

Item 5: West Kent: Out of Hours Services Re-procurement

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 10 October 2014

Subject: West Kent: Out of Hours Services Re-procurement

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS West Kent CCG.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

(a) NHS West Kent CCG has asked that the attached report be presented to the Committee.

(b) In recent years, there have been moves to integrate primary care with urgent and emergency care. In November 2013, NHS England highlighted the following case studies of best practice (NHS England 2013).

(c) County Durham and Darlington NHS Foundation Trust

GPs in Durham and Darlington work a seven day week to make sure people can get an appointment locally at weekends. The region's 31 practices open at the weekends so patients are able to call and book routine appointments with a GP, but are also able to go to their local surgery for urgent, but not emergency, treatment.

All practices take any patients who need treatment, not just those on their own lists, with the local NHS 111 service making appointments for all practices. This initiative has been driven by local doctors, nurses and other healthcare professionals.

(d) Guy's and St Thomas' NHS Foundation Trust

The home ward and Enhanced Rapid Response service provided by the Trust has helped more than 1,200 local residents in Lambeth and Southwark to be treated at home rather than in hospital between January 2012 and November 2013.

Launched as pilot schemes, both services have been extended to support patients in all parts of the two local boroughs with a range of chronic diseases including diabetes, heart disease and severe breathing problems.

Nurses, physiotherapists, social workers and GPs work together to provide patients with the care they need to stay out of hospital and in

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their own homes. Patients can be referred to the service by their GP or hospital doctor.

### (e) South Tees NHS Trust

A virtual ward has been set up for patients in Middlesbrough so that they can receive care in their own homes instead of hospital. As well as benefits to the patient, such as receiving care and treatment in their own home and reduced risk of infection from seasonal flu or norovirus, the virtual ward also frees up inpatient beds and visits to A&E. The South Tees Hospital in Middlesbrough also set up a 30 bed winter ward to meet the expected increase in patients over the 2013/14 winter period, investing an extra £650,000 in doctors and nurses.

### (f) Oxford Health NHS Foundation Trust

The Emergency Multidisciplinary Unit (EMU) run by the Trust aims to deliver an acute care pathway for frail older patients that does not rely on bed-based care yet can still provide appropriate medical, nursing and therapist treatments within an individually tailored care plan as close to the patient's home as possible. It delivers an innovative service to the community by changing pathways of care focussing on patients' needs for rapidly responsive and local services by changing the culture of 'silo-working' among healthcare professionals to a more integrated approach supported by technological innovation.

A comprehensive assessment (supported by point of care diagnostics for laboratory tests and basic imaging) enables acute medical diagnosis and treatment with on-going care to support patients and carers during episodes of acute illness without acute hospital admission. It has a dedicated ambulance and driver to ensure rapid transfer to and from EMU and the team on the unit consists of nurses, health care assistants, physiotherapists, occupational therapists, social workers and the medical team contains elderly care physicians and general practitioners.

A key aim of the unit is to allow patients to stay safely at home in a familiar and secure environment during acute illness by providing care that is high quality in terms of medical decision making, monitoring and appropriate therapeutic interventions coupled with therapist assessment and intervention. A pool of five beds is available for short term use (<72 hours) for patients who are not suitable for ambulatory care but continuity of the clinical team is maintained by using these beds rather than transfer to the large acute hospital. There is also the availability of the 'hospital at home' nursing team who can support the EMU in delivering therapeutic interventions in patients' homes.

**(2) Integration in Kent**

(a) On September 2014, Members of the County Council considered Health and Social Care Integration in Kent. The following case studies were given to illustrate some of the work being carried out across Kent to integrate primary care with urgent and emergency care (Kent County Council 2014).

(b) NHS Dartford, Gravesham and Swanley CCG - Integrated Discharge Team

The Integrated Discharge Team (IDT) is an initiative commissioned by NHS Dartford, Gravesham and Swanley CCG and includes the Kent Community Health NHS Trust, Darent Valley Hospital, KCC, IC24 (out of hours GP service) and the Kent and Medway NHS and Social Care Partnership Trust (mental health trust).

It is designed to ensure that patients receive the most appropriate treatment delivered by the most relevant health care worker in the most appropriate setting, all the time. This will help avoid admissions, ensure patients are managed to reduce their length of stay and enable those who are medically stable to leave hospital as early as possible. The IDT brings together nurses, doctors, therapists, pharmacists, case managers and mental health specialists working across hospital and community settings.

Since its inception there has been:

- A decreasing trend in emergency admissions seen from December 2013 to February 2014.
- A reduction in the number of patients having to wait more than four hours in A&E since January 2014.
- An improvement, since November 2013, of timely access to specialist mental health assessments out of hours from 20% to 48%.

On average over 50% of patients have been discharged going home with an enablement service since January. So far no one receiving a service through the IDT has been placed in residential care.

(c) NHS West Kent CCG - Enhanced Rapid Response Service

This service targets people aged 75 and over and includes clinical treatment, rehabilitation and support, whilst linking with re-ablement programmes, and focusing on supporting people to stabilise from an acute event, regain their independence and helping them safely to remain at home.

Key to the success of the service is the collaborative working between Health, Social Care and Ambulance Services and by providing a fast response to patients who need assistance unexpectedly.

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Since November 2013 the service has seen well over 4000 patients. The majority of interventions enable unnecessary admissions to hospital to be avoided and support safe but earlier discharge from hospital. Case reviews are demonstrating that the scheme is enabling patients with more complex needs to remain at home due to improved decision making via a multidisciplinary team of medical practitioners, paramedics and clinicians.

### (d) NHS Ashford CCG and NHS Canterbury & Coastal CCG - Health and Social Care Coordinators

This service has been enhanced in 2014 to provide extended availability including co-locating with acute hospital services at weekends. The Health and Social Care Co-ordinators:

- Help coordinate activity with Multi-Disciplinary Teams and between GPs and community services;
- Have had over 2300 contacts with patients resulting in 700 A&E attendances and 140 admissions being avoided.;
- Have produced cost savings to the local health economy estimated at over £200,000.

### (e) NHS South Kent Coast CCG - Prime Minister's Challenge Fund

In October 2013, the Prime Minister announced the £50 million Challenge Fund to improve access to general practice and test innovative ways of delivering GP services.

Invicta Health, a community interest company, owned by more than 40 GP practices in East Kent was selected as a pilot and awarded £1,894,267. The pilot brings together 13 practices, in Dover and Folkestone, and will offer extended and more flexible access to services for 94,940 patients, backed by enhanced community care and specialist services for people with mental health needs.

This will enable patients to book appointments at any of the 13 practices from 08.00 to 20.00, seven days a week. Outside of core practice hours (08.00-18.30) patients can access urgent home visits and if required, short-term residential facilities in the community, to avoid hospital admissions.

For patients with urgent mental health needs, this pilot is also introducing a new rapid assessment service delivered by a primary care mental health specialist, either at a patient's home or at their GP.

South Kent Coast is also in the process of developing an Integrated Care Organisation. This is designed to work with all relevant partners to establish the most appropriate form of organisation to deliver a comprehensive and holistic service to ensure patients receive high quality care outside of hospital whenever this is the best option for the patient.

### 3. Potential Substantial Variation of Service

- (a) It is for the Committee to determine if this service change constitutes a substantial variation of service.
- (b) Where the HOSC deems a proposed service change as not being substantial, this shall not prevent the HOSC from reviewing the proposed change at its discretion and making reports and recommendations to the relevant health commissioner or provider.
- (c) Where the HOSC determines a proposed change of service to be substantial, a timetable for consideration of the change will need to be agreed between the HOSC and NHS West Kent CCG after the meeting. The timetable shall include the proposed date that the NHS West Kent CCG intends to make a decision as to whether to proceed with the proposal and the date by which the HOSC will provide any comments on the proposal.

### 4. Recommendation

If the proposed service change is *not substantial*:

RECOMMENDED that guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to submit a report to the Committee in six months.

If the proposed service change is *substantial*:

RECOMMENDED that the proposed service change constitutes a substantial variation of service, that guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to attend a meeting of the Committee in three months.

### Background Documents

Kent County Council (2014) 'Agenda, County Council (18/09/2014)',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MId=5524&Ver=4>

NHS England (2013) 'Winter Pressures – Media Briefing Note (01/11/2013)',  
<http://www.england.nhs.uk/wp-content/uploads/2013/11/150mill-ease-wintr-pres.pdf>

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