

NHS Rotherham Clinical Commissioning Group

Operational Executive – 13th September 2019

Strategic Clinical Executive – 18 September 2019

GP Members Committee (GPMC) – 30th October 2019

Clinical Commissioning Group Governing Body – 4 March 2020

Primary Care Streaming and Out of Hours arrangements

Lead Executive:	Ian Atkinson, Deputy Chief Officer
Lead Officer:	Jacqui Tuffnell, Head of Commissioning Joanne Martin Service Improvement Manager
Lead GP:	Dr David Clitherow

Purpose:

This paper sets out proposals to reconfigure the GP out of hours service and the Urgent and Emergency Care Centre (UECC) front end/primary care stream.

Background:

The UECC, has been a significant development for Rotherham and after years of planning and development, opened its doors in July 2017. A formal evaluation to identify the present service delivery against the commissioned model was undertaken 12 months post project delivery.

The review highlighted that whilst there was a strong commitment to delivery against the model, the execution of the primary care elements of the model remained problematic. Despite remedial action plans being in place, delivery of the GP OOH and 'front end' primary care streaming are challenging.

This report proposes options for a revised approach to managing unscheduled primary care, through integrating pathways across extended access hubs, GP OOH and front end streaming within the UECC.

Analysis of key issues and of risks

Whilst there was a strong commitment to delivery against the model from TRFT, the delivery of the primary care element of the model is not implemented as per the service specification, in particular it was proposed for primary care to triage patients first and deflect to relevant services. Whilst some streaming is now in place following an ECIST intervention, it is acknowledged that this is not consistently provided on a daily basis and is only to internal services not into primary care.

Difficulty to recruit to the primary care stream has resulted in a reliance on agency staff and ad-hoc delivery of the front end element of the proposed model. The reliance of agency staff has also been seen in the GP OOH service and the economies of scale originally anticipated have not been realised. For example, it was expected that the OOH workforce would support ED during the night.

With the introduction of extended access hubs and the establishment of the GP

federation, there is an opportunity for providers to work together to provide a reconfigured model of care to ensure that the original service model for the UECC is delivered.

Delivery Model options – Primary Care Streaming

Two options for primary care streaming are presented in the paper.

Option A	Option B
ANP or GP will rapidly assess the patient and stream them to either <ul style="list-style-type: none"> • Self-care/pharmacy (deflect out of the UECC) • Extended access hub for routine care off site • Urgent Primary Care stream (GP, ANP and/or clinical Pharmacist) • Emergency department 	ANP or GP will rapidly assess the patient and stream them to either <ul style="list-style-type: none"> • Self-care/pharmacy (deflect out of the UECC) • Extended access hub for routine care on site • Urgent Primary Care stream (GP, ANP and/or clinical Pharmacist) • Emergency department
Option A is recommended for the following reasons : <ul style="list-style-type: none"> • Patients are seen quickly and only those appropriate for emergency care are seen in ED • Urgent cases can be fast tracked up the triage queue, to ensure that those with high acuity are seen in priority order • Lower acuity patients are fast tracked away from ED • Appropriate streaming of patients • Extended access off site will reduce the numbers accessing the primary care stream and reduce waiting times, free up capacity in the waiting area as patients will be directed off site and encourage better utilisation of hubs in the future. 	

Delivery Model Options GP OOH

Three options for GP OOH are presented in the paper.

Option 1	Option 2	Option 3 (Current Provision)
Patients call NHS 111 and are either booked directly into a GP OOH appointment or are triaged over the phone into one of the following streams <ul style="list-style-type: none"> • Self-care/pharmacy • Extended access hub for routine care • Primary Care stream in the UECC • Home Visit 	Patients call NHS 111 and are either booked directly into a GP OOH appointment or are triaged over the phone into one of the following streams <ul style="list-style-type: none"> • Self-care/pharmacy • Extended access hub for routine care • Face to face booked appointment in a separate OOH service off • Home Visit 	Patients call NHS 111 and are either booked directly into a GP OOH appointment or are triaged over the phone into one of the following streams <ul style="list-style-type: none"> • Self-care/pharmacy • Extended access hub for routine care off site • Face to face booked appointment or urgent cases in a GP OOH stream • Face to face appointment booked in the Urgent PC stream in the UECC • Home Visit • Pros
Option 1 is recommended for the following reasons: <ul style="list-style-type: none"> • Economies of scale achieved as face to face appointments are booked into the primary care stream within the UECC optimising use of staff. • Urgent cases can be fast tracked up the triage queue, to ensure that those with high acuity are seen in priority order 		

Recommendation Option

It is recommended that options **A** and option **1** are taken forward.

The combination of service provision provides the best opportunity for economies of scale, as it promotes an integrated GP OOH and Primary Care team approach to managing demand. With one provider the service can flex to meet demand across GP out of hours and primary care streaming.

The key issues are:

- **Recruitment to posts** - previously recruitment to staff has been difficult; there is no guarantee with the reconfigured model that primary care clinicians will wish to work in the model. It is essential that the model is attractive to work in, based on feedback from existing and previous staff.
- **Timeframe/Delivery** - if the proposal is approved work needs to take place quickly in-order to be effective by April.
- **Relationship Development** - this is a new concept for TRFT and the GP Federation to work together and may take time to embed
- **Culture Change** - changing front line staff cultures to deliver new models of care is challenging and cannot be underestimated. The success of this scheme relies on the ability for strong leadership and communication with teams to support culture change

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

An equality impact assessment has been undertaken (appendix A in the overarching report).

It is felt that no patients will be disadvantaged by the proposed service model.

Financial Implications:

Indicative costs are dependent upon the preferred service model taken forward. Once agreed a fully costed model will be worked up. Initial indications suggest the following:

Current costs (GP OOH and PC Streaming)	£4,362,000
Proposed service model (GP OOH and PC Streaming)	£3,971,104
Potential Savings	£390,896

Human Resource Implications:

It is hoped that existing staff will wish to work within the new arrangements. It is proposed to undertake this arrangement as an Alliance model which can be work in a variety of ways, this would need to be worked through with the providers.

Procurement Advice:

The long term plan advocates reviewing primary care streaming, out of hours and extended access arrangements to ensure they are operating as efficiently as possible. The Trust has previously attempted collaboration with a private provider, with the provider withdrawing before the arrangement commenced.

It is proposed to deliver this arrangement via an Alliance model for 18 months. After this time an evaluation of the service will be undertaken.

Data Protection Impact Assessment:

N/A

Approval history:

This paper has been to the following committees for discussion

- OE 13th September 2019
- SCE on the 18th September 2019
- Governing body development session on the 4th September 2019

Recommendations:

GP Members are asked to support the recommendation to reconfigure the GP OOH and front end streaming of the UECC for an 18 month period in line with:

- Option A – front end streaming reconfiguration
- Option 1 – GP OOH reconfiguration

Paper is for Approval

2020/21 Transformation Scheme Profile

Scheme Number	Scheme Name
	UECC/GP OOH Procurement

Section 1: Scheme Overview

Brief Description of Scheme

This paper sets out proposals to re-procure the GP out of hours service and the UECC front end/primary care stream.

Lead GP:	Lead Officer:
David Clitherow	Joanne Martin, Service Improvement Manager

Please identify what level of documentation this scheme needs for approval

Standard Report Template	High Level (brief) Business Case	Full Business Case
<i>Required by all schemes</i>	X	X

Section 2: Impact Assessments *(see enclosures)*

Impact Assessments	Yes	No	Has this triggered the need for further assessment?
Has a Quality Impact Assessment been carried out?	x		
Has an Equality and Engagement Impact Assessment been carried out?	x		
Has a Data Protection Impact Assessment been carried out?	x		x

Section 3: High Level Value

What is the value of your Transformation Scheme

The implementation of the recommended model could potentially release savings of up to £500k.

Further work to understand the actual savings through delivery of this model is required following agreement of the delivery model.

Have you provided further financial information for your scheme <i>(completion of enclosure 1)</i>	Yes	No
	X	

Section 4: Approval

Recommendation

Reviewed by (OE Exec)	13 September 2019
Date approved at OE	13 September 2019
Date approved at SCE	25 September 2019
Date approved at CCG Governing Body	
Proposed frequency of review	

Enclosures	
Enclosure 1	<i>Financial Information</i>
Enclosure 2	<i>Quality Impact Assessment</i>
Enclosure 3	<i>Equality and Engagement Impact Assessment</i>
Enclosure 4	<i>Data Protection Impact Assessment</i>

Appendices	
Appendix 1	<i>Risk Scoring</i>
Appendix 2	<i>Engagement Assessment</i>

Financial Information

Brief Description of where savings arise from

The combination of service provision provides the best opportunity for economies of scale, as it promotes an integrated GP OOH and Primary Care team approach to managing demand. With one provider the service can flex to meet demand across GP out of hours and primary care streaming.

Profile of savings (enter by month when the savings will be realised) £500k FYE

	£		£
Apr-20	0	Oct-20	£55,555
May-20	0	Nov-20	£55,555
Jun-20	£55,555	Dec-20	£55,555
Jul-20	£55,555	Jan-21	£55,555
Aug-20	£55,555	Feb-21	£55,555
Sep-20	£55,555	Mar-21	£55,555
Total			500,000

Please provide further appropriate financial information for your scheme:

Further financial considerations will be provided as part of the full business case.

Quality Impact Assessment Screening Tool

Area of Quality Could the proposal impact <i>positive (P)</i> , <i>negative (N)</i> , or <i>neutral (N/A)</i> on any of the following:	P/N or N/A	Risk score (if N) See app 1	Comments: include reason for identifying impact as positive, negative or neutral
1 Duty of Quality Consider: <i>Compliance with NHS Constitution, Impact on partner organisations, Impact on organisations duty to safeguard children and vulnerable adults, Impact on other services within the organisation</i>	N/A		
2 Clinical effectiveness Consider: <i>Impact on provision of NICE compliant treatment, Impact on the implementation of evidence based practice, Impact on clinical outcomes, Impact on clinical leadership, Impact on the promotion of self-care, Impact on clinical engagement, mortality rates, readmission rates, safeguarding, partnership working</i>	P		<ul style="list-style-type: none"> • Reduce the number of handovers for patients. • Access to clinical notes should improve the quality of care provided as access to the full record should be available • Supports partnership working via integrated primary care pathways • Effective management of resources to manage patient demand • Evidence based practice based on alternative urgent care models (ECIST approved)
3 Patient Safety Consider: <i>Impact on patient safety, Impact on avoidable harm, Impact on reliability of safety systems and processes, Impact on clinical workforce levels, competencies and experience, Impact on treatment times and procedures, Impact on safeguarding, Impact on systems and processes for ensuring that the risk of HCAs is reduced, Impact upon clean and safe environments</i>	N/A		
4 Patient Experience Consider: <i>Impact on patient informed choice and autonomy, Impact on patient access, Impact on dignity, respect and compassion, Impact on patients self-reported satisfaction on national/local surveys/ FFT, Impact on patients self-reported experience through the complaints process/PALS contacts, Impact on patient waiting times, Impact on the provision of individualised care, length of stay, privacy and dignity, discharge planning, collaborative working</i>	P		<ul style="list-style-type: none"> • Patients are seen quickly and only those appropriate for emergency care are seen in ED • Urgent cases can be fast tracked up the triage queue, to ensure that those with high acuity are seen in priority order • Lower acuity patients are fast tracked away from ED • Appropriate streaming of patients • Extended access off site will reduce the numbers accessing the primary care stream and reduce waiting times, free up capacity in the waiting area as patients will be directed off site and encourage better utilisation of hubs in the future.
For any scoring 12 and above, please consider whether this should be included in the CCGs risk register			

Assessment Completed by:	Joanne Martin
Date of Assessment:	11 th September 2019

Equality Impact and Engagement Assessment Form

Please retain one copy, and pass one copy to both the Equalities and Engagement leads

Scheme Number	Scheme Name
	UECC/GP OOH Procurement

Section 1: Equality Impact Assessment																																																																									
1.1	<p>Gathering of Information: <i>This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.</i></p> <p>The recommended option looks to improve primary care streaming at the front door of the UECC by navigating patients to either a primary care window (to be booked into the PC stream or Extended Access hub) or ED window and seeks to treat patients in a faster manner.</p> <p>By linking the service to the Primary Care stream, we continue to deliver on 2017 urgent care model, which went to public consultation in 2013.</p> <p>Patients often report dissatisfaction of waiting times with the UECC</p> <p>Patients report issues with accessing primary care</p> <p>Further evidence can be found on care option and TRFT friends and family test.</p>																																																																								
1.2	<p>Screening</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%; text-align: center;">Please complete each area</th> <th colspan="3" style="text-align: center;">What key impact have you identified?</th> <th style="text-align: center;">Information Source</th> </tr> <tr> <th style="text-align: center;">Positive Impact <i>will actively promote or improve equality of opportunity</i></th> <th style="text-align: center;">Neutral Impact <i>where there are no notable consequences for any group.</i></th> <th style="text-align: center;">Negative Impact <i>negative or adverse impact causes disadvantage or exclusion</i> <i>If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures</i></th> <th style="text-align: center;">What action, if any, is needed to address these issues and what difference will this make? <i>For example: at this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess</i></th> </tr> </thead> <tbody> <tr><td>Human Rights</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Age</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Carers</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Disability</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Sex</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Race</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Religion or belief</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Sexual Orientation</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Gender reassignment</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Pregnancy and maternity</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Marriage/civil partnership (only eliminating discrimination)</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> <tr><td>Other relevant groups</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y/N</td><td></td></tr> </tbody> </table>				Please complete each area	What key impact have you identified?			Information Source	Positive Impact <i>will actively promote or improve equality of opportunity</i>	Neutral Impact <i>where there are no notable consequences for any group.</i>	Negative Impact <i>negative or adverse impact causes disadvantage or exclusion</i> <i>If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures</i>	What action, if any, is needed to address these issues and what difference will this make? <i>For example: at this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess</i>	Human Rights	Y/N	Y	Y/N		Age	Y/N	Y	Y/N		Carers	Y/N	Y	Y/N		Disability	Y/N	Y	Y/N		Sex	Y/N	Y	Y/N		Race	Y/N	Y	Y/N		Religion or belief	Y/N	Y	Y/N		Sexual Orientation	Y/N	Y	Y/N		Gender reassignment	Y/N	Y	Y/N		Pregnancy and maternity	Y/N	Y	Y/N		Marriage/civil partnership (only eliminating discrimination)	Y/N	Y	Y/N		Other relevant groups	Y/N	Y	Y/N	
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Section 2: Engagement Impact Assessment

2.1	What is the level of service change?		
	<i>Refer to appendix 2 to assess the size of the change and tick the appropriate box</i>		
	Level 1	x	Level 2
			Level 3
			Level 4
	Add additional information and rationale for this scoring below		
	Level 1 minor variation has been indicated at this stage for the following reasons: The main change to the service is in relation to TRFT giving notice on the GP OOH contract.		
2.2	Who are your stakeholders?		
	<i>Consider using a mapping tool to identify stakeholders (resources can be found in the Project Management Checklist) - who is the change going to affect and how? Complete below or attach or link to a mapping document</i>		
	<ul style="list-style-type: none"> • Patients/service users • Carers of patients • Voluntary Groups • Staff • GP Practices/ Primary Care Networks • Community services • Hospice • Political interest e.g. MPs, Cllrs and pressure groups • Local Media 		
2.3	What do we already know?		
	<i>What do you already know about peoples' access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.</i>		
	<i>Include any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight?</i>		
	<i>Describe how the existing or proposed engagement will be 'fair and proportionate', in relation to the activity?</i>		
	<i>Building on the EIA, how will you reach out to any community identified as having an impact by the scheme, are additional arrangements required?</i>		
	The previous consultation on the UECC provided much insight into patient and public views about unscheduled care services.		
2.4	Next Steps		
	As a result of this screening has further actions been identified		Yes
			No
			X
	If yes, please describe actions	Further discussions with Engagement Lead	Completion of Full Engagement Plan
			Other

Assessment Completed by:	Joanne Martin
Date of Assessment:	11th September 2019

For support or further information (in relation to Engagement section) please contact: Helen Wyatt @ helen.wyatt6@nhs.net



Data Protection Impact Assessment

The below screening questions should be used to inform whether a DPIA is necessary. This is not an exhaustive list therefore in the event of uncertainty, completion of a DPIA is recommended.

Scheme Number	Scheme Name
	UECC/GP OOH Procurement

Answering yes to any of these questions is an indication that a DPIA is required:

	Screening Questions	Yes	No
1	Will the project involve the collection of new identifiable or potentially identifiable data about individuals?		X
2	Will the project compel individuals to provide data about themselves? i.e. where they will have little awareness or choice.		X
3	Will identifiable data about individuals be shared with other organisations or people who have not previously had routine access to the data?	X	
4	Are you using data about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.		X
5	Where data about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people may consider to be sensitive and private and may cause them concern or distress.		X
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.		X
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives?	X	
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.		X
9	Is a service being transferred to a new supplier (or recontracted) and the end of an existing contract	X	
10	Is processing of identifiable/potentially identifiable data being moved to a new organisation (but with same staff and processes)	X	

Assessment Completed by:	Joanne Martin
Date of Assessment:	11 th September 2019

For further information or if a DPIA is required please contact Jonathan Mayes@
majes.jonathan@nhs.net

***Please retain a copy of this questionnaire within your project/system documentation.
Please note that once completed the following sections (1 to 4) should be extracted from the rest of this document prior to being included within the Publication Scheme.***