

Integrated Urgent Care Procurement update

This report aims to summarise the urgent care developments since the previous update in August 2017.

Following on from discussions with the HASC the CCG undertook a significant series of engagement events. These engagement activities consisted of public meetings in Medway and Swale, focus groups and workshops with community groups, as well as discussions with GPs at local care team meetings. The public and clinicians were invited to complete an online survey and a public engagement document was published and widely disseminated through the council, GP surgeries, the hospital and at other providers.

Overall, people agreed that something needed to be done to reduce pressure on A&E services in Medway, to simplify access to urgent care and there was support for a single point of access.

There was substantial agreement with the proposal to bring together health and social care services within a dedicated urgent care centre at Medway Maritime Hospital, with over two thirds of respondents to the public survey agreeing to some extent (68%) with the proposal for the new urgent care centre. However, some concerns were raised, and are being addressed through the ongoing programme development.

The most common concerns raised through the survey responses and recorded at events and meetings were:

- lack of parking at Medway Maritime Hospital – this was a key issue even for those who agreed with the proposal to create an urgent care centre
- Poor access, poor infrastructure and poor public transport
- Capacity – the hospital's ability to cope with additional services and patients
- Having trained, appropriate and capable staff as a first point of contact

Other issues raised throughout the engagement were:

- Recruitment and retention of GPs and other clinical staff
- Mental health provision within urgent care services
- Educating the public about urgent care provision

A copy of the full report is available on the CCG's website at

<http://www.medwayccg.nhs.uk/getting-involved/involvement-projects/urgent-care>

Following on from these engagement events the CCG continued with the implementation of the urgent care strategy both in terms of procurement and also service transformation to expand its primary care offering at MFT to support the

Trust in its ability to manage ongoing increased demand, in particular primary care patients, through winter of the 2017/18. In particular this development work aimed, and continues to seek to, address the availability of appropriate clinical staff through the consolidation of urgent care services at one site, providing greater resilience and clinical capacity, to provide care in a central location and to enhance the services currently provided to more adequately support people with mental health and social care needs.

Procurement process

Since the last report, the procurement of the 111/CAS service saw the addition of the East Kent CCGs to enable a provision of this service across the Kent and Medway STP. This wider footprint enables a cohesive approach to the provision of this service and mitigates the risk of creating silos which inevitably leads to competing workforce. The process for procurement of these services will commence in early 2019. In the interim period, the CCGs are working with the current providers to develop a local Clinical Assessment Service (providing GP led clinical support for patients calling 111) in order for the CCGs to meet the NHSE Urgent and Emergency Care requirements by 31 March 2019.

The main achievements for NHS111 will focus on:

- A diversification of clinical workforce, with a particular focus on mental health clinical provision to enable robust management of patients accessing services via 111 and preventing inappropriate attendances at A&E.
- Implementation of a clinical governance system led by the 111 providers and to include presence of Urgent Treatment Centres, GP Out of Hours Services (OOHs), mental health and social care attendance to provide a forum for providers to overcome challenges across the urgent care system and identify easy improvements.
- Continued development of access to enhanced patient records and improving the patient experience and journey.

Procurement of the Urgent Treatment Centre at Medway Hospital, and GP OOHs across Medway will commence in August 2018. Commissioners have identified a timeline with a go live date of 1 August 2019. This represents a slight extension to the originally proposed go live date of April 2019, but is based upon enabling a timeframe that ensures a strong mobilisation period, ensures that any provider is embedded well before winter and is included in the local preparations for winter. The mobilisation and implementation of this service will include a robust communication and engagement plan.

Continued local urgent care developments

While there will be an extended procurement timeline as outlined above, in order to realise the benefits of the Urgent Treatment Centre model at Medway Foundation

Trust as swiftly as possible for patients, the CCG went live with a new streaming model at the front of A&E on the 8 January 2018. This new process enables rapid identification of patients requiring the expertise of clinicians in the Emergency Department (ED) and ensures that only those patients requiring those services are referred to ED. All other patients are streamed to MedOCC (the current provider) who have appropriate clinicians to manage the clinical presentations of the remaining patients.

This initiative has supported the Trust through a very difficult winter in 2017/18.

To further develop this offering the Medway FT / Medway CCG has been offered £1million pounds of capital funds to develop the site at MFT for the Urgent Treatment Centre to develop a purpose built space which can provide a full scope of services at the front door and enables a holistic approach to provision of care. In addition to primary care, this includes the presence of:

- A mental health decision unit
- Drug and alcohol services
- Social care
- Frail elderly assessment unit
- Care navigation

This is an extremely exciting opportunity for the organisations involved, as well as local people, as it provides an opportunity to ensure that the people in Medway can readily access services and clinicians most appropriate for their need, 24 hours a day with the view to ensuring that “every contact counts” as all the providers in Medway are aware that patient’s needs are complex and are very much co-related to personal circumstance. This ethos very much fits with the wider Medway strategy of a multi-disciplinary approach to the provision of local care, through the Medway Model.

Part of this ongoing strategy has reviewed where urgent care activity in Medway is most focussed. In addition to the front door primary care work at Medway Hospital, MedOCC also provide GP OOHs, with patients accessing this service through NHS111. This is delivered via speaking to a GP on the phone, by booked appointments and home visiting. Most of the overnight work is focussed on home visiting or walk in attendances at Medway Foundation Trust. Patients offered face to face appointments usually choose to wait until the next morning where they are offered the choice of an appointment at Medway Hospital or MCH House.

In order for MedOCC to consolidate its workforce and make best use of the primary care clinicians available it has been proposed that MCH transfers the provision of base appointments from MCH house to the Urgent Treatment Centre at Medway Hospital in advance of the August 2019 go live. This will provide further resilience and enable MedOCC to balance the demand from NHS111 and walk-in activity at Medway Foundation Trust as the workforce will be co-located on one site. This

strategy is particularly crucial for the Medway system this winter as MedOCC provides an invaluable service that is key in supporting Medway Foundation Trust. The success of the current service is recognised nationally and the CCG wishes further build on this success for the winter of 2018/19 continuing to improve patient experience of local urgent care services.

The Committee is asked to note this update.