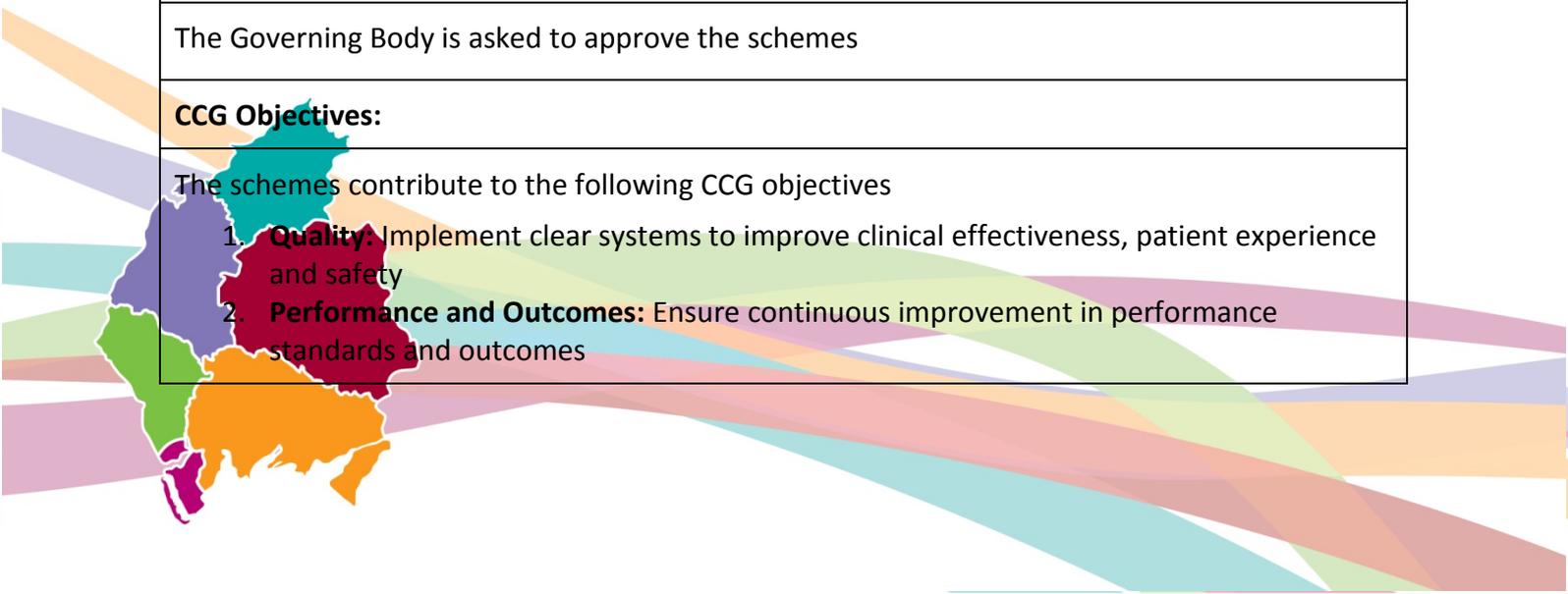


NHS Cumbria CCG Governing Body	Agenda Item
1 April 2015	12

In-Hours Pathfinder Scheme North Localities

Purpose of Report:
To seek approval for the Pathfinder investment where there is a potential conflict of interest.
Key Issues/Considerations:
<p>The CCG is proposing to pilot a further daytime Pathfinder scheme across the four North localities building on the out of hours service already in place, and also complementing the daytime scheme being piloted in the South Cumbria Localities.</p> <p>The scheme is recommended by the Emergency Care Intensive Support Team and was a key outcome from the ‘Star Chamber’ meeting with NHSE in November. The costs of implementation are covered from Non-Recurring System Resilience Monies available in 2015/16 but the intention is that, after that, the scheme is self-financing and generates a net financial gain for the CCG. However, the impact of the scheme will be evaluated after 6 months.</p> <p>The potential conflict of interest arises because local GP Practices are being used to support the pathfinder service – a model which, it is considered will benefit continuity of care and deliver greater opportunity for successful deflection of patients into non-acute care than if third parties were used for the visiting service. This approach mirrors that adopted in other CCGs across the NorthWest for similar schemes.</p>
Recommendations:
The Governing Body is asked to approve the schemes
CCG Objectives:
<p>The schemes contribute to the following CCG objectives</p> <ol style="list-style-type: none"> Quality: Implement clear systems to improve clinical effectiveness, patient experience and safety Performance and Outcomes: Ensure continuous improvement in performance standards and outcomes



3. **Strategic Commissioning:** Lead the development of a strategy for sustainable services in the context of rising demand and reduced resources
4. **Primary Care Development:** Support primary and community care development including reducing variation, workforce development and integrated clinical information
5. **Financial Control:** Improve value for money through the most effective deployment of resources while maintaining financial balance
6. **Plan on a Page and Commissioning Plans:** Ensure the effective delivery of our key commissioning plans, especially relating to Out of Hospital services.

Statutory/Regulatory/Legal/NHS Constitution Implications

To ensure open and transparent management of potential conflicts of interest.

Assurance Framework:

This report provides assurance against risks that the CCG will not provide clinically and financially sustainable services that are accessible to population of Cumbria.

Finance/Resource Implications:

Scheme is initially funded from externally provided System Resilience Monies and will subsequently be self-financing through reduced costs.

The scheme is intended to deliver net financial savings to the CCG and to release capacity pressures in providers.

Implications/Actions for Public and Patient Engagement:

None

Equality Impact Assessment:

None

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In Hours Pathfinder Scheme

North Localities

March 2015



Version 4 March 2015

Governing Body– Investment in General Practice

1. Locality
Allerdale Carlisle Copeland Eden
2. Project Title
IN Hours Pathfinder Scheme – North Localities
3. General Practice(s): Describe which General Practice(s) are involved and any relevant supply chain, e.g. lead Practice or employing Practice.
Practices in the four localities have applied to participate. They will receive a fee, for which they commit to training in the requirements of the scheme and making the resource available to deliver the support to NWAS.
4. Demonstrate that this project is over and above services funded and delivered as ‘core’ GP Contract and Enhanced Services
This is a scheme directly between NWAS and Primary Care whereby GPs and other practice clinicians support NWAS by taking over the care of patients who have called for an ambulance, rather than them being conveyed to A&E. (i.e. The clinicians interrupt their scheduled practice work to deal with the issue.)
5. Option Appraisal for Alternative Providers: describe the options for alternative providers and why they are not preferred.
It is considered that alternative providers would not be able to deliver the core elements of the scheme as outlined in the next section as they do not have access to the important first-hand knowledge of the patients. However, this approach will be compared to the alternative model implemented in South Cumbria using CHOC to cover a wide geographical area.
6. Reasoning for General Practice(s) as the Preferred Option: Describe the added value of the General Practice(s) as the Provider
A key element of the scheme is that the patient is cared for by the practice where the patient is registered. Access to information on the patient, together with first-hand knowledge of the patient are key elements of the scheme. General Practice has access to the patient’s medical records which ambulance crews do not.
7. Governance
Practices will be required to commit to the scheme and its requirements before receiving any funding and fees will only be payable based on returns made showing the visits undertaken. The scheme is for a fixed period of 6 months and will be evaluated on a practice by practice basis based on visits undertaken and the outcomes of those visits, A&E conveyances avoided, financial benefit and patient benefit / experience. The outcomes will be benchmarked against those achieved in South Cumbria.

Introduction

At its meeting in October 2014, the Governing Body received a progress report on the range of out of hospital initiatives in which it was noted that all localities will be implementing the NWS pathfinder in-hours service, extending the out of hours service provided by NWS and CHoC.

This paper seeks approval to the investment for the four 'North' Localities.

Proposed Investment

In other areas of the North West Region, NWS have had success with their Pathfinder and Community Care Pathway Projects, whereby an alternative portfolio of services has been developed for patients who receive an ambulance response but who are deemed not to need an acute attendance by the responding NWS crews.

The Pathways tool provides guidance to paramedics after assessment of a patient, bringing them to a colour coded outcome. Red would mean the patient definitely needed transfer to hospital, patients with Amber and Blue outcomes may be suitable for management in the community. This could mean being transferred to an Urgent Care Centre, such as the newly established ones based at Keswick or Workington Community Hospitals, supported by local GPs in hours, or a further alternative community response.

Since the beginning of February 2014, the Cumbria GP out of hours provider, CHOC, agreed to support NWS in the pathfinder project across all areas of Cumbria during the out of hours period. For patients who are identified as amber or blue, NWS crews call CHOC for advice. They are called back as a priority call within a 20 minute time period. The patient is discussed and an action plan agreed. The responsibility for that patient is then handed over to CHOC who may visit the patient, offer advice, arrange for an alternative health professional visit, i.e. a district nurse or even suggest that the patient be conveyed to hospital if that action is deemed most appropriate.

Over a 10 week period (3/2/14-31/6/14), 421 patients were passed to CHOC, of which 355 were diverted away from A&E, demonstrating an approximate non conveyance rate of 85% on a Cumbria wide footprint.

The implementation of the NWS Pathfinder both in and out of hours was recommended by the Emergency Care Intensive Support Team (ECIST) during their visit to our health economy earlier in the year and formed part of the recommendations resulting from the 'Star Chamber' visit by CCG and NCUHT Chief Executives in November.

The success of the Out of Hours Project was discussed at the four North Cumbria GP Locality Executives over Summer 2014 and it was agreed that it would be appropriate to develop a similar in-hours service. The difference would be that NWS crews would contact a patient's own GP, should they identify an amber or

blue patient. The patient's GP would then be expected to provide an urgent response to the NWS crew member – in line with agreed protocols and over and above what is currently expected of them as part of their contract. It was felt that a patient was more likely to receive appropriate care if the patient's own Practice was involved in the care of the patient, rather than a CHOC GP who might have less knowledge or detail of the patient's needs and the local services available to them. CHOC would continue to handle the calls between the two parties to ensure the governance requirements laid down by NWS (recording of call, etc.) are adhered to.

Funding

Training for the 47 practices (£1,000 per practice) has been funded through the national funds. The costs per episode will generally fall in 2015/16 and will need to be met from the anticipated savings which are shown in the next section of this report.

Funding per episode of care: (~ £75 per case)	
Expected 5 patients per day over 150 days (6 months, weekdays only): 750 pts	£ 56,250

Benefits of the Investment

The four North Localities have jointly committed to reducing urgent care admissions by 8 per day from the current levels. This would equate to a reduction of 1,460 over a six month period (the duration of the Pathfinder Pilot).

A key benefit of the investment, successfully demonstrated in other parts of the North-West, is the reduced conveyance rate to A&E with an associated reduction in admissions to hospital as patients are managed in community and primary care instead. It is estimated that this scheme could contribute over 11% of the localities' target reduction in admissions.

Using the anticipated 5 patients per day which could be managed through the Pathfinder system we could expect a reduced conveyance to acute of over 75%. We would also expect a number of the patients seen for assessment/admission to reduce. Clearly the more complex patients will still be admitted with the lower acuity patients forming the bulk of those successfully diverted to alternative forms of care.

Potential savings are as follows:

Assumed 550 avoided A&E attendances at estimated £100	£ 55,000
Assume 30% avoid admission = reduction of 165 at estimated £400 per case	£66,000
Total Savings	£121,000

The financial benefits show potential gains of £2.15 for each £1 invested.

In addition to the financial gains are the benefits to the hospital and NWAS in releasing capacity and the patient benefits of being treated at home rather than going to hospital.

Forty four of the forty seven practices in North Cumbria are participating, which together with designated centres in Workington and Keswick means that there is excellent coverage across the area.

Part of the success of the scheme will be developing the confidence of ambulance crews in using the service as a clinically satisfactory alternative to the 'normal' conveyance to A&E. Experience in the NWAS area suggests that the rate of non-conveyance and deflection from acute services increases over time. This in the longer term should reduce the number of ambulance conveyances (that are higher in Cumbria than elsewhere in the North West) and therefore potentially reduce the cost of ambulance services in the long-run. However, in the context of ambulance services and a six-month pilot such savings are unlikely to be cash releasing to the CCG in the pilot period.

CHOC are providing a similar in hours pathfinder service cover for Furness and South Lakes. Piloting two different approaches in Cumbria will give us a strong evidence base as to what to commission on a more long term basis and from whom.

Following the 6 month pilot period, the success of the Project will be evaluated, based on the number of avoided A&E attendances and inappropriate emergency admissions, together with the overall cost of the Project. It will also be compared with the South based scheme. This evidence base will be used to inform the CCG if the Project is sustainable and effective.

Potential for Conflicts of Interest

The scheme involves paying GP Practices a one-off up-front engagement fee together with a £75 fee for each patient managed successfully through the scheme.

The benefits of giving patients the continuity of care from their own GP Practice are considered to be a key outcome of the scheme and it is felt that using GPs with a knowledge of the patients will strengthen the decision making regarding alternatives to acute care. Also the GP Practice model provides an alternative approach to the South Cumbria scheme which will strengthen the evaluation and longer term approach.

Recommendation

The Governing Body is asked to approve the scheme and confirm that there are no conflict of interest issues which preclude the scheme being implemented.