monday to Friday. The most common time to offer extra appointments in at lunchtime and 22 practices offer these (61%). Half of practices offer appointments after 6.30pm.

**Figure 1.** Comparison of current appointments offered by GP practices in St Helens and proportion of patients saying when they would want availability as reported in the the National GP Survey January 2015

Source: St Helens Clinical Commissioning Group, GP Survey
This availability is compared with the proportion of respondents to the local GP Access Survey in St. Helens who say they would like availability at this time. The most frequently requested times are in the evening after 6.30pm (71% of respondents), and on Saturdays (70%). Saturday service had the biggest difference between patient preference and actual availability, since 70% of patients would like access to their practice at this time, but only four practices (11%) actually offer this.

It is interesting to note that the practices who offer weekend appointments currently, do not see a proportionate increase in working people. This reflects experiences of other services across the country suggesting the desire for weekend access is not as great as some surveys suggest.

**3.1.1.ii Current and optimal spread of appointments**

There is an average of 21,318 general practice appointments to St Helens Clinical Commissioning Group practices in a week. The current spread of appointments by type and day are shown in Figure 2. (These are given as a proportion across the week to allow for the small number of appointments on a Saturday (103)).

On average, from Monday to Friday, 50% of appointments on a given day are pre-booked appointments (corresponding to 10% of the total for the week). Three in ten appointments are booked on the day (30%).

**Figure 2. Current spread of general practice appointments by type and day, St Helens CCG**

![Graph showing the current spread of general practice appointments by type and day, St Helens CCG.](image)

Source: St Helens Clinical Commissioning Group

This is the average across the CCG, but policy and availability varies across the area, and as mentioned above, this can potentially impact of hospital accident and emergency attendances. The current recommendations for the split of appointment availability from the Emergency Care Intensive Support Team (ECIST), is for a split of 67% of appointments as unplanned to 33% as planned. This is not greatly dissimilar to the available appointments at present, though this could suggest an increase in unplanned access.
4. Secondary care

4.1 Hospital services

4.1.1 Planned care

a. Background

When a patient requires a routine consultant opinion for their condition or disease, they are referred to secondary care, (the hospital) for an outpatient appointment; these referrals are called planned care referrals. This referral is usually made by their GP, but it may be another suitably qualified health care professional. Some patients are discharged back to the care of their GP after a single outpatient appointment whilst others will require further treatment or care. This further care may be a follow up appointment or the patient's initial outpatient appointment may be "converted" into an admission as a day case or an elective admission into hospital with an overnight stay.

For all patients who are referred for outpatient appointments the NHS Constitution gives them the right to expect that once referred their treatment will begin within 18 weeks. Whilst it is the responsibility of the hospital to meet this target, CCGs work very closely with hospitals to support all efforts. Hospitals have to provide sufficient clinic capacity to manage all of the referrals which are made and also the follow up appointments which may then be needed, this can be a challenge for organisations because demand is not always easy to predict. Where there are particularly high numbers of referrals, for example in trauma and orthopaedics, it is particularly difficult to meet the target. There can be any number of reasons that demand is difficult to manage, for example a national shortage of consultants or a natural growth in the number of referrals.

Modelling and understanding referral activity and subsequent planned care activity is vitally important to the CCG as demand on services continues to rise. There are many reasons for this rise but over the longer term it will be driven by the fact that the older population is predicted to grow over the next 20 years - people will be living longer due to advances in health care but as a consequence of this longevity they will be living with disease and will need continued care.

b. Referrals to secondary care

There were 22,128 referrals to secondary care for St.Helens CCG patients to contracted providers across general and acute specialties in 2014/15. (This was split approximately equally between referrals from GPs and from other health professionals). The table below demonstrates the way that the number of outpatient referrals has grown for St Helens over the last two years, along with comparator data. The percentage growth for St Helens CCG (6.6%) is much higher than the corresponding increases for England (3.6%) and Cheshire and Merseyside (4.9%). The reasons for the differences in rates of growth are not clear, however St Helens CCG are taking steps to understand and bring growth more in line with comparators through its Out of Hospital Programme.
Table 1. Planned care referrals to secondary care for general and acute – actual and forecasted increases

<table>
<thead>
<tr>
<th></th>
<th>2013/14 to 2014/15 Actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Helens CCG</td>
<td>6.6%</td>
</tr>
<tr>
<td>Cheshire &amp; Merseyside*</td>
<td>4.9%</td>
</tr>
<tr>
<td>England</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Source: St Helens CCG (*includes St Helens CCG) (data is for contracted providers)

4.1.1.ii Elective admissions

As mentioned previously, referrals to secondary care may convert into hospital day case or elective admission activity. Table 2 show the numbers of elective admissions for St. Helens patients across all specialties, both across all hospitals, and (within that) for the CCG’s local provider, St Helens and Knowsley Teaching Hospitals NHS Trust. In both there was a rise in activity from 2013/14 to 2014/15 (2.8% and 2.6% respectively), and modelling suggests that in 2015/16 admissions will again increase.

Table 2. Elective admissions for St Helens’ patients at all hospitals and St Helens and Knowsley

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>All providers</th>
<th>St Helens and Knowsley Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Year / Forecast</td>
<td>Increase</td>
</tr>
<tr>
<td>2013/14</td>
<td>29,094</td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>29,907</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Source: North West CSU SUS Data, all specialties, all providers

Figure 3. Elective admissions for St Helens patients at St Helens and Knowsley NHS Trust, and all hospitals, 2013/14 to 2015-16*

Source: North West CSU SUS Data (* 2015-16 data is estimated based on Q1 data)
The majority of elective admissions by St.Helens CCG patients are at St Helens and Knowsley Teaching Hospitals NHS Trust, with 65% of admissions there in 2014/15.

a. How St Helens CCG and local authority are supporting achievement of the 18 week target

St Helens CCG recognises that the target can be achieved by either additional capacity at the local trust, St Helens and Knowsley NHS Trust, or by demand management at the referral end of the process. The CCG has an Out of Hospital Group which considers ways in which to reduce demand on the hospital, this work has many facets which include:

- A referral management software system will be introduced to the CCG to support referrers' decision making. This software combines the most up to date guidance from bodies such as NICE with information about services available locally, it enable referrers to quickly identify whether a referral to secondary care is needed or whether there is an alternative such as referral to a community clinic. This benefits patients as in some cases they can then have their care closer to home without needing to visit a hospital.

- The CCG is running a number of community clinics in dermatology, gynaecology and ear, nose and throat (ENT) specialties; these clinics are conveniently located - generally in community settings - are accessible. Such clinics are not only convenient for patients but they also reduce the number of referrals to the hospital therefore allowing the hospital to focus in a timely fashion, to meet required target access times, on those patients who require specialist intervention. These clinics are subject to an evaluation which will report later in 2015.
4.1.1.iii Accident and Emergency

Accident and Emergency departments assess and treat patients who have serious and unexpected injuries and illness. Major A&E departments are open 24 hours a day and 365 days a year. There were 18.5 million Accident and Emergency (A&E) attendances recorded at major A&E departments, single specialty A&E departments, walk-in centres and minor injury units in England in 2013/14.\(^2\) This was an increase of 1.0% on 2012/13, but this was thought to be mainly due to increased coverage.

There are great pressures on A&E services, therefore it is vital to ensure that other options are used as much as possible when relevant, and especially when a hospital attendance is not required (eg by use of out of hours services).

There were almost 50,000 accident and emergency attendances for St. Helens CCG in 2014/15, which was an increase of 1.8% on the previous year. Figures are expected to increase to 50,532 in 2015/16. Figures for all providers, and the main provider, St. Helens and Knowsley Teaching Hospitals NHS Trust are given in Table 3.

Table 3. Accident and Emergency attendance for St Helens’ patients, at all hospitals and St Helens and Knowsley

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>All providers</th>
<th>Increase</th>
<th>St Helens and Knowsley Trust</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>48959</td>
<td>1.7%</td>
<td>36,901</td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>49773</td>
<td></td>
<td>37,572</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Source: North West CSU SUS Data

Figure 4 compares A&E attendances for all providers and just for St Helens and Knowsley. Three-quarters of attendances were at the local provider in 2014/15 (75%). The overall increase in attendances was reflected in a similar growth of 1.8% in attendances at St Helens and Knowsley between 2013/14 and 2014/15.

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\(^2\) http://www.hscic.gov.uk/article/2021/Website-Search?productid=17200&q=accident+&sort=Relevance&size=10&page=1&area=both#top
Within the year, the peak months in activity are July and December in line with non-elective admissions. However March 2015 has become the highest activity month.

Use of urgent care services varies widely by GP practice. Figure 5 gives the number of urgent contacts by weighted practice population in Quarter 1 2015/16. The total number of urgent contacts per 1,000 weighted population in the quarter varied between 230 per 1,000 at Eldercare, down to 117 per 1,000 at Rainford Medical Centre. Given the patient population of the Eldercare practice, this might be expected to be the highest practice, however, another five practices (with more typical populations) all have more than 200 urgent care contacts per 1,000 weighted patients. Increasing use of out of hours services and walk in centres will reduce pressures on accident and emergency centres. Excluding Eldercare, walk in centre usage varies from 101 per 1,000 down to just 35 per 1,000 (though this may have a relationship to the physical location of centres). A&E attendances vary between a high of 76 per 1,000, down to a low of 43 per 1,000, (43% lower).
Figure 5. Urgent care by GP Practice, contacts per weighted 1,000 patients in Q1 2015/16
4.1.1.iv Emergency admissions

It is important to reduce unnecessary emergency admissions. Emergency admissions from acute causes that do not usually require a hospital admission are higher in St.Helens than for both England, and Cheshire and Merseyside.

Figure 6. Emergency admissions for acute conditions that do not usually require a hospital admission (all persons)

Source: HSCIC, Hospital Episode Statistics (HES), ONS mid-year population estimates and registered patient counts from NHAIS (Exeter)
5. General practice workforce

The future viability of the healthcare workforce and particularly for general practice has been identified as an important issue nationally. In January 2015 NHS England, the BMA, Royal College of General Practitioners, and Health Education England, jointly released an action plan to outline their plans to ensure a skilled, trained and motivated workforce that is fit for purpose. The three key strands of this were:

- Improving recruitment into general practice
- Retaining doctors within general practice
- Supporting those who wish to return to general practice

Therefore, ensuring this viability in general practice is also an important priority locally. Health Education North West conducted a General Practice Workforce Survey on St Helens CCG GP Practices in August 2015 which benchmarked a range of measures against North West and National averages.

The report found that there are 74 GPs, 40 nurses, 20 direct patient care staff and 207 administrative staff in St Helens CCG GP Practices. Just over a quarter (27%) of the workforce is aged over 55 years, with a further 15% aged between 50 and 54 years. Due to impact of retirement, this is likely to present significant recruitment challenges over the next 5-10 years across General Practice.

Nationally, there is an average of 65 GPs per 100,000 head of weighted population (including registrars and retainers). The North West average is 66 per 100,000. The figure for St Helens CCG is considerably lower, at only 52 per 100,000.

In terms of headcount, St Helens CCG has 54 GPs (excluding registrars and retainers) per 100,000 weighted populations, compared to 63 across England. This equates to 1 GP for every 1,851 population. The data shows that there is a considerable range in the average list size of practices when aggregated at CCG level. St Helens CCG has an average of close to 5,300, which is lower than both the England average of 7,200 and the North West average of 6,200 patients per practice. There is however no apparent correlation within the data to suggest that larger practices enjoy economies of scale in terms of needing fewer GPs per patient.

Based on local survey data, the average age of all General Practice staff within St Helens CCG is 45 years of age, which is broadly consistent with Merseyside and the North West, both of which are 46 years of age. The average age of GPs (excluding registrars and retainers) in the CCG is just under 48 years, which is slightly older than Merseyside and the North West (both 45 years).

Therefore, it should be an important consideration locally to ensure that the general practice workforce is robust and able to meet the future needs of the St.Helens population.

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St. Helens and Knowsley Teaching Hospitals NHS Trust
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