



Primary and Urgent Care Services in Hove and Portslade

The Brighton Health Overview and Scrutiny Committee held on 20 March 2019 requested a report on primary and urgent healthcare provision in Hove and Portslade. This report details the current extent of healthcare provision specific to patients in these areas, that is mainly GP services; particular pressures faced by these services; and action being taken by the CCG to support them.

Introduction

Practices across the city are grouped into six geographically based clusters. In Hove and Portslade practices are represented by clusters 4 and 6 respectively. Membership of these clusters, and weighted list size, is as follows.

Cluster 4	Weighted patient list size ¹
Links road surgery	5900
Wish park surgery	7300
Hove medical centre	9800
Portslade health centre	12100
Mile oak medical centre	8300
TOTAL	43400

Cluster 6	Weighted patient list size
Brighton health and wellbeing centre	13000
Benfield valley healthcare hub	7000
Trinity medical centre	23100
Charter medical centre	23700
Matlock road surgery	3000
TOTAL	69800

The most recent comparison of cluster demographics, completed in 2017, is available on line at <http://www.bhconnected.org.uk/sites/bhconnected/files/Demographic%20comparison%20of%20Brighton%20%26%20Hove%20GP%20Clusters%2C%20September%202017.pdf>

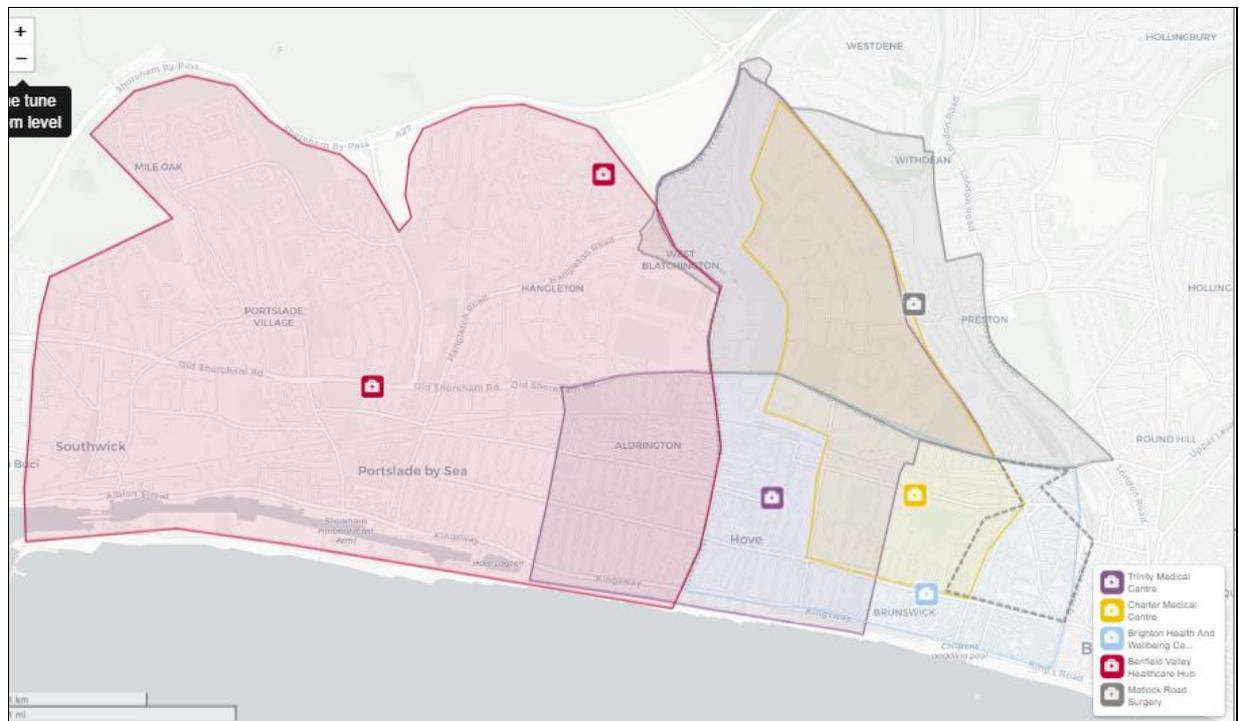
Practice Boundaries

Practice Boundaries, and their locations, are as follows

¹ The weighted patient list takes into consideration the age and sex of the patients, as well as any in nursing or residential care, additional patient need due to medical conditions, patient turnover and unavoidable costs based upon rurality and staff market forces for the area.



Cluster 4



Cluster 6

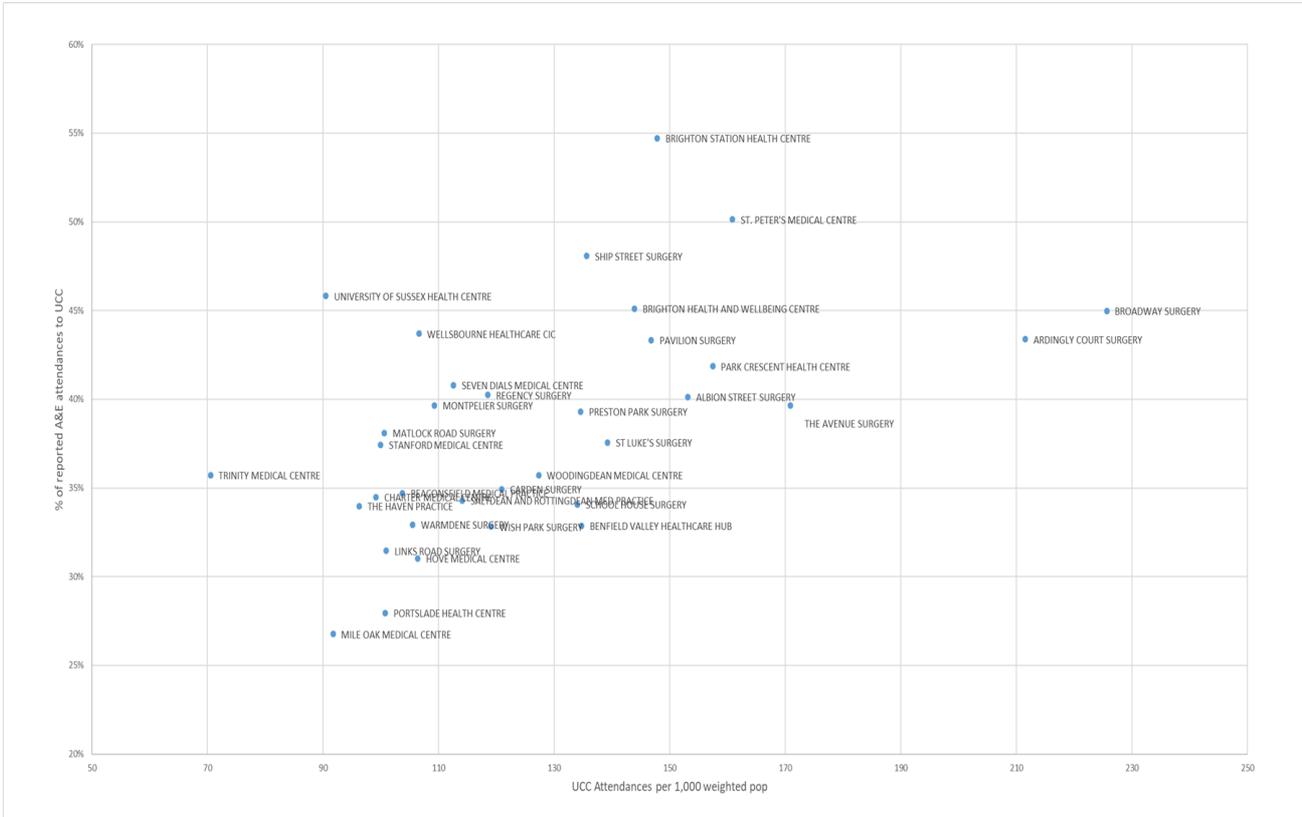
List sizes

Patient list sizes in Cluster 4 have been fairly stable, with a 0.4% rise in over the last two years. In contrast list sizes in cluster 6 have increased by 9.7%, reflecting the mergers between practices with smaller practices such as Hove Park Villas. The CCG regularly monitors workforce numbers including the ratio between clinical staff and patient numbers. All practices in Cluster 4 are above the CCG average with one exception. This practice have recently employed a paramedic who is able to see more patients with certain conditions, with the aim of alleviating the pressure on the practice and improving access for patients. Practices in cluster 6 appear to experience more workforce pressures, but are piloting innovative approaches in order to integrate health and social care services and achieve similar aims (described later in this document).

Urgent Care Activity

Fewer patients in Cluster 4 are likely to attend Emergency Departments compared to the rest of the city, whereas cluster 6 are more likely to do so. However, in line with the majority of practices in the city, attendances from both clusters at the Urgent Care Centre at the Royal Sussex County Hospital rose over the same period from April to December 2017 to 2018. The CCG commissioned a review of urgent care activity in 2019, which found no evidence that increasing A&E attendance is due to lower GP access in Brighton & Hove. Admissions for ambulatory care sensitive conditions in B&H are amongst the lowest in the country. This is often used as a marker of effective primary care.

When these data are standardised against list size, Clusters 4 and 6 are broadly centrally dispersed, with no obvious differences from the mean. The diagram below shows the dispersal, standardised for list size, of attendances from practices across the city. This suggests that patients at these practices are not relatively disadvantaged by their geographical distance from the Urgent Care Centre at the Royal Sussex County Hospital.



Support for Primary Care Services in the City

The CCG is working with practices to help deliver the best possible healthcare for patients, in all clusters reflecting their specific needs. Examples of plans to ensure support for General Practice include initiatives to improve practice resilience; develop integrated care; support the development of Primary Care Networks; and consider whether same day urgent care services are delivered uniformly and effectively across the city.

Improved Practice Resilience

There is a national trend in primary care for the formation of larger practices, or groups of practices, as the best model for delivering primary care to patients. A number of such practice mergers in Brighton have been wrongly reported as practice closures, when in fact they are in fact the result of practice mergers. Nevertheless, it is clear that GPs in the city, particularly in smaller practices, face significant workforce pressures, and rises in demand for their services, that are being reported across the country. This includes financial and educational support to help them run their surgeries more effectively and efficiently to free up doctors to provide more care for patients.

A key area of CCG plans to improve health and social care across the city, is to make sure general practice is more sustainable, more resilient and works efficiently and effectively for

many years ahead. This will include integrating some services, with other clinical specialists such as pharmacists better supporting GPs, and helping GPs work more collaboratively together.

Developing Integrated Care

Better integration of health and social care services aims to reduce pressure on existing services, facilitate easier access, and deliver improved patient outcomes. Practices in Cluster 6 have developed an integration pilot based upon a multi-disciplinary approach to improve the planning, design and delivery of high quality health and care to a targeted cohort of patients in order to improve their overall health and wellbeing.

In autumn 2018, GP practices in cluster 6 and key partners including the CCG came together to develop a pilot to facilitate better joint working in order to address system-wide challenges using an evidence-based approach. This approach includes considering the findings from the needs assessment for adults with multiple long-term conditions as the model developed.

- A steering group has been established with the following objectives:
- To design a model of integrated working at cluster level that integrates primary, community, mental health, social care, healthy lifestyles, voluntary sector and secondary care where possible and pilot in cluster 6.
- To work within the overall strategies of the constituent organisations
- To seek feedback from operational staff working at cluster level on operational practical challenges
- To agree solutions to these as part of developing a new model of integrated care.

The organisations that are part of the pilot are listed below;

GP practices and the following other stakeholders:

- Brighton Health & Wellbeing Centre,
- Charter Medical Centre,
- Trinity Medical Centre,
- Brighton & Hove Clinical Commissioning Group,
- Sussex Community Foundation NHS Trust,
- Sussex Partnership Foundation NHS Trust,
- Brighton and Hove University Hospital Trust,
- Brighton & Hove City Council: Health and Adult Social Care Directorate – Adult Social Care, Public Health advice and support and healthy lifestyles team and housing
- Impetus – Social Prescribing
- HERE/SPFT Wellbeing Mental Health.

Patient representatives are included on the board, and the result so the pilot will inform the development of Primary Care Networks.

Primary Care Networks

Primary care networks are groups of practices that come together locally to collectively utilise new funding to develop and deliver services in partnership with other primary care providers (such as ophthalmology, dentistry, pharmacy), community services, social care, voluntary sector and other providers of health and care services.

PCNs will enable a focus on the local population to address their inequalities & with greater provision of preventative, proactive, personalised, coordinated and more integrated health and social care. This is so that clinicians can reduce the need for reactively providing appointments to patients on a registered list, by proactively caring for the people and communities they serve.

Though there is little evidence of the need for additional emergency and/or secondary care facilities based outside those currently provided at the Royal Sussex County Hospital, it is clear that by working together in local networks, GP practices and other care providers can deliver better care for their patients, and better lives for their staff. New staff such as Social Prescribers, Paramedics, Physician associates, physiotherapists, and pharmacists. The PCNS for Brighton went live on 1 July 2019, and broadly resemble the existing cluster boundaries.

The Primary Care Network previously known as Cluster 6 contains some of the largest practices in the city. In contrast, cluster 4 contains smaller practices who are currently discussing with the CCG, developers, and other NHS organisations options for co-location and/or new premises to deliver services that meet the changing needs of patients. The outcome of these discussions will be presented to the CCG Primary Care Commissioning Committee, held in public, and should they involve a re-provision of existing services be subject to public consultation.

Same Day Urgent Care

The vast majority of patients who need to see a clinician on the same day are seen in primary care, either at their own practice; through additional improved access appointments provided throughout the city; or at the Walk In centre by Brighton station. The CCG is aware, based on conversations with the public and providers, that same day urgent care services do not always appear to be integrated, and delivered, at the best place and time for patients. We are currently working with all providers, in primary and secondary care, to agree how these services can best be provided, according to the best available evidence, across the city. Once Primary Care Networks are established, these discussions will continue with them to ensure that the right model of care is available in every cluster.

Following approval by the CCG Governing Body, the CCG will share its draft plans with key health and care partners and the public to ensure they are appropriate and able to meet the needs of patients for the foreseeable future.

Conclusion

This paper has outlined the current position of primary care services in Portslade (Cluster 4) and Hove (Cluster 6); and current support, and future plans for the development of such services in these localities and across the city.

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