Case for Change & Next Steps

Primary Care Urgent Care - Case for Change

Primary Care-led Urgent Care services are those which provide unscheduled care for patients with an urgent need, in a primary (rather than a secondary) care setting. In Harrow, this includes:

- Three **Walk-In Centres (WIC)**: Alexandra Avenue, Pinn Medical Centre, Harness Harrow;
- An **Urgent Care Centre (UCC)** located at Northwick Park Hospital (NPH);
- The **GP Out-of-Hours service**, run by Harmoni on behalf of local GPs;
- Elements of the services provided by all 36 Harrow GP practices and pharmacies.

In January 2011, a review of Primary Care Urgent Care services was incorporated into NHS Harrow's QIPP plan, with a view to achieving the following objectives:

- To explore the **reasons why patients use Primary Care Urgent Care services** in the way that they do;
- To develop proposals for improving **patient outcomes**;
- To identify ways in which Primary Care Urgent Care services could be made more **efficient**.

The review is now nearing completion, and the outcomes will be taken to a subsequent NHS Harrow Board meeting for a decision on how to proceed. This paper sets out the **review's findings** and the **key principles** underpinning the recommendations that will ultimately be made to the Board.

Approach

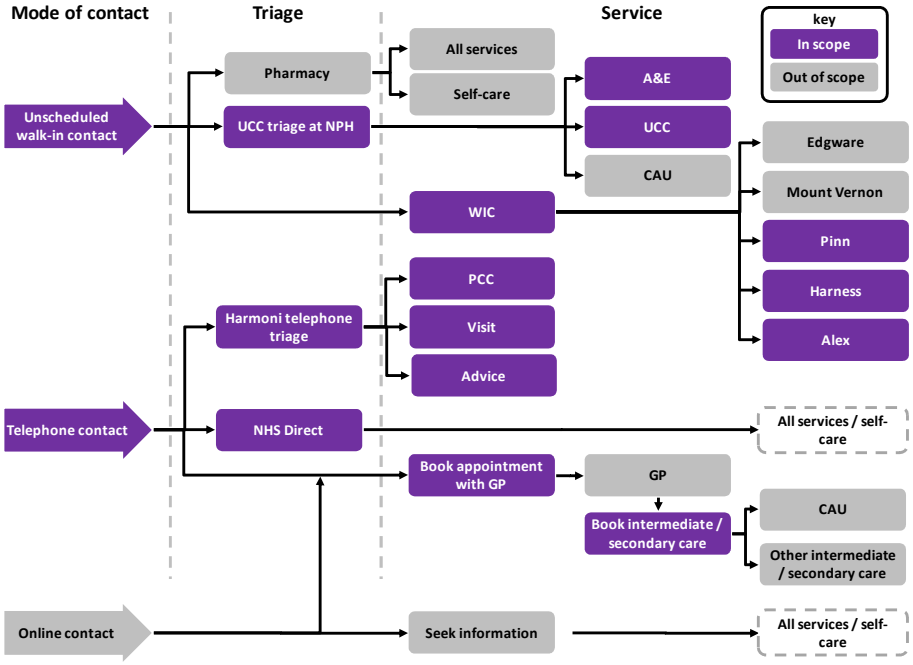
The review has been clinically led, both by the Clinical Commissioning Board (CCB) as a whole, and also by two clinical leads nominated by the CCB. It has involved considerable clinical engagement with each of the affected services, both through workshops and visits to the services.

In addition, **patients and the public have been actively engaged with**, both in general terms and also focussing on understanding the needs of specific patient groups which evidence shows make particularly extensive use of Primary Care Urgent Care services.

The review is based on local evidence, but also on best practice from elsewhere. The review considered evidence from elsewhere in North West London, and also London-wide guidance.

Scope

The service diagram below summarises the current Primary Care / Urgent Care system in Harrow, and highlights those components of it that are in-scope for this project. However, it is recognised that these services are linked to many others via a complex web of interdependencies. With this in mind, we have taken a whole-system approach which includes possible interventions among Harrow GP practices, pharmacies and voluntary sector organisations.

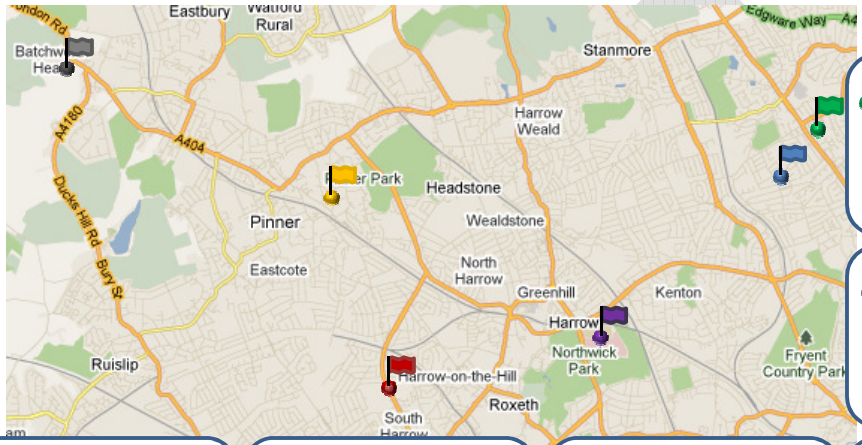


Overview of Primary Care / Urgent Care provision

Primary Care / urgent Care services in Harrow currently serve a population of 216,000. In addition to 36 GP practices, services include:

- an Urgent Care Centre at Northwick Park;
- the GP OOH service provided by Harmoni (of which one component is a Primary Care Centre, also based at Northwick Park); and
- three Walk-In Centres (Alexandra Avenue, Pinn Medical Centre and Harness Harrow).

Harrow residents also make use of unscheduled Primary Care services outside of the borough, such as those offered at Edgware Community Hospital and Mount Vernon Minor Injuries Unit (in excess of 11,000 Harrow residents *pa.*).



Edgware Community Hospital
Service: Barnet Walk-In Centre
Opening Hours: 7am-9pm, 7 days a week
Annual activity: 8564 (Harrow)

Harness Harrow
Service: Harrow Walk-In Centre
Opening Hours: 8am-8pm, 7 days a week
Annual activity: 2,439

Mount Vernon
Service: Hillingdon MIU
Opening Hours: 9am-8pm, 7 days a week
Annual activity: 3197 (Harrow)

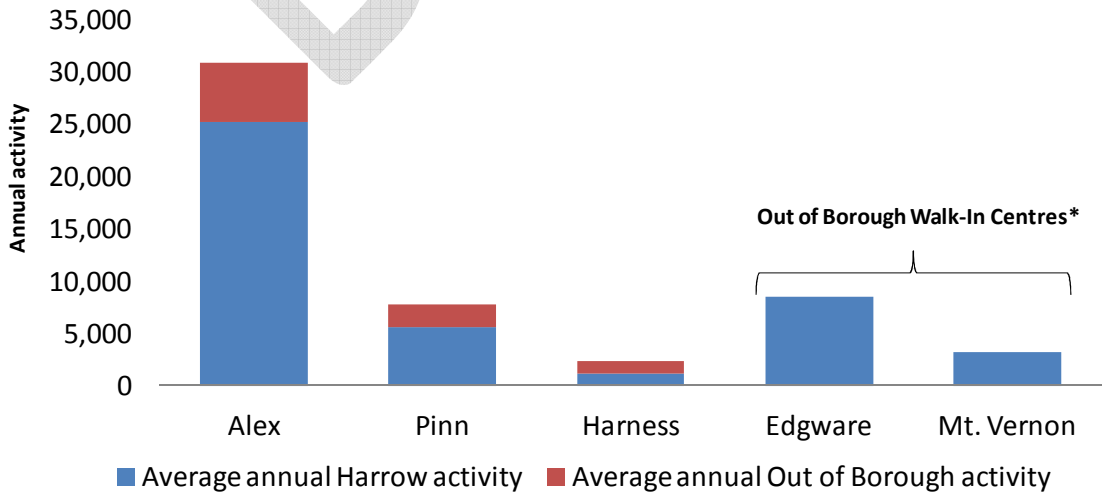
Pinn Medical Centre
Service: Harrow Walk-In Centre
Opening Hours: 8am-8pm, 7 days a week
Annual activity: 7,839

Alexandra Avenue
Service: Harrow Walk-In Centre
Opening Hours: 8am-8pm, 7 days a week
Annual activity: 30,862

NPH UCC
Service: Urgent Care Centre
Opening Hours: 8am – midnight, 7 days a week
Annual activity: 40,515

Though the skills and services offered by each of the Walk-In Centres is broadly similar, the levels of activity differ markedly between them. With annual activity in excess of 30,000, Alexandra Avenue (Alex) is an order of magnitude larger than the other Walk-In Centres.

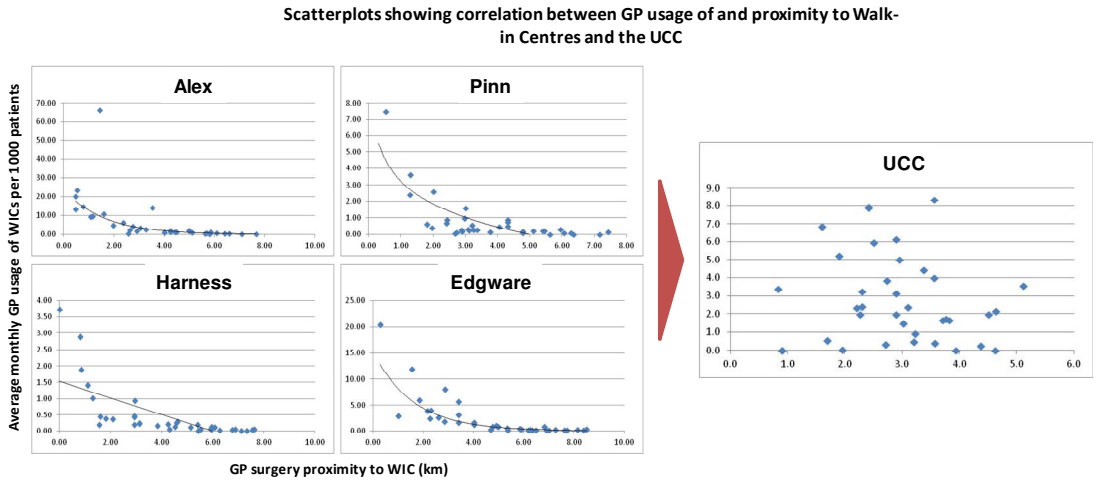
Chart comparing annual activity across the five Walk-In Centres most commonly used by Harrow residents



*Only activity generated by Harrow residents shown

Why do patients choose to use Urgent Care?

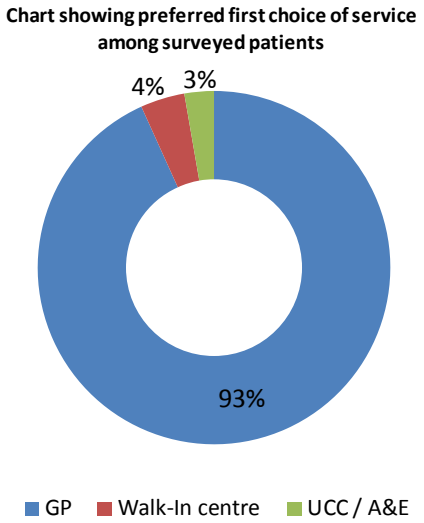
Analysis of Walk-In Centre activity data indicates that geographical proximity is a key motivation behind the use of Walk-In Centres. The graph below shows that patients from GP practices located near a Walk-In Centre make far greater use of walk-in services than patients from GP practices located some distance away. In contrast, no such pattern can be identified for the UCC. This implies that **many Walk-In Centre patients use Walk-In Centres for convenience**, rather than because they require urgent treatment.



From February 2011 onward, NHS Harrow has been engaging with patients, clinicians, providers and patient representative groups in order to build a picture of why Urgent Care services are used in the way that they are. A range of approaches to **stakeholder engagement** has been employed to ensure that the exercise is as comprehensive as possible. These approaches include: a stakeholder engagement event, focus groups, surveys, Q&A presentations and specific engagement with groups that make disproportionate use of Urgent Care services.

Stakeholder feedback has provided NHS Harrow with some key insights, which have been used to shape proposed changes to the Urgent care system. These are:

1. Patients demonstrate a strong preference for receiving care from their own GP



Feedback from stakeholders underlines the value patients place on **continuity of care**. We found that the overwhelming majority of patients would rather use their own GP if possible, and only seek alternative services if this option is not available.

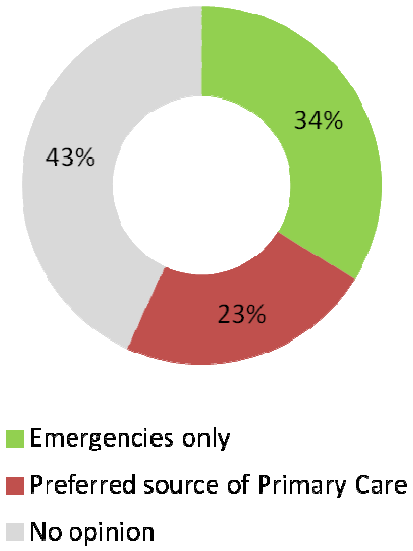
When asked to elaborate on why they preferred to use their own GPs, patient responses included:

- *"I'm very happy with the service my GP provides"*
- *"My GP has my notes"*
- *"I find it frustrating to have to explain my condition to a new doctor every time"*
- *"I never see the same doctor twice"*
- *"The service could be improved if all clinicians had access to my notes"*

In contrast to both Walk-In Centres and the UCC, a local GP is able to provide comprehensive **continuity of care** to their patients. They have access to patient notes and in many cases have long-standing relationships with both patients and their families. This provides them with a level of familiarity which is invaluable for the management of **long-term conditions** and improves the **quality of diagnosis**. From the patient's perspective, continuity of care allows them to build a **relationship of trust** with their clinician. It also means that they do not have to explain their **medical history** every time they receive treatment, which can be highly frustrating.

2. Most patients believe that Walk-In Centres, the UCC and A&E should be for urgent cases only

Chart showing patient opinion on use of A&E, UCC and Walk-In Centres

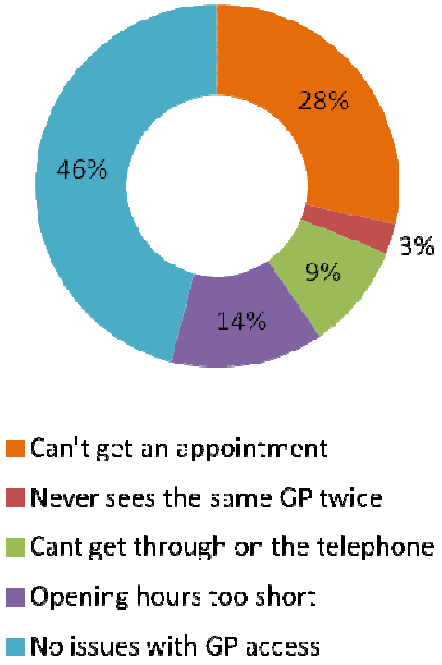


A significant proportion of patients felt that Urgent Care services, such as Walk-In Centres, the UCC and A&E, should be **used in emergencies only**.

However, a significant sub-set of patients indicated that they use Urgent Care services as their **main source of non-urgent Primary Care,** or as an alternative to the GP Out of Hours service.

3. Many patients use Urgent Care services because they have difficulty accessing their own GP

Chart showing proportion of respondents who have difficulty accessing GP services



Stakeholder feedback indicated strongly that many patients turn to Urgent Care services because they **have difficulty accessing services from their own GP**. Though patients demonstrate a clear preference for using GP services where possible, many feel unable to access the services they believe they require, and turn to Urgent Care as an alternative.

When asked to elaborate, patient responses included:

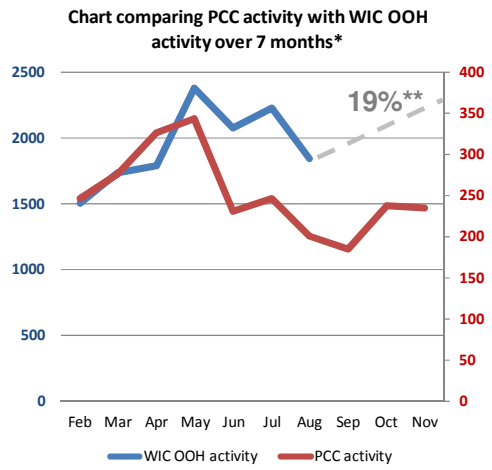
- *I go to the Walk-In Centre if I cannot get a next-day GP appointment;*
- *It is very difficult to get through to my GP on the phone;*
- *I work full time, so I can never get a GP appointment that is convenient for me;*
- *I never see the same GP twice;*
- *I find it difficult to get an appointment with my GP.*

Why change is needed

Service duplication

The range of services available provides Harrow residents with considerable freedom of choice, but it also has a number of drawbacks. Most significantly, analysis indicates that it would be **clinically more appropriate** for a significant proportion of the patients who currently use Urgent Care services to be treated by their own registered GP. This interpretation is borne out by the outcome of the stakeholder engagement exercise, which suggests that some patients are using Urgent Care services as a source of non-urgent Primary Care because they have limited access to GP services.

The use of Urgent Care as a source of non-urgent Primary Care has resulted in significant service duplication within Harrow's Primary Care Urgent Care system. Duplication on this scale has a number of negative **clinical and financial consequences** for Harrow:

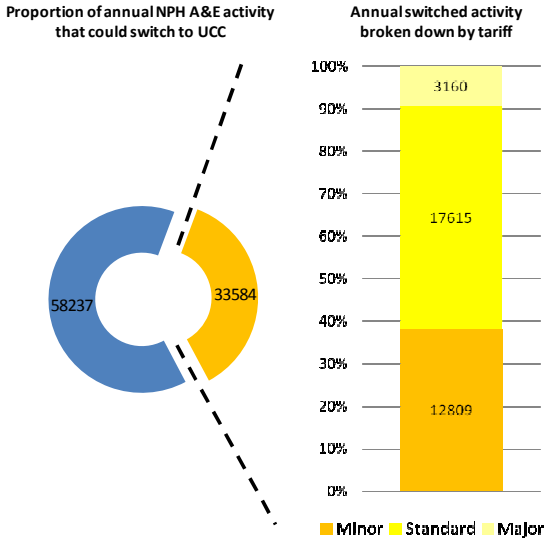


Calculated using following 2010 months: Feb-Aug
*We only have 7 months of comparable time-stamped WIC data – the grey line is extrapolated activity growth based on change in total WIC usage

- As a result of seeking treatment via an Urgent Care pathway, patients miss out on the **continuity of care** that local GPs are able to provide;
- NHS Harrow already funds GP practices through their GMS/ PMS contracts to provide urgent and non-urgent primary care services in the borough. As such, the treatment of non-urgent cases at Walk-In Centres is a clear example of where, in effect, **NHS Harrow pays for the same service twice**.
- There is strong evidence to suggest that **Walk-In Centres divert activity away from the GP Out of Hours (OOH) service**. The graph opposite illustrates the point by showing that as Walk-In Centre activity increased over 2010, use of the Harmoni Primary Care Centre at Northwick Park Hospital steadily declined.

Urgent Care Centre capacity

A further limitation of the current system concerns the efficacy of the Urgent Care Centre. To date, this service has not had the impact on A&E attendance that was initially anticipated. It is true that, against a back-drop of increasing A&E attendance nationally, the UCC has contributed towards reducing the rate of growth at Northwick Park Hospital A&E. However, analysis indicates that much more could be achieved. The UCC is currently constrained by **limited space, curtailed opening hours and narrow clinical scope**. As a result, it is operating at well below its potential capacity.



In 2010, a clinical audit of A&E activity data was conducted involving PCT commissioners and clinicians representing A&E, the UCC and Public Health. The outcome of this audit suggested that 43% of A&E 'Minors' and 'Standards' financial coding categories; and 15% of 'Majors' (37% of total activity) could be dealt with by an expanded UCC. As the cost of care is significantly lower at the UCC relative to A&E, an activity shift on this scale would **generate significant financial benefits in addition to improving patient outcomes.**

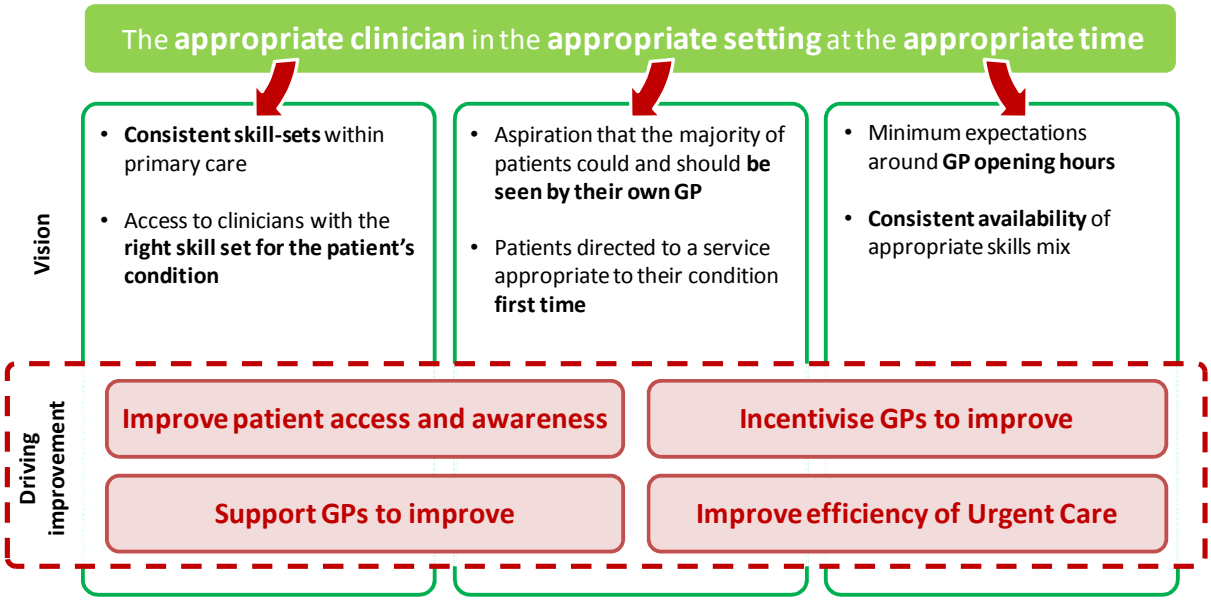
It is also believed that a minimum of 15% of current UCC activity could be more appropriately handled by the patient's own GP.

A clinical vision for Harrow

Building on guidance set out by the Department of Health, the Harrow Clinical Commissioning Board have articulated a vision for Primary Care / Urgent Care services in the borough that can be summarised as:

"The appropriate clinician in the appropriate setting at the appropriate time."

What this vision may mean in practice is outlined in the diagram below:



Aligning services in Harrow with the clinical vision could lead to a number of benefits:

- **Appropriate clinician:** Clinical opinion indicates that GPs are the most appropriate clinician to handle the vast majority of Primary Care / Urgent Care activity. Alignment with the clinical vision will lead to improved clinical outcomes as patients benefit from the continuity of care that their own GP is able to provide.
- **Appropriate setting:** The setting for treatment should be appropriate to the clinical acuity of the patient. Benefits include:
    - **Avoidance of over-medicalisation** – patients treated by Primary Care physicians are less likely to be subject to unnecessary tests and procedures;
    - **Clinical environment** – many patients (especially the elderly and very young) find an evening visit to A&E extremely intimidating and would benefit from better access to an alternative service;
    - **Equality of access** – patient feedback shows that many older patients and those with disabilities find both Walk-In Centres and UCC/A&E difficult to access (due to poor parking and distance from home). These patients would benefit if local GPs were better able to meet their needs.
- **Appropriate time:** Stakeholder feedback indicates that the vast majority of patients would prefer to use their own GP if possible. The motivation for seeking an alternative service is overwhelmingly an inability to get an appointment with the GP at a convenient time. Closer alignment with the clinical vision is therefore also about supporting GPs to improve access for their patients.

Conclusions

Alignment with the clinical vision brings about a number of benefits:

- **Improved access to Primary Care**
- **Enhanced continuity of care**
- **Equality of access to services**
- **Possible financial benefits for re-investment into frontline services**

Primary Care Urgent Care services in Harrow deviate from this vision in the following ways:

- **Urgent Care Centre:** It would be clinically appropriate for up to 37% of current A&E activity to be treated at the UCC. Up to 15% of current UCC activity could be re-routed back to Primary Care;
- **Walk-In Centres:** A significant proportion of current Walk-In Centre activity is within the clinical scope of traditional GP practices;
- **GP Practices:** Though utilisation varies between practices, many GPs are over-reliant on the services provided by Walk-In Centres and the UCC;
- **GP Out of Hours:** This service is currently under utilised due to the impact of Walk-In Centres.

The reasons for this lack of alignment are:

- **Insufficient UCC space** to deal with potential demand;
- **GP access does not meet the expectations of service users** (in some instances, access is genuinely limited, however it is also true that patient expectations around service levels are higher than they once were, and are perhaps both clinically inappropriate and financially unrealistic);
- **Service duplication can incentivise patient behaviour in ways which are not always well aligned with the patient's underlying clinical need.**

The consequences of this lack of alignment are:

- **Reduced continuity of care** with implications for the management of long-term conditions and quality of care;
- **Inequality of access** for some groups who are unable to use Walk-In Centres.
- **Inappropriate use of A&E for UCC-type acuity;**
- **Significant service duplication** leading to over-spend on Primary Care Urgent Care services relative to other boroughs.

Implementing the clinical vision

The Case for Change identifies a number of opportunity areas, where changes to the ways of working in Primary Care Urgent Care would be beneficial from both a clinical quality and financial perspective.

Initial opportunity areas include the implementation of **a revised specification for the Urgent Care Centre (UCC) at Northwick Park Hospital**, and the **development of revised specifications for each of the three Harrow Walk-In Centres**. The progress of both of these projects is described in the remainder of this board paper.

In addition, there were clear opportunities identified to improve access to other Primary Care Urgent Care services, particularly GP practices, and this will be explored in a future board paper.

An expanded UCC at Northwick Park Hospital

The case for change identified an opportunity to enhance the care pathway for primary care urgent care patients attending at Northwick Park Hospital. Currently, at Northwick Park, there are two unscheduled urgent care services available to patients:

- The **Urgent Care Centre** (UCC), provided by the Ealing Integrated Care Organisation (ICO)
- **Accident and Emergency** (A&E), provided by North West London Hospitals Trust

All patients who walk into the combined service arrive and register at a single reception desk; the decision regarding whether A&E or UCC is required is a clinical one.

A revised Urgent Care Centre service model was developed in line with the clinical vision. This model is compliant with pan-London guidance, and makes use of best practice elsewhere in North West London. The model has been developed and refined in a series of meetings and workshops involving acute and primary care clinicians and service managers, both from the A&E service and Urgent Care Centre at Northwick Park, and also with Harrow Clinical Commissioning Board members.

What change is proposed?

The current UCC service does not handle minor injuries and its opening hours are limited.

The key changes to the UCC service proposed by NHS Harrow are as follows:

1. **Expand the UCC** - In practice, this means increasing capacity, running the service on a 24/7 basis and broadening the clinical scope of the service to include Minor Injury in addition to Minor Illness.
2. **Introduce positive re-direction** – UCC staff will support patients to receive treatment from their own GP, where this is clinically appropriate. Support will include helping patients to register with a local GP.

Why is this change being proposed?

Clinical audit indicates that it would be more appropriate for a significant proportion of current A&E patients to receive treatment at the UCC. **Expanding the UCC** would allow the transfer of in excess of 40% of existing 'Minor' and 'Standard' A&E activity, leading to the following benefits:

- **Improved clinical outcomes** for both A&E and UCC patients as they will receive care appropriate to their condition;
- **Financial benefits -** As the cost of UCC treatment is considerably lower than that of A&E, the proposed activity switch would release significant financial benefits for NHS Harrow.

Stakeholder engagement indicates that the overwhelming majority of patients value the continuity of care provided by their own registered GP. 93% of patients surveyed indicated a preference for receiving treatment from their own GP if at all possible, and would only seek alternative services if this option was not available. Stakeholder engagement also indicated that part of the reason why some patients choose to use the UCC is that they are unable to book an appointment with their own GP, and feel that the UCC represents a sensible alternative.

In this context, introducing **positive re-direction** back to their registered GPs for some low acuity patients will generate the following benefits:

- **Improved clinical outcomes** – it would be clinically more appropriate for a significant proportion of current UCC patients to receive treatment from their own GP, especially those with long-term conditions who would benefit from improved continuity of care;
- **Better alignment with patient opinion** – most patients have a clear preference for receiving treatment from their own GP. Under these proposals, the UCC will support them to achieve their aim.

Options and decision summary

Ultimately, the options associated with the UCC implementation will be to either:

A) Make no change to the existing UCC model of care ('do nothing')
B) Reviewing/amending the existing specification of UCC, working with existing providers
C) Commission the revised specification of UCC, through another process

As described elsewhere in this paper, at this stage there is not enough information to decide between these routes, and the options described above will need to be considered at a future Trust Board.

At this time, the decision point for the Trust Board is between the following options:

Option 1 – agree that an extraordinary board may be convened in late August or early September to receive a full business case for the UCC project, and consider the commissioning route for the UCC

Under this option, the Trust Board would convene on an extraordinary basis, once a submission from the existing providers of urgent care at NPH has been received and evaluated.

The benefit of this approach is that, by ensuring the Board decision is made in a timely way, the next stages of the project can take place without delay. Taking this approach, there is potential for the service model to be implemented during Q3, which supports the delivery of the 11/12 QIPP plan.

Option 2 – decide that the full business case (and associated decision point) should be taken at the next scheduled Trust Board, 6th October 2011

Under this option, while the response from existing providers will have been received and evaluated by the middle of August, a Board decision would not be made until 6th October. This would have the effect of pushing the earliest implementation date of the revised model of UCC back, until mid-January 2012.

This delay would have a commensurate impact on the earliest point at which the new service model can be implemented, and therefore the date from which benefits could potentially be realised.

The preferred option is **Option 1**, since it brings forward the point at which the benefits associated with this project could potentially be realised.

Walk-In Centre service re-specification

The case for change identified an opportunity to enhance the specifications of the three Walk-In Centres in Harrow.

In addition to being consistent with the clinical vision identified as part of the case for change, the principles underpinning the proposed specification changes were reviewed by the Harrow Clinical Commissioning Board.

What change is proposed?

The proposal is that the three Walk-In Centre contracts are re-negotiated in order to **align the service specifications more closely with the clinical vision, and secure best value** for NHS Harrow. In practice, this will involve the following principles:

- **Treatment that is clearly non-urgent should be provided by planned primary care services, rather than as part of urgent care service provision** (e.g. travel vaccines, cervical smears, routine dressings, smoking cessation advice);
- Where a patient is registered with a practice which is also a Walk-In Centre, **NHS Harrow will not pay for that patient to be treated as an urgent walk-in**, unless their clinical needs are such that the patient demonstrably requires care which is above and beyond the scope of the GP practice;
- **Walk-In Centre funding will be simplified**. NHS Harrow will seek to reach agreements which balance the risk of ever-increasing activity more equitably between the PCT and the provider. Providers will be expected to shoulder a reasonable proportion of this risk and take steps to manage demand accordingly;

NHS Harrow believes that this approach offers the best balance of financial benefit and risk, without compromising patient access to services.

Why is this change being proposed?

The overarching rationale for the changes proposed by NHS Harrow is derived from the CCB's clinical vision for Primary Care Urgent Care services in the borough:

"The appropriate clinician, at the appropriate time, in the appropriate place"

It is anticipated that the changes outlined above will generate the following benefits:

- **Improved clinical outcomes** – it would be clinically more appropriate for a significant proportion of current WIC patients to receive treatment from their own GP, especially those with long-term conditions who would benefit from improved continuity of care.
- **Better alignment with patient opinion** – most patients have a clear preference for receiving treatment from their own GP. Under these proposals, the WICs will support them to achieve their aim.
- **Reduced service duplication –** positive re-direction and changes to the clinical scope of the walk-in services will reduce the extent to which they overlap with existing GP and GP out of hours provision. This will ensure that patient access to unscheduled Urgent Care services is more consistent, and will reduce the extent to which NHS Harrow pays twice for the same service.
- **Demand management** - Walk-In Centre activity has continued to grow rapidly over the past year, with some centres showing increases of up to 80% per annum. Increases on this scale are out-stripping NHS Harrow's ability and willingness to pay. The proposed changes seek to arrest this increase by introducing robust demand management.

Description of process

On 19th April 2011, the NHS Harrow Clinical Commissioning Board authorised NHS Harrow to open separate contract negotiations with each of the borough's three Walk-In Centre providers. The stated aim of these negotiations was to **achieve improved clinical outcomes for patients and best possible value for money** for NHS Harrow.

Negotiations were entered into with each Walk-In Centre on an individual basis, following a process defined in the Walk-In Centre contracts. The process to date can be summarised as follows:

1. **PCT negotiating position** agreed with CCB Clinical Leads;
2. Draft **Notice of Change** developed by NHS Harrow for each Walk-In Centre, setting out the negotiating position in detail;
3. **Initial meeting held** with each Walk-In Centre provider to discuss draft Notice of Change;
4. Notice of Changes updated with provider feedback, and **formally issued to providers**;
5. Providers respond to formal Notice of Change with a detailed **Estimate**, setting out the impact that the change proposed by the PCT would have on their service and charges;
6. NHS Harrow and CCB clinical leads meet with each provider a second time. **The purpose of the second meeting is to clarify the Estimates**, and ensure that NHS Harrow understand the provider proposals fully.

Options and decision summary

A decision on whether to proceed to a contract variation stage will be taken by the NHS Harrow Board, considering each Walk-In Centre on a case-by-case basis.

The Board is asked to consider whether an extraordinary meeting of the Trust Board should be convened in late August/ early September. The purpose of the meeting will be to consider the response by the existing providers, and associated PCT business case.

A Board decision on in late August/ early September would shorten the implementation timescale for improved models of care and contractual terms, which would contribute to the delivery of in-year QIPP savings.

Alternatively, the Board may choose to receive this item at the next scheduled Board meeting. This would impact on the earliest point at which the new service model can be implemented, and therefore the date from which benefits could potentially be realised.