

ENCLOSURE:

LEAD DIRECTOR	OPERATIONAL LEAD	AUTHOR
	Sarah Blenkinsop, Head of Commissioning, North Staffordshire CCG	Sarah Evans, Project Support Officer, CETT, Stoke-on-Trent CCG

REPORT TO	Briefing for Newcastle Borough Council Health and Wellbeing Scrutiny Committee
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TITLE	The Midway and Hanley Health & Wellbeing Walk in Centre Review
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DATE OF THE MEETING	Wednesday 6 th January 2015 - 7.00pm Committee Room 1
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RECOMMENDATION	Approve	Assurance	Discussion	✓	information	✓
<p>The committee are asked to receive the report for discussion and information.</p> <p>The committee are also asked to provide advice on the level of consultation / engagement required, to ensure that the future options and final recommendations made, to both the CCGs executives and the Staffordshire Joint Commission Committee, are inclusive of a rounded patient view.</p>						

PURPOSE OF THE REPORT
<p>This paper provides an update on the progress, data and intelligence, gained to date, as part of the in-depth review of the two GP Led Health Centres, Midway and Hanley Health & Wellbeing. At the conclusion of the review recommendations for future commissioning of these services will be made from 1st April 2017.</p>

KEY POINTS/EXECUTIVE SUMMARY
<ul style="list-style-type: none"> • North Staffordshire and Stoke on Trent Clinical Commissioning Groups (CCGs) have a responsibility to decide how these services should be commissioned in the future. Taking into account patient's needs and value for money. • To date a review of data and intelligence of the current service information and activity has helped to shape future options for consideration. • As both sites operate in differently, having different contracts and differing contractual values it is recognised that the recommendations for both services may not be the same. • A communication strategy has been developed to engage with patients and public by the CCGs Commissioning Support Unit (CSU) • It is unlikely that any permanent changes to the services will be made until late 2016

1.0 Background

- 1.1 In October 2007, as part of his *'Next Stage Review'*, health minister Lord Darzi announced new investment to develop 150 GP led health centres that offered both:
 - A list based GP practice at which patients could register if they choose
 - A GP led service open to any member of the public, including those registered at GP practices elsewhere or those not registered with any GP practice. The service was to allow any member of the public to access GP services through pre-bookable appointments or walk-in appointments that did not require pre-booking.
- 1.2 Under the Equitable Access to Primary Medical Care (EAPMC) programme, each Primary Care Trust (PCT) was expected to commission at least one GP led health centre in their area.
- 1.3 The centres were to be open between 8am and 8pm, 7 days per week, and were to be situated in easily accessible locations. They were intended to be responsive to local needs and, to foster integrated care. They were to be co-located where possible with other community based services such as diagnostic, GP therapeutic (e.g. physiotherapy), pharmacy and social care services.
- 1.4 The GP led health centres, commonly referred to as *'Darzi Centres'*, were commissioned between 2008 and 2010. PCT's procured the centres primarily through competitive tender for Alternative Provider Medical Services (APMS) contracts, which allowed bids to provide the services from independent sector, GP formed companies, traditional GP practices, social enterprises and NHS Trusts.
- 1.5 Both the Midway and Hanley Health & Wellbeing Centre were established in 2009 as part of the recommendations made by Lord Darzi in relation to establishing equitable access to Primary Care Services.

2.0 Service Overview

2.1 The Midway

- 2.1.1 The walk-in service provided at The Midway is currently located at Morston House, Newcastle under Lyme and is operated by NHS Solutions. The service is open from 8.00am to 8.00pm, seven days a week, 365 days a year and is operated on an appointment basis for non-registered and registered patients.
- 2.1.2 Services are offered via a time limited APMS Contract which comes to an end on the 31st March 2017.
- 2.1.3 There are two elements to the service: a GP service for the registered cohort and pre-bookable appointments for the non-registered cohort; the Midway currently offers 12 appointments per day (one per hour) with a GP and 12 appointments per day (one per hour) with the Practice Nurse for the non-registered cohort Monday – Friday. There are no restrictions on the number of walk in appointments available over the weekend period.
- 2.1.4 The practice currently has its own registered list size which presently stands at a total of 3,234 patients.

2.1.5 The data below indicates the total number of General Practitioners and nursing staff employed by the service to meet patient requirements; it is worth noting that the service only has one General Practitioner and one Practice Nurse manning the service at any given time.

Title	WTE
General Practitioner	3.18
Nursing Staff	3.06

2.1.6 Appointments are strictly offered on a first come first served basis with no discrimination until all appointment slots are fulfilled. There is however no restriction in place over the weekend as all GP and nurse appointments are open to both registered and unregistered patients who attend the centre. Currently demand for this service outstrips the available capacity. The table below demonstrates the total number of 'walk-in' (pre-bookable and walk in) appointments undertaken by the GP and Practice Nurse, spilt by month, for the period June 2014 – April 2015:

Month	GP	Nurse	Total
June 2014	466	275	741
July 2014	465	292	757
August 2014	477	294	771
September 2014	452	298	750
October 2014	444	293	737
November 2014	443	275	718
December 2014	496	251	747
January 2015	500	294	794
February 2015	506	298	804
March 2015	513	272	785
April 2015	537	277	814
Total	5299	3119	8418

2.1.7 The contract for the Midway was developed as a block contract for both the registered and non-registered patients. Unfortunately it is not possible to distinguish between the two elements of the service; the total contract value for the service for 2015 - 2016 is presently £870,446.

2.2 Hanley Health & Wellbeing Centre

2.2.1 The walk in service provided at Hanley Health and Wellbeing Centre is operated by Care UK. The service is open from 8.00am – 8.00pm, seven days per week, 365 days per year for both registered and non-registered patients. Again services are offered via an APMS contract which has been extended until 30th September 2016.

2.2.2 The practice currently offers pre-bookable and 'walk in' appointments to both registered and non-registered patients irrespective of their registration status. There is no requirement to pre-book appointments for the walk-in centre element which are seen on a first come, first served basis.

2.2.3 The practice has its own registered list size which currently stands at a total of 3,307 patients.

2.2.4 The data below indicates the total number of General Practitioners and Nursing Staff employed by the service to meet patient requirements.

Title	WTE
General Practitioner	3
2 x General Practitioner	Flexi
Nursing Staff	6
1 x ANP	Flexi

2.2.5 Details of the expected volumes of activity for unregistered patients attending as a walk in patient were detailed within contract; with the service expected to see c 60,000 patients by 2013/14. The table below demonstrates the total number of walk in appointments seen during the period April 2014 – March 2015 for both GP and nurse appointments; however activity levels are far below those expected:

Month	No. Appointments Seen
Apr-14	2,595
May-14	2,749
Jun-14	2,586
Jul-14	2,456
Aug-14	2,373
Sep-14	2,226
Oct-14	2,524
Nov-14	2,565
Dec-14	2,875
Jan-15	2,686
Feb-15	2,566
Mar-15	2,675
Total	30876

2.2.6 The contract for HHWB was originally commissioned as a block contract however this was re-negotiated and the values for the registered population and the non-registered population have been separated out. Details of the contract value for 2015 – 2016 are detailed in the table below:

Hanley Health and Wellbeing Centre (Y02868) Contract Value Calculation	
	1st April 2015 - 31st March 2016
Baseline Contract Price	£383,992
Walk In Total	£965,212
Total Core Services Payment	£1,349,204
QOF	£40,931
Total Pass Through Costs	£136,695
FULL CONTRACT PRICE	1,526,831

3.0 Aim of Review

- 3.1 A review of the effectiveness of the Walk-in Centers across both North Staffordshire and Stoke on Trent CCG was prioritised; with two specific elements to the process:
- 1) Registered patients at both sites. As joint commissioners with NHS England we have to provide core medical services to this cohort of patients on a long term basis. A key aim of the review will be to scope out potential options to ensure registered patients' needs are met.
 - 2) A full review of the walk-in element of service, to understand the impact of this service on A&E admissions, whether access to the service meets patient needs, and in the long term whether this service is sustainable, offers the right level of service, at the right time and in the right area.
- 3.2 In order to oversee the development of the review a Project Group was formed; this group included membership from CCG's, NHS England, Locality Leads, LMC, Healthwatch and patient representatives.

4.0 Review Conclusion

- 4.1 Findings from the review have concluded that both the Midway and HHWB are struggling to recruit and retain GP's and nursing staff. Although this is recognised as an issue nationally this is particularly difficult at the sites due to the unsociable hours of the service, with both providers reporting this as a significant issue.
- 4.2 Both services, although advertised as walk-in centers, operate in different manners. HHWB has the potential to offer additional capacity as a large proportion of the resource is not utilized. However due to the appointment restrictions at the Midway demand outstrips capacity. Both services providers are high users of A&E services for their registered population. With the majority of attendances being those that self present; compared to the CCG averages both sites are outliers. In addition to this there is also a high incidence of referrals to A&E from HHWB for patients seen within the service, in comparison to the Midway there is a marked increase.
- 4.3 Data shows that the services are utilised by patients whom are registered with a practice in the local vicinity, suggesting that the service may be acting as a 'mop up' for existing practices under pressure, or with issues regarding access to appointments, or indeed that it may just be more convenient for these patients. Very few patients seen are from out of the area. Theoretically these patients are already being paid for under a GMS/PMS contract of their registered practice, so effectively we are double paying for care.
- 4.4 Consideration needs to be given as to the appropriate use of services for walk in patients using the services. Particularly as much of the activity relates to blood tests and dressing changes; releasing these services could greatly increase available capacity, particularly at the Midway.
- 4.5 Although the two services fit with the 5 Year Forward View, of access to services 7 days per week, Commissioners need to consider the wider context of Medical Services and how else general practice can increase access to services as part of the Primary Care Strategy. It should be noted that both sites are locked into lease agreements for a number of years, therefore alternative use of the sites will need to be considered alongside any recommendations.

- 4.6 Although local practices within the vicinity of both sites are presently taking on new patients, it is questionable as to whether they would have the capacity to take on large numbers of new patients, should a decision be made to disperse the registered lists to local practices. This also goes against the wishes of the Local Medical Committee, who have significant concerns around the sustainability of practices across Northern Staffordshire and any list dispersal may indeed destabilize a practice(s) elsewhere.
- 4.7 Throughout the review a recurrent theme has been reference to the issues with workforce and capacity within the services and local practices.
- 4.8 In comparing contractual values for the walk in element, the services of HHWB do seem to offer value for money (cost per patient) in comparison to the Midway. It is recognised however that the key conditions seen by the Practice Nurse relate to blood tests and dressing changes at both sites, this indicates that the WIC services are costly to commissioners to deliver this type of service. Consideration should be given as to whether these services continue to be offered by the WIC's or whether commissioners should consider whether it may be better value for money to commission additional phlebotomy outreach services in these areas.

5.0 Future Proposals for Consideration

- 5.1 Following information and intelligence gathered during the course of the review a number of options for the future of these services have been developed for consideration.

It is the intention that the CCG will consult with members of the public prior to any decision regarding the use of services. Details of these options identified can be found below:

5.1.1 Re-procure the existing services – with no changes

Continue to commission the existing services for the registered patients and walk in service with no changes to be implemented. However, given the time limited contracts are coming to an ended this will require a formal procurement, which may result in new providers.

To date the findings of the review are that re-procuring 'like for like' would not be best value for money, or indeed meet the needs of patients.

5.1.2 Re-procure the existing service - with changes

Continue to commission Primary Medical Services for the registered patients and consider changes to the walk in element of the service. These changes could include reducing the hours / days the walk in centre is open; reducing the range of services offered to walk in patients, or restricting the service to walk in patients with urgent conditions only. There would also be an option to re-procure the registered list size by merging the two services into one contract with one provider

5.1.3 Develop a Hub and Spoke model for Urgent Access in Hours

It is recognised that access to GP services is variable across all practices in the two CCGs. An option may be to use the two sites for additional urgent capacity during core hours, accessible via patients

own registered practices, or a 'hub'. This option would require more work up but may help to absorb pressure from general practice during periods of peak demand.

5.1.4 Decommission the Walk In element of the service

Continue to commission a service provider for the registered population, excluding the walk in element of the service. Consideration would need to be given to the financial viability of undertaking this option particularly with the number of registered patients each service currently has. An option may be to consider one contract for the registered population across both site, reducing the hours of the service, in line with GMS and PMS contract holders. Any funding released as part of this could then be reinvested into a hub model, offering 7 days access for urgent appointment across all practices.

5.1.5 Decommission the entire service and disperse the registered list size

Decommissioning both sites; registered patients would then be dispersed to suitable alternative local practices. In doing this there are significant implications. This is destabilizing for patients and the practices having to take on large numbers of new patients. This would be against the wishes of the Local Medical Committee and NHS England. There are also financial implications to be considered in relation to the premises or potential alternative use of the sites

5.2 ***It is the view of the project group that options 5.1.1 and 5.1.5 listed above are not viable options for these services moving forward.***

6.0 Next Steps

6.1 It is proposed that the CCG will undertake a number of engagement activities to communicate the future proposals identified within the review and promote opportunities for people to get involved.

6.2 Communications will take place to help inform all our stakeholders, clinicians and staff within our organisation, partner organisations, patient and community groups and the wider public about how to get involved.

6.3 The key messages from the communication will be:

- Providers and commissioners in North Staffordshire and Stoke-on-Trent and NHS England are working together to improve the clarity of the future of Walk-in Centres and patient accessibility to Primary Medical Services.
- As the two Walk-in services operate in different manners the same decision may not be made for both locations moving forward, but will be tailored to the specific needs of the patients and public who use those individual services.
- Improvements and changes are needed to ensure services are sustainable, high quality and work better together and used in the best way to ensure best patient care.
- Options highlighted in the review need to be communicated to ensure that patients understand where they can be seen to get the right care in the right place, at the right time.