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| **NEL DOCKS COLLABORATIVE UPDATE** |
| **Summary:**This paper is being submitted to the Co-Commissioning Committee to provide a second update on the Docks Collaborative project following the original paper presented by Julie Wilson in July 2015. |

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| **Project Overview:** |
| Following confirmation that the proposal would be funded via the primary care infrastructure fund, a phased approach was taken to the implementation of the model. A brief overview is provided below:Phase 1. All practice undertaking GP triage for their own patients urgent appointments between 8am and 6.30pmPhase 2 Implementation of access to GP triage of urgent appointment requests between 8am and 8pm Monday to Friday and 8am and 12 noon Saturday and Sunday, through collaborative working.*Phase 3(optional) Practice provide GP led triage of urgent and routine appointment requests. This is still taking place in the majority of the collaborative practice with GP triaging Urgent requests and NP’s the routine.**Phase 4 (optional) All practices fully sharing appointment capacity.* |

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| **Progress To Date:**At the last update to the committee, in February 2016, the project was due to go live with phase 2.Due to major infrastructure issues involving technology, the project had to delay starting phase 2 until mid-May and at the same time, to avoid further delays, one surgery had to withdraw from the second phase altogether due to technical issues that could not be resolved within the required timescales. The Docks collaborative have been operating with nine surgeries and Core Care Links (the local GP out of hour’s provider) for just under eight weeks, at the time of this paper being written. We are staffing the shifts within the service to cover the core operating hours with GP’s from within the collaborative practices, with the shortfall being covered by Core Care Links.**How The Service Is Accessed:**Appointments are booked by the use of an automated telephone booking service from the patient’s own surgery, or the practice receptionist, into rotas that are visible by being linked together through Shared Admin via system one across all sites.The shared administrative system gives nominated users access to patient records across the practices, whilst the provision of face to face consultations is at a centralised location within the GPOOH unit through the provision of a designated GP.**Activity and KPI’s:**On the whole, the project is experiencing a much slower uptake than anticipated. However, there has gradually been a steady increase as people learn more about the project, week on week, and anticipate this uptake to continue to rise in the future weeks. However, it is acknowledged that educating people to use this service will take time.We are working with each practice to help advertise internally through simplified leaflets, surgery Facebook pages and websites and have provided the practices with a short clip showing how easy it is to book through the automated service.It is unclear at this point if the service is generating new business from patients or reducing the use in A&E or GPOOH and may be some weeks before sufficient data is available to enable us to determine this.Following the last Joint Co-Commissioning committee meeting, the KPI’s have been agreed for the project. **Consultation and Engagement:**To support the project, a super Patient Participation Group (PPG) was formed with representatives from the PPG’s of each of the practices involved. The super PPG have advised they are happy to support the project in gathering feedback from patients who have accessed the service. It has been agreed to begin undertaking this work during the next couple of months. In the meantime, some feedback forms have been sent directly to patients that have accessed the service. We are awaiting all the responses to be returned to the surgeries but the first has been positive and we are hopeful for more of the same content.**Challenges:**Each surgery involved in the collaborative to differing degrees, are suffering time delays in accessing patient records within their surgery via system one as a result of the implementation of the shared admin functionality. There is a significant concern that should utilisation of the shared admin increase / new practices be added, this could pose a **serious threat to patient safety**. This issue has already resulted in one practice having to withdraw from the project. TPP, the provider of SystmOne have been difficult to contact for help in addressing the shared admin problems encountered. Currently, thanks to the issues being reiterated to TPP by NHSE and the CCG, we are awaiting a direct line of contact to address some, if not all, of these problems.Our new IT service provider Embed have also had difficulty in moving forward to help with this project, as an upgrade to the N3 connection, across the whole area, has come to light as being required. The N3 restrictions identified have also highlighted that the telephone systems within surgeries for many do not meet the standards required to run automated technology. Even with the upgrades identified to allow the installation of patient partner (the automated system being used by the project), they are simply being overloaded with queuing traffic trying get through the system. This is affecting patient’s ability to contact their registered practice.As no individual practice felt they could offer the use of their premises to cover the face to face requirement on a regular basis, Core Care Links has made clinical space available within the GP OOHs unit. Indemnity is also another high cost issue being raised by the collaborative GP’s with significant variation in indemnity premium increases being quoted to the GPs involved. **Next Steps:**The project group propose to bring a further update to the committee in October when more data relating to the performance and service user satisfaction will be available.Our first full month’s data is now available based on the KPI’s previously set but we feel it is far too early to make any judgement based on the figures shown. |
| Currently we are examining our recurrent running costs versus budget to see if we may take the project beyond September 2016 within the funding envelope made available for the project.  |