

MEDWAY COUNCIL

Gun Wharf
Dock Road
Chatham ME4 4TR



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

Medway Clinical Commissioning Group (MCG)
Sharease Gibson, Head of Commissioning Delivery
Sharease.gibson@nhs.net

Current/prospective Provider(s):

Medway NHS Foundation Trust (MFT)
Medway Community Health Care (MCH)
Dulwich Medical Centre (DMC) Health Care Centre – Walk in Centre element only
NHS 111

Outline of proposal with reasons:

The vision for NHS Medway Clinical Commissioning Group (CCG) is to provide access to the highest quality urgent and emergency care within an integrated approach for the population of Medway. The strategic direction for the CCG continues to focus on reducing demand at Medway NHS Foundation Trust (MFT) Accident and Emergency (A&E) Department and preventing unnecessary acute hospital admissions through delivering a coordinated health and social care response and quality rapid access to emergency care for those who need it.

We are working closely across North Kent with Swale CCG and Dartford, Gravesham and Swanley CCG to ensure a co-ordinated approach to service review.

This review will include the proposal for a single 24/7 urgent care 'front door' model focusing on triage and navigation to the right urgent care or community services. The review will also include the walk in centre (WIC) and out of hours services (OOHs) provision in Medway. The review will inform a new model that will be procured through competitive tender with a phased mobilisation plan.

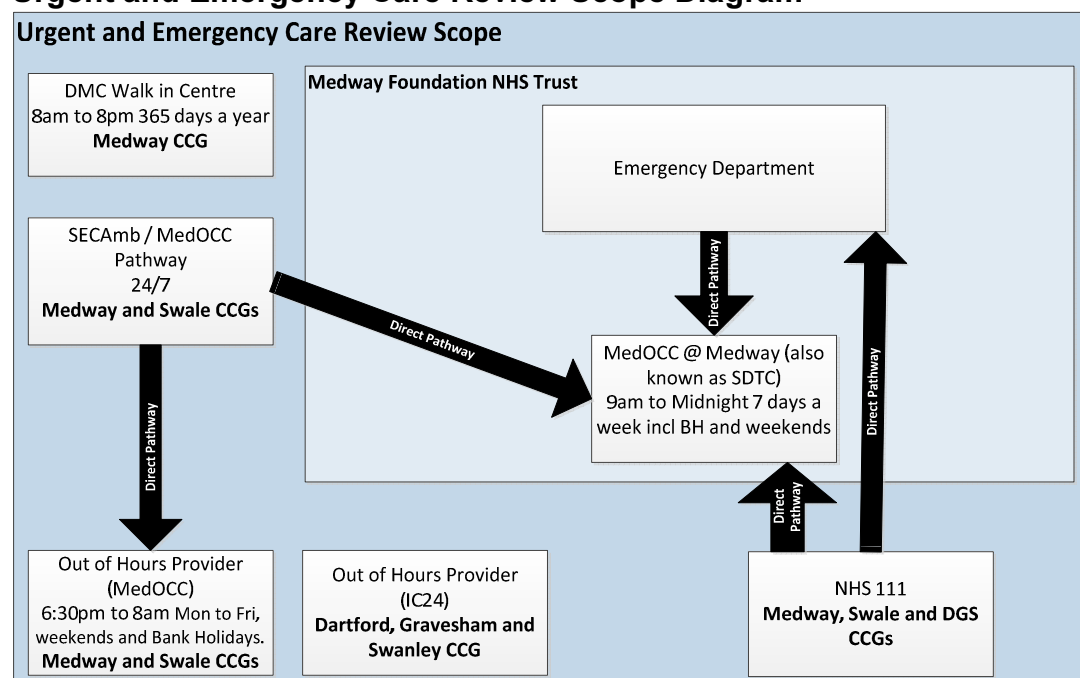
For Medway CCG the scope of the review includes -

- Dulwich Medical Centre (DMC) Health Care Centre which is located in Canterbury Street, Gillingham and is commissioned solely by Medway CCG.
- MFT - Medway CCG is the lead Commissioner for MFT, approximately 70% of

patients attending are from Medway, with approximately 25% of patients from Swale.

- Medway on Call Care (MedOCC) Service provided by Medway Community Healthcare (MCH) - Both Medway and Swale CCGs have individual commissioning arrangements with MedOCC for pathways to support A&E attendance avoidance, and the Out of Hours (OOHs) service.
- Dartford, Gravesham and Swanley CCG (DGS CCG) is also looking to tender it OOHs service and there is agreement to include this within the scope of the review.
- NHS 111 - NHS 111 is a national telephone service, provided in Kent, Surrey and Sussex by SECamb, working in partnership with Care UK. The specification for the NHS 111 service includes the 'Speak to GP' disposition as part of the 111 service. This element of the NHS 111 service is also being considered as part of this review. Options for the 111 call handling service ahead of contract end date are to be discussed across Kent and Medway.

Urgent and Emergency Care Review Scope Diagram



The alliance across North Kent enables the sharing of skill and effective use of resource to benefit patients and the public, and as such there is an agreement that the urgent and emergency care review will be undertaken jointly. As part of their urgent care access model both Dartford, Gravesham and Swanley CCG and Swale CCG are also undertaking reviews which will include Minor Injuries Units and WICs services commissioned within each CCG.

The urgent and emergency care review is complex as it covers multiple Providers and multiple CCGs. The CCG considers that the review is a substantial change. In light of this a 12 week public consultation is scheduled into the plan.

The purpose of this report is to inform the Committee of the review and seek

agreement on approach as the review spans three CCGs, two of which report to the Kent HOSC. Agreement is therefore required to determine if a joint HOSC will be established rather than reporting to individual Committees. Once agreement is reached this dates of Committees will need to be factored into the timeline.

Intended decision date and deadline for comments (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

A business case and service specification will be submitted to each CCG. Further planning work is required but based on an indicative timeline for an outline business case and service specification is expected to be submitted in March 2015. This will be to reach a decision to proceed to a public consultation on the service redesign model(s). This will also coincide with a briefing paper to the relevant HASC.

As this spans three CCGs, both business case and service specification will need to be agreed by each relevant CCG Committee, for Medway CCG this is the Commissioning, Finance and Performance Committee.

Following public consultation, revisions will be made to the business case and service specification (as appropriate) and be submitted for a decision to proceed to procurement with the service redesign, which expected to be in August 2015. As above this will also coincide with a briefing paper to the relevant HASC.

Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

Medway CCG will use a procurement process to ensure that patients are able to access, in a timely way, a high quality service. This is consistent with the overall ambition expressed in the Medway JHWBS to improve overall health and reduce inequalities.

The CCG will follow due process as laid out in guidance published by Monitor 2013 (Procurement, Patient Choice and Competition no.2 Regulations)
<http://www.legislation.gov.uk/ukxi/2013/500/regulation/3/made>

An equality analysis will be completed alongside the service redesign model(s) to ensure that the redesign, delivery and organisational decision have due regard for the Equality Act 2010.

This service review will promote enhanced integrated working between different health services and with social care therefore contributing the key aims of the Joint Health and Wellbeing Strategy and Better Care Fund. Whilst this is key project within the CCG strategy and not a specific project within the Better Care Fund plan it is closely aligned and will contribute to the overall ambitions of the Better Care fund.

Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

Patients and public will be involved in planning and developing the proposal. An indicative plan has been developed and has four phases;

- Phase 1 is to agree the project approach, governance arrangements, and undertake pre-engagement work. This includes (but is not an exhaustive list) –
 - A patient survey –. The plan is to consult with 1,000 people during a three week period in September 2014 (8 to 28th) to understand the public's experience of using services to date. This will include face to face consultations with 1000 patients in the Emergency Department (ED) at MFT as well as 400 face to face consultations with members of the public in the community at both Sittingbourne and Gillingham town centres to capture their unique experiences.
 - ED clinical audit took place during July and August 2014 with involvement from key stakeholders (including South East Coast Ambulance NHS Foundation Trust, MFT, GPs, MCH, and Psychiatric Liaison Team) results are currently being finalised. The aim of audit is to review how patients' access and present to the ED, the conditions they are presenting with a view to identifying possible gaps in service, and whether an alternative pathway could have been used. This will help to inform any immediate commissioning decisions required to address gaps/issues identified but will also feed into the emergency and urgent care review longer term model development.
 - A communications and engagement plan will also be developed to detail key activities during the review with all stakeholders including Medway Healthwatch.

- Phase 2 is the 'kick off' point and will also focus on establishing the groups required to develop options for a new model, additional details are provided below -
 - The stakeholder event will engage with a number of key stakeholders. It is expected that this event will provide an overview of the review, identify key principles of the review and high level benefits. A stakeholder analysis will be completed in Phase 1 and will inform the attendance for this event.
 - A clinical reference group will be established to review the current urgent care system, understanding strengths and weaknesses, agreeing the clinical case for change and produce recommendations on potential options for a new clinical model, including the viability of proposed new models. The CCG (in conjunction with both Swale and DGS CCGS are looking to fund expert advice and facilitation of this group. This is based on lessons from Solihull, who undertook a similar approach.
 - A patient reference group will be established to review the proposed options from the clinical reference group and will be a critical friend to ensure that the patient voice is heard. There will be a clear recruitment process for this group to ensure that the Medway population is represented.
 - A Provider group will also be established to ensure that all current providers are kept informed about the review and will have the opportunity to review the information being used to develop a business case.

Each group will have an agreed Terms of Reference. All outputs from the above groups will be analysed and collated by mid February 2015 and will be used to inform the outline business case and service specification, and the new urgent and emergency care model.

- Phase 3 is to commence a 12 week public consultation, begin preparation for procurement and finalise the business case and service specification. Although the public will be involved in the options development (through the patient reference group) the views of the wider public and those affected by the changes will be sought on the proposals and their impact. This is expected to commence at the beginning of April 2015. Further details will need to be clarified on the PURDAH period, and therefore the impact on this phase, as the public consultation is potentially at the time when a General election will take place.

The outputs of the public consultation will be collated and this will be reflected in the final business case and service specification for CCG agreement. A paper will also be prepared to provide details to the HASC (or joint HOSC, as agreed) on the final approach.

- Phase 4 is the procurement process. An evaluation panel to review all bids will be established, this panel will include patient representation.

Test 2 - Consistency with current and prospective need for patient choice

The CCG is committed to ensuring that through this review a new 24/7 model provides services in a more integrated and coordinated way (including with other health care services, health-related services, or social care services) ensuring good accessibility and consistency, and supports patients in making an informed and considered choice through improved clinical input and support.

An equality analysis will be completed alongside the service redesign model(s) to ensure that the redesign, delivery and organisational decision have due regard for the Equality Act 2010.

A modelling and analysis task and finish group will oversee the development of a model to forecast future activity. This is essential to ensure that the activity and finance to inform the business case is accurate and also reflects future population needs.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

A clinical reference Group will be established to lead the review. The Terms of Reference for the group are yet to be established but will include local clinicians from all service providers and other clinical experts. This group will be tasked with the development of a clinical model that is sustainable and meets the future needs of patients. As part of this a literature review of current evidence and visits to other hospital sites will also be undertaken.

An equality analysis will be completed alongside the service redesign model(s) to ensure that the redesign, delivery and organisational decision have due regard for the Equality Act 2010.

National Drivers:

The NHS England transforming urgent and emergency services in England – End of Phase 1 report (November 2013) highlights that the growing pressures of A & E Departments are well rehearsed with an ageing population with increasingly complex needs, and it seems that many people struggle to navigate and access a confusing and inconsistent array of urgent services provided outside of hospital, so they default to A&E.

<http://www.england.nhs.uk/2014/08/19/update-uec-review/>

The report supports the development of an urgent care centre, which is locally specified to meet local needs, and supports the co-location of community-based urgent care services in a coordinated approach. This includes considering all local facilities including walk in (WIC) for minor illness and community primary care service including GP out of hours services (OOHs). It also suggests that Urgent Care Centres may also be advantaged by co-location with hospital services, particularly in urban areas.

The report suggests that this will avoid people choosing to queue in A&E, or being taken to hospital unnecessarily to receive the treatment they need, and suggests that the services outside hospital must be improved and enhanced.

Local Drivers:

The strategic direction for the CCG continues to focus on reducing demand at MFT A&E Department and preventing unnecessary acute hospital admissions through delivering a coordinated health and social care response and quality rapid access to emergency care for those who need it.

To achieve this CCG is committed to undertaking a whole system urgent and emergency care review. This review will include a proposal for a single urgent care 'front door' model focusing on triage and navigation to the right urgent care or community services. This will also include a review of the walk in centre and out of hours services provision in Medway.

MFT continues to experience significant challenge; the Trust is consistently unable to meet the 4 hour access target where 95% of all A&E attendances should not wait more than four hours from arrival in A&E to admission, transfer or discharge. In 2013/14 MFT achieved 88.88%, total year to date for 2014/15 (as at 31/08/2014) is 80.84% with only two out of the twenty two weeks reported meeting the 95% target. There are a number of factors that relate to current performance and improvements as set out in the CQC inspection reports are necessary to ensure the overall quality, safety and access is improved.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

Dr Chris Markwick, CCG Clinical Member and local GP, is the clinical lead for the urgent and emergency care review. Dr Markwick will be part of the project group and will be specifically participating in the Clinical and Patient Reference groups.

The CCG will be regularly engaging with local GP Practices, as members of the CCG, through the monthly GP protected learning time meetings. Initial engagement is taking place at this meeting on 16th September 2014 to brief on approach.

The CCG (in conjunction with both Swale and DGS CCGs) is looking to fund expert advice and facilitation of the clinical reference group. This is based on lessons from Solihull, who undertook a similar approach.

Medway CCG is will be working to ensure that a new model is commissioned to a consistently high quality, to ensure that services are:

- Safe – ensuring that the services are safe
- Effective – focused on delivering best outcomes for patients
- Standardised – all services are provided to consistent standard and format so patient can expect the same quality of care and access to care where ever they are treated.
- Fair – available to all, taking account of personal circumstances and diversity

Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

As part of the review potential options for a new clinical model will be developed (through the clinical and patient reference group in Phase 2), detailed modelling and analysis will be undertaken to define parameters and assumptions of the model. Listed below is 2013/14 activity levels for each provider to provide context to the scale of change -

2013/14 A&E attendances at MFT Foundation Trust is approximately 91,000*
2013/14 number of contracts at MedOCC in hours is approximately 22,000*, with out of hour approximately 66,000.
2013/14 Walk in Centre attendances is approximately 11,000

*Note the 22,000 is a subset of the 91,000 as patients are currently directed to the MedOCC service from A&E.

The project is currently in Phase 1 which includes defining the project approach and therefore at this stage it is unclear of the future design of a new clinical model and impact. The purpose of the clinical and reference group is to agree a clinical case for change and ultimately produce options for a simplified 24/7 single urgent care 'front door' model that reduces the demand on A&E through focusing on triage and navigation to the right urgent care or

community service. The patient reference group will review the proposed options from the clinical reference group and will be a critical friend to ensure that the patient and public voice is heard.

Consequently, it is anticipated that the current service configuration will change. The CCG is committed to ensuring that through this review a new 24/7 model provides services in a more integrated and coordinated way (including with other health care services, health-related services, or social care services) ensuring good accessibility and consistency, and supports patients in making an informed and considered choice through improved clinical input and support.

Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

During Phase 2, detailed modelling and analysis will be undertaken to define parameters and assumptions of the model. Demographic projects and future patient flows will be a key element of this modelling along to build a robust business case for change.

Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

It is anticipated that there will be numerous positive impacts of the urgent and emergency care review and redesign. A key focus of the review and redesign is to ensure that patients have good access to a simplified 24/7 single front door model that provides a quality and consistent service, supports patients in making an informed and considered choice through improved clinical input and support, and will help to reduce the demand on A&E.

The patient reference group will review the proposed options from the clinical reference group and will be a critical friend to ensure that the patient voice is heard.

An equality analysis will be completed alongside the service redesign model(s) to ensure that the redesign, delivery and organisational decision have due regard for the Equality Act 2010.

Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

The NHS England transforming urgent and emergency services in England – End of Phase 1 report (November 2013) highlights that the growing pressures of A & E Departments are well rehearsed with an ageing population with increasingly complex needs, and it seems that many people struggle to navigate and access a confusing and inconsistent array of urgent services provided outside of hospital, so they default to A&E.

In addition to this, MFT continues to experience significant challenge in managing demand and flow, the Trust is consistently unable to meet the 4 hour access target (as stated previously).

A simplified 24/7 single 'front door' model that provides good access and consistency, and supports patients in making an informed and considered choice through improved clinical input and support, will help to reduce the demand on A&E.

Continuing to provide an A&E service to patients in the acute setting is not a cost effective model for a large percentage of patients who do not require A&E specialist services. It will also mean that MFT will continue to face significant challenge regarding their ability to meet the longer term demand of a growing and aging population if we do not support the population to access services in a different way.

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

This papers sets out the approach to the whole system urgent and emergency care review of which will include the redesign and procurement of a single 24/7 urgent care 'front door' model. As part of the review potential options for a new clinical model will be developed (through the clinical and patient reference group in Phase 2), further work will be undertaken alongside this to understand infrastructure requirements and potential risks including transport sustainability and access. This will ensure that high quality services will be delivered with consideration given to public transport access for patients in terms of location and availability.

Is there any other information you feel the Committee should consider?

Medway CCG will be actively engaging with patients, local GPs, clinicians, and other key stakeholder to understand current issues and choices being made by patients (as identified during phase 1 of the project). Any specific issues raised or key themes that emerge from Phase 1 will be considered as part of the clinical options development through the clinical and patient reference groups.

A key focus of the review and redesign is to ensure that patients have good access to a simplified 24/7 single front door model that provides a quality and consistent service, supports patients in making an informed and considered choice through improved clinical input and support, and will help to reduce the demand on A&E.

Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

Medway CCG does consider that the urgent and emergency care review and redesign will be a substantial service variation and as a result has already scheduled a 12 week public consultation into the plan and indicative timeline. The review will inform a new model that will be procured through competitive tender with a phased mobilisation plan.

The purpose of this report is to inform the Committee of the review and seek agreement on approach as the review spans three CCGs, two of which report to the Kent HOSC. Agreement is therefore required to determine if a joint HOSC will be established rather than reporting to individual Committees. Once agreement is reached this dates of Committees will need to be factored into the timeline.