

Review of Access to GP, urgent and emergency care

Key Lines of Enquiry

1. What is the minimum level of access that must be provided by GP Practices, and what methods of access are available? (including type of appointments and communication with patients)

a) what are the legal minimum requirements for access?

Area Team to provide.

b) what type of appointments are offered (eg. same day, 'walk-up', in advance)?

Area Team to provide.

c) who decides what type of appointments are offered (practice or commissioners)

Area Team to provide.

d) are patients informed when making appointments what type of member of staff they will see (nurse/care assistant/GP)?

Area Team to provide.

e) what methods of communication are used when making and following up on appointments (telephone, text, internet)?

Area Team to provide.

f) what is the effect of initiatives such as 'Doctor 1st' (when patients speak to a doctor by phone before attending)?

Almost all practices across Stockton-on-Tees will use telephone consultations as an alternative to the traditional face-to-face appointment. Telephone consultations give patients quicker access to a GP and a more convenient/ faster response to their health needs. They are not designed to replace face-to face appointments but are usually used to deal with routine queries, follow-up checks, prescription requests/ medication queries etc. The Doctor First System takes this a step further, under the system all patients who ring the practice are put directly through to a GP or are called back, nationally average call back times are quoted as being within 25 minutes. Practices have found that more than half of patients who ring can be directly helped through a telephone consultation. Of those who do need an appointment almost all (over 95%) get one on the day of their choice, which is usually the same day. Appointments can be organised to be more flexible and are scheduled for the appropriate length of time to meet the patients' need.

Reported outcomes include a:

- Significant reduction in Did not attend (DNAs)
- Increase in patient satisfaction
- Increase in Doctors/ staff satisfaction

- Increase in capacity i.e. more appointments available
- Reduction in emergency admissions/ A&E attendances
- Reduction in walk-in-centre/ out-of-hours attendances

Locally there are 10 practices across Tees who are/ plan to pilot the Doctor First system. Currently Norton Medical Centre is the only practice in Stockton operating a Doctor First system, the practice went live on the 15th April 2013 and so far the feedback has been positive. Two other practices – Tennant Street and the Roseberry Practice have expressed an interest in the model. A more in depth evaluation of Doctor First is taking place and should be available over the next couple of months.

2. What is the impact of 'Did Not Attends' on GP appointments?

a) who monitors Did Not Attends?

Area Team to provide.

b) what efforts are made by Practices to reduce them?

Area Team to provide.

3. How are local GP Practices performing in terms of access (including timeframe for appointments, no. of missed appointments)?

a) how are they monitored?

Area Team to provide how they are monitored

GP Access survey results:

(See Appendix 2)

4. What type of services are provided by each Practice in the Borough (eg. types of nurse led care), and what services are provided by pharmacies?

a) what variation is there in services provided across Stockton, and where?

Area Team to provide an explanation of the core GMS/ PMS services provided

A range of Local Enhanced Services (LES) are commissioned by the CCG, regionally through Public Health England and through the Local Authority Public Health teams. Current Stockton LES services delivered by practice are provided via the document below:

(See Appendix 3)

b) what assistance is given with repeat prescriptions?

Area Team to provide

c) how are pharmacies involved in the planning and provision of services?

Area Team to provide

5. Are all community access needs being met?

a) what are the gaps/good practice by diversity strand (gender, age, ethnicity, disability, sexuality, faith/belief)?

b) is the future of the Arrivals Practice for asylum seekers secure?

Area Team to provide

6. What is the situation with regard to GP recruitment and retention?

Area Team to provide

7. What is the current performance and overall impact of the Tithebarn Walk-In Centre?

a) what is the hourly demand on services?

b) what are the originating GP Practices of patients / who attends from outside Stockton and vice versa (nb. there are walk-in clinics across Tees area)

c) what contract management arrangements are in place?

d) what is the financial/performance effect of the walk in centre – is it ‘generating demand’?

e) what data is there about patients who attend both the Walk-In Centre and subsequently A and E for the same complaint?

NHS England Local Area Team is responsible for the APMS registered element of the contract and NHS Hartlepool and Stockton-on-Tees CCG for the non-registered patient element. Prior to 1st April 2013 both elements of the contract were managed by the North East Primary Care Services Agency on behalf of NHS Tees. NHS England Contract Review Standard Operating Procedure identifies that nine to fifteen months prior to the contract end date (of an APMS contract) a review should be undertaken to assess:-

- The continued need for a service
- The value for money aspects of the existing service
- The affordability of a new service

A joint service review with the NHS England Area Team has been undertaken with North of England Commissioning Support (NECS) undertaking the review on behalf of the CCG within required timescales to mirror the process of the Area Team. The review will shortly be presented to the CCG work stream group then to Delivery Team on 15th October 2013. Following the paper being presented to Governing Body in November the outcome of the review and recommendations can be shared.

8. How is the local urgent care and A and E system performing? (including access to local A and E, out of hours GP services, impact of NHS111)

a) how is A and E performing?

Monthly performance attached:

(See Appendix 4)

North Tees and Hartlepool NHS FT A&E performance for September and quarter 1 is expected to be above 95% overall.

Time Bands for attendance at A&E (Stockton patients, April – September 13)

	Activity
6-8am	878
8-10am	2775
10-12am	3961
12-2pm	3689
2-4pm	3667
4-6pm	3764
6-8pm	3906
8-10pm	3006
10-12pm	1780
12-2am	1003
2-4am	759
4-6am	558

b) how many people could have been appropriately treated elsewhere ?

The actual number of attendances that could have been appropriately treated elsewhere is not clear but analysis has found that approximately 20% of attendances were classified as have ‘no investigation or significant treatment’. The attendance may have still been appropriate for an individual at that point in time requiring a clinical assessment prior to discharge. Anecdotally a percentage of these attendances did not need to attend A&E and this cohort of patients attending is seen as increasing over time.

c) what is the performance of out of hours GP services?

2012/13 activity:**(See Appendix 5)**

111 now triage calls whereas this was a commissioned services from NDUC originally. Call numbers have decreased due to the new 111 arrangements as expected.

Out of Hours/Northern Doctors Urgent Care	Stockton
999 Ambulance @ Call Handler Stage	464
Centre Visit	5532
Home Visit	2984
Telephone Advice	11095
Total	20075

Out of Hours activity April to September 2013/14:

Outcome of contact	total
999 Ambulance	2
Calls For District Nurse	8
Centre Visit Routine	658
Centre Visit Urgent	214
Centre Visit With Transport	95
Dental Centre Visit	150
Dental Tel Advice	164
Health Care Professional	101
Home Visit Routine	508
Home Visit Urgent	167
Ndms Telephone Advice	10
NEAS Clinician Support	31
Repeat Prescription	50
Streamed - Advice	3
Telephone Advice	1004
Grand Total	3165

d) impact of NHS111 following implementation in April 2013?

Reports for July and August to show the level of information are available, further analysis would be available if required.

There have been audits completed in South Tees Hospitals NHS Trust A&E and are planned to be completed at North Tees & Hartlepool Hospitals NHS Trust to ensure of those people who are direct to A&E from 111 that they are appropriate. So far the majority of those directed are seen to be appropriate.

9. What are the patient flows across Stockton/Tees for these facilities (if not covered above)?

Tees Activity for 2012/13 (source: MIDAS):

	NT&HFT	South Tees FT	Total
A&E attendances (MIDAS)	78,382	96,305	174,687
Emergency Admissions	41,082	51,467	92,459
Walk in Centres			
• Hartlepool			37,480
• Stockton			48,691
• Middlesbrough			44,552
• Eston Grange			23,702
• Langbaugh			2,032
• Skelton (nurse led)			2,101

Activity for Stockton patients April to September 2013/14 (source: urgent care dashboard):

	NT&HFT	South Tees FT	Total
A&E Attendances	24987	4759	29746
Emergency admissions	10054	1341	11395
Out of Hours contacts	-	-	3165
MIU Hartlepool	256	227	483
Walk in Centres:			
Eston Grange			283
Hartlepool HC			249
Langbaugh			17
Resolution/Middlesbrough			1067
Stockton HC/Tithbarn			14764

Note: Walk in centre information not available for April so this is not included at the moment. Trend data could be supplied if required

10. What are the implications/lessons learnt for the planning of the new hospital and urgent care facilities in Stockton?

a) do the assumptions for the future configuration of local urgent care and demand on A and E services remain valid?

b) what lessons have been learnt from elsewhere (including the opening of the Hartlepool Urgent Care centre) for the planning of the Stockton version?

North Tees and Hartlepool FT are validating their capacity plans and expected to report back to the CCG to detail what additional resource is needed in the community once a new hospital is in place.

There are plans to move more outpatient services into community settings.

The Neurological Physiotherapy service moved from North Tees Hospital to Billingham Health Centre this year.