

# East Lancashire Clinical Commissioning Group

Agenda Item No: 7.1

<b>REPORT TO:</b>	PRIMARY CARE COMMITTEE	
<b>MEETING DATE:</b>	21 September 2015	
<b>REPORT TITLE:</b>	Rossendale Locality – Longer GP Appointments for patients 85 years of age and over initiative	
<b>SUMMARY OF REPORT:</b>	The overriding aim of this initiative is to provide the over 85s population in Rossendale access to and time with a GP and health practitioners, improving the care of older people, promoting independence and reducing avoidable admissions.	
<b>REPORT RECOMMENDATIONS:</b>	It is recommended that the proposal for Rossendale GP Practices to offer longer appointments to their patients aged 85 and over is approved by the CCG Primary Care Committee.	
<b>FINANCIAL IMPLICATIONS:</b>	Payments to participating Rossendale GP practices cumulatively would total a maximum of £105k (full year basis). To be funded from the locality over 75s funding	
<b>REPORT CATEGORY:</b>	Formally Receipt	<b>Tick</b> √
	Action the recommendations outlined in the report.	√
	Debate the content of the report	√
	Receive the report for information	
<b>AUTHOR:</b>	Andy Lavery – Rossendale Locality Commissioning Manager	
	Report supported & approved by your Senior Lead	Yes
<b>PRESENTED BY:</b>	Dr John O'Malley – GP Representative on Rossendale Locality Steering Group	
<b>OTHER COMMITTEES/ GROUPS CONSULTED:</b>	Supported by Rossendale Locality Steering Group	
<b>EQUALITY ANALYSIS (EA) :</b>	Has an EA been completed in respect of this report?	<b>No</b>
<b>RISKS:</b>	Have any risks been identified / assessed?	<b>No</b>
<b>CONFLICT OF INTEREST:</b>	Recognised	<b>Yes</b>
<b>PATIENT ENGAGEMENT:</b>	Patient Rep & Rossendale Older Peoples forum	<b>Yes</b>
<b>PRIVACY STATUS OF THE REPORT:</b>	Can the document be shared?	<b>Yes</b>
<b>Which Strategic Objective does the report relate to</b>		<b>Tick</b>
<b>1</b>	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
<b>2</b>	Optimise appropriate use of resources and remove inefficiencies.	√
<b>3</b>	Improve access, quality and choice of service provision within Primary Care	√
<b>4</b>	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	√

**NHS EL CCG Governing Body / Sub Committee  
21 September 2015**

**ROSSENDALE LOCALITY - LONGER GP APPOINTMENTS  
FOR PATIENTS 85 YEARS OF AGE AND OLDER INITIATIVE**

**1. Introduction**

- 1.1 **As** part of the spending review process 2013, the Government introduced a £3.8 billion pooled budget for health and social care services. The aim of the Better Care Fund (formally the Integrated Transformation Fund) is to improve the outcome for the public, provide better value for money and be more sustainable. In addition to this, the NHS has made a further £200 million available in 2014/15 to accelerate this transformation.
- 1.2 People today are living longer, healthier lives than ever before. Fatal diseases can now be cured or managed, adding years or even decades to a person's life. With progress, brings challenges, and the health system is under more pressure than ever before. With living longer, comes the added complexity of living with long-term conditions that need constant care and attention for instance, diabetes, asthma and heart disease. All these people need continuous care and support, and the right systems and resources to enable this.
- 1.3 Rossendale has a registered population of 70,389 as of 1 April 2015. Approximately 1,502 are aged over 85 (2.13% of the population).
- 1.4 The health of people in Rossendale is varied compared with the England average. Deprivation is lower than average however about 19.4% (2,500) children live on poverty. Life expectancy for both men and women is lower than the England average.

**2. Purpose / Background**

- 2.1 East Lancashire CCG has made available £5.00 per head of population for localities/Integrated Neighbourhood Teams recurrently to develop services that are aimed at helping patients that are the most vulnerable of hospital admission. Much of this funding in Rossendale has been used to employ 2 Support Nurses plus administration support, plus expansion of the care home nurse initiative, plus further consideration of a proposal for a Locality Clinical Pharmacist (Represents approximately £3.50 per head). This leaves approximately £1.50 per patient available to fund a further initiative.
- 2.2 Standard length of a GP appointment is 10 minutes. With increasing complexity of presenting problems and long-term conditions there is a strong argument for extending the length of appointment. The BMA are currently leading a campaign aimed at extending booked GP consultation length. At interview for patient representatives on the Rossendale Steering Group one of the

successful candidates volunteered, unprompted “older people need longer appointments with the GP”.

2.3 The overriding aim of this initiative is to provide the over 85s population in Rossendale access to and time with health practitioners, improving the care of older people, promoting independence and reducing avoidable admissions.

### **3. Detail**

3.1 Rossendale locality propose to make the 20 minute appointment time (double appointment) the standard length of appointment for consultation with their over-85s.

3.2 Extending the length of a standard consultation would allow

- Thorough assessment of the patient’s needs;
- More time for effective review of medications especially in those patients receiving polypharmacy i.e. 4 or more medications (see relevant read codes below).
- More time for GP’s to offer health promotion;
- More time for effective signposting to other agencies;
- More time to work more effectively in partnership with other community services

3.3 Delivery of this objective must be done without impacting on other patient groups and so the expectation is that this would not be delivered within existing workforce capacity. For example, additional locum sessions could be used to maintain the overall number of appointments.

3.4 Practices will submit their delivery plan into this Locality for consideration, additional capacity may be delivered individually or collectively. Practices will need to demonstrate how their delivery plan will benefit patients over 85 years.

3.5 The Locality does not wish to be overly prescriptive in how practices deliver the objective of providing a double appointment for all over-85.s but it must be done without impacting on other patient groups. The expectation from the locality is that this would not be within existing workforce capacity. This may involve additional triage, perhaps additional Advanced Nurse Practitioners or GP capacity, or working with other practices. Practices will submit their delivery plan into the locality for consideration; additional capacity may be delivered individually or collectively. Practices will need to demonstrate how their delivery plan will improve the experience of patients over-85 years whilst maintaining access to other patients.

### **4. Performance Management and Payments**

4.1 The locality proposes to measure the success of the initiative by:-

4.1.1 Listening to Patient Views:

Working in conjunction with the Rossendale Steering Group Lay Member, we will work closely with the GP Practice Patient Participation Groups (NPPGs) and the Seniors Together In Rossendale (STIR) Group to discuss patient journeys and receive patients’ stories.

4.1.2 Survey patients regarding their satisfaction (both over 85s and the wider population). Monitor access for the rest of the patient population to ensure that they are not disadvantaged.

4.1.3 Performance Monitoring

Quarterly performance reports to be received from practices:

- Audit of number of double appointments delivered to over 85s.
- Satisfaction questionnaire survey for over 85s regarding their double appointment
- Satisfaction questionnaire survey for under 85s regarding their access to appointments
- EMIS searches of over 85s notes for Read codes: Polypharmacy medication review **8B3B**, Drug therapy discontinued **8B3R** and Medication commenced **8B313**
- Monitor complaints to practice regarding access from other patient groups.

4.2 The Rossendale locality will performance monitor the service development and may adapt the service to meet demand. Any changes will be sought through the appropriate channels of the CCG. A monitoring return has been developed (Appendix 1) for all participating practices to complete.

4.3 Registered population of Rossendale locality is 70,389 (April 2015)

The number of patients aged 85 or over is 1,502

Total Funding available is £1.50 per patient = £105,000 (equivalent to approximately £70.00 per over 85s patient).

The approximate practice specific payments should all of the Rossendale practices want to sign up to this initiative, based on list size would be as follows:-

<b>Practice</b>	<b>Patients 85 and over</b>	<b>All Practice Patients</b>	<b>Estimated Payment (£)</b>
St James Medical Practice	307	10,992	16,488
Irwell Medical Practice	274	14,249	21,374
Whitworth Medical Practice	142	7,061	10,593
Dr Mackenzie and Partners	267	10,068	15,102
Ilex View Medical Practice	132	7,094	10,641
Waterfoot Group of Doctors	207	9,178	13,767
Dr Moujaes & Dr Mannan	98	4,980	7,470
Rossendale Valley MP	44	2,405	3,608
Fairmore Medical Practice	31	4,362	6,543
<b>Total</b>	<b>1,502</b>	<b>70,389</b>	<b>105,584</b>

## 5. Anticipated Benefits

5.1 The anticipated benefits of the Rossendale locality proposal are:-

5.1.1 GP appointment length 20 minutes for all patients' over-85 years  
Additional time to enable clinicians more opportunity to undertake a quality consultation; improve case finding of carers; more effectively offer carer support; identify individuals who might be eligible for attendance allowance; more effective medication review and consideration of polypharmacy.

5.1.2 Modern Model of Integrated Care

Support for those patients aged over 85 and with long term conditions to improve the management and prevent them from requiring secondary care services. Practices will be central to the development and implementation of Integrated Neighbourhood Teams (INT), this additional funding is an enabler to closer integration between practices and community teams by providing capacity and encouraging more effective working across traditional barriers. Importantly, work focusing on the needs of older people in care homes will also be supported by this additional capacity.

5.1.3 Supporting other local services

Compliment the work of the Rossendale Support Nurses who are hosted by Rossendale Hospice and the Care Home Nurses who are hosted by Irwell Medical Practice. In addition this initiative would support the locality specific role of the Community Geriatrician. All of the above have a strong interaction with the over 75 population and in particular the over 85s age group in Rossendale.

## 6. Conclusion

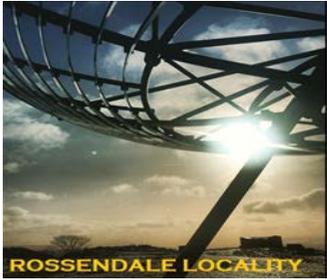
6.1 A thriving, innovative, sustainable Primary Care is essential if the CCG is to meet its strategic objectives. Lack of capacity within Primary Care is a real risk that needs to be addressed if the needs of our increasingly elderly population are going to be served in the future. Rossendale Locality Steering Group recommends that the £5.00 per head of population is used to provide longer primary care appointments for the over-85s. Our over-arching vision will not be realised without addressing the importance of expanding capacity within primary care; nor will it be realised unless we recognise that 10 minute appointments are insufficient for the majority of older people. 20 minute appointments in primary care, supported by effective Integrated Neighbourhood Teams in a health economy that puts individual patient experience at the heart of everything we do has got to be the right way forward.

## 7. Recommendations

7.1 It is recommended that this proposal is accepted by the CCG Primary Care Committee.

**Andy Laverty**  
**Locality Commissioning Manager – Rossendale**

**September 2015**



# Rosendale Locality over 85s – 20 minute appointments proposal

## Rosendale Over 85s Quarterly Monitoring Report

01<sup>st</sup> XXXXXXXX 2015 – 31<sup>st</sup> XXXXXXXX 2015

P-Code	Practice Name	Population Size

### Patient Demographics

Number of Patients aged	Number of Patients living at home	Number of patients living in a Residential / Care Home
85 years and older		

**Section 1  
Advertisement**

Please outline below how your practice has advertised the Over 85 service:

**Section 2  
Resource/Funding**

Please state how you have utilised your monthly funding in delivering the Over 85s Service whilst maintaining access to other patients  
i.e. recruitment of a locum GP, HCA etc

**Section 3  
GP Appointments**

1. How many Over 85s GP face to face double appointments have been offered in this month
  
2. How many Over 85s telephone double appointments have been offered in this month

**Section 4  
Patient Participation Groups**

Please describe how your practice patient participation group has had an input in delivering the Over 85s model

**Section 5  
Model of the Integrated Care**

Describe how this funding has been utilised to improve the management and prevent patients Over 85 with Long Term Conditions from requiring Secondary Care Services:

**Section 6  
Patient Experience**

Please provide quarterly report of service delivery and impact as follows:

1. Audit of a random sample of over 85s appointments offered and the proportion of these that were double appointment slots i.e. 20 minutes
2. Satisfaction questionnaire survey for over 85.s regarding their double appointment
3. Satisfaction questionnaire survey for under 85.s regarding their access to appointments
4. Number of complaints to your practice regarding access from whole practice population
5. EMIS search of over 85.s for Read codes : Polypharmacy Review 8B3B, Drug therapy discontinued 8B3R, Medication commenced 8B313

**Section 6  
Patient Experience**

**Section 7  
Additional Information**

Please insert any additional supporting information you may feel is required

Disclaimer:  
<Insert content>

**Signature of Practice Manager**

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**Date**

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