Bath & North East Somerset Council		
MEETING	**Health and Wellbeing Select Committee**	
MEETING DATE	**20 July 2016**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	**Update on the Urgent Care Centre Staffing Model**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1: Summary Impact Assessments		

1. THE ISSUE

1.1 The integrated GP out-of-hours and Urgent Care Centre service has been reviewed by commissioners, together with the provider Bath and North East Somerset Doctors Urgent Care (BDUC), to identify changes to better match staff capacity to patient demand.

1.2 Currently there are low numbers of patients attending the Urgent Care Centre in the daytime (8am – 4pm) on weekdays who generally do not require the skills of a GP. However at the weekend and on bank holidays there is high demand and service response rates are not of a consistently high standard (particularly for home visits, telephone triage and handling calls from health care professionals).

2. RECOMMENDATION

2.1 Commissioners have reviewed demand and capacity for the service with BDUC, identifying that:

a. During the week, the service is overstaffed for the number of patients attending.

b. At the weekend and over bank holidays, the service is understaffed for the number of patients attending / waiting. This has a negative impact on patient experience and potentially upon patient safety.

2.2 In order to better meet the needs of patients, the service will make the following three key changes (further outlined in Section 5):

a. From July, remove GPs from the rota at the Urgent Care Centre on weekdays from 08:00-12:00, but retain Nurse Practitioners who have the skills and experience to provide appropriate care and treatment for patients.

b. If no major issues are identified with the above action, removal of GPs from the rota at the Urgent Care Centre from 12:00 – 16:00 from September, again with Nurse Practitioner cover during this period.

c. Introduction of a weekend remote telephone triage shift to facilitate GPs managing the telephone queue more quickly. This is in addition to the GP staffing that is already in place at the Urgent Care Centre and facilitates the service meeting the multiple priorities of patients in the Centre and those who are at home or on the phone.

3. RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 No financial implications.

3.2 No property implications.

3.3 Implications in relation to people are that the service is currently understaffed at weekends to meet demand. Since consulting with existing weekday staff, there has been some erosion to rotas but it is anticipated that this situation will improve and mitigations have been put in place.

4. STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 The proposed changes are not anticipated to have any negative impact upon equalities, human rights, children and public health.

4.2 The changes are expected to provide a better level of weekend service whilst maintaining weekday service levels.

5. THE REPORT

Background

5.1 On 1st April 2014, a new model and a new provider for urgent care and the GP Out of Hours (GP OOH) service was introduced. BDUC, a subsidiary of the Vocare group provides the Urgent Care Centre (UCC) co-located with the Emergency Department and integrated with the GP OOH service. This new model is in keeping with the national vision for urgent care.

5.2 The contract duration is 60 months / 5 years, and therefore concludes on 31st March 2019. We lead commission the service, with Wiltshire and Somerset CCGs being associates to the BaNES contract for UCC services. The BaNES CCG strategy continues to be to push further demand through the UCC, diverting from the Emergency Department.

5.3 On average, the integrated service sees or speaks to 2,500-3,000 patients a month. The majority of these are booked via NHS111 for the UCC or GP OOH, but roughly 30 percent of patients self-present. The UCC streaming process redirects a further 6 percent of patients away from the UCC and the Emergency Department to self-care, see their pharmacist or make an appointment with their own GP.

The Challenge

5.4 The service remains challenged in key areas of service delivery. Although the overall KPIs for the service have generally been met or close to being met (set at 95 percent), further analysis of the data on timeliness of response suggests that a small proportion of patients can wait a long time, especially for home visits, which is also a theme in patient complaints, GP feedback and incidents.

5.5 In 2015/16:

- 2,741 home visits were carried out and 61.44 percent of coded records were within target timeframes. A proportion of visits are “uncoded” because they do not reach the service via NHS111 (which sets an urgency timeframe of 1, 2, 4, 6, 12 or 24 hours).

- 330 calls were returned to other Health Care Professionals and of those coded, 66.36 percent were within target timeframes (20 / 60 minutes).

- 10,412 patients were booked to see a clinician in the UCC or GP OOH base at Paulton Hospital and of these 1,497 coded patients breached target timeframes, meaning the service saw 85.62 percent of patients on time.

- 2,951 patients were booked to receive a telephone consultation and 72.2 percent of coded patients received a call-back within target timescales.

5.6 To summarise, the service is particularly challenged by short disposition time frames (1-2 hours) and meeting the needs of patients away from the main base at the UCC.

5.7 This picture is somewhat replicated across the country and we know that 9.9 percent of calls to NHS111 from the Severn area are directed to the BaNES UCC / GP OOH. The short timeframes required are also symptomatic of the risk aware nature of the NHS111 Pathways system which frequently requires rapid assessment by a clinician.

5.8 There are multiple factors for long waits, including capacity. BDUC has indicated that the current reporting methodology is not entirely accurate and their performance is better than that outlined above. They will be supplying additional reporting to indicate where patient choice and late closure of records (after the patient has left, e.g. if test results are awaited) mean that performance looks worse than it is.

5.9 However there are still delays for patients and the issues outlined above are compounded by staffing issues, particularly recruitment and retention of GPs and to an extent, Nurse Practitioners. This is also a familiar theme nationally and we know that neighbouring services are faced with some of the same issues.

Solutions

5.10 In order to make improvements, commissioners have spent time working with the provider to better match their demand and capacity profiles. This has involved reviewing the volumes and case mix of patients using the service, their treatment requirements and the most appropriate staffing to meet their needs.

5.11 Recognising that the service is very quiet during the week in the day time and extremely busy at weekends and bank holidays, the CCG has recommended that changes are made to the capacity profile of the service. This will result in:

a. Removal of GPs from the UCC rota from 08:00 – 12:00 from July 2016. Nurse Practitioner cover will be available to stream and treat with appropriate escalation arrangements to a patient's own GP or within BDUC's on call team. There should be no change in threshold for referral to the Emergency Department.

b. A review of this change and, if operating successfully, to additionally remove GPs from the UCC rota from 12:00 – 16:00 from September 2016.

c. Introduction of a remote triage shift at weekends and bank holidays to increase the number of GPs available to handle telephone consultations with patients. This commenced over the Easter weekend and subsequent weekends where staffing has permitted and has been very successful at reducing the telephone queue. The advantage of this introduction is that different GPs are responsible for the different cohorts of patients (those in the centre and those on the phone), ensuring that no patient groups are disadvantaged by not being visible in the UCC and therefore delayed.

d. Identifying cohorts of patients for whom additional steps in the triage process are unnecessary. For example, infants who are directed to a *speak to* disposition are extremely likely to be asked to attend the UCC, so final agreements are being made to remove the *speak to* element, moving directly to *contact*, i.e. attend the UCC. Further cohorts are being considered, with clinical advice to improve patient experience and make the triage system more effective.

5.12 In addition, commissioners across the Severn Urgent and Emergency Care Network and now also the Sustainability and Transformation Plan footprint have been working to facilitate shared resource and thereby improve patient experience. This is part of the development of nationally mandated "clinical hubs" to support the NHS111 service. We are likely to adopt a model which draws on existing resource profiled in the Directory of Services to facilitate patients being directed to a wider range of services, beyond the current core of ambulance, Emergency Department and GP Out of Hours. There is more that we can achieve through pharmacy, dentists, community services and perhaps most importantly, self-care.

6. RATIONALE

6.1 The solutions outlined above are necessary to better match capacity and demand.

6.2 Although the solutions may be seen as one change, moving capacity from quiet weekdays to busy weekends, they have been considered separately.

6.3 Changes are needed to improve patient experience and safety across weekends and bank holidays.

6.4 Weekdays, particularly mornings have very low demand of 1-2 patients per hour on average. Even if weekend changes were not required, BaNES CCG would be reviewing excess staffing in the service and looking to use this differently or remove the capacity from the contract.

7. OTHER OPTIONS CONSIDERED

7.1 None

8. CONSULTATION

8.1 BDUC has undertaken consultation with staff working in the service. Inevitably, this decision has not been popular with GPs currently working in the service during quiet periods. Both commissioners and BDUC recognise that many of the weekday GPs will not be seeking employment during the out of hours periods due to family commitments.

8.2 BaNES CCG GP Board Members were consulted on the proposed changes who considered that the service would continue to be clinically safe without the presence of GPs during the day, assuming Nurse Practitioners are fully trained and appropriate procedures are in place to ensure all patients receive the appropriate care and treatment.

8.3 Information about the planned changes to staffing arrangements has been published on the BaNES CCG's public-facing website and disseminated via the CCG's social media channels.

9. RISK MANAGEMENT

9.1 Analysis of the data on timeliness of response suggests that a small proportion of patients can wait a long time, especially for home visits. Data is cross-referenced by commissioners and quality team with feedback which is received from GPs employed in the service and patients and their families.

9.2 The commissioner and BDUC have considered the risks to patients and staffing in adopting the changes to the service. They concluded that the existing service model cannot continue and that the proposed staged changes will be the best means to match capacity and demand, therefore providing a safer service throughout the week.

Contact person	*Catherine Phillips 01225 831868*
Background papers	*Not applicable*
Please contact the report author if you need to access this report in an alternative format	

10. Appendix 1: Summary Impact Assessments

Patients, carers and public representative views – summary of the potential impact of proposed service changes

Patients, carers and public representatives are asked to comment on the following areas, in relation to the proposed service changes:

Urgent Care Centre:

Benefits of the proposed service changes	*Weekend and bank holiday service levels will be better able to meet timeliness standards, thereby providing patients with a safer service with better patient experience.* *Day time service will meet Value for Money requirements for the Commissioner whilst continuing to provide a safe, effective service.*
Any disbenefits, including how you think these could be managed	*GP staff currently working in the service during the week will no longer be required at these times and some have chosen to no longer work for the service.* *Nurse shifts have also been changed to facilitate better opportunity to fill shifts.* *Patients may be concerned that they will be unable to see a GP during the day at the UCC. However, very few patients need a GP and they will be redirected to their own practice (the safest place to attend a consultation).* *There is a risk that more patients will be escalated to the Emergency Department. This risk will be monitored by commissioners, the provider and the RUH.*
Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested	*No, as above, the safest place for a patient to attend a consultation is at their own practice, with their own GP (or someone who has access to their notes).*
How do you think the proposed changes will affect the quality of the service	*Quality of service should improve as patients are seen more promptly and clinical risks are identified sooner.*
Impact of the proposed changes on health inequalities	*No further impact is anticipated on health inequalities.* *Small numbers of tourists or other visitors to the area (potentially including Gypsies, Travellers or Boaters) may have a more complex pathway to see a GP, as they will need assistance to register as a temporary resident in a nearby practice. However, the CCG commissions a Gypsy, Traveller and Boater outreach service to encourage service users to register with a GP when they arrive, rather than rely upon emergency services.*

If you are a representative of an organisation, such as Healthwatch LINKs, please indicate how you have drawn on the views of others from your group	*n/a*
Who have you engaged with in drawing together these views?	• *Commissioner* • *Provider* • *Royal United Hospitals, Bath* • *GP Board members at CCG* • *GP practices in B&NES* • *Recent consultation in relation to the commissioning of the Urgent Care Centre and Gypsy, Traveller and Boater Outreach Service.*
When was this consultation made?	*2013-2016*
Involvement of 'protected' equality groups	*No explicit involvement.*
Summarise the outcomes of stakeholder involvement carried out to date	*As above*
Any other comments	*Not applicable*

Impacts at a glance

Impacts	***NHS View***
Impact on patients	● = positive impact
Impact on carers	● = positive impact
Impact on health inequalities	● = negative impact for some (Gypsies, Travellers and Boaters; Tourists: There is a chance that if consultation or treatment by a GP is required, some people may not be registered with a local GP and may need to register with a local practice to access a GP).
Impact on local health community	● = positive impact

● = significant negative impact
● = negative impact for some
● = positive impact

GLOSSARY

- list definitions of any technical terms, acronyms etc