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| **NEL DOCKS COLLABORATIVE UPDATE** |
| **Summary:**This paper is being submitted to the Co-Commissioning Committee to provide a third update on the Docks Collaborative project following the update presented by Arun Nayyer and Jo Drewery in July 2016. |

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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 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.At the update to the committee in July 2016, the project had gone live with phase 2 on Tuesday 17th May 2016. The service has run continuously from this date to now. Due to the project’s delayed start, it has been agreed by NHS England to extend up to 12 months so that data can be collected and for a viable analysis to be undertaken.  **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.DOCKS is now a registered 111 outcome option**Activity and KPI’s:**The project is still experiencing a much slower uptake than anticipated. It is currently unclear as to whether patients are not contacting the practice during DOCKS hours to utilise the Automated booking system, which is the only way to book outside or core hours, and they are still contacting the SPA, as this is what has been in place for a number of years. KPI data for secondary care is only available up to July 2016 and therefore analysis of change is difficult and not necessarily viable. Data extracted from Systmone is available up the end of September 2016. It does not feel possible to demonstrate the impact at the moment across the whole project..Two practices are doing uncapped triage for all types of appointment requests all day (Phase 3) (Clee Med & Sinha) – within those practices it is possible to demonstrate the impact in terms of freeing up time for routine appointments. Clee Med have been running this system for one year and have seen an impact on routine availability, and have even had capacity immediately after bank holiday weekends with two doctors on holiday. The workload has been spread across the day more evenlyIt is still 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.GP Feedback is positive in relation to reducing pressures on individual practices for urgent request after 5pm and ability to schedule routine care at the end of the working day. **Consultation and Engagement:**Due to the delay in implementation, no further PPG has been held and the feedback survey has not been completed yet. This will be facilitated during November 2016**Challenges:**Conference Calls have been held between TPP, CCG, Patient Partner and DOCKS looking at improving and increasing shared admin function within Systmone, improved functionality between Patient Partner and Systmone as well as upgrades to the N3 network.There is now a named contact at TPP to raise issues directly at the time they occur so they can be investigated. Bid submitted by CCG to upgrade N3 connectionPatient feedback relating to Patient Partner is not positive and some find it difficult to use. Additional infrastructure was required to run automated booking system due to overloaded systems redirecting through one main exchange at one practice resulting in permanently engaged phone lines. As yet there is no integration with SPA and no ability to re-direct to DOCKS. How does DOCKS fit in with 5 year forward requirements?**Next Steps:**The project has been agreed by NHSE to run up to March 2017, there is a review arranged for 29.11.16 to review KPI data and viability, if data doesn’t support project continuation then it will cease from DecemberSecondary care data still only available up to July so not enough data still to make viable assessment. Meeting with SPA 06.10.16 to assess whether integration or re-direction is possible |
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