

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

23 AUGUST 2016

NORTH KENT URGENT CARE REDESIGN

Report from: Caroline Selkirk, Accountable Officer, Medway Clinical Commissioning Group (CCG)

Author: Jon Pitt, Democratic Services Officer

Summary

This report notifies the Committee of the recommencement of the review and redesign of urgent care across North Kent which was paused in July 2015 until revised commissioning standards were received from NHS England. The redesign of these services was determined to be a substantial health service variation in Medway triggering a statutory obligation on the relevant NHS bodies and health service providers to consult with overview and scrutiny. The report also advises the Committee of immediate action underway locally regarding the redesign of front door triage at Medway Maritime Hospital with a view to reducing ongoing pressure in urgent care there.

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.
- 1.2 In addition there is a statutory requirement on relevant NHS bodies and health service providers to consult with overview and scrutiny 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.

2. Background

- 2.1. On 30 September 2014 this Committee was advised of a proposal to review and redesign urgent care services across North Kent in response to national recognition that the current system for delivering urgent and emergency care was under significant pressure. NHS Medway CCG reported this as a substantial variation to the health service across Kent and Medway which triggered a requirement for formal consultation with overview and scrutiny under regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations) 2013. At the time Kent County Council's Health Overview and Scrutiny Committee did not deem the proposed review to constitute a substantial health service development or variation from their point of view so the matter was dealt with by the respective Health Scrutiny Overview and Scrutiny Committees of the two local authorities rather than by the Joint Kent and Medway Joint Health Overview and Scrutiny Committee.
- 2.2. A copy of the initial assessment questionnaire considered by Medway's Health and Adult Social Care Overview and Scrutiny Committee on 30 September 2014 is attached at Appendix 1 for the benefit of any new Members of the Committee.
- 2.3. On 31 March 2015 the Committee received an update which is attached at Appendix 2 to this report for ease of reference. A further update was expected in the Summer of 2015 but in the intervening period the review was paused by NHS England pending the provision of revised commissioning standards.

3. Recommencement of the North Kent Care Redesign Programme

- 3.1 This report advises the Committee of the recommencement of the review and redesign of North Kent Urgent Care, as set out in a briefing note from NHS Medway Clinical Commissioning Group attached at Appendix 3. As this has been deemed to be a substantial variation to the health service in Medway ongoing consultation with Medway's Health and Adult Social Care Overview and Scrutiny Committee will now resume.
- 3.2 The briefing note at Appendix 3 also advises the Committee of immediate local action by NHS Medway CCG, outside of the wider review, to initiate a dialogue with Medway Foundation Trust (MFT) and Medway Community Healthcare (MCH). This is to redesign front door triage at Medway Maritime Hospital in order to progress local urgent care re-design and reduce ongoing pressure at the hospital.

4. Advice and analysis

- 4.1 This Committee has determined that the proposal for review and redesign of urgent care services across North Kent, as previously presented to the Committee, amounted to a substantial variation to the health service in Medway.

4.2 Kent County Council has so far taken the view that the proposals do not amount to a substantial variation to the health service in Kent for the purposes of regulation 23. In the event that this changes, the matter will need to be referred to, and dealt with by, the Kent and Medway Joint Health Overview and Scrutiny Committee (HOSC).

5. Risk management

5.1 Assessment of risk and risk management will be a core component of the review and redesign of urgent care and mitigating action will be built into future updates to the Committee.

6. Consultation

6.1 Medway CCG and the other North Kent CCGs involved in the review and redesign of urgent care will meet their obligation to consult with the public, stakeholders and overview and scrutiny as the programme moves forward. The CCG is aware of the governance processes and consultation required to progress the wider urgent care redesign due to the substantial changes involved.

7. Financial implications

7.1 There are no financial implications for the Council directly arising from this report.

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.

8.2 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers (“responsible persons”) to consult a local authority 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. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.

8.3 In cases where consultation on a substantial health service development or variation triggers a requirement for consultation with more than one local authority regulation 30 states a Joint Health Overview and Scrutiny Committee (JHOSC) must be appointed by the local authorities for the purposes of the consultation and only that committee may make comments, require the provision of information or require attendance by representatives of the relevant NHS body or health service provider. As set out above, Kent County Council has so far taken the view that the proposals do not amount to a substantial variation to the health service in Kent. In the event that this

changes, the matter will need to be referred to, and dealt with by, the Kent and Medway Joint HOSC.

- 8.4 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. A decision on whether to make a report to the Secretary of State would be a matter for the Kent County Council Health Overview and Scrutiny Committees and/or the Medway Council Health and Adult Social Care Overview and Scrutiny Committee to make rather than the JHOSC.

9. Recommendations

- 9.1 NHS Medway CCG asks the Committee to note the update attached at Appendix 3 regarding urgent care redesign and the procurement of an integrated model of urgent care, with a further update including timescales for governance processes and public consultation to be brought to the committee in due course.
- 9.2 NHS Medway CCG also asks the Committee to note and comment on the minor changes that will be introduced through the pilot of a primary care led front door model within Medway Foundation Trust over the course of the next six months, to inform the wider procurement of an integrated model of urgent care from 1st April 2018.

Lead officer contact

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Appendices

Appendix 1: Original assessment of proposed review and redesign of urgent care services: 30 September 2014

Appendix 2: Urgent Care Review Update, March 2015 (previously provided to this Committee)

Appendix 3: North Kent Urgent Care Redesign Update

Background papers

None.

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:

Current/prospective Provider(s): Medway Community Healthcare

Outline of proposal with reasons:

We would like to move MedOCC from Quayside to MCH House with effect from around September 2015. This is predominately for two reasons – one related to premises and the other service delivery:

- 1) The Quayside building is proving problematic of late:
 - a. we have been given a restriction on the number of keys that we are allowed, which is causing operational issues given the number of shifts and staff involved
 - b. The landlord, to enable payment of a reduced insurance premium, now allows members of the public to sleep and reside in the property. This causes us problems with security as we have drugs on site
 - c. The current location has many issues such as flooring, currently through an internal safety report, there are many trip hazards, unable to clean the floor effectively due to flooring lifting there has been discussions with landlords which have not realised any change

Given we have shifted part of the service to MFT, the impact of this will be Monday to Friday 6.30 pm – 1.00 am and Weekends 7.00 am through to 1.00 am.

- 2) We would like to consolidate the admin and referral processes for our planned care bookable services and link this to our single point of access that is currently provided by MedOCC. Co-locating these services together at either Ambley Green or MCH House will enable us to share resources and provide cover 7 days a week/extended hours

MCH House is 4 miles away from the current base and has free parking and ease of access given its proximity to road, rail and bus links.

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.

Decision by 6 July if possible to allow notice on lease, move date September / October 2015.

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

The service will remain as it is currently delivered along with existing opening times. The move is only in relation to geographical site.

By doing this we will also be able to consolidate the admin and referral processes for our planned care bookable services and link this to our single point of access that is currently provided by MedOCC. Co-locating these services together at either Ambley Green or MCH House will enable us to share resources and provide cover 7 days a week/extended hours – this would alling to the urgent care review currently being undertaken by commissioners.

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

The CCG have considered this request at the contractual performance meeting.

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

The service is currently offered at a range of sites,

Quayside
 Medway Hospital
 Sittingbourne Memorial
 Sheppey Hospital
 Home Visits (where it necessities)

this would continue with the exception of Quayside appointments being offered at MCH House.

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?

Clinically the service will not change.

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

The service will remain as it is currently delivered along with existing opening times. The move is only in relation to geographical site.

We envisage no impact on patient flows.

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?

As above

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?

No diversity impacts identified.

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'?

We do not envisage any changes to patient flows, this is not a financial decision.

No change would prevent a more positive experience environmentally for patients and staff. The current location has many issues such as flooring, currently through an internal report, there are many trip hazards, unable to clean the floor effectively due to flooring lifting there has been discussions with landlords which have not realised any change.

More recently, the service has experienced a number of electrical issues resulting in unplanned downtime causing unnecessary disruption.

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

MCH House, has free parking and has a close by bus stop for public transport and there is a local train station.

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

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

MCH do not believe this to be a substantial change or variation on the basis that there is no proposed change to service provision and is only a change of base.

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**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

Author: Tracy Rouse, Programme Director, Urgent Care
Redesign ,North Kent CCGS

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 Patent 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**

Appendix 2

1. Introduction

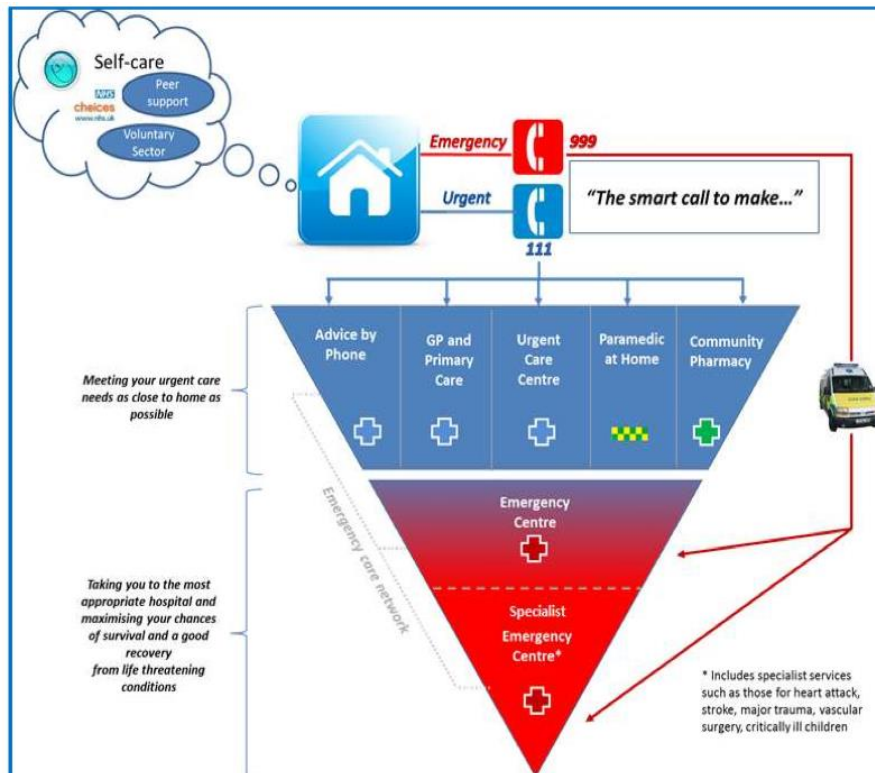
The Three North Kent CCGs (Medway, Dartford, Gravesham and Swanley and Swale) have established a Programme to review and redesign Urgent Care Services across the three CCGs. All three of the North Kent CCGs prioritise integration and simplification of urgent and emergency care services within their five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

Appendix 2

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:

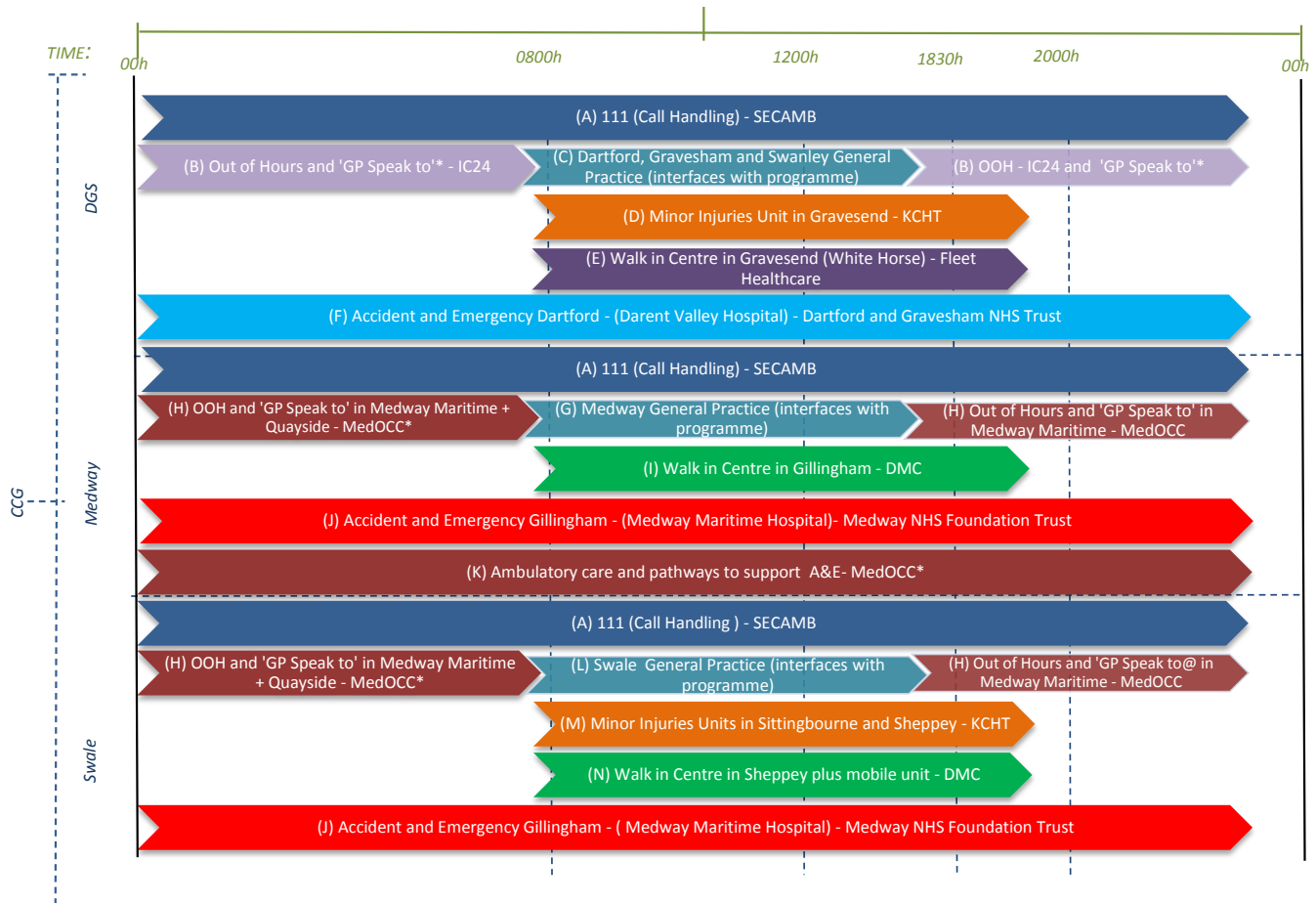
- Improved patient and service user experience of North Kent urgent and emergency care services
- Improved patient and service user access to primary care, both in-hours and out- of-hours
- Effective use of resource by ensuring patients are seen by the appropriate health care professional in the most 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

Appendix 2

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

Appendix 2

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

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Background

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 being provided 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.

On 3 July 2015 CCGs received a letter from Dame Barbara Hakin, NHS England, which focused on the need to ensure a functionally integrated 24/7 urgent care access, treatment and clinical advice service (incorporating NHS 111 and Out of Hours Services).

NHSE are leading some work to build upon the existing commissioning standards for NHS 111 by including further important elements from the NHS 111 Learning and Development Programme, the wider Urgent and Emergency Care Review and by taking into account the standards that OOH providers are required to meet. The letter detailed that there would be widespread engagement on these components prior to the publication of a revised set of commissioning standards and associated procurement guidance (with due consideration of Patient Choice and Competition Regulations) by the end of September 2015.

Within the letter, CCGs were requested to suspend further procurements of NHS 111 and OOH services (whatever stage of the procurement has been reached) until the end of September. This was to allow completion of the consultation and the release of the revised commissioning standards and supporting procurement advice for integrated services.

The local programme was therefore 'paused' until revised commissioning standards were received. It is clear the focus is on integrated services and would therefore mean bringing NHS 111 into the scope of the local programme going forward.

Prior to pause, the local programme had progressed well with good engagement at a local level through patient reference groups and clinical reference groups. These groups had worked with the CCGs to define the principles and core standards for the services to inform the development of the outline business case and service specification.

A briefing presenting the programme was taken to HASC on 31 March 2015, with attendance at HOSC originally planned for 5 June 2015. Due to timescales, HOSC attendance was cancelled and arrangements made for HASC and HOSC in August and September 2015 respectively, both of which were cancelled following the pause of the programme.

10 week public consultation for Medway and Swale was planned from 14th August to 23rd October 2015, with further 3 week standstill period to incorporate consultation feedback into full business case and service specifications, prior to the programme being paused.

At the time, local urgent care services within the scope of this programme for Medway and Swale included in the procurement were Walk in Centres, Out of Hours (OOH) Services and in hour unscheduled Primary Care Service working alongside the Emergency Department (ED).

As part of the work to date we have also worked closely with other services that will interface and therefore need to be reflected within the developing pathways and specifications. These include NHS 111, Emergency Departments, Mental Health Services, South East Coast Ambulance Trust (SECAmb), Community and Social Care services. It is important to note that these services were not part of the planned procurement process.

The other programmes that align to this programme are the CCGs' respective primary care strategies and community services review work and developing IT strategies.

Next steps

The wider urgent care redesign has now recommenced across North Kent to design a single entry point of access, NHS 111, with the development of integrated clinical hubs offering patients access to a wide range of clinicians supported by available IT systems, with timescales to deliver by 1 April 2018.

In order to progress local urgent care re-design and reduce ongoing pressures at Medway Foundation Trust (MFT) Medway CCG is now progressing conversations with MFT and Medway Community Healthcare (MCH) as the provider of Medway On Call Care (MedOCC) regarding the redesign of front door triage at the trust. These discussions aim to gradually put in place, over the next 6 months, a pilot primary care led front door model within MFT. Outcomes from the pilot will inform the wider procurement of an integrated model of urgent care from 1 April 2018.

Appendix 3

The pilot primary care led front door model reflects the engagement previously undertaken through patient reference groups and clinical reference groups to improve clinical triage for walk in patients at ED, by adding to the current system with senior clinical triage from primary care. Current discussions propose that revised triage will stream patients to the most appropriate care provider, based on clinical need to one of the following; back to own GP with appointment, pharmacist, ED Majors, MedOCC providing a minor illness and minor injury function or self-care if appropriate.

We intend to work with existing providers to implement changes and monitor outcomes. It is intended that early implementation of these changes will have a positive impact on patient experience by directing patients to the right care at the right time, as well as reducing pressures in the Emergency Department.

Recommendation:

The CCG ask HASC to note the update regarding urgent care redesign and the procurement of an integrated model of urgent care, with a further update including timescales for governance processes and public consultation to be brought to the committee in due course.

The CCG would also ask HASC to note the minor changes that will be introduced through the pilot of a primary care led front door model within MFT over the course of the next six months, to inform the wider procurement of an integrated model of urgent care from 1st April 2018.

Nicola Codling,
Project Manager
08.08.16