

**Briefing on GP out-of-hours service and redesign of community services for the NHS Swale Clinical Commissioning Group area**

**1. Introduction**

- 1.1 GP out-of-hours (OOH) services for the NHS Swale Clinical Commissioning Group (CCG) area was provided by IC24 (previously known as South East Health). However, the contract ended on 31 March 2014.

It has, therefore, been necessary to review the services required, taking into consideration the results of the Keogh Review and recommendations from the Emergency Care Intensive Support Team (ECIST) for Medway NHS Foundation Trust.

- 1.2 Both the Keogh Review into hospital mortality and feedback from ECIST recommended a much closer working arrangement between Medway A&E, community services and the OOH service. They said this would support improvements to the service.

This is of particular significance for NHS Swale CCG as, with the exception of the out-of-hours service, the majority of urgent care services for its population are focused around Medway NHS Foundation Trust.

- 1.3 It was, therefore, agreed by NHS Swale CCG that an interim arrangement be put in place to support the recommendations for greater working with Medway NHS Foundation Trust while the development work for redesigning an integrated community service provision continues. In addition, this change and rationale has been discussed at the local Health and Wellbeing Board and is supported by Swale Borough Council.

- 1.4 The GP out-of-hours service has therefore, transferred, for one year, initially, to Medway On Call Care (MedOCC) until a redesign, as outlined above, has been completed and a full procurement commenced. MedOCC is part of Medway Community Healthcare and also provides GP out-of-hours services for the population of Medway.

**2. Service provision**

- 2.1 During the process of changing service provider we have aimed to ensure maintenance of the current service, with the benefit of the closer working relationships across the urgent care system as advised by the Keogh review.

Patients in Swale who need a face-to-face appointment with an out-of-hours GP will continue to access this service at Sheppey Community Hospital in the evenings and at weekends, and at a base at Sittingbourne Memorial Hospital at weekends only. These are supported by a home visiting service.

- 2.2 Under the previous provider (IC24), the nearest overnight bases, which also operate as the base for the overnight car, was at either Maidstone or Canterbury. This has been perceived to mean the service is less accessible to Swale residents, which has been raised by residents during the CCG public Boards and through engagement sessions. MedOCC will continue to operate the bases and provide the home visiting service but will use its Medway base at Quayside, Chatham Maritime, when a face-to-face appointment is needed between 1am and 7am.

2.3 The key changes for patients are therefore:

- Should a patient require a face-to-face visit after 1am, this will now be provided at Quayside in Chatham rather than in Canterbury. For the majority of people within Swale this means a shorter journey.
- Services will continue to be provided at both Sheppey Community Hospital and Sittingbourne Memorial Hospital. At weekends and bank holidays, there will be a change to the opening hours at Sittingbourne Memorial Hospital from the previous day time session to a morning (9am to 2pm) and evening (6pm to 10pm) session, providing cover when other advice services, such as pharmacies, may not be available.

2.4 There will be no change to the route of contacting the OOH service, which will continue via NHS 111, and the provision of home visits, which will continue to be provided throughout the out-of-hours period.

2.5 In order to ensure that the public are aware of the changes, details have been published in the local media, and also uploaded to the CCG website and other media websites. We have also used a variety of other methods to share this information:

- Via regular reminders about the changes broadcast on the CCG's Twitter feed.
- Letters sent to local taxi firms explaining the changes to late-night face-to-face appointments with directions and maps on how to reach MedOCC's base at Quayside.
- The engagement team provided written information to the CCG's Swale Patient Liaison Group (PLG) for distribution to members and sent letters to community health staff and GP practice managers for distribution.
- Letters to patients based on the media release were also produced and distributed through the PLG, GP practices and community health staff.

2.6 Patient experience data gleaned over the past two years about out-of-hours services was used and the engagement team will be talking to patients and other stakeholders to monitor the new service and to inform development of the future model to be implemented.

2.7 In line with arrangements for all healthcare providers, the CCG will closely manage performance of this service, particularly during the transition period, to ensure that patient outcomes and experience are not adversely affected.

### **3. Community Services Redesign**

3.1 Following feedback from our member practices, Swale CCG commenced a review of community services in 2013. The aim of this review has been to identify the key issues and develop plans for sustainable, transformational change to achieve greater integration of teams and improve management of long-term conditions.

3.2 The review has included significant work with our patients, public and health and social care partners. This feedback has identified a key need for services to be integrated across all sectors of healthcare (primary, community and secondary care, including mental health) as well as with social care, ensuring a patients needs are addressed swiftly and smoothly.

This review has been extended to include acute and community services across North Kent, and commenced with an audit by The Oaks Group, followed by stakeholder workshops facilitated by the Kings Fund, in November 2013 and February 2014.

3.3 For Swale / Medway (ie the population served by Medway Foundation Trust), the review of patients within the acute Trust, identified that:

- Up to 15% of adult admissions could have been avoided:
  - 13% were due to consultant related issues
  - 48% of acute admissions could have been avoided by providing a variety of services at home.
  - 18% of acute admissions could have been provided for on sub-acute (eg community) wards.
  - Additionally, 8% of all admissions required supported living environments.
- 50% of the continuing stay days were avoidable:
  - Some delays due to discharge planning issues.
  - 23% of continuing stay days could have been avoided by providing a variety of services at home.
  - Additionally, 38% of continuing stay days required were for supported living environments.

3.4 The agreed areas of focus, and plans – including KPIs, milestones, and system wide impact – have been used to underpin CCG commissioning plans for 2014 -16 and beyond, as well as the development of the Better Care Fund proposal. Key within these plans is the development of integrated teams in primary care and within the acute trust (Integrated Discharge Team) to ensure that people, particularly older people with multiple or complex conditions, are supported by health, social and mental health care professionals to maintain their independence for as long as possible.

3.5 The next stage of this review is to continue the bed utilisation review with an expectation that this will be completed early summer 2014, giving further detail on the bed base, including community beds, required.

#### 4. Primary Care Services

4.1 In addition to the community service review described above, there are a number of other system-wide developments which will impact on the future format of GP OOH services. These include:

- the implementation of the new GP contract which includes a commitment to provide seven-day services
- the review and re-design of the Walk-In Centre provided at Sheppey Community Hospital and out-of-hours contracts that end in March 2016
- the development of the CCG Primary Care Strategy and release of the national Primary Care Strategy.

4.2 While processes are in place to ensure communication across the variety of services available to patients in primary care and the community, there remains fragmentation across the system, particularly in urgent care and between health and social care providers. Though the 111 service can provide support and signposting, this fragmentation can make it confusing for people to know which service will best meet their needs.

## **5. Conclusion**

5.1 The current transfer of OOH services is aimed at ensuring clinical consistency across the local urgent care system, while maintaining services for local people. However, in the longer term the CCG recognises the need to improve the totality of local services to meet identified health needs and provide seamless continuity of care between each service, in such a way which supports people to make use of the most appropriate service for their needs.

5.2 To ensure the longer term model for out-of-hours care is integrated with wider services and remains relevant to the needs of local people, it is necessary to consider integration with other services. This work has commenced as part of the community services redesign and Better Care Fund work, with both local and Kent Health and Wellbeing Boards and will continue, with feedback from patients, the public, GPs and health and social care providers being key within this process.