

Health and Wellbeing Board

SUPPLEMENTAL AGENDA

DATE: Thursday 1 November 2018

9. DEVELOPMENT OF THE GP ACCESS CENTRE AT ALEXANDRA AVENUE MEDICAL CENTRE - Appendix 1 (Pages 3 - 8)

Report of the Assistant Managing Director Planned and Unscheduled Care, Harrow Clinical Commissioning Group

Note: In accordance with the Local Government (Access to Information) Act 1985, the following agenda item has been admitted late to the agenda by virtue of the special circumstances and urgency detailed below:-

Agenda item

9. Development of the GP Access Centre at Alexandra Avenue Medical Centre – **Appendix 1**

Special Circumstances/Grounds for Urgency

The appendix to the report was omitted in error from the report when the main agenda was published and circulated. Members are requested to consider this item, as a matter of urgency in order to consider the most up to date information.

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Appendix 1

Questions asked and answers given regarding Alexandra Avenue Medical Centre at the 16 October 2018 Meeting of the Health & Social Care Scrutiny Sub-Committee

Q.1 How did Harrow CCG consider how the change may affect the transient population?

Data used: August 2016-July 2017

The CCG undertook data analysis of who was attending Walk-in Centre services. For Harrow, the total attendance for non-registered and out of borough attenders was 38% of the total Walk-in Centre activity (this is the percentage that could be considered as transient). Of this activity 5% were not registered with any GP practice and 33% were registered with a GP practice outside the Harrow borough. For the Walk-in Centre at Alexandra Avenue, the attendance trend of 70% activity was for patients registered with a Harrow GP practice. The majority of the remaining attendances were residents of Ealing and Hillingdon, both of which have similar service provision for access to GP services within their respective boroughs.

Any patient that presents at Walk-in-Centres or GP Extended Access Centres with an immediate or life threatening condition will be managed by the service as a duty of care.

Q.2 Equality, Health Inequalities Analysis and Quality Impact Assessment

A robust Equality, Health Inequalities Analysis assessment was undertaken during March 2018 and was subsequently approved on the 19th April 2018 by the CCGs Equalities and Engagement Manager.

The Quality Impact Assessment was also undertaken throughout March and April and was approved by the CCGs Equality and Engagement Committee on 1st May 2018.

The outcome recommendations from these assessments was to liaise with neighbouring CCGs to make them aware of the planned changes and provide them with the data of what the impact may be for their residents. Harrow CCG advised that a further EHIA and QIA should be undertaken by the respective CCGs for their residents.

Additionally, Harrow CCG offered neighbouring CCGs an alternative commissioning arrangement that would have continued to provide services at Alexandra Avenue for their residents.

Q.3 Activity Trends for Alexandra Avenue Walk-in Centre

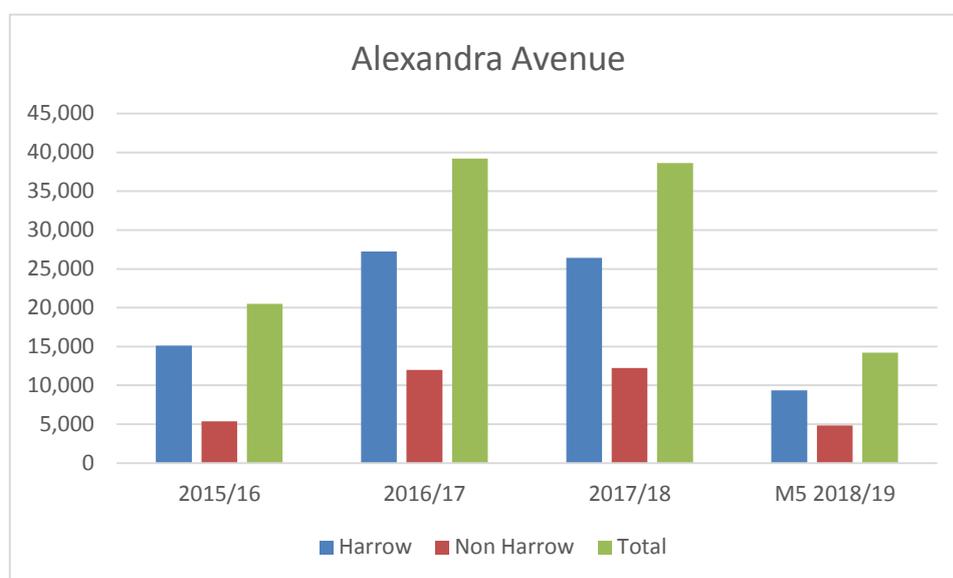
CCG Name	2015/16	2016/17	2017/18	M5 2018/19	15/16 %	16/17 %	17/18 %	18/19 %
Harrow CCG	15,131	27,223	26,405	9,373	74%	69%	68%	66%
Ealing CCG	1,708	3,664	4,471	1,794	8%	9%	12%	13%
Hillingdon CCG	1,244	2,525	2,507	962	6%	6%	6%	7%
Brent CCG	484	1,098	1,046	391	2%	3%	3%	3%

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Other CCGs	1,915	4,695	4,218	1,691	9%	12%	11%	12%
Total	20,482	39,205	38,647	14,211	100%	100%	100%	100%

CCG Name	2015/16	2016/17	2017/18	M5 2018/19
Harrow	15,131	27,223	26,405	9,373
Non Harrow	5,351	11,982	12,242	4,838
Total	20,482	39,205	38,647	14,211



Q.4 Monitoring patients from Alexandra Avenue who may go to the UCC/ED instead

The CCG works very closely with the providers of the Urgent Care Centre at Northwick Park Hospital.

There have been and will continue to be systems in place for Harrow patients to be re-directed to booked appointments at Walk-in Centres, where clinically appropriate. This will not change for the new GP Extended Access service and the Urgent Care Centre will have full access to all appointments. NHS 111 will also have full access to book Harrow residents into appointments at the centre when they need to be seen.

The Urgent Care Centre provider has systems in place to monitor all patients that attend specifically for the reason of not being able to be seen at the Alexandra Avenue GP Extended Access Centre. The CCG hold regular monthly contract and performance meetings where this information is reviewed and shared with neighbouring CCGs.

Q.5. Engagement with the Local Authority

The CCG has made every effort to constructively engage with all local stakeholders with regards to the proposed changes at Alexandra Avenue.

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The engagement and communications plan was impacted by commercially sensitive contracting discussions with providers and the rules and regulations of PURDAH throughout May 2018.

Discussions commenced in March 2018 where the proposal was first presented at the Health and Social Care Scrutiny Sub Committee on the 14th March 2018 attended by the CCGs Chief Operating Officer, Paul Jenkins and Programme Director, Adam Mackintosh.

On the 2nd of July 2018 the Health and Social Care Scrutiny Sub Committee was attended by Harrow CCG's Managing Director, Javina Sehgal and Programme Director, Adam Mackintosh where the recommendations from the 'Scrutiny Review of Access to Primary Care in Harrow and the Urgent Care landscape' were discussed at length.

On the 23rd August the CCG's Assistant Managing Director, Tom Elrick and Project Manager, Pam Clarke met with Councillor Hansen with the specific agenda of discussing the changes planned for Alexandra Avenue Walk-in Centre.

On the 14th September the CCGs Clinical Director, Dr Muhammed Shahzad, Assistant Managing Director, Tom Elrick, Programme Director, Adam Mackintosh and Communications Manager Hari Rai met with MP Gareth Thomas to explain and describe in detail what the planned changes were for Alexandra Avenue and how these were going to be implemented.

On the 21st September the CCG responded to a letter received from MP Navin Shah, London Assembly member for Brent and Harrow answering all questions relating to the changes planned for Alexandra Avenue Walk-in Centre and offered the opportunity to meet and discuss in more detail if required.

On the 16th October the Health and Social Care Scrutiny Sub Committee was attended by the CCGs Chair, Dr Genevieve Small and Managing Director, Javina Sehgal.

Q.6 Business Case for Alexandra Avenue

An options appraisal was undertaken in February 2018 to ascertain the most appropriate location for a GP Extended Access Hub to operate from. The key principles considered to be the least disruptive were:

- Estates being fit for purpose
- Activity of Harrow patients attendance at Walk-in Centres

The appraisal concluded that the most appropriate existing estate within the community was Alexandra Avenue Health and Social Care Centre. The majority of activity at this site was already being provided for Harrow residents.

The effect of the service changes for Harrow residents is minimal; the centre will continue to be available as the same operational times as the Walk-in Centre however will be available on a pre-bookable basis through the GP Practice or NHS 111. This enables the provider to manage demand effectively and ensure the optimal use of clinical time.

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The total commissioned activity for additional GP Access appointments is 22,600 per annum. This equates to over 76 appointments per 1000 patients.

Q.7 Access to Patient Records

All member practices of Harrow CCG have a data sharing agreement in place with the Urgent Care Centre, Walk-in Centre and GP Extended Access providers.

This ensures that clinicians treating patients in the unscheduled care environment, when agreed can access important clinical information including medications, allergies and medical history.

Q.8 What are Harrow CCG plans for future Walk In Centres

There is a requirement from NHS England (NHSE) for all CCGs to provide GP Extended Access Services to support GP practices and the wider local health economy with same day access to a GP. NHSE issued guidance and criteria that must be adhered to in the commissioning of these services. The CCG is responsible for commissioning services for their registered population. CCGs across London are contracting various solutions utilising the published criteria for this service provision.

In Harrow the operational model consists of commissioning a GP Extended Access Hub which will be available for all patients registered with a Harrow GP and will be available from 08:00-20:00, seven days per week.

In addition to this Harrow CCG also commission two further Walk-in Centres that are available to all patients irrespective of the borough in which they reside, whether registered or not registered with a GP in Harrow or any other borough. These are available from 08.00-20.00, seven days per week.

With effect from March 2019 Walk-in Centres will need to achieve the national standards set for Urgent Treatment Centres or GP Extended Access Centres as published nationally by NHSE. Currently, the Harrow Walk-in Centres do not meet this criteria. Discussions within the CCG have started to take place with regards to this; however there is not yet a definitive plan for the future provision.

Q.9 Clinical Model

The GP Extended Access clinical model is predicated upon patients first contacting their GP practice, if the practice is unable to accommodate the appointment they will have direct access to book an appointment at the GP Extended Access Centre. This enables the patients regular GP to manage demand and medical acuity in a proactive way. For instance, a patient that requires an appointment for a long term condition or exacerbation would be much better managed by a clinician that knows the patient and is familiar with their history and medication requirements; there is then additional capacity at the GP Extended Access Centre to accommodate other urgent appointments. Essentially the model ensures that GP Extended Access appointments are used to assist GP practices in managing their patients

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and demand requirements. This fits with the model of primary care home and the out of hospital strategy of delivering care within the community where appropriate and when possible.

Q.10 Conflict of Interest (Would the providers patients receive a better service?)

Initially the available appointments will be available for all Harrow GP practices to utilise in addition to the Urgent Care Centre at Northwick Park Hospital and NHS 111.

Performance reporting requirements will include how many patients are utilising appointments and with which GP practice they are registered with. Once the service is properly established and if required, appointments will be allocated to practices according to their respective list size.

Q.11 Is this service taking money away from GP practices?

The service is currently funded by NHS England on a non-recurrent basis; the funding is accompanied by set criteria and a service specification, i.e. to be delivered 7 days per week and be available either 08:00 to 20:00 within a hub environment or between 18:30 and 20:00 at GP practices. The only way that Harrow CCG can ensure that this is provided within the criteria is to commission a hub that is open every day from 08:00-20:00. If the CCG does not adhere to the commissioning guidance for the service delivery of GP Extended Access or are unable to evidence the provision, the funding would be withdrawn.

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