

Extended Primary Care in Southwark

1. Background

NHS Southwark CCG undertook a review of the Lister Walk-in Centre in South Southwark during November 2013. The Lister Walk-in Centre contract will come to an end in September 2014 and it was agreed to use this opportunity to more broadly review the commissioning of urgent access to primary care services within both this locality and Southwark as a whole. In December 2013, the Southwark Commissioning Strategy Committee (CSC) supported the recommendation to explore the commissioning of an alternative urgent primary care access model based on extended access to GP practices on a neighbourhood basis.

The Oversight and Scrutiny Committee (OSC) considered the review of the Walk-in Centre and recommendation supported by the CSC in January. The paper also described the programme of engagement undertaken to date and summarised the key messages. The OSC did not view the proposed changes to the Walk-In Centre and primary care access as a significant change in service, on the assumption that there is an extended access clinic at the Lister under any future model. Members gave some initial positive feedback on the approach being taken by the CCG to improve access for all Southwark patients. It was agreed that a further paper would be taken to the 5 March 2014 OSC providing details of impact upon the health economy, both financially and service provision, in addition to plans for engagement.

This paper provides an update on progress since January.

2. CCG Commissioning Strategy Committee

The CSC considered a further paper on 18 February 2014 which described the proposed service model in greater detail, outlined initial modelling of the costs of the service and plans for engagement. The CSC were supportive of the proposed service model outlined and highlighted a number of issues to be addressed as part of the next phase of development, including the importance of effective communication and marketing in managing the service change, in addition to the proposed stakeholder engagement.

The committee agreed that a full business case and service specification would be developed and brought back to the April meeting for consideration and recommendation.

3. Service model

Feedback from patients has highlighted the variation in service provision, difficulties accessing care for both routine and urgent care needs and the complexity of the current system which is difficult to navigate. Our work with our local residents has helped us define what the proposed service model could look like which is described below.

- Provide clear and responsive access to clinical advice and treatment in and out of core GP hours
- Provide consistent extended access across the borough

- Ensure acute, community and primary care implement an agreed Southwark access and treatment policy to ensure that patients receive consistent messages and redirection where appropriate
- Facilitate closer working with local community pharmacies
- Support alternative ways of providing and accessing care (e.g. neighbourhood based models of care, telephone and online consultations) in a flexible way that caters to individual patient needs
- Support patient education and effective communication

The proposed service addresses the issues raised through our programme of engagement. It 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 experience and satisfaction. The service aims to

- Ensure improved and consistent access to high quality primary care services from 8-8, 7 days a week with extended access clinics in each neighbourhood - there will be between two and four sites across the borough
- Support patients to find the right service at the right time, through integration of access routes to urgent and core primary care services, with consistent redirection at all points.
- Improve and enhance current primary care capacity through pooling of resources from different out of hours funding streams, practices (SELDOC) and additional CCG funds
- Free up capacity within practices to manage scheduled care and care of patients with long-term conditions
- Reduce variation in access between practices
- Improve patient experience and health outcomes
- Facilitate information sharing between primary care settings providing both urgent and scheduled care, thus enabling greater continuity of care
- Provide care in a flexible and effective way that responds to patient needs e.g. exploring use of technologies and non-face to face contacts.
- Work closely with local pharmacists

4. Impact assessment

An equality, human rights and health inequalities impact assessment (EIA) was carried out on Southwark's Primary and Community Care Strategy 2013/2014 – 2017/2018. This assessed each of the workstreams, including access. The assessment was positive about the use of a locality based approach to service delivery. It also felt that the development of neighbourhood working providing integrated services across a geographical area would provide quicker and easier access to relevant services, particularly for those people with mobility problems, mental health issues and/or little disposable income, which can act as a major barrier to accessing dispersed services across the borough, leading to health inequalities. We will build on this work moving forward.

It should be noted that the proposed service represents an increase in service provision, delivered through the investment in additional primary care capacity and more effective integration of existing services. We will ensure that robust contractual levers are in place and activity levels are closely monitored.

5. Financial impact of the proposal including an assessment of the financial impact on providers

Currently there are a number of routes through which patients access both routine and urgent primary care. The range of services available across Southwark are funded and commissioned in different ways. The proposed model seeks to use existing resources in a more effective way, in addition to making additional investment to extend primary access consistently across the borough. Initial financial modelling has been undertaken to assess the costs associated with the proposed service – this is still a work in progress and will be developed further as part of the next phase of development. A full business case will be considered by the CSC in April 2014.

In terms of impact upon activity demands, the proposed service has implications for our GP Out of Hours provider, SELDOC, who cover 6.30pm – 8.00pm Monday to Friday and 24 hours at weekends. SELDOC is supportive of the direction of travel proposed by the CCG and has submitted a bid to the Prime Minister's Challenge Fund in partnership with Southwark practices and the CCG to support the realisation of the vision to deliver extended primary care access. The CCG and SELDOC have had productive discussions about diverting the expected freed up clinical capacity in the Out of Hours service into the proposed extended access clinic model.

6. Proposed process for further engagement with patients and stakeholders to support the implementation of the new service model

A programme of engagement with the public and key stakeholders is in progress. The previous paper set out the engagement undertaken to date and forthcoming plans. Below is an update on progress

a) Patient engagement

Building on the patient engagement meeting held in November 2013, a follow up event is taking place on Tuesday 26 February 2014 at Cambridge House, which also includes other stakeholders, thus enabling discussion between potential service providers and patients. The CCG will present the key principles of the proposed service model; discuss how this could be delivered and what this would mean to our local residents. We wish to understand what drives positive healthcare seeking behaviours in order to support patients to self-care and access the right services. A key focus for discussion will be how to effectively manage the communication around the service change to ensure a seamless transition. We recognise the importance of using clear and consistent language with both the public and across healthcare settings. In parallel with this we will continue to work with Locality Patient Participation Groups (in developing the service and plans for implementation).

The Southwark Engagement and Patient Experience Committee (EPEC) will consider the current plans at the March 2014 meeting and will be asked to provide views on the programme going forward, including communication and marketing.

b) Practices

The previous paper considered by the OSC described the CCG structure of meetings and forums to engage with its membership. These include monthly locality meetings for member practices, 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 six monthly programme of individual practice visits undertaken by clinical leads and staff. This is in addition having nine clinical leads in place from members practices on our Governing Body who attended monthly Clinical Strategy Committee meetings.

A clinical working group is being established, which will oversee the development of the service specification, with CCG leads having a role in facilitating discussions and seeking views from their colleagues in general practice.

c) Other stakeholders

The CCG met with senior leads at King's College Hospital in late January to discuss the findings of the Walk-in Centre review and the proposal to develop an alternative model of care. The Trust was very supportive of this direction of travel, particularly of primary care being consistently able to offer same day appointments across the borough, and take diversions from A&E. The importance of effective patient communication in managing the transition was acknowledged and agreement that using the Lister as one service hub would help in minimising confusion. The CCG have had positive discussions with NHS England regarding commissioning this in a way that reflects the interplay with the core GMS/PMS contract – the likelihood is that this would be an APMS jointly commissioned service.

As described earlier, SELDOC is engaged with this approach, having developed a joint bid to the Prime Minister's Challenge Fund to support the delivery of extended primary care access model of care across the borough.

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