

# **REPORT TO THE WELLBEING POLICY DEVELOPMENT & SCRUTINY COMMITTEE AT BATH & NORTH EAST SOMERSET COUNCIL**

**PROPOSED CHANGES TO:** Urgent Care Services – relocation of the GP-led Health Centre to the RUH to create an Urgent Care Centre

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Date: Stakeholder Meeting was held on Thursday 18<sup>th</sup> October 2012

## **DECISIONS REQUESTED**

The PDS is requested to determine whether the proposed service change outlined in this paper constitutes a substantial variation or development. **(N.B. a substantial variation is a proposed major change in healthcare provision)**

## **PART ONE – Description of proposed service changes**

### **Strategy Background**

In 2006 B&NES Primary Care Trust (PCT) published an Emergency & Urgent Care Strategy which had seven key objectives, one of which was about ensuring patients are assessed and treated by the right professional with access to the right interventions first time. At the time the aim was to establish an integrated face to face (walk-in) service to provide that assessment and treatment on the basis that patients found it confusing about which service to use and when.

### **Service Background**

In April 1999, the Department of Health announced the first nurse-led walk-in clinics to improve access to health care and in 2001 the PCT opened such a facility in Henry Street. In 2008 PCTs were required to commission GP-led Health Centres as part of the Department of Health's strategy to improve access to primary care. The nurse-led walk-in service was integrated to create the GP-led Health Centre which opened in April 2009. This unfortunately meant the PCT had to deviate from its strategy outlined above.

Since 2004 the PCT has commissioned GP out-of-hours services (evenings, overnight, weekends and Bank Holidays) from Bath & North East Somerset Emergency Medical Services (BEMS), a non-profit making organisation made up of mainly B&NES GPs. When it was first launched the GP out-of-hours service was based at the RUH. It then moved to Riverside with the GP-led Health Centre and other services. The service moved back to the RUH site in October 2010 as the benefits of being on the RUH site outweighed being based at Riverside.

The contracts for the GP-led Health Centre and the GP out-of-hours service come to an end in March 2014 and this has given the CCG an opportunity to look at the future of urgent care services in B&NES.

The proposed service change would relocate the existing GP-led Health Centre to the RUH to create a 24/7 GP-led Urgent Care Centre.

## **2. What are the proposed service changes?**

The urgent care services in B&NES include:

- 27 GP practices
- GP-led Health centre at Riverside
- Bath & North East Somerset Emergency Medical Service – the GP out-of-hours service based at the RUH and Paulton Hospital
- Minor injury unit at Paulton Hospital
- Emergency Department at the RUH
- Great Western Ambulance Service

Various service options for redesigning urgent care services have been considered by the CCG along with Wiltshire and Somerset CCGs, hospital consultants, primary care professionals, managers and lay members. The aim in considering the options has been to ensure:

- high quality care
- clinical safety
- best use of available resources
- simplified access

Four options have been assessed against these criteria and it was clear to the CCG that one option was the best fit against these criteria. This is set out below.

### **A new model for urgent care in B&NES**

Increasingly people are being encouraged to go to their GPs wherever possible for their urgent care needs. This is important for a number of reasons including patient continuity of care, ease of access to medical records and, most importantly, that GPs are best assessors of urgent treatment options. They are able to manage a large proportion of the care themselves as well as refer on. Access to GP assessment and care is, therefore, the key driver for our local strategy.

However, from the engagement work undertaken to date it is clear that some patients have a problem with getting a same day appointment at their practice which an urgent need would warrant. This therefore requires a solution to improve access.

As a result the PCT is progressing work with local GP practices to improve their ability to see patients with urgent care needs. This involves ensuring that telephones are answered promptly between the hours of 8 am and 6.00 pm with no closure during lunch time periods. It also involves improving the response time of GPs visiting unwell patients at home instead of waiting to do the traditional home visits at the end of the morning or afternoon surgery.

In addition, the proposed new model would see the bringing together of GPs and nurses currently provided by the GP-led Health Centre and the GP out-of-hours service with the Emergency Department at the RUH to create an Urgent Care Centre. Whilst this model would stabilise and increase the level of service over 24 hours, it would also increase the ability to ensure patients get the right care from the right people at the right time. The CCG also believe having GPs based at the Emergency Department will improve the care of older people, which will become an increasingly important role for primary care.

### **3. Why are these changes being proposed?**

This change is being proposed to help patients to make the right choices so they get the right care at the right time to remove duplication of services as well as hand-overs and

hand offs. By doing this it will enable the local NHS become more efficient and meet the demand and financial challenges it faces over the next few years.

The three main reasons for looking at urgent care services as a whole are:

- To ensure patients are be clear about where to get the best treatment
- The need to balance the affordability of the different services offered
- The number of patients who use urgent care services is growing and will carry on growing in the future

### **Reason 1 – Confusion over where to go**

All patients should get the right care, first time, and the aim is to ensure that they use the service that is best-placed to help them. Having listened to local people it is clear they are not sure which service they should use when they or a family member have an urgent care need despite the local publicity campaigns such as Choosing Well.

At the moment patients can choose between NHS Direct, GPs, walk-in centres, GP-led health centres, minor injury units, pharmacies, dentists and emergency departments. Choice is important, but it can be confusing, especially outside usual working hours and when someone is feeling unwell. This uncertainty undermines the delivery of timely and appropriate care.

NHS 111 which will be the new national urgent care number should help with getting people to the right service, first time, but some people will still choose to go directly to a service without phoning beforehand.

### **Reason 2 – Value for money & affordability**

The GP-led Health Centre duplicates the services already offered by GPs. This is because the majority of patients who use the Centre are already registered with a GP locally who are already funded to provide urgent care. Out of the 27 GP practices, 15 are in Bath with half in a one-mile radius of the GP-led Health Centre. 17.6% of people attending the GP-led Health Centre live within 0.5 mile radius of the Centre, 21.5% within a mile and 31.8% within two miles.

The PCT is therefore paying for the GP, the GP-led Health Centre and in some cases for an Emergency Department attendance. The result is that taxpayers' money is not being used effectively and in these financially challenging times this needs addressing.

### **Reason 3 – Increasing demand**

The Office of National Statistics (ONS) project that the population of B&NES will increase from 180,000 (estimate in 2010) to 198,800 by 2026, a 12% increase. This increase is expected to mainly be in older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026. People are also living longer often suffer with more than one long term condition increasing the demand for urgent care and other health care services.

The increasing demand for urgent care services is at a time when the NHS is faced with no growth in health funding. In real terms this means the CCG will have to live within its existing budget. This poses some tough challenges for the future which is why the CCG is considering changes to urgent care services. The reality is that if changes are not made money will have to be taken from other crucial services in order to fund this urgent care demand.

When the GP-led Health Centre opened in April 2009, it was staffed to see 30,000 patient visits per year with the aim that it would help reduce demand at the Emergency Department, which has not been the case.

The preferred option is on the basis that this continues to deliver a GP and nurse led walk-in service, simplifies access and makes best use of the available resources.

#### 4. Rationale

As set out above four service options have been considered by the CCG. Each option, as set out in the engagement document, is presented below along with their strengths and weaknesses.

##### Option 1 No change

This option assumes no change to the existing services, which would remain in current locations. A review of the type of patient conditions the GP-led Health Centre dealt with over the past year shows that an overwhelming majority of people could have been assessed and treated by staff in general practice

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>No disruption to existing services</li> </ul>	<ul style="list-style-type: none"> <li>Not affordable with poor use of clinical resources – duplication of services available in general practice</li> </ul>
<ul style="list-style-type: none"> <li>No need to communicate change</li> </ul>	<ul style="list-style-type: none"> <li>Poor use of financial resources as NHS is potentially paying for some patients care more than once across GPs, the GP-led Health Centre and the Emergency Department</li> </ul>
<ul style="list-style-type: none"> <li>Additional convenience remains for those living in a two to three mile radius of the Centre and those working in Bath</li> </ul>	<ul style="list-style-type: none"> <li>The GP-led Health Centre has not reduced demand at the Emergency Department</li> </ul>
<ul style="list-style-type: none"> <li>Provision of additional access to primary care</li> </ul>	<ul style="list-style-type: none"> <li>Financially not sustainable given the increasing demand for urgent care services and an ageing population</li> </ul>
<ul style="list-style-type: none"> <li>Offers services to some patients who would not otherwise use them at all</li> </ul>	<ul style="list-style-type: none"> <li>Fragmented services leading to patients having to be transferred to another service and clinical governance risks</li> </ul>
<ul style="list-style-type: none"> <li>Retention of skilled staff in existing settings</li> </ul>	<ul style="list-style-type: none"> <li>Extended GP opening hours have reduced need for the extra access offered by the GP-led Health Centre</li> </ul>
	<ul style="list-style-type: none"> <li>The GP-led Health Centre has no on-site diagnostics such as X-rays. This means some patients have to visit the Emergency Department, disrupting care and increasing cost</li> </ul>

##### Option 2 Expand GP-led Health Centre

The GP-led Health Centre could be expanded to include additional diagnostic services which could mean investment in X-ray equipment. This could for example enable fracture clinic services to allow the treatment of patients with more complex conditions.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>Retains all benefits identified in option 1 – local and accessible</li> </ul>	<ul style="list-style-type: none"> <li>Not affordable as it would require significant investment and duplicates services</li> </ul>
<ul style="list-style-type: none"> <li>Treats more complex cases closer to those able to access the service</li> </ul>	<ul style="list-style-type: none"> <li>Additional accommodation, staff and equipment required to deliver new services</li> </ul>
<ul style="list-style-type: none"> <li>May reduce demand on the Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>No back up of specialist doctors to diagnose more complex problems</li> </ul>
<ul style="list-style-type: none"> <li>Further development of skilled workforce</li> </ul>	<ul style="list-style-type: none"> <li>There is an increased risk for patients if services are delivered away from specialised facilities with additional support</li> </ul>
<ul style="list-style-type: none"> <li>Improve access to healthcare for local communities</li> </ul>	<ul style="list-style-type: none"> <li>Comparatively small number of patients could leave staff unable to retain their skills</li> </ul>
	<ul style="list-style-type: none"> <li>Transportation of patients to the Emergency Department if needed</li> </ul>
	<ul style="list-style-type: none"> <li>No access to enhanced diagnostics and specialist opinion</li> </ul>

### **Option 3 Create Urgent Care Centre at RUH with Improved access to primary care**

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>It is affordable and makes more efficient use of resources as it reduces duplication. Patients arriving at the Emergency Department with primary health care needs can be directed to the Centre. This will cost less</li> </ul>	<ul style="list-style-type: none"> <li>An urgent care centre at the RUH could mean its harder to access for some patients who live and work in the city leading to a poorer experience</li> </ul>
<ul style="list-style-type: none"> <li>There will be 24 hour, seven day GP presence</li> </ul>	<ul style="list-style-type: none"> <li>The RUH location may pose transport issues for some patients</li> </ul>
<ul style="list-style-type: none"> <li>GP presence will help the prompt assessment and treatment of frail elderly patients and ensure that they are safely transferred to an appropriate setting as GPs have better knowledge of the services available in the community</li> </ul>	<ul style="list-style-type: none"> <li>The GP-led Health Centre provides more primary care access</li> </ul>
<ul style="list-style-type: none"> <li>Better integration of GPs and nursing staff with the Emergency Department will mean there is support if a patient requires more help than first thought. This will potentially enhance the quality of care</li> </ul>	<ul style="list-style-type: none"> <li>Students who are not registered with a GP practice will need to do so</li> </ul>
<ul style="list-style-type: none"> <li>Location is good for some people</li> </ul>	<ul style="list-style-type: none"> <li>Patients may dislike being re-directed back to their registered GP</li> </ul>
<ul style="list-style-type: none"> <li>Provides good access to diagnostics and other specialist staff and services</li> </ul>	<ul style="list-style-type: none"> <li>Availability of car parking at RUH</li> </ul>
<ul style="list-style-type: none"> <li>Provides opportunity for developing</li> </ul>	<ul style="list-style-type: none"> <li>Car parking charges at RUH</li> </ul>

pathways of care and clinical links between primary and secondary care clinicians	
<ul style="list-style-type: none"> <li>Provides a single primary care focus which can offer a consistent message to patients</li> </ul>	
<ul style="list-style-type: none"> <li>Retains the 'walk-in' aspect that is a valued feature of the GP-led Health Centre</li> </ul>	
<ul style="list-style-type: none"> <li>All B&amp;NES patients know where the Emergency Department is located</li> </ul>	
<ul style="list-style-type: none"> <li>Encourages patients with primary care needs to use their GP in the first instance</li> </ul>	
<ul style="list-style-type: none"> <li>Enables high quality data collection of activity to monitor performance of service and future planning of services</li> </ul>	
<ul style="list-style-type: none"> <li>Provides the clinical and managerial hub for other urgent care services such as Paulton Minor Injury Unit, homeless service and the community based deep vein thrombosis service</li> </ul>	
<ul style="list-style-type: none"> <li>There are good transport links from the city centre to the RUH</li> </ul>	

#### **Option 4 Close GP-led Health Centre**

Complete removal from B&NES of the service provided by the GP-led Health Centre.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>Would save £1.3 million annually to reinvest in other health care services</li> </ul>	<ul style="list-style-type: none"> <li>Closure could mean a poorer experience for some patients</li> </ul>
<ul style="list-style-type: none"> <li>Allows resources to be redirected to those most in need and to those areas where there is increasing demand, eg dementia care, diabetes care</li> </ul>	<ul style="list-style-type: none"> <li>Overall reduction in primary care service on offer</li> </ul>
<ul style="list-style-type: none"> <li>Can support the reduction in health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>Break up of skilled clinical team</li> </ul>
	<ul style="list-style-type: none"> <li>Demand will increase elsewhere because some patients attend other health services such as the Emergency Department instead</li> </ul>
	<ul style="list-style-type: none"> <li>The GP-led Health Centre is popular with patients who use it</li> </ul>

### **5. Summary of involvement outcomes**

There is a well established Health & Social Care Urgent Care Network across B&NES, Wiltshire and Somerset. This has been in place for a number of years and includes primary and secondary care clinicians, health and social care practitioners, commissioners and, more latterly, lay membership.

In April 2012 the PCT and CCG held a 'Healthy Conversation Event' with stakeholders, patients & public to present proposals for redesigning urgent care. Attendees were asked to consider questions in relation to the proposals. Subsequent to this an event was held with the Urgent Care Network to consider in more detail the potential options for redesigning the services.

Taking all the above into account, the PCT and CCG decided to proceed with a public engagement process on the proposed service change. This began on 25<sup>th</sup> September 2012 and concluded on 31<sup>st</sup> October 2012.

As part of the process, an impact assessment and equality impact assessment session was held with stakeholders and patient representatives on 18<sup>th</sup> October 2012.

The outcome of this session revealed that there was broad agreement that the proposal would not have a significant negative impact upon the population of the B&NES. However, there were clear mitigating actions that needed to be implemented in order to assure ongoing quality of services.

## 6. Timescales

The aim is to commission the new model to be in place from April 2014. A detailed project plan will be developed as part of the procurement process.

## 7. Additional information

In considering the impact of the proposed changes, information about the reasons for people going to the GP-led Health Centre and the Emergency Department was shared. This essentially showed that they are similar to one another as follows:

GP-led Health Centre	Emergency Department
<ul style="list-style-type: none"> <li>➤ tonsillitis,</li> <li>➤ otitis media/externa (earache)</li> <li>➤ lacerations</li> <li>➤ local skin infection</li> <li>➤ low back pain</li> <li>➤ viral illness</li> <li>➤ urinary tract infections</li> <li>➤ abdominal pain</li> <li>➤ dressings of wounds</li> </ul>	<ul style="list-style-type: none"> <li>➤ ankle and wrist sprain &amp; strain</li> <li>➤ abdominal &amp; pelvic pain</li> <li>➤ pain in throat &amp; chest</li> <li>➤ head injury &amp; wounds</li> <li>➤ hand &amp; wrist fractures</li> <li>➤ wounds to hand &amp; wrist</li> <li>➤ fractures of forearm</li> <li>➤ syncope &amp; collapse</li> </ul>

Another key consideration was whether the changes denied people of an essential service; essential meaning that there is no alternative equivalent provision. This is not the case as alternatives do and will continue to exist, such as GP practices and the new urgent care centre which will retain the GP and nurse-led walk-in service, but in a different location.

## 8. Does the NHS consider this proposal to be a substantial variation or development?

No. Although there would be no city centre presence, the GP-led service would be relocated to the RUH to provide a 24/7 GP service. This would lead to improved value for money, releasing approximately £0.5 million funding to reinvest in other services, simplified access and continue high quality services.

## **PART TWO – Patients, carers and public representative views – summary of the potential impact of proposed service changes**

A range of stakeholders representing patients and the public, students, older people, carers and disabled people were involved in the impact assessment session on 18<sup>th</sup> October including:

- The Carers Centre
- B&NES Age UK
- Equality B&NES
- Bath Spa University
- B&NES Local Involvement Network (LINK)
- Public Health

<p>Benefits of the proposed service changes</p>	<p>Increase in opening hours as a result of moving the service so in effect increases the service offered.</p> <p>Integrates with the existing out-of-hours GPs.</p> <p>Single system is simpler.</p> <p>There is already good signage to A&amp;E from in and around the city, making it easier to find.</p> <p>Increased attendance at a GP practice may improve the care and understanding and relationship with that GP, particularly for people with long term health conditions.</p> <p>Right service at the right time ability increases in terms of timeliness both into the RUH but also into community services in some instances.</p> <p>GP services will be used more efficiently.</p> <p>B&amp;NES Age UK and The Carers Centre already based at the RUH so increased front door benefits through access to partner agencies by the urgent care centre.</p> <p>Integrating the GP out-of-hours service with the GP-led Health Centre would be beneficial, particularly at the weekends enabling better use of GPs and emergency nurse practitioners.</p>
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<p>Any dis-benefits, including how you think these could be managed</p>	<p>Riverside is a good location and convenient for students, visitors, tourists and people who live centrally.</p> <p>Some patients would have to travel one mile to the RUH from the centre and two to three miles if living the other side of Bath.</p> <p>Would put pressure on car parking and disability parking at the RUH.</p> <p>Staff working at the GP led Health Centre subject to organisational change. May result in some loss of existing skills through staff not wanting to relocation/change their working patterns etc.</p>
<p>Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested</p>	<p>Getting to the RUH from certain areas of Bath. Would potentially mean catching two buses. This could have an impact on people on low incomes.</p> <p>Availability of car parking and charges.</p>
<p>How do you think the proposed changes will affect the quality of the service/services</p>	<p>There will be 24 hour, seven day GP presence.</p> <p>Better integration of GPs and nursing staff with the Emergency Department will mean there is support if a patient requires more help than first thought. This will potentially enhance the quality of care.</p> <p>Provides good access to diagnostics and other specialist staff and services.</p> <p>Provides opportunity for developing pathways of care and clinical links between primary and secondary care clinicians and partner agencies such as Age UK and the Carers Centre.</p> <p>People who really need a clinical service will have access to wider range of services and support</p> <p>The savings generated will be reinvested into services for people with the greatest need, eg the frail elderly, people with dementia.</p>

Impact of the proposed changes on health inequalities	<p>A high level analysis set out below. An in-depth EIA will be completed by the commissioning team and CCG as part of the process.</p> <p>However, the 2012 health profile for B&amp;NES shows that the health of people is generally better than the England average although two wards are in the most deprived 20% of the country across a range of indicators. Deprivation is lower than average and over the last ten years, all-cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is better than the England average.</p>
Any other comments	<p>Retains the 'walk-in' aspect that is a valued feature of the GP-led Health Centre.</p> <p>The majority of people in B&amp;NES, Wiltshire, Somerset and South Gloucestershire know where the Emergency Department is located in Bath.</p> <p>Encourages patients with primary care needs to use their GP in the first instance or visit a community pharmacist. Given few patients have to be referred to the Emergency Department at the RUH from the Centre, this suggests that the majority of people do not have urgent care needs.</p>
If you are a representative of an organisation, such as LINKs, please indicate how you have drawn on the views of others from your group	<p>LINKs have attended the public meetings.</p> <p>LINKs drew attention of the proposal to its committee at the last meeting on 9<sup>th</sup> October 2012.</p>

### Assessment of impact: 'Equality analysis'

<p>How does the change:</p> <p><b>A.</b> Meet any particular needs of equalities groups or helps promote equality in some way.</p> <p><b>B.</b> Have a negative or adverse impact for any of the equalities groups and how could this be addressed?</p>			
		<b>A</b>	<b>B</b>
<b>3.1</b>	<b>Gender</b>	Emergency Department attendances and admissions for females aged over 80 are higher than males.	Women are often dependent on public transport, so transport problems to the RUH will predominantly be experienced by women. Women also tend to be

			primary carers of children and older people.
3.2	<b>Pregnancy &amp; Maternity</b>	Maternity unit based at the RUH as well as the early pregnancy assessment clinic which is an emergency clinic for women with pain and/or bleeding in early pregnancy from 6 weeks to 14 weeks gestation.	No adverse impact anticipated.
3.3	<b>Transgender</b>	More likely to go to an anonymous service such as the Urgent Care Centre rather than a family GP.	No adverse impact anticipated although might prefer to be seen by a regular sympathetic GP.
3.4	<b>Disability</b>	People with long term conditions who suffer an acute exacerbation of their condition such as asthma would benefit from the availability of observation beds not available at the GP-led Health Centre.	<p>Disabled people are more dependent on public transport. Insufficient disabled car parking spaces.</p> <p><b>Potential Solutions</b></p> <p>The Blue Badge scheme provides a range of parking concessions for people with severe mobility problems as a result of physical and/or sensory disability and can be used at the RUH.</p> <p>SWAN Volunteer Transport Scheme provides transport for elderly and disabled people on low incomes. The transport is free to clients and although it has to be pre-booked it does take patients to their GP practice for an appointment.</p> <p>The Dial-a-Ride scheme is also keen to explore opportunities to address transport issues and access to GP practices.</p>
3.5	<b>Age</b>	<p>All ages will benefit from integrated primary care and secondary care services, in particular the frail elderly, the numbers of which are set to increase. GPs have better knowledge of the services available in the community.</p> <p>Unwell children will have access to the full paediatric back up.</p>	<p>Students find the city centre location convenient. The main practices with the majority of registered students do have walk-in services. Need to work with the Universities and City of Bath College to ensure students are registered with a practice. App specifically developed for students by local GP and free to download. This explains how and where to access services.</p>

3.6	<b>Race</b>	Migrant workers potentially find open access centres helpful and also know that Emergency Departments exist and where to find them.	No adverse impact anticipated.
3.6	<b>Sexual orientation</b>	More likely to go to an anonymous service such as the Urgent Care Centre rather than a family GP.	No adverse impact anticipated.
3.7	<b>Marriage &amp; civil partnership</b>		No adverse impact anticipated.
3.8	<b>Religion/belief</b>		No adverse impact anticipated.
3.9	<b>Socio-economically disadvantaged</b>		Expense of public transport.  <b>Potential Solutions</b> Healthcare travel costs scheme exists for people on range of benefits to claim a refund of the cost of travelling to hospitals.  The Diamond Travelcard offers free off-peak bus travel for older people and those with disabilities.  SWAN Volunteer Transport Scheme provides transport for elderly and disabled people on low incomes. The transport is free to clients and although it has to be pre-booked it does take patients to their GP practice for an appointment.
3.10	<b>Rural communities</b>	Less knowledgeable about the GP-led Health Centre and know where the Emergency Department is.  Some people travelling from Keynsham / Midsomer Norton Radstock / Wiltshire and South Gloucestershire will benefit from the move as they will be able to avoid travelling through central Bath.	Public transport routes from rural communities are not direct.  <b>Potential Solutions</b> Odd Down park & ride bus service direct to the RUH every 30 minutes.
3.11	<b>Homeless people</b>	The service provided at Julian House continues Monday to Friday.	The group recognised that there might be an adverse impact on homeless people at weekends.  <b>Potential Solutions</b> Development of an out-reach worker service at weekends.

3.12	<b>Other Groups eg gypsies, travellers, itinerant workers &amp; boat people</b>		<p>The group recognised that there might be an adverse impact on these groups, but felt that gypsies, travellers and itinerant workers would be guided by A&amp;E road signs and therefore be directed to the RUH. However, some people do not have daily transport and parking a large truck &amp; trailer at the RUH would be very difficult. Members of these communities can have poorer health than that of their age/sex matched comparators.</p> <p>This was not felt to be the case for boat people who often remain living on the canal for long periods of time.</p> <p><b>Potential Solutions</b> The GP incentive scheme has been explicit about the requirement of practices to accept registrations from these groups of people.</p> <p>Development of a health visitor type service to visit people rather than expect them to come to services.</p>

### PART THREE – Impacts at a glance

Table 1 below shows how the impacts were assessed **before** mitigating actions and table 2 shows how the impacts were assessed following mitigation.

**Table 1**

Impacts	Sirona View*	RUH View	BEMS View	Patient/carer/public representatives' view
Impact on patients				5 x green; 1 x amber
Impact on carers				6 x green
Impact on health inequalities				6 x amber
Impact on local health community				5 x amber; 1 x green

**Table 2**

The mitigating actions can be described as:

- Strengthen access across GP Practices – especially those located around GP Led Health Centre
- GPs to develop walk in and wait systems – good for young people
- Enable people to get GP prescriptions dispensed at RUH
- Improved disability parking at RUH
- Consider re-charging practices for use of the centre for non-urgent work
- Ensure money saved in RUH not “lost” internally and recycled into primary care
- Design of Urgent Care Centre has to be well thought through to ensure that it physically and psychologically feels like a GP practice (versus an Emergency Department). Must ensure GP front door model is implemented so it is seen as a separate service
- The reception/streaming function must be able to book people into their GPs as well
- The ability to register unregistered clients would be beneficial - particularly students - so admin function needs to be adequately resourced
- Nurse assessment facility is also crucial
- Must avoid wrong assessment
- Ensuring access to services for vulnerable groups – homeless clients, people with serious mental health problems, itinerant workers is crucial, for example, health visitor type role
- Working with the Council to promote bus routes that relate to GP practices
- Get service running before the contract ends
- Robust specification is crucial

Impacts	Sirona View*	RUH View	BEMS View	Patient/carer/public representatives' view
Impact on patients				7 x green
Impact on carers				6 x green; 1 x amber
Impact on health inequalities				7 x green
Impact on local health community				6 x green; 1 x amber

\*Sirona Care & Health employs the nursing and administrative staff at the GP-led Health Centre.

- = significant negative impact
- = negative impact for some
- = positive impact