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NHS
Aylesbury Vale Clinical Commissioning Group
Chiltern Clinical Commissioning Group

A Commissioning Model for the Transformation of Primary Care Access in the Out of Hours period and the current MIIU Service at Wycombe Hospital

1 Introduction

The challenges faced in Primary Care today in Buckinghamshire are common to other parts of England: difficulties recruiting clinical and non-clinical staff, lack of investment, increased workload and premises that are becoming cramped. The Buckinghamshire CCGs, and now the Bucks Accountable Care System (ACS), recognise these challenges and remain committed to supporting providers in achieving a sustainable model of primary care that can be preserved for the future.

The contracts for the provision of the GP Out of Hours (OOH) service and the Minor Injury and Illness Unit (MIIU) service at Wycombe General Hospital will come to an end in March 2018 and this means there is an opportunity to review the services in terms of local population needs.

It is recognised that the current service provision for GP OOHs and the MIIU are based on historic and out-dated stand-alone contracts, where providers have worked in silos from other services. NHS Aylesbury Vale and NHS Chiltern CCGs (the CCGs) intend to align service delivery across the whole 24/7 period so that routine and urgent primary care becomes seamless and patients find it easier to access the care they need at the right time and in the right place.

2 Transforming our service offer to patients

Developing 24/7 primary care is complex, with a number of service providers being commissioned to deliver individual components of the service. In line with our Primary Care Strategy and aligned with the national Five Year Forward View and GP Forward View requirements, the CCGs intend to commission a fully integrated, 24/7 service where providers are encouraged to collaborate so that a truly seamless service can be commissioned on the basis of outcomes for the local population.

The GP Primary Care elements of this integrated service are split into two parts: (i) in-hours integrated primary care (provided by our GP Practices through GMS and PMS contracts) and (ii) Out of hours integrated primary care. The latter (ii) is the service to be commissioned that will seamlessly dovetail into our in-hours provision, because it is in effect on the day GP primary care provision and therefore needs as much as possible to be linked back to the patient's GP notes and ongoing care plans. For the overarching seamless 24/7 care model, please see Appendix 1.

Developing our UTC Offer The overwhelming majority of interactions that patients have with the NHS take place in primary care and only a very small proportion of these are clinically urgent[1]. Analysis of walk-in illness activity (excluding minor injury) at A&E and the MIIU demonstrates that significant numbers of these patient cohorts could be seen in primary care (e.g. by a GP, pharmacy, other clinician) or could have been supported to self-manage their condition. It is our intention therefore to consider all such activity as 'on the day primary care' requests.

In line with the NHS England Urgent & Emergency Care Delivery Plan, we will commission Wycombe MIIU as an Urgent Treatment Centre (UTC). The 24/7 minor injuries service will continue to be compliant with the national requirements of the UTC whilst the minor illness elements will be considered part of the integrated primary care service.

3 Key Components of the Transformed Service

This document sets out the commissioning model and the current key components of the services required. It is recognised that over time, these services will change through 'Channel Shift[2]' and Providers will be enabled to flex their model over time according to the needs of the resident population.

Scope: The registered population for all GP Practices within Aylesbury Vale and NHS Chiltern CCGs[3], the prison population and any patients accessing the service who are eligible for temporary GP Practice registration.

The Key components are listed below and then described in more detail:

1. **Consistent Triage and streaming** for appropriate referral/disposition;

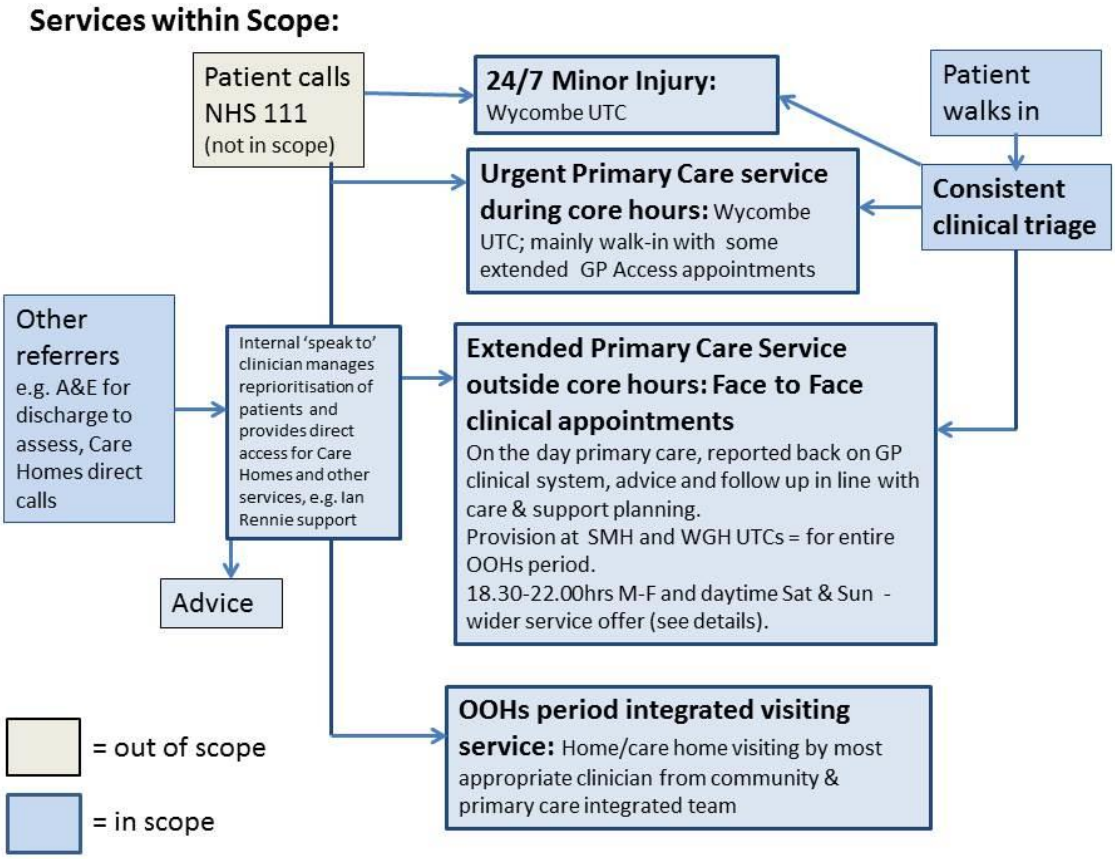
2. A **minor injury service**, compliant with UTC guidance, based at Wycombe Hospital site with some 'first aid centre[4]' support within hubs as appropriate;

3. An **urgent primary care service** (previously minor illness), comprising:
    - Face to face clinical appointments, booked in or walk-in, 24/7 at both Stoke Mandeville and Wycombe Hospital UTCs;
    - Appropriate clinical triage of walk-in appointments;
    - Face to face clinical appointments, booked in only, delivered from suitable premises during the out of hours period across the county with significant appointment capacity during 18.30-22.00hrs Monday – Friday, daytime Saturday and Sunday and as demand dictates. The sites of service delivery to be determined by demand, as 80% of patients are to experience travel time to sites of less than 30 minutes.

4. A high quality **integrated multidisciplinary urgent care home visiting service** which operates as part of our locally defined integrated urgent care system. Visits will be undertaken by the most appropriate clinician from community and primary care integrated team.

[1] Primary Care Foundation (2009), Urgent Care: a practical guide to transforming same-day care in general practice.
[2] See NHS England UEC Channel Shift model and toolkit
[3] Currently one GP Practice in Denham is exempt but we plan to include this population in the longer term
[4] as described in the NHSE Urgent & emergency Delivery Plan

5. A **'speak to' clinician intervention** service that initially (i) manages the prioritisation of patient demand within the service and (ii) enables direct access to a clinician for pre-determined services (care home staff, urgent test results, etc). For clarity, this is a business as usual requirement that will eventually encompass the NHS 111 'speak to' specification.



3.1 Consistent Triage and Streaming

The purpose of triage is to ensure that the patient is referred to the appropriate clinician for the appropriate level of care within an appropriate period of time. Commissioners wish to see a consistent approach to triage and streaming, so that a patient accessing any gateway into our 24/7 Primary Care services would be signposted to the same outcome, regardless of where and when they entered the service.

Our vision is that access to all of the integrated services will take place after a consistent triage/streaming process, supported by a comprehensive Directory of Services that will ensure patients are seen in the appropriate service at the right time. We expect that as the services will have access to Buckinghamshire GP clinical systems, this will enable a higher level of telephone, email and video consultations.

Clinical triage must be undertaken for all walk in patients or those who have had a significant time between external triage and their appointment.

3.2 Minor Injury Service at Wycombe Urgent Treatment Centre (UTC)

The 24/7 minor injuries service must be delivered in line with all relevant UTC guidance. The key areas of service are summarised – this is not exhaustive:

- To receive, assess, treat and discharge patients who arrive at the Wycombe UTC for emergency treatment following physical injury;
- To assess and triage patients including those who require access to other healthcare services and to signpost/refer on as appropriate;
- To deliver care that is effective and timely, providing reassurance to the patient throughout their time in the UTC:
- To ensure patients are fully informed of their condition and treatment, and that they are provided with an appropriate format of information both during and following treatment.
- To receive booked appointments for dressings during the OOHs period
- To offer access to x-ray facilities on site with arrangements for reporting as appropriate
- To ensure compliance with all key national and local quality and performance targets.

3.3 Urgent Primary Care Service

3.2 .1 Urgent Primary Care provision at Wycombe UTC

The Wycombe UTC will be a genuine integrated urgent care service, aligning NHS 111, out of hours and GP access with face to face urgent care. This includes core requirements for extended access, as well as opportunities for the clinical assessment service.

Urgent treatment centres will deliver a clearer service offer for patients, with a key aspect being the offer of directly booked appointments via NHS 111, general practice and ambulance services in addition to a walk-in offer.

The service will also have the potential to video link support to the visiting service, to other sites and to other clinicians working within the integrated service to maximise access to the most appropriate clinician.

The key components of the Wycombe UTC include:

- A GP led service with other multidisciplinary clinical workforce as locally determined (including prescribing ability and mental health), to offer face to face consultations with patients who have either been clinically triaged as a walk-in patient or who have been offered an appointment through one of the agreed pathways into the service. This includes 10,000 appointments per annum for access on behalf of local GPs; this is subject to the use of a consistent triage model by participating practices. For clarity, this service will include the GP out of hours face to face appointments as appropriately directed through the agreed gateways into the service.

- The service will be able to video link support to the visiting service, to other sites and to other clinicians working within the integrated service to maximise GP access.

- Opening hours – initially 24/7, seven days a week 365 days a year;

- Direct booking from NHS 111 and other services, with access to DoS;

- Access to simple diagnostics such as swabs, pregnancy tests, urine dipstick and culture, near patient blood testing and electrocardiograms (ECG).

- Access to x-ray facilities on site with arrangements for reporting overnight as appropriate

- A hub for the wider integrated community services provision including the home visiting service

- Initially there is to be 25% of appointments to be bookable on the day. Over time, we anticipate an increase in the ratio of booked to walk-in appointments as the UEC channel shift model will change in the n increase in booked appointments

3.2.2 Integrating Urgent Primary Care at Stoke Mandeville Hospital UTC

It is expected that the delivery of integrated primary care during the OOHs period will continue to be provided from the SMH site. For clarity, this means a GP led service with other multidisciplinary clinical workforce as locally determined (including prescribing ability and mental health), to offer face to face consultations with patients who have either been clinically triaged as a walk-in patient or who have been offered an appointment through one of the agreed pathways into the service. This service will include the GP out of hours face to face appointments as appropriately directed through the agreed gateways into the service.

However, in line with the national UEC Delivery Plan, there will be a co-located Urgent Treatment Centre at Stoke Mandeville A&E Dept, with primary care streaming at the front door (provided out of this scope by BHT). It is therefore expected that the OOHs integrated primary care service will fully integrate into the co-located UTC, including the wider integrated community home visiting service.

Whilst the SMH UTC may not be open 24/7, it is expected that the OOH primary care service will integrate with SMH front end urgent care services during the periods where the UTC is not open.

The service will also have the potential to video link support to the visiting service, to other sites and to other clinicians working within the integrated service to maximise GP access.

3.2.3 Urgent Primary Care in the OOHs period beyond Wycombe and Stoke Mandeville sites

Historically there has been provision of the GP face to face appointments at additional sites across Buckinghamshire and there is a requirement to continue this wider service, with the active encouragement of local GP practices or clusters to support provision. However, rather than mandate specific sites, commissioners wish to set a requirement that during this period the sites of service delivery are to be determined by demand and that as far as is reasonable, 80% of patients are to experience travel time to sites of less than 30 minutes. Furthermore, determnation of sites will be according to demand and it is only expected that such sites will be open during times of high demand, likely to be 1830hrs up to 2200hrs Monday to Friday and some periods over weekends and Bank Holidays.

3.4 Integrated Home Visiting Service

The core vision is to deliver and continuously develop a high quality integrated primary care and community home visiting service which operates as part of a locally defined integrated urgent care system, streamlining access for patients through the urgent and 24/7 integrated primary care system.

The integrated urgent care home visiting service will offer an at-home urgent primary care service for housebound patients and an urgent primary care visiting service out of core GMS hours. This service will be an integration of the historic home visiting service element in the previous GP primary service contract and the out of hours nursing/AHP service provided by the Community Services. It is expected that over time other providers during these hours will be actively encouraged to integrate their way of working in order to achieve mutual support and the highest quality & efficiency for patient care.

The core principles of the home visiting service are set out below – acknowledging that over time these will develop further:

• To provide a seamless and continuous service throughout the out of hours period, ensuring safe and appropriate seamless handover to in hours care as required;
• To connect urgent care services together more efficiently to reduce a fragmented and complex system, including social care reablement and voluntary or hospice providers;
• To support care home staff in building skill and confidence to manage patients with an urgent presentation including visits if appropriate.

4 Other Specific Requirements

4.1 Rennie Grove Hospice has a contract in place with the current OOHs provider for an out of hours telephone answering service. The hospice transfers calls during the hours of 5pm - 9am the following morning and all weekends and Bank Holidays. The service provider identifies the patient and the relevant team and contacts the appropriate nurse to pass on the message for a response. The provider is the point of contact for hospice nurses and takes messages from other organisations which they pass to the manager on call for the hospice as needed. The CCGs expect any new provider to continue to offer this service in discussion with the hospice.

4.2 In-hours Cover for Local Practices

The current provider provides a telephone answering service, commissioned by the CCG, for one afternoon per month so that practices can participate in monthly Protected Learning Time (PLT) sessions.

The current provider also provides a telephone answering service to Buckinghamshire practices when in-hours cover is required, which is commissioned directly by the practice (for example 8-8.30am and 6-6.30 pm). Any prospective provider will be expected to offer this service to local practices.

5 Common Service Requirements for components covered in this Commissioning Model

The contractual framework will detail all requirements of the service provider, however we would particularly draw attention to:

5.1 IT Interoperability

Within the NHS, there are multiple services within primary and secondary care that access and utilise different sets of patient records through a myriad of software systems. This extends to GP practices, OOHs GP providers and secondary care as well as other providers such as the ambulance service and 111. Through the NHS spine, some elements of the patient information (demographics, GP details, NHS number, etc.) are available to most parts of the health service however, the CCG sees improving IT interoperability as integral to whole system transformation.

From a clinical perspective, improving access to medical records is a key priority for the NHS to aspire towards; which will lead to improved outcomes for patients through the delivery of a safer and higher quality service. With an ageing and more mobile population, this becomes more important for relevant elements of the patients medical information to be more transparent across the health and social care system.

From the patient perspective, many patients believe that their medical information is already available to healthcare professionals when they access different services within the NHS and patients are often surprised to learn that this is not necessarily the case.

Access to services provided at the UTC and through the GP OOHs service need to have full IT interoperability with GP practices across Buckinghamshire. Patients will need to be informed of their appointment slot (by their practice) and patients cannot be asked to call an alternative number or have to wait for a call back as clinical governance responsibility rests with the practice. This would also result in poor levels of patient satisfaction.

To allow direct booking into the acute care service or extended hours, it is proposed that an appointment system which is visible to the practice remotely should be developed. Practices using the EMIS Web clinical platform will find this process easier however a workaround will also be in place for non-EMIS practices.

Alongside this new requirement for IT, there is an ongoing requirement for 111 to directly book patients into the services provided by the new UTC. The Buckinghamshire SPA also needs to be fully integrated with all the services and 111 to ensure the service remains seamless. Access by the clinicians working within the UTC to the practice records and the ICE platform for test results and requests at BHT and Wexham Park is essential. We wish to progress to directly writing into patients notes when the governance of this process is addressed. Discussions surrounding this need are underway within the project team and will need to be prioritised during the mobilisation phase for this service.

Following the patient's attendance in the various services within the UTC, GP practices will need a suitable form of communication by 8am the following day. The summary of the episode of care should include:

- The patient's demographics and NHS number
- The patient's presenting condition and diagnosis
- Details of any diagnostics and or medications prescribed
- Details of any onward referrals or educational advice provided.

5.2 Population Health Management

Commissioners recognise the importance of using a population based approach to understand current and future patient needs. Primary Care Home[5] uses the Population Health Cube to describe these needs and segments the population into: children and young people, working age adults and older people (see Appendix 2).
As a first wave Accountable Care System, we will be working closely with providers to establish a comprehensive approach to collating population data, including from provider systems.

5.3 Benefits and Outcome Measures

The model will contribute to supporting resilience within primary care while fulfilling the CCGs commissioning priorities to improve access across Buckinghamshire to primary care, so that by March 2019, 100% of the Buckinghamshire population are able to access bookable appointments 8-8pm weekdays and according to population need at weekends. Moving away from walk in patients except in the context of Minor Injuries will deliver a "talk before you walk" approach to medical care and ensure that patients access the "right care at the right time" This will create improved satisfaction for patients on the care they receive and a sense of ownership.

The benefits of adopting such an approach will provide:

- A reduction in health inequalities through improved access to primary care throughout the week and in extended hours.
- Greater compliance with agreed care pathways.
- Increased patient self-management and illness prevention.
- Patients with access to a wider range of services which are co-ordinated and tailored to meet their needs, 24/7.
- Patients and their carers provided with information that explains how to access the right primary care service to meet their need at the right time and in the right place.
- Effective sharing of patient information across all primary and community care teams (subject to patient consent).
- Access to a wider network of professionals, all working to the same improved patient outcomes.
- More people being seen and managed nearer to home by the right professional at the right time.
- Better outcomes and experience for patients and efficient and effective resource utilisation.

We expect to develop measures and KPIs that are able to monitor these benefits. In addition, services will be monitored using a set out measures that are focused on meeting the national requirements for UTCs, clinical outcomes and patient satisfaction. The project team are

[5] National Association of Primary Care: The Primary Care Home, 2015

currently engaging with the public and the CCG membership to review further outcomes measures used to monitor this service.

So far, this work has identified the following as possible patient satisfaction measures:

- I need to trust the system and services
- I get the best clinical outcomes possible.

Measures already identified include:

- Friends and Families Test
- National Quality Requirements (NQRs) prevailing at the time
- GP Access: 100% of the Buckinghamshire population able to access pre-bookable appointments weekday evenings and at the weekend by March 2019.
- Wycombe Urgent Treatment Centre: open at least 12 hours per day with patients able to book an appointment through 111, their own GP or by walking in

6 Summary

The commissioning model described in this document has been developed in consultation with providers and with the CCG membership. The CCG has engaged with the public around how we are looking to improve access to primary care as well as how they will benefit from integrating primary and community care. We now need all stakeholders to support our vision so that we can transform the way primary care services are delivered across 24/7 and ensure that we are commissioning high quality, efficient and above all sustainable services for the future.

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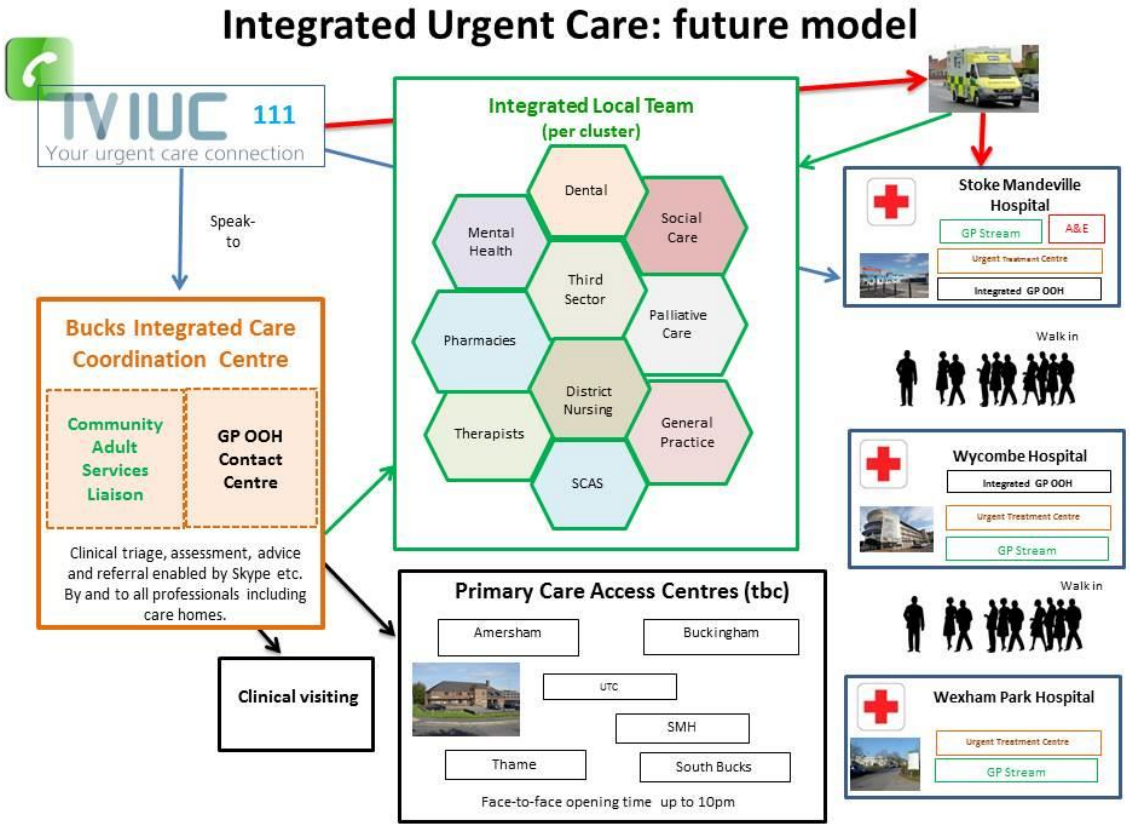
June 2017

Appendix 1: Model for Integrated Urgent Care

The overwhelming majority of interactions that patients have with the NHS take place in primary care and only a very small proportion of these are clinically urgent[6]. Our vision is that access to pre-bookable and on the day appointments, whether the patient is seen in the GP practice or in a different location, will take place after triage/streaming to ensure that patients are seen in the appropriate service at the right time. We see GPs at the centre of co-ordinating patient care and therefore extended GP services (up to 10pm weekdays), including the provision of additional capacity in-hours will be seen as list-based services. After 10pm and over the weekend period, out of hours care will be linked to the community integrated teams and patients will speak to, consult or receive a home visit from the most appropriate clinician to meet their needs. Wherever possible we will integrate services and streamline access so that patients find it easier to access the right service to meet their needs and the services we do commission are highly responsive, effective and personalised.

This approach to integrated working has resulted in the production of a flow chart (see Figure 1 below) that illustrates the proposed integrated 24/7 service model.



We believe that by improving access to primary care, as part of an integrated approach to care delivery, this will create opportunities to reduce unnecessary emergency admissions and A&E attendances as well as improve patient experience and drive better health outcomes.

[6] Primary Care Foundation (2009), Urgent Care: a practical guide to transforming same-day care in general practice.

Appendix 2: Design principles

Separate service requirements have been drawn up that encompass the essential core requirements for each component of the service model covered in this paper, but the following design principles should be incorporated wherever possible, and have been gathered from lessons learnt from existing improved access pilots.

- Not “more of the same”, but introducing a wider range of services with a better use of skill mix and available technologies.
- Solutions to address health inequalities.
- Whole systems approach to commissioning 24/7 primary care creating a seamless service for patients that is easier to understand and to access.
- Coproduction of service design with patients and potential partners across the 24/7 spectrum.
- Focus on upstream prevention to keep people healthy.
- Active signposting to the most appropriate clinician and service on the day leading to a ‘Talk before you walk’ approach so that patients attend the right place first time.
- Use of different consultation types: online, phone, group, hub-based and longer face to face time for patient with more complex needs.
- Different approaches for different needs, understanding that “one size does not fit all” and that population segmentation can be the solution that achieves this.
- Simplified contracts, possibly using one legal entity as lead provider.
- Shared patient records and direct booking of appointments across organisations.
- Use of new technologies and apps to signpost patients with acute, self-limiting needs.
- Need for innovative ways to help patients with long term conditions to self-monitor and manage their own condition.
- Avoid manual data collection. Use “measures to motivate” i.e. real time data from day 1 of service commencement. Include outcome measures such as reduction in A&E minor attendances, reduction in repeat attenders, patient satisfaction.
- Minimise entrance routes and standardise or reduce variability in approach to patient triage.
- Comprehensive patient communications in various formats to capture hard to reach groups.