



Improving Primary Care Access in Luton

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Document Control Sheet

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1. National and Local Context

1.1 National Context

The Francis report (2013) called for a fundamental change in culture in the NHS, whereby the patients care and safety is put first, with the patient being the priority in everything done. NHS England published 'a Call to Action'. This outlined a number of future pressures that threaten to overwhelm the NHS. The population is growing, ageing and becoming more diverse. The Kings Fund (2013) state that over the next 20 years the number of people aged over 85 is expected to increase significantly. By 2030, the number of older people with care needs is predicted to rise by 61 per cent. We are seeing a significant increase in the number of people with long-term conditions - for example, heart disease, diabetes and hypertension. There is evidence that demand for primary care has been rising significantly over time, with the number of general practice consultations having risen by 75 per cent between 1995 and 2009, resulting in an increased clinical workload of over 40 per cent when compared to 1998 (Office for National Statistics, 2013). The resulting increase in demand combined with rising costs threatens the financial stability and sustainability of the NHS; without introducing new models of care not only will the NHS become financially unsustainable, the safety and quality of patient care will decline.

The NHS faces a projected funding gap of £20 billion by 2021/22. Primary care potentially has a key role in helping reduce this gap by providing more personalised, accessible community based services for patients that help improve community health and reduce avoidable pressures on hospital resources (NHS England 2013).

Patients with multiple long-term conditions must be managed differently to reduce reliance on acute care. A hospital-centred delivery system made sense in years gone by but to meet these changing needs the current pattern of services and models of care will need to change. The Integrated Care Coalition (2012) wants local people to get the health and social care they need as easily and conveniently as possible, close to their homes, rather than in a hospital or care home, so they can live independently for as long as possible.

General practices are typically small organisations, working in relative isolation from one another, with the exception of some networking for the purposes of out of-hours cover and involvement in clinical commissioning - the resulting small size of most practices presents challenges to enabling full use of the multidisciplinary team by not having the necessary resource to fund extended primary care, and lacking management and leadership capacity for service and organisational development (Nuffield and Kings Fund 2013). The current general practice workforce, and how it is structured, has insufficient capacity to meet current demand and expected patient needs (Centre for Workforce Intelligence, 2013).

1.2 Local Context

Luton has a population of approximately 220,000 and is served by twenty-nine GP Practices, one GP-led Walk-in Service, a GP Out of Hours service and an Urgent GP Clinic.

The current system is reported by patients and the community as confusing as there is a multitude of Urgent Primary Care Services and the pathway for patients is undefined and unclear.

For non-routine or urgent appointments patients can either choose to:

- See their GP if urgent appointments are available
- Ring 111 to seek advice and during GP closing hours can be offered an appointment or a home visit if clinically indicated
- Attend the Walk in Centre
- Attend A & E knowing there is an urgent GP clinic they will be streamed to.
- Ring a range of other services including community services if known.

In recent years Luton has experienced substantial in-migration from Eastern Europe (both EU and non-EU countries). This has significantly changed the demographic composition and ethnic complexion of the town with over 55% of the population being of black and ethnic minority or 'non-British white' origin. There is recognition of the importance of understanding the demographics of the town when planning and delivering services and in engaging with our diverse community.

The under 15 age group accounts for 22% of the Luton population, compared with 18% nationally. The 15 – 64 age group accounts for 66% of the Luton population compared to 65% nationally. The over 65 age group represents 12% of the population compared to 17% nationally.

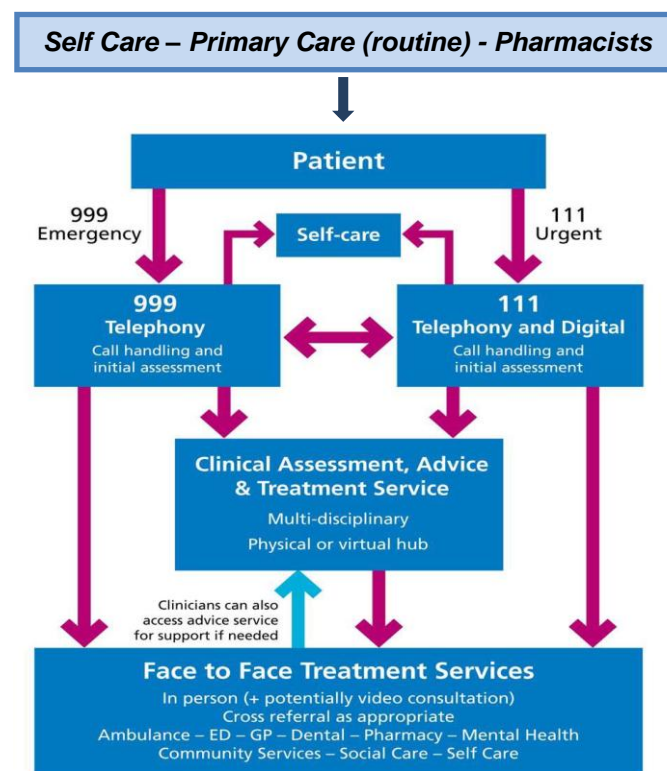
Luton has significant health challenges. 22% of children in Luton live in poverty, life expectancy is lower than the average in England, and CHD contributes to the largest proportion of inequality followed by circulatory disease. 23.7% of children are classified obese and 59% of adults (2012) were classified as obese or overweight.

There is significant variation in local practices populations use of the current walk in centre and walk in centre and often there is a correlation with ease of accessing a GP appointment. Building a common understanding of the challenges ahead testing ideas for general practice, and giving people an opportunity to inform how the values that underpin local health services can be maintained in the face of future pressures is vital to find sustainable solutions. The development of general practice to improve outcomes and tackle inequalities is a priority in Luton.

1.3 Alignment of the National Model to improve Primary Care Access in Luton

Primary Care is an integral part of the local Urgent and Emergency Care Strategy supporting urgent primary care needs.

The diagram below shows what a functionally integrated urgent and emergency care service will look like, the right side of this flow chart demonstrates directly how Primary care is embedded into the wider strategic direction:



2. Vision for Routine Primary Care in Luton

Our vision:

To ensure all residents in Luton have access to a high quality GP practice and GP out of Hours service that offers consistent services in collaboration with Community, Social Care and Voluntary services.

Our ambitions – to ensure:

- Sufficient numbers of GPs, nurses and practice staff to provide services for our population
- Right extended Primary Health Care Teams centred around the practice or networks of practices
- Right technology including the right connections and communications across services
- Right premises
- Flexibility to innovate locally

In order to support delivery of our ambitions, we believe that GP practices will need to operate at greater scale (in order to increase their scope and organisational capacity) and in greater collaboration with other providers and professionals and with patients, carers and local communities. This will enable the provision of a more comprehensive range of services, which are coordinated and community-based, and so potentially more accessible; facilitating quality improvement through peer review and learning. At the same time, general practice will need to preserve and build on its traditional strengths of providing personal continuity of care and its strong links with local communities that comes from individual practice units. As stated by NHS England (2013), the BMA (2013) and Nuffield Trust/ Kings Fund (2013) expanding the infrastructure of general practice and primary care within an integrated approach will offer collective strength enabling practices to cater for larger patient cohorts, across bigger geographical areas, allowing: pooling of clinical expertise, offering a greater range of generalist and more specialist services delivered by a larger multidisciplinary team

patients with long-term and complex needs jointly managed through an integrated team in line with a single care plan led by the most appropriate named clinician

greater collaboration between practices and social care services, with named social workers or team leaders aligned to every practice and regularly attending multidisciplinary meetings

secondary care clinicians and GPs working collaboratively to design and provide care pathways for local health economies, bringing more diagnostics and specialist care out of hospital and into community settings, including hospital-based specialists visiting nursing and residential homes and working alongside GPs in practices when appropriate

improved patient access, including greater availability of consultations outside traditional opening hours, and consultations outside of the surgery

local systems of extended primary care that work to prevent unnecessary hospital admissions and support safe hospital discharge seven days a week

expansion and development of practice premises to allow for delivering increased care in the community, including space for teaching, training and research

people to have greater freedom to choose the GP practice that best meets their individual needs

The ways in which patients access general practice is becoming increasingly diverse. Many practices are setting themselves up to provide a doctor first (or similar alternative) telephone triage service to improve their efficiency and ensure patients see the right person, in the right place at the right time.

Computer and digital technology is already changing the way in which members of the public interact with GPs and practice staff, with increasing use of remote appointment booking and ordering repeat prescriptions on line. These changes are likely to intensify to meet population demand, for example an ability to provide digital consultations. Practices must be in a position to both anticipate and respond to what lays ahead.

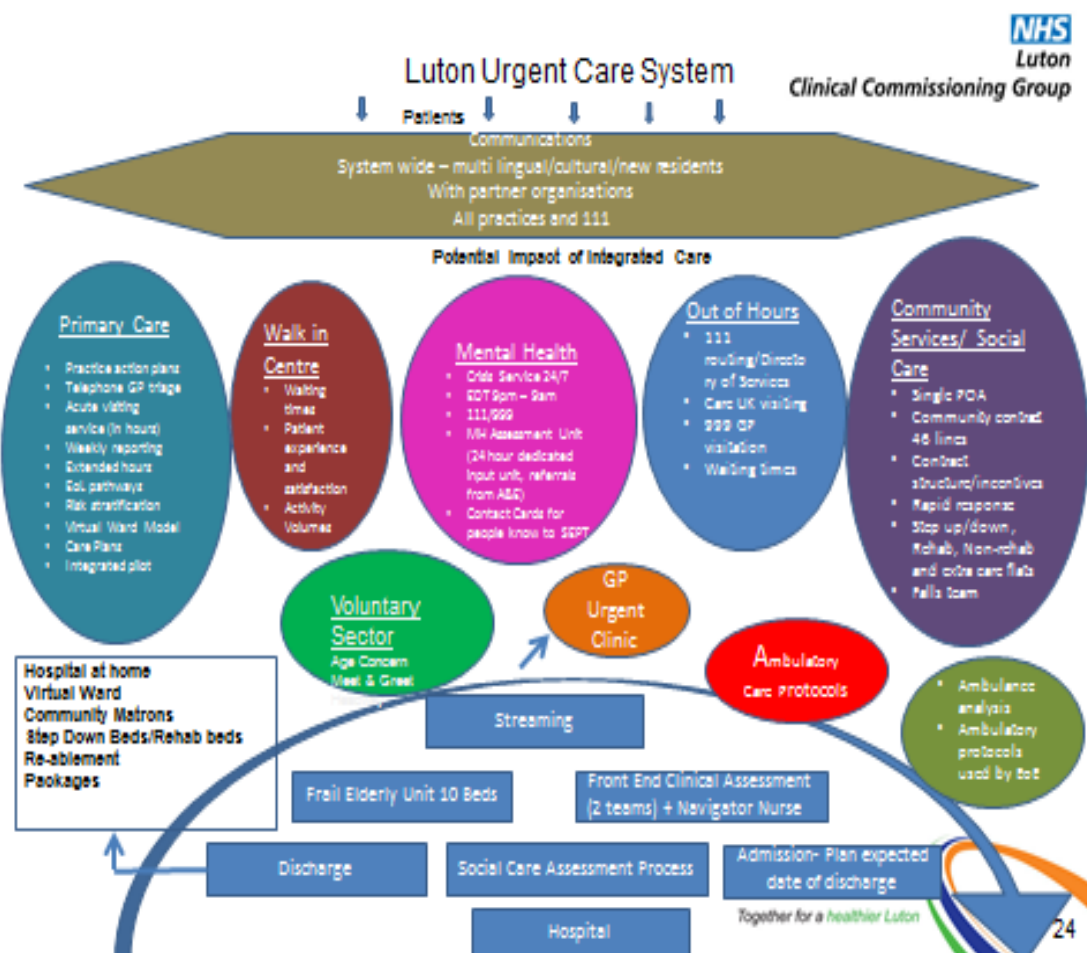
3. Vision for Urgent Primary Care in Luton

Knowing there is unwarranted variation in access and the quality of primary care services across Luton, we need a clear vision of how general practice will work in wider local systems. We are committed to working collaboratively with the public and stakeholders to enhance the central co-ordinating role that the general practice can play in supporting people and their families.

Evidence shows we must ensure we commission responsive care for the general population, including same-day access to services for people with urgent care needs. Patients that perceive it to be difficult to access primary care services subsequently attend A&E, the Walk-in Centre and Urgent GP Clinic. It is unsustainable for the local healthcare economy for patient's to continue to use acute services and risk poorer outcomes. The strategy explores opportunities to provide direct care advice and offer bookable urgent appointments for patients who are assessed to require face to face care urgent care. These appointments would be available 24/7 incorporating the out of hour's service. These available appointments could be pooled within potentially two key clinics across Luton to ensure efficiency. GPs and their teams would provide the clinical support and appropriate clinics for when patients require their urgent appointment; different ways of accessing services such as this may benefit a broader section of the population including younger people.

3.1 Current Urgent Care System

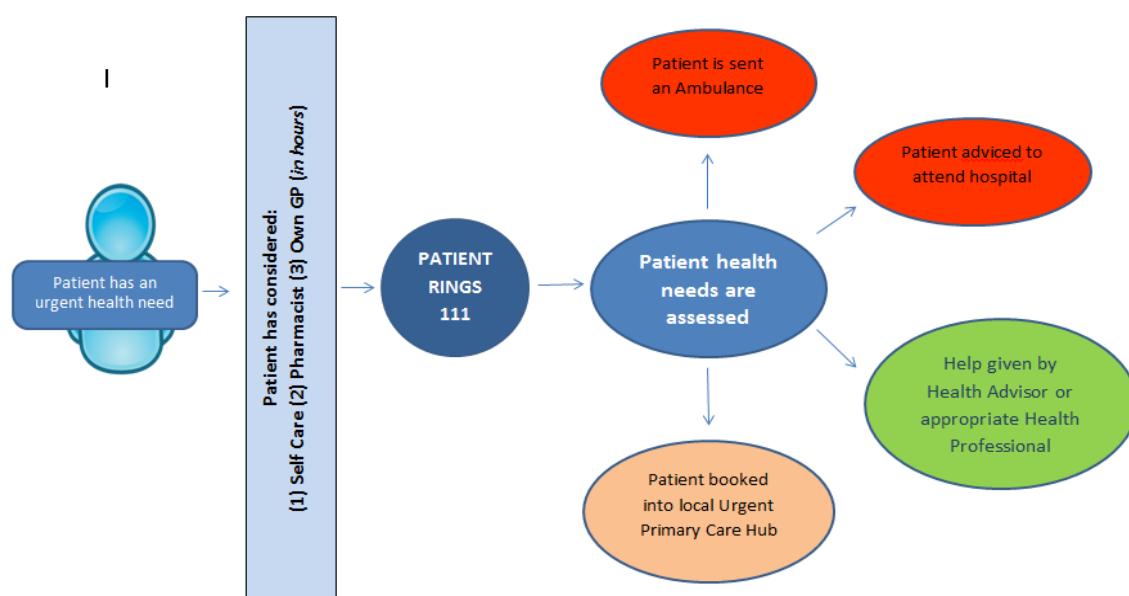
As highlighted above, the current access to urgent primary care is complex, with multiple routes of access. The diagram below highlights the complex nature of services in Luton:



3.2 Integrated Local Vision

This strategy also aims to define the Integrated local vision with clear routes of entry for all patients when they have urgent primary care need. The vision for Luton is to ensure patients enter the urgent health care system appropriately and is immediately supported in the pathway to appropriate care and through newly developed end to end pathways from the beginning of the patient's urgent journey to the end.

The diagram below highlights the proposed vision for accessing urgent primary care appointments, showing the single point of contact via 111 becoming the integral single point of contact where patients with urgent needs can be discharged from 111 being closed at the point of their single call through an integrated cohesive pathway.:



It will also support Primary Care by promoting and developing alternative appointments including telephone consultations, Skype appointments, face to face or home visits 24/7 for all urgent needs that do not require emergency care.

3.3 Urgent Primary Care Hubs

As proposed in the diagram above the intention is that patients urgent care needs are resolved at the point of the initial call. Should the patient require face to face urgent primary care they will be booked into an appropriate appointment at one of the two proposed local Urgent Primary Care Hubs.

Aligning to the Self Care Strategy, there is an opportunity to develop the scope of the hubs to promote self care and for patients, who may turn up without an appointment, to be assessed via the NHS Pathways to help identify their urgent care needs.

The current activity for the Urgent GP Clinic and the Walk in Centre now reaches approximately 70,000 patients per annum. The intention is that the two Hubs will run 24/7 and incorporate the GP Out of Hours service from:

- Luton Town Centre
- Co-location at Luton and Dunstable Hospital