

**Meeting:** Health Overview and Scrutiny Committee

**Date of Meeting:** 6th March 2015

**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 CCG's out-of-hours (OOH) GP service as part of the urgent care programme.

## 1.0 Overview

- 1.1 This paper seeks to update a paper presented to the Health Overview and Scrutiny Committee in April 2014 which outlined key issues and proposals for transforming the existing Out of Hours model in East Kent. Urgent Care services continue to be under the national spotlight. East Kent CCGs recognise the need to simplify and integrate health and social care provision in order to reduce pressure on our local system.
- 1.2 Patient feedback about the current service model indicated the need to have improved access to primary care along with greater integration of front line staff and clearer signposting and navigation through services.

- ***“If you are ill and trying to get help having to tell your condition to every single person can be confusing and often makes the situation worse.”***
- ***“I have been very frightened for my husband’s deteriorating health – I need reassurance otherwise I panic. Compassion is essential.”***
- ***“It is not clear what NHS 111 should be used for and when”***
- ***“It is not clear how other services align with NHS 111”***
- ***“It is not clear what is available in the community”***
- ***“There are a number of barriers to get into services (e.g. door entry and lack of signage at sites)”***
- ***“We just don’t know where to go....”***

## 2.0 Progress to date

- 2.1 Since April 2014 East Kent Clinical Commissioning Groups led by GP clinical leads have been working with existing providers to enhance existing services in line with the CCGs strategic commissioning plans. A number of key developments have been introduced in the East Kent

area. The aim is to support better integration in response to patient feedback.

These are:

- 2.2 Agreed a contract variation with our existing out of hours providers, enabling better integration with the local Accident and Emergency service, improving overall productivity and maintaining cost neutrality
- 2.3 Recognising the current fragmentation between the NHS 111 and existing Out of Hours service, aligned contract cycles to facilitate the development of this new integrated service
- 2.4 Successfully launched 7 day working pilots in South Kent Coast, Canterbury and Coastal and Ashford CCG areas
- 2.5 Launched an advanced care navigation pathway through a local referral unit, established in Ashford and Canterbury and Coastal CCGs
- 2.6 Worked with the local Ambulance service to develop pathways enabling more patients to be seen and treated closer to home

### **3.0 Channels of Development**

- 3.1 Under the guidance of the Out of Hours working group, a proposed model has been designed (see figure 1). Both individual and group sessions have been held and progress on the service model development has been reported through the Urgent Care and Long Term Condition Integrated Care Board and CCG Clinical Strategy and Investment Committees. It will also be presented to all CCG Governing Bodies in March 2015.
- 3.2 Utilising patient feedback and working with clinical and operational stakeholders the proposed model has been worked in to a draft service specification which will (subject to CCG Governing Body approval following recommendation from clinical committees) then be taken through a procurement process continuing to engage local stakeholders and potential providers, as well as the public through regular updates and inclusion of patient representatives on the evaluation panel.
- 3.3 In addition to this, expertise from PriceWaterhouseCoopers has been commissioned to help bring national learning and best practice and to provide additional oversight and scrutiny to the service specification design.

### **4.0 Next Steps of the Out of Hours Procurement**

- 4.1 It has been recognised that whilst the Out of Hours element of the Urgent Care system is critical to the wider functionality, the 111 service and Out of Hours services should be procured together and include care navigation (formerly known as Local Referral Units).
- 4.2 The proposed service model will deliver for those people with urgent but non-life threatening needs highly responsive, effective and personalised services. The successful provider will be required to manage fragmentation between the formerly separate services and maximise efficiency encouraging use of local pathways to avoid attendance at hospital wherever possible.

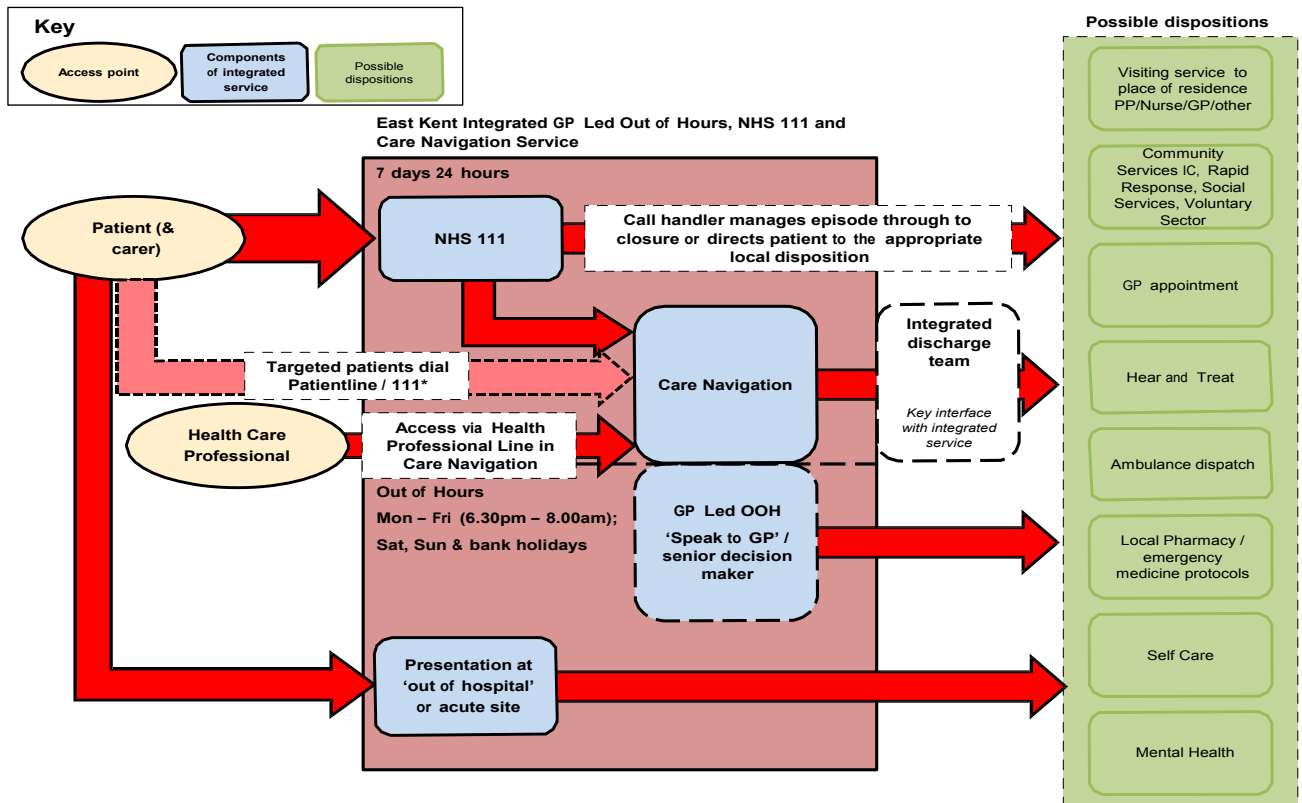
- 4.3 As part of the development, CCG's have undertaken an element of *soft market testing* by meeting with existing and potential suppliers of the future service. Discussions with all existing providers and a sample of national providers has indicated that there is a competitive market for a locally provided integrated 111/out of hours and care navigation service.
- 4.4 Key requirements have been identified by both providers and commissioners to deliver the future service vision for East Kent:
- 4.4.A **A patient-centred service** that demonstrates the best possible clinical outcomes and improved patient experience.
- 4.4.B **Greater integration between front line services and seamless working** to promote efficient interaction from the patients perspective
- 4.4.C *Note: The new integrated NHS 111, GP OOH and Care Navigation Service should work seamlessly with the developing Integrated Urgent Care Centres co-located within the Accident and Emergency departments within the locality*
- 4.4.D **Greater responsiveness of services and reduced duplication.** It is proposed that by re-configuring existing services, the health economy will:
- improve health outcomes for patients
  - increase the number of Out of Hours treatments undertaken in a patients home / place of residence
  - reduce the need for acute admission to hospital
  - reduce the length of stay in hospital when an admission is required
  - change the traditional accident and emergency service, to co-locate Primary Care, Social Services and Community services within an Integrated Urgent Care Centre
  - improve the overall experience for patients.
- 4.4.E **Delivered for and within East Kent** making best use of local skills, knowledge and services
- 4.4.F **Flexible** to meet future pathway development
- 4.4.G **Safe, cost effective** (affordable)
- 4.5 It is anticipated that the procurement process will commence in April 2015

## **5.0 Other key milestones delivered as part of the overall Urgent Care Transformation Process**

- 5.1 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 in place for Ashford, Canterbury and Coastal and South Kent Coast. This service provides geriatric support to patients within the local community under a shared care service plan.
- 5.2 Streamlining discharge processes to improve care home and residential home discharge pathways to hospital at weekends. 7 day Social Care assessment services have been introduced as part of the Integrated Discharge Team model within each Hospital site in East Kent.

Discharge profiles at weekends have increased as a direct result of this service.

- 5.3 Primary care hubs in A&E – These are currently in place on each Hospital site and are subject to review. These provide primary care expertise to support patients arriving in A&E.
- 5.4 A new approach to health economy systems pressure management. A live Urgent Care Dashboard, enabling providers to use data analysis to forecast local hotspots and plan to mitigate service pressures is due to be launched as part of the perfect week exercise being undertaken by the local health economy from 3 – 10 March.



**Figure 1: Proposed Integrated GP Led Out of Hours, NHS 111 and Care Navigation Service**

**6.0 Recommendation:**

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

For any questions relating to this paper, please contact:

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