

Dartford, Gravesham and Swanley

Urgent Care Review Programme Update

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Health Overview and Scrutiny Committee [HOSC]
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1. Introduction

This paper provides the Kent Health Overview and Scrutiny Committee with an update on the Dartford, Gravesham and Swanley Clinical Commissioning Group's (DGS CCG) urgent care review programme.

2. Background

The case for change, along with the proposed clinical model of care, was last presented to the Committee in July 2017.

The potential urgent and emergency care model options presented at that time were based upon a review and consideration of national requirements, feedback gained from engagement events held with GPs, a 'whole system' event that took place in November 2016 and a listening event held with the public in February 2017, as well as resource and financial considerations.

The model options included the re-procurement of NHS111 services, supported by an enhanced Integrated Clinical Advice Service with improved system interoperability, and the re-procurement of GP out-of-hours services.

For face-to-face services, although the co-location of an urgent treatment centre with the Darent Valley Hospital Emergency Department, was originally supported by the CCG Governing Body as it offers many benefits including but not limited to the potential for rapid escalation, as well as falling in line with national strategy, as outlined in NHS England's 'Urgent Treatment Centres – Principles and Standards' (July 2017); due to time and resource constraints it was felt that establishing such a model by July 2019 would not be possible and therefore the Gravesham Community Hospital site was accepted as a 'next best' solution.

Key issues affecting this decision were, (i) the requirements to deliver new procured services at the end of existing contracts for the Minor Injuries Unit, the Walk-in Centre, and the GP out-of-hours services, (ii) the capital thought to be required to pursue the option to co-locate with Darent Valley Hospital's Emergency Department, (iii) the CCG's position at the time meant that it was prudent to pursue a preferred option that could be implemented within the required timeframe, that met national standards but which did not represent a significant variation, and that required no/very limited capital investment, whilst maximising the use of existing primary care estate.

For these reasons the CCG focused on siting the future urgent treatment centre at Gravesham Community Hospital, a site already home to the Minor Injuries Unit, and only 1.3 miles away from the current Walk-in Centre for the contract period of 5 years (plus a possible 2 year extension). This would also allow the Fleet Healthcare Campus in Northfleet

(current home to the Walk-in Centre) to be re-designed to increase primary care access over time.

The Committee supported the CCG's case for change, and the CCG's assertion, supported by advice from the Consultation Institute, that the proposed clinical model options were not a substantial variation, and therefore no period of formal public consultation was required.

Following the Committee's support of the case for change and proposed clinical model of care in July 2017, and as a result of close partnership working across all Kent and Medway CCGs, the services outlined within the case for change formed part of a single procurement endeavour for 'Integrated Urgent Care Services (IUCS)' which went to market in late February 2018. The procurement structure consisted of two lots:

- Lot 1: telephony services (i.e. NHS111 and Integrated Clinical Advice Service) across eight Kent and Medway CCGs, and
- Lot 2: four urgent treatment centres and GP out-of-hours services across the three North Kent and Medway CCGs.

A decision to discontinue the Integrated Urgent Care Services procurement process was taken in April 2018, by all Kent & Medway CCGs, following a concern that the process to date would not adequately demonstrate value for money, and could not result in a contract award across all of the services for which suppliers were sought.

Following the decision to discontinue the IUCS procurement in April 2018, careful consideration was given to the way in which services might best be procured in future, not only to demonstrate value for money, but also to meet the demands, and exploit the opportunities, arising from the changing healthcare landscape as a result of strategic developments created by the Sustainability and Transformation Partnership (STP) working and other CCG accomplishments over that year.

Key changes affecting DGS CCG have included, but not been limited to, (i) significant changes in the CCG leadership team across all Kent and Medway CCGs, (ii) improved CCG financial performance, and (iii) the close collaborative working relationship between the CCG and Dartford & Gravesham NHS Trust who provide the acute service at Darent Valley Hospital.

Plans were amended in the following ways:

- IUCS telephony services (i.e. NHS 111 and Integrated Urgent Care Services) timeline has been extended by 12 months to ensure an effective mobilisation period for any new provider, and to allow NHS England Integrated Urgent Care Services standards to be met in the interim period. Kent and Sussex CCGs have agreed a combined

approach to the procurement of future IUCS telephony services, and procurement for these new services will begin in early 2019.

- The face-to-face services for Medway and Swale CCGs that had featured in Lot 2, were decoupled from the IUCS procurement and a separate procurement exercise was carried out for these services alone. The procurement was discontinued without award in November 2018 due to the service specification being proven to be unaffordable. A full service specification review is underway.
- For face-to-face services in DGS CCG, the procurement has been paused for between 12 – 24 months to allow the CCG sufficient time to explore the potential of siting the urgent treatment centre on the front door of the Darent Valley Hospital site, which would be more in line with national strategy.

3. Exploration of Darent Valley Hospital Site

As outlined in NHS England’s ‘Urgent Treatment Centres – Principles and Standards’ (July 2017), “there are advantages if [urgent treatment centres] can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need”.

The centralisation of walk-in services at the Darent Valley Hospital site was identified as the CCG’s preferred option at the Listening Event held on 10th February 2017. Below are some excerpts from the ‘Appendix C Listening Events Report’ slides 14-17 which accompanied the CCG’s previous case for change submission to the HOSC in July 2017 and present some of the views expressed by the public at the time:

Question 3 Narrative: 10th February (DGS CCG locality)

Centralisation of Walk-In Services at DVH

The preferred model includes the provision of an Urgent Care Centre (UCC) at the front door of Darent Valley Hospital Emergency Department (ED). This service is for patients with conditions that cannot wait for the next GP appointment, but who do not need the ED. The UCC would be led by GPs, and would operate 24/7 in line with ED. Patients would be assessed when they arrive at the UCC by a clinician and only those patients who present with a life threatening emergency will be referred to the ED. This will help protect the specialist services for those patients who really need it. All other patients will be seen and treated by GP services (this may include GP, nurse, paramedic, pharmacist etc).

We think the benefits of this aspect of the model are:

- Simplifies services
- More local services open for longer
- Centralisation of urgent care walk-in services allows us to improve the range of care that can be provided
- Allows us to protect ED specialist services for patients that really need it
- Increased efficiency
- Attractive to skilled workforce and may reduce vacancies

Q 3: How do you feel about these proposed changes and the benefits we have outlined above? (1/2)

Access	Behaviour
<ul style="list-style-type: none"> - Gravesham Minor Injuries and Fleet Campus Walk in Centre invaluable for <i>local access</i> Gravesham - 2 minutes from train station. - Like it at the hospital as <i>quick access to support services</i> - <i>Transport</i> - if at DVH public transport relatively OK but pay for parking; Patient transport for people who need to see someone quickly rather than urgently - Accessing DVH is difficult at times – particularly from rural areas. Use <i>Age UK/voluntary?</i> - <i>Transport to/parking</i> (price/spaces) at DVH can be challenging. How well does the Fast Track route work? Particularly when Bluewater is busy - <i>Transport links</i> to the hubs? - <i>Ambulance</i> from MIU to DVH - Not an ambulance but similar e.g. like <i>patient transport system</i> - <i>Buses not always suitable</i> if unwell 	<ul style="list-style-type: none"> - <i>Not going to change people</i> going to A&E – need ‘bouncers’; Because its free you go there – supermarkets aren’t free! People say they’ve paid for it, they have a right - <i>Cost of not turning up</i> for appointments - Very lucky to have <i>NHS</i> but its <i>abused</i> - <i>Should it be at DVH</i> or do we accept that people will go there anyway? - People are <i>not listening</i> to the advice not to go to A&E – people still presenting to A&E when they don’t need to be there - Good idea + <i>educates people</i> where they could be - <i>Question ‘why are they here’</i> rather than hand out treatment and discharge - Need to <i>turn people away</i> if they don’t need to be there – not let them wait, then be told they need to see their GP

Q 3: How do you feel about these proposed changes and the benefits we have outlined above? (2/2)

<p>Services</p> <ul style="list-style-type: none"> - <i>Pre-triage</i> at front door (e.g. Kings College) - St John's <i>volunteers</i> in hubs - Developments to put <i>money into NHS to improve services?</i> To be considered at planning stage - <i>One stop shop</i> to stop revolving door - <i>Social care</i> element needed in <i>A&E</i> - <i>Sub-urgent care</i> in the 3 <i>hubs</i> rather than MIU/ walk in centre - <i>Hubs replacing</i> MIUs/Walk In Centres - Hubs must be <i>well advertised</i> and <i>well supported</i> by the 'system' 	<p>Workforce</p> <ul style="list-style-type: none"> - <i>Skilled person triaging</i> – critical. Competent/confident enough to refer appropriately - Can't <i>paramedics triage?</i> - Still have a <i>problem with staffing</i> –attracting staff especially so close to London
<p>Demand</p> <ul style="list-style-type: none"> - Impact on <i>waiting times</i> - Concerns about <i>population growth</i> and coping with increased demand - One stop shop – could <i>perpetuate or solve</i> demand issue 	

Comments and Questions

“good idea overall” “got to be done”

“I’ve got four separate facilities and a GP, so how to consolidate that so I know how to utilise in the most appropriate ways”

<p>QUESTIONS</p> <ul style="list-style-type: none"> - Would <i>MIU and WIC at Gravesham</i> go? - Will <i>UCC be clogged up</i> (A&E by a different name?) - What is the <i>difference?</i> People are currently triaged in A&E - What if there's a <i>queue</i> and you have life threatening condition? What if someone doesn't speak up? - What's the <i>plan for the old Gravesham Hospital site?</i> - Will the <i>money</i> that was sent on <i>redesigning the DVH A&E</i> now be <i>wasted?</i> - <i>Residential care</i> – how will the model work for these people? - Could there be a <i>delay for those being triaged</i> who may have serious condition? - Could there be a <i>unit for inebriated/intoxicated?</i> Can be distressing with drunk or crisis occurring whilst waiting

As these excerpts show, the feedback for this option was largely positive, but with concerns raised regarding access to parking access and parking costs at the Darent Valley Hospital site.

Since this time Dartford and Gravesham NHS Trust have confirmed that Darent Valley Hospital's physical site could accommodate, without significant capital requirement, an urgent treatment centre co-located with the Emergency Department. This would be an expansion of the existing primary care streaming service that has operated at the Trust since late 2017.

4. Options Under Consideration

The case for change, presented to the Committee in July 2017, remains the same and it is therefore proposed that the CCG pursue two possible options:

- (i) Co-location of walk-in services currently provided by the Minor Injuries Unit at Gravesham Community Hospital, the Walk-in Centre at Fleet Health Campus (also known as the Whitehorse Walk-in Centre), and GP out-of-hours base sites*, to provide an urgent treatment centre sited at Gravesham Community Hospital.
- (ii) Co-location of all urgent care walk-in services (i.e. the services currently provided at the Minor Injuries Unit at Gravesham Community Hospital, the Walk-in Centre at Fleet Health Campus, GP out-of-hours base sites*, and the primary care streaming service at Darent Valley Hospital) to provide an urgent treatment centre co-located with the Emergency Department at Darent Valley Hospital.

The period of pause will allow the CCG time to fully explore these options.

** The GP out-of-hours home visiting service will continue to be provided under both options.*

5. Communications and Engagement

The Gravesham Community Hospital urgent treatment centre site option has already been assessed as part of the proposals presented to the Committee in July 2017. At the time the Committee supported the CCG's assertion, supported by advice from the Consultation Institute, and the outcome of an intensive local community engagement exercise undertaken, that as the proposal involves relocating provision of services 1.3 miles further towards a town centre location with improved public transport, the option was not a substantial variation, and therefore no period of formal public consultation was required.

The revival of the option to co-locate urgent care walk-in services at Darent Valley Hospital involves the relocation of two urgent care walk-in services (i.e. the Minor Injuries Unit at

Gravesham Community Hospital and the Walk-in Centre at Fleet Health Campus). The CCG therefore believes that a full public consultation will now be required.

A detailed communications and engagement plan is being developed with plans for a consultation later this year.

Healthwatch Kent has been notified, and some pre-consultation engagement with stakeholders has been carried out with the public at roadshows in the local area, and with a survey. Further pre-consultation engagement with stakeholders is being planned.

6. Interim Period

Existing providers have been made aware of the current pause, and of the opportunity to explore another site option, and all have committed to working collaboratively to ensure services are maintained.

Until such time as the public consultation is complete and the site of the future urgent treatment centre is agreed, urgent care services will continue to be provided. It is likely however that the NHS national requirement for minor injuries units and walk-in centres to be replaced by urgent treatment centres will not be achieved for DGS CCG by 1st December 2019.

The CCG is working closely with NHS England to manage this and the CCG is fully engaged in the NHS England Assurance Process for Service Reconfiguration.

7. Indicative Timeline and Next Steps

The timeline has yet to be finalised however given the period of purdah relating to the district councils holding whole council elections in May 2019, it is anticipated that the consultation document will be ready to share with the Committee post purdah and will be closely followed by the commencement of a full public consultation.

The outcome of the consultation will be known, and will have been considered by the CCG's Governing Body, before the end of the year, but no services will be changed during the winter period to avoid any additional pressure on the system during this time.

The outcome of the consultation, and the Governing Body's decision regarding site for the urgent treatment centre, will be shared with the Committee as soon as it is available.