

Rapid Access Clinic You Said, Our Response Summary Report November 2018

Background

NHS Barnsley Clinical Commissioning Group (CCG) has the responsibility for the commissioning (planning and buying) of local healthcare services for the benefit of the people of Barnsley.

We have recently reviewed the way in which a local service, known as the Rapid Access Clinic, is provided within the community and a key part of this work was for us to gain feedback from patients, staff and clinicians of their experiences of accessing, using and referring into the service, as well as views and comments on our proposals for the future of the service.

What is the Rapid Access Clinic and who is it for?

The Rapid Access Clinic is provided at The Cudworth Centre, Barnsley, by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and consists of a number of services for mainly frail, elderly adults.

The aim of the Rapid Access Clinic is to enable adults living within Barnsley to be seen by a consultant in elderly medicine for tests and treatment. Patients are seen to diagnose a new illness or for support with a long term condition. The service also sees patients who have had a suspected minor TIA.

Patients are referred to attend the Rapid Access Clinic by a GP, a Community Nurse, a hospital consultant or another healthcare professional.

You may have been referred to the clinic because:

- You have a long term medical condition(s) i.e. a condition without a cure. Examples of long term conditions are diabetes, asthma, stroke, coronary heart disease, high blood pressure and heart failure; or
- You have experienced a history of falls or be at a high risk of falls; or
- You are at a high risk of fracture to your bones; or
- You have osteoporosis which is a condition that weakens bones and makes them more likely to break; or
- You have experienced a minor TIA (transient ischaemic attack) often referred to as a 'mini-stroke'.

Our aims for the review

Demand for NHS services and an increasing older population is putting pressure on existing frontline community services and as a CCG, we needed to establish whether this service provides the best value for the Barnsley Pound and achieves the outcomes for local people that it sets out to.

Our engagement process

We set out with the aim to carry out engagement activity that would:

- Obtain views and feedback from patients, carers, public and clinicians from across Barnsley in relation to accessing and referring into Rapid Access Clinic Services and their views in relation to our proposal for the future of the service. Our overall aim being that this feedback helps to inform and shape our decision making regarding this.
- Act in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), in which CCGs and NHS England have duties to involve the public in commissioning, (under sections 14Z2 and 13Q respectively).

We received some valuable feedback throughout our engagement phase that was carried out during August and September 2018 in order to help to shape and influence the decision making of the CCG regarding the future direction of the Barnsley Rapid Access Clinic service.

We have compiled a summary report documenting the engagement process and highlighting the type of feedback we received. This report can be accessed [here](#) or via the get involved section of our website at www.barnsleyccg.nhs.uk

Acknowledgements

We would like to take this opportunity to thank all of the individuals and organisations who have taken the time to share their views and also get involved in the promotion of this review.

We would especially like to thank the team at South West Yorkshire Partnership NHS Foundation Trust (SWYFT) for their assistance in helping us to contact both former and current patients in order to gain their valuable feedback both via post and face to face within the clinics held within early September.

You said, our response

This document explains how feedback from patients, carers and clinicians has been used to inform decision making for future plans for Rapid Access Clinic Services.

The tables below discuss key themes from responses to surveys which were undertaken during August and September 2018. The first table relates to patient, carer and public feedback and the second relates to the feedback received from healthcare professionals.

The 'You Said' column highlights feedback from people who responded to the surveys. The 'Our Response' column explains how this feedback was included in our Engagement Report and the final report which concluded the review of the Rapid Access Clinic.

Table One – Patient / Carer / Online Respondent Feedback

You Said	Our Response
<p>The service is valued and appreciated. I received good quality care.</p> <ul style="list-style-type: none"> ✓ The staff were knowledgeable ✓ I was listened to ✓ I received quality care / the service offers a personalised approach ✓ The referral was timely ✓ The service is well-liked 	<p>We noted that patients reported a positive experience of the service. In particular, praise was highlighted in relation to staff working in the service.</p> <p>We also noted that many patients told us about their current positive experience of the service and did not express concerns about their care in the future.</p> <p>The CCG is committed to commissioning high quality services and believes that a personalised approach should be a feature of all services and pathways.</p> <p>We noted that patients like the service particularly because longer appointment times are offered compared with other clinics.</p> <p>We considered this further in relation to the service capacity and under-utilisation and established that the length of appointments is not a standalone reason to continue commissioning the service in</p>

	the same manner.
<p>Patients prefer care which is close to home / out of hospital</p> <ul style="list-style-type: none"> ✓ The clinic is a more comfortable environment than hospital ✓ Respondents have associated anxiety with attending hospital e.g. concern about clinics not running on time, or fear that their condition is more serious ✓ Respondents shared concerns about car parking at Barnsley Hospital and the distance to travel there from home 	<p>Respondents raised a preference for community services.</p> <p>Discussions with health professionals have confirmed that the needs of the majority of patients seen by the clinic can be met by community services.</p> <p>Under the proposals, patients with long term conditions or who are frail/elderly would still be seen and managed in the community. We noted the need to be clearer about this aspect of our proposal in future communications. Since this, we have outlined the role of community services more clearly in reports regarding future arrangements and proposals for the clinic.</p> <p>For people who have experienced a suspected minor TIA (transient ischaemic attack), the clinical guidance recommends that patients should be assessed as soon as possible and within 24 hours. Under future proposals, these patients will receive this level of care within a hospital setting.</p>
<p>Duplication and alternative service offers</p> <ul style="list-style-type: none"> ✓ It makes sense for all tests and services to be in one place ✓ This does not necessarily have to be at the current clinic 	<p>We noted that some respondents were not aware of alternative services other than those available at hospital (see further above).</p> <p>The report noted that the CCG has limited resources and must seek best value for money, including considering alternative service delivery methods.</p> <p>Some patients asked whether the premises that the clinic is held in would</p>

	<p>be left empty. Plans are in place for new services to host clinics in the venue. For example, clinics for the BREATHE service which is for COPD (coronary obstructive pulmonary disease) patients. The CCG is committed to bringing care closer to home.</p>
<p>Health outcomes This relates to the reasons patients visit the clinic and the outcomes of appointments.</p> <ul style="list-style-type: none"> ✓ Over half the patients who took part in the survey had accessed the service in relation to a minor TIA ✓ 98% of patients were referred onto other services including Barnsley Hospital, community services or to their GP ✓ 75% of patients had 1 or 2 appointments at clinic. 	<p>The review demonstrated that the service offer is duplicated by other, existing health services. It was established that in the future patient's needs would be met by alternative services.</p> <p>Whilst patients report that they received good quality care, there is limited evidence to support that the service contributes to avoiding hospital admissions or that it reduces reliance on other health services.</p>
<p>The proposals</p> <ul style="list-style-type: none"> • We asked people to consider our proposal to stop all activity and services offered at the Rapid Access Clinic. Meaning that the contract to provide the clinic would be ended and services would no longer be provided at The Cudworth Centre. • 52 people responded to a question relating to our proposals for the future of the clinic. • The preference for the options was as follows: <ul style="list-style-type: none"> • Agree – 35% • Disagree – 35% • Unsure – 30% <p>Respondents gave reasons for their answers, the key themes included:</p>	<p>From conversations we had with patients and carers as part of the engagement period, we noted that some expressed difficulty in judging what future health services would look like. This was not a reflection on the engagement materials which respondents stated provided sufficient information.</p> <p>We considered the reasons provided for why respondents agreed or disagreed with the proposals and noted that overall respondents demonstrated an understanding for the need for the service to change.</p> <p>We also noted that there is a need to ensure that, wherever possible, services are integrated and offer value for money. The current provision of the Rapid</p>

<p><u>Agreed</u></p> <ul style="list-style-type: none"> • Avoid duplication of service. • All services in one place – avoid delays for people needing further tests etc. • Saves money which can be reallocated elsewhere within the local NHS. • Providing the quality of service received by local people via current service can be replicated and does not suffer as a consequence. • If the change will benefit patient care • Providing clear guidance of new pathways of care for both patients and professionals. <p><u>Disagreed</u></p> <ul style="list-style-type: none"> • Leave the service as it is currently, it works! • More comfortable environment here than having to go to the hospital and have to deal with the added anxiety of finding somewhere to park. • Clinics run on time, often delays at the hospital which can add to the worry. • Not sure that you can have the same quality of service received within the clinic. 	<p>Access Clinic meets neither of these criteria and is significantly under-utilised. The biggest risk would be to do nothing.</p> <p>We reviewed clinical guidance for TIAs which recommended the approach taken in the report. We also noted it was not viable to have a separate frailty service in the community due to the small number of people who use the clinic for this reason.</p>
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Table Two – Professional Feedback

The 'You Said' column highlights feedback from health care professionals.

The 'Our Response' column explains how this feedback was included in the Engagement Report and the final report which concluded the review of the Rapid Access Clinic.

You Said	Our Response
<p>Awareness of clinic</p> <ul style="list-style-type: none"> ✓ I was not aware of the clinic ✓ I thought the clinic only supported TIA (mini-stroke) patients. ✓ I was not aware the clinic supported frail elderly patients or those with long term conditions 	<p>We noted in the report that the clinic is not actively promoted or advertised to Primary Care colleagues (such as GPs) through established communication channels. Doing nothing would not be a viable suggestion.</p> <p>We noted that some health care professionals told us they were not aware of the non-TIA aspects of the clinic. This contributed to our conclusion that a separate frailty service in the community would not be viable.</p> <p>As part of the development of the new integrated stroke pathway and the integrated falls and osteoporosis offer the CCG will ensure Primary Care colleagues are briefed on changes.</p>
<p>Use of clinic</p> <ul style="list-style-type: none"> ✓ I use the clinic as a gateway to access other SWYPFT services ✓ This is a useful service for patients with a diagnostic uncertainty ✓ I have not used the service during my 15 years working in Barnsley and do not feel my patients are worse off 	<p>We will feed these comments into the development of alternative services.</p>

Next Steps

The engagement exercise, alongside the discussions with and additional information received from the provider has fed into the future of the service.

Following discussion and deliberation, the CCG has taken the decision to ultimately decommission the Rapid Access Clinic held at Cudworth. The decision was approved by the CCG Governing Body at their meeting held in public on 8 November 2018 and the contract to provide the service will terminate on 31 March 2019.

In making this decision the following aspects of the review were noted:

- **Service offer.** The clinic does not provide a 'one stop shop' which means that patients can only access certain tests there. Some patients have to also attend the hospital too where they can receive additional tests.
- **Duplication.** There is overlap between the services offered by the clinic and other existing services that are already delivered in Barnsley. 98% of patients surveyed during the engagement exercise were also referred to other services.
- **Under-utilisation.** The number of people accessing the clinic is lower than expected. Whilst all GPs can refer into the service, last year only 7 practices out of the 33 in Barnsley referred more than 10 patients to the clinic.
- **Expensive.** The CCG currently spends £580,000 a year out of our overall budget to provide the clinic for Barnsley residents. The service is part of a larger contract and costs the same amount of money regardless of the number of people who attend (this is known as a block contract). At the Rapid Access Clinic, the average consultation costs £900. For an equivalent outpatient appointment for a TIA or for geriatric medicine, the average cost on tariff is £230: the Rapid Access Clinic costs almost three times more. Additionally, the desktop review established the clinic is commissioned to run five sessions per week, Monday to Friday. The engagement exercise established there are three sessions per week which run for approximately 3 hours per session.
- **Patient voice.** The three week patient and public engagement exercise included surveying patients at the clinic and health care professionals. Patients gave positive feedback in relation to the care they received at the clinic. When asked about proposals, participants responding to the engagement demonstrated an understanding of the need for change. The findings matched those in the desktop review. The engagement also found that the clinic is not solely for elderly patients: over 60% of patients attend for suspected TIA of which the majority are aged between 45 and 54 years old.

- **Impact.** Patients will be able to access the same level of care and treatment as previously offered by alternative local teams, both community and hospital.
- **Future arrangements.** As the service does not provide ongoing care, there will be no impact on existing patients. Future patients' needs will be met by existing services which have been identified with providers during the engagement phase.
- **Patients with a suspected TIA will be seen as part of an integrated Stroke pathway.**
- 60% of the patients who would have previously been referred to the Rapid Access Clinic would be referred to another service provided by the hospital and SWYPFT as part of the integrated pathways. Work has already commenced on a new stroke pathway for Barnsley which will be in place by 1 April 2019.
- **Care for patients with long term conditions or for those who are frail/elderly would be managed in the community by existing services.**
- These services include specialist long term condition nurses, neighbourhood nursing service, specialist community falls service and community physio. There is evidence that this already takes place: 98% of patients surveyed were referred to other existing services. The CCG is continuing to develop the offer to patients who are frail/elderly.

Going forward the CCG has an obligation to ensure that we are commissioning for value to ensure that service offers are innovative and value for money.

Finally we would like to reiterate our gratitude and to sincerely thank all of the individuals and organisations who have taken the time to share their extremely valuable views and feedback regarding their experiences of both accessing and using Rapid Access Clinic Services within Barnsley.

Final version
14th November 2018