

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

**Date of meeting:** 29 March 2018

**By:** Assistant Chief Executive

**Title:** East Sussex Better Together Urgent Care Redesign

**Purpose:** To update HOSC on the redesign of the urgent care system as part of the East Sussex Better Together programme, with a focus on the development of Urgent Treatment Centres in Eastbourne and Hastings.

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## **RECOMMENDATIONS**

- 1) To agree that the proposed relocation of the walk-in primary care service as part of the development of Urgent Treatment Centres in Eastbourne and Hastings constitutes a 'substantial development or variation' to services requiring consultation with the committee under health scrutiny legislation.**
  - 2) To establish a Task Group to consider the proposals in more detail and prepare a HOSC response for consideration by the committee in June.**
  - 3) To agree any key questions or lines of enquiry for the Task Group to investigate.**
  - 4) To comment on the Clinical Commissioning Groups' proposed approach to public engagement.**
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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.

## **2 Supporting information**

2.1 HOSC last received a progress report on East Sussex Better Together (ESBT) urgent care redesign in September 2017. This included updates on the three main components of the local system redesign:

- the development of A&E departments into Integrated Urgent and Emergency Care Departments
- the re-design and re-procurement of NHS 111 (Sussex-wide)
- the provision of 24/7 access to same day general practice (GPs), including the future provision of Primary Care Out of Hours services and a review of the Eastbourne and Hastings Walk-in Centres.

2.2 At the time of the last report the ESBT urgent care programme was considering where the development of UTCs would sit within the locally agreed service model with various options under consideration.

2.3 A further update on ESBT urgent care redesign provided by Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs) is attached at **appendix 1**. The report focuses on the proposed local approach to commissioning UTCs which has now been developed, in line with national requirements, and sets this within the context of the wider urgent care system redesign which continues to progress.

2.4 The proposed approach to establishing UTCs is for these to be co-located with the A&E departments at Eastbourne District General Hospital 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. The intention is for the UTCs to be operational by April 2019. The existing Walk-In Centres also have a registered patient list and consideration is being given to future general practice provision for these patients.

2.5 Alongside the plan to establish co-located UTCs with the local A&E departments, the ESBT CCGs are required to commission the nationally mandated increase in Extended Primary Care Access (access to primary care appointments outside core hours and at weekends) by October 2018. The preferred model of provision for Extended Primary Care Access will be through the establishment of a number of primary care access hubs across ESBT CCGs, including town centre provision in both Hastings and Eastbourne.

### 3. HOSC role

3.1 Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change which would constitute a 'substantial development or variation' to services for the residents of the HOSC area.

3.2 There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected, the nature of the impact and the availability of alternative services are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required.

3.3 In this case, the walk-in service is available to the whole population and it has particular relevance to some specific vulnerable groups such as homeless people, people with mental health and substance misuse needs. Although a walk-in service will continue to be available, it will be relocated from town centre locations to the acute hospital sites in Eastbourne and Hastings. All the current users of the existing service would be affected in some way. For these reasons HOSC is recommended to agree that the proposals constitute a 'substantial development or variation' requiring consultation with the Committee.

3.4 In order to undertake a more detailed review of the proposals in a timely way it is recommended that HOSC establish a Task Group to review evidence, meet with key witnesses and formulate a report and recommendations for consideration by the committee in June.

3.5 HOSC is also invited to propose any key questions or lines of enquiry for the Task Group to investigate in the course of its work.

3.6 Alongside the duty to consult with HOSC on substantial service changes, NHS organisations have a separate duty to engage patients and the public in an appropriate and proportionate way in the design of services. Part of HOSC's role is to scrutinise the way engagement is undertaken with affected groups, particularly in relation to service change.

3.7 As outlined in previous reports to HOSC, there has been considerable public and stakeholder engagement in developing the ESBT urgent care model and it is proposed this will continue. In relation to the specific plans for the establishment of UTCs and relocation of the walk-in service as part of this, the CCGs propose to undertake a targeted consultation focusing on the most affected groups as identified through an equalities screening process, as well as being open to the general public. A summary of the proposed approach is included **at annex 2 of appendix 1**

and HOSC is invited to comment. Feedback from consultation will be made available to the HOSC Task Group to inform the HOSC response.

#### **4. Conclusion and reasons for recommendations**

4.1 This report provides HOSC with an update on developments in relation to urgent care as part of the ESBT programme, including specific proposals in relation to UTCs. HOSC is recommended to agree the recommendations as set out which will enable the committee to respond appropriately to the CCGs.

**PHILIP BAKER**  
**Assistant Chief Executive**

Contact Officer: Claire Lee, Senior Democratic Services Adviser

Tel. No. 01273 335517

Email: [Claire.lee@eastsussex.gov.uk](mailto:Claire.lee@eastsussex.gov.uk)