

Health Overview and Scrutiny Panel

Thursday, 30th October, 2014
at 6.00 pm

Additional Information

This meeting is open to the public

Members

Contacts

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MEMBERS' ROOM DOCUMENT

Agendas and papers are now available via the City Council's website

6 **BITTERNE WALK-IN CENTRE** (Pages 1 - 20)

- Additional Information from Southampton City CCG
- Additional Information – Appendix

Wednesday, 22 October 2014

HEAD OF LEGAL AND DEMOCRATIC
SERVICES

Agenda Item 6

Appendix 1

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY COMMITTEE			
SUBJECT:	WINTER NURSING PILOT UPDATE			
DATE OF DECISION:	30 October 2014			
REPORT OF:	Southampton City CCG			
<u>CONTACT DETAILS</u>				
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

The impending winter and the challenges in primary care have identified the need for the CCG to pilot some imaginative solutions. In addition, the CCG wishes to accelerate the delivery of some aspects of Better Care Southampton. In order to do this, there is requirement to temporarily redeploy existing staff from a service that we believe is a lower clinical priority.

The proposals centre on supporting primary care and increasing community nursing to better meet the needs of the most vulnerable patients, especially the elderly, in their own homes across Southampton. The proposals are planned to run for a 6 month period commencing in December 2014

No funding will be withdrawn, and no one will be made redundant on the back of this proposal; it is a matter of redeploying resources to where the need is greatest.

RECOMMENDATIONS:

- (i) Health Overview and Scrutiny Panel to receive and note the proposal.
- (ii) Health Overview and Scrutiny Panel to advise on best approach to engagement before and during the pilots.
- (iii) Health Overview and Scrutiny Panel to consider receiving a progress report after 3 months of commencement of the pilots.

REASONS FOR REPORT RECOMMENDATIONS

1. General Practice is facing significant sustainability issues and a crisis with rising workloads and difficulty recruiting GPs. This is presenting health services with challenges now and into the future. The need for reform is widely acknowledged, and one measure that can be taken now to support GPs in their role, is to strengthen community nursing capacity.

Winter resilience demands that we ensure primary and community care is sufficiently resourced to prevent hospital admissions, support flow out of the hospital and provide onward care for people in their homes. Recent winters have exposed real weakness in this area, and practices are struggling to cope with meeting the needs of complex elderly patients being discharged from hospital. Practices have identified responsive community nursing as a top priority for supporting them to deliver better care. Earlier intervention supports individuals to regain their independence faster, and reduce ongoing demand for both health and social care support. Safe, high quality care for those that need it most is a priority, this pilot supports this.

The CCG needs to make better use of its existing funding to better meet the needs of service users in Southampton.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. There is no spare cash to fund these projects. The pilots will assist the CCG to understand the best options in the future.

DETAIL

3 Summary of Rationale for Pilot Projects

- 3.1 Primary and community care is the bedrock of our health system and it needs to offer the right mix of services to ensure local people are treated in a timely and effective way that keeps them out of hospital. In recent years there have been changes in the landscape of these services together with developments in community based urgent care services. The last year has seen this vision be enshrined in the Better Care Southampton plan.
- 3.2 There is a strong case for change. The vision for Better Care Southampton is to completely transform the delivery of care in Southampton so that it is better integrated across health and social care, delivered as locally as possible and person centred. More immediately, General Practice is facing significant sustainability issues and a crisis with rising workloads and difficulty recruiting GPs. This is presenting health services with challenges not only now, but potentially also for long into the future. The need for reform is widely acknowledged, and one measure that can be taken now to support GPs in their role, is to strengthen community nursing capacity. Currently community nursing support is also under pressure and on occasions cannot respond to requests for input from primary care.
- 3.3 There has been a growing demand (15%) on GP and Practice Nurse time since 2009. This combined with overall population growth is placing increasing demand on primary care, especially GPs. There is a critical need to invest in support from community nursing to practices across the city. This will ensure patients get the care they need and for the future sustainability of the system. Work has already commenced, but in order to go further, faster, for the benefit of the whole city, the CCG needs to make better use of the existing funding for this high priority area.
- 3.4 Changing requirements across the health and social care landscape has led to a rise in the number of patients and the complexity of needs who are now treated within the community. Community nurses play a central and vital role in caring for housebound patients. This helps patients to remain as

independent as possible and also potentially reduces demand on social care resources. Existing community nursing services across Southampton are providing care in localities of GP practices, for the growing number of patients who require increasingly complex care.

Considerable work has been undertaken by Solent NHS Trust and NHS Southampton City CCG to understand the current demand for community nursing services and this work has demonstrated the service is under pressure. The Better Care Southampton Plan is likely to fundamentally change the way in which care delivery is organised and delivered. However it is acknowledged it will take time to ensure the structures are well embedded. Alternative funding sources have been explored and there is some limited new investment into the service for twilight nursing and continence support but this is not sufficient to match the growth in demand. Solent NHS Trust also has a project in place to transform the community nursing service, to increase productivity

3.5 Investment in community nurses and improved access to GPs would mean we could better manage patients who may otherwise be admitted or readmitted to hospital, including frail and elderly patients and those with long term conditions.

3.6 The CCG has reviewed its expenditure to identify any resource that could be redeployed. It has identified that the services provided at Bitterne Walk in Centre (BWIC) are a lower clinical priority and offer poor value for money per user in comparison to other commissioned services. The funding and staff at the Bitterne Walk In Centre would be a clinically appropriate source of skilled staff to support this pilot releasing resources to improve access and outcomes for Southampton patients

Outline of the Pilots and Other key Considerations

4 **Proposed Models for Pilots.** In collaboration with Solent NHS Trust, the CCG proposes to launch pilot projects that support overstretched GPs by enhancing the provision of community nursing and improve access within primary care. The schemes aim to redeploy both staff and funding to help to support primary care during the busy winter period and in the medium term help to accelerate the delivery of the Better Care Southampton plan.

The pilots will last 6 months and use the staff currently working in the Bitterne Walk In Centre. To achieve this, the service will need to be temporarily suspended. The future of these services in the longer term and their relative priorities would be reviewed at the end of the pilot period and entail extensive discussions with various stakeholders including service users and their families and carers. The pilot models are being finalised with the help of patient representative group Healthwatch and local GPs but in essence focus on two areas:

- Support to primary care. A proportion of the nurses in the Bitterne Walk In Centre would be redeployed into some of the GP practices in the City. Evidence from a similar approach in West Hampshire suggests that this will contribute to improved patient satisfaction, greater access and a reduction in emergency department attendances. This model would test reintegration of care back into a primary care setting rather than having a concurrent approach with the walk in centre as well. This

would support continuity of care and consistent support, including for families with young children.

- Increase availability of Community Nurses to work across each of the six Better Care clusters in the City. These nurses would significantly increase access to community nursing and support for people in their home setting.

4.1 **Supporting Actions.** It is anticipated that a proportion of the people who currently use the BWIC will wish to access alternative settings. We plan to ensure that information and support is in place accordingly. To support the pilot the following additional factors have been considered:

- Winter Communications. We have developed our winter communications plan with the public and stakeholders. Key messages are:
 - **Phone first – call 111.** *NHS 111 provides health advice fast and will direct you to the right health service for your needs.*
This service was launched in February 2013 and local feedback on services is good. Many current attendees at the WIC could instead access health advice via this route. Our winter promotion will highlight this and show more people that 111 is a good first port of call.
 - **Think first – and ask your pharmacist.**
There are several 100 hour pharmacies in the city including one in Bitterne – these pharmacies offer access to help advice and medication round the clock. Our campaign materials aim to instil confidence about using pharmacies an alternative to seeing a medical professional. They will highlight little known facts such as the 5 years of specialist training pharmacists undergo along with the ability to discuss your concerns in a private consultation room if required. We want to show that for minor ailments pharmacies are a faster more convenient alternative to other health services. We must make better use of the other NHS Funded Services across the City.
 - **Think first – and be prepared.**
This strand of the campaign aims to help people to with self- care by highlighting the need to have medicines they might need at home. That way if they do fall ill they can get better faster. For some people currently attending the Walk in Centre self-care options would be a fast and effective alternative.
 - **Do you know about your Minor Injuries Unit?** This campaign is being run as part of the new MIU service at the Royal Southants Hospital (RSH). *It is anticipated that up to 20% of BWIC users could be seen in this setting*
- Out Of Hours Service. The Out Of Hours service will continue to be accessed via 111. We will monitor activity during the pilots as part of the evaluation.
- University Hospitals Southampton Emergency Department (ED). This is not part of our campaign as we want to focus on telling people what they can do rather than telling them not to use ED. From an operational

perspective we have discussed the likely impact on ED with University Hospital Southampton. They are of the view that the proposals are unlikely to have any adverse impact on ED attendance.

4.2 **Evaluation.** At the time of writing the models are currently being finalised (as stated above) and the evaluation criteria is being developed alongside the models. It is proposed that there are two levels to the evaluation of the pilots. The levels are strategic and operational. At the strategic level, the evaluations will examine the contributions that these pilots have made to the overall delivery of the Better Care Southampton Plan. The metrics will be drawn from the following:

- Reduce unplanned hospital admissions
- Reduce permanent admissions to residential and nursing homes
- Increase the percentage of older people still at home 91 days post discharge into reablement services
- Reduce delayed transfers of care
- Reduce injuries due to falls

At the operational level, evaluation will be based on metrics such as:

- Patient satisfaction
- Increase in capacity of primary care
- Reduction in attendances at ED
- Improved access to Community nursing

5 **Review of Bitterne Walk In Centre**

In response to changes in local NHS services during winter 2013/14, a service review of the BWIC was carried out in March and April 2014. The review demonstrated that while patient satisfaction with the service was good, most attendees could be effectively treated in other settings due to changes in urgent care services across the City since the launch of the WIC (including the triage service 111, a new out of hours service, enhancements to the RSH Minor Injuries Unit and the presence of a local 100 hour pharmacy). In addition, it was found that the service is not offering value for money in a financially constrained public sector environment. A summary of the key information from the WIC review is at Appendix 1.

6. **Engagement**

We are committed to engaging with local people about their health services and have very strong relationships with patient and voluntary groups. This continued dialogue with local people means that we get feedback throughout the year about all of our urgent care services including the Bitterne Walk in Centre.

6.1 We recognised the importance of engagement when undertaking our first review of the walk-in centre and included a survey of service users to increase our understanding of why people use the service and the level of knowledge about alternative services.

6.2 Further insight about use of urgent care services was also been gained via the City Survey – a large survey of Southampton residents (which featured health questions posed by the CCG) and a community survey both undertaken in the past year. This was enhanced through the workshops that were recently run at the Annual General meeting of the CCG which focussed

on how to improve urgent care services from a user perspective.

- 6.3 In addition, our Patient Experience service collects data regularly on service user experiences and encourages people to raise concerns with us which includes local people's experiences of the Walk in Centre and of other urgent care services such as NHS 111 and the Minor Injuries Unit.
- 6.4 To date, our engagement programme on our proposed pilot has included a range of stakeholders including:
- Staff, GPs, clinicians, practice staff, Healthwatch, MPs, Councillors, Chair of Health and Well-being board, Health overview and scrutiny, Hampshire HOSC, Partner organisations including, UHS, 111 Service, South Central Ambulance Service, Minor Injuries Unit, West Hampshire CCG, Fareham and Gosport CCG, Public Health Equality lead, patient and carer representative groups.
 - Healthwatch have agreed to support our engagement programme and along with local clinicians are currently involved with developing the proposed models of care. We are distributing information packs and copies of the service review and inviting comments and views.
 - We have proactively published information about our proposed pilot on our website along with some frequently asked questions. As a result we have received a number of comments which are being logged and fed into the development of our plans
- 6.5 Future engagement plans include discussions with some of our key engagement groups such as Consult and Challenge, the Equality Reference Group, Patients Forum, and our Communications and Engagement group. We also aim to meet regularly with key stakeholders to keep them apprised of progress and gather any feedback. Finally, we will ensure that we also have robust engagement in the evaluation of the pilot schemes

RESOURCE IMPLICATIONS

Capital/Revenue

7. The CCG invests £1.4m per annum with Solent NHS Trust for this service. Some of the overheads associated with the service, for example the part use of Bitterne Health Centre, will be maintained. All other resources will be redeployed into the pilot schemes for six months. No funding will be removed.

Property/Other

8. None

POLICY FRAMEWORK IMPLICATIONS

9. Align with Health and Wellbeing Strategy and Council's Policy Framework Plans

KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Bitterne Walk In Centre Service review Summary
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

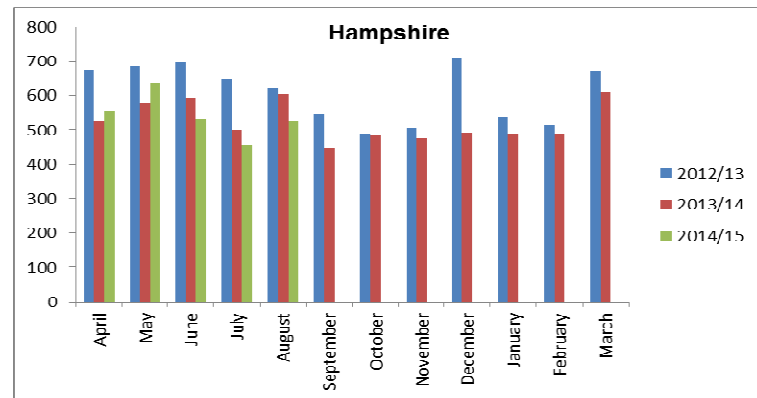
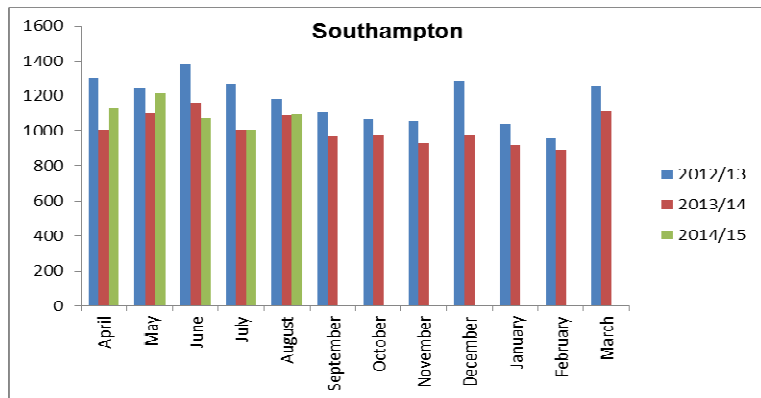
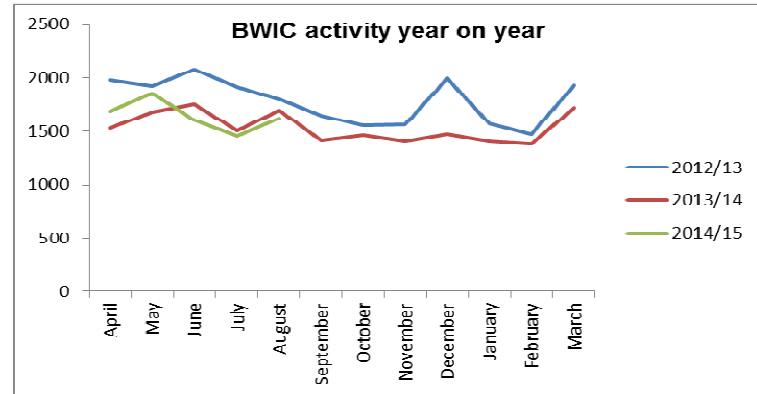
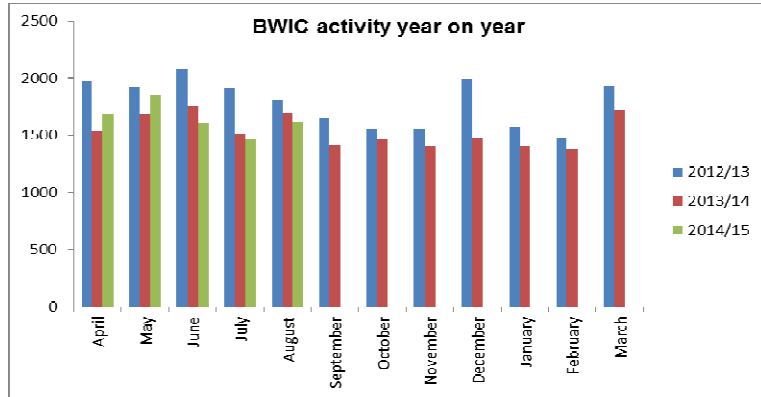
	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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Bitterne Walk In Centre

Service Review Summary

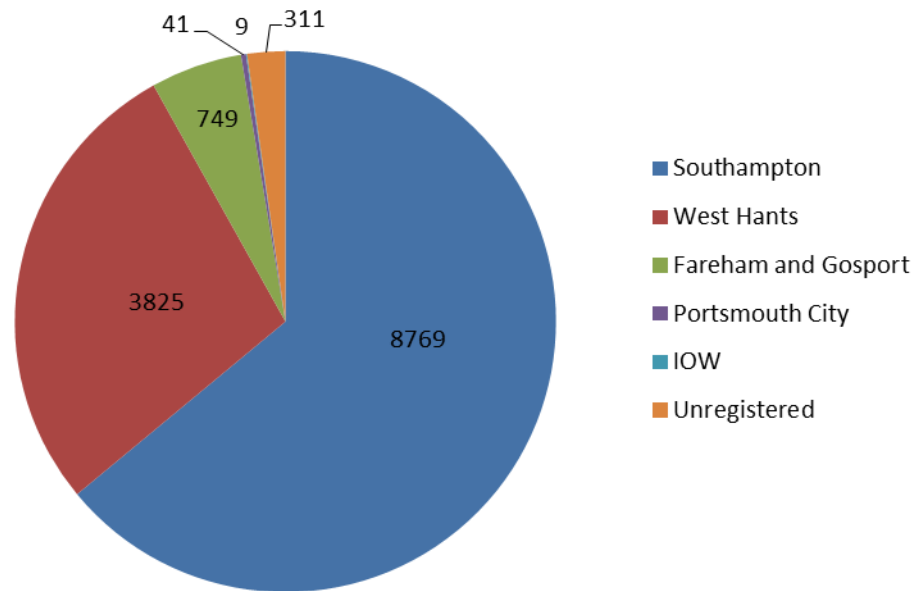
BWIC activity



- Number of attendances is declining for both Southampton and Hampshire patients
- The split between Southampton and Hampshire patients remains constant (2:1)

BWIC activity by CCG registered GP

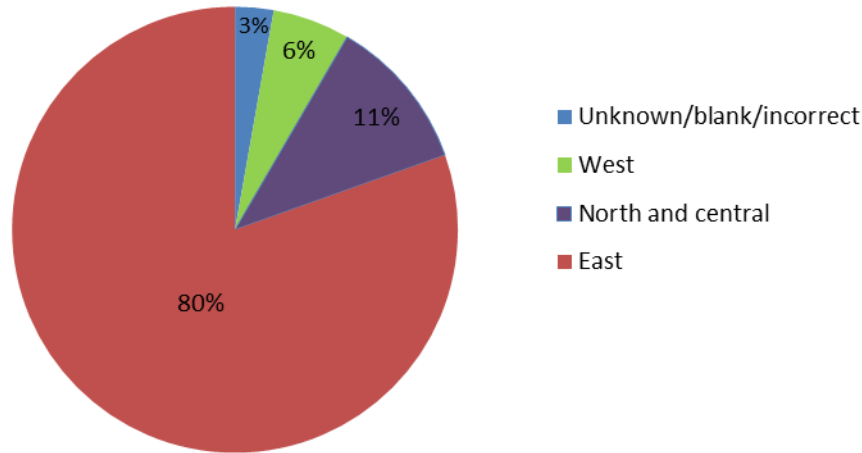
Number of patients by CCG registered GP (2013/14 M1-9)



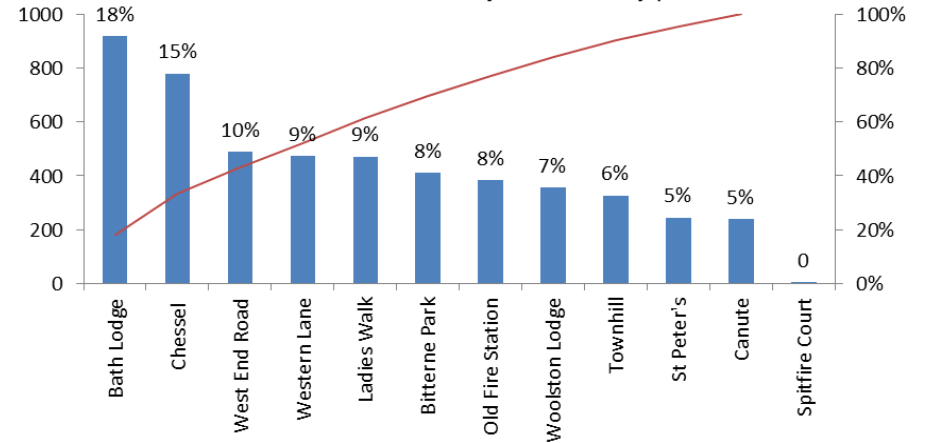
- 2013/14 M1-9 data (number of attendances - typical)
- 64% patients registered with a Southampton GP
- 34% patients registered with a Hampshire GP
 - 28% West Hampshire
 - 5.5% Fareham and Gosport
 - 0.5% patients registered with Portsmouth or IOW
- 2% not registered
- While activity is declining, the split of patients has been consistent over the past 2 years and 14/15 to date

Southampton attendances by locality and practice

Breakdown of Southampton patients by locality

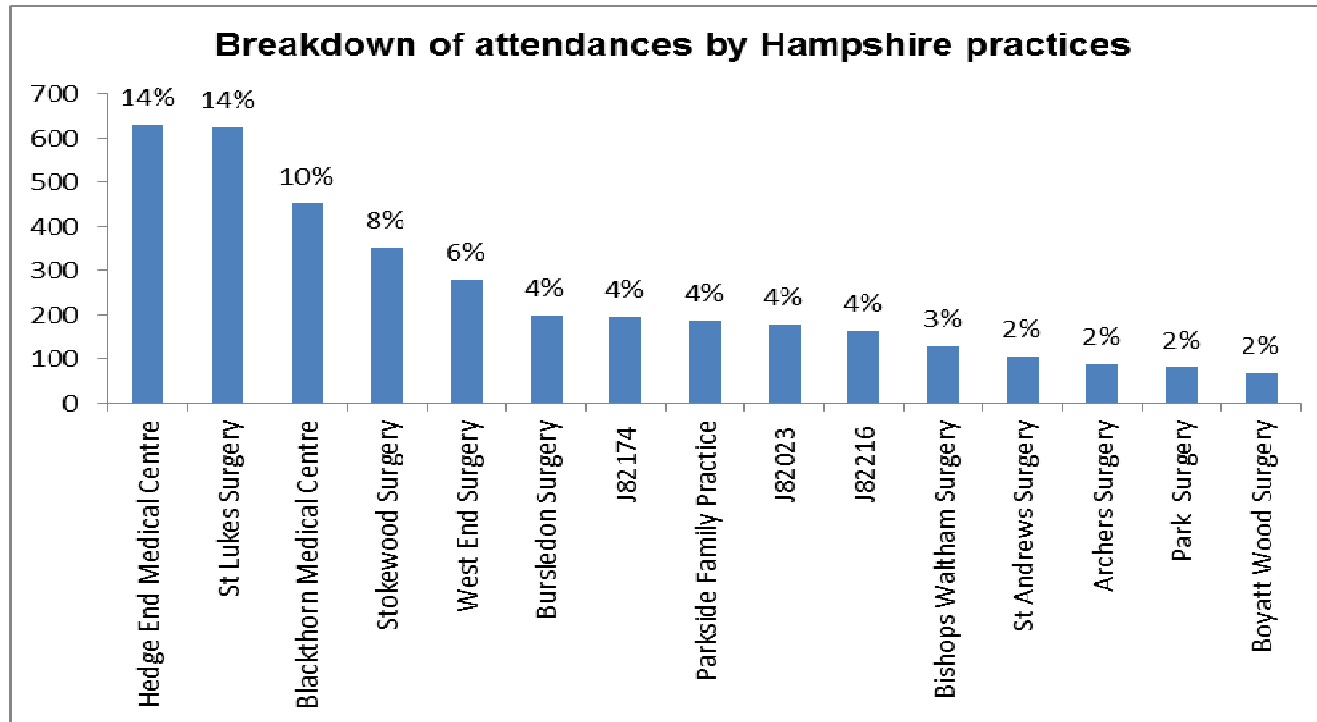


Breakdown of attendances by East locality practices



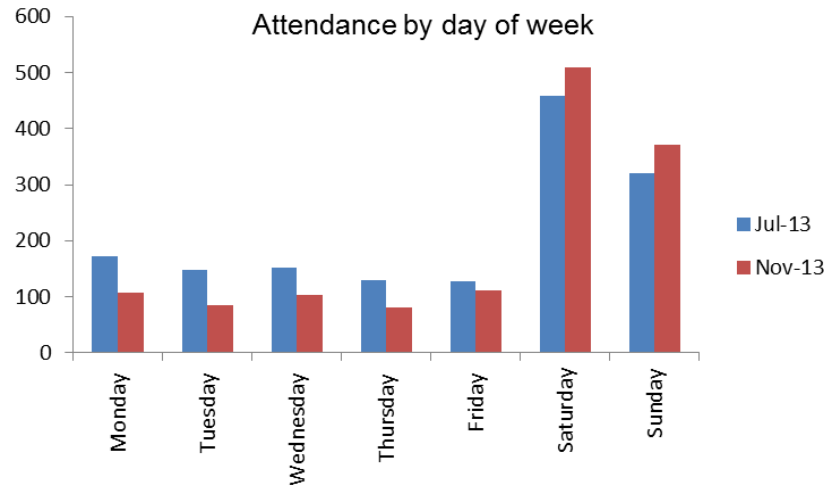
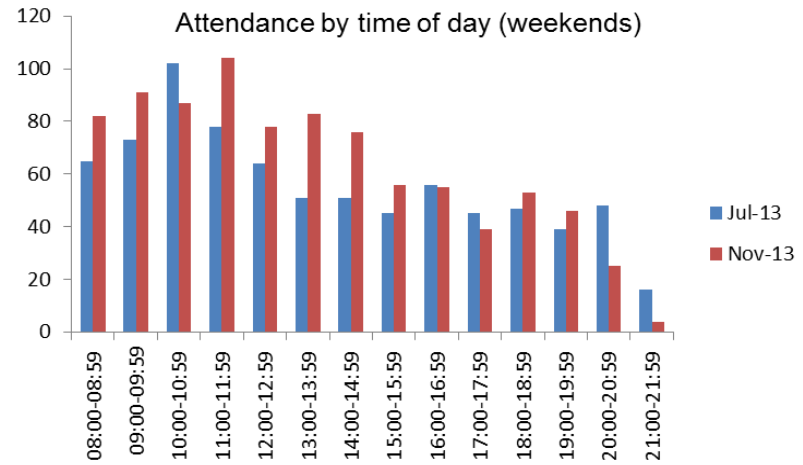
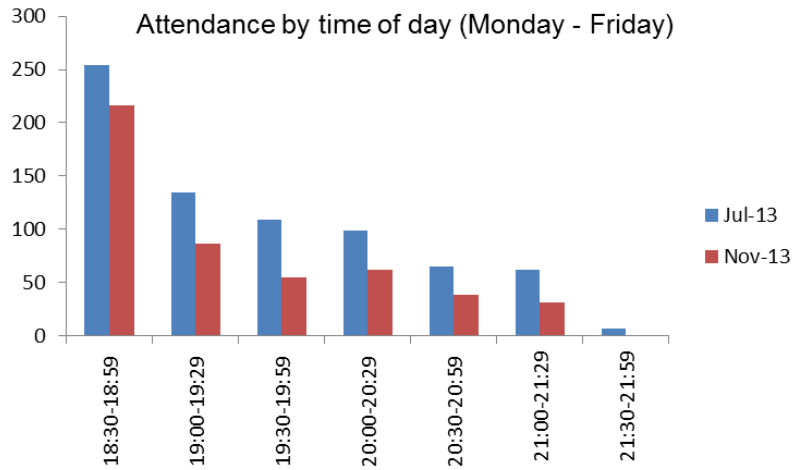
- 80% patients registered with an East locality (Bitterne area) GP practice
- Over half of these attendances are from 4 practices: Bath Lodge, Chessel, West End Road and Weston Lane
- A third of these attendances are from 2 practices: Bath Lodge (surgery in the same building as the WIC) and Chessel (branch surgery in Bitterne, main surgery located in Sholing)

Hampshire attendances by locality and practice



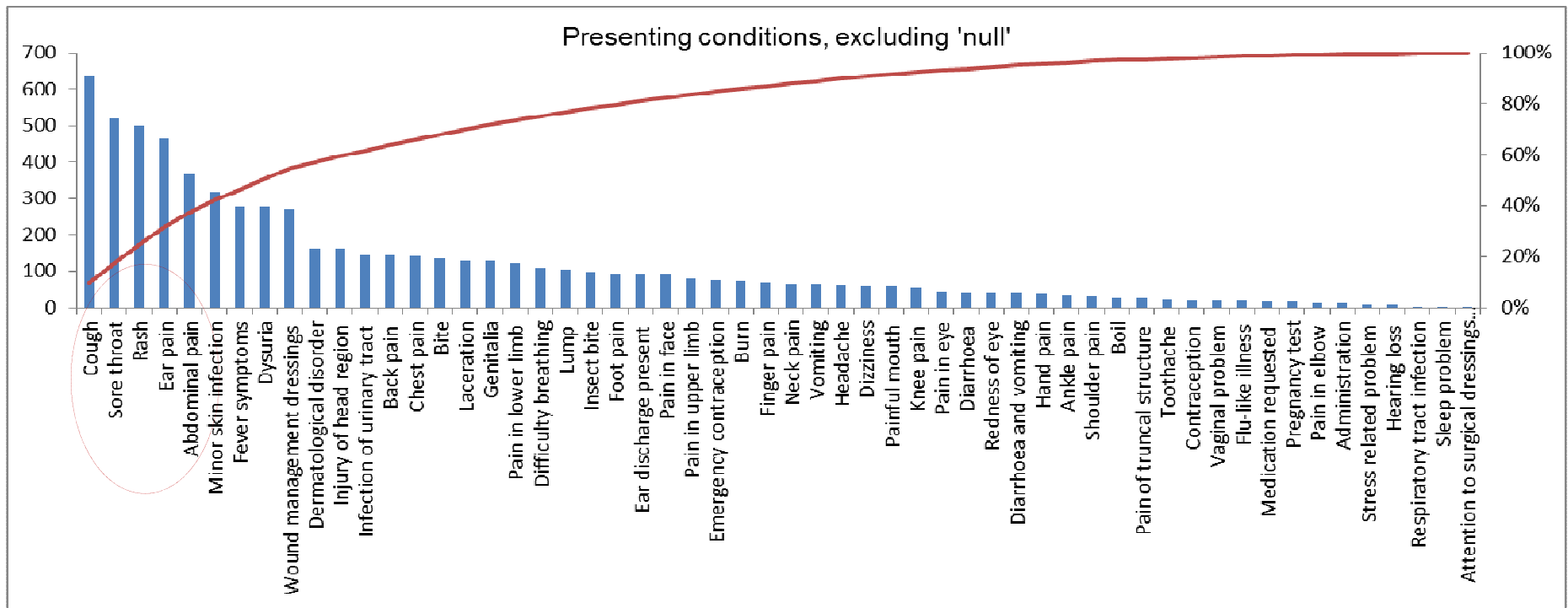
- Over 80% of Hampshire registered patients are from 15 practices, mainly West Hants
- The 'J' code practices are Fareham and Gosport
- Over half of Hampshire attendances are from 5 West Hants practices: Hedge End, St Luke's, Blackthorn, Stokewood and West End

BWIC activity by day and time



- On weekdays, the service is open from 18:30 to 22:00
 - the majority of these attendances are between 18:30 and 20:30, with over a third presenting in the first half an hour
- At weekends, the service is open from 08:30 to 22:00
 - half of the presentations are between 08:30 and 13:00
 - around 60% of weekend attendances are on a Saturday

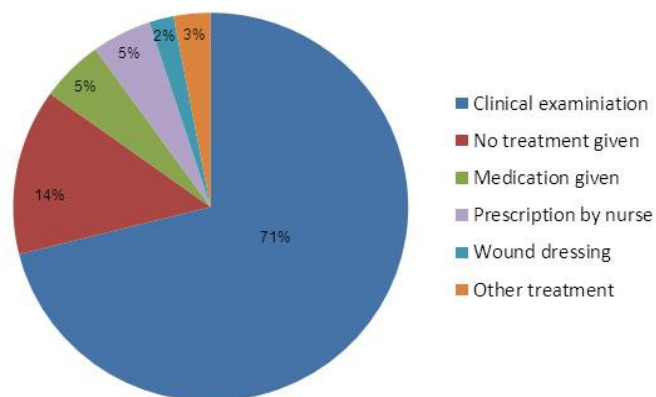
Presenting conditions (Southampton patients)



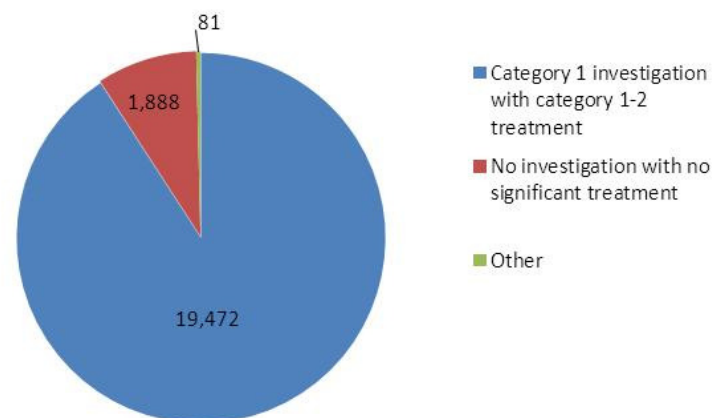
- 8,769 attendances for Southampton patients, April to December 2013
- The above Pareto chart demonstrates the cumulative proportion of presenting conditions for Southampton patients, and is representative of all attendances
- 24% (2,100) of attendances were recorded as 'null' for presenting condition
- Of the remaining 6,669 attendances, the top 5 presenting conditions represent 52% of all attendances: cough, sore throat, rash, ear pain and abdo pain

Breakdown of treatment and cost

Breakdown of main treatment provided (2013 M4 data, typical)

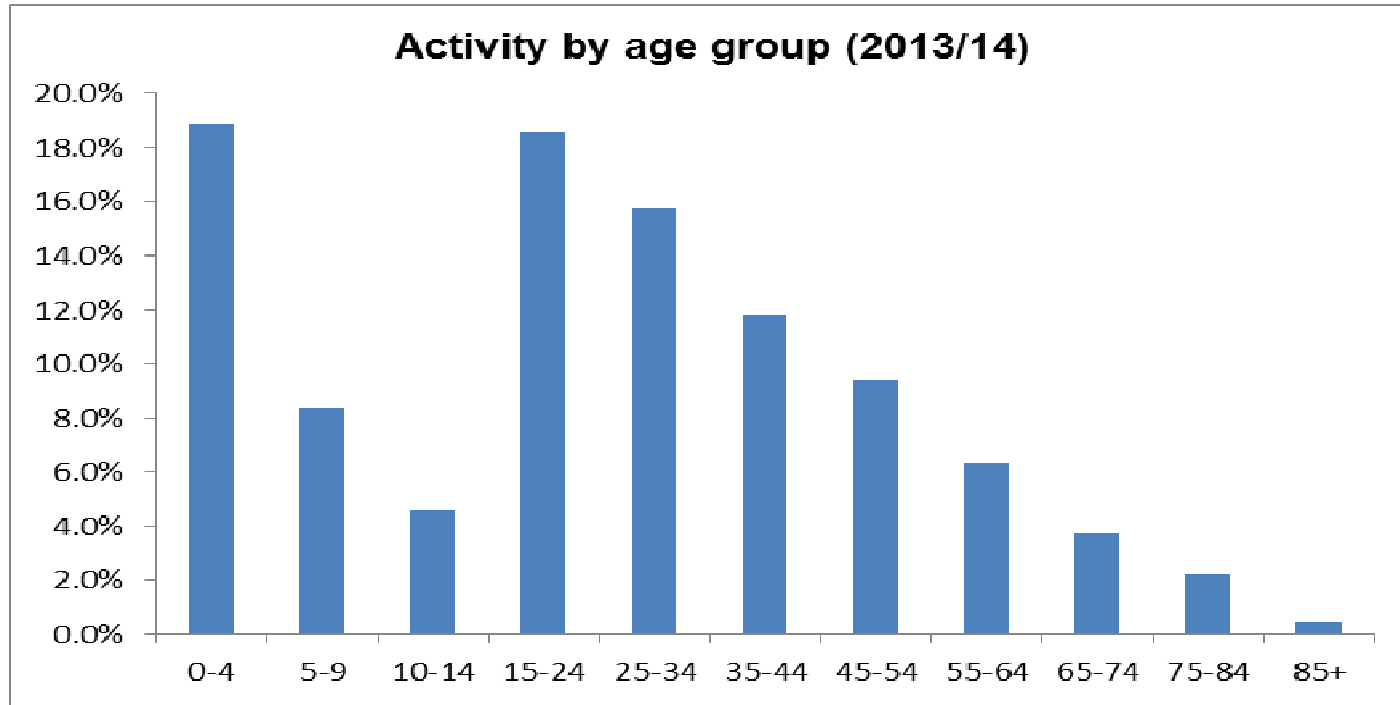


Breakdown of activity by treatment type (2012/13, representative of 2013/14 YTD)



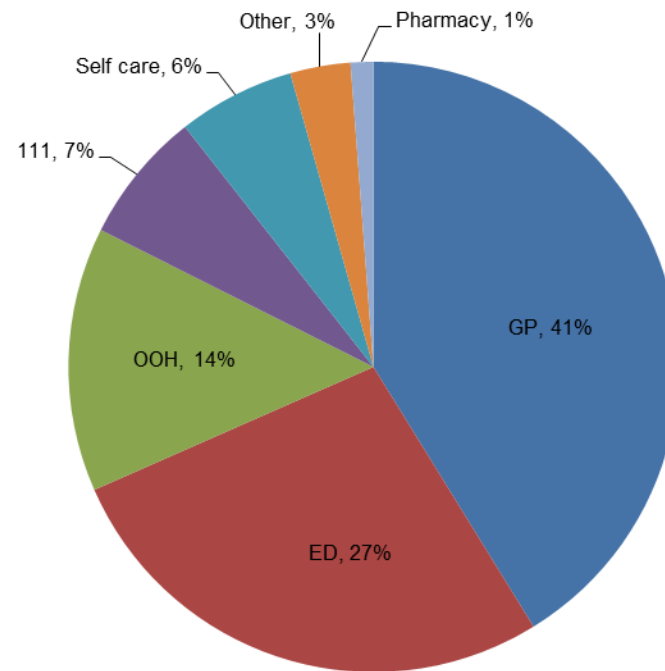
- Recorded treatment information shows that the majority of patients receive a 'clinical examination' as the main treatment given, and a proportion receive no treatment at all.
- The majority of patients are categorised as 'category 1 investigation with category 1-2 treatment' (VB09Z)
- The description that fits this categorisation is an investigation such as a blood test or ECG, and treatment such as wound closure with steristrips or application of plaster of Paris.
- VB09Z cost in 2014/15 for type I ED attendance £77, for MIU attendance £57. Rebasing product puts a charge of £72 per treatment across all the activity levels for BWIC 2014/15

Presenting age groups



- Top presenting age groups
 - 0-4 years (18.9%)
 - 15-24 years (18.6%)
 - 25-34 years (15.7%)
 - 35 to 44 years (11.8%)
 - 6.4% over age 65

Where would patients go if they didn't attend the WIC?



- Patients are asked to complete a form upon arrival at WIC which includes the question 'where would you have gone if you hadn't attended the WIC'
- The above chart shows the responses of 500 Southampton patients (random sample) attending between 01/04/13 and 31/12/13
- Activity figures suggest that up to 20% of the current BWIC activity (those presenting with minor injuries, including bites) could be appropriately treated by the Minor Injuries Unit at the Royal South Hants Hospital

BWIC summary of cost and activity 2012/13 to 2014/15

2012/13

- Contract value £1.2m pa (block - crude cost £56 per patient based on actual activity)
- 2012/13 total activity 21,441
- 2012/13 Southampton activity 14,148

2013/14

- Contract value £1.2m pa (block - crude cost £65 per patient based on actual activity)
- 2013/14 total activity 18,438
- 2013/14 Southampton activity 12,153

2014/15

- Contract value £1.425m pa (block - £72 per patient based on rebased activity)
- Rebased activity for Southampton 19,881
- Actual activity to M5 (Aug 14) 8,229
 - 5,520 Southampton
 - 2,709 Hants
- Based on data to M5, forecast 2014/15 activity 19750
 - 13,248 Southampton
 - 6,502 Hants
- SCCCG pays for all patients, but actual activity is only 2/3 Southampton patients

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