

Winter Resilience Locally Commissioned Service (LCS) Update

Primary Care Commissioning Committee meeting

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24 May 2017

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Purpose of Paper	
To present information that demonstrates the right metrics were in place for the Winter Resilience Locally Commissioned Service.	
Key Issues	
The scheme generated additional capacity in GP practices over winter, supporting access. It is unclear what impact this had on the morale of GPs.	
Is your report for Approval / Consideration / Noting	
Consideration/Noting	
Recommendations / Action Required by the Primary Care Commissioning Committee	
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Note the impact the scheme had on access. • Consider whether a survey monkey questionnaire of GPs could adequately assess the impact on GP morale and whether this would be worthwhile in future years. 	
Governing Body Assurance Framework	
<p>Which of the CCG's objectives does this paper support?</p> <ol style="list-style-type: none"> 1. To improve the quality and equality of healthcare in Sheffield 2. To improve patient experience and access to care 3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield 4. To ensure there is a sustainable, affordable healthcare system in Sheffield. 	
Are there any Resource Implications (including Financial, Staffing etc)?	
There are no resource implications because the scheme has come to an end.	

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. No

Have you involved patients, carers and the public in the preparation of the report?

No

Feedback on Winter Resilience Locally Commissioned Service (LCS)

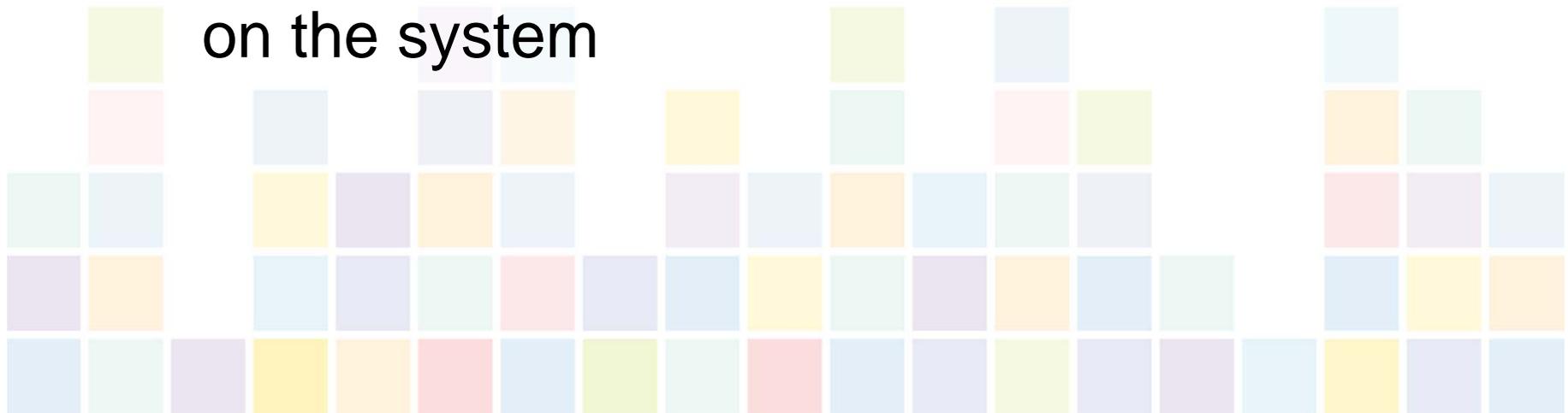
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Purpose of the Winter Resilience LCS

- The outcomes of this LCS were to
 - to support access to primary care
 - to help the morale of GPs across the city as seasonal demand places increased pressure on the system



Winter Resilience LCS Activity and impact

- Over 20,000 additional appointments between December and March (virtually all extra appointments rather than extended appointments or home visits)
- Unclear what impact this had on GP morale
- A&E activity was 1% less than plan over the 4 month period (although there were other contributory factors)

The Primary Care Commissioning Committee is asked to:

- Note the impact the scheme had on access.
- Consider whether a survey monkey questionnaire of GPs could adequately assess the impact on GP morale and whether this would be worthwhile in future years