Appendix 1 – Rother Valley PCN

NHS Rotherham Clinical Commissioning Group

PCN Innovation Fund - Bid Template

PCN name:	Weighted list size:
Rother Valley PCN	56849
Bid submitted by:	**Amount of money bid for:**
Dr Douglas	£116,825

Name of project:

Paramedic/ ANP visiting service

Commissioning plan priorities:

Please indicate which of the CCG commissioning plan priorities this project will work to address:

1 Primary Care	y	7 Mental Health	
2 Unscheduled Care	y	8 Learning Disabilities	
3 Cancer		9 Medicines Management	
4 End of Life Care	y	10 Maternity and Children	
5 Clinical Referrals		11 Continuing Healthcare	
6 Community Services		12 YAS and Patient Transport	

And highlight which areas of clinical focus for the CCG will be covered:

Cancer	y	Diabetes	y
Cardiovascular Disease	y	Respiratory Disease	y
Stroke Care			

Project brief:

Provide enough detail for us to be able to understand:

- Who your project relates to, including how population health management has been used to identify the patient cohort
- What it aims to achieve, using measurable objectives
- The anticipated timescales and milestones throughout
- How it will be managed and delivered
- How the outcomes will be measured

Visits are an important and integral part of primary care and will continue to be. Visits do take a disproportionally long time for clinicians when compared to surgery based consultations. By having a paramedic visiting service for certain visits we will free up clinician time to be able to prioritise both visits and consultations with patients whom require a more holistic approach where continuity and a longer contact time is

Appendix 1 – Rother Valley PCN

needed. E.g. palliative patients and those with chronic long term conditions.
The aims are so to increase capacity so increasing the quality of care especially to those with chronic long term conditions. The aims are also to assess urgent ambulatory care sensitive conditions promptly with the aim of keeping them appropriately away from the UECC.

Plan after training and induction will be for the paramedic/anp/ecp mix to triage visits across the PCN. Working with protocols and within scope of work will identify appropriate visits. Some visits will be excluded (palliative/where LTC is key issue) .Access to the clinical system/IT will be available and two way communication to base practice with availability of medical back up. Will have measures built in to ensure equity across all practices within PCN and if not equitable then ability to reconcile. Will have a mentor within PCN and will have access to a supervisor/on call doctor for support and advice. Allowing for 30-40 minutes per visit aim to cover 12-14 visits on a 7.5 hour day. This equates to 70 per week per clinician and with 2 clinicians 140 visits per week. They will be an additional resource for practices for emergency procedures and protocols and will bring an additional skillset.

After further research into this area. We will be looking to employ an ANP led service. We hope to have a paramedic possibly as part of the team but the skillset needed will have a lead ANP.

Cost of ANP will be band 8a/b equates to £52,300 with on costs approx. £65,375 to the PCN. We will look to employ up to 1.5 FTE ANP and this will equate up to £98.063

Success will be measured by increased capacity in the system across the PCN, prompt assessment for patients with ACS conditions ,time freed up for existing clinicians to have increased consultations and time with those patients with chronic health conditions, evidence of increased efficiency in practices and extra capacity. Improved care in community and reduced use of UECC.

We aim to employ EITHER 2 full time equivalent Band 6/7 paramedics/ECP or a paramedic with an ANP. These will operate in Rother valley south PCN.

Managed and delivered by RVS PCN. Employed direct by the PCN.
We will have supervision/audit and significant event reviews built in to the system.
We will ensure the clinicians work with existing partners appropriately eg. CCC, district nurses, community providers etc. to optimise community care.

Timescales; once ratified by PCC ,advertise for Band 6/7 paramedics /ECP/ANP December/January. Go live April 1st 2020.

Measurable; Extra capacity, satisfaction survey for patients, Extra number and length of consultations made possible by freeing up clinician time. Possible reduction in admission rate/UECC attendance for unscheduled care although many factors affect this. Would also need to review the number of visits by the ANP / paramedic that still ultimately convert to a GP visit and why e.g. natural escalation of illness or a lesson learned.

Appendix 1 – Rother Valley PCN

Agree. We will collect data on number of visits done, number converted to a gp visit and number triaged to surgery based consultation.

Financial breakdown:

Example
Para-medic band 6 with approx. 6 years' experience equates to £33,587
On costs (pension, NI etc.) approx. 25% £8,397
Car mileage (20 miles/day) approx. £2340
Per paramedic £44,324
Option 1 .Cost for 2 paramedics £88,648 (higher for ECP)
Option 2 .Cost for paramedic £44,324 and ANP (BAND 8 a with on costs) £72,500 = £116,825

Cost of ANP will be band 8a/b equates to £52,300 with on costs approx. £65,375 to the PCN.

We will look to employ up to 1.5 FTE ANP and this will equate up to £98.063

Key issues and risks:

Approval by PCC in time for advertising(likely paramedics may need 3/12 notice in existing jobs)
Taking paramedics away from current jobs.
Ensuring CCG commit to recurrent funding

We ask that the funding we receive for this innovation is made recurrent for a number of years because we will be needing to employ staff on a substantive position and the staff fall outside the "re-imbursible roles"

Patient, public and stakeholder involvement:

Discuss with Rotherham PCN.
Discuss with Federation.
Discuss at PPG's.

Equality impact:

Will provide a long term help with capacity.
Improve service provision.

Human resource implications:

See above.

Additional information:

Any other information you would like to add to support the bid.

Appendix 1 – Rother Valley PCN

NHS Rotherham Clinical Commissioning Group

PCN name:	**Weighted list size:**
RVS PCN	56849
***B*id submitted by:**	**Amount of money bid for:**
Dr Douglas	£41,912.50

Name of project:

Youth Clinic for RVS

Commissioning plan priorities:

Please indicate which of the CCG commissioning plan priorities this project will work to address:

1 Primary Care	Y	7 Mental Health	Y
2 Unscheduled Care		8 Learning Disabilities	
3 Cancer		9 Medicines Management	
4 End of Life Care		10 Maternity and Children	
5 Clinical Referrals		11 Continuing Healthcare	
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And highlight which areas of clinical focus for the CCG will be covered:

Cancer		Diabetes	
Cardiovascular Disease	Y	Respiratory Disease	
Stroke Care			

Project brief:

Provide enough detail for us to be able to understand:

- Who your project relates to, including how population health management has been used to identify the patient cohort
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Background

This is based on a service that was provided previously; why did it stop?

It was stopped because the CCG stopped funding Kiveton Park MC for providing this service when the PMS/GMS budgets and equalisation happened. It was always considered an effective service but was not funded.

Appendix 1 – Rother Valley PCN

The youth clinic was originally set up by Kiveton Park Medical Practice on 15th November 1997 in the main building. We then moved into Waleswood Lodge in the grounds of the Practice, so young people did not have to enter the main building and risk seeing family and friends. At the times we had a high level of unemployment in Kiveton Park and the surrounding areas. The village has a secondary school which serves Kiveton and the surrounding villages. Young people in the area had very little to do and as a result pregnancy, crime and drug problems were on the increase. Public transport into Rotherham to access sexual health clinics was expensive and the bus service was irregular, so the Practice decided to set up a young people's service. This was aimed to be an accessible meeting point, where young people's health, social and emotional issues could be discussed and addressed.

We felt that addressing young people's health needs would begin to pave the way for a longer, illness free life. We felt that young people would be willing to take responsibility for their own health needs if they were offered a safe, comfortable and confidential service in their local area. The priorities of the service were to tackle the issues which have a huge impact on the young people, these included smoking, drugs, sexual health, alcohol, mental health, diet and physical activity.

Our mission was to provide a safe, comfortable and confidential environment which was available and accessible to the needs of young people. The main benefits were for the young people but also had a positive impact on parents, schools, GP practice and hospital admissions.

Involvement

We had young people involved in setting the service up via:

- Focus groups
- Young people's advisory services
- School groups

These groups increased our awareness of the concerns of young people. We had conversations at the local secondary schools and community groups.

A committee was set up of young people who made decisions on the purchasing of equipment for the service.

How the clinic worked

- Drop in service twice weekly 3.30pm – 5.00pm
- Credit card/passport information services
- Counsellors available
- Liaison with schools and community services
- Voluntary groups

Appendix 1 – Rother Valley PCN

When young people first attended they were asked to fill in a registration form and given a leaflet and credit card (passport) in case they needed to access the service out of the regular hours.

We plan to care navigate from reception in all gp premises. We will identify and give information on bus routes/times to facilitate difficulties. We will offer appointments that can be booked via the HUB system towards the later end of opening times. Plan to consider altering the access times if an issue. We plan to monitor utilization from all RVS practices.

Impact

- Made healthcare more assessable to young people
- Raising young people's awareness of their own health needs
- Provided a safe and confidential place where they could express their needs and concerns
- Provided an arena where young people are empowered to take control of their own health needs

Staffing

- GP - on hand for prescriptions, face to face consultations
- Nurse - spoke with the young people, sign posted and arranged counselling appointments and kept in touch with the young person whilst waiting for the appointment
- Receptionist - to take names, surgery details, computer input, send letters to the young person's surgery if they were registered elsewhere
- Counsellor – to give counselling to young people on individual appointments. Worked closely with the schools, so pupils could come out of school for counselling.

The village and the surrounding areas still have the same social and health problems and the local youth club is also no longer in operation and there is very little for the young people to do and no access for help. Bullying and mental health is now high on the agenda due to the increase in social media, along with drugs.

We would like to re-start this service forging links with all the local secondary schools, going in to schools and talking to the young people about the services we could offer again.

The service will be accessed by all practices in Rother Valley South PCN with care navigation being a source of referrals from the practices in RVS. Self-access and self-referral will be available and also will be able to link in with local schools.

We will look a data sharing protocols to enable communication with the original

practice. Management will be with an appointed manager from our existing PCN resource.

Model for staff will be that they will be employed by the PCN or seconded from existing staff within PCN.

We will be looking through this project to make and strengthen existing relationships and pathways with CAMHS and other providers of youth services both commissioned and in the voluntary sector.

Outcomes will be the setting up of the service and uptake of use. The interoperability between practices and care navigation.it will be the pathways and developing pathway with CAMHS.

The service will work with a mixture of drop –in and also pre booked appointments available.

We have contacted CAMHS to notify of this innovation and invited them to discuss how it can best fit in with their service.

We plan to work with mental health support teams that are helping schools and this service will dove tail with the trail blazer scheme.

We will be forging better links with schools as a result.

Outcome Measurable`s will be number of patient /youth contacts/satisfaction survey .

We plan to get baseline information at each attendance including smoking, alcohol and drug taking behaviour. We will then be able to offer help and sign post if needed. We will show impact of the service with sequential data collection and impact.

We ask that the funding we receive for this innovation is made recurrent for a number of years because we will be needing to employ staff on a substantive position and the staff fall outside the “re-imbursible roles”

Financial breakdown:

Include details of all costings to indicate how the monies bid for have been calculated.

Costs	**Hours weekly**	**Hourly rate**	**Yearly cost**
Reception	4	8.7	1814.58
Nurse	4	20.31	4236.10
Doctor	4	75	15642.90
Counsellor	6.5	30	10167.89
Room Hire	4	10	2085.72
Sub -Total			**33947.18**

Appendix 1 – Rother Valley PCN

With staff salary on costs (25%)			**£41912.50**

Key issues and risks:

Risks are getting approval by PCC in time.
New staff may need to give notice on current work
Ensuring CCG commit to recurrent funding.

Patient, public and stakeholder involvement:

Discussions with PPGs.
Discussion with other PCNs.

Equality impact:

Will lead to an improved service provision as Youth services in our area are currently lacking under the Rotherham's mental health strategy

Human resource implications:

Please see table above.
Time needed to manage the service will come from existing PCN management structure.

Additional information:

We ask that the funding we receive for this innovation is made recurrent for a number of years because we will be needing to employ staff on a substantive position and the staff fall outside the "re-imbursible roles"