

NHS LANARKSHIRE
NORTH COMMUNITY HEALTH PARTNERSHIP
BELLSHILL LOCALITY

Date of Report: July 2009
From: Tom Bryce, General Manager
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Subject: Update Report to the Local Area Partnership

1. NHS Lanarkshire Wide Update

See Influenza H1N1 information provided.

2. Issues Specific to the Locality

Living Better Project / Integrated Care Pathways for Long-term Conditions and Mental Health Issue.

Bellshill Locality is one of the sites for the above pilot. Two local GP practices have been nominated to participate. The initial meetings began in March 2008 and since then two separate service user focus groups have been arranged for people with both Diabetes and Coronary Heart Disease to consider gaps in service provision. A training needs analysis has been completed to consider training gaps for staff within Primary Care.

Next steps:

- To provide half day mental health awareness training sessions for primary care staff in October 2009.
- To attend National Steering Group meeting in August 2009 for update on all pilot sites and consider next steps.
- Devise Integrated care plan for LTC and mental health issues to be rolled at across NHS Lanarkshire.

Keep Well Project

Dr McInnes Practice is the only Practice who have not signed up. The Practice Manager has been re-approached and has agreed to re-submit our proposal at the next practice meeting.

- John Street has completed first round screening by letter and North Line and data has been passed to Outreach who are now appointing.
- Dr Menon first round invitations have been commenced this is due to finish on the 24th of July 2009
- View Park (Dr MacAlister) will commence screening on the 21st of July 2009 and the Old Mill Practice will commence on the 28th of July

- Bruce Medical Practice commenced on 1st June
- Mossend still waiting Practice to go through list once this has been completed screening will commence.
- Fullwood Clinic due to commence first round screening on the 28th of July 2009
- Dr Russell and Dr Rao have agreed to participate in the programme, but have still to have data extracted.

Mild/Moderate Mental Health Pilot

The evaluation was completed and the draft document has been distributed to the Steering Group, comments to be received no later than 18 July 09 before agreeing publication. The information gathered from the evaluation will form part of the wider framework for psychological therapies throughout Lanarkshire.

Health Improvement

Influenza H1N1 Pandemic

The Locality has been working closely with NHSL in responding to the increasing flu activity and subsequent local planning arrangements.

In early July 2009, NHSL saw an increase in the number of confirmed and suspected cases which were particularly concentrated in localised outbreaks around schools. In response to this, Locality Antiviral Centres were established in both Clydesdale and Cumbernauld areas to support increasing activity.

On 6 July, UK Ministers signalled a move from a “containment” to “treatment phase” to manage the flu pandemic. The key points with this move are:

- It is no longer necessary to test all suspected flu cases by either swabbing or serology
- The process of contact tracing and use of antiviral prophylaxis in asymptomatic contacts should stop
- Antivirals should continue to be available to those who have a clinical presentation suggestive of infection with H1N1 and have an initial presentation within 48 hours of onset of symptoms.
- Within the population, there are groupings who may be especially at risk and should have rapid access to antiviral treatment.

NHSL response to flu illness will continue to be led by General Practice, Out of Hours Services and NHS 24 until further guidance is provided from a national context, ie. the National Flu Line.

Within Practices, it is expected that a greater emphasis will be placed on dealing with potential cases by telephone whilst still identifying those with complications, serious illness or unrelated illness that requires further assessment. Practices are also taking steps to ensure that there is no mixing of flu/non flu patient groups that would make spread more easy.

GP Practices are in daily contact with the Locality Management Team to report activity and pressures which are becoming apparent. Bellshill Practices have agreed “Buddying arrangements” to support each other in the event of increasing activity which becomes difficult to manage in any one of the GP Practices. A GP consolidation site at Bruce Medical Practice will be established if all GP Practices come under severe pressure.

It is recognised that in the treatment phase, the demand for antivirals will increase. As this becomes apparent in local areas, procedures will be implemented to increase capacity by opening antiviral collection points (ACP) in Localities. Bellshill Community Health Clinic is the nominated ACP Centre for Bellshill Locality area.

The Locality is working in close partnership with Local Authorities, Social Work Services, Police and Leisure Trusts in the context of local planning arrangements and a Readiness Plan has been put in place.

Mass Vaccination

The Scottish government are currently considering plans for a mass vaccination programme to protect the public against Influenza A H1N1. It is anticipated that the programme will be delivered on a phased basis looking at prioritised groups such as:

- Health, Social Care and other critical service staff
- Pre-School Children
- School Children
- At Risk adults (those with underlying health problems)
- Over 65 years
- Adult Population

Should mass vaccination proceed pre-school vaccination across Bellshill will take place in three Community Centre venues across the Locality area:

- John McCormack Centre, Carfin
- John Street Community Centre, Bellshill
- Viewpark Community Centre (Burnhead), Viewpark

Both Secondary and Primary Schools would be utilised as mass vaccination sites for schoolchildren.

Sir Matt Busby Leisure Centre is the proposed mass vaccination site for the adult population across Bellshill Locality area.

Further details awaited.

Performance Report Including Community Planning Indicators

3. Updates Requested by the LAP

Access to GP's

It should be noted that a consultation need not be face to face. Telephone contact is an acceptable alternative (especially for people who are at work or only need some advice). Patients do not necessarily recognise this as a legitimate consultation in responding to surveys.

In order to meet the 48 hour access requirement, practices must be able to demonstrate that they have in place one (or more) of the following:

- Open access – i.e. patients are seen on the same day without an appointment.
- The GP practice has adopted the 'Advanced Access' (or equivalent) approach and can provide same day appointments.
- Practice Accreditation, Training Practice Accreditation, or QPA have been awarded and the access criteria have been achieved.
- Telephone (or email) access to a member of the primary care team for professional advice or a consultation within 48 hours e.g. a booked appointment in a doctor or nurse led 'telephone surgery'
- Formally established arrangements for triage by a doctor or a nurse for either telephone or face to face consultation.
- Arrangements for patients to be seen by a doctor, nurse or other healthcare professional within 48 hours or sooner where there is a clinical need.

Exclusions:

The following are excluded from the definition and for the purposes of monitoring compliance with 48 hour access:

- Situations where the patient does not wish to have contact or be seen within 48 hours.
- Situations where the patient specifies a particular professional or individual, where an appropriate, alternative professional is available within 48 hours.
- Situations where the patient is offered access within 48 hours but declines stating a preference for an alternative that is not within 48 hours.

The other exclusions are:

- Requests for emergency and urgent treatment which should be dealt with immediately.

- Pre-planned courses of elective treatment or care programmes where access arrangements are established in advance – e.g. chronic disease management, treatment or screening programmes.
- Out-of-hours coverage – i.e. outside the normal working hours of practice.
- Planned closures – e.g. public holidays or staff training.

4. Conclusions

This report demonstrates the activity across the Locality and there is evidence of excellent partnership working across the agencies.

5. Recommendations

The recommendation is that the LAP members are asked to note the contents of the report and take up an update at the next meeting.