

## ADULTS AND HEALTH SCRUTINY PANEL

28 JUNE 2018

### IMPROVING ACCESS TO PRIMARY CARE

#### Report of the Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder For Safeguarding Adults, Public Health, Health Commissioning, Community Safety & Road Safety	
Contact Officer(s):	Tim Sacks, Chief Operating Officer, ELRCCG	Tel: 0116 295 5866 Email: <a href="mailto:tim.sacks@eastleicestershireandrutlandccg.nhs.uk">tim.sacks@eastleicestershireandrutlandccg.nhs.uk</a>

#### DECISION RECOMMENDATIONS

That the Panel:

1. Notes our plans for improved access to primary care and public engagement activity. Comments and feedback from the Committee are welcomed.

#### 1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide information about East Leicestershire and Rutland Clinical Commissioning Group's (ELR CCG) plans to improve access to primary care and urgent care services for patients out of hours (evenings and weekends) and the associated procurement of a combined service for out of hours and urgent care, currently delivered as two separate services by two providers.
- 1.2 The report also provides information on plans to improve access to primary care services during current GP practice opening hours during the week.
- 1.3 All plans are being influenced by patient views and will be subject to further planned engagement.
- 1.4 The Health Overview and Scrutiny Committee is asked to note our plans for improved access to primary care and public engagement activity. Comments and feedback from the Committee are welcomed.

## 2 INTRODUCTION

- 2.1 Ensuring our patients have high quality primary and urgent care services close to home is a key priority for ELR CCG. We are also committed to reducing pressures on acute services such as Emergency Departments. We are currently working on plans to ensure our patients have improved access to primary care services out of hours (evenings and weekends) and over the coming year, to improved access to on-the-day appointments at our 31 GP practices.
- 2.2 In 2014 we consulted the public on changes to improve urgent care services in East Leicestershire and Rutland. Those changes, which received public support, were implemented in April 2015. We receive positive feedback about the services and we are pleased to be offering a number of locality based services for our patients for out of hours primary care and urgent care needs, with choices of care close to home.
- 2.3 The contracts we put in place to support the model agreed after consultation are now up for review however, and we are keen to ensure that the services we offer still meet public needs while providing high quality, cost effective care.
- 2.4 We believe following initial review work including conversations with patients, that we could enhance what is currently available with some investment and changes to the existing model of care. Subject to further work to understand the views of our patients and stakeholders, this would include the:
- procurement of a combined OOH GP and urgent care service
  - some changes to opening hours and staffing models at existing services to reflect patient usage and need
  - the opening of an additional site in one of our localities to offer these services where they don't currently exist
- 2.5 Under national plans for primary care improvements (the Five Year Forward View for General Practice), we are investing in primary care to improve access to appointments during GP core opening hours (8am to 6.30pm). Locally we are planning improvements in the number of appointments available and increased choice of ways to access and communicate with primary care and improvements in continuity of care for patients with long term or complex needs.
- 2.6 We are working with our Patient Participation Groups to understand what is important for our patients to help shape our plans. Additionally, a pilot is currently underway in Syston, Long Clawson, Melton, Oakham and Market Harborough which will see patients who cannot be seen during GP opening hours, booked an appointment at Oakham (weekends) or Market Harborough (evenings) out of hours by their practice. The findings from the pilot, which includes reviewing patient experience, will be used to influence the roll out of this service enhancement later this year. Further enhancements in access are then expected to follow.
- 2.7 We are now planning further engagement with our patients and stakeholders to help shape our plans and to refine our proposed model to ensure it meets patient need. The changes we are proposing are not about reducing spend but improving access, however we believe there will be efficiencies from more appropriate use of services and by reducing duplication of services.

- 2.8 We are also taking the opportunity to look at patient experience of our daytime minor injuries services and using the listening booth to understand people's experience of care and the reasons for people accessing the services.
- 2.9 We have also recently commissioned a 24 /7 Urgent Care Visiting Service for those patients who require community-based urgent care but who are housebound. This service began in April 2017.
- 2.10 We believe the combination of improving in-hours access, the urgent care visiting service for housebound patients, and plans to enhance out of hours access to primary and urgent care, will provide a clearer, more comprehensive high quality service for our patients, enabling us to continue to provide care close to home and to reduce pressures on acute services.

### **3 CURRENT SERVICES**

- 3.1 ELR CCG currently commission two services which provide primary care out of hours for ELR patients. Both contracts are in place until 31 March 2019 and so the service requires re-procurement for 1 April 2019.
- 3.2 One of the current contracts is for a GP led, nurse practitioner provided Urgent Care service which is delivered from four sites: Melton Mowbray, Oakham, Market Harborough and Oadby. The other contract is for a separate out-of-hours GP service which is delivered from Oakham and Lutterworth.
- 3.3 The Urgent Care service is run from 5pm until 9pm Monday to Friday and 9am until 7pm at the weekends and Bank Holidays. The exception to this is Oadby which is open 8am until 9pm Monday to Friday and 8am until 8pm weekends and Bank Holidays. The GP service is open at the weekends 8am to 9pm in Oakham and 10am until 4pm in Lutterworth. The Oadby in-hours service is well utilised by City, East Leicestershire and West Leicestershire patients as well as non-registered patients.
- 3.4 The current Urgent Care service can be accessed via walk-in or by booked appointment via 111. From September 2018, patients will also be able to access booked appointments to this service via their own practice enabling access to care out of surgery hours. The GP service can currently only be accessed by booking via 111.
- 3.5 The Urgent Care service and out-of-hours GP services form part of the ELR Urgent Care offer. Emergency Departments and Urgent Care centres in neighbouring CCG areas for example, Loughborough, Corby, Grantham, Lincoln, Rugby and Peterborough are also commissioned to offer patient choice and accessibility for those who live on the CCG borders.

### **4 PATIENT FEEDBACK**

- 4.1 Patient feedback on current services has been consolidated from patient surveys, individual Patient Participation Groups (PPGs) meetings and group development sessions with the Chairs of each of the PPGs. In addition, the CCG's Listening Booth has been to our most used site in Oadby to talk to patients directly about their experiences in accessing both Primary and Urgent Care.
- 4.2 The information the CCG has been given is that in core hours, patients either

perceive or know there is not enough capacity within primary care and so they travel to use walk-in services such as in Oadby as an alternative. This is also a key theme in the patient survey results and from the PPGs.

- 4.3 Patients have also told us that they are confused about what is available when, (especially when out-of-hours services overlap with core GP opening times) and about how to access services particularly whether or not services are walk-in or whether an appointment is needed.
- 4.4 Patients also tell us that they are less likely to travel to use acute services if there are accessible, easy to use services in their immediate vicinity (or locality). They also tell us that the frequency and routes of public transport makes living in some of our localities more difficult to access services and that the retention of local sites is therefore, of importance to them.

## **5 WHAT WE WOULD LIKE TO CHANGE**

- 5.1 The commissioning of two separate primary-care based services has led to confusion and access problems for patients. The nurse practitioner service and GP service do not work as a cohesive team across the CCG area due to the contracting arrangements. Both services offer different opening hours and access routes leading to inequity of service across the CCG and confusion for patients. The CCG has therefore made the decision to procure a single Extended Primary Care service to replace the current two contracts from 1 April 2019. The specification and model for this contract will be subject to further public and stakeholder engagement.
- 5.2 There are services currently provided in four of the six CCG localities. North Blaby has no locality based service. To address the equality of access issues across the CCG's significant geography, the CCG has proposed a locality based solution to service provision with the inclusion of a new sixth site in the North Blaby locality. If agreed, the future location of this service would be decided with engagement with the public.
- 5.3 Opening hours vary across both current services. To address the resultant inequalities of access across the CCG, where possible and where demand is evident, opening hours we plan to ensure consistency across all sites. The proposed opening hours are different to those currently in place. The CCG plans to engage with the public on what the right opening hours will be.
- 5.4 The bringing together of both services offers an opportunity to commission and deliver the staffing model as a single, primary care multi-disciplinary team. The staffing model will also be discussed with patients.

### **Proposed New Site For Out Of Hours Primary Care**

- 5.5 Over 26% of all out-of-hours activity at the Oadby walk-in centre come from the Blaby and Narborough area practices in the North Blaby locality. This is the locality which does not currently have a site offering primary care out of hours. This means that almost 3000 patients per year have to travel to a neighbouring locality to access out-of-hours care, in some cases this is the same distance or further than travelling to Leicester's Emergency Department

- 5.6 Figure 1 demonstrates the current use of ELR's Urgent Care centre by locality. Unsurprisingly, it is the lowest for the North Blaby locality as a service in the immediate vicinity is not available. It is also notably low for South Blaby and Lutterworth, potentially due to the locality's service not offering walk-in access.

**Figure 1 – Use of ELR UCC by Locality (Jan 17 – Feb 18)**

Locality	ELR UC Centre Activity	Registered Population	Activity per 1000 Population
SLAM (Syston, Long Clawson & Melton)	5599	65414	85.6
Oadby & Wigston	6109	58097	105.2
Harborough	6495	60725	107.0
South Blaby & Lutterworth	1715	46470	36.9
North Blaby	1687	61581	28.0
Rutland	2690	37814	71.1

- 5.7 The demand for a sixth site in the North Blaby locality to reduce attendance at acute services and to improve access to out of hours primary care services is evident. Subject to agreement by the Governing Body, the CCG will engage with patients, the public, stakeholders and practices to find the best solution for the location of this service.

**Proposed Change In Hours**

- 5.8 There is currently a 90 minute overlap between core primary care hours (8am to 6.30pm, Monday to Friday) and the opening time of our Urgent Care services in Melton, Oakham and Market Harborough (which open at 5pm).
- 5.9 We are considering removing the overlap to make best use of clinical time. This means that instead of opening at 5pm, out of hours primary care services during the week would open at 6.30pm. They would all remain open in the weekday evenings until 9pm as they do now.
- 5.10 At weekends and on Bank Holidays, our data shows that there is lower usage of the services by patients during the last two opening hours at the current Urgent Care centres in Melton, Oakham and Market Harborough. The CCG proposes to review with patients, the appropriateness of current opening hours at the weekends. Based on the most recent information (February 2018), this proposal could impact on 6.5% (60) of the patients who use the service at the weekends across the three sites. This is equivalent to seven patients a day across East Leicestershire and Rutland.

- 5.11 While there is currently lower usage of our urgent care services between 5pm and 7pm on weekends and Bank Holidays, we are committed to ensuring alternatives are available for our patients. This will be achieved through our investment in improved access to primary care services during the week and the fact that patients will be able to book weekend and evening appointments via their practices and 111 rather than having to rely on walking-in.
- 5.12 We are not however, proposing changes to the weekday opening hours of the Oadby service due to its high use and this would remain open until 9pm. Oadby will also remain open during the day due to the high number of patients who rely on this service for in-hours primary care access (17,339 patients February 2017 to January 2018; 9173 from ELR CCG, 5974 from Leicester City and 2192 patients from other CCGs or who are unregistered with a practice). To ensure that patients are seen by the appropriate health professional or service, clinical triage will be considered for walk-in patients. This could help to ensure that patients get the right care first time or continuity where appropriate for their condition.
- 5.13 For patients who cannot travel to alternative services (i.e. those who are housebound) but who have an urgent care need after 5pm, the CCG already commissions a 24/7 Urgent Care Visiting Service which can be accessed via 111/Clinical Navigation Hub.
- 5.14 Both current services offer access to primary care services, one is GP only and the other is Nurse Practitioner delivered but supported by a GP. With a single provider of all ELR Extended Primary Care services, there is an opportunity to review the primary care staffing model out-of-hours.
- 5.15 To ensure the CCG understands the clinical needs of patients accessing the service, a 100 patient, six month clinical audit was carried out to determine the needs of the majority of patients the reasons some patients require GP only care. Over 90% of patient need could be safely and appropriately met by an Advanced Nurse Practitioner.
- 5.16 The proposed staffing model would see a Prescribing Advanced Nurse Practitioner available at all sites with support from General Practitioners provided from two sites.
- 5.17 The aim of the new model is to provide improved quality of access to out of hours primary care and urgent care services across the CCG area, to reduce confusion for patients and to integrate booking of out of hours primary care and 111 so patients are booked into the right service first time.
- 5.18 Care will be delivered at a CCG locality level. This means all six localities would have an out of hours primary care service offering face to face appointments with a primary care practitioner. Patients would be able to access all six sites by walk-in or booking via 111 or their own practice.

### **Listening to the public**

- 5.19 ELR CCG is committed to listening to the views of the public and to implementing plans which ensure clinically appropriate, high quality and affordable care provision for individuals as close to home as possible.
- 5.20 Initial discussions with the CCG's Patient Participation Group Network (which brings together the Chairs and Deputy Chairs of PPGs from across ELR), during which

high level plans were outlined and discussed, were positive with broad support given. Additionally, the PPG Network expressed a strong view from that services should remain locality based and that services in Lutterworth should continue.

- 5.21 Healthwatch Rutland (who have also provided a link to Healthwatch Leicestershire) have been an active part of the working group who have deployed the model.
- 5.22 The proposed new model enhances the existing service and has been designed with the input of patients. However, to ensure we fully understand patient and stakeholder views of the model and to ensure the future service specification fully meets local needs, we are planning a period of public engagement to enable local people to further influence our plans. Public feedback during engagement will be analysed and the findings used to finalise the model of care. Dependent on the findings of the engagement and any associated changes to the model, the CCG will consider whether there is a need for formal public consultation.
- 5.23 Our intention is to provide local people and stakeholders with the opportunity to give feedback on the current services including areas for improvement and to seek views on the proposed changes to opening hours and staffing and the proposal for a new site in the Blaby District area (including where it could be situated).
- 5.24 Our proposed engagement approach will see activity delivered in three phases (please note, phase one is already complete):
- Phase One – further discussions with the CCG’s GP localities, Patient Participation Group Network, Healthwatch Rutland and Healthwatch Leicester and Leicestershire to seek feedback and views on proposals and where appropriate, engagement plan and methodology.
  - Phase Two – public facing engagement document and survey, use of listening booth, discussions at existing PPG and patient locality groups and engagement with hard to reach groups to ensure we understand the views of those covered by the nine protected characteristics of the Equality Act 2010. Briefings will also be provided for key stakeholders such as MPs, County and District Councils. The views of neighbouring CCGs and key Leicester, Leicestershire and Rutland urgent care forums will also be sought. Engagement will be promoted via the media and social media and via existing networks. Public meetings in key locations are also being scoped.
  - Phase Three – analysis of engagement used to inform final model and development of service specification. Feedback to patients and stakeholders. Should significant changes be proposed at that point, the CCG will need to consider whether consultation will be required. The views of patients will also be used to develop targeted communications plan for new service roll out

## **6 CONCLUSION**

- 6.1 ELR CCG is committed to ensuring our patients have high quality primary and urgent care services close to home. We are also committed to reducing pressures on acute services such as Emergency Departments.
- 6.2 ELR CCG currently commission two services which provide primary care out of

hours for ELR patients. Both contracts are in place until 31 March 2019 and so the service requires re-procurement for 1 April 2019. We are planning to combine the services to improve integration and access for patients and are seeking to make improvements to the model of care. Patient and stakeholder views have influenced planning to date and a period of further engagement is planned to ensure our plans meet local need and that any barriers and opportunities are identified. Public consultation will be considered if required following analysis of public feedback and any associated changes to the model of care we are proposing.

- 6.3 Additionally, under national plans for primary care improvements (the Five Year Forward View for GPs), the CCG is investing in primary care to improve access to appointments during GP core opening hours (8am to 6.30pm). This means planned improvements in the number of appointments available and an increase in patient choice of ways to access and communicate with primary care along with improvements in continuity of care for patients with long term or complex needs.

## **7 BACKGROUND PAPERS**

There are no additional background papers to the report.

## **8 APPENDICES**

None.

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**