

# **Review of Urgent Care in Bath & North East Somerset**

## **Patient & Public Engagement**

### **Foreword**

By Dr Ian Orpen, Chair, Bath & North East Somerset Clinical Commissioning Group

Welcome to our patient and public engagement about the future of urgent care in Bath & North East Somerset.

As the Chair of Bath & North East Somerset Clinical Commissioning Group (B&NES CCG), I'm pleased to explain how you can get involved in our engagement work.

As you probably know, the Government has asked GPs to take a much greater role in commissioning or buying local health services. Groups of GPs have formed Clinical Commissioning Groups (CCGs) to do this and the B&NES CCG will be responsible for services in this area from April 2013.

Since forming last year, we have been working with our neighbouring CCGs who use the Royal United Hospital in Bath, to review urgent medical care services and how they all work together. Urgent care services are those designed to meet emergency health care needs. In B&NES the services include:

- Bath & North East Somerset Emergency Medical Service (GP out-of-hours) – when your GP surgery is closed at night and over the weekends, a GP is available to provide advice, arrange to see you at one of two locations or visit you at home
- The Minor Injury Unit at Paulton Hospital
- GP-led Health Centre at Riverside in Bath
- The Emergency Department at the Royal United Hospital in Bath

The contracts for the GP out-of-hours service and the GP-led Health Centre come to an end in March 2014 and this gives us an opportunity to look at the urgent care services in B&NES. Furthermore in these financially challenging times, we have to make judgements on how to make the best use of the public money we have at our disposal so we want to know what you think about our plans.

At the same time, we are working with our local GP practices to improve their access so that in future you can see them more easily for urgent problems as we recognise that this is a barrier for many people.

Please take a few moments to read this document, and then fill in the questionnaire and let us know what you think. If you can, you may also like to attend one of the public meetings we are holding – details are at the end of this booklet.

We look forward to hearing from you.

Best wishes,  
Dr Ian Orpen

## **Introduction**

This document gives you the background to our patient and public engagement about how we believe urgent care services should be provided in the future and we need to hear what local people think about these proposals. Please take a few moments to read through this document, and then to answer the questions at the end. The information and questionnaire are also available on-line at [www.banes-pct.nhs.uk](http://www.banes-pct.nhs.uk)

## **What is urgent care?**

Urgent care services are those designed to meet emergency health care needs.

## **Background**

We have a number of urgent care services who see patients in different locations in B&NES including:

- 27 GP practices
- Bath & North East Somerset Emergency Medical Service (the GP out-of-hours service)
- The Minor Injury Unit at Paulton Hospital
- GP-led Health Centre at Riverside in Bath
- The Emergency Department at the Royal United Hospital in Bath

We are particularly focussing on the future of the GP-led Health Centre based at Riverside in Bath and the GP out-of-hours service. Firstly we have to commission these by 2014, secondly they both centre around primary care and thirdly their services compliment each other.

Your local NHS needs to become more efficient to meet the financial 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.

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

- We want all patients to be clear about where to get the best treatment
- We need to balance the affordability of the different services we offer
- We know that the number of patients who use urgent care services is growing and will carry on growing in the future.

## **What are the current services?**

They can be summarised as follows:

### **GP Practices**

There are 27 practices across Bath & North East Somerset, 15 in Bath City, seven in the Norton-Radstock area and five in the Keynsham and Chew Valley area. Around 195,000 patients are registered with these practices, but the number of people registered with each one does vary, from 2,900 patients to 12,500 patients. Practices are funded to be open from 8 am to 6.30 pm, Monday to Friday. All practices offer extended hours, eg early mornings, late evenings and Saturday mornings, but this will vary between practices.

Practices not only see patients with urgent care needs, but also those patients who have more routine or planned care needs such as a review or treatment of their long term condition.

### **Bath & North East Somerset Emergency Medical Out-of-Hours Service**

The GP out-of-hours service was formed in 2004 to provide out-of-hours urgent GP services for patients who are unwell and cannot wait to be seen by their own practice the next day or after a weekend.

GPs are available from 6.30 pm to 8 am and at weekends. They see patients at the RUH and at Paulton Hospital as well as seeing patients at home who are too unwell to travel following an assessment on the telephone. They only see patients at Paulton Hospital from 6.30 pm to 11.30 pm only.

### **Paulton Minor Injury Unit**

The Minor Injury Unit at Paulton Hospital is open seven days a week 8 am to 9.30 pm. Patients with minor injuries or illness attend the unit and can walk-in without the need for an appointment.

### **RUH Emergency Department**

The Emergency Department is open 24-hours a day, seven days a week, every day of the year. People either self-present or are referred by GPs and nurses or are brought in by ambulance.

### **Bath GP-led Health Centre**

Prior to the opening of the GP-led Health Centre in April 2009, Bath had a nurse-led walk-in centre for seven years. GP-led Health Centres were created as part of a national initiative by the Government to provide convenient access to basic primary care services without the need for an appointment. The GP-led Health Centre is based at Riverside in St James Street in Bath and is open seven days a week, 8 am to 6.30 pm.

There are also other services based in the Riverside building, including the Contraception & Sexual Health Service and the Dental Access Service. These will not be affected as a result of our proposals.

### **The reasons for change**

The review is based on the key principles of achieving value for money and high quality care.

#### **Reason 1 – Confusion over where to go**

We believe that all patients should get the right care, first time, and we want to ensure that they use the service best-placed to help them. We know from listening to local people that 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, minor injury units, pharmacies, dentists and emergency departments. Choice is important, but it can be confusing, especially outside usual working hours and when you're 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 we know 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 is 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.

We therefore pay 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 we need to address this.

### **Reason 3 - Increasing demand**

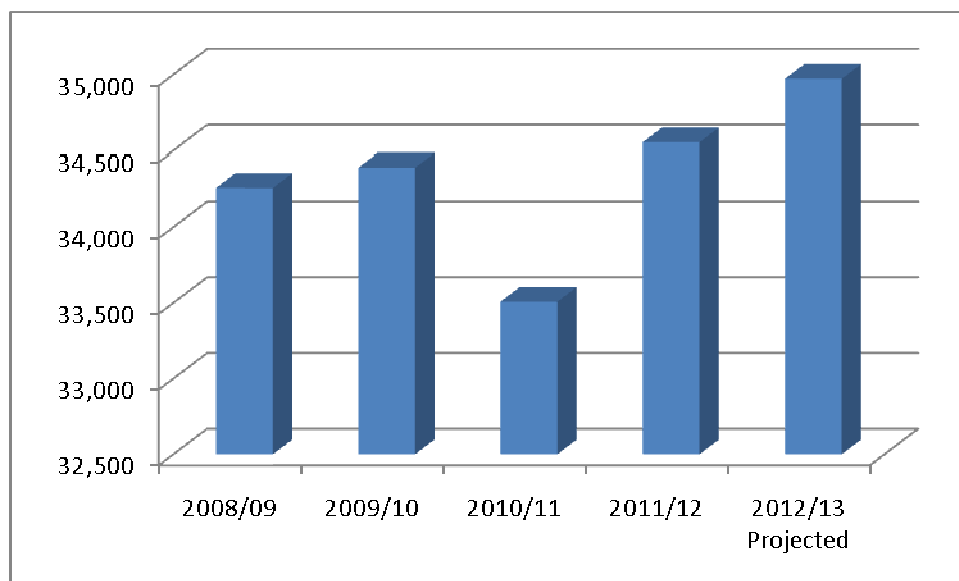
The Office of National Statistics (ONS) project that the population of B&NES will increase from 180,000 (estimate in 2010) to 198,800 by 2026, a 12% increase. This increase is expected to mainly be in older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010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

We are seeing increasing demand for urgent care services at a time when we are faced with no growth in health funding. In real terms this means we will have to live within our existing budget. We are therefore faced with some tough challenges for the future which is why we are considering changes to urgent care services. The reality is that if we don't we will have to take money 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 as can be seen from the graph below.

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 we are duplicating services and effectively paying twice.

B&NES Emergency Department Attendances at the RUH



### **What options 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 us along with hospital consultants, emergency medicine and primary care professionals and managers. Our 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 us that one option was the best fit against these criteria which is set out below. Details of the other options considered can be found in annex 1. The strengths and weaknesses for each option, including the proposed new model are set out in annex 1.

### **A new model for urgent care in B&NES**

Increasingly we are encouraging people to go to their GPs wherever possible for their urgent care needs. We believe this is very important for a number of reasons including patient continuity of care and access to medical records. However, we know from our engagement work to date that some patients do have a problem with getting a same day appointment at their practice.

We are therefore working with local GP practices to improve their ability to see urgent care patients. We want to ensure that telephones are answered promptly and between the hours of 8 am and 6.30 pm with no closure during lunch time periods. We also want to improve 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.

Our 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.

We believe 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. We also

believe having GPs based at the Emergency Department will improve the care of older people, which we know will become an increasingly important role for primary care.

We also now know that one of the main reasons for originally creating the GP-led Health Centre is less relevant today – that is the aim to reduce emergency department attendances.

### **How we have included our B&NES community to date**

Over the past few years, the Primary Care Trust (PCT) has taken opportunities to improve access to urgent care services. However, as a result of a need for the PCT to re-tender the out-of-hours GP service, the PCT and CCG agreed to look at the opportunity to include other urgent care services. The PCT and CCG then embarked on an engagement process starting in April 2012. An event with stakeholders, patients and public was held where the proposals to redesign the urgent care system were presented. Attendees were posed three questions to consider:

- What are the most important patient experience issues for people when using the urgent care system?
- What are the key principles to hold on to when planning any changes?
- How can we help people understand the different parts of the urgent care system and how best to use it?

The key messages from these questions were as follows:

- Good accessibility and waiting times for all services, including car parking and transport
- Customer and quality focussed
- Need for joined up and integrated services
- Good triage systems
- Maximising the use of technology
- Communication and education

Subsequent to this, a specific event was held with health and social care professionals and lay members to consider in more detail the potential options for redesigning the services which looked at:

- The demand for services
- The size and needs of the population served
- Options of the type and location of urgent care services
- The costs of providing the current services
- The fact that patients should be seen safely in the most suitable environment for their needs, whilst ensuring that public money is spent wisely

All the above, together with patient survey results, has helped shaped our ideas hence why we have decided to go ahead with patient and public engagement to present our ideas and the benefits we believe this would bring.

We believe our plan for urgent care within B&NES will give a better service to our community. We believe there will be greater clinical support and benefits to patients

from hospital and GP staff working together along with the availability of diagnostic services on site. Equally important is that local GP practices have a greater urgent care role to meet their community needs, giving patients a chance to have a more rounded communication with their practice and its staff.

We know this will mean changes, but we believe this is the best way forward and we hope our B&NES community will work with us to help to shape this project.

### **Next steps**

We would like you to think about our ideas, and then let us know what you think and provide any other comments. Please complete the questionnaire and return to us by 31<sup>st</sup> October 2012. You can either fill it in by hand, or complete it on-line at [www.banes-pct.nhs.uk](http://www.banes-pct.nhs.uk)

There will also be four meetings in B&NES (two in Bath, one in Keynsham and one in Norton/Radstock) where you can meet us and talk to us about our plans. They are listed on page 8.

We have asked B&NES Local Involvement Network (LINK) to help us with our engagement work.

Once we have done this, we will gather all the feedback, and use it to help us develop the specification for the new model of care.

## **Public meetings**

We are running a series of public meetings during the engagement as follows:

Date & Time

Place



### **Questionnaire – your feedback**

Before completing the questionnaire below, we would suggest you read annex 1 where we have set out the strengths and weaknesses of each option.

1. Do you think the new model proposed is a good idea?

Yes

No

Not sure

If no please state why:

2. Do you have any concerns about the new model?

Yes

No

Not sure

If yes please make a comment:

3. Do you agree that the majority of minor illnesses should be dealt with by a GP practice to avoid duplication?

Yes

No

Not sure

Please make a comment:

4. Would you like to make any other comments about access to GP services in Bath & North East Somerset?

5. Would you like to make any other comments about access to the GP out-of-hours service in Bath & North East Somerset?

6. Would you like to make any other comments about access to the GP-led Health Centre in Bath?

7. Would you like to make any other comments about access to Emergency Department services at the Royall United Hospital?

8. Do you live in Bath & North East Somerset?

Yes

No

If not where do you live?

9. Do you work in Bath & North East Somerset, but live outside of Bath & North East Somerset?

Yes

No

If yes please could you indicate where you live:

10. Have you ever used the GP-led Health Centre in Bath?

Yes

No

If yes, how many times in the past 12 months?

11. Have you ever used the Emergency Department at the Royal United Hospital?

Yes

No

If yes, how many times in the past 12 months?

12. Are you representing an organisation?

Yes

No

If yes, please give the name

### **About you**

#### **13. Gender**

Male

Female

Transgender

Prefer not to say

#### **14. Age group**

16 years & under

17 to 25 years

26 to 35 years

36 to 45 years

44 to 55 years

56 to 65 years

66 to 75 years

75 to 85 years

86 year & over

Prefer not to say

#### **15. Ethnic group**

White – British      Irish      Gypsy/Traveller      Any other white background, please specify

Mixed – white & black Caribbean      white & black African      white & Asian  
Any other mixed background, please specify

Asian/Asian British

Indian      Pakistani

Bangladeshi

Any other Asian background,

please specify

Black/Black British  
Caribbean                      African                      Any other black background, please specify

Chinese

Other Ethnic Group – please specify

Prefer not to say

**16. Disability**

Do you consider yourself to have a disability or long-term health condition?

Yes

No

Prefer not to say

If yes, please tick all which apply:

Physical                      Partial or total loss of vision                      Learning disability  
Partial or total loss of hearing                      Mental health condition or disorder  
Long standing illness or disease                      Speech impediment or impairment  
Other medical condition or impairment, please specify

**17. Sexual orientation**

Heterosexual                      Bisexual                      Gay                      Lesbian

Other please specify

Prefer not to say

**18. Religion & belief**

No religion                      Christian                      Muslim                      Jewish  
Hindu                      Buddhist                      Sikh

Other, please specify

Prefer not to say

19. First four letter/numbers of your postcode (we will not be able to identify your address from this, but it helps us understand approximately where replies are from)

If you would like to receive the final engagement report, please provide your contact details below:

Name:

Postal address or email address:

Please reply on-line or return your completed questionnaire by 31<sup>st</sup> October 2012.

### New Model for Urgent Care

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>It is affordable and makes more efficient use of resources as it reduces duplication. Patients arriving at the Emergency Department with primary health care needs can be directed to the Centre. This will cost less</li> </ul>	<ul style="list-style-type: none"> <li>An urgent care centre at the RUH could mean its harder to access for some patients who live and work in the city leading to a poorer experience</li> </ul>
<ul style="list-style-type: none"> <li>There will be 24 hour, seven day GP presence</li> </ul>	<ul style="list-style-type: none"> <li>The RUH location may pose transport issues for some patients</li> </ul>
<ul style="list-style-type: none"> <li>GP presence will help the prompt assessment and treatment of frail elderly patients and ensure that they are safely transferred to an appropriate setting as GPs have better knowledge of the services available in the community</li> </ul>	<ul style="list-style-type: none"> <li>The GP-led Health Centre provides more primary care access</li> </ul>
<ul style="list-style-type: none"> <li>Better integration of GPs and nursing staff with the Emergency Department will mean there is support if a patient requires more help than first thought. This will potentially enhance the quality of care</li> </ul>	<ul style="list-style-type: none"> <li>Students who are not registered with a GP practice will need to do so</li> </ul>
<ul style="list-style-type: none"> <li>Location is good for some people</li> </ul>	<ul style="list-style-type: none"> <li>Patients may dislike being re-directed back to their registered GP</li> </ul>
<ul style="list-style-type: none"> <li>Provides good access to diagnostics and other specialist staff and services</li> </ul>	<ul style="list-style-type: none"> <li>Availability of car parking at RUH</li> </ul>
<ul style="list-style-type: none"> <li>Provides opportunity for developing pathways of care and clinical links between primary and secondary care clinicians</li> </ul>	<ul style="list-style-type: none"> <li>Car parking charges at RUH</li> </ul>
<ul style="list-style-type: none"> <li>Provides a single primary care focus which can offer a consistent message to patients</li> </ul>	
<ul style="list-style-type: none"> <li>Retains the 'walk-in' aspect that is a valued feature of the GP-led Health Centre</li> </ul>	
<ul style="list-style-type: none"> <li>All B&amp;NES patients know where the Emergency Department is located</li> </ul>	
<ul style="list-style-type: none"> <li>Encourages patients with primary care needs to use their GP in the first instance</li> </ul>	
<ul style="list-style-type: none"> <li>Enables high quality data collection of activity to monitor performance of service and future planning of services</li> </ul>	
<ul style="list-style-type: none"> <li>Provides the clinical and managerial</li> </ul>	

hub for other urgent care services such as Paulton Minor Injury Unit, homeless service and the community based deep vein thrombosis service	
<ul style="list-style-type: none"> <li>There are good transport links from the city centre to the RUH</li> </ul>	

### No Change

This option assumes no change to the existing services, which would remain in current locations. A review of the type of patient conditions the GP-led Health Centre dealt with over the past year shows that an overwhelming majority of people could have been assessed and treated by staff in general practice

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>No disruption to existing services</li> </ul>	<ul style="list-style-type: none"> <li>Not affordable with poor use of clinical resources – duplication of services available in general practice</li> </ul>
<ul style="list-style-type: none"> <li>No need to communicate change</li> </ul>	<ul style="list-style-type: none"> <li>Poor use of financial resources as NHS is potentially paying for some patients care more than once across GPs, the GP-led Health Centre and the Emergency Department</li> </ul>
<ul style="list-style-type: none"> <li>Additional convenience remains for those living in a two to three mile radius of the Centre and those working in Bath</li> </ul>	<ul style="list-style-type: none"> <li>The GP-led Health Centre has not reduced demand at the Emergency Department</li> </ul>
<ul style="list-style-type: none"> <li>Provision of additional access to primary care</li> </ul>	<ul style="list-style-type: none"> <li>Financially not sustainable given the increasing demand for urgent care services and an ageing population</li> </ul>
<ul style="list-style-type: none"> <li>Offers services to some patients who would not otherwise use them at all</li> </ul>	<ul style="list-style-type: none"> <li>Fragmented services leading to patients having to be transferred to another service and clinical governance risks</li> </ul>
<ul style="list-style-type: none"> <li>Retention of skilled staff in existing settings</li> </ul>	<ul style="list-style-type: none"> <li>Extended GP opening hours have reduced need for the extra access offered by the GP-led Health Centre</li> </ul>
	<ul style="list-style-type: none"> <li>The GP-led Health Centre has no on-site diagnostics such as X-rays. This means some patients have to visit the Emergency Department, disrupting care and increasing cost</li> </ul>

### Expand the GP-led Health Centre

The GP-led Health Centre could be expanded to include additional diagnostic services which could mean investment in X-ray equipment. This could for example enable fracture clinic services to allow the treatment of patients with more complex conditions.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Retains all benefits identified in option 1 – local and accessible</li> </ul>	<ul style="list-style-type: none"> <li>Not affordable as it would require significant investment and duplicates</li> </ul>

	services
<ul style="list-style-type: none"> <li>• Treats more complex cases closer to those able to access the service</li> </ul>	<ul style="list-style-type: none"> <li>• Additional accommodation, staff and equipment required to deliver new services</li> </ul>
<ul style="list-style-type: none"> <li>• May reduce demand on the Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>• No back up of specialist doctors to diagnose more complex problems</li> </ul>
<ul style="list-style-type: none"> <li>• Further development of skilled workforce</li> </ul>	<ul style="list-style-type: none"> <li>• There is an increased risk for patients if services are delivered away from specialised facilities with additional support</li> </ul>
<ul style="list-style-type: none"> <li>• Improve access to healthcare for local communities</li> </ul>	<ul style="list-style-type: none"> <li>• Comparatively small number of patients could leave staff unable to retain their skills</li> </ul>
	<ul style="list-style-type: none"> <li>• Transportation of patients to the Emergency Department if needed</li> </ul>
	<ul style="list-style-type: none"> <li>• No access to enhanced diagnostics and specialist opinion</li> </ul>

### **Closure of the GP-led Health Centre**

Complete removal from B&NES of the service provided by the GP-led Health Centre.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Would save £1.3 million annually to reinvest in other health care services</li> </ul>	<ul style="list-style-type: none"> <li>• Closure could mean a poorer experience for some patients</li> </ul>
<ul style="list-style-type: none"> <li>• Allows resources to be redirected to those most in need and to those areas where there is increasing demand, eg dementia care, diabetes care</li> </ul>	<ul style="list-style-type: none"> <li>• Overall reduction in primary care service on offer</li> </ul>
<ul style="list-style-type: none"> <li>• Can support the reduction in health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Break up of skilled clinical team</li> </ul>
	<ul style="list-style-type: none"> <li>• Demand will increase elsewhere because some patients attend other health services such as the Emergency Department instead</li> </ul>
	<ul style="list-style-type: none"> <li>• The GP-led Health Centre is popular with patients who use it</li> </ul>