

Report: East Sussex Better Together (ESBT) – Urgent Care Redesign Programme Update: Urgent Treatment Centres

To: East Sussex Health Overview and Scrutiny Committee

From: Mark Angus, ESBT Urgent Care System Improvement Director

Date: 19 March 2018

Overview:

The Health and Overview Scrutiny Committee members are asked to note progress with the development and implementation of our integrated urgent care service model specifically relating to:

- Our plans to establish Urgent Treatment Centres
- Our plans to engage and consult with local people on our proposed plans.

This paper provides a summary update on the progress being made on the Primary Urgent Care Services workstream of the East Sussex Better Together (ESBT) Urgent Care Transformation Programme with specific reference to our plans to establish nationally mandated Urgent Treatment Centres.

1. 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, NHS England (NHSE) set out very clear commissioning standards in September 2014 to ensure future urgent and emergency care services are integrated and offer a consistent service.

In March 2017, NHSE and NHS Improvement (NHSI) published the Next Steps on the NHS Five Year Forward View (FYFV)¹, which highlighted the importance of delivering functionally integrated urgent care services to help address the fragmented nature of out-of-hospital services. A key aim of the FYFV is to provide care closer to peoples' homes and help tackle the rising pressure on all urgent care services (primary and hospital) and emergency admissions.

The nationally set commissioning standards and key deliverables are informing and shaping how we – through ESBT – best organise and provide local urgent care services.

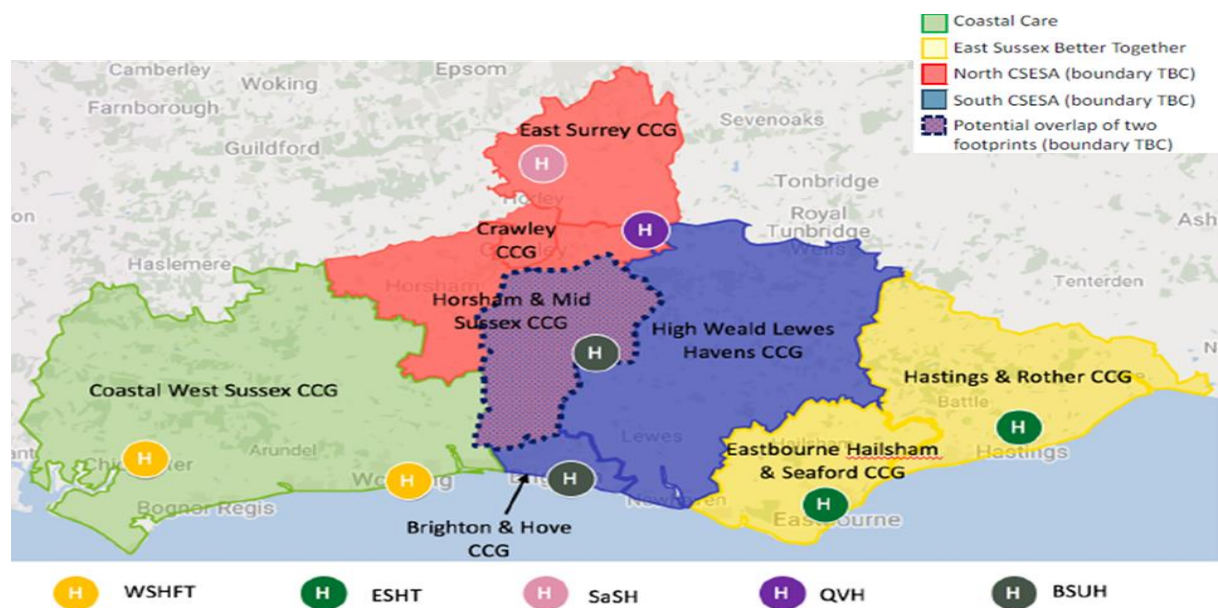
¹ Next Steps on the Five Year Forward View (March 2017)

2. Introduction

Under ESBT, the overarching vision for urgent care is to adopt an integrated system-wide approach creating a long term sustainable solution for local people. The model is designed to increase efficiency and productivity of our urgent care system, providing access to the right care in the right place, first time.

The ESBT² urgent care re-design and transformation programme is framed within the wider place based Sussex and East Surrey Sustainability and Transformation Plan (STP). The STP place based footprint for Sussex and East Surrey is set out in the Figure 1 below.

Figure 1 – Sussex and East Surrey STP placed based footprints.



The ESBT Whole System Urgent Care transformation programme has been led by clinical and managerial leads across local providers and commissioners of urgent care services. It has been informed by patient experience and feedback. Together we have co-designed and progressed the implementation of a new integrated delivery model of urgent health and social care to improve clinical safety, quality of provision, patient experience and ensure that resources are used effectively across the system.

Following on from the previous paper submitted to the Health Overview and Scrutiny Committee (HOSC) in September 2017, this paper provides an update on the workstreams relating to Primary Urgent Care Services, as set out below, underpinning the ESBT urgent care transformation programme. It specifically sets out our plans to deliver nationally mandated Urgent Treatment Centres and our plans to engage and consult with local people on these plans.

² ESBT includes the areas covered by Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG

3. Scope

The following services are included in scope in our description of Primary Urgent Care Services:

- NHS 111;
- GP Out of Hours (OOH) Home Visiting Service;
- GP (In Hours and Out of Hours);
- Urgent Primary Care Walk-in Services.

4. Service Model

The ESBT Integrated Urgent Care (IUC) model, which has continued to be developed by the ESBT Urgent Care Planning and Design (UCP&D) Group, is attached as **Annex 1**. It reflects the commissioning standards for IUC³ published in September 2015 by NHSE and it is congruent with the national IUC Service Specification, which was published in August 2017.

The model meets national deliverables as set out in the Next Steps: FYFV (March 2017) and the national planning guidance Refreshing NHS Plans for 2018/19⁴ (February 2018) and the Sussex and East Surrey STP Urgent and Emergency Care delivery plan.

Key updated principles of the model design are as follows:

- The intention is to offer an integrated 24/7 urgent care service.
- There will be a single-entry point via the new Sussex NHS 111 and the Clinical Assessment Service (CAS) from 1st April 2019 to fully integrated urgent care services, recognising that access to urgent GP appointments remains unchanged.
- The new Sussex NHS 111 and CAS (staffed centrally, virtually or a mixture of both) to support people accessing the right service for them, will offer access to a wide range of clinicians such as GPs, pharmacists, dental and mental health services and specialists, and will offer advice to patients and healthcare professionals.
- The aim is for the new NHS 111 service to ensure that if a patient needs to speak to a clinician via 111 they are able to and that a range of clinicians are available to help them there and then.
- Clinicians will have a robust accurate directory of services which will enable them to refer patients to the appropriate local service.
- Patients requiring access to face to face Primary Care Urgent Services will be directly booked into appointments by the CAS.
- Face to Face same-day Primary Care Urgent Services will be provided by nationally standardised Urgent Treatment Centres (UTCs) and locality based out of hours and weekend Primary Care Extended Access services, including town centre provision in Eastbourne and Hastings.

³ NHS England Integrated Urgent Care Service Specification (25th August 2017)

⁴ NHS England Refreshing NHS Plans for 2018/19 (2nd February 2018)

- UTCs will be established as co-located services with our local A&Es and services provided at our acute hospitals in Eastbourne and Hastings, which our local stakeholders identified as the optimum location for integrated urgent care hubs.

5. NHS 111/Clinical Assessment Service/Out of hours GP Home Visiting

The procurement of a Sussex-wide NHS 111 service and CAS is underway. The service specification includes provision of a GP OOH home visiting service for all Sussex CCGs, with the exception of Coastal West Sussex CCG.

The vision for an Integrated Urgent Care Clinical Assessment Service (IUC CAS) offers a transformational opportunity to deliver a model of urgent care access that will streamline and improve patient care across the urgent care community. Patients will be able to call a single number and speak to a clinician who will advise them. They will receive immediate clinical advice or be booked into the right service to assess or treat them on the same day.

This will significantly improve the way patients access local urgent health services as patients will receive a complete episode of care concluding with either: advice, a prescription, or an appointment for further assessment or treatment. The expectation is that the new Sussex 111 will reduce the requirement for referral to same day face to face primary care urgent care services.

For those patients, who following assessment by the 111 CAS, require access to an urgent care face to face base service, the 111 CAS will be digitally enabled to directly book patients into these services.

The new Sussex 111/CAS service is due to be operational by 1st April 2019. This timeline requires CCGs to ensure that the development and commissioning of urgent care face to face services, i.e. UTCs and Primary Care Extended Access hubs, are aligned to this timescale and are able to accept direct bookings by 01 April 2019.

6. Primary Urgent Care Service

There are two key elements to the ESBT plans to develop and improve Primary Urgent Care Services as follows:

- The national requirement to commission additional Primary Care Extended Access services by October 2018.
- The national requirement to establish designated UTCs by no later than March 2019,

6.1. Primary Care Extended Access

As set out in the Next Steps: FYFV (March 2017) and the national 2018/19 planning document, Refreshing NHS Plans for 2018/19 (February 2018), the ESBT CCGs are required to commission 30 minutes additional primary care extended access per 1,000 head of population by October 2018. This is to provide access to GP appointments outside core general practice hours and at weekends.

ESBT CCGs are required to commission an additional 95 hours per week for H&R CCG and 97.75 hours per week for EHS CCG, equating to over 40,000 additional appointments per annum across our area. A minimum of 20% of this capacity will be allocated for the new 111/CAS service to directly book into.

Soft market testing has been undertaken via a request for information process and the options for the procurement approach to be followed are due to be considered by the ESBT CCGs in March 2018.

Following soft market testing feedback from potential providers the ESBT CCGs preferred model of provision of Extended Primary Care Access will be through the establishment of a number of primary care access hubs serving a locality and a group of local GP practices, including town centre provision in both Hastings and Eastbourne.

A public engagement activity via online and paper based survey to seek the views of local people on their preferences on the time of day they would wish to be able to access extended primary care services has recently been undertaken. The ESBT CCGs received 1,271 responses to the survey and the results of this survey will inform the final design and service specification.

The ESBT Extended Primary Care Access planning timelines are aligned to the national October 2018 deadline.

6.2. Urgent Care Treatment Centres

6.2.1. The national and local Case for Change

The development of designated UTCs is a nationally mandated service change.

The national planning guidance for 2018/19: Refreshing NHS Plans 2018/19, published in February 2017, makes clear that all designated UTCs should be in place by the end of 2018/19.

From the outset of the national review of urgent treatment services in the NHS, patients and the public said there was a confusing mix of walk-in centres, minor injuries units and urgent care centres; so many people just chose A&E even if less convenient and often with long waits.

In response, the national plan is to standardise as many services as possible so they offer better and consistent opening times every day, and more tests and treatments – and all under the single banner of ‘Urgent Treatment Centre’ which NHS 111 can book patients into.

The local and national urgent care system is experiencing significant demands on patient flow across services. In particular, A&E departments have been under increased pressure. In addition, the current urgent care system is fragmented and challenging for patients and the public to navigate effectively.

It is therefore crucial to offer a viable alternative to A&E departments for patients to be able to access. There is a national drive towards an IUC system that aligns community services, emergency departments and ambulance services and connects all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts.

Key drivers for the change are:

- **Driver 1:** Increase the efficiency and effectiveness of urgent care to manage increased demand due to demographic pressures;
- **Driver 2:** To reduce demand on A&E departments;
- **Driver 3:** Improve information and advice, to enable people to plan for the future and to self-care;
- **Driver 4:** Improve the patient journey by improving consistency and access;
- **Driver 5:** Develop urgent care provision that is fit and sustainable for the future.

Our urgent care transformation programme and the development of UTCs and Extended Primary Care Access hubs will deliver the following benefits to the ESBT population:

- A more integrated approach to urgent care;
- Improved patient navigation of urgent care pathways (e.g. one phone call to NHS 111);
- Provision of 24/7 access for patients to urgent treatment services
- Reduction in patient and public confusion over the mixture of urgent care; services providing a clearer route to access services and standardising the services offered;
- By co-locating services be able to offer patients a broader range of services, clinical skills and access;
- Improved patient experience (e.g. more services);
- Improved access for patients to services (e.g. diagnostics / treatment of minor illnesses).
- Providing patients with faster assessment and treatment (e.g. shorter wait times than the emergency department (ED) and improved access for those who need to be seen in ED).
- Provide patients with greater certainty by enabling patients to be pre-booked into urgent care services via NHS 111, their GP or by Ambulance services.
- Improved A&E Department performance through a reduction in waiting times for treatment;
- An alternative to conveyance to A&E for ambulance services;
- Urgent Primary Care needs being managed by Primary Care Clinicians;
- Increased Primary Care resilience by freeing up General Practitioners;
- Increased use and more flexible use of local resources (e.g. community service use instead of acute services);

6.2.2 The development of the ESBT UTC service model

The ESBT A&E Delivery Board (AEDB) and the ESBT Urgent Care Transformation Programme, supported by the East Surrey and Sussex Urgent and Emergency Care Network (UECN) held a professional stakeholder meeting on 15 September 2017 to consider where the nationally mandated development of UTCs should sit within the overall ESBT urgent care service re-design model.

The UTC stakeholder workshop also took into account the outcome of our significant engagement so far with local people. Through our bespoke stakeholder events, widespread survey and extensive and focussed engagement with diverse public groups and individuals, and our ESBT Shaping Health and Care Events in 2015, 2016 and 2017, we have discussed urgent care and what is important to local people.

We have undertaken specific engagement work in local GP practices to understand how people access services and what is important to them in doing so. East Sussex Healthwatch has also undertaken engagement on reasons for people accessing urgent care and we collect ongoing feedback through our ESBT Public Reference Forum. Outcomes of all of this work have directly shaped and informed the urgent care model design principles.

People have told us that what is important to them in accessing urgent care is as follows:

- It is important to be able to access urgent care over the phone;
- Access to services in the evening or at the weekends is important and the ability to find advice when you need it;
- It is particularly important to be able to access a same-day appointment or an appointment within 48 hours;
- People are clear about the importance of having the right information about urgent services and to have confidence these services offer quality advice;
- The role of digital technology was highlighted and improving the availability of this information and advice is important;
- There are mixed views about the importance of seeing your usual GP, or a GP in your practice, or the option to use a video call; and
- The importance of GP appointments generally was prominent but people also discussed the value of other professionals in providing support as part of an urgent care network of support and services.

The following were the key planning principles agreed at the workshop:

- In principle agreement that there was at present a requirement for one UTC per CCG area based upon how patients currently access urgent care, an assessment of future need and the need to develop a sustainable urgent care model;
- In principle agreement that where possible urgent primary care services should be co-located and on as few a number of locations as possible to concentrate resource and mitigate the identified workforce risks.

In considering the options for the development of UTCs consideration was given to developing the existing Walk in Centres in Hastings and Eastbourne to meet UTC standards or to develop UTCs as part of the ESBT urgent care vision to establish urgent care integrated hubs at our acute hospitals.

The ESBT Alliance Executive and East Sussex Local A&E Delivery Board have agreed, subject to business case approval, to the option to develop UTCs at our acute hospitals on the basis of the following key points:

- Enables the provision of 24/7 access to urgent care treatment services
- Enables the integration of existing GP out of hours base visit services and primary care A&E streaming services (diverting existing primary care activity away from A&E) with the provision of UTCs.
- Provides access to a broader range of diagnostic services e.g. access to x-ray.
- Enables immediate transfer of sick patients from the UTC to A&E and other acute assessment services, e.g. ambulatory care, surgical and medical assessment units.
- Mitigates the workforce risk of having multiple providers and centres providing urgent care services across ESBT CCGs
- Provides a model that enables flexible use of multi-disciplinary teams across urgent and emergency care services.
- Provides a more sustainable model of urgent treatment services and significantly improved access that fits within the available financial envelope.
- Is strategically aligned with the mandated requirements of the broader national and STP IUC transformation programme.
- Provides a model of care that is consistent with what local people have told us is important.

All CCGs are mandated to establish designated UTCs and High Weald Lewes and Havens CCG are planning to designate the Lewes Minor Injury Unit (MIU) as an UTC by 1st April 2018. It is anticipated that ESBT CCG patients who currently access the Lewes MIU will also access the Lewes UTC from the 1st April 2018 if this is the most appropriate and convenient service for them.

6.2.3 The ESBT UTC service specification

The ESBT model and service specification that has been developed for ESBT UTCs will bring together the following services as an integrated urgent primary care face to face service as part of the front door model at both EDGH and Conquest Hospital:

- A&E Primary Care Streaming (diverting existing primary care activity away from A&E);
- GP Out of Hours Base Visits;
- Urgent Care Walk in and Bookable Face to Face (F2F) Services.

A summary of the key elements of the proposed ESBT UTC service are as follows:

- The UTC will be open 24 hours a day 365 days a year.

- The UTC will be either a GP-led service, under the clinical leadership of a GP, or a service that is jointly led with ED Consultants.
- There will be an option for bookable appointments with a GP or other members of the multi-disciplinary team.
- The UTCs in ESBT will provide both pre-booked same day and “walk-in” appointments, however patients and the public will be actively encouraged to use the telephone or internet to contact NHS 111 first whenever an urgent care need arises, with access via NHS 111 becoming the default option over time, as walk-in attendances diminish.
- There will be an effective and consistent approach to primary prioritisation of “walk-in” and pre-booked appointments, and same day appointment slots.
- Where appropriate, patients attending the UTCs will be provided with health and wellbeing advice and sign-posting to local community and social care services where they can self-refer (for example, smoking cessation services and sexual health, alcohol and drug services).
- The UTCs will provide the necessary range of services to enable people with communication needs to access British Sign Language, interpretation and translation services.

6.2.3.1. Access to the UTCs – ‘Walk in’ patients

- A nurse-led streaming service at first point of contact will be in place at both acute hospital sites integrated into the formal registration of a patient to achieve a clinical, visual and verbal assessment of the patient as quickly as possible, allowing for immediate prioritisation of a patient based on clinical need.
- The patient will be assessed by the nurse, who will be qualified to assess and assign patients to the correct stream, e.g. A&E majors, specialist ambulatory care units or UTCs.
- The screening protocol used will be a visual check, speech test, chest pain, highlighting any unscheduled revisits within 72 hours with the same condition and injury or illness, to ensure safety and consistency.
- ‘Walk in’ patients will be clinically assessed within 15 minutes of arrival, but will only be prioritised for treatment over pre-booked appointments, where it is clinically necessary.
- Following clinical assessment, patients will be directed to the reception point that will be a single point of registration for all ambulatory attendances.
- At the reception point patients will be given an appointment slot within the appropriate stream and with the appropriate healthcare professional, which will not be more than two hours after the time of arrival.

6.2.3.2. Access to the UTCs – Bookable appointments

- Patients who require an appointment in the UTC will be able to book by a single phone call to NHS 111, with NHS 111 using the Directory of Services (DoS) to locate the most relevant service where an urgent care requirement is identified and the need cannot be met within the GP setting or extended access services local hub.

- Any non-urgent calls to NHS 111 CAS in hours (08:30-18:30) will be signposted to their GP first, with the ability to book into the UTC if needed. Working alongside the NHS 111 call handling service, the Sussex CAS will contain a multidisciplinary clinical team who may, following a clinical assessment and where an urgent face to face consultation is deemed necessary, refer patients to the closest UTC or OOH GP service. Wherever possible, this referral will be supported by a booked appointment.
- Where the UTC service has blocked out appointments for use by the Sussex NHS 111 service and CAS, a protocol and time frame must be agreed to free these appointments back for use by that service should they not be required.
- Operating as a 24/7 service, Health Care professionals will have direct access to the CAS for clinical advice.
- Where the requirement to be seen by primary care is identified and there is not an absolute need for the patient to be seen by their own GP, the option of being seen by other primary care provision such as at the UTC will be available. Bookings to this service will be made by NHS 111 only if the patient has been assessed and referred by a GP working within the IUC/CAS or other clinical staff where locally agreed.
- A patient's GP will also be able to book a patient directly into the UTC where a same day urgent care requirement is identified and the need cannot be met with the GP setting or Extended Access services. Where a GP Practice has the ability/capacity to triage the patient, the GP will be able to directly book into the UTC. Where this ability is not in place, the patient will be asked to book in via NHS 111.
- Local patients will be encouraged to use NHS 111 as the primary route to access an appointment at the UTCs. Patients who have a pre-booked appointment made by NHS 111 or their GP Practice will be seen and treated within 30 minutes of their appointment time at the UTC.

6.2.4 Implementing our ESBT UTC model

The ESBT CCGs Governing Bodies are due to consider the full UTC business case at their meeting on the 28th March 2018. Following agreement of the business case we plan to consult with local people so we can raise awareness of the proposed improvements and further understand the differential impacts this might have on how people access services.

The development of UTCs at our acute hospitals together with the development of the new NHS 111/CAS service and the commissioning of additional Primary Care Extended Access will mean that there will no longer be a need for walk in services to be provided by our current town centre walk in centres in Eastbourne and Hastings. This is because improved services with the option to book into Primary Care Extended Access or UTC and to walk in to UTCs will be available.

Therefore, as part of our business case development we have undertaken a detailed analysis of the current users of our urgent care services and have undertaken an equality impact assessment to ascertain the differential impact our plans may have on different communities who use urgent care services.

The improvements to the IUC model across ESBT over the next year represent a level of change that means there is a level of complexity to our plans due to the interdependent nature of the various design changes being implemented. We will provide updates to the HOSC as required.

The equality impact assessment that has been undertaken indicates a particular need to consider the impact of these changes on vulnerable patients, children and young people and this is an area of focus for our planned engagement and consultation activity.

The timescales for the establishment of ESBT UTCs, allowing for public consultation and engagement, procurement and mobilisation should ensure that the ESBT UTCs are operational by 01 April 2019.

7. Our plans for further engagement

We want to continue to engage and consult with people in a meaningful and proportionate way on our proposed service changes regarding the development of urgent treatment centres and the changes to how patients will access the walk in element of urgent care services

We plan to:

- set out our proposals for improving access to and the quality of our urgent care services,
- test out the impact of re-locating the walk in aspect of urgent care services,
- test out our proposals for mitigating any differential impact on any patient groups,
- give the opportunity to people to provide feedback so that can we deliver the best model for local people with the resources that are available.

A paper setting out our summary plans to engage and consult local people is attached as **Annex 2**.

8. Timescales and next steps

As highlighted above, we have made good progress on further developing our local plans with the expectation that this will result in further improvement for local people,

The redesign of NHS 111, including a new CAS, in line with national requirements, our planned re-design of our primary care urgent services, including our proposed plans to establish a new UTC standardised service and Extended Primary Care Access, are subject to procurement or re-procurement procedures being followed.

This has previously been reported to HOSC and the summary of updated milestones and timelines are set out below in Table 1:

Table 1: Summary of milestones and timelines:

Key Milestones	NHS 111 Procurement Timetable	Primary Care Extended Access	Urgent Treatment Centres Timetable
Current contract end dates	March 2019	N/A	(Walk in Centres – March 2018 extending to 31 March 2019)
Public Engagement/Consultation	Completed	Completed	By June 18
Procurement process	March 2018 - March 2019	April 2018 – September 2018	July 2018- October 2018
Implementation of new service	April 2019	October 2018	April 2019

Following the outcome of the planned engagement work it is proposed that we provide a report back to the HOSC, providing information on the feedback received and describing how the outcome will inform the final design of our proposed urgent care service.

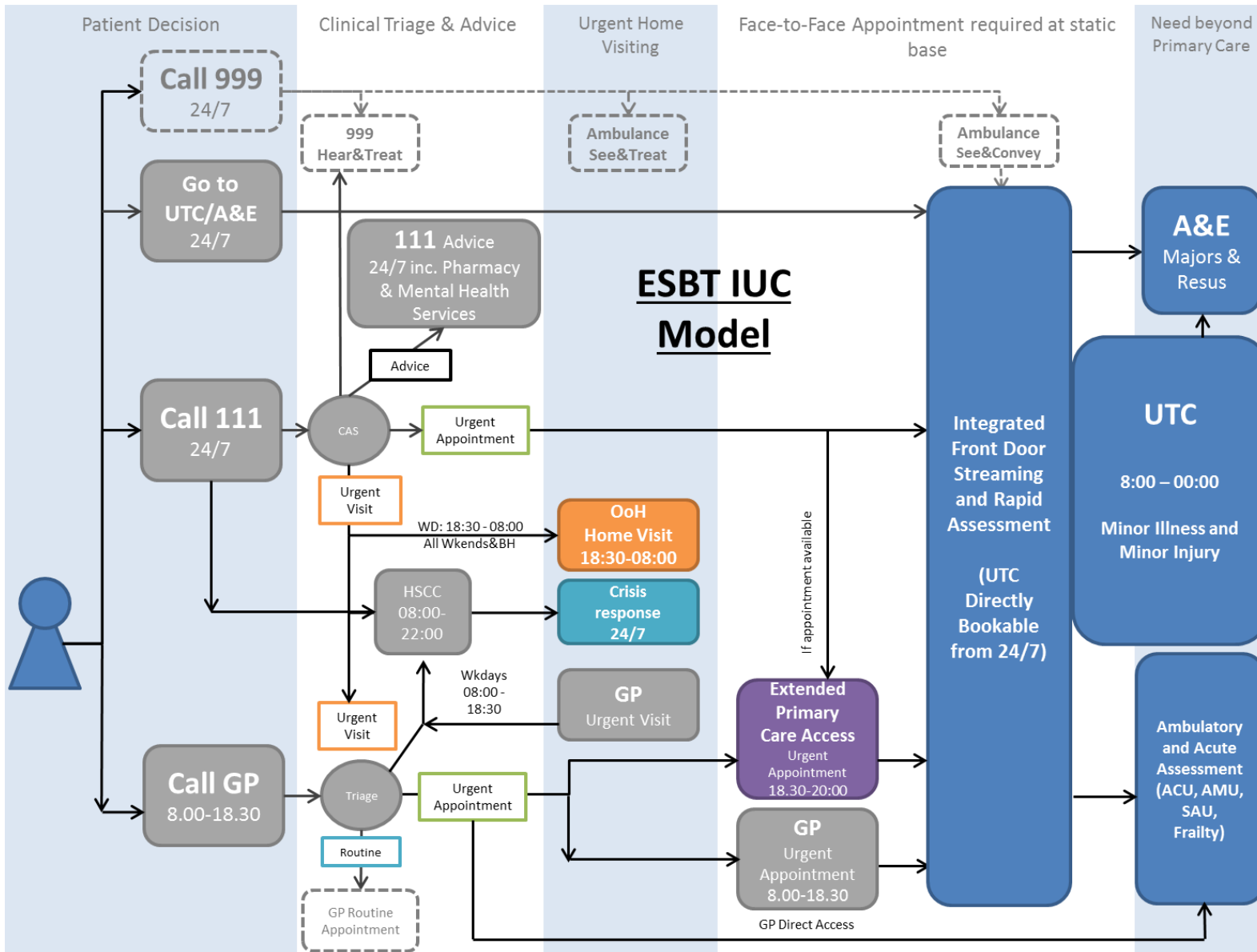
Conclusion

The Health and Overview Scrutiny Committee members are asked to note progress with the development and implementation of our integrated urgent care service model specifically relating to:

- Our plans to establish Urgent Treatment Centres
- Our plans to engage and consult with people on our proposed plans.

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Annex 1 – East Sussex Better Together Integrated Urgent Care (IUC) Service Model



Annex 2

Summary consultation plan regarding the implementation of UTCs in the East Sussex Better Together CCGs' area.

Introduction

Our ESBT Alliance Communications and Engagement Strategy sets out a commitment to clear communications and the active involvement of local people in the design of services.

We also have a communications and engagement plan as part of our wider urgent care system transformation. We have undertaken much work on this that has informed our journey so far and we will continue to engage local people as these wider plans develop and roll out.

This summary plan gives some information for context about our wider urgent care engagement work and explains our specific proposals for consultation with regard to the establishment of Urgent Treatment Centres (UTCs).

Our Communications and Engagement Aims as part of the wider Urgent Care Transformation Programme

- We will ensure that local people are aware of the variety of local health and care services available to them when they become unwell outside of 'normal' hours of operation.
- We will make it easier for people to make appropriate choices about their urgent health and care needs.
- We will involve local people in shaping those services where it is possible within the limitations of national requirements.
- We will ensure the service proposals consider our duties in relation to health inequality and equality impacts.
- We will communicate and involve our staff in this process to enable them to support and signpost patients appropriately.
- We will ensure that there is good understanding and engagement with our proposals across all stakeholders in our health and care system.

Our Model – Current and Future

To support our transformation of urgent care services, we want to describe our services in clear and accessible language and formats so that patients can easily navigate the system.

To inform this we have undertaken a series of communications and engagement workshops with the Urgent Care Planning and Design Group, Urgent Care Steering Group, staff engagement leads from relevant organisations and Communications and Engagement Leads to understand our current and future models and what this means in terms of the key areas of change for local people and staff.

We will create a number of ‘products’ giving information about our plans, including a simple visual outlining our urgent care services.

We have shaded below the aspects that directly relate to UTCs as well as Extended Primary Care Access as the development of the Extended Primary Care Access is very closely aligned with the establishment of UTCs in order to provide good access to local people.

Table A – Our current and future urgent care model and what this means for local people

Our Current Model	Our Future Model	Key Changes for Patients
<p><u>NHS 111 and Clinical Assessment Service</u></p> <p>NHS 111 and Clinical Assessment Service</p> <p>Telephone service</p> <p>Limited access to multi-professional clinical teams</p> <p>Signposting service to other services such as GP out of hours, Walk in Centres and A&E.</p> <p>Unable to directly book patients into services.</p>	<p><u>NHS 111</u> able to ensure patients who need to be able to talk to a clinician will be put through to an appropriate clinician.</p> <p>Patients will be able to access NHS 111 online using web access and mobile applications.</p> <p>The clinical assessment service will have access to a broad range of clinicians (GPs, Paramedics, Nurses, Pharmacists, Dentists, etc) to better meet patient need.</p> <p>Following clinical assessment if a patient requires an urgent face to face same day appointment the 111 CAS will be to directly booked a patient into Primary Care Extended Access service, or if not appropriate, into Urgent Treatment Centre</p> <p>The NHS 11/CAS will also contact GP practices to arrange routine GP appointments for patients.</p> <p>Pre-booked patients will be required to be seen within 30 minutes of their appointment time at UTCs.</p>	<ul style="list-style-type: none"> - Streamlined, faster service with more access to clinicians with the aim of ‘consulting and completing’ the episode of care on the phone. - Reduction in number of cases with onward referral to services - Increased number of patients with self – care advice. - Streamlined access to repeat prescriptions - Access to bookable appointments where appropriate. - Access to wrap around support through referral to Health and Social Care Connect

<p><u>GP Out of Hours (OOH) – Base Visits.</u></p> <p>8pm to 8am and 24/7 at weekends and on bank holidays</p> <p>Bases co-located with A&E at Conquest Hospital and Eastbourne District General Hospital (Hastings service currently temporarily re-located to the Hastings Walk in Centre)</p> <p>Full GP OOH rota cover has been challenging.</p>	<p><u>Urgent Treatment Centres</u></p> <ul style="list-style-type: none"> - 24/7 Clinical Triage through the NHS 111 Clinical Assessment service - Face to Face Base Visiting: evenings after 6.30pm and weekends will be delivered as part of the locally commissioned integrated UTC service - The GP out of hours home visiting services is being procured as part of the NHS 111/CAS service 	<ul style="list-style-type: none"> - Access to GP Out of Hours appointments is streamlined through NHS 111 and is directly bookable if there is a patient need - These appointments will be delivered either through Home Visits or as face to face appointments in UTCs or Primary Care Extended Access. - Clinical triage will be conducted through a phone call to NHS 111.
<p><u>Health and Social Care Connect.</u></p> <p>8am to 10pm 7 days a week services providing co-ordination and access to community health and social care services for health care professionals and patients.</p>	<p><u>Health and Social Care Connect</u></p> <ul style="list-style-type: none"> - ‘Wrap around’ community services via telephone - Complex health and social care queries - Will provide a local based 111 CAS extension to the NHS supporting pathways and access to community services for vulnerable patients and specific pathways, e.g. Urinary Tract Infections, Non-Injury Falls, Blocked Catheters, other infections. - ‘Wrap around’ community services via telephone line 8am to 10pm - Consideration is being given to developing the HSCC model further to provide 24/7 cover as part of the CCGs plans. 	<ul style="list-style-type: none"> - Extended hours access - Potential access to children’s services - Single telephone number to reach clinical advice - Access to Crisis Response 24/7 - Developing 24/7 service provision - Specialist mental health clinical advice
<p><u>Walk in Centres (WIC)</u></p> <p>8am to 8pm 7 days a week – provision of primary care and urgent primary care walk in services.</p> <p>Town centre locations in</p>	<p><u>Urgent Treatment Centres(UTCs)</u></p> <ul style="list-style-type: none"> - 7 days a week, 24 hours a day - Urgent Treatment Services will be co-located with our Acute Hospitals EDGH and Conquest 	<ul style="list-style-type: none"> - Relocation of walk in facilities to hospital sites. - Access to wider range of clinicians, tests and treatments through co-location at hospital sites.

<p>Hastings and Eastbourne.</p> <p>GP led minor illness and minor injury service for adults and children of any age.</p> <p>Access to diagnostics services with the exception of x-ray.</p> <p>Services not directly bookable by NHS 111</p> <p>Provision of GP registered practice services</p>	<ul style="list-style-type: none"> - Patients will have access to a broader range on diagnostic services, including X-ray. - NHS 111/CAS, GPs and Ambulance services will be able to directly book patients into UTCs. - Patients who walk in will be triaged within 30 minutes and seen with 2 hours. - Patients who are pre-booked via 111, the GP or Ambulance services will be seen within 30 minutes of their pre-booked appointment time. - Walk in access through UTC - Simplified access to urgent care services - Broader clinical skill mix to better manage people's wide ranging needs. This includes GPs, Physiotherapists, Nurse Practitioners (including Paediatric Nurses), Health Care Assistants, Mental Health Workers and Social Workers. - Patients who attend UTCs who require other services will be able to be directed quickly into A&E or other acute services such as specialist Ambulatory Care and assessment units based at the hospital. - Important and relevant patient level clinical information will be accessible by the UTCs clinical staff. - UTC service offer will be consistent across counties. 	<ul style="list-style-type: none"> - 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. Patients can seamlessly be referred on to appropriate community services to better support them on discharge. This will include having immediate access to emergency care if issues are serious. - Simplification and integration of 'confusing' existing urgent care service model. - Directly bookable appointments through 111 and GP extended access appointments. - Currently there can be long waits for patients accessing A&E (A&E has a four hour national target) or WIC; this will be significantly improved at UTCs (15 minutes triage and seen within 2 hours). - To include primary care streaming activity.
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<p><u>Extended Access Primary Care</u></p> <p>Some limited practice based provision across ESBT.</p>	<p><u>Extended Access Primary Care</u></p> <ul style="list-style-type: none"> - An additional 30 minutes per 1,000 population equating 192.75 hours additional hours across the ESBT CCGs per week (over 40,000 appointment slots per annum). - GP Extended hours (18:30-20:00 minimum) - Weekend and bank. Holiday service provision - Preferred model to be a number of locality based Primary Care Hubs serving a number of GP practices; including provision for town centre access in Eastbourne and Hastings - A minimum of 20% of this additional capacity will be reserved for use by NHS 111/CAS to be able to directly book into this capacity. - Important and relevant patient level clinical information will be accessible by the extended access services clinical staff. 	<ul style="list-style-type: none"> - Extended opening hours at some existing practices available to wider locality - Appointments bookable through NHS 111 and GP practices - Potential service to support patients with chaotic lifestyles - Improved access to primary care
<p><u>A&E</u></p>	<p><u>A&E</u></p>	<ul style="list-style-type: none"> - Improved access and waiting times in A&E. - Used for the right purposes leading to reduced waiting times. - Immediate referral to A&E for emergency from the UTC.
<p><u>In hours GP services</u></p> <p>Access to GP appointments in hours.</p>	<p><u>In hours GP services</u></p> <p>Access to GP appointments in hours.</p>	<p>No change</p>

<p><u>A&E Primary Care Streaming</u></p> <p>6 month Pilot at Eastbourne District General Hospital and Conquest Hospital has been running since 31st October 2017 GP led service running from 10am to 10pm 7 days a week.</p> <p>Patients are triaged by an A&E nurse and if their needs can be met by a primary care delivered service they are directed into the GP led Primary Care Streaming service</p>	<p><u>Urgent Treatment Centre (UTCs)</u></p> <ul style="list-style-type: none"> - Patients who currently present to A&E who do not require an A&E level assessment and treatment and whose needs can be met by primary care will be triaged and streamed into the co-located Urgent Treatment Centre. 	<ul style="list-style-type: none"> - Improved access and waiting times in A&E. - A&E used for the right purposes.
<p><u>Underpinned by</u> NHS 111 and Clinical Assessment triage Improved patient record sharing. NHS 111 Directory of Services</p>		

Our Key Messages about UTCs

We will ensure our communications address the following questions:

- What is an Urgent Treatment Centre?
- Who is leading on the development?
- Why are we making these changes?
- When will the changes happen?
- How will it change access to urgent care services?

We will explain to people that:

- We asked local people about their priorities for urgent care in 2016 and much of that feedback informs our approach; (you said/we did).
- Our walk-in services are moving location to ensure improved access to clinicians, diagnostics and treatments and a fully integrated urgent and emergency care service.
- There will be a walk in facility at our planned urgent treatment centres.
- There will be more access to GPs out of usual business hours.
- There will be telephone and online services as well as face to face appointments.
- We are redesigning our services in line with the national requirements for Urgent Care.

- Our model is part of the approach across the Sussex and East Surrey Sustainability and Transformation Partnership (STP).
- Our new model will enable patients to experience one integrated, seamless service.
- We need to ensure our services are affordable in the context of financial and system pressures.

Who do we need to engage with?

Our detailed work in relation to the development of UTCs includes stakeholder mapping and equality analysis.

This has told us that we need to consider the following.....

- We need to engage staff in supporting local people in making changes to the way services will be accessed, with the aim of ensuring staff continue to move away from historic patterns of advice that may mean patients are encouraged to use A&E when other more appropriate alternatives are available.;
- We need to have clear messages about access to GPs in hours because we receive regular feedback about difficulties getting appointments;
- We need to consider the existing patient lists at the walk in centres and how best to communicate and engage with them;
- We need to consider public transport in relation to the change in location of our walk in facilities;
- We need to consider the key protected characteristic groups who may be affected by our proposal, including: disabled people, insecurely housed and/or homeless people, younger people, those not registered with a GP, those with English as an additional language, those with substance misuse issues and people with learning disabilities.
- We will also consider working age people who use the walk in centres outside of normal GP hours.⁵

Our engagement so far

We have carried out significant engagement about what matters to people when they need out of hours appointments, same-day health or social care advice, care and treatment. As part of creating this plan we have mapped this feedback to ensure we are responding to the priorities of local people.

Table B – Our previous and planned engagement

Engagement so far	Priority future engagement
<ul style="list-style-type: none"> • ESBT Alliance Urgent care consultation August – November 2016 • Healthwatch East Sussex Hastings Listening Tour 	<ul style="list-style-type: none"> • People with no fixed abode/homeless people • Working age populations and commuters

⁵ We identified the groups with protected characteristics who are most likely to be affected, through our Equalities Screening that we have conducted as part of the Urgent Care Transformation Programme

<ul style="list-style-type: none"> • Shaping Health and Care conversations about our NHS 111 re-procurement • GP Extended Access Survey January 2018 • Public Reference Forum reports 2017/2018 • Long term conditions survey • Healthwatch East Sussex Survey – The Pathway to Urgent Care – Turning Up Where The Light Is On • The Pathway to Urgent Care https://www.healthwatcheastsussex.co.uk/wp-content/uploads/2015/01/AE-Path-to-Urgent-Care-Report.pdf 	<ul style="list-style-type: none"> • People with severe mental health problems and/or those with alcohol and/or drug misuse problems • People for whom English is not their first language • Disabled people • Young people • Parents of younger children, as well as disabled children and/or those with long term health conditions • Carers • Rural communities • People and families living in lower socio-economic areas • People who are Deaf, Blind or who have other sensory impairment
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Table C – How we have responded to the views of local people so far

We have shaded the aspects that are particularly relevant to the development of UTCs in the table below.

Feedback	How we have used this feedback to shape the new model of urgent care services
It is important to be able to access urgent care over the phone	Our model includes 24/7 access to NHS 111 and Clinical Assessment Service. Single telephone number to access Health and Social Care Connect within East Sussex Access to clinical advice through a single point of access Secamb admission avoidance pathway integrated with HSCC during opening hours and diverted to Onecall overnight.
Access to services in the evening or at the weekends is important	Our model includes an increase in the amount of GP appointments and the new service will give patients the ability to pre-book appointments after 6.30pm and on Saturdays and Sundays where appropriate. Crisis response team to provide up to 72 hours emergency support as an alternative to A&E and emergency admission. We have consulted local people about their preferences for evening and weekend access and they have told us that their preference is for Saturday afternoon appointments so this will be used to build our extended services.

<p>The ability to find advice when you need it</p>	<p>Our model offers telephone and online advice 24/7. Access to self-care advice. Clinicians will have a robust accurate directory of services which will enable them to refer patients to the appropriate local service. Developing additional service profiling for community services.</p>
<p>It is particularly important to be able to access a same-day appointment or an appointment within 48 hours</p>	<p>Our model enables local people to access same day appointments where this is appropriate. This will include the ability to access pre-bookable appointments at our new Urgent Treatment Centres and access to triage within 15 minutes of accessing the service and an appointment within two hours.</p>
<p>It is important to have the right information about urgent services and to have confidence these services offer quality advice. People need to understand the difference between urgent and emergency care.</p>	<p>We will produce clear information about our services which will include simple visuals and leaflets. We will ensure our websites also provide clear information with 'click through' links to signpost people to the right service for their needs. We will use social media to share important information and utilise local media where helpful. We will ensure our communications meet the requirements of the Accessible Information Standard.</p>
<p>The role of digital technology is important</p>	<p>NHS 111 is developing access to NHS Online as an alternative access channel to urgent care triage and advice NHS 111 and Clinical Assessment service will support the developing ESBT Integrated Digital Care Record to enable efficient patient record sharing. ESBT are currently supporting practices to utilise alternative methods of consultation where appropriate e.g. remote consultations, on-line advice and guidance, skype.</p>
<p>Mixed views on the importance of seeing your usual GP, or a GP in your practice, or the option to use a video call</p>	<p>Access to a clinician and appointment on the same day was important to ESBT patients and we have designed a system that will support that. We will provide a variety of ways to access GP appointments both inside and outside of normal hours through primary care extended hours access. This will provide an additional 95 hours of appointments across both CCGs through GP practices and primary care access hubs. There will be 40,000 extra appointments, 20% of which will be bookable via NHS 111.</p>
<p>The importance of GP appointments generally was prominent but people also discussed the value of other professionals in providing support as part of urgent care network of support services (e.g. pharmacists)</p>	<p>Our ESBT Alliance has been developing local GP services by enabling access to other healthcare professionals in practice settings; for example Advanced Nurse Practitioners, prescribing Pharmacists and Paramedics. Our Urgent Care model will include an improved urgent care offer in our local pharmacies directing patients from NHS 111 to community pharmacies for their advance medication supplies.</p>

<p>There should be better access to patient records both for patients and professionals and these should be shared between services</p>	<p>ESBT Urgent Care and Digital teams are developing shared patient records through the Integrated Digital Care Record. Digital solutions will be aligned – I.e. booking appointments, patient information, Directory of Services (DoS) profiles and Post Event Messages (PEMs)</p>
<p>The importance of self-care and proactive prevention was highlighted (for example access to non-medical support from community or voluntary organisations and) and education so local people understood the services available that can best support them.</p>	<p>Our ESBT Alliance has been investing in social prescribing as a way of supporting local people to access non-medical services in the community. ESBT has commissioned social prescribing services across both CCGs which GPs can refer to directly and signpost to community / voluntary services. Enhanced support for people with long term conditions through increased GP training.</p>
<p>There needs to be services for urgent mental health needs</p>	<p>ESBT system is working closely with colleagues across the Sussex and East Surrey STP to develop a bid to secure national transformation funding to develop 24/7 acute mental health liaison cover in our A&E departments, as set out in the national Mental Health Five Year Forward View. ESBT are working with SPFT on developing MH professional skills within HSCC – this is commissioned by West Sussex and Brighton and Hove</p>
<p>69% of people rated it 'important' or 'very important' to be able to walk in somewhere for an assessment without the need to book first</p>	<p>Our Urgent Treatment Centres will include the option for 'walk in' access.</p>

How are we consulting on our plans for UTCs?

If the business case for UTCs is agreed by the CCG Governing Bodies at their meeting on 28th March 2018 we will undertake appropriate public consultation and welcome an opportunity to discuss the best approach to this with the Health and Overview Scrutiny Committee.

We will make general information on our plans available throughout the consultation period using available communication routes and channels including the CCGs websites, partner websites, our local community networks, GP practices etc. We will also use social media to provide information and link people with opportunities to feedback.

Specifically, we will:

- set out our proposals for improving access to and the quality of our urgent care services;
- further test out the impact of re-locating the walk in aspect of our urgent care services;
- test out our proposals for mitigating any differential impact on any patient groups;
- give the opportunity to people to provide feedback so that can we deliver the best model for local people within the resources that are available.

In addition we plan to engage specifically with communities identified through the Equality Impact Assessment as shown in the table below.

Finally, we will ensure our staff across the ESBT Alliance providing these services are involved and are able to have their say.

Table E – Our Consultation Plans

Date	Stakeholders	Activity
29th March 2018	Local people from the Black and Minority Ethnic Community	Information sharing about our plans for urgent care transformation with the Hastings Older Peoples Ethnic Group (HOPE-G)
29 th March 2018	Health and Overview Scrutiny Committee – Local Councillors	Presentation of Urgent Care Business Case and our plans to communicate and engage across the Urgent Care Transformation Programme
14th April 2018	Local people and stakeholders	Rye Seniors Fair
April 2018	Patient Participation Group Area Forums for Eastbourne and Hastings	Information sharing and consultation with PPG members.
1 st /8 th May 2018	Key stakeholders including local people, community and voluntary sector groups and staff from across the ESBT Alliance	ESBT Alliance Shaping Health and Care Events in Eastbourne Hailsham and Seaford CCG area (taking place in Seaford) and Hastings and Rother CCG area (taking place in Battle)
May-June 2018	Local people, particularly those using the Walk In Centres and those aged 20-30.	Public Reference Forum engagement with local people in Eastbourne and Hastings Town Centres.

To be confirmed	Older people; including carers and those with long term health conditions.	Consultation via East Sussex Seniors Association, Health and Care Group
To be confirmed	Younger People	Consultation via Eastbourne and Hastings Youth Councils
To be confirmed	Homeless People	Consultation via Seaview Health Centre
To be confirmed	Parents of children aged under 5 (particularly younger parents)	Consultation via Children's Centres
To be confirmed	Parents of children with special education needs, disabilities and long term health conditions	Consultation via East Sussex Parent Carer Network
To be confirmed	Carers	Consultation via East Sussex Carers Association