NHS
Southend
Clinical Commissioning Group

AGENDA ITEM 5

GOVERNING BODY MEETING PART I IN PUBLIC

26TH NOVEMBER 2015

Date of the meeting	26th November 2015
Author	Robert Shaw, Joint Director of Acute Commissioning and Contracting
Purpose of Report	To provide the Governing Body with progress on the Urgent Care Redesign and summary clinical model.
Recommendation	The Governing Body is requested to note the progress on the Urgent Care Redesign and endorse the clinical model.
Previous Committee Dates	N/A

Monitoring and Assurance Summary

This report links to the following Assurance Domains	• Quality ✓ • Equality and Diversity ✓ • Engagement ✓ • Outcomes ✓ • Governance ✓ • Partnership-Working ✓ • Leadership ✓

I confirm that I have considered the implications of this report on each of the matters below, as indicated:	**Yes** [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register		✓	
Budgetary Impact	✓	✓	
Legal / Regulatory	✓		✓
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓	✓	
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

1. PURPOSE

1.1 The purpose of the paper is for the Governing Body to endorse the clinical model and to note progress on the proposed Urgent Care Redesign Case.

2. OVERVIEW

2.1 Following the outcome of the consultation the Trust and commissioners have agreed the overall clinical model. Detailed work is currently underway to describe the detailed service specification which will underpin the delivery of the clinical model.

2.2 The Trust and commissioners are now working to pilot key areas of the new service throughout the winter period, ahead of 1st April start date and inform the service detail.

2.3 In additional we are currently undertaking detailed activity analysis which will inform the contractual elements of the commissioning case.

2.4 Therefore this paper articulates the development of the commissioning case to date focused upon the clinical model. The final version of the case will be presented to Governing Body in January 2016.

3. BACKGROUND

3.1 In October 2007, as part of his Next Stage Review health minister Lord Darzi announced new investment to develop approximately 150 GP- led health centres across the UK. St Luke's Health Centre in Southend is open 365 days a year from 8am-8pm, with a registered list size of ~6000 patients and also offering walk in appointments for patients registered with other practices (or unregistered).

3.2 From 1st April 2015, NHS England retained commissioning responsibility for the registered patient provision but the walk-in provision became the responsibility of the Clinical Commissioning Groups (CCGs). The contract for both elements of St Luke's was extended to 31 March 2016 to enable a full public consultation and future commissioning decisions to be made.

3.3 With increasing attendances, predominantly from patients attending with minor illnesses, placing significant challenges on the local Accident and Emergency (A&E) department, the consultation around St. Luke's offered an opportunity to re-think how urgent care is provided in the area. For example, national guidance now recommends co-locating urgent care services alongside A&E departments to manage minors patients (NHSE, 2015).

3.4 Following the public consultation, both NHS Southend CCG and NHS Castle Point & Rochford CCG Governing Bodies approved at their meetings on 24th September 2015, a recommendation to close the walk-in element of St. Luke's and charged the Urgent Care Pathway Project Board with developing a new urgent care pathway.

3.5 This decision provides an opportunity to pilot an entirely new service at the front door of A&E and better manage the minors stream, which would not only significantly reduce pressure on the A&E department but also ensure patients are routed to the best place for the care they need, not necessarily within A&E.

4. OUTLINE OF THE SERVICE

4.1 The Urgent Care Navigation Service ('The Service'), situated at the front door of Southend University Hospital NHS Foundation Trust (SUHFT) A&E, will provide a Primary Care clinician during peak hours to stream all walk-in patients and appropriate ambulance arrivals to the most appropriate part of the hospital. The service model is designed to ensure patients are assessed quickly and effectively in the early part of their journey by a highly qualified and experienced 'Streaming Clinician' and to ensure they are on the appropriate treatment pathway from the start.

4.2 This 'Streaming Clinician' will have the ability to stream patients into the core A&E services, request a further assessment by the 'Seeing Clinician', stream to more appropriate services outside A&E via the 'Navigator' or discharge the patient as their clinical need dictates. The 'Navigator' role is a key component within the model and will support patients to access services such as Primary Care, Pharmacy and Dental Services by booking appointments and providing details of local services as appropriate.

4.3 In providing Clinicians and Navigators to stream out and support minor illness patients attending A&E to access more appropriate provision, the service will help support patient flows through the hospital during its busiest periods, whilst recognising very poorly patients who need to be fast-tracked into core A&E services.

4.4 Educating and supporting patients to make appropriate use of healthcare services will be an important part of the service model and a pervasive theme as patients move through the pathway. This will include, for example, helping unregistered patients register with a GP Practice or providing leaflets to patients on local pharmacy or dental services.

4.5 The service design supports new and emerging models of urgent care through its focus on early assessment, providing care that is proportional to need, supporting patients to navigate the urgent care system and promoting integration between the hospital Trust, Primary Care and other providers.

4.6 It is anticipated that the 'streaming' element of the service will be in place 365 days a year. The 'seeing' and 'navigation' elements of the service will also be available 365 days a year from 09:00 until 00:00.

4.7 The service differs from the current service model in two distinct ways. Firstly, the introduction of a 'Navigator' role will focus the service more on redirecting minor illness patients to appropriate services outside of A&E and making better use of existing Primary Care capacity. Secondly, the service will no longer perform a 'see and treat' function, thus reducing the appeal of A&E as an alternative route to access Primary Care services.

5. SERVICE DESCRIPTION

5.1 This section describes the agreed clinical model between the CCGs and Trust. A copy of the work flow can be found in Appendix One.

5.2 Following registration, all walk-in patients and those deemed appropriate following ambulance assessment and transport to the department, will have an assessment completed by a suitably qualified Clinician to understand the nature of their presentation (injury or illness) and to determine a National Early Warning Score (NEWS). The purpose of streaming will be to identify and direct patients to the right place for the right care and also identify any potential emergencies, keeping the patient safe at all times.

5.3 Staff undertaking this 'Streaming Clinician' role will be a combination of GPs and experienced nurses who will have the skill and experience to quickly and accurately assess a patient's clinical need and have the authority and confidence to direct patients to the services they need or discharge the patient as clinical need dictates.

5.4 After this initial assessment, patients will be managed in the following ways depending on their presentation;

- Any injury or an illness with a NEWS >1 will be streamed directly into core A&E services and be appropriately managed under pre-existing protocols.

- An illness with NEWS ≤ 1 which requires further assessment before being streamed will go on to be seen within the service by the 'Seeing Clinician'. The 'Seeing Clinician' will undertake a more detailed medical assessment with the patient and stream them into the appropriate area of the department. This may include into core A&E services or a hospital-based speciality as required, supporting the patient to access more appropriate services directly or via the 'Navigator', or discharging the patient.

- An illness with NEWS ≤ 1 which can be directed to alternative services outside the A&E, such as Primary Care, will be seen by the 'Navigator'. The Navigator may be non-clinical but is a crucial role in providing direct support to patients streamed to other services and may involve booking appointments for the patient, providing local knowledge of the services available and also assisting unregistered patients to register with a GP Practice.

5.5 At the outset there will be six "redirection" pathway options:

- GP Practice (own GP practice or a GP practice that is commissioned to provide services to patients who are unregistered or registered elsewhere)
- Primary Care Hubs
- Pharmacy
- Out of Hours (OOH)
- Dental Practice
- Self-management

5.6 The redirection aspect of the model described here will be used at service commencement. However, it is anticipated that this will be the subject of ongoing scrutiny and will expand to provide a broader range of treatment and patient support options, in order to ensure the best possible outcomes for patients, the Provider and the Commissioner.

6. ALIGNEMENT TO CCG PRIORITIES

6.1 This project links to the following commissioners corporate objectives:

- We will deliver our constitutional standards and manage the delivery of health services within our available budget over the next five years
- We will embark on a programme of transformation that delivers new models of care through a reinvigorated primary care provision that places the patient at the centre of an integrated care pathway working with local partners and resource following the patient
- We will involve local people in deciding what we do
- We will ensure that those services we commission for the population are safe, of a high quality and improve the health of our population
- We will improve capacity, capability and access to primary , urgent and emergency care
- We will ensure there is greater involvement with our member practices and strong clinical leadership is provided
- Ensure effective and best use of public funding

7. CONTEXT AND SUPPORTING ANALYSIS

7.1 Accident & Emergency departments throughout the country are experiencing unprecedented levels of attendances, with ‘winter pressures’ being felt all year round in some areas. Compared to the previous year, attendances at SUHFT A&E department rose 6% over the 12 months ending June 2015 which equates to 14 extra patients per day. This is a far greater increase compared with the national average of 1.1% and attendances at SUHFT now regularly top 8000 patients per month. The knock on effect on the 4-hour Emergency Care Standard is such that the 95% target has only been achieved in 1 month during the year leading up to August 2015 and performance is consistently below that achieved in 2014-15.

7.2 An analysis completed in August 2015 by The Boston Consulting Group showed that the additional 14 patients per day are predominantly a result of non-major presentations (9 non-major vs 5 major). The growth in non-major attendances was analysed further and a clear profile of this patient group emerged:

- The growth is wholly experienced in-hours on all days of the week
- Patients are of working age or children (Under 30s = 66%, 30-64 = 33%)
- Demand is from walk-in presentations with medical diagnoses
- From Southend CCG (56%) and CP&R CCG (22%)

7.3 A survey of patients attending the current model at SUHFT A&E was also carried out and indicated that 16% of patients had tried to get an appointment with their GP but were not able to be seen quickly enough. This is supported by results from a national survey showing that patient's ability to see or speak with their GP in Southend and CP&R had worsened in 2014-15 compared with the year before, whereas national trends reported a small improvement. Also of significance was the finding that 23% of patients had not considered contacting their GP at all before attending the A&E department.

7.4 An analysis of Primary Care capacity is currently being broached in both Southend and Castle Point & Rochford to better understand the challenges that both GPs and patients are reporting. This analysis will also support the Navigator within the proposed service by identifying unused Primary Care slots and opening them up to direct bookings from the service.

8. STAKEHOLDER AND SERVICE USER ENGAGEMENT

8.1 The public consultation over the future of urgent care services in south east Essex was promoted throughout the consultation period through local media, social media, patient groups, and other organisations such as Healthwatch Southend & Healthwatch Essex, via local authorities and SAVS.

8.2 During the consultation period a series of public events and meetings took place in both Southend and Castle Point & Rochford to explain the CCG's preferred option. A discussion document with accompanying paper and online survey were made available for local people to have their say.

8.3 In all 152 surveys were completed which is reflective of the response rates other CCGs have achieved with similar consultations, and of those who expressed a view on the preferred option 61% were in favour and 39% were against.

8.4 Following the decision not to recommission the walk-in service at the St. Luke's Health Centre, the Urgent Care Pathway project board has charged its Communications & Engagement group with developing a plan for consulting with patients on how the new service can be successfully implemented. The plan also outlines the communications activities that will take place leading up to the launch of the new service and beyond, so that the local population are better informed of the changes and how to navigate the urgent care system at times of need.

8.5 The Chief Operating Officer and Clinical Director for A&E at SUHFT, as well as other key staff, have been involved throughout the development of the new service with attendance at project board and clinical design meetings. We continue to pursue a close working relationship with the Trust to ensure the service is implemented effectively and learning is maximised during the pilot period.

8.6 At the clinical design group on 8th October 2015 the model was agreed and subsequently endorsed by the project board on the 15th October 2015.

8.7 We have also continued the process of working with patient involvement groups through the following initial meetings where the clinical model has been presented;

- NHS Southend CCG – 27th October
- NHS Castle Point & Rochford CCG – 10th November

8.8 As a result of these meetings feedback on how we communicate with patients will be included into the communications element of the case.

9. QUALITY ASSESSMENT

9.1 A full Quality Impact Assessment (QIA) has been completed alongside the project Clinical Leads and has satisfied the Quality Teams at both NHS Southend CCG and NHS Castle Point & Rochford CCG. The QIA will be continually revisited throughout the duration of the project. A full QIA is available on request.

10. EQUALITY & DIVERSITY IMPACT ASSESSMENT

10.1 A full Equality & Diversity Impact Assessment (EIA) has been completed alongside the project Clinical Leads and has satisfied the Quality Teams at both NHS Southend CCG and NHS Castle Point & Rochford CCG. The EIA will be continually revisited throughout the duration of the project. A full EIA is available on request.

11. NEXT STEPS

11.1 The following actions are being taken in order to deliver the final commissioning case for approval in January 2016;

- Detailed service specification and pilots to be agreed by Commissioners and Trust
- Detailed activity modelling with sensitivity analysis to support capacity plans for service.
- Contractual position agreed with all parties through appropriate gain share model

- Feedback from Patient involvement groups
- Outcomes of pilots to inform final case;

12. RECOMMENDTAION

12.1 Members of the Governing Body are invited to endorse the clinical model and note progress on the Urgent Care Redesign.

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Date : **11th November 2015**

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13. Appendix One – Clinical Model flow diagram

Appendix One - Summary clinical mode