Briefing to Kent County Council HOSC Friday 10 October 2014

Subject: Emergency and Urgent Care Review and Redesign – North Kent

Date: 26 September 2014

1. Purpose of report

This report advises the Kent Health Overview and Scrutiny Committee (HOSC) of a proposal under consideration by NHS Medway, Swale and Dartford, Gravesham, Swanley Clinical Commissioning Groups (CCGs) to reconfigure and recommission emergency and urgent care services.

The committee is asked if they consider the changes substantial and therefore require presentation to a Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC).

1. Introduction

Both nationally and locally the current system for delivering urgent and emergency care is under pressure. Under the leadership of Sir Bruce Keogh, Medical Director of the NHS, a vision for change for urgent and emergency care was published in November 2013. A case for change was put forward with the high level vision stating:

- Those people with urgent but non-life threatening needs must be able to access highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible.

- Those people with more serious or life threatening emergency needs should be treated in centres with the very best expertise and facilities, in order to maximise their chances of survival and good recovery.

Locally, urgent and emergency care services are under significant pressures with MFT consistently unable to meet the four hour access target where 95 per cent of all A&E attendances should not wait more than four hours from arrival in A&E to admission, transfer or discharge. Whilst DVH met their 95 per cent operational target for 2013/14, MFT achieved only 88.88 per cent. The achievement year to date (as at 31/08/14) is 80.84 per cent with only two out of the twenty two weeks reported as meeting the 95 per cent target.
There are a number of factors impacting on current performance and improvements as set out in the CQC inspection reports are necessary to ensure the overall quality, safety and access is improved.

2. Strategic Alliance

The North Kent CCGs are committed to providing access to the highest quality urgent and emergency care within an integrated approach for the population of North Kent.

The three CCGs; Medway, Swale and Dartford, Gravesham, Swanley (DGS) share the same strategic direction – to reduce demand within the Accident and Emergency departments (A&E) at the acute hospitals, prevent unnecessary acute hospital admissions by delivering a coordinated health and social care response and provide quality rapid access to emergency care for those who need it.

This strategic alliance across North Kent enables the sharing of skill and effective use of resource to benefit patients and the public, and as such there is an agreement that the urgent and emergency care review will be undertaken jointly. This collaboration will ensure a co-ordinated approach is taken with the review which will inform a new model of care and service delivery.

While a collaborative approach is being taken with the review, this paper is submitted to the HOSC on behalf of NHS Swale and Dartford, Gravesham and Swanley CCGs. NHS Medway CCG is submitting a paper to the Medway HASC on 6 October.

3. Scope

The review will include the Accident and Emergency departments (A&E) at both Medway NHS Foundation Trust (MFT) and Darent Valley Hospital. It will also incorporate the walk in centres (WICs), minor injury units (MIUs) and out of hours services (OOHs). The review will include the proposal for a single 24/7 urgent care 'front door' model at MFT focusing on triage and navigation to the right urgent care or community service.

For DGS and Swale CCGs, the scope of the review includes the following services –

Accident and Emergency Departments

- Medway Maritime Hospital, Gillingham (Medway NHS Foundation Trust)
- Darent Valley Hospital, Dartford (Dartford and Gravesham NHS Trust)

Minor Injury Units (Kent Community Health NHS Trust) located at –

- Sittingbourne Memorial Hospital, Bell Road, Sittingbourne
- Sheppey Community Hospital, Plover Road, Minster on Sea, Sheerness
- Gravesham Community Hospital, Bath Road, Gravesend

Walk in Centres located at –

- Vale Road, Northfleet, Gravesend (Fleet Healthcare)
- Sheppey Community Hospital, Plover Road, Minster on Sea, Sheerness (Dulwich Medical Centre-DMC).
- DMC also provide a mobile WIC throughout Sheppey

Out of Hours

- Medway on Call Care (Medway Community Healthcare-MCH) – commissioned by both Medway and Swale CCGs
- IC24 – commissioned by DGS CCG

NHS 111 - A national telephone service, provided in Kent Surrey and Sussex by South East Coast Ambulance NHS Foundation Trust (SECAmb), working in partnership with Care UK. The specification for the NHS 111 service includes the 'Speak to GP' disposition. This element of the NHS 111 service is also being considered as part of this review. Options for the 111 call handling service ahead of contract end date are to be discussed across Kent and Medway.

4. Approach

The urgent and emergency care review is complex as it covers multiple providers and multiple CCGs. The CCGs consider that the review is a substantial change. In light of this a 12 week public consultation is scheduled into the plan.

A initial draft business case and service specification will be submitted to each CCG. Further planning work is required but based on an indicative timeline, it is anticipated these will be submitted in March 2015. This will enable a decision to be reached to proceed to a public consultation on the service redesign model(s).

Following public consultation, revisions will be made to the business case and service specification (as appropriate) which will then be submitted for a decision to proceed to procurement with the service redesign. This is expected to be in August 2015.

4.1 Patient, Public, Stakeholder Engagement

The following engagement with patients, public and stakeholders for planning and developing the proposal will take place;

- **Patient survey** – due to the significant pressures at MFT, the plan is to consult with 1,000 people during a three week period in October 2014 to understand the public's experience of using services to date. This will include face to face consultations with 1,000 patients in the Emergency Department (ED) at MFT as well as 400 face to face consultations with members of the public in the community at both Sittingbourne and Gillingham town centres.

- **Clinical audit** – a clinical audit was conducted at the MFT ED during July and August 2014 with involvement from key stakeholders (including SECAmb, MFT, GPs, Medway Community Health Trust and the Psychiatric Liaison Team. The aim of the audit is to review how patients' access and present to the ED, the conditions they are presenting with a view to identifying possible gaps in service provision and whether an alternative care pathway could have been used. This will feed into the longer term model.

- **Stakeholder event** - planned for November, will engage with a number of key stakeholders. It is expected that this event will provide an overview of the review, identify key principles of the review and high level benefits.

- **Clinical reference group** - will be established to review the current urgent care system, to understand the strengths and weaknesses, agreeing the clinical case for change and produce recommendations on potential options for a new clinical model. This group will be tasked with the development of a clinical model that is sustainable for the future and meets the future needs of patients.

- **Patient reference group** – will be established to review the proposed options from the clinical reference group and will be a critical friend to ensure that the patient voice is heard. There will be a clear recruitment process for this group to ensure the population of each CCG is represented.

- **Provider group** – will be established to ensure that all current providers are kept informed of the review and will have the opportunity to review the information being used to develop the business case.

A 12 week public consultation will begin in preparation for procurement and finalisation of the business case and service specification. Although the public will be involved in the options development (through the Patient Reference Group above) the views of the wider public, and those affected by the changes, will be sought on the proposals and their impact. This is expected to begin in April 2015. Further details will need to be clarified on the pre election period (Purdah), and the impact on this phase, as the public consultation is potentially at the time when a General election will take place.

The outputs of the public consultation will be collated and reflected in the final business case and service specification for CCG agreement. A paper will also be prepared to provide details to the HOSC.

5. Effect on Access to Services

As part of the review, potential options for a new clinical model will be developed through the clinical and patient reference groups. Detailed modelling and analysis will be undertaken to define parameters and assumptions of the model. Demographic projects and future patient flows will be a key element of this modelling to build a robust business case for change.
Further work will be undertaken alongside this to understand infrastructure requirements and potential risks including transport sustainability and access. This will ensure that high quality services will be delivered with consideration given to public transport access for patients in terms of location and availability.

It is anticipated there will be numerous positive impacts of the urgent and emergency care review design. The CCGs are committed to ensuring that through this review, a new 24/7 model provides services in a more integrated and co-ordinated way (and includes other health care, health related and social care services) ensuring good accessibility and consistency and supports patients in making an informed and considered choice through improved clinical input and support.

6. Timeline

It is anticipated this will be a 20 month programme with a new urgent and emergency care system in place from July 2016. Patient and clinical reference groups will be established in November 2014 coinciding with an initial stakeholder event to begin the review.

7. Next steps

The committee is asked if they consider the changes substantial and therefore require presentation to a JHOSC.

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