Report to Kent Health Overview and Scrutiny Committee

Kent and Medway Integrated Urgent Care Service programme

Written briefing for the meeting on 26 January 2018

From Adam Wickings, Chief Operating Officer, West Kent CCG, on behalf of all Kent and Medway CCGs

Background

The Kent Health Overview and Scrutiny Committee (HOSC) received a number of reports about various aspects of integrated urgent care during 2017 and asked for an update in January 2018.

The previous reports included the 'Case for Change' from NHS Swale CCG and NHS Dartford Gravesham and Swanley CCGs about their urgent care programme in July 2017. This included the local face-to-face urgent treatment services and the telephony (NHS 111 and clinical assessment service).

NHS West Kent CCG described their urgent care services in their report in September. The east Kent CCGs joined into the programme for the telephony services and this was verbally reported to the September HOSC meeting and included within the report on East Kent OOH and NHS 111 in November HOSC.

The CCGs are jointly procuring an integrated urgent care service (IUCS) in line with the national specification. A considerable amount of engagement with the public about the planning for an IUCS has been taken in local health economies across Kent and Medway: a report of this can be provided on request.

This briefing is to update members on the IUCS across Kent and Medway.

Service overview

The IUCS combines access to urgent care via telephone through NHS 111, and ultimately through on line access. It will include a clinical assessment service (CAS) with a range of clinicians – including GPs, nurses and pharmacists.

Alongside the telephony element are the face-to-face urgent treatment services to provide out of hours primary care, walk in and minor injuries services as previously described by the CCGs.

There will be joint clinical governance arrangements across the services and an active collaboration with the developing GP cluster/federations and the more specialist providers such as mental health.

The service overall will cover all nine elements of the national IUCS specification:
https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf

The face-to-face element will also meet the national Urgent Treatment Centre specification:

https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf

Procurement process

The CCGs are working together to procure the service. A programme board has been established, including clinical leads, CCG executive leads and Healthwatch colleagues. This board is steering the procurement programme, with the decision making remaining with individual CCG governing bodies.

The intention is to procure the telephony (111 and CAS) across the whole of Kent and Medway as one lot.

The north Kent CCGs and Medway will also be procuring their face-to-face services, as described in the case for change last July, jointly with Medway CCG as Lot 2 within the same procurement. East and west Kent CCGs are not procuring the face-to-face services as they already have providers within contract.

<table>
<tr><td>Telephony Services</td><td colspan="3"><u>LOT 1</u>

<u>KENT & MEDWAY CCGs:</u>
NHS 111 / ICAS – Commencing 1 April 2019</td></tr>
<tr><td></td><td colspan="3"></td></tr>
<tr><td rowspan="5">Face-to-Face Services</td><td colspan="3"><u>LOT 2</u>
<u>KENT & MEDWAY CCGs:</u></td></tr>
<tr><td><u>DGS CCG:</u></td><td><u>SWALE CCG:</u></td><td><u>MEDWAY CCG:</u></td></tr>
<tr><td>Urgent Treatment Centre at Gravesham Community Hospital</td><td>Two Urgent Treatment Centres (+ mobile facility) at Sheppey Memorial Hospital and Sheppey Community Hospital</td><td>Urgent Treatment Centre at MFT</td></tr>
<tr><td colspan="3">GP-led-out-of-hours (base site and home visits)</td></tr>
<tr><td colspan="2">Phased mobilisation:
GP-led OOH – 1 April 2019
UTC – 1 July 2019</td><td>Commencing
1 April 2019</td></tr>
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Existing contracts for the relevant services are coming to an end in March 2019 and therefore the procurement is on a timeline to start the redesigned services by 1 April 2019, with a phased implementation for the urgent treatment centres in Dartford, Gravesham and Swanley and in Swale.

Benefits of the integrated service model:

The IUCS will simplify the system for patients. It will provide greater access to clinical advice, will allow direct booking for face-to-face appointments where required – in urgent treatment centre or with out of hours GPs and will reduce the duplication and transfers between different parts of the system.

The combination of procuring a telephony provider (including clinical assessment) across the whole area, and having the local face-to-face services embedded within each community are significant:

- Economy of scale for telephony & CAS
- Local integration for face-to-face services – front door of Emergency Departments (where possible), linking GP out of hours services and Urgent Treatment Centres, enabling booked and walk in urgent care

- Able to work closely with developing primary care organisations
- Collaboration between providers through integrated governance
- Opportunities for formal provider partnerships and/or bids for several lots.

There are challenges, not least the workforce and digital infrastructure to support the model. The potential providers will be asked to provide innovative solutions to the challenges and to demonstrate how they will respond to local needs.

Timescale and next steps

The specifications for the two lots have been developed over recent months with a wide range of engagement on the model with clinicians, local providers, patients and public. The specifications follow closely the national requirements for integrated urgent care and for Urgent Treatment Centres with the emphasis on relationships and collaboration between the different parts of the system. The CCGs are currently working through the approval process with the intention of initiating the procurement process in mid-February 2017.

The expectation is for evaluation of the providers and approval of preferred bidders by August to allow for almost eight months of mobilisation prior to going live April 2019.

Healthwatch, clinicians and the relevant specialists are working with the commissioners on the evaluation criteria and participating in the evaluation process.

One the preferred bidder is identified and the contract awarded, a detailed mobilisation plan will be agreed and implemented, working with a wide range of partners in the system.