

Business Case for Extended Primary Care Access Improvements May 2018



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CCG	Durham Dales, Easington & Sedgefield (DDES)
Programme / Workstream:	Adults - Primary Care Services
Project Title:	Extended Primary Care Access
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Project Sponsor (s)	Sarah Burns, Director of Commissioning, DDES CCG
Expected implementation	July 2018

Background

In spring 2016, DDES CCG undertook a public consultation in relation to urgent care services. There were previously four urgent care services that operated within the DDES geography as follows:

Site	Type of Service	Staffing	Hours of Opening	Accessed via
Peterlee Community Hospital	Urgent Care Centre and MIU with x-ray facilities	GP led	24/7 (x-ray open during day time hours only)	Walk in and Telephone
Bishop Auckland Hospital Community Hospital	Urgent Care Centre and MIU with x-ray facilities	GP led	24/7 (x-ray open during day time hours only)	Walk in and Telephone
Seaham Primary Care Centre	Urgent Care Centre	Nurse led	8am-6pm Monday to Friday	Walk in and Telephone
Easington Healthworks	Urgent Care Centre	GP led	8am-8pm 7 days	Walk in and Telephone

Three options were considered as part of the public consultation as set out below:

	Minor Injury Units	Urgent Care	Out-of-hours services	Existing GP services	
Option 1	MI units available 12 hours per day (instead of 24 hours per day)	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	
	Minor Injury Units	Urgent Care	Out-of-hours services	Existing GP services	Enhanced GP services
Option 2	MI units available 12 hours per day (instead of 24 hours per day)	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	Option 1 PLUS Enhanced GP Service - Urgent care provided from your GP practice or in a hub arrangement 8am-8pm
	Minor Injury Units	Urgent Care	Out-of-hours services	Existing GP services	Enhanced GP services
Option 3	Option 1 + 2 PLUS MI units available 24 hours per day	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	Option 1 PLUS Enhanced GP Service - Urgent care provided from your GP practice or in a hub arrangement 8am-8pm

Option three received the most public support and was also supported by the CCG executive and the Governing Body. As a result the new service model was implemented in April 2017.

During the consultation, the CCG also engaged with the public on the locations of the extended and enhanced GP opening times. As a result nine hubs were developed in the following locations, with each providing appointments up to 8pm on week nights and 8am - 1pm on Saturday and Sunday.

Sedgefield - 6pm - 8pm weekdays and 8am-1pm weekends
Newton Aycliffe – Jubilee Practice
Spennymoor – Spennymoor Health Centre
Sedgefield – Skerne Medical Practice

Dales - 6pm - 8pm weekdays and 8am-1pm weekends
Bishop Auckland – Bishop Auckland Hospital
Upper Dales – Weardale Practice
Lower Dales – Richardson Community Hospital

Easington - 8am - 8pm weekdays and 8am-1pm weekends
Seaham – Seaham Primary Care Centre
Peterlee – Peterlee Health Centre
Easington - Healthworks

In Sedgefield and Dales, demand for patients that previously attended urgent care centres during weekdays (8am-6pm) would be seen by their GP practice. In Easington, GPs did not feel that they could cope with this additional demand, as services in Easington saw an average of 11 patients per practice per day. As a result, three hubs were opened during weekdays from 8am to 8pm to meet the historic demand seen in this area.

A key change was that in future services would be accessible via appointment and rather than 'walk in' services.

Staffing

The Provider will employ as a minimum the full compliment of staff detailed below to meet the required capacity for the purpose of delivering this service for the contracted service period - Clinicians to deliver face to face and telephone contacts on site including advice to NHS 111 and to deliver home visits:

- a) General Practitioners holding the appropriate type of registration for the work the provider has employed them to do, and having appropriate medical indemnity
- b) Advanced and Nurse Practitioners
- c) Nurse practitioners trained in the management of long term conditions
- d) Phlebotomists
- e) Administrative staff trained in the use of the E-Referrals system and capable of administering referrals and appointment booking
- f) Additional clinicians such as pharmacists may be considered by the provider
- g) Any other appropriate staff

All staff are appropriately competent, qualified and trained to deliver the specified level of service/intervention including CPR (adults and paediatrics) when they start to provide the

service, attending refresher training at appropriate intervals. Costs for any training required by service provider to deliver the service will be borne by the service provider.

The staffing and skill mix is flexible to meet expected activity levels.

Finance

Historically urgent care services were delivered jointly with minor injury units and GP out of hours services. Services had not been reviewed for a number of years and the costs of services were high in comparison to benchmarked services. A contact in the services cost £76 which compared to £76.51 which GPs receive to deliver a service for each patient per year in 2016/17. The national average cost of an urgent care attendance at the same time was c£35.

As a result of the service re-design QIPP savings of £1.14m were achieved which were then reinvested into other health services for the DDES population.

Transport

The new service model meant that patients would be able to receive urgent care at their own GP practice or at a GP hub. Urgent care services have a dedicated transport service which was available to patients requiring transport an appointment at one of the former urgent care centres. It was believed that use of this service would decrease as patients were able to access services closer to home. Availability of comparable data has been difficult to access, but work is ongoing to understand the impact of the service changes on use of transport.

Impact of Service Changes

Prior to implementation, an assessment was made at a geographical level based on the number of patients that may attend type 1 A&E services instead following the changes. A type 1 A&E department is a consultant led 24 hour service with full resuscitation facilities. Data for April to February 2018 has been compared with the same period in the previous year and type 1 A&E attendances have generally stayed the same with a slight increase of 0.6% (363). This compares to national growth in A&E attendances of 2.5% (forecast for 2017/18 using M11 data).

The impact on type 3 attendances (MIU/Urgent Care Centres designed to treat illness/minor injury) has varied across the local sites. In Bishop Auckland type 3 attendances have decreased by 52% (n. 14,818) and in Peterlee they have decreased by 77.5% or 21,528. This is in line with the expected decrease given that sites would no longer see walk in attendances for minor illness. Minor injuries and GP out of hours services continue to be delivered from these sites. During the same period there have been over 25,700 attendances in the extended and enhanced primary care hubs.

Since implementation attendances at Darlington urgent care centre have increased by 32% or 536 attendances compared to the same period last year. Of this increase, c10% is during the day when practices are open and comes in the majority from the three Bishop Auckland town centre practices. An audit of these attendances has been carried out and work continue to ensure this is minimised.

The remainder of the increase at the Darlington urgent care centre is in the out of hours period. There have been difficulties in staffing GP shifts in the out of hours service and patients have had to be referred to Darlington if there is not a GP on site in the Bishop

Auckland service. Work has been done to ensure that the 111 Directory of Service (DoS) sets out the conditions that can still be treated at Bishop Auckland on such occasions and the impact of this change is expected to be known imminently.

It is now a national imperative that GP shifts are filled in out of hours services and local providers are being monitored by NHSE on this. Dedicated work has taken place to encourage more GPs to undertake shifts in the Out of Hours service with CDDFT (GP OoH provider) improving the process to sign up to working in the service. Despite these measures it has continued to be difficult to fully staff services under the existing staffing model.

It should be noted that other areas in the North East have started to implement a new staffing/skill mix to deliver GP Out of Hours services. This is also being considered across County Durham. This requires detailed work to understand clinical pathways and is being led by clinicians from primary care and the Out of Hours service (both GP and practitioners).

National extended access requirements

There is a national requirement for CCGs to commission extended GP access for the population. This requirement is an additional 45 minutes of access per 1,000 population. This is set out by locality in the table below:

Locality	Raw List Size - 1 April 2018	Hours Per Week
Dales	91,857	68.89
Easington	102,650	76.99
Sedgefield	97,525	73.14
Total	292,032	219.02

Extended access should offer a mix of both planned and unplanned appointments whereas the current PCS service offers only unplanned appointments although it is known that some of the hubs will offer a small number of planned appointments at their discretion.

The CCG need to ensure that any changes to service delivered do not negatively impact on these requirements. The current capacity commissioned via the PCS service far exceeds the requirements set out in the national extended access scheme and this is detailed in the locality sections later in this report.

UTC requirements

In July 2017 NHS England published “Urgent Treatment Centres –Principles and Standards” sets out the 27 standards to be implemented to meet the goals of the Five Year Forward View.

A wide variety of Minor Injuries Units, Urgent Care Centres and Walk in Centres currently exist with a confusing variation in opening times, in types of staff present and what diagnostics may be available. These standards establish as much commonality as possible to reduce the variation in the offer to the public as well as reducing attendance at and conveyance to A&E.

The CCG identified implementing these standards as a priority and have been working with CDDFT since January to implement. The CCG need to ensure that this Primary Care Service – GP Access continues to compliment and provide day time GP leadership to the full population.

During this process we will also be exploring opportunities to co locate any service where it would be better for the patient and offer best value for money.

Case for change

It was agreed that the CCG would report back to the Health Overview and Scrutiny Committee (OSC) six months post implementation to feedback on the impact of the service changes, any highlight any issues that have arisen and how the CCG was responding to any issues.

At the six month review stage it was identified that despite a few minor issues relating to signposting from the NHS 111 service in the first weekend, the changes had been made successfully with minimal disruption to the 'system'.

It was also agreed as part of the changes to service made in April 2017 that a review would be carried out once services were embedded. The feedback at the six month point was useful, but it was considered too early at this point to make any changes to services, particularly as the services had not operated during the winter period where demand for urgent appointments can be higher.

It was clear at the six month point that the available capacity was not being fully utilised although the issues were slightly different in each locality. Service providers were highlighting at this point the impact of this in retaining staff, as staff wanted to feel that they were being fully utilised. The low utilisation rates have raised concerns about value for money of the PCS services.

At the time that the initial service changes were made there was limited information (other than clinical audit) to enable a split between attendances for minor injury and illness. As services are delivered differently now, much more detailed information is available on the true demand for appointments for minor illness during core GP opening hours.

As part of the service changes practices were required to carry out an audit to understand how they were matching capacity to demand and act upon the impact of these findings. A number of practices have changed how they offer access to patients as a result which may also be impacting on demand for PCS.

There have been changes in demand for out of area services. There were changes to services in Hartlepool and Stockton that took place at the same time as the changes in DDES with UTCs opening at North Tees and Hartlepool Hospitals. Sunderland CCG is currently consulting on changes to the urgent care service they commission that border the DDES area, such as Houghton. Sunderland CCG are proposing to reduce urgent care centres, increase primary care access and to change access arrangements so they are appointment based as opposed to walk in services.

The CCG confirmed its intention to OSC to carry out further engagement with patients to gain insight into the new services to help to identify why services were not being utilised as expected. Feedback has been gathered from patients using PCS and also patients using out of area services. Additional targeted work was carried out with identified patient groups such as the GRT community. The engagement report can be found at appendix 1 with summarised information in the locality summaries later in this business case.

The following sections of the business case set out a case for change. This is specific to each locality as the issues are different in each area. This takes into account:

- Patient views
- Activity
- Capacity
- Potential impact on other services
- GP extended access requirements
- Value for money
- Transport
- Pharmacy provision

What we did and how we have engaged?

The engagement activity took place over a nine week period from the middle of December 2017 to the end of February 2018.

The aim of the engagement work was to gather the views from patients and carers who accessed the primary care services in the Durham Dales, Easington and Sedgefield CCG area and those who went out of the DDES area into Urgent Care Centres or A&E Departments.

There was a requirement to do some further data analysis and patient engagement to understand whether the way the service is current set up is giving patients the best service.

We engaged with patients and stakeholders to find out about their experiences of using the Primary Care Services but also to aim to reach those who have not. If they are not using the PCS, then where are they going? What services are they using?

Stakeholders were also engaged to give them the chance to feed into this process and give them the opportunity to aid in the development of and decisions about new options for service delivery. We wanted to find out what else patients think we should be offering, whether this is, for example: home visits, telephone calls so they can be seen on the same day if they have an urgent need.

The stakeholders we engaged included many of those who were involved in the Urgent Care consultation. We worked with our Patient Reference Groups (PRGs), Health networks and other partners who could help us to reach as many potential service users as possible. We also worked with harder to reach groups such as Gypsy Romany Traveller groups (please see feedback detailed in appendix one), Investing in Children eXtreme Group and also the young people's health group.

All of the engagement activity has been recorded and is shown in the evidence log – see engagement report.

The engagement team supported by the CCG commissioning team attended each Primary Care Service (the nine hubs), spoke to patients about their experiences of the services and completed questionnaires.

This team worked with staff within the centres to distribute questionnaires over the next four to six weeks to capture a good range of feedback. All questionnaires were put into a sealed envelope by the patient and stored in a confidential box.

The CCG commissioning team collected these periodically and a member of the corporate admin team entered the responses onto survey monkey to remain impartial.

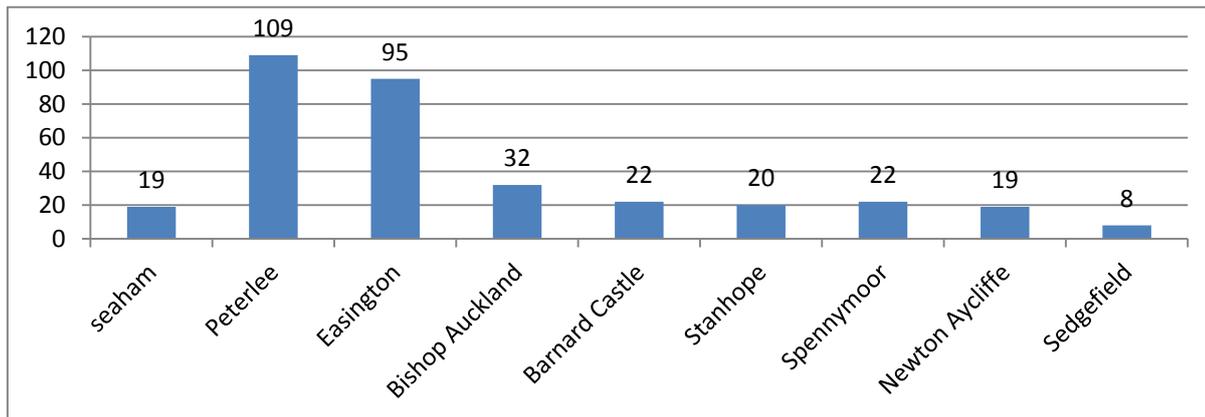
All of the engagement activity has been recorded and is shown in the evidence log, which can be found at appendix three.

Summary of key findings from the survey results around the service model

Summary of key findings from the survey results around the service model. Over 346 patients from across the Durham Dales, Easington and Sedgfield (DDES) CCG were engaged over the period; the responses were recorded through an on line survey.

The sites which received the most patient feedback were Peterlee with 32% and Easington with 27% of the 346 patients who completed a survey.

Actual number of surveys returned from each hub site are below



Current Services in Dales Locality

In the Durham Dales locality, the Primary Care Services are offered from 6-8pm Monday to Friday and 8am -1pm on a Saturday and Sunday. Services are delivered from:

- Bishop Auckland Hospital
- Richardson Hospital
- Weardale Practice

All day time same day access is provided in practices, however, the practices have worked together to set up an overflow clinic in Bishop Auckland to ensure that all patients can access a local day time same day appointment if their practice is full.

Use of primary care extended access services

The table below shows the number of patients accessing services throughout 2017/18. There were data quality issues in the first quarter which meant that time of attendance wasn't recorded completely. The data suggests that activity has been fairly steady throughout the year with a small increase at evenings and weekends in the October to December 2017 period.

Number of contacts to GP extended hours services, by locality of the site of the service:							
Locality of site	Quarter	Weekday 8am-6pm	Weekday evenings 6pm-8pm	Weekend/Bank hol 8am-1pm	Contact outside of service hours	No date/time provided	Total
Durham Dales	Q1 2017/18	15	256	508	47	304	1,130
	Q2 2017/18	31	407	713	71		1,222
	Q3 2017/18	21	437	809	103		1,370
	Q4 2017/18	28	400	759	115		1,302
Durham Dales Total		95	1,500	2,789	336	304	5,024

8am – 6pm	320	80 hours
6pm – 8pm	120	30 hours
Weekend	120	30 hours
Total		140 hours per week

Appointment time used is 15 mins however please note many appointments take much longer than the 15 minutes allocated.

** GP Access standards set are required to provide 45 minutes by 1000 population – this equates to 69 hours required in additional capacity to meet the target

Locality	Raw List Size - 1 April 2018	Hours Per Week
Dales	91,857	68.89

Utilisation of this capacity varies by hub as follows:-

Practice	Utilisation rate Q1	Utilisation rate Q2	Utilisation rate Q3	Utilisation rate Q4	Utilisation rate Total
Bishop Auckland	75%	79%	101%	87%	86%
Stanhope	19%	23%	17%	24%	21%
Barnard Castle	21%	23%	16%	25%	21%

The figures include telephone calls as well as face to face appointments.

Cost per attendance

The table below shows the cost per attendance at each of the hubs:

Locality	Hub	Funding Weekday Service 6 pm to 8pm	Funding Sat and Sun Service 8am to 1pm	Total Funding	Activity	Cost per case
Dales	Barnard Castle	62,237	93,162	155,399	578	£ 268.86
	Bishop Auckland	84,548	93,162	177,710	2,988	£ 59.47
	Stanhope	62,237	93,162	155,399	439	£ 353.98
	Telephone contacts				1,019	
	Total	209,022	279,486	488,508	5024	£ 97.23

Funding was always higher for the Bishop Auckland hub as it was expected that there would be more staff working in that hub. It should be noted that this was the budget given to the provider as opposed to actual delivery costs and is used to provide the overall service. The data does suggest that the low utilisation rates of the rural hubs result in a very high cost per attendance which could not be considered value for money.

Impact of the changes on other services

Prior to implementation, an assessment was made at a geographical level based on the number of patients that may attend type 1 A&E services instead following the changes. A type 1 A&E department is a consultant led 24 hour service with full resuscitation facilities.

Data for April 2017 to February 2018 has been compared with the same period in the previous year and type 1 A&E attendances have increased by 3.1% (505).

The impact on type 3 attendances (MIU/Urgent Care Centres designed to treat illness/minor injury) has varied across the local sites. Type 3 attendances by Durham Dales locality patients have decreased by 44.7% (n. 9646). This is in line with the expected decrease given that sites would no longer see walk in attendances for minor illness. Minor injuries and GP out of hours services continue to be delivered from these sites. During the same period there have been over 4,500 attendances in the extended and enhanced primary care hubs.

Since implementation attendances at Darlington urgent care centre have increased by 32% or 536 attendances compared to the same period last year. Of this increase, c10% is during the day when practices are open and comes in the majority from the three Bishop Auckland town centre practices. An audit of these attendances was carried out and any issues addressed.

The majority of the growth in attendances in Darlington was in the out of hours period and are as a result of staffing issues in the GP out of hours service. The actions being undertaken to address this have been stated previously in this paper.

Patient engagement feedback

From the information gathered via the surveys, Bishop Auckland is the busiest site with the majority of people attending on a weekend.

The main reasons people attended was they felt they got a better service/it was easier to get an appointment, they couldn't get a GP appointment or the practice was closed. This was not unexpected as the additional service covered the period when their practice is usually closed.

The majority of patients got an appointment via NHS 111 and had a positive experience of the service. When asked about their opinion on the sites, very few people chose to answer and therefore it is difficult to be able to gain a strong view from the remaining responses. Most people would be prepared to travel around 10-15 miles to a PCS service. The majority found that the current opening times are convenient and didn't think the service could be improved.

Views from practices

A summary of service activity data and patient feedback was shared with the practices in the monthly commissioning meeting. A survey was also issued to practices to capture any views that practices wanted to be considered. Due to conflicts of interest (as providers of the current services) practices are not able to make a decision on service configuration. However their views based on population needs and the information provided was sought and is shown below.

During the week practices have requested that all patients are seen in their own practices with an overflow service provided to support practices. This could include pre booked appointments and support in times of surge.

During weekday evenings and at weekends, practices felt that patient need would be best met with one central hub in the Bishop Auckland area. This matched local pharmacy provision and demand.

Practices considered the patient feedback on distance that patients would be prepared to travel and felt that one central hub would not necessarily cause access issues as patients were previously used to having one central hub in that area.

However, practices felt that there needed to be an outreach service including home visits for the rural areas, with a particular focus on housebound patients where ability to travel may be a barrier to access for some.

Transport and access for patients

The distances between hubs are shown in the table below.

Dales locality distance between hubs	
Richardson Hospital to Bishop Auckland Hospital	13.4 miles
Weardale Practice to Bishop Auckland Hospital	10.9 miles
Richardson Hospital to Weardale Practice	16.3 miles

As part of the engagement we asked patients if they would be prepared to travel and how far

Easington		Dales		Sedgefield		Total	
Yes	451	Yes	92	Yes	90	Yes	633
No	131	No	20	No	2	No	153
No comment	47	no comment	2	No comment	27	No Comment	76
To A&E Only	2	To A&E Only	4	To A&E Only	1	To A&E Only	7
Up to 5 miles	179	Less than 5 miles	6	Less than 5 miles	8	Up to 5 miles	193
5-10 miles	135	5 miles	13	5 miles	22	5-10 miles	225
10-15 miles	81	10 miles	36	10 miles	19	10-15 miles	111
20+ miles	11	15 miles	23	15 miles	7	20+ miles	31
No comment	221	20+ miles	11	20+ miles	9	No comment	295
		No comment	21	No comment			862

As well as public transport, the CCG commissions the Durham Urgent Care Transport Service (DUCT). The DUCT service provides transport for any patients that are unable to attend an urgent appointment. All patients that are booked to attend services via NHS111 will be asked if they have access to transport to attend an appointment and if necessary transport will be booked. Those booked to attend via the hubs or the practices also have access to transport booking.

Other known issues to be considered

Pharmacy provision is limited at evenings and weekends in the rural areas.

Access to planned appointments for shift workers or those working away was highlighted during the previous public consultation

The current service provides additional access for unplanned appointments whereas the

national extended access requirements include the ability to pre book appointments.

The patient reference groups for the Dales have expressed support for service changes following discussions in their practice and locality groups.

Options appraisal

Option	Advantages	Disadvantages
1. No changes to current service delivery	Maintains status quo Provides access equally across the area Public support for services in rural areas	Poor value for money Staff morale and retention issues Unable to have a GP on all sites due to availability/funding Public perception of value for money of services
2. Reduce to two sites (Bishop Auckland and one rural site)	Provides more access in the rural areas Public support for services in rural areas	Poor value for money Staff morale and retention issues Unable to have a GP on all sites due to availability/funding Public perception of value for money of services Difficulty identifying the rural site due to geography
3. Reduce to one site (Bishop Auckland)	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Easier for patients to understand available services Easier for NHS111 to signpost patients Close to MIU and out of hours service Provides value for money	Distance to travel for rural patients Difficulties with access for frail/house bound patients Patient perception of loss of services in rural areas
4. Reduce to one site (Bishop Auckland), but change/extend weekend opening hours	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Easier for patients to understand available services Easier for NHS111 to signpost patients Close to MIU and out of hours service Offers more patient choice	Distance to travel for rural patients Difficulties with access for frail/house bound patients Patient perception of loss of services in rural areas Duplication of service with the Urgent Treatment Centre/Out of Hours service
5. Reduce to one site (Bishop Auckland) with outreach services for frail/housebound patients	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Improves access for housebound patients, but is more value for money Easier for patients to understand available services Easier for NHS111 to signpost patients Close to MIU and out of hours service Provides value for money	Distance to travel for non- house bound rural patients Patient perception of loss of services in rural areas

Dales Recommendations

Based on the current utilisation data and patient feedback it is proposed that changes are made to service delivery.

Of the options considered above, option 5 is the recommended option as it will deliver a service meeting a range of needs including frail and housebound patients in the rural areas, but also be better value for money. In addition to this it is proposed that engagement is

carried out with local patients on the inclusion of planned appointments in the service and any other services that patients feel could be delivered from the Bishop Auckland hub.

It is recommended that the outcome of the review and the preferred alternative service model is presented to the OSC committee. Following this an outline consultation approach will be developed to support the development of final service configuration and seek patient views on the potential changes. The consultation plan to be developed will be shared with the OSC for review, comment and input.

Current Service in Sedgfield

In the Sedgfield locality, the Primary Care Services are offered from 6-8pm Monday to Friday and 8am -1pm on a Saturday and Sunday.

Service are delivered from ;

- Skerne Medical Centre – Sedgfield
- Jubilee Medical Centre – Newton Aycliffe
- Spennymoor Healthcentre – Spennymoor

When the service changed from 1st April 2017, there was a significant increase in capacity in Sedgfield with the opening of three hubs at evening and weekends.

Prior to the PCS, there had been no Urgent Care Centres in that area although there had been extended weekend opening for the two previous years.

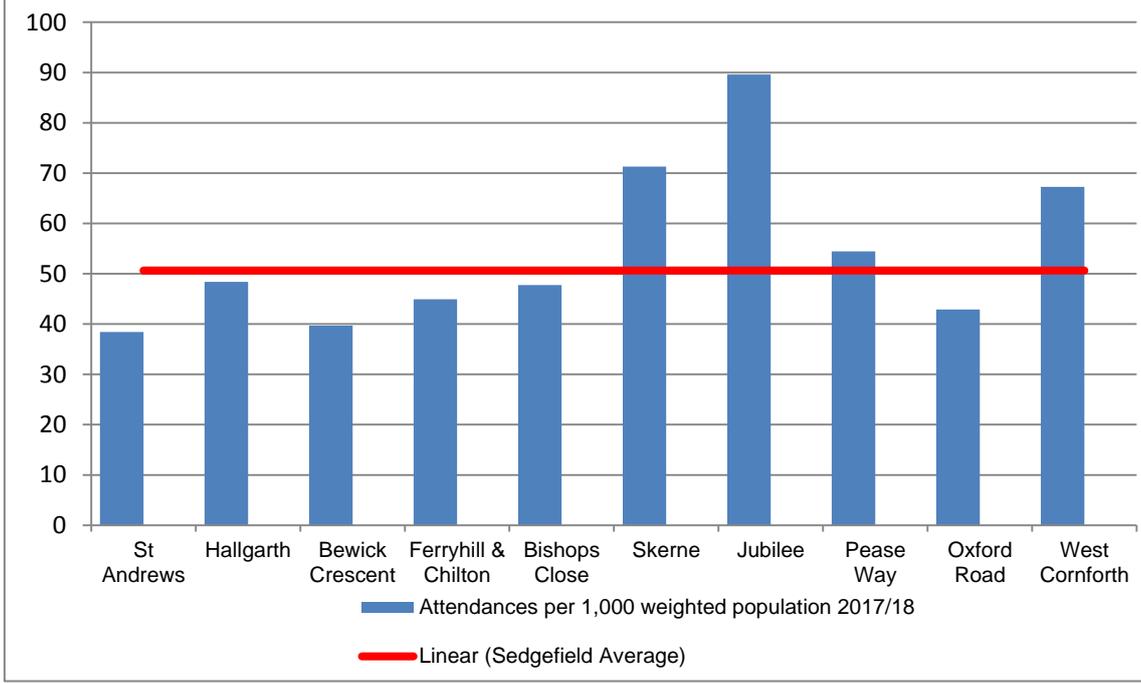
Use of primary care extended access services

The table below shows the number of patients accessing services throughout 2017/18. The data suggests that activity has been fairly steady throughout the year with an increase at evenings and weekends in the last 2 quarters.

Actual usage of services

Locality of site	Quarter	Weekday 8am-6pm	Weekday evenings 6pm-8pm	Weekend/Bank hol 8am-1pm	Contact outside of service hours	No date/time provided	Total
Sedgfield	Q1 2017/18	98	313	814	54	1	1,280
	Q2 2017/18	73	386	896	52		1,407
	Q3 2017/18	80	418	1,100	42	8	1,648
	Q4 2017/18	52	372	1,010	39		1,473
Sedgfield Total		303	1,489	3,820	187	9	5,808

**Attendances at Extended Access Hubs for Sedgefield Practices
2017/18 per Weighted Population**



Hub activity

Activity data has shown that now there is an average of:

Per weekday evenings 6pm-8pm 6 per evening
 Weekend / bank holiday 8am-1pm 75 per weekend

This includes data for all three hubs.

Capacity provided

When the service changes were made in April 2017, work was undertaken to ensure that sufficient capacity was available. The additional capacity that was commissioned in the Sedgefield locality, which includes additional core primary care activity during weekdays plus the additional evening and weekend capacity is set out below:

Additional hours service per week

Hours	appointments	Total hours provided per week
8am – 6pm	88	22 hours
6pm – 8pm	105	26 hours
Weekend	108	27 hours
Total		75 hours

Appointment time used is 15 mins however please note many appointment take much longer than the 15 minutes allocated.

** GP Access standards set are required to provide 45 minutes by 1000 population – this equates to 73 hours required in additional capacity to meet the target.

Locality	Raw List Size - 1 April 2018	Hours Per Week
Sedgefield	97,525	73.14

Utilisation of this capacity varies by hub as follows:-

Hub	Utilisation rate Q1	Utilisation rate Q2	Utilisation rate Q3	Utilisation rate Q4	Utilisation rate Total
Newton Aycliffe	55%	66%	75%	60%	64%
Sedgefield	22%	25%	26%	25%	24%
Spennymoor	48%	47%	57%	51%	51%

The figures include telephone calls as well as face to face appointments

Cost per attendance

The table below shows the cost per attendance at each of the hubs:

Locality	Hub	Mon to Fri 6pm to 8pm	Sat and Sun 8am to 1pm	Total	Activity	Cost per case
					17/18 12 months	
Sedgefield	Sedgefield	62,237	93,162	155,399	959	162.04
	Spennymoor	62,237	93,162	155,399	1,987	78.21
	Newton Aycliffe	62,237	93,162	155,399	2,522	61.62
	Unknown site			0	340	
	Total			£466,197	5808	80.27

Impact of the changes on other services

Prior to implementation, an assessment was made at a geographical level based on the number of patients that may attend type 1 A&E services instead following the changes. A type 1 A&E department is a consultant led 24 hour service with full resuscitation facilities. Data for April 2017 to February 2018 has been compared with the same period in the previous year and type 1 A&E attendances have reduced by 4.2% (863).

The impact on type 3 attendances (MIU/Urgent Care Centres designed to treat illness/minor injury) has varied across the local sites. Type 3 attendances by Sedgefield locality patients have decreased by 24.9% (n. 3,181). This is in line with the expected decrease given that sites would no longer see walk in attendances for minor illness. Minor injuries and GP out of hours services continue to be delivered from these sites. During the same period there have been over 5,200 attendances in the extended and enhanced primary care hubs.

Patient Engagement feedback

From the information gathered Spennymoor had the highest return of surveys, with the majority of people attending after 6pm and on a weekend. The main reasons why patients attended was because they couldn't get an appointment with their GP / or their GP practice was closed.

The majority of patients got an appointment via NHS 111 and said their experience of the service was good or great.

When asked about their opinion on changing the number of sites, 37% of those who had commented, said that they would be happy with change as long it was somewhere convenient. 84% of patients who commented, stated they would travel 5+ miles to a PCS service, with 53% of those happy to travel 10+ miles. 87% of patients felt that the current opening times are convenient.

The majority of respondents did not think there was a better way to deliver PCS and did not comment on whether they thought that the service could be improved.

Views from practices

A summary of service activity data and patient feedback was shared with the practices in the monthly commissioning meeting. A survey was also issued to practices to capture any views that practices wanted to be considered. Due to conflicts of interest (as providers of the current services) practices are not able to make a decision on service configuration.

During weekdays practices felt that there should be either no or a limited overflow hub in place to provide urgent appointments. There were concerns raised that the NHS111 service may book patients into the overflow hub without trying to book into the practices first.

There was an initial consensus in the practice meeting that only one hub was required on weekday evenings and two hubs at weekends based in Newton Aycliffe and Spennymoor based on total activity levels. Views subsequently expressed via a practice survey suggested that there were differing views and activity volumes were revisited and a further discussion with practices was scheduled.

Activity data suggested that there was almost equal activity in the Northern hub (Spennymoor) and Southern hub (Newton Aycliffe). Transport links between these two areas were considered and it was felt that one hub (either North or South) would not provide adequate coverage for the population. Transport links between the North and South of the locality were poor therefore moving to one hub would make access difficult for patients.

Practices recognised that activity in the Sedgefield hub was low and often the hub staff were utilised dealing with telephone calls and that there was no demand for the evening hub in that area on week nights.

Taking this into account practices felt that two hubs would be necessary during weekday evening and three hubs at weekends as there was a risk that Sedgefield patients may need to travel to Stockton to access Tees services without a local weekend service.

Practices felt that additional planned access would be difficult to coordinate, but were interested in the views of patients as to what else could be delivered from the hubs whilst they were open.

Capacity calculations and assumptions based on Q4 per locality based on peak hour of demand

Sedgefield weekday activity	
Average daily demand peak hour	3.3 appointments

	per hour
Sedgefield weekend and bank holiday	
Average daily demand peak hour	9.1 appointments per hour

Transport and access for patients

Sedgefield Locality distance between hubs		
Skerne Medical Practice	St Andrews Medical Practice	9.2 miles
Skerne Medical Practice	Jubilee Medical Centre	7.3 miles
St Andrews Medical Practice	Jubilee Medical Centre	7.2 miles

As well as public transport, the CCG commissions the Durham Urgent Care Transport Service (DUCT). The DUCT service provides transport for any patients that are unable to attend an urgent appointment. All patients that are booked to attend services via NHS111 will be asked if they have access to transport to attend an appointment and if necessary transport will be booked. Those booked to attend via the hubs or the practices also have access to transport booking.

Other known issues to be considered

Pharmacy provision is limited at evenings and weekends.

Access to planned appointments for shift workers or those working away was highlighted during the previous public consultation and from practices.

The current service provides additional access for unplanned appointments whereas the national extended access requirements include the ability to pre book appointments.

Options - advantages and disadvantages

Option	Advantages	Disadvantages
1. No changes to current service delivery	Maintains status quo Provides access equally across the area Public support for services	Poor value for money Staff morale and retention issues Unable to have a GP on all sites due to availability/funding Public perception of value for money of services
2. Reduce to one site (Newton Aycliffe) – overflow and 6-8 through the week and weekend	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Easier for patients to understand available services Easier for NHS111 to signpost patients Provides value for money	Distance to travel Difficulties with access for frail/housebound patients Patient perception of loss of services
3. Reduce to two sites (Newton Aycliffe / Spennymoor)	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Easier for patients to understand available services	Distance to travel Difficulties with access for frail/housebound patients Patient perception of loss of services Duplication of service with the

	Easier for NHS111 to signpost patients Offers more patient choice Provide booked appointments Provides value for money	Urgent Treatment Centre/Out of Hours service
4. Reduce to one site (Newton Aycliffe) with home visiting outreach services for frail/housebound patients for all time	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Improves access for housebound patients, but is more value for money Easier for patients to understand available services Easier for NHS111 to signpost patients Provides value for money	Distance to travel for non-housebound rural patients Patient perception of loss of services
5. Reduce two two sites (Spennymoor and Newton Aycliffe) during weekday evening and retain three sites at weekends	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Easier for patients to understand available services Easier for NHS111 to signpost patients Offers more patient choice Provide booked appointments Provides value for money Offers local capacity at weekends and an alternative to hospital based services	Patient perception of loss of services

RECOMMENDATIONS

Based on the current utilisation data and patient feedback it is proposed that changes are made to service delivery.

Of the options considered above, option 5 is the recommended option as it will deliver a service meeting a range of needs and reflects the high demand for services in each area, but also be better value for money. In addition to this it is proposed that the service operates with an element of additional access of planned appointments. This includes day time small scale overflow to flex up and down in times of surge, two hubs 6-8pm Monday to Friday and three hubs at weekends and bank holidays.

It is recommended that further discussion takes place with the Sedgfield locality to discuss this due to the differing views across the locality and to understand if it would be appropriate to have any outreach arrangements in place in Sedgfield village.

It is recommended that the outcome of the review and the preferred alternative service model is presented to the OSC committee. Following this an outline consultation approach will be developed to support the development of final service configuration and seek patient views on the potential changes. The consultation plan be developed will be shared with the OSC for review, comment and input.

Current services in Easington

In the Easington locality, the Primary Care Services are offered from 8am – 8pm Monday to Friday and 8am -1pm on a Saturday and Sunday.
Service are delivered from ;

- Healthworks – Easington
- Peterlee Health Centre – Peterlee
- The Primary Care Centre – Seaham

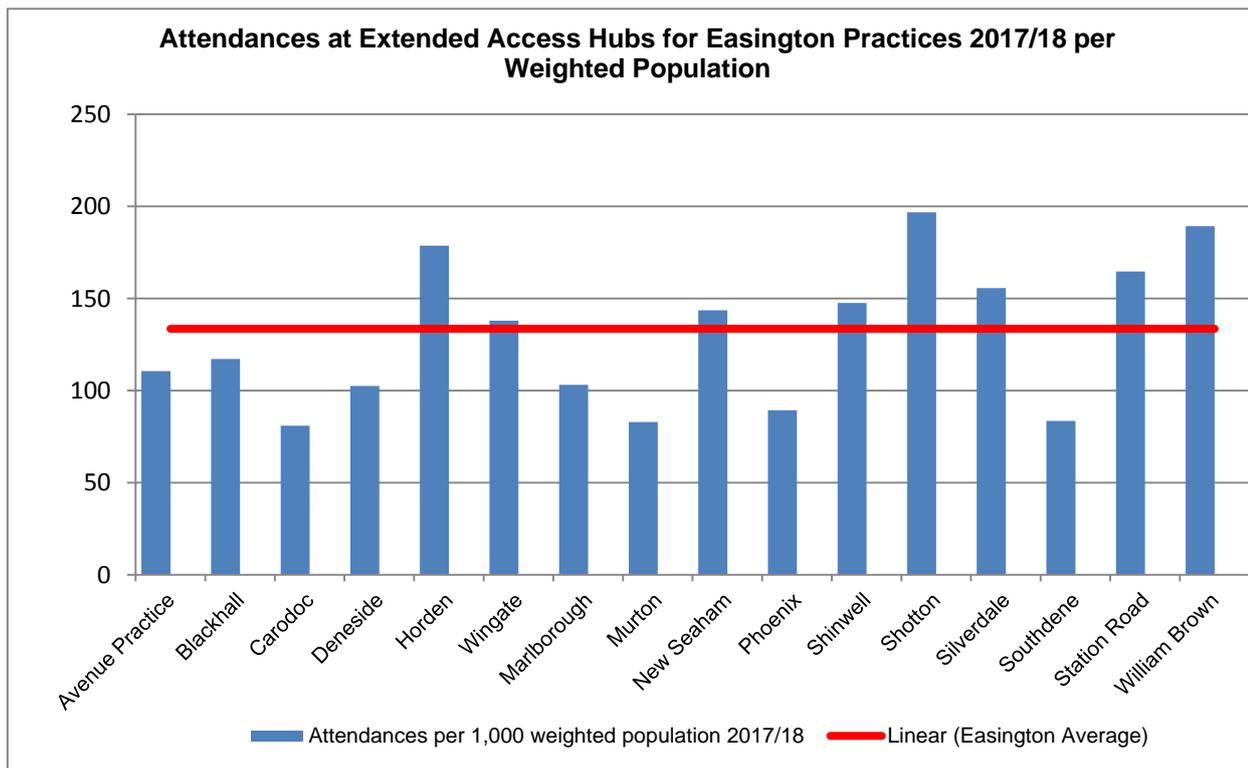
Use of primary care extended access services

The table below shows the number of patients accessing services throughout 2017/18. The data suggests that activity has been fairly steady throughout the year on weekdays 6pm – 8pm however has significantly increased during the day, weekdays in the last 2 quarters. Quarter 3 saw the most activity in October through to December (noting December had several bank holidays).

Number of contacts to GP extended hours services by locality of the site of the service

Number of contacts to GP extended hours services, by locality of the site of the service:							
Locality of site	Quarter	Weekday 8am-6pm	Weekday evenings 6pm-8pm	Weekend/Bank hol 8am-1pm	Contact outside of service hours	No date/time provided	Total
Easington	Q1 2017/18	2,110	746	1,233	82		4,171
	Q2 2017/18	1,854	715	1,187	95		3,851
	Q3 2017/18	2,306	990	1,285	135		4,716
	Q4 2017/18*	2,152	889	949	100		4,090
Easington Total		8,422	3,340	4,654	412		16,828

Attendance levels vary by practice as shown in the chart below:



Hub activity

Activity data has shown that there is an average of:

Per weekday 8am -6pm 34 per day
 Per weekday evenings 6pm-8pm 14 per evening
 Weekend / bank holiday 8am-1pm 97 per weekend

This is across all 3 hubs.

Capacity provided

When the service changes were made in April 2017, work was undertaken to ensure that sufficient capacity was available. The additional capacity that was commissioned is set out below:

Additional hours service provided per week

Hours	Total	Additional hours per week
8am – 6pm	860 appointments	215 hours
6pm – 8pm	140 appointments	35 hours
Weekend	162 appointments	40.5 hours
Total		290.5 hours

* Appointment time used is 15 mins however please note many appointment take much longer than the 15 minutes allocated.

** GP Access standards set are required to provide 45 minutes by 1000 population – this equates to 77 hours required in additional capacity to meet the target

Locality	Raw List Size - 1 April 2018	Hours Per Week
Easington	102,650	76.99 hours

Utilisation of this capacity varies by hub as follows: -

Hub site	Utilisation rate Q1	Utilisation rate Q2	Utilisation rate Q3	Utilisation rate Q4	Utilisation rate Total
Peterlee	38%	41%	46%	43%	42%
Easington	29%	22%	27%	29%	27%
Seaham	19%	19%	29%	30%	23%

These figures include telephone calls as well as face to face appointments. GPs are not included in the capacity to calculate %, just ANPs. GPs have to be available as part of the commissioned service whether they are needed or not, so a bit confusing for usage calculations. They are not included in published slots, but are there as a backstop if patients need a second opinion of a GP or ANPs need advice.

Cost per attendance

The table below shows the cost per attendance at each of the hubs:

Hub	Weekday Service 8am to 6pm	weekday service 6pm - 8pm	Funding Sat and Sun Service 8am to 1pm	Total Funding	Activity	Cost per case
Easington	410,964	84,548	125,514	621,026	4747	132.82
Peterlee	410,964	84,548	93,162	588,674	8885	66.25

Seaham	295,183	62,237	93,162	450,582	3196	140.98
Total	1,117,111	231,333	311,838	1,660,282		98.66

Impact of the changes on other services

Prior to implementation, an assessment was made at a geographical level based on the number of patients that may attend type 1 A&E services instead following the changes. A type 1 A&E department is a consultant led 24 hour service with full resuscitation facilities. Data for April 2017 to February 2018 has been compared with the same period in the previous year and type 1 A&E attendances have reduced by 3.5% (721).

The impact on type 3 attendances (MIU/Urgent Care Centres designed to treat illness/minor injury) has varied across the local sites. Type 3 attendances by Easington locality patients have decreased by 65.2% (n. 22,890). This is in line with the expected decrease given that sites would no longer see walk in attendances for minor illness. Minor injuries and GP out of hours services continue to be delivered from these sites. During the same period there have been over 15,300 attendances in the extended and enhanced primary care hubs.

Patient engagement feedback

From the information gathered via the surveys, Peterlee is the busiest site with the majority of people attending between 8am and 6pm. The main reasons why patients attended was because they couldn't get an appointment with their GP or it was out of hours.

The majority of patients got an appointment via NHS 111 and had a positive experience of the service.

When asked about their opinion on the sites, 47% of those that commented said they would be happy with change.

The majority of people would be prepared to travel around 5-15 miles to a PCS service and said that the current opening times are convenient and the majority did not comment on whether they thought that the could be improved

Views from practices

A summary of service activity data and patient feedback was shared with the practices in the monthly commissioning meeting. A survey was also issued to practices to capture any views that practices wanted to be considered. Due to conflicts of interest (as providers of the current services) practices are not able to make a decision on service configuration. However their views based on population needs and the information provided was sought and is shown below.

During the week 8am – 6pm practices felt that patients should be seen in their own GP practices with 1 hub operating as an overflow service from 12 noon – 8pm.

This service could potentially offer more support to general practice around; a home visiting model, telephone triage support, planned appointments, support in times of surge with the capacity to flex up and down based on demand.

During weekday evenings 6pm – 8pm, practices felt 1 hub would be required and should be

included in the above overflow arrangements. Preferred location of the hub most commonly reflected the area the practice was based in.

During weekends and bank holidays practices felt that 2 hubs were needed suggesting sites at Peterlee and Seaham due to issues patients have around transport getting from Seaham to Peterlee. Easington practices felt that Easington should be considered as a site for a weekend hub.

Capacity calculations and assumptions based on Q4 per locality based on peak hour of demand

weekday activity	
Average daily demand peak hour	8.5 appointments
weekend and bank holiday activity	
Average daily demand peak hour	13.7 appointments

** These figures are minimum calculations

Q3 will have had higher peaks due to winter/ seasonal pressures. 4 slots per hour in the calculation above does not allow for staff breaks, overruns for complex cases, shut down time in last hour of day.

Daily variation is lost in this quarterly average – there can be peaks on particular days of the week or randomly on days of the year.

Staffing levels would need to be higher than the minimum to ensure resilience to the above factors affecting fluctuations in demand and capacity that can be offered.

Transport and access for patients

The distances between hubs are shown in the table below.

Easington Locality Distances between hubs		
Peterlee Health Centre	Seaham Primary Care Centre	7.8 miles
Peterlee Health Centre	Intrahealth @ Healthworks	2.9 miles
Intrahealth @ Healthworks	Seaham Primary Care Centre	5.7 miles

As well as public transport, the CCG commissions the Durham Urgent Care Transport Service (DUCT). The DUCT service provides transport for any patients that are unable to attend an urgent appointment. All patients that are booked to attend services via NHS111 will be asked if they have access to transport to attend an appointment and if necessary transport will be booked. Those booked to attend via the hubs or the practices also have access to transport booking.

Other known issues to be considered

Historically there has always been strong support for services in the locality and an expectation from patients as multiple services have been provided for many years.

Pharmacy provision is limited at evenings and weekends.

Access to planned appointments for shift workers or those working away was highlighted during the previous public consultation and from practices.

The current service provides additional access for unplanned appointments whereas the national extended access requirements include the ability to pre book appointments.

The majority of practices do not support the current service delivery model

Options appraisal

Option	Advantages	Disadvantages
1. No changes to current service delivery	Maintains status quo Provides access equally across the area Public support for services	Poor value for money Staff morale and retention issues Unable to have a GP on all sites due to availability/funding Public perception of value for money of services Practices do not want the services as they are
2. Reduce to two sites with no overflow and no additional services	Provides more access across the locality Public support for services Creates capacity split equitably	Poor value for money Staff morale and retention issues Unable to have a GP on all sites due to availability/funding GP practice may struggle with same day access GP practices may struggle to provide appointments and access in times of surge Not equitable for housebound patients and those pts not able to travel to services
3. Reduce to one site with no overflow and no additional services	Provides one service for patients therefore easier to navigate Easy to communicate Easier to staff	Staff morale and retention issues GP practice may struggle with same day access GP practices may struggle to provide appointments and access in times of surge Not equitable for housebound patients and those pts not able to travel to services
4. Reduce to two sites on a weekend and one overflow through the week 12 noon – 8pm with additional capacity and services created	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Easier for patients to understand available services Easier for NHS111 to signpost patients Close to MIU and out of hours service Provides value for money Provides access for frail and house bound pts Provides a home visiting element Provides a backup service for general practice	Poor value for money Staff morale and retention issues Unable to have a GP on all sites due to availability/funding Public perception of value for money of services Difficulty identifying the site due to geography
5. Reduce to one site on a weekend and one overflow through the week 12 noon – 8pm	Improves staff morale and retention GP and practitioner cover on one site creating more capacity Access to pharmacy close by Easier for patients to understand	Distance to travel Patient perception of loss of services

with additional capacity and services created	available services Easier for NHS111 to signpost patients Close to MIU and out of hours service Provides value for money Provides access for frail and house bound pts Provides a home visiting element Provides a backup service for general practice		
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Recommendations

Based on the current utilisation data and patient feedback it is proposed that changes are made to service delivery.

Of the options considered above, option 4 is the recommended option as it will deliver a service meeting a range of needs, but also be better value for money. In addition to this it is proposed that the service operates with an element of additional access of planned appointments and still provides an outreach provision across the locality.

It is recommended that the outcome of the review and the preferred alternative service model is presented to the OSC committee. Following this an outline consultation approach will be developed to support the development of final service configuration and seek patient views on the potential changes. The consultation plan be developed will be shared with the OSC for review, comment and input.

Summary

This business case must be read in conjunction with the engagement report which details the public engagement that has taken place to date.

Based on the patient feedback received and the willingness to travel, practices views, utilisation rates of services and the average demand per hour we are recommending the following as a summary;

Durham Dales

That practices will continue to take all day same day access activity and provide overflow for weekday activity via one central hub per locality (the town with the highest demand would be suggested).

We recommend the overflow hub would cover all weekday evening activity and provide a service on a weekend and bank holidays; all services should be available to NHS 111 to book in direct appointments. In addition the service should provide an outreach service for housebound patients, those most vulnerable including home visiting and access for those in the rural areas and areas outside of the main towns.

Sedgefield

That practices will continue to take all day same day access activity and provide overflow for weekday activity via one central hub per locality (the town with the highest demand would be suggested).

We recommend two hubs are in place during evenings (Spennymoor and Newton Aycliffe) three at weekends/bank holidays (Spennymoor, Newton Aycliffe and Sedgefield).

Easington

That Easington practices will start to take all same day access activity however provide an overflow service for weekday activity via one central hub operating from 12 noon until 8pm (the town with the highest demand and transport links would be suggested).

We recommend the overflow will cover all weekday evening activity and provide a service on a weekend and bank holidays; all services should be available to NHS 111 to book in direct appointments. In addition the service should provide an outreach service for housebound patients, those most vulnerable including home visiting and access for those in other towns that currently have a service.

We recommend two hubs are in place during weekends/bank holidays sited in Peterlee and one other area, but that further engagement is done with Easington practices and patients to understand any further outreach arrangements required.

The CCG would also recommend that all localities include some pre booked capacity to meet the GP access standards and provides at least the minimum level of access based on the standards. We would also promote the use of our transport facilities more widely to patients and the practices to ensure that patients can access centralised services.

It is proposed that a 6-8 week consultation is undertaken with patients/public/stakeholders and hat this covers the whole DDES population, but focusses on the areas where change is proposed.

Next Steps

The following is required:

Development of a comprehensive communications and engagement plan including liaison with key stakeholders e.g. Healthwatch, Patient Reference Groups including the development of options to be consulted on

Commence discussions with the current providers on potential service changes

Briefing the CCG Governing Body on the proposed consultation process

Recommendations

The Executive Committee is asked to:

- Consider the case for change to the current service model
- Note the views of patients in relation to current services contained in the engagement report alongside this business case
- Support the recommendations contained in this report
- Note the intention to present this report to the Health OSC with the recommendation that a formal consultation is undertaken to discuss the proposals with patients and stakeholders.
- Note the intention to share this report with the Governing Body for information.
- Note that a consultation and engagement plan will be developed and

presented to the executive committee for consideration before it is presented to the OSC for comment/input/advice

- Note the intended consultation period (6-8) which will be confirmed following discussion with OSC

Authorised and supported by

Sarah Burns – Sponsor Director and Director of Commissioning
DDES CCG

Date – June 2018