

MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

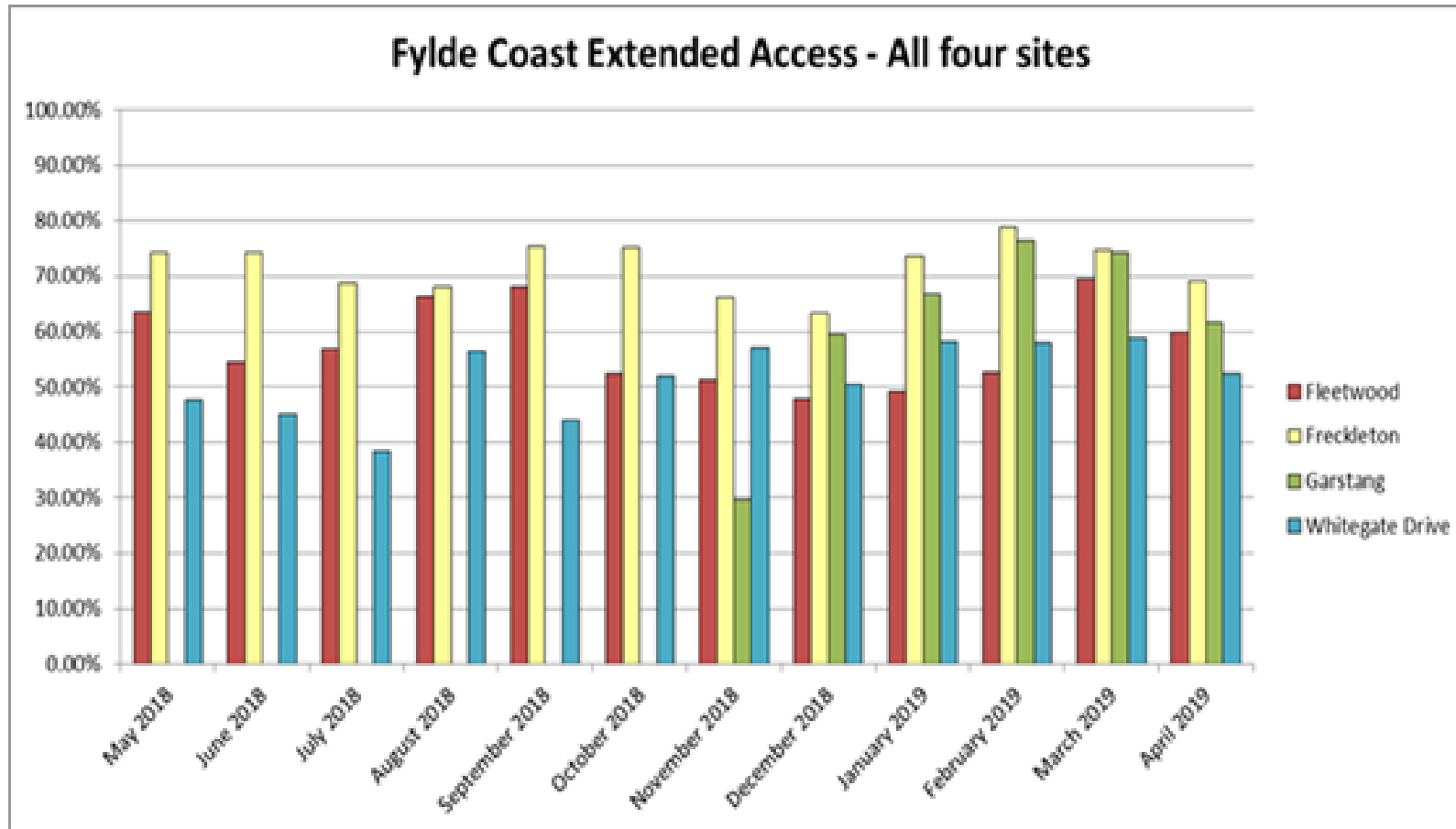
	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	28.11.18	That the CCG be requested to investigate ways in which to improve signposting to extended access appointments through the Patient Access App and by GP practice receptionists and to report back to the Committee with the outcomes in July 2019.	July 2019	David Bonson Michelle Ashton	Contact was made with the developer of the App to determine whether a prompt could be included to the bottom of the patient access app or on the messages section for patients to be directed to the extended access service in or out of GP hours. Unfortunately this hasn't been developed at a national level yet. In respect of signposting to extended access appointments, please see below response in recommendation two which outlines the mechanisms in place for signposting to these appointments.	
2	28.11.18	That the CCG be requested to undertake a mystery shopper exercise in relation to the offer of extended access appointments to report back to the Committee on the outcomes in July 2019.	July 2019	David Bonson Michelle Ashton	Mystery shopper exercise undertaken between October 2018 to June 2019 and as a result of this, the following actions have been implemented: <ol style="list-style-type: none"> 1. All practice receptionists have been trained to provide care navigation advice to patients, including Extended Access appointments where appropriate. 2. The Fylde Coast Clinical Commissioning Groups (FC CCGs) have included a mandate within the GP Enhanced Contract for practices to encourage patients to utilise the service with a script developed for practice use. 3. Extended access appointments are also now promoted via: <ul style="list-style-type: none"> • Practice TV Screens • Practice Manager Forums • Practice Nurse Forums • Patient Participation Groups 	

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					<ul style="list-style-type: none"> • Social media • Leaflets • Via Practices offering appts <p>4. During the Christmas and New Year period, a leaflet was disseminated to all FY postcodes (and postcodes of the CCG boundary i.e. PR) to promote the Extended Access service.</p> <p>5. The CCGs have commissioned an additional telephone number to be available for patients to book and cancel appointments during the Extended Access opening hours.</p> <p>6. Due to boundary changes, additional provision has been commissioned to be delivered from Garstang Medical Centre each Saturday.</p> <p>See Appendix X(b)i</p>	
3	28.11.18	That the CCG investigate whether transport was offered to patients to attend referrals for breast cancer appointments outside of the area and report back to the Committee. To be recommended that transport be provided in future similar situations if it did not happen.	July 2019	David Bonson Beth Goodman	<p>We have investigated and confirm that patients were not offered transport to attend out of area breast cancer appointments. We understand that the Trust did source capacity at East Lancashire Hospitals and did offer appointments, of which some patients accepted these appointments.</p> <p>Patient Transport Service (PTS) is commissioned for patients based on where they are registered, or normally reside. In this sense, if patients are eligible for transport, we manage their journey wherever they are accessing healthcare. Transportation for cancer services is</p>	

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					managed within the Enhanced Priority Service (EPS) specification and essentially patients accessing cancer services are deemed eligible for transport. To assure members of the scrutiny committee, patients within this cohort are well supported by the PTS contract and as well as accessing services locally, do travel to places such as the Christie and where necessary, areas outside of the North West if required through their treatment pathway.	
4	28.11.18	That the CCG report back to the Committee in July 2019 with the main areas of concern in relation to succession planning and an approach to be taken.	July 2019	David Bonson Michelle Ashton	A considerable amount of work has been undertaken around succession planning. Blackpool CCG's Operational Plan outlines how it would meet the requirements of the GP Five Year Forward View (FYFV) and which aligns to Lancashire and South Cumbria's strategic plan to transform and sustain primary care services using the GPFYFV programme as enablers to recruit and retain GPs. In recognition of the recruitment and retention issues experienced in Blackpool, the Primary Care Commissioning Committee approved a piece of work to develop a GP specialist role, combining general practice and hospital speciality work. The development of the scheme received widespread support (CCG executives/Governing Body/clinical leads and clinical senate). The aim of the scheme is to attract more GPs to Blackpool who will develop expertise in a hospital based speciality in order to improve the primary/secondary care interface. Some of the specialities suggested including are respiratory, paediatrics, care of the elderly, rheumatology,	

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					cardiology, palliative care, diabetes and unscheduled care but would be open to any speciality outside of this if specified. See Appendix X(b)ii.	
5	28.11.18	That future data demonstrate the number of patients experiencing a 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.	July 2019	David Bonson Beth Goodman/ Berenice Groves	This information is not currently collected; however business intelligence teams will commence collection of this from 1 July 2019. A review of all 12 DTA from July 18 to date has been undertaken see embedded table (10 patients in total have fallen into the category of 12 hr DTA due to drug or alcohol intoxication) See Appendix X(b)iii.	

Fylde coast extended access – All Four Sites



Fylde Coast Executive Strategy Group
25 April 2019
Update report on the development of the
GP specialist post

Introduction and Background

Blackpool CCG's Operational Plan, laying out how it would meet the requirements of the GP Five Year Forward View (FYFV) was approved by NHSE in early 2017 and aligns to Lancashire and South Cumbria's strategic plan to transform and sustain primary care services using the GPFV programme as enablers to recruit and retain GPs. In recognition of the recruitment and retention issues experienced in Blackpool the Primary Care Commissioning Committee approved a piece of work to develop a GP specialist role, combining general practice and hospital speciality work. The development of the scheme received widespread support. (CCG executives/governing body/clinical leads and clinical senate). The purpose of this paper is to provide an update position on progress to date.

The aim of the scheme is to attract more GPs to Blackpool who will develop expertise in a hospital based speciality in order to improve the primary/secondary care interface. Some of the specialities suggested include respiratory, paediatrics, care of the elderly, rheumatology, cardiology, palliative care and diabetes and unscheduled care but would be open to any speciality that could support one of the GPs.

Key principles

- The post-holders will work 4 sessions in primary care, 4 sessions in a speciality and 2 sessions for protected education and training days per week
- In the acute speciality post-holders will be an integral member of the consultant team, receiving training in the specialist area
- The contract will be held by BTH
- Funding – 50% GP practice, 25% CCG and 25% BTH
- The CCG will facilitate an informal peer support group for GPs to share experiences
- Appraisal and PDP to be undertaken by accredited GP appraiser. Secondary care workload/competencies/achievements to be provided by appraisee from the specialist consultant/clinical lead
- Applicants should demonstrate a commitment to develop a portfolio career through the extension of traditional clinical and leadership skills
- Each organisation will provide a mentor; this will usually be an experienced GP/Consultant. The mentors will provide ongoing support, enable the undertaking of additional general practice/clinical roles and will facilitate release from practice for professional development sessions to enable appropriate additional experience/skill acquisition

Outcomes

- Improved clinical specialist training to equip individuals with skills to work autonomously
- Create long term resilience in primary care, acute care/unscheduled care system
- Develop neighbourhood models, care - pathways and projects which align with the joint CCGs, primary care network (PCN) aspirations, GPFV and priorities in the ICP

- Sharing knowledge/experience between GP and Trust colleagues
- Improve quality of referrals, diagnosis and outcomes in practices/neighbourhoods/PCN
- Develop a community type role with an interface between primary and secondary care
- To gain a post graduate diploma/certificate – For example, MA in palliative care

Current Position

Following a meeting with the BTH medical director and associates a number of engagement meetings have taken place with consultants expressing an interest in the post, workforce leads, HR and finance to progress the scheme. Internet research has been undertaken to see whether other areas have developed a similar scheme. St Helens CCG has advertised for portfolio careers and enhancing clinical interests in acute care, however, there are no best practice opportunities at this stage.

A recurring question relates to funding and financial flows where there may be full establishment or vacancies in interested specialities. Discussions with finance colleagues are progressing to work together on the funding flows across directorates.

The proposed start date is August 2019. In year costs - £400k (includes £20k for advertising). Recurrent costs - £570k based on 6 GPs in post (£95k ea.) including on costs. The table below shows the split of costs between the GP practice, CCG and BTH for up to 6 posts.

GP specialist registrar						
Annual cost incl. on cost/post	95000					
Annual costs x 6 GPs in post	570000					
Split of costs	1 post	2 posts	3 posts	4 posts	5 posts	6 posts
GP practice - 50% contribution	47,500	95,000	142,500	190,000	237,500	285,000
CCG - 25% contribution	23,750	47,500	71,250	95,000	118,750	142,500
BTH - 25% contribution	23,750	47,500	71,250	95,000	118,750	142,500
Totals	95,000	190,000	285,000	380,000	475,000	570,000

The key areas of focus are:-

- Financial flows
- Education/training and consultant supervision in the acute speciality and associated governance
- Job description and person specification
- HR – contract arrangements, interview process and mandatory training.

Actions

- A small number of consultants have agreed to draft out a work plan for the specialist posts
- Meeting to progress the financial flows is planned with finance colleagues
- Work is progressing on an open day to seek expressions of interest from potential GP candidates. The scheme has been tested briefly with current GP ST3s and a further update is planned
- Work is in progress with BTH HR colleagues to develop the job advert
- Colleagues to reconvene – date to be agreed

Recommendation

Members of the ESG are asked to:-

- note the current position
- support the proposed actions

Michelle Ashton
Senior Commissioning Manager
Primary Care

April 2019

Steve Gornall
Interim Project Support
Primary Care

Appendix 7(b)iii

Details of 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.

July 2018 to date

Month	Reason
10.7.18	Spice user
16.8.18	OD Heroin
28.10.18	Alcohol dependant suicide attempt
27.11.18	Spice User
12.12.18	Heroin user
14.2.18	Alcohol dependant and co-codamal o/d
16.2.19	Cannabis user
15.3.19	Trying to home DETOX
30.3.19	Alcohol dependant suicide attempt
10.4.19	Diazepam dependant