NHS
Wolverhampton
Clinical Commissioning Group

BUSINESS CASE

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1 Business Case History

Template Revision History

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Revision date	Previous revision date	Summary of Changes	Changes marked
08/2013		Preliminary Equality Analysis added	1.1
		First issue	
12/2014		Quality Impact Analysis added	1.2
18/06/15		Document Review	1.3
02/03/16		Addition of Task and Finish Section	1.4
17/03/2017		New CCG Logo and document formatting	2.0

Task and Finish Group Views

Please include the initial comments from each of the Task and Finish group leads, on the proposed project Business Case, before submission to the Programme Board:

Area	Lead Name	Date	Comments
Clinical			
Public/ Patient			
Finance			
Quality			
Medicines Management			
Equality			
Information Governance			
Legal/ Policy (Corporate Operations Manager)			

Report Distribution

This document/report has been distributed to:

Name	Title	Date of Issue	Version

2 Table of Contents

Page

Business Case

3 Purpose

Improving access to general practice and other primary care services is a priority for reforming the NHS. The national driver of seeking accessible Primary Care services 8am to 8pm, seven days a week is one of the underlying policy drivers behind this proposed scheme.

Home visits are a significant call on GP's time, and there is a view that in many cases the patients can be seen by a health professional other than the GP.

Currently patients or patients representatives requesting a home visit are offered the following service :

- Patients request a home visit and depending on the initial triage are given an estimated time of visit. Requests for home visits depend on the immediate availability of a GP who may be otherwise engaged with surgery duties or carrying out other home visits. Therefore the timeliness of the visit is not always achieved.

- Patients are often advised by the practice if their condition deteriorates before the visit has occurred to dial 999. In addition due to the complexity of general practice, as patients are not always visited immediately, some patients panic and do ring 999.

An audit of Home Visit requests completed by practices indicated:

> Around 40% of the requests for Home Visits could be diverted to the Rapid Response Service. A number of those requests could not be completed by the Rapid Response Team due to capacity issues, however with the recent recruitment that has taken place this situation has improved.

Under this proposed initiative primary Care access will be extended by virtue of a home visiting service delivered by appropriately trained clinicians.

The service would seek to enable Practices to offer more or longer GP sessions which in effect offers an extended primary service to improve overall patient access to primary services. The additional capacity would also be used to drive new models of care.

There is real opportunity to redesign services and develop integrated working across the health and social care landscape. The time saved for GPs will ensure they are able to address local priorities such as local QOF, Complex Care management, MDT working and enhanced services, for example. A commitment to these schemes could be agreed as a requisite.

It is proposed that this service is initially introduced as a pilot scheme which would be closely monitored and evaluated.

Implementing an extension of available primary care access will give patients local access and support, reducing the need to attend other services e.g. A&E, Minor Injuries Units or GP OOH services.

It will also test the proof of concept of providing extra capacity within primary care services during core primary care hours and the impact on patients' need to seek alternative services elsewhere whilst reducing the burden of visits for practices.

There is a consensus that given societal changes, with more elderly patients living independently, the demand for home visits is likely to increase over time.

Expressions of Interest were invited from GP practices across the city, from practices aligned with all New Models of Care practice groups, to take part in a pilot Home Visiting scheme. The following practices responded to this exercise:

Practice	**Practice List Size**
Newbridge Surgery	4603
Parkfields Surgery	13952
Grove Surgery	3576
Caerleon Surgery	3182
All Saints and Rosevillas Surgery	5976
Pennfields Surgery	4513
Warstones surgery	4264

Table 1 Practices expressing an interest to take part in the pilot scheme

An audit of Home Visit requests undertaken across these practices indicated the following:

4 Reasons

The Home Visiting service is aligned with the 10 High Impact Actions to release time for care in General practice as follows:

High Impact Action

Productive work flows

Introduce new ways of working which enable staff to work smarter, not just harder. These can reduce wasted time, reduce queues, ensure more problems are dealt with first time and that uncomplicated follow-ups are less reliant on GPs consultations.

Develop the team

Consider broadening the workforce to reduce demand for GP time and connect the patient more directly with the most appropriate professional.

Increasing access to primary care which would be realised through a Home Visiting service delivered by clinicians other than GPs could achieve a variety of attractive outcomes for Wolverhampton Clinical Commissioning Group and the NHS; these are:

- Provide the right care, at the right time, in the right place
- Improve patient primary care access experience
- Support the reduction of A&E attendances as a number of patients would default to accessing Urgent care services if they are not able to secure a home visit
- Responsiveness – ability to respond to patient led demand for same day access to primary care.
- Relieve pressure on practices – help by relieving some of the workload burden on primary care with respect to same day appointment requests
- Coordination – between the external delivered home visiting service and a patients registered practice
- Improves equity of access for patients who are housebound

The service will:

- Provide a comprehensive, responsive and appropriate assessment, examination and treatment for patients requiring urgent and routine healthcare in their own home.
- Identify and communicate the agreed access points to the service with other providers.
- Ensure good communications with all practices and integrated care team in place to ensure continued care for patients.

- Formulate service protocol with practices.
- To promote education for patients around local services.
- Work to agreed clinical governance policies.
- Be required to collect and provide agreed monitoring information to Wolverhampton CCG.
- Provide management information to Commissioners regarding the demand for and usage of the service

The aims and objectives of the proposed service would be as follows:

- To deliver a Home Visiting service targeting patients living at home who ring their own registered practice requesting a home visit
- Reduce inappropriate emergency admissions through timely health care intervention
- Reduce inappropriate A&E attendances
- Improve the quality of care received by patients by practices having the ability to proactively respond when an acute medical problem occurs (during office hours)
- Improve sign posting to the appropriate clinical pathway reducing replication and waiting for patients

Each of the above will be measured through Key Performance Indicators agreed with the provider to monitor the impact and effectiveness of the service.

The pilot would recruit appropriately trained clinicians to work with a specified number of practices covering 40,000 patients with a nominated GP lead providing support to the service. In preparing this business case a number of Home Visiting service models operating in different Health economies have been explored.

A number of options are presented within this business case.

The patients registered GP will maintain clinical responsibility for the patient. Ideally staff delivering the service will be a prescriber at Advanced Nurse Practitioner (ANP) level. Non-prescribing clinicians/students could also be included to test different levels of care within a controlled pilot environment.

The patients registered practice will be responsible for triaging and identifying when a patient requires a home visit. Appropriateness will be monitored and communicated by the GP lead supporting the service. Staff delivering the service will be aligned to practice

hubs where a set number of daily appointment slots are available. Each practice will be able to book a patient in to the available slots electronically, providing:

- Patient information
- GP and contact details for support if required
- Reason for the visit

Options

There are a number of different options that can be considered on how the pilot scheme can be delivered. A number of different options have been considered.

Option 1

2 x 0.8 wte practitioners to deliver a Home Visiting Service the practices identified in Table 1.

Staff Cost:

Option 1 ANP led Home Visiting Service- 2 x AfC band 7 Advanced Nurse Practitioners working 30 hours per week costed in accordance with the CCG costing template equates to:

6 month Pilot 2 x ANPs at Band 7	**Recurrent £**	**Non Recurrent £**
Pay:	38,621	
Non Pay:		
Travel	2000	
Mobile Phone	240	1,170
Sub Total	40,861	1,170
OH 20%		8,406
Total Cost home Service		50,437

The total cost of the service would be £50,437 over a 6 month period. This equates to a running cost of £1940 per week during the duration the pilot.

Option 2 Paramedic and Pharmacist led service- 1 xAfC band 8a practitioner (Clinical Pharmacist) and 1 x AfC Band 6 practitioner (Paramedic) working 30 hours per week costed in accordance with the CCG costing template equates to:

6 month Pilot Pharmacist (Band 8a) and Paramedic (Band 6)	**Recurrent £**	**Non Recurrent £**
Pay:	40,420.22	
Non Pay:		
Travel	2000	
Mobile Phone	240	1,170
Laptops		
Sub Total	42,660	1,170
OH 20%		8,766
Total Cost home Service		52,596

The total cost of the service would be £52,596 for a 6 month period. This equates to a running cost of £2023 per week during the duration the pilot.
Whilst there are clear benefits of having a Paramedic lead service, it is noted that the recruitment of practitioners to a fixed term post, in particular during Winter pressures will prove challenging
Features of a Home Visiting Service where practitioners are employed by General Practice.
Practitioners working within this service can:

- Prescribe any medicine for any condition within their competence (including some controlled medicines) provided they have completed an Independent Prescribing qualification.
- See patients with undiagnosed, undifferentiated medical conditions and make treatment decisions, including ordering necessary investigations.
- Refer patients to secondary care, although this varies on a local basis.
- Practitioners will be working with a defined cohort of patients (registered patient list for the specific practices)
- The impact of the service will be demonstrable in terms of time released in those practices

However a number of practical issues have been raised with this option such as:

- Employment of practitioners: If this was the preferred option it would be likely that the practitioners are employed by one of the practices and then work across the practice groups. Initially they would be employed on a fixed term basis for the duration of the pilot project. However this will present some technical questions about access to other practice systems that would need to be addressed.

Option 3

To build additional capacity within the Rapid Response service (RWT) to undertake Home Visits to this cohort of patients. This would involve employing an Advanced Nurse Practitioner and a Healthcare Assistant to undertake Home Visits

Staff cost

2 x Band 8a Advanced Nurse Practitioners (ANPs) and 1 x Band 3 HCA working 37.5 hours per week.

6 month Pilot 2 x Band 8a ANPs	Recurrent £	Non Recurrent £
Pay:	57,579	
On costs	11752	
Travel	2000	
Mobile Phone	240	300
Sub Total	71,571	300
Total Cost		**71,871**

6 month Pilot 1 x Band 3 HCA

Pay:	**9,561**	
On costs	**2113**	
Travel	**1000**	
Mobile Phone	**120**	**300**
Sub Total	**12,794**	**300**
Total Cost		**13,094**

The total cost of the service would be £84,956 for a 6 month period. This equates to a running cost of £3268 per week during the duration the pilot.

Features of building additional capacity to the Rapid Response Service:

- Practitioners will be part of a larger team providing a responsive service for people with exacerbations of their conditions
- This will allow for joint working with other practitioners

- Feedback from the RIT service indicates that there are a number of requests that are currently made to the RIT service that could be facilitated through a GP Home Visit.
- The practices taking part in the pilot scheme would be responsible for taking any requests for Home Visits for their registered patients. The practices would also be responsible for undertaking a triage process to ensure that only those patients where the presenting symptoms would warrant a Home Visit are booked for a Home Visit. The practice would be responsible for liaising with the RIT service.
- Practices would not assume any additional responsibilities for employing or supervising staff delivering the Home Visiting service.

The Rapid Response Service is a service that the CCG commissions from the Royal Wolverhampton NHS Trust and discussions would need to take place with regards to the feasibility of the Trust employing additional practitioners within this service, should this option be pursued. The Rapid Response Service is commissioned on the basis of outputs/patient contacts which would need to be adjusted to recognise the additional practitioners.

Given that this is to be introduced as a pilot project, the preferred option is Option 3. This option allows for the service to be delivered within an existing organisational and governance infrastructure. This will also allow for the practitioners to work across both services wherever practical, although a clear audit trail will be maintained to disaggregate total activity.

A robust set of Key Performance Indicators will need to be established against which delivery of the service would be measured.

6 Benefits Expected

There are a number of benefits that can be realised from this approach:

Benefits expected for patients
"Provide right care, at the right time, in the right place".

Patients with minor ailments who are housebound will receive clinical assessment and intervention in a timely manner. It will prevent some patients from attending the Urgent Care Centre. It will also mean timely referral to services when needed. Under the proposed model patients will be allocated an indicative time for the home visit

Benefits expected for practices
"Release time to care"

There is a growing consensus that in some cases the standard 10 minute appointment slot is not adequate for a GP to make a comprehensive assessment and recommendation for patients with more complex needs. The Home Visiting service pilot

will enable practices some scope to be flexible in their use of time and allocation of appointments for patients with more complex needs.

7 Risks

There are a number of risks associated with this type of service.

Risk	Actions proposed to mitigate the risk
Reduced access to GP for patient cohort. There may be a perception amongst patients using the service that they are receiving a suboptimal service from an ANP as whereas they would have previously had a visit from a GP	The benefits of an ANP led service will be clearly communicated to the public and member practices as part of the service mobilisation process. All patients requesting a Home Visit will be triaged so that only those patients whose symptoms indicate that ANP intervention is appropriate will be offered a home visit. The patient's GP will retain overall clinical responsibility for the patient at all times.
Service will not manage some complex cases – E.g. patients with End of life care needs	The referral criteria will be clearly defined and agreed with primary care clinicians via the Clinical Reference Group.
Potential challenges integrating across Primary and Community providers	Access to the scheme by patients from individual practices will be monitored
Requires financial investment	The business case for the service will be presented to the relevant Programme Board and Commissioning Committee. The business case includes an Investment appraisal which demonstrates the savings that would be generated as a consequence of the financial investment made.
Services clinical capability does not align with clinical need	The scope of the service could be further refined following the evaluation of the pilot
Employment risks associated with pilot	The employment risks and potential difficulty in recruiting appropriately qualified and skilled practitioners have been recognised. A number of different options for therefore presented which include different professional groups.
Potential varied uptake across Primary Care	Uptake from practices will be closely monitored to promote fair access to the service during the pilot. This will form part of the monitoring and evaluation process.
Practices reluctance for practitioners to	Process for access to be agreed with each

access / update their clinical systems	individual practice as part of the project implementation process.

To mitigate these risks we are proposing a pilot responsible for the delivery of a defined capacity of primary care home visits across a small number of carefully identified practices, to deliver a pilot that will help inform future commissioning. Practices included within the pilot will be from Unity, PCH1, PCH2 and VI practices who will contribute to continuous improvements with the service and a final evaluation.

Given the ambitions at national level to introduce new models of care requiring large scale change, not implementing a home visiting service will likely impede progress whilst the current significant pressures on general practice remain. The consequences are far reaching and are already apparent with practices struggling to engage and some being 'at risk'. Having a home visiting service is considered one of the single best ways to reduce GP workload thereby freeing up capacity to support other initiatives.

8 Cost

Option 1: Weekly cost for ANP equates to £1939.88

Option 2: Weekly cost for Paramedic/Pharmacist equates to £2023

Option 3: Weekly cost for Rapid Response(RWT) equates to £3268

The pilot project will be funded from the PMS Premium monies held by the CCG.

9 Timescales

The milestone plan below details the timescales for implementation of the pilot project:

Milestone	To be completed by
Agreement of referral criteria for the service	December 2017
Finalisation of service specification	December 2017
Appointment of practitioners	**By September 2018**
Development of referral forms, data collection tools and identification of READ codes	**October 2018**
Pilot goes live	**December 2018**

10 Investment Appraisal

Based on the assumption that each Home Visit carried out by the service would have previously been undertaken by a GP, this model enables the release of 75 GP hours per week to improve access to primary care services and to drive new models of care.

If all the released capacity was allocated to delivering practice appointments, this would represent an additional 450 10 minute appointments per week across the practices taking part in the pilot scheme.

In accordance with the CCG costing template this represents £6680 per week against a cost of £3268 per week. The net saving in GP time equates to £3412. per week

Over a six month period this would equate to a net saving in GP time of £88,712

11 Equality – Appraisal

Complete

12 Quality Impact Analysis (QIA)

Complete

13 Privacy Impact Assessment (PIA)

Complete