

NHS West Kent Clinical Commissioning Group

Integrated Urgent Care (OoH GP re-location)

Report prepared for: Kent County Council (KCC),
Health Overview and Scrutiny Committee (HOSC)
20 September 2017

Reporting Officer: Adam Wickings, Chief Operating Officer,
NHS West Kent Clinical Commissioning Group

Report Compiled By: David Robinson, Lead Commissioning Manager,
NHS West Kent Clinical Commissioning Group

1. Introduction

1.1. A paper describing improvements to urgent care services in West Kent was presented to the Committee on 10 October 2014. The paper described phase one of the proposals towards integrated urgent care in West Kent.

1.2. The paper gave an overview of the three core primary care services commissioned by NHS West Kent CCG (WK CCG) to deliver urgent and emergency care; an out of hours (OoH) service, an enhanced rapid response service to support patients with acute medical conditions in the community (known as the Home Treatment Service) and GPs working in A&E to see and treat primary care type patients.

1.3. The short term proposal was to procure the three core services within one contract for two years (2015 – 2017) with the long term proposal to integrate health and social care services: acute, community, emergency and social services. The committee agreed that they did not deem this change to be substantial and to provide an update at the appropriate time.

1.4. The next phase of the West Kent integrated urgent care proposals includes the mandated re-procurement of an enhanced NHS 111 service supported by an enhanced Integrated Clinical Advice Service (CAS) and local urgent face to face service improvements. The improvements to urgent care services in West Kent are in line with NHS England's Urgent and Emergency Care Review led by Sir Bruce Keogh.

1.5. This paper focuses on the proposal to co-locate the current GP OoH bases within West Kent.

1.6. The Committee is asked to note the report.

2. Case for Change and GP OoH relocation in West Kent

2.1. The proposal for an integrated model of care was defined in 2014 by WK CCG 'Mapping the Future' blueprint, which included the redesign of traditional OoH services so that it becomes an integral part of new primary care integrated with urgent care, rather than two separate elements.

2.2. In 2014 WK CCG combined three primary care services into one core service, made up of OoH GP services, a Home Treatment Service (to support a reduction in emergency admissions) and a GP in A&E service to treat primary care type patients.

2.3. As part of the new core primary care service WK CCG proposed to re-locate the GP OoH bases to be co-located within the two Emergency Departments (ED) at Maidstone and Tunbridge Wells NHS Trust (MTW) hospital sites. At the Maidstone site this was achieved, with the GP in A&E and GP OoH service co-located within Maidstone ED.

2.4. Due to estate and capacity issues at Tunbridge Wells Hospital full co-location was not achieved, with the GP in A&E co-located within the ED but the GP OoH base remaining at Tonbridge Cottage Hospital.

2.5. WK CCG is currently engaging with patients and the public around plans for an improved integrated urgent care model. As part of this proposal WK CCG intends to have Urgent Treatment Centres (UTC) at the front doors of the two EDs at Maidstone and Tunbridge Wells hospital. Having primary care clinicians at our local EDs, both in and out of hours will help direct patients to the right care, first time, reducing repetition of assessment, delays to care and unnecessary duplication of effort.

2.6. This approach is in line with NHS England's Urgent and Emergency Care Review led by Sir Bruce Keogh, and with further national guidelines, including Urgent Treatment Centres – Principles and Standards, and GP Streaming guidance. These UTCs will include GPs who will be available 24 hours a day to see and treat patients who turn up at ED with conditions suitable to be treated by primary care and also patients who contact NHS 111 and are identified as needing an out of hours GP appointment.

2.7. It is important for the CCG to centralise OoH GP care at the hospital sites to ensure people can access safe, high quality care. The main driver is workforce: fewer GPs than previously are willing to work for the out of hours service and the fact that it is provided from a number of bases increases the challenge. A significant benefit of the centralisation of the GP OoH services will be the ability to provide safe and prompt assessment and escalation of care, where needed, into hospital care, providing clinical support and effective governance to the OoH GP.

2.8. In West Kent in recent months this has proved to be a particular problem with real difficulties providing clinical cover at some of the current OoH bases. This has been exacerbated in recent years by the spiralling cost of OoH GP indemnity cover.

2.9. The current OoH bases are open at the following times:

Base	Weekday (Monday to Friday)	Weekend	Roving Car retained in area
Cranbrook	CLOSED	09:00 - 14:00	YES
Sevenoaks	CLOSED	09:00 - 14:00	YES
Tonbridge Cottage	19:00 – 08:00	08:00 – 08:00	YES

2.10. To deliver the new model and given the need for the NHS to make best possible use of the GP workforce available while providing safe and effective care and a service which delivers the best value for money, WK CCG is proposing to relocate GPs who currently see patients out of hours at Tonbridge Cottage Hospital and Cranbrook to be a co-located primary care service working within the ED at Tunbridge Wells hospital where they would both see more patients and assist in relieving pressure on the ED. It is important to note that a roving OoH GP car will still be retained within the areas identified above to visit patients at home who are unable to travel.

2.11. WK CCG will review the Sevenoaks OoH activity following a pause after the relocation of Tonbridge Cottage Hospital and Cranbrook. The CCG is proposing to relocate the Sevenoaks OoH base by March 2019 in line with the national timescales.

2.12. To achieve these changes, WK CCG has been working with the system leaders from a range of stakeholders and providers to develop the new model. This model has been successful in securing £650,000 capital investment from NHS England and NHS Improvement as part of the national £100million capital investment in EDs. This investment is required to alter the physical structure of the Emergency Department on both sites to accommodate the additional GPs and nurses which will then allow the relocation of the current Tonbridge and Cranbrook OoH bases.

2.13. At the same time, WK CCG are working to improve access to GP services across West Kent in line with the NHS England General Practice Forward View (April 2016). By April 2019, GP surgeries should include sufficient pre-bookable and same day appointments at evenings and weekends to meet locally determined demand alongside effective access to urgent care services.

2.14. WK CCG are in discussions with GPs and local stakeholders about the details of how these extra routine appointments will be provided but the CCG are assured that the service will be available to the people of Tonbridge, Cranbrook, Sevenoaks and its surrounding area, along with rest of West Kent. The expectation is that this increased local capacity will still allow the majority of patients to be treated locally by a GP who may be known to them and who will have access to their medical records.

3. Stakeholder Engagements

3.1. As part of the development of the proposed model significant stakeholder engagement has been undertaken between December 2016 and September 2017 with a range of local stakeholders, including current providers, Healthwatch, public, patients and carers. Feedback was sought regarding the key elements of the proposed model including development of UTCs and the re-location of current OOH bases.

3.2. During July and August 2017 the CCG undertook further engagement through the local Sustainability and Transformation Plan (STP) listening events.

3.3 Feedback from the listening events has helped to shape the emerging models of delivery within West Kent. The final design will incorporate outputs and feedback from the STP listening events and the other engagement meetings with the Public, Patients, Carers, Healthwatch and the Patient Participation Group (PPG) chairs group. The engagement undertaken within West Kent can be found within the appendix.

4. Conclusions and Recommendation

4.1. The proposed model of integrated urgent care in West Kent is in line with national requirements.

4.2. The proposed model includes the re-location of current out of hour GPs at Tonbridge Cottage Hospital, Cranbrook and Sevenoaks where they would both see more patients and assist in relieving pressure on the ED.

4.3. As part of the development of the proposed model WK CCG have undertaken significant engagement with patients, the public, carers and other key stakeholders.

4.4. The Committee is requested to note the content of this report.

David Robinson

Lead Commissioning Manager Urgent Care | West Kent CCG

Appendix

2014 – September 2015: Prior to the procurement of the one core primary care service stakeholder engagement with patients, public, carers and other key stakeholders, including Health Overview Scrutiny Committee was sought.

October 2016: The STP need of a vision for a responsive local care and urgent care system, led to a decision within the CCG to co-design an 'Integrated urgent care system' for West Kent. A multi-stakeholder meeting with provider senior management and clinical representation agreed to explore this with an aim to put in place an integrated urgent care system for West Kent. It was agreed that the remit would exclude urgent care work streams being done at the STP level (e.g. Stroke, vascular, major trauma etc.) to avoid any duplication and synchronise the strategic Kent-wide changes with local systems for the benefit of the west Kent population.

October 2016 - March 2017: The current providers agreed to contribute clinicians and operational managers into a clinical design group to undertake the modelling. These were further divided into 3 work streams to cover various aspects of urgent care. A parallel public engagement was to be undertaken and representation from 'Healthwatch' was sought in the 'Clinical design group'

October 2016 – March 2017: As part of the development of integrated urgent care the CCG were keen to ensure that patient and public opinion was captured and used to develop the model. The Participation and Insights team, part of South East Commissioning Support Unit (SECSU), was asked to gather feedback on the model via a variety of different mechanisms, including online surveys, workshops, meetings and direct surveying. The engagement aimed to:

- Determine level of support for the current version of the strategy
- Identify areas that need to be strengthened
- Identify possible areas that are missing

December 2016 – March 2017: Patient engagement in ED. The rise in ED attendances in West Kent is a significant issue. In order to understand the decision making process patients took prior to their attendance, direct surveying of patients waiting in ED at either Maidstone or Tunbridge Wells was carried out. In addition to direct surveying at ED, engagement staff spoke to parents of young children informally in familiar community settings. In March 2017 we undertook further direct surveying at both EDs at Maidstone and Tunbridge Wells to further understand the decision-making process patients took prior to their attendance.

March 2017: In March two listening events were held in West Kent, one in Maidstone and one in Tonbridge. These events were designed to give people the chance to hear about the initial Kent and Medway Health and Social Care Sustainability and Transformation Plan, which was published in November 2016 and update attendees on how the STP fits with local plans, including the blueprint

(Mapping the Future) for the future which NHS West Kent CCG developed with the public and partners three years ago. The events also asked for views on what is most important when decisions are taken about services for the future, so that the criteria that will be used are robust and work for each and every community.

July – August 2017: Throughout July and August, five further listening events have taken place in West Kent, offering patients and the public the chance to have their say on the future of health and social care services in west Kent. In addition to the listening events in July the CCG presented the proposals to West Kent Patient Participation Group Chairs