Aberdeen City Health & Social Care Partnership
A caring partnership

ADDITIONAL CIRCULATION

To: Members of the Integration Joint Board.

Town House,
ABERDEEN, 5 October 2018.

INTEGRATION JOINT BOARD

The undernoted items are circulated in connection with the meeting of the **INTEGRATION JOINT BOARD** to be held in the Health Village on **TUESDAY, 9 OCTOBER 2018 at 10.00 am**.

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

STRATEGY

14 Localities Update (Pages 3 - 10)

15 Rosemount Medical Group Update (Pages 11 - 24)

Should you require any further information about this agenda, please contact Iain Robertson, 01224 522869 or iairobertson@aberdeencity.gov.uk

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	9 October 2018
Report Title	Localities
Report Number	HSCP.19.089
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	*Sandra Ross* *Chief Officer* *SanRoss@aberdeencity.gov.uk*
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	*None*

1. Purpose of the Report

1.1. The purpose of this report is to seek approval for the intent to move to a three-locality model (covering the whole of the city) for Aberdeen City Health and Social Care Partnership (ACHSCP) that is in alignment with the Community Planning Aberdeen locality partnerships.

1.2. Subject to this approval, it would be intended to include this intent within the refreshed ACHSCP's Strategic Plan.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Instruct the Chief Officer to review the locality structure and consult with relevant stakeholders and staff on the proposal to move from a four to a three-locality model and report back to the IJB on 26th of March 2019 with the results of this review and consultation along with the new Strategic Plan once finalised

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3. Summary of Key Information

What is a locality?

3.1. Locality planning is a key element of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the planning and delivery of our integrated services.

3.2. A locality is defined with the Public Bodies (Joint Working) (Scotland) Act 2014 as a smaller area within the borders of an Integration Authority. The purpose of creating localities is not to draw lines on a map, but to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the Integration Authority's strategic commissioning plan. In the Scottish Government guidance note on localities, localities refer to the group of people in these areas who must play an active role in service planning for the local population, to improve outcomes.

3.3. Localities are intended to be the engine room of integration, bringing together service users, carers, and health and care professionals to plan and help redesign services.

3.4. If this approach is to be successful, localities and their leadership teams must have the information they need about the nature of the communities they serve and must be empowered by the Health and Social Care Partnership to allow for local decision making on delivering outcomes against identified need. This requires engagement with all stakeholders within the locality, housing, children services, education and emergency services.

Background

3.5. During the year preceding the launch of the ACHSCP the shadow IJB identified four localities. These were based on alignment with GP structures at that time. Given the early stage of the organisation at that time, an option was identified for this to be reviewed at the appropriate time.

3.6. Although these four localities have been established, staff remain within traditional organisational structures, delivering in localities within some services.

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Opportunity to move to three localities

3.7. As the strategic plan is being refreshed this is considered an opportune time to review the current structure of localities. Although the four-locality structure can support primary care, the alignment with other key strategic partners is less evident.

3.8. Community Planning Aberdeen (CPA) is our Community Planning Partnership in the City, bringing together public sector agencies who are working together to deliver improved outcomes for those who live, work, visit and do business in Aberdeen. CPA is also required to divide the City into smaller areas, identifying locality partnerships, where people experience significantly poorer outcomes than other people (across the City and Scotland), as a result of socio-economic disadvantage.

3.9. The CPA locality partnerships include the following areas:

Locality A (pop. Approx. 10,500)	Locality B (pop. Approx. 20,500)	Locality C (pop. Approx. 15,000)
Torry	Middlefield	Seaton
	Mastrick	Tillydrone
	Cummings Park	Woodside
	Northfield	
	Heathryfold	

[1]

3.10. Each smaller locality partnership aligns with three wider operational localities (which include housing and planning functions) which cover the whole of Aberdeen City.

Benefits of moving to three localities

Focus on areas where people experience poorer outcomes

3.11. Household incomes in each locality partnership identified by the CPA are generally significantly less than the City median.

[1] https://communityplanningaberdeen.org.uk/wp-content/uploads/2016/05/Locality-1-Full-Strategic-Assessment.pdf

3.12. There are also profound health inequalities between each CPA Locality Partnership when compared with the rest of the city, including:

- Lower rates of breastfeeding
- Relatively poor dental health for children
- Higher risks of teen pregnancies
- Higher prevalence of poor mental health
- Higher rates of alcohol and substance misuse (and more alcohol and drug related hospital stays)
- More hospitalisations due to chronic obstructive pulmonary disease (COPD)
- Lower life expectancies for men
- Higher rates of emergency admissions for over 65s

3.13. Currently, the CPA locality partnership boundaries do not fit within the ACHSCP Locality, as the CPA locality partnership of Tillydrone, Woodside and Seaton is split across Central and North Localities.

3.14. Realigning the localities of ACHSCP to align with the CPA Locality Partnerships will allow ACHSCP to focus on reducing health inequalities in the City, by including and drawing on the CPA Locality Partnerships.

Alignment with key partners

3.15. As we have progressed and developed and as partnership working improves, there are additional benefits that could be achieved if we were to align with three localities based on community planning. These include being able to closer align operational service delivery with community planning partners and making it easier for the public to understand what locality their community falls under.

Public understanding

3.16. A move to three localities will continue to provide key alignment with GP practices and will also facilitate a stronger alignment to other partners within community planning.

3.17. We will engage with other community partners, early intervention, children's services, education and customer services to have alignment of locality boundaries while accepting these are not hard-line boundaries and still allow development of local communities.

3.18. Considerations will be required on how we can have co-located partners to enhance communication, pathways and reduction in duplication and focus on early intervention in localities.

3.19. Working within the context that locality membership is set by the Scottish Government we will work with current locality leadership groups to review the number, membership and terms of reference of the locality leadership groups with a focus on the main purposes of Localities are to assess need, prioritise and plan how all resources are used in pursuit of delivering the outcomes of the strategic plan in the locality; involve representatives of a locality in any decisions or planned changes that are likely to significantly affect service provision in that locality.

4. Implications for IJB

4.1. Equalities

It is anticipated that the implementation of the recommendations within this report will have a neutral impact on the protected characteristics as protected by the Equality Act 2010.

4.2. Fairer Scotland Duty

Moving to a three-locality structure in line with the CPA structure will help the IJB to meet its responsibilities under the Fairer Scotland Duty. Designing a reviewed locality structure around the areas of regeneration (CPA locality partnerships) and working more closely with CPA partners will help to ensure that the IJB actively considers what it can do to reduce poverty and inequality when making key decisions.

4.3. Financial

There are no specific financial implications arising as a direct result of this report.

4.4. Workforce

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The proposed changes will have a minor impact on some members of the senior leadership team, and discussions have taken place with the affected individuals which will see alternative arrangements put in place, negating any potential negative individual implications as a result of the recommendations in this report. Other wider teams may have minor implications are a result of this report, and full support will be given to those affected.

4.5. Legal

There are no specific legal implications arising as a direct result of this report.

4.6. Other – None identified

5. Links to ACHSCP Strategic Plan

5.1 Localities underpin the majority of the components of the IJB Strategic Plan. The closer alignment with Community Planning Partners localities will strengthen the links between the IJB Strategic Plan and the Local Outcome Improvement Plan.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that the IJB does not maximise the opportunities offered by locality working.

6.2. Link to risks on strategic or operational risk register: Risk 8 (strategic)

6.3. How might the content of this report impact or mitigate these risks:

The recommendations of this report will help to mitigate the risk that the opportunities of locality working will not be realised, as the closer alignment with the localities of our community planning partners will allow for better and more efficient partnership working.

INTEGRATION JOINT BOARD

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	09/10/2018
Report Title	Rosemount Medical Group
Report Number	HSCP.18.085
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Lorraine McKenna Job Title: Head of Central Locality Email Address: Lorraine.mckenna@nhs.net
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	a. Timeline b. Appendix to NHS Grampian

1. Purpose of the Report

1.1. At the IJB meeting in August the decision was made to agree the preferred option to transfer patients to other practices as a result of the closure of RMG, considering how community pharmacists and digital options could help to absorb the patient list.

1.2. The Board requested that a follow up report be presented to the October IJB meeting.

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2. Recommendations

2.1. It is recommended that the Integration Joint Board

a) Note the actions as outlined in this report for the transfer of patients from Rosemount Medical Group (RMG) to other practices and instruct the Chief Officer to implement the changes;

b) Agree to incur expenditure of up to £144,026, to be funded from the Primary Care Reserve Fund; and

c) Make the Direction, as attached at appendix A, and instructs the Chief Officer to issue the Direction to NHS Grampian.

3. Summary of Key Information

Project Group Set Up

3.1. A project group has been set up to devise and oversee a detailed implementation plan for the transfer of the 4568 patients to other practices in the city, following the closure of RMG. The group involves key individuals from within ACHSCP and NHS Grampian, including representatives from finance, Human Resource, RMG, Primary Care Contracts Team, eHealth and Practitioner Services Division.

Establishing GP Practice Capacity

3.2. The Clinical Director, Dr. Stephen Lynch, wrote to GP practices in August asking them to indicate if they would have capacity to take any of the patients from the RMG list. Further to this, several meetings have been undertaken with the practices to discuss their capacity and how many patients they would be willing to take.

3.3. At the date of writing 12 practices have responded saying they have capacity. The confirmed number of patients allocated to different practices at this time will absorb 51% of the RMG patient list. Final discussions are being held with remaining practices who have indicated they will take larger numbers.

Some practices that initially indicated they could take a larger number of patients have since revised that number down, however indications are that the remaining 49% can be accommodated within the practices yet to confirm.

3.4. Following on from this work, should the remaining practices feel they are unable to take the numbers of patients initially indicated, the balance will have to be formally assigned; however the preference would be to agree numbers with practices.

Patient Transfer

3.5. Patients will be transferred on a phased basis, beginning early November. Practices which are taking on larger numbers of patients have indicated that they would like their patients to be transferred in stages too.

3.6. Patients will receive a letter approximately 2 weeks prior to the transfer, telling them which practice they are transferring to and when. After meeting with members of the public (see below), it has been suggested that it would be useful to include the new practice's patient information leaflet within the letter. As some of the practice leaflets are quite bulky, a template will be sent to each practice asking them to fill in the most pertinent information for patients in the interim. When the patient then visits the practice they can obtain the full leaflet. Patients will also be advised to ensure that they have enough medication to last 2-4 weeks after the transfer. This has been discussed with the doctors of Rosemount Medical Group and they will make the necessary arrangements.

3.7. Patients will not be required to do anything to transfer GP practices and all existing arrangements, for example repeat prescriptions, will be transferred to the new practice on their behalf.

Stakeholder Engagement

3.8. **Patients:** Two letters have been sent to patients giving them information about the closure and the IJB preferred option. Question & Answer sheets were sent with both letters which also contained an email address and telephone number for patients to make contact should they have any concerns or queries. Several public drop-in sessions for patients have been held at Rosemount Community Centre. During these sessions, representatives from ACHSCP were available to talk to patients and listen to their concerns.

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The concerns being highlighted at the drop-in sessions, via email and telephone, centred around the following:-

- What are patients required to do about their medical records, particularly repeat prescriptions? Patients were assured that ACHSP will manage the automatic transfer of patient records, including repeat prescriptions, to the new practice.
- Could patients ask ACHSCP to transfer them to a particular practice? Patients were advised that as there were over 4500 patients on the RMG list it was difficult to enter into individual circumstances of patients. It was suggested that should they find that the new practice did not meet their needs, they could register with another practice after the transfer.
- Do patients have the choice to register with a different practice prior to the closure rather than wait to be transferred? Patients were encouraged to stay with RMG to avoid any possible destabilisation of other practices however they were informed that it was their decision to move to a new practice prior to being transferred, or not.
- Access to public transport to enable patients to travel to their new practice. The Operations Manager from First Bus attended the first drop-in session and was able to reassure and advise patients on the available bus routes. The project team will also explore the possibility of including bus timetables and information about other forms of health and social care transport within the patient letters and will host another public drop-in session with colleagues from First Bus.

3.9. **Rosemount Medical Group:** The Head of Central Locality has been working very closely with the partners of RMG around the closure. The main topics being considered are the clinical aspects of the patient transfers and the financial implications of the patients being moved on a phased basis.

3.10. **Elected Members:** Elected members had the opportunity to attend a briefing session at the Townhouse on the 12th of September.

3.11. **Receiving GP Practices:** All practices were contacted by the Clinical Director to ascertain which practices have capacity to take on patients from the RMG practice list. Some practices have had queries which have been addressed. Practices receiving patients from the RMG list will require some support to ensure the smooth transition of patients. This may consist of additional administrative, pharmacy or clinical support.

3.12. **Pharmacies:** The top three dispensing outlets for the prescriptions written at RMG were contacted to discuss concerns regarding any potential impact on their business due to the closure. There were concerns about patients moving to other pharmacies but with the prescription collection service and the chronic medication service it was felt that the impact would not be as great as originally anticipated. One pharmacy was being asked by patients if they were closing as well, so they have proactively attached a note to the patient prescription bags advising that they are open for business. Another pharmacy suggested they receive flyers and posters advertising the drop-in sessions to give to patients who had queries. This was done and the pharmacies also invited to the drop-in sessions.

A member of the Project Group undertook to update the NHS Grampian Pharmacy Contractors Committee of the closure and the concerns raised by pharmacies in the area and how those concerns have been addressed.

While Pharmacies provide many valuable services to patients that reduce the workload on GPs, patients must be registered with a GP practice.

Exploring Digital Options

3.13. At the August IJB meeting, the potential for digital solutions to reduce the need for patients to attend a GP practice was suggested. While each patient must be registered with a physical GP practice, some of the practices that have volunteered to take RMG patients have 'Attend Anywhere' software which is a web-based platform that allows health care providers to offer video call access to their services. The 'GP at Hand' system which is available in England states that patients can "book an appointment within seconds" via their smartphone, however the patients still need to be registered with the practice holding the GMS contract. As an additional tool to ease workload this may be an option in the future but in terms of reducing the number of patients from RMG that have to be transferred to other practices unfortunately it does not provide a solution at this time.

4. Implications for IJB

4.1. **Equalities –** Closure of a GP Practice will inevitably have negative implications for people with protected characteristics. The impact of a GP Practice closure and the change to a new GP practice is often more unsettling for older people or people with disabilities/long-term conditions for example.

ACHSCP is working to make the transfer as easy as possible for those involved and will make the necessary arrangements for patients, including organising transfer of repeat prescriptions and any annual review appointments.

4.2. **Fairer Scotland Duty –** there are no direct implications for the Fairer Scotland Duty as this report relates to operational, not strategic, decisions.

4.3. **Financial -**

Funding to GP practices is calculated on patient list size every three months. As the most recent calculation was 1st October, there will not be another calculation until 1st January 2019. To ensure the smooth transfer of patients to new practices and avoid financial disadvantage, it is proposed that funding will be provided to the receiving practice on transfer of the patients. RMG will continue to receive funding for the numbers of patients calculated at 1st October.

There will also be additional clinical and administrative time required for practices which is directly associated with the transfer of patients.

The amounts below will be funded from the Primary Care reserve:

Patient transfer costs	77,401
Communication costs	10,616
Admin, pharmacy & clinical support for practices	56,009
TOTAL	**144,026**

4.4. **Workforce –** Closure of Rosemount Medical Group will have implications for the staff employed by the group and all staff had been made aware early in the process. Colleagues from HR within NHS Grampian advised that RMG seeks appropriate legal advice regarding TUPE arrangements. RMG have sought advice from the British Medical Association who have confirmed that TUPE does not apply in this situation. NHS Grampian HR Department is prepared to offer advice and training to RMG staff, as appropriate.

There are several ACHSCP staff members located within the RMG practice, all of whom have been advised of the closure. The various teams are discussing how the capacity from Rosemount Medical Group will be utilised going forward.

4.5. **Legal –** ACHSCP must ensure that patients are registered with a GP Practice after 31st of January 2019.

4.6. **Other –** NA

5. Links to ACHSCP Strategic Plan

5.1. Whilst the Rosemount project has been initiated reactively by RMG handing back their contract, this provides an opportunity for ACHSCP to begin to work towards our future vision for primary care, as approved by the IJB in January and August 2018.

Recognising that this vision is long-term, closing a smaller practice will help enable primary care services to move towards larger, integrated, multi-functional hubs and widen the first point of contact for primary care. This is turn will help transition thinking from '*I need to see my GP'* to *"I need to go to the health and wellbeing service",* helping to ensure longer term sustainability in primary care services.

6. Management of Risk

6.1. **Identified risks(s):**

- There is a risk that the numbers of patients on the RMG practice list is greater than the total number of patients other GP practices have volunteered to take, resulting in patients having to be assigned to practices.
- There is a risk that patients register with GP practices on an ad-hoc basis which may put additional strain on GP practices with limited capacity.

6.2. **Link to risks on strategic or operational risk register:** There is a risk of significant market failure in Aberdeen City (General Practice) (strategic risk register – 1b)

6.3. **How might the content of this report impact or mitigate these risks:** This report presents an implementation plan for the phased transfers of

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RMG patients to GP practices close to their home. This managed approach will help to ensure both that all patients have access to a GP practice and that patient registrations to GP practices do not put pressure on their capacity.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)

Milestone Description	Assigned To	Progress	Start	No. Days
Project Initiation	*please note column left blank intentionally. Full version includes named individuals for each tasks, removed as a public paper.			
IJB Approval		Complete	28/08/2018	1
Identify Key Stakeholders		Complete	28/08/2018	3
Communications Plan Developed		Complete	02/09/2018	30
Implementation Plan Developed		Complete	28/08/2018	30
IJB Approval		-	09/10/2018	1
Formal Application to Close the List (Section 7 Form)		Complete		
Notification of Ceasing Provision of Enhanced Services		-	18/01/2019	14
Confirmation to PCCT of remaining GPs Status		-	31/10/2018	1
Preparation to Transfer Patients				
Provide practices with a 'script' for handling enquiries from RMG pts		Complete	01/09/2019	3
Implementation and Monitoring of the Communications Plan		Ongoing	02/09/2018	
Establish Firm Capacity from Other GP Practices		Ongoing	28/08/2018	42
Analysis - Enhanced Medical Services Provision @ Receiving Practices		Ongoing	16/10/2018	28
Decision on Split of Patients Between Practices		Ongoing	27/09/2018	28
Develop Detailed Schedule for Phased Transfer of Patients		-	16/10/2018	7
Identify Any Patients Who May Have Already Moved Practice		Ongoing	NA	NA
Notify patients of transfer to which new practice & date of registration		Phased	26/10/2018	133
Ascertain if RMG have other services that need to be adapted i.e. Anti-coagulation manager; warfarin patients; online services; serial scripts; transfer of paper records; storage of scanned records		-	26/10/2018	14
Inform practices of the date patients will be transferred to them and send patient details to the practices patients are transferring to		Phased	26/10/2018	133
Receiving practices to set up patient records using the information received from PSD i.e. Name, DOB, CHI, address etc		-	26/10/2018	133
Identify Complex Patients		-	15/10/2018	56

Medications Reviews for Patient Groups (frail elderly, patients on high risk meds, DMARDs LES, and patients with CMS scripts)		-	15/10/2018	56
Ensuring Patients Have Sufficient Stock of Medication to Allow for Practice Move to Occur		-	26/10/2018	133
Ensure Current Medical Records are Up To Date and Accessible w. Good Clear Medical Summaries		-	08/10/2018	133
Finance				
Cost of admin support for registering & de-registering patients		Complete	13/09/2018	21
Tea & Biscuits for public drop-in sessions		Complete	20/09/2018	3
Decide what financial support can be given to RMG		-	10/10/2018	7
Decide what financial support can be given to other practices		-	10/10/2018	7
Decide about how the transfer of patients will be handled from a financial point of view and the impact on both RMG and receiving practices financially		Complete	28/08/2018	30
Decide if anything can be done about Extended hours ES to support practices over the transfer period		Complete	28/08/2018	30
Human Resources				
Initial Discussions with RMG re. HR tasks		Complete	29/08/2018	14
Ensure RMG Seek Legal Advice re TUPE for RMG Staff		Complete	29/08/2018	14
Offer Support to RMG staff (interview skills/training)		Complete	29/08/2018	14
Initial Discussions with NHSG Staff Members		Complete	29/08/2018	14
Determine New Location/Base/Role for NHSG Staff Members		-	08/08/2018	168
Follow Up Meetings with NHSG Staff Members (notice of change)		Ongoing	NA	NA
Determine Entitlement to Excess Travel Allowance		-	29/10/2018	24

Implementation of Patient Transfer				
Decision on the Scanning of Paper Records Required		-	10/10/2018	7
Patient Lists Set Up		-	19/10/2018	140
Patient Lists Provided to Practices		-	26/10/2018	133
Additional Administrative Capacity Provided to Practices		-	26/10/2018	133
Registration Processes Begins		-	26/10/2018	133
Registration Process (each patient) Take Three Days		-	26/10/2018	133
Registration Process Completed		-	26/10/2018	133
Project Close				
Cease Service Provision		-	18/01/2019	1
Decommissioning of the building		-	01/01/2019	31
Removal of RMG Practice Belongings		-	01/01/2019	31
Removal IT/Phone Equipment		-	01/01/2019	31
Final Back Up of RMG Data		-	31/01/2019	1
0345 OOH Set Up		-	31/01/2019	90

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INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

NHS GRAMPIAN is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:- HSCP.18.085

Approval from IJB received on:- 9th October 2018

Description of services/functions:- To support the phased transfer of patients from Rosemount Medical Group to other GP practices in the City, as close to the patient's home as possible.

Reference to the integration scheme:- Annex 1, Part 1: "*Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978(27)".*

Link to strategic priorities (with reference to strategic plan and commissioning plan):-

The proposals outlined in the accompanying report align with the following strategic priorities, as well as with the wider 'Reimagining Primary Care' vision for the IJB:

- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.

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Timescales involved:-

Start date:- 09.10.2018

End date:- 31.03.2019

Associated Budget:- £144,026

Patient transfer costs	77,401
Communication costs	10,616
Admin, pharmacy & clinical support for practices	56,009
TOTAL	**144,026**

Details of funding source:- Primary Care Reserve

Availability:- Confirmed

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Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.