

Health Scrutiny Panel – 21st March 2016
Report of Slough CCG

Slough Walk in Centre Options For A Future Service

Introduction

Slough CCG presented a paper to the 14 January Slough Health Scrutiny Panel providing information on the Slough walk in centre and setting out the next steps for deciding the future of the service once the contract expires in June 2017.

This paper provides an update on progress and sets out a number of options which have been considered with stakeholders for the walk in element of the current service.

Engagement with stakeholders

Since 14 January two further workshops have been held. The first on 19 January was attended by GP members of the Slough CCG. The Chair and Head of Operations for Windsor, Ascot and Maidenhead (WAM) CCG also attended and Chiltern CCG representatives were invited but unfortunately could not attend.

The second workshop was held on 26 January and was attended by patient and public representatives, councillors (including the chair of the Slough Health Scrutiny Panel) from Slough, WAM and Chiltern CCGs and NHS England.

Both these events set out options for the future of the Slough Walk in Centre as presented below.

Options

There are five options open for the **walk in element** of the service. Options 1-4 were presented at the December Slough Walk in Centre steering group. A further Option 5, emerged during the meeting which had evolved from the thinking around the 'Steps to the Future' strategy for primary care in Slough and the review of the Walk in Centre. This option brought together elements of the first 18 months of learning from the Slough Prime Minister's Challenge Fund (PMCF) together with the knowledge and experience of existing commissioning plans in Slough such as complex case management.

Each of the options together with their pros and cons are described below.

Option 1 Do not reprocore. Current walk in attendances are for primary care services mainly from Slough GP practices. It might be possible to accommodate these 42,000 attendances within the current GP practice capacity. This option might release £1m expenditure.

Pros	Cons
Possibility of releasing savings	Additional workload for Slough GPs Could increase A&E attendances
This option was rejected as unsustainable due to lack of capacity in the current GP systems	

Option 2 Do not reprocore like for like. Enhance other primary care services eg provide a dressings service or phlebotomy service in the community. The option could potentially release savings depending upon which services are enhanced.

Pros	Cons
New service provision eg dressings, phlebotomy	No walk in service Demand for on the day appointments would continue but no service provision would be available
This option was rejected as unsustainable due to lack of service for on the day appointments and was seen as poor value for money	

Option 3 Do nothing. The walk in centre would continue in much the same way as it is currently. However as attendances have increased from the original contract (30,000) to 42,000 there will be a cost pressure.

Pros	Cons
Leaves service unchanged and minimises need for change	Current service needs modernising and would require investment to meet the current activity demand.
This option was rejected as the current issue of limited on the day booked appointments remains.	

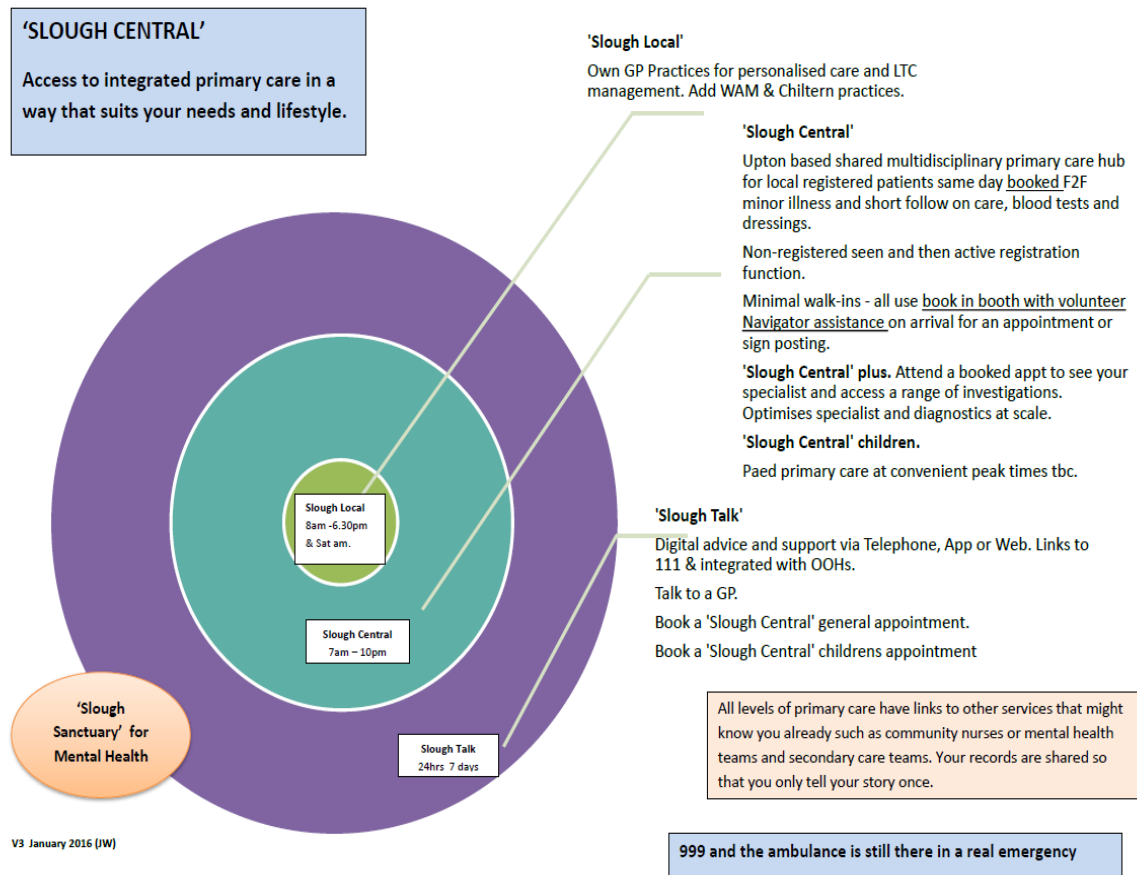
Option 4 An enhanced walk in service is developed. This service would include the current service elements but would be enhanced to cover other primary and community services such as

- Dressings service
- Phlebotomy
- Mental Health safe haven
- Minor injuries
- Potential for open access Physio
- Potential for expanding pharmacy for repeat meds
- Extend to One stop shop for LA – Local navigators

These additional services might require other services eg Minor injuries would require diagnostics on site. The model has not been worked up in detail but expectation is that this option would be a substantial cost pressure.

Pros	Cons
New service provision for local population	Unaffordability of this enhanced service Does not address same day booked appointment element Does not fit with Slough primary care strategy Does not fit with new digitalised communications used by modern society
This option was supported by some of the 19 January GP workshop participants and 26 January patient/public workshop participants. However the view was that this option could be implemented in a stepped approach toward option 5 by integrating some existing service plans or possibly a hybrid between option 4 and option 5 could be developed.	

Option 5 This is a new model of integrated out of hospital care and represented in the diagram below.



The model uses existing primary care GP practices as its foundation. This core layer of service would be termed *Slough Local* and practices would remain as they are in terms of providing continuity of care to those that require and seek this. For example, patients of all ages with long term conditions, complex needs and others with issues that need consistency for a period of time such as problems through the maternity period or with mental health issues. It will optimise access to the right support, be that a GP, Specialist, Nurse or Allied professional.

This is important to patients who have told us they want;

- Time for important conversations; to talk
- Regular follow ups
- A close relationship with a GP whom they know (Family carers, people with LTCs and families)

Longer opening hours might extend to Saturday mornings for this *Slough Local* element.

Working outwards on the model, we know there are significant numbers of appointments required of GP practices on the same day. This is the element that would be provided collectively by all local practices at a *Slough Central* location. It would in effect lift a significant amount of activity from all practices to a central point and be recognised as providing same day primary care.

People have told us;

- They want to be more in control; especially people who are generally well.
- Everyone wants the GP appointment booking system to change.
- Everyone wants it to be easier to access their GP. They default to other services only when their GP is not available.

- They want shorter waiting times for appointments, particularly for children in urgent situations.

Slough Central would be an extension of all local general practices and staffed or funded by local GPs in core hours. Patients would book by phoning their practice and choosing an option which would enable them to talk to someone with a view of all available appointments and staff. Some patients would like to access their appointments on line or by App on their mobile device. The service would be available to those needing short term care or maximum of one or two follow ups to complete an episode. Healthwatch Slough in a series of audits during late 2015 highlighted the benefits of having easier access to GP surgeries and how uniformity in some aspects would be beneficial. Things such as telephone access, messages, both notices and websites and one clear message about extended hours. The *Slough Central* model is a step towards a collective way of operating and offering services to patients.

Any patients that still chose to walk in would be greeted by a navigator to source their most appropriate access to care, be that at the *Slough Central* or elsewhere and be educated in how to access care in the future. The *Slough Central* service should be operational from 7am to 10pm each day and would have integral relations with the GP Out of Hours service.

The physical *Slough Central* location would also house 3 other distinct elements.

Slough Central Plus - other professionals and diagnostics that would be accessed by referral. Such as joint consultant clinics.

Slough Central Children - paediatric element that would be available at peak times for children;

Slough Sanctuary/Haven - close contact with something akin to a 'crisis café' for those with mental health needs.

Finally the outer ring of the model '*Slough Talk*' represents the technological and digital framework that will join the model as a seamless experience for patients and professionals.

A virtual entity, it will be the coordinator of manpower and appointments, the link for patients to advice, be that navigator or clinical. It will be the access point for GP web consultation or advice and the link to GP OOH's, 111, A&E and other 7 day services.

Clinical records will be shared as in PMCF and 'Share Your Care' existing programmes.

999 and the Ambulance is still there in a real emergency.

The funding for this model is yet to be worked through but could be provided from the following budgets:

- Element from primary care budget in terms of manpower to staff clinical elements of model in core hours.
- SWIC
- OOHs

Pros	Cons
Access to on the day booked appointments Digitalisation of information for patients New flexible easier to use appointments booking system Focus on educating people and self help Pathway for walk in element developed Longer access hours for primary care booked appointments	Concern that GP practices would be destabilised

This option was supported by some of the 19 January GP workshop participants and 26 January patient/public workshop participants. However the view was that this option could contain some of the elements of option 4. Also that there was a possibility of phasing the model in starting with variations to the current contract.

Criteria

Having listened to the views of Slough patients the CCG and NHS England have proposed to use the following criteria to formally assess the options.

Improved access to services – provide same day booked appointments (for GPs, Health care professional) over a longer number of hours in the day

Fit with local primary care strategy–

- Cluster and federated working to create efficiencies and sustainability.
- Develop primary care access for a model of 7 day working
- Implement new & improved clinical pathways from prevention through, primary, community and acute where necessary.
- Motivate self care for all patients when appropriate.
- Innovate & support patients with long term conditions in primary care and motivate self-management.
- Primary care clinicians will develop further areas of specialist expertise and refer patients to each other.
- New arrangements will be introduced to manage demand, including initial telephone consultations to assess whether an appointment is necessary and non-face-to-face appointments.

Sustainable services - which deliver value for money, are affordable, fully staffed and will be sustainable in the long term. Reducing demand at A&E and for acute services is a key element of sustainability

Flexibility to adapt to changes - both in healthcare and lifestyle (eg digital services, apps, mobile phones)

High quality services – safe, efficient and effective services delivered by the most appropriate health professional for the service required

Reflective of clinical evidence base – adopting the ‘right care’ approach to primary care services. Local evidence points to integrated services, digitalisation, hubs and availability of 8.00am-10pm services.

Next Steps

Two further focus groups with patient and public representatives have been arranged for 18 March (Slough) and 24 March (WAM) to test out a number of patient scenarios and how the model in option 5 would address these scenarios. Chiltern representatives have been invited to attend either focus group.

Formal scoring of the options against the criteria set out above should be completed by the end of March.

The preferred option will be costed and tested for affordability.

Reprocurement for the service is expected to begin in June 2016.

Prior to implementation of the new service a communications plan will be developed to inform the public of any service changes and how these would be accessed.

March 2016