

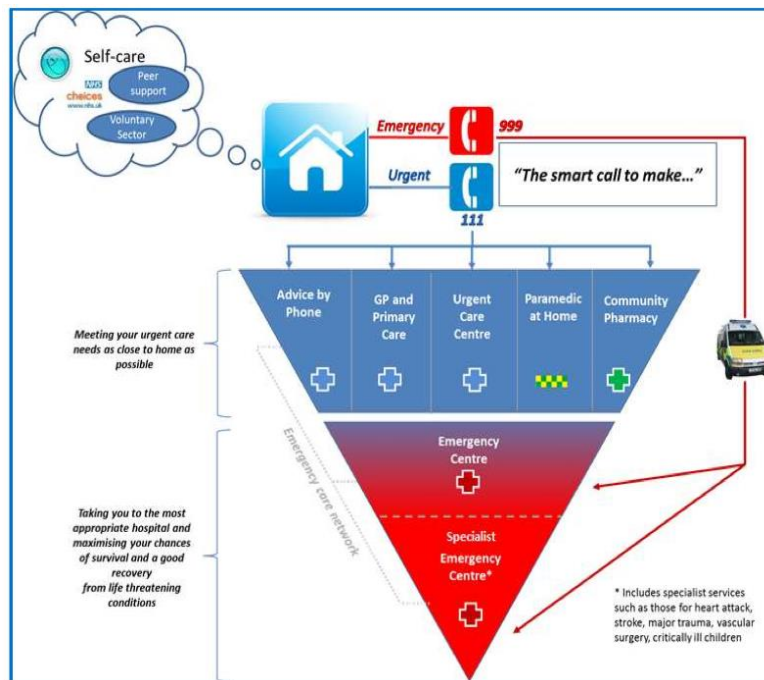
Medway Integrated Urgent Care Redesign Programme Brief

1. Background

Following the Keogh Review, CCGs received the End of Phase One Report (November 2013) that outlined the case for change and proposals for improving urgent and emergency care services in England. The report highlighted five areas for the future of urgent and emergency care:

- Provide better support for people to self-care.
- Help people with urgent care needs to get the right advice in the right place, first time.
- Provide responsive urgent care services outside of hospital so people no longer choose to queue in A&E.
- Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximize the chances of survival and a good recovery.
- Connect all urgent and emergency care services together so the overall system becomes more than just a sum of its parts

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



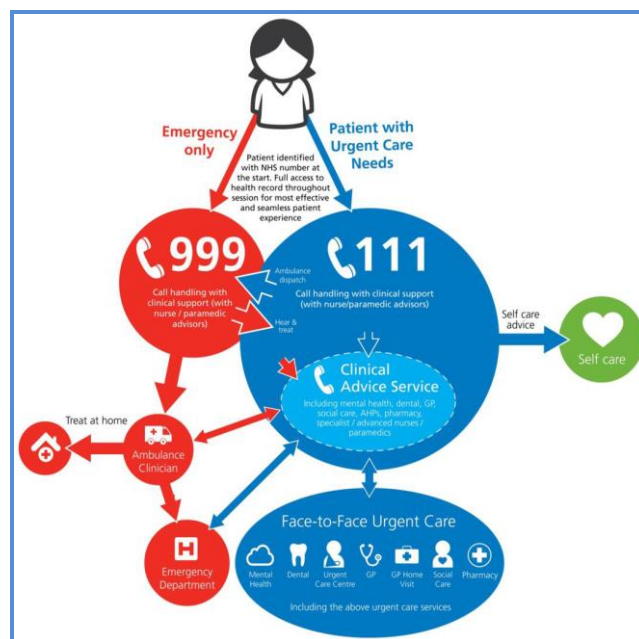
The findings of this report were further supported by the publication of the NHS Five Year Forward View in October 2014, stating that urgent and emergency care services will be redesigned to improve integration between A&E departments, GP out of hours services, urgent care centres, NHS 111 services and ambulance services.

In July 2015 CCGs received a letter from Dame Barbara Hakin which focused on the need to ensure provision of a functionally integrated 24/7 urgent care access, treatment and clinical advice

service incorporating NHS 111 and out of hours. With NHS 111 previously out of the scope of the urgent care, redesign programmes were paused pending publications of further guidance.

Guidance was published in September 2015 within the Commissioning Standards Integrated Urgent Care. This advises on the development of an urgent and emergency care model "...to enable commissioners to deliver a functionally integrated 24/7 urgent care service that is the 'front door' of the NHS and which provides the public with access to both treatment and clinical advice. This will include NHS 111 providers and GP Out-of-hours services, community services, ambulance services, emergency departments and social care."

The development of an Integrated Clinical Assessment Service (ICAS) is seen as pivotal to bring urgent care services together with an Integrated Urgent Care model.



2. Programme Objectives

The objectives of this programme are:

- To re-procure NHS 111 supported by an Integrated Clinical Advice Service (ICAS) across North Kent CCGs (as a minimum) as part of a wider urgent care model.
- To detail the options for the design and locations of face to face urgent and emergency care services and procure services as part of the wider urgent care model in Medway 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 are formally consulted (as required) on the service model options.
- Agree and seek the relevant approval to the chosen service model.
- 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.

- Ensure that the urgent and emergency care model compliments and aligns with the aspirations for Medway as detailed within the Kent and Medway Sustainability and Transformation Plan (STP).

3. Redesign Principles

Prior to pausing of the programme in June 2015 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, a number of principles were agreed:

- Help patients get the right care, at the right time, in the right place.
- Models that are developed will reflect locality needs.
- Organise and simplify 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.

A further whole system engagement event is being arranged for February 2017 in order to share the newly proposed model and further inform the next stage in the development of urgent care in Medway.

4. Benefits

The new service will provide the following benefits:

- Improved patient and service user experience of urgent and emergency care services.
- Improved patient and service user access to primary care.

- 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 supporting delivery of the 95% 4 hour standard.
- Reduction in unplanned admissions.
- Provide an integrated and simplified approach to urgent and emergency care.

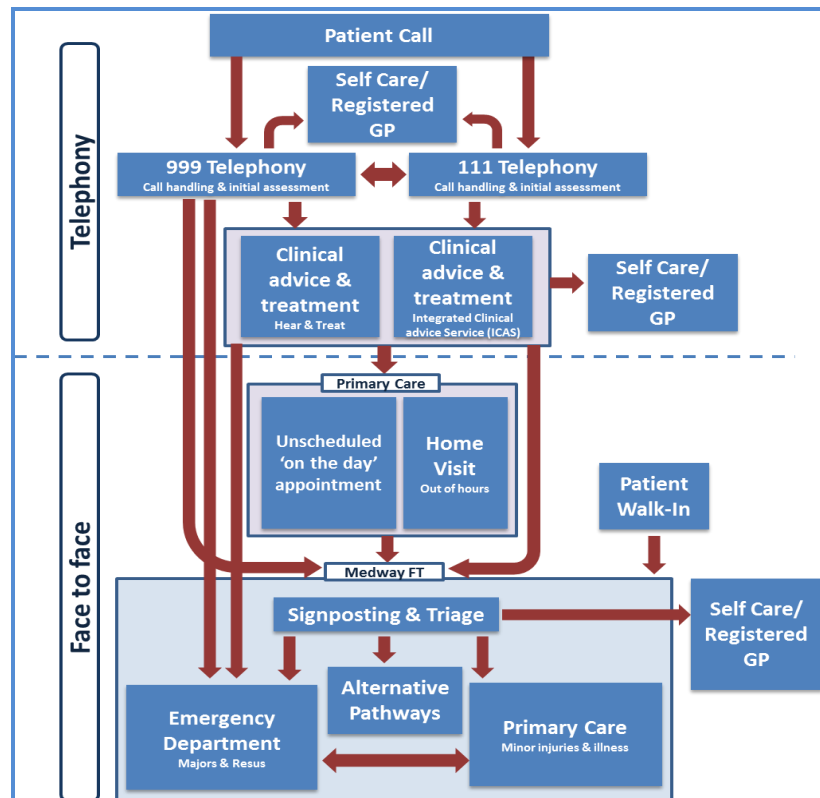
5. Services affected

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

- NHS 111 and GP speak to services.
- All face to face urgent care provision including:
 - GP out of hours base and home visits.
 - 24/7 navigation to primary care face to face appointments at Medway Foundation Trust (MFT).
 - Gillingham Walk in Centre (WIC).

Plans for achieving an integrated urgent care system in Medway with access to primary care face to face appointments need to be developed, taking into consideration a number of ongoing and developing models, such as the Kent and Medway Sustainability and Transformation Planning, the Medway Model with the development of community hubs, Community Service Redesign and the achievement of the vision the GP Five Year Forward View.

An initial draft proposed model has been created for review and comment at a local whole system engagement event in February 2017. This diagram clearly depicts the elements that will be reviewed as part of the programme and pathways for access to each of these elements.



This diagram depicts the two components of urgent and emergency care as telephony and face to face contacts.

Telephony: NHS 111 and Out of Hours (OOHs) including GP 'speak to'

Currently, patients are directed to services through NHS 111 provided by Kent, Surrey and Sussex by the South East Coast Ambulance Service (SECAmb) in partnership with Care UK. Currently Medway's OOHs GP Speak to service is commissioned as part of the Medway OOHs MedOCC service, which sits within a wider block contract held with our community provider Medway Community Healthcare (MCH).

Plans for achieving the vision of an integrated urgent care system will be achieved by progressing North Kent procurement of NHS 111 as a single point of entry supported by an Integrated Clinical Advice Service (ICAS). A wider, joined-up approach to designing NHS 111 and the ICAS will provide a more integrated, effective approach to these services. To achieve this vision a Programme Director has been recruited across North Kent CCGs. Conversations are being progressed by the Programme Director regarding the procurement of NHS 111 and ICAS across North and West Kent CCGs in order to support opportunities to learn from each other as well as provide economies of scale.

The ICAS will provide clinical advice to patients contacting NHS 111 or 999, GP speak to services as well as providing clinical support to clinicians, such as ambulance staff and emergency technicians so no decision is made in isolation, as detailed within the Integrated Urgent and Emergency Care Commissioning Standards.

This system will be supported by being functionally integrated with the local urgent care models that are in development across Medway, Dartford and Swale. With further support of the model to

be achieved by the technical integration of IT systems enabling the sharing of single patient records and the warm transfer of calls to available services to avoid re-triage at each step.

Current face to face urgent care provision:

Currently patients can access:

- Out of Hours GP services (18:00 – 08:00 Monday – Friday and all day Saturday - Sunday) with primary care home and base visits through MedOCC provided by MCH.
- Face to face urgent primary care appointments at the Walk in Centre (WIC), seven days a week from 08:00 – 20:00, provided by Dulwich Medical Centre (DMC).
- Face to face urgent care primary care appointments at Medway Foundation Trust via 24/7 ED navigation provided by MedOCC@Medway.

This final pathway was developed in order to support navigation of patients away from ED, when attending with symptoms appropriate for primary care intervention. In recent months Senior Clinical Triage has been introduced in ED in order to increase navigation towards primary care in response to the increasing number of attendances at the trust. Data is being collected to determine the impacts realised from the introduction of senior clinical triage and this will be reviewed as part of the wider project group established to explore and understand the benefits that can be realised from piloting changes to the front door model to support achievement of the 95% 4 hour standard.

It should be noted that although Emergency Services within the A&E departments are not part of this review, they should be positively affected by the programme, as patients attending these departments that do not require this level of expertise should be directed and treated elsewhere within the urgent care system.

6. Current position statement

Telephony

With the exception of the four East Kent CCGs, all of the CCGs in Kent and Medway, Surrey and Sussex (KMSS) agreed among themselves, and with SECamb, to a two-year extension to the original contract for the provision of the NHS111 service, to 31st March 2018, with a 12-month termination period. The two-year extension was included in the scope of the current, original NHS111 contract with SECamb.

Whilst all of the localities are making good progress towards the re-procurement of an NHS111 service for their locality, it has become clear that there are marked differences between the progress of respective locality re-procurement processes and timetables localities are working to. This diversity could result in staggered decommissioning, which introduces significant risks, including insufficient workforce remaining to provide a safe service 24/7 over the last few months; and the possible additional costs associated with alignment with SECamb's (relatively high cost) lease on the Ashford call centre building.

In order to minimise operational risk and financial impacts of the staggered decommissioning has been proposed and accepted to extend the timeline to 31st March 2019.

Face to Face

The three North Kent CCGs, Dartford, Gravesham and Swanley, Medway and Swale have all established programmes to review and redesign Urgent Care Services across each locality.

Initial deadlines for the new model to commence had been established as 1st April 2018 but following further consideration of risks, especially associated with this timescale, has been extended to 1st April 2019. This allows for the appropriate consultations and model testing and is in line with the telephony procurement across the South East which Medway CCG is now part of. Linking with the wider non-face to face procurement will increase resilience and reduce costs significantly.

Appendices

Appendix 2 demonstrates the current timeline which ends with a go-live date of April 2019. Appendix 3 sets out current risks and mitigations.