

**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
31 MARCH 2015**

URGENT CARE REVIEW UPDATE

Report from: Dr Peter Green, Chief Clinical Officer , NHS Medway
CCG

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Summary

This report updates the Committee on the Medway Clinical Commissioning Group Urgent Care Redesign Programme, working with Dartford, Gravesham and Swanley and Swale CCGs. The CCGs are planning to reconfigure and re-commission emergency and urgent care services.

This reports updates on the timescales and the progress to date.

1. Budget and Policy Framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

2.1 In September 2013 the CCG briefed the HASC on the programme's intent. It was deemed that the programme did constitute a substantial service reconfiguration and the Committee requested that the CCG regularly briefs HASC.

2.2 A full briefing paper is attached in Appendix One

3. Options

3.1 Reconfiguration options are being devised and will be subject to public consultation

4. Advice and analysis

4.1 An outline business case and service specification will be submitted to each CCG.

4.2 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.

5. Risk management

<i>Risk Description</i>	<i>Example Scenario</i>	<i>Management Strategy</i>	<i>RAG Status (Red Amber, Green)</i>
General Election	New government changes policy and direction	Mitigate. Keep abreast of national developments. Build in new policy direction as it emerges.	Amber
Community Services Reviews	Decisions taken as part of community services review impact timings of urgent and emergency care programme	Avoid. Ensure that timings of two projects dovetail. Programme directors of respective programmes	Amber
Medway Maritime Operational Issues	Operational issues precipitate a change in the nature of services operated from Medway Maritime Hospital	Mitigate. Ensure that the CCG continues to work with NHS England, Monitor and the CQC	Red
Contract extension timelines	Provider contracts are due for completion prior to the programme completion	Mitigate. Work with providers and NHS England to extend timelines to support redesigned services implementation	Amber
Procurement timelines	Procurement timelines may be wrong. May need to be reviewed as models develop. Will impact on programme completion dates	Avoid: Good stakeholder / provider governance. Procurement expertise to be sought	Amber

6. Consultation

- 6.1 The CCG is working with Clinical Reference Groups and Patient Reference Groups to review and design new urgent care systems. The output of this work will inform the Business Cases and subsequent Public Consultation.

7. Financial implications

- 7.1 This work will be undertaken under the existing CCG budget.

8. Legal implications

- 8.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.
- 8.2 When consulting, the relevant NHS bodies and health service providers must provide the local authority with the proposed date by which they intend to make a decision as to whether to proceed with the proposal and the date by which they require the local authority to provide any comments under paragraph 23 (4) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 8.3 The relevant NHS bodies and health service providers must inform the local authority of any change to the dates provided and publish those dates, including any change to those dates.

9. Recommendations

- 9.1. The Committee are asked to note the contents of the attached Programme Brief and update.

Lead officer contact

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Background papers

Appendix One: Urgent care Redesign Programme Overview

**North Kent CCGs Urgent Care
Redesign Programme: Programme Brief**

1. Introduction

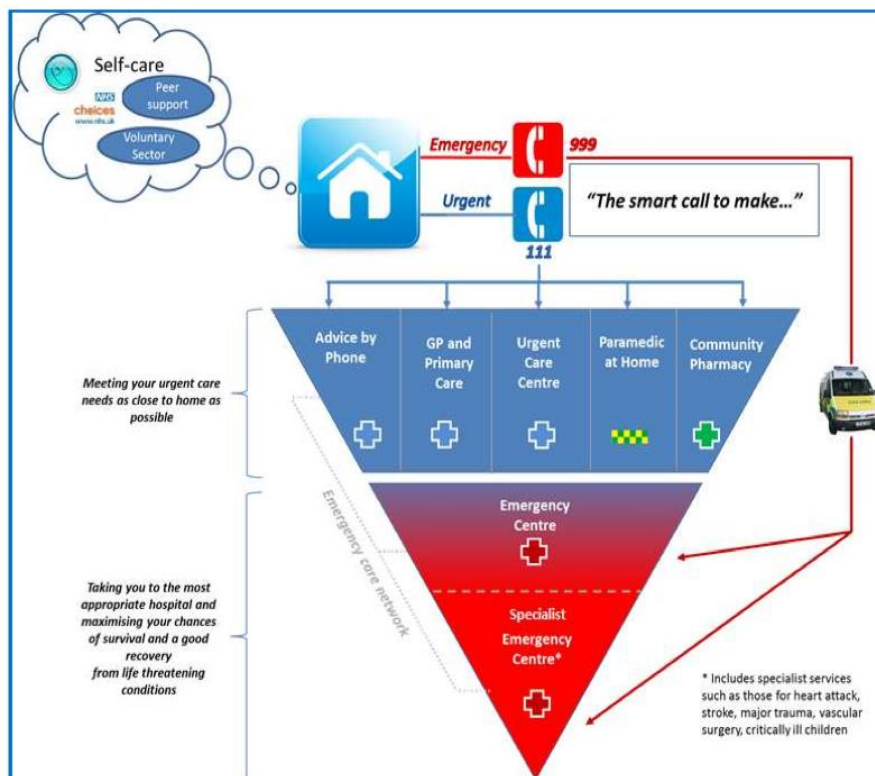
The Three North Kent CCGs (Medway, Dartford, Gravesham and Swanley and Swale) have established a Programme to review and redesign Urgent Care Services across the three CCGs. All three of the North Kent CCGs prioritise integration and simplification of urgent and emergency care services within their five year strategic commissioning plans

A wider, joined-up approach to designing North Kent urgent and emergency care services will provide opportunities to provide a more integrated, effective approach to these services, offer opportunities to learn from each other and possible economies of scale.

Nationally and locally the current system for delivering urgent and emergency care is under pressure. Under the leadership of Sir Bruce Keogh, Medical Director of the NHS, a vision for change for urgent and emergency care was published in November 2013 with an update on this work in August 2014. The review describes how the urgent and emergency care system is under pressure and puts forward a case for change, the detail for which is still being produced. At a high level the vision states:

1. For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.
2. For those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities, in order to maximise their chances of survival and a good recovery.

The shape and structure of the future urgent and emergency care system was described in the following visual form:



In October 2014, Simon Stevens NHS England Chief Executive published his 5 year forward view for the NHS. In relation to emergency services he states that across the NHS, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance

2. Programme Objectives

The objectives of this programme are:

- Detail the options for the design and locations of urgent and emergency care services in North Kent in line with the national recommendations, best practice and local need
- Ensure that our patients and public, providers, voluntary sector and social care partners are co-designers and formally consulted on the service model options
- Agree and seek the relevant approval to the chosen service model in each CCG area
- Decommission current services as appropriate
- Procure the new service model
- Implement the new service model
- Ensure the CCGs and local health economy remains on a sound financial footing in the future
- Deliver QIPP savings from 2016/2017 onwards

3. Redesign Principles

A stakeholder day took place on the 19th November 2014. Stakeholders were asked to prioritise a set of design principles that will form the basis of the redesign process. Based on the outcome of this event and aligned to the national recommendations the following have been agreed.

- Help patients get the right care, at the right time, in the right place
- Models that are developed will not be one size fits all but will reflect locality needs
- Organise and simplify the urgent and emergency care services to create a better connected system and achieve the most effective use of health resources
- Provide 24/7 emergency / urgent response in the community to meet the needs of the population.
- Provide highly responsive urgent care services outside of the Accident and Emergency Department (A&E) so people no longer choose to attend A&E when they do not need to
- A single point of access to urgent care services
- Addresses access to urgent mental health care as well as to physical care
- Makes the most appropriate use of 111, primary care, community mental health teams, ambulance services and community pharmacies
- A strengthened senior clinical triage and advice service that links the system together that helps patients and educates patients to navigate it successfully
- Provide improved access to GPs or nurses working from community bases equipped to provide a much greater range of tests and treatments
- Empower ambulance services to make more decisions to treat more patients and allow them to make referrals in a more flexible way
- Provide better support and education for people to self-care and to enable a greater use of pharmacists
- Development of integrated IT systems to support the new models and enable clinical practitioners to be able to see patient's medical notes.
- Effective communication across health and social services and the voluntary sector
- Improved utilisation of the voluntary sector
- All patients have equitable access to services

4. Benefits

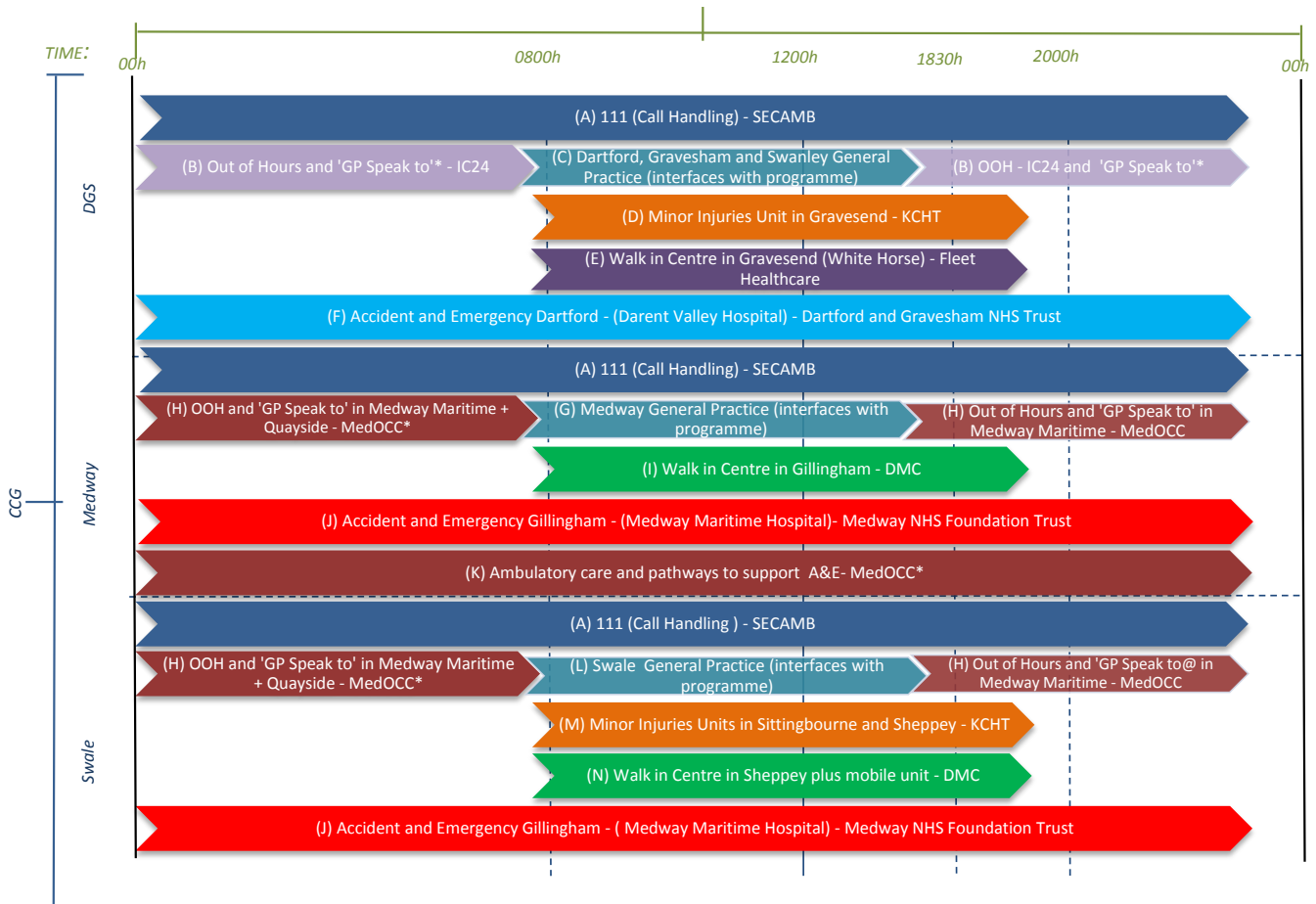
The programme will provide the following benefits:

- Improved patient and service user experience of North Kent urgent and emergency care services
- Improved patient and service user access to primary care, both in-hours and out- of-hours
- Effective use of resource by ensuring patients are seen by the appropriate health care professional in the most appropriate setting
- Integrated working with primary care
- Reduced "inappropriate" A&E attendances (for identified cohort)

- Reduction in unplanned admissions
- An integrated and simplified approach to urgent and emergency care
- QIPP savings from 2016 onwards

5. Services Affected

The urgent and emergency care services depicted in the diagram below will be affected and are therefore in-scope for the review and redesign programme:



6. Key Programme Plan / Actions

February 2015:

Tracy Rouse has been appointed as Programme Director to lead the Programme across the three North Kent CCGs. The Programme Steering Board has been fully established.

There are a number of groups and sub groups that have been established to support this programme. This includes:

- local CCG clinical groups to ensure that all GPs are involved at an early stage and feel able to comment fully on preliminary ideas to defining the full clinical model for their area
- provider groups, that include representatives from all the agencies involved in Urgent Care, as well as:
- patient reference groups in each CCG area to ensure effective input from patients and practices patient reference groups.

A North Kent Clinical Reference Group, with the three CCG GP Clinical leads and representation from provider organisations across North Kent, met for the first time to begin the redesign process and collate the locality feedback. This is being led by an external facilitator Dr Charles Ashton who has worked on similar programmes recently.

Work has started with current providers and public health to establish baseline data and activity and a modelling working group has been established.

Next Steps

March – May 2015:

- The patient groups will meet to commence the design process
- The work continues to establish baseline data and a modelling approach is being agreed
- An expert procurement advisor will be commissioned to join the Programme
- A provider working group is established with current and potential providers starting to work with us to test activity and data assumptions, test the emerging models and inform service specifications
- Work starts with mental health patient groups to review current urgent care provision
- Potential models are developed and tested with locality patient and clinical groups
- Patient and Clinical Reference Group meet to finalise the models and recommendations will be made to the CCG committees
- Outline Business Case and service specification developed

June 2015:

- Medway Health and Adult Social Care Overview and Scrutiny Committee and Kent Health, Overview and Scrutiny Committee and are briefed and feedback sought.
- Public consultation commences

October 2015:

- Public consultation on the new models in each CCG area is completed
- Final models are developed and tested within CCG locality clinical and patient groups
- Kent HOSC and Medway HASC are briefed and feedback sought
- Final business case and service specification is developed and approved

November 2015:

- The procurement process commences

March 2016:

- The procurement process completes
- Provider(s) mobilisation(s) commences
- Public engagement and communication commences with regard to new models of care

October 2016:

- New urgent and emergency system in each CCG locality