


Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust (LPFT)

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 February 2016
Subject:	Universal Health Ltd: Primary Care Practices in Lincoln, Metheringham and Gainsborough

Summary:

This report from Lincolnshire Partnership NHS Foundation Trust (LPFT) will provide an update on the services running at GP Practices recently awarded under contracts from NHS England East to Universal Health Limited. These are the Arboretum and Burton Road Surgeries in Lincoln; Pottergate Surgery in Gainsborough and Metheringham Surgery.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to consider and comment on

1. the update on progress following award of the contracts by NHS England;
2. the services which are now jointly commissioned by West Lincolnshire CCG (from 1st April 2016 under new co-commissioning arrangements);
3. the existing and potential benefits to people in local communities;
4. the challenges and risks.

1. Background

Working together as Universal Health Limited, Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire and District Medical Services (LADMS) were awarded four Alternative Personal Medical Services (APMS) contracts in 2015, for mobilisation from 1st April 2015 (and 1st July 2015 in the case of the Burton Road Surgery).

The staff teams (clinical and non-clinical) in the surgeries have ensured that the services continued seamlessly on transfer of the contracts to Universal Health Limited. Patient services continued as did continuity of care along with access being good and waiting times short.

There are challenges with recruiting nursing and medical staff given the shortages, particularly of General Practitioners (GPs) and with the subsequent costs of locum medical cover to ensure services continue to run. However, this is not uncommon across Lincolnshire as the challenges to the ongoing stability of primary care continue.

This report gives an update on the work to date given the importance of stable primary care services for the people registered with those surgeries.

The number of patients currently registered with the four practices (total) is 11,000.

2. Patient experience

Primary care services remain the first port of call for the majority of people and around 90% of mental health provision is undertaken in primary care. As with other services, primary care requires transformation and renewal as the work on developing new care models in response to NHS England's Five Year Forward View continues.

Lincolnshire Partnership NHS Foundation Trust (LPFT) provides Mental Health, Learning Disability and Substance Misuse inpatient and community based services to people of all ages in Lincolnshire. It has effective corporate and clinical governance structures in place; the organisation having been rated consistently highly for quality of care and financial governance.

LPFT has stability in the system and can therefore innovate including stabilising services and turning them round. In creating a Joint Venture company in late 2014, Universal Health Limited, LPFT created a new provider vehicle to transfer, stabilise and transform services; along with the flexibility to secure different workforce and clinical models to integrate care and to work differently, with lower operating costs. Any profit (should it be achieved) is re-invested in local services.

There is a formal Universal Health Board governance structure, with director and non-executive director portfolios. There are separate financial accounts.

Primary care both nationally and locally is struggling to adapt to the changing environment. Small independent businesses may lack the capacity and scale to respond to issues of; increasing demographic demands, co-morbidities, recruitment and retention and falling practice incomes. LPFT can bring (relative) large scale NHS FT infrastructural support services to support primary care non-clinical functions across a number of domains, including; HR, administration, performance reporting, governance systems, financial management and continuous quality improvement.

Equally there are potential future benefits for patients with Mental Health and related conditions; improved access to local Mental Health services without the need for "referral" to secondary care. A significant proportion of LPFT community work could be done in and with practices. The significant physical health difficulties experienced by Mental Health patients can also be addressed through this closer integration.

3. Challenges and risks

Recruitment of staff – the recruitment and retention of skilled, trained staff in primary care is a crucial factor in building resilience and capacity in the system. Recruitment of these staff is increasingly difficult as the workforce profile is changing. The medical staff at these practices are Salaried Doctors rather than GP Partners. Innovative options are needed for the future to ensure that these staff are supported to stay in general practice.

Recruiting new patients – the surgeries are open to new patients wanting to register with a GP. Patients who do not currently have a GP are being encouraged to choose these surgeries as there is capacity to take new patients onto the registered list.

Change – the staff working in the surgeries have been through a period of disruption and change over the last 12 months including facing uncertainty about the future. Retaining good staff and offering opportunities for new staff are priorities for Universal Health.

Offering additional services – the service offer will be developed to offer alternative services in primary care for patients, for example bringing Physiotherapists into the clinical team to assess and advise patients requiring this service.

4. Conclusion

The services are stabilised and patient continuity of care continues. Two of the surgeries (Burton Road and Metheringham) were inspected by the Care Quality Commission in mid-December and the formal reports are awaited.

Now that the mobilisation and initial stabilisation phases are almost complete, the opportunities for transformation and integration of additional services are being pursued.

This is a Lincolnshire solution for the people of Lincolnshire and fits well with the future direction of travel to secure more preventative, community based health and care options for the future.

We are listening to patients and responding to what they want in terms of local services. Below are some examples.

Arboretum Surgery – patients whose cultural background require a female clinician – nursing staff receiving training and support in women’s health and sexual health from a specialist GP in sexual health to develop a service. The GP provides back up and support and clinical supervision.

Burton Road Surgery – comment from patient participation group (also shared with CQC on recent inspection (sic) “my family and I have attended this surgery for the last 40 years. I would not go anywhere else as it is the best surgery in the local community. The GPs and Nursing Staff are caring and they would do anything for you”.

Burton Road Surgery – patients unaware of services available in Lincolnshire for people with memory loss and depression/anxiety. GPs and practice staff able to navigate on behalf of patients as they are aware of LPFT services.

Metheringham Surgery – a call from a local Care Home, Friday lunchtime, about a distressed person with a UTI who is getting increasingly agitated and aggressive. GP starts his surgery at 3pm on Friday afternoon as planned and makes sure that the patient has a prescription and the care home receive advice on management of the patient’s care over the weekend.

Pottergate Surgery – person on the “violent patient” scheme attends the surgery for a repeat prescription and is welcomed by the staff, seen by the GP (experienced in prison health care) and receives a service in the local community as part of universal primary care.

5. Consultation

Not Applicable

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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