

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 27 September 2018

By: Assistant Chief Executive

Title: Urgent Care Redesign in East Sussex

Purpose: To update HOSC on the redesign of the urgent care system as part of both the Connecting 4 You and East Sussex Better Together programmes; and to provide an update on the NHS 111 procurement process

RECOMMENDATIONS

The Committee is recommended to:

- 1) Consider and comment on the progress of the NHS 111 procurement process
 - 2) consider and comment on the progress of urgent care redesign in the Connecting 4 You and East Sussex Better Together areas.
 - 3) Agree to resume the work of the HOSC sub-group considering Urgent Treatment Centre proposals in the East Sussex Better Together area.
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1 Background

1.1 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 accident and emergency departments (A&E), other hospital departments, 999 and ambulances which are set up to respond to serious or life-threatening emergencies.

1.2 Following a national review in 2014, NHS England set out clear commissioning standards to ensure future urgent and emergency care services are integrated and offer a consistent service. In March 2017, NHS England and NHS Improvement published the *Next Steps on the NHS Five Year Forward View* which highlighted the importance of delivering integrated urgent care services to help address the fragmented nature of out-of-hospital services. There are 10 nationally set key deliverables in relation to urgent and emergency care including:

- the roll out of standardised new 'Urgent Treatment Centres' (UTCs) which will be open 12 hours a day (minimum), seven days a week, integrated with local urgent care services by December 2019;
- the commissioning of the nationally mandated increase in Extended Primary Care Access (access to GP appointments outside core hours and at weekends) by October 2018.
- the re-procurement of NHS 111 to include the ability to book patients into UTCs and to have a Clinical Assessment Service (CAS) that can hear and treat patients over the phone.

1.3 UTCs and extended access to GP services are being developed separately in the Connecting 4 You (C4Y) and East Sussex Better Together (ESBT) areas of East Sussex. NHS 111 is being re-procured across the whole of Sussex, led by Coastal West Sussex Clinical Commissioning Group (CCG) on behalf of all the Sussex CCGs.

2. Supporting information

NHS 111

2.1. The Chair of HOSC was contacted by the 111 Programme Director (Sussex) on 14 June with notification that a decision had been taken to stop the current NHS 111 procurement for

Sussex, which was due to appoint a provider to deliver a redesigned 111 service to the nationally mandated specification from 1 April 2019.

2.2. The Committee considered a verbal update at its 29 June meeting. It was assured by officers that the pause was not due to a flawed procurement process and that NHS England shared this view; officers were undertaking further engagement with the market and researching what NHS 111 models were being developed elsewhere in the country. Discussions with the current NHS 111 provider – South East Coast Ambulance Service NHS Foundation Trust (SECAmb) – were about to begin to ensure continuity of service beyond the end of the current contract in April 2019.

2.3. Coastal West Sussex CCG has provided an update (attached as **appendix 1**) on the progress of the NHS 111 procurement and its impact on the urgent care redesign programmes in the ESBT and C4Y areas of East Sussex.

2.4. The update report outlines how the revised procurement process will be taken to the seven Sussex CCG Governing Bodies in September for agreement. Discussions with the current providers are also underway to ensure continuity of service for patients after 1 April 2019 for up to a year until the new service is in place, which is anticipated to be 1 April 2020.

East Sussex Better Together

2.5. HOSC considered reports on urgent care redesign in the ESBT area in December 2016, September 2017, March 2018 and June 2018.

2.6. At the March meeting HOSC considered proposals from Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother CCG (HR CCG) to establish two UTCs co-located with the A&E departments at Eastbourne District General Hospital (EDGH) and the Conquest Hospital in Hastings. This would involve the relocation of the walk-in primary care services currently located at Eastbourne and Hastings stations since UTCs will provide a walk-in service as well as bookable appointment slots.

2.7. The Committee agreed that the proposed relocation of walk-in services constituted a 'substantial development or variation to services' requiring consultation by the CCGs with the Committee in accordance with health scrutiny legislation.

2.8. At its June meeting the Committee learned that the pause in the NHS 111 procurement process meant it was necessary for CCGs to review the UTC proposals over the summer and update HOSC in September. The Committee was informed that the CCGs did not believe the impact of the NHS 111 procurement would be significant on UTC plans.

2.9. HOSC had formed a sub-group to take responsibility for considering the UTC proposals in detail and preparing a response for consideration by the Committee. Given the review being undertaken by the CCGs, HOSC agreed to suspend the sub-group's work pending re-submission of proposals to the Committee.

2.10. A further update on ESBT urgent care redesign provided by EHS and HR CCGs is attached as part of **appendix 2**. The report outlines that a revised delivery timeline for the UTC plans has been set with an operational date of 1 October 2019. The CCGs have also conducted a further options appraisal and have identified four options for UTC reconfiguration, as well as a 'do nothing' option; these options will be considered by the CCG Governing Boards on 26 September. The outline business case will be published in October 2018; public engagement will take place during November and December 2018; and a final business case will be agreed by the CCGs' Governing Boards in February 2019.

2.11. The timeline for implementing the proposals means that HOSC may wish to recommence the HOSC sub-group considering Urgent Treatment Centre proposals in the East Sussex Better Together area to ensure that it can consider the revised options in a timely manner.

2.12. Alongside the proposal to establish co-located UTCs with the local A&E departments, the ESBT CCGs are required to commission the nationally mandated increase in Primary Care Extended Access (PCEA) (access to primary care appointments outside core hours and at weekends) by 1 October 2018.

2.13. **Appendix 2** provides an update on progress to date setting out how:

- South Downs Health Care Limited in partnership with HERE will provide PCEA in Bexhill, Eastbourne, Hailsham and Seaford – initially in two hubs (Eastbourne and Bexhill) from 1 October and five by January 2019. This will provide 100% extended access coverage for EHS CCG and 30% coverage for HR CCG.
- The provider of the remaining 70% coverage in the HR CCG area will be determined on 19 September following the outcome of a second procurement process.

Connecting 4 You

2.14. The Committee considered an update on the progress of the urgent care redesign as part of the C4Y programme at its June 2018 meeting. The Committee was informed about, amongst other things, the progress with implementing changes to the Minor Injuries Unit at Lewes Victoria Hospital to establish it as a UTC and the plans to roll out extended access to primary care across the High Weald Lewes Havens (HWLH) area by October.

2.15. HWLH CCG has provided a further update (attached as **appendix 3**) on the progress of plans to roll out extended access to primary care in the C4Y area of East Sussex.

2.16. The update outlines how Care Unbound, a subsidiary of HERE, has been appointed to deliver the PCEA service across the HWLH area from 1 October through a minimum of 4 hubs in line with national requirements at a cost of £6m over 5 years. The CCG explains that the timetable for delivering Improved Access has been ambitious and risks to delivery remain, although mitigating actions are in place.

3. Conclusion and reasons for recommendations

3.1 This report provides HOSC with an update on developments in relation to urgent care as part of the C4Y and ESBT programmes, including specific proposals in relation to UTCs. HOSC is recommended to consider and comment on the updates.

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