

Urgent Care Services

Questions for the South Tees Health Scrutiny Joint Committee Meeting on 10 June

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| Location | <p>Does the location of the services, especially the GP extended hours, ensure equitable access across South Tees?</p> |
| | <p>Absolutely, this was a key component of the public consultation; asking people where they thought the CCG should site future GP hubs in order to facilitate best coverage across the whole of South Tees.</p> <p>In addition the CCG has carried out more detailed activity modelling which takes into account geographical location and areas of highest deprivation in order to try and predict where patients are most likely to migrate to as part of the new model.</p> |
| Accessibility | <p>How accessible will the GP centres be in terms of location, car parking, and public transport? What work has been carried out to ensure that public transport will be accessible to the GP centres, especially in the early evening?</p> |
| | <p>In order to support the final decision making process, the CCG has carried out an estates/premises appraisal to determine the best facilities from which to deliver the new extended GP hubs. The criteria used are enclosed as appendix 1 and as can be seen, accessibility is one of the key criteria. In order to gather information about accessibility of each of the potential premises, the CCG commissioned an independent 'Green Travel Plan' which examined:</p> <ul style="list-style-type: none"> • Drive time catchment area • On-site parking –level (including the number of ambulance bays) and cost • Off-site parking – the level, availability and cost • Pedestrian catchment • Pedestrian facilities (footpaths, safety to walk on site) • Cycle catchment • Public Transport services bus (this included accessibility by bus not only for the neighbouring areas but also across the whole of South Tees) and rail where appropriate • Public transport facilities –bus shelters and other such infrastructure |
| | <p>If the option of a GP being located within James Cook Hospital's A&E Department is chosen, how accessible will that be for people across the South Tees area, where will people who arrive in cars park and will they be expected to pay?</p> |

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| | <p>The concept of a GP in A&E is intended to educate those individuals currently using A&E inappropriately. This section of the population are already accessing A&E and making their own way to the department (including paying for parking, public transport etc.).</p> |
| Resources – Personnel | <p>We know that there is a shortage of GPs both nationally and in the South Tees area. In the Tees area there are high levels of expected retirement and there are recruitment difficulties. The proposals are heavily reliant on there being enough GPs to meet the demand and to cover the proposed extended opening hours, what work has been carried out to ensure that there will be enough doctors and health care professionals (both now and in the future) to ensure that cover is provided as stated in the consultation documents?</p> <p>The CCG has carried out a workforce review as part of the redesign of urgent care services. This review describes national and local strategies aimed at freeing up valuable GP time by enhancing the whole primary care workforce rather than merely focusing on ‘growing’ more doctors. The CCG’s local and regional commissioning strategies support this approach. However, in acknowledgement of the local ageing GP workforce, the review also describes a number of local and national initiatives to increase the number of doctors entering and being retained within primary care in the long term. In the newly published; General Practice: Forward View, April 2016, NHS England pledges investment and support over the next five years to practices and in particular, aims to double the rate of growth in the primary care medical workforce in the next five years – with an extra 5,000 doctors working in general practice supported by an increase in nurses, pharmacists, physician associates, mental health workers and others.</p> <p>The proposed new model, although requiring more primary care capacity, is likely to contribute to the sustainability of the current workforce, reducing current duplication and encouraging GP practices and other urgent care providers to work together to provide workforce efficiencies. Improvements to NHS 111 are expected to divert demand away from primary care and emergency care services, ensuring that patients are signposted to the most appropriate place first time and seen by the most appropriate professional.</p> <p>There are no major concerns over the supply of suitably competent staff to deliver the CCG’s proposed new model of care with the exception of increased radiography capacity required for MIU in Redcar. There is a national shortage of radiographers, however, South Tees Foundation Trust are working closely with Teesside University and have informed the CCG that they are confident that they will be able to recruit staff this year from their graduate scheme.</p> |

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| | <p>There is an acknowledged lack of sophisticated workforce information for primary care which is being addressed, however following a market engagement event, local providers gave a positive response to being able to have and attract the necessary workforce required to deliver future models. In addition South Tees GPs via the STAR scheme are also currently delivering extended hours across two centres and a GP working in A & E in parallel with services which will be replaced and reduced in the new model, freeing up existing workforce. In May 2015, STAR were reporting 37 GP's and 32 nurse practitioners signed up to delivering the service and feel confident that they would be able to deliver from more sites than they are now. In addition there is an acknowledgement that the service will not just rely on the GP workforce but will be made up of a multidisciplinary team in order to best meet the needs of patients.</p> |
| | <p>There is an expectation that as a result of the proposals more patients will attend A&E, can the committee be assured that clearly planned and alternative provision will be put in place to deal with the demand before the current walk in centres are closed?</p> |
| | <p>All modelling work undertaken by the CCG to date is based on worst case scenario which has been informed by examples of system changes that have happened elsewhere. However, none of those examples included alternative provision to an A&E attendance being made available in primary care (indeed the most relevant examples encouraged attendance at A&E) and therefore the CCG believes that the impact is likely to be lower than modelled.</p> <p>Any additional attendances to A & E would primarily be for those individuals who have a minor ailment; walk-in centres are predominantly for those with such conditions who can be managed quickly and effectively if required, supported by a potential new model of a GP in A & E signposting patients to more appropriate services.</p> |
| | <p>Given the recent breakdown of the management of Marske Medical Centre which resulted in emergency action by a group of GPs to maintain service at the Centre, how will this affect the ability of GPs to provide the additional services proposed?</p> |
| | <p>There is no impact on the plans for extended hours hubs.</p> |
| | <p>Given the pressures on a diminishing number of GPs to maintain their present service to patients and also move to provide the STAR system, how will the GPs be able to provide additional resources to man the front of A & E Dept. at James Cook Hospital?</p> |

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| | <p>The STAR scheme is currently providing both the extended opening pilot (from Middlesbrough and Redcar) and the current GP in A&E pilot. There are sufficient GPs to provide both services.</p> |
| <p>Resources – Finance</p> | <p>There is no additional funding to accompany these proposals. Is there a danger that with some GP surgeries that are currently running at full capacity they will not be able to 'soak up' any further work?</p> |
| | <p>The hubs will provide an additional 4000 appointments per month enabling patients who are currently seen in-hours to book appointments into the evening and on weekends. This level of additional capacity exceeds any shift form walk-in-centres.</p> |
| | <p>GP practices are free to run their own appointment systems, will all GP practices required to take part in the booking system proposed as part of the improvements to the 111 system?</p> <p>The CCG is currently working with all practices as part of the regional Urgent and Emergency Care Vanguard programme to gain agreement and sign-up for practices to allow NHS 111 to make bookings into practices, in addition all practices will be able to book patients into the out of hours slots within the hubs- this will not be dependent on one single GP practice IT system.</p> |
| | <p>What plans are going to be put in place to ensure fully collaborative working between commissioners to ensure an integrated urgent care system, notably pharmacy provision, dental care and primary care?</p> |
| | <p>The CCG is working closely with NHS England (NHSE) and Local Authority Public Health Teams to ensure our commissioning action supports integrated working and provision of services. The CCG has recently taken on full delegated commissioning responsibility for Primary Care and this is also supporting closer working with NHSE in areas such as pharmacy and dental care. In addition the CCG has made good progress in working with the LPC (Local Pharmaceutical Committee) and the LOC (Local Optometry Committee) to progress a number of support schemes intended to reduce system pressures.</p> |
| | <p>What plans are being put in place to promote self-management, self-care and empowering people to take responsibility for their health?</p> |

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| | <p>This is something that South Tees are working on jointly with other CCGs from across the system on promoting. In particular, the Vanguard Programme is currently developing more information for parents with young children (high users of urgent care services) in various formats including an electronic application to support self-care. A key challenge is in ensuring that the underpinning support services are in place right across the region in order to ensure that any communications, engagement or education is meaningful and relevant to all parts of the population. The CCG is also working closely with colleagues in Local Authority Public Health Teams to understand how to better promote these messages with key groups.</p> |
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