

Appendix A – Submission from Barnet Clinical Commissioning Group: Options for unscheduled care services at Cricklewood GP Health Centre

Background

Cricklewood GP Health Centre, located at Britannia Business Village NW2 1DZ, currently has a registered list size of approximately 1200 patients for Barnet residents only and a walk-in service that offers a wide range of GP-led advice and treatment for people with a minor injury or illness, available to patients irrespective of where they live. NHS England is responsible for commissioning the GP practice element of the contract; Barnet CCG is responsible for commissioning the walk-in service (CWIC). The overall contract is set to expire in June 2015.

The current size of the registered list and the slow growth in progression over the five years of the existing contract is seen as unviable for the future and both Barnet CCG and NHS England have reviewed a range of options for the commissioning of services post June 2015.

The walk-in service is used by residents living in Barnet, Brent, Camden and Harrow, and attracts approximately 20,000 people per year with the majority of visits during the day. The CWIC duplicates WIC services that are already accessible within the borough at Edgware Community Hospital and Finchley Memorial Hospital – both have substantially higher volumes of patients accessing the services. The majority of Barnet patients who access the CWIC service are already registered with other Barnet GPs.

Case for change

When Barnet residents have a health concern that is not life-threatening they have a number of options:

- Their own GP practice (over half of Barnet GP practices already provide some extended hours, and we are working to increase this)
- Other walk-in services (Edgware Community Hospital & Finchley Memorial Hospital)
- Urgent Care Centres (Barnet Hospital & The Royal Free)
- Out-of-Hours GP service for face-to-face and telephone consultations (via NHS 111)

Patients who are uncertain as to which service would best suit their health concern should call NHS 111, where trained advisers will direct them to the most appropriate service.

The majority of cases seen at CWIC, such as common colds, headaches and prescription requests, could be seen by their own GP. This means there is a duplication of services particularly during the core hours when GP practices are open. Patients often do not understand where they need to go and can get passed from one service to another. This can result in a patient going to two or three places to seek advice or care – the NHS can pay from two to five times the cost compared with simply booking a GP appointment. Barnet CCG, with its partner CCGs in north central London, has worked hard to mitigate this issue, for example through the 'Choose Well' campaign that we have run for the past two years.

This issue also presents problems in ensuring continuity of care for patients as GPs, who know their patients and have full access to their medical records, should be the first point of contact for non-emergency care.

A survey of patients (between 30th June and 27th July 2014) attending the CWIC showed that for 57% their stated reason for attending the walk-in service was because they were unable to get an appointment with their GP. Improving access to a patient's regular GP is a priority

for the CCG and as such we have applied to the Prime Minister's Challenge Fund for funding to help us transform patient access - by increasing the number of GP and nurse sessions and the ways that patients can access their GP or another local practice, with a goal to provide extended hours from 8am-8pm, seven days a week.

Barnet CCG is facing significant financial challenges. Financial considerations always take second place to clinical arguments for proposing changes to a service, but their impact on the provision of local health services over the coming years cannot be overlooked. The CCG is planning to undertake a thorough review of primary care and urgent care services, in partnership with other north central London CCGs and NHS England. In the meantime, we need to start reducing the duplication of services now.

Proposal

Barnet CCG has examined the evidence and determined that the most appropriate option is not to renew the contract for walk-in services at Cricklewood GP Health Centre. Barnet CCG proposes to signpost and redirect CWIC patients to their GP or other appropriate services within Barnet. This will:-

- Encourage people to use their GP as their first point of contact. This will help patients keep healthier and better manage long-term conditions. Their own GP has access to their medical records and is in the best position to offer tailored advice.
- Increase the likelihood of residents registering with a GP practice
- Make the system more efficient by removing duplication of access points – the NHS will no longer be paying two or more times for a patient's care.
- Encourage greater use of local pharmacies including those that are part of the minor ailment schemes

Questions for Barnet Health Overview and Scrutiny Committee

Patients are used to the current arrangements for accessing unscheduled care services and are likely to have concerns and anxieties if changes are made to WIC services without a full understanding of the CCG's rationale and all the alternative options. Barnet CCG needs to understand the views and concerns of patients and public, staff, clinical leads, and local stakeholders relating to the future of the services provided at the CWIC. To this end we would like to ask Barnet Health Overview and Scrutiny Committee:-

- What is your view on our case for change and proposal?
- How would you suggest that we engage with and inform patients and the public about these plans?