

## **Integrated primary care service**

### **Briefing for Health Overview and Scutiny Panel**

#### **Introduction**

Access to primary care in Portsmouth, as with many areas across the country, is known to have been a challenge for some time.

The challenge is twofold – local residents seeking to access the services find them to be fragmented or hard to access, and the organisations providing the service experience difficulties in recruiting the required number of suitably skilled staff, and delivering timely care to patients.

A new approach is considered necessary to meet the needs of patients – where there is extensive engagement evidence to show that people find the urgent service ‘offer’ to be confusing and over-complicated – and to establish a more robust service model which can be delivered sustainably.

#### **The proposal**

NHS Portsmouth CCG is seeking to develop an integrated 24/7 primary care service through the provision of three interconnected services – out of hours, the Extended Access Service which was first introduced in 2017, and the Acute Visiting Service (AVS). This integrated service would be delivered by a single provider, rather than the split model which is currently in operation – the Portsmouth Primary Care Alliance of GPs delivering the AVS and Extended Access Service, and PHL delivering out of hours GP cover.

Using a single provider, the intention is to move towards a unified, streamlined Urgent Care pathway for out of hospital care, consolidating both the in-hours and out of hours provision of Primary Care.

The change is timely, because the contracts for both the AVS, and the out of hours provision, expire in the coming months. Therefore, there is an opportunity to test out and develop new ways of delivering integrated primary care before the potential award of a longer term contracts such as the Multi-speciality Community Provider (MCP), in line with the NHS Five Year Forward View.

#### **Integrated primary care – how it will work**

During traditional ‘in-hours’ periods patients will continue to access primary care services as normal, via their GP surgery. That remains as the foundation of local primary care, but the new service will include three important – and integrated – enhancements referred to above.

Firstly, during those traditional core hours (Monday-Friday, 8am – 6.30pm), the Acute Visiting Service (AVS) will operate, visiting patients in their homes to increase GP capacity, help to manage

the 'flow' of patients to acute hospitals, and reduce demands on the ambulance service. The AVS capacity will be able to flex, to meet demand. The service will be referred into by the patient's practice.

Secondly, the 'Enhanced Access' service will effectively extend the core hours of primary care well beyond the traditional times. Offering both routine and urgent appointments, the service can be booked into via a patient's surgery, or can be accessed outside normal in-hours either by the patient calling their surgery, or calling NHS 111. Patients will be triaged over the phone, and referred appropriately. The routine element of this service will run from 6.30pm – 8pm on weekdays, and 8am – 8pm on Saturdays. The urgent element of the service is operational from 6.30pm – 10pm on weekdays, and 8am – 10pm on Saturdays, Sundays and bank holidays.

Thirdly, for the (now shorter) remaining out of hours periods, the integrated service will be accessed via NHS 111. The service will include an overnight visiting service for this overnight period, when demands are lower.

### **Advantages of the new service**

The proposed new service has a range of advantages over the current, more fragmented provision.

A fundamental improvement is that the integrated service will use SystmOne, the same IT system for recording and storing patient information that is now being used by GP practices across the city, and also by Solent NHS Trust, which provides community-based NHS services in Portsmouth. (The current out-of-hours service based at Queen Alexandra Hospital does not use this system, which has an impact both on the experience of the patient, and the ability of the clinician to deliver the best service.)

With a shared IT system, patients will benefit from being seen by clinical staff who can see their medical record – this not only improves the experience for the patient by avoiding the need to repeat their medical history unnecessarily, it also potentially shortens triage and appointments, and will reduce the need for people to be referred back to their own surgery. Clinicians will be more able, and more confident, to make informed decisions – a better, and safer, service staffed by clinicians who work in and know the Portsmouth system.

With greater provision of both routine and urgent appointments, the 24/7 integrated service – with evening and weekend availability, and direct telephone access - will mean that access to primary care is improved. That improved access during out of hours periods should also result in a smoothing out of peaks and troughs in demand throughout the week – for example, reducing some of the predictable demand for Monday morning appointments at GP surgeries.

The 'base' for the new out-of-hours service – a new location is required to benefit from using the SystmOne software – will be the GP surgery on Lake Road, rather than at Queen Alexandra Hospital, as is the case now. As well as the significant advantages delivered by a shared IT system (see above), this will also make the service more geographically convenient for the majority of the city population – approximately 77% of city residents using out-of-hours facilities at Queen Alexandra Hospital live in postcode areas PO1-PO5.

### **Engagement – what we know**

There has been extensive engagement with local people regarding urgent and same-day care in recent years.

The proposal for an integrated primary care system has been developed in the light of a significant amount of intelligence about people's preferences and attitudes. Some of the key themes that the CCG has heard repeatedly in recent years are that Portsmouth residents...

...want the NHS to deliver a system which means they "tell their story only once". An integrated system using a single IT system is a major advance, meaning that clinicians do not have to start from 'square one' when they meet a patient.

...feel that the current system of urgent and same-day care is complex, and confusing. This change does not, in itself, address that issue in its entirety but it represents a move towards simplicity and stripping out complexity in the system.

...feel it is difficult to get an appointment at a GP surgery, which in turn can prompt people to use A&E instead. This service addresses that directly, by seeking to use the available workforce more efficiently, thus increasing the availability of GPs and other medical staff.

### **Next steps**

The service is gearing up to 'go live' on 1 July.

The CCG is working with the Portsmouth Primary Care Alliance to develop a robust communications plan related to the introduction of this new, integrated service, with a view to both promoting awareness of the service and particularly the availability of appointments outside traditional working hours. The activity is likely to include, but not be limited to:

- Proactive promotion via the news media
- Information made available on CCG website
- Information prepared and disseminated for GP practice websites, including Q&A
- Briefing materials for frontline GP practice staff
- Posters for patient areas
- Social media activity