

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 West Clinical Commissioning Group

Report to:	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>16 May 2018</b>
Subject:	<b>Patient Access to Primary Care – Lincoln Area</b>

## Summary:

This report is provided by Lincolnshire West Clinical Commissioning Group (LWCCG) to update the Health Scrutiny Committee on development of primary care services to meet patient need following the closure of the Lincoln Walk-in Centre in Monks Road.

## Actions Required:

Members of the Health Scrutiny Committee are asked to consider the updated information provided in response to specific questions raised at the Health Scrutiny Committee in February 2018.

## 1. Background

Following a full consultation programme, plus promotion and development of the alternative services, the Lincoln Walk-in Centre was closed on the last weekend in February 2018. Information on the consultation and decision has previously been provided to this Committee. At the February 2018 Health Scrutiny Committee, an update on the following was requested from Lincolnshire West CCG (LWCCG) following the closure of the Walk-in Centre on Monks Road:

- Abbey Medical Practice – Further assurance was required on capacity in view of the fact that this practice is located on Monks Road and therefore likely to be impacted the most by the closure.
- GP Practices List Sizes – Is there capacity to manage their presenting demand?

- GP Appointments/ Primary Care Access:
  - Any increase in the number of pre-bookable GP appointments
  - Any increase in the number of same day GP appointments
  - Increase in the number of 111 calls
- Reception Staff Training

## 2. Updated Information

### Abbey Medical Practice

The Abbey Medical Practice was identified as challenged in matching local demand and service capacity. This practice has now recruited an additional GP, an additional practice nurse and an additional clinical pharmacist to manage presenting demand following the closure of the Arboretum surgery and the Walk-in Centre. The practice is currently using additional space at the Arboretum surgery and there is a plan being developed with a business case, to be approved by Primary Care Commissioning Committee (PCCC), to enable them to consolidate their services onto one site. We are confident that the additional staffing provides the capacity to meet the increased demand associated to changes to service provision on Monks Road. We continue to work with the practice to secure the development of their facilities so that they will be able to deliver all services from a single site.

### GP List Sizes

The majority of patients (81%) attending the Walk-in Centre over the last two years were registered with GP practices located in the Lincolnshire West CCG with 86% registered with GP Practices located in Lincolnshire. On average 3.3% of patients who attended the Walk-in Centre were unregistered.

Provision of additional resources and better use of existing resources at GP Practices, particularly city centre practices, has enabled GP practices to manage presenting demand. This is demonstrated in Appendix 1 and 1a which provides the full details of the alternative services. Appendix 2 shows responses from eight GP practices, identified as likely to be the most effected by the Walk-in Centre closure, which outlines the impact and management of the additional demand.

The Lincoln University GP practice has actively promoted registration to increase their list size to manage their demand. This has resulted in additional registrations and increased daily appointment availability.

No GP practice in the Lincolnshire West locality is closed to new patients. Every opportunity is taken to encourage people who are not registered with a GP to register. We have specifically worked with colleagues in the third sector, the University and Out of Hours/A&E who have contact with people who are unregistered to encourage these individuals to register with a local practice. In addition all GP practices have confirmed that arrangements are in place to support temporary registration.

### Access for Pre-bookable and Same Day

We asked GP practices who potentially were the most affected by the closure of the Walk-in Centre, informed by the Walk-in Centre attendance information, what impact the Walk-in Centre closure had on the practice and the availability of same day and pre-booked appointments. Appendix 2 shows the responses by these eight practices.

In summary any impact has been managed through extended triage, clinics and additional resources or better use of existing resources. It was noted anecdotally through this survey (Appendix 2), that there is a perceived increase in patient expectations of same day appointments regardless of clinical need. This supports the need for ongoing communication and engagement plans around alternative provisions which are outlined below.

### Reception Training

Making Every Contact Count (MECC) training is currently being delivered across the LWCCG with 112 reception and administration staff of 120 having completed this training. The final training will be completed by the end of May 2018. MECC training will give staff the local healthy lifestyle information to assist them with signposting/supporting patients.

### Pharmacy / NHS 111 / Lincolnshire Clinical Assessment Service

Utilisation of NHS 111 and by default the Lincolnshire Clinical Assessment Service has also increased across Lincolnshire over the winter and spring period. This is reported in Appendix 4 which shows the number of calls to NHS111 for Lincolnshire.

There is evidence of greater use of local pharmacies and consulting rooms in pharmacies, which is being validated through further survey. Local pharmacists report an increase in providing advice and guidance, treatment or signposting to NHS111 and the dispensing of emergency medication in the last 10 weeks. No particular challenges for the pharmacists were identified through our survey to date.

Utilisation of both of the above has been promoted through both local and national communication campaigns, so it would be difficult to attribute directly to the Walk-in Centre closure. Certainly NHS 111 is the preferred NHSE National Emergency and Urgent Care Team promoted route into urgent care services, as this enables appropriate triage to the right service for the patient, avoiding unnecessary patient journeys, ambulance conveyances and face to face consultations/visits in both primary and secondary care.

### A&E Effect

We have continued to monitor A&E data and performance and worked with the Lincolnshire A&E Delivery Board to ensure that any potential impact from the Walk-in Centre closure is quickly identified and plans to mitigate are implemented.

The Attendance Impact Review (Appendix 3) show a comparison between a period when the Walk-in Centre was open to the period from the start of the phased closure and compared attendance in these periods to the prior year.

This preliminary data suggests (See Appendix 3) that there has been an increase in A&E attendance of on average 10 patients per day since the phased closure of the Walk-in centre, accounting for the seasonal profile of attendances over this period. Analysis of these attendees suggests only 5 of this total are likely to be previous Walk-in Centre users and these attendances can be accommodated through available Urgent Care Streaming capacity. It is not possible to provide definitive data regarding whether these patients would have previously attended the Walk-in Centre as we do not ask this question as we focus on educating patients to contact their GP or Out of Hours provision.

This will be kept under review to ensure this situation does not deteriorate as public awareness increases of the changed provision at A&E.

### Communication and Engagement

The CCG's extensive communication and engagement work has continued - and will continue to do so moving forward.

Key messages centre around the following:

- Educating patients on how they can better look after themselves when they are suffering from minor ailments - with an emphasis on parents and their young children.
- The huge benefits of using your local and highly trained walk-in pharmacy who can treat and give advice on common illnesses and medicines. This includes raising awareness of private consultation rooms within pharmacies.
- When and how to access a GP or nurse practitioner appointment. This is for when an injury or illness won't go away. This includes raising awareness of same-day GP appointment for urgent cases and same-day triage systems within practices.
- The benefits of NHS 111 and, more locally, Lincolnshire's successful Clinical Assessment Service - which can book patients appointments when required. 111 is for when a patient needs medical help but it is not an emergency. This includes raising awareness the service is 24 hours a day and seven days a week.
- The Out of Hours GP service. This includes raising awareness there is 24/7 access to a GP.

The LWCCG has spread, and will continue to spread, the message far and wide by utilising the local media (TV, radio, newspapers and websites), distributing leaflets through every door in Lincoln, making maximum use of social media channels and NHS websites, printing in magazines and on informative Z-Cards and displaying information on GP waiting room TV screens.

The CCG continues to go out and engage, every week, with different public groups to talk about the above messages. Crucially these involve really important face-to-face discussions with our patients.

As a result, the CCG is receiving positive feedback about the alternative provisions through its social media channels - most notably on Facebook.

It should be noted, this work is not complete. Under Lincolnshire's wider Sustainability and Transformation Partnership, the educational messages and engagement must continue with our patients.

### 3. Consultation

This is not a consultation item.

### 4. Conclusion

The alternative services in place continue to be strengthened and developed as planned to accommodate this change in service provision. The current provisions and plans have managed any increase in presenting demand.

There will be ongoing monitoring to ensure access to services that are meeting the primary care needs of patients, particularly in the city centre for the specific groups of the population previously identified

### 5. Appendices

These are listed below and attached at the back of the report	
Appendix 1:	Alternative Provisions Plan
Appendix 1A:	Alternative Provisions Description
Appendix 1B:	Alternative Provision Engagement Plan
Appendix 1C:	Alternative Provision Comms Review - <b>TO FOLLOW</b>
Appendix 2:	GP Practice Impact Review
Appendix 3:	A&E Attendance Impact Review
Appendix 4:	NHS 111 Lincolnshire Calls

### 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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