

Urgent Primary Care in Southwark and consideration of future models of service

1. Introduction

This paper considers the provision of Urgent Primary Care in Southwark. Local analysis and engagement has shown that the current model for urgent access to primary care across the borough is neither consistent nor optimal, with variation in service provision and quality of care in different parts of the borough. This leads to patients having difficulties navigating the system, contributing to A&E sometimes being used as a default. There are strong drivers supporting the need to change the way that urgent primary care is delivered, including the National Urgent and Emergency Care review and A Call to Action. There are real opportunities to deliver improvements in access and the productivity of services, which would support the broader Southwark Primary Care & Community Strategy.

The Lister Walk-in Centre in South Southwark which provides urgent access to primary care has been operating since May 2009. With the contract coming to an end in September 2014 it was agreed by the CCG to review the current service, but also to use this an opportunity to more broadly review the commissioning of urgent access to primary care services within both this locality and Southwark as a whole.

This paper sets out

- Engagement undertaken to date
- Findings of the service review
- Recommendations for commissioning of urgent primary care access
- Next steps, including plans for engagement

2. Engagement

In 2010, the Government introduced four tests that are intended to apply in all cases of NHS service change during normal stable operations.

The four tests – as set out in the 2014/15 Mandate from the Government to NHS England - are that proposed service changes should be able to demonstrate evidence of:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- a clear clinical evidence base; and
- support for proposals from clinical commissioners

This guidance relates only to major service changes, which would not be applicable in the case of the Lister Walk-in Centre. However, as good practice, we have applied these principles as part of this review and have set out below work to date

2.1 Patient Engagement

Over the past year NHS Southwark Clinical Commissioning Group (CCG) has carried out a range of patient and public engagement. The projects listed below are the areas of work which link to urgent primary care.

Improving Health Services in Dulwich and the Surrounding Areas

During February and May 2013, the CCG carried out a consultation exercise asking local people for their views on two models for the delivery of primary and community health services in the area. 863 were actively engaged in the consultation through a variety of methods including focus groups, deliberative events, responding to surveys and providing written responses. Key findings included:

1. 80% of respondents were in agreement with the overall model of delivering healthcare in the community
2. Respondents were supportive of more accessible settings for healthcare in the community rather than hospital
3. Having healthcare delivered locally was an important issue for many respondents
4. That health care should be joined up
5. That provision of out of hours care was a concern for many respondents with 92% of respondents rating access to evening and weekend primary care as an important issue

Primary and Community Care

Over the past year, the CCG has developed a Primary Care and Community Strategy which aims to deliver improvements in the quality, capacity and capability of primary and community care services across the borough. Improving access to a consistent range of high quality services, both routine and urgent, is integral to realisation of this vision. It is recognised that with increased demands upon services and the current financial challenges faced by the NHS, we need to consider different and more innovative ways of providing healthcare. The CCG has engaged with Southwark patients in a number of ways to get their views on what good primary and community care looks like, including: .

- An event was held on the 10 April 2013 by the CCG to seek input into developing the CCG's primary and community care strategy, attended by 70 stakeholders, the majority being local residents. The event sought to co-produce with stakeholders the CCG's priorities for improving primary and community care, and to develop some strategic options for delivering care out of hospital within Southwark. The key messages were:
 - patients very much valued primary care and the service offered by GP practices, but wanted consistent access to care wherever they were registered
 - patients wanted the interface with general practice to be easier and to have more signposting to other services as well as more continuity of care
 - patients wanted information shared between professionals to provide more seamless care
 - people supported the development of more services based in locality hubs
- Discussions with patients also took place at the CCG's Engagement and Patient Experience Committee in March and May 2013 and continued at locality Patient Participation Groups prior to the strategy being agreed in September.

Urgent Care Review

A patient engagement meeting was held on 29 May 2013. The purpose of this meeting was to provide information about the Guy's Urgent Care Centre Review and engage with the public about Urgent Care Services. The key messages from the group discussions included:

- i. Patients who had used the Urgent Care Centre at Guy's Hospital reported a very good experience

- ii. The vast majority of patients who used the UCC reported that they would have attended an A&E if they had not gone to the UCC
- iii. It is complicated for patients to know where they should go for emergency and urgent services and there needs to be much clearer messaging to support patients to know where to go
- iv. CCG should consider specific messages and targeting for parents of young children
- v. The CCG should consider extending the opening hours until 10pm

Call to Action

As part of the national Call to Action, the CCG organised a meeting which took place on 22 October 2013, attended by approximately 70 local people. The focus of the discussions were on staying healthy, self-management and improving experience of services, but key messages that came out of the discussions that relate to the provision of access to urgent primary care include

- The need to reduce duplication in services
- There should be no postcode lottery of services
- Share common [GP] services across sites
- Pharmacists used more widely by public for a wider range of services
- Knowledge of what support exists to be made available as wide as possible
- Make sure there are a range of options available, GP, Pharmacist for people to use
- Suitable times of appointments to be available
- It can help make services flexible and convenient

Urgent Primary Care Access

As part of the review of the Lister Walk-in Centre and looking more broadly at the provision of access to urgent primary care, the CCG arranged a patient engagement discussion group which took place on 26 November 2013, attended by approximately 30 people.

The purpose of this meeting was to

- Engage with public about access and urgent care as part of the commissioning intentions process and build upon Primary and Community Care strategy
- Provide information about the planned review of the Lister Walk-in Centre
- Consider the key principles of a service model which delivers good primary care access and what this would look like in practice
- Consider how we can support patients to better manage their own health

The key messages from the group work

- Provision of urgent care: need to focus on both consistent diversion across the board and treating people at the point of access where appropriate.
- Importance of signposting and information provision – this should be consistent at all points of the healthcare system if there is to be an impact upon behaviours.
- Education: agreement that there should be a focus upon educating the public about both self-care and how to use services, in addition to general communication about what is available
- Community Pharmacy - there was a clear message about the importance and value of community pharmacy in signposting patients to appropriate services and providing advice for

more minor conditions. It was felt this needed to be more clearly communicated to the public, with pharmacists being more visible and seen as an alternative to general practice in certain circumstances. There was positive feedback on the Minor Ailments Scheme which has been recently approved by the CCG.

- Elements of urgent primary care service
 - Agreement upon the need for clear and responsive access to clinical advice and treatment in and out of core GP hours. Whilst the Walk-in Centre provides a means of deliver this, there was discussion about whether it was the solution to access issues or merely a ‘sticking plaster’. If there is to be less reliance upon A&E, there is a need for more responsive capacity within primary care. A locality based model of urgent care providing weekend and evening appointments was discussed and supported as an option to explore, however there is a need to understand what factors will affect patients accessing this, with one report of inter-practice arrangements having not been successful.
 - Support for using different ways to provide care e.g. use of email and telephone consultations broadly supported but need to bear in mind different patient needs (e.g. autism/deafness) and preferences in addition to practicalities of service provision e.g. regular monitoring of email consultations would need to be so should be one of many options. Suggested that care plans include communication preference e.g. email/phone.
 - Extended hours – should be more consistent across the borough.

2.2 Clinical engagement

CCG engagement with member practices

The CCG has established a structure of meetings and forums to engage with its membership. These include monthly locality meetings for member practices organised on a North and South basis, a weekly electronic GP bulletin, monthly Protected Learning Time meetings for practice staff and a quarterly Council of Members meeting which is formal part of our governance structures as well as a 6monthly programme of individual practice visits undertaken by clinical leads and staff. This is in addition to having 9 clinical leads in place from members’ practices on our Governing Body who attended monthly Clinical Strategy Committee meetings.

Improving Health Services in Dulwich and the Surrounding Areas and Primary and Community care Strategy development and implementation

There was significant engagement through locality meetings for the Dulwich programme of work and the development of the primary and community care strategy with both items being regularly agenda items at locality meetings and in the GP bulletin throughout the spring and summer, as well as being discussed at individual practice visits in this time period. (South Locality for the Dulwich work). In addition the CCG organised an additional meeting for all practices in early September on the primary and community care strategy prior to sign off later that month.

Lister Walk-in Centre Review

The review of the Lister Walk-in Service has involved consultation with practices. A practice questionnaire was circulated through the weekly GP bulletin. Practices were asked for their views on why their patients accessed the Walk-in Centre rather than their own practice. As expected the common themes were

- ease of access -both in terms of same day appointments and location
- convenience -opening times
- inability to book appointment with own GP or GP closed
- seeking a second opinion

Practices were asked for their thoughts on what interventions or support they felt would lead to more patients using their practice or other primary care /self-care option rather than urgent care services such as the Walk-in Centre. The importance of provision of information and effective signposting, re-direction from A&E and consideration of co-location of primary care and appropriate capacity in general practice were noted. Two additional points were providing access to practice nurse walk-in appointments at weekends and patient education, recognising the challenges associated with changing patient perceptions, particularly different cultural groups.

In terms of satisfaction with the clinical care provided by the WiC, over two thirds reported they were very or fairly satisfied. Practices were asked what they felt worked well in the current Walk-in Centre with the majority noting improved access. In terms of improvements, suggestions included better information sharing , patient education and opportunities to support seven day working.

Commissioning Intentions Focus groups

Lambeth and Southwark CCGs have committed to developing unified commissioning intentions across the CCGs and Local Authorities. Draft commissioning intentions were pulled together from existing programmes of work and redesign groups/programme boards and shared with stakeholders through localities and acute provider forums in October/November. In addition to this a series of focus groups were hosted across Lambeth and Southwark to take a multidisciplinary approach to reviewing and co-producing Commissioning Intentions for next 2-5 years across areas including Access & Urgent Care. The Access and Urgent Care focus group on November 20th involved attendance from secondary care, primary care, community services, mental health, LAS, out of hours providers and public health. There was agreement upon the need for local strategies to respond to both patients with complex needs and those with more minor conditions requiring convenient and accessible services. The commissioning intentions have been revised to incorporate the feedback from this discussion. The final document was considered and supported by the Lambeth & Southwark Urgent Care Working Group on 22nd January.

2.3 Patient Choice

Currently, there are a number of urgent care services operating across Southwark including the Urgent Care Service, Walk-in service and GP Out of Hours. As a result of issues that have arisen through our engagement as outlined above and through our structure of locality PPGs, concerns have been raised about the inequity of access to urgent primary care due to the geographical location of the current provision.

The model of urgent primary care access proposed (see below) would be implemented across the borough, representing an expansion of service from the current South Southwark location and hence enhance choice and access.

The service routinely record information during the patient registration process, including the reasons patients attended the Walk-in Centre. The reason cited by over half of patients was that their own GP had no appointment. However there was a shift in the nature of this response – during the initial review most patients indicated it was due to GP not having an appointment at a convenient time, whilst over the past two years, this has been replaced by GP not having an appointment that day which may be suggestive of increase in demand/expectation of same day care. Convenience was cited by only 13% of respondents.

2.4 Clinical effectiveness

The review of the Lister Walk-in Centre sought to assess the clinical effectiveness of the service. It found the majority of attendances were from Southwark registered patients, during surgery opening hours. Assessing the proportion of urgent versus routine presentations proved challenging however, the nature of conditions and anecdotal feedback suggested most presentations were not for urgent primary care conditions. This would suggest the service is being used as a substitute for general practice for factors including access issues and convenience, as reported in patient feedback.

The review also considered the impact of this service upon A&E. Whilst the data was inconclusive, a service providing access to urgent primary care can provide a useful alternative, alleviating pressure upon acute emergency services. The recent clinical streaming pilot at King's College Hospital Emergency Department (ED) demonstrated there was potential to strengthen this element and increase re-direction of patients from ED to the Walk-in Centre. Although it is not possible to assess direct impact on A&E, it is likely that a withdrawal of this service would lead to an increase in activity, representing significant risk, in terms of pressures upon A&E and achievement of the 4 hour target, in addition to financial costs if there were no alternative service put in place.

3 Options for provision of urgent primary care services

Four options for the provision of urgent primary care services were presented to the Southwark Commissioning Strategy Committee (CSC) for consideration in December 2013

- i. Re-commission the Walk-in Centre service in line with the existing specification
- ii. Commission limited Walk-in Centre service – unregistered patients and Kings re-directed patients only
- iii. De-commission Lister Walk-in Centre and focus upon improvements in primary care access
- iv. Commission alternative model of urgent primary care access based on extended access to GP practices on a locality basis

The Southwark CSC supported the fourth recommendation, and asked for the model to be further worked up with appropriate engagement and costings.

4 Proposed service model

- Locality based model delivering urgent access to primary care services, 8am – 8pm, 7 days a week provided in a way that responds to patient needs. This model is currently being developed further but could incorporate a number of elements including appointment based, walk-in, non-face to face contacts e.g. telephone and online advice and consultations
- Integrated with the service provided by each practice within the locality, and with out of hours services
- Is an extension of general primary care access rather than a separate service
- Information sharing between practices and the locality access clinic, to enable continuity of care
- Integration of access routes to urgent and core primary care services, to support triage and re-direction to services as appropriate
- Service coverage: the existing service is also open to non-Southwark patients, with a re-charge mechanism in place administered by the CCG. Our current proposal is that any re-commissioned service be commissioned by the CCG for Southwark patients only (registered and unregistered), however options to implement a cross borough re-charge arrangement will be explored to enable patients from other boroughs to be seen.

The proposed service model is in line with the current Walk-in Centre service in terms of opening hours. The number of access points across the borough will be subject to economies of scale, however, the intention is to use the Lister site as one service hub.

The new service will be implemented across the whole of Southwark, rather than in the South only, which supports the Primary Care & Community Strategy (PCCS) aim to reduce variation in service provision and responds to feedback from patients. As part of the implementation of the PCCS, practices have been asked to work collectively on Neighbourhood developments plans, which will include requirements to improve access for patients within each practice within the neighbourhood, as well as a requirement that practices work collaboratively to implement best practice across the neighbourhood and develop innovative solutions to patient access. The intention would be to use this framework to commission the proposed service.

The proposed model is an extension of current primary care provision across the borough with practices providing urgent and routine appointments to their registered patients. Close alignment with core primary care services and exploring opportunities to deliver care in a different way should improve accessibility, quality of service and patient satisfaction.

Our engagement with our local residents has clearly demonstrated the difficulties in navigating the current healthcare system, with multiple services providing urgent care and lack of a consistent message at all points of contact. The integration of urgent primary care with core general practice and GP Out of Hours Services will support a seamless service for routine and urgent care needs with one point of access. This will promote continuity of care, consistency of message and ensure more effective use of limited resources. The model will incentivise general practice to provide improved access to registered patients in collaboration with their locality practices, reducing the need to re-direct patients with primary care needs to services such as the Urgent Care Centre and A&E.

We wish to build upon the traditional Walk-in Centre model and consider innovative ways of delivering care in a way that responds more flexibly to patient need, including non-face contacts and more

effective use of technology. This approach supports the vision outlined within the Challenge Fund, which was announced by NHS England in December.

The importance of patient education in facilitating a shift in use of health services and promoting self-care, has been a consistent theme in our patient and public engagement. The proposed service will support patients to access the right care at the right time through triage and consistent re-direction where appropriate.

5 Next steps including engagement

As described, in December 2013 the Clinical Strategy Committee recommended that a locality model of provision or urgent primary care be developed. In working up this model, the CCG has proposed that further clinical and patient engagement include:

January	Locality commissioning meetings – discussion with general practice
	Overview and Scrutiny Committee
February	Locality commissioning meetings – discussion with general practice
	Locality Patient Participation group meetings - discussion regarding potential service models at the
	CCG Commissioning Strategy Committee – 18 th February
	Patient engagement event – 26 th February
	Discussion with King’s College Hospital and SELDOC (GP Out of Hours service) regarding the implications of this proposal upon the wider health economy
March	Engagement and Patient Experience Committee EPEC: 19 March
April	CCG Commissioning Strategy Committee – 15 th April
	Oversight and Scrutiny Committee
Ongoing	Views and on-going dialogue sought via the weekly GP bulletin
	Advertise this work via the website and ask for views via our social media work including twitter and posting on area forums