

## Bath & North East Somerset Council

MEETING:	Wellbeing Policy Development & Scrutiny Panel
MEETING DATE:	Friday 16 <sup>th</sup> November 2012
TITLE:	Review of Urgent Care
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b> Appendix 1 – Health & Equalities Impact Assessment Appendix 2 – Full Patient & Public Engagement Report	

### 1. THE ISSUE

To present to the Panel the public engagement report on the proposal to relocate the GP-led Health Centre to the Royal United Hospital.

To also present to the Panel the health & equalities impact assessment on the proposal.

The rationale for this service change is based on the following factors:

- An ageing population
- Increasing demand and expectations
- People living longer often with several long term conditions
- Finite resources and inequitable use of existing resources
- It has the support of local clinicians whose services will be affected by the proposals
- It supports the principle that patients should have access to the right treatment, at the right place and at the right time
- It has taken account of clinical evidence and best practice drawn from reports published by the Primary Care Foundation, Royal College of General Practitioners, NHS Alliance, the Department of Health and the Foundation Trust Network (these are set out in section 9 of the report).

### 2. RECOMMENDATION

The Panel is asked to note both reports and agree the proposal to relocate the GP-led Health Centre to the Royal United Hospital to create an Urgent Care Centre can proceed.

### 3. FINANCIAL IMPLICATIONS

The redesign of urgent care services is taking place within the context of the local NHS needing to become more efficient to meet the challenges it faces over the next few years as a result of an ageing population and people living longer with long term conditions. The

aim of the proposal is to release funding in order to reinvest in services where there is the greatest need eg dementia, diabetes and end of life care. There are, however, no direct financial implications for the Council from this proposal.

## **4. THE REPORT**

### **Strategy Background**

In 2006 B&NES Primary Care Trust (PCT) published an Emergency & Urgent Care Strategy which had seven key objectives, one of which was about ensuring patients are assessed and treated by the right professional with access to the right interventions first time. At the time the aim was to establish an integrated face to face (walk-in) service to provide that assessment and treatment on the basis that people didn't always know which service to use and when.

### **Service Background**

In April 1999, the Department of Health announced the first nurse-led walk-in clinics to improve access to health care and in 2001 the PCT opened such a facility in Henry Street. In 2008 PCTs were required to commission GP-led Health Centres as part of the Department of Health's strategy to improve access to primary care. The nurse-led walk-in service was integrated to create the GP-led Health Centre, which opened in April 2009 at Riverside. This unfortunately meant the PCT had to deviate from its strategy outlined above.

In 2004 the PCT commissioned GP out-of-hours 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. When it was first launched the GP out-of-hours service was based at the RUH. It then moved to Riverside with the GP-led Health Centre and other services. The service moved back to the RUH site in October 2010 as the benefits of being on the RUH site outweighed being based at Riverside.

Focussing on the future of the GP-led Health Centre based at Riverside in Bath and the GP out-of-hours service has been a priority as firstly they have to be re-commissioned by 2014; secondly they both centre around primary care and thirdly their services complement each other.

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

- Ensuring patients are clear about where to get the best treatment
- Needing to balance the affordability of the different services offered
- Knowing that the number of patients who use urgent care services will continue to grow and the CCG needs to redesign local services to ensure that there is provision for those with the greatest needs.

### **The Proposed Service Changes**

The urgent care services in B&NES include:

- 27 GP practices
- GP-led Health centre at Riverside
- Bath & North East Somerset Emergency Medical Service – the GP out-of-hours service based at the RUH and Paulton Hospital
- Minor injury unit at Paulton Hospital
- Emergency Department at the RUH

- Great Western Ambulance Service

Various options for redesigning urgent care services have been considered by the CCG along with Wiltshire and Somerset CCGs, hospital consultants, primary care professionals, managers and lay members. The aim in considering the options has been to ensure:

- High quality care
- Clinical safety
- Best use of available resources
- 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. 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.

Whilst this model would stabilise and increase the level of service over 24 hours, it would also increase the ability to ensure patients get the right care from the right people at the right time. 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**

The key risks of not making the proposed changes can be described as:

- Wider impact for the local population if the CCG does not use its resources efficiently with potentially less available for other crucial services to support older people, people with long term conditions and people with mental health problems.
- Loss of a real opportunity to get the best possible urgent care system across our local community.
- Demand continues to spiral upwards with an inability for services to match the capacity required if the system is not changed.
- The urgent care system continues to be fragmented with unclear governance and management responsibility for delivering high quality and clinically safe services.
- Erosion of general practice as the bedrock of the urgent care system.
- The management of patients with long term conditions is not integrated into urgent care.

## **6. EQUALITIES**

Appendix 1 sets out the health impact assessment and high level equalities impact assessment which was carried out by a stakeholder group on 18<sup>th</sup> October 2012. An in-depth equality impact assessment will be completed by the CCG and commissioning team as part of the process to develop the specification.

The potential adverse impacts were considered in detail by the stakeholder group and took account of the impacts before and after mitigating actions which in their view would reduce the impact of the proposed changes. On that basis the group did not feel it was a substantial variation.

Subsequent to this providers who would be affected by the proposal were asked for a view. This included Assura Minerva LLP, Sirona Care & Health, the RUH and Bath &

North East Somerset Emergency Medical Service. The scoring for the providers is reflected in the impact assessment and as would be expected, the staff of the GP-led Health Centre, assessed the impacts more negatively than the other providers. At the time of submitting the impact assessment it had not been possible to obtain a view from Assura Minerva LLP. A verbal update can be provided on 16<sup>th</sup> November if required.

However, on the basis of the mitigating actions and the fact there would be a 24 hour, 365 days of the year walk-in service, albeit in a different location, the proposal was not felt to be a substantial variation overall.

## **7. ENGAGEMENT & CONSULTATION**

The PCT and CCG undertook a public engagement process from 25<sup>th</sup> September 2012 to 31<sup>st</sup> October 2012. A series of seven public meetings were held at which 120 people attended. This represents 0.06% of the registered population of B&NES. An engagement document and questionnaire was made available in printed format as well as on-line at the CCG's website. A 208 people completed the questionnaire, 51 on-line and 157 were sent back in the stamped addressed envelopes provided. This represents 0.1% of the registered population of B&NES.

Appendix 2 sets out the full report on the public engagement process. This report has been made available on the CCG's website and will be circulated to those members of the public who requested a copy. This report will also be shared with the providers via the Bath Health Community Urgent Care Network in order to jointly consider and reflect on what other improvements and changes could be made to services in light of the feedback received.

### **Addressing the Key Concerns**

The key concerns that have been raised at the public meetings as well as raised through the questionnaire responses can be summarised as:

- GP access – being able to get through on the phone and getting a same day appointment
- Provision of services for vulnerable people, particularly the homeless
- Access for visitors and tourists to the city
- Availability of car parking at the RUH
- Car parking charges at the RUH compared with free parking at Sainsbury's
- Public transport and getting to the RUH
- The GP-led Health Centre is convenient, particularly for students and people working in the city
- The GP-led Health Centre is high quality and customer focussed – concern this would not be replicated by the Urgent Care Centre
- The savings assumptions were not clear

### **GP Access**

The PCT and CCG will be working with local GP practices over the next 18 months to improve their ability to see patients with urgent care needs through an incentive scheme. The scheme includes the requirement for practices to carry out a survey of their practice populations about access in the first six months (from October 2012 to end of March 2013) in order to address the areas of concern as well as tackling the reasons for patients not attending (DNAs) to see the GP or nurse. Analysis suggests that the DNA rate across the practices ranges from 3% to 10% and this is wasted capacity that is already paid for.

The scheme also involves ensuring that telephones are answered promptly between the hours of 8 am and 6.00 pm with no closure during lunch time periods. It also involves improving the response time of GPs visiting unwell patients at home instead of waiting to do the traditional home visits at the end of the morning or afternoon surgery.

The scheme will continue from April 2013 to the end of March 2014 to ensure improvements are made and embedded before the proposed service changes.

### **Vulnerable People**

The homeless service will not be affected by the proposed changes. It will continue to be provided from Julian House. The number of visits at weekends to the GP-led Health Centre by people who are homeless was 13 during the period April to September this year. However, that said the CCG recognises that there is a need and consideration will be given to a potential out-reach worker service at weekends.

The impact assessment identified other vulnerable groups including gypsies, travellers, itinerant workers and boat people, many of whom have poorer health than that of their age/sex matched comparators. Potential solutions for improving access to health care, wider than just urgent care, for these groups was considered by the stakeholder group including the development of a health visitor role to visit people rather than expecting them to come to services.

### **Visitors & Tourists**

All practices are funded to see temporarily registered patients; before the nurse-led walk-in service and the GP-led Health Centre were developed, hotels, B&Bs and guest houses, etc used to advise guests to seek medical attention from a local practice. This still does happen and the intention would be to ensure that proprietors and managers are well informed about their nearest practice.

### **RUH Car Parking & Charges**

The issue of parking management at hospitals often attracts regular debate and in response to this the British Parking Association has produced guidelines to help Trusts and car park operators deliver effective and efficient parking for users – many of whom have particular needs. The RUH is a member of this Association and car parking charges at the RUH are one of the lowest compared with other hospitals in the South West.

The RUH has increased the number of disabled spaces over recent years and free parking is available for blue badge holders close to the main entrance and in designated spaces. If these are full, patients can park in any of the pay and display car parks also free of charge when blue badges are displayed.

However, it is worth noting that the GP-led Health Centre has no dedicated patient parking and although there is free car parking for up to 90 minutes in Sainsbury's car park, no specific patient spaces exist. The GP-led Health Centre is also situated in zone 6 of the residents parking scheme so there is limited free street parking.

That said, the issue of car parking and charges at the RUH was such a significant theme from the engagement process that improved access to disabled spaces and drop off points will be considered and discussed with the RUH as the plans progress.

### **Getting to the RUH**

Bath is well served by public transport with various operators operating in the area. Although most routes go to the central bus station, there are a number of services that have the RUH as a stop on their routes:

- Service 42 from Odd Down Park & Ride site which runs from 6.40 am to 7 pm Monday to Friday and takes approximately 20 minutes. Children under 16 travel free when accompanied by an adult - maximum of 5 children per adult.
- Service 14 / 714 - Odd Down, Bear Flat, Bus Station - Dorchester Street, Royal United Hospital, Weston Village (every 10 minutes). Stops in the hospital grounds.
- Service 20A - Bus station, Weston, Royal United Hospital, Twerton, Whiteway, Combe Down, University of Bath, Bus Station (hourly from 9.30am). Most journeys stop in the hospital grounds.
- Service 20C - Bus Station, University of Bath, Combe Down, Whiteway, Twerton, Royal United Hospital, Weston, Bus Station (hourly from 8am). Most journeys stop in the Hospital Grounds.
- Service 17 - Weston, Penn Lea Road, bus station, Moorlands, Kingsway, (every 30 minutes). Stops close to the hospital on Newbridge Road and Penn Hill Road.

The First Group also offer the FirstDay ticket which enables people to make more than one journey a day. It offers unlimited travel within Bath zones 1, 2 and 3 on the day of issue, zone 3 includes the RUH. The tickets can be bought from the bus driver any time of day and it lasts until the last bus of the night. Young people and students benefit from discounts on the FirstDay tickets as well as tickets for a week (unlimited travel for seven consecutive days), a month (unlimited travel for 31 consecutive days) or a calendar year.

Some patients will also be able to claim a refund under the Healthcare Travel Costs Scheme of the cost of travelling to hospital. Patients must be receiving one of the qualifying benefits or allowances or meet the eligibility criteria of the NHS Low Income Scheme. The qualifying benefits and allowances are:

- Income support
- Income-based Jobseeker's Allowance
- Income-related Employment & Support Allowance
- Pension Credit Guarantee Credit

### **Convenience**

Although the CCG appreciates that the GP-led Health Centre is a convenient service, particularly for students and people working in the city, the CCG needs to prioritise the use of its resources to support those with the greatest needs.

The majority of people are attending the Centre with routine primary care needs such as sore throats, earache, low back pain, viral illnesses, urinary tract infections and abdominal pain and could otherwise be seen by their GP or practice nurse or for some by a community pharmacist.

There are 15 practices in Bath, half in a one mile radius of the Centre. The vast majority of people using the Centre are already registered with these practices and for some people their practice will be closer to them than the Centre or the RUH.

Those who are not registered with a practice if they work in the city, but live outside B&NES and need urgent medical attention, can register as a temporary patient at one of the local practices; this is the case for visitors and tourists.

Addressing the needs of the student population was again identified through the impact assessment. Although students new to Bath are encouraged to register with a practice as part of Freshers week, particularly those practices that are either based on campus or provide clinics on site, some chose not to and remain registered with their 'home' practice. They can still obtain medical services from practices in Bath as a temporary patient, but it would be preferential for them to register permanently with a local Bath practice whilst studying in the area in order to have access to their full medical record and therefore be able to provide better care.

The practices predominantly serving the student population have also taken steps to improve access by offering walk-in and wait services. A GP at one practice has developed an innovative smart-phone app aimed at helping students to know where to go when and if they need medical attention. It was also suggested that students attending the Urgent Care Centre could be encouraged to register with a practice there and then by providing good access to Wi-Fi.

### **Quality & Customer Focussed**

People have praised the staff at the Centre who provide a high quality and customer focused service. The expectation is that this philosophy of care would continue to be delivered. The specification for the Urgent Care Centre will be explicit about the expectations of the provider in delivering a high quality, clinically safe and customer focused service.

### **Savings Assumptions**

High level savings assumptions have been calculated based on bringing together the GP-led Health Centre and GP out-of-hours services. The contract for both these services amounts to £2.9 million per annum (£1.3 million for the GP-led Health Centre and £1.6 million for the GP out-of-hours service). The CCG is assuming approximately £500,000 will be saved as a result of commissioning an integrated service model. The assumptions have been based on reducing governance and management overhead costs; reducing duplication at weekends; reviewing the skill mix and; by reducing unnecessary emergency hospital admissions. As the plans move forward a more detailed business case will be developed.

## **8. ISSUES TO CONSIDER IN REACHING THE DECISION**

Besides the key reasons for change set out above, the other key issues considered by the CCG include:

- Whether the changes deny people of an essential service; essential meaning that there is no alternative equivalent provision. This is not felt to be the case as alternatives do and will continue to exist, such as GP practices and the new Urgent Care Centre which will retain the GP and nurse-led walk-in service, but in a different location.
- The 27 practices have open lists signifying that supply is at least matching demand. Provision is evidenced as being high quality through the annual quality and outcomes framework scores. There are also a high number of GP training practices and the recruitment of GPs is not considered a problem locally.
- The GP-led Health Centre is predominantly used by people living in Bath, which means funding is disproportionately spent on Bath residents rather than equitably across the whole of B&NES as demonstrated in the map in annex 1.

- The two services that are well recognised, understood by the public and available 24 hours, seven days per week are the Emergency Department and the ambulance service. They are always likely to be used as key access points of care, especially in urban and inner city areas.
- Risk of re-commissioning services in isolation from one another reducing the potential to develop an integrated model thereby creating an unsustainable model for the future to meet the increasing demand.
- The launch of NHS 111 in April 2013. NHS 111 is the new three-digit telephone service that is being introduced to improve access to urgent care services. Patients will be able to use this number when they need medical help or advice that is not urgent enough to call 999. Patients will be signposted to the right service for their needs. NHS 111 will operate 24/7, 365 days per year and will be free to use from a landline and a mobile.
- The current 30,000 patient visits to the GP-led Health Centre will not transfer to the Urgent Care Centre at the RUH as the majority of patients are not presenting with urgent care needs. The expectation is that people will either visit their practice, visit a community pharmacist, self-care or be directed back to their practice via NHS 111.

## 9. ADVICE SOUGHT

The Council's Monitoring Officer (Council Solicitor) or the Section 151 Officer (Strategic Director – Resources & Support Services) have cleared this report for publication.

<b>Contact person</b>	Corinne Edwards, Associate Director for Unplanned Care & Long Term Conditions, NHS Bath & North East Somerset, Tel: 01225 831868
<b>Background papers</b>	<p>Primary Care Foundation, <i>Urgent Care Centres: What works best,?</i> October 2012</p> <p>Primary Care Foundation &amp; NHS Alliance, <i>Breaking the Mould without Breaking the System</i>, November 2011</p> <p>Primary Care Foundation, <i>Primary Care &amp; Emergency Departments</i>, March 2010</p> <p>Primary Care Foundation, <i>Urgent Care: a practical guide to transforming same-day care in general practice</i>, May 2009</p> <p>Royal College of General Practitioners, <i>Guidance for Commissioning Integrated Urgent &amp; Emergency Care</i>, August 2011</p> <p>NHS Alliance, <i>A New Approach to 111: Re-establishing General Practice as the Main Route into Urgent Care</i>, June 2011</p> <p>NHS Alliance, <i>Getting to Grips with Integrated 24/7 Emergency &amp; Urgent Care</i>, October 2012</p> <p>Department of Health, <i>Reforming Emergency Care</i>, November 2001</p> <p>Department of Health, <i>Direction of Travel for Urgent Care: A Discussion Document</i>, October 2006</p> <p>Department of Health, <i>Emergency Access Clinical Case for Change</i>, December 2006</p> <p>Foundation Trust Network Briefing, <i>Driving Improvement in Elderly Care</i></p>



	<p><i>Services</i>, March 2012</p> <p>Foundation Trust Network Briefing, <i>Driving Improvement in A&amp;E Services</i>, October 2012</p> <p>NHS Bath &amp; North East Somerset Clinical Commissioning Group's <i>Integrated Commissioning Plan</i>, September 2012</p>
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