

## **Health Overview & Scrutiny Committee - 30 October 2009**

***How are primary care out of hours services currently provided and what plans does NHS West Kent have to develop these services in the future?***

### **1. Current Service**

- 1.1 The primary care out of hours service is delivered by two providers, the PCT Provider in the North of the PCT and South East Health (formerly On Call Care) in the South of the PCT. The two providers deliver different services to their localities as a result of historic legacy arrangements that persist despite the creation of NHS West Kent. The triage models used by each provider result in significant differences in patient outcomes, for example the percentage of calls ending with telephone advice ranges from 39% in the North to 51% in the South. Whilst it appears that the two services deliver effective out of hours provision there is limited connection between the providers and inadequate transparency of the value for money received.
- 1.2 Out of hours services are available to patients who need to see their GP urgently at night, on bank holidays or weekends. When patients ring their GP practice during these times they are usually re-directed automatically to the out of hours service. This service provides patients with telephone advice, the option to come to a base to see a GP or a home visit by a GP if this is thought necessary. Out of hours bases in West Kent are located in A&E at Maidstone Hospital and Darent Valley Hospital and within community hospitals and a health clinic.
- 1.3 Alongside the out of hours base in Maidstone Hospital, there is currently a pilot emergency primary care service in A&E. Here GPs work alongside A&E staff to manage patients attending with primary care conditions. The out of hours service and the pilot emergency primary care service are not currently fully integrated.

### **2. Case for Change**

- 2.1 The National Audit Office review of out of hours care in 2006<sup>1</sup> compared the value for money delivered by providers and found that there was a difference of £3.20 per head per patient. A subsequent review by South East Audit concluded that the current situation of two providers does not deliver clear value for money nor demonstrate economies of scale.
- 2.2 The contract for South East Health expired in April 2007 and has been extended since that time. This is not an acceptable position for the PCT to hold and this cannot be resolved without undertaking a competitive tendering exercise.
- 2.3 The current out of hours services are not in line with the vision for World Class Commissioning which states that services should deliver better care for all by being evidence-based and of the best quality, and services should deliver better value for all through investment decisions that are made in an informed and considered way, ensuring that improvements are delivered within available resources.

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<sup>1</sup> National Audit Office: The Provision of Out-of-Hours Care in England, 2006.

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- 2.4 Audits in A&E departments have shown that between 20% and 60% of patients attending A&E could instead be treated within a primary care service. A similar audit in NHS West Kent found that 60% of people attending A&E were presenting with primary care conditions, such as sprains, and skin conditions. By attending A&E, many of these people are then drawn into the secondary care system. Studies have shown that A&E staff who treat patients with primary care needs refer patients more frequently than GPs for investigations such as blood tests and X-rays, and make more frequent referrals to specialist teams, all of which can lead to increased admissions and use of outpatient clinics<sup>2</sup>. In addition, primary care professionals are best placed to ensure that patients with primary care needs receive continuity of care, are supported to improve self-care and are directed to appropriate community services.
- 2.5 The recently published Healthcare Commission review of urgent and emergency care services<sup>3</sup> rated the performance of NHS West Kent as Better Performing. This assessment shows that the PCT has the highest rating for Management of all PCTs in the South East Coast Strategic Health Authority area, however it has the lowest rating for 'Integration and Effectiveness'.

### **3. Service Model development**

- 3.1 A strategic commissioning review was undertaken from June 2008 to February 2009 and included
- A review of urgent care policy drivers
  - Stakeholder engagement - patients, public, clinicians, and other professionals including social care and children's services
  - Health needs assessment
  - Review of the primary care out of hours services and the emergency (GP) primary care service pilot in Maidstone Hospital
  - Market assessment
  - Options appraisal
  - Development of a commissioning plan and business case
- 3.2 Wide stakeholder engagement was undertaken including a professional survey distributed to 328 GPs and 90 other professionals and a public survey distributed to 450 of NHS West Kent's Health Network as well as directly to Black Minority Ethnic groups in West Kent. Two further surveys were carried out at Maidstone Emergency Care Centre. In total 1,212 responses were received. The key messages from the consultations are

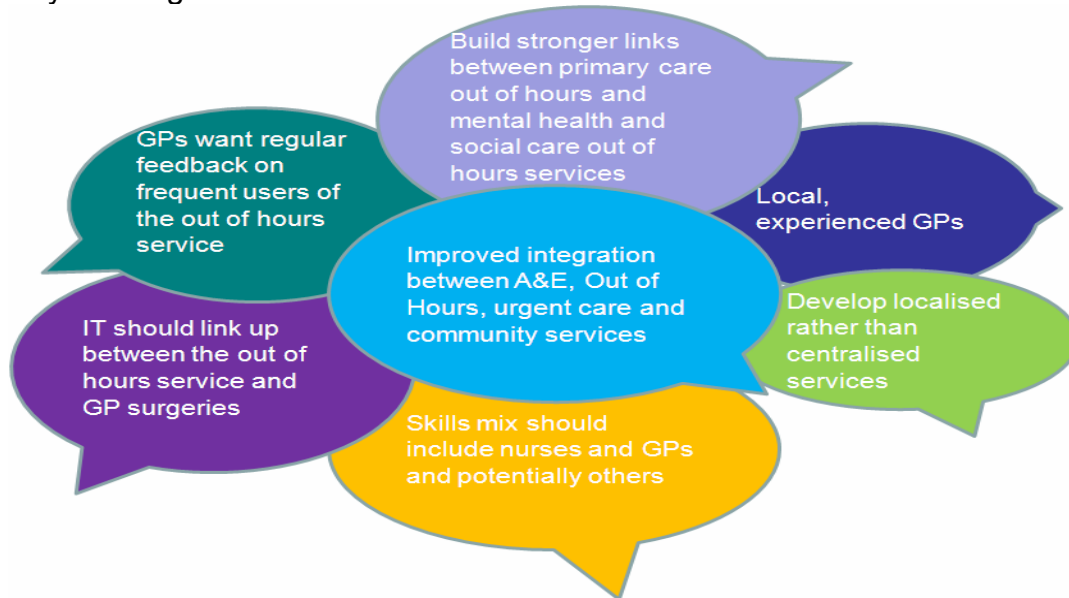
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<sup>2</sup> Dolan, B & Holt, L (Eds). Accident & Emergency: Theory into Practice, 2000. (Crouch, R. Primary Care: the A&E Dimension, Chapter 32).

<sup>3</sup> Healthcare Commission: Not Just a Matter of Time - A review of urgent and emergency care services in England, September 2008.

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## Key messages from clinicians and staff:



## Key messages from patients and the public:



3.3 Using the feedback from stakeholders and the public as well as analysis of the current services and market place, three potential models were recommended to the PCT Board. These were;

Model 1: Primary Care Out of Hours Service

Model 2: Integrated Primary Care Out of Hours and Emergency Primary Care Service in A&E

Model 3: Integrated Primary Care Out of Hours, Emergency Primary Care and Community Care Services

3.4 All stakeholders agreed that commissioning a single GP out of hours service for NHS West Kent would not deliver the level of service as the current provision. The GP out of hours services across the PCT have been enhanced since being established to incorporate elements of urgent primary care, in the form of a GP Emergency Primary care front end pilot at Maidstone Hospital and a nurse led urgent care centre (UCC) at Darent Valley Hospital. Whilst there was enthusiasm to develop a fully integrated out of hours, urgent care and community care service this was considered too complex to be attempted in a single stage. The preferred proposal to the PCT Board was therefore that the PCT commissions an integrated primary care OOH and emergency primary care service in the A&E Departments at Maidstone Hospital, Darent Valley Hospital and the new Pembury Hospital when it is completed.

3.5 The PCT project team developed an outcomes-based service specification and a set of key performance indicators (KPIs) in conjunction with stakeholders and developed a business case, which received PCT Board approval in June 2009. PCT commissioners, A&E clinicians and A&E management in the acute trusts have since agreed the specification for the emergency primary care service in A&E as well as governance arrangements, and final discussions are now taking place between the PCT and acute trust management concerning new contract terms.

3.6 In August, following approval of the business case for the integrated primary care OOH and emergency primary care service in the A&E departments, NHS West Kent initiated a procurement process to commission a single provider across West Kent. The new service will start in April 2010.

#### **4. Benefits**

4.1 The procurement of an integrated primary care out of hours service and emergency primary care service in A&E is expected to deliver:

- Improved integration between out of hours and emergency primary care and with in-hours GPs, community health, social care, voluntary sector and independent sector services
  - Improved support for people with long-term conditions and palliative care needs
  - Successful and consistent outcomes for patients with similar needs
  - Improved patient experience
  - An integrated service to shift care closer to home
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- A reduction in health inequalities in line with PCT public health plans e.g. by referring patients to smoking cessation and weight management support
- Informed choice (through education) and appropriate use of services
- Improvements in older people's health and well-being by preventing avoidable hospital admissions and improving continuity of care, self-care and directing older people to appropriate community services
- A reduction in A&E attendances and inappropriate non-elective admissions
- A reduction in avoidable 0-1 day admissions
- Support to A&E to deliver the 4-hour A&E target
- Improved real time information sharing with primary and community care
- Improved monitoring information to commissioners relating to patient activity, quality of care and patient behaviours and experience.

4.2 The current Emergency Primary Care Service in Maidstone ECC has demonstrated that GPs admit fewer patients than A&E staff for the top 10 conditions seen by GPs during the first year of the pilot. The service has also led to attendance savings. By commissioning an integrated OOH and primary care service in the A&Es it is anticipated that through economies of scale and a more integrated approach to service provision that the overall cost of the service should be reduced.