

Improving Access to Local Healthcare Services



healthcare
without boundaries

Improving access to local healthcare services

Focus on:

- Our journey to this point
- Our working assumption
- Moving Forward

Our Journey (Right Care, Right Here)

2009	Parsonage St Walk In Centre opened April Summary care record introduced April Summerfield Urgent Care Centre opened April Great Bridge Enhanced Access to Primary Care practice opened April
2010	Soho Primary care centre built Sparkhill Primary care centre opens (£10million investment) Sparkbrook community and health centre opens (£12million investment)
2011	Glebefields health centre opens (£6.5million investment)
2012	Attwood Green Health centre opens (£13million investment) Your care connected programme commenced Primary care provision in Sandwell Accident & Emergency (A&E) – 500 additional appointments per week

Our Journey (Sandwell & West Birmingham CCG)

2013	<p>Primary Care provision in City A&E – 500 additional appointments per week</p> <p>Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG) officially came into being</p> <p>NHS 111 service launched</p>
2014	<p>Portway Lifestyle centre opens (£15million investment)</p> <p>Enhanced summary care record</p> <p>Prime Minister challenge fund to improve access pilot site</p> <p>Urgent care behavioural insights report finished</p> <p>Primary care foundation practice reports September</p>
2015	<p>CCG takes on delegated commissioning for primary care</p> <p>Primary Care Commissioning Framework (PCCF) pilot Winter (reduce variation, in hours access)</p>
2016	<p>Primary Care Commissioning Framework commissioned (standardise access)</p> <p>Community Education Provider Network (CEPN)</p> <p>My GP APP April (ongoing developments due completion July 2018)</p> <p>Primary Care nurse workforce development programme.</p> <p>New Integrated Urgent Care Service went live introducing a clinical assessment service</p> <p>CCG Primary care weekend access scheme</p>

CCG developments continued

2017	<p>Trialling additional clinical pharmacists in primary care</p> <p>Piloted Kiosks in Primary care</p> <p>Ask NHS App launched</p> <p>NHS 111 *6 launched bringing faster access for care homes to GPs April</p> <p>Improved access to primary care (8am – 8pm, Monday - Friday and as required at weekends)</p> <p>Direct booking from Accident & Emergency into primary care launched</p>
2018	<p>20 additional non-medical prescribers, 45 dual role apprenticeships</p> <p>Social Prescribing pilot at Portway</p> <p>Care navigation/active sign posting</p> <p>Kiosks in primary care x 10</p> <p>On-line consultation system procurement</p> <p>Pharmacy run Minor Ailments Scheme (Adults and Children) commissioned</p> <p>NHS 111 online</p> <p>Development of Primary Care Networks</p> <p>Walk in centre activity reducing (32% since 2014/15)</p> <p>Additional primary care access utilisation review (88%)</p>
2019	<p>Phase 2 of Your Care Connected</p> <p>Development and roll out of further social prescribing</p>
2020	<p>Walk in Centre contracts end</p>

Working assumption:

- The demand for walk in centres is reducing, along side a deliberate increase in general practice access
- The majority of patients would prefer to be seen by their family doctor or the group general practice
- Patients want ease of access that suits their personal circumstances
- There is waste in the system, duplication of access
- There is a cohort of patients attending walk in centres/primary care/ A&E that could either self-care or be seen by another primary care professional
- The principles of a placed based integrated model is right for the future model of care
- The offer needs to be different!
 - personalisation, self-care and patient activation is a core component
 - delivered by local GP networks in partnership with 111 and secondary care
 - meeting the national requirements for urgent treatment centres

Testing our view - Pre consultation engagement

- The CCG has undertaken a 6 week period of pre consultation engagement to help inform the future model for improved access.
- Engagement undertaken by 2 independent consultation partners
- The engagement activities were informed by the Equality Impact Assessment (EQIA)
- There was a focus on engaging with
 - Patients
 - Groups identified as high volume users of walk in services e.g. parents of children under 5s and students
 - General Practice

Patient/ Public Perspective

- Real or perceived inability to book a same day or a timely routine appointment with their General Practice (GP)
- Frustration with GP booking processes
- Simplicity of a walk in service
- Unaware of the extended service offer available in GP
- Majority of patients would be happy to attend an appointment at either their own GP or an alternative GP led service nearby.
- NHS 111 service was useful and had directed some people to the walk in service
- For unregistered patients this is their route (other than A & E) to care

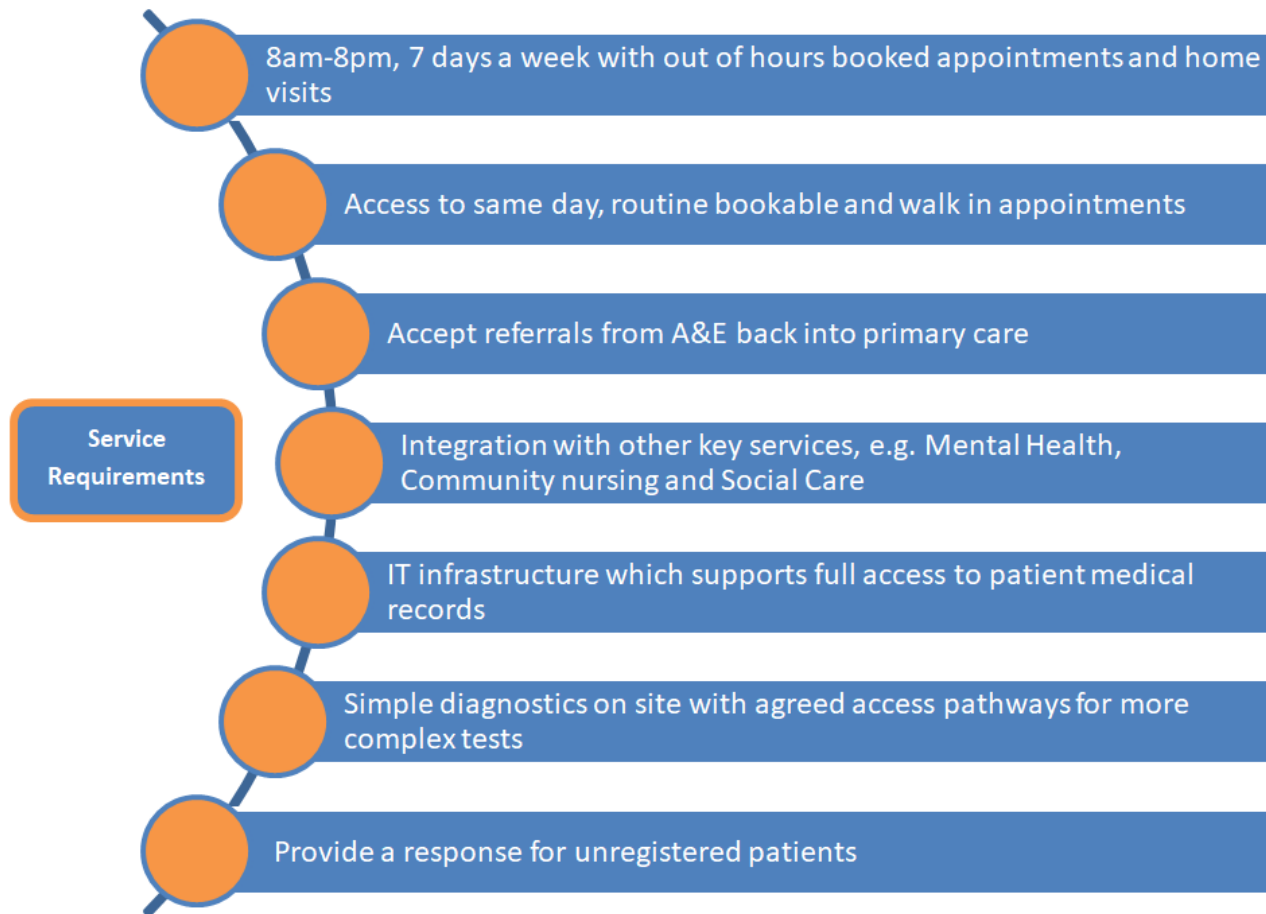
Clinical/ General Practice Perspective

- Primary care networks are not yet fully matured.
- New provider partnerships are emerging
- This is an opportunity to implement change in the system
- Important to ensure continuity of care through sharing patient records
- Recognition that patients want different types of access including some walk in capability
- There is a need to provide an offer for unregistered patients and encourage them to register
- GP workforce challenges, needs greater skill mix for the future
- There was an appetite to design and deliver a new model
- The full potential of NHS 111 has not yet been fully realised and it could be a more integrated part of the system

Moving forward

- CCG Governing Body agreed to launch a consultation exercise in October
- In line with the 'The Gunning Principles', using the insight from the pre consultation engagement to develop a formal consultation. That will be:
 - 12 weeks in duration
 - Informed by EQIA, pre-consultation engagement, Walk-in Centre data and stakeholder analysis
 - Focused on preferred option, with open dialogue to capture alternative options
 - Independent consultation partner recruited as per pre-consultation engagement phase

Future Service Requirements



Local Considerations

- We will be procuring from the market
- The development of local integrated provider networks
- We will set out our desired outcomes and the successful provider(s) will design the integrated delivery model
- Patient choice

Next Steps and Key milestones

Task	Start	End
NHSE Strategic Service Change Meeting – checkpoint 1	25 July 2018	25 July 2018
Joint HOSC update	September 2018	September 2018
Clinical Senate	26 th September 2018	26 th September 2018
NHSE Strategic Service Change Meeting – checkpoint 2	To be completed before October	To be completed before October
Public Consultation	1 October 2018	21 December 2018
SWBCCG Governing Body	2 January 2019	2 January 2019
Market Engagement	21 January 2019	
Finalise Procurement paperwork	4 February 2019	10 March 2019
ITT period	11 March 2019	15 April 2019
Evaluation	16 April 2019	31 May 2019
Approval of outcome	3 June 2019	19 August 2019
Notify bidders & Standstill period	20 August 2019	30 August 2019
Contract Award	1 September 2019	31 September 2019
Mobilisation Period	1 October 2019	31 st March 2020
Service Start	01 st April 2020	

Questions?