

## **East Sussex Better Together (ESBT) – Urgent Care Redesign Programme Update**

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This paper provides a summary update on the progress being made on the ESBT Urgent Care Re-Design Programme in respect of Urgent Treatment Centres (UTCs) and Primary Care Extended Access (PCEA).

### **1. Urgent Treatment Centres**

#### **1.1. Background**

UTCs are nationally required to be in place by no later than **01 December 2019** and beyond this date services should no longer be referred to as walk in centres (WICs), minor injury units (MIUs) or urgent care centres (UCCs).

On 28 March 2018 the ESBT CCGs' Governing Bodies approved an outline business case that proposed to develop UTCs that will be co-located to our two local hospital A&E departments at Eastbourne District General Hospital (EDGH) and Conquest Hospital by **01 April 2019**.

The CCGs plans and proposals to develop UTCs were also submitted to the East Sussex Health Overview and Scrutiny Committee (HOSC) on 29 March 2018.

In June 2018 the Sussex CCGs took the decision to stop the 111 procurement process. Whilst there has been agreement to start a new procurement process it is anticipated that full implementation of the new NHS 111/Clinical Assessment Service (CAS) contract will not be in place until **01 April 2020**.

The CCGs' Governing Bodies were informed in June 2018 that, as a consequence of the decision to stop the 111 procurement process, there was a need to assess the impact of this decision on our local plans to develop UTCs. This also provided an opportunity to consider the pre-consultation engagement feedback we have received since we submitted our detailed UTC proposals to HOSC in March 2018.

#### **1.2. Impact of NHS 111 Procurement Decision on UTC Plans**

The ESBT plans to develop UTCs were designed to align with an integrated approach to urgent care that would bring together a number of services such as GP out of hours (OOH), primary care streaming and walk in urgent care access, and would be supported in part by the implementation of the national Integrated Urgent Care (IUC) specification and the operational delivery of the new NHS 111/CAS by **01 April 2019**.

Therefore the impact that the decision to stop the 111 procurement has on our local UTC plans relates principally to the timing of the IUC re-design elements and related contract negotiations and extensions, which are currently taking place with existing service providers.

The ESBT CCGs have reviewed the timelines of our UTC plans and have aligned them to deliver our UTCs by **01 October 2019**.

### **1.3. Progress to date**

Since the initial iteration of the Outline Business Case was presented to the CCGs' Governing Bodies on 28 March 2018, further communication and engagement with the public and key stakeholders has taken place:

- UTC Proposals to HOSC (March 2018);
- Provider Market Engagement activities (May 2018);
- Consultation feedback from HOSC Subgroup (April and May 2018);
- 'Shaping Health & Social Care' events (May 2018);
- Patient Participation Group (PPG) Forums (in both CCGs); and
- East Sussex Seniors' Meeting.

There have also been developments of a number of external factors which influence the development of our local UTCs:

- Understanding of the national and local integrated urgent care model has matured;
- Greater understanding of local patient demand for primary urgent care services (PUCS), i.e. NHS 111, Walk In Centres and GP out of hours services ;and
- NHS 111 Procurement Stop Decision.

In response to the understanding afforded from the above, the ESBT Urgent Care Planning and Design Group (UCPD) decided to revisit the proposed UTC options by way of a further options appraisal to test their robustness against this new intelligence.

A Commissioners' Workshop was held on 02 August 2018 to review the new intelligence available and consider its impact upon UTCs. As an outcome of this meeting (in addition to the option of 'do nothing') four options were identified for each CCG.

It was agreed to hold a second workshop to score these options against a set of criteria to ascertain which would be the preferred option for each CCG.

The second workshop took place on 05 September 2018. In addition to CCG staff, invitations were made to representatives from HOSC, PPGs, Hastings and Eastbourne Borough Councils, Healthwatch and Lay-Members of the CCGs' Governing Bodies. Representatives from Healthwatch, PPGs and a CCG Governing Body Lay-Member attended.

### **1.4. Next Steps**

The outcome of the options appraisal and related recommendations will be submitted to the CCGs' Governing Bodies on **26 September 2018**. However until the outcome of the options appraisal and related recommendations are formally considered by the CCGs governing bodies it is not possible to include these in this paper.

The table below sets out the key governance milestones to ensure that the national requirement for CCGs to establish designated UTCs by no later than **1 December 2019** is achieved.

*Table 1: ESBT UTC Timelines*

<b>Key Milestone</b>	<b>Delivery Date</b>
Options Appraisal Paper to CCGs' Governing Bodies	September 2018
Updated Outline Business Case and plans for further public engagement and communications	October 2018
Further public engagement	November - December 2018
Final Business Case to CCGs' Governing Bodies	February 2019
Procurement of UTCs	February - May 2019
Mobilisation	May - October 2019
UTCs Operational	October 2019

Whilst we progress our UTC plans and proposals all patients registered at Hastings Medical Practice / Eastbourne Station Health Centre will continue to have on-going access to GP services with no break in provision of services.

Local people will still be able to access walk-in services, seven days a week, from 8am-8pm. For patients already registered with a GP at our current walk-in centres, appointments continue as normal.

## **1.5. Public Engagement and Communication Plans**

The CCGs plan to undertake further public engagement activities following the CCGs' Governing Bodies' consideration of the options appraisal review and submission of an updated outline business case to its meeting on **31 October 2018**.

The revised UTC timelines allow for a two month period of further engagement during November and December 2018.

## **2. Primary Care Extended Access**

### **2.1. Background**

In the GP Forward View (GPFV) published in 2016, NHS England (NHSE) stated that CCGs would be expected to work at scale to provide improved access collectively, in primary care access hubs. An initial deadline of 01 April 2019 for 100% mobilisation was issued, with 50% mobilisation by 01 October 2018. In February 2018, this timescale was amended to 100% population coverage, 7 days a week, 365 days a week by **01 October 2018**.

NHS Operational Planning and Contracting Guidance 2017-2019 provides detail of what CCGs need to provide. Specific requirements include the following:

- Weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6.30pm) to provide an additional 1.5 hours a day;

- Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- Provide robust evidence, based on utilisation rates for the proposed disposition of services throughout the week;
- Appointments can be provided on a hub basis with practices working at scale; and
- A minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population. The guidance also states that CCGs will be required to secure services following appropriate procurement processes.

## 2.2. Progress to date

Following a process a provider (South Downs Health and Care Limited in partnership with HERE trading as Care Unbound Limited) were awarded a contract to provide PCEA services for the populations of Bexhill, Eastbourne, Hailsham and Seaford and the CCG is currently in contract negotiations with the provider to deliver the service from **01 October 2018**. This will provide 100% extended access coverage for Eastbourne, Hailsham and Seaford (EHS) CCG and 30% coverage for Hastings and Rother (H&R) CCG.

In relation to the remaining 70% coverage for H&R CCG the CCGs were unable to award a contract following the outcome of the initial procurement process. In response, the CCGs offered a further opportunity to bidders for the Hastings and Rother lots, via a second stage procurement process and whilst it is recognised that the delivery timescales for 100% extended access coverage by **01 October 2018** has been challenging, the CCGs are working closely with providers and local GPs so that services will be in place by the **01 October 2018** deadline.

A communications plan to ensure that local people are aware of the new service provision from 1 October is being finalised and will be rapidly implemented.

## 3. Temporary closure of Eastbourne Station Health Centre

On 26 August 2018 a major flood at the Eastbourne Station Health Centre, run by IC24, caused significant damage to the facility and both the walk in centre and registered practice services have been affected.

Commissioners and providers worked collaboratively and quickly to put in place contingency measures to ensure service provision as follows:

- Registered practice services – Temporarily re-located to the Grove Road Practice; and
- WIC services – Temporarily re-located to EDGH with IC24 and East Sussex Healthcare NHS Trust (ESHT) working together to provide an urgent primary care service for walk in primary care patients.

It is anticipated that that work to repair the ground floor of the Eastbourne Station Health Centre will be completed by the end of September 2018, which will enable the registered practice service to be moved back to the health centre.

The timescales for the repair of the remainder of the building are still to be confirmed but are anticipated to require a period of at least two months to be completed.

The contingency plans were mobilised quickly and effectively and all providers are working positively together to ensure that any negative impact on patient access and experience is minimised.

The commissioners continue to work with IC24 and ESHT and are closely monitoring the impact of the temporary re-location of these services on patients.

#### **4. Recommendations**

The committee are recommended to:

- **Note** the update on the ESBT CCG's plans to develop UTCS, the next steps and related timescales;
- **Note** the update on the ESBT CCGs' plans to establish 100% coverage of Primary Care Extended Access by **01 October 2018**,
- **Note** the temporary re-location of Eastbourne Health Centre services.