

FPH Access Hubs Proposal

Consultation document following Dudley CCG's "Shaping the Future of General Practice Events" Jan 2015

Dear Colleagues,

Following the Shaping the future of general practice meeting on Wed 13/1/16, I would like to make you aware of a proposal by FPH regarding the opening of a number of locality based collaborative routine access centres i.e. a total of 5 centres. These would cover the whole of the population of Dudley. There is a possibility of new funding being made available for this purpose from NHSE but the time window for applying for this is quite narrow and so we would appreciate your reflections on the principles so that we can show the collective will to make a success of the project. The key points to consider are;

- We can set up Access Centres to collaboratively look after patients registered at any Dudley CCG member practice with full access to patient's EMIS Web records including accessing tasks, appointments and other EMIS admin functions.
- Appointments could be allocated on a capitation basis to practices who would choose which patients to book in according to their preferences via a shared appointment book (rather than patients booking directly with FPH)
- The centres can be run out of hours including weekends initially as this is likely to fit the agenda of NHSE and secure baseline funding. Later they can be used to support small practices needing to close for period in the working week a pre-requisite of the proposed local contract and help practices facing the threat of breach notices if the GP falls ill. The facility can also support practices in difficulties/pending closure and larger practices wishing to collaborate on specific care areas e.g. Weekend access, near patient testing opportunities including imaging and physiotherapy.
- These centres can also deliver equitable care to patients of practices experiencing difficulties with providing the full spectrum of GMS, LES, DES, LIS schemes available e.g. advanced tier diabetes care. Providing services through the centre would make practices eligible to claim for the services as though they had done them.
- Secondary care surgeries could be integrated to ease the burden on OP e.g. the triage of GOS18 referrals and to facilitate early discharge from unnecessary hospital OP followup. Other community in-reach services could be developed with clinician access to the GP EMIS records.

- There are numerous other areas where these centres could prove valuable in delivering equitable access and NHSE targets particularly public health areas.

I hope you will agree that what we propose is a highly flexible and scalable model of providing additional capacity which could help to meet many of the challenges to sustainable general practice without the need to jeopardise the independence of general practices or push practices to merge against their wishes whilst improving the capacity and resilience of primary care in Dudley to the benefit of patients, providers and commissioners.

Your Views

What I would like to know is your view on whether you support the FPH proposal in full or in part and if you have reservations on particular components outlined above. The meeting appeared to be suggesting that this would be a preferred way forward and feedback from our recent shareholder engagement events, Dudley CCG, NHSE, public health and other provider company contacts has been very positive. Feel free to express a view that this proposal may not meet your practice's needs at this time or that you may not be able to contribute human resources to the project but would like us to make alternative arrangements to provide care for your patients nonetheless. You may also have additional ideas for activity that we have not yet considered.

Communications

Further details including contact details for FPH can be found on our website; www.futureproofhealth.co.uk where you will find our office address, telephone number, email address and forum. The latter requires registration, I have asked shareholder practice managers to forward a list of approved names to be issued with passwords as we cannot assume that only they would wish only to allow GPs and managers to contribute to this and future projects. We also have set up an RSS feed facility to enable devices to receive updates on significant news. Your RSS feed readers should work with the following link (there is a facility on EMIS homepage for this underneath the EMIS Health news pane although as practice computers and EMIS Web are NHS property we cannot specifically recommend that you do this). You will need to configure custom RSS feed using the link <http://www.futureproofhealth.co.uk/feed>. We will continue to email details and send newsletters with periodic meetings. We do not have a social media presence at this time.

Regards,

Naeem Malik

Business Development Director, Future Proof Health Ltd.

FPH shareholders who are not able to access the forum in time for Tuesdays CCG feedback event may be interested to see the text of the Forum heading where we would ultimately like to see an exchange of views under individual threads;

FPH is proposing that our CCG look again at the setting up of a series of routine access centres in Dudley. This proposal has been outlined to CCG previously but was difficult to progress in part due to the need for reasonable remuneration (circa £100+ per hour for GPs) as a recurring cost. It may be possible to overcome this with short term funding from the Vanguard project. In addition there may be some additional central funding in due course for opening at weekends. There are some considerations colleagues will need to accept in order for the scheme to work and I would like to put some thoughts forward for discussion;

The willingness to see patients from other Dudley practices with full access to their EMIS Web notes. This would be routine appointments though it is not envisaged that patients would attend the centre in preference to their registered practices.

There may be concerns around workload redistribution between practices, if records are fit for sharing, practice targets e.g. QOF/local contracts and medical indemnity cover. Commitments to provide cover on a regular basis. In addition there could be a need for emergency cover for illness etc. and for practices who may not have the capacity to contribute GP cover.

There could be a need for support for practices under exceptional pressure during normal working hours. Improving equitable access to the spectrum of primary care services to all patients. There could be the opportunity to provide collaborative services that some practices are unable to resource themselves at present e.g. advanced tier diabetes, public health schemes.

This could be extended to outreach services from secondary care and additional referral triage and GPwSI lead community services.

Facilitating integrated care with our MCP partner organisations who would like access to our EMIS Web patient records (with the usual safeguards). The current thinking would be that this would be for read-only patient records access using role based access controls as clinical organisations would need to act as data controllers for their own clinical record but we could allow access to tasks, appointments and other admin facilities under EMIS Web.

This is a complex proposal and will require a great deal of work-up which is why we need management funding for FPH. It also uses some untried technological functionality which may need external IT input, also at Vanguard expense. However it would be valuable for us to be able to show that we have strong support from practices.