

East Sussex Better Together - Urgent Care Re-design Programme

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This paper provides a summary of the Urgent Care Re-design Programme along with a summary of the recent public engagement.

1.0 Context

Urgent care is a term that describes the range of services provided for people who require **same day** health or social care advice, care or treatment.

This is different from emergency care provided in our emergency departments (A&E), other hospital departments, 999 and ambulances which are set up to respond to serious or life threatening emergencies.

Following a national review in 2014, NHS England set out very clear commissioning standards to ensure future urgent and emergency care services are integrated and offer a consistent service. These commissioning standards are informing how we – through ***East Sussex Better Together*** – best organise and provide local urgent care services.

2.0 Introduction

Under East Sussex Better Together (ESBT), the overarching vision for urgent care is to embrace a system wide approach which will create a long term sustainable solution that delivers care in the most suitable environment wherever this is most appropriate. This vision, developed and informed by the outcomes of public and stakeholder events held since August 2014, will improve access to local urgent and emergency health and care services.

Identified as a priority from the outset, a dedicated ESBT Whole System Urgent Care work stream was established to oversee the transformation programme. The steering group, which comprised clinical and managerial leads across local providers and commissioners of urgent care services, was tasked to design and implement a new integrated delivery model of urgent health and social care and make recommendations for improvements to address clinical safety, quality of provision and effective use of resources across the system.

Following the development of the agreed case for change, extensive stakeholder engagement and co-design has been undertaken to identify options for how a transformed urgent care service might be provided across East Sussex.

This paper provides a summary of the progress to date, including a description of the proposed overarching service model and an outline of progress across each of the resulting workstreams underpinning our urgent care transformation programme.

2.0 Scope

At the outset of this work, it was agreed that the following services would be included in the scope as part of the development of an integrated urgent care model. This reflects the multiplicity of current service providers and existing contractual arrangements that are engaged in providing urgent care services for the local people of East Sussex:

- NHS 111

- GP (In Hours and Out of Hours)
- Walk-in Centres
- Activity at Accident and Emergency (A&E) departments
- Hospital Intervention Team
- Mental Health Crisis Support
- South East Coast Ambulance Service (SECAmb)
- Adult Social Care- Emergency Duty Service

In addition to the above, it was recognised that consideration of the Information Managements and Technology (IM&T) infrastructure to support integrated working and provision of care was required.

3.0 Service Model

A number of stakeholder events engaging with the public, voluntary sector, GPs, community services, local acute trusts, social services, housing, ambulance trust, mental health and local clinical commissioners were held in 2014 and 2015 to develop the service model.

Stakeholders told us they wanted consistency and confidence in the urgent care system. They requested clear links with primary care, the integrated locality adult teams providing community based health and social care services, crisis response, mental health, dental services, community pharmacists and voluntary services. Stakeholders described a hub and spoke model, which would effectively share multi-disciplinary teams to manage urgent care pathways both in the community and hospitals.

The outline model that was produced as a result of these engagement events was agreed by the ESBT Programme Board in December 2015 (Annex 1).

The proposed model and approach is entirely consistent with NHS England strategic planning guidance and the national model for urgent care published shortly thereafter. These cite that new integrated urgent care models should be developed to support urgent and emergency services, so that no one is working in isolation from expert advice 24 hours a day and identifies, as a priority, the provision of urgent care services in a coordinated urgent care centre.

Whilst it is evident that our proposed model is built on the principles of integration, given the complexity and far reaching nature of urgent care, the detailed design of our local system has been broken up into three key interrelated component parts:

1. The development of our A&E Departments into Integrated Urgent and Emergency Care Departments
2. The re-design and re-procurement of NHS 111 and the development of Local Clinical Hubs providing telephone assessment, triage and referral co-ordination service in line with recently published national specifications.
3. The provision of 24/7 access to same day general practice which includes the future provision of Primary Care Out of Hours (OOH) services and a review of our Eastbourne and Hastings Walk-in Centres (WICs)

An outline of the progress with the plans for each of the three component parts of the model redesign is summarised below.

4.0 Integrated Urgent and Emergency Care Department

Central to our whole system urgent care model is the enhancement of our A&E departments into fully integrated Urgent and Emergency Care departments through the introduction of a broader mix of staff to better manage people's wide ranging needs. This includes G.Ps, Physiotherapists, Nurse Practitioners (including Paediatric Nurses), Health Care Assistants, Mental Health Workers and Social Workers. These staff will work alongside our A&E consultants and emergency care staff at both hospital sites to ensure patients' needs are met as quickly as possible and they can seamlessly be referred on to appropriate community services to better support them on discharge.

In line with local feedback, the Urgent and Emergency Care department will have a more streamlined approach to managing patients more efficiently from presentation at the front door to supporting them through the system as required. A key element to the success of an integrated approach will be the rapid triage and assessment of the patient by a senior clinician and/or social worker, so that investigations and treatments can be started earlier, and planning for the safe discharge or transfer of patients to start in a timely way.

It was recognised from the outset that much of the work to develop integrated urgent and emergency care departments is achievable in the more immediate future through collaboration with local partners. Therefore in order to progress with the implementation of this approach to begin to enhance this part of the system, the following activities have been undertaken

- Review of the patients currently attending A&E by time of day and presenting condition to understand the demands on the service and levels of support required.
- Review of the skill mix of staff that is needed to better manage the level of demand and ensure our specialist emergency clinicians are able to focus on the emergency cases.

As a consequence, in order to focus our investment to best effect, additional funding has been agreed to begin to establish our integrated workforce and support the existing staffing complement and structures within our A&E departments. This includes recruitment to provide the following additional staffing capacity and skill mix:

- Enhanced Hospital Intervention Team to include social workers, therapists, nurses and mental health support workers.
- Dedicated Paediatric nursing team
- Expanded take home and settle team
- Non-clinical navigators to help signpost and support people to access local services
- General Practitioners

In addition, a review of the pathways to ensure patients are efficiently triaged, treated and referred to the appropriate onward setting is underway. This includes ensuring patients are effectively supported and navigated through the system in a seamless fashion, agreeing clearly articulated local urgent care pathways and the provision of robust alternatives in the community such as; community pharmacy advice for minor illnesses, extended primary care hours with access to emergency appointments and a 24/7 community based crisis response service.

It is anticipated that this work, together with the recruitment plans will be concluded by March 2017 to begin to provide a more streamlined, enhanced service that begins as soon as patients arrive at A&E.

5.0 NHS 111 / Local Clinical Hub Triage and Assessment

NHS 111 is the free NHS non-emergency number, available to everyone 24 hours a day, 365 days a year. It's the number to call to speak to a trained adviser, supported by healthcare professionals, where callers are asked a series of questions to assess symptoms and are directed to the best service to meet their needs.

Since inception, NHS 111 has been provided by a number of providers across the country in line with the national specification. The local NHS 111 service has been delivered by South East Coast Ambulance Service as part of a regional contract covering Kent, Medway, Sussex and Surrey (KSS). Originally contracted until March 2016, this has been extended until March 31st 2018 to allow time for a whole system redesign and new models of care to be developed in line with the national Integrated Urgent Care models as set out in NHS England commissioning standards guidance to CCGs. Across KSS, agreement has been reached that the re-procurement of the service will be split into 3 lots, with the East Sussex CCGs forming part of the Sussex and East Surrey NHS 111 re-procurement footprint.

The new national specification for the NHS 111 service is to provide a call handling and self-help service that is then integrated via technological solutions to local clinical hubs providing a comprehensive clinical triage and telephone assessment service. NHS 111 will therefore operate as the 'doorway' to access other urgent care services and provide a more streamlined assessment pathway, identifying patient need earlier in the pathway and routing calls to the most clinically safe and appropriate service for their need.

The preferred option for the development of our local East Sussex clinical hub is to develop and expand Health and Social Care Connect (HSCC) to provide the local clinical triage and telephone advice service and fulfil this role.

In line with this, we have established three clear project workstreams under this transformation umbrella:

1. To work with colleagues across Sussex and East Surrey to inform the re-procurement of the revised NHS 111 service in line with the nationally agreed standards.
2. To identify the technological requirements and solution to ensure necessary levels of integration between the new NHS 111 service and the local clinical hubs across Sussex and East Surrey.
3. To develop our local pathways to ensure the provision of effective timely clinical triage and assessment within HSCC as our local clinical hub.

Currently we are collectively working with CCG colleagues across Sussex and East Surrey to finalise the service model and specification for the new NHS 111 service in line with national standards by February 2017 to underpin re-procurement of the service within the originally agreed timescales. In addition, work continues at pace to further develop and refine our model for enhancing our local clinical assessment and triage services within these agreed timescales. The timeline for the required re-procurement of this service is currently under consideration to ensure robustness of approach across Sussex and East Surrey, and the new service model will be implemented from April 2018 at the earliest.

6.0 Primary Urgent Care Service (PUCS)

The third key component of our urgent care transformation relates to the redesign of primary care to provide consistent effective same day urgent care services. This relates to services currently provided by our General Practitioners within local practices, those provided by the Eastbourne and Hastings GP Walk-in Centres (WICs) and the existing GP Out of Hours (OOH) service provided by IC24, the latter two of which are provided via separate contractual arrangements with IC24. As with the NHS 111 service, the contract

end dates for each of these services have been extended to the end of March 2018 to enable a fully integrated approach to be achieved.

In order to inform our plans, engagement with and within localities has been undertaken. In line with existing local knowledge, feedback has told us that there are current challenges in the system which need to be considered in order to support primary care including:

- Challenged in-hours service provision making access difficult
- Fragmented service providers and delivery
- Increasing unscheduled demand
- Increase in complex cases
- Workforce challenges

In response, the proposed new model is for the provision of an integrated primary urgent care service in Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother (H&R) CCGs which seeks to uphold the NHS England Commissioning standard requirement that 'Integrated Urgent Care should aim to book face to face or telephone consultation appointment times directly with the relevant urgent or emergency service, whenever this is supported by local agreement. As networks and federations of GP practices develop, patients may be offered an alternative practice-based appointment within their GP network.'

The proposed new model for Primary Urgent Care Services outlines how patients will be able to access same day advice, guidance or treatment within the primary care setting and demonstrates the interface with both the NHS 111 service and the local clinical hub.

As described in section 7 below, this has been the subject of extensive local engagement, the outcome of which is currently being incorporated into our final plans. Once finalised and implemented, it is anticipated that this integrated service model will afford a number of benefits to patients and clinicians including:

- Patients will be able to directly access a triage appointment with their first call, leading to appropriate signposting or an appointment booked within a suitable time frame.
- Moving towards a Primary Care service that looks the same to the patient 24/7 (i.e. no in/out of hours nomenclature)
- GP capacity to manage demand and increase time to focus care on the management of long term and chronic conditions, and meet the needs of the general population.
- Ability to tailor the service and design it around identified needs, building on the good service already provided by the WICs, and enabling them to better manage demand and plan effectively.
- Provision of a pool of services to deal with needs that cannot be met by smaller GP practices and providing access to a larger multidisciplinary workforce.

As with NHS 111, we are working locally to incorporate and finalise the service model and specification for the new Primary Care Urgent Care Service by January for agreement in February 2017 to underpin re-procurement of the service within the originally agreed timescales. In the meantime, conversations continue with the Hastings Federation and IC24 to begin a piece of work to explore the potential to test the model in advance of the full roll-out.

8.0 Engaging with people about the re-design of Urgent Care

We have undertaken extensive engagement with local people to ascertain their views and what is important to them. Two extensive dedicated stakeholder engagement sessions were held on urgent care re-design in January and April 2015. The future provision of urgent care services has featured as a key interactive agenda item on three of our major Shaping Health and Care engagement events in both EHS and H&R CCG areas:

- **Autumn 2014** : Focusing on developing better ways of accessing urgent care and support
- **May 2015**: Exploring how the new model of accessing urgent care and support should work including, how we make the most of what is available in our communities to support our shared aims.
- **Spring 2016**: Urgent care – identifying what's important to local people?

Following these sessions, we have undertaken a more targeted engagement exercise to ask people how they think we could improve access and services for people as and when they need them on an urgent, same-day basis.

Throughout September 2016 we visited **8 locations** across the ESBT footprint and attended some **East Sussex wide community meetings**. We particularly **targeted views of parents of young children and people aged 20-29**, who are some of the highest users of urgent services.

A summary of the outcome of the engagement and a copy of draft report collating all the feedback is provided in Annex 2 for information. The survey questions and supporting information provided to respondents is attached as Annex 3.

9.0 Timescales and Next steps

As highlighted above, our urgent care transformation programme can be considered in three inter-related component parts. Whilst the development and enhancement of our A&E departments to provide integrated urgent and emergency care services has begun, the redesign of NHS 111 and our primary care urgent care services are subject to re-procurement. As such, the timetable anticipates that the service specification and final business case for the required re-procurement of NHS 111 and GP out of hours (our primary care urgent care work) will be concluded in January 2017 and feed into the wider Sussex and East Surrey NHS 111 re-procurement.

10.0 Recommendations

The Health and Overview Scrutiny Committee members are asked to note progress with the development and implementation on our integrated urgent care service model.

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