

Agenda Item 12

Falkirk HSCP Treatment Room



Falkirk Integration Joint Board

19 March 2021

Falkirk HSCP Treatment Room

For Decision

1. Executive Summary

- 1.1 This paper provides recommendations for the future delivery of treatment room services in the Central Falkirk Locality.
- 1.2 One of the most important factors we have learned about during the Covid pandemic is the need for a high standard of Infection Prevention and Control (IPC). Unfortunately, some of the Treatment Room facilities within GP premises in Central Falkirk do not meet current Health and Safety requirements or provide additional flexibility in treatment times for patients. District Nurses in this area have limited access to Treatment Room facilities within GP Practices on average around 1-2 hours per day.
- 1.3 Although Covid vaccinations are underway it seems that we may be living with Covid for some considerable time. It is recommended that treatment room facilities within the Central Locality in Falkirk are relocated to Camelon Health Centre which has a Treatment Room meeting all current IPC measures. An additional benefit of this change would be an increase of 60 Treatment Room appointments for patients (Appendix 1 Table 2).
- 1.4 This model supports delivery of our Falkirk Health and Social Care Partnership Strategic plan which identifies the need for provision of timely access to services, based on assessed need and best use of available resources. This would also free up some room in GP surgeries for the increased Primary Care Improvement staff.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1 approve the requested change of Treatment room base to Camelon Health Centre from the current GP practice model.

3. Background

- 3.1 Treatment Room provision across central Falkirk has historically been provided by Community Nurses within GP practices. This has led to 6 different Treatment Rooms being established across this area to provide care for patients who are not housebound.

- 3.2 As we emerge from lockdown and move into the post Covid phase many of the consulting rooms we have previously used do not meet the standards required from a health and safety perspective or social distancing guidance. Some of our current waiting areas do not comply with social distancing guidance either.
- 3.3 NHS Forth Valley's Primary Care Improvement plan has increased the number of services available to people within their local GP Practices ensuring people are seen by appropriately trained professionals at the point of need. However, this has meant a reduction in available room space to deliver treatment room services within practices which impacts on care delivery.

4. Treatment Room Services in Central Falkirk

- 4.1 The Covid 19 lockdown period significantly impacted on our ability to deliver services, especially within practices with clinics cancelled and many of our treatment rooms closed or availability of appointments significantly reduced. We continued to meet patient need during this time by providing the care required within patient's homes.
- 4.2 Although Community Nursing services have always been delivered focusing on a preventative and supportive model rather than crisis led intervention this became increasingly important during the Covid 19 pandemic with a change in the focus of care moving much more towards self-care and self-management by patients and their carers. An example of this is the teaching of patients to self-administer Vitamin B12 injections.
- 4.3 We currently operate six Treatment rooms across Central Falkirk. These are located within the following GP practices:
- Camelon Health Clinic
 - Graeme Medical Centre
 - Wallace Medical Centre
 - Meeks Road Health Centre
 - Westburn Medical Practice
 - Carron Medical Practice.
- 4.4 **Access to Available Appointments**
Prior to Covid, Treatment room clinics generally ran at full capacity. Patients who were unable to be seen in clinic were seen within their own homes. Over recent weeks and as we move into the Covid recovery phase and post-operative numbers increase, there is and will continue to be a rise in the numbers requiring treatment room appointments. It is expected that demand will again exceed capacity meaning increasing home visits for Community Nursing which is neither effective use of the skilled workforce nor person centred for patients who are not housebound.

- 4.5 Appendix 1, table 1 outlines the number of appointments currently provided by each team and evidences that Treatment room access is variable across teams in Central Falkirk and is based on the following:
- Access to appropriate Treatment room accommodation
 - Access to available appointments
 - Availability of staff to deliver Treatment room services
- 4.6 In order to support equitable access to Treatment room services individuals can book appointments within any Treatment room at any of the Health Board Treatment rooms in Falkirk. It is recognised that travel to other Treatment rooms out with the Central Falkirk Locality may be challenging for some patients and therefore we require to increase the number of available appointments within the Central Falkirk area.
- 4.7 In general, the population using Treatment Room services are mobile. However, we recognise that there will always be circumstances whereby an individual is not able to attend even if this would be their preference e.g. housebound patients or those who cannot access transport to attend. In these circumstances we would review individual circumstances and ensure services are delivered to meet patient need e.g. provision of a home visit. If approved this change would also provide an additional 60 appointments for patient treatments within Central Falkirk (Appendix 1 Table 2).
- 4.8 **Staffing**
Treatment Room Clinics within the Central Falkirk Practices are delivered by Community Nursing Staff. There are no staff specifically employed within these Teams to deliver Treatment Room Clinics and Treatment Rooms are staffed by Community Nursing Staff aligned to each Practice. When treatment room demand exceeds capacity, patients are seen within their own homes which creates additional workload for Community Nursing Teams.
- 4.9 These are often ambulant patients who do not require to be seen within their own homes but due to the lack of available appointments this is often necessary. Whilst the service endeavours to meet individual patient requirements we do not currently provide patients at home with set appointment times. Patients are advised of a “morning” or “afternoon” visit time. This means patients who are independent and self-caring can wait at home for up to 4 hours for what would have been a 15-minute treatment room appointment.
- 4.10 This also impacts on the effective use of skilled nursing time required for the appointment as staff will require to travel to and from home visits instead of seeing patients in clinic.

5. Consultation Process

5.1 The consultation process surrounding this change took place over a two-week period offering all patients who attended the Treatment Rooms within this locality a questionnaire. This process was repeated with GP practices and Community Nurses. Local Councillors, Senior Leadership Group and the Strategic Planning Group received a presentation on the proposed change and views on the questions posed in the questionnaire were received

5.2 The following questions were asked of all who participated in the Consultation process.

Q1: Can you please state below what you feel the main advantages of this model will be?

Q2: Can you please state below what you feel the main challenges of this model will be?

Q3: Any questions or comments?

5.3 The majority of patients accepted this proposed change. For some it means that appointments could be made at a more convenient time for example around work as the hours of the Treatment Room in Camelon would be 9am until 5pm. Solutions for the small number of people who expressed concern have been identified.

5.4 There were a variety of responses from GP practices which ranged from: complete support for this change to a few queries around stock ordering; the need for patient prescriptions; patient reviews; and a reduction in interaction with the Community Nurses. Pathways will be put in place to respond to these concerns and we have reassured GP practices that there will continue to be lots of interaction with Community Nurses in relation to the rest of their work with housebound patients.

5.5 Community Nurses were concerned about how a full time Treatment Room would be covered during periods of absence. Community Nurse Leaders advise that covering one Treatment Room will be easier than covering several Treatment Rooms a few of which currently fall at the same time of day.

5.6 All other partners involved in the Consultation process were supportive of this planned change. Helpfully, we were reminded about the importance of clear, concise communication about the new arrangements for Patients, GP Practices, Hospital Wards and Hospital Discharge Team.

5.7 The report seeks the Board approval to change the Treatment room base to Camelon Health Centre from the current GP practice model.

6. Conclusions

- 6.1 The report sets out the case to amalgamate the six Treatment Rooms into one within Camelon Health Centre. This will ensure compliance with Health and Safety standards and increase the number of available appointments to support 60 additional appointments per week. This will meet the additional demand and release more time to care for patients within their own homes whilst continuing to deliver a more person-centred service for those who are not housebound too.
- 6.2 This will also ensure people are seen in the most suitable, environment allowing the flexibility to book an appointment at a time that suits them. This environment has adequate space to ensure social distancing in waiting areas as well.

Resource Implications

There are no resource implications as the treatment rooms will be staffed from current Community Nursing resource.

Community Nurses within Central Falkirk will be able to focus home visits on patients who are housebound and unable to attend a clinic setting whereas at the present time if there are no available appointments patients who could travel require to be visited at home.

Impact on IJB Outcomes and Priorities

This proposal fits with the IJB priorities and outcomes. It will ensure self management where appropriate and the provision of high quality of health care service is delivered that promotes and keeps people safe and well. This change would also ensure that people have a fair and positive experience by providing access to more appointments in a safe, accessible environment.

Directions

It is anticipated that a new Direction to NHS Forth Valley will be required as a result of the recommendations in this report. A draft is currently being prepared, pending approval of the IJB Directions policy.

Legal & Risk Implications

No legal implications noted. This change would improve current Infection Prevention and Control measures.

Equalities Assessment

Equalities implications have been considered and an equalities impact assessment completed for this proposal (Appendix 2).

7. Report Author

Marlyn Gardner Locality Manager

8. List of Background Papers

None

9. Appendices

Appendix 1: Treatment Room appointment provision and patient treatments

Appendix 2: NHS FV Standard Impact Assessment

Appendix 1

Table 1 shows the number of Treatment appointments currently available

Table 1

Treatment Room	Appointments available per week
Wallace Medical Practice	20
Graeme Medical Practice	30
Camelon Health Clinic	30
Meeks Road Surgery	12
Westburn Practice	24
Carron Medical Practice	20
TOTAL	136

Table 2 show the number of appointments available after relocation

Table 2

Treatment Room	Appointments available per week
Camelon Health Clinic	196

The following questions were asked of all who participated in the Consultation process.

Q1: Can you please state below what you feel the main advantages of this model will be?

Q2: Can you please state below what you feel the main challenges of this model will be?

Q3: Any questions or comments?

Appendix 2

NHS Forth Valley Standard Impact Assessment Document (SIA)

Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of EQIA being completed i.e. name of policy, function etc.

Change of Treatment Room base in Central Falkirk

Q1 a; Function ☐ **Guidance** ☐ **Policy** ☐ **Project** ☐ **Protocol** ☐ **Service X Other, please detail** ☐

Q2: What is the scope of this SIA

NHSFV ☐ Service Specific ☒ Discipline Specific ☐ Other (Please Detail) ☐
Wide

Q3: Is this a new development? (see Q1)

Yes ☒ No ☐

Q4: If no to Q3 what is it replacing?

This would replace the very limited Treatment Room services with 6 GP practices in Central Falkirk

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Community Nursing Clinical Nurse Manager and Locality Manager

Q6: Main person completing EQIA's contact details

Name:	Marlyn Gardner	Telephone Number:	07825823576
Department:	Falkirk HSCP	Email:	marlyn.gardner@nhs.scot

Q7: Describe the main aims, objective and intended outcomes

Treatment Room provision across central Falkirk has historically been provided by Community Nurses within GP practices which has led to 6 different Treatment Rooms being established across this area to provide care for patients who are not housebound.

3.2

As we emerge from Lockdown and move into the post COVID phase many of the consulting rooms we have previously used do not meet the standards required from a health and safety perspective or social distancing guidance. Some of our current waiting areas do not comply with social distancing guidance either.

One of the most important factors we have learned about during the Covid pandemic is the need for a high standard of Infection Prevention and Control (IPC). Unfortunately, some of our GP premises in Central Falkirk do not meet current Health and Safety requirements or provide additional flexibility in treatment times for patients. District Nurses in this area have limited access to Treatment Room facilities within GP Practices on average around 1-2 hours per day.

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

here were a variety of responses from GP practices which included one who completely supported this change. The other practices highlighted some queries which were around stock ordering, the need for patient prescriptions, patient reviews and a reduction in interaction with the Community Nurses. Stock ordering would be shared in a proportionate way with all practices. The need for patient prescriptions will be covered by a pathway

which will ensure a smooth patient journey. Patient reviews may be required however, these are very rare, once again a pathway will be put in place to ensure patient's receive the care they require timeously. The final concern raised by GPs was a reduction in interaction with the Community Nurses. We have reassured GP practices that there will continue to be lots of interaction with Community Nurses in relation to the rest of their work with housebound patients.

Community Nurses were concerned about how a full time Treatment Room would be covered during periods of absence. Community Nurse Leaders advise that covering one Treatment Room will be easier than covering several Treatment Rooms a few of which all fall at the same time of day.

All other partners involved in the Consultation process were supportive of this planned change. Helpfully, we were reminded about the importance of clear, concise communication which will be given to Patients, GP Practices, Hospital Wards and Hospital Discharge Team.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

Treatment Room Clinics within the Central Falkirk Practices are delivered by Community Nursing Staff. There are no staff specifically employed within these Teams to deliver Treatment Room Clinics and Treatment Rooms are staffed by Community Nursing Staff aligned to each Practice. When treatment room demand exceeds capacity patients are seen within their own

homes which creates additional workload for Community Nursing Teams. These are ambulant patients who do not require to be seen within their own homes but due to the lack of available appointments this is often necessary. Whilst the service endeavours to meet individual patient requirements we do not currently provide patients at home with set appointment times. Patients are advised of a "morning" or "afternoon" visit time. This means patients who are independent and self caring can wait at home for up to 4 hours for what would have been a 15 minute treatment room appointment.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	X			Wider range of appointments which would enable people choice of when to attend.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)			X	Good access and Disabled parking available at Camelon Health Centre
Gender Reassignment			X	All patient requiring treatment will be offered an appointment
Marriage and Civil partnership			X	All patient requiring treatment will be offered an appointment
Pregnancy and Maternity			X	All patient requiring treatment will be offered an appointment
Race/Ethnicity			X	All patient requiring treatment will be offered an appointment
Religion/Faith			X	All patient requiring treatment will be offered an appointment
Sex/Gender (male/female)			X	All patient requiring treatment will be offered an appointment
Sexual orientation			X	All patient requiring treatment will be offered an appointment
Staff (This could include details of staff training completed or required in relation to service delivery)			X	Rota will be made to ensure Community Nurses have equitable experience and time covering the Treatment Room

Cross cutting issues: Included are some areas for consideration. Please **delete or **add** fields as appropriate. Further areas to consider in Appendix B**

Carers		X		Some may have to travel further but for others the venue will be closer to home
Homeless			X	All patient requiring treatment will be offered an appointment
Involved in Criminal Justice System			X	All patient requiring treatment will be offered an appointment
Language/ Social Origins			X	All patient requiring treatment will be offered an appointment

Literacy			X	All patient requiring treatment will be offered an appointment
Low income/poverty			X	If unable to access new Treatment Room home visit can be offered
Mental Health Problems			X	All patient requiring treatment will be offered an appointment
Rural Areas			N/A	No impact as this is Central Falkirk
Armed Services Veterans, Reservists and former Members of the Reserve Forces			X	All patient requiring treatment will be offered an appointment

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐ No ☒

Q11: Is a detailed EQIA required?

Yes ☐ No ☒

Please state your reason for choices made in Question 11.

This has been through full Consultation with Patients, Community nursing staff, GP Practices, Senior Leadership Team, Local Councillors, Strategic Planning Group and will go to Integration Joint Board in March 2021 for final approval. Screening process shows low risk impact.

N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed	19 /02 / 2021	
Date of next EQIA Review	19 /02 / 2023	
Signature		Print Name <div>Marlyn Gardner</div>
Department or Service	Falkirk HSCP Community Nursing	

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to FV-UHB.disabilitydepartment@nhs.net.

If you have any queries please contact FV-UHB.disabilitydepartment@nhs.net.

B: Standard/Detailed Impact Assessment Action Plan

Name of document being EQIA'd:

Proposed Change of Base for Central Falkirk Treatment Room

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
11/02/2021	Consult with Strategic Planning Group (SPG)	Presentation and questions session	Marlyn Gardner	Completed	None	SPG supportive
18/02/2021	Consult with Senior Leadership Team (SLT)	Presentation and questions session	Marlyn Gardner	Completed	None	SLT supportive
25/02/21-09/02/21	Patient Consultation	Questionnaires	Darline Reekie	Completed	None	Majority of patient supportive, 2 requested home visits which was agreed
25/02/21-09/02/21	GP Practice Consultations	Questionnaires	Darline Reekie	Completed	None	All queries answered and Locality GP Lead supportive
To Be Confirmed	Local Counsellor Consultations	Presentation and Questions session	Marlyn Gardner	Date being confirmed	None	Await outcome
19/03/2021	Integration Joint Board (IJB)	Ask IJB to approve change	Marlyn Gardner	19/03/2021	None	Await outcome

Further Notes:

Signed:

Date:

19/02/2021



Agenda Item:

C: Quality Assurance – Policies and Guidance only

QA Section

Lead authors details?

Name:

Telephone Number:

Department:

Email:

Does your policy / guideline / protocol / procedure / ICP have the following on the front cover?

Version Status

☐

Review Date

☐

Lead Author

☐

Approval Group

☐

Type of Document (e.g. policy, protocol, guidance etc)

☐

Does your policy / guideline / protocol / procedure / ICP have the following in the document?

Contributory Authors

☐

Distribution Process

☐

Implementation Plan

☐

Consultation Process

☐

Is your policy / guideline / protocol / procedure / ICP in the following format?

Arial Font

☐

Font Size 12

☐

Signatures

Lead Author:

Date:

DD / MM / YYYY

If you have any question please call the people below. Once completed please send to the individuals listed below as appropriate:

Type of Guidance	Name	Email	Phone
Clinical	Leslie Simpson	Leslie.simpson@nhs.net	01786431144
Non Clinical	Tina Crowe	Tina.crow@nhs.net	01786433282
Staff Governance	Linda Robertson	l.a.robertson@nhs.net	01786457216
Pharmacy / Prescribing	Gail Caldwell	gail.caldwell@nhs.net	07825843190

Signatures

QA Check

Date:

DD / MM / YYYY

Once both signatures above are complete the document can be sent to the approving group for approval (Sections A&C only).