

NHS Canterbury and Coastal Clinical Commissioning Group

Health Overview and Scrutiny Committee

29 November 2013

**HOSC update on the outcome of the procurement process for
Faversham Minor Injuries Unit and the development of
the urgent care and long term conditions strategy**

Background

- 1.1 In January 2013 a review of Minor Injuries Units undertaken by NHS Eastern and Coastal Kent highlighted numerous differences between the Minor Injuries Units operating within east Kent. These differences included variation in service specifications, opening times, contract terms, access to x-ray, the datasets used by providers to capture activity and the processes to measure patients' experience of using these services. These differences are indicative of the fact that the Minor Injuries Units in east Kent were commissioned by different organisations at different times.
- 1.2 The review highlighted that Faversham Minor Injuries Unit had no x-ray facilities, (compare to all the other Minor Injuries Units in east Kent which had x-ray facilities available between 40%-100% of opening times), included an unusual additional service (a *Treatment Room Service* - an *Enhanced Service* normally provided by General Practice but which was incorporated into the minor injuries service as one of the General Practices within Faversham Health Centre declined to offer this service), and was paid on a *Block Contract* in excess of the applicable national tariff.
- 2.0 In April 2013 NHS Canterbury and Coastal Clinical Commissioning Group (CCG) replaced NHS Eastern and Coastal Kent as the statutory body for commissioning specified healthcare services for its local population.
- 2.1 The CCGs Strategic framework aim is to provide viable alternative pathways to hospital admission for patients and better access to local treatment. This will improve treatment outcomes for patients, reduce pressure on local Hospitals and provide local care in the community for patients. There are a number of projects that have been brought together to make a strategic fit in terms of providing rapid access to urgent care.
- 2.2 The Urgent Care / Long Term Conditions Strategy for 2013/14 was devised against complex population and geographical challenges that impact on urgent care service providers:

- National context: - Urgent Care services have seen a demonstrable increase in demand in the past 12 months. Across the south of England, acute providers identified a noticeable shift towards activity presentations later in the day and out of hours. It has been identified that there are several reasons for the national increase in pressure in the NHS, including “a confusing and inconsistent array of services outside of hospital and high public trust in the A&E brand” . *Sir Bruce Keogh (Medical Director, NHS England, 2013)*
- Local context: - East Kent Hospitals University Foundation Trust has highlighted the change in attendance patterns to the East Kent Integrated Urgent Care board throughout 2013. East Kent CCGs have successfully implemented a number of local schemes to reducing unnecessary re-attendances. Indications are that these initiatives have helped to reverse the national trend of significantly increased attendances to A&E.

2.3 The strategic goal of the CCG is to develop the integration of Urgent Care and Long term conditions strategies to improve local services to provide better options for patients to access care in their local community. Key deliverables are:

- Providing more care in patients’ homes
- Reducing unnecessary attendances to hospital
- Reducing unnecessary hospital admissions

2.4 In it’s Commissioning Intentions for 2013-14 the CCG committed to commissioning Minor Injuries Units to a consistent specification, including x-ray facilities, and in line with the national tariff (£58 per attendance for non-24 hour Minor Injuries Units).

2.7 A number of local initiatives have been introduced in east Kent to underpin these changes:

- Professional standards for urgent care – GPs within the Canterbury and Coastal CCG believe that minor illness is better seen and treated within a primary care setting. To enable this, the CCG has subscribed to professional standards, allowing patients to be seen on the same day or next day following an initial telephone triage.
- Support for ambulance services – dedicated professional lines have been established. These enable paramedics to seek advice before deciding to convey a patient.
- Neighbourhood care teams – provide social and community care in are in place locally. These provide outreach services within the community to support patients with long term conditions, providing a community service to ensure that they retain independence.

2.0As part of the CCG strategy a new minor injuries service specification was designed for all MIUs in east Kent. This was put to tender in Faversham as part of an exercise aimed at standardising the minor injuries units across the region to give patients more certainty around the services they can expect. The specification stated that the service:

- had to be within the ME13 8 postcode
- had to include x-ray facilities

- had to re-direct patients with minor illnesses to primary care (this service is already funded by NHS England)
- would be paid the national tariff of £58 per attendance for patients presenting with minor injuries and a £10 local tariff to assess and re-direct patients with minor illnesses to primary care.

2.1 The tender process included staff from the CCG meeting with Faversham town patient and clinical representatives. The objective was to review the specification, making potential bidders aware of an offer from the Friends of the Faversham Cottage Hospital and Community Health Centres to fund the purchase of an x-ray machine (subject to agreement).

2.2 A patient representative was included on the tender panel and bidder interview. Bidder interviews were used to make patients aware of the numbers of Faversham patients that attended other Minor Injuries Units, providing a breakdown of potential demand for Faversham Minor Injuries Unit and highlighting that there was a 12% increase in attendances since period reviewed at part of the review referenced in 1.0.

Progress

3.0 The tender process resulted in nineteen expressions of interest. Eight organisations attended the bidder event. Following this, one bid was submitted. The sole bid proposed transporting patients requiring an x-ray to another location and payment under a block contract arrangement. As the bid did not meet the CCG's specification or financial criteria, the CCG determined that they could not support the award of the contract and regrettably that the Minor Injuries Unit in Faversham would close.

Next Steps

4.0 The CCG has reached an agreement with the current provider to continue the current service until the end of March 2014 to allow patients time to adjust, and for the CCG to make them aware of suitable alternatives. Those who, in the past, used the minor injuries service for treatment of minor illnesses will be able to access such care locally through their own General Practice. It is also the intention of the CCG to have alternative arrangements in place by this date for patients who currently use the *Treatment Room Service* at the Minor Injuries Unit.

5.0 Faversham patients requiring a minor injuries service after March 2014 will be able to attend the Minor Injuries Units at Sittingbourne Memorial Hospital and Estuary View, Whitstable as well as the Emergency Care Centre at the Kent and Canterbury Hospital. There is overlap between the services a minor injuries service can provide and those available at GP practices and pharmacies. Pharmacists can also provide health advice and guidance on common illnesses such as colds, flu, vomiting, and diarrhoea. In addition, all 22 GP practices across the Canterbury, Faversham, Herne Bay, Whitstable, Sandwich and Ash areas are signed up to the 'Professional Standards for Urgent Care'. This means that patients requiring urgent attention should always be offered the most appropriate type of appointment with a doctor or nurse, either face-to-face, over the phone or at home.

6.0A number of comments in the media have linked the impending closure of Faversham Minor Injuries Unit with concerns regarding the future of Faversham Cottage Hospital. Whilst the CCG can understand the concerns of Faversham patients it wishes to make it clear that neither the Hospital nor other services provided at the hospital are affected by the closure of the Minor Injuries Unit. To put this into the context of the wider hospital, the Minor Injuries Unit utilises has a footprint of 33.45m² (46.54m² if you include its allocated share of communal areas) which accounts for 1.57% of the Hospital and Health Centre floor space and 3.2% of the Hospital-only floor space.

7.0Members are also advised that the CCG is in discussion with its Patient Reference Group, local GPs, people and organisations, including trustees of The Friends of the Faversham Cottage Hospital and Community Health Centre, the MP, Faversham Town Council and Swale Borough Council to hear their concerns and discuss what is being done to lessen the potential impact of the service closing in March 2014.

Next steps in urgent care

8.0A number of initiatives are planned across Canterbury and Coastal CCG. The current schemes that will be introduced this year (13/14) are:

- Community Geriatricians – This service provides a Care of The Elderly Consultant working within the local community area to support frail patients who are at risk of falling. This is currently being developed in partnership with EKHUFT. This service provides geriatric support to patients within the local community under a shared care service plan.
- Streamlining discharge processes to improve Care Home and Residential Home discharge pathways to hospital at weekends.
- Primary Care Hubs in A&E – These are currently in place in William Harvey Hospital and Kent and Canterbury Hospital. These provide primary care expertise to support patients arriving in A&E with primary care sensitive conditions. It is planned that these will be introduced at QEQM from December.
- New approach to health economy systems pressure management. Providers use data analysis to forecasting local pressure hotspots and plan to mitigate service pressure.

9.0Projects for delivery next year:

- Integrated Urgent Care Centres: – It is the CCG's intention to commission integrated teams across urgent care to provide a more seamless service for patients. These will be centred within the A&E and local community. The teams will improve emergency services responsiveness across the local health economy. The aim is to produce a hub that can rapidly deploy resources to support patients in their own homes and ensure that delays within acute care are minimised.
- Review and enhancement of the GP out of hours contract: – this will provide a comprehensive review of the out of hours service to provide a seamless 24/7 service, integrating with multiple providers to enhance support offered to Care/residential homes and local resident with minor illness/primary care conditions out of hours. It will improve service responsiveness and reduce delays to provide better outcomes for patients.

- Investment and development in ambulatory care – this will ensure that patients are seen and treated in an effective local environment. We expect this will improve the quality of care and patient experience.

10.0 Members of the Health Overview and Scrutiny Committee are asked to note and comment on the contents of this briefing paper.