Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Outline Proposal to Review Urgent Care Services

Governing Body meeting

5 February 2015

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Is your report for Approval / Consideration / Noting

The report is for consideration and approval.

Are there any Resource Implications (including Financial, Staffing etc)?

This review will form the core of the Urgent Care portfolio's workload.

Additional funding will be required to ensure successful public and patient engagement.

Depending on discussions within the proposed governing body sub group additional funding may also be required to fund an 'external critical friend'.

Audit Requirement

CCG Objectives

This review and resulting recommendations will support all four of the CCG's core objectives.

Equality impact assessment

An Equality Impact Assessment will be undertaken as part of the review.

PPE Activity

A core element of the review will be to actively engage with patients, carers and the public with findings used to inform any future changes.

Recommendations
The Governing Body is asked to: • Support the proposal for a review of citywide urgent care services. • Comment on and support the underlying set of principles outlined. • Agree to a six month extension of the contract for the Walk in Centre services at Broad Lane. • Comment on the review process, project structure, governance and timescales proposed. • Receive an update paper at the May Governing Body meeting.

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1. Introduction

Demand and pressure on urgent care services continues to increase in Sheffield, in common with the national picture. Local services are not uniform which can make it difficult for patients to navigate to the most appropriate place of care, first time and there is some duplication in use of resources. Our urgent care system increasingly struggles to meet demand and deliver clinically effective and safe services, which provide the best patient experience. Current estimates, based on local audits, for Sheffield suggest that around 11% of adults and 40% of children presenting to Urgent Care services could be effectively managed in General Practice.

In order to address these issues it is proposed that a review of citywide urgent care services is undertaken via formal engagement with patients, public, clinicians and other key stakeholders including existing service providers. The review and engagement will seek to understand the outcomes required by local people when making use of urgent care services, test out a number of key principles which are outlined below and will seek to assess options for improvement within existing resources.

It should be noted that this work will be supported by and interface with our proposals around Active Care and Recovery which is part of the shared Health and Care commissioning programme and as such these two service design models must be mutually supportive and consistent to patients and service providers. We will ensure in our programme structure that sensible interplay between the two programmes is factored into our planning.

The outcome of this work will be reported to the Governing Body during 2015/16 and will present a number of potential options for future urgent care in Sheffield with the aim of ensuring sustainable, outcome focused and best value local services, informed by appropriate public engagement and consultation. Appendix B sets out a proposed timetable.

Finally, it is worth recognizing the potential for collaboration across other CCGs and communities even for our own local service changes. The national; urgent care guidance which will be released during the Summer of 2015 may require greater sub-regional scaling of services and this will need to be reflected in the programme and where necessary utilise “Working Together” commissioner and provider programmes to expedite this.

This paper sets out:

- the background,
- the proposed scope of the review,
- proposed underlying principles that underpin delivery of Urgent Care

- a summary of the proposed approach,
- timescales and supporting governance structures.

The paper concludes with a number of recommendations for Governing Body to consider.

2. Background

2.1 National Context: Five Year Forward View

In October 2014 NHS England published the Five Year Forward View, which sets out how the health service needs to change to respond to the demands now placed upon it. It argues for a more engaged relationship with patients, carers and citizens to promote wellbeing and prevent ill-health.

There is an intention to support redesign of Urgent and Emergency Care provision:

'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 services.'

Five year forward view executive summary October 2014.

Furthermore, the five year plan outlines some bold initiatives to enhance service delivery, including the concept of new care models:

1. **Multispecialty Providers** – large group practices that could deliver a wide range of services including urgent care outside hospital and local
2. **Integrated Primary and Secondary care services** with consultant provision locally
3. **Networked urgent and emergency care.**

Appendix A provides more detail from the Five Year Forward View

2.2 Key Local Issues:

In terms of local context, whilst the number of presentations of more serious type one accident and emergency (A&E) attendances has remained relatively static, there is evidence that the demand for urgent care treatment for more minor ailments and concerns continues to increase. In Sheffield, it is clear that a proportion of patients will always simply "turn up" at A&E for care.

Recent audits suggest that a sizeable proportion of these patients could be managed more effectively in General Practice and previously there have been several attempts to integrate the skills of a GP into A&E. These did not succeed for a number of reasons but a consistent theme has been insufficient volumes of patients to ensure long term sustainability.

3. Summary of Scope of Review:

It is proposed that in order to address key issues surrounding the fragmentation of current urgent care services, ensure alignment with the Five Year Forward View and ensure long term sustainability and viability, that all local urgent care services should be reviewed.

This will be through detailed discussions with stakeholders and patients and an options appraisal developed.

At this point it is considered that well developed and complementary primary care services are vital to ensuring the resilience and sustainability of urgent care services. The review will therefore assess the potential impact on primary care and link into the current local work surrounding the Prime Minister's Challenge which is looking to increase availability of primary care in evenings and weekends and also explore the potential for further developments.

It is anticipated that the review will establish any benefits and or dis-benefits of increased integration and co-location of services and clinical professions (physical or virtual).

The review will also consider key linkages both in and out of hours. Efforts will be made to identify comprehensively all relevant elements, including pharmacy, ambulance services, Active Recovery and the Better Care Fund.

As part of this review workforce will also be considered in terms of the supporting professions and how they can best be utilized across the local urgent care system.

For clarity, current services considered to be included within the scope of this review at this stage are adults and children's accident and emergency units, the Walk in Centre at Broad Lane, the GP Out of Hours collaborative and the Minor Injuries Unit and Eye Casualty Unit at the Royal Hallamshire Hospital.

The CCG is party to the regional 111 contract with YAS. This cannot be included within the scope of the review but the review must consider how local services should appropriately interface with the 111 service.

At this stage no transportation services are part of the scope of the review, although regional work to look at the long term service model for ambulance services will be informed by it.

The review will be set in the context of consideration of the Five Year Forward View for Sheffield, which as agreed at the last Governing Body meeting will be a joint engagement exercise with providers and social care.

3.1 Proposed principles underpinning future services:

Following discussion with clinicians in the CCG, it is proposed that in order to ensure that future service developments and supporting clinical pathways are sustainable, deliver best value and the outcomes sought by local people a number of key principles will be adopted as part of the review. It should be noted that these local principles are consistent with those set out in the recent NHS England urgent and emergency care review.

Proposed principles:

General:	• Support the local delivery of the NHS Constitution • Reflect the outcomes needed by local people
Location:	• Accessible • Convenient • Close to or in the home
Pathways & Configuration:	• Well signposted & safe • Easy to navigate • Seamless integration & transportation between services & providers • Shared ownership primary/acute & health/social/voluntary
Contacting Services:	• Promotion of initial care in community • Single point of contact 24/7
Service Provision:	• Evidence based and safe • Rapid access to senior decision maker • Clear self-care information via number of modalities – web, phone etc. • Consistent citywide offer • Real time information available shared by all providers • Appropriate care provided by appropriate professional in appropriate location
Resilience & Continuity:	• Able to meet fluctuations in demand • Supports professional training and development
Financial:	• Cost effective and financially sustainable

The review will start with testing the principles proposed and agree a final set of principles to underpin the development of options to be evaluated.

3.2 Views of patients and other key stakeholders:

The importance of gathering the views of patients, public, service providers and other key stakeholders cannot be underestimated. Also, considering the level of public interest in urgent care services there is a need to ensure clear support from the public and clinicians for the proposals that will come from this review. In order to ensure that this review and resulting proposals are fully informed by local views a full engagement and communication plan will be developed. At this stage, it is expected that this will follow a similar model to the recent successful work undertaken in musculoskeletal services and link closely with the 'involve me' network. It is possible, depending on the proposals arising, that a further formal period of consultation will also be required. Proposed timescales for this are outlined in **Appendix B**.

4. Project Structure and Governance

A formal project management approach will be followed in order to ensure that key timescales are met and provide assure Governing Body that a robust and comprehensive engagement and analysis has been undertaken.

Considering the likelihood of external scrutiny, the importance and high profile of local services it is important that the review and engagement processes is led by Executive and Clinical Governing Body level members of the CCG.

It is therefore suggested that that a sub group of Governing Body support this area of work. At this stage it is envisioned that this would be a small core group co-chaired by a lay member and an executive director, supported by the urgent care management and clinical leads with additional elements from the CCG in attendance as required (quality, contracting, finance etc.). It is hoped that Healthwatch will be able to also attend this group in order to provide the patient voice and continue their highly valued role as 'critical friend'.

At this stage there is clearly no requirement for external consultancy support. However, building on the learning from the successful recent MSK work support from an external critical friend was invaluable in providing the patient voice from an external and national perspective which complimented the support provided by Healthwatch and so seeking similar input may be something that the sub group may also wish to consider.

4.1 Timescales

A high level project plan is outlined in **Appendix B** and it outlines the two key phases of work.

The first phase will ensure sufficient time for horizon scanning of other health economies, robust analysis of current services, collection of current patient views and feedback (compliments and complaints, patient opinion etc.), a set of proposed options based on the evidence and the development of a comprehensive communication and engagement plan.

The second phase ensures a sufficient length of time for a rigorous and comprehensive engagement to take place around the options and meets any external requirements should a formal consultation be considered necessary. The timing of this second phase is also cognizant of the upcoming general election and purdah requirements and is also

planned to conclude in time to dovetail with the development of commissioning intentions for 2016/17 and the timetable for contract discussions.

It should be noted that the Walk in Centre (WIC) contract expires on the 31st of March 2016. This contract was awarded as a result of a competitive procurement. Whilst ideally we would wish to be in position to notify the provider of our future commissioning intentions by 31 March 2015 the proposed timescales for the engagement will make this virtually impossible. Therefore, in order to give appropriate lead time to any change in service arrangements it is proposed that the provider be offered a six month extension to their existing contract to the 30th of September 2016 to enable service continuity whilst any recommendations are developed.

5. Recommendations

The Governing Body is asked to:

- Support the proposal for a review of citywide urgent care services.
- Comment on and support the underlying set of principles outlined.
- Agree to a six month extension of the contract for the Walk in Centre services at Broad Lane.
- Comment on the review process, project structure, governance and timescales proposed.
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Paper prepared by Alastair Mew, Senior Commissioning Manager, and Dr StJohn Livesey, Clinical Lead for the Urgent Care Portfolio

On Behalf of Dr Zak McMurray, Clinical Director

January 2015

Appendix A

NHS Five Year Forward View: October 2014

Page 21: New care model - urgent and emergency care networks

The care that people receive in England's Emergency Departments is, and will remain, one of the yardsticks by which the NHS as a whole will be judged. Although both quality and access have improved markedly over the years, the mounting pressures on these hospital departments illustrate the need to transition to a more sustainable model of care.

More and more people are using A&E – with 22 million visits a year. Compared to five years ago, the NHS in England handles around 3,500 extra attendances every single day, and in many places, A&E is running at full stretch. However, the 185 hospital emergency departments in England are only a part of the urgent and emergency care system. The NHS responds to more than 100 million urgent calls or visits every year.

Over the next five years, the NHS will do far better at organising and simplifying the system.

This will mean:

- Helping patients gets the right care, at the right time, in the right place, making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacies, as well as the 379 urgent care centres throughout the country. This will partly be achieved by evening and weekend access to GPs or nurses working from community bases equipped to provide a much greater range of tests and treatments; ambulance services empowered to make more decisions, treating patients and making referrals in a more flexible way; and far greater use of pharmacists.

- Developing networks of linked hospitals that ensure patients with the most serious needs get to specialist emergency centres - drawing on the success of major trauma centres, which have saved 30% more of the lives of the worst injured.

- Ensuring that hospital patients have access to seven day services where this makes a clinical difference to outcomes.

- Proper funding and integration of mental health crisis services, including liaison psychiatry.

- A strengthened clinical triage and advice service that links the system together and helps patients navigate it successfully.

- New ways of measuring the quality of the urgent and emergency services; new funding arrangements; and new responses to the workforce requirements that will make these new networks possible.

Appendix B High Level Project Plan and Timescales:

Key Task	Feb. 2015	Mar. 2015	Apr. 2015	May. 2015	Jun. 2015	Jul. 2015	Aug. 2015	Sept. 2015	Oct. 2015
Phase 1: Paper to GB for approval (public session)	☆								
Workstream 1: Undertake baseline analysis of local services (via data analysis and conversations with providers)	→	→	→						
Workstream 2: Undertake horizon scanning of urgent care services in other health economies	→	→	→						
Workstream 3: Stakeholder mapping and develop communications and engagement strategy/plan	→	→	→						
Sign off of communications and engagement strategy, revised principles and proposed options supported by the evidence for consultation by CCG Governing Body				☆					
Phase 2: Undertake formal communications and engagement with patients, public and key stakeholders including providers				→	→	→	→		
CCG GB sub group oversight meetings		☆	☆	☆	☆	☆	☆		
Final recommendations to CCG GB sub group								☆	
Options paper with recommendations to CCG GB									☆