

Bath & North East Somerset Council

MEETING: Wellbeing Policy & Development Scrutiny Panel

MEETING
DATE: Friday 21st September 2012

TITLE: Urgent Care Redesign Project

WARD: ALL

AN OPEN PUBLIC ITEM

List of attachments to this report:

Appendix 1 – Improving Access to Urgent Care in B&NES – a patient & public engagement document (draft)

1. THE ISSUE

To inform the Panel about the Urgent Care Redesign Project and proposed engagement process.

2. RECOMMENDATION

The Panel is asked to note this paper. An impact assessment will be completed and presented to the November meeting of the Panel.

3. FINANCIAL IMPLICATIONS

No financial implications for the Council.

4. THE REPORT

Background

Since 2004 NHS Bath & North East Somerset has commissioned Out of Hours GP Medical services (evenings, overnight, weekends and Bank Holidays) from Bath & North East Somerset Emergency Medical Services (BEMS), a non-profit making organisation made up of mainly B&NES GPs.

In March 2011 the PCT's Board agreed to extend the current contract with BEMS until 30th September 2013 in light of the Bath Urgent Care Network and B&NES Clinical Commissioning Committee's support to broaden the scope of the OOHs procurement to bring further improvements to urgent care in B&NES, Wiltshire and Somerset. The future role of the GP-led Health Centre is also being considered as the contract for this service ends in March 2014.

At the same time the local NHS needs to become more efficient to meet the challenges it faces over the next few years. That includes avoiding duplication of services, and helping patients to make the right choices to get the right care when they need it.

The three main reasons for looking at urgent care services as a whole are:

- To ensure patients are be clear about where to get the best treatment
- The need to balance the affordability of the different services offered
- The number of patients who use urgent care services is growing and will carry on growing in the future

Reason 1 – Confusion over where to go

All patients should get the right care, first time, and the aim is to ensure that they use the service best-placed to help them. Having listened to local people it is clear they are not sure which service they should use when they or a family member have an urgent care need despite the publicity campaigns such as Choosing Well.

At the moment patients can choose between NHS Direct, GPs, walk-in centres, GP-led health centres, minor injury units, pharmacies, dentists and emergency departments. Choice is important, but it can be confusing, especially outside usual working hours and when someone is feeling unwell. This uncertainty undermines the delivery of timely and appropriate care.

NHS 111 the new national urgent care number should help with getting people to the right service, first time, but some people will still choose to go directly to a service without phoning beforehand.

Reason 2 – Value for money & affordability

The GP-led Health Centre duplicates the services already offered by GPs. This is because the majority of patients who use the Centre are already registered with a GP locally who are already funded to provide urgent care. There are 15 practices in Bath with eight in a one-mile radius of the GP-led Health Centre.

The PCT is therefore paying for the GP, the GP-led Health Centre and in some cases for an Emergency Department attendance. The result is that taxpayers' money is not being used effectively and in these financially challenging times this needs addressing.

Reason 3 - Increasing demand

The Office of National Statistics (ONS) project that the population of B&NES will increase from 180,000 (estimate in 2010) to 198,800 by 2026, a 12% increase. This increase is expected to mainly be in older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026. People are also living longer often suffer with more than one long term condition increasing the demand for urgent care and other health care services.

The increasing demand for urgent care services is at a time when the NHS is faced with no growth in health funding. In real terms this means the CCG will have to live within its existing budget. This poses some tough challenges for the future which is why the CCG is considering changes to urgent care services. The reality is that if changes are not made money will have to be taken from other crucial services in order to fund this urgent care demand.

When the GP-led Health Centre opened in April 2009, it was staffed to see 30,000 patient attendances per year with the aim that it would help reduce demand at the Emergency Department, which has not been the case.

However, it is now evident that the majority of people attending the GP-led Health Centre are people who could be seen at their GP practice which means services are being duplicated and being paid for twice.

The options that have been considered

B&NES CCG along with the neighbouring CCGs of Wiltshire and Somerset have been involved in considering the future provision of urgent care services in light of the three reasons outlined above. Various service options have been considered by the CCG along with hospital consultants, emergency medicine and primary care professionals and managers. The aim in considering the options has been to ensure high quality, clinical safety, the best use of available resources, and simplified access.

Four options have been assessed against these criteria and it was clear to the CCG that one option was the best fit against these criteria which is set out below.

A new model for urgent care in B&NES

Increasingly people are being encouraged to go to their GPs wherever possible for their urgent care needs as this is very important for a number of reasons including patient continuity of care and access to medical records. However, from the engagement work undertaken to date some patients do have a problem with getting a same day appointment at their practice.

Work is therefore progressing with local GP practices to improve their ability to see urgent care patients. This involves ensuring that telephones are answered promptly and between the hours of 8 am and 6.00 pm with no closure during lunch time periods. It also involves improving the time taken for GPs to visit patients at home who are unwell instead of waiting to do the traditional home visits at the end of the morning or afternoon surgery.

The proposed new model would see the bringing together of GPs and nurses currently provided by the GP-led Health Centre and the GP out-of-hours service with the Emergency Department at the RUH to create an Urgent Care Centre.

The CCG believes this is the best model of care for the future as it not only addresses the reasons for change, but creates a model which is financially sustainable. The CCG also believe having GPs based at the Emergency Department will improve the care of older people, which will become an increasingly important role for primary care.

5. RISK MANAGEMENT

A risk register has been established as part of the project.

6. EQUALITIES

An impact assessment and equalities impact assessment will be completed as part of the engagement process and presented to the November meeting of the Panel.

7. CONSULTATION

The Bath Health Community Urgent Care Network has existed for a number of years to provide the strategic oversight and development of services across the network area. The network area includes Bath & North East Somerset, West and North East Wiltshire and the Mendip area of Somerset and comprises of health and social care providers, commissioners and lay and LINK members. It is chaired by Dr Simon Douglass, Clinical Accountable Officer (Designate) of B&NES CCG.

The PCT and CCG have started an engagement process to seek patient and public views and comments on the new model of care. A draft patient and public engagement document for the urgent care redesign project is attached as appendix 1 and subject to finalisation will be type-set and printed to support the public and stakeholder meetings as well as being made available on the PCT's website.

The engagement process is being supported by B&NES Local Involvement Network (LINK).

8. ISSUES TO CONSIDER IN REACHING THE DECISION

Not relevant.

9. ADVICE SOUGHT

It wasn't necessary to seek advice from either the Council's Monitoring Officer (Council Solicitor) or the Section 151 Officer (Strategic Director – Resources & Support Services) on the contents of this report.

Contact person	Corinne Edwards, Associated Director for Unplanned Care & Long Term Conditions, Tel: 831868
Background papers	<p>Guidance for Commissioning Integrated Urgent & Emergency Care – A Whole System Approach, Royal College of General Practitioners, August 2011</p> <p>Breaking the Mould without Breaking the System – New Ideas & Resources for Clinical Commissioners on the Journey Towards Integrated 24/7 Urgent Care, Primary Care Foundation & NHS Alliance, November 2011</p>
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