

Lincoln Walk-In Centre Consultation 2017

ALTERNATIVE PROVISIONS DESCRIPTION

1. GP Appointments and Access		Responsible Person : Sarah Button
1.1	GP Optimisation	
<p>GP Workflow Optimisation has been implemented across the CCG's GP Practices. The training was delivered by AT Medics. The aim of this initiative is to make the most effective use of primary care resources by transforming the way administrative tasks are undertaken within general practice. This is an innovative way of improving capacity within general practice – ultimately it release GPs to focus on clinical care for their patients.</p> <p>Members of the GP practice clerical team are trained to read, code and action incoming clinical correspondence according to a framework based on practice protocols. Each Practice has an identified GP champion for this initiative and they are supported in the key responsibilities of their role – the role is pivotal in ensuring the practice achieves a safe, sustainable and full implementation of Workflow Optimisation.</p> <p>This training has been proven to free up to 6 appointments per GP per day and will be completed for all Practices by January 2018.</p>		
1.2	Same Day Access for Urgent Need	
<p>Same day access for Urgent need is currently available at all practices. This means that if a patient cannot get an appointment that day but considers it is urgent, either a nurse or GP will call back. If, following this phone conversation, it is deemed urgent, the nurse or GP will book the patient an appointment that day. This applies for both children and adults.</p> <p>If it is not urgent that person may be given a routine appointment or advice on how to self-care a condition such as a cold or hay fever or signposted to the nearest pharmacy for over-the-counter medicines.</p> <p>If patients have difficulty in getting through to their practice early in the morning and they have an urgent issue, they can ring NHS 111, where they will be diverted to the Lincolnshire Clinical Assessment Service (CAS) for an urgent clinical issue. This service has been fully established</p>		

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since April this year and sees a Lincolnshire clinician pick up calls, where necessary, to give clinical input. They are able to discuss medical needs, recommend and arrange treatment.

There is 24/7 access to a GP or an advanced nurse practitioner via the GP Practice or the GP Out of Hours Service (OOH). The latter is accessed by calling 111. There is a GP OOH's base located at Lincoln County Hospital, meaning patients who don't need to attend A&E can still be seen locally if an out of hours appointment is indicated for their clinical condition when their GP practice is closed.

The GP OOH's service runs between 6.30pm and 8.00am every weekday and 24 hours a day over weekends and Bank Holidays. This service can also offer home visits to those patients who would genuinely find it difficult to get to Lincoln County Hospital. There are also other out of hours units across the county which means patients who genuinely need to see a nurse or GP out of hours, can do so.

1.3	Extending clinical skills in the Primary Care team
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Many GP practices are employing community pharmacists which will see patients and free up GP's appointments accordingly. 4 additional Pharmacist have been employed (one more planned in April 2018) whose roles will develop to see patients where it's more appropriate than to see their GP. The Pharmacist can complete medical reviews and treat minor ailments as appropriate.

1.4	Care Navigation Training and sharing best practice models
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Care Navigation Training has been organised for our CCG's GP Practice staff to ensure patients are signposted to the most appropriate help and support. Sometimes the GP isn't really the best person to see a patient. Patients could be seen or treated quicker by a pharmacist, nurse or a physiotherapist for example and in some cases, the GP practice might not be the right place at all for the query. Care navigators are receptionists and admin staff who through specialist training are able to signpost patients to the right place which could free up appointments by avoiding unnecessary ones. We will have trained 120 staff across 33 practices in LWCCG by the end of March 2018.

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1.5	City Centre Practices Provision
<p>We have identified 1 GP practice that is struggling to match local demand and service capacity. The plan in place to mitigate this risk which will, if required, include a refresh of the Practice boundaries to take account of changes in demographics, local demand and service capacity. We are currently working closely with this practice to support them to secure increased capacity.</p>	
1.6	8-8 - 7 days a week planned care
<p>LWCCG is following a national direction and from April 2018 to April 2019, national funding will be made available to provide an extra 120 hours access to GP practices across the area. This is on top of an extra 70 hours that are already available across our practices every week. Many practices already offer additional Saturday morning sessions, evening sessions or sessions earlier in the morning to help patients see a GP sooner.</p> <p>The national direction is to deliver extended hours though GP hubs (a group of practices) to open seven days a week – with extended hours into the evening. This will involve GP practices working together further, as many already do.</p> <p>Local practices publish their current extended hours on their website or at the surgery.</p>	
1.7	Continued action on reducing DNA rates
<p>LWCCG communications plan has included communication aimed at reducing DNA (do not attend) rates. Patients are being reminded to remember to let the GP Practice know if they can't attend their appointment as soon as possible and to consider signing up to the text message reminder service.</p>	

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1.8	Implementation of Neighbourhood Teams	
<p>GP's are working together as Federations to work within Neighbourhood Teams. These teams promote care closer to home and continuity of care from a Neighbourhood Integrated Team. The aim is only specialist services will need to be provided to patients outside this community health and social care support structure.</p> <p>These Neighbourhood Teams will see GP's working alongside a dedicated team of highly skilled Advanced Nurse Practitioners, Nurse Practitioners, Community Nurses, Occupational Therapists, Clinical Pharmacists, Mental Health Professionals, plus social care and voluntary sector partners. Team members will also have direct links to mental health services, physiotherapy, palliative care, chronic disease specialist nurses, social care and the third sector as well as inpatient and outpatient secondary care services and diagnostics.</p> <p>These services will increase services and capacity in the community and avoid urgent care & A&E attendance and reduce ambulance conveyance.</p> <p>The Gainsborough Neighbourhood Team is established and progressing ; the South Lincoln Federation NHT and the IMP Federation (North Lincoln) NHTs have commenced, with the City date of commencement to be confirmed.</p>		
2. Urgent Primary Care / GP Out of Hours / WIC Transition / CAS		Responsible Person : Wendy Martin
2.1	GP Out of Hours Service	
<p>GP Out of Hours Service This service is provided by Lincolnshire Community Health Services. It provides urgent medical care outside normal GP hours, which is during evenings, weekends and bank holidays. The Out of Hours Service is accessed by calling 111, which is the national recommended route for accessing urgent medical care. 111 is the number to call when medical help is required urgently, but it is not an emergency. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. In Lincolnshire the Out of Hours Service is provided from bases in Lincoln, Gainsborough, Grantham, Boston, Louth, Skegness and Spalding. The Out of Hours Service also provides for home visiting where this is indicated by the clinical need. When the walk in centre closes</p>		

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the capacity of OOH provision at weekends will be monitored to ensure that there are the facilities to support any additional demand that is assessed as requiring face to face treatment by the Clinical Assessment Service or 111,

The GP Out of Hours Service provided by LCHS was inspected in October 2017 by the CQC with a good outcome from the inspection visit.

2.2

111& CAS

NHS 111

NHS 111 was launched in Lincolnshire in 2010 and has been in operation since that time. It is a free local single non-emergency number medical helpline operating in England and Scotland. The service is part of each country's National Health Service. The service is available 24 hours a day, every day of the year and is intended for 'urgent but not life-threatening' health issues and complements the long-established 999 emergency telephone number for more serious matters.

There is a continued national drive to have NHS 111 as the route into urgent care provision. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. 111 was actually introduced in order to prevent public confusion about which healthcare service to access and when 111 is the number to call if a patient needs urgent medical advice or treatment in and out of hours but the health issue is not serious enough to attend accident and emergency. General Health advice can also be accessed through 111 and advice on which health service is needed and how to access that service. So the national 111 service is very important for helping people access the right care and treatment for their needs at times when the traditional routes such as GP surgeries are closed. We have had a new provider for the NHS 111 Service in Lincolnshire since October 2016: Derbyshire Health United (DHU). DHU provides NHS 111 services across the East Midlands region. The calls picked up through this service are subject to regular clinical audit, demonstrating a consistently good quality of response to calls answered.

When a patient rings 111, the call is picked up by a trained health advisor, who is often not a clinician but is supported by a team of clinicians. The health advisor will take the caller through a series of questions to determine what the best service is for that patient's needs. The algorithm of questions has been carefully designed by expert clinicians and is called NHS Pathways. This ensures navigation to the most appropriate level of care, supported by a comprehensive Directory of Services. (For non-English speaking patients there is also a translation

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<p>service that supports 111).</p> <p>From this initial call, if a patient needs to speak to a clinician the health advisor will arrange for this by either transferring the call (warm transfer) directly over to a clinician or will arrange for a clinician to call the patient back in a time frame suitable to the clinical urgency. In Lincolnshire the clinical response is provided by the Lincolnshire Clinical Assessment Service (CAS).</p> <p>In addition to telephoning 111 the public will also have access to an online 111 service in 2018. Using an established national website, patients will be able to type in their concern, answer relevant questions and then receive advice on which service to access and when. There will also be the ability for the patient to access a clinician for advice if the response to the questions (a public version of NHS pathways) indicates this to be necessary.</p> <p><u>The Clinical Assessment Service (CAS)</u></p> <p>The Lincolnshire Clinical Assessment Service (CAS) has been fully operational since April 2017. It is an Alliance arrangement between Lincolnshire Community Health Services and East Midlands Ambulance which provides clinical assessment into 111 calls. When someone calls 111 and the health advisor picking up the initial call concludes the caller needs clinical advice and/or treatment, the call is re-directed to this service. The CAS is staffed by Lincolnshire Clinicians who will give health advice, arrange treatment if needed or refer the patient on to another required service. CAS calls are also subject to regular clinical audit and also demonstrate good quality clinical care provision. Both NHS 111 and the supporting CAS are able to arrange ambulance dispatches through EMAS when this is indicated.</p>	
2.3	A&E Attendance Avoidance
<p>There are various initiatives in place across the county to reduce demand on urgent and emergency care provision. Just a few examples are provided below:</p> <p>Home First and Neighbourhood Teams – the driver is to ensure patients can remain or return quickly to their own homes for care. Work to enable this includes consistent care needs assessment (eg. Edmonton tool), good care planning and review with the patient in conjunction with the multi-disciplinary Neighbourhood Team.</p>	

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<p>EMAS Pathfinder, Hear & Treat & See & Treat - EMAS have done significant work in the last couple of years to increase both hear and treat and see and treat capabilities in order to reduce ambulance attendances and conveyances respectively. The EMAS Pathfinder initiative ensures that where a patient conveyance is necessary, the conveyance is to the most appropriate place, avoiding A&E units where possible.</p> <p>CAS Care Home & Health Professional Support – the Lincolnshire Clinical Assessment Service is also accessible by healthcare professionals eg. care home staff members, Ambulance staff or community nurses for advice on urgent care if they are with a patient and require additional advice on ongoing management. This often enables patients to remain in their home rather than needing to be conveyed to hospital.</p> <p>Frequent attenders/Care Planning: Where patients frequently (>10 times in a year) attend A&E, a managed care plan will be put in place by the GP and where appropriate the Neighbourhood Teams with the patient. The health and social care plan is a personalised care and support plan. It will help all involved in the patients care to understand what’s important to the patient and how best to support them.</p>	
2.4	Emergency Medication (Prescriptions & Advice)
<p>Urgent Repeat Prescriptions are now available through contacting 111. This service integrates with the NHS 111 service and CAS to manage requests from patients for urgent medications. At least 80 pharmacies are now signed up to provide this service in Lincolnshire whose opening hours include bank holidays.</p>	
<p>3. University of Lincoln Practice Plans</p>	
<p align="right">Responsible Person : Sarah Button</p>	
3.1	Additional clinical rooms
<p>Architect plans are being drawn to develop the University of Lincoln Practice premises to provide additional consulting rooms. Funding is</p>	

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<p>being identified for this and therefore this development would be after 1 April 2018. The Practice is providing additional appointments to correlate with the increased numbers of patient registrations it has received since September 2017. Communication and engagement initiatives have been successful in encouraging students to register with the University Practice for their Primary Care needs.</p>	
3.2	Access to Routine Appointments
<p>Additional appointments per week are being provided at the University of Lincoln Practice. Appointment availability has been reviewed and re-modelled to the most appropriate clinic times to best suit the patient's needs. E.g. Wednesday evening or Thursday morning after Wednesday afternoon sports.</p>	
3.3	Access Choice
<p>A pilot to use Skype appointments has been completed and other opportunities are being explored to further utilise Skype in this way, E.g Advice and Guidance. There has also been extensive communication and engagement initiatives particularly with students to encourage GP registration and to ensure aware of access routes to self-care, routine and urgent healthcare. See Communication & Engagement Plan details.</p>	
3.4	Clinic in Bishop Grosseteste University
<p>We are currently working with the University Practice and Bishop Grosseteste with the aim to provide a clinic for students at the University. We are currently assessing a potential consulting room and identifying what services and which clinic times are best suited to the patient's needs.</p>	

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4. Clinical Advice and GP Access for Children		Responsible Person : Wendy Martin
4.1	Same Day Access for Children	
<p>Same day access for Urgent need is currently available at all practices. This means that if a patient cannot get an appointment that day but considers it is urgent, either a nurse or GP will call back. If, following this phone conversation, it is deemed urgent, the nurse or GP will book the patient an appointment that day. This applies for both children and adults.</p> <p>If you are worried your child is ill, there are several options to consider:</p> <ol style="list-style-type: none"> 1: If there is an urgent need then a GP will see your child that day after a nurse or GP calls you back under the system described above. Practices will not refuse an appointment to a child who needs urgent medical attention. 2: Many practices actually run their own walk-in facilities – so check with your local practice about this option. 3: If you can't get through to your GP practice in the morning and it doesn't run a walk-in facility, you can ring 111. NHS 111 will put your call through to a clinician, if needed, in the Lincolnshire Clinical Assessment Service (CAS) (see 6.3 details of CAS) or direct you to the most suitable treatment option. 4: Is it a condition you can treat yourself? Colds, hay fever, and sore throats (for example) can be treated with over the counter medicine. 5: Call in at a pharmacy where trained members of staff can give you advice on health and treatment. 6: If it is a medical emergency, call 999 or visit the nearest A&E. 		
4.2	Children's Centres	

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To enhance care for new parents and children four Community Children’s hubs have opened across Lincolnshire. The first was in Birchwood in the Lincoln City area. The Community hubs are another source of advice and guidance for parents with children under 5 particularly and

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include health visitor advice and appointments, wellbeing services, feeding support groups etc. A further four Community Children’s hubs are planned for 2018.	
4.3	Telephone Line for Children
The CCG did consider introducing a telephone line specifically for children, but thought this would cause further confusion with the nationally supported lines of 999 for emergency need and 111 for urgent health care need and advice.	
5. Homeless and Vulnerable Patients	
Responsible Person : Sarah Button	
5.1	Community Clinic for Homeless / Violent Patients (<0.5% of attendance)
There is an opportunity to link the services provided at Nomad Trust with Primary Care by engaging and providing practice learning time for their Advanced Nurse Practitioners with the aim to give them access to routine GP appointments, signposting and support services access including to the Neighbourhood Teams. The details of this are currently being developed between our Primary Care Team, Engagement Team and the third sector organisations.	
6. Communications and Engagement	
Responsible Person : Wendy Martin	
6.1	Comms Plans
Full details and description of the communications plan is available. Summary update provided on current position in Appendix 3	
6.2	Engagement Plans
Full details and description of the engagement plan is available. A summary update on the current position is provided in Appendix 4.	

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