

# Swale Urgent Care Review

## Programme Update

**Report prepared for:** Kent County Council [KCC]  
Health Overview and Scrutiny Committee [HOSC]  
25 January 2019

**Reported by:** Gerrie Adler, Director of Strategic Transformation representing  
Dartford, Gravesham and Swanley, and Swale CCGs

Shelley Whittaker, Head of Communications and Engagement,  
Dartford, Gravesham and Swanley, and Swale CCGs

## **1. Introduction**

This paper provides the Kent Health Overview and Scrutiny Committee with an update on the Swale Clinical Commissioning Group's (Swale CCG) urgent care review programme.

## **2. Background**

The case for change, along with the proposed clinical model of care, was last presented to the Committee in July 2017.

The potential urgent and emergency care model options presented at that time were based upon a review and consideration of national requirements, feedback gained from engagement events held with GPs, a 'whole system' event that took place in November 2016 and two listening events held with the public in both Sittingbourne and Sheppey localities in February 2017, as well as resource and financial considerations.

The model options included the re-procurement of NHS 111 services, supported by an enhanced Integrated Clinical Advice Service with improved system interoperability, and the re-procurement of GP out-of-hours services.

For face-to-face services, the model maintained urgent care walk-in services at both Sittingbourne Memorial and Sheppey Community Hospitals (including GP out-of-hours base sites and home visiting service). The proposed model consisted of the same/similar services improved through integration but did not represent a significant variation to current services. Patients wanted to be able to continue to access the same types of services in the same place as they currently do, but with services improved through greater integration between services on each site (e.g. Minor Injuries Unit and Walk-in Centre style services), and between services across the two community hospital sites. The mobile Walk-in Centre was included in the proposed model. Benefits were expected to come from a single provider model with improvements to patient experience and care navigation. The risk that services may well be more expensive to commission was recognised at the time.

The Committee supported the CCG's case for change, and the CCG's assertion that the changes to the Swale urgent care model did not involve a change to the way in which patients access services, and therefore were not a substantial variation.

No period of formal public consultation was required, however Swale CCG carried out further engagement activities over July and August 2017 with a range of key stakeholders (including current providers), and with the public, which included co-design of the service specification.

As a result of close partnership working across all Kent and Medway CCGs, the services outlined within the case for change formed part of a single procurement endeavour for 'Integrated Urgent Care Services (IUCS)' which went to market in late February 2018. The procurement structure consisted of two lots:

- Lot 1: telephony services (i.e. NHS111 and Integrated Clinical Advice Service) across eight Kent and Medway CCGs, and
- Lot 2: four urgent treatment centres and GP out-of-hours services across the three North Kent and Medway CCGs.

The CCG specific service specifications were combined, with the core elements required of all services in line with national guidance forming the main part of the document, but with local CCG customisation to ensure feedback from the engagement process was represented.

A decision to discontinue the Integrated Urgent Care Services procurement process was taken in April 2018, by all Kent & Medway CCGs, following a concern that the process to date would not adequately demonstrate value for money, and could not result in a contract award across all of the services for which suppliers were sought.

Following the decision to discontinue the IUCS procurement in April 2018, careful consideration was given to the way in which services might best be procured in future, not only to demonstrate value for money, but also to meet the demands, and address the opportunities, arising from the changing healthcare landscape as a result of strategic developments created by the Sustainability and Transformation Partnership (STP) working and other CCG accomplishments over that year.

Plans were amended in the following ways:

- IUCS telephony services (i.e. NHS111 and Integrated Urgent Care Services) timeline was extended by 12 months to ensure an effective mobilisation period for any new provider, and to allow NHS England Integrated Urgent Care Services standards to be met in the interim period. Kent and Sussex CCGs have agreed a combined approach to the procurement of future IUCS telephony services, and procurement for these new services will begin in early 2019.
- For face-to-face services in DGS CCG, the procurement was paused for between 12 – 24 months to allow the CCG sufficient time to further explore the potential of siting the urgent treatment centre on the front door of the Darent Valley Hospital site, which would be more in line with national strategy.

- The face-to-face services for Swale and Medway CCGs that had featured in Lot 2, were decoupled from the IUCS procurement and a separate procurement exercise was carried out for these services alone.

### **3. Swale and Medway CCG – Procurement of face-to-face services**

The services tendered as part of the Swale and Medway CCG procurement exercise were as follows:

- Swale CCG: Two Urgent Treatment Centres (UTCs) each open 12 hours per day, one on each community hospital site (Sittingbourne Memorial and Sheppey Community Hospitals), supported by a mobile service, and with GP OOH services (including base site(s) and home visits).
- Medway CCG: One 24 hour UTC located at NHS Medway Foundation Trust providing all requirements of a UTC including direct booking from 111/CAS with the addition of receiving patients from the ED at Medway Foundation Trust via a locally developed streaming model. The model also required the provision of co-locating GP OOH services at this site (including base site(s) and home visits).

The procurement was discontinued in November 2018 without making any award, on the grounds that the published service specification was proven, through the procurement process, to be unaffordable. Existing providers of urgent care services will continue to provide services until a full service specification review is completed, and decisions made regarding future services are implemented.

It is recognised that the latest developments may well require formal public consultation.

### **4. Service Specification Review**

The case for change, presented to the Committee in July 2017, remains the same, but the CCG has approached the market and found that the range of services requested was unaffordable; as a result, a full service specification review is required.

This review is in the early stages and no findings can yet be shared, however, the range of services, and the siting of those services will need to be explored, and any areas of potential duplication, or waste identified so that the services procured address the needs of the local Swale population but are also sustainable and affordable.

Benefits of this later stage review are that (i) the impact of improvements in primary and local care services such as GP extended access for example can be considered, as well as (ii) allowing an extended review of patient flows across Medway and Swale based on the extended running of the Urgent Treatment Centre at Medway Maritime Hospital, and finally (iii) the workforce model across Medway and Swale can be similarly considered.

## **5. Communications and Engagement**

If the service specification review identifies options that are considered to represent a significant variation, the CCG recognises that a full public consultation may be required.

Healthwatch Kent has been notified and the CCG is developing a communications and engagement plan to ensure all key stakeholders and the public are aware of progress towards a final model.

## **6. Indicative Timeline and Next Steps**

The timeline will be dependent upon the need for formal public consultation, but any timeline identified will adhere to the period of purdah relating to the district councils holding whole council elections in May 2019.

The CCG would like to update the Committee again on progress in March 2019.