

Meeting: Health Overview and Scrutiny Committee

Date of Meeting: 11 April 2014

Subject: Briefing Paper: Out-of-hours procurement

Action Required: This paper is for information

Purpose: To update the Health Overview and Scrutiny Committee on the pending procurement of east Kent's out-of-hours (OOH) GP service as part of the urgent care programme

1.0 Background

- 1.1** East Kent Hospitals University Foundation Trust (EKHUFT) has struggled to keep the number of patients seen and treated in A&E in under 4 hours above 95 per cent in quarters 3 and 4 during 2013/2014. An analysis of attendances to the accident and emergency department has highlighted a high proportion of patients are choosing to go to A&E for a range of conditions that would benefit from primary care interventions such as their GP surgery. Attendance profiles suggest that these attendances peak towards evenings and weekends.
- 1.2** Local analysis has highlighted of up to 40 per cent of attendances to A&E are patients presenting with conditions that could be seen and treated by GPs in their local area.
- 1.3** National studies undertaken by the Department of Health and NHS England have identified that urgent care services currently represent “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)*.
- 1.4** A recent analysis of referral patterns with the 111 service has highlighted an increase in 999 calls where operators have referred patients to 999 directly rather than accessing local services.
- 1.5** A strategic goal of the East Kent's CCGs is to develop the integration of urgent care and long-term conditions strategies. This is intended to improve local services by providing better options for patients to access local care. The wider objectives of this programme are:
- Modernising and integrating services to wrap around patients' needs within their local community
 - Reducing unnecessary attendances to hospital
 - Promoting greater independence within the community

- A progressive approach to long-term conditions management within the CCGs
- Structured local initiatives for improving access to primary care and providing more care in patients' homes
- Successful hear and treat strategy within South East Coast Ambulance Service (SECAMB).

1.6 Neighbourhood Care Teams (NCTs) have been successfully implemented to provide social and community care locally. These currently provide:

- Outreach services in the community to support patients with long-term conditions
- A community service to ensure that patients retain independence.
- In-reach services to the acute site to support with navigation.
- Signposting to local community services.

1.7 CCGs are keen to develop their NCTs to provide a wider range of response services and access for patients.

1.8 In June 2013, local health economy providers came together to identify bottlenecks in the urgent care system. It was identified that common causes of delays in urgent care could be resolved.

2.0 Next steps in urgent care

2.1 A programme of work has been developed across east Kent. This will review and modernise the approach to urgent care provision and will have a greater focus on integration and local accessibility. Schemes to be developed include:

- Community geriatricians – providing a care of the elderly consultant working in the local community area to support frail patients who are at risk of falling 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 – providing primary care expertise to support patients arriving in A&E with primary care sensitive conditions. These are already in place within William Harvey Hospital (WHH) and the Kent and Canterbury Hospital (KCH). Plans around a primary care integrated model are currently being developed at Queen Elizabeth the Queen Mother (QEQM). This will be developed within the financial year.
- A new approach to health economy systems pressure management. Providers will use data analysis to forecast local hotspots and plan to mitigate service pressures.
- Integration of services in the community.

2.2 Projects for delivery over the next year:

- Review and enhancement of the GP OOH contract: This will provide a comprehensive review of the OOH 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.
- Integrated urgent care – east Kent CCGs are developing plans to integrate care providers across east Kent. This will provide a suite of multi-disciplinary services which will wrap around patients when they present to hospital to help them to access out of hospital care with minimal delays.
- Investment and development in new pathways of medicine to help patients to be seen, treated and discharged back home with an effective community support package on the same day.

3.0 Out-of-Hours

- 3.1** The current east Kent OOH contract operates between 18:30 – 08:00 hours across four CCGs; NHS Ashford, NHS Canterbury and Coastal, NHS Thanet and NHS South Kent Coast. This provides non-emergency primary care to patients either over the phone, at a contractually agreed base or in a patient's home. This contract is due to come to an end on 31 March 2015.
- 3.2** With the introduction of 111 in July 2013, it was recognised that advice and guidance would decrease and the current contract was amended accordingly. However, during recent data analysis, it has become evident that the current OOH service is underutilised. Local factors have influenced emergency demand, including:
- Fragmentation between 111 and the OOH provider
 - Fragmentation between OOH and A&E
 - Ease of access to timely care within the local A&E environment.
- 3.3** An OOH working group has been created to look at current issues, key deliverables and to support the design of a service specification to procure a new OOH service. The group recognises that:
- A clear pathway that includes all services from 111 through OOH, primary care and A&E needs to be developed. The general aims of this pathway will be to reduce A&E activity and increase the number of calls being directed to primary care OOH first time and the number of patients seen in their local community.
 - Caps on referrals need to be removed in order to improve productivity.
 - The existing OOH service needs to be urgently reviewed to maximise value and optimise its use, including 111 interface and productivity.

3.4 The work undertaken by this group will agree a specification which will inform a procurement aimed at integrating services to maximise efficiency and improve patient experience across east Kent.

3.5 To support the evaluation of tenders following procurement, the evaluation panel will include of impartial clinicians, operational staff and patient representatives.

4.0 Progress of the OOH procurement

4.1 A working group including clinical leads and CCG support staff and lay representatives from all four CCGs has been initiated to support the development of key principles and to draft a delivery model for the east Kent OOH service. So far outputs from the group have been:

- Development of a service model's supported by key principles
- To identify the right models to support each CCG, both in terms of commissioning approach and options for service
- Options will be developed to provide high level service principles and scope for local variation to best support the local requirements within each Clinical Commissioning group.

4.2 An action plan has been put in place to present these options to each CCG to ensure that the program delivers their plans as a key element of developing out of hospital care with 8am to 8pm delivery.

4.3 CCGs are currently considering options to align the procurement of the OOH service to coincide with the 111 procurement in 2016. This will integrate our key services for primary care response out of hours. This approach has been recognised nationally as best practice as referrals from 111 to A&E are higher with a fragmented service.

4.4 The public engagement team will be supporting the process and liaising with local patient groups to inform the design of the service model.

5.0 Next steps with the OOH procurement

5.1 A contract variation with the current provider is being sought with the OOH service whilst procurement options are agreed.

5.2 The OOH working group will explore co-locating within A&E and Minor Injury Units to:

- Enable faster handover of patients
- Encourage more throughput
- Generate greater economies of scale for the CCGs alongside the operational interdependencies of OOH and 111
- Better integrate key services.

5.3 Key performance indicators and service measures will be explored to support each CCG's data requirements and agree a reporting mechanism.

- 5.4** Links will be made with other urgent care initiatives and community projects to ensure interdependencies are recognised and included in service outputs.
- 5.5** A service specification for OOH will be developed for consultation and will be ratified under each CCG's clinical board as well as patient reference groups.

6.0 Recommendation:

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

For further information and questions, please contact:

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