

Urgent Care Pathway in Barnet Report for Barnet Health Overview and Scrutiny Committee

1. Introduction

NHS Barnet CCG is currently exploring options that will support redesign of the Urgent Care Pathway. The case for change is set against a back drop of urgent care services that are provided by a range of individual provider organisations, with significant service duplication at certain times of the day; the changing expectations of patients in a 24/7 culture and escalating costs and activity year on year in a Borough with a significant deficit.

This paper sets out for the Health Overview and Scrutiny the current pathway and activity and factors that will be taken into consideration in any pathway redesign.

2. National and Local Context

The Government's White Paper Liberating the NHS sets out a commitment for 24/7 urgent care services in every area of England that makes sense to patients when they have to make choices about their care. The expectation is that this service will also incorporate GP Out-of-Hours services.

The first step in the development of 24/7 services is implementation of a single point of access phone number NHS 111, which will direct patients to the most appropriate service for their needs. NHS 111 will replace NHS Direct and will substantially reduce call handling provided by Out of Hours Services. North Central London has awarded the contract for the provision of NHS 111 services to London Central West. The new service will commence operation across North Central London Boroughs from the middle of January 2013.

In line with North Central London's strategic commissioning intentions and proposals within the Barnet Enfield and Haringey Clinical Strategy (the Clinical Strategy), NHS Barnet has been in discussion with Barnet Hospital about the potential introduction of an Urgent Care Centre (UCC) for people who attend at A&E with primary care needs. The service would be primary care led and intended to divert activity that would be better managed primary care clinicians, thus providing a more cost effective service. Ultimately the provision of the face to face element of the GP out-of-hours service could also be co-located within the UCC.

Working collaboratively with Enfield and Haringey Boroughs, Barnet is re-procuring its GP Out-of-Hours service with effect from 1 April 2013 and the requirement to relocate to Barnet Hospital will form part of the new OOHs service specification.

2.1 Current Local Urgent Care Services

Patients can currently access urgent care from a number of points within the borough of Barnet:

- A&E at Barnet Hospital and the Royal Free Hospital
- Walk-in Centres at Edgware Community and Finchley Memorial Hospitals

Appendix D

- GP Led Health Centre, Cricklewood, NW2
- GP Practice in-hours, and from the GP Out of Hours Service after 6.30pm, weekends and Bank Holidays

24/7 urgent care provision is provided by the A&E Departments of Barnet's two main acute Hospitals B&CF and RFH. The RFH already operates a GP Led Urgent Care Centre. In addition Barnet has two Walk-in-Centres managed by Central London Community Health Services (CLCH) which are open 8am – 10pm 7 days a week. Two years ago NHS Barnet commissioned a GP Led Health Centre which is open 7 days per week 8am –8pm managed by Barndoc Healthcare Ltd that both registers new patients and sees unregistered patients that walk-in.

Out of Hours services are also provided by Barndoc Healthcare Ltd; patients are triaged over the phone and then either:

- Given telephone assessment and advice and then discharged
- Given an appointment to be seen for a face to face appointment at either FMH or ECH Walk-in-Centre
- If clinically necessary, offered a home visit

A number of GP practices, 59 out of 68 practices, provide extended hours each week as a Directed Enhanced Service offering additional appointments after 6.30pm weekdays or at Weekends at a cost of £898,000pa

Even with GPs offering more appointments and three Walk-in-Centres in the East, West and South of the Borough, attendances at Barnet A&E Department for minor routine treatment has continued to grow year on year by approximately 6% per year. There is also no evidence to show that WICs have led to shorter waits in general practice or lower admission rates at other health care providers.

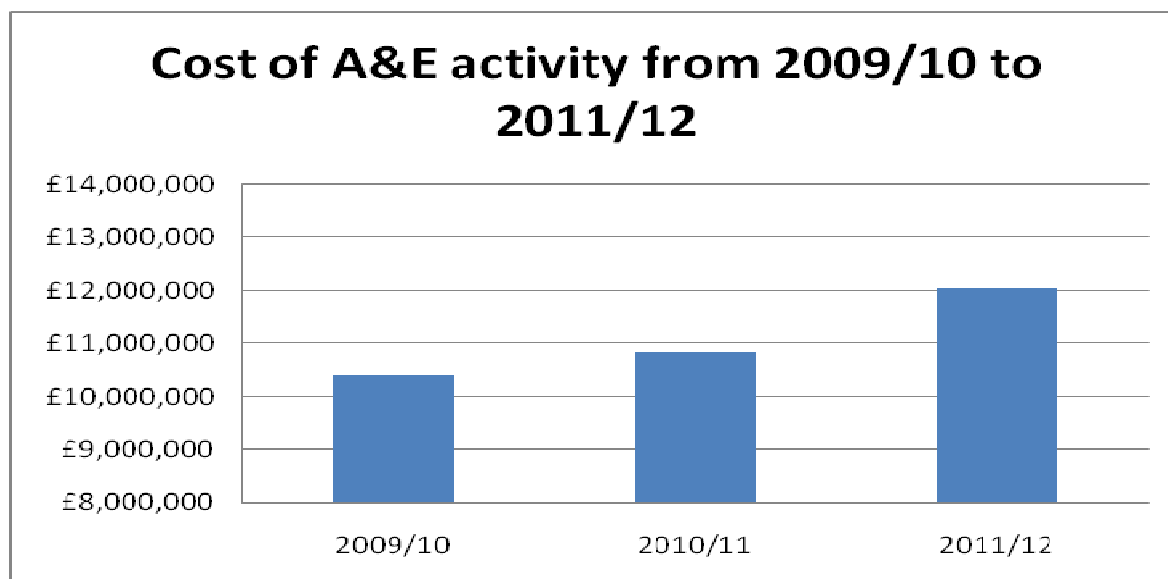
During the year 2011/12 Barnet spent an average of £32.66 per registered patient on attendances at A&E and or WICs. Barnet pays an average of £6.95 per registered patient for the provision of out-of hours services, making a total payment of £39.61 per registered patient for the provision of urgent care services. In addition GPs are paid a global sum payment of £68pa for providing essential services to their registered patients, which includes the provision of in-hours urgent care services i.e. emergency appointments and home visits.

2.3 A&E & WIC Activity

A&E activity increased by approximately 6% during the year 2011/12, which was an 11% increase in cost with Barnet spending just over £12 million pounds on patients attending the A&E department during that financial year. At the same time there have been increases in WIC attendances with almost 100,000 patients seen within the three Barnet walk-in-centres.

The reasons for patients to attend A&E or a WIC rather than their own GP are varied; our own analysis has found that there is very little correlation between practice proximity to A&E or a WIC, or the number of GP appointments available to patients and the level of attendances at A&E or WICs.

An increase in A&E activity during the first quarter of 2012/13 at both B&CF and RFH has been attributed to changes to A&E and WIC services in neighbouring Boroughs.



2.4. Primary Care Strategy

NHS Barnet CCG is currently in the process of implementing the NHS NCL Primary Care Strategy. The strategy focuses on the development of GP networks that will provide a range of services either provided by or commissioned by the networks that will encourage greater provision of services managed within primary care, aimed at improving patient access to and experience of general practice services. This will include releasing capacity in general practice by adopting new ways of working, making greater use of other services for patient and urgent care for example, through better use of pharmacy within the area i.e. developing a minor ailments scheme clinical triage as the first point of contact across a number of GP practices and implementing the Productive Practice project, an evidence based tool to improve productivity and ensure that demand and capacity are aligned.

3. Stakeholder Feedback

Discussions with a small group of patient stakeholders earlier this year about the development of a UCC and changes to urgent care access points identified that:

- Members of the public are not clear about the differences between Out of Hours services, Walk-In Centres, Urgent Care Centres
- Travelling across the Borough can be difficult, particularly from west to east. The availability of appropriate transport was seen to be significant in considering any changes in provision, but recognising that south to north links are good.
- Concern was expressed as to whether Barnet hospital infrastructure could cope with an increased patient flow through the inclusion of an Urgent Care Centre. However, overall the concept of integrated Urgent Care Centres was viewed positively - if the quality and quantity of service could be maintained through this delivery route.

3.1 WIC Audit

A patient audit across both ECH and FMH WICs was undertaken by CLCH during June 2012. 1800 patients were surveyed the key findings were:

- 95% of respondents were registered with a GP

Appendix D

- One third of respondents had tried but were unable to obtain a suitable appointment with their own GP
- Just under a third of patients had attended with an injury
- Almost 30% reported that during the OOHs period, their second choice for accessing care (after the WIC) would be an A&E rather than GP OOH's providers
- 50% of patients that attended resided or worked within 2 miles and 90% within 5 miles of the WIC

4. Next Steps

Over the next two months, the Barnet CCG Board will be asked to consider options for changes to the Urgent Care Pathway in Barnet. These options will be based on the level of activity of registered patients using urgent care services, duplication of service provision across the pathway, the cost of urgent care services and will also take account of patient feedback and progress made against implementation of the Primary Care Strategy.

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