‘One Size Doesn’t Fit All! How a National Directive may have proved a missed opportunity in a rural catchment area.’

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INTRODUCTION: At the start of the 2022/23 winter period there was a reported increased prevalence of acute respiratory infection (ARI), scarlet fever and invasive group A streptococcal (iGAS) infections Nationally. High infection rates and mortality rates increased the threshold for paediatric face-to-face (F2F) assessment. This combined with national media coverage, resulted in an unprecedented surge in demand for F2F appointments which exacerbated existing pressures across all health services. December 2022, Herefordshire General Practice were seeing an extra 1000+ appointments per week for under 12s requiring urgent appointments. NHSE asked Systems to immediately establish Acute Respiratory Infection Hubs with priority placed on paediatric access to the service, to run until March 31st 2023.

DEVELOPMENT:

Hereford has a geographically isolated, large rural catchment area. Population 200,000.

There are 20 General practices, 5 Primary Care Networks (PCNs) including one Super-practice (PCN). A GP federation (Taurus) owned and initiated by all practices.

The Herefordshire GP Leadership team (HGPLT) oversees contract negotiation and plans strategy. ARI hubs were discussed in detail to consider the approach we would take in Herefordshire.

Our preferred model was to expand the remote hubs already in existence that support patients who can be managed remotely, therefore freeing up GP practices to increase face-to-face (f2f).

NHSE however, were clear that the funding could only be used as outlined in the specification, to provide funding for one f2f hub. HGPLT had huge concerns about this approach, feeling our rurality would limit its impact and would likely exacerbate inequalities as there are huge challenges in providing centralised at scale activities.

One Hub it had to be with objectives to.

- deliver a face-to-face ARI Hub for paediatric respiratory patients.
- GP and ANP/Paediatric Nurse model. The view being that many patients and families require assessment and support rather than medical intervention or admission.
- reduce impact on Wye Valley Trust (ED, SDEC).
- give improved access via NHS 111
- offer resilience to general practice.
- understand whether impact of centralized hub exacerbated inequalities due to rurality of population.

Planning and implementation

Planning commenced 22/12/2022.
Chosen site - in the city due to availability of space and proximity to Hereford County Hospital.
A newly built part of a super GP surgery, and therefore required extra work to get equipped, furnished and IT installed.
Negotiations on room hire, access and SLA’s and SOP’s
Referral processes from GP’s, ED and 111
Set up of clinics, physical and IT including electronic prescribing.
Clinical Governance.
Weekly sitrep meetings.

The inclusion criteria was:

- Children with acute symptoms of respiratory illness (<7 days);
- Children with fever and/or flu like symptoms;
- Children with sore throat and fever;
- Children with shortness of breath, wheeze or noisy breathing;
- Children with cough (productive/non-productive)

who:

- Required a face-to-face appointment,

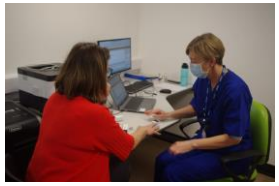
and were:

- Able to wait until next available appointment at the ARI hub.

Children aged 0-15 years who met the inclusion criteria could be booked directly into the ARI Hub on EMIS.

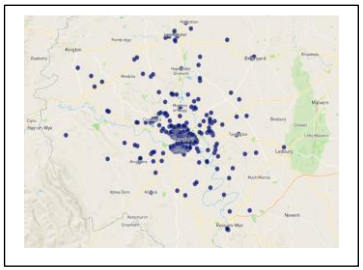
Appointments had to be pre-booked – walk-in appointments were not accepted.

Workforce: Most were on zero hours contacts. Non-clinical receptionist and site manager roles came from existing covid workforce.
Plan to use 1x GP & 1 x Paediatric Nurse (with respiratory experience) or 1 x GP & ANP (with experience working with paediatrics in Primary Care). Many patients just needed reassurance.
Despite challenges opened 16/01/23.



DID IT MAKE A DIFFERENCE?

Clinical workforce availability reduced clinics to three days per week. Appointment books were only at 63% over the first four weeks. Inclusion criteria amended to include adults. Attendance figures increased with more adults to <16s in the last 8weeks . Saw 915 total pts, 542 under 16 years old.
Over 90% of appointments were utilised from city PCNs, 10% rural (can take 40 minutes to travel for some patients).
Main challenge was reaching and supporting patients and General Practices outside the city centre. No referrals from ED or NHS 111.



The map demonstrates the address of patients who attended the ARI Hub, noting the map covers the approximate area where referrals could be sent from, with the hub based in Hereford City.

Feedback from staff and patients predominantly positive

Patients: 92% extremely likely or likely to recommend to friends/family. 95% rated service as good or very good. Happy to get an ‘same day appointment’.
Staff discovered clinical issues around long-term conditions and care once adults added. There were a few IT issues with slow connections.
Staff felt well equipped and supported. Positive to have lead nurse with Paediatric Respiratory experience.

Key learning: due to rurality the Hub did not meet all of Hereford population – potentially exacerbating inequalities. Remote would have reached further and reduced cost per patient (£23.00 v’s £110.82 per pt. **Next steps:** Asses the potential of a Paediatric ARI Hub delivering in the future both at times of higher need, i.e. winter pressures, and for ongoing chronic reviews.