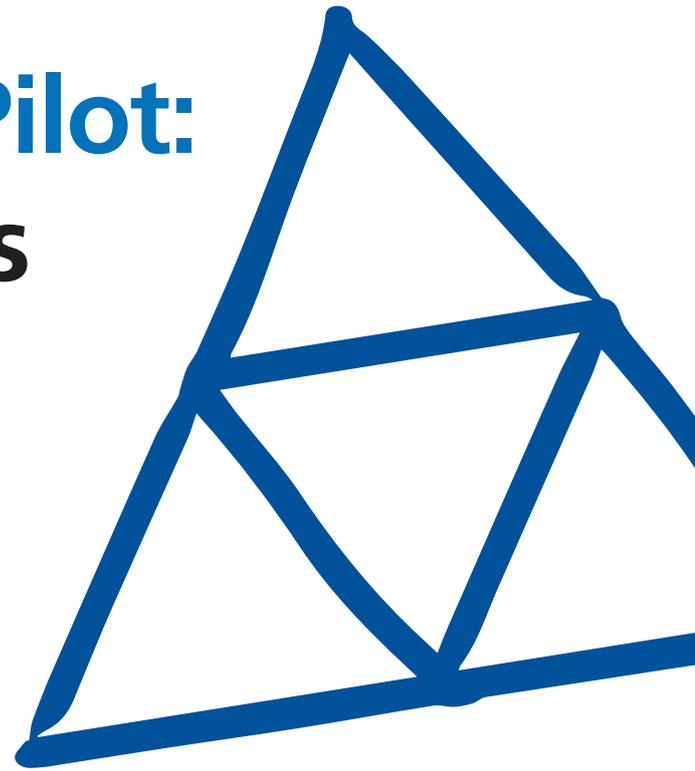


Rough Sleepers Pilot: Improving access to Primary Care



The purpose of this document is to provide a summary of the process undertaken and the co-production of the service specification and promotional materials to commission a new GP led service for adults sleeping rough in Lewisham.

Background:

- During the formal consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care, concerns were raised about the homeless in Deptford and New Cross.
- NHS Lewisham Clinical Commissioning Group (LCCG) through its Equality Impact Assessment (EIA) identified that there could be a gap in services for Rough Sleepers in Deptford and New Cross accessing GP services.
- The CCG in partnership with Lewisham Council organised a multi-agency Homeless Summit on 18th October 2017 for local partners and agencies.
- The CCG committed to working with local GP practices located in the Waldron Health Centre to develop an additional alternative service for the Rough Sleepers in Deptford and New Cross.
- A key requirement for the CCG from the multi-agency homeless summit was to consider the barriers to accessing primary care services for the homeless and to inform any additional provision or services.
- The CCG held a number of workshops with key stakeholders and undertook vast service user engagement with potential service users to discuss the proposed service model for the Rough Sleepers Pilot to assist in service specification development.

The timeline:



Consultation and engagement:

The CCG held multiple workshops and meetings with key stakeholders and undertook extensive service user engagement to help inform the development of the service model and service specification.



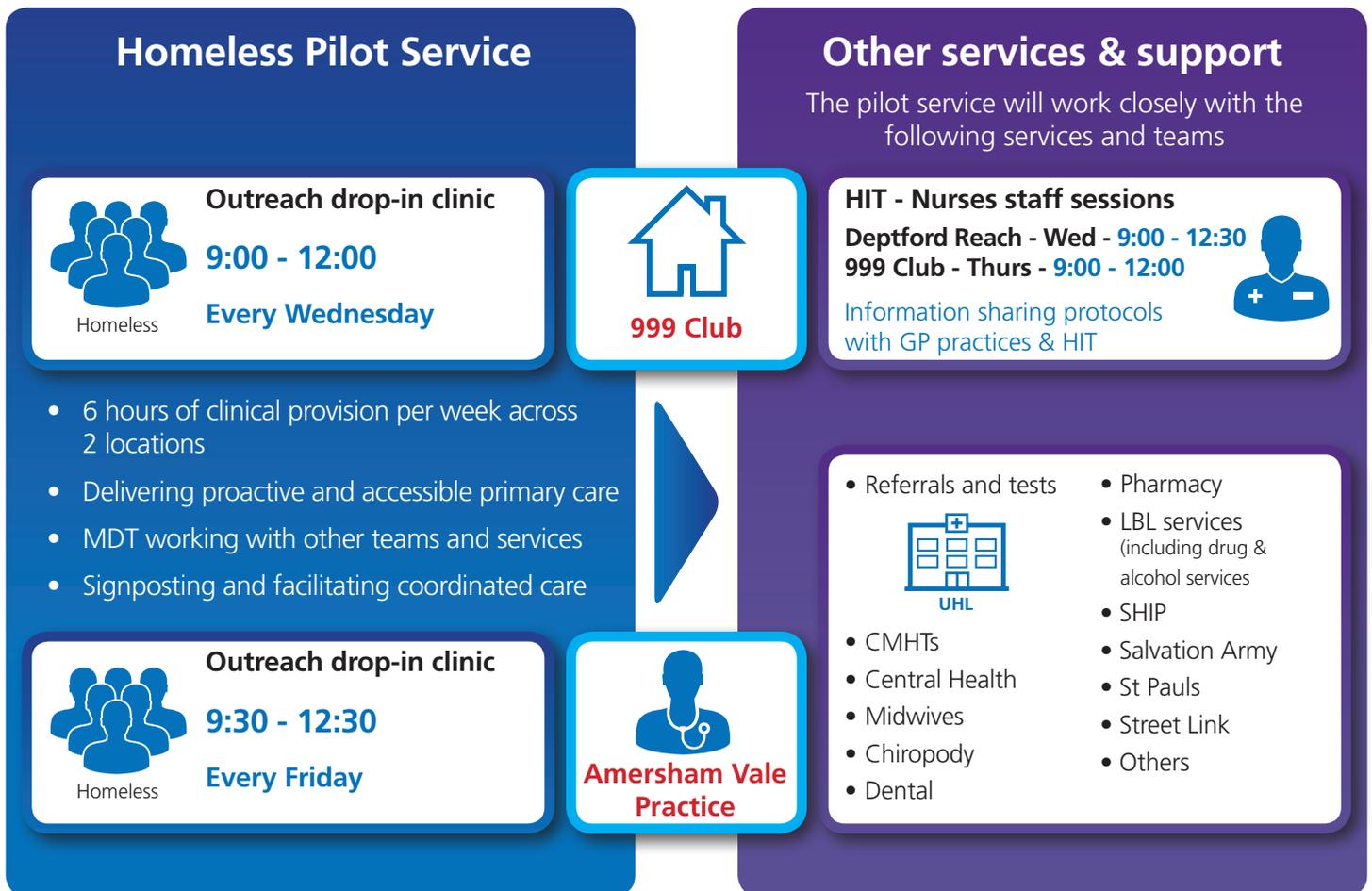
Service Model

The service operates 2 weekly drop-in clinics offering 6 hours of primary care provision to Rough Sleepers in Lewisham aged 18 years and over.

One clinic operates from a local GP practice and the other is delivered as an outreach clinic located at one of the homeless charities.



Service Model:



Proposed Outcomes:

OUTCOMES	
Collaboration:	✓ Improved collaborative between GPs, HIT, Hospital and Community Services and the Voluntary Sector.
Improved Primary Care Outcomes:	<ul style="list-style-type: none"> ✓ Improved access to referrals and diagnostics ✓ Minimising duplication e.g. Prescribing ✓ Providing preventative healthcare and improved well-being ✓ Increased early interventions ✓ Continuity of care
Access to Health Services:	✓ Improved access to other services.
Removing Barriers Primary Care:	✓ Removing barriers to receiving care for the homeless for core primary care services.

Reporting Requirements:

The pilot will operate for an 18 months period. Initial monitoring of the service will be undertaken on a weekly/monthly basis for the first 3 months after which quarterly contract meetings will be held.

Key performance indicators and reporting requirements have been developed as part of the service specification. NHS Lewisham CCG uses a standardised Contracting Monitoring Tool for the management of all contracts of services it commissions.

Quantative

- Volumes/demography of people who use the service
- Clinical audits of the types of conditions presented
- Outcomes of clinical consultation including additional services patients are referred to.

Qualitative

- Audit of multidisciplinary team meetings (Case loads, end to end reviews of patient care, demonstration of collaborative working and coordinating care)
- Service user, staff and stakeholder engagement and feedback
- Complaints, Incidents, safeguarding
- Staff development and training
- Annual Service review

Commissioning Requirements:

As part of the commissioning process a full business case was developed and all relevant impact assessments undertaken including an Equality Impact Assessment (EIA), Data Protection Impact Assessment (DPIA) and a Quality Impact Assessment (QIA). The use of an Action Log and a Risk and Issues Log was also used are part of good practice for implementing the project.

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