

**Medway Integrated Urgent Care Redesign  
Programme Update  
20<sup>th</sup> June 2017**

## **Introduction**

The following aims to provide an update on the progress with the Medway Integrated Urgent Care Redesign since discussion within the Health and Adult Social Care Overview and Scrutiny Committee on 24<sup>th</sup> January 2017, and outline our plans for public consultation on key aspects of the programme. These plans were reviewed by Medway CCG Governing Body on 24<sup>th</sup> May 2017, and approved for progression to public consultation and development of the full business case.

Following ongoing engagement with partners across the local urgent care system, we have developed the proposed future service model, which was approved by the CCG Governing Body on 24<sup>th</sup> May 2017, to go forward to public consultation and development of the Full Business Case. As part of this agreement, the timeline for delivery of this service redesign has been revised due to the impact of purdah for the general election on planned timelines for public consultation. An updated timeline is included in Appendix 2.

## **Background:**

The Urgent Care System nationally and locally is under constant and increasing pressure. Following the review of urgent care conducted by Sir Bruce Keogh, 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 maximise the chances of survival and a good recovery.
- Connect all urgent and emergency care service together so the overall system becomes more than just a sum of its parts.

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 response Medway CCG established a programme to review and redesign Urgent and Emergency Care Services across the locality.

In July 2015 CCGs received a letter 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 scope of the urgent care redesign, programmes were paused pending publication 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.”

In October 2015, the national programme pause was lifted and since June 2016, the urgent and emergency care programme has been re-established.

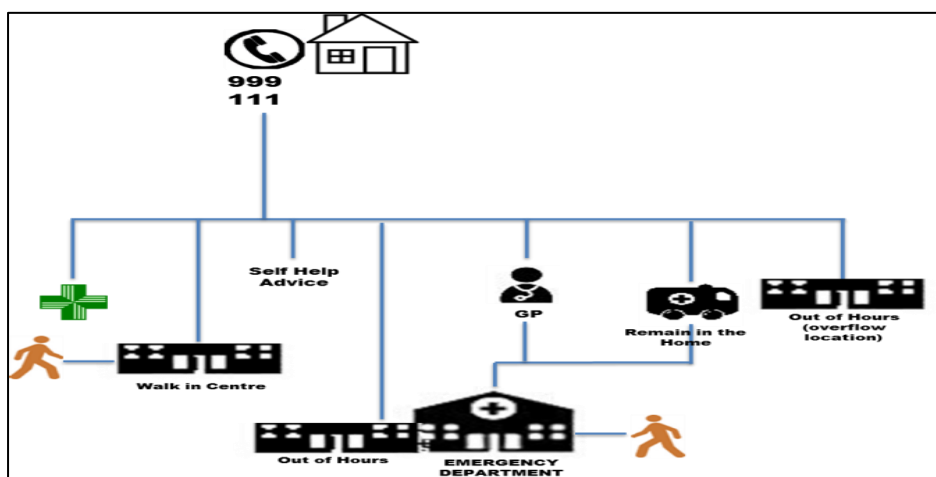
### Current Service Model:

Locally urgent and emergency care services are under significant pressure. Medway NHS Foundation Trust did not achieve the 4 hour A&E Constitutional Standard 95% target in the last financial year. While there has been focussed work in recent weeks with significant improvement, there remains a need to redesign the local urgent care system to ensure sustainability.

The current urgent and emergency care system is complex and with a range of different service offers across the Medway locality, including walk in centres, access to minor injuries units in Gravesend and Swale as well as the local A&E department at Medway Foundation Trust (MFT), the need to organise and simplify urgent and emergency care services to create a better connected system and achieve the most effective use of health resources is widely recognised.

To achieve this vision Medway CCG has prioritised the integration and simplification of urgent and emergency care services within its five year strategic commissioning plans and two year operational plans.

The current services for people living in Medway is outlined below:



Patients can access urgent care services by:

- Dialing NHS 111, a free 24 hours, seven days a week service that can give fast access to urgent care should it be deemed the most appropriate course of action.
- Contacting their own GP for same day appointments.
- Going to Minor Injuries Units available in Gravesend, Sittingbourne and Sheppey: 8am – 9pm seven days a week, where they can walk in and wait for access to Nurses/Doctors for minor injuries. *Please note that these services are outside of the scope of Medway’s Urgent and Emergency Care Programme – and are part Dartford, Gravesham and Swanley and*

*Swale CCGs' urgent care review - but are currently accessible to Medway patients.*

- Going to the Walk-in Centre, Balmoral Gardens, Gillingham: 8am – 8pm seven days a week, where they can walk in and wait for access to GPs/Nurses and Pharmacist for minor illness.
- Contacting the GP out of hours service : 6pm – 8am Monday – Friday and all day Saturday and Sunday, with access to bookable face to face appointments with GPs/Nurses either at home(if unable to travel), or MCH House or Medway Foundation Trust.
- Going to Medway Maritime Acute Hospital: A&E Department, open 24 hours a day seven days a week.

### **How was the proposed model of care developed?**

The proposed changes are the result of local discussions that began over three years ago to address some of the recognised challenges to delivering urgent and emergency care and to respond to recommendations published within the Keogh Review in November 2013. Medway CCG feel that leaving services as they are would not allow the CCG to deliver the quality of care that the Medway population deserves, nor would it provide Medway with the financial sustainability needed to deliver that care.

During 2014 and 2015 Medway CCG and Swale, Dartford, Gravesham and Swanley CCG conducted a programme of research and engagement to ascertain current experiences, research current usage and to gather patient and staff views and agree a set of principles for design. People said they wanted 24/7 access to a single point locally with senior level triage providing access to GPs as well as mental health care. They wanted integrated IT systems that supported collaborative and seamless working across primary, community, acute and social care providers to prevent duplication and to save patients and their families from having to find their way through what can be a very complicated system.

Activities included surveys, expert research into alternative models, analysis of patient flow, information from providers, a large stakeholder design event and a series of meetings of a patient engagement group and a clinical reference group focusing on six themes:

- To deliver a 24/7 high quality integrated and locally appropriate response to urgent care needs to reduce demand at A&E departments and prevent unnecessary acute hospital admissions.
- To deliver a health and social care coordinated response to preventing unnecessary acute hospital admissions and reducing demand at A&E whilst securing rapid high quality access to emergency care for those who need it.
- A local urgent care centre operated by a primary care led team is able to signpost people to more appropriate services, diagnose treat and discharge in a timely way or fast track individuals to emergency treatment within the hospital.
- Redesign of the front end of A&E with access to an integrated team to streamline patient flow away from the hospital.
- Reduced demand in A&E leading to improved waiting time performance and a better patient experience.

- Fewer conveyances to hospital with the implementation of a wider range of alternative pathways of care including the management of falls leading to a reduction in acute bed requirements.

### Proposed Service Model:

The delivery of Urgent Care Services nationally is based upon the requirements for developing integrated services, from online support, through to telephone based services (via NHS111) and to local face to face services. Providing more streamlined, responsive services for patients which aim to support patients with advice and, where required, direction to the most appropriate service for their immediate needs.

The development of online support (NHS111 online) is currently in pilot form nationally and local plans will be built upon learning from this work when available.

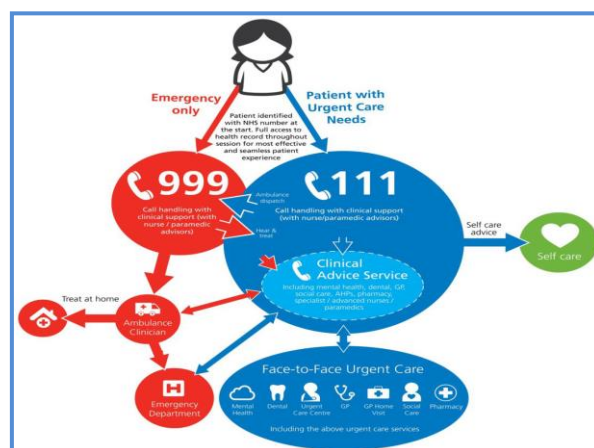
The local Integrated Urgent Care Redesign is therefore focussed on the provision of telephony (through NHS111) and face to face services (e.g. GP Out of Hours services). Telephony elements of the programme include the re-procurement of NHS 111 and the creation and procurement of an Integrated Advice and Clinical Assessment Service (ICAS) including GP Speak to services as per the Commissioning Standards of Integrated Urgent Care. The face to face element of the programme includes all access to unscheduled urgent care services in Medway, including the walk in centre and out of hours access to primary care.

It should be noted that this redesign work will not directly consider Ambulance services or those provided through the Emergency Department. However, integration and joint working with these will be part of the service development and implementation, to ensure best care for patients based on their immediate clinical need.

### Telephony

This core vision of a more integrated urgent care service builds upon the success of NHS 111 by simplifying access for patients and increasing the confidence that patients, local commissioners and NHS 111 have in their services. The creation of 'clinical hubs' also known as Integrated Clinical Advice Services (ICAS) will provide access for the public to a wide range of clinicians whilst also providing advice to health professionals in the community so that no decision has to be made in isolation.

Shown diagrammatically a functionally integrated urgent care service:



An integrated urgent care service, supported by an ICAS will assess the needs of people and advise on or access the most appropriate course of action including enabling self-care, speaking to a suitably qualified clinician over the telephone, onward referral to a service with the appropriate skills and resources to meet the presenting needs and dispatching ambulances to respond to emergency needs.

Under the Integrated Urgent Care Commissioning Guidance and the introduction of the new ICAS it is anticipated that up to 60% of all calls to NHS 111 could be transferred to a clinical hub. This is based on the inclusion of all calls dealt with by a 111 clinician, speak to GP dispositions, green ambulance assessment, A&E referral assessment, streaming of mental health, pharmacy and dental calls, complex calls/ refused dispositions and pre-determined plan calls, from patients over 80 years of age and under 5 years of age being transferred to the ICAS.

The service will be available via a 24/7 free to call number (111) that gives patients and the public easy and swift access to urgent care. Patients with complex problems requiring to speak to a clinician will be identified quickly and transferred to speak to the appropriate clinician.

The ICAS will include one or more of each of the following professionals; specialist or advanced paramedics, nurses with primary, community, paediatric and or urgent care experience, mental health professionals, prescribing pharmacists, dental professionals, senior doctors with appropriate primary care competencies. Additional clinicians may also be included depending on local need and wherever possible individuals working within the clinical hub should be based in that community and be familiar with local services and practices.

Key to the success of an integrated urgent care service is making best use of technology:

- Ensuring that care plans and appropriate patient records will be available at the point of access to ensure appropriate assessment of patient need. In addition, as a minimum the Summary Care Record will be available to all clinicians in the ICAS.
- NHS 111 and the ICAS will have the capability to make an electronic referral to the service that can best deal with the patients need as close to the patients location as possible and should book a face to face or telephone consultation directly with the relevant urgent or emergency service whenever it is appropriate.

Benefits of the development of the ICAS are expected to include:

1. More calls going to clinicians.
2. More warm transfers (patients directly transferred to a clinician instead of being called back) allowing more calls to be dealt with in a single call.
3. More direct appointment booking into services.
4. Less repetition of information by patients.
5. Improved patient outcomes.
6. More informed decisions through better access to health records.
7. More advice empowering home and self-care.

In order to deliver this vision locally, a joint approach is being undertaken across the North and West Kent CCGs (Medway, Swale, West Kent and Dartford, Gravesham and Swanley CCGs) to procure this service, building upon the commissioning arrangements for the current NHS111 service.

Given the development of NHS111 and Integrated Clinical Assessment Service represents an enhancement to the current NHS111 service and based upon advice from NHS England, Medway CCG will not be undertaking a specific public consultation on this element. However, views from all stakeholders on this service and learning from previous engagement events will be considered as part of the development of the service specification.

### **Face to face Urgent Care Centre**

Going forward, development of the local urgent care system sits in the context of further national guidance. In March 2017, criteria for ensuring that all Emergency Departments had a comprehensive 'streaming' process – where a patient is reviewed by a senior nurse on arrival to quickly ascertain the clinical input required and direct patients to the most appropriate clinician, which may include a GP, nurse or other healthcare professional. These processes are required to be implemented by September 2017, to support improving patient experience and outcome, making best use of available clinical resource and expertise based on need, as well as ensuring that 95% patients are treated within 4 hours. The work to bring together the existing services – Emergency Department, GP, mental health, minor injury - and provide this rapid review and streaming has commenced and will form the basis for the ongoing development of the proposed Urgent Care Centre.

The proposed Urgent Care Centre development also needs to be considered in the context of significant planned changes to GP services. By April 2019, CCGs are required to ensure that same day and bookable GP appointments will be available 7 days a week, from 8am to 8pm. Work is in progress to develop plans to deliver this, but may include joint working across practices, aiming to ensure improved access to GPs closer to people's home.

Based upon feedback received during the design and engagement process as well as review of best practice, the preferred model for the provision of local face to face urgent care services is an Urgent Care Centre co-located with the Emergency Department at Medway Maritime Hospital. This option will include the relocation of services currently provided by the Walk In Centre at Balmoral Gardens Healthy Living Centre to the Urgent Care Centre.

The proposed UCC will build upon services already available, with the benefit of:

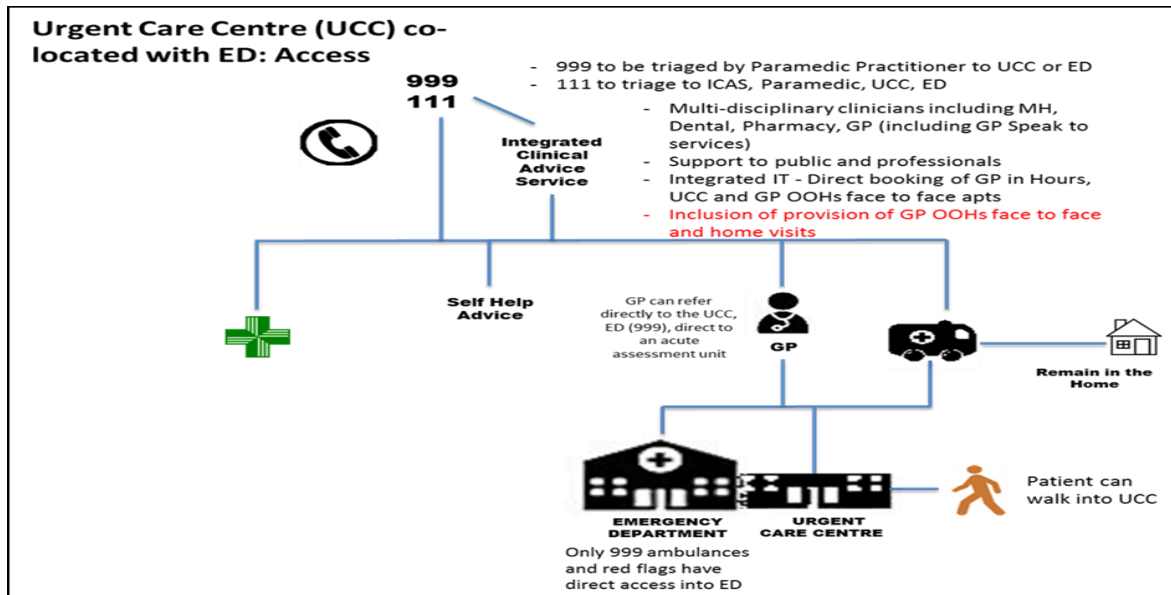
- Bringing services together in one location to support patients with multiple needs.
- Providing consistent streaming of patients from arrival in the department to the clinician most suitable for their immediate needs.
- Making better use of clinical staff and resources.
- Improving health outcomes, and experience, for patients.

The UCC will be open 24 hours a day, 7 days a week. It will be GP led and provide a single point of access to urgent and non-urgent care services. It will provide walk in and pre-bookable access to face to face appointments, including home visits, with a variety of clinicians offering self-care advice as well as access to treatments for both minor illness and minor injury. Co-location with the Emergency Department will enable patients presenting with serious or life threatening conditions to be swiftly transferred for immediate emergency care, as well as providing access to diagnostic tests for UCC patients if needed. The UCC will also include mental health and social care professionals to identify and address patients individual needs swiftly and

enable patients to return home as soon as clinically appropriate, with support where required.

An additional out of hours provision will be made available in the locality to accommodate patients needing to be seen outside of GPs normal working hours. This will be accessed via 111 and ICAS and accommodate booked appointments with no walk in facility.

The proposed Urgent Care Centre is as below:



## Public Consultation

As advised by the HASC, and in line with Medway CCGs statutory duties (outlined in the Health and Social Care Act 2012) in relation to public involvement and consultation when undertaking service change, a public consultation in relation to the development, and consolidation, of face to face urgent care services is being undertaken.

As emergency services within Medway are also used by residents of Swale, we are working with Swale CCG on a joint approach to consultation and engagement on urgent care developments across both Medway and Swale. This will ensure that Swale residents will have equal opportunity to comment on the proposed service Urgent Care Centre model.

The consultation will be undertaken from 3<sup>rd</sup> July 2017 to 22<sup>nd</sup> September 2017; and our plans are outlined within the Communication and Engagement Plan (Appendix 3).

In summary this consultation will include:

1. A dedicated area on the CCG's website, where all consultation information will be made available.
2. Creating links to the information on partner organisation's websites.
3. A public consultation document – draft version is included in Appendix 4 – which will be available on the website.
4. A summary document, with questionnaire, will be printed and distributed widely to capture people's feedback on the proposals.

5. Two public events held in key localities.

The CCG are also working with the community and voluntary sector through the Involving Medway partnership to make sure that the consultation is shared as widely as possible. This will include ensuring access and routes of engagement are identified for hard to reach communities.

As part of the ongoing development of the model and engagement, a questionnaire on the local urgent care system has also been shared with the Medway Citizens Forum, and this feedback will also be considered with consultation feedback.

In order to ensure that all staff within current services are apprised of the proposed model and are made aware of the public consultation, meetings are planned with relevant leads from Medway Community Healthcare (providers of Medway On Call Care), Medway NHS Foundation Trust and DMC Walk In Centre. In addition, discussions with local GPs will be taking place during June 2017. These meetings will also aim to gather feedback from staff and input into the consultation and development of the full business case.

In addition, learning from a trial of a walk in GP service working with the Emergency Department to provide support for patients with urgent minor illness which was implemented in February 2017, will be considered.

Following the consultation period and subsequent development of the Full Business Case, further feedback to HASC will be provided on the feedback received, and how this has supported development of the final clinical model. A full report on the consultation process and outcomes will be published by December 2017.