A meeting of Bromley CCG  
Primary Care Commissioning Committee  
Date: 16th November 2017

ENCLOSURE 3

**TITLE: GP Home Visiting Service over winter**

**SUMMARY:**
On 31st August 2017, the Bromley CCG Clinical Executive Group approved the establishment of a GP-led Home Visiting Service to support practices with providing home visits over winter (Monday 3rd December to Tuesday 3rd April 2018). This service development is in response to changes to the Medical Response Team who currently undertake home visits for general practice patients. The service will use GP workforce more effectively and help prevent avoidable emergency attendances/admissions. £200k has been earmarked from the Better Care Fund winter resilience monies to fund the service.

This paper outlines for the Primary Care Commissioning Committee the rationale for the service, how it will operate, risks and issues and includes as an attachment the service specification. The Primary Care Commissioning Committee is requested to approve the specification.

**KEY ISSUES:**

**Context**
Currently, the Bromley Healthcare Medical Response Team undertakes visits of patients deemed not to require an urgent response (within 2 hours), and so are in effect being used in place of a GP home visit. Under the new BHC contract from 1st December 2017, the re-named Rapid Response Team will not be accepting referrals for non-urgent visits as they are commissioned only to accept GP referrals for patients who need an immediate response, are unable to visit the practice to get an urgent appointment and who might otherwise need to attend A&E.

This will have an impact on practices, as feedback via Primary Care Needs Assessment discussions with practices and other local intelligence indicates that a significant number (approx. half) of practices regularly rely on the current MRT to visit patients that need a visit that day, but not necessarily immediately. This appears to be due to lack of GP capacity due to vacancies/clinic demands.

The CCG is therefore commissioning a GP home visiting service over winter in recognition that practices may experience additional workload pressure as a result of the change to the MRT, during already pressured winter period.

By deploying GPs specifically for undertaking home visits for practices within an ICN, it is intended that:
- Capacity for meeting the need for home visits can be more easily met. Across 15 practices, it is expected that there will always be home visits to undertake and so a dedicated workforce is feasible.
- Less follow up work will be required by the practice as a result of a GP as opposed to a nurse visit.
Outline of service

The service specification is attached. Key points are listed below.

Patient suitability

- The service is intended for relatively acute patients who need a home visit within 48 hours. It is distinct from the Rapid Response Service as it does not offer an immediate response (within two hours) and it is not intended to replace routine home visits for patients with chronic conditions.
- The service is for minor illnesses that are deemed unlikely to need further follow-up.
- The service is for patients in their own homes. Care home residents are excluded as the Visiting Medical Officer Enhanced Service covers GP visits to care homes, and continuity of care for these patients is particularly important both in regards to the relationship between the patient and the GP and the processes in place for recording the outcomes of the visit.

Clinical care and prescribing

The service will provide:

- Appropriately qualified GPs who will provide high quality essential services including assessment, investigation, diagnostic tests, referrals, organising admission to hospital and prescription of medication as required. The results of diagnostics and clinic outcomes following referral will go back to the referring GP to action as appropriate.
- Home visits that result in a completed episode of care.
- GPs who understand local pathways (e.g. locally commissioned services and advice and guidance avenues) and have access to the patient’s GP record via a laptop with connection to EMIS over a secure network.
- FP10 pads for prescribing in the same way they are used currently by GPs in the Bromley Primary Care Access Hubs.

Referrals and access

- The service will provide c6 visits per ICN per day (TBC pending GP recruitment).
- Visit ‘slots’ will be allocated to practices based on weighted list size. The allocation will be per week and range between 1 and 4 slots depending on the size of the practice.
- Practices will be able to book in home visits for later that day and for the following day, with 50% of slots ring-fenced for on the day booking. The CCG and Bromley GP Alliance will jointly agree a ‘cut-off’ time for same day and next day bookings. If there are still slots available after the cut-off time, booking will be opened out to all practices.

Mobilisation

The Bromley GP Alliance is working to a service start date of Monday 3rd December 2017, in line with the start of the new BHC Community Services contract. The service will run until 3rd April 2018.

Longer-term fit with CCG strategy – workforce and housebound patients

- GP recruitment and retention is an ongoing issue, and is a key consideration in our local Primary Care Needs Assessment and in the national GP Forward View. It is important that jobs are attractive to GPs in terms of variety, responsibility and professional support (e.g. being in a team), and that services are not dependent on locums. GPs may not want to only do home visits as a salaried role for the GP Alliance, but if this were part of a portfolio of work that also included Access Hub sessions and other types of work, this may be more attractive.
These factors are to be borne in mind and evaluation of the service will consider GP job satisfaction.

- For beyond March 2018, the CCG will consider other ways of supporting practices with home visits, which draw upon the existing practice workforce. For example, facilitating joint-working among neighbouring practices to create a shared GP rota for home visits.
- Of note, the VMO contract terminates in March 2018, a comprehensive review of support for care homes is being undertaken by the CCG, and the proactive review of housebound patients is no longer a service line in the PMS contract. In this context, the implementation and evaluation of the Home Visiting Service may be useful as the CCG considers how we commission services to support patients who are unable to leave their place of residence.

### Risks and issues

**Recruitment** – In light of concerns around the ability to recruit a sufficient number of GPs, and the potential impact on practices seeking to recruit themselves, the proposed scale of Home Visiting Service has been reduced so that fewer GPs are required (15 x 4 hour sessions per week). Following discussions with the GP Alliance, it is currently anticipated that these sessions will be filled.

**Managing fluctuations in demand for visits** – The unpredictability of home visit requests on a daily basis may lead to the service reaching capacity and not being able to accept referrals. We are being transparent with practices in terms of how the service operates so that expectations are managed, and encouraging constructive feedback on how access to the service can be improved.

### Finances

Based on 90 visits per week over four months, the cost of the service will be within budget at £120,000. This estimate is based on a breakdown of costs from the GP Alliance that has been shared and amended following discussion with the CCG. It includes clinical and non-clinical pay, equipment, IT, prescribing budget and management costs.

### Evaluation

The following measures are proposed to evaluate impact.

**Impact on primary care workload:**
- Qualitative survey of general practice users on the extent to which this has supported them in providing high quality home visits

**Impact on quality of care for patients:**
- Survey of patients who receive home visits to ask about quality of provision and what they would have done if they had been unable to receive their home visit within 48 hours. (I.e. Might they have called an ambulance)

**Efficiency and sustainability of service:**
- Review of appointment slots available, utilisation, and patient ‘attendance’ at home for appointments.
- Audit of referrals for appropriateness
- Audit of length of time taken to undertake home visits by the new service compared to standard practice service
- Review of effectiveness of IT
- Qualitative survey of GP Alliance staff on experience of delivering the service
PROFESSIONAL INVOLVEMENT

• Feedback from clusters at September meeting on Home Visiting Service proposal
• Discussions on scope and implementation of service with Dr Chris Fatoyinbo (CCG Clinical Lead for Care Networks), Dr Hasib Ur-Rub (Bromley GP Alliance Chair), Clare Ross (GP Alliance Chief Operations Officer)
• Discussions on interface/alignment with other services with Jodie Adkin (CCG Head of Discharge – re. Transfer of Care Bureau) and Amanda Easter (CCG Contracts Manager – re. BHC Rapid Response Service)
• Draft service specification has been reviewed by Gill Holden (CCG Patient Safety and Quality Lead)

COMMITTEE INVOLVEMENT:

• Feedback from BCCG Clinical Executive Group on outline proposal on 12th October 2017
• Draft service specification has been reviewed by the Primary Care Steering Group on 9th November 2017

PUBLIC AND USER INVOLVEMENT:

None. This service is not offering a new type of healthcare treatment/management but rather using GPs in a different way to offer the existing service of home visits.
Patient feedback to be sought in evaluation.

MANAGEMENT OF CONFLICTS OF INTEREST

Dr Chris Fatoyinbo and Dr Hasib Ur-Rub have a conflict of interest as GP Partners (recorded on CCG register of interests) as this service will benefit their practices. Discussions on scope and implementation of service were held with them in their respective roles as CCG Clinical Lead and Chair of GP Alliance. Discussions did not involve financial remuneration and they did not advise on how practices could be allocated their appointment slots.

IMPACT ASSESSMENT:

- Quality, Equality and Digital Impact Assessments have been signed off by respective CCG Leads
- Privacy Impact Assessment has been discussed with the CSU Information Governance Lead. It is approved in principle, subject to confirmation of documentation relating to information governance.

RECOMMENDATIONS:

The PCCC is asked -
• To sign off the service specification

N.B. £200k has already been set aside from the BCF winter resilience monies to fund this service.
# ACRONYMS

BCF – Better Care Fund  
BHC – Bromley Healthcare  
MRT – Medical Response Team  
IG – Information Governance  
VMO – Visiting Medical Officer

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## GP CLINICAL LEAD:

Name: Dr Chris Fatoyinbo  
Position: Bromley CCG Clinical Lead (Local Care Networks)  
E-Mail: chris.fatoyinbo@nhs.net
Service Specification

GP Home Visiting Service

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>GP Home Visiting Service</td>
</tr>
<tr>
<td>Commissioner Lead</td>
<td>Alexandra Humphrey – Primary Care Commissioning Manager</td>
</tr>
<tr>
<td>Provider Lead</td>
<td>Clare Ross – Bromley GP Alliance Interim Chief Operating Officer</td>
</tr>
<tr>
<td>Period</td>
<td>4th December 2017 – 3rd April 2018</td>
</tr>
<tr>
<td>Date of Review</td>
<td>January 2018</td>
</tr>
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</table>

1. Population Needs

1.1 National/Local context and evidence base

Home visits are a standard part of GP work within PMS and GMS contracts. Patients registered at a GP practice who request medical assistance from their GP and are deemed by their GP to be too ill to attend the surgery and/or have an infectious condition may be visited at home.

Bromley Clinical Commissioning Group recognises that it is increasingly difficult for many practices in Bromley to meet the needs of patients who need a home visit. This is partly due to the unscheduled nature of ‘acute’ home visits for patients, as they are more difficult to manage operationally. Moreover, the ongoing rise in the elderly population (especially over 75s)¹ who make up the significant majority of home visits² coupled with many practices struggling to recruit GPs³ has led to additional pressure on practices to provide equitable, high quality care for patients unable to attend the practice.

Bromley CCG therefore intends to commission a GP Home Visiting Service over the winter period 2017-18 to provide additional support to practices to provide good quality home visits. Through commissioning a service that undertakes home visits within an Integrated Care Network geography of c.15 practices, it is expected that there will always be home visits to undertake and so a dedicated workforce is feasible.

¹ Bromley Joint Strategic Needs Assessment 2016
² From Bromley practice data on home visits (extracted via EMIS Search and Report on October 2017)
³ See CCG Bromley Primary Care Workforce Survey (February 2017)
This winter in particular there is likely to be more pressure on general practice to undertake home visits as a result of the new Community Services contract. Currently, the Community Service Medical Response Team undertakes visits of patients referred by their GP and deemed not to require an immediate response, and so are in effect being used in place of a GP home visit. Under the new contract from 1st December 2017, the renamed Rapid Response Team will not be accepting referrals for non-urgent visits as they are commissioned only to accept GP referrals for patients who need an immediate response.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Preventing people from dying prematurely</th>
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<tbody>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
</tr>
<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
</tr>
<tr>
<td>Domain 5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
</tr>
</tbody>
</table>

2.2 Local Outcomes

i) Improve the capability of practices to meet the need for home visits
ii) Improve/maintain quality of care and experience for patients who need a home visit
iii) Full evaluation report on the impact, efficiency and sustainability of the service to inform future commissioning

3. Scope

3.1 Aims and objectives of scheme

To provide the Bromley GP-registered population with additional GP home visit capacity from December 2017 to March 2018 to enable home visits to be undertaken in a timely fashion and to a high standard.

3.2 Service description/care pathway

3.2.1 Patient suitability and population covered

- The service is for patients who request medical assistance from their GP and are deemed by the GP to need a home visit within 48 hours. It is NOT an immediate response service. I.e. the visit will be booked either later that day or the following day.
- The service is for both long-term housebound patients and for those who are temporarily unable to
leave their home/attend the practice.

• The service is for patients who require a visit in their own home. It is not for care home residents.
• The service is not intended to replace routine home visits for patients with chronic conditions, for whom relational continuity of care is particularly important and/or follow up appointments are likely to be required.
• For patients with minor illnesses that are deemed unlikely to need further follow up.
• Patients in mental health crisis are not suitable.

3.2.1 Clinical care and prescribing

The service will provide:

• Appropriately qualified GPs who will provide high quality essential services (as defined in the GP contract) including assessment, investigation, diagnostic tests, referrals, organising admission to hospital and prescription of medication as required. The results of diagnostics and clinic outcomes following referral will go back to the referring GP to action as appropriate.
• Home visits that result in a completed episodes of care.
• GPs who understand local pathways (e.g. locally commissioned services and advice and guidance avenues) and have access to the patient’s GP record. The GP will be able, with patient consent, to access the medical record in advance of the home visit.
• N.B. Home Visit GPs will not be able to re-visit a patient as part of the same referral, but may be available for advice on the phone within their clinical session. If a follow-up visit is deemed necessary, the practice must book this in as a new referral.
• FP10 pads for prescribing in the same way they are used currently by GPs in the Bromley Primary Care Access Hubs.

3.2.2 Access

• Bromley practices will be allocated a fixed number of ‘slots’ each week, based on weighted list size.
• It is expected that the service will be able to provide at least six visits in a four hour session.
• The service will operate Monday to Friday, excluding Public Holidays. Referrals will only be accepted within core hours (8am-6.30pm) an patients will be seen within the hours of 8am to 8pm.
• Practices will be able to see what slots are available and book in via EMIS Web. Practices will only be able to book into slots within their Integrated Care Network sessions. Indicative outline of sessions as below (exact allocation breakdown TBC by Bromley CCG):

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<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Weds</th>
<th>Thurs</th>
<th>Fri</th>
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<tbody>
<tr>
<td>Beckenham ICN</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
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<tr>
<td>Bromley ICN</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
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<tr>
<td>Orpington ICN</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
<td>6 slots</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>18</strong></td>
<td><strong>18</strong></td>
<td><strong>18</strong></td>
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</table>

• Practices will be able to book in home visits for that afternoon and for the following day, with 50% of slots ring-fenced for on the day booking. The CCG and Provider will jointly agree a ‘cut-off’ time for same day and next day bookings. If there are still slots available after the cut-off time, booking will be opened out to all practices.
• The GP Alliance will request that a named person at the referring practice is available on the telephone during the home visit session the patient has been booked into. This is in case the visiting GP needs to discuss clinical management of the patient urgently. For example, if the GP deems that the patient requires a follow up visit within 24 hours. It is not a requirement that a named person is available, but is deemed good practice to ensure that patient care is appropriate and timely.
• The referring practice will be informed immediately if a patient is not at home when the GP visits.
• The practice will have access to the consultation notes from the visit via EMIS, and they can contact the Provider with any follow up queries via the Provider’s generic email address or a dedicated phone number. Any follow up queries from a patient or relative/carer regarding the care of the patient after the home visit should be directed to the referring practice in the first instance.
• An administrator for the service will be available by phone and via email Monday to Friday 9-5pm for any queries from practices or the CCG regarding the service.

3.2.3 Access to patient primary care record

The Provider will use EMIS Web data sharing to ensure Home Visit GPs are able to view records for attending patients and write up the consultation to communicate back to the patients registered practice in real time. (See 4.4 regarding Data Sharing Agreements)

3.2.4 Interdependencies with other providers

The Bromley Healthcare Rapid Response Service also undertakes home visits following a referral from a GP. They will be informed about the scope of this GP Home Visiting service so that if they receive a referral that does not meet their referral criteria but think that the Home Visiting Service is more appropriate, they will be able to give the contact details of the Home Visiting Service to the referrer. Conversely, the Provider must be aware of the referral criteria for the Rapid Response service, so that the Provider can advise the referrer on how to refer to that service, if appropriate.

4. Applicable Service Standards

4.1 Applicable national standards

• NHS England standard General Medical Services contract
• The Provider will follow best practice in relation to NICE standards
• The Provider will adhere to all standards as managed by the GMC

4.2 Applicable local standards

• All GPs will follow local referral and diagnostic guidelines and signpost patients to local services that could help them.
• All GPs will provide advice on self-management as appropriate.
• GPs will use their own vehicle for travelling between homes and be responsible for their own insurance and vehicle upkeep.

4.3 Information governance
Please refer to the Information Governance requirements within the Bromley Quality Assurance Framework. The Provider will operate the explicit patient consent model to access the patient’s primary care record.

4.4 Information Management and Technology

- The Provider must have the ability to generate both paper-based and electronic appointment letters and patient summaries.
- All IT systems are required to be compatible with the GP IT software (EMIS web) and where appropriate DOCMAN and tQuest.
- The GPs will have a laptop that is able to remotely and securely access EMIS Web Clinical Services through use of a VPN token and dongle.
- The Provider will have in place a Data Sharing Agreement that secures the safe transfer and viewing of records used by the service. The Provider will work with all practices to ensure that the appropriate data sharing agreements and protocols are in place to enable the service to offer continuity of care. The CCG will need to see evidence of the agreement and sign up.
- The provider must adhere to the adoption of the NHS Number as the unique patient identifier and confirm they are able to validate NHS Numbers within their electronic patient record system.
- The Provider must demonstrate the safeguarding of patient records in accordance with Information Governance requirements and confirm their IT system(s) are accessible within the N3.
- The Provider should have an IM&T Business Continuity policy for dealing with an emergency.

4.5 Patient Experience

The Provider will seek and record feedback from patients on their experience of and satisfaction with the service. The feedback will include views on the quality of care they received, and what the patient would have done if they had not been visited at home within 48 hours. This feedback will be collated and analysed to inform service improvement.

5. Applicable quality requirements

The service will comply with all relevant sections of the Bromley CCG Quality Assurance Framework. Elements of the Quality Assurance Framework are highlighted below.

5.1 Patient Access

In line with the Equality Act (2010) and Accessible Information Standards, the Provider must ensure that all staff are aware of and can access interpretation and translation services for patients who are non-English speaking during service operation hours. Appropriate provision must also be made for patients with impaired hearing or sight.

5.2 Staff training and accreditation

All clinical staff must have: a valid CPR, relevant and up to date training to undertake their clinical role, evidence of annual appraisal, valid license to practice, DBS, occupation health status confirmations and indemnity cover commensurate to the nature of their work within this service. The responsibility for ensuring compliance with this rests with the Provider.
The Provider is responsible for ensuring that all staff are aware of and understand local clinical pathways, and will provide training if required.

5.3 Safeguarding Children and Adults

The service will comply with the safeguarding requirements as detailed in the Bromley CCG Quality Assurance Framework.

5.4 Clinical Governance and Accountability

- The Provider will be Care Quality Commission (CQC) registered.
- The Provider will have a policy outlining how clinicians will be held to account if clinical standards are found to be below acceptable levels.
- The Provider will have clear lines of accountability and clinical governance.
- The Provider will be able to provide an organisational structure that includes job roles and demonstrates clinical leadership.
- The Provider will be accountable for the quality of care provided and will be responsible for logging and investigating any adverse or serious incidents in line with the BCCG Quality Assurance Framework. In addition the Provider will be responsible for responding to any complaints or quality alerts related to the provision of the service.

6. KPIs and Monitoring

6.1 Monthly Reporting Requirements

The Provider will:
- Use the NHS Number as the primary identifier in both datasets and clinical correspondence, to be collected in line with pseudonymisation standards as per the Health and Social Care Information Centre (HSCIC) and Clinical Advisory Group (CAG) Information Governance Standards.
- Have the ability to capture and undertake an analysis of data from within the clinical sessions.

If data quality drops below agreed standards, the commissioner can request that the Provider, in collaboration with the commissioner, produce a Data Quality Improvement Plan (DQIP).

The Provider will be required to submit monthly KPI reports to Bromley CCG ten working days after month end. KPI measures will include:

<table>
<thead>
<tr>
<th>KPI</th>
<th>Target</th>
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<tbody>
<tr>
<td>Number of home visit slots available each week day</td>
<td>6 per ICN per day (TBC)</td>
</tr>
<tr>
<td>Utilisation of appointment slots by practice</td>
<td>First 4 weeks: 80%</td>
</tr>
<tr>
<td></td>
<td>After 4 weeks: 100%</td>
</tr>
<tr>
<td>Complaints and incidents</td>
<td>To be monitored</td>
</tr>
</tbody>
</table>
### Number of ‘DNAs’
To be monitored

### Number of referrals deemed ‘inappropriate’ by Provider
Less than 5%

### Number of home visits that resulted in the patient being admitted to hospital
To be monitored

### Patient experience survey feedback on quality of care and what they would have done if they had been unable to receive their home visit within 48 hours
90% positive response from patients and summary of issues raised and any actions arising

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**6.2 Service Audit**

In order to fully evaluate the effectiveness of the service, the Provider will support the CCG in gathering additional quantitative and qualitative data on the impact of the service as outlined below:

**Impact on primary care workload:**
- Qualitative survey of general practice users on the extent to which this has supported them in providing high quality home visits

**Efficiency and sustainability of service:**
- Review of appointment slots available, utilisation, and patient ‘attendance’ at home for appointments.
- Audit of length of time taken to undertake home visits by the new service compared to standard practice service
- Audit of referrals for appropriateness
- Review of effectiveness of IT
- Qualitative survey of staff on experience of delivering the service

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**6.3 Review meetings**

A monthly review meeting between the Provider and Bromley CCG will be held and attended by appropriate managers to cover the following:
- Quality of service
- Performance against KPIs
- Patient experience
- Working within the Bromley healthcare system
- Audit of service

Additional meetings may be arranged at any time where corrective action on either part is indicated or where significant variation in the terms of the agreement is proposed.

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**6. Location of Provider Premises**

N/A – GPs will see patients in their own home