

Briefing to Kent County Council HOSC Friday 29th January 2016

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

Date: 18th January 2016

1. Purpose of report

This report provides the Committee with an update on the planned reconfiguration of urgent and emergency care services by NHS Swale Clinical Commissioning Group (CCG) and by NHS Dartford, Gravesham and Swanley CCG. This follows on from local review of recently published national guidance on future requirements for integrated services, and has implications for future procurement of NHS 111 and primary care Out-of-Hours services.

2. Introduction

In October 2014, Simon Stevens NHS England Chief Executive published his Five Year Forward View for the NHS. In relation to emergency services this states that across the NHS, urgent and emergency care services will be redesigned to improve integration between A&E departments, GP Out-of-Hours (OOH) services, urgent care centres, NHS 111 services, and ambulance services. In response to this, the North Kent CCGs established a programme to review and redesign urgent care services across the three CCG areas. This led to a series of CCG specific patient and clinical reference groups, arriving at a recommended solution within each CCG area. Due to the potential impact of large-scale developments including Ebbsfleet and resultant population increase across the DGS area, the scope of the DGS programme was changed to a re-procurement of primary care OOH services only.

For Swale, the proposal was a stand-alone Urgent Care Centre (UCC) incorporating OOH, Walk-In and Minor Injuries. The Medway proposal was a 24/7 co-located Urgent Care Centre (UCC) incorporating OOH and Walk-In provision. In all cases, the proposals were based on having a separate 111 service.

In July 2015 all CCGs received a letter from NHS England (NHSE), describing the future publication of new commissioning standards for an Integrated OOHs and 111 Service. The letter stated that, in order to allow the completion of the consultation on the standards, all further procurements of NHS 111 and OOH services should be suspended (whatever stage of the procurement had been reached) until the end of September 2016. In response, the three North Kent CCGs adjourned all activities related to Urgent Care redesign and procurement.

3. NHSE guidance for Transforming Urgent and Emergency Care Services in England

NHS England held an Integrated Urgent Care Services workshop in London on 8th September, at which they set out some of the work they were doing to develop national standards for future procurement of an integrated model for 111 and Out of Hours Primary Care.

Following this, a variety of national commissioning standards and procurement guidance for an integrated OOH and 111 service have been issued by NHSE.

The new commissioning standards (Commissioning Standards Integrated Urgent Care v1, September 2015) describe the requirements for a closely integrated urgent care service that is the 'front door' of the NHS, which will provide the public with 24/7 access to urgent clinical assessment, advice and treatment.

Central to this will be the development of a 'Clinical Hub' to provide clinical advice to patients contacting the 999 or 111 service, and to provide clinical support to clinicians, particularly ambulance staff such as paramedics and emergency technicians, so that no decision is made in isolation.

Other requirements are:

- Central to Integrated Urgent Care will be a 24/7 free to call number (111)
- The hub would have a range of clinicians including specialist or advanced paramedics with primary care and telephone triage competences, nurses, mental health professionals, prescribing pharmacists, dentists and senior doctors with primary care competences.
- The NHS 111 Directory of Services should include social care, mental health and voluntary sector services
- Commissioners are responsible for the procurement of a functionally Integrated Urgent Care service in line with the service standards described.

The guidance is not prescriptive on the contract model to be used, proposing that commissioners make an assessment of their current service provision and then plan what is required from the various contract options available taking their own legal advice in considering contract options and the procurement and competition implications of them.

4. Impact on reconfiguration of services in North Kent and Medway NHS

Potential local solutions to meet the guidance are being reviewed by the three CCGs. NHS 111 is currently provided in Kent, Surrey and Sussex by South East Coast Ambulance NHS Foundation Trust (SECAmb), working in partnership with Care UK. It is known that other CCGs in Kent, Surrey and Sussex are taking forward their own plans for 111 and OOH service provision. The North Kent CCGs are therefore considering procurement of a single 111 service across North Kent, functionally integrated with the three local Urgent Care Models in Medway, Swale and DGS, which would provide economy of scale in terms of the 111 service, whilst enabling local solutions for service configuration.

The three CCGs are now reviewing timescales for re-start of their respective redesign programmes, and are implementing programme governance structures to take the work forward. The contracts for existing NHS 111 services and Out-of-Hours providers are being extended to March 2018 in order to enable completion of the redesign programme, although it may be possible for new services to be procured and in place by Autumn 2017.

Now the pause has been lifted the CCGs intend to engage and consult with patients stakeholders in the review of current services and design of the urgent care system in line with the guidance.

In summary, the current actions for Swale and DGS CCGs are:

- Definition of scope of urgent care redesign within DGS, incorporating Ebbsfleet and Paramount developments in the area, in order to deliver 'clinical hub' requirements
- Relaunch the process for the review and design of urgent care in line with the published guidance;
- As part of this governance process to engage with patients, the public and key stakeholders in terms of any baseline review and in the design of the clinical hubs.
- Review of previously defined proposal for Swale urgent care provision, in light on NHSE guidance, to make sure that these co-designed provisional plans still hold true and are compliant with the published guidelines

5. Next steps

The CCGs will ensure the Committee is briefed on the developing urgent care programme.

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